



FINAL REPORT

**Inquiry into the Appropriateness and Efficacy
of the COVID-19 Response in Canada**

November 28, 2023

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This title has three volumes:

Volume 1: Executive Summary

Volume 2: Analysis

Volume 3: Transcripts (Volume 3 is further broken out into sections by City.)

Commissioners: Kenneth R. Drysdale
 Heather DiGregorio
 Dr. Bernard Massie
 Janice Kaikkonen

Thank you to the thousands of volunteers across Canada who worked tirelessly to make the hearings possible.

November 28, 2023

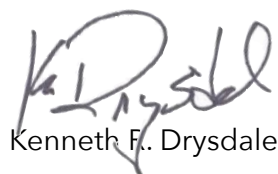
To: The National Citizens Inquiry (NCI)

Re: Final Report: Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada

Pursuant to the Mandate and Terms of Reference outlined by the National Citizens Inquiry, we as fully Independent Commissioners have inquired into the appropriateness and efficacy of the interventions undertaken by the governing authorities in Canada, including the federal, provincial, and territorial governments in response to the COVID-19 (C-19) Pandemic.

With this letter, we respectfully submit the first-ever citizen-organized, citizen-funded National Citizens Report.

Independent Commissioners:



Kenneth F. Drysdale



Dr. Bernard Massie



Janice Kaikkonen



Heather DiGregorio

Notice to Reader

The *Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada* (the Report) is presented with the intent to inform and foster understanding regarding the matters discussed herein. It is important for readers to understand that the analysis, conclusions, and recommendations contained in this Report are based solely on the sworn testimony received from the witnesses, who voluntarily appeared before the Commission and testified. The Commissioners have relied upon the truthfulness and completeness of each witness's testimony as presented. It is and remains the sole responsibility of the witnesses to assure the accuracy and veracity of their testimony.

Readers are cautioned to critically examine each issue presented within this Report, considering the content, intent, and validity of all information contained herein. The Report has been diligently prepared to the best of the Commissioners' abilities, with deference to the information provided. However, it may not necessarily represent an exhaustive understanding of each topic discussed.

It is important to note that despite invitations extended, no government or regulatory agency participated in the hearings, thereby excluding their direct input from this Report. Consequently, certain additional information that may have been pertinent to the topics discussed herein may have been left out due to the non-participation, refusal, or failure of various government agencies and regulators to engage in this investigative process.

In light of these circumstances, readers are urged to consider these factors and exercise discernment while reviewing this Report. It is vital to approach the content with an open and critical mind, recognizing that this Report may not encompass all relevant perspectives or information.

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“

The rule of law is not only important to ensure that a justice system functions correctly; the rule of law is equally important to maintaining the confidence of Canadians in their justice system.

”

VOLUME ONE

| Executive Summary



1. Executive Summary

1.1. Introduction

Canada's federal, provincial, and municipal governments' responses to COVID-19 were unprecedented.

The policy, legal, and health authority interventions into the lives of Canadians, our families, businesses, and communities were, and to a great extent remain, significant. In particular, these interventions have impacted the physical and mental health, civil liberties and fundamental freedoms, jobs and livelihoods, and overall social and economic wellbeing of nearly all Canadians.

Given the enormity of these mandates and the resultant consequences, these circumstances demanded a comprehensive, transparent, and objective national inquiry into the appropriateness and efficacy¹ of these interventions to determine what lessons can be learned for the future.

No Canadian government has shown appetite for a fulsome review of the measures implemented. It is also questionable whether municipal, federal, and provincial governments would or could conduct a fair and unbiased review simply because it is their own actions and responses to COVID-19 which should be under investigation.

The preceding description of the genesis of the National Citizens Inquiry represents a somewhat sterile description of the requirement to hold an inquiry into governments' responses to the "pandemic." That description, although absolutely valid, was formulated prior to the commencement and subsequent completion of the National Citizens Inquiry hearings.

Those individuals who participated in the hearings or watched even a small fraction of the more than 300 sworn testimonies have had their lives transformed forever. Many of the testimonies were heartbreaking. Others revealed a sometimes terrifying depth to which this nation has fallen. Over the 24 days of hearings, witness testimonies provided an overall sense of how Canada has been transformed by government actions to address the pandemic.

¹ The word *efficacy* refers to the effectiveness or the ability of the government's actions and measures to produce the desired outcomes or results in addressing the COVID-19 pandemic. In essence, it evaluates whether the government's efforts are successful in achieving the desired objectives in the context of COVID-19 response and management.

Our country underwent a dramatic transformation within a short timespan. Sweeping lockdowns and restrictions on rights and freedoms that would once have been considered unthinkable in our country were adopted with incredible speed and with no room for public comment or debate. This was, in and of itself, a phenomenon.

The testimony objectively demonstrates that an unprecedented attack was carried out on the basic rights, freedoms, and way of life of Canadian citizens. Not since World War II have so many lives been lost due to measures imposed on Canadians by their government.

It is important to appreciate that this statement is based on sworn testimonies of the events and experiences described by the witnesses and that these testimonies, as incredible as they are, do not capture the full breadth of the events that took place.

The COVID-19 pandemic, which began in late 2019, presented governments worldwide with an unprecedented opportunity to change the direction of their respective nations. With the official narrative to contain the spread of the virus and prevent healthcare systems from being overwhelmed, many countries resorted to implementing strict non-pharmaceutical interventions.

These interventions, which included widespread business closures, travel restrictions, and stay-at-home orders, were initially introduced as “temporary” and “emergency” measures to mitigate the immediate impact of the virus.

In the early stages of the pandemic, there was a widespread sense of urgency and fear surrounding the unknown nature of the virus. Public Health experts quickly became the face of governments, and citizens were left grappling with the need to balance public safety with individual freedoms. The severity of the situation, as described in government messaging and daily state-media broadcasts, led to a general willingness among the population to accept stringent interventions as a necessary evil.

During these early stages, public health messaging informed Canadians that the primary goal was to “flatten the curve” and prevent healthcare systems from collapsing under the strain of a sudden surge in COVID-19 cases.

Based on the government messaging presented to the public, the notion of lockdowns seemed logical and justifiable to curb the rapid transmission of the virus. Moreover, the suppression of effective existing treatments in favour of the new, experimental genetic therapy “vaccines” further underscored the need for non-pharmaceutical interventions. Canadians have since learned differently. Nevertheless, at the time, the unknowns were still too numerous to ignore the messaging that we now can conclude as biased and inaccurate, similar to, if not actual, propaganda.

Testimony from experts confirmed that by late March of 2020, the government already knew the true nature and risks of the virus known as SARS-CoV-2. The government knew that it primarily affected the elderly and individuals with comorbidities, and they therefore were aware it was not unusually deadly or virulent to the vast majority of Canadians.

Nevertheless, governments persisted in their imposition of emergency measures. As time went on, the long duration of lockdowns and their impact on daily life began to generate debate and dissent. Economies suffered severe contraction and losses, businesses closed permanently, and livelihoods were disrupted. The societal and psychological toll of prolonged lockdowns became increasingly apparent as people grappled with issues such as mental health, educational challenges, and social isolation.

Governments undertook unprecedented levels of spending—a reality that will impact generations of Canadians to come.

Many people lost their lives due to fear, loneliness, and depression. Many others had scheduled surgeries cancelled. The doctor-patient relationship was severed when medical appointments were no longer conducted in person.

Many had adverse reactions to an experimental biologic injection that many were forced to take against their will.

Many people were terrified by the government messaging that increasingly encouraged people to turn on each other. Friends, families, and communities were torn apart. The government resorted to name-calling and public shaming, and in so doing, altered the social fabric. Society, as it was known, had now become toxic and, in many ways, dangerous. As a result, the incidence of suicide, violence, and despair increased to unprecedented levels.

As the pandemic persisted, differences in the way various countries approached the pandemic started to become known. Some nations adopted more targeted and localized measures, while others implemented broad and strict nationwide lockdowns. These varying approaches contributed to a diverse range of experiences and public perceptions.

Citizens began to undertake their own research—coming together and realizing that historical pandemic-management practices and emergency plans, which had withstood the test of time, had been discarded by Canadian governments and replaced with unsupported measures and mandates that appeared to be politically-driven.

Although the government had done extensive emergency planning well in advance of 2020, these emergency plans were simply ignored, and those professionals who were trained to implement emergency measures were sidelined.

In summary, governments in various jurisdictions throughout Canada were able to introduce draconian lockdown measures in a relatively short period of time. Admittedly, governments were not alone in this endeavour. The excuse of combatting a “novel virus ” combined with a fear that healthcare systems would be overwhelmed to persuade the public to accept any and all measures that were brought forth.

However, as time progressed, the long-term consequences and societal costs associated with prolonged lockdowns could no longer be hidden from the public.

Claims about consequences and social costs are incredible claims to make. Just three years ago they were unthinkable. Once the reader has had the opportunity to thoroughly review the contents of this Report and watch the recorded testimonies, there is no escaping the validity of these assertions.

1.2. Reasons for a National Independent Citizens Inquiry

Canadians demanded an independent inquiry into government responses to the COVID-19 pandemic as a result of a wide variety of considerations that include the following:

- 1.2.1. The scope and magnitude of the COVID-19 response were/remain unprecedented.
- 1.2.2. The impacts were national, and the responses of the governments affected the vast majority of Canadians.
- 1.2.3. Canadians have many legitimate questions concerning how the response was managed and what scientific and policy advice governments relied upon—questions to which the governmental response thus far has been non-existent or unsatisfactory.
- 1.2.4. Calls for the governments themselves to commission an inquiry have gone unheeded.
- 1.2.5. The governments cannot be expected to objectively and impartially conduct the required investigation of themselves—hence the need for a National Citizens Inquiry.
- 1.2.6. It is necessary to solicit, receive, and evaluate first-hand personal testimony from those impacted by governments' responses to COVID-19. It is important that this testimony be sincere, honest, and free of coercion or censorship.
- 1.2.7. It is necessary to solicit, receive, and evaluate testimony from scientific, medical, legal, and other appropriate experts that may differ from the narrative communicated by governments and mainstream media.
- 1.2.8. It is necessary to ascertain where governmental responses to COVID-19 were effective, ineffective, or counterproductive and where alternative methods could have yielded much better or more appropriate results.
- 1.2.9. It is necessary to establish accountability for the impacts of measures undertaken and to ascertain the social and economic costs of those measures.
- 1.2.10. It is necessary to ensure that our governments manage any future declared public emergencies effectively and they exercise related emergency orders or powers in a transparent, responsive, democratic, and effective manner.

1.3. Guiding Principles

The National Citizens Inquiry was established under strict guidelines, which include the following:

- 1.3.1. Independence: The Inquiry must be truly independent. Inquiry Commissioners were selected on the basis of experience, competence, and credibility, and not for any pre-conceived positions they might hold on the issues dealt with by the Inquiry.
- 1.3.2. Citizen-Supported: The authority of the Inquiry must rest on a mandate received from significant numbers of Canadian citizens across the country who have made repeated calls for an independent and objective review of governments' pandemic measures. This mandate was further reinforced by such citizens adding their names to the Petition of Support for a National Citizens Inquiry provided on the Inquiry's website: www.citizensinquirycanada.ca.
- 1.3.3. Open and Transparent: The Inquiry's investigation and related activities were undertaken in an open and transparent basis, free of biases or preconceived conclusions.
- 1.3.4. Truthfulness: All persons who participated in the Inquiry were only able to submit oral or written testimony under oath, dutifully sworn before the Commission representatives.
- 1.3.5. Evidence-Based: The deliberations and conclusions of the Inquiry are evidence-based, with any and all testimony received (including that containing extreme claims and conspiratorial charges) being subject to cross examination. The submitted evidence for all arguments, claims, and/or positions are publicly available through the Inquiry's website.
- 1.3.6. Respect: The Inquiry insisted that all participants exhibit mutual respect for the evidence, opinions, beliefs, and statements before the commissioners, in accordance with the principles of facilitating reconciliation and healing.

1.4. Purposes of the National Citizens Inquiry

- 1.4.1. To inquire into much needed dialogue with Canadians. To listen to Canadians concerning the impacts of government health and policy measures impacting their personal lives, including their physical and mental health, families, and communities (particularly children and seniors), jobs and livelihoods, businesses, and their fundamental freedoms and civil liberties as guaranteed by the Constitution.
- 1.4.2. To invite Canadians to pose to the Inquiry any unanswered or unclear questions concerning COVID-19 and governments' responses thereto, and for the Inquiry to make all reasonable efforts to secure answers to those questions.
- 1.4.3. To receive and evaluate testimony from medical, legal, scientific, and other relevant experts concerning the governments' pandemic measures and strategy, what information was known or knowable by governments, and what, if any, alternative approaches could have been taken.
- 1.4.4. To receive and evaluate testimony from legacy and independent media to understand what information was known or knowable beforehand and whether the information conveyed to the public was factual, objective, and without bias.
- 1.4.5. To invite input from healthcare officers and other governmental officials as to the rationale behind the healthcare protection measures adopted—including mandates, lockdowns, and public health orders and actions—and the strategies employed to secure public compliance.
- 1.4.6. To invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of governments' responses to COVID-19.
- 1.4.7. To investigate public sector expenditures, grants, and any other subsidies or financial support programs and their distribution related to the governmental responses to COVID-19.
- 1.4.8. To consider the issue of civic and criminal liability for any damages or harms caused by governments' responses to COVID-19.
- 1.4.9. To investigate rulings and judgments against citizens for the personal choices they made, and to investigate institutional policy changes that led to the perception of discrimination.
- 1.4.10. To make publicly available to Canadians all findings, submissions, and testimonies certified by and formally presented through the Inquiry.

- 1.4.11. To identify any mistakes, negative impacts, or mismanagement that the Inquiry may determine to have occurred, and if it does so, to recommend appropriate measures for more appropriate and effective government responses in the future.

1.5. Structure of the National Citizens Inquiry

The National Citizens Inquiry consists of two main components: the Commissioners and the Support Group.

- 1.5.1. The Support Group is a purely administrative committee that facilitates the NCI's logistics, such as booking venues, maintaining the NCI website, or raising funds to support this initiative. The Support Group drafted the initial Terms of Reference for the Inquiry, which were reviewed by the Commissioners. The Support Group had no role in the substantive aspect of the Inquiry (e.g., asking questions of witnesses, considering evidence, or advising the Commissioners).
 - The Support Group is represented across Canada through Regional Subcommittees. These committees carried out the local planning and organization needed to host the NCI hearings, accommodate witnesses, and provide logistical support to the Commissioners.
 - Support Group and Regional Subcommittee members were all unpaid volunteers who stepped forward from across Canada and all walks of life.
- 1.5.2. The Commissioners were solely responsible for hearing testimony, asking questions, and issuing a comprehensive report inclusive of recommendations, if any.
 - The NCI's Commission consisted of four Commissioners. The Commissioners elected a Chair to lead the Commission.
 - Commissioners were solely responsible for hearing witness testimony and preparing this Report.
 - The Commissioners were identified by Canadians and reviewed and appointed by the Support Group on the basis of their credibility, demonstrated objectivity, and competence in one or more relevant areas (e.g., law, medicine, science, ethics, public policy, journalism, etc.). It was essential that the Commissioners be objective and non-biased.
 - Commissioners were supported by a Secretariat staff comprised of lawyers and other professionals.
 - Upon the conclusion of the hearings, the Commissioners have written this Report.

1.6. Selection of Commissioners

It was critical that selected Commissioners were, and are, seen to be credible in all regards and in particular that they were, and are, as objective, competent, and trustworthy as possible to Canadians on whose behalf the Inquiry was conducted.

The invitation to nominate or apply to be a Commissioner was posted on the Inquiry's website (www.citizensinquirycanada.ca). The posting included a brief description of the nominees' desired characteristics (e.g., independence, objectivity, competence, etc).

Nominations/Applications were received and evaluated, and those who were most qualified to serve were invited to do so. Commissioners signed a Declaration of Understanding and Neutrality indicating that they accepted the Inquiry's Terms of Reference and commitment that their conclusions and recommendations would not be pre-determined but would be based solely on testimony provided to the Inquiry. The names and biographies of the selected Commissioners are posted on the Inquiry's website.

The Commissioners selected their own Chairperson, Ken Drysdale.

1.7. Instruction to the National Citizens Inquiry

The National Citizens Inquiry was instructed and authorized to carry out the following:

- 1.7.1. To include the activities of all levels of government (federal, provincial, and municipal) within the scope of its investigations.
- 1.7.2. To complete its investigations and to issue a final report of its findings and recommendations within one year of the commencement of its operations.
- 1.7.3. To adopt such procedures and methods as it may consider necessary for the proper conduct of the Inquiry. While the Inquiry is not a court, the Commissioners adhered to court-like procedures with respect to receiving evidence (e.g., instructions to witnesses, cross examination) and legal counsel.
- 1.7.4. To sit at such times and places in Canada, as it may decide, for the purpose of holding in-person hearings, to conduct virtual hearings as necessary, and to receive written as well as oral testimony.
- 1.7.5. To seek additional input and advice from experts and grassroots sources as deemed necessary.
- 1.7.6. To issue interim reports as well as a final report and such other communications as the Commission considers necessary to keep the public apprised of its work and to correct any misconceptions or misrepresentations thereof.
- 1.7.7. To understand that its interim and final reports are the primary output of the Inquiry, which the Commissioners must be prepared to publicly explain and defend.
- 1.7.8. To immediately upon its formation establish a system to account for the revenues used to finance the operations of the Inquiry and the expenses incurred, and to make this accounting public at the conclusion of the Inquiry.

1.8. Public Hearings

1.8.1. General Principles of the Public Hearings

The Public Hearings were conducted under the following Rules and Procedural Principles:

- 1.8.1.1. Proportionality: The Inquiry allocated investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so as to ensure that all relevant issues are fully addressed and reported on;
- 1.8.1.2. Transparency: The Inquiry proceedings and processes were carried out in a manner that was as open and available to the public as was reasonably possible, consistent with the requirements of national security and other applicable confidentiality and privileges;
- 1.8.1.3. Fairness: The Inquiry balanced the interests of the the public's right to be informed with the rights of witnesses testifying to be treated fairly;
- 1.8.1.4. Timeliness: The Inquiry proceeded in a timely fashion to engender public confidence and ensure that its work remained relevant; and
- 1.8.1.5. Expedition: The Inquiry operated under a strict deadline and conducted its work accordingly.

Detailed Rules of Practice and Procedure are available on the NCI Website:

<https://nationalcitizensinquiry.ca/wp-content/uploads/2023/03/NCI-Commission-Rules-FINAL.pdf>

1.8.2. Locations and Schedule of the Public Hearings

Public Hearings were held in locations from coast-to-coast in Canada as follows:

- | | |
|-------------------------------|-----------------------------|
| • Truro, Nova Scotia | March 16, 17, 18, 2023 |
| • Toronto, Ontario | March 30, 31; April 1, 2023 |
| • Winnipeg, Manitoba | April 13, 14, 15, 2023 |
| • Saskatoon, Saskatchewan | April 20, 21, 22, 2023 |
| • Red Deer, Alberta | April 26, 27, 28, 2023 |
| • Vancouver, British Columbia | May 2, 3, 4, 2023 |
| • Québec City, Québec | May 11, 12, 13, 2023 |
| • Ottawa, Ontario | May 17, 18, 19, 2023 |

Members of the public who wished to testify at the hearings were invited to apply through online application forms that were available on the NCI website:

<https://nationalcitizensinquiry.ca/testimony/>

Members of the public were offered the option of testifying in person or via live video broadcast.

Over 900 members of the public (lay witnesses) applied to testify. One hundred forty-seven expert witnesses applied or were nominated to provide testimony (some were nominated more than once).

Approximately 300 members of the public testified at the hearings.

Many more members of the public are currently providing additional testimony outside of the Public Hearings, which will similarly be included in the Commission Record, but which will not form part of the record considered when preparing this Report.

Testimony was “invited” from representatives of all provincial/territorial and federal levels of governments across Canada. Subpoenas were issued and government witnesses were given the option of testifying either in person or on video conference at any of the eight hearing locations.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

Not one representative of any government in Canada appeared to testify at the public hearings. All subpoenas sent were either ignored, declined, or not picked up.

As a result of the lack of government representation at the hearings, the Commissioners were unable to hear governments' defences of their measures. The inquiry sought to obtain government positions through the consideration of non-oral evidence, such as sworn affidavits of government officials—obtained from various court proceedings. Where such materials have been considered, they form part of the official record. It was this sworn evidence as well as their actions, press releases, statements of policy, and press conferences that were utilized to represent government positions.

Actual recorded statements and press conferences, et cetera, were aired at a number of the hearing locations.

Despite the fact that the actions taken by all levels of government represented the most profound intrusion into the lives of all Canadians, not a single government representative took the opportunity to address the Canadian people and explain their side of the story.

As a citizen-led initiative, the Commission did not have the ability to compel the government witnesses to appear through judicial subpoenas.

1.9. Identification and Classification of COVID-19 Interventions

For the purposes of this Report and based on the testimony provided at the Public Hearings, the COVID-19 measures that were implemented by governments were summarized into four major categories. The categories are based on the actual or perceived effects that the measures had on the lives of Canadians.

There is significant overlap between each of these categories. It's important to note that the particular expertise and knowledge of each Commissioner may be reflected and embedded differently within this overlap, as well as each Commissioner's personal and professional response to witness testimony. This is intentional and deliberate so that the voices of all Canadians can be fully represented in this Report.

The major categories are:

- 1.9.1. **Social**, meaning those measures that largely impacted the social fabric and interaction of Canadians in their daily life activities. These include measures that restricted public meetings, movement, and ability to interact and meet with other people.
- 1.9.2. **Civil**, meaning those measures that impacted the civil rights and freedoms of Canadians, including the imposition of restrictions by the governing authorities and, as well, the imposition of forced mandates by both government and non-government entities. These impacts were assessed at the personal, institutional, and organizational level.
- 1.9.3. **Economic**, meaning those measures that impacted the economic wellbeing and performance of individuals, businesses, and organizations in Canada. These could include restrictions to employment, the shutdown of businesses and organizations deemed non-essential, and the overall impacts of the measures on our society as a whole.
- 1.9.4. **Health**, meaning those measures that impacted the health and wellbeing of citizens of Canada. These issues might include such things as forced medical procedures, lack of access to patients because of the mandates: many doctors were treating via zoom, and injuries resulting from forced medical procedures and isolation.

1.10. Assessing the Effects of the COVID-19 Interventions

This Report relies on the testimony of the witnesses to assess the effects of the COVID-19 interventions. The interventions have been grouped into two basic categories as follows:

Pharmaceutical Interventions

This Report defines a “pharmaceutical intervention” as a course of treatment to help prevent, control, or mitigate a pandemic through the use of over-the-counter or healthcare provider prescription medication. This might include such things as vaccine, anti-virals, and antibiotics.

Non-Pharmaceutical Interventions

This Report defines a “non-pharmaceutical intervention” (NPI) as a course of action taken either by individuals or communities to help prevent, control, or mitigate a pandemic through the use of other means, excluding over-the-counter or prescribed medications. This might include the implementation of masking policies, lockdowns, closures of public facilities, and quarantines.

Actual first-hand testimony of witnesses describes how each of the measures affected them personally or how they have been involved in the evaluation of the interventions.

Transcripts of the testimonies, grouped into the various hearing locations are provided in Volume 3 of this Report. The actual recorded testimonies, transcripts, and submitted evidentiary exhibits are also provided on the NCI website.

1.11. Assessing the Appropriateness and Efficacy of These C-19 Interventions

Assessment of the appropriateness and efficacy of the interventions is based on the outcomes observed.

Testimonies from physicians, scientists, researchers, statisticians, legal scholars and practitioners, lawyers, judges, teachers, commentators, and Canadians from all walks of life were used to assess the appropriateness of the interventions.

The Commission heard from a wide variety of witnesses, from locations across Canada and beyond, with a diversity of expertise and experience.

At times, testimony was limited as certain witnesses would not testify out of fear of reprisals. In addition, since all representatives of government either refused to appear or simply would not acknowledge the subpoena, their testimony was never heard.

This Report relies on first-hand testimony received from everyday Canadians and from leading experts in a wide range of fields of study.

1.12. Lessons to Be Learned

1.12.1. Recommendations

Detailed analysis and commentary on each aspect of the pandemic response is provided in “Section 7. Analysis” of the Report. The Commissioners set out and describe each area of review, reference some of the testimony upon which the analysis and commentary is based, provide conclusions based on that analysis, and then provide specific recommendations to address the issues identified.

In “Section 8. Recommendations,” for ease of reference, the recommendations set out in “Section 7. Analysis” are itemized and presented in a simple format.

Recommendations vary widely depending on the subject under consideration. There were no restrictions or limitations placed on the scope or nature of the recommendations made.

1.12.2. An Ode to Truth and Integrity

Collectively, we’ve been paying too much deference to our material comfort, and not enough to truth. Accommodation with half-truths, lies by omission, blatant lies, or complicit silence has created a culture in which the institutions have gradually rotted from within. The COVID-19 crisis has revealed that our Western societies are on the slippery slope towards totalitarianism that cannot happen without the consent and the active participation of the governed. We are all responsible for what’s happening, one way or another.

Without clear separation of powers between independent institutions—the executive branch of government, the administrative branches of government, the judiciary, and healthcare providers—there can be no proper checks and balances. These checks and balances are essential to foster a culture of accountability. Without proper accountability, society is left at the mercy of incompetence and corruption working hand-in-hand to maintain and strengthen the power of the institutions in place.

Restoring a vibrant culture of accountability and thriving on truth is the only way to rebuild the most important asset of a prosperous and benevolent society: trust. Trust cannot be demanded; it has to be earned by word of truth and integrity of actions.

One of the gravest dangers in democracy is the tyranny of the majority that has forgotten the primordial importance of truth and liberty grounded in individual responsibilities that cannot and should not be outsourced to the administrative state. Unless a true safe space is created for the flourishing of new ideas, freely challenged by rigorous debates, societies will eventually crumble in obsolescence.

The relentless search for truth, which is the best possible alignment with the laws of nature, is not a democratic endeavour in and of itself. Before becoming widely accepted, a new scientific discovery (or a new, potentially truthful idea), is unique and cannot be subjected to the vote of the majority that is completely oblivious to this new truth initially. If we kill these new ideas before they have the chance to be accepted widely, we will impede the progress of society.

The only way to confirm if a new idea, a discovery, or a hitherto unknown law of nature is really true is to subject it to the free exchange of ideas in debates. Not to censor it arbitrarily by fiat, bringing forward an ill-proclaimed scientific consensus.

Consensus is a way of functioning when much uncertainty remains, and yet a decision has to be made, especially in a state of perceived emergency. Crisis occurs when institutions are poorly managed or somebody wants to take advantage of imposing decisions without proper vetting, using the pretext of emergencies, real or perceived. When society is in a constant state of crisis, one has to question the competence and/or the motives of the ruling class, including the administrative state.

We have to protect as sacred the path and the institutions that have been used for centuries in the rigorous scientific process. Money and corresponding institutions should facilitate this process, not subjugate it.

People working as unelected officials in the administrative state should not end up being the masters of our destiny but rather the civil servants of the institutions at the service of the people.

We are learning the hard way that dysfunctional institutions can and will fail us when we need them the most. As engaged citizens, we must embark and take part in a major reform of our institutions and not leave it to elusive others. Let's not be discouraged by the magnitude of the tasks at hand.

We owe it all to our children and grandchildren.

1.13. Conclusions

Administrative State: Is the State benevolent or guilty of malfeasance?

As the famous Nobel laureate physicist, Steven Hawking, judiciously said: “The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge.”

In Canada, the administrative state used—and continues to use—the illusion of knowledge to maintain power. This was evidenced throughout the three-year COVID-19 experience when bureaucrats and administrators alike were perceived as all powerful. However, this illusion was only an image accomplished through an elaborate and inextricably intertwined web of deceit, much like the tactics of the sorcerer’s apprentice. Meanwhile, politicians were more than happy to impose popular but ill-advised, half-baked health measures, justifying these emerging policies as well-intended measures to protect public health.

Sadly, the majority of people succumbed to the measures out of fear, a lack of unbiased and objective information, and questionable trust in long-standing institutions.

In this context, as long as most people perceive benefits from the government narrative, everything will be done to protect the illusion of the effectiveness of the ill-advised health measures.

But as we witnessed, the administrative state, to achieve this end, relied on poor modelling and statistics full of omissions while ignoring scientific knowledge and understandings. The administrators also dismissed the wisdom of true experts who have credentials considerably above the pretended expertise of technocrats who systematically censored any dissenting voices threatening their usurped authority.

This is best illustrated by the numerous accounts of ignorance of epidemiology; their ineffective, unjustifiable non-pharmaceutical interventions (NPIs); their willful ignorance of state-of-the-art medical practice; and last but not least, their superficial knowledge of the intricacies of the immune system.

The only way out of this conundrum is through our constitutionally protected freedom of speech, wherein widely held beliefs, thoughts, and opinions are respected, and likewise, conversations, debates, and dissenting voices are heard. This should be particularly true in the scientific and medical professions.

We know the very essence of society is human interactions, and embedded therein, relationships. Because human societies thrive on narratives that present distorted views of reality and define culture according to unwritten rules, new narratives need to emerge. These are particularly critical when societies face a major crisis, like a pandemic. Sometimes, low-resolution representations of reality need to be updated and subsequently redefined by rigorous debates to orient better decision-making and implement more effective solutions to vexing problems going forward.

This Report is an attempt to craft a more balanced and objective narrative based on the hundreds of testimonies heard during the 24 days of hearings across Canada. Why? Because Canadians deserve to hear the concerns raised and to determine their own informed opinions regarding the health crisis we have just faced and the appropriateness of the mitigation measures used by government authorities. It will be up to readers to determine for themselves whether this new narrative is a more comprehensive representation of reality than the messaging delivered by governments and the mainstream media during the three years of the COVID pandemic.

Specifically, this Report examines the health, civil, economic, and societal issues resulting from the COVID-19 response. The Report also makes specific recommendations to improve the management of any future health crises.

What, How, and Why?

This Report focuses on answering questions that are in the realm of scientific and forensic investigations. “What” happened? “How” did it happen? And although the “why” deserves attention too, the Commissioners have determined that it is beyond the scope of this investigation. Still, this existential question will undoubtedly be the subject of many scholarly books for decades to come.

By way of further explanation, asking why is certainly not mundane to the Inquiry as it strikes many sensitive cords for most people, whether philosophically, psychologically, or spiritually. However, going down that slippery slope can lead into a maze where one looks for ulterior motives, where there arises a need for, or requires, soul-searching and psychological discussion, which is outside the borders of rigorous scientific investigations. Attributing motive is not part of the playbook of the scientific method.

What is required are open and honest debates to foster our collective understanding of what happened and how it happened. In any healthy debate, one has to stay focused on the data, the information, and the knowledge before the wisdom can blossom. This is why forensic investigations are critical—so that conclusions can be reached, apart from agendas and ulterior motives.

It is for this reason that the Commissioners have agreed to abide by the witness testimonies to the best of their ability in seeking the truth. These are the truths we have sought throughout the hearings. Moreover, through engaging in this cross-country experience, we can come together as a nation, restoring the very principles and freedoms that have defined Canada since 1867.

2. The Pandemic

2.1. Overview of the Pandemic

The COVID-19 pandemic was presented by governments and corporate media as a global health crisis that emerged in late 2019; and it significantly impacted nearly every aspect of life around the world.

Following is a brief overview of the key aspects of the pandemic:

The pandemic is believed to have started in December 2019 in Wuhan, Hubei Province, China. The virus responsible for the disease was identified as a novel coronavirus, named SARS-CoV-2.

The virus quickly spread globally through human-to-human transmission, facilitated by international travel. The World Health Organization (WHO) declared it a public health emergency of international concern in January 2020. Later, in March 2020, the WHO further designated it as a pandemic.

On March 11, 2020, when the WHO declared the “pandemic,” Canada, a nation of approximately 38.5 million people, had reported only one death—that of an 80-year-old man—from COVID-19. At the same time, 125 laboratory-confirmed cases were reported.

<https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-7-8-july-2-2020/Covid-19-epidemiology-january-march-2020.html>

By the end of March 2020, there was already evidence that COVID-19 mainly affected elderly patients or individuals with pre-existing health issues (comorbidities) and that young healthy citizens did not face a significant risk of death or serious illness from COVID-19.

COVID-19 primarily affects the respiratory system and manifests with a range of symptoms, including fever, cough, difficulty breathing, fatigue, and loss of taste or smell. In severe cases, pneumonia and organ failure are manifestations. It was initially believed to spread mainly through respiratory droplets when an infected person coughs, sneezes, or speaks. It can also be transmitted by touching contaminated surfaces and then touching the face. Aerosol transmission has been confirmed.

Governments and health authorities across Canada implemented various public health measures to mitigate the spread of the virus. These measures included widespread testing, contact tracing, quarantines, travel restrictions, social distancing, face mask mandates, and hygiene practices such as hand washing and sanitizing.

These NPIs were designed, planned, and implemented by public health authorities across Canada. The emergency measures organizations that are tasked with responding to emergency situations in Canada were sidelined, despite the fact that these organizations were specifically and extensively trained to evaluate, plan, and execute emergency response across Canada.

These NPIs were implemented with grave consequences to the people of Canada. Most notably, previously prepared influenza pandemic plans, including a paper authored by Dr. Theresa Tam specifically advising against lockdown measures, were ignored.

It is critically important to further understand that existing protocols for the treatment of SARS-CoV-2-type infections with pharmaceutical interventions were immediately restricted. This was despite the recommendation of Health Canada's influenza pandemic plan and the wide availability of inexpensive, effective, and existing pharmaceutical interventions.

Healthcare providers were advised not to treat symptoms of COVID-19 until they were severe enough to require hospitalization and were explicitly instructed not to prescribe pharmaceutical medications such as ivermectin and hydroxychloroquine. Many physicians, nurses, and healthcare practitioners were punished, suspended or lost their licences to practise for prescribing these specific medications. The Canadian mainstream media aggressively promoted all public health measures, embarking on a continued program of cancellation and/or humiliation of any professional that questioned those measures.

The direct actions of the governments in response to COVID-19 put a significant strain on healthcare systems globally.

This strain was ironically not due to illness from COVID-19 itself, as COVID-19 cases did not generally overwhelm hospitals or lead to widespread shortages of medical equipment, beds, and healthcare workers. Admittedly, in some regions, healthcare systems struggled to provide adequate care to both COVID-19 patients and those with other health conditions, but that was due primarily to two factors. The first was governments' shutdown of healthcare facilities. The second emerged as a consequence of the subsequent suspension and dismissal of healthcare workers who refused to accept the injection that was presented as a "safe and effective" vaccine.

Numerous witnesses from the healthcare field testified that hospitals and emergency rooms were "quiet" throughout most of 2020, and it was not until the widespread rollout of the experimental gene therapy referred to as vaccines that the emergency rooms noted increased patient uptake. Many of these later visits to hospitals included alleged vaccine-injured patients or patients whose medical conditions had gone untreated due to their fear of contracting COVID-19. Witnesses referred to this time as flight or fright. In other words, the nation's engagement was in a state of paralysis.

Albeit, as the evidence revealed, the hospitals in Canada were never overwhelmed. The two weeks to flatten the curve never changed the ability of hospitals to deliver medical services.

As indicated earlier, the effects of these cited government interventions during the pandemic had far-reaching economic consequences, with businesses facing closures, job losses, and economic downturns. Many industries, such as travel, hospitality, and retail, were severely affected.

Government interventions, such as stimulus packages and financial aid, were implemented to mitigate the economic impact. The pandemic interventions also disrupted education systems, led to the cancellation or postponement of events, and changed the way people work and interact.

The unprecedented nature and magnitude of government interventions resulted in a massive expansion of Canada's national debt. Both the short-term and long-term effects of these measures will undoubtedly be felt for generations to come.

In an unprecedented global effort, multiple experimental gene therapies were developed and presented to the public as safe and effective vaccines. In Canada, these vaccines were approved for use on the public under a newly created approval process that did not require the manufacturers to prove either safety or effectiveness. No specific testing for adverse medical effects of the vaccines on seniors, pregnant and/or nursing women, or children was required or performed prior to the approval and recommendation of vaccines for these groups. Nor were the vaccines evaluated for medium- or long-term safety or efficacy prior to approval.

This was in addition to the fact that the mRNA technology had never been previously used in wide-scale human populations. Subsequently, the clinical trials were compromised after only two months of monitoring when, in the Pfizer trial, the placebo arm was offered to be vaccinated, thereby losing the control group for longer-term efficacy and safety assessment.

These experimental injections were approved by Health Canada in spite of the significant safety warnings that were evident both during the initial trials and during the post-marketing analysis completed in February 2021. Not only were the safety signals ignored, Health Canada did not have the authority to revoke the approval of the vaccines in any event under the newly created approval process, even if safety signals were identified.

The vaccines were rolled out to Canadians in late 2020 in spite of the significant shortcomings. Vaccination campaigns became the focus of public health and the media, with every Canadian being encouraged to get a safe and effective injection, regardless of their age or individual health circumstances.

In late 2021, the federal government announced that vaccines would be required for travel throughout the country. The provinces each adopted some form of vaccination pass requiring people to prove they had received the requisite number of injections in order to access basic services and businesses.

The federal government announced vaccine mandates for all employees in federally regulated industries, and many Canadian employers put their own mandates in place. Canadians who refused the injections were vilified, ridiculed, bullied, lost their jobs, and were restricted from participating in society.

The vaccines were mandated although they did not prevent infection, did not prevent spread, did not prevent death, and caused significant adverse effects, including death.

As the virus continued to spread, new variants were reported with different characteristics, including increased transmissibility, yet decreased mortality. These variants posed challenges to the effectiveness of the vaccines as the naturally mutating virus developed resistance to the initially distributed vaccine.

Throughout the pandemic, traditional scientific research, collaboration, and communication should have played a crucial role in understanding the virus, developing treatments, and guiding public health responses.

Instead, traditional scientific method and discourse were severely censored. Only government and media narratives were permitted. Researchers and healthcare practitioners who presented alternative evidence were ridiculed and publicly shamed, and in some cases, lost their funding or employment.

Never in the course of modern medicine or scientific practice has this type of censorship happened on such a scale.

Censorship and attacks on medical and scientific process have occurred in the past but never at this level.

2.2. Timeline of Major Events

2.2.1. Introduction

In presenting this Report, the Commission recognized the importance of including a basic timeline of major events during the COVID-19 pandemic. This timeline serves as a backbone, a framework that can help readers more fully understand the sequence of events, the scale and speed of the pandemic, and government responses over time.

The data included in this brief timeline was derived from witness testimony, publicly available information, governmental reports, press releases, and announcements made by the Government of Canada and relevant health authorities during the specified years 2019 through 2022. This information encapsulated key events, mandates, and guidelines related to the COVID-19 pandemic and reflected Canadian responses to the evolving situation during the specified years. It is essential to note that the information is subject to updates and revisions. Cross-referencing with official government sources is encouraged for the most accurate and current details.

The COVID-19 pandemic was a complex and multifaceted crisis that unfolded rapidly, with new developments often arriving in quick succession. For those living through it, the pace of change, combined with the volume of information and guidance issued, could sometimes make it difficult to gain a clear, coherent understanding of the unfolding situation.

By distilling the major events into a concise timeline, we offer a simplified overview of the pandemic's progression, as well as the corresponding measures and mandates that were put into place by the government. This at-a-glance summary allows readers to grasp the chronology, see the relationship between different events, and understand the context in which decisions were made and actions were taken.

Moreover, it provides a basis for more in-depth analysis. Readers can use the timeline to trace the progression of measures taken by the government and relate them back to the individual testimonies, expert analyses, and policy discussions presented elsewhere in the Report. In this way, the timeline becomes an essential tool for understanding the broader narrative of Canada's experience of the COVID-19 pandemic.

In short, the timeline helps to make a complex and turbulent period of history more comprehensible, enabling readers to better understand and interpret the wealth of evidence and perspectives presented in this Report.

2.2.2. Timeline of Basic Events in Canada 2019

Following is a brief timeline of the events related to the COVID-19 pandemic in Canada in 2019. Please note, however, that the virus which causes COVID-19 was not identified until late 2019 and the first case of COVID-19 in Canada wasn't reported until January 2020. Still, this timeline provides a perspective on the initial global unfolding of the COVID-19 pandemic and the beginning responses:

March 31, 2019: Canada reported a federal national debt of \$685.5 billion.

December 31, 2019: The World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology detected in Wuhan City, Hubei Province of China. At this stage, COVID-19 has not yet been identified and is not yet known to Canada or the rest of the world.

Prior to this, Canada's Public Health Agency was operating under standard infectious disease monitoring protocols. As 2019 ended, however, and more information about the outbreak in Wuhan became available, the situation began to change rapidly, and by early 2020, COVID-19 was declared a global pandemic.

In terms of pandemic preparedness, the Government of Canada had in place the Public Health Agency of Canada, established in 2004 in response to the SARS outbreak. This agency was tasked with coordinating responses to public health emergencies. However, the specific guidelines and mandates related to COVID-19 wouldn't come into play until 2020.

2.2.3. Timeline of Basic Events Canada 2020

Following is a basic timeline of some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2020. This is not an exhaustive list but provides an overview of the major developments:

January 25, 2020: Canada reports its first case of COVID-19 in Toronto, Ontario.

March 11, 2020: The World Health Organization declares COVID-19 a global pandemic.

March 13, 2020: Many provinces, including Ontario and Québec, announce school closures.

March 14, 2020: The federal government urges Canadians currently abroad to return home as soon as possible.

March 16, 2020: Canada advises against non-essential travel and begins to implement enhanced screening measures at airports.

March 18, 2020: The Canada-U.S. border is closed to non-essential travel.

March 23, 2020: Non-essential businesses are ordered to close in many provinces, including Ontario.

March 25, 2020: The Canadian Parliament passes an emergency fiscal stimulus in response to the economic impact of the pandemic, establishing the Canada Emergency Response Benefit (CERB).

March 31, 2020: Canada reports a federal national debt of \$721.4 billion.

April 6, 2020: Canada surpasses 15,000 “cases” of COVID-19.

May 8, 2020: The unemployment rate increases up to 13 per cent, the second-highest figure on record in Canada.

April 9, 2020: Ottawa projects 4,400 to 44,000 Canadians could die of COVID-19. Federal government announces more than one million people lost their jobs in March.

April 15, 2020: Wearing masks in public places where social distancing is not possible is recommended by the Public Health Agency of Canada.

May 19, 2020: Some provinces, including British Columbia and Manitoba, begin to lift restrictions and enter phase one of reopening.

June 2020: Many provinces, including Ontario and Québec, move to phase two of reopening, with certain businesses and public spaces allowed to open with restrictions.

July 28, 2020: Remdesivir becomes the first drug to be approved by Health Canada for treatment of patients with severe COVID-19 symptoms.

September 2020: Most schools reopen for in-person learning with new safety measures in place, including mask mandates and physical distancing.

October 2020: Second wave begins across Canada, resulting in increased restrictions and, in some provinces, the reimplementation of lockdown measures.

November 10, 2020: The Manitoba government forces non-essential stores to close and bans social gatherings in an effort to stop a surge of COVID-19 cases.

November 26, 2020: Federal health officials say Canada has purchase agreements with seven COVID-19 genetic vaccine producers.

December 9, 2020: Health Canada approves the Pfizer-BioNTech vaccine for use under an Interim Order.

December 14, 2020: The first doses of the Pfizer-BioNTech vaccine are administered in Canada.

December 23, 2020: Health Canada says the COVID-19 genetic vaccine from USA biotech firm Moderna is safe for use in Canada, and the use of this COVID-19 genetic vaccine is authorized in Canada.

This timeline provides an overview of some of the key moments in the Canadian response to the COVID-19 pandemic throughout 2020. It was a year characterized by swift and significant changes as the country grappled with a new and evolving public health crisis. The data was obtained from a variety of sources.

2.2.4. Timeline of Basic Events Canada 2021

Following is a timeline that captures some of the major events, mandates, and guidelines that Canadian governments issued during 2021 in response to the COVID-19 pandemic. This is not exhaustive, but it covers significant developments:

January 7, 2021: Canada surpasses a cumulative total of 600,000 cases of COVID-19, which include active infections as well as all recovered individuals since the beginning of 2020.

January 12, 2021: Canada signs agreement with Pfizer to purchase 20 million doses of COVID-19 genetic vaccine.

January 23, 2021: Health Canada confirms it has approved a rapid COVID-19 test from Spartan Bioscience for use across the country. The company previously recalled its rapid testing technology –last spring–over concerns expressed by the federal agency.

January 26, 2021: The federal government suspends flights to Caribbean destinations and Mexico in an effort to curb the spread of COVID-19.

February 5, 2021: The AstraZeneca vaccine is approved for use in Canada under an Interim Order.

February 10, 2021: Public Health Canada signs a contract with Telus to track cell phone location data of Canadians.

February 22, 2021: Travellers are required to submit contact information using ArriveCAN app at border crossings.

February 28, 2021: Pfizer Cumulative Analysis of Post-Authorization Adverse Event Reports are completed.

March 5, 2021: Canada surpasses a cumulative total of 900,000 cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

March 29, 2021: Canada recommends immediate pause in the use of AstraZeneca vaccine for persons under 55 years of age.

March 31, 2021: The National Advisory Committee on Immunization (NACI) recommends pausing the use of the AstraZeneca vaccine in individuals under 55 due to reports of rare blood-clotting events.

March 31, 2021: Canada reports a federal national debt of \$1.0487 trillion.

May 5, 2021: The Pfizer vaccine is authorized for use in children aged 12 and up.

June 17, 2021: Canada surpasses a cumulative total of 1.4 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

July 5, 2021: Canada allows individuals that it deems “fully vaccinated” to travel while continuing to restrict travel for everyone else.

August 13, 2021: The government announces that all federal employees must be vaccinated.

August 31, 2021: Health Canada announces that ivermectin is not an approved treatment for COVID-19.

September 7, 2021: Canada starts allowing foreign tourists, that it considers fully vaccinated, to enter Canada.

October 30, 2021: Proof of vaccination becomes mandatory for travel on planes, trains, and cruise ships within Canada.

October 29, 2021: The Government of Canada mandates COVID-19 genetic vaccines for all employees of federal public services and federally regulated industries, including banking.

October 30, 2021: Health Canada approves the pediatric Pfizer vaccine for children aged 5 to 11.

November 9, 2021: Health Canada authorizes the use of Pfizer vaccine as a booster shot.

November 19, 2021: Canada surpasses a cumulative total of 1.7 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

November 19, 2021: Health Canada authorizes Pfizer vaccine for children 5 to 11 years of age

December 14, 2021: The omicron variant is identified in Canada.

This timeline offers an overview of the key milestones in Canadian handling of the COVID-19 pandemic throughout 2021. This year saw continued challenges but also significant progress, particularly with the rollout of vaccines and the implementation of vaccination policies.

2.2.5. Timeline of Basic Events Canada 2022

Following is a timeline encapsulating some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2022. This is not a comprehensive list but provides an overview of the primary developments:

January 7, 2022: Canada surpasses a cumulative total of 2 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020, amid a surge driven by the omicron variant.

January 15, 2022: Ontario and Québec implement stricter measures and lockdowns due to the rapid spread of the omicron variant.

January 15, 2022: Public Health Agency of Canada announces that unvaccinated or partially vaccinated foreign national truck drivers coming from the USA by land will not be allowed entry.

January 28, 2022: Public Health Agency of Canada recommends children 5 to 11 receive a complete 2-dose primary series of Pfizer pediatric vaccine, and 12 to 17 receive a primary series of vaccines.

February 14, 2022: The Canadian Governor in Council directs that a proclamation be issued pursuant to subsection 17(1) of the *Emergencies Act* declaring that a public order emergency exists throughout Canada that necessitates the taking of special temporary measures for dealing with the emergency.

February 22, 2022: The federal government announces plans to lift pre-arrival COVID-19 testing for vaccinated travellers by the end of February.

March 2, 2022: Health Canada approves the Novavax COVID-19 protein-based vaccine for use.

March 21, 2022: Most provinces lift the majority of their COVID-19 restrictions, including indoor capacity limits and proof of vaccination requirements.

March 31, 2022: Canada reports a federal national debt of \$1.1345 trillion.

April 5, 2022: New recommendations announced for a 4th dose (booster) for those aged 80 and older and residents of long-term care/congregate senior living settings.

April 6, 2022: The federal government announces a transition from a pandemic response to endemic management of COVID-19.

May 1, 2022: The federal government lifts the mandate on wearing masks in federal facilities and on public transportation.

June 20, 2022: Canada surpasses 80 per cent full vaccination rate for individuals aged 12 and over.

June 20, 2022: Vaccination will no longer be a requirement to board a plane or train in Canada.

June 20, 2022: Employers in the federally regulated air, rail, and marine sectors are no longer required to have mandatory vaccination policies in place for employees.

August 30, 2022: Schools reopen for the new academic year with minimal COVID-19 restrictions in place.

October 1, 2022: International visitors to Canada no longer have to show proof of vaccination.

October 5, 2022: Health Canada approves a COVID-19 genetic vaccine for children under the age of five.

November 15, 2022: The federal government announces a booster vaccine campaign for all adults.

December 2022: Health Canada admits to monitoring 33 million Canadians' cell phone data for tracking purposes.

December 31, 2022: Canada surpasses a cumulative total of 2.5 million cases of COVID-19, which includes active infections as well as all recovered individuals since the beginning of 2020.

This timeline offers a snapshot of Canadian management of the COVID-19 pandemic in 2022. The year was marked by the challenges of new variants but also significant advancements in vaccination efforts and a gradual return to a sense of normalcy.

2.2.6. Timeline of Basic Events Canada 2023

Following is a timeline encapsulating some of the key events, mandates, and guidelines issued by Canadian governments in response to the COVID-19 pandemic in 2023. This is not a comprehensive list but provides an overview of the primary developments:

January 2023: Canada continues with its booster vaccine campaign for all adults, aiming to strengthen population immunity against COVID-19.

February 2023: The government releases new guidelines for managing COVID-19 as an endemic disease, including recommendations for regular vaccinations and ongoing surveillance.

March 2023: The COVID-19 vaccination is added to the schedule of routine immunizations for eligible age groups.

April 2023: Health Canada reviews the latest global COVID-19 data and advises on any necessary updates to national guidelines and policies.

May 2023: Schools and universities prepare for a new academic year with COVID-19 safety measures adapted to the current situation.

May 4, 2023: The WHO Director General announces that COVID-19 is now an established and ongoing health issue and no longer constitutes a Public Health Emergency of International Concern (PHEIC).

June 2023: The federal government reviews its international travel advisories related to COVID-19.

July 2023: Health Canada monitors for new variants of the virus and assesses the need for vaccine adjustments.

August 2023: Back-to-school plans are executed with updated COVID-19 protocols based on the latest public health advice.

In a future timeline, it would be expected that ongoing surveillance, continuous vaccination efforts, and a focus on managing COVID-19 as an endemic disease would be major themes. This “speculative” timeline is based on the assumption of continued progress in managing the pandemic. Real events could deviate significantly depending on various factors, including scientific advancements, viral evolution, and policy decisions.

2.3. Aftermath of Pandemic (2023)

The terrible aftermath of the COVID-19 pandemic was not due to the virus itself. Rather the terrible effects throughout Canada were the result of the interventions implemented by the various levels of government.

The aftermath of the interventions implemented by all levels of government during the COVID-19 pandemic is multifaceted and continues to unfold.

Every single person alive in Canada now and for generations to come has and will be impacted by the scope and magnitude of the interventions put in place by all levels of government in Canada.

The fundamental fabric of Canadian society was and continues to be shredded by the unnecessary measures that were implemented by all levels of government across Canada. These measures destroyed Canadians' trust in themselves, their families, their communities, trust in institutions, and trust in democratic tenets including the rule of law.

Public institutions which exist to protect citizens failed to do so.

Untold thousands of people died: some due to severe adverse reactions to a coerced experimental gene therapy; others died due to despair, loneliness, addictions, or violence which were exacerbated by the measures imposed by governments.

Billions if not trillions of dollars were lost from the economy as a direct and indirect result of the actions of the government. The national debt is at a historic high. Quiet quitting has become a phenomenon. Unemployment, bankruptcy, and insolvency rates reached a peak during the lockdowns, and these increased rates persist to this time.

While the full impact of government mandates and measures have yet to be fully understood, here are some key repercussions that have emerged in the aftermath.

The interventions imposed by the government during the pandemic have allegedly caused significant loss of life with thousands of people succumbing to the strains placed on society by either the imposed directives or directly from adverse reactions to the experimental vaccines.

The long-term health effects for survivors, including potential complications and lingering symptoms, are still being researched.

Health systems are faced with the task of addressing the backlog of delayed medical treatments and prioritizing ongoing healthcare needs.

The interventions imposed by governments during the pandemic has had profound economic consequences. Many businesses have closed, and sectors such as tourism, hospitality, and retail have been particularly affected. Unemployment rates have risen and global poverty levels have increased. Governments have implemented various economic stimulus measures to support individuals, businesses, and economies. The full extent of the long-term economic impact is yet to be determined.

The interventions imposed by governments during the pandemic disrupted education systems. Schools and universities switched to remote learning, which was ineffective in terms of access, quality, and student engagement. The digital divide and learning inequalities were highlighted during this period. The long-term effects on students' educational attainment and skills development are areas of concern.

The interventions imposed by governments during the pandemic have taken a toll on mental health and wellbeing. Social isolation, fear, grief, and economic stress have contributed to increased levels of anxiety, depression, and other mental health conditions. Access to mental health services and support has become crucial in the aftermath of the pandemic.

The interventions imposed by governments during the pandemic have exacerbated existing social and economic inequalities. Vulnerable populations, including low-income communities, marginalized groups, and those without access to adequate healthcare, have been disproportionately affected. Addressing these disparities and ensuring equitable recovery is a significant challenge in the aftermath.

The interventions imposed by governments during the pandemic have underscored the importance of robust healthcare systems, emergency preparedness, and global cooperation. Canada must invest in strengthening the public health infrastructure, pandemic response capabilities, and surveillance systems to better respond to future health crises.

The obvious conflict in legislation between Public Health Emergency Planning and Response and the Emergency Measures organizations must be addressed. Much of the damage done during the emergency response was that public health officials were not qualified to undertake the planning and implementation of an emergency response. The people who were qualified and trained to do this were sidelined and the result was devastating. Public Health can never again be tasked with undertaking an emergency response. This responsibility must lie with Emergency Measures organizations to which Public Health will provide technical expertise and support.

The global response to the pandemic has highlighted the gross inadequacy and capability of any global organization to direct a public emergency response that must take the needs of particular regions and populations into account. The blind following of orders sent down from a bureaucratic and political organization is directly in conflict with the very successful and long held practise of addressing emergency situations from a ground-up perspective. Federal governments should only serve to provide communications and resources when requested. They should never be entrusted with the actual direction and implementation of emergency plans and actions for Canada, a nation state.

It is important to note that the aftermath of the interventions and provincial dictates imposed by the government during the COVID-19 pandemic varied across regions of the country, depending on factors such as extent and scope of the local interventions, healthcare systems, socioeconomic conditions, and vaccination coverage.

The recovery and rebuilding process will require sustained efforts and adaptation to address the long-term impacts of the interventions imposed by the government during the pandemic on various aspects of society.

3. National Citizens Inquiry

3.1. Public Confidence in Government-Led Public Inquiries

Introduction

Government-led public inquiries can play a crucial role in investigating significant events and emerging issues of public concern. Formally known as Royal Commissions, these types of inquiries have been around for some time.

Historically, the intent of government-led inquiries was to uncover the truth, hold individuals accountable, and to inform public policy. The confidence of the public in the integrity and effectiveness of these inquiries is vital for national success.

More recently, Canadians began questioning the validity of government inquiries. This stems from the reluctance of governments to listen to issues of public concern in a fair and unbiased manner. Instead, it is widely believed that many public inquiries are simply for show, utilized to satisfy certain legislative requirements. This may explain why Canadians have become disillusioned by governments carefully choreographing the agenda to reach a predetermined and government beneficial conclusion.

Often these inquiries are staffed with government insiders and/or people invited to participate, even though in some circumstances there exists the appearance of conflicts of interest. The latter in and of itself provides Canadians with legitimate reasons not to trust their public institutions.

Further, without the presence of an objective and unbiased media, the perception is that these public inquiries are generally used to smooth over government failures, indiscretions, conflicts of interest, and outright wrong-doing.

Therefore, government-led public inquiries are often seen as susceptible to bias or political interference, particularly when these inquiries are initiated or overseen by more superior governing authorities. Skepticism arises if there are concerns that the inquiry's findings and recommendations may be influenced or manipulated to protect certain interests or, conversely, to avoid political or legal consequences.

Most of all, government-led public inquiries are expected to be independent and free from external influence. However, when doubts of impartiality arise, inevitably public trust erodes. The same complaint can be linked to transparency. People expect their voices to be heard.

If there are doubts about the impartiality and independence of the commissioners or panel members leading the inquiry, public trust will be eroded. Perceptions of conflicts of interest or close ties to the entities being investigated can also undermine confidence in the inquiry process.

Stated differently, this provides reasons why government-led public inquiries face criticism, particularly if the scope or terms of reference are perceived as too narrow or limited. By the same token, if the inquiry fails to address all relevant aspects of an issue or excludes certain key stakeholders, the public may question the thoroughness and fairness of the investigation.

It is from these perspectives, and more, that public trust diminishes when there is a perception that the findings and recommendations of the inquiry are not adequately acted upon or implemented. If there is a lack of accountability for those responsible for the issues under investigation, it can reinforce the perception that the inquiry was a superficial exercise without meaningful consequences.

Extended inquiry processes with frequent delays can undermine public trust. If an inquiry drags on for an excessive amount of time without clear progress, it may be viewed as an attempt to prolong or avoid uncomfortable findings. Lengthy processes can also lead to public fatigue and a diminished sense of the inquiry's importance or relevance.

In recent years, government-mandated inquiries have not effectively addressed the concerns of citizens, leading to increased skepticism and diminished confidence in the effectiveness and impact of future inquiries.

Public apathy is also a problem since there is a perception that even a negative ruling against the government will simply go unaddressed. It is not enough for a responsible party to simply make an apology in public for unethical or illegal behaviour. Business as usual cannot be the result.

In recent times, both federal and provincial governments have failed to address many of these factors. Governments have been ineffective in restoring public confidence. Governments have also failed to demonstrate the importance of truth-seeking, accountability, and effectively informing public policy decisions.

Given the current level of public mistrust in government-led public inquiries, it is essential to address these concerns by ensuring transparency, independence, inclusivity, effective communication, and timely implementation of recommendations through a completely independent and citizen-led inquiry.

Should government decide to restore public confidence, it will involve a long process of action rather than propaganda. However, if it is the desire of the Canadian people to restore the accountability of their government, they must insist on the following five foundational requirements for any future government-led public inquiry:

Transparency

Transparency is a cornerstone of public confidence in government-led public inquiries. The process should be open, accessible, and free from hidden agendas or opaque-led decision-making. Transparency ensures that the public has a clear understanding of the inquiry's objectives, procedures, and findings. Timely release of information, public access to hearings or proceedings,

and the publication of inquiry reports are essential components of transparency. When the public can see that an inquiry is conducted in a transparent manner, it enhances their trust in the process and its outcomes.

Independence

Independence is another critical factor in fostering public confidence in government-led public inquiries. An inquiry must be perceived as free from undue influence or interference. Independent commissioners or panel members, appointed through a transparent and accountable process, help establish this perception. It is important that those leading the inquiry have the necessary expertise and impartiality to investigate the matter at hand. Independence ensures that the inquiry's findings and recommendations are not compromised by political or external pressures, which strengthens public trust in the process.

Inclusivity

Inclusivity is key to instilling confidence in government-led public inquiries. The involvement of affected individuals, communities, experts, and relevant stakeholders in the inquiry process is essential. Inclusive participation allows diverse perspectives to be heard, fosters public trust, and ensures the inquiry's conclusions are comprehensive and well-rounded. Engaging with those affected by the issues under investigation demonstrates a commitment to fairness, empathy, and transparency, further enhancing public confidence in the inquiry.

Effective Communication

Effective communication is crucial in maintaining public confidence in government-led public inquiries. Clear and regular communication about the inquiry's progress, objectives, and key milestones helps the public stay informed and engaged. This includes providing updates on the inquiry's findings, explaining the rationale behind decisions, and addressing any concerns or questions from the public. Open and transparent communication builds credibility and demonstrates the inquiry's commitment to serving the public interest.

Implementation of Recommendations

The implementation of recommendations arising from a government-led public inquiry is essential to maintaining public confidence. When the findings and recommendations of an inquiry are promptly and effectively acted upon, it demonstrates that the inquiry was not merely a symbolic exercise but an opportunity for meaningful change. Government commitment to implementing the recommendations sends a strong signal to the public that the inquiry had a real impact and that the government is responsive to the concerns identified during the inquiry process.

Conclusion

Public confidence in government-led public inquiries is crucial for the legitimacy, effectiveness, and impact. Transparency, independence, inclusivity, effective communication, and the implementation of recommendations are key elements that contribute to building and sustaining public confidence. When these factors are prioritized, the public can trust that government-led public inquiries are conducted in an impartial, fair, and accountable manner. Public confidence ensures that the

inquiries serve their intended purpose, which is to uncover the truth, hold accountable those responsible, and inform policies and actions to prevent similar issues in the future.

3.2. The Need for an Independent Inquiry

An independent inquiry was necessary for a variety of reasons, including the following:

The Canadian public no longer has confidence in the government conducting objective and impartial investigations into significant events or issues. By removing potential biases and conflicts of interest, independent inquiries can provide a fair assessment of the facts and circumstances surrounding potentially contentious public matters.

Only a truly independent inquiry could build public trust and confidence in the investigation process. When an inquiry is perceived as unbiased and free from external influence, the public is more likely to have confidence in its findings and recommendations.

An independent inquiry that directly engages the public in locations across Canada is vital in holding individuals, organizations, or institutions accountable for their actions or decisions. By examining evidence, interviewing witnesses, and assessing relevant information, independent inquiries can determine responsibility and ensure transparency in the process.

This independent Inquiry has the capacity to identify systemic issues or underlying factors that contribute to significant events or issues. By delving into the root causes, an independent inquiry can provide valuable insights and recommendations to prevent similar incidents from occurring in the future.

Through their findings and recommendations, the National Citizens Inquiry has highlighted areas of improvement to guide the development of effective policies, procedures, and regulations.

The National Citizens Inquiry hearings served as a mechanism for the public to voice their concerns and restore confidence in institutions or systems that may have been compromised. By conducting a thorough and independent examination of an issue, an inquiry can help restore public trust and demonstrate accountability.

The National Citizens Inquiry promotes transparency and upholds democratic values by ensuring that government actions or decisions are subject to scrutiny. They contribute to a transparent and accountable governance system, fostering public participation and ensuring that decisions are made in the best interest of society.

Overall, the National Citizens Inquiry was necessary to ensure fairness, accountability, and transparency in investigating significant events or issues. By removing biases and conflicts of interest, independent inquiries play a crucial role in delivering objective findings, promoting public trust, and informing policies to prevent recurrence.

4. Objectives of Inquiry

4.1. Overall Objects of an Independent Public Inquiry

The overall objectives of an independent public inquiry on the COVID-19 response included:

Examining the Effectiveness of the Response: The National Citizens Inquiry aimed to assess the effectiveness of government responses to the COVID-19 pandemic. This included evaluating the actions taken, policies implemented, and decisions made by authorities at various levels.

Identifying Strengths and Weaknesses: The National Citizens Inquiry sought to identify the strengths and weaknesses in the COVID-19 response, including areas where the response was successful and where improvements could have been made. It aimed to provide an impartial assessment of the actions taken and identify lessons learned for future preparedness and response efforts.

Assessing Decision-Making Processes: The National Citizens Inquiry examined the decision-making processes used by government bodies and public health officials during the pandemic. This involved evaluating the quality and timeliness of decisions, considering the available evidence and expert advice, and assessing the communication of those decisions to the public.

Examining the Impact on Public Health: The National Citizens Inquiry assessed the impact of the COVID-19 response on public health outcomes, including the effectiveness of measures such as testing, contact tracing, quarantine protocols, vaccination strategies, and healthcare system preparedness. It evaluates the extent to which the response protected public health, reduced the spread of the virus, and mitigated the impact on vulnerable populations.

Evaluating Communication and Transparency: The National Citizens Inquiry examined the communication strategies employed by authorities to disseminate information about the pandemic, public health measures, and risks. It assessed the transparency of data sharing, public messaging, and the dissemination of accurate and timely information to the public, media, and stakeholders.

Holding Accountable and Restoring Trust: The National Citizens Inquiry sought to establish accountability for any failures or shortcomings in the COVID-19 response. The National Citizens Inquiry has identified any instances of misconduct, negligence, or lack of adherence to established protocols. The objective is to restore public trust in government institutions and ensure that responsible parties are held accountable for their actions or decisions.

Recommending Improvements: Based on the findings and analysis, the National Citizens Inquiry aimed to provide recommendations for improving future pandemic preparedness and response efforts. This has included recommendations for changes in policies, procedures, legislation, and governance structures to enhance public health resilience and response capabilities.

The overall objective of the National Citizens Inquiry on the COVID-19 response is to provide a comprehensive, impartial, and evidence-based assessment of government actions and decision-making processes. It serves to inform policy development, identify areas for improvement, restore public confidence, and contribute to better preparedness and response efforts in future public health crises.

4.2. The National Citizens Inquiry

More specifically, in addition to the general objectives stated previously, the National Citizens Inquiry undertook the following specific actions:

1. To inquire into and undertake dialogue with Canadians. To listen to Canadians concerning the impacts of government health and public policy measures impacting their personal lives, including their physical and mental health, families, and communities (particularly children and seniors), jobs and livelihoods, businesses, and their fundamental freedoms and civil liberties as guaranteed by the Constitution.
2. To invite Canadians to pose to the Inquiry any unanswered or unclear questions concerning COVID-19 and governments' responses thereto, and for the Inquiry to make all reasonable efforts to secure answers to those questions.
3. To receive and evaluate testimony from medical, legal, scientific, and other relevant experts concerning government pandemic measures and strategy, what information was known or knowable by governments, and what alternative approaches could have been taken.
4. To receive and evaluate testimony from mainstream and independent media in order to understand what information was known or knowable and why information was conveyed to the public as it was.
5. To invite input from healthcare officers and other governmental officials as to the rationale behind the healthcare protection measures adopted—including mandates, lockdowns, and similar orders and actions—and the strategies employed to secure public compliance.
6. To invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of government responses to COVID-19.
7. To investigate public sector expenditures, grants, and any other subsidies or financial support programs and their distribution related to the governmental responses to COVID-19.
8. To consider the issue of civic and criminal liability for any damages or harms caused by government responses to COVID-19.
9. To make publicly available to Canadians all findings, submissions, and testimonies certified by and formally presented through the Inquiry.
10. To identify any mistakes, negative impacts, or mismanagement that the Inquiry may determine to have occurred and, if it does so, to recommend appropriate measures for more appropriate and effective government responses in the future.

4.3. The Commissioners

4.3.1. Role of the Commissioners

The NCI's Commission consisted of four independent Commissioners. The Commissioners then selected, through a vote, a Chair to lead the Commission.

Commissioners were solely responsible for hearing testimony and issuing their report and recommendations.

The Commissioners were identified by Canadians and reviewed and appointed by the Support Group on the basis of their credibility, demonstrated objectivity, and competence in one or more relevant areas (for example, law, medicine, ethics, public policy, journalism, etc.). It was essential that potential Commissioners be individuals that had not publicly expressed strong views, in any way, regarding governments' COVID-19 policies.

Commissioners were supported by a Secretariat staff comprised of lawyers and other professionals.

Upon the conclusion of the hearings, the Commissioners issued this public report, including recommendations.

4.3.2. Independent Commissioners

A key aspect of the Inquiry was that the Commissioners were independent of the Commission, governments, or any other outside influence.

Independence ensured that Commissioners were free from any external influence or bias, enabling them to approach the Inquiry with impartiality. They were not beholden to any specific interests or stakeholders, allowing them to objectively examine the evidence and make unbiased conclusions. This enhanced public trust in the process and the outcome of the Inquiry.

Independence lent credibility and legitimacy to the findings and recommendations of the National Citizens Inquiry. When Commissioners are perceived as independent, their conclusions are more likely to be accepted and respected by the public, government entities, and other policy stakeholders. This increases the chances of effective implementation of the Inquiry's recommendations and fosters public confidence in the fairness of the process.

This Inquiry involved sensitive and controversial matters that could impact various participants, including powerful individuals or organizations. By ensuring the independence of Commissioners, potential conflicts of interest could be minimized or eliminated. Commissioners could make decisions and recommendations solely based on the evidence and the best interests of the public, without fear of reprisal or undue influence.

Independence in a public inquiry promotes transparency and accountability. It ensures that the inquiry process is conducted in an open and accountable manner, free from interference or coercion.

4.3.3. Selection of Commissioners

The Inquiry's Commissioners were selected for objectivity, independence, and competence. Commissioner Ken Drysdale was selected the Chair, and he provided direction to the Commission Administrator, the Honourable Chelsey Crosbie.

The Commissioners had the power to direct the Inquiry, to decide any procedural or substantive question that arose, and to produce interim or final reports and recommendations.

It was critical that selected Commissioners were, and are seen to be, credible in all regards and in particular that they were, and are seen to be, as objective, competent, and trustworthy to Canadians on whose behalf the Inquiry was being conducted.

Given the broad scope of the Inquiry, efforts were made to select Commissioners from various locations across Canada and to include Commissioners who had a broad range of expertise.

Suggestions were received from the public and were evaluated, and those most qualified to serve were contacted and invited to a series of interviews with selected members of the Steering Committee.

Following that interview process each Commissioner was vetted for perceived conflicts of interest.

Commissioners signed a Declaration of Understanding and Neutrality indicating that they accepted the Inquiry's Terms of Reference and were committed to conclusions and recommendations based solely on witness testimony provided to the Inquiry.

The names and biographies of the selected Commissioners have been posted on the Inquiry's website. Short summaries follow.

4.3.4. The Commissioners

Following are brief descriptions of the independent Commissioners:



Ken Drysdale, Chairperson, is an executive engineer with over 40 years of experience as a Professional Engineer, which includes 29 years experience in the development and management of national and regional engineering businesses.

He was the founder and president of a multidisciplinary engineering company with unique expertise in arctic development. He is currently president of an artisan steel fabrication firm and senior partner in an Audio and Video production company.

Ken is currently retired from full-time practice as a consulting engineer but continues to be active in the area of forensic engineering, investigations, preparation of expert reports, and

expert testimony at trial, arbitrations, and mediations.

He has testified as expert witness at trials in Manitoba and Ontario. He has acted as the arbitrator and mediator in disputes.



Bernard Massie, PhD, graduated in microbiology and immunology from the University of Montreal, in 1982, and completed a three-year postdoctoral fellowship at McGill University studying DNA tumour viruses. He worked at the National Research Council of Canada (NRC) from 1985 to 2019 as a biotechnology researcher and held various management positions, including the position of Acting Director General of the the Human Health Therapeutics Research Centre from 2016 to 2019. He has devoted a significant part of his career to the development of integrated bioprocesses for the industrial production of therapeutic antibodies and adenovirus vaccines. He was also an associate professor in the department of microbiology and immunology at the University of Montreal

from 1998 to 2019. He is currently an independent consultant in biotechnology.



Janice Kaikkonen's passion is community outreach. She works primarily with vulnerable populations and youth. Academically, she holds degrees in Island Studies (MA), English and Political Science (BA), and Public Administration. Janice has taught in both K-12 and post-secondary education (Faculty of Arts, Education, Journalism, and preMed). Her research specialization involves the intersection of public policy and the social fabric, which has led Janice to pursue a PhD in Theology and Discipleship.

Professionally, Janice served as a researcher on the PEI Task Force for Student Achievement, as Coordinator for Canadian Blood Services, and was a contributing member to the Canadian Supply Chain Sector Council. At one point, Janice established a transportation service for adults with special needs and owned/operated a summer day camp for youth. In her spare time, Janice enjoys reading and writing and leading workshops on effective communications and media.

Currently, Janice serves as an elected trustee for Bluewater District School Board. Married to Reima, they have 7 children and 17 grandchildren. They live on a farm in Southgate, Ontario.



Heather DiGregorio is a senior law partner at a regional law firm located in Calgary, Alberta. Heather has nearly 20 years of experience in the areas of tax planning and dispute resolution, which involves assisting her clients to navigate the complex and ever-evolving Canadian tax landscape. She is a past executive member of the Canadian Bar Association (Taxation Specialists) and of the Canadian Petroleum Tax Society. She continues to be a frequent speaker and presenter at these organizations, as well as at the Canadian Tax Foundation and the Tax Executives Institute. Repeatedly recognized within the legal community as an expert and leading lawyer, Heather has represented clients at all levels of Court, including the Alberta Court of King's Bench, the Tax Court of Canada, the Federal Court of Appeal, and the Supreme Court of Canada.

4.4. The Report

The report of the *Inquiry into the Appropriateness and Efficacy of the COVID 19 Response in Canada* was authored by the four independent Commissioners with the support of the various resources allocated to the Commission and as outlined in Section 5 of this document.

During the preparation of the National Citizens Inquiry report, there were several key considerations at the forefront of the Commissioners' minds. These considerations helped to ensure that the Report would be comprehensive, objective, and effective in addressing the purpose of the Inquiry.

Here are some important factors that were considered:

Understand the specific terms of reference that defined the scope and purpose of the Inquiry, and stay within those boundaries while conducting investigations and writing the report.

Maintain independence and impartiality throughout the inquiry process. Avoid conflicts of interest or biases that may compromise the integrity of the Report..

Use robust methodologies to collect and analyze evidence. Ensure that evidence was reliable, verifiable, and relevant to the Inquiry's objectives. Clearly explain the methods used and the limitations of the evidence.

Present the findings of the Inquiry in a clear and concise manner. Use plain language to ensure the Report is accessible to a wide audience. Provide context and explanations where necessary to aid understanding.

Make practical and actionable recommendations based on the findings. Clearly outline the rationale behind each recommendation and explain how they address the issues identified. Consider the feasibility and potential impact of the recommendations.

Maintain transparency in the inquiry process by documenting and disclosing all relevant information. Be accountable for the findings and recommendations by providing a robust justification for each.

Engage with relevant stakeholders throughout the inquiry process. Seek input, gather diverse perspectives, and ensure that the report would reflect a broad range of voices and experiences.

Complete the report in a reasonable timeframe. Delivering the report promptly helps maintain public confidence and ensures that recommendations are implemented in a timely manner.

Present the report in an accessible format, considering different audiences and their varying levels of expertise. Use headings, summaries, and visual aids to aid comprehension.

Consider the steps required for the implementation of recommendations and outline a plan for monitoring and evaluating progress. Ensure there are mechanisms in place to track the impact of the Inquiry's findings and recommendations.

5. Procedures

5.1. Introduction

The National Citizens Inquiry was a citizen-led and citizen-funded initiative that was completely independent from government and operated without legal compulsion or coercion. Legally, it is organized as a non-profit corporation with a Board of Directors to manage financial and compliance issues; however, the Inquiry was led by a Support Group and Commissioners.

The conduct of the Public Hearings and the Rules as set out in the Commission Rules Document were informed by the following Procedural Principles:

- **Proportionality:** The Inquiry would allocate investigative and hearing time in proportion to the importance and relevance of the issue to the Inquiry's mandate and the time available to fulfill that mandate so as to ensure that all relevant issues would be fully addressed and reported on;
- **Transparency:** The Inquiry proceedings and processes must be as open and available to the public as is reasonably possible, consistent with the requirements of national security and other applicable confidentiality and privileges;
- **Fairness:** The Inquiry must balance the interests of the public to be informed with the rights of those involved to be treated fairly;
- **Timeliness:** The Inquiry must proceed in a timely fashion to engender public confidence and ensure that its work remain relevant; and
- **Expedition:** The Inquiry must operate under a strict deadline and conducted its work accordingly.

Parties and their legal representatives, as well as those otherwise taking part in the Public Hearings, conducted themselves and discharged their responsibilities under the Rules, in accordance with the Procedural Principles.

5.2. The National Citizens Inquiry Organization

5.2.1. The Commissioners

The NCI's Commission consisted of up to four Commissioners. These Commissioners selected a Chairperson to lead the Commission.

- To select Commissioners, the NCI invited the public to nominate individuals the public had confidence could perform the role of Independent Commissioner. Applications were vetted by a volunteer committee, which then submitted a short list to the Support Group. The Support Group appointed the individuals they believed were best suited to conduct the Inquiry in a fair and impartial manner. The Commissioners appointed were Ken Drysdale, Bernard Massie, Janice Kaikkonen, and Heather DiGregorio.
- As set out in the Commission Rules, the Commissioners were independent of the NCI Administration. The Commissioners had authority over hearing the testimony and the conduct of the hearings. The NCI had the administrative role of supporting the Commissioners by performing the administrative tasks necessary to organize the hearings.
- The Commissioners were charged with drafting and issuing a public report including recommendations, if any.
- The NCI was responsible for presenting the report and recommendations to the public and to governments so that if Canada faces a future pandemic, the lessons identified by the Inquiry can be used to ensure that the best decisions are made in the future.

5.2.2. Support Group

The NCI was, and continues to consist of, two main components, the Commissioners and the Support Group.

- The Support Group is a purely administrative committee that facilitates the NCI's logistics, such as booking venues, maintaining the NCI website, or raising funds to support the initiative. The Support Group drafted the initial Terms of Reference for the Inquiry. The Support Group had no role in the substantive aspect of the Inquiry (for example, asking questions of witnesses, considering evidence, or advising the Commissioners).
- The Support Group is represented across Canada through Regional Subcommittees. These committees carry out the local planning and organization needed to host the NCI hearings, accommodate witnesses, and provide logistical support to the Commissioners.
- Support Group and Regional Subcommittee members are all unpaid volunteers who have stepped forward from across Canada and all walks of life.

5.2.3. Funding

The NCI was and is strictly funded by donations from Canadian citizens. The NCI does not have a single large donor.

While preparing for and running the hearings, the NCI did not have enough funds to pay for the next hearing. At each hearing, the NCI asked the public to donate so that the hearings could continue. The public responded and hearing-by-hearing enough funds came in to allow the Inquiry to continue. At the beginning, most of the donations were small, such as \$25 or \$50. As the Inquiry continued, the average size of the individual donations increased.

The fact that large numbers of individual Canadians across the country made the Inquiry happen by individual donations demonstrates the nation-wide desire of Canadians for an inquiry that listened to the citizens.

5.2.4. Volunteer Nature of the NCI

The Support Group, which began and managed the NCI, was and is made up strictly of volunteers. As the NCI progressed, it had a maximum of three support staff to assist with the administration, website, and social media. For some specific tasks, contractors were hired for limited durations.

The Audio Visual team that travelled with the NCI was under contract but went above and beyond what they had been asked to do. All of the support staff and teams also volunteered by working well beyond the hours they were paid for and the tasks they were originally asked to perform.

All substantive activities of the NCI were performed by volunteers including:

- setting the goals of the NCI and organizing its structure,
- running the NCI administration with the staff,
- vetting and selecting Commissioners,
- setting communications strategies and messaging,
- vetting and preparing witnesses,
- preparing for and running the hearings,
- fundraising,
- media appearances and witness videos,
- social media teams clipping videos of testimony,
- calling witnesses at the hearing,
- preparing transcripts of witness testimony,
- website preparation, and
- preparing for the release and communication of the Commissioners' Report.

This is by no means an exhaustive list.

There is no accurate count of the number of volunteers that participated in the NCI. In part, this is because some volunteer groups, once set up, added to their number as they performed their tasks. Shawn Buckley, who participated in setting up many of the volunteer groups, estimated that there were between 800 and 1000 volunteers.

In addition to volunteer activities managed by the NCI team, countless Canadians decided to undertake their own efforts to promote and support the NCI. Whether it was the Posties for Freedom holding posters at City Hall, or individuals retweeting NCI hearings and events, the public participation changed the NCI.

The NCI became such a citizen-led and -run adventure that the NCI Support Group and administration were and are not even vaguely aware of all that volunteers have done on their own.

5.3. The Investigative Process

5.3.1. Structuring the Investigations

The Inquiry had many objectives, including hearing from Canadians about the impacts of government health and policy measures on all aspects of their personal lives, to invite and secure testimony as to the appropriateness, efficacy, legality, and constitutionality of government responses to COVID-19.

Never before had there been a citizen-run public inquiry. New Rules had to be prepared which ensured the Commissioners were independent and that a fair structure was established to ensure all voices were heard. An outside lawyer was hired to prepare an initial set of Rules. Volunteer lawyer Shawn Buckley and Inquiry Administrator the Honourable Chesley Crosbie then adapted these Rules to work with the NCI structure.

<https://nationalcitizensinquiry.ca/wp-content/uploads/2023/03/NCI-Commission-Rules-FINAL.pdf>

The Inquiry commenced with a preliminary investigation by the Inquiry Administrator. The goal of the investigation was, in part, to identify the core or background facts and to identify witnesses.

The investigation consisted primarily of document review, engagement with interested persons, and interviews by Inquiry Administrator and staff, including volunteers.

5.3.2. Organization of Public Hearings

The Inquiry Rules permitted the holding of public hearings as follows:

- 51. Public Hearings will be convened anywhere in Canada as the Support Group may determine to address issues related to the Inquiry. Hearings may proceed virtually or in hybrid form.
- 52. The Support Group will, in consultation with the Commissioners, set the dates, hours and place of the Public Hearings.

With agreement of the Commissioners, the Support Group determined a series of in-person hearings were to be held across Canada. It was agreed that these cross-country hearings would be appropriate to achieve the Inquiry's objectives, given the Inquiry was committed to "hearing evidence in a process that is public to the greatest extent possible" (per Inquiry Rule 58).

Three-day hearings were planned and scheduled in 2023 in the following locations:

- Truro (representing NL, NS, PEI, NB): March 16 to 18, 2023,
- Toronto (representing Ontario): March 30 to April 1, 2023,
- Winnipeg (representing Manitoba): April 13 to 15, 2023,
- Saskatoon (representing Saskatchewan): April 20 to 22, 2023,
- Red Deer (representing Alberta): April 26 to 28, 2023,
- Vancouver (representing British Columbia and the Territories): May 2 to 4, 2023,
- Québec City (representing Québec): May 11 to 13, 2023, and
- Ottawa: May 17 to 19, 2023.

All hearings were conducted in English, except the Québec City hearings, which were conducted in French. (All hearings would have been fully bilingual had the funding permitted this.) Members of the public were invited to attend the hearings in-person, and they were also live streamed so anyone interested could hear the testimony.

Hearings were scheduled from 9 a.m. to 5 p.m. local time each day, but often ran later into the evenings.

The Inquiry Administrator (or his representative) served as Chair of each hearing; Commission Counsel called each witness at the hearing.

Regional organizing committees were established for each hearing to assist with local arrangements.

5.3.3. Identification and Vetting of Witnesses

NCI established an online application process that invited Canadians to offer to testify at one of the hearings. Given the reasons for the Inquiry as outlined in its Terms of Reference, testimony was sought to address four main categories of impacts from governments' health-protection and policy measures.

CIVIL

- Legal, policing, policy, regulatory, human rights, emergency preparedness, government, private-public partnerships, anti-trust, monopolies, private corporations

SOCIAL

- Media, family, faith, education, community, service delivery, societal coercion

ECONOMIC

- Impacts related to financial matters at all levels, personal, family, corporate and governmental expenditures and debt, government actions

HEALTH

- Medicine, research, pharmaceuticals, regulatory, safety monitoring, patient relations, doctor-patient relationship, industry health, messaging, incentives, and regulatory collusion

In addition, the Inquiry sought testimony concerning "alternative medical narratives," that is, medical or health information that differed from that presented by governments or the media.

To ensure witness testimony covered a range of desired topics across these categories, a detailed series of questions was developed, and witnesses were evaluated on who could offer testimony that could answers questions in these four subject areas.

The open, online application process invited testimony from lay witnesses (those who testified about the impacts of governments' COVID measures on themselves or their families) and expert witnesses (those whose testimony represented their expert opinion). Witnesses had the option of testifying in-person or virtually. The Inquiry received many more applications to testify than could be included in the eight hearings.

General Procedures

All witness applicants were reviewed by a Selection Committee established for this purpose. The Regional Organizing Committees were involved in selecting lay witnesses for their hearings, so the testimony at each hearing reflected regional differences in how citizens were affected by the health-protection measures across Canada.

Expert witnesses were selected by the Selection Committee in consultation with the Regional Committees to apportion a similar number of witnesses to testify at each hearing and ensure their testimony covered the full range of topic areas over the course of the entire Inquiry.

After a short-list of witnesses was selected for each hearing, members of the Inquiry's legal team prepared the witnesses to testify. Some witnesses were screened out by the legal teams if they felt the individual testimony would not fit the categories selected for the hearings.

Given the Regional Committees were actively involved in the witness selection process, there were slight variations in the vetting process in each location.

Witness Drop-Out

Shortly after the NCI invited witnesses to apply on the NCI website to be considered as witnesses, the NCI was flooded with applications. It became clear that only a handful of those who applied could be selected to testify. Those who were selected to testify were contacted or interviewed multiple times. The last point of contact was made by the lawyer who called the individual as a witness.

Despite all of this prior contact, a number of witnesses dropped out a few days before their scheduled testimony time or on the day of testimony. Various reasons were given such as concern of discrimination in employment or concern of social pressure from family or friends. Some became too sick to testify. Some became too anxious to testify.

A couple of expert witnesses also dropped out.

Public Lay Witnesses

A public lay witness or “Non-Expert” witness was an individual who believed they had been harmed directly or indirectly by any of the COVID-19 measures. You may consult the NCI’s website to learn more about the kinds of personal harms Canadians have already identified.

Examples included:

- Disruption in the lives/education of children/students,
- Impaired mental health due to isolation,
- Business loss due to restrictions,
- Job loss due to vaccination mandates,
- Delayed or denied healthcare for non-COVID-19 matters,
- Adverse reaction(s) to COVID-19 genetic vaccines,
- Reputation and/or professional discipline or censorship for expressing contrarian views,
- Restrictions of fundamental liberties, such as speech, association, or travel.

The NCI contacted witnesses whose applications were selected to continue in the screening process. Discussions were held with selected applicants to arrange their participation at the most appropriate hearing location and time. Selected applicants were provided with NCI’s guidelines to assist them in preparing for their testimony.

Witnesses were advised that

- they would only be able to testify under oath.
- they may be subject to vigorous questioning, and
- their testimony would be subject to strict time limits.

Applicants who were not initially selected to testify may still have their story published on the NCI website at a later date as part of a broader project to give a voice to as many Canadians as possible. NCI strived to publish as many stories as possible. NCI contacted every applicant to receive their consent and also, potentially, to ask more questions.

A team of volunteer medical doctors screened all witnesses that testified about vaccine injury. This team developed a medical questionnaire to ensure that each vaccine-injury witness was speaking about injuries that were reasonable to ascribe to the vaccine. For example, underlying conditions which could cause similar injuries were investigated. Each vaccine-injury witness was then interviewed by one of the volunteer doctors to go through the questionnaire. This was to ensure that only witnesses whose injuries could be credibly attributed to the vaccine were approved to provide testimony to the Inquiry.

Public Expert Witnesses

“Expert” witnesses were individuals who gave testimony based on their professional and academic expertise and experience in one or more specific fields relevant to the COVID-19 measures.

Examples included

- doctors and scientists (for example, epidemiologist, pathologist),
- lawyers and public servants,
- economists and professors,
- journalists, and
- psychologists.

“Expert” witness applications were assessed against the following criteria:

- experience and credentials,
- topic(s) of testimony,
- objectivity, and
- strength of supporting evidence.

Government Witnesses

The NCI received no offers to testify from government witnesses (unless the individuals had left government or retired). Under the Inquiry’s Rules, such witnesses could be issued a Summons to attend a hearing to provide testimony on a matter requested by the Commission Administrator.

Sixty-three Summons letters were issued to federal, provincial, and territorial government officials from across Canada. None of the subpoenaed officials agreed to attend any of the hearings to provide their testimony.

Unlike a government commission, the NCI had no legal authority to compel a witness to testify. The Summonses that were served on government witnesses were non-binding in that it was clear that there was no criminal or civil liability for failing to attend.

Although government witnesses were served with a Summons to attend at a specific location at a specific time, the Summons also made it clear that the witness could attend at a different hearing date, in-person or virtually. This was done so that if a witness had a busy schedule it was made clear to them the NCI would accommodate them so that they could testify.

5.3.4. Recording and Archiving of Witness Testimony

All eight hearings were recorded in their entirety. Recordings of each day and individual recordings of each witness will be permanently archived and available for viewing on the NCI website. English and French transcripts of the testimony from each hearing will also be permanently archived and available on the NCI website.

5.3.5. Collecting Documents

An exhibit ledger was developed for materials entered as testimony by witnesses at the hearings.

Witness materials included Powerpoint presentations, reports, curriculum vitae, photos, and media reports.

All exhibit materials were identified with a unique number and classified by Commission Counsel as public or in-camera (i.e, confidential). All exhibits were listed on the Inquiry website, and all public items were posted as well. (In-camera items are available for viewing by the Commissioners only.) The exhibit ledger will be permanently archived for ongoing reference on the NCI website.

5.3.6. Commissioners' Evaluation of Evidence and Report

The National Citizens Inquiry tasked the four independent Commissioners with evaluating the testimonial evidence presented at Public Hearings.

Following are some of the guiding principles utilized in the evaluation process:

Impartiality: The independent Commissioners approached the testimonial evidence with impartiality, ensuring that no biases or preconceived notions influenced their assessment. They considered the credibility and relevance of the evidence without favouring any particular party or agenda.

Corroboration: The independent Commissioners sought out corroborating evidence whenever possible. This could include documents, photographs, videos, expert opinions, or other witness-testimony that supported or refuted the claims made by the individuals providing testimony. Corroborating evidence strengthens the overall reliability and credibility of the testimonial evidence.

Witness credibility: The independent Commissioners carefully assessed the credibility of each witness who provided testimony. Factors such as consistency, coherence, demeanour, expertise, and potential biases were considered. The Commissioners were also aware of any potential motivations or conflicts of interest that may have impacted the witness's credibility.

Cross-examination: Allowing for cross-examination of witnesses was an important aspect of evaluating testimonial evidence. Cross-examination provided an opportunity to challenge and test the credibility and reliability of the evidence presented. The Inquiry provided for a fair and thorough cross-examination process, allowing all parties involved to present their arguments and question witnesses effectively.

Context and relevance: The independent Commissioners considered the broader context in which the testimonial evidence was presented. This included understanding the background, circumstances, and any relevant historical, social, or cultural factors that may have influenced the testimony's reliability or interpretation. Assessing the relevance of each piece of evidence to the issues at hand was crucial in determining its probative value.

Consistency and contradictions: The independent Commissioners carefully analyzed any inconsistencies or contradictions within the testimonial evidence. Inconsistencies may have raised doubts about the accuracy or reliability of the testimony, while contradictions may have required further clarification or investigation.

Independent expert advice: When necessary, the independent Commissioners sought independent expert advice to evaluate complex or technical aspects of the testimonial evidence. Expert opinions provide additional insights and assist in assessing the credibility and reliability of the evidence.

Transparency and documentation: The independent Commissioners maintained transparency throughout the evaluation process by documenting their reasoning and decision-making. This included providing clear and well-reasoned explanations for the weight given to different testimonial evidence and any conclusions drawn.

5.3.7. Preparing the Report

Several steps were involved in the process of preparing this Report. Following is a general outline of the key elements involved in preparing a final report.

Review of Evidence: Each of the four Commissioners thoroughly reviewed all the evidence presented during the public hearing. This included testimonies, documents, expert reports, and any other relevant materials. The Commissioners analyzed and evaluated the evidence based on its credibility, relevance, and overall weight.

Analysis and Findings: The Commissioners carefully analyzed the evidence to identify key issues, patterns, and relevant facts. They assessed the credibility and reliability of the evidence, considering any corroborating or conflicting information. The Commissioners may have also consulted legal frameworks, relevant policies, and precedents to guide their analysis.

Assessing Legal and Ethical Standards: The Commissioners applied relevant legal and ethical standards to the evidence and testimonies presented. This may have involved considering any applicable laws, regulations, or guidelines governing the subject matter of the Public Hearing. The Commissioners' analysis and findings aligned with these standards.

Drafting the Report: Based on the analysis and findings, the Commissioners drafted the Final Report. This Report includes an introduction, executive summary, methodology, findings of fact, analysis of legal and ethical issues, conclusions, and recommendations.

Consultation and Peer Review: Before finalizing the Report, the Support Group ensured the accuracy and completeness. Peer review was utilized to help identify any potential biases, errors, or areas that required further clarification.

Including Supporting Documentation: The Final Report includes supporting documentation to provide transparency and credibility. This includes URLs, appendices containing relevant exhibits, transcripts of testimonies, or references to relevant laws, regulations, or policies.

Review: The Commissioners and Support Group reviewed the draft Report for accuracy, consistency, and clarity. Any necessary revisions or edits were made at this stage. The Report also underwent internal review by legal advisors and other experts to ensure its integrity.

Public Release: Once the Report was finalized and approved, it was submitted to the Commission for translation and made available to the public in both official languages of Canada. The Report is published on the Commission's website, shared with relevant stakeholders. Both electronic and hardcopies of the Final Report are made available to the public on the National Citizens Inquiry website.

Implementation and Follow-up: As a result of the evolving nature of the information and far reaching and transformative recommendations and conclusions contained in the Report, the Commissioners may be called upon to take part in a process of public education and debate. Although largely a process that will be carried out by the Commission itself, the Commissioners may monitor the progress of distribution and provide follow-up reports or recommendations as necessary.

The principles of independence, thoroughness, transparency, and fairness guided the Commissioners' work in preparing this Final Report.

It must be clearly understood that although it has always been the intent of the Commissioners to include testimony from all sides of the debate, no public authorities responsible for the planning, design, or implementation of the pandemic measures elected to take part in the hearings.

Testimony was invited from representatives of various levels of governments across Canada, and in order to facilitate schedules, subpoenas were issued and government witnesses were given the option of testifying either in person or on video conference at any of the eight hearing locations or at another agreeable time.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

ZERO members of government appeared at the Public Hearings to testify.

The majority of these representatives did not even take the time to respond to the Commission.

5.3.8. Concluding Observations on the Process

A public inquiry can be an important mechanism for investigating and addressing significant issues of public concern. But only if that inquiry can be shown to be fair and without bias.

Canadians no longer believe they can rely on their elected representatives or public institutions to provide an in-depth, fair, and impartial evaluation of how governments handled and reacted to the COVID-19 pandemic.

Additionally, media institutions, whose traditional role was to question the actions of government and inform the people in a fair and unbiased manner, failed to question government actions and served instead to simply repeat government and public health messaging without question. At the same time, those media institutions received significant funding from the federal government, perhaps contributing to their reluctance to hold it or any government to account.

The only solution, in these unprecedented times, was to form an independent, citizen-led, citizen-funded and non-biased commission such as the National Citizens Inquiry to undertake this historic task.

The National Citizens Inquiry is paid for and operated by the citizens of Canada. The National Citizens Inquiry is not aligned with any political party. The National Citizens Inquiry was deliberately structured so that the Commissioners were free of influence from any person or source.

The National Citizens Inquiry has received no funding from government.

The National Citizens Inquiry has received no large corporate funding.

The National Citizens Inquiry has received no funding from the pharmaceutical industry.

The National Citizens Inquiry is paid for and operated by the citizens of Canada.

The National Citizens Inquiry is not aligned with any political party nor does it have a political agenda, except to represent the best interests of Canadians.

The Commissioners played a crucial role in ensuring fairness and minimizing bias.

The Commissioners were specifically selected from different geographic areas of Canada.

The background, training, and experience of the Commissioners is varied and represents different perspectives.

Although no human being is truly without certain preconceptions and biases, the diverse nature, experience, and background of the Commissioners helped to recognize those biases and address them so that the overall process and Report was fair and without prejudice.

All internal discussions, meetings, and considerations of the Commissioners were held in private, fully independent of any undue influence from outside sources.

Readers of this Report should consider several factors when evaluating the fairness and unbiased nature of the National Citizens Inquiry including:

Independence: A fair and unbiased public inquiry must be independent from any undue influence or interference, ensuring that the investigators and decision-makers are impartial and free from conflicts of interest. This independence was achieved through the appointment of the independent Commissioners who were provided with sufficient authority and resources.

Transparency: The National Citizens Inquiry was transparent, allowing for open access to information, evidence, and proceedings. Transparency is essential to build trust in the Inquiry's findings and ensures that the public has a clear understanding of the investigative process and its outcomes.

Inclusivity: A fair public inquiry should strive to be inclusive, providing opportunities for all relevant stakeholders, including affected individuals, organizations, and experts, to participate and present their perspectives. Inclusivity helps ensure that diverse voices are heard and that the Inquiry's conclusions are well-rounded and comprehensive. Although this inclusivity was extended to all groups, including various levels of government, government representatives elected not to participate.

Evidence-based approach: A fair and unbiased public inquiry relies on an evidence-based approach where facts, data, and expert analysis form the basis for the Inquiry's findings. The collection, analysis, and interpretation of evidence was rigorous and objective, taking into account different sources and viewpoints.

Due process and fair procedures: The principles of due process were upheld in the National Citizens Inquiry, ensuring that all parties involved were treated fairly and had an opportunity to present their case, cross examine witnesses, and challenge evidence. Fair procedures, including the right to legal representation, were essential to maintain the integrity of the Inquiry process.

Report and recommendations: A fair and unbiased public inquiry concludes with a comprehensive Report that presents the findings, analysis, and recommendations based on the evidence and investigations conducted. This Report was written in clear and direct language and is accessible to all. The report provides a fair assessment of the issues under investigation, without undue influence or bias.

By adhering to these principles, the National Citizens Inquiry demonstrated its commitment to fairness, impartiality, the pursuit of truth, ensuring accountability, transparency, and the restoration of public trust in matters of significant public interest.

6. Public Hearings

6.1. Overview

Public hearings were held in locations from coast-to-coast in Canada as follows:

Truro, Nova Scotia	March 16, 17, 18, 2023
Toronto, Ontario	March 30, 31; April 1, 2023
Winnipeg, Manitoba	April 13, 14, 15, 2023
Saskatoon, Saskatchewan	April 20, 21, 22, 2023
Red Deer, Alberta	April 26, 27, 28, 2023
Vancouver, British Columbia	May 2, 3, 4, 2023
Québec City, Québec	May 11, 12, 13, 2023
Ottawa, Ontario	May 17, 18, 19, 2023

Members of the public who wished to testify at the Hearings were invited to apply through online application forms that were available on the NCI website.

<https://nationalcitizensinquiry.ca/testimony/>

Members of the public were offered the option of testifying in person or via live video broadcast.

Approximately 900 members of the public applied to testify.

Approximately 300 members of the public testified at the Hearings.

Many more members of the public are currently providing additional testimony, outside of the Public Hearings, that will be included in the Commission record.

Testimony was invited from representatives of all levels of governments across Canada, and in order to facilitate schedules, subpoenas were issued and government witnesses were given the option of testifying either in person or on video-conference at any of the eight hearing locations.

Sixty-three members of government, regulators, and authorities were subpoenaed to attend and testify.

Zero members of government appeared at the public hearings to testify.

As a result of the lack of government representation at the hearings, and to properly represent the government position on various topics, sworn affidavits obtained from various court proceedings involving key government witnesses were read into the record. It was this sworn evidence attesting to the actions taken, press releases, statements of policy, and news articles from mainstream media that were utilized to represent the government position.

Actual video-recorded statements and press conferences were aired at a number of the hearing locations.

Despite the fact that the actions taken by all levels of governments represent the most profound intrusions in the lives of all Canadians, essentially tearing at the very heart of Canadian society, publicly elected representatives and the public service employees declined this opportunity to address the Canadian people.

As a citizen-led initiative, the Commission did not have the ability to compel the government witnesses to appear through judicial subpoenas.

In the ensuing sections and throughout the entirety of the Report, we, as the Commissioners, were devoted to conveying the statements made by the witnesses. However, this should not be interpreted that all four Commissioners were in complete agreement with these expressed views. Each Commissioner came to the NCI from different walks of life and, therefore, could see the witness testimony from different worldviews.

6.2. Public Officials Issued Non-Judicial Summons Letter

In order to accommodate busy schedules, the Commission offered to accommodate the witnesses as either in-person testimony (at a location of their choice) or in-virtual hearings.

Hearings were held in eight cities from coast-to-coast in Canada, spanning a period of time from March 16, 2023, through to May 19, 2023.

An additional option of testifying in a closed session with the four Commissioners at a time outside of the formal hearing dates was also offered.

The following public officials had been issued subpoena letters to participate as witnesses in the hearings.

No public officials accepted the invitations.

6.2.1. Truro, Nova Scotia Hearings Summons

[Bruce Fitch NB–Summons](#)

[Dorothy Shephard NB–Summons](#)

[Ernie Hudson PEI–Summons](#)

[Heather Morrison PEI–Summons](#)

[James Aylward PEI–Summons](#)

[Janice Fitzgerald NL–Summons](#)

[Jennifer Russell NB–Summons](#)

[Jill Balser NS–Summons](#)

[John Haggie NL–Summons](#)

[Justice Darlene Jamieson NS–Summons](#)

[Katherine McNally PEI–Summons](#)

[Michelle Thompson NS–Summons](#)

[Randy Delorey NS–Summons](#)

[Robert Strang NS–Summons](#)

[Shelley Deeks NS–Summons](#)

[Tom Osborne NL–Summons](#)

6.2.2. Vancouver, British Columbia Hearings Summons

[Tracey-Anne McPhee YU–Summons](#)

[Mike Farnworth BC–Summons](#)

[Mark Lysyshyn BC–Summons](#)

[Julie Green NWT–Summons](#)

[Dr. Sudit Ranade YU–Summons](#)

[Dr. Patricia Daly BC–Summons](#)

[Dr. Kami Kandola NWT–Summons](#)

[Dr. Catherine Elliott YU–Summons](#)

[Dr. Bonnie Henry BC–Summons](#)

[David Eby BC–Summons](#)

[Brendan E. Hanley YU–Summons](#)

[Adrian Dix BC–Summons](#)

6.2.3. Québec City, Québec Hearings Summons

[Christian Dube–Summons QC](#)

[Francois Legault–Summons QC](#)

[Karen Hogan CA–Summons](#)

[Luc Boileau–Summons QC](#)

[Philippe Dufresne CA–Summons](#)

[Dre Michele de Guise–Summons QC](#)

[Pierre-Gerlier Forest–Summons QC](#)

6.2.4. Toronto, Ontario Hearings Summons

[Christine Elliott ON–Summons](#)

[David Williams ON–Summons](#)

[Kieran Moore ON–Summons](#)

[Sylvia Jones ON–Summons](#)

6.2.5. Winnipeg, Manitoba Hearings Summons

[Audrey Gordon MB–Summons](#)

[Brent Roussin MB–Summons](#)

[Cameron Friesen MB–Summons](#)

[Heather Stefanson MB–Summons](#)

6.2.6. Saskatoon, Saskatchewan Hearings Summons

[Dr. Saqib Shahab SK–Summons](#)

[Hon. Scott Moe SK–Summons](#)

[Jim Reiter SK–Summons](#)

[Nadine Wilson SK–Summons](#)

[Paul Merriman SK–Summons](#)

[Scott Livingston SK–Summons](#)

6.2.7. Red Deer, Alberta Hearings Summons

Registrar, Assistant Registrar and Complaints Director at the CPSA in Alberta

[Invitation was Declined](#)

[Danielle Smith AB–Summons](#)

[Deena Hinshaw AB–Summons](#)

[Jason Copping AB–Summons](#)

[Mark Joffe AB–Summons](#)

[Nicholas Milliken AB–Summons](#)

[Tyler Shandro AB–Summons](#)

[Jason Kenney AB–Summons](#)

[Rachel Notley AB–Summons](#)

[Nancy Whitmore AB–Summons](#)

6.2.8. Ottawa, Ontario Hearings Summons

[Carolyn Bennett CA–Summons](#)

[Jean-Yves Duclos CA–Summons](#)

[Marco Mendicino CA–Summons](#)

[Theresa Tam CA–Summons](#)

[Anil Arora CA–Summons](#)

6.3. Detailed Information from the Public Hearings

The reader should be aware that section 6.3 of this Report contains a tabular listing of the witnesses who testified at both the public and virtual hearings.

For a more comprehensive and accurate understanding of the witness testimonies, we strongly advise the reader to refer to the official witness transcripts, which are included in section 12 of this Report. The transcripts provide verbatim accounts of what was said during the meetings and offer a more complete representation of the witnesses' statements.

Additionally, if you prefer to access videos of the witness testimonies directly, they are also available on the NCI website for your convenience.

Details of each of the eight Public Hearings held across Canada follows.

6.3.1. Truro, Nova Scotia

Public Hearings were held in Truro, Nova Scotia on March 16, 2023, March 17, 2023 and March 18, 2023.

The schedule of witnesses is as follows:

Truro, Nova Scotia, Day One, March 16, 2023		
	Name of Witness	Subject
1	Chris Milburn, MD	Response of public health
2	Peter McCullough, MD, MPH	Medical protocols
3	Patrick Phillips, MD	Public health restrictions placed on doctors
4	Cathy Careen	Alleged vaccine injury
5	Shelly Hipson	Statistics of hospital visits during pandemic
6	Stephen Bate, DDS	Statistics of vaccine efficacy
7	Vonnie Allen	Registered nurse, job loss due mandates
8	Leigh-Anne Coolen	Alleged vaccine injury
9	Chet Chisholm	Paramedic, alleged vaccine injury
10	Artur Anslem	Alleged vaccine injury
11	Kassandra Murray	Teacher, effects of mandates on children and work

Full transcripts of each witness testimony are included in Volume Three of this report.

Truro, Nova Scotia, Day Two, March 17, 2023		
	Name of Witness	Subject
12	Darrell Shelley	Effect of mandates on business
13	Terry LaChappelle	Job loss due to mandates
14	Peter Van Caulart	Loss of work and business due to mandates
15	Amie Johnson	Job loss due to mandates
16	Kathy Howland	Alleged vaccine injury
17	Allison Petten	Registered nurse, vaccine injection methods and adverse effects
18	Elizabeth Cummings	Alleged vaccine injury
19	Joseph Fraiman, MD	Review of medical statistics on vaccine
20	Paula Doiron	Alleged vaccine injury
21	Chief John Greg Burke	Attacked and arrested for not masking
22	Sabrina McGrath	Job loss due to vaccine mandates
23	Pastor Jason McVicar	Job loss due to vaccine mandates
24	Bliss Behar	Dropped out of school due to mandates
25	Joe Behar	Job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Truro, Nova Scotia, Day Three, March 18, 2023		
	Name of Witness	Subject
26	Laura Braden, PhD	Presentation on vaccine safety
27	Matthew Tucker, MD	Medical and mental issues related to COVID-19 measures
28	Aris Lavranos, MD	Public health restrictions placed on doctors
29	Dion Davidson, MD	Adverse events and COVID effects
30	Ellen Smith	Alleged vaccine injury
31	Scott Spidle	Alleged injury due to medical services
32	Janessa Blauvelt	Nurse, job loss due to mandates
33	Jordan Peterson, PhD	General discussion of mandate effects on Canadians
34	Josephine Fillier	Effects of mandates on family
35	Linda Adshade	Reported statistics did not match data
36	Katrina Burns	Schoolteacher, effects of mandates on children
37	Kirk Desrosiers	Alleged vaccine injury
38	Tami Clarke	Impact of husband's alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.2. Toronto, Ontario

Public Hearings were held in Toronto, Ontario on March 30, 2023, March 31, 2023 and April 1, 2023.

The schedule of witnesses is as follows:

Toronto, Ontario, Day One, March 30, 2023		
	Name of Witness	Subject
39	Rodney Palmer	Media propoganda
40	Robert Malone, MD	Psychological operations
41	Bruce Pardy, LLM	Discussion of legal issues with Charter
42	Marc Auger	Parent in long-term care during COVID-19 measures
43	Catherine Swift	Information from advocacy business group
44	Elizabeth Galvin	Daughter's suicide during C19 lockdowns
45	Oliver Kennedy	Job loss due to vaccine mandates
46	Richard Lizotte	Alleged vaccine injury
47	Victoria McGuire	Registered nurse, job loss due to mandates
48	Deanna McLeod	COVID-19 vaccine research on children
49	Remus Nasui	Paramedic, impact of mandates on work culture
50	Rodney Palmer	Additional testimony on media propaganda
51	Leanne Duke	Mandate effects on elderly father's care
52	James Paquin	Impact of COVID restrictions on business

Full transcripts of each witness testimony are included in Volume Three of this report.

Toronto, Ontario, Day Two, March 31, 2023		
	Name of Witness	Subject
53	Rick Nicholls	Former MPP Ontario, lost position due to vaccine mandates
54	Lynn Kofler	Registered nurse, observations of mandates
55	Tom Marazzo	Discussion of government response to protestors
56	Laura Jeffery	Embalmer, observations of changes
57	Sean Mitchell	Paramedic, observations of vaccine injuries
58	Natasha Petite	Attacked for not wearing a mask, despite medical exempt
59	Tamara Ugolini	Lost family business due to mandates
60	Michael Alexander, LLM	Lawyer, legal issues with mandates
61	Cindy Campbell, RN, MSc	Job loss due to vaccine mandates
62	Heather Church, PhD	Professor, vaccine injury
63	Wesley Mack, Hon. PhD	Mandates and church attendance
64	Rev. Randy Banks	Mandates and pastoral care
65	Meredith Klitzke	Alleged vaccine injury
66	Kimberly Snow	Job loss due to vaccine mandates
67	Greg Hill	Revisions to airline pilot health rules
68	Ksenia Usenko	Nurse, job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Toronto, Ontario, Day Three, April 1, 2023		
	Name of Witness	Subject
69	Jay McCurdy	Teacher, effects of mandates on children
70	Julie Pinder	Alleged vaccine injury
71	Catarina Burguete	Effects of mandates on family, job loss in healthcare
72	Eric Payne, MD, MPH	Mandates and doctors
73	Colleen Brandse	Registered nurse, alleged vaccine injuries
74	Jason Kurz	Nuclear power plant technician, job loss due to mandates
75	Scarlett Martyn	Paramedic, job loss due to mandates
76	Dan Hartman	Death of son due to alleged vaccine injury
77	Irvin Studin, PhD	Impact of COVID measures on children and education
78	Mark Trozzi, MD	Discussion of mRNA vaccines
79	Vincent Gircys	Police and government response to pandemic
80	Maureen Somers	Impact of mandates on family
81	Dianne Spaulding	Alleged vaccine injury
82	Jan Francey	Alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.3. Winnipeg, Manitoba

Public Hearings were held in Winnipeg, Manitoba on April 13, 2023, March 14, 2023 and March 15, 2023.

The schedule of witnesses is as follows:

Winnipeg, Manitoba, Day One, April 13, 2023		
	Name of Witness	Subject
83	Jessica Rose, PhD	Expert on vaccine safety and adverse events
84	Jayanta Bhattacharya, MD, PhD	Effectiveness of pandemic measures
85	Deanna McLeod	Changes to health safety regulations for approval of COVID-19 vaccines
86	James Erskine	Retired police officer, pandemic response
87	Shea Ritchie	Effects of pandemic measures on business
88	Sharon Vickner	Job loss due to mandates
89	Pierre Attallah	Mandates at children's school
90	Tobias Tissen	Impact of mandates on religious gatherings
91	Michael Welch	Radio journalist, show cancelled due to censorship
92	Mike Vogiatzakis	Funeral director, effects of mandates on society
93	Michael MacIver	Embalmer, observations of changes post-vaccine

Full transcripts of each witness testimony are included in Volume Three of this report.

Winnipeg, Manitoba, Day Two, April 14, 2023		
	Name of Witness	Subject
94	Patrick Allard	Effect of mandates on community
95	Jeffrey Tucker	Impact of pandemic measures
96	Diedrich Wall	Effects of pandemic measures on business
97	Natalie Björklund-Gordon, PhD	Effects of mandates on community
98	Brian Giesbrecht	Retired judge, pandemic measures and the judiciary
99	Martha Voth	Death of husband due to pandemic measures
100	Sara Martens	Death of husband due to alleged vaccine injury
101	Sean Howe	Job suspended due to vaccine mandates
102	Michelle Kucher	Mother died due to pandemic measures
103	Charles Hooper	Alternative pandemic treatments
104	Don Woodstock	Effects of pandemic mandates on business
105	Gerald Bohemier, DC	Pandemic mandates and legal issues
106	Carley Walterson-Dupuis	Alleged vaccine injury
107	Shelley Overwater	Lawyer, impact of COVID measures on family and work

Full transcripts of each witness testimony are included in Volume Three of this report.

Winnipeg, Manitoba, Day Three, April 15, 2023		
	Name of Witness	Subject
108	Cassandra Schroeder	Impact of vaccine mandates on education and career
109	Steven Setka	Effect of mandates on family
110	Steven Kiedyk	Alleged vaccine injury
111	Devon Sexstone	Job loss due to vaccine mandates
112	Leigh Vossen	Effects of mandates on students
113	Brandon Pringle	Effects of mandates on family
114	Richard Abbot	Former police officer, effect of mandates on police service and job loss
115	Robert Ivan Holloway	Lawyer, observations concerning mandates and freedom
116	Jessica Kraft	Job loss due to vaccine mandates
117	David Leis	Public policy and legal effects of mandates
118	Mike Vogiatzakis	Funeral director, effects of mandates on society
119	Kyra Pituley	Effects of mandates on students
120	Michelle Malkoske	Nurse, job suspension due to vaccine mandates
121	Todd McDougall	Job loss due to vaccine mandates
122	Michel Gagnon	Early retirement from military due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.4. Saskatoon, Saskatchewan

Public Hearings were held in Saskatoon Saskatchewan on April 20, 2023, April 21, 2023 and April 22, 2023.

The schedule of witnesses is as follows:

Saskatoon, Saskatchewan, Day One, April 20, 2023		
	Name of Witness	Subject
123	Francis Christian, MD	Data manipulation of the vaccinated and unvaccinated
124	Steve Kirsch	Statistics concerning inconsistency of vaccine data
125	Angela Taylor	Nurse, alleged vaccine injury
126	Ann McCormack	Former pharmacist, job loss due to vaccine mandates
127	Randy Schiller	Freedom of information requests concerning mandates
128	Mark Friesen	COVID-19 and hospital care
129	Joseph Bourgault	Effect of mandates on company and alternative treatments
130	Bryan Baraniski	COVID-19 and hospital care, along with impact on business
131	Cindy Stevenson	Job loss due to vaccine mandates
132	Marjaleena Repo	Public reaction to mask exemption

Full transcripts of each witness testimony are included in Volume Three of this report.

Saskatoon, Saskatchewan, Day Two, April 21, 2023		
	Name of Witness	Subject
133	James Kitchen	Lawyer, mandates and legal system
134	Barry and Suzanne Thesen	Alleged vaccine injury
135	Maria Gutschi, PharmD	Quality control of vaccines, assessing safety and efficacy
136	Stephanie Foster	Death of mother allegedly due to vaccine
137	Ryan Orydzuk	Testimony on occupational health and safety
138	Adam Konrad	Alleged vaccine injury
139	Elodie Cossette	Job loss due to vaccine mandates
140	Steven Flippin	Pastor, effects of mandates on church
141	Charlotte Garrett	Alleged vaccine injury
142	Krista Hamilton	Alleged vaccine injury
143	Bridgette Hounjet	Unpaid leave due to vaccine mandates
144	Kelcy Travis	Job loss due to vaccine mandates
145	Chantel Kona Barreda	Job loss due to vaccine mandates
146	Lee Harding	Journalist, ticketed and fined for covering freedom rally

Full transcripts of each witness testimony are included in Volume Three of this report.

Saskatoon, Saskatchewan, Day Three, April 22, 2023		
	Name of Witness	Subject
147	Leighton Grey	Lawyer, mandates and legal challenges
148	Jody McPhee	Job loss due to vaccine mandates
149	Christopher Flowers, MD	Discussion of mRNA technology and adverse events
150	Magda Havas, PhD	5G and public health
151	James Blyth	Alleged vaccine injury
152	Zoey Jebb	Business lost due to pandemic mandates
153	Samantha Lamb	Alleged vaccine injury
154	Carrie Sakamoto	Alleged vaccine injury
155	Mandy Geml	Effects of mandates on community
156	Chong Wong, MD	Medical exemptions and patient treatment
157	Louise Wilson	Ticketed for mandates
158	Heather Burgess	Treatment of seniors due to mandates
159	Nadine Ness	Ticketed for mandates
160	Michele Tournier	Effects of mandates on business

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.5. Red Deer, Alberta

Public Hearings were held in Red Deer, Alberta on April 26, 2023, April 27, 2023 and April 28, 2023.

The schedule of witnesses was as follows:

Red Deer, Alberta, Day One, April 26, 2023		
	Name of Witness	Subject
161	Joelle Valliere	Alleged vaccine injury
162	Catherine Christensen	Lawyer, represents veterans
163	Danny Bulford	Former RCMP, job loss due to vaccine mandates
164	Gregory Chan, MD	ER doctor, observations of alleged vaccine injuries
165	Sunje Petersen	Effect of mandates on business
166	Tracy Walker	Business losses and health impacts due to mandates
167	Judy Soroka	Lack of medical services due to mandates
168	Dean Beaudry	Risk management review of pandemic
169	Colin Murphy	Business losses due to mandates
170	Kyrianna Reimer	Nursing student, effects of mandates
171	Leah Cottam	Alleged vaccine injury
172	Jacques Robert	Job loss due to vaccine mandates
173	Sherry Strong	Director, Children's Health Defense Alberta

Full transcripts of each witness testimony are included in Volume Three of this report.

Red Deer, Alberta, Day Two, April 27, 2023		
	Name of Witness	Subject
174	Lt. Col. David Redman	Emergency planning
175	Justin Chin, MD, MSc	Observations of pandemic in hospital
176	Scott Crawford	Paramedic, job loss due to vaccine mandates
177	Michelle Ellert	Job loss due to vaccine mandates
178	Dianne Molstad	Difficulty accessing medical services due to nonvaccine status
179	Curtis Wall, DC	Investigated by professional association
180	Angela Tabak	Son's suicide due to mandates
181	Drue Taylor	Alleged vaccine injury
182	Jeffrey Rath	Lawyer, Constitutional issues and pandemic mandates
183	Regina Goman	Comparison of Polish resistance in 1981 to pandemic
184	Babita Rana	Job unpaid leave due to vaccine mandates
185	Madison Lowe	Alleged vaccine injury
186	Gary Bredeson	Effect of pandemic mandates on business and family

Full transcripts of each witness testimony are included in Volume Three of this report.

Red Deer, Alberta, Day Three, April 28, 2023		
	Name of Witness	Subject
187	Chris Scott	Whistle Stop Cafe owner; mandates and business
188	Misha Susoeff, DDS	Informed Consent
189	James Coates	Pastor, effects of mandates on religious gatherings
190	Eric Payne, MD	Misinformation of government data; loss of research contract
191	John Carpay	Lawyer, legal discussion of pandemic mandates
192	Jonathan J. Couey, PhD	The biology of RNA viruses; transfection and mRNA
193	Sierra Rotchford	Paramedic, observations through pandemic and vaccine rollout
194	Grace Neustaedter, RN,	Job loss due to vaccine mandates
195	Suzanne Brauti	Alleged vaccine injury
196	Darcy Harsch	Unpaid leave due to vaccine mandates
197	Jennifer Curry	Alleged vaccine injury

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.6. Langley, British Columbia

Public Hearings were held in Langley, British Columbia on May 2, 2023, May 3, 2023 and May 4, 2023.

The schedule of witnesses was as follows:

Langley, British Columbia, Day One, May 2, 2023		
	Name of Witness	Subject
198	William Munroe	Manipulation of pandemic statistics
199	Vanessa Rocchio	Alleged vaccine injury
200	Philip Davidson	Job loss due to vaccine mandates
201	Matthew Cockle, PhD	Conflicts of interest; regulatory and international research
202	Deanna McLeod	Outside interests and approval of COVID-19 vaccines
203	Serena Steven	Former nurse, alleged vaccine injury
204	Chris Shaw, PhD	Neuroscientist, potential neurological vaccine adverse events
205	Alan Cassels	Critical analysis of mRNA vaccine product monographs
206	Sean Taylor	Nurse, job loss; COVID policies inconsistent with good patient

Full transcripts of each witness testimony are included in Volume Three of this report.

Langley, British Columbia, Day Two, May 3, 2023		
	Name of Witness	Subject
207	Donald Gregory Passey, MD	Public policy and legal effects of mandates on military
208	Kim Hunter	Effects of masks on children
209	Caroline Hennig	Pandemic mandate effects on senior father
210	Edward Dowd	Statistical analysis of U.S. all-cause mortality since vaccine
211	Aurora Bisson-Montpetit	Registered nurse, observations of 811 calls
212	Charles HOFFE, MD	Reporting of vaccine adverse events and safety of vaccines
213	Jeff Sandes	Reporter, observations on journalism during pandemic
214	James Jones	Wife committed suicide
215	Lisa Bernard	Registered nurse, alleged vaccine injury
216	Steven Pelech, PhD	Review of immunology and COVID-19
217	Ben Sutherland, PhD	Job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

Langley, British Columbia, Day Three, May 4, 2023		
	Name of Witness	Subject
218	Patrica Leidl	Alleged vaccine injury
219	James Kitchen	Lawyer, legal challenges to the pandemic mandates
220	William Sturgess	Testimonies from A Citizen's Hearing, May 2022 (CCCA)
221	Kristin Ditzel	Alleged vaccine injury
222	Lindsey Kenny	Challenges in obtaining FOI requests about mandates
223	Theodore Kuntz	Safety of all vaccines
224	Gail Davidson	Lawyer, expert in international human rights law and pandemic
225	Douglas Allen, PhD	Economist, cost-benefit analysis and forecasting of pandemic
226	Zoran Boskovich	Job loss due to vaccine mandates
227	Wayne Llewellyn	Privacy complaint filed against Bonnie Henry
228	Paul Hollyoak	Alleged vaccine injury
229	Shawn Muldoon	Alleged vaccine injury
230	Camille Mitchell	Pharmacist, job loss due to vaccine mandates

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.7. Québec City, Québec

Public Hearings were held in Québec City, Québec on May 11, 2023, May 12, 2023 and May 13, 2023.

The schedule of witnesses was as follows:

Québec City, Québec, Day One, May 11, 2023		
	Name of Witness	Subject
231	Didier Raoult, MD	Evolution of the virus and treatment alternatives to mRNA
232	Mélissa Sansfaçon	Alleged vaccine injury
233	Pierre Chaillot	Death of many seniors during pandemic due to neglect
235	Jean-Marc Sabatier, PhD	Vaccine harms due to changes in the renin-angiotensin system
236	Christian Perronne, MD	Masks, vaccines, and free speech
237	Caroline Foucault	Alleged vaccine injury
238	Christian Linard, PhD	Spike proteins and mRNA
239	Josée Belleville	Job loss in military for refusing COVID-19 vaccine
240	Denis Rancourt, PhD	Detailed study of all-cause mortality statistics
241	Christian Leray	Media specialist, manipulation of vaccination data

Full transcripts of each witness testimony are included in Volume Three of this report.

Québec City, Québec, Day Two, May 12, 2023		
	Name of Witness	Subject
242	Carole Avoine	Alleged vaccine injury
243	Hélène Banoun, PhD	mRNA vaccines and their alleged side effects
244	Christine Cotton	Review of Pfizer COVID vaccine clinical trials
245	Lynette Tremblay	Treatment of elders in long-term care
246	Marylaine Bélair	Husband was fatally injured by angry customer during COVID
247	Amélie Paul	Podcaster, spoke about censorship
248	Stéphane Hamel	Removed from position with Coalition Avenir Québec
249	Barry Breger, MD	PCR test, vaccine safety, and forced vaccine mandates
250	Évelyne Thérien	Alleged vaccine injury
251	Sabine Hazan, MD	Microbiome research and COVID-19
252	Stéphane Blais	Accountant's professional licence was revoked
253	René Lavigueur, MD	Reporting of vaccine side effects and censorship
254	Francois Amalega	Jailed for four months for defying mask mandates and curfews
255	Shawn Buckley	Drug approval process related to COVID-19 genetic vaccines

Full transcripts of each witness testimony are included in Volume Three of this report.

Québec City, Québec, Day Three, May 12, 2023		
	Name of Witness	Subject
256	Jérémie Miller	Alleged vaccine injury
257	Jérôme Sainton, MD	Vaccine safety profile sheet review
258	Michel Chossudovsky,	Global social and economic collapse due to policies
259	Gary Lalancette	Job loss for refusing mandatory COVID-19 injection
260	Lily Monier	Legal actions taken against government's abuse of power
261	Vincent Cantin	Alleged vaccine injury
262	Myriam Bohémier	Lawyer, children's capacity to consent to the vaccines
263	Éloïse Boies	Censorship of videos and loss of employment as an actor
264	Luc Harvey	Describes court case concerning <i>Youth Protection Act</i>
265	Marc-André Paquette	Failure of pediatricians to raise concerns about vaccines for
266	Jean Saint-Arnaud, MD	Vulnerable persons and COVID-19 vaccination
267	Patrick Provost, PhD	Academic censorship and concerns about mRNA technology

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.8. Ottawa, Ontario

Public Hearings were held in Ottawa, Ontario on May 17, 2023, May 18, 2023 and May 19, 2023.

The schedule of witnesses was as follows:

Ottawa, Ontario Day One, May 17, 2023		
	Name of Witness	Subject
268	Denis Rancourt, PhD	Scientific study of all-cause mortality worldwide
269	Natasha Gonek	Role of regulatory colleges and conflicts of interest
270	Cathy Jones	The CBC's poisonous workplace that developed after mandates
271	Catherine Austin Fitts	COVID-19 pandemic as a financial and political reset
272	Stephen Malthouse, MD	Critique of COVID-19 mandates and vaccines; reported to the regulator
273	Sheila Lewis	Denied life-saving transplant due to refusal to get COVID-19
274	Kristen Nagle	Nurse, job loss; defamed for speaking out against the measures
275	Madison Peake	Student, life devastated by the COVID-19 interventions
276	Mallory Flank	Critical-care paramedic, her severe reaction to the injection
277	Adam Zimpel	Man with severe disability; job loss and isolation due to COVID-19
278	M Tisir Otahbachi	Severe reaction to COVID-19 genetic vaccine; mistreatment by healthcare system
279	Louise MacDonald	Information Health Canada posted on their website about COVID vaccine safety

Full transcripts of each witness testimony are included in Volume Three of this report.

Ottawa, Ontario Day Two, May 18, 2023		
	Name of Witness	Subject
280	James Corbett	International health treaties and regulations
281	Rodney Palmer	Follow-up testimony concerning the alleged bias of the CBC
282	Marianne Klowak	Former CBC reporter, censorship at the CBC
283	Samantha Monaghan	Son died after blood transfusion, believed to be tainted by
284	David Speicher, PhD	PCR tests and rapid antigen tests
285	Jean-Philippe Chabot	Job loss at CBC for not disclosing vaccine status
286	Edward Leyton, MD	Canadian COVID Telehealth and treatment for vaccine injuries
287	Keren Epstein-Gilboa,	Psychological childhood trauma due to COVID-19 interventions
288	David Freiheit	Lawyer and online commentator, the Freedom Convoy in Ottawa
289	Anita Krishna	Terminated from news broadcaster for speaking about
290	William Bigger	Job loss, unable to attend physical therapy due to lockdowns
291	Captain Scott Routly	Pilot, safety concerns about pilots and public due to COVID-19
292	Laurier Mantil	Postal worker, refused vaccine due to her pregnancy
293	Maurice Gatien	Lawyer, intimidation, threats, and suspension from Law Society

Full transcripts of each witness testimony are included in Volume Three of this report.

Ottawa, Ontario Day Three, May 19, 2023		
	Name of Witness	Subject
294	Christopher Shoemaker,	Concerns about mRNA vaccines and adverse events
295	Melanie Alexander	Husband died in hospital during COVID-19 response
296	Kyle Grice, DC	Community networking and grassroots alternatives
297	Jeff Wilson, DVM, DVSc, PhD	Fundamentals of a pandemic response
298	Daniel Nagase, MD	Medical licence lost for treating severely ill patients with
299	Pascal Najadi	Charges filed against the Swiss Minister of Health and two doctors
300	Aidan Coulter	Dropped out of College due to COVID-19 interventions
301	Navid Sadikali	PCR Tests, statistics, financial issues surrounding COVID-19 interventions
302	Kimberly Warren	Alleged COVID-19 vaccine adverse reaction
303	James Lunney	Alternate treatments for COVID-19

Full transcripts of each witness testimony are included in Volume Three of this report.

6.3.9. Additional Virtual Testimonies

Virtual hearings were held on June 28, 2023, July 19, 2023 and September 28, 2023.

The schedule of witnesses was as follows:

Additional Virtual Testimony, June 28, 2023		
	Name of Witness	Subject
304	Denis Rancourt, PhD	Follow-up/update on Canadian all-cause death statistics

Additional Virtual Testimony, July 19, 2023		
	Name of Witness	Subject
305	Peter McCullough, MD, MPH	Follow-up/update on Canadian study of autopsy results and injections

Additional Virtual Testimony, September 28, 2023		
	Name of Witness	Subject
306	William Makis, MD	Alberta Health Services mandates, Canadian doctor deaths, & censorship

Full transcripts of each witness testimony are included in Volume Three of this report.

6.4. Exhibit Archive

The following is a list of the Witness Exhibits presented to the Commission during the hearings held across Canada and in subsequent virtual hearings heard by the Commissioners following the completion of the in-person hearings.

This list is current as of September 28, 2023. It should be noted that the list may be updated on the website from time to time, and the reader is encouraged to visit the website at <https://nationalcitizensinquiry.ca/exhibits-2/> to review the latest list of Witness Exhibits.

These exhibits serve as a critical record of the testimonies and evidence presented during the hearings, providing valuable insights into the experiences and perspectives of individuals affected by the issues under investigation.

6.4.1. Truro, Nova Scotia Exhibits March 16, 17, 18, 2023

- [TR-0001-Phillips-CV](#)
- [TR-0001a-Phillips-AEFI Rpt](#)
- [TR-0002-Braden-CV](#)
- TR-0003-Coolen-Hosp Rpt-IC
- TR-0004-Chisholm-Termination Letter-IC
- [TR-0004a-Chisholm-10 yr Cert](#)
- TR-0005-Howland-ENT Rpt-IC
- TR-0005a-Howland-AudiologyRpt-IC
- [TR-0006-Doiron-Flu Shot](#)
- [TR-0006a-Doiron-Gene Analysis](#)
- [TR-0006b-Doiron-MRI](#)
- TR-0007-Burns-Reconsideration LTR-IC
- TR-0007a-Burns-SupportParent Ltr-IC
- TR-0007b-Burns-HRCE DenialExempt-2021-11-18-IC
- TR-0007c-Burns-HRCE Unpd Leave Ltr-2021-11-23-IC
- TR-0008-Murray-Drs. Note-2020-08-31-IC
- [TR-0009a-Caulart-Students in Water Lab](#)
- [TR-0009b-Caulart-Adele Van Caulart](#)
- [TR-0009-Caulart-Image with Students](#)
- [TR-0009c-Caulart-Last time Adele seen Alive by Peter](#)

- [TR-0009d-Caulart-Mask Labeling](#)
- [TR-0009e-Caulart-C-19 Record](#)
- [TR-0009f-Caulart-Gavin_s C-19 Record](#)
- [TR-0010a-Burke-InstructPatients_EMD](#)
- [TR-0010b-Burke-Ltr Sgt Sanford](#)
- [TR-0010-Burke-EMD Instructions](#)
- TR-0010c-Burke-911CallCdnTire-IC
- [TR-0010d-Burke-911CallCdnTire\(2\)](#)
- [TR-0010e-Burke-video](#)
- TR-0011a-Fraiman-CV-IC
- [TR-0011-Fraiman-PPTCovid19HarmBenefitAnalysis](#)
- TR-0012-McVicar-CovidTimelineSummary-IC
- TR-0012a-McVicar-FCC Facebook-IC
- TR-0012b-McVicar-ChurchSvcEmail-2021-10-14-IC
- TR-0012c-McVicar-BdLtr2-2021-10-22-IC
- TR-0012d-McVicar-EMailLtr-2021-10-08-IC
- TR-0012e-McVicar-BdMtg-2021-10-12-IC
- TR-0012f-McVicar-EMailComm with Board-2021-10-09-IC
- TR-0012g-McVicar-FCC Newsletter-2021-10-27-IC
- TR-0012h-McVicar-Ltr From Board-2021-10-20-IC
- TR-0012i-McVicar-ResponseToBoard-2021-10-05-IC
- TR-0012j-McVicar-FullTimeline-IC
- TR-0012k-McVicar-Gmail Re Board Ltr-2021-10-20-IC
- TR-0012l-McVicar-LtrFromBoard-2021-10-03-IC
- TR-13-Tucker-CV-IC
- [TR-14-Spidle-MediaCMcKenna](#)
- [TR-14a-Spidle-DrStrangOnHydroxychloroquine-2020-04-19-](#)
- TR-14b-Spidle-MedicalRecords-IC
- [TR-14c-Spidle-VideoScreenshot-MaskedMan](#)
- [TR-14d-Spidle-PoliceNegotiateWatchDutyWithVeterans-2022-02-12](#)
- [TR-15-Davidson-LtrToJohnLohr-2022-12-31.docx](#)

- TR-15a-Davidson-CV-IC
- TR-16-Lavranos-CV-IC
- [TR-16a-Lavranos-LtrToPremierHouston-2021-09-07](#)
- [TR-16b-Lavranos-LtrToDrNicoleBoutilier-2021-10-29](#)
- [TR-16c-Lavranos-RespnsFromDrNicoleBoutilier-2021-11-10.docx](#)
- [TR-17-Adshade-ViralVectorOfVac-2021-11-30](#)
- TR-18-Desrosiers-ProofOfVac-IC
- TR-18a-Desrosiers-EMail-2023-03-18-IC
- TR-18b-Desrosiers-BP Med 1 of 2-IC
- TR-18c-Desrosiers-Blood Thinner Med Xarelto 1 of 2-IC
- TR-18d-Desrosiers-BP Med 2 of 2-IC
- TR-18e-Desrosiers-ProofOfVaccine-IC
- TR-18f-Desrosiers-BP Med Perindopril 1 of 2-IC
- TR-18g-Desrosiers-Medical-Fit for Firefighting Duties-2021-08-17-IC
- TR-18h-Desrosiers-Blood Thinner Med Xarelto 2 of 2-IC
- TR-18i-Desrosiers-BP Med Perindopril 2 of 2-IC
- TR-18j-Desrosiers-BlueCrossApplication-2022-01-31-IC
- TR-19-Clarke-ProofOfVac-IC
- TR-19a-Clarke-EMail-2023-03-18-IC
- TR-19b-Clarke-VacReq_mentToWork-2023-03-15-IC
- TR-19c-Clarke-WkplaceC-19PreventionProtoForCivilSvc-2023-03-15-IC
- TR-19d-Clarke-VaccineReqment-2021-10-25-IC
- TR-19e-Clarke-NSGEU Statement_ COVID-19 Mandatory Vaccination_2021-08-25-IC
- TR-19f-Clarke-CUPW MandVac_2021-11-19-IC
- TR-19g-Clarke-ProofOfVaccine-2021-11-24.-IC
- TR-19h-Clarke-PublicInputAgainstVacMandate-2022-02-08-IC
- TR-19i-NSGEU MandatoryVacAndDeclaration_2021-10-07-IC
- TR-19j-Clarke-STI Application-2021-11-03-IC
- TR-19k-Clarke-RespnsFromEmplAccommRequest-2022-05-19-IC
- TR-19l-Number unassigned
- TR-19m-Clarke-ResponseToRequestForAccomm-2022-05-24-IC

- TR-19n-Clarke-TurnDownPromo_SecondJobLeaveWithoutPay-2022-08-12-IC
- TR-19o-Clarke-PSCEmpBackToWrkWithoutVacUpdate-2022-03-10.IC
- TR-20-Milburn-CV-IC
- [TR-20a-Milburn-CTV News Article-2021-06-16](#)
- [TR-20b-Milburn-Saltwire Article-2021-06-29](#)
- [TR-20c-Milburn-InfoAM Issue Panel 06-10-21](#)
- TR-21-Fillier-Med Tests-2022-06-09-IC
- TR-21a-Fillier-Med Tests #2-2022-06-09-IC
- TR-21b-Fillier-Med Tests #3-2023-03-16-IC
- TR-21c-Fillier-LabResults-2022-06-09-IC
- TR-21d-Fillier-C-19VacAfterCareImmunRec-2021-06-18-IC
- TR-21e-Fillier-LabResults#2-2022-11-25-IC
- TR-21f-Fillier-LabResults#3-2022-06-09-ic
- [TR-22-McGrath-Ltr to Tim Houston](#)
- [TR-22a-McGrath-NSLC Performance Appraisal-2021-06-30](#)
- [TR-22b-McGrath-NSGEU Ltr re Vac Policy-2021-10-28](#)
- [TR-22c-McGrath-NSLC HRLtr-MandatoryVac-2022-01-13](#)
- [TR-22d-McGrath-NSLC JointOccupHealth_SafetyCommMtg-2021-05-26](#)
- [TR-22e-McGrath-NSLC ROE](#)
- [TR-22f-McGrath-NSLC TerminationLtr-2022-06-13](#)
- [TR-22g-McGrath-NSLC Vaccination Mandate Directive](#)
- [TR-22h-McGrath-Service Canada Denial of EI Letter-2022-02-08](#)
- [TR-22i-McGrath-NSGEU Ltr Not Proceeding with Grievance](#)
- [TR-23-Anselm-Cardiologist Ltr-2022-02-11](#)
- [TR-23a-Anselm-CN Rail Vaccine Mandate Deadline-2021-09-08](#)
- [TR-23b-Anselm-CN Rail Vaccine Mandate Ext-2021-10-14](#)
- [TR-24-Petten-Code of Ethics](#)
- [TR-24a-Petten-Nursing College Communication](#)
- [TR-25-Cummings-Appt Confirmation_ COVID-19 Vac-Pfizer](#)
- TR-25a-Cummings-Proof of Vac (2)-IC
- TR-25b-Cummings-Appt Rescheduled_COVID-19-Pfizer-IC

- TR-25c-Cummings-Proof of Vac-IC
- TR-25d-Cummings-Chiropractic Appt-IC
- TR-25e-Cummings-Massage Therapy-2021-12-07-IC
- TR-25f-Cummings-PfizerDoc5.3.6 PostmarketingExperience-IC
- TR-25g-Cummings-PfizerComplaint-IC
- TR-25h-Cummings-HealthCanadaComplaintReferral-IC
- TR-25i-Cummings-CorresMarketedHealthProductsDirectorate-2022-03-16-IC
- TR-25j-Cummings-DrugHealthProduct-SideEffectRpting-IC
- TR-25k-Cummings-Pfizer-Biontech(FRM-0317)-IC
- TR-25l-Cummings-OilfieldsAppealToCdns-IC
- TR-25m-Cummings-CCCA-The LatestNewsForYou-2022-07-22-IC
- TR-25n-Cummings-Ref OTP-CR-465_21CrimesAgainstHumanity-2022-08-25-IC
- TR-25o-Cummings-Submission#2022-03-07-000044-IC
- TR-26-Johnson-ROE-IC
- TR-26a-Johnson-Job Correspondence-IC
- TR-26b-Johnson-Daughter Dalhousie Ltrs-2022-01-10-IC

6.4.2. Toronto, Ontario Exhibits March 30, 31, April 1, 2023

- [TO-1-Mitchell-\(A\)-Pg 25 from Comprehensive Mstr Plan for Paramedic Svcs](#)
- [TO-1a-Mitchell-\(B\)-2020-03-20-Email from Troy Cheseboro](#)
- [TO-1b-Mitchell-\(C\)-2020-03-07-Email from Troy Cheseboro](#)
- [TO-1c-Mitchell-\(E\)-Pg.18 from 2021 Durham Audited Financial Statements](#)
- [TO-1d-Mitchell-Comprehensive Mstr Plan for Paramedic Svcs-2021-10-07](#)
- [TO-1e-Mitchell-RDPS Covid-19 Update-2020-03-26](#)
- [TO-1f-Mitchell-2021 Durham Audited-Financial-Statements-1](#)
- TO-2-Hartman-PENDINGTBD
- TO-3-Shelley-EMailTravelReqExm-#4605-2020-06-05-IC
- TO-3a-Shelley-EMailTravelReqEXm-#4605_#44212-2020-11-07-IC
- TO-3b-Shelley-ThankYouHomeFirst-2020-06-25-IC
- TO-3C-Shelley-DonateKN95MedGradeMasks-2020-06-12-IC
- TO-3d-Shelley-Lic_13493 (1) (2)-IC
- TO-3e-Shelley-ToBorisGillerProformaInvoiceofKind-CheckCompany-2020-04-30-IC
- TO-3f-Shelley-DonateMasks-2020-06-22-IC
- TO-3g-Shelley-TravelReqExem-#46261-2020-11-09-IC
- TO-4-Studin-BIO-IC
- [TO-5-McLeod-CV](#)
- [TO-6-Pardy-CV for NCI March-2023](#)
- [TO-6a-Pardy-Free North Declaration](#)
- [TO-6b-Pardy-TheCharterWon'tProtectUsFromThePandemicMgerialState-C2C Journal-1](#)
- [TO-8-Duke-MinistryOfLongTermCare](#)
- [TO-9-McCurdy-E3.i](#)
- [TO-9a-McCurdy-E3.ii](#)
- [TO-9b-McCurdy-E4.i](#)
- [TO-10-Spaulding-AEFIClientRecommendationLetter](#)
- [TO-10a-Spaulding-LetterFromPublicHealth-2021-09-07](#)
- [TO-10b-Spaulding-Photo #1](#)
- [TO-10c-Spaulding-Photo #3](#)

- [TO-10d-Spaulding-Photo #4](#)
- [TO-10e-Spaulding-Photo #5](#)
- [TO-10f-Spaulding-Photo #6](#)
- [TO-10g-Spaulding-Photo #7](#)
- [TO-10h-Spaulding-Photo #8](#)
- TO-11-unassigned
- TO-12-unassigned
- TO-13-unassigned
- TO-14-unassigned
- TO-15-unassigned
- TO-16-unassigned
- [TO-17-Marazzo-Email-2021-09-06](#)
- [TO-17a-Marazzo-TerminationLtr-2021-09-13](#)
- [TO-17b-Marazzo-Video.exe](#)
- [TO-18-Pinder-Pic#1Tongue-#128](#)
- [TO-18a-Pinder-Pic#2Tongue-#128](#)
- [TO-18b-Pinder-Pic#3Hand-#128](#)
- [TO-18c-Pinder-Pic#4Hand-#128](#)
- [TO-18d-Pinder-Pic#5Knee-#128](#)
- [TO-18e-Pinder-Pic#6Arm-#128](#)
- [TO-18f-Pinder-Pic#7Rash-#128](#)
- [TO-18g-Pinder-Pic#8Rash-#128](#)
- [TO-19-Klitzke-VacInfo-2021-08-13-#107](#)
- [TO-19a-Klitzke-AEFIAcceptance-2022-08-29-#107](#)
- [TO-19b-Klitzke-VacInfo-2021-06-18-#107](#)
- [TO-19c-Klitzke-CAERSinfo-#107](#)
- [TO-20-Kurz-TerminationLtr-2021-12-29](#)
- [TO-21-Martyn-Citizens_Group_Notice_On_Covid_Vaccine_Safety_&_Informed_Consent_3-2](#)
- [TO-22-Payne-FINAL EXHIBIT B December 12 \(1\)](#)
- [TO-22a-Payne-FINAL OCT APPENDIX AFFIDAVIT](#)
- [TO-23-Malone-CV-Oct-2022](#)

- [TO-24-Alexander-Case J.N. v. C.G.-Court of Appeal for Ontario](#)
- [TO-24a-Alexander-Reasons Motion Evidence-Phillips-21-023-Trozzi-22-006-Luchkiw-22-023-2023.03.23-Public](#)
- [TO-24b-Alexander-Case Saumur v Québec \(City\)](#)
- [TO-24c-Alexander-Glasnost Code Press Conf](#)
- [TO-24d-Alexander-Case R v Oakes](#)
- [TO-24e-Alexander-Glasnost Report](#)
- [TO-24f-Alexander-Case JN v CG Pazaratz](#)
- [TO-24g-Alexander-Case Thirwell 2022onsc2654](#)
- [TO-24h-Alexander-Case Canada \(Minister of Citizenship and Immigration\) v Vavilov](#)
- [TO-25-Usenk-HospitalTrainingSlide 100% Protective](#)
- [TO-26-Gircys-CV-IC](#)
- [TO-27-Jeffrey-Clot Photo A](#)
- [TO-27a-Jeffrey-Clot Photo B](#)
- [TO-27b-Jeffrey-Clot Photo C](#)

6.4.3. Winnipeg, Manitoba Exhibits April 13, 14, 15, 2023

- WI-1-Bjorklund-Gordon-CV-2022-12-27-IC
- [WI-1a-Bjorklund-Gordon-Alberta Data](#)
- [WI-1b-Bjorklund-Gordon-NCI Presentation Final](#)
- WI-2-Hynes-LetterOfLeaveOfAbsence-IC
- [WI-3-Abbott-BLM Photo](#)
- [WI-3a-Abbott-BLM #2 Photo](#)
- [WI-3b-Abbott-Letter to Honorable Madu-2021-10-26](#)
- [WI-3c-Abbott-Photo-Milk River 1](#)
- [WI-3d-Abbott-Photo-Milk River 2](#)
- [WI-3e-Abbott-CV-2023](#)
- [WI-3f-Abbott-BLM-Antifa w_ Uniformed EPS](#)
- [WI-3g-Abbott-BLM](#)
- [WI-3h-Abbott-Milk River](#)
- [WI-3i-Abbott-Business Owner Milk River](#)
- [WI-3j-Abbott-3-Min Milk River \(2\)](#)
- [WI-4-Rose-CV](#)
- [WI-4a-Rose-Lazarus r18hs17045-Lazarus-Final-Report-2011](#)
- [WI-4b-Rose-Rpt re US VAERS of the COVID mRNA Biologicals](#)
- [WI-4c-Rose-RptOnMyocarditisAdverseEvents in the US, etc](#)
- [WI-4d-Rose-Pharmacovigilance VAERS Paper FINAL_2021-10-01](#)
- [WI-4e-Rose-BIO](#)
- [WI-4f-Rose-Video-FDA Open Public Hearing Session](#)
- [WI-4g-Rose-Presentation re: NCI Testimony](#)
- WI-5
- [WI-6-Welch-Letter to CJSF Radio](#)
- [WI-6a-Welch-Radio Show Linked to COVID-19 Conspiracy Website](#)
- [Temporarily Suspended Vancouver Sun](#)
- WI-7-McLeod-CV-IC
- [WI-8-Bhattacharya-Missouri v. Biden ECF 212-3 Proposed Finding of Fact](#)
- [WI-8a-Bhattacharya-Great Barrington Declaration](#)

- [WI-8b-Bhattacharya-CV-Apr2022](#)
- [WI-8c-Bhattacharya-Expert Report_Dr Bhattacharya_Alberta Clean-jb](#)
- [WI-8d-Bhattacharya-Reply Document-Alberta v2-1](#)
- [WI-8e-Bhattacharya-QUESTIONS FOR A COVID-19 COMMISSION by the_Norfolk Group v2](#)
- [WI-9-Hooper-Bio 2023](#)
- [WI-9a-Hooper-Henderson and Hooper on Ivermectin-Econlib](#)
- [WI-9b-Hooper-Ivermectin and Statistical Significance Cato Institute](#)
- [WI-9c-Hooper-Ivermectin and the TOGETHER Trail Cato Institute](#)
- [WI-9d-Hooper-Setting the Record Straight on Ivermectin-Brownstone_Institute](#)

6.4.4. Saskatoon, Saskatchewan Exhibits April 20, 21, 22, 2023

- [SA-1-Havas-CV 2023 March](#)
- [SA-1a-Havas-Canadian-Views-Re-Ottawa-Survey-of-93000-people-Feb-2022](#)
- [SA-1b-Havas-RFR & Covid Reduced HO](#)
- [SA-1c-Havas-Survey Mandate & Convoy Feb 2022-93,000 People HO](#)
- [SA-1d-Havas-Tsiang & Havas COVID & 5G 2021](#)
- [SA-1e-Havas-Rubik & Brown Covid & 5G](#)
- [SA-1f-Havas-Blood Heart ANS 2013](#)
- [SA-1g-Havas-HRV 2010](#)
- [SA-1h-Havas-Nilsson 5G Microware Syndrome Annals of Case Reports 2023](#)
- [SA-1i-Havas-HESA 2015 RFR](#)
- [SA-2-Gutschi-Presentation to NCI April 2023](#)
- [SA-2a-Gutschi-CV-IC](#)
- [SA-2b-Gutschi-Documents Library-20230704-0311](#)
- [SA-3-Christian-CV](#)
- [SA-3a-Christian-June 12, 2021 Statement from Dr. Christian](#)
- [SA-3b-Christian-2021-06-17 Press Conference Statement-1](#)
- [SA-3c-Christian-Testimony](#)
- [SA-4-Kirsch-OpenLtrTOCPSOHead Nancy Whitmore_ToStopCOVIDMisinformation](#)
- [SA-4a-Kirsch-Nancy Whitmore Summons-Signed](#)
- [SA-4b-Kirsch-Why can't we talk about it-Steve Kirsch's newsletter](#)
- [SA-4c-Kirsch-Presentation](#)
- [SA-5-Flowers-CV2023](#)
- [SA-5a-Flowers-NCI Saskatoon](#)
- [SA-6-McCormack-AB Informed Consent 2023-04-10](#)
- [SA-6a-McCormack-Sask Information Consent 2023-04-10-IC](#)
- [SA-6b-McCormack-Letter from James Kitchen to AHRC-1-IC](#)
- [SA-7-Grey-Tim Stephens Arrest.mp4](#)
- [SA-7a-Grey-2001-14300-Filed-2022-06-10-Written-Argument-Written-Submission-FILED](#)
- [SA-7b-Grey-2021-08-03-Written Interrogatories for Dr. Hinshaw-FILED](#)

- [SA-7c-Grey-99292-001_BRF-2021-09-01-PRE-TRIAL FACTUM OF _APPLICANT R INGRAM-FILED](#)
- [SA-7d-Grey-99292-001_BRF-Pre-Trial Reply Factum of The Applicant_Rebecca Marie Ingram-FILED](#)
- [SA-7e-Grey-2001-14300-Filed 2022-06-15-Book of Authorities](#)
- [SA-7f-Grey-2001-14300-Filed-2022-06-13-Written-Argument-Written-Submission](#)
- [SA-7g-Grey-2021-09-22 BOOK OF AUTHORITIES TO RESPONDING _BRIEF-FILED](#)
- [SA-7h-Grey-2021-09-22 RESPONDING BRIEF-FILED](#)
- [SA-7i-Grey-2022-07-27 Applicants_ Written Final Reply-Filed](#)
- [SA-7j-Grey-PRE-TRIAL FACUM OF THE APPLICANT, Heights Baptist, _Northside Baptist, Erin Blacklaws, Torry Tanner](#)
- [SA-7k-Grey-111. AB Pre-Trial Factum-Sept 14, 2021-FILED](#)
- [SA-7l-Grey-2022-07-13 Alberta Final Written Argument](#)
- [SA-7m-Grey-2022-11-17 Respondents Brief-FILED](#)
- [SA-7n-Grey-Applicant's Brief-November 9 2022, 2201-14300-Joint Submission](#)
- [SA-7o-Grey-April 5, 2022](#)
- [SA-7p-Grey-April 6, 2022](#)
- [SA-7q-Grey-April 7, 2022](#)
- [SA-7r-Grey-August 26, 2022](#)
- [SA-7s-Grey-February 10, 2022](#)
- [SA-7t-Grey-February 11, 2022](#)
- [SA-7u-Grey-Feb 14, 2022 AM](#)
- [SA-7v-Grey-Feb 14, 2022 PM](#)
- [SA-7w-Grey-Feb 15, 2022 AM](#)
- [SA-7x-Grey-Feb 15, 2022 PM](#)
- [SA-7y-Grey-Feb 16, 2022 AM](#)
- [SA-7z-Grey-Feb 16, 2022 PM](#)
- [SA-7aa-Grey-Feb 17, 2022](#)
- [SA-7bb-Grey-Feb 22, 2022 AM](#)
- [SA-7cc-Grey-Feb 22, 2022 PM](#)
- [SA-7dd-Grey-Feb 23, 2022 AM](#)
- [SA-7ee-Grey-Feb 24, 2022 AM](#)

- [SA-7ff-Grey-Feb 24, 2022 PM](#)
- [SA-7gg-Grey-Jun 1, 2021 AM](#)
- [SA-7hh-Grey-May 13, 2022 Transcript of Proceedings regarding Order_revisions May 13, 2021 \(ACJ Rooke\) \(02652541\)](#)
- [SA-7ii-Grey-TRANSCRIPTS-Aug 26, 2022](#)
- [SA-7jj-Grey-Request for recommendations](#)
- [SA-8-Foster-Mother Walking](#)
- [SA-8a-Foster-Mother Walking No2](#)
- [SA-8b-Foster-911](#)
- [SA-8c-Foster-Facebook Posts](#)
- [SA-9-Orydzuk-BIO](#)
- [SA-9a-Orydzuk-2023.04.10 CV Training Records Learning History](#)
- [SA-9b-Orydzuk-NCI Testimony \(84 Slides\)](#)
- [SA-9c-Orydzuk-2023.04.19 Testimony Evidence-Screenshots and Links](#)
- [SA-9d-Orydzuk-LF Ryan Orydzuk to Canada Post](#)
- [SA-9e-Orydzuk-CV](#)

6.4.5. Red Deer, Alberta Exhibits April 26, 27, 28, 2023

- [RE-1-Chan-AFF-2021-12-12-SupplementalAffidavitOfDr.GregoryChan-FINAL_SIGNED](#)
- [RE-1a-Chan-AEFI_04_LetterFromAlbertaHealthSvcs_v2](#)
- [RE-1b-Chan-AEFI_02-Reporting Form_redacted_v2](#)
- [RE-1c-Chan-AEFI_03_Reporting Form](#)
- [RE-1d-Chan-AEFI_04_Reporting Form](#)
- [RE-1e-Chan-Adverse Event Following Immunization Reporting Alberta Health Services](#)
- [RE-1f-Chan-Curriculum Vitae 2023](#)
- RE-2-unassigned
- RE-2a-unassigned
- [RE-2b-Redman-Due Diligence-Canadian Charter vs Lockdowns-Final-June 4 2021](#)
- [RE-2c-Redman-Surrebuttal of David Redman-99292-001-EXR-2021-08-05](#)
- [RE-2d-Redman-2023-04-27 Presentation-Canada's Deadly Response to COVID-19](#)
- [RE-2e-Redman-1. Canada's Deadly Response to COVID-19-July 1, 2021 w_Links](#)
- [RE-2f-Redman-Expert Report of David Redman 2021-02-21_173418](#)
- [RE-3-Valliere-Feet Before Image](#)
- [RE-3a-Valliere-Feet After No. 1](#)
- [RE-3b-Valliere-Foot After No. 2](#)
- [RE-3c-Valliere-Foot After No 3](#)
- [RE-3d-Valliere-Dialysis](#)
- [RE-3e-Valliere-Immunization Record](#)
- [RE-3f-Valliere-ER Visit Records](#)
- RE-3g-Valliere-Exemption Letters-IC-IC
- RE-3h-Valliere-Renal Biopsy Report-IC-IC
- RE-3i-Valliere-UofA Intake Emergency to Nephrology Unit-IC-IC
- RE-3j-Valliere-Vaccine Injury Intake Form-Included Dr. Courtney's Report-IC-IC
- [RE-4-Bulford-Open Letter to RCMP Commissioner Brenda Lucki-Mounties 4 Freedom](#)
- [RE-5-Beaudry-Presentation re NCI Red Deer-Final](#)
- [RE-6-Goman-Non-Compliance re: Canadian Natural](#)
- [RE-6a-Goman-Religious Exemption Rejection Letter](#)
- [RE-7-Wall-CCOA Decision for Dr. Wall](#)

- RE-8-Reimer-Offence Notice-20230425_164934-IC
- RE-8a-Reimer-Offence Notice-20230425_164949-IC
- [RE-8c-Reimer-Conversation with Sara and Sarah](#)
- RE-9-Crawford-Decision Final-Ltr fr VP-IC
- RE-9a-Crawford-HSAA Investigation Report Jan 12 2022-Jamie Dunn Final-IC
- RE-9b-Crawford-Final Decision Ltr-Complain-4 Mbrs-Ltr fr VP-Jan 2022-IC-IC
- RE-9c-Crawford-R Farmer Report to HSAA-Final Report-January 19 2022-IC
- RE-9d-Crawford-CV-IC
- RE-9e-Crawford-AHS HSAA Ltr of Objection (Mandatory Vaccine) and Harassments Bullying Complaint[100]-IC
- RE-10-Chin-CV With References 2023-IC
- RE-11-Couey-CV-2020 Norway-IC
- [RE-11a-Couey-PresentationGigaohmBiological-2023-04-28](#)
- [RE-12-Carpay-2023-04-28 Protecting Charter Freedoms During a Public Health Emergency AS3](#)
- [RE-12a-Carpay-2023-04-28 Protecting Charter Freedoms During a Public Health Emergency AS3](#)

6.4.6. Vancouver, British Columbia Exhibits May 2, 3, 4, 2023

- [VA-1-Passey-Curriculum Vitae 2022](#)
- [VA-2-Munro-COVID-19 Pre-Testimony](#)
- [VA-3-Cassels-CV May 2023-1](#)
- [VA-3a-Cassels-Presentation May 2nd NCI](#)
- [VA-4-Davidson-International Human Rights Law-The Legality of Vaccine Mandates in Canada-2021-10-28-1](#)
- [VA-4a-Davidson-IHRL Rights to Informed Consent-Violations&Accountability-02.05.23](#)
- [VA-4b-Davidson-PP Informed Consent-03-May2023](#)
- [VA-5-Kuntz-How to Reduce Vaccine Hesitancy 04 18](#)
- [VA-6-Shaw-CV \(Complete package\) 20220124](#)
- [VA-6a-Shaw-Video of Dr. Patricia Daly](#)
- [VA-6b-Shaw-PastedGraphic-32](#)
- [VA-6c-Shaw-CCJ SARS-CoV-2 Peptide Map](#)
- [VA-6d-Shaw-PCR Confirmed COVID-19 Cases_CCJ_SPOT Array](#)
- [VA-6e-Shaw-Outsourced COVID-19 Cases_CCJ_SPOT Array](#)
- [VA-7-Pelech-23MY1_Case against C19 vaccine requirements](#)
- [VA-7a-Pelech-23MYI_Pelech Expert Report-RedactedVersion-NCI](#)
- [VA-7b-Pelech-23FE26_Pelech_FullUBC_CV](#)
- [VA-7c-Pelech-Majdoubi \(2021\) JCI Insight_SARS-CoV2 antibodies](#)
- [VA-8-Muldoon-Fraser Health Letter-IC](#)
- [VA-8a-Muldoon-Letter for Vaccine Deferral](#)
- [VA-8b-Muldoon-Personal Letter for deferral-IC](#)
- [VA-9-Allen-CovidFactsNC](#)
- [VA-10-Leidl-FINAL WORDS](#)
- [VA-11-Bisson-Montpetit-Video1](#)
- [VA-11a-Bisson-Montpetit-Investigation Summary-PHSA COVID Management](#)
- [VA-11b-Bisson-Montpetit-Investigation Summary-PHSA Covid Response-References](#)
- [VA-12-Boskovic-08_termination_of_employment_of_excluded_employees_policy](#)
- [VA-12a-Boskovic-23_termination-with-just-cause-excl-incl](#)
- [VA-12b-Boskovic-#163 Dismissal Letter Follow Up 6-29-2022](#)

- [VA-12c-Boskovic-#163 Dismissal letter](#)
- [VA-12d-Boskovic-#163 EI benefits denied 2023-05-05 at 9.42.03 PM](#)
- [VA-12e-Boskovic-GE-2202840 Availability Decision_March28,2023](#)
- [VA-12f-Boskovic-GE-22-2841 Misconduct Decision_March28,2023](#)
- [VA-12g-Boskovic-Mandatory vaccination policy rescinded for provincial public servants_BC Gov News](#)
- [VA-12h-Boskovic-OIC 627](#)
- [VA-12i-Boskovic-#163 Recommendation for dismissal_June16,2022 Letter](#)
- [VA-12j-Boskovic-#163 Request_Covid-19 Mandate_Nov22,2021](#)
- [VA-12k-Boskovic-#163-Re Zorica Boskovic EI benefits approved](#)
- [VA-13-Sutherland-#334-policy_on_COVID-19_vaccination_for_the_core_public_admin_incl RCMP](#)
- [VA-14-Hunter-#428 Possible Toxicity of Chronic Carbon Dioxide Exposure Assoc w_Face Mask Use](#)

6.4.7. Québec City, Québec Exhibits May 11, 12, 13, 2023

- [QU-1-Rancourt-Book Of Exhibits](#)
- [QU-1a-Rancourt-CV 2023-02-v8-health-cor](#)
- [QU-2-Buckley-NHPPA-Discussion-Paper-COVID-19-Vaccine-Test-March-17-2023](#)
- [QU-2a-Buckley-French-NHPPA Discussion Paper COVID-19 Vaccine Test Changes March 17 2023](#)
- [QU-2b-Buckley-PPT Presentation Plain v3](#)
- [QU-3-Blais-01_2021qccdcpa10](#)
- [QU-3a-Blais-02_2021qccdcpa43](#)
- [QU-3b-Blais-03_2022qccdcpa20](#)
- [QU-3c-Blais-04_2022qctp60](#)
- [QU-3d-Blais-05_2022qccdcpa3](#)
- [QU-4-Sainton-utf-8"CeNC-présentation](#)
- [QU-6-Paquette-DocumentsLibrary](#)
- [QU-07-Harvey-CorrespondenceDoyon](#)
- [QU-08-Harvey-RapportAutopsie](#)
- [QU-9-Harvey-RenéeMariaTremblay](#)
- [QU-10-Harvey-CorrespondencePortelance](#)
- [QU-11-Banoun-Article vaccins ou thérapie génique français](#)
- [QU-11a-Banoun-Article vaccins ou thérapie génique anglais](#)

6.4.8. Ottawa, Ontario Exhibits May 18, 19, 20, 2023

- [OT-1-Rancourt-Book of Exhibits](#)
- [OT-1a-Rancourt-CV 2023-02-v8-health-cor](#)
- [OT-1b-Rancourt-Presentation 2Ottcor-plus](#)
- [OT-1c-Rancourt-Report Did the Covid Pan Harm May 2023.pdf](#)
- [OT-1d-Rancourt-Report Did Lockdowns Work June 2023.pdf](#)
- [OT-1e-Rancourt-Essay There Was No Pandemic 2023-06-22.pdf](#)
- [OT-2-Shoemaker-Resume 2023.docx](#)
- [OT-2a-Video 7-Shoemaker-Meet the frontline doctors-video](#)
- [OT-2b-Video 2-Dr. Shoemaker revealed 40 Trillion Spike Protein Factories in every Booster-video](#)
- [OT-2c-Video 3-Shoemaker-C19Vaxx-The Tragic Damage in 4 minutes-October 21, 2022-video](#)
- [OT-2d-Shoemaker-Slide #1](#)
- [OT-2e-Shoemaker-Slide #2](#)
- [OT-2f-Shoemaker-Slide #3](#)
- [OT-2g-Shoemaker-Slide #4](#)
- [OT-2h-Shoemaker-Video 1 Introduction](#)
- [OT-2i-Shoemaker-Video 4 Link They Knew Ivermectin.html](#)
- [OT-2j-Shoemaker-Video 5-Link High Mortality](#)
- [OT-2k-Shoemaker-Video 6 Link Fauci.html](#)
- [OT-3-Najadi-AUTH_3591_12_21-A complaint on behalf of UsForThem v Pfizer](#)
- [OT-3a-Najadi-Dr. Bhakdi Letter March 18, 2023](#)
- [OT-3b-Najadi-Filing-PN-Supreme Court NY-Manhattan-6.3.2023](#)
- [OT-3c-Najadi-Unterschrift Stempel Befunde Pascal Najadi Blutanalyse Autoimmune Krankheit Prof. Dr. Brigitte König Stempel _ Unterschrift](#)
- [OT-3d-Najadi-Image Men with Flag](#)
- [OT-3e-Najadi-Passport-IC](#)
- [OT-3f-Najadi-Flags Hammer Justice](#)
- [OT-3g-Najadi-British Passport Cover](#)
- [OT-3h-Najadi-PN UK Passport 2023-IC](#)
- [OT-4-Klowak-Slides](#)

- [OT-5-Lewis-2022-04-12 Restricted Court Access Order_Redacted](#)
- [OT-6-Gonek-CV](#)
- [OT-6a-Gonek-AHCIP Bulletin for Covid Vaccine Awareness Program-Billing July 16 2021](#)
- [OT-6b-Gonek-AHCIP Bulletin for Influenza Immunization Sept 22 2019-example PreCovid](#)
- [OT-6c-Gonek-Appendix 2-AHCIP Covid Awareness Bulletin July 2 2021](#)
- [OT-6d-Gonek-Alberta Health Covid 19 Vax Update Nov 23 2021](#)
- [OT-6e-Gonek-Blue Cross ACIP April 2021](#)
- [OT-6f-Gonek-Blue Cross ACIP Feb 2021](#)
- [OT-6g-Gonek-Appendix 5-Blue Cross ACIP April 12, 2021 With Fee Information](#)
- [OT-6h-Gonek-Blue Cross ACIP Mar 15 2021](#)
- [OT-6i-Gonek-Blue Cross ACIP Mar 2021](#)
- [OT-6j-Gonek-Appendix 4-Blue Cross ACIP March 2021 Program Info](#)
- [OT-6k-Gonek-Ministerial Order-Compensation for Pharmacy Svs Mar 21 2022](#)
- [OT-6l-Gonek-Field Law Information on Discipline Costs Oct 2022](#)
- [OT-6m-Gonek-Blue Cross Newsletter Retroactive Claims Dec 2020](#)
- [OT-6n-Gonek-Blue Cross Cov Vax Mar 2023](#)
- [OT-6o-Gonek-Blue Cross Billing for Covid Vax Updated March 30 2023](#)
- [OT-6p-Gonek-Appendix 6-Blue Cross ACIP May 2021 Fee Increase](#)
- [OT-6q-Gonek-NCI Slides Final](#)
- [OT-6r-Gonek-Appendix 1-CNA-Ethical Considerations Page](#)
- [OT-6s-Gonek-Appendix 3-AHCIP medical bulletin covid vaccine awareness program Aug 17, 2021](#)
- [OT-6t-Gonek-Appendix 7-Immunization Partnership Fund-Canada.ca](#)
- [OT-7-MacDonald-Image0-Wkly Updates Jan 8, 2021 to Oct 15, 2021](#)
- [OT-7a-MacDonald-Image1-Wkly Updates Sept 3, 2021 to Apr 8, 2022](#)
- [OT-7b-MacDonald-Image2-Mthly Updates Apr 1, 2022 to Mar 3, 2023](#)
- [OT-7c-MacDonald-Image3-Mthly Updates Jan 8, 2021 to Mar 3, 2023](#)
- [OT-7d-MacDonald-SERIOUS AEFI DELAY IN DOCUMENTING](#)
- [OT-7e-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy2](#)
- [OT-7f-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy](#)
- [OT-7g-MacDonald-3 Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy](#)

- [OT-7h-MacDonald-Copy of CBVS CANADA ALL DATA SINCE NOV 26 2021 copy-1](#)
- [OT-7i-MacDonald-Zip File Document Library 1](#)
- [OT-7j-MacDonald-Zip File Document Library 2](#)
- [OT-7k-MacDonald-Zip File Document Library 3](#)
- [OT-7l-MacDonald-Zip File Document Library 4](#)
- [OT-8-Wilson-The Pillars of Outbreak Response-May 17, 2023](#)
- [OT-9-Gatien-NCI PowerPoint-May 18, 2023](#)
- [OT-10-Routly-Resume](#)
- [OT-10a-Routly-Aeronautical Information Manual AIM-2023-1_Ira-e](#)
- [OT-10b-Routly-Handbook for Civil Aviation Medical Examiners-TP 13312](#)
- [OT-10c-Routly-Standard 424-Medical Requirements-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10d-Routly-COVID-19 vaccines and Aviation Medical Certificate holders](#)
- [OT-10e-Routly-Medical fitness for aviation](#)
- [OT-10f-Routly-Standard 421-Flight Crew Permits, Licences and Ratings-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10g-Routly-Canadian Aviation Regulations](#)
- [OT-10h-Routly-Standard 724-Commuter Operations- Aeroplanes-Canadian Aviation Regulations \(CARs\)](#)
- [OT-10i-Routly-Notice if Liability Covid19 Testing](#)
- [OT-10j-Routly-Vaccine Notice of Liability Employer](#)
- [OT-10k-Routly-Repealed-Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, No. 43](#)
- [OT-10l-Routly-AMA100-01](#)
- [OT-11-Fitts-CAFREV of the Financial-Coup \(1\)](#)
- [OT-12-Flank-Website](#)
- [OT-13-Malthouse-NCI testimony slides](#)
- [OT-13a-Malthouse-NCI Script May 17, 2023](#)
- [OT-14-Vandenplas-AB-Summons](#)
- [OT-14a-Vandenplas, Lyne-QC-Summons QC](#)
- [OT-14b-Vandenplas, Lyne-Exhibit A-NCI Summons List](#)
- [OT-14c-Vandenplas, Lyne-Testimony to NCI Regarding Summons Issued](#)
- [OT-15-Palmer-Second Testimony May 18](#)

6.4.9. Virtual Testimony Exhibits

June 28, 2023, Dr. Denis Rancourt

- [VT-1a-NCI-Dr.DenisRancourt-June28-2023.pdf \(slides\)](#)
- [VT-1b-NCI-Dr.DenisRancourt-June28-2023.pptx \(slides\)](#)

July 19, 2023, Dr. Peter McCullough

- [VT-2-McCullough-CV APRIL 2023](#)
- [VT-2a-McCullough-Preprint Hulscher COVID-19 Vaccine Death Autopsies LANCET 2023](#)
- [VT-2b-McCullough-Thorp Pregnancy Vaccine Outcomes JAAPS 2023](#)

September 18, 2023, Dr. William Makis

- [VT-3-Makis-CV 01a-NCI-2023-09-15-CV-Makis](#)
- [VT-3a-Makis-NCI-Sep18-MAKIS-FINAL-PPT](#)
- [VT-3b-Makis-Tweet 01b-NCI-2021-08-Booster-Failure-Twitter](#)
- [VT-3c-Makis-AHS 02a-AHS-Mandate-2021-08-31-from-AHS](#)
- [VT-3d-Makis-AHS Mandate 02b-AHS-Mandate-2021-08-31-Calgary-Herald](#)
- [VT-3e-Makis-Canadian Press 02b-AHS-Mandate-2021-08-31-Canadian-Press](#)
- [VT-3f-Makis-AHS CTV 02b-AHS-Mandate-2021-08-31-CTV](#)
- [VT-3g-Makis-AHS Global 02b-AHS-Mandate-2021-08-31-Global-News](#)
- [VT-3h-Makis-CPSA 02c-NCI-2021-10-12-CPSA-AHS-Mandate-Letter](#)
- [VT-3i-Makis-CMA 1 03a-NCI-2022-09-03-CMA-Letter01](#)
- [VT-3j-Makis-CMA 2 03b-NCI-2022-10-15-CMA-Letter02](#)
- [VT-3k-Makis-CMA 3 03c-NCI-2023-02-18-CMA-Letter03](#)
- [VT-3l-Makis-CMA 4 03d-NCI-2023-08-13-CMA-Letter04](#)
- [VT-3m-Makis-Doctor Deaths Excel 03e-NCI-Canadian Doctor Deaths 2019-2023 \(as of 2023.06.30\)](#)
- [VT-3n-Makis-CMA 03f-NCI-CMA-2022-10-20-CMA](#)
- [VT-3o-Makis-Pfizer 03g-NCI-CMA-2023-04-Pfizer](#)
- [VT-3p-Makis-Toronto Star 04a-2022-11-07-TorontoSTAR](#)
- [VT-3q-Makis-AP 04b-2022-11-25-Australian-AP](#)
- [VT-3r-Makis-Reuters 04c-2022-12-30-Reuters](#)

- [VT-3s-Makis-AFP 04d-2023-01-06-AFP](#)
- [VT-3t-Makis-Kraken 04e-2023-01-14-Kraken](#)
- [VT-3u-Makis-Tampering 05a-NCI-Alberta-Data-Tampering-Part1](#)
- [VT-3v-Makis-Tampering 2 05a-NCI-Alberta-Data-Tampering-Part2](#)
- [VT-3w-Makis-Tampering 3 05a-NCI-Alberta-Data-Tampering-Part3](#)
- [VT-3x-Makis-Tampering 4 05a-NCI-Alberta-Data-Tampering-Part4](#)
- [VT-3y-Makis-Tampering 05b-NCI-Federal-Data-Tampering](#)
- [VT-3z-Makis-Epoch Times 06a-Turbo-cancer-Epoch-Times](#)
- [VT-3aa-Makis-Eens 06b-Turbo-Cancer-Paper01-Eens-Mice](#)
- [VT-3bb-Makis-Cavanna 06b-Turbo-Cancer-Paper02-Cavanna](#)
- [VT-3cc-Makis-Mitsui 06b-Turbo-Cancer-Paper03-Mitsui](#)
- [VT-3dd-Makis-Lam 06b-Turbo-Cancer-Paper04-Lam](#)
- [VT-3ee-Makis-Morais 06b-Turbo-Cancer-Paper05-Morais](#)
- [VT-3ff-Makis-Javais 06b-Turbo-Cancer-Paper06-Javaid](#)
- [VT-3gg-Makis-Seneff 06b-Turbo-Cancer-Paper07-Seneff](#)
- [VT-3hh-Makis-Makis 06b-Turbo-Cancer-Paper08-Makis](#)
- [VT-3ii-Makis-Singh 06b-Turbo-Cancer-Paper09-Singh-p53-BRCA](#)
- [VT-3jj-Makis-Panico 06b-Turbo-Cancer-Paper10-Panico](#)
- [VT-3kk-Makis-Alden 06b Turbo-Cancer-Paper11-Alden](#)
- [VT-3ll-Makis-Strayer 06b-Turbo-Cancer-Paper12-Strayer](#)
- [VT-3mm-Makis-McKernan ET 06b-Turbo-Cancer-Paper13a-McKernan-Epoch-Times](#)
- [VT-3nn-Makis-McKernan Substack 1 06b-Turbo-Cancer-Paper13b-McKernan-Substack01](#)
- [VT-3oo-Makis-McKernan Substack 2 06b-Turbo-Cancer-Paper13b-McKernan-Substack02](#)
- [VT-3pp-Makis-McKernan Substack 3 06b-Turbo-Cancer-Paper13b-McKernan-Substack03](#)
- [VT-3qq-Makis-Butel Turbo Cancer 06b-Turbo-Cancer-Paper13c-Butel-SV40](#)
- [VT-3rr-Makis-Abdelmassih Turbo Cancer 06b-Turbo-Cancer-Paper14-Abdelmassih](#)
- [VT-3ss-Makis-Otmani 06b-Turbo-Cancer-Paper15-Otmani](#)
- [VT-3tt-Makis-Wiseman 06b-Turbo-Cancer-Paper16-Wiseman](#)
- [VT-3uu-Makis-Goldman 06b-Turbo-Cancer-Paper-Other-Goldman](#)
- [VT-3vv-Makis-Jiang 06b-Turbo-Cancer-Paper-Other-Jiang-p53-BRCA](#)
- [VT-3ww-Makis-Kyriakopoulos 06b-Turbo-Cancer-Paper-Other-Kyriakopoulos](#)

- [VT-3xx-Makis-07a-Children-deaths-flu-CBC](#)
- [VT-3yy-Makis-07b-NCI-Children-Injured01-VAERS](#)
- [VT-3zz-Makis-07b-NCI-Children-Injured02-Children-wrong-vaccine-given](#)
- [VT-3aaa-Makis-07b-NCI-Children-Injured03](#)
- [VT-3bbb-Makis-07b-NCI-Children-Injured04](#)
- [VT-3ccc-Makis-07b-NCI-Children-Injured05-Died-some-VAERS](#)
- [VT-3ddd-Makis-07b-NCI-Children-Injured06-Deaths-hidden-VAERS](#)
- [VT-3eee-Makis-08a-NCI-Pregnancy01-breastfeeding-VAERS](#)
- [VT-3fff-Makis-08a-NCI-Pregnancy02-fetal-demise-VAERS](#)
- [VT-3ggg-Makis-08a-NCI-Pregnancy03-Congenital-Malformations-VAERS](#)
- [VT-3hhh-Makis-08a-NCI-Pregnancy04-Stillbirths-Mostly-VAERS](#)
- [VT-3iii-Makis-09a-NCI-Makis-Paper-IgG4-Cancer-Autoimmunity](#)
- [VT-3jjj-Makis-09b-NCI-Makis-Paper-Autopsy-Sudden-Death-Vaccine](#)
- [VT-3kkk-Makis-09b-NCI-Makis-Paper-Autopsy-Sudden-Death-Vaccine-Supp-Table](#)
- [VT-3lll-Makis-09c-NCI-Makis-Paper-Myocarditis-Vaccine](#)



“

*Testimony
was invited from
representatives of all
levels of governments
across Canada...
ZERO members of
government appeared at
the public hearings
to testify.*

”

VOLUME TWO



- | Analysis
- | Recommendations
- | Conclusions
- | Commissioners Statement



7. Analysis

Introduction

Following is the analysis, commentary, and recommendations as put forward by the Commissioners. To facilitate the analysis and review, the information has been divided into various broad areas as follows:

CIVIL

- Legal, policing, policy, regulatory, human rights, emergency preparedness, government, private-public partnerships, anti-trust, monopolies, private corporations;

SOCIAL

- Media, family, faith, education, community, service delivery, societal coercion;

ECONOMIC

- Impacts related to financial matters at all levels—personal, family, corporate—and governmental expenditures and debt, government actions; and

HEALTH

- Medicine, research, pharmaceuticals, regulating and safety monitoring, patient relations, doctor-patient relationship, industry health, messaging, incentives, regulatory collusion.

Each of the categories listed above cannot be fully appreciated independently of each other. Each category is only a part of the much larger whole of the information presented, and specific subject areas cross categories. This reflects the intersectionality of all areas that were considered.

7.1. Civil

7.1.1. Canada's Justice System

Introduction

The Commission heard testimony regarding the role that Canada's justice system played in the pandemic response.

Based on the testimony, the Commission has serious concerns about the state of the rule of law in Canada, the real or perceived failure of Canadian courts to protect Canadians from government and administrative overreach, and the neutering of the *Charter of Rights and Freedoms* in the face of a government-declared emergency.

James Kitchen (Saskatoon, SK; Vancouver, BC)

Leighton Grey (Saskatoon, SK)

Bruce Pardy (Toronto, ON)

Lt. Col. David Redman (Red Deer, AB)

Myriam Bohémier (Québec City, QC)

Luc Harvey (Québec City, QC)

Maurice Gatien (Ottawa, ON)

The preamble to the *Canadian Charter of Rights and Freedoms* (the Charter) affirms clearly that Canada itself is founded upon the principle of the rule of law:

Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law² . . .

The rule of law is so fundamental to our nation that it is recognized as a pillar of the country in our Constitution.

The rule of law means that the law applies equally to all—including people and the government. It means that no person is above the law, regardless of wealth, race, or personal characteristics. It means that the government itself is bound by the law and cannot act with impunity. The rule of law rejects political influence and popularity, and ensures that each person is treated in the same way in the eyes of the law. The rule of law is of utmost importance to a functioning democracy and is a fundamental principle in the Canadian justice system.

² *Canadian Charter of Rights and Freedoms*, preamble.

The NCI (National Citizens Inquiry) heard repeatedly about the rule of law during testimony. Sadly, the erosion of the rule of law during COVID was a recurring theme of the testimony from legal experts as well as lay witnesses.

The rule of law is not only important to ensure that a justice system functions correctly; the rule of law is equally important to maintaining the confidence of Canadians in their justice system. When the rule of law is subverted, Canadians perceive fundamental unfairness to themselves and their loved ones. This breeds resentment and mistrust and can undermine the very functioning of democracy.

In some ways, the justice system can be seen as a pressure valve on society. It is a place where people who feel wronged can bring their grievances to be heard and resolved. The actions of a court in: (1) hearing a grievance, (2) placing it into context with the other side, and (3) rendering a decision with careful reasons are of utmost importance. Even when the result is not the desired outcome, the mere fact that the process has been conducted fairly can provide relief and understanding to the participant.

However, when members of society lose trust in the justice system's ability to fairly resolve problems, the resulting frustration and grief can become problematic. When people lose faith in their ability to solve problems through the justice system, the risk that they may take matters of justice into their own hands increases significantly.

The NCI heard extensive evidence that Canadian courts have failed to uphold the rule of law, and failed to instil confidence in the system. The Canadian courts' response to the impact of COVID measures on Canadians has led to a breakdown in confidence and an erosion of trust in the Canadian legal system. One legal expert who represented many Canadians in lawsuits involving the pandemic measures described his experiences in Canadian courts as consistently being on the visiting team.³

A perception that the government has the advantage in court runs contrary to the rule of law--whether or not the perception is true. Sadly, the testimony heard led the Commissioners to conclude that the advantage was not only perceived; the advantage actually existed. Counsel repeatedly asked legal experts during their testimony if they were aware of any case in Canada where a person had success against the measures and mandates, and not one single lawyer could name such a case in the entire country.

Canadians have been left with the feeling that there is no person to protect them from government overreach. This is worrisome evidence of a breakdown of the rule of law..

[The Legislative, Judicial and Executive Functions](#)

Canada's legal system is comprised of three branches: three branches: the legislative, judicial, and executive.

³ Testimony of Leighton Grey, Saskatoon.

Most Canadians are familiar with the legislative and judicial branches. The legislative branch consists of parliament and each provincial legislature, where elected representatives enact laws. The judicial branch is the system of courts where Canadians go to resolve legal disputes (An extensive discussion of the courts and their role during the pandemic is below.).

What most Canadians are not aware of, however, is the power and reach of the executive branch within Canada and the important role that it played in Canada's pandemic response. During the pandemic, much of the rule-making power in Canada coalesced into the executive, which resulted in unelected public health officers across the country ruling as petty tyrants, without accountability or oversight.

The Administrative State

Canadians relied on their institutions to serve them during the pandemic. Critical institutions failed, and public policy suffered.

The NCI heard testimony that this partly resulted from an overgrowth of the administrative state, whereby unelected bodies are delegated significant regulation-making and decision-making powers over Canadian citizens. The size of Canada's administrative state has been growing, and at the same time, Canadian courts have been paying more and more deference to the powers of unelected administrative bodies. This has resulted in a perfect storm, where unelected officials have powers over Canadians, which are largely unchallenged-able in court, and are not subject to oversight through an election.

In Canada, there are three distinct branches that make up the government and state: (1) the elected legislatures, (2) the courts, and (3) the administration. The separation of powers between the branches is intended to protect individuals by ensuring that excessive power does not become concentrated in any one branch.

The only branch that is elected, and thus accountable to the people, is the legislative branch, which, in Canada, is made up of the federal Parliament and the legislatures of each province. The second branch, the courts, is made up of judges who are chosen by the legislature and thereafter have tenure until retirement. Each of the legislatures and the courts are well-known institutions, with well-understood functions in Canadian society. The third branch, however, is not highly visible and is mostly not a consideration to Canadian citizens. However, its power over the lives of Canadians has been growing steadily, and this was revealed during the pandemic.

The purpose of legislatures is to create laws by passing statutes. However, the NCI heard that legislatures have been increasingly "passing the buck" by creating statutes that do not create new laws or rules, but instead delegate rule-making to various unelected administrative bodies. Once such power has been delegated, an unelected administrative body is then empowered to make rules and exercise decision-making powers that impact Canadians. These administrative bodies, however, lack accountability to citizens through civic elections.

The result is that the unelected administration of Canada makes rules that have a profound impact on Canadian citizens. This has become the case for a large number of rules that apply, on a day-to-day basis, to Canadians. It became particularly evident during the pandemic. One example was the health authorities of each province: The public health authority of each province in Canada was empowered to make profoundly restrictive rules limiting Canadians' freedom of movement, association, and expression. The officials making these rules were unelected and thus felt free to impose whatever measure made sense from the perspective of protecting everyone from one thing only—infection by COVID-19. The NCI was not made aware of a single health authority that took any other consideration into account. At the same time, the NCI heard considerable testimony (documented throughout this report) about the devastating harms that public health measures caused on Canadians and their society, as well as the fact that health authorities surely had early knowledge about the true risk profile of the COVID-19 virus on different parts of the population.

When rule-making and decision-making are delegated to the unelected administrative state, a gap in accountability is created. This gap has grown alongside the growth of the administration itself, as a result of Canadian courts' decisions that provide great deference to administrators who act within their area of expertise. (See the section below titled "The Standard of Review in Judicial Applications.")

During the pandemic, the unaccountable administrative state made far-reaching decisions in the name of the "public good." Individual rights that are purportedly guaranteed under the *Canadian Charter of Rights and Freedoms* became subverted to this purpose. Courts supported the decisions, often without requiring the administration to actually demonstrate the benefits of their actions, on the basis that protecting the public was the administrative state's area of expertise. This set a dangerous precedent.

While the most obvious example of this was the public health orders, the administrative state's power to subvert rights on the premise of "protecting the greater good" was evidenced across many areas of Canada, including the professional bodies that regulate various health professions.

The harms that arose from Canada's response to the pandemic demonstrated the dangers of allowing an administrative state to govern and make rules on the premise of protecting the public. The purpose of the *Canadian Charter of Rights and Freedoms* is to ensure that Canadian fundamental rights and freedoms are not subverted by the government, and yet the administrative state appears to have found a way around them, with less scrutiny by a court than would arguably arise if such infringements were inflicted by laws passed in a legislature.

The NCI heard testimony that this subversion could be addressed through creating legislation that enshrines a non-delegation doctrine, as some U.S. states have done. The NCI recommends that this be studied for potential application in Canada. Additionally, the NCI recommends legislated changes to the standard of deference paid by Canadian courts to decisions of the administrative state (which is set out in more detail under the section below titled "The Standard of Review in Judicial Applications").

Public Health Authorities

The public health authorities in Canada and its provinces took on a regulatory role in an unprecedented manner.

The Commission heard that in Nova Scotia, the Minister of Health issued public health orders under the authority of the provincial health legislation. The first order was made on March 24, 2020, and it underwent 97 iterations, being renewed every two weeks until July 6, 2022. The final order remained in place at the date of the Truro, Nova Scotia hearings. Among the things that were ordered by the public health authority in Nova Scotia were protocols and directives mandating masks and vaccines in certain settings and for certain activities.⁴

In Québec, the Commission heard that initially a 10-day public health emergency was declared. However, it was repeatedly renewed and changed. Different rules were enacted in each district, and the rules became so complex that even a legal practitioner who was specializing in the area could not keep up. Because the rules were not legislation, there was no central location for a person to learn what was being imposed at any particular time.⁵

In Alberta, the Premier effectively deputized the Public Minister officer, providing her with the power to make pandemic measures as public health orders.⁶ By declaring an emergency under the *Public Health Act* instead of the *Emergencies Management Act*, the province of Alberta avoided having to implement the Emergency Preparedness Plan that it had spent decades creating and preparing. Instead, the public health authority made orders on the fly, without the benefit of the emergency planning that was well developed and ready to go.

Surprisingly, the Commission heard testimony that when the Alberta Public Health Officer was cross-examined in a court action, she admitted that the public health orders that she made were at the instruction of, and contained the will of, the Cabinet, and not her own. In this way, the government appeared to delegate the power to impose pandemic measures to a health expert, but in reality, the measures were political and made by politicians.

This stunning admission underscores the problems that can occur when matters are delegated by the government. The politicians were able to avoid public criticism for the measures they imposed by providing them under the guise of their medical expert. The courts, in turn, gave excessive deference to the public health authorities, believing them to be making orders based on their expertise.

⁴ Submission of Truro counsel on day 3—after Scott Spidle and before Jessica Blauvelt.

⁵ Myriam Bohémier, Québec City hearings.

⁶ Lt. Col. David Redman, Red Deer hearings.

That this happened in Alberta is a clear demonstration of why reform is needed in the area of judicial deference. The Commission recommends that legislation be implemented requiring that administrative bodies whose decisions are subject to the standard of reasonableness be required to demonstrate their expertise and how it was applied to reach the decision. Absent such demonstration, the decision cannot be reasonable.

Colleges of Physicians and Surgeons

The Commission heard evidence that the governing bodies over doctors in each province created internal guidelines and directives in respect of doctors' ability to practise medicine during the pandemic.

Patrick Phillips (Truro, NS)

Michael Alexander (Toronto, ON)

James Kitchen (Saskatoon, SK; Vancouver, BC)

Natasha Gonek (Ottawa, ON)

The Commission heard that colleges in Canada had taken these steps:

- Restricted doctors from making public statements that contradicted public health information concerning lockdowns, masks, and vaccines;
- Restricted doctors from prescribing certain drugs—notably ivermectin, zinc, and vitamin D—to patients in order to treat COVID-19;
- Restricted doctors from writing mask and vaccine exemptions for patients;
- Suspended a chiropractor from practising due to failure to mask;
- Disciplined a doctor who refused to get a COVID-19 vaccine due to religious beliefs.

Doctors who did not follow these instructions were subject to investigation and discipline by the College of Physicians and Surgeons of Ontario (CPSO).

There is legislation in each Canadian province establishing self-regulating bodies for doctors (each a college), which is an administrative body that regulates the practice of medicine. In Ontario, the legislation provides that the colleges have two aims: (1) to prevent patient harm, and (2) to establish standards of practice and competence for the profession. The college is required at all times to act in the public interest. But how is the public to know whether or not the college is, indeed, acting in the public interest?

The Commission heard evidence that the colleges governing health professions are private, not-for-profit entities formed for the purpose of being a self-governing body for professions under the applicable health legislation. They are funded by member fees, and their functions are to govern the regulated members in a manner that protects and serves the public interest. Main activities include providing direction and regulation of the practice of medicine and regulating members, establishing standards of practice, approving programs of study, and establishing, maintaining, and enforcing standards for registration and continuing competence.

The separation of the governing colleges from the government itself is intended to serve the public: independent and free from government influence. During the pandemic, however, such separation disappeared. The NCI heard testimony that regulatory bodies took up the government message and instead of independently considering their path, adopted and reinforced the government measures with zeal.

Lawyers across the country described case after case of professional discipline by professional colleges governing doctors, nurses, chiropractors, and others.⁷

One lawyer described defending doctors, and some nurses, who were prosecuted by their colleges for “spreading misinformation.” The charges were that the doctors harmed the public by spreading misinformation about COVID-19. Licences have been suspended and may be permanently revoked.⁸ Another lawyer described a doctor who was disciplined for prescribing an off-label prescription drug (a practice that is explicitly allowed),⁹ and another doctor who was disciplined for failure to vaccinate (where the doctor’s refusal was based on a religious belief).¹⁰

Freedom of expression among doctors was jettisoned, and colleges required that doctors not speak publicly against public health policies and recommendations. The Ontario college published this requirement on its website as a “statement.” It was not passed as a resolution, it was not a policy established by the college, it was not in the legislation, nor was it a government directive. Nonetheless, the colleges prosecuted doctors for violating this statement, using their power to investigate and prosecute.

⁷ James Kitchen, Saskatoon hearings. Michael Alexander, Toronto hearings.

⁸ Michael Alexander, Toronto hearings.

⁹ The NCI heard testimony from multiple witnesses that once Health Canada approves a medication, any doctor can prescribe it on an off-label basis. The ability to prescribe off-label is allowed because approved medicines come with a side effect profile and doctors can assess the risks of prescribing it in an off-label manner. See for example, Michael Alexander, Toronto hearings.

¹⁰ James Kitchen, Saskatoon hearings.

The NCI heard testimony that the prosecution of doctors by their colleges, highlighted faults in the system, revealed a lack of transparency in the governance process, and facilitated a chronic abuse of authority by the college system. During the pandemic, the medical colleges sought uniformity in medical messaging and treatment, while squashing dissent and questions among doctors.

Under the law, a college cannot prosecute a doctor without reasonable and probable grounds that the doctor has committed professional misconduct. During the pandemic, the colleges took the novel position that doctors were not permitted to publicly disagree with statements or guidelines from the college or public health authority. This was described as extraordinary. Doctors who violated this new rule were subject to not only investigation and prosecution but also search and seizure of their offices and medical records.

The following questions have yet to be answered:

- In whose interest did the colleges act when they directed members to convey ONLY the government and health authorities' messaging?
- How could colleges so freely interfere in the patient-practitioner relationship in directing the treatment of patients?
- Should regulators be allowed to censor their membership and prevent them from speaking publicly?
- Who oversees the regulators?

The Commission heard that the colleges engaged in fear based communication—threats of, and actual, discipline—as well as discouraging open discussion and research into best clinical practices.

In the end, the professional colleges simply adopted government messaging and imposed it on their members, when the government did not demonstrate that it was acting in the public interest.

The failure of professional colleges to act independently and ensure that their actions were indeed in the public interest reveals a serious governance issue. An independent, multidisciplinary inquiry into the governance of professional colleges, particularly in the medical field, is warranted.

Recommendations

Based on the witness testimony and the preceding discussion regarding Canada's justice system and its actions during the pandemic, here are 10 recommendations for improvements:

- A. **Uphold the Rule of Law:** Reiterate and reinforce the importance of the rule of law in Canada's justice system, emphasizing that all individuals, including the government, are subject to the law.

- B. **Review and Rebuild Confidence in Courts:** Conduct a thorough review of the Canadian courts' handling of pandemic-related cases and their impact on the rule of law. Rebuild public confidence in the justice system by addressing concerns raised during the pandemic.
- C. **Separation of Powers:** Reassert the separation of powers among the legislative, judicial, and executive branches, ensuring that each branch functions independently within its prescribed role.
- D. **Limit Executive Authority:** Examine and reform the extent of executive authority during emergencies, ensuring proper checks and balances to prevent unelected officials from making far-reaching decisions without accountability or oversight.
- E. **Non-Delegation Doctrine:** Study the implementation of a non-delegation doctrine in Canada, similar to some USA states, to ensure that legislative powers are not unduly delegated to unelected administrative bodies.
- F. **Accountability of Administrative Bodies:** Enact legislation that requires administrative bodies to demonstrate their expertise and rationale for decisions, particularly when those decisions infringe on individual rights.
- G. **Public Health Authorities Oversight:** Establish a clear framework for oversight of public health authorities' decision-making processes during emergencies to balance public health needs with individual rights and freedoms.
- H. **Transparency in College Governance:** Conduct an independent, multidisciplinary inquiry into the governance of professional colleges, especially those governing medical professionals, to ensure transparency, independence, and accountability in their decision-making. The activities of the colleges must adhere to the Charter of Rights and Freedoms.
- I. **Freedom of Expression for Healthcare Professionals:** Safeguard healthcare professionals' freedom of expression, while ensuring that they provide accurate and evidence-based information to the public.
- J. **Protecting the Patient-Practitioner Relationship:** Review the ability of regulators to interfere in the patient-practitioner relationship, ensuring that professional judgment remains independent and guided by the best interests of the patient.

These recommendations aim to address the concerns raised in the discussion and promote a more balanced, accountable, and transparent approach to governance and decision-making during public health emergencies in Canada.

7.1.2. The Response of Canadian Courts

Introduction

The Commission heard testimony regarding the role that Canada's court system played in the pandemic response.

Based on the testimony, the Commission has serious concerns about the impact of court pandemic measures and the excessive deference paid by the courts to administrative bodies such as public health authorities and professional colleges. The Commission recommends an independent inquiry be conducted into the court's response.

The Role of Canadian Courts

Canadian courts have an interesting dual role in that they must both: (1) enforce the laws created by the government; and (2) protect Canadians from unconstitutional laws created by the government. In practice, courts actually spend the vast majority of time enforcing and implementing laws. It is rare for courts to be called upon to consider whether laws are appropriate or constitutional in the first place. For this reason, one could wonder whether some courts forget, or are not comfortable with, their role as constitutional guardians who must stand up to the government in defence of citizens.

The imbalance of power between the government and its citizens, however, means that the courts' role in reining in legislative overreach and preventing rights violations by government bodies (and others) is critical. When the government enacts laws or takes actions that violate the constitutional rights of Canadians, there is no mechanism for protection other than the courts. This is particularly so when the government's actions are supported by (or, at least, not stopped by) the majority of Canadians.

In an elected democracy, the government can create laws that are popular with the voting majority, but which may harm individuals or minority groups. For this reason, one of the primary purposes of the Constitution, minority populations from the tyranny of the popular majority. The courts, through their tenure and independence, play a critical role in such protection. The courts are the only institution in the country that are empowered to stop government actions from harming the people. Despite this, the NCI heard compelling evidence that Canadian courts did not hold up their expected role for Canadians.

The NCI heard significant criticisms from legal experts about the lack of protection from the courts in responding to pandemic measures that violated the rights of Canadians. The courts paid deference to the government in its action, which is inconsistent with the rule of law, and the requirement that the government be subject to the law in the same way as its citizens. Among the many complaints heard by the NCI was that Canadian courts:

- participated in the prosecution of religious leaders whose alleged crimes are supposedly protected under the principle of freedom of religion and worship;

- gave unquestioned and unwarranted deference to the decisions of administrative bodies that censored medical providers;
- supported the medical system in denying life-saving care to a Canadian on the basis that she would not consent to a COVID injection, despite there being no medical reason for the requirement, and the fact that she could demonstrate evidence of strong natural immunity to COVID;
- supported the government and employers in denying Canadians the right to work and the right to receive Employment Insurance;
- avoided difficult decisions under the doctrine of mootness; and
- did not require governments to demonstrate the supporting proof of the benefits of their policies outweighing the risks, and even took judicial notice of public health positions as unquestioningly true.

These actions by the courts have eroded Canadians' trust in the judicial process, and have left many feeling hopeless.

Court Shutdowns and Delays

One of the first pandemic responses was to close Canadian courts. The NCI heard that virtually all Canadian courts completely shut down from April to June 2020 (except for emergency matters). Thus the Canadian justice system came to a standstill, delaying cases and creating backlogs. One is reminded of the old maxim: "Justice delayed is justice denied." The shutdown of courts caused Canadians to lose access to justice as an immediate result.

Upon reopening, many courts implemented the very public safety measures that were being challenged as unconstitutional. Virtual court hearings were required in many cases, which denied complainants their ability to be seen and heard by a judge in person. Mask requirements, and even vaccine passports, were imposed.

The fact that courts imposed the same measures as the rest of society without questioning their efficacy or justification was unbefitting of courts that are supposed to be independent and in control of their own process. Additionally, adopting government measures without question created an implicit bias against anyone who questioned or opposed those measures. For example, if a person wanted to dispute a ticket for refusal to wear a mask, they would be required to attend court in a mask and would be heard by a masked judge who insisted that everyone in his or her presence also wear a mask. It is difficult to see how a person coming to court in that situation could expect a fair and unbiased hearing about whether the masking ticket was reasonable or lawful.

For this reason, courts should not simply accept public health mandates, even in cases of public health emergencies. Canadian courts should have conducted an independent review of the impact of such measures on their own ability to provide justice. As part of this review, Canadian courts could have required the government to demonstrate how the benefits of the measures outweighed the harms. This review could be conducted now, and is recommended to be adopted as part of each court's process going forward in cases of public emergencies.

In Alberta, a small business applied to court for an injunction to stop business closures. Instead of recognizing the immediate harm that the business was asserting, the court allowed the government six months to prepare its evidence and delayed issuing a decision. At the time of the Saskatoon hearings (April 2023), the decision had still not been issued from the court despite the application being made in December 2020.

In these ways, Canadians experienced a lack of access to justice at a time when they felt they needed the courts.

The Courts Paid Undue Deference to the Government

A former judge who testified to the NCI described the Canadian courts' approach to pandemic cases as, "If the government makes a policy, then who are we to question it?"¹¹

Judicial deference to government COVID policy was a consistent theme heard by the NCI across the country. Courts were reluctant to question public health messaging. Instead, the NCI heard that courts assisted in effectively creating a public health authority that could not be questioned, as public health recommendations were accepted by the courts without any verification or testing. This approach was inconsistent with the rule of law.

In Manitoba, when churches arranged for outdoor or car-based worship services, the police came and arrested the organizers and some attendees for violating the gathering restrictions.¹² The courts, instead of requiring the government to demonstrate the necessity of the gathering restrictions in those circumstances, especially in light of the extreme violation of Charter rights caused by such restrictions, paid deference to the government's actions. This left citizens with the perception that there was no point in going to court to defend themselves.¹³

¹¹ Brian Giesbrecht, Winnipeg hearings.

¹² Tobias Tissen, Winnipeg hearings.

¹³ Brian Giesbrecht opinion, Winnipeg hearings.

In an Ontario family law case, a couple came to court with a dispute over whether to vaccinate a child.¹⁴ The mother brought evidence from experts who discussed the risks versus benefits of vaccination, while the father pointed to the Ontario public health recommendation to vaccinate all children in that age group. The motions judge took significant time to review the evidence from both parents and concluded that the mother, who had sole custody of the child, could make the decision not to vaccinate.

The father appealed this decision to the Ontario Court of Appeal. The Appeal court overruled the decision and held that the lower court should have accepted the provincial health authority's recommendation.

The NCI heard that this approach caused the burden of proof to shift in cases involving the government. Thus, Canadian courts appeared to give the benefit of the doubt to the government and required ordinary citizens to disprove the government's conclusions, even where they negatively impact or infringe upon their protected rights. A dangerous precedent is being set.

The Canadian approach could be compared with the U.S. courts, where pandemic measures were repeatedly struck down by the courts. The NCI heard evidence that U.S. courts have struck down a requirement that all air passengers wear face masks and have struck down several vaccine mandates.

The courts' excessive deference and failure to question the governments' measures has led to a crisis of confidence in the judicial system. If courts simply take the government's position at face value, then what is the purpose of having a court at all? There is nobody else in the country that can require the government to justify imposing such draconian measures on its citizens. If the courts refuse to do this, then what is their purpose?

The Commission heard evidence that Canadians trust their institutions and have a general belief that institutions that exist to further the public good should not be questioned. This helps to explain why Canadian courts gave so much deference to public health authorities and administrative bodies such as medical colleges. The danger with holding such a belief, however, is that well-meaning courts can actually participate in harm and the violation of rights by not holding institutions to a high standard.

In order to ensure that Canadian courts properly require the government to justify infringement of Canadian rights, judges need to be selected for, and have confidence in, their ability to hold the government to account and make principled decisions. This is especially so when the decisions are unpopular.

[The Standard of Review in Judicial Review Applications](#)

In Canada, government and administrative decisions can be reviewed by a court through the judicial review process. A person who wishes to challenge a government decision, therefore, may

¹⁴ *J.N. v. C.G.*, Ontario Court of Appeal.

apply to court to have it struck or reversed. The judicial review process is a critical part of maintaining the rule of law in Canada, as it ensures that the government is not above the law in making decisions that affect its citizenry.

The NCI heard testimony that the standard of review applied by courts in the judicial review process is problematic, cumbersome, overly deferential, and applied inconsistently and incorrectly. During the pandemic times, the judicial review process was engaged by Canadians to review a wide array of decisions including:

- disciplinary decisions of Colleges of Physicians and Surgeons suspending doctors' licences,
- the decision of the Alberta Minister of Health to close businesses.

The Supreme Court of Canada has established two standards of review that can apply in the judicial review of a decision: (1) correctness, and (2) reasonableness.¹⁵ In general, the standard of reasonableness is presumed to apply in all judicial reviews unless there is a question of law that requires the stricter standard of correctness. It is not always evident which standard of review is appropriate to review a particular decision.

The difference between the standards of review is critical, however, as the standard of review that is applied dictates the level of deference that will be given by the court to the decision-maker who issued the decision under review. Under the standard of correctness, there is virtually no deference given, and a court can feel free to substitute its own view about the correctness of the decision. By contrast, under the standard of reasonableness, a court must only review whether a decision was reasonable, meaning that a reasonable person could have reached the decision based on the facts before them.

The standard of reasonableness comes from the Supreme Court of Canada case of *Vavilov*. This case requires courts to give deference to administrative bodies that are operating within their field of expertise. The Commission heard evidence that the result of this decision has been that no citizen has a chance of successfully overturning a decision or measure when this standard applies. By way of example, Jeffrey Rath testified that the Alberta Chief Medical Officer Dr. Hinshaw, made statements that were negligent, delusional, and not based on facts. For example, Mr. Rath testified that Dr. Hinshaw stated that a person who had received an AstraZeneca vaccine as their first dose was fine to receive a Moderna or Pfizer vaccine as their second dose, despite the fact, according to Mr. Rath) that this was never studied, tested, or proven. Despite this, the reasonableness standard of review requires a court to give her the benefit of the doubt.

¹⁵ *Vavilov v. R.*, Supreme Court of Canada.

The standard of review also applies to court cases challenging the disciplinary decisions of Colleges against their doctors.¹⁶ Each province has a college that regulates the medical profession and has the power to discipline doctors. This is similar for most medical professions. The disciplinary measures can involve reviewing allegations of professional misconduct, levying fines, and suspending or revoking licences to practise. Where a disciplinary decision is made to suspend a doctor's licence, this can be subject to a judicial review in court.

The NCI heard evidence in respect of a judicial review involving a doctor whose licence to practise medicine was suspended. The court essentially applied the wrong standard of review by allowing excessive deference to the administrative tribunal. Allowing deference to administrative bodies such as medical colleges is extremely concerning, particularly where decisions are made that affect a person's ability to work and earn a living. The Commissioners recommend that rules or legislation be enacted that would apply the standard of correctness to disciplinary decisions of professionals, thus ensuring that such persons are entitled to an independent review of disciplinary measures in a court of law.

Failure to provide for meaningful judicial review of disciplinary decisions encourages the application of poor standards by administrative tribunals. This is particularly problematic given the significant impact that such decisions have on the affected member.

The NCI further heard that there is no right to appeal in Ontario where the college's decision to suspend a doctor's licence is upheld upon judicial review. In effect, therefore, a doctor has to request permission from the Ontario Court of Appeal to have his or her appeal heard. This is extremely concerning because such a doctor is effectively prevented from earning a living. This type of deprivation should be entitled to review by a higher court. The Commissioners therefore recommend that rules or legislation be enacted expressly allowing for appeals to the Ontario Court of Appeal of a judicial review involving the suspension of a doctor's right to practise his or her profession.

Judicial Notice

The doctrine of judicial notice is a principle of common law where a court can take judicial notice of a fact without the need of supporting evidence. Taking judicial notice of a fact is supposed to be extraordinary.

The Commission heard that in the past, courts would only take judicial notice of facts that involve no controversy whatsoever. However, in recent years, the upper courts of appeal in Canada have begun to expand the concept.

¹⁶ Michael Alexander, Toronto hearings, day 2.

The problem with taking judicial notice of facts is that the practice throws the requirement for true evidence out and substitutes a court's own view of fact, regardless of the actual evidence presented in court. This practice undermines the principle of Canada's adversarial system, whereby each side of a lawsuit is entitled to present their evidence, and the judge adjudicates between them.

The Commission heard that in court cases involving pandemic measures, government lawyers would ask the court to take judicial notice of facts such as (1) the severity of the pandemic, and (2) the necessity of the government measures. The problem is that the cases before the court often challenged those exact facts. The practice of judicial notice, therefore, deprived Canadians of their ability to challenge the actions of their government.

Curiously, the one case in which a court refused to take judicial notice of the pandemic and the risks of COVID-19 was when inmates of a correctional facility applied to get out of jail. In that case, the court stated it could not take action to protect inmates from COVID without evidence and that judicial notice was not sufficient. Thus, the perception by members of Canada's legal community is that the practice of judicial notice was expanded in favour of government actions but never to support the rights of individuals.

Mootness

The doctrine of mootness is an old principle of common law that experienced resurgence in the courts during pandemic times. Essentially, mootness arises when a legal issue that is proceeding before the courts becomes moot, in that it is no longer a live issue. When an issue is moot, a ruling by the court is considered to be hypothetical only, and thus courts do not wish to waste valuable time and resources reaching a decision that will have no real impact.

It is only in rare and exceptional cases that a court will render a decision on an issue that has become moot. Typically, the issue must be of great importance and the principles to come out of the decision would be of great precedential value, regardless of the mootness in the particular circumstance.

The NCI heard that government lawyers defending cases of government violations of Charter rights consistently argued mootness as their first position in court. They were assisted in this by the slow movement of justice in Canada, which meant that by the time many cases reached a hearing in court, the particular measure or mandate had been suspended or removed. That meant it no longer applied and that any decision in favour or against it would technically be moot.

One might have expected that cases involving severe violations of Charter rights due to pandemic measures would be of such importance that courts would rule on it anyway. Instead, courts sheltered themselves from making difficult decisions by claiming mootness, even when restrictions were ever-changing or were suspended with the explicit threat of being re-invoked.¹⁷

¹⁷ See, for example, the case against the federal government's COVID vaccine mandate for air and rail travel.

Because mootness is a principle of common law, it can be modified or overturned by legislation. It would be appropriate to legislate parameters to the doctrine of mootness, including a prohibition on mootness when the case involves a violation of Charter rights.

Judicial Independence

Because Canadian courts make decisions that have power over citizens and government alike, it is imperative that members of the courts have independence and are not beholden to the government of the day. In principle, judicial independence is laudable and necessary. In practice, it is much more difficult to achieve.

Judges are human, they are citizens of Canada, and they are products of Canadian society. They are former lawyers who have practised law in a particular area, have their own lived experiences, and have formed views which have shaped their biases (conscious and unconscious). They are not untouchable paragons of virtue and fairness who have appeared out of nowhere to rule benignly over questions of law. Thus, perfection in our judicial selection is simply not possible.

In Canada, judges are not elected by the people but are instead appointed by the ruling political party. Once appointed, a judge has tenure essentially for life, meaning that his or her position cannot be threatened even upon issuance of an unpopular decision. Once appointed, judges are free to decide cases without fear of retribution.

In the event that a judge issues an incorrect or controversial decision, there are several levels of appeal through which more judges (often panels containing multiple judges) review the decision. The highest level of appeal is the Supreme Court of Canada. Judges at appellate levels in Canada have themselves been selected (or appointed) by the government, on the theory that they have demonstrated impartiality, competence, and expertise in making fair and reasoned judgments.

In theory, judges are free to make principled decisions that are unpopular and to strike down government actions that infringe constitutionally protected rights and freedoms. In practice, however, the NCI heard that judges were often fearful of COVID, held the same fear-driven views that were propagated daily in the news media, and were not open to or receptive of information that ran contrary to public health messaging.¹⁸

The NCI heard evidence that in Canada, judges are selected after being vetted by a judicial selection committee, which reviews the candidates to ensure their competence and quality. The ultimate selection and appointment to the bench, however, is made by the government.¹⁹ Thus the judicial appointment process is inherently political.

¹⁸ James Kitchen, Saskatoon hearings.

¹⁹ James Kitchen, Saskatoon hearings.

The NCI heard evidence that judicial selection in Canada has been shifting “to the left,” meaning that more judges are being appointed who favour government, and fewer are chosen that value individual rights. Over time, this has shifted judicial decision-making towards government deference and away from protecting citizens from their government. The effects of this shift became particularly apparent during COVID.²⁰

There is a perception by some Canadian legal experts that the judicial appointment process in Canada is flawed. In this respect, there were two main criticisms: (1) any system with government appointments is inherently going to reflect political bias; and (2) in Canada, the federal government is responsible for appointing judges of each province’s superior and appellate courts.

Judicial Appointments Versus Elections

One of the main criticisms of the judicial appointment process is that the judiciary will necessarily be made up of people who have been selected by politicians. There is a question, therefore, of whether appointees are selected because they align with, or may be disinclined to challenge, the views and positions of elected politicians. This may reduce the likelihood that courts will rule against the government to protect the citizenry as judges may have been selected for the very reason that they are pro-government.

Some may take comfort from the fact that in a democratic system, the government (at least in theory) changes fairly often, and thus, any bias in judicial appointments should balance out to some extent. What comfort can be taken, however, if one political party or, indeed, ideology dominates the Canadian landscape for a sustained period of time? And what comfort can be taken by citizens whose political interests are unpopular and are thus never reflected in the elected politicians of the country?

The NCI heard submissions from counsel that Canada’s system of government selection and funding the judiciary could be perceived as inconsistent with the rule of law. Other jurisdictions have addressed this issue by providing for elections of judges by direct and popular vote of the citizenry, at least for some levels of court. While elections appear appealing as an antidote to the issues that can arise from a political appointment process, they also carry downsides. For example, we noted above that a court’s role can be to protect minorities from the tyranny of the majority. However, where a judge has been elected by a majority of the citizenry, he or she may align with the majority’s oppressive actions or be disinclined to rule in protection of the unpopular minority.

Whether or not judges should be elected at some levels in Canada, there are certain practices from the U.S. election system that could fit in with the Canadian appointment system and enhance its process. For example, an open debate with public hearings during the judicial appointment process would provide more transparency and might help to alleviate some of the political bias in appointments. This would be particularly appropriate when appointing judges to appellate levels.

²⁰ James Kitchen, Saskatoon hearings.

It is clear that no system is perfect, and there are advantages and drawbacks to appointments versus elections. For this reason, the NCI believes that the judicial appointment process should itself be reviewed by a panel or inquiry—with the benefit of a wide range of experts, academics, and experienced practitioners—to determine if reform is needed to the system of judicial appointments.

Federal Appointments of Provincial Judges

In Canada, each province has its own set of courts, while Canada maintains a set of federal courts. Many Canadians would be surprised to learn (indeed, several of the NCI Commissioners were also surprised to learn) that the federal government appoints the judges of the superior and appellate courts of each province. When this is combined with the lifelong tenure of judges, it is not difficult to see that this practice can be perceived as providing a significant amount of control over the provinces by a centralized federal government.

It is common and expected in a large country like Canada that different regions have different priorities and ideas about the proper governance of the nation. The confederation of provinces and the separation of powers in the Constitution are intended to allow the provinces autonomy over their own affairs, while also providing for a centralized federal government to coordinate on certain national matters of importance to all.

The confederation is not intended to provide for a federal government that rules over the provinces, nor would that be appropriate, given the substantial separation of constitutional powers. Moreover, given the disproportionate distribution of population across the provinces, it has long been clear that the powers of the federal government tend to be dominated by the interests of the most populous provinces. This begs the question, then: why does the federal government have appointment power over judges that are making the most fundamental rights decisions in each province?

The NCI heard testimony from legal experts recommending that provinces be entitled to appoint their own judges, albeit with appropriate selection processes and corresponding judicial advisory committees. This suggestion makes sense to the Commissioners. However, given the fundamental importance of the judicial selection process, our recommendation is that this should form part of the overall justice system inquiry that should be conducted.

The Judiciary Cannot Act in Tandem with the Government Prosecution Service

The Government of Canada is responsible for law and order, as well as enforcing its laws and regulations. This means that in addition to selecting and funding the judiciary, the government also employs and funds the police and prosecution services in Canada. Government responsibility for all these functions can a perception of a conflict of interest (if not an actual conflict of interest).

The priority of the police and prosecution services is to enforce government laws against people. It is the government that directs them in carrying out their functions. While some may view the role of police and prosecution as achieving the “correct” result under the law, the NCI heard submissions that, in practice, the police and prosecution do not act as protectors of citizen rights. To the contrary, government lawyers appear in court to defend the position of the government. This was particularly so in cases involving pandemic measures.

In effect, the Department of Justice is Canada’s largest law firm, with unlimited resources, prosecuting cases and lawsuits in favour of the government’s laws and decisions. Individual Canadians who seek redress or protection from the courts face a significant imbalance of power and resources.

For this reason, the independence of the judiciary is of utmost importance. Citizens must not have the perception that the entire justice system is stacked in favour of the government, particularly when it comes to violations of their guaranteed rights and freedoms.

Moreover, Canadians should have access to resources when their cases involve violations of Charter rights and freedoms, particularly in a novel setting.

[Societal Pressure on the Judiciary](#)

There is no doubt that the uncertainty and fear that accompanied the introduction of the pandemic in 2020 impacted judges as well as everyone else. Members of the judiciary are members of society and share in the same pool of information provided by the news media as the rest of the country. The societal pressure that was imposed on Canada at large was bound to be felt by some, if not the majority, of judges as well. Additionally, since most judges are older, it is perhaps understandable that some would have been fearful for their own personal safety from the virus.

The NCI heard from a former judge²¹ who described how societal pressure in previous times has impacted judges in their decision-making. He noted that in the 1980s, there was a “satanic panic” that swept North America. Allegations of satanic ritual abuse against children were rampant. There was very strong societal pressure on police and judges to “believe all children,” which resulted in the wrongful conviction of many people. In the aftermath of the panic, it was discovered that many children had been coached to make false abuse claims.

Similarly, spousal abuse got a lot of attention when society began to recognize that it was a real problem. The increased attention was appropriate, but the pendulum swung too far, and there was strong pressure on judges to “believe all women.” Any judge who found in favour of an accused husband or who didn’t accept all allegations of a wife was strongly criticized, sometimes by an Appellate court who oversaw the original judgment.

²¹ Brian Giesbrecht, Manitoba hearings.

Judges are human and cannot help but be impacted by societal pressures of the day. The NCI cannot recommend that judges be replaced with unemotional robots who are immune to societal panics. Nor would that necessarily be positive, as it is important for judges to have a strong sense of sympathy and fairness that comes from being a human being. However, it is very important to select judges who demonstrate an ability to be impartial during times of strong pressure and who are similarly able to set aside their own personal views on controversial topics and remain open-minded. The political appointment process tends to undermine this, as each government would like to appoint judges who share their approach. For this reason, the NCI recommends that there be an independent selection process that involves members of each political party as well as lay citizens.

The Role of Chief Justices

Each court in Canada has a chief justice, whose function is to administer the court, in addition to being a judge. While the chief justice does not have power over any of the individual judges on a court, he or she does have the ability to select which judges on his or her court will hear which cases. Thus, the case-assignment process actually provides a chief justice with significant influence over the ultimate decisions of a court.

The NCI heard testimony that a large number of court cases were taken up directly by the chief justices of each court and that these tended to result in pro-government decisions. There is a perception that many of the older, more rights-focused judges may have been excluded (deliberately or coincidentally) from cases involving the infringement of Charter rights.²²

Despite this perception, it is not recommended that governments legislate measures to direct chief justices in their duties, as this would encroach on judicial independence. It is recommended, however, that case-assignment practices of the courts be included as an item to be examined as part of an inquiry by the courts themselves.

Fear Felt by Legal Practitioners

The rule of law requires a functioning legal system in all ways. Just as important as an independent judiciary is the ability of Canadians to access legal advice and for lawyers to be able to provide such advice in a free and independent manner.

²² James Kitchen, Saskatoon hearings.

The legal profession was not immune from the fear felt by many other professionals in other disciplines across the country. One lawyer who gave advice to members of groups that protested government measures testified that he felt fear of reprisal and prosecution simply for providing his legal services.²³ Once the federal government enacted the *Emergencies Act*, he understood that any person who participated in providing assistance to any person who protested could have their property seized, have their bank account frozen, be fined, or be arrested. In response, he withdrew thousands of dollars in cash from his bank account. He also began to meet his clients clandestinely, in dark parkades and without cell phones.

These reactions may seem extreme, but considering the fact that people were, in fact, arrested and had their bank accounts frozen under the *Emergencies Act*, this was not an unreasonable response. As a legal representative of participants in the protests, he was fearful that he would be targeted. He further testified that although he had no evidence of the government intercepting his solicitor-client privileged communications, he considered it to be very possible.

Another lawyer testified that a complaint was filed against him at the Law Society²⁴ after he criticized the court for its pandemic measures. Such criticism, when done respectfully and academically, should be welcomed in a free society, not punished. The complaint resulted in an investigation by the governing body and was ultimately dismissed as having no basis. However, the mere act of reporting and investigating a lawyer in this circumstance will serve as a disincentive to other lawyers who may wish to speak out. When speaking up to protect freedoms puts your career on the line.

Canada should not be a country in which lawyers are fearful to criticize the court or to provide legal services to Canadian citizens who protest against their government. Lawyers being in fear of losing their licence to practise law when they speak up is an indication of a failure of a free democracy. Legal providers being in fear for their own safety in representing protesters is an indication that Canada is not governed by the rule of law. If the rule of law prevailed, lawyers would not be afraid of their government.

Lawyers should not have to fear for their careers or their safety when performing roles in the justice system. Without fundamental protections for lawyers, the rule of law cannot survive. Even if vindicated at the end of the day, the mere act of threatening the livelihood of lawyers has a chilling effect. Our society should welcome open discourse and should specifically protect those who criticize any branch of the government.

The ability to challenge the government during times of Charter violations and to obtain legal assistance in doing so is critical to maintaining our functioning democracy.

²³ Robert Ivan Holloway, Winnipeg hearings.

²⁴ The Law Society of each province is the governing body for lawyers and is responsible for licensing lawyers to practise law, as well as disciplining those who breach the code of practice.

Recommendations

Following are recommendations to improve the situations described under each of the separate headings.

A. Protection of Constitutional Rights

- **Judicial Review:** Reinforce the role of Canadian courts as constitutional guardians by actively engaging in judicial review of government actions, especially those that may infringe upon Canadians' constitutional rights.
- **Robust Assessment:** Develop a rigorous and evidence-based assessment process for cases involving rights violations, ensuring that the burden of proof is not disproportionately placed on individuals. Courts should critically evaluate government actions.

B. Access to Justice and Court Shutdowns

- **Timely Responses:** Implement measures to ensure that court closures, especially during emergencies like the pandemic, do not result in undue delays in access to justice. Develop contingency plans for virtual proceedings, and prioritize cases with immediate consequences.
- **Independent Assessment:** Courts should independently assess the impact of public health measures on their ability to provide justice. Review the necessity and effectiveness of measures like mask requirements and vaccine mandates in a courtroom setting to ensure fair hearings.
- **Public Engagement:** Involve legal experts, practitioners, and the public in discussions about maintaining access to justice during crises.

C. Judicial Deference to the Government

- **Balanced Review:** Encourage a balanced and impartial review process for government policies and actions, rather than automatically deferring to the government's position. The burden of proof should not unfairly rest on individuals or groups challenging government decisions.
- **Comparative Analysis:** Consider international precedents, such as the approach taken by courts in the USA, where pandemic measures were subject to rigorous legal scrutiny. Analyze and learn from the experiences of other jurisdictions when addressing similar issues.
- **Transparency and Accountability:** Promote transparency in court decisions, ensuring they include clear reasoning and explanations for rulings, especially in cases that involve significant rights infringements. This helps build public trust and understanding.

D. Crisis of Confidence in the Judicial System

- **Public Education:** Launch educational initiatives to inform the public about the role of courts in safeguarding constitutional rights, especially during emergencies. Promote an understanding of the court's duty to question government actions and protect citizens.

- **Judicial Independence:** Emphasize the importance of judicial independence in preserving the rule of law and protecting individual rights. Judges should be selected and trained to have confidence in their role as independent arbiters of justice.
- **Public Engagement:** Create opportunities for the public to engage with the judicial system, such as public consultations or information campaigns. This can help demystify the legal process and foster public participation.

These recommendations aim to strengthen the Canadian judicial system's ability to protect citizens' rights, maintain access to justice, and enhance public trust during times of crisis. Implementing these measures would help ensure that courts fulfil their dual role of enforcing laws, while safeguarding constitutional rights effectively.

E. The Standard of Review in Judicial Review Applications

The *Vavilov* standard of review that pays excessive deference to the decisions of unelected administrative officials prevented Canadians from meaningful access to justice and review of their cases. This was particularly egregious where Canadians were fighting for their rights to bodily autonomy, to work, and to participate as free citizens in society.

The Commission recommends that:

- Legislation be enacted to amend the standard of review in cases where the rights of citizens have been affected. This could be implemented in the applicable *Interpretation Acts* and in the applicable *Bills of Rights*.
- The burden of proof should be placed on the administrative body to demonstrate reasonableness in cases where the rights of citizens are affected.
- Statutory protections should be removed for the decisions of health officers to the extent that they cause harm to persons.

F. Judicial Notice

- The Commission recommends that legislation be enacted to set strict parameters on the use of judicial notice by courts. Judicial notice should never be allowed in respect of evidence that is being challenged. The normal rules of evidence require a party who asserts a fact to prove that fact. This rule underlies the rule of law and should not be relaxed, even in times of emergency.

G. Mootness

- **Legislate Parameters:** Consider legislation to modify or limit the doctrine of mootness, especially when cases involve violations of Charter rights. This could include prohibiting mootness in such cases.

- **Timely Hearings:** Address the issue of slow-moving justice by implementing measures to expedite hearings, ensuring that cases are heard before measures or mandates are suspended or removed.

H. Judicial Independence

- **Diverse Selection Committee:** Ensure that the judicial selection committee includes members from various political parties and lay citizens, not just the government, to minimize political bias.
- **Transparent Appointment Process:** Implement a more transparent judicial appointment process, including public debates and hearings, especially for appellate judges, to reduce political bias and enhance fairness.

I. Judicial Appointments Versus Elections

- **Independent Review Panel:** Establish an independent panel or inquiry composed of experts, academics, and experienced practitioners to review the judicial appointment process. Evaluate whether reforms, such as introducing elections at certain levels, are necessary.
- **Balancing Appointments:** Ensure that appointments reflect a balance of judicial independence and government accountability.

J. Federal Appointments of Provincial Judges

- **Provincial Appointment Authority:** Consider devolving the appointment of provincial judges to the provinces, while maintaining appropriate selection processes and advisory committees to safeguard quality and independence.

K. The Judiciary Cannot Act in Tandem with the Government Prosecution Service

- **Enhance Judicial Independence:** Promote and protect the independence of the judiciary, particularly in cases involving government actions, to ensure that citizens have faith in the fairness of the justice system.
- **Resource Allocation:** Allocate resources to support citizens in cases involving violations of Charter rights and freedoms, ensuring they have access to legal representation.

L. Societal Pressure on the Judiciary

- **Impartial Selection:** Emphasize the importance of selecting judges who demonstrate the ability to remain impartial, open-minded, and fair during times of societal pressure.
- **Non-Partisan Selection:** Promote a non-partisan selection process aimed at minimizing political influence when appointing judges who possess strong principles to uphold laws as they are written, while also emphasizing fairness.

M. The Role of Chief Justices

- **Review Case-Assignment Practices:** Encourage courts to review their case-assignment practices to ensure fairness and balance in the decisions made, particularly regarding Charter rights.

N. Fear Felt by Legal Practitioners

- **Support Legal Professionals:** Ensure that legal professionals can perform their roles in the justice system without fear of career repercussions or threats to their safety.

These recommendations aim to uphold the principles of justice, fairness, and the rule of law, while addressing the specific challenges outlined in each section. Implementing them may require legislative changes, policy reforms, and a commitment to preserving judicial independence and protecting the legal profession's vital role in society.

7.1.3. Labour Law and the Failure of Unions

Discussion

The Commission heard evidence that thousands of unionized employees across the country lost their jobs or were put on unpaid leave as a result of the vaccine mandates. Union members had an even harder time fighting this than non-unionized employees, because under the law they cannot bring direct actions against their employer in court and instead must rely on their union to fight for them.

Unionized employees are largely shut out of the courts and must seek recourse for workplace wrongs through their union, which is the gatekeeper of the grievance process. But what is a person to do when the union itself fails to take up his or her defence—or worse, acts against the employee to enforce compliance with the problematic mandates?

Under the law, union members do not have the right to sue their employer directly. This is because union members are part of a collective agreement, under which they contract out their rights to the union. In turn, the union is obligated to represent the employee against his or her employer. Thus, unionized employees depend solely on their union to fight for their employment rights.

The Commission heard that many unions failed to advocate for their members in defence of the vaccine mandates. Some unions told employees that they must comply with the mandate if they were unable to qualify for an exemption. The Commission heard that one union refused to fight for its member because it had received a legal opinion supporting the employer's right to impose a mandate.

Some employees attempted to bring human rights complaints without the assistance of their union. These applications were denied on the basis that the court had no jurisdiction. This left employees at the mercy of unions that were uninterested in defending them.

The Commission heard evidence that a group of employees in British Columbia had filed a claim against unions for failure to represent them against their employers. The employees had a difficult time finding a lawyer who would represent them, and the time and expense related to this type of suit is extensive.²⁵

The result is that a large number of Canadian unionized employees had no ability to have a court adjudicate on the applicability of mandates nor to consider the safety of the vaccines being imposed.

Recommendations

Based on the testimony concerning labour law and the challenges faced by union members during the pandemic, these recommendations were formulated to address these issues:

²⁵ Philip Davidson, Vancouver hearings, day 1.

- A. **Legislation to Protect Union Members:** The Commission recommends that legislation be adopted to include ensuring the protection of union members where the member asserts
- that Charter rights have been violated as a result of actions of the employer or the union, and
 - a grievance against his or her employer that the union fails to, or refuses to, defend.
- B. **Review and Strengthen Labour Laws:** The government should review labour laws to ensure that they provide adequate protection to both unionized and non-unionized employees during health emergencies like the pandemic. This should include mechanisms for addressing workplace issues related to mandates and safety concerns.
- C. **Enhance Union Accountability:** Labour laws should be amended to hold unions more accountable for representing their members effectively. This could involve regular assessments of a union's performance in advocating for its members' rights during crises. Unions should be required to demonstrate that they are acting in the best interests of all of their members.
- D. **Ensure Union Transparency:** Unions should be transparent about their decision-making processes and actions during crises. Members have a right to know how their union is advocating for them. Transparency can help build trust between members and their unions.
- E. **Access to Legal Recourse:** Labour laws should be revised to allow union members to have access to legal recourse in cases where their union fails to adequately represent their interests. This could include the ability to bring direct actions against employers under certain circumstances, such as when the union refuses to take up their case.
- F. **Legal Aid for Union Members:** Governments should consider providing legal aid or support to union members who need to take legal action against their union or employer. This would help level the playing field for employees who find themselves in such situations.
- G. **Mediation and Dispute Resolution:** Establish mediation or dispute resolution mechanisms specifically tailored to labour disputes arising from health emergencies. This can provide a more efficient and cost-effective way to address employer-employee issues than lengthy court battles. Reasons for decisions must be made public.
- H. **Educate Union Members:** Unions should play a proactive role in educating their members about their rights and the grievance process. Well-informed members are better equipped to hold their unions accountable and make informed decisions during crises.
- I. **Encourage Collaboration:** Governments, unions, and employers should work together to develop clear guidelines and protocols for dealing with workplace issues during health emergencies. Collaboration can help prevent conflicts and ensure the best interests of workers are protected.

- J. **Whistleblower Protections:** Strengthen protections for whistleblowers within unions and workplaces. This can encourage employees to come forward with concerns without fear of retaliation.
- K. **Public Inquiry:** Consider launching a public inquiry into the specific challenges faced by unionized employees during the pandemic. This can help identify systemic issues and inform policy changes.

These recommendations aim to address the shortcomings in labour laws and union representation highlighted during the pandemic. They seek to strike a balance between protecting individual employee rights and maintaining the integrity of collective bargaining agreements.

7.1.4. The Constitution

The Constitution is the supreme law of Canada.²⁶ The main parts were enacted in 1867 and 1982. *The Constitution Act, 1867*,²⁷ created Canada as a country, and the *Constitution Act, 1982*, created the *Canadian Charter of Rights and Freedoms* (the Charter).

Since the Charter is part of Canada's Constitution, it forms part of the supreme law of Canada, and governments are therefore not permitted to pass laws that violate the rights that it guarantees.

Canadians were surprised, therefore, when the governments' responses to COVID not only appeared to violate many of the rights that are guaranteed under the Charter but that the courts supported the government in such violations.

There is a reason that Canada (and many other countries) have enacted constitutional protection for individual rights and freedoms. Governments are not infallible, and institutions cannot be trusted on their own to protect individuals. History has demonstrated that even the most advanced societies can enact oppressive measures and trample on the rights and freedoms of some of their members. Canada is not necessarily immune from this, and its government actions should not be immune from scrutiny.

There is no doubt that many of the government measures in response to COVID violated Canadians' rights and freedoms under the Charter, including:

- freedom of thought, belief, opinion, and expression (s. 2(b));
- freedom of peaceful assembly (s. 2(c));
- freedom of association (s. 2(d));
- the right to move to and take up residence in any province (s. 6(2)(a));
- the right to pursue the gaining of a livelihood in any province (s. 6(2)(b));
- the right to life, liberty, and security of the person (s. 7);
- the right to be secure against unreasonable search or seizure (s. 8);
- the right not to be arbitrarily detained or imprisoned (s. 9);
- the right not to be subjected to any cruel or unusual treatment or punishment (s. 12);
- the right to be equal before and under the law (s. 15); and

²⁶ *Constitution Act, 1982*, being schedule B to the *Canada Act 1982* (UK), 1982, c 11, section 52(1).

²⁷ Formerly the *British North America Act, 1867*, 30-31 Vict., c. 3 (U.K.).

- the right to equal protection and equal benefit of the law without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability (s. 15).

The rights under the Charter, however, are not absolute. Section 1 of the Charter provides that the rights and freedoms are guaranteed to Canadians. However, it also provides that the rights and freedoms are subject to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

The NCI heard from counsel and witnesses that courts essentially relied on section 1 of the Charter to excuse the governments' violations of Canadians' rights and freedoms. During COVID, it appeared that every government response was justifiable under section 1, no matter how fundamentally it affected Canadian individuals.

NCI was not made aware of any case in which a court tested the government's reasons for infringing the rights and freedoms of Canadians. To the contrary, counsel brought a decision to the NCI's attention where a Court of Appeal lambasted a lower court judge for not relying on public health authorities, while noting that many courts have taken judicial notice of the safety and effectiveness of the COVID-19 vaccines.²⁸ To have a decision at the appellate level pay this much deference to the government is of great concern.

Canada is not a country that is founded on the principle of the collective over the individual. To the contrary, Canada's constitution provides that Canada is founded on the rule of law, and it guarantees the rights of individuals. The courts' deference to the government in its pursuit of policies that favoured public health, and the protection of the health system over the health of individuals, runs contrary to the rule of law.

Canadian courts' support of the governments' pandemic measures have set the dangerous precedent that individuals do not have rights during a crisis. This represents a fundamental change in the relationship between citizens and their government. Prior to the pandemic, individuals and government were equal under the law. The government had powers, such as to govern and protect the nation. The citizens, however, equally had power through their guaranteed rights and freedoms.

The precedent appears to have been set now that, during a crisis, the government has all the power, and the citizens can no longer assert their rights and freedoms. If this is accepted, then the government will be incentivized to characterize more and more circumstances as crises in order to assert power over the people.

When Canada adopted the Charter in 1982, it appeared to guarantee certain fundamental rights and freedoms to each individual in Canada. Multiple experts, however, testified to the NCI that the protection of the Charter has turned out to be illusory, with one lawyer asserting that it only took 40 years for the Charter to be subverted by the government.

²⁸ See the cases cited in *J.N. v. C.G.*, 2023 ONCA 77, at para. 20.

The pandemic exposed that the *Canadian Charter of Rights and Freedoms* is weak. It failed to protect Canadians' basic rights and freedoms during a time when governments imposed the most broad and draconian measures on society.

The importance of the Charter, however, cannot be understated. It is those people who bring cases to court challenging government actions that open the door to information and bring wrongs to light.

Loss of the Right to Freedom of Expression

Public policies and pandemic measures enacted across Canada were viewed by many as an assault on the rights and freedoms of citizens. The NCI heard that Canada's principles and values stem from classical liberalism, which has an extraordinary history over 1000 years; at its core is the assumption that people are born free.²⁹ The government's role is to serve the people. It is not the ruler of the people, and it is not above the law. The state is not privileged under the law; instead, it is bound by it.

Of all of the rights that were violated under the Charter, the NCI heard that the freedom of expression was the most essential, and its violation was the most impactful. Medical professionals were instructed not to speak out against public health messaging and were disciplined by their governing bodies if they did. Scientists were dismissed from their positions, dropped by media outlets where they had previously spoken, and censored on the Internet.

Freedom of expression, belief, and conscience is the cornerstone of a liberal democracy. It is not an accident that it is the first fundamental freedom described in the Canadian Charter. Freedom of expression and tolerance of diversity of opinion fosters respectful debate. Through this, innovation is fostered, and society improves.

The Canadian justice system did not support Canadians' freedom of expression where it conflicted with the public health messaging of the government. This was coupled with undue deference to government officials who had unfettered discretion to enact rights-violating measures that went unchallenged by the courts.

The Legality of COVID Injection Mandates

The Commission heard evidence from many Canadians who were required to take a COVID-19 vaccine in order to keep their job. Sadly, the Commission heard from many who were injured as a result.

²⁹ David Leis, Winnipeg hearings.

There is a considerable amount of legislation in Canada that requires employers to keep employees safe. During the time of the pandemic, employers relied on public health guidance to implement measures to keep employees safe. Presumably this is how employers who imposed mask and vaccine mandates justified these measures³⁰.

In determining whether an employer should be held accountable for harm that may have occurred as a result of a workplace vaccine mandate, the Commission heard from a workplace safety professional that three questions should be asked:

1. Was the employer required to implement the mandate at law?
2. Was it legal to implement the mandate?
3. Did the employer do the requisite due diligence to ensure the safety of employees as a result of the mandate?

The Commission further heard there is extensive legislation that applies to employers that should have prevented them from imposing a mandate, both legally and as a result of performing proper due diligence. Among these is the *Canada Labour Code*, provincial health and safety legislation, a *Genetic Non-Discrimination Act*, and the *Criminal Code*.

Despite the extensive regulatory framework that exists in Canada to protect employees from workplace hazards and dangers, vaccine mandates were implemented in many workplaces and people were harmed as a result.

Recommendations

The Commission recommends that legislation be enacted prohibiting employers from imposing vaccine mandates on employees.

- A. **Canada should establish** an independent review of its judicial appointment process.
- B. **The federal and provincial courts** should conduct a national inquiry into their response to pandemic measures, including a review of:
 - a) What role did the court play in protecting the rights of individuals?
 - b) What role should the court play when a government imposes vast rights-violating measures?
 - c) Should the government have the ability to impose pandemic measures on courts and the judiciary?
 - d) What level of independence do the courts have over their own process in implementing publicly recommended or ordered measures?

³⁰ Ryan Orydzuk, <https://rumble.com/v2kb5pu-a-passion-for-occupational-health-and-safety-ryan-orydzuk-testimony-day-2-s.html>

- e) Should guidelines or best practices be adopted for case assignment, particularly in cases that involve alleged violations of Charter rights?
- C. **Judges in provincial courts** should be appointed by provincial governments and not the federal government. This recommendation is subject to review as part of the overall review of the judicial appointment process.
- D. **The judicial selection** process should involve a review by a panel that involves a wide array of citizens and legal experts with different political views and backgrounds. Recommendations for appointments should be made public.
- E. **Canada should establish a fund** to pay for legal services for Canadian citizens who bring cases against the government for a violation of Charter rights or who are defending prosecutions that violate Charter rights. Further study could be undertaken to determine the structure and principles governing the fund. Some fundamental principles should include:
 - a) The fund is governed/overseen by a board which has equal representation from constitutional scholars, lawyers, government representatives, academics, and citizens.
- F. **Canada and the provinces** should legislate parameters for mootness, including a prohibition on mootness when a case involves a violation of the Charter rights of an individual.
- G. **An independent inquiry should** be conducted into the response of the medical colleges in each province, including a review of
 - a) What role did the college play in protecting the rights of its members?
 - b) What role should the college play when a government makes recommendations for medical practice?
 - c) Should there be specific limits placed on the powers of the colleges?
 - d) What regulations can be put in place to assure that the colleges adhere to the *Canadian Charter of Rights and Freedoms*?

7.1.5. Undermining Democratic Institutions

Introduction

The Commission heard evidence that Canada's democratic processes were interrupted and undermined during the pandemic.

Rick Nicholls (Toronto)

Stéphane Hamel (Québec City)

Testimony that Politicians Were Pressured to Vaccinate Against Their Will

It is fundamental to Canada's democracy that elected representatives must be able to participate in the legislative affairs for which they were elected, without undue interference.

Rick Nicholls was a member of the Ontario Legislature from October 2011 to June 2022. He served three terms and was elected as a member of the Progressive Conservative Party. During his time, he was an opposition shadow cabinet minister and deputy speaker of the opposition, and deputy speaker for the legislative assembly.

Elected members of the provincial legislatures serve at the pleasure of the people. While he was a sitting member of the legislature:

- at caucus meetings, the chief medical officer of Ontario and other doctors gave presentations to the members about the new vaccines. He asked questions about the efficacy and safety,
- some colleagues were supportive, but others would not entertain his vaccine hesitancy,
- Premier Ford himself called Mr. Nicholls and asked him to "do me a favour" and get vaccinated,
- he received a call from a Progressive Conservative Party pollster, a campaign chair for the re-elect Doug Ford campaign (who is a lobbyist for pharmaceutical companies), threatening him to get vaccinated within 72 hours or be removed from the Progressive Conservative caucus.

Mr. Nicholls instead declared publicly that he would not get vaccinated. Later that day, a press release was issued by the party removing Mr. Nicholls from the Progressive Conservative caucus. Mr. Nicholls sat as an independent member of the legislature for a while before joining the Ontario Party.

How can the public be confident that their elected representatives are able to serve their interests if they are threatened and coerced to "go along" with something they either disagree with or are hesitant about?

Testimony that Politicians Were Pressured to Not Dissent

The Commission heard testimony from Stéphane Hamel, one of the founders of the Québec provincial political party, the Coalition Avenir Québec (CAQ). In 2020, he was the president of the CAQ, which was the governing party of the province.

When the pandemic measures were first discussed and introduced, he questioned them but understood that it was important not to put doubt in the mind of the population during a time of crisis. However, as more data and information was coming out, he had more questions. The executive of the CAQ cautioned him against speaking out, warning him that it was important for the entire population to be on the same page due to the dangerous virus.

When the CAQ began discussing the implementation of a vaccine pass, Mr. Hamel wrote a letter to the party stating he did not agree with the measure and that he would oppose it. Ultimately, he expressed his position on his personal social media page. The CAQ accused him of not following the party's constitution and not being in solidarity with the party. They unanimously voted to remove him from the party.

Thus, Mr. Hamel was removed from his political party for criticizing its position, and his voice was silenced. Not only was he silenced, but the party made an example out of him to ensure that there would be no other opposition. If the elected members of a political party cannot speak their minds, the political process is undermined.

Testimony that the Normal Passing of Legislation Was Undermined

The pandemic gave Parliament and provincial legislatures an opportunity to subvert the normal democratic process of passing legislation by passing legislation that gave themselves (and the administration) powers that would not normally be acceptable to the public. Parliament and the legislatures took the opportunity to change their own procedures and adopt practices such as virtual attendance and voting, and extended sessions into evenings when most were not in attendance.

Rick Nicholls testified that in respect of the vaccine measures, he repeatedly challenged the Health Minister in the legislature, as more and more boosters were recommended and the response was always the same—that it's "safe and effective" and we have to protect others.

Bills are first discussed in caucus. The minister presenting it makes a presentation in caucus, and the other members can ask questions. Then it gets presented in the legislature for readings, amendments, debate, and a vote.

The timing of readings changed during the pandemic. For example, when the *Emergencies Act* was implemented in Ontario and the government wanted to extend the emergency, the legislature called for third reading on a Wednesday evening, when very few MPPs were around and not many were attending in person. He hurried to attend and asked to remove the provisions that give immunity to pharmaceutical companies. His changes were not accepted, and the legislation was passed.

During the pandemic, insufficient time was given to review and understand proposed bills. Debate was started immediately, and the party dictated how each MPP should vote. Members were given talking points on how to present the bill to their constituents and convince them to support the bill. Members were pressured to not show up for a vote if they would not vote to support it. When one person secretly voted against a bill, they were removed from caucus.

Recommendations

- A. **Informed Consent:** Political parties should enshrine the principle of Informed Consent into party rules and constitutions, guaranteeing each member the freedom to make their own decision and to be free from coercion or mandates to receive a medical treatment.
- B. **Protection of Elected Representatives' Independence:** The parties should adopt regulations to protect the independence of elected representatives so that elected officials are able to express their views and concerns freely without fear of retribution from their own political parties.
- C. **Whistleblower Protections:** Clear whistleblower protections for politicians and party members who raise concerns about government actions or policies should be established, with protections extending to all levels of government and including all elected officials at all levels of government.
- D. **Transparency and Accountability:** Decisions by political parties, municipalities, and school boards should be transparent. Parties should be required to provide clear reasons for any actions taken against their members. This includes publicizing party decisions and disciplinary actions.
- E. **Strengthen Party Democracy:** Encourage internal party democracy by allowing members to openly debate and express dissenting opinions on significant issues, especially during crises like a pandemic.
- F. **Reform Legislative Procedures:** Review and reform legislative procedures, particularly during emergencies, to ensure that there is sufficient time for members to review and debate bills. Emergency legislation should not bypass the regular legislative process.
- G. **Public Consultation and Accountability:** Ensure that significant decisions related to public health measures and emergencies are subject to public consultation and accountability. Decisions should be based on a transparent and evidence-based approach.
- H. **Protection of Parliamentary Sessions:** Protect the integrity of parliamentary sessions by maintaining regular working hours and ensuring that important votes are conducted when a significant number of members are present.

- I. **Review Emergency Powers:** Review and assess the powers granted to governments during emergencies, such as those under the *Emergencies Act*, to ensure that they are not overly broad and they respect democratic principles. Consider legal mechanisms for parliamentary oversight.
- J. **Education on Legislative Processes:** Educate elected representatives and the public about legislative processes and the implications of emergency measures. This includes training for politicians on their roles and responsibilities during crises.
- K. **Independent Oversight:** Consider the establishment of an independent oversight body or commission to monitor and evaluate government actions during emergencies, ensuring that democratic principles are upheld.
- L. **Protection of Opposition Rights:** Strengthen the rights and protections of opposition parties to allow them to effectively scrutinize government actions, especially during emergencies. This includes timely access to information and the ability to hold the government accountable.
- M. **Public Inquiry:** Consider launching a public inquiry to investigate the undermining of democratic institutions during the pandemic. The findings of such an inquiry can inform necessary reforms.

These recommendations aim to safeguard democratic institutions, protect the independence of elected representatives, and ensure that decision-making during emergencies is transparent, accountable, and based on democratic principles.

7.1.6. International Law

International law is different from a country's own domestic law because it does not represent binding and enforceable rules that are imposed by a government over its people. Rather, international law is a series of principles that are agreed to among countries. When Canada signs a treaty with another country (or countries), it is agreeing to abide by the principles set out in the treaty. However, if Canada does not abide by the terms of the treaty, there are very limited avenues by which the other country can seek to enforce it.

This does not mean that international law can have no effect. In Canada, the Supreme Court of Canada has confirmed that customary international law is adopted into Canadian law. It has further stated that the *Canadian Charter of Rights and Freedoms* should be presumed to provide at least as great a level of protection as is found in the international human rights treaties to which Canada is a party.³¹

The NCI heard international law testimony that raised the following two important issues:

- on the one hand, Canada's vaccine measures violated Canada's obligations under international human rights law; and
- on the other hand, new developments in international health law may result in Canada becoming, in the event of another declared pandemic, bound to implement intrusive and harmful health measures that arguably violate the principles of international human rights law.

Witnesses

Gail Davidson (Vancouver)

James Corbett (Ottawa)

Canada's Vaccine Measures and International Human Rights Law

The premise of international human rights law is to guarantee fundamental rights and freedoms to all individuals in the world. Human rights are inherent rights that people have simply as a result of existing. Some examples of human rights are the right to life itself, and the rights to food, education, work, health, and liberty.

There is a significant body of international law that is intended to guarantee fundamental rights and freedoms and which prohibits the restriction of some rights, while conditionally allowing the temporary restriction of others in specific situations.

The right to health is a human right. A lot of work has been done in international human rights law to ensure that the right to health is properly protected from government actions.

³¹ Gail Davidson testimony, Vancouver hearing.

Despite this, the NCI heard testimony that the measures imposed by Canada and its provinces during COVID-19 imposed, promoted, and allowed the suspension or restriction of health rights, as well as other rights that are guaranteed by international human rights law. In particular, Ms. Davidson testified about the measures that were taken to compel and coerce Canadians to submit to COVID-19 vaccination by restricting and suspending the rights of unvaccinated persons (Vaccine Coercion Measures).

Vaccine coercion measures were undertaken by nearly every level of government. Each of the provinces adopted actual vaccine passports, restricting unvaccinated persons from accessing most places. Municipalities adopted bylaws in support. The federal government restricted unvaccinated persons from flying and travelling by train, which is the functional equivalent of a vaccine passport for travel. The federal government also required the use of the ArriveCan app when entering Canada, which was designed to show proof of vaccination in order to avoid a quarantine order.

That these vaccine coercion measures were harmful to Canadians was evident from the abundant testimony of Canadians who suffered job losses, family rifts, social shaming, depression, and isolation as a direct result.

Vaccine coercion measures violated Canadians' rights to Informed Consent, right to be free from coercion, and right to be free from medical or scientific experimentation.

The right to Informed Consent, which includes the right to refuse treatment and withdraw consent, is an "essential right" that is protected by multiple international conventions to which Canada is a party, such as:

- United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT);
- United Nations International Covenant on Civil and Political Rights (ICCPR); and
- United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR).

The NCI reviewed an excerpt from Canada's report to the Committee Against Torture in 2020, wherein Canada explicitly sets out the principles of Informed Consent, and found it to be so compelling that it will be reproduced in its entirety here:

For consent [to medical treatment] to be considered valid, it must be provided voluntarily by a person capable of providing consent and it must refer to the treatment and provider who will perform or undertake the treatment. Consent must also be informed, meaning that certain issues must be discussed with the patient prior to consent being obtained, such as material, expected consequences of the proposed treatment, special or unusual risks of the treatment, alternatives to treatment (and their risks), the likely consequences if no treatment is undertaken, and the success rates of different/alternative methods of treatment. The principle of respect for autonomy, at least in part, underpins the right to Informed Consent.³²

Notably, the right to Informed Consent is also protected under Canada's domestic law, through the *Canadian Charter of Rights and Freedoms*, as an essential part of security of the person.

In Canada, a serious abrogation of Informed Consent was accomplished, in part, through coercion of those persons who did not wish to receive a COVID-19 vaccine. Under international law, coercion is akin to torture or ill treatment, which is prohibited. Freedom from torture has been enshrined in the UNCAT and the ICCPR. The right to be free from coercion is arguably a right that cannot be violated under any circumstances. Despite this, Canadians were subjected to a government-led program with the aim of coercing every single Canadian to receive an injection of a COVID-19 vaccine. That the vaccines were an unknown substance whose safety profile was not understood, which have been shown to cause injury to many Canadians, and for which Informed Consent arguably could not be given, has been demonstrated (see section 7.6 of this Report). Those Canadians who did not wish to receive a COVID-19 vaccine but were coerced into receiving this medical treatment—whether it be to keep their job, to conform to family or social pressure, to travel, or for any other reason—had their right to be free from coercion violated.

Ultimately, when a person's right to Informed Consent is violated as a consequence of being coerced to take a novel medical treatment with no long-term safety profile, the result is that the person has become a subject of experimentation. Freedom from experimentation became a widely recognized human right after the atrocities of World War II when the international community established the Nuremberg Code.³³ The purpose of the Nuremberg Code was to ensure that no human would ever again be subject to non-consensual experimentation. It is easy to see that the prohibition against non-consensual experimentation is fundamental, because it is essential to each person's right to life, freedom from torture, and security of the person.

³² Information received from Canada on follow-up to the concluding observations on its seventh periodic report, CAT/C/CAN/FCO/7, 16 April 2020 at paras 15, 17, 23.

³³ The Nuremberg Code 1947 at para. 1. The Nuremberg Code 1947 was derived from the decision of the Nuremberg Military Tribunal in *United States v. Karl Brandt et al.* which identified ten conditions prohibiting non-consensual medical experimentation on human subjects.

While the vaccine coercion measures are not comparable to the atrocities that led to the creation of the Nuremberg Code, the Code surely covers all human experimentation and not just when it reaches extreme levels. Nor does the principle require a comparative analysis of just how bad one human experiment was as opposed to another. Any experimentation that is non-consensual and has the potential to cause harm is a serious violation of this human right. This is supported by the fact that the right to be free from experimentation is enshrined in the UNCAT and the ICCPR and is a right that cannot be violated under any circumstances.

The administration of COVID-19 vaccines was an experiment on a nationwide scale. The vaccine coercion measures were justified in many minds by the fact that the COVID-19 vaccines had been approved by Health Canada, creating the perception that their safety had been proven. However, as the NCI has discovered, the approval of the COVID-19 vaccines did not require the manufacturers to demonstrate that they were safe or effective. Instead, the Government of Canada ordered millions of COVID-19 vaccines and created a backdoor approval process to ensure that they became available as quickly as possible. The reality is that the safety of the COVID-19 vaccines was not known at the time that they began to be administered to Canadians, and many Canadians were severely injured and killed as a result. The NCI has determined that the safety of the COVID-19 vaccines was not known, and thus their administration to the population of Canada was the very definition of experimentation.

The vaccine coercion measures were not compliant with international human rights law, were applied to rights that cannot be restricted, were not proportional or temporary in nature, and were not supported by the information and debate necessary to assess their lawfulness.

Other Pandemic Measures and International Human Rights Obligations

The seriousness of the violation of rights caused by the vaccine coercion measures should not overshadow the myriad of other human rights that were violated as a result of government responses to the pandemic.

The Universal Declaration of Human Rights (UDHR)³⁴ states that all humans have the following rights:

- Equality and non-discrimination (articles 1, 2);
- Movement (article 13);
- Assembly and association (article 20);
- Work and free choice of employment (article 23);

³⁴ *Universal Declaration of Human Rights*, GA Res. 217(III), UN GAOR, 3d Sess., Supp. No. 13, UN Doc. A/810 (1948).

- Education (article 26); and
- Participation in cultural life (article 27).

These rights were all violated, to some extent, by various government measures such as lockdowns, business closures, school closures, border restrictions (interprovincially and internationally), and vaccine passports.

The NCI heard that some human rights are derogable, meaning that they can be violated in certain circumstances. It is generally acceptable to infringe upon derogable rights during an emergency where violations are necessary to protect other rights and maintain the rule of law. However, any such violations must be lawful, legitimate, necessary, proportional, and temporary.

In the early days of 2020, lockdown orders appeared to be an acceptable breach of certain human rights, since Canadians were led to believe that the emergence of the COVID-19 virus had created an emergency pandemic. Businesses and schools closed, seniors' homes went into lockdown, and hospitals closed services in order to free up resources in preparation for the onslaught of COVID-19 patients that were expected.

However, within a few short months, it became clear to doctors and hospital workers that there was no onslaught of COVID-19 patients needing critical care. It became clear that the risks of severe outcomes were age-stratified, meaning that the virus posed a serious risk only to the elderly and those with multiple co-morbidities who were in poor health. Despite this knowledge, Canadian governments continued to impose restrictions that violated human rights arbitrarily against entire populations.

Around mid-2020, therefore, and perhaps late 2020, the restrictions ceased to be proportional to the threat posed by the virus to the public at large. Nor were the measures temporary. Prior to the introduction of the COVID-19 vaccines, lockdowns and closures were triggered based on test-case numbers published by the public health authorities. Ignoring the fact that the NCI heard testimony that the case numbers were outright false in at least some cases, the tests themselves have been shown to the NCI to be unreliable in detecting actual rates of active infections.

When the COVID-19 vaccines became available, the government's message was that the restrictive measures would only stop once everyone became vaccinated. The measures then became focused on unvaccinated people, singling them out for discrimination and poor treatment. Governments and the media actively demonized unvaccinated individuals as being responsible for the continuation of the restrictive measures. This continued despite the fact that as early as the fall of 2021, the public health authorities knew that vaccinated people were continuing to contract and transmit the virus to others.

Ultimately, the violation of human rights caused by the measures may have been justifiable under international law in the early days of the pandemic. However, the continued violations of Canadian human rights year over year do not satisfy any definition of *temporary*.

The various governments of Canada should have disclosed the information necessary to justify the measures that violated human rights and opened up opportunities for debate.

Canada Has a Duty to Investigate and Provide Redress for Human Rights Violations

As a party to various human rights treaties and a member of the United Nations, Canada has an obligation to protect human rights and prevent violations thereof. Where violations of human rights are alleged, Canada has an obligation to take action against those responsible and to provide victims with access to effective remedies.

The NCI heard that Canada has a vaccine-injury compensation program. However, of the many vaccine-injured Canadians that testified, precious few had been accepted into the program. A large number were in the process of being approved and had been waiting for months or more. Many were unable to access the program at all as a result of a refusal by doctors to diagnose their injury as vaccine-related.

Canada has failed in its duty under international law to provide effective remedies to those harmed by the various pandemic measures.

Canada has also not undertaken any meaningful investigation into the violation of human rights that occurred as a result of the pandemic measures. A full public inquiry into Canada's pandemic measures—properly funded, independent, and with the power to compel testimony, is still needed.

Once a proper inquiry and investigation has occurred, Canada must identify those responsible for human rights violations and hold them to account. The number of victims is large, and to date, remedies have been effectively denied.

Looming Obligations for Canada to Implement International Health Law

The NCI heard testimony that there are significant developments underway under the auspices of an international organization called the World Health Organization (WHO) which have the potential to impact Canada's ability to (1) define a pandemic; (2) declare a pandemic; and most importantly (3) control its response to the next pandemic.

Canada's ability to control its own response to a pandemic is critical to ensuring that public health measures are in line with its laws, including the Constitution. Additionally, and from a more practical point of view, it is vital that Canada retain its ability to develop localized responses based on its own circumstances, as opposed to broad-brush measures dictated from an unelected foreign source that has no accountability to the Canadian people.

The WHO was founded as a specialized agency in 1948 with the noble goal to promote health and the attainment of the highest level of health of all peoples. Its purpose is to act as the directing and organizing authority on international health work. Canada is a member of the WHO.

The NCI heard testimony that the WHO is evolving into an organization that is less about promoting health and more about controlling the public health actions of its member countries. The problem with allowing the WHO to dictate health measures within any particular country is that each country may have its own view of what *health* is and the means by which health is to be promoted. The importance of this has been demonstrated over and over again in the NCI's weeks of testimony, which has laid bare a myriad of health problems that were created by Canada's pandemic response.

The NCI heard testimony that there are two initiatives currently underway under the WHO:

1. The implementation of a new WHO Convention, Agreement, or Other International Instrument on Pandemic Preparedness and Response (Pandemic Convention); and
2. An amendment of preexisting International Health Regulations.

The Pandemic Convention would be implemented under the WHO's Constitution, which grants its governing body the power to adopt conventions or agreements within the competence of WHO. Any such convention or agreement that is ratified will oblige each member of the WHO (including Canada) to adopt the convention—unless they notify the WHO of their objection within 18 months. The NCI heard that this means that the Pandemic Convention will be automatically adopted by Canada unless an official objection or reservation is filed.

The creation of this new Pandemic Convention is not a public process. It is being negotiated behind closed doors and will not be revealed to the public until complete. Some hearings have been conducted to allow input from accredited institutions about what the convention should include, but there is no process in place to allow for people to dispute whether the process itself is necessary.

An initial draft of the Pandemic Convention was unveiled earlier this year, and it contains concerning features such as

- increased tools for surveillance, and
- obligations for states to tackle false, misleading misinformation or disinformation.

Without knowing the details of how these will be defined in the Pandemic Convention, this indicates that the WHO is anticipating measures to violate individual privacy and censor dissenting voices as being a standard part of the next pandemic response. However, these types of measures have been identified by witness after witness in front of the NCI as causing severe harm.

The *International Health Regulations* are a product of decades of work between countries. Originally developed to address only six specific diseases, sweeping amendments and reform were adopted after the SARS hysteria of 2003 to take into account new and novel diseases that may appear in the future. These most recent changes introduced the concept of a declaration of a "public health emergency of international concern" (PHEIC). The declaration of a PHEIC is done by the WHO.

A declaration of a PHEIC opens up powers of the WHO—which can include NATO (North Atlantic Treaty Organization) “boots on the ground” to enforce quarantines and deliver medical aid. It also can create obligations on countries to purchase medical treatments, such as vaccines. The NCI heard that certain studies have concluded that serious conflicts of interest have already been found in respect of the 2009 declaration of a PHEIC for swine flu and the requirement for countries to purchase swine flu vaccines.

The NCI heard that Canada is already under an international obligation to comply and actively assess their compliance with the *International Health Regulations*.

In addition to Canada’s existing obligations under the *International Health Regulations*, sweeping changes are now being proposed that include:

- eliminating the concept of respect for the dignity, human rights, and freedoms of persons from the principles of the *International Health Regulations*;
- giving WHO greater authority over surveillance and monitoring of health threats;
- giving the WHO the authority to declare an “intermediate public health alert,” as opposed to a PHEIC;
- granting the WHO the power to change its medical and non-medical recommendations to respond to a PHEIC from non-binding recommendations to binding;
- working with partners to establish a global health certification network, which would verify the vaccination status of travellers; and
- expanding the scope of regulations to cover not just demonstrable, ongoing health emergencies but to cover all risks that have the potential to impact public health.

With the implementation of these two processes, we see an unprecedented attempt at shifting the responsibility for Canada’s public health to a foreign unaccountable body. And while it is true that Canada is a sovereign nation that ultimately has control over its responses to public health situations, these new processes may provide cover for politicians that are motivated to implement unpopular measures that affect the Canadian people.

The existing international health infrastructure under the WHO and the *International Health Regulations* explains why Canada and most of the Western world appears to have followed the same plan and implemented the same measures in response to COVID-19. This one-world approach to health responses actually has the potential to cause greater damage. It turns out that in hindsight, the measures enacted were not the correct response. Thus, the danger of coordinating responses under one umbrella is that a disaster could, in fact, be magnified instead of mitigated.

The results of these proposed changes appears to be the concentration of power over public health into fewer hands.

While international coordination of public health measures sounds like a noble and laudable goal, Canada should not cede its sovereignty, nor its ability to manage its own circumstances, to a foreign, unelected body. Because health issues and outcomes vary depending on each region's unique circumstances, international coordination of health responses should be voluntary and recommendatory only.

Moreover, it is difficult to reconcile Canada's potential new obligations under the Pandemic Convention and the *International Health Regulations* with Canada's obligations under International Human Rights law (discussed above under the section entitled, "Canada's Vaccine Measures and International Human Rights Law").

Recommendations

Based on the information provided in the testimony and other considerations, here are some recommendations on what Canada could do concerning international laws and treaties, especially in the context of the COVID-19 pandemic and potential future health crises:

- A. **Pandemic Convention:**³⁵ The NCI recommends that Canada register immediate reservation against the Pandemic Convention and the amendments to the International Health Regulations once they are put forth by the WHO to allow time for proper consideration of the initiatives and their potential impact on Canada. At the same time, Canada should conduct a public inquiry and consultation into the benefits and risks of both its current obligations under the WHO, and the proposed Pandemic Convention and proposed amendments to the *International Health Regulations*.
- B. **Review and Comply with International Human Rights Law:** Canada should thoroughly review its COVID-19 response measures in light of international human rights law. It should ensure that measures taken during the pandemic—such as vaccine measures, lockdowns, and restrictions on movement—consider international human rights standards. If any violations are identified, corrective actions should be taken.
- C. **Strengthen Informed Consent:** Canada should reinforce the importance of Informed Consent, especially in the context of medical treatments like vaccines. It should ensure that individuals have access to comprehensive information about medical treatments, including potential risks and benefits, and have the right to refuse treatment without coercion.
- D. **Enhance Vaccine Injury Compensation:** Canada should assess and improve its vaccine injury compensation program to make it more accessible to those who have suffered harm due to vaccinations. This should include a transparent, streamlined claims process, and increased transparency.

³⁵ https://apps.who.int/gb/inb/pdf_files/inb3/A_INB3_3-en.pdf (accessed 2023)

- E. **Conduct a Comprehensive Inquiry:** Canada should initiate a comprehensive and independent public inquiry into its pandemic response measures. This inquiry should have the authority to compel testimony and access relevant information. It should identify responsible parties for any human rights violations and recommend appropriate remedies.
- F. **Monitor WHO Developments Closely:** Canada should closely monitor and participate in negotiations related to the World Health Organization's Pandemic Convention and amendments to the *International Health Regulations*. It should advocate for transparency, respect for national sovereignty, and the protection of individual rights in these international agreements.
- G. **Protect National Sovereignty:** Canada should maintain its sovereignty over public health decisions. While international coordination can be valuable, it should not infringe on Canada's ability to tailor its responses to its unique circumstances. Any international agreements should be voluntary and non-binding.
- H. **Balance Health and Human Rights:** Canada should strike a balance between public health measures and human rights. While protecting public health is crucial, measures taken during health emergencies should be lawful, legitimate, necessary, proportional, and temporary. Canada should avoid disproportionately infringing on human rights.
- I. **Promote Transparency and Debate:** Canada should ensure that information relevant to pandemic measures is disclosed to the public, allowing for informed debate and discussion. Public health measures should be debated openly in democratic forums, allowing for diverse perspectives to be considered.
- J. **Provide Redress for Victims:** Canada should ensure that victims of human rights violations, including those resulting from pandemic measures, have access to effective remedies. This includes compensation for losses and harm suffered due to these violations.
- K. **Engage with Civil Society:** Canada should engage with civil liberties organizations, human rights advocates, medical professionals, and other relevant stakeholders, including the public, to ensure that responses to health crises are well-informed and respectful of human rights.

These recommendations are aimed at ensuring that Canada's responses to health emergencies uphold international human rights standards, protect individual freedoms, and safeguard national sovereignty, while promoting public health. It's important for Canada to strike a balance between these critical considerations in its domestic and international actions.

7.1.7. Coercion Does Not Equal Consent

Introduction

The principle that coercion does not equal consent is universally accepted as true in the case of sexual activity. It is hard to see how it is not equally as true when it comes to providing a medical treatment such as a vaccine—even more so when the medical treatment is a novel treatment with no long-term safety or effectiveness data.

Discussion

Coercion refers to the use of tactics like pressure, trickery, or emotional force to get someone to do something they otherwise do not want to do. Consent is not freely given if a person is pressured or threatened to agree to something.

What is surprising is how easily Canadians and their courts accepted coercive government actions in pursuit of getting every person injected with the same substance, regardless of a person's medical history or risk for serious disease from COVID-19. The hard-won principle of "my body, my choice," gained by feminists after years of fighting for the rights of women to control their own bodies, vanished during the second year of the pandemic. It was replaced with a constant drumbeat by public officials, supported by the media, of safe and effective, which was accompanied by politicians and public figures stating that measures would not be lifted unless everybody "did their part."

Canadians who hesitated to get vaccinated were branded as anti-vaxxers, despite having voluntarily received every other vaccine, recommended by public health, in their lives. Politicians encouraged people to blame the unvaccinated for the restrictive measures that stopped them from getting back to normal. Those who had taken the COVID-19 vaccines felt morally superior and validated in scorning those who didn't "do the right thing." Public shaming became a societal norm.

Witness after witness took the NCI stand and proclaimed, "I am not an anti-vaxxer," at the same time as refusing to take a COVID-19 vaccine. Why did they feel the need to make such a proclamation? Because Canadian society had devolved to the point where open denigration of the unvaccinated was permitted and even encouraged.

Coercion was applied in virtually every aspect of Canadians' lives. Workplace mandates caused many to accept a COVID-19 vaccine who didn't want one. People who supported their families simply couldn't afford to lose their jobs. The NCI heard from many witnesses that they or a loved one felt compelled to take the injection, under the threat of losing their livelihood. This does not resemble freely given consent.

Vaccine passes were designed to encourage vaccination by denying the unvaccinated access to everything not deemed essential. Thus, people were denied access to their own children's schools and sports events, to their vulnerable relatives in long-term-care homes, and to basic services such as gyms, restaurants, and movie theatres. The message was clear: If you want access to these people/things that you like/love, you must submit to vaccination. This is not freely given consent.

Vaccine passes were required for businesses, such as liquor stores in some provinces, that are frequented by vulnerable people. This ensured that persons with addiction problems would get vaccinated in order to gain access to their drug. At the same time, support services such as Alcoholics Anonymous had been locked down, ensuring that alcoholics had only one path: vaccination. Taking advantage of people's vulnerabilities in this way was shocking and un-Canadian.

How did this principle that coercion does not equal consent become forgotten? Was it overlooked or deliberately buried?

The NCI heard testimony that legal opinions were obtained by some employers who implemented vaccine mandates in the workplace. Since we did not have the benefit of reviewing any of these opinions, we can only guess at how lawyers could justify the coercive nature of workplace mandates. One legal expert testified to the NCI that vaccine passports would likely not be viewed as breaching Charter rights, since each person technically had the right to refuse a vaccine. The reasoning being that even if exercising the right to refuse resulted in a loss of the ability to work, travel, or generally participate in society, then this was a voluntary choice. Presumably, this type of reasoning was used to support the mandates.

This likely explains how much of Canadian society appeared to easily adopt the view that choices have consequences, in order to rationalize the coercive measures applied to unvaccinated people. However, it begs the question of where the line is between a voluntary choice and coercion. Wherever that line lies, it is difficult to see how the threat of losing your ability to financially support yourself and your loved ones could be anything but coercion.

If the loss of your job wasn't enough of a coercive force, the Government of Canada further increased pressure by declaring that employment insurance would be denied to those who lost their jobs due to a refusal to get vaccinated. This ensured there was no financial safety net for those who accepted job loss as the consequence of their decision not to receive a COVID-19 vaccine.

The employment insurance program in Canada is designed to be a safety net for Canadians. It is not a voluntary program; employees must pay into it. In return for a deduction off of every paycheque, employees expect that they will receive financial assistance in the event of job loss. Virtually every witness who testified about losing their job due to a vaccine mandate also testified that they were denied employment insurance benefits. The denial of these benefits served only one purpose: to cause as much financial pressure as possible on Canadians to accept a COVID-19 vaccine. This is not freely given consent.

Instead of using scientific evidence to convince people of the benefits of the COVID-19 vaccines, governments discussed vaccine hesitancy as something distasteful and used it as a wedge issue to turn Canadians against each other. The government could have engaged in a campaign to encourage vaccination by, for example, demonstrating that increased vaccination rates would result in, or were resulting in, better health outcomes. Instead, governments openly admitted that vaccine measures were aimed at modifying behaviour.³⁶

Moreover, the NCI discovered that the data published by health authorities was dishonest when comparing vaccinated against unvaccinated persons in areas such as infections, hospitalizations, and deaths. It was discovered that health authorities continued to count people as “unvaccinated” for 14 days following an injection. In this way, all infections, hospitalizations, and deaths in that 14-day window were attributed to unvaccinated people—despite occurring in people who had received a COVID-19 vaccine. At the same time, the people in this 14-day window had higher rates of COVID infection, hospitalization, and death than people who had received no COVID-19 vaccine. Publishing skewed data in this dishonest way led people to conclude that they should get vaccinated. Soliciting consent based on dishonesty is inherently coercive.

The Government of Canada’s intent to push vaccination on every member of its population appears to have its origins early in the pandemic, before any vaccines existed at all. Natasha Gonek testified that in 2020, prior to the existence of any COVID-19 vaccines, the Government of Canada created the Immunization Partnership Fund. This initiative was funded with \$45.5 million for the stated purpose of helping Canadians make informed vaccination decisions. Some of the specifically targeted groups for the project were newcomers to Canada and pregnant women. This leads to the troubling question: How much effort and study did the Government of Canada put into determining the coercive steps it could impose on Canadians?

The problem with the “choices have consequences” position can be easily demonstrated by applying it to other situations, such as coercion to participate in sexual activity or coercion to undergo reproductive sterilization. It is easy to see why you cannot threaten someone that they might lose their job if they refuse to engage in sexual activity. Why, then, was it okay to threaten people’s jobs over an injection?

³⁶ The NCI watched video evidence from press events in both British Columbia and Newfoundland and Labrador, wherein government officials acknowledged that their measures were aimed at changing behaviour, as opposed to creating better health outcomes.

The pressures felt by those who didn't want a COVID-19 vaccine were demoralizing and dehumanizing. Witness after witness testified about feeling alone, isolated, depressed, and dejected. Many described having suicidal thoughts. People testified about being banned from family and social events, being threatened by neighbours, being shamed at work, being attacked on social media, and being denied contact with grandchildren, parents, grandparents, and other family. Many spoke of pressure from friends and family to "do the right thing," imparting a moral judgment on their personal medical decision. One witness was told that she had "blood on her hands."³⁷

Institutes of higher education and colleges imposed the same measures as many workplaces, requiring a COVID-19 vaccine not only to attend classes in person but also online classes. The denial of online access was intended to coerce students to get vaccinated. By denying them any access to education at all, post-secondary students were forced to either give up their education goals or submit to vaccination. This was coercion.

The Government of Canada made the vaccine mandates the main issue in a snap election called in the fall of 2021. Shortly after the election, the government announced the implementation of vaccine mandates for travel, both domestic and international. In the world's second-largest country (by area), a vaccine requirement for planes and trains amounted to an inability for Canadians to travel for work and to visit family. Canadians were also effectively prevented from leaving their country by these measures, as the only land border is with the United States, which had imposed a vaccine mandate for entry.

The Prime Minister of Canada cruelly announced that unvaccinated people would not be able to sit on planes next to vaccinated people, to the cheers of a crowd of people. At this same time, it was already known that vaccinated people could transmit the COVID-19 virus to other vaccinated people. This inconvenient fact went unacknowledged so that pressure on the unvaccinated could continue.

Governments across the country embarked on a coercive mission to get every Canadian vaccinated, regardless of whether they wanted it or not. Any person who resisted vaccination faced the denial of basic rights and freedoms that were allowed to other Canadians. The restrictions were designed to make life difficult until people submitted to vaccination. No measure was too strong. Ultimately, the only step that wasn't taken was holding people down and forcing an injection into their arm.

When did coercion become acceptable in Canada? Will the vaccine measures and mandates go down in history as a grave societal mistake? How long will it take before Canadian politicians, media, and the courts recognize the harms and indignity that were inflicted on people in the name of a novel medical treatment?

³⁷ Kristen Nagle, Ottawa hearing.

The testimony of Canadians at the NCI cries out with the pain suffered as a result of coercion in the name of COVID-19 vaccines. In the end, we were unable to discern any justification for the coercive vaccine measures. The governments of Canada should apologize to each and every Canadian who was harmed, and commit to never employing such measures against the Canadian population again.

Testimonial Examples of Coercion

Patients who had experienced vaccine injury, as confirmed by a physician, were contacted by public health authorities who recommended that they take another COVID-19 vaccine. (Dr. Patrick Phillips, Truro, NS)

A patient who required an organ transplant was taken off the surgery waitlist due to her refusal to accept the COVID-19 vaccine. She did accept re-vaccination of all childhood vaccines and had proof of COVID antibodies. Despite this, the doctors refused to perform her surgery unless she consented to a COVID-19 vaccine. The NCI has learned that she has since passed away. (Sheila Lewis, Ottawa, ON)

People who were suspended or fired from their jobs as a result of vaccine mandates at work, most of whom were also denied any employment insurance benefits:

- **Cathy Careen** (Truro, NS)
- **Vonnie Allen** (Truro, NS)
- **Terry LaChappelle** (Truro, NS)
- **Amie Johnson** (Truro, NS)
- **Sabrina McGrath** (Truro, NS)
- **Joe Behar** (Truro, NS)
- **Janessa Blauvelt** (Truro, NS)
- **Linda Adshade** (Truro, NS)
- **Katrina Burns** (Truro, NS)
- **Tami Clarke** (Truro, NS)
- **Oliver Kennedy** (Toronto, ON)
- **Victoria McGuire** (Toronto, ON)
- **Lynn Kofler** (Toronto, ON)
- **Sean Mitchell** (Toronto, ON)

- **Cindy Campbell** (Toronto, ON)
- **Kimberly Snow** (Toronto, ON)
- **Greg Hill** (Toronto, ON)
- **Ksenia Usenko** (Toronto, ON)
- **Dr. Eric Payne** (Toronto, ON)
- **Jason Kurz** (Toronto, ON)
- **Scarlett Martyn** (Toronto, ON)
- **James Erskine** (Winnipeg, MB)
- **Sean Howe** (Winnipeg, MB)
- **Devon Sexstone** (Winnipeg, MB)
- **Jessica Kraft** (Winnipeg, MB)
- **Michelle Malkoske** (Winnipeg, MB)
- **Cindy Stevenson** (Saskatoon, SK)
- **Ryan Orydzuk** (Saskatoon, SK)
- **Elodie Cossette** (Saskatoon, SK)
- **Bridgette Hounjet** (Saskatoon, SK)
- **Chantel Kona Barreda** (Saskatoon, SK)
- **Jody McPhee** (Saskatoon, SK)
- **Jacques Robert** (Red Deer, AB)
- **Scott Crawford** (Red Deer, AB)
- **Babita Rana** (Red Deer, AB)
- **Grace Neustaedter** (Red Deer, AB)
- **Suzanne Brauti** (Red Deer, AB)
- **Darcy Harsch** (Red Deer, AB)
- **Philip Davidson** (Vancouver, BC)

- **Dr. Chris Shaw** (Vancouver, BC)
- **Aurora Bisson-Montpetit** (Vancouver, BC)
- **Lisa Bernard** (Vancouver, BC)
- **Dr. Ben Sutherland** (Vancouver, BC)
- **Zoran Boskovic** (Vancouver, BC)
- **Camille Mitchell** (Vancouver, BC)
- **Josée Belleville** (Québec City, QC)
- **Jérémie Miller** (Québec City, QC)
- **Gary Lalancette** (Québec City, QC)
- **Jean-Philippe Chabot** (Ottawa, ON)
- **Captain Scott Routley** (Ottawa, ON)
- **Laurier Mantil** (Ottawa, ON)

A woman had a stroke after her first injection of a COVID-19 vaccine. She was advised to get a second dose and that if she had concerns about having another stroke, then she should get it before her prescription for blood thinners ran out. She was denied a medical exemption from the second dose by her physician. She therefore lost her job. (Leigh-Anne Coolen, Truro, NS)

People who testified that they felt coerced to take the vaccine to keep their employment, comply with rules to visit or care for a loved-one, to travel or to attend school:

- **Peter Van Caulart** (Truro, NS)
- **Ellen Smith** (Truro, NS)
- **Josephine Fillier** (Truro, NS)
- **Marc Auger** (Toronto, ON)
- **Prof. Heather Church** (Toronto, ON)
- **Carley Walterson-Dupuis** (Winnipeg, MB)
- **Steven Kiedyk** (Winnipeg, MB)
- **Charlotte Garrett** (Saskatoon, SK)
- **Krista Hamilton** (Saskatoon, SK)

- **Joelle Valliere** (Red Deer, AB)
- **Michelle Ellert** (Red Deer, AB)
- **Madison Lowe** (Red Deer, AB)
- **Jennifer Curry** (Red Deer, AB)
- **Serena Steven** (Vancouver, BC)
- **Shawn Muldoon** (Vancouver, BC)
- **Mélissa Sansfaçon** (Québec City, QC)

Tragically, almost every person who testified that they were coerced to take the injection also reported that they had suffered an injury as a result.

Recommendations

The report highlights various instances of coercion and its impact on individuals' decisions regarding COVID-19 vaccination. To address these issues and mitigate the failures of the system, here are eight recommendations:

A. Protect Individual Rights

- **Legislation Against Coercion:** Introduce legislation that explicitly prohibits coercive tactics, whether by employers, educational institutions, or any other entity, in relation to medical treatments, such as vaccinations. Ensure that individuals have the freedom to make informed choices without undue pressure.

B. Transparency and Accountability

- **Require Organizations to Provide Legal Basis of Mandates Imposed:** Conduct a comprehensive review of the legal opinions obtained by employers who implemented vaccine mandates. Ensure these opinions align with fundamental principles of consent and individual rights. Publish these legal opinions for public scrutiny.

C. Access to Education and Work

- **Online Learning Options:** Ensure that individuals who choose not to get vaccinated have access to online education, especially in institutes of higher education, to avoid coercion through denial of educational opportunities.
- **Job Protection:** Enact legislation to protect employment insurance benefits for individuals who choose not to get vaccinated. Losing employment due to vaccine refusal should not lead to financial hardship.

D. Informed Decision-Making

- **Factual Communication:** Government and public health authorities should communicate drug information transparently and factually. Encourage vaccination through education, emphasizing the benefits of vaccination rather than resorting to coercion.
- **Accurate Data Reporting:** Ensure accurate reporting of COVID-19 data, including vaccine effectiveness, and avoid any manipulation or misrepresentation that may lead to coercion.

E. Address Vulnerabilities

- **Support Vulnerable Groups:** Recognize and support vulnerable populations, such as those with addiction issues, with strategies that do not resort to coercion. Ensure they have access to essential services and support networks.

F. Independent Oversight

- **Ombudsman or Commission:** Establish an independent body, like an ombudsman or commission, to investigate cases of coercion and violations of individual rights related to vaccination. Provide a channel for individuals to report coercion and seek redress.

G. Avoid Political Exploitation

- **Ethical Political Discourse:** Encourage ethical political discourse around public health measures, including vaccinations. Ensure that political campaigns do not exploit vaccination issues or use coercion for political gain.

H. Rebuild Trust

- **Public Apology:** Governments should issue public apologies to individuals who felt coerced into vaccination and acknowledge the harms caused by these coercive measures. Rebuilding trust should be a priority.

These recommendations aim to strike a balance between promoting vaccination for public health and respecting individual rights and choices. They seek to prevent coercion, protect individual freedoms, and rebuild trust between the government and its citizens, especially in the context of medical treatments like vaccines.

7.1.8. Emergency Planning & Plan Execution

Introduction

An essential role of any government is to plan for and act appropriately during times of national or regional emergencies. This function of government has been recognized in Canada for decades, and in the 1950s the federal government established a training college to provide emergency training courses and to foster training and cooperation in emergency situations between federal, provincial, and territorial governments.

Emergency response training is still provided by the federal government through the Canadian Emergency Management College.

On their website, Public Safety Canada³⁸ states the following:

Natural disasters, pandemics, cyber incidents and terrorism can all cause emergencies in Canada. Emergencies can quickly escalate in scope and severity, cross jurisdictional lines, and take on international dimensions. Emergency management planning can save lives, preserve the environment and protect property by raising the understanding of risks and contributing to a safer, prosperous, sustainable, disaster resistant, and resilient society in Canada.

Emergency management is a core responsibility of the Government of Canada and a collective responsibility of all federal government institutions. This is why Public Safety Canada is taking steps to promote a coordinated approach and more uniform structure to the management of emergencies by providing guidance to federal government institutions on how to develop emergency management plans. A coordinated approach to emergency management planning will strengthen the Government of Canada's capacity to prevent, protect against, respond to, and recover from major disasters and other emergencies.

The "Emergency Management Planning Guide" supports federal institutions in meeting their responsibilities under the [Emergency Management Act](#) to prepare and maintain mandate-specific emergency management plans. The Guide provides the framework for federal government institutions to undertake mandate-specific all-hazards risk assessments and planning activities within all four integrated functions of emergency management:

- [mitigation/prevention](#),
- [preparedness](#),
- [response](#), and
- [recovery](#).

³⁸ Public Safety Canada, Government of Canada. <https://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/mrgnc-prprdss/mrgnc-mngmnt-plnng-en.aspx>. (accessed October 31, 2023)

The Government of Canada has a federal policy for emergency management, as set out on the following website:

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/plc-mrgnc-mngmnt/index-en.aspx>

According to the federal policy for emergency management:³⁹

The federal government is responsible for emergency management at the national level in its exclusive jurisdictions and on lands and properties under federal responsibility. Provincial and territorial governments exercise responsibility for emergency management within their respective jurisdictions except where legislation allows for direct federal intervention or for shared responsibility. If any emergency threatens to overwhelm the resources of a province or territory, federal institutions may respond to the request or if an emergency has a national implication. A provincial request for assistance during an emergency indicates that the province requires federal support to achieve an objective. While the province may indicate the specific resources and capabilities required, in most instances federal departments and agencies will need to define the appropriate response. Federal institutions can also make preparations in advance of anticipated need or request for assistance from a province or territory.

In researching how the provincial governments have integrated their own emergency response programs, a number of provincial programs were reviewed.

The government of Manitoba's website includes a copy of [The Emergency Measures Act](#) which sets out the responsibilities of the provincial and municipal governments in case of an emergency.

Other provincial governments and territories in Canada have similar legislation to deal with emergencies.

In Ontario, the legislation is called the [Emergency Management and Civil Protection Act](#)

In Alberta, the legislation is called the [Emergency Management Act](#).

It is imperative, following the implementation of emergency plans during the COVID-19 pandemic, to evaluate the emergency measures undertaken to evaluate their effectiveness in mitigating the risks associated with the COVID-19 outbreak, and to determine whether or not the steps taken actually adhered to the legislation at all levels of government as set out by the various legislations.

To undertake this task, the Commissioners have relied on the testimony of various witnesses who appeared at the hearings.

³⁹ Section 2. Preamble, 2.3 subsection. (accessed October 31, 2023)

Testimony Concerning Emergency Planning & Plan Execution During Pandemic

Direct testimony was received from witnesses concerning the actions of the various levels of governments during the COVID-19 emergency or pandemic.

Witnesses included the following:

Lieutenant Colonel David Redman

Canada Deviated from Strategic Pandemic Response

Lt. Col. Redman testified that most provinces and territories in Canada approach emergencies in a similar way. The emergency measures organizations in Canada are tasked with responding to all manner of emergencies in Canada, while mitigating the effects of the emergency on the totality of Canadians' society.

Every province and territory in Canada had a pandemic plan prepared prior to the declaration of the COVID-19 pandemic in March of 2020.

<https://pandemicalternative.org/index.php/resources/11-resource-pandemic-plan>

The following was taken from the Pandemic Alternative Website, as presented by Lt. Col. Redman:

Pandemic Plans from around Canada

Pandemic plans listed on the Government of Canada website

<https://www.canada.ca/en/public-health/services/flu-influenza/pandemic-plans.html>

Alberta's Influenza Pandemic Plan (2014)

<https://open.alberta.ca/dataset/c89245b6-a7fc-4c24-be87-c2686341ffb5/resource/a652811e-42f2-4c0d-90af-54e0e759e05e/download/2014-albertas-pandemic-influenza-plan-apip-march-2014.pdf>

British Columbia's Influenza Pandemic Plan (2014)

<https://www.crd.bc.ca/docs/default-source/emergency-pdf/bc-pandemic-influenza-consequence-management-plan.pdf?sfvrsn=0>

Manitoba's Influenza Pandemic Plan

https://www.gov.mb.ca/asset_library/en/documents/influenza/Pandemic_Overview.pdf

Newfoundland's Pandemic Plan (2007)

<https://www.gov.nl.ca/hcs/files/publichealth-pandemic-complete-pandemic-web.pdf>

New Brunswick's Influenza Pandemic Plan (2006)

https://www2.gnb.ca/content/dam/gnb/Departments/ps-sp/pdf/emo/Pandemic_Planning-e.pdf

Northwest Territories' Pandemic Guide (2020)

https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/hss_pandemic_guide_and_checklist.pdf

Nova Scotia's Influenza Pandemic Plan (2013)

https://novascotia.ca/dhw/cdpc/documents/Respiratory_Response_Plan_for_Public_Health.pdf

Nunavut's Pandemic Path (2020)

https://gov.nu.ca/sites/default/files/nunavuts_path_final_framework_-_eng_sm.pdf

Ontario's Influenza Pandemic Plan (2013)

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

Prince Edward Island's Pandemic Plan

https://www.princeedwardisland.ca/sites/default/files/publications/pandemic_influenza_contingency_plan.pdf

Québec's Influenza Pandemic Plan (2006)

<https://publications.msss.gouv.qc.ca/msss/fichiers/2005/05-235-05a.pdf>

Saskatchewan's Influenza Pandemic Plan (2009)

<https://www.homelesshub.ca/sites/default/files/vmd0jm0k.pdf>

Yukon Territory's Influenza Pandemic Plan (2020)

<https://yukon.ca/sites/yukon.ca/files/cs/cs-yg-pandemic-coordination-plan.pdf>

None of the provincial or federal governments fully utilized the recommendations contained in those existing plans.

The COVID-19 pandemic response was flawed from the very beginning in the following ways:

- The responses did not take into account the emergency pandemic plans that had already been created;
- The overall goal of the pandemic response was incorrect. The stated goal was to “protect the healthcare system.” A more appropriate goal should have been to minimize the impact of the virus/disease on all of society.
- The government did not utilize the preexisting emergency response apparatus that existed at all levels of government. Each province and territory had professional people trained in planning for implementing and monitoring an integrated response to any and all emergency situations.

- All emergency responses in Canada are to be under the direct control and supervision of elected officials. During the COVID-19 pandemic, control and authority of all aspects of Canadian society were handed over to non-elected bureaucrats within the healthcare area. These individuals were not elected, and had no substantive actual training in coordinating a response to an emergency situation.
- Fear and terror were used to control the population.
- The government representatives did not express confidence in their plan, nor did they express an overall plan to the population.
- No new surge capacity was constructed within the medical system, and the government took steps to eliminate normal services in order to free up resources. This resulted in lack of medical services for the overall population, including cancellation of care, diagnosis, and treatment of disease and injuries.
- A major planning mistake was bringing people infected with COVID-19 into existing hospitals, thereby potentially infecting the entire facility and staff. If COVID-19 had indeed been the deadly pathogen that we were told, separate treatment centres should have been set up to isolate COVID patients from the existing system that was needed to provide general healthcare.
- The sharing of resources across jurisdictions is a normal function during emergencies, but this practice was discouraged and demonized during the COVID-19 pandemic. The media used any hint of this to make the case that the healthcare system was overwhelmed.
- The government appeared to be unaware of what was going on in the healthcare system and in society overall. The measures that had initially been implemented were not adjusted based on the actual situation being experienced on the ground. An example of this might be that although it was understood as early as March of 2020 that different population groups had different levels of risk and outcomes from COVID-19, resources were expended needlessly in groups that had little or no risk from dying of COVID-19.
- Pandemics are “public emergencies,” not “public health emergencies.” The Premier of every province should have established a task force made up of major public sector ministries to lead, coordinate, and support the efforts. In no instance should public health have been put in the lead of the emergency plan and its overall execution across the entire society. The coordinating agency EMO (emergency measures organization) should have been in charge of the entire response across all societal sectors, this would have guaranteed a balanced and considered response.
- Those who developed and implemented the government response did not fully understand the economic and social impacts of the mitigative measures and attempted to minimize these impacts.

- Continuity of all services and businesses should have been a priority, with assistance being provided to those areas which were actually prevented from accomplishing their tasks.
- No considerations were given to the protection of individual rights and freedoms.
- Government and public health messaging failed to address and manage fear, and instead stoked and inflamed it.
- A realistic cost-benefit analysis was never carried out for each of the measures undertaken so that all effects of the proposed measures could be analyzed.
- Non-pharmaceutical interventions had previously been studied and most were determined to be non-effective; however, they were implemented without consideration of previous experience or reasons given for why they would be appropriate for this particular pandemic.
- No written plans were ever issued by the government or the media to the public so that citizens could make informed decisions.
- Government and media collaborated to promote a certain narrative without consideration of the actual known facts and information.
- Both the government and media developed a narrative which demonized persons who had tested positive for COVID-19 and/or were demonstrating symptoms of COVID-19.
- A recovery plan was never developed or implemented to address the widespread damage that had been done to Canadian society.
- Seventy-three per cent of all reported COVID-19 deaths occurred in long-term-care facilities. This is a controlled and contained population which should have effectively been addressed in a focused way.
- Medical professionals, who were asked during their testimony, had no training or awareness of any pre-existing influenza pandemic plan.

Conclusions

The Canadian response to the COVID-19 pandemic failed in all major areas of emergency response management.

Emergency response was put in the hands of unelected health officers, and elected officials abrogated their legislated responsibilities.

Emergency response planning and implementation must be carried out from the bottom up, since the circumstances of any emergency vary based on actual conditions on the ground.

Federal authorities implemented emergency plans across the country, as opposed to only providing support to local emergency plans.

Despite the existence of detailed pandemic response plans, the government response to the COVID-19 pandemic ignored most of these pandemic response plans.

Existing emergency measures personnel and procedures were not utilized during the pandemic.

The government pandemic plan did not evaluate the overall collateral effects of the measures implemented.

The pandemic measures imposed by government did not take into account the evolving situation.

Recommendations

Based on the totality of the witness testimony, the following recommendations are presented:

- A. **Emergency measures organizations** (EMOs) must be in charge of planning, implementation, and recovery from any and all “emergencies.”
- B. **Public health officials** should never be put in charge of emergency response. They should be a critical component of the planning but should never be charged with running a response.
- C. **Emergency Management Act** powers must supersede the powers of the various public health officers. The public health officers must come under the authority of the emergency management agencies.
- D. **Elected officials** must remain in charge of all emergency measures.
- E. **Follow existing emergency plans.**
- F. **Make sure all emergency plans** are publicized and the contents well known by stakeholders in all affected areas.
- G. **Require mandatory training** of emergency response personnel.
- H. **Follow all emergency measures** legislation in each jurisdiction.
- I. **Emergency planning** must be driven from the bottom up.
- J. **Federal government should not** be leading emergency response. They should be limited to supporting the requirements of the local authorities.
- K. **Media and government cannot be allowed to collude** to present a pre-approved information campaign.
- L. **The consultation process** should involve the public, and the comprehensive plan to tackle the pandemic emergency should be regularly, consistently, and promptly communicated to the public.

- M. **In any future emergencies**, the government should focus on mitigating public fear and anxiety rather than resorting to fear and terror as a means to secure compliance.
- N. **Require mandatory cost-benefit analysis** of any and all emergency measures considered and/or imposed.
- O. **Require transparency in decision-making.**
- P. **Support open public discourse**, without censorship.
- Q. **Require a mandatory recovery plan** to fix the collateral damage done by the pandemic measures.
- R. **Require a mitigation plan** for all societal damage done by the pandemic measures.
- S. **Establish regulations to ensure** that the elected officials are never sidelined or abrogate their powers to unelected bureaucrats.
- T. **Commission an independent study** which is required to include members of the emergency measure organizations from across Canada.
- U. **Rebuild emergency response** organizations across Canada.

7.1.9. COVID-19 Pandemic Mandates in the Workplace

Introduction

Many of the witnesses described how their employers, including both government and private industry employers, mandated certain “public health measures” during the pandemic.

These measures included such things as:

- Mandated vaccines
- Face masks
- Social distancing
- Work from home

A number of these industries may have been regulated by the federal government, such as railways or airlines, but many businesses were not.

The Canadian government mandated COVID-19 vaccines for all federally regulated employees and travellers on October 30, 2021.

<https://www.canada.ca/en/treasury-board-secretariat/news/2021/10/backgrounder-Covid-19-vaccine-requirement-for-the-federal-workforce.html>

A list of the departments and industries affected can be found in schedules I and IV. See links below:

[Schedule I](#)

[Schedule IV](#)

According to the Government of Canada, this order included approximately 267,000 employees.

Provincial and territorial governments also enacted similar requirements for their employees. The timelines for implementation varied by jurisdiction, as did the scope of the mandates.

Within the provincial and territorial jurisdictions there was a mixture of requirements ranging from mandatory vaccinations to required COVID-19 testing.

Witness statements indicated that many employers, both public and private, enacted face masking, social distancing, and work-from-home programs as early as March of 2020. Compulsory COVID-19 genetic vaccine requirements were generally put in place in the fall of 2021, and they were maintained for approximately one year.

Testimony Concerning COVID-19 Mandates in the Workplace

Private companies unilaterally imposed mandates on workers outside of their existing labour contracts, based on a wholesale adoption of the Government of Canada's or Provincial or Territorial health directives.

Most workers complied with the face masking, social distancing, and work-from-home programs.

Witness testimony primarily focused on those workers who refused to comply with the mandatory vaccine regulations.

Testimony indicated that when a worker refused to take the mandated vaccines, they were dismissed either for cause or for, in many instances, insubordination. Many were put on extended indefinite leave without pay, and were thus denied the ability to receive employment insurance benefits.

Being placed on leave without pay for non-compliance with a unilaterally imposed change in employment conditions is normally considered "constructive dismissal." It is unclear how the actions of these employers has not been defined as constructive dismissal.

On the Government of Canada website, the definition of *constructive dismissal* is provided.

<https://www.canada.ca/en/employment-social-development/programs/laws-regulations/labour/interpretations-policies/constructive-dismissal.html>

According to the Government of Canada:

The phrase "constructive dismissal" describes situations where the employer has not directly fired the employee. Rather the employer has failed to comply with the contract of employment in a major respect, unilaterally changed the terms of employment, or expressed a settled intention to do either, thus forcing the employee to quit. Constructive dismissal is sometimes called "disguised dismissal" or "quitting with cause" because it often occurs in situations where the employee is offered the alternative of leaving or of submitting to a unilateral and substantial alteration of a fundamental term or condition of his/her employment. Whether or not there has been a constructive dismissal is based on an objective view of the employer's conduct and not merely on the employee's perception of the situation.

It is the employer's failure to meet its contractual obligations that distinguishes a constructive dismissal from an ordinary resignation. The seriousness of the employer's failure as well as the amount of deliberation apparent in its actions are also important factors.

The employer's action must be unilateral, which means that it must have been done without the consent of the employee. If it is not unilateral, the variation is not a constructive dismissal but merely an agreed change to the contract of employment. Generally, if the employee clearly indicates non-acceptance of the new conditions of employment to the employer, there has been a constructive dismissal only if the employee leaves within a reasonable (usually short) period of time. By not resigning, the employee indicates his/her acceptance of the new conditions of employment.

Many witnesses described how they asked their labour unions to intercede on their behalf and that the unions would not take up the cases of their union members who were laid off, fired, or constructively dismissed.

Unionized workers had no access to individual review by human rights agencies due to their pre-existing union agreements.

Witnesses described how they attempted to get exemptions to the mandates, based on medical or religious beliefs, and that in most instances their requests were denied.

Many of the witnesses who testified before the Commission were unsuccessful in actions against their employers based on constructive dismissal. Although the definition noted above is from the federal government and is based on the provisions of the *Canada Labour Code*, similar such provisions exist in the provinces and territories throughout Canada.

Workers who had legitimate concerns about the COVID-19 genetic vaccines were faced with a limited set of devastating choices, if they were to stand true to their own convictions. These choices included being terminated, early retirement, forced retirement, or voluntary resignation.

Scarlett Martyn

Impact of Vaccine Mandates

Scarlett Martyn was an advanced care paramedic with special training in disaster response (Heavy Urban Disaster Team). She was first suspended and then terminated for "willful misconduct and jeopardizing workplace health and safety," after 24 years of service. This was based on her refusal to be vaccinated for COVID-19. She had evidence that confirmed she had natural immunity to COVID-19 and did not require an injection.

Ms. Martyn described a toxic work environment within the health service after the vaccines became available. This toxic environment extended to health care workers within the system and toward patients who were seeking service.

The impact of the vaccine mandates on the readiness and capacity of the Canadian Armed Forces was discussed by Catherine Christensen during her testimony.

Catherine Christensen

Canadian Military Decimated

Ms. Christensen testified that the Canadian Armed Forces lost an estimated 3000 to 5000 personnel due to the mandatory vaccination policy, out of a regular force of 68,000. This was the highest loss of personnel since World War II.

Ms. Christensen stated that the cost to the Canadian Armed Forces exceeded \$3 billion in loss of training, experience, and expertise. This did not include costs to the members.

She further discussed the toxic environment that was promoted and created within the Canadian Armed Forces against the unvaccinated, which she claimed continued.

Laurier Mantil

Balancing Pregnancy and Safety

When her employer instituted a vaccine mandate in the fall of 2021, she was pregnant, so she did not want to get the vaccine. She applied for an exemption on the basis of human rights. She did not get laid off for non-compliance, as prior to the employer-ruling, she went on maternity leave. Her other co-workers who did not comply were terminated.

Camille Mitchell

Pharmacist Camille Mitchell's Testimony on Vaccine Mandates in Healthcare

Based on her 26-year experience as a pharmacist, she had decided she did not want to take the vaccine. At the time of the vaccine mandates, she was working in the hospital pharmacy. Due to her refusal to get vaccinated, she was terminated from her hospital position, which she held for nine years. Prior to being terminated, she applied for an exemption under a declaration of faith. The employer did not acknowledge the declaration of faith.

Although she found new employment at a community pharmacy, she had to re-certify to administer injections, and she believed testifying before the Commission put her employment at risk under Bill 36.

Zoran Boskovic

Lost Job Due to Vaccine Mandates

He was working for the provincial government as a forester at the time of the COVID-19 vaccine mandates. He had been infected with and recovered from COVID-19 in the summer of 2021. His employer brought in a mandatory COVID-19 vaccine policy in the fall of 2021. Both he and his wife applied for a medical exemption due to previous infection and natural immunity. His application was denied.

He was put on three months leave without pay, and then he was terminated. He was terminated by the province on the same day that the federal government removed their vaccine mandate for federal workers.

He was denied employment insurance benefits. He took early retirement after being terminated, and his pension benefits are at a reduced rate.

Dr. Ben Sutherland

Lost his Position at Fisheries and Oceans Due to Non-Compliance with Vaccine Mandates

Dr. Sutherland was a research scientist at the department of Fisheries and Oceans. During much of the pandemic, he was working from home. He had a medical condition and asked if the vaccines had been tested on people with his condition. It had not been tested. He tried to get an exemption from the vaccine mandate from his doctor, based on his pre-existing condition, but was denied.

He tried to get support from his union, but the union would not support him.

He was terminated on November 15, 2021. There were some issues surrounding the termination; the employer told him he was suspended without pay, but on his record of employment was code M. He was able to get employment insurance.

According the Government of Canada website:

Code M–Dismissal or suspension

Use Code M when the employer initiates the separation from employment for any reason other than layoff or mandatory retirement (that is, the employee is leaving the workplace because he or she has been dismissed by the employer). Also use this code when the employee is suspended from their employment.

James Jones

Vaccine Mandates, Workplace Bullying and Wife Suicide

Mr. Jones' wife was subject to a vaccine mandate at BC Transit. The mandate was not imposed by government regulation, but a vaccine mandate was adopted by company management. His wife did not want to take the vaccine because they were wanting to get pregnant. Mr. Jones and his wife had done research on potential side effects due to the vaccines and had serious concerns.

They attempted to apply for an exemption to the mandatory vaccine, based on their concerns with safety. His wife was bullied and coerced from all sides at her work, including from her union, which would not support her.

Eleven days after being terminated from BC Transit for not complying with the vaccine mandate, she took her own life.

Philip Davidson

BC Public Service Employee Testimony on Job Loss Due to Vaccine Mandate

Philip Davidson worked for 14 years in the BC Public Service, in various policy positions. Once the pandemic was declared, many of the staff in their office worked from home.

In the summer of 2021, there was a lot of talk in the office about requiring vaccine passports (BC Vaccine Card). This was implemented on September 13, 2021.

The BC provincial government implemented a requirement for all persons to be vaccinated to enter the BC Legislature.

Mr. Davidson had serious concerns about having to disclose his private health and vaccine status. He said the BC ministry's communicable disease prevention plan (October 4, 2021) stated that the ministry could not inquire as to vaccine status. Despite this, the BC Public Service issued a policy that required disclosure of vaccine status.

He refused to disclose his vaccination status and was terminated for cause.

Employees who were terminated started a support group, in order to advocate on behalf of the employees. He estimated approximately 2000 to 3000 people were either terminated or took early retirement due to the vaccine mandate.

Darcy Harsch

Job Loss and Medical History Testimony on Vaccine Hesitancy and Employment

At the time of the pandemic, Darcy Harsch was working with adults with disabilities. Prior to the pandemic, he had a stroke and was disabled. As a result, he did not want to take an experimental vaccine.

He observed vaccine side effects in his co-workers, which contributed to his concern.

His workplace required him to reveal vaccine status, and he refused, so he was put on unpaid leave for approximately one year. His employer told him that he was not eligible for employment insurance, so he did not apply for employment insurance until the fall of 2022.

Suzanne Brauti

Job Loss Due to Denied Religious Exemption Request

She was working for the Government of Canada, in 2019. When the pandemic occurred, she was still in training. Due to the pandemic, she completed her training at home, and then worked at home for approximately one year.

The federal government implemented a vaccine mandate in the fall of 2021. She submitted a request for an accommodation due to religious beliefs. She had filed all the information requested but was denied her accommodation and was put on leave without pay.

She sent in a freedom-of-information request concerning how the government decided to deny her request. She felt that the information showed that she was not fairly assessed and filed a human rights complaint.

She has not been supported by her union.

Grace Neustaedter

Early Retirement: A Nurse's Testimony on Vaccine Pressure in the Workplace

Grace Neustaedter worked as a nurse for 41 years and has a master's degree in nursing, working as a specialist in the area of women's health.

Based on her experience as a nurse, she had serious concerns with regard to the speed that the vaccines were being developed, and she had done significant research into the vaccine's safety. She tried to have discussions concerning the vaccine safety, but co-workers were extremely close-minded. In fact, staff were vocally criticizing unvaccinated patients in public.

When vaccine mandates were imposed, she applied for a religious exemption, and there was no response.

She spoke to her union and was told that only one religious exemption had been allowed.

Some staff were allowed to continue to work from home, but she was not.

She went on stress leave and then medical leave, and finally she took early retirement.

In addition to employment issues, she and her husband were shunned by friends, family, and her family doctor.

She testified that she did not know anyone who had died from COVID-19 but that she knew several people who died from the vaccine.

Sierra Rotchford

A Paramedic's Account of Emergency Calls and Mandate-Impact on Ambulance Services

Sierra Rotchford primarily discussed the overall impact of mandates on the ambulance service. She indicated that 35-40 ambulances were taken out of service due to staffing losses. Staff were absent due to termination, stress leave, and illness.

She had sepsis and tried to obtain an exemption from getting the COVID-19 injection but was denied.

She observed a great deal of bullying between colleagues and between medical staff and patients.

She reported that the greatest increase in ambulance calls occurred following the vaccination program.

Vonnie Allen

Emotional Testimony from Veteran Nurse Once a Hero, Now Shamed and Muzzled

After 34 years working as a nurse on the maternity unit, Vonnie Allen was terminated after refusing to comply with the vaccine mandates.

Ms. Allen was denied service, restricted from speaking, and was not allowed to attend when her daughter was hospitalized.

Cathy Careen

Teacher Terminated from her Job

At the time when the pandemic was announced, she was working full-time as a teaching and learning assistant (TLA).

In 2006, she was diagnosed with Guillain-Barré syndrome. As a result, she did not want to take the COVID-19 genetic vaccine, as it had not been tested on patients suffering with her condition.

When the vaccine mandates were announced, she refused to take the vaccine due to her pre-existing condition. Her neurologist wrote a letter saying she should not take the vaccine.

Her request for exemption was denied. She appealed to the union, but they did not support her.

She was denied employment insurance benefits.

International Human Rights Law

Gail Davidson

Canada's Obligations Under International Human Rights Law

Ms. Davidson was a retired lawyer who had worked 20 years as an expert in international human rights law.

Canada had obligations under international human rights law. Many of these laws were violated by the mandates imposed in Canada during the declaration of the COVID-19 pandemic.

Right to Informed Consent was violated.

Certain international laws to which Canada was a signatory cannot be suspended, but they were suspended.

Her opinion was that the restrictions of rights of employees were in violation of international human rights laws.

Conclusions

A variety of COVID-19 mandates were unilaterally imposed on workers in all levels of government and in a variety of private industries across Canada.

Generally speaking, most non-pharmaceutical measures imposed at the workplace were complied with by employees; however, the imposition of compulsory vaccine mandates was resisted by many workers.

Resistance to mandatory vaccines resulted in a significant loss of qualified workers in all industry sectors. The loss of workers was due to suspensions, dismissals, forced retirements, voluntary early retirements, or worker resignations.

Many workers who were suspended, terminated, or dismissed were deprived of any assistance from the employment insurance plan due to the way their dismissals were coded.

Testimony received, indicated that the imposition of a mandatory vaccine was in direct contradiction to the principle of Informed Consent, which is a cornerstone of modern medicine.

Very few exemptions were provided to employees who had medical conditions, religious objections, or were concerned with taking an experimental gene therapy.

Despite the viable option of working from home, many employees were denied this option.

Shortages of staff resulted in reduced patient care due to the mandates implemented in the medical field.

Unions did not support the objections of their members to mandatory vaccines, and due to the union agreements, these workers were denied the right to appeal their layoff decisions.

The imposition of mandatory vaccines, in addition to the breach of medical privacy, resulted in toxic work environments which extended not only to staff working in facilities but also to the public accessing these services.

The mandates violated international human rights laws, to which Canada was a signatory. Rights to health include:

- Informed Consent,
- Freedom from Coercion, and
- Freedom from Experimentation.

The mandates that were imposed on Canadians violated many of the existing protected rights that are granted and recognized by both Canadian law and international laws and agreements, to which Canada has obligations.

In addition, Canada has certain obligations under international law, and there are certain rights that can be limited, under certain conditions, and there are other right that are absolute, which cannot be restricted.

Testimony of the witnesses provided examples of government actions which violated certain rights which were absolute rights, and therefore, the actions of the government were not in accordance with Canada's obligations under international law.

The Commissioners heard evidence that under international law, absolute rights cannot be violated, even under emergency situations.

Examples of absolute rights include:

International Treaty Rights

These include the right to: life; freedom of belief, conscience and religion; freedom from coercion to adopt a belief other than by choice; freedom from torture and ill treatment, the right to freedom from experimentation; freedom from ex post facto laws; and effective remedies for violations.

Jurisprudence Rights

These include the right to education, work, health, Informed Consent, and freedom from coercion.

The actions taken by the government were not in accordance with international laws and treaties to which Canada was a signatory.

Generally speaking, the laws that set out the legal limitation of the government's actions in Canada were well established and should have been sufficient to prevent the imposition of mandates on unwilling people through threats or coercion.

The violation of essential human rights came about from the wilful violation of those laws by both state and private actors.

A further issue in Canada is the financial reality of enforcing citizens' rights against government entities or large corporate entities. Governments or large corporate entities have virtually unlimited financial resources and can simply exhaust the financial resources of most private citizens.

Add to this the doctrines of "judicial notice" or "mootness." These doctrines effectively eliminate the right of citizens to their day in court. Canada is required to uphold the principle of the rule of law, which is necessary to protect the rights of citizens.

The rule of law requires that laws be properly purposed, properly passed, equally applied to all, and that there be measures in place to ensure equality, accountability, and access to all citizens. This is sadly not the case in Canada.

Recommendations

We recommend the following:

- A. **Immediate development of a judicial panel**, overseen by citizens, with the responsibility to investigate the human rights violations that were committed by both governments and private corporations during the pandemic.

- B. **Develop and implement** a constitutional and international law education course for all judiciary positions across Canada. The intent is to educate judges and Crown attorneys as to their responsibilities under the constitution and international treaties to which Canada is a signatory nation.
- C. **Carry out immediate judicial reviews** of all pandemic-related court cases that were denied on the basis of mootness or judicial notice.

7.1.10. Policing During COVID-19 Pandemic: Balancing Authority and Citizens' Rights

Introduction

The role of law enforcement agencies in Canada is firmly rooted in the principles of maintaining public safety, upholding the rule of law, and safeguarding the fundamental rights and freedoms of its citizens.

Policing at various levels of government, from federal to provincial to municipal, forms a critical part of Canada's social fabric. Yet, as the nation grappled with the unprecedented challenges posed by the COVID-19 pandemic, the actions of law enforcement agencies came under heightened scrutiny.

It is critical to understand the role and intent of the police in Canada, emphasizing what they are meant to do and what falls outside the scope of their duties. While the police are entrusted with maintaining order, their authority is carefully controlled by the principles of democracy and respect for individual rights.

Many witnesses described actions of the police to enforce government mandates during the COVID-19 pandemic that may have encroached upon the basic and fundamental rights of Canadian citizens. These actions included forced closures of businesses, arrests of citizens, the forceful breakup of peaceful protests, and the arrest and imprisonment of members of the clergy.

Canadians must assess whether law enforcement agencies in Canada have struck the right balance between protecting public health and respecting the constitutional rights and civil liberties of Canadian people during these extraordinary times.

Witnesses described specific cases and events that have garnered attention, weighing the considerations of public safety, individual freedoms, and the rule of law.

In a country that takes pride in its commitment to democracy and human rights, it is essential to critically evaluate the actions of the police in the context of the COVID-19 pandemic and reflect upon the broader implications for Canadian society. By engaging in this dialogue, we seek to promote a deeper understanding of the challenges faced by law enforcement and the rights of citizens, ultimately contributing to a more informed and just society.

Testimony of Witnesses

Witnesses who testified concerning the actions of the police include the following:

Chief John Greg Burke

Chief Burke described how he was assaulted by store employees for not wearing a face mask, despite his having a medical exemption from wearing a mask. When the police were called, they allegedly assaulted Chief Burke and arrested him. Chief Burke had interactions with both Bedford Police and RCMP.

Tom Marazzo

Mr. Marazzo described his interactions with the police while attending the truckers' protest in Ottawa, which included the alleged assault of a disabled war veteran.

Natasha Petite

Ms. Petite testified that due to a disability, she was not able to wear a mask. She testified how when she and her mother were shopping, police were called and she was pushed to the ground by police and arrested.

Vincent Gircys

Mr. Gircys was a retired 32-year veteran of the Ontario Provincial Police. He attended the Ottawa truckers' protest, where he acted as a liaison between the protestors and the police. Mr. Gircys testified that the police had committed alleged crimes against various churches. Mr. Gircys also testified that the police services refused to investigate alleged crimes related to the vaccines.

Tobias Tissen

Mr. Tissen ministered a church in southern Manitoba during the COVID-19 lockdowns. His church was closed down by the RCMP and he was arrested for keeping his church open during the pandemic.

Richard Abbot

Mr. Abbot was an Edmonton police officer for 25 years. He discussed his experiences and observations of the police actions during the protest in Coutts, Alberta.

David Leis

Mr. Leis testified regarding the failure of Canadian institutions to protect the civil rights of Canadians.

Danny Bulford

Mr. Bulford retired after a 15-year career with the RCMP. He spoke about the actions of the RCMP during the protests. He further spoke about a police detective who was disciplined for launching an investigation into suspicious infant deaths potentially related to the vaccines.

Pastor James Coates

Pastor Coates testified how his church services were disrupted by the police and he was arrested and jailed for keeping his church open during the lockdowns.

[Discussion of Police Actions](#)

Testimony of the witnesses suggested that the police took actions to enforce mandates and rulings that were contrary to section 52.1 of the Canadian Constitution, which included the *Canadian Charter of Rights and Freedoms*.

Section 52(1) of the Constitution states:

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

Lockdowns, forced vaccinations, restrictions of travel, interruption of church services, and assaults on peaceful protestors are all actions which appear to be inconsistent with the *Canadian Charter of Rights and Freedoms* and/or the *Criminal Code* of Canada.

Citizens' fundamental rights were violated under the guise of a public health emergency, despite the government not having to prove the validity of that public health emergency within an objective and independent inquiry, or through open and honest debate.

Only one narrative was permitted and any dissenting options were censored and vilified by the media and public officials.

Testimony was provided on how significantly people's lives were affected, which included death due to the mandates, allegedly through increases in suicides or credible allegations concerning an unsafe medical procedure being forced upon citizens.

Testimony showed that information provided to the public by the government and the media misled the people and, in so doing, may have contributed to deaths.

Witnesses testified that they were allegedly forced to take medical procedures under threat of loss of employment. It may be reasonable to believe that the actions taken to have people take injections against their will could be considered a *Criminal Code* violation.

Forcibly subjecting a person to unwanted medical treatment in Canada can potentially violate several provisions of the *Criminal Code* of Canada, depending on the circumstances and the severity of the actions involved. Here are some relevant sections of the *Criminal Code* that may apply:

- Assault (section 265): Forcing someone to undergo medical treatment against their will may constitute assault under the *Criminal Code*. Assault includes not only causing bodily harm but also the intentional application of force without consent.
- Aggravated Assault (section 268): If the forced medical treatment results in severe bodily harm or endangers the life of the victim, it may be charged as aggravated assault, which carries more severe penalties.
- Kidnapping (section 279): If the victim is forcibly taken to a medical facility or detained against their will for medical treatment, it could be considered kidnapping under certain circumstances.

- Uttering Threats (section 264.1): Threatening someone with harm or injury if they refuse medical treatment may lead to charges of uttering threats.
- Unlawful Confinement (section 279): If a person is forcibly confined to a medical facility or prevented from leaving against their will for medical treatment, this may be treated as unlawful confinement.
- Mischief (section 430): Interfering with or damaging medical equipment or property related to medical treatment may fall under the offence of mischief.

Consent is a crucial factor in medical treatment in Canada, and any medical procedure performed without Informed and Voluntary Consent can lead to criminal charges.

However, specific charges and penalties will depend on the circumstances and the evidence available. Legal authorities will thoroughly investigate and assess each case to determine the appropriate charges.

The police failed to take action and investigate credible allegations of criminal wrongdoings, despite being presented with evidence of such alleged wrongdoings by multiple sources throughout Canada.

Witness testimony indicated that frontline police officers could initiate a criminal investigation on their own and that an investigation of any alleged criminal actions related to the pandemic measures and police actions must have been authorized by senior administrative staff.

Testimony confirmed that in a number of instances when police officers took action to investigate allegations of misconduct, these officers were disciplined.

The actions of the police services at the various peaceful protests sites, but most notably the Ottawa protest, indicated that the police were being given erroneous information concerning the nature and threat posed by the protestors. Witness testimony described how the protestors were exercising their rights to peaceful protest and that the character and the nature of the protestors was readily evident. Despite this, the police frontline members were replaced by members who had not been in direct contact with the protestors. These replacement members allegedly acted in a completely inappropriate manner using excessive force and violence on an unarmed and peaceful crowd of Canadian citizens.

The area where the Ottawa protests took place, in front of Canada's Parliament, was monitored by numerous video cameras, so there are likely a great number of recorded videos available which recorded both the actions of protestors and the police. This video record is critical to any investigation into the alleged misconduct of the police. As yet, this video record has not been presented to the public, and we do not know if it is being used in any criminal investigations of the police conduct.

Police officers are not robots; they are human beings entrusted with a crucial role in upholding the law and ensuring public safety. In performing their duties, officers are not merely expected to blindly follow orders but, rather, to employ their judgment and analytical skills. They must assess the legality and appropriateness of the orders they receive, all while considering the specific circumstances unfolding before them. Importantly, officers have a solemn duty not to enforce any orders that are illegal or in violation of fundamental rights. This obligation to act appropriately, guided by the reality of the situation on the ground, underscores the importance of independent decision-making within the framework of the law and serves as a cornerstone of democratic policing in free and just societies.

It is unknown whether any internal investigations of police actions have been undertaken, despite the level of alleged violence perpetrated by the police on the civilian population.

The Commission heard testimony that the police services were experiencing internal struggles with the implementation of the mandates on their own members and that unions representing members were not defending the member's rights. This allegedly resulted in low morale and a removal of many experienced officers from the ranks at a time when the services were already experiencing staff shortages and morale issues.

Conclusions

In conclusion, the role of law enforcement agencies in Canada is deeply rooted in the principles of safeguarding public safety, upholding the rule of law, and protecting the rights and freedoms of Canadian citizens. The imposition of the various COVID-19 pandemic mandates posed unprecedented challenges, which brought the actions of these agencies into focus. It is essential to comprehend the intended role of the police in Canada, emphasizing their duty to maintain order within the boundaries of democracy and individual rights.

During the pandemic, police actions came under scrutiny, particularly in cases where they may have infringed upon the fundamental rights of citizens. This scrutiny encompassed instances such as forced business closures, citizen arrests, the dispersion of peaceful protests, and even the arrest and incarceration of clergy members. Canadians must carefully evaluate whether law enforcement agencies effectively balanced public health concerns with constitutional rights.

The witnesses' testimonies shed light on specific incidents where actions taken by the police seemed inconsistent with section 52(1) of the Canadian Constitution, which incorporates the *Canadian Charter of Rights and Freedoms*. The fundamental rights of citizens appeared to be violated under the pretext of a public health emergency, raising questions about the validity of these measures without objective inquiry or open debate.

The impacts on people's lives, including alleged harm and death, underscore the gravity of these issues. The testimonies also pointed to potential misinformation contributing to public perceptions and deaths. Additionally, there were allegations of coercive measures, potentially constituting criminal offences.

Frontline police officers faced challenges in investigating these allegations due to the need for authorization from senior administrative staff, and instances of officers facing discipline for initiating such investigations were reported. The response to peaceful protests, particularly in Ottawa, raised concerns about police actions and the accuracy of information provided to officers.

In assessing the actions of law enforcement during the pandemic, it is crucial to remember that police officers are human beings entrusted with the duty to uphold the law and protect the public. They are not automatons but individuals who must analyze orders critically and consider the prevailing circumstances. They bear the responsibility of refusing to enforce illegal or rights-violating orders. Independent decision-making within the framework of the law is foundational to democratic policing.

The situation also raised concerns about internal struggles within police services that affected morale and staffing levels. These issues are complex and multifaceted, warranting ongoing dialogue, investigation, and reflection to ensure that the actions of law enforcement agencies align with the values of democracy and justice in Canadian society. By engaging in this discourse, we strive for a deeper understanding of these challenges, ultimately contributing to a more informed and equitable society.

Recommendations

- A. **Independent Judicial Investigations:** Conduct independent and transparent judicial investigations into allegations of illegal activities by law enforcement officers during the pandemic, ensuring accountability and adherence to the rule of law. This investigation must have the power to enforce subpoenas to obtain witness testimony and critical documents.
- B. **Review and Revise Policing Protocols:** Collaborate with law enforcement agencies to review and revise their protocols and guidelines for enforcing government mandates, with a focus on respecting individual rights and freedoms while safeguarding public health.
- C. **Enhance Training and Education:** Provide comprehensive training on handling public health crises to law enforcement officers, emphasizing respect for human rights, de-escalation techniques, and community engagement.
- D. **Public Awareness Campaigns:** Launch public awareness campaigns to educate citizens about their rights and responsibilities during health emergencies, promoting dialogue and cooperation between the police and the community.
- E. **Community Policing Initiatives:** Promote community policing initiatives that foster positive relationships between law enforcement agencies and the communities they serve, enhancing trust and cooperation.
- F. **Clear Accountability Mechanisms:** Establish clear mechanisms for holding law enforcement agencies accountable for their actions during the pandemic, ensuring transparency and fairness in the disciplinary process.

G. **Civilian Oversight:** Strengthen civilian oversight bodies to independently monitor police conduct during public health crises, ensuring adherence to legal and ethical standards.

H. **Regular Reporting and Transparency:** Mandate law enforcement agencies to regularly report on their activities during health emergencies, providing transparency and accountability to the public, while respecting privacy and security concerns.

By implementing these recommendations, authorities can strike a balance between maintaining public safety during health crises and upholding the fundamental rights and freedoms of citizens, ensuring a more just and equitable response to future pandemics.

7.2. Social Impacts

7.2.1. Neglect and Isolation of Seniors in Canada Amidst COVID-19 Interventions

Introduction

The interventions put in place by the various levels of government and by various “independent” service providers in Canada during the COVID-19 pandemic have destroyed and ended lives across every segment of Canadian society, profoundly impacting every age group. However, one of the most vulnerable populations affected by the mandates in Canada has been seniors.

As Canada implemented both pharmaceutical and non-pharmaceutical based measures such as “vaccines,” social distancing, and lockdowns, significant consequences as a result of these interventions quickly emerged. Among these consequences, the neglect and isolation of seniors have become prominent issues. This section explores the devastating effects of COVID-19 measures on Canadian seniors.

Testimony of Witnesses Detailing Neglect and Isolation of Seniors

Based on the testimony of witnesses, it was obvious that the various government agencies, private corporations, and citizens in general knew very early on in 2020 exactly who was most at risk from the virus and what focused steps should have been taken to reduce these risks.

Based on decades of experience in the treatment of and care for seniors, these caregivers and regulators must have known what devastating impacts would result from the implementation of the interventions; however, many of these agencies, institutions, and individuals continued to devastate our seniors in an inhuman, profound, and intentional way.

Many stories of unconscionable neglect and cruelty were brought to the Commission hearings.

Testimonies were received from the following witnesses:

Dr. Patrick Phillips (Truro, NS)

Dr. Phillips testified that the hospitals were empty during COVID-19 and that many persons were neglecting their health or were afraid to go to the hospitals for care.

Shelly Hipson (Truro, NS)

Ms. Hipson testified that, based on her freedom-of-information requests she was able to confirm that the hospitals and specifically ICU facilities, were not overwhelmed due to COVID-19.

Dr. Peter McCullough (Truro, NS; Virtual Testimony)

Dr. McCullough testified that there were a number of alternative treatments available, as opposed to a COVID-19 experimental vaccine, very early in the pandemic. He further indicated that alternative methods were less risky in seniors than an untested vaccine. Dr. McCullough stated that there was no evidence that a person who had no symptoms of COVID-19 could transmit the illness to anyone else; therefore, the lockdown of healthy people was unnecessary.

Paula Doiron (Truro, NS)

Ms. Doiron worked in a nursing home and testified that they were short-staffed and that the situation was chaotic. She further testified that she was not aware of any on-site monitoring carried out by government regulators.

Janessa Blauvelt (Truro, NS)

Ms. Blauvelt was a licensed practical nurse (LPN) at the hospital. She left her position because she refused to get the injection. She reported much dissension in the workplace due to injection status.

Marc Auger (Toronto, ON)

Mr. Auger's father was in a long-term-care facility and was locked down in his room for long periods of time. As a result, his father's dementia got substantially worse.

Oliver Kennedy (Toronto, ON)

Mr. Kennedy, a recreational therapist for seniors, was terminated for his refusal to take an injection.

Richard Lizotte (Toronto, ON)

Mr. Lizotte's elderly brother, who was in care, reacted to the injection and was taken to the hospital, where he was isolated and not allowed any visitors. His brother was sent to palliative care and died alone.

Victoria McGuire (Toronto, ON)

Ms. McGuire was a registered nurse who stated that during 2020 and 2021, there were very few people in the hospital and that there was a toxic environment in the hospitals due to animosity against the uninjected.

Leanne Duke (Toronto, ON)

Ms. Duke's father had Parkinson's and dementia, and at the time of the pandemic, her father was in a primary-care home. Prior to the pandemic, she was spending two to three hours a day caring for her father in the facility, as the staff refused to provide the proper care required for his stoma. After the lockdowns, she was barred from entering the facility to care for her father. During the lockdowns, her father could not go to medical appointments. She said that most days during the lockdowns, her father was left in his own waste.

Lynn Kofler (Toronto, ON)

Ms. Kofler was a registered nurse in a long-term-care facility. She witnessed serious injuries in her unit and stated that there were 34 deaths out of a total of 55 residents. She said the facility was in COVID-19 lockdown, despite there being no cases of COVID-19.

Cindy Campbell (Toronto, ON)

Ms. Campbell had worked 28 years as a nurse. She testified that due to departmental closures at hospitals, there was an excess of staff. She said that prior to the pandemic, the emergency room resembled a war zone and that during the pandemic, the emergency room was very slow.

Scarlett Martyn (Toronto, ON)

Ms. Martyn was an advanced-care paramedic who lost her job for refusing to get injected. She reported a toxic atmosphere in the hospitals. She said that at the beginning of 2020, hospitals were empty. Once injections rolled out, there was a wave of “sudden death” calls.

Maureen Somers (Toronto, ON)

Ms. Somer’s husband was taken to the emergency with abdominal pains. The doctor was only interested in his injection status and would not provide treatment, because he wasn’t vaccinated. A second doctor came in on the next shift and did an emergency appendectomy.

Martha Voth (Winnipeg, MB)

Ms. Voth’s elderly husband was admitted to hospital with difficulty breathing and shortness of breath. The hospital refused to provide him with O₂ therapy and put him on respirator. He died shortly thereafter.

Sara Martens (Winnipeg, MB)

Ms. Martens’ elderly husband was in a traffic accident, taken to the hospital, tested for COVID-19, and tested positive. Her husband was in emergency on O₂ but was coherent. Once he tested positive for COVID-19, a nurse said they would not be providing him with treatment. The hospital would not let her speak to the doctor. The hospital intubated him and then placed him on a ventilator. He died shortly thereafter.

Michelle Kucher (Winnipeg, MB)

At the beginning of 2020, Ms. Kucher was working in Selkirk, Manitoba, in the healthcare field. In 2020, Michelle moved in with her mother to take care of her, following a surgery that her mother had in January 2020. Due to lockdowns and loneliness, she died in 2021.

Angela Taylor (Saskatoon, SK)

Ms. Taylor was an LPN in a seniors home. She talked about the isolation and loneliness of the residents and how so many of the seniors had simply given up on life and died due to the treatment they received during the lockdowns.

Marjaleena Repo (Saskatoon, SK)

Ms. Repo was an elderly lady who was diagnosed with stage-4 cancer and could not wear a mask. She obtained an exemption but was targeted and victimized by many in the community due to her inability to wear a mask. She was allegedly terribly abused and doxxed by the local radio station.

Jody McPhee (Saskatoon, SK)

In May 2021, Ms. McPhee's elderly father got an injection. Within 45 minutes, they knew he was dying. He drove himself to the hospital; she was not allowed to see him because she was not on a "list." Staff said her father died of a reaction to injection.

Dr. Christopher Flowers (Saskatoon, SK)

The takeaway from Dr. Flowers' testimony was: "Pfizer clinical trials did not include any seniors or people with comorbidities."

Heather Burgess (Saskatoon, SK)

Heather was a retired nurse with a mother in long-term care due to Alzheimer's disease. Her mother was locked down for very long periods of time with no activities, and even meals were taken in her room, alone. Her mother was not allowed any visitors and thought that she had been abducted. Her mother was in a constant state of terror and tried to run away three times. Eventually, Ms. Burgess' mother was injured and died.

Judy Soroka (Red Deer, AB)

Ms. Soroka was a retired nurse with a back injury. Due to lockdowns, she could not get therapy treatment, and her condition deteriorated.

Caroline Hennig (Vancouver, BC)

Ms. Hennig was living in Costa Rica at the time of the pandemic and came to Canada to care for her father, who was in poor condition in a long-term-care facility. Over several months, she nursed him back to health and then returned home. Several months after her departure, he stopped communicating and began to fail; he requested to die under the MAID (medical assistance in dying) program. She believed his decision was due to the neglect and lack of care in the facility.

Zoran Boskovich (Vancouver, BC)

Mr. Boskovich and his wife were forced to take early retirement due to injection mandates. As a result, they will have serious financial shortfalls for the rest of their lives due to reduced pension payouts.

Lynette Tremblay (Québec City, QC)

In 2020, Ms. Tremblay's father was in a long-term-care home. There were no cases of COVID-19 in the home, but the residents were locked down and isolated anyway. No one could visit, and the residents were locked in isolation. In a phone call with her father, he told her that he had tested positive for COVID-19 but had no symptoms. Police were in attendance at the home to prevent anyone from coming in or out of the facility. According to the testimony, when a patient tested positive for COVID-19, all medications and treatments of the patient were withheld. Her father allegedly died due to neglect and isolation.

Shawn Buckley (Québec City, QC)

Mr. Buckley testified that under the interim order which authorized the use of the COVID-19 injections in Canada, the COVID-19 injections were exempted from providing the safety and efficacy proof that is normally required of any other new drug approved in Canada.

Dr. Denis Rancourt (Québec City, QC; Ottawa, ON; Virtual Testimony)

Dr. Rancourt and his team reviewed the all-cause mortality statistics for Canada, and he stated that there was no increase in all-cause morbidity due to a virus. The increase in deaths coincided with the lockdowns and the rollout of the injections.

Stephanie Foster (Saskatoon, SK)

Ms. Foster's elderly mother died immediately after being administered the injection at a local pharmacy. Her mother did not want to get the injection but was convinced she had to do it to keep everyone else safe. She said that her mother died immediately after getting the injection, while still in the pharmacy. She further described how no one who was in line for the injection reacted or even left the lineup, they remained in the line, despite what they had seen. No autopsy was performed.

Neglect and Reduced Access to Healthcare

One of the primary concerns for seniors during the pandemic was the neglect they experienced due to a healthcare system which no longer addressed their needs.

The focus on "protecting the healthcare system," rather than "protecting the public from the disease," resulted in limited resources for other healthcare needs.

Steps were taken to dismiss healthcare staff who had refused to undertake an experimental medical procedure. Many healthcare professionals simply quit or took early retirement; many were terminated from their positions. No one was spared these actions—from senior first responders to emergency room doctors to nurses and all level of support staff.

Patients in the healthcare system were sent home.

Both patients and healthcare professionals were terrorized by the government and media reports concerning the morbidity and infectious nature of the virus which causes COVID-19. As a result, a cruel and toxic environment developed throughout the healthcare system.

Many members of the public were so terrified that they would not visit the hospital, even in dire situations, and when they did go to the hospital, they were often given very little care. The situation was even worse if these people had not been injected.

The situation was even worse for our seniors.

Routine check-ups, elective surgeries, and non-urgent appointments were postponed or cancelled, leaving seniors grappling with delayed medical care. Consequently, many seniors have had to endure prolonged pain, worsening conditions, and deteriorating mental health, leading to an overall decline in their quality of life.

Moreover, the fear of contracting the virus has deterred seniors from seeking necessary medical attention, resulting in undiagnosed conditions and unaddressed health issues. This fear-induced hesitation had severe consequences, as conditions that could have been easily managed if detected early, progressed to advanced stages. As a result, the neglect of seniors' healthcare needs exacerbated their overall vulnerability during the pandemic.

When the injections were developed in late 2020, there was no evidence that they were safe to use in the seniors population, given the fragility and multitude of pre-existing conditions in that population. None of the vaccine testing carried out prior to the interim order included specific tests on populations of seniors.

The testing carried out prior to releasing these experimental injections was only on "healthy" persons.

Testing injections on seniors is of paramount importance for several reasons:

- Older adults have a higher risk of severe illness and death due to COVID-19, making them a priority population for injection. Understanding the safety and efficacy of injections in seniors, is essential to protect this vulnerable group from the adverse effects of the virus and adverse effects of any new type of injection.
- Aging is associated with changes in the immune system, which can affect the response to injections. Older adults may have a reduced immune response, making it crucial to determine the effectiveness of injections in this population. Additionally, seniors often have underlying health conditions and may take multiple medications, necessitating thorough testing to ensure injection compatibility and safety.

Despite the lack of testing and the lack of any safety or effectiveness data related to seniors, this population was threatened, coerced, and terrified into taking the injections. Many witnesses indicated that their loved ones died immediately following the injections.

Ensuring the safety and efficacy of COVID-19 genetic vaccines in seniors is crucial for protecting this vulnerable population from severe illness and mortality. Rigorous testing protocols, including clinical trials that specifically included seniors, were never implemented to assess injection safety and effectiveness in this highly vulnerable age group.

Isolation and Loneliness

Another critical consequence of COVID-19 non-pharmaceutical measures has been the enforced isolation of seniors.

The unnecessary restrictions on social gatherings, visitation policies in long-term-care homes, and physical distancing guidelines have significantly limited seniors' interactions with their families, friends, and support systems.

Many seniors who resided alone or in care facilities experienced an overwhelming sense of loneliness and isolation, which had devastating effects on their mental and emotional wellbeing.

Isolation not only leads to increased feelings of loneliness and depression but also contributes to cognitive decline and a higher risk of developing dementia. The absence of regular social interactions and engagement can accelerate the decline of seniors' cognitive abilities.

Additionally, the total lack of emotional support and companionship left many seniors feeling disconnected from their loved ones and the community, which further exacerbated their sense of isolation.

The detrimental effects of isolation and loneliness on seniors had devastating impacts on the physical, mental, and emotional health including the following:

Physical Health

- Isolation and loneliness can have a profound impact on the physical wellbeing of seniors. The Commissioners heard testimony that social isolation increases the risk of various health problems. Seniors who lack social connections are more likely to develop chronic conditions such as cardiovascular diseases, hypertension, and weakened immune systems. Additionally, the lack of social engagement may lead to sedentary lifestyles, contributing to a decline in physical fitness and mobility.

Mental and Cognitive Decline

- Loneliness and isolation can have detrimental effects on seniors' mental and cognitive health. The absence of regular social interaction can increase the risk of depression, anxiety, and cognitive decline. Studies have linked prolonged loneliness to an increased likelihood of developing conditions such as Alzheimer's disease and other forms of dementia. The absence of stimulating conversations and mental challenges may contribute to a decline in cognitive abilities over time.

Emotional Wellbeing

- Seniors who experience isolation and loneliness often grapple with significant emotional distress. Feelings of sadness, worthlessness, and a lack of purpose can become pervasive. The absence of social connections and meaningful relationships can lead to a diminished sense of self-worth and overall life satisfaction. Emotional wellbeing is closely tied to social interactions, and the lack thereof can have severe consequences for seniors' mental health.

Quality of Life

- Isolation and loneliness directly impact the overall quality of life for seniors. The absence of social support networks can result in decreased life satisfaction and reduced enjoyment of daily activities. Seniors may feel disconnected from society and deprived of opportunities for engagement and personal growth. As a result, their sense of purpose and fulfilment may diminish, leading to an overall diminished quality of life.

The detrimental effects of isolation and loneliness on seniors cannot be underestimated. Witnesses testified that these effects were recognized and were well known throughout the healthcare community. However, despite this knowledge, healthcare providers wilfully followed the COVID-19 propaganda and engaged in the very activities that they knew would seriously harm or even cause the painful and lonely deaths of the very people they were supposed to be caring for. They knew what they were doing was wrong, but they followed their orders anyway.

How these caregivers were able to so easily dehumanize this vulnerable population is outside of the scope of this report. The Commissioners recommend that investigations be undertaken into the treatment of residents of long-term-care homes and about whether owners, staff, or employees should face liability or consequences where residents were mistreated.

Testimony was received concerning many seniors who simply gave up living as a result of being isolated, not only from their loved ones but by "healthcare" staff and caregivers.

One witness testified that upon returning home from overseas, she found her father, who was in a care facility, near death due to the isolation and neglect. The witness was able to intervene and nurse her father back to life. Once her father was well and once again in good health (due to her care), she had to return to her home overseas. Shortly after, she was informed that her father had requested and been granted a supervised death under the government MAID program.

In her opinion, her father chose to die rather than to face the isolation and neglect that he had previously experienced without the intervention of his daughter.

Testimony was received that many seniors with dementia were simply left alone, locked in their rooms for days and weeks or even months at a time. These patients were simply left to rot and eventually die.

Many of the witnesses, including staff and family were asked if they ever saw any government inspectors on the premises of these facilities, to ensure that the residents were receiving care. All witnesses stated that they were aware of no such in-person inspections by independent outside agencies. The regulators simply turned their backs on what was going on.

It must be noted that a significant part of the problem was the systematic dismissal of any existing care staff who refused to submit to the injections that were mandated by their employers. Some staff were terminated and others simply resigned or retired.

These actions left already understaffed facilities with a critical shortage of trained and experienced care staff. The result further eroded the quality and quantity of care that was being provided.

Oftentimes family and friends were not aware of the dire situation that had developed within the care facilities, because they were also locked out and were not allowed to visit their loved ones.

Phone calls or digital calls were no substitute to seeing what exactly was going on in these facilities, especially considering many seniors were unable to communicate their predicaments.

Financial Struggles and Digital Divide

Outside of care facilities, independent seniors also faced significant financial challenges during the pandemic. Many seniors rely on part-time work or small businesses to supplement their income, and the economic downturn caused by COVID-19 mandates severely impacted their financial stability. Job losses, reduced hours, and closures of businesses left many seniors struggling to make ends meet, leading to heightened stress and anxiety.

Furthermore, the rapid shift to digital communication and online services has highlighted the digital divide among seniors. With limited access to technology and digital literacy, many seniors have struggled to connect with their loved ones, access essential services, and participate in virtual social activities. This exclusion from the digital realm has further deepened their sense of isolation and made it more challenging for them to adapt to the changing landscape brought about by the pandemic mandates.

Conclusion

The neglect and isolation of seniors in Canada due to COVID-19 measures had significant adverse effects on their physical health, mental wellbeing, and overall quality of life.

Addressing the needs of seniors during these challenging times is not only a matter of compassion but also a responsibility society must uphold.

By prioritizing seniors' healthcare, promoting social connections, addressing financial struggles, and bridging the digital divide, we can ensure that seniors are not forgotten, neglected, or isolated but rather, supported, cared for, and included in the collective response to the pandemic.

Given the profound and inhuman treatment that many seniors in care facilities received, it is imperative that a nonpolitical investigation be carried out to determine if criminal charges should be laid and, if so, against whom.

Speed is of the essence in undertaking this investigation, since, given the fragile nature of the victims, there may not be many of them left to give evidence.

Recommendations

- A. **To alleviate the neglect and isolation** faced by seniors, it is crucial for the federal, provincial and territorial governments, communities, and individuals to take proactive steps. First and foremost, healthcare systems should prioritize healthcare needs of seniors, ensuring that seniors have access to essential medical care and support services.
- B. **Moreover, efforts should be made to enhance** the social connections of seniors. This can include facilitating safe visitation policies in long-term-care homes, promoting intergenerational programs, and encouraging community organizations to provide support and companionship to isolated seniors. Volunteering initiatives, teleconferencing platforms, and community outreach programs can help bridge the gap between seniors and their support networks.
- C. **Financial assistance programs should be expanded** to specifically address the needs of seniors who have been adversely affected by the pandemic mandates. Providing targeted financial support, job training, and re-employment opportunities can help seniors regain their financial stability and alleviate some of the stress they face.
- D. **Bridging the digital divide among seniors** should be a priority. Initiatives aimed at enhancing digital literacy and providing seniors with the necessary tools and resources to access online services can empower them to connect with their loved ones, access information, and engage in virtual social activities.
- E. **It is imperative that a judicial investigation** be carried out immediately to determine if any criminal wrongdoing was perpetrated on our senior populations during the pandemic. Witness statements from staff, seniors, and family must be immediately obtained and archived, to be used as evidence in any future prosecutions.
- F. **An investigation should be conducted** into how the various regulatory agencies abandoned their roles of protectors of seniors and never appeared to visit facilities to check on the operation and level of care being given out.
- G. **Those caregivers who simply followed** the orders given to them to isolate and dehumanize our seniors in their care must be re-educated or removed from the system and not allowed to continue to provide “care” to seniors.

- H. **Like other professions**, caregivers and administrators working with seniors should be mandated to participate in annual professional development and training programs.

7.2.2. The Effects of Sustained Propaganda and Terror

Introduction

Propaganda can have a profound impact on the masses, shaping public opinion, influencing beliefs, and driving collective behaviours. The pandemic was a textbook case of the collaboration of government and industry to subvert the democratic institutions and convince the citizens of the validity and truthfulness of a narrative that was objectively false from the start.

This propaganda was initially used to terrorize Canadians and then to convince Canadians that an unprecedented government intervention into their lives and the suspension of what Canadians thought to be their fundamental human rights was justified.

Many Canadians not only believed this propaganda but embraced and supported the measures being dictated by the government, despite their obvious shortcomings.

Testimony Concerning the Effect of Propaganda and Terror

Persuasive techniques and manipulation of information were used to promote a specific agenda or ideology, with the intent of gaining support, maintaining power, adopting tectonic shifts in public policy, and inciting fear. Here are some key effects of propaganda that were employed during the pandemic:

- The government distorted or selectively presented information to shape public perception. By framing issues in a particular way, using emotionally charged language, or exploiting existing biases, they were able to influence how people perceived events, individuals, or groups. This manipulation resulted in altered perspectives and skewed understandings of reality. Testimony was heard from a number of witnesses—including Rodney Palmer, who detailed how this was perpetrated on the public via the media.
- The government propaganda sought to mold public opinion by reinforcing certain beliefs or ideologies, while discrediting opposing views. It exploited cognitive biases, such as confirmation bias and selective exposure, to reinforce pre-existing beliefs and create an echo chamber effect. This led to the entrenchment of polarized and biased perspectives, hindering critical thinking and open dialogue. Testimony from Dr. Peter McCullough demonstrated some of the focused techniques that were used to accomplish this.

- The government appealed to emotions to elicit specific reactions from the citizens. By evoking fear, anger, or a sense of social responsibility, they were able to mobilize individuals and create a desired emotional response. This emotional manipulation led to impulsive or irrational decision-making, blurring the lines between fact and emotion. Testimony was presented from a number of witnesses detailing how name-calling and shaming was used to develop hatred toward other groups. The Prime Minister of Canada referred to a large and identifiable segment of the Canadian population as “racists” and “misogynists” and threatened them by stating that the government would have to decide how to deal with them. This, in the NCI’s opinion, dehumanized dissenters and promoted hatred and, potentially, violence against this group. Testimony was heard how seniors and disabled persons were violently attacked in public as a result of this type of rhetoric.
- The government targeted specific groups or communities, fostering a sense of collective identity and cohesion. By emphasizing common interests and highlighting perceived threats, it created an us-versus-them mentality that further polarized society and exacerbated divisions. This led to social fragmentation and hindered collaboration and understanding among different groups. The government propaganda emphasized how groups of citizens who disagreed with their mandates were placing others in danger, despite the government knowing that the Information they were providing was not true.
- Propaganda was used to stifle dissenting voices and alternative perspectives by marginalizing or discrediting them. This can create an environment where individuals fear expressing dissenting opinions or questioning the prevailing narrative, leading to a chilling effect on free speech and the exchange of ideas. Both media and government personalities demonized dissenting opinions. Their labels of “anti-vaxxer” or “science deniers” were intended to associate people who did not consent to the experimental injections with “Holocaust deniers.” Many people fell prey to the fear of being labelled and remained silent.
- Propaganda was used to influence behaviours and actions by manipulating public opinion. It shaped public attitudes towards specific policies, products, or social norms, thus directing individual and collective behaviour. This has had far-reaching consequences and impacted voting patterns, consumer choices, and social dynamics. Testimony included commentary on how certain businesses were allowed to remain open while others were closed and how certain community groups were deemed as socially unacceptable.

It is important to be aware of the potential effects of propaganda on the masses and to critically evaluate information and sources.

It appears that in this instance, the propaganda was so pervasive and so persistent that even the various government agencies either believed the propaganda themselves or were so influenced by the toxic and vindictive environment that they acquiesced to it, despite knowing it was wrong. Lieutenant Colonel David Redman testified that he was aware of senior people within the emergency measures organizations who knew the narrative was false and who further knew that the public health officials were neither trained to, nor capable of, managing and directing an emergency response; however, they kept silent over fears of reprisals.

Promoting media literacy, critical thinking, and an open-minded approach can help individuals guard against manipulation and make informed decisions based on accurate and reliable information. Society benefits from diverse perspectives, open dialogue, and a commitment to truth, which can counteract the negative effects of propaganda.

The second element of the government's campaign of control included the introduction and promotion of terror towards a purposely unknown and ill-defined menace (pandemic).

According to a variety of testimonies, it was evident that the pandemic had been in the planning stages for years and affected almost every area of our institutions.

The very definition of various fundamental words had been changed shortly prior to the 2020 announcement of the pandemic.

The meaning of fundamental terms such as pandemic, vaccine, and biologic

These fundamental terms have very specific meanings to the population, based on a long history; however, their meaning needed to be changed in order to evoke terror and eventually control masses of people.

Terror is a powerful tool that is used to influence a population through fear and intimidation. Here are some ways this tool was weaponized to influence the population:

Terror was used to create a climate of fear and anxiety within the population. Acts of violence, threats, or intimidation tactics were designed to generate a pervasive sense of insecurity and vulnerability. This fear paralyzed individuals, suppressed dissent, and deterred resistance to the measures. People blindly accepted the narrative and welcomed the absolute violation of their fundamental civil rights, and many were all too willing to actively assist in the suppression of these rights on their fellow citizens.

Demonstrations of extreme violence by authorities were broadcasted daily on legacy media, reinforcing the fear of reprisals for dissent. These included the police actions against the protestors in Ottawa, as testified to by Tom Marazzo.

The government and media organizations utilized acts of terror strategically in order to shape public opinion. They sought and gained sympathy or support for their cause by portraying themselves as victims or by framing their actions as justified responses to perceived injustices. By manipulating narratives and propaganda, they aimed to sway public perception in their favour. This was clearly evident in the Freedom Convoy, which peacefully protested the pandemic mandates in Ottawa. The government used mainstream media to portray these people as violent, racists, and anarchists, who were threatening the very lives of the people of Ottawa. This portrayal terrorized the average Canadian citizen, and combined with a virtual blackout of dissenting options, they were able to mobilize resentment toward this group.

Police were used as a instrument of terror and were employed as a means of exerting control over a population. Through threats of violence or actual acts of brutality, those controlling the police sought to maintain power and ensure compliance with their demands. This created a climate of silence and obedience, stifling dissent and resistance.

Mr. Tom Marrazo testified how he observed the enforcement of terror on innocent and peaceful protestors in Ottawa. He also testified that despite the hundreds or even thousands of security cameras that were deployed in the area surrounding the protests, the government had not released any of the probably thousands of hours of video recordings detailing what exactly happened in the Ottawa protests.

Terror was used to undermine societal stability and erode trust in institutions. By targeting infrastructure, public spaces, or key figures, acts of terror can create a sense of chaos, destabilize communities, and undermine faith in the ability of authorities to protect citizens. This can disrupt social order and create an environment conducive to further manipulation and control. The government targeted dissidents and even church leaders, arresting and jailing several of them across Canada.

Government leaders, including the Prime Minister of Canada, and several Premiers of provinces, openly promoted divisions between groups and used this support to exacerbate existing divisions within society and fuel intergroup conflicts. By targeting specific communities or perpetrating acts of violence that incite retaliatory actions (such as the police actions at the various protest sites), the government sought to deepen social divisions and promote further animosity. A cycle of violence and mistrust ensued, which hindered efforts towards peace and reconciliation.

Terror was used as a tool to suppress dissent and curtail individual freedoms. By creating an atmosphere of fear, some individuals self-censored their views, refrained from expressing dissent, or limited their participation in public life. This enabled the government to maintain control and prevent opposition from emerging.

It is essential to recognize and condemn the use of terror as a means of influencing populations because it undermines human rights, democratic values, and social cohesion. Countering terror requires a multifaceted approach, including addressing root causes of violence, promoting inclusive societies, strengthening institutions, and fostering resilience within communities.

Conclusion

In conclusion, the Commissioners are of the view that the Government of Canada, in concert with provincial governments and the mainstream media, embarked on an information campaign designed to instil fear in the hearts of citizens and ensure that they did not resist any and all draconian measures that were announced. Whether the media were state-controlled or simply agreed with the government's approach and began repeating their messaging without question was not discovered through testimony at the Inquiry. Further investigation into the relationship between the government and the media during the pandemic time needs to be done. Regardless, the cooperation of the media with the government during this time created a campaign of propaganda and terrorism that represents a grave violation of human rights, democratic values, and the principles of international law. Governments that engage in or support acts of terror against their own people undermine the fundamental rights and freedoms of their citizens, erode trust in institutions, and perpetuate cycles of violence and fear.

The prevention of state-controlled propaganda and terrorism requires a comprehensive approach that includes promoting accountability, upholding human rights, fostering democratic governance, and strengthening international cooperation.

It is crucial to establish robust legal frameworks, independent oversight mechanisms, and a free and independent media to expose and challenge abuses.

Civil society empowerment, education, and awareness play a vital role in advocating for human rights and holding governments accountable for their actions.

International pressure and cooperation are essential in addressing state-controlled terrorism. The global community must stand united in condemning such actions and must utilize diplomatic, economic, and legal measures to hold accountable those responsible for perpetrating or supporting acts of terror.

Ultimately, the prevention of state-controlled terrorism is an ongoing commitment that requires the collective efforts of governments, civil society organizations, and individuals who uphold the values of human dignity, justice, and respect for human rights.

In the instance of the propaganda and terrorism that was perpetrated by the Canadian government on its citizens, we acknowledge that this campaign could not have been successful except for the collusion and cooperation of the traditional media in Canada.

There was almost a complete and utter lack of criticism or questioning of any of the media narrative. To this day, despite the mountain of evidence that the severity of the pandemic was seriously overblown and that the measures, both pharmaceutical and non-pharmaceutical, did unimaginable harm to our country, no traditional media outlet has launched any kind of unbiased investigation.

Recommendations

Preventing governments from using propaganda and terror against their people requires a multifaceted approach that involves promoting accountability, safeguarding human rights, and fostering democratic institutions. Here are some key strategies:

- A. **Establish and uphold a robust human rights framework** that protects the fundamental rights and freedoms of individuals. This includes enshrining indelible human rights in constitutions, implementing international human rights conventions, and ensuring an independent judiciary to safeguard citizens' rights.
- B. **Foster a strong rule of law** by ensuring that government officials and security forces are held accountable for their actions. This includes establishing independent oversight bodies, conducting transparent investigations into allegations of human rights abuses, and prosecuting those responsible for violations.
- C. **Promote freedom of expression** and an independent media that can serve as a watchdog to hold governments accountable. Protect journalists, bloggers, and activists from harassment, censorship, financial repercussions, and violence, and ensure their ability to report on government actions without fear of reprisal.
- D. **Support and empower civil society organizations**, including human rights groups, advocacy organizations, and community-based initiatives. These organizations play a crucial role in monitoring government actions, advocating for human rights, and providing support to victims of abuse.
- E. **Promote and strengthen democratic governance** by ensuring free and fair elections, transparent electoral processes, and respect for the will of the people. This includes promoting political participation, guaranteeing the independence of electoral bodies, and providing opportunities for citizens to engage in decision-making processes.
- F. **Leverage international cooperation** and pressure to address human rights violations. Encourage diplomatic efforts, international organizations, and regional mechanisms to hold governments accountable for their actions, and impose targeted sanctions or other measures against those responsible for terrorizing their own populations.
- G. **Support international human rights mechanisms**, and provide them with the necessary resources and authority to investigate and address human rights violations perpetrated by governments. Collaborate with these mechanisms to bring attention to abuses and advocate for meaningful action.

H. **Promote human rights education** and awareness among citizens, government officials, and security forces. Encourage a culture of respect for human rights, tolerance, and non-violence through educational programs, public campaigns, and training initiatives.

Preventing governments from using terror against their people requires ongoing commitment and vigilance. It is a collective effort that involves the active participation of citizens, civil society, international actors, and the government itself. By upholding human rights, promoting accountability, and fostering democratic values, societies can strive towards preventing and addressing government-led terror.

7.2.3. Social Effects of Mandates on Canadian Institutions

Introduction

Historically, Canadians have had a high level of trust in their public institutions. Trust in public institutions is often measured through public opinion surveys which assess public confidence in various institutions, including government, parliament, the judiciary, the police, and public health agencies.

While trust levels can fluctuate over time, especially in response to specific events or policies, Canada has consistently ranked relatively high, compared to many other countries, in terms of public trust in institutions. Factors contributing to this trust include Canada's reputation for political stability, democratic governance, and robust public services.

The long-term effects of government actions during the COVID-19 pandemic has significantly reduced Canadians' confidence and trust in their government institutions. This erosion of trust in the fundamental institutions of Canada is prevalent not just in Canada but around the World.

According to the testimony of Gail Davidson, Canada no longer enjoys the trust of its citizens or that of the citizens of much of the world.

The perception of tyranny is subjective and can be influenced by a range of factors, including political biases, international relations, media narratives, and individual experiences.

While opinions may differ, it is worth noting that Canada no longer enjoys a universally positive reputation for democratic governance and respect for human rights, globally.

Canada's long standing tradition of fairness and transparency has been severely eroded, and this negative perception will affect Canadian society for generations to come.

The intent of this section is to provide an overall or general commentary on the subject of institutional trust: detailed discussion and analysis of certain institutions included here are contained in other sections of this report.

Testimony of Witnesses' Social Effects of Mandates on Canadian Institutions

Many witnesses testified as to the performance of the fundamental institutions of Canadian society during the COVID-19 pandemic.

Canadian institutions that were discussed included the following:

- Parliament, legislatures, executive branch,
- Judiciary,
- Legal profession,
- Police,
- Healthcare,
- Regulatory agencies,

- Media,
- Financial institutions,
- Human rights organizations,
- Universities/public schools,
- Churches, and
- National/multinational corporations.

Witness David Leis spoke at length about the absolute erosion and wanton destruction of traditional Canadians' confidence in their democratic institutions and how the existential survival of traditional Canadian democracy was in peril.

Regina Goman spoke about her experience in communist Poland and her participation in the Solidarity movement. She told how, based on her experience in Poland, the actions of the Canadian government in restricting and cancelling basic human rights was a stark warning to Canadians that the country was slipping toward tyranny.

Lt. Col. David Redman, who is an expert on emergency planning, testified that despite his expertise, he found the different levels of government would not listen to his counsel concerning the emergency response to the pandemic, and he further stated that the professionals in the emergency planning agencies were sidelined. In his opinion, the emergency response was a complete failure from the outset, and the government was hostile to any suggestions that may have improved the results.

Gail Davidson, an expert in international human rights law, spoke about how, in her opinion, Canada violated the International Human Rights treaties to which Canada is a signatory and is legally obligated to uphold.

Retired Judge Brian Giesbrecht testified that he felt the courts and judiciary had failed Canadians. He testified that, in his opinion, the courts were no longer accessible to Canadians and that the judiciary was avoiding their responsibility to deal with difficult issues that have arisen during the pandemic. Judges often succumbed to political pressure to follow the pandemic narrative, and Canadian citizens no longer received fair and unbiased hearings.

Legal tools such as rulings of "mootness" and "judicial notice" were used to avoid hearing and ruling on government actions. Judges simply deferred to government regulations, robbing citizens of equal standing under the law.

Lawyer Bruce Pardy spoke about how the courts have demonstrated a bias toward the government position, as opposed to testing the narrative. He also spoke about the weakness of the *Charter of Rights and Freedoms*.

Lawyers James Kitchen, Jeffrey Rath, and Leighton Grey spoke at length about the failure of the Canadian judiciary.

Several doctors—including Dr. Chris Milburn, Dr. Phillips, and others—stated that the Colleges of Physicians and Surgeons failed at protecting the public. In the opinion of the witnesses, the Colleges of Physicians and Surgeons simply enforced the government narrative and did not base their actions on an understanding of science. In addition, these regulators inserted themselves between physicians and patients as well as striking down long held principles and practices in medicine.

Health Canada promoted racial division in Canada by offering early eligibility of the vaccine based on race, as opposed to identifying vulnerable people of all races, based on age and comorbidity. This practice built up a feeling of resentment within Canada.

Many witnesses testified about how they were treated by the police. Tom Marazzo, Vincent Gircys , Richard Abbot, Danny Bulford, and others testified concerning the assault of citizens by police organizations during the demonstrations. In their opinion, the police were no longer acting as protectors of the public but were acting as enforcers of the government edicts. Inappropriate conduct included various breaches of many aspects of the *Charter of Rights and Freedoms* as well as police using excessive force when dealing with peaceful protest.

Several pastors testified that the police were used to forcibly invade their churches to shut down religious services and arrest pastors.

Rodney Palmer and Marianne Klowak spoke about the complete absence of any traditional journalistic standards in Canadian media. Mr. Palmer detailed bias, misleading news stories, and significant omissions of opinions that were counter to the government narrative.

Several witnesses spoke about the actions of Canadian financial institutions in the freezing of bank accounts of citizens who had not been convicted of any crime. The financial institutions simply undertook to freeze bank accounts, without any push-back on the regulator, nor was there any evidence that these institutions consulted their legal counsel in any kind of an effort of protecting the rights of their depositors.

Testimony was received from witnesses who refused to be coerced to take an experimental injection and, as a result, were dismissed from their jobs. Employers took unilateral actions which allegedly violated human rights. Many of these dismissed employees took their complaints to their unions and the human rights commission, where their complaints were dismissed. Neither the unions or the human rights commissions actually took any action to challenge the employers on these violations.

Universities and public schools followed the government mandates without any regard for the detrimental effects that students were experiencing. The Commissioners heard testimony from retired professors, teachers, and students. In many instances, the institutions adopted policies that were more restrictive than those enacted by the government, and often they prolonged the implementation of these restrictions.

According to the witnesses, students were impacted in a variety of ways that included lost educational opportunities, physical distress, and social and mental developmental damages. Further administration of many schools allowed a toxic atmosphere of hate and bullying to develop against anyone who did not comply with the narrative.

Many churches failed their congregations and were in lockstep with government directives restricting their operation. This was despite the obvious contradictions in the regulations that allowed big box stores, liquor stores, and cannabis stores to remain open as essential services. After the initial pronouncement of the pandemic and lockdowns, most pastors complied and closed their churches to protect the congregations. As the mandates continued and deepened, and it became obvious that the mandates and lockdowns were wrong, many pastors reopened their churches, understanding that the church plays a vital role in the mental, social, and spiritual health of their congregations. Wesley Mack, Hon. PhD, testified on the importance of church attendance to communities of faith.

Testimony was received from pastors who were fined, arrested, jailed, or forced out of their churches, including Pastor Steven Flippin, Pastor James Coates, Pastor Jason McVicar, and Tobias Tissen.

Witnesses testified that national and multinational corporations, including pharmaceutical companies, allegedly took advantage of the environment of terror and panic that gripped the government and the country. Employees were terminated due to non-compliance with unilateral injection mandates.

Pharmaceutical corporations took advantage of panicked and inexperienced government regulators to negotiate incredible concessions on the approval, manufacture, and distribution of an experimental gene therapy while protecting themselves from liability.

Large corporations also turned over confidential client records and monitored clients on request of the government. In some instances, this was done without a court warrant and without the conscious knowledge of the clients. One example discussed was the monitoring of over 30 million Canadians, through their cell phones, by Health Canada.

Conclusions

Here are a few reasons why Canadians' trust in their institutions has been shaken:

Democratic Values and Political Stability

Canada was traditionally widely regarded as a stable and well-functioning democracy. It has had a long-standing tradition of upholding democratic values, including free and fair elections, the rule of law, freedom of speech, and respect for human rights. These factors contributed to Canada's reputation as a country with strong democratic institutions.

Over the course of the pandemic, many of these democratic rights were attacked, diminished, or eliminated. The Government of Canada, along with the provincial governments, effectively suspended many of the fundamental human rights as set out in the *Charter of Rights and Freedoms*. They suppressed peaceful dissenting opinions; they arrested peaceful protestors; and they silenced dissent through the use of the judiciary, police, and even financial institutions..

Canadians were so accustomed to their rights that they could not bring themselves to believe what was happening before their very eyes.

Many Canadians found themselves in a position where they could not obtain legal counsel, as many lawyers in Canada would not represent persons who were challenging the government lockdowns and mandates.

Multiculturalism and Inclusivity

Canadians are known for their commitment to multiculturalism and diversity. The Canadian government, however, had established policies and programs to promote the vilification of certain groups of Canadians by using a propagandized narrative of institutional racism. In order to “protect” these threatened minority rights, they enacted extremely obtuse laws and regulations which are being used to stifle legitimate dissent and to force citizens to accept their extreme policies or face legal consequences. Those consequences include arrest, fines, and incarceration. This change in approach has not gone unnoticed in the international community.

Strong Human Rights Record

Canada has previously been recognized for its commitment to human rights, both domestically and internationally. Canada is a signatory to numerous international human rights treaties and has actively participated in global efforts to promote and protect human rights. During the pandemic, Canada enacted policies and enforced new laws which suspended human rights in the country, and many of the measures were in direct violation of the international human rights treaties to which Canada is a signatory. Gail Davidson, an expert in international law, set out the details of these gross violations, in her testimony.

Canada’s legal framework, including the *Canadian Charter of Rights and Freedoms*, failed to protect the individual rights and freedoms of its citizens. Many of the most basic and fundamental rights “guaranteed” by the Charter were simply brushed aside, under section 1 of the Charter, titled “Guarantee of Rights and Freedoms.” By invoking this clause, and without providing clear and transparent justification of the reasons, the government was able to suspend Charter freedoms, and the judiciary did nothing to stop them.

Perception of Government Response

The lack of effectiveness, transparency, and communication of government responses to the pandemic influenced significant mistrust in institutions. Governments demonstrated a lack of

efficient and transparent decision-making, they did not communicate clearly, and they did not implement evidence-based measures.

Objectively false statements, missteps, inconsistent messaging, and delays in decision-making eroded trust.

Political Polarization

The pandemic became politicized in most contexts, leading to polarization and divisions along political lines. Trust in government institutions was influenced by pre-existing political beliefs, with individuals more likely to trust or distrust institutions based on their alignment with their political ideologies.

Communication and Information Dissemination

The ability of governments to effectively communicate accurate and timely information is crucial in building trust. The governments in Canada did not engage in open and transparent communication. Although they provided regular updates, many in the population knew that the updates were skewed and biased. In addition, the government relied on “trusted” experts who, in many instances, were known to have received significant government funding and thus had a conflict of interest, which eroded trust in government institutions.

Handling of Crisis Management

The perception of how well government institutions handled the crisis—including the ability to control the spread of the virus, implement effective public health measures, and protect vulnerable populations—influenced trust.

The public health officials in charge of the emergency response displayed no expertise in emergency management, and the existing emergency planning apparatus was sidelined.

Elected officials who are supposed to remain in control of any crisis situation abrogated these responsibilities to non-elected, and all too often incompetent, bureaucrats with no experience in crisis management.

Trust in Science and Expertise

Trust in government institutions was influenced by the public’s perception of the government’s reliance on skewed, false, incomplete, and biased scientific evidence and expertise.

Governments did not follow evidence-based decision-making and sought guidance from inept and inexperienced public health officials and even disregarding crisis plans previously developed by the same public health officials.

Decisions were perceived as politically motivated or contradicting scientific consensus, further eroding the trust of Canadians.

Social and Economic Impacts

The social and economic impacts of COVID-19 mandates—such as business closures, job losses, and financial hardships—have influenced trust in government institutions. Individuals and communities experiencing negative consequences rightly attributed these difficulties to government decisions, which led to decreased trust.

Trust in Public Health Institutions

The response of public health institutions, such as the Public Health Agency of Canada and local health authorities, influenced trust in the broader government system.

Trust in these institutions was crucial, as they provided guidance, expertise, and recommendations during the crisis. The directives being issued by public health were often erratic and were given in a state of panic; and many of the regulations and edicts contradicted long-held medical practice, and all too often they made no sense in a medical or scientific way.

The public was never presented with an overall plan but was simply exposed to a long list of rules and regulations, without any consideration for the quickly developing situation. A dizzying array of different rules from province to province further contributed to a perception that the measures were political and not informed by good health policy.

It is important to recognize the pandemic and its impact on trust in government institutions as complex and multifaceted. Trust can be influenced by a combination of factors, and individual experiences and perspectives play a role. Governments that actively address concerns, engage in transparent communication, prioritize public health, and demonstrate accountability have a better chance of rebuilding and maintaining trust in the long term.

Recommendations

The process of restoring trust in Canadian institutions is a very difficult and complex one. What was destroyed in a very short period of time will take a generation to restore, and only if these institutions make a concerted effort to restore that trust through their day-to-day actions.

Momentary publicity campaigns and propaganda blitzes will not serve either the institutions or the people of Canada's best interests.

If these concerns are not addressed in a forthright manner, the very existence of Canada as a free and democratic nation is at risk.

We recommend the following:

- A. **It is not an option** to take a “business as usual” posture and simply carry on as if nothing happened. Institutions must recognize and publicly admit their culpability in what was perpetrated on Canadians and, if appropriate, must face criminal and civil penalties for their actions.

- B. **Transparency and Accountability:** Information related to the institutions' actions during the COVID-19 pandemic must be made publicly available, creating a culture of transparency and accountability within public institutions.
- C. **Ensure that decision-making processes** are open and accessible to the public, and that the actions and performance of public officials are subject to scrutiny.
- D. **Establish mechanisms for oversight**, such as independent audits or ombudsman offices, to hold institutions accountable for their actions.
- E. **Ethical Conduct:** Promote and enforce high ethical standards within public institutions. Implement robust codes of conduct that govern the behaviour and decisions of public officials and employees. Provide ethics training to ensure that individuals understand their responsibilities and the expectations placed upon them.
- F. **Effective Governance:** Strengthen governance structures and mechanisms to ensure efficient and effective functioning of public institutions.
- G. **Enhance the professionalism** and expertise of public servants through training and development programs. Foster a merit-based culture that rewards competence and performance.
- H. **Public Engagement:** Actively engage with the public and involve stakeholders in decision-making processes. Seek public input through consultations, town hall meetings, surveys, and other participatory mechanisms. Demonstrate that public institutions are responsive to the needs and concerns of the people they serve.
- I. **Communication and Information Dissemination:** Establish clear and consistent communication channels to keep the public informed about the work and activities of public institutions. Provide timely and accurate information, particularly in times of crisis or controversy. Use plain language and accessible formats to ensure that information is easily understandable by all segments of society.
- J. **Collaboration and Partnerships:** Foster collaboration and partnerships with civil society organizations, academia, and other stakeholders. Engage in meaningful dialogue and involve external expertise in policy development and implementation. Collaborative approaches can help build trust and ensure that institutions benefit from diverse perspectives.
- K. **Learn from Mistakes:** Acknowledge and learn from past mistakes or failures. Publicly address any instances of wrongdoing or misconduct, and take corrective actions. Demonstrate a commitment to learning, improvement, and the prevention of similar issues in the future.

- L. **Long-Term Vision and Consistency:** Develop and communicate a clear long-term vision for the institution's role and purpose. Demonstrate consistency in actions and decision-making, avoiding unnecessary reversals or abrupt changes. Consistency helps build trust by showing that institutions are reliable, accountable, and predictable.
- M. **Independent Oversight and Checks and Balances:** Strengthen the role of independent oversight bodies, such as auditors general, ombudsman offices, or anti-corruption commissions. These bodies can provide an additional layer of accountability and help prevent abuses of power or corruption.

Rebuilding trust in public institutions is a long-term endeavour that requires sustained commitment and effort. By implementing these strategies, institutions can work towards restoring faith in their integrity, competence, and ability to serve the public interest.

7.2.4. The Impact of COVID-19 Measures on the Military

Introduction

The Commission heard from current and former members of the Canadian military, as well as a lawyer who represented hundreds of current members and veterans who were disciplined or dismissed as a result of the COVID-19 mandates.

Based on the testimony, the Canadian military placed the uptake of vaccines ahead of the safety of members of the Armed Forces, which served to destroy morale and has the carryover effect of weakening Canada and the defence of our nation.

Dr. Matthew Tucker (Truro, NS)

Devon Sexstone (Winnipeg, MB)

Michel Gagnon (Winnipeg, MB)

Catherine Christensen (Red Deer, AB)

Josée Belleville (Québec City, QC)

Terry LaChappelle (Truro, NS)

Impact of Pandemic Measures on the Canadian Armed Forces

Members of the Canadian forces are required to receive a large number of vaccines during their service. The Commission heard from several former members who had consented to receiving multiple vaccines in the past, often stating, with pride, that they had received more vaccines than anybody else in the room. Despite this history, the requirement to receive the COVID-19 vaccine was not acceptable to many.

The Commission heard testimony that many members were coerced into taking the vaccine in order to keep their jobs. Additionally, many former members testified personally about their experience in being discharged due a refusal to receive the vaccine. These included: Devon Sexstone, Michel Gagnon, and Josée Belleville. Additionally, Terry LaChappelle, a veteran and civilian contractor on the CFB Trenton base, lost his job.

Michel Gagnon testified that there were very few members of the services who were capable and trained to fly military planes like he was. He estimated that the total cost to train him was approximately \$2 million. The removal of him as a pilot is a costly loss to the Canadian Armed Forces.

Dr. Matthew Tucker, who worked as a family doctor for members of the Canadian Armed Forces, testified that during the pandemic, he experienced an increase in patient visits for mental health issues, which he attributed to the pandemic restrictions. During this time, he also worked as an emergency doctor at a civilian hospital. He did not treat a single patient for COVID-19 until January 2022.

Dr. Tucker testified that there is a crisis in the military in terms of morale and that many are leaving the service. As a result, he is concerned about the security of our country. Mr. LaChappelle estimated that 800-900 military personnel were dishonourably discharged as a result of refusing the vaccine. Some were called back, but many refused to return.

Ms. Christensen testified that the Canadian Armed Forces lost an estimated 3000 to 5000 personnel due to the mandatory vaccination policy, out of a regular force of 68,000. She estimated that this included personnel who were discharged as well as those who experienced vaccine injuries. This is the highest loss of personnel since World War II. Ms. Christensen stated that the cost to the Canadian Armed Forces exceeds \$3 billion in loss of training, experience, and expertise. This does not include costs to the members. She further discussed the toxic environment that was promoted and created within the Canadian Armed Forces against the unvaccinated, which she claimed was ongoing.

Implementation of the Vaccine Mandates

At first, the Canadian Armed Forces did not implement a mandate; they simply applied pressure to members to “do the right thing.” However, in the fall of 2021, the military announced that it would “show leadership” and “set an example” by having a 100 per cent vaccine rate within its ranks.

Implementing a mandate in order to set an example does not support the position that the mandate had anything to do with the health of the members of the Canadian forces. The job of the Canadian military is not to set an example to the rest of Canada about their personal health choices. Moreover, the members of the military are an unusually healthy subset of the population, who were at very low risk of negative outcomes from COVID-19.

The Armed Forces can order soldiers into life-threatening situations. Ms. Christensen’s testimony was that this power was abused when implementing the mandate. Soldiers are expected to rely on their superiors to look out for them, and only order them to make sacrifices on good principle. This covenant was broken by the vaccine mandates.

Because the COVID-19 vaccines were new, experimental products with no long-term safety data, the military mandate had the effect of causing Canada’s military personnel to be treated as guinea pigs. The vaccines carried the risk of injury and death (albeit small), meaning that the mandate put soldiers in danger—but not for the purpose of defending the nation. Notably, the Commission heard that there had been zero deaths in the Canadian Armed Forces from COVID-19.

Avenues of Recourse for Members of the Canadian Armed Forces

Interestingly, the vaccine mandate was implemented by way of a directive, instead of an order. Ms. Christensen described the difference between an order and a directive.

An order could be: Take control of a particular hill. Directives would then follow that determined how to take the hill. There is no appeal for a soldier who fails to follow a directive. The Commission heard testimony that if the mandate had been made by way of an order, then the military would have had to accommodate requests for exemptions, such as religious exemptions. Ms. Christensen believes that the mandates were implemented by way of directive in order to avoid this process, and ensure that no exemptions were given—as part of meeting the stated goal of 100 per cent vaccinated.

Members of the Canadian Armed Forces who have grievances about their employment are not entitled to apply to a court. Thousands of members filed complaints about the mandates. The problem is that complaints went to the Chief of Defence Staff for review. The Chief of Defence Staff, however, is the one who implemented the mandate in the first place. Thus, members were left with no avenue or recourse within the services.

Trust among the ranks has been seriously eroded.

Members were gagged from speaking out against the mandates.

Members of the Canadian forces are prohibited from speaking out against the military, or their chain of command. Any members who do speak out publicly are disciplined.

It is for this reason that Canadians have not heard about the crisis in the Canadian Armed Forces that has resulted from the vaccine mandates. The Commission also heard testimony that members who were injured or disagreed with the mandates (whether vaccinated or not) were afraid to speak up. The Commission watched a video of members who were involved in fighting the mandates, and many of the faces were obscured or blurred to protect their identities.

Testimony Concerning Vaccine Injuries in the Armed Forces

Ms. Christensen testified that service members who became vaccine injured were told that their injuries were not service-related. This meant that injured members were not entitled to either a medical release from the services or compensation for their injury.

Recommendations

The fact that a citizen has put on a uniform and vowed to serve and protect Canada should not strip them of all rights and leave them with no legal avenues. The Commission makes the following recommendations:

- A. **Grievances by service members** should be outside of their chain of command and to an independent reviewer, such as the Office of Inspector General.

- B. **Whistleblower legislation should be strengthened** to allow soldiers to report on abuses within their chain of command without fear of discipline or retaliation.
- C. **Comprehensive healthcare should be provided** to all injured service members, for as long as necessary.
- D. **An apology** should be issued for implementing the vaccine mandate.
- E. **Where a medical product is provided** to members of the Armed Forces, mandatory monitoring and reporting of injuries and sickness should be performed.

7.2.5. Impact of COVID-19 Measures on the Education System

Introduction

The Government response to the COVID-19 pandemic has significantly disrupted nearly every facet of life, including education. This is a global phenomenon, but the focus in this report is specifically on Canada, where the education system, from primary school to university, has been deeply affected by the pandemic and the ensuing government-imposed measures.

When we speak about the education system, we must remember that we're not simply discussing infrastructure, textbooks, and school buses. Rather, at the heart of this system are precious young individuals—children and adolescents whose dreams, aspirations, and futures have been entrusted to it. It is their right to have an environment that promotes learning and creativity, while also offering them safety, stability, and the means to grow holistically. They are not mere numbers on an enrolment sheet but unique individuals with their own potential and vulnerabilities.

In the context of the COVID-19 pandemic, it's crucial to acknowledge that the education system completely failed due to the restrictions placed upon it by the government and the teachers unions. The purpose of this system extends beyond the imparting of academic knowledge, such as reading, writing, and arithmetic. It is equally tasked with safeguarding the mental, emotional, and social wellbeing of its students, protecting them from harm both inside and outside the classroom.

Unfortunately, due to the unprecedented actions taken by the government during the pandemic, the system was strained beyond its capacity. While a half-hearted attempt to continue providing education through online platforms was initiated, it fell short in shielding its students from the mental, emotional, and developmental impacts of this global crisis. Hence, it is vital to recognize these shortcomings and work tirelessly towards addressing them, keeping in mind that the lives and futures of our young ones hinge on these actions.

The actions taken by the government were unnecessary, based the testimony of witnesses who stated that the information concerning which populations were actually at risk was available and known to public health as early as March of 2020, when the declaration of a pandemic was made. Further, the actions taken to contain the spread of the virus were ineffective and created a cascade of changes and challenges for both educators and students.

Canadian education had to shift gears rapidly, moving from in-person teaching and learning to online modalities. Teachers had to quickly adapt to new ways of delivering lessons, while students had to adjust to learning from home, often with varying degrees of success. Not only has this transformation impacted the quality and access to education, but it has created significant mental health implications for children and young adults, and created a new group of "unschooled" children who are at risk of never acquiring even a basic education.

The following sections will examine the impact of the government's response to COVID-19 on various levels of education in Canada. This will include a review of how the sudden transition to online learning has deepened the digital divide, affected academic progress and access to school-provided nutrition, and disrupted tertiary education.

The profound impact of these measures on children's mental health, brought on by social isolation, increased anxiety and depression.

Based on the testimony and analysis, a series of recommendations are made to mitigate some of the damage done and help Canadian education emerge stronger and more resilient from this unprecedented crisis.

Witness Testimony

The following witness testimony was utilized in the analysis:

Cathy Careen, a teacher, tried to get an exemption from the mandatory vaccines. She was eventually terminated for not taking the vaccine.

Bliss Behar was a high school student when the vaccine mandates were imposed on his school. After doing his own research into the vaccines, he decided he should not take a vaccine. As a result, he dropped out of school. He spoke out and was subject to attacks on social media.

Dr. Irvin Studin testified that he began seeing children out of school in 2020, and it took him several months to understand what he was seeing. On further investigation, he was better able to appreciate the extent of what was happening. He stated the degree to which our childhood education system had collapsed in Canada. It was an experience completely foreign to such a developed country.

Kim Hunter, a teacher for 25 years, talked about the effects of masking on children.

Kassandra Murray, a school teacher, testified to the effects of masking on children and how a toxic environment developed within the classroom due to the mandates and the fear of other staff.

Kathy Howland, an education assistant, spoke about being forced to take the vaccine and her alleged adverse effects from the vaccine.

Katrina Burns, a teacher for seven years, spoke about the effects of masking on children in the classroom.

Elizabeth Galvin had a daughter who committed suicide after she found herself isolated and scared when the university closed the campus.

Jay McCurdy was a teacher of grades 7 and 8. He testified to the effects of the lockdowns on students.

Pierre Attallah had two children in school and testified to the effects of the mandates on his children.

Leigh Vossen was a student in university at the time of the lockdowns, and testified concerning her experiences.

Kyra Pituley was a 15-year-old student in Grade 9, and she spoke about how the lockdowns and remote learning impacted her.

Stephanie Foster was a teacher assistant; she had to get the vaccine to keep her job; she has had an alleged vaccine injury.

Charlotte Garrett was a teacher for disabled adults; she described her alleged vaccine injury and also discussed the effect of the mandates and lockdowns on her students.

Kelcy Travis, the mother of six children, described the effects the mandates had on her family and children.

Chantel Kona Barreda was teaching on a reserve when the mandates were put in place; she lost her job for refusal to take the vaccine.

Dianne Molstad was a teacher and a councillor for 30 years. She described her experiences with applying for a vaccine exemption.

Angela Tabak spoke about her son. He was forced to take online courses and could not access his psychiatric care; he committed suicide.

Dr. Patrick Provost, a university professor, was suspended for six months without pay for speaking out against the vaccines for children and questioning the narrative of the COVID-19 pandemic. He was facing the prospect of losing his tenure.

Madison Peake was a student in university when the mandates were put in place. She spoke about the effect of the mandates on her education and on her family.

Dr. Keren Epstein-Gilboa, an expert on childhood traumas, spoke about the effects of the mandates and masking on children.

Aidan Coulter was enrolled as a student at university. He was not allowed back to classes due to vaccine mandates.

[Discussion of Impacts on Education](#)

Primary and Secondary Education: In response to the COVID-19 pandemic, Canadian provinces and territories transitioned primary and secondary schools to remote learning. This change was unnecessary and had numerous unrecognized or ill-considered consequences.

One significant impact was the widening of the digital divide. Not all students had access to reliable Internet or technology, which led to disparities in educational attainment.

Not every student had access to a safe and suitable space in which they could attempt to be home-schooled; for some, school is the only safe space available.

There were also challenges in teaching certain subjects, like science and arts, which often required hands-on learning.

Further, schools provide more than just education; they are a source of nutrition for many children. The government-imposed COVID-19 response brought considerable developmental challenges for primary grade children, encompassing social, mental, speech development, and disturbing increases in mental illnesses and antisocial behaviour.

Social Development: Social interactions at school are pivotal in children's social development, teaching them to communicate, share, negotiate, and develop empathy. With school closures and social distancing measures, children have lost out on these valuable interactions. Playdates, an essential aspect of social learning and emotional understanding, have also been severely limited. This lack of social interaction can hinder children's ability to build social skills, establish strong relationships, and understand social norms and cues.

Mental Development: The mental wellbeing of children has been significantly impacted by the pandemic. As routines and structures have been upended, children have experienced heightened stress and anxiety. The uncertainty surrounding the pandemic, fear of the virus, and reduced contact with supportive networks (friends, teachers, extended family) has exacerbated this situation.

Speech Development: Speech and language skills often develop rapidly in primary grade children, supported by interactions with teachers and peers. Reduced interaction time with teachers, who play a crucial role in correcting and improving a child's speech, can slow speech development. Moreover, children learn language not only from explicit teaching but also from overhearing and participating in conversations. The shift to online learning limits these opportunities.

Increase in Mental Illnesses and Antisocial Behaviour: The mental strain of the pandemic, along with social isolation, can lead to a range of mental health issues, such as depression and anxiety. Children may not fully understand why their routine has been disrupted, leading to feelings of confusion and stress. The pandemic also resulted in increased screen time, which can contribute to sleep issues, physical inactivity, and reduced social skills, further impacting mental health. Regarding antisocial behaviour, long-term isolation and lack of peer interactions may lead to difficulties in social situations and reduce the development of empathy and sharing habits.

To mitigate these effects, it's important to create structures that can support children during these challenging times. This could include virtual social activities, increased access to mental health supports, structured home routines, limited and purposeful screen time, and involving children in family conversations to stimulate speech development. It's also crucial for adults to openly discuss the pandemic with children in age-appropriate ways to reduce fear and anxiety.

Tertiary Education

Colleges and universities also shifted to online learning. The abrupt transition negatively impacted the quality of education due to reduced student engagement, lack of practical learning opportunities (especially in STEM (Science, Technology, Engineering, and Medicine), medical, and technical disciplines), and networking opportunities.

The government actions during the COVID-19 pandemic caused numerous disruptions to the lives of university and college students. The lockdowns and school closures have led to lost opportunities and delays that can have long-lasting implications on these students' educational and career trajectories.

Delayed Academic Progress: With the abrupt closure of universities and colleges, many students faced delays in their academic progress. While some courses transitioned online, others, particularly lab-based or practical courses, were more challenging to adapt. This led to incomplete courses, postponements, or even cancellations, forcing students to defer their graduation dates.

Lost Opportunities for Research and Internships: For many students, especially those pursuing graduate degrees, participating in research projects is a crucial part of their education. The pandemic led to the suspension of many such projects, robbing students of valuable research opportunities. Additionally, internships, a vital stepping stone to the job market, were cancelled or shifted to a virtual format, often providing a less enriching experience.

Reduced Networking Opportunities: Universities and colleges provide students with various opportunities to network with professors, alumni, visiting scholars, and industry professionals. This networking often leads to job opportunities, internships, or collaborations. The transition to virtual learning has significantly reduced these opportunities.

Limited Access to Campus Facilities: Access to facilities like libraries, labs, study rooms, and sports complexes significantly enrich the learning experience. The closure of these facilities due to lockdowns not only disrupted students' academic progress but also negatively impacted their overall university experience.

Challenges in Transitioning to the Job Market: The economic downturn brought about by the pandemic has led to a challenging job market for new graduates. The lack of internships and networking opportunities due to lockdowns further compounds this problem.

Loss of Campus Experience: Beyond academics, the college or university experience is often about personal growth and the creation of lifelong memories. The shift to remote learning has resulted in a loss of campus life experience, including participation in clubs, sports, cultural events, and social interactions, all of which contribute significantly to a student's personal development.

The pandemic's impact on higher education was profound and led to significant delays and lost opportunities. It is crucial for institutions to find innovative ways to support students during these challenging times, such as virtual internships, online networking events, and flexible academic plans.

Impacts on Mental Health

Schools and universities are not just places of learning; they are also hubs of social interaction and play a significant role in mental health. The changes wrought by the pandemic have had substantial mental health impacts.

Social Isolation

Social isolation, a significant consequence of lockdown measures, involves reduced social interaction and physical contact with others. This abrupt shift in daily life is deeply disconcerting, especially for elementary, high school, and university students who are used to a routine packed with social interaction. This transition affected students' mental and emotional health, educational progress, and overall wellbeing in a variety of ways.

Emotional Impact: The sudden loss of everyday contact with friends, classmates, and teachers can lead to feelings of loneliness, sadness, and frustration. For many students, school is not just a place of learning but also a vital social environment. Without these regular interactions, students may feel cut off from their social networks, leading to a sense of isolation.

Mental Health Effects: Prolonged social isolation can exacerbate feelings of anxiety and depression. Human beings are innately social creatures, and isolation can create a heightened sense of stress and worry. It can also lead to a decrease in motivation and concentration, impacting students' academic performance.

Educational Disruption: Collaborative learning opportunities have been proven to enhance understanding and problem-solving abilities. The absence of face-to-face group work can affect students' learning experience and engagement levels, possibly leading to a decline in academic performance.

Development of Social Skills: Particularly for younger children, school is a critical setting for developing social skills, forming friendships, and understanding social norms. Social isolation can hinder the development of these critical skills.

Lack of Routine: For many students, the structure and routine provided by attending school or university provide a sense of normalcy and control. The loss of this routine can create feelings of disorientation, restlessness, and anxiety.

Physical Health: Reduced opportunities for physical activity (gym classes, sports teams) can lead to a more sedentary lifestyle, potentially impacting students' physical health and increasing feelings of lethargy or sluggishness.

Loss of Support Systems: For some students, school is a safe haven, providing support systems like counselling services, mentors, and free meals. The loss of these services can exacerbate feelings of isolation and insecurity.

The impacts of social isolation due to school and university closures are profound and varied, underlining the critical role that these institutions play beyond academic instruction. They're essential for social interaction, mental health support, and a stable routine—all of which are crucial for a student's holistic development.

The Commission heard testimony from witnesses who stated that their children had simply dropped out of school, or had succumbed to depression and despair, with some resorting to suicide.

Anxiety and Depression

Several key factors have contributed to an increase in anxiety and depression among school-age students during the COVID-19 pandemic:

Social Isolation and Loneliness: School closures and social distancing measures led to prolonged periods of isolation from peers, which play a crucial role in a child's social and emotional development. Missing out on these interactions could lead to feelings of loneliness and alienation, which could trigger or exacerbate anxiety and depressive symptoms.

Disrupted Routines: School provides a structured routine that offers predictability and a sense of control to students. The sudden loss of this routine due to the pandemic could lead to feelings of uncertainty, which is a common trigger for anxiety.

Online Learning Challenges: The transition to online learning presented its own set of challenges. Some students may have struggled with the lack of in-person instruction, technological issues, or lack of a conducive learning environment at home. The stress and frustration from these challenges could contribute to feelings of anxiety and depression.

Fear and Uncertainty about the Pandemic: The continuous flow of news about the pandemic, coupled with fear about contracting the virus or it affecting loved ones, could lead to elevated anxiety levels. Uncertainty about the future, concerns about academic progress, and changes in exams and grading could also increase stress and anxiety.

Limited Access to Mental Health Services: Many students rely on school-based services for mental health support. With schools closed, students may have found it more difficult to access these services, causing existing mental health conditions to worsen.

Grief and Trauma: Some students may have lost loved ones to the virus, causing profound grief and potentially leading to depressive symptoms. Others might have had parents or caregivers working on the frontlines, causing additional worry.

Increased Family Stress: With the pandemic causing economic instability and job loss, family stress levels have increased. Higher levels of family stress can lead to increased anxiety and depressive symptoms in children and adolescents.

Understanding these factors is crucial for creating strategies to address the mental health crisis among students during the COVID-19 pandemic.

Conclusions

The COVID-19 pandemic and the subsequent government-imposed lockdowns and closures have had a profound detrimental impact on education at all levels in Canada. Although the government and public health stated that these measures were implemented to protect public health, they did not appear to have properly considered what would most surely result from the significant disruption in the educational system. Students of all ages, from primary grade children to university students, have faced unparalleled challenges, including but not limited to social isolation, mental health issues, disrupted routines, and delays in academic progression.

Government actions did not fully account for the wide-ranging impacts these measures would have on the education system and the students it serves. The sudden transition to remote learning highlighted and exacerbated existing inequalities, strained resources, and put enormous pressure on both students and educators. It is essential to recognize that the impacts extend far beyond academic achievement and have deeply affected students' mental health and overall wellbeing.

Similarly, universities and colleges imposed their own lockdowns and restrictions, which caused them to shift to virtual learning environments and dismiss students who refused or were unable to comply. The loss of in-person interaction, networking opportunities, access to campus facilities, and delays in academic progression all contribute to a vastly altered and often diminished university experience.

Moreover, teachers' unions—facing a perceived change in working conditions, mounting pressures regarding teachers' safety, and the challenges of remote instruction—played a role in reinforcing the need to implement the unnecessary lockdowns and closures during the pandemic. The unions' actions and advocacy for teachers' "rights and resources," seemed ill-considered and appear not to have taken into account the actual data that was available as early as March of 2020.

Recommendations

- A. **Avoid Prolonged School Closures:** Recognize that extended school closures should not be imposed in the future, as they have profound and far-reaching negative impacts on the socialization and education of children.
- B. **Prioritize In-Person Learning:** Ensure that in-person learning remains the primary mode of education, even during public health crises. Remote learning should only be used as a last resort and for a limited duration, and in conjunction with parental consultation.
- C. **Data-Informed Decision-Making:** Base any decisions related to school closures on comprehensive and up-to-date data, considering the specific needs and circumstances of each region or community.
- D. **Support Vulnerable Populations:** Develop targeted support systems for vulnerable students, including those with disabilities and students from low-income backgrounds. Recognize that these populations may be at higher risk than the general student population and provide specific measures to protect them. Do not impose these measures on the entire student population.
- E. **Enhance Mental Health Services:** Invest in mental health support services within schools to help students cope with the emotional toll of the pandemic and the challenges of social isolation.
- F. **Prioritize Social and Emotional Learning:** Incorporate social and emotional learning into the curriculum to help students build resilience and emotional intelligence, especially in the aftermath of the COVID-19 pandemic.
- G. **Maintain Transparent Communication:** Keep parents, students, and the community informed with clear and transparent communication regarding the reasons behind any decisions related to school closures or restrictions.
- H. **Plan for Crisis Scenarios:** Develop contingency plans that prioritize education and socialization, while maintaining health and safety during future crises.
- I. **Learn from Past Mistakes:** Conduct a comprehensive review of the government's response to the COVID-19 pandemic in education, and use the lessons learned to shape future policies that prioritize the wellbeing and education of our children.

By implementing these recommendations, we can work towards a future where our education system remains resilient in the face of emergencies, ensuring that our children's socialization and development are protected and nurtured.

7.2.6. The Restructuring of Traditional Educational Institutions due to COVID-19 Measures

Introduction

Historically, most stakeholders in education were motivated to fulfil their teaching responsibilities within the pedagogical framework and curriculum outcomes required to meet societal needs. More recently, the focus of student learning moved toward global interconnections and the need to ensure citizens from all walks of life acquired sufficient knowledge to meaningfully participate in globally aligned industry. For the most part, being introduced to integrated and interconnected global communities was not a hindrance. Student needs were primarily met, and learning opportunities that empower and educate students were fulfilled. In essence, student achievement and critical thinking accompanied by related buzz words was the goal. That is, until COVID-19.

When COVID-19 came along, global aspirations were shut down. Barriers to the world as we knew it were imposed. A new set of boundaries were erected, with COVID mandates leading to new societal norms. This included learning institutions as well. Depending on where one lived and the type of school one attended, the governing mandates for education became vastly different. In-person class learning was abruptly stopped and replaced almost as quickly with online or distance learning, or some form of hybrid instruction.

In the beginning, mandates were temporary, such as the two weeks to flatten the curve. Over time, more permanent lockdowns and restrictions were legislated by authorities. Consequently, students in the K-12 system had their social circles curtailed. Recreational parks were closed. Family gatherings were restricted, and students of all ages (as a demographic within a broader societal construct) were seriously disadvantaged.

At the post-secondary level, students faced similar consequences. Higher education took a sudden U-turn from scholarly inquiry, research, and investigation (under the umbrella of academic freedom) into a mandated environment of conformity, intolerance, and discrimination.

Accordingly, universities abandoned the foundation of learning for the betterment of society—in favour of institutional compliance, whereby senior management, boards of governors, and university presidents responded favourably and with vigour to government dictates. Ivory towers (widely accepted as the think tanks within society) mimicked layers of government bureaucracy, submitting to ever-changing whims of health authorities. To say the least, the results were destructive. Instead of the arts, humanities, and social sciences playing a formative role in shaping public policy, society as we knew it was under siege.

Certainly, the damage to education—and, by extension, the social fabric—was massive. Serious gaps in student development, academic rigour, relationship-building, and curriculum outcomes were sidestepped, eclipsing the prevailing COVID narrative into every aspect of instruction, administration, and student interactions. Teachers, staff, and students alike felt the burden of repeated COVID messaging—hand sanitizers, social distancing, curtailed speech—all the while, the continued introduction of even more nonsensical protocols.

In the aftermath, the Canadian public has seemingly ventured into territory for which we are ill prepared to understand. Some suggest the playbook is George Orwell's *1984*. Others claim the attack on Western democratic ideals is much worse. Regardless of where one stands on COVID itself, there are outstanding questions requiring meaningful answers. For example, how did an educated free and democratic nation get here and where is society going?

Herein, you will hear witnesses testify of the real harms caused in the education sector over the last three years: the disparity, the derogatory and very public shaming, the humiliating treatment by colleagues, the increasing polarization at every juncture, job losses, the human casualties, and the outright rejection of constitutionally protected rights and freedoms. You will hear from parents whose lives have been tragically changed forever. And teachers forbidden to do what they loved to do—instilling knowledge and confidence in our youth. And one strong lady, who in spite of her personal circumstances, tried to educate others on the harms to children.

Each testimony is a real-life story representative of thousands—perhaps hundreds of thousands—of citizens who witnessed firsthand the moral turpitude by culpable people with no authority or jurisdiction to govern but who did so anyway. Clearly, boundaries were broken. The question is whether society is worse off now than we were pre-COVID.

Analysis of Witness Testimony

What was the intention of the COVID-19 measures undertaken by the governments? In many ways, the Milgram experiment⁴⁰ could be rightly considered a microcosm of COVID measures, except that COVID was unveiled on a global scale. Nevertheless, the mandates appear to have little to do with COVID. In fact, as many witnesses allude, an era of uncertainty was ushered in, and the very institutions established to protect citizens failed miserably. In this context, Orwell's repressive doublespeak comes to mind, where truth and facts are replaced with negationism.

As witnesses attested, valuing one another as human beings was no longer the embraced societal underpinning. And the consequence that evolved was that power for the sake of power became the overarching and multi-layered system where contrary voices were shut down. Citizens' consciences and convictions were systematically manipulated or rejected, by the stroke of a pen, not only by governments and health authorities responsible for COVID dictates but also non-rational intolerance for our neighbours became equally entrenched in academic workspaces.

At first the events seemed isolated. But over time, a bullying mindset accelerated within communities. Authoritarian and judgmental attitudes became prevalent. Ironically, in hindsight, we perceive it to have been a very odd conception of power that emerged. People with even limited power to control others felt self-justified approval to abuse and harass our colleagues and peers.

⁴⁰ Eldridge, Stephen. "Milgram experiment." *Encyclopedia Britannica*, August 31, 2023, <https://www.britannica.com/science/Milgram-experiment>. (accessed September 1, 2023)

In a logical world, where unjustified fear and threats against citizens would never be tolerated, the idea of individuals seeking power over others would be suspect. But it happened. Thus, has society become transactional? Is every interaction with others no longer privy to compassion?

The trickle-down effect meant individuals seeking empowerment and control over others in their own small corner of the world could rationalize their aggressive behaviours because of the even higher state hierarchical powers ordering blind compliance imposed upon them.

Rule-making authority then, as Prof. Bruce Pardy testified, is not emanating from legislatures passing statutes whose purposes are for the good of society but, rather, delegating rule-making authority to administrators, regulators, boards of governors, and corporate entities. The consequential ramifications, as witnessed throughout COVID, is that “individual autonomy must yield to the expertise and authority of officials acting in the name of public welfare.” As also stated, when officials are given the authority to override individual autonomy, bad things inevitably happen.

From an education perspective, values of kindness and empathy should have determined the treatment of all stakeholders within congregant settings, and most particularly those environments where relational bonds are forged. Why? Because when education is successful, both teachers and students learn because their spirit and willingness to serve others is prioritized.

Instead, these scholarly, well-learned individuals operating in various capacities within educational institutions caved to the whims of bureaucrats acting outside the democratic models exemplified in public policy literature. By virtue of their academic achievements alone, these officeholders should have recognized that governments have always been poor proxies when it comes to acting in the best interests of the populace. Further, as testified to as well, when governments try to achieve more complex goals with detailed data, it tends to choke on its own ineptitude. In other words, the idea that governments could handle any pandemic should have raised red flags throughout academia. The very basic understanding that infighting among bureaucracies increases immensely as the totalitarian goals of making all that is private a part of the public realm should have caused concerns.

Still, there is yet another boundary that has been damaged. That is, our moral God-given rights and freedoms were not just stretched, to determine at what point citizens would object to further demands, but broken. Not just entangled for a short period of time but ripped apart, leaving the social fabric worse off than before. The sheer number of perplexing issues that emerged, including how quickly universities and colleges took hold of discretionary powers and implemented institutional mandates and lockdowns on campus—even while health authorities were still only recommending cautionary practices—should have shocked the populace. The fact that some refused to lift mandates after health authorities did should be equally concerning.

And then there was censorship. The experiences of Mr. Marazzo are a prime example. Mr. Marazzo worked as a combat engineer for 25 years. He holds a bachelor's degree in software and a master's degree in business administration. He was teaching a College when the pandemic hit. Just prior to the start of the school year in 2021, the dean of the college sent out an email threatening termination if the faculty were not vaccinated. Mr. Marazzo responded by sending legal information to approximately 200 employees. Almost immediately his colleagues proceeded to publicly shame him by flooding his inbox, while ignoring the contents of his email. Shortly after, he received a termination letter. At the time of his testimony, he was living off his savings.

Those witnesses who had chosen not to comply were ostracized. Ms. Repo, for example, experienced this personally when she attempted to go about her day-to-day life after receiving a devastating terminal medical diagnosis. Her legitimate mask exemption was never honoured. At times, she was told by hospital staff that her mask, which caused breathing problems, needed to be repositioned. The only glimmer of hope was an oncologist who, for a brief moment, behaved compassionately by giving her a hug. At every other juncture—whether the orders to comply with masking came from a transit driver, restaurant server, or radio host—she was a target of hostile verbal abuse, to the point where she constantly worried whether her attackers would come to her home.

Although Ms. Repo was not an educator by profession, she was concerned about those with breathing or hearing issues and, similarly, the long-term effects of masking on children—so much so that she made a presentation on these harms to the City of Saskatoon, which was essentially ignored.

Yet Ms. Hunter, an early childhood teacher with over 20 years of experience, confirmed Ms. Repo's masking concerns. Ms. Hunter stated the impacts of masking included difficulty breathing, hypoxia, high levels of carbon dioxide, increased heart rate, and high systolic blood pressure. Clinical symptoms of mask wearing include headaches, fatigue, shortness of breath, skin conditions, psychological effects, cognitive difficulties, and dizziness. High levels of CO₂ reduce blood pH, which may lead to long-term complications such as cancer, diabetes, dental issues, and neurological disorders. A person wearing a mask is not supposed to touch it, or the mask is considered contaminated and must be thrown away.

Other concerns include bonding and attachment, particularly if the adults nursing or bottle-feeding an infant are masked. Eye contact and voice recognition (especially a mother's or father's voice, or that of other family members) are foundational for socioemotional growth, including passive and active communication. Young children, such as those in preschool settings and daycares, learn communication through imitation and therefore need to see people's facial expressions to understand the nuances of human communication.

Ms. Garrett's focus was teaching English as a second language to refugees and newcomers. Earlier in her life, she had suffered a vaccination injury, so when COVID vaccinations came along, she decided against taking any more. When in-person classes resumed, the school administrators forced her to get an antigen test to enter the building, even when there was no one else there. She said students who were not double-vaccinated were no longer allowed to attend. Also, as an aside, she mentioned bimonthly staff meetings were all about promoting the COVID agenda. She pointed to the Nuremberg trials and the lessons we all should have learned from history. She was not the only educator to experience these behaviours.

Ms. Barreda, a grade 7 teacher at an Aboriginal reserve, similarly chose not to get the vaccine. Her employment contract was terminated, and her daughter was forced to leave the school. She filed a human rights complaint, but it was denied. Online learning led her daughter to feel isolated and depressed. When Ms. Barreda reached out to the band council for answers, her questions were ignored. She said she tried to follow the science, but it only led to money—not science.

Medical reasons were also a concern for Ms. Careen. A teaching assistant in Newfoundland, she described what it was like to be diagnosed with Guillain-Barré syndrome, and not be vaccinated. As a result of her decision, she was placed on an unpaid leave of absence. She was further denied employment insurance benefits. The lack of her income in the family caused severe financial stress. She said all of her attempts to be heard were ignored.

Another teacher, Ms. Murray, was teaching a grade 1-2 class at a private school when COVID mandates were announced. She had received a legitimate mask exemption from her family doctor, which she said was initially honoured by school administrators. At some point, the work environment changed, becoming more hostile. School faculty meetings became more focused on how to police COVID protocols rather than education standards. She indicated teaching had become much more fear-based.

Ms. Murray observed how the rules had affected children. Students experienced developmental delays, including loss of tone of speech, smell, and taste. To compensate for the delayed development, she had to continually seek innovative ways to introduce the rules without the threat of fear.

Because she was not vaccinated, Ms. Murray's lesson plans had to be given to a substitute teacher. As time went on, she was eventually informed that the only way she could return to the classroom was if she wore a microclimate helmet. She eventually had to leave. The emotional stress in the work environment led to Ms. Murray seeking a psychotherapist for support.

Ms. Geml also testified as to the hardships she and her family experienced when she was unable to wear a mask. Beyond the fearmongering in the community, the family was also restricted from attending funerals or hospitals. Her daughter experienced additional harassment. She was subject to teachers calling the unvaccinated “murderers.” She was banned from school activities and friends’ homes. The school principal told her she was lucky kids like her were able to attend school. Ms. Geml said her daughter often came home from school in tears.

She questioned how society had reached the point where we have become so cold and cruel to people. Ms. Geml was not alone.

Ms. Travis, a mother of six, could not watch her son play sports. Her children missed dental appointments. The father of her newborn could not be part of the new-baby experience because of his vaccination status. She lost her employment between pregnancies, resulting in severe financial hardship. Ms. Travis said she would like to see more accountability and transparency at all levels of government because it is we, the people, who pay the bills.

Students with special needs did not fare any better. As teacher Ms. Burns testified, she found it difficult to watch children with behavioural needs and severe learning disabilities respond to COVID protocols. Masks, in particular, led to students’ difficulty in breathing. She saw the children become emotionless because they were not able to express themselves. As well, some children worried about contracting and spreading COVID. There were arguments among teachers and students when the students’ parents were not in favour of masking.

Ms. Burns had a medical accommodation declined by her employer. She offered to submit to daily testing to maintain her teaching position but was denied. She was placed on unpaid leave. As a result, she is no longer a rule follower. The family has had to move from the community. She has lost friends. The mental health of her family has been impacted. She is troubled to have been categorized as a misogynist and racist due to her personal medical choices.

Ms. Howland’s testimony corroborates Ms. Burns’ experiences. Ms. Howland is an educational assistant, working with special education students with Down’s syndrome, ADHD, and other learning disabilities. She could not speak freely about her adverse reaction to the vaccine. Her professional life has been negatively impacted, as she now struggles with background noise. She currently works primarily on literacy with students, but her hearing loss has greatly affected her ability to perform her job.

Mr. McDougall was passionate about children. He had worked for 13 years in childcare settings. His son was born the very day the pandemic was announced. In April 2020, the daycare was closed to the children. He spent time helping with groundskeeping and facility maintenance projects within the community. He said everything changed sharply in October, when cohorts were formed. At this time, the children were separated into groups. Mask mandates followed. Mr. McDougall took great exception to masking, not just for himself but for the children too.

He had been working with an autistic child for years. Before COVID, the staff were very excited about the child's progress with his peers; he had reached a relatively normal level of functioning. Once the masks came in, he regressed. In fact, he became very aggressive and violent toward staff. Mr. McDougall said facial recognition difficulties were an issue. He said he could not stand seeing what was happening to special needs children. Eventually, he left his position.

Families with special needs children experienced difficulties as well. Ms. Smith had a 28-year-old son with minor special needs and a 24-year-old daughter with Down's syndrome. Pre-COVID, her daughter attended a full-day program for disabled adults. The routine of the program was very important to her daughter. Because her daughter underwent heart surgery at 10-weeks-old, her mental and emotional states were impacted more than the average child's. When the program was closed due to lockdowns, Ms. Smith observed signs of depression in her daughter. Although the day program has since resumed, her daughter was still affected, fearing the program could be cancelled again.

Ms. Tabak shared the story of her son Kyle. He had an accident that left him with a brain injury. By 2020, Kyle was living on his own and working. He decided to return to school, but his cognitive issues remained a challenge. He was required to complete a lengthy and very personal questionnaire with a psychiatrist to continue with online learning.

When Ms. Tabak and Kyle went to his appointment, the psychiatrist was not there. This did not help her son's wellbeing. Kyle was told to go through telehealth. Throughout COVID, he bought into the narrative. He became fearful, and he reduced his work hours. One day Kyle called to say he had no groceries. Even so, Ms. Tabak said the last conversation with Kyle went well.

However, Kyle called 911. Sadly, when the emergency responders arrived, he was already deceased. Kyle had written apology letters to both the RCMP and EMS. He had also written an apology to each of his family members, explaining his anxiety and depression. Ms. Tabak said the family was able to donate Kyle's organs so that potential transplant patients waiting for organs could be helped.

Kyle was not the only young person who did not know where to turn. The day before her 20th birthday, Danielle Galvin also took her own life. She was a second-year student at a Canadian University. Earlier that same week, two other students also died by suicide. They all would have been in grade 12 when the lockdown measures were first put in place.

Danielle's mother, Ms. Galvin, recalled the deadline for Ontario students to accept offers to attend university. Once an offer was accepted, all other offers on the table were rescinded. The University of Guelph said it would keep its residence open. This was a major factor in Danielle choosing Guelph over Western. Two days later, the University of Guelph reneged on its promise, throwing thousands of students' plans into chaos.

Ms. Galvin, along with other parents, contacted school administrators. They were informed that the Wellington-Dufferin-Guelph health unit had conducted an inspection and, therefore, would only allow a few students into residence. The university did eventually allow foreign students into residence. Ms. Galvin was informed by the Minister of Colleges and Universities that the ministry does not interfere in the operations of colleges or universities.

Further, the University of Guelph administration did not mandate professors to deliver virtual lectures. In Danielle's case, this meant four out of five professors in her first-year class did not deliver a single lecture. In November 2020, Danielle attempted suicide but was found by a friend. Ms. Galvin and Danielle's sister rushed to the hospital, but neither was permitted entry. The doctor said this was because Danielle was 18-years-old and was considered an adult.

By Christmas 2020, the provincial government advised people to isolate in bubbles, so Ms. Galvin and her two daughters spent Christmas together, without extended family. During the winter of 2021, Danielle had moved into a townhouse. Ms. Galvin observed the Ontario government was still allowing regional health units to dictate mandates, so the rules differed across the province. At the university, the campus police patrolled the grounds constantly looking for students who were violating the rules. Danielle and four of her friends were issued \$880 fines.

To attend school in September, students were required to be vaccinated. Ms. Galvin and her two daughters were vaccinated. In-person classes were resuming, but as Ms. Galvin pointed out, Danielle's mental health had greatly deteriorated. In January 2022, the province was locked down again for two weeks, despite all the students being vaccinated. Ms. Galvin implored the University administration, the MPP, and the Ministry of Colleges and Universities to allow the students back into schools.

She cited research from the Canadian Paediatric Society warning that the risks to students were far greater if they were not allowed back into school. On January 17, 2022, the University of Guelph called a snow day, even though students were learning virtually. It was this same week that Grace died by suicide. A few days later, and still waiting to start post-secondary school, Sayuri died by suicide. A few days after that, Danielle died by suicide. None of these young women knew each other, but they were all so despondent after almost two years of punishing lockdowns and restrictions that greatly disrupted their lives. Ms. Galvin believes that these academic and social disruptions were a major contributing factor in the breakdown of their mental health and eventual suicides.

Other concerns came to light. Witness Gary Bredeson, an Alberta resident, had three adult children attending post-secondary schools when COVID hit. He said the boys had become quite sick following Christmas break. By March 2020, post-secondary schools in British Columbia had moved to online. He became concerned over the difficulties of the boys completing online courses in the basement. Mr. Bredeson said the increased costs for a lower level of instruction, plus the cumulative social effects of being shut out of the social fabric, weighed heavily on the family.

In another example, Mr. Paquette studied medicine at Sherbrooke University prior to obtaining a bachelor's degree in elementary and preschool teaching. He communicated regularly with pediatricians, public health physicians, and others. In his opinion, the pediatricians had either been silenced or had chosen to remain silent. He said the notice from the Association des Pédiatres du Québec (APQ) at the start of the 2021 school year was ignored by public health and the government, which collectively chose not to publicly defend the precautionary principle for children. Mr. Paquette concluded the COVID measures were disproportionate and detrimental to children's development. In Québec, he said the data was misused, creating instead an unwarranted fear that led to the populace accepting the measures.

Post-secondary students did not have a voice either, as evidenced by Ms. Vossen. An in-house graphic designer, she had one course remaining to graduate. In August 2021, she was notified that all students attending classes in person required a COVID vaccination. She did not believe it affected her because her course was online. Later, the course was dropped.

She expressed concern to the president of the College, stating, "On behalf of a group of concerned students, I would like to see the data." The College retracted the mandate, and she requested an in-person meeting, which was denied. Soon after, she opened an Instagram account called Students Against Mandates, using her graphic design background. She received thousands of messages from students across Canada. Many contained stories of their own personal experiences with employers, administrators, and school authorities.

Ms. Vossen said the response from the freedom community was very positive. However, she had a hit article written against her. She was called an "alt-right extremist" and a "Nazi." The article brought her family into it. She observed threats and rude comments on Reddit, Twitter, Facebook, and Instagram. All of her previous friends cancelled her.

With her educational status in limbo, Ms. Vossen had no intention of returning to an institution that discriminated against her. The positive was the strong support system she received from so many others facing similar predicaments. She said, "Throughout history, we have seen that 'doing it for the greater good' leads to nowhere good."

Mr. McCurdy, an elementary school teacher in Ontario for more than two decades, brought a broader perspective. He said schools were in lockdown for 28 weeks. He discussed the challenges of remote learning within the context of students who did not have access. He pointed to attendance in his own grade 7-8 classes, which dropped to 50-60 per cent of pre-COVID numbers.

He indicated the expectations for students to pass was very low. For those students who did attend and participate, the quality of learning he was able to deliver was drastically diminished. Students lost all their extracurricular activities and opportunities to socialize, which are critical aspects of school and childhood development. In terms of the learning environment, Mr. McCurdy recalled seeing fellow teachers yelling at children to put on their masks. During mandates, children were not allowed to talk to each other while eating. He also noted that since the pandemic, it was very common to have multiple staff off on any given day.

The consequences of COVID policies and measures were already evident in the system. There were immense deficits in children's learning skills, resiliency, coping skills, problem solving, and confidence levels. He admitted many more children were further behind academically, with some lacking basic reading and writing skills. There was also a much higher prevalence of conflict and violence in schools.

He said he spent more time giving extra help to students than ever before. School attendance had not returned to normal. His other concern stemmed from the move to replace staff with individuals who were not equipped to cope with the increase in aggression and mental health issues. He said replacing educational assistants with paid volunteers to help with children created safety issues.

He was also disappointed that no one at the school board or provincial level acknowledged the negative effects from lockdowns. He believed a cost-benefit analysis of these policies should have been done. He further believed the analysis must include public input and consultations, because we as a society should be working to protect our children. He called the potential damage we have done, "mind-blowing."

Mr. Studin, the chair of the Worldwide Commission to Educate All Kids (Post-Pandemic) and president of the Institute for 21st Century Questions, raised similar concerns. He coined the term "third-bucket kids" for the students who are neither in physical nor virtual school and are now receiving no schooling whatsoever. Mr. Studin believed most Canadians assumed that all children who were not in physical school had transitioned to virtual learning. This was not the case.

He also said many children did not have the physical or financial resources, such as Internet access, to complete virtual learning. Others did not have in-home support that could have alleviated language barriers, learning disabilities, and unsafe or abusive situations.

Mr. Studin admitted the initial school closures in early 2020 could be called a policy mistake and possibly even be forgiven. However, school closures after this time were policy crimes. He said any intelligent society should have understood there would be massive—indeed, catastrophic—consequences to closing schools for so long, leading to great destabilization when these same children become adults.

His international colleagues do not understand how Canada failed so badly. He continued by saying, "We now understand that it is central to always keep schools open, not just for the wellbeing of children but for the proper functioning of the society."

Mr. Allen concurred. He said lost educational opportunities will have long-term consequences. As a professor, he could speak to the lost opportunities at the university level. Low education equals lower wages, poorer health outcomes, and decreased life expectancies. If one calculates the value of lost lives, it swamps any benefits from the lockdowns. Factor in the increased family breakdowns, suicides, and supply-chain interruptions and, simply put, it was going to take a generation to find out the actual costs of COVID.

From a public policy perspective, Mr. Leis had stated that Canada is guided by the principles of classical liberalism, which have an extraordinary history related to the assumption that we are born free. Within this framework, we have governments to serve us, but these same governments are not above the law. Therefore, to lock down a society because of COVID is outrageous: the economic, social, educational, and health consequences of this are astronomical. He said we underestimated the reason we have a limited state. Mr. Leis reiterated that classical liberalism is foundational to Western society.

He said freedom of speech allows us to debate and get to the truth. It is also the cornerstone for our standard of living and technological advancement. If we have censorship and the imposition of the state telling us that facts are not facts or that the end justifies the means or that we must follow the science but not in the name of science, we do not have a future. He pointed to lessons that we need to learn.

First, debate is essential (like intellectual friction). It is amazing what we can learn from those who disagree with us. Second, as our society moves closer to authoritarianism, the logical fallacy of never attacking one's opponent personally has become more prevalent. Third, in a healthy society, the state undertakes the judicial function to ensure the rightful implementation of law. There are no arbitrary arrests. Therefore, for all these reasons and more, COVID was a policy disaster. But not only a policy disaster; rather, also one where civil society was utterly assaulted.

Indeed, tyranny is simply unfettered discretion, Mr. Leis said, and it is happening in public health and, by extension, our politicians. For the direction of this great nation to change, it will require more than the voices of a few. It is time to stand and proclaim, "No more." Or as Jordan B. Peterson put it, "We hurt the educational opportunities of children and failed to see that the reaction to a crisis can be worse than the crisis itself."

Conversely, there was a very tiny win. At the University of Calgary, where there is a large Christian presence, lawyer James Kitchen successfully appealed the denial for religious accommodation for approximately 200 students. Initially, the accommodation requests were denied, with only a few students able to get one. He said the denials appeared to be completely arbitrary and that no one seemed to care about the law. After the appeal, all the requests were granted. He supposed, before COVID, there was some respect for the law. But Mr. Kitchen could only conclude that this was moral depravity, and perhaps fear, to the point of not being rational anymore.

As a whole, the personal and professional testimonies within, as excruciating as each might be, offer a glimmer of hope. That going forward, we will all come to recognize that the only real opposition to illegitimate institutional powers, bullying and coercion by unelected puppet masters, and fear-incited dictates and penalties, lockdowns, public shaming, and censorship is when Canadian citizens come together collectively and demand that the public service, mandated to serve the citizenry, actually does.

Recommendations

- A. **As publicly funded institutions**, both universities and colleges must adhere to the law of neutrality before demanding compliance for policies that potentially may not be legally enforceable.
- B. **In all publicly funded institutions**, whereby the mission includes scholarly inquiry and academic freedom as institutional tenets, there must be room for dissenting voices, debate, dialogue, and, most particularly, policy revisions when the evidence points to a change in the data and statistics that led to restrictive policies initially.
- C. **There must be a cost-benefit analysis** of any policy that leads to school closures, and discussions must include the public and education stakeholders.
- D. **In the interest of academic freedom and integrity**, post-secondary institutions and faculty should be able to ask pointed questions free from any fear of repercussions.
- E. **Investigate scientific findings** that contradict the narrative, and provide internal grant funding to ensure the evidence relied upon by governments and health authorities is accurate.
- F. **Post-secondary institutions** should not be allowed to impose additional mandates or extend mandates beyond that imposed by the government regulators. During the COVID-19 pandemic, once the initial two-week to flatten the curve period had concluded, post-secondary institutions should have lifted all policy restrictions. Similarly, when the emergency orders were lifted, post-secondary COVID policies should also have been terminated.
- G. **Offer an array of learning platforms** and alternative arrangements for academic study, including in-person classes, and online, distance, and hybrid options.
- H. **Ensure all students have an opportunity** to reach their potential without discrimination or bias due to vaccination status.
- I. **Any faculty or staff member who suffered a job loss**, was terminated, or was placed on unpaid leave and subsequently barred from campus should be immediately restored to good standing. Additionally, any negative or potentially stigmatizing comments regarding the employee's COVID stance should be removed forthwith from that employee's files. Pensions should be fully restored to pre-COVID status.

- J. **Post-secondary institutions should focus** on student achievement and not the removal of students from programs for not being compliant with newly established vaccination policies. No student should lose academic standing or lose successfully completed academic credits for non-compliance to a policy.
- K. **Students in residence should have opportunities** to socialize with other residents under the auspices of cohorts. Students should never be restricted to their rooms.
- L. **Reimburse students who paid for residence** in good faith but because of a change in COVID policies combined with an individual's unvaccinated status, were forced to vacate the premises.
- M. **Accommodation in accordance with the *Charter of Rights and Freedoms*** must be made. It is a constitutionally protected right for all persons. Therefore, faculty, staff, and students requesting accommodation should not only have their concerns heard but taken seriously when blanket COVID policies are initiated. This includes accepting medical, religious, and personal exemptions. It also means consideration for other circumstances, including personal choice, convictions, conscience, deeply held beliefs, or health risks (for example, previous adverse reaction to a vaccine).
- N. **Health policies should provide allowances** for bodily autonomy and personal choices. Employees and contractors—including faculty members, staff, and students—should not be required to disclose their medical information to obtain an allowance.
- O. **Policies that lead to the segregation** of a specific group of students is discriminatory. Therefore, any policy promoting segregation must be immediately removed.
- P. **Post-secondary institutions** should have to provide justification in writing for responding to government mandates with inflexible approaches.
- Q. **Any policy must be subject to revision** when it becomes apparent that restrictions are not necessary. For example, there should be a mandatory review process every 30 days.
- R. **Meet with stakeholder groups—including faculty**, staff, and students—who made different choices regarding vaccines and COVID policies.
- S. **Eliminate all policies and procedures** that directly violate human rights legislation, including denial of a service or services.
- T. **Employment loss and/or disciplinary action** (including unpaid leave) must follow the same human rights procedures for all faculty and staff. Vaccination status should not be a sufficient excuse or justification for applying union procedures differently.
- U. **A union's mission is to protect and defend the rights** of staff and faculty across campus. The union does not have the right to arbitrarily deny unvaccinated staff and faculty the right to file a grievance and to have the grievance heard.

- V. **Employees with long-standing service** should not suffer a loss of pension and other benefits because of personal health choices.
- W. **Third-bucket youth** who were not educated during the pandemic need to be found and their circumstances addressed so they can be educated and subsequently prepared for the future.
- X. **Schools should not be closed** for periods of time exceeding one week in duration.
- Y. **Virtual schooling is not advantageous** to youth experiencing learning disabilities, having language barriers, or living in an unsafe or abusive situation. These additional barriers to learning need to be taken into consideration.
- Z. **Young, healthy people should not be shut out** of schools for as long as they were. Studies as early as May 2020 showed that suicides, eating disorders, opioid deaths, and substance abuse were skyrocketing among young people. Students should have been allowed to go back to in-person learning with no more interruptions.
- AA. **Special needs children and adults** require additional guidance and direction. Therefore, one-size-fits-all blanket policies need to be reconsidered.
- BB. **Public shaming and labelling of citizens** by government officials contributes to lawlessness. Government officials and those in positions of authority need to be held to a higher standard. At the same time, governments should not be permitted to blatantly work against their populations.
- CC. **Educators need to publicly defend** the precautionary principle for all children and youth.

7.2.7.COVID Impact on the Social Fabric

When describing COVID's impact on Canada, the question really comes down to this: Where to begin? Certainly, the tiny cracks in the social fabric may have surfaced pre-COVID, but in the aftermath, these splinters have become deep crevices. Regardless of where one turned, the threat of even further damage was frightening.

At the beginning of COVID, the prevailing narrative was "two weeks to flatten the curve." Most of the citizenry at the time understood that a pandemic could pose a very real threat. Thus, for the most part, the majority of Canadians were willing to concede to a temporary shutdown for the sake of society as a whole. But what happened when two weeks became two months? And two months, two years?

Some argue COVID is multifaceted and complex. Decisions were made with the goal of protecting public health and safety. Any criticism, even constructive commentary, was quickly dismissed, and dissenters outside the one-sided, prevailing narrative were silenced. Nevertheless, pointed questions needed to be asked. Perhaps the most pressing question: Were the governments and the public service honest with the Canadian people?

Traditionally, when a nation comes under siege from outside forces, its citizens unite to defend the country's interest. However, the response to COVID and the federal government's invoking of the *Emergencies Act* appeared to garner the opposite response. Instead of rallying together in one accord, with a determination to save Canadian ideals, citizens willingly complied with ever-changing health mandates, even when these bordered on the nonsensical. Indeed, mask-wearing, social distancing, and experimental gene therapy tended to be accepted as the price for participating in society.

In actuality, it could be said that Canada's COVID policies brought out the worst in people. The sense of defeat was palpable in the hearts of men and women on the streets. Hope and optimism for the future was not generally observed within the populace. For many Canadians, there were simply too many hurdles to overcome, so they compromised both principles and conscience just to survive.

Subsequent research points to the negative developments that have permeated nearly every aspect of Canadian society. While, admittedly, a multitude of factors influenced the advance of the pandemic, it would be remiss to think, after hearing the witness testimony, that ulterior motives were not at play.

The witnesses alluded to a variety of societal breakdowns, and the irreparable damage that followed in the aftermath of COVID dictates. It is important to recognize the burdens placed on people from all walks of life, journeying within multiple layers of society, because the long-term effects of COVID mandates are intergenerational. In fact, as stated, it could be generations before the harms committed over the years 2020–2023 can be undone, or perhaps they can never be undone. Noticeably, lawlessness increased, but not from the citizenry. Rather, the wrongs that were being committed stemmed from all levels of government officials—the few that believed they knew much better than the populace.

For example, the rule of law, wherein the same application of the law applies to the homeless on the street as the judges dressed in robes in the Supreme Court, has been violated. The supremacy of God was sidestepped. Constitutional rights and freedoms were discarded as if these protections never existed. In many situations, ordinary people who stood for this country, have fallen. Normal day-to-day lives have been damaged. Education and learning opportunities for young people were disrupted.

Medically, suicides, addictions, and domestic abuse increased at phenomenal rates. Adverse medical effects from COVID injections were not accepted by health agencies, even though medically qualified, professional physicians attested to the vaccine injuries to patients. Scientists who contested the prevailing narrative became outcasts. Family businesses were destroyed because these were not considered essential. Neighbours forgot how to trust one another. In its wake, a host of economic, social, health, legal, and public policy tragedies have yet to be acknowledged by the authorities responsible.

One outcome is definite. We are not the same society we were before COVID. Many questions remain. These should include whether the populace is satisfied with the emergence of a new political model that, in essence, replaced all the tenets of parliamentary democracy and justice in Canada. Certainly, the idea that legislators (in consultation with the electorate) no longer decided our destiny during COVID—where Canadians shop, whom citizens befriend, the beliefs and opinions people subscribe to—should have been concerning enough. But appointed (non-elected) health authorities and public service employees, who with the stroke of a pen can further impose predetermined restrictions on one's conscience and arbitrarily decide where one's inherent rights to live as free men and women should start and stop, should raise serious alarms. Is this the society Canadians want?

[How Did We Get Here?](#)

The reality is the elected officials vacated their posts and instead, abdicated or gave over their respective political and public administration responsibilities to chief medical officers employed as bureaucrats within public health. Equally notable, these individuals were also allotted extraordinary powers that clearly went beyond the scope of good governance and accepted democratic

principles. Therefore, in this specific context, did the actions of chief medical officers and corresponding health bureaucrats border on the political doctrine and practices recognized in political science circles as absolutism.⁴¹

After all, this didn't just happen in one province, or even within Canada. The one-mind that emerged occurred in most jurisdictions around the world. The Western ideals that Canadians had come to cherish were extinguished by the stroke of a pen. But whose pen? Who decided that the rights and freedoms of citizens no longer mattered in Western democracies? And why, in such a blessed democratic nation as Canada, did so many blindly follow?

As the numerous witnesses alluded to while sharing their personal testimonies, ordinary citizens were arrested and detained in prisons for standing firmly on the rights and freedoms established in the *Constitution Act, 1867*; the Charter; and the *Bill of Rights*. Where was the presumption of innocence? What happened that negated the administration of justice?

The questions do not end here. For the three COVID years, the ever-changing mandates differed, depending in which part of Canada one lived. Language changed. The legacy media suddenly became experts in public health, without ever attaining a medical degree. The content these journalists did not substantively understand translated into a word-for-word repeat of press releases disseminated by public health officials. The more bizarre the content contained in health alerts, the easier it became for media to report—for example, 8 p.m. curfews, wherein no citizens were allowed on the streets in Québec, or how travellers were required to obtain travel papers prior to entry into New Brunswick or Nova Scotia. The Atlantic bubble zone was yet another example—wherein residents in the Atlantic region could travel freely throughout the eastern provinces without question, but Canadians living elsewhere were subject to additional scrutiny and COVID preauthorizations.

⁴¹ Absolutism: “the political doctrine and practice of unlimited centralized authority and absolute sovereignty. The essence of an absolutist system is that the ruling power is not subject to regularized challenge or check by any other agency, be it judicial, legislative, religious, economic, or electoral.” britannica.com. [https://www.britannica.com/summary/absolutism-political-system#:~:text=absolutism, Political doctrine and practice, economic, or electoral agency.](https://www.britannica.com/summary/absolutism-political-system#:~:text=absolutism,Political doctrine and practice, economic, or electoral agency.) (accessed 2023)

This same legacy media also gained an expertise in public shaming. Anyone who opposed the prevailing narrative and, most particularly, those with medical and scientific expertise were labelled as “conspiracy theorists,” delivering a message of “disinformation”⁴² and “misinformation.”⁴³ For their servitude, the legacy media was paid handsomely by their political masters in Ottawa. Truth, investigative journalism, and professional ethics were no longer priorities of mainstream news agencies. As quickly as the government could print news releases, the media adopted them as their own.

There could not be a timelier era for the biblical prophecy forecasting when “right is wrong and wrong is right”⁴⁴ to come to fruition. For example, the term *freedom fighter*, according to artificial intelligence,⁴⁵ is subjective—meaning what one group views as freedom, another might consider an act of terrorism or insurgency. Therefore, artificial intelligence does not acknowledge freedom as an inherent, God-given right in Canada. Any responsible educational inference that willingly omits absolute truth (truth that cannot be manipulated) when constitutional tenets are already defined should scare Canadians.

Further, it appears the media, alongside federal and provincial government institutions, only resorted to historical context for villainy⁴⁶ so they could then mangle it beyond recognition to prove a desired outcome consistent with COVID mandates. Are there even recommendations capable of countering this increasing trend toward propaganda-type reporting?

⁴² Disinformation is false information deliberately spread to deceive people. Disinformation is an orchestrated adversarial activity in which actors insert strategic deceptions and media manipulation tactics to advance political, military, or commercial goals. Disinformation is implemented through attacks that weaponize multiple rhetorical strategies and forms of knowing—including not only falsehoods but also truths, half-truths, and value judgements—to exploit and amplify culture wars and other identity-driven controversies. <https://en.wikipedia.org/wiki/Disinformation> (accessed 2023)

⁴³ Misinformation: Misinformation is incorrect or misleading information. It differs from disinformation, which is deliberately deceptive and propagated information. Early definitions of misinformation focused on statements that were patently false, incorrect, or not factual. <https://en.wikipedia.org/wiki/Misinformation> (accessed 2023)

⁴⁴ “Woe unto them that call evil good, and good evil; that put darkness for light, and light for darkness; that put bitter for sweet, and sweet for bitter.” Isaiah 5:20: King James Version, 1611.

⁴⁵ Chat.openai.com, (accessed August 31, 2023)

⁴⁶ Villainy: befitting a villain (as in evil or depraved character) <https://www.merriam-webster.com/dictionary/villainous> (accessed 2023)

But legacy media were not the only perpetrators. Social media quickly joined ranks, becoming judge and jury of all commentary that allegedly contravened community standards. Facebook, YouTube, and other social media giants censored content, disciplining or suspending privileges of any user who posted content concerning COVID. At no point did governing authorities, the judiciary, or Crown prosecutors challenge these actions by social media conglomerates, even though freedom of thought, belief, opinion, and expression clearly includes freedom of the press and other media of communication⁴⁷ in the Charter.

There is also another emerging concern regarding dialogue and actions that are contrary to the Charter. Increasingly, it appears Canadians' rights and freedoms are only concrete and tangible "when reasonable." For clarity, there is no "when reasonable" attached to Charter rights and freedoms. These rights are inherent and God-given. These are not within a government's purview to take away. The framers of this nation recognized and founded Canada on these pillars—the supremacy of God and rule of law. These same citizen protections were then reaffirmed and entrenched in 1982.

Further, these citizen rights are guaranteed to be free from any interference or intrusion from government agents of the state. All government institutions are expected to remain neutral, which by extension, prohibits government from selectively cherry-picking which legal activities are deemed reasonable and which are not. These same limitations on government apply to Charter-protected accommodation.

It is herein that the intersection of citizens and governing authorities requires further investigation: the COVID messaging, the forceful actions of authorities, and the question of whether Canadians are once again willing to sacrifice their individual and collective rights and freedoms whenever governments or bureaucrats impose mandates in the future.

Before garnering a response, it may be insightful to review some of the COVID measures imposed over the last three years, and how COVID mandates and government dictates negatively affected the social fabric.

- A. Children were told if they visited their grandparents, grandma would die. If these same young people visited their friends, their peers could become infected. Families had to make an appointment to visit loved ones, and far too often, this included bringing the negative results of a rapid COVID test.
- B. Children could not play in parks or playgrounds. Social time was not allowed.

⁴⁷ Section 2(b) of Canadian Charter of Rights and Freedoms states: "Freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication."

- C. Libraries, museums, and youth activity centres were closed. So, too, were hiking and skiing trails. Education was moved to remote or online. Student-learning expectations and curriculum outcomes were minimized. Structured schedules, so essential to those who plan their lives around them, were disrupted. This, in particular, had a significant impact on people with special needs, as the program services necessary for their health and wellbeing were shut down.
- D. The gaps in access to education were even more pronounced when marginalized communities are factored in (for example, financial stress, increased worry, increased conflicts).
- E. Public policies contradicted each other. For example, soup kitchens in Ontario were permitted to feed up to 50 persons in a facility at the same time, but religious services held in the very same building were limited to five or ten in-person gatherings, depending on the COVID mandate in place at the time. There was the witness who shared her story. While her mother was alive, she was not permitted in the hospital. But when her mom died, she could sit by her mother's bedside and hold her hand. Spiritual care for a palliative patient was conducted through a window. The five children of a man who was assaulted by a disgruntled customer could not see their father before he died. There was also the heartbreaking story of one young teen who ventured down a path from where he could not return.
- F. Health authorities were adamant that COVID vaccines were effective and safe, and yet after administering the vaccine to seniors living in long-term-care facilities, there were more COVID outbreaks, more COVID deaths, and presumably more adverse injury events. In Ontario and Québec, specifically, there were reports of the elderly being found in deplorable conditions. When employees walked out at one facility, the resulting circumstances were so shocking that the Canadian Armed Forces were called in to help.
- G. Individuals with special needs, including learning disabilities, or mental health issues were put on hold. Countless Canadians waiting for surgeries continued their medical struggle without healthcare intervention. The elderly became even more isolated from friends and families. Many died. The short- and long-term impacts on vulnerable populations are still to be tallied.
- H. The homeless, who generally find shelter on city streets and in wooded areas, were forced to find alternative ways to comply with 8 p.m. curfews because COVID measures and lockdowns already prevented them from finding a temporary warming space, bathrooms, or showers in government buildings and not-for-profit facilities.
- I. Charitable organizations, including churches, were prevented from offering in-person support programs within the community. For example, Alcoholics Anonymous moved all meetings online. Temporarily, this might have been considered an acceptable compromise. However, if the persons needing AA relied on free computer usage from the library, they no longer could receive support because the libraries were closed. Ironically, the very addiction these recovering addicts were running from was still open and ready to serve.

- J. Funeral restrictions were maximized, adding to the grief of family members and friends attempting to say goodbye to a loved one. Proper burials and funeral services looked very different from pre-COVID. As a consequence of the pandemic, the grief and mourning processes were disrupted, negatively affecting people's emotional wellbeing. One witness reported that the COVID practice was contrary to the bereavement recommendations for grieving families listed on the Canada.ca website.
- K. For the first time in known history, middle-aged women, typically with children still at home, were dying by suicide. The mean age of these women was 47 years old. This demographic was never identified as a risk group. Witnesses spoke of other deaths by suicide as well—of beloved ones who could no longer see the light of this day that would guide them safely into the next.
- L. Mobility restrictions were linked directly to the COVID mandates in each province and territory. In larger provinces like Ontario, different rules applied depending on the health district one resided in. Internationally, borders were closed by governments. Hotels were secured as quarantine facilities for travellers arriving in Canada. The whereabouts and activities of Canadian citizens were tracked by public health agencies. Those who travelled outside of Canada were subjected to specific protocols. Inside Canada, where travel from province to province is a guaranteed mobility right in the Charter, several provincial governments imposed additional obstacles and border checkpoints. Citizens were often quarantined. Within the quarantine procedures, travellers were questioned every day by health officials. In several provinces, documentation required by health officials included a mandatory travel itinerary complete with details of overnight locations (including the names and addresses of all residents in the home) if spending time at a family member's or friend's home. Two examples show the length to which governing authorities would go to control the populace.
 - 1. In September 2021, Prince Edward Island, for example: ordered anyone travelling to the province be tested, regardless of their vaccination status; recommended travellers 12 and older be tested again between the fourth and eighth day after they entered the province; required that school-aged children under 12 who returned to PEI from travelling, test negative for COVID-19 before attending school; ordered unvaccinated or partially vaccinated travellers to isolate for eight days upon entry and then test once again. The province's PEI pass, which permitted entry onto the Island, would only be issued to people who showed they were at least two weeks removed from their second COVID-19 vaccine dose.⁴⁸

⁴⁸ Keith Doucette. "Travellers to P.E.I. to be tested for COVID-19 at its borders starting Thursday." September 28, 2021. <https://globalnews.ca/news/8227858/pei-covid-19-border-testing-delta/> (accessed November 2023)

2. In northern Ontario, travellers were required to sign in at eating establishments with verifiable personal contact information. Washrooms in most restaurants, tourist information centres, gas stations, and rest stops were closed to the public.⁴⁹ The changing rules became so complicated that Restaurants Canada created a chart informing food and drink establishments of public health requirements, which coordinated with colour codes.⁵⁰ For example, green was to “prevent,” yellow was to “protect,” orange was to “restrict,” red was to “control,” and grey was to “lock down.” Accommodations added further layers of restrictions. Hotel swimming pools and gyms were closed.
- M. Newborns were taken from their mothers at birth under the pretence that the infant or mother may have COVID. Depending on the specific hospital, the mother could not see the child for up to 24 hours.
- N. Families were denied access to loved ones in hospitals and long-term-care facilities. Scheduled surgeries were put on hold. Many patients on long waiting lists died in the interim.
- O. Access to information requests were ignored by the majority of federal and provincial governments and agencies.
- P. Bank officials who forced patrons to line up outside in the winter months based their orders on social-distancing and customer-limit protocols. During the day, when staff were at the bank, an added emphasis was placed on sterilizing ATM machines; but in the evening, there were no employees ensuring compliance with COVID measures.

⁴⁹ CBC News. “Here’s what you can and can’t do starting Sunday as Ontario reintroduces COVID-12 capacity limits.” CBC.ca, <https://www.cbc.ca/news/canada/toronto/ontario-new-restrictions-omicron-what-you-can-and-cant-do-1.6290506>. accessed December 17, 2021. (accessed November 2023); Ryan Rocca, et al. “A look at the current COVID-19 restrictions in Ontario.” Globalnews.ca, <https://globalnews.ca/news/7767497/list-covid-restrictions-ontario/>, April 18, 2021. (accessed November 2023)

⁵⁰ Restaurantscanada.org. <https://info.restaurantscanada.org/hubfs/GR/Ontario%20Public%20Health%20Measures.pdf> (accessed November 2023)

Q. Unions are supposed to protect the rights and interests of paying members. The purpose of unions is to negotiate with employers on collective bargaining issues and workplace concerns. During COVID, however, witness testimony repeatedly pointed to the failure of unions to represent their members. Unions did not ensure vaccine-related policies were fair or transparent, and that workers' rights and/or personal medical concerns were taken into account before employment status decisions were made. There was rarely accommodation made for employees with medical and religious exemptions. The unions did not negotiate for alternative work arrangements. Safety measures such as ventilation and sanitation, and additional safety precautions designed to protect both vaccinated and unvaccinated employees were not raised with the employer. Unions did not argue for members' vaccination choices that emphasized personal autonomy and medical privacy. When employees who were unvaccinated were escorted from the workplace, unions did not defend the employees' rights. Witnesses said their filed grievances were not heard. Legal and ethical issues were not considered when the COVID vaccinations were introduced. The balancing of collective and individual interests, normally advocated for by unions, was not strived for. Unions did not advocate for employer policies that protect public health and respect workers' rights.

R. As alluded to in witness testimony, regulatory bodies⁵¹ were determined to control members who questioned COVID mandates. This was particularly true in healthcare, but other witnesses told of similar actions in their own regulatory professions as well. It was observed from the testimony that many of the actions taken by the respective regulatory bodies may have gone beyond the scope of their authority. This was not a first-time occurrence for the College of Physicians and Surgeons in Ontario. In a similar context, it should be noted that the Alberta courts in the Shelia Lewis organ transplant case went to great lengths to protect the coveted doctor-client privilege.⁵² The Honourable Judge R. Paul Belzil opined that in the view of the court, it is not necessary for treating officials to reconcile differences in expert opinions, but rather physicians must be free to decide which expert opinions they accept in exercising their clinical judgment which informs the standard of care.⁵³

⁵¹ There are three types of regulatory agencies in Canada: self-governing bodies, which regulate the conduct of their own professionally qualified members; independent government agencies and boards; and regular line departments headed directly by Ministers, which regulate specified industries and activities. The governing body is empowered by provincial legislatures to determine their own requirements for admission and similarly, to discipline members who do not adhere to prescribed standards of professional conduct.

⁵² [30] It is not sufficient to establish that physicians are acting within a legislated, publicly funded framework. Were that determinative, it would follow that all decisions made by physicians would be subject to Charter scrutiny, a proposition which is contrary to existing jurisprudence, where courts have explicitly held that physicians acting in the regular course of providing medical care are not government agents: see *R v. Dersch*, 1993 CanLII 32 (SCC), [1993] 3 SCR 768 at 777, 85 CCC (3d) 1; McKitty at para 48; *Rasouli (Litigation Guardian of) v. Sunnybrook Health Sciences Centre*, 2011 ONSC 1500 at paras 84-93, 105 OR (3d) 761, aff'd in *Cuthbertson v Rasouli*, 2013 SCC 53 on other grounds.

⁵³ From paragraph (42) The Honourable Judge R. Paul Belzil (J.C.Q.B.A.) concluded in Paragraph 89, "the Charter has no application to clinical treatment decisions made by the Treating Physicians, and in particular has no application to the Treating Physicians establishing preconditions for XX transplantation. The Originating Application is dismissed in its entirety." The case was heard on June 29-30, 2022. The decision was made on July 12, 2022. *Lewis v. Alberta Health Services*, 2022 ABQB 479.

And yet many highly educated and qualified professionals, among them physicians and surgeons, who spoke publicly against government-imposed mandates—including COVID vaccines and/or governments' responses to COVID—were subject to disciplinary actions initiated by their own professional regulatory bodies. Dissenting viewpoints were suppressed; physicians were made examples of in order to prevent other doctors from raising concerns too. Moreover, one physician testified to his willingness to lose his livelihood and professional credentials to warn the populace of the potential dangers of COVID-19 vaccinations. The fact that an increasing number of medical physicians are being systematically suspended, disciplined, or professionally removed from their positions cannot be ignored.

As the testimony revealed, the respective colleges appeared to have turned investigations into fishing expeditions. In one example, the college went so far as to seize patient files from the doctor's office. Still, not one of these accused healthcare professionals harmed or caused the untimely death of a patient.

- S. Ethics⁵⁴ in the medical context includes Informed Consent. This did not happen. Governing authorities passed legislation that absolved pharmaceutical companies from wrongdoing. This meant pharmaceuticals were no longer accountable to the Canadian public for adverse medical reactions, undue harm, or death. Moreover, the clinical trials for COVID-19 vaccines are ongoing, so ethically, how could health authorities and governments condone the vaccines as safe and effective?
- T. Both economically and socially, COVID presented significant challenges. So-called quiet quitting was an emerging trend that appeared to gain momentum as the mandates increased. It was almost as if Canadians were entering their homes and closing the door to the outside world once and for all.

Business operations were defined by bureaucrats as either essential or non-essential. Many people lost their jobs. Households faced reduced income. Family businesses that had weathered previous economic downturns were forced to close while big-box stores and government-sponsored businesses remained open. Building-size regulations or fire code occupancy authorizations were not used as a standard for determining gathering numbers. From witness testimony, Costco was allowed 818 customers in the store at the same time, while businesses and churches with similar size facilities were restricted to ten. The reduction in businesses led to decreased choices in consumer purchasing. For businesses forced to close, there was financial distress and economic hardship.

⁵⁴ Government of Canada. Tri-Council Research Ethics, https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html. (accessed November 2023)

- U. The goal of science is the pursuit of knowledge--not necessarily the pursuit of truth. There is a distinction. When the public follows the science, there is a shifting alliance from the supremacy of God to the supremacy of science. But science changes over time. It is not constant, which is part of the attraction to the discipline of science. Consider the Milgram experiments, the rationale of conscientious objectors,⁵⁵ and the various scenarios like electroshock treatments⁵⁶ that led to the establishment of professional ethical standards, such as the Tri-Council.⁵⁷
- V. Religious and medical exemptions have long been accepted as forms of accommodation in Western democracies. This apparently changed during COVID, when the decision-makers for employment insurance (EI), for example, universally disallowed EI benefits to unvaccinated claimants. Given that the EI program is sustained through payroll deductions of employers and employees, the federal government does not have the legal, moral, or ethical authority to suggest the decision to reject exemptions are about balancing individual rights with the public interests. These civil employees are not qualified to determine the legitimacy of exemptions either. Why not? Because EI is not funded by the federal government. The other point worth noting here is that these same employees are not hired to challenge the legitimacy of medical or religious exemptions. Public service employees are hired to perform their duties according to the legislation that governs their responsibilities. There is no discretion in the legislation. EI as public policy is intended to provide Canadians with income when their employment circumstances change.

It should also be noted that limiting exemptions, is not a legal, moral, or ethical way for increasing vaccination rates within the broader community. It borders on coercion, which in and of itself is illegal in the public square, and this becomes more egregious when demanded as a program requirement from government employees.

⁵⁵ *Britannica*, The Editors of Encyclopaedia. "Conscientious objector." *Encyclopedia Britannica*, 28 Jul. 2023, <https://www.britannica.com/topic/conscientious-objector>. (accessed September 1, 2023)

⁵⁶ ECT electroshock therapy also known as electroconvulsive therapy Electroshock therapy: History, effectiveness, side effects, and more (medicalnewstoday.com). (accessed June 30, 2021)

⁵⁷ Government of Canada. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html. (accessed November 2023)

W. This brings the conversation directly to the Canada Emergency Response Benefit (CERB), the Canada Recovery Benefit (CRB), the Canada Recovery Sickness Benefit (CRSB), the Canada Recovery Caregiving Benefit (CRCB), and the other forms of government compensation handouts during COVID. CERB was considered a key financial support program introduced by the federal government to provide financial assistance to individuals who were directly affected by the pandemic and lost income as a result of job loss, quarantine, caregiving responsibilities, or reduced working hours. This begs an obvious question: How can employees who contribute their hard-earned income to payroll deductions (which includes EI premiums) be denied insurance benefits for choosing not to be vaccinated, and yet, the federal government can dole out public funds with no questions asked? It is no wonder the Lord says the right hand of government does not know what the left hand is doing.⁵⁸

This could explain why civil liberties groups criticize the discriminatory acts of governments or why the truckers at the Freedom Convoy stood their ground in Ottawa and Windsor, Ontario, and Coutts, Alberta. Because all levels of government and health authorities, including elected and non-elected officials, arbitrarily put onerous restrictions on the movement or peaceful assembly of citizens within the public square. Indeed, the governing authorities went too far when they infringed on individual freedoms. As the testimony revealed, these same governing authorities condoned bending a knee for Black Lives Matter and other groups during COVID mandates, but then threatened the truckers and attendees at churches and funerals with hefty fines and jail time. Besides heavy-handed bullying, the police services in Canada did not follow their own emergency plans or established protocols. There was no pursuit of justice for the greater good, either. Section 7 of the Charter—which guarantees life, liberty, and security—was discarded, as were many other constitutional provisions.

As Canadians witnessed, governments at all levels continued pursuing their objectives throughout the pandemic. Political legislation was still being put forward. The public service was still employed. Bureaucrats remained nameless. Justice was behind a screen, wherein only the privileged could obtain access. In the process, governments continued to award contracts to businesses that health authorities deemed essential. It would be difficult to deny the obvious patronage and nepotism. In the example of drug stores, witness testimony alluded to contracts awarded to administer COVID vaccinations outside of a fair and open tendering process that provided every entity, business, or organization with the same opportunities. The administrative state continued playing games with citizens' lives—because at no point were these employees held accountable for wrongdoing.

Nevertheless, when someone points the finger at citizens, there are three fingers pointing back at them. Governments, like the people, are bound by the law. Governments cannot just decide which laws are to be obeyed and which are to be disregarded.

⁵⁸ Jonah 4:11.

Throughout COVID, there were winners and losers—each declared by the same governing officials who were elected to represent the public's best interests but did not. There was excessive power imposed by authority figures against hardworking Canadians: police versus citizen, teacher versus student, employer versus employee, judge versus accused, elected official versus constituent, vaccinated versus unvaccinated. Is this the trickle-down effect of passive-aggression?⁵⁹ Or is it simply the governments' method for crumbling a democracy from the inside out?

Regardless, the same application of the law for citizens did not apply equally to those in privileged positions of power. And there was no accountability or transparency. As numerous witnesses shared, ordinary citizens were arrested and detained in jail cells for standing firmly on the rights and freedoms established in the *Constitution Act of 1867*, the Charter, and the *Bill of Rights*. Churches were seized. The RCMP sent canine units to hunt for peaceful churchgoers. Truckers participating in the Freedom Convoy had assets seized. And so did a retired Ontario Provincial Police officer for facilitating dialogue between the truckers and governing administrators.

Did anyone ask: Where was the presumption of innocence? Or what happened in Canada that negated the administration of justice? Who is responsible for adhering to the Precautionary Principle⁶⁰ in public policy making, which should have legitimized the adoption of preventive measures to address potential risks to the public? Who is the ultimate judge when egregious actions should lead to liability, but there is no public recourse? Who lied?

Perhaps the country can take a lesson from witness Steve Kirsch, who said, "The state has manipulated your mind; once you are willing to question your beliefs, everything else makes sense."

⁵⁹ Passive-aggression behaviour is when you express negative feelings indirectly instead of openly talking about them, for example, During World War II, when soldiers wouldn't follow officers' orders, experts described them as "passive-aggressive." A new term back then, but one that is still relevant today. Someone who uses passive-aggression may feel angry, resentful, or frustrated, but they act neutral, pleasant, or even cheerful. They then find indirect ways to show how they really feel. Passive-aggression isn't a mental illness. But people with mental health conditions may act that way. Passive-aggression could damage your personal and professional relationships.

⁶⁰ The Precautionary Principle was explicitly framed in 1992 via the Rio Declaration by representatives of 178 nations as: "Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation." Rio Declaration on Environment and Development, Principle 15, U.N. Doc. A/CONF. 151/26 (Aug. 12, 1992).

This is not to suggest there are not some glimmers of hope. The *Ingram* legal case in Alberta is most certainly a step forward for democracy and justice. Citizens are awakening to the repeated propaganda and messaging that consumed the airwaves over the three COVID years. Critical questions are being asked. And over 300 brave souls, Canadian citizens who believe in standing up for what is right and just and true, shared their personal testimony so that this nation, from shining sea to sea to sea, could be restored from the clutches of schoolyard bullies in adult bodies who need to understand, first, the meaning of *good governance* before sitting in positions of privilege.

American writer, novelist, and Pulitzer Prize winner Pearl Buck⁶¹ (1892–1973) described the true essence of society in this way: “Our society must make it right and possible for old people not to fear the young or to be deserted by them, for the test of a civilization is the way that it cares for its helpless members.” United States Vice-President Hubert Humphrey⁶² carried Ms. Buck’s thought one step further when he said, “The moral test of government is how government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life: the sick, the needy, and the disabled.”

Or, as Jesus so aptly said in the synagogue in Nazareth, “The Spirit of the Lord is upon Me, because He hath anointed Me to proclaim good news to the poor. He has sent Me to proclaim liberty to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the year of the Lord’s favour.”⁶³

This is the ultimate mission field for all Canadians to pursue, and in so doing, let the brave NCI witnesses and the truckers in the Freedom Convoy join the many other Canadian voices that understand real answers are not found in rationalizing logic (because as we have observed over the COVID Years, logic too often turns into evil), but rather in shining brightly in one accord, so we too, as proud Canadians, can adamantly declare, “Never again.”

Recommendations

The discussion raises important concerns about the negative impacts of the federal government’s pandemic response on the fabric of Canadian society. These impacts encompass a wide range of areas, from personal freedoms and trust in institutions to economic, social, and health consequences. To prevent such issues from happening in the future, we put forth the following 12 recommendations.

- A. **National Crisis Oversight Council:** Commission a study to determine the validity of setting up a National Crisis Oversight Council (NCOC), with a rationale and expected format as follows:

⁶¹ <https://www.britannica.com/biography/Pearl-S-Buck>. “What makes a novel ‘American’? Pearl S. Buck challenged the status quo”—The Pulitzer Prizes.

⁶² https://www.goodreads.com/author/quotes/149820.Hubert_H_Humphrey.

⁶³ Luke 4:16–21.

Rationale

Establishing the NCOC is essential to safeguarding democratic principles, protecting individual rights, and maintaining public trust during future emergencies, such as pandemics. The NCOC will serve as an independent, multidisciplinary body tasked with monitoring, policing, and investigating government actions during crises.

Basic Characteristics and Principles

Representation: The NCOC will comprise representatives from diverse sectors of society, including law, medicine, science, faith, business, media, arts, and culture. Each member will undergo a public appointment process, with credentials and potential conflicts of interest transparently disclosed.

Subpoena powers: The council will possess subpoena powers, allowing it to compel testimony and evidence from all sectors, including government officials, the judiciary, and other relevant stakeholders.

Public access: To ensure transparency and accountability, the NCOC will offer the public direct and unfiltered access. A user-friendly platform will enable citizens to express concerns, provide observations, and access council proceedings.

Legislative clarity: The powers and responsibilities of the NCOC will be clearly outlined in legislation, eliminating the need for regulatory details to be determined separately. This legal foundation will establish the council's authority and scope.

Empowerment for change: The NCOC will have mechanisms to influence government actions during emergencies. It will be empowered to make recommendations, demand corrective actions, and trigger public awareness campaigns when necessary. Its primary goal will be to uphold democratic values and individual rights and freedoms, and help ensure the wellbeing of citizens.

Media access: The council will be expected to have unrestricted access to all forms of media to maintain public trust and transparency. Regular briefings, reports, and public statements will keep citizens informed of its activities and findings.

Purpose and Benefits

The NCOC would be founded on the principle that a robust system of checks and balances is vital in times of crisis. Its purpose would be to:

Safeguard democracy: Ensure that democratic principles are upheld during emergencies, preventing overreach and abuse of power.

Protect individual rights: Safeguard citizens' fundamental rights and liberties, even when extraordinary measures are deemed necessary.

Maintain public trust: Enhance transparency and accountability in government actions, fostering public confidence in crisis management.

Promote evidence-based decisions: Encourage government responses to be grounded in science, data, and expert advice.

Support effective governance: Assist in identifying gaps and weaknesses in government responses—leading to more effective crisis management.

Advance public discourse: Facilitate open dialogue between government, experts, and the public to promote informed decision-making.

In summary, the establishment of the NCOC would be a proactive response to ensure that during future emergencies, the rights and values of Canadian society are upheld. It strengthens democracy, promotes transparency, and empowers the public to actively participate in safeguarding their wellbeing and fundamental rights.

- B. **Transparency and honest communication:** Governments should prioritize transparent and honest communication with the public during crises. Information about the nature of the crisis, measures being taken, and the expected duration of those measures should be clearly and consistently conveyed.
- C. **Accountability mechanisms:** Establish mechanisms for holding public officials accountable for their decisions during crises. This includes oversight bodies that can review actions taken by governments and ensure they align with constitutional rights and freedoms.
- D. **Respect for constitutional rights:** Safeguard constitutional rights and freedoms, even during emergencies. Governments should not infringe on these rights without clear and justifiable reasons, and any restrictions should be proportional and time-limited.
- E. **Balanced approach:** Develop and implement a balanced approach to crisis management that considers public health alongside economic, social, and mental wellbeing. Decisions should be evidence-based and consider the broad spectrum of societal impacts.
- F. **Community engagement:** Engage with communities, civil society organizations, and a wide range of experts in decision-making processes. Encourage open dialogue and ensure that policies and measures are sensitive to the unique needs and circumstances of different groups within society.
- G. **Education and awareness:** Promote public education and awareness about public health measures, their rationale, and the expected outcomes. Informed citizens are more likely to be able to make informed decisions and hold officials accountable for their actions.

- H. **Support for vulnerable populations:** Develop strategies to support vulnerable populations during crises—such as the homeless, those struggling with addiction, and victims of domestic abuse. Ensure that access to essential services is maintained.
- I. **Healthcare infrastructure:** Invest in and strengthen healthcare infrastructure to ensure capacity and readiness for future public health emergencies. This includes resources for mental health services, addiction treatment, and domestic violence support.
- J. **Mandatory ethics training for health care workers:** To enhance the ethical standards and ensure the protection of fundamental patient rights and access to care, we strongly recommend the implementation of annual mandatory ethics training for all healthcare workers. This training should apply to frontline, administrative, and managerial staff across the healthcare system, resulting in the following benefits:
- **Ethical awareness:** Annual ethics training will promote awareness of ethical principles, ensuring that all healthcare workers have a comprehensive understanding of their ethical responsibilities toward patients, colleagues, family members, and the healthcare system as a whole.
 - **Patient-centred care:** Ethical training will underscore the importance of prioritizing patients' wellbeing, rights, and dignity in all healthcare decisions and actions. It will reinforce the commitment to patient-centred care.
 - **Legal and regulatory compliance:** Ethical training will help healthcare workers understand and comply with legal and regulatory requirements related to patient rights and access to care, reducing the likelihood of breaches and legal issues.
 - **Improved communication:** Ethical training can enhance communication skills, fostering open and honest dialogue with patients and their families. This will contribute to better-informed decision-making and greater patient satisfaction.
 - **Crisis preparedness:** In times of crises like the COVID-19 pandemic, healthcare workers will be better prepared to make difficult ethical decisions under pressure, ensuring that patient rights and access to care are upheld even in challenging circumstances.
 - **Accountability:** Mandatory training establishes clear expectations and accountability for ethical behaviour. It provides a basis for addressing breaches and taking corrective actions promptly.
 - **Continual improvement:** Annual training allows healthcare workers to stay updated on evolving ethical guidelines and best practices, facilitating a culture of continual improvement in patient care.
 - **Organizational culture:** Ethical training can contribute to building a culture of respect, compassion, and integrity within healthcare institutions, benefiting both patients and staff.

- K. **Scientific integrity:** Protect the integrity of scientific research and expert opinions. Encourage open debate and diverse perspectives within the scientific community to ensure that policy decisions are well informed.
- L. **Legislative safeguards:** Review and update emergency powers legislation to strike a balance between swift response and protection of individual rights. Ensure that such powers are subject to regular parliamentary review and oversight.

In essence, the goal is to develop a comprehensive strategy that prioritizes the health and wellbeing of citizens while respecting democratic values, individual rights, and the resilience of Canadian society as a whole. These recommendations aim to foster a society where crises are managed with care, accountability, and a commitment to the long-term welfare of all citizens.

7.2.8. The Effects of Government Pandemic Measures on Faith Communities

Introduction

When governments decided to close gathering places during COVID, it wasn't by chance or because the safety of citizens was at risk. It was according to the playbook of totalitarian regimes that authoritarian governments resort to when attempting to control the citizenry. By design, the first to close were gathering places where people could freely converse. From a bigger-picture perspective, it appeared to be all part of the plan to prevent people from discussing the motivations behind the launching of a strange flu-like pandemic—and possibly, too, in meeting, from finding ways to resist the oppressive actions of governments that followed the playbook.

Curiously, the first ordered closed were restaurants, in-person bereavement, addictions support, small businesses, schools, meeting places, and places of worship—each deemed non-essential by health authorities. Although this section primarily deals with churches and how governments used force to shut down congregant assemblies that had remained open or that decided to reopen during the pandemic, it is also a message of hope and education: that going forward, every citizen initiative, every support group, every business regardless of size or purpose, every school, and every church will always be deemed essential. Readers will also have an opportunity to understand why governments and their agencies acted beyond the scope of the law.

More important, this section on faith and churches provides a glimpse into the lives of the real heroes in Canada—the many NCI witnesses who boldly and very publicly proclaimed their very personal life experiences. These strong men's and women's actions represented a higher calling, including standing up for democratic ideals, the Constitution, an ordered society, and functioning social fabric—where men and women are free to serve others without barriers from the state. It is these individuals (and the many more voices NCI could not accommodate) that will be recorded in the history books. For it was these honest hardworking Canadians who stood boldly against persecutors and prosecutors alike.

Perhaps the next time the federal and provincial governments, the media, the judiciary, professional regulatory bodies, police forces, the public service, school boards, ministers of health, and solicitor generals act beyond their respective scope of authority, and not under the supremacy of God and rule of law, the people of Canada will stand together in unity against any and all authorities that choose not to respect the people of Canada, from which ultimately comes their power.

Why is this important? Because this democratic experiment called Canada—founded firmly under the supremacy of God and rule of law—is still worth fighting for. To this end, public policy makers need to become educated with Canada's constitutional roots—and those governing, reacquainted with representing the populace, rather than appointing non-elected bureaucrats to dictate by rule. Therefore, if the intent is to represent well, governing authorities ought to respect that every citizen, including the privileged, are not only equal and free, but on a lifelong spiritual journey.

While people's beliefs in God or a higher power may differ, what is universally true for all citizens who are not philosophical materialists is that Canadians are united in our understanding of life as being a spiritual journey. That citizens are living souls, unique beings created for a purpose, and for this reason alone, citizens require the freedom to embark upon their respective faith mission, in accordance with their personal conscience and convictions.

These same ideals and moral values inspired Canada's first Constitution. Not just religious-based traditions, as today's secular-minded might imagine, but moral values that reflected the conscience and faith of people throughout the country. It is in this spirit the framers and founders laid down a God-inspired foundation that resulted in Canada becoming a beacon of hope. The founders were determined to prevent legislative or administrative decision-makers from fettering the exercise of discretionary powers in the future. Carefully crafted checks and balances were critical in establishing the institutional pillars and framework that would prevent citizens from potentially enduring abusive authoritative governments. Legal precepts were based on the moral laws of God. Freedom and, most particularly, keeping religious freedoms safe from tyranny and dictators, was paramount. This led to Canada's founding on the supremacy of God and rule of law.

"Insofar as the dialectic between God as supreme and law as human rule is observed, maintained, nurtured, developed, and practised, Canadians will be blessed with rights and freedoms truly worthy of men and women."⁶⁴

In other words, neither the supremacy of God or the rule of law could be true unless both were equally true. A more comprehensive explanation of the significance of this point follows. But for now, any theological or political analysis intended to shape this nation should begin with God and church.

So, what is a church? Metaphorically, a church can be likened to a lighthouse. It orients ships away from coastal dangers. It also directs ships safely into harbour. In carrying out these dual responsibilities, the lighthouse illuminates a light so powerful it resonates with neighbours near and far. Nonetheless, a lighthouse is much more than an historic landmark. Ships sailing in the height of a raging storm would be lost without it. For the lighthouse keeper, never letting the light go out is much more than a job. Indeed, it can be legitimately equated with a life calling.

It is from this perspective that the figurative aspects of the lighthouse can be compared to religious and faith-based organizations. Like lighthouses, churches, too, are analogously situated as beacons of light in communities, instrumental in warning people of life's imminent dangers—both spiritual and physical. This may explain why churches strive to provide stability for congregations. Similarly, churches carry the torch of inviting people into abundant life, wherein, like the lighthouse, the light of life shines brightly.⁶⁵

⁶⁴ Polka, Brayton. *Dialectic of Biblical Critique*, 1986.

⁶⁵ John 4:14; John 5:24; John 8:12.

Further, people recognize the need for an anchor that holds during times of societal upheaval. Historically, churches have stepped into this role. Recognized as places of belonging and solace, church communities are charged with spreading the good news gospel message of the Lord Jesus Christ. Often this includes displaying faith and the love of others through charitable works. These include loving one's neighbours, taking care of the elderly and orphans, and giving so that no one within society is without.⁶⁶

But today, like many societal constructs, there are exceptions. Not every church provides spiritual direction and moral guidance. Not every religious organization believed it was wrong to acquiesce to a government-imposed moratorium on civil liberties and freedoms. For the churches consequently caught in the quagmire of COVID restrictions, several immediate concerns emerged. Specifically, the spiritual leaders and attendees of these congregations believed blind obedience to worldly governments contravened the Lord's command to assemble.⁶⁷ The authorities in Canada ignored this nation's founding principles.

Many of the congregants within churches that remained open or reopened during the pandemic cited the scriptural example of apostles Peter and John, who authorities commanded not to preach in that name. The apostles responding said, "Whether it be right in the sight of God to hearken unto you more than unto God, judge ye. For we cannot but speak the things which we have seen and heard."⁶⁸ Thereafter, the apostles continued preaching in the name of Jesus.

Other churches pointed to Romans 13. Here, apostle Paul offers a reasoned rationale for submitting to higher authorities. To paraphrase, rulers, by virtue of their office are responsible for promoting the good within society, while similarly protecting the public's interest. When churchgoers submit to governing authorities, it is because these same authorities understand the important contributions religion and churches make within communities and, by extension, the social fabric. Reverend Jonathan Mayhew offered an in-depth commentary of Romans 13 in the year 1750. He states:

Some suppose the apostle in this passage enforces the duty of submission, with two arguments quite distinct from each other; one taken from this consideration, that rulers are the ordinance, and the ministers of God (Romans 13:1-2, 4) and the other, from the benefits that accrue to society, from civil government (Romans 13:3-4, 6). And indeed, there may be distinct motives and arguments for submission, as they may be separately viewed and contemplated.

⁶⁶ Acts 2:36-41; Acts 6:1-5.

⁶⁷ Hebrews 10:25.

⁶⁸ Acts 4:19.

But when we consider that rulers are not the ordinance and the ministers of God, but only so far forth as they perform God's will, by acting up to their office and character, and so by being benefactors to society, this makes these arguments coincide, and run up into one at last. At least so far, that the former of them cannot hold good for submission, where the latter fails.⁶⁹

As alluded, the persons who are vested with authority are those who are democratically authorized to carry out their legislative duties and responsibilities on behalf of the citizenry. Who those are, the apostle notably leaves Christians to determine for themselves; but whoever they are should be obeyed. Why? Because it is not without God's permission that these are clothed with authority to cultivate good within society. This is not to suggest that rulers have their commission immediately from God, the supreme Lord of the universe, because according to Reverend Mayhew, this would border on blasphemy.

Only mind to do your duty as members of society; and this will gain you the applause and favour of all good rulers. For while you do thus, they are, by their office, as ministers of God, obliged to encourage and protect you; it is for this very purpose that they are clothed with power.⁷⁰

But what happens when these same state authorities choose to do evil, subsequently becoming a terror to good works? Historically, the Romans 13 interpretation wherein believers are taught to submit to oppressive leaders without question (also recognized historically as the divine right of kings' doctrine) is not a new impasse. For centuries, this long-misunderstood analysis has surfaced in the public square, primarily whenever a plan is underway for some governing authority to overstep its constitutional and legal authority.

Some surmise the intent of these constant resurgences of Romans 13 is to confuse and divide the church. Nevertheless, to suggest Paul's counsel to believers, translates into blindly submitting to lawless rulers acting in contradiction to their own laws, is reprehensible to many who believe there is only one King. That is, Jesus Christ, the one and only blessed Potentate, as King of kings and Lord of lords.⁷¹

⁶⁹ Mayhew, Jonathan. *A Discourse Concerning Unlimited Submission and Non-resistance to the Higher Powers*, 1750

⁷⁰ Ibid.

⁷¹ I Timothy 6:15; Revelation 19:11-16; Revelation 17:14; Deuteronomy 10:17; Psalm 136:3.

For rulers are not a terror to good works, but to the evil. It cannot be supposed that the apostle designs here, or in any way of the succeeding verses, to give the true character of Nero, or any other civil powers then in being, as if they were in fact persons as he describes, a terror to evil works only, and not to the good. For such a character did not belong to them; and the apostle was no sycophant, or parasite of power, whatever some of his pretended successors have been. He only tells what rulers would be, provided they acted up to their character and office.⁷²

Therefore, it should be obvious that when apostle Paul spoke concerning the office of civic rulers, his purpose was to encourage that which was good. It was not to dictate beliefs and practices in religious circles, or to make laws for governing men's consciences; or even to inflict civil penalties for religious crimes. Apostle Paul (formerly Saul) understood the value of an ordered society wherein God's authority is fully recognized. As a Pharisee of Pharisees, Paul was very well educated. But Paul also understood the Lord's grace: "For by grace are ye saved through faith, and that not of yourself. It is the gift of God."⁷³

Still, as the inversion of Romans 13 suggests, most scribes and pharisees were non-believers, recognized as heathen when it comes to faith, and therefore, relentless enemies of the Lord Jesus and the beliefs of faith-based Christianity. After Paul's conversion, the apostle himself suffered reproach. He was repeatedly imprisoned, beaten with rods, stoned, shipwrecked, in perils of waters, in perils of robbers, in perils of the heathen, and even in perils of his own countrymen. Wherever Paul travelled, he was at significant risk—in the city, in the wilderness, and in the sea.⁷⁴ While Paul repeatedly suffered at the hands of tyrannical-type rulers, he was not about to give these same rulers the authority to exterminate the Christian faith. Didn't Paul repeatedly preach against the idolatries and superstitions of paganism which resulted in the promotion of evil?⁷⁵ Reverend Mayhew asks the same question.

⁷² Mayhew, Jonathan. *A Discourse Concerning Unlimited Submission and Non-resistance to the Higher Powers*, 1750.

⁷³ Ephesians 2:8-9.

⁷⁴ Mayhew, Jonathan *A Discourse Concerning Unlimited Submission and Non-Resistance to the Higher Powers; With Some Reflection on the Resistance Made to King Charles 1. And on the Anniversary of his Death: In Which the Mysterious Doctrine of that Prince's Saintship and Martyrdom is Unriddled*. 1750.

⁷⁵ II Corinthians 11:21-27.

Can anyone reasonably suppose that the apostle had any intention to extend the authority of rulers, beyond concerns merely civil and political, to the overthrowing of that religion which he himself was so zealous in propagating. But it is natural for those whose religion cannot be supported upon the footing of reason and argument, to have recourse to power and force, which will serve a bad cause as well as a good one; and indeed, much better.

There are additional reasons why certain churches challenged health orders. First, the scriptures dating back to the beginning of civilization are full of examples of good governance. Canada's parliamentary practices and laws are firmly grounded in biblical text. The election of leaders through a democratic process also emanates from the Bible. Some prime examples include the selection of seven table servants to look after the widows and orphans;⁷⁶ the replacement of the disciple who betrayed Jesus in the Garden of Gethsemane⁷⁷; the Israelites desiring an earthly king to rule over them;⁷⁸ and when God instructed Adam and Eve to be good stewards over the land.⁷⁹

The Old Testament offers a further example whereby the Lord God raises seven of twelve judges for the explicit purpose of saving His people out of the hands of raiders.⁸⁰ One of these judges was a woman named Deborah. Therefore, the right of resistance, and by extension, the right of believers to resist the usurpation of power by tyrannical authorities has its origin in scriptures as well.

The point being the right of people to depose a ruler whom they find oppressive was established very early in the scriptures. There were also acts of peaceful civil disobedience. In Moses' time, for example, the midwives were ordered to kill all Hebrew male newborns. When called to give an account before Pharaoh, these midwives pointed to the Hebrew women giving birth before the midwives could arrive.⁸¹ There is more:

⁷⁶ Acts 6:1-15.

⁷⁷ Acts 1:12-26.

⁷⁸ I Samuel 8:4-22.

⁷⁹ Genesis 1:28; I Peter 4:10.

⁸⁰ Exodus 18:13-17; Judges 4:4-5:15; Judges 2:16-17; Deuteronomy 16:18-22; Judges 11:27; II Chronicles 36:15; Amos 3:7; Judges 7.

⁸¹ Exodus 1:15-21.

If those who bear the title of civil rulers, do not perform the duty of civil rulers, but act directly counter to the sole end and design of their office; if they injure and oppress their subjects, instead of defending their rights and doing them good; they have not the least pretence to be honoured, obeyed, and rewarded, according to the apostle's argument. For his reasoning, in order to show the duty of subjection to the hither powers, as was before observed, built wholly upon the supposition that they do, in fact, perform the duty of rulers ... exalted to bear rule; and as magistracy duly exercised, and authority rightly applied, in the enacting and executing good laws.⁸²

In this context, laws have two purposes. The first is to ensure the common welfare and best interests of the people comes to fruition. Second, the laws must be agreeable to the will of the beneficent author and supreme Lord of the universe; whose King of kings⁸³ rules over all: and whose tender mercies are all over His works.

To suggest tyrants are God's ministers would be particularly corrupting when these same rulers oppress the citizens they are called to represent. The Scriptures again point to the example of the Israelites in Egypt. The Israelites had asked for time off from their brick-making responsibilities to worship their God. Pharaoh decided that if all the Israelites could think of is worshipping God, then perhaps, they needed to fetch the straw, too, for making bricks. Up until this point, the Egyptians would bring the straw.⁸⁴ In today's world, it could be likened to the constant increases in taxes. Whatever way the example is discerned, it is important to observe these authorities had stopped submitting to the ordinance of God. This meant, in turn, failing to rule for the good of all people.

Over time, philosophers and scholars shifted their focus. Rather than question whether Christians have a right to oppose unjust laws, the reasoning moved to the justice or injustice of the laws on their own merit. Ironically, the conclusion, "A law which is not just does not seem to me to be a law."⁸⁵ This same premise is confirmed again in section 52(1) of the *Canadian Charter of Rights and Freedoms*, which states, "The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect."⁸⁶

⁸² Mayhew, Jonathan. *A Discourse Concerning Unlimited Submission and Non-resistance to the Higher Powers*, 1750.

⁸³ Revelation 19:6.

⁸⁴ Exodus 5:6–20.

⁸⁵ Augustine of Hippo. *The City of God*; Cicero, Marcus Tullius. *De Republica*; Aquinas, Thomas. *Summa Theologica* [De civitate Dei]. January 1, 426.

⁸⁶ Charterpedia—Section 52(1) of the Constitution Act, 1982—The supremacy clause (justice.gc.ca).

As stated previously, the preamble to the Constitution formally recognizes Canada is founded upon principles that recognize both the supremacy of God and rule of law. This means every right and freedom guaranteed within the Charter are formally declared to be founded upon these two principles. Together, these prefatory words are the grounding point which inevitably holds this nation together. It is equally important to note the founding fathers relied on the same tenets in establishing Canada's original Constitution, the *British North America Act* (BNA).

In the interest of clarity, it is important to understand that the supremacy of God and rule of law must concurrently hold true. If neither aligns perfectly—or there is a movement of either the supremacy of God or rule of law taking precedence over the other—the result is a broken democracy. Why? Because the rule of law is no longer subject to the supremacy of God (spiritual) and vice-versa: the supremacy of God is no longer beholden to lawful interpretation (political/judicial).

Without both being subject to the other, the elevation of the rule of law leads to tyrannical authoritarian governments which then insist any new law created, even those laws which are absolutely immoral, must be obeyed. Conversely, without the supremacy of God, there lacks an understanding of a much higher law, a spiritual law, that emanates from knowing there is a hereafter.

When Benedictus Spinoza wrote *Theologico-Political Tractatus*, he argued the Bible, as the sovereign cause of itself, must be interpreted separately on its own terms. Therefore, the Bible cannot be subordinated to a conception of reason, which in this case, would be viewed as a political authority, which is neither superior or inferior to it, either its master or its slave.

For religion, and Christian assemblies in particular, the moral laws of God are not written on tablets of stone or established through legal precedent but penned in individual hearts. Thus, the separation of governance and religious powers is, by virtue of their respective roles, completely independent from one another. This distinct separation is fully understood, since both pillars must, by design, remain fully accountable to both God as supreme and the rule of law. Further, as the framers of Canada's founding Constitution, the *British North America Act*, reveal, church responsibilities to the state are not described. Only the state's obligatory duties to the public are specifically defined. Interestingly—but not surprising, given the original founder debates—the BNA remained silent on the status, authority, and responsibilities of religious institutions within the union. At its root, the duty of the state is neutrality.

For clarity, the law of neutrality refers to the legal principles and regulations that govern the behaviour of states during times of conflict.⁸⁷ Neutrality is the state of not taking sides but, instead, maintaining an impartial stance, and that essentially means not favouring one party or perspective over another. In Canadian constitutional jurisprudence, this means the state has an obligation and responsibility to ensure its laws or policies do not unduly burden the practice of religious freedoms. Taken one step further, the state is prevented from enacting laws that result in favouring, or conversely, heavy-handedly burdening one religious belief system over another.

While the rights and freedom provisions in both the historical documents and the Charter apply equally to both religious and non-religious, secular and non-secular persons alike, it quickly became evident during the COVID pandemic that the safeguards, protections and fundamental principles afforded to every citizen equally were increasingly denied to the only congregants the state viewed as a threat to its current and evolving state ideologies.

Perhaps, here, it should be stated that while representatives of every religion and faith group were invited to testify at NCI, it was primarily those of the Christian faith who chose to do so. This was not a premeditated design or some one-sided agenda to stack the deck. It is just what happened. Further to this point, it should be acknowledged that newcomers and immigrants to Canada might have been afraid to publicly speak because in the countries from whence they came, airing one's views publicly could inevitably result in danger or death.

Regardless of religious (or non-religious) affiliations, all Canadians should recognize that any limitation imposed by the state on even one single Charter freedom can be no greater than necessary or, by extension, must be demonstrably justified by those that govern. As background, the *Canadian Charter of Rights and Freedoms*, enacted in 1982, forced all governments to revise laws that were contrary to the Charter by 1985. The citizenry presumed, going forward, that any law enacted after 1985 would remain consistent with Charter provisions, and therefore, for the most part, was not concerned that their constitutionally protected rights and freedoms would ever be jeopardized.

The Charter guarantees citizens more than one freedom. Every citizen, for example, has the right to hold and practice their deeply held beliefs without interference or disruption by state authorities. Other protections include freedom of thought, opinion, belief, conscience, and expression. Accommodation and equality rights correspondingly prohibit discrimination.

⁸⁷ Scott, F.R. *A Policy of Neutrality for Canada*, January 1939.

However, the terms of citizens' rights and freedoms were arbitrarily changed with the introduction of emergencies legislation in Canada. Formerly known as the *War Measures Act*, the *Emergencies Act* granted the federal government expanded powers that go beyond the scope of acceptable laws and regulations within Western democracy. While the *Emergencies Act* covers a wide range of emergencies—including war, invasion, and insurrection—this Act was written to suggest emergency powers can be invoked when government(s) believe the situation cannot be adequately managed through existing laws and resources.

The procedure for declaring an emergency in Canada is this: the Act requires the Governor-in-Council (cabinet) to declare that a state of emergency exists. This declaration must outline the nature of the emergency and specify to the public the powers that governments plan to exercise. Depending upon the severity of the emergency, the authorization presented to the public by governments may restrict the ability of citizens to carry on their day-to-day activities. To prevent abuse, the emergency declaration must be reviewed on a strict cyclical timeline. Likewise, any restrictions on the populace are subject to judicial oversight and must be consistent with Canada's constitutional rights and freedoms.

As we heard from NCI witness testimony, the concerns cited by all levels of government in the beginning of the COVID pandemic may have warranted some societal restrictions, but it didn't take long before the truth began to surface. Was COVID a national emergency such as war, insurrection, or an invasion? Did COVID threaten the populace? Or was it a hoax? As one witness asked, "What is the point of strict distancing in the airport, only to crowd everyone into a plane like sardines in a can?" Another witness asked why COVID restrictions for air travel were lifted in the United States months ahead of Canadians. Yet another witness simply asked, "Is this Canada?" Certainly, the contradictory rules raised numerous questions.

Around this time, pockets of citizen resistance across Canada began to emerge. A number of churches decided to open their doors and stand in the gap for all Canadians. Like the founders of this nation, the churches wanted to ensure the inherent, God-given rights and freedoms of all citizens remained intact. This included the right of all Canadians to attend religious services, to worship God, and to be fully accommodated when state policy priorities transcend personal convictions and conscience. The overarching rationale? That within the spirit of the law, any attempt by the state to impose another authority over the church (including governments) translates into undermining the authority of Jesus Christ as the head of the body of Christ Church, which cannot be tolerated.⁸⁸

⁸⁸ Ephesians 1:22-23; Psalm 118:22; Ephesians 4:8, 12; Ephesians 5:23; I Corinthians 11:3; Colossians 1:18; Psalm 68:18; Colossians 2:10.

As alluded to previously, this inalienable right to worship the Lord not only predates the founding of Canada but has, from the beginning, been instrumental in nations receiving the Lord's blessings. As the framers of this nation ultimately decided—when they intentionally chose a unique, one-of-a-kind correlation for church and state within the Canadian political landscape—only He determines the standing of His Church.⁸⁹

Not to be outdone, federal and provincial authorities have more recently relied on a self-serving interpretation of section 1 of the Charter, which ironically, gives deference on all judicial matters to the ruling government. It is at this juncture that the witness testimony becomes even more meaningful in shaping the relevance and necessity of the modern-day church to stand in opposition to a lawless state.

Equally significant are the innumerable negative consequences that emerged within the social fabric when churches became noticeably absent from the societal constructs. Like the ships seeking guidance from a lighthouse keeper amid a rampant, late-night storm, multitudes of people needed an anchor to secure themselves and family members in the societal turbulence caused by COVID measures. Sadly, the spiritual guidance and support the populace sought could rarely be found. Were government authorities successful in their quest to extinguish the light displayed via faithful assemblies? Or was the Constitution simply rules that have been papered over? It is from these perspectives and many more that long-lasting and satisfactory remedies must be found.

Canada's Historic Beginning

Canadians understand intuitively that a Constitution is a corpus of fundamental law that must, by definition, be subject to the control of those whose lives it regulates. And, similarly, that constituents in Canada are not subservient to the arbitrary whims of dictators, whose motivations include oppressing the populace. Even before Canada was founded as a nation, churches responsible for spiritual matters operated separately from legislated government institutions. Or, as the Scottish used to sing, "Never the twain shall meet."⁹⁰

This ideal was a priority for the initial framers of this nation. These practical men, (who were often claimed to be pragmatists), understood democratic principles well and, as such, envisioned a future remarkably unique from what they had known from the past. This was evident from the lengthy debates and deliberations which followed: on self-government, representative institutions, security of property, the rule of law, the framework of democratic ideals in a new land that to them must include freedom of conscience, individual rights, and responsible governments that guarantee at its very core political liberty and equality.

⁸⁹ John 18:28; Acts 5:29; I Peter 2:13-17; II Chronicles 7:14.

⁹⁰ Lang, Andrew. "The Bonnie Banks of Loch Lomond." 1746-1876.

Undoubtedly, the founding fathers firmly believed themselves to be free men. This is evident from the dialogues regarding conscience and liberty within the constitutional framework of a responsible parliamentary government. Although the status of the church within governments and society had yet to be established, its institutional importance was integral to the discussions that took place.

As Reverend Mayhew preached, "Let us all learn to be free, and to be loyal. Let us not profess ourselves vassals to the lawless pleasure of any man on earth ... [instead] be loyal to the Supreme Ruler of the universe, by whom kings reign, and princes decree justice. To which King eternally immortal, invisible, even to the only wise God, be all honour and praise, dominion, and thanksgiving through Jesus Christ our Lord. Amen."⁹¹

He further claimed that any citizen advocating for unlimited submission or passive obedience to a king or monarchical government wherein those in authority have a divine right to do whatever they please whenever they want, to the point where no one can resist, is misled. But the reverend does not stop at the divine right of kings doctrine,⁹² as being only applicable to the king. He also includes all subordinate officers acting beyond their commission and the authority. Today, the equivalent of subordinates would be the public service.

Equally key to the prevailing mindset at the time (and very different to our post postmodernism era) was the understanding that hardly anyone would have argued against imposing consensual standards within a community, even when they extended to the private conduct of consenting adults.

⁹¹ Mayhew, Jonathan. *A Discourse Concerning Unlimited Submission and Non-resistance to the Higher Powers*, 1750.

⁹² Divine right of kings is a political doctrine in defence of monarchical absolutism, which asserted that kings derive their authority from God and could not therefore be held accountable for their actions by any earthly authority such as parliament or the legislature. The bishop Jacques-Benigne Bossuet (1627-1704) was one of the principal French theorists of divine right, asserting that his power was modelled on that of a father's and was absolute, deriving from God; and that he was governed by reason. Anti-absolutist philosopher John Locke (1632-1704) wrote his *First Treatise of Civil Government* (1689) in order to refute such arguments.

While the obvious imminent concern was the very real possibility and threat of dictatorial rulers and writing a Constitution that would prevent tyrannical government from coming to power, the founding debates represented a much broader intersection—which included the preservation and practice of liberty and religion. For example, T.L. Wood described *liberty* as inalienable rights.⁹³ An inalienable right is usually characterized as one that may never be waived or transferred by its possessor.⁹⁴ For example, the right to life, liberty, and security. These differ from forfeitable or absolute rights.

“The natural liberty of man is to be free from any superior power on earth and not to be under the will or legislative authority of men but to have only the law of nature for his rule.”⁹⁵

Interestingly, William D. Lawrence was opposed to Confederation, calling the proponents of a unified country traitors and enemies. Further to the point, he said in 1884, “All great results have been the result of years of thought and care . . . there is nothing like a stiff opposition for a man to succeed . . . Kites rise against, not with the wind.”⁹⁶ Nevertheless, he proclaimed the spirit of liberty as forever being heard wherever it exists, and that limiting a person’s freedom would never satisfy a free people.⁹⁷

Charles Tupper, for the most part, agreed with both colleagues, firmly believing both civil and religious liberty is needed to be enjoyed by all. He added that he himself would be happy knowing there existed no hostility between different religions.⁹⁸ And Frederick Brecken ventured even further, pointing to self-government as the greatest blessing of all because he could now worship God as he pleased. But after some reflection, he also later queried if becoming part of the dominion would at some point in the future, jeopardize this inherent religious freedom.⁹⁹

⁹³ March 10, 1870.

⁹⁴ Liberty is the exemption from extraneous control; freedom: the power or liberty to order one’s own actions; the power of the will in its moral freedom to follow the dictates of its unrestricted choice and to direct the external acts of the individual without restrain, coercion, or control from other persons.

⁹⁵ Locke, John. *Second Treatise of Government*, 1689.

⁹⁶ Moore, Marven. *The Nova Scotian*, January 12, 1884.

⁹⁷ Lawrence, William D. *The Nova Scotian* (Halifax) January 12, 1884.
Written by Marven Moore. 1883.

⁹⁸ March 28, 1864.

⁹⁹ March 8, 1870.

A similar sentiment was reiterated by John McMillan when confronted with anti-Christian and unphilosophical excess. Here he pointed directly to Scripture, asking his opposers, who said this line: "And hath made of one blood all nations of men for to dwell on the face of the earth, and hath determined the times before appointed, and the bounds of their habitation, that they should seek the Lord, if haply [sic] they might feel after Him, and find Him, though He be not far from every one of us."¹⁰⁰ For those who may not understand the question to Mr. McMillan, this scripture refers to the God of the Bible who desires that we seek after Him.¹⁰¹

Others, like W.H. Pope, would be happy to see the province he represented, Prince Edward Island, unite with neighbouring provinces if it would result in the Protestant population having less cause to dread popish supremacy, that religious animosities would weaken, and ultimately great good would become the consequence.¹⁰²

Still another, Robert Pinsent, advocated enjoying the privileges of Britain's unwritten constitution [the British constitutional conventions] in its full perfection, without blot or blemish. But Pinsent also wanted an education system that offended none, the fullest measure of civil liberty, and perfect freedom and equality in religion, where the exercise of constitutional government can be better and more effectively applied.¹⁰³

What does all this mean? Taking together, the original framers wanted the Constitution to be legitimate in the public's eyes. The priorities were twofold. The first was how to prevent tyrannical persons from gaining governing authority; and the second, the intertwined connection between churches and state, and civil liberties. This should not be surprising. After all, these men (based upon their own personal convictions), wanted the particular religious institutions they cherished to continue. However, they also understood the underlying necessity that within broader society, this also included respecting the religious traditions of others as well.

¹⁰⁰ Acts 17:26.

¹⁰¹ June 5, 1865.

¹⁰² April 18, 1864.

¹⁰³ February 3, 1869.

To this end, religious liberty was repeatedly discussed in the context of responsible government. Notably, at length. Many sided with John Locke's arguments¹⁰⁴ that all legitimate government rests upon the consent of the governed, and therefore, the government is beholden to the people. Locke is famous for suggesting church and state should be separate. Perhaps, to a greater extent, that religion and religious distinctions should be banned altogether from operating side-by-side with governments within the political sphere. In essence, this meant politics and the leaders within political systems should be concerned with the people's legal rights and material welfare. Period. But the leaders had no authority over the hopes and fears associated with spiritual matters, and the life hereafter.

Others joined in the discourse. For Richard J. Cartwright, there were two issues that could lead to the loss of liberty. The first situation occurs when hereditary rulers from aristocratic and oligarchic backgrounds manage to attain positions of power within the governing body. The second is when rulers professed to represent the people so they could obtain power but, then, later exploited them, essentially making rules in defiance of the people's wishes. More to the point, he opposed governments taking actions that fail to protect minorities and individuals from authoritative overreach.

Mr. Cartwright went on to say: "I think that every true reformer, every real friend of liberty will agree with me in saying that if we must erect safeguards, they should be rather for the security of the individual than of the mass and that our chiefest care must be to train the majority to respect the rights of the minority, to prevent the claims of the few from being trampled underfoot by the caprice or passion of the many."¹⁰⁵

From these multifaceted commentaries, it was evident that any direction taken toward the establishment of a Constitution for a Dominion from sea to sea to sea must involve steering away from the possibility of tyrannical dictators. From this stance, the following question is asked: Should there be some basic rights ascribed that no amount of majority can trample? Isn't this the gist of the Constitution?

George-Étienne Cartier considered the underlying motivation that had made England great, comparing it to the vision he wanted to see Canada embrace. He asked, "Had the diversity of race impeded the glory, the progress, and the wealth of England? Had they not rather each contributed their share to the greatness of the Empire? ... In our own federation, we should have Catholic and Protestant, English and French, Irish and Scotch, and each by his efforts and success would increase the prosperity and glory of the new Confederacy."¹⁰⁶

¹⁰⁴ Locke, John. Second Treatise of Government. 1689.

¹⁰⁵ March 8, 1865.

¹⁰⁶ Cartier, George-Étienne. February 9, 1865.

Looking into the future, T.L. Wood asked, "What would happen if Ottawa were ever so amiable and ever so pure that the moment citizens felt the yoke tightening, would the people repent?"¹⁰⁷ For those not as familiar with the Scriptures, the term *revolt* may seem like a better fit than the word *repent*. By way of explanation, the people of Israel in the Old Testament often turned to the worship of small gods and idols. Whenever the Israelites did this, their nation would stop prospering. Many times, this led to the Israelites becoming slaves. When they finally repented and asked the Lord God's forgiveness, Israel would become a blessed nation again. Mr. Wood's reference then suggests that when Ottawa tightens the yoke, it's because the people have turned away from the Lord God, and the only way to return to becoming a blessed nation is by recognizing, once again, God as supreme.

John Sanborn concluded that to render a constitutional obligation secure, it must first be in the hearts of the people. He, too, asked the question: "Why was it that the English had always resisted attempts upon their Constitution?" His response? "Because every link of the great chain had been conquered by resistance to oppression, and by sacrifices of blood, by resistance to royal exactions and assumptions, and these achievements were preserved, held dear, understood, valued, and clung to with all the tenacity of that great people's nature. This was the reason why it rested upon such a solid foundation, why it had endured so long and was likely to endure forever."

All this to say that within the founding debates, there was considerable latitude to discuss the status of religion within the context of responsible government. Unlike the U.S., where the separation of church and state are clearly defined constitutionally, Canada created a distinctive Constitution, the *British North America Act*, which remained completely silent on the standing of churches. Translated, this meant the founders, as ardent defenders of religious liberty, had no intention of churches becoming subject to temporal governments and popish-type supremacy.

Certainly, the founders had choices. It wasn't like the topic of religion, faith, and Christian conscience was not on the table. It most certainly was. Yet, when the founding constitutional documents were signed, any reference to church status was nil. In effect, the BNA was wholly about governance in the physical realm, yet nothing was defined in the spiritual.

This non-acknowledgment of the church was further confirmed in the 1982 *Charter of Rights and Freedoms*. Think of the rule of law, and God, and the federal and provincial powers as separate pillars. Each can be likened to a pillar, but in Canada these pillars do not intersect. If they did, they would not be pillars. When federal and provincial powers overlap, the federal power has supremacy. Similarly, the Constitution, under the supremacy of God, has supremacy over federal powers. This is why the Constitution defines federal power. Therefore, the status of the church, from the viewpoint of citizens, has not changed since the founding of the nation in 1867. The Charter simply reaffirmed the position of the authors who initially created the *British North America Act*.

¹⁰⁷ March 10, 1870.

Again, the Canada Constitution inclusive of the Charter does not define church and state as interrelational. What the Charter does do is rightly reaffirm the constitutional guarantees and protections of churchgoers. As Canadian citizens, these congregants have the same rights as other citizens to freely assemble and associate. By extension, congregants from all faiths (or non-faiths) can freely worship without opposition or disruption from governing authorities.

The underlying premise, then, is simple: state authority starts and stops with the administration of justice and fair laws. Government responsibilities extend solely to ensuring orderly social structures are maintained, as it pertains to the life, liberty, and security of the populace it is installed to represent. As evidenced, the BNA clearly defines the powers allotted to federal and provincial jurisdictions. Section 91 of the BNA defines the federal and provincial powers.¹⁰⁸

Conversely, the body of Christ Church is solely responsible for overseeing spiritual matters under God. These are not intertwined responsibilities wherein the church shares these obligations with governments. Neither are these overlapping responsibilities where the prevailing government could assume a fine line between government's obligatory duties and the churches' spiritual authority. In actuality, the silence between these two pillars concludes the state has no authority to bind men's consciences because all authority, including the power to forgive sins was already wholly given to Jesus. As the Scriptures state, "And ye shall call His name JESUS, for He shall save His people from their sins."¹⁰⁹ Even more obvious, the founders of this great nation had no desire to make churches subject to government.

Therefore, neither government, the judiciary, or state actors can demand Christian churches in Canada—or for that matter, any church or religious institution—comply with government dictates through arbitrary or heavy-handed actions. Alternatively, as witnessed during the COVID pandemic, this could involve civic authorities and law enforcement selectively focusing on religious organizations and outdoor religious gatherings whose beliefs they personally oppose.

Why not? Because the separation of governance and religious powers is, by virtue of their respective roles to the populace, completely independent from one another. There is a distinct separation, even though both pillars are fully accountable to God and rule of law—institutionally distinct because church responsibilities to the state are not defined. Only the state's obligatory duties to the populace are strictly defined.

¹⁰⁸ Section 91 of the *British North America Act, 1867*, now the *Constitution Act, 1867*, grants broad powers to the federal government. Its legislative goal is to ensure the peace, order, and good government of Canada. In relation to all matters not coming within the classes of subjects by this Act assigned exclusively to the Legislatures and the Provinces, Parliament would have power over matters of national interest. Issues of regional interest would be given to the province.

¹⁰⁹ Matthew 1:21–23; Matthew 28:18.

So again, what is the church? For Bible-believing churches, there is a strong emphasis on faith and salvation. There isn't one specific religious denomination universally associated with Bible believers. Instead, it's a broad term that incorporates various evangelical, charismatic, and independent faith-based assemblies.¹¹⁰ Traditionally, these churches emphasize the Lord Jesus as King of kings and Lord of lords, and the Bible as the supreme authority for its beliefs and worship.

Moreover, faith is considered a central tenet.¹¹¹ As well, the emphasis is that salvation can only be obtained through Jesus Christ as Lord and Saviour.¹¹² In alignment with Jesus' teachings, these highlight the power of a believing faith in Him, which in turn, leads to miraculous healings, both physically and spiritually. For example, the Scriptures point to apostle Peter's shadow healing the sick lying on the roadside as he passed by. Apostle Paul regularly cast out demons from people considered to be insane or mad by society. It is within this context that Bible-believing churches tend to be stronger and more united, both internally as a church and within the community at large. Jesus' commandment to love one another is a strong component of Christian faith, which often leads to varying forms of evangelism and sharing the Lord Jesus with others.

It should also be stated that not every NCI witness who testified held a Bible-believing worldview or faith to the same degree. This aspect alone signifies the magnitude and breadth of the religious community identified as Christian. This too should prompt an understanding that God did not create cardboard cut-outs. Neither does being created as equals negate everyone possessing a singular uniqueness and purpose. This may explain why painting all Christians with the same brush does not work.

Still, it is remarkable that the testimony collectively led to the same questions, primarily: How were governing authorities able to justify the lockdowns? Where were the churches? And what can believers now do to pick up the pieces of a fragmented social fabric?

Perhaps, understanding how the witnesses viewed church may help. For Wesley Mack, Hon. PhD, church was a fellowship of believers who come together for a common cause—where people who desire teaching and learning can receive spiritual nourishment and, without the threat of external deterrents, can enjoy social interaction with co-worshippers and the pastoral community. Equally significant within the church are the numerous outreach initiatives that support the broader community and demographics at large and, most particularly, cater to the most vulnerable.

¹¹⁰ Colossians 2:19; Ephesians 2:29-31; I Corinthians 12:13; Colossians 1:18; Ephesians 1:22.

¹¹¹ Acts 4:12; John 14:6; I Corinthians 15:14; Hebrews 11:6.

¹¹² Ephesians 2:8-9; Hebrews 12:22; II Corinthians 5:7.

Gospel minister Tobias Tissen added to this definition. He maintained that a church provided a much-needed avenue for socializing and getting together, which includes the exchange of both social and spiritual dialogue. From the church perspective, both he and the congregants who attended felt an obligation to continue gathering. To this end, the church had a duty and responsibility to fulfil scripture and, similarly, not forsake the assembling of the saints, in accordance with the Scripture Hebrews 10:25.¹¹³

Other ministers, including Rev. Randy Banks, highlighted the importance of offering spiritual nourishment to patients in hospitals and long-term-care facilities. He reiterated the value and importance of God at the bedside, particularly when, traditionally, this would be a time when people would be at their lowest. But as Mr. Banks also pointed out, spiritual sustenance and healing is not only for palliative patients facing imminent death but also offers much-needed spiritual support for family members and close friends as well.

On this point, Mike Vogiatzakis had an epiphany. Amid a funeral for a six-year-old boy, the police threatened fines if he exceeded gathering limits. An uncle of the boy confronted the director, asking, “What kind of a man are you to keep me from seeing my nephew?” It was here that Mr. Vogiatzakis’ compassion led to inviting both this man and all those waiting in the parking lot to attend the boy’s funeral. He believed that if all the churches had stayed open throughout the pandemic, there would have been fewer deaths. His conclusion? “If we get prosecuted [sic] [persecuted] on earth for doing the right thing, we have another life to live afterwards.”

Jérémie Miller raised concerns that the COVID measures implemented by government were causing division in the community. Early on, he began to question conflicting government messaging, particularly the mantra that suggested it was the citizen’s fault Canada is still coping with a pandemic. He was not an anti-vaxxer. He received the first COVID vaccination. When he returned to get his second vaccination, nurses told him he should consult a doctor. This was because he had experienced side effects after the first vaccination. Big picture, he said church obligations include standing against oppressive policies. He referred to his religious practice and his belief in the right to be protected to live his faith without barriers.

The personal convictions of pharmacist Camille Mitchell led to submitting a notice of liability and a declaration of faith to her employer, the president of Island Health, and the president of the Health Sciences Association. She had been a pharmacist for 26 years. She applied for a vaccine exemption. She was hoping her religious exemption would be approved. However, Ms. Mitchell’s employer never acknowledged her religious exemption. Similar to many other NCI witnesses, religious [and medical] exemptions were either very difficult to get or these were not being honoured.

¹¹³ Hebrews 10:25.

One of these witnesses was nurse Grace Neustaedter, who testified of her strong personal faith. She held a master of science in nursing. In the beginning of COVID mandates, Ms. Neustaedter thought the vaccination was a reasonable precaution. Because of her research and knowledge, she also knew a vaccination would take five to ten years to be properly tested. She soon realized the required clinical trials and Informed Consent could not happen within the COVID time frame. She also heard health professionals denigrating the unvaccinated, even when these same patients could hear them. She eventually walked away from the career she loved. The irony was, on the same day she was prohibited from setting foot on Alberta Health Services property, she received her 40-year employee recognition plaque.

Ms. Neustaedter's religious exemption was denied. She never even heard back from her employer after the exemption was received. She did hear that only one exemption was accepted, and this was for a non-Christian. Ms. Neustaedter continued to attend the same church her family had participated in for more than 40 years. She was surprised people didn't question the COVID restrictions. Some said it was all part of God's plan. Others swore at her husband, who physically couldn't wear a mask. She observed that people were more concerned about their own health and welfare than what Jesus would want them to do. They began attending a new church that had intentionally remained open.

Brandon Pringle also felt a firm commitment to religious freedom. In his case, he was persuaded that like-minded believers should not be prohibited from gathering. As he testified, he spoke to the societal breakdown that occurs when churchgoers are prohibited from meeting. Prior to COVID mandates, Mr. Pringle's family was very close. Family and church events were a regular component of family interactions. They all attended the same church. When the mandates went beyond the two weeks to flatten the curve, Mr. Pringle spoke with his adult children. From a faith-based perspective, he outlined his concerns about emerging tyrannical mandates. They agreed to disagree. He didn't realize how bad it was going to get. At one point, his son-in-law claimed the reason COVID continued was because the unvaccinated would not comply. Using propaganda, the media had launched a campaign intended to target the unvaccinated. Mr. Pringle was saddened that his once close-knit family was becoming divided.

Patrick Allard was a member of the Manitoba Group of Five. He organized his first protest on May 9, 2020, in front of the Legislature. He called the rallies "mental health rallies" because it brought people together so they were not alone. He missed church so he attended an outdoor drive-in church. He was arrested for shaking hands and hugging people. He said he was treated like a criminal by the police. His bail conditions stated he could not communicate with certain people. He compared the rallies to the government-approved Manitoba Hydro Union and Black Lives Matter demonstrations. He said these were scheduled during COVID mandates too. The difference? There were no arrests in the latter government-approved demonstrations.

Mr. Allard thought Canada might go down this path again in the future and thus, in his opinion, there's nothing Canadians can do but continue to stand. It doesn't help, as witness Mr. Pardy pointed out, that the courts were dismissing the evidence of those challenging the rules, or that the constitutional rights and freedoms of citizens were not being honoured by the courts. The question for Mr. Allard then was simple. If the courts were not willing to sort out COVID rules because it would be similar to serving a political function, perhaps it was time for God to intervene.

Dr. Gerald Bohemier said red lights began flashing when everything he had learned in science and in his profession as a chiropractor was contrary to the government messaging on COVID. When attending rallies, he observed a constant police presence. The police recorded the attendees. He was arrested and, from his testimony, not treated very well. The legal protections put in place to protect citizens from unnecessary detainment were not available. He spent the night in jail.

Dr. Bohemier also attended a drive-in church. He knew church services were purposeful and the rights of citizens constitutionally protected. Therefore, religious services could not be interrupted by government authorities. Ironically, Dr. Bohemier was led to remind the police of *Criminal Code* 176, which prohibits any person from obstructing officiating clergyman, disturbing worship or meetings wherein an assemblage of persons meets for a moral, social, or benevolent purpose. He alluded to the police officers committing a crime. Section 176 specifically states:

Obstructing or violence to or arrest of officiating clergyman

- **176 (1)** Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than two years or is guilty of an offence punishable on summary conviction who **(a)** by threats or force, unlawfully obstructs or prevents or endeavours to obstruct or prevent an officiant from celebrating a religious or spiritual service or performing any other function in connection with their calling, or **(b)** knowing that an officiant is about to perform, is on their way to perform or is returning from the performance of any of the duties or functions mentioned in paragraph (a) **(i)** assaults or offers any violence to them, or **(ii)** arrests them on a civil process, or under the pretence of executing a civil process.
- **Marginal note: Disturbing religious worship or certain meetings (2)** Everyone who wilfully disturbs or interrupts an assemblage of persons met for religious worship or for a moral, social, or benevolent purpose is guilty of an offence punishable on summary conviction.
- **Marginal note: Idem (3)** Everyone who, at or near a meeting referred to in subsection (2), wilfully does anything that disturbs the order or solemnity of the meeting is guilty of an offence punishable on summary conviction.

Pastor Steven Flippin described how *Criminal Code* 176 was breached when the church he was involved with reopened. Two factors contributed to the decision. First, if the legislature was willing to delegate their rule-making authority to unelected officials and, likewise, the church fell outside of the government and judicial jurisdictions, it only made sense for the church to restore its servitude status of helping others. Relying upon the Scripture in Hebrews 10:25, Mr. Flippin said Christ commands us not to be subservient to government. Indeed, he reaffirmed Christ's desire that we all come to Him.

It should be said, however, the decision to open was not made in isolation. Both the elders and church members consulted together. In time, both the police and health authorities were knocking at the door. Fines were issued. He was told that no court would accept *Criminal Code* section 176 in the same way the church interpreted it. Even though statutes are in place to protect the church from those who would obstruct services, this did not stop the authorities from spying on the church. Eventually, the church was prosecuted and Pastor Flippin forced to take the fines personally. Nevertheless, he said there were wins: attendance doubled; those who attend include young families, new immigrants, and everyday Canadians.

But not everyone was a winner. Mildred Kucher, a woman in her 90s, regularly attended church. Pre-COVID, she was constantly socializing with family and friends. In this regard, the church was more than just a place to go but essential. It might be important to note here that Ms. Kucher was a social butterfly. In fact, as her daughter suggested, it was difficult to get an appointment to see her. Of course, when the churches closed, everything changed for Ms. Kucher. She had always said she didn't want to die of loneliness, but in the end, it was loneliness that led to her passing. For so many reasons, David Leis' testimony hit the nail on the head. Never before in the history of Canada has there been such a policy disaster. "Canadians relied on institutions on the assumption that they would serve them, but instead they were let down."¹¹⁴ Through no fault of her own, Ms. Kucher had become a casualty.

Witness Don Woodstock ventured down a different road. He was so adamant that churches were essential and, therefore, should be open that he started a petition that would pave the way for church congregants to hold services in big box stores. As a business operator in the security business, he understood firsthand the COVID fear instilled in clients. For Mr. Woodstock, the paranoia that pit neighbour against neighbour, dividing communities, had gone too far. It was time to rise above the damage caused by COVID policies.

¹¹⁴ Leis, David. Frontier Centre for Public Policy. 2023.

Another witness, Steven Setka, shared Mr. Woodstock's motivation to challenge the prevailing COVID mindset. He raised concerns with his church leadership regarding vaccination passes. The church had reserved a section for undeclared individuals. Within a church of a thousand people, Mr. Setka was the only churchgoer in the unvaccinated seating section. He had since changed churches, which included adjusting to a new social circle. Being deemed an outcast by both his extended family and his church led to a lot of anxiety, depression, and loneliness. In part, he blamed not having a strong, supportive community around him for his struggles. But it wasn't just churchgoers who were at odds with how churches dealt with COVID measures. Pastors witnessing the negative impacts of COVID lockdowns on the social fabric were not always welcome either.

Pastor Jason McVicar's experience specifically shows that not every church is the same. Just like so many entities within society, there will always be some that more effectively meet the physical and spiritual needs of the people they serve, and some that will not. In Pastor McVicar's case, the Board of Directors within the church did not align with his stance on vaccines. Even though the government offered bribes in the form of opening to full capacity if the congregants were vaccinated, Pastor McVicar did not concede his principles. Instead, he parted ways. In so doing, he was able to find a welcoming congregation that did not take issue with his unvaccinated status.

Like varying denominations, leadership roles within the church can differ too. For example, Mr. Tissen did not consider himself to be a pastor. Rather, he considered ministry to be a higher calling. In part, this could be because the role of pastor is often linked to professional employment, whereas ministry is when one willingly chooses to serve others.

Mr. Mack considered himself to be an elder. He said he missed in-person church services. Having spent most of his life working in the church community, COVID measures leading to the closure of assemblies represented a significant change. Although he was still able to watch church services online, he said it was not the same as physically going to church. Christians are called to fellowship, serve, and support one another. COVID restrictions prevented Mr. Mack from giving back to the community. To him, this was a significant loss. He also lost friends because of church closures. Social interaction with like-minded co-worshippers had ended. He said the lack of interactions with the pastoral team left a gap. In terms of the broader community, outreach initiatives were suddenly put on hold. He found the spiritual nourishment that he was used to receiving in his day to day lacking. He was further deprived of visiting family due to border closures.

Mr. Tissen also confirmed the far-reaching impact of COVID measures and lockdowns. First, the church with 160 congregants had been shaken by the actions of police and health authorities during the pandemic. The broader community was divided. At home, his family, too, had suffered from actions taken by government. His children were traumatized by the very police they had been raised to respect. He further alluded to a family get-together in the park. After being widowed, his mother had made plans to return to Europe. It was kind of like the last supper. But instead of a family memory, she watched her adult son arrested and pulled out of reach by state authorities, as if Mr. Tissen was some sort of hardened criminal. His crime? Ministering the good news gospel of the Lord Jesus Christ to those seeking the purpose of life. And, as he indicates, showing others, by his own example, how to love their neighbours.

At 28-years-old, this family man had a much deeper understanding of right and wrong than the RCMP officers who chose to arrest him: These same officers who watched Mr. Tissen bury his father. The same detachment of officers who believed it was within their authority to block the church entrance from congregants who desired to worship the Lord. As another NCI witness observed, the police were on the wrong side of the law.

As an aside, the church of God in Steinbach, Manitoba, had zero COVID outbreaks, no deaths, and everyone to the day of testimony, were still in good form. Mr. Tissen confirmed that in the beginning, the restrictions were novel, and like everyone else, the church family stayed home for a bit. But when they realized people should be there for one other and there was a calling within the Scriptures to do so, the church moved to drive-in services. The scriptural reference refers to believers not forsaking the assembling together, as the manner of some, but instead, exhorting one another, and so much the more, "as ye see the day approaching."¹¹⁵

Mr. Tissen said there was no division regarding the decision to reopen the church. He said the congregation remained in one accord, like a family should be. He observed drive-in church is not the same as physical and social interactions with other believers. Still, when the church acted on their constitutionally protected right to serve God in a manner that historically in Canada could never lawfully be restricted, the church became a target.

Witness Dr. Francis Christian likened many of the actions of governments during the COVID pandemic to the tyranny found in the Soviet Union. He pointed to how the data disseminated through media and health authorities was meant to deceive the public. He also commented on how data was used to frighten and manipulate the population. Although most of Dr. Christian's testimony focused on vaccines, he spoke about the persecution against anyone who speaks outside of the prevailing narrative. This was an outcome for churches that reopened in Canada had become all too familiar with over the last three years.

¹¹⁵ Hebrews 10:25 King James.

Again, not everyone was going to stand by and watch Canada destroyed. Rick Wall identifies himself as a God-fearing man and praying father. During the pandemic, he missed attending church. As the business owner of a trucking firm, he became suspicious of COVID measures early on. Mr. Wall participated in an outdoor drive-in church because he felt violated that his right to worship the Lord freely was taken away. This was about the same time outdoor gathering sizes were decreased to five persons. Almost one hundred people attended the first outdoor church service. Consequently, everyone who attended received fines for non-compliance to health orders. When the truckers decided to travel to Ottawa as part of the Freedom Convoy, Mr. Wall and his wife prayed about it. They were willing to lose everything to stand for what was right. The couple were both at peace over the decision. On January 17, 2022, truckers went from zero to hero. The truckers had captured global media attention.

Mr. Wall said the non-compliance order was consistent with an outdoor sermon he heard. At the outdoor services he attended, there was always a police presence. Mr. Wall did not ask why the gathering numbers for both indoor and outdoor church services were the same. Nevertheless, it might be insightful to understand what the Lord Himself said: "Who hath measured the waters in the hollow of His hand, and meted out heaven with the span, and comprehended the dust of the earth in a measure, and weighed the mountains in scales, and the hills in a balance?"¹¹⁶

It is important to note that in these examples, as witness David Leis alluded, it would appear Canadian society is moving closer to authoritarianism. He said it was so sad that people have forgotten their role in serving people. Others might suggest the landscape witnessed by the public was the contrast between good and evil.

Retired OPP officer Vincent Gircys agreed. He admitted tremendous mistakes had been made because of COVID, and that police forces had violated the oath each officer had taken to uphold the law and serve the community. These deliberate blunders by authorities were like a festering sore within the profession he had been so very proud of, not that many years prior. It should be noted that upon retirement, Mr. Gircys had received an exemplary service medal for his years of service. Yet, as Mr. Gircys testified, he was also concerned with police behaviour.

Watching the deployment of 200 police officers on horses shutting down one single restaurant led him to question how police actions were being taken against citizens. Further, on multiple occasions, he witnessed the tyrannical behaviour of the Aylmer police department toward the Church of God assembly. As a former police officer, he referred to the police actions and the continued violations of Canadian's constitutional rights and freedoms as deplorable.

¹¹⁶ Isaiah 40:11-12.

Beyond the criticism, Mr. Gircys commended officers who voluntarily left the Aylmer police force, for these officers did the right thing. He began publicly raising concerns. He referenced the *Canadian Charter of Rights and Freedoms* as the most supreme law of the land. Most particularly, he pointed to the preamble in the Charter which states, “Wherein Canada is founded upon the supremacy of God and rule of law.” He remembers his early days in policing when he was issued a King James Bible—a Bible he still carries to this day. He was also instrumental in facilitating communications between the Freedom Convoy truckers and governing authorities. For his efforts, he received two arrest warrants, a \$10,000 fine, and his bank accounts were frozen.

Witness Richard Abbot, a member of the tactical unit and SWAT team, confirmed these incidents were not just in the public eye but within the police ranks as well. Officers who refused to disclose their vaccination status were subject to segregation and the “Shame Room.” The latter was the workspace designated for the unvaccinated. Even though officers worked side-by-side in shared vehicles and physical spaces, management continued to mandate irrational policies. It was acceptable for officers to work together side-by-side throughout their shifts but not to break bread at the same table.

As a lawyer, Leighton Grey had the pleasure of representing Grace Life Church, and their struggle with Alberta Health Services (AHS) investigators to understand the law. He said the same AHS employees were given extraordinary powers but had no understanding of how to wield them. Further, Mr. Grey testified the health services investigator had the authority to summon police and make arrests, which eventually led to the imprisonment of Pastor James Coates.

Mr. Grey further explained that section 176 of the *Criminal Code* essentially prevents the disruption of worship services. And, as Mr. Gircys explained, the protocols and procedures that should have been followed for forensic investigations, were not. It is imperative for police investigators to collect physical, documentary, and testimonial evidence before reaching conclusions. This did not happen in the churches cited here. Therefore, the RCMP who accompanied AHS to Grace Life Church failed in a similar manner as the Ottawa police. The police officers did not understand their oath and Constitution, for if these officers had, they would also have known their actions violated both the Constitution and their oath, plus section 176 of the *Criminal Code*.

Nevertheless, as Mr. Grey admitted, the entire Grace Life Church incident was an international embarrassment. Bruce Parry, professor of law at Queen’s University, seconded Mr. Leighton’s testimony concerning the law. He reiterated that Canada’s legal system is based upon the separation of the state into three different branches: the legislature; the executive, or administration; and the judiciary, or courts.¹¹⁷ The rationale for these branches being separate is to prevent too much power from being concentrated in any one branch or person.

¹¹⁷ The federal government is separated into three branches. Faith assemblies, or churches, are not listed in how government is structured.

Everything other than the elected legislature and the courts falls under administration. This means the administration is not authorized to act without the legislature passing a statute authorizing the action. Under this umbrella, it's then the job of the courts to enforce the legislation. The emerging issue, as Mr. Pardy stated, is that the legislatures are no longer passing statutes that contain rules for the administration to follow (as the framers of the country did with the *British North America Act*). Instead, the legislatures are passing statutes which delegate rule-making authority to the administration. Lawyer John Carpay, in his testimony, concurred. He presented a long list of substantive issues and recommendations for the legislative branch level to address.

But what has happened over time is that the administration and not the courts or elected officials have become the experts. To change this direction, the people of Canada must challenge the premise that our government officials have the expertise and authority to tell us what to do in the name of the public good.

The Honourable Brian Giesbrecht is a retired judge. He weighed into the discussion, reaffirming the mediatory nature of the courts to stand between the government and citizens. He was disappointed with the response of the courts to health mandates. He observed tremendous hardship for people. It did not help that the judges accepted the prevailing narrative of governments and health authorities. He pointed to some of the health mandates which, he said, were particularly unreasonable. Moreover, if the courts were simply going to accept any government order as truth, then what was the purpose of the courts?

When the pandemic was first announced, Mr. Giesbrecht began comparing traditional pandemic policies to COVID responses in Sweden. He teamed up with another NCI witness (retired Lieutenant Colonel David Redman) who was experienced in emergency planning. He said it was like Canada was doing practically the opposite of what the planned emergency response called for. When the two compared Sweden's COVID response to Canada's, Sweden's hands-off measures appeared to be doing much better.

He had hoped that by investigating public policy in Sweden, some form of reasonable, objective discussion would emerge. Mr. Giesbrecht was surprised at the hostile reaction he received from mainstream media. He said the media, including the *New York Times*, wrote a scathing account about Sweden and how people were dropping like flies. This was not true. He questioned the idea that anyone taking a different view to lockdown mandates (beyond conformity and compliance) was discouraged. He noticed people were increasingly becoming divided.

He gave his opinion on how the courts handled COVID, concerning common law and the Charter. At first, he was surprised and disappointed with how the courts responded to the challenges of citizens and lockdowns. The public expect judges to stand between them and government overreach. Generally, this did not happen. The judicial response seemed to predominantly side with the government narrative. That is, if governments and public health make some sort of proclamation, then who are the judges to question them? He believed what the judges did by deferring decision-making and authoritative powers to health authorities in COVID cases was wrong.

He compared some of the decisions coming out of the United States, where there was a vigorous and lively testing of the rules. He believed this was very helpful from a societal perspective. He raised the example of air travel and masking mandates. The difference between Americans travelling on planes without masks versus Canadians still having to wear them was illogical. For months, Canadians were still required to mask, long after masking rules had been removed in the United States.

Courts south of the border had also struck down several of the most egregious vaccine mandates months before these same mandates were put to rest in Canada. Vaccine mandates caused tremendous hardship for people in terms of adverse reactions, employment, and social interactions. If people thought they could go to court and get the most egregious mandates removed, and obtain a reasonable response to their challenge, this might have helped. It seemed people generally did not think the courts were an option.

The primary issue is that deference is given to health authorities without testing the facts or properly looking into the case. The courts are being too quick to accept whatever decisions are made by governments or health officials, taking what the governments present at face value. The dispute is this: If the court is simply going to accept every decision made by governments, then what role do judges play? Why are courts even needed?

Mr. Giesbrecht cited several examples in Manitoba: the outdoor, drive-in church services where congregants remained under surveillance by a huge police presence, the inability of families to hold funerals and say goodbye to loved ones, going for a hike in a park only to discover the trails were closed, and other rules that were particularly unreasonable. Citizens had a rightful expectation that when they attend court, the judiciary would rightly consider all sides of the story and rule accordingly. Not simply to parrot health authorities. In other words, the public didn't expect the judiciary to privilege the government decision. In this context, this would be considered unreasonable.

Still, people rely on the courts to protect their individual liberties from the dictates of governments. He said it appears Canada is not the same country now as it was before the pandemic. He had spent considerable time thinking about these matters. Citizens need to ask themselves if civil liberties are important anymore or if they are happy with government making all the decisions. Conversely, judges must ask whether they played a role and whether, after three years, the courts protected the peoples' rights. He expects media and politicians should also ask the same questions.

In a similar context, Mr. Leis said there is a reason Canada has a limited state. It is important because there needs to be room for the working people, which extends beyond Ottawa. He said the government has tentacles everywhere, creating conflicts of interests. He referred to classical liberalism as a cornerstone of Western democracies. Freedom of speech allows Canadians to debate. If censorship is imposed by the state telling the populace what the facts are, even when they are not facts, Canada will not have a future.

This raises yet another question. Will Canada have a future when the courts are closed to the public? As the testimony alluded, the courts were closed. Consequently, there was no avenue for church organizations to file criminal charges against the state for egregious violations of *Criminal Code* 176. Church congregants were similarly denied an opportunity to address the oppressive actions taken against them by enforcers who swore an oath to uphold the law. There was more than sufficient evidence of wrongdoing. In addition to police reports, health inspector's notes, private videos and surveillance records, the documentation proving both health authorities and police officers violated this *Criminal Code* section was overwhelming. Videos of state authorities entering churches during worship services were also prevalent on social media and in the public square.

This unprovoked attack on Christian churches and citizens should have sounded the alarms within the judiciary. At the very least, there should have been a judicial reconsideration of how these acts of lawlessness against citizens could negatively impact the social fabric, and the judicial responsibility to prevent this from happening. Instead, the judiciary and prosecution teams, for the most part, remained silent. Even when congregants informed enforcement officials that their respective actions violated section 176 of the *Criminal Code* and that, therefore, the operations were illegal, the perpetrators did not stop. Time after time, police and health inspectors were at the church doors, determined to make an example of churchgoers, as if these people were hardened criminals and not hardworking taxpayers. Outdoor churches were not off the hook either. There, citizens were observed and under state surveillance as well. Those who attended outdoor worship services were identified through police video and vehicle licence plates, and subsequently burdened with outrageous fines.

In one example, the police chief attended an outdoor church service in his private vehicle, and he proceeded to video churchgoers in attendance. No warrant was obtained in advance for violating individual privacy. There was no presumption of innocence. There was no randomness. The police actions were deliberate. The rights and freedoms of every citizen were suddenly diminished. Any long-standing principle or tradition that had served Canada well for almost two centuries was suddenly eradicated.

In comparison, there was no police surveillance or enforcement measures at Costco or Walmart. There were no arrests at the Black Lives Matter rallies, even though people gathered at these, too, during COVID lockdowns. Ultimately, the reverberated state message was clear. Any citizen who did not remain in subjection to the prevailing narratives of the state were in complete violation of these new laws—which were not laws, because these were not based on legal precepts or moral tenets, the supremacy of God or rule of law.

As testified, dictated mandates by appointed health bureaucrats superseded the Charter, the *Bill of Rights*, and now the *Criminal Code*, too. Most noticeable, as well, the mandates imposed on citizens were not equally applied to those in authority. There emerged instead a two-tier system between the authorities that govern and the citizens being governed. So much for the rule of law. But this leads to further questions in relation to democracy. Is this what lawlessness looks like? When state officials sworn to uphold the law can choose to violate it without legal consequences? That because the courts were closed to the public, the laws that have ordered Canadian society since its democratic foundation no longer matter?¹¹⁸

Again, when the respective pillars in Canada were initially established, it was understood that an individual's faith and convictions, and their respective religious institutions, are not under man's laws. Why? Because the Lord has written His spiritual laws in people's hearts. Every individual knows what is right and wrong. Further, from the New Testament, Jesus summarized all the Old Testament commandments into two. That is, love the Lord with all your heart, all your soul, all your mind, and all your strength, and love one another.¹¹⁹ Therefore, worshipping God is not contrary to the law, for it is embedded in the hearts and minds of the people.¹²⁰

¹¹⁸ These same questions apply to *Criminal Code* Section 245.

¹¹⁹ For Gentiles, there are four additional laws found in Acts 15 and Acts 21.

¹²⁰ Acts 18:13-15.

Further, the greatest love story ever told is even more profound because even though men and women transgressed the laws (because we can't possibly keep them), the Lord Jesus changed the ordinance completely in order to establish a brand-new law: the law of love. This isn't a competition. From the very beginning, the Lord God wanted to walk in the cool of the afternoon with His people. When His people just didn't get it, He made a way where there was no way. He stepped down from glory so that each and every one of His beloved creation could have abundant life in Him. The rebellious will not hear the Word of the Lord. But for those who hear His call, we need to understand that God dealt with humanity before the law was given—in the time of Abraham—wherein we were saved by faith. His plan, even before the foundation of the earth was established, was to fulfil the law once and for all.¹²¹ This Jesus did through the shedding of His own blood.

In this context then, where there is no law, there is no transgression. The law was simply to point us to the Lord Jesus, and when we meet Him face to face, heart to heart, the sins that He paid for are taken away.¹²² The bottom line, then, is this. Believers in the Lord Jesus no longer need a grocery list of do's and don'ts telling them how to live. Because the hearts of believers are in Christ. His righteousness dwelling within, showing and enabling believers how to live. Apostle Paul summarized this best when he said, "The only thing that counts is faith expressing itself through love."¹²³

Therefore, on its own standing, the Bible supersedes the laws of men. As law-abiding citizens, Christians are responsible to a higher authority—this same Master that this entire nation is founded upon—the supremacy of God. As Apostle Paul reminds, the letter of the law kills but the Spirit gives life.¹²⁴ In this new era, the Lord did something that hasn't been done before. He called us into a different life wherein there is liberty and freedom for one and all. Not just so people simply cope or chore away day to day in the mundane but that each and every man and woman has a higher calling that is glorious.

¹²¹ Matthew 5:17-18; Romans 10:4.

¹²² Hebrews 7:27; Hebrews 8:12; Hebrews 9:12-14, 26-28; Hebrews 10:10-22; 1 Peter 3:18; Romans 4:15; Romans 2:13-23; I Corinthians 6:1; Jeremiah 32:23; Ezekiel 18:5; Isaiah 8:20; Psalm 19:7; Psalm 1:2; Psalm 37:31.

¹²³ Galatians 5:6. New International Version.

¹²⁴ II Corinthians 3:3-18.

Pastor James Coates from Grace Life Church understood the difference between man's law and God's and, as such, was willing to stand on his convictions and faith to ensure God-given rights continued to be honoured by the state. As a Bible-believing church, the congregants also believed in their scriptural obligation to continue meeting in person. This led to the decision to open in spite of health restrictions. Pastor Coates was ticketed and arrested in February 2021. He was given strict bail conditions. If he were to accept the conditions imposed, he would be breaking his promise to God. If he did not, he would be in contempt of court for holding church services. For the latter, he could face criminal charges. Mr. Coates refused to bow to the dictates of government bodies. The question for him was: who is God--the state or Jesus Christ? For his response, he remained in jail for 35 days. Even though he was not a flight risk, he was placed in shackles on both his feet and hands. Eventually, there was a satisfactory resolution reached on the bail conditions. The Crown released him and Grace Life Church continued to meet.

In March 2021, the church building was seized. A triple-fence with 24-hour surveillance was installed by the state. It was shocking and unprecedented for this to happen in Canada. The Grace Life congregation went underground. Legal counsel James Kitchen met with the church every week to determine how a church of 500 to 800 people could continue meeting while evading the authorities.

Mr. Kitchen was a member of the Law Society of Alberta. He practiced constitutional, administrative, and criminal law. He fundamentally believed the law was unjust and it was his moral and ethical duty to help the church end the unjust law. The church found locations in the middle of nowhere to meet. He recalled how the church was being sought out by authorities. When they had met twice in a row in the same location, a van with a canine unit showed up at that same location the third Sunday. The church had already switched locations, so they were not there.

Another example was Pastor Tim Stephens from Fairview Baptist Church in Calgary. The congregation met in a mountain provincial park beside the city of Calgary. The pastor preached from a tent. There were reports a helicopter was circling around, watching the congregation. Mr. Kitchen reminded the audience that as a nation we cannot forget the persecution of these churches. The measures taken were unjust and motivated by a public health or health crisis. The constitutional structure, Canada designed to protect citizens and their freedoms, was failing.

Mr. Kitchen was in attendance both times Mr. Stephens was arrested. Both arrests were in front of his children. An hour before Pastor Stephens' second arrest, the police called Mr. Kitchen to let him know their intent. There was no obligation to call him. Mr. Kitchen immediately called Sheila Gunn Reid from Rebel News, who had a cameraman in Calgary. Rebel was able to deploy them just in time to film the arrest. He said there are other churches facing similar consequences.

Pastors Tracy and Rodney from the church of the Vine in Edmonton prevented a public health inspector from coming into the sanctuary during worship service. As a more charismatic church, they believe church services are a sacred and divine time where the Spirit of the Lord is present. Having someone attend strictly to gather information and observe, with the intent of shutting the church was seen to be disruptive. Ideologically and spiritually, such a government official was an enemy. The church was right. Subsequently, the church was ticketed for obstruction.

During the trial, Mr. Kitchen argued it was a breach of section 2(a) of the *Charter of Rights and Freedoms*. This section guarantees religious freedoms. The prosecutor applied to the court to not allow Mr. Kitchen to argue that religious rights were violated, declaring that this would amount to wasting the court's time. Mr. Kitchen did not expect the court to agree with the Crown. Mr. Kitchen was going to be in court the week following the NCI testimony. He was appealing this court's decision. He said it should have shown how hollow and meaningless section 2(a) of the Canadian Charter had become that freedom of religion could not be argued in a court of law anymore.

Mr. Kitchen explained the importance in caring deeply about what happened in these cases. Freedom of speech goes hand in hand with freedom of religion. If the nation does not keep freedom of religion, it will not respect a citizen's right to protest either. He further explained, these transgressions of the law don't just apply to Christians. Atheists would not be permitted to speak either if Christians can't retain their freedom of religion. He reaffirmed these democratic rights are interwoven fundamental freedoms so we cannot keep one and discard the other. It is for this reason all Canadians must care about what is happening to Christians during COVID lockdowns.

There were similar considerations in other provincial jurisdictions. For example, when the province of Ontario moved to a five-tier coloured system, the COVID measures varied, depending on which region one lived. Toronto, for example, was a red zone, which meant total lockdown for residents. Mr. Mack pointed to the hypocrisy that existed between COVID measures for churches and big box stores. By the beginning of 2021, pockets of resistance were beginning to emerge. A couple of pastors were arrested and fined for speaking out publicly. Most churches at this time remained closed.

It was almost a year later before he saw the church fight back. An archbishop appealed to the Premier of Ontario to allow churches to open for Easter. The archbishop's request was turned down. He was not sure if the three churches he was involved in (including a mega church with 5,000 congregants) had corresponded with governments. But he did say that as a consequence of government mandates, the gathering numbers for churches had decreased across the country. Many within society had given up on the church community entirely because of everything that happened. He noted that independent churches seemed to do better. Nevertheless, some churches were forced to close and sell their buildings and assets.

When the churches were finally permitted to open again, congregants were required to wear masks, social distance, and be vaccinated. The unvaccinated had to sit in more secluded seating areas, away from congregants. It's also important to observe that even after all COVID mandates were lifted, some religious institutions continued to enforce masking and social distancing measures within the church buildings. Who made the decision within the churches? Mr. Mack said that in the three churches he was involved in, there was a church committee that decided how the mandates applied to the church. These committees would also correspond with the congregants, ensuring that all three churches followed COVID measures.

In terms of impact, many believers said there was a loss. Many congregants lost touch with friends. Contributing to the church community failed to happen. Whereas pre-COVID, maintaining regular worship and devotions was integral to family connections and/or social interactions, now there was a loss. The Freedom Convoy provided some optimism. When Mr. Gircys attended the Freedom Convoy in Ottawa, he saw more hugs than at an Italian wedding. The crowds were peaceful, positive, and joyful. He did not see violence or concerns. He said CBC lied about the Convoy. Mainstream media reports contributed to the emergence of a police state. The Ontario Provincial Police (OPP) admitted the intel was inconsistent with what the media and government were proclaiming.

Instead, the police accepted a single side of the narrative, even when counter information was available. In the end, police departments caved to political pressure and interference. This, he said, is why police agencies should always remain at arm's length and separate from politicians. He further explained that police officers are just ordinary people who are capable of great violence if they are lied to or led to believe they personally could be in grave danger. There was political pressure and interference.

Mr. Grey's testimony alluded to a report commissioned by the Alberta Government. It was intended to determine from a psychological perspective what language and methods could coerce Albertans to comply with the vaccination mandates and lockdown restrictions. He said the number of unknown deaths has increased seven times since the vaccines rolled out. Witness Jody McPhee's father could certainly have been considered one of the seven-fold statistics.

The determination of religious exemptions of religious exemptions coupled with employment termination has led Ms. McPhee to navigate through the court system, along with several thousand others. Mr. Grey said employers, governments, and unions conspired together to force favourable outcomes. Although Ms. McPhee did not specifically address her faith beyond experiencing a lack of compassion from authorities, it can be said her personal convictions and beliefs contributed to her job loss, particularly given the reference to Christ in her termination letter.

Mr. Tissen offered additional insight into possible government motivations. He received considerable support from friends, but he and his family also experienced a lot of hate too. It was all part of the government's tactic to divide humanity. He said if the government had the resources to send that many officers to a church, or by extension, to his home, why couldn't these same funds be used to check in on people and ask how they are coping, and, as well, to allow citizens to use their own judgment and common sense when it came to the potential risks associated with COVID.

He spoke of how his three children were traumatized from witnessing their father's arrest and the multiple times police officers came to the house to hand out tickets: not just one officer. Sometimes, there were as many as five officers at the door. He saw one of his children peering into the police station to see if they could see their father. He said the entire incident was heart-wrenching. Beyond the church, the private school associated with the church was also greatly affected. There were no end-of-year ceremonies for students or family picnics.

He too saw the hypocrisy of government policies that allowed big-box store parking lots to be full, while church parking lots were arbitrarily closed by RCMP. He noted the congregation is made up of peaceful, law-abiding Christians who were prevented from peaceful assembly and worship. Mr. Tissen cited the car rally event for the farmers in India as an example. Unlike the church gathering, no one in attendance was fined or in trouble for organizing these events. There was also the group of solidarity protesters raising aboriginal political concerns who were not targeted by RCMP either.

Mr. Tissen did not point to these groups to raise contention but rather as a point of comparison, showing the inequalities in how consequences for contravening COVID dictates were applied. He reaffirmed that neither he nor the congregation were being rebellious for the sake of being rebellious. He believed churches are instrumental in supporting individual's faith journey in addition to spiritual support.

Conclusions

When asked his opinion on church closures, Mr. Mack suggested more resistance from the church as a collective might have changed the societal outcome. Sadly, many have given up on attending church because of everything that happened. While some churches attempted to resist and hold services, they were fined. He recalled seeing videos of police physically removing and arresting pastors from the few churches that stayed open. These actions by governments against their own citizens in Canada caught international attention.

What was the reasoning? Canada is now contravening freedom of religion because it no longer adheres to or has a desire to understand Christian principles. How far is this going to go? Retired OPP officer Mr. Gircys probed a little deeper. He asked, how are we going to be treated if the lies continue, knowing that police officers are ordinary men and women? There is nothing in the police training that would inform officers differently. He concluded by saying what happened with COVID needs to be exposed. The idea that the pandemic was so dangerous that it justified all these public policy decisions is what he names the "Great Lie."

Mr. Gircys believes the lies are endless. But to keep the regime going, there must be more lies. When this happens, it is an indication of a totalitarian regime. If you control healthcare and can censor people, if you control education that indoctrinates, if you restrict movement as in fifteen-minute cities, and many more examples too numerous to cite, this is the ideal foundation for totalitarianism. Add a fear-based pandemic into the mix, and the result is a police state. Besides, when media works in collusion with government, it is collusion at its best and yet another indicator that all is not well within Canada's parliamentary democracy.

But there is a way out. Mr. Gircys offered a number of recommendations. First, he believes Canada needs to establish a nationwide COVID-19 forensic task force, vetted by the judiciary and one that is completely independent of government. He said it must also have the authority to issue arrest warrants.

Mr. Gircys provided a rationale for a task force. He said a task force could investigate the failings of the police community during the pandemic. For example, the police failed to adhere to the plan. He said that in policing, there is a plan for everything. Police don't decide to wing it because the circumstance this time is a pandemic, and they are scared.

He said the police failed to understand the information. Instead, they accepted a single narrative from government and the media and would not accept any counter information. He knew firsthand that concise detailed reports were submitted to the various authorities and agencies, but no one listened. In addition, the police failed to understand their Oath even though section 52.1 of the Charter states: "The Constitution of Canada is the Supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force or effect."

It was difficult for Mr. Gircys to witness situations where the police were heavy-handed. In his opinion, the officers were not only ill informed but were provided with false and misleading information. He watched the behaviour of the officers. The police had to have believed there was a serious threat against them or there was a very real possibility they could be harmed. Mr. Gircys repeated that all his observations were consistently inconsistent with what media was saying, which is why he believes the officers had to be given false and misleading information—in order to do what the police officers did.

Still, even if the officers perceived there would be violence, professional and personal opinion should have changed when they saw there was no threat. Continuously, the same peaceful response should have caused the officers to question, particularly when the circumstances the officers witnessed were church women singing, children playing, and men ministering to the congregants. Yet, another question: At what point does one's conscience kick in? At what point did the officers realize the information they were given wasn't true?

Is there a valid explanation? Mr. Gircys heard one officer say during a debrief that the information came from something he watched on CBC. However, Mr. Gircys walked the perimeter of the Trucker Convoy in Ottawa for three weeks and the joy-filled atmosphere never changed. Clearly, the violence came from the police officers. It appears a new contingent of officers were brought in, and it's very likely these new police officers were primed with various forms of intel, including that they might be dealing with crazy people.

There were other concerns. Lawyers reported the courts were making decisions that found Charter rights and freedoms were not violated, so the Charter could not be used as a legal defence. As such, there was no opportunity to question the discrepancies between restricted gathering numbers for churches and the number of customers permitted in big box stores, even when the square footage in both the church and the stores were equivalent in size. It is for this reason witness Mr. Woodstock started a petition. He thought if churches met in the big box stores, that would solve the issue.

Certainly, the restrictions placed on religion, and more specifically, the Christian faith during COVID, was a concern for members of the public. Many who did not consider themselves to be religiously inclined before COVID started attending. Mr. Tissen said many came to the church who would not normally have ventured in. There seems to be an awakening around why churches were being targeted by governments. Many of these new attendees equated COVID health mandates with gross government overreach.

However, the persecution of Grace Life Church led to heightened awareness of these types of actions across Canada. Legally, Grace Life Church is part of the Ingram case, which is still before the court. Once a judicial decision is made other court actions will follow. A fine of \$1200 is the worst-case scenario facing Pastor Coates personally, but the church could end up owing hundreds of thousands of dollars to the state. This is the same state or nation which was established under the Supremacy of God and rule of law. This is the same state in which the framers of Canada's Constitution decided, by making churches a pillar, that governments had no authority over religious organizations.

In terms of legal recourse, Pastor Coates is contesting the violation of his right to believe under the *Canadian Charter of Rights and Freedoms*. Other lawyers testified. Mr. Kitchen reaffirmed Mr. Pardy's testimony. That is, the Canadian government is set up intentionally to divide power so that the legislative, executive, and judicial systems are separate. The courts are the third branch of government. Each branch polices the others so that no one branch can become too powerful. For a long time, this constitutional structure functioned well. However, in March of 2020, the legislative and the judicial branches were shut down. All power coalesced into the executive branch. Now unelected Public Health Officers ruled. He went on to say that power corrupts. Thus, it would have been the job of the judicial branch to exert controls over the executive branch. However, as the public and church congregants are well aware, the doors to the courts were closed.

When reinstated, the courts now saw their role as enabling government, which allowed governments to act in an arbitrary and oppressive manner for the greater good. Mr. Kitchen observed judges who were afraid for their personal safety throughout the COVID years. He had hoped that judges would recognize that there must be some personal sacrifice attached to their high-level positions. And that attached to the duty and obligation to serve their country, there is an understanding it may involve some personal risk.

Mr. Kitchen knew for himself that he would never wear a mask but watched judges act fearfully. He suspects that judges too are consumers of mainstream media. Judges are appointed by politicians who share their political views. He pointed out that the legal profession over the last 25 years has mostly shifted to the left. Mr. Kitchen observed that judges with a lot of experience dealing with complex Charter issues were not ruling on COVID cases.

The questions then are this: Why are there so few judges ruling against government restrictions? What happened to judicial independence, and the duty to ensure people's constitutional rights and freedoms are protected? Specifically, the public wanted answers regarding human rights, the harms caused by masking, vaccine mandates and exemptions, general COVID restrictions, and the enormity of fines for worshipping God. Perhaps, the judges who may have formerly ruled in favour of personal freedoms are being prevented from presiding over these cases now. It also appears that chief justices were taking many of the restriction-related COVID cases. This, in and of itself, led to many of the rulings being pro-government and pro-health restrictions.

Another dilemma that emerged is the regulatory capture of professional colleges. Examples of these include the Colleges of Physicians and Surgeons, as well as the regulatory bodies for accountants and lawyers. Similar to the three arms of government, it is imperative that regulatory bodies have independence from the government as well. Indeed, the purpose of these colleges is to resist and criticize government policies while also protecting the public interest. When regulatory bodies choose to wholly support government and criticize and/or remove licensing from their professional members, the message being sent to the public is not only pro-government, but the move is towards tyranny.

Mootness in the legal arena is similarly a concern. Courts don't want to waste their time on academic debates. Rather, courts want to act on real issues. This leads to the appearance of judges using mootness to help governments promote their actions. In this context, if governments enact a law, it takes lawyers time to launch a challenge, file the court documents, and schedule a hearing date. Then, just before the hearing, government removes the law. Everyone affected by the newly imposed law (yet now removed) is now left with substantial legal costs. The case has not been heard, so therefore, no time was spent in court arguing the merits of the case. Beyond the lack of discourse and constructive debate, there is no recourse either because the respective government has removed the law in question. This happened many times during COVID. In essence, the government could impose tyrannical laws, pull the law before a hearing, and then call any action against government as moot. This means no one could hold the government accountable.

But governments could then reinstate that law or something equally as unconstitutional later. Mr. Kitchen recommended that some judges could be elected to overcome the problems associated with political appointments. He suggested that judges who rule provincially should be appointed provincially. Through the election process, it is more likely that judges will reflect the views and values of the province. Mr. Kitchen estimated that conservative judges are now outnumbered eight to one in Canada. He also pointed out that often, judges with left-leaning opinions are not always tolerant of their colleagues' conservative voices.

Mr. Kitchen said it has taken a quarter of a century to arrive where the judicial system is now. It will likely take just as long for the system to recalibrate back to adherence to the rule of law and the Charter. He believes the *Charter of Rights and Freedoms* has been rendered useless. To change this, the Charter may require amending or maybe even be discarded. Before the Charter, very strong decisions had been made by conservative judges in favour of human rights.

Now, with the Charter, those rulings are rare. At the very least, section 1 (which allows the judiciary to limit an individual's Charter rights) must be discarded. Mr. Kitchen believes that a moral society can engage in self-government and subsequently live more freely with more equality. Interestingly, the founders of Canada discussed self-government in their deliberations as well, so this might be a discussion worth pursuing in the days ahead. Regarding judicial appointments, it's a well-established fact that political and bureaucratic favouritism can occur, and this becomes especially problematic when it's seen as nepotism within the context of good governance. Indeed, laws are only as good as the people who enforce them and live by them.

The ethical challenges weave a deeper thread. Imagine how morally bankrupt one has to be to insist that someone submit to an experimental injection or be fired from their job. To prevent these types of actions by the state from taking place in the future, Mr. Kitchen recommended that Canadians stop consuming corrupt mainstream media and seek more truthful alternate news and information sources.

Mr. Pardy suggested new legislation around delegation of parliamentary and legislative responsibility would be a good beginning. He added the Charter likely needs to be revised, since it has been shown to be inadequate. He also called for more transparency in the public service. Mr. Leis went further, saying it is atrocious what has happened and that it was by design that so much information was withheld from the public. He was equally disturbed by a law profession that did not ensure the rightful application of the law. Jordan B. Peterson considered how public opinion was manipulated to justify the imposition of restrictions on citizens' basic human and constitutionally protected rights.

To counter the conflicting protocols, Mr. Allard cited the insightful example he used to persuade a school principal not to impose mask-wearing protocols on his daughter. He said if his daughter was to be segregated from classmates in the school, then students from every other minority group should also be segregated. Rightly, the principal understood the analogy and the human rights consequences of such a move. Canada's forefathers had similarly referred to society taking care of its minorities as well, and in so doing, humanity would be all the better for it.

Francois Amalega took a different approach. A resident of Québec, he immigrated to Canada in 2012. When COVID began, he understood the stakes were high. In Canada, the government was trying to take the place of God, but any government posing as a small "g" god would be void of all hope. He believed withdrawing religion from the public square is not the answer.

A mathematician by profession, Mr. Amalega observed the contradictory rules and how the uncertainty was creating anxiety. He said things did not fit. He taught his college students to think critically, and yet the pandemic narrative did not align with the COVID data and statistics. The analogy he used was the government is building the plane, while Canada is flying it. The only conclusion he could reach was governments were lying to Canadians. Instead of protecting citizens, he said they were trying to destroy the social fabric. Not willing to concede, Mr. Amalega began publishing on social media. His Facebook account was constrained. Nevertheless, he kept on going –refusing to wear a mask at the College or in public places. He said by pursuing peaceful civil disobedience, he was fighting the good fight of faith for all Canadians. For not complying to mask mandates at work, he was suspended for three days and later two weeks. The College offered a compromise. They did not want to see him leave. Mr. Amalega resigned, saying he made the choice.

He used the extra time he had on his hands to protest. There was no violence. Every protest he attended was peaceful. The time came for Mr. Amalega to protest inside the police station. He told the police he was looking for freedom again, which was locked up in the police station. By now, he had received numerous tickets and was jailed four times for refusing to wear a mask. He was unsure how many nights in total he spent in jail. One of the mask fines was for showing up in court to fight his fine for not wearing a mask. Another time, Mr. Amalega was held in prison for over three months for being within 300 feet of Premier Legault, who showed up unexpectedly at the protest. Premier Legault allegedly regularly violated 8 p.m. curfews.

When interviewed, he told the media he had won. He referred to the various ways prisoners were treated. He wants to know which judge signed his arrest warrant because to him, that judge is the biggest criminal of all time. Mr. Amalega drew the comparison that if he is condemned, then the judge too is condemned. We are all accountable for our actions and this includes judges.

He understood COVID-19 as a medical story whereby people would say anything as if it were the truth even when there was no proof. Everything is opaque. He said when citizens don't respond to intimidation and fight for justice, becoming more vocal about the wrongs governments are committing, the people win. And by extension, this nation and all the citizens within Canada will win.

The question was asked: Where does Mr. Amalega get his inner strength? He said it is his belief in God that keeps him motivated to keep standing for what is right. He explained human authority is a gift of God, but like Canada's founders, he maintained human authority is also beholden to God. Why is this testimony so critical? Because one man believed in standing firmly for his personal convictions, for truth, and for those who cannot stand. In total, he received \$98,000 in fines. He had hoped to reach \$100,000 before testifying at the NCI. Nevertheless, the point was made. Being a person grounded in faith, standing boldly against unlawful mandates, may come with a personal cost, but the tangible benefits for the good of society going forward are long-lasting.

Is there a spiritual climate change needed in Canada? He responded by saying that when he first arrived in Québec, the topics of politics and religion were forbidden topics, but these are the most important topics within a society. Even non-believers are an important subject. He said it is not good for only one religion to dominate, but to withdraw religion altogether from society is not good either. Why? Because religion offers hope. Government does not offer hope.

Regardless of how one perceives Mr. Amalega's actions, his sincere, deeply heartfelt testimony is confirmation that COVID is all about a spiritual struggle. The upside, and Mr. Amalega's message is, when people band together and stand solid on their convictions, the truth shall prevail.

At the end of the day, Mr. Amalega's insights might prompt churches to require that Canada restore the democratic pillars which have blessed this nation over time. There can be no disorder within a democracy. This means federal and provincial governments cannot abdicate their electoral responsibilities to the public by appointing bureaucrats from health agencies to rule in their stead. When the law of the land is broken, because rulers have decided to act outside the citizens who promote good works, society breaks down. Jesus calls those responsible for social upheaval workers of iniquity¹²⁵ because they have rejected the Lord's overriding law of love in the New Testament.

With regard to citizens' lack of access to courts during COVID, there was no standing for ordinary citizens to bring criminal charges against police and state authorities. In earlier times, Jesus stepped up, becoming a mediator¹²⁶ between God and man. But who stepped in for hardworking Canadian citizens during COVID? This question requires a response. Because at the end of the day, closed courts essentially gave employees of the state a licence to do whatever they wanted to do. And what happened? state officials chose to disrupt the peaceful order of society and the worship of the Lord in church services by actions that were unlawful.¹²⁷

¹²⁵ Psalms 59:2-12; Matthew 7:21-23; Ezekiel 18:30; Psalm 119:133; Proverbs 10:29; Micah 7:8; Titus 2:14; I Corinthians 13:5-7.

¹²⁶ I Timothy 2:5-6.

¹²⁷ <https://laws-lois.justice.gc.ca/eng/acts/C-46/section-176.html>.

The final point: churches are pillars that are not answerable to man-made governments. This foundation was established historically by the founders of this great nation and in Canada's Constitution. The questions the founders reckoned with will need to be asked once again. In other words, can we enact laws that can infuse life into our nation? Because if the most knowledgeable and wise individuals could discover a law that could bestow life, then Jesus' sacrifice would have been meaningless.¹²⁸ However, on the cross, Jesus exhibited the highest form of love in the universe, and this love represents the Life and Light for our great nation.

May every church understand what it took for each of these witnesses to come forward and boldly stand. The overarching message is that we all, churches included, continue to shine His light brightly.

Recommendations

- A. **Recognition of all religions**, including the body of Christ Church, by all levels of government is paramount in a free and democratic society and must be afforded all protections and shields guaranteed under the *Criminal Code*, the *Constitution Act, 1867*, the *Bill of Rights*, and the *Canadian Charter of Rights and Freedoms*.
- B. **Churches do not require the permission of governments** to open or close. However, when churches decided to respond favourably to the governments' call—two weeks to flatten the curve—these same churches must also have had the decision-making authority to reopen when projected COVID death and illness numbers don't come to fruition.
- C. **Revisions of the *Emergencies Act***. In May 2020, the launching of the *Emergencies Act* granted Cabinet powers to evacuate people and remove personal property from any specific area, acquire property, direct any person or any class of persons to render essential services, regulate distribution and availability of essential goods, services, and resources, authorize emergency payments, establish shelters and hospitals, and impose criminal sanctions. Moreover, the Act allows the federal government to essentially nationalize parts of the economy wherever it thinks it's necessary, including Cabinet assuming the control, restoration, and maintenance of public utilities and services to ensure the wellbeing of Canadians.

Later, citizens witnessed governments creating travel passes to curtail movement under the *Emergencies Act*. There needs to be parliamentary and legislative revisions to the *Emergencies Act* in an effort to reduce the unprecedented sweeping powers of the federal government over provincial jurisdictions and the citizenry and the unbridled discretion of authorities and powers administering new criminal laws without established opportunities for redress.

¹²⁸ Galatians 2:21; II Corinthians 5:14-15; I Thessalonians 4:14; Romans 5:7-8; Hebrews 9:15.

- D. **All governments should be required** to provide full disclosure of all the relevant data that led to the declaration of emergency measures, the degree of parliamentary oversight, the dialogue regarding the risks and legitimacy of the lockdowns, and how temporariness was factored into the invoking of the Act.
- E. **Governments and public sector employees** by virtue of public funding must remain neutral. Freedom of religion is a protected right that supersedes the authority and actions of governments. Public policy can neither be discriminatory in how the law is applied. For example, all churches regardless of the number of congregants, the square footage of the building, or the ability for each individual church to accommodate citizens within the boundaries of ever-changing COVID restrictions were painted with the same brush. On its face, the essential and non-essential list of organizations afforded carte blanche government approval appears discriminatory, and therefore, should be challenged under human rights legislation.
- F. **Remedy discriminatory conduct** through mandatory education programs. For example, the duty to accommodate is a legal concept that aims to ensure every citizen has equal access to benefits, services, and opportunities. In the context of the Canadian Charter of Rights and Freedoms, the duty to accommodate refers to the principle that individuals and groups should not be treated unfairly or denied opportunities because of their personal characteristics or religious beliefs. In fact, the duty to accommodate places a duty on all employers and service providers, including governments and institutions, to make reasonable adjustments to the policies and practices without unnecessarily imposing hardship on the legitimate interests of a workplace.
- Throughout COVID, legitimate questions were ignored. Yet, discretionary discriminatory actions were evident, imposing undue hardship on those who requested religious accommodation. Therefore, mandatory religious education courses for all public sector employees to ensure citizens are not discriminated against for religious practices and beliefs would send a much-needed message to public sector employees who discriminately targeted men and women of faith.
- G. **Going forward, there must be a clear**, evidence-based rationale for locking down citizens and society. And subsequently, when the *Emergencies Act* is revoked, there must be ample opportunities for redress, public conversations, and debate in the public square that will counter future restrictions on the citizenry.
- H. **Criminal Code section 176** must be retained.
- I. **Every individual has an inherent right** to end-of-life, spiritual and/or pastoral care or God at bedside services that align with their specific faith. Therefore, all publicly funded institutions, including hospitals, and long-term care facilities must comply.

- J. **Courts must accept deeply held beliefs** for religious convictions and respect that not every citizen, when writing an affidavit to support their views, is familiar with conveying the breadth and depth of their convictions in a manner that would overwhelmingly influence the Court.
- K. **The presumption of innocence** must be adhered to in all judicial proceedings occurring in every province and territory but Québec, where the latter operates under civil law. From the evidence, it appears prosecutors have too much influence on how the court uses its time. For example, the statement that constitutional arguments are a waste of court time and, therefore, should not be heard is not acceptable. Again, if a citizen's constitutional rights have been violated by virtue of their personal beliefs, thoughts, opinions, or expression, the actions of governments must be called into account, or else the law is being brought into disrepute.
- L. **Bail conditions must be reasonable and fair** and cannot prevent an individual from performing their employment duties and responsibilities. This includes pastoral service within a religious context.
- M. **Separation of courts,** the separation of courts from the public service.
- N. **Regarding procedural fairness and natural justice,** it's time for a comprehensive national dialogue to take place involving the church and Canadians who firmly believe the church is foundational and necessary for the social and economic wellbeing within communities. The church is uniquely qualified and capable of making decisions that impact the social fabric.
- O. **The prevailing belief** that there is a higher spiritual accountability in this life which determines our individual standing for eternal life cannot and should not be negated by government or judiciary.
- P. **Churches and citizens are encouraged** to create a public policy watch for any legislation that potentially negates the rights and freedoms of faith groups. The attempt to silence religious speech over the last three years should not go unnoticed.

7.3. Economic Impacts

7.3.1. Impacts of Mandates on Small-/Medium-Sized Business

Introduction

The mandatory lockdowns of businesses had a devastating effect on small- and medium-sized privately owned businesses across Canada.

According to Statistics Canada, in 2020 there were 1.22 million employer businesses in Canada, and of these, 1.2 million or 97.9 per cent were small businesses (1 to 99 employees), and 22,725 were medium-sized businesses (100 to 499 employees).

<https://ised-isde.canada.ca/site/sme-research-statistics/en/key-small-business-statistics/key-small-business-statistics-2021>

In 2020, small businesses employed 7.7 million persons or 67.7 per cent of the private workforce in Canada, and medium businesses employed another 2.3 million persons or 20.6 per cent of the private workforce. So, together these two types of business employed 88.3 per cent of the entire private workforce in Canada.

Small- and medium-size businesses in Canada account for approximately 51.9 per cent of Canada's Gross Domestic Product that is generated by the private sector.

At the time of writing this report, Statistics Canada had included on their website "Key Small Business Statistics 2022"; however, many of the comparison graphs included in this "2022" report had not been updated beyond 2019 statistics, and information updates were to December 2021. Updating these graphs to reflect the period of time during the pandemic is crucial to understanding what happened due to the mandates.

These figures from Statistics Canada highlight the critical nature of small- and medium-sized businesses in Canada.

Although the pandemic mandates had an effect on all businesses in Canada, the impact was particularly acute when it came to privately held small- to medium-sized business.

These small- and medium-sized businesses did not have access to the level of resources that were available to support the larger national and international businesses operating in Canada.

As privately funded entities, the majority of small- and medium-sized businesses lacked access to alternative sources of funding for their operations.

Shortages of supplies and materials were most keenly felt by these small- and medium-sized businesses as they did not have exclusive access to suppliers in the same manner that national or multinational businesses did. So many of them simply ran out of supplies.

Labour shortages were also keenly felt by the small- and medium-sized businesses as employees either stayed home or left the labour market due to early retirements or forced mandatory vaccinations.

Many workers who qualified for government assistance stayed home for the full duration of their benefits.

Businesses experienced additional costs due to new requirements for spacial separation, hygiene, and the restriction of facility occupancy.

The terror generated by the government reporting and the media created a toxic and fear-filled environment that caused many employees to fear coming to the workplace.

Small businesses, the backbone of the Canadian economy, were particularly vulnerable during the pandemic. Many were forced to close temporarily or permanently due to lockdown measures and reduced consumer spending. The impact of these closures on business owners, employees, and local communities has been profound.

Even businesses that managed to survive faced ongoing financial struggles, including rent payments, utility bills, and limited access to credit. The government implemented relief programs such as the Canada Emergency Business Account (CEBA) and the Canada Emergency Rent Subsidy (CERS) to provide financial assistance. However, the long-term viability of many small businesses remains uncertain, particularly in industries heavily impacted by ongoing restrictions and changing consumer behaviours.

Catherine Swift testified that many owners of the businesses that she represents reported significant negative impacts due to the various government “support” programs. These effects included the fact that many employees stayed away from the workplace until such time that their CERB benefits ran out.

Tamara Ugolini testified how her small start-up business was destroyed due to COVID-19 mandates imposed by the government, resulting in discontinuation of operations and financial loss.

Testimony Concerning Impacts of Mandates on Small-/Medium-Size Business

Catherine Swift

President of the Coalition of Concerned Manufacturer's and Businesses of Canada; she reviewed the mandate effects on small- and medium-sized businesses.

(Toronto: March 30, 2023)

Douglas Allen

Economist; he provided an economic analysis of lockdown measures.

(Vancouver: May 4, 2023)

Chris Scott

Owner of a café; he described the effects of mandates on his business and community.

(Red Deer: April 28, 2023)

Joseph Bourgault

Owner of medium-sized manufacturing facility; he described the impact of mandates.

(Saskatoon: April 20, 2023)

Don Woodstock

Small security firm owner; he made interesting observations of mandates.

(Winnipeg: April 14, 2023)

Darrell Shelley

Business owner; he described the effects of COVID-19 mandates on his audio visual business.

(Truro: March 17, 2023)

Terry Lachapelle

Equipment operator; he lost retirement income due to lockdowns.

(Truro: March 17, 2023)

Peter Van Caulert

Small business owner; he reported on the effects of mandates on his training business.

(Truro: March 17, 2023)

Jamie Paquin

Owner of wine business; he related the effects of mandates and a comparison to Japan's mandates.

(Toronto: March 30, 2023)

Tamara Ugolini

Family hydrovac business; she described how they were bankrupted by COVID mandates.

(Toronto: March 31, 2023)

Catarina Burguete

Owner of family brewery and bar; she reported their bar closed due to mandates.
(Toronto: April 1, 2023)

Shea Richie

Restaurant owner; he described the impact of public health measures on his business.
(Winnipeg: Thursday, April 13)

Rick Wall

Owner of trucking company; he described the effects of lockdowns on trucking.
(Winnipeg: April 14, 2023)

Bryan Baraniski

Owner of hotel and restaurant; he recounted the impact of public health measures on business.
(Saskatoon: April 20, 2023)

Zoey Jebb

New business owner with loan from Business Development Bank of Canada in 2019; she ended her business in bankruptcy due to mandates.
(Saskatoon: April 22, 2023)

Louise Wilson

Owner of Dollar Store; she related the impact of mask mandates.
(Saskatoon: April 22, 2023)

Michele Tournier

Owner of chuck wagon racing business; he described the impact of COVID measures on business.
(Saskatoon: April 22, 2023)

Sunje Petersen

Family-owned tourism business in Yukon Territory; she recounted the impact of lockdown measures on her business.
(Red Deer: April 26, 2023)

Tracy Walker

Hairstylist from home; she described the public health surveillance of her business due to COVID measures.
(Red Deer: April 26, 2023)

Colin Murphy

Music and sporting events planner; his business closed for long periods due to mandates.
(Red Deer: April 26, 2023)

Sherry Strong

Author; she had to close her public speaking business due to mandates.
(Red Deer: April 26, 2023)

Drue Taylor

Massage therapy clinic owner; she no longer works due to an alleged COVID vaccine injury.
(Red Deer: April 27, 2023)

Conclusions

COVID-19 lockdowns have dealt a severe blow to small businesses in Canada. Many were forced to temporarily close their doors or operate with limited capacity, resulting in significant revenue losses.

The sudden decline in consumer spending and reduced foot traffic had a direct impact on sales, leading to financial hardships, layoffs, and, in some cases, permanent closures. Small businesses often lack the financial reserves or access to credit to weather extended periods of reduced or halted operations.

Small businesses are a significant source of employment in Canada, contributing to local economies and providing livelihoods for numerous individuals. The lockdown measures have led to widespread job losses, with many small businesses unable to sustain their workforce during prolonged closures. Unemployment rates have risen, exacerbating financial insecurity for individuals and families, while reducing overall consumer spending power.

Lockdowns and restrictions have disrupted supply chains, affecting small businesses' ability to source necessary goods and materials. Import delays, transportation disruptions, and shortages have further strained small businesses already grappling with reduced revenues. These challenges have hindered their ability to maintain consistent inventory levels, meet customer demands, and operate efficiently.

The impact of COVID-19 lockdowns extends beyond economic repercussions. Small business owners and employees often experience heightened levels of stress, anxiety, and uncertainty. The constant fear of financial instability, the burden of making difficult decisions, and the social isolation associated with lockdown measures can have detrimental effects on mental health and overall wellbeing.

While the Canadian government has implemented various support programs for businesses, including financial aid and wage subsidies, small businesses have faced challenges accessing these resources. Eligibility criteria, application processes, and delays in disbursement have created barriers for many small businesses, leaving them without the necessary financial lifeline to navigate the crisis effectively.

Certain sectors, such as hospitality, tourism, and retail, have been particularly hard hit by COVID-19 lockdowns. These industries heavily rely on in-person interactions and foot traffic, making it difficult to adapt to the restrictions and generate revenue through alternative means. Small businesses within these sectors face unique challenges and require tailored support to survive the economic downturn.

The detrimental effects of COVID-19 lockdowns on small businesses in Canada are significant and multi-faceted. The economic consequences, including revenue losses, job cuts, and supply chain disruptions, have left many small businesses on the brink of closure.

The toll on mental health and wellbeing further compounds the challenges faced by business owners and employees.

As the nation begins to understand the underlying motivation and failure of governments' actions during the pandemic, it is crucial to recognize the importance of small businesses and the devastating impact governments' actions had on them. Targeted support to mitigate the losses caused by governments' draconian and misguided measures is required.

By prioritizing the needs of small businesses and fostering an environment of resilience and recovery, Canada can work towards rebuilding its economy and ensuring the long-term viability of its small business sector.

Recommendations

A. Financial Support:

- a) Simplify and expedite access to financial assistance programs, ensuring that small businesses can easily navigate the application processes.
- b) Provide targeted financial aid to sectors that have been disproportionately affected.
- c) Extend and expand wage subsidies to encourage businesses to retain employees and minimize layoffs.

B. Flexible Regulations:

- a) Implement flexible regulations and licensing requirements to support businesses in adapting to changing circumstances and exploring new revenue streams.

- b) Streamline bureaucratic processes to reduce administrative burdens on small businesses and expedite approvals.
- c) In cases where governing authorities decided businesses were non-essential, there needs to be accommodation made to allow these businesses to reestablish themselves or in cases where the business has closed, gone bankrupt, et cetera, an understanding within the public service that this is not a consequence of the business owner not wanting to work but a direct result of decisions made by governing authorities.

C. Access to Capital and Credit:

- a) Enhance access to affordable capital and credit for small businesses through low-interest loans, loan guarantees, or grant programs.
- b) Collaborate with financial institutions to develop tailored financial products specifically designed to address the needs of small businesses during recovery.

D. Promote Local Online Shopping:

- a) Encourage consumers to support local businesses by promoting the importance of shopping locally.
- b) Develop and implement marketing campaigns to raise awareness of online platforms and e-commerce solutions that facilitate purchases from local businesses.

E. Training and Skill Development:

- a) Offer training programs and workshops to small business owners and employees to enhance their skills in areas such as digital marketing, e-commerce, and remote work.
- b) Collaborate with educational institutions and industry associations to develop training initiatives specifically tailored to the needs of small businesses.

F. Collaboration and Networking:

- a) Facilitate networking opportunities among small business owners, allowing them to share experiences, insights, and best practices.
- b) Foster collaboration between small businesses and larger corporations through partnerships, supplier diversity initiatives, or mentorship programs.

7.3.2. Impacts of Mandates on Canadian Citizens

Introduction

The COVID-19 mandates were the greatest and most widespread intrusion into the lives of Canadian citizens that has ever occurred.

COVID-19 mandates were imposed by almost every level of government and were further supported by many institutions and private corporations, including the traditional media.

The tools employed to get citizens to submit included

- arrests
- public shaming
- financial penalties and fines
- denial of services or the threat thereof
- propaganda
- censorship
- secrecy and extensive use of “Orders in Council”
- financial incentives
- isolation
- suppression of the truth

Every aspect of Canadian life was affected.

COVID-19 mandates included the following

- forced loss of employment and denial of employment benefits
- suspension of the *Charter Rights and Freedoms*
- coerced medical procedures
- breaches in medical privacy
- elimination of Informed Consent
- restriction of travel
- lock-up of, and isolation of, the most vulnerable Canadians, including the elderly
- mandatory lock-ups and quarantines
- tracking and monitoring of citizens’ private communications and cell phone data without a warrant
- suspension of religious services
- suspension of educational institutions
- shutting down of private enterprise
- restrictions of family gatherings
- terrorizing large sections of the population
- institutionalizing/normalizing of hate speech; and hate of identifiable groups

Laws and mandates that were imposed on the population were enforced unevenly and in the cases of some politicians were not enforced at all.

The impacts to the citizens of Canada and our entire society are devastating and will last for generations to come.

Testimony Concerning Impacts of Mandates on Canadian Citizens

A wide range of testimony was heard from many witnesses located across Canada.

In all instances the witnesses described how the fundamental aspects of their lives and the lives of their families were destroyed.

The terror and propaganda campaign that was unleashed on Canadians caused family divisions and in some instances family breakups. Parent was pit against parent, husband against wife, children against parents; grandparents were denied access to beloved grandchildren, and the most elderly of our citizens were locked away and isolated, left to rot and die in abject loneliness, fear, and depression.

The rate of suicides, drug overdoses, domestic violence, societal violence, family breakups, divorce, and general health problems increased dramatically.

Fundamental institutions of our society were under attack; some responded to protect their rights and traditions, while other institutions completely failed, adopting every measure without question, and enforcing these edicts on their members.

Many churches abandoned their fundamental belief in separation of church and state; they closed their doors and the congregations were left on their own without support, in what was the most trying time since World War II.

The medical profession and the entire medical infrastructure started to shut down and concentrate on an imagined tsunami of COVID-19 illness which never came, meanwhile citizens' normal healthcare needs were neglected and postponed.

Excess Mortality During the Pandemic Period

The testimony of Dr. Denis Rancourt spoke about the rise in societal damage due to the COVID-19 measures, and he claims that based on an analysis of "all cause mortality," there is indisputable evidence that there were no detectable excess deaths due to a viral pandemic. Dr. Rancourt did testify that there was a rise in excess mortality which was entirely attributable to

- COVID-19 mandates (non-pharmaceutical interventions)
- COVID-19 genetic vaccines toxicity

Dr. Denis Rancourt

Dr. Rancourt presented a detailed analysis of all cause mortality data for Canada which provides no evidence of virus mortalities.

(Virtual testimony: June 28, 2023)

Dr. Rancourt examined the cause of excess deaths during the COVID-19 pandemic worldwide.

(Québec City: May 11, 2023)

Dr. Denis Rancourt provided a critical analysis of all-cause mortality during the pandemic and COVID-19 vaccine rollout.

(Ottawa: May 17, 2023)

According to the research of Dr. Rancourt and his team, all of the excess deaths that occurred during the pandemic were caused by the measures undertaken by the government.

Employment Disruption/Terminations

Many witnesses testified as to how they lost their jobs due to the mandates, related to forced vaccination with the COVID-19 injections.

Employees who were engaged in public service jobs, private corporations, military, or even volunteer organizations were faced with the unilateral imposition of a mandatory medical procedure, and failure to comply meant losing one's employment.

In addition, some people were terminated from their employment for exercising their rights to freedom of expression and belief.

Loss of employment struck almost every level of our society from healthcare providers to lawyers, to construction workers, ministers, small business people, teachers, and researchers—just about every area of our society was affected.

To make this situation worse, many of these employees were denied any social assistance through the Employment Insurance plan, and many were held in a kind of legal limbo as the employers called their terminations "leave without pay."

In addition, unionized workers found that they were not being supported by their unions and were left with no other means of pursuing their rights due to the collective agreements in place.

Testimony was received from the following witnesses:

Dr. Chris Milburn

Dr. Milburn was terminated from his position as an emergency room physician due to his expression of his free speech rights.

Dr. Patrick Phillips

Dr. Philips lost his medical licence due to his expression of his free speech rights.

Cathy Careen

She was a teacher who lost her job for not getting a second injection, due to a reaction to the first injection.

Chet Chisholm

He was a paramedic who was banned from returning to work since he only had one injection, due to a reaction to the first injection.

Artur Anslem

He worked for a Canadian railway and was forced to get the first injection. In November of 2021, he had a severe reaction—pericarditis—and was not able to return to work until December 2022.

Terry LaChapelle

He retired from the military and worked on a military base as a civilian contractor. He lost his job due to the vaccine mandate.

Amie Johnson

She was a dental hygienist and lost her job of 22 years due to a vaccine mandate imposed by employer.

Sabrina McGrath

She lost her job at the Nova Scotia Liquor Commission due to a refusal to get the COVID vaccine.

Pastor Jason McVicar

He lost his job as a pastor of a church for his refusal to take the COVID vaccine.

Joe Behar

A New Brunswick civil servant, he lost his job of 20 years as he refused to take the COVID vaccine.

Janessa Blauvelt

A licensed practical nurse, she lost her job due to her refusal to take the COVID vaccine.

Linda Adshade

She was working on COVID-19 data for the Nova Scotia government; when mandates came in, she refused to get the injection and was terminated.

Katrina Burns

She was a substitute teacher who refused to take the injection and was dismissed from her job.

Oliver Kennedy

He was a recreational therapist who was terminated for refusing to get an injection.

Victoria McGuire

She was a registered nurse of 21 years who was terminated from her job for refusal to take an injection.

Rick Nicholls

He was a member of the Ontario legislative assembly who was removed from government caucus for refusing to take the injection.

Lynn Kofler

She was a registered nurse who lost her job due to her refusal to get the COVID vaccine.

Sean Mitchell

He was an advanced care paramedic terminated from his job due to a refusal to get an injection.

Cindy Campbell

An emergency room nurse and educator for 28 years, she was forced into early retirement due to the vaccine mandate.

Kimberley Snow

She lost her job in retail management due to her refusal to get the COVID vaccine.

Ksenia Usenko

A nurse for 15 years, she lost her job in a Rehab Unit as she refused to take a COVID injection.

Jason Kurz

A nuclear technician with working for an electrical power, he lost his job due to his refusal to take the injection and is banned for life from working with a subcontractor of the power company. Essentially, he is barred from working in the industry.

Scarlett Martyn

A paramedic for 24 years, she was terminated from her job due to her refusal to get a COVID injection.

Sean Howe

A locomotive engineer, he was put on unpaid leave for eight months for refusing to get the COVID injection.

Shelly Overwater

A lawyer, she was dismissed from her group practice for supporting other staff who refused to take a COVID vaccine.

Devon Sexstone

He lost his job with a courier company for refusing to take the COVID injection.

Rick Abbot

A police officer for 25 years with the Edmonton Police, he lost his job due to speaking out against the mandates and the actions of the RCMP at Coutts, Alberta.

Jessica Kraft

She lost her job for refusing the COVID injection. She refused due to an existing heart murmur, but she could not get a doctor to give her an exemption.

Michelle Malkoske

A nurse for eight years, all of her shifts were cancelled due to her refusal to get the COVID injection. Her husband was also laid off from his job due to his refusal. They had no income for three months.

Todd McDougall

He worked for thirteen years as a childcare worker and was terminated for refusing to comply with COVID measures of masking and social distancing at weekend protests.

Michel Gagnon

He was forced into early retirement from the military as he did not want to get the COVID injection.

Dr. Francis Christian

A surgeon of 25 years, he was fired from his job due to speaking out against mandates.

Anne McCormick

A former pharmacist working as a pharmacy assistant, she was fired for refusing to wear a mask, despite her medical exemption from wearing a mask.

Cindy Stevenson

She was put on unpaid leave from CN Rail for refusing to get the COVID injection, and while she eventually returned to work, she decided to leave given her concerns about health and safety.

Elodie Cossette

The director for services at a group home, she was terminated for refusing to get injected.

Chantel Barreda

She was a teacher and was terminated from her position for refusing to get the COVID injection.

Danny Bulford

He left the RCMP due to COVID vaccine mandates.

Jacques Robert

He lost his property manager job of 15 years for refusing to take the COVID injection.

Scott Crawford

A paramedic for 30 years, he was suspended from his job for refusing to get the injection. He was not allowed to visit his dying mother in the hospital.

Michelle Ellert

She is on disability leave with adverse COVID vaccine reactions after she was forced to get a vaccine or lose her job. Her mother and daughter each had reactions to the injections.

Babita Rana

She was placed on unpaid leave from her 28-year computer programming position at the University of Alberta for refusing to get the COVID injection.

Grace Neustaedter

A registered nurse for 41 years, she was forced into early retirement due to her refusal to take the COVID injection.

Suzanne Brauti

She worked for the federal government and was terminated due to her refusal to get injected. She was denied a religious exemption and denied Employment Insurance coverage.

Darcy Harsch

He worked with adults with disabilities and was put on unpaid leave due to his refusal to get the COVID injection.

Philip Davidson

He worked for 14 years in the public service in the area of policy development and lost his job due to his refusal to declare his injection status.

Dr. Chris Shaw

A research professor with a PhD in Neuroscience, he lost his position at the university as he refused to take the COVID injection.

Sean Taylor

A military veteran working as a civilian nurse at the time of the pandemic, he was terminated for speaking out on the COVID mandates.

Dr. Ben Sutherland

A researcher for Fisheries and Oceans Canada, he was terminated from his position due to his refusal to take the COVID injection.

Zoran Boskovic

A forester who worked for the provincial government, he lost his position due to his refusal to take the COVID injection.

Camille Mitchell

A pharmacist, she was fired from her hospital job when she refused to take the COVID injection.

Josée Belleville

She was 13 years with the Canadian Armed Forces Special Operations. She was bullied, harassed, and humiliated until they terminated her for not getting the COVID injection.

Gary Lalancette

He was a computer programmer for 30 years and was terminated from his job for refusing to get injected.

Dr. Patrick Provost

He was suspended and is currently facing termination from his job as a professor of Biology and Immunology for speaking out against the mandates and the injections.

Sheila Lewis

She was removed from the transplant waiting list for not taking the COVID injection; she could not live without the transplant. In August of 2023, Sheila passed away as a result of her terminal illness.

Kristen Nagle

She is a nurse who lost her job for not complying with the mandated injection. She testified that she was investigated by the College of Nurses and placed on an indefinite suspension.

Jean-Philippe Chabot

Married and father of five children, he was fired from his job at CBC for refusing to get the injection. He could not collect Employment Insurance as CBC coded his termination as misconduct.

Anita Krishna

She worked for 25 years for Global News but was terminated for speaking against the government narrative and mandates.

William Bigger

He has autism and was terminated from his job. He was unable to participate in any of the programs he needed for social support and development.

Laurier Mantil

She was a letter carrier for 7 years and lost her job over refusal to take the COVID injection.

The preceding witnesses described being unilaterally required by their employers to take the COVID-19 injections. The threat against them was that if they did not comply with this unilateral order, they would lose their employment, so they were threatened under loss of employment.

In addition, many of them were denied any assistance from their labour unions and, as a result, were deemed ineligible to take their cases to any further tribunals due to the collective agreements with their unions.

Many of them reported that, at first, they were not immediately fired but were placed on leave without pay or they were suspended indefinitely without pay. This appeared to be a technique used by many employers. When they were finally terminated, their Records of Employment (ROE) were generally coded in a way that they would not be eligible to receive Employment Insurance.

At least one witness testified that his employer, who was a very large power generation company, banned him for life from not only working for that company but also banned any and all contractors who worked for the company from hiring him for life. This effectively ended his career as a nuclear technician.

The environment in many workplaces had become poisoned, and a hateful and bullying atmosphere was allowed to develop, with hate focused on the group of people who refused to comply with the mandates.

Individuals' private medical status were identified and made known in the workplace, further subjecting those persons to ridicule and hatred.

The political class and the media class were responsible for creating these conditions through their relentless campaign of propaganda and terror.

The damage that these actions inflicted on Canadian society cannot be underestimated. The damage to institutions, families, communities, and the damage to various institutions is profound.

Critical workers who were desperately needed were unceremoniously demonized, ostracized, and then terminated.

The following witnesses described a variety of situations which they experienced or observed during the mandates.

The scope of these testimonials touch every aspect of society in Canada.

Chief John Grey Burke

He was a victim of violence (due to his mask exemption because of cancer) at a Canadian Tire store, as a result of terror induced from propaganda.

Natasha Petite

She had a medical exemption from wearing a mask and was attacked in a Walmart store. Police arrested her due to terror related to propaganda.

Marylaine Bélair

Her husband was run over by an angry customer in the parking lot of a Walmart store. The customer was enraged by mandates. Her husband was rushed to hospital, but she was denied entry to be with him. He was in the hospital for four and a half months until passing away from his injuries. Her children were only allowed to see him once in the four and a half months, and he got very little care.

Tobias Tissen

Mr. Tissen was arrested, fined, and jailed for opening a church.

Pastor James Coates

He refused to close his church. He was arrested, fined, and jailed.

Steven Setka

His refusal to get a COVID injection caused a split within his family, and when his church brought in vaccine passports, he was refused entry.

Elizabeth Galvin

Her daughter committed suicide after her university was locked down, and she was quarantined away from any friends and support groups.

Brandon Pringle

He experienced bullying at work, and his family was split over his refusal to get injected. He was not allowed to visit grandchildren for six months due to terror induced in his family.

Marjaleena Repo

Wearing a mask presented a serious health risk to her, and so she got a mask exemption. She was diagnosed with terminal cancer, and she wrote a post on Facebook concerning how she was being treated. She got many threatening responses, and a radio station allegedly also attacked her and revealed her personal information. She experienced inhumanity and terror caused by COVID mandates.

Pastor Steven Flippin

He watched his congregation deteriorate due to church closings and isolation. He kept his church open to support members, and he was fined.

Mandy Geml

She was pregnant through 2020, so she did not get a COVID injection. The schools were shut down due to mandates, and the kids had no activities. Her daughter was bullied by a teacher for not getting the injection. Her mother was in a nursing home and was isolated, and they could not visit her. She commented on how quickly people turned on each other due to terror.

Heather Burgess

Her father passed away leaving her mother with dementia in a long-term care home. Her mother was locked down and isolated and was not allowed any visitors. Her mother thought she had been kidnapped; she could not understand the isolation. When her mother was dying, the geriatric nurse kicked them out and would not let them see her. She got vocal when they started injecting kids, and she has been isolated and ridiculed.

Judy Soroka

She was a retired nurse with back injuries and needed therapy and treatment, which she could not get because of the lockdowns. Her condition got worse due to the lack of treatment during the mandates.

Dianne Molstad

She had high blood pressure and she refused to get the injection. Her family doctor of 30 years fired her as a patient as she had not been injected. It took her three days of calling to get a new doctor.

Angela Tabak

Her son had special needs, but prior to the mandates, he was living on his own and working. Due to mandates he lost his job and was isolated at home. He could not get any treatment for his physiological condition and continued to deteriorate, and he spent hours watching news reports. He was found dead from suicide.

Kim Hunter

She has been an early childhood teacher for 20 years. She witnessed the effects that masks were having on the children and did research into the effectiveness of masking. Her workmates isolated her and attacked her for not wearing mask.

Caroline Hennig

Her father's health deteriorated quickly in a long-term care facility due to isolation and neglect. She removed her father from the home and nursed him back to health. She had to readmit him to care as she left the country; he deteriorated and died under the government's assisted suicide program (MAID).

Lynette Tremblay

Her mother was in long-term care during the pandemic; the facility was in lockdown despite having no cases of COVID-19. She was denied entry to see her mother, and the police were at the facility blocking people from entering. Patients were allegedly not receiving care during the lockdowns. She took photos as proof of neglect and was barred from the facility.

Marc-André Paquette

He is a kindergarten teacher. He reported significant issues that he was observing with the development of children while subject to mask mandates. He said the politicians had created a campaign of terror to coerce children to comply with mandates and take injections.

Dr. Keren Epstein-Gilboa

She has a PhD in developmental psychology. She stated how children were traumatized due to the propaganda and by the various mask mandates and school shutdowns.

Aidan Coulter

He was a student at Canadian University. He received a letter from the university demanding that he take the injection or he would not be allowed to attend university, so he dropped out.

The testimony of these witnesses describe a society in free fall, where blind violence is used in place of reason and how citizens were attacked or arrested or even killed due to the blind terror that was induced in the population.

People suffering from visible disabilities were attacked and subjected to violence, even an elderly woman with a terminal condition. In the depth of her shock and grief, she was allegedly subjected to mob violence, which was assisted and abetted by a local radio station. These types of attacks are unheard of in Canada.

Witnesses described how their elderly loved ones were subjected to horrific conditions of neglect, isolation, and hate, simply due to the terror induced by propaganda.

People were prevented from seeing or being with their loved ones at the most personal moments of their lives.

Families broke apart and young people took their lives, due to loneliness and isolation.

Expert witnesses testified to the lifelong developmental problems that have been created for our children and that no concrete remedial steps are being taken at present to address these developmental and behavioural effects.

Churches, the traditional centres of our communities, were closed, pastors were vilified, and entire congregations were isolated and prevented from gathering. There was no separation of church and state during the pandemic.

Conclusion

The mandates that were imposed on the citizens of Canada represent the most profound invasion into the private lives of Canadians. No one was spared this assault.

While citizens were subjected to the never-ending narrative that COVID-19 lockdowns were implemented to mitigate the spread of the virus and protect public health, that narrative has now proven to be objectively false.

Many witnesses to this Commission testified that there was no especially deadly or virulent virus that needed to be contended with. The government, at the very least, simply panicked, and they implemented extremely draconian measures which had significant detrimental effects on Canadian citizens.

Some of the damaging effects experienced by individuals during the mandates included

- **Job losses and reduced income:** Lockdown measures resulted in business closures and layoffs, leading to job losses and reduced income for many individuals. This caused financial hardships and increased financial insecurity for households.
- **Small business closures:** The restrictions and closures disproportionately affected small businesses, resulting in permanent closures and the loss of livelihoods for business owners and employees.
- **Financial stress:** Reduced income, uncertainty, and the strain of managing expenses during lockdowns caused financial stress for many individuals and families.
- **Increased stress and anxiety:** The uncertainty and disruption caused by the pandemic measures led to heightened levels of stress and anxiety for individuals. The fear of contracting the virus, financial concerns, social isolation, and other factors have taken a toll on mental wellbeing.
- **Social isolation and loneliness:** Physical distancing measures and restrictions on social gatherings led to increased social isolation and loneliness, which can contribute to mental health issues such as depression and anxiety.
- **Impact on vulnerable populations:** Vulnerable groups, including those with preexisting mental health conditions, seniors, and individuals experiencing domestic violence were particularly affected by the isolation and limited access to support services during lockdowns.
- **Disrupted learning:** School closures and the shift to remote learning disrupted the education of students at all levels. This created challenges in terms of access to resources, effective learning environments, and social interaction, impacting academic progress and wellbeing.
- **Increased educational disparities:** The transition to remote learning exacerbated existing educational disparities, with students from low-income households, those without access to reliable internet or technology, and marginalized communities facing additional challenges in accessing quality education.
- **Delayed medical treatments:** Non-urgent medical procedures and routine check-ups were postponed or delayed due to the strain on healthcare systems during the pandemic. This resulted in delayed diagnoses, potential health complications, and increased healthcare needs in the future.
- **Mental and preventive health impact:** Access to mental health services, preventive screenings, and regular healthcare services were limited during lockdowns. This has impacted the overall health and wellbeing of individuals and could lead to long-term consequences.
- **Disruption of social connections:** Physical distancing measures and restrictions on gatherings disrupted social connections and the ability to engage in community activities, resulting in a loss of support networks and reduced community cohesion.

- **Impact on cultural and recreational activities:** Closure of cultural venues, cancellation of events, and restrictions on recreational activities limited opportunities for entertainment, cultural participation, and personal fulfillment.

People lost their jobs, and families struggled to survive; some people even lost their lives due to alleged vaccine injuries, suicide, or other violence. There was even testimony alleging that a senior was driven into the government's own assisted suicide scheme and lost their life due to isolation and depression.

The effects of these mandates will be with us for generations.

There are no concerted efforts being undertaken to try to repair the damage done.

Governments are misrepresenting what happened and along with their accomplices in the media, they are reframing the narrative and convincing people that it is over and they should simply move on.

The censorship continues. The lies and the false narrative continue and are further diversifying into other areas without pause.

Recommendations

- A. **An independent judicial investigation** must be undertaken to determine responsibility and criminality. Any and all institutions, individuals, or organizations that were responsible for breaking of the law need to be brought to justice.
- B. **Laws need to be strengthened** to specifically prohibit the mandating of medical procedures and the exposure of private health information. There are current laws in place, but somehow these laws did not protect Canadians.
- C. **Canada must affirm its adherence** to international law and human rights and invite an investigation of the actions of the government according to these treaties.
- D. **An intensive program** aimed at addressing the developmental damage done to our children must be undertaken and implemented immediately. It is not acceptable to simply move on with business as usual. Children have been emotionally, developmentally, and educationally damaged, and remedial actions are required.
- E. **An investigation into the actions of the CBC** and privately held media companies in Canada must be undertaken to determine criminality under the current hate speech and terrorism laws in Canada. It was the relentless stream of hate, propaganda, and terror which was responsible for much of the damage done.
- F. **All employees who were terminated** due to refusal to take a medical procedure must be rehired and paid compensation. All costs of these actions need to be paid for by the parties who mandated and implemented the terminations.

- G. **The regulations concerning the operation of elderly persons' care homes** need to be reformed. Never again should these institutions be allowed to lockdown, isolate, and ignore the needs of the residents and their relatives. Compensation needs to be paid and criminal charges laid as appropriate.
- H. **A mandatory course on the *Canadian Charter of Rights and Freedoms*** is to be developed and become mandatory for all public service employees, as part of the effort to assure that these actions are never supported again.
- I. **A high-school level course must be developed** to teach the *Canadian Charter of Rights and Freedoms* and civics to all high school students in Canada. This course must be mandatory nationwide.
- J. **The history of what happened** during the pandemic, including an accounting of who was responsible, must be developed and included as a module in all high school history courses. This history is to be mandatory.
- K. **Government officials**, the judiciary, and regulatory boards did not adequately safeguard the interests of Canadians. It is imperative to implement measures that establish civilian oversight for many of these institutions, ensuring their independence from political influence and interference.
- L. **Financial Support:**
- Ensure efficient and accessible delivery of financial assistance programs to individuals impacted by the mandates, including those who have lost their jobs or experienced reduced income.
 - Expand income support programs and consider targeted initiatives for vulnerable populations, such as low-income individuals, single parents, and seasonal economy workers.
 - Provide rent and mortgage relief programs to ease the financial burden on individuals facing housing insecurity.
- M. **Mental Health Support:**
- Increase access to mental health services, including telehealth options, to support individuals experiencing heightened stress, anxiety, and other mental health challenges.
 - Implement public awareness campaigns to reduce stigma associated with seeking mental health support and promote available resources.
 - Invest in community-based mental health programs and initiatives that address the specific needs of diverse populations.

N. Educational Resources and Support:

- Ensure access to remote learning resources and technologies for students to minimize educational disruptions.
- Provide additional support and resources for students from disadvantaged backgrounds to address students experiencing educational disparities and issues related to technology.
- Invest in educational and vocational training programs to support individuals in re-skilling or up-skilling to adapt to changing job market demands.

O. Healthcare Access and Outreach:

- Prioritize and expedite non-urgent medical procedures and screenings that were delayed or cancelled during the mandates to address healthcare needs and prevent further complications.
- Increase outreach efforts to promote preventive healthcare measures such as regular check-ups.
- Enhance access to telehealth services and digital health platforms to facilitate remote consultations and healthcare support.

P. Community Support and Engagement:

- Facilitate virtual community engagement initiatives to foster social connections, combat social isolation, and promote community resilience.
- Provide funding and resources to community organizations and non-profit groups that offer support services, food banks, and other essential resources for those in need.
- Encourage employers to prioritize employee wellbeing by implementing flexible work arrangements, promoting work-life balance, and supporting mental health initiatives.

Q. Communication and Information Dissemination:

- Ensure clear, consistent, and timely communication about public health guidelines, mandates, and available resources to keep citizens informed and reduce confusion.
- Utilize diverse communication channels to reach different segments of the population, including multilingual communication and accessibility measures for individuals with disabilities.
- Combat misinformation and promote evidence-based information through public health campaigns and collaborations with trusted sources.

R. Long-Term Preparedness and Resilience:

- Invest in healthcare infrastructure, including increased hospital capacity and resources, to improve pandemic preparedness and response capabilities.

- Establish contingency plans and strategies to manage future crises effectively, balancing public health priorities with minimizing social and economic disruptions.
- Foster collaboration between government, businesses, and community stakeholders to develop comprehensive and coordinated approaches for future emergencies.

By implementing these recommendations, the Canadian government and relevant stakeholders can provide support and assistance to citizens impacted by the COVID-19 interventions, helping individuals navigate the challenges, promote wellbeing, and build resilience during and beyond the pandemic.

7.3.3. Financial Impact of the COVID-19 Pandemic Response on Canada

Introduction

The actions of the various levels of government, private organizations, and individuals during the COVID-19 pandemic caused unprecedented disruption to the economy of Canada.

The announcement of the pandemic and subsequent implementation of pharmaceutical and non-pharmaceutical measures resulted in significant economic damage, ranging from widespread job losses to business closures and government debt accumulation.

This section explores the financial impact of the pandemic on Canada, delving into its effects on various sectors of the economy and the measures taken.

According to testimony from Dr. Jordan Peterson, a new disease was detected, which was not well understood, and the authorities panicked and used that panic to impose tyranny. In order to avoid responsibility for their actions, they abdicated their political responsibility to hypothetical experts in public health.

Both political leaders and citizens allowed these non-elected officials to use terror to justify implementation of restrictions. These same officials then unleashed unbridled spending on measures that were actually caused by the restrictions imposed by them. The actions of the government caused “untold economic damage” to all sectors of our economy.

The best way to try to evaluate the damage discussed by Dr. Peterson is to review the data provided by the Treasury Board of Canada to understand the magnitude of spending that was carried out.

Witness David Leis stated that the costs of the mandates were profoundly damaging in all aspects of our society including economics. He further stated that governments did not follow their emergency plans to mitigate these effects.

Evaluation of the totality of the economic effects are well beyond the scope of this report; however, the testimony received did point to a number of specific areas of economic impact and further suggested other significant sources of economic impact which are not yet understood.

Economic Contraction and Unemployment

The pandemic measures led to a sharp contraction of the Canadian economy as restrictions on movement and business operations severely disrupted various sectors. Industries such as hospitality, tourism, retail, and entertainment were hit hardest, resulting in widespread layoffs and business closures.

According to Statistics Canada, the country experienced its steepest economic decline on record in the second quarter of 2020, with a contraction of 11.5 per cent.

The increase in unemployment rates was one of the most significant financial consequences of the pandemic. Many individuals lost their jobs or faced reduced hours, causing financial instability and impacting their ability to meet basic needs. The unemployment rate surged from 5.6 per cent in February 2020 to a peak of 13.7 per cent in May 2020, representing millions of Canadians affected by the economic fallout.

As noted previously, significant taxpayer funds were expended to provide economic support to workers who were forced into an unemployed situation due to the government-imposed mandates.

At the same time, many workers who lost their employment for refusing the mandated injection were refused employment benefits.

Government Spending and Debt Accumulation

As a response to the government's own actions in implementing the mandates and various other unnecessary and ineffective measures, the Canadian government implemented significant fiscal measures.

These measures included direct support to individuals and businesses, wage subsidies, and increased healthcare spending. The Canada Emergency Response Benefit (CERB) provided temporary income support to those who lost their jobs or income due to the pandemic. The Canada Emergency Wage Subsidy (CEWS) aimed to help businesses retain employees.

According to the [Treasury Board of Canada](#), the federal government's expenditures related to COVID-19 included the following:

2020-2021:	\$134.9 billion
2021-2022:	\$ 40.1 billion
2022-2023:	\$ 6.0 billion (to February 2023 only)
Total:	\$181.0 billion

To illustrate where this money was spent, a breakdown of the COVID-19 expenditures for **2020-2021** are provided by the Treasury Board as follows:

Inquiry into the Appropriateness and Efficacy of the COVID-19 Response in Canada

Canada Emergency Response Benefit (CERB)	\$65.23 B
Safe Restart Agreement	\$15.88 B
Canada Recovery Benefits	\$14.47 B
Further Support for Medical Research and Vaccine Developments	\$ 3.18 B
Canada Emergency Student Benefit (CESB)	\$ 2.95 B
Essential Workers Wage Top-up	\$ 2.88 B
One-Time Payment for Seniors Eligible for Old Age Security (OAS) and the Guaranteed Income Supplement (GIS)	\$ 2.46 B
Canada Emergency Commercial Rent Assistance (CECRA) for Small Businesses	\$ 2.15 B
Safe Return to Class	\$ 2.00 B
Canada Recovery Caregiving Benefit	\$ 1.97 B
Regional Relief and Recovery Fund	\$ 1.87 B
Funding for Personal Protective Equipment and Supplies	\$ 1.80 B
Cleaning Up Former Oil and Gas Wells	\$ 1.72 B
Supporting Provincial and Territorial Job Training Efforts as Part of COVID-19 Economic Recovery	\$ 1.50 B
Enhancing Student Financial Assistance for Fall 2020	\$ 1.35 B
Supporting Indigenous Communities in the Fight Against COVID-19	\$ 1.03 B
Expanding Existing Federal Employment, Skills Development, Student and Youth Programming	\$ 879.99 M
Rapid Housing Initiative	\$ 870.44 M
Support for Persons with Disabilities	\$ 810.30 M
Support for International Partners	\$ 698.77 M
Safe Restart Agreement Federal Investments in Testing, Contact Tracing, and Data Management	\$ 533.26 M
Support for Cultural, Heritage, and Sport Organizations	\$ 497.87 M
Support for Canada's Academic Research Community	\$ 434.46 M

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COVID-19 Response Fund	\$ 430.46 M
Canada Recovery Sickness Benefit	\$ 419.84 M
Support for the Homeless (through Reaching Home)	\$ 394.08 M
Indigenous Public Health Investments	\$ 387.43 M
Emergency Community Support Fund	\$ 349.70 M
Support for Workers in the Newfoundland and Labrador Offshore Energy Sector	\$ 320.00 M
Supporting a Safe Restart in Indigenous Communities	\$ 314.77 M
Canada Emergency Response Benefit Administration Costs	\$ 309.38 M
Canadian Armed Forces Support for the COVID-19 Response	\$ 292.37 M
Enhancing Public Health Measures in Indigenous Communities	\$ 278.98 M
Support for the On-Reserve Income Assistance Program	\$ 262.18 M
PPE and Related Equipment Support for Essential Workers	\$ 254.22 M
Canada Revenue Agency Funding for COVID-19 Economic Measures	\$ 242.90 M
Support for COVID-19 Medical Research and Vaccine Developments	\$ 239.29 M
Support for Indigenous Businesses and Aboriginal Financial Institutions	\$ 228.80 M
Quarantine Facilities and COVID-19 Border Measures	\$ 228.50 M
Health and Social Support for Northern Communities	\$ 179.60 M
Support for Food Banks and Local Food Organizations	\$ 170.94 M
Supporting Canada's Farmers, Food Businesses, and Food Supply	\$ 157.52 M
Supporting Public Health Measures in Correctional Institutions	\$ 155.79 M
Support for Fish Harvesters	\$ 144.82 M
Virtual Care and Mental Health Support	\$ 137.32 M
Support for Local Indigenous Businesses and Economies	\$ 133.00 M

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Supporting and Sustaining the Public Health Agency of Canada and Health Canada's Pandemic Operations	\$ 132.53 M
Targeted Extension of the Innovation Assistance Program	\$ 127.29 M
Ensuring Access to Canada Revenue Agency Call Centres	\$ 127.24 M
Support for the Canadian Red Cross	\$ 99.34 M
Funding for VIA Rail Canada Inc.	\$ 90.43 M
Support for Health Canada and the Public Health Agency of Canada	\$ 83.74 M
Indigenous Mental Wellness Support	\$ 82.43 M
Support for Food System Firms that Hire Temporary Foreign Workers	\$ 74.04 M
Support Essential Air Access to Remote Communities	\$ 68.58 M
Parks Canada Revenue Replacement and Rent Relief	\$ 57.29 M
Consular Assistance for Canadians Abroad	\$ 56.50 M
Addressing the Outbreak of COVID-19 among Temporary Foreign Workers on Farms	\$ 50.61 M
Support for Women's Shelters and Sexual Assault Centres, including in Indigenous Communities	\$ 49.96 M
Addressing Gender-Based Violence during COVID-19	\$ 48.86 M
Support for Fish and Seafood Processors	\$ 45.19 M
Bio-Manufacturing Capacity Expansion—National Research Council Royalmount Facility	\$ 43.47 M
COVID-19 Communications and Marketing	\$ 43.07 M
Supporting Distress Centres, the Wellness Together Canada Portal	\$ 41.72 M
Emissions Reduction Fund for the Oil and Gas Sector	\$ 31.71 M
Support for the Broadcasting Industry	\$ 31.59 M
Support for Safe Operation in the Forest Sector	\$ 30.08 M
Support for Canada's National Museums	\$ 25.70 M
Support for Veterans' Organizations	\$ 20.00 M

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New Horizons for Seniors Program Expansion	\$ 19.97 M
Support for Food Inspection Services	\$ 19.40 M
Support for Canada's National Arts Centre	\$ 18.20 M
Supporting the Ongoing Delivery of Key Benefits	\$ 17.80 M
Canada Emergency Student Benefit—Administration Costs	\$ 17.62 M
Financial Relief for First Nations through the First Nations Finance Authority	\$ 17.10 M
Women Entrepreneurship Strategy—Ecosystem Top-up	\$ 15.03 M
Personal Support Worker Training and Other Measures to Address Labour Shortages in Long-Term and Home Care	\$ 12.73 M
Immediate Public Health Response	\$ 12.50 M
Granville Island Emergency Relief Fund	\$ 10.44 M
Advertising Campaign: Government of Canada's COVID-19 Economic Response Plan	\$ 10.00 M
Support for Main Street Businesses	\$ 7.82 M
Support for the Federal Bridge Corporation Limited	\$ 5.76 M
Support for the National Film Board	\$ 4.74 M
Investments in Long-Term Care and other Supportive Care Facilities	\$ 4.65 M
Support for Children and Youth	\$ 4.20 M
Canadian Digital Service	\$ 3.59 M
Labour Market Impact Assessment Refund	\$ 2.78 M
Canada Student Loan Moratorium	\$ 2.49 M
Support for the National Capital Commission	\$ 1.94 M
Innovative Research and Support for New Testing Approaches and Technologies for COVID-19	\$ 1.41 M
Regional Air Transportation Initiative	\$ 1.10 M
Support for the Audiovisual Industry	\$ 795.07 K

Supporting Court Operations and Access to Justice	\$ 70.16 K
Total	\$134.85 B

Detailed breakdowns of the expenditures for years 2022 through 2023 are available from the Treasury Board of Canada.

These controversial initiatives led to a substantial increase in government spending and a surge in the national debt. The federal budget deficit for the 2020–2021 fiscal year reached a historic high of over \$354 billion. As a result, Canada’s total federal debt surpassed the \$1 trillion mark, which will have long-term implications for the country’s fiscal health and future economic policies.

Canada’s Department of Finance reported the following values for the National Debt of Canada:¹²⁹

March 31, 2019: Canada reported a federal national debt of \$685.5 billion dollars.

March 31, 2020: Canada reported a federal national debt of \$721.4 billion dollars.

March 31, 2021: Canada reported a federal national debt of \$1.0487 trillion dollars.

March 31, 2022: Canada reported a federal national debt of \$1.1345 trillion dollars.

It must be clearly understood that it is Canadian citizens who are responsible for this debt and that the size of this new debt will have significant impacts on Canadians for generations to come.

Witness Edward Dowd testified concerning the costs related to excess deaths in the United States, and although these deaths are not directly related to the Canadian experience, certain indications can be gleaned from the statistical cost estimates related to excess deaths reported in the 2021 to 2022 period. According to Mr. Dowd, in the United States over the period of 2021 to 2022, there were an estimated 300,000 excess deaths that he attributed to vaccine deaths and deaths due to mandates imposed. The estimated economic cost of these deaths is estimated to be on the order of \$150 billion.

Witness Dr. Denis Rancourt’s estimate of these costs for Canada is approximately 10 per cent of these figures, which would equate to around \$15 billion in loss.

These estimates do not include the additional losses due to lost productivity.

¹²⁹ Data on National Debt taken from Government of Canada “Debt Management Reports” <https://www.canada.ca/en/departement-finance/services/publications/debt-management-report.html>

Dr. Douglas Allen testified that the modelling of deaths utilized by the government to justify their actions was based on false assumptions, and the estimated number of deaths was grossly incorrect. The estimated number of deaths predicted by the government model was approximately 15 times what actually happened.

Additional costs that were not taken into account include

- lost education opportunities,
- increased deaths and reduced life expectancy due to increased unemployment,
- increased deaths due to despair,
- increased domestic violence and family breakdown,
- supply chain disruption costs and consequences, and
- direct deaths caused by lockdowns and vaccines.

Dr. Allen stated:

Lockdowns are not just an inefficient policy, they must rank as one of the greatest peacetime policy disasters of all time.

Stock Market Volatility and Investment Implications

The stock market experienced significant volatility during the pandemic, with widespread fluctuations in values across various sectors. While some companies thrived due to increased demand for certain products and services (for example, technology and e-commerce), others faced steep declines. Investors faced heightened uncertainty and risk, impacting retirement savings, investment portfolios, and overall financial stability.

The pandemic's financial impact also highlighted the need for diversification and resilience in investment strategies. It underscored the importance of considering factors such as industry resilience, sustainability, and adaptability when making investment decisions. The volatile market conditions prompted many individuals to reassess their financial goals and seek professional advice to navigate the uncertainty.

Some investors removed their capital from the market altogether fearing account lockouts or wholesale market devaluation.

Dr. Douglas Allen testified that there was an \$80 billion drop in the stock market in Canada between March and April 2020 as a result of the government's actions.

Conclusion

The government response to the COVID-19 pandemic had far-reaching financial consequences for Canada, impacting various sectors of the economy and affecting the lives of individuals and

businesses across the country. The economic contraction, increased unemployment, government spending, and growing debt levels created significant challenges. Small businesses have struggled to survive, and investors have faced heightened volatility and uncertainty in the financial markets.

Addressing these financial impacts requires a multifaceted approach that involves continued government support, fiscal prudence, and a focus on economic recovery and resilience.

Balancing public health measures with targeted support for affected industries and individuals is crucial for mitigating the long-term effects of the pandemic on Canada's financial wellbeing. By learning from this crisis and implementing strategic policies, Canada can emerge stronger and more resilient in the post-pandemic era.

Recommendations

- A. **Restraints must be placed on public health officers.** They must be required to immediately justify their recommendations with legitimate cost-benefit analyses, and their decisions must be subject to the authority of publicly elected officials and the transparent scrutiny of the public.
- B. **All scientific studies on either side** of a crisis must be made available to the public so that the effect of propaganda can be minimized.
- C. **Public health officials should never be placed in charge** of an Emergency Response. Emergency Response must remain the purview of professionals trained in medical and emergency procedures who understand how to set goals and achieve them.
- D. **Lockdowns and mandates** must require direct legislative authority. These steps cannot be allowed to be carried out under regulations.
- E. **The media must be held to account** for their collusion in the propaganda that caused the panic among citizens and authorities.
- F. **A detailed financial audit must be undertaken** on each and every dollar that was spent on the pandemic. It must be determined whether any mishandling of these funds occurred.
- G. **Identify and prioritize essential expenditures** directly related to public health and safety, such as healthcare infrastructure and support for vulnerable populations.
- H. **Evaluate the effectiveness and efficiency** of existing programs and initiatives to ensure resources are allocated wisely, redirecting funds from less effective areas to more impactful measures.
- I. **Focus financial support** on the most affected sectors and individuals, such as small businesses, low-income households, and those facing unemployment or reduced income due to the mandates.

- J. **Streamline administrative processes** to reduce red tape, bureaucratic delays, and associated costs, ensuring funds are disbursed promptly to those in need.
- K. **Enhance transparency and accountability** in spending by providing regular public reporting on the allocation and utilization of funds, enabling citizens to monitor government expenditures.
- L. **Invest in long-term emergency planning** and preparedness measures to mitigate the impact of future pandemics or health emergencies. This may include strengthening public health infrastructure, establishing emergency funds, and enhancing the capacity for rapid response and data collection.
- M. **Ensure that future public health emergencies** are operated by the existing Emergency Management Apparatus and that the public health authorities provide input into that apparatus but are not able to lead or control it.
- N. **Response to future public emergencies** must be driven by and directed by local emergency planning personnel on the ground and not driven by federal government political processes.
- O. **Consider the potential cost-saving benefits** of investing in preventive healthcare measures, public health education, and research and development in the healthcare sector.
- P. **Continuously monitor the effectiveness and impact** of government spending on COVID-19 mandates and measures, adjusting allocations as needed based on evolving circumstances, scientific evidence, and changing priorities.
- Q. **Engage in rigorous and public evaluation** and assessment of programs and policies to identify areas of inefficiency or ineffectiveness, making data-driven decisions to optimize resource utilization.
- R. **Focus on measures that stimulate economic recovery** and job creation, such as infrastructure investments, targeted incentives for business growth and innovation, and initiatives to promote consumer spending and tourism.
- S. **Balance short-term relief measures** with long-term economic strategies to foster sustainable growth and resilience in the post-pandemic era.
- T. **Canada must adopt a Canada First policy** where our national interest drives overall policy agendas. This applies to all aspects of our nation, including fiscal, financial, social and environmental policy. Global planning and response with a lack of Canadian input created the situation that we now find ourselves in.
- U. **Canada is a country** whose economy is dependant on natural resource extraction and production. Canada must implement policies to upgrade and expand these core economic drivers so that export income can be quickly injected into the Canadian economy, addressing these historic debts caused by the government's actions during the pandemic.

- V. **Some of the damage and hardships** experienced by Canadians was caused by an acute lack of independence and diversity of critical aspects of our economy. Canada must rigorously review and apply the anti-combines laws (*Competition Act*) to limit Canadians exposure to undue influence from the many monopolies that currently exist across critical sectors of our economy.

By implementing these recommendations, governments can exercise restraint in spending while ensuring that essential needs are addressed, support is provided to those most affected, and long-term preparedness measures are in place. It is crucial to strike a balance between fiscal responsibility and the necessary investments to protect public health, support the economy, and promote the overall wellbeing of citizens.

7.4. Media Actions During the Pandemic

Introduction

A free and robust democratic society is uniquely and inextricably dependant on the free exchange of accurate and reliable information that is without bias and without government or corporate influence.

It is absolutely imperative that a media source declare any known or perceived biases which it may have to the public so that the public can clearly make a distinction between facts and opinion.

The Canadian public depended on the media providing fair and accurate information to allow them to properly assess the situation as it unfolded and to allow the public to make critical decisions both for themselves and their families.

This report utilizes the following definitions:

Media is defined as:

The main means of mass communication (broadcasting, publishing, and the Internet) referred to collectively as the media. Examples include cable and over-air television and radio, internet services, as well as print media such as magazines and newspapers.

Traditional media is defined as:

Print media and broadcast media comprised of state and corporate media companies, encompassing television, radio, magazines, newspapers, and internet content as produced solely by those state and corporate entities..

Internet service provider is defined as:

Internet services which include simple access provision to the supply of media companies which provide a “public discussion” platform.

Freedom of Expression and Freedom of the Press

The concepts of freedom of expression and freedom of the press are so important to the development of and maintenance of a democratic society that these freedoms are clearly set out in the foundational documents of Canada. For example, Section 2 of the *Canadian Charter of Rights and Freedoms* as expressed and codified in the Constitution Act, 1982.

<https://laws-lois.justice.gc.ca/eng/Const/page-12.html#docCont>

Within the *Constitution Act, 1982* under Fundamental Freedoms, item 2 states the following:

2. Everyone has the following fundamental freedoms:

(a) freedom of conscience and religion;

- (b) freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication;
- (c) freedom of peaceful assembly; and
- (d) freedom of association.

Item (b) specifically indicates that there is to be “freedom of the press and other media of communication.”

Freedom does not simply refer to the censorship of various forms of media or communication, it also encompasses the absence of interference or influence from the state. A free press is in direct opposition to a paid press which is expressly concerned with and exists to espouse the opinions and positions of those entities that are paying it.

The freedom of the press and media extends to all areas of communication (written or spoken) and in the instance of this investigation must include the freedom of scientific research and publication.

Consumers in Canada are generally protected from unscrupulous or misleading advertising and information. There are generally provisions to protect consumers from “Conduct Against Consumers,” which is to protect the public from misleading and deceptive conduct and unconscionable conduct, et cetera.

So the question becomes exactly what type of media coverage did Canadians receive from their traditional media outlets over the course of the pandemic?

Did the traditional media examine with a critical eye everything that the government was telling Canadians, or did they simply echo what was being provided to them from government sources?

Did the traditional media support freedom within their own newsrooms? Did they permit investigative reporters to examine the claims being made by the government and prepare news stories that were presented to the public?

Did the traditional media carefully interview all sides of the issues, and did they take extra care to protect people who presented alternative views to that government narrative?

Has the traditional media done anything in the current situation to address any of their real or perceived shortcomings during the pandemic?

Testimony Concerning Media Actions During Pandemic

Significant testimony was provided to the Commission which clearly demonstrated that freedom of the press and other media no longer exists in Canada, on all levels involving the traditional media sources in Canada.

Based on the testimonies received, the traditional and online corporate media did not act independent of government and corporate influence.

The dissemination of critical and accurate information concerning the facts related to the pandemic itself, effective measures to treat COVID-19, government-imposed mitigative measures, and the safety and effectiveness of vaccines were almost entirely based on government and industry or government- and industry-influenced or sponsored sources.

Active measures were taken by traditional and online media sources to suppress, censor, and ridicule opposing opinions related to the pandemic.

The recommendations and mandates were in a constant state of change, and the investigative press took no steps to actively investigate or evaluate the validity of those measures and made no attempts to inform the Canadian people of the realities of the measure being mandated.

Without accurate and complete information, the Canadian people could not make critical decisions on medical matters that deeply affected every aspect of Canadian Society. Furthermore, without clear and accurate information, the public were never put into a situation where they could provide "Informed Consent" prior to accepting any proposed medical treatment that was being foisted on them by the government, medical community, and even their employers and religious leaders.

Many Canadians were left at the mercy of what turned out to be an unrelenting cascade of false, misleading, and incomplete information as provided by various government agencies.

Many Canadians were not aware, due to exclusionary reporting and outright censorship, of the experimental and untested nature of the COVID-19 vaccines.

Many Canadians were not aware of the significant planning that had taken place prior to the pandemic and how the mandates and directives of the government during the pandemic were in conflict with the recommendations of the official emergency pandemic plans.

Critical definitions of terms were revised and facts were blurred in order to coerce Canadians into accepting the government/industry narrative.

Long understood and trusted terms were used to provide a false sense of confidence for Canadians. Examples include:

- pandemic,
- vaccine,
- biologic,
- Spike Protein Disease,
- ambassador,
- safe and effective,
- relative efficacy, and
- absolute efficacy.

Traditional media providers and their news broadcasts in Canada are no longer independent of the government and special industry interests as they are either directly funded by government and large industry groups or receive very significant funding through advertising from these organizations.

Due to the Canadian government's lack of enforcement of the *Competition Act*, traditional media companies in Canada have been allowed to conglomerate to the extent that little or no independent companies now exist. Most news and media outlets are owned and controlled by a very small cadre of large corporations. This reduces Canadians' choice of independent media outlets to near zero.

According to testimony received, the CBC alone receives more than one billion dollars in direct government funding; it is not known how much additional funding they receive from government advertising or pharmaceutical industry advertisements.

Other traditional media sources in Canada received hundreds of millions of dollars of direct government funding over the course of the pandemic period. It is interesting to note that this funding was not provided to all media firms, only specific media firms, especially traditional media sources.

In addition, the days of an independent media in Canada and in most of the Western world are long gone. The days of the independent newsroom or the news outlet that are not owned and controlled by huge multinational interests have passed.

Most traditional news sources in Canada are no longer independent, and they no longer permit independent and unbiased journalism to take place within their organizations. Reporters are often specifically directed as to what stories they can and cannot cover, based on a corporate directive.

As demonstrated from the Twitter Files release in the United States, government agencies were working hand in hand with large media firms such as Twitter, Youtube, and Facebook to directly censor and/or limit the exposure of opinions and facts that did not support the approved government narrative.

The NCI heard very specific testimonies from the following witnesses:

Rodney Palmer

A veteran journalist, Rodney Palmer presented on the difference between news gathering and propaganda, exposing how CBC shifted away from news gathering to promoting propaganda and fomenting hate.

(Toronto: March 30, 2023)

In his second testimony with the NCI, Rodney Palmer reported on the bias at CBC in terms of their funding and manipulation of the news.

(Ottawa: May 18, 2023)

In a taped announcement for the NCI, Rodney Palmer described CBC's new Twitter label.
(April 18, 2023)

Anita Krishna

She described her behind-the-scenes journey as a former Global TV director.
(Ottawa: May 18, 2023)

Jean-Philippe Chabot

A former CBC employee, he described how he navigated his vaccine status disclosure.
(Ottawa: May 18, 2023)

Marianne Klowak

A former veteran CBC journalist, she testified on the decline of journalism at the CBC during the pandemic.
(Ottawa: May 18, 2023)

Jeff Sandes

He reported on the changing landscape of journalism.
(Vancouver: May 3, 2023)

Jeffery Tucker

He described the loss of trust in mainstream media during COVID-19.
(Winnipeg: April 14, 2023)

Dr. Robert Malone

He testified on COVID-19 injections and 5th-generation warfare against humanity.
(Toronto: March 30, 2023)

Cathy Jones

She described how the media was complicit in the pandemic narrative.
(Ottawa: May 17, 2023)

James Corbett

An independent journalist, he discussed the international health emergency treaties.
(Ottawa: May 18, 2023)

The testimony of witnesses allege that the media sources in Canada, which should in a democratic society inform Canadians, did not perform their duties in a non-biased and fair manner.

Witness statements describe a corrupt and biased system of reporting that only presented the government and corporate narrative while omitting any reasonable and balanced dissenting information regardless of the source and the credentials of those sources.

Many witnesses described being targeted by media for ridicule and, in some instances, with violence.

Widely cited is the August 26, 2021, front page of Canada's largest newspaper the *Toronto Star*.

In addition, media carried an interview from September 8, 2021, with Mr. Justin Trudeau who stated the following:

Yes, there is a small, fringe element in this country that is angry, that doesn't believe in science, that is lashing out with racist, misogynistic attacks, but Canadians, the vast majority of Canadians, are not represented by them, Trudeau said.

These are simply a few of hundreds of statements and headlines that targeted Canadians with hate and made them potential targets for violence.

Few if any dissenting articles were provided in the traditional media to rebut these statements or offer an unbiased review of these statements.

In fact, many statements were carried in the traditional media that were factually incorrect and to this date, many of these media outlets have not retracted or condemned the comments made.

People who had legitimate opinions that were contrary to the government narratives were savagely vilified in the traditional media. People were called "anti-vaxxers," "haters," "misogynists," "racists," and "extremists."

Witnesses testified that the news was being directed from central corporate headquarters and that reporting or investigation of any opinions which were contrary to the government narrative were not to be pursued.

According to the testimony of Mr. Rodney Palmer, the news organizations contained within the traditional media morphed into propaganda organizations rather than news-gathering organizations.

Mr. Palmer included the following Oxford definition of news gathering:



... the process of doing research on news items, especially ones that will be broadcast on television or printed in a newspaper.

He defined propaganda as

Persuasive mass communication that filters and frames the issues of the day in a way that strongly favours particular interests, usually those of a government or corporations. Also, the intentional manipulation of public opinion through lies, half-truths, and the selective retelling of history.

According to Mr. Palmer, the CBC were putting forth as “experts” organizations such as First Draft, who provided propaganda information in place of actual news sources. The information provided by First Draft was in contradiction of other newspaper sources, such as articles in *The Washington Post* from April of 2020.

There were numerous reports in 2020 from publications such as *Vanity Fair*, which presented credible evidence contrary to reports by the CBC.

Mr. Palmer provided an article from the BBC from 2023, which directly contradicted the CBC reporting, and yet no retraction or further follow up from the CBC has been provided.



Richard Martineau, La victoire des coucous, Journal de Montréal, 14 octobre 2021.

Mr. Palmer cited internal correspondence from CBC concerning pandemic misinformation only weeks into the pandemic, a time when it would not have been possible to discern what was true or false information.

There are a number of industry groups that many of the traditional media in Canada are a part of that seem to be focusing on what they deem as “trust” issues, which Mr. Palmer asserted explains some of the monolithic reporting by many of these organizations.

According to Mr. Palmer, CBC took steps to report over 800 pieces of information found on social media that Internet service providers censored. It is difficult to understand how the CBC took on the role of censor.

Reporting was skewed toward developing public hate of people who were not in agreement with the government narrative, yet the CBC did not carry out an independent investigation of the information to confirm the truthfulness of the government narrative.

Qualifying language was used to promote the government narrative.

CBC also used articles to suppress alternative drug treatments for COVID-19. Mr. Palmer cited a CBC Radio News article from September 2, 2021.

Anita Krishna testified about the extent of the “hysteria” that was being promoted in the newsroom, right from the very start of the pandemic, prior to them having any real information available. She further stated that their newscasts were leaving out significant areas of information. In her opinion, the news was misleading, and she brought this opinion to management who disregarded her concerns and chastised her for bringing up alternative information.

Anita Krishna also spoke about how the new stories had been slanted to promote certain government narratives, and she had never before seen this level of propaganda and censorship within the newsroom.

Testimony from Marianne Klowak indicated that over her 34-year career at the CBC, she was always allowed to pursue stories without much restriction and that approval was always provided on the local level. During the pandemic, journalists were restricted as to what stories they could investigate and report upon as they related to the pandemic.

Ms. Klowak indicated that many of her stories were blocked and never made it to air; these included reporting on protests, reported COVID-19 vaccine injuries, safety concerns, and other pandemic-related issues.

Conclusions

Traditional media sources in Canada did not provide Canadians with fair and balanced news reporting during the pandemic.

According to witness David Leis, over 2,000 media outlets in Canada received federal government funding, and therefore, they are under great pressure to support the narrative being promoted by the government.

The government would not have been able to institute the unprecedented actions during the pandemic had it not been for the collusion between the traditional media and the government.

Traditional media sources promoted propaganda stories, promoted hate, targeted certain Canadians, and provided hateful and dangerous rhetoric.

Hateful and terrifying propaganda promoted terror in Canadians and prompted various people, organizations, and agencies to take steps based on that terror, instead of on science.

From the early stages of the pandemic until the current time, the traditional media has not yet taken any significant steps to correct the record for Canadians.

According to the Government of Canada, following is the definition of *terrorism*:

In Canada, section 83.01 of the *Criminal Code*^[1] defines *terrorism* as an act committed “in whole or in part for a political, religious, or ideological purpose, objective or cause” with the intention of intimidating the public “. . . with regard to its security, including its economic security, or compelling a person, a government or a domestic or an international organization to do or to refrain from doing any act.” Activities recognized as criminal within this context include death and bodily harm with the use of violence; endangering a person’s life; risks posed to the health and safety of the public; significant property damage; and interference or disruption of essential services, facilities or systems.

Given that the actions of the media caused terror and panic within all sectors of Canadian society and that this terror was the result of a political narrative handed down by the Government of Canada, consideration must be given to evaluate the detailed chain of decisions made, to determine if an act of terrorism was, in fact, carried out.

Recommendations

Canadian Broadcasting Corporation (CBC)

CBC as an organization must be held to account for their very damaging and dangerous actions. Significant steps must be taken to prevent this from ever happening again.

CBC was originally founded on November 2, 1936. Many of the principles under which the CBC was created and justified, no longer exist. With the advent of the Internet and the incredible reduction in the cost of creating quality content, the CBC no longer has a significant role to play in the promotion of Canadian content or the provision of media services to the rural and remote areas of Canada.

- A. **The CBC should be stripped** to its very fundamental functions of providing information to Canadians with a special focus on French language and Indigenous issues. All other current functions and productions of the CBC must be terminated immediately.
- B. **All current senior management positions** in the CBC must be removed in light of the revised operational mandate.
- C. **Dismiss all on air staff that participated** in the dissemination of propaganda during the pandemic.
- D. **Replace the CBC Ombudsmen** with a Board of Canadians chosen from across Canada, with two representatives chosen from each province and territory.
- E. **The first task of the Board is to investigate** the origins and relationships with the government and industry that influenced the actions of the CBC during the pandemic.
- F. **Remove the CBC from the “Trusted News Initiative”** and all other related organizations.

- G. **One of the original functions of the CBC** was to support Canadian content, and as such they should return to that role but not to the role as imagined in 1932; it must realize the reality of the 21st century. As such, the CBC mandate would be to help Canadians to develop Canadian content. We propose the following:
- a. CBC facilities and equipment, et cetera, might be made available as a resource to private media developers.
 - b. Utilize expertise that is currently embedded in the CBC to educate and provide training to private Canadian content producers.
 - c. CBC should use its resources to promote real Canadian content produced by Canadians, not the CBC.
- H. **A criminal investigation** must be undertaken to determine what areas of criminal hate speech law may have been violated based on the reporting of the CBC.

Other Traditional “Privately Owned” Media

Other traditional media outlets were as culpable as the CBC, but as private industry players, they do have the right to broadcast in accordance with the *Canadian Charter of Rights and Freedoms*. It would be extremely difficult to monitor their content on an ongoing basis, and it should not be the role of the government to regulate that content beyond required by current law.

- A. **However, any and all direct government support** to these media entities must be stopped immediately. There is no reason for Canadian taxpayers to be supporting these entities. They are privately owned and as such must survive in the free marketplace as every other private business must.
- B. **There is an uneasy monopolization** of traditional media that has occurred in Canada over the past 30 years. A complete investigation of the traditional media sources must be carried out under all federal legislation that deals with the development of monopolies in Canada.
- C. **A criminal investigation must be undertaken** to determine what areas of criminal hate speech law may have been violated based on the reporting of the traditional media venues.
- D. **Internet social media platforms** must not be censoring or editorializing content on their sites, unless the content is in contravention of the *Criminal Code*.
- E. **The Broadcasting Act must be rewritten** to accurately reflect the broadcasting environment of the 21st century. The *Broadcasting Act* should not be used as a tool of the government to censor content or to advance the promotion and production of Canadian content. The act must endeavour to accurately set out the rules and regulations and remove interpretation or development of regulations by an unelected body such as the CRTC.

- F. **The role of the CRTC must be reviewed**, and the CRTC possibly abolished if it is determined that the actual role of the CRTC is to simply develop regulations which are not specifically contained in legislation.
- G. **Bolster press freedom** and other media communications protections by enacting comprehensive legislation and constitutional provisions in alignment with the *Canadian Charter of Rights and Freedoms*, which ensures and upholds the rights of free expression, access to information, and editorial independence.
- H. **Safeguard journalists** from intimidation, harassment, and threats to their personal safety through effective law enforcement and judicial mechanisms.
- I. **Ensure that public broadcasting organizations**, such as the Canadian Broadcasting Corporation, operate independently and are insulated from political interference with editorial decisions made by experienced journalists.
- J. **Promote a diverse and inclusive media landscape** that reflects a wide range of perspectives and avoids undue concentration of ownership or control.
- K. **Increase transparency** in the allocation and utilization of public funds provided to the public broadcaster. This includes clearly disclosing the criteria and decision-making processes for funding distribution.
- L. **Establish independent bodies or committees** to oversee and evaluate the disbursement of public funds, ensuring accountability and preventing undue influence.
- M. **Foster the development** of non-profit and community-based media organizations to diversify the media landscape and provide alternative sources of information and perspectives.
- N. **Establish grant programs or tax incentives** to support the sustainability and growth of non-profit media outlets, enabling them to operate independently of government influence.
- O. **Promote media literacy education initiatives** that equip citizens with critical thinking skills to evaluate media sources, distinguish between fact and opinion, and understand the importance of independent journalism.
- P. **Promote adherence to professional journalistic standards and ethics**, including accuracy, fairness, and accountability.
- Q. **Support self-regulatory bodies**, such as the Canadian Association of Journalists (CAJ).
- R. **Enforce ethical guidelines** and provide recourse for individuals who believe they have been misrepresented or harmed by media coverage.
- S. **Engage in international forums** and collaborations to advocate for press freedom and protect independent journalism globally.

- T. **Support initiatives and organizations** that promote freedom of the press and other forms of media and provide assistance to journalists facing threats or persecution.
- U. **Encourage citizen participation** and engagement in media governance, including public consultations, forums, and advisory panels, to ensure diverse perspectives and community interests are taken into account.

By implementing these recommendations, Canada can foster a media landscape that is independent, diverse, and accountable, serving as a cornerstone of democracy and providing citizens with reliable, unbiased information. It is crucial to uphold the principles of press freedom and support traditional media outlets in their role as watchdogs and providers of independent journalism.

7.5. Health

Introduction

This section of the report is based on the testimony of more than 60 expert witnesses and dozens of citizens who have struggled with many health issues caused by health measures ranging from lockdowns, mask mandates, and vaccine mandates.

Emerging, from an overall assessment of the bulk of the testimonies, is a trend describing the evolution of most of the witnesses, at varying pace, of their respective understanding of this very complex and confusing COVID-19 pandemic health crisis. Whether it was expert witnesses or regular citizens, many were unaware of what was unfolding gradually, then suddenly, they came to appreciate that something odd was going on.

These informed individuals are still a fringe, yet there is a rapidly growing minority that are relentlessly sharing their understanding of the bizarre health crisis that we experienced.

Because of their habitual trust in the institutions, very few had detected the actual situation earlier on: the absurdity of the proposed non-pharmaceutical interventions (NPIs) along with the suppression of early treatment on baseless grounds.

Consensus grew with hundreds of thousands of people acknowledging in hindsight the absurdity of the pandemic management. Measures enacted by the government had massive collateral damage and hardly any demonstrated benefits. These measures were supported and presented to the public by a very powerful propaganda campaign. However, to this day, the majority of the population still believe that the NPIs were effective and vaccination was the only way out of the pandemic.

Disseminating the truth to the public will be a challenging endeavour. Unless individuals are willing to question the fundamental objectives of what the pandemic truly entailed and the reasoning behind altering established pandemic management plans to embark on an unprecedented and massive social engineering experiment, they will struggle to recognize the disastrous outcomes resulting from the mishandling of this crisis. Only by addressing these issues can we initiate the essential process of rectification.

List of Witnesses

In preparing this commentary, the authors relied on the following list of witnesses:

Lt. Col. David Redman

An expert on emergency preparedness, he testified on Canada's deviation from strategic pandemic response.

(Red Deer: April 27, 2023)

Dean Beaudry

He spoke about risk management and COVID-19 policies.
(Red Deer: April 26, 2023)

David Leis

An expert on public policy, he gave testimony on public policy during the pandemic.
(Winnipeg: April 15, 2023)

Dr. Natalie Björklund-Gordon

An expert in epidemiology and genetics, she revealed flaws in the COVID response.
(Winnipeg: April 14, 2023)

Michel Chossudovsky

An economics professor and director of the Centre for Research on Globalization, he reviewed the social and economic global collapse.
(Québec City: May 13, 2023)

James Corbett

An investigative reporter, he unveiled the global pandemic treaty and WHO's expanding authority.
(Ottawa: May 18, 2023)

Dr. Jérôme Sainton

A medical doctor, he analyzed the risk-benefit of vaccines.
(Québec City: May 13, 2023)

Christian Leray

A media specialist, he denounced the lack of transparency during COVID-19 pandemic.
(Québec City: May 11, 2023)

Dr. Jeff Wilson

A PhD in public health, he discussed the proper outbreak response.
(Ottawa: May 19, 2023)

Louise MacDonald

She broke down the misleading government data on vaccine statistics.
(Ottawa: May 17, 2023)

Dr. Stephen Malthouse

He gave a physician's perspective to challenging COVID policies.
(Ottawa: May 17, 2023)

Dr. Robert Malone

An expert in mRNA technology, he spoke about 5th-generation warfare.
(Toronto: March 30, 2023)

Dr. Steven Pelech

He discussed the science behind viruses and mRNA vaccines.

(Vancouver: May 3, 2023)

William Munroe

A population analyst, he provided insight into COVID death statistics.

(Vancouver: May 2, 2023)

Dr. Jonathan J. Couey

A neurobiologist, he gave a presentation on coronavirus, PCR testing, and pathogenesis.

(Red Deer: April 28, 2023)

Dr. Keren Epstein-Gilboa

An expert in developmental psychology, she gave a presentation on the impacts of the COVID measures on children.

(Ottawa: May 18, 2023)

Prof. Douglas Allen

An economics professor, he analyzed lockdown measures from a risk-benefit perspective.

(Vancouver: May 4, 2023)

Dr. Greg Passey

An expert in post-traumatic stress disorder, he spoke about narrative shaping and psychological damage from lockdowns.

(Vancouver: May 3, 2023)

Dr. Matthew Cockle

He discussed the conflicts of interest in global health research funding organizations.

(Vancouver: May 2, 2023)

Joseph Bourgault

He spoke on concerning CO₂ levels in paper masks.

(Saskatoon: April 20, 2023)

Irvin Studin

He spoke on the impact of school closures on children's education.

(Toronto: April 1, 2023)

Lynette Tremblay

She shared her heart-wrenching experience during lockdowns.

(Québec City: April 12, 2023)

Navid Sadikali

An expert in medical imaging, he explored pandemic rationale and the limitations of COVID injections.

(Ottawa: May 19, 2023)

Dr. David Speicher

He highlighted issues with PCR testing and COVID data.

(Ottawa: May 18, 2023)

Madison Peake

She gave a personal account of the lockdowns' psychological toll.

(Ottawa: May 17, 2023)

Kim Hunter

She discussed the detrimental effects of masking on children.

(Vancouver: May 3, 2023)

Ryan Orydzuk

He discussed occupational health and safety considerations.

(Saskatoon: April 21, 2023)

James Lunney

He explored the vital role of vitamin D for optimum health.

(Ottawa: May 19, 2023)

Dr. Francis Christian

He testified on the censorship of physicians, such as he and Dr. Paul Marik.

(Saskatoon: April 20, 2023)

Alan Cassels

He spoke about the UBC therapeutics initiative and provided a critical pharmaceutical analysis.

(Vancouver: May 2, 2023)

Bryan Baraniski

He spoke about alternative medication.

(Saskatoon: April 20, 2023)

Charles Hooper

He discussed the facts and fiction of ivermectin.

(Winnipeg: April 14, 2023)

Dr. Barry Bregar

He discussed the unnecessary fear, suppressed treatments, and vaccine dangers.

(Québec City: May 12, 2023)

Dr. Daniel Nagase

He discussed the unjust treatment of patients and doctors during COVID.
(Ottawa May 19, 2023)

Melanie Alexander

She shared the story of her husband's medical mistreatment during COVID.
(Ottawa: May 19, 2023)

Dr. Edward Leyton

He spoke of the influence of medical regulatory boards and ivermectin therapy.
(Ottawa: May 18, 2023)

Dr. Peter McCullough

He discussed a study into the autopsy results of vaccine injury deaths.
(NCI Virtual Testimony: July 19, 2023)

Dr. Justin Chin

He unveiled the truth regarding adverse reactions and the vaccine rollout.
(Red Deer: April 27, 2023)

Prof. Denis Rancourt

He presented findings on all-cause excess deaths in Canada during the pandemic.
(NCI Virtual Testimony: June 28, 2023)

Prof. Patrick Provost

An infectious disease specialist, he spoke about concerns with mRNA technology.
(Québec City: May 13, 2023)

Prof. Christian Linard

He discussed concerns about the potential risks and adverse effects of the mRNA vaccine, including its long-term impact on human health.
(Québec City: May 11, 2023)

Vincent Cantin

He testified about his severe vaccine injury.
(Québec City: May 13, 2023)

Dr. René Lavigueur

A family doctor, he shared his expert perspective on COVID-19 vaccine side effects.
(Québec City: May 12, 2023)

Dr. Sabine Hazan

A microbiome expert, she testified about effective therapies for COVID-19.
(Québec City: May 12, 2023)

Évelyne Therrien

She testified about her severe vaccine injury.
(Québec City: May 12, 2023)

Christine Cotton

She revealed flaws in Pfizer's clinical trials.
(Québec City: May 12, 2023)

Dr. Hélène Banoun

She discussed mRNA vaccines and their side effects.
(Québec City: May 12, 2023)

Carole Avoine

She testified about her severe vaccine injury.
(Québec City: May 12, 2023)

Colleen Brandse

She testified about her severe vaccine injury.
(Toronto: April 1, 2023)

Prof. Denis Rancourt

He presented findings regarding excess deaths during COVID pandemic.
(Québec City: May 11, 2023)

Caroline Foucault

She testified about her severe vaccine injury.
(Québec City: May 11, 2023)

Josée Belleville

She was a victim of vaccination obligations and discrimination in the army.
(Québec City: May 11, 2023)

Prof. Christian Perronne

He spoke on attacks, WHO infiltration, and the dangers of the COVID-19 injection.
(Québec City: May 11, 2023)

Prof. Jean-Marc Sabatier

He testified about the COVID virus and vaccine triggers.
(Québec City: May 11, 2023)

Pierre Chaillot

He testified on the misuse of statistics during COVID-19.
(Québec City: May 11, 2023)

Prof. Didier Raoult

He testified on the evolution of the COVID virus, treatments, and the vaccine.
(Québec City: May 11, 2023)

Mélissa Sansfaçon

She testified about her severe vaccine injury.
(Québec City: May 11, 2023)

Scarlett Martyn

A paramedic, she spoke about the impact of vaccine mandates.
(Toronto: April 1, 2023)

Kimberly Warren

She testified about her vaccine injury and severe kidney problems.
(Ottawa: May 19, 2023)

Aidan Coulter

He testified about his personal experiences as an unvaccinated student.
(Ottawa: May 19, 2023)

Pascal Najadi

He discussed the global implications regarding Swiss authorities and the enforcement of COVID vaccines.
(Ottawa: May 19, 2023)

Dr. Chris Shoemaker

He unveiled the risks and dangers of the COVID-19 vaccine.
(Ottawa: May 19, 2023)

Maurice Gatien

He provided historical context for what's happening and his work defending the vaccine injured.
(Ottawa: May 18, 2023)

Laurier Mantil

A letter carrier, she discussed balancing pregnancy and safety.
(Ottawa: May 18, 2023)

Capt. Scott Routly

He gave a pilot's perspective on navigating vaccine mandates.
(Ottawa: May 18, 2023)

Jean-Philippe Chabot

A former CBC employee, he gave insights into navigating his vaccine status disclosure.
(Ottawa: May 18, 2023)

Samantha Monaghan

She testified on the tragic loss of her son after a blood transfusion.
(Ottawa: May 18, 2023)

M Tisir Otahbachi

He shared his story of vaccine injury and what followed in the healthcare system.
(Ottawa: May 17, 2023)

Mallory Flank

A former paramedic, she shared her devastating vaccine injury story.
(Ottawa: May 17, 2023)

Sheila Lewis

She gave her heartbreaking story of her life-saving transplant being withdrawn.
(Ottawa: May 17, 2023)

Camille Mitchell

A pharmacist, she testified on vaccine mandates in healthcare.
(Vancouver: May 4, 2023)

Shawn Muldoon

He testified about his severe vaccine injury.
(Vancouver: May 4, 2023)

Paul Hollyoak

A coast guard rescue specialist, he testified about his severe vaccine injury.
(Vancouver: May 4, 2023)

Wayne Llewellyn

He testified about his struggles against vaccine mandates.
(Vancouver: May 4, 2023)

Zoran Boskovic

He shared his experience of losing his job due to vaccine mandates.
(Vancouver: May 4, 2023)

Ted Kuntz

He testified on Canada's lack of safety, efficacy, and Informed Consent for childhood vaccines.
(Vancouver: May 4, 2023)

Kristen Ditzel

She testified about her severe vaccine injury.
(Vancouver: May 4, 2023)

Patricia Leidl

She testified about her severe vaccine injury.
(Vancouver: May 4, 2023)

Dr. Ben Sutherland

He discussed the consequences of vaccine mandates.
(Vancouver: May 3, 2023)

Lisa Bernard

She testified on vaccine injury and the impact of lockdowns on patient care and mental health.
(Vancouver: May 3, 2023)

Dr. Charles Hoffe

He testified on natural immunity and COVID vaccine health issues.
(Vancouver: May 3, 2023)

James Jones

He spoke about the tragic consequences of the vaccine mandates and workplace bullying.
(Vancouver: May 3, 2023)

Edward Dowd

He discussed the alarming data behind increased death and disabilities.
(Vancouver: May 3, 2023)

Dr. Chris Shaw

A neuroscientist, he discussed his insights into the future of the vaccinated.
(Vancouver: May 2, 2023)

Deanna McLeod

She testified about the COVID vaccine approval and trials.
(Vancouver: May 2, 2023)

Serena Steven

A former nurse, she testified on vaccine-related injuries.
(Vancouver: May 2, 2023)

Philip Davidson

A public service employee, he discussed job loss due to vaccine mandate.
(Vancouver: May 2, 2023)

Vanessa Rocchio

She testified regarding COVID-19 genetic vaccine injury and cardiac damage.
(Vancouver: May 2, 2023)

Jennifer Curry

She testified about her severe vaccine injury.

(Red Deer: April 28, 2023)

Dr. Eric Payne

A pediatrician, he testified on the dangers of COVID-19 vaccines for children.

(Red Deer: May 28, 2023)

Dr. Misha Susoeff

A dentist, he discussed third-party Informed Consent.

(Red Deer: May 28, 2023)

Judy Soroka

She spoke of struggles with the vaccine mandate and medical treatment.

(Red Deer: April 26, 2023)

Dr. Gregory Chan

He spoke of his experience in healthcare during the COVID-19 genetic vaccine rollout.

(Red Deer: April 26, 2023)

Dr. Christopher Flowers

He testified regarding the clinical trial data reported by Pfizer.

(Saskatoon: April 22, 2023)

Dr. Maria Gutschi

She gave a presentation as a pharmacist and regulatory specialist.

(Saskatoon: April 21, 2023)

Steve Kirsch

He placed bets on "The Science" and discussed the statistics on vaccine data.

(Saskatoon: May 20, 2023)

Deanna McLeod

She testified about vaccine development and the changes to health safety regulations.

(Winnipeg: April 13, 2023)

Michael MacIver

An embalmer, he spoke about funeral industry abnormalities.

(Winnipeg: April 13, 2023)

Dr. Jay Bhattacharya

He spoke on the principles of the Great Barrington Declaration.

(Winnipeg: April 13, 2023)

Dr. Jessica Rose

She gave an in-depth presentation about VAERS data on COVID-19 vaccines.
(Winnipeg: April 13, 2023)

Dr. Joseph Fraiman

He shared his experience in the USA during COVID 2020.
(Truro: March 17, 2023)

Dr. Mark Trozzi

An ER physician, he gave a powerful testimony on mRNA vaccines.
(Toronto: April 1, 2023)

Laura Jeffery

A licensed funeral director, she spoke about post-vaccine embalming.
(Toronto: March 31, 2023)

Dr. Laura Braden

She addressed the natural origin of COVID and mRNA vaccines.
(Truro: March 18, 2023)

Dr. Patrick Phillips

A medical doctor, he had his medical licence suspended by the College of Physicians and Surgeons of Ontario (as of May 2022 in relation to his communications on social media)
(Truro: March 16, 2023)

Dr. William Makis

An oncologist, he spoke about vaccine mandates and Informed Consent.
(NCI Virtual Testimony: September 18, 2023)

7.5.1. Pandemic Preparedness Plan

Introduction

Pandemics are nothing new, and depending on the definition, there have been about five since the devastating Spanish flu of 1918.

There are historical records of other major pandemics; perhaps none are more notable than the Black Death (the Plague) of the late Middle-Ages that decimated a large portion of the European population. These major health crises usually happen in civilizations that have significant international commercial exchanges, when the overall health of the populations are under huge stresses like famine or war.

These pandemics have left a profound imprint on the human psyche and a warranted fear of disease and death that, historically, were mitigated by reasonable public control measures such as quarantining the sick. However, these troubled times have also been accompanied by irrational measures like “othering” and “scapegoating.”

After millions of years of natural evolution and culture, basic principles of immunity and hygiene were developed to ensure that we live in harmony with the biodiversity that surrounds us in the environment and in our own individual ecosystem made up of our microbiota.

Because of the high levels of human interaction across the world, there is a growing awareness that local epidemics can spread to larger geographic regions and become pandemics of global concern. At the international level, there are agreements in place to harmonize the management of pandemics, using the best practices from the international community.

Although human beings have an instinctual fear of sick people who could transmit diseases, contact with other healthy human beings is far from being dangerous, despite what some germaphobes obsessively espouse. Unless someone is afflicted by a permanent genetic immunosuppression or transient epigenetic immunosuppression due to poor life habits and comorbidities, the risk is negligible.

In fact, contact with other humans, animals, and plants enriches the biodiversity of the microbiota, which in turn educates the immune system—the ultimate foundation of health.

Recklessly isolating and cutting people off from interacting with society results in disease. And when people are sick, one essential condition for their healing is human care and a reassuring human presence; this reduces a sick person’s stress level, which is otherwise immunosuppressive.

The threat level of a pandemic ought to be gauged by the excess number of severe cases requiring medical treatments and excess deaths when the treatments failed. It’s not enough that a new pathogen erupts and produces a local outbreak, which then spreads to more than one country over the span of a few months.

If the levels of morbidity and mortality are not significantly manifested above the usual baseline population, it should not constitute a pandemic of international concern. It has to be managed locally with an appropriate epidemic management plan.

For respiratory diseases, which affect a significant proportion of the population, it could be challenging to accurately detect cases of a new respiratory virus, such as SARS-CoV-2, as many symptoms can be confused with symptoms triggered by other viruses such as influenza or other coronaviruses. Thus, the counting of excess sick people, above the baseline of other respiratory infections, can be inflated by erroneous attribution resulting from poor diagnostics.

The only objective way to monitor a pandemic on the local or global stage is to carry on in-depth analysis of all-cause mortality, as presented by Prof. Denis Rancourt and Pierre Chaillot.

The analysis of all-cause mortality, which cannot be biased by subjective attribution factors, leads to the conclusion that there was no COVID-19 pandemic caused by a particularly dangerous respiratory virus.

There were excess death peaks in various locations, but these excess deaths were better explained by the health measures deployed for example: the absence of early treatments; the use of ventilators; the use of end-of-life comfort medications like midazolam or Rivotril; the significant reduction in antibiotic use essential for the treatment of respiratory bacterial infection; and by the deaths of despair due to drug abuse and business closures in some sectors of the economy.

Interestingly, the analysis of all-cause mortality during the past century cannot detect significant excess deaths during all of the previous declared pandemics with the exception of the Spanish flu. This pandemic happened on the heels of WW1 on stressed populations that were weakened by fear, famines, and countless injuries, including respiratory airway damage due to the massive use of toxic gas.

And as we now know that the bulk of the influenza deaths during the Spanish flu pandemic were likely the result of opportunistic bacterial infections, treatable by antibiotics, the likelihood that a new respiratory viral pandemic will manifest a death toll similar to the Spanish flu is fairly unlikely.

This begs the question: Why were antibiotic prescriptions so drastically reduced during the COVID-19 pandemic, especially for populations that historically suffered from bacterial pneumonia?

World Health Organization Guidelines

For better or worse, over the past decades we have put in place pandemic plans at the supranational level, under the hospice of the WHO. We can now marshal the best scientific and risk management intelligence in case of a worldwide pandemic that threatens the entire human population. This appears, at first glance, a very noble and desirable objective.

Although this approach seems reasonable in theory, there are in practice two major issues with the centralization of pandemic management by a supranational organization of unelected bureaucrats.

The first one is the potential lack of accountability inherent in an organization staffed by unelected bureaucrats who may be perceived as are likely to be more loyal to the financial contributors of the organization, rather than to the member states. Since some contributors have major interests in the vaccine industry, this conflict of interest may be perceived to influence the agenda of the WHO, without firewalls to mitigate his unrestrained influence.

The second cardinal aspect is that proper management of pandemics cannot be effective if the management is not based on a localized approach. Indeed, many factors like the climate, the population density, age distribution, and cultural differences, to name a few, make the propagation of a disease very different from one country to the other. This cannot be managed centrally by distant bureaucrats that fail to consider the impact of local factors better appreciated by people closer to the terrain.

Furthermore, as people are fallible and corruptible, large unaccountable bureaucratic organizations are prone to foster abusive, self-serving policies that are exacerbated by incompetence and corruption. Nevertheless, individuals from these unelected groups, possessing varying degrees of expertise, are appointed to positions of authority without being held accountable to the public.

This conundrum cannot be corrected by the tax payer, who ends up financing these programs without real representation. As a result, the populations have little power to implement corrective measures when these programs are not delivering the best public health outcomes.

For every developed country, the healthcare system is the most significant budget item paid for by tax payers. As such, autonomy to manage healthcare services and public health measures should be the responsibility of elected officials who are accountable to their electors, not subjugated to supranational bureaucracies.

Provincial Pandemic Plans

Every province had an alternative pandemic plan available as of 2019 that was quite different than what was actually implemented. The national plan had been updated in 2016 based on sound public health practices that were developed from the hard lessons learned through previous pandemics. These plans were written together with all public health agencies and many other stakeholders, and they warned about the dangers of NPIs (for example, lockdowns).

By only considering the details of the mismanaged implementation plan, we are missing the real questions: Was the so-called “pandemic of international concern” properly defined? What was the real magnitude of the threat?

According to expert witness Lt. Col. David Redman, we failed miserably because there was no need to deploy these health measures in the first place, and on top of everything, the measures were not directed at the correct public health outcome.

In other words, before crafting, let alone deploying, a grandiose plan of social engineering on a massive scale, we need to ask in simple terms: To what problem is this plan the solution?

And if the problem is ill-defined, the solution is most certainly going to do more harm than good, especially in a fake emergency situation that granted permission to authorities to suspend our normal way of living and disregard personal responsibility. We were treated as a hazard, in and of itself, instead of an asset that would be part of the solution.

If the plan was to create havoc to destabilize the fabric of society, to produce significant morbidity and mortality while creating massive wealth transfer and concomitant impoverishment of the middle class through inflation and public debt, cynically, it was a success.

Strangely, what was actually implemented goes totally against the wisdom of the established pandemic plans that acknowledge that disrupting normal life is very costly both financially and from a public health perspective.

Therefore, from the perspective of public health and population autonomy, which are an essential need for the prosperity of a society, the management of the COVID-19 crisis was a total failure.

The "All Hazards" Approach

We all live in an environment filled with potential hazards, both short and long term. We need to respond to those many hazards with targeted mitigation strategies framed with risk-benefit analysis for each of these measures, be they passive or active. Obsessively focusing on one hazard is ill-advised and a recipe for collateral damage concomitant with neglecting other hazards or essential needs.

By neglecting to present a more balanced perspective of the emergence of a new respiratory virus, the WHO's successive announcements, starting early 2020, revealed their intention to act as merchants of fear.

On January 20, 2020, based on 1,076 cases, of which only 83 confirmed cases were outside China, (on a population of 6.4B excluding China), the WHO, declared that the window was closing on a health emergency of global reach. This has to be put in perspective with poor case assessment based on confusing symptoms and RT-PCR testing not clinically validated.

A RT-PCR (Reverse Transcription Polymerase Chain Reaction) test is a diagnostic tool used to detect the genetic material (RNA).

On March 11, 2020 based on 44,274 cumulative cases, out of a global population of approximately 8.1B people, obfuscating a likely high proportion of recovered people that would have dampened the danger signal, the COVID-19 pandemic was officially declared. This announcement, of a pandemic, precipitated the worst financial market collapse since 1929. It has been alleged that many people took advantage of the initial market crash through insider trading.

And based on the WHO's fear-mongering, gradually most of the 190 members states of the WHO initiated the ritual of lockdowns for two weeks, which extended to two years, to allegedly flatten the curve.

But what curve? In Canada, on March 9, 2020—two days before the pandemic declarations—there were 125 cases in a population of 38.5 million. The way these cases were determined may be suspect, and no information on the severity of the cases was provided. It is not known how or if these reported cases were clinically validated to be caused by the SARS-CoV-2 infection. Presumably this information could not be determined as the virus had not been identified at the time. Without this critical information, the public was led to believe that the virus was potentially mortal for everyone. This fear was magnified by media reports of people dropping dead in the street in China: fear-mongering on steroids.

In February of 2020, public health already knew that 95 per cent of people dying from what was later named COVID-19 were over 60 years old and had multiple comorbidities. This means that they should have been focussing on targeted protection.

The updates from the WHO showed the same profile every single week starting in March 2020. In Canada, the average age of death with COVID-19 is 82 years old with severe multiple comorbidities. A common characteristic of those who reported died is obesity—83 per cent for the most severely ill—but they didn't report this information. Why was this risk stratification Not broadcast by any health authorities.

To make matters worse, the health measures discouraged physical exercise. And the stress led to overeating, often of processed food, and increased consumption of alcohol, which contributed to significant unhealthy weight gain of the population.

At the time of writing this Report, Theresa Tam was still broadcasting 52,000 deaths in Canada to keep on scaring people. Meanwhile, on the official Canadian government website, the number was 32,659, almost 40 per cent less. Importantly, Canada ranked last of the Organisation for Economic Co-operation and Development (OECD) with 73 per cent of deaths occurring in long-term-care (LTC) homes. And of the deaths in Canada, 93 per cent were of people over 60 years old.

At the outset of the pandemic there was a good plan to address this declared public health emergency. It was based on controlling the spread of the disease—not cases—while reducing morbidity and mortality by providing access to appropriate prevention measures, care, and treatment. It also entailed mitigating social disruption through ensuring the continuity and recovery of critical services, minimizing adverse economic impact, and supporting an efficient and effective use of resources during response and recovery.

Yet instead of following established emergency plans, many countries followed the game plan elaborated in the Event 201 pandemic simulation, organized in the fall of 2019. Although well intended, the framework of this pandemic plan was misguided by business and military people, along with a few doctors and scientists that had a strong bias in favour of NPIs.

The result of their exercise made absolutely no sense to many experts in public health crisis management. Yet Canada followed it to the letter. Only a few states didn't: Sweden and Florida.

And in spite of the harsh criticism and claims that they would be responsible for unnecessary deaths from COVID-19, both Sweden and Florida were vindicated for not following the script as other states had. Their “all-cause excess mortality adjusted for age” revealed death numbers much lower than many comparable states that had been more diligent on lockdowns and masks.

In Canada, we failed at all of the basic tasks of Emergency Management Plan (EMP). It does not appear that any of Canada’s health agencies conducted a systematic analysis of peer-reviewed literature of potential treatments for similar coronaviruses like SARS-CoV-1 or MERS. Nor did they conduct in real time, a cost-benefit analysis of the health measures deployed, using the best independent experts who were free of conflicts of interest.

When the portrait of a public health crisis is not painted with solid data that is put in the right perspective, the fear instilled in the population by decision-makers broadcasting a distorted picture of events results in massive collateral damage, as we have seen.

But it’s also possible that many fearful people were blinded by the feel-good ideology of “saving lives” at all costs. The multi-faceted aspects that must have been considered, which included collateral damages both at the individual and collective levels, were ignored.

With a narrow mind-set excessively focussed on the alleged danger of COVID-19, the public was trapped in the perceived dilemma of exchanging economic damages for alleged life-saving procedures: the effectiveness of which were only hoped for and not demonstrated. Moreover, the fact that economic stress could lead to bankruptcy and become the gateway for future morbidity, due to anxiety, depression, substance abuse, and suicide, was also ignored. So whose lives were being saved in the end?

Government measures failed to protect our most vulnerable—as evidenced by the death toll in LTC homes—and sacrificed our younger generation’s future. What can compensate for the precious years of socialization, language learning, and education lost by our children, who will also have to carry the burden of a national debt that ballooned from \$750 billion to \$1.3 trillion in one year?

To have deployed one-size-fits-all public health measures, as if everyone were equally vulnerable, is at best incompetent, if not malevolent. Why was there such a focus on the wrong NPIs? Many officials erroneously assumed it would protect the healthcare system.

The push to “protect” the healthcare system was motivated by the fear that if the system collapsed under the pressure of caring for excess sick people, the ability to provide care for other medical needs would also suffer. Paradoxically, to prepare for the anticipated flood of COVID-19 patients, treatment of other medical concerns deemed not as urgent were postponed by administrative edicts.

On top of this, many people forfeited or avoided seeking medical care for other issues for fear of catching COVID-19 in the hospital. On what grounds did the administrative state know that the COVID-19 disease was a greater health threat than all of the other illnesses? Is it because they blindly believed so without proper assessment?

That irrational fear fuelled by the increasing number of RT-PCR positive COVID-19 cases, the majority of which were asymptomatic, led to a misplaced focus on future COVID-19 cases. Many of the COVID-19 deaths may have been generated in the first place by denying patients early outpatient treatment for the illness.

This was exacerbated by the continual perpetuation of fear and the disruption of normal social life, both of which contributed to the dampening of the immune system. For the most vulnerable, this no doubt led to increased susceptibility to diseases of all kinds, including COVID-19.

How Did That Happen?

According to the testimony of Lt. Col. Redman, it happened due to:

Incompetence: All of the premiers failed to do their own research to gain a deeper understanding of the pandemic's true threat. Then, many premiers put the wrong person in charge; premiers should have retained final control of the situation as elected representatives. The medical officers were incompetent by refusing to acknowledge they couldn't do it alone. Why did they, against the best practice recommendations garnered from previous pandemic management, use the wrong NPIs? When challenged in court, they could not produce a single cost-benefit analysis to justify it.

Hubris: Once you make a mistake, it's difficult to admit it. Governor DeSantis did it in Florida, but it's rare. After talking to the relevant experts, he admitted: "I got it wrong."

Without acknowledging the mistake, course correction is very difficult and doubling down seems the only strategy until one is confronted by the evidence from censured documents, such as "The Lockdown Files" in the UK and the flurry of documents from the Twitter files. But these revelations were late coming, and the decision-makers felt they would be off the hook long enough to avoid confronting the consequence of their mistakes.

Self-gain: Politicians were on TV every night and the carefully crafted message, vetted by numerous polls, assured them to win their elections by not admitting their mistakes. The spin on the message was: "We did the best we could under the dire global circumstances; nobody could have done better, and now the crisis is behind us, let's move on."

Emergency Management Plan (EMP) and Recommendations

And yet, massive collateral damage has been done; we will be experiencing the enduring effects for generations to come. Not acknowledging the damage only makes matters worse as it precludes the implementation of much needed corrective measures and raises the dark prospect of repeating the same mistakes, or even worse, next time.

The plan to protect public health in case of a severe threat like a pandemic was diverted and turned on its head to protect the healthcare system. Scared public health officials responded to the scared public by focusing the plan on protecting the healthcare system as a proxy of the public.

They failed to recognize that the best strategy to minimize the strain on the healthcare system, be it for physical or mental health conditions, would be to promote good life habits: healthy food, physical exercise, vibrant social life, and other stress reduction practices. That would have reduced the likelihood of people getting sick or progressing to more severe forms of illness.

What did they do instead? They failed to acknowledge that seasonal respiratory diseases are in part the result of low vitamin D levels due to lack of sun exposure. They also stopped providing vitamin D levels due to lack of sun exposure, they stopped providing vitamin D supplementation in many LTC homes and prevented people from going outside to get sun exposure and fresh air where the risk of contamination was non-existent. By contrast, these vulnerable people were locked in poorly ventilated indoor environments, denied social activities that included family and friend visits, and were scared non-stop by the media about the danger of the virus.

Is that really the best way to prevent progression to severe illness? When people got sick under these poor health conditions-not to mention the poor quality of food in many LTC homes-and because COVID-19 was deemed untreatable, the elderly were offered end-of-life comfort medication.Can that explain why in Canada 73 per cent of COVID-19 deaths were recorded in LTC homes?

We must question the wisdom of blindly following the marching orders of the WHO as if infallible, particularly since the WHO seemed to work in tandem with the mainstream media and government-controlled social media to expunge from public discourse any questions about the pandemic plan du jour.

As revealed by "The Lockdown Files,"¹³⁰ the pandemic was managed by uninformed people, and the WHO became the justification for all of the other states to follow the "clowns in chief," as Dr. Didier Raoult put it.

From an epidemic perspective, efficient local measures are much more effective; there is not a one-size-fits all approach. This is a clear example of the tension between two opposing governance philosophies: top-down global control under the pretext of security versus subsidiarity manifested in bottom-up local measures that respect liberty and individual responsibility.

Recommendations

- A. **Rectifying the Mistake of Discarding the Emergency Management Plan:** The decision to discard the Emergency Management Plan was a significant error that will require rectification.

¹³⁰ "The Lockdown Files" are a series of articles in *The Daily Telegraph* containing evidence, analysis, speculation, and opinion relating to more than 100,000 WhatsApp messages obtained from former health secretary Matt Hancock that were leaked to them.

- B. **Realigning the Purpose of Pandemic Measures:** The objective of pandemic measures should have been to minimize the impact of SARS-CoV-2 on society, rather than solely focusing on safeguarding the healthcare system.
- C. **Utilizing Hazard Assessment for Targeted Responses:** The Hazard Assessment, which continued to identify those most at risk, revealed that lockdowns did not effectively protect them. A more targeted response would have been more appropriate.
- D. **Learning from Past Pandemics:** The lessons learned from previous pandemics were regrettably disregarded.
- E. **Reevaluating Non-Pharmaceutical Interventions (NPIs):** The use of non-pharmaceutical interventions did not significantly reduce the spread of COVID-19. Employing them during the initial wave could have been seen as, at best, a mistake. After the first wave, it became a matter of grave concern.
- F. **Recognizing the Unintended Consequences of NPIs:** NPIs have resulted in substantial collateral harm and loss of life, often surpassing the impact of the virus itself. Public health was aware of this prior to COVID-19, and yet no cost-benefit analysis was conducted. This constituted a grave error.
- G. **Holding Leaders Accountable:** Public authorities bear responsibility for the response to the pandemic and the perpetuation of fear. Accountability should be enforced.
- H. **Safeguarding Our Society and Democracy:** Failure to revise our Emergency Management Plan and dispel false beliefs in non-pharmaceutical interventions places our society and democracy in jeopardy.

7.5.2. Follow the "Science": Real Science or Scientism?

Introduction

From the start of the scientific era, which followed the Renaissance's rediscovery of ancient Greek wisdom, to the industrial revolution that propelled us into unprecedented prosperity, our societies have increasingly depended on science and technology. In a world that's becoming more materialistic and moving away from traditional spiritual practices that used to provide the foundation for our understanding of life's meaning, we've even come to revere our technological achievements almost like sacred objects..

In a materialist world devoid of transcendence, the primary goals are the incessant accrual of power, status, and money, with everything they can buy. And everybody is closing the door of their golden cage while willingly accepting entrapment in it with all of their material comforts.

Paradoxically, as material comfort has become the ultimate hollow goal of life, the general knowledge of science and technology that underpins our material way of living has not received the attention required to equip citizens and decision-makers alike to propose optimal solutions in the face of complex problems.

To put it in simple terms, from the general public to the political class and everything in between, including the media, there is insufficient literacy in mathematics, the sciences, engineering, technology, and so on. Yet to those who master these disciplines, immense power awaits as they strive to capture the benefits of a growing monopoly on knowledge and technology. Hence, a new pseudo-religion and its mantra, "Follow the science," has subjugated the non-critical-thinking crowd.

As explained by many witnesses, confusion due to poor understanding of the scientific process as well as poor knowledge of cutting-edge science in epidemiology, virology, and immunology in the political class, institutions, the media, and not to mention the general public, was at the root of the mismanagement of this public health crisis. It was a situation exacerbated by widespread corruption, as we have witnessed.

Data, Information, Evidence, and Knowledge

Most people have been mesmerized by all the data yet fail to understand the distinction between data, information, evidence, and knowledge. Data is raw facts, statistics, context-free numbers. Information is data that has been processed to provide a proper framework of the context. Evidence is yet another level in which the information is framed to generate testable hypotheses upon which evidence can be fortified. From validated evidence, a body of knowledge accumulates over time as the evidence underpinning it withstands the trial of repeated testing and reproducibility.

Needless to say, during the pandemic, authorities frequently fed the public data that was of questionable quality, validity, interpretation, and scrutiny. Meanwhile, the mainstream media, clueless at the best of times, happily disseminated and endlessly commented upon the data with an air of authority.

Tragically, the population was misled by propagandized misinformation: not through so-called misinformation spreaders on social media but rather through the orchestrated work of official channels, in concert with mainstream media and the censorship of social media.

When a fact is yet to be verified, it is best to specify that all the explanations proposed are hypothesis yet to be verified. A golden rule in research is that one does not develop hypotheses on hypotheses but on validated facts--all of the relevant known and verified facts, that is to say, on observations and the description of phenomena validated by the scientific method. In addition, the methodology of the research and the population on which it was carried out are to be considered before making generalizations.

The sample choice, the experimental protocol—which hypotheses were tested—and the statistical analysis of the results are of paramount importance when it comes to generalizing a negative or positive result from a study to a complete population. Cross-correlations, observer biases, sample size, and many other factors must also be considered.

The study of human beings is complex and the study of an entire population even more so. In the end, ideally, rather than the observation should be free and unbiased. When our observations are unbiased, we avoid getting bogged down by more confusion than knowledge—even if for some it is more reassuring or gratifying to formulate fanciful, often simplistic, explanations to the detriment of scientific rigour.

The most insidious of ignorance is not what we do not know but what we hold to be true without question and which turns out to be false.

Science is constantly evolving through rigorous exploration of new theories, which are bound to gradually change in nuance or be invalidated by new evidence. Thus, the “consensus” of the moment, supported by the majority of scientists, may eventually prove to be outdated or downright false in the light of new empirical findings.

This is compounded because too often results published in very good peer-reviewed journals have proven to be non-reproducible. How much of a problem is that? This is unfortunately very common in medical research as revealed by the famous article: “Why most published findings are false,” written in 2005 by eminent epidemiologist John Ioannidis, one of the most cited scientists in the world in the field of clinical medicine and social sciences.

This article, the most downloaded from the *Public Library of Science Medicine* journal, is the most consulted article on the site with more than three million views. It has become an essential reference in relation to the difficulties linked to the reproducibility of scientific studies. Since the publication of this shocking article, a multitude of studies have come to corroborate this worrying observation.

In general, however, these difficulties are poorly documented because the system in place does not favour the dissemination of such information. Indeed, it is very difficult to publish results invalidating what has already been published in the scientific literature. This, therefore, singularly complicates the practice of scientific research and sets up researchers to embark on the wrong track.

This pre-mature publication of studies that cannot be faithfully reproduced is a serious problem, and it was greatly exacerbated in the COVID-19 era as a large number of experts from all walks of life rushed to contribute to the scientific effort to confront the pandemic. Discernment to avoid going astray requires research training and experience, which the vast majority of media commentators, who have little or no practical experience in scientific research, lack.

Any well-trained researcher is perfectly aware of the limitations unverified and unconfirmed data and examines with great circumspection studies that have not been reproduced by independent teams protected from conflicts of interest. Minimally, before fully embarking on a research project, it is necessary to begin by reproducing the crucial results at the basis of the hypotheses to be explored.

Ultimately, it's not primarily about being right or wrong; it's about fostering dialogue to gain a clearer collective understanding and to implement solutions that can improve the resolution of stubborn issues stemming from complex systems, which challenge our overly simplified analyses.

Despite anything the mainstream media, social networks, or our politicians might postulate, it is important to recognize that one cannot lie with physics or biology. We must be cognizant of what nature reveals to us, avoid the pitfalls of ideological filters that hide or distort reality, and act accordingly. We must be extra vigilant not to be bogged down by confusion, which is all the more comfortable when it is widely shared.

Scientism

We must make a clear distinction between the belief system or ideology of reductionist materialist science and the pursuit of knowledge that science engages in with an open-minded approach to all new discoveries.

This quest for knowledge, the which is built up through accumulated observations, the development of explanatory theories, experimentation and the generation of new data that confirm or invalidate current theories, should not be restricted to the physical material world alone.

The quest should encompass the entirety of reality, including the metaphysical and spiritual realms. However, this is where most materialistic scientists encounter difficulties. Despite new neurological evidence supporting both the placebo and non-placebo effects, many materialistic scientists still find it challenging to recognize the influence of the mind on physical health.

In this emerging pseudo-religion that materialist science has taken on, often presenting itself as the sole valid path to knowledge, we find ourselves marvelling at the immense capabilities of humanity. It's hard not to believe in our potential to achieve remarkable feats, given the extraordinary progress we've made since the Industrial Revolution.

We succumb to hubris, a trait warned against in ancient tales like the Tower of Babel or the story of Sisyphus, who challenged death. Armed with our science and advanced tools such as computers, we create models aimed at describing nature in immense detail, with the ambition of making highly precise predictions. In doing so, we believe we can alter the course of events with surgical precision, if needed.

We believe that everything would only have beneficial effects, without collateral damage. And we take ourselves for demiurges who can only make good decisions.

This intoxication of power pushes the limits of our ignorance into a blind spot. And the most ignorant are those who are convinced that they know enough but who understand only very superficially the evolving knowledge of science and especially its limits.

With their pseudo certainty, they derive narratives used to justify decisions and actions that cannot be doubted because they have followed the science. Any opposition to this scientific orthodoxy being decried as "conspiratorial" or backward is easy to denigrate, ignore, or censor. And the hunt for heretics is relaunched as in the days of the Inquisition.

It is as if the questioning of the dominant "consensus" of "accepted" science, of which the media is the mouthpiece, was in essence unscientific, ignoring that science fundamentally progresses according to an iterative process that does not sit well with a fixed dogmatism promoting a doxa to which we should adhere.

Knowledge is Not Wisdom

Wisdom invites us to cultivate the humility stemming from our ignorance, which is far greater than what we think we know. Complex phenomena cannot be reduced to simple causes that are supposedly invested with such high explanatory power that we can predict the future with an easily deployed computer model. For models to be valid, they should consider all parameters that can affect the system, as well as the degree of their combined interactions.

We often forget that at our stage of knowledge, these models have limited predictive power. They have to be constantly refined by empirical data, which is often difficult to obtain. However, it is sometimes possible to obtain the data when we take the trouble to compile and analyze relevant observations and the empirical tests of our theories. Retrospective and prospective studies are essential for closing the loop on our often risky predictions. These studies should teach us humility in the face of our cognitive limits and should influence us to exercise caution when we attempt to predict the future.

Unfortunately, the need to communicate, often on a daily basis, a simple message that is accessible to people who may not have the expertise (or the attention span) to appreciate the complexity of these systems, can lead one to propose simplistic, reductive explanations. Those can produce the illusion that we understand what is happening well enough to intervene only positively on the system. As Albert Einstein advised: we must strive to formulate explanations that are as simple as possible but not simplistic.

In our scientific exploration of complex phenomena, it is crucial to take advantage of the long experience of our ancestors who learned to develop strategies which, although imperfect, nevertheless made it possible to face difficult conditions whose complexity overwhelmed them. In other words, we must learn from past experiences, with their share of errors, so we do not have to rediscover knowledge already acquired at the cost of painful historical attempts at trial and error.

We must also be careful not to consider that new theories are necessarily better because they are more recent. The hegemony of these theories du jour is more often due to the philosophical, psychological, and cultural bias of the time than to their scientific merit.

There is a great body of ancient knowledge and wisdom that could be more valid than the new theories because it has stood the test of time. One must be wary of theories that deviate into militant ideologies under the guise of science. Above all, let's remember that while science describes nature with ever-increasing acuity, it is powerless to advise what to do with this necessarily partial and provisional knowledge and technology. Knowledge may be one of the important elements of the process, but it is certainly far from sufficient to access wisdom.

One wonders what sort of world we live in when people refuse to be exposed to different viewpoints and quickly resort to denigration and censorship as a way to protect themselves from information that would challenge their worldview—our “religion.” Our world seems to be under the influence of two dominant ideologies: scientism in synergy with wokeism.¹³¹ Both ideologies are completely at odds with science.

¹³¹ Wokeism: Usually Disparaging. Promotion of liberal progressive ideology and policy as an expression of sensitivity to systemic injustices and prejudices. <https://www.dictionary.com/browse/wokeism>. (accessed 2023)

The COVID-19 crisis exposed profound societal issues that existed before but had not been widely recognized. The pervasive sense of fear, especially among baby boomers, about death had in many ways numbed our ability to fully embrace and celebrate life. We saw a form of intergenerational prejudice during this pandemic in the willingness to mortgage the lives of the youngest to reassure the oldest.

This obsessive fear was rooted in the disconnection of the meaning of our lives as revealed in all the mythological, religious, and spiritual accounts of humanity, for millennia. In the dominant materialist narrative that we inhabited, there was nothing outside of the material dimension, and after the physical death of our bodies, that would be nothingness. This nihilism was frightening. It was also a source of fragility that the authorities exploited in order to govern through fear.

Recommendations

Considering the critical reliance of our modern society on science and technology, there is a need to distinguish knowledge derived from the rigorous scientific method from beliefs often influenced by ideologies and propaganda. To help distinguish between the two, we recommend the following:

- A. **Basic training in epistemology and critical thinking** should be incorporated into both humanities and scientific or technological education curricula.
- B. **Experts who participate in public forums** should undergo scrutiny based on the following four fundamental criteria:
 - Demonstrated cutting-edge knowledge and expertise, as evidenced by their involvement in past or ongoing scientific research, providing proof of their understanding of the subject under discussion.
 - Lack of conflicts of interest.
 - Willingness to engage in evidence-based public debates with other experts who may hold differing opinions. Such engagement should involve using rhetoric that avoids ad hominem attacks, appeals to authority, or invoking the mislabelled “scientific consensus.”
 - The detailed, unedited credentials of these public figures must be made known and available to the public. This will enable the public to ascertain the credibility of such experts.

7.5.3. Epidemiology 101 in the COVID-19 Era

Introduction

The concept of epidemiology dates back to Hippocrates, who observed that by and large, there were two types of diseases: endemic diseases, which occur continually in the population, and epidemic diseases, whose occurrences are sporadic, such as infections with unprecedented symptoms.

Although the science of epidemiology has made much progress since antiquity, understanding the occurrence and the evolution of a new disease that creates significant morbidity and mortality is still a huge challenge. The occurrence of a new pathogen—its transmission in human populations, the interaction with the infected host leading to diseases of varying seriousness, and the ultimate resolution of an epidemic as it progresses to the endemic state—is a highly complex multifactorial phenomena whose driving forces are difficult to identify. The relative contribution of the various factors is also very difficult to measure. We have learned a lot since the beginning of the modern scientific adventure, yet our knowledge is still very limited.

The paradigm of modern reductionist materialism, starting with Descartes, is that the world is like a machine whose parts interact with one another according to specific laws of nature written in the language of mathematics. According to this paradigm, all we need to do is identify the components and discover how they interact with one another. With that understanding, it's assumed we can control the world.

That worldview has several shortfalls as it applies, for example, to the science of epidemiology and as it converges at the intersection of statistics, physics, biology, engineering, psychology, sociology, and politics. The many unknowns in all of the parts of this idealized machine, let alone in the ways they interact, make any modelling attempts to describe and predict how that works is at best naive, if not totally misleading, in many respects.

A flurry of mainstream media commentators took centre stage to project the illusion that epidemiology was a mature science able to predict the evolution and control of pandemics with sophisticated models fuelled by powerful computing. The reality was that what we learned about epidemiology over the past decades had not made our understanding of the COVID-19 pandemic any different than previous pandemics. This illusion of knowledge fooled many people into thinking that they could attribute the rise and fall of epidemic waves to specific human interventions or lack thereof.

The main innovation during the COVID-19 pandemic was the questionable deployment of the RT-PCR diagnostic as a proxy to follow the epidemic waves. Strangely, instead of monitoring the waves of sick people, public health focused their attention on the presence of a viral genetic sequence to define a “case,” irrespective of its consequence on morbidity and mortality. Moreover, despite the poor predictive power of the RT-PCR tests to inform disease progression, they were used in attributing deaths from COVID-19 to respiratory illnesses of all kinds and without formal demonstration. This created systematic errors of attribution that biased official statistics all over the world.

Over-reliance on Modelling

We were misled by models. Without delving into too many details, it is necessary to discuss the concept of viral transmission. The physicochemical interaction of an ill-defined biological agent, the virus—which is sensitive to all kinds of environmental conditions, like UV and humidity—travels in the air to enter the airway of another biological being, which will interact with this virus in different ways, depending on the robustness of the mucosal immune system challenged with an unknown viral load.

Combining all these parameters, which we cannot properly measure in a web of interactions, quickly becomes a combinatorial explosion of probabilities that are impossible to determine. Assuming we could measure all of the parameters, which we cannot, modelling is then challenged by the mathematical laws governing the interaction of the different components.

A relatively simple example is the law of fluid dynamics to estimate the virus transmission in the air, depending on the gravitational force, wind velocity, and humidity. As the equations cannot be fully resolved, we have to assume several measurements. Without those precise measures, what are we going to input as a modelling parameter?

The bottom line is that modelling is a useful tool to generate a working hypothesis, based on approximate assessment, to be validated by empirical measures. Modelling cannot make accurate predictions of complex systems. The limitation is not only the computing power but also the uncertainty about the input parameters to run the model. If the assumptions are incorrect, the output of the model is useless for prediction and is referred to as a GIGO model (garbage in, garbage out).

The over-reliance on models can be due to the difficulty in testing model predictions experimentally or due to the time involved to collect data before the model’s accuracy can be formally assessed. Nonetheless, when a modeller consistently misses the target by a long shot, it would be wise to question the assumptions and mathematical process used to produce its prediction.

A stunning example was the misleading prediction that resulted from inaccurate modelling. This modelling team had been repeatedly off target in their predictions for more than 10 years: notably in the last flu pandemic of 2009 and the mad cow disease debacle that led to the unnecessary slaughter of cattle herds and huge economic losses for UK farmers.

Proper Monitoring of Pandemic Progression

It follows that we must be very wary of modelling. The only way to determine if any human intervention will influence the progression of a pandemic is to carry out well-designed observational studies in randomized trials whenever possible to eliminate the unknown influence of confounding factors, while carefully avoiding random errors and monitoring systematic errors resulting from selection or information biases.

Only true experts with established credentials and a track record can generate and properly interpret those epidemiological studies. Many of those experts informed us of what to expect by making analogies with similar epidemics of the past. The inescapable conclusion of the careful analyses of the best experts, like Prof. Denis Rancourt and Pierre Chaillot, was that there were no pandemics of extraordinary magnitude in 2020-2023, as the authorities promulgated for those three years.

The scale of the pandemic was exaggerated, and in rich countries—with notable exceptions such as Sweden, Japan, and a few American states—the health measures deployed caused more damage to the health of populations than COVID-19 itself. Although Sweden had a bad episode in long-term care homes during the first wave in early 2020, they refrained from imposing lockdowns and ended up with much better public health outcomes.

Statistics compiled at the global level showed that the median age of people who died of COVID-19 exceeded the age of life expectancy and that the vast majority of seriously ill people had several other pathologies. This led Richard Horton, editor-in-chief of the *Lancet*, to declare in his September 26, 2020, op-ed that the COVID-19 pandemic was truly a syndemic. That is, COVID-19 disproportionately affected the most vulnerable. Healthy young people were more than 1000 times less likely to be seriously ill or die from it. In these circumstances, he was advocating for more nuanced public health measures, as did the signatories to the Great Barrington Declaration.

Furthermore, the peak of excess deaths observed in different regions of the world coincided with the drastic measures put in place to manage the perceived threat. It's almost impossible that those excess deaths were caused by the dissemination of a deadly virus which didn't spread across borders and remained in discrete locations within a state or across states.

The drastic measures included (1) withholding early treatments, (2) inappropriate use of ventilators that restored anoxia in COVID-19 patients deprived of early treatments, (3) withholding antibiotics to treat incidental bacterial pneumonia, and (4) comfort end-of-life treatments for patients deemed incurable.

An accurate account of the COVID-19 pandemic revealed the story of a statistics fraud. What did they count? The definition of *pandemic* was changed. It became a statistical pandemic with cases. After changing the definition in 2009 by ignoring the gravity criteria and only counting numbers of sick people, the WHO further changed it in 2020 to count cases—including people who may not have been sick. Looking at all-cause mortality adjusted for the age pyramid, we note that 2020 was among the lowest since that statistic has been recorded. Nothing happened, anywhere in the world.

As for hospital saturation: for example, in France, even with the dubious attribution of hospitalization due to COVID-19, those patients made up only about two per cent of hospital occupancy. The only apparent hospital saturation was induced by an administrative decision to send all the respiratory-symptom patients (up to three million in France) to only seven of the 1500 hospitals.

Because of the planning already in place in anticipation of COVID-19 waves, hospitals were emptied, and people avoided them due to fear. As a result, the occupancy was much lower for many months—for example, 50 per cent empty in April 2020. No pandemic was evident when measured by an increase in respiratory disease by the sentinel network, a monitoring system. To put the data in perspective, during the worst previously reported pandemics, the sentinel system recorded up to 800 cases per 100,000 population, like in 2014–2015. During the COVID-19 pandemic, the number never exceeded 150 cases per 100,000 population. If one adhered to the definition of *epidemic* as an excess number of sick people, there was no epidemic in 2020, 2021, and 2022.

[Pandemic by Alleged Fraudulent Testing and Attribution of COVID-19 Cases](#)

Mainstream media reported alarming surges in COVID-19 deaths worldwide, which were determined not solely through initial RT-PCR testing but by the WHO's coding ICD-11, implemented on January 31, 2020. This method was seen as a broad and scientifically questionable way of attributing deaths to COVID-19, often based on superficial symptom diagnoses with or without confirmation via RT-PCR testing.

When all respiratory infections were broadly categorized as COVID-19 cases, it led to the creation of misleading “epidemic” curves on the *Our World in Data* website. In reality, the spread of a respiratory virus infection did not align with synchronous events in numerous countries; some were merely delayed in adopting the ICD-11 code, while others had not yet implemented rigorous health measures.

The statistics showed that following the implementation of ICD-11, all other respiratory diseases seemed to gradually disappear and become COVID-19, even when the virus had not been detected. Perverse financial incentives appeared to trigger a diligent transfer of coding attribution.

There was an increase in deaths in some places, like France, that had instituted strict measures in April 2020, but not in other countries, like Germany, that didn't implement those measures. The so-called first waves occurred in a minority of countries or regions. This could be seen all across Europe and even across different provinces in France, as only 14 out of 100 provinces showed excess deaths, and the spike of excess deaths correlated with the stringency of implementing health measures. The same thing happened in the USA.

Furthermore, excess deaths were overrepresented in "deaths at home" due to the lack of treatment because sick people refrained from going to the hospital. Even if most were attributed to COVID-19, there was no proof because autopsies were not performed.

For example, there were 5200 deaths at home during the COVID-19 period in France, and 4800 of those deaths were from "stroke and heart attack, non-treated" during the same period in a given database, while another database reported up to 6000 deaths from stroke and heart attack. Therefore, every one of the 5200 deaths at home could be accounted for by the lack of treatment.

In the same vein, the reported 5000 excess deaths in LTC homes for the elderly were equivalent to the number of people treated with midazolam instead of Rivotril, as the stock had been exhausted by the U.K., the USA, and Canada.

The rationale was that COVID-19 was a deadly, untreatable disease. Therefore, hospitals would be saturated, and there would be no room to treat the sick elderly; instead the reasoning was give them palliative care for this deadly incurable disease.

In France, the most prevalent place of excess deaths was in hospital. An incredible spike of 6000 out of 7000 excess deaths in three days was reported, with 3000 on the same day. This can only be explained by two reasons: (1) people coming to the hospital were already very sick, and (2) the common treatment in ICU to put patients on ventilators was associated with a high mortality rate. The three causes described—denial of early treatments, ventilators, and palliative care—accounted for the bulk of excess deaths.

The RT-PCR tests were the driver of the statistical fraud. A test was not the reality. For example, the pregnancy test although very accurate has both false positive and false negative results. If we tested everyone, we would get falsely positive pregnant men and falsely negative pregnant women.

We required additional medical data to establish the reliability of the RT-PCR test. By testing everyone, including those without symptoms, we identified a substantial group of asymptomatic COVID-19 cases who were even believed to be capable of spreading the virus. This raised questions about how they could transmit the illness if they didn't carry an infectious virus but rather viral RNA sequences. If non-ill individuals who tested positive could transmit their non-sickness to others, it implied that everyone had the potential to be a source of infection. Moreover, the RT-PCR test had not undergone formal validation with a gold standard, as was the case with pregnancy tests.

Say the PCR test is 95 per cent reliable, and we tested everybody indiscriminately and found that both asymptomatic and symptomatic people were positive, on average, less than 5 per cent of the time. We would say, then, that the test lacks coherence.

Positive PCR testing over-represented the asymptomatic—detecting, more frequently, people who were not sick while missing people with symptoms—75 per cent of the time. Therefore, these symptoms were most likely not representative of COVID-19 disease. It was a “case-demic.”

During the Omicron phase, the percentage of positive RT-PCR tests increased dramatically to more than 30 per cent in France. Was it truly due to increased viral circulation, or was it from modifying the testing protocol?

In France, the combination of RT-PCR tests, COVID-19 vaccines, and the vaccine pass produced strange epidemic curves that were better explained by human behaviour because the RT-PCR tests were not coherent. Putting the vaccine pass in place created an artificial vaccine efficacy. The only efficacy seen in the randomized clinical trials (RCTs) in France was a reduction in RT-PCR positive tests.

If vaccinated people were not obliged to get tested, a bias of positivity of unvaccinated people who were obliged to get tested would be created. Similarly, when it was revealed that the vaccine was not preventing transmission and that the vaccine efficacy waned over time, people who were anxious about the possibility of infection, got boosted. At the same time, people who refused boosters, which were mandatory for an up-to-date vaccine pass, had to be tested more often. As a result, the boosted people tested less than the double-vaccinated or the unvaccinated, and that created the illusion that the booster worked.

However, as soon as the vaccine pass was lifted, the curves inverted because the boosted people, being more anxious, were testing themselves more often than the double-vaccinated or unvaccinated people that no longer got tested when it was not mandatory. It was all a statistical illusion.

The chilling implication of this rigorous statistical analysis of the official data was that it was a sham pandemic perpetrated by the military and administrative state through a sophisticated psychological operation against the civilian population.

While some people may have died from a virus, which probably escaped from the Wuhan lab, the deaths did not show up in the excess-death data. Deaths from the three other declared pandemics since WW II also did not show up in excess-death data. But wars did, intense heat waves did, and earthquakes did, yet proclaimed pandemics did not, except the Spanish flu.

A pandemic should be characterized by a significant excess of sick and dead people, not unreliable RT-PCR positive cases. The definition was perverted by an unvalidated display of pandemic waves that instilled fear in people and compelled them to submit to never-before-accepted NPIs as a prelude to the vaccination campaign that was sold as a relief to the unsustainable harmful health measures.

Recommendations

Due to the confusion caused by improper testing for COVID-19, particularly using unvalidated RT-PCR testing, the following recommendations were made:

- A. **Pause the use of RT-PCR** or rapid antigen testing when it is not accompanied by a thorough medical evaluation of disease symptoms.
- B. **Conduct a rigorous validation of RT-PCR testing**, including standardized cultivation of the active virus. Establish a defined threshold for the number of amplification cycles that show due used.

Considering the confusion that arose from the lack of transparency in official public data, the following recommendations are added:

- C. **Ensure that all government data** is consistently and transparently shared with the public for independent evaluation by qualified experts in epidemiology and statistics.
- D. **Make any disparities between data analysis**, done by the government and data analysis done by independent citizens, subject to review by an impartial advisory committee composed of experts in epidemiology and data analysis. This committee should be regularly vetted through public forums to maintain transparency and accountability.

7.5.4. Non-Pharmaceutical Interventions

Introduction

The use of NPIs based on previous pandemic management had been studied for 20 years and updated in September 2019. One of the main concerns about the NPIs used in the COVID-19 pandemic was the glaring lack of a cost-benefit analysis for them.

According to the recommendations in the pandemic plan, there were NPIs which were not recommended to be used.

We were told that certain NPIs would not be used, such as contact tracing, quarantine of exposed individuals, workplace measures and closures, school measures and closures, entry and exit screening, internal travel restrictions, and border closings.

Shockingly, despite the updated pandemic management guidelines for NPIs, many optional and never-to-be-used NPIs were not only used but were mandatory. One of the worst measures was school closures, which will leave indelible traces on our children for decades to come unless we implement robust corrective measures.

From many published studies that compared countries with different NPIs policies, we relearned in September 2020 that the cost-benefit analysis of most NPIs was negative.

Collateral damage from NPIs included massive damage to our individual mental health and our social fabric; other severe health conditions; damage to our children's education and socialization; and our economic wellbeing as individuals, in business, and as a nation.

More than 400 studies documenting the collateral damage have been ignored by mainstream media.

Conclusion

There was malpractice by public health and individual healthcare practitioners. Relentless vaccination and denial of alternate treatment were rivalled only by bureaucratic stubbornness.

COVID-19 was not more serious than seasonal flu. Had we ever used such NPIs before, except during the Spanish flu? If they were deemed useful for COVID-19, why had we not used them for other pandemics? If COVID-19 had actually been a grave pandemic, what state-of-the-art NPIs would have been used?

Lockdowns

The stated reason that lockdowns were implemented in March 2020 was to flatten the curve in order to protect the healthcare system. Border closures and shutdowns of businesses not deemed to be essential were also mandated to close.

Then, to prevent a second wave, mask mandates were put in place to stop transmission of the virus. The absurdity of such a measure was displayed by its arbitrary rules: for example, masks could only be removed in a restaurant when seated at a table. Other arbitrary measures, like curfews and internal border restrictions based on colour-coded regional zoning, were also farcical.

What about the best practices learned from the past to control respiratory virus epidemics? In 2006, a WHO study on the Spanish flu concluded that lockdowns had no impact and were not practicable. A 2006 paper by the most renowned epidemiologists became the basis for the WHO 2007 plan, which was renewed without change in 2019. No study supported the confinement of sick people for extended periods of time to slow down a pandemic. Because the negative consequences were so dire, the recommendation was that it should never be used. Border closings and restrictions on travelling have always been inefficient.

Among all NPIs, only two have shown some efficacy: air filtration and isolation of sick people. Aggressive NPIs must be abolished, and their further adoption must be proscribed.

When a virus is already in the population, the most dangerous thing to do is confine sick people with non-sick people because the constant exposure within the same unfiltered air increases the likelihood of infection with an even higher viral load, which in turn would be more challenging to manage.

We had already discovered, at the beginning of the 20th century, that people sick from the flu or tuberculosis healed better if their sanatorium beds were put outside. That taught us that contamination was lower outside, in fresh air, so why did we strictly enforce lockdowns on the elderly and keep them indoors for weeks?

Mandatory lockdowns, without considering the impact, actually exacerbated the epidemic waves rather than improved the situation. Conversely, when people had the freedom to move, their exposure to the virus was less frequent, resulting in lower viral loads. In cases where everyone gathered in “essential” stores, like liquor stores, the crowds became more concentrated, leading to a higher risk of contamination with higher viral loads. A study in Spain demonstrated that essential workers were less likely to be infected compared to people who were under strict lockdown. To comprehend this phenomenon, it’s crucial for models to align with real-world observations.

Is Wearing a Mask Appropriate?

Where were the studies supporting the obligation to wear a mask? According to a WHO report published in 2019, just before the pandemic, the studies listed did not find masks effective in preventing the infection of influenza (a respiratory virus similar to the coronavirus). Arruda in Québec and Fauci in the U.S. initially told us the same thing before they changed their tune, without relying on new studies.

Moreover, the CDC chose to rely on the only subsequent study, done in Bangladesh and published after the decision to impose the mask. The CDC used it as a posteriori justification. This study was criticized by several experts, one of whom went so far as to demand either a major correction of its dubious conclusions or the withdrawal of the article published in *Science*, alleging serious shortcomings in the study.

Is it illogical to question the CDC's sound judgment regarding masks, considering its initial stance that vaccination offered better protection than natural immunity? Their position on the effectiveness of masks is primarily based on a single study it funded, despite the existence of over a hundred published studies during that period that indicated otherwise?

In addition, a recent study in Europe concluded that countries that practised diligent mask wearing did not present better epidemiological results than countries where mask wearing was less strict. The higher mortality in the most compliant countries even suggested a potentially deleterious effect associated with wearing a mask.

What Should We Think of this Study?

In Sweden, where masks were not worn at school, the epidemiological data were at least as good as, if not better than, Canada or the other Nordic countries. The results of these studies do not consider the collateral damage of wearing masks.

A Danish study concluded that the mask was ineffective, despite strong controversy in the media. Also a study from Finland, in two cities with comparable demographics, concluded that the efficacy of the mask was at best null or even negative.

Why were these studies not considered more seriously? Even more surprising was the absence of more randomized studies which would have made it possible to settle the debate in a more rigorous way. There were ample opportunities to do so during two-plus years of the pandemic.

Administrative State Confusion and Future Solutions

The state apparatus did not have a monopoly on scientific knowledge. That was partly because in the public service, promotion to decision-making positions was often based less on scientific excellence than on compliance with a certain doxa, which was subsequently exploited by politicians in support of their agenda. It was not just a Canadian problem; it was widespread throughout the world, and it has gone on for many decades.

Every time you hear "the experts say," ask yourself some questions: Which experts? What is their claim? Are they exempt from conflicts of interest? Are they prepared to fairly debate the basis of their expert opinion?

Among other things, the COVID crisis exposed worrying gaps in the science literacy of politicians and the media, as well as in the expertise of state agencies where scientists and doctors worked. This problem was exacerbated by a lack of leadership to access the best expertise available at the national and international level and, above all, to use it wisely.

It was not that there was a lack of competent and well-meaning people in the state apparatus; it was mainly that their voices were not sufficiently heard and considered in a centralized system where dissent was not valued. While the experts who promoted the “right message” got all the positive media attention, the whistleblowers and other dissenting voices were not only ignored but actively sanctioned. This meant that we heard them not at all or very little. We could therefore be fooled by the reassuring use of the phrase *scientific consensus*, which made us believe that the health authorities knew what to do. All that remained was to obey; otherwise, beware of the consequences

Understandably during the first weeks, we were in a phase of bafflement, which rallied us to the injunctions of public health. However, when the data became available, we could have adjusted the course to prevent the two weeks to flatten the curve from being unduly prolonged. How could we have seen more clearly through the confusion and propaganda?

This crisis was managed by relying on models disconnected from the reality on the ground and by inciting fear of an invisible deadly enemy. Fear, one of the most powerful emotions, was used to manipulate or influence us. The techniques were similar; it was just a matter of intention and honesty.

The distinction was notable in that manipulation sought to alter someone’s behaviour for the manipulator’s gain, often by feigning to act in the manipulated person’s best interests to extract their willing compliance. Conversely, influence sought to prompt changes in opinions, decisions, and actions that would benefit the influenced person, and it involved their voluntary choices rather than coercion.

When we talk about war, we’re essentially discussing the use of propaganda to immerse us in a narrative with questionable ethical foundations. This war narrative propaganda narrative proposed straightforward and seemingly advantageous answers, stemming from a limited perspective that had shaped our societies since the onset of the industrial revolution. It was constructed upon a reductionist and deterministic materialism that had evolved over recent centuries. This materialistic viewpoint, responsible for elevating humanity from dire poverty, also drove us toward relentless consumerism, even in areas like healthcare. As a result, we have strained the delicate equilibrium of our environment: our actions risk damaging it and we despoil it at our peril. And we now know our health is inextricably linked with our environment.

In the United States, the annual budgets devoted to health, including food, is approximately \$4.5 trillion, or about five times the defence budget. Health is one of the most important engines of the American economy and, by extension, of the world economy. This economic fervour has been irresponsible and has occurred without the recognition that humanity is an integral part of the natural world, and our actions risk damaging it.

The current crisis will necessitate fundamental changes to guide humanity toward a more harmonious coexistence with nature. This crisis has the potential to awaken our consciousness through spirituality, which goes beyond the realms of science and technology, drawing from the timeless wisdom of humanity, which is constantly evolving.

Our challenges run deep, and the transformations ahead will be protracted and marked by hardship. Consequently, it will be imperative to exercise patience and cultivate resilience.

In terms of scientific progress, we have entered an era of spectacular discoveries in genomics, which has opened up the world of epigenetics, the microbiome and the virome. Epigenetics has returned the natural environment as central to our health. We have also made considerable progress on knowledge about this wonder that is our immune system, the main source of our healing from infections and cancers.

Although there is still much to discover, we know enough to understand that the majority of diseases that afflict us—whether infections, cancers, or autoimmune diseases—result from erratic functioning of our immune system. The causes are sometimes genetic but are more frequently epigenetic, and we know with certainty that we can have a major impact on epigenetic causes through a healthy lifestyle.

Simply put, a good diet, including a supply of vitamins and minerals; restorative sleep; exercise and relaxation activities, such as walking or meditation; and nurturing social bonds, which helps to reduce stress have been clearly recognized as having an immunosuppressive impact.

During the last two years, have our health authorities seriously promoted a healthy lifestyle or, on the contrary, have they considered several of these protective factors as non-essential?

What price will be paid for delayed treatments of the various pathologies, the anxiety disorders of the young generations who suffered major disruptions in their social and emotional development, and the psychological distress of small entrepreneurs and their families who were forced into bankruptcy? This mental stress has had a major impact on our immune system and is likely to culminate in an outbreak of chronic psychosomatic illnesses in the years to come.

Reviewing the management of the COVID-19 pandemic, it would seem that the germ theory of infections, developed by Louis Pasteur, prevailed over the alternative paradigm promoted by Antoine Béchamp and Claude Bernard, two contemporaries of Pasteur who affirmed that “the microbe is nothing; the terrain is everything.”

According to some historians, Pasteur finally adopted this idea at the end of his life, but several of Pasteur’s heirs still do not have the memo. And yet, an increasing number of immunologists adhere to this idea that a properly functioning immune system, innate and acquired, confers upon an individual the ability to resist infectious pressures of all kinds, with rare exceptions, as well as the various cancers, which do not fail to develop with age in an environment polluted by all kinds of toxic substances.

The worst of these toxins are those that affect the balance of our microbiota, which plays a fundamental role in our homeostasis, including that of educating our immune system. Several scientists reflected that fact when they said that the greatest threat during the pandemic was not the virus but the measures that contributed to weakening our immune system.

The victims of COVID-19 were overwhelmingly elderly people, often sick, and people suffering from several health problems, particularly obesity. Obesity confers greater susceptibility to all sorts of ailments, including the progressive resistance to insulin and to leptin, a key hormone in lipogenesis and essential for the proliferation and homeostasis of immune system cells.

Therefore, the best possible preventive health measure for the next pandemic would be to put in place incentives to mitigate the current epidemic of chronic diseases mostly derived from the consumption of processed food full of fructose and poor in dietary fibres essential for the homeostasis of our microbiota.

Recommendations

In line with the “first, do no harm” principle and adhering to best medical practices and sound scientific practices, the following recommendations are proposed:

- A. **Avoid mandatory health measures**, such as lockdowns and universal mask mandates, unless they have been objectively demonstrated through rigorous studies to have a positive benefit-to-risk ratio.
- B. **Prioritize diligent implementation** of the two non-pharmaceutical interventions (NPIs) that have a well-established track record of efficacy in managing respiratory infections: air filtration and isolation of individuals who are both sick and contagious.
- C. **Establish a targeted research and development program** to investigate the adverse effects of ineffective NPIs, with a specific focus on the impacts of masking children and restricting physical and social activities. The goal is to formally assess the extent of physical and mental health damage and propose tailored remediation measures.
- D. **Ensure that scientists and healthcare professionals** working within government agencies have access to the best available scientific evidence, free from conflicts of interest, at both national and international levels. This access will enable them to provide politicians with the highest quality and most up-to-date knowledge for decision-making.
- E. **Instead of prohibiting them, mandate scientific debates** to facilitate the emergence of optimal health measures. Encourage open discussions among experts to foster innovation and evidence-based policy-making.
- F. **Actively promote healthy lifestyles** that can enhance the immune system through epigenetic mechanisms. A strong immune system forms the foundation for protection against infections, cancers, and autoimmune diseases.

7.5.5. Early Treatments

Introduction

According to a large number of attending physicians and researchers, an important pillar of pandemic management which was particularly evaded, not to say actively suppressed in most rich countries, was the off-label use of generic drugs whose harmlessness had been demonstrated by decades of use on large populations.

Recommending against early treatments was based on layers of lies, cowardice, and treason to the Hippocratic oath. Sadly, the decision to suppress early treatment exposed the corruption of our institutions, which enthusiastically persecuted the courageous doctors who dared treating COVID-19 patients with all kinds of generic drugs that had been part of the pharmacy for decades and for which the safety profile had already been well established.

Meanwhile, the majority of doctors sat in silence as accomplices of the colleges of physicians, doing treatments discreetly, underground, or doing nothing, out of fear of retribution.

Using an approved drug off-label was far from unusual, as the majority of drugs are prescribed off-label. The fact that drugs proposed as early treatments had not been officially approved by the health agencies for COVID-19 treatment was a bogus excuse to suppress their use.

Besides, we were in the middle of a pandemic, and in the past, the recommendation was to try any potential generic drugs to get some therapeutic benefits. However, the advent of any potential treatment posed a serious threat to the eventual interim authorization of the COVID-19 vaccines. The suppression of early treatment was not for public health reasons—quite the contrary. The data speaks volumes: the death toll was much lower across the world where early treatments were deployed en masse.

Unfortunately, for the longest time, the medical establishment in collaboration with the health authorities collaborated to justify their harassment of the courageous doctors. They claimed to have been protecting the public against alleged snake oil peddlers. To this day, the health authorities have downplayed the importance of vitamin D in the prevention of infectious seasonal diseases, which occur more frequently in the winter when vitamin D levels typically drop below the healthy threshold.

Even in the face of all the evidence on early treatments, advocates were ignored and vilified by the authorities. The c19early.org website regularly updated all observational studies, randomized trials and meta-analyses. As of August of 2023, there was a real-time compilation of 3013 studies examining 4468 potential COVID-19 treatments, of which 52 have already been approved as early treatments in 102 countries. Of all these treatments, ivermectin was among the most effective, with 62 per cent improvement observed in 99 combined studies enrolling 137,255 patients. Ivermectin was recommended in several countries, including Japan, where it was created.

In spite of the evidence, several attending physicians experienced enormous difficulties, including sanctions. In order to prevent the physicians from deploying ivermectin and the panoply of other treatments which were used freely in several countries, the authorities threatened to revoke, and sometimes did revoke, their licence to practise medicine.

Without speculating on the motivations that led to such a suppression of early treatments, it is likely that the recognition of any treatment whatsoever would have compromised the interim authorization of the experimental vaccines that, by April 2020, were being promoted as a panacea for the pandemic. This all-vaccination strategy required that any valid therapeutic approach be inoperative. And that was what happened, whatever the real intentions were behind those decisions.

It appears, and it is noteworthy, that not a single one of our health agencies did a systematic analysis of peer-reviewed literature of potential treatments. Some bureaucrats, when challenged in court, claimed they were unaware of the information on the c19early.org website. Instead, they cited as gospel the information on the Health Canada website.

Pioneers of Early Treatments

Many doctors faced being reprimanded by their regulators for treating their patients, and many paid the price for their courageous actions to respect their Hippocratic oath. In many states, even taking care of sick people in person was discouraged to fuel the perceived dangers of COVID-19 that propaganda equated with the Spanish flu.

Even earlier on, we knew that this was a lie. The data had clearly shown that in terms of adjusted life years lost, the death toll of the Spanish flu was about 100-fold higher than COVID-19, and they treated the sick people back then.

Considering that many frontline care workers treat Ebola-infected people at their peril, we have to appreciate the level of fear-mongering that made healthcare workers so afraid to take care of putative COVID-19 patients and led them to mistreat the “dangerous” unvaccinated.

Among the pioneers of early treatments was Professor Didier Raoult. By following the scientific literature, he found that hydroxychloroquine (HCQ), a drug he was familiar with for the treatment of malaria, had been shown to be an effective COVID-19 treatment by a Chinese team. He immediately tested it in his institute, the Institut Hospitalo-Universitaire en Maladies Infectieuses de Marseille (IHU of Marseilles), and found very interesting results, both alone or in combination with azithromycin (AZ).

His first report attracted some positive comments but also some surprisingly negative ones. While many other doctors in France and across the world followed up on these initial successes, a targeted campaign of denigration was put in place to suppress the use of HCQ by any means.

All of a sudden, HCQ not only had to be shown to be ineffective by fraudulent trials, but it also had to be shown to be toxic. The infamous *Lancet*-gate paper fraudulently claimed a 10 per cent cardiac toxicity based on fabricated data that had to be retracted in a few days. However, as soon as the *Lancet* paper was out, the Minister of Health used it as a pretext to suppress the use of HCQ in France for COVID-19. Astoundingly, after the paper was retracted, the Minister maintained his proscription of HCQ. This had a chilling effect on HCQ use in France, even to this day.

Prof. Raoult, against wind and tide, continued to use the HCQ-AZ therapy at the IHU. He published the largest observational study, with more than 30,000 IHU patients, showing an indisputable benefit of the combination of HCQ and AZ for the early treatment of COVID-19. In an unprecedented move, he had his study verified by a bailiff as a preemptive measure against the horde of fact-checkers paid by the corrupt mainstream media on behalf of the political establishment.

The saga continued. His study was attacked by the French medical establishment, fighting ferociously to avoid the judicial consequences of having suppressed this early treatment and be found responsible for preventable deaths of thousands of COVID-19 patients.

Another important pioneer in the development and use of early treatments was Dr. Peter McCullough. In August 2020, in front of the Texas Senate, he presented his work on the various phases of SARS-CoV-2 infection—viral proliferation, cytokine injuries, and thrombosis—that have discrete symptom manifestations but overlap over the 30 days of COVID-19 disease.

Dr. McCullough was among the first to actively promote to the medical community a panoply of various treatments that could lead to very effective therapeutic support for COVID-19 patients. His treatments included intracellular anti-infectives, antivirals, antibodies, corticosteroid, immunomodulators, and anti-platelet, anticoagulants. His clear message, based on his medical practice, was that many therapeutic interventions were available to avoid serious disease and death from COVID-19.

This message was echoed by other pioneers, like Dr. Pierre Kory and his colleagues at the Front Line COVID-19 Critical Care Alliance (FLCCC). Dr. Kory made a remarkable presentation in front of the U.S. Senate in December 2020 to promote the use of ivermectin, which had shown solid clinical results.

Although the promise of ivermectin had been strongly disputed by authorities in several countries, a flurry of examples demonstrated its clear effectiveness. Again, as with HCQ, ivermectin was attacked by the medical establishment in many creative ways to suppress its use.

After successes in Mexico, Peru, Japan, and India during the Delta wave where the majority of states treated with ivermectin, the waves lasted 40 days and caused comparatively half the number of deaths in the states that treated, such as in Uttar Pradesh, versus states like Kerala, which had banned ivermectin. At that time, only three per cent were vaccinated in India.

The Delta wave in India was much weaker than in France, which curiously experienced two delta waves that spread over several months, while the wave quickly subsided in India. During the first Delta wave, the vaccination rate in France was 40 per cent; during the stronger second wave, the vaccinated rate was 80 per cent. India's better performance could not be explained by a low rate of infection in the population because serological tests in June–July 2021 (in 21 of the 30 states in India, enrolling 37,000 people), 67 per cent of people were identified as infected and contributing to herd immunity.

In India, the Omicron variant arrived 10 days later. They had 20 per cent fewer cases than with Delta, and it subsided earlier than in France. France had 10 times more cases with Omicron than with the Delta. In India, natural immunity provided much better protection than did the genetic vaccines in France.

States that treated with ivermectin had much weaker Omicron waves than states that did not treat. For example, in Nigeria (220 million inhabitants) there were 10 times fewer deaths with Omicron (69) than with Delta (800) and 444 times fewer deaths than in France.

These observations strongly suggest that the combination of natural immunity with early treatments such as ivermectin, which is both preventive and therapeutic, was a very effective approach for the control of the COVID-19 pandemic.

Recommendations

Given the incontestable better outcomes in countries that deployed early treatments using a panoply of generic molecules with an established safety record for the management of the COVID-19 epidemic, our recommendations are to:

- A. **Reinstate positive incentives** to allow physicians to practise medicine according to an ethical, personalized, and evidence-based science and art, according to their Hippocratic oath. Repudiate algorithmic centralized protocols and punitive administrative edicts.
- B. **Investigate alleged corruption** that has interfered with the customary practice of medicine under the fallacious pretext of promoting public health while diverting the health measures to alternative political and commercial interests.
- C. **Promote preventative health measures** grounded in healthy lifestyles and real food, avoiding processed foods and sugar overconsumption and promoting adequate vitamin supplementation, physical exercise, sufficient sleep, stress management, and a vibrant social life.
- D. **Encourage open and evidence-based discussions** among healthcare professionals, researchers, and regulatory bodies regarding the use of generic drugs for early COVID-19 treatment.

- E. **Review and revise treatment guidelines** to include early intervention options that have demonstrated safety and efficacy in large populations. Consider the experience of countries that successfully employed such treatments.
- F. **Address institutional corruption** by investigating cases of corruption and suppression of early treatments within healthcare institutions and regulatory agencies. Implement measures to ensure transparency and ethical conduct in decision-making.
- G. **Support early treatment research** into the efficacy and safety of early treatment options for COVID-19 by allocating resources. Promote collaboration between medical professionals and researchers in this field.
- H. **Ensure patients give Informed Consent** for their chosen treatment by discussing all available treatment options, including early interventions.
- I. **Establish independent medical advisory committees**, free from conflicts of interest, to assess treatment recommendations and provide guidance to regulatory agencies. Enhance transparency in decision-making.
- J. **Promote awareness of vitamin D** and its importance in preventing infectious seasonal diseases, especially during the winter months when vitamin D levels tend to decrease. Encourage further research in this area.
- K. **Hold public health agencies accountable** for conducting systematic analyses of peer-reviewed literature on potential treatments. Ensure that decision-making is evidence-based and prioritizes public health over the public health establishment.

7.5.6. Natural Immunity and Early Treatments Rebuffed to Favour Generalized Vaccination

Introduction

One of the most disturbing aspects of the vaccination strategy debacle was the orchestrated propaganda launched early in the pandemic to undermine the well-established foundation of natural immunity and to denigrate early treatments. Generalized vaccination was sponsored as the unique and ultimate solution for the pandemic. This propaganda was propelled by layers of lies.

We were asked to believe that we were facing a new and exceptionally dangerous virus for which natural immunity would fail to protect us, that no viable treatments existed, and that only new wonder vaccines, developed at “warp speed,” could save us.

The first issue with this deceptive narrative is that the analysis of all-cause mortality across the world led to the conclusion that a not particularly virulent pathogen was in circulation. The pandemic was declared as a red flag signal for danger with fairly tenuous infection morbidity and fatality case numbers. When one considered the real prevalence of SARS-CoV-2 infection, it had been grossly underestimated, as was typically the case in early days of any pandemic declaration. This was mainly attributable to a vast underestimation of the true infection rate, understandable when infections were often asymptomatic or pauci-symptomatic (presenting few symptoms).

There was no need to contain this new virus by any extraordinary health measures. Normal personal hygiene and well-established public health protocols targeting the protection of the most vulnerable in an adequately protected environment were sufficient.

Whether the population had much higher preexisting immunity to this new coronavirus than reported or the virus was not as lethal as initially broadcast, conclusions from many studies, even early on, indicated a fatality rate in the same range as severe flu seasons, for which no overall excess deaths are discernible except for the elderly population. But clearly, public health authorities couldn't claim, on the one hand, that there was a serious pandemic of global concern and, on the other hand, say, “Don't worry. It's going to be business as usual. Be prudent, self-isolate when you are sick, and do not panic. Stress is bad for your immune system, which is the best line of defence against any potential infection, or cancer.”

Rather, public health authorities had to be perceived as saviours, in full control of what needed to be done in circumstances they declared as dire, and they did it in unison with the same pre-formatted messages in their fear campaign.

Even if, hypothetically, there was a strong case for vaccination to control a putative deadly virus, we should have acknowledged that for this type of virus in the family of coronaviruses, we have never been able to develop an effective vaccine, either for humans or animals. Typically, the genetic variability of coronaviruses based on RNA genomes confers only partial immunization. We have experienced this firsthand, suffering with recurring colds from the four endemic coronaviruses in the human population. Many expert virologists and vaccinologists knew that, but their voices were either silenced or dismissed.

We were also asked to believe that our scientific and technology progress enabled us to quickly develop a new generation of vaccines based on gene therapy technology that would be safe, effective, and readily produced on a commercial scale.

In reality, the support for these false hopes was on very shaky scientific and technological foundations. Nothing in the proposed gene-based vaccines was going to meaningfully address the shortcomings of natural immunity—for example, the recurrent infections, although of less severity, with variants in the coronavirus family. To make matters worse, the selection of the spike protein as the preferred viral antigen disregarded the known biological toxicity of this protein. Its uncontrolled production throughout the human body led to countless vaccine adverse reactions that became the object of intensive investigations.

Another problem is the known facilitating epitopes in the spike protein. These epitopes were known to likely trigger the production of antibodies that would make the infection worse. Also, the epitopes that were shared with human proteins ended up generating countless autoimmune diseases.

As for the rapid production of the gene therapy vaccines, the process for the adenovirus-based vaccines was fairly well-established by decades of research and clinical trials in gene therapy. However, early on, the adenovirus-based vaccines displayed significant toxicities, leading to their withdrawal in many countries.

By contrast, the mRNA lipid nanoparticle (LNP) vaccines had never been scaled-up, posing a significant challenge for their mass production, which continued to be plagued by many manufacturing issues.

We were also misled to believe that there were no possible treatments, a *sine qua non* condition to pave the way to the emergency-use authorization (EUA) of vaccines and unproven, patented, poorly tested antivirals, such as remdesivir, that ended up doing more harm than good. We already knew the SARS-CoV-2 virus shared extensive homology with other coronaviruses. Therefore, partial cross-immunity stemming from previous infections with other coronaviruses was likely.

Also, early studies based on generic molecules to treat the closely related SARS-CoV-1 had already established their potential treatment—HCQ, for example—to be effective against SARS-CoV-1 infection. Notably, all countries that made wide use of these generic drugs displayed a much better performance in controlling the COVID-19 pandemic.

[This COVID-19 Virus is Novel, Very Dangerous, and Not Treatable](#)

The message hammered home in the media was that there was no preexisting immunity in the population, that everybody was equally susceptible to serious illness and death following infection, and that we should, at all costs, prevent infection and transmission until a vaccine was available to confer protection. All of the NPIs were therefore deployed to control the spread of the virus until we could all get adequately protected by the COVID-19 vaccine.

Consequently, a surreal “COVID-zero” policy was aggressively promoted in many “democratic” countries—in the footsteps of the authoritarian CCP policies in China. The policy was promoted by the baseless allegation that this new public health policy would be successful if only we implemented it hard enough.

This fantasy was based on glaring ignorance or, at best, serious confusion of the functioning of the immune system, as well as the poorly understood theory of respiratory virus transmission. The immune system has evolved to respond to an almost infinite number of pathogens and is exquisitely adapted to respond effectively, in the vast majority of the cases, with every first encounter with any pathogen from the moment we are born. The first line of defence for a respiratory virus is the mucosal innate immunity. That eventually builds up a stronger adaptive response once mucosal IgAs (immunoglobulin A) targeting the pathogen help neutralize it.

As for suppressing the transmission of respiratory viruses, nothing short of the strict confinement in a BSL-4 (bio safety lab) laboratory works. That level of confinement, however, is impossible to implement in real-world settings. Most of the NPIs are, at best, delusional.

Furthermore, serological data proved the presence of the SARS-CoV-2 virus as early as the end of summer of 2019 without any clear indication of massive infection, morbidity, and mortality. The virus was running in the population at least nine months before the declaration of the pandemic, and as a result, a significant proportion of the population had already been naturally immunized without significant signs of the COVID-19 disease.

Throughout the pandemic saga, we were deceived countless times by a “scientific consensus” that was created by silencing dissenting voices questioning the hegemonic narrative. In the absence of healthy debates, a so-called consensus was only an indisputable dogma, and therefore unscientific.

There is, however, a scientific consensus to the effect that for the hundreds of putative pathogens we are exposed to, the immune system, innate and acquired, protect the vast majority of individuals rather well and for a long time. One notable and exceedingly rare exception was HIV infection, which could destroy our immune defences. But this was clearly not the case with SARS-CoV-2 or the other natural coronaviruses. Doubting this scientific consensus was like doubting the law of gravitational force.

Good health is dependent on a strong and resilient natural immune system, referred to as the terrain. It included a healthy microbiota, which plays a crucial role in educating the immune system. The optimal functioning of the natural immune system is empowered by a host of good habits like real food consumption with fibres essential for a healthy microbiota, vitamins and other supplements, sufficient sleep, nourishing social bonds, regular exercise, and stress-reduction practices. It is nothing new for populations that have shown remarkable longevity over the centuries.

Strangely, many of these healthy lifestyle habits were either suppressed or compromised by fiat. Instead, public health focused obsessively on avoiding COVID-19 by controlling transmission of the virus, ignoring the crucial importance of the terrain. This obsessive focus restricted the goal of public health to the avoidance of only one putative pathogen.

The epidemiological data spoke volumes. Healthy individuals were only mildly affected by the SARS-CoV-2 infection, and most infections were asymptomatic.

Given the futility and harmfulness of most NPIs, letting the virus run in the general population of low-risk individuals while protecting the most fragile should have been the preferred approach to build the so-called herd immunity, which was one of the best ramparts for the most vulnerable. That approach was taken in Sweden and many other countries that did not mandate NPIs.

Besides, a host of treatments and vitamins were available for those whose bodies were not strong enough to combat the infection. Sadly, these treatments were disqualified as “useless” by health authorities in many Western countries, like Canada. Fortunately, they were available for the most vulnerable during the course of the pandemic and were successfully deployed in many poor countries and in a limited number of hubs in Western countries.

[New Gene Therapy Vaccines: Better Than Traditional Vaccines?](#)

Knowing that traditional vaccines had failed at providing protection against coronaviruses, hype was generated around a new platform of mRNA genetic vaccines never shown to be successful for any infectious diseases. The promise of these genetic vaccines was, among other things, that they could be manufactured much faster and could therefore be more readily adapted to the ever-evolving variants of SARS-CoV-2 that could escape vaccine-induced immunity.

There are several misconceptions with that premise. Importantly, the promise of the wonder vaccines to end the pandemic was based on three interrelated lies. The first lie was that those so-called vaccines were sterilizing, preventing infection and transmission. This was impossible to begin with, but a well-funded propaganda campaign got the population to believe it. The mantras were incessant: “Nobody is safe until everybody is safe.” “To be safe, you must be vaccinated to protect yourself and others.” “This is a pandemic of the unvaccinated.”

Nothing was further from the truth. The selective pressure imposed by these non-sterilizing subunit vaccines was, fostering a selective milieu favourable for the selection of new variants escaping the suboptimal vaccine immunity—constantly promoting the emergence of new variants of concern. From the perspective of the pandemic dynamic, it is more accurate to describe it as a pandemic of the vaccinated.

The second lie was, we were promised that with the prowess of gene therapy technology and fuelled by very large financial resources, we could make available successful vaccine candidates in record time, at “warp speed,” without compromising the quality and safety of the products. We were told that we should focus primarily on vaccination. Natural immunity was fraudulently portrayed as much less protective.

A third essential lie was the misnaming of gene therapy-based products as vaccines. From a marketing point of view, the most important reasons to mislabel the mRNA gene therapy products as vaccines were (1) to facilitate public acceptance of the products (as traditional vaccines generally benefited from a positive reputation), and (2) to expedite regulatory approval by skipping the tedious and long-term studies of genotoxicity, tumorigenicity and autoimmunogenicity, which are mandatory for gene therapy products.

Thirdly, the mRNA vaccine platform offered the prospect of rapid vaccine production to catch up with the ever-mutating coronavirus variants that escaped immune protection, which had made it so challenging in the past to produce an effective vaccine.

In theory, it looked like a good idea, but in practice, it had several flaws. One was the assumption that mRNA manufacturing was so much faster than the manufacturing of traditional vaccines: new mRNA vaccines for the variant du jour could be made available more readily. However, this would have been a reasonable assumption only if robust current good manufacturing practices (cGMP) were in place for mRNA vaccines, better than for the other vaccine platforms. This was not the case, as was evident by the numerous quality issues with truncated spike mRNA sequences, plasmid DNA contamination, and sourcing of low-toxicity cGMP-grade (good manufacturing practice) lipids for the formulation of the LNPs (lipid nanoparticles).

Many unresolved quality issues were tolerated by regulatory agencies under the pretext of the alleged emergency. The result was batch variations that were far above the acceptable threshold of injectable products. The magnitude of the issues was difficult to formally assess as it had not been opened to systematic, transparent, and independent analysis.

This rapid scheme of vaccine production also required that the relevant “optimal sequence” for the next vaccine could be identified in a timely fashion. This was, at best, a big gamble with our current knowledge of coronavirus biology and epidemiology. By the time the sequence was selected for mass production and deployed, it was entirely possible that a new dominant variant would be so different that matching the vaccine to the variant in circulation would be suboptimal. It was a futile exercise of chasing a moving target.

Furthermore, this idealized scheme assumed, without documentation, that the new sequence would not affect the overall manufacturing process and safety profile of the new product. This was a leap of faith that was not compliant with a rigorous approval process, at least in the modus operandi of the legacy regulatory agency.

Another crucial issue with the mRNA platform was that neither the dose nor the bio-distribution of the viral antigen ultimately produced in people could be controlled. This was in contrast to traditional vaccines based on inactivated pathogens, as well as current recombinant protein-based vaccines like the COVID-19 NovoVax for sub-unit vaccines. That mattered a lot because we knew that overdose and/or inappropriate site of expression of the viral antigen could lead to many adverse events not observed with traditional vaccines.

It was well acknowledged that ectopic expression of the spike protein in the heart was responsible for a large number of cases of myocarditis and pericarditis with high morbidity and mortality outcomes, much higher than traditional vaccines. Furthermore, long-term side effects, most likely of autoimmune etiology, were manifested in countless neuropathies like Bell's palsy, and menstrual dysregulation, as well as countless other side effects are constantly growing.

Also, preliminary epidemiological data point to an alarming increase of cancers reappearing after remission, new types of cancers, and fulgurant cancers (or "turbo-cancers"). Even if the causal link with the mRNA vaccines needs to be more formally established, many possible mechanisms have been postulated to support the hypothesis of cancer induction. These genetic injections also perturb the usual immune response and could therefore hamper the ability of the immune system to combat other infections—especially with latent viruses—or keep cancers under control.

The perturbation of the immune system is observable both in the increased COVID-19 infection rate in the weeks following the injections and the propensity for increased infections with an increasing number of doses.

Several features of the mRNA platform potentially contribute to the innate immune system suppression brought about by the reduction of interferon production, which plays a central role in the control of viral infections and further stimulation of the adaptive immune response. For example, the codon optimization done for improved protein production resulted in the generation of secondary structures of mRNA called G-quadruplexes.

Also, a massive concentration of pseudouridine was incorporated to extend the half-life of the mRNA and to prolong its expression over weeks or months. This pseudouridine contributed to higher spike production, several orders of magnitude higher than natural infection. Together, these features of the synthetic mRNA contribute to reduced interferon production and suppress the innate immune response, at least temporarily, with a host of unknown consequences.

Even if it's been observed that repeated doses of injection increased the titer of antibodies (IgGs) binding the spike protein, the direct demonstration that more IgGs resulted in better protection was lacking. Clearly, it was not only a matter of the amount of IgG but also of binding quality or type of IgG, not to mention the essential contribution of cellular immunity, which was often overlooked.

Alarming concentrations of IgG4 have been measured in people after the third and fourth dose of injection. IgG4 has been associated with making the immune system tolerant to a given antigen, in this case the spike, as we see in protocols designed designed to reduce allergic reaction by repeated injection of an allergen. This could partly explain why people became more susceptible to COVID-19 infection following repeated injections of mRNA LNPs. Also troubling is the observation that the class switch from IgG1 and IgG3 to IgG4 is associated with higher incidence of aggressive cancers. Given the well-known role of IgG4 in cancer progression by immune tolerance, these observations warrant serious further investigation.

Finally, the entire concept of subunit vaccines depended on selecting the proper target antigen with the right balance of optimal immune induction that causes minimal toxicity. No significant study had been done to support the contention that the spike protein was the ideal target. Given the known toxicity of the spike protein, the rationale of this choice is questionable.

Avoiding most of the short- and long-term side effects would have been possible with the use of traditional vaccines. When evidence was lacking for selecting an optimal target antigen for a subunit vaccine and the safety and efficacy and cGMP production of an unproven vaccine platform were uncertain, it was much wiser to rely on an established technology like inactivated viruses produced in a well-established, large-scale cell culture platform. This was done by the Chinese company SinoVac. Their vaccine was ready at about the same time and was deployed in China as well as many other countries. Whether it was ultimately better than the mRNA vaccines remains to be studied more thoroughly. In any case, it demonstrated that the speed of development and production rivalled the mRNA platform, with much less uncertainty about the safety profile because it was based on a technology with a long track record.

Mass Vaccination to Reach Herd Immunity?

Some scientists and doctors claimed that mass vaccination, whether with traditional or subunit genetic vaccines, would restrict the chance of variants emerging by reducing the viral load sufficiently that the population of viruses would be so small that the probability of variants emerging would be practically nil. This hypothesis suffered from several serious conceptual shortcomings.

It's rather the opposite that was likely happening. We saw vaccine-immune escape variants flourishing in highly vaccinated countries, extending the infection waves long past the time the infection was mostly over in low-vaccinated countries, such as in Africa. Several experienced vaccinologists argued that it was unwise to mass vaccinate during a pandemic, especially with a non-sterilizing subunit vaccine, but their advice fell on deaf ears.

Hypothetically, even if the vaccines prevented transmission and even if we vaccinated 100 per cent of the human population, many animal reservoirs could serve as hosts to incubate the evolution of new variants. For example, new variants emerged from mink farms in Denmark and France and led to waves of localized outbreaks. Pursuing the fantasy of global vaccination to control the pandemic was scientifically baseless and absurd.

Any vaccine strategy is based on the concept that our immune system, after a primary infection, develops an effective response against re-exposure to a pathogen, thus preventing us from becoming ill again. For serious infectious diseases, a good vaccine would protect against infection and transmission (sterilizing) and against serious illness, thus preventing severe symptoms and deaths. It would therefore be prophylactic, as it could prevent us from getting sick following the first exposure to the pathogen.

Several but not all vaccines in our arsenal exhibit this profile. Those for influenza have fairly low relative efficacy that varies with seasonal strains. Either way, the best we could hope for from a vaccine is to rival the protection of natural immunity without the drawbacks associated with natural infection. This is really the level to reach, and there was no evidence that we had managed to do better.

For respiratory viruses, natural infection effectively protects against reinfection by stimulating local mucosal immunity. Without this robust mucosal immunity, featuring IgAs as one important component, neither infection nor transmission can be prevented. Those who doubted that the most widely deployed COVID-19 subunit genetic vaccines did not protect against infection or transmission needed only to look at the data on infections around the world.

The most vaccinated places were also the places where the highest incidence rates of COVID-19 were observed. Conversely, it was particularly striking to observe what was happening in Africa, which had much lower incidence rates despite the lowest vaccination rate (7%), ten times less than the continents more vaccinated. Undoubtedly, many factors contributed to Africa's good performance in managing COVID-19, but vaccination was not one of them.

One couldn't block the replication of a respiratory virus, such as SARS-CoV-2, unless one induced local mucosal immunity in the respiratory tract, which couldn't be done by injecting a vaccine into the muscle of the patient's shoulder. It was for this reason that among the approximately 143 COVID-19 genetic vaccines in clinical trials, several were being evaluated for nasal administration. One of these vaccines, developed by the Chinese company CanSino Biologics, had been approved for nasal administration and was planned to be deployed in China. In any case, if the name of the game, for whatever reasons, was to prevent SARS-CoV-2 infection to avoid the most deleterious effects from the infection, all of the COVID-19 genetic vaccines in use were unable to do that.

Therefore, in addition to the unavoidable risk of vaccine-induced adverse effects, they mostly failed to protect from the pathologies associated with the course of an untreated infection, assuming that the individual had generated an adequate immune response to begin with. Indeed, there had been reports of obese individuals who became fairly sick from COVID-19 in spite of having a fairly high level of neutralizing antibodies against the vaccine spike protein. Presumably, factors such as the optimal diversity of gut microbiota and robust cellular immunity were not at play in those individuals.

As we have seen from the data in clinical trials, no attempt was made to test the reduction of transmission, so this contention was not based on the highest criteria of scientific evidence, RCTs. The only conclusion presented from the Pfizer RCT was that these genetic vaccines reduced the occurrence of symptomatic infections, not transmission or severe forms of COVID-19. Symptomatic infections were at an absolute risk reduction of about 1 per cent. This anemic absolute risk reduction was due to the fairly low number of infection cases registered during the course of the clinical trial.

The absolute risk reduction, which should have been reported, but was glossed over in the marketing materials, was much less impressive than the widely reported relative reduction of 95 per cent and, at the very least, should have raised questions about the seriousness of SARS-CoV-2 infection cases in the midst of an alleged grave pandemic.

The evidence collected following the deployment of genetic vaccines in the general population also did not support the prevention of transmission, unless the data were manipulated in their collection, attribution, or representation. As for the more severe forms of COVID-19, the evidence for their reduction by genetic vaccines was rather weak to non-existent, particularly since the start of the Omicron wave.

We must also emphasize that the vaccine response decreased significantly over time. The same phenomenon was observed in many states, including Vermont, the most vaccinated American state, which reported higher infection rates than in the past, and Gibraltar, which had one of the most vaccinated populations. Even with the third dose, Gibraltar experienced a strong surge of positive cases but with a relatively lower morbidity and mortality.

As for the real-world data that provided the initial impression that infection and transmission were reduced following vaccination, many confounding factors could have distorted the picture. One important factor was statistical biases. We know that the false impression of reduction in transmission was mostly statistical illusions.

It was created by the arbitrary attribution of COVID-19 infections of the injected individuals labelled as unvaccinated for the first 14-21 days post injection, depending on the states. A simple delay in tabulation of COVID-19 cases of 14-21 days could create the statistical illusion. Interestingly, the Pfizer files obtained by court order revealed that a third of the adverse reactions after vaccination were COVID-19 infection. The high occurrence of COVID-19 infection in the first 14 days post injection was corroborated by data from health agencies in Alberta and Ontario.

That the COVID-19 genetic vaccines didn't prevent infection and transmission was no longer disputed in the Omicron phase because the high rate of infection made it impossible to claim any reduction of transmission. But it was also already apparent with the countless so-called "breakthrough infections" during the Delta wave in the summer of 2021. We learned, through a FOIA (Freedom of Information Act), that the CDC (Centers for Disease Control and Prevention), the NIH (National Institutes of Health), and probably the FDA (Food and Drug Administration) were aware of these breakthrough infections as early as January 2021, most likely from the Pfizer real-world data.

Examining the data from the Canadian government's website, the confusion about the effectiveness of genetic vaccines was understandable. Indeed, several official government data sites reported the figures in a way that left the impression that vaccination had prevented COVID cases (and therefore the transmission) or, at the very least, the more serious symptoms leading to hospitalization or death.

Even if we accepted the dubious attribution of exaggerated cases by overcycled RT-PCR tests or that hospitalizations or deaths with COVID-19 were really caused by COVID-19, a more appropriate representation of official data cast doubt on the merits of the intensive promotion of vaccination. Several tables from the government's site conveyed the illusion of vaccine efficacy but reported and interpreted data in a misleading way.

The tables failed to consider that (1) the vaccination deployment began at different times, starting from December 2020, and that (2) a valid comparison could not be made by aggregating the unvaccinated and vaccinated populations at the beginning when everyone was unvaccinated. A valid comparison of vaccinated and unvaccinated populations required matching time periods (during which the same variants circulate) and accounting for vaccination status (as multiple doses of genetic vaccines were administered).

When we re-plotted the cases by counting from the start of the declaration of cases with additional doses—for example, from June 5, 2022, instead of the start of the vaccination campaign (December 14, 2020)—we observed that people with three and four doses had more COVID-19 cases (and deaths) than unvaccinated people and people with only two doses. Again, the biased PHAC (Public Health Agency of Canada) report suggested the opposite: that more doses conferred greater protection.

It got worse over time as the rate of people recovering from a previous infection constantly increased. The fact that natural immunity was superior to vaccine-induced immunity was a major confounding factor that made the assessment of potential vaccine efficacy futile unless people were tested systematically for previous infections. Given the evidence, the authorities' relentless promotion of comprehensive vaccination for everyone was difficult to understand.

[Rationale for Vaccination and Challenges to Prove a Positive Vaccine Risk-Benefit](#)

From the get-go, any risk-benefit analysis of lockdowns or COVID-19 vaccines was fatally flawed because it was based on the false premise of an uncontrolled spread of a deadly virus. When the risk of dying from COVID was so low to begin with, how could any measure, whether lockdowns or vaccines, actually protect the general population? The potential benefits barely existed, so the harms were likely excessive.

The first principle of ethical medicine, "First, do no harm," was flouted. Focused protection, as advocated in the Great Barrington Declaration and as was done in the past, should have been the way to protect the most vulnerable. Strangely, the most appropriate and well-established personal and public health measures were brushed aside, and this cost countless lives. Focused protection would have advocated for targeted vaccination for the population most at risk from COVID-19 complications, assuming that a safe and effective vaccine had been available.

Any medical intervention has an intrinsic harm-benefit profile. For vaccines, the safety profile must be paramount because they are administered to healthy individuals. Vaccine-induced adverse effects had been documented for decades prior to COVID and were deemed to be rare.

The potential risks of an unknown vaccine platform and its long-term adverse effects could not be evaluated properly without years of pharmacosurveillance data. That means gambling on a potential positive risk-benefit ratio could only have been advocated to prevent severe diseases and deaths, a concern primarily for the most vulnerable and not for the general population. But vaccination had been pushed with the promise of preventing transmission and reaching the elusive herd immunity that would have put an end to the pandemic more quickly. Measuring potential benefits and risks of vaccination at the individual level is equally challenging on both accounts—of safety and efficacy.

Without a proper harm-benefit analysis, Informed Consent cannot be given. Health authorities lacked the knowledge to conduct a meaningful risk-benefit analysis for vaccination that would consider the profile of each individual. At the very least, people should have been tested for previous infection before vaccinating them. Logistically, this test should not have been more challenging than the pre-vaccine campaign of massive COVID-19 tests and the routine mandatory tests for people refusing the vaccines.

However, such a health measure would have been at odds with the propaganda claiming the inferiority of natural immunity compared to vaccines. Vaccine efficacy had not even been established by formal epidemiological studies. Efficacy had been assessed using an unsubstantiated biomarker proxy of efficacy—monitoring antibody titers.

From a public health perspective, the buildup of natural immunity would have likely outpaced the vaccine deployment to confer protection against severe diseases because most people infected by SARS-CoV-2 were not seriously sick and were even often asymptomatic. That perspective, of course, assumed the vaccines would have conferred protection, a contention which had not been demonstrated.

Importantly, for vaccination to be effective, an individual's immune system ought to be functioning properly. The conundrum of higher vulnerability to COVID-19, which was going to be remedied by vaccination, is that what makes people more susceptible to the disease is precisely their anemic immune response. That could be based on genetics, with immunodeficiency syndrome, for example, or epigenetic, as a result of poor diet and lack of sleep and exercise, which perturbs the equilibrium of gut microbiota, essential for proper immune homeostasis. In other words, what makes the terrain weak and renders an individual more susceptible to severe disease is not going to be fixed by a vaccine whose mechanism of action requires a good immune terrain to be responsive.

The phenomenon of vaccine non-responders has been widely documented for protein-based vaccines such as the hepatitis B vaccine. Up to 15 per cent are non-responders. It's noteworthy that healthcare worker mandates for hepatitis B vaccines acknowledge natural immunity, and those who have recovered from hepatitis B are exempted from vaccination if they provide proof of immunity. In an obvious contradiction of immunology science, such exemptions were systematically denied for COVID-19.

It is also well established that immune senescence of the elderly is a major issue for the effectiveness of flu vaccines. Large-scale epidemiological studies would be required to properly ascertain the likely extent to which this problem affected the efficacy of the COVID-19 vaccines. In the absence of such studies, the recommendations of health agencies for general vaccination are, at best, faith-based, not science-based.

The Challenge of Assessing Vaccine Efficacy and Safety

The ultimate test for assessing vaccine efficacy and safety is whether the vaccine protects against deliberate controlled exposure to the disease agent. The test is routinely performed on animals but is considered unethical to perform on humans. Vaccine effectiveness is easier to assess in animals because we can control the infection process by using an inoculum that has been ascertained to make the animals sick 50 per cent of the time. Also, it's possible to minimize variability of outcomes due to genetic and epigenetic factors by selecting animals with a similar genetic background and putting them in a similar environmental conditions. That avoids the problem of confounding factors.

Even under these ideal conditions, no safe and effective animal coronavirus vaccine has been granted approval for wide distribution, which suggests that the development of safe and effective vaccines for coronaviruses is even more challenging than for other pathogens. Nevertheless, we were asked to believe that the unproven mRNA platform would somehow overcome that biological hurdle.

To minimize the undue influence of confounding factors, randomized controlled trials (RCTs) are the gold standard to assess vaccine efficacy and safety and to establish the risk-benefit profile. Many issues have been raised about the efficacy and safety of all genetic vaccines, but we focused on the analysis of the mRNA platform as it was the most widely deployed.

What the Randomized Controlled Trials Proved and Didn't Prove

Many issues were highlighted with respect to the quality attributes of the vaccine product, the design of the clinical trials with their selected endpoints, the low level of absolute risk reduction, the irregularities in the execution of the clinical trials, and the underestimation of the vaccine-induced adverse effects. After the systematic suppression of any potential treatments paved the way for the EUA of the genetic vaccines, vaccination was promoted as the only way out the pandemic. It was sold as the way to prevent people from getting infected and seriously sick from COVID-19. It had to be expedited at an unprecedented pace, at warp speed, and against all odds.

Vaccination was going to allegedly protect both individuals and the healthcare system from being overwhelmed. To fulfil these hopes, the RCTs should have been designed with endpoints showing prevention of transmission and severe diseases and death. They were not. Instead, the only endpoint was reduction of RT-PCR confirmed cases with mild symptoms. Surprisingly, 162 RT-PCR positive cases were reported in the placebo group versus eight in the injected group. Although this represented an impressive relative risk reduction (RRR) of 95 per cent, it corresponded to an overall absolute risk reduction (ARR) of less than one per cent. These figures meant that we needed to vaccinate 123 people in order to avoid one infection (defined as RT-PCR positive cases with mild symptoms).

As the occurrence of severe symptoms leading to death was up to 100 to 1000 times lower, depending on the target population, we would have needed to vaccinate up to 123,000 people to avoid one case of severe disease. The RCT, with only about 40,000 participants, was not powered to make that assessment.

It's noteworthy that 170 total cases represented a COVID-19 positivity rate of only 0.004 per cent in six months of follow-up. With this anemic incidence rate, one would have to conclude that the COVID-19 pandemic wave was rather feeble during the RCT or that the testing was not thorough enough. At least, the testing was not as systematic as that which had been deployed to document the worrisome successive COVID-19 waves. Notwithstanding, it's striking that this low incidence rate yielded a very weak overall ARR.

Telling people who are afraid of getting sick with COVID-19 that (1) the mRNA vaccine would reduce their chance to be infected by less than one per cent, (2) it would not stop them from transmitting the virus, and (3) it was not tested for reducing severe disease or death conveyed a very different message than telling them that the mRNA vaccine was 95 per cent effective. By FDA rules, reporting both RRR and ARR was mandatory, but it was conveniently obfuscated. Informed consent was irremediably compromised with their misleading statements. In addition, the validity of vaccine mandates was shown to be baseless.

To make matters worse, mild symptoms like fever, sore throat, and sniffles overlapped with a host of respiratory infections from multiple different viruses or bacteria, which introduced sampling and attribution biases. Those could have been avoided by regularly testing everyone enrolled in the RCT. Instead, the method used to assess the endpoint was fairly limited in detecting COVID-19 cases, and that cast doubt on the soundness of RRR reported in the RCT.

This contention was bolstered by the surprising number of cases that were rejected from the report because of the lack of participant follow-up and the more than 10-fold number of suspected but unconfirmed cases. Indeed, 1594 in the inoculated arm were rejected versus 1816 in the placebo arm, a difference of 222. Also, there was a strikingly disproportionate number of participants excluded from efficacy evaluation for protocol deviations, with 311 in the vaccine arm versus 60 in the placebo arms, a 5-fold difference, or a 251 difference, in the number of participants.

This must be put in perspective when you consider the difference in the calculation of RRR versus the calculation of ARR. In a thought experiment, if one adds all of the confirmed and suspected cases, the RRR was only 19 per cent, much lower than the threshold of 50 per cent set by the FDA for the approval of the vaccine under EUA. Failure to systematically test all participants without subjective attribution of who needed to be tested or not, raised suspicion about the validity of the reported efficacy.

The massive RT-PCR testing on the population generated the waves of positive cases, most of which were asymptomatic, and created the illusion of asymptomatic transmission. This was the real-world proof that this kind of testing could have been deployed during the RCT to avoid attribution biases. Using a different methodologies to monitor vaccine efficacy and epidemic waves was a clear demonstration of a double standard, insofar as testing of asymptomatic people was mandatory in many settings—for travellers; unvaccinated healthcare workers, even those working remotely; and children in schools, where a few positive cases had been detected.

Furthermore, although not reported in the publication describing the result of the RCT, a different way of monitoring SARS-CoV-2 infection was also measured during the RCT, but it was only revealed by documents obtained by a court order. This other method was to test for antibodies binding to at least one of the viral proteins, such as the nucleocapsid protein N, as irrefutable proof of infection. If the RRR is calculated based on seropositivity to the N protein, the RRR in vaccine efficacy was 55 per cent instead of 95 per cent.

But even that assessment was overestimated. A large-scale clinical trial on more than 4000 people established that the seropositivity focusing on only the N protein underestimated the true infection rate (as measured by antibodies against all of the other viral proteins) by a factor of about two. That meant that during the Pfizer RCT, the real RRR was probably in the range of about 25 per cent—again, much lower than the threshold of 50 per cent set by the FDA for the approval of the vaccine under EUA. Pfizer was aware of that, or should have been, before the deployment of their vaccine in the population, but they concealed the information.

Lastly, another systematic bias in the assessment of vaccine efficacy was the time frame selected to monitor its efficacy. Given that COVID-19 infection rates had been demonstrated to be higher for the first few days after the injection, if “protection” was only monitored seven days after the second dose and the window of negative efficacy was not considered, the true picture of vaccine efficacy would be distorted.

As shown in the Pfizer documents obtained by a court order, while Pfizer and the FDA had hoped to keep the information confidential for 75 years, the third most frequent adverse effect observed in the first weeks following the injection was COVID-19 infection. Therefore, Pfizer was aware of this increased sensitivity to infection, a window of negative vaccine efficacy, in the first months of vaccine deployment.

Also, if after the peak in neutralizing antibodies, a constant decline occurred until the protection vanished and this was not properly monitored, a distorted report of vaccine efficacy would result. The waning protection would have called for repeated boosters, and this had been obfuscated.

Assuming, without evidence, that neutralizing antibodies to the vaccine spike would be a valid proxy of protection, monitoring the antibody response on a relatively short time frame could have led to a misrepresentation of the perceived vaccine benefit.

Incidentally, there has been a strange paucity of testing of neutralizing antibodies in the course of the RCT. They were monitored two months after the second dose and again at six months. The absence of systematic measures of antibody titers during the two-to-six-month interval precluded a proper assessment of the rate of antibody reduction as a proxy for waning vaccine protection—important information that could have contextualized the real efficacy of the vaccines over time. For most people, vaccines are expected to last for several years, not a few months.

Even more worrisome is that according to independent experts in clinical trial standard operating protocols (which are strictly regulated by ICH (The International Council for Harmonization) guidelines, followed by industry, and overseen by regulatory agencies), several irregularities had been communicated to authorities by whistleblowers and were ignored.

The first notable one about irregularities, denounced by Brook Jackson, from the contract research organization Ventavia, was commented on in the *British Medical Journal*. Not only were the issues raised by Jackson completely ignored by Ventavia, Pfizer, and the FDA, but she was also fired for raising troubling questions. At the time of this report, her allegations were being disputed in court.

There is also the widely publicized case of the vaccine-injured Maddie de Garay in the RCT, whose gravity of injury was not properly acknowledged—a clear breach of clinical practice protocol. A similar situation happened in Argentina at the unique, large clinical trial site managed by the military. Out of the 5700 enrolled participants, one participant, Augusto Roux, developed severe myocarditis and almost died during the RCT, yet this event was not reported. He was suing for fraud.

Collectively, all of these five clinical trial sites (three for Ventavia) enrolled over 7000 participants whose data integrity should be evaluated by proper audits that have not yet taken place.

Some commentators dismissed those problems by suggesting that even if we removed these sites from the trial report, which had not yet been done by Pfizer, the data would still support a highly positive RRR number. This is questionable. Removing more than 7000 participants from an RCT of about 42,000 in which 3410 participants had already been discounted would bring the number down to about 32,000 participants. That may or may not challenge the statistical significance of the results or the overall result of the RRR assessment.

Nevertheless, in spite of the speculative nature of these suspicions, there was enough of a smoking gun to justify a formal audit to ascertain whether or not these allegations of clinical trial malpractice were founded. A confirmation by an independent audit would compromise the validity of the whole RCT.

How plausible was it that Pfizer had not been honest? Since 1995, Pfizer had been fined in 40 court cases for 6.5 billion dollars of compensation—for scientific fraud, wild RCTs, corruption of decision-makers, and diffusion of false information. The pattern was well-established.

Current Good Manufacturing Process (cGMP), Chief Manufacturing Issues

Another troubling issue was the quality of the vaccine product. It had been questioned by the European Medicines Agency (EMA) when a number of quality attributes did not conform to expected norms. Notably, there was a significant discrepancy in the integrity of the mRNA as well as the degree of DNA contamination between the batches used in the RCT and the commercial batches for worldwide distribution. Even after Pfizer had been notified to fix these issues, they were unable to comply. Because of the alleged emergency, the EMA turned a blind eye.

Obviously, the significant discrepancy between the RCT batches and the commercial batches was proof that the manufacturing processes were different, which was acknowledged by Pfizer. This was a clear deviation of both normal clinical trials standard operating procedures and cGMP processes, and it raised major concerns about the batch quality and consistency.

Indeed, in a normal RCT protocol, although tolerated, it's highly recommended to avoid changing the manufacturing process in the path of moving from preclinical to the various phases of the clinical trials. At the very least, the process must remain the same from phase 3 to commercial manufacturing. Otherwise, a bridging study is needed to validate that the product will behave as it did in the phase 3 trial.

This consistency is even more important for a complex drug product such as these genetic vaccines. Unlike small molecule drugs, which are amenable to full physicochemical characterization, complex biologics such as the mRNA genetic vaccines cannot be fully characterized. For such products, the "product is the process." Changing the process in the course of product development almost guarantees that the product quality will vary unless the new manufacturing process is well mastered, which was far from being the case for the mRNA-LNP products.

Pfizer acknowledged that their process 1, which was hastily developed for the product used in the clinical trials, could not be scaled up to the level required for commercial manufacturing (process 2). They therefore did a small bridging study during the RCT on 250 participants who received the products manufactured using process 2. That meant that almost 90 per cent of the RCT was done with a different product than the one that was used on the general population. Does anyone besides the regulatory agencies think that testing this product in a RCT with only 250 participants would yield reliable, statistically significant data?

The regulatory agencies advertise on their website that they audited the manufacturing batches; however, the reports of such audits are not made public. It's therefore unclear to what extent the batch quality issues are limited or widespread.

Independent analyses by several experts have revealed that the issues of RNA integrity and DNA contamination have persisted in many batches. Most notably, functional plasmid DNA harbouring antibiotic-resistant genes as well as the SV40 strong promoter sequence have been detected at more than 10-fold the level of the acceptable norm. Both the short- and long-term consequences of the poor batch quality have not yet been fully examined.

One big concern is that, unlike mRNA, DNA can integrate in the cell genome without the step of reverse transcription, so this event could occur at a higher frequency. Also, the SV40 strong promoter sequence, once integrated, could activate distant genes and perturb normal gene expression in unknown ways. Only rigorous genotoxicity and tumorigenicity analyses could determine the long-term consequences of such events. Such studies have been waived, so we are left to just hope for the best.

The complacency of the health authorities does not augur well for redressing the pitfalls of the cGMP issues that they have been so far reluctant to require to get resolved. This was further exacerbated by the silent approval of new bivalent mRNA vaccines that use the same suboptimal manufacturing process. There was no acknowledgement that changing the RNA sequence was not a minor modification with untold and unexamined consequences. How can we conclude that changing the RNA sequence is a minor modification without assessing it with RCTs (which have been deemed unnecessary)?

Despite what has been claimed by governments and echoed in the mainstream media, corners have been cut, and the trend has been worsening. How can any health regulatory agency endorse the alleged safety and efficacy label of a product with questionable quality and consistency and in blatant contraventions of quality standards established in the industry for decades? Perhaps that is part of the new normal—regulatory bodies no longer enforcing the high-quality standards essential for public safety and endorsing an accelerated process development and approval cycle. If it is justified by an emergency, what is the emergency?

Underestimation of Vaccine-Induced Harms

Underestimating the occurrence and hazards of vaccine adverse reactions has been the modus operandi of the Pharma industry in concert with public health authorities for decades. This was done under the guise of the greater good to suppress vaccine hesitancy at all costs and to promote vaccination as widely as possible as an indisputably beneficial health measure. And, to that noble end, anything in the play book is acceptable. This includes attacking dissenting voices with derogatory terms among which the label "anti-vax" sits at the pinnacle.

Nothing can be more unscientific than resorting to ad hominem attacks to silence legitimate debate. Sadly, character assassination is not the only tactic. People who dared to question the orthodoxy that controls the granting system, along with the other institutions, have found their scientific careers ruined.

The quasi-religious faith in the virtues of vaccination undermines any decent assessment of its risk-benefit ratio. As vaccines are presumed to be safe and effective without rigorous testing, vaccine safety research is impeded by the lack of granting support, unlike the well-funded field of vaccine development, hence the paucity of vaccine safety studies.

An honest risk-benefit assessment of the mRNA genetic vaccine was plagued by bias measures that tended to amplify merits while downplaying adverse effects. Any positive risk-benefit analysis was so questionable that thousands of doctors and scientists across the world joined their voices to call for an immediate suspension of COVID-19 genetic vaccines until a proper risk-benefit assessment was conducted.

In the absence of solid evidence from RCTs, the opinion of health authorities relied on real-world data whose completeness and accuracies were questionable. It was more a matter of expert opinion than hard scientific evidence.

High-profile medical and scientific experts without conflicts of interest examined the data and concluded that these mRNA-LNP genetic vaccines are neither safe nor effective. The same data was examined by medical authorities and government officials in Canada and across the world who trusted the "safety and efficacy" narrative without reliable data from the Pharma companies. Who were more credible?

At the time of writing this report, some COVID-19 genetic vaccines had been restricted in a limited number of states for unfavourable risk-benefit profiles in some segments of the population, mostly younger people. Citizens were calling for a more complete ban on COVID-19 mRNA vaccines, whereas the adenovirus-based vaccines were no longer on offer in many countries, including Canada.

It was an uphill battle. Meanwhile, the FDA was examining which sequence of Omicron variant to offer for the fall booster as the original Wuhan and bivalent vaccines were no longer promoted. In Canada, the National Advisory Committee for Immunization (NACI), whose members were as plagued by conflicts of interest as the FDA panel members, were following along the same lines as the FDA. Their implicit message was that the only problem with the mRNA-LNP products was matching the sequence of RNA with the variant du jour.

In spite of all the attempts to minimize the extent of the mRNA genetic vaccine adverse reactions, the acknowledgment of severe symptoms and the unprecedented death rate was growing. Were the high number and diversity of vaccine adverse events (VAEs) a big surprise? Not really, insofar as most of the potential adverse events to be monitored were listed on the FDA website in October 2020, and they were what we observed after the vaccine deployment: myocarditis, pericarditis, thrombosis, autoimmune diseases, and a host of invalidating neurological conditions.

These were also spelled out in the record of the Pfizer documents, obtained by court order. Pfizer's post-marketing pharmacovigilance study showed an impressive number of serious adverse reactions in the first months of vaccination, including more than 1200 deaths. Contrast that with the flu vaccination campaign of 1976, which was suspended after fewer than 100 deaths. The precautionary principle was still in effect at that time.

In retrospect, there were some glimpses of severe adverse effects from the Pfizer RCT, even though the formal assessment of long-term adverse reactions was abruptly interrupted during the course of the RCT. An astonishing decision to offer the vaccine to the placebo arms interfered with one of the trial's important objective of assessing long-term safety. Vaccinating the placebo arms after six months in the course of the RCT effectively eliminated most of the placebo arm control that would have allowed us to compare the occurrence of adverse effects for the two-year duration initially planned.

However, all of the data at the six-month interval pointed to significantly higher illness, which the vaccine was supposed to reduce. What good was a vaccine that reduced the infection cases without any indication of reducing the illness?

Although not statistically significant, it's noteworthy that there were more deaths in the vaccine arms than the placebo arm, 20 versus 14. Interestingly, cardiovascular events were the cause of nine of those deaths in the vaccine arm and five in the placebo arm. Given the context that myocarditis and pericarditis were among the first vaccine severe adverse effects (VAEs) acknowledged by health authorities, this confirmed the importance of such cardiovascular events. In any case, even if the analysis was deemed not statistically significant, with such data, any claim of vaccination reducing illness and death was unsubstantiated by the RCT.

More telling was what was not reported or even examined. Given that clear symptoms were the endpoints of the pathological process, it was routine medical practice to assess the early signs of pathologies using validated biomarkers. It was mind-boggling that standard biomarkers had not been deployed to monitor the myriad of expected potential side effects listed by the FDA. For example, D-dimer provides evidence of enhanced coagulation/clotting, C-reactive protein for evidence of enhanced inflammation, and troponins for evidence of cardiac damage. If biomarkers of early signs of disease are not tracked, then biosafety monitoring is of poor quality. Consequently, the assessment of vaccine safety is far from exhaustive.

From Anecdotal to Large Statistics of All-Cause Disability and Mortality

Besides the astonishing lack of acknowledgment of vaccine-injured people, the cruelest aspect was the gaslighting. How can one listen to the horror stories of people whose lives have been destroyed by vaccine injuries without being moved and shocked by the wall of indifference, or even hostility, that they had to face while desperately attempting to be heard by medical authorities?

Even more frightening was the apparent incapacity to properly diagnose the myriad of symptoms, many of which were rare or never seen before. This attitude provided little hope that treatments would be proposed for injuries that were not properly acknowledged.

Many came to share their stories with candour and despair. Although the total number and extent of vaccine-induced disabilities were challenged by the authorities, given that many had taken the injections for the cause or were coerced by social pressure or government mandates, the least that a compassionate society must do is acknowledge them, treat them, and properly compensate them –not leave them to their misery. People were mourning the death of close relatives following the injections with unresolved sentiments of guilt, helplessness, rage, and sorrow of not being recognized by the authorities.

Vaccine-injury denial was part of the propaganda of denigrating people with the anti-vax label in the effort to combat vaccine hesitancy—purportedly dangerous for public health. Vaccine-injury denial has been around for a long time, at least since 1984, but it was on steroids during the COVID-19 health crisis.

Vaccine-injured people are more than just a number in a table of vaccine-correlated symptoms. Beyond the cold statistics, there are humans who suffered twice—first, from their vaccine injuries, and then, from the denial of the authorities and the population to recognize their miserable state.

This denial is being challenged in courts all over the world, and with time, silence will be broken and justice will prevail. Otherwise, we will face another health crisis debacle when the next pandemic is declared.

While the state was diligent in procuring excess stocks of vaccines, which were subsequently destroyed when they expired, or generously given to Africa before they expired, what resources were devoted to dealing with the deleterious consequences of vaccine injuries, in terms of care and compensation disability?

The population had already payed for these free vaccines with their taxes, and they were set up to continue paying on a personal and collective level because the manufacturers had signed contracts exonerating them from prosecution.

If, despite the urgency of the authorization, these vaccines were well designed and manufactured to be safe and effective, why did the manufacturers have to protect themselves from legal prosecutions by passing the bill on to the public, who still has to pay and be further impoverished by the indebtedness of the state?

In the context of strained resources for healthcare, which monopolizes a substantial part of state budgets, one cannot ignore the significant direct and indirect costs of the unjustified massive vaccination campaign. Hasn't this vaccination campaign resulted in a vast wealth transfer to the pharmaceutical industry? Not only is there no benefit to public health, but we will be paying for the increasingly heavy toll of damages for decades to come.

Due to a toxic combination of willful blindness and collective guilt of the medical establishment that took part in the vaccination campaign and fiercely fought vaccine hesitancy, calling it irresponsible and harmful for public health, the lack of acknowledgment and the gaslighting of the vaccine injured has been a major obstacle to their therapeutic care. From the analysis of the VAEs in the RCTs to the endless lists of injuries reported in the various pharmacosurveillance systems, the alarming number and diversity of disabilities induced by the COVID-19 genetic vaccines are unquestionable.

An independent reanalysis of Pfizer and Moderna RCTs done by Fraiman and collaborators revealed that SAEs (severe adverse events) occurring at a rate of one in 556 is categorized as "uncommon," according to the accepted classification, not "rare," as was displayed on the various government websites. Since this rate is 18-fold higher than was used in the past for withdrawing other vaccines, why were the COVID-19 genetic vaccines not withdrawn?

Experts monitoring all of the governmental pharmacosurveillance systems worldwide—for example, VAERS in the USA, Yellow Card in UK, EudraVigilance and the WHO VigiBase system—have recorded numbers of injuries, disabilities, and deaths that are more than 20 times higher than for traditional vaccines. There were enough safety signals in VAERS in January 2021—almost 700 deaths—to stop the rollout of the Pfizer vaccines. Based on that, the Moderna vaccines should not have been rolled out. However, all of the historical safety signals for suspending vaccines were ignored.

As a result, countless VAEs piled up for more than two years before the CDC was forced to release the data from their V-safe system. It revealed more than 700 safety signals from over 10 million self-reported VAEs, of which 7.7 per cent were deemed severe adverse events.

It's noteworthy that both the number and the diversity of VAEs were much higher. The types of VAEs linked to COVID-19 mRNA-LNP were up to 15,042, which is greater than 10 times more diverse than for all other traditional vaccines. This diversity in adverse events was probably liver related. As it turned out, the mRNA-LNP vaccine was very stable and had an ill-defined pharmacodistribution profile. Accumulation of spike proteins in the ovaries was a concern, but the liver was the second site of greatest accumulation after the injection site. Accumulation in the ovaries was likely the reason for the menstrual dysregulation and partly explained the significant reduction in fertility rates in many highly vaccinated countries. It also correlated with increased stillbirth rates.

This increase in stillbirths was documented in a study co-authored by Dr. McCullough in which it was reported that COVID-19 genetic vaccines had a greater than two-fold, or 100 percent increase, in VAEs as compared to traditional flu vaccines. This represented a clear safety signal requiring further investigation, according to the CDC. Furthermore, a major increase in stillbirth rates were observed in many states, correlating with higher vaccination rates of pregnant women.

While the result of the RCT conducted by Pfizer on pregnant women was not disclosed even many months after the trial has been terminated, it's unfathomable that the vaccines were promoted to pregnant women without any safety or efficacy data. That was in blatant disregard of the precautionary principle. Also unfathomable was the willful blindness of the medical establishment who endorsed it without scientific evidence. Their faith in the Pharma industry and the regulatory agencies was misguided.

It was shown that spike mRNA was persistent in the liver, and liver accumulation is likely the main reason for the diverse pathophysiological symptoms. Among the main physiological systems in the liver, we found a number of proteins involved in the regulation of the ACE2 renin-angiotensin system (RAS), a key system that was most likely disrupted by the spike protein by virtue of its binding to the ACE2 receptor.

Also, the liver was the production centre of many proteins involved in the coagulation cascade; its dysregulation could lead to all kinds of clotting issues. Numerous VAEs had common etiology involving aberrant coagulation and wound healing. Further research is required to decipher the specific mechanisms involved.

Interestingly, the perturbation triggered by spike-induced liver inflammation which affected normal liver coagulation homeostasis, combined with the propensity of the spike protein for aberrant folding, could provide some fertile research hypotheses to explore the underlying mechanisms of the unusual clot formations that has been observed by embalmers.

Ectopic over-expression of the spike protein in other tissues, such as the endothelium of veins and arteries, is likely involved in many coagulation pathologies. Similarly, ectopic over-expression of the spike protein in the brain could be at the root of a host of neurological diseases. Again, this will only be unravelled by much-needed additional research.

Even in the absence of the precise pathophysiological mechanisms of injuries that need to be further investigated for the myriad of VAEs, a significant number of autopsies documented the plausible causal link of the COVID-19 genetic vaccines in many cases of suspicious sudden deaths. The COVID-19 genetic vaccines were also a plausible explanation for the abnormal surge of non-COVID excess deaths in 2022 in most of the highly vaccinated countries, especially noticeable in the younger population.

From the more than 4,300 peer-reviewed papers examining vaccine injuries, a study co-authored by Dr. McCullough found that in the 44 papers describing autopsy reports, 74 per cent of the 325 autopsies were adjudicated to be mostly caused by COVID-19 vaccination. The deaths occurred within a mean average of 14 days of the last injection, with the majority occurring within a week. The close temporal association made the adjudication more plausible. For all of these cases, 53 per cent of the time, cardiac issues were the main cause of death, followed by hematological issues (17 per cent).

The magnitude of death and injuries can be realized from the May 5, 2023, VAERS. It counted more than 1.5 million VAEs, including 35,324 deaths in the U.S. With a conservative under-reporting factor of 20, this represented 706,480 deaths in the U.S. alone, a staggeringly high death toll if proven correct.

In the absence of data transparency—governments refusing to report the vaccination status of people dying of all-causes—it was very difficult to appreciate if vaccinated people were dying proportionally more than unvaccinated people. It was therefore difficult to assess the magnitude of health damages generated by the broad vaccination campaigns.

However, this information was obtained from the analysis of insurance companies and the U.S. Bureau of Labor Statistic (BLS), as testified to by Edward Dowd. Indeed, the careful investigation of the tables led to the disturbing conclusion that in 2021, 2022, and continuing in 2023, it was detrimental to your health to be employed in the United States. Financial analysts referred to it as a black swan event.

Given that the working population in the U.S. was likely to be the healthiest, finding that they were dying at a higher rate than the unemployed was astonishing. For example, in the third quarter of 2021 (Q3), there was 40 per cent excess mortality in the population aged 25 to 64. To put this in context, a 10 per cent increase in excess mortality was a 1-in-200-year event, hence very rare; a 40 per cent increase was off the charts. And these off-the-chart excess mortality rates happened immediately after the vaccine mandates, which were systematically implemented for every federal government employee and for private companies of more than 100 employees.

The best explanation for such a coincidence is that the vaccine-hesitant millennials were coerced to take the job or lose their job, and the rapid vaccine uptake resulted in the increase of all-cause mortality in the subsequent quarters. No other event could meaningfully account for that.

Furthermore, the staggering amount of lost work-time data from the BLS showed a huge increase in lost workdays in 2021 and 2022 (due to approximately 26 million vaccine-injured people, when we considered a 30-40 underreporting factor in VAERS): it was another black swan event. This significant disability of almost 10 per cent of the workforce was going to result in major loss of productivity for the U.S. economy in years to come. No one meaningfully challenged the quality of this financial analysis, yet no authority was willing to acknowledge the consequences of this dire situation and propose a remedy.

Finally, because of unavoidable attribution biases, a clear correlation of COVID-19 genetic vaccines and deaths could ultimately be best established by a statistical analysis of all-cause mortality worldwide, as testified by Dr. Denis Rancourt. From his careful and detailed analysis of the statistics on all-cause mortality over a century, by age and discrete temporal categories, he concluded, beyond a shadow of a doubt, that the worldwide vaccination campaigns were responsible for a massive amount of deaths (and still counting).

The first insight about vaccination as the main culprit of an increase in all-cause deaths came from a study in India in which a huge peak of excess deaths (3.7 million) was linked to the vaccine rollout that targeted mainly elderly and frail people in the first wave of vaccination, called the “Vaccine Festival.” As it turned out, the vaccine-dose fatality rate (vDFR), as calculated using a large body of data, was much higher in older people.

The vDFR increases exponentially with age, ranging up to 3 per cent for the most vulnerable elderly, with a doubling time of five years. In the Indian vaccination campaign, the vDFR was, on average, one per cent because of the target population.

The statistics for Australia went from zero excess deaths to a huge excess in deaths immediately following the vaccine rollout. The trend continued and was very visible after the third dose. In Mississippi, the “Vaccine Equity Campaign”—again, for the most vulnerable in the population aged 24 to 65—also yielded a huge excess in deaths immediately following the vaccine rollout. Similar profiles were also easily discernible in Alabama and Michigan.

In Canada, the excess mortality seen in 2020, did not decrease in 2021–22 following vaccination. In fact, in 2022, there was significantly higher mortality than in 2020 or 2021. As soon as the vaccination was rolled out, we saw an extra peak of mortality. The rollout of the third dose gave the highest peak of mortality, suggesting that the toxicity was dose dependent.

The data from many Western countries allowed Dr. Rancourt to calculate a vDRR between 0.05–0.1 per cent and 1 per cent (and up to 3 per cent for the most vulnerable). Excess deaths were 13 million worldwide—3.7 million in India, 330,000 in the USA, and around 28,000 to 31,000 in Canada—for a vDFR of 0.03 per cent or 1 death per 3000 doses. Again, the astonishing numbers of COVID-19 genetic vaccine deaths were not meaningfully challenged.

In most countries, excess mortality was dropping and returning to normal, but there were a few countries like Canada where excess mortality was higher in 2022, and the reason behind this phenomenon was being explored.

Poor Modelling Says Millions Saved by Mass Vaccination

As the data on vaccine serious adverse effects piled up, the health authorities reluctantly started to acknowledge their existence. With the growing evidence on causality, they tried to evade responsibility. Their justification went something like this: “Of course, no vaccine is perfectly safe, but causality has not yet been demonstrated in the majority of the cases, and overall, they save many more lives, even if the vaccines, potentially, are causing some deaths.”

The incentive to make such baseless claims was also motivated by the systematic suppression of life-saving treatments, which potentially cost millions of lives. The suppression was a necessary condition to get COVID-19 genetic vaccine approval under EUA.

It would have been possible to conduct rigorous statistical analysis to prove that a reduction in COVID-19 or all-cause mortality following vaccine rollout in 2021 was strongly correlated with the vaccine rollout. The fact that no such study was published by any government in the world was a clear indication that prevention of COVID-19 mortality by vaccination was not observed in the real world.

Ignoring the data, health authorities resorted to “garbage in, garbage out” modelling, like the one published by Neil Ferguson at the beginning of the pandemic that predicted COVID-19 mortality. Due to incorrect assumptions, his model exaggerated deaths by a factor of 10 to 20.

The same playbook was used in the infamous *Lancet* paper that claimed that the COVID-19 genetic vaccines would save up to 14.4 million lives in 2021. This modelling was based on false assumptions about the infection fatality rate (IFR) and vaccine efficacy that resulted in at least a 200-fold overestimation of vaccine’s putative benefit on death reduction. These absurd modelling results were widely publicized in the mainstream media.

Similarly, a paper co-authored by Theresa Tam, falsely claimed that Canada’s drastic health measures, in terms of NPIs and vaccination, had a combined benefit of preventing 1.1 million COVID-19 deaths. The figure was produced by massively overestimating IFR and putative effectiveness of both NPIs and vaccines. The claim that those drastic measures brought down the excess-death statistics to exactly the expected historical level was simply absurd, as testified to by Dr. Denis Rancourt. The fact that such a poor-quality paper was published in the peer-reviewed literature was mind-boggling.

Conclusions

There was malpractice by public health and individual healthcare practitioners. Relentless vaccination and denial of early outpatient treatment for COVID-19 were rivalled only by bureaucratic stubbornness.

Given the limited evidence-based justification for widespread vaccination and concerns regarding the experimental mRNA-LNP gene therapy injections, we concluded that:

- These injections did not undergo the standard approval process for gene therapy products.
- Manufacturing issues led to quality concerns that deviated from historical regulatory standards for protecting human health.
- The unprecedented level of reported morbidity and mortality, particularly among vulnerable populations, surpassed what was observed with traditional vaccines or COVID-19 infections.

- Rigorous randomized controlled trials (RCTs) failed to demonstrate their efficacy in stopping transmission or reducing severe illness, hospitalization, or death. Instead, the vaccines were associated with more harm than benefit.
- The injections were administered without obtaining free and Informed Consent, contravening the principles of the Nuremberg code.
- During the early days of the pandemic, politicians said that one death from COVID-19 was one too many, implying an all-out war on COVID, regardless of collateral damages. Although they claimed that drastic measures were necessary to prevent COVID-19 deaths, the vaccine-caused deaths were ignored—a double standard at play. Those deaths were tolerated for the “greater good.” Certainly, no effort was made to avoid vaccine deaths at all costs.

In theory, reporting of VAEs was compulsory, but many doctors didn’t report adverse events because the process was cumbersome and because they couldn’t or wouldn’t believe that VAEs were linked to vaccines. However, it was not up to doctors to make the call to skip the reporting process.

The net result of the authorities’ use of inappropriate criteria was a substantial underreporting of side effects. Because the time frame of occurrence was established on the false premise that these genetic vaccines were like traditional vaccines, any side effect reported after a few weeks was arbitrarily deemed unrelated. The estimate was between a 10- to 100-fold underreporting of VAEs.

The decision to suspend a vaccine depended on the danger signals analyzed from VAE statistics. Every VAE had to be analyzed to formally incriminate the vaccine as a causal agent, but the process was long and tedious. Normally, the likelihood of suspending vaccines increased with greater numbers of injuries. During the COVID crisis, however, even though the threshold of danger signals was well above traditional vaccines, the formal process of their removal was not activated, except for some limited restrictions in some states.

Outrageously, the precautionary principle was flouted for pregnant and breastfeeding women. Without any clinical trial safety data, these vaccines were promoted after unsubstantiated data alleged pregnant and breastfeeding women were more at risk from COVID-19 than the general population. The reckless decision to recommend the vaccine to pregnant and breastfeeding women resulted in a notable increase in miscarriages, stillbirths, and serious health problems for babies.

The contention that the COVID-19 genetic vaccines had shown any positive risk-benefit in any segment of the population was refuted by the bulk of the evidence provided by independent expert witnesses. Their overall conclusion was that these genetic vaccines did more harm than good. They remarked on the limited efficacy and imminent danger of these vaccines, and they called for an immediate withdrawal from the market until rigorous studies proved the vaccines were safe and effective.

The onus of proof was seen to be on the vaccine manufacturers. The regulatory agencies were admonished by expert witnesses to get back to the best practices of protecting the public from the harms of a product hastily developed, tested, and manufactured.

Working at “the speed of science” was denounced by expert witnesses. People would be justifiably reluctant to fly in a plane under construction that had not been fully tested for safety. People were similarly justified in their vaccine hesitancy. At best, these mRNA vaccines were poorly tested experimental prototypes that should have been sent back to the drawing board. This was unlikely to happen unless the perverse incentives for these products were eliminated.

Unfortunately, suspending the vaccines would have required government officials to admit their initial reckless mistake. The further they persisted without acknowledging their error, the more they doubled down and pushed the approval of new mRNA formulations without proper RCTs. We saw this with the approval of vaccines for children and the approval of the bivalent Omicron vaccines.

They wanted us to believe that because the initial concoction had been declared safe and effective, the new mRNA sequences in the same LNP platform would also be safe. They were saying, without proof, that new mRNA coding sequences didn’t make any difference. This approach violated the spirit of the historical drug approval process that had been practised for decades (although with some gaps) to protect public safety. A new drug was presumed unsafe and ineffective until proven otherwise, and changing anything in the content of the product made it new.

Recommendations

We recommend the suspension of any further vaccination for COVID-19 until (1) the issues of cGMP production are resolved; (2) the genotoxicity, auto-immunogenicity, and tumorigenicity assays are conducted to the appropriate level for gene therapy products; and (3) rigorous RCTs demonstrate the reduction of morbidity and mortality in a representative population, including the most vulnerable.

Given that there was no efficacy study in the RCT with the mRNA-LNP produced in the commercial manufacturing process and that there were irregularities in the clinical trial process, we recommend that Health Canada require an independent audit of the RCT.

Victims have to be compensated more readily. We also recommend that the government set up a special centre to take care of the vaccine-injured.

Regulatory agencies must revisit the warp-speed-development mindset of the COVID-19 genetic vaccines and rebut the allegation that the mRNA-LNP products have been proven safe and effective and that they can therefore be further used as a vaccine platform for other diseases without proper safety testing.

A Pandora’s box has been opened, and promoting any future products based on that mRNA-LNP platform technology for expedited marketing, within one year, without the proper efficacy and safety assessment will only perpetuate bad health outcomes of similar magnitude.

In alignment with the views of numerous medical doctors and scientists worldwide, the following recommendations are made:

- A. **Immediately halt the use of experimental mRNA-LNP** gene therapy injections for COVID-19 prevention.
- B. **Approve any future applications of these injections through** the standard gene therapy product approval process.
- C. **Ensure that the regulatory approval process** and recommendations by vaccine immunization committees are reviewed by independent medical and scientific advisory committees without conflicts of interest.
- D. **Establish clear safety signal thresholds** that would necessitate the automatic removal of any vaccine or therapeutic product from the market, with legal accountability for officials failing to adhere to these pre-established norms.
- E. **Acknowledge, treat, and adequately compensate individuals** who have experienced vaccine-related injuries.

7.5.7. Interim Authorization of COVID-19 Vaccine

Introduction

The Commission received detailed information about the procedure through which “approval”¹³² for COVID-19 vaccines was granted in Canada. According to the testimony, the conventional evaluation and endorsement process for the COVID-19 vaccines was not adhered to by the Canadian Government. Instead, a new process was established whereby Health Canada “authorized” the COVID-19 vaccines under an Interim Order (which was later adopted as a permanent regulation). It is important to understand that the COVID-19 vaccines were never approved under the traditional approval process for drugs in Canada. Under the alternative authorization process, the necessity to establish the safety and efficacy of COVID-19 vaccines through an objective manner appears to have been set aside.

Objectively and independently proving the safety and efficacy of any new drug before its introduction into the market is an essential cornerstone of responsible healthcare and public safety. This rigorous requirement serves as a critical safeguard for individuals’ wellbeing, ensuring that potential risks are thoroughly assessed and weighed against the benefits. This principle becomes even more pivotal when the drug is intended for widespread use across all segments of the population.

The blanket use of a drug, especially one like the COVID-19 genetic vaccines, necessitates an unassailable foundation of evidence. Rigorous testing, transparent evaluation, and independent verification of safety and efficacy are fundamental to instilling trust among both healthcare professionals and the general public. This approach ensures that medical interventions are based on the most accurate and reliable information available.

In the context of a global health crisis, these principles are vital to ensuring that public health measures are not only effective but also respectful of individuals’ rights and dignity. It is imperative that all drugs proposed to be released to the public be objectively and independently proven to be both safe and effective. It is for this reason that strict proof of safety and efficacy have been required by our drug approval regulations. The need to prove both safety and efficacy take on particular importance for drugs intended for the entire population, including children and pregnant women. This approach forms the bedrock of responsible medical practice and contributes to a society that values health, science, and the dignity of each person.

Testimony Concerning Interim Authorization of COVID-19 Vaccines

The following vaccines were authorized by Health Canada under the Interim Order:

¹³² Throughout this Report, the terms *approval* and *authorization* are used synonymously to describe the process by which Health Canada made the COVID-19 vaccines available for use in the Canadian population. Health Canada appeared to also use the terms somewhat synonymously; however, the distinction between drug approval under the normal procedures and COVID-19 drug authorization under the Interim Order and the new regulation is discussed in this section.

1. Pfizer-BioNTech on December 9, 2020, for ages 16 and older and May 5, 2021, for ages 12-15,
2. Moderna on December 23, 2020, for ages 18 and over and August 27, 2021, for ages 12-17,
3. AstraZeneca on February 26, 2021, for ages 18 and older, and
4. Janssen (Johnson & Johnson) on March 5, 2021, for ages 18 and older.

The Commission received testimony from two key witnesses, Shawn Buckley and Deanna McLeod, regarding the procedure through which the authorization of COVID-19 genetic vaccines took place in Canada.

The initial authorization of all COVID-19 vaccines was provided under a temporary Interim Order, which exempted them from the traditional regulations that demand manufacturers demonstrate objective evidence of safety and effectiveness. The result was that while chief medical officers across the country repeatedly assured Canadians that the COVID-19 vaccines were “safe and effective,” the general Canadian population had no understanding that their authorization process had not required objective proof of safety nor efficacy.

Shawn Buckley

A constitutional lawyer, he discussed the changes in Canada’s *Food and Drug Regulations* for the approval of COVID-19 vaccines.
(Quebec City: May 12, 2023)

The normal regulatory process for approving a new drug in Canada is set out in Division 8 of Canada’s *Food and Drug Regulations* (the Regulations).¹³³

https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._870/index.html

In order to get approval of a new drug in Canada, the Regulations require evidence of both the drug’s safety and effectiveness to be demonstrated to the Minister of Health.¹³⁴ Once evidence of safety and efficacy is provided, the Minister considers whether the benefits outweigh the risks. If evidence of safety and effectiveness has been provided which shows that benefits outweigh the risks, the Minister may grant market approval of a new drug.

¹³³ *Food and Drug Regulations*, C.R.C., c-870.

¹³⁴ *Regulation C.08.002(2)(g) and (h)*.

These first steps of demonstrating safety and effectiveness, before approval, are essential to ensuring that Canadians are not exposed to unknown risks in the name of unknown effectiveness. The Federal Government's creation of the Interim Order required Health Canada to approve the COVID-19 vaccines without proof of either safety or of efficacy which resulted in millions of Canadians taking a new drug whose safety and effectiveness could not be known.

The unfortunate result of authorizing the COVID-19 vaccines through the Interim Order (instead of within the traditional approval process under the Regulations) was revealed through NCI testimony –many Canadians were injured or killed while at the same time the COVID-19 vaccine was revealed not to be effective in preventing infection and transmission nor reducing the severity of illness. The benefit of hindsight demonstrates clearly why the traditional tests under the Regulations are needed for all new drug approvals and why Canada should not authorize drugs under Interim Orders, even in cases of public health emergencies.

The Traditional Drug Approval Process

The requirements that must be met to approve a new drug in Canada are found in C.08.002(2) of the Regulations. Of particular importance are high requirements for proof of both safety and efficacy. These are found as follows:

C.08.002(2) A new drug submission shall contain sufficient information and material to enable the Minister to assess the safety and effectiveness of the new drug, including the following:

- g) detailed reports of the tests made to establish the safety of the new drug for the purpose and under the conditions of use recommended;
- h) substantial evidence of the clinical effectiveness of the new drug for the purpose and under the conditions of use recommended.

Under the traditional approval process in the Regulations, the first step is to establish the safety profile of the new drug and demonstrate to the Minister of Health that the drug is safe for use in the human population. The second step is to establish the new drug's benefit profile: in other words, Is it effective? Does it work? The third step, although not specifically included in the Regulations, is to evaluate the risk-benefit profile for the drug. The regulatory review has to establish that the benefits of using the drug outweigh the risks of using the drug.

One cannot satisfy the requirement for a risk-benefit analysis without a complete understanding of the drug's safety and benefit profile.

Interim Order: Importation, Sale, & Advertising of Drugs in Relation to COVID-19

Instead of following the Regulations, on September 16, 2021, the Minister of Health made an Interim Order exempting all COVID-19 drugs (including COVID-19 vaccines) from the normal review and approval process.

The Interim Order was made under section 30.1 of the *Food and Drugs Act*, R.S.C., 1985, c. F-27, which permits the Minister of Health to make an interim order that overrides normal regulations. This section reads:

30.1 (1) The Minister may make an interim order that contains any provision that may be contained in a regulation made under this Act if the Minister believes that immediate action is required to deal with a significant risk, direct or indirect, to health, safety, or the environment.

The term *significant risk* is not defined in the Act, nor is there any proportionality built into this section. Thus, there does not appear to be any legislative safeguards or guidelines for when this power to override is used by the Minister of Health.

Under this broad power, the Minister made the Interim Order which, rather than requiring significant evidence of safety and efficacy of the COVID-19 vaccines as mandatory requirements for approval, only required the vaccine manufacturers to provide:

3(1) sufficient information and material to enable the Minister to determine whether to issue the authorization, including,

(o) the known information in relation to the quality, safety, and effectiveness of the drug.

By letting the Minister make a decision based on “known information” about safety and effectiveness, this allowed the COVID-19 vaccines to be authorized in advance of actual knowledge about their safety or effectiveness. The Interim Order attempted to make up for this by having manufacturers promise to do more follow-up research as follows:

3(2) If, at the time an application is initially submitted to the Minister, the applicant is unable to provide information or material referred to in any of paragraphs (1)(g) to (k) and (m) to (o) or that information or material is incomplete, the applicant must include in the initial part of the application a plan as to how and when they will provide the Minister with the missing information or material.

However, as will be discussed further below, the Interim Order also prevented the Minister from revoking authorization once given, meaning that the Minister was absolved of the responsibility to protect the public if subsequent safety problems were discovered in the COVID-19 vaccines.

It's vital to recognize that when the Interim Order was issued, the Minister of Health was the Honourable Patricia A. Hajdu.¹³⁵ Ms. Hajdu attended Lakehead University, graduating with a Bachelor of Arts. In 2015, she received a Master of Public Administration from the University of Victoria. To our understanding, she possesses no medical training credentials that would be pertinent to making the required determinations under the regulations.

¹³⁵ https://en.wikipedia.org/wiki/Patty_Hajdu (accessed 2023)

Approval of COVID-19 Vaccines was Virtually Guaranteed Under the Interim Order

Remarkably, the Interim Order effectively required Health Canada to authorize a COVID-19 vaccine for use in the Canadian population even **in the absence of detailed evidence of safety and substantial evidence of efficacy**.

Section 5 of the Interim Order provides:

5. The Minister must issue an authorization in respect of a COVID-19 drug if the following requirements are met:

- (a) the applicant has submitted an application to the Minister that meets the requirements set out in subsection 3(1) or 4(2);
- (b) the applicant has provided the Minister with all information or material, including samples, requested under subsection 13(1) in the time, form and manner specified under subsection 13(2); and
- (c) the Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19.

The test set out in (c) above is startling when compared to the traditional test for new drugs under the Regulations. Under the traditional test, evidence of safety and efficacy must be proven. Under the Interim Order, there only needs to be “evidence to support the conclusion” that the benefits outweigh the risks. This does not mean the Minister (Health Canada) has to be convinced and actually reach the conclusion. If the test was to convince Health Canada, the test would read:

“the Minister has sufficient evidence to conclude.”

The difference in language is important. Under this test, it appears that a vaccine would have to be authorized as long as there was sufficient evidence to support an argument that the benefits outweighed the risks.

In addition, the risk versus benefit test need not be robust, as the Minister is to “have regard” for the “uncertainties” of the benefits and risks. It is not clear how the Minister is expected to perform a risk versus benefit analysis when there is insufficient safety and efficacy evidence to determine true risks versus benefits. It is even more unclear how to perform a risk versus benefit analysis while “having regard to the uncertainties” of the risks versus benefits.

Ultimately, the Interim Order reveals that the Minister’s priority was the “necessity of addressing the urgent public health need related to COVID-19.” The problem, of course, is that under this test, the government placed its perceived “urgent public health need” ahead of safety and efficacy of the COVID-19 vaccines. This appears to be what the Government of Canada actually did.

Regardless of whether the need for a drug is urgent, this cannot override a proper assessment of safety, particularly when Canadians are under the impression that a drug has been proven safe. The National Citizens Inquiry (NCI) was not made aware of any public health authority in Canada cautioning Canadians that the vaccines had been authorized without the traditional need to prove their safety.

Instead, the Government of Canada was under enormous pressure in the media to secure vaccines and make them available to Canadians. In response, it placed orders for millions of doses from the manufacturers. This placed the Government in a conflict of interest because it had purchased and imported unapproved vaccines while it waited for itself to approve the vaccines. The Interim Order appears to have been designed to ensure that the vaccines would have no problem in receiving authorization.

As indicated above, in the traditional drug approval process, chances are not taken. If there is uncertainty about either safety or efficacy, the drug is not approved. There must be strict objective evidence of both safety and efficacy. It must also be objectively clear that the benefits outweigh the risks before a new drug is approved. It can only be objectively clear that the benefits of a drug outweigh the risks when the benefits and risks are objectively known.

The test for COVID-19 genetic vaccines abandoned this need for objective certainty instead of requiring objective **proof** of¹³⁶

- safety,
- efficacy, and
- benefit outweighing risk.

The COVID-19 genetic vaccines were authorized under a **subjective**¹³⁷ test which mandated that authorization must be granted if an argument could be made to support the conclusion that the benefits outweighed the risk. The question arises: what if there was evidence that went both ways? In other words, what if there was evidence that pointed towards greater benefits, but there was also evidence that pointed towards risks? Under the Interim Order, it seems the Minister must then take into account the subjective factors of uncertainty and the urgent public health need for a vaccine. This cannot be an appropriate standard for approving a drug that the Government intends to administer to the entire population.

¹³⁶ An objective test is a type of assessment consisting of a set of items or questions that have specific correct answers (for example, How much is $2 + 2$?), such that no interpretation, judgment, or personal impressions are involved in scoring.

¹³⁷ A subjective test is an assessment tool that is scored according to personal judgment or to standards that are less systematic than those used in objective tests.

It is difficult to conceive of a less-scientific test for drug authorization than that found in the Interim Order.

The Interim Order also ensured that the authorization of a COVID-19 genetic vaccine could not be revoked due to

- evidence the vaccine was unsafe or not-effective, and
- assessments that the benefits did not outweigh the risks.

This resulted from the fact that once a vaccine was authorized under the Interim Order, most of the Regulations did not apply, including C.08.006. This particular regulation is the safeguard that allows the Minister of Health to cancel a drug's market authorization if evidence is uncovered that the drug is not safe. Instead, the Interim Order contained its own vague safeguards allowing for cancellation only in a few limited circumstances. The exclusion of the Minister's normal powers to revoke authorization, and the reliance on more restricted revocation powers under the Interim Order, means that Canadians could not have confidence that the COVID-19 vaccines would be pulled from the market if there was evidence that they were not safe. This situation persisted for roughly a year.

Were the COVID-19 Genetic Vaccines Approved Without Proof of Safety or Efficacy?

In addition to the Interim Order, Health Canada created a document called "Guidance for market authorization requirements for COVID-19 vaccines."¹³⁸ This document is intended to provide guidance to pharmaceutical companies applying for market authorization. As it must, it follows the new subjective test for the vaccines. For example, the current version includes:

About market authorizations for a COVID-19 genetic vaccine

Health Canada will grant authorizations only if we determine that the benefits of the vaccine outweigh its potential risks. We will base our decision on the evidence provided on the vaccine's safety, quality, and efficacy. For vaccines relying on the modified requirements in C.08.002 (2.1) of the *Food and Drug Regulations*, the risk-benefit analysis weighs the uncertainties about a potential vaccine against the public health need for a vaccine at the time of the decision.

Modified requirements for COVID-19 drugs make it possible for initial authorization, based on early data, while the manufacturer continues working on developing a vaccine. We will use terms and conditions to manage uncertainties or risk mitigation measures related to the vaccine in the context of public health.

¹³⁸ Health Canada document, "Guidance for market authorization requirements for COVID-19 vaccines." <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/guidance-market-authorization-vaccines.html>

The NCI heard testimony that the Health Canada employee who authorized all of the COVID-19 genetic vaccines swore an Affidavit for a lawsuit for Federal Court File No. T-145-22 in which she described the basis of Health Canada's authorization of the Pfizer/BioNTech and Moderna vaccines. Instead of setting out the evidence relied on in support of the authorization, she simply parrots the words of the test. In the case of Pfizer/BioNTech, she stated that Health Canada reviewed "quality (chemistry and manufacturing), non-clinical (pharmacology and toxicology), and clinical (immunogenicity, safety, and efficacy) information" and then concluded that "the evidence supports the conclusion that the benefits associated with the Pfizer/BioNTech COVID-19 Vaccine outweigh the risks, having regard to a shorter term (median of two months) follow up of safety and efficacy at authorization, and the necessity of addressing the urgent public need related to COVID-19."

In the case of Moderna, she stated similarly that "the evidence supported the conclusion that the benefits associated with the Moderna COVID-19 Vaccine outweighed the risks, having regard to a shorter term (median of two months) follow-up of safety and efficacy at authorization, and the necessity of addressing the urgent public health need related to COVID-19."

Notably, what she does not cite in support of the vaccine authorization is

1. objective proof of safety,
2. objective proof of efficacy, and
3. objective proof that the benefits outweigh the risks.

Based on testimony to the NCI, and without further evidence from Health Canada, we cannot conclude that Health Canada properly evaluated the safety and efficacy of the COVID-19 vaccines before authorization. To the contrary, the authorization of the vaccines appears to have been all but pre-assured by the creation of the Interim Order.

The Interim Order Has Become Permanent

The Interim Order can only last for a maximum of one year. The Interim Order, therefore, was replaced on March 17, 2021, with permanent regulations that codify the subjective authorization test discussed above.¹³⁹

The only notable change between the test in the Interim Order and the new permanent regulation is that the "public health need" that needs to be addressed is no longer described as urgent. Recall that the Interim Order required an examination of risks and benefits, while:

having regard to "the necessity of addressing the urgent public health need related to COVID-19."

¹³⁹ SOR/2021-45.

Now the test simply requires Health Canada to give consideration to

“the public health need related to COVID-19.”

Thus, under the permanent test, Health Canada no longer has to be swayed by urgency, but simply by the public health need related to COVID-19. In this way, it seems that so long as COVID-19 is a circulating virus, Health Canada must authorize any vaccine for which there is an argument to support the conclusion that its benefits outweigh its risks. In effect, we fear that there will never be a need for COVID-19 vaccine manufacturers to prove safety or efficacy of their products.

On a positive note, the NCI heard that the Minister’s ability to revoke authorization of COVID-19 vaccines is now subject to the same regular rules as other drugs that are approved for the market. It does beg the question, however, of why that particular rule was modified for COVID-19 vaccines in the first place?

Conflict of Interests for the Approval of Experimental Vaccines

Canada normally prohibits drugs from being imported into Canada unless they have been approved by Health Canada for use in humans.

Despite this, the Interim Order allowed unapproved and unauthorized COVID-19 genetic vaccines to be imported into Canada as long as the Canadian Government was the purchaser. This was called “prepositioning” in the Interim Order, and later in the Regulations codifying the Interim Order.¹⁴⁰

The rationale was to assist Canada in expediting its response to the perceived COVID-19 crisis, by pre-purchasing and distributing the vaccines so they would be ready as soon as they were authorized.

However, this created a tremendous conflict of interest.

Once the vaccines were purchased, imported and ready for distribution, the Government of Canada would have suffered significant political blowback if it was unable to authorize them. Thus, it needed to authorize the COVID-19 vaccines, and it needed to do it quickly. The Government of Canada essentially put itself in charge of authorizing a drug that it had spent millions of public dollars on, had promised publicly on many occasions, and that it wanted to administer to every Canadian citizen.

The authorization of the COVID-19 vaccines was all but guaranteed. The Government of Canada ordered the vaccines, imported them, created new regulations to authorize them, and then took significant measures to convince and coerce every Canadian to take multiple doses. The political stakes were high, and the federal government had every motivation to get the vaccines authorized, regardless of their actual efficacy or safety.

¹⁴⁰ SOR/2021-45.

There was no opportunity for sober second thought. There was no impartial oversight. The entire authorization process appears to have been “gamed” for one result, and one result only: authorization of vaccines for every Canadian, including children. Once the federal government made mass-vaccination its priority, it should no longer have been solely responsible for their authorization.

Timing of the Interim Order

The timing of the Interim Order is also curious and coincident. Notably, the September 16, 2020, Interim Order was created just two weeks before AstraZeneca’s authorization application was filed with Health Canada and just three weeks before Pfizer filed on October 8, 2020.

Since the authorization applications were made under the Interim Order, they would have been structured to meet the requirements of the Interim Order. Perhaps an authorization application is a standard document; however, the NCI suspects that it would be difficult for a company to prepare a detailed authorization application without knowing what the authorization requirements were going to be.

For this reason, there are further questions that need to be answered about how the applications could have been filed so quickly in a manner that satisfied the subjective test and whether there was participation in creating, or knowledge of, the contents of the test in advance.

Phase Three Trial Data Alleged Manipulation of Data

Deanna McLeod:

She reviewed the data on phase 3 clinical trials of COVID-19 vaccines.
(Vancouver: May 2, 2023)

Deanna McLeod’s testimony has raised important concerns about the means and methods used in testing COVID-19 vaccines. Her testimony primarily centred on potential conflicts of interest and biases within the teams responsible for conducting and reporting phase 3 test data, which was submitted to Health Canada.

Additionally, McLeod shed light on Pfizer’s historical legal issues and the broader issue of potential conflicts of interest within the regulatory and approval sector. Her testimony echoed Mr. Shawn Buckley’s prior statement that objective tests demonstrating safety and efficacy were omitted from these products. Financial incentives, at various stages of the testing and authorization process, were also discussed, prompting the need for a thorough examination of motivations.

McLeod’s testimony serves as a reminder of the importance of transparency, objectivity, and independence in the testing and approval of medical products, especially when it concerns a global health crisis. The potential for conflicts of interest and biases within such a critical process can erode public trust and compromise the credibility of the regulatory framework.

The reference to Pfizer's past legal issues underscores the necessity for scrutinizing the track record of pharmaceutical companies involved in the development of vaccines or drugs. The public has a right to be informed about any potential historical shortcomings or ethical concerns that might impact the reliability of the products in question.

The removal of objective safety and efficacy tests from the products raises alarming questions about the standards applied to these vaccines. Rigorous testing is the cornerstone of any vaccine's credibility and the foundation of public trust. Omitting such tests potentially undermines the credibility of the entire testing and approval process.

The mention of financial motivations at various levels of testing and approval emphasizes the need for greater transparency and accountability within the industry. The potential for financial incentives to influence decision-making is a cause for concern and demands further investigation to ensure that public health is prioritized over financial gain.

Lastly, the allusion to Statistics Canada data provided during the testimony highlights the need for comprehensive, reliable, and complete data when assessing the impact of any medical intervention. It is crucial to base decisions on thorough and unbiased information to ensure the wellbeing of the population.

In conclusion, Deanna McLeod's testimony raises vital questions about the processes, motivations, and ethics involved in COVID-19 vaccine testing and authorization. Her testimony underscores the necessity for transparent, objective, and unbiased approaches in these critical endeavours. The concerns raised must prompt a broader discussion about regulatory practices, industry accountability, and the integrity of medical interventions in the interest of public health and safety.

Conclusions

There appeared to be a disconnect between Health Canada's messaging concerning vaccine approval and the actual test used for authorization. As indicated above, safety, efficacy, and whether the benefits of the vaccines outweighed the risks did not need to be proven under the Interim Authorization process employed by Health Canada.

Despite the novel nature of the vaccines—in particular those using mRNA—the pharmaceutical companies did not have to objectively prove their safety and efficacy. It should be noted that the special authorization process created under the Interim Order was not mandatory, and pharmaceutical companies still had the option to apply for approval under the regular test which required objective proof of safety, efficacy, and cost-benefit.

The pharmaceutical companies did not choose to objectively prove safety, efficacy, and cost-benefit. They chose to apply under the Interim Order test, and regulators did not require it of them.

Of great concern is the disconnect between Health Canada's public messaging about the COVID-19 vaccines as safe and effective when the regulatory authorization process clearly does not require these be objectively demonstrated. Health Canada continues to message to the public that the regular drug approval requirements of safety and efficacy were met. For example, at the top of Health Canada's website page for the Pfizer vaccine, Health Canada states:

All COVID-19 genetic vaccines authorized in Canada **are proven safe, effective and of high quality**. (Please note that emphasis is provided in the original text.)

Recommendations

- A. **Newly implemented revisions** to the *Food and Drug Regulations* related to the authorization of COVID-19 genetic vaccines must be rescinded as they permanently exempt COVID-19 vaccines from the requirements to objectively prove the safety or efficacy as required under the *Food and Drug Regulations*.
- B. **The current use of COVID-19 genetic vaccines** in Canada that were authorized under the revised provisions of the Interim Order and the newly revised *Food and Drug Regulations* should be stopped immediately.
- C. **A full judicial investigation** of the process under which the COVID-19 vaccinations were authorized in Canada must be carried out. Criminal liability, if discovered, may be dealt with under existing Canadian law.
- D. **All documentation concerning the authorization process** and information provided to the regulatory agencies by the manufacturers should be made publicly available.
- E. **Legislation should be developed**, or amended, to prevent the elimination of the legal requirements to prove that a new drug is objectively safe and that the efficacy of that drug is objectively proven.
- F. **The requirement for the regulatory board** to carry out a risk-benefit analysis for any and all new drugs under consideration for approval should be codified into law. Written minimum requirements for such a review are to be established. The final decisions should be made on the basis of citizen health considerations not political motivations. The results of the risk-benefit must be made public.
- G. **We should review and revise** the current relationship between licensing fees paid by pharmaceutical companies and the total budget allocated to Health Canada for drug-related matters. This is necessary to prevent pharmaceutical companies from exerting undue financial influence on the approval agency.
- H. **Legislation must be included or revised** which re-establishes Canada's approval agency as an independent, fact-based agency without reliance on approval agencies from outside of Canada.

- I. **Investigate any perceived or existing conflicts of interest** that may exist between senior staff of Health Canada and pharmaceutical manufacturers. This may extend to a prescribed time limit prohibition of government agency staff from leaving government service for positions with the pharmaceutical manufacturers.
- J. **All investigations recommended in this section** are to include the power to compel timely production of information and the power to subpoena witnesses.

7.5.8. Canada's Future Approval of New Pharmaceuticals

Introduction

The Commission heard testimony regarding Canada's intended changes to the process under which certain pharmaceuticals are given approval in Canada.

Based on the testimony, the Commission has concerns that the Government of Canada intends to apply a fast-track approval system to bring other, new pharmaceutical products to Canadian markets based on a new regulatory framework that appears to limit or eliminate the need to prove safety and efficacy.

Deanna McLeod

She explains how a new, expedited pathway allows for changes in traditional clinical trial processes. These changes remove the need to prove drug safety with level 1 evidence (RCTs). (Winnipeg: April 13, 2023)

As discussed elsewhere in this Report, normally, vaccine development has a timeline of 5–10 years which involves first demonstrating safety in cells, tissues, and animals—through in vitro and animal testing—followed by three phases of human trials. This system is intended to test and prove the safety of drugs prior to approval for use in human populations.

The NCI heard that in-vitro and animal testing—prior to human trials—is critical to demonstrate safety in non-humans prior to proceeding to test in humans. This provides some degree of safety when designing studies in humans to monitor potential safety issues. This is a cornerstone of the clinical development process. The process follows the precautionary principle to determine possible safety signals to be monitored, not only in the short-term but also over time.

When Health Canada considers approving a drug, the drug company must demonstrate safety through each of the phases of testing. Approval is generally based on randomized-controlled trials, which are the only evidence that can prove safety and efficacy. In order to receive authorization to market a drug in Canada, a manufacturer must demonstrate safety, efficacy, and that the benefits of drug outweigh the risks.

The precautionary principle that underpins today's approval regulations resulted from regulatory reform implemented after the drug Thalidomide caused widespread harm to women and babies—as a result of being approved to treat morning sickness without first demonstrating that it was safe.

The precautionary principle is particularly important in the area of drugs known as biologics since these products have the ability to affect the human body in a profound way. The NCI heard that an abundance of caution should govern the testing and approval of novel biologics, which include gene therapy. The standard for safety testing set out by the FDA for biologics is 15 years.

Industry-Designed Backdoor Approval

The NCI heard that starting in 2016, industry-advocacy groups pushed for changes to the regulatory framework in Canada. Pressure was placed on Canada to attract new investment by overcoming barriers to innovation. The barriers to innovation include Canada's high safety standards for drug approval.

This spurred the formation of several initiatives such as the Advisory Council for Economic Growth and the Health and Biosciences, Economic Strategy Table to study and produce reports relating potential reform of Canada's regulatory process.

A new regulatory pathway was subsequently created as a type of backdoor approval for certain drugs. The new pathway allows for expedited clinical trials and product authorizations. The new process was adopted into law by burying it in an omnibus bill in December 2020. Under this new rule, the Minister of Health can designate a drug to follow the new approval process. Notably the Minister of Health in Canada at this time had no medical background but was an economics expert.

Therefore, Canada's new approach to advanced therapeutic treatments is to

- Maintain appropriate, yet flexible, regulatory oversight,
- Promote innovation in drug and medical device development,
- Ensure high standards for patient safety, product quality, efficacy, and effectiveness, and
- Reduce barriers to bringing advanced therapeutic treatments to market in Canada, thus providing access to new, potentially life-changing treatments

It is notable that three of the four points above relate to promoting economic development and profit relating to therapeutics.

The COVID-19 vaccines were the first therapeutics that followed this new process. The concerns that have arisen from the safety of the COVID-19 vaccines demonstrate exactly the problem with prioritizing innovation and economics over safety.

The Commission heard testimony that the Government of Canada intends to use this expedited approval framework for more novel products in the future. The motivation behind creating this new regulatory process appears to be economic, namely, to grow Canada's economy and attract foreign investment. While these may be laudable goals, the Commission is concerned that prudent safety standards are being sacrificed in order to meet economic goals.

Recommendations

- A. **Revocation of New COVID-19 Regulations:** The Commission recommends that the new regulatory process be revoked and that Health Canada return to approving all therapeutics on its historical safety requirements.

- B. **Maintain Rigorous Safety Standards:** Prioritize patient safety by maintaining rigorous safety standards for drug approval. The safety of new pharmaceuticals should be thoroughly demonstrated through preclinical and clinical trials before approval.
- C. **Transparency in Regulatory Changes:** Ensure transparency in any regulatory changes related to pharmaceutical approvals. Changes in the approval process should be subject to public consultation and should be clearly communicated to stakeholders, including healthcare professionals and the public.
- C. **Independent Expertise:** Appoint experts with relevant medical and scientific backgrounds to key positions in the regulatory process. Decision-makers, such as the Minister of Health, should have a strong understanding of medical and scientific principles to make informed decisions about drug approvals.
- D. **Balancing Innovation and Safety:** Find a balance between promoting innovation and ensuring safety. While innovation is important for advancing healthcare, it should not come at the expense of patient safety. Consider the potential long-term effects of novel drugs on public health.
- E. **Monitoring and Post-Market Surveillance:** Strengthen post-market surveillance of approved pharmaceuticals. Continuous monitoring of drugs once they are on the market is crucial to detect and address any safety concerns that may arise over time.
- F. **Independent Safety Review:** Establish an independent body or commission responsible for conducting safety reviews of pharmaceuticals, especially novel biologics and gene therapies. This body should be free from industry influence and focused solely on patient safety.
- G. **Public Health Impact Assessment:** Conduct thorough assessments of the potential public health impact of new drugs, particularly in the context of pandemics or health emergencies. Consider both short-term and long-term consequences on public health.
- H. **Ethical Considerations:** Incorporate ethical considerations into the approval process. Ensure that the potential benefits of new pharmaceuticals outweigh the risks and that patient autonomy and Informed Consent are respected.
- I. **Regular Reviews of Regulatory Frameworks:** Periodically review and update regulatory frameworks to adapt to advances in medical science and changing public health needs. Regulatory changes should prioritize safety while facilitating timely access to beneficial treatments.
- J. **International Best Practices:** Benchmark Canada's regulatory processes against international best practices. Learn from the experiences of other countries with strong pharmaceutical regulatory systems.

- K. **Public Awareness and Education:** Enhance public awareness and education about the drug approval process, including the rigorous testing and safety measures in place. Informed patients can make better decisions about their healthcare.
- L. **Monitoring Economic Impact:** While promoting economic development is important, closely monitor the economic impact of regulatory changes. Ensure that economic goals do not compromise patient safety, and make necessary adjustments if conflicts arise.

These recommendations aim to strike a balance between promoting innovation and safeguarding patient safety in Canada's pharmaceutical approval process. It's crucial to prioritize public health and long-term safety while fostering an environment conducive to innovation and economic growth in the pharmaceutical industry.

7.5.9. Medical Practice and Ethics During COVID-19

Introduction

Once the COVID-19 pandemic was announced in March of 2020, the medical profession unilaterally changed and/or abandoned the fundamental tenets under which medicine is practised in Canada and in most parts of the world.

The relationship between a medical practitioner and their patient is a unique and sacred one. The patient trusts the medical professional to provide the patient with the best quality of care available and to deliver those services with a high level of skill and professionalism.

The patient must trust that the medical practitioner is providing them with the latest unbiased information, based on current independent scientific evidence. There can be no allowance for blurring of science with political propaganda when it comes to this information.

The very nature of this relationship is that the patient is reliant on the medical professional to provide them with facts and the unbiased information required, explained in a way that the patient can understand, which then permits a patient to decide what care is most appropriate to them. As each patient is unique, the medical professional must take into account the patient's actual situation and level of understanding when presenting information.

The process of a medical practitioner providing a patient with accurate, non-biased information and assuring that the patient understands that information while at the same time is making their own personal decisions concerning their healthcare is often referred to as **"Informed Consent."**

Often the information that a patient exchanges with their medical provider is profoundly personal, and there has always been a strict policy of absolute privacy between a patient and their medical practitioner.

The absolute requirement for privacy of the patient-doctor exchange is necessary as the patient must feel confident to share the most intimate details of their life with the medical practitioner. If the patient does not have this guarantee of privacy, they may not properly explain the details of their condition to the medical practitioner or may not seek professional assistance at all due to their embarrassment.

This doctrine is often referred to as **"Patient-Doctor Confidentiality."**

The Commission heard testimony from both patients and medical practitioners concerning the widespread violation of each of these two fundamental doctrines of medicine, which occurred in all regions of Canada throughout the pandemic.

Healthcare providers in Canada have a legal duty to provide a certain standard of skill and care to their patients. This is normally referred to as **"Duty of Care."**

This Duty of Care is usually considered to comprised of duties including

- attending,
- diagnosing,
- referring,
- treating, and
- instructing the patient.

If a healthcare provider breaches that Duty of Care and a patient suffers an injury as a result of that breach, then the healthcare provider may be guilty of negligence.

These principles, and many others, are not simply guidelines but are legally enforceable under law. The laws which apply and are enforceable in Canada include Canadian, Provincial, and Territorial law, and International Laws and Treaties to which Canada is a signatory.

Testimony Concerning Medical Practice and Ethics During COVID-19

Witnesses who testified concerning medial practice and ethics during COVID-19 included a range of different perspectives, including

- patients,
- doctors,
- nurses,
- paramedics,
- administrators, and
- instructors.

In general, the testimony described a medical system that has completely abandoned the basic tenets of medicine and has violated the laws and regulations which govern the ethical practice of medicine across Canada.

The practice of medicine is regulated within each province and territory by regulatory bodies, which are empowered under certain provincial and territorial legislation.

These regulatory bodies are in place to regulate most healthcare professionals in Canada. This includes doctors, nurses, paramedics, pharmacists, and many more.

Informed Consent

Each province has their own specific regulations, but most are similar to each other.

As an example, below is a link to the *Health Care Consent Act, 1996*, from Ontario.¹⁴¹

Excerpts from the Ontario *Health Care Consent Act* include the following provisions:

¹⁴¹ <https://www.canlii.org/en/on/laws/stat/so-1996-c-2-sch-a/latest/so-1996-c-2-sch-a.html>.
(accessed 2023)

No treatment without consent

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

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

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).

Elements of consent

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

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11 (1).

Informed consent

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

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

(b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).

Same

(3) The matters referred to in subsection (2) are:

1. The nature of the treatment.
2. The expected benefits of the treatment.
3. The material risks of the treatment.
4. The material side effects of the treatment.
5. Alternative courses of action.
6. The likely consequences of not having the treatment. 1996, c. 2, Sched. A, s. 11 (3).

Withdrawal of consent

14 A consent that has been given by or on behalf of the person for whom the treatment was proposed may be withdrawn at any time,

(a) by the person, if the person is capable with respect to the treatment at the time of the withdrawal;

(b) by the person's substitute decision-maker, if the person is incapable with respect to the treatment at the time of the withdrawal. 1996, c. 2, Sched. A, s. 14.

Continuing the example of the above Ontario regulations, the Ontario College of Physicians and Surgeons (CPSO), who are charged with the regulation of the practice of medicine in Ontario, provide additional information and guidance to physicians related to Informed Consent.

Under the "What We Do" section of the CPSO website it states:

What we do:

Registration—Physicians are required to be members of the College to practise medicine in Ontario. The College's Registration Department handles all inquiries regarding the registration process.

Quality—CPSO has a legislated mandate to ensure quality care is provided by physicians. Our Quality Control Program is a proactive needs-based approach, which will contribute to improved quality of care, patient safety and will result in significant benefits to patients, providers and ultimately the healthcare system itself.

Investigations & Discipline—A central responsibility of CPSO is to respond to concerns and investigate complaints from members of the public about doctors in Ontario. If necessary, cases are referred to the Ontario Physicians and Surgeons Discipline Tribunal.¹⁴²

Guiding Professional Conduct—Develop policies to provide guidance to physicians about legislative/regulatory requirements and the expectations of the medical profession.

Under the the section of the website titled "Policies," CPSO has the following policy:

Consent to Treatment

General Expectations

¹⁴² <https://opsdt.ca/>. (accessed 2023)

1. Physicians **must** be aware of, and comply with, all of the requirements in the *Health Care Consent Act, 1996 (HCCA)*.
2. Physicians **must** obtain valid consent before a treatment is provided.
3. Patients and substitute decision-makers (SDMs) have the legal right to refuse, withhold, or withdraw consent to a treatment, and physicians **must** respect this decision even if they do not agree with it.
4. Physicians are **advised** to consider and address language and/or communication issues that may impede a patient's ability to give valid consent.
 - Physicians **must** use their professional judgment to determine whether it is appropriate to use family members as interpreters, and are **advised** to take the potential limitations of doing so into account in the specific circumstances (for example, the family dynamics, the seriousness of the condition and/or treatment, etc.).
5. Physicians are **advised** to obtain independent legal advice if they are unsure of their legal obligations in specific circumstances. The obligation to ensure that valid consent is obtained always rests with the physician proposing the treatment.

Obtaining Consent

6. For consent to be valid, physicians **must** ensure that it:
 - Is obtained from the patient, if they are capable with respect to treatment, or from the patient's SDM, if the patient is incapable with respect to treatment.
 - Relates to the specific treatment being proposed.
 - Is informed.
 - Is given voluntarily and not under duress.
 - If physicians believe that consent is not being freely given, they **must** ensure that there has been no coercion.
 - Is not obtained through misrepresentation or fraud.
 - Physicians **must** be frank and honest when interacting with patients, including when conveying information about the proposed treatment.

7. To ensure that consent is informed, physicians **must**:

- provide information about the nature of the treatment, its expected benefits, its material risks and material side effects, alternative courses of action and the likely consequences of not having the treatment prior to obtaining consent, which includes:
 - providing information that a reasonable person in the same circumstances would require in order to make a decision about the treatment;
 - considering the specific circumstances of the patient, on a case-by-case basis, and using their clinical judgment in determining what information to provide; and
 - providing information relating to material risks that are relevant for a broad range of patients and those that are particularly relevant for the specific patient;
- engage in a dialogue with the patient or the SDM (as the case may be) about the information specified in 7.a., regardless of whether physicians use supporting documents (such as consent forms, patient education materials or pamphlets) to facilitate the provision of this information;
- provide a response to requests for additional information about the treatment; and
- be satisfied that the information provided is understood and, as such, take reasonable steps to facilitate the comprehension of the information provided.

Testimony was received indicating that the principle of Informed Consent was violated through force and / or coercion of patients into taking the vaccine and by the absence of sufficient truthful information concerning the unique and experimental nature of the mRNA vaccines.

Based on witness evidence, widespread information that was being published and presented to clients concerning the potential adverse effect of the vaccines was not accurate and not complete.

Several witnesses testified that they were given little or no information concerning the risks associated with taking the COVID-19 genetic vaccines, prior to taking it.

Witness testimony indicated that the blanket statement of “safe and effective” was constantly used and that they were never informed about the potential risks of the vaccine, the experimental nature of the vaccine, or that the vaccines were approved under an Interim Order which exempted the manufacturers from satisfying the normal requirements for vaccine safety testing.

Pregnant women were not informed that the COVID-19 genetic vaccines had not been expressly tested on pregnant women and that no long-term testing had been carried out to determine if there was any risk to the unborn child or to breastfeeding mothers.

People were not informed that the vaccine carried a risk of death as a potential and reported side effect.

People were not informed that their risk of dying from the disease was directly linked to their age and the existence of any comorbidities.

Dr. Francis Christian provided a document "Consent for COVID-19 genetic vaccine for Children." The document is from Saskatchewan Health. The document states the following:

It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. **However, children 13 years and older who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent**¹⁴³ to receive or refuse immunizations in Saskatchewan by providing mature minor Informed Consent to a healthcare provider.

This statement is an attack on parental rights. It essentially states that if the parent, or guardian, does not agree to the medical procedure that the healthcare provider can ignore the parental directive as long as the child is over 13 years of age.

What child, at the age of 13, can understand the nuances of the information being provided by the government concerning the potential risk that COVID-19 posed to children versus the risk of death or other significant reported side effects of taking the experimental vaccine?

Dr. Francis Christian testified concerning what he felt was the minimum information that should have been given to children to accommodate the requirements of Informed Consent. Following is a list of these minimum requirements, based on information available since June 2021:

- The risk of your child dying of COVID is almost zero.
- The vaccine has a new gene technology that has never been used clinically before.
- The vaccine was approved using "emergency use" or "interim use" authorization. It is experimental. Its medium- and long-term adverse effects are unknown.
- To qualify for emergency use authorization, there must be an emergency—there is no emergency in healthy children.
- Children are of no danger to adults.

¹⁴³ Please note that the highlights above have been added by the authors.

- There are thousands of deaths associated with the vaccine (VAERS and other reports).
- Myocarditis is a serious condition and can be caused by the vaccine. Its real incidence is unknown—1/5,000 to 1/250. Myocarditis can be fatal. Many other serious vaccine adverse events are happening.
- The risk of the vaccine for your healthy child is likely more than the risk of COVID.

This minimum information was not given to parents concerning vaccination of their children.

The Ontario college of Physicians and Surgeons (CPSO) on their website, under the heading of COVID-19 FAQ'S for Physicians, Pandemic-Related Practice Issues, Update March 23, 2022, stated, the following about what a physician should do when facing a patient who did not want to get the COVID-19 genetic vaccine:

It is also important that physicians work with their patients to **manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of prescription medications and/or referral to psychotherapy are available options.**¹⁴⁴ Overall, physicians have a responsibility to allow their patients to be properly informed about vaccines and not have those anxieties empowered by an exemption.

There are a number of issues within this **CPSO** statement that are problematic when it comes to the requirement for obtaining "Informed Consent."

First, the **CPSO** refers to people who choose not to take the vaccine as needing to manage their anxieties, and they are calling the decision to not take the vaccine as "avoidance behaviour." This type of language can only serve to stigmatize the patient and undermine what is supposed to be a free and uncoerced decision about a medical procedure.

Secondly, they are inferring that the decision to not take the COVID-19 vaccine is a mental illness which the physician should consider treating with prescription medications or psychotherapy.

These statements by the CPSO are chilling, to say the least. They are in direct contravention of the Ontario *Health Care Consent Act* which states the following:

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

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud. 1996, c. 2, Sched. A, s. 11(1).

¹⁴⁴ Please note that the highlights above have been added by the authors.

The use of prescription medications and subjecting a patient to psychotherapy in order to convince the patient to change their mind can hardly be considered “voluntary consent.”

Under CPSO’s own website within the section “Policies,” concerning Informed Consent, CPSO states the following:

8. Patients and substitute decision-makers (SDMs) have the legal right to refuse, withhold, or withdraw consent to a treatment, and physicians **must** respect this decision even if they do not agree with it.

How does suggesting that physicians treat the legitimate concerns and decision of a patient as an anxiety condition, which can be treated with prescription drugs and psychotherapy, respect the patients’ choice?

Patients were threatened with loss of employment, social isolation, stigmatization, or other non-specified threats if they did not comply with the vaccine mandates. These threats were pervasive, as previously discussed. Media actively promoted hate and even violence against people who would not get vaccines.

Prime Minister Trudeau called people “racists” and “misogynists” and suggested that the government would have to decide what to do with them—remarks that reasonable people might find threatening.

In many instances, governments couched the information concerning COVID-19 vaccinations in language that stated the vaccines were safe and effective as demonstrated by decades of experience with safe and effective vaccinations. These statements hid the fact that mRNA injections were not like any traditional vaccination that had been used prior to this time.

According to Dr. Peter McCullough, these mRNA vaccines should rightly have been dealt with using the regulations related to biologic drugs, and it was, in his opinion, medical malfeasance to have approved them under the protocols used for vaccines.

It also hid the fact that based on the Interim Order under which the COVID-19 genetic vaccines had been approved, the manufacturers were not required to prove that the vaccines were safe and effective.

Further, the government did not carry out a risk-benefit analysis of the vaccines since they did not have enough information to do so.

The vaccines had not been approved based on proven scientific evidence, they were approved on the basis of a political agenda.

The public could not have given the required Informed Consent since they were under threat and coercion and were never provided with enough truthful and adequate information to form consent.

The media and government officials inflamed the situation and created an atmosphere of terror and hate which permeated every aspect of Canadian society; this further caused patients to be unable to form a reasoned decision concerning this novel medical gene therapy.

Patient-Doctor Confidentiality

Testimony was provided by a variety of witnesses indicating that their confidential medical records were reviewed by third parties without their consent or that they were required to disclose private medical information to third parties under the mandated policies.

Witnesses, including patients and physicians, described how the principal of medical confidentiality was violated.

In general terms, the testimony described the following instances:

Citizens were required, by government mandate, to disclose personal information about their medical history, including disclosure of the results of genetic testing and the disclosure of information concerning certain medical procedures.

These disclosures were required to be made to third parties, including both medical and non-medical personnel to whom personal medical information was mandated to be disclosed to included

- restaurant staff.
- store clerks,
- school staff,
- church volunteers, and
- bus drivers.

Disclosure was required by just about anyone, without any consideration of privacy or qualification. This was required for persons to participate in the most basic and fundamental activities within our society.

How did the government protect the confidentiality of this information?

What actions did the Colleges of Physicians and Surgeons in Canada take to advise their members and safeguard the public against these non-confidential disclosures?

People were required to disclose their vaccination status and the status of any genetic testing that they underwent concerning COVID-19. This is contrary to the Canadian *Genetic Non-Discrimination Act* which states the following:

<https://www.laws-lois.justice.gc.ca/eng/acts/G-2.5/page-1.html#h-247317>

Genetic test

3 (1) It is prohibited for any person to require an individual to undergo a genetic test as a condition of

- **(a)** providing goods or services to that individual;
- **(b)** entering into or continuing a contract or agreement with that individual; or
- **(c)** offering or continuing specific terms or conditions in a contract or agreement with that individual.

Refusal to undergo genetic test

(2) It is prohibited for any person to refuse to engage in an activity described in any of paragraphs (1)(a) to (c) in respect of an individual on the grounds that the individual has refused to undergo a genetic test.

Disclosure of results

4 (1) It is prohibited for any person to require an individual to disclose the results of a genetic test as a condition of engaging in an activity described in any of paragraphs 3(1)(a) to (c).

Refusal to disclose results

(2) It is prohibited for any person to refuse to engage in an activity described in any of paragraphs 3(1)(a) to (c) in respect of an individual on the grounds that the individual has refused to disclose the results of a genetic test.

The Act defines a genetic test as the following:

genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis. (*test génétique*)

Physicians and surgeons described how a third party, an unknown staff member from the government or public health department, would directly contact a patient and provide advice that often contradicted the advice given by the physician to the patient.

This public health staff member did not have previous contact with the patient nor had they been consulted by the patient or the doctor; however, they were countermanding the physician's advice to that patient.

Dr. Gregory Chan testified that he had submitted 56 Adverse Reaction Reports to Alberta Health Services. He testified that half of the 56 reports were never acknowledged. Of the remaining 28 reports of adverse reactions, Alberta Health Services told Dr. Chan that for 16 of these 28 Adverse Reaction Reports that the patient should receive a second injection of the COVID-19 genetic vaccine. This advice from Alberta Health Services was provided to Dr. Chan without anyone from Alberta Health Services actually seeing the patient in question.

Dr. Chan specifically spoke about a young man who was a professional level hockey player who was told to get the COVID-19 injections, despite having recovered from a previous COVID-19 infection. Within 24 to 48 hours of receiving the COVID-19 genetic vaccine injection, the young man was unconscious and taken to the hospital due to cardiac issues. Alberta Health Services advised the young man to get a second injection of the vaccine, without having examined the young man or consulting with the physician treating him.

Dr. Chan described two other instances, one concerning a nurse and the other concerning a police officer, in which Dr. Chan felt the symptoms were caused by the vaccine; however, the Alberta Health Services advised that these patients should receive a second dose of the vaccine.

In Dr. Chan's opinion, staff from Alberta Health Services were providing patient diagnosis and recommendations without ever having seen the patient.

Dr. Francis Christian stated, during his testimony, that the medical profession allowed a third party to insert itself between the patient and the physician through algorithmic guidelines. Most guidelines were developed from industry-funded physician groups, which, in essence, violates the sanctity of the patient-physician relationship. The guidelines soon became enforceable restrictions by the regulatory bodies, so physicians no longer had an option to treat their patients based on their own diagnosis.

Dr. Patrick Phillips testified that he had reported 10 Adverse Event Reports to the public health system after having examined each of the 10 patients. Public health rejected 9 of the 10 reports without actually having examined any of the patients, and Dr. Phillips was not given any specific criteria for those rejections. After having examined a patient, based on that examination, Dr. Phillips prescribed a course of ivermectin and vitamins for a treatment of that particular patient. A pharmacist reported that prescription, and the hospital ordered that the diagnosis and prescription be rescinded without any consultation. Dr. Phillips was later suspended by the regulatory body.

Dr. Chris Milburn, in his testimony, indicated that the College of Physicians and Surgeons had stated that it was a physician's duty to follow their policies despite the actual evidence and examination of a particular patient by that physician. Thus, the policy of the College of Physicians and Surgeons had inserted itself between the physician and patient, dictating care protocols.

Duty of Care

Healthcare providers have a special duty of care to their patients because of the imbalance of knowledge that exists between a patient and the healthcare provider. Access to, and understanding

of, complex medical information favours the healthcare provider, and healthcare providers know that their patients are reliant on the knowledge of the healthcare provider.

Healthcare providers must take into account that patients are vulnerable to their opinions. The patient relies on the understanding that the healthcare provider will put the needs of the patient first and that any services provided to the patient will be based on a factual and individual assessment of the patient's unique situation.

According to the College of Physicians and Surgeons of Ontario:

Physicians should be skilled clinicians committed to the values of the profession.

Physicians should be committed to lifelong learning and be responsible for maintaining the medical knowledge and clinical skills necessary to provide the highest possible quality of care to patients.

At all times physicians should:

- be aware of deficiencies in knowledge or ability;
- obtain help when needed; and
- ensure that their practice matches their level of competence.

In terms of individual patient care, physicians should provide medical care based on objective evidence whenever possible. This includes demonstrating a sense of inquiry and taking a scientific approach to solving clinical issues for the benefit of the patient.

Physicians have a duty to seek out new evidence and knowledge, to share this knowledge with others and to apply it in practice.

Physicians are expected to keep abreast of current developments in their field, which includes maintaining an awareness of relevant practice guidelines and implementing them as appropriate. All research must be initiated and pursued in an ethical manner.

Many of the witnesses testified how the regulatory bodies were dictating what a healthcare provider could say, diagnose, report, and prescribe. These mandates further severely restricted the healthcare provider from offering patients exemptions to the political pandemic mandates, based on the unique circumstances of the particular patient.

Healthcare providers were discouraged from carrying out any research into the nature of the COVID-19 pandemic and restricted from, or in some cases prevented from, undertaking any research that might have challenged the politically dictated mandates and narratives.

By blindly following these mandates without due regard to the evolving information available on populations at risk and different alternative treatment options, healthcare providers failed to uphold the requirement under their responsibility of Duty of Care.

Healthcare providers have a duty to carry out their own research to confirm the claims being made by a particular manufacturer or purveyor of information concerning patient treatments; they are not entitled to blindly believe the literature provided to them by industry representatives.

In the case of the COVID-19 pandemic, many healthcare providers and their regulators made no apparent attempts at evaluating the information that was being provided to them by their political leaders and industry representatives.

They blindly imposed these prescriptions upon their membership and the membership followed the instruction in lockstep.

Few healthcare providers challenged the political narrative, and those that did faced severe consequences including revocation of their licence to practise medicine.

Witnesses who testified concerning Medical Practice During COVID-19:

Gail Davidson

A lawyer, she reviewed Canada's obligations under international human rights law.
(Vancouver: May 4, 2023)

Natasha Gonek

She presented her findings on regulatory failures.
(Ottawa: May 17, 2023)

Maurice Gatien

A lawyer, he discussed his defence of the vaccine-injured.
(Ottawa: May 18, 2023)

Dr. Keren Epstein-Gilboa

A developmental psychologist, she described the impact of COVID measures on children.
(Ottawa: May 18, 2023)

Allison Petton

A registered nurse, she discussed informed consent to a medical procedure.
(Truro: March 17, 2023)

Dr. Edward Leyton

A physician, he reviewed the influence of medical institutions and the use of ivermectin.
(Ottawa: May 18, 2023)

Dr. Chris Shoemaker

A physician, he discussed the dangers of the COVID vaccine.
(Ottawa: May 19, 2023)

Dr. Misha Susoeff

A dentist, he discussed third party and Informed Consent.
(Red Deer: April, 28)

Melanie Alexander

She revealed the story of her husband's medical mistreatment during COVID.
(Ottawa: May 19, 2023)

Dr. Daniel Nagase

A physician, he discussed the unjust treatment of patients and doctors during COVID.
(Ottawa: May 19, 2023)

Samantha Monaghan

She described the loss of her son after a blood transfusion.
(Ottawa: May 18, 2023)

M Tisir Otahbachi

He shared his story of vaccine injury and his mistreatment by the healthcare system.
(Ottawa: May 17, 2023)

Adam Zimpel

A severely disabled man, he described his social isolation due to COVID measures.
(Ottawa: May 17, 2023)

Mallory Flank

A former paramedic, she reported on her vaccine injury.
(Ottawa: May 17, 2023)

Kristen Nagle

A nurse, she was defamed for speaking out about COVID measures.
(Ottawa: May 17, 2023)

Sheila Lewis

She described her heartbreaking story of being removed from the transplant list.
(Ottawa: May 17, 2023)

Dr. Stephen Malthouse

A physician, he described how he challenged COVID policies.
(Ottawa: May 17, 2023)

Camille Mitchell

A pharmacist, she described the impact of COVID mandates.
(Vancouver: May 4, 2023)

Shawn Muldoon

He talked about his experience with severe vaccine injury.
(Vancouver: May 4, 2023)

Paul Hollyoak

A coast guard rescue specialist, he reported on his vaccine injury.
(Vancouver: May 4, 2023)

Ted Kuntz

He reviewed the lack of safety, efficacy, and informed consent for childhood vaccines.
(Vancouver: May 4, 2023)

Kristin Ditzel

She spoke about her neurological disability after taking a COVID vaccine.
(Vancouver: May 4, 2023)

Patricia Leidl

She spoke about the trials of finding medical treatment for her severe vaccine injury.
(Vancouver: May 4, 2023)

Dr. Ben Sutherland

A researcher for Oceans and Fisheries Canada, he spoke about the consequences of vaccine mandates on his work.
(Vancouver: May 3, 2023)

Lisa Bernard

A nurse, she testified on vaccine injury and the impact of lockdowns on patient care.
(Vancouver: May 3, 2023)

Dr. Charles Hoffe

A physician, he discussed natural immunity and COVID vaccine health issues.
(Vancouver: May 3, 2023)

Aurora Bisson-Montpetit

A former nurse, fired from her job due to mandates, she investigated the public health authorities responsible for COVID measures.
(Vancouver: May 3, 2023)

Dr. Greg Passey

A physician specializing in post-traumatic stress disorder, he reviewed the narrative shaping and psychological damage from lockdowns.

(Vancouver: May 3, 2023)

Serena Steven

A former nurse, she described her vaccine-related injuries and hospital care during early lockdowns.

(Vancouver: May 2, 2023)

Philip Davidson

A former public service employee, he testified about job loss due to vaccine mandates.

(Vancouver: May 2, 2023)

Vanessa Rocchio

She described her cardiac problems after taking a COVID-19 vaccine.

(Vancouver: May 2, 2023)

Jennifer Curry

She spoke about her severe vaccine injury and its impact on her life.

(Red Deer: April 28, 2023)

Darcy Harsch

He testified about the impact of being put on unpaid leave due to vaccine mandates.

(Red Deer: April 28, 2023)

Suzanne Brauti

She described how she was denied a religious exemption and lost her job.

(Red Deer: April 28, 2023)

Grace Neustaedter

A registered nurse, she testified on the workplace pressures to comply with vaccine mandates.

(Red Deer: April 28, 2023)

John Carpay

A lawyer, he testified on legal issues regarding vaccine mandates.

(Red Deer: April 28, 2023)

Judy Soroka

A former nurse, she spoke about how her health condition deteriorated without access to treatment, resulting in pain and disability.

(Red Deer: April 28, 2023)

Dr. Gregory Chan

A physician, he testified on the problems of reporting vaccine adverse events.
(Red Deer: April 26, 2023)

Dr. Maria Gutschi

A pharmacist and drug regulatory specialist, she discussed problems with the development and manufacturing of the mRNA vaccines.
(Saskatoon: April 21, 2023)

James Kitchen

A lawyer, he spoke about the courts' failure to uphold individual Charter rights and the capture of professional regulatory bodies.
(Red Deer: April 21, 2023)

Ann McCormack

A former pharmacist, she spoke about Informed Consent.
(Red Deer: April 20, 2023)

Marjaleena Repo

She testified on how she was mistreated because of her mask exemption.
(Red Deer: April 20, 2023)

Dr. Francis Christian

A physician, he talked about the censorship of physicians, his concerns over vaccinating children, and the doctor-patient relationship.
(Red Deer: April 20, 2023)

Dr. Dion Davidson

A vascular surgeon, he stressed the importance of Informed Consent, the problems of vaccine adverse events, and the difficulties of reporting them.
(Truro: March 18, 2023)

David Leis

He spoke about government overreach and the failure of our institutions to serve the public.
(Winnipeg: April 15, 2023)

Elizabeth Cummings

She took a COVID vaccine based on false information from her doctor and suffered a vaccine injury.
(Truro: March 17, 2023)

Peter Van Caulert

He was coerced into taking the vaccine due to travel restrictions.
(Truro: March 17, 2023)

Terry LaChappelle

As a federal public servant, he was forced to get the vaccine or lose his job.
(Truro: March 17, 2023)

Paula Doiron

She took a vaccine due to false information and suffered an vaccine injury.
(Truro: March 17, 2023)

Leigh-Anne Coolen

She was forced by her employer to get vaccine and suffered a vaccine injury.
(Truro: March 16, 2023)

Michael Alexander

A lawyer, he testified that medical regulators charged health professionals with misinformation and harming the public when they spoke out against the public health narrative.
(Toronto: March 31, 2023)

Dan Hartman

He testified that his 17-year-old son was required to take a COVID vaccine to play hockey and died four days later.
(Toronto: April 1, 2023)

Artur Anselm

He was forced to take a vaccine to keep his job.
(Truro: March 16, 2023)

Chet Chisholm

A paramedic, the pandemic affected his ability to get treatment for post-traumatic stress disorder, preventing him to return to work; he also suffered a vaccine injury.
(Truro: March 16, 2023)

Vonnie Allen

A nurse, she was fired for refusing to take a COVID-19 genetic vaccine.
(Truro: March 16, 2023)

Cathy Careen

Despite having a vaccine medical exemption, she lost her job for refusing to take a COVID vaccine.
(Truro: March 16, 2023)

Dr. Patrick Phillips

A physician, he spoke about Informed Consent, his reporting of vaccine adverse reactions, and the suspension of his medical licence for speaking out about COVID policies.
(Truro: March 16, 2023)

Dr. Chris Milburn

A physician, he was fired from the ER for voicing his concerns about COVID-19 policies.
(Truro: March 16, 2023)

Conclusion

Long held and codified principles of medical practice were systematically and universally set aside during the COVID-19 pandemic.

The patient-healthcare provider relationship has severely eroded, and it is not clear how, or when, this may be restored. Patients were given false, incomplete, or misleading information, and the political narrative and patently false information was allowed to prevail with little or no push back from the professions.

Political leaders, healthcare regulatory boards, delivery institutions, and individual practitioners violated their fundamental responsibilities to the citizens of Canada in favour of a politically motivated policy that required as many citizens to be vaccinated as possible.

Draconian measures were imposed on the healthcare industry from political and industry players, and by not questioning those policies, the health and wellness of Canadians was severely impacted: many died, many continue to suffer, and there are reports of ongoing vaccine injuries and deaths.

These impacts include death of patients either directly due to mandated measures (for example, vaccine) or indirect effects (for example, mental health, suicide, lack of care, and activity).

The most vulnerable members of Canadian society were the most severely affected. Seniors, people with special needs, those requiring healthcare, and children were treated in accordance with centrally dictated policies rather than by healthcare practitioners in the field.

Steps are required to make sure that these overall institutional failures are never allowed to happen again.

Recommendations

- A. **A civilian-led detailed investigation** must be carried out to determine who (at all levels) were responsible for these breaches of medical ethics and to recommend criminal investigations as appropriate.
- B. **Existing senior members of healthcare regulatory agencies** responsible for the abandonment of long-held and honoured principles of medical care should, as appropriate, stand criminal investigation.
- C. **Each province and territory**, including the federal government must establish civilian control and oversight to the existing regulatory agencies, including regularly scheduled and publicly available reviews of their activities. These appointments cannot be politically motivated and should be carried out in public with real input from citizens.
- D. **Each Province must Establishment of an office** of the independent Ombudsmen available to both practitioners and patients.
- E. **Develop laws making it illegal** to deny elderly residents of care facilities from seeing visitors.
- F. **Regulatory Agencies must Enforcement of existing laws** concerning patient confidentiality, requirement for Informed Consent, and the level of care that is required by each healthcare professional.
- G. **Establish laws ending centralized control** of individual patient care. Patient care is a matter between a patient and their healthcare provider. This relationship cannot be violated through central government planning edicts. The public health service should never be directing patient care, which is a personal matter between the healthcare provider and the patient.
- H. **Ensure that RAW data** is promptly and fully disclosed, eliminating the necessity for *Freedom of Information Act* (FOIA) requests and associated fees, especially when such requests come from patients or researchers.
- I. **Mandatory independent experts** must be added to all panels who are screened for conflict of interest.
- J. **There must be a criminal investigation** of the manufacturers and distributors of any of the vaccines that were administered to the public under false and misleading information. If manufacturers and distributors are found to have acted inappropriately, they should bear the costs of these investigations, as well as any damages assessed. The burden of investigation expenses should be placed on the guilty parties.
- K. **Ensure Protection for healthcare professionals** and journalists acting in good conscience.
- L. **No removal of liability protections** against manufacturers and regulators.

- M. **Strengthen the requirement** for healthcare practitioners to independently review and approve of any treatment or procedure that they are recommending to a patient.
- N. **Establish an annual requirement** for medical ethics training for all healthcare providers; this should be a career long requirement and may be made up of several modules completed through a multi-year process.
- O. **Political figures who are responsible** for the implementation of these mandatory programs must be held accountable in an open and public forum.
- P. **All members of the committees** that implemented the mandates must be exposed to the public, including all records of internal discussions and recommendations. An investigation into these actions needs to be carried out and if criminal, unethical, or incompetent actions are identified, punitive actions must be implemented.
- Q. **Develop and regularly update comprehensive ethical guidelines** and standards that cover a wide range of medical and healthcare practices, including areas such as consent, confidentiality, end-of-life care, resource allocation, and conflicts of interest.
- R. **Ensure that ethical guidelines are widely accessible** to healthcare professionals, patients, and members of the public, fostering transparency and accountability.
- S. **Establish and support institutional ethics committees** in healthcare organizations, consisting of diverse stakeholders, including healthcare professionals, ethicists, legal experts, members of the public, and patient representatives. Empower these committees to provide guidance, consultation, and ethical review of complex cases, research protocols, and policy development.
- T. **Strengthen practices and policies that ensure patients' rights** to make informed decisions about their healthcare, including the right to refuse treatment, access their medical records, and participate in shared decision-making.
- U. **Promote clear communication** between healthcare practitioners and patients to enhance understanding and respect for patient autonomy.
- V. **Safeguard patient confidentiality and privacy** by maintaining strict protocols for the storage, access, and sharing of medical information, in accordance with applicable laws and regulations.
- W. **Provide ongoing education and training** to healthcare professionals on the importance of maintaining patient confidentiality and the potential implications of breaches.
- X. **Ensure rigorous ethical review processes** for research involving human subjects, promoting Informed Consent, minimizing risks, protecting vulnerable populations, and upholding the principles of beneficence and nonmaleficence.

- Y. **Support the work of Research Ethics Boards** (REBs) in reviewing research proposals, monitoring ongoing studies, and ensuring compliance with ethical guidelines.
- Z. **Foster a culture of ethical leadership** and professional conduct in healthcare organizations, emphasizing integrity, honesty, empathy, and accountability at all levels.
- AA. **Establish mechanisms to address and investigate** ethical misconduct or breaches of professional standards, ensuring appropriate consequences and opportunities for remediation.
- BB. **Engage patients and the public in discussions** and decision-making processes related to medical ethics, promoting shared decision-making and incorporating diverse perspectives.

By implementing these recommendations, Canada can maintain and strengthen medical ethics, ensuring the highest standards of patient care, while fostering trust between patients and healthcare professionals and upholding the ethical principles that underpin the healthcare system. Regular review, continuous education, and engagement of stakeholders are vital to address evolving ethical challenges and promote ethical behaviour in the medical field.

7.5.10. Canada's Vaccine Adverse Reactions Reporting System

Introduction

A robust vaccine adverse reaction reporting system in Canada is crucial to ensure the ongoing safety and efficacy of vaccines. The need for it was particularly acute during the COVID-19 pandemic since the pharmaceutical industry developed an injection that utilized novel technologies.

The basis of these injections was the mRNA technology, which had never before been deployed within the general population. As well, the development and testing of the Pfizer-BioNTech and Moderna COVID-19 injections were completed in less than one year, which is exceptionally rapid for a new type of medical treatment. The normal period of time for the development and testing of new biological drugs and vaccines is between five and ten years.

Furthermore, within that one year time period, not only was the scientific development of the vaccine completed but so was the development of the requisite mass manufacturing processes and facilities.

According to witnesses, a truncated testing of the laboratory-produced vaccines was carried out over a limited two-month test period, and no testing was carried out on the final product from the manufacturing facilities.

The requirement for the manufacturers to demonstrate objective proof of the safety and efficacy of the new product was waived by the Interim Authorization Order. On September 16, 2021, the Minister of Health issued an Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19. This Interim Order exempted the COVID-19 vaccines from Health Canada's normal review and approval process.

According to Dr. Peter McCullough, given the characteristics and functions of the mRNA vaccines, they should be classified as biologics, necessitating a significantly greater in-depth testing protocol than traditional vaccines due to the risk of adverse effects.

The Canadian public was never made aware of these issues.

On December 9, 2020, the Government of Canada issued a press release concerning Health Canada's authorization of the first COVID-19 genetic vaccine.

Here are relevant excerpts from it:

Thanks to advances in science and technology, and an unprecedented level of global cooperation, today, Canada reached a critical milestone in its fight against COVID-19 with the authorization of the first COVID-19 genetic vaccine.

Health Canada received Pfizer's submission on October 9, 2020 and after a thorough, independent review of the evidence, Health Canada has determined that the Pfizer-BioNTech vaccine meets the Department's stringent safety, efficacy and quality requirements for use in Canada.

As part of its continued commitment to openness and transparency, Health Canada is publishing a number of documents¹⁴⁵ related to this decision, including a high-level summary of the evidence that Health Canada reviewed to support the authorization of the vaccine. More detailed information will be available in the coming weeks, including a detailed scientific summary and the full clinical trial data package.

The press release¹⁴⁶ goes on to insist that

Canadians can feel confident that the review process was rigorous and that we have strong monitoring systems in place. Health Canada and the Public Health Agency of Canada will closely monitor the safety of the vaccine once it is on the market and will not hesitate to take action if any safety concerns are identified.

This section of the report examines the statement by the Government of Canada that they had "strong monitoring systems in place."

¹⁴⁵ <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/pfizer-biontech.html>. (accessed 2023)

¹⁴⁶ <https://www.canada.ca/en/health-canada/news/2020/12/health-canada-authorizes-first-covid-19-vaccine0.html> (accessed 2023)

Testimony Concerning Canada's Vaccine Adverse Reactions Reporting System

Although the discussion of this subject by its very nature is convoluted, it is not necessarily complex. To properly understand the issues surrounding Canada's vaccine adverse reactions reporting system, one must first understand why such a system was necessary in the case of the COVID-19 injections.

What follows is a discussion of the COVID-19 injections, the process by which they were approved, the evolving definitions used to justify their use, a description of the system that Health Canada told Canadians was in place, and a discussion of the actual system that was in place as described by witness testimony.

In the normal course of events, it is imperative that a rigorous reporting system be available to monitor the safety of any drug administered to the general population.

The "normal course of events" would have included years of laboratory development; peer-reviewed, independent testing; monitoring of any and all adverse events in the various test groups over a number of years to guard against unknown long-term effects; and the proper classification of the new treatment based on the way it acts on and effects the body. Historically, this process takes between 5-10 years, and sometimes more, depending on the nature of the treatment being evaluated.

The safety and efficacy of any treatment must be proven to regulators based on a cost-risk-benefit analysis carried out on objective and independent evaluations prior to its approval for use.

These conditions were not met in the case of the COVID-19 injections.

The COVID-19 injections were exempted from the normal requirement of their objective proof of safety and efficacy, even though these mRNA-type injections had never before been used in the general population. In addition, regulators classified these treatments in such a way that they required less stringent criteria for their approval despite their novelty.

Witnesses testified that these injections should have been classified as a biologic treatment rather than a simple vaccine as well as that the actual definition of a vaccine was revised to include these new and unproven experimental injections.

The primary difference between a biologic and a traditional vaccine lies in their composition, manufacturing process, and mechanism of action. What follows is a breakdown of the distinction between them.

Biologics:

Biologics are medicinal products derived from living organisms such as proteins, nucleic acids, cells, or tissues. They can include monoclonal antibodies, recombinant proteins, hormones, growth factors, and gene therapies.

Biologics are manufactured using complex and highly regulated processes that involve living organisms or their components. These processes often require advanced biotechnology techniques, such as cell culture, recombinant DNA technology, or gene expression systems.

Biologics typically act by targeting specific molecules, receptors, or pathways in the body. They can modulate the immune system, inhibit or enhance specific cellular functions, or replace deficient proteins or cells.

The mRNA injections have all of these characteristics and therefore should have been treated and approved as biologics instead of as vaccines.

Traditional Vaccine:

Traditional vaccines are typically composed of weakened or inactivated forms of infectious agents, such as viruses or bacteria, or specific components derived from these pathogens. They may also contain adjuvants or additives to enhance the immune response.

Traditional vaccines are produced using well-established techniques, including viral or bacterial propagation, inactivation, attenuation, or extraction of specific components. Some vaccines are also produced using recombinant DNA technology.

The CDC previously had defined a vaccine as

A product that produces immunity therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth and by aerosol.

Key Differences:

Biologics are more complex in structure and have much more complex manufacturing processes compared to traditional vaccines.

Biologics often target specific molecules, pathways, or cells in the body, whereas vaccines primarily focus on generating an immune response against specific pathogens.

Compared to vaccines, biologics have a broader range of therapeutic applications beyond infectious diseases, which include treatments for cancer, autoimmune disorders, and genetic diseases. Vaccines, in contrast, primarily focus on preventing or treating infectious diseases.

Before the COVID-19 injections, biologics and vaccines followed distinct, separate regulatory pathways. Biologics are typically regulated as biological products, while vaccines have specific regulatory guidelines and requirements.

Vaccine Definition Changed

In the years leading up to the declaration of the COVID-19 pandemic, the CDC changed the definitions of *immunization*, *vaccination* and *vaccine* multiple times.

Here is a comparison of some of the changes in these definitions.

Traditional Definition of a Vaccine:

The traditional definition of a vaccine referred to a substance that contains weakened or inactivated forms of pathogens (viruses or bacteria) or specific components derived from them. The primary goal of traditional vaccines was to stimulate the immune system, leading to the production of antibodies and the development of immunological memory. This immune response provided protection against subsequent exposure to the actual infectious agent, thereby preventing disease.

In July 2014, the CDC provided the following definition of *immunization*, *vaccination*, and *vaccine*:

Immunization: The process by which a person or animal becomes protected against a disease. This term is often used interchangeably with *vaccination* or *inoculation*.

Vaccination: Injection of a killed or weakened infectious organism in order to prevent the disease.

Vaccine: A product that produces immunity therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth and by aerosol.

Revised Definition of a Vaccine:

The current definition of *vaccine* encompasses a broad range of technologies and mechanisms. It includes traditional vaccines as well as a variety of new, experimental treatments, which have no relation to what or how traditional vaccines are developed or affect the body. Presenting them to the public under the familiar and widely trusted definition of *vaccine* disguises their true experimental nature.

Experimental vaccine platforms in the revised definition include

- A. Viral Vector Vaccines: These use a modified “harmless” virus (the vector) to deliver genetic material from the target pathogen into cells, triggering an immune response.
- B. mRNA Vaccines: These introduce a small piece of genetic material (messenger RNA) that encodes the production of a specific viral protein. This mRNA is taken up by cells, which then produce the viral protein, triggering an immune response.
- C. Protein Subunit Vaccines: These contain specific proteins derived from the target pathogen, rather than the whole pathogen. These proteins can, by themselves, elicit an immune response.
- D. DNA Vaccines: These introduce a small piece of DNA that encodes the production of specific proteins from a targeted pathogen. The cells take up the DNA and produce the viral protein, initiating an immune response.

- E. Vector-based DNA/RNA Vaccines: These combine elements of Viral Vector and DNA/RNA technologies to deliver genetic material into cells for protein production and immune stimulation.

The new, revised definition includes various technologies that trigger an immune response, generate immunological memory, and thereby confer protection against specific pathogens. It includes treatments and delivery methods that are new and experimental and had never before been used on the general population, at least in theory.

At the time these treatments were introduced to the general public, there had been no long-term studies to determine the risk they posed.

During the pandemic, the CDC changed and revised the definition of these terms on the fly, adjusting the definition of *vaccine* in order to include the COVID-19 injections, thereby justifying their introduction despite the lack of long-term safety data.

To illustrate how relevant definitions have changed, the CDC provided the following definition of *immunization*, *vaccination* and *vaccine* in July 2014:

Immunization: The process by which a person or animal becomes protected against a disease. This term is often used interchangeably with vaccination or inoculation.

Vaccination: Injection of a killed or weakened infectious organism in order to prevent the disease.

Vaccine: A product that produces immunity therefore protecting the body from the disease. Vaccines are administered through needle injections, by mouth, and by aerosol.

From May 16, 2018 to September 1, 2021 the CDC used the following definition for *immunity*, *vaccine*, *vaccination* and *immunization*:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but can also be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce immunity to a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with *vaccination* or *inoculation*.

This was later revised to the following:

Immunity: Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.

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

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.

Immunization: A process by which a person becomes protected against a disease through vaccination. This term is often used interchangeably with *vaccination* or *inoculation*.

Rather than ensuring that a novel treatment could satisfy the definition of what a vaccine can do, the CDC adjusted the definition of *vaccine*, tailoring it to suit new technologies developed and promoted by the pharmaceutical industry, which the CDC is supposed to regulate.

The definition of these terms was revised dozens of times between 2014 and 2023.

The revised definitions have blurred the lines between biologics and vaccines. Drugs that can now be called vaccines, like those based on viral vectors or mRNA technology, exhibit characteristics of both traditional vaccines and biologics. The distinction lies in their composition, manufacturing, and mechanism of action.

The above discussion demonstrates how the process that led to the manufacture and development of the COVID-19 vaccines was unlike any drug development or approval process ever before undertaken.

The COVID-19 vaccines were based on novel technologies, which had never been used in the general population before; the process of development and testing was shortened from 5–10 years to a year or less; the key requirements of the approval process related to safety and efficacy were set aside; long term testing on population groups approximating the general population were never done; and the very definition of what the drugs were and supposed to do, kept changing.

These and many other issues contributed to an unprecedented level of risk and uncertainty with these new drugs.

The need to have a robust safety monitoring system was extreme.

Safety issues related to the development, manufacturing, and distribution of prescription drugs can arise from various technological, manufacturing, and distribution factors. Here are some key areas where safety concerns may arise:

Technological Issues:

- A. Formulation and Stability: Inadequate understanding of the drug's chemical properties or formulation can lead to stability issues, resulting in reduced efficacy or potential safety risks.
- B. Drug-Device Interactions: If a drug requires specialized delivery devices or technologies, compatibility issues between the drug and the device can arise, affecting drug effectiveness and patient safety.
- C. Nanotechnology and Biologics: Advancements in nanotechnology and biologics have introduced complex manufacturing processes and potential safety concerns due to their unique characteristics and potential interactions with the human body.

Manufacturing Issues:

- A. Contamination and Cross-Contamination: Improper handling or contamination during the manufacturing process can introduce impurities, foreign substances, or microbial contaminants, compromising the drug's safety and quality.
- B. Quality Control and Assurance: Insufficient quality control measures or inadequate adherence to Good Manufacturing Practices (GMP) can lead to inconsistencies in drug potency, purity, or dosage, posing risks to patients.
- C. Scale-up Challenges: Transitioning from laboratory-scale production to commercial-scale manufacturing may introduce unforeseen safety issues if the process is not properly optimized or validated.

Distribution Issues:

- A. Counterfeit Drugs: Illegitimate or counterfeit drugs can enter the distribution chain, potentially lacking active ingredients, containing harmful substances, or having incorrect labelling, leading to patient harm.
- B. Storage and Transportation: Inadequate storage conditions, temperature excursions, or mishandling during transportation can compromise drug integrity and efficacy, impacting patient safety.
- C. Supply Chain Integrity: Complex global supply chains increase the risk of drug diversion, unauthorized tampering, or substitution, compromising the safety and authenticity of the medication.

Post-Marketing Surveillance:

- A. Adverse Drug Reactions (ADR): Even after thorough premarket clinical trials, some adverse reactions may only emerge once a drug is widely used. Robust post-marketing surveillance systems are crucial for detecting and monitoring ADRs to ensure timely intervention and patient safety.
- B. Labelling and Risk Communication: Inaccurate or insufficient drug labelling, which include warnings, contraindications, and precautions, can lead to improper use, misunderstandings, or increased safety risks for patients and healthcare providers.

To address these safety issues, regulatory bodies like Health Canada are tasked with establishing and enforcing stringent regulations and guidelines.

Pharmaceutical companies are also responsible for implementing quality management systems, conducting thorough risk assessments, and continuously monitoring and improving their manufacturing processes to ensure drug safety.

Collaborative efforts between regulatory agencies, manufacturers, healthcare professionals, and the public are essential to minimize safety risks associated with prescription drugs and ensure the highest possible level of patient safety throughout the drug development, manufacturing, and distribution lifecycle.

The most important part of a safety monitoring system must engage areas of society which will be subjected to the new drug. This includes patients, healthcare providers, pharmacies, regulators, and the manufacturers themselves.

Following are the goals of a functioning adverse events monitoring system:

Safety Monitoring: Vaccines undergo testing before they are approved for public use, but monitoring their safety post-approval is equally important. A reporting system allows healthcare professionals and individuals to report any adverse reactions they observe after vaccination.

By collecting and analyzing this data, health authorities can identify potential safety concerns, evaluate the risks versus benefits, and take necessary actions to protect the population.

Early Detection of all Side Effects: In a completely new drug based on a never-before-implemented technology utilizing a highly complex manufacturing process, it is impossible to predict beforehand exactly what level and types of adverse events may occur in the diverse general population. A comprehensive reporting system helps identify and investigate all side effects that may not have been detected during the initial clinical trials due to limited sample sizes. Early detection enables swift responses, which includes further investigation, changes in vaccination strategies, or updates to vaccine recommendations.

This is especially important for COVID-19 injections as no mid-term or long-term testing was carried out prior to approval for use in the general population.

Building Public Trust: Transparent and effective monitoring of vaccine adverse reactions helps build public trust in vaccination programs. When people have confidence that their concerns are being acknowledged, investigated, and acted upon, they are more likely to participate in adverse events reporting efforts. A robust reporting system assures the public that their safety is a priority and that the healthcare system is committed to addressing any potential risks associated with vaccines.

Data-driven Decision Making: Accurate and timely reporting of adverse reactions provides valuable data for decision-making processes. Health authorities can analyze the reported cases to understand the characteristics of adverse reactions, such as their frequency, severity, demographics, and potential risk factors. This data can inform vaccine recommendations, guide public health policies, and support regulatory decisions regarding vaccine safety.

Continuous Vaccine Improvement: A reporting system facilitates continuous monitoring and improvement of vaccines. By collecting information on adverse reactions, health authorities can identify patterns, assess the effectiveness of existing vaccines, and guide the development of future vaccines. This knowledge helps researchers and manufacturers make necessary adjustments to vaccines to enhance their safety profiles and minimize potential side effects.

Global Collaboration: Adverse reaction reporting systems also contribute to international collaboration and information sharing. By participating in global networks, Canada can share its data and benefit from the experiences and knowledge of other countries. This collaboration strengthens global vaccine safety monitoring efforts and enables the identification of potential adverse events that may be specific to certain populations or regions.

The need for a robust vaccine adverse reaction reporting system in Canada is essential for monitoring vaccine safety, detecting all side effects, building public trust, making data-driven decisions, improving vaccines, and facilitating global collaboration. It serves as a critical tool in ensuring the ongoing success of vaccination programs and protecting the health of the population.

[What the Adverse Events Monitoring System was Supposed to Be](#)

In Canada, vaccine safety monitoring is supposed to be conducted through various mechanisms and systems. Below are some key components of vaccine safety monitoring in Canada:

A. Canadian Adverse Events Following Immunization Surveillance System (CAEFISS):

- CAEFISS is also known as the Canadian Immunization Monitoring Program.
- Active (IMPACT) is a national surveillance program for monitoring adverse events following immunization (AEFIs) in children. It collects AEFI data from 12 pediatric tertiary care centres across Canada and analyzes the data to identify patterns, trends, and potential safety signals related to vaccines.

B. Vaccine Adverse Event Reporting System (VAERS) United States:

- VAERS is a national passive surveillance system that allows healthcare providers, vaccine manufacturers, and the public to voluntarily report adverse events following immunization.
- It serves as an important tool for detecting and monitoring potential safety concerns associated with vaccines.

C. Provincial and Territorial Vaccine Safety Surveillance:

- Each Canadian province and territory has its own vaccine safety surveillance system, which monitor and investigate adverse events related to vaccines administered within their jurisdictions.
- These systems contribute to the overall vaccine safety monitoring efforts in Canada.

D. Vaccine Safety Research and Studies:

- Canadian researchers conduct studies and research projects to investigate vaccine safety concerns, assess the effectiveness of vaccines, and monitor long-term safety outcomes.
- These studies often involve collaborations with academic institutions, healthcare providers, and government agencies.

E. Collaboration with International Vaccine Safety Networks:

- Canada actively participates in international collaborations and networks, such as the World Health Organization's Global Vaccine Safety Initiative and the Vaccine Safety Datalink in the United States.
- These collaborations facilitate the exchange of information, including the sharing of best practices, and joint investigations of vaccine safety issues.

F. Regulatory Oversight and Post-Market Surveillance:

- Health Canada, the federal regulatory agency, oversees the approval and ongoing monitoring of vaccines.
- Health Canada conducts post-market surveillance activities to monitor the safety of vaccines after they are approved and distributed.
- It collaborates with provincial and territorial health authorities, healthcare professionals, and other stakeholders to ensure comprehensive vaccine safety monitoring.

G. Adverse Event Following Immunization (AEFI) Reporting:

- Healthcare providers are responsible for reporting any adverse events following immunization to the local public health authorities or relevant surveillance systems.
- Timely and accurate reporting of AEFIs is crucial for monitoring and investigating potential safety concerns.

Through these mechanisms, Health Canada claims to ensure continuous vaccine safety monitoring, early detection of potential adverse events, and prompt response to emerging safety concerns.

Health Canada also claims that their regular data analysis, collaboration, research, and regulatory oversight play significant roles in maintaining a robust vaccine safety monitoring system in the country.

The system described above, certainly sounds like the robust safety monitoring system that Health Canada reassured Canadians that they had in place to protect Canadians.

The reality of the system on the ground, as described by the testimony of witnesses, was that of a broken, impossible to use system, with gate-keepers who prevented accurate and timely reporting of adverse events.

[The Broken Monitoring System Canadians Got](#)

The entire adverse events reporting and monitoring system has a fatal flaw: it relies only on reports of adverse events received by healthcare professionals. Furthermore, these reports were discouraged, hindered, and rejected by local public health officers, and healthcare professionals were punished for reporting adverse events.

Patient Reporting of Adverse Events

Patients are not able to directly report adverse events to the CAEFISS reporting system. These reports must be funnelled through the healthcare providers.

According to Health Canada:

CAEFISS reports are submitted by public health authorities in provinces and territories, who in turn receive them from local public health units. Provincial and territorial authorities also receive reports from federal authorities that provide immunization within their jurisdiction, including:

- the RCMP,
- Indigenous Services Canada, and
- Correctional Service Canada.

Most of these reports are generated by nurses, physicians, or pharmacists who provide immunizations or who care for individuals with AEFIs. AEFIs received by National Defence and the Canadian Armed Forces are reported directly to PHAC.

Several witnesses testified that healthcare providers would outright deny or even refuse to consider claims of adverse reactions.

Concerns from patients related to adverse reactions were played down or dismissed by doctors, despite the fact that since the mRNA vaccines were a new technology, healthcare professionals could never have known, for certain, what issues might present in patients.

Based on the incredibly fast and unique method that was used to approve both the vaccines and their manufacturing processes, it was highly possible that even if the basic technology of these novel vaccines was safe, any variety of adverse events might occur as a result of the manufacturing, distribution, handling, or injection of these drugs.

It is unbelievable that healthcare workers would simply dismiss patient claims when considering the dozens of mechanisms and potential issues with these drugs.

Some witnesses reported that when they had experienced an adverse reaction to the injection, their own doctors told them they would not report it as an adverse reaction due to fear of reprisal or ridicule.

Nurse Angela Taylor described how she had experienced a severe reaction to the COVID-19 Injection. Doctors not only refused to report the event but also tried to coerce her into taking a 2nd and 3rd injection.

Kristin Ditzel experienced a severe reaction to the injection within 25 minutes of receiving the shot but was told her reaction was not due to the vaccine..

Healthcare Workers Reporting of Adverse Events

Many physicians testified that they had been prevented from or punished for reporting adverse reactions to the COVID-19 injections.

Dr. Patrick Phillips testified that he had reported five adverse events due to vaccine and the public health officer had rejected all of them, without explanation. A complaint to the regulator against Dr. Phillips was made due to the submission of these adverse event reports. The public health officer did not actually see any of the patients.

Dr. Patrick Provost testified that none of his five vaccine adverse events (VAEs) to the mRNA-LPN injection were reported by his treating endocrinologist. One reaction was an exacerbation of his type-1 diabetes that he managed to control himself by fine-tuning his insulin dosing. Not only did his endocrinologist refuse to report his VAEs, but he also refused to provide him an exemption for his second dose, arguing that the issue with complication of his type-1 diabetes was now under control with proper dosing of insulin.

When Patrick managed to find a healthcare worker who reported his VAEs to the INSPQ (Institut national de santé publique du Québec), he was told by a nurse from the INSPQ, that some of his VAEs were not going to be recorded as they happened six weeks after vaccination, which is the accepted window for traditional vaccines.

Dr. Provost then did a large retrospective analysis of VAEs as monitored by patients' modifications to their drug prescriptions. In his study, published in the peer-reviewed journal IJVTPr (International Journal of Vaccine Theory, Practice, and Research) on January 2023, he discovered that the six weeks' window is too short as 75 per cent of VAEs occurred after six weeks

In a second study published in IJVTPr, based on two cases studies of unreported VAEs, he identified up to 40 obstacles of reporting VAEs properly. He also showed that underreporting of VAEs is really the blind spot of the COVID-19 vaccination campaign. Dr. Provost said that we knew before the COVID-19 vaccination that the underreporting factor was at least 10, but we now realized that it's more than 40-100.

Dr. Dion Davidson testified that he had difficulty trying to fill out the online form to report to the adverse events reporting system. He indicated that making a report would take upwards of 45 minutes to do, so most healthcare workers would not do it.

Testimony from first responders detailed that the type of calls for help changed significantly once the vaccines were rolled out to the public and that no reporting of those events as adverse reactions to the COVID-19 injections was carried out.

Dr. Chong Wong testified that he told one of his patients that she should not take any more COVID-19 injections, after she developed blood-clots following the first injection. The patient had been contacted by and told by the public health nurse to take the second shot despite the adverse reaction. The public health nurse had not actually seen the patient or Doctor Wong prior to her giving this advice to the patient.

Dr. Gregory Chan further stated that as of May 2021, he and his colleagues could not use the federal reporting system, so he started to use the Alberta provincial system, Adverse Events Following Immunization (AEFI).

Dr. Gregory Chan testified that he could not navigate the provincial reporting site and could not actually make reports on the website. He finally printed the forms and filled them out manually. He had made 56 reports of adverse reactions due to the COVID-19 injections. He reported that of the 56 reports, he received no acknowledgment from public health on approximately half of them; of the second half of the 56 reports, six were accepted into the system, six were rejected, and nine have not been addressed..

Of the 28 reports acknowledged by Alberta Health, public health advised 16 of them to get the next injection, despite not having actually seen any of these patients.

Dr. Chan reviewed the online criteria systems as set out by Alberta Health and confirmed his 56 reports qualified as adverse reactions as defined by the website.

Dr. Chan further testified that as of May 2021, he and his colleagues could not use the federal reporting system. He reported that five months into the rollout of the vaccines, the CAEFISS system was frustrating as it went from link to link resulting in him having to print off a form to complete by hand.

Dr. Justin Chin testified that both patients and doctors were failing to identify adverse events caused by COVID-19 vaccinations.

Nurse Serena Steven experienced a severe adverse reaction within one hour of receiving the injection, was sent home from the emergency room, and no report of the adverse event was made by medical staff.

Dr. Charles Hoffe noticed significant issues in his patients and sent a private email to 18 of his colleagues questioning if any of them were seeing any of these issues. One of these 18 doctors sent the email to the regional health authorities, who called him in for a meeting; he was told that he was putting patients at risk by questioning the injections.

A complaint was filed with the College of Physicians and Surgeons, and he was told not to discuss any of this with any of his colleagues. He was directed to pose any future questions to the public health officer. Dr. Hoffe noted significant neurological issues in his long-time patients, so he sent a letter to the medical health officer asking for assistance. There was no response, and his letter was forwarded by the public health officer to the College of Physicians and Surgeons as a new complaint against him.

Dr. Hoffe was referred to a vaccine safety specialist who claimed that Dr. Hoffe's observations were incorrect, although she had not seen any of his patients. He was told he should make an adverse reactions report but that these reports would not trigger an investigation.

Dr. Rene Lavigueur testified that if he told the truth about adverse reactions, he was in conflict with public health and at risk of losing his licence. He said he was being forced to simply follow orders. He filled out 16 adverse events reports, but everyone else was too afraid to do it or to even speak about it. He had patients come to him to say their regular doctor had refused to report their adverse events.

Dr. Lavigueur stated that the public health officials were evaluating the reports of COVID-19 vaccine injuries based on checklists that had been developed with regard to traditional vaccine reactions, failing to understand that COVID-19 injections were not traditional vaccines.

Conclusions

Based on the high level of risk associated with the development, manufacture, and distribution of the novel COVID-19 injections, it was extremely important that any reporting system was designed to collect and examine all reports of alleged vaccine injuries.

Such a system would have to be open to everyone who is affected by the vaccines, including patients, and the system would have to be readily available and easy to interact with.

Healthcare professionals should have been encouraged to report their findings, and all reports should have been entered into the overall system without filtering by frontline staff or public health officials.

The adverse events reporting system, with the exception of the pediatric system, is not only based on a passive reporting model, but healthcare providers were also actively being discouraged from making these reports. Some physicians were reprimanded by their regulators, and others lost their jobs or lost their licence for reporting adverse events.

The system utilized to report adverse events due to COVID-19 injections has failed for a wide range of reasons: some are functional shortcomings in the system; other reasons include willful dismissal of the data and an unwillingness to acknowledge that the initial expectations and analysis were in error. More specifically the problems include:

Underreporting: Like many passive surveillance systems, the adverse event reporting system relies on healthcare professionals voluntarily reporting AEFIs. Underreporting remains a challenge, leading to potential gaps in data and an incomplete understanding of vaccine safety profiles.

Based on the testimony of many witnesses, doctors were actively discouraged and punished for reporting adverse events.

Representativeness: The data collected by the system primarily came from a very limited number of healthcare professionals who had the courage to report. This data cannot be expected to fully capture adverse events experienced by the broader population.

Data Quality and Standardization: Ensuring consistent data collection methods and standardized reporting is essential to improve data quality and comparability. Efforts should be made to streamline data collection and harmonize reporting practices across different sites.

Vaccine Hesitancy and Misinformation: Instead of listening to what doctors and patients were reporting, public health officials decided to categorize many of these injuries as being related to vaccine hesitancy and misinformation, which impacted reporting rates and the overall perception of vaccine safety.

Timeliness: Prompt reporting and analysis of AEFIs are crucial for timely identification and response to potential safety concerns. Ensuring efficient data collection, analysis, and dissemination of findings is needed to address delays and improve the timeliness of vaccine safety monitoring.

Recommendations

To improve the vaccine adverse reporting system, several recommendations must be considered:

A. Enhance Healthcare Provider Education and Awareness:

- Provide comprehensive education and training to healthcare providers on the importance of adverse event reporting, including the recognition and reporting of vaccine-related adverse events.
- Streamline the reporting process to make it more user-friendly and efficient.
- Provide mandatory ongoing education of public health officials to provide insights into the risks associated with novel drug implementation so that they understand the difference between traditional vaccine-type medications and new biologic medications.
- Ensure that on the release of any new drug that all parties involved with the administration or monitoring are fully aware of the actual nature of the drugs under consideration. Some of the shortfalls in the system during COVID-19 had to do with a lack of understanding concerning the nature of these injections.
- Provide re-education for colleges of physicians and surgeons across Canada on the principle behind procedures required and the importance of the adverse event monitoring system.

B. Promote Public Awareness and Engagement:

- Launch public awareness campaigns to educate the general public about the importance of reporting vaccine adverse events.
- Provide accessible information on how and where to report adverse events, emphasizing the role individuals play in vaccine safety monitoring.
- Provide a portal through which patients can directly report their alleged vaccine injuries to the system.

- Encourage vaccine recipients and caregivers to report any adverse events they observe following vaccination.

C. Improve Reporting Infrastructure:

- Develop user-friendly online reporting platforms or mobile applications to simplify and streamline the reporting process for healthcare providers and the public.
- Ensure reporting mechanisms are easily accessible, with clear instructions and options for reporting adverse events, including user-friendly interfaces and multilingual support.

D. Implement Active Surveillance Systems:

- Augment passive surveillance systems with active surveillance components to actively identify and monitor adverse events, especially rare or serious events that may be missed through passive reporting alone.
- Augment passive surveillance systems with active surveillance components to actively identify and monitor patient complaints and trends or patterns of patient complaints following a drug rollout.
- Implement proactive strategies, such as automated electronic health record data mining, to identify potential safety signals and conduct targeted investigations.

E. Strengthen Collaboration and Data Sharing:

- Foster collaboration between different stakeholders, including healthcare providers, public health agencies, vaccine manufacturers, and research institutions, to facilitate seamless data sharing and exchange of information.
- Immediately end the practice of public health officials directly contacting patients and advising them to undertake medical procedures contrary to the attending physician's instructions.
- Enhance integration between national and international vaccine safety networks to leverage collective expertise, share best practices, and collaborate on investigations of global vaccine safety concerns.

F. Ensure Timely Analysis and Communication of Findings:

- Prioritize timely analysis of reported adverse events to identify potential safety signals promptly.
- Ensure that those evaluating the data are capable of recognizing and analyzing the data, despite their professional biases.

- Ensure clear and transparent communication of findings to healthcare providers, the public, and other relevant stakeholders, while considering the balance between timely communication and the need for thorough investigation.

G. Continuous Evaluation and Improvement:

- Regularly assess the performance and effectiveness of the reporting system, including feedback from healthcare providers, the public, and other stakeholders, to identify areas for improvement.
- Incorporate advancements in technology and data analytics to enhance the efficiency and accuracy of adverse event reporting and analysis.

By implementing these recommendations, the vaccine adverse reporting system can become more robust, efficient, and responsive, leading to improved vaccine safety monitoring and better protection of public health.

7.5.11. Delivery of Healthcare Services During the Pandemic

Introduction

The announcement of the COVID-19 pandemic in late 2019 and the subsequent imposition of non-pharmaceutical interventions had a profound impact on all aspects of society, with the healthcare system being one of the most severely disrupted sectors.

As a result of the country-wide media/propaganda campaign, citizens were unduly alarmed and terrorized at the prospect of a novel coronavirus. This terror permeated all of society including healthcare professionals.

False information propagated by government agencies led Canadians to believe they were facing the most dangerous pandemic since the Spanish flu pandemic of 1918. It could be argued that in the very early part of 2020, healthcare officials did not yet understand the nature of the virus; however, based on the statistics being published by Health Canada, by the end of March 2020, healthcare officials already understood who was at risk and who was not at risk from COVID-19.

Governments, healthcare providers, and patients worldwide were forced to grapple with numerous challenges and adapt to new realities brought about by the interventions imposed by the governments.

Furthermore, public health officials were given control over planning for and execution of the government's emergency response. Public health officials are not experienced in, or trained to undertake, the massive task of first understanding a potential emergency of this magnitude and taking the appropriate steps to deal with it. This inexperience and incompetence was evident from the very beginning of the pandemic.

The main goal of public health officials in designing and implementing the pandemic response was to protect the **"healthcare system"**. The goal of the response should have been to protect/minimize the effects of the COVID-19 pandemic on the **"public"**.

This fatal flaw in setting the wrong strategic goal for the pandemic response resulted in major disruptions in service, the misallocation of resources, plus the unnecessary terrorizing of an entire population.

Major disruptions to the delivery of healthcare in Canada were the result of these and many more failures.

Testimony Concerning the Delivery of Healthcare Services During the Pandemic

Quickly after the imposition of the public health officials' mandates, large areas of the healthcare system began to shut down.

Sections of hospitals designated as “non-essential” were closed down, and staff were allocated to emergency care and ICU areas, waiting for the predicted wave of COVID-19 cases, which never came. Witnesses reported that prior to COVID-19, the emergency rooms were extremely busy, and following the imposition of the lockdown and mandates, the emergency rooms were empty and staff were idle; staff not allocated to these areas were sent home.

What were deemed to be “non-essential” procedures, tests, and treatments were cancelled and/or postponed indefinitely.

Some patients who were injured or developed medical conditions refused to go to the hospital or see their doctors out of fear. Some people did not go to the hospital because the media had been telling them that hospitals were overwhelmed with COVID-19 cases; that was untrue, based on testimony..

Routine office-based medical services were also temporarily halted. Many doctors were afraid to see patients. According to witness testimony, some doctors refused to see patients, and others attempted to meet with patients over the phone.

When vaccines became available, an entirely new and cruel set of issues presented themselves. The terror and hatred that appeared to have been so carefully cultivated by certain politicians and mainstream media, set those who were injected against those who chose not to be injected.

Witnesses stated that patients presenting themselves in emergency rooms were treated with disrespect and, in some cases, disdain. Witnesses, both patients and staff, described a toxic atmosphere of hate and bullying. Patients who were not injected were isolated, labelled, and in some cases refused medical attention.

As the government responses extended to forced vaccinations, staffing shortages began to arise. Hundreds, if not thousands, of staff who were now being forced to get the injection or lose their jobs, resigned, quit, took early retirement, or were fired.

At a time when the media was telling Canadians that there was a shortage of healthcare professionals, they were covering up the fact that the government’s own policies were in fact causing those shortages to occur. Often the system lost the most experienced and knowledgeable staff members to early retirement.

What the government was further keeping from the public was that prior to and leading into the pandemic, there were chronic shortages of staff and resources already.

The pandemic response also affected healthcare in a number of other ways: through disruption of supply systems and through the creation of shortages of all types of necessary supplies, including personal protective equipment.

Finally, there was the enormous reallocation of equipment, facilities, staff, and financial resources into the mandated testing and vaccination program.

Since the healthcare officials already knew what segment of the population was at risk to COVID-19, they should also have focused their attention on that specific segment of the population.

Based on the data provided by the vaccine manufactures to Health Canada, it was obvious that the vaccines were not effective in protecting people from the infection, and the safety profile of the vaccines was unknown. Furthermore, no testing had been carried out to determine if the injections actually prevented or reduced the spread of the disease.

Based on all of these known facts, implementing a universal testing and vaccination program was pointless, at best, and potentially life threatening to Canadians.

Among these disruptions, three major issues stand out: the postponement of regular treatments, patient fear of hospitals, and the shutdowns of elective surgeries.

Postponement of Regular Treatments:

One significant disruption to the healthcare system caused by COVID-19 measures is the postponement or cancellation of regular treatments for non-COVID-related conditions.

As the government implemented their pandemic policies, healthcare facilities were refocused to deal with a predicted overwhelming influx of COVID-19 patients, which never came. This resulted in a shutdown or slowdown on resources such as hospital beds, medical equipment, and healthcare personnel. Hospitals had to repurpose resources and prioritize the care of predicted COVID-19 patients, often leading to the postponement of non-urgent procedures and treatments.

This delay had serious consequences for patients suffering from chronic illnesses, such as cancer, cardiovascular diseases, and other conditions, potentially leading to disease progression, reduced quality of life, and even increased mortality rates.

Patient Fear of Hospitals:

Another significant disruption resulting from the fear propagated by the government and media was the widespread fear and hesitancy among patients to seek medical care in hospitals and healthcare settings. The government and media had exaggerated the contagious nature and lethality of the virus. This coupled with the uncertainty surrounding its transmission initially led to a general perception that hospitals were high-risk environments for contracting COVID-19.

Fearful of exposure, many individuals with health concerns opted to delay or altogether avoid seeking medical attention, even for urgent conditions. This fear resulted in a decline in routine check-ups, preventive screenings, and early detection of diseases, which could lead to long-term health consequences as undiagnosed conditions progress untreated.

Shutdowns of Elective Surgeries:

Elective surgeries, which are planned procedures that are not immediately life-threatening but necessary for patients' wellbeing, have been significantly disrupted by the COVID-19 response. To preserve resources, minimize the risk of exposure to the virus, and ensure sufficient capacity to handle COVID-19 cases, many healthcare systems implemented temporary shutdowns or restrictions on elective surgeries. This measure aimed to redirect medical staff, equipment, and hospital beds to COVID-19 response efforts.

This strategy resulted in substantial backlogs of elective procedures, negatively impacting patients who required surgeries for conditions such as joint replacements, cataracts, and hernias. The delays in these surgeries have caused prolonged suffering, decreased quality of life, and increased wait times for those in need of essential care.

This strategy was the direct result of the incorrect planning of the pandemic response. In other words, the response was designed to protect the healthcare system, it was not designed to protect patients.

Conclusion

The government's response to the COVID-19 pandemic has disrupted the healthcare system in various ways, including the postponement of regular treatments, patient fear of hospitals, and the shutdown of elective surgeries. These disruptions have had severe consequences for patients, leading to disease progression, decreased preventive care, and increased wait times for necessary procedures.

Recommendations

Based on the experience of the COVID-19 pandemic in Canada, several recommendations could be made to improve the healthcare system and prevent similar disruptions to normal healthcare services in the future.

These recommendations focus on building resilience, preparedness, and adaptability in the healthcare system. Here are some key suggestions:

- A. **Ensure Proper Emergency Response, Planning, and Implementation:** Public health officials are not trained in the planning and implementing of national integrated emergency response to major public health emergencies. In future, the responsibility for planning and implementing such emergency plans must be undertaken by the emergency measures organizations that already exist for this purpose. Public health must play an active role as technical consultant to the Emergency Measures apparatus but should never be placed in control of it.
- B. **Invest in Healthcare Infrastructure:** Strengthen the healthcare infrastructure by first rationalizing the current inventory and capacity of the system, and then increasing the capacity of hospitals, clinics, and healthcare facilities, if required. This may include investing in more beds, medical equipment, and essential supplies to handle potential surges in patient volumes and designating alternative facilities and mechanisms to share resources across provincial jurisdictions.
- C. **Enhance Telehealth Services:** Expand and promote telehealth services to provide virtual consultations and healthcare support. Telehealth can reduce the burden on physical healthcare facilities, increase accessibility to healthcare services, and ensure continuity of care during emergencies.
- D. **Improve Data Collection and Analysis:** Establish a robust data collection and analysis system to monitor healthcare resources, disease outbreaks, and public health trends. Timely and accurate data can help inform evidence-based decision-making and resource allocation during crises.
- E. **Maintain Strategic Stockpiles:** Create and maintain strategic stockpiles of essential medical supplies, including personal protective equipment (PPE), ventilators, and medications. These stockpiles can help mitigate shortages during emergencies and protect healthcare workers.
- F. **Support Healthcare Workforce:** Ensure the wellbeing and resilience of healthcare workers by providing mental health support, appropriate training for handling emergencies, and fair compensation. A strong and supported workforce is crucial in times of crisis.
- G. **Improve Collaboration and Communication:** Enhance coordination and communication between federal, provincial, and territorial governments, as well as with healthcare providers and public health agencies. Effective communication channels can facilitate rapid response and the dissemination of critical information.

- H. **Pandemic Preparedness Plans:** Develop and regularly update comprehensive pandemic preparedness plans at all levels of the healthcare system. These plans should outline specific strategies and protocols for managing various types of pandemics and health emergencies.
- I. **Training and Dissemination of Plans:** As seen during the COVID-19 pandemic, existing plans were sidelined and many healthcare workers were not aware of the existence of any plans. Emergency plans must be distributed widely and reviewed with healthcare workers at all levels, and the public should have access to seminars and information sessions. The best plan in the world if unseen and unrehearsed is useless.
- J. **Public Health Education and Awareness:** Strengthen public health education and awareness programs to inform the general population about disease prevention, natural immune system upkeep, and appropriate healthcare-seeking behaviour during outbreaks.
- K. **Supply Chain Resilience:** Diversify and strengthen the supply chain for essential medical equipment and pharmaceuticals to reduce dependence on foreign suppliers and minimize disruptions during global crises.
- L. **Regional Response Capacity:** Establish regional response capacities to handle healthcare crises, allowing for more focused responses in areas heavily affected by outbreaks while maintaining healthcare services in other regions.
- M. **Long-Term Care Facilities:** Implement improved infection control measures in long-term care facilities to protect vulnerable populations during outbreaks and prioritize their healthcare needs.
- N. **Flexible Healthcare Services:** Develop flexible healthcare service models that can quickly adapt to changing circumstances. This could involve creating mobile healthcare units, flexible staffing arrangements, and alternative care facilities during emergencies.

Implementing these recommendations requires a collective effort from governments, healthcare providers, communities, and individuals. By learning from the challenges faced during the COVID-19 pandemic and taking proactive measures, Canada can enhance its healthcare system's resilience and better protect the health and wellbeing of its citizens in the face of future health emergencies.

7.5.12. Public Workplaces and Pandemic Measures

Introduction

Canadian Blood Services (CBS) is a not-for-profit, charitable organization that operates independently from government. Created through a memorandum of understanding between the federal, provincial, and territorial governments, CBS was established in 1998. Funding comes primarily from the provincial and territorial governments.

CBS identifies the organization as one part of Canada's broader network of healthcare systems. It is the only national manufacturer of biological products funded by Canada's provincial and territorial governments. CBS provides blood and plasma, as well as transfusion and stem cell registry services, on behalf of all provincial and territorial governments (excluding Québec). CBS national transplant registry for interprovincial organ sharing and related programs extends to all provinces and territories. CBS works closely with Hema-Québec in times of need.

CBS is responsible for the safety, quality, identity, purity, potency, and accessibility requirements of all blood products and services offered.

From its website, CBS is "committed to reflecting Canada's population in our organization and fostering an environment where all employees can be their authentic selves, with equal opportunities to succeed and contribute."

In relation to COVID-19, CBS in June 2020 formed a research partnership with the COVID-19 Immunity Task Force (CITF), a research arm of the Public Health Agency of Canada. Since then, more than 720,000 blood samples have been analyzed and tested under CBS' seroprevalence study to determine whether donors have developed an immune system response to COVID-19 through infection or vaccination. CBS reports the results indicate that more than 78 per cent of blood donors have antibodies due to COVID-19 [infection] and 100 per cent have antibodies as the result of vaccination. CBS attributes these results to the high uptake of vaccination as well as the extent to which COVID-19/SARS-CoV-2 has spread throughout the population of adult blood donors.¹⁴⁷

Witness Testimony

Jessica Kraft (Day 3, Winnipeg, MB) is a 31-year-old with two daughters. She began her employment journey with Canadian Blood Services in October 2013. Ms. Kraft received six weeks of classroom and on-the-job training. She enjoyed her role as a Donor Care associate. Ms. Kraft's clinical responsibilities included needle insertion (phlebotomy) and donor screening procedures.

¹⁴⁷ Canadian Blood Services, June 20, 2023, Ottawa, ON Link: <https://www.blood.ca/en/about-us/media/newsroom/blood-donors-are-helping-us-prepare-future-pandemics> (accessed July 14, 2023)

In December 2019, Ms. Kraft gave birth to a second daughter. Consequently, she went on maternity leave. She returned to work in March 2021 following the implementation of workplace safety protocols for COVID-19. Mandates included the wearing of masks by staff and donors, social distancing protocols, the introduction of wellness checkpoints within the clinic, and ensuring donors were in good health before they came into the facility.

When she first started with Canadian Blood Services, she found the environment to be a fun and a supportive place to work. Her colleagues formed a good team. She noted that while she was on parental leave, there was a change in management. This in turn led to a push for more first-time donors. Other notable clinic changes included the exclusion of family and friends attending the clinic to support donors and the lack of refreshments for donors after donating whole blood, plasma, or red blood cells (which is critically important to ensuring the donor's health). On a broader level, Ms. Kraft noted a change in how CBS portrayed itself as an institution—from a non-profit contributing to the of health needs of Canadian patients to being labelled a biologics manufacturing company.

As well, Ms. Kraft observed the clinic had become rigid and sterile. There was an increase in donor reactions (donors feeling faint and/or passing out). However, during this time, there were no specific changes in her job description or the way she collected blood.

In September 2021, Canadian Blood Services posted a mandatory vaccine notice to employees. Under the new mandate, requirements included attesting one's vaccination status to the employer and submitting to regular rapid tests. Employees were required to be fully vaccinated by late fall. There was an option for applying for medical or religious exemption. Ms. Kraft pursued an exemption.

When she went to see her physician for a regular checkup, she mentioned the new healthcare worker mandate. The doctor dodged Ms. Kraft's questions about getting an exemption for her condition. Ms. Kraft has a pre-existing medical condition known as functioning heart murmur. Her doctor denied her heart condition, a diagnosis she has had for her whole life. Ms. Kraft's medical doctor would not give her an exemption for two reasons. First, the exemption would have to be cleared by other physicians and second, even if she did provide a medical exemption, it would likely not be approved by Ms. Kraft's employer.

She then tried to get permission for exemption from Canadian Blood Services. She approached her immediate supervisor, managers, and the CBS doctors on-site with questions. In response, she received a lot of copy-and-paste-type statements and impersonal email replies. At work, she was asked publicly if she planned to get vaccinated. This same question was posed in front of donors. Feeling awkward, Ms. Kraft would change the subject.

Ms. Kraft reiterated she was not opposed to vaccines. She was up to date on all her other vaccines. Her children were vaccinated.

Ms. Kraft testified that even though she knew disciplinary action was coming, she was still devastated when it happened. What caused the decision to be so difficult? Ms. Kraft objected to disclosing personal and private health information to her employer and subsequently having to submit to regular rapid testing. She cited the *Personal Health Information Act* as justification for not attesting. The Act states employees are not required to disclose personal health information to employers. Regarding the testing requirement, she didn't think it set a good precedent in the workplace. Ms. Kraft was never previously required to prove any other vaccine compliance to her employer. At one point, CBS encouraged employees to receive a Hep-A or Hep-B vaccine, but neither of these vaccinations were mandated or enforced.

Overall, Ms. Kraft said her unvaccinated status affected her relationship with colleagues. She did not know whom she could trust. On Thanksgiving Monday, Ms. Kraft received a call from her supervisor, stating she would not be allowed back to work, primarily because she had not consented to any of the imposed measures.

Ms. Kraft filed a grievance with her union and was told she would receive an education package. This never came. She was later informed her complaint would not be going to arbitration. She was not eligible for Employment Insurance. She would not get her job back. When she went into the workplace to pick up her personal belongings, she was ostracized and treated like she was infectious. Since her termination, Ms. Kraft has sought employment on and off but is grateful to have been given this time with her children.

In response to Commissioner questions, Ms. Kraft said she was CBS trained as a phlebotomist. She had signed the CBS code of conduct. CBS had not changed the terms of her employment or job description. The union did not address her complaint. The compliance orders came from CBS Head Office. To the best of Ms. Kraft's knowledge, CBS was regulated by Health Canada. She said it was unfortunate to see donors dwindling. She confirmed severe reactions were documented in incident reports.

In closing remarks, Ms. Kraft said she was privileged to use her time off to be with her children but others who lost their jobs and homes were not as fortunate. She said it was for those individuals and families that she chose to speak at the NCI hearings.

Canadian Blood Services terminated her position in October 2021.

Analysis

Ms. Kraft's employer Canadian Blood Services (CBS) is a not-for-profit regulated by Health Canada. CBS is a publicly funded institution. CBS entered into a partnership with the Public Health Agency of Canada (via CTIF) in 2020. The CBS website currently states, "Canadian Blood Services is a COVID-19 vaccinated organization."¹⁴⁸

¹⁴⁸ Excerpted July 14, 2022, Link: Canadian Blood Services and COVID-19 Information

Moreover, CBS is committed to the principles of diversity, equity, inclusion, and I CARE (Integrity; Collaboration; Adaptability; Respect; Excellence). CBS positions its societal contributions “as the connection between donors and patients, healthcare professionals and medical researchers.” As well, CBS advocates for an environment where all employees can be their authentic selves, with equal opportunities to succeed and contribute.

CBS guarantees a further commitment to basic human rights, including equity, inclusivity, and diversity in the workplace. Together, these statements are particularly critical in understanding the legal obligations and duties of employers in Canada.

Yet, as we understand from the testimony, Ms. Kraft was harassed and made to feel uncomfortable by colleagues, without consequence to the perpetrators. Her workplace did not portray an inclusive environment. Diverse or dissenting viewpoints were not welcomed. Indeed, in this example, CBS did not adhere to their own commitment to provide a work environment wherein all personnel are treated with respect and dignity, permitted to be their authentic selves, with equal opportunities to succeed and contribute.

When Ms. Kraft asked legitimate health-related questions of her immediate supervisors and management team (who are required by occupational-related legislation to be adequately trained in health and safety as well as informed of their respective responsibilities), in writing, she received copy-and-paste email responses that failed to inform. Witness testimony indicates there was no one directive from CBS Senior Management that summarized the risks and benefits of the COVID-19 genetic vaccine(s) or elaborated on the guiding principles of Informed Consent. The Commission is not aware of any actions taken by CBS or the union to bring about a satisfactory resolution or accommodation for Ms. Kraft.

Similarly, Ms. Kraft’s union failed her by not ensuring she received information that could have further educated her personal choices. Perhaps, by acting in the best interests of Ms. Kraft, the union could have protected her from termination. As if this wasn’t enough, EI decision-makers, responsible for ensuring employees/clients who lose their job receive Employment Insurance benefits to tide them over until equivalent employment can be found, also denied her EI benefits—for misconduct.

From the witness testimony, there is no shortage of questions to pursue. For example, did CBS ever consider the extent to which unvaccinated CBS personnel posed a health risk to donors and colleagues? Did either CBS or the union conduct an exhaustive review of the scientific evidence? What were the findings? Were either CBS or the union aware that all four COVID-19 vaccination choices were still in clinical trials in the fall of 2021?

Were questions raised that, perhaps, CBS policies for vaccination amounted to coercion by the employer or that the vaccination dictate could have been inconsistent with or contrary to provisions of the collective agreement? Or possibly was contrary to the principles of Informed Consent?

Observations

1. Medical freedom, Informed Consent, the right to choose as it pertains to COVID-19 vaccinations:

Informed Consent means persons administering medical treatments or procedures must inform individuals beforehand of the benefits and risks associated with the medical treatment, interventions, or procedures. In this case, the employer CBS mandated that all employees must be vaccinated with one of the four identified Health Canada approved vaccinations and/or undergo regular rapid testing. These demands occurred during a timeframe when all four proposed vaccinations were still in clinical trials. [FDA Clinical Trial website reported vaccinations manufactured by Moderna, AstraZeneca, Pfizer, and Janssen (aka Johnson & Johnson) were still in clinical trials in October 2021.]

The witness clarified the mandates came from CBS Head Office, so in essence, the order came from senior management, who by extension, dictated that employees could not exercise their right to choose when it came to COVID-19 vaccinations. Medical freedom was not an option. Together, these contravene elements of consent which include obtaining informed and explicit consent prior to treatment. It also violates the principle that consent must be voluntary. Consent cannot be considered valid when it is given under conditions of fear or pressure, and this includes threats of disciplinary action or the possibility of losing one's job.

Section 265(3) of the *Criminal Code* of Canada defines consent in relation to assault as:

(23) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of (a) the application of force to the complainant or to a person other than the complainant (b) threats or fear of the application of force to the complainant or to a person other than the complainant (c) fraud, or (d) the exercise of authority.

As well, in responding effectively to Ms. Kraft's questions, CBS should have provided evidence proving that mandatory COVID-19 vaccinations had been fully, independently, and rigorously tested against control groups and released the subsequent outcomes of those tests, including long-term results, a list of potential adverse effects, carcinogenicity, and the impact on fertility, given that Ms. Kraft was still of childbearing age. At the very minimum, the risks and benefits of taking the COVID-19 genetic vaccine should have been communicated to CBS employees and the decision for bodily autonomy left for them to decide.

2. Occupational Health & Safety & The Employee's Right to Refuse Unsafe Work Conditions:

The right to refuse to perform job duties is embedded in Occupational Health and Safety legislation. Although it has not [yet] been inextricably linked to the more recent employers' demands that employees be vaccinated—violating an employee's ability to weigh the risks and benefits in relation to their own health and safety—it doesn't negate the possibility of a viable argument for revising the legislation going forward.

As it currently stands, employees in a workplace can refuse to perform their duties if they are of the belief or opinion that a certain job task can cause physical harm to themselves or others, and/or it's a safety risk. This is not new. Indeed, employees weighing health and safety risks while performing their job duties and responsibilities in a workplace have filed refusal to work arguments for decades, and employers have often responded favourably.

By extending this line of thinking, what if the same employee holds a widely held belief that the COVID-19 genetic vaccine poses similar health or safety risks, or as it is in this example, the vaccination options have still not been proven to be safe and effective. Shouldn't labour protections allow for employees to file a refusal to work for similar concerns?

Notable here, as stated in testimony, Ms. Kraft had a pre-existing medical condition. The vaccines were still experimental and in clinical trials. Adverse side effects of the vaccines were relatively unknown. Research studies and scientific papers were still contradictory with no clear consensus being reached—except by governments and media who are not medical experts.

Ms. Kraft was coerced into unlawfully disclosing a medical treatment to her employer against her will, even though there was still no evidence that a COVID-19 vaccination prevented transmission at the community level. Neither was there any proof that COVID-19 vaccinations protected against the current variants because as the media continuously reported, the virus was constantly mutating in response to vaccine-induced selective immune pressure.

Certainly, it had become evident from the daily and weekly statistics that COVID-19 vaccinations were not reducing hospitalizations or the burden on the healthcare system, raising even more questions given the initial two weeks to flatten the curve mantra. Again, Ms. Kraft was a professional working alongside physicians and nurses within a key component of healthcare (blood services), so her ability to discern health directives would have been heightened. She also cited privacy concerns, referring to the *Personal Health Information Act* specifically.

Still, for Ms. Kraft, it was the myriad of copy-and-paste responses that raised alarms, which is why she sought clarification from her supervisors and management team. Sadly, in her case, she was not given the option to refuse work in the hope of creating a constructive dialogue. Instead, she was terminated.

Given this eventual outcome, it could be suggested the termination was a way of avoiding listening to the viewpoints of a staff member who disagreed with the direction CBS was taking. Occupational laws are designed to protect employees from coercion or, as stated, from employees undergoing undue risk to their own health and safety.

3. Publicly funded institutions, administrative law, neutrality, and discretionary powers:

By virtue of their primary funding sources, publicly funded institutions must legally remain neutral and appear to be at arm's length from government dictates. Further, decision-makers within the public service must act in accordance with governing legislation. This means agent(s) of government(s) cannot negate their legislated duty in the fulfillment of their responsibilities and second, these duties must be performed without bias and/or reliance on discretionary powers.

What we learned from the testimony is EI denied Ms. Kraft's application for benefits—for misconduct. We do not know if her life-long medical condition was a consideration in the decision. Neither are we aware if Ms. Kraft's denial of EI benefits for misconduct was arbitrary, based on earlier precedent-setting decisions made against unvaccinated claimants.

EI legislation points to a process for determining EI status: 1. Show the balance of probabilities [the credibility of the information must be genuine, reasonable, plausible, and based on the facts]; give both the employer and employee an opportunity to provide information as to the reasons for the loss of employment; evaluate the evidence without prejudice; and make the decision based on the weight of evidence. Section ss49(2) of the EI Act states the benefit of the doubt is given to the claimant.

As well, if the EI officer can answer yes to both of the following questions, the claimant is disqualified: Does the information in the file support the finding that the claimant committed actions or omissions as defined by the interpretation given to the word misconduct? Does the information in the file support the finding that the claimant lost their employment because of these actions or omission?

Regarding the establishment of misconduct, it must be shown (a) that the conduct in question constituted a breach of the employer-employee relationship; (b) that the conduct was wilful (c) that there was a causal relationship between the alleged conduct and the dismissal; (d) that the alleged misconduct was not a mere excuse or pretext for the dismissal.

In some cases, an EI decision can involve who initiated the act of severing the employment and the reasons behind this action.

Recommendations

- A. **Employers mandating vaccinations** for all employees in the workplace must provide verifiable data proving vaccine safety and efficacy, outlining the risks and benefits, including any and all adverse effects and provide employees with satisfactory options in the event of vaccine hesitancy and/or refusal.
- B. **Ensure employers' duty** to adequately train staff in workplace health and safety procedures and to inform supervisors and managers of their respective responsibilities includes establishing the importance and applicability of all related legislation, including the *Canada Constitution, 1867*, and specific Acts such as the *Personal Health Information Act*.

- C. **Unions have an obligation** to balance employee protections with arbitrary decisions and compliance orders made by employers. Unions must be required to undertake an exhaustive inquiry of the facts contributing to a grievance particularly when the complaint involves personal choice, bodily autonomy, constitutional protections, and the right to refuse unsafe work conditions.
- D. **When employer-employee conflicts arise** from employer mandates requiring vaccination, the union must intervene with the intention of seeking a satisfactory resolution, inclusive of reviewing employer policies and collective bargaining agreements relating to sick leave and disability benefits to determine eligibility [re: extenuating circumstances].
- E. **Terminated unvaccinated claimants** who were denied EI benefits based on misconduct must have their files re-assessed to determine whether the alleged breach in the employer-employee relationship came about because of employer forced mandates, coercion, and a person's right to choose bodily autonomy; a new decision must be rendered.
- F. **Ensure affirmative defences** are available for all employees working in publicly funded institutions, including transparent appeal processes.
- G. **When non-arm's length publicly funded agencies** enter into a partnership [such as the partnership between CBS and the Public Health Agency of Canada], there should be legislative assurances that the objectives of the newly intertwined relationships are not contradictory.

7.5.13. Alleged Denial of Medical Treatment Due to Pandemic Measures

Introduction

The allegations brought forward by Ms. Sheila Lewis highlighted a critical and highly complex issue at the intersection of public health, medical ethics, and individual rights, which emerged in the context of the COVID-19 pandemic. This situation underscored the intense debate regarding healthcare access for the unvaccinated, particularly in relation to emergency treatments and life saving procedures such as organ transplants.

From a public health standpoint, the intent behind vaccination policies in healthcare settings is to protect the safety and wellbeing of all patients, particularly those who are immunocompromised, like transplant recipients.

However, the COVID-19 genetic vaccine has been shown to be neither safe nor effective. The COVID-19 genetic vaccines do not significantly reduce the severity of the disease; they do not decrease transmission rates; and they have little or no effect on mortality rates. The effectiveness of the vaccines is also temporary and reported to wane within months of being administered.

In fact, testimony was presented concerning the significant rates of adverse reactions to the vaccines that included death of the patient.

Ms. Lewis testified that she refused to take the COVID-19 genetic vaccine out of a fear of potential adverse reaction to the vaccine. Furthermore, given the fact that the government declared that the pandemic was ended and vaccine mandates had been rescinded, there was no medical need for her to have taken the COVID-19 genetic vaccine, at the time of her testimony.

Discussion

Ms. Sheila Lewis needed an organ transplant to live. She was not alone. Indeed, many other Canadians, essentially strangers to Ms. Lewis, were also on the transplant list. During COVID, the prerequisites to remain registered changed. COVID-19 genetic vaccines had become mandatory. Two vaccinations were required immediately and a third prior to the organ transplant. Ms. Lewis now faced a dilemma. She legitimately questioned the safety and efficacy of these vaccines, noting the clinical trials were still underway.

Ms. Lewis was not the only casualty. Many physician witnesses testified of the abuse and oppression they faced from health and regulatory bodies. Coerced, suspended, disciplined, and/or fired—whatever the eventual outcome—these professional and experienced physicians, as much needed pillars within society, were publicly shamed for standing against the united forces of conformity. At issue was the multi-lateral players, the diatribe of authoritarian messaging, and the political machinations that had slowly become entrenched within the Canadian social fabric.

From an ever-increasing list of casualties, credentialed physicians, chiropractors, and dentists refused to trivialize or withhold life-sustaining medications from patients. Scientists with PhDs and post-doctoral status investigated the pharmaceutical evidence and found it severely lacking. What motivated each of them to stand against the prevailing narrative? Each valued human dignity, recognizing the critical importance of life and breath. Similarly, they understood the principles of being human. That is, every individual is equal before and under the law and similarly has the right to equal protection and equal benefit of the law—without discrimination.

Many questions emerged. Who is a physician legally bound to protect? Who is the college of physicians and surgeons mandated to serve? Shouldn't regulatory authorities making serious allegations against their members be forced to apply a higher standard of proof? And of course, one question we all ask: What legal recourses are available when alleged accusations are proven wrong?

All the while, increasing messaging from governments and health authorities alike demanded compliance. Liberties were suspended. Dissenting voices silenced. Freedom of speech, beliefs, thoughts, opinions, and conscience—the very attributes that make us human and alive—were arbitrarily removed. Oppression replaced grace. Injustice replaced human dignity and wellbeing.

Families were divided; businesses shut down. Public shaming and cancel-culture became the norm. In the wake, our human willingness to advance peace, generosity, and social cohesion were displaced. Forced coercion and intimidation began taking hold. In short, our beloved democratic nation of Canada slowly lost its soul. At the same time, political machinations appeared to be on a path towards enslaving the populace, but many people remained unaware of this taking place.

Thankfully, not everyone complied to the ever-changing government dictates. Like Ms. Lewis, many Canadians began to raise a cry for freedom and liberty. Hardworking Canadians, who through their own understanding of self-constitution and personal convictions, were prepared to affirm the worth and dignity of every individual.

Within this context, readers are invited to listen, in order to hear the voices of brave souls willingly standing in the gap for our nation. This Report provides an opportunity to understand the courageous and compelling journey of courageous Canadian citizens who were willing to speak truth to power during a time when open and transparent dialogue was met with negativity and ridicule.

On a human level, the denial of lifesaving treatment due to vaccination status is understandably deeply troubling. Medical care is fundamentally based on principles of beneficence (doing good), non-maleficence (doing no harm), autonomy (respecting the patient's rights to make decisions about their healthcare) and justice (equal treatment). The case of Ms. Lewis raises profound questions about the importance of retaining a balance of these principles during a public health crisis.

The “Right to Life” is guaranteed in section 7 of the *Canadian Charter of Rights and Freedoms*. Professor Gail Davidson testified concerning the International Agreements and Treaties which Canada is obliged to uphold. These treaties contain similar requirements (International Human Rights Law) to guarantee the right to Informed Consent to medical treatment as an essential component of other rights, including the right to health, life, and freedom from torture or ill-treatment.

To address such situations, clear and compassionate dialogue between healthcare providers and patients is crucial. Patients should be fully informed of the risks associated with their decision not to get vaccinated, particularly in relation to procedures like transplants where the post-operative immune system is vulnerable.

Healthcare institutions and policy makers must continuously seek to review the logic and necessity of vaccination policies to ensure these policies are ethically sound and to consider exemptions in cases where denying treatment may result in loss of life.

Open and constructive dialogue must be encouraged in society to address the actual current understanding of issues surrounding vaccines, including discussion of existing knowledge and data on safety and efficacy.

Given the critical nature of issues involved and the consequences of service denial, it is absolutely imperative that previously set policies be continually revised and evaluated, especially considering the new body of knowledge available in the present day, rather than relying on earlier pandemic information.

Independent bodies, such as medical ethics committees or legal authorities, should review cases like Ms. Lewis’s to ensure fair treatment. It is vital to remember that every life is valuable, and even in times of crisis, we must strive to uphold the principles of empathy, respect, and justice that underpin the practice of medicine.

Summary of the Testimony of Shelia Lewis

Sheila Lewis, resident in Alberta, and a potential transplant recipient, was removed from a patient transplant waiting list for not taking the COVID-19 vaccination. Medically, Ms. Lewis could not survive without the transplant. Despite facing a court-issued gag order limiting her ability to speak freely, Ms. Lewis testified of the intricate process involved in being a transplant candidate.

In testimony, Ms. Lewis reiterated her requirement for a transplant in order to live. While on a waiting list for a transplant, Ms. Lewis was removed from the waiting list because of her refusal to take the COVID-19 vaccinations. She stated that a court order prevented her from naming the organ she required, from naming doctors involved, and from naming the hospitals or hospital locations involved.

As part of the organ transplant process, Ms. Lewis was required to submit her vaccination records. Gathering her vaccination records took about a year. When it came to the discussion of COVID-19 genetic vaccines, Ms. Lewis questioned their safety. She explained that there was no data available to prove the safety of the vaccines, and that “we don’t know anything about them” and was essentially informed that she must “take it or die.”

The Justice Centre for Constitutional Freedoms (JCCF) intervened for Ms. Lewis in the courts. JCCF introduced a constitutional argument to the King’s Bench, including the *Bill of Rights*. The court agreed with the doctors—that Ms. Lewis should take the COVID-19 vaccinations. The courts also imposed a gag order preventing Ms. Lewis from speaking publicly on specific aspects of her case.

In response to the unanimous decision by the lower court, Ms. Lewis reiterated, “No longer my choice, my body.” She then appealed the decision. At the Court of Appeal, judges did not know whether they could or even should intervene in a medical procedure. Therefore, instead of examining the merits of the case, the Court of Appeal upheld the lower court decision. The gag order remained.

Ms. Lewis had COVID, and therefore had natural immunity. She was informed by a medical professional that her antibodies were higher than most. She applied to the Supreme Court of Canada, wherein, at the time of her NCI testimony, Ms. Lewis was still waiting for a decision. Because the three appellate judges were unanimous in their decision, Ms. Lewis had to make an application to be heard at the Supreme Court of Canada.

“There’s something else wrong here, and it comes from the top,” stated Ms. Lewis, “Doctors and nurses are losing their licences for speaking out.”

She asked the question, “When has there ever been a time in history when this has happened?” She shared that other individuals likewise were taken off the transplant list because of their refusal to take the COVID-19 vaccination. “They deserve to get a transplant too.”

“Dear God, there’s a lot of people who need help and I feel for every one of them because I know what I’m going through, and they are going through the same damned thing.”

Ms. Lewis referred to the doctors’ actions in her situation as “evil.” She confirmed that people were dying for no reason, referring to the physicians’ Hippocratic Oath and commitment to do no harm. Weeping, Ms. Lewis concluded by saying she wants to receive the gift of life. “I don’t want to die, God help me.”

Testimony of Mr. John Carpay (Lawyer for Ms. Lewis)

On April 28, 2023, Mr. John Carpay, a lawyer with the Justice Centre for Constitutional Freedoms (JCCF) testified at the NCI hearings. Mr. Carpay alluded to the JCCF representing Alberta resident Sheila Lewis, who was denied a life-saving organ transplant because of her COVID-19 vaccination status.

JCCF also defends the free speech rights of doctors and nurses threatened with loss of employment. Mr. Carpay reiterated that the doctor-patient relationship, and all other healthcare-patient relationships must be respected. Members monitored by professional regulatory associations, such as the colleges of physicians and surgeons, must be empowered to uphold the tenets of Informed Consent, including the right to make ethical and moral decisions according to their conscience. Why? Because it is the physicians and surgeons who have the specialized medical expertise and knowledge to successfully treat patients, not administrators.

Mr. Carpay recommends that when a public emergency is declared, legislative changes be designed to protect the fundamental human rights and constitutional freedoms of Canadians. These include, in part: health authorities disclosing the evidence or data they are using to justify their recommendations; health authorities identifying the source and documents upon which they rely for imposing mandates; chief medical officers submitting to weekly questioning by an all-party committee in the Legislative Assembly; automatic re-examination of emergency declarations every 30 days; and last but not least, governments producing a cost-benefit analysis when the rights of individuals within a free and democratic society are violated. He also advocates for monthly reports from government(s) showing the public how lockdown measures and vaccine passports negatively affect vulnerable populations.

Mr. Carpay also referred to the World Health Organization definition of health in his testimony, as “a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity.”

For the record, both of Sheila Lewis’s judicial cases were under a gag order by the courts. The restriction on publication states: “Identification Ban—By Court Order, information that could identify the Respondent Physicians, including their medical specialization, the specific organ at issue, and the location of the transplant program, must not be published, broadcast, or transmitted in any way.”

Discussion of Testimony

Ms. Lewis’s testimony was heartbreaking. Her pleas for help had many in the audience praying intensely for her healing. Bravely, she spoke of numerous individuals like herself who were awaiting an organ transplant. She emphasized the continued need for compassion. In court, the arguments focused on the *Charter of Rights and Freedoms*. The same sections of the Charter formed the basis of her later appeal. Ms. Lewis’s rationale for taking a stance was that she wanted to live to see her grandchildren grow up.

It is easy to blame government(s). This is not to suggest that the governmental response to COVID-19 was not a significant factor contributing to or leading organ transplant teams (TP) to demand that all organ recipients receive COVID-19 genetic vaccines. Governments were ultimately responsible for establishing measures that dictated how citizens responded to the pandemic. Accordingly, governments must share the blame for any measures they imposed in particular when extreme consequences resulted from those measures.

When Charter arguments are raised in court, Charter infringements require a direct link to government discrimination. For example, violation of the Charter is not a valid argument when the imposing entity is not a non-government, third party entity. In this case, the third party making the decision was the organ transplant team. This team decided policy and set the precondition requirements for organ transplant recipients.

Ms. Lewis only raised the question of safety and efficacy when the COVID-19 vaccinations became mandatory. Like every other person requiring an organ, she was informed that she needed two COVID-19 injections to remain on the transplant list, and a third dose prior to the organ transplant. This was the requirement decided by those responsible for organ transplants. In Alberta, there were no exceptions.

Since Ms. Lewis willingly complied to retaking her childhood vaccinations without hesitation, she could not credibly argue for a religious or medical exemption (if available) when it came to the [experimental] COVID-19 genetic vaccines. Without citing the potential for long-term health risks, the question becomes how does one argue bodily autonomy, the potential for higher risks, and adverse reactions when Ms. Lewis willingly conceded to a second round of childhood vaccines?

Beyond what could appear as picking and choosing which vaccines were safe and which were not, Ms. Lewis after receiving an organ transplant would be required to follow an intensive medication regimen for the remainder of her life. Even though some of these medications may still be undergoing clinical trials, Ms. Lewis did not raise any contentions about safety and efficacy with regard to these medications.

Ultimately, Ms. Lewis was removed from the transplant list, not because of discrimination or a Charter violation directly imposed by governments, but rather, as the Courts ruled, because she refused to abide by the preconditions set in place for organ transplants.

At this juncture legitimate questions emerge. Was the safety of the COVID-19 genetic vaccine on trial? No. Was government the reason Ms. Lewis was dying? No. Were governments directly linked to the violation of Ms. Lewis's Charter rights? No. Was government interfering with the transplant requirements? It did not appear so. Did the transplant team discriminate against Ms. Lewis specifically, with a requirement for her to submit to more conditions than other potential transplant recipients? No.

Perhaps if the Court was made aware that the Alberta Health Services was systematically removing medically-documented adverse reactions to COVID injections from its provincial reporting system (as other witnesses attested) and/or that the AHS/TP criteria for organ transplants did not include a Charter-required accommodation process (re: religious and medical exemptions), the legal arguments may have garnered a more positive decision.

Nevertheless, as stated, judges are not medical physicians. Nor do they profess to be. Judges are not trained in the investigation of medical and scientific matters. Subsequently, when the scarcity of organ statistics was raised, showing that 40 percent of recipients who were vaccinated with the required COVID-19 vaccinations died while waiting for an organ, this data spoke volumes. While this latter point might raise other equally disturbing medical concerns (re: adverse reactions as a consequence of COVID-19 vaccination), the court was only privy to Charter arguments as a defence, which are only applicable to discriminatory decisions wholly made by governments.

In terms of neutrality, the lack of arm's length relationship between Health Canada, the Public Health Agency, and Canadian Blood Services (all publicly-funded stakeholders instrumental in establishing organ transfusion criteria) may have offered some relevance. Yet, it would not likely have changed the outcome because the evidence put before the Court had to show that transplant teams were unduly influenced by government(s), or that these entities may have arbitrarily created pressure for doctors to include COVID-19 genetic vaccines on the transplant team list of mandatory injections. As an aside, this too would have required varied legal arguments apart from a constitutional challenge.

Even so, it is this conscious decision by the Courts, choosing not to review the volumes of contradictory scientific and medical evidence, which invites valid criticism. By extension, the judges' own personal choices to take the COVID-19 vaccinations might have weighed heavily into this component of the ruling. After all, courts are entrusted to review all the evidence set before them, and as such, only then to make informed judgments. However, this did not happen.

Instead, the refusal to examine the volumes of evidence (conflicting or otherwise) could be considered a barrier or prohibition to Ms. Lewis's quest for justice. It certainly is not the type of legal precedent expected by the public, who at considerable expense to themselves often pursue questions of legality, on principle. Going forward, does this mean every time parties introduce "volumes of contradictory evidence," the Court can state that such evidence has no bearing? Are Courts by nature, adversarial?

Alternatively viewed, rulings require breadth and depth of wisdom to morally decide a fair outcome when faced with contradictory and conflicting, yet compelling evidence.

Extending this thought further, the increasing silencing of the voices of prominent physicians is causing a ripple effect, resulting in other doctors with similar concerns becoming afraid to speak. What happens when physicians can no longer make informed decisions in the best interests of their patients? What about patients with pre-existing medical conditions who cannot take a vaccine and/or persons who can't take vaccines because of an earlier adverse reaction—are these persons also excluded from receiving an organ transplant?

Can it honestly be said that pressure from governments did not contribute to the inclusion of COVID-19 genetic vaccines on the list of required vaccinations for transplant recipients? And are the judges suggesting that those who are vaccinated would not be fully protected by the COVID-19 genetic vaccine? In considering these points and more, the conflicting evidence before the judges could have provided additional insight into Ms. Lewis's deeply held beliefs, leaving the question to be asked why only the government narrative prevailed.

An old cliché comes to mind, that without double standards there would be no standards at all. This begs the question: Were no lessons learned from past mistakes like the Stanley Milgram obedience experiments; the spraying of agent orange on an unsuspecting population; or from the use of thalidomide—a Health Canada approved pharmaceutical designed to alleviate morning sickness in pregnant women, which inevitably caused birth defects in infants? To be clear, rejecting volumes of medical and scientific evidence in preference to promoting the prevailing government narrative appears by all accounts to be prejudicial and discriminatory.

While admittedly, the judiciary is bound by the law and by legal arguments before the court, one must query what happens when the law becomes so narrowly construed that the only recourse for judges in the face of gross injustice is to overcompensate by writing a lengthy, detailed decision.

Justice Dickson in the often-cited Oakes test¹⁴⁹ reaffirmed as essential principles in a free and democratic society, the "accommodation of a wide variety of beliefs." Big M. stated that, "a truly free society is one which can accommodate a wide variety of beliefs, diversity of tastes and pursuits, customs, and codes of conduct."

Whenever the law itself coerces judges against deciding a morally right outcome, simply because Constitutional arguments before the Court can be nullified by legal precedents, how can this support confidence or faith in public and Canadian institutions, including an independent, objective judiciary?

In other words, the Charter was designed for the unremitting protection of individual rights and liberties, which must, by virtue of a nation under the Supremacy of God and rule of law, include the accommodation for a wide variety of thoughts, beliefs, and opinions. Therefore, an individual's right to hold widely held convictions is non-negotiable. Whether one agrees with the proponent of said beliefs or not, the Charter includes the right of citizens to challenge the status quo, which in this case is the legitimacy, safety, and efficacy of a vaccine that is still undergoing clinical trials.

¹⁴⁹ <https://canliiconnects.org/en/summaries/32554>. (accessed 2023)

This accommodation to widely held beliefs is important because the *Charter of Rights and Freedoms* was intended to protect the public from government(s) that elevate the state as the sole arbitrary authority and tutelary power to whom the people are subsequently commanded to be subject, beholden, and obedient. This was the crux of Ms. Lewis's plea before the Court: that the populace, by virtue of their Constitutional rights and freedoms, are not required by law to blindly obey state decrees mandating conformity and compliance.

In coming to terms with the inauguration of the Charter, which ushered in a new era of law and basic human rights, Justice Gerard V. La Forest wrote:

Thus far, our basic rights have by and large been protected by our traditions of liberty and the political understandings that have undergirded the supremacy of Parliament and the legislatures. The courts, acting within the confines of these traditions, have long protected the citizens from arbitrary executive and administrative action by insisting that such action be authorized by law, including a series of principles of fair procedure falling under the rubric of natural justice.¹⁵⁰

Even with the Charter, La Forest reiterates that courts have a long-standing obligatory duty in Canada to protect citizens from arbitrary executive and administrative actions by insisting that such action be authorized by law. Accordingly, the Court's unwillingness to publicly discern contradictory scientific and medical evidence begs another crucial question—who will governments successfully silence next? Will judicial independence be sacrificed on the altar too, at the behest of larger global interests? At the very least, the censoring of scientific and medical literature and peer-reviewed articles should be disconcerting for any person considered intellectual and/or privileged.

Clearly, Canada is at a crossroads between a publicly funded host of bureaucrats, regulatory bodies, agencies, tribunals, committees and a public service collectively exercising and demanding increased control over people's lives versus the inherent, God-given right of Canadian citizens to make personal choices without coercion when governments have clearly overstepped our fundamental human rights and freedoms. As the evidence proves, the societal changes we are witnessing are not accidental.

The Charter, as part of the Canadian Constitution, is still the supreme law of this nation. Therefore, any law inconsistent with it is, to the extent of that inconsistency, of no force and effect. To this latter point, the judiciary has twice failed to investigate the volumes of evidentiary scientific and medical data before the court. Their reasons for this inaction are immaterial. What matters most is that neither court was willing to rigorously investigate the conflicting scientific and medical evidence before them with the intent of finding a reasonable and rational consensus, and offering hope.

¹⁵⁰ Gerard V. LaForest, *The Canadian Charter of Rights and Freedoms: An Overview*. Fredericton, New Brunswick

With this information, readers are encouraged to listen intently to the many brave and courageous physicians and scientists who, in standing for this country and its citizens, have fought hard against the systematic oppression heightened by governments during the COVID pandemic, whose priorities it appears (under the pretext of global experiment and geopolitical transformation) were to make Canada unrecognizable as a democratic society and to make all Canadians vulnerable.

The testimonies (both individually and collectively) in this Report serve as a stark contrast to the destruction of individual rights and freedoms that Canadians have endured over the last three years. They also serve to remind us all, that as truly free people, we require nothing more in the way of independence. The only way in which the Constitution of a free, intelligent, and independent people can be changed at all is by revolution or the consent of the people.¹⁵¹

Each physician follows the order of testimony during the NCI hearings. At the end of each witness testimony, there is an instructive takeaway. The overarching question posed by Dr. Daniel Nagase is this: “Where is the justice?”

Recommendations

To prevent situations such as the one faced by Ms. Sheila Lewis from arising in the future, a comprehensive, balanced, and transparent approach needs to be taken. The Commission makes the following recommendations:

- A. **Effective Communication and Education:** Both healthcare providers and patients must be committed to effectively communicating with each other. Given the grave consequences of any decisions made, each side must be committed to educating themselves with ALL SIDES of the discussion, which also requires listening to and understanding alternative opinions, and a mandatory review of the latest information available. This must be combined with a detailed and comprehensive list of objective reasons for any decision being made. Following policy is not a defence.
- B. **Policy Review and Transparency:** Vaccination policies within healthcare institutions should be regularly reviewed and updated based on evolving scientific evidence. The reasoning behind these policies should be transparent and easily accessible to patients. Policies should be implemented in a non-discriminatory manner and should consider unique circumstances and exceptions.
- C. **Ethics Consultations:** Complex decisions involving individual rights and public health should involve consultation with ethics committees. These independent bodies can provide guidance on balancing the competing values at stake, ensuring that any decisions made are fair and respectful of patients’ rights.

¹⁵¹ William Gilbert, House of Assembly, March 26, 1866

- D. **Legal Framework:** Legislation should clearly outline the rights and responsibilities of patients and healthcare providers in the context of public health interventions like vaccinations. Clear legal guidelines can help prevent potential abuses and ensure that individuals' rights are respected and protected.
- E. **Patient Advocacy:** Encourage and support the role of patient advocates who can provide a voice for patients, ensuring that they understand their rights and are adequately represented in discussions about their healthcare.
- F. **Psychosocial Support:** Provide support services for patients who may be experiencing distress or facing potential discrimination due to their vaccination status.
- G. **Community Engagement:** Engage with communities to understand their concerns and attitudes towards vaccination. This can inform more effective communication strategies and foster trust.
- H. **"Citizen Overview Committee" or "Public Health Review Board":** Establish independent review boards to provide an additional level of oversight and accountability for public health decisions, ensuring that these decisions balance public safety with individual rights. Here's how such a committee might operate:
- **Composition:** The committee should be comprised of diverse representatives from various backgrounds, including but not limited to healthcare, public policy, law, ethics, social work and patient advocacy. Members should include individuals from different age groups, socioeconomic statuses, ethnicities, and professional backgrounds to ensure a broad range of perspectives. Importantly, the committee should include members of the public who can represent the citizens' perspective. Each province should be required to set up these boards.
 - **Operation:** The committee should be convened quickly in response to situations that warrant review. This requires a streamlined protocol for initiating reviews and an efficient method of communication among committee members. Given the urgency of public health decisions, the committee should aim to conclude reviews and deliver a decision within 21 days or less, depending on the situation.
 - **Authority:** The committee should have a clearly defined mandate, including the power to request documents, to call witnesses, and to access relevant information. The decisions of the committee should be advisory but carry significant weight in policy decisions.
 - **Transparency:** The committee's deliberations should be conducted with a high degree of transparency, while respecting necessary privacy laws. Decisions should be publicly accessible, and the reasoning behind each decision should be clearly explained.

- **Training:** Committee members should receive training to equip them with the necessary skills and knowledge to effectively review public health policy decisions. This could include training in healthcare ethics, public health policy, legal aspects of healthcare, and conflict resolution.
- **Review and Accountability:** The operation of the committee should be periodically reviewed to ensure that it is fulfilling its mandate effectively. This could involve surveys of stakeholders, review of decisions, and an analysis of the impact of the committee's recommendations.

The justification for a Citizen Overview Committee for public health decisions hinges upon several key democratic principles: representation, accountability, transparency and promotion of the public good.

- **Representation:** Democracy operates on the principle of "government by the people, for the people." Having decisions that affect public health made by (or under the review of) the very individuals it impacts ensures that a diverse range of perspectives and experiences are considered. This can lead to more balanced and equitable policy outcomes.
- **Accountability:** Public officials, even if unelected, should be accountable to the citizens they serve. A Citizen Overview Committee provides a mechanism for holding these officials accountable for their decisions. This creates a system of checks and balances, ensuring that public health decisions are being made in the best interest of the community.
- **Transparency:** The decision-making process should be transparent to the public. This fosters trust in the system and ensures that policies are implemented fairly and with clear justification. A Citizen Overview Committee, particularly one that makes its findings public, promotes this transparency.
- **Promotion of the Public Good:** Public health decisions should be aimed at promoting the public good. However, the definition of "public good" can vary widely among individuals and communities. A Citizen Overview Committee helps to define the public good in a way that reflects the values and needs of the community.
- **Accessibility and Inclusion:** The committee ensures the voices of marginalized or underrepresented groups are heard in policy-making. This can lead to more inclusive decisions that consider the impacts on all community members.

By basing public health decision-making in democratic principles, a Citizen Overview Committee can ensure that policies are equitable, just, and truly reflective of the community's needs and values. This approach provides a mechanism to challenge and rectify decisions that may be deemed as unduly harmful or unfair, fostering greater trust and cohesion within the community.

This type of committee could help to ensure that public health policy decisions are subject to rigorous and transparent review, thereby increasing public trust and ensuring a more balanced approach to managing public health crises.

Preventing situations like this from arising in the future requires a commitment and concerted effort from healthcare providers, policymakers, and the community. An approach that respects individual rights while protecting public health is essential. It is a vital and delicate balance, but with empathy, transparency, and open dialogue, it is fully achievable.

8. Recommendations

The intention of this section of the report is to provide a convenient and easy reference or listing of all of the recommendations made in Section 7.

Each of the separate subsections contained in Section 7 are reproduced here, but only the recommendations themselves are included. For a detailed discussion of the rationale for the recommendations and the basis in testimony, we refer the reader to Section 7.

8.1. Civil

8.1.1. Canada's Justice System

Recommendations

Based on the witness testimony and the preceding discussion regarding Canada's justice system and its actions during the pandemic, here are 10 recommendations for improvements:

- A. **Uphold the Rule of Law:** Reiterate and reinforce the importance of the rule of law in Canada's justice system, emphasizing that all individuals, including the government, are subject to the law.
- B. **Review and Rebuild Confidence in Courts:** Conduct a thorough review of the Canadian courts' handling of pandemic-related cases and their impact on the rule of law. Rebuild public confidence in the justice system by addressing concerns raised during the pandemic.
- C. **Separation of Powers:** Reassert the separation of powers among the legislative, judicial, and executive branches, ensuring that each branch functions independently within its prescribed role.
- D. **Limit Executive Authority:** Examine and reform the extent of executive authority during emergencies, ensuring proper checks and balances to prevent unelected officials from making far-reaching decisions without accountability or oversight.
- E. **Non-Delegation Doctrine:** Study the implementation of a non-delegation doctrine in Canada, similar to some USA states, to ensure that legislative powers are not unduly delegated to unelected administrative bodies.
- F. **Accountability of Administrative Bodies:** Enact legislation that requires administrative bodies to demonstrate their expertise and rationale for decisions, particularly when those decisions infringe on individual rights.

- G. **Public Health Authorities Oversight:** Establish a clear framework for oversight of public health authorities' decision-making processes during emergencies to balance public health needs with individual rights and freedoms.
- H. **Transparency in College Governance:** Conduct an independent, multidisciplinary inquiry into the governance of professional colleges, especially those governing medical professionals, to ensure transparency, independence, and accountability in their decision-making. The activities of the colleges must adhere to the Charter of Rights and Freedoms.
- I. **Freedom of Expression for Healthcare Professionals:** Safeguard healthcare professionals' freedom of expression, while ensuring that they provide accurate and evidence-based information to the public.
- J. **Protecting the Patient-Practitioner Relationship:** Review the ability of regulators to interfere in the patient-practitioner relationship, ensuring that professional judgment remains independent and guided by the best interests of the patient.

These recommendations aim to address the concerns raised in the discussion and promote a more balanced, accountable, and transparent approach to governance and decision-making during public health emergencies in Canada.

8.1.2. The Response of Canadian Courts

Recommendations

Following are recommendations to improve the situations described under each of the separate headings.

A. Protection of Constitutional Rights

- **Judicial Review:** Reinforce the role of Canadian courts as constitutional guardians by actively engaging in judicial review of government actions, especially those that may infringe upon Canadians' constitutional rights.
- **Robust Assessment:** Develop a rigorous and evidence-based assessment process for cases involving rights violations, ensuring that the burden of proof is not disproportionately placed on individuals. Courts should critically evaluate government actions.

B. Access to Justice and Court Shutdowns

- **Timely Responses:** Implement measures to ensure that court closures, especially during emergencies like the pandemic, do not result in undue delays in access to justice. Develop contingency plans for virtual proceedings, and prioritize cases with immediate consequences.
- **Independent Assessment:** Courts should independently assess the impact of public health measures on their ability to provide justice. Review the necessity and effectiveness of measures like mask requirements and vaccine mandates in a courtroom setting to ensure fair hearings.
- **Public Engagement:** Involve legal experts, practitioners, and the public in discussions about maintaining access to justice during crises.

C. Judicial Deference to the Government

- **Balanced Review:** Encourage a balanced and impartial review process for government policies and actions, rather than automatically deferring to the government's position. The burden of proof should not unfairly rest on individuals or groups challenging government decisions.
- **Comparative Analysis:** Consider international precedents, such as the approach taken by courts in the USA, where pandemic measures were subject to rigorous legal scrutiny. Analyze and learn from the experiences of other jurisdictions when addressing similar issues.
- **Transparency and Accountability:** Promote transparency in court decisions, ensuring they include clear reasoning and explanations for rulings, especially in cases that involve significant rights infringements. This helps build public trust and understanding.

D. Crisis of Confidence in the Judicial System

- **Public Education:** Launch educational initiatives to inform the public about the role of courts in safeguarding constitutional rights, especially during emergencies. Promote an understanding of the court's duty to question government actions and protect citizens.
- **Judicial Independence:** Emphasize the importance of judicial independence in preserving the rule of law and protecting individual rights. Judges should be selected and trained to have confidence in their role as independent arbiters of justice.
- **Public Engagement:** Create opportunities for the public to engage with the judicial system, such as public consultations or information campaigns. This can help demystify the legal process and foster public participation.

These recommendations aim to strengthen the Canadian judicial system's ability to protect citizens' rights, maintain access to justice, and enhance public trust during times of crisis. Implementing these measures would help ensure that courts fulfil their dual role of enforcing laws, while safeguarding constitutional rights effectively.

E. The Standard of Review in Judicial Review Applications

The *Vavilov* standard of review that pays excessive deference to the decisions of unelected administrative officials prevented Canadians from meaningful access to justice and review of their cases. This was particularly egregious where Canadians were fighting for their rights to bodily autonomy, to work, and to participate as free citizens in society.

The Commission recommends that:

- Legislation be enacted to amend the standard of review in cases where the rights of citizens have been affected. This could be implemented in the applicable *Interpretation Acts* and in the applicable *Bills of Rights*.
- The burden of proof should be placed on the administrative body to demonstrate reasonableness in cases where the rights of citizens are affected.
- Statutory protections should be removed for the decisions of health officers to the extent that they cause harm to persons.

F. Judicial Notice

- The Commission recommends that legislation be enacted to set strict parameters on the use of judicial notice by courts. Judicial notice should never be allowed in respect of evidence that is being challenged. The normal rules of evidence require a party who asserts a fact to prove that fact. This rule underlies the rule of law and should not be relaxed, even in times of emergency.

G. Mootness

- **Legislate Parameters:** Consider legislation to modify or limit the doctrine of mootness, especially when cases involve violations of Charter rights. This could include prohibiting mootness in such cases.
- **Timely Hearings:** Address the issue of slow-moving justice by implementing measures to expedite hearings, ensuring that cases are heard before measures or mandates are suspended or removed.

H. Judicial Independence

- **Diverse Selection Committee:** Ensure that the judicial selection committee includes members from various political parties and lay citizens, not just the government, to minimize political bias.
- **Transparent Appointment Process:** Implement a more transparent judicial appointment process, including public debates and hearings, especially for appellate judges, to reduce political bias and enhance fairness.

I. Judicial Appointments Versus Elections

- **Independent Review Panel:** Establish an independent panel or inquiry composed of experts, academics, and experienced practitioners to review the judicial appointment process. Evaluate whether reforms, such as introducing elections at certain levels, are necessary.
- **Balancing Appointments:** Ensure that appointments reflect a balance of judicial independence and government accountability.

J. Federal Appointments of Provincial Judges

- **Provincial Appointment Authority:** Consider devolving the appointment of provincial judges to the provinces, while maintaining appropriate selection processes and advisory committees to safeguard quality and independence.

K. The Judiciary Cannot Act in Tandem with the Government Prosecution Service

- **Enhance Judicial Independence:** Promote and protect the independence of the judiciary, particularly in cases involving government actions, to ensure that citizens have faith in the fairness of the justice system.
- **Resource Allocation:** Allocate resources to support citizens in cases involving violations of Charter rights and freedoms, ensuring they have access to legal representation.

L. Societal Pressure on the Judiciary

- **Impartial Selection:** Emphasize the importance of selecting judges who demonstrate the ability to remain impartial, open-minded, and fair during times of societal pressure.
- **Non-Partisan Selection:** Promote a non-partisan selection process aimed at minimizing political influence when appointing judges who possess strong principles to uphold laws as they are written, while also emphasizing fairness.

M. The Role of Chief Justices

- **Review Case-Assignment Practices:** Encourage courts to review their case-assignment practices to ensure fairness and balance in the decisions made, particularly regarding Charter rights.

N. Fear Felt by Legal Practitioners

- **Support Legal Professionals:** Ensure that legal professionals can perform their roles in the justice system without fear of career repercussions or threats to their safety.

These recommendations aim to uphold the principles of justice, fairness, and the rule of law, while addressing the specific challenges outlined in each section. Implementing them may require legislative changes, policy reforms, and a commitment to preserving judicial independence and protecting the legal profession's vital role in society.

8.1.3. Labour Law and the Failure of Unions

Recommendations

Based on the testimony concerning labour law and the challenges faced by union members during the pandemic, these recommendations were formulated to address these issues:

- A. **Legislation to Protect Union Members:** The Commission recommends that legislation be adopted to include ensuring the protection of union members where the member asserts
 - that Charter rights have been violated as a result of actions of the employer or the union, and
 - a grievance against his or her employer that the union fails to, or refuses to, defend.
- B. **Review and Strengthen Labour Laws:** The government should review labour laws to ensure that they provide adequate protection to both unionized and non-unionized employees during health emergencies like the pandemic. This should include mechanisms for addressing workplace issues related to mandates and safety concerns.
- C. **Enhance Union Accountability:** Labour laws should be amended to hold unions more accountable for representing their members effectively. This could involve regular assessments of a union's performance in advocating for its members' rights during crises. Unions should be required to demonstrate that they are acting in the best interests of all of their members.
- D. **Ensure Union Transparency:** Unions should be transparent about their decision-making processes and actions during crises. Members have a right to know how their union is advocating for them. Transparency can help build trust between members and their unions.
- E. **Access to Legal Recourse:** Labour laws should be revised to allow union members to have access to legal recourse in cases where their union fails to adequately represent their interests. This could include the ability to bring direct actions against employers under certain circumstances, such as when the union refuses to take up their case.
- F. **Legal Aid for Union Members:** Governments should consider providing legal aid or support to union members who need to take legal action against their union or employer. This would help level the playing field for employees who find themselves in such situations.
- G. **Mediation and Dispute Resolution:** Establish mediation or dispute resolution mechanisms specifically tailored to labour disputes arising from health emergencies. This can provide a more efficient and cost-effective way to address employer-employee issues than lengthy court battles. Reasons for decisions must be made public.
- H. **Educate Union Members:** Unions should play a proactive role in educating their members about their rights and the grievance process. Well-informed members are better equipped to hold their unions accountable and make informed decisions during crises.

- I. **Encourage Collaboration:** Governments, unions, and employers should work together to develop clear guidelines and protocols for dealing with workplace issues during health emergencies. Collaboration can help prevent conflicts and ensure the best interests of workers are protected.
- J. **Whistleblower Protections:** Strengthen protections for whistleblowers within unions and workplaces. This can encourage employees to come forward with concerns without fear of retaliation.
- K. **Public Inquiry:** Consider launching a public inquiry into the specific challenges faced by unionized employees during the pandemic. This can help identify systemic issues and inform policy changes.

These recommendations aim to address the shortcomings in labour laws and union representation highlighted during the pandemic. They seek to strike a balance between protecting individual employee rights and maintaining the integrity of collective bargaining agreements.

8.1.4. The Constitution

Recommendations

The Commission recommends that legislation be enacted prohibiting employers from imposing vaccine mandates on employees.

- A. **Canada should establish** an independent review of its judicial appointment process.
- B. **The federal and provincial courts** should conduct a national inquiry into their response to pandemic measures, including a review of:
 - a) What role did the court play in protecting the rights of individuals?
 - b) What role should the court play when a government imposes vast rights-violating measures?
 - c) Should the government have the ability to impose pandemic measures on courts and the judiciary?
 - d) What level of independence do the courts have over their own process in implementing publicly recommended or ordered measures?
 - e) Should guidelines or best practices be adopted for case assignment, particularly in cases that involve alleged violations of Charter rights?
- C. **Judges in provincial courts** should be appointed by provincial governments and not the federal government. This recommendation is subject to review as part of the overall review of the judicial appointment process.
- D. **The judicial selection** process should involve a review by a panel that involves a wide array of citizens and legal experts with different political views and backgrounds. Recommendations for appointments should be made public.
- E. **Canada should establish a fund** to pay for legal services for Canadian citizens who bring cases against the government for a violation of Charter rights or who are defending prosecutions that violate Charter rights. Further study could be undertaken to determine the structure and principles governing the fund. Some fundamental principles should include:
 - a) The fund is governed/overseen by a board which has equal representation from constitutional scholars, lawyers, government representatives, academics, and citizens.
- F. **Canada and the provinces** should legislate parameters for mootness, including a prohibition on mootness when a case involves a violation of the Charter rights of an individual.
- G. **An independent inquiry should** be conducted into the response of the medical colleges in each province, including a review of

- a) What role did the college play in protecting the rights of its members?
- b) What role should the college play when a government makes recommendations for medical practice?
- c) Should there be specific limits placed on the powers of the colleges?
- d) What regulations can be put in place to assure that the colleges adhere to the *Canadian Charter of Rights and Freedoms*?

8.1.5. Undermining Democratic Institutions

Recommendations

- A. **Informed Consent:** Political parties should enshrine the principle of Informed Consent into party rules and constitutions, guaranteeing each member the freedom to make their own decision and to be free from coercion or mandates to receive a medical treatment.
- B. **Protection of Elected Representatives' Independence:** The parties should adopt regulations to protect the independence of elected representatives so that elected officials are able to express their views and concerns freely without fear of retribution from their own political parties.
- C. **Whistleblower Protections:** Clear whistleblower protections for politicians and party members who raise concerns about government actions or policies should be established, with protections extending to all levels of government and including all elected officials at all levels of government.
- D. **Transparency and Accountability:** Decisions by political parties, municipalities, and school boards should be transparent. Parties should be required to provide clear reasons for any actions taken against their members. This includes publicizing party decisions and disciplinary actions.
- E. **Strengthen Party Democracy:** Encourage internal party democracy by allowing members to openly debate and express dissenting opinions on significant issues, especially during crises like a pandemic.
- F. **Reform Legislative Procedures:** Review and reform legislative procedures, particularly during emergencies, to ensure that there is sufficient time for members to review and debate bills. Emergency legislation should not bypass the regular legislative process.
- G. **Public Consultation and Accountability:** Ensure that significant decisions related to public health measures and emergencies are subject to public consultation and accountability. Decisions should be based on a transparent and evidence-based approach.
- H. **Protection of Parliamentary Sessions:** Protect the integrity of parliamentary sessions by maintaining regular working hours and ensuring that important votes are conducted when a significant number of members are present.
- I. **Review Emergency Powers:** Review and assess the powers granted to governments during emergencies, such as those under the *Emergencies Act*, to ensure that they are not overly broad and they respect democratic principles. Consider legal mechanisms for parliamentary oversight.

- J. **Education on Legislative Processes:** Educate elected representatives and the public about legislative processes and the implications of emergency measures. This includes training for politicians on their roles and responsibilities during crises.
- K. **Independent Oversight:** Consider the establishment of an independent oversight body or commission to monitor and evaluate government actions during emergencies, ensuring that democratic principles are upheld.
- L. **Protection of Opposition Rights:** Strengthen the rights and protections of opposition parties to allow them to effectively scrutinize government actions, especially during emergencies. This includes timely access to information and the ability to hold the government accountable.
- M. **Public Inquiry:** Consider launching a public inquiry to investigate the undermining of democratic institutions during the pandemic. The findings of such an inquiry can inform necessary reforms.

These recommendations aim to safeguard democratic institutions, protect the independence of elected representatives, and ensure that decision-making during emergencies is transparent, accountable, and based on democratic principles.

8.1.6. International Law

Recommendations

Based on the information provided in the testimony and other considerations, here are some recommendations on what Canada could do concerning international laws and treaties, especially in the context of the COVID-19 pandemic and potential future health crises:

- A. **Pandemic Convention:**¹⁵² The NCI recommends that Canada register immediate reservation against the Pandemic Convention and the amendments to the International Health Regulations once they are put forth by the WHO to allow time for proper consideration of the initiatives and their potential impact on Canada. At the same time, Canada should conduct a public inquiry and consultation into the benefits and risks of both its current obligations under the WHO, and the proposed Pandemic Convention and proposed amendments to the *International Health Regulations*.
- B. **Review and Comply with International Human Rights Law:** Canada should thoroughly review its COVID-19 response measures in light of international human rights law. It should ensure that measures taken during the pandemic—such as vaccine measures, lockdowns, and restrictions on movement—consider international human rights standards. If any violations are identified, corrective actions should be taken.
- C. **Strengthen Informed Consent:** Canada should reinforce the importance of Informed Consent, especially in the context of medical treatments like vaccines. It should ensure that individuals have access to comprehensive information about medical treatments, including potential risks and benefits, and have the right to refuse treatment without coercion.
- D. **Enhance Vaccine Injury Compensation:** Canada should assess and improve its vaccine injury compensation program to make it more accessible to those who have suffered harm due to vaccinations. This should include a transparent, streamlined claims process, and increased transparency.
- E. **Conduct a Comprehensive Inquiry:** Canada should initiate a comprehensive and independent public inquiry into its pandemic response measures. This inquiry should have the authority to compel testimony and access relevant information. It should identify responsible parties for any human rights violations and recommend appropriate remedies.
- F. **Monitor WHO Developments Closely:** Canada should closely monitor and participate in negotiations related to the World Health Organization's Pandemic Convention and amendments to the *International Health Regulations*. It should advocate for transparency, respect for national sovereignty, and the protection of individual rights in these international agreements.

¹⁵² https://apps.who.int/gb/inb/pdf_files/inb3/A_INB3_3-en.pdf (accessed 2023)

- G. **Protect National Sovereignty:** Canada should maintain its sovereignty over public health decisions. While international coordination can be valuable, it should not infringe on Canada's ability to tailor its responses to its unique circumstances. Any international agreements should be voluntary and non-binding.
- H. **Balance Health and Human Rights:** Canada should strike a balance between public health measures and human rights. While protecting public health is crucial, measures taken during health emergencies should be lawful, legitimate, necessary, proportional, and temporary. Canada should avoid disproportionately infringing on human rights.
- I. **Promote Transparency and Debate:** Canada should ensure that information relevant to pandemic measures is disclosed to the public, allowing for informed debate and discussion. Public health measures should be debated openly in democratic forums, allowing for diverse perspectives to be considered.
- J. **Provide Redress for Victims:** Canada should ensure that victims of human rights violations, including those resulting from pandemic measures, have access to effective remedies. This includes compensation for losses and harm suffered due to these violations.
- K. **Engage with Civil Society:** Canada should engage with civil liberties organizations, human rights advocates, medical professionals, and other relevant stakeholders, including the public, to ensure that responses to health crises are well-informed and respectful of human rights.

These recommendations are aimed at ensuring that Canada's responses to health emergencies uphold international human rights standards, protect individual freedoms, and safeguard national sovereignty, while promoting public health. It's important for Canada to strike a balance between these critical considerations in its domestic and international actions.

8.1.7. Coercion Does Not Equal Consent

Recommendations

The report highlights various instances of coercion and its impact on individuals' decisions regarding COVID-19 vaccination. To address these issues and mitigate the failures of the system, here are eight recommendations:

A. Protect Individual Rights

- **Legislation Against Coercion:** Introduce legislation that explicitly prohibits coercive tactics, whether by employers, educational institutions, or any other entity, in relation to medical treatments, such as vaccinations. Ensure that individuals have the freedom to make informed choices without undue pressure.

B. Transparency and Accountability

- **Require Organizations to Provide Legal Basis of Mandates Imposed:** Conduct a comprehensive review of the legal opinions obtained by employers who implemented vaccine mandates. Ensure these opinions align with fundamental principles of consent and individual rights. Publish these legal opinions for public scrutiny.

C. Access to Education and Work

- **Online Learning Options:** Ensure that individuals who choose not to get vaccinated have access to online education, especially in institutes of higher education, to avoid coercion through denial of educational opportunities.
- **Job Protection:** Enact legislation to protect employment insurance benefits for individuals who choose not to get vaccinated. Losing employment due to vaccine refusal should not lead to financial hardship.

D. Informed Decision-Making

- **Factual Communication:** Government and public health authorities should communicate drug information transparently and factually. Encourage vaccination through education, emphasizing the benefits of vaccination rather than resorting to coercion.
- **Accurate Data Reporting:** Ensure accurate reporting of COVID-19 data, including vaccine effectiveness, and avoid any manipulation or misrepresentation that may lead to coercion.

E. Address Vulnerabilities

- **Support Vulnerable Groups:** Recognize and support vulnerable populations, such as those with addiction issues, with strategies that do not resort to coercion. Ensure they have access to essential services and support networks.

F. Independent Oversight

- **Ombudsman or Commission:** Establish an independent body, like an ombudsman or commission, to investigate cases of coercion and violations of individual rights related to vaccination. Provide a channel for individuals to report coercion and seek redress.

G. Avoid Political Exploitation

- **Ethical Political Discourse:** Encourage ethical political discourse around public health measures, including vaccinations. Ensure that political campaigns do not exploit vaccination issues or use coercion for political gain.

H. Rebuild Trust

- **Public Apology:** Governments should issue public apologies to individuals who felt coerced into vaccination and acknowledge the harms caused by these coercive measures. Rebuilding trust should be a priority.

These recommendations aim to strike a balance between promoting vaccination for public health and respecting individual rights and choices. They seek to prevent coercion, protect individual freedoms, and rebuild trust between the government and its citizens, especially in the context of medical treatments like vaccines.

8.1.8. Emergency Planning & Plan Execution

Recommendations

Based on the totality of the witness testimony, the following recommendations are presented:

- A. **Emergency measures organizations** (EMOs) must be in charge of planning, implementation, and recovery from any and all “emergencies.”
- B. **Public health officials** should never be put in charge of emergency response. They should be a critical component of the planning but should never be charged with running a response.
- C. **Emergency Management Act** powers must supersede the powers of the various public health officers. The public health officers must come under the authority of the emergency management agencies.
- D. **Elected officials** must remain in charge of all emergency measures.
- E. **Follow existing emergency plans.**
- F. **Make sure all emergency plans** are publicized and the contents well known by stakeholders in all affected areas.
- G. **Require mandatory training** of emergency response personnel.
- H. **Follow all emergency measures** legislation in each jurisdiction.
- I. **Emergency planning** must be driven from the bottom up.
- J. **Federal government should not** be leading emergency response. They should be limited to supporting the requirements of the local authorities.
- K. **Media and government cannot be allowed to collude** to present a pre-approved information campaign.
- L. **The consultation process** should involve the public, and the comprehensive plan to tackle the pandemic emergency should be regularly, consistently, and promptly communicated to the public.
- M. **In any future emergencies**, the government should focus on mitigating public fear and anxiety rather than resorting to fear and terror as a means to secure compliance.
- N. **Require mandatory cost-benefit analysis** of any and all emergency measures considered and/or imposed.
- O. **Require transparency in decision-making.**
- P. **Support open public discourse**, without censorship.

- Q. **Require a mandatory recovery plan** to fix the collateral damage done by the pandemic measures.
- R. **Require a mitigation plan** for all societal damage done by the pandemic measures.
- S. **Establish regulations to ensure** that the elected officials are never sidelined or abrogate their powers to unelected bureaucrats.
- T. **Commission an independent study** which is required to include members of the emergency measure organizations from across Canada.
- U. **Rebuild emergency response** organizations across Canada.

8.1.9. COVID-19 Pandemic Mandates in the Workplace

Recommendations

We recommend the following:

- A. **Immediate development of a judicial panel**, overseen by citizens, with the responsibility to investigate the human rights violations that were committed by both governments and private corporations during the pandemic.
- B. **Develop and implement** a constitutional and international law education course for all judiciary positions across Canada. The intent is to educate judges and Crown attorneys as to their responsibilities under the constitution and international treaties to which Canada is a signatory nation.
- C. **Carry out immediate judicial reviews** of all pandemic-related court cases that were denied on the basis of mootness or judicial notice.

8.1.10. Policing During COVID-19 Pandemic: Balancing Authority and Citizens' Rights

Recommendations

- A. **Independent Judicial Investigations:** Conduct independent and transparent judicial investigations into allegations of illegal activities by law enforcement officers during the pandemic, ensuring accountability and adherence to the rule of law. This investigation must have the power to enforce subpoenas to obtain witness testimony and critical documents.
- B. **Review and Revise Policing Protocols:** Collaborate with law enforcement agencies to review and revise their protocols and guidelines for enforcing government mandates, with a focus on respecting individual rights and freedoms while safeguarding public health.
- C. **Enhance Training and Education:** Provide comprehensive training on handling public health crises to law enforcement officers, emphasizing respect for human rights, de-escalation techniques, and community engagement.
- D. **Public Awareness Campaigns:** Launch public awareness campaigns to educate citizens about their rights and responsibilities during health emergencies, promoting dialogue and cooperation between the police and the community.
- E. **Community Policing Initiatives:** Promote community policing initiatives that foster positive relationships between law enforcement agencies and the communities they serve, enhancing trust and cooperation.
- F. **Clear Accountability Mechanisms:** Establish clear mechanisms for holding law enforcement agencies accountable for their actions during the pandemic, ensuring transparency and fairness in the disciplinary process.
- G. **Civilian Oversight:** Strengthen civilian oversight bodies to independently monitor police conduct during public health crises, ensuring adherence to legal and ethical standards.
- H. **Regular Reporting and Transparency:** Mandate law enforcement agencies to regularly report on their activities during health emergencies, providing transparency and accountability to the public, while respecting privacy and security concerns.

By implementing these recommendations, authorities can strike a balance between maintaining public safety during health crises and upholding the fundamental rights and freedoms of citizens, ensuring a more just and equitable response to future pandemics.

8.2. Social Impacts

8.2.1. Neglect and Isolation of Seniors in Canada Amidst COVID-19 Measures

Recommendations

- A. **To alleviate the neglect and isolation** faced by seniors, it is crucial for the federal, provincial and territorial governments, communities, and individuals to take proactive steps. First and foremost, healthcare systems should prioritize healthcare needs of seniors, ensuring that seniors have access to essential medical care and support services.
- B. **Moreover, efforts should be made to enhance** the social connections of seniors. This can include facilitating safe visitation policies in long-term-care homes, promoting intergenerational programs, and encouraging community organizations to provide support and companionship to isolated seniors. Volunteering initiatives, teleconferencing platforms, and community outreach programs can help bridge the gap between seniors and their support networks.
- C. **Financial assistance programs should be expanded** to specifically address the needs of seniors who have been adversely affected by the pandemic mandates. Providing targeted financial support, job training, and re-employment opportunities can help seniors regain their financial stability and alleviate some of the stress they face.
- D. **Bridging the digital divide among seniors** should be a priority. Initiatives aimed at enhancing digital literacy and providing seniors with the necessary tools and resources to access online services can empower them to connect with their loved ones, access information, and engage in virtual social activities.
- E. **It is imperative that a judicial investigation** be carried out immediately to determine if any criminal wrongdoing was perpetrated on our senior populations during the pandemic. Witness statements from staff, seniors, and family must be immediately obtained and archived, to be used as evidence in any future prosecutions.
- F. **An investigation should be conducted** into how the various regulatory agencies abandoned their roles of protectors of seniors and never appeared to visit facilities to check on the operation and level of care being given out.
- G. **Those caregivers who simply followed** the orders given to them to isolate and dehumanize our seniors in their care must be re-educated or removed from the system and not allowed to continue to provide "care" to seniors.
- H. **Like other professions**, caregivers and administrators working with seniors should be mandated to participate in annual professional development and training programs

8.2.2. The Effects of Sustained Propaganda and Terror

Recommendations

Preventing governments from using propaganda and terror against their people requires a multifaceted approach that involves promoting accountability, safeguarding human rights, and fostering democratic institutions. Here are some key strategies:

- A. **Establish and uphold a robust human rights framework** that protects the fundamental rights and freedoms of individuals. This includes enshrining indelible human rights in constitutions, implementing international human rights conventions, and ensuring an independent judiciary to safeguard citizens' rights.
- B. **Foster a strong rule of law** by ensuring that government officials and security forces are held accountable for their actions. This includes establishing independent oversight bodies, conducting transparent investigations into allegations of human rights abuses, and prosecuting those responsible for violations.
- C. **Promote freedom of expression** and an independent media that can serve as a watchdog to hold governments accountable. Protect journalists, bloggers, and activists from harassment, censorship, financial repercussions, and violence, and ensure their ability to report on government actions without fear of reprisal.
- D. **Support and empower civil society organizations**, including human rights groups, advocacy organizations, and community-based initiatives. These organizations play a crucial role in monitoring government actions, advocating for human rights, and providing support to victims of abuse.
- E. **Promote and strengthen democratic governance** by ensuring free and fair elections, transparent electoral processes, and respect for the will of the people. This includes promoting political participation, guaranteeing the independence of electoral bodies, and providing opportunities for citizens to engage in decision-making processes.
- F. **Leverage international cooperation** and pressure to address human rights violations. Encourage diplomatic efforts, international organizations, and regional mechanisms to hold governments accountable for their actions, and impose targeted sanctions or other measures against those responsible for terrorizing their own populations.
- G. **Support international human rights mechanisms**, and provide them with the necessary resources and authority to investigate and address human rights violations perpetrated by governments. Collaborate with these mechanisms to bring attention to abuses and advocate for meaningful action.

H. **Promote human rights education** and awareness among citizens, government officials, and security forces. Encourage a culture of respect for human rights, tolerance, and non-violence through educational programs, public campaigns, and training initiatives.

Preventing governments from using terror against their people requires ongoing commitment and vigilance. It is a collective effort that involves the active participation of citizens, civil society, international actors, and the government itself. By upholding human rights, promoting accountability, and fostering democratic values, societies can strive towards preventing and addressing government-led terror.

8.2.3. Social Effects of Mandates on Canadian Institutions

Recommendations

The process of restoring trust in Canadian institutions is a very difficult and complex one. What was destroyed in a very short period of time will take a generation to restore, and only if these institutions make a concerted effort to restore that trust through their day-to-day actions.

Momentary publicity campaigns and propaganda blitzes will not serve either the institutions or the people of Canada's best interests.

If these concerns are not addressed in a forthright manner, the very existence of Canada as a free and democratic nation is at risk.

The commission recommend the following:

- A. **It is not an option** to take a "business as usual" posture and simply carry on as if nothing happened. Institutions must recognize and publicly admit their culpability in what was perpetrated on Canadians and, if appropriate, must face criminal and civil penalties for their actions.
- B. **Transparency and Accountability:** Information related to the institutions' actions during the COVID-19 pandemic must be made publicly available, creating a culture of transparency and accountability within public institutions.
- C. **Ensure that decision-making processes** are open and accessible to the public, and that the actions and performance of public officials are subject to scrutiny.
- D. **Establish mechanisms for oversight**, such as independent audits or ombudsman offices, to hold institutions accountable for their actions.
- E. **Ethical Conduct:** Promote and enforce high ethical standards within public institutions. Implement robust codes of conduct that govern the behaviour and decisions of public officials and employees. Provide ethics training to ensure that individuals understand their responsibilities and the expectations placed upon them.
- F. **Effective Governance:** Strengthen governance structures and mechanisms to ensure efficient and effective functioning of public institutions.
- G. **Enhance the professionalism** and expertise of public servants through training and development programs. Foster a merit-based culture that rewards competence and performance.

- H. **Public Engagement:** Actively engage with the public and involve stakeholders in decision-making processes. Seek public input through consultations, town hall meetings, surveys, and other participatory mechanisms. Demonstrate that public institutions are responsive to the needs and concerns of the people they serve.
- I. **Communication and Information Dissemination:** Establish clear and consistent communication channels to keep the public informed about the work and activities of public institutions. Provide timely and accurate information, particularly in times of crisis or controversy. Use plain language and accessible formats to ensure that information is easily understandable by all segments of society.
- J. **Collaboration and Partnerships:** Foster collaboration and partnerships with civil society organizations, academia, and other stakeholders. Engage in meaningful dialogue and involve external expertise in policy development and implementation. Collaborative approaches can help build trust and ensure that institutions benefit from diverse perspectives.
- K. **Learn from Mistakes:** Acknowledge and learn from past mistakes or failures. Publicly address any instances of wrongdoing or misconduct, and take corrective actions. Demonstrate a commitment to learning, improvement, and the prevention of similar issues in the future.
- L. **Long-Term Vision and Consistency:** Develop and communicate a clear long-term vision for the institution's role and purpose. Demonstrate consistency in actions and decision-making, avoiding unnecessary reversals or abrupt changes. Consistency helps build trust by showing that institutions are reliable, accountable, and predictable.
- M. **Independent Oversight and Checks and Balances:** Strengthen the role of independent oversight bodies, such as auditors general, ombudsman offices, or anti-corruption commissions. These bodies can provide an additional layer of accountability and help prevent abuses of power or corruption.

Rebuilding trust in public institutions is a long-term endeavour that requires sustained commitment and effort. By implementing these strategies, institutions can work towards restoring faith in their integrity, competence, and ability to serve the public interest.

8.2.4. The Impact of COVID-19 Measures on the Military

Recommendations

The fact that a citizen has put on a uniform and vowed to serve and protect Canada should not strip them of all rights and leave them with no legal avenues. The Commission makes the following recommendations:

- A. **Grievances by service members** should be outside of their chain of command and to an independent reviewer, such as the Office of Inspector General.
- B. **Whistleblower legislation should be strengthened** to allow soldiers to report on abuses within their chain of command without fear of discipline or retaliation.
- C. **Comprehensive healthcare should be provided** to all injured service members, for as long as necessary.
- D. **An apology** should be issued for implementing the vaccine mandate.
- E. **Where a medical product is provided** to members of the Armed Forces, mandatory monitoring and reporting of injuries and sickness should be performed.

8.2.5. Impact of COVID-19 Measures on the Education System

Recommendations

- A. **Avoid Prolonged School Closures:** Recognize that extended school closures should not be imposed in the future, as they have profound and far-reaching negative impacts on the socialization and education of children.
- B. **Prioritize In-Person Learning:** Ensure that in-person learning remains the primary mode of education, even during public health crises. Remote learning should only be used as a last resort and for a limited duration, and in conjunction with parental consultation.
- C. **Data-Informed Decision-Making:** Base any decisions related to school closures on comprehensive and up-to-date data, considering the specific needs and circumstances of each region or community.
- D. **Support Vulnerable Populations:** Develop targeted support systems for vulnerable students, including those with disabilities and students from low-income backgrounds. Recognize that these populations may be at higher risk than the general student population and provide specific measures to protect them. Do not impose these measures on the entire student population.
- E. **Enhance Mental Health Services:** Invest in mental health support services within schools to help students cope with the emotional toll of the pandemic and the challenges of social isolation.
- F. **Prioritize Social and Emotional Learning:** Incorporate social and emotional learning into the curriculum to help students build resilience and emotional intelligence, especially in the aftermath of the COVID-19 pandemic.
- G. **Maintain Transparent Communication:** Keep parents, students, and the community informed with clear and transparent communication regarding the reasons behind any decisions related to school closures or restrictions.
- H. **Plan for Crisis Scenarios:** Develop contingency plans that prioritize education and socialization, while maintaining health and safety during future crises.
- I. **Learn from Past Mistakes:** Conduct a comprehensive review of the government's response to the COVID-19 pandemic in education, and use the lessons learned to shape future policies that prioritize the wellbeing and education of our children.

By implementing these recommendations, we can work towards a future where our education system remains resilient in the face of emergencies, ensuring that our children's socialization and development are protected and nurtured.

8.2.6. The Restructuring of Traditional Educational Institutions Due to COVID-19 Measures

Recommendations

- A. **As publicly funded institutions**, both universities and colleges must adhere to the law of neutrality before demanding compliance for policies that potentially may not be legally enforceable.
- B. **In all publicly funded institutions**, whereby the mission includes scholarly inquiry and academic freedom as institutional tenets, there must be room for dissenting voices, debate, dialogue, and, most particularly, policy revisions when the evidence points to a change in the data and statistics that led to restrictive policies initially.
- C. **There must be a cost-benefit analysis** of any policy that leads to school closures, and discussions must include the public and education stakeholders.
- D. **In the interest of academic freedom and integrity**, post-secondary institutions and faculty should be able to ask pointed questions free from any fear of repercussions.
- E. **Investigate scientific findings** that contradict the narrative, and provide internal grant funding to ensure the evidence relied upon by governments and health authorities is accurate.
- F. **Post-secondary institutions** should not be allowed to impose additional mandates or extend mandates beyond that imposed by the government regulators. During the COVID-19 pandemic, once the initial two-week to flatten the curve period had concluded, post-secondary institutions should have lifted all policy restrictions. Similarly, when the emergency orders were lifted, post-secondary COVID policies should also have been terminated.
- G. **Offer an array of learning platforms** and alternative arrangements for academic study, including in-person classes, and online, distance, and hybrid options.
- H. **Ensure all students have an opportunity** to reach their potential without discrimination or bias due to vaccination status.
- I. **Any faculty or staff member who suffered a job loss**, was terminated, or was placed on unpaid leave and subsequently barred from campus should be immediately restored to good standing. Additionally, any negative or potentially stigmatizing comments regarding the employee's COVID stance should be removed forthwith from that employee's files. Pensions should be fully restored to pre-COVID status.
- J. **Post-secondary institutions should focus** on student achievement and not the removal of students from programs for not being compliant with newly established vaccination policies. No student should lose academic standing or lose successfully completed academic credits for non-compliance to a policy.

- K. **Students in residence should have opportunities** to socialize with other residents under the auspices of cohorts. Students should never be restricted to their rooms.
- L. **Reimburse students who paid for residence** in good faith but because of a change in COVID policies combined with an individual's unvaccinated status, were forced to vacate the premises.
- M. **Accommodation in accordance with the *Charter of Rights and Freedoms*** must be made. It is a constitutionally protected right for all persons. Therefore, faculty, staff, and students requesting accommodation should not only have their concerns heard but taken seriously when blanket COVID policies are initiated. This includes accepting medical, religious, and personal exemptions. It also means consideration for other circumstances, including personal choice, convictions, conscience, deeply held beliefs, or health risks (for example, previous adverse reaction to a vaccine).
- N. **Health policies should provide allowances** for bodily autonomy and personal choices. Employees and contractors—including faculty members, staff, and students—should not be required to disclose their medical information to obtain an allowance.
- O. **Policies that lead to the segregation** of a specific group of students is discriminatory. Therefore, any policy promoting segregation must be immediately removed.
- P. **Post-secondary institutions** should have to provide justification in writing for responding to government mandates with inflexible approaches.
- Q. **Any policy must be subject to revision** when it becomes apparent that restrictions are not necessary. For example, there should be a mandatory review process every 30 days.
- R. **Meet with stakeholder groups—including faculty**, staff, and students—who made different choices regarding vaccines and COVID policies.
- S. **Eliminate all policies and procedures** that directly violate human rights legislation, including denial of a service or services.
- T. **Employment loss and/or disciplinary action** (including unpaid leave) must follow the same human rights procedures for all faculty and staff. Vaccination status should not be a sufficient excuse or justification for applying union procedures differently.
- U. **A union's mission is to protect and defend the rights** of staff and faculty across campus. The union does not have the right to arbitrarily deny unvaccinated staff and faculty the right to file a grievance and to have the grievance heard.
- V. **Employees with long-standing service** should not suffer a loss of pension and other benefits because of personal health choices.

- W. **Third-bucket youth** who were not educated during the pandemic need to be found and their circumstances addressed so they can be educated and subsequently prepared for the future.
- X. **Schools should not be closed** for periods of time exceeding one week in duration.
- Y. **Virtual schooling is not advantageous** to youth experiencing learning disabilities, having language barriers, or living in an unsafe or abusive situation. These additional barriers to learning need to be taken into consideration.
- Z. **Young, healthy people should not be shut out** of schools for as long as they were. Studies as early as May 2020 showed that suicides, eating disorders, opioid deaths, and substance abuse were skyrocketing among young people. Students should have been allowed to go back to in-person learning with no more interruptions.
- AA. **Special needs children and adults** require additional guidance and direction. Therefore, one-size-fits-all blanket policies need to be reconsidered.
- BB. **Public shaming and labelling of citizens** by government officials contributes to lawlessness. Government officials and those in positions of authority need to be held to a higher standard. At the same time, governments should not be permitted to blatantly work against their populations.
- CC. **Educators need to publicly defend** the precautionary principle for all children and youth.

8.2.7. COVID Impact on the Social Fabric

Recommendations

The discussion raises important concerns about the negative impacts of the federal government's pandemic response on the fabric of Canadian society. These impacts encompass a wide range of areas, from personal freedoms and trust in institutions to economic, social, and health consequences. To prevent such issues from happening in the future, we put forth the following 12 recommendations.

- A. **National Crisis Oversight Council:** Commission a study to determine the validity of setting up a National Crisis Oversight Council (NCOC), with a rationale and expected format as follows:

Rationale

Establishing the NCOC is essential to safeguarding democratic principles, protecting individual rights, and maintaining public trust during future emergencies, such as pandemics. The NCOC will serve as an independent, multidisciplinary body tasked with monitoring, policing, and investigating government actions during crises.

Basic Characteristics and Principles

Representation: The NCOC will comprise representatives from diverse sectors of society, including law, medicine, science, faith, business, media, arts, and culture. Each member will undergo a public appointment process, with credentials and potential conflicts of interest transparently disclosed.

Subpoena powers: The council will possess subpoena powers, allowing it to compel testimony and evidence from all sectors, including government officials, the judiciary, and other relevant stakeholders.

Public access: To ensure transparency and accountability, the NCOC will offer the public direct and unfiltered access. A user-friendly platform will enable citizens to express concerns, provide observations, and access council proceedings.

Legislative clarity: The powers and responsibilities of the NCOC will be clearly outlined in legislation, eliminating the need for regulatory details to be determined separately. This legal foundation will establish the council's authority and scope.

Empowerment for change: The NCOC will have mechanisms to influence government actions during emergencies. It will be empowered to make recommendations, demand corrective actions, and trigger public awareness campaigns when necessary. Its primary goal will be to uphold democratic values and individual rights and freedoms, and help ensure the wellbeing of citizens.

Media access: The council will be expected to have unrestricted access to all forms of media to maintain public trust and transparency. Regular briefings, reports, and public statements will keep citizens informed of its activities and findings.

Purpose and Benefits

The NCOC would be founded on the principle that a robust system of checks and balances is vital in times of crisis. Its purpose would be to:

Safeguard democracy: Ensure that democratic principles are upheld during emergencies, preventing overreach and abuse of power.

Protect individual rights: Safeguard citizens' fundamental rights and liberties, even when extraordinary measures are deemed necessary.

Maintain public trust: Enhance transparency and accountability in government actions, fostering public confidence in crisis management.

Promote evidence-based decisions: Encourage government responses to be grounded in science, data, and expert advice.

Support effective governance: Assist in identifying gaps and weaknesses in government responses—leading to more effective crisis management.

Advance public discourse: Facilitate open dialogue between government, experts, and the public to promote informed decision-making.

In summary, the establishment of the NCOC would be a proactive response to ensure that during future emergencies, the rights and values of Canadian society are upheld. It strengthens democracy, promotes transparency, and empowers the public to actively participate in safeguarding their wellbeing and fundamental rights.

- B. **Transparency and honest communication:** Governments should prioritize transparent and honest communication with the public during crises. Information about the nature of the crisis, measures being taken, and the expected duration of those measures should be clearly and consistently conveyed.
- C. **Accountability mechanisms:** Establish mechanisms for holding public officials accountable for their decisions during crises. This includes oversight bodies that can review actions taken by governments and ensure they align with constitutional rights and freedoms.
- D. **Respect for constitutional rights:** Safeguard constitutional rights and freedoms, even during emergencies. Governments should not infringe on these rights without clear and justifiable reasons, and any restrictions should be proportional and time-limited.

- E. **Balanced approach:** Develop and implement a balanced approach to crisis management that considers public health alongside economic, social, and mental wellbeing. Decisions should be evidence-based and consider the broad spectrum of societal impacts.
- F. **Community engagement:** Engage with communities, civil society organizations, and a wide range of experts in decision-making processes. Encourage open dialogue and ensure that policies and measures are sensitive to the unique needs and circumstances of different groups within society.
- G. **Education and awareness:** Promote public education and awareness about public health measures, their rationale, and the expected outcomes. Informed citizens are more likely to be able to make informed decisions and hold officials accountable for their actions.
- H. **Support for vulnerable populations:** Develop strategies to support vulnerable populations during crises—such as the homeless, those struggling with addiction, and victims of domestic abuse. Ensure that access to essential services is maintained.
- I. **Healthcare infrastructure:** Invest in and strengthen healthcare infrastructure to ensure capacity and readiness for future public health emergencies. This includes resources for mental health services, addiction treatment, and domestic violence support.
- J. **Mandatory ethics training for health care workers:** To enhance the ethical standards and ensure the protection of fundamental patient rights and access to care, we strongly recommend the implementation of annual mandatory ethics training for all healthcare workers. This training should apply to frontline, administrative, and managerial staff across the healthcare system, resulting in the following benefits:
 - Ethical awareness: Annual ethics training will promote awareness of ethical principles, ensuring that all healthcare workers have a comprehensive understanding of their ethical responsibilities toward patients, colleagues, family members, and the healthcare system as a whole.
 - Patient-centred care: Ethical training will underscore the importance of prioritizing patients' wellbeing, rights, and dignity in all healthcare decisions and actions. It will reinforce the commitment to patient-centred care.
 - Legal and regulatory compliance: Ethical training will help healthcare workers understand and comply with legal and regulatory requirements related to patient rights and access to care, reducing the likelihood of breaches and legal issues.
 - Improved communication: Ethical training can enhance communication skills, fostering open and honest dialogue with patients and their families. This will contribute to better-informed decision-making and greater patient satisfaction.

- **Crisis preparedness:** In times of crises like the COVID-19 pandemic, healthcare workers will be better prepared to make difficult ethical decisions under pressure, ensuring that patient rights and access to care are upheld even in challenging circumstances.
 - **Accountability:** Mandatory training establishes clear expectations and accountability for ethical behaviour. It provides a basis for addressing breaches and taking corrective actions promptly.
 - **Continual improvement:** Annual training allows healthcare workers to stay updated on evolving ethical guidelines and best practices, facilitating a culture of continual improvement in patient care.
 - **Organizational culture:** Ethical training can contribute to building a culture of respect, compassion, and integrity within healthcare institutions, benefiting both patients and staff.
- K. **Scientific integrity:** Protect the integrity of scientific research and expert opinions. Encourage open debate and diverse perspectives within the scientific community to ensure that policy decisions are well informed.
- L. **Legislative safeguards:** Review and update emergency powers legislation to strike a balance between swift response and protection of individual rights. Ensure that such powers are subject to regular parliamentary review and oversight.

In essence, the goal is to develop a comprehensive strategy that prioritizes the health and wellbeing of citizens while respecting democratic values, individual rights, and the resilience of Canadian society as a whole. These recommendations aim to foster a society where crises are managed with care, accountability, and a commitment to the long-term welfare of all citizens.

8.2.8. The Effects of Government Pandemic Measures on Faith Communities

Recommendations

- A. **Recognition of all religions**, including the body of Christ Church, by all levels of government is paramount in a free and democratic society and must be afforded all protections and shields guaranteed under the *Criminal Code*, the *Constitution Act, 1867*, the *Bill of Rights*, and the *Canadian Charter of Rights and Freedoms*.
- B. **Churches do not require the permission of governments** to open or close. However, when churches decided to respond favourably to the governments' call—two weeks to flatten the curve—these same churches must also have had the decision-making authority to reopen when projected COVID death and illness numbers don't come to fruition.
- C. **Revisions of the *Emergencies Act***. In May 2020, the launching of the *Emergencies Act* granted Cabinet powers to evacuate people and remove personal property from any specific area, acquire property, direct any person or any class of persons to render essential services, regulate distribution and availability of essential goods, services, and resources, authorize emergency payments, establish shelters and hospitals, and impose criminal sanctions. Moreover, the Act allows the federal government to essentially nationalize parts of the economy wherever it thinks it's necessary, including Cabinet assuming the control, restoration, and maintenance of public utilities and services to ensure the wellbeing of Canadians.

Later, citizens witnessed governments creating travel passes to curtail movement under the *Emergencies Act*. There needs to be parliamentary and legislative revisions to the *Emergencies Act* in an effort to reduce the unprecedented sweeping powers of the federal government over provincial jurisdictions and the citizenry and the unbridled discretion of authorities and powers administering new criminal laws without established opportunities for redress.

- D. **All governments should be required** to provide full disclosure of all the relevant data that led to the declaration of emergency measures, the degree of parliamentary oversight, the dialogue regarding the risks and legitimacy of the lockdowns, and how temporariness was factored into the invoking of the Act.
- E. **Governments and public sector employees** by virtue of public funding must remain neutral. Freedom of religion is a protected right that supersedes the authority and actions of governments. Public policy can neither be discriminatory in how the law is applied. For example, all churches regardless of the number of congregants, the square footage of the building, or the ability for each individual church to accommodate citizens within the boundaries of ever-changing COVID restrictions were painted with the same brush. On its face, the essential and non-essential list of organizations afforded carte blanche government approval appears discriminatory, and therefore, should be challenged under human rights legislation.

- F. **Remedy discriminatory conduct** through mandatory education programs. For example, the duty to accommodate is a legal concept that aims to ensure every citizen has equal access to benefits, services, and opportunities. In the context of the Canadian Charter of Rights and Freedoms, the duty to accommodate refers to the principle that individuals and groups should not be treated unfairly or denied opportunities because of their personal characteristics or religious beliefs. In fact, the duty to accommodate places a duty on all employers and service providers, including governments and institutions, to make reasonable adjustments to the policies and practices without unnecessarily imposing hardship on the legitimate interests of a workplace.

Throughout COVID, legitimate questions were ignored. Yet, discretionary discriminatory actions were evident, imposing undue hardship on those who requested religious accommodation. Therefore, mandatory religious education courses for all public sector employees to ensure citizens are not discriminated against for religious practices and beliefs would send a much-needed message to public sector employees who discriminately targeted men and women of faith.

- G. **Going forward, there must be a clear**, evidence-based rationale for locking down citizens and society. And subsequently, when the *Emergencies Act* is revoked, there must be ample opportunities for redress, public conversations, and debate in the public square that will counter future restrictions on the citizenry.
- H. **Criminal Code section 176** must be retained.
- I. **Every individual has an inherent right** to end-of-life, spiritual and/or pastoral care or God at bedside services that align with their specific faith. Therefore, all publicly funded institutions, including hospitals, and long-term care facilities must comply.
- J. **Courts must accept deeply held beliefs** for religious convictions and respect that not every citizen, when writing an affidavit to support their views, is familiar with conveying the breadth and depth of their convictions in a manner that would overwhelmingly influence the Court.
- K. **The presumption of innocence** must be adhered to in all judicial proceedings occurring in every province and territory but Québec, where the latter operates under civil law. From the evidence, it appears prosecutors have too much influence on how the court uses its time. For example, the statement that constitutional arguments are a waste of court time and, therefore, should not be heard is not acceptable. Again, if a citizen's constitutional rights have been violated by virtue of their personal beliefs, thoughts, opinions, or expression, the actions of governments must be called into account, or else the law is being brought into disrepute.
- L. **Bail conditions must be reasonable and fair** and cannot prevent an individual from performing their employment duties and responsibilities. This includes pastoral service within a religious context.

- M. **Separation of courts,** the separation of courts from the public service.
- N. **Regarding procedural fairness and natural justice,** it's time for a comprehensive national dialogue to take place involving the church and Canadians who firmly believe the church is foundational and necessary for the social and economic wellbeing within communities. The church is uniquely qualified and capable of making decisions that impact the social fabric.
- O. **The prevailing belief** that there is a higher spiritual accountability in this life which determines our individual standing for eternal life cannot and should not be negated by government or judiciary.
- P. **Churches and citizens are encouraged** to create a public policy watch for any legislation that potentially negates the rights and freedoms of faith groups. The attempt to silence religious speech over the last three years should not go unnoticed.

8.3. Economic Impacts

8.3.1. Impacts of Mandates on Small and Medium-Sized Businesses

Recommendations

A. Financial Support:

- a) Simplify and expedite access to financial assistance programs, ensuring that small businesses can easily navigate the application processes.
- b) Provide targeted financial aid to sectors that have been disproportionately affected.
- c) Extend and expand wage subsidies to encourage businesses to retain employees and minimize layoffs.

B. Flexible Regulations:

- a) Implement flexible regulations and licensing requirements to support businesses in adapting to changing circumstances and exploring new revenue streams.
- b) Streamline bureaucratic processes to reduce administrative burdens on small businesses and expedite approvals.
- c) In cases where governing authorities decided businesses were non-essential, there needs to be accommodation made to allow these businesses to reestablish themselves or in cases where the business has closed, gone bankrupt, et cetera, an understanding within the public service that this is not a consequence of the business owner not wanting to work but a direct result of decisions made by governing authorities.

C. Access to Capital and Credit:

- a) Enhance access to affordable capital and credit for small businesses through low-interest loans, loan guarantees, or grant programs.
- b) Collaborate with financial institutions to develop tailored financial products specifically designed to address the needs of small businesses during recovery.

D. Promote Local Online Shopping:

- a) Encourage consumers to support local businesses by promoting the importance of shopping locally.
- b) Develop and implement marketing campaigns to raise awareness of online platforms and e-commerce solutions that facilitate purchases from local businesses.

E. Training and Skill Development:

- a) Offer training programs and workshops to small business owners and employees to enhance their skills in areas such as digital marketing, e-commerce, and remote work.
- b) Collaborate with educational institutions and industry associations to develop training initiatives specifically tailored to the needs of small businesses.

F. Collaboration and Networking:

- a) Facilitate networking opportunities among small business owners, allowing them to share experiences, insights, and best practices.
- b) Foster collaboration between small businesses and larger corporations through partnerships, supplier diversity initiatives, or mentorship programs.

8.3.2. Impacts of Mandates on Canadian Citizens

Recommendations

- A. **An independent judicial investigation** must be undertaken to determine responsibility and criminality. Any and all institutions, individuals, or organizations that were responsible for breaking of the law need to be brought to justice.
- B. **Laws need to be strengthened** to specifically prohibit the mandating of medical procedures and the exposure of private health information. There are current laws in place, but somehow these laws did not protect Canadians.
- C. **Canada must affirm its adherence** to international law and human rights and invite an investigation of the actions of the government according to these treaties.
- D. **An intensive program** aimed at addressing the developmental damage done to our children must be undertaken and implemented immediately. It is not acceptable to simply move on with business as usual. Children have been emotionally, developmentally, and educationally damaged, and remedial actions are required.
- E. **An investigation into the actions of the CBC** and privately held media companies in Canada must be undertaken to determine criminality under the current hate speech and terrorism laws in Canada. It was the relentless stream of hate, propaganda, and terror which was responsible for much of the damage done.
- F. **All employees who were terminated** due to refusal to take a medical procedure must be rehired and paid compensation. All costs of these actions need to be paid for by the parties who mandated and implemented the terminations.
- G. **The regulations concerning the operation of elderly persons' care homes** need to be reformed. Never again should these institutions be allowed to lockdown, isolate, and ignore the needs of the residents and their relatives. Compensation needs to be paid and criminal charges laid as appropriate.
- H. **A mandatory course on the Canadian Charter of Rights and Freedoms** is to be developed and become mandatory for all public service employees, as part of the effort to assure that these actions are never supported again.
- I. **A high-school level course must be developed** to teach the *Canadian Charter of Rights and Freedoms* and civics to all high school students in Canada. This course must be mandatory nationwide.
- J. **The history of what happened** during the pandemic, including an accounting of who was responsible, must be developed and included as a module in all high school history courses. This history is to be mandatory.

K. **Government officials**, the judiciary, and regulatory boards did not adequately safeguard the interests of Canadians. It is imperative to implement measures that establish civilian oversight for many of these institutions, ensuring their independence from political influence and interference.

L. **Financial Support:**

- Ensure efficient and accessible delivery of financial assistance programs to individuals impacted by the mandates, including those who have lost their jobs or experienced reduced income.
- Expand income support programs and consider targeted initiatives for vulnerable populations, such as low-income individuals, single parents, and seasonal economy workers.
- Provide rent and mortgage relief programs to ease the financial burden on individuals facing housing insecurity.

M. **Mental Health Support:**

- Increase access to mental health services, including telehealth options, to support individuals experiencing heightened stress, anxiety, and other mental health challenges.
- Implement public awareness campaigns to reduce stigma associated with seeking mental health support and promote available resources.
- Invest in community-based mental health programs and initiatives that address the specific needs of diverse populations.

N. **Educational Resources and Support:**

- Ensure access to remote learning resources and technologies for students to minimize educational disruptions.
- Provide additional support and resources for students from disadvantaged backgrounds to address students experiencing educational disparities and issues related to technology.
- Invest in educational and vocational training programs to support individuals in re-skilling or up-skilling to adapt to changing job market demands.

O. **Healthcare Access and Outreach:**

- Prioritize and expedite non-urgent medical procedures and screenings that were delayed or cancelled during the mandates to address healthcare needs and prevent further complications.
- Increase outreach efforts to promote preventive healthcare measures such as regular check-ups.
- Enhance access to telehealth services and digital health platforms to facilitate remote consultations and healthcare support.

P. Community Support and Engagement:

- Facilitate virtual community engagement initiatives to foster social connections, combat social isolation, and promote community resilience.
- Provide funding and resources to community organizations and non-profit groups that offer support services, food banks, and other essential resources for those in need.
- Encourage employers to prioritize employee wellbeing by implementing flexible work arrangements, promoting work-life balance, and supporting mental health initiatives.

Q. Communication and Information Dissemination:

- Ensure clear, consistent, and timely communication about public health guidelines, mandates, and available resources to keep citizens informed and reduce confusion.
- Utilize diverse communication channels to reach different segments of the population, including multilingual communication and accessibility measures for individuals with disabilities.
- Combat misinformation and promote evidence-based information through public health campaigns and collaborations with trusted sources.

R. Long-Term Preparedness and Resilience:

- Invest in healthcare infrastructure, including increased hospital capacity and resources, to improve pandemic preparedness and response capabilities.
- Establish contingency plans and strategies to manage future crises effectively, balancing public health priorities with minimizing social and economic disruptions.
- Foster collaboration between government, businesses, and community stakeholders to develop comprehensive and coordinated approaches for future emergencies.

By implementing these recommendations, the Canadian government and relevant stakeholders can provide support and assistance to citizens impacted by the COVID-19 interventions, helping individuals navigate the challenges, promote wellbeing, and build resilience during and beyond the pandemic.

8.3.3. Financial Impact of the COVID-19 Pandemic Response on Canada

Recommendations

- A. **Restraints must be placed on public health officers.** They must be required to immediately justify their recommendations with legitimate cost-benefit analyses, and their decisions must be subject to the authority of publicly elected officials and the transparent scrutiny of the public.
- B. **All scientific studies on either side** of a crisis must be made available to the public so that the effect of propaganda can be minimized.
- C. **Public health officials should never be placed in charge** of an Emergency Response. Emergency Response must remain the purview of professionals trained in medical and emergency procedures who understand how to set goals and achieve them.
- D. **Lockdowns and mandates** must require direct legislative authority. These steps cannot be allowed to be carried out under regulations.
- E. **The media must be held to account** for their collusion in the propaganda that caused the panic among citizens and authorities.
- F. **A detailed financial audit must be undertaken** on each and every dollar that was spent on the pandemic. It must be determined whether any mishandling of these funds occurred.
- G. **Identify and prioritize essential expenditures** directly related to public health and safety, such as healthcare infrastructure and support for vulnerable populations.
- H. **Evaluate the effectiveness and efficiency** of existing programs and initiatives to ensure resources are allocated wisely, redirecting funds from less effective areas to more impactful measures.
- I. **Focus financial support** on the most affected sectors and individuals, such as small businesses, low-income households, and those facing unemployment or reduced income due to the mandates.
- J. **Streamline administrative processes** to reduce red tape, bureaucratic delays, and associated costs, ensuring funds are disbursed promptly to those in need.
- K. **Enhance transparency and accountability** in spending by providing regular public reporting on the allocation and utilization of funds, enabling citizens to monitor government expenditures.
- L. **Invest in long-term emergency planning** and preparedness measures to mitigate the impact of future pandemics or health emergencies. This may include strengthening public health infrastructure, establishing emergency funds, and enhancing the capacity for rapid response and data collection.

- M. **Ensure that future public health emergencies** are operated by the existing Emergency Management Apparatus and that the public health authorities provide input into that apparatus but are not able to lead or control it.
- N. **Response to future public emergencies** must be driven by and directed by local emergency planning personnel on the ground and not driven by federal government political processes.
- O. **Consider the potential cost-saving benefits** of investing in preventive healthcare measures, public health education, and research and development in the healthcare sector.
- P. **Continuously monitor the effectiveness and impact** of government spending on COVID-19 mandates and measures, adjusting allocations as needed based on evolving circumstances, scientific evidence, and changing priorities.
- Q. **Engage in rigorous and public evaluation** and assessment of programs and policies to identify areas of inefficiency or ineffectiveness, making data-driven decisions to optimize resource utilization.
- R. **Focus on measures that stimulate economic recovery** and job creation, such as infrastructure investments, targeted incentives for business growth and innovation, and initiatives to promote consumer spending and tourism.
- S. **Balance short-term relief measures** with long-term economic strategies to foster sustainable growth and resilience in the post-pandemic era.
- T. **Canada must adopt a Canada First policy** where our national interest drives overall policy agendas. This applies to all aspects of our nation, including fiscal, financial, social and environmental policy. Global planning and response with a lack of Canadian input created the situation that we now find ourselves in.
- U. **Canada is a country** whose economy is dependant on natural resource extraction and production. Canada must implement policies to upgrade and expand these core economic drivers so that export income can be quickly injected into the Canadian economy, addressing these historic debts caused by the government's actions during the pandemic.
- V. **Some of the damage and hardships** experienced by Canadians was caused by an acute lack of independence and diversity of critical aspects of our economy. Canada must rigorously review and apply the anti-combines laws (*Competition Act*) to limit Canadians exposure to undue influence from the many monopolies that currently exist across critical sectors of our economy.

By implementing these recommendations, governments can exercise restraint in spending while ensuring that essential needs are addressed, support is provided to those most affected, and long-term preparedness measures are in place. It is crucial to strike a balance between fiscal responsibility and the necessary investments to protect public health, support the economy, and promote the overall wellbeing of citizens.

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8.4. Media Actions During the Pandemic

Recommendations

CBC

CBC as an organization must be held to account for their very damaging and dangerous actions. Significant steps must be taken to prevent this from ever happening again.

CBC was originally founded on November 2, 1936. Many of the principles under which the CBC was created and justified, no longer exist. With the advent of the Internet and the incredible reduction in the cost of creating quality content, the CBC no longer has a significant role to play in the promotion of Canadian content or the provision of media services to the rural and remote areas of Canada.

- A. **The CBC should be stripped** to its very fundamental functions of providing information to Canadians with a special focus on French language and Indigenous issues. All other current functions and productions of the CBC must be terminated immediately.
- B. **All current senior management positions** in the CBC must be removed in light of the revised operational mandate.
- C. **Dismiss all on air staff that participated** in the dissemination of propaganda during the pandemic.
- D. **Replace the CBC Ombudsmen** with a Board of Canadians chosen from across Canada, with two representatives chosen from each province and territory.
- E. **The first task of the Board is to investigate** the origins and relationships with the government and industry that influenced the actions of the CBC during the pandemic.
- F. **Remove the CBC from the “Trusted News Initiative”** and all other related organizations.
- G. **One of the original functions of the CBC** was to support Canadian content, and as such they should return to that role but not to the role as imagined in 1932; it must realize the reality of the 21st century. As such, the CBC mandate would be to help Canadians to develop Canadian content. We propose the following:
 - a. CBC facilities and equipment, et cetera, might be made available as a resource to private media developers.
 - b. Utilize expertise that is currently embedded in the CBC to educate and provide training to private Canadian content producers.
 - c. CBC should use its resources to promote real Canadian content produced by Canadians, not the CBC.

- H. **A criminal investigation** must be undertaken to determine what areas of criminal hate speech law may have been violated based on the reporting of the CBC.

Other Traditional “Privately Owned” Media

Other traditional media outlets were as culpable as the CBC, but as private industry players, they do have the right to broadcast in accordance with the *Canadian Charter of Rights and Freedoms*. It would be extremely difficult to monitor their content on an ongoing basis, and it should not be the role of the government to regulate that content beyond required by current law.

- A. **However, any and all direct government support** to these media entities must be stopped immediately. There is no reason for Canadian taxpayers to be supporting these entities. They are privately owned and as such must survive in the free marketplace as every other private business must.
- B. **There is an uneasy monopolization** of traditional media that has occurred in Canada over the past 30 years. A complete investigation of the traditional media sources must be carried out under all federal legislation that deals with the development of monopolies in Canada.
- C. **A criminal investigation must be undertaken** to determine what areas of criminal hate speech law may have been violated based on the reporting of the traditional media venues.
- D. **Internet social media platforms** must not be censoring or editorializing content on their sites, unless the content is in contravention of the *Criminal Code*.
- E. **The Broadcasting Act must be rewritten** to accurately reflect the broadcasting environment of the 21st century. The *Broadcasting Act* should not be used as a tool of the government to censor content or to advance the promotion and production of Canadian content. The act must endeavour to accurately set out the rules and regulations and remove interpretation or development of regulations by an unelected body such as the CRTC.
- F. **The role of the CRTC must be reviewed**, and the CRTC possibly abolished if it is determined that the actual role of the CRTC is to simply develop regulations which are not specifically contained in legislation.
- G. **Bolster press freedom** and other media communications protections by enacting comprehensive legislation and constitutional provisions in alignment with the *Canadian Charter of Rights and Freedoms*, which ensures and upholds the rights of free expression, access to information, and editorial independence.
- H. **Safeguard journalists** from intimidation, harassment, and threats to their personal safety through effective law enforcement and judicial mechanisms.
- I. **Ensure that public broadcasting organizations**, such as the Canadian Broadcasting Corporation, operate independently and are insulated from political interference with editorial decisions made by experienced journalists.

- J. **Promote a diverse and inclusive media landscape** that reflects a wide range of perspectives and avoids undue concentration of ownership or control.
- K. **Increase transparency** in the allocation and utilization of public funds provided to the public broadcaster. This includes clearly disclosing the criteria and decision-making processes for funding distribution.
- L. **Establish independent bodies or committees** to oversee and evaluate the disbursement of public funds, ensuring accountability and preventing undue influence.
- M. **Foster the development** of non-profit and community-based media organizations to diversify the media landscape and provide alternative sources of information and perspectives.
- N. **Establish grant programs or tax incentives** to support the sustainability and growth of non-profit media outlets, enabling them to operate independently of government influence.
- O. **Promote media literacy education initiatives** that equip citizens with critical thinking skills to evaluate media sources, distinguish between fact and opinion, and understand the importance of independent journalism.
- P. **Promote adherence to professional journalistic standards and ethics**, including accuracy, fairness, and accountability.
- Q. **Support self-regulatory bodies**, such as the Canadian Association of Journalists (CAJ).
- R. **Enforce ethical guidelines** and provide recourse for individuals who believe they have been misrepresented or harmed by media coverage.
- S. **Engage in international forums** and collaborations to advocate for press freedom and protect independent journalism globally.
- T. **Support initiatives and organizations** that promote freedom of the press and other forms of media and provide assistance to journalists facing threats or persecution.
- U. **Encourage citizen participation** and engagement in media governance, including public consultations, forums, and advisory panels, to ensure diverse perspectives and community interests are taken into account.

By implementing these recommendations, Canada can foster a media landscape that is independent, diverse, and accountable, serving as a cornerstone of democracy and providing citizens with reliable, unbiased information. It is crucial to uphold the principles of press freedom and support traditional media outlets in their role as watchdogs and providers of independent journalism.

8.5. Health

8.5.1. Pandemic Preparedness Plan

Recommendations

- A. **Rectifying the Mistake of Discarding the Emergency Management Plan:** The decision to discard the Emergency Management Plan was a significant error that will require rectification.
- B. **Realigning the Purpose of Pandemic Measures:** The objective of pandemic measures should have been to minimize the impact of SARS-CoV-2 on society, rather than solely focusing on safeguarding the healthcare system.
- C. **Utilizing Hazard Assessment for Targeted Responses:** The Hazard Assessment, which continued to identify those most at risk, revealed that lockdowns did not effectively protect them. A more targeted response would have been more appropriate.
- D. **Learning from Past Pandemics:** The lessons learned from previous pandemics were regrettably disregarded.
- E. **Reevaluating Non-Pharmaceutical Interventions (NPIs):** The use of non-pharmaceutical interventions did not significantly reduce the spread of COVID-19. Employing them during the initial wave could have been seen as, at best, a mistake. After the first wave, it became a matter of grave concern.
- F. **Recognizing the Unintended Consequences of NPIs:** NPIs have resulted in substantial collateral harm and loss of life, often surpassing the impact of the virus itself. Public health was aware of this prior to COVID-19, and yet no cost-benefit analysis was conducted. This constituted a grave error.
- G. **Holding Leaders Accountable:** Public authorities bear responsibility for the response to the pandemic and the perpetuation of fear. Accountability should be enforced.
- H. **Safeguarding Our Society and Democracy:** Failure to revise our Emergency Management Plan and dispel false beliefs in non-pharmaceutical interventions places our society and democracy in jeopardy.

8.5.2. Follow the “Science”: Real Science or Scientism?

Recommendations

Considering the critical reliance of our modern society on science and technology, there is a need to distinguish knowledge derived from the rigorous scientific method from beliefs often influenced by ideologies and propaganda. To help distinguish between the two, we recommend the following:

- A. **Basic training in epistemology and critical thinking** should be incorporated into both humanities and scientific or technological education curricula.
- B. **Experts who participate in public forums** should undergo scrutiny based on the following four fundamental criteria:
 - Demonstrated cutting-edge knowledge and expertise, as evidenced by their involvement in past or ongoing scientific research, providing proof of their understanding of the subject under discussion.
 - Lack of conflicts of interest.
 - Willingness to engage in evidence-based public debates with other experts who may hold differing opinions. Such engagement should involve using rhetoric that avoids ad hominem attacks, appeals to authority, or invoking the mislabelled “scientific consensus.”
 - The detailed, unedited credentials of these public figures must be made known and available to the public. This will enable the public to ascertain the credibility of such experts.

8.5.3. Epidemiology 101 in the COVID-19 Era

Recommendations

Due to the confusion caused by improper testing for COVID-19, particularly using unvalidated RT-PCR testing, the following recommendations were made:

- A. **Pause the use of RT-PCR** or rapid antigen testing when it is not accompanied by a thorough medical evaluation of disease symptoms.
- B. **Conduct a rigorous validation of RT-PCR testing**, including standardized cultivation of the active virus. Establish a defined threshold for the number of amplification cycles that show due used.

Considering the confusion that arose from the lack of transparency in official public data, the following recommendations are added:

- C. **Ensure that all government data** is consistently and transparently shared with the public for independent evaluation by qualified experts in epidemiology and statistics.
- D. **Make any disparities between data analysis**, done by the government and data analysis done by independent citizens, subject to review by an impartial advisory committee composed of experts in epidemiology and data analysis. This committee should be regularly vetted through public forums to maintain transparency and accountability.

8.5.4. Non-Pharmaceutical Interventions (NPIs)

Recommendations

In line with the “first, do no harm” principle and adhering to best medical practices and sound scientific practices, the following recommendations are proposed:

- A. **Avoid mandatory health measures**, such as lockdowns and universal mask mandates, unless they have been objectively demonstrated through rigorous studies to have a positive benefit-to-risk ratio.
- B. **Prioritize diligent implementation** of the two non-pharmaceutical interventions (NPIs) that have a well-established track record of efficacy in managing respiratory infections: air filtration and isolation of individuals who are both sick and contagious.
- C. **Establish a targeted research and development program** to investigate the adverse effects of ineffective NPIs, with a specific focus on the impacts of masking children and restricting physical and social activities. The goal is to formally assess the extent of physical and mental health damage and propose tailored remediation measures.
- D. **Ensure that scientists and healthcare professionals** working within government agencies have access to the best available scientific evidence, free from conflicts of interest, at both national and international levels. This access will enable them to provide politicians with the highest quality and most up-to-date knowledge for decision-making.
- E. **Instead of prohibiting them, mandate scientific debates** to facilitate the emergence of optimal health measures. Encourage open discussions among experts to foster innovation and evidence-based policy-making.
- F. **Actively promote healthy lifestyles** that can enhance the immune system through epigenetic mechanisms. A strong immune system forms the foundation for protection against infections, cancers, and autoimmune diseases.

8.5.5. Early Treatments

Recommendations

In line with the “first, do no harm” principle and adhering to best medical practices and sound scientific practices, the following recommendations are proposed:

- A. **Avoid mandatory health measures**, such as lockdowns and universal mask mandates, unless they have been objectively demonstrated through rigorous studies to have a positive benefit-to-risk ratio.
- B. **Prioritize diligent implementation** of the two non-pharmaceutical interventions (NPIs) that have a well-established track record of efficacy in managing respiratory infections: air filtration and isolation of individuals who are both sick and contagious.
- C. **Establish a targeted research and development program** to investigate the adverse effects of ineffective NPIs, with a specific focus on the impacts of masking children and restricting physical and social activities. The goal is to formally assess the extent of physical and mental health damage and propose tailored remediation measures.
- D. **Ensure that scientists and healthcare professionals** working within government agencies have access to the best available scientific evidence, free from conflicts of interest, at both national and international levels. This access will enable them to provide politicians with the highest quality and most up-to-date knowledge for decision-making.
- E. **Instead of prohibiting them, mandate scientific debates** to facilitate the emergence of optimal health measures. Encourage open discussions among experts to foster innovation and evidence-based policy-making.
- F. **Actively promote healthy lifestyles** that can enhance the immune system through epigenetic mechanisms. A strong immune system forms the foundation for protection against infections, cancers, and autoimmune diseases.

8.5.6. Natural Immunity & Early Treatments Rebuffed to Favour Generalized Vaccination

Recommendations

We recommend the suspension of any further vaccination for COVID-19 until (1) the issues of cGMP production are resolved; (2) the genotoxicity, auto-immunogenicity, and tumorigenicity assays are conducted to the appropriate level for gene therapy products; and (3) rigorous RCTs demonstrate the reduction of morbidity and mortality in a representative population, including the most vulnerable.

Given that there was no efficacy study in the RCT with the mRNA-LNP produced in the commercial manufacturing process and that there were irregularities in the clinical trial process, we recommend that Health Canada require an independent audit of the RCT.

Victims have to be compensated more readily. We also recommend that the government set up a special centre to take care of the vaccine-injured.

Regulatory agencies must revisit the warp-speed-development mindset of the COVID-19 genetic vaccines and rebut the allegation that the mRNA-LNP products have been proven safe and effective and that they can therefore be further used as a vaccine platform for other diseases without proper safety testing.

A Pandora's box has been opened, and promoting any future products based on that mRNA-LNP platform technology for expedited marketing, within one year, without the proper efficacy and safety assessment will only perpetuate bad health outcomes of similar magnitude.

In alignment with the views of numerous medical doctors and scientists worldwide, the following recommendations are made:

- A. **Immediately halt the use of experimental mRNA-LNP** gene therapy injections for COVID-19 prevention.
- B. **Approve any future applications of these injections through** the standard gene therapy product approval process.
- C. **Ensure that the regulatory approval process** and recommendations by vaccine immunization committees are reviewed by independent medical and scientific advisory committees without conflicts of interest.
- D. **Establish clear safety signal thresholds** that would necessitate the automatic removal of any vaccine or therapeutic product from the market, with legal accountability for officials failing to adhere to these pre-established norms.
- E. **Acknowledge, treat, and adequately compensate individuals** who have experienced vaccine-related injuries.

8.5.7. Interim Authorization of COVID-19 Vaccine

Recommendations

- A. **Newly implemented revisions** to the *Food and Drug Regulations* related to the authorization of COVID-19 genetic vaccines must be rescinded as they permanently exempt COVID-19 vaccines from the requirements to objectively prove the safety or efficacy as required under the *Food and Drug Regulations*.
- B. **The current use of COVID-19 genetic vaccines** in Canada that were authorized under the revised provisions of the Interim Order and the newly revised *Food and Drug Regulations* should be stopped immediately.
- C. **A full judicial investigation** of the process under which the COVID-19 vaccinations were authorized in Canada must be carried out. Criminal liability, if discovered, may be dealt with under existing Canadian law.
- D. **All documentation concerning the authorization process** and information provided to the regulatory agencies by the manufacturers should be made publicly available.
- E. **Legislation should be developed**, or amended, to prevent the elimination of the legal requirements to prove that a new drug is objectively safe and that the efficacy of that drug is objectively proven.
- F. **The requirement for the regulatory board** to carry out a risk-benefit analysis for any and all new drugs under consideration for approval should be codified into law. Written minimum requirements for such a review are to be established. The final decisions should be made on the basis of citizen health considerations not political motivations. The results of the risk-benefit must be made public.
- G. **We should review and revise** the current relationship between licensing fees paid by pharmaceutical companies and the total budget allocated to Health Canada for drug-related matters. This is necessary to prevent pharmaceutical companies from exerting undue financial influence on the approval agency.
- H. **Legislation must be included or revised** which re-establishes Canada's approval agency as an independent, fact-based agency without reliance on approval agencies from outside of Canada.
- I. **Investigate any perceived or existing conflicts of interest** that may exist between senior staff of Health Canada and pharmaceutical manufacturers. This may extend to a prescribed time limit prohibition of government agency staff from leaving government service for positions with the pharmaceutical manufacturers.

- J. **All investigations recommended in this section** are to include the power to compel timely production of information and the power to subpoena witnesses.

8.5.8. Canada's Future Approval of New Pharmaceuticals

Recommendations

- A. **Revocation of New COVID-19 Regulations:** The Commission recommends that the new regulatory process be revoked and that Health Canada return to approving all therapeutics on its historical safety requirements.
- B. **Maintain Rigorous Safety Standards:** Prioritize patient safety by maintaining rigorous safety standards for drug approval. The safety of new pharmaceuticals should be thoroughly demonstrated through preclinical and clinical trials before approval.
- C. **Transparency in Regulatory Changes:** Ensure transparency in any regulatory changes related to pharmaceutical approvals. Changes in the approval process should be subject to public consultation and should be clearly communicated to stakeholders, including healthcare professionals and the public.
- C. **Independent Expertise:** Appoint experts with relevant medical and scientific backgrounds to key positions in the regulatory process. Decision-makers, such as the Minister of Health, should have a strong understanding of medical and scientific principles to make informed decisions about drug approvals.
- D. **Balancing Innovation and Safety:** Find a balance between promoting innovation and ensuring safety. While innovation is important for advancing healthcare, it should not come at the expense of patient safety. Consider the potential long-term effects of novel drugs on public health.
- E. **Monitoring and Post-Market Surveillance:** Strengthen post-market surveillance of approved pharmaceuticals. Continuous monitoring of drugs once they are on the market is crucial to detect and address any safety concerns that may arise over time.
- F. **Independent Safety Review:** Establish an independent body or commission responsible for conducting safety reviews of pharmaceuticals, especially novel biologics and gene therapies. This body should be free from industry influence and focused solely on patient safety.
- G. **Public Health Impact Assessment:** Conduct thorough assessments of the potential public health impact of new drugs, particularly in the context of pandemics or health emergencies. Consider both short-term and long-term consequences on public health.
- H. **Ethical Considerations:** Incorporate ethical considerations into the approval process. Ensure that the potential benefits of new pharmaceuticals outweigh the risks and that patient autonomy and Informed Consent are respected.

- I. **Regular Reviews of Regulatory Frameworks:** Periodically review and update regulatory frameworks to adapt to advances in medical science and changing public health needs. Regulatory changes should prioritize safety while facilitating timely access to beneficial treatments.
- J. **International Best Practices:** Benchmark Canada's regulatory processes against international best practices. Learn from the experiences of other countries with strong pharmaceutical regulatory systems.
- K. **Public Awareness and Education:** Enhance public awareness and education about the drug approval process, including the rigorous testing and safety measures in place. Informed patients can make better decisions about their healthcare.
- L. **Monitoring Economic Impact:** While promoting economic development is important, closely monitor the economic impact of regulatory changes. Ensure that economic goals do not compromise patient safety, and make necessary adjustments if conflicts arise.

These recommendations aim to strike a balance between promoting innovation and safeguarding patient safety in Canada's pharmaceutical approval process. It's crucial to prioritize public health and long-term safety while fostering an environment conducive to innovation and economic growth in the pharmaceutical industry.

8.5.9. Medical Practice and Ethics During COVID-19

Recommendations

- A. **A civilian-led detailed investigation** must be carried out to determine who (at all levels) were responsible for these breaches of medical ethics and to recommend criminal investigations as appropriate.
- B. **Existing senior members of healthcare regulatory agencies** responsible for the abandonment of long-held and honoured principles of medical care should, as appropriate, stand criminal investigation.
- C. **Each province and territory**, including the federal government must establish civilian control and oversight to the existing regulatory agencies, including regularly scheduled and publicly available reviews of their activities. These appointments cannot be politically motivated and should be carried out in public with real input from citizens.
- D. **Each Province must Establishment of an office** of the independent Ombudsmen available to both practitioners and patients.
- E. **Develop laws making it illegal** to deny elderly residents of care facilities from seeing visitors.
- F. **Regulatory Agencies must Enforcement of existing laws** concerning patient confidentiality, requirement for Informed Consent, and the level of care that is required by each healthcare professional.
- G. **Establish laws ending centralized control** of individual patient care. Patient care is a matter between a patient and their healthcare provider. This relationship cannot be violated through central government planning edicts. The public health service should never be directing patient care, which is a personal matter between the healthcare provider and the patient.
- H. **Ensure that RAW data** is promptly and fully disclosed, eliminating the necessity for *Freedom of Information Act* (FOIA) requests and associated fees, especially when such requests come from patients or researchers.
- I. **Mandatory independent experts** must be added to all panels who are screened for conflict of interest.
- J. **There must be a criminal investigation** of the manufacturers and distributors of any of the vaccines that were administered to the public under false and misleading information. If manufacturers and distributors are found to have acted inappropriately, they should bear the costs of these investigations, as well as any damages assessed. The burden of investigation expenses should be placed on the guilty parties.
- K. **Ensure Protection for healthcare professionals** and journalists acting in good conscience.

- L. **No removal of liability protections** against manufacturers and regulators.
- M. **Strengthen the requirement** for healthcare practitioners to independently review and approve of any treatment or procedure that they are recommending to a patient.
- N. **Establish an annual requirement** for medical ethics training for all healthcare providers; this should be a career long requirement and may be made up of several modules completed through a multi-year process.
- O. **Political figures who are responsible** for the implementation of these mandatory programs must be held accountable in an open and public forum.
- P. **All members of the committees** that implemented the mandates must be exposed to the public, including all records of internal discussions and recommendations. An investigation into these actions needs to be carried out and if criminal, unethical, or incompetent actions are identified, punitive actions must be implemented.
- Q. **Develop and regularly update comprehensive ethical guidelines** and standards that cover a wide range of medical and healthcare practices, including areas such as consent, confidentiality, end-of-life care, resource allocation, and conflicts of interest.
- R. **Ensure that ethical guidelines are widely accessible** to healthcare professionals, patients, and members of the public, fostering transparency and accountability.
- S. **Establish and support institutional ethics committees** in healthcare organizations, consisting of diverse stakeholders, including healthcare professionals, ethicists, legal experts, members of the public, and patient representatives. Empower these committees to provide guidance, consultation, and ethical review of complex cases, research protocols, and policy development.
- T. **Strengthen practices and policies that ensure patients' rights** to make informed decisions about their healthcare, including the right to refuse treatment, access their medical records, and participate in shared decision-making.
- U. **Promote clear communication** between healthcare practitioners and patients to enhance understanding and respect for patient autonomy.
- V. **Safeguard patient confidentiality and privacy** by maintaining strict protocols for the storage, access, and sharing of medical information, in accordance with applicable laws and regulations.
- W. **Provide ongoing education and training** to healthcare professionals on the importance of maintaining patient confidentiality and the potential implications of breaches.
- X. **Ensure rigorous ethical review processes** for research involving human subjects, promoting Informed Consent, minimizing risks, protecting vulnerable populations, and upholding the principles of beneficence and nonmaleficence.

- Y. **Support the work of Research Ethics Boards** (REBs) in reviewing research proposals, monitoring ongoing studies, and ensuring compliance with ethical guidelines.
- Z. **Foster a culture of ethical leadership** and professional conduct in healthcare organizations, emphasizing integrity, honesty, empathy, and accountability at all levels.
- AA. **Establish mechanisms to address and investigate** ethical misconduct or breaches of professional standards, ensuring appropriate consequences and opportunities for remediation.
- BB. **Engage patients and the public in discussions** and decision-making processes related to medical ethics, promoting shared decision-making and incorporating diverse perspectives.

By implementing these recommendations, Canada can maintain and strengthen medical ethics, ensuring the highest standards of patient care, while fostering trust between patients and healthcare professionals and upholding the ethical principles that underpin the healthcare system. Regular review, continuous education, and engagement of stakeholders are vital to address evolving ethical challenges and promote ethical behaviour in the medical field.

8.5.10. Canada's Vaccine Adverse Reactions Reporting System

Recommendations

To improve the vaccine adverse reporting system, several recommendations must be considered:

A. Enhance Healthcare Provider Education and Awareness:

- Provide comprehensive education and training to healthcare providers on the importance of adverse event reporting, including the recognition and reporting of vaccine-related adverse events.
- Streamline the reporting process to make it more user-friendly and efficient.
- Provide mandatory ongoing education of public health officials to provide insights into the risks associated with novel drug implementation so that they understand the difference between traditional vaccine-type medications and new biologic medications.
- Ensure that on the release of any new drug that all parties involved with the administration or monitoring are fully aware of the actual nature of the drugs under consideration. Some of the shortfalls in the system during COVID-19 had to do with a lack of understanding concerning the nature of these injections.
- Provide re-education for colleges of physicians and surgeons across Canada on the principle behind procedures required and the importance of the adverse event monitoring system.

B. Promote Public Awareness and Engagement:

- Launch public awareness campaigns to educate the general public about the importance of reporting vaccine adverse events.
- Provide accessible information on how and where to report adverse events, emphasizing the role individuals play in vaccine safety monitoring.
- Provide a portal through which patients can directly report their alleged vaccine injuries to the system.
- Encourage vaccine recipients and caregivers to report any adverse events they observe following vaccination.

C. Improve Reporting Infrastructure:

- Develop user-friendly online reporting platforms or mobile applications to simplify and streamline the reporting process for healthcare providers and the public.
- Ensure reporting mechanisms are easily accessible, with clear instructions and options for reporting adverse events, including user-friendly interfaces and multilingual support.

D. Implement Active Surveillance Systems:

- Augment passive surveillance systems with active surveillance components to actively identify and monitor adverse events, especially rare or serious events that may be missed through passive reporting alone.
- Augment passive surveillance systems with active surveillance components to actively identify and monitor patient complaints and trends or patterns of patient complaints following a drug rollout.
- Implement proactive strategies, such as automated electronic health record data mining, to identify potential safety signals and conduct targeted investigations.

E. Strengthen Collaboration and Data Sharing:

- Foster collaboration between different stakeholders, including healthcare providers, public health agencies, vaccine manufacturers, and research institutions, to facilitate seamless data sharing and exchange of information.
- Immediately end the practice of public health officials directly contacting patients and advising them to undertake medical procedures contrary to the attending physician's instructions.
- Enhance integration between national and international vaccine safety networks to leverage collective expertise, share best practices, and collaborate on investigations of global vaccine safety concerns.

F. Ensure Timely Analysis and Communication of Findings:

- Prioritize timely analysis of reported adverse events to identify potential safety signals promptly.
- Ensure that those evaluating the data are capable of recognizing and analyzing the data, despite their professional biases.
- Ensure clear and transparent communication of findings to healthcare providers, the public, and other relevant stakeholders, while considering the balance between timely communication and the need for thorough investigation.

G. Continuous Evaluation and Improvement:

- Regularly assess the performance and effectiveness of the reporting system, including feedback from healthcare providers, the public, and other stakeholders, to identify areas for improvement.
- Incorporate advancements in technology and data analytics to enhance the efficiency and accuracy of adverse event reporting and analysis.

By implementing these recommendations, the vaccine adverse reporting system can become more robust, efficient, and responsive, leading to improved vaccine safety monitoring and better protection of public health.

8.5.11. Delivery of Healthcare Services During the Pandemic

Recommendations

Based on the experience of the COVID-19 pandemic in Canada, several recommendations could be made to improve the healthcare system and prevent similar disruptions to normal healthcare services in the future.

These recommendations focus on building resilience, preparedness, and adaptability in the healthcare system. Here are some key suggestions:

- A. **Ensure Proper Emergency Response, Planning, and Implementation:** Public health officials are not trained in the planning and implementing of national integrated emergency response to major public health emergencies. In future, the responsibility for planning and implementing such emergency plans must be undertaken by the emergency measures organizations that already exist for this purpose. Public health must play an active role as technical consultant to the Emergency Measures apparatus but should never be placed in control of it.
- B. **Invest in Healthcare Infrastructure:** Strengthen the healthcare infrastructure by first rationalizing the current inventory and capacity of the system, and then increasing the capacity of hospitals, clinics, and healthcare facilities, if required. This may include investing in more beds, medical equipment, and essential supplies to handle potential surges in patient volumes and designating alternative facilities and mechanisms to share resources across provincial jurisdictions.
- C. **Enhance Telehealth Services:** Expand and promote telehealth services to provide virtual consultations and healthcare support. Telehealth can reduce the burden on physical healthcare facilities, increase accessibility to healthcare services, and ensure continuity of care during emergencies.
- D. **Improve Data Collection and Analysis:** Establish a robust data collection and analysis system to monitor healthcare resources, disease outbreaks, and public health trends. Timely and accurate data can help inform evidence-based decision-making and resource allocation during crises.
- E. **Maintain Strategic Stockpiles:** Create and maintain strategic stockpiles of essential medical supplies, including personal protective equipment (PPE), ventilators, and medications. These stockpiles can help mitigate shortages during emergencies and protect healthcare workers.
- F. **Support Healthcare Workforce:** Ensure the wellbeing and resilience of healthcare workers by providing mental health support, appropriate training for handling emergencies, and fair compensation. A strong and supported workforce is crucial in times of crisis.

- G. **Improve Collaboration and Communication:** Enhance coordination and communication between federal, provincial, and territorial governments, as well as with healthcare providers and public health agencies. Effective communication channels can facilitate rapid response and the dissemination of critical information.
- H. **Pandemic Preparedness Plans:** Develop and regularly update comprehensive pandemic preparedness plans at all levels of the healthcare system. These plans should outline specific strategies and protocols for managing various types of pandemics and health emergencies.
- I. **Training and Dissemination of Plans:** As seen during the COVID-19 pandemic, existing plans were sidelined and many healthcare workers were not aware of the existence of any plans. Emergency plans must be distributed widely and reviewed with healthcare workers at all levels, and the public should have access to seminars and information sessions. The best plan in the world if unseen and unrehearsed is useless.
- J. **Public Health Education and Awareness:** Strengthen public health education and awareness programs to inform the general population about disease prevention, natural immune system upkeep, and appropriate healthcare-seeking behaviour during outbreaks.
- K. **Supply Chain Resilience:** Diversify and strengthen the supply chain for essential medical equipment and pharmaceuticals to reduce dependence on foreign suppliers and minimize disruptions during global crises.
- L. **Regional Response Capacity:** Establish regional response capacities to handle healthcare crises, allowing for more focused responses in areas heavily affected by outbreaks while maintaining healthcare services in other regions.
- M. **Long-Term Care Facilities:** Implement improved infection control measures in long-term care facilities to protect vulnerable populations during outbreaks and prioritize their healthcare needs.
- N. **Flexible Healthcare Services:** Develop flexible healthcare service models that can quickly adapt to changing circumstances. This could involve creating mobile healthcare units, flexible staffing arrangements, and alternative care facilities during emergencies.

Implementing these recommendations requires a collective effort from governments, healthcare providers, communities, and individuals. By learning from the challenges faced during the COVID-19 pandemic and taking proactive measures, Canada can enhance its healthcare system's resilience and better protect the health and wellbeing of its citizens in the face of future health emergencies.

8.5.12. Public Workplaces and Pandemic Measures

Recommendations

- A. **Employers mandating vaccinations** for all employees in the workplace must provide verifiable data proving vaccine safety and efficacy, outlining the risks and benefits, including any and all adverse effects and provide employees with satisfactory options in the event of vaccine hesitancy and/or refusal.
- B. **Ensure employers' duty** to adequately train staff in workplace health and safety procedures and to inform supervisors and managers of their respective responsibilities includes establishing the importance and applicability of all related legislation, including the *Canada Constitution, 1867*, and specific Acts such as the *Personal Health Information Act*.
- C. **Unions have an obligation** to balance employee protections with arbitrary decisions and compliance orders made by employers. Unions must be required to undertake an exhaustive inquiry of the facts contributing to a grievance particularly when the complaint involves personal choice, bodily autonomy, constitutional protections, and the right to refuse unsafe work conditions.
- D. **When employer-employee conflicts arise** from employer mandates requiring vaccination, the union must intervene with the intention of seeking a satisfactory resolution, inclusive of reviewing employer policies and collective bargaining agreements relating to sick leave and disability benefits to determine eligibility [re: extenuating circumstances].
- E. **Terminated unvaccinated claimants** who were denied EI benefits based on misconduct must have their files re-assessed to determine whether the alleged breach in the employer-employee relationship came about because of employer forced mandates, coercion, and a person's right to choose bodily autonomy; a new decision must be rendered.
- F. **Ensure affirmative defences** are available for all employees working in publicly funded institutions, including transparent appeal processes.
- G. **When non-arm's length publicly funded agencies** enter into a partnership [such as the partnership between CBS and the Public Health Agency of Canada], there should be legislative assurances that the objectives of the newly intertwined relationships are not contradictory.

8.5.13. Alleged Denial of Medical Treatment Due to Pandemic Measures

Recommendations

To prevent situations such as the one faced by Ms. Sheila Lewis from arising in the future, a comprehensive, balanced, and transparent approach needs to be taken. The Commission makes the following recommendations:

- A. **Effective Communication and Education:** Both healthcare providers and patients must be committed to effectively communicating with each other. Given the grave consequences of any decisions made, each side must be committed to educating themselves with ALL SIDES of the discussion, which also requires listening to and understanding alternative opinions, and a mandatory review of the latest information available. This must be combined with a detailed and comprehensive list of objective reasons for any decision being made. Following policy is not a defence.
- B. **Policy Review and Transparency:** Vaccination policies within healthcare institutions should be regularly reviewed and updated based on evolving scientific evidence. The reasoning behind these policies should be transparent and easily accessible to patients. Policies should be implemented in a non-discriminatory manner and should consider unique circumstances and exceptions.
- C. **Ethics Consultations:** Complex decisions involving individual rights and public health should involve consultation with ethics committees. These independent bodies can provide guidance on balancing the competing values at stake, ensuring that any decisions made are fair and respectful of patients' rights.
- D. **Legal Framework:** Legislation should clearly outline the rights and responsibilities of patients and healthcare providers in the context of public health interventions like vaccinations. Clear legal guidelines can help prevent potential abuses and ensure that individuals' rights are respected and protected.
- E. **Patient Advocacy:** Encourage and support the role of patient advocates who can provide a voice for patients, ensuring that they understand their rights and are adequately represented in discussions about their healthcare.
- F. **Psychosocial Support:** Provide support services for patients who may be experiencing distress or facing potential discrimination due to their vaccination status.
- G. **Community Engagement:** Engage with communities to understand their concerns and attitudes towards vaccination. This can inform more effective communication strategies and foster trust.

H. **"Citizen Overview Committee" or "Public Health Review Board":** Establish independent review boards to provide an additional level of oversight and accountability for public health decisions, ensuring that these decisions balance public safety with individual rights. Here's how such a committee might operate:

- **Composition:** The committee should be comprised of diverse representatives from various backgrounds, including but not limited to healthcare, public policy, law, ethics, social work and patient advocacy. Members should include individuals from different age groups, socioeconomic statuses, ethnicities, and professional backgrounds to ensure a broad range of perspectives. Importantly, the committee should include members of the public who can represent the citizens' perspective. Each province should be required to set up these boards.
- **Operation:** The committee should be convened quickly in response to situations that warrant review. This requires a streamlined protocol for initiating reviews and an efficient method of communication among committee members. Given the urgency of public health decisions, the committee should aim to conclude reviews and deliver a decision within 21 days or less, depending on the situation.
- **Authority:** The committee should have a clearly defined mandate, including the power to request documents, to call witnesses, and to access relevant information. The decisions of the committee should be advisory but carry significant weight in policy decisions.
- **Transparency:** The committee's deliberations should be conducted with a high degree of transparency, while respecting necessary privacy laws. Decisions should be publicly accessible, and the reasoning behind each decision should be clearly explained.
- **Training:** Committee members should receive training to equip them with the necessary skills and knowledge to effectively review public health policy decisions. This could include training in healthcare ethics, public health policy, legal aspects of healthcare, and conflict resolution.
- **Review and Accountability:** The operation of the committee should be periodically reviewed to ensure that it is fulfilling its mandate effectively. This could involve surveys of stakeholders, review of decisions, and an analysis of the impact of the committee's recommendations.

The justification for a Citizen Overview Committee for public health decisions hinges upon several key democratic principles: representation, accountability, transparency and promotion of the public good.

- **Representation:** Democracy operates on the principle of "government by the people, for the people." Having decisions that affect public health made by (or under the review of) the very individuals it impacts ensures that a diverse range of perspectives and experiences are considered. This can lead to more balanced and equitable policy outcomes.

- **Accountability:** Public officials, even if unelected, should be accountable to the citizens they serve. A Citizen Overview Committee provides a mechanism for holding these officials accountable for their decisions. This creates a system of checks and balances, ensuring that public health decisions are being made in the best interest of the community.
- **Transparency:** The decision-making process should be transparent to the public. This fosters trust in the system and ensures that policies are implemented fairly and with clear justification. A Citizen Overview Committee, particularly one that makes its findings public, promotes this transparency.
- **Promotion of the Public Good:** Public health decisions should be aimed at promoting the public good. However, the definition of “public good” can vary widely among individuals and communities. A Citizen Overview Committee helps to define the public good in a way that reflects the values and needs of the community.
- **Accessibility and Inclusion:** The committee ensures the voices of marginalized or underrepresented groups are heard in policy-making. This can lead to more inclusive decisions that consider the impacts on all community members.

By basing public health decision-making in democratic principles, a Citizen Overview Committee can ensure that policies are equitable, just, and truly reflective of the community's needs and values. This approach provides a mechanism to challenge and rectify decisions that may be deemed as unduly harmful or unfair, fostering greater trust and cohesion within the community.

This type of committee could help to ensure that public health policy decisions are subject to rigorous and transparent review, thereby increasing public trust and ensuring a more balanced approach to managing public health crises.

Preventing situations like this from arising in the future requires a commitment and concerted effort from healthcare providers, policymakers, and the community. An approach that respects individual rights while protecting public health is essential. It is a vital and delicate balance, but with empathy, transparency, and open dialogue, it is fully achievable.

9. Conclusions

Anyone who participated in the hearings or watched even a small fraction of the more than 300 recorded testimonies will have been changed forever. Many of the testimonies were heartbreaking, shocking, and often terrifying. Over the 24 days of hearings, witness testimonies provided an overall sense of how Canada has been transformed, by the governments' actions to address the pandemic.

The transformation from what was once considered unthinkable -- e.g. sweeping restrictions of Charter rights -- to the acceptance of draconian government lockdowns within a span of just three years is indeed a remarkable phenomenon.

The testimonies objectively demonstrate that an unprecedented attack has been carried out on the citizens of Canada and that not since World War II have so many Canadian lives been lost due to a single aggressive attack on its peoples.

It is important to appreciate that this statement is based on sworn testimony of the events and experiences described by the witnesses and that these testimonies, as incredible as they are, do not fully capture the full breadth of the events that took place over the past three years.

The COVID-19 pandemic, which began in late 2019, presented governments worldwide with an unprecedented opportunity to change the direction of their nations. With the official excuse to contain the spread of the virus and prevent healthcare systems from being overwhelmed, many countries resorted to implementing strict lockdown measures.

These measures, which included widespread business closures, travel restrictions, and stay-at-home orders, were initially introduced as temporary and emergency measures to mitigate the immediate impact of the virus.

In the early stages of the pandemic, there was a widespread sense of urgency and fear surrounding the unknown nature of the virus. Government public health experts, and citizens, were grappling with the need to balance public safety with individual freedoms. The severity of the situation, as described in government propaganda and daily state media broadcasts, led to a general willingness among the population to accept stringent measures as a necessary evil.

During these early stages, the stated primary goal was to flatten the curve and prevent healthcare systems from collapsing under the strain of a sudden surge of COVID-19 cases.

Based on the biased and inaccurate propaganda being presented to the public, the notion of lockdowns seemed logical and justifiable to curb the rapid transmission of the virus. Moreover, because early effective treatments were suppressed in favour of new experimental genetic therapy vaccines, the need for non-pharmaceutical interventions appeared to be necessary.

Testimony from experts confirmed that by late March of 2020, the government already knew the true nature of COVID-19. They knew that it primarily affected the elderly with serious comorbidities, and they knew it was not unusually deadly or virulent.

However, governments persisted in their imposition of emergency measures, and as time went on, the long duration of lockdowns and their impact on daily life began to generate debate and dissent. Economies suffered severe contraction and losses, businesses closed permanently, and livelihoods were disrupted. The societal and psychological toll of prolonged lockdowns became increasingly apparent as people grappled with issues such as mental health, educational challenges, and social isolation.

Governments undertook unprecedented levels of spending, and the impacts of all of this debt will impact generations of Canadians to come.

Thousands of people lost their lives due to fear, loneliness, depression; the postponement or lack of medical care; or from adverse reactions to an experimental biologic injection.

People were so terrified by the government propaganda that they turned on each other; friends, families, and communities were torn apart. The government dehumanized large identifiable groups and, in so doing, encouraged a toxic and dangerous environment. As a result, the incidence of suicide, violence, and despair increased to unprecedented levels.

As the pandemic persisted, there were differences in the approach to lockdowns among various countries. Some nations adopted more targeted and localized measures, while others implemented broad and strict nationwide lockdowns. These varying approaches contributed to a diverse range of experiences and public perceptions.

Citizens began to undertake their own research and come together. They realized that standard practices which had stood the test of time had been discarded and replaced by ill-thought-out, ridiculous, and ineffective mandates.

Although governments had done extensive emergency planning well in advance of 2020, these emergency plans were simply discarded, and those professionals who were trained to implement emergency measures were sidelined.

In summary, the normalcy of once-unthinkable draconian government lockdowns within a relatively short period can be attributed to a focused campaign of propaganda and false information produced by government--and their partners in media and big business--to promote COVID-19 as a terrifying pandemic.

They used this excuse of combatting a novel virus, combined with fears of overwhelming the healthcare systems, to persuade the public to accept these measures.

However, as time progressed, the long-term consequences and societal costs associated with prolonged lockdowns could no longer be hidden from the public.

These are incredible claims to make, and just three years ago they were unthinkable. Once the reader has had the opportunity to thoroughly read this report and watch the video-recorded testimonies, there is no escaping the validity of these assertions.

Accountability for these alleged crimes must be rendered.

10. Commissioners' Statement

10.1. A Message to Canadians

Dear Fellow Canadians,

We, the Commissioners of the National Citizens Inquiry, address Canadians today with a message of empowerment, urging you to recognize the immense power you hold to shape the destiny of our great nation.

It is time to embrace our collective responsibility and take control of our government. Working together, we can create the kind of society that we can be proud to pass on to future generations.

As we collectively awaken to the cold realization of the magnitude of government acts against us, we must ensure that the horror that we all lived through can never happen again.

But it is up to you--not your representatives, not the party, not the other person. It is up to you.

Canada is a land of vast potential, blessed with abundant resources, diverse cultures, and a tradition of compassion and inclusivity. Yet, we find ourselves at a critical juncture where challenges and opportunities abound.

Our collective lips may be bloodied, but we are not defeated. We may be shamed, but we cannot turn away from the horror of the past three years--or it will never be expunged. Worse, it will once again visit itself on our children and grandchildren.

It is a fact of history that the true strength of a nation lies within the determination and resolve of its citizens.

We encourage you to reflect upon the society we desire for our children, one that is characterized by justice, equality, sustainability, and opportunity for all. It is a vision that can only be realized when we actively engage in the democratic processes that govern our land.

The power to effect change rests firmly in our hands.

Now is the time to demand transparency and accountability from our elected officials, to actively participate in public discourse, and to hold our governments to the highest standards.

We must remain vigilant, ensuring that our voices are heard and our concerns are addressed.

Let us not underestimate the influence we possess as engaged and informed citizens.

To create the society we all dream of, we must come together across all divides--geographical, social, and ideological.

We must embrace dialogue, respect diverse perspectives, and find common ground in our shared aspirations.

By fostering unity and understanding, we can overcome the challenges that lie before us and build a brighter future.

We must reject and turn away from the hateful ideologies and propaganda that was used to terrorize and control us. They did control us—neighbour against neighbour, parent against children, brother against brother, us versus them.

However, our responsibility extends beyond governance alone. We must also take a critical look at our individual actions and how we empowered the government to achieve these horrors.

Let us strive to be responsible stewards of our country, vigilantly protecting democratic practices that preserve our God-given rights and freedoms. Let us foster compassion, empathy, and inclusivity, creating a society that celebrates diversity and supports the most vulnerable among us, and protects the rights and freedoms of everyone.

Let the words *Never Again* be heard on every lip.

In the face of adversity, it is our duty as citizens to remain hopeful, resilient, and committed to the principles that define us as Canadians. We have a rich history of progress and innovation, and we can draw upon this legacy to shape a future that reflects our values and aspirations.

Together, let us embrace the responsibility that comes with citizenship. Let us engage in meaningful dialogue, hold our government accountable, and actively participate in the democratic process. Let us be the change we wish to see in our society.

With determination and unity, we can create a Canada that we are truly proud to pass on to our children, a nation that embodies justice, equality, sustainability, and boundless opportunities for all.

It cannot be business as usual. The crimes perpetrated on every single one of us must be addressed—and the perpetrators, at all levels, held to account.

10.2. Final Message of the Commissioners

We, the Commissioners of the National Citizens Inquiry, wish to express our heartfelt gratitude for the tremendous honour and privilege of serving on this distinguished Commission.

As this stage, as the Inquiry draws to a close, we reflect upon the incredible journey we have undertaken together and the significant impact our collective efforts have had on the pursuit of truth, justice, and accountability.

The Commissioners have had a firsthand opportunity to travel Canada from coast-to-coast and meet some of the most extraordinary and courageous citizens of Canada. These witnesses, although aware of the potential consequences of their testimony, bravely stepped forward and set an example for the rest of Canadians.

Throughout this arduous but profoundly important process, we have had the opportunity to work alongside some of the most dedicated professionals, experts, and stakeholders. Their unwavering commitment to the ideals of transparency, fairness, and the pursuit of truth has been an inspiration to us all.

We are grateful for their valuable contributions and for enriching our understanding of the complex issues at hand.

We extend our deepest appreciation to the individuals and organizations who courageously came forward to share their experiences, expertise, and perspectives. Their willingness to engage with the Inquiry has been vital in uncovering the facts, shedding light on critical matters, and shaping the recommendations that will guide positive change.

We also express our gratitude to the wider public for their unwavering support and unwavering confidence in our work. Their expectations, concerns, and aspirations have served as a constant reminder of the significance of our task and the responsibility entrusted to us.

We have endeavoured to honour this trust by conducting a thorough, impartial, and diligent Inquiry.

The collaborative spirit and professionalism exhibited by the Commission members, staff, and all those involved in the Inquiry have been exemplary. Their dedication, expertise, and tireless efforts have been instrumental in our collective pursuit of truth, fairness, and the betterment of our society.

As the Commissioners conclude our mandate, we are acutely aware of the impact our findings and recommendations may have on individuals, communities, and institutions.

We commit to ensuring that our Report reflects the highest standards of integrity, accuracy, and fairness, as we strive to provide a comprehensive account and actionable recommendations that address the core issues at hand.

Finally, we express our profound disappointment to the governments, legislatures, and all those who have not stepped forward to support and facilitate the work of this Public Inquiry. Their abject disregard for accountability, transparency, and the pursuit of justice is an existential threat to a just and democratic society.

Once again, we extend our sincere gratitude to each and every member of this Commission whose dedication, expertise, and unwavering commitment to the pursuit of truth have made this journey possible. It has been an honour and a privilege to serve alongside such exceptional individuals.

Thank you.



Kenneth R. Drysdale



Dr. Bernard Massie



Janice Kaikkonen



Heather DiGregorio



“

*These transcripts
serve to preserve
the firsthand accounts,
opinions, experiences,
and perspectives of
those directly impacted by
or involved
in the issues
under investigation.*

”

VOLUME THREE

| Witness Transcripts



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11. Transcripts

11.1. Introduction

The inclusion of full transcripts of each of the witnesses as part of the official record is an essential component of the Commission's work. These transcripts serve to preserve the firsthand accounts, opinions, experiences, and perspectives of those directly impacted by or involved in the issues under investigation.

Process of Transcription: The transcription process involved the detailed recording of all verbal testimony given by the witnesses during the hearings. A team of volunteer transcribers, utilized both manual (human) or automated (AI-based) methods, as well as multi-levels of manual reviews to ensure accuracy and efficiency. Every word is documented in the transcript, preserving the tone and context of the testimony.

Quality Assurance: Transcripts are carefully reviewed for accuracy. This may involve listening to the recorded testimony multiple times and correcting any errors. In some cases, unclear or disputed sections may be annotated within the transcript.

Importance of Transcripts: The transcripts serve multiple purposes. They provide a permanent, verifiable record of the hearings. This is important for ensuring the transparency and accountability of the Commission's work. It also allows those who were not present at the hearings to access the information presented.

Furthermore, transcripts can serve as a valuable resource for future research, policy development, and historical record. They ensure that the experiences and voices of the witnesses are preserved for posterity, contributing to our collective understanding of the issues investigated by the commission.

In this way, the transcription process provides a meticulous, enduring account of the testimonies provided by the witnesses. It plays a vital role in preserving the evidence, upholding the integrity of the Commission's proceedings, and informing future generations.

11.2. Opening Statements

We are proud to present full transcripts of the opening statements made at each of the eight hearings held across Canada as part of this Commission's proceedings. While these statements are not direct testimonies from witnesses, they hold significant value and form an integral part of our understanding of the proceedings.

The opening statements set the tone for each hearing, encapsulating the mood, context, and undercurrents of the deliberations that followed. Delivered by key figures in the Commission, these remarks provide insights into the purpose, motivations, and aspirations of the Inquiry. They elucidate the themes that emerged in each hearing, illuminating the unique character and concerns of the various communities involved.

These transcripts offer an opportunity for readers to delve into the emotions, reflections, and aspirations that framed each of the eight hearings. They capture the intensity, hope, and commitment that defined the opening moments of each session. Each opening statement is a call to attention and a pledge of dedication to the truth-seeking mandate of the Commission.

The Commissioners have underscored the importance of these opening statements as part of the official record. Their inclusion reflects our commitment to preserving a complete and nuanced account of the proceedings. It is our hope that these transcripts will serve not only as a historical record but also as a source of insight and understanding for future generations as they reflect on this pivotal period in our national journey.

With the availability of these opening statement transcripts, we invite you to immerse yourself in the spirit and resolve that catalyzed each hearing, deepening your understanding of the proceedings and the invaluable contributions made by all involved.

11.3. Witness Testimony

We are honoured to present to you the complete transcripts of the testimonies provided by both lay and expert witnesses during the hearings of this Commission. These accounts form the heart of our proceedings, encapsulating a wealth of experience, knowledge, and insight that has been crucial to our understanding of the issues at hand.

Lay witnesses—those individuals who have lived through the events under investigation—provide personal, firsthand accounts that breathe life into our understanding of these experiences. Their testimonies paint a vivid picture of the human impact of these events, revealing the deeply personal and often poignant realities that lay behind the facts and figures. These accounts provide an invaluable perspective that helps us appreciate the complexity and the human dimension of the issues we are exploring.

Expert witnesses, on the other hand, provide a different yet equally valuable perspective. Drawn from various fields such as healthcare, education, law, and social sciences, these individuals offer insights grounded in extensive study, research, and professional experience. Their testimonies help us to understand the broader context, uncover underlying mechanisms, and explore potential solutions.

Both types of testimonies—lay and expert—are integral to our investigation. Together, they offer a nuanced and multifaceted understanding of the subjects at hand. The dialogue between personal experience and professional expertise deepens our appreciation of the complexity of the issues under review, informing our deliberations and guiding our recommendations.

The transcripts of these testimonies, painstakingly prepared by our dedicated volunteer transcription team, offer an accurate, detailed, and enduring record of these proceedings. They ensure that the voices heard during the hearings continue to resonate, informing and inspiring future discussions and decisions.

As you explore these transcripts, we invite you to reflect on the diverse perspectives, experiences, and insights they represent. These are the voices that have shaped our work, and we hope they will also shape your understanding of the important issues that have been brought before this Commission.

11.4. About the Transcripts

Our transcription volunteer team was a dedicated group of individuals who committed their time and expertise to support the essential work of this Commission. Their collective mission was to ensure the accurate and comprehensive documentation of each witness's testimony, preserving their stories and contributing to a deeper understanding of the issues at hand.

This team was comprised of a diverse and skilled group, including both professional transcriptionists and individuals with strong listening and typing skills from various backgrounds. They were united by their shared dedication to accuracy, attention to detail, and respect for the content they handled.

Our volunteers understood the importance of their role in this process. They were committed to translating the spoken word into text with the utmost care, maintaining the tone and intent of the original statement, and ensuring that every voice was accurately represented.

Their work played a critical role in ensuring transparency, promoting accessibility, and preserving the historical record of these proceedings. Through their efforts, we maintained a thorough and lasting account of the testimonies presented to the Commission, contributing to our collective understanding and memory of these impactful events.

In recognition of their dedication and important contributions, we extend our deepest gratitude to our volunteer transcription team. Their unwavering commitment to this task reflected the spirit of service, civic engagement, and commitment to truth that was central to the work of our Commission.

VOLUME THREE

| Witness Transcripts



VOLUME THREE

| Witness Transcripts

Part 1 of 9: **Truro, Nova Scotia**





NATIONAL CITIZENS INQUIRY

EVIDENCE TRURO HEARINGS

**Truro, Nova Scotia, Canada
March 16 to 18, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Opening Statements: Ches Crosbie and Commissioners

Full Day 1 Timestamp: 00:42:37–00:51:53

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

Thank you, everybody, for your patience during this little bit of delay. We had some technical things to work out. As you can see, we've got a fairly big array of equipment here and talented people working it. Apparently, the Wi-Fi was not quite as muscular as we might have hoped. That was one problem. But I think we've got the bugs worked out of it. And the reason we have all this, of course, is we want to reach a bigger audience than the people in this room.

I've been walking around and chatting with some of you, and I get a real sense of excitement and anticipation from the folks I talked to, that they want a process that is going to bring the truth out. And that's what the NCI—the National Citizens Inquiry—and the commissioners are here to deliver to the people of Canada. And that's the truth.

So this is the first of nine hearings that are going to be held across the country: the first one being here in Truro, National Citizens Inquiry. And they're each three-day hearings, and I want to welcome the commissioners. I want to welcome the witnesses, on-site guests, all those following the proceedings from home. My name is Ches Crosbie. I'm a long-time lawyer in Newfoundland and Labrador, and I focused on medical malpractice and class actions. I have a King's Council designation, and I was Leader of the Opposition in the House of Assembly in Newfoundland and Labrador. That's when I chose non-practicing status, so I'm not a practicing lawyer. This means I can't give legal advice or act as a barrister and solicitor in the courts. My position under the rules of this Commission is **Administrator**.

The Commission is consensual, it makes its own rules, and has no legal powers based in statute. It's based on the desire of Canadians for the truth. Now I'd ask commissioners, in light of this truth-seeking mission, to just say a few words about who they are and why it is they've chosen to devote such substantial volunteer time to the mission of this Commission of truth-seeking. Perhaps we could start on this side, Ken.

Commissioner Drysdale

Hi, I'm Ken Drysdale. I'm a professional engineer with 41 years of experience. I spent a lot of that time preparing forensic engineering reports for various technical issues, and so

that's kind of the background that I bring to this. On a more human side, I have six children, four grandchildren, two godchildren, and that's the reason I'm here.

Commissioner Kaikkonen

Good morning. My name is Janice Kaikkonen. I am here for all sorts of reasons like you. I really believe that the truth must prevail in all our discussions. I'm hoping for open discussion and debate to come back into this country and that our freedom of expression, or constitutional rights and freedoms, are honored once again as the bedrock of our foundation. I have seven children and seventeen grandchildren. I often have to think about how many there are. I work with vulnerable populations, the people who are most at risk, in my day-to-day. I'm an academic and I'm also a researcher. And most recently I was elected as a school board trustee in Ontario.

I live on a farm. I raise turkeys as well. So, I kind of have all the bases covered. And I'm here to hear you. I'm so thankful that there's so many of you who are willing to step up and to speak. I think it's very important. And we will do you justice and we're going to listen. Thank you.

Commissioner DiGregorio

Hi, my name is Heather DiGregorio. I am a lawyer from Calgary, Alberta. I've been practicing at a regional firm in Alberta for close to 20 years. My area of law has been tax, so a little bit different from what we're talking about here. I've appeared at all levels of court for tax:

[00:05:00]

the Tax Court of Canada, the Federal Court of Appeal, most recently at the Supreme Court of Canada.

But why I'm really here is, my wish is that we have an honest and open inquiry here with a group of people who are all committed to be open-minded and to hear from Canadians and really get to the bottom of what it is that we did as a country in our pandemic response, and what effect did it have on us. And we want to determine, was there anything we did that worked? What can we do different next time? And we're here to listen, we're here to learn, and we're going to come up with recommendations on how to deal with the next one that comes along. And that's why I'm here.

Commissioner Massie

[In French] Hello everyone. Hello everyone, I'm Bernard Massie. I'm a consultant in biotechnology. I retired as a scientist at the National Research Council, where I worked for 35 years in biotechnology with expertise in therapeutic antibody development and adenoviral-based vaccines. [In English] I'm going to translate that immediately. My name is Bernard Massie. I'm a retired independent consultant in biotechnology. I've been working at the NRC for 35 years, in the area—to simplify—of therapeutic antibody development and adenoviral-based vaccines.

So I'm bringing to the table, I would say, scientific expertise in therapeutic antibody development. And, as with the other members of the Commission, on a human level I was really—I would say—amiss with all the stories I was hearing from the scientific community and medical community, which to me didn't jive with my understanding of the science. And

I wanted to go to the bottom of it. So that's why I thought I could join the Inquiry and listen to people that can actually bring their perspective on what happened during this crisis of the pandemic.

I have five children, two grandchildren, and I'm really concerned world we're trying to build for them. And I'd like to see something different for the future. And I'm hoping that, with this inquiry, we're going to let truth emerge and we're going to try to find ways to do better next time.

Ches Crosbie

Thank you kindly, Commissioners. There's a fifth Commissioner, Christian Grebe, who has a very distinguished track record. She has a PhD in history. She knows a lot about war crimes and crimes against human rights. She's a practicing lawyer in Alberta, and she'll be able to say a bit more about herself when she appears at the next hearing.

Our rules provide for commissioners, in case of necessity, to not attend. But they have to either be present virtually, so that they can be taking in the evidence as it comes out, or they can review it later. It gives us that bit of extra flexibility.

Now, given the time thing that's gone on here, as much as I might like my own opening remarks, I'm going to suspend them for right now. I think we'll go straight into the evidence. I might get a chance to make these remarks anticipating the evidence that the commissioners should expect to hear sometime later in the proceedings.

Right now, I guess we should really go to our first witness. Are we okay with that? Are we ready to go?

Okay, let's go!

[00:09:27]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 1: Dr. Chris Milburn

Full Day 1 Timestamp: 00:52:05–01:36:03

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Chad Horton

Good morning, everyone. This certainly isn't about me, but just by way of very brief introduction: My name is Chad Horton, and I'm a partner at MacGillivray Injury and Insurance Law. And I'm here today and for the next couple of days to help facilitate this process and help these witnesses tell their stories.

Dr. Milburn?

Dr. Chris Milburn

Sitting in front of a lawyer is a place a doctor never wants to be.

Chad Horton

Here we go. Before we get into the details of your examination, can you kindly provide the Commission with an overview of your education, training, and experience?

Dr. Chris Milburn

Sure. So my name is Dr. Chris Milburn. I'm a native Nova Scotian. I graduated in 1999. I've been a full-time emerge. doc, been involved with family medicine. But also—importantly for the purposes of this—I've been quite involved with public health in several roles, both on several local committees, local initiatives over many years. I was a member and then head of the Canadian Medical Association Committee on Healthcare and Promotion, which is one of their core committees that deal with public health issues. I was a long-time member and then the chairman for the Doctors Nova Scotia Public Health Issues Committee. So I have a foot in public health and a foot in frontline medicine.

Chad Horton

Now, you may have somewhat answered this question already. But what are your primary areas of interest and involvement in medicine?

Dr. Chris Milburn

Emergency medicine and public health are probably at the very opposite poles. Public health deals with populations and big picture recommendations—what's best for this population. Emergency medicine is the most focused part of medicine; it's one patient, one problem, at one instant at a time. So I have a real interest in both of those, which are in a way polar opposites, but they really should connect.

Chad Horton

Okay, and what was your specific role in early 2020 at the beginning of the pandemic?

Dr. Chris Milburn

So when the pandemic began, from the public health point of view, I was still Chair of the Public Health Issues Committee for Doctors Nova Scotia. But I was also the Chief of Emergency Medicine for eastern Nova Scotia, the Eastern Zone of Nova Scotia Health Authority. So, I had a kind of a high-level oversight role on 13 different emergency rooms and urgent care centers from Antigonish right up to the tip of northern Cape Breton.

Chad Horton

Can you explain your professional responsibilities as the Emergency Room Chief of the Eastern Zone?

Dr. Chris Milburn

Yeah, so I was responsible for making sure that we had a coherent approach to providing emergency care for that zone. You can imagine that was kind of a broad role. And so when COVID hit, my role was to take all these new policies and procedures and to make sure that our staff at all the different sites was aware of what the approach was going to be—what was the safest and best approach to see a patient who might be infected with COVID. So I was really kind of taking the policies and procedures that were being developed at a high level and trying to get our staff on the front lines up to speed.

Chad Horton

Okay. So setting aside your duties as Chief of Emergency, but within your role as an emergency room physician—and I appreciate this number likely varies, but on average—how many patients could you expect to treat in the run of a regular week?

Dr. Chris Milburn

Yeah, so to some degree my schedule is flexible but in a full week where I might do, say, five shifts I could see up to 150 patients a week. So I was more or less functioning as a full-time emerge. doc and doing the chief job sort of in my spare time, we'll say.

Chad Horton

That sounds busy.

Dr. Chris Milburn

Yeah, never bored.

Chad Horton

So, can you confirm for the record, Dr. Milburn, that you've actually provided me with a copy of your CV?

Dr. Chris Milburn

Yes, I have given you my CV [Exhibit TR-20].

Chad Horton

Okay, we'll make that available to the Commission.

So based on your education, training, experience, and any clinical literature that you had read or were familiar with,

[00:05:00]

what was your understanding of the danger posed to public health by COVID-19?

Dr. Chris Milburn

I'll try to give you a brief answer. So, when COVID first reared its spiky head in China, there was a lot of fear. I was one of the ones who was afraid because we have a very unstable and fractured emergency system already with a lot of worker shortages. So we were struggling to provide care. And when we kind of looked at, you know, first China and then Italy and then New York City, we were quite afraid of what might come. At first, we thought—we were given the idea that—there's an extremely high mortality rate and that, quote unquote, "everyone was at risk." That was actually a quote from our premier at one point. But very quickly, in the first month or two, the data started to come out. The average age of death was 80 or more than 80 in Italy. It became clear pretty quickly that it was very, what we call "risk-age stratified." And it turns out that for a young, healthy person, the risk is maybe somewhere around one 5,000th to one 10,000th of the risk for an elderly, unwell person. So, by the summer—certainly by June or July of 2020—that age stratification of risk was becoming apparent.

Chad Horton

Okay. Now, would you have been in a position in your role as an emergency doctor and Chief to personally observe the impact of both the COVID-19 illness and also the impact of COVID policy measures on Nova Scotians in your area of responsibility, being the Eastern Zone?

Dr. Chris Milburn

Yeah, for sure. So, we had sick COVID patients, mostly, almost entirely elderly or what we call comorbid, and that was an issue. But I believe, in my experience, it pales in comparison to the issues that I saw both as Chief, you know, second hand, but also just personally working as a frontline doc: the impact that things like hospital shutdowns had. For instance, I can rhyme off several patients who died of cancers that I believe they didn't need to die of because their care was delayed. I had patients who were scheduled for joint replacements who were living in chronic pain and suddenly saw the wait list stretch out over the horizon for them. I saw—I look after a nursing home for the last few years—and I saw those patients locked down. I saw patients in nursing homes give up, stop eating and

die because they were essentially prisoners and couldn't see family. You know, I watched family outside windows crying, looking at patients inside. So I saw these terrible impacts of COVID policy, and they were much more prevalent. They were a much bigger issue than the impacts of actual COVID.

Chad Horton

Can you just repeat your conclusion again, what you just said at the end?

Dr. Chris Milburn

Yeah, I think there's a lot of talk on the impacts of COVID. When we hear this in the mainstream news, or we hear politicians or bureaucrats talking about it, they talk about how COVID impacted us in the last few years. But although I did see some very, very elderly, very unwell people die after they got COVID, I didn't really see it shortening lifespans. But I saw major impacts on the population from COVID policy. So, I'd like to distinguish those. There's impacts of COVID policy, which I think were huge. There's impacts of COVID, which I think were relatively small if you parse them out.

Chad Horton

So you're talking about impacts of COVID policy, or you spoke about that partially. I want to explore that a little bit. Now, you described numerous observations you made over a period of time. During the relevant time that you were just discussing, did you look for answers regarding either the reasoning or the data supporting the policy decisions behind the scenarios that you've just described to us?

Dr. Chris Milburn

I did. So, as Chief of Emerge., nurses I work with and a handful of physicians

[00:10:00]

were concerned with policies. For instance, universal masking policy: Was that really necessary, was it justified? It was extremely uncomfortable for nurses, and these policies were made by somebody who sat behind their own desk in Halifax and never had to wear a mask. So, it was easy for them to make policy. When I asked for the justification, what I ended up getting back was either nothing in most cases, or when I did get back answers, the answer was, "Well, our committee met, and we decided." I was never provided with justification: "Here are the papers. Here are the minutes from the meetings." The committee that decided these things was in camera. We were not privy to what was happening. They'd never ask for our feedback on policies. They'd never ask for what we saw as the impact of those policies, how do you see this playing out, is this good or bad?

So, we did— And I say "we" because, as a group of doctors, behind the scenes, we sent several emails to Dr. Strang to ask for things like, for instance: What's the justification behind recommending vaccinating children? The recommendations in Nova Scotia seemed to actually go against the recommendations of NACI [National Advisory Committee on Immunization]. And we sent formal letters. I sent informal emails, and the best I ever got back was, "because our committee decided."

Chad Horton

So just one little point for the people watching at home or for members of the audience: When you say most of the meetings were in camera, what does that mean?

Dr. Chris Milburn

It means they were private; they involved politicians, the Health Minister, the Premier; they involved some hand-picked bureaucrats; but physicians like me were not asked to be part of it. We were not privy to the notes, we were not privy to the data that was used. Those were private, confidential meetings.

Chad Horton

And did you specifically ask for the notes or the minutes coming out of those meetings?

Dr. Chris Milburn

I specifically asked how those decisions were made. Could they please give me the justification? And again, I either got nothing or, "our committee decided, and that's why."

Chad Horton

Do you have any more specific recollection of what sort of responses you got to those inquiries?

Dr. Chris Milburn

No, not much recollection because the usual reply was none. Emails would go off and they would disappear into a black hole and I would never hear back; they were mostly ignored. And that includes recently too. I've still been asking, and they're still ignored and sucked into the black hole.

Chad Horton

The black hole. So, no response whatsoever?

Dr. Chris Milburn

No response was the most common response.

Chad Horton

And what was your perception about what was going on there?

Dr. Chris Milburn

Well, I think my perception is very much like most people who attempted to get answers. And the perception is that these decisions are— There's a saying, "when you mix politics with science you end up with politics." And these committees did have people like Dr. Strang and some upper-level doctor bureaucrats on them. But the decisions, I do not believe, were scientifically-based. I think they were politically-based and that's why we couldn't get an answer back. Because it was a political decision made for a certain appearance rather than, you know, following the science, so to speak.

Chad Horton

So myself as a Nova Scotian, who occasionally listens to the radio, I do have some first-hand awareness of the fact that you had been in the media and had some involvement. But can you briefly describe your media involvement over the years?

Dr. Chris Milburn

Yeah, I've always been an outspoken guy. I'm willing to say my views in public and to try to back them up. And so, for many years. I've done interviews on CBC Radio, including— I was asked to be part of this thing called the "Issue Panel" [Exhibit TR-20a], which is a regular feature of CBC *Information Morning* in Cape Breton, where they get three people on, they throw out an issue that's topical in the news. The three people debate it and argue it. It's kind of off-the-cuff. I had been on this for a number of years. I can't tell you exactly how many times, but every few months I get asked to be on. And the typical way that would happen was they'd ask me, could I be on next Thursday? And then a few days before—or just the day before—I get an email saying, "here's going to be the topics." Because of my schedule, I would typically look at that— This particular time that we're about to discuss, I looked at the email at midnight and I was to be on at 7:30. And I noticed that the topic was COVID policy.

And I kind of thought, "Well, this is bound to be controversial." But I felt—

[00:15:00]

By that time, I had tried to get answers from within the system. And I just felt that the public needed to know that there were physicians, nurses, other people out there who had an inside view on the system but didn't agree with the policies. Because there was, I believe, a real attempt to make it look like all the doctors were onside. And I decided to go ahead and speak my views. I made it clear that I was not speaking for NSH [Nova Scotia Health]. I was speaking as my own self, but I felt people needed to know there was another side to this and some doctors felt differently.

Chad Horton

I understand from your evidence that you were on the "Issue Panel" by invitation a number of times over a period of time. When is the last time you appeared on the issue panel?

Dr. Chris Milburn

So, yeah, this would be in June of 2021. The move to vaccinate every human being in Canada was well in full swing. And I was asked to be on. Like I say: I looked at the email the night before. The issues that came up that day were: Number one, the schools had just been put back in. They had been out for quite some time; they had just been put back in. I was asked what I thought of them going back in. And what I said was, I don't think they should ever have been out. I think there was clear evidence that was bad for kids to be out of school. Kids were not at risk from COVID, nor were they vectors. So I don't think they ever should have been out. So I kind of contradicted public health statements in that way.

Number two, I was asked what I thought of potential vaccine passports, because they were just kind of on the horizon at that point. I said, number one, I think they're unconstitutional. And I also made the point that these vaccines were brand new. And by definition, we did not know long-term side effects. That's not an opinion, that was just truth.

And the third thing I said that turned out to be controversial was that I thought the public health role should be advisory, not a rulemaking body, because they were unaccountable. And that when we gave them this much power, that some people enjoyed that amount of power. And history shows us that people who are given power only give it up reluctantly. I made those points. And that was the last time I was ever asked to be on the “Issue Panel.”

Chad Horton

And more specifically, when was that? What was the date?

Dr. Chris Milburn

Yeah, so I can kind of tell you how things played out. So, that was on a Thursday morning. I got numerous—

Chad Horton

What month was that?

Dr. Chris Milburn

I’m sorry, early June 2021.

I can’t tell you exactly, but it was a Thursday morning. I got tons, actually tons, of supportive emails through the next couple of days. And then on Saturday, I got an email from friends saying, “Did you hear that Strang got ambushed at a press conference?” And I looked it up and saw the clip. And Tim Bousquet of the *Halifax Examiner* had ambushed Dr. Strang with questions. He said, “Did you hear that Milburn told people not to get vaccinated and basically said you were power hungry?” So it was a mischaracterization of what I said.

I’ve had, what would you say, very reasonable communication with Dr. Strang in the past. So I sent him an email basically saying, “Look, I saw that you were ambushed.” I didn’t say it that way, “I’d love to talk to you, here’s my cell number.” So I reached out. Later that day, saw his reply, which was: “Milburn should stick to emergency medicine, and I’ll take care of public health.” And basically, accused me of not being qualified to speak because I wasn’t an expert like him. So I didn’t get a reply back from the email. So as I described it, I felt the icy winds blowing.

On the Tuesday morning, I got a call while I was at work from Dr. Don Bryan, head of the Eastern Zone: we had a long conversation. He explained to me that I had created vaccine hesitancy, that—as Head of Emerge.—it wasn’t appropriate for me to ever criticize public health. That, you know, I had sort of undermined the NSHA [Nova Scotia Health Authority]. And I was told that I was no longer Head of Emerge. as of that point. I asked Dr. Bryan—the one thing I asked him, he and I have been colleagues for years— “I’m fine with all that. If that’s your decision, I obviously can’t argue it. But please put this all in a memo. What you’ve told me, please be public with it. I am going to be asked why I was fired. I would like you guys to state why I was fired, because you’re the ones firing me.”

More than a week went by.

[00:20:00]

I think he probably went to the lawyers of the NSHA. And the statement that came out said, “Dr. Milburn is no longer head of Emerge., thanks very much for your service.” So, they never publicly said all of the things that Dr. Bryan told me in a 25-to-30-minute conversation, creating vaccine hesitancy, et cetera, et cetera. All the reasons I was fired, they would not put in writing.

Chad Horton

Do you have any awareness of any record of that conversation?

Dr. Chris Milburn

No. Like I say, I actually worked in the same office as Dr. Bryan. And part of my work— We had a great relationship for many years, so I trusted him. You know, looking back at it, I guess you should always record these things. Trust no one. But I kind of, really innocently thought that he would actually be honest and open and actually say what he’s told me publicly. And I was very wrong.

Chad Horton

I just want to unpack a little bit of what you said there. And what I’m hearing is that one of their concerns was that you were promoting vaccine hesitancy. Was anything communicated to you with respect to what specific statement you made that could be construed as promoting vaccine hesitancy?

Dr. Chris Milburn

Yes. One of the things people should note and might be surprised: I’m vaccinated myself. I got two: I got the first two vaccines because we were told at that time. As a frontline staff, I work with the most critically ill and comorbid and elderly people there are in our community there; I’m face-to-face with them on a regular basis. I was told that by being vaccinated, I would prevent or at least greatly lower my odds of passing it on. So I was vaccinated myself. So I’m a vaccinated anti-vaxxer. But in terms of promoting vaccine hesitancy, my great sin was in saying that this was a new vaccine and the side effects—especially the long-term side effects—were not well spelled out. So by definition, we couldn’t develop a risk-benefit ratio.

Because whenever I speak to a patient about getting any treatment, be it a vaccine or something else, I always talk about, “Here’s the benefits to you, here’s the risks to you.” The patient always makes the final decision. But I could say, based on this, I would recommend it or I wouldn’t. I didn’t have that information at that point. I couldn’t advise somebody this vaccine is more benefit than risk to you. I only got it myself. I didn’t know the risk-benefit ratio, but I was willing to take the chance because I thought it would prevent me from passing on to my patients. I did it as a safety thing for my patients.

I wouldn’t have recommended it to anyone else at that point with the dearth of evidence. But that was what I did. From Dr. Bryan’s point of view, I created vaccine hesitancy by daring to say that the vaccine might have side effects that we don’t know about.

Chad Horton

Now, I understand from the commencement of your testimony that you’ve been a practicing physician for more than 20 years. I understand from your testimony that you

have significant emergency room experience, and you also advise that you had involvement in public health—or at least a strong interest in public health.

Dr. Chris Milburn

Great interest for over 20 years, and involvement.

Chad Horton

Within the scope of your education, training, and experience, do you have any knowledge—or is there any perspective that you're aware of within the medical realm—that that statement that we do not have long-term safety data was incorrect?

Dr. Chris Milburn

It turns out it was very correct. The first data on myocarditis was coming out at that time, but it wasn't public. It turns out we've had—I believe it's over 80 cases in Nova Scotia alone. That's the government data, not mine. And if you look at the Nova Scotia government website, they've admitted to a host of other side effects, which were not apparent at that time and certainly not told to the patients at that time when they were choosing to be vaccinated or not. They were not told about these potential side effects. So I stand by my statement. It's just become more and more true over time.

Chad Horton

So was it your understanding at that time, to put it directly, that you were stating an objective fact?

Dr. Chris Milburn

Yeah, what I said—"we don't know long-term side effects"—was just a fact because that's just true with a new vaccine. It's not an opinion, it's not, "That's Milburn's take on it." That is just a fact, like the sky is blue.

Chad Horton

At any point during your career as an emergency physician or chief in Nova Scotia, did you ever sign any agreement or contract—or were you ever told—that there were restrictions

[00:25:00]

on the opinions you could express, either as a private citizen or within your capacity as a doctor?

Dr. Chris Milburn

No, absolutely not. I always labored under the impression that I had the same rights to free speech as anyone else in Canada. I was always extremely careful because I not only was on the "Issue Panel" but I got interviewed about other things on the radio or in the newspaper. I always made it—I always took great pains to say, "This is my personal opinion. I'm not speaking for the Health Authority." I made that very clear. So I never signed anything to say that I would agree to agree with all of my colleagues or agree to agree with Dr. Strang or not criticize my profession.

Matter of fact, I think it's essential that we physicians do. I was very critical of my profession during our complicity in the opioid crisis and thank God we were allowed to speak out and we've somewhat turned that around. It's just essential for docs to be able to speak out and we have— No, absolutely I never signed anything and was never told that I wasn't allowed to speak out.

Chad Horton

Okay. And from your earlier testimony, I understand that you had issued correspondence. Or I think, as you described it, you were seeking answers to the reasoning behind various policy decisions, correct?

Dr. Chris Milburn

Correct.

Chad Horton

Okay, and when you did that, did you express any of your personal concerns, whether in your capacity as a private citizen or as a medical professional? Did you express any concerns about the policies that were being implemented in Nova Scotia?

Dr. Chris Milburn

Yeah, absolutely. I had concerns like, say, that the masking policy really decreases job satisfaction. It makes retention difficult. The school closure policies were very destructive for children. I expressed these both to some degree publicly. But behind the scenes, I expressed these over and over—numerous concerns I had

Chad Horton

Okay, and was it your understanding that your termination was specifically related to the comments you made on the CBC program?

Dr. Chris Milburn

It absolutely was. Dr. Bryan made that very clear to me on the call. Matter of fact, I had had a very good performance review just several weeks before with Dr. Bryan and then I appeared on the radio. And I was told that because of what I said on the radio, I was being terminated.

Chad Horton

Okay, so prior to your termination: After you had expressed concerns internally and asked questions about policies, did anyone professionally ever approach you and suggest that those views were unacceptable, that you had unacceptable views?

Dr. Chris Milburn

Sorry, after I spoke out or before?

Chad Horton

Prior to your termination.

Dr. Chris Milburn

No, I was never, definitely. I understood that some doctors disagree with me, and some agree with me, but I was never told that I wasn't allowed to have those views or not allowed to express them, no.

Chad Horton

So was your first awareness that your expressions were problematic at that termination meeting?

Dr. Chris Milburn

Yes. But I will say that I'm far from innocent to these things. I knew the lay of the land. I had watched other doctors be dragged through the mud and walked over the hot coals because of speaking out with their views. So when I said those views, I knew they were potentially controversial and would potentially make some people angry at me.

Did I expect to be fired as Chief of ER? I did not. I didn't think it would go that far, even though I knew that it would ruffle some feathers.

Chad Horton

Now, you indicated previously—and we didn't explore this, but you indicated—that after your appearance on that particular CBC program in June of 2021, you had said that you had received supportive emails. Can you explain what you mean by that? Can you elaborate please?

Dr. Chris Milburn

Yeah. I was on the radio at 7:30 am and I started to get texts. And then by the time I first checked my email a couple hours later I had a couple of dozen emails in my inbox. Within a week I had, I would say, at least a couple of hundred emails of people supporting me. After I got fired and that came out, I know for a fact that the NSHA and Dr. Bryan specifically received a lot of angry emails sort of supporting me and supporting my right for free speech. So I know there was a lot of support on my side.

[00:30:00]

There were detractors too. A Twitter mob came after me and organized to launch a formal complaint about me. That was all very public on Twitter. So there were both sides but there was a lot of support.

Chad Horton

A formal complaint on the basis of what?

Dr. Chris Milburn

That's all— You can read about that on Twitter. For various reasons, I'm not allowed to talk about that, but you can see that playing out on Twitter.

Chad Horton

So after you were terminated as Chief of Emergency, do you know if and when that position has been filled?

Dr. Chris Milburn

Yeah, my understanding— It was a very busy job. Theoretically, I was paid as a 0.2 position, but it wasn't much more than that. So there's two people filling that role now, one for one part of the zone, one for the other.

Chad Horton

So am I understanding correctly that your responsibilities were delegated to two of your colleagues?

Dr. Chris Milburn

Correct.

Chad Horton

Not a new hire?

Dr. Chris Milburn

Not a new hire.

Chad Horton

And I believe you testified earlier this morning that in your capacity as an emergency room physician, you would treat—or you could expect to treat—approximately 150 patients per week?

Dr. Chris Milburn

That would be a big week. That would be sort of the maximum I'd see in a week. But yeah, the average week would be definitely over a hundred.

Chad Horton

Okay, average over a hundred. And where are you practising now, and in what capacity?

Dr. Chris Milburn

I am an old-fashioned rural family doctor now. I work in the small village of Canso in a tiny hospital there. And I do everything from palliative care, house calls, to I mind the ER and whatever comes in. I do family practice, and I take a mole off if you need it. So I'm an old-fashioned country doctor.

Chad Horton

I expect that the community appreciates you. So after leaving your previous role as an emergency room physician, wherein you would see between 100 and 150 patients per week, do you know if and when the vacancy that would have created has since been filled?

Dr. Chris Milburn

Well, Nova Scotia Health is constantly recruiting. Since I left that position, I have had colleagues retire; there's been new hires there. So the answer is they don't specifically advertise my one position and try to fill that one position. It doesn't work that way. We have sort of a stable of doctors. And when I stopped working in at the regional site as an Emerge. doc, it just meant that 12, 14 shifts per month were unfilled and the other docs had to step up and take more shifts on. So it made things busier for everyone else. That does affect the overall picture, because these are doctors who might have picked up shifts that would have been empty in a rural Emerge., but now they are doing more shifts in Sydney. So it does have an impact on the overall lay of the land in terms of staffing.

Chad Horton

Dr. Milburn, broadly speaking, what motivated you to come in and speak with us today as part of this process?

Dr. Chris Milburn

Yeah. There's a whole other side to COVID out there that has not been well-represented in the mainstream media, in discussions, in statements from our chief medical officers of health or our premiers. There's many, many Canadians who feel that these policies were overreach, probably unconstitutional in many ways, and that they were destructive and harmful. That side of the debate has not been well represented, and I just want to be a part of getting that message out there: that there is another side. I don't think I'm always right, maybe I'm wrong on some things, but we have to have the debate. You know, science is about debate and arguing. Einstein said science can only flourish in an atmosphere of free speech. So that's why I'm here.

[00:35:00]

Chad Horton

Final question. Based on what you just said, as you've gone through this process, are you aware of any like-minded physicians practicing in Nova Scotia who share the concerns that you expressed today?

Dr. Chris Milburn

There are many. There's a saying: punish one, silence a thousand. And there are a lot of doctors behind the scenes, a lot of doctors and nurses who would love to speak out. I know there's some doctors who wanted to testify here but are still uncomfortable to do so. Doctors and nurses were kind of held hostage because, if we lose our position, it impacts— We can't care for our patients. And when it comes right down to it, doctors and nurses want to care for their patients. So the threat of job loss or losing our licenses or whatnot is used basically. Our love of our patients and our desire to care is actually used against us here. And it works well.

I can tell you there are many, many doctors who'd like to speak out; many, many nurses who'd like to speak out; many other health care workers. And they still don't feel comfortable, even though we're in 2023.

Chad Horton

Dr. Milburn, thank you for coming in and answering these questions today.

Dr. Chris Milburn

Thanks for having me.

Chad Horton

Don't leave.

Ches Crosbie

I apologize Dr. Milburn; I should have sworn you in before, but we can fix that.

Dr. Chris Milburn

Okay. I can assure you my wife swears at me enough!

Ches Crosbie

Dr. Milburn, do you affirm that what you have told the Commission of Inquiry is the truth, the whole truth, and nothing but the truth?

Dr. Chris Milburn

Absolutely.

Chad Horton

Thank you. And one final point. For the Commission's consideration, as Dr. Milburn indicated, he's provided me with a copy of a CV. We will forward that to you for your consideration. And also, two news articles: a CTV article, "Cape Breton doctor removed as head of emergency medicine for Eastern zone" [Exhibit TR-20a] and another article by *SaltWire*: "Dr. Chris Milburn wants health authority to tell public reason for firing" [Exhibit TR-20c]. We will put those in for the Commission's consideration. But they are a matter of public record.

Thank you, Dr. Milburn.

Commissioner Massie

Dr. Milburn, I want to ask you two clarifying questions. The first one is about the first impression or reading that you had about the potential risk associated with the vaccine. And yet you decided to take the vaccine, considering that this could be the right thing to do, given that you were facing vulnerable people and you didn't want to put them in danger.

So my question is: you've been working in public health, so you probably have a notion about epidemiology and all of these things that would actually support that kind of decision based on anything you had available. So, my question is: What was your assessment at the time in terms of the potential for these vaccines to actually benefit in stopping or reducing transmission?

Dr. Chris Milburn

I'm not a vaccinologist, but I know enough about vaccines to know there's certain things like smallpox and measles, which don't mutate, so the vaccines against them work very well. We don't have smallpox now because we have a smallpox vaccine and we eliminated smallpox. There's other things like the flu. We've had flu shots for 25 years and we still have the flu. I knew that COVID fell more into the realm of the flu.

But I think at the time when the vaccines first came out, we were still learning a lot about COVID. So I wasn't sure: Is this going to be more like measles or more like the flu?

[00:40:00]

The initial data—which I now look at in a very different way, let's say I don't trust it much—seemed to say that it did decrease your odds of contracting COVID and therefore passing COVID on by a lot. So again, I had assessed my own risk by January or February of 2021 when I got vaccinated. I had assessed my own risk as being low, so I didn't get vaccinated for me. I didn't think I needed it. I thought I would do fine with COVID, being skinny and relatively healthy. But I got it because I thought it would reduce the odds of passing it on. Obviously, the data was in its infancy at that point, so I knew that that wasn't a sure thing. But I went into it knowing that. And I was fine with taking that risk on myself, but I was not fine with pushing that risk on anyone else.

Commissioner Massie

Okay. The other question is more of— I'm asking about your opinion. You mentioned that even today, in 2023, a lot of people in the medical field practicing in hospital and nurses and so on are still reluctant to raise any issue they might have about past or even current policies. Based on your experience in this area, what would be your best guess of why is it that people are still locked, and what would it take to unlock and speak?

Dr. Chris Milburn

I'm going to go by memory, but I believe it was in 2021: every physician in Nova Scotia got an email from the College saying, "Your duty is to support all public health policies. So far, we have not had any problem with anti-maskers or anti-vaxxers." They actually used those words in the email to us, "and we appreciate your compliance." And they talked about the need for unanimity. The College is the body that gives us our license or can take it away.

So it's not just physicians feeling like they might get in trouble. It's the College saying: "You will agree with public health, you will be unanimous, you will not speak out against masks, you will not speak out against vaccines." So there's a very good and logical reason. It's not just a feeling, but it's actually a dictum from colleges. And that's happened across Canada, it's not just in Nova Scotia. So there's still a lot of fear out there. And, as I say, we're three years into this. And there's many doctors who may share my opinions—either completely or at least some of them—and would not be willing to go on the record with it. I would say the great majority are not willing to be on the record.

Commissioner Massie

So if I understand, what you're saying is that, until such a time where the College of Physicians would actually remove that kind of directive, people will maintain their silence.

Dr. Chris Milburn

Correct. And I'm actually in the process of kind of speaking with the College behind the scenes to say I think they should walk back some of that now. For instance, the Cochrane collaboration has said that masks do not work: mask policies do not work. Are we now allowed to criticize them given that the Cochrane collaboration has said they don't work? Are we allowed to state that? And so, I'm pushing back but I do think we need to keep working on this because physicians are still in fear of speaking their opinion.

Commissioner Massie

Thank you.

[00:43:58]



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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 2: Dr. Peter McCullough

Full Day 1 Timestamp: 01:36:15–02:03:01

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Nicolle Snow

Good morning, everyone. Can you hear me okay? My name is Nicolle Snow, and I'm an injury and insurance lawyer with McIlvery Law. And I am honored and very happy to be a part of this process. Thank you for being here. We're just waiting for the witness, who's virtual.

Nicolle Snow

Good morning, Dr. McCollough.

Dr. Peter McCullough

Good morning. Can you hear me?

Nicolle Snow

Not well, so we're going to work with that. We'll keep going here, Dr. McCullough, so they can sort out the sound. I can hear you; it's just not projecting that well.

My name is Nicole.

Dr. Peter McCullough

I have until the top of the hour.

Nicolle Snow

Okay, yes, no problem at all, and I do apologize for being late. We're running a little bit late. We had some technical issues. So we're going to move through, and I'll have you out here by the top of the hour. Thank you for being here. We're going to put you under oath.

Ches Crosbie

Thank you, Dr. McCullough. Do you affirm to tell the truth, the whole truth, and nothing but the truth?

Dr. Peter McCullough

Yes, I do. Thank you.

Nicolle Snow

Dr. McCullough, we know you're a cardiologist, an internist, an epidemiologist. Could you start by giving a summary of your qualifications and experiences?

Dr. Peter McCullough

I'll do so quickly, I'm in practice in Dallas, Texas, in internal medicine and cardiology. I hold degrees from Baylor University, University of Texas Southwestern Medical School, University of Michigan School of Public Health, and Southern Methodist University Graduate School. I've been in practice now for greater than four decades and I have published extensively on the interface between heart and kidney disease. In the last three years, I have directed my clinical and research focus on COVID-19. I have over 60 peer-reviewed papers on SARS-CoV-2 infection, COVID-19 illness, and I've commented extensively in the US Senate, multiple state senates, as well as in the media.

Nicolle Snow

Thank you. And Dr. McCullough, you also have a clinical practice whereby you've had opportunity to treat COVID-19 or vaccines.

Dr. Peter McCullough

Yes.

Nicolle Snow

Okay, I want to turn to SARS-CoV-2, Dr. McCullough. The Government of Canada determined in the early stages of the COVID crisis—so in and around early March 2020—that the virus was highly transmissible and a virulent pathogen with an approximate 1 per cent fatality rate, for which there was no natural immunity and no effective antivirals. Can you comment on those conclusions?

Dr. Peter McCullough

I disagree that SARS-CoV-2 infection was one that was early on well-characterized. It was highly transmissible from symptomatic person to susceptible person. It had an overall case fatality rate far less than 1 per cent available to risk stratification. So, the elderly, those with multiple risk factors, at risk for death. And we knew early on that the virus was amenable to antivirals and, more importantly, use of drugs to reduce inflammation and thrombosis.

Within a few months of the onset of the pandemic, myself and researchers had already synthesized and then quickly published the first peer-reviewed paper describing the treatment of SARS-CoV-2 infection at home to reduce the risk of hospitalization and death.

And that was ultimately well-supported over the next few months with multiple comparative studies.

Nicolle Snow

Thank you. What do we know about the virulence of the virus now, Dr. McCullough?

Dr. Peter McCullough

It's greatly reduced with the continued progression of mutations to the Omicron and the sub-variants.

Nicolle Snow

Dr. McCullough, Canadians were advised that until a vaccine was created, the only available interventions were non-pharmaceutical measures to reduce transmission in the population—such as frequency of contact reduction, such as isolation, as well as probability of transmission-reducing measures such as social distancing, hand-washing, mask-wearing and so forth.

Can you comment on the assertion,

[00:05:00]

that these were the only available measures prior to the vaccine rollout?

Dr. Peter McCullough

Yeah, I disagree with that. Before the vaccine rollout, we had dozens of very viewed manuscripts: comparative studies that sequence multidrug therapy for the acutely ill worked to reduce the risk of hospitalization and death. And just shortly after 2021, we had a breakthrough paper showing that virucidal nasal sprays and gargles markedly reduced PCR positivity and reduce the risk for hospitalization. And there were no published studies at any time showing that public masking, social distancing, hand sanitizers or locking down those people without the illness had any impact on the pandemic.

Nicolle Snow

And Dr. McCullough, is there any real scientific logic to social distancing and masking and lockdowns in the context of this virus?

Dr. Peter McCullough

Not among well people, so there were no data suggesting that somebody perfectly well could transmit the disease and make somebody symptomatic who was adjacent to them. So the only thing that clinically was practical is somebody acutely ill with a characteristic signs and symptoms to keep distance from others. So the only people who needed to go into quarantine were those acutely ill with SARS-CoV-2, not the universe of people without the illness.

Nicolle Snow

Dr. McCullough, I know that you and a group of doctors had did some early research on the COVID in the early stages, treatment of COVID in the early stages. You touched on that a bit earlier. Can you speak about your findings in a bit more detail and how those findings were received once published?

Dr. Peter McCullough

The very first paper published on sequence multidrug therapy for COVID-19 in the *American Journal of Medicine*, August 7, 2020—myself as the first author—was widely applauded. It's still the most frequently read paper from the *American Journal of Medicine* over the last three years. It's listed as a top paper of interest. It received multiple letters to the editor as interest with replies, and it became the base standard of the Association of American Physician and Surgeons Home Treatment Guide in October of 2020.

So it was a breakthrough piece of information, a breakthrough paper. And it was followed up in December of 2020 in an updated protocol, which included now more drugs available to use, in *Reviews in Cardiovascular Medicine* in December of 2020.

Nicolle Snow

Thank you. I want to turn your attention now to the COVID injection. It is sometimes, well it's most often called a vaccine; it's sometimes called gene therapy. Are you able to speak to just what the injection is and how it operates?

Dr. Peter McCullough

In the United States, 92 per cent of those who've received a COVID vaccine—I'll just use the word "vaccine"—have received messenger RNA vaccines. And the messenger RNA vaccines, in my interpretation, are synthetic genetic materials: a genetic code with a three prime and five prime synthetic nucleoside analog caps, which make the messenger RNA essentially indestructible. They are loaded on lipid nanoparticles to provide distribution throughout the body, including the brain, the heart, the adrenal glands, reproductive organs—all the critical organs in the body. Messenger RNA has been demonstrated to be circulatory in the bloodstream for at least 28 days. We know that it codes for the spike protein of SARS-CoV-2. The spike protein was engineered by the University of North Carolina Chapel Hill and published by Manchurian colleagues in 2015. This work was done in the Wuhan Institute of Virology, Biosecurity Annex Level 4.

This messenger RNA that people have received codes for is the lethal part of the virus. And then once the messenger RNA is in the body, there is an uncontrolled production of the **spike protein in terms of quantity and duration. The spike protein is proven in over 1,000 peer-reviewed papers to cause damage to the brain, the heart, the blood vessels; to cause blood clotting; and to cause immunologic problems in the bone marrow.**

Nicolle Snow

Thank you, Dr. McCullough. It sounds like, then, that the COVID injection doesn't operate like a true vaccine. Is that correct?

Dr. Peter McCullough

The messenger RNA vaccines harnessed the body's own genetic material to produce the spike protein.

[00:10:00]

And the spike protein causes damage to the body, as I've described. Now, the aspiration I anticipate was that the spike protein would induce immunity. But we understood very quickly that there was no effective immunity from the vaccines. And so within 90 days of the release of the Pfizer vaccine in the Pfizer post-marketing data—which they kept as regulatory documents and were released under court order to the public—Pfizer had recorded dozens of fatalities due to COVID in people who were fully vaccinated with the product. And sadly, Pfizer recorded 1,223 deaths directly attributable to the vaccine.

Nicolle Snow

Dr. McCullough, are you able to speak on the research and development process for this product? In other words, did it follow established regulatory standards for vaccines?

Dr. Peter McCullough

In a paper by Lalani and colleagues in the *British Medical Journal* in the last month, the description of messenger RNA development is laid out in a timeline since 1985. So the United States has had a long-standing interest in the development of messenger RNA. And then in 2012, DARPA, the research division of the U.S. military, created a program called the ADEPT-P3 program. It's on their website even today stating that the military had a desire to use messenger RNA to end pandemics within 60 days. So the United States made an unprecedented government investment in messenger RNA. However, human studies were never performed until we had a condensed, rushed production of the vaccines for COVID-19 in Operation Warp Speed.

So, it had a very long development cycle. There were many issues to tackle, and then it was in a condensed set of prospective randomized trials to gain emergency use-authorized approval.

Nicolle Snow

Did safety and efficacy have to be proven in the production of the product?

Dr. Peter McCullough

Safety and efficacy always have to be proven. With genetic products, the safety by regulatory standards takes a five-year timeline. So the safety study should have been started way in advance, since the United States been working on this since 1985 and they simply weren't done. Efficacy had to be proved for the outcome of hospitalization and death. And hospitalization and death were never a primary or secondary endpoint of any trial. And so there can be no claims that the vaccines reduced hospitalization and deaths, since they weren't assessed in these trials. Where recorded, there was no reduction in hospitalization and death. In fact, deaths were more frequent in those who took a vaccine. And in the United States, the consent form doesn't make the claim that the vaccines reduced hospitalization and death.

Nicolle Snow

I want to turn your attention to the vaccine event recording systems, Dr. McCullough. I know in the U.S. where you are, there's the VAERS [Vaccine Adverse Event Reporting System]. In Canada, we have CAEFISS, that's the Canadian Adverse Events Following Immunization Surveillance System. There's the yellow card system in the U.K. and the European Safety Monitoring System. These systems have been in place for decades, as I understand it, at least in Canada. CAEFISS has been in place since 1987.

Can you speak about what, if any, unusual findings are showing up in these vaccine reporting systems following the rollout of the COVID injection?

Dr. Peter McCullough

In June 11, 2022, the World Council for Health summarized those safety data systems: 39 total, but four major ones, including VAERS, YellowCard, the EUGIS system, and the WHO Vigi-safe system. All of them have been recording record numbers of injuries, disabilities, and deaths.

For example, in the U.S. VAERS system, all vaccines combined and accumulating all injections before COVID, a child would receive greater than 70 injections over the course of childhood. Per American child—and we knew 98 percent of Americans were taking vaccines at this level—there was a total on average of 158 deaths per year in this entire data system, which is the best. With COVID-19 vaccines as we sit here today, as of March 3rd, 2023, for U.S. domestic cases only, VAERS has recorded 17,071 deaths that have occurred within a few days of taking the COVID-19 vaccines, and 16,454 permanently disabled Americans.

The VAERS reports are largely done by doctors, nurses,

[00:15:00]

and those caring for patients where they believe the vaccine is the cause of the injury or death.

Nicolle Snow

Dr. McCullough, is there an accepted percentage of adverse events that are considered medically tolerable, if you will, beyond which the product would be removed from the market for safety concerns?

Dr. Peter McCullough

I've chaired over two dozen data safety monitoring boards as the head of the board or a member, including those for the NIH [National Institutes of Health], BARDA [Biomedical Advanced Research and Development Authority], the Military Research Division of the NIH, as well as pharmaceutical companies—in vitro diagnostic companies. It's my testimony that five, 10, 15, no more than 50 deaths—even for the largest program—would ever be tolerable. That programs would be shut down. And then a deep dive on safety to figure out why people are dying after taking an injection.

It's my testimony that, knowing what we know— The rollout of Pfizer in the United States was started December 10th, 2020. Pfizer should have been pulled off the market before the end of January of 2021, with fewer than 27 million Americans being injected. Moderna

probably should never have rolled out. And if it rolled out, it would have been pulled off the market shortly afterwards. Janssen, again, should have never had market entry because Pfizer and the entire product line would be off the market because there would be an understanding that the spike protein being produced is lethal to the human body.

Nicolle Snow

Dr. McCullough, you spoke a little bit on adverse events already, but would you speak in a little more detail on the cardiovascular events that are medically known to be connected to these COVID vaccines?

Dr. Peter McCullough

There are over 200 peer-reviewed papers published on cardiovascular syndromes directly attributed to COVID-19 vaccination and agreed to by regulatory authorities. One of them is myocarditis or heart inflammation. Two studies have indicated that 2.5 per cent of people who take a vaccine suffer heart damage. About half of them, it's symptomatic. Half of them, it's not: the peak age is 18 to 24 years, 90 percent are men, 10 per cent women. It's a skewed distribution with a tail up into the 60s and 70s.

There have been fatal cases, autopsy-proven, by Verma, Choi, Patone, and Gill. It is conclusive that in a fraction of those who have received the COVID-19 vaccine, heart inflammation or myocarditis is fatal; and the mechanism of death is sudden cardiac death, a sudden arrhythmic death, a young person collapsing and not being resuscitated by CPR.

This is now well described here in the peer-reviewed literature. An important paper by Yonker and colleagues in circulation from Harvard has shown, in young boys and girls hospitalized at Massachusetts General Hospital with myocarditis, about 90 per cent acutely are hospitalized to recognize the symptoms. Those who are having myocarditis have unopposed spike proteins circulating in the body damaging the heart. Those not affected with myocarditis actually have appropriate antibodies neutralizing the spike proteins. What I conclude is that, unfortunately, a small number of people do produce spike protein that is not effectively neutralized by the antibodies and so they have unevaded heart damage.

Myocarditis is lethal and, of course, a single death in a young person is unacceptable, because young people are not at risk for hospitalization and death with the virus. The COVID-19 vaccines should have always been contraindicated for young people not at risk for the illness. In addition to that, the vaccines cause a progression of atherosclerotic cardiovascular disease. They precipitate coronary atherosclerotic plaque rupture in traditional plaque, cardio infarction. The vaccines are proven to cause blood clots, both in arteries and in veins. The U.S. FDA [Food and Drug Administration] has published on this. In a paper, Wu and colleagues have demonstrated thousands of Americans developing blood clots after COVID-19 vaccines, where the FDA agrees that vaccines cause the blood clots, describing them going from the ankle to the hip. So, very large blood clots in the venous system: in the Wu paper, 11 per cent are fatal.

[00:20:00]

Additionally, the COVID-19 vaccines have been associated with a whole variety of other cardiovascular manifestations, including vasculitis, a problem of inflammation in the blood vessels in the kidneys. In a paper in the *Journal of the American Society of Nephrology*, Wu

and colleagues describe the progression of the vasculitic and nephritic kidney disease in those, worsening their chances of survival free of dialysis.

In summary, the COVID-19 vaccines, by the mechanism of myocarditis progression of cardiovascular disease and blood clots, are believed to be the cause of unknown death in any individual where the vaccine is known to be taken by that person.

Nicolle Snow

Thank you. Dr. McCullough, the Canadian government has maintained that the COVID vaccines are both safe and effective, and continues to encourage Canadians to take them, including children: to vaccinate and to booster.

Given what you have had to say about COVID-19, its virulence, the vaccine, and the statistics on adverse events, what is your opinion on whether the vaccine is both safe and effective?

Dr. Peter McCullough

The decision on safe and effective is made by senior care doctors with medical authority. I would have—and I do have—medical authority over government officials in Canada. It's my testimony today that the vaccines are neither safe nor effective. And that opinion has superiority and supersedes any government statement.

Nicolle Snow

Thank you, Dr. McCullough.

My last question is really just about corrective measures. A lot of people the world over have taken the injections. What, if anything, can they do to mitigate the damage they have incurred in their bodies?

Dr. Peter McCullough

Two points. One is the toxicity and the risk of death appear to be cumulative. So the first point is to take no more injections because the next one could be fatal or disabling. Second point is to be vigilant. Blood clots, heart damage, neurologic damage, intracranial hemorrhage stroke: all these need to be clinically recognized and treated the best they can conventionally.

None of the governments have started large research programs into vaccine injuries, disabilities, and death, and that research is greatly needed. Very similar to the tobacco settlement and the final recognition that tobacco causes disease in the U.S. tobacco settlement: much of the money received by the tobacco industry had to be turned around into research for doctors to learn how to treat patients. We'll need a similar type of program with COVID-19 vaccine injuries.

A paper by Zogby and colleagues, a representative survey in the United States, showed that 15 per cent of those who've taken a vaccine have some new medical illness—some new disease that we're dealing with. I've covered just the tip of the iceberg in terms of the cardiovascular complications, but they also span the fields of neuropsychiatric problems, autoimmune problems, and so there's a great medical need to care for those individuals. And I would just say there's also an acute medical need, even though very few people now are taking COVID-19 vaccines. This CDC V-safe data, which was released under court order,

reveals 7 per cent to 8 per cent of people who take a vaccine have to acutely go to the hospital and be hospitalized in the emergency room or urgent care center. So there's a great need to still manage the acute problems that develop within a few hours of taking it in a shot.

Nicolle Snow

Thank you, Dr. McCullough. I thank you sincerely for giving evidence here at this Inquiry today.

Don't go away just yet. I'm leaving a few minutes here in case any of the commissioners would have questions for you. Thank you very much.

Commissioner Massie

I have some expertise in biotechnology and vaccine, so I've been following everything you've published and said on many conferences. One other thing that really puzzles me is: What's happening with all the evidence that has been pouring in for more than two years?

[00:25:00]

What's happening that the medical establishment and all the health institutions are still promoting that kind of intervention?

Dr. Peter McCullough

In the United States, the medical establishment, I think, has been greatly influenced by the COVID Community Corps program. The COVID Community Corps program announced early in 2021 that over \$13 billion was sent out by the White House and the Department of Health and Human Services to a variety of health institutions, thousands of media outlets, Hollywood pro sports teams—all to promote the vaccines. We know separately that Pfizer and Moderna contracted a public relations firm called Weber Shandwick. And Weber Shandwick initiated a corporate program called Plan VX. Plan VX promoted vaccine mandates within large companies.

Then lastly, Weber Shandwick had an installed marketing unit within the CDC vaccine office. This has all been uncovered by Senator Rand Paul in October of 2022 and is publicly disclosed.

Commissioner Massie

Thank you.

Nicolle Snow

Okay, those are all the questions. Thank you so much, Dr. McCullough, for appearing here today.

[00:26:46]

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 3: Dr. Patrick Phillips

Full Day 1 Timestamp: 02:31:26–03:26:07

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Nicolle Snow

Okay, everybody, thanks for taking your seats. We have our next witness up, who is Dr. Patrick Phillips out of Ontario. I'll let you bring him up on the screen there.

Hi, Dr. Phillips, how are you?

Dr. Patrick Phillips

Good, how are you?

Nicolle Snow

I'm well, thank you. Before we get started here, we're going to affirm you. I'm going to let that happen now.

Ches Crosbie

Dr. Phillips, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Patrick Phillips

I do.

Ches Crosbie

Thank you.

Nicolle Snow

Good morning, Dr. Phillips, you're joining us from Ontario?

Dr. Patrick Phillips

I am joining you from Ontario.

Nicolle Snow

Thank you for being here to give testimony in this proceeding. Dr. Phillips, can you start by going over your medical credentials?

Dr. Patrick Phillips

Yes, I graduated from Dalhousie Medical School in New Brunswick in 2016. After that, I did go to the University of Toronto, where I completed my two-year family medicine residency. And after that, I entered into practice.

Nicolle Snow

All right, and can you give a little summary of where you were practising?

Dr. Patrick Phillips

Sure, yeah. Like many new graduates, I primarily worked locums, which is basically filling in temporarily at various locations. As well, I had a weekly addictions medicine practice where I saw patients once a week in downtown Toronto, giving methadone and suboxone. But as time went on over the last few years, I did kind of narrow down the places where I was working, doing emerge. and medicine, to Nipigon and Englehart. And then eventually I moved full-time to Englehart at the beginning of 2021.

Nicolle Snow

Okay. And your locums were in the area of family medicine and emergency medicine?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Okay. And your practice in Nipigon was in the area of Emergency Department work or family?

Dr. Patrick Phillips

Both. So comprehensive family medicine, which is in-patients, office-based family medicine and emergency.

Nicolle Snow

Thank you. And Dr. Phillips can you confirm that you sent me a copy of your CV?

Dr. Patrick Phillips

I did.

Nicolle Snow

All right, and the CV for the record is exhibit number TR-0001.

Are you currently practising, Dr. Phillips?

Dr. Patrick Phillips

No, I'm not. My medical licence has been suspended by the CPSO [College of Physicians and Surgeons of Ontario] since May 3rd, 2022.

Nicolle Snow

Okay, and why was your medical licence suspended?

Dr. Patrick Phillips

So, it was suspended primarily for holding a medical opinion that is contrary to the public health directives and some of the consequences of that. We'll get into some of those details later, but that's essentially it.

Nicolle Snow

Okay, thank you. We'll talk about that in a little bit. When was the suspension effective?

Dr. Patrick Phillips

May 3rd, 2022.

Nicolle Snow

Dr. Phillips, did you take the Hippocratic Oath and what is that?

Dr. Patrick Phillips

I did take the Hippocratic Oath as part of our ceremony at Dalhousie Medicine. It's an oath, basically, that the medical profession has taken, or some other oaths that are also taken across the world, in order to uphold medical ethics. And to put the patient and our oath to the patient first, above any other authority, so that the patient's interests are always the number one priority of doctors in that doctor-patient relationship.

Nicolle Snow

And I'm sure you took that oath seriously.

Do you know what the Declaration of Geneva is, Dr. Phillips?

Dr. Patrick Phillips

During the course of World War II—both in Germany and Japan, and many other places—there were atrocities committed by these regimes that were primarily carried out by doctors, physicians. Physicians who were actually captured by a public health ethos of believing they're doing what's best for the race: for the Aryan race as an example in Germany, or just following government directives or following orders. And so, after the

doctor trials in Nuremberg in 1947, Canada, among many other nations, signed on to the World Medical Association. And the World Medical Association came up with this oath,

[00:05:00]

as a way to prevent those atrocities from happening again. So that doctors will not just follow orders blindly but will put the rights of their patient first.

And if I can quote, I won't do the whole thing but a few of these are very relevant. Most have the medical schools in the U.S. make the oath of the Declaration of Geneva and most of them in Europe. I'll just pull a couple out of it here: "I solemnly pledge to dedicate my life to the service of humanity. I will respect the autonomy and dignity of my patients. I will maintain the utmost respect for human life." And most pertinent I think here is: "I will not use my medical knowledge to violate human rights and civil liberties, even under threat."

So that was—Canada was a signatory to this.

Nicolle Snow

Thank you. And it sounds like those passages in particular resonated with you, Dr. Phillips, did they?

Dr. Patrick Phillips

Absolutely.

Nicolle Snow

Dr. Phillips, on April 30, 2021, the College of Physicians and Surgeons of Ontario issued a statement forbidding physicians from questioning or debating the official COVID-19 response measures in Ontario.

What do you know about this, and can you give a little more detail on that?

Dr. Patrick Phillips

Yeah. Although the College was quietly coming after doctors for having an opinion that goes contrary to the government narrative before this, amazingly, the College came out and very explicitly forbade doctors from carrying out our oath and scientific method for patients.

So, what they state in their message, that they just sent out as a tweet; it wasn't a policy, it wasn't a regulation. But they put this out saying that, "Physicians hold a unique position of trust within the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements, and/or promoting unsupported, unproven treatments for COVID-19." They go on to say, "physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted."

This was shocking to me and many others. As a result, I gathered together with a group of physicians, and we together created Canadian Physicians for Science and Truth. And made the declaration asking and demanding for the CPSO to rescind their statement. And in that declaration, which has thousands of signatories of the public, and there's over 700 signatories in the physician category. Well, not all those have been vetted, but there's

definitely hundreds in there. Basically, saying that this statement—to follow this, would be a violation of three things. So, one is the scientific method, which requires the advancement of medicine, requires that we have to challenge the status quo. We have to be able to speak freely again, to debate things. And that requires us to be able to be wrong, right? Because otherwise you can never challenge things.

The other one is our obligation to give evidence-based medicine to our patients. And that means discussing the evidence. If the evidence says people are dying from this vaccine, that people are suffering severe adverse events, or that it's not effective, those could be considered as anti-vaccine views. But they're true. And so, we have an obligation as physicians, no matter what the College says, to give the truth to our patients as we see it.

The third one is our duty of informed consent. In order for us to administer a vaccine to somebody, they have the right to be informed of all of these things. About the fact that we don't have any long-term data. About the fact that patients have died from these vaccines and many others, including for lockdowns, for masking, and others. Without that, if doctors are muzzled, patients don't get informed consent. And that is their right. So we basically demanded from the CPSO to rescind this statement, which they did not do.

Nicolle Snow

Okay. And you mentioned this group of physicians that got together and created this declaration: do you happen to know the website?

Dr. Patrick Phillips

Yes, CanadianPhysicians.org, where you can see our declaration in its entirety, and the signatories to it.

Nicolle Snow

Thank you.

[00:10:00]

Dr. Phillips, where were you practicing in and around the time of the pandemic when the pandemic was declared?

Dr. Patrick Phillips

In the beginning of 2020, I was working between two sites. I was living in downtown Toronto, but working primarily in northern Ontario, flying in and flying out to Nipigon and Englehart.

Nicolle Snow

Okay. And your practice was in a hospital setting?

Dr. Patrick Phillips

Hospital and an office space as well.

Nicolle Snow

What measures were taken in your region with respect to the COVID crisis? In the hospitals you're working in and, et cetera.

Dr. Patrick Phillips

There were a number, and they were changing all the time. But some of the most striking ones were the switch from in-person medical care to phone-based care in the medical community. That was throughout all of Ontario. Patients could not see their doctor unless in very rare circumstances. So almost all medicine was done just by phone, where doctors were asking patients to do their own physical examination, which they're not trained to do. And basically, doing guesswork, which was quite concerning.

Nicolle Snow

Did that pose any other concerns for you?

Dr. Patrick Phillips

Definitely. In the beginning, I was watching a lot of what the media was showing on Italy and New York. And so, I was concerned that there was an extremely deadly virus coming around at that time. I don't believe that now. But at that time, I thought maybe this is worth it. Maybe there's something we need to do, because if everybody comes into the office and catches COVID—the deadly form of COVID that I thought was coming—then I thought it could be worth it.

But yeah, that was kind of my main concern until later on, when I started to see the real consequences of this shift. And that's when I began to speak out.

Nicolle Snow

Okay, and what kind of consequences were you seeing in your practice?

Dr. Patrick Phillips

I was seeing a few things. One is devastation to both the physical health and the mental health of patients. To give you one example, there was one patient who I saw in emerge. Over the last year, she was treated for back pain over the phone—severe back pain to the point that she was on opioids. And she only came to see me in emerge. by the time her pain was so bad she had to call an ambulance. And when I saw her and physically examined her, what she called back pain was actually a giant tumor. It was actually a liver riddled with cancer.

That was not the only example of this, of late-presenting cancer of patients who were treated over the phone. If they were able to see their doctor in person, that could have been caught much earlier and possibly treated. But by the time I saw her, it was metastatic. I saw a number of patients like that.

The other thing I saw that really concerned me was the mental health of patients. And while I did see an uptick in overdoses in suicidality and depression in emerge. in adults, what was most striking was the children. I'd never seen so many suicidal children—as young as eight, right? And it's very rare for that to happen. But I noticed a common thread, and that was children— During the height of lockdown, when schools were closed, parents

were told by public health to keep their kids at home. No play dates, no play, no sports, nothing. And so, these children were essentially locked up at home with no friends, no socialization. And that, I believe, was the leading cause of the suicidality in children. Which concerned me.

And nobody was saying anything. In fact, what I found most concerning is, at that exact same time, the Ontario Medical Association, the Ontario Hospital Association, and Public Health were putting out advertisements saying: "Ontario's doctors are calling for stricter lockdowns to stop the spread of COVID." And I'm like, "No, I'm not. I'm definitely not!" And they didn't even send out a survey to ask what my opinion was.

That was what really led to me believing I needed to speak out here: because there's no other side of the story that's getting heard.

Nicolle Snow

Okay. Dr. Phillips, you worked in a hospital setting and there was a lot of early concern that hospitals were going to be overrun by patients with COVID-19. What did you observe with that respect?

[00:15:00]

Dr. Patrick Phillips

I did not see that at all, quite the contrary. I saw, especially in the beginning, a steep decline in the number of patients who came in—especially in the early 2020. I thought it was kind of nice at the time, not knowing these harmful consequences, because I was paid the same amount to do very little.

But our emergency rooms were empty and there was very little COVID in our communities. Nevertheless, because of the media, the people in our communities were still afraid and still reluctant to come in to seek care in the Emergency Department, which is devastating for some people.

Nicolle Snow

Have you had occasion to treat any patients that you believe were suffering from COVID-19?

Dr. Patrick Phillips

Very few but yes, I did. We had a few in our community. The COVID wave came later, mostly after I was no longer working in the hospital. But while we did have a few; I did treat one while I was working in the hospital in Kirkland Lake.

Nicolle Snow

And can you offer any details about that?

Dr. Patrick Phillips

In my opinion, it was a very disturbing story. It was a middle-aged, like 50s, 60s, woman who came in, diagnosed with COVID. And she was short of breath, and she needed oxygen.

At that time, there was so much evidence. There was study upon study: I think there were 30 to 40, when you bring those together, showing that ivermectin would reduce mortality by 50 to 70 per cent. We have very few drugs that can do that.

When she came in and she was under my care—at that point, I was working as a hospitalist on the floor in Kirkland Lake, which is the sister hospital to mine in Englehart. I felt a duty to give her informed consent and to prescribe to her ivermectin for the treatment of her COVID, because she had a number of risk factors for severe disease or death.

When I wrote that, the pharmacist reported me to the chief of staff. The chief of staff then ordered me to cancel that order for ivermectin, including the zinc and vitamin D and other harmless vitamins that I also prescribed to her, which we know can be helpful. And he ordered me to call the local ICU in Sudbury—well, the distant ICU in Sudbury—and get their permission to prescribe outside the guidelines, which requires remdesivir, which is very harmful, and others, such as steroids. And they basically only allowed me to prescribe the steroids, so I gave her steroids. But I was shocked that this chief of staff ordered me to cancel lifesaving treatment to this patient that peer-reviewed research shows reduces mortality.

Nicolle Snow

Approximately when was that?

Dr. Patrick Phillips

This was in March 2021.

Nicolle Snow

Okay. And I think you said that was March 2021 that that occurred?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Okay.

Have you had occasion to prescribe ivermectin again or was that the end of your prescriptions for ivermectin?

Dr. Patrick Phillips

I would have, but again, in my community, there was very little COVID and the ones that were there were very mild. They didn't need to be hospitalized for the most part.

I did prescribe ivermectin again to a patient who had what I believe could have been a vaccine injury. She received a dose of the vaccine and after that, had nausea lasting for weeks—nausea, fatigue, muscle aches. So, I did prescribe according to the FLCCC [Front Line COVID-19 Critical Care Alliance] protocol, which was ivermectin, fluvoxamine and atorvastatin, which was successful. It did resolve her symptoms, but the pharmacist reported me to the College. And as result of that, the College did put a restriction on my

licence forbidding me from prescribing ivermectin, fluvoxamine or atorvastatin for COVID—among other things, such as vaccine exemptions and mask exemptions.

Nicolle Snow

Okay, and we'll get into some of those details on the charges in a moment. I want to move into the post-vaccine period.

You've spoken about that a little bit.

[00:20:00]

You had a patient that had a vaccine injury. The rollout of the vaccines was in and around early 2021. What, if any, protocols were put in place at the hospital you were working in with respect to monitoring vaccine effects?

Dr. Patrick Phillips

So, I mean, our hospitals spoke nothing at all about monitoring vaccine effects, but we do have a legal obligation to report adverse events. Some of the more serious ones we're obligated to and other ones we're kind of permitted to.

Nicolle Snow

Is it a form that you complete, Dr. Phillips?

Dr. Patrick Phillips

Yeah, there's a form. The CAEFISS [Canadian Adverse Event Following Immunization Surveillance] System basically is very local in the sense that there's a form through Ontario Public Health that we fill out and send to our local public health officer. Who then is supposed to investigate and pass the investigation onto Public Health Ontario, and then they're supposed to amalgamate the data and pass it on.

Nicolle Snow

Okay, and you mentioned CAEFISS. That's the Canadian Adverse Event Following Immunization Surveillance System. It's a bit of a mouthful.

The adverse event forms that that you were just speaking about: those were the forms that the doctors would fill out in the hospital if they thought something was a vaccine adverse event? And can you confirm that you gave me one of those blank forms?

Dr. Patrick Phillips

Yes.

Nicolle Snow

Yes. Okay, and that is marked as Exhibit TR-0001a. So TR-0001a is the exhibit, it's the Adverse Event Following Immunization Reporting Form.

Dr. Phillips, as I understand the evidence that you just gave, you would not be forwarding that form to the CAEFFIS system. You would be forwarding it to a public health officer who would then determine whether it would be filed with CAEFFIS.

Dr. Patrick Phillips

Correct.

Nicolle Snow

Okay. Is vaccine aftermarket monitoring an expectation for physicians?

Dr. Patrick Phillips

It's supposed to be, yes.

Nicolle Snow

And for what reason?

Dr. Patrick Phillips

Yeah, we're actually obligated by law. For certain severe ones, we're obligated to report these adverse events when we see them. And then outside of that there's kind of more of a permissive requirement. I think it's an ethical requirement to pass on all adverse events that happen after these, especially in the context of an emergency use authorization. So, something that's not fully tested but yet was rolled out early. Even more, we have in my opinion an ethical obligation to report all possible adverse events, so that the CAEFFIS system will be able to detect possible harm and be able to withdraw the product if it's warranted.

Nicolle Snow

Okay. And the purpose is to monitor the safety and the effectiveness of the product. Is that correct?

Dr. Patrick Phillips

Exactly.

Nicolle Snow

What kind of events were physicians required to take note of, according to the form—the adverse event form?

Dr. Patrick Phillips

It's pretty broad on the form. I can't recall all of them off the top of my head. I don't have it in front of me.

Nicolle Snow

Yeah, it's okay. If you don't have it in front of you, it's marked as an exhibit in any event. Did you have any occasion to complete any of those adverse event forms?

Dr. Patrick Phillips

Yes.

Nicolle Snow

All right, can you elaborate on that?

Dr. Patrick Phillips

Yeah, I did. I did complete 10 adverse event reports that I sent in. I'll give you kind of the basic details of these reports really quickly here. All but one of them, as far as I know, were not submitted. So nine of them were rejected, as far as I know. The first one is a person with nausea for two weeks and vomiting, including hematemesis or bloody vomiting. This started four days after the second dose of Moderna.

The second one was a new onset severe vertigo and ringing ears, by diagnosis vestibular neuritis, that came up four weeks after his Moderna shot. The third one was sudden onset, in a young woman: sudden onset arm weakness for four hours. Weakness in the arm and complete decrease of sensation in an entire half of her body,

[00:25:00]

with persistent loss of sensation in fingers, lasting hours to days. In my opinion, it was stroke until determined otherwise, so I started the stroke protocol.

Nicolle Snow

How many days post-vaccination was she?

Dr. Patrick Phillips

Oh, sorry—this was nine days after her Moderna shot.

The fourth one was an elderly woman with severe delirium, a high fever, and left arm numbness four hours after her Moderna shot, lasting greater than 48 hours. That's the point I saw her.

The fifth one was a woman with dementia but was functional at home, able to talk and walk. But after her dose—I'm not sure which vaccine it was—she lost the ability; she slowly declined over the course of about two to three weeks and lost the ability to communicate and to walk as well.

The sixth one was an older woman who developed palpitations, so a heart issue, possible arrhythmia with severe hypertension, and that started one week after her Moderna shot.

The seventh one was a younger woman with persistent numbness to the right side of her forehead; she lost sensation there entirely. No other symptoms really, but that started two hours after her Pfizer shot and then persisted.

The eighth one was intermittent left arm weakness. His arm would become weak, he was dropping things and no longer able to work. That would happen three to five times a day. That started two days after his Pfizer shot. And two weeks later—so it was two days after and then persisted—then developed persistent daily headache, nausea, and vomiting. It could have been something going on in his brain or others. I don't have the final diagnosis because, as an Emergency [Department], we don't follow our patients, we pass them on to others; they're investigated.

The ninth one was a middle-aged woman, who tragically—16 days after her Pfizer shot, with no other health history—had a devastating bleed into her brain after her blood pressure surged into the two hundreds. She lost the ability to talk and walk, she was found on the floor. She then was devastated.

The tenth one is, the only one that I know was actually accepted as an adverse event, and that was a severe rash on a woman's arm that came on eight days after the vaccine. That was kind of a ring-like rash that spread up above her shoulder and down the arm.

Nicolle Snow

And so, as you as you've indicated, that tenth one where there was the rash on the arm, that was at the site of the vaccination, was it?

Dr. Patrick Phillips

Yep.

Nicolle Snow

That's the only one that you know definitively was accepted.

What happened with the rest of them? Did anyone contact you?

Dr. Patrick Phillips

I was contacted by the public health officer; he sent me a letter after the first five. He told me that none of these five meet their criteria for an adverse event, so they've all been rejected and, "Take note of that because I'm doing my reports." I send a note back to him by fax asking for the details of why each one of these were rejected. "Do you need more information?" I want to make sure that not just rejected for a clerical reason and I did not get a reply.

I was very concerned about this. I was concerned that the public was not getting informed the consent about these possible severe adverse events. Many of those may have been strokes. And so, in order for us to have a safe vaccine safety system, they need to be able to get these reports to be able to know if a product needs to be pulled off. So I did go public. I did an interview with Rebel News where I spoke about these adverse events. And the letter that I got sent saying they're all getting rejected, and as a result that public health officer complained to the CPSO. And they're investigating me, and I'm charged for professional misconduct for those nine of the adverse events that were not accepted. They're saying that I'm being incompetent for filing these adverse event reports and they're saying I failed to meet the standard of practice in the profession.

Nicolle Snow

Okay, stunning. All right, Dr. Phillips, let's talk a little bit about your personal life outside of your clinical practice. You've indicated that you were quite vocal about the concerns that you had that were going on inside your practice and in the hospital system. Can you speak a little bit about that?

[00:30:00]

Dr. Patrick Phillips

Like my Twitter feed, you mean?

Nicolle Snow

You indicated that you were quite vocal outside of the hospital system. And you also indicated that public health officer came after you when you were vocal, so maybe you could talk about that.

Dr. Patrick Phillips

Yeah, so around that time—like I said, at the end of 2020—when I was seeing those harms from the lockdowns, and the medical association was saying, “doctors are calling for harsher lockdown,” that was the moment that I made the decision that I need to speak out.

I got onto my Twitter account, and that's where I've done a lot of my speaking out about public health measures: about the science that public health isn't talking about, like vitamin D, exercise, things like that—other public health measures that are effective, and the ineffectiveness and harms of lockdowns, of masking, and of these vaccines.

I spoke out on Twitter, and I've done a number of alternative media interviews, and I even did a press conference with [inaudible] on Parliament Hill in June. And for all of these, the College opened up a section 75 investigation here in Ontario. And they have charged me with professional misconduct and incompetence for my communications, saying, again, that statement from before: that we're forbidden from saying anything that goes contrary to other public measures, and therefore they've charged me with professional misconduct for all of it.

Nicolle Snow

Okay, and is that what led to the eventual licence suspension?

Dr. Patrick Phillips

Yes, all of these things combined. Yeah, they opened up a number of investigations that kind of all piled on top of each other. Essentially, the charges are on my public speaking contrary to public health measures. They're charging me with professional misconduct for providing prescriptions for ivermectin, for vitamin D, for zinc, and vitamin C. They have charged me with professional misconduct for providing vaccine exemptions to patients, for either medical conditions or for being coerced, as somebody promoting their autonomy. They've charged me with professional misconduct. I think that's the majority of it.

There's a lot of side charges as well. Yeah, as well as reporting all these adverse events. I have those nine charges of professional misconduct for each of my adverse event reports.

Nicolle Snow

All right. I think you indicated some of this was also related to you writing exemptions and so forth. And was that in the context of a family practice?

Dr. Patrick Phillips

Yeah, so some of them I did privately. And some of them I did in the Emergency Department. I had people coming to me. After they saw me speaking publicly, they would come into the Emergency Department and ask for letters of support or for notes and I gave that to them—either if they had a medical condition or sometimes for patients who were being forced against their will and they were under duress and couldn't give their consent. And so, I gave letters of support in those cases.

Nicolle Snow

Okay. It sounds as though, Dr. Phillips, that when you spoke out about your views with respect to your concerns with the protocols and so forth, were you somewhat under the microscope after that point?

Dr. Patrick Phillips

Oh, absolutely. Any interview that I gave on media, every Tweet that I've ever made, anything that I've ever said, they have recorded and gotten transcripts of to prosecute me. One funny story about this: I spoke in Toronto at the World Freedom Rally, I think it was in January. And there was a whole crowd of people at the rally: none of them wearing masks at all, right? Because it's a freedom rally. There's two people that are coming in with masks with a microphone and a recorder, and they kind of came right up to me. There's only two people in the whole place wearing masks. I later found out in my disclosure that that was the College actually coming to record my speech. And I have the transcript of it from those two people at the rally.

Yeah, I was definitely under the microscope!

Nicolle Snow

Okay.

[00:35:00]

Is it fair to say that your actions throughout the pandemic and your willingness to speak out is directly connected to your desire to protect your pledge to your patients?

Dr. Patrick Phillips

Absolutely. What I'm most concerned about— And as a physician, the way I've always practised medicine, is that we're there as an advisor. We're there to share our medical knowledge to help patients make choices with their own health care. And I was so concerned about this change in ethics in the medical community, where coercion is normalized, and where doctors participate in coercion in forcing patients into things. I found it abhorrent. And that was what mostly led me to want to speak out: to protect the rights of patients for their wants, their desires, their freedoms to be at the center of the medical system and the doctor patient relationship. Yes.

Nicolle Snow

Thank you so much for offering your testimony here today, Dr. Phillips. There may be questions from the commissioners, so I'm going to ask you to hold on there. Hold on one moment, there may be questions.

Commissioner DiGregorio

Thank you, Dr. Phillips. I just have a few questions following up on some of the things that you've spoken about today. Early in your testimony, you talked about there being a college statement that was issued forbidding doctors from communicating anti-vaxx, anti-mask, anti-lockdown type positions. Is that something that we have in our evidence as an exhibit? And if not, is that something that we would be able to take a look at?

Dr. Patrick Phillips

Oh, yeah, definitely. It's still on their Twitter feed. It's on their website. They have not taken it down. Yeah, I can send it on to you.

Commissioner DiGregorio

Thank you.

Another thing you mentioned was some of the early measures that were taken early in the pandemic and the switch from in-person visits with doctors to phone-based appointments. I'm just wondering if that was a recommendation, or what was the impetus for that to happen on such a large scale.

Dr. Patrick Phillips

It was essentially a requirement put out there. Virtually everybody was doing this and suggestions by the College we now know are our requirements. They treat a suggestion as a suggestion, "you will be prosecuted." So yeah, that's basically what happened. They did have exceptions. If a child was to get a vaccine or if somebody—we were supposed to basically talk to them first on the phone. Then if required, you bring them in for a physical examination. So, there were still physical examinations happening, but it was drastically reduced. And most doctors were depending on patients to kind of report their physical exam.

Commissioner DiGregorio

Thank you. And the last question I had was around the public health officer investigation that you talked about. I think you mentioned that it was after you had submitted your first five reports that you received a call.

Were you not contacted earlier than that as part of the investigation?

Dr. Patrick Phillips

No, I thought I would be. I thought they'd call me because I dictate a lot of my reports. Again, working in emerge., it's not the same as a family practice where you have an ongoing relationship with a patient. When I work that day, I submit my reports and paperwork that same time. A lot of my reports are dictated; they're kind of not fully done yet. So I expected he would contact me back, asking for more information, or asking for—I dictated reports

for my emerge. visit. And they didn't contact me at all, even after I requested him to contact me. Because I was concerned about these rejections.

Commissioner DiGregorio

Thank you.

Commissioner Massie

Thank you very much.

Based on your assessment of the, I would say, state of the art in terms of evaluating whether an adverse event report is serious or not: What was the protocol that was explained to doctors to guide them to fill out those reports? Did you have access to a specific protocol?

Dr. Patrick Phillips

I didn't know about the protocol until after. But in his letter, he sent me the guidance document,

[00:40:00]

for what criteria they use to determine whether something qualifies for an adverse event or not. It is an extensive document. But the number of adverse events they're looking for is very limited, to kind of one and a half pages. For COVID specifically, it was about 10 adverse events they would look at, and if it didn't fit in that category it didn't count.

The one example I liked for how arbitrary a lot of these criteria were, I'll give you one example: If you administer a vaccine and a patient has syncope, they faint, it doesn't count at all, unless they also have an injury. So, if they faint, hit their head, and have a bleeding to their brain, that does count. But again, even in that circumstance, it only counts if it happens within 30 minutes. If that person faints at 31 minutes and then they fall and have a bleeding to their brain, that report will be rejected.

For each category they have arbitrary time requirements and if it doesn't fall within those strict criteria, they're rejected. And these were developed before the COVID vaccines, before Pfizer data that came out in a post-marketing analysis that they were forced to release under a FOIA [*Freedom of Information Act*] request in the United States showing pages and pages of adverse events of concern. So they had 10—just 10 on this form when there were hundreds to thousands that Pfizer notified and found were adverse events that **we should be monitoring for.**

My patients didn't fit in those categories of those 10, therefore they were rejected. But we now know that even Pfizer themselves acknowledged a wide array of adverse events that my patients certainly would have been fitting into.

Commissioner Massie

Based on your best assessment again, what would you say about the so-called under-reporting factor that, in the States, has been calibrated or has been assessed in the range of 40 to sometimes up to 100. Some people say it's 10-fold. What would be your evaluation on that in your practice in Canada?

Dr. Patrick Phillips

Yeah. I mean, if you look at what happened with me, it shows you what happens when you report adverse events. So, there's a number of things that happen. One, they often get rejected. So you get pushback from public health themselves. The other one is I got reported to the College and I'm being prosecuted for reporting these adverse events. Even if my adverse events were wrong, even if they weren't adverse events, how does it make any sense that it's professional misconduct to report them? People know that. My case is very public. I just use that as an example that doctors know there's consequences.

There are consequences on a number of levels: from public health; from the colleges, their licences at risk for reporting; and within their hospitals as well. So, doctors—besides their maybe internal biases—even if they didn't have those biases, their license is at risk from reporting any adverse events.

Yeah, it's definitely underreported, to answer the question.

Commissioner Drysdale

I have a couple of questions about the CAEFISS system. And some people don't even understand what that system is. Is it fair to say that it's very similar to the VAERS [Vaccine Adverse Event Reporting] System in the United States?

Dr. Patrick Phillips

No. It's the same idea in that it's vaccine adverse event reporting. The VAERS has problems with its transparency, but it is extremely transparent compared to our Canadian system. So you can go on the VAERS, and you can look at those reports. They're just de-identified and you can look at them. Anybody can report to the VAERS system, not just your doctor. You can report it yourself. They verify them to make sure that the lot numbers line up and the patient to make sure that they're genuine. But in Canada, it's completely opaque. Nobody knows who's reporting what. And there's multiple levels of censorship. So the doctor can choose not to report, even if the patient asked him to. Then, even if the doctor does report, it goes to the local public health officer, who is the person tasked with promoting the vaccine and forcing people to get the vaccine, that's their role. So they have a major conflict of interest in investigating adverse events. They have the ability to reject it.

[00:45:00]

And then they send it to Public Health Ontario, which has the ability to amass the information and filter even more out. And then they report it to Health Canada.

There are so many layers for things to get censored, covered up. And I can tell you, I got an email as part of disclosure for my charges at the College that the public health officer sent on June 11th to the College, saying that my batch of adverse event, none of them were— My batch of adverse event reports were not submitted to Public Health Ontario. So yeah, none of them as far as I know, made it into the system to be able to be reported in the safety system.

Commissioner Drysdale

Did you know prior to submitting those adverse events reports that they were subject to censor?

Dr. Patrick Phillips

No, I did not know that. I didn't know much about the system. I learned it along the way.

Commissioner Drysdale

Have you had any of your colleagues indicate to you that they were hesitant in reporting to that system, based on your experience?

Dr. Patrick Phillips

Based on my experience, yeah. When people heard what happened to me, then yes, I've heard from some that said they wouldn't report. I'll mention one more thing that really, I found disturbing to me, that influenced myself and some other doctors. And that was: In that letter, and what I found out about that process is, when the public health officer investigates, and they decide something is not an adverse event, they called up each and every one of those patients that I saw, told them it was not an adverse event, and told them that they're required to get their next dose. So that's documented in paper with every single one of them.

That I found very disturbing. What I started to realize is that I'm actually putting my patients in harm's way by reporting, because they're going to be at risk of being gas lit in the sense that they're going to be told that this is not an adverse event, because it doesn't meet the strict criteria, and therefore they should get another dose of something that could have caused them severe harm.

It's malpractice in my mind. If somebody had a reaction to Tylenol, we would put that in their chart and say, "don't take Tylenol." Even if we're wrong about it, you want to be cautious and say, "okay, look, stay away from Tylenol, this caused your arm to go numb, don't take another one." But instead, when I report them, they're getting told to take another and they're told it's not related. And I realized at some point that it's actually harmful to patients to report.

Commissioner Drysdale

Prior to the public health officer essentially making a medical determination with one of your patients, are you aware of— Two parts to the question: First, did the public health officer in any instance actually bring the patient in for examination before making a recommendation to that patient?

Dr. Patrick Phillips

No, they called them up, but there were no physical exams in the documentation that I saw.

Commissioner Drysdale

And do you know anything at all—and this is perhaps a bit of a stretch of a question—but do you know anything at all about the public health officer's clinical experience in treating patients?

Dr. Patrick Phillips

In my area he actually does. He's a part-time family and emergency doctor and then part-time does the public health office. I think in the majority of places that are more populated, it's a full-time job. But in my case, he does have clinical experience.

Commissioner Drysdale

Okay, my last question on this is: Is there any practical suggestions that you might make for the future in order to improve this system, the CAEFFIS system?

Dr. Patrick Phillips

Yeah. There's a number of them. I think we need to follow the VAERS system, where any reports that go into that system need to be available to the public, with removal of identifying information.

There should be a verification process, but it should be more around the details, right? Name, age, date of birth, lot numbers. To make sure it's a genuine report. But then don't censor it or keep it hidden.

There needs to be a division of powers when it comes to investigating adverse events from vaccines and promoting vaccines.

[00:50:00]

That's a major conflict of interest for the public health officer to be tasked with those same things. If you're pushing these vaccines on everybody, you're not going to want to see adverse events. You're not going to want to believe that you're pushing something that might be harmful to people, so you're going to be more likely to discount those adverse events. So yeah, I think it needs to be transparent, so they're submitted right away. The public need to be able to submit them as well. If your doctor doesn't want to report it, the patient should be able to report as well.

And we need cut-off criteria. How many deaths are we going to tolerate before we pull something off the market? They pulled off treadmills after four people just got injured, no deaths at all. It's pulled off the market immediately. Breast milk, I think one baby died from baby formula. They pulled it off the market immediately.

At this point, there's tens of thousands of deaths, credible reports of deaths reported to the VAERS system. It's still on the market—not only on the market but being forced on people. It's an atrocity, honestly. But we need that criteria. We need to be, after how many deaths? **I would say five. Five credible reports of death, pull something off. We should not be giving this to the public. Maybe even five is too many.**

But right now, what's the point in reporting? The criteria are already met. These things are deadly. They're dangerous. They kill people, including my own cousin. Autopsy confirmed. And they're dangerous. The reporting system is useless unless you're going to act on it. We need to have laws in place that, after certain criteria, a product needs to be pulled off the market to protect public safety.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

A quick question: is it normal historically for pharmacists to report physicians when they prescribe medications for their patients?

Dr. Patrick Phillips

That's not normal. I've never experienced that before. Pharmacists do have a role to verify things and double check things, right? Because sometimes doctors do make mistakes, and that's legitimate. But in all of those circumstances, they call back the doctor and they ask you to clarify, "Is this what you meant to prescribe? Is this the right dose?" And they'll often catch things. But I've never seen where they go directly— They don't even call you and they directly report a prescription to the College of Physicians. That's new, I think.

It's a snitch culture that's kind of developed over the course of COVID. And it happened not just with the pharmacists for prescriptions for ivermectin, it also happened with vaccine exemptions. So if you filled out an exemption, a good chunk of the exemptions that I filled out were sent to the College from employers as well. So yeah, I think it's a cultural thing that's happened. It was seen in totalitarian regimes like Russia and Germany, and it's part of the totalitarian experience.

Commissioner Kaikkonen

My last question is, if you had to do this all over again, would you do anything different?

Dr. Patrick Phillips

Yeah, I would. There were a few things that I would have done differently. Essentially, no. Like on all these things, reporting adverse events or other things: maybe looking back now, seeing those patients that got called and told to get another shot, maybe I wouldn't have reported them as much. Or I would have stopped earlier. I would have still told the patients, like, "Look, don't get this."

But essentially, no. I think I made the decision according to my conscience at the right time. And I learned so much along the way. Of course, there's always things you would have done differently if you went forward. But as far as providing treatment with ivermectin, providing exemptions to people who are being coerced against their will into gene therapy, for reporting adverse events, and for speaking out to give people the other side of the story: the facts, the scientific facts, the harms, the lockdowns, and other things. I would totally do that again, even knowing I would lose my license.

Commissioner Kaikkonen

Thank you, Dr. Phillips.

[00:54:44]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 4: Cathy Careen

Full Day Timestamp: 03:32:00–03:53:30

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

There's Cathy. How are you today, Cathy?

Cathy Careen

I'm very well, thank you. How are you?

Ches Crosbie

I'm well, thank you as well. It's a great room of people here who seem to be very interested and enthusiastic to hear all the evidence, including yours.

I'm going to ask you first, though: do you affirm to tell the truth, the whole truth, and nothing but the truth?

Cathy Careen

I do.

Ches Crosbie

Thank you.

Criss Hochhold

Hi, Cathy. We meet again.

Cathy Careen

Absolutely. Before we start, though, I do really want to thank everybody involved with this and just giving everybody an opportunity to speak their experience and share what they've experienced for the past few years. It's an honour to be able to speak here today, so thank you for that.

Criss Hochhold

You're welcome, Cathy. So, tell us a little bit about yourself, Cathy. What do you do?

Cathy Careen

I'm an educator. And I say educator because I am a teacher by trade. But when I was working in the school system, but not as a classroom teacher, I was what was called a TLA, a teaching learning assistant. So, when all this happened, I was full-time permanent.

I'm a mom. I have three kids, ages 7 to 21. I'm a big animal lover, and, you know, I'm just an average person.

Criss Hochhold

Absolutely. What do you teach, Cathy? Do you still work as a TLA now?

Cathy Careen

So, we were able to go back to work last June 1st, and then I did. And then I went back in the school year, starting in September. So I worked with Newfoundland and Labrador English School District. And then I just got this other job opportunity, which I just thought I would explore. It was more money, and not that that's really the issue, but given the fact that I was unemployed for a number of months, our family was financially stretched. So I really had to explore this opportunity and see. My heart is still in education, and I do hope to go back at some point.

Criss Hochhold

Absolutely. How long were you working as a TLA?

Cathy Careen

I've been in the school system with the NLESD since 2007, sometimes replacement. I've moved in and out of doing different things. I've consistently worked with young people; I've worked with Choices for Youth in the past. So as a TLA in this permanent position, that was— I guess this is my fifth year. 2019 is when I started.

Criss Hochhold

Okay, excellent. What grades are you mainly involved with?

Cathy Careen

My school is K to [Grade] 4.

Criss Hochhold

K to 4. And the ages that you typically teach will be—?

Cathy Careen

The way that the TLAs are support, so we basically helped the teachers. So, I was most often with the K to 2. They were 5 to 7 years old.

Criss Hochhold

Okay so just starting out in life really.

Cathy, in your submission to the NCI, you had stated that you were diagnosed with Guillain-Barré Syndrome.

Cathy Careen

Yes.

Criss Hochhold

Can you tell me more about that, please?

Cathy Careen

So, I am a Newfoundlander, but I was living in Ontario. Just after I moved back home to Newfoundland, I became ill with— I had pneumonia and I was experiencing really weird symptoms. I was getting hives and weakness in my extremities. And just without sharing all the details, I ended up— Nobody really knew what was wrong with me. I went to emerge. My doctor was following me, the symptoms kept getting worse. Remembrance Day weekend, after seeing another specialist on Friday, who kind of wrote it off as a flu, on the Sunday of Remembrance Day weekend—I think it was actually Remembrance Day—I woke up and I couldn't move. It's hard to explain. Anyone who's had an epidural or given childbirth and how heavy your limbs feel, that was the feeling that I had, and it was a struggle for me to walk and it was progressively getting worse.

By the time I went to emerge., I could only get my hands up like this to my head, but I couldn't comb my hair; I couldn't brush my teeth, and I was like, "Okay, this is not a flu." So I went and I saw a neurologist, who just so happened to be at emergency that day for something else.

[00:05:00]

He came and saw me and decided that I had to stay for observation. After some tests, it was determined that I had Guillain-Barré Syndrome. The first thing they did for me was put me on IVIG [intravenous immune globulin]. And it got worse: I couldn't move my arms at all. It's really weird with Guillain-Barré: like, it's not like if you had a car accident, you're paralyzed from the waist down and everything is known. I couldn't move. With help, I could get to a seated position, but I couldn't go to the washroom myself. I couldn't feed myself. My mom gave up her job and came to my bedside and she helped me actually. Yes, I was in hospital, but she did all my primary care for me. I was a young mother at the time. My children—I only had two then—were five and eighteen months old.

After two weeks of being in the hospital— Sorry I focus on this part, but it is important to understand where I was coming from. After two weeks of being in the hospital, it was— Like I said, they treated me with IVIG first, and it got worse. And then it was determined that I should have what was called plasma paresis, where I had a line inserted in my jugular. My blood was put through a centrifuge and all the bad plasma was taken out. And that went on for two weeks with the hopes of getting rid of all the plasma.

What happens with Guillain-Barré, your immune system— A doctor would better be able to explain it, but essentially what happens is your immune system is attacking your body. My

immune system was attacking the myelin sheets around my nerves, that was preventing my brain from communicating and doing certain things. I know of people who've been paralyzed to the point that they were on respirators.

Thank God that did not happen to me. But I was essentially paralyzed. I couldn't do anything for myself. I couldn't lift my arms. I couldn't feed myself. I couldn't comb my hair. I couldn't dress myself. I couldn't go to the bathroom without help.

And so then, once I was considered medically stable, I was moved into the Miller Center, which is a physical rehabilitation center in St. John's. A lot of times you'll see stroke patients there. And so, I stayed there then for four weeks as an inpatient. It might have been six, but for sure it was four. As an inpatient, where I had intensive physiotherapy and occupational therapy to try to get myself back to where I was—even though sometimes people are not lucky enough to get back to where they were and have long term residual effects.

But I was a mom. And not being able to hug my children, it was really hard. That was a thing that got me through—was thinking about getting back to my kids. After a lot of hard work—I used to be able to go home on visits. Sometimes on the weekends, sometimes in the evenings just for a few hours. But on the weekends, there were certain stipulations that my family had to have. There had to be a bed on the main floor. I was allowed to go home on weekend visits to visit my kids.

I remember one night sitting in a wheelchair and not being able to move. And my little 18-month-old, this toddler, fell flat on her face. And your instinct is to hug her, and you just can't move. And I had to sit there and just watch her cry while I summoned my mother-in-law to come pick her up and console her.

It was very surreal, a very traumatic experience for me. As you can see, I can move, I'm back to normal. My neurologist said it was pretty much miraculous that I gained the recovery level that I have. I should be very grateful for that. Now, I do have residual effects. I don't know how to describe them, they're like pins and needles in my extremities sometimes. But they're more intense than that. It's more like razors. And they just kind of come and go. And I do have a lot of tight muscles that I regularly have to get massage therapy and stuff for, like in my legs and hips.

After discussions with my neurologist—I have a letter that I submitted to you, where he said to my family doctor that it was advised for me not to get. He specified vaccinations in the letter as pneumococcal and influenza, which really, at that time, the only respiratory-type vaccinations that were available. But in our conversations, he would discourage me against vaccination period. Unless there was, you know, a way to benefit sort of deal.

So I've kind of lived my life that way for 15 years. Not as an anti-vaxxer.

[00:10:00]

I have three children; my children are all vaccinated. My pets are all vaccinated. I was not an anti-vaxxer.

But just to give you a level of an idea of the kind of support I had for this: because, since I recovered from Guillain-Barré syndrome, we had the H1N1 epidemic, that outbreak. And, you know, my family doctor was a doctor who I had with Guillain-Barré syndrome. I was her first Guillain-Barré patient. And she always, always supported me with this. So the

conversation around H1N1— I was a substitute teacher at the time. Classes were filled with sick children going home during the day and that sort of thing.

She wanted me to get my children vaccinated and my husband vaccinated for what she considered herd immunity to protect me, because I wasn't going to get vaccinated against H1N1. And that was what we determined together as a team: well, no, you can't be getting vaccination. So, I'm not an anti-vaxxer but I typically never got my children vaccinated for influenza. I really do believe, when it comes to influenza, healthy children should just deal with that growing up. I think that's part of building your immune system. And after some serious thought, I was like, "Okay, maybe I should have gotten it, a lot of young people are dying." So, they did get vaccinated.

But I, on the other hand, continue to teach out in the school system. So, one night I get a phone call from my family doctor who was very concerned about me out there teaching. She just said, "I've been thinking about you. Would you mind if I put a prescription of Tamiflu at your pharmacy for you? So that if you get any signs whatsoever of this H1N1 influenza, that you go get it." Now, I never needed it.

Another example is I used to volunteer with Therapy Dog. I volunteered at the Janeway here, which is a children's hospital. And I volunteered in seniors' homes. Now, you have to always get your tests, do the tuberculosis test. You submit your vaccination record and that sort of thing and your MMR. My MMR comes back as inconclusive because I was born before 1982, when we only got one shot. Now, I could get another one, but they advised against it.

Even when it came to the tuberculosis test, where they insert a little bit of the virus under your skin: again, they found the alternate blood test for me so I could go volunteer in these places. Now, I don't remember exactly, but I believe I did have to sign a waiver for volunteering at these, but I was allowed to go. I was allowed to go.

So, when it came to this vaccine, I was very vigilant. I started listening to people, reading things as quickly as I could just to see what this was about. I was scared too of COVID.

Criss Hochhold

Cathy, let me just quickly interrupt you then. You've got a wonderful flow going. I really appreciate the wealth of information you're providing us. I'd just like to ask a couple of clarifying questions.

What year was the original diagnosis of your Guillain-Barré syndrome?

Cathy Careen

November 2006.

Criss Hochhold

So that was in 2006. And you said there was a neurologist there at the time that happened to be there. And I do have a letter, and I will forward that to the commissioners as well for consideration: the medical exemption and recommendation. But the neurologist suggested to you in writing not to get any vaccines because of the potential hazards associated with it, is that correct?

Cathy Careen

Yes.

Criss Hochhold

Yes. Okay. Now, you may not remember the exact conversation that you had with your general practitioner—your family doctor—in regards to the vaccine. Specifically, let's say to the COVID-19 vaccine. Can you surmise potentially the conversation that you had with your physician?

Cathy Careen

I grappled with getting this when I knew it was going to possibly be mandated. I wasn't sure what to do. Let me be clear: I really did value my family doctor. I felt I had a really good relationship with her, so I called her just to talk this out with her. In all fairness, she didn't push it on me. But she didn't have—or didn't express—the same kind of concern that she did, for example, when H1N1 happened. It was basically, "Well, this is what we're recommending, and we recommend everyone to get it."

She didn't want to see me lose my job. So, she did agree to write a letter for me—again which I submitted to you as well. Because what happened, so you know—I listened to different sources of information. I've often followed the GBSCIDP.org website.

[00:15:00]

They had a whole section for people like myself, who were feeling like survivors. Apparently in December of 2020, Dr. Fauci recommended against the vaccine for people who were— Sorry, survivors of Guillain-Barré syndrome. And this organization actually wrote an open letter to Dr. Fauci asking that he reconsider that. There was a doctor on that website as well. Dr. Peter Donofrio, I believe his name was, was this chairman of the Global Medical Advisory Board. And I watched a video from him where he talked about how miraculous these vaccines were: 95 percent effective, no adverse effects.

So, as time went on, there was a news story that came out, Global News out west, I think it was dated June 17th. It was of a gentleman who had gotten Guillain-Barré syndrome from the vaccine and was seeking compensation. And in that news article, there were, I think, 14 people identified in Canada who were getting Guillain-Barré syndrome as a result of the vaccination.

I followed what was happening in the States. I followed people like Dr. Peter McCullough, who spoke earlier, and Dr. Robert Malone and their concerns. And the more I had those concerns—and, like I said, I had concerns anyway just with vaccination. I've lived my life 15 years without that. When there was outbreaks of anything at school, hand washing essentially is what I did.

So when our premier met with Francois Legault, who— Quebec had already had the mandates. I felt, okay, that's exactly where we're going, and we did. I reached out to my union on September 29th to express my concerns. At no point was I what you'd call angry. I wanted to change the conversation, because I felt like this was just too black and white of an issue.

Not that my concern is any more than anyone else's concern. But I know there had to be people like me, who had similar concerns, whether it was just because it was a new vaccine,

or they had something like blood clot issues, or— and you couldn't even have the conversation.

So my doctor did write a letter for me. But in that same letter she basically confirmed my diagnosis, said that I was advised of the COVID vaccine benefits. And I declined because of the small chance of relapse. And my neurologist told me that relapse— So the average population has a one in 100,000 chance of getting Guillain-Barré syndrome. Mine was now increased significantly because of having it again. It is still rare, don't get me wrong. It's still rare, but it's there. And my neurologist also emphasized the importance of being healthy. I take my health very seriously now. I mean, I suppose I always did on some level, but probably even more so now.

So it's not something I took lightly. And the way I see a vaccine: Why would I stimulate my immune system, which has already shown that it can turn on me on purpose? If I get a cold or pneumonia or something, I mean, I do my best to avoid that. I do my best to avoid getting sick. I take my vitamins, I exercise, I go outside. I wash my hands—

Criss Hochhold

Cathy, I think it sounds like you're taking all the necessary caution that are best for you to make sure that you're as protected as you can be without taking a vaccine. And I hate to interject, but we are running a little bit short on time. I really appreciate your story. I know you have much to tell us, but unfortunately, we have such limited time.

I just have one final question before passing on to the commissioners if they have any. Just briefly: How has this experience affected your financial situation with your family? Because I believe there was an impact there, too.

Cathy Careen

Well, I was put on paid leave. I went through the whole process of my union. I was advised to seek an exemption. That's not what I originally wanted. I wanted to just grieve the process in the beginning because I felt everyone should have a choice. I applied for EI [Employment Insurance]. I was denied. I appealed it. It was denied. On my ROE [Record of Employment], it says that in the little note box I was unvaccinated as for the mandatory policy. I had no source of income. My elderly parents were on standby, ready to sell their house so I wouldn't lose mine.

It put a lot of stress in our house, obviously—me not working. My kids got to see me being stressed.

[00:20:00]

I cried pretty much every day, because it's just a disbelief. I sit home and I was like, "I can't go to work, I'm not allowed to go to work." Even now, I still have trouble processing that.

Criss Hochhold

It is difficult to believe that, even with a medical exemption, your record of employment—which will be in exhibit for you—actually mentions in the comment section, "not vaccinated as per mandatory policy."

Cathy Careen

Thank you. I was going say, I did try all the regular ways to have the conversation. I reached out to my union before the mandates. I reached out to local radio talk show hosts. I reached out to politicians. I wrote an eight-page letter to our premier and I got no response.

Criss Hochhold

Thank you very much, Cathy. I really appreciate your time. Just if there are any questions from the commissioners, please.

No? Okay, there are no questions.

Cathy, once again, thank you very much. I really appreciate your time and I wish I would have more time to listen to more of what you have to say.

Thank you very much.

[00:21:30]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 5: Shelly Hipson

Full Day 1 Timestamp: 04:42:47–05:37:30

Source URL: <https://rumble.com/v2djisi-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

The Commission is back in sitting, and I'd ask us to come to order, please. Thank you. Next witness is Shelly Hipson. Shelly, I'd ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

Shelly Hipson

I do.

Ches Crosbie

Thank you.

Gayle Karding

Good afternoon, Ms. Hipson. If you could just tell us what brings you here today. What role have you played in this situation?

Shelly Hipson

Over the last two years, I've been interested in finding out the truth from government. In order to do that, there's a process called Freedom of Information. Online you can pay \$5 and request any record, and so I became kind of obsessed. I got lots and lots of records, 80 to 100 records, trying to piece this all together.

Gayle Karding

So, just walk us through, very briefly, how you do that and what exactly you can ask for.

Shelly Hipson

You can't ask a question, or you can't ask for analyzed data. You have to ask for a specific record. So, you may ask for a record about vaccines and adverse reactions to the vaccines, hospitalizations. There's the Department of Health and Wellness, and then there's the Nova Scotia Health Authority. The Department underneath that has a Public Health Branch:

that's where Dr. Robert Strang would be working. And then separate from that is the Nova Scotia Health Authority, which is a registered charity. And you're also able to do Freedom of Information requests to both of those entities.

Gayle Karding

You brought hard copies of a selection of your, we'll call them FOIPOP [requests under *The Freedom of Information & Protection of Privacy Act*], just for ease of reference. I take it these aren't all of them.

Shelly Hipson

Oh, heck no. I've got about four large, huge binders, so I was very kind to you guys. You've got the mini version of some of the highlights, and I hope that it presents enough of the picture of what I've accumulated.

Gayle Karding

Just to be very clear, every single document that we're going to be looking at today, the source is government?

Shelly Hipson

Yes, it's a government document. It's something that's come directly from those departments or the Nova Scotia Health Authority.

Gayle Karding

And specifically, I think, with the exception of maybe one or two pieces of paper, these are all specifically from the Nova Scotia government?

Shelly Hipson

Yes.

Gayle Karding

All right, for ease of reference for you explaining this to us, as well as for the Commissioners, we've divided these FOIPOPs into basically three temporal periods. So, why don't you start with describing what is the first temporal period that we're dealing with, and then you can start walking us through the information that you have received.

Shelly Hipson

What I wanted to start with is a foundation, and that foundation piece is in your binder. It's Nova Scotia Health Authority zero eight two. What that provides us goes back to 2015. So, 2015, 2016, 2017, 2018, 2019, 2020, and 2021. What we're looking at are the ICUs, the total ICUs throughout Nova Scotia. It's a big one like this, if you want to follow.

So the Nova Scotia Health Authority ICUs, and then Aberdeen Hospital, Cape Breton Health Care, Colchester, Cumberland, Dartmouth, QE2, South Shore, St. Margaret's Valley Regional and Yarmouth Regional at the top. This provides us with a scope, a context.

We can see from looking at this, in 2020, if we go down to ICUs and hospitalizations, the total for 2020 was 7,306.

Gayle Karding

Seven thousand, three hundred and six, what?

Shelly Hipson

ICU hospitalizations.

Gayle Karding

Okay.

Shelly Hipson

If we go up to 2015 and look at the total ICUs in that first column, we can see that, in 2020, it was the lowest number of ICUs since 2015, at the 7,306. Other years were 7,906, 8,300.

[00:05:00]

You would have thought maybe a pandemic would have been in 2016, as that was the highest.

2017: 8,014.

2018: 8,005.

2019: 7,708.

And we go down to 7,306 in 2020. And when we add those ICUs together for 2020, the 7,306 – I've just added to July, for example, because I have other documents that go along with that timeline – there were 12,220 ICU's.

Gayle Karding

Tell us where you found the 12,000 number?

Shelly Hipson

It's the 7,306 total for 2020 and then I've added January, February, March, April, May, June, July of 2021. I didn't include August and September because other documents go along just to the end of July. That totals 12,220. So, if we can remember that number, around 12,000 people went into ICU for about a year and a half of the pandemic.

Gayle Karding

So just to be clear, this very large document, essentially what it is: the NSHA-082 was multiple pages, and all you've done is tape them together so that it's visible all at once.

Shelly Hipson

Yes, we can also see in March 2021 that the number of ICU beds went from 121 to 117. So even in a pandemic, they were reducing the number of ICU beds. This happened throughout several hospitals. For example, Cumberland went down two, Cape Breton went down one,

Aberdeen Hospital went down four. So, it's just an interesting observation to me during a pandemic, that there would be a decrease in hospitalizations overall.

Gayle Karding

As well as a decrease in the number of ICU beds available.

Shelly Hipson

Yes. So when somebody says there's four people in hospital it can give us a reference, but there's a lot of beds there. So it's a helpful tool.

Gayle Karding

Okay, and you've put some yellow highlights, at least on my copy. Have you done that on the commissioners' copies?

Shelly Hipson

I sure hope so. That was my intention last night. I'm trying to get them done.

Gayle Karding

So those are not original to the documents, obviously.

Shelly Hipson

No, they're not. Just to help people see what I'm trying to do here: If we turn the page in your document, everybody was hearing and being bombarded with the ICUs and the hospitalizations. I was curious what was really going on, so I did a Freedom of Information request: How many ICU hospitalizations were there each month for COVID-19 in 2020 and for each month up to, including July? So, when I did that, this is what I got back, was this one.

Gayle Karding

It's entitled COVID-19 ICU hospitalizations.

Shelly Hipson

And if we want to take a brief look at that, we can glance down again by hospital. And these are just your 10 ICU hospitals. So out of the 10, five of them had no ICU hospitalizations for a year and a half into the pandemic. Aberdeen, Cumberland, South Shore, Regional, St. Martha's, and Yarmouth had no ICU hospitalizations. If we look at the rest of them, they are less than five.

Gayle Karding

With the exception of the QE2. On a couple of occasions.

Shelly Hipson

Yes.

Gayle Karding

Okay, and when you say ICU hospitalizations, this is specifically referring to in the COVID-19 units?

Shelly Hipson

Yes, this is COVID-19 ICU hospitalizations. So when we look at the 12,220 ICUs that happened during that same period on the first sheet that I gave you—there's another little sheet, because I told them that I couldn't add these at the bottom—so there's another one. We can see that Aberdeen had zero, Cape Breton Health Complex had ten, Colchester Regional had nine, Cumberland zero,

[00:10:00]

Dartmouth five, QE2 74, South Shore zero, St. Martha zero, Valley Regional 12, and Yarmouth zero. When I work those out, basing it on the number of ICUs in this first one, they are all less than 1 per cent. So COVID ICU hospitalizations were less than 1 per cent.

Gayle Karding

Okay, what's the next document that you have here?

Shelly Hipson

So that dealt with ICUs. The next one: "Well," I thought, "they're not in ICU, maybe they're all in general admissions." So I did a combination, and that's Freedom of Information NSHA 2021-173. And that's quite a long one. You're probably going to have to stretch it out here.

Gayle Karding

In the next one that I have— Oh, you've got a long one, okay.

Shelly Hipson

Yeah. It should be in the orange in the back. And just to give the audience sort of a visual as well, I've highlighted the yellow, which would be zero hospitalizations and ICUs throughout Nova Scotia.

Gayle Karding

You mean specifically—and I'm looking at this document reading it—you mean specifically COVID hospitalizations?

Shelly Hipson

COVID, ICUs and general hospitalizations. The vast majority, I was quite surprised: There's no one there. It's pretty empty of COVID.

Gayle Karding

It would appear that there's a number of spaces here that are blocked out with a section 20, sub 3, sub A cited.

Shelly Hipson

Yes—anything less than five, they blank them out. They gave me the reason that if it's one person, I may be able to figure who that person is. So it's to protect their privacy. It's interesting they black them out for their privacy.

But anyway. So, that's what that is. They're still all less than five.

Gayle Karding

Okay. Have you provided the document where they provided that explanation in the binder?

Shelly Hipson

Yes, it's one of the Freedom of Information responses.

Gayle Karding

Okay.

Shelly Hipson

I did ask them for an update on this one, and if we turn the page—it's not always easy to get. The update: they wanted to charge me \$2,190. So, freedom of information sometimes is not free. They may put stumbling blocks, I feel, in your way to be able to access that information. I just stuck that in.

Gayle Karding

Let's just back up. I want you to explain, or just clarify, that first NSHA 2021-173. What was the period over which you were seeking and obtained this information? Over what period?

Shelly Hipson

That went for the year 2020 and up until October 2021.

Gayle Karding

So, January 2020 to October 2021.

Shelly Hipson

To October 2021, yes.

Gayle Karding

And when you asked for the update, what was the period that you sought in NSHA 2022-047 that was going to cost you \$2,000?

Shelly Hipson

I asked for November, December, January, and February, so four months.

Gayle Karding

And that was going to cost \$2,000?

Shelly Hipson

Yes.

Gayle Karding

Had they asked for any additional funds in the original NSHA-2021-173 to give you the same information, for the period of a year and ten months?

Shelly Hipson

No.

Gayle Karding

So that will cost you \$5.

Shelly Hipson

Yes.

Gayle Karding

What ended up happening to your updated request?

Shelly Hipson

I redid it and I broke it apart. I do have it a little bit further on and it gives us an opportunity to compare what was happening in 2020-2021. Then it shows something kind of significant at the beginning of 2022. I have that more towards the end.

Gayle Karding

Okay. So just to put some of this

[00:15:00]

into our situational context, this long document is related to NSHA 2021-173 and includes all of the COVID hospitalizations and ICU hospitalizations of January 2020 to October 2021. The vaccine began to be rolled out at the end of 2020, December 2020. Does that sound about right?

Shelly Hipson

Mm-hmm.

Gayle Karding

Okay. So far, it would appear, looking at this these numbers, that they seem to remain consistent up until October 2021. Is that fair?

Shelly Hipson

Yes.

Gayle Karding

All right. So, the next FOIPOP that you want to address is what?

Shelly Hipson

It's a comparison of deaths from diseases of the respiratory system from 2019 and comparing it to 2020. We were told there's so many COVID cases. What was really going on with all of the respiratory illnesses? And that is this sheet here.

Gayle Karding

This is 2022-00455-SNSIS, standing for Service Nova Scotia and Internal Services. March 30, 2022?

Shelly Hipson

Correct. We have 2019, and we can see, we'll just scan right down. We've got influenza 42, pneumonia 148, other chronic pulmonary diseases 496, et cetera. It totals 895 total deaths from diseases of the respiratory system. So, 895 in 2019.

In 2020, if we scan down all of those as well—and that includes 66 of COVID-19—there's 827. So, 895 in 2019, 827 in 2020. It actually decreased by 68 during that period.

Gayle Karding

Now, this particular graph, is this one that you produced?

Shelly Hipson

It's one that I produced. The actual documents I've put in your binder. The hard copy data. I've just put them into a graph so that we can compare what happened between the two years.

Gayle Karding

Okay, so you've done, not really an analysis, but you just reorganized the data, pulled the ones that were specifically respiratory, and put it into this graph. But you've provided the actual FOIPOP where you sought records providing total number of deaths per month in Nova Scotia for 2019, 2020, 2021 and so far in 2022, as of March 30th. Records showing a breakdown with totals of causes of death for 2019, 2020, and 2021. What you were provided had a lot of other causes of death as well.

Shelly Hipson

That's right.

Gayle Karding

Okay. And you've highlighted for the commissioners which ones you've used to put into your graph. If they wish to double check your work, or confirm those numbers, they can do that.

Shelly Hipson

That's right.

Gayle Karding

Okay. And so, this is a comparison of 2019, which is pre-pandemic and the first year of the pandemic which was 2020.

Shelly Hipson

That's right. I asked for 2021, but it was incomplete, so I wasn't able to use that data.

Gayle Karding

All right, would you like to move on to the next?

Shelly Hipson

So, we are at 2021-015-75HEA. The important thing here, I feel, if we just turn to the second page; it's page one, just after the FOIPOP. I highlighted in your binders a deceased case. And I'm just going to read that out to you, because it is quite concerning to me that this would be the definition.

Gayle Karding

Let me just back up for everybody's benefit. We're talking about a FOIPOP request made on December 15th, 2021. Is that when the response comes?

Shelly Hipson

That's the response. I made it on August 19th, 2021.

[00:20:00]

Gayle Karding

Okay, and this is what you had sought from the government. You had sought the definition of a COVID-19 case, and a couple of definitions, including how they define a deceased case, and so on.

Shelly Hipson

Exactly, yes. So, a deceased case, that's on page one: "A probable, or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause of death identified such as, example, trauma, poisoning, drug overdose."

I'm going to read it again. "A deceased case: a probable or confirmed COVID-19 case whose death resulted from a clinically compatible illness. Unless there is a clear alternative cause

of death”—trauma, poisoning, or drug overdose. “A medical officer of health, relevant public health authority, a coroner, may use their discretion when determining if a death was due to COVID-19. Their judgment will supersede the above-mentioned criteria. A death due to COVID-19 may be attributed when COVID-19 is the cause of death or is a contributing factor.”

So, a COVID-19 death may be attributed, or is the cause of death: the public health authority or coroner may use their discretion and it can be from a clinically compatible illness.

Gayle Karding

Okay.

Shelly Hipson

Page 4, Table 2, COVID-19 cases. It’s just interesting to note that out of a total of 5,884 confirmed cases, one quarter of them were asymptomatic. In Table 3, number of deaths of asymptomatic people are zero. I started to question the whole testing of asymptomatic people. So it’s interesting how many had no symptoms.

If you don’t have any questions there, I’m going to go right to the next—

Gayle Karding

Okay, I don’t believe that I do. This particular FOIPOP covers March—or the graphs cover—it would appear, March 2020 to August 2021.

Shelly Hipson

Right.

Gayle Karding

Okay. And these graphs, just to clarify, because some of these graphs you’ve made— These graphs are ones that were included in the response as they appear from the government.

Shelly Hipson

Yes.

Gayle Karding

Okay.

Shelly Hipson

So the next Freedom of Information is Nova Scotia Health Authority 2021-185. And what I asked for was, “any record, proof, document, report that an asymptomatic positive COVID-19 case is contagious and spread to others in Nova Scotia.” The response is: “We have conducted a thorough search of our records, but we were not able to find any records responsive to your request. We are now closing the file.”

Gayle Karding

Okay, and that was on December 7th, 2021.

Shelly Hipson

Mm-hmm.

Gayle Karding

So that one seems to speak for itself.

Shelly Hipson

Yeah.

Gayle Karding

Okay, the next document is a graph. And I take it that this is one that you produced right?

Shelly Hipson

Yes, it is.

Gayle Karding

And just to highlight for the commissioners, the sources of your information of the numbers that you've put in here are entered in the middle there where it says FOIPOP, and it provides a number. Is that right?

Shelly Hipson

Yes.

Gayle Karding

Okay. And then the percentages are something that you did.

Shelly Hipson

That's my calculations.

Gayle Karding

Based on the numbers that are in the documents cited here.

Shelly Hipson

That's right.

Gayle Karding

Okay, so can you just very quickly walk us through what this is?

Shelly Hipson

Okay, so I just wanted to put it in context. The population of Nova Scotia is just over a million people. In 2020, there were 238,474 tests done. And in 2021, 1,347,912. That's totaling just over 1,500,000 tests that were completed. Comparing that to our population,

[00:25:00]

that's a substantial number of tests. Of course, there could be people that are retesting, but that's a lot of tests. The negative tests were 1,564,648. So out of all of those total tests for two years, 20,446 were positive.

The number of people that died was 114. We know of those 114 in that first year, at least that 53 of them died at Northwood, a long-term care facility. Those are my percentages, so I'm just going to skip over those. The number of people that die in Nova Scotia: it's approximately 10,000 people a year. So, 20,000 people died in those two years, and 114 of them were from COVID.

Gayle Karding

Attributed to COVID.

Shelly Hipson

Attributed to COVID, yes. It's a very low percentage, which leads me into the next Freedom of Information response, which would be about the comorbidities. A hundred and fourteen people died. At least 53 of them were in long-term care. So, I wanted to know what else was going on? Why did they die? In order for me to stay healthy and my grandmother to stay healthy.

So the next one was Freedom of Information 2021-01142. I asked for the comorbidity data that the people had who died with or from COVID-19, including ages, sex, any information, or studies that has been gathered on those who have died with COVID-19 in Nova Scotia.

And the next one is this. And we can see in Table 1, that 86.7 per cent of them were 65 years and older. Only 13.3 per cent of them were under the age of 65. Down in Table 3, we can see that cancers were 6.7 per cent, cardiac disorders were 60 per cent, chronic renal disease was 11.1 per cent, diabetes was 21.1 per cent, immunocompromised conditions were 5.6 per cent, neurological conditions were 54.4 per cent, and pulmonary disorders were 18.9 per cent. And most of them were in long-term care. So just to add context to that.

Gayle Karding

Okay, I think now we're moving into the next temporal phase, where we're talking about after the rollout of the vaccine. We do need to pick up our pace a little bit to make sure that we get everything in. So, let's introduce your documents and the commissioners would be able to mostly consider the documents themselves. What's the first one you're speaking to—2021-01590-HEA?

Shelly Hipson

That's one of the first ones that I did that I learned about the adverse events following immunization. I'm going to leave that for them to read, due to time.

I'm going to skip to 2022-01349. And in that Freedom of Information request, made on August 29, 2022, I asked for correspondence, reports, documents given to, sent to, reported to, received by Dr. Robert Strang from doctors, pharmacies, medical officers, hospital administration, long-term care, nursing homes administration, on the topic of COVID-19 vaccine adverse events, side effects, and deaths that have occurred since it was rolled out in our province. This would include correspondence and reports on adverse events and deaths that are temporarily associated with the vaccine that have not been clearly attributed to other causes, that Dr. Robert Strang has in his possession.

Page one, Dr. Robert Strang is sending out references for communication. We saw how, across Canada, the chief medical officers seemed to parrot a lot of lines. I can understand that now because it was included in this particular Freedom of Information response. We see Dr. Bonnie Henry, Dr. Dina Hinshaw, Dr. Teresa Tam all being included in this.

Gayle Karding

Okay and this one refers to media lines.

[00:30:00]

Shelly Hipson

Yes.

Gayle Karding

So, they're indicating how people should discuss this in the media.

Shelly Hipson

With the public. Yes.

Gayle Karding

Is there anything to highlight there in particular, or just that they all have the same media lines distributed to them?

Shelly Hipson

On page 5, January 21st, 2021. That's only about a month after the rollout. Question 3, "Can vaccinated people spread the virus to others?" "There is limited evidence on whether someone who received the vaccine is still able to spread the virus." So here we were told that it was safe and effective, but that clearly states that there is limited evidence on whether someone who received the vaccine is still able to spread the virus.

"Everyone must continue following public health measures regardless of vaccination with COVID-19 vaccines to protect themselves, their loved ones, as well as people and communities at risk of more severe disease and outcomes of COVID-19."

Page 13 are emails to and from Robert Strang and their medical officers. The first one is: "Hi Rob. In case you receive any queries, I'm looking into an adverse event following immunization following the death of a resident vaccinated in long-term care. A female received a Moderna COVID-19 vaccine and died."

So that's one, and I'm just going to flip through them. Another one: "Hi everyone. Please be aware of an adverse event following immunization reported today and confirmed"—and I'm not even going to try to pronounce that word—

Gayle Karding
Encephalopathy.

Shelly Hipson
Thank you. "Develop neurological symptoms." Another one, a serious adverse event, vaccine-induced immune thrombotic thrombocytopenia.

Gayle Karding
Is that on page 16?

Shelly Hipson
That's on page 16, yes. So, with that one they choose to notify the Premier's office. There are people that have adverse reactions, including swollen, tingly lips, closure of the throat, and they are still recommended to proceed with their second dose of the vaccine.

Gayle Karding
Can you cite page 19?

Shelly Hipson
Sorry page 19. On page 24, it's just interesting: "Some adverse events are identified during the clinical trial process. However, new issues can arise once a health product is on the market because it is being used by a much larger number of people." Very much larger.

Page 27, again. Just itchiness and swollen throat after a Pfizer shot. Shelley McNeil is going to assess this situation. And this is after the second dose actually. And they— Of course, I mean, they were allergic to the first one. No big surprise. Immediately experienced headache, itchiness, flush. So the second one, the same type of reaction.

Page 29. "Some unusual adverse events following immunization came in today. Stroke, thrombotic events, thrombocytopenia alone, thrombosis, thrombocytopenia."

They knew—this was in the first few months—that people were having these adverse reactions to the vaccine.

Gayle Karding
I guess I should have been asking you for dates. That most recent one that you just cited where there's stroke, thrombotic events, pulmonary embolism: that was April 15th, 2021, for example.

Shelly Hipson
Yes.

Gayle Karding

And the earliest one that you cited was January 24th, 2021?

Shelly Hipson

Um-hmm.

Gayle Karding

So those are all between those dates.

Shelly Hipson

Yeah.

Gayle Karding

Okay, so let's move on to the next set.

Shelly Hipson

Zero-two-one-two-four. I asked the same thing—

Gayle Karding

This is for a different time period, I take it.

Shelly Hipson

A different time period. I had to break that one down because I couldn't get it all at once. They were going to charge me some money, so I broke it up. Page one at the bottom: we can see allergic reactions, anaphylaxis to one, two, three, four, five, six, seven—continuing on page two—eight people.

[00:35:00]

Neurological reaction. Female receives a Pfizer, excuse me, vaccine and has a seizure.

If we scan down, some of those are pericarditis, hyperthyroidism, rashes, pulmonary embolisms.

A male receives a Moderna shot, rash toes then serious and hospitalized. A male gets Pfizer and has a cardiac arrhythmia, thrombotic stroke, pericarditis, ischemic stroke, ischemic stroke, hemorrhagic stroke.

Gayle Karding

I'm just going to stop you. So what's interesting about this set is that at this point in June of 2021, they're now breaking down their emails to Dr. Strang into five-day increments.

Shelly Hipson

Yes.

Gayle Karding

This particular email is addressing June 7th to 11th, of 2021. They've got eight allergic reactions. They've got one neurological reaction, eight that they consider non-serious—but it includes a pulmonary embolism as well as a vitreous detachment and pericarditis. And then they've got six serious hospitalized, which you've just read to us there. A couple of ischemic strokes, hemorrhagic strokes, pericarditis, thrombotic stroke, and so on, and a death, which appears was due to pulmonary embolism. That's all in a five-day period?

Shelly Hipson

Yes.

Gayle Karding

And Dr. Strang's response was: "Will be interesting. So do we have serology for specific cases?"

Gayle Karding

He responded to that, indicating that he had seen it.

Shelly Hipson

Yes.

Gayle Karding

Okay. So then moving on very quickly through the next—

Shelly Hipson

It's the same sort of thing: anaphylaxis, allergies, pericarditis.

Gayle Karding

This is June 14th to 18th?

Shelly Hipson

Yes, June 14th to the 18th. Seizures, ischemic stroke. Again, pericarditis. Another pulmonary embolism. Even things like colitis and allergies. Another pulmonary embolism. So that's that date. And it just keeps going. He was receiving these emails knowing that people were being seriously injured and dying and having strokes. Yet it was being told to us that it was safe and effective. Page five, he has the word "concerning."

Gayle Karding

So just to back up. The response to the June 14th to 18th email: that email was sent on June 18th at 6:14 p.m. And at the top of the page at 8:17 p.m. What was Dr. Strang's response on the top of page 3?

Shelly Hipson

"So we would have to acknowledge a single case, but with few details due to privacy."

Gayle Karding

Okay. And then on that particular date, they were reporting six allergic reactions. Five they considered non-serious, but including pericarditis, tachycardia; five serious, hospitalized, including a bilateral pulmonary embolism, seizure and stroke in the same person. And on that particular date, no deaths were reported.

Shelly Hipson

Right.

Gayle Karding

And then on the next page, page five, that report covered— Well, it's in a slightly different format. But on July 12th, Noella sends an email to Dr. Whynot. "We have several myocarditis, pericarditis reports that we received today. This is the first one." And following the email thread up, what was Dr. Strang's response on page five?

Shelly Hipson

Just, "Concerning."

Gayle Karding

This is all in June and July of 2021. And the mandate and the vax pass were brought in in the fall of 2021.

Shelly Hipson

That's right.

Gayle Karding

There's several more pages of this. But, as interesting as it all is, I think we should fast-forward. And we will make electronic copies of these available to the commissioners. I'll speak to whoever might be able to put them on the web as well. What's the next one? You've got two or three minutes.

Shelly Hipson

Okay. I just want to highlight in 2022-1408, that they are not counting any of the deaths after 30 days. We can see sort of a criteria

[00:40:00]

that they have to follow. The criteria are very tight: localized events, seven days; allergic events, 48 hours; neurological events, 56 days. What I've noticed in the reply to my Freedom of Information request is that there are no adverse events being recorded after one month. So I don't know what people are seeing in their community, but I certainly have concerns of what's happening in mine. And it may take a little bit longer for blood clots to manifest into death. And they are not recording anything after one month.

Gayle Karding

Okay. I don't know how you feel about making the last one that we discuss, the comparison of the more recent hospitalizations for COVID? I think that's the one in your red folder at the back, but I'm not—

Shelly Hipson

I think it is, yeah. 161.

Gayle Karding

Yes. NSHA 2022-161.

Shelly Hipson

So, if we pull out that— We've gone from basically zeros. Did I did write on my copy, did I write it on your copy?

Gayle Karding

Probably. I've got lots of notes.

Gayle Karding

Five thousand, nine hundred, seventy-two.

Shelly Hipson

Five thousand, nine hundred and seventy-two general admissions for COVID.

Gayle Karding

Over what period?

Shelly Hipson

From—it's just January to October 2022. So, we've gone from nothing, zeros, to a substantial increase to general hospitalizations that are happening.

Gayle Karding

Specifically for COVID.

Shelly Hipson

Specifically for COVID.

Gayle Karding

As attributed by the government.

Shelly Hipson

Yes.

Gayle Karding

Are there any other ones, any last thing you want to include in there before we close?

Shelly Hipson

The exemptions, I just wanted to touch on that. The Public Service Commission did the exemptions for their government employees: 76 people applied for an exemption; 67 of those were declined. And I was quite surprised that the criteria for the exemption came from the Nova Scotia Public Service Commission and the Nova Scotia Department of Justice. They were the ones that created the exemptions for people, which was very hard to get an exemption.

The other thing that I just want to mention briefly is in the Adverse Events Following Immunization for the year 2022. On page 4, at the bottom, “a category of adverse events following immunization labeled other serious or unexpected events are not shown but are relatively frequent. These primarily include reoccurring conditions, gout, and cancer.”

They have actually acknowledged reoccurring cancer in a government document—in January 2022.

Which just leads me to Statistics Canada saying that the third week of January 2022 was the deadliest week in Canada since the pandemic began, with 27 per cent more deaths than would be expected. Recently we’ve had an article in the CBC: “Nova Scotia tight-lipped about the spike in deaths. Unexpected high numbers of people are dying in an untimely fashion.”

Gayle Karding

Thank you very much.

Shelly Hipson

Thank you.

Commissioner DiGregorio

Don’t go away yet, I have a question.

Gayle Karding

Oh, sorry, questions. Ms. Hipson, the commissioners may have questions.

Shelly Hipson

Yes, sorry.

Commissioner DiGregorio

Is this on? Can you hear me? Oh, there we go. Thank you for that. I have a couple of questions around the Freedom of Information process. Did you experience any issues in having your requests granted?

Shelly Hipson

It's been unreal. I had to be so determined and patient. There were so many stumbling blocks. I would apply and they'd extend it for another 30 days. And then they'd say, "Oh, you know, 30 days, the extension, that's 60 days.

[00:45:00]

Then it's going to cost you—this is one FOIPOP—it's going to cost you \$540." It was an important one, so a few of us chipped in on it. And even when I paid the \$540, they did not grant me the information. So it's been unreal, yes.

Commissioner DiGregorio

And how do you think they could improve that process?

Shelly Hipson

That's a great question. Freedom of Information is not free. Ontario, I believe under their act, it's more so than here in Nova Scotia. They have the liberty to put it as a stumbling block in your way. So, I would like to see it. If it's true, Ontario can't do that. So, I would like to see it. It's our information. They are our public employees. None of this I should have had to go through Freedom of Information requests. It should have been given to us. And then we wouldn't have been scared.

Commissioner Massie

I have a couple of questions. I'll start with a medical one, maybe it's out of your expertise. I noticed that many of the cases reported were sort of anaphylactic shock. Are you aware whether they make any distinction between anaphylactic to some drug or septic shock? Because septic shock can actually be induced by LPS, that have been shown recently to be a fairly present contaminant in the mRNA preparation.

Shelly Hipson

Yeah. Sadly, that is beyond my scope.

Commissioner Massie

They haven't made the distinction?

Shelly Hipson

No, I've never seen it in my information.

Commissioner Massie

My other question is— This is a very thorough work you've done. Your dedication is impressive. If you would now synthesize the message that you can gather from all of the data from the government site and contrast that with the message on the government site, what would be your appreciation?

Shelly Hipson

I think what I'm hearing you say is: Compare what I know and what they've told us from this?

I think it's sad that they didn't provide the context and they created so much fear. With the fear, people went out and got vaccinated for something that, based on my numbers, has a 99.5 per cent recovery. That troubles me: that we have those types of people that would do that to us in our government. It troubles me to see that nobody was in ICU and yet in the media line, it felt like we were just being totally overwhelmed, that the hospitals were overwhelmed, the schools were, you know.

In my mind, I cannot fathom why anybody would want to do that to people. It troubles me that that's who we have in leadership positions.

Commissioner Massie

Maybe one last question. The pandemic is a global event, so you would expect that you would have similar numbers across provinces in Canada or the States or other countries. When I look at the numbers you have compiled for Nova Scotia, by and large, that seems to be fairly low compared to what we've seen from other places. Do you think that there's something special about the people in Nova Scotia or the way the pandemic has been running in the province?

Shelly Hipson

With media lines that they used across the country, I bet if you went to every province and did exactly what I did, you'd be quite surprised. I feel that it would expose the truth. I do feel that we've been bamboozled into thinking that something was really deadly. And I don't think that happened.

I think it was like when you look at even the deceased case, and it can be probable and from a clinically compatible illness—

[00:50:00]

I mean, to a coronavirus? And they're including that in a count. It's pretty easy to get those numbers up, right? People in long-term care, sadly, when they die, they do fill up with mucus. To swab that? Okay, you've got the symptoms of COVID.

And here in Nova Scotia, 83 is the median age of somebody dying of COVID-19 in the province. The life expectancy in Nova Scotia is 80.

Thank you for your questions.

Commissioner Massie

Thank you.

Commissioner Drysdale

You talked a fair bit about ICU beds in the province. I have a couple of questions. One is: Did you also ask about the ICU bed staffing? Because it's one thing to say you have a bed and it's another thing to have a staffed bed.

Shelly Hipson

That's a great question. And I did. I asked for the number of beds that were staffed over the last two or three—2019, 2020, and I believe it's for 2021. And there are around 3,100 staffed beds. And I didn't see a decrease. Now, that might be happening in 2022.

I did do another Freedom of Information asking how many people were no longer working or who were out on COVID. And that seems to be growing. So yes, that's a great question.

Commissioner Drysdale

My next question again has to do with ICU beds. I thought I heard that you were looking at stats prior to 2019, and so my question is: Did you look at ICU bed numbers in the province, say from four or five years ago, and then try to see what the trend was? Whether the ICU beds in the province prior to the pandemic were increasing or decreasing or staying the same?

Shelly Hipson

That's what this beauty chart is here, the first one. As far as the beds are concerned, they're staying about the same. As far as the ICUs, hospitalizations particularly with COVID: I think they could be seeing a bit of a problem. There is another fold in there with the ICU beds and it looks to me like they've tripled for COVID ICUs.

Commissioner Drysdale

One last question because I know we are short on time. This is more or less based on the testimony we had earlier from Dr. Phillips. You talked about a number of adverse reactions, and you did a FOIA request on that. Do you have any information as to how many of those adverse reactions were actually reported into the CAEFISS system?

Shelly Hipson

No, not into that system. I don't. I see where I've done Freedom of Information requests and I'm seeing a change in those numbers. They're decreasing, they're not increasing. So, I do question how much cleaning of the data they may be doing. I don't think they're all getting in there. And when I start to see the emails and the number of strokes and things that are happening and then I see the serious adverse events, the number should be much higher. There's something going on there in my opinion.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

Thank you for your presentation. I just have one quick question. Given that the chief medical officers across the country had the same messaging for communications to the populace, I'm just wondering why there were different mandates and measures put in place from Nova Scotia to other provinces within Canada? Did any of the Freedom of Information requests actually give any evidence as to why that would be happening?

Thank you.

Shelly Hipson

No, the media lines that I received were primarily dealing with reactions to the vaccine. So, they were specific to that.

Commissioner Kaikkonen

Thank you.

Shelly Hipson

You're welcome.

Gayle Karding

Okay, thank you, Ms. Hipson.

[00:54:56]



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NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 6: Dr. Stephen Bate

Full Day 1 Timestamp: 05:39:00–06:01:27

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

Dr. Bate, thank you for appearing here. I'm going to ask you to affirm that you intend to tell the truth, the whole truth, and nothing but the truth.

Dr. Stephen Bate

I do.

Gayle Karding

Thank you. Good afternoon, Dr. Bate.

Dr. Stephen Bate

Good afternoon.

Gayle Karding

I'm one of the Atlantic Council on the NCI team. Can you just very briefly walk us through your credentials?

Dr. Stephen Bate

Okay, I'm a retired dentist graduated with a Bachelor of Science in Chemistry from the University of Western Ontario in 1986 and in dentistry, Doctor of Dental Surgery, in 1991. I practiced privately in Concord, Ontario from 1991 to 2013. I've since retired due to injuries in my shoulders and have moved to Newfoundland in 2017.

Gayle Karding

And I understand that your university education was heavily weighted in the math direction, is that right?

Dr. Stephen Bate

Yes, in fact I didn't pursue a degree in mathematics—but I took all of my elective courses, while pursuing a BSc in chemistry, in math and physics.

Gayle Karding

And you have a special interest in statistics and data analysis.

Dr. Stephen Bate

I do, yes. I've got a keen interest in it.

Gayle Karding

Do you apply that interest in a number of areas?

Dr. Stephen Bate

Yes, for many years, I was doing stock analyses personally and I have always been interested in sports analysis. But the last few years since the breakthrough cases, when they occurred, it piqued my curiosity. Because being in the medical field, I always believed that vaccines would stop transmission to a great degree—if not some degree. But when I started hearing about breakthrough cases, I did send an email to our health officer Dr. John Hage outlining my concerns. I knew people were saying, "Why am I getting this disease? I got vaccinated."

I received a response basically saying that the government was tracking breakthrough cases. They weren't going to be producing any evidence or any numbers for the population, but national surveillance was being done. Which kind of shocked me.

Gayle Karding

You had an opportunity to apply your math skills and data analysis skills to two discrete areas that we want to talk about today. The first being the Pfizer document, the document released by Pfizer— or I suppose, more accurately released by the Department of the FDA [Food and Drug Administration]— after that order by the judge in January 2022. Is that right?

Dr. Stephen Bate

Correct.

Gayle Karding

What is that document? I think we have a copy to put up.

Dr. Stephen Bate

Yeah, it's the adverse events that Dr. McCullough referenced earlier. I pulled this up last year and looked at it. And was rather shocked, to say the least, that a lot of it was redacted at the time. It got re-released a month later.

When I went to look at it again, I couldn't find it, because it was originally released to March 1st, then they moved it to April 1st. So it got harder to find. But when I did this, what I discovered was that there were about 42,000 participants in their clinical trials. They were monitored from December 14th to the end of February of—I guess—2019 to 2020. And 42,086 had side effects, numbering nearly 160,000 side effects. The average person had almost four.

They reported that out of the 42,000 individuals that Dr. McCullough referenced, 1,223 resulted in fatal results; 9,400 of the outcomes were unknown. Which is astonishing.

Gayle Karding

Well, what does that mean, "unknown?" Or what would you think that means?

Dr. Stephen Bate

Well, they didn't report. And then my personal understanding is people that die don't report. I can't say they all died but, how they got lost in the system, I don't know.

Further to that point, if I can just move to the next slide: this is in the same report. They spoke of the pregnancies that were involved, the mothers they followed. There were 270 pregnancies. In the end, they only were able to— Two hundred and thirty-eight they did not follow, they got lost. Thirty-two they followed. Only one had a normal outcome of a live birth.

I'll move on. Further in this report, they categorized by physiological—what was the cause, basically. They broke them down into cardiovascular, neurological, all the different possible categories of this. And just to show you one here for cardiovascular: they state in the relevant event outcomes. Fatal was 136. And the conclusion, which is too small for me to read here, but I believe it says, "The cumulative data indicates no safety concerns.

[00:05:00]

And surveillance will continue."

Gayle Karding

That's at the bottom of that slide there. Let's just review here. "Conclusion: this cumulative case review does not raise new safety concerns, surveillance will continue."

Dr. Stephen Bate

Correct. And just to illustrate that that was not an isolated incident, the very next one is people that got COVID either through transmission or possibly from the vaccines, the same thing happened here: 136 fatal conclusions. "This cumulative case review does not raise new safety issues. Surveillance will continue."

So that's Pfizer's own data that they tried to hide for 75 years. I think I know why.

Gayle Karding

When you say tried to hide for 75 years, can you just tell us what you mean by that?

Dr. Stephen Bate

Well, they were asked to report and give their data, and they refused to. There was a doctor in the States who—I can't think of his name offhand—but he had to spend a lot of time and money to go to the Supreme Court in various jurisdictions to get a judge to finally say, "Yes, you need to release that data."

Gayle Karding

Okay. What's the next page that we're looking at here?

Dr. Stephen Bate

We're looking now at Canada.

Gayle Karding

So sorry—we're moving on from the Pfizer trial.

Dr. Stephen Bate

I'm just looking at safety issues here in Canada. So that's just from the manufacturer. In Canada, it was reported January 8th of 2021, so it was the second week of reporting. This is what they reported: that there had been 10 serious adverse events reported and 338,423 doses administered, for an overall incidence of 0.003 per cent who were serious.

And now I move to the next one. As time went on, they made provisions to update the data. As more events occurred, they could re-establish what the numbers were from previous reports. Down the road, this would be December 9th, 2022: that very week they'd reported previously suddenly had 31 serious outcomes and 256,000 doses were no longer in arms. They only had 82,500 doses administered.

Gayle Karding

So sorry, what is the contrast you are pointing out here?

Dr. Stephen Bate

Well, basically, they— After a year and 44 weeks, they decided to then update the data. They'd been doing it progressively throughout the time. But at that point in time, the number of serious adverse events tripled, and the number of doses that they claimed were given went down by a factor of four. So tripled the serious adverse events, one-quarter the number of doses given; 12-fold increase in the serious adverse events were actually observed early on in the vaccination program.

Gayle Karding

And where did you obtain this data?

Dr. Stephen Bate

This is all from healthinfobasecanada.ca. You look for vaccination safety data, it's all there.

Gayle Karding
Is this still there?

Dr. Stephen Bate

I'm not sure. I actually got this from a third party who sent this to me. I had some of this data and she sent this to me in an email just a few days ago, so I'm not 100 per cent sure.

Gayle Karding
Whether it is still accessible.

Dr. Stephen Bate

I'm not sure. I think it is, but again, it gets changed all the time.

So really noteworthy, if I can just move on to the next here, is: this is a slide showing— The numbers in pink and the yellow outline are what the data was for these first six reports of 2021. And the ones that are just in the purple are what they had reported. So you can see that there's— The 338,000 original doses and 10 adverse events became 31 and 82,000. As time goes on, the doses became more true or accurate. But you can see even in May of 2021, where they had originally reported 1,262 serious adverse events, it was actually 2,234 now being attributed to that time frame.

Gayle Karding
What, if anything, do you make of that?

Dr. Stephen Bate

If I could just continue, there's an explanation forthwith. So basically, back early on—this is April 15th, 2022—as the numbers started climbing, they had 128 Guillain-Barré syndrome attributed side effects, and myocarditis/pericarditis were 2,044. And this again is from a third party. I didn't write the red things in here, so you can try to ignore those.

Then in May of 2022 they reclassified these based on the Brighton Collaboration Index. And they grade these things in different levels—1 to 4. Suddenly they have two classifications for each of these. And then they decided later on in May to go back to 1, and they dismissed 120 Guillain-Barré syndromes. And a thousand myocarditis/pericarditis were then no longer attributed to this. So I believe, as they went back and increased the numbers

[00:10:00]

from the previous ones that were not reported, they then removed these, so that the total numbers continually went up just a little bit week to week.

A bit of sleight of hand, I'd say.

I'm going to move on to effectiveness now. I just want to go through a series of these just to show these are screenshots that I took from the same healthinfobase.canada.ca. You may be familiar with these. They used to categorize these as such: unvaccinated cases not yet protected, partially vaccinated, fully vaccinated, and fully vaccinated with additional dose.

I've got this from May 8th, 2022. I then got June 5th, 2022. July 3rd, July 31st, August 28th, and September 25th. Now, in each of these publications—

Gayle Karding

Sorry, are we going to go back and look at those and you're going to walk us through those charts?

Dr. Stephen Bate

I've got all the data on this hand thing I did, right? So those numbers are all here, but I'm going to summarize them shortly. For instance, May 9th to June 5th, unvaccinated cases were four times more likely to be hospitalized, five times more likely to die from their illness—which I would only assume would be per case, based on a percentage of cases—compared to fully vaccinated cases. During the same four-week period, unvaccinated cases were four times more likely to be hospitalized, six times more likely to die from their illness compared to cases fully vaccinated with one or more additional doses.

I'm just going to go quickly through these. They're the same; there's five of these. And again, these are only here because I screenshotted them. That data is no longer there. There's a few of them that are there but if you go back, they only go back to April of 2022. And half of the dates, if not more, have no data whatsoever. In fact, if you go back to the very first one, I think it's April 10th or something, if you click on that one, it has the September 25th—in the future—data on it! It's absolutely nonsensical.

But I'd really like to highlight one here. It's August 1st to August 28th. These are some pretty big numbers. They claim that unvaccinated cases were five times more likely to be hospitalized and seven times more likely to die from their illness compared to cases with a completed primary vaccine series. During the same four-week period, unvaccinated cases were seven times more likely to be hospitalized, and eight times more likely to die from their illness compared to cases with a completed primary vaccine series and one or more additional doses.

So I did this. This is my work. I'm old school. My dad taught me early in my life that if I wanted to remember things, you write it down. You don't just look at a screen or type it in. It doesn't stay. I've been doing for a couple years now. I've got five books of this graph paper that I've been doing analysis of various things COVID-related on. This is a summary of those numbers for everything that I showed you there. Hospitalization rates are given and death rates for the periods. I really want to isolate on this August data. And the last three reports are very, I'd say, very damning to the vaccinated. I'm going to look at death rates individually here. For July 3rd to 31st, the death rate in the unvaccinated was 1.09 per cent. In the fully vaccinated plus one dose, it was 0.94. With two doses, it was 1.95. For those with any vaccinations whatsoever, fully vaccinated—they stopped doing the partial ones—1.23 per cent.

So now, in August, these numbers become a little more scary. The unvaccinated is: 1.36 per cent of cases resulted in death. The fully vaccinated with boosters: 1.90. They claimed that you're eight times more likely to die if you're unvaccinated from your case than if you'd had a booster dose or more. And in fact, those people were dying at about a 40 per cent higher rate. Not lower by eight factors, higher by 40 per cent. And the same holds true in the September data as well.

I just want to point out quickly—I do believe I have it here. This is the World Odometer, yesterday's data. I believe the number of deaths attributed in Canada so far is 51,000 some-odd, out of slightly over 4 million cases reported, for an overall mortality rate of 1.12 per cent. So 1.12 per cent. If we look at the fully vaccinated with one or more doses and two or more doses, those numbers for the last two months are basically double what they've been for the entire duration of the pandemic, with a less mortality variant in play, apparently. These are rates, not numbers.

So how is it that twice as many people that are diagnosed are dying than throughout the entire pandemic? That is what I can't quite comprehend.

Gayle Karding

Okay, does that conclude your prepared statements?

Dr. Stephen Bate

Not quite, no.

[00:15:00]

I just want to point this out as well. So these are basically the same things I looked at: What they claimed the percentage, or the factor of hospitalization and deaths were compared to what the actual numbers that they published in the same report actually were. And you can see from the bottom three here: basically, hospitalization rates were lower in the unvaccinated. The death rates in particular were much lower in the unvaccinated population than those receiving fully vaccinated, plus one or plus two booster doses.

Further to this, I want to talk a little bit about the vaccination coverage that's been reported. And this is the most up to date. This is from Canada.ca. And I just want to look at the one here saying, "total population that has received at least one dose," is stated at 80.7 per cent. And then if we go to the same place you go to access this, you click on a different button. You can get the health info-based number and this one says at least one dose, 83.4 per cent.

And that is a 3 per cent of the population difference. It's the same people doing the data, I believe. Somehow, they report two different numbers. It boggles my mind a little bit, to quote John Campbell on that. But I do find that astonishing, that the same people report different numbers from the same webpage.

And I just want to quickly point out from the previous speaker—and I thank her for her diligent work. I think it's noteworthy, when we look at respiratory illnesses that result in all these problems and lockdowns and mandates and so forth, if we look historically— And this is hard to find, I looked it up just a couple months ago, and I thought last night, because I'm a fast talker I might be able to slip this in too, but I looked at data for the influenza virus. And in the USA in 2019-2020, there were 36 million cases confirmed. And in the 2020-2021 flu season, there's no data. They said it was too little to find. And I did find one reference and the number was 1,675. This represents a 99.995 per cent reduction in influenza cases confirmed in the United States. Infer what you will. In Canada those numbers went from 55,379 to 69 the following year.

Say what you like, it seems something may have got renamed. But at the end of the day, there were more COVID cases reported than flu cases previously. So how did that happen?

I'd like to point out one thing— With my bit of a mathematical mind, I looked into the cycle thresholds that were being run on PCR tests in Newfoundland and Labrador, where I'm from. They're running at 45. Now, I know Dr. Carey Mullis, who developed the PCR test, stated that anything above about 26 cycle thresholds was meaningless because there's too many false positives.

To put into perspective: I did a little math. And if you have a loonie in your hand, your loonie is worth one dollar. And if you ran that at 45 cycle thresholds—which is to multiply it by two 45 times; it's an effort of magnification—it comes out to over 31 trillion dollars. To put that into a more visual perspective, that one loonie weighs seven grams.

If you took seven grams and multiplied that by 245 times, you'd have the mass of enough Titanics to lay end-to-end for 1,200 kilometers.

So if you want to bump up some numbers, run 45 cycle thresholds. No problem. Done.

There's one more comment I'd like to make. In Newfoundland and Labrador, they've been doing pie charts. They've stopped. Everyone I've talked to pointed out their discrepancies. They have ceased to report vaccination status data. But in Newfoundland and Labrador, all told, I think we've had 300 or 400 deaths. I haven't looked at it recently. They haven't reported it recently, so I don't know. But I know that between May 11th and June 8th of 2022, there were 11 deaths reported. And they used to do daily updates and say how many cases were from which area, which age groups, and so forth. They noted in that release on June 8th of 2022 that, of the 11 deaths, very sadly and tragically, one had occurred—our first death in the under 20 age group. And at the same time, another one was reported in the 30 to 39 age group.

[00:20:00]

And to this date, they are still the only two under the age of 40. All 11 deaths that week were fully vaccinated. So not a single unvaccinated person under the age of 40 has died in Newfoundland and Labrador attributed to COVID during the entire pandemic.

Gayle Karding

Thank you very much for your presentation, Dr. Bate. I'll defer to the commissioners for questions.

Commissioner Massie

Thank you for your presentation. I've seen some analysis of the government website in terms of the number they were coming up with respect to the likelihood of getting hospitalized or dying.

I'd like you to comment on what kind of data representation you could actually come up with in order to generate these kinds of conclusions, given that the numbers you've calculated are completely different.

Dr. Stephen Bate

Well, it's speculation. I don't want to say they're lying necessarily, but it seems to be a form of coercion that, "If you don't get the vaccine, you're probably going to die." We've seen it through the media throughout—especially in the States. You know, "If you don't get it, it's

going to be a painful, terrible winter,” and all this sort of thing. I also know personally that in Newfoundland and Labrador, they’ve reported for almost a year now that 100 per cent of the over-70 population is fully vaccinated. Personally, I know about 20 people in two small towns, totaling about 14,000 people: Clover Town and Gander. I have a list of 21 people over the age of 70 that are unvaccinated. And for this to be true, for the 100 per cent to be not 99.9, there could only be 31 in the whole province.

Commissioner Massie

Do you want to ask a question? All right. Thank you. Thank you very much.

[00:22:27]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 16, 2023

Day 1

EVIDENCE

Witness 7: Vonnie Allen

Full Day 1 Timestamp: 06:02:04-06:32:05

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

Welcome. Do you swear to tell the truth, the whole truth, and nothing but the truth?

Vonnie Allen

I sure do.

Ches Crosbie

Thank you.

Vonnie Allen

My name is Vonnie Allen. I was born and raised in Amherst, Nova Scotia. I left Amherst and moved to Moncton, New Brunswick, only long enough to get my RN diploma and begin my nursing career. In April of 1987, I moved back to Amherst with my then-husband and began working at Highland View Regional Hospital. In February of 1988, upon returning from my two-and-a-half-month maternity leave, I was given casual employment on the maternity unit. Little did I know that maternity is where I was meant to be and that I would develop a passion for it that would last almost 34 years—until I was unceremoniously put on unpaid leave on December 1, 2021 for standing up for my rights and declining to take an **experimental medication**.

I am the proud mother of four adult children and the blessed nanny of three little boys. Only one of my children has been awake and supportive of me throughout this three-year ordeal. Unfortunately, the oldest three have believed the mainstream media and the government and have been made unreasonably fearful like so many others. Two of them have forbidden me to speak of anything related to COVID and the mandates. I have been muzzled and disallowed to talk of the impacts that the COVID mandates have had on my life: The loss of my career, the loss of my income, the loss of respect from much of my community, the refusal of EI to give back any of what I paid in for over 35 years, the seven months I lived with no income except what I could borrow from friends and family and an RRSP I was forced to cash in, the inability to step foot in my local bowling alley for five

months, a place I called my second home for over 40 years, and the denial of entrance to my own local hospital when my youngest daughter had a grand mal seizure last year and had to be rushed in by ambulance.

She didn't know her own name. She couldn't speak. She was totally incapable of advocating for herself. She was terrified. And I, her mother, a formerly respected veteran nurse of that very hospital, a hero just two years earlier, was not allowed past the front door because I was not vaccinated with an unproven experimental drug.

I was married to my children's father for 29 years, spent 36 and a half years with him total. He was emotionally abusive, an angry man, and he worked when he felt like it. So for all but two years of our marriage, I was the major breadwinner. For two years, he worked up north in Baker Lake, Nunavut, and made great money. But then he quit and felt that because he had missed so much while he'd spent many months away, he was entitled to a year off. So the bills piled up. I tell you this because for my entire marriage, I lived paycheck to paycheck, robbing Peter to pay Paul. Which credit card should I put money toward this pay?

When I left him in 2016, I took on all of our accumulated debt, \$55,000, in return for him not demanding spousal support. I got a consumer proposal, and I paid off our debt as well as my vehicle. Times were still tough for me for a few years. But then they were both paid off, and for the first time in my life, I had money. I could buy groceries without worrying. I could give money to my kids when they needed it. I could give them each \$200 or \$300 at Christmas time to help them out. I could go on vacation or rent a cottage in the summer, and I could actually save money. Life was good.

Fast forward to 2021. I started to hear grumblings that I might lose my job if I didn't comply with the vaccine mandate. My unit was so short-staffed that overtime was readily available. I started picking up overtime shifts in an effort to build a nest egg just in case I should lose my job.

[00:05:00]

But I didn't really believe that was going to happen. Surely to goodness, during the worst nursing shortage in history, someone would come to their senses, and the most senior, most knowledgeable, most experienced nurse in the obstetrical department would not be put off work.

But that is exactly what happened. I went to work on December the 1st and was told by Director of Health Services, Lisa Lynch, that I had to leave. And being denied EI, my little nest egg didn't last long. My employer told EI that I left voluntarily with no just cause. It didn't seem too voluntary to me. In March of 2022, I was forced to put in for retirement, and I'd had no intention of retiring in the immediate future. I loved my job. I didn't receive a check until June. Fortunately for me, they backdated my retirement to December the 1st. Unfortunately, my ex-husband got 45 per cent of my pension. So once again, after paying back all the people I owed, I was soon back to living paycheck to paycheck—and through no fault of my own. I had done nothing wrong.

In 35 years, I had never been disciplined or reprimanded. I had only stood up for my rights, and not in a hateful, malicious way. I had simply declined to put into my body what I felt was not a safe or necessary chemical. And anyone who really knows me knows that I have avoided chemicals as much as possible for many years. So this wasn't a new radical stance for me. It was totally in keeping with my natural lifestyle.

I was devastated to lose my job. I loved nursing. My dad used to tell me that when I was a little girl, I always wanted to be a nurse and a mother. So I was a happy woman. Caring for obstetrical patients in labour and delivery, teaching breastfeeding to countless women, caring for them postpartum was my passion—and I was damn good at it. Just ask the women of Cumberland County and surrounding areas who have delivered a child in Amherst since February of 1988, and they will confirm that. To this day, I meet women of all ages in all settings who tell me that I was there when they had their child and that they have never forgotten me.

Obstetrical nurses have a huge impact on women's lives, as well as their families' lives, and I was very fortunate because our unit looked after off-service patients and pediatric patients as well. Heart attack patients from ICU, awaiting cardiac catheterizations, surgical patients, medical patients, gynecological patients, palliative patients—we got them all. And I was always thankful for that because it kept me learning and enabled me to keep my hand in all aspects of nursing to some degree. And it allowed me the privilege of caring for men and women of all ages. So nursing was my passion, and though I had done nothing wrong, I was no longer allowed to do it.

And that brings me to my co-workers. How I loved my co-workers. And I can safely say that the majority of them loved me, and they depended on me. They looked to me to answer their questions and show them how to do things. They came to me to start IVs because I was the expert. They came to me for my advice because I was the only one on my unit with 35 years of knowledge and experience. I hadn't seen it all, but I had seen and been involved in most of it.

Labour and delivery nursing involves looking after two patients, and one of them can't be seen. It's an art, a talent, a gut feeling, a skill, and it's not a skill that one develops overnight. It requires knowledge, but it also requires experience. You can read about all the obstetrical emergencies in a book and take a course and ace the exam. But nothing can replace living through those emergencies firsthand and learning how to deal with them to come out on the other side with a live mother and a live baby who are both fully functional. And sometimes, regardless of what you do, you lose a baby. I have experienced that firsthand with my first pregnancy culminating in a stillbirth. So I was always drawn to those mothers who suffered a similar loss. I felt I had something to share with them, and Lord knows that no one else was jumping up and down to look after them.

[00:10:00]

In my almost 34 years in obstetrics, I had dealt with most obstetrical emergencies, both as a patient and as a nurse. So I was not just a valued and loved co-worker. I was their **mentor—their only mentor.**

The next person in line to me had about five years' experience. One co-worker had worked in obstetrics with me many years before but had actually left nursing altogether for several years. So upon returning, she had forgotten a lot of what she had known and had also lost her confidence. And confidence is important. Knowing what you know. Not being cocky, but confident. It is knowledge and confidence that allows you to stand up: To stand up for your patients and be their advocate. To stand up to the doctors when you don't agree with their approach or treatment. To stand up for yourself and your co-workers when management is putting you and them into unsafe working situations. And I did that for my patients and my co-workers. I stood up for them. And I stood up for myself, which is why I don't have a career anymore.

Thank you.

Gayle Karding

Thank you, Ms. Allen. I'm going to follow up with some questions. I think you've touched on everything that I could think of for your personal situation, and you've described in a very heartfelt way the impact on you personally. I do want to spend some time with you since you spent so long in the Cumberland region practicing nursing. I wanted to talk to you generally about the health care system there in and around the time of the pandemic.

Vonnie Allen

Yeah.

Gayle Karding

You used the phrase in your evidence, "fully staffed," and how infrequently the unit was fully staffed, and so there was lots of overtime available. What would a fully staffed unit look like?

Vonnie Allen

So full staffing on my unit was considered to be two RNs and one LPN around the clock. In the year before I left, full staffing was in place probably about 60 per cent of the time. Often, we were staffed with one RN and one LPN. If we were lucky, we had one RN and two LPNs.

Our LPNs were good. They were smart and capable, but their scope of practice had limitations. LPNs are not permitted to be the labour and delivery nurse. They could be the second nurse in the delivery room and look after the baby when it was born, and they could initiate a resuscitation if it was necessary. But if there was only one RN on, it meant that if there was a patient in labour, she had to be one-on-one with that patient. It meant she had no one to relieve her for breaks and no one to look after a second labour patient if one came in. That was a scary scenario, one that you were always hoping would never occur.

And having only one RN put a lot of pressure on our LPNs. They were expected to look after the entire unit outside of the delivery room, plus come in to help the RN during the delivery. So if we couldn't staff with two RNs, we always tried to have two LPNs with our one RN. More bodies was preferred. LPNs were more likely to pick up extra shifts if I was the RN on that shift. Because they had confidence in my knowledge and ability to keep my cool and handle whatever situation came up.

Gayle Karding

And when you were fully staffed, or at least had a full RN contingent, which would have been two of you on at once, you've said that you were often acting as a mentor to the other RN who was on.

Vonnie Allen

Oh, absolutely, yes, yeah.

Gayle Karding

And so, when you weren't there, presumably one of those less experienced were the only ones on. If there was only one.

Vonnie Allen

Yes. And they were put into terrifying situations. And the thought of being two or three, or four, years' experience, five years even, and not having anybody else for back up? It's terrifying.

Gayle Karding

My understanding from speaking with you earlier was that in the context of this short staffing from March to September, your obstetrics unit was actually closed.

[00:15:00]

Sorry, from March to September 2020, your obstetrics unit was closed.

Vonnie Allen

Yes.

Gayle Karding

What was the reason to the best of your knowledge for that closure?

Vonnie Allen

We were closed from March 27th to September of 2020. We were told it was because we were already so short-staffed that if any of us got COVID, the unit would end up shutting down anyway. So we were rerouted to other areas in the hospital, most often medical, but sometimes surgical or ICU or emerg., and during those five months bed occupancy was down drastically. There were no COVID cases in the hospital. There were very few patients in the hospital. Medical had 38 to 39 beds and they might have 20 beds occupied. The ER generally had very few patients during a shift. Often the nurses were sitting around behind the desk chatting because they had no patients. And the majority of patients on medical were patients with dementia, awaiting placement.

And I have to speak on their behalf. Here we were in our black and white uniforms with masks on. They were already confused. They could never get familiar with anyone because we all look generally the same. The mask muffled our voices and hid our facial expressions and kept them from reading our lips when most of them had some degree of deafness. I would often stand across the room from them, pull my mask down so that they could see that I was a human being, and talk to them in a raised voice so they could read my lips. It was a horrible way to treat people. They weren't permitted any visitors and they knew none of us.

I saw some amazing nurses go out of their way to try to enable these patients to FaceTime with their families or talk with them on the phone, but most of the patients struggled to understand what was going on.

Many of them died before they were ever placed in long-term care because the rules for getting into long-term care were ridiculous during COVID. If they became palliative, then they were permitted a family member—or sometimes two—but never at the same time. Imagine. It could be two people who lived together at home, but they weren't allowed to visit their dying mother at the same time. Often by the time they were palliative, they no longer recognized their own family members because they hadn't seen them for so long. The masks and the rules were a travesty to health care and particularly to this segment of our society. And during all that time we did plenty of testing, but we never had one case of COVID.

Gayle Karding

In the context of the government messaging about how unsafe an unvaccinated nurse would be to their patients, did you ever alert any of your patients to your status?

Vonnie Allen

Every one of them.

Gayle Karding

How did you do that? Tell us about that.

Vonnie Allen

I would just bring it up in conversation. I was led to believe by the occasional person—not many. My nursing co-workers were very supportive of me, unlike a lot of people that I hear of. But on occasion, I would hear grumblings that patients didn't want to be looked after by nurses who weren't vaccinated. So I made a point of telling them all that I had not been vaccinated against COVID.

I never once had a single patient respond in a negative way. I never had one of them ever ask to have another nurse. Now, at times that would have been difficult because I would have been the only RN. But there was never a patient that ever made me feel uncomfortable or like they felt like they were being looked after somebody who had the plague.

Gayle Karding

Those are all my questions. I'll defer to the panel for any questions.

Commissioner Drysdale

I have a couple of short questions. Were you the only one in your health community that was affected like this, that were let go?

Vonnie Allen

In my hospital, I was the only RN. There were two LPNs on the medical floor who didn't take the vaccine and so lost their jobs.

[00:20:00]

I have no way of knowing how many other people in my hospital in other departments or how many other people in, say, nursing homes in the community didn't take the shot.

Commissioner Drysdale

It also said that the unit was closed down between March and December.

Vonnie Allen

March and September.

Commissioner Drysdale

September 2020. And the reason given was that if they lost one nurse, they couldn't operate.

Vonnie Allen

Yeah.

Commissioner Drysdale

So my question is, when they lost you, how did they operate?

Vonnie Allen

Well, I can tell you they're not a happy bunch. They were terrified when they started thinking that they might lose me. We would have staff meetings and one of the girls would say, "Why aren't we going to talk about the elephant in the room here? Like, what are we going to do if Vonnie has to leave? What are we going to do about this?" And our unit manager would respond by saying, "Well, you know, that's not really something that I have any information about. I can't really talk about that." And nobody was giving us any answers, and we just kept hoping beyond hope that it wouldn't happen. We had just started a new rotation recently and we were having a difficult time filling the spaces in that rotation. As I said, overtime was readily available. So they were wondering, "What are we going to do when we lose you too?" And not just another staff member, but the one with the most knowledge of anybody there.

One of my co-workers messaged me last week, and I actually sent the message to Gail. She said, "Vonnie I'm still grieving the loss of you from our unit." She said, "It's never been the same since you left. I feel like it was the beginning of the end for us." She said it's not a good place to work anymore. It's not safe and she said, "It's just not right, you know. We're missing you badly."

Commissioner Drysdale

Did you receive any comments, support, or anything from the rest of the staff—the doctors? You talked about the LPNs. You talked about the nurses. I didn't hear you say the doctor word.

Vonnie Allen

Well, it's interesting. One of our obstetricians, I had a great deal of respect for her. She had a few more years' experience in obstetrics than I did, and she and I often disagreed on a lot of points. But we respected each other enough to agree to disagree. But when it started getting down to the end and I knew I was going to lose my job, she would approach me and say, "Vonnie, what are you going to do? Like, why don't you take the vaccine?" And I'd say, "No, I'm not taking the vaccine. I'm not sure what I'm going to do, but I'm not taking the vaccine." And "Well, aren't you worried?" "Well, yeah, I'm worried, you know?" And then she sent me a message one day on Messenger that said, "I've been hearing that you might not be able to get your pension. They might just pay it out in one lump sum. I'm really worried about you." And she said, "Aren't you worried?" And I responded and said, "Yeah, I am worried, but doesn't that seem a little bit Nazi to you?" Take this experimental drug that has no proven effectiveness and no safety record, or you're going to lose your job and you might lose your pension too. And she responded back by saying, "No, that doesn't sound Nazi to me. No one's leading you to the death camp. No one's taking you to the gas chambers." And then she went on this big tangent about how important it was to take it. Nobody said it was 100 per cent effective, but you need to take it to protect all those vulnerable people in society. That's the last time I ever messaged with her.

Commissioner Drysdale

Thank you.

Vonnie Allen

And as far as the other doctors on the unit, they didn't really have much to say. One of them is my family doctor, and I've always admired him.

[00:25:00]

But none of them stood up for me, basically. We had one doctor in the entire hospital who spoke out very, very candidly about the vaccines, about the lockdowns, the mandates, the masks. I don't know how he's still practicing. His Facebook page is covered on a daily basis with this stuff, and I'm thinking, how is he getting away with it? You know, he's still a doctor. He's the only one—the only one who spoke out against it.

There's one other thing I'd like to point out. When I left, I took with me a lot of knowledge and experience. And one of the areas that I can assure you is really suffering right now is breastfeeding. I never took the lactation consultant course. I started it when my children were very little, but I soon realized that my kids would only be little for so long and it took up far too much time. One of my co-workers, a friend and a co-worker for 28 years, she took the course. She went off sick in 2016 with cancer and never came back to work and ultimately died in 2020. But even during her years at work, she was team lead, so she spent much of her time at meetings and rarely had direct patient contact. So I became known as the breastfeeding guru.

I had breastfed my own four children and taken numerous courses over the years, and I had helped literally hundreds, if not thousands, of women breastfeed. As with maternity in general, I had a passion for it. The girls often called me "the boob whisperer." They said, "if Vonnie can't latch that baby, no one can." I spent a lot of time teaching women to breastfeed and latching their babies. And some babies won't latch. So I came up with plans to get their babies fed until we could latch them. I taught hand expression and pumping to moms as well as my co-workers. I hand expressed more women's breasts for colostrum than you

could ever imagine, because it's something that women don't come naturally. They don't know how to do that naturally. I latched babies to moms who couldn't keep their eyes open and held the babies there while their mothers slept. I spent countless hours with both inpatients and outpatients trying to resolve breastfeeding issues: latching problems, lack of supply problems, sore nipples, blocked ducts, oversupply problems, you name it. I was the solution-finder.

I had two colleagues— two of my LPN co-workers, who also had a passion for breastfeeding. And I was always so pleased if one of them was coming on after I'd spent my shift with a difficult breaster. I knew that they would work just as hard as I had to try to help that woman have success. But they would usually come to me to confirm that what they were doing was right. We would discuss different tactics and ideas and brainstorm with each other. But I was the one with all of the years of knowledge and by far the most hands-on experience. So when I left, that was gone.

The fact that they could just do this to us. And this is supposed to be about our health, all of these mandates. But none of it has been good for anybody's health.

If you have no more questions, I have one final thing to say. Once upon a time, I was a respected member of my community. I was a respected aunt, mother, sister-in-law, and friend. Because of the stance I took, because I declined to take an experimental drug with no science to back it, I lost my job and my credibility. I've lost the respect of my oldest children, a niece, many of my friends. My sister-in-law has blocked me. I have been discriminated against and denied entrance to restaurants, theaters, my bowling alley, my friend's party. I was unable to go away on vacation with my four oldest girlfriends of over 40 years. I spent 35 years in a profession

[00:30:00]

where I helped and cared for other people, but now I am not allowed to speak because my opinion no longer matters.

I have been censored.

Gayle Karding

Thank you, Ms. Allen.

[00:30:35]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 8: Leigh-Anne Coolen

Full Day 1 Timestamp: 06:56:15–07:11:22

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

The next witness is Leigh-Anne Coolen. Leigh-Anne, do you affirm solemnly to tell the truth, the whole truth, and nothing but the truth?

Leigh-Anne Coolen

Yes, I do.

Gayle Karding

Good afternoon, Ms. Coolen.

Leigh-Anne Coolen

Hi.

Gayle Karding

Can you tell us where you're from?

Leigh-Anne Coolen

I'm originally from Newfoundland. I live now in Head of Jeddore.

Gayle Karding

Head of Jeddore, Nova Scotia?

Leigh-Anne Coolen

Yes.

Gayle Karding

I understand that you did take one dose of the vaccine?

Leigh-Anne Coolen

Yes.

Gayle Karding

And when did you do that?

Leigh-Anne Coolen

On May 27th, 2021.

Gayle Karding

Did you do that of your own accord?

Leigh-Anne Coolen

No.

Gayle Karding

And can you elaborate on that?

Leigh-Anne Coolen

My employer started, I guess, maybe March or April, with a real push for everyone to get vaccinated. I held off until I couldn't any longer, and I had to go get my first shot. They expected two, but they got one.

Gayle Karding

Okay. What were your reasons for hesitating?

Leigh-Anne Coolen

Because it was too soon. Everything was just, "Oh, here's a vaccine. It'll help." I didn't trust that it would help. I'm not an anti-vaxxer by any means. I'm fully vaccinated. My son is fully vaccinated. My husband is vaccinated. I'm not against vaccines. I was just against this because I didn't trust it.

Gayle Karding

When you say that family members in your household are fully vaccinated, you mean the kind of traditional vaccines, that sort of thing?

Leigh-Anne Coolen

Yes. Exactly, yes.

Gayle Karding

Okay. You started to feel some pressure in March and April from your employer.

Leigh-Anne Coolen

Yes.

Gayle Karding

Did your employer have a mandate in place?

Leigh-Anne Coolen

They did mandate it. I'm not sure if they had a written mandate. I'm sure it's probably in the company policy in some way shape or form. I do have emails from the president, kind of telling everybody to go get vaccinated; remember, get your vaccination; send in your verification kind of thing when you're done, so we can have that on file.

Gayle Karding

Were you ever told what would happen if you did not get vaccinated?

Leigh-Anne Coolen

We were told that we wouldn't be able to work there anymore.

Gayle Karding

Okay. So in May of 2021 you did receive your first injection. Do you know which one you got?

Leigh-Anne Coolen

It was Pfizer.

Gayle Karding

Pfizer, okay. And do you know where you got that and who administered it?

Leigh-Anne Coolen

I don't know who administered it, but I do I know where I got it. It was at the pharmacy in the Superstore on Cole Harbor Road.

Gayle Karding

In the pharmacy. And do you have the lot number for that?

Leigh-Anne Coolen

I do, but I don't have it with me. I know I filled it out on something, but I—

Gayle Karding

Alright, so you got one injection of Pfizer in May of 2021. And tell us what happened after that.

Leigh-Anne Coolen

Everything seemed normal until Sunday, June 20th, when I don't remember much. I remember waking up in the morning and hearing my husband talking to, I assume, somebody on the phone. Because it was only him and I in the room.

It was the paramedics. I had had a stroke. The ambulance came and, the next thing I knew, I had paramedics at the foot of my bed. They took me to the hospital, and I was there for five days.

Gayle Karding

Has your husband described that experience to you?

Leigh-Anne Coolen

He has. Not in great detail, because he's still traumatized from the event. I make noises in my sleep. He wakes up immediately thinking, "what's going on here?" So yeah, he still lives with it.

Gayle Karding

And what did he tell you about the experience?

Leigh-Anne Coolen

I don't even know how to put it into words. He said my face was kind of twisted, obviously. Because I had a droop on one side of my face. I was trying to say words. He couldn't understand anything. I wasn't there, so I don't know, but he doesn't really elaborate on it because he doesn't talk about things like that.

Gayle Karding

Okay. The five days that you were in the hospital, can you describe how you were feeling, some of the symptoms you were having?

Leigh-Anne Coolen

I don't remember any symptoms at all, really. It kind of just happened, and it went away. I'm left with memory loss, or I don't know what to call it. I can't get my thoughts organized as quickly as I used to be able to. But I went through several tests in the hospital, several CAT scans, everything. I had blood work done, I think, twice a day.

[00:05:00]

I had an IV with a heparin drip because of the blood clots. The blood clots were in my arteries, not in my veins. I do have Factor V Leiden, but it is actually in my report from the hospital that they don't believe that was the cause of the stroke. Eith all the other tests that

I had done, nobody gave me a reason as to why this happened. So I'm still left wondering why.

Gayle Karding

Okay. When you were in the hospital, was there any discussion about whether you'd had your vaccine and when?

Leigh-Anne Coolen

No. Before I got out of the ambulance, they gave me a COVID test, because I wasn't allowed in the hospital without one. I did mention to them at that point that I had just had my vaccine about three weeks ago. And nobody said anything. A couple of days later, I believe, when I was in the room and there were medical teams visiting, I had mentioned that I had had my vaccine about three weeks ago. And nobody paid any attention to those words coming out of my mouth. They kind of just turned around and walked away, and nobody said anything about it.

Gayle Karding

So during the entire time that you were in the hospital, no doctor or medical professional asked you any questions about the proximity of your stroke to your vaccine injection?

Leigh-Anne Coolen

None.

Gayle Karding

How old are you?

Leigh-Anne Coolen

Now I'm 42.

Gayle Karding

And at the time?

Leigh-Anne Coolen

Forty-one.

Gayle Karding

Forty-one years old. Is there any history of stroke in your family?

Leigh-Anne Coolen

There is. My grandmother, I believe she was in her 50s when she had a stroke. I think she also has—or had—factor 5 Leiden. She had blood clotting: I believe she had a blood clot in her leg. She did have a pulmonary embolism, a stroke. She had an aneurysm that was

clipped. It didn't leak or anything, so they settled that. But she had the typical Factor V Leiden things happening.

Gayle Karding

Okay. Do you know whether her stroke was consistent with that condition?

Leigh-Anne Coolen

I can't say one way or the other.

Gayle Karding

All right, and we have your discharge summary that we can put up on the screen. It's one of the exhibits and—

No? Okay, I was given an exhibit number. If I could just have one moment, I'm going find that, indicating that you have this condition, this Factor V Leiden. And indicating specifically that it was not responsible for your stroke and that's because your stroke was an arterial clot?

Leigh-Anne Coolen

Yes.

Gayle Karding

And Factor V Leiden is specifically responsible for intravenous clotting?

Leigh-Anne Coolen

Yes.

Gayle Karding

Okay. It's at TR-003. I'm going pass up this copy to the panel because we were supposed to have that uploaded so that they can see that.

And I'm specifically referring, Commissioners, to the second paragraph, starting with the word "hematology." Second paragraph on the first page. Hematology was consulted and the patient was started on a Heparin drip. It was felt that her Factor 5 Leiden mutation was not **the cause of these arterial clots, as this is associated with Inktree's venous clotting.**

So the one pre-existing condition that you're aware you had, they have ruled out as the cause.

Leigh-Anne Coolen

Yes.

Gayle Karding

And you're not aware of any other pre-existing conditions which would potentially cause you to have a stroke at 41-year-old?

Leigh-Anne Coolen

No, I'm not aware of anything.

Gayle Karding

In the context of that year, or the previous years, were you generally healthy?

Leigh-Anne Coolen

Yes.

Gayle Karding

Okay. What, if any, long-term impact have you felt this has had on you?

Leigh-Anne Coolen

It's like I don't know myself anymore. I know my thoughts and stuff. I can process thoughts, thoughts come quickly, I just can't organize them to get them out. Things that I enjoyed doing, I don't enjoy anymore.

[00:10:00]

I just— I don't know. I'm just— I'm just here. Like it's just all the drama with everything around the whole vaccinations and you can't talk about it and everything else. So just sweep it all under the rug. And it gets to you. Really.

Gayle Karding

Are you on any medication that you weren't on previously?

Leigh-Anne Coolen

I am. They prescribed atorvastatin for high cholesterol.

Gayle Karding

Okay.

Leigh-Anne Coolen

And vitamins: vitamin D, vitamin B12

Gayle Karding

Is that in relation to—?

Leigh-Anne Coolen

That's what they prescribed for me when I left the hospital.

Gayle Karding

Okay. Do you have regular updates with your family doctor?

Leigh-Anne Coolen

I don't. I haven't had a family doctor for quite some time. I do have a nurse practitioner now. I do have to go and get some blood work done for an update.

Gayle Karding

How often do you have to do that?

Leigh-Anne Coolen

Nobody told me anything, so I guess it's my own discretion.

Gayle Karding

Did you ever have any conversations with her after your stroke?

Leigh-Anne Coolen

After my stroke, I did talk with the nurse practitioner at that point. He was very supportive. He seemed like he kind of felt that maybe the vaccine did have something to do with it. That made me feel fantastic, because I'd never had anyone actually on my side before.

Now, I don't have him any longer. He's been replaced with another nurse practitioner. I did speak with her about it, but she's not as vocal as he is about it. So I assume that she doesn't want to talk about it.

Gayle Karding

Are you aware of whether or not your first nurse practitioner—the male—reported the symptoms of your stroke to the vaccine injury database?

Leigh-Anne Coolen

I'm not aware that he did.

Gayle Karding

Did the mandates have any other impact on you? Actually, before I move on to that, I understand you did not have the second dose.

Leigh-Anne Coolen

Correct.

Gayle Karding

What, if any, impact did that have on your employment?

Leigh-Anne Coolen

I had to leave my job because they kept at me about another vaccine or an exemption letter. In a follow-up appointment I had with hematology, I asked the doctor on the phone, "Is there any way I can get an exemption letter? Because work is asking me to get the second vaccine." She told me, if I was worried about having another stroke, to get my second vaccination before my fragment injections ran out, which was the prescription that they sent me home with from the hospital.

That's when I gave up and I said, "I'm not going to get an exemption letter. I'm not having another vaccine, so I'll just have to move on." And that's what I did. I quit that job in December 2021.

Gayle Karding

Did the rules and mandates, the vaxx pass, all that sort of stuff: Did that have any other impact on your life?

Leigh-Anne Coolen

Well, my husband got the second shot because we were still at that job and they pressured him to get it. He felt like he had to get it to support the family.

My son completely refused it. And I don't blame him. He did feel pressure from his friends. He did get bullied. He did get kicked off the soccer team because he wasn't vaccinated, and he wasn't allowed to play. I told him, "If you want to participate, I'll take you to get vaccinated." "No, I don't want it. I don't want it." And I didn't push any further.

It was a simple question, "if you want it." But because of what happened to me, he refused it and I'm very thankful for that.

Gayle Karding

How old is he?

Leigh-Anne Coolen

He's 18.

Gayle Karding

Okay, those are my questions.

Commissioner Drysdale

You said that you had gotten one dose of one of the vaccines.

Leigh-Anne Coolen

Yes.

Commissioner Drysdale

When you went to get your vaccine, what did the person who gave it to you, the pharmacist, whoever it was that gave it to you: How did they explain to you the risks and the benefits of the vaccine so that you could make an informed decision?

Leigh-Anne Coolen

Nobody explained anything.

Commissioner Drysdale

Thank you.

Gayle Karding

Thank you very much, Miss Coolen.

[00:15:00]



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Final Review and Approval: Jodi Bruhn, August 3, 2023.

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 9: Chet Chisholm

Full Day 1 Timestamp: 07:11:50–7:33:40

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Alison Steeves

Good afternoon. My name is Alison Steeves. Like Ches, I'm a non-practising lawyer, a member of the Nova Scotia Bar.

Ches Crosbie

Thank you. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Chet Chisholm

Yeah.

Ches Crosbie

Thank you.

Alison Steeves

Can you please state your name for the record?

Chet Chisholm

Yeah, my name is Chet Chisholm

Alison Steeves

And where are you from?

Chet Chisholm

I'm from Antigonish, Nova Scotia.

Alison Steeves

And what is your occupation?

Chet Chisholm

I am a paramedic. I've been a paramedic for 12 years.

Alison Steeves

For 12 years?

Chet Chisholm

Twelve, yes.

Alison Steeves

And how do you like being a paramedic?

Chet Chisholm

Oh, it's the best job in the world, man. It's probably one of the most rewarding professions that you can ever work. You show up on people's worst day and your goal is to improve it. No one's ever mad that the paramedics show up. Well, some are, but not many!

And with everything that's happened, if I had a lot of friends and colleagues, who say, "Hey, if you could go back and do it all again, would you?" And my answer has always been, "Yeah, I'd go back, and I'd have done it sooner."

Alison Steeves

So back in March 2020, when we started hearing about COVID, were you working as a paramedic at that point?

Chet Chisholm

No, I was currently off work. I was off with workers' compensation in March of 2019. I was diagnosed with post-traumatic stress disorder and was placed on medical leave awaiting treatment.

Alison Steeves

Were you planning to return to work, eventually?

Chet Chisholm

Yeah, that was the hope. My mental health team was pretty keen on getting me back to work. I was gung-ho to get into treatment, get back on the trucks. And kind of what was looming on the horizon, and the state of EMS in Nova Scotia, I felt it was imperative to do so.

Alison Steeves

Did you receive the treatment that you were waiting for?

Chet Chisholm

No, I was I on deck to get what's called EMDR, which is eye movement desensitization and reprogramming. It is often used very well with PTSD, and they see a lot of success with first responders and veterans. And my first appointment was kind of like the meet-and-greet appointment, to kind of set up a rapport. That was the first day of lockdown. So we showed up, we talked about what we were going to do, and that was it. Everything got canned thereafter, and then I was put into limbo and wasn't seen again for close to another year. Because we weren't allowed to have any in-person appointments whatsoever.

Alison Steeves

So you did get the treatment after a year?

Chet Chisholm

No. I went from a psychologist to working with a counselor, and we were kind of doing the prep stages, building the rapport, getting a background on what was going on. And things would kind of— We'd get a little bit of momentum and then they'd say, "Well, you can't meet in person again, and EMDR is an in-person thing."

So we'd have to just kind of do talk therapy on the phone and discuss things and talk about stressors. But we never really got to, we never got into a groove of things.

It was on and off, on and off, on and off, up until probably late spring, early summer of 2021. Things just kind of got canned again, and I got put back into the wait list and waiting in limbo. And where we continue to sit.

Alison Steeves

And what impact would you say that the delay in this treatment had on you?

Chet Chisholm

I've certainly had relapse since I saw my PTSD symptoms, which I've had previously somewhat under control. And not being able to— You kind of had to do maintenance while you're working through this. And we couldn't do any of that. And being in person, and actually being able to connect with somebody and talk about these things, and work through it, and then actually build to a therapy, is incredibly beneficial. There's such a disconnect when it's on the other end of a phone or on a screen. And not only that, but my counselor was getting extremely frustrated. She's like, "you are pretty well primed and ready to go, we can get you back on the trucks and get you going. But this keeps getting in the way." It's like we always had to keep starting from scratch again.

Alison Steeves

So are you still on leave from the same job?

Chet Chisholm

Yes, I'm still on leave. And due to the time frame that I've been off with our contractual agreement with the union, because the clock has ticked down,

[00:05:00]

I've been terminated for my position at EHS [Emergency Health Services].

Alison Steeves

So you're only allowed to be off for so long with an injury before you become terminated.

Chet Chisholm

Yeah. At two years. They'll hold your full-time position for two years. So that timeframe ran out. And, as we'll get into it in a little bit here, that's when we needed to push for this, so I don't lose anything else. At a three-year mark, you're canned, and that's it. You lose all your seniority and everything.

Alison Steeves

Do you have reason to believe that, had you received the treatment in the time frame that was originally scheduled, you would have returned to work in time to avoid losing your job?

Chet Chisholm

Pretty well everyone in my mental health team was pretty keen. Like, pretty sure Chet's going to go right back on the trucks. He wants to be there. And there's been such a high success rate with this with other first responders. It was looking good. Not so much.

Alison Steeves

During the time you're awaiting treatment, did you take the vaccine against COVID-19?

Chet Chisholm

Yeah, there was a push for it from our employer. And initially, I declined because I was eligible in December of 2020 and January of 2021. Because I was off work, I'm a young guy, pretty healthy. I said, "No, thanks. I'll wait. If we're going to give it to anybody, give it to people who are vulnerable and whatnot, I don't need it right now."

But when it became available for people in my age group, for people in their 30s, I got my first shot on May 21st. And the reason is we work with the most vulnerable people at the most vulnerable point in their life. And we are in constantly different clinical situations throughout a shift. You can start your shift in a backseat of a car in a ditch. And then you can be in an old-folks home and treating a COVID patient. And then you could be going into the ICU. It's a mixed bag every time you go to work. So the likelihood that I'm going to get a lot of exposure to COVID is quite high. And it's going to be in the back of an ambulance. And it's going to be probably right in my face. So the hope was that this could help mitigate cross-exposure amongst vulnerable people.

Alison Steeves

You didn't feel coerced to taking it?

Chet Chisholm

Yes and no. I was a little annoyed with kind of, the push. It's like, "Hey you got to do this, you got to do this right now." But I wasn't ever angry at the point of getting it. Because if it did what they said it did on the tin, then that could be beneficial—both for myself but, more importantly, for the vulnerable people whom we deal with every day.

Alison Steeves

Who administered it to you, do you recall?

Chet Chisholm

It was given to me by an RN and that was done at one of the local pharmacies in Antigonish.

Alison Steeves

Before taking it, did they advise you of the risks?

Chet Chisholm

The only risk that we really discussed was the risk of anaphylaxis. Because I have food allergies. So we talked about that, because it's like, "Hey, just hang around for like an extra like 20 minutes or so just so we can keep an eye on you." And I've done vaccination clinics for flu shots and stuff. I know you know the whole rigamarole of, "Hey we're going to give you this, we're going to keep an eye on you and make sure nothing happens. And if something happens, we'll report it and take care of you."

Alison Steeves

And how did you feel after taking it?

Chet Chisholm

Initially, I felt fine. But by that evening, I was pretty slack; really, really tired. And that was kind of par for the course for any other vaccines I've gotten for work or school in the past. But what kind of really drew attention to some things is I've been dealing with PTSD and crippling insomnia for years at that point—for two years at that point, where I would need to take medication to sleep. I went from not sleeping at all, to sleeping most of the day, to sleeping probably like 20 hours or more. And then just being incredibly sluggish and getting a little shorter breath here and there, and that kind of escalated over the next few weeks.

Alison Steeves

So those symptoms persisted and increased?

Chet Chisholm

Yeah, it started with incredible fatigue, which led to shortness of breath. And then eventually, I would get a tinge of chest pain when I was laying on my back. And it ultimately built up to— My dad had taken a tree down in the yard, and I went out to help him just load a couple chunks of log in the front of his tractor.

[00:10:00]

I got extremely short breath. I had stabbing chest pain here, just left my sternum, which radiated into my back. I told my dad. I was like, "Hey, we have to go to the hospital right now; something's up. I can't say what, but there's something very wrong at the moment." And I became incredibly diaphoretic, really sweaty, and pale as a ghost.

Alison Steeves

Had you had similar symptoms in the past?

Chet Chisholm

No.

Alison Steeves

You said you went to the ER. You consulted a healthcare provider about these symptoms?

Chet Chisholm

Yeah, I went in, talked to the triage nurse and said, "Hey, this is what's going on." And was admitted, had EKGs and stuff done, and explained, talked to the nurse. These are all people I work with, and I'm like, "Dude, what do you think's going on?" And it's like, "Well, I think it's one of these things." And they're like, "Yeah, something's definitely up because you never look like this."

We did a bunch of EKGs, blood work, did my vitals, my vitals were all abnormal.

Alison Steeves

And did they find anything?

Chet Chisholm

Not at the time. I was really hypertensive. My blood pressure was up quite a bit. I was tachycardic. But the doctor didn't seem to see anything in my blood work or my EKGs. He just said, "maybe it's just esophageal spasms," and sent me on my way.

Alison Steeves

And did the symptoms persist after that?

Chet Chisholm

Yeah, they never quite resolved. They would calm down, but they did persist. And any time, on any exertion or lying on my back, things would exacerbate. I'd get more short of breath. I

could, again, develop more chest pain. The fatigue persisted. Well, it still persists, but I would be pretty well bedridden some days. No energy to get up and do anything, which was entirely new. It was like a complete shift. Because I used to be up doing stuff pretty regularly. I used to be in really good shape and whatnot. So it was a drastic change.

Alison Steeves

And how many health care providers did you consult about these symptoms?

Chet Chisholm

Well, I was admitted into the emergency room three times over the course of the summer.

Nothing was ultimately found, aside from having abnormal vitals and just symptoms that I presented with. The second physician that I saw in the ER kind of just shrugged and said, "Man, I don't know what's going on. You're obviously in distress, something's up, but we can't pinpoint anything." And the third doc I saw, which would have been probably late July, said, "I think this warrants further investigation. We should order some more cardiac tests, like echocardiogram, and you should follow up with your family doc, get a cardiac MRI, and get a stress test and see if we can pin down what's going on. I don't know for sure, but just on the way you're presenting and what you're telling us and your vitals—there's something here, there's something wrong, so we need to look into it."

He actually gave me a shot of Toradol, which is a strong anti-inflammatory, which took the edge off for maybe a couple hours. But again, the symptoms persisted. I had discussions with my family physician, who was often very dismissive and abrasive about my concerns. And I've had a yearly follow-up that I had with WCB [Workers Compensation Board]. Because we have a follow-up every year where a physician comes in and talks to you, and it's like, "Hey, how's your PTSD going? What are the symptoms you're having?" And we talked about that, and then we talked about this. And he's like, "yeah, based on your history and kind of the cycle of symptoms, there's something going on here, and we should look into it."

Alison Steeves

Did you ask any of these physicians if there could be a link with the COVID-19 vaccine?

Chet Chisholm

I don't think I ever asked if there was a link, but when they asked, "When did this start?" I told them I didn't feel good after getting the vaccine and it hasn't let up since. But I don't think we ever specifically honed in. I suspected it, but do I know for sure? Absolutely not.

Alison Steeves

So they couldn't find anything objectively wrong to explain your symptoms and they knew that they had started within close proximity to you taking the COVID-19 vaccine. Do you know if any of them filed an adverse event following immunization form?

Chet Chisholm

No, there was no discussion of that.

Alison Steeves

They didn't ask you any more questions about that or indicate that they were concerned?

[00:15:00]

Chet Chisholm

No, none whatsoever.

Alison Steeves

How did they respond when you mentioned that it was in relation to the vaccine?

Chet Chisholm

It wasn't really discussed; it was just kind of glazed over. Some of the nurses expressed more concern when they asked me. I had paramedic colleagues who expressed their concern just with the timing and some of the things that they had seen on calls that they have been discussing with me as well.

Alison Steeves

And have you shared your concerns about a link between your symptoms and the vaccine with others?

Chet Chisholm

Yeah, I've spoken to numerous family and friends and colleagues. And you get a mixed bag of the way people react. I've had people call me an anti-vaxxer, a far-right conspiracy theorist, and every other nasty thing under the sun. But then I've had others who've come to me and said, "This is what happened to me, this is what my family members experienced."

I've had medical colleagues come to me and say, "Hey man, we were talking about what might have happened to you in the hallway. The other crew that was there was talking about how they had three kids who had myocarditis and POTS and stuff coming in through 911." We don't see kids in EMS very often, and that was concerning.

But yeah, it's been a mix. I've had friends who have since abruptly stopped talking to me whatsoever. I've talked about this publicly and my concerns, and I've talked about some of the problems that we're having in EMS right now. I've had people from across the country thank me for speaking about these things. Recently, I had somebody reach out and say, **"You and I have never met, but I know who you are because you helped someone in my family on a 911 call, and they still talk about you years later. Thank you for doing this. Thank you for talking. Thank you for your service, and I'm sorry for what you're going through."**

Alison Steeves

You had concerns that these might be related to the vaccine. Your first dose—did you end up taking the second dose?

Chet Chisholm

No, I did not.

Alison Steeves

And in October 2021, when Nova Scotia implemented the vaccine passport policy and several mandates, how did this impact your life?

Chet Chisholm

Well, because I'm not vaccinated enough, I was banned from restaurants. I wasn't allowed to access some different services, couldn't go to the gym—not that I was feeling well enough to do so anyway. When I went in to pick up the results from my echocardiogram and copies of my bloodwork and EKGs from the hospital, I stopped at the door and they said, "You can't come in." It's like, "I'm picking up bloodwork, man, I just got to go around the corner." And it's like, "No, you need to be double-vaccinated to come in here." And it was a back and forth throughout a good 20 minutes explaining, "I'm here because we're investigating, trying to determine if something has happened with results as a result of this. I need to get that paperwork so we can figure out what happened, if anything." Eventually they're like, "Just let him go in, he's just got to go around the corner. It's 30 feet."

And one of the worst things is that one of my best friends was diagnosed with cancer during the pandemic. And because I haven't taken the shot twice, I wasn't allowed to go see him when he was dying in the hospital. I never got to say goodbye to one of my best friends. Because "you're not vaccinated enough, you're not allowed in here."

And, as many people know, the vaccine mandate for healthcare providers is still in effect. So even if I do get a clean bill of health and my PTSD is, you know, wiped clean, we're going to go. I'm still banned from going back to work: I'm not allowed to go.

Alison Steeves

Chet, do you have any final words about the impacts of the COVID-19 measures on your life?

Chet Chisholm

Yeah, it's had a significant impact, not only on my mental health, but on my physical health. Associated with PTSD as well. And you can see just with the way EMS is right now in Nova Scotia: Morale is plummeting every day since the start of 2020. We have lost 331 paramedics from the workforce, that's one quarter of the paramedics who work for EHS. **We've since hired some new people, but these are people who are fresh out of school; they don't have experience. Even on my rotation, there's four of us on my rotation that have either been put off on injury or PTSD. And there's 60 years between the four of us. And that's gone, you can't get that back.**

[00:20:00]

It's infuriating. It's also detrimental to the well-being of everybody in this province that there's people like me—and I'm not the only one who's in this situation—who want to go back to work. And who would like to help and who would like to fix the problem, as the EMS system is crumbling. But we're told no. I've even spoken to Michelle Thompson and the answer is, "That's the policy. We're sticking with the policy." And if you haven't seen

what the medical exemptions are to get to opt out for healthcare provider: you need to have either blood clots, myocarditis or pericarditis, a stroke, or have an allergic reaction. All of which have to result from the first shot. You have no medical exemption, it's "take it or else you're let go." Or if you have an adverse event, you're probably not going to be working again anyway.

Alison Steeves

Thank you. That's all my questions.

Chet Chisholm

No problem.

Alison Steeves

Do the commissioners have any questions? No.

Chet Chisholm

Cool.

[00:21:50]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 10: Artur Anselm

Full Day 1 Timestamp: 07:33:55–07:46:50

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

Thank you for attending as a witness, Mr. Anselm. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Artur Anselm

Yes, I do.

Ches Crosbie

Thank you.

Nicolle Snow

Good afternoon, Mr. Anselm. Where are you from?

Artur Anselm

I just live in Grand Lake, Nova Scotia. Just about 40 minutes from here.

Nicolle Snow

And who do you live there with?

Artur Anselm

Just in the backyard, in a small cabin. I live with my parents right now, but I'm building a house for my family, so.

Nicolle Snow

Nice. For your family, you said?

Artur Anselm

Yep, my wife and small daughter. She's 14 months old.

Nicolle Snow

And are you employed?

Artur Anselm

Yeah, I work for Canadian National Railways.

Nicolle Snow

What do you do there?

Artur Anselm

I'm a track maintainer. I make sure the tracks are safe for the trains to run and we repair any defects and change rails. Stuff like that.

Nicolle Snow

And how long have you been employed with CN Rail?

Artur Anselm

Six years, it will be six years this year.

Nicolle Snow

And what policies or mandates did CN Rail adopt during the COVID crisis days?

Artur Anselm

November 2021, they implemented the vaccine mandate. And if you weren't vaccinated, you were off paid, off work. Forever, basically.

Nicolle Snow

What was the deadline that employees were given to vaccinate by?

Artur Anselm

The deadline was November 15th, 2021.

Nicolle Snow

And did you receive notification of that directly from your employer?

Artur Anselm

Yeah, I received it from my supervisors and my managers. And work emails as well.

Nicolle Snow

Okay, and you brought in with you today an email dated September 8, 2021, from CN Communications, stating that there was a vaccine mandate that would be effective as of November 1st, 2021.

Artur Anselm

Yes, that's correct.

Nicolle Snow

Okay, and that will be marked as an exhibit [exhibit number unavailable]. What happened after that?

Artur Anselm

Well, basically I was very much against taking any shots. Because I saw what was happening to my co-workers after the vaccines and they were getting sick. They weren't feeling well.

And I really held my stand up until— I was becoming a new father and I had to put food on the table for my family. So I decided to bite the bullet. And on November 13th I took the first shot.

Nicolle Snow

And to clarify, did the timeline for vaccinating remain November 1st? Was it extended?

Artur Anselm

It was extended. It was November 1st and then I just kept not getting it and then they extended it to November 15th. And then on the 13th, I took the shot.

Nicolle Snow

Okay. Just to confirm, Mr. Anselm, you brought in with you today an email dated October 14, 2021, from CN Rail indicating that the mandatory vaccine deadline was extended to November 15th. And what you're saying is, on the 13th, you went ahead and got your vaccination.

Artur Anselm

Yeah.

Nicolle Snow

Did you do so feeling coerced or pressured?

Artur Anselm

Definitely. I was getting phone calls daily from supervisors and everybody and telling me, "After the 15th, you can't come to work, and you'll be off pay."

Nicolle Snow

All right, and so were they indicating that they were going to terminate you? Or put you on leave without pay.

Artur Anselm

They weren't clear with it. They said either you're terminated or you're going to be off pay, basically laid off. So I wasn't sure what was going to happen.

Nicolle Snow

What happened on November 13th when you had your vaccination? Where did you go?

Artur Anselm

To be honest, I don't remember the location—but it was just a walk-in clinic and a nurse vaccinated me.

Nicolle Snow

All right, and do you know that it was a nurse? Did she tell you it was a nurse?

Artur Anselm

She did not, but that's my assumption.

Nicolle Snow

Okay. Do you know that the batch number of your vaccine?

Artur Anselm

No, I could look it up, but I don't know it right now.

Nicolle Snow

Were you made aware of any of the potential risks associated with vaccine?

Artur Anselm

Yeah, I was aware from my own research from before.

Nicolle Snow

Sorry, I'll cut you off. I mean, did the person who administered the vaccine have any discussion with you about the risks associated with the vaccine?

Artur Anselm

Yeah, she actually told me that, for guys my age, there is a potential risk of having heart problems. And she said, "Oh yeah, if you have any heart issues just go to the doctor's office."

They'll give you some drugs and make you feel better." And I was like, "Okay that sounds pretty good." I didn't want to take it, but I still did.

Nicolle Snow

It didn't sound overly serious, in your view.

[00:05:00]

Artur Anselm

No. Like, why are you guys making me take this if there's risks? And I'm perfectly healthy, right?

Nicolle Snow

What if any symptoms developed following the first vaccination?

Artur Anselm

Well, first of all: a week after my vaccine, I got seriously ill, just with very bad flu. And I was basically out for a week. And then two weeks following my vaccination, I started to develop heart pain. And the heart palpitations, shortness of breath, weakness. And just I didn't feel good at all. I felt like I knew something was wrong, especially with my chest. I kept getting stinging chest pain.

Nicolle Snow

And had you had any of these kinds of symptoms before in your life?

Artur Anselm

Never. No.

Nicolle Snow

And how old are you, Mr. Ansel?

Artur Anselm

Now I'm 26.

Nicolle Snow

And how old were you when you got the vaccine?

Artur Anselm

I would have been 25 years old.

Nicolle Snow

What did you do when you started experiencing these heart pain symptoms?

Artur Anselm

Well, I went to the emergency room at the Cobequid Health Center. Just did a walk-in emergency and they checked my vitals. They took my blood. They made sure I wasn't having a heart attack and basically sent me on my way.

Nicolle Snow

Did you have any discussion with them about whether this could be vaccine-related?

Artur Anselm

Yeah, I did. I told them this all started after the vaccine. I never had any issues with my heart or anything like that. And they just said, "Oh yeah, like whatever, you're good. You don't have a heart attack, so."

Nicolle Snow

Okay. And was there any discussion about completing a vaccine adverse event form?

Artur Anselm

No, I never heard anything about that.

Nicolle Snow

So as far as you know, that was never completed by the doctors?

Artur Anselm

No.

Nicolle Snow

And what happened after that?

Artur Anselm

After that, I went home, and I kept going to work. I kept fighting the pains. And then I decided to go to my family doctor as well. I told him what was going on after the vaccine, that I was having chest pains and shortness of breath. And same thing with him. He said, "No, it's probably not from the vaccine. Just don't smoke anything. Don't drink anything. And you'll be fine." And I tried that. Symptoms never went away.

Nicolle Snow

Okay, and did your doctor or your family doctor have a discussion with you about whether or not to fill out an adverse event form?

Artur Anselm

No, we never had any discussions about that.

Nicolle Snow

And your doctor didn't feel that there was any connection between the vaccination and the symptoms you were having?

Artur Anselm

No, he did not.

Nicolle Snow

What happened after that?

Artur Anselm

After that, I went in again to my family doctor. I told him, "Listen I'm going to lose my job if I don't get the second shot." I didn't really want to get it at all, obviously. And I asked him, "Can you fill out a medical exemption for me?" And he said, "No, I can't do it without any proof." I just said, "All right, I guess I'll be laid off." Then I went in again—I think it was my third time—and he finally referred me to a cardiologist to get an MRI.

Nicolle Snow

Okay, and so then did you go to the cardiologist?

Artur Anselm

Yeah, I saw the cardiologist. They scanned my heart and did all the tests. And it turned out that the outer lining of my heart was inflamed. And I had pericarditis, myocarditis. And the cardiologist said, "This is from the vaccine."

Nicolle Snow

Okay, and so who is the cardiologist that you saw?

Artur Anselm

His name is— One second, sorry. Dr. Douglas Bate, or, sorry, Hussain Beydoun. That was his name.

Nicolle Snow

B-E-Y-D-O-U-N. And you brought with you today a letter from Dr. Beydoun dated February 11, 2022. Do you have that in front of you?

Artur Anselm

Yep. I've got it right here.

Nicolle Snow

And would you look at page 2?

Artur Anselm

Yep.

Nicolle Snow

And just read the first line at the top of that page.

Artur Anselm

"Very likely, Mr. Anselm has pericarditis, myocarditis post-mRNA vaccine, echocardiogram done today was normal in the view the symptoms improved significantly. I would not start anti-inflammatory therapy. Any change, please let me know and I will be happy to reassess him. I would not recommend him for a second dose, and I am copying this to my colleague."

Nicolle Snow

All right. Mr. Anselm, you received that exemption,

[00:10:00]

to not have to take the second dose, correct?

Artur Anselm

That's correct.

Nicolle Snow

All right. And let's go back to your employment. Had you been working through this at this point?

Artur Anselm

No, it turned out I had just had a kid, so I was able to get the parental benefits, even though I was laid off. So that kept me going, luckily.

Nicolle Snow

Okay, so you were on parental leave during this period. And what happened with respect to the exemption that you had? Were you able to use that to return to work?

Artur Anselm

No, I was still kind of pissed off. I didn't really want to talk to anybody. And then my manager called me in July. He said the mandates were dropped and you can return to work. I said, "All right, I'll take my whole leave until September and then I'll come back to work." September 2022 is when I returned to work.

Nicolle Snow

So there was no period where you had to return to work prior to the mandates being dropped.

Artur Anselm

Yeah, that's correct.

Nicolle Snow

You remained off in your parental leave.

Artur Anselm

That's correct.

Nicolle Snow

Did you have any conversation with them during that period when you were on parental leave as to whether or not they would take you back with the exemption?

Artur Anselm

No, I did not. I just didn't even want to bother for now.

Nicolle Snow

Okay. How has your heart condition impacted your life?

Artur Anselm

It has impacted me in every aspect of my life. Physically, I can't really do the things I used to anymore. Like with less vigor. Mentally, I was just full of regret, and it made me kind of a less of a father—not less of a father, but mentally I was down. It impacted my fatherhood. Mentally, physically, everything.

Nicolle Snow

All right. Thank you. Those are all my questions. And we'll just pause for a moment to see whether the commissioners have any questions.

Commissioner Drysdale

You said that you had worked with CN Rail, I think you said six years?

Artur Anselm

Yep, six years.

Commissioner Drysdale

When you signed your contract with CN Rail, your employment contract, was there a clause in there requiring that you had to take whatever vaccines that they might require in the future?

Artur Anselm

No, there was none of that. In my eyes, it's illegal what they did.

Nicolle Snow

Thank you, Mr. Anselm.

Artur Anselm

Thank you.

[00:12:55]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 1

March 16, 2023

EVIDENCE

Witness 11: Cassandra Murray

Full Day 1 Timestamp: 07:48:00–08:22:55

Source URL: <https://rumble.com/v2ddo8a-nci-truro-day-1.html>

[00:00:00]

Ches Crosbie

Kassandra, do you affirm that in the evidence you will give this Commission, you will tell the truth, the whole truth, and nothing but the truth?

Kassandra Murray

As a child of God, yes, I do.

Criss Hochhold

Thank you. Kassandra, would you please give us your full name?

Kassandra Murray

Kassandra Maureen Murray.

Criss Hochhold

Where do you live, Kassandra?

Kassandra Murray

in Halifax, Nova Scotia.

Criss Hochhold

And what do you do for a living?

Kassandra Murray

I am a teacher.

Criss Hochhold

Fabulous. Where do you teach?

Kassandra Murray

Currently, I just teach privately. I used to teach, though, in a private school.

Criss Hochhold

Okay. Which private school, or school, were you teaching at?

Kassandra Murray

You want me to name the school?

Criss Hochhold

No, that's fine. Let's just say a private school.

Kassandra Murray

Yeah, it was a private school within the Halifax.

Criss Hochhold

And how long were you teaching at that private school?

Kassandra Murray

I was there for— I think, three years.

Criss Hochhold

Three years at that school. And how long were you a teacher overall?

Kassandra Murray

Over 20 years.

Criss Hochhold

Twenty years. That's some significant experience there.

Kassandra Murray

Correct.

Criss Hochhold

And what grades, or grade, did you teach?

Kassandra Murray

At the time, at that school, I was teaching a Grade 1-2 split.

Criss Hochhold

So that would make the kids about—?

Kassandra Murray

Anywhere from six to eight years old.

Criss Hochhold

Six to eight years old. When the mask requirements came in— You have a mask exemption from a physician, is that correct?

Kassandra Murray

That's correct.

Criss Hochhold

How was your experience getting that exemption?

Kassandra Murray

From my physician?

Criss Hochhold

Yes.

Kassandra Murray

My physician was really good about it, actually. I went in there and I explained to him why I didn't want to wear a mask, what I felt, how it would impact my health. And he had no problem giving me the exemption.

Criss Hochhold

Fantastic. Did the school respect that exemption?

Kassandra Murray

For a short while. But there was a lot of toxic and harmful situations I was put in—like, a hostile environment that I was put in, because I had that medical exemption.

Criss Hochhold

Okay. Can you give me an example of such a hostile act that they took towards you?

Kassandra Murray

Sure. When I first came in with the exemption, they were not really happy about it. They put it on file, though, so that it was well-documented that I had it. And they said that, because I wasn't wearing a mask, I had to—they didn't say I was segregated, but I'm saying it—I was segregated to use a different bathroom. I wasn't allowed to use the same bathroom as the rest of the faculty. I had to use a bathroom that was in the basement that wasn't very clean. The school had a mold mildew issue, which I was working on with my lungs too. So that didn't help it at all.

I had to use the bathroom in the basement. And every time I had to go to the bathroom, I had to leave the children, run down the stairs, go to the bathroom, come back up, and come back into the class. I also wasn't allowed to use the faculty room where they took their breaks. I had to go into this small closet that was right beside my room, that we used to use as a cubby room. And it was about—I don't know—maybe about five feet wide by about 20 feet deep. There was no ventilation in this room, just the door going out to the hall. So often when I would go into that room during break time, during my breaks, I would have to leave the door open to the hallway just so I could get some fresh air in there.

That room was also used that, if children were sick, then the child would have to go and be put in there. And if that was the case, I couldn't be in there and I needed to leave the building. So rain or shine, that's where I was.

Then the other piece was: I couldn't use the bathroom. I couldn't use the faculty room.

Criss Hochhold

Can you tell me about potential meetings, faculty meetings?

Kassandra Murray

Even though I wasn't allowed to use the faculty room, I had to stay six feet away from everybody. At a faculty meeting, I was allowed at the faculty meeting,

[00:05:00]

where everybody was in the same room. They were six feet apart, and I wasn't wearing a mask. And some of the other faculty members would also take off their masks. I was allowed in that, but I wasn't allowed in the other situations.

Criss Hochhold

Please correct me if I'm mistaken. But you were able to attend faculty meetings with other faculty who were comfortable taking their masks off. Were you able to share a lunch space with that same faculty?

Kassandra Murray

No, I wasn't allowed to go in that room where they were doing that.

Kassandra Murray

And even at one time, if I may, I was sitting in that cubby space—that small closet—and I was doing some work and having something to eat. One of the faculty members, I was down

like, near the end, not near the hallway door. And a faculty member came by the door. She looked in and she said, "I'm going to close this door because you're breathing in there."

And she closed the door, and I didn't know what to say. I said, "Fine." And I just—yeah.

Criss Hochhold

She closed the door because you were breathing in there.

Kassandra Murray

Closed the door because I was breathing in there, yes!

Criss Hochhold

That's very interesting, because I don't normally go into rooms and not breathe.

Kassandra Murray

Yeah!

Criss Hochhold

I think we all have similar experiences; we all tend to breathe no matter where we go! Unless it's the other place, and we won't go there—

Kassandra, how did that make you feel?

Kassandra Murray

It was really traumatizing for me. It made me feel uneasy. I started seeing psychotherapists to kind of help me through the trauma of what it was doing to me. It made me feel really isolated and cut off from faculty members that I had called friends before. That now, I wasn't a friend, you know, because I wasn't complying.

Yeah, it was really harmful; it was really damaging to me. And then also, because it was such a toxic and harassing environment, I felt like I was policed all the time. They were walking by the room— Because I had to stay six feet away from the children within my classroom. And with grade one and two, which is like herding cats sometimes, it's very difficult to stay six feet away from them without a mask. I would see teachers kind of peeking in the room, making sure there was no children around me and things like that. And they would often have parents come into my room to kind of "help," because the parent would mask. And I wouldn't.

Criss Hochhold

To your knowledge, were any of the other teachers "policed" like that?

Kassandra Murray

Not to my knowledge.

Criss Hochhold

Kassandra, because you were in such a position of care with really the most vulnerable and our most precious treasures, children: Did you have any special rituals that you would go through in the mornings to assess them somehow, just about their overall health or mental wellbeing?

Kassandra Murray

Yeah, so prior to the COVID protocols, I always met my children at the door every morning and shook their hand. We look at each other in the eye. We shake each other's hand, and we say good morning to one another. And it's a good way to connect with the child. It's a good way to get an assessment of: What does their hand feel like? What is their handshake like? Is it firm? Is it weak? Is it wet? Is it sweaty? Is it dry? Are they making eye contact with me? And it gives me a good indication of how I can best serve that child that day. And then at the end of the day, we would also do the same thing. But that stopped with the COVID protocols. I had to get creative and inventive.

Criss Hochhold

What do you mean when you say you get creative and inventive?

Kassandra Murray

I still wanted to— Because I know how harmful it is for a child to be disconnected. When they're in a traumatic experience or in an environment like that—where they're feeling fearful, because it was really inciting a lot of fear in the children—to have that connection is really important. Because they tend to disconnect and you can see that. I could see it in the class and how that was playing out with the children. I thought, "I need to somehow keep this connection with the children." So I had each child get a tree branch of some sort, six feet long. Then we decorated the ends: one end was a red or pink. The other end was blue.

[00:10:00]

So that we always knew what end I would shake—the color—and what end they would shake—the color. So it wasn't getting mixed up, and we would still shake hands with the stick.

Criss Hochhold

Well, at least you were able to creatively form some sort of connection with the kids, even though the schools and the mandates brought in some rather ridiculous rules and procedures.

Kassandra, you've been a teacher for a long time. How would you compare the learning environment that was brought in by the school system at those times versus the years prior?

Kassandra Murray

Well, our faculty meetings became more and more geared towards how to police protocols for COVID and what Public Health was mandating. And so, then our teaching became more fear-based and informed that way with the children. You know, "Make sure you sanitize your hands every day before we go outside the room."

And if I may elaborate on that: one of the rules was that even if the children were going out into the hall to the bathroom to wash their hands with soap and water, they had to sanitize before they went out. Just in case they touched the walls. And there was one line going this way and, six feet apart, one line going this way, like a coming-and-going line. So they were watching to make sure I was making sure the children would self-sanitize. What happened was, one of the children came in and she had caustic burns on her hands from the sanitizer. And I thought, “Oh my god, this is awful, why are you doing this?” And her parent actually wrote in and said, “I do not want my child putting sanitizer on her hands. She’s fine to just wash them.” I was very grateful that that parent chimed in for that.

Criss Hochhold

Absolutely. You’ve seen some devastating things physically on the children because of the caustic burns from the overuse of sanitizer. What about their mental state?

When I think back when I was a kid—not that that’s a good thing—but you know, trying to have a happy childhood. And a teacher was that connection, particularly in those very early grades. Because really, at the end of the day, you do become a replacement parent for some little kids that are five, six, seven years old. You take on a bit of a motherly role.

Criss Hochhold

After the precautions were brought in, how was the learning environment? How were the kids? Like were kids being kids? Or what would you compare it to?

Kassandra Murray

Prior to the protocols, the children would go to each other’s desks. They would eat together; they would play games together; we would put all our desks together for birthday celebrations; we did all these things. After, we weren’t allowed to do that. And even outside, they were supposed to be six feet apart, and they weren’t allowed to sing. And they weren’t allowed to sing inside, and if they were singing outside, they had to sing six feet apart.

So the children become fearful of one another. Their self-regulation is being either stopped or it’s going to be delayed, because they’re unsure of what they need to do and where they need to go. Their cognition—

Because there were children that were masking in the class. It wasn’t mandated at that time for the children to be masked, but some families wanted their children masked, and some families even had children double-masked. And you could see the blood drain from their face. They didn’t have the rosy cheeks and things like that; you could really see the difference. Their cognition, their rate of taking something in and digesting the education that they were being given— It’s like eating a bad meal, right? It wasn’t working, and you could see that they couldn’t keep up or they were really tired, or they got tummy aches. You’d see a lot of that happening. And I had this special little tent in the room that I had to sanitize every time somebody came in or out of it. But at least it was a space where the child could curl up with their own little blankie and pillow.

[00:15:00]

And just kind of regroup a little bit, reconnect in that space, a shelter.

Sorry if I’m going off on a tangent a bit.

Criss Hochhold

That's okay, you're talking about the kids and that's great.

Kassandra Murray

You can see that this development of self-trust, development and trust in others starts to get delayed, or impaired in some way. Because they're cut off, have sensory deprivation. Their sense of touch is cut off, even their sense of hearing could be cut off if they're not hearing their friends properly. Or somebody that is muffled, you know: other teachers that did come in and had a mask on, you can't properly hear tone in the voice. So you can't really comprehend what's being said to you. And there's a lot of sensory deprivation that was happening there. The sense of smell, taste—all of those things were slowly declining in the children that were wearing masks.

I found, where typically I had a certain curriculum, that I was bringing at a good rhythm and everybody was able to digest, now I really had to pull back on that. I really had to have intuitive pedagogy, right? Where you kind of have to intuit what the children's needs are and just meet them where they're at.

Criss Hochhold

Absolutely. As with any school system, whether public or private, there would be learning outcomes that should be met or need to be met, so we know that the kids are progressing at a set pace, if you will.

Do you find that you were able to meet those learning objectives that had been set for those kids?

Kassandra Murray

I would say those learning objectives were definitely delayed. Like I just said, where I had a certain rhythm, you knew by this time: you wouldn't be meeting these outcomes. Typically, that's how it worked, but they were really pulled back—not just because of the impairment of the children being able to digest the information, but also from the onset of the unnecessary protocols that we were always told to police with the children, to make sure they understood the rules and what needed to happen. And then trying to explain that to the children in a way that's loving and kind and warm so that it doesn't further incite any fear.

Criss Hochhold

Absolutely. That makes perfect sense, Kassandra. I'm just going to take you back for a moment because your colleagues certainly seemed to have an extreme fear of someone that wasn't wearing a mask. How did the kids feel when you showed up in the classroom with no mask? Did you have to give an explanation as to why you, this teacher, is not wearing a mask and some of the rest of the teachers are?

Kassandra Murray

With children at this age, typically they're part of the whole. They haven't really quite come into their own self-individuality. That usually happens around the nine-year change. At this age, their consciousness is more, "I'm part of the whole. You're part of me, I'm part of you." There were some children that were like, "Miss Kassandra, why don't you have to wear a

mask?" I said, "Well, I choose not to wear a mask." I'm not going to get into it with the child. And that was the end of that. I just gave them a very simple answer, and that was the end of that. So that was how that was met.

But ultimately, they didn't really pay attention. Like you said earlier, they look to you like children still. They call you "mom" half the time in class instead of Miss Cassandra. "Oh yeah—sorry, Miss Cassandra." Right? Because they're looking for that adult that is giving them, nurturing them, and providing them with an environment of love and warmth. And they just want to hug, come into the folds of that. And so, yeah, so there were children that would just unconsciously want to naturally come up and give me a hug. And I would kind of hide them off to the side, right? "Okay, shh, we're not hugging!" So anyway. Yeah.

Criss Hochhold

Wow. It's kind of frightening what happened and what managed to be brought in and imposed on our children. I don't really have any other questions, but is there anything that you feel that you'd like to ask before I defer to the commissioners?

Please go ahead.

[00:20:00]

Kassandra Murray

Yeah. So, one of the other things that had happened, just to give you another picture, is the executive director, who's supposed to be impartial and fair to everyone: one day I was walking close to the office, and she was coming out of the office, which meant that we were kind of going by close to one another and she had her mask on. She literally turned her back to me because I was walking beside her.

And then after, there was a time where we all went online. I won't even get into how detrimental that is for children, but then we went online learning. And when we were coming back from the online learning, it was mandated that all the children and everyone within the school had to wear a mask. Even the little pre-primary ones all had to wear a mask. So they called me, and they said, "We can't have you come back to school. We can no longer honor your medical exemption and we won't, and we can't have you back to school. What we're going to do is we're going to put you on paid leave, but we're going to have a substitute teacher lead your class and you have to provide them with lesson plans." I did that for a few weeks and then everybody went off online again.

So then, near the end of the school year—I think it was the end of May, beginning of June, I'm not quite sure, but this is 2021—they were going to go back into the classroom for one or two weeks. They said, "Well, we can't have you back in the classroom; we can't honour your medical exemption and we won't. Unless you want to wear this helmet—" It's called a microclimate helmet; they were willing to pay over \$400 for this microclimate helmet that looks like one of those old sea diver helmets. I thought, "No, I'm not; those children have enough. I am not stepping in front of those children with that." Never mind my own trauma of having to deal with that, and I have a medical exemption.

So that was where I said "no." And they just kept making this environment for me at the school very toxic, very hostile. Watching me all the time. All these little things adding up and I decided that this was not in my contract; this was not the terms of my employment.

My terms of employment were significantly changed. And so, due to the employer's conduct, I felt forced to leave my job. And I made my decision to resign.

Criss Hochhold

Fantastic. So just quickly to reiterate: you had a valid medical exemption from a physician in Nova Scotia. And the school chose to disregard it entirely and essentially told you, "Your exemption means nothing to us. If you want to come and put on a spacesuit and teach—" Because that would be a wholesome environment to them.

Kassandra Murray

That's correct.

Criss Hochhold

Thank you very much, Kassandra.

Kassandra Murray

You're very welcome.

Criss Hochhold

Have a great day.

Commissioner Drysdale

I have a couple of short questions. I believe you mentioned that there were still faculty meetings going on.

Kassandra Murray

Correct.

Commissioner Drysdale

And you'd attend those faculty meetings. Some people didn't have masks on and yet seem to be okay. My question has to do with the intent, or the content of those faculty meetings. How much time, if any, in those faculty meetings was spent discussing the protocols for masking, et cetera, versus what protocols should be in place to compensate for the things you were seeing going wrong with children? With their learning being reduced or being impeded and some of the social issues.

My question is: How much time were they spending trying—those coming up with protocols—

[00:25:00]

to mitigate the effects of the masks on the children's learning environment?

Kassandra Murray

I would bring something up to try to mitigate, and I was immediately shut down. There was very little to none on mitigation. I would say that probably one third of the meeting was spent on protocols, what we need to do, how we could be better. I even have an email that was sent out by the executive, by the education director. It was sent out to all the faculty. And she specifically named me in this email, and she says, "For you, Kassandra, I would ask that you double up on your physical distancing and also support the parents who come in to support the class during transitions as well as in class time."

So I was really put in the spotlight because of what was a private thing for me with my medical exemption. And that was put out through the whole school.

Commissioner Drysdale

I just want to make sure I understand that they said you had to double up on your distancing.

Kassandra Murray

That's what they wanted me to do.

Commissioner Drysdale

Your distancing was six feet and they wanted—

Kassandra Murray

They wanted me to do 12 feet.

Commissioner Drysdale

How many kids were in the classroom?

Kassandra Murray

How many did I have that year? I remember, I would say approximately 18.

Commissioner Drysdale

Would it be possible in a classroom to be 12 feet away from 18 children?

Kassandra Murray

No.

Commissioner Drysdale

I have one other question, and maybe it's just I didn't understand something about this. I thought you said that you weren't allowed to go into the lunchroom and have lunch with the staff?

Kassandra Murray

Correct.

Commissioner Drysdale

Did they eat their lunch with the mask on?

Kassandra Murray

I wouldn't know because I wasn't allowed in the faculty room!

Commissioner Drysdale

Thank you, that's all I've got.

Kassandra Murray

You're welcome.

Commissioner Massie

I have two questions. One short question. You probably have heard— I've never seen it myself, because I've been out of the university and school, and so on, for a long time. I've heard that there are a lot of issues in the American campus, but maybe also in some places in Canada, about the so-called safe space and microaggression. That is, people that are sensitive to opinions or behavior. And I'm trying to understand what that could represent in an environment but with teenagers or young adults. Maybe this is something that can be, I don't know, managed somehow.

But in a school with children like that and among adults, which are the faculty: Would you compare what you've lived through to something like microaggression?

Kassandra Murray

I don't know. I'm not sure how to answer that question. I know I felt segregated, and I felt discriminated against. I just felt very isolated. I don't know about the microaggression piece.

Commissioner Massie

So how did you feel emotionally?

Kassandra Murray

Oh, emotionally. Emotionally, I was really traumatized. I was really sad, and I was thinking, "What am I going to do for work now, how am I going to make a living? I can't go back into that environment; they won't even let me back into that environment." You know, they made it very difficult for me.

I went into this very anxious, stressful state of fight or flight and thinking, "Okay, I need to go boots in. And just get moving and figure out what I'm going to do." And that's where I was really grateful that I had this doctor that was helping me, a psychotherapist. Because she was really helpful to help me get through that stage.

Commissioner Massie

My other question— Maybe you're not aware of it, but in Quebec they conducted a very extensive study to look at the impact of these measures in school on the learning process and behavior of the children, and so on.

Are you aware of similar studies in Nova Scotia?

Kassandra Murray

I'm not aware of similar studies in Nova Scotia directly.

But from some of my training in working with transdisciplinary healing education, working with educating traumatized children, right?

[00:30:00]

And seeing how trauma and these things not only have mental health implications and psychotherapy indications for the children at the time— If it's not worked out immediately, it can turn into other illnesses and disease, right? But it also can have a delay in the development of their organs, in the development of how they move and their growth.

So there is a lot that can happen physiologically and psychologically with the children.

Commissioner Massie.

Thank you.

Criss Hochhold

Thank you very much Kassandra, I really appreciate your time.

Oh—I'm sorry, my apologies. Let me take that back for a moment. I'm sorry. I still appreciate your time, but we have one more question.

Commissioner Kaikkonen

Hi Kassandra, I just want to take it just a little bit bigger, broader. Who determined the protocols? Was it external and was it the provincial health, or was it just internal within the private school system?

Kassandra Murray

We were told that they were getting their mandates from Public Health. That's what we were told at faculty meetings. The school had put together a small group of individuals— teachers and parents that put together what they felt were the measures and protocols that our school would be doing. So they were getting this from Public Health; they were getting whatever mandates or protocols. And then they would take that, and then they would implement it in a way, for our school, following those guidelines. That was my understanding. That's what we were told.

Commissioner Kaikkonen

Were you ever given a copy of those mandates from provincial health, or you just read about in the media, that kind of thing?

Kassandra Murray

I don't recall being given anything. I just remember us being told this was what was happening. Yeah, it was kind of like an agenda note, right? This is part of our agenda. But it didn't go into—

Commissioner Kaikkonen

Did you see any discrepancies with what was happening within your private school as compared to other schooling alternatives in Nova Scotia? I'm not from here, so that's why I asked.

Kassandra Murray

I wasn't sure what was happening in the public school system because I'm not part of that. I just knew what was happening in our private school, I didn't know too much about what was happening in the other school systems. I was just really involved with what we were doing.

Commissioner Kaikkonen

And then one final question: In terms of incident reporting, was there any reporting process within the school system for the hand sanitizer issue?

Kassandra Murray

No, there was no incident reporting for that. It was the parents coming back to say, "my daughter has caustic burns from this overuse of sanitizer, and I don't want her using it anymore."

Commissioner Kaikkonen

There would be no path to document what was happening with that child and taking that information—sorry, I just lost my voice, I think—to the public health authorities?

Kassandra Murray

Not that I'm aware of.

Commissioner Kaikkonen

Okay, thank you.

Criss Hochhold

Is there one more question forthcoming? No.

We do have an audience question for you, Kassandra, as well. The question is: Thinking of air quality and our scent-free schools, did the hand sanitizer have any negative impact?

Kassandra Murray

As far as scent sensitivity?

Criss Hochhold

Yeah. Usually I find that, and I'm going to presume that with whoever is asking the question— Are you talking about scented hand sanitizers? Because they were both available, I believe, at the schools.

Kassandra Murray

Have a smell to them, yeah. In my class personally, I didn't notice any scent sensitivities to the sanitizer, only the physical sensitivities of rash, the burns, things like that.

Criss Hochhold

Wonderful. I believe we've got all the answers to all the questions. Thank you once again very much, Kassandra.

Kassandra Murray

Thank you.

Ches Crosbie

Thank you all. The hearings will rise for the day and reconvene tomorrow at 9 a.m. Thank you.

[00:34:55]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE TRURO HEARINGS

**Truro, Nova Scotia, Canada
March 16 to 18, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Opening Statement: Ches Crosbie

Full Day 2 Timestamp: 00:19:04-00:32:11

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

An existential threat to our democratic way of life occurred towards the democracies in the 1930s. It was called the Great Depression. But when Franklin Delano Roosevelt made his inaugural address as President of the United States in 1932, he didn't tell people to be afraid and stay home. He told Congress and the free world that we had nothing to fear but fear itself. We heard a bit yesterday from Shelly Hipson about how data and statistics were manipulated to make people feel afraid in this province, Nova Scotia. No great nation prospers and grows on a platform of fear. But as a virus spread out from Wuhan China, governments chose to opt for fear and to ignore their own previously approved and adopted pandemic plans, which instructed them to protect the vulnerable, allow others to carry on their lives normally, and maintain public confidence. They panicked into a war against a virus—a war which all reason and experience told them was futile and doomed to failure. And the first casualty of war is the truth.

Many citizens might say the COVID crisis is over. I just want to forget about it, move on. The problem with forgetting about it and moving on is that governments may never relinquish power and control once they have it.

Coercive measures such as injection mandates to travel by air are only suspended, to be brought back whenever government deems necessary. And in many settings, including courts and hospitals, mask mandates are still in effect, despite the evidence of myriads of studies, the latest one being the famous Cochrane review—the definitive study on masking, which reviewed 78 randomized control trials and concluded that masking was completely ineffective. Masking of any type. That came out just two or three weeks ago. And they continue to double down on their advocacy of injections whose efficacy data, you will hear, has turned negative and whose safety is in heavy scientific dispute.

No government in Canada has had the courage to hold independent hearings into their response to the COVID crisis and learn lessons for the future. What went right and what went wrong? Were we told the truth? Did politicians, officials, and media promote and enforce a single government approved narrative, a dominant narrative, about SARS-CoV-2 and suppress alternative competing narratives based in science? If mistakes were made,

what reforms should be implemented to reduce the chance of those or similar mistakes occurring in the future?

Commissioners, at the outset, we should recognize and acknowledge the pain of those many people who lost family and friends to COVID, but we should also recognize and acknowledge the pain of so many people who have lost family and friends to the measures taken to combat COVID. You will hear evidence that these measures include the unscientific suppression of cheap and effective early treatment; deaths from loneliness, despair, and addiction caused by brutal lockdown and isolation methods borrowed from prison discipline; and the unprecedented levels of injury and death caused by experimental injectable products which did not fit the traditional definition of vaccine, and which governments still promotes.

We should also acknowledge the injuries of those who struggle with prolonged symptoms of infection injury from the

[00:05:00]

injectable products and psychological injury from the campaign of fear and isolation. In the face of the COVID crisis upheaval since early 2020, it's only reasonable that this inquiry ask the question governments don't want to ask. Why did so many Canadians die or fall ill both from SARS-CoV-2 and from the efforts to mitigate its damage? Were our national public health responses based on the best possible evidence? And was that evolving evidence constantly re-evaluated to optimize the outcomes for the population as a whole? Were any COVID countermeasures actually counterproductive? And did they result in more harm than good? In other words, did governments use cost-benefit analysis to evaluate their actions; or were their actions, as many citizens suspect, the product of unspoken agendas for profit, power, and control?

Answers to such questions are critical to the future of Canadian democracy, to the individual rights and freedoms which sustain Canadian democracy, and to our future economic well-being. In the absence of government interest in commissioning independent public hearings, a network of volunteers from across this great country has come together out of a desire for a better Canada. The National Citizens Inquiry is entirely citizen-funded and citizen-run, and is therefore entirely independent of any government influence. You Commissioners have sworn to go where the evidence takes you and to make your findings and recommendations based on the evidence you will hear during this inquiry. And the evidence will be disturbing.

The witnesses who have come forward to this inquiry told us almost without exception that they have done so because they want to give voice to a perspective which has been ignored and suppressed in the government-sponsored narrative, enforced by mainstream media. The Commission has invited a large number of politicians, public health officials, and other leaders of the official response to the COVID crisis to appear before you and give evidence at a hearing venue convenient to them, either in person or by video link. If they fail to appear and explain to Canadians their side of the narrative, its basis in science, and why their actions were justified and continue to be justified, it will be because they do not wish to account for their actions to the citizens of Canada. It will not be because they were censored, silenced, or deplatformed by this inquiry.

If leaders of the COVID crisis response do choose to explain themselves to Canadians, they could be asked for their response to the following issue. The AstraZeneca COVID-19 vaccine program was suspended in Canada due to its risk of causing severe adverse events. The

main one was blood clotting in one in 55,000 inoculated adults—one in 55,000. Why has the same safety standard not been applied to suspend the mRNA program? Dr. Joseph Fraiman, from whom we will hear this afternoon, calculated with colleagues a one in 550 rate of serious adverse events, as revealed by reinterpretation of the clinical trial data, which is the supposed gold standard for knowledge about a new drug. The study by Dr. Fraiman was published in the prestigious journal *Vaccine* and cited by the Surgeon General of Florida in his recent letter to the FDA.

In suspending the AstraZeneca program, our regulator established a safety standard for itself for triggering suspension of a COVID injection program.

[00:10:00]

This standard was one serious adverse event in 55,000 inoculations. Peer-reviewed estimates of the serious adverse event rate for the mRNA vaccines are orders of magnitude higher than one in 55,000. Why have we failed to apply the safety standard we applied to AstraZeneca products to the mRNA injection program? The issue of the safety and efficacy of the injectable products is a leading battleground of government propaganda and a focus of mainstream media suppression of the tsunami of scientific information which contradicts government claims.

Government no longer claims that the mRNA injectable products stop infection transmission. You will hear evidence, and in fact have already heard evidence from Dr. McCullough, that these injections work by the injection of instructions to ourselves to produce a foreign protein on their surface. This foreign protein, the spike protein, is produced in unknown amounts for an unknown time and is interpreted by the body as a toxin. You will hear that the shots have tremendous quality variation in the manufacturing process. They are in fact experimental, no matter how they might be classified legally, with no medium or long-term information about their risks. You'll hear evidence from a Canadian expert, Dr. Denis Rancourt, that these experimental injections have killed more than 10 million people worldwide—more than 10 million people worldwide. You will hear that scientific peer-reviewed literature has delivered the following verdict. An abundance of studies has shown the mRNA vaccines are neither safe nor effective, but outright dangerous—outright dangerous.

Commissioners, the life, safety, and health of our friends and family, the viability of our democracy, and our future national prosperity rest on your deliberations. The Charter of Rights and Freedoms states that Canada is founded on principles that recognize the supremacy of God and the rule of law.

God speed you in your task and may God and the rule of law prevail. Thank you.

So that's a big task.

[00:13:06]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 1: Darrell Shelley

Full Day 2 Timestamp: 00:32:11–00:55:57

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Now I think we have our first witness for the day.

Criss Hochhold

Good morning, everyone, Commissioners.

Ches Crosbie

Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

Darrell Shelley

I do. Can you hear me?

Criss Hochhold

Yes, we can hear you. Thank you. Can you please state your full name for us?

Darrell Shelley

Yes. Hi Criss, thanks for having me here today. My name is Darrell Shelley. I'm from Stephenville, Newfoundland. I relocated to Toronto in 2004, where I lived for 16 years, returning to Stephenville in December 2020, during the COVID pandemic.

Criss Hochhold

Before you moved to Newfoundland you said you resided elsewhere, can you tell me more about that? What precipitated your move to Newfoundland?

Darrell Shelley

I lived in Ontario for 16 years. I left Newfoundland as a young man, as many do, to seek employment opportunities. I ended up starting a business called Mighty Mouse Staffing, which was founded in early 2017. I was a freelance audiovisual technician in Ontario, a self-employed businessman the entire time I was up there. And after, when the COVID pandemic struck, it really took a dent in our business. We specialize in technical labour and the installation of events for producers, venues, shopping malls, public spaces, and we also provide skilled trades and construction when required. So when the live event industry shut down, it completely destroyed our business.

Criss Hochhold

Terry [sic], did you take any preventative steps to try and mitigate the potential impact of lockdowns or restrictions for your business?

Darrell Shelley

Yes, yes we did. So we ended up ordering KN95 masks, which are PPE from Asia, which is on par with the N95 masks you would get here, for what we call respirators. And we wanted those because they were supposed to keep our workers safe and we had to continue to work throughout the pandemic. So we ordered thousands of them. We got an importation license and we were ready to continue throughout the pandemic. We saw that it was coming before they had started to announce the emergencies of March 2020. So we were ordering these things about six to eight weeks before that time. When we started out in 2020, we just had peaked at what was going to be our best year ever based on contracts we were landing. We had about 20 freelancers that were working close to full time and 80 freelancers on call. We were on a gross track for over 1.5 million in 2020 from a business that started with only \$1,500 of one client back in 2017.

Criss Hochhold

So you built your business from 2017 to 2020, basically from \$1,500 income to a projected revenue of \$1.5 million, is that right?

Darrell Shelley

That's correct, yeah, and everything that we did was related to the event business at that time in the live event industry. So when the lockdowns happened in March, we had to tell everybody, "We're finished for now, we'll be back maybe in a few months." We weren't sure, so we held on to those KN95 masks. We just put it as a tool in our arsenal, Criss, like the same as you would with, you know, your boots, your steel-toed boots, your hard hats, or whatnot. And we figured we will get back to work at some point in time. But when June hit, we realized we weren't going back to work. That we were going to be permanently locked out of work here. And Doug Ford, because we were Ontario, he kept calling for PPE, PPE; and they kept telling people, the public, not to buy masks, that they only needed them for the government.

Well, when the government says something like that, it makes me want to make sure that I've got enough for myself first. But knowing we weren't going to need them, I had enough for my family. I had more than enough for my family and I teamed up with another friend of mine who owns a company called portable UBC and we decided to take all of our PPE and donate it to long-term care.

[00:05:00]

Because Doug Ford was calling for help with long-term care. We saw these videos on the news of people in long-term care were suffering. And if you remember the military had been called in, so we decided, "Okay, we're going to do our part, we're going to donate these things." Now they were calling for procurement, and we could have made money. I said, "No it's not the right thing to do. We're in a pandemic. We're all in this together, right?" That was the idea, was to help each other. So if I could help brothers and sisters and long-term care facilities get through their day, I had medical grade respirators that could help them, I was going to donate them.

And then we had a big snag when we actually decided to do that, which was the very first sign for me that there was a lot more to this pandemic that had to do with financial gain than it did to do about keeping people safe.

Criss Hochhold

Terry [sic], how many masks were you donating or looking to donate?

Darrell Shelley

So we had about 5,000 of them between us, and I had reached out to OPSEU [Ontario Public Service Employees Union], which is the union that handles long-term care facilities in Ontario. And I reached out to the president, Warren Smokey Thomas, and Eduardo Eddie Almeida, the first vice president and treasurer. They wouldn't get back to me for the first few times. I tried calling. I tried repeated e-mails. Finally, I got a little bit aggressive with one of my e-mails, and I did get a response. Their answer was to give it to the government, at which point I said, "I'm not interested in that. I'm interested in giving them to you." I said, "we will bring them ourselves. We have an importation license. These are legitimate. Taxes have been paid on them. Can we just bring them to you and help your people out?" And they just completely shadow-banned it. They blocked us. They didn't want to talk to us. They ignored us. It was over. I didn't understand why. So I went and did some investigating. I found it on their website. They were selling branded cloth masks with their logo on it, non-medical grade, to their own union employees. And that's the only PPE they were letting them have, which weren't going to keep them safe from the so-called virus. And here we were with medical grade respirators, an importation license, and excess of 5,000 masks that we didn't need.

And now, on a side note, OPSU is seeking nearly \$6 million that they allege that Warren Smokey Thomas and Eddie Almeida had stolen from union executives over the years. So I don't know if they were making money off these masks, but it sure as hell put a red flag up for me, and we decided eventually to donate them to a homeless shelter called Homes First in Toronto. So we gave it to them, but it was pretty amazing that they were calling for help in long-term care. And here we were, coming to save the day, and we weren't able to do it because they wouldn't let us do it.

Criss Hochhold

And you were shut down from providing masks to the elderly population, particularly long-term care facilities, which were certainly a high-risk category. So thank you for that.

Terry [sic], what happened to your business? Because you said you built it up from the dream, so to speak, from very small income to a projected income of 1.5 million. And the

second question— Actually, let me preface that, I'm sorry. Your business had contractors, you had employees, 20 contractors, and you also said you had up to 80 subcontractors. When the lockdowns and restrictions came, what happened to your company? What happened to those employees, to those contractors and subcontractors?

Darrell Shelley

So the audiovisual community and event-staffing community in the city they had these online sort of events where they were trying to rally people to— You know, let's be all in this together and let's stay home and let's stay safe and all that. But after a while, after a few months, we started to see that this really wasn't the case. Walmart was open, the liquor store was open. People down in the United States, you know, a lot of places were still open. A lot of technicians that were highly skilled moved to the United States temporarily. Some of them left the business completely. A lot of them switched trades or left the town because, I mean, living in southern Ontario near the GTA is ridiculously expensive. You need to keep making money every day or you're going to go under, and by the time we got said and done with it, I think we managed to pick up some work in 2020. Our one and a half million projection ended up turning into about nine grand in sales from March to the year-end, and we almost lost our company.

We managed to survive because we started an online pet supply business and dog breeding business when we came back to Newfoundland called Shelley's Pet Palace, and we were able to do that mostly online. And now in 2023, we are just starting to get Mighty Mouse Staffing back to pre-pandemic levels, and we're hoping for a good year. But we've had to rebuild our entire crew and network because a lot of people have exited the business.

[00:10:00]

Which was sad because we lost a lot of really good people from that industry.

Criss Hochhold

No question of significant impact on the staffing because people would have found different trades, different avenues of revenue which may not return to the business. Certainly, a significant impact, and to go from a projection of 1.5 million to an actual recognized revenue of \$9,000 is simply incredible. Were you able to regain some of the clients that you lost because of the significant reduction in your ability to provide the services?

Darrell Shelley

So thankfully, yes, we managed to keep a couple of our clients. One of them does a lot of work in shopping malls, which managed to remain open. So that little bit of work floated us during the tough years, the two tough years that just—that we just went through. But it was nowhere near what we were at before. I mean, it was literally, I had to put myself on the jobs. I had to travel back, which was quite a struggle: traveling throughout the pandemic with the various restrictions changing on a weekly basis, not knowing if we were even going to be able to travel. So I wanted to go into telling my little story about how I had to actually come home and try to take care of my mother, because getting back to the island of Newfoundland during that time was a nightmare.

Criss Hochhold

Absolutely, and Terry [sic], you've segued from the business aspect which affected you and your family, but I want to touch upon your personal story as well. You mentioned your mother, so certainly a significant life event that impacted you. Can you tell me more about that?

Darrell Shelley

Yeah, Criss, so, I mean, what proceeded—the story I'm going to tell right now probably brought me to where I am right now, my political and professional ambitions. Because I couldn't believe that this could happen on Canadian soil. I couldn't believe that this could happen in our country. So my mom was having a rough time with her health at the beginning of the year. We didn't make it home for Christmas in that previous year, so we planned to come back sometime year 2020 anyway. In May, Mom got sick.

Criss Hochhold

May of 2020?

Darrell Shelley

2020. Like really sick, more than before, and she had to stay in the hospital for a couple of weeks alone. It was really hard on her. She was unable to leave and she was only allowed one visitor, which was her designated visitor, which was her sister. During this time, my nephew was born. There were strict hospital restrictions due to the pandemic for visitation—for births as well. So my mother was unable to witness the birth of her second grandson, due to the pandemic restrictions. And the baby was not able to come see her due to the restrictions in the hospitals. I think that's when she got diagnosed with cancer, and I think it was a really lonely, difficult time for my mother. I regret that I wasn't able to be there for her at that time.

Criss Hochhold

Absolutely, I'm very sorry to hear that. How did you feel when you first learned that you weren't able to visit your mother, you know, going through such an end-of-life stage at this point in time? How would that make you feel, Terry [sic]?

Darrell Shelley

Yeah, we knew that we might be able to come home if we applied for an exemption. But in May 5th, 2020, Bill 38, an Act to amend the *Public Health Protection and Promotion Act*, backed by the Newfoundland government, was enacted. And this included banning non-residents from entering the province. However, residents were still able to leave and return. So if you're from Newfoundland, you can leave and go to Canada. But if you're in Canada, you can't come to Newfoundland. First time I've ever heard of anything like that ever happening. You're not allowed to go to this province, sort of, right? It allowed the police to conduct warrantless searches and contain persons who are suspected of being in contravention to the *Public Health Protection and Promotion Act*. To enter any premises without a warrant, to take samples, conduct tests, make copies, extracts, photographs, videos, inspect as the inspector considers necessary. And to make available any means to generate and manipulate books and records that are in the machine-readable format, such as an electronic form, or any means necessary, for the inspector to assess any books and

records and no timeline given. So they can just come into your house, take your laptop, leave, and come back three months later and say, "We found something in your laptop."

Criss Hochhold

So there were some very, very trying times for us. Sorry to interrupt you, Terry [sic], but I want to focus back on your mother a little bit actually. Because you weren't able to visit with her due to these travel restrictions that were brought in, but were you able to connect with your mother in another way potentially?

Darrell Shelley

Yeah, Criss. Yeah, to just correct you, it's Darrell.

Criss Hochhold

Oh, I'm sorry.

Darrell Shelley

Yep, no problem. So yeah, like I was just about to get into—

[00:15:00]

In May 2020 the Civil Liberties Association wrote to the attorney general, Minister Andrew Parsons, concerning the restrictions put in place by the government. I sent that to my mother and I said, "You know, I don't know if we're going to be able to get home. I don't know what's going on." So June 4th, my wife and I applied for a travel exemption into the province. And to our surprise, we did get it the next day. Taking care of someone in palliative care assistance was an option. We chose that option and we did a lot of teleconferencing, video calls with Mom. But we were really worried about traveling through the other Atlantic provinces because we heard about the difficulties that other people were having.

We didn't know if we were going to be able to get through New Brunswick and Nova Scotia. We didn't know if we were going to be able to even get on the boat and then they may change that last minute. So Mom was doing better through the summer and had lots of family and friends to help her as she was going through chemo. So we didn't think it was necessary to really take the risk of trying to travel and maybe getting stopped along the way or something. So we didn't go at the time. And then in the fall, Mom took a turn for the worse. We decided to travel home right away to take care of her full-time at that time.

Then on November 7, 2020, I had to apply for another exemption because the old one was only valid for 30 days. Now, this 30-day rule was never stated, was never made public. There was no way to know it. I had to inquire because I was going to pack up. I left my condo behind, everything behind to come home. My business was shot, so there was no work happening anyway. And this time, I applied for my entire family. We were planning to travel back on November 23. Then on November 13, I was talking to my mother with her on Messenger that day. Everything seemed fairly normal and fine. She was on the phone with her sister, I believe, that night. And sometime after midnight, she died in the kitchen. The restrictions that were put in play by the Government of Newfoundland and Labrador and the other corresponding Atlantic provinces robbed me of being able to see my mother in her dying days.

Criss Hochhold

I'm very sorry to hear that, Darrell. Absolutely. As we're coming in towards the end, I want to ask: were you able to find some closure after all this with your mother's passing?

Darrell Shelley

Yes and no. We weren't sure if the exemption would be valid, but we came home anyway. At this time, after Mom passed away, there was no way for me to be able to get back to see the body to say goodbye, do a proper send-off. She had to be cremated pretty quickly. What we decided to do was to have a wake. And I knew that there was a fourteen-day isolation and I wasn't supposed to go. Some family members said to me, "Do it anyway," others said, "No you can't." So I didn't tell anybody I was coming back and no one in town, no friends, no relatives, nobody knew of her wake. She was robbed of that. I didn't know anything about it. I came home, got off an airplane full of people. Got into a truck completely isolated. Went to my house, completely isolated. Got in the truck went to the wake, had to put a fake name down to walk in. Went in and saw her in the empty room.

And to this day, there's people in this town didn't even know there was a wake. The only other person who went was my brother and his family. Nobody else was there. I didn't even see them, because they went at a different time. People were calling me saying, "You are going to get arrested if you break the quarantine." And I said, "My mother is dead." I said, "I'm coming back to say goodbye to her body and we paid thousands of dollars for it. I'm going to do it." So I set her up, it was it was mixed emotions. I was completely alone with no one there to confide in. You know, my father was very helpful by giving me his truck and everything. But the people in Newfoundland and Labrador were scared. They were totally petrified.

The amount of discrimination I felt in the next few months, traveling home, getting on that boat, and coming from Ontario, from my fellow Newfoundlanders was despicable. It was ridiculous. You are talking about a person that hadn't left his condo for almost—more than half a year. I was never sick. We weren't working. I was isolated most of the time. All I did was went outside to walk my dog. The amount of discrimination was ridiculous. The government had everybody pitted that the outsiders were going to bring some killer plague to the island of Newfoundland. And everybody believed that this is going to happen. I heard things like, "You're going to be the first case in Stephenville," and, "You would affect the entire town." When I came back—I came back on December the first, was when we finally landed, when we got over with our stuff. We quarantined for fourteen days. The last day of quarantine was my fortieth birthday. No one came to visit me on my birthday. People called and things like that but nobody came. It was my last day. Like I said we saw very little family over Christmas. It took twenty-nine days before I was able to sit down with my brother to discuss my mother's affairs.

The government destroyed everything and had everybody living in fear. It was so sad. As people found out we were from Ontario, they would run away from us. When we couldn't get help offloading, I couldn't get help to offload my things. Even if I actually did it in another room by myself.

[00:20:00]

I was offering somebody two hundred dollars an hour to help me offload my stuff, after driving all the way from Ontario, getting harassed by a border guard in New Brunswick, who said I couldn't stop. Having to take the license plates off my truck and off my trailer. It took three days to offload that stuff by myself. I had to return to my mother's house to go

over her belongings. Same towels that she used were still hanging in the bathroom and nobody to help us. The intimidation factor was unreal, and I couldn't believe that the people of Newfoundland were so scared and convinced that we were going to bring this plague and kill everybody. It took a long time for us to be able to reconcile that as friends with our neighbors, with our families, and people [inaudible] to get back to normal.

Criss Hochhold

Absolutely right and then we are still reconciling with that, so thank you, Terry [sic]. We are coming short on time. I have no further questions for you. Appreciate your time and I'm going to defer to the commissioners, if there are any questions that they'd like to ask of Darrell. No?

Yes, there is one question.

Commissioner Kaikkonen

I'm just wondering, when it comes to the different travel regulations or guidelines in the different provinces. When you mentioned that you were harassed in New Brunswick, by the border patrol, could you just kind of elaborate a little bit further on that?

Darrell Shelley

Sure, yeah. It was after driving through Ontario and Quebec with no issues really. We got to the New Brunswick border at Edmundston and they had a full lockdown situation. It was almost like driving into a— I've traveled in Europe. I've gone from country to country like France to Switzerland, and other places. And when you do, there are places where they search you, and they lock you down. And you know that's understood. It felt like that, it felt like I was going into another country. Like I was being questioned about who am I, where am I going, why am I going there and I had my papers. I said, "I'm going on back to Newfoundland," and she said, "Well, you can't stop along the way." I said, "Well, if you know anybody who's got a 5.7 litre V8 with a trailer that can drive all this distance without stopping on one tank of gas, I'll take two trucks, thanks."

I had my family, my puppies, a long drive, we were already tired, we weren't allowed to stop. She said, "Well, if you do stop—" I mean she pulled over other officers and they started interviewing us. And they were, like, flashing in the back of our car and looking around and trying to find out what we were doing. And they said, "If you do stop, you've got to wear a mask, you've got to put the gloves on; you can't go inside any building to use the washrooms or anything like that; you can't eat. Go straight to Newfoundland and get straight on the boat." If anybody knows, that's a very long drive, it's hard to do it in one day. It's impossible to do with families, and puppies, and a trailer like I said. So I had to stop. I had to take the license plates off. I had to hide, I had to pay cash most of the time because I was afraid that they were going to track my Visa or my debit card. I mean this is early 2020, before they had any of the vaccine passports or anything like that, and we were terrified.

We didn't know what to do. Coming into Nova Scotia, they had flashing signs about getting ready, getting ready, and when we got there, there was nothing. We just drove right through Nova Scotia and went straight to Newfoundland. It was so bizarre. Each province had their own set of rules and again, New Brunswick was pretty intimidating. She said, "If you stop for any reason at all, we're going to send you back to where you came from." So I would go back to Ontario where I had no home, where I had no condo, where I had no

company anymore. And I wouldn't be able to go and take care of my mother's affairs. I'd basically be homeless if they decided to turn me around, if I didn't cooperate with them.

Commissioner Kaikkonen

Thank you.

Darrell Shelley

Thank you. Thank you for what you're doing. Thank you for taking the time to listen to me today.

Criss Hochhold

Thank you, Darrell. I appreciate your time.

[00:23:38]



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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 2: Terry Lachappelle

Full Day 2 Timestamp: 00:57:02–01:17:47

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Good morning, Mr. Lachappelle. Do you, in the testimony you will now give, affirm that you will tell the truth, the whole truth, and nothing but the truth?

Terry Lachappelle

I do.

Criss Hochhold

Good morning, Terry. I know we've already sort of mentioned it, but can you please give us your full name?

Terry Lachappelle

Yes, my name is Terry Lachappelle.

Criss Hochhold

Where do you live, Terry?

Terry Lachappelle

Right now, we live in rural New Brunswick.

Criss Hochhold

And what did you do for a living?

Terry Lachappelle

I'm a retired military veteran of 21-plus years.

Criss Hochhold

Where were you posted, Terry?

Terry Lachappelle

Six different provinces.

Criss Hochhold

Let's go with the most recent, or your last posting.

Terry Lachappelle

Right, CFB Trenton.

Criss Hochhold

Okay, so before moving to rural New Brunswick, your residence was Trenton, in Ontario?

Terry Lachappelle

Correct.

Criss Hochhold

What did you do for the military? What was your occupation or your capacity?

Terry Lachappelle

My occupation was MSE Op, Mobile Support Equipment Operator. Basically, a truck driver. I retired in mid-2018, and I started working on the base as a civilian in— Sorry, this is a little hard to say, but in 2020, as a public service.

Criss Hochhold

Breathe, nice and relaxed. It always helps to breathe deeply. Take a couple deep breaths, and we'll go from there, okay?

Terry Lachappelle

I'm good.

Criss Hochhold

Excellent. Terry, you retired from the military in 2018 and then took a public service position with the military. Correct, as a public service?

Terry Lachappelle

Yes, as a civilian.

Criss Hochhold

As a civilian. Okay. And then you left that job in 2020, you said?

Terry Lachappelle

In late 2020, yes.

Criss Hochhold

What precipitated that?

Terry Lachappelle

Well just about, you know, early 2019, early 2020, the COVID pandemic was happening. And I listened to a lot of different news outlets—not just mainstream media but also alternative news outlets. And I was hearing rumors and reading rumors about possible injection mandates for all public service employees. My wife also worked on the base as a public service employee. And I was watching that really carefully because I was worried obviously, right, what was going to happen. So between the two of us and my military pension, we were doing fine. I mean, you know, \$170,000 a year, roughly. We had a couple nice vehicles, nice home, completely renovated, you know, camper, pool, hot tub for my back. Everything was going good. Until I believe in September or October, it was announced from the federal government—you can look it up; it's still on their website—that yeah, indeed, you know, no jab, no job. So you either take the injection, or you'll be placed on indeterminate leave without pay for public service employees.

Criss Hochhold

And this would affect both you and your spouse?

Terry Lachappelle

Oh, huge. You know, when you have a comfortable life and we're just starting to get used to that, and then all of a sudden, poof, it's gone. So I saw the writing on the wall. I saw the deadline. It was there in writing. So come back a bit, I knew what was going to happen. I knew what we had to do because there's no way I could afford all of that, you know.

Criss Hochhold

So you've made a decision. It sounds as though—and please let me know if I'm incorrect—But you said you then received documentation from the military that says if you're not **vaccinated by a certain date, that your employment would effectively be terminated.**

Terry Lachappelle

Right.

Criss Hochhold

But you've made a decision not to get vaccinated, is that right?

Terry Lachappelle

Correct, because a lot of red flags. I mean mRNA is nothing new. I'm sure everybody in this room has looked it up, did a little research, whatever. It's decades-old technology.

[00:05:00]

And the first red flag to me was, why wasn't it ever brought to market before. And then the push, the push, I mean, coercion? Really? Coercion to take something that I don't want to take; to take a medical procedure I don't want to undergo? You know, like, you never buy the first model Tesla. You're going to wait till they work out some bugs first, right? And my backup plan was always, well if I'm wrong, I can always take it. You know?

Criss Hochhold

When you said coercion, can you tell me a little bit more about exactly what you mean by that?

Terry Lachappelle

Well, when the government announced that you either take it or you get placed on leave without pay for basically forever, I talked with my wife and I said, "You know, we got to sell everything. We have no choice because I can't afford this." A military pension isn't very big, right? So we had to sell the house. We went down to one vehicle, sold the motorcycle, sold everything. I mean, a lot of stuff I couldn't even take with me, the movers wouldn't take. Luckily for us, we did make a little bit of money on the sale of the house, so that kind of tied us over for a little while. We hired some movers. We moved back to southern Ontario, back to Niagara. Ended up in a small—maybe 550 square foot—apartment on the third floor. Big difference. It's not something I really want to wish on anybody. I mean, it might have been easy, just take it, carry on with my life but no, no.

Criss Hochhold

You felt that, based on the research you've conducted and the information available at the time, that it wasn't safe for you to take to continue employment? Rather than potentially the prospect of losing your home, your vehicles, everything that you've built up? Because you had quite a long, lengthy career with the military.

Terry Lachappelle

Right, well, based on what I was reading—I watched a little bit of mainstream media, but I tried to stay away from it—a lot of other alternative sources. I never take anything I see online at face value. You have to kind of read between the lines, use a grocery store method, take what you need, and leave the rest behind.

The stuff I was reading was just like, wow. No, I don't even want to take a chance on this right now, so I'm going to wait. I'm going to see what happens. Unfortunately, I didn't have time to wait, because the date was on the wall, November 1st, and then on November 15th, you're being placed on leave without pay. So we did what we had to do. And it was really like a punch in the face. You know, here's an organization I worked for half my adult life. Okay, when I was in the military, I was medically released. I kind of understand that, I mean, you get to a certain point in life where you can't do what you used to do. So yeah, I couldn't do the soldier thing anymore. That's fine. You know, I understand that. And there were some benefits there for me on retirement. But this, there's just basically nothing.

They're taking away two full-time incomes and replacing it with nothing. I mean, we all know what happened with CERB [Canada Emergency Response Benefit]. I didn't even want to go near that, because I knew they'd come back to get it. It's 'the government after all, right?

Criss Hochhold

So it sounds like your overall experience with the military up to this point has been rather favorable. You enjoyed your career with the military?

Terry Lachappelle

For the most part, ups and downs. Well, like any job, right?

Criss Hochhold

Absolutely, absolutely. But overall, it was pretty good until these mandates came into effect and then you had to make a life-altering decision. Why did you choose to move from Ontario to rural New Brunswick?

Terry Lachappelle

Well, before we moved to Niagara, we looked for an apartment in and around the Belleville, Trenton, even as far as Kingston. No way I could afford an apartment on a military pension. I mean they're eighteen hundred, two thousand dollars a month. That's basically my military pension, right? So there'd be no money for food, there'd be no money for bills, there wouldn't be anything. So we did manage to find a small apartment in Niagara that was just over a thousand dollars a month. So we rented that while we tried to figure out what we were going to do. And I contacted a veteran friend of mine in rural New Brunswick, and he said, "Hey, why don't you come and look around here? I'm sure you can find something. The prices are still reasonable." So I did. I jumped in the car. I came to New Brunswick. I looked around. I found a spot. My mortgage broker made it happen.

[00:10:00]

It was a miracle, really. So just based on my pension, we qualified for the property because I said, "There's no way this is going to be taken away from me again." You know? So any other little job that my wife could get, or I could get, or something like that, it's just a bonus, right? And that's how we ended up in New Brunswick, sixteen hundred kilometers away from my father and my brother.

Criss Hochhold

Did you have any family in New Brunswick at all?

Terry Lachappelle

I have some cousins around Sussex and St. John's, and my one veteran friend there, not too far from us. And there's other veterans in Fredericton, and I think there's a few in Moncton. That's going way back to my Army Corps days, but yeah. Everybody's so far apart out here, though. It's like, "I'm going to go visit, my friend, Rob. Oh wow, he's 45 minutes away!"

Criss Hochhold

Well, yes, sir, in the Maritimes, we tend to have some distances. Terry, I know you've talked to us, and you gave us a glimpse into your financial situation when you went from a combined income of about \$170,000 a year, benefits from the federal government working for the military, to roughly \$35,000 a year. And you reluctantly had to move from Ontario, where your immediate family is, to a place where you really have no immediate family, which is a significant distance away.

Terry Lachappelle
Right.

Criss Hochhold

How are you dealing with that—if I may ask—emotionally? How is your mental health because of all this as well?

Terry Lachappelle

Well, how do you deal with it? Day by day. I mean, what do you want me to say, right? You do what you got to do to get it done. My rock is over there, my wife, right?

Criss Hochhold

Absolutely. And I can appreciate that very much so. Since moving to New Brunswick, have you had contact or have you seen your immediate family, like your dad? When was the last time?

Terry Lachappelle

No, not since. It takes money to drive, you know, from New Brunswick to Ontario, and I have to do it in short hops. I almost threw my back out just driving here today. But I wanted to be here.

Criss Hochhold

I appreciate you being here.

Terry Lachappelle

Because this is so important.

Criss Hochhold

It is, absolutely.

Before moving to New Brunswick— I'm sorry to have to go there again—but not having contact with your dad, or at least a physical presence with him prior to moving to New Brunswick, how often would you spend time with your father?

Terry Lachappelle

Almost every day. That was really the whole pull to move there. It was one of the only places, we could afford to rent; it was also to spend time, you know, with family. Trenton is about a three-hour drive, so it's a six-hour round trip. Being right there, I mean, I could just go knock on his door and say, "Hey come on over," you know, "for breakfast."

Criss Hochhold

Alright, so you went from a lot of contact to actually zero contract.

Terry Lachappelle

Zero. None.

Criss Hochhold

None at all.

Terry Lachappelle

Well, other than maybe, you know, a Facebook conversation—

Criss Hochhold

Right.

Terry Lachappelle

A video conversation or a phone conversation, yeah.

Criss Hochhold

But certainly, no quality time, so to speak, in person. Like you would have before, like we'd like to do with family.

Terry Lachappelle

Correct.

Criss Hochhold

Do you have any other family in Ontario that you had to move away from as well, aside from your father?

Terry Lachappelle

My brother, my daughter, a lot of friends, acquaintances.

Criss Hochhold

When was the last time you saw your daughter?

Terry Lachappelle

Last time we saw her was when we left. That would have been mid-August, roughly mid-August of last year.

Criss Hochhold

Of 2022?

Terry Lachappelle

Yeah.

Criss Hochhold

So about seven, eight months—seven months, roughly.

Terry Lachappelle

And if it wasn't for my brother helping us move, I don't know how I would have done it. Couldn't afford movers, right? So U-Haul wanted \$6,000 for a truck. I'm like, "no, I can't do that."

Criss Hochhold

After everything you went through, what I do want to know—and I think potentially the commissioners as well—is, if you had to do it over, would you reconsider? Would you take the shot?

Terry Lachappelle

Wouldn't hesitate. I'd do the same thing all over again.

Criss Hochhold

Do the same thing.

Terry Lachappelle

Because I had no choice.

[00:15:00]

Criss Hochhold

Because earlier you mentioned coercion a bit, where your quote-unquote "choice" was take the vaccine or lose your job,

Terry Lachappelle

Right.

Criss Hochhold

That you didn't see that as a valid choice.

Terry Lachappelle

No, that's not a choice. That's no choice at all. That's, you know, that's like me telling you, "Hey, drink this or you lose your job." "Well, what's in it?" "I don't know. Just drink it!" "Well, what's it going to do to me?" "I don't know. Just drink it! It's safe and effective, I promise." You'd be like, "Yeah, I don't think so." I mean, what do you want me to tell you? It's almost beyond coercion. It's blackmail is what it is. Let's call it what it is. Because that would be blackmail.

And the harder you tell me to do something that I don't want to do, the more I'm going to push back. I'm that kind of guy. I'm a Taurus. It ain't gonna happen. I will push you. And to this day, people call me an anti-vaxxer. I've lost friends. I've lost people that just don't even want to talk to me anymore, right? I post a lot of things online, controversial things maybe. I've spent a lot of time in Facebook jail. I visited my daughter there a lot, too. Because, you know, that's where they put you when you post things they don't agree with.

Criss Hochhold

Okay, Terry, you've raised a very good point. And actually, I'd like to ask: you said you're not an anti-vaxxer. Now, when you joined the military— Do you have to take vaccinations typically, when you enter the military for deployments, things of that— So have you taken any vaccines while in the military service?

Terry Lachappelle

We'll go back to my childhood. I've had all my childhood vaccines. I did the needles parade right here in Cornwallis, Nova Scotia in 1985. They called it a parade, but it wasn't really a parade: jab, jab, jab, jab, back and forth. Before I was deployed, I couldn't even tell you what they were. They just said, "You need to take this." Okay. I took it. Because I knew they're just traditional vaccines; mRNA is a messenger ribonucleic acid, I believe it's called, and somebody can correct me if I'm wrong. It's not a traditional vaccine. And when I was posted to Ottawa in 2012, they noticed that all my vaccinations were expired. So they said, so you need to take them all over again. "Oh, and look, you've never had the Hep A, B, C, D, E, F, G." So I took all those too, without hesitation. I will put my vaccine booklet up against anybody's in this room, any day, hands down. Hands down, I'm going to win.

Criss Hochhold

So no hesitation whatsoever for all the prescribed vaccinations within the military up until the COVID-19 came in. And based on what you've said to us is that there simply—I'm going to paraphrase it—but simply there wasn't enough documentation and proof of safety for you to take a risk on an experimental vaccine. But you had no issues whatsoever taking any of the vaccinations that were required because you know they've been proven, and they've been effective, and they've been around. Is that correct?

Terry Lachappelle

Correct. Yep. Too many red flags.

Criss Hochhold

Thank you, Terry. I appreciate your time. I'm going to refer to the commissioners for any questions.

Commissioner Kaikkonen

I'm just wondering if there was an appeal process before the imposed deadline, if there were any other options that you could have taken?

Terry Lachappelle

Not that I'm aware of. I didn't allow them to put me on leave without pay. I just resigned. This was in mid-September. So about a month and a half before the end of October deadline.

Commissioner Kaikkonen

Thank you.

Terry Lachappelle

And just to add to that if I may. We do know people in the public service that have been placed on leave without pay. So it wasn't just something they might have done. It was done. And I personally know a lot of veterans that were released—dishonorably discharged—because they refused the COVID vaccines.

Commissioner Massie

Thank you for your testimony. I was going to ask exactly the question: In your assessment, what would be the proportion of people that refused to take the jab? According to the people you know around you in the military, for example.

Terry Lachappelle

Well, there was a number floating around of approximately 900, 800–900 military personnel that were dishonorably discharged.

[00:20:00]

And coincidentally, some of them I know personally, and they were actually called back. And they said "No," you know, "you kicked me to the curb. I'm not coming back." And as far as the civilians, I only know of a couple, myself personally. I don't know the numbers on the civilian population, I wasn't there very long. I was there for less than a year when all this happened, so.

Criss Hochhold

Thank you very much for your time, Terry. I'm very grateful for you being here today.

Terry Lachappelle

You're welcome. Thank you. Have a good day.

[00:20:45]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 3: Peter Van Caulart

Full Day 2 Timestamp: 01:20:05 –01:46:22

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Welcome, Peter.

Peter Van Caulart

Thank you. Good morning.

Ches Crosbie

Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Peter Van Caulart

I absolutely do.

Ches Crosbie

Thank you.

Criss Hochhold

Good morning.

Peter Van Caulart

Hi Criss.

Criss Hochhold

Can you please just repeat your full name for us.

Peter Van Caulart

My name is Peter Van Caulart. I'm a resident of Kelvin Grove, Prince Edward Island. I have been there since 2019, in November, and moved from Niagara, Ontario, to Prince Edward Island. My family and I moved because we have a business and discovered a business opportunity that was going to work for us, provided we weren't interfered with. And as everybody knows, March 11th, the interference came and it's changed our lives drastically.

Criss Hochhold

March 11th of—?

Peter Van Caulart

2020.

Criss Hochhold

Peter, you said you moved from Ontario to Prince Edward Island for business development opportunities?

Peter Van Caulart

Yeah. That's correct.

Criss Hochhold

Can you tell me more about your business, please?

Peter Van Caulart

My wife and I run a business that is a private post-secondary institution for training the people who are the professional operators running water treatment plants and wastewater treatment facilities in this country. Our work is comprised of preparing those people for their provincial examinations for recertification and initial licensing. It's the only profession that I know of that requires individuals in the profession to recertify on a cyclical period of typically three years.

Criss Hochhold

And what exactly—to make sure everyone understands what that means—do you teach them? What is the subject matter?

Peter Van Caulart

Yes. We provide the training in the physical, chemical, and biological sciences: hydraulics, the engineering, the chemistry, the biochemistry of treatment of drinking water, public drinking water, the conveyance of that drinking water in the distribution systems, the collection in the wastewater collection systems, and the ultimate treatment in the wastewater treatment facilities for final-end disposal.

Criss Hochhold

And when you say, "final-end disposal," what does that mean?

Peter Van Caulart

Wastewater has to go back to where it came from.

Criss Hochhold

And how long have you been doing this?

Peter Van Caulart

Since 1987.

Criss Hochhold

And when you instruct, how does that typically take place?

Peter Van Caulart

The instruction largely is in-class, in-person instruction with small numbers of students. It's somewhat boutique training, mostly hands-on because there are many skills that have to be transmitted through verbal communication and reinforcement. I've brought some photos that I'd like to introduce to the Commission, and I'll hold them up and then pass them on. The first photo is a photo of me with a class of students in a laboratory doing this kind of work. The second photo is a photo of the students performing an analysis after the instruction. This is very typical, so initially we'd have a small classroom briefing, then go into the laboratory and perform the work. And, I've done this for over 33,000 students in the period of time that I've been instructing in this field.

Criss Hochhold

Incredible. Where do your students come from: All over the world? Canada? The United States?

Peter Van Caulart

We've had students from the United Nations Human Resources branch, from Cyprus. I've conducted classes in Australia. I've conducted training throughout Ontario, the military bases across the country, Newfoundland, Labrador, Ontario, here in Nova Scotia, Alberta, Manitoba, and British Columbia.

Criss Hochhold

You have clearly a breadth of experience. For the commissioners, those pictures that Peter held up are exhibits number TR-0009 as well as TR-0009a.

[00:05:00]

Peter, then you made a choice to move from Ontario to Prince Edward Island for those business development opportunities. Were you impacted, or was your business impacted by the lockdowns, restrictions, or government mandates?

Peter Van Caulart

The simple answer is yes, but I will elaborate. We discovered a business niche that almost compelled us to consider moving to Prince Edward Island from Ontario for several reasons. I'm getting close to the end of my career and my ability to want to keep teaching. We

discovered that we really enjoyed Prince Edward Island from frequent visits in the past. My wife and I discussed this. If we were going to settle down, this was a great place to do it. And all of the pieces worked with my insight in believing that the Maritime provinces were underserved in the level of instruction that I was able to bring, that I had been doing in Ontario for a number of years.

I ascertained that I could travel back and forth to Ontario, still maintain the business that we had there, and develop new business here in the Maritimes, particularly with the indigenous communities of the North Shore of New Brunswick. And we have made inroads and it's been great. Our reception initially when we were advertising and putting out the information that we were here was, "Oh, thank God somebody like you is here in the Maritimes"—both from the Maritime operators that I came in contact with and the people who run municipalities, who own and operate these kinds of facilities.

Criss Hochhold

Peter, what were some of your biggest challenges that you faced during those times to keep your business going? Because you said that it happens in person because you need to have access to a laboratory, so there's a lot of hands-on. So when restrictions and mandates came in, how did that impact you? And so what were those challenges that you faced?

Peter Van Caulart

You have to understand civil servants—and I don't wish to disparage all of them—, but I will explain, having been one once for the Province of Ontario. There is a mentality that you must follow the group-think, and whatever is currently in favour is the thing that's going to be done. So there are lots of people who like to build empires and lots of people who like to run their own little show.

That said, many of the municipalities simply followed what was a directive from their provincial governments, which was a directive from the national government. And those facilities were deemed closed, so there was no access to drinking water facilities, there was no access to wastewater treatment facilities, the laboratories associated with them, or the people who staffed them.

Criss Hochhold

So the treatment facilities and the freshwater facilities, drinking water facilities were closed, meaning you could not provide any instruction whatsoever. How did that impact—

Peter Van Caulart

The impact was huge. Revenues essentially went from one level to zero.

Criss Hochhold

Because, as you've mentioned, this has to be done in person, so an online type of teaching is not something that's feasible.

Peter Van Caulart

Yeah, the Zoom type of instruction that many people experienced during this time simply didn't work. I teach adults. Adults, predictably, are kind of like herding cats when you get

them into a classroom. In particular, individuals who do not sit in an office on a daily basis that are active throughout a facility, maintaining, monitoring, and operating the facilities. So many of my students, the feedback that came back was, “We really don’t want to play Hollywood Squares, and we prefer that— We’ll wait until you can come in for live interaction and training,” which is exactly what we did. In buying the time, I have to stress that I had to dissolve assets. So corporate assets, personal assets, monies we had saved for retirement, that sort of thing, was all used to try and keep our lives afloat.

Criss Hochhold

So in order to make ends meet, so to speak, you had no choice but to essentially shut down your business because of these mandates and restrictions.

[00:10:00]

Peter Van Caulart

The business essentially shut down, and I refused to take the vaccine until the last possible moment. And unfortunately, I had to take the vaccine because I was faced with an economic crisis that I didn’t want to go through.

Criss Hochhold

And the necessity for taking the vaccination, what was that for?

Peter Van Caulart

The federal government declared that nobody could travel on an aircraft without vaccines or without the injections, and I had an economic benefit that was available to me in Ontario. My own province, however, constrained me from traveling by car because I could not return back to the island unless I had been vaccinated. For all the mandates that happened everywhere else, the mandates on Prince Edward Island were even more draconian. Because basically a bunker mentality was set up on the island to prevent any sort of person from coming onto the island. And if anybody was following numbers and stats, there was a period of time when everybody was glib about the fact that we were an island. We were isolated, therefore we were very lucky and the angel of death had passed over us, and we were not going to be impacted nearly as bad as what we saw in the news in other places.

Criss Hochhold

How did it make you feel? Because it sounds as though, based in what you said, you had to wait until the very last minute and then you got the vaccinations simply for—simply is not is not the right word to use—but for an economic benefit. How did that make you feel?

Peter Van Caulart

It’s the decision I most regret in my life. My wife and I both went to go and get the first shot. And I had to do it for us and for our family. She did not have to do it. And she turned to me and said, “I just, I just can’t do it.” And I said, “That’s fine, don’t do it. I completely understand it.” She supported that I had to do it, but she did not agree that I should have it, and I certainly did not want to take it. I regret it, and I have done everything in my power to research the detoxification protocols that are available. And for anyone listening,

nattokinase is one of those things that's on the list. And I believe Dr. McCullough probably spoke about it yesterday. Chaga, vitamin D3, vitamin C, liposomal.

Criss Hochhold

Terry, sorry to interject, but we do have to move on, and I appreciate the seriousness and the consequence. But I'm also aware that you have—aside from a significant economic impact on you and your family—I also understand you have some personal impact with relation to a family member.

Peter Van Caulart

Correct. So in staving off the inevitable injection, for me it was not until September of 2021, I believe. I was not able to travel to my mother who was in care in Ontario. And my second biggest decision is, regrettably: I had to sign the form that required her to get her vaccine in care. I was faced with the conundrum as her medical power of attorney, that if I did not sign it, they would eject my mother from care. This is a woman in a wheelchair who could not move, and they were going to eject her from care. They were going to turn her out, and I would have to find alternative accommodation for me being in PEI, she being in Ontario. And my third photo I'm going to hold up is the photo of my dear mother, Adele [Exhibit TR-009b]. And this is a, a great photo.

But that's the last time I saw her [Exhibit TR-009c].

[00:15:00]

That was through a window at a healthcare facility in November of '20, when I was able to fly before vaccines were made available. Under the constraints that were imposed at the time, she was on a second-floor window in her room. We had an hour and a half conversation because I was fully aware that that was perhaps the last time I was going to see her for a long time. And after she had her second injection, she developed vaginal bleeding. And this is a woman in her 80s who'd never had any problem with her reproductive system whatsoever. She bore four children naturally. And to develop vaginal bleeding was curious at the most. And her wishes were carried out very quickly after her death. And I wish to hell I had insisted on an autopsy and a particular investigation as to the cause of what really killed her.

Criss Hochhold

Thank you, Terry [sic]. You said that your, once again the word, "choice" that you faced was because of your medical authority of attorney, that you had to sign for your mother to get vaccinated in the care facility. If not, she faced ejection.

Peter Van Caulart

Correct. The care facility was a not-for-profit care facility in Ontario, and the care she had received up till that time was exemplary. It was much better than many of the places my wife and I had sussed out. The year previous, we had seen horrible places. And so we were very confident that she was in the best care possible at the time. But they of course went full mandate, full blinkers on. There were no deviations from their rules. And their imposed rules: they claim they came from the government. I know that everybody claims they come from the government, but they pile on their own little twist to them. And by the time every

one of us had to deal with people who said, “You have to wear a mask here or have to show your pass there,” we all had some pretty stiff encounters with zealots.

Criss Hochhold

Thank you. I’ll have more questions. We are running short on time, so I think you’ve already presented a great testimony. So I will defer to the commissioners for any questions for follow-up.

Commissioner DiGregorio

Thank you for your testimony.

Peter Van Caulart

Of course, thank you for your service.

Commissioner DiGregorio

I just have a few clarifying questions about your business. You mentioned that you had adult students. I’m just wondering if you can tell me who a typical student would have been in your business.

Peter Van Caulart

Oh, certainly. All my students are adults. None of my students are directly out of college or university. They’re all people who are actively employed. As a result of their employment in this industry, the water and wastewater industry, they have to seek provincial licensing in order to continue to work in the business. That licensing is only valid unless they recertify. The recertification usually takes place every three years. They have to show a certain number of continuing education units and contact hours in order to get that recertification. In Ontario, it’s quite high. It’s a little less here in Atlantic Canada, but nonetheless, if they do not have it, they cease to be able to be employed.

Commissioner DiGregorio

Thank you. And one other question. I think I heard you say that one of the reasons your business became depressed in PEI was because of the closure of facilities, but that if you could travel to Ontario, you could still work. And was that something different in Ontario from PEI at that time?

Peter Van Caulart

No, the net kept getting tighter and tighter. Every time I made an overture to arrange something—and I had made several things work at the last minute—it was somebody within the municipality who suddenly came down with a:

[00:20:00]

“No, no, we can’t have anybody from outside our group to infiltrate and potentially infect us. And, therefore, we’re closed.”

Commissioner DiGregorio

Okay, thank you.

Peter Van Caulart

You're welcome.

Commissioner Massie

You alluded to the protocol that had been developed and still developing for detoxification from the vax injuries. Did you personally suffer any vax injuries?

Peter Van Caulart

No vax injuries, but I am grateful that I have used the knowledge and skill I have to find the things that I needed necessary to diminish whatever potential I believe is out there for a vax injury. I do question a change in my overall energy level, but I cannot conclusively say. Because part of the problem of all of what has gone on in the last three years is that everything is broken. Access to the medical system is broken. Access to get tests and confirmatory things done are broken.

I happen to be a pilot, and I've been a pilot since I was 17, and I can tell you that a two-year medical examination that was a normal course of events is no longer a normal course of events. It's a telephone conversation with a medical practitioner to get reassessed. And being a pilot, I have two major concerns. That is those pilots in this country and other places who got the vaccine: If they have a potential for some sort of vaccine injury, I have a real concern about being in the air with those pilots. And the second thing is that the pilots that didn't get the vaccine, who were furloughed for whatever reason because their airlines had mandates, or their mandates were imposed on them by the federal government, those people are the ones that you definitely want to seek out and fly with and support whatever airlines they might be with. And lastly, I think there's going to be a large amount of Canadians who when it comes time to receive or transfuse blood in medically necessary conditions: a condition about whether or not you're receiving vaccine available blood or non-vaccine available blood will be an issue as well.

Commissioner Massie

Thank you.

Commissioner Drysdale

Sorry, I have just a couple of quick questions about your mother.

Peter Van Caulart

Thank you.

Commissioner Drysdale

How long after she got the second injection did her medical condition start, and how long after did she pass away?

Peter Van Caulart

She passed away four months after the second shot. Her medical conditions occurred within three weeks of the first shot.

Commissioner Drysdale

Secondly, did you have any discussions with the medical personnel that you thought it might be a reaction to the vaccine?

Peter Van Caulart

I did. And you can probably understand what that reaction would have been. "Oh no, you can't possibly know anything because you're not a doctor."

Commissioner Drysdale

So then is it safe to say that it was not registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] system as an adverse reaction?

Peter Van Caulart

I believe it wasn't.

Commissioner Drysdale

Thank you.

Peter Van Caulart

You're welcome.

Commissioner Kaikkonen

Thank you for your testimony. I just would like to ask: you refer to the PEI protocols and mandates as draconian. Could you kind of expand on that, please?

Peter Van Caulart

I don't think I have enough time. The initial response on the island was to literally barricade the bridge, and they put up a barricade. Everybody was required to go through some sort of search procedure questioning that was, I'm going to say, literally unCanadian. **Things that you'd never expect to hear or experience in Canada. These are the same kinds of questions that I answered routinely going across the border 30 years that I lived in Niagara because I was only 15 minutes from the Canadian/US border. I'm quite used to answering the nature of those kinds of questions for border security. But I never expected to experience that in PEI or New Brunswick when I once came over to New Brunswick. Because I got myself declared essential because of the nature of the work I did—and in traveling to Sydney, Nova Scotia, I can tell you that I was stopped at the border between Sydney and New Brunswick—**

[00:25:00]

by a group of angry people who had been locked down, and by individuals wielding bats threatening to smash cars as a result of their reaction of being locked down at this point for over a year. The only reason I got through that roadblock was because I was declared an essential, and I explained it to the individual wielding the bat, and he acquiesced and allowed me to pass through. I was able to deliver the training in Sydney, Nova Scotia to the people who were waiting for me there. Sadly, I was only into that training two days before Nova Scotia locked down Nova Scotia, and I was required to return back to Prince Edward Island. So that training was postponed for another period of time, and I was able to go back and complete it. But almost three or four months later.

Criss Hochhold

Thank you very much, Peter. I really appreciate your time this morning.

Peter Van Caulart

Thank you. And my fellow Canadians, thank you. We're awake.

[00:26:17]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 4: Amie Johnson

Full Day 2 Timestamp: 01:46:50-02:10:45

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Amie Johnson, do you affirm that you will tell the truth, the whole truth and nothing but the truth?

Amie Johnson

Yes, I do.

Alison Steeves

Good morning, Amie.

Amie Johnson

Good morning.

Alison Steeves

Can you state your full name, where you are from, and your occupation?

Amie Johnson

Sure. So my name is Amie Johnson. I'm from Chester, Nova Scotia. I am a dental hygienist, currently unemployed.

Alison Steeves

And since when have you been unemployed?

Amie Johnson

February of 2022, so just over a year.

Alison Steeves

So in February 2022, at that point, how long had you worked as a dental hygienist?

Amie Johnson

I was three months shy of 22 years.

Alison Steeves

Twenty-two years. And how do you like being a dental hygienist?

Amie Johnson

I love being a dental hygienist actually. I love interacting with people, helping them, you know, making sure that people are taking good care of their oral health, and which in turn is their overall health. It was a great profession.

Alison Steeves

Back in early 2020, were you employed as a dental hygienist at that time?

Amie Johnson

Yes, I was.

Alison Steeves

And who was your employer?

Amie Johnson

Chester Family Dental, Dr. Natasha Zink.

Alison Steeves

How long had you been at that place?

Amie Johnson

Just shy of 22 years.

Alison Steeves

So right out of school.

Amie Johnson

I went there straight out of university. Yeah, same office, same employee, same employer.

Alison Steeves

And how would you describe your experience working there up to that point?

Amie Johnson

It was great. There was ten of us, all women. We were a cohesive group. We worked together five days a week, you know, ate lunch together, went out to lunch, went out for birthdays, you know, parties, all that stuff.

Alison Steeves

I imagine being there 22 years, you would know the patients really well.

Amie Johnson

Extremely well. And you know, that's the other thing too, the patients became my friends as well, you know. Like, a lot of patients I would see every four to six months, regularly. I would see, you know, between 12 to 15 patients a day for five days a week.

Alison Steeves

How big is Chester, Nova Scotia?

Amie Johnson

Chester in the winter is about 3,000, 3,500 people. In the summer, we can go up to like 12,000 people.

Alison Steeves

Okay, so people know each other pretty well.

Amie Johnson

Yeah, we're a pretty small-knit community. We're about halfway between Halifax and Lunenburg.

Alison Steeves

So in 2020, as you begin to hear about COVID-19, were you concerned?

Amie Johnson

Initially, yes, I was. So dentistry doesn't fall under health care. So we fall more under the Nova Scotia Dental Board, and of course, for me, the Dental Hygienists Association. So in **March of 2020 we were actually shut down prior to the province actually shutting down schools, and you know, the nursing homes and things like that because they were taking it very seriously. It was very unknown. They were worried about transmission. Obviously, we deal with germs, people's mouths, so you know it was pretty important to kind of figure out what was going on. And yeah, so we shut down early March and didn't reopen until June of 2020. So we were shut down for a few months there.**

Alison Steeves

So that was a dental board decision?

Amie Johnson

Yes, it was.

Alison Steeves

So you would have been at home during that time?

Amie Johnson

Yes, I was.

Alison Steeves

And so when the vaccines became available, did you choose to take any of the vaccines?

Amie Johnson

No, I did not.

Alison Steeves

And why not?

Amie Johnson

Well, when they first started talking about the vaccines, on a positive note you're thinking, okay, this is a good thing. But then you start doing your own research, and you realize, you know, COVID has a 99 per cent plus survival rate. And so something that was so rushed, the vaccine was so rushed, and experimental, I was just like, you know what? I think the previous gentleman that was up earlier said, "Let's just wait, I'm going to hold back." And that was kind of my initial reaction, was like, you know what, I'll just wait, let other people take it and kind of iron out the kinks and see what's going on. And then I quickly realized this wasn't for me.

Alison Steeves

And what sources did you consult in making that decision?

Amie Johnson

Well, I'm a numbers person. I like statistics. So you know, initially I would, you know, check like the dash, the Nova Scotia dashboard, and Stats Canada, and even the World Health Organization, but the numbers just never seem to add up. Like these people were vaccinated, but the numbers keep getting bigger. And then the biggest red flag for me was when they put the vaccine passports in. And so the exposure sites here in Nova Scotia— We have the exposure site website, you know, don't go there, don't go there. And all the exposure sites are places where people that were unvaccinated couldn't go. So how are we the problem? How are the unvaccinated the problem when the exposure sites are all vaccinated people? So I quickly realized that the vaccine doesn't stop transmission. And from my dental standpoint, the only reason why I would take the vaccine is to protect my patients.

[00:05:00]

That I wouldn't want to transmit COVID to a patient. But if the vaccine doesn't stop transmission, what is the point of taking the vaccine, if its effectiveness for severity of disease is still questionable and doesn't stop transmission?

Alison Steeves

So during that time, how did you feel about the way the media was portraying COVID-19 and the vaccines?

Amie Johnson

Well, it's actually very disheartening. It makes you question everything that the media said over the last years: very biased, very fear mongering. Again, I worked from June of 2020 until February of 2022 through this whole pandemic. I've seen 10, 15 patients a day, and a majority of them are scared to death. And that's really sad, that they're scared of something that does have a 99 per cent survival rate. And we don't know much about the vaccine, and they're putting so much faith in the vaccine.

Alison Steeves

So when you made that decision not to take the vaccine, did you share that with your co-workers?

Amie Johnson

Absolutely. You know, at lunchtime or just in random conversations. And my co-workers weren't so receptive of that.

Alison Steeves

Can you describe a bit more in detail just how this decision happened?

Amie Johnson

Sure. At the start, when the vaccine started coming out, I would say, "No, I think you guys should hold off, wait." Because, again, dentistry doesn't fall under health care. But because we're such high exposure, we were given the opportunity to get the vaccines quite early on with the nurses and the doctors. So nine out of 10 of us were right there, the first ones in line getting the vaccine. And people were trying— My co-workers were like, "You should do it, you should do it." But then that quickly turned to, instead of just saying, "You should do it, you should do it," to anger, animosity, alienation. I would go to work just to work, and **there was no more going out to lunch with my co-workers or talking to them on the weekend or, yeah.**

Alison Steeves

Why do you think that they reacted that way? What do you think? Why were they telling you to get the vaccine, and why were they upset?

Amie Johnson

Well, they felt that I was not only putting my patients in danger but also them and being irresponsible. Just because I'm unvaccinated doesn't mean that I don't take my job

seriously, or I don't care about my patients. But that's how they were perceiving it as, that I was being selfish and only thinking about myself.

Alison Steeves

And you said you're no longer employed. So were there mandates?

Amie Johnson

So because I fall under the Dental Board and the Nova Scotia Dental Hygiene Association—Both the Board and the Association did not mandate vaccines. Both, of course, were recommending vaccines, but we were not legislated to get to get a vaccine because it didn't stop transmission. So their official statement was the vaccine doesn't stop transmission, so there's no benefit for the patient. I'm sure all of you have gone to the dentist, so you know that we use universal precautions pre-COVID, and then those universal precautions were only amped up even further. We had to wear gowns. We had to double mask, face shields, goggles, you know, gloves. There were new protocols on scrubs. We would have to change them even if we left the office even for a minute. It was very extreme. But no vaccine mandate.

So then at Christmas, December of 2021, my employer came to me, and she officially said, "You need to get vaccinated." And I said, "No." And I said, "Let's have this discussion about the vaccine," And she said, "I'm not discussing it. You don't follow the science." And I said, "Okay." So then, when we came back after Christmas, because we closed for three weeks over Christmas, one of my co-workers got sick and tested positive for COVID. And she was triple vaxxed and was extremely sick for three weeks—very, very ill. But one of the protocols that we did have was that, to come back to work, all of the employees had to have negative PCR tests: to come back to work before the office reopened after my co-worker had COVID.

So reluctantly, I went to go get my PCR test and it came back positive. I was totally asymptomatic. I never got sick. And so when I called my employer Dr. Natasha Zink to tell her, she was not happy obviously. But because I was unvaccinated, I had to wait the full 14 days of quarantine, even though I was asymptomatic. And at that time the protocol was only down to a week, but because I was unvaccinated, I had to have the full two weeks off. And so I was set to go back to work on a Monday. And a couple days later, before I was getting ready to go back to work, she called me

[00:10:00]

and she fired me. And she said that I was putting my patients at risk, and that because I wouldn't get vaccinated, I was no longer to work there.

Alison Steeves

So you were immediately terminated.

Amie Johnson

I never went back to work after testing positive for COVID.

Alison Steeves

And did she fire you with cause, or did she pay you—?

Amie Johnson

Well, she said that first, I was putting my patients in danger. And secondly, she said there would be a shortage of work because patients wouldn't see me because I was unvaccinated. And the hypocrisy of the whole thing is that my co-worker who had COVID was extremely ill for three weeks, was triple vaccinated, still has a job; but I'm unvaccinated and tested positive for COVID but was completely asymptomatic and I don't have a job. After 22 years, yeah.

Alison Steeves

So your income ceased immediately.

Amie Johnson

Yes, she did pay me some sick leave for those first few days when we were waiting for the test results for the PCR test, and I did get my three weeks of vacation pay.

Alison Steeves

How did it feel to be let go from that position?

Amie Johnson

I mean, it was devastating. Like I said, you don't work somewhere for 22 years and not love it, right? And it wasn't a job; it was a career. It was my identity. So it was really, really hard. Really, really hard. Not to mention financially hard. I made almost \$80,000 a year, and that's a lot of money to lose in a household. It put a lot of pressure on my husband to make sure that he could pull up his socks and help more as well.

Alison Steeves

So since then, have you sought employment elsewhere?

Amie Johnson

Yes, I have. So like I said earlier, I do live in a small community. There is two other dental offices within about 15 minutes of us. So one of the offices, one of the hygienists was retiring, and I had—you know, from a friend—had heard that. So I reached out to—it's called Chester Dental Clinic, Dr. Andrea, via email, and asking her if she would be interested in me possibly working there. And she did reply with a lovely email. I actually brought it today. But when I applied for the job, I never mentioned my vaccine status because it's not really anyone's business. So then, when she replied back to me, she already knew my vaccine status and would not hire me. And I have the email [Exhibit TR-26a]: would not hire me solely based on the fact that I wasn't vaccinated. So that was one.

Alison Steeves

Would you like to read the email?

Amie Johnson

Yeah, sure I can. She says, "Thank you for reaching out to me regarding our soon-to-be-vacant dental hygienist position. I do apologize for my late response." Because it did take

her a few days. "At this point, I am unable to offer you a position with us. Professionally, I have to consider the reality of alienating patients and staff because of your vaccination status," which I had never told her, so I find that very interesting. "Unfortunately, Nova Scotia seems to stand alone as the world moves on. Personally, I could not disagree more with the public health protocols, having sat on the Return to Work Committee for COVID-19 on behalf of the NSDA. I am absolutely appalled at what has transpired in our once-free profession. We are beholden to ridiculous public health directives. The hypocrisy of mandating vaccines and masking in dental office defies logic, common sense and science. It did at the onset and most certainly does not presently. I admire you for your courage and your stance on personal freedoms and standing up against tyranny. I am sorry for this, that it cannot work out for us at this time. Wishing you all the best, Dr. Andrea."

Alison Steeves

So supportive of you—

Amie Johnson

Supportive of me, but wouldn't employ me.

Alison Steeves

And again, there were no mandates. She wasn't required—

Amie Johnson

No, and again, Dr. Zink when she fired me, and Dr. Andrea as well. These are their sole ideas or opinions because the Dental Board does not regulate vaccinations.

Alison Steeves

And did you try—

Amie Johnson

So the third dental office in my area is Mahone Bay Dental. So in November of 2022, they had a vacancy come up. So I went in for the interview, and three days later I was offered the job via email. And she sent me the contract. We worked out all the details. I was set to start December, I think it was the 17th. And on December 10th, she called me because she heard through the grapevine that I was unvaccinated. Because during the interview, it was not discussed. During the contract that she had given me and sent to me via email, not discussed –

[00:15:00]

but she had heard that I was unvaccinated. She wanted to confirm that, and of course I'm not going to lie about my status. I'm not ashamed of it, nor embarrassed, although it is not anyone's, you know: it's not their business.

But so she said, "If it's true," and I said, "Yes, it is." And she said, "Well, I'll still offer you the job, but I'll put you in a three-month probationary period. And if patients will continue to see you knowing of your vaccine status, and it all works out, then I will offer you a full-time job." And I said, "No, thank you." And I walked away.

Alison Steeves

And why did you say, "No thank you?"

Amie Johnson

Well, first of all, again, it's not anyone's business what my vaccine status is. Second of all, I didn't want to be put through that torture again. And like I said, I see 10 to 15 patients a day, not knowing, is this the patient that's going to go to—her name is Dr. Sarah Fakhraldeen—go to Dr. Sarah, and say, "Hey, I don't want to see her anymore because she's unvaccinated." So yeah, I was really reluctant to do that. So I said no. And I declined.

Alison Steeves

So you've worked as a dental hygienist for 22 years.

Amie Johnston

Yeah.

Alison Steeves

How long have you been in Chester?

Amie Johnson

Twenty-two years. Well, actually I grew up in Chester, but moved away for a few years, and then after, when I got my job.

Alison Steeves

And is there anywhere else in Chester you could work as a dental hygienist?

Amie Johnson

Those are the only dentist offices within a half an hour. So yeah, I'd have to start traveling. And again, I was spoiled rotten for 22 years. I walked to work.

Alison Steeves

So outside the workplace, did the vaccine passports have much of an impact on your life?

Amie Johnson

Absolutely, besides the obvious of not being able to go to the gym or the movies or restaurants and things like that. But more importantly, in my house, over that period, we missed two family funerals and two weddings.

Alison Steeves

And can you give a few more details about that?

Amie Johnson

Sure, well, one of the funerals was my husband's uncle, who was like a father to him, who's very special to us. Coincidentally, he did pass away within a week of his second shot, but we were unable to go to the church service. They asked my husband to be a pallbearer, but when they found out that he was unvaccinated and we were unable to go to the church service, obviously he couldn't do that. They did have a graveside service, so we were able to go to the graveside service because it's outside, and this was actually last February of 2022. So we did go to the graveside service, but we offended family members by going, by being present. It has created a huge rift in our family. There are family members that don't speak to us any longer over us going to the funeral. Yeah.

Alison Steeves

So they were upset that you went to the outdoor service.

Amie Johnson

Again, you know, the misconception that just because we're unvaccinated, we're spreading this horrible disease to everyone, right? And it's really sad. And you know, if you look at the numbers, people that are vaccinated are the ones getting COVID, currently. And I go back to my own experience at my work office. You know, it's okay for a triple-vax person to get COVID, but it's not okay for me to get COVID, or even be around people.

Alison Steeves

So would you say that the measures impacted relationships in your life?

Amie Johnson

Absolutely, it did, yeah. Yeah, unfortunately.

Alison Steeves

Do you have children?

Amie Johnson

I do, I have two children. They're both grown. And this has in fact affected them as well, very much so. My daughter, in September of 2021, started her first year of university at Dalhousie. She was accepted into the Bachelor of Science program, the accelerated program, and within weeks of her starting, they mandated that all nursing students had to be double vaccinated. So she chose not to get vaccinated. So she left the nursing program and switched to a Bachelor of Science. And her hopes were then to be a naturopath. And shortly thereafter, Dalhousie decided that all students had to be double vaccinated, so we were kind of in a bit of a dilemma there. But then they transitioned to online learning. So she was able to do all her courses online. So we were happy with that. But then she started receiving letters coercing her, threatening her to get double vaccinated or she wouldn't be able to complete her year at school [Exhibit TR-26b]. And it turns out they came true. So she lost all of her tuition money. And she wasn't able to get the credits.

[00:20:00]

Alison Steeves

So they just told her to leave.

Amie Johnson

Yeah. She wasn't able to go to in-person to Dalhousie to write her exams. So she did the courses all year long online. And then when at the end of the term, when she came to do the exams, they wouldn't make special accommodation for her because she was not able to be on the premises without being double vaccinated.

Alison Steeves

Would that affect her transcripts?

Amie Johnson

Yes, she did get fails, like F's. But they said that, if you come back and take that same course again, they would replace the failure. So yeah.

And so my son and my husband, they own a construction company called Nauss and Son Construction. They were also— It was the fall of 2021; they were doing a project on an Airbnb owned by Colin and Karen McDonald in Chester. And it was a large project: they intended to be there probably about five months. They were about halfway through, and it was right before Christmas of 2021. And the manager of the property, his name is Victor Lovett, he heard apparently through the grapevine that my husband and son were unvaccinated. And he arrived on the job site, livid, irate. Kicked them off the job site, told them to take their tools and that they were fired. So you know, it's very difficult living in a small community because everyone knows everything and the defamation of character as well that people talk behind— And my husband and son being self-employed, you know, we worry about their business. Jacqueline, my daughter, has now since opened up her own business, Coastal Charcuterie, doing charcuterie boards. And you know, she's doing really well and really successful, but you wonder at what point sometime that might come back, again.

Alison Steeves

And Amie, I just have one final question.

Amie Johnson

Sure.

Alison Steeves

Do you regret your decision?

Amie Johnson

No, not at all. My health is far more important than any money. And again, I'm at the age that I'm approaching 50. So I was in a position that I was able to stick to my guns and my morals and make a choice for myself and my health and my family. But I feel horrible for people that are younger, or even older, that have to feel the pressure to cave to that coercion. And I'm not going to say that maybe when I was in my late 20s, early 30s and had

two small kids and great big mortgage and car payments that I might have caved as well. And I was just really fortunate that I was in a position that I was able to, you know, continue to stick to my moral standards.

Alison Steeves

Thank you, and I'll turn it over to the commissioners if you have any questions.

Commissioner Massie

Well, thank you very much for your testimony. I have a question about your clinical, the dentist: Were they asking, for a patient to be treated, that they show vaccination?

Amie Johnson

No. At the dental office you didn't have to be vaccinated to come. Because again, dentistry kind of falls under health care, but it doesn't, so we did not ask people their vaccination status. And all people were treated equal.

Commissioner Massie

Okay, thank you.

Alison Steeves

Thank you, Amie.

Amie Johnson

Thank you.

[00:23:26]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 5: Kathy Howland

Full Day 2 Timestamp: 02:10:59-02:29:26

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Good morning. Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Kathy Howland

Good morning. Yes, I do.

Alison Steeves

Good morning, Kathy. Can you please tell us your full name, where you're from, and your occupation?

Kathy Howland

My name is Kathy Howland. I live in Meductic, New Brunswick, and I'm an education assistant.

Alison Steeves

How long have you been an education assistant?

Kathy Howland

Since 2018.

Alison Steeves

So approximately five years—four or five years?

Kathy Howland

Yes.

Alison Steeves

And what does an education assistant do?

Kathy Howland

I focus on primarily special education students: students with Down syndrome, autism, different learning abilities, ADHD students.

Alison Steeves

And you help them with the schoolwork that they're doing in the classroom, is that it?

Kathy Howland

Yes.

Alison Steeves

And can you tell us a bit about your current position?

Kathy Howland

I've been in my current position for the past two years. I'm working currently with children that have not had a diagnosis, but they are, we are quite sure, on this spectrum of autism. And I have also had, the past couple of years, a Down Syndrome student.

Alison Steeves

So you were working in this position when you became eligible to take one of the COVID-19 vaccines?

Kathy Howland

Yes.

Alison Steeves

And did you take one of the vaccines?

Kathy Howland

I did.

Alison Steeves

Which one?

Kathy Howland

I took the Pfizer vaccine.

Alison Steeves

Do you have the batch number by any chance?

Kathy Howland

I do. It is FF5109.

Alison Steeves

And when did you take the first vaccine?

Kathy Howland

I took the first one on November 3rd, 2021.

Alison Steeves

November 3rd. And why did you choose to take the vaccine?

Kathy Howland

It really wasn't a choice. I worked for the Province of New Brunswick, and they mandated that if I was to continue in my position as an education assistant, I would have to have the COVID shot.

Alison Steeves

Did you speak with your doctor prior to taking the vaccine?

Kathy Howland

Yes, I did.

Alison Steeves

And can you speak a bit about that conversation?

Kathy Howland

I called her and actually asked her if she could give me a letter pausing the process. At that time, I wanted to wait until the Novavax vaccine had been approved and I had read several articles that said that was going to happen. So her response to me was, "No, I can't give you an exemption for the vaccine." I tried to explain to her that I didn't want an exemption. The Novavax vaccine was non-mRNA and so I just wanted to hold off until that became approved and see where that went. And her response was, "Listen, there won't be any problem with the Pfizer shot. Just go get the damn shot."

Alison Steeves

And how long has she been your family doctor?

Kathy Howland

She has been my doctor for probably 10-plus years.

Alison Steeves

Did you find that interaction or that behavior or treatment sort of distinct from the way you had interacted with her in the past?

Kathy Howland

It was awful. Like, I was so shocked that my only response that I had to her after that little outburst was, "Okay, then. I guess that's where we'll leave it."

Alison Steeves

So she seemed upset that you were trying to delay taking the vaccine that was available to wait for another one.

Kathy Howland

Yes, yeah, she was not open to that at all.

Alison Steeves

So you went and got the shots. Do you recall who administered the vaccine to you?

Kathy Howland

Yeah, it was a pharmacist at the Guardian drugstore in Woodstock.

Alison Steeves

And did the pharmacist advise you of the potential side effects of the vaccine?

[00:05:00]

Kathy Howland

No. I asked if she had heard about any side effects. And she said, "Well, there's just a sore arm and maybe a fever, but nothing really serious."

Alison Steeves

Standard side effects. And did she give you an individual assessment based on your sort of personal medical history to see if the vaccine was right for you?

Kathy Howland

No.

Alison Steeves

So after you took the first shot, did you experience any symptoms?

Kathy Howland

Not really with the first shot. Just a bit of a sore arm. It was the second shot.

Alison Steeves

And when did you take your second shot?

Kathy Howland

I took my second shot on December 1st, 2021.

Alison Steeves

Okay, so almost a month later?

Kathy Howland

Yes.

Alison Steeves

Did you experience symptoms after your second shot?

Kathy Howland

Yes. I took the second one on December 1st. December 3rd, when I get up to get ready for work that morning, my ears were plugged full. My left ear was painning quite severely, and I had this awful ringing in my ears. It was so loud. And so I had to miss work that day. The following day, Saturday, December 4th, I ended up going to Emergency because of my symptoms.

Alison Steeves

So you spoke with the health care practitioner about the symptoms?

Kathy Howland

Yes.

Alison Steeves

And did they find anything?

Kathy Howland

No. He looked in my ears, he said, "I can't see really any infection or anything." So he gave me eardrops and a nasal spray and sent me on my way.

Alison Steeves

And did your symptoms persist?

Kathy Howland

Yes.

Alison Steeves

Did you eventually get any further testing done to assess sort of what was wrong with your ears?

Kathy Howland

I did. I talked to my family doctor, and she stopped the eardrops and the nasal spray. Because when your ears are already full, she didn't think that it was appropriate to add more to that. So then she referred me to an ENT.

Alison Steeves

Okay, and did you also get an audiology report?

Kathy Howland

I did.

Alison Steeves

Okay, and did you give me a copy of this audiology report?

Kathy Howland

I did.

Alison Steeves

Did you happen to have it in front of you?

Kathy Howland

I do.

Alison Steeves

So this is Exhibit TR-0005A?

Kathy Howland

Yes.

Alison Steeves

Perfect. Okay, and do you mind if I read from a bit of the finding here?

Kathy Howland

Not at all.

Alison Steeves

So it says, "Hearing sensitivity, left ear: mild to moderately severe sensorineural hearing loss, and right ear: mild to moderate sensorineural hearing loss." So stronger hearing loss in your left ear, but hearing loss in both.

Kathy Howland

Right.

Alison Steeves

So had you had an audiogram done in the past that they were able to compare this to, I assume?

Kathy Howland

I did.

Alison Steeves

So they found that you'd had some significant hearing loss in both ears. And then it also adds, "ENT consult." Did you end up seeing an ENT as you had said?

Kathy Howland

I did see an ENT.

Alison Steeves

And do you have a copy of your ENT report in front of you?

Kathy Howland

I do.

Alison Steeves

So your audiology report was January 14th, 2022. And then February 16th, 2022, you have your ENT report from River Valley ENT. Is that correct?

Kathy Howland

Right.

Alison Steeves

Okay and that's Exhibit TR-0005. And do you mind if I read from that report as well, a few excerpts?

Kathy Howland

Not at all.

Alison Steeves

So the ENT wrote, "I saw Catherine today in my otology clinic. She has an interesting history. She had her second dose of her Pfizer COVID vaccine December 1st, 2021. Within 24 to 48 hours, she started noticing fullness, pressure, and discomfort in both ears, worsening tinnitus, and subjective hearing loss." And speaks about your audiogram, acknowledges the hearing loss and there is nothing else, no history or nothing, to explain it. And then he adds, "In summary, this is a patient with bilateral sensorineural hearing loss with left isometric sensorineural hearing loss." And adds, "This may represent a vaccine side effect."

Is that correct?

Kathy Howland

Right. That is correct.

Alison Steeves

So you have tinnitus and hearing loss in both ears.

Kathy Howland

Yes.

Alison Steeves

And did you and your ENT discuss the potential relationship with your COVID-19 vaccine?

[00:10:00]

Kathy Howland

Yes, we did. And he said it was quite possible. But he is prevented by coming right out and saying that. The government has stopped the doctors—apparently, from what I've been able to learn—has prevented the doctors from actually attributing vaccine injuries to the COVID-19 shots.

Alison Steeves

So he expressed that concern, that he was not permitted to directly attribute it as a cause?

Kathy Howland

Yes.

Alison Steeves

Okay, and so he put it in the report though, just as a potential effect.

Kathy Howland

Yes.

Alison Steeves

And have you spoken with your family doctor again regarding your diagnosis? You mentioned she sort of accepted there could be a link with the vaccine?

Kathy Howland

Yes, she did. She said that she had read some articles that did say that people were having problems with the vaccine and that their symptoms were hearing loss and tinnitus. But she, again, would not put that down on paper for me.

Alison Steeves

So the doctor who told you to go get the shot and not to wait for another shot that you had been waiting for was now acknowledging that you could have developed tinnitus and hearing loss based on having taken it.

Kathy Howland

Right.

Alison Steeves

Okay, so Kathy, can you speak a bit to what it's been like living with tinnitus and hearing loss? This report was approximately a year after your second shot, a little bit more. So how has that been? How has it impacted your life?

Kathy Howland

It's been difficult. I've always been a social butterfly, an extrovert, and I have completely flipped because it is so hard to be in crowds or around a group of people because I don't hear well. Background noise is particularly annoying, so you can imagine being in my job with a classroom of children, especially elementary kids. They're very boisterous and can be loud, and so I've withdrawn a lot and I've struggled with depression because I do miss those gatherings. I did direct a group of 30 booklists with a live band, and I can no longer do that. Because it's just too hard to be in a room with a lot of music. It's overwhelming, and my ears close up even more, and the tinnitus rings even louder. As far as my family goes, they don't believe that I would actually have been hurt by a vaccine, so that's another hurdle that's been difficult.

Alison Steeves

So you used to be quite involved in music. You said you directed a group of music and now it's too painful for you to be sort of surrounded by that many people in that level of noise. Is that correct?

Kathy Howland

Yeah. I can't, I just have a hard job with it now at this point.

Alison Steeves

And how has it affected your relationships? You said family members are doubtful or skeptical?

Kathy Howland

Yeah, my parents are very skeptical. My sister is very skeptical. In fact, they're just like, "Well, I mean, you're getting older. You're going to lose your hearing anyway." And I'm like, "Not necessarily, I was fine." And they just don't want to believe that it was part of the vaccine because they've all had several shots.

Alison Steeves

And so do you feel that you can't speak comfortably about this issue in social circles or in certain groups?

Kathy Howland

I can't talk about it. No, people: they shut down. If I say anything like, "I'm sorry, I can't hear you, I had a vaccine injury." And I'm not going to hide behind that; I'm not going to stop with, "I'm sorry, I can't hear you." I want to tell people that this is what this vaccine has done to me and thousands of other people.

Alison Steeves

And has this experience impacted your mental health at all?

Kathy Howland

Yes, I have become very isolated by times. I force myself to be out in a group of people because I know what's going to happen. The tinnitus is going to get louder. My ears are going to get stuffier.

[00:15:00]

But I don't want to become isolated altogether because that's not healthy either.

Alison Steeves

And what would you say has been the hardest aspect of this experience?

Kathy Howland

I think part of it is my parents not believing that I could possibly be injured by these COVID shots because they have so much faith in the government and the shots. And then another thing is my job. I love my job. I love my kids that I work with, and it's so hard to hear their voices. And I work mostly with literacy, trying to work with the kids to bring up their literacy skills so they can do math easier, science. Anything is based on literacy, so we will want them to be right in the top drawer. But if I can't hear whether they are saying a *D*, a *B*, a *V*, or a *T*, it's just crushing to lose that ability to know what those kids are doing and be able to help them. I just don't feel I can do my job as well as I did before.

Alison Steeves

Thank you very much, Kathy. I have no further questions, but the Commission might. I'll just give them a minute.

Commissioner Drysdale

Thank you for your testimony. I have a couple of questions. And perhaps you said them, and I missed them. And that was, I understood that you had your second audio test in and around January 4th of 2022?

Kathy Howland

Second audio test. I'm just looking for the date here. It was the 14th of January 2022.

Commissioner Drysdale

I can't read my own notes. There is a one there. Now my real question, though, is: what was the date of the first test, the record test you had prior to that?

Kathy Howland

I do believe that there was a previous audiogram on file from 2002, which showed normal hearing.

Commissioner Drysdale

Okay. One last question. I believe you said that you had a discussion with your family doctor with regard to this being a potential vaccine injury. And I believe I heard you say she thought that was a possible side effect?

Kathy Howland

Right. She had been reading some literature online that things were starting to come out that it was a potential side effect.

Commissioner Drysdale

Do you know whether or not she made a report to the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system on that?

Kathy Howland

That, I don't know. I've got some paperwork to go in to her next week, but I really don't know if she reported that to VAERS [Vaccine Adverse Events Reporting System] or not.

Commissioner Drysdale

Okay. Great. Thank you very much.

Kathy Howland

You're welcome.

Alison Steeves

Thank you, Kathy.

[00:18:31]

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 6: Alison Petten

Full Day 2 Timestamp: 02:57:13–03:23:16

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Alison Petten, thank you for attending. Do you affirm you will tell the truth, the whole truth, and nothing but the truth?

Alison Petten

Yes, I do.

Ches Crosbie

Thank you.

Nicolle Snow

Thank you. Good morning, Ms. Petten. For a little bit of background, Ms. Petten was a last-minute substitution witness, and so for that reason we are not going to go through direct examination. Ms. Petten has a story here to tell, and it's an important story. Ms. Petten is going to be speaking on four different topics: informed consent, appropriate techniques for intermuscular injections, collection of data, and nursing standards and ethics. I'm going to let you have the floor.

Alison Petten

Okay, thank you very much. I really appreciate the opportunity to be here today. I'm here partly because I love nursing, and I get a little emotional about this. But I'll calm down once I get going. Many of my colleagues can't be here, either because they're afraid to speak publicly, or because they're exhausted, or they're at work, or maybe they're getting a break. I have had the privilege of working four streams of nursing. I've been a clinical nurse most of my career and an educator, an administrator; and I've also had some involvement with research projects and program evaluation. I currently work as an educator and health consultant. And I've been a registered nurse for 40 years—and a really good one. I love what I do and I love teaching all around Nova Scotia. I try to be kind and helpful and non-judgmental and I think, because of that, people tell me stuff. A lot of people know me in health care and I've been hearing a lot of very disturbing stories over the last few years.

I'm here because we made some serious mistakes, and we need to do better. And I know that we can. I'm not interested in furthering the blame and shame that has gone on. I think it's important that we reflect and examine and evaluate what's been done so that we can figure out how to do things better and not just see who's at fault. I'm not usually a rebel. I can be a little—but not overly. I actually kind of like rules. We need policies and protocols and guidelines and laws to guide us and support us, but we need to follow them, and they also need to make sense.

So as I talk about these four things, informed consent, intramuscular injections, collecting data about possible adverse effects, and nursing and our code of ethics, I'd like to spend a little more time on nursing and the code of ethics. But I'll try to be brief as I go along, and I invite you to help me with my time because, I know.

Nicolle Snow

I will.

Alison Petten

Yeah. And if I talk too fast, you can slow me down.

Nicolle Snow

Okay.

Alison Petten

With informed consent: I guess I would like to convey that, with 40 years in nursing, I'm blown away. To me, informed consent, I thought, was a basic foundational secure piece of the healthcare system that we weren't allowed to mess with. For 40 years, I'm not allowed to touch people hardly. I'm not allowed to put something on someone's body or in somebody's body without them understanding it and choosing to accept it. Unless the person doesn't have capacity to do so, and then there's a process we go through with that. Information is required. When you look at the definition of informed consent, coercion is not allowed. People are not allowed to be punished for the choices that they make with healthcare. There's not supposed to be negative repercussions for their choices. With regard to mandates, quite honestly, I never dreamed that we would do that.

And especially with the high vaccination rate that we had—with all that blame and shame and encouraging people to get vaccinated. We had a very high vaccination rate, so I'm not actually sure why they were mandated at all really. People wanted them. Before we heard messages about unvaccinated people being racist or misogynist or having unacceptable views, people want drugs. Look at the TV ads! You know, there's new drugs out there to help you with your COPD [Chronic Obstructive Pulmonary Disease],

[00:05:00]

your breathing problems. And in order to decide you're going to have them you're being told that you might have headaches or high blood pressure or a heart attack or sudden death—but people have the information and they can make those choices and they sell the drugs. It happens.

We had nurses giving vaccinations to nurses who were crying because the nurses knew enough to know that we didn't know enough about these vaccines. You couldn't get an exemption for love nor money in this province. I only know of one individual who got an exemption, and that was after their first vaccination—after they regained consciousness several days later. We know there are a lot of people for whom this vaccine was not a good idea. The chemically sensitive, the neurologically vulnerable, and many others; but I probably shouldn't spend much time on it because other people are. We heard doctors telling their patients, "I don't think this vaccine is a good idea for you, but I'm not allowed to give you an exemption." Doctors were prevented from practising medicine and providing appropriate care for individuals according to their individual situation.

Yesterday, I learned that 114 Nova Scotians died from COVID—I think in the first two years. I'm not positive, but I'm pretty sure that I could find you 114 people who either died or aren't sure how they're going to live because of vaccine injuries. Some of those people chose, but some of those people didn't feel they had a choice, so it wasn't informed consent in that case. And I think it's interesting and very sad to see that we are noting now: we have more COVID deaths after people have had two or more vaccines. So not my area of expertise, but it does seem like maybe they aren't working. So that's informed consent.

I'd like to talk about the appropriate technique for intramuscular injections. I teach this stuff, and I teach to aspirate. Shall I just explain briefly what that means?

Nicolle Snow

Yes, please.

Alison Petten

So normally, when we're giving somebody an intramuscular injection, if we're using the deltoid, we have to make sure there's enough muscle there that we can actually get into a muscle; we're not going to hit bone. We landmark to find bone and the right place to inject. And then when we quickly inject the needle, we hold it steady, and we pull the plunger back just a little bit, create a little negative pressure to see if a little blood comes back into the syringe. If blood comes in the syringe, that means I'm not in muscle, I'm in a blood vessel. So I have to remove, pull the needle out, put pressure there so they don't get a bruise and whatnot, throw that out, and then I have to draw up and landmark and inject in a different site. Because if I go ahead and give that injection, I will be giving it intravenously. And if I give a medication intravenously, usually it's with a lower dosage. So the way these vaccines were developed and the research that was done around them was around them being given IM. So I was quite taken aback to see that in Nova Scotia and across Canada—and I understand from the CDC [Centre for Disease Control and Prevention], because I did some research to see what I could find out was happening now—they are saying it's not necessary for vaccines.

Nicolle Snow

What is not necessary?

Alison Petten

It's not necessary to aspirate—not necessary for vaccines. I found this out a handful of years ago because, as I said, I teach this and I want to make sure that I'm staying current and whatnot, and what I found out was there's no research around that. The wording is

there's no evidence to support that aspiration is necessary, but there's also no evidence to support that it's not. And if I don't aspirate and I inadvertently give a medication into a vein, I could cause an overdose because we have a different dose. So for example, with morphine, if I'm giving it IM, I might give 5 to 10 milligrams. If I'm giving it IV, I give maybe a half to 2 milligrams. So it is important that we aspirate.

Maybe they're not concerned about overdosing with a vaccine, but it wasn't intended to go directly into the bloodstream. It was supposed to get there gradually, from the muscle.

[00:10:00]

And the only reason I can really think of for them wanting to do that, that would be a good reason, would be because of wiggly children. Most of the vaccines that we give go into young children. And no young child wants to have a sharp piece of metal in their body for very long. And they're wiggly. So maybe that's why, but I didn't find any rationale documented anywhere for that. It only takes a few extra seconds to aspirate. What takes longer is if you are in a vein, then you have to throw that away and draw up a new one. So you have a little bit of wastage and a little bit more time. But that's important.

Nicolle Snow

Okay. I'm going to give you the 10-minute warning.

Alison Petten

Thank you. My son wanted me to tell you that he was taught in paramedic school to aspirate. And then suddenly when they rolled out the vaccines, it doesn't matter. So he is rightly disgusted because it does matter.

With collecting data about possible adverse effects, a lot of people are talking about that in a variety of ways. So I think I will just tell you what I thought and what I expected, and it didn't happen. I first thought, uh-oh, that was fast. This is new technology. These vaccines are so new and different, they had to change the definition of "vaccine" in order for them to meet that definition. But I thought, oh my, we're in a pandemic. We have to do things differently. I suppose that we have to—and there was no talk of mandate at that point. But I thought, as long as we are collecting data about possible adverse effects and we're ready to pull the plug, I guess we have to do this. And honestly, I've known for years that we're not good at reporting adverse effects for drugs and whatnot. I think it gets reported maybe about as much as sexual assault: like, 10 per cent or less of adverse effects for drugs and vaccines actually gets reported. And this is after 40 years of nursing I know this.

I expected that we were going to do this amazing rollout of how to use the adverse event system following immunization forms. I thought they'd be on telephone poles almost. I figured every health professional in Nova Scotia—because we all are regulated—we'd have someone that can send us an email. I figured every nurse was going to get a copy of that form and be told how to use it. I figured they were going to revise the form and make it more user-friendly, make the process easier. I figured they're probably going to get the public to complete their own, because busy health professionals could be doing something else. None of that happened. And the way that it's supposed to work is we don't analyze what we submit. If there's an adverse event that happens following immunization, it's not supposed to be analyzed first. It's supposed to be submitted.

Nicolle Snow

When you say analyze, do you mean for the causal connection to the vaccine?

Alison Petten

Yes.

Nicolle Snow

You just report it regardless.

Alison Petten

We report if it's following—yeah. And if it's a very serious one, then they're supposed to investigate. That's my understanding: it's supposed to be investigated right away if it's serious. And if it's not serious, then they just put it in the data, and if a pattern emerges, then they investigate. But if you don't collect the data, you don't get to see the pattern. And I think that's what happens.

Nicolle Snow

Yeah.

Alison Petten

I'd like to talk a little bit about my profession. I might cry, but I'll get over it, so just bear with me. I live and breathe my standards of practice and my code of ethics. Nursing is hard, but I love it. It's important work and I've been proud to do it. Nurses are supposed to be critical thinkers. We're supposed to have awesome knowledge, skill, and judgment. We're not allowed to just follow orders. Leadership is expected and required of us. It says so in our standards of practice, which are legislated documents, and our code of ethics. So legislated: to me, I understand that means it's law. This is what we're supposed to do. We're supposed to also work within our scope of practice, which means: as a registered nurse, I'm only allowed to do what I have the knowledge, skill, ability and judgment to safely, ethically, compassionately do for an individual or group.

Yes, most people are familiar with nurses caring for sick people and people who are injured and people who are dying, but we also are required to do health-promotion and disease-prevention as well. I expected public health education to not be just,

[00:15:00]

"Stay home and wait for your vaccine and wear a mask when you go out and have distance."

I expected we would also encourage people to support their immune system—let people know, the best way to fight off a virus is to have a healthy immune system. Fear does not make your immune system stronger; it makes it weaker. We could have done things like promoted better nutrition, hydration, stress management, mindfulness, fresh air, connecting with people. We could have been checking vitamin D3 for people to see if they needed more vitamin D to be optimized. So there are a lot of things we could do: helping people to avoid sugar and alcohol, just letting them know, you know, just make other choices when you can. But instead, we were vaccine-waiting.

I want you to know that the Code of Ethics for registered nurses in Nova Scotia—I'm going to quote from it two things. It says, "In anticipation of the need for nursing care in a disaster or disease outbreak, nurses assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of health care providers." That's for every registered nurse in Canada. This code of ethics also says, and I quote, "When in the midst of a disaster or a disease outbreak, nurses advocate for the least restrictive measures possible when a person's individual rights must be restricted." We didn't do that. And I've given you a copy of the Code of Ethics [Exhibit TR-24].

Nicolle Snow

I do. Yeah, I do have a copy of that. Thank you. You can enter that.

Alison Petten

The Nova Scotia College of Nursing is the regulatory body for all nurses in Nova Scotia. And I'm going to quote once again and read, if you bear with me: "In Nova Scotia, all registered nurses and nurse practitioners are accountable to practice nursing based on that Code of Ethics, developed by the Canadian Nurses Association. The Code of Ethics is a resource to help you practice ethically and work through ethical challenges that arise in your practice setting with individuals, clients, families, communities, and the health system." That didn't happen either. In August 2021, I heard that there was talk of maybe mandating vaccines. So in August 2021, I sent an email to my nursing regulator, because my understanding is that they exist for the purpose of protecting the public from nurses. I sent them an email basically saying, Public Health needs our help. I'm concerned that they might mandate, and these vaccines have not had long term studies. We don't have enough information, blah, blah, blah. And I have given you the information.

Nicolle Snow

I have that email, which we will enter into evidence [Exhibit TR-24a]. Okay.

Alison Petten

I basically got a pat on the head. We back-and-forth a little bit, but I was told they're not experimental and we're not going to mandate. All nurses have them, but we're going to follow what public health says. After that, I phoned the Canadian Nurses Association, because they are the people who have provided the code of ethics for nurses. And what really troubled me at the time, and still, is that I phoned, because I was afraid to email. I was somehow afraid to have an electronic footprint just by asking some questions, and I realized at that point that we'd really lost the ability to advocate, and yet we are required by law to advocate.

The next thing was in February 2022. In collaboration with some other nursing colleagues, we submitted four resolutions to the Nova Scotia College of Nursing so that we could have some discussion. We thought maybe they'll never get past, but at least we could have some discussion and some debate, because that hasn't been happening at all. The four resolutions: One was about aspirating to avoid injecting directly into the bloodstream. Another was about reporting adverse events. We wanted them to make sure nurses knew they had to do that. Another was advocating to not mandate vaccines for children and adolescents, and another was advocating to end the use of the mandates and the passports in Nova Scotia.

We got nowhere with that. Basically, they were polite and let us know that really it would be a nursing association that would deal with such things. But in Nova Scotia we don't have an association anymore.

[00:20:00]

We just have a little bit of a Facebook page presence, but we don't— So it was like you could go there, but we didn't have "there" to go. I felt like I had exhausted what I could do through the processes that were established for nurses. I emailed and I phoned MLAs, MPs, the Governor General, the Prime Minister's Office—and I did get a couple of calls back, but more pats on the head and we'll do what public health says.

Nicolle Snow

Thank you, Ms. Petten.

Alison Petten

Could I just— Could you—?

Nicolle Snow

Yeah, you're actually out of time, but can you wrap up very quickly?

Alison Petten

Okay, I'll just quickly read this. In closing, thank you. I can't believe that we got to this in Canada. I'm trying to understand how we got here, and one of the things I think happened was it was a lot about fear. I think we need to have information and not use fear. We had processes in place to guide us, but we didn't use them. I think that was because politicians took over healthcare, and they were guided by the pharmaceutical industry, not health professionals and scientists, and leaders who developed the guidelines for just this kind of situation. Politicians are about power, and the pharmaceutical industry is about profiting. Neither is about health.

This pandemic response was managed by politicians who Canadians have allowed to have too much power. They followed recommendations by the pharmaceutical company who made too much profit and cut corners and did lousy research. This inadequately researched vaccine is now in the childhood immunization schedule in some places. I'm not sure if it's in Nova Scotia, but they were talking about that. I think politicians acted outside their scope of practice. If I did that as a nurse, I'd be in trouble. They practice healthcare without a licence. Surely that's not legal. They do not have the knowledge, skill, ability, and judgment to safely, ethically, and compassionately tell health professionals what to do, who to do it to, and how to do it. If they were nurses, I would submit a complaint to their college stating they acted outside their scope of practice.

Nicolle Snow

I'm going to stop you there to see if we have some questions from the panel. Thank you.

Commissioner DiGregorio

Thank you for your testimony. I had a couple of questions around your thoughts on informed consent. First of all, I'm just wondering if you've had any formal training on it. Is there anything as part of your nursing training?

Alison Petten

Oh, yes. Yes, in nursing school, through my diploma program, also through my baccalaureate program, and reinforced during orientation for any job that I had.

Commissioner DiGregorio

Thank you. And do you know if there's anything about informed consent in the nursing code of ethics that you've been talking about?

Alison Petten

Oh yes. Yes, it's required. We are not allowed to provide nursing care without informed consent. And if a physician was to prescribe something that I thought was not appropriate for somebody—maybe a physician prescribed something like 100 milligrams of something, and I know this person has chronic renal failure and that's too high a dose for them—then I'm not allowed to give it, and I'm required to question them. And if they say, "Oh, give it anyway," then I have to go over their head.

Commissioner DiGregorio

Thank you. One other area you spoke about was about gathering information and adverse event reporting. Can nurses complete adverse event reports?

Alison Petten

My understanding is they can, but what I've seen in practice is that we typically don't. So usually it's physicians who do, but if you read the instructions online, you know any health professional is able to do it. I had assumed during the pandemic, we'd really make sure every all the nurses knew you can do that, and this is how you do it. And we made it easy for you.

Commissioner DiGregorio

You yourself were never asked to prepare one or you never actually prepared one?

Alison Petten

I did submit a couple for a couple of clients who had problems that they had reported to their doctors, and their doctors said that they weren't going to report it. And I asked the clients if they wanted me to do it for them.

Commissioner DiGregorio

Okay. Thank you.

Commissioner Massie

Maybe a quick medical question about aspiration, because I've seen a lot of recent literature on that. I was not aware of that really before. In your best, I would say, professional opinion, would you say that the lack of aspiration—in other words, the direct injection in intravenous—could be actually the source of many of the side effects that we've seen?

[00:25:00]

Alison Petten

In my own opinion, I think that it's possible. And I've had some other nurses share with me, they're wondering: "Do you think it's possible that with some of the things we've heard about young men and athletic young men with big biceps, they're going to have bigger blood vessels?" We're wondering, is it possible that maybe we're hitting a blood vessel and giving the vaccine directly into the bloodstream by mistake and we don't know? And then they maybe develop more of the cardiovascular problems or the sudden issues. But I don't know that. But it's something I wonder.

Commissioner Massie

Okay, thank you.

Nicolle Snow

Thank you, Ms. Petten.

[00:26:02]

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 7: Elizabeth Cummings

Full Day 2 Timestamp: 03:23:40–03:41:04

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Elizabeth, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Elizabeth Cummings

Yes, I do.

Ches Crosbie

Thank you.

Nicolle Snow

Can you state your full name?

Elizabeth Cummings

Yes. My name is Elizabeth Cummings.

Nicolle Snow

And Ms. Cummings, where do you come from today to be here?

Elizabeth Cummings

I come from Cole Harbor, Nova Scotia.

Nicolle Snow

Now I understand that you received two Pfizer shots, one in May and the other in July of 2021.

Elizabeth Cummings

Yes.

Nicolle Snow

Why did you vaccinate?

Elizabeth Cummings

I'm vaccinated because I take care of both of my elderly parents. One is ambulatory and one is not. At the time, Dr. Strang and Ian Rankin had advocated that it was proper to protect our older community by vaccinating if you were going to be around the elderly. And I absolutely, without question, took their directive and did my part.

Nicolle Snow

Did you have any adverse reactions following the first shot?

Elizabeth Cummings

No, I did not.

Nicolle Snow

And did you have any adverse reactions following the second shot?

Elizabeth Cummings

Yes, I certainly did.

Nicolle Snow

What happened?

Elizabeth Cummings

Well, the first shot was fine. It was just like a sore arm, but the second one: I had the sore arm while I was sitting there in the 15-minute time-out period. And I started to develop a headache there, and I started pressing my temples and I'm like, "Oh, that's strange." So I went home and by the time that evening had hit, it hit my neck and my whole head, like around the base of my neck, and it started to spread across my skull. It incapacitated me for three days. I could not move. And in addition to that headache was a nerve pain that was, surprisingly, just on the left side of my body. And it was confusing because it was literally the left side of my body.

Nicolle Snow

Do you know which arm you had the shot in?

Elizabeth Cummings

I had that in my left arm.

Nicolle Snow

Okay.

Elizabeth Cummings

So the headache, like I said, lasted for three days. And the nerve pain was constant. And then that ramped up over a couple of months. But then into the fourth day afterwards, the headache had just subsided—so thankfully that went away. And then I was given a day with just the nerve pain, and then all of a sudden, for the first time in my life, when I haven't even had a cold sore, I developed shingles. It spread all over my neck, which you can still see some of the scar from that, and it went across my chest, and it was blistering. It was pretty bad.

What I did for that was I took my top off, and I couldn't wear clothes. It was too uncomfortable. I washed with soap and water, peroxide, alcohol for five days, and then finally that subsided and went away. But the nerve pain continued, and I tried to deal with it myself by yoga, stretching. I knew it wasn't normal to have that kind of nerve pain; it wasn't a pinched nerve, because my skin—all of my skin hurt too. If I was rubbing my pants or my shirt against my skin too much, it became very raw.

Nicolle Snow

Did you see anyone for this?

Elizabeth Cummings

I looked, but you couldn't at that time. They were taking elderly patients and they were— You couldn't see anybody. There was nobody to see. You had to deal with it yourself, like there was not a lot of—

So then by the time October hit, I was in so much pain at that point that I went to the chiropractor. And I talked to him about it and I said, "You know, I got nerve pain but, confusingly, I've got skin pain too." After about five times, I limped very badly out of the last session that I had with him. And I thought, okay, I can't do that again. That's not going to work. This is the fifth such session; it's actually made things worse. Then I called my doctor that just started to take patients back, but they were only taking the elevated cases that were in-house visits.

[00:05:00]

The receptionist gave me a phone call appointment. Then, when I made the phone call appointment, my doctor said, "I can't give you anything without giving you a physical exam because you're talking about physical pain." And I said, "Well, this is just the way I was directed." Then I had to wait even longer, until November had hit. And I went in, and I talked to him about the symptoms that I was having from the vaccine, and it happened immediately. And he did acknowledge the fact that nerve pain was one of them, and he gave me a prescription for pregabalin. So I took that, then I went to a follow-up visit with him. And then at that follow-up visit, I asked for an exemption, because at that point, they started talking about boosters. And I was afraid that I was going to get a job and they were going to mandate this booster or require me to have a booster, so I wanted to be on the exemption list.

Nicolle Snow

Were you able to secure the exemption?

Elizabeth Cummings

No, I was not. He told me that— He picked up a piece of paper in his office and he said that that piece of paper said that, unless I had an overnight visit in a hospital from a side effect, I could not be put on that exemption list.

Nicolle Snow

And did you speak with him about whether or not to complete an adverse event form, or did he speak with you about that?

Elizabeth Cummings

No.

Nicolle Snow

You don't know whether he did?

Elizabeth Cummings

I didn't know what that was at that point.

Nicolle Snow

Okay, all right. And there were no indications that he filled one of those out for you?

Elizabeth Cummings

I am unaware if he did. I don't know. He does all of his little paperwork, but I don't know.

Nicolle Snow

And are you still on the pregabalin for the nerve pain?

Elizabeth Cummings

Yes, I unfortunately am in the middle of a relapse right now. Unfortunately.

Nicolle Snow

And what, if any, other measures did you take to address the concerns that you had about the vaccine?

Elizabeth Cummings

Well, the only recourse that I had at that point— I guess what happened was, I noticed in March of 2022 that there was a Pfizer dump of the safety data. So at that point, I read the cumulative 5.3.6 safety events, and I noticed— Like, I'm not a doctor, I'm just an electrician. I don't really understand much, but I do understand adverse events. And when I read that

cumulative report and I saw the nine pages of adverse events, I became very alarmed. And herpes zoster; there was also meningitis, and there were certain neuralgias. And I thought, that's everything that happened to me—like everything! I got really, you know— I felt kind of betrayed.

What I did was, I tried to put it where I thought my complaint was supposed to go. I sent a complaint to Health Canada. Because Health Canada, if you look on their website, they have statements that they approved the Pfizer vaccine, that they deemed after a stringent—what do you call it—analyzation of it, that it was safe to use. And they did that in October 2020. So I thought, that's where I needed to go, to complain to the fact that I took two Pfizer vaccines and I became injured from the second one. What they did was they returned my email saying that I should have had a complaint with the pharmacist, because I asked the pharmacist about an insert. And the second Pfizer vaccine, I asked him if he had any information with an insert, and he said that there was no information. And they told me that I needed to contact the Nova Scotia College of Pharmacists to make a complaint, but I found that confusing because he didn't make the insert. Like, I found that strange.

Nicolle Snow

Let's go back to your visit with the pharmacist. Is that who administered the second dose? A pharmacist?

Elizabeth Cummings

Yes.

Nicolle Snow

You were asking the pharmacist for the insert with the ingredient list?

Elizabeth Cummings

I asked him about the safety data.

[00:10:00]

And any kind of information about the vaccine itself, because I was starting to see some alarming things online that were concerning me. And after he told me that there was no insert, I asked him what his thoughts were. And the only response he gave me was that he didn't know whether he was going to vaccinate his 13-year-old daughter or not. So I had to make the decision then. There's like, a 15-minute window to get your vaccination. You're huddled in and then you're huddled out.

Nicolle Snow

He didn't give you any other information on possible side effects.

Elizabeth Cummings

No, no. But I did ask.

Nicolle Snow

Okay, back to your story.

Elizabeth Cummings

Fast forwarding to the complaint, because I put all of that in the complaint to Health Canada. In addition to that complaint with Health Canada, I had said that—

Nicolle Snow

Also, just to go back: Health Canada placed it back on the pharmacist to say you should have had the discussion with your pharmacist?

Elizabeth Cummings

Yes. And these are all in those documents that I had sent you in a zipped file [16 exhibits: TR-25, TR-25a through o]. Their response to that along with my complaint. But in that complaint, I had said that it was a trial vaccine, that I wasn't given an exemption, that I bled from the PCR tests, that I was masked over and over and over again, which was harmful to me. And one of the two most important things that I put in that was that they allowed the authorization, because that's the whole reason I went to them, was because they authorized the use in Canada. And then the last thing that I closed within the letter was informed consent. Saying, you know—and I even embedded the link to the Pfizer documents in the email—"Had I been given that information—" Because you state that you've reviewed this, then if I had been given this informed consent, I would not have taken that vaccine.

Then the response they gave me besides that was that I basically needed to go to VAERS [Vaccine Adverse Event Reporting System], which was the Canada Vigilance [Program], to fill out my adverse events. I was like, "Okay, I'll do that, what is this?" So I studied it.

Nicolle Snow

Are you talking about the vaccine injury support program?

Elizabeth Cummings

The VAERS, yeah. They sent me to the Canada Vigilance VAERS. I had to figure out how to fill out that paperwork. So I did: I put in my lot number, and I put in what I was prescribed and they asked me if it was reoccurring or not. I had to put unknown because I didn't know at that point. And then that was it. It stopped there. So there was no recourse. It was just, you're injured, you're done.

Then interestingly enough, July 11th came, and I noticed a Dr. Philip Oldfield had advocated that he had already talked to Dr. Tam and the Board of Physicians, I believe in Ontario, and that he was given no information. They weren't responding to him, so he decided to elevate his complaint to the International Criminal Court. And he was asking Canadians that were injured if they would call or email the International Criminal Court and explain their injuries. I did do that. In the subject line, I put his complaint number, gave them the exact complaint that I gave to Health Canada. And I told them that I wanted to either make a complaint against— I said Health Canada, et. al., because I didn't know who that encompassed. And I said that I wanted to add to his complaint, and if that wasn't satisfactory, that we could make another complaint with crimes against humanity. For the

informed consent, for all the things that I had already outlined, but the vaccine-injured as well. And I had to follow up twice. I didn't get a response from that either.

In closing, I've been an advocate for people that have been vaccine-injured and the people that were mandated from day one. And I think we've all went through a period where loss of friends— They think that we're conspiracy theorists. And I've had people say to me, "Before, you know, you were a rational human being. You *were*—"

[00:15:00]

Nicolle Snow

Suggesting that you're not that now.

Elizabeth Cummings

"But you're no different than a Trumper now." And I'm like, "what does President Trump have to do with me as a Canadian? I don't understand what the correlation is here. I'm complaining about being vaccine-injured, and you're calling me Trump. Unacceptable."

Nicolle Snow

And so how are you doing now with respect to your condition?

Elizabeth Cummings

Well, I mean, it has its ups and downs. I had the original prescription, then I had to get it refilled. So that was December 2021. Then I had to get another prescription because I had two bottles there. Then I had to get another one in the summer. So June, July, I had to get another batch. And then just recently, I had to get another. So now, unfortunately, I'm going to have to look at this personally as something that's chronic, that's reoccurring. Because now it's over a year and a half and it's still going on. And it's uncomfortable, it's very uncomfortable. I can be sitting there, and the pain is just— I'll have to get up, because if I'm still, if I'm moving in a wrong direction, it'll inhibit me lifting. I was a robust, a very healthy individual before this. So not being able to lift 50 pounds for me, that hurts my position. I have an interview next week, and I'm worried that I'm going to have to self-disclose that I may not be able to pick up an electrical panel to drill it in the side because I can't lift it now if I have another relapse.

So you know, everybody's got their story and, fortunately, I've got my life. I know there's a lot of people that don't.

Nicolle Snow

Yeah. Well, thank you so much for your testimony, Ms. Cummings. I'm going to turn you over to the board. They may have some questions.

Commissioners

No questions.

Nicolle Snow

All right. Thank you kindly.

[00:17:23]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 8: Dr. Joseph Fraiman

Full Day 2 Timestamp: 04:38:17–05:47:28

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Chad Horton

Just one moment, Dr. Fraiman. Yes, he has been affirmed. Would you like us to start over? No?

Dr. Fraiman, we had a technical difficulty a moment ago, so we're now streaming. Can you please, for the benefit of the Commission and for our audience, provide us with a brief overview of your education, training, and experience?

Dr. Joseph Fraiman

My name is Dr. Joseph Fraiman. I am an emergency physician today and my medical licensing began with medical school at Cornell Medical College. I did my residency at Charity Hospital in New Orleans, Louisiana. I still work in the Louisiana region. I'm a former medical manager of the Louisiana Urban Search and Rescue Disaster Task Force. And I'm also a clinical scientist specialized in analyzing medical interventions for harm and harm benefit analysis.

Chad Horton

Can you just expand on that a little bit, Dr. Fraiman, where you say that you're a clinical scientist who specializes in harm-benefit analysis. What is the background associated with that area of specialty?

Dr. Joseph Fraiman

That's the area of research that I've been involved in since residency. I'm here today, basically, as I'm the lead author of what's become a paper with a large impact that reanalyzed the messenger RNA COVID-19 vaccines' serious adverse events.

Chad Horton

Can you tell us, Dr. Fraiman, when that paper was published and who, if there are any, the co-authors might be?

Dr. Joseph Fraiman

Yes, there are six. We're an international team. Some are from Spain, Australia, California. We have some in Baltimore. One of the authors is a *BMJ* editor. Another author is one of the top epidemiologists in the world. He has written a book on epidemiology. Another is a former NIH [National Institutes of Health] associate director of clinical research.

Chad Horton

Okay. And I understand, Dr. Fraiman, that you prepared a presentation [Exhibit TR-0011] to assist in your examination today. And if you have that ready to go, I would invite you to begin.

Dr. Joseph Fraiman

I do, but I need to be given a screen share option. I can start without it, as we figure out the technical here.

Chad Horton

One moment.

Dr. Joseph Fraiman

In the Emergency Department, I believe it's important just to understand the experience that I'm given and what I've been witnessing through the COVID-19 pandemic. Where I work is a rural Louisiana hospital in Cajun area, which I understand is the long-lost cousins of the Acadians up north and from your region. And it's my pleasure to have worked with them. I drive an hour and a half to work out in that region, because I really enjoy being the doctor of these patients.

March 2020, Louisiana was hit really bad with the first COVID surge, and we saw a large number of hospitalizations and death. Working in the emergency room during this period was a horrifying experience for myself and my nurses. Typically, when someone inside the hospital gets ill, there's an emergency. At nighttime, I'm the only physician in the hospital, and I am called up to the room with something called a rapid response. It's an automated electronic voice that comes over the loudspeaker and we have to go and resuscitate them. This happens normally once, maybe every three shifts

[00:05:00]

that I would experience that in normal times. During COVID-19, during the first surge, we were going to these two or three times every shift. It was quite exhausting to see, emotionally, the amount of death that was occurring during this time.

But I want to point out during this time, when I was going to work, I would look at the news and see, "Oh, hospitalizations, they're rising." And then I would come into work and they were rising. Deaths rising. Same for cases. And then they were decreasing again. Then for the second surge, it was a very similar experience in the Emergency Department. But these metrics that we were using to count hospitalizations, I can't say that they were accurate because I don't know that. But I do know that, when they said they were rising, they were rising. And when they were falling, they were falling. It was almost like looking at the weather on your phone before you go outside, and it feels exactly like the weather that you just looked at on your phone. And that's the anecdotal experience that I feel like is

important to understand. Because we see so many patients, when you see these patterns, they should fit exactly what we're being told is happening. Because we see enough patients that the anecdotal experience should match it.

Chad Horton

I'll tell you, Dr. Fraiman, you can screen-share now if you like. Just to contextualize some of your commentary a moment ago, you referenced the first surge and the second surge. Can you tell us when those times were? I understand your evidence is that you did see an increase in hospitalizations and deaths during what you characterized as the first surge and the second surge. When were those surges?

Dr. Joseph Fraiman

Yes. The first surge was March 2020. The second was in the summer, and then the third was in the winter.

Chad Horton

All of 2020? Yes, okay. Continue sir.

Dr. Joseph Fraiman

Of course, let me screen-share now. I'm here to talk about the COVID-19 vaccine, and let's begin with what we see is the randomized control trials. This is the *New England Journal [of Medicine]*'s publication of Pfizer's trial, and that's what I'm going to be focusing on, but the Moderna trial is very similar. We got this. This is one of the most amazing results that I've ever seen, and it's quite impressive. This is the reduction in symptomatic infections. You can see here, this blue line is the unvaccinated; and you see here, the vaccinated, they just stop getting symptomatic infections. This is an impressive finding.

But, at the time, I was actually not satisfied so much with it because I would have preferred they showed a reduction in hospitalizations, given that was, I believe, the most important concerning thing. But actually, because I've been researching with this vaccine and really going deep into this, I have found that in this study, there was a reduction in hospitalization in the original trials. It's just very difficult to find, and they don't really report on it. But if you look into this emergency use authorization, the review memorandum on page 30, and the supplementary appendix for Moderna's New England trial, New England Journal, you can find what the hospitalizations were. And we did see it. There were not that many hospitalizations in the placebo group, but there were zero hospitalizations in the vaccine group, and we got a hospital reduction of 2.3 for 10,000.

We're seeing what we want to see. The vaccine is reducing hospitalizations in the clinical trial.

Chad Horton

Dr. Fraiman, can you just get a little closer to your microphone or just project your voice a little bit more?

Dr. Joseph Fraiman

Yes, can you hear me better now?

Chad Horton

One moment, yeah. Go ahead, sir.

Dr. Joseph Fraiman

Okay, so here we have it for Moderna. More people were infected in the placebo group. Again, no one was hospitalized when these vaccines went for authorization.

Chad Horton

Okay, so just to help everybody understand: the slide that you just showed us, the two previous slides, where it says “vaccine zero,” that means that zero of the vaccinated group were hospitalized. And then I believe for Moderna, it was nine in the placebo group and that would mean that nine people who received placebo, the fake vaccine, did go to the hospital.

Dr. Joseph Fraiman

Yes. That’s exactly what I’m saying.

Chad Horton

Okay.

[00:10:00]

Dr. Joseph Fraiman

For death reduction, there were not enough deaths in either group to determine if it was reducing COVID-19 vaccine from COVID-19 deaths. And here you can see this is their table. It’s about equal. But then we moved into what would be called the observational data, after it was authorized. Then again, we’re seeing impressive numbers here for hospitalizations and death. Ninety-five per cent reductions essentially, all around the board. This was a pretty well-cited study.

But I also put this study up here to bring up another point, because this observational study also was heavily critiqued. Because when you do an observational study, you try to get rid of all the confounders, which are the things that are associated with the vaccine, like for example, people being older who got it. If you just compared that, you would end up with the wrong answer. So you need to control for all the different things. And for this study, they did try to do that, but they missed something. And that was the number of tests that were done. It turns out that 18 per cent of the tests were done in the vaccinated and 82 per cent were in the unvaccinated. That imbalances the groups. Now, I’m not trying to say that that means that the vaccine doesn’t work, just that that changes exactly what we’re doing. And if you adjusted for that, it would show the vaccine efficacy somewhere in the 75 to 80 per cent range. Which is still great. We’re still getting what we want to see.

But the point of this is that, generally, with observational data, after we try to attempt to identify all the things that we could adjust for, for confounding, they tend to overestimate benefits a bit. And that’s just something to think about when we start looking at the trial data—as the observational data—moves through time. So here, I just wanted to talk about what happened in the ER after the vaccine came out.

Chad Horton

Just a moment, Dr. Fraiman. When you say what happened in the ER, are you going to be speaking about your own direct observational experience?

Dr. Joseph Fraiman

Yes, my own experience. And what we saw in my hospitals was basically: after January 2021, we went months without seeing a vaccinated person have an infection or be hospitalized. It was looking very good.

I remember actually when the first vaccinated breakthrough infection occurred. And it was in April of 2021, and the whole hospital— We were all shocked to see it, the first one.

Then we all know kind of, the effects waned. Then we started the boosters. What I want to point out also is: during this time—I'm a witness in multiple hospitals—it became a little difficult to say how exactly how well the vaccine was reducing hospitalizations. There was some mis-categorization in what I was seeing, in that if a patient received a vaccine outside of the hospital system, there was a good probability they weren't recorded as vaccinated. You could have a vaccinated person in the hospital that is being thought of as unvaccinated in the global, national way we're counting vaccinated versus unvaccinated. It was systematically biased in that you would never have an unvaccinated person hospitalized be called a vaccinated person. The only way the mis-categorization would happen was in one direction. I don't believe this was purposeful. I just think that this was a systematic problem. And this has been reported in in many countries that this problem occurred.

Chad Horton

Just a moment, Dr. Fraiman. Just so I can understand. You're saying that the only way, within the system that you worked in, that somebody may be recorded as being vaccinated is if they in fact received their vaccination in the hospital, and then it would have been documented as such. Is that correct?

Dr. Joseph Fraiman

That's not the only way. It also could be entered manually.

Chad Horton

Okay.

Dr. Joseph Fraiman

In one hospital, for a while it was difficult to enter it manually. We didn't know how to enter it manually for several months, but eventually we learned how to enter it. But the problem is, if you are relying on this manual entering of it, then you're going to still end up with a systematic problem unless you're operating at perfection.

Chad Horton

Okay let me ask the question a different way, Dr. Fraiman. What sort of vaccinations may have been occurring that would not find their way into the system and database?

Dr. Joseph Fraiman

Ones that were performed in tents, where they're giving out COVID vaccines.

[00:15:00]

In New Orleans, they were giving them out in bars. There was a campaign of shots for shots and they're giving out shots to get people to take the vaccines. And these didn't necessarily get into the system very quickly. There wasn't a way to put them in.

Chad Horton

Okay, so as a result of these non-recorded vaccinations, you would have patients going into the hospital and being admitted, and they would be recorded as not having been vaccinated because they may have been vaccinated in a way that wasn't recorded, correct?

Dr. Joseph Fraiman

Yeah. That's exactly what I'm saying. I also want to be clear: I'm not saying that this shows that the vaccines weren't working or anything like that. I'm trying to point out that we're losing some of the reliability of the metrics of hospitalization and vaccine status.

Chad Horton

Now, to the extent that you can comment on this: What sort of proportions, if you have any awareness of this, might we be talking about between appropriately-recorded vaccine recipients versus individuals who receive the vaccine in a manner that would not have been cataloged?

Dr. Joseph Fraiman

I don't know. I've seen many examples of it, but it wouldn't be possible for me to give a realistic answer.

Chad Horton

Would a significant number of the population have been receiving the vaccine outside of the hospital setting, where it wouldn't have been recorded?

Dr. Joseph Fraiman

The majority.

Chad Horton

Continue.

Dr. Joseph Fraiman

Let me pull my screen-share here up a moment. Now that's our observational stuff here through the early days. And I want to return us back to the clinical trials to look at harm. This is what we did with the study that I was referring to before. Here are my esteemed colleagues who I worked on this with, and what we did is we looked at serious adverse events.

The term “serious adverse events” was defined the same by both Pfizer and Moderna: it was death; life-threatening hospitalization; disability; or a physician considered it serious for some other reason. That’s what the large paragraph down there is. What I want to be clear is, the term “serious,” the definition is true to its nature. All of these would be a serious outcome.

To analyze this for Pfizer, for example, we had to go through the FDA [Food and Drug Administration] briefing. Also, we used the Canadian one at some point to double-check that everything was the case. This is what a table looks like here. There’s no information you glean from that, but I just want to show you this. It’s a list of each individual serious adverse event. Here is acute myocardial infarction, and the number of times it happened in each group.

Chad Horton

What is acute myocardial infarction for the layperson?

Dr. Joseph Fraiman

That’s a heart attack.

Chad Horton

Okay.

Dr. Joseph Fraiman

There’s all different types of disorders here. And we went through this whole table that goes down for pages. We simply added them up for each group: the vaccinated and the placebo.

Chad Horton

Okay, this slide here. I want to ask you a question about this, Dr. Fraiman. Here, it says any event 103 at the top. We have 103 total events. Now you were just speaking about acute myocardial infarction, and there were three. So as a layperson looking at this, am I correct in understanding that we have three acute myocardial infarctions out of 103 total events? And one event of cardiac failure, congestive one, et cetera? They all fall within the purview of those 103 events.

Dr. Joseph Fraiman

I’ll explain that 103: “any event” is the number of participants who experienced an adverse event.

Chad Horton

Okay.

Dr. Joseph Fraiman

And that’s actually where I’ll be going right now. Because if you add the number of serious adverse events—what we did here—and we found this. Where I want to focus is, we’re

going to look at the Pfizer data here. And what we see is— Actually, I want to go back here, because this is what you were talking about: we found 127 instead of 103, and 93 from the placebo. And what this difference looks like is there's an additional 18 events per 10,000 participants in the vaccine group. And here, right here, this is called a confidence interval. That means there's a 95 per cent certainty that it's happening in between—

[00:20:00]

That if we did the study again, 1.2 to 34.9 events would occur per 10,000. And what that 95 per cent certainty gives us is what people would refer to as statistical significance.

Chad Horton

Okay, just a moment Dr. Fraiman. In the study, we have 18 adverse events per 10,000 vaccinations is that correct?

Dr. Joseph Fraiman

Additional events.

Chad Horton

Okay, and when you say confidence interval, you're saying if we did that study again, that number 18 would fall with 95 per cent certainty between 1.2 and 34.9, is that correct?

Dr. Joseph Fraiman

Yes.

Chad Horton

Okay.

Dr. Joseph Fraiman

Which means that if we did the study again, we could be 95 per cent certain that we'd find an increase in serious harm. And now this risk ratio here is 36 per cent. That is a 36 per cent higher risk of serious adverse event. And that rate, the 18 per 10,000, is one in 555. So one serious event happened for every 555 people in this trial. That is quite a high number for serious adverse events from a vaccine. Typically, we have withdrawn vaccines for one in 10,000.

Chad Horton

Okay, Dr. Fraiman. Again, as a layperson: Is it one serious adverse event for 555 people vaccinated or 555 shots received?

Dr. Joseph Fraiman

People in the vaccine group.

Chad Horton

Okay.

Dr. Joseph Fraiman

It's not per shot.

Chad Horton

Thank you.

Dr. Joseph Fraiman

People have asked us: When we did this study, what type of serious harms are we talking about? That's quite a difficult question. Let me show you one way that we try to look at this. There's something called these Adverse Events of Special Interest, which is a list created by this group, the Brighton Collaboration, endorsed by the WHO.

Chad Horton

And the WHO is the World Health Organization.

Dr. Joseph Fraiman

Yes, the World Health Organization.

Chad Horton

Okay, continue.

Dr. Joseph Fraiman

They figure out what are the adverse events that are likely to be caused by the vaccine so that we know what to look for when we're studying it. And we took this list of these adverse events that are likely to be caused by to pay attention to, and we chose just those. This is what it ends up looking like. It's a little confusing here, but I just wanted to show you the whole thing. I'm going to pull this together to explain it. What we see here, this is the Pfizer trial, and the differences in events per 10,000. What you see is a lot of small numbers per 10,000, but they're all—almost all—positive. There's only one, two negatives, a handful of zeros. Out of 15, ten are positive.

Chad Horton

What does positive and negative mean in this context?

Dr. Joseph Fraiman

Thank you. Negative would mean that they happened less in the vaccine group. For example, here they have acute liver injury that happened slightly less in the vaccine group. And we expect this to jump around all over the place, but we should expect the negatives to be about comparable to the positives. Here we're seeing lots of small differences, all like about one in about 10,000.

Except for, here is a little higher. That's the coagulation disorder, which was higher in both Pfizer and the highest one in both Pfizer and Moderna. These include blood clotting, diseases of blood clotting, and diseases of bleeding. The reason I pulled this all together here is to show why the serious adverse events are increasing. It's not one type of harm, it's increasing in multiple different places, but very small amounts, about one in 10,000. But when you take one in 10,000, 10 times, that becomes one in a thousand.

What we're seeing here is lots of these small harms, but we are not certain exactly which ones—just that the coagulation disorders are coming up a little bit more. But we don't have power from the studies: There's not enough people, there's not enough events. But when you add them up, you can see the difference between the groups. And here we did this for both Pfizer and Moderna, and we combined them. And again, we could see when they're combined, the adverse events of special interest for Pfizer and Moderna are increased.

[00:25:00]

And here we're seeing this 12.5 in 10,000 increase, or 43 per cent increase.

Chad Horton

Can you go back? Can you go back to that slide for a moment? So it says mRNA vaccines and serious AESIs. What is an AESI?

Dr. Joseph Fraiman

Sorry, that's the adverse event of special interest. The ones that the Brighton Collaboration said created a list of the potential serious harms that we needed to basically pay attention to and potentially could be related to the vaccine.

Chad Horton

Okay, what this says, Table 2, serious adverse events, how I read this is: between the clinical data from Pfizer and Moderna, you are seeing 12.5 serious AESIs per 10,000 participants, is that correct?

Dr. Joseph Fraiman

That is correct. And that's about 1 in 800. I think we're looking at the numbers that are probably within that range. The 1 in 555 we saw: it justifies their serious adverse events. Here we're seeing 1 in 800, we're in the same range. But I think the important thing here is not just to focus on the harms. You have to put them together. And so ideally, we would have an all-cause hospitalization chart. But, as I said before, the hospitalization data wasn't really part of their study. You had to look really hard to find it, and this simply wasn't part of the study at all. It wasn't reported. It's a little unusual, but—

Chad Horton

What is all-cause hospitalization and why is it important?

Dr. Joseph Fraiman

That means if you were you hospitalized for any reason. If you're looking at a COVID-19 hospitalization, or what about a person who had a heart attack and had COVID-19. You're

not certain even if it was COVID-19 that caused it, or if the vaccine caused a heart attack. What you want to see with all-cause hospitalization is that the vaccine reduces all-cause hospitalization. Because, on the other hand, if you increase it, that means serious harms are causing hospitalizations. If you decrease all-cause hospitalization, it means the vaccine is reducing hospitalizations enough to give you that benefit that's outweighing the serious harm that it's causing.

Chad Horton
Understood.

Dr. Joseph Fraiman

Now, since that wasn't there, we use the method that essentially creates something like that, in a way. We wanted to compare these serious adverse events of special interest with hospitalization reduction. Earlier, I showed you the hospitalization reduction was there for Pfizer. It was around 2 in 10,000. And this is what we're seeing from the clinical trials, is that there were about 10 serious adverse events of special interest per 10,000, and hospitalization reduction was 2.3 for Pfizer, and 15 versus 6.4 for Moderna.

I know that this looks bad and scary. I don't want people to walk away from this saying that our study proves the vaccine is causing more harm than benefit. That's not what it's doing.

I think it's important to put this into context. And for that, it's to understand the limitations of what this analysis gives you, and how to interpret it. When we published this study, we received a large number of critiques. We were fact-checked by multiple fact-checking organizations, and they mainly got their sources from scientists, bloggers, and YouTube videos. These critiques, while they would say that they were debunking our article, that's not actually the case. They were offering critique. That's what we call that in science, a critique, which raised limitations. And we appreciated their critiques, and we incorporated them when we published initially as a preprint, and then later as a peer-reviewed publication. We incorporated these limitations, and we thought it helped us understand how to interpret this data. I think to go through them will be valuable here for you.

For example, one thing that they had said was that it's not possible to do a proper harm-benefit analysis with only two months of data post-vaccine. I and the co-authors completely agree with that. But there's nothing that we could have done to avoid it. That's just the data that existed from the clinical trial.

[00:30:00]

The larger question is, if it's not proper to do a harm-benefit analysis with only two months of data, then why did our governments decide to authorize a vaccine without the ability to do a proper harm-benefit analysis? And why is it two months not enough time? The point they were raising is that if the trial went longer, there would have been more infections. If the trial went longer, there would have been maybe a surge of COVID-19, and this would have led to more hospitalizations. They also said: if the people were sicker, if they were older, there would have been more hospitalizations.

This is all true, and it brings to the point that the hospitalization rate of their population is a big part of hospitalization reductions: the vaccine efficacy and the hospitalization rate. You need both. Now, on that limitation they point out, though: It also goes the other direction. If you have a population that's been mostly infected, as much of our population has, you get

less hospitalizations. If you have variants such as Omicron, which cause less hospitalizations, or a variant like Omicron that has reduced vaccine efficacy because of an immune escape, the virus now knows how to get around the vaccine better than the prior strains.

That is a problem, but it shows what I'm trying to say here. It shows the fragility of that harm-benefit analysis. It can swing towards harm or benefit depending on the situation, on the hospitalization rate or the vaccine efficacy, which are changing through time. And with Omicron, we're going to return back and see what I witnessed in the emergency room.

Chad Horton

And when was the time frame of Omicron? Can you remind us just so we can contextualize what you're about to say?

Dr. Joseph Fraiman

It's about 2022, or late December 2021 is when it started. I would say about February is when it became 100 per cent the dominant strain in the United States.

Chad Horton

Okay.

Dr. Joseph Fraiman

When this occurred, we started seeing something that was a bit problematic for hospitalizations. Well, not problematic: it was great in the sense that we weren't really seeing many at all. And the last hospitalization that I've seen for COVID-19 that was a clear symptomatic case was in February of 2022. Over a year ago.

Chad Horton

Wait, just a moment. Dr. Fraiman, are you saying in your capacity as a physician, the last time you saw a COVID hospitalization was February of 2022?

Dr. Joseph Fraiman

Yes, for the one that was a clear syndrome of COVID-19. There could have been a patient who had a heart attack. Was that caused by COVID? I don't know. But it didn't look like the COVID-19 from the prior, where they had this classical syndrome where they would **become very short of breath. And that's the reason we were taking them into the hospital generally.**

So it could be that someone was an asthmatic, and they're having an asthma attack and they have COVID-19. It would be difficult to distinguish between the COVID-19 and the asthma attack. But what's important to understand here is, I admitted a lot of people to the hospital this year who had COVID-19. But this is incidental, most of it. And some of it could be relevant. It's difficult to tease it out. I know that this sounds crazy to some people, but all my nurses would tell you the same thing. I've asked ER doctor friends—maybe a handful of people have admitted one or two or three that are clear cases. I want to pull up this video here. Let me share my screen here with you. Can you see the video?

Chad Horton

Yes, sir.

Dr. Joseph Fraiman

Okay, this is the CMO of Los Angeles County Hospital talking about Omicron infections [no exhibit number specified]. I believe this was in July, August:

[Video clip of Dr. Spellberg, CMO of Los Angeles County Hospital]

It's like two months of the same. You can see LAC numbers on the graph. It's just plateaued and it's not going down. It's sort of a trickle up a little bit, not much. It's just been like that. We're getting thousands of cases going across the county. The numbers of LAC COVID positive tests have continued to go up. But this isn't because we're seeing a ton of people with symptomatic disease getting admitted. On the bottom graph it's the same thing. We're seeing a lot of people with mild disease and urgent care needs. You could go home and do not get it.

[00:35:00]

All those who are admitted, 90 per cent of the time, are not admitted due to COVID.

Chad Horton

Okay, Dr. Fraiman. No, our audio was not great, so just a couple of things. Who was the individual who was speaking?

Dr. Joseph Fraiman

His name is Dr. Spellberg. He's the Chief Medical Officer of L.A. County Hospital.

Chad Horton

Okay, and I'd just like you to summarize for the Commission and for the audience what that gentleman said, because our audio was quite muffled.

Dr. Joseph Fraiman

I'm sorry for that. Now, what he's saying here, using this graph, is that during Omicron, 90 per cent of his COVID admissions were not due to COVID-19. Ninety per cent of them in his hospital: they were incidental. And he's not alone.

Chad Horton

Okay, Dr. Fraiman, when you say incidental, am I correct in understanding that they've gone to the hospital for some other reason, but they just happen to be COVID positive? Is that what you mean by incidental?

Dr. Joseph Fraiman

Yes, I'll give you an example. A person who's missed dialysis. They come in and they need to get emergency dialysis. We test every single person who gets admitted to the hospital and a lot of them started coming back positive. Then you go back and ask the person, "Hey, do

you have a cough or anything like that?” They would answer, “Now that you say it, I do have a little sore throat.” That’s what we were seeing. It’s incidental, it’s unrelated to their hospital admission.

For incidental hospitalizations, in Denmark, they did a great job trying to figure out how many there were. It’s difficult to figure it out but their estimate was about 75 per cent. So 25 per cent to 35 per cent are actual COVID-19 in their estimates. This other hospital said 90 per cent of people who are admitted right now with COVID-19 are not actually in there for COVID-19. Now this is a disaster for our metric. The best metric to measure this vaccine’s efficacy is we need to know hospitalization rates and mortality rates. With a metric where 75 per cent to 90 per cent of them are incidental, it makes it incredibly unreliable.

The other thing that I wanted to point out is that I have also seen people with prior infections become infected again. I don’t have a memory of a prior infection being hospitalized, but it’s quite rare in general. Here we have a meta-analysis looking at this. There is about 90 per cent protection against hospitalization during Omicron. That’s 40 weeks after infection, that’s how far these studies went. The point is: it’s highly protective for a very long time and nearly our entire population has been infected at this point.

Hospitalizations during Omicron are important because we need to know the hospitalization rate, because that affects that harm-benefit analysis that we were talking about.

There’s a study out of Southern California Kaiser system. Of 4.7 million people there were 200,000 or so infections. They said, “After infection, what’s your likelihood of being hospitalized?” And they looked at Delta versus Omicron. Here’s your likelihood with Delta and here’s your likelihood with Omicron.

Chad Horton

All right, you’re talking about likelihoods and cumulative probability percentage on the vertical axis. Does this mean 0.5 per cent of what, or 1 per cent of what?

Dr. Joseph Fraiman

People who were tested positive.

Chad Horton

Okay so 0.5 to 2 people who tested positive for COVID-19 would be admitted to the hospital, is that correct?

Dr. Joseph Fraiman

Yes.

Chad Horton

Okay, and days on the horizontal axis is how many days post what?

Dr. Joseph Fraiman
I believe it's infection.

Chad Horton
Okay.

Dr. Joseph Fraiman
It's a Kaplan-Meier curve, so each time that there is an infection, it makes it jump up.

Chad Horton
Okay, and what is the difference between the red line and the blue line?

Dr. Joseph Fraiman
The red line is Delta. The blue line is Omicron. So the hospitalization rate is much lower. Also keep in mind that 75 to 90 per cent of those are incidental, okay? Then when we look at the serious outcomes: ICU mechanical ventilation, mortality approaching zero, it's difficult to distinguish the two.

Now, everyone should sit back and look at this and, actually, you can smile. This is actually really great news.

[00:40:00]

But our mortality rate is difficult to discern from Omicron today.

Chad Horton
It is difficult to discern mortality from Omicron, because why?

Dr. Joseph Fraiman
I'm saying it's so low. It's close to zero. People were infected with Covid 19. This is the percentage of the Omicron people who die after infection. It's very low. It's lower than Delta, much lower. It's— This is about 0.07. I think this was 0.01. I could be wrong on that, but I believe it was about a seven-fold decrease in death with Omicron in this study. And we also must look at vaccine efficacy to figure this out.

Here's one study from *The Lancet*. They're showing vaccine efficacy against Omicron now is around 30 per cent. I want to show just the CDC, because I think that they're considered a reliable source on this. They're saying that, at first, we're getting about 60 per cent efficacy. Over 120 days we're seeing around 29 per cent. We need to be aware of this big issue here. Twenty-nine per cent: when you get to that low of an efficacy it just becomes pretty unreliable. Remember, when I looked at the 95 per cent efficacy and I said that you if you miss one of these confounders—and you likely will—it will change results. But, if you have 95 per cent, it's okay if you drop to 75 to 80 per cent. We're still seeing a pretty large benefit. Here, if you drop, you can hit zero easily.

We're trying to figure this out in the setting of these massive number of incidental hospitalizations. We're really driving blind here, and we do not know at all how effective

these vaccines are anymore. All we do know is that, from what we were dealing with before, when they were tested, we know that the hospitalization rates are lower. We know that we can't rely on it particularly well. But we do know that it's lower and we know that the vaccine efficacy is lower. When you have that level of uncertainty, and when we looked at that harm-benefit analysis and how fragile it is, that creates some serious problems. We need to take this seriously that we saw serious harm increases. It appears that they're happening in both trials. We're flying blind and the differences between the harms and the benefits are small. This is going to be impossible to figure out with observational data moving forward. We have no chance of doing this. I believe we will remain in uncertainty.

I want to point out that people are claiming certainty: that they know the vaccine benefits are outweighing the harm. I don't see how that's possible. I don't know what metric they're using to measure. I just pointed out: you can't even rely on the hospitalization data. But we can figure this out. It's not hopeless. There's really one way to figure this out. We have the tool, and we need a double-blind randomized trial to figure this out.

Chad Horton

What is a double-blind randomized clinical trial, for those of us with no medical training or who are not research scientists?

Dr. Joseph Fraiman

This is when we randomize people to two different groups. Remember the confounding that I was talking about? The problem with observational data is because different people end up in different groups for various reasons. Here, you randomize them so that you get rid of those differences. When there's any difference between the group, you know that the cause of it is the intervention. To use all-cause hospitalization: that would ensure, that would make this whole process easier, so I don't have to talk for one hour explaining how we get this. We could just see the vaccines reducing all-cause hospitalizations. That means it's doing better than if it wasn't there. Doing this currently with observational data on hospitalizations with unreliable metrics: like I said, we're driving blind, and we could potentially be causing harm. We could potentially be doing benefit. I don't know the answer, I'm uncertain. But I know how to get the answer, and this is how we would obtain the answer.

[00:45:00]

Until then, I would have trouble recommending the vaccine, when I don't have a level of certainty that I could promise to get the benefit. That's what I really wanted to get through here today.

Chad Horton

Before I turn you over to the panel for questioning, I have a couple of points of clarification for myself, Dr. Fraiman. I would ask you to go back to the two slides that show instances of harm versus benefit. And there were two slides in succession.

Dr. Joseph Fraiman

Okay, I know, from our study.

Chad Horton

Yes. Thank you. I just want to understand this correctly. So we have 10.1 adverse events of serious interest for 10,000 individuals who received the vaccine. Correct?

Dr. Joseph Fraiman

Yes. Serious adverse events.

Chad Horton

We have 2.3 individuals we believe were kept out of the hospital per 10,000 individuals who received the vaccine, correct?

Dr. Joseph Fraiman

You know, I may have an error here. It says hospitalization reduction. It should say COVID-19 hospitalization reduction.

Chad Horton

Yeah, that's what I understood. So is my understanding correct in that sense?

Dr. Joseph Fraiman

Yes.

Chad Horton

Okay.

Just a minute, Dr. Fraiman, I'm not finished. In the next slide, I believe, is the same analysis for Moderna, correct? Yes. Okay. And 15.1 serious adverse events risk, 15.1 events in 10,000 individuals who receive the vaccination versus—we believe—6.4 individuals per 10,000 vaccine recipients were kept out of the hospital due to COVID-19.

But what I'm understanding you saying is that these are the ratios that you were able to extract from the clinical data, but the clinical data is only based on two months of information. Correct?

Dr. Joseph Fraiman

Yes. We authorized the vaccines quickly because we saw the benefit. They were authorized and the blinding was taken away and they gave the vaccine to the placebo group. We have a very short amount of data that's reliable.

Chad Horton

I'm going to ask you if you can comment on this or explain this to myself or the Commission or the audience. When I hear that the clinical trial was two months, and this is the result of that clinical trial, where does the determination that these products were safe and effective come from?

Dr. Joseph Fraiman

I don't know the origin of the term safe and effective, but it's not a term that I would use to describe a medication.

Chad Horton

Would that be considered a scientific assessment?

Dr. Joseph Fraiman

I don't think it is. "Safe" implies that there's no risk. Safe means that there's no chance of harm. It doesn't mean that harm is happening. You have to know that if something's safe, that means you've studied it well and that you are certain that there is no harm from it.

Chad Horton

Okay.

Dr. Joseph Fraiman

Breathing air is safe, but driving drunk is not safe. Even if you don't crash when you drive drunk, it's not safe. You can die. If you drive home drunk, it doesn't mean that what you did was safe; you must know that there is no chance of risk.

Chad Horton

Can we objectively say, based on this admittedly flawed two months of data that we have— Because you discussed some flaws in the timing and in the methodology. And if we can extrapolate: the chance that you will sustain an adverse event of significant interest is more than twice the chance that you've been kept out of the hospital as a result of this Moderna injection. Is that what this table is telling me?

[00:50:00]

Dr. Joseph Fraiman

That's what it's suggestive of, but I wouldn't think of it in that way. Remember those confidence intervals. We have to think about this range of possibilities here and so it's possible the harms are a little bit less, or it's possible they're a little bit more. This is just the two months of data. We'd have more if there were older people in the trial, or if it was running for longer, you could have had more hospital reduction. There's some variability here. I wouldn't conclude that our study is proof that you're twice as likely to have a serious adverse event.

Chad Horton

Now, this data that you analyzed, was this data available to the bodies that would have been responsible for approving these vaccines?

Dr. Joseph Fraiman

The original data that I ran through with the Pfizer data, anyone could have done. We only added the serious adverse events. We found that they were higher in the Pfizer trial.

Anyone could have done that at the time and shown that there was a 1 in 555 chance of a serious adverse event in the vaccine group. They did not analyze them in that way; they analyzed slightly differently a participant. The problem was, so you saw earlier, you saw there was 103 versus 83—and that ends up not being significantly different. You can see that here, 103 versus 81. It's a 20 per cent increase.

But the problem is that if you experienced a serious adverse event, you were also twice as likely to experience multiple in the vaccine group. So it leads to just more events in the vaccine group. I think that anyone could agree that it's worse to have two people have a serious adverse event than one person have two. At the same time, I think we can agree it's worse for one person to have two serious adverse events than to have one. So these two metrics of measuring participants or number of events—they're both important values to look at. And we did. The regulatory bodies, Pfizer and Moderna, they didn't look at it. They didn't count the number of events; they only counted the number of participants.

Chad Horton

Okay, Dr. Fraiman. I'm going to open you up to any questions that may be posed by the panel.

Commissioner Drysdale

Hi, Doctor. I've got a number of questions. I'm not a doctor, so forgive me if I don't word it exactly right. The data that you presented to us, and not your analysis, but the data itself: Was that the data that the approval bodies had in order to arrive at an approval for this? Was this the study that was used by the authorities to approve the vaccines?

Dr. Joseph Fraiman

Yes. This is page 87 of the FDA briefing for Pfizer. It's the advisory committee meeting for the FDA. It's called the VRBPAC [Vaccine and Related Biological Products Advisory Committee]. This is in their page 87 in the FDA briefing for Pfizer.

Commissioner Drysdale

Understood. Some of the things that we've been hearing from some of the people who have testified over the last number of days is that they got a shot, they had a reaction the next day, they went to their doctor, reported the reaction and the doctor said, "Oh, that's not in the list, that's not associated with it." And my question to you is, since this is a new vaccine altogether and we don't know what the risks really were, how would that doctor in my example make a decision that it was or wasn't caused by the vaccine? And more importantly, when I look at the list in the raw data and it lists what they felt the adverse reactions were, is that a parsed list?

[00:55:00]

And I'm not saying it was parsed for a nefarious reason. Did someone make a decision that something happened to someone but that's not because of the vaccine, and move on?

Dr. Joseph Fraiman

In that list, if you had an event, they were blinded in the study. So if someone came into the hospital with a heart attack, you would get listed in there—no matter if they thought it was

from the vaccine or not. That's the advantage of the double-blind trial. What you're talking about, if the doctor is not thinking that it's from the vaccine, they're still supposed to report that to our system.

Commissioner Drysdale

Right. And if this is a double-blind trial, if someone went into the hospital with a heart attack, did they count it as an adverse reaction? Or did they say, "We don't think that was an adverse reaction," so they left it off? Do you know what I'm trying to say?

Dr. Joseph Fraiman

It would be on the list. If they had any serious event, it should be on their serious adverse event list. If it's happening in the placebo group or in the vaccine group, it should be in both.

Commissioner Drysdale

Okay, I understand. And also, the slides went by a little quickly for me but we talk about adverse reactions and we talk about reduction in hospitalization. But for me, if an adverse reaction could be death, I would want that parsed out separately. Certainly, it might have reduced my hospitalization, but I'd like to know what my comparison of death as an adverse reaction versus death from being in the hospital was.

Dr. Joseph Fraiman

I agree. The problem is that we didn't have the data to do that from the clinical trial. There was no difference between deaths in the groups. So yes, that would be ideal if we had a mortality benefit, or just an all-cause mortality. Are you more likely to live or die with this vaccine? That would obviously be excellent, to have that information. But we didn't have that in the clinical trial, so we couldn't study that.

Commissioner Drysdale

Circling back to where we started: we've got data that we don't quite understand how we would make a safety recommendation on, with all this missing data. Safety isn't just that a group of events happen, but the severity within the group of events. I'm an engineer, and if I were designing a building, an event might be cracked drywall. But another event might be the floor collapsed. What's the result of grouping this all together and not understanding the severity risk or the severity of a failure? It seems to me that there was no way they could assess that.

Dr. Joseph Fraiman

They can in some ways, but some ways not. The serious adverse event definition is designed to kind of do that. That would be the floor collapsing. I'm sure there's multiple other serious things that can go wrong with the building. If it got the label of serious, it was considered serious by death, hospitalization, or permanent disability. In that is a wide variation of things. One of them could be a stroke and the other one could be a bad case of diarrhea that needed to be admitted to the hospital for extra fluid. You're still being hospitalized for it. The same is also true with COVID-19: there's going to be a wide range of COVID-19 hospitalizations. There'll be some mild cases that get discharged the next day; they were just admitted for observation. Then there's some who are going to be intubated

and have a breathing tube placed. Both hospitalizations and serious adverse events have a range of badness. Their minimum is somewhat comparable in that they both should be considered serious.

[01:00:00]

Commissioner Massie

Thank you very much, Dr. Fraiman. I have a couple of questions regarding the ratio you came up with. Because I noticed in one of your slides and I had read that previously in your paper: when you compare the placebo from Moderna and Pfizer, it seems that, for some reason, the placebo in Moderna is about twice as high in terms of adverse events of serious interest, special interest, compared to Pfizer. Given that the numbers we're reporting all together are about in that range, would you have any idea why there would be such a difference in the placebo between the two different clinical trials?

Dr. Joseph Fraiman

Yes. The whole purpose, I believe, of the randomized control trial is that we randomize it so that both groups are the same. But what looks like happened in the Moderna trial is their group was a little bit sicker, a little bit older, maybe just more fragile in one way or another. So they ended up having higher hospitalization rates for COVID-19 and they had higher overall adverse events and higher hospitalization rates from COVID-19. Which is what I think you would expect with a population that's just a little bit more sickly. The key is that they're randomized so that both the vaccine and the placebo in any one trial are compared. You compare the same level of fragility with the ones that got the vaccine and the placebo. That's the advantage of a randomized trial.

Commissioner Massie

Coming back to the placebo, I mean, these were double-blinded random clinical trials, right?

Dr. Joseph Fraiman

Yes.

Commissioner Massie

So I'm wondering, in terms of the placebo again: in the mRNA technology, this is an emulsion because of the lipid composition of encapsulating the mRNA, and it has an appearance of somewhat opalescence compared to, say, water or saline. I'm just wondering if they use saline in the placebo, whether the people that were actually doing the injection couldn't be aware that in one case it was the placebo and the other case it was the vaccine? Do you have any information on that? Because I haven't seen anything.

Dr. Joseph Fraiman

There is. I believe what you're pointing out is, was there unblinding in the trial? And did the people who got vaccinated realize they got the vaccine and did the placebo realize they got the placebo? Is that what you're asking?

Commissioner Massie

Yeah, I'm asking because saline is very different from the vaccine itself. If you look at the bottle, it's pretty obvious.

Dr. Joseph Fraiman

Yes. It's reported that people in the vaccine trial were also in Facebook groups together. They were all talking to each other. We know that, after the COVID-19 vaccine, over half of people get pretty serious, severe symptoms like fevers and headaches and they feel lousy. A lot of people can't go to work the next day. The people who got the vaccine felt that and the people who got the placebo didn't. And it seems like from their messages in Facebook groups that probably a lot of them did sort of know which group they were in. Which is bad. That is a problem for unblinding, but it's still the best that we got for understanding these vaccines. I agree that could complicate it for interpretation of the data.

Commissioner Massie

Maybe one last question to wrap it up. Given the level of data that the regulatory agency was exposed to in order to make a decision, and when you looked at the overall benefit or advantage of the vaccine and the potential for serious adverse reaction: Was there enough data to really put forward the vaccination campaign, given that we don't know about what would happen even in six months or one year from now? Because at this point the data was two months. So if you go with the precautionary principle, with that part of the equation in terms of recommending to go ahead with vaccination, and still today, to promote the vaccination in the Omicron phase—?

[01:05:00]

Dr. Joseph Fraiman

I think that, at that time, there was a difficult decision that had to be made. The emergency use authorization was given at the time because of the seriousness of the pandemic that was going on. There were some chances that were taken by approving it early, before we had all that data, because there was a hope that it was going to save lives. I think at the time it was a difficult decision probably to make.

In 20/20 hindsight, I know for sure that I would very much have liked a better clinical trial to know what's going on. It may have been short-sighted to get the vaccine authorized and then realize we are now stuck in this pool of uncertainty on this vaccine. There are some different ways that things could have gone. I have trouble faulting people when I think back to the emotion at that time. How desperate people felt, the fear that they were having from this disease and the possibility of the hope that this vaccine offered. I can't give an answer if it was the right or wrong thing.

I personally wouldn't have voted for it, at least for people under the age of 65. I would have wanted much more data on people under 65. For people over 65, I would have been hard-pressed to have voted against it. But that choice also wasn't given in the FDA, to only give it to one group. So I think it's a difficult question. I don't see why we approved it in people under the age of 65, when we had the time to do further studies. And it wasn't as much of an emergency in that group. I think that maybe we confused the public with the kind of public health messaging that maybe overestimated the risk for people in that age group.

Commissioner Massie

In the current situation with Omicron and where we are at with all the people that have been previously infected, would you recommend that the general vaccinations should be suspended?

Dr. Joseph Fraiman

I believe that we need to explain to the public where we are on our certainty level on this vaccine. Does it mean that some people could still make the decision with that uncertainty and choose to take the vaccine? That's also difficult to say, but I don't think that we should be recommending it widespread to everyone ages six months and up, or continuing to boost indefinitely without knowing if the harms and benefits, which one is higher. And continuing that with no end in sight doesn't seem like a reasonable plan.

Commissioner Massie

Thank you.

Dr. Joseph Fraiman

And do you have any more questions? I can't hear.

Chad Horton

That will be everything Dr. Fraiman, thank you.

Dr. Joseph Fraiman

Thank you very much.

[01:09:15]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 17, 2023

Day 2

EVIDENCE

Witness 5: Paula Doiron

Full Day 2 Timestamp: 05:48:00–06:18:03

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Paula Doiron

I do.

Alison Steeves

Can you please state your full name, where you live, and your occupation?

Paula Doiron

Paula Doiron. I'm 48 years old. I'm from Moncton, New Brunswick, and I work in a nursing home.

Alison Steeves

And what's your role in the nursing home?

Paula Doiron

I was a cook, but I demoted my position to custodian when I got ill.

Alison Steeves

Okay, so you were a cook and then became a custodian in the same business.

Paula Doiron

Yes.

Alison Steeves

And how long have you been working there?

Paula Doiron

Seven years in all. One year with the new position.

Alison Steeves

And are you currently going to work?

Paula Doiron

Not presently, no, I'm on sick leave.

Alison Steeves

And when did you go on sick leave?

Paula Doiron

October of 2021.

Alison Steeves

You were there in 2020 and 2021 up to that point throughout the height of the pandemic?

Paula Doiron

Yes, I was there during the beginning of the pandemic, yes.

Alison Steeves

And can you describe what it was like to work there prior to the pandemic, like before early 2020?

Paula Doiron

I really love my job. It's a good work environment, but we were very short staffed, so we had a lot of complications before the pandemic with keeping staff. So this means that the residents don't always get the proper care and attention that they need or want. Before the pandemic, we have a pretty big facility. There's three different wings. They have access to a great big common room that they could go have activities in, have bingo nights; their families would come visit, and they were able to be everywhere in the nursing home.

Alison Steeves

So there was a lot of social interaction among the residents?

Paula Doiron

Yeah. Once a week there would be entertainment that would come in, bands that would perform for them, music.

Alison Steeves

And in your role, did you interact much with the residents?

Paula Doiron

I did, yes.

Alison Steeves

So you observe their day-to-day. And how were the relationships among staff members and sort of that atmosphere?

Paula Doiron

It was good. A lot of people are tired because you're short-staffed, but we always kept busy and jovial. It was a good work environment.

Alison Steeves

And can you talk about how things changed around 2020, when the government started implementing COVID-19 measures? How that changed in the nursing home for staff, for residents, and sort of what specific measures you saw being implemented.

Paula Doiron

In the beginning, it was very chaotic and disorganized. For a long time, we didn't have PPE, so we were very anxious, but everybody was healthy. We sanitized our hands and after a while they started introducing the vaccines.

Alison Steeves

I just want to take you back to even before that—like sort of, say, March 2020, around that time, with nursing homes being sort of one of the hardest-hit. I believe around that time, they had locked down and prevented visitors from entering.

Did you see some of those types of impacts taking place early on?

Paula Doiron

Right away, we locked down. Families weren't allowed to visit anymore. The residents all were set into their assigned wings, so they didn't have access to the big common rooms. The entertainment was done. So they got segregated more into their specific wings. The families couldn't visit anymore. Families would come visit through the windows. That was sad.

Alison Steeves

Did you see the impact on the residents from these measures?

Paula Doiron

Yeah, it was hard for them because that's what they live for, to see their family, and the activities. So yeah.

Alison Steeves

So before they would have had fairly active days, be out and about.

Paula Doiron

Yes.

Alison Steeves

And were there always activities to be scheduled every day?

Paula Doiron

Yeah, yeah—in each wing, there's activities every day, but the common room was like the bingo night, and bingo was their favourite activities.

Alison Steeves

And where would they eat? Would they usually eat together?

[00:05:00]

Paula Doiron

They ate in their wings. Every wing has an eating area for each wing, so that's more like satellite common rooms.

Alison Steeves

And during the lockdowns, how did that change?

Paula Doiron

During the lockdowns, they could still. But after the vaccines and stuff like that, staff members were diagnosed with COVID, so they actually put the residents into their tiny little rooms, so they wouldn't be contaminated.

Alison Steeves

So the protocol was, if somebody tested positive for COVID, there was kind of further segregation.

Paula Doiron

Yeah, further segregation in their specific little rooms.

Alison Steeves

And were they permitted to leave their rooms?

Paula Doiron

No, they were not. They couldn't go in the dining rooms anymore and their assigned wings, or they couldn't visit each other anymore. They were in their little rooms.

Alison Steeves

Did that affect their roommate situations?

Paula Doiron

Most of them have their own personal rooms, but there are a couple of residents that share rooms that have two living areas in it.

Alison Steeves

So they went to be in their rooms on their own, but no visitors.

Paula Doiron

Correct.

Alison Steeves

For how long? If someone tests positive, how long would that sort of lockdown last for?

Paula Doiron

I believe the first one was for until Public Health said that it was okay to keep them out of their rooms, but at one point they were put into their rooms for almost two months.

Alison Steeves

So around January 2021 when they rolled out the vaccines: elderly and people working nursing homes were first in line, or close to first of line, correct? To be eligible to take the vaccines?

Paula Doiron

Yes, we were.

Alison Steeves

Did you notice the introduction of the vaccine and discussion of the vaccine have further impact in the nursing home?

Paula Doiron

A lot of us were very happy that we were first, because we wanted to get back to normal. We wanted to see the residents get normalcy again, so most of us were very eager—but not everybody.

Alison Steeves

And was everyone very eager to take the vaccine, or were people outspoken about their choosing not to take it, and did that sort of have any impact on—

Paula Doiron

No, they only became outspoken when it became mandated.

Alison Steeves

And can you elaborate. How did that change things?

Paula Doiron

We lost some staff members. They decided against the shots. We were already short-staffed. This means that we're shorter staffed. Less assistance for the residents.

Alison Steeves

And were there any issues prior to the mandate of staff or residents being concerned about who was vaccinated, who was not vaccinated?

Paula Doiron

Well, everybody kept their distance. I remember one of our coworkers: she hadn't been vaccinated yet. It was starting to be mandated and she was sad. She was on the fence on what to do. And just people kept their distance from her. One day, I just went up to her and I gave her a hug and I said, "I accept you for whatever you decide." But it was sad to watch them being outcasted.

Alison Steeves

And how was morale at this time? How were people feeling?

Paula Doiron

Anxieties. Anxieties. Always busy because, when you're short staffed, you're doing the job of more than one person. You're doing a two-people job. So you don't really have time. You're just kind of on autopilot.

Alison Steeves

And did you decide to take the COVID-19 vaccine?

Paula Doiron

I did, yes.

Alison Steeves

And you took another shot that year as well?

Paula Doiron

Yes, yeah. I took the flu shot, 2020, before the rollouts of the COVID. I figured I was adding that to protecting the residents.

Alison Steeves

And then how many COVID-19 shots did you take?

Paula Doiron

After the flu shot, I had three Moderna.

Alison Steeves

Moderna. And when did you take those?

Paula Doiron

The Moderna were in 2021. So the first one was in January, the second one February, and then I had my booster in November.

Alison Steeves

And where did you take the COVID-19 vaccines?

Paula Doiron

The three first shots that I received, including that flu shot, was at my place of work because we have nurses there. It's a hospital, so it was done there.

[00:10:00]

And my booster was done at a drugstore.

Alison Steeves

And who administered the shots?

Paula Doiron

Nurses, where I work. And at the drugstore, it was an attendant.

Alison Steeves

And did any of these people speak to you about the potential risks of taking that flu shot and the vaccines?

Paula Doiron

No, they did not. I had no idea that it was a gene therapy. I thought it was a vaccine. Also, I figured if I got sick, that I would get assistance, get medical help. And I had another thing, but I forget.

Alison Steeves

Why did you think that if anything went wrong, you would have support?

Paula Doiron

It's common sense. If you harm somebody, you're going to help them.

Alison Steeves

With any of these vaccines, did you experience symptoms afterwards?

Paula Doiron

I did, yeah. I experienced with the flu shot, 2020. The night when I got home, I was fine. When I went to bed, my legs started pulsing. I fell asleep. When I woke up, I woke up with a horrible headache. My neck was so sore I wasn't able to lay on it. And it felt like a flashing light had gone in my head. And I was also having issues breathing.

Alison Steeves

And that was the evening that you took the shot.

Paula Doiron

That was the evening of yes, yeah.

Alison Steeves

And did you speak to health—

Paula Doiron

I fell asleep. The next day I felt a bit better. I didn't think— It took a couple of days. For three nights, my neck was really sore. I wasn't able to lay on it.

Alison Steeves

And did you see anyone about those symptoms or get a diagnosis?

Paula Doiron

No, I didn't. I just—

Alison Steeves

And had you experienced similar symptoms in the past?

Paula Doiron

No, no ma'am.

Alison Steeves

And then did you mention a booster. You also experienced symptoms?

Paula Doiron

The booster: I had a reaction with the booster as well. That one was worse. When I had my booster, three weeks after, I had to go to the ER. My head and my spine felt like it was on fire, and I was having issues breathing. So 8-1-1 suggested I go.

Alison Steeves

Did you say head or neck, sorry?

Paula Doiron

My neck, my head, and my spine felt like it was on fire. My neck felt like it was melting.

Alison Steeves

And what happened at the Emergency Room?

Paula Doiron

After the booster, it dawned on me that, because I'd been feeling ill for a while— It dawned on me that this was possibly because of the vaccines that I'd been receiving.

At that point I'm like, "I'm going to go to the ER and I'm going to ask them if it's normal to have a headache and a sore neck at the same time." I looked it up and they say, "You'll have the sore arm and you could have a headache." But the sore neck and sore head were indications that it could have been Guillain-Barré syndrome, meningitis, Parsonage Turner Syndrome, SIRVA [shoulder injury related to vaccine administration]. So I did a bit of research before I went. When I got there, the triage nurse— I asked her if it was normal to have the headache and the sore neck, and she didn't answer me, and she gave me a really dirty look. When I got with the ER doctor, I asked him, and his words to me were, "What do you have against vaccines?" And then I told him, "Well, I've had four in the span of 14 months. There's something wrong with me." But they wouldn't answer my questions.

The next day, I figured I'm going to go ask the pharmacist. I was picking up my prescription. I thought maybe the doctor and the triage nurse were having a bad shift, so I'm like, "I'm going to go speak with the pharmacist." And I asked the pharmacist, "Is it normal to have the sore neck and the headache, or the headache." And then he asked me what side I had received my injection, and I told him it was the different side of where I was hurting. And then his words to me were, "I'm not buying it." Like I'm trying to like sell him Tupperware or something! And then I asked him about the 2020 flu shot recall.

[00:15:00]

Because I had found information that this flu shot had had a recall. And he looked at me; he's like, "I'm too busy. I'm not talking about this with you right now."

Alison Steeves

Did they run any tests at the ER?

Paula Doiron

When I went to the ER, I had to beg for testing. At that point, I'd already done a bit of research myself, and I was concerned. And I asked him if I could get an MRI. And he told me that I didn't need that. He did authorize an X-ray, so I received the X-ray that evening. And then after the X-ray from my results, he came and he told me that the MRI would be approved, because he had found some issues in my neck.

Alison Steeves

Okay. And did you provide me with a copy of the MRI results?

Paula Doiron

Yes.

Alison Steeves

Okay. Do you have that in front of you?

Paula Doiron

I sure do.

Alison Steeves

So that is Exhibit TR-0006b. And it reads, "The impression as moderately advanced C5-6 degenerative disc disease. There is severe disc slash Luschka joint osteophyte narrowing of the right C6 neural foramen. There is mild central canal narrowing at this level." Is that correct?

Paula Doiron

That's correct.

Alison Steeves

And the recommendation was surgery consultation, correct?

Paula Doiron

Correct.

Alison Steeves

And did you have the surgery consultation?

Paula Doiron

I did speak with my family doctor after he received these results, over the phone. And my family doctor told me that a surgery wouldn't be approved for me. I asked to be transferred or referred to a neurologist. He said that there's a big waiting list. It would be about three years. And I said, "well you, you can put me on the list, I could get worse by then." And he's

like, “yeah, I’ll put you on the list, but they’re not going to approve this type of surgery for you.”

Alison Steeves

And what was his suggestion?

Paula Doiron

I would have to live with it.

Alison Steeves

So in 2020, you took the flu shot. You experienced severe symptoms that persisted, and then you got your two Moderna vaccines. And then when you had your booster, you had more severe symptoms. Were they sort of different symptoms? Did you say they exacerbated the original, or it was completely different?

Paula Doiron

After the booster, it was different. That’s when I started getting, like, body jolts. I started having menstrual issues. I also had brain zaps, brain fog, fatigue. I had to take three naps a day, and nerve pain, a lot of nerve pain. And the sensation of my legs, the pulsing, has never gone away.

Alison Steeves

And had you had any issues in the past or any pre-existing conditions that would explain any of those symptoms?

Paula Doiron

No, the only issues I had in the past: I had asthma, I have a bladder condition called interstitial cystitis, and I was on antidepressant.

Alison Steeves

And what made you think there could be a connection with the vaccines?

Paula Doiron

Well, I’m having all these issues with my neck a year after. And when I received that flu shot and other shots, I was always having a sore neck. I kind of put two and two together that—

Alison Steeves

And how did you feel about the response you received from the various healthcare providers when you inquired about that connection?

Paula Doiron

It's very frustrating. I think I deserve to be treated better than that. I did my part, and I actually mentioned this to the ER doctor. I said, "You know, I did this to protect others and residents, but now I'm injured and somebody needs to protect me."

Alison Steeves

And do you know if any of the healthcare professionals you spoke with filed an adverse event following immunization form?

Paula Doiron

No, they did not.

Alison Steeves

And Paula, you also had a gene analysis done. Is that correct?

Paula Doiron

Correct, yes.

Alison Steeves

So that's Exhibit TR-0006a. And do you have that in front of you?

Paula Doiron

I sure do.

Alison Steeves

Can you explain? So who provided you with this gene analysis?

Paula Doiron

This was done with a naturopathic doctor.

Alison Steeves

And how did they do it?

Paula Doiron

It's with your saliva sample, so they're able to see your gene makeup. And I was explained that I have a mutation, a gene, that's actually very sensitive when it comes to vaccines.

Alison Steeves

And that's the MTHFR [gene], is it?

[00:20:00]

Paula Doiron

I had the worst one she told me.

Alison Steeves

So these notes, the handwritten notes on the results: is that your handwriting?

Paula Doiron

That's my handwriting, yes.

Alison Steeves

And when did you write that?

Paula Doiron

As she was explaining to me, because I need to take some vitamin B, I guess. So I just dabbled.

Alison Steeves

So that supports that you might be at risk of having bad reactions, to suggest the possibility?

Paula Doiron

Yes.

Alison Steeves

And had you had any bad reactions with vaccines in the past?

Paula Doiron

Well, I didn't think so but now that I'm looking into past, I had received a vaccine as well in 2005 while I was pregnant. It was a DTaP. And not long after this DTaP, I had massive muscle and joint pain to the point that I was on the couch for a month. I went to the hospital then and the doctor at the time told me that it was from— I was newly pregnant, and I was expanding, so I would get muscle sores and aches. But I was so sore that I was on the couch for about a month. And I think it was five months after, my water broke early, and my son was only alive for one day.

Speaking with the doctors then, they said, "We can't explain why these things happen. We don't know why." And now that I see these type of— This type of documentation, it kind of makes you wonder if that's the case? I'm not saying it is, but unfortunately, I can't go speak with a doctor and say, "Hey, is this what happened to my son?" Because I don't think they would be honest with me.

Alison Steeves

In terms of the impacts that these symptoms have had on your life, you're currently on sick leave due to these symptoms?

Paula Doiron

I am, yes.

Alison Steeves

And when did you go on sick leave in relation to the various vaccines?

Paula Doiron

It started October, 2021. I tried to return to work a few times, but I was getting more sick.

Alison Steeves

And was that before your booster?

Paula Doiron

This was before the booster. Yeah, I actually got my booster as I was on sick leave because I didn't know that I was having issues with the previous vaccines at that point. It only clicked in when I got my booster.

Alison Steeves

And what has the financial impact been of being off on leave? Are you getting benefits or disability, or—?

Paula Doiron

No, I'm not. Right now, I'm kind of living on my credit card. My brother is helping me as well. I got help in the beginning: I think it was 15 weeks for EI for a sick leave. But once that ran out, I tried to go back to work and I couldn't. So I've just been footing the bill.

Alison Steeves

You tried to go back to work when your benefits ran out?

Paula Doiron

I did, yeah.

Alison Steeves

And what happened?

Paula Doiron

I couldn't move for a long time. For months, I was on the couch. I couldn't even walk. I would walk kind of hunched over. I'm just starting to be able to walk straight now after a couple of years.

Alison Steeves

And how else have these symptoms and your diagnosis impacted your day-to-day life?

Paula Doiron

I used to be very active. I used to be very happy and social. I'm not so much anymore. I'm isolating more now.

Alison Steeves

And why is that?

Paula Doiron

I've lost connections with some of my family, my friends. I've tried to reach out to explain to them what's been happening to me, and they have blinders on. They don't want to speak to me about it. They've kind of disconnected from me.

Alison Steeves

And has this experience impacted your mental health at all?

Paula Doiron

Yes—yeah, it has. It's made me very anxious. I mean, I'm doing research now, and I'm seeing these doctors come up with heart attacks, cancer, and I'm still trying to figure out what issues— I have some diagnosis, but I know there's still something wrong with me. I still—

Actually, in a couple of weeks from now, I have someone that's going to go through my blood work. And there's discrepancies in my blood work as we speak and my urine sample. So yeah, I'm anxious. I don't know what's wrong with me. And it's been two years of being sick and I'm having to run around, "Please, someone help me."

Alison Steeves

And how are your symptoms today?

Paula Doiron

I'm still sore. I'm still sore. It's chronic.

Alison Steeves

Has anything helped?

Paula Doiron

When I was at my worst, I did do ivermectin. It cleared my spine and my head from burning within two days of using it. I've used it a bit more since, but it doesn't— I think it was a one-shot deal.

[00:25:00]

But I've been on supplements, and DMG [dimethylglycine] is one that's been a big game-changer for me. I'm trying to go all natural, and I'm slowly healing. I'm not worse.

Alison Steeves

And do you have any idea if or when you might return to work?

Paula Doiron

I'd like to return in May, but the last couple of days I've been in a flare-up, so we're going to see how that goes.

Alison Steeves

What would you say has been the hardest aspect of this experience for you?

Paula Doiron

Getting treatment, getting taken seriously, my relationship with my family members and friends. And I had to leave a three-year relationship because he didn't believe me that I was going through these issues, and I started going public to warn others. And his words to me were, "I can't go out with a conspiracy theorist." So I chose my health over the relationship. So yeah, I've lost a lot, but I've gained a lot too.

Alison Steeves

What do you mean by you've gained a lot?

Paula Doiron

I've gained a lot of knowledge. I've gained that I need to take my instincts. I need to follow those because in the beginning, I think I was on the right path, but I let people convince me to do something. Yeah, so follow my own instincts. And just—I met a lot of great people too, and there's a lot of good people out there. And there's a lot of people like me that's injured as well.

Purple is kind of— If you see a Facebook profile picture and there's purple in there, reach out to them, because they're probably injured like me and we're all in the same boat.

Alison Steeves

Thank you, Paula. I have no further questions. I'll just turn it over to the Commission.

Commissioner Drysdale

Thank you. You did an excellent job of describing for us what you've been through. But I want to go back just a little bit, because there's some people that really haven't talked about it. And that was the patients, the people in the elderly residents. I don't know a lot about that. That's what my question is going to be, you might not know some of these answers.

Are the residents highly regulated by the government? How they take care of the residents? What are their ratios of staff?

Paula Doiron

Where I work, yes. It's supposed to be regulated, but we can't keep staff. Nobody wants to work for very long. I work there and I'm one person, but I have to do like a two-person job,

because there's not enough people that want to work. And you're working with sick people too. Like, their needs need to be met. Personally too, they deserve a bit of attention. And you can't even give them that attention of a conversation for two minutes because it's so busy that you kind of have to brush them off.

Commissioner Drysdale

Were there never inspections of the facility to ensure that the residents were getting the care that they were supposed to be getting?

Paula Doiron

Yeah, no. We do get some inspections, but not about the care. No, I don't remember any.

Commissioner Drysdale

When you were talking about them going into lockdown— I think you said that there were times when the residents were locked up for months at a time, I think there was several months—

Paula Doiron

It was almost two months.

Commissioner Drysdale

Did the workload on the staff as a result of that go up or down?

Paula Doiron

It was probably the same because, for the nurses, they have to suit all up with that gear, so it was more strenuous actually. And for the nurses as well—

Their food was being served in their rooms as well. I worked in the food department, so we make their trays. And then, usually they have a common room that they can go eat, where now it was like the nurses were having to go bring the food to them, and not so much us. So it probably caused more work.

Commissioner Drysdale

Well, you know, with people being locked up for a long period of time, especially elderly people, did you notice an effect on their mental health and happiness?

Paula Doiron

Yes, it was heartbreaking.

Commissioner Drysdale

Did the regulator come in and assess that at all?

Paula Doiron

No.

Commissioner Drysdale

Did anybody ask questions about that?

Paula Doiron

I wanted to ask questions, but when you ask questions, "We're just following public health."

[00:30:00] [The livestream was inadvertently cut off at this point.]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 10: Chief Greg Burke

Full Day 2 Timestamp: 06:18:20–06:56:40

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Chief Greg Burke, do you affirm that this eagle feather symbolizes your direct connection to the Creator for your people, and you hold it in the spirit of honor and truth to your ancestors who have passed, and to your ancestral spirits who are here today to guide you and protect you, that the evidence you shall give in this matter shall be the truth, the whole truth, and nothing but the truth.

Chief Greg Burke

Je vais, I do. Wela'lin.

Criss Hochhold

Thank you, Chief Burke. For those of us that don't know you, can you please state your name and let us know where you're from?

Chief Greg Burke

Chief Greg Burke, originally from Cape Breton, Glace Bay. Don't hold that against me, though. I run a financial practice in Halifax. I live outside of Halifax now and my office is in Bedford. My name is Chief Greg Burke.

Criss Hochhold

Thank you. Can you tell us a little bit about your background, Chief Burke?

Chief Greg Burke

Well, you don't want to know it all, but I just want to share with you that I do have four years of nursing at Toronto East General, and I'm just not another head in the crowd. So going through this was very difficult for me knowing that the knowledge that I had through my training—that I worked in the OR, cardiac arrest unit. We did training in pathology as

well as the OR, so I'm well versed—not only in our Constitution or my treaty rights, but I'm also well versed in the medical field in sterilization.

Criss Hochhold

Chief Burke, I understand you've had some significant health issues fairly recently—pretty much at the onset of COVID—that are not COVID-related. Can you tell us more about those please?

Chief Greg Burke

Yeah, I diagnosed myself with cancer back in 2019. Our medical system being what it is, what I told my doctor—I guess maybe I shouldn't have directed the doctor—but I told him I wanted to go to a private clinic and get an ultrasound done and get my bloodwork done. It all came back negative, so I went on my way, thinking I was getting old, I guess, and figured it was just an old age thing.

In January 2021, I went to him and said, "I definitely have cancer." I said, "I have to get a colonoscopy done," so I had a colonoscopy done. I ended up with surgery in April of 2021, followed by eight treatments of chemo, which ended on December 24th of 2021. Following that, when they did the CT scan, they found three blood clots in my lungs due to the chemo treatment, so they had me on a high dose of blood thinners from January through to June.

Criss Hochhold

Were you on any medication for your cancer?

Chief Greg Burke

Yeah, I had the eight treatments of chemo, as well as they gave me dilaudid, which I didn't use. I didn't need dilaudid, and through my surgery I didn't need dilaudid. Although, they told me to take it. They said opioids get a bad rap, but for some reason I didn't have pain. But I took the dilaudid home with me. And, of course, they give you all kinds of mouthwash to kill the lumps and bumps that get in your mouth, and the lumps and bumps that get all over your body. So you know—yeah, I was on medication as well as the blood thinners.

Criss Hochhold

You said you had lumps and bumps all over your body. Can you tell us more about that? That's related to the medication?

Chief Greg Burke

Yeah, it was hard to describe. It got to the point where it got so bad that I couldn't touch myself, actually. Because there were, like, little hives, millions of little hives all over your body.

[00:05:00]

And the chemo treatment causes tissue damage. So even as I sit here today, my feet are on fire from the tissue damage as well as tissue damage on your hands. Someday maybe they'll get back to normal. But as I was explaining to you, Criss, even today I struggle trying to take the top off plastic Tupperware.

Criss Hochhold

Did the medications affect your cognitive abilities at all?

Chief Greg Burke

Well, combined with the operation and the chemo treatment, you end up with chemo fog brain they call it.

Criss Hochhold

What does that mean? Can you explain that a little bit further? What do you mean by that? What happens?

Chief Greg Burke

Well, a cop asked me that, and he said, "What do you mean by chemo fog brain?" The best way I can describe it is, it's not like you're drunk, but it's almost like you're in a daze, like you're stupid. So your reaction time and your thinking time isn't sharp. You do everything slow. You move slow. You talk slow. You react slow.

Criss Hochhold

So it takes you a little bit longer to process information, when you were having a conversation sometimes, depending on it at that time?

Chief Greg Burke

Yeah, you have to compress it and then react.

Criss Hochhold

Because of the chemo treatments that you went through, and the diagnosis of the blood clots in your lungs, were you given a medical exemption, for example, for wearing a mask?

Chief Greg Burke

Well, when I started the chemo treatment in June of 2021, they gave me a yellow card. I'll just show that to everybody if they're not familiar with it. This is a "go to the emerge." card. There are all kinds of warnings on it—if you're having a heart attack or high blood pressure or fever, whatever, I override everything in the emerge. other than a car accident.

And because of this, you're very susceptible to bacteria or whatever. Everything I know about wearing the chin diaper, working in the O.R., what people were wearing was really a joke to me. And when I seen people wearing it, I felt sorry for them, knowing how dangerous it was for their health.

Criss Hochhold

I'm just going to quickly forward the commissioners that exhibit Chief Burke is referring to. There are a number of them, and the labels will be TR-0010, as well as TR-0010a through e. Those will be the exhibits that we're referring to.

Chief Burke, I'm going to fast forward a little bit. I want to take you to an incident on February 9th, 2022, at approximately 3 p.m. Can you tell me about that, please?

Chief Greg Burke

Sure. Well, because I wasn't wearing a mask—I didn't wear a mask at any time in hospitals. I was there every 14 days to get my blood checked to make sure my hematology was good and white cells were fine.

Actually, I'll share something with you: it's when I first arrived there to get my blood checked to take my first treatment of chemo. There was a lady there, said while I was going to the washroom—I didn't hear her say, but my wife heard her say: "You make him wear a mask." And the oncologist came up to my wife with the mask not sterilized. You know, if you're going to touch these things, you have to be sterilized, you've got to scrub up. Anyway, the oncologist said to my wife, "Could you get your husband to wear a mask?" And Susan said, "Good luck with that." When they asked me, I said, "No, I'm not going to wear it." I said, "It's on your finger. You're not sterile, so I'm not going to touch it."

And I went into several stores. And of course, when I explained to them my condition, they were okay with it.

Criss Hochhold

And you went into Canadian Tire. Now, I really just would like for you to talk to us about what happened up until the interaction with the owner, because I would like to show a video for that particularly.

Chief Greg Burke

Yeah. I went into Canadian Tire, as Criss said, on February the 9th.

[00:10:00]

It was around quarter to three. And I was going to return an item, and I walked up to the return desk. There was a huge plexiglass on the return desk, a girl behind it wearing a face mask. And I put my item down and she said, "You've got to wear a mask." I said, "I don't wear a mask." She said, "Do you have an exemption?" I said, "Yeah, I do have an exemption." She said, "Well, I can't wait on you." I said, "Why not?" And she said, "Well, you're a danger to my health." I said, "You're behind a plexiglass wearing a mask. How am I a danger to your health?" And she said, "Well, you're a danger. I'm not going to wait on you." And she walked away from me, and I said, "Well, can I speak to the manager?"

And bear in mind here, I've got chemo brain. So it's almost like you're in sort of a dream here. So she picked up the phone, and I stood there probably for five minutes, six minutes waiting for the manager to show up. Everybody was calling. The girls at the cash register were trying to get a hold of a Mr. Keating. And while I was leaning against the railing, this individual—did you want me to go further with this?

Criss Hochhold

Nope, I want you to go right up to the point that you're going through now.

Chief Greg Burke

This individual showed up, and he kind of towered over me, and he started—

Criss Hochhold

One second, Greg, I'm going to stop you right there. Unfortunately, I don't have HDMI capability on my side, so I need to walk over to Chief Burke to show you the video on the laptop.

Chief Greg Burke

Did you want me to keep explaining?

Criss Hochhold

I'm going to play the video. And when I play the video for you, you can watch it. You can narrate it.

Chief Greg Burke

So Criss asked me to narrate this for you while it's on the screen. So you can see me, I'm up at the desk.

Criss Hochhold

I'm putting the arrow to Chief Burke, as you can see there. He's the gentleman in the blue.

Chief Greg Burke

I noticed that gentleman in the blue kept looking at me because I didn't have a mask.

Criss Hochhold

I'm just going to skip forward just a little bit until the interaction occurs. Because now you're waiting for a few minutes.

Chief Greg Burke

Okay, so she's waiting on me there, or telling me that she can't wait on me. I asked to speak to the manager. So she disappeared there, and she went on the phone to call the manager. And I stepped back, and you see me leaning there while I'm waiting. And I waited, and I waited, and I waited. And there, this guy shows up. He never asked me who I was, or what I was doing there, nothing. He just immediately started saying, "If you're not going to wear a mask," and he's screaming, "leave the store!" And you can see his hand gesture.

You can see me asking him to calm down because he's white-faced, dry-mouthed, and very confrontational. I'm saying, "I just want to explain something to you." He said, "No, I'm not going to listen to you. If you're not going to wear a mask, get out." And you see him shaking his head back and forth, saying no. And that's when he gave me three options. First option was, I can do my business out on the street. Second was, I can do it online—this is returning an item now. And the third, I can wear a mask. And I immediately said to him, "No, that's not an option. But let me think of my other option." And I put my head down to figure out,

"How am I going to do this outside? They've got to bring the machine out." This was how my brain was working that day.

And then when I left, I didn't notice he went to the other side. And when I raised my head to ask him how I was going to do it outside, he immediately said— Okay, you see him grabbing me there. Immediately said, "If you're not going to wear a mask, I'm going to throw you out." And I said, "What do you mean? Like, you're physically going to throw me out?" I couldn't believe he said that. He said, "That's right." I laughed at him, and I started to leave. And I said, "That wouldn't be a good idea." But I wasn't referring to that I would knock him out, which maybe I should have.

[00:15:00]

What I was referring to was my health. I'm on high a high dose of blood thinners, I'm suffering from chemo brain fog. And I'm not myself, so that's what I am referring to.

I think that triggered him. And that's why he grabbed me. And I pushed him off me and I was warning him not to touch me. But he came at me again and I pushed him off again. And he backs me up to the return desk. I thought that I grabbed him to hold him off—obviously, the video, I didn't do that. But I did warn him. I said, "Look, don't you dare touch me." I said, and this is the way I said it, because I'm not an excitable type of individual. There, he grabs me again. And I had to push him away again. And that's where I told him, "Don't touch me, I can hurt you. And believe me, I can hurt you." So at that point, he's hollering, giving directions to call the cops.

Right about now, I'm very nervous. I'm not afraid of him. But I'm nervous of him doing something that I'm not expecting, and he'd get the advantage over me. Because if you know anybody on blood thinners, you get cut, you're going to bleed pretty bad. So that was my worry there. And I told him, "Well, I'm going to call the cops. You go ahead. I'm going to have you charged with assault."

While I was leaving—Criss is not showing that—but as I was leaving, he kept following me. I said, "Don't follow me." Because I was worried that he was going to jump me from behind. And anyway, I went out into my car. And I waited in my car. I called 911 when I was in my car. And he came out. And I thought, okay, he's come to his senses. He's going to come and apologize.

Criss Hochhold

I'm sorry Greg. I thought I pressed play to finish the video and I walked away. My apologies for that.

Chief Greg Burke

Okay. So he's giving orders to the girl to call the cops, and right about now—I don't know, this guy is unpredictable. I mean, he's crazy. His eyes were like that, coming at me.

Criss Hochhold

Chief Burke, I know that the video is still playing, and we can probably switch off that. Thank you again because you do exit the store at that point in time. The lady that walked off: She at this time is actually calling 911 and the audio recording for that is available to the commissioners. It is one of the exhibits. As well as, Chief Burke, after the confrontation,

and you went outside, I know the store owner followed you, but what happened outside of the store? Did you call anybody?

Chief Greg Burke

Yeah, I called 911 and told them that I've been assaulted, and I want charges laid against the— I thought he was the manager. I didn't know he was the owner.

Criss Hochhold

For the commissioners, that 911 recording is also part of the exhibits that you can listen to. After that, what had taken place? Fast forward to when the police officer arrives. What happened then?

Chief Greg Burke

Yeah, I was talking to two RCMP officers that were in the parking lot at the time. They were on their coffee break and we were chatting. I waited about 15-20 minutes and this Bedford cop showed up. He asked me what was going on. I said, "Go watch the video and come back and talk to me." Which he did. He went in and he come back out. It was a beautiful day, and he was wearing one of those N95 masks. And I thought, "Oh boy, this is going to be good for me." They called the right guy.

So anyway, he went in and he came out and he said, "Yeah, I watched the video." He said, "Yeah, he grabbed you, but you defended yourself, I'm not going to charge him, I'm not going to charge you." And I said, "You're not going to charge me? I defended myself." He said, "Well, he's allowed to do that." Yeah. So the Bedford Canadian Tire store: bring a bodyguard with you because they're allowed to grab you.

Criss Hochhold

Chief Burke, excuse me, please. Keep it down please, thank you. Chief Burke, the interaction with the police officer: Can you tell me specifically about that? What was the conversation you had with him and what was the result of that?

Chief Greg Burke

Well, it wasn't much. After he said that he wasn't going to charge me, he said, "I'm going to give you a ticket." I said, "a ticket for what?"

[00:20:00]

He said, "for not wearing a mask." I said, "a ticket for not—" I'm thinking, what ticket? And he walked away, and didn't ask me what transpired inside, nothing. And he went to his car, and I waited and waited in my car.

And then I went over to his car in probably about 15, 20 minutes. I said, "What's going on?" He said, "Well," he said, "I'm having difficulty. They change the rules all the time, so I got to find out if I'm charging you with the right thing or not." So he said, "I apologize for taking so long, but here's a ticket for not wearing a mask." And I said, "Not wearing a—what the heck?" And I look: it was \$2,422, something like that.

Criss Hochhold

So the interaction with the police officer resulted in you receiving a fine for not wearing a mask. Did the officer at any point ask you if you had a mask exemption?

Chief Greg Burke

No.

Criss Hochhold

So there were no inquiries whatsoever about what transpired inside? He went inside the store and he felt satisfied with what he observed to issue you a fine but not proceed with anything else?

Chief Greg Burke

Yeah. But I found out later, when I tried to force him to put an assault charge on this guy. When I spoke to his sergeant, his sergeant said, "Well, I read his notes and I don't see that we should file assault charges. It's not going to go anywhere."

Chief Greg Burke

And I said, "You read my notes?" He said, "Well, yeah." I said, "He didn't take any whatever from me. He didn't take any statement." He said, "Well, we got it on—" I said, "Well, he didn't even talk to me about it." So he said, "I'll send over an officer now."

So anyway, where was I?

Criss Hochhold

Chief Burke. I would like to stop this one here because we have another very important incident that we definitely have to get to.

Chief Greg Burke

I just will say this, that the cop lied to Canadian Tire and told him I was banned for six months. He never ever put a ban on me for six months. So this guy was a loose cannon.

Okay.

Criss Hochhold

So thank you. I now want to fast forward you 30 days to an incident on March 9th that you were also involved in. Can you briefly describe that for me?

Chief Greg Burke

Well, that was actually 30 days after the Canadian Tire assault. So Canadian Tire was February 9th and this is March 9th. And there was a homeless guy that I knew from years ago living in his car, so I thought I'd go and buy him supper. It was a late evening, so we went to A&W. I walked in, and the girl said, "you got to wear a mask." I said, "I don't wear a mask," and she said, "well, you do your order by the plexiglass." So I ordered for both of us and all of a sudden, this guy comes out—you can tell he was a migrant—he comes out of

the door like a cannon had shot him through the door and started screaming for me to wear a mask. And I said, "well I got my order, it's right there." And he kept saying, "you got to wear a mask." He was screaming, he was really upset. I said, "well, do I wear a mask if I sit down?" "No." I said, "well I'll sit down, and you can bring it." No, he wouldn't do it. I said, "how long you been in the country?" He said, "three months." I said, "Did they teach you anything about the Canadian Bill of Rights?" "I don't care about your Canadian Bill of Rights." I said, "If you don't care about my Canadian Bill of Rights, you go back to the country where you don't have rights." Anyway, he said, "Well, I'm calling the RCMP." I said, "Go ahead." I said, "Give me my money back." He wouldn't give me my money back, so I said, "When the RCMP come, I'm charging you with theft, because I want my money, I'm leaving. Now." And this is the way I was talking.

Criss Hochhold

I'm sorry. I hate to interject, but in the interest of time, can you take us to the moment outside, when the police arrived, regarding this incident?

Chief Greg Burke

Yeah, I'm not a long-winded person but I'll try to be short. As I was leaving, two RCMP officers were walking in, and they said, "What's going on?" I said, "I came here to order food. They took my order, then he wouldn't give me my money back, and I'm just about to leave." He said, "Let's go outside and we'll talk about it." I said, "okay." We go outside, and he said, "Do you have your ID?" I said, "yeah." "Show me your ID." I said, "Did I break the law?" He said, "no." I said, "Well, you don't need my ID. I'm leaving." He said, "no you're not." I said, "I'm detained?" "No." I said, "Well, I'm leaving." "Give me your ID." "No." So that went back and forth.

As this was going back and forth and I was trying to explain to the RCMP the rights and the laws

[00:25:00]

this little RCMP officer is coming across the parking lot. He immediately grabbed me and tried to throw me up against the wall. He said he was going to charge me with resistance. I said, "I'm not resisting." I said, "You can handle my arms." I said, "Just relax." I said, "I'll give you my arms if you want to handcuff me. You want to go down this rabbit hole, let's go down this rabbit hole." So I helped them handcuff me from behind and then he started pushing me towards his car. I warned him not to push me and he didn't push me after that. And we get in the car.

Now, you have to appreciate, my skin is still hurting from the chemo treatment. He was helpful, he helped me get my legs in the backseat of the car. Because if anybody's been in the backseat of the RCMP car, they're like getting in a coffin. So anyway—

Criss Hochhold

Chief Burke, I want to just really touch upon when you had that interaction with the one police officer. You were having a conversation about the masking situation when an officer approached, came across in the parking lot and basically put his hands on you to affect the rest. They did tell you that you were under arrest at any time before they laid their hands on you, before they touched you?

Chief Greg Burke
Sorry. Repeat that again?

Criss Hochhold
When the second officer came and who then physically tried to take control of you, did he advise you that you were under arrest at that time?

Chief Greg Burke
No, no.

Criss Hochhold
How much force would you say—I know it's difficult to gauge, but when he tried to gain control of you, was there a struggle? Is that why he was saying, you know, stop resisting? Were you struggling? Were you resisting the officer?

Chief Greg Burke
Yeah, he tried to slam me up against the brick wall. That's what he tried to do, and I tried to prevent it because I didn't want my face to go into the brick wall because I'm still on blood thinners.

Criss Hochhold
Right, so then you were cooperative, and you allowed him to put the handcuffs on?

Chief Greg Burke
Yeah, and I wasn't combative or saucy or anything. I was just standing up for my rights.

Criss Hochhold
Were you handcuffed in the front or in the back?

Chief Greg Burke
Back.

Criss Hochhold
And then he pushed you towards the police car?

Chief Greg Burke
Yeah. Yeah, he pushed me several times.

Criss Hochhold
Okay. What did you say to him when he was pushing you?

Chief Greg Burke

I told him not to push me again.

Criss Hochhold

And then you walked to the police car, and he put you in the back of the police car. And he assisted you putting your legs in, because the backs of police cars are very, very small.

Chief Greg Burke

Confined, yes.

Criss Hochhold

Thank you, yes. What happened then?

Chief Greg Burke

He read me my rights and asked me if I understood them. And I said, "I understand the rights," but I don't understand why he read them. And I said, "what are you charging me with?" He said, "creating a disturbance." I started laughing, I said, "The only fools that created a disturbance is the little guy that got shot out of a cannon there, and you." I said, "I didn't create this disturbance."

And so we had a conversation about the handcuffs. I said, "Look, you got to take these off." I said, "I'm not a threat to you." I said, "I never was a threat to you." I said, "I don't know why you're overreacting the way you are, but," I said, "let's go down this rabbit hole."

So while we're having this conversation, the Mountie that initially spoke to me came and they had a powwow in the front of the RCMP car. And then the guy that put the handcuffs on me, he said, "I'm going to give you a ban for six months." And of course—I was teasing him—I said, "Oh my god, I'm going to starve to death. I'm not going to get out—" You know, I was basically being a smart ass, but I thought he deserved it.

When I get out of the car, I tried to ask him a legal question about showing your ID. Finally, after four or five attempts, he finally answered my question. And I asked him, I said, "if I'm walking down the street at 3 o'clock in the morning, do you have the right to pull me over? Although I'm not committing a crime, do you have the right to ask for my ID?" He said, "If I'm suspicious, I can." Now that's totally wrong.

So anyway, the two of them are under investigation.

Criss Hochhold

Chief Burke, I will eventually get to that, that's okay. Once your interaction ended, you were given a piece of paper, which you understood to be basically a *Protection of Property Act* notice banning you from entering the A&W, that location?

Chief Greg Burke

No onion rings for six months.

Criss Hochhold
I'm sorry?

Chief Greg Burke
No onion rings for six months.

[00:30:00]

Criss Hochhold
But you were banned from the property for six months?

Chief Greg Burke
That's correct, yeah.

Criss Hochhold
And did the officer open a piece of paper that he served you with and did he explain that to you?

Chief Greg Burke
No, he folded it over and gave it to me.

Criss Hochhold
Okay, so it was folded over, and he gave it to you, and he told you that you were banned verbally for six months. Was there anything within that piece of paper?

Chief Greg Burke
Yeah, I discovered after I opened the paper, there was a ticket for not wearing a mask: \$2,422.

Criss Hochhold
Did the officer inform you at any time that you were being issued a citation for not wearing a mask?

Chief Greg Burke
Never. Neither one of them. And in fact, the ticket was written by the other Mountie, not by the Mountie that handcuffed me.

Criss Hochhold
Okay, as I understand it and what you've already said about it—

Chief Greg Burke
And oh, by the way—none of those RCMP officers were wearing a mask.

Criss Hochhold

The interaction you had with the officer outside of the store: They were not wearing a mask?

Chief Greg Burke

None of them were wearing a mask. In the store or outside.

Criss Hochhold

When you say “in the store,” did an officer have occasion to go inside the store? Did an officer go inside the store to find out what happened?

Chief Greg Burke

I don’t know. The only time I seen the girl and the initial constable was when I was leaving. I don’t know if they went back in.

Criss Hochhold

But that’s the initial contact inside the store—both of those officers came inside the A&W not wearing masks when you were there.

Chief Greg Burke

Correct.

Criss Hochhold

But you were issued a citation for not wearing a mask in a store, although they were not either when they entered the store.

Chief Greg Burke

Neither one of them wore a mask.

Criss Hochhold

Thank you for that. Chief Burke, I’m going to keep it short, but you’ve already stated as part of your testimony that you’ve made a complaint against these RCMP officers. You’ve made a public complaint?

Chief Greg Burke

To Ottawa, yes.

Criss Hochhold

Can you give me a brief overview of that?

Chief Greg Burke

Yeah, I called the sergeant to my house. He was a real nice guy; we had a good conversation. He was shocked that I was given a ticket without my knowledge. He said, "we don't do business that way." He wanted me to lodge a complaint with Ottawa, which I did. It's still under investigation. The constable that is taking care of it on the local area has found the initial RCMP officers in six violations. The one that handcuffed me is under 12 violations. And they've asked me what I wanted done. And I said that I want the two of them fired.

Criss Hochhold

Thank you. Thank you for that Chief Burke. And in the interest of time, the documents are included and I will just defer to the commissioners for any follow-up questions.

Chief Greg Burke

Yeah, just one other thing that we didn't touch on, Criss. He told me that— While I was in the car and he told me he was going to ban me he did say that he wasn't going to charge me. I said, "Yes, you are." So we had a little argument back and forth that I wanted him to charge me.

Criss Hochhold

To put that in context, that would be your interaction with the RCMP also at the A&W, when you were placed in the back of the police car.

Chief Greg Burke

Correct.

Criss Hochhold

And what were you arguing for to be charged with?

Chief Greg Burke

Well, he was going to charge me with disturbance, and then he said he wasn't going to charge me. And I said, "No, I want you to charge me because we're down this rabbit hole. So I want you to charge me." He said, "No, I'm not going to charge you." And I said, "Why not?" He said, "I'm not going to charge you." That's where we were.

Criss Hochhold

Thank you.

Chief Greg Burke

Thank you.

Commissioner Drysdale

We're running out of time, but I judge you as a pretty amiable man. You're social, and you're communicative, and I have a feeling that you're well-known in public to your community.

Chief Greg Burke

Yeah. My wife doesn't want to go out with me because—

Commissioner Drysdale

Join the club! The question I have for you is: Have you had people react to you this way before? Before this whole pandemic did people generally react in this way to you?

Chief Greg Burke

Never. Never. I'm not a confrontational person, although I've never, ever backed away from a fight.

[00:35:00]

I've been an enforcer on the ice all my life, you know. And being brought up in Glace Bay, you know somebody looks at you— You know, coal mining town, you're fighting all the time.

Commissioner Drysdale

Then Canadian Tire happened and that was an incident. And A&W happened so it's not an isolated incident.

What do you think motivated these people to treat you this way—apart from the fact you weren't wearing a mask? Why would they why would they react to you this way?

Chief Greg Burke

To sum it up, I would say the lack of knowledge, number one, the lack of education, and the influence that the medical health department and the politicians had on people by manipulating them.

Commissioner Drysdale

When you say the influence that the politicians and the media had on people, exactly what do you mean by that? What kind of influence?

Chief Greg Burke

Well, you had politicians that were passing laws that— You know, we got a young girl in here that she protested against Dr. Strange, or Strang, and she ended up in jail for six days. And the person that wrote that law, Brad Johns, who's the Minister of Justice, happens to be one of the most crooked people. I don't care about being so—

Commissioner Drysdale

Well, I think I've got my answer, but thank you very much.

Chief Greg Burke

Oh, you're welcome.

Criss Hochhold
Thank you, Chief Burke.

Chief Greg Burke
Yeah. Wela'lin. I want to thank everybody for coming here. I was impressed.

Criss Hochhold
Just one second, Chief Burke. We do have one more question, I believe. Sorry about that.

Commissioner Kaikkonen
I just wanted to ask if the two fines have gone to court, and what was the outcome? Or was it stopped when you did the investigation against the RCMP?

Chief Greg Burke
Sorry, I didn't hear you.

Commissioner Kaikkonen
I just wondered if there was any follow-up in court with the two fines. Or if the accusations—or the charge that you laid against the RCMP officers—if that has stopped the court action? I'm just wondering where it went from here, if there has been any follow-up?

Chief Greg Burke
My Canadian Tire ticket will be addressed on June the 1st at 6 o'clock. The RCMP ticket, I'm going to have to check on that. Criss and I had a conversation about that. He asked me if I went to court over that. And I said it was one of the stipulations—I asked the sergeant to drop it, given the fact that that it wasn't presented to me.

Commissioner Kaikkonen
Thank you.

Criss Hochhold
Thank you very much, Chief Burke.

Chief Greg Burke
Wela'lin.

[00:38:20]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 11: Sabrina McGrath

Full Day 2 Timestamp: 07:14:50–07:28:49

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Thank you everyone. We're going to resume the proceedings. The next witness is Sabrina McGrath. And Ms. McGrath, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Sabrina McGrath

I do.

Ches Crosbie

Thank you.

Nicolle Snow

Good afternoon, Ms. McGrath.

Sabrina McGrath

Hello.

Nicolle Snow

Ms. McGrath, I understand you're here today to testify with respect to the loss of your employment due to provincial COVID mandates.

Sabrina McGrath

Yes.

Nicolle Snow

Okay, where were you working?

Sabrina McGrath
Nova Scotia Liquor Corporation [NSLC].

Nicolle Snow
All right. And that's a provincial government job?

Sabrina McGrath
Yes.

Nicolle Snow
And what were you doing there?

Sabrina McGrath
I was manager for the last three years. And three years previous to that—or two years previous to that—I was assistant manager.

Nicolle Snow
Okay, and were you represented by a union?

Sabrina McGrath
Yes.

Nicolle Snow
Did your collective agreement provide for any sort of vaccination status as part of the terms of your employment?

Sabrina McGrath
No.

Nicolle Snow
And what position? Sorry, you indicated you were a manager. Were you a valued employee for the Liquor Commission?

Sabrina McGrath
I was. Just the year previous to being placed on unpaid leave, my store had won top-performing store, so it recognizes overall sale results in leadership

Nicolle Snow
And that reflects on you as manager of the store?

Sabrina McGrath

Yes

Nicolle Snow

All right. And any anything else with respect to your value to the store you were working for?

Sabrina McGrath

Yes, I received model performance on my latest PA, performance appraisal, which is a very rare— It's very rare to get that because I just don't give them out to just anybody. I did a pretty good job to get it.

Nicolle Snow

Nice. And so, what year did you have that, the model performance?

Sabrina McGrath

2021.

Nicolle Snow

Okay. What mandates and protocols did the Nova Scotia Liquor Commission adopt?

Sabrina McGrath

We did masking, Plexi[glass], six feet distance, and then the latest was the vaccine mandate.

Nicolle Snow

And when was the vaccine mandate brought in?

Sabrina McGrath

We knew about it in October, but it was implemented January 15th.

Nicolle Snow

In October, they delivered the message to the employees, but it was going to be effective January 15, 2022?

Sabrina McGrath

Yes, for current employees. Anyone that was new to the corporation had to be done by November the 1st.

Nicolle Snow

It had to be done, meaning—

Sabrina McGrath
Fully vaccinated.

Nicolle Snow
All right. And were they required to show proof of that?

Sabrina McGrath
Yes, there's a declaration form that had to be filled out.

Nicolle Snow
And with respect to the deadline of January 15, 2022 for the existing employees, was proof required?

Sabrina McGrath
Yes.

Nicolle Snow
And what was going to happen if proof was not required? I'm sorry, I phrased that wrong: What was going to happen if proof was not provided?

Sabrina McGrath
People would be placed on an unpaid leave of absence.

Nicolle Snow
Okay. Was the adoption of this vaccination mandate contrary to some of the earlier views held by the employer?

Sabrina McGrath
Yes.

Nicolle Snow
In what way?

Sabrina McGrath
Well, in May of 2021, there was an occupational health and safety meeting. And at that meeting, vaccinations were brought up. And the response was vaccination is not required by law. It is an individual choice. Therefore, employees are not required to be vaccinated to be in the workplace.

Nicolle Snow
Okay. And were you reading from the minutes from that meeting?

Sabrina McGrath

Yes.

Nicolle Snow

All right. And, those minutes have been delivered for filing as an exhibit, but we don't have an exhibit number yet [Exhibit TR-22d]. How did you feel about the vaccination mandate?

Sabrina McGrath

I was 100 per cent against a vaccination mandate. I think everyone should have the choice as to what they put in their body, and it shouldn't be a choice as to keeping your bodily integrity or losing your job.

Nicolle Snow

And so how, if at all, did the environment in your workplace change after the vaccination mandate was announced?

Sabrina McGrath

We recently had a new regional manager, Kim Jackman, and she came into the store about the first of November. And we had a cut-out of Dana White—he's a UFC [Ultimate Fighting Championship] person—promoting his new liqueur. When she came in and she seen it—a lot of stores had it, it wasn't just our store—she demanded we take it down immediately because he was anti-vaxx.

Nicolle Snow

Okay. And was there anything on the poster that was related to vaccinations?

Sabrina McGrath

Just a picture of him. That's all.

Nicolle Snow

And he was promoting his own product, his own product liqueur.

Sabrina McGrath

Yeah.

Nicolle Snow

Anything else?

Sabrina McGrath

Yeah, that same regional manager—it was 7 o'clock on a Friday—she came flying into the store. And she was being aggressive because she had reports that we had anti-vaxx propaganda up in the store.

[00:05:00]

Which we absolutely did not. But she went through the store with a fine-tooth comb. Didn't find anything but she made us take a poster that we had up at the front of the store down. It was handmade by our team. It was just telling the pouring amounts, the proper pouring amounts, but it said "Cheers to Pour Choices" on it. So that's what she had us take down, just in case that's what people were complaining about.

Nicolle Snow

Okay, and so the "Cheers to Pour Choices" was with respect to the portion amount that you might be consuming of alcohol.

Sabrina McGrath

Right. Because we want to be socially responsible and making sure that people are ingesting the right pouring amounts.

Nicolle Snow

All right. Anything else?

Sabrina McGrath

Yeah, I was having a conversation with an employee from another store on LinkedIn, and he wrote a comment—because we have been discussing the mandates and things like that. He wrote a comment to me saying, "I thought you were leading your store to becoming fully vaccinated, not becoming fully unemployed."

Nicolle Snow

Okay. And that was in the context of some conversation you were having with him about the mandates?

Sabrina McGrath

Right. Yeah. And then he deleted me.

Nicolle Snow

And then what?

Sabrina McGrath

He deleted me.

Nicolle Snow

Okay. Did you acquiesce to the mandate to vaccinate?

Sabrina McGrath

What's that?

Nicolle Snow

Did you go ahead and vaccinate due to the mandate?

Sabrina McGrath

No. No, I did not.

Nicolle Snow

And what happened as a result?

Sabrina McGrath

I was placed on unpaid leave.

Nicolle Snow

And when did that happen?

Sabrina McGrath

January of 2022.

Nicolle Snow

Okay. Did you ever go back to the Nova Scotia Liquor Commission?

Sabrina McGrath

No, we had the option of going back in May on the contingency that we fill out a vaccination declaration form.

Nicolle Snow

All right. Tell us about that form.

Sabrina McGrath

It's just a form to say whether or not we were vaccinated. They still wanted to know. We could go back into the workplace being unvaccinated, but they wanted to know whether or not we were. So we still had to attest to our status.

Nicolle Snow

Okay. So at that point the mandate to vaccinate had been lifted in the store?

Sabrina McGrath

Yes.

Nicolle Snow

Had it been lifted generally in the province?

Sabrina McGrath

It had been lifted in the province seven weeks before. The NSLC extended theirs for another seven weeks.

Nicolle Snow

Okay. During that period you were off—you said from January 2022 through to May—did you have any other source of income?

Sabrina McGrath

No.

Nicolle Snow

And did you apply for EI, employment insurance?

Sabrina McGrath

Yes, yes, I did.

Nicolle Snow

What happened with that?

Sabrina McGrath

I was denied.

Nicolle Snow

On what basis?

Sabrina McGrath

Service Canada deemed it as misconduct.

Nicolle Snow

And what were they calling misconduct?

Sabrina McGrath

Not following the vaccination mandate.

Nicolle Snow

Did you file an ROE with Service Canada for your application?

Sabrina McGrath

Yep.

Nicolle Snow

And did the ROE say anything about misconduct?

Sabrina McGrath

No, it just said unpaid leave.

Nicolle Snow

And so, were you able to determine how someone at Service Canada found that there was misconduct related to the vaccine policy when that was not on your ROE?

Sabrina McGrath

They said they called the NSLC. And when the NSLC told them it was mandate-related, they put down misconduct.

Nicolle Snow

Okay. Did you apply for a reconsideration of that decision?

Sabrina McGrath

I did.

Nicolle Snow

And what happened?

Sabrina McGrath

Denied.

Nicolle Snow

And you have a union?

Sabrina McGrath

Yep.

Nicolle Snow

Or you did have a union. Did you go to your union at all?

Sabrina McGrath

I did. I went before the, before it was even mandated. Once we found out it was going to be mandated, I went to them right away.

Nicolle Snow

That was October 2021 when you learned about it. Okay, so you went to your union and what happened?

Sabrina McGrath

They would do nothing. They said the employer was allowed to mandate vaccinations.

Nicolle Snow

And did they base that on any particular opinions?

Sabrina McGrath

They just said case law.

Nicolle Snow

Okay. And so, was there an indication that they went for legal advice or anything of that nature?

Sabrina McGrath

They said that they went to legal counsel and asked legal counsel and that's what they said.

Nicolle Snow

And so, the determination was that they felt you would lose, so they may as well not fight it for you.

Sabrina McGrath

Yeah.

Nicolle Snow

Did you have an opportunity to see whatever legal advice was provided to the union?

Sabrina McGrath

No.

Nicolle Snow

Did you ask for it?

Sabrina McGrath

I did ask for it.

Nicolle Snow

And what happened?

Sabrina McGrath

They denied my request, saying that they don't provide union members with that information.

Nicolle Snow

Okay. Did you bring any other grievances?

Sabrina McGrath

There was a grievance in April, but the union approached me about that grievance. It was the time period between when the government ended their mandates and the NSLC kept theirs for an additional seven weeks. The only period of time that the NSGEU [Nova Scotia Government and General Employees Union] was willing to grieve was that time period.

[00:10:00]

Nicolle Snow

And what happened with that grievance?

Sabrina McGrath

For me, I was—it was withdrawn because I was no longer working at the NSLC. So they withdrew mine, but other people got something.

Nicolle Snow

Okay. And so that was for the people who were placed on leave without pay: the grievance was with respect to that short period that they should have received their pay.

Sabrina McGrath

Right. Just that seven weeks, yeah.

Nicolle Snow

By that time, you had left your employment altogether. Okay. And so, you were on leave without pay for a period of time.

Did termination happen at some point?

Sabrina McGrath

They deemed me as being resigned from my position. If I didn't fill out the declaration form by June the 12th, I was considered to have been resigned from my position.

Nicolle Snow

Okay. And why were you opposed to filling out the declaration form?

Sabrina McGrath

Because it's still giving out my medical information. I would have done it before if that was the case, right? There was no point in doing it that late.

Nicolle Snow

Did you take any other positive action to try to combat the mandates and your concerns?

Sabrina McGrath

I did. I emailed the Premier, Tim Houston. No response from him—even now. And I wrote my HR and a few senior VPs. I emailed them all.

Nicolle Snow

And what happened with those emails.

Sabrina McGrath

As far as the senior VPs, no response from them. HR responded within a day saying that the appropriate people would see my email. And then I received a response on January 13th, which was two days before the mandate.

Nicolle Snow

And what was the general substance of your letter to Mr. Houston?

Sabrina McGrath

Just explaining why. Why mandates shouldn't be implemented. Especially when it comes to losing your job. A lot of people got it just to keep their job and that's forever in them now, right? I mean, people did it to keep their job. At the end of the day, you're still dispensable, you know. Like, you can get that to keep your job and they can still let you go, so then you would have done it for nothing.

Nicolle Snow

And the substance of your letter, your emails to HR?

Sabrina McGrath

Pretty much the same. A lot of it was copy and paste.

Nicolle Snow

OK, all right.

Nicolle Snow

You brought with you today—so there's the minutes we referenced. You brought with you also your 2021 annual performance check. You talked about your good performance appraisal. We have that with us, which will be entered as an exhibit [Exhibit TR-22a]. You brought with you today your e-mail to Tim Houston and your termination letter from the

Nova Scotia Liquor Commission. You brought with you today your response from Service Canada declining your claim and the reasons why they declined it, as well as your response from the union with respect to your grievance and your communications to HR. Is that correct?

Sabrina McGrath

Yep.

Nicolle Snow

OK. And those I believe are scanned. We don't have exhibit numbers yet, but they will be filed. All right, those are all my questions.

Thank you for testifying. And we'll wait a moment to see if there are any questions from the commissioners.

Sabrina McGrath

Okay.

Nicolle Snow

All right, thank you very much, Ms. McGrath. Thank you. Thank you.

Sabrina McGrath

You're welcome. Okay.

[00:13:59]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 12: Pastor Jason McVicar

Full Day 2 Timestamp: 07:29:55–08:03:56

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

You have the choice of swearing on the Bible. I believe there's one on the desk.

Pastor Jason McVicar

I'll just let my "yes" be "yes." So you just ask me and I'll say, "yes." I don't need a Bible to—

Ches Crosbie

All right. So I'll just follow the usual format I have been following and ask you to affirm that you will tell the truth, the whole truth, and nothing but the truth.

Pastor Jason McVicar

Yes.

Ches Crosbie

Thank you.

Criss Hochhold

Good afternoon.

Pastor Jason McVicar

How are you?

Criss Hochhold

Can you please state your full name for us?

Pastor Jason McVicar

Sure. My name is Pastor Jason McVicar.

Criss Hochhold

Where do you live?

Pastor Jason McVicar

Just outside of Charlottetown, Prince Edward Island.

Criss Hochhold

And what do you do for a living?

Pastor Jason McVicar

I'm a pastor.

Criss Hochhold

Pastor McVicar, you are living in PEI at this time. Where were you prior to moving to PEI?

Pastor Jason McVicar

Well, I'm from New Brunswick, and for 11 years I did ministry in New Brunswick Fredericton.

Criss Hochhold

You were a pastor at a ministry in Fredericton?

Pastor Jason McVicar

Yes, for 11 years.

Criss Hochhold

For 11 years? Can you tell me more about your time at the church in Fredericton, please? And specifically, I'm interested in incidents that happened to you regarding your status.

Pastor Jason McVicar

Sure.

Pastor Jason McVicar

With regard to COVID and the pandemic and everything, my experience is pretty unique in that I minister to a lot of people who— The church existed in a low-income area. When the mandates all came rolling out and the lockdowns came, there were a lot of people who were adversely affected by all that stuff.

And so I was ministering to a lot of people and people are in really hard ways. I was dealing with people who were struggling with suicide. I was struggling with domestic abuse from the lockdowns, people just being locked up together—it was mostly older people who were doing that—and extreme loneliness from the older community as well. So I'd seen firsthand kind of the negative effects of all the policies that were coming down from the government. It never really affected me. Our family was fine. We just rolled with the punches as they came.

It wasn't until the end of September when the mandates for the vaccine came into effect. And Dorothy Shepherd, on behalf of the Government of New Brunswick, had approached the faith communities and had approached churches. And basically, in an effort to get the vaccine uptake to 90 per cent, they wanted churches to promote the vaccines among their congregation. They encouraged vaccine mandates. Then the government had implemented a policy that said if churches would require proof of vaccination, they could operate full capacity—no restrictions, no masking, nothing. But if they weren't going to implement the proof of vaccines, then they would have to go back to their operational plans.

And that's when my experience went from ministering to people who were struggling with these different mandates and these different policies to just being on the receiving end of some of those negative outcomes. It all began October 3rd. So short, but very little, I'd say eight days after Dorothy Shepherd had approached the churches, I had received a letter from our board basically making my vaccination status the new measure of my ministry and my character. And they had included in this letter— Well, they had indicated that the vast majority of the congregation and the vast majority of the board felt that vaccination was the only way out of this pandemic. And that my opinions with regard to the whole pandemic, but mostly my refusal to receive the vaccine, was causing huge troubles in the church.

And I'll just read you some quotes to give you an indication of how they redefined—not redefined, they just made it the measure of my ministry and my character, the fact that I wouldn't get vaccinated. So in terms of ministry, they said, quote—

[00:05:00]

"That I was exercising poor judgment and a lack of discernment, that I had created deep wounds in your flock, that I had created barriers to you being able to teach, nurture and guide, that it was a lapse of wisdom, that it was a portent of future errors that could affect you on the pulpit, that it was an erosion of trust and confidence, that it was creating division in the congregation, and that there was a need to repair and rebuild the congregation."

Criss Hochhold

Just for the Commission, the document Pastor McVicar was referring to has been entered into electronic evidence and will be available to you [Exhibit TR-0012].

Pastor Jason McVicar

In terms of my character, the letter went on to say that I was placing my physical health before that of the congregation, and that I was placing my own physical health before that of my own children and the children in the congregation.

Criss Hochhold

Before this, Pastor McVicar, I just want to ask a question. Because you had been there at that for about 10 years?

Pastor Jason McVicar

Yes. Well, this was actually the anniversary of my 11th year, that all this was happening. But it was 10 years. It was really good years. No conflicts, no— like, there just there were no issues whatsoever.

Criss Hochhold

So the board now attacked your character rather significantly, and—

Pastor Jason McVicar

They just redefined it. Because 10 years, it was fine. Like, had a great relationship with the congregation, good relationship with the board. It wasn't until my refusal to be vaccinated that suddenly my character and my ministry took on this whole new light.

Criss Hochhold

So in the 11 years prior, you've taken this parish, this community of faith and you've built it. And what did you build it from, and how did that come about?

Pastor Jason McVicar

Well, they'd had a tumultuous period where it was basically just a mass exodus of their congregation. And I had come about two years after that had happened and they were down to—I'm not even sure—it was around 20 people or something like that. And over the years we were just rebuilding, and we had gotten it up to— Well, just prior to the pandemic it was around 45-50 people. And then the pandemic came and just had crazy swings after the pandemic.

Criss Hochhold

So you had a significant increase from when you initially took it over until the end.

Pastor Jason McVicar

Yeah, we were making good progress.

Criss Hochhold

You said— During that time, had the board ever had any other sanctions or complaints about how you led the ministry, how you interacted with the members?

Pastor Jason McVicar

No, nothing formal. There is, like, differences of opinions about little things, but it's all— No, nothing formal. No reprimands, no anything. Literally no conflict with congregation.

Criss Hochhold

So no poor judgment and no lack of discernment?

Pastor Jason McVicar

No. Everything that was laid out in this letter was purely related to the vaccine, had nothing to do with my actual ministry.

Criss Hochhold

When you say it was purely in the letter—actually, it had nothing to do with the ministry.

Did the board present you with any evidence from the congregation to support the allegations that they've levied against you?

Pastor Jason McVicar

No. Well leading up to it, I wasn't shy about my opinions outside of the church setting about how I felt about all these restrictions and how I felt about the vaccine. And so, we disagreed on that. And there was constant pressure— Once the vaccines came into effect, there was constant pressure from the board, especially for me to get the vaccine. And I refused for the longest time.

It was mostly just because I was so healthy, all the evidence that I had seen in terms of pure numbers. I didn't watch TV, so I wasn't really subject to all the fear-mongering that was going on. I went to the government website and just read the numbers. So I made my choice based on those numbers. So the pressure was constant. It wasn't until the government kind of approached the churches that it went from just them disagreeing with— I had no idea that they felt this. I knew they disagreed with me and I knew that it was frustrating for them.

They had required three things of me in this letter. They said that they wanted me to outline steps that I'll take to create a path to healing the wounds described above. And they wanted me to detail how I would perform my pastoral duties.

[00:10:00]

And they wanted me to elaborate on what I could do to ensure the congregation's physical health—again, because I'm unvaccinated and apparently dangerous. And so, I wrote them a letter. I just answered their three questions. I let them know that as far as the steps that I'll take to create path to healing, I didn't know the congregation— I knew they had problems with how I was—with my views. I didn't think it would affect my pulpit or my ministry at all. I just thought it was a disagreement about a worldly matter. But I had no idea the congregation, that they were—

So anyway, I wrote them a formal response. I said, "As far as healing the wounds, I don't know who's hurt, I don't know who's so offended." Like, "All of these things that you're putting before me, I don't know who I would approach. I don't know who— It feels like nobody's coming to me with this stuff."

I had no idea that people took so much offense to the choice that I made.

Criss Hochhold

The congregation didn't, again, didn't—

Pastor Jason McVicar

Yeah, there's no indication. Again, everybody— I knew that I was the minority view. I just had no idea that it was the measure of my ministry and my character at that point. And I said that I just had no idea how I would heal wounds that I didn't know existed. But I also say— As far as the second one, they said they wanted me to detail how I'd be able to perform the pastoral duties.

It was simple: the government had laid it all out and they had given us an ultimatum. They said, "If you require vaccination—and you require proof of vaccination" that "you could operate full capacity." I said, "I won't be vaccinated, so if you're going to require proof of vaccination, I can't even minister so that'll take care of that. But if you don't, if you take option B, we'll just do what we've always done. We'll do the operational plan." Which I wrote.

Criss Hochhold

So they gave you the ultimatum that essentially you need to get vaccinated. If not—

Pastor Jason McVicar

No, they never once said I have to get it, they just they kept asking and asking and asking. And the way the letter was written, it was obvious that that was the outcome they were going for. What they were trying to portray was that my ministry was in shambles. What they were trying to portray was that my ministry was going to be impossible without vaccination.

The other thing that they asked was to, "elaborate on what you can do to ensure your congregation's physical health." I just I told them that was absurd. Like, you guys can't ensure your physical; you can't ensure, neither can I. Nobody can ensure people's physical health. I told them I would do the things that I have been doing. I'll abide by all of the actual practices that we had implemented, the operational plan. I'll do the physical distancing when it's required. I'll do the masking when it's required.

Even when it came to my vaccination status, I was always very forthright with people. I put the ball in their court. I wanted them to know that if they were uncomfortable with my vaccination status, I had a colleague, a pastor friend who would be more than willing to minister to them in person if they wanted. Like, everything was in place to, as far as— **Even though I didn't believe that stuff about me being more dangerous, if they felt that way, I accommodated them.**

Criss Hochhold

So you took steps, you said, for people that were not comfortable with you. You said a one-on-one.

Aside from having a congregation on your typical Sunday, church time, you also provided services to people on a one-on-one basis?

Pastor Jason McVicar

Oh, yeah, I did a lot of counseling. There were corporate ministries that I would engage in. So I would do the Sunday service: preaching, teaching, I'd be on the stage with them leading in worship and stuff. And then there'd be the Bible study, and then we had a prayer group as well but I didn't lead that. I had somebody else leading that. And the rest was all one-on-one stuff. A lot of people from the community—especially when COVID hit, there were a lot of people. Once word got out that there was a pastor in town that would hear you out instead of wait for their turn to tell you why you're wrong about the vaccines, they started coming to me. And that's when I started dealing with people who had such crazy struggles. And plus, it was the neighborhood I was in. I was already very well-known, very well-liked in the community, and people were in and out all the time.

Criss Hochhold

Did you advise the board members that you had made arrangements for a vaccinated pastor to take over counseling or other sessions for you if the person you were going to see wanted counselling?

Pastor Jason McVicar

Yeah. Well, when they had written that letter and I wrote my response. At the end of the response, I told them. I was like, "It's very clear from this letter there's nothing good is going to come from me defending myself.

[00:15:00]

And you've already made it super clear that my judgment in this regard has put me in a place where my ministry is not even— Like, if this is the new measure of my ministry, you shouldn't want me to be your minister." And so, I said, at the end of that letter, I was like, "I don't see a path forward." I basically said, "It seems to me that nothing short of me taking ownership, taking responsibility for all of these so-called hurts and all of these—"

Criss Hochhold

How about I read it? Pastor McVicar, I have it right in front of me. I can read it.

Pastor Jason McVicar

What's that?

Criss Hochhold

I said, I have it right in front of me. That way you don't need to try and refer to memory?

Pastor Jason McVicar

Sure.

Criss Hochhold

Again, this is entered as an electronic exhibit [Exhibit TR-0012i]. And it's, quote: "To be frank, your letter strikes me as unrealistic, unreasonable, and unfair. It's clear to me that nothing good will come from me defending myself, and by your own account, nothing good

will come from me exercising my own judgment when it comes to these vaccines. For this reason, I believe it is time for us to discuss how we can part ways in a way that keeps both parties (the board and myself) above reproach.”

Criss Hochhold

What was the result of your reply to their letter?

Pastor Jason McVicar

Well, they had called it a closed-session meeting. So I went to the meeting. It was just the board and myself. They took my phone, because they didn't want it recorded. Anyway, it was one of the craziest things I've ever experienced in terms of— I consider it to be abusive. It was, just, they took turns basically reiterating everything they had written in the letter, but it was so much more. Anyway, it was, it was—

Criss Hochhold

What happened within the meeting? Can you give us a brief summation of what happened? And how did you feel about it when you were there? Were you heard?

Pastor Jason McVicar

Oh, yeah. I considered it abusive, to the point where—

Criss Hochhold

Abusive, sorry?

Pastor Jason McVicar

I just let them say their piece after a while. I didn't say anything after a while. And when they were done, I reiterated that I wouldn't be getting my vaccine and that they need to deal with that, that they seem to be hyper-focused on this idea that I can be convinced. It was funny, like even at that time, it wasn't even that I was refusing the vaccine entirely, I wanted to see how the winter played out. Because Omicron was already happening in Europe. Like all these numbers were rolling in, and I was like, “I don't even want to revisit the issue until the spring time.” I said, “For now I'm not going to get it, and you need to deal with that, and you need to decide what you want to do. Because it sounds like if you really believe what you wrote in this letter, I'm not fit for ministry. If this is the new measure of my ministry and character, I'm not fit. And so, you need to deal with that reality.”

After that they asked me to leave the meeting and I did. And I waited that night for, kind of, confirmation of what they had decided—and I didn't get it until the morning. And they had decided that they didn't want to do anything rash and so what they would do instead is they would move everything online, except for the prayer group, because I wasn't part of the prayer group. So they moved it all online. They asked me not to meet with anybody in person, especially unvaccinated people.

Criss Hochhold

I'm sorry. You were unvaccinated yourself and they asked you not to meet with other unvaccinated people?

Pastor Jason McVicar

Yeah. They ask me not to meet with anybody in person. Basically, self-isolate.

Criss Hochhold

Okay, so was there a reason given why you shouldn't meet with—?

Pastor Jason McVicar

No. Because at this time everything was starting to open up a little. Everything was open in the government, everything was open in businesses, everybody. It was only our church. As far as I know, there was no other business, no other church, no other government entity that was shutting down. It was just our ministries that were going to shut down. So they shut it all down, asked me not to meet people in person, so I did everything online.

And after that— I'm kind of losing my train of thought here.

Criss Hochhold

So you left the meeting. You were waiting to hear something back from the board that particular night to see how you are moving forward.

Pastor Jason McVicar

Yeah. They wanted to shut it down for four weeks, and they started kind of piling on these restrictions. And so, I had assumed that was a response to my letter. Because in the letter, I had responded to them saying, like, we'll just do ministry the way I've been doing ministry. We'll abide by the government's policies, and we'll just keep rolling forward with our operational plan. And when it's open, we'll be open. And when it's closed, we'll be closed. And we'll do what we've done for the past six months or four months, or however long it was when we had the operational plan in effect.

And so, they started piling on all these new restrictions of their own accord.

[00:20:00]

Just based on their own opinions of so-called numbers. And I had moved the online, especially for church. I moved it ahead an hour, because nobody else in the city was closed, so I wanted to take my family to church. And so, I moved the livestream ahead an hour and I took my family to church. And I got an email that afternoon, I think it was, from the board asking why I had moved the livestream ahead an hour. And I told them I wanted to take my family to church. After that, I received another letter reiterating those three things. Again—they asked me again, "We want you to," you know, "tell us how you're going to protect the congregation. We want you to tell us how you're going to do ministry." So it's essentially, like, "Here's a whole bunch of new restrictions. Now how are you going to do ministry?"

Criss Hochhold

Pastor McVicar, ultimately, what was the outcome of the conversations in the meetings between you and the board?

Pastor Jason McVicar

At the end of the meetings, I wasn't going to resign, because I didn't think I did anything wrong. If they were going to make this the measure of my ministry, I wanted them to fire me for it. Like, if this is the new measure, you're going to have to deal with it. Like, you're going to have to be the ones who initiate all of this. And so, at this point, I'm just—I've lost 20 pounds. I'm a guy who can't afford to lose 20 pounds. Like, I was the most stressed I've ever been in my entire life. My ministry was in shambles, as far as I knew. So I decided I'd call a congregational meeting, because it was clear they were trying to force something but they weren't going to be the ones who wanted to initiate it. I wasn't going to quit. And so, I wanted a congregational meeting. I wanted to bring them into it and say, you know, "Is it appropriate for this to be the new measure?" If they agree, then vote me out. If you disagree, let's move on, and let's put this behind us.

Criss Hochhold

And the meeting that you're referring to, congressional meeting, what is that comprised of?

Pastor Jason McVicar

Anytime you have a decision that needs to be made that affects the whole congregation, you bring the congregation together with the board and you talk about it. You work it out. You hash it out. You create the agenda. You create the documents you need. And so, that's what I did. I had emailed the board and I told them, "I'm calling a congregational meeting. I need you guys to provide these documents." I was like, "I need you guys to be the ones who call the meeting, because you guys have been speaking on behalf of the congregation. You've been acting on their behalf, so you guys are going to be the ones to do this."

And they denied that. They said, "No, we're not willing to call a congregational meeting." I told them, "You need to revisit the Constitution." I'm like, "I gave you the option to do it, because you've been talking on behalf of the congregation. But I'm calling a congregational meeting one way or another." They said no. They said they wanted to have another meeting in person. And I said no, I wasn't going to do that after the last meeting. I was like, I've been advised by people not to ever put myself in that position again.

Criss Hochhold

Pastor McVicar. Sorry to interject, but in the interest of time, you ultimately decided to part ways with this church.

Pastor Jason McVicar

At that point, I was just done. I was, like, I can't do this anymore. It's too stressful—my wife, my family, all of it was brutal. It was the most brutal thing I've ever experienced, so I just wanted to be done. So I didn't even get to the congregational meeting.

I called up my father-in-law, who's dealt with this stuff before, and got him to mediate a mutual parting of ways, a mutual agreement to terminate the contract. So fast forward to—I forget the exact date. I'm signing this contract and I'm getting a bunch of text from the congregation congratulating me on my new endeavors. I'm like, "What are people talking about?" And I got several of these texts as I'm signing this document. Finally on my way out, I get another text from somebody asking me if this was really a mutual agreement—like, if the agreement was actually mutual. And I said, "no." And they said, "Do you want to talk?"

So, I got together with them, and they showed me the newsletter where they announced my parting of ways [Exhibit TR-0012g].

Criss Hochhold

I can read that out actually.

Pastor Jason McVicar

Yeah, could you read that? Yeah.

Criss Hochhold

That's right. And that was on October 27th. The letter—the parting ways that the board chose to award—was as follows: “Jason’s contract has ended by mutual agreement, as he has accomplished all that he can in this ministry, and he will now move on to new endeavors. We thank Jason for his years of service and wish him all the best in his future plans.”

[00:25:00]

Pastor Jason McVicar

So they just flat out lied to their congregation. And I kept on getting these texts and these messages congratulating me. So I didn't know how to correct them because I didn't want to be—anyway. So it was just this big mess. And ultimately, over time, and talking with people had discovered that nobody knew. It was just these individuals on the board were acting on their own—their own accord. The congregation, 100 per cent on the deck, had no idea that any of this was even happening in the background. So I had been misled by this letter that had portrayed my ministries in total shambles. Like the congregation was completely in the dark. And now they had lied to the congregation about the nature of my leaving.

Criss Hochhold

So Pastor McVicar, what I hear you saying is that they've lied to you and they've lied to your congregation.

Pastor Jason McVicar

Yeah. Like, I never would have entered into mutual—if I had known that, especially after talking to people face to face from the congregation, that even though they disagreed with me, **this never would have been the approach they would have approved of.**

This never would have been the way they would have wanted it done. I never would have entered into those— Like, my ministry was destroyed over this stuff. And, I never would have gone down that path.

Criss Hochhold

Thank you, Pastor McVicar. Unfortunately, we are out of time. I would like to defer to the commissioners for any follow-up questions.

Commissioner Massie

Thank you very much for your testimony. I'm religious, but I'm not practicing like a pastor.

Pastor Jason McVicar

That's how everyone who is not religious talks to me. They always put that caveat.

Commissioner Massie

I'm a believer. I'm a believer, but I'm a scientist, and I have a hard time to wrap my head around what you're telling me. Because it seems to me, based on the level of understanding from your people on the board, that I don't think—correct me if I'm wrong—that they have a deep understanding of the science behind what they are promoting.

Pastor Jason McVicar

Well, one of them was a pharmacist, so he had some understanding, but most of them are just lay people.

Commissioner Massie

Would it be fair to assess that this is more based on faith?

Pastor Jason McVicar

Trust. They gave implicit trust to the people who are talking on TV.

Commissioner Massie

Okay. I'm not a scholar of the Bible, but my understanding is that the reason why humans are alive today is because they benefit from a God-given natural immunity. Have they ever heard of that?

Pastor Jason McVicar

They saw it in me. I never got sick. I never got COVID.

Commissioner Massie

So it seems to me that what you are experiencing—correct me if I'm wrong—is a struggle of faith between two different beliefs: belief in natural immunity, God-given natural immunity, and I can assure you, there's a lot of science behind it—

Pastor Jason McVicar

I don't want to speculate on beliefs or anything like that. In the end, they just followed through on what the government put out there. And they did it in what I consider to be a super unethical way, and it kind of blows my mind that they would do that. Never in a million years would I have thought that would have been the way— But I don't know. I don't know what their beliefs are. Like, their motivations, their intentions, that stuff is God's territory. All I care about is what they did.

Commissioner Massie

So what is your option moving forward for your ministry or other ministry?

Pastor Jason McVicar

I'm in full-time ministry now. We ended up moving to Prince Edward Island to be closer to my wife's family. And from the moment I got there, I was filling pulpits, preaching, and I was asked to apply to a few different churches. And I was super frank. I was like, I'm not dealing with this stuff ever again. I told them, "If I put my name in, you got to tell your congregation exactly where I stand on all this stuff. I'll never preach it. I'll never be—I'll never be heavy handed. I don't care what people believe about this stuff. They make their own choices. I just want to be left alone with mine."

I wanted them to understand. I was like, "You just got to make sure they know that I'm not vaccinated. I probably never will be vaccinated, not with this mRNA stuff. Because in the end, nobody cared." There were several churches who were asking me to apply, even knowing that.

Commissioner Massie

Okay, thank you.

[00:30:00]

Criss Hochhold

No, there are more questions coming.

Commissioner Kaikkonen

I was just wondering—there's a couple of questions I have. The first one: is there anything in your contract with the church in Fredericton that would suggest this may be a problem if your faith goes against what the world is promoting?

Pastor Jason McVicar

Actually, I stayed away from faith statements about why I wasn't being vaccinated. So there's nothing in the contract that would say anything like that. And I stayed away from it. Because, speaking from a place of faith, the Holy Spirit informed the decision I made, but I never appealed to that because I can't. I can't. It's an appeal to an authority you can't confirm. So, I just never did, I stayed purely with the numbers. "I'm healthy. I don't need the shot. They don't stop infection. They don't stop transmission, so you're no more protected with me vaccinated than unvaccinated." Those are my two reasons for not— Yeah, so, I stayed away from it.

Commissioner Kaikkonen

Okay, my second question is: Do you know if the government offered financial incentives to set up church buildings as vaccination centers?

Pastor Jason McVicar

No.

Commissioner Kaikkonen

You're not aware?

Pastor Jason McVicar

I'm not aware, no, and nobody ever approached us—or at least, not that I was aware of.

Commissioner Kaikkonen

I believe that some of the arguments for churches closing fell to Romans 13. I believe that's right. I'm just wondering what your thoughts are when Christian churches or faith groups would raise the first couple of verses in Romans 13 as an argument for following the leadership of our secular governments.

Pastor Jason McVicar

I did. And we did: We implemented the operational plans. We followed everything. There was no mandate for the church. Nobody mandated anything within the congregation and the government didn't mandate anything for us. So that's not an argument.

Commissioner Kaikkonen

Okay, and then my final question is, you suggested that the mandates in New Brunswick were decreasing at a time that these restrictions within the church were increasing. I'm just wondering: At any point in this journey that you've just gone through, did you feel like the health authorities or the province were targeting the church or that there was religious—?

Pastor Jason McVicar

Oh, they definitely targeted the church. For one—I don't know what it was like in other provinces, but I know in New Brunswick—a huge portion of the unvaccinated population were from the faith community. And Dorothy Shepherd approached the faith community specifically, asking that they promote vaccines to their congregations and encourage them to require proof of vaccination in order to boost those numbers to 90 per cent. So they most definitely targeted the churches.

Commissioner Kaikkonen

So are you aware of other churches that went through this same struggle between the congregations and the ministers as a consequence?

Pastor Jason McVicar

There was only one other church that I knew of that went down the road that my church went down. The rest just navigated it fine. Actually, the church that my family and I landed in after all of this stuff, they were the exact same scenario as us. Their pastors were unvaccinated. They just handled it in a way more mature way.

Commissioner Kaikkonen

Thank you.

Criss Hochhold

Thank you, Pastor McVicar. I appreciate your time this afternoon.

Pastor Jason McVicar

Thank you.

[00:34:01]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 13: Bliss Behare

Full Day 2 Timestamp: 08:04:40–08:16:22

Source URL: <https://rumble.com/v2djjsi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Mr. Behare, you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Bliss Behare

Yes.

Ches Crosbie

Thank you.

Alison Steeves

Can you tell us your full name, where you're from, and your occupation?

Bliss Behare

I'm Bliss Behare, I'm 18 years old, I'm from Baie Verte, New Brunswick, and I'm a seasonal kitchen worker.

Alison Steeves

And when did you graduate from high school, Bliss?

Bliss Behare

I graduated June 2022.

Alison Steeves

So you were in high school during the height of the pandemic roughly, early 2020 to spring 2022?

Bliss Behare

Yes.

Alison Steeves

Can you tell us a bit about what your life was like before that time—before the pandemic started?

Bliss Behare

Prior to COVID, I was really active in my community both within school and outside of it. I campaigned for the Green Party. I organized and spoke at protests for the environment. I was part of art groups and I performed at music festivals. Within school, I was part of band, choir, eco groups. So between those social activities and school, that was mostly what my life consisted of.

Alison Steeves

So then in 2020, when we begin to hear about COVID-19, were you concerned?

Bliss Behare

I was never concerned for myself, given that I'm a young healthy person, but I was possibly concerned for my parents as they're middle-aged.

Alison Steeves

And when the vaccines came out, did you choose to take any of the available vaccines?

Bliss Behare

I did not.

Alison Steeves

How come?

Bliss Behare

I've always been raised to be skeptical about vaccines, so to me it's a case-by-case situation. And having seen that the process was rushed, I wanted to wait at least a year to see the rollout of the vaccine. But before I had time to make my own decision, it was mandated. And once it was mandated, I knew I would never accept the shot because I would never accept a forced medication.

Alison Steeves

What sources did you consult in making your decision?

Bliss Behare

There were a few sources. I did consume both mainstream media and also alternative views on YouTube, such as doctors like Vinay Prasad, and I spoke about that with my

parents and all that information. I also spoke to my nurse practitioner, and I asked her about risks because I'm transgender and I take testosterone and I'd heard about young men having higher cases of myocarditis. So I was concerned about that, and she dismissed that and told me there was absolutely zero risk and that I should just get it. So I found that discomfoting, and so given all those different forms of information, I made my decision.

Alison Steeves

Why did you find that discomfoting?

Bliss Behare

Because I know that there is at least not zero per cent risk, and it was at least more than that, So I wanted her to at least give me more information, but she wouldn't really speak upon the matter much.

Alison Steeves

So in fall 2021, around the time that Nova Scotia announced that there would be a vaccine passport for several services and other things, what grade were you in?

Bliss Behare

I was in Grade 12.

Alison Steeves

And did you observe any impact in school life, in the atmosphere in school, in the school setting at that time after the announcement?

Bliss Behare

Yes, so nothing was really noticeable, people didn't want to talk about it, but once the mandates were in place—once unvaccinated students were banned from extracurricular activities—the issue was just brought forth right to the front of the stage. And it sort of outed unvaccinated students to all the rest of their peers.

Alison Steeves

And did that sort of create any tension in the school?

Bliss Behare

It did for me. I didn't know any other unvaccinated students, but I wanted to avoid being outed so I dropped out of school and switched to online classes.

Alison Steeves

Were you registered in any activities at that time, for the fall?

Bliss Behare

I was registered for theater, art club, music, so yeah, a few things.

Alison Steeves

And outside the school? Anything outside the school?

Bliss Behare

Nothing at that point.

Alison Steeves

And so you dropped out of school to avoid being outed because you were worried about how you would be treated if people knew your status?

Bliss Behare

Yeah, I knew that I would meet a lot of negative reactions, so I did want to avoid that.

Alison Steeves

And exactly when did you drop out?

Bliss Behare

I would say sometime in October.

Alison Steeves

And can you list sort of what type of activities you had intended to do, or that you would normally do around the fall at that time?

Bliss Behare

Yeah, there was a lot of things. Usually, I would have been preparing to perform at the music festival for the Royal Conservatory of Music. I was probably going to have another art show that was outside of school.

[00:05:00]

I was going to participate in theater and likely organize eco protests as well, so kind of the regular things I would have always done.

Alison Steeves

And so you were not allowed to participate in any of those things at this point.

Bliss Behare

Yes.

Alison Steeves

And what was that like? How did that feel?

Bliss Behare

It was very isolating, and it was just incredibly lonely.

Alison Steeves

At this time, what were you seeing in the media or on social media about vaccine-related topics or people who choose not to take the vaccines?

Bliss Behare

I saw a lot of hate and contempt for unvaccinated people. Every once in a while, when I'd scroll through, I would see videos that said unvaccinated people deserve to die, that they are idiots, that they're just unlikable people that take up space. One person said they were glad that we were banned from things because they didn't want us to be around, so things of that nature.

Alison Steeves

And was this sort of in the main internet or were you seeing any of this sort of coming from the mouths of people you knew?

Bliss Behare

It was primarily online, yeah.

Alison Steeves

And how did that make you feel?

Bliss Behare

For me personally, I was pretty hypersensitive, so I felt physically shaken. Even sometimes for two days, I might have a migraine or feel very nauseous sometimes.

Alison Steeves

Yeah, just witnessing sort of the types of things people were saying.

Bliss Behare

Yeah.

Alison Steeves

Did your decision not to take the vaccine have an impact on any particular relationships in your life? Friends or family?

Bliss Behare

I would say that it had an impact on every single relationship in my life except that with my parents. But besides that, everyone looked at me differently and could hardly look me in the eyes, frankly. So a lot of interaction was cut back because of it.

Alison Steeves

Do you have any specific examples?

Bliss Behare

So there was one person who I had reached out to after I dropped out of school to meet up with. I told her that I was unvaccinated because I knew it would come up anyways, but she told me that her mom banned her from seeing me.

Alison Steeves

After you told her you were unvaccinated, she—

Bliss Behare

Yeah.

Alison Steeves

And how did that feel?

Bliss Behare

That was really disheartening because I know that most young people didn't want to know me at that point because of my status. So I was excited to hear that she didn't judge me on the matter, so it was really disappointing to learn I lost another friend.

Alison Steeves

So she had originally known and was fine with it, but then later on had told you that she was no longer allowed to hang out with you.

Bliss Behare

Yeah, that's what she told me.

Alison Steeves

Have these measures impacted other aspects of your life?

Bliss Behare

I would say it impacted every aspect except physical. So primarily, social aspects were the hardest, such as losing all the groups that I was a part of. But also financially because my father was put on leave without pay. So as a family, we struggled. And as far as my future, that was also impacted as far as university and just any sort of future plans that I had after high school.

Alison Steeves

And why were those impacted?

Bliss Behare

I was generally banned from universities, and any connections I'd made with people, say like in the art or music world, was cut off.

Alison Steeves

And can you describe a specific day or instance that was particularly challenging in all of this?

Bliss Behare

One of the hardest days for me was when my mom and I were discussing university opportunities. And I was on and off negative about it, but I generally really love education, so I was excited, and we discussed a particular university and we're starting to get inspired by it. But then we went online to look up the COVID policies, and we found that I was banned not just from the physical classroom, but also banned from online classes. So that was disappointing.

Alison Steeves

So at this point in time, with everything up in the air, no indication of when these requirements are going to end, what was your outlook? How were you feeling about the future?

Bliss Behare

I felt like I was in despair. I felt very bleak. I really felt, especially considering there was more threats and more possible exclusion, I felt that there would never be an end to it. And because I felt that way, because I felt like our future, not just personally on my note but as a country, our future was bleak, I did feel fairly suicidal because it seemed that it would never end.

Alison Steeves

Now that many of the measures have lifted and they're sort of less focused on COVID, would you say your life has returned to normal, or would you say that you experience any ongoing impacts?

Bliss Behare

In some ways it definitely has gone back to normal, which I'm grateful for. I have a job; I'm going to college and those were things that I wanted. But internally as far as my mindset, I think I'm changed forever.

[00:10:00]

I think I may never ever trust my government again or trust any institution in Canada unless I see justice and restitution. But I'm still grateful for the physical things that have changed, such as the mandates lifting.

Alison Steeves

And I wanted to ask, is there any particular activity that was particularly painful or difficult for you to be excluded from, or were there any particular instances of not being able to participate?

Bliss Behare

The hardest for me was music because for me, and for most people, music is about playing music with each other and collaborating, and it's a very beautiful experience. So my tutor who I had who taught me clarinet for about seven years said we can no longer do in-person classes together. That was very rough for me especially. Also, I couldn't perform at the music festivals or anything like that, too.

Alison Steeves

That was that tutor's personal choice or was it a requirement?

Bliss Behare

For my tutor it was personal choice.

Alison Steeves

Is there anything else you'd like to add?

Bliss Behare

I guess, I would just say that, although in those moments I felt that there was really no hope, having seen the convoy and having seen movements like this, like the National Citizens Inquiry, I am given a lot more hope.

Alison Steeves

Thank you, Bliss. I'll turn it over to the Commission.

Thank you.

[00:11:38]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 2

March 17, 2023

EVIDENCE

Witness 14: Joe Behare

Full Day 2 Timestamp: 08:16:38–08:33:00

Source URL: <https://rumble.com/v2djisi-nci-truro-day-2.html>

[00:00:00]

Ches Crosbie

Mr. Behare, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Joe Behare

Yes.

Ches Crosbie

Thank you.

Alison Steeves

Can you tell us your full name, where you're from, and your occupation?

Joe Behare

Joe Behare. I'm from Baie Verte, New Brunswick, and I'm a civil servant in the federal government.

Alison Steeves

And how long have you worked for the federal government?

Joe Behare

Twenty years.

Alison Steeves

The same department or you moved around?

Joe Behare

I did one brief stint in another department just during COVID.

Alison Steeves

So primarily in the same department?

Joe Behare

Yes.

Alison Steeves

And you were in this position in 2020–2021?

Joe Behare

Yes

Alison Steeves

How would you describe your experience working there prior to the pandemic and up to that point?

Joe Behare

It was positive, you know. I enjoyed my job. I had become a manager in my department and built up some good relationships both with colleagues and with clients. So it was very positive.

Alison Steeves

And in 2020, as you began to hear about COVID-19, were you concerned?

Joe Behare

With COVID? Again, not for myself. Maybe for others like my wife and my mom, but not overly concerned, no.

Alison Steeves

So when the vaccines became available, did you take one?

Joe Behare

No.

Alison Steeves

At what point did you realize that your decision not to take the vaccine might cause problems for you?

Joe Behare

I didn't— Right up until the time that I was put on leave without pay, I didn't believe that—I couldn't believe that anything would be done that I would be negatively impacted.

I did see that there was a lot of negative stuff in the media and even in personal interactions that I'd had. But I didn't think, you know— I didn't think I'd lose my job.

Alison Steeves

And do you recall when the federal government announced the mandates for federal workers?

Joe Behare

I remember my wife saying she'd read something in the paper about this being talked about sometime in September—I guess, or so—of 2021, maybe October. I don't remember when the election was at that time—sort of right after the election.

I remember saying to her, "There's no way that's going to happen. I've got a union and we have courts in this country. We've got a Charter of Rights. They can't do that."

Alison Steeves

So you weren't concerned?

Joe Behare

Not really, not at first. Not when I heard that, no.

Alison Steeves

And the time that they officially announced the mandate, were you working in the office?

Joe Behare

No, at that point nobody was. At that point I was on a secondment agreement with another department and the office was in Dartmouth. I was in Baie Verte. It's a two-hour drive away, so there was never a question of being in an office. We were all working remotely at that point.

Alison Steeves

And did you inquire as to whether you'd still be subject to the mandate even though you were not going into the office? Did you request accommodation on the basis that you were not going into the office?

Joe Behare

Yes. I mean— I did sort of— I did try and make a case that this was not a matter of workplace safety, and so there was no rationale for a mandate. There was some case law as well by that time that sort of backed up my point. I didn't expect to be accommodated, but I still made the case.

Alison Steeves

And what was the response?

Joe Behare

“Sorry, this is the policy. There’s no accommodation.”

Alison Steeves

Had you offered to do anything such as masking when you go in, or social distancing?

Joe Behare

Sure. I did note that we were working remotely. But if I was required to go in the office, I said, “I’ll do tests. I’ll do tests at my own expense. I’ll wear a mask, et cetera.” Everything like that.

But that wasn’t the point of the policy. The point was to try and coerce you into taking the vaccine. So it wasn’t about being healthy or public health, that wasn’t what it was about.

[00:05:00]

Alison Steeves

So you offered to do testing as well and still—

Joe Behare

Yes, if I ever had to attend at the office—which, by the way, I never did.

Alison Steeves

So you were ultimately placed on leave without pay?

Joe Behare

Yes.

Alison Steeves

And can you tell us a bit about the day when you were placed on leave?

Joe Behare

So the day was November 17th and that was to be my last day.

I remember working in the morning to finish up doing something and then sort of leaving— Or thinking that in the afternoon I would take some correspondence, some personal emails, some phone numbers, and contacts off of my computer and from my files at work. I’d kind of planned to do that: that’s why I didn’t do it in the morning, because I had other things to do from a work perspective.

But then, when I went to do it, I was completely locked out of the system. My phone was wiped. It was almost like I was cancelled. So I couldn't get any of those things done. I didn't have any access to things like my leave balances or, even later, any of the HR stuff I needed like T4s, stuff like that.

Alison Steeves

So they had locked you out before you had even left?

Joe Behare

Yes. But they did it in such a way it was very, kind of pre-emptive. They didn't even wait till the end of the day. I assumed I had until the end of the day, which would have been four o'clock.

It felt very punitive that it was done in that fashion.

Alison Steeves

And how were you feeling that day and that night after being placed on leave from this job you'd been working at for 20 years?

Joe Behare

I mean, again, like I said: I didn't believe it would happen until it happened. People were telling me, "Oh, there's no way they can do that. Don't worry. That's not going to happen." But by then, I thought that it would happen.

So it felt very— It felt real when it did happen. The aftermath was quite— It was probably the most shocking day to realize that I was in fact left without pay and just at that time of year too.

Alison Steeves

Are you unionized?

Joe Behare

How do you mean?

Alison Steeves

Do you have a union, sir?

Joe Behare

Oh, yes. Yes. Sorry, I thought you said something else.

Alison Steeves

No. And did you talk to your union about filing a grievance?

Joe Behare

Yeah, so at first, the union declined to represent people like me. They said they were in agreement with the policy. But a bit after that, there were a few cases that came through in the courts that basically said workers were working from home; it wasn't right that they be subject to a mandate; that the employer didn't own them. And, you didn't sign away your rights when you've signed a labour contract.

So the union kind of changed its mind and said it would represent us on a case-by-case basis. And I filed a grievance at that time against the policy. So that would have been early December.

Alison Steeves

Have you had any results from your grievance?

Joe Behare

No, and it's been over a year. Obviously, everybody is dragging their heels on it. Even though the collective agreement has set time limits for responding to first, second, and third level grievances, they didn't respond. They still haven't responded to the third level grievance. I kind of didn't expect anything from those grievances. I wanted to take this to a labour relations board, but the process is that you had to go through the first stages of grievance.

And like I say, the whole process should have lasted, according to the timelines, maybe a month and a half or two months. It's been probably 14 months, and I still haven't got a response to the third level grievance. So obviously they're trying to sort of drag it out and hope that I go away and get tired of it.

Alison Steeves

So when you went on leave, how long did you think you would be on leave for?

Joe Behare

Seven months.

Alison Steeves

That's what you expected?

Joe Behare

Oh, I didn't know how long it would last. I expected that that was the end of my job. But I kind of—as I said, I didn't do anything other than file the grievance. I didn't quit.

Alison Steeves

Right, so you were on leave, you weren't expecting to go back, but you had no idea when you might be able to go back if you wanted to?

[00:10:00]

Joe Behare

Right, if I wanted to.

Alison Steeves

Were you receiving any pay at this time?

Joe Behare

No pay or anything like that, no.

Alison Steeves

So did you eventually get any other income during this time?

Joe Behare

I did eventually get another job—a five-month contract—with a company in Ontario. I worked remotely and that was some time in February. So that was good. It didn't pay as much but I liked the job and I liked the people that I was working with.

Alison Steeves

What would you say the financial impact has been of being off your federal government job?

Joe Behare

I mean, leaving aside the fact that I was working at that other job, which kind of defrayed a little bit of the financial impact; it was sort of the equivalent of being fined \$60,000 or \$70,000, right? That was the income that I didn't receive during that time.

Alison Steeves

This alternative job, it was significantly less?

Joe Behare

Yeah, it was less. I mean, that put a dent in it. But we went through our savings quite a bit. Also, all through the months of November and December of '21 and January of '22, we were without an income.

I was looking for work, but it was hard to find work at that time—especially if you were unvaccinated. So, I didn't know. You know, that's when we were going through our savings.

Alison Steeves

Did your decision or your views on this matter impact any friendships or relationships with family at this time?

Joe Behare

Unfortunately, yes, it did. Because, as I said, some friends were very supportive, but others were not. I can't really unsee that now. People who thought that it was okay for this action to have taken place, and to me, I can't forget that they felt that way. I had some arguments with family members as well, and that's kind of put a strain on our relationship.

Again, people want to get past it now and say, "Oh yeah, that was then, but get over it." But I can't unsee what I saw. Yeah.

Alison Steeves

Would you say that the vaccine passports had a significant impact on your life in any way?

Joe Behare

I wasn't able to easily travel. For example, my mom is elderly and not well. She lives in Ontario, so I couldn't hop on a plane to see her. I did go by car a few times, but there was always the worry that you'd get stopped at the provincial border to check your passport and things like that. So there was that: the inability to travel on public transportation. I couldn't visit my daughter, who lives in the States.

There was this feeling of social exclusion as well, which was kind of harsh.

Alison Steeves

You're in a small community, correct?

Joe Behare

Yes.

Alison Steeves

So did you feel the impact within the community?

Joe Behare

Yes, especially in the small town that's right near us. There was this one incident: My wife was on this group for the Green Party, and she made a point about unvaccinated people being sort of excluded and how that was—And how the candidate should be standing up for them as well. Somebody posted, "Well, you know, Meg, we all know you're unvaccinated and I saw you at the market the other day with no mask on," it's an outdoor market, "and it's disgusting."

It's quite hurtful in a small community to have people call you disgusting.

Alison Steeves

So during that time that you're on unpaid leave indefinitely, couldn't visit your mother and ostracized by the community, how was your outlook for the future at that time?

Joe Behare

To echo what Bliss said, I felt very— I felt alarmed at what was happening in our country, and I felt like the fact that seeing people going along with this in a public way, but also what the government was being able to do with seemingly no checks from the courts— Or the Charter didn't seem to matter. I was alarmed and had a fairly dark view of what was going on and I could see that other people were too.

[00:15:00]

The mood in society in general that I saw was depressed. It was a dark time. We even talked about: Where can we go that's better than this? Is there any other place?

For the first time ever, I contemplated leaving my country, which was pretty despairing.

Alison Steeves

Is there anything else you'd like to add, Joe?

Joe Behare

No, I mean, just that I think— I think that it's great what you guys are doing here, giving people a chance to go on record and say what has happened. As we move on from this, we run the risk of forgetting what actually—how it was in the darkest time. So it's good to just put it on record and remember. So thank you for the opportunity.

Alison Steeves

Thank you. I'll turn it over to the commissioners. Thanks very much.

Joe Behare

All right.

[00:16:22]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE TRURO HEARINGS

**Truro, Nova Scotia, Canada
March 16 to 18, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

EVIDENCE

Witness 1: Dr. Laura Braden (Parts I and II)

Full Day 3 Timestamps: 00:07:15–01:19:09/01:42:38–02:17:05

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PART I

[00:00:00]

Ches Crosbie

Dr. Laura Braden, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Laura Braden

I do.

Ches Crosbie

Thank you.

Nicolle Snow

Good morning, Dr. Braden. Thank you for being here to give your testimony.

Dr. Laura Braden

My pleasure.

Nicolle Snow

Now, I know that you've prepared a detailed slideshow. And you're going to start with your qualifications, training, and experience. So I'm going to let you get right into the slideshow. I'm going to try not to interrupt. And if I do from time to time, it will probably just be to explain in simpler terms because I know you have a complicated slideshow. So it may be just to explain in simpler terms what you're talking about or to have you do so. So I'm going to go ahead and let you take the floor.

Dr. Laura Braden

Thank you. And again, it's a pleasure for me to be here today.

Yes, so my name is Dr. Laura Marie Braden, and I have a doctorate in molecular biology with a focus in molecular biology, cell biology and transcriptomics, genomics, functional immunology, proteomics et cetera. So my education and experience started with a degree in cellular molecular biology. I then did another one in neuroscience because I just couldn't get enough of school and that was followed by a doctorate, as I mentioned, at the University of Victoria in BC, which is my home province.

In my doctorate, I specialized in molecular immunology, with a focus on host parasite interactions. Really understanding the interface between host and pathogens, and these pathogens included virus, bacteria, and parasites. And I used techniques in molecular biology to get a better sense of these interactions. These techniques included transcriptomics, so learning how RNA expression impacts this; genomics, so the genes; functional immunology, so really getting a sense of how cells in the immune system interact with hosts and parasites; and histopathology, microscopy, et cetera.

I was then recruited to come to PEI, the East Coast, and that is my home province now; I'm a proud Islander. And I did my first post-doctoral fellowship in pathology and microbiology. I did another one again in immunology, again really focusing on understanding how the host and the parasite or the pathogen interact. I then got my big girl job—you say that after you do your postdoc—with a private biotech firm. But I maintained a tight connection with the academic world because teaching is a passion of mine; communicating science is a passion of mine. And I had an adjunct—there's a spelling mistake there, I apologize—an adjunct professorship in the faculty of veterinary medicine in pathology and microbiology.

So getting into what my career was up until 2021: I was the senior research scientist and program lead in molecular biology and biotechnology. I was in charge of development of novel biotechnology solutions, genomics, transcriptomics, again histopathology, functional immunology. And a really important piece of this, which is what I'm going to focus on a little bit later in my talk, is that I have an extensive experience in the GLP environment. And what that means is good laboratory practices, which is what regulatory compliance is all about. So, I know what it takes to go through a proper rigorous regulatory compliance approval process with the FDA and the Health Canada. And so, I have familiarity with regulatory compliance processes, the approval process of new products, and most importantly, what quality control and quality assurance means.

Nicolle Snow

Wow. Okay. Great. So we're in for a science lesson today.

Dr. Laura Braden

Yes. Okay, so number one—I already mentioned it's an extreme pleasure to be here. You know, as we got through the beginning of the COVID crisis, from the very beginning there were red flags for me. And as someone with the understanding and education of, number one, how to read science. Science is hard to read, scientific papers are hard to read. It's very exhaustive. But with our training, we learn how to do so. I know how to interpret data; I know how to read data. And so, things were popping up that didn't sit quite right. So it was sort of a professional obligation of mine and those in my profession, I feel, to question the,

quote-unquote, science. Because that's what scientists do: we never stop questioning. Until 2020.

[00:05:00]

I'm going to highlight a few things here in the slide and then move on. There's a lot to talk about. With the brevity and in the interest of time, I would like to focus on a few things.

The first ones I've highlighted here. So number one, at the very beginning, there were genomic sequences that were published on COVID that contain some very interesting inconsistencies with the whole concept of natural origin. I also want to talk a little bit about **masking and the inconsistencies in the scientific data to support indiscriminate masking of** healthy people, asymptomatic spread, and also the use of PCR. I use PCR every day of my life in my career. I troubleshoot PCR. I was talking with the technical support teams of the major biotech firms who were supporting PCR in my lab: I know how to use PCR. And I have some things to say about that. I'm not going to go too much into it, but there was also this demonization of early treatment strategies to control the virus. Never before have we never treated the virus. You always treat the sick people; you don't send them home. And there was this demonization of early treatment strategies with safe generic drugs that was very upsetting and inconsistent with science.

And finally, I want to point out the last piece here. This whole concept of this novel technology that, in my opinion—which was my initial and very adamant concern—that there was a lack of quality assurance and quality control to ensure there was no contamination in these products. And I fail to this day to see rigorous testing to demonstrably justify its widespread use.

So I'll move on. The first thing that I saw was early sequence data in 2020 that indicated there were novel genetic inserts in the sequence. And what that means is— We were told from the very beginning that this was a natural born virus that was a zoonotic, so it transferred from a bat to a human. They published the sequence in January of 2020, and then a paper came out, a preprint. So because there's so much data, we have to get the data out as fast as possible. Preprints are when the authors want to get the information into the realm without going through the exhaustive process of peer review, which can take many months. So a preprint, you have to keep in mind, hasn't gone through the rigorous testing of peer-review process, but it's open science: They want comments. They want to get a discussion going, which I will emphasize is the tenet of science. It's open discussion and discourse. So they want to get this done.

Okay. There was an early sequence analysis indicating there were these interesting novel genetic inserts. And this caught my attention because these inserts showed significant **similarity to HIV-1 sequences that were never present before in coronavirus. And that was very interesting to me as a scientist, and I wanted to talk about it. And I was, of course, silenced from my peers, saying this was ridiculous. These sequences, I'll show here. This is a 3D generation using bioinformatics tools that you can put in a sequence of a protein and you get a rendition of what this protein looks like. So this was the spike protein from this paper. This is the paper from Pradhan et al. Uncanny similarity of unique inserts in the COVID-19 spike protein to HIV-1, gp120, and Gag. And that's just a lot of talk, saying we found similarities in COVID to HIV. That's interesting. Let's talk about it.**

The really important piece of this, of course, is that these sites that they found are the sites I've highlighted here in red—that are the binding sites. These are the binding sites of the protein, meaning those are the pieces of the protein that would interact with human cells.

So if those are interesting or different and unexpected, let's talk about it. That might be something to talk about, right? Interestingly enough, those particular proteins that are similar in HIV-1 are Gp120 inserts that facilitate or allow interaction with CD4⁺ T cells. So this was indicating that SARS-CoV-2 could interact with not just the ACE2 receptors, which we've all heard about, but also T cells. And this is a paper talking about it.

Okay. So in addition, they also found the furin cleavage site, and I've highlighted those here in green. These are the furin cleavage sites. They again were not present in any other coronaviruses, so this was an interesting finding.

[00:10:00]

And these also facilitate nuclear transport, and we're going to get into that in a little bit later, but they were different. And they also show that these particular furin cleavage sites were key to pathogenesis. This is what made COVID-19 pathological to humans. So instead of discussing this and engaging in discourse, which is typical of science, this paper was withdrawn over a weekend, and it sort of disappeared into the ether, and we never saw it again. And this was very concerning to me because this contradicts the typical process for discourse after publication. If there's a paper that's published, and there's other authors that have an issue with that, generally what happens is that there's interactions, there's comments, there's letters to the editor, et cetera, but instead of any of that, it was just mysteriously withdrawn.

Nicolle Snow

And so, if I understand what you're saying, Dr. Braden, there's early evidence that the signatures on the virus were man-made or synthetic?

Dr. Laura Braden

That's correct.

Nicolle Snow

And that did not support the theory that it came from bat to human.

Dr. Laura Braden

No. And that evidence continues to accrue. Many papers in the last couple of years have shown that, including a paper by a group of authors that have shown other endonuclease signatures that are recombinant in nature. And so, let's talk about that. And also, there's evidence coming out, of course, in the U.S., about this whole concept of lab-made origin. So instead of discussing these potentials in 2020 as a group of peers, people who brought that up were censored. They were taken down off social media sites. And of course, the papers were withdrawn, which is completely antithetical to science.

I'll move on. So the next thing that really bugged me was how they figured we would stop a mosquito with a chain-link fence. And that's tongue-in-cheek, of course. But it was the indiscriminate masking of healthy people that never made sense. And it didn't make sense to a lot of people. But those of us who worked in Level 3 biolabs, work with viruses, know how these things work. It didn't make sense even more. Yet we saw our colleagues go along with this narrative, which was especially concerning.

So we heard about the masking and how it doesn't make sense in a number of ways. It wasn't supported by science. Public Health said you need to follow the experts and trust the science, and masking is the best way to stop the spread. If you're working with virus, you need to have negative pressure rooms. You need to have flow hoods. You need to have full body suits, proper respirators, not a bedazzled cloth mask. That does not work.

And even then, we know from previous scientific research: this doesn't stop the flu, which is droplets. How could they imagine that masking would stop aerosols, which is COVID? So, it didn't make sense. But then it didn't make sense intuitively. And then large, randomized control studies were then published, one of them being from Denmark, the famous DANMASK study, and then the Bangladesh study. They showed no impact on risk reduction. This is the one from Denmark. And then we finally have, over the last couple years, despite the evidence that they don't stop spread, the meta-analysis by the Cochrane collaboration showing no impact. And I'll quote from the lead author, "The pooled results of the studies did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks." So I'll move on from that.

Nicolle Snow

Just to summarize: it sounds as though the medical professionals who were indicating we needed to wear masks were ignoring this science.

Dr. Laura Braden

They were. So the next point: moving the goal posts, as they did constantly. This one, that there's sick, perfectly healthy people. And what I mean by that is—asymptomatic people were told that they were sick because they tested positive using a PCR test. And it is my professional opinion that this was used by the media and health bureaucrats to perpetuate the fear in people. Public health, again, did not support this assumption with evidence of any kind. It was never proven that asymptomatic shedding resulted in infectious spread. And even the WHO, the World Health Organization, admitted it was rare. One of the biggest studies to sort of conclude that asymptomatic spread wasn't a thing was a Chinese study, this was published in Nature. Out of the 10 million PCR tests they conducted in Wuhan, 300 of those 10 million were asymptomatic. And out of those 300, 190 people already contained antibodies, so they had already been infected.

[00:15:00]

And out of the 300, none—not one person—produced a live virus in the lab setting, demonstrating high cycling of PCR was generating false positives.

Nicolle Snow

Okay, so the false positives were used to support the asymptomatic spread narrative.

Dr. Laura Braden

Correct. And I'll go through that a little bit more in detail here. I will be clear: PCR detects nucleic acid; it does not detect disease. Never before in my training have we used PCR to show that an animal was sick. PCR is a good diagnostic tool that is always followed up with a confirmatory test of some kind. In a virus setting, if you test an animal and it is positive for PCR—and I will also mention here within the realms and the linearity of the test itself,

which is an important part—you always confirm with either a bacterial culture or a virus culture of some kind.

That was not done in this case. Diagnostic tests need to be interpreted in the context of the patient: So whether or not this person already had COVID, if there was a presence of antibodies already in their blood, meaning they already went through the infection and they just have residual DNA because, again, PCR tests for nucleic acid. Do they have symptoms? Are they sick?

It has been shown conclusively over and over again that high cycles over 30 is detecting such low levels of viral RNA, it does not indicate infectivity. And that's what they showed with the China study from the slide before. Viral shedding occurs after recovery. DNA is sometimes sequestered, and RNA is sometimes sequestered by our immune system cells weeks after the virus is gone. Is that what is being detected here? We don't know because they never conducted culture-based methods to confirm the person actually had infectious viral particles. They use PCR cycled at ridiculously high levels, and what I mean by that is the test is only designed to confirm the presence of nucleic acid within a certain range. And that range really shouldn't be considered past 30, 35 cycles. Yet across Canada, provinces were cycling routinely 40, 45 cycles. That is inconsistent with the science, based on the test.

Nicolle Snow

And so that's where the false positives come from.

Dr. Laura Braden

Correct.

Nicolle Snow

These are healthy people that may have had the virus at one point. The signature, if you will, is still in their system. And so because they're cycling is so high, it's magnifying, revealing that signature.

Dr. Laura Braden

Precisely, yes.

And I've mentioned this point previously: PCR detection of viruses is helpful, but it does not detect infectious virus. And this has been shown exhaustively in the literature with many other viruses—that viral RNA can be detected long after the disappearance of the actual infectious virus. And actually, in Portugal, there was a Lisbon Court of Appeal that concluded the PCR test is “unable to determine, beyond reasonable doubt, that a positive result corresponds, in fact, to the infection of a person by the [SARS-COV-2] virus.” And that's very important. This precedent was being set across the world, yet Canada was not following the contemporary science.

And the next slide is an example of a FOIP [Freedom of Information and Protection of Privacy] request, kindly given to me by Dr. Jessica Rose, from the Newfoundland Public Health showing the threshold is 45 cycles. And that to me in my professional opinion is abhorrent. And it's hard to find every single province across Canada, but I know that PEI was cycling to 40, I know that Ontario was cycling to 40, so we can assume the rest of provinces followed the same trend.

Nicolle Snow

And that would not be the standard, to be cycling at that level?

Dr. Laura Braden

No.

All right. So those are the pieces that I wanted to talk about in terms of the mandates.

Now I want to get into the quality control and quality assurance—or lack thereof, in my opinion. For an experimental product, we would expect rigorous quality control and assurance that the product we are receiving is consistent, it is transparent, we know what is in it. The necessary steps to approve this gene therapy, which is what it is, were rushed, incomplete, or simply ignored.

The precautionary principle was thrown to the wayside.

[00:20:00]

For example, there was no genotoxicity studies conducted because they felt it wasn't needed. And I am assuming that by the end of my presentation, you will disagree with that statement. The biodistribution studies that had to be FOIP'ed—because they didn't want us to know where it went—were extremely underpowered and lacked relevance. There was no quality assurance from sponsors. And when I say sponsors, in the regulatory realm that means the pharmaceutical companies of Pfizer and Moderna, they are the sponsors. There was none from them on very important considerations, including the potential for contamination.

This would include the RNA quality—they're injecting RNA, so we expect the quality to be consistent and high—batch composition, protein identification, any of those things. There was no quality assurance about the fragmentation of RNA. RNA can be fragmented. What does that mean? You will learn.

And Pfizer knowingly allowed contaminants, a potential danger. And you will see why.

Finally, the production process lacks fidelity and transparency. What is an injection? How do we know it's consistent from person to person lining up? How do they know that every single injection contains the exact same thing in each lot? We don't know that.

So before I go on, I want to get us all on the same page because there's going to be some technical discussions that I'm going to bring up, and I want to make sure everybody is up here. So I apologize that this is technical. I'm going to try my best to explain this.

The first thing I want to talk about is the process of reading DNA. DNA—so this is a cell. DNA lives in the nucleus: this is the brains. This is the double-stranded DNA. All the red bits here are genes. These are the pieces that make our proteins. When your body or your cells want to express a protein, the DNA is transcribed into RNA. At this point, there's many different processes to snip the RNA pieces. There's height to make it high quality. There's all these little checks and balances in your nucleus. It is then shuttled outside of the brains into the body: this is the cytoplasm of the cell. The mRNA is then translated into protein. The protein is then—so proteins are not single-stranded, they're globular. There's many domains: primary, secondary, tertiary domains. All that happens, folding, and then you have your protein.

Nicolle Snow

Can I just summarize what you said to see if we've got that. So you basically explained the process of converting the DNA into mRNA, which happens in the nucleus, the brain of the cell. Then the mRNA is converted into protein. And I know you use different words for that. But that's essentially what's happening within the cell.

Dr. Laura Braden

In a very simplified version, but yes.

Nicolle Snow

Great.

Dr. Laura Braden

Correct. All right, the next lesson: What is a plasmid?

A plasmid, you may have heard about a plasmid. What is a plasmid? What is a vector? It's a piece of DNA that can be used to transfer foreign genetic material into cells. So in molecular biology if we want to express or we want to produce a protein, we can take the piece of DNA that we want. In this case—let's say it's a virus DNA—we want to express the spike protein. We use molecular scissors to cut that gene out of the DNA. And then we insert it into this plasmid or vector, the red part. And so, you can see here, we can insert the gene of interest into the plasmid and use molecular glue. That's a simplification, but it's literally how it works to glue those pieces together. Then we have this plasmid that is a circular DNA. And we can transfer that into bacteria.

Plasmids live in bacteria, ubiquitously in nature. That's where they're from, bacteria and archaea. And there's some very important characteristics of plasmids. Number one, they can replicate on their own. They often contain genes of interest that will help bacteria survive. So if you've heard of methicillin-resistant staphylococcus aureus, MRSA, that's because they've attained antibiotic resistance from a plasmid and now those bacteria are resistant to those antibiotics. This is a very important characteristic.

Also very important, the double-stranded nature—so these are double-stranded—makes them stable. They do not degrade easily, and they replicate easy.

[00:25:00]

Okay. So just to recap: You want to express a protein of interest. You cut it up, you put it in a plasmid, and you put the plasmid into bacteria, and you grow the bacteria up rapidly, and you get many, many copies of that plasmid.

Nicolle Snow

And that's how you're making spike mRNA.

Dr. Laura Braden

That's right. So now: How did they make the spike injectables?

So we've got our plasmid that has our piece of spike in it. They're transferred to *E. coli* here. So these are the little plasmids. They're transferred to the *E. coli*. They're then fermented or grown rapidly in vats: hundreds of litres of bacteria growing in media that they like. They have all their nutrients. They're growing rapidly. With them, their plasmids are growing. Then, we can harvest. This is from Pfizer. I should mention this is the process detailed from Pfizer itself on how they made these injectables. So then they harvested the plasmids: you break apart the bacteria and you harvest the millions and trillions of plasmids. Then you need to cut up the plasmid because you need to get the DNA out, the red piece, the spike protein DNA. So, they cut them. They linearize the plasmid; that's an important piece.

They then use something called in vitro transcription. So if you recall what I said, transcription is when you go from DNA to mRNA. So in vitro, meaning it's in a tube—this is not in a cell—they add the DNA that they've now taken out of the plasmid. They add a bunch of enzymes and things, and they are looking for this mRNA: this is what is going in the injections. They then purify. All of these pieces, I should mention, by Pfizer's own lips: this is intense rigorous testing to ensure there's no contamination in every one of these steps. That they've linearized all the plasmids. That they've turned all the DNA into mRNA, and if there's any that's left—under their words—they digest it. They get rid of it. They purify the mRNA so that all they have is that mRNA for spike protein that they then add to the lipids to make our delivery mechanism then—the lipid nanoparticles with mRNA.

Nicolle Snow

Okay, can I summarize that? I'll try.

Dr. Laura Braden

Please.

Nicolle Snow

I regret skipping science class now. So the bacteria, or the plasmid, is used for replicating the DNA.

Dr. Laura Braden

Correct.

Nicolle Snow

Okay. And once it's replicated, that is supposed to be filtered out. The plasmid or the bacteria is filtered out, leaving pure DNA. Then the DNA is converted into the mRNA using the process that you showed us earlier happening in the cell.

Dr. Laura Braden

That's right.

Okay, so now that we're all at the speed on that, what did they tell us? They being the sponsors, Pfizer and Moderna: What happened during injection?

So they told us— Okay, so here's the lipid nanoparticle. You can just blow this up, please. And they injected it into the deltoid, and it stays in the deltoid: that's what they told us. And

at that point, in cells of the muscle in your deltoid, this is a cellular rendition of what is happening. So I'm just going to use my laser pointer here to show you.

This is the lipid nanoparticle with mRNA. It is taken into the cell here. This is the cell. You recognize the nucleus, here's the nucleus. The delivery of these mRNAs are turned into spike protein. Some of the spike protein is cleaved, proteolytically cut up into tiny little bits. Some of it is taken to the outside of the cell. The end result is—spike and spike peptides, or tiny bits of spike protein, are exposed to the immune system of the person to induce production of antibodies specific to those peptides or protein fragments, thus inducing immunity. This is what they told us would happen.

And based on data that has accumulated over the last few years, data that has been the result of FOIPs—or court-ordered discovery of documents that were otherwise going to be hidden from the public for 75 years. What we can say is happening is number one: the injections do not stay in the deltoid. And this is based on data that was under a Freedom of Information request by Dr. Byram Bridle from a study that was conducted in Japan. The distribution of these LNPs go throughout the body. That is clear. They go into very sensitive organs. They do not stay in the deltoid. And not only do they go throughout the body, but they accumulate.

[00:30:00]

What do I mean by that? That means that over—I'm going to just highlight here some tissues that are sensitive: liver, adrenal glands, your spleen, ovaries. Over time—

Nicolle Snow

One moment. I just want to make sure we're still streaming and everyone can see, so we'll just pause for a moment. Okay.

Dr. Laura Braden

Over time in these sensitive organs that I've highlighted in red, the LNP— So this is a distribution study where they radioactively labeled LNPs, and over time, were able to quantify where they went. And they show accumulation over time in these sensitive organs.

In addition, this study was based on a single dose injection. So based on this study, Pfizer concluded that it stayed in the arm. It is not relevant to the true vaccine regime: Because there's only one injection, it is not biologically relevant. They didn't do a second injection and see if there was further accumulation. They just looked at a single injection, and I'll tell you the number of rats in this study was three. For every time point, they looked at three rats.

Now, one of the most concerning pieces from this data set is with respect to the ovaries. So Dr. Jessica Rose took this data and plotted it. And you can see here that, after 48 hours, it continues to go up. This is the LNPs over time: The x-axis here is time. The y-axis here is concentration. Over time, it accumulates in the ovaries of rats. Why did they stop at 48 hours? Why wouldn't they continue until it plateaued, like what would be scientifically rigorous and ethical? They stopped at 48 hours. So, we aren't able to see what would happen. But if you were to take this and extrapolate based on the degree of increase from the data to 48 hours, this is what might be happening. But we don't know. So we have to just base this on our own integrity. Again, why was this data only shown in 48 hours? Sample size of three.

And importantly, this study was done in a non-GLP environment: the only study from the Pfizer dossiers that were not done in accordance with regulatory compliance, which is necessary for this type of approval process. They did it in a non-GLP: meaning none of the processes were vetted. They weren't under strict operating procedures. That's a huge concern for someone who came out of that environment.

Nicolle Snow

Is that a quality assurance issue?

Dr. Laura Braden

A huge quality assurance issue in my opinion, yes. So that was the first thing that we know is happening.

The second: spike peptides share significant similarities to human proteins. Now, what do I mean by that?

Remember this picture here, how the spike protein in the cells of the body is either cut up with tiny little scissors and taken to the outside of the cell or full proteins are taken to the outside of the cell. When proteins are cleaved or cut up, the results are peptides. All proteins have peptides that make up the larger protein, and they all share similar peptides when you cut them. This is a very simplified explanation, but the point I'm trying to make is— There is a huge concern for the development of autoimmune conditions when the body is instructed to create antibodies against a peptide, in this case spike, that shares very strong similarity to human proteins. There is a huge concern for autoimmune development in that case.

Nicolle Snow

And so, the concern is that the spike peptide will be attacking human protein because it's so similar?

Dr. Laura Braden

Very close. The concern is the antibodies produced by the recipient, by the human, will be against peptides that are also in spike—but also endogenous, also in the human. They share similarity to human proteins. And 27 of those share similarity with proteins involved in fertility and development of the fetus.

Nicolle Snow

And so, what might that mean?

Dr. Laura Braden

That would mean that the body will be producing potentially antibodies against proteins that are critical for human development.

[00:35:00]

And that is a concern that should have been addressed, in my opinion.

Nicolle Snow

So development of the fetus might be seen as a foreign body.

Dr. Laura Braden

Correct. Placental development, decidualization, all those things that are critical components.

Nicolle Snow

And that could lead to miscarriages?

Dr. Laura Braden

It could lead to a lot of things that I wouldn't be able to speculate on. But that should have been done. That is part of the quality assurance that wouldn't have happened. Those are studies that needed to be done.

So, I'll recap: Not only are the LNPs going to important tissues such as ovaries—and we're seeing data in real time right now that they also cross the placenta, that's a big concern—but then the proteins that are being expressed share significant similarity with human proteins.

Nicolle Snow

Is it possible the manufacturer may not have known that?

Dr. Laura Braden

In my opinion, there is no way that they wouldn't have known that. This is part of rigorous primary research that would have happened in a room full of very, very well-paid scientists over many months. Anybody in first-year biology can put in the sequence of the spike protein and find out what similarities peptides would share.

Nicolle Snow

Thank you.

Dr. Laura Braden

What else do we know? We now know that unlike what Pfizer and Moderna have said, the spike protein and the mRNA enter the nucleus or the brains of our cells. There was assurances that this wouldn't happen, but recent reports show the nuclear presence—so again, where the DNA in our cells live, that spike protein and spike mRNA localize to the nucleus. And my question is: Why is this research being done three years after the rollout of these injectables?

And this is the paper. So one of the conclusions from this paper— And if you recall, one of the pathological characteristics of spike protein is the presence of the furin cleavage site; it's one of the things that make it so pathogenic to humans. It is also a nuclear localization site, meaning that that particular sequence facilitates, helps the mRNA go to the nucleus. And that was a surprise to these researchers. This publication was from January 2023.

Nicolle Snow

That's not supposed to happen.

Dr. Laura Braden

Not what they told us what would happen, no.

Nicolle Snow

Yeah. Okay. All right, so the spike protein that's contained in the injection is landing in the nucleus, which is the brains of the cell.

Dr. Laura Braden

That's correct. And I'll just bring up this, which was on the CDC website: you can go back to the "wayback-when-machine" and find this yourself. Of course, this has been taken down.

One of the things that they say is that these injections do not impact or interact with our DNA. And that is no longer what they claim. And this is a paper showing that—and I want to impress on you—what this means is that the spike protein and mRNA go to the brains. This is the brains right where our DNA lives. And this is showing you a picture of that data. What you're seeing here are cells under fluorescence microscopy. The blue staining is the nuclei; the green staining is the protein, the spike protein; and the red staining is the spike mRNA. And you can clearly see, and this has been replicated, a clear association with the nuclear envelope—so, what wraps our DNA in the nucleus as well as inside the nucleus of the cell.

I'll move on. What else do we know? The spike mRNA is reverse transcribed in human cells, and I will explain what that means. This is happening. So this paper here was published last year. And it was conducted in liver cells: so, this is not in humans, this is in vitro. And it shows that there's intracellular reverse transcription of the COVID injectable mRNA vaccine in vitro in a human cell line. And this is happening as quickly as six hours.

Nicolle Snow

Sorry. Is in vitro in a petri dish?

Dr. Laura Braden

That's correct. And you know, this is not happening in a human. But this type of information is critical. And these are the original experiments that needed to happen because if you see some kind of trend like this, that begs more questions. That's a huge red flag:

[00:40:00]

wait, it's reverse transcribing. And in addition to that— So reverse transcription, for everybody who is listening, is when mRNA is turned into DNA: we are going the other direction now. And this is facilitated by very important enzymes called retrotransposases. And the one that in humans that they found to be associated with this is something called Line-1. This particular enzyme is really important—and you'll notice a trend—to

embryogenesis and development of the fetus, development of people. Okay. And it is being exasperated: it is going up in expression after injection, after exposure to these Pfizer products.

Nicolle Snow

So I think I'm going to try to simplify that. Does this mean that the spike mRNA that we said is landing in the cell is then being converted to DNA, back to DNA?

Dr. Laura Braden

This is saying that is potentially happening.

Nicolle Snow

Yeah, what's happening in that Petri dish.

Dr. Laura Braden

Exactly.

Nicolle Snow

Which would be good quality assurance, I would think, to do that sort of research when you're developing the product.

Dr. Laura Braden

Correct.

Furthermore, in another study they found that that enzyme, Line-1, mediates—so it facilitates—reverse transcription of the SARS-CoV-2 virus into the genome. This is in cells of humans, this is in a Petri dish, these are human cells. This paper is where this could be found. So, the virus is being turned into DNA and going into the genome of the people cells. Sorry, that sounded quite— So, not only is it being reverse transcribed into DNA, but with the virus, it's being reverse transcribed and then inserted into the genome.

So I just want to quickly go back to this picture because I don't want to lose people. This is very important that everybody understands: reverse transcription is when you go from the RNA back to the nucleus. Line-1 is the enzyme that facilitates this. There's others, but this is the main one. And so, the concern is, not only is it going to the nucleus, as we've shown, but **the potential for it to be reverse transcribed into DNA and then furthermore integrated into the genome is there. This is a concern.**

What else do we know?

The products do not contain what we were told they contain. What you are seeing here is from a dossier. This is Pfizer's data showing the RNA integrity of what was being produced commercially. There was some documents that were leaked, so to speak, after the European Medical Association met with Pfizer. They had major objections because they found inconsistencies in the quality of RNA that was being produced for their clinical studies versus the quality of RNA that was being commercially produced and therefore used for widespread inoculations. There was inconsistencies.

And what does that mean? That means that the length of the RNA, the integrity of those messengers that were being injected, varied. It was inconsistent. It varied from batch to batch. And that is unacceptable quality control or quality assurance when you're considering what those things actually do. And this picture shows that. So what we should see here is just a single, very strong peak. This is showing the volume or the quantity of RNA, and it should be a beautiful peak. There shouldn't be any other peaks; there shouldn't be shoulders; there shouldn't be anything like that.

Nicolle Snow

So, the shorter peak is the shorter RNA.

Dr. Laura Braden

Is the impurity. Yeah.

Nicolle Snow

And that's a truncated piece, like that part of the message is missing, as you said.

Dr. Laura Braden

That's correct. So the per cent RNA integrity is not even close to 100 per cent. And it was closer to 55 per cent in some commercial batches. So, if this is true, we do not know what is being made in the cells after they have been injected, and the physiological impacts of this is unknown. There is no way to predict. And every single vial has a different concentration of RNA that's complete RNA. In addition to that—

So I mentioned this was leaked from the EMA. This was raised as a major objection.

[00:45:00]

And the level that was set originally was 70 per cent, which is still interesting that 30 per cent impurity is somehow acceptable. The original level was set at 70 per cent. Because Pfizer couldn't meet that, instead of increasing their quality assurance, they just reduced the acceptable background to 55 per cent. So they are okay with 45 per cent of the injections containing—who knows what.

And I'll quote from the objection: "The possibility of translated proteins other than intended spike protein resulted from truncated and/or modified mRNA species should be addressed."

And I mentioned this— Fifty-five per cent intact RNA is the new acceptable limit. So that's a concern. Truncated mRNA species is known. They are known to be potentially pathogenic. They could have unknown physiological impacts. Our cells have checks and balances to make sure that that message from the DNA to the RNA to the protein has high fidelity: is translated; there's no mistakes; there's no mutations. If this truncated mRNA is then allowed to reproduce in our cells, what is the protein impact of that? What impact does that have on the cell? Are there misfolded proteins? Misfolded proteins are a huge concern. And that's what this is talking about. If the RNA is not intact, what is the protein that's being produced?

And that was the objection raised to Pfizer. And Pfizer submitted some very interesting digitally sort of mastered proof that nothing nefarious is going on or the proteins are what they say they are. And that was just unacceptable because it was digital protein verification. They didn't give actual data to show what those proteins are. There's never been sequencing done on the proteins. There's never been crystallography done on the proteins or any of that—confirmatory steps necessary to show people, to show the public and assure them that those truncated mRNAs are not going to be a problem.

Nicolle Snow

So the truncated RNAs then, they have a partial message. So that's confusing the body or the body is— We don't know what the body is going to pick up from that in terms of messaging.

Dr. Laura Braden

Well, the message could be read. But as I mentioned: so, recall, the proteins are translated and then there's all this protein modification and their globular and all these domains. If it's a partial message, that protein could just be partially—who knows what it interacts with. There's the potential for interactions that we don't know about is very, very high.

Nicolle Snow

Okay, and so it's a matter of waiting to see how that evolves in the body.

Dr. Laura Braden

Yes.

Finally, there has been data in the last month that has been rigorously, in my opinion, confirmed to show the injections contain double-stranded DNA contamination from the plasmids. So if you recall in the process map, and I won't bring it up again: the plasmids were linearized. The DNA is then transcribed into mRNA, mRNA into the injections. That entire process appears to be contaminated. The researchers, Dr. Kevin McKernan et al. and his team, have taken it upon themselves to sequence what is in the vials. Because we were never given sequencing data; it continues to be hidden from the public. So they did it using Illumina sequencing: they did RNA-Seq, DNA-Seq, Nanopore sequencing. They have exhaustively repeated the data. Because the concern is very real, so they wanted to make sure it was what it is.

And they found, without a shadow of a doubt, double-stranded DNA contamination in the injections. They had two vials of Moderna; they had two vials of Pfizer. Contamination was present in all of the vials in various amounts. In addition, they found contamination of plasmids that contained the antibiotic-resistant gene from the original cloning experiments. Neomycin and Kanamycin, the sequences are there for those particular resistant genes. And regulatory authorities have said there is an acceptable limit of contamination by double-stranded DNA. One molecule of DNA for every 3,000 molecules of RNA.

[00:50:00]

What they found is orders of magnitude higher than that, number one. Number two, they found intact plasmids. And I'll show you what that means. If there's no questions to that slide, I'll move on.

Nicolle Snow

No.

Dr. Laura Braden

So this is the RNA integrity plots from those vials, showing shoulders here—again, what are those? We are not sure.

Nicolle Snow

The shoulders is that the shortened—

Dr. Laura Braden

Those are truncated, and in some cases, elongated versions of mRNA.

Nicolle Snow

Okay.

Dr. Laura Braden

So I just want to recall. Plasmids: What are we talking about? They are circular DNA. They are highly transmissible and replication-competent, meaning they can replicate all on their very own. They are used in molecular biology to produce proteins of interest; in this case, it's spike protein. They are often associated with *E. coli*. That was the original bacteria that they were using to reproduce these plasmids. They contain their own promoter. They contain the interest. So here's the promoter: This is ensuring that it is replicated. So it promotes the gene of interest. This is where the spike would be. A bunch of other things. They need to be able to select that those bacteria containing those plasmids are actually containing what they think. And they do that using antibiotic resistance. So if you put this plasmid in a bacteria, you know it contains it because the bacteria will survive in the presence of that antibiotic. And in this case, it's Neomycin and Kanamycin.

So remember this diagram. These are the potential areas of contamination that I have circled here in red. According to Pfizer, the linearization of the plasmids occurred earlier in the manufacturing process. And then after this step, there's rigorous testing to demonstrate they are linear. That is not— There is circular plasmids present in these vials. And importantly, this step is considered by regulatory authorities to be a critical quality assessment, meaning this is a critical point to ensure there is no contamination. I emphasize that because of the importance of what we are discussing here. It is critical.

Nicolle Snow

And I'd like to summarize that because it is an important point. So the bacteria and the plasma that was used to replicate the DNA, we talked about that process earlier—which is supposed to be filtered out—was not filtered out in these samples that the scientists examined from Pfizer and Moderna.

Dr. Laura Braden

There's contamination. Yes.

Nicolle Snow

And that's the contamination you're speaking of. So it's that bacteria and plasmid that is in the injection, which is not supposed to be there.

Dr. Laura Braden

Correct.

Nicolle Snow

Okay.

Dr. Laura Braden

Here are some maps, the next two slides. The only thing I want to impress upon you is that not only are there plasmids present in the vials, but the plasmids are different. There's different sequences. Some have really long spikes, some have different— There's just different contamination. It's not like there's a consistent plasmid in every one. It's not like there's consistent sequences of the double-stranded DNA. It varies.

Nicolle Snow

So that would be from batch to batch.

Dr. Laura Braden.

That's correct. Pfizer and Moderna, same thing.

So, to confirm that the plasmids were what they saw on the sequencing data, they took the vials and they digested all of the RNA out of it so that all they would have left is double-stranded DNA if it was present, meaning plasmids potentially. They then exposed that double-stranded DNA to *E. coli* in a flask of medium. *E. coli* are really good at taking up plasmids, so if there's plasmids in what they just put in there, they will take it up. They then took that bacterial medium, plated it on plates, agar here, that contains antibiotics. If they were to find bacterial growth on these plates, that would demonstrate there were plasmids that were replication competent in those vials, number one; number two, that contained antibiotic-resistant genes. And they found that in both Moderna and Pfizer. And you can see that here with colonies of bacteria growing on these plates.

Nicolle Snow

And how is that important that it's in— And maybe you're going to get to that.

Dr. Laura Braden

What that confirms is that not only were they finding plasmids, they were circular, they were replication competent, and they were able to grow in antibiotic media. Now, if you imagine that those injections are going into the human body. And we know that they go all over the body, including the GI tract, and those plasmids are then—GI tract being your

colon and everything, where you have tons of bacteria growing, that's your microbiome—and those plasmids are replication competent,

[00:55:00]

it follows they could get out and they could get into the bacteria of the human, thus transforming their microbiome with potential antibiotic-resistant genes. That is a huge concern that is unacceptable quality control.

These sequencing results of the contents of injectables found multiple versions of expression plasmids in varying degrees between vials. These are viable. There is inconsistent contamination to which people were not given informed consent.

I realize we are getting up there in time, so I will try to go a bit faster if that's required.

Nicolle Snow

No, it's pretty fascinating, so—

Commissioner Drysdale

We have time.

Nicolle Snow

Okay. Keep going. Yeah, we do.

Dr. Laura Braden

So I would just like to summarize this independent product analysis. And I would also like to say that it is unacceptable that this product analysis landed on the shoulders of independent citizen scientists and that this wasn't done by the sponsors because we wouldn't have known this was the case if Kevin McKernan and his team didn't sequence this. And I will also note, based on Kevin McKernan and his team, that they're trying to reproduce that with the original injectables. This is for the bivalent boosters that they are pushing on our children right now. That is what we are talking about.

Nicolle Snow

So, the contamination that they have identified is in the boosters.

Dr. Laura Braden

This is in the bivalent boosters that is currently being pushed on the public.

Nicolle Snow

And they haven't examined the original injections yet to say whether it's present.

Dr. Laura Braden

No, but they have high suspicions, based on earlier data, that they will find the same thing.

Nicolle Snow

I also meant to ask you whether this might contribute to the wide variety of adverse events we're having if there's so many different contaminants in the different vials, different levels of contamination?

Dr. Laura Braden

Unequivocally, yes.

So I just want to summarize this independent product analysis. They found double-stranded DNA contamination levels at up to, or maybe more than, a hundred-fold higher than acceptable limits. It's important to note: this has been under, for the last months, rigorous community discussion, scientific discourse, trying to reproduce data, trying to get at some very important questions in a way that is transparent to the public. Anybody can go and follow this stuff. They're trying to get it out in Twitter spaces; they're getting it out in their Substacks. Anybody can go follow them. And I would have to say, thank you very much to that team for doing this work.

They have estimated up to 35 per cent, again, being confirmed, of the nucleic acid in each vaccine as being expression vector. And most of this DNA is expression plasmid DNA: again, the plasmid being what was initially carrying out the reproduction of the spike protein. Interestingly, and very important: whenever you have presence of contamination like this, how can you assure the public that there isn't contamination of other bacterial-type associated things, like *E. coli* endotoxins.

So when you're growing up plasmids in *E. coli*, and you get evidence of plasmid contamination, then you must assume through logic that there might be *E. coli* contamination. So *E. coli* contains endotoxins. Endotoxins can cause anaphylaxis, TSS (toxic shock syndrome), among other things. So it's sort of like a canary, right? To see the plasmid present. Again, we don't know. But that's a concern. The plasmids carry antibiotic resistance—again, the potential to transfer that to humans is a concern. And while the bacteria are unlikely to express the spike protein, they can replicate the plasmid. So, the bacteria in our guts, if they get this plasmid, there is absolute certainty that they can replicate it.

Nicolle Snow

Okay, and does that mean that it's questionable whether the body will react properly to antibiotics if they need antibiotics for some condition?

Dr. Laura Braden

That would be my concern, yeah.

Nicolle Snow

Because the body would be resistant to it, to the antibiotic. Okay.

Dr. Laura Braden

So the next really important question that follows— And I'm taking you through this in a way that I've been following it because it's step after step. So the next question that I have: Is this contaminating DNA interacting with our DNA?

In molecular biology, it is sort of a known. It's a known phenomenon that when you have high amounts of double-stranded DNA present, it can enter the genome.

[01:00:00]

And it doesn't need those special Line-1 transposases to help you. It can just do it on its own.

Nicolle Snow

And the genome is?

Dr. Laura Braden

The DNA.

And this happens during cellular division: when your cells are splitting in meiosis and mitosis, this is when cells split into other cells; they grow. It's cellular division, okay? This is known to happen during that process. What are tissues in the human body that are highly divisive, that are dividing all the time? Liver, skin, your intestinal tract, sperm cells, egg cells, bone marrow, lymphocytes, the developing fetus. All of these tissues are under high rates of mitosis. And this is the paper showing transfected plasma DNA is incorporated into the nucleus during this process. So, we know that there's publications showing this. This is a known thing in molecular biology, that the double-stranded DNA can integrate into the genome during these dividing cell processes.

So in this instance, where we have potentially billions and trillions of double-stranded DNAs in the injectables that is contaminating, they are now going throughout the body, we know that. They're accumulating in certain very sensitive areas, we know that. And those sensitive areas are subject to high rates of mitosis. And now we're showing that high levels of double-stranded DNA are present in those injections in highly dividing tissues. The logic follows there's a potential for integration into the genome. Moreover, we know that the furin cleavage site acts as a nuclear localization site, getting the DNA into the nucleus of the cells. In addition, in those plasmids that they've sequenced, they found a sequence and they know that there's a special promoter called the SV40 promoter. And that's a promoter that is used in molecular biology to replicate plasmids because it works so well. It's like a supercharger replication, okay?

It facilitates nuclear entry as well, in addition to being an oncogene. Kevin and his team found evidence of the 72 base pair insertion in this promoter that, as you can see here, has a striking effect on gene expression. So this promoter turbocharges the plasmid replication. **And here is the sequence— And I apologize, you can't see, well maybe you don't want to see the letters. But basically, what this is showing in one plasmid, you see the evidence of the insertion of the 72 base pairs, and the other one you don't. So, it's just inconsistent. Some plasmids have it; some plasmids don't.**

Nicolle Snow

The SV40 is not present all the time.

Dr. Laura Braden

No, the promoter is; the supercharged insertion isn't.

Nicolle Snow

I see. Okay.

Dr. Laura Braden

So what is the SC40? It's a simian virus, that's what it comes from. It's a highly competent promoter sequence used for efficient replication. And the nuclear entry of plasma DNA requires this promoter to get in.

Nicolle Snow

Okay. Is it unordinary that that it would be used in this process?

Dr. Laura Braden

No, it is not. It's a really exceptional way. Way back early—before it's in the injection—that's an acceptable way. That's an acceptable way to replicate plasmids. We're not supposed to be injected with that, though.

Nicolle Snow

Yes, okay.

Dr. Laura Braden

That's supposed to be gone.

Nicolle Snow

That's for a whole entirely different science, not for use in the human body.

Dr. Laura Braden

That's correct.

So I want to just bring this all together. When I'm talking about the abhorrent, abysmal quality control and quality assurance that in my opinion has happened with these injections, it has resulted in every injection being a new event. When you go to the grocery store, you expect your milk to all be the same. When you take a Tylenol, you expect it to be 400 milligrams, not sometimes 900, and not sometimes 300, and not sometimes containing lead. It's quality assurance and control: that is what makes the world go round in **consumerism and commercial products. And that is supposed to be an accepted, sort of, standard and fundamental tenet for pharmaceutical drugs.**

In this case, this is not, in my opinion, the case. Every injection is a new event. You may or may not have spike of various lengths, mRNA of various lengths, double-stranded DNA of various lengths.

[01:05:00]

You have the SB40 promoter: sometimes it contains the turbo, sometimes it doesn't. Sometimes it contains the resistant genes for antibiotics. Who knows if there's endotoxins in there? Who knows where it's going in your body? That's a really important point.

And I wanted to recall, because yesterday— I've been watching this entire testimony. Yesterday, I apologize, I forget the name, but the nurse was talking about aspirating and how they don't aspirate anymore. And how every time someone is injected with one of these products, it either could get into the blood—maybe it doesn't; maybe it stays in the deltoid a little bit, who knows? Because it's not the same for every person. And this on top of it, the confounding impacts of these contaminants, makes it so concerning for me.

Nicolle Snow

So, it sounds as though the process is well outside any kind of reasonably accepted standard.

Dr. Laura Braden

Absolutely, yeah.

Nicolle Snow

And so, and I know you can't speak to whether the manufacturer would have known this, but ought they have known this?

Dr. Laura Braden

One hundred per cent. The onus is on them to know this. The lack of sufficient quality control and quality assurance by manufacturers that every injection is consistent, lacking contamination, and that the necessary checks and balances are undertaken to ensure there is no potential negative impacts on people, was not done.

The injectables are not a conventional vaccine. They are a gene therapy drug built on brand-new technology that lacks the assurances from quality control to ensure that it was consistent and lacked contamination. It enters the nucleus; it doesn't even provide immunity; and it persists in the body for months.

Why does this matter to us? That's why.

In conclusion, things are not what they seem. The origin of the SARS-CoV-2 virus, we don't know. The true numbers of actual infections—this is my personal opinion, based on my professional experience—this has been a CASE-demic. Mandates are justified by trusting the experts. They've never been supported by citations or references and were politically incentivized. Early treatment was treated as pseudo-science despite clear benefit. How many died unnecessarily? And finally, mRNA products are an abject failure. They are not safe, they are not necessary, and they do not contain what we think they do.

Nicolle Snow

Thank you, Dr. Braden. This is fascinating data and evidence. I really appreciate you putting this slideshow together. I want to take a moment because I think the audience and the people watching live stream should know a little bit about your personal story.

Dr. Laura Braden

So I think I've demonstrated fairly well that I've had concerns about multiple facets of the COVID crisis. I live in PEI, where every Thursday, we were told by Dr. Heather Morrison, the chief public health officer, that our children were going to die if we didn't vaccinate them. We were told that there was a huge risk to their health. We were told a lot of things. And for quite some time, I as a professional did not speak out publicly because we saw what would happen to you if you did.

After they started rolling out vaccines, injections, for the children, I decided that I had a moral obligation and a professional obligation to stand up and ask questions publicly. So in November of 2021, the International Day of the Child, I attended a rally in Charlottetown, Prince Edward Island, and expressed my concerns. Of course, back then we didn't know about all of what I just spoke about. But my concerns were with respect to the silencing of early treatments, to the fact that children were not at risk, and all of those things. And in December of 2021, I was fired.

[01:10:00]

I was terminated from my position and effectively cancelled from my career, for this.

Nicolle Snow

You've sacrificed a lot to speak up on behalf of others. And what was your position?

Dr. Laura Braden

So I was adjunct faculty in the Department of Animal Medicine at the University of Prince Edward Island. And I was also, as I mentioned, program lead and senior scientist in molecular immunology and biotech for the private company that I worked for. And at no point—during me speaking out publicly—did I ever mention my employer's name. I spoke as a private citizen with the education to back up the conclusions that I made. And I never once indicated who I worked for or that I was there on their behalf. I was never given any warning. I arrived to work on a Monday morning. My supervisor was there, who flew in from the U.S. They'd never allowed me to speak to defend my position. They escorted me out of the building. I was never given any severance or any of the like. They fired me for degrading COVID to be a bad flu, for calling ivermectin a potential early treatment, and for questioning the safe and effective nature of mRNA injections.

Nicolle Snow

Thank you, Dr. Braden. At this time, we are going to take a break. And we'll have you take the stand again after. And we'll let the commissioners have an opportunity to put some questions together for you; I believe that they will have some.

So we will have a ten-minute break? Ten minutes please, thank you.

[01:11:54]

PART II

[00:00:00]

Nicolle Snow

Dr. Braden, at this time, I'm going to turn you over to the commissioners.

Dr. Laura Braden

Thank you.

Commissioner Massie

Well, thank you very much for your excellent presentation. Full disclosure. My question will be from a base of knowledge. Because all of these nice cartoons she has depicted for recombinant DNA technology and stuff, I did that in my youth. We were the first lab in Canada to do a recombinant DNA experiment with resistance gene in bacteria, so I know that stuff. I was also, during my post-doc, the first lab in Canada to produce what we call a recombinant adenovirus, which is the basis for a number of these vaccines that are currently used in the industry, so I know the technology. And having worked at the NRC, I was also involved in the commercialization of these processes, so I know the scale-up of product from *E. coli* under GLP conditions, as well as the scale-up of recombinant adenovirus. The technology I contributed to develop at the NRC was licensed with a number of companies, one of which is known. It's CanSino. It's a Chinese company that has produced a recombinant adenovirus using our technology. And I know very well what it takes to produce a quality product.

So I have a few questions for you. The first one is— I've been reviewing exactly the same literature as you presented it in a very, I think, clear way for most people. If you look at all of the issues that you raise in terms of the quality of the product, do you think that it's because it was rushed? Or all of the issues that you are presenting can be corrected if the method is properly developed and the assessment is properly done?

In other words, do you think that these mRNA liposome vaccines can be scaled up under GMP process that would be according to the highest standard? Is it possible to do it if you would do the steps properly?

Dr. Laura Braden

In theory, I think that is possible. Putting it into context, with respect to this particular injection, injectables, I do not. And this is the reason: I have yet to see any evidence to support the use of full-length spike as an antigen for the human body because spike is a virulence factor and inherently an inflammatory molecule that has lots of issues. So I could see this being—you know, I'm not sure if that's addressing your question, Dr. Massie—I could see this being something, in theory, the process without rushing the system, with ensuring higher quality throughout the process, in theory, would be possible. My objection is to the gene of delivery.

Commissioner Massie

I have a more specific question about the issue of the double-stranded DNA plasmid that can potentially insert it into the genome. I know it's a recent paper that described the frequency, and I haven't read this paper in particular. So based on what you've read from that, could we anticipate that the frequency could be a concern in terms of what it could actually trigger—in terms, for example, of insertion of the SV40 promoter near potential oncogene. Like we have seen, for example, in the first gene therapy trial with the retroviral vector where they ended up with a fairly high number of insertions that activated oncogene. Is it something, according to what you've read and what we know right now, that is a likely possibility?

Dr. Laura Braden

Yes. In short, yes, and I'll explain why.

[00:05:00]

Like I mentioned, all of this sequencing of what's in the vials and the discovery based on your sequencing, and all the work that they're doing, is really happening as we speak. And if you think about what they're showing to be present, concurrent with this sort of explosion of deleterious adverse responses, such as what they're calling turbo-cancers, and you're seeing degradation of T cell populations and innate immunity suppression in people who are injected. That information and now you have what we're seeing: it's hard not to draw some sort of correlations between the two. It's hard not to do that. And we can't because we need more data.

However, what we know is, what you've just suggested, the SV40 promoter has certain impacts. In some vials, it contains the insertion; in some vials, it doesn't. It's very potentially possible that the double-stranded DNA is getting into the nucleus. Is it inserting? We don't know. Is that impacting on cancer pathways, we don't know. We do know that spike interacts with P53, which is part of the anti-cancer pathways in people. So there's all of these lines of evidence that are all converging. And of course, there's more data that needs to be generated, but it's hard not to draw those conclusions given what we know now.

Commissioner Massie

Maybe I'll just ask one last question. The analysis that was done by the independent researcher with the vial: it was my understanding, and maybe I didn't read that correctly, that in theory you're not allowed to open these vials to do these types of analysis. Is that correct?

Dr. Laura Braden

I can't speak to that. I don't know the answer to that.

Commissioner Massie

Okay.

Commissioner Kaikkonen

I have two questions. I understand that in vaccine research, the placebo used in the non-treatment groups is usually another old vaccine. Do you know what was in the Pfizer and Moderna COVID vaccine placebo? I think many people are assuming it was plain saline?

Dr. Laura Braden

That is the assumption. That is what we're understanding: that it's saline. And they have said it in some of the dossiers that I've read that the placebo is saline.

Commissioner Kaikkonen

And my second question is, can you speak to blood transfusions?

Dr. Laura Braden

I can speak to it from a concern— So I'm not a medical doctor, I've never done a blood transfusion. So I can't speak to it from that perspective. I can speak to it from a concern of the contamination and what is being delivered into our bodies and how the production of spike that we know is existing for up to 15 months, protein present in people who are injected, circulating in their blood. So from a concerned citizen perspective as well as a professional who understands molecular biology, it is of great concern for blood transfusions to not be screened for the presence of both lipid nanoparticles or spike protein. And in fact, as a mother, I would not let my child be transfused with blood unless it was proven to be clear of both.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good morning, Dr. Braden. I have a few questions, and my questions aren't as complex. I'm an engineer; I'm not a researcher or a doctor.

With regard to masking, you were talking about the difference between the virus being either aerosol or carried in fluid particles, and you'd said that COVID-19 was an aerosol-type transmission.

Are there any other known viruses prior to this that were aerosol transmission-type viruses?

Dr. Laura Braden

The other SARS, MERS, small RNA viruses.

Commissioner Drysdale

Okay, so that so that's not that unusual. It's not an unusual or a novel transmission.

Dr. Laura Braden

Not to my knowledge.

Commissioner Drysdale

Then I have another question related to that. Was there any pandemic planning done by Health Canada or the authorities in Canada anticipating a pandemic. And was there any investigation at that time as to whether or not a mask would be effective in preventing transmission?

Dr. Laura Braden

To my knowledge, there exists such a document. The publication, you'll have to double check this, it might have been in 2016.

[00:10:00]

And their conclusions were that masking would not help in a pandemic situation.

Commissioner Drysdale

And that was a Canadian report?

Dr. Laura Braden

It was a Canadian report, and I believe that Dr. Theresa Tam might have been an author.

Commissioner Drysdale

Ah. Okay. I have a few more questions, and you know it's been a long time since I've been in school, and I was more in physics and calculus than I was in biology. But just for myself: the reason DNA is so important in my understanding, and I know you'll correct me, but isn't DNA the blueprint that the body uses to create more cells or more tissue. It uses that as a guide? Is that the function of DNA?

Dr. Laura Braden

Correct. So in our cells, we have copies of genomes from both our mother and our father, both of which come together to create us. Those genomes are in our nucleus of our cells—sorry, those chromosomes, we have 46 chromosomes. In those chromosomes, which are tightly wrapped together to protect this very fragile blueprint of our bodies—it's wrapped in protein and other things in the nucleus. And it's protected in the nucleus because it is, number one, so important. We don't want deleterious mutations. We don't want things interacting with our DNA. It's housed in a very protected area to facilitate that. And because mutations, anything like that, we don't want to pass down to our offspring. And that's very **important when it comes to mutations or anything interacting with our DNA, which is why genotoxicity studies should have been done.**

Commissioner Drysdale

Yes. So again, just so I can repeat that. What you're saying is that the reason this is so important that you're finding that these particles are showing up in the DNA, is it's essentially, or could be potentially, putting instructions in there that wasn't before. So instead of when it goes to grow a new cell in the body, it's got new instructions and that cell isn't the way it was originally intended to be.

Dr. Laura Braden

In theory, we're following the trail of logic. Yes. There is a concern for integration of these exogenous non-human pieces of DNA now in our nucleus. We know that high levels of double-stranded DNA will insert on their very own, and there's a couple of other things that I've shown that are concerning in terms of the potential for integration. Now why is that important? Well, if these things are happening in germline cells such as sperm and egg cells, which we show the LNPs in the distribution of these injections go to, and this is happening in those cells, it is potential that that could be passed on to our offspring.

Commissioner Drysdale

Yes. I want to switch around a little bit.

Dr. Laura Braden

Again, can I finish? That it is a potential. I'm not saying that that is happening; nobody is saying that it's happening. But that is why these fundamental studies need to be done because that is a concern. So to evaluate that concern, you have these baseline studies and that was not done.

Commissioner Drysdale

So essentially, we jumped off the cliff without knowing what was at the bottom.

Dr. Laura Braden

With no parachute.

Commissioner Drysdale

With regard to the PCR testing: everybody's talking about that, and I've heard many medical people talk about the cycling. As I understand it, the PCR tests, some people called it a genetic replicator. And when you talk about cycles, is the cycles— Does it have a linear effect or is it an exponential effect? In other words, if I do one cycle or if I do two, is two cycles twice as many, or is it exponentially?

Dr. Laura Braden

It's exponential replication of nucleic acid. Every cycle, there is a doubling. So if you have n equals cycle, it's two to the power of n . So, if you, for example, run a PCR test for 40 cycles, and you started with one molecule of DNA, you will have two to the power of 40 molecules of DNA at the end.

Commissioner Drysdale

Right. So the cycling from 30 to 46—I just want to make sure everybody understands, as I understand your testimony—isn't just simply that it's 20 per cent higher, it's—

Dr. Laura Braden

Two to the power of 16.

Commissioner Drysdale

My next question I think was answered, and that was you were talking about—I was writing them down as you were speaking— But you were talking about how the vaccines were originally intended to be intermuscular, in other words, they weren't to be inserted into the circulatory system. And you said that there was evidence that it was getting out into all other parts of the body.

[00:15:00]

And my question had to do with aspiration. And if we're not aspirating, how much of that might be because of that as opposed to it just getting out?

Dr. Laura Braden

That is exactly one of the concerns. And that is from nurse to nurse, from high school student in some cases, you know whoever is giving the injection, the technique will be different, the potential will be different, and that is why it contributes to every injection being a different event.

Commissioner Drysdale

Okay. In the testing that Dr. McKernan that you had referenced? Was he testing from different batches of vials? I think you said they used two vials?

Dr. Laura Braden

Two vials from the same lot.

Commissioner Drysdale

From the same lot. So it didn't really indicate necessarily with the variation between lots. And am I correct in asking or assuming that these vials were also produced in different facilities? It wasn't just one big giant— Not for the testing, but the vials that were out being used in the public. Were they being manufactured all in one giant facility?

Dr. Laura Braden

From how Pfizer describes it—and there's a great article in the New York Times that worked with Pfizer to give a really nice overview of how they make their products—certain processes are limited to one facility. So for example, in the U.S., that's where all the plasmid is made and then linearized. And then that product is taken to another facility, Andover, for example. And then another facility, and then they come back for quality assurance, loosely termed. But all of the one process, is my understanding, happens in the same facility.

Commissioner Drysdale

Yes. I've got two questions that perhaps aren't fair—but I want to ask you because I want to know, and I think a lot of people here want to know.

From what I was listening to from your testimony, it appeared that there were massive failures or omissions in the initial conceptualization of the research. And then on top of that, there were massive failures of quality control in the manufacturing process. And then there were potentially massive failures in the actual implementation of putting needles in

arms without aspiration. So my question now is: If that is a reasonable interpretation of what you were talking about, have you ever seen that happen on this type of scale in the pharmaceutical industry or the health industry before in Canada?

Dr. Laura Braden

No.

Commissioner Drysdale

My next question is again a difficult one. Have the companies involved with this research and manufacturing and whatnot have any historic record of doing things that were perhaps not in the interest of the public?

Dr. Laura Braden

It is my understanding that Pfizer is one of the most sued-successfully companies ever in the world: I believe the lawsuits are up in the billions of dollars in litigation for various things that are available in the public sphere. But it is my understanding that that is the case. So, the answer is no, they are not; this is not a new one.

Commissioner Drysdale

I have many, many other questions, as I'm sure everybody in Canada does. But I thank you very much for your time and your expertise.

Dr. Laura Braden

You're welcome. Thank you.

Commissioner DiGregorio

I just have a few questions. Sorry, I keep not getting the mic close enough. And I apologize if these questions have already been asked and answered, and maybe I'm asking the same thing in a different way, but please bear with me.

So you spoke a little bit about the PCR not being a good diagnostic test and that it would always be followed up with a confirmatory test. Is there a confirmatory test for the COVID-19 that you would follow up after a PCR positive?

Dr. Laura Braden

Absolutely. So viruses in their very nature lyse, meaning they break up cells. And I've done this in the lab. In experiments where we've infected animals with a virus, you do a PCR to determine the level.

[00:20:00]

It is a good way to assess quickly if your animal is positive or not. Because you don't want to waste the time for the next step. If there's no virus present, you won't get a hit. And, by the way, we are using cycle thresholds of 30. You then take a sample of the relevant tissue, and you expose that tissue. In this case, it would be either spit or mucus or whatever for virus that's respiratory in nature. And you would expose that to a viral plaque assay, is

what it's called. And if there were virus present, you could visualize that underneath a microscope because there'd be clearings in your cells. So you would see the virus has lysed and broken open cells. And based on the number of those plaques—because we know that each plaque therefore equals X many virions—so, you can reasonably extrapolate how many virus particles are there. And that would be step two of the PCR to then confirm that there's virus present that is infectious.

Without that confirmatory test, you cannot say—especially when you're looking at asymptomatic, healthy people—that they contain an infectious virus.

Commissioner DiGregorio

Thank you, and do you know if that type of confirmatory testing was done in Canada as part of the PCR testing processes?

Dr. Laura Braden

There is no way that they did that with all the tests. There might have been one or two. I'm not sure if there ever was one. But with the responses that we were seeing and the testing that were being put out within hours, there's no way that they ran confirmatory tests.

Commissioner DiGregorio

And what about the rapid testing kits that people used and that were distributed? Would that have been a confirmatory test?

Dr. Laura Braden

No.

Commissioner DiGregorio

Thank you. I'm not finished, I'm just turning my page. So you've spoken quite a bit about the need for more experimentation and that some of the experimentation that you would expect to see is happening now, but did not happen earlier. And I'm just wondering what the sort of timing is to complete these types of experiments that are now happening and that we're seeing now, and whether they could have been done at an earlier time.

Dr. Laura Braden

We just witnessed within two or three weeks the entire sequencing and analysis of the genetic material potentially in these vials as well as other bacterial-associated assays that I showed you to show presence of plasmid. All of those necessary steps that should be happening within the manufacture process: there's other more eloquent and more high throughput ways to ensure quality, and that could have been done within days. Some of these things to ensure, for example, there's no double-stranded DNA—that's a couple hours. These aren't months out, and they're easy checks and balances, well, maybe not so easy. They're checks and balances that should have been done and are easily attainable with our given technology and molecular biology. These are not things that are out of the realm of possibility.

Commissioner DiGregorio

And so, the manufacturers were not— This is not testing that they would have performed as part of the development?

Dr. Laura Braden

I can't speak to whether they did. This is what the logic trail would make you do, but I can't speak to whether or not they did all those things. What they did claim, what Pfizer has claimed themselves, is that strict and rigorous quality assurances were made at every step along the way to test for these things. They say that. They tested: there was no plasmids. They tested: The double-stranded DNA was digested. The plasmids were linear. It was pure mRNA. The integrity was 100 per cent.

Commissioner DiGregorio

Thank you. When they made these statements that they had performed this testing, did you understand that that was testing on this particular injectable product, or would it have been based on perhaps past study of mRNA technology?

Dr. Laura Braden

This was with respect to this particular product.

Commissioner DiGregorio

And so, you spoke a little bit about reverse transcription, which I don't pretend to understand. But I think you explained it well enough that as a layman I got a general idea of it. And I'm just wondering if this was— Is reverse transcription an issue that was identified as part of the historical mRNA research, or is this something that has only been discovered since the COVID injectables have been rolled out?

[00:25:00]

Dr. Laura Braden

To my knowledge, there's no data pertaining to the potential for reverse transcription in human cells from mRNA technology. I could be wrong, but this is to my best knowledge. All I'm aware of is the first paper that looked at was this last year, which was on the liver cells.

Commissioner DiGregorio

Okay, thank you. I'm just turning my page.

I think you spoke at the beginning about your experience in GLP—you called it good lab practices. And I'm just wondering whether the proper implementation of good lab practices could have addressed some of the contamination issues that you've raised today. Maybe you've already answered this.

Dr. Laura Braden

I think it's a great point to hammer home. In a GLP lab environment, every single thing that you do is run by a standard operating procedure, an SOP. Those SOPs are vetted and assured by the regulatory authorities to do what they say that they're going to do. So

basically, what this enables for is—in a lab environment, every step along the way is consistently done over and over again the same way. You cannot conduct a study in a GLP environment without SOPs that are first concurred with by the FDA. The FDA and Health Canada ensure that GLP-run studies are done in this manner.

It is my assertion that, in order to run a GLP study, all of those SOPs and standard lab practices that are demonstrated to regulatory authorities need to be done. So to get to your question, is there ways where that could have been mitigated? Is that what you're—

Commissioner DiGregorio

Yes.

Dr. Laura Braden

Okay. If it was done in accordance and in compliance, no. The fact that there are these particular contamination signals and others indicates to me that they did not follow, they were not compliant.

Commissioner DiGregorio

Thank you. And one last question, just, if you could give us a— What would you recommend should have been done differently?

Dr. Laura Braden

Could you be more specific? In what aspect?

Commissioner DiGregorio

Well, what we're hoping to take from your testimony is an understanding of what has happened and an understanding of what could be done differently next time.

Dr. Laura Braden

What could have been done differently is that, at the outset of the COVID crisis, scientists could be allowed to talk to each other in an open public forum in a way that would encourage scientific discourse to understand the biological methods at play and how we could, as scientists, work together to make it go away—or to understand the insufficiencies and where data needed to be generated. Because of the censorship and silencing of people who asked questions, that entire discourse was essentially deleted. And that is one of the **most important pieces of this that I need for you to understand: scientists that went against the narrative were not allowed to speak.**

Commissioner DiGregorio

Thank you.

Nicolle Snow

So if there's no further— Is there a question? Oh.

Commissioner Drysdale

These are questions from the audience.

Commissioner Massie

I know we're running out of time, but there's one question which I think— Because you've said that you have expertise in immunology, I think it would be worth it to explain the idea of autoimmune reaction that might occur because the spike proteins share what we call epitope or sequences with a number of our own proteins. Because normally, my understanding is that we don't generate antibody or immune responses to our own protein because this would lead to all kinds of diseases. But why is it that having shared sequences between spike and our protein can actually lead to this process?

[00:30:00]

Dr. Laura Braden

Essentially, the injections are programming our cells to produce a protein that could then be displayed to our immune system on our cells. And they are using these receptors called major histocompatibility factors 1 and 2. And really, that part doesn't matter other than the fact that these receptors are there normally to show pieces of non-self to our immune system. So that our immune system can recognize whatever is attached to that receptor, oh dear, we'd better mount an immune response against it. And there's a number of different receptors that also do the same thing. Because this is so important, immunological responses by their very nature destroy what they're intended to destroy. Often with inflammatory diseases, collateral damage from inflammation that is left unchecked is how we get pathology, immunopathology. In a very similar way, when there are antibodies produced against pieces of our self, we develop antibodies to proteins of ourself, and then our immune system thinks our self is bad and to attack it.

So if the spike protein has peptides or epitopes that are similar to those of our proteins, and our bodies are thinking that they are bad and produce antibodies to them, that is the definition of autoimmune disease enhancement or progression. And in fact, one of the one of the proteins with the highest similarity is a protein called thrombopoietin, which is involved in the clotting cascade. So basically, the take-home message here is: the potential for autoimmune disease progression when the similarities in these proteins are so high is extremely concerning. And I'll finish the thought with— That is one of the basic fundamental tests that you would run when you're trying to decide on injecting people with a protein, if there are similar epitopes or antigens, and that is the biggest concern. That should have been done.

Commissioner Drysdale

There is a question from the audience, and it's a long one, and I'll do my best.

There has been some speculation here and elsewhere around the question: Were the problems associated with the COVID-19 injections reasonably attributable to a rushed process? Under normal circumstances, what would be an expected time period for a novel pathogen to be isolated in sequence, a suitable vaccine to be developed, manufacturing, storage, delivery, capacity to be expanded to produce sufficient vaccine vials, needle shipping boxes, et cetera in sufficient quantity to provide for billions of doses around the world?

Dr. Laura Braden

To my knowledge, 10 to 15 years.

Commissioner Drysdale

I have an additional question, I apologize. If I understood your testimony correctly, you were saying that some of these particles, or some of these revised DNA, were getting into the bacteria within the gut of people. So those bacteria now were carrying, I don't know how to call it.

Dr. Laura Braden

Plasmids.

Commissioner Drysdale

Aren't those bacteria in the gut everywhere? Like, if it's in the gut, is it possible that it's getting into the water supply and they're spreading? Do we know this?

Dr. Laura Braden

The theoretical concern is, absolutely. And no, we don't know this.

Commissioner Drysdale

Okay. Thank you.

Nicolle Snow

Dr. Braden, we thank you for your fascinating and interesting testimony here at the NCI hearing.

Dr. Laura Braden

Thank you and you're welcome.

[00:34:26]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

EVIDENCE

Witness 2: Dr. Matthew Tucker

Full Day 3 Timestamp: 02:18:44–02:49:16

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Sir, do you affirm to tell the truth, the whole truth, and nothing but the truth?

Dr. Matthew Tucker

Yes, sir.

Alison Steeves

Can you tell us your full name, where you're from, and your occupation?

Dr. Matthew Tucker

My name is Dr. Matthew Tucker. I'm a family and emergency medicine doctor in the Annapolis Valley in Nova Scotia.

Alison Steeves

Dr. Tucker, can you please give us a bit of a background with regard to your work experience?

Dr. Matthew Tucker

I was in the Canadian Armed Forces for 21 years, including almost 10 of those years as a doctor. During most of that time as a doctor, I also worked regular shifts at my local emergency departments in three different provinces.

Alison Steeves

So you were in the military for 20 years, 10 of which you worked as a doctor. Are you now working for the military?

Dr. Matthew Tucker
Yes. As a civilian physician.

Alison Steeves
As a civilian physician?

Dr. Matthew Tucker
Yes.

Alison Steeves
Have you recently also been working in an emergency room?

Dr. Matthew Tucker
I was, during most of the pandemic. I took a break beginning in 2021.

Alison Steeves
And please note, Dr. Tucker's CV is Exhibit TR-13.

What is it like working as a military physician?

Dr. Matthew Tucker
It's great. I hope it doesn't sound overly sentimental if I say, I love the men and women in the Canadian Armed Forces. I have a very high opinion of them.

Essentially, what we do, is we do family medicine, in a military clinic, on a military base. A little bit of what we call occupational medicine as well. It's very interesting.

Alison Steeves
Who exactly are your patients? Is it strictly military personnel or families as well?

Dr. Matthew Tucker
In Canada, it's strictly military personnel. That's quite a large question, actually. Probably beyond the scope of this "thing." In other militaries and other countries, the doctors do look after the families and I wish we did, but we don't.

Alison Steeves
Over the past couple years, have you noticed any concerning trends in your patients' cases?

Dr. Matthew Tucker
Well, I think so. I had a conversation, actually, two conversations. Two different people I asked this question, recently. You know, hallway kind of conversations, at the place where I work. And I said, "Is it just me, or is it all we do these days, mental health things? Is people's

mental health worse than ever?” And both of these people said, “It’s not just you.” They see the same thing.

So in my opinion, this is very subjective; I don’t have statistics at hand, but it’s my opinion that there’s been a mental health crisis, where I work, for the past couple of years.

Alison Steeves

You’ve seen an increase in the last couple of years compared to your prior nine or so years of experience?

Dr. Matthew Tucker

I think so.

Alison Steeves

How many doctors work in your clinic right now?

Dr. Matthew Tucker

Not that many. There’s doctors and nurse practitioners. So maybe six clinicians in total.

Alison Steeves

Do you regularly meet to discuss cases?

Dr. Matthew Tucker

Yes.

Alison Steeves

Do you notice a trend in the cases arising for them, as well?

Dr. Matthew Tucker

I think so. I mean, let’s be clear here. It’s not that mental health issues are “new” in the military; military life has always been stressful for people. But I think it’s been a significant theme in the past couple of years.

Alison Steeves

Do you have any theories as to why you and your colleagues at the military are seeing this increase in mental health issues?

Dr. Matthew Tucker

Well, I do think that a lot of it has to do with the stresses of the COVID restrictions over the past couple of years.

Can I tell you guys a story, a personal story? It’s a true story. When I was a brand-new doctor—this was on a military base in Ontario—my wife and I were shopping for our first

house. We settled on a house and our realtor turned to us and said to my wife, "This is a good choice. This is a good neighborhood for you because 'I'm' going to be away a lot." I don't know why I didn't believe her, but at the end of four years, when we were leaving that place, I had been away from home for 11 months.

So these are the sorts of stresses that military people deal with. I think that every Canadian has had a lot of stress over the past couple of years. Most people report that they were affected by the COVID measures in some way. But I think that military people have particular stresses that affect them particularly. Like having to go away frequently. Like having to move around. And I think that the COVID restrictions were particularly hard during times like that. I think this was a trigger for a lot of anxiety and depression.

Alison Steeves

So the standard COVID measures that applied to everyone would have particular, unique sort of impacts on those who are used to travelling and being away from family, the way that the military would.

[00:05:00]

Dr. Matthew Tucker

I think so.

Alison Steeves

And can you elaborate a bit on the type of symptoms that patients present with when they have these mental health issues?

Dr. Matthew Tucker

Yeah, thanks for asking that actually. I'm sort of passionate about that question because I think that a lot of people, non-medical people— I think they don't know what the symptoms of depression are. Of course, the classic, the obvious symptom of depression is low mood. But there's quite a number of other symptoms that go along with depression and anxiety.

Things like not sleeping, not eating, low energy, not doing anything for fun anymore, feeling bad about things that perhaps aren't reasonable. And so, I've seen a lot of this lately. People afraid to go out in public, afraid to go to work because they're anxious. I've seen a lot of it lately.

Alison Steeves

Have any of the patients you've seen commented on the link to, sort of, the COVID restrictions or the impact of the COVID measures?

Dr. Matthew Tucker

Yes. Certainly, I've heard that sort of mentioned in passing by patients a number of times. I heard it explicitly, recently, because I asked one of them. I said to him, I said, "hey"— I've seen this person, who I've gotten to know as a patient over the past year or so, a person with significant anxiety. I said to this person, "Hey, listen man, I just want to ask you

something. This might seem like a random weird question but can I just ask you? Do you think that you had trouble with the COVID restrictions?” And his face lit up and he said, “Yes, that’s when all this started!” He said, “I was on a military base where I wasn’t allowed to go anywhere. My family wasn’t allowed to come visit me because of the travel restrictions. We had kids at home. We had no family support because my extended family is from out here, and we were on this base out here. We had an erratic sort of work schedule where it was ever evolving. That was very stressful.”

So I think, definitely, yes. These sorts of things were very stressful on our people.

Alison Steeves

Were there aspects of the military, were there certain measures in the military or unique kind of features of the military that would create sort of impacts on military members? Sort of things that, in the way the military operates, they would have specific measures that wouldn’t affect other Canadians?

Dr. Matthew Tucker

Well, I think I already mentioned those. The frequent travel. So imagine the stress not only on military members when they have to travel frequently. They have to self-isolate frequently before they travel anywhere. They’re worried about their families who are stuck at home with no support because of travel restrictions.

Alison Steeves

With COVID measures reduced now, have you seen a decrease again in mental health issues?

Dr. Matthew Tucker

Well, I think that’s a hard question to answer. I think on the one hand, yes. Many people are doing better now. Although I would say that I think many of those people are probably the people who would not have come to see me to begin with. I am still aware of a number of people, who I would say, the COVID measures, the COVID stresses were probably the straw that broke the camel’s back for these people. And they have not really gotten better, even though the world may be returning to normal(ish).

Alison Steeves

Is it your observation with anxiety and depression that, even if it’s caused by social determinants or external factors, that once it sort of takes hold, it can be hard to treat, even if those factors are—

Dr. Matthew Tucker

That can happen. Now frequently, it does get better. In medical parlance, we have this term called “social determinants of health.” And if you ameliorate the social determinants of health, it is true that people frequently get better. But everybody is different and it can be hit or miss.

Alison Steeves

As someone who spent 20 years in the military, can you speak to how a rise in mental health issues, anxiety and depression among military personnel, could have an impact on day-to-day military operations?

Dr. Matthew Tucker

Well, I think that's a fairly self-evident no-brainer. If people are sick, they can't go to work. They can't perform their jobs. It's going to affect the ability to carry out a mission successfully.

[00:10:00]

And I'll tell you something. Part of the reason that I'm passionate about this, part of the reason I'm passionate about our people's health is that—it's not a secret when I tell you this—that the military has a personnel crisis right now. A lot of people are leaving. A lot of people have left. A lot of people are very sick. And I think it's a fairly self-evident no-brainer that that is a—I guess you could say it affects the security of the country if people are too sick to perform the mission.

Alison Steeves

So you are seeing people leave due to those reasons, the mental health issues?

Dr. Matthew Tucker

Yes. I think so.

Alison Steeves

Dr. Tucker, during the pandemic, up until late 2021, you were also working part-time at the local emergency room in Annapolis Valley, correct?

Dr. Matthew Tucker

Yes ma'am.

Alison Steeves

This was not associated with your military practice, correct?

Dr. Matthew Tucker

Correct.

Alison Steeves

At that time, and of course you weren't there as long into the pandemic, so it's hard to compare, but did you also see a trend in rising anxiety and depression?

Dr. Matthew Tucker

I think so. When people come to the emergency department with mental health issues, it typically presents a little bit differently than it does at a family medicine or primary care clinic.

I find that typically, what will happen is, you'll pick up a chart and the triage notes will say that the person is there for something like "situational crisis" or "mental health crisis." So what will happen is, you'll go see them and you talk to them, and it becomes clear that they're suffering from anxiety or depression, stress from whatever is going on in their life.

So during the COVID period, yes, I do think there was a certain amount of that. I do remember seeing several patients at the emergency department who I'd go see, and the triage notes said they were there for situational crisis or mental health crisis or whatever. And I'd go see them. And it became clear, that these people were just— They couldn't make it work anymore because, maybe the measures were affecting their job, there was financial concerns. Maybe their families weren't able to come visit them to help with their little kids or whatever. This was in the general public, and of course, the emergency department serves the general public.

Although, I will tell you something else, going back to the question about the military families. In case you don't know this, every community hospital that's close to a military base looks after military families all the time. And the reason for that is because these people move around all the time, so they don't have doctors, and so they go to their local hospital all the time. And I'm going to tell you something else. Military spouses basically deserve a medal for what they deal with, okay? You know, there's military medals; I think there should be a spousal medal for what they have to deal with. They put up with so much when their spouses are away.

Imagine this. Can you imagine this? Imagine you're a military spouse, okay? And you get uprooted from the place where you're from. Your spouse is stationed at a military base that's far away from where you're from. So you have to move to this place, where you don't know anybody and you've never been. And it's 2,000 kilometres, several provinces away from your extended family. And you don't know anybody. So you depend upon things like activities— You know, clubs, peer networks, your kids' school, churches, whatever. And then imagine that all these things are shut down, and you have nobody. You have nothing. And because of inter-provincial travel restrictions, your extended family is not able to come and look after you. So I would also see those people at the hospital, a couple times.

Alison Steeves

And you would see the mental health impact in some of those patients?

Dr. Matthew Tucker

Yeah, yeah.

Alison Steeves

Going back to the beginning of the pandemic, working in an emergency room, can you tell us a bit about what that was like, circa February 2020?

Dr. Matthew Tucker

A very interesting question because we did a— Everybody knew that this COVID thing was coming. And at the beginning, doctors, I think, didn't really know what it was. Didn't know what to expect. Didn't know what kind of symptoms to expect. And so, at my hospital, what they did was, they decided to organize some practice sessions. Which is always a good idea. They organized some practice sessions on how to deal with a respiratory emergency. So I went down to the hospital a couple of times. We did a couple of practice sessions about how to deal with a respiratory emergency, where we'd have a mock patient.

[00:15:00]

And I would participate in the team. And there would be your nursing team. And we did a practice scenario or two, okay? And we felt great about it. We thought, this is great. We're all practised up. We've got our skills all practised up. We can save people's lives if they come in. It's great. And you know what happened? Nothing. The patients never showed up.

So I'm going to say this. And people, especially people in other parts of the country or other parts of the world, they may have trouble believing this or they may think I'm misspeaking: I'm not misspeaking when I say, I worked regularly in the emergency department, once or twice a week, throughout 2020, throughout 2021. And I never met a single COVID patient until January of 2022.

Alison Steeves

So no flood of COVID patients?

Dr. Matthew Tucker

No. And the only reason I met them then in January of 2022, was because at Christmas time in 2021, the military people were finally allowed to go home for Christmas and so they came back with it.

Alison Steeves

Dr. Tucker, why did you feel that you wanted to come and speak here today at the National Citizens Inquiry?

Dr. Matthew Tucker

Well, I was asked if I would. And I thought to myself, I feel like there are a number of stories from Canadians that haven't been heard or are not being heard. Still not being heard. I think that everybody deserves to have a voice in the national conversation. And I thought that maybe I could shed some light on some voices that haven't been heard—just with the view towards improving our healthcare system and improving the lives of the people that I care about.

Alison Steeves

Thank you very much. I'll turn it over to the Commission if you have any questions.

Commissioner Massie

Thank you very much for your testimony. My first question would have to do with the condition of the family, around the military.

Dr. Matthew Tucker

Yes.

Commissioner Massie

How extensive could be the isolation, based on assignment, when they move from one location to the other? In other words, do they have the time to build a social network or are they moved constantly so they have to rebuild it all the time?

Dr. Matthew Tucker

That's a very good question. I could answer it at length; there's multiple components to that question. The short answer is, it depends, okay? Sometimes people stay in the same area, at the same military base for 10, 15 years. That's more common than it used to be; it's more common on certain bases. Sometimes, people move around every two or three years. So it all depends.

And I will tell you this though, based on my experience, this is my experience in being fluent with this culture. People usually say, as a general rule, that in the military, when you get stationed, it takes sort of a year just to get your feet under you with understanding what the amenities are in the local area. It probably takes two or three years to really start building relationships with other people to the point where you feel comfortable there. And so absolutely, that can be very difficult on families. And in particular, a lot of our military bases are located in smaller rural areas that might be even harder for people.

And so going back to the COVID stuff: If stuff is shut down, a lot of these military families, and I said spouses before, but it's also the kids. It's also the kids. It's very hard on them.

Commissioner Massie

I have another question with respect to the mental health issue. I know it's kind of difficult to define because it could have many different components. I know that you're not, in theory, in contact with families or the kids and so on. But have you noticed, or have you heard of, special conditions affecting the kids also of the military? Because of the isolation and travel restrictions was there something— And all of the other conditions that the kids were subjected to because of the lockdowns?

Dr. Matthew Tucker

Yes, yes. I think I said that when I was talking about seeing these families at the emergency department, I think I said spouses, but it's kids too. Kids will typically present in a different way. It may say behavioural issues, but that can encompass a variety of things.

[00:20:00]

You know, whether it's childhood anxiety, depression, ADHD that's not been properly diagnosed.

Commissioner Massie

I'm going to ask a sort of broad question. Knowing what you know now, from the experience of what happened over the past three years, what would you recommend we should have done differently with respect to managing this whole health crisis? I know it's a broad question, but—

Dr. Matthew Tucker

It's a broad question. I'm not sure it's my place to answer that question. I sort of felt like I came here to tell you what I've seen. I'm not sure it's my place to— I don't have all the information to answer the question. But I think my best answer to that, maybe, would be—I think the biggest recommendation that I would have made would have been to say, I would have liked to have seen everybody listened to.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

Good morning. I would just like to, kind of, further the comment that you made about— You alluded to the military personnel being in somewhat of a crisis in terms of, I guess, recruitment and retention, possibly?

Dr. Matthew Tucker

Yes, yes.

Commissioner Kaikkonen

So we know across the country, there's been a lot of connections with, you know— People are stepping back, this quiet quitting. And as a doctor, who would be seeing all of this and wondering as well.

From my perspective, I'd like to know, is there a way to counter the quiet quitting, this stepping back from working, being part of the community, volunteering? Do you have any kind of tidbits that would help people to step out from their homes and not be so fearful? Just from your perspective as a doctor.

Dr. Matthew Tucker

Can you elaborate on the question a little bit, like how to counter—

Commissioner Kaikkonen

We have this quiet quitting movement. There's a lot of employers who can't find employees. There's a lot of charities now who don't have volunteers. And it seems to be increasing; they call it the "quiet quitting movement." And it seems to be increasing in not just pockets of the country that had very tight restrictions, but it's spreading across the country. Even to those provinces that didn't have as quite—the restrictions were less than, maybe, the Atlantic region.

And I'm just wondering if you have any counsel, from a physician's perspective, of how we can counter that movement. And say that, "You have a place, you have a purpose in this world. You have a place that's important." The social fabric is dependent on people being participants.

Is there some way that you can add to that conversation that might actually encourage people who may be watching from online or in here? That they could say, "You know, I have been moving outside of the social fabric. Is there a way that I can participate, that I should be participating?" And maybe encourage those people who are listening. Particularly online because all of you did show up. But, you know, just to try to encourage people to move forward and maybe counter what seems to be happening and may increase and, actually, seriously disintegrate our social fabric. Thank you.

Dr. Matthew Tucker

Okay, I think that's a big question. I think you already answered some of it yourself. I think the very short answer to a very big question would be, you have to find a way to re-engage people with society. I think there would have to be a re-emergence of social cohesion, shared values, shared purpose. I suppose that efforts that would help, you know, build communities and bring people together would be the start to that.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

I have a number of questions myself, and there's two questions from the audience.

Dr. Matthew Tucker

Yes, sir.

Commissioner Drysdale

But first, before I start that, I want to thank you for your service: 20 years of service to our country. So you were with the Canadian Armed Forces for 20 years.

Dr. Matthew Tucker

Yes, sir.

[00:25:00]

Commissioner Drysdale

Would you say that the Canadian Armed Forces is effective at evaluating risk and solutions to unusual problems?

Dr. Matthew Tucker

In general, yes. I mean, listen— To a certain extent, that's not my place to comment on.

Commissioner Drysdale

No, but—

Dr. Matthew Tucker

I mean, the people that make these assessments, they would rely on a variety of metrics that I don't have access to. But I think in general, yes, that's part of what they do.

Commissioner Drysdale

That's part of what they do.

You also mentioned that in 2020, when the pandemic was first announced, there was uncertainty in, at least in your medical community, about what it entailed and what it might mean. And you did some tests, some practice runs, to see how you might handle that.

Dr. Matthew Tucker

That's right.

Commissioner Drysdale

How far into the pandemic was it before you or your colleagues began to understand that COVID was affected by the age? In other words, the risk to an 85-year-old might be less than the risk to a 19-year-old?

Dr. Matthew Tucker

How long did it take to realize that? I would say, I mean, I don't remember for sure. A lot of stuff has happened in the past couple of years.

Commissioner Drysdale

Sure.

Dr. Matthew Tucker

But I would say, you know, probably later in 2020, that started to dawn on us. But I mean, it was hard for us to realize that where I worked because we didn't see any of it.

Commissioner Drysdale

Right, right. But even where you were and you didn't see anything, I guess, with what you were hearing in the press and what you were talking to your colleagues about, they were starting to understand that it was related or it was vastly related to age, or it was riskier.

Dr. Matthew Tucker

Yeah. I would say sort of later in 2020 that that started to become clear.

Commissioner Drysdale

When did the Canadian Armed Forces require or mandate vaccines for members?

Dr. Matthew Tucker

In the fall of 2021.

Commissioner Drysdale

So in the fall of 2021, how many 85-year-old members are there in the Canadian Armed Forces, that you are aware of?

Dr. Matthew Tucker

So listen, they keep increasing the age where you're allowed to stay, but it's not to 85 yet.

Commissioner Drysdale

Being an organization, that's part of their task, and they do it very well, in my opinion, is to assess risk, understand unusual situations, and respond in an appropriate way. And if the information seemed to be available in 2020, and they didn't have members who were in that age group, do you have any idea why they would have mandated the unknown vaccine?

Dr. Matthew Tucker

I can't answer that question. That's way beyond my pay grade.

Commissioner Drysdale

Okay. I have two questions that were submitted by the audience. The first one is, and this might be a difficult one too. Knowing that we understand— This is a commentary following the witness that was on prior to you, Dr. Braden.

Dr. Matthew Tucker

Okay.

Commissioner Drysdale

"Knowing that we understand the spike protein that does cross the blood-brain barrier, is it possible, or should we be wondering, if this may also be contributing to the increased incidence of anxiety and depression?"

Dr. Matthew Tucker

I mean, my short answer to that is, maybe. Like any number of things, I think it requires more study.

Commissioner Drysdale

Okay. The last question is, "With regard to military members, who for either medical or religious reasons requested an exemption from the vaccine mandate," and I guess weren't provided with one, "how would that have contributed to their increased stress levels?"

Dr. Matthew Tucker

Well, it increased it. I mean, if you want to know, I certainly saw that sort of thing.

Commissioner Drysdale

Yes. Well, thank you very much.

Dr. Matthew Tucker

Okay. Can I just say one more thing? Are we done? Okay, can I say one more thing? I feel very strongly about this. I know the inquiry heard yesterday from some people who have been through some things that have led them to have had bad experiences with the medical system.

Can I just say, for the record, to those people, or to anybody else who may benefit from hearing this: That I don't think it's ever appropriate, in any medical context, for anybody to be belittled or laughed at or made fun of or dehumanized for their personal medical choices. Or for their anxieties and concerns about what's going on with them.

[00:30:00]

That's never appropriate. Everybody always deserves to be treated professionally and empathetically. And to those people who have had that experience, I just want to say I'm sorry to hear that you had to deal with that and I would never treat you that way.

That's it.

Alison Steeves

Thank you, Dr. Tucker.

[00:30:32]

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

EVIDENCE

Witness 3: Dr. Aris Lavranos

Full Day 3 Timestamp: 02:51:30–03:41:11

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Perhaps I would swear, affirm the witness then? Yes, sir, you affirm that you will tell the truth, the whole truth, and nothing but the truth.

Dr. Aris Lavranos

I do.

Ches Crosbie

Thank you.

Chad Horton

Good morning, sir.

Dr. Aris Lavranos

Morning.

Chad Horton

Could you kindly introduce yourself to the Commission?

Dr. Aris Lavranos

My name is Dr. Aris Lavranos. I have been an emergency physician for about eight years now. I have a very, very small sort of family clinic where I see patients in an outpatient setting, follow-up in the emergency department, which I've been doing for a couple of years, really in response to COVID. And I am just about to graduate from law school.

Chad Horton

Now, can you speak a little bit more expansively, Dr. Lavranos, about your history of practice and your areas of practice?

Dr. Aris Lavranos

Sure. So I did my residency and fellowship in Ontario between Kitchener-Waterloo, Hamilton, Collingwood, Southlake, sort of that area. I returned to Nova Scotia about six or seven years ago. I practised all over the province, practised in Digby, practised in Amherst, practised in Kentville, the IWK, Central Zone, Truro, travelled throughout the province. Over the COVID crisis, I practised mostly from Truro, occasionally in Kentville, the IWK, and [inaudible: 00:01:43] emergency departments.

Chad Horton

Okay, so when you say that you practise in emergency departments, would you be classified as an emergency room physician?

Dr. Aris Lavranos

Oh, yeah. And I did my family medicine training with a fellowship in emergency medicine, so a sort of subspecialty in that and that's what I did almost exclusively.

Chad Horton

And what does emergency medicine contemplate?

Dr. Aris Lavranos

The primary care in general sees everybody as their entrance way into the healthcare system. But generally speaking, the emergency department is the face of the hospital structure to the public. So one of the things that I often like to comment on—and I think some of my other colleagues have mentioned it already—is that public health decisions, the impact of those, is felt in places like the emergency department, perhaps predominantly in the emergency department. A lot of public health consequences aren't always amenable or agreeable to being seen and followed up in primary care in a family physician's office. So an acute case of sexually transmitted infection, acute case of a sick child who might not get in to a family medicine appointment, we see a lot of those kinds of consequences.

Chad Horton

Now, you just commented on public health policy a little bit and this is something that came up during the testimony of Dr. Chris Milburn. And this is on the record, on the public record in the news. But Dr. Strang I understand made some comments that, as an emergency room physician, Dr. Milburn should not be commenting on public health policy.

As an emergency physician, are you qualified to comment or have an opinion on public health policy?

Dr. Aris Lavranos

Yeah, absolutely, absolutely. I think stating anything otherwise is a little ludicrous. We see patients who are and are not wearing their helmets in bicycle accidents, right? Who are and are not wearing their seatbelts and this is all within the ambit of public health. You know, if we have epidemics or outbreaks of infections, infectious diseases, measles outbreaks, sexually transmitted infections— I mean, we are exposed to all of those things. And then, of course other consequences of sort of, let's say, more broad social determinants of health, which also falls in the ambit of public health. So for example, if smoking cessation improves, we do not see as many smoking-related issues. If, you know, children start vaping a lot more, we see a lot more evidence of consequences of vaping in children, and so on. So we are certainly exposed to all of that. And it would be within the ambit of anybody, let alone someone who has a public health background or understanding, expertise, as emergency physicians alone, to be qualified to comment on that.

Chad Horton

And for the record, can you confirm Dr. Lavranos that you've provided me with a copy of your CV?

Dr. Aris Lavranos

Yes, I have.

Chad Horton

Okay, and that will be entered as an exhibit for the Commission [TR-16].

Within the scope of your practice—and you've told us that you've covered a fairly wide geographical area of Nova Scotia—approximately how many patients would you attend with or otherwise treat in the run of a week?

[00:05:00]

Dr. Aris Lavranos

So it's a good question. Depending on the week, and how heavy I'm working, how many clinic days or how much schooling, or those sorts of things. But when I was working at my fullest, if I did three or four shifts, I worked more than most of my colleagues when I'm working full-time, I acknowledge that. I could see probably five or six thousand patients a year so that would probably be like the upper limits of what I would see if I was working full-time. So that's 18 to 20, 22 shifts a month, an average of 25 to 30 patients per shift. So it's a lot, yeah. It's a big number.

Chad Horton

And at the beginning of the pandemic, let's go back to early 2020, what were your professional plans?

Dr. Aris Lavranos

Sure. So even before entering— Sort of the idea of going into law, I liked the idea. I've always been interested sort of politically, administration-wise. And my idea was to find more training, leadership courses, certifications to try and bring back some of that expertise into the medical field. But certainly, never to stop practising clinical medicine. I love emergency medicine; I really, really love it, and I think I'm quite good at it. So I mean, there's a tremendous amount of meaning and reward in my life from that.

But then sort of going into law school, I thought I would bring back some of that legal training, do something college-related or administration-related. But as a consequence of the COVID pandemic, my life trajectory has changed dramatically, dramatically. So my pursuits now are— I've become very, very disillusioned with the practice of medicine in Canada generally, in Nova Scotia specifically. I think that a lot of the consequences and crises that we are seeing now could have been mitigated, at the very least, if not diverted outright. And so, I am pursuing a career in medical malpractice to try and hold hospitals and physicians accountable for the errors that lead to the crises we see.

Chad Horton

That's very interesting. And for the benefit of the Commission, can you just briefly talk about when you went to law school and why you did that initially?

Dr. Aris Lavranos

Yeah, so again, that was not the intention. I really, really enjoyed my advanced negligence course, I really enjoyed my tort course in first year. But I liked constitutional law, I liked administrative law, I liked the idea of supporting health care policy. You know, I contributed at least likely to Tim Houston's plan in Nova Scotia to legal bodies advocating for certain conservative platforms for health care. So that was kind of the direction that I was originally interested in. So the idea of medical malpractice was very, was new. That was later on, definitely.

Chad Horton

And a final question about that, Dr. Lavranos. When did you go to law school? When did you graduate, if you have graduated? And did you continue to practise medicine while you were a student?

Dr. Aris Lavranos

I did. I practised medicine throughout law school. I did sometimes, like, a reduced load. We consider 16-ish, 14 to 16 shifts to be full-time emergency medicine practice per month. I would do 6, 8, maybe even 10 in the month, depending on what the month was, so not quite full-time practice during school. During reading weeks, during the summer, it would jump back up to sort of a much more heavy, heavier workload. I started law school in 2020. But I worked throughout the pandemic; school hadn't started at the beginning of the pandemic, so I worked pretty intensely over the first nine months of 2020.

Chad Horton

And has that completed or are you still in that process?

Dr. Aris Lavranos

Yeah, so I'm still doing that. My law school has another six weeks or seven weeks of school.

Chad Horton

All right, we'll shift gears and go back to the pandemic itself and your experience as a physician. Now, based on your education training experience, in any medical literature you had read, what was your understanding on the front end of the pandemic of the danger posed to public health in Nova Scotia by COVID-19?

Dr. Aris Lavranos

Yeah, so I was definitely one of the biggest alarmists when it comes to COVID in the beginning of 2020. January 24th or the 26th, I can't remember which of those two, but I was on shift in Truro.

[00:10:00]

I was handing over to my chief, or they were sort of on shift with me, and Xi Jinping of the CCP had just announced that they were going to shut down the province of Hubei, Wuhan, whatever. And I had thought to myself, this is going to be peri-apocalyptic. For somebody in such a precarious position of power on the world stage to announce— The political ramifications of that, I thought that this was going to be massive. At that time, I was very much on board: "Two weeks to stop the spread," I thought it sounded insufficient. I thought that we really needed to have closed borders immediately. This whole idea of Trump having been racist for suggesting that and, "Oh, you should just go and eat at Chinatown," the Democrats were saying. I thought that this was not appropriate. I was, like, people are underemphasizing how dangerous this could be.

But that perspective only lasted maybe a couple of months. Once we started to see the zero-prevalence data that was coming out at the end of 2020, the beginning of 2021, that's when it was published. But the data that was out there beforehand—end of 2020, by Bhattacharya and Ioannidis—showed that it was probably nowhere near as fatal as we had thought. The Diamond Princess cruise ship was the first week of February, the second week of February. Nine hundred people of 3,000 contracted the virus I think, something like that. Maybe nine people or seven people died. So not nearly what we had thought or what we had expected.

These videos of people collapsing in China, largely discredited. The reports out of Tehran, largely discredited. Demographic data coming out of New York was very early on in the summer; I think it was like June or July of 2020. Thirty per cent, 35 per cent of all fatalities were happening from long-term care facilities with people who were extremely old and extremely co-morbid. So very quickly, I became sort of disillusioned with the idea of the alarmism and the hysteria that was sort of flowing around COVID.

Chad Horton

Just a brief point of clarification, Dr. Lavranos, for the audience. When you say individuals were largely co-morbid, what does that mean?

Dr. Aris Lavranos

Yeah, so I mean, like, there was this meme that went around when the CDC published the data showing that something like 94 per cent of patients who succumbed to COVID had 2.6 co-morbidities. So those are chronic conditions that stick with you. Now, appropriately a lot of push-back against that was, well, lots of people have co-morbidities. For sure. But the average ages of death were fairly advanced and patients were very co-morbid. And if you looked at the number of patients who were healthy who succumbed to COVID, it was a really much older population. So co-morbid means other medical conditions that could contribute to somebody's general frailty.

Chad Horton

Thank you, Dr. Lavranos. And you just touched on another point that has come up a couple of times. And I believe one of our commissioners asked about this. But can you briefly explain, as time went on, your understanding of the age stratification of risk associated with COVID-19?

Dr. Aris Lavranos

Yeah, so it was apparent that this was the single greatest contributor to co-morbidity as a risk factor for COVID morbidity or mortality. So prolonged stays in hospital, even if you survived, or passing away from COVID, it was by far the most important. And I would say probably summer/fall of 2020 is when that was, kind of, very well understood—very well understood. There are other co-morbidities that sort of came out, right? Like, early on, the whole idea— Because it was a quote-unquote, “novel virus.” I mean, at least clinically it was a novel thing. I mean, we’ve heard a little bit about the immunology, virology component about it. Coronaviruses are well understood and well-known for a very long period of time. But at least this was a novel virus, even clinically.

And so, the idea was initially a respiratory-predominant kind of concern. And then it became a little bit more of a coagulopathic concern: that what we thought was actually lung harm turned out to be microangiopathic clot disease, renal failure, heart attacks, that kind of a thing. So our nature, our understanding of it evolved and with that, the co-morbidities that could lead to consequences of that also evolved. But age was certainly the biggest risk factor by far. So several orders of magnitude. If you are 80 years old versus 8 years old, it is a massive difference, like, thousands and thousands of times more lethal for the aging population.

Chad Horton

Now, I want to ask you, Dr. Lavranos, about what you personally observed within your capacity as an emergency room physician as the pandemic evolved throughout 2020.

Dr. Aris Lavranos

Yeah, so, in—

Chad Horton

And just a moment, I apologize for interrupting you doctor. I'm specifically asking about COVID illness.

Dr. Aris Lavranos

Yeah, okay. That's what I was going to follow.

[00:15:00]

Okay, so with respect to COVID specifically, I've seen very, very, very little COVID—very little COVID—over the COVID crisis. If we exclude the last six months; if we look at up until Omicron, let's say, I probably saw 10, maybe 12 people with COVID. Almost all of them had survived. I was seeing them post, right? Like, I saw one person who was sick. They were not sick with me, actually; they became sick later. But I'd see nobody sick with COVID, like having to intubate them, resuscitate them, or anything like that. I never saw anybody like that. I saw maybe a handful of people who had COVID who came in: runny noses, coughs and coughing, sneezing, kind of typical respiratory tract infection sicknesses.

Chad Horton

Well, in the many hospitals that you've worked in, as you explained earlier, did you witness any overburdening of hospital resources as a result of COVID admissions?

Dr. Aris Lavranos

Certainly not, certainly not. It was a bit of a joke in the hospital. In Truro, when I was there, we had our COVID unit stocked and ready. We had a COVID physician on all the time, bracing, waiting. Those physicians were starving for work. They would come down and see patients in the emergency department and call. "Do you have any business? Do you have anybody with COVID around? Do you want us to come and see someone? Oh, that sounds like it could be COVID. Do you want me to come and see them?"

So, it was— No, I never saw it. I never saw any overwhelming of hospital resources.

Chad Horton

And, this is a somewhat redundant question, but I think it's an important question. Do you have any awareness—or can you speak up to today regarding the ultimate mortality numbers appropriately attributable to COVID-19 in Nova Scotia?

Dr. Aris Lavranos

Without having sort of the data here in front of me, the numbers are very low, I would say that. Maybe even extremely low, I would say that. The average age of death in Canada is not much different than it is anywhere else in the world. Tends to be much older, much more co-morbid people. And I mean, like, Nova Scotia, we are older than other places in Canada, there's no doubt about that. So actually, we're considerably older compared to Alberta, and so our risk compared to other provinces is probably a little greater to that extent. I mean, at least colloquially I find, in Canada, it tends to be one of little bit of a "heavier set" provinces. So obesity tends to be a risk factor as well. So in that regard, we're probably a little worse

off than the other parts of Canada. But generally speaking, case fatality rates in Nova Scotia are just like they are everywhere else: very, very low.

Chad Horton

Now, would you have been in a position within your capacity as an emergency physician to observe the impact of anything you would attribute to COVID-19 policy or public health policy?

Dr. Aris Lavranos

Yeah, big time. Definitely. And so, this amazing commentary back and forth between Dr. Chris Milburn and Dr. Strang is interesting to me because we do see that a lot. So deaths of despondency and conditions of despondency—which is substance abuse, substance misuse, suicidality, depression, mental health collapse—is just skyrocketing, absolutely skyrocketed. So from a personal point of view, over the last two and a half, three years, it is alarming, distressing, the amount of those kinds of things that we have seen. So I have just dozens and dozens of examples. Dozens of them.

I'll just relay a few of them that I recall. Two senior citizens, one lady ultimately passed away in hospital. The last thing that she said to me coming from a long-term care facility is, "I'm just so lonely." And that was the last thing that she said alive. I had an elderly gentleman from a long-term care facility, lovely gentleman. I had seen and known him a couple of times before. He really, really regretted going into a long-term care facility just before the pandemic started. He said that he feels like a prisoner, not allowed to leave, not allowed to go out, not allowed to do things. He's like, "I would never have done this. This is unimaginable."

I had an absolutely lovely physiotherapist who came in: two kids, struggling at home, kids aren't in school, husband was a trucker, gone a long time. She was absolutely hysterical in fear over the risk that the virus posed to her, which was very, very low, exceptionally low to a young, healthy person, no co-morbidities.

[00:20:00]

Hysterical with that, asking for anxiolytic help for her anxiety or depression.

The number of patients we've seen who don't have access to their physicians for chronic care, whether it's cardiologists, nephrologists, hematologists, rheumatologists, whatever specialist they are. Number of patients who have come in with surgeries delayed, someone needs a gallbladder out, comes in much sicker because their gallbladder surgery has been delayed. Diagnostic imaging: I've been waiting for an MRI for nine months; it's been put off. My pain, my concern, my fear is getting worse. Missed screening appointments for cancers—loads of that.

And then perhaps worst of all, alcoholism. You know, I'm used to seeing a very slow steady state of alcohol-induced liver cirrhosis over the course of a year. I don't know, probably I see five or less patients. And there were some months over the COVID crisis that I would see five in a month. It was just really, really alarming. A couple of them, one of them I ended up following very closely. Liver transplant. Everything, sort of, fell apart as a consequence of loss of their regular routine, loss of their regular work functioning, loss of their regular

recreation, contact with their loved ones. So I mean like people sort of succumb to their vices of choice.

But the worst of it by far was during my shifts at the IWK. I can't attribute all of this to COVID policy. But I mean, the evidence is overwhelming that, you know, children not being in school, not being exposed to their extracurriculars, not being in touch with the rest of their family units, not being in touch with the rest of their friends, in a household that the parents are struggling more and more financially whereas their co-morbidities are also worsening. So this is not conducive to mental health in a child. And so, when I was at the IWK—especially during end of 2020/2021, somewhere around there—just the amount of mental health use at the IWK was just skyrocketing; emails being sent out, requesting help from the physicians in the emergency department to offload some of the burden from the mental health team as they were seeing such massive volumes of mental health issues.

Meanwhile, there's no COVID in children that we were seeing. Like children were not coming in, you know, like flooding the department with COVID or were super sick with COVID. Or other things, right? Like not having, you know, regular school-based accidents or other extracurricular accidents, or, you know, all the sort of bread-and-butter things that we would see in a pediatric emergency department. Volumes were much, much, much reduced, whereas mental health was skyrocketing.

And it's an interesting thing—sorry to keep going here—but it's an interesting thing because you think to yourself that, well, at least the regular infectious disease patterns were reduced, and that's pretty good for children, right? And the answer seems to be, well, no, because you've got to pay the piper at some point. And the question is, how much interest do you owe? And so, what we're seeing in the last year with children flooding the emergency department sick, right? Just flooding and calls, like, we've never seen anything like this. We can't keep up, and Advil shortages, Tylenol shortages, all those sorts of things. So I mean, the immune debt that follows from all of this are consequences. So we're still seeing the consequences of these kinds of COVID policies, for sure.

Chad Horton

Okay. And I do not want to put words in your mouth, but I just want to make sure that I understand your evidence. When you talk about “immune debt” and an escalation in children's hospitalizations now, am I understanding correctly that what you're saying is—because they were isolated and they weren't regularly exposed to germs or pathogens, that they have weakened immune systems?

Dr. Aris Lavranos

Yeah, I mean like that's kind of the theory of it, right? Well, I guess there are two ways to look at this. One would be this sort of, like, let's say, economic component of it, right? Like the numbers of it. So if one per cent of children who contract viruses are going to get really sick and need to be admitted—and normally that's a slow simmer all the time—well, when they all get sick at once because they all return, even if it's still one percent, the absolute number has risen a lot. So that's one component of it.

The other component is, there's probably some cross immunity between viruses. So you know, in 2020 or 2021, you get a little bit of a runny nose or cough or sneezing from some coronavirus or parainfluenza or adenovirus or whatever. And then, a month or two months

later or six months later or a year later, you get something that is similar in nature. Well, maybe you have a little bit of some cross immunity and so it kind of helps buffer things.

So I mean these are sort of, like, theoretical things.

[00:25:00]

There's no RCT to try and figure out how that's going to work. But certainly, you've got to pay the piper at some point. And so, a slow simmer, I guess, would be what's most preferable.

Chad Horton

Okay. Just a final question in connection with what you just said. And I want to make sure again that I understand you and that the Commission understands you appropriately. What you describe as escalation in pediatric admissions, is it currently related or not related to the COVID-19 virus?

Dr. Aris Lavranos

To my knowledge, it is not. To my knowledge, it is not. I mean like, certainly, there could be. But I mean, the most recent major issue was not associated with the COVID virus, no.

Chad Horton

And one more point of clarification, Dr. Lavranos. When you were speaking, you indicated that there are many issues associated with delayed care. What was the cause of delayed care? You reference diagnostic imaging, you reference surgeries, you reference access to specialists, and some other things. Why was that access inhibited?

Dr. Aris Lavranos

A tremendous amount of resource allocation to preparation and, sort of, shoring of resources in anticipation of COVID harm. For example, I mean, the amount of patients that we see from family physician referrals because of virtual care who were not seen, were not examined. You know, like, we do not have heart rate; we do not have somebody referring somebody who was listening to their chest, you know, felt their pulses, checked their fluid status, those sorts of things. So I mean, we still have a flux of patients who are not being physically seen and who are, at best, being virtually seen, right? So we see all of those kinds of patients.

And then, I mean, there was a big report that came out maybe last year. Sixty-five million dollars over a four-month period were paid to specialists to help support their incomes because they were not seeing patients at the usual rates that they would normally see. So I think that it was several hundred physicians who qualified for that. I think, if I remember correctly, it was over 400. So 400 physicians over four months are getting paid 65 million dollars to support their incomes for not seeing patients. And this is because rooms are being taken for COVID or wings are being taken for COVID or nursing demand is being moved, or whatever the case might be, right?

And so, that has consequences. And the evidence out there for this—apart from, you know, personal experience—is striking. It’s alarming. How much weight gain have people had? How much worse is their hypertension? How much worse is their diabetes? Did somebody have a heart attack that went missed, that ultimately became heart failure because they didn’t want to come in? Did somebody’s diabetic ulcer worsen, progress dramatically, because they were not seen? So these kinds of things are happening all the time as a consequence of— I mean, “neglect” is too harsh a word, but as a consequence of the reprioritization of resources.

Chad Horton

So everything you’ve just described— I think it would be fair to characterize them as negative. The things that you’ve described, would you attribute these negative contingencies to the COVID-19 virus or to public health policy related to COVID-19?

Dr. Aris Lavranos

Right. So looking at what the case fatality rate is, what the demographics of greatest concern, the co-morbidities that are of greatest concern, certainly there could have been— And when we knew this, there could have been a very different approach from a policy point of view to mitigating the harms of the virus. And this has been championed, suggested many, many times by elite physicians, physician groups, states all over the world. So, I mean, the Great Barrington Declaration certainly argued for a focused approach to prevent lockdowns, so the protecting of the most vulnerable.

Did we have a prolific education campaign from public health so that we could educate people on who is at highest risk? I mean, like, certainly by the end of January? No. We did not have public service announcements, town halls advertising and educating the public as to what are the biggest risk factors, the top five risk factors; who is most likely to succumb; and then measures that they can take to protect themselves. We didn’t have anything like that. We had lockdowns of businesses across the board.

So that is a very heavy-handed and, in my estimation, ridiculous approach to what we knew about the virus, even at the end of 2020.

[00:30:00]

Chad Horton

All right. We’re getting close. We have about four minutes left, but there’s something I would like to get into with you if I could. When the vaccines started to roll out, the COVID-19 vaccines, Pfizer, Moderna, et cetera, as an emergency room physician who practised throughout a significant portion of Nova Scotia, did you observe any adverse events associated with these vaccines?

Dr. Aris Lavranos

I did. Yeah, I did. That, in my estimation, were as a consequence of the vaccines. Now, I should say that vaccine policy is one of the COVID policies that I was most, most concerned about and I spent a lot of time in law school sort of researching, studying, and writing about. The rate of adverse events from the vaccines that we saw—that I saw—were much,

much greater in scope than I saw as a consequence of the virus itself. Now, that's my anecdotal experience. I have to admit to that, there's no doubt about that. But that doesn't mean that that would be the case across the board, right? Like, from that I could not say that by conclusion the vaccines are unsafe. I couldn't say that off of my experience.

However, you've got to know that these are exceptionally safe—radically, like, near-certainly safe—in order to have mandates. That is the issue to me when it comes to vaccine policy. It's not the supporting, the encouraging of vaccinations. It's not the addressing of vaccine hesitancy. It's not the mitigating of vaccine harms. If you are going to prevent people from circulating in society; if you are going to attach stigma to a personal health decision; if you are going to label these people as denialists, misogynists, racists, whatever you want to call them; if you are going to inflame society— And we have seen the consequences of that repeatedly throughout history, right? Repeatedly. Whether it was the syphilis epidemic; whether it's HIV epidemics; whether it's abortion options and choice— The stigmatization, criminalization of health care choices has recurrently in society been a major fault. That is a huge public health consequence of messaging. And so, to inflame those tensions, to drive that divisiveness in society in order to push the vaccines, you've got to be really sure that they are, quote-unquote, "safe and effective." And they need to be both: safe and effective. It's insufficient to say, "Well, they're perfectly safe, so who cares? Just give it." Because if they're not effective, then what's the point? You're still taking a lot of harm without the benefit.

Chad Horton

A couple of follow-up questions on that, and I will try to be brief. So you indicated that you observed adverse events, which you attributed to the vaccine.

Dr. Aris Lavranos

Yeah.

Chad Horton

Was there discussion between you and your colleagues about those observations? And what I'm asking you is, was it your sense and experience that you are not alone in what you were seeing?

Dr. Aris Lavranos

Oh, yes, absolutely. Yeah, the evolution of thought in my department was remarkable. So we have about 20 or 25 physicians. What started off as about one or two physicians kind of talking quietly—hushed tones, emails and messages back and forth; concerns about COVID policy; about what is the actual fatality rate; what are the co-morbidities; what is the messaging like, and so on—kind of really started to grow over the course of the two or three years.

And then as vaccines came out, there was a little bit of, "Well, you know, we've got to do everything we can, get everybody immunized," and so on. And you know, "COVID still poses a major risk." But then you start seeing a couple of more issues, like, you know, the whole myocarditis, pericarditis. It's like, "Well, you know, actually, I don't usually see a lot of myocarditis, but I saw two or three last month," or "Well, yeah, you know, I don't see a lot

of pericarditis, but I'm seeing quite a bit of it this month." And you start talking to another one of your colleagues who had [contested that], you're like, "You know, I saw a lot more than I'm used to seeing too." And then you start wondering, did I see this in the context of COVID waves in the past? Not really. And so, these kinds of conversations certainly were happening a lot.

Chad Horton

Okay, on that point, two more questions: Did you receive any education or training regarding the monitoring or the reporting of adverse events associated with these vaccines?

Dr. Aris Lavranos

Any training with the monitoring or reporting, no. No, no, not at all. We got a couple of, as I recall, a couple of flyers saying, you know, "You've got a report." There was I think an email or a post-it note that said, "Please document vaccination status on every chart," so that you can collect data from that point of view.

[00:35:00]

And then because of a really astute and dedicated physician who I work with, we had the link to the reporting address: an electronic link to the reporting address posted around our doctor's area. The link was about that long, would have taken half a minute to a minute to type, just really cumbersome. Very difficult process.

Chad Horton

And if you did report an adverse event, how long would that have taken to go through the process?

Dr. Aris Lavranos

For an event? I think, probably somewhere between five and fifteen minutes, probably five to fifteen minutes, I would guess.

Chad Horton

What is the significance of that within the context of working in a hospital in Nova Scotia?

Dr. Aris Lavranos

In an emergency department? I think that any of my emergency physician colleagues who are here would attest that that is almost prohibitive. It is far, far too cumbersome, far too cumbersome. Yeah, very, very difficult. Labourious.

Chad Horton

And a final question on that point: What were your observations regarding the attitude and culture in hospital regarding reporting adverse events associated with the COVID-19 vaccines?

Dr. Aris Lavranos

I think the vast majority of people would hope that someone else would report it if it turned out to be such an adverse event. So I think that the majority of my colleagues knew it had to be done, but didn't think perhaps, like: "Well, maybe the emergency department, maybe right now is not the best time. Maybe I'll get to it later. Oh, the patient was admitted, hopefully it'll happen. Oh, they're going to get followed up from a family physician or a specialist." Hopefully, somebody else would go about it: I think that was my general sense of the culture of what it was like.

Even the ones who were most diligent, who were, like "I've got to do this," even they found it difficult. Because I mean, 15 minutes, if you were going to do that, let's just say twice, three times a shift: 15 minutes is definitely enough time to see one patient. So that means that that physician would see maybe two or three fewer patients that shift, just as a consequence of having to go through this reporting. And so, two or three per shift may not seem like that much, but there are many physicians who are working in the department at a single time. So if we have, you know, six, seven, or eight shifts, now that's suddenly 24 patients we did not get seen over the course of a day as a consequence of having to make this reporting. If that's the numbers, give or take, that we're looking at.

Chad Horton

I could talk to you all afternoon, Dr. Lavranos. One more question. It was suggested by a witness yesterday, a nurse with, I believe, 40 years experience: that the under-reporting of adverse events associated with the vaccines was in her estimation a significant issue. Do you agree with that statement based on your experience?

Dr. Aris Lavranos

Yeah, it's a really good question. Because, on the one hand, under-reporting might be a problem, absolutely. On the other hand, you might have over-reporting by some or by individuals, right? And so, the signal is very, very noisy. There's no doubt it's very noisy. The adverse reporting system is not great. I think that there are still other ways of looking at what are the potential consequences that are probably better. So if diagnostic codes for people coming in can be measured, monitored—so like, how many people had a heart attack in January of 2018—we could find that kind of the data, right? And then how many people had a heart attack in January of 2019, and then in 2020, '21, '22? So you have sort of bigger systems that can look at this.

The problem is at a much smaller, narrower focus, you can't really look at it in, perhaps, acute real-time and respond as quickly as you should. So I mean, one of the take-home messages of the pandemic certainly would be to increase the reliability of such a reporting system. Right? If for example: only physicians had access, you needed to have a physician code to register, the system was a lot more streamlined, maybe you could electronically tag a patient's MRN number or their health card number and just, like, easily auto-populate some kind of a form. So it's definitely room for improvement, is what I would say.

Chad Horton

Okay, Dr. Lavranos, I will turn you over to the Commission, and I have some questions to provide to them I believe from the audience.

Dr. Aris Lavranos

Thank you.

[00:40:00]

Chad Horton

Alright. Now, does the Commission have any questions for Dr. Lavranos?

Commissioner Massie

Yeah, thank you very much for your testimony. One of the questions that I have, you mentioned that, initially, in the community of doctors you were working with, there was just a few that were sort of aware that maybe some things were not going on as they were presented by the health authority. And with time, with the practice, they evolved.

What would you say now, currently, is the level of awareness of your colleagues in the small group of people you were?

Dr. Aris Lavranos

I would say from, in the group that I talked to and work with closely, I would say nearly 100 per cent. Nearly 100 per cent. So I would say of 20 physicians, 19 of them sort of look back in hindsight and think to themselves this was not— This was not very well managed.

Commissioner Massie

And I guess the corollary question is, how many of them are willing to speak up?

Dr. Aris Lavranos

Me. I think just the one, yeah. I have other colleagues who have helped me write letters. So we wrote a letter to the NSHA [Nova Scotia Health Authority] [Exhibit TR-16b] [Response, Exhibit TR-16c]. I had a meeting with Dr. Strang in 2021. I wrote a letter to Tim Houston and the government [Exhibit TR-16a], and I've had many colleagues who have written and signed the letter with me. But this was largely sort of like a personal communication, kind of a sense of anonymity. So how many would be willing to sort of like sit here where I am sitting? It's just me. The rest of them, too concerned about fallout, too concerned about reputational damage, that sort of thing.

Commissioner Massie

So I guess my question is that— Because of this issue of repercussion to speak up, from your personal path, I guess, why is it that you are coming up and expressing yourself on those issues? Knowing fairly well that it could actually turn out into some consequences which are not very good.

Dr. Aris Lavranos

I've got a lovely family. I love my wife very much. She understands, supports me. I am privileged enough to work in an environment where, you know, knock on wood, my job

security is still pretty high. I am already having sort of a transition point into a different industry. And the competition that it has and the open-mindedness that it permits is different than healthcare. But all of those things aside, there's that great Alexander Solzhenitsyn quote that says, "Let the lie come into the world, let it even win, but not through me." So I take this to heart. I think that it's really, really important. The spirit of the truth is really important to embrace and to promulgate. So any consequences that come from speaking the truth are consequences that are worth following. So you know, I'm okay.

Commissioner Massie

And maybe one last question. Given that it's been reported, I think fairly broadly, that the number of therapeutic interventions of different types—as early or sometimes later-on treatment—could actually have a big impact on the outcome.

[00:45:00]

And yet it's still fairly, I would say, suppressed in practice for a number of reasons.

Do you expect that eventually we will come to terms with that, and the health authority will start seeing that these treatments need to be freely authorized and let the doctors practise medicine?

Dr. Aris Lavranos

Yeah, it's a great question. It's actually a big question. My short answer is, I don't think so, no. I don't think that that is likely to happen. I think that there are too many— There's too much of a bureaucracy, too much of an administrative state. Whether it's the College, whether it's guidelines that are produced by healthcare bodies like, for example, the Canadian Thoracic Society or the Canadian Cardiovascular Society. And then there's too much industry and bureaucracy involvement to allow that kind of— And it's just, generally speaking, not really the approach that we have in Canada. So it would take huge shifts to do it.

On the topic of therapeutics more broadly for COVID, just like I had mentioned about the vaccines, you know. The vaccines: I think it would be disingenuous for anyone—anyone—to say that they met our expectations. They most certainly did not meet our expectations. I think everybody would agree to that. Certainly, transmission changed dramatically—their impact on transmission.

I wrote a huge paper in law school, the impact on transmission was very well understood. I was showing some of my colleagues the data last night. Very early in 2021, like January, February, March, you probably thought to yourself, "Oh my God, this is something that we could really hang our hats on. This is something very impactful." But by June for sure, when it comes to transmission, there was a huge study that was done—70 countries, 3,000 counties—showing that there was basically no association between COVID rates and the vaccines. That was published by Subramaniam. The data was released, I think, in August, but it was published thereafter. So that was one of them. Obviously, Israel, you know, the Northeast of the US—so the evidence was overwhelming.

Anyway, my point of all that is to say that even if something is not super efficacious, if it's safe, it's okay to have a conversation about its utility, right? Like give it a go. And with vaccines or with therapeutics, it's totally okay.

So my big issue with the therapeutic conversation early on is that maybe azithromycin, maybe hydroxychloroquine are not panaceas. Maybe ivermectin is not a panacea. These things have been around for a very, very, very long time, and we understand their risks and benefits. And if I was going to prescribe azithromycin—which I do all the time, every week; I would say every week I prescribe azithromycin—and I think to myself, what are the pros and the cons? What are the risks? Who should I give it to? Who should I not give it to? And we give it out.

I don't see much fault in such a system that we've embraced for—ever.

Commissioner Massie

Thank you.

Commissioner DiGregorio

Thank you for your testimony today.

Please correct me if I'm wrong, but I think I heard you say that, early in the pandemic time you were very concerned about the potential dangers, and that later on you developed concerns about health issues going undetected because of an allocation of resources having been put towards COVID units that maybe were not being used as busily as expected.

What's your view on when a reallocation of those resources that were put towards the COVID units should maybe have come back to focus on other health areas?

Dr. Aris Lavranos

I would say probably by the end of 2020, there was sufficient global data to know what was the risk posed. And I think that the strategy could have been much, much better implemented by the end of 2020.

Commissioner DiGregorio

Thank you.

Chad Horton

Thank you very much, Dr. Lavranos.

Dr. Aris Lavranos

Thank you very much, thank you.

[00:49:48]

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

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EVIDENCE

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[00:00:00]

Ches Crosbie

Dr. Davidson, while you're assuming your position there, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Dr. Dion Davidson

I do.

Ches Crosbie

Thank you.

Chad Horton

Good afternoon, Dr. Davidson. Before we get into your examination proper, could you kindly provide the Commission with an overview of your education, training, and experience?

Dr. Dion Davidson

My name is Dr. Dion Davidson. In summary, I'm a vascular surgeon and critical care doctor. I went to medical school in Saskatchewan. I went on to do eight years of general surgery and vascular surgery training after that. My family and I moved to Nova Scotia here to a relatively smaller town in 2005 with a relatively larger hospital, so a regional hospital that had a vascular surgery program. And I've practised in Nova Scotia ever since, basically as a community vascular surgeon and ICU doctor.

Chad Horton

And for the benefit of our audience, what is vascular surgery?

Dr. Dion Davidson

Vascular surgery is the surgical procedures but also a lot of medical management and other aspects of diseases that have to do with arteries and veins, to put it simply.

Chad Horton

And do you have any other areas of interest with respect to your involvement in medicine beyond what you've just described?

Dr. Dion Davidson

As I said, I am or I have, for most of my career, been an ICU doctor as well. For most of my career I served as one of the attending doctors in the ICU at our regional hospital. So I have an interest in critical care; I've worked in that area as well. In addition to sort of community vascular surgery, what we do as vascular surgeons, we do a lot of surgeries on carotid arteries in the neck in order to prevent strokes. We do a lot of surgeries and various procedures for arteries in the legs to relieve pain and prevent amputations. And we repair abdominal aneurysms and other types of aneurysms to prevent rupture and death. So that's kind of the core, I would say, of a community vascular surgery practice, so all vascular surgeons do a lot of that.

In my case, I've also taken a special interest in what's called chronic venous disease, which is a bit of a different offshoot, kind of a less dramatic offshoot of all that. Not life or limb threatening but certainly very common and kind of underserved in the medical community. So those have been my areas of interest. That's what's taken up a lot of my career. I've contributed to two different national committees developing guidelines for carotid artery surgery to prevent stroke and with respect to chronic venous disease as well.

Chad Horton

Well, this is my assumption, but I want to get this on the record. As a layperson, when you tell me that you're a vascular surgeon, my presumption is that perhaps there may not be a great many vascular surgeons practising in the province of Nova Scotia. Are you able to tell us how many vascular surgeons were practising at the start of the pandemic in early 2020, including yourself?

Dr. Dion Davidson

It's maybe not quite as simple to answer as you might think. I'll say that, at the beginning of the pandemic, there would have been five to six full-time vascular surgeons, maybe four to five full-time vascular surgeons. For example, my partner in the Annapolis Valley is also a general surgeon, so he maybe wouldn't be termed a full-time vascular surgeon, and there was some of the same sort of thing happening in Halifax. So it would be a number something like that. And that would be to cover vascular surgery for Nova Scotia and PEI.

Chad Horton

In your practice, how many patients could you expect to treat in the run of a week?

Dr. Dion Davidson

Again, not super easy to answer, but I'll say, in terms of new consults and follow-ups in a given week, maybe 50 to 80, something like that.

[00:05:00]

And then maybe another 10 patients I would provide minor surgeries for, such as wound debridements. Wound debridements would be an example, some minor office procedures. And then, maybe anywhere from one to five bigger surgeries per week that might be sort of planned surgeries during the day, and then, maybe more urgent surgeries during the evening or night time.

Chad Horton

And do you have any experience as an educator?

Dr. Dion Davidson

Yes, I would say I've spent a lot of time in education of nurses, medical students, general surgery residents, family medicine residents as well, in terms of lectures. And then for their electives, accompanying me in clinic and in the operating room. And kind of how we do it as doctors is teach as you interact, as you're working.

Chad Horton

Now, at the beginning of the pandemic, let's say early 2020, what had been your plan for both yourself and your family with respect to your professional future in Nova Scotia?

Dr. Dion Davidson

Before the pandemic, we were dug in. We had been there for, I guess about 15 years at that point, my wife and I. We had raised our three daughters there. I was a really hardworking vascular surgeon. My career and my profession took up obviously most of my life. And my wife became a prominent community leader and businesswoman, including helping the Nova Scotia Health with efforts such as recruiting doctors into the community and things like that—a lot of other volunteer-type work. Two of my daughters were still in the Annapolis Valley at that time. So before the pandemic, we had no plans to ever go anywhere. We were dug into Nova Scotia, specifically the Annapolis Valley. Our plan was to stay there forever.

Chad Horton

Okay, and we'll get into your experience throughout the pandemic in a moment. I just want to bring us up to the present and ask you, Dr. Davidson, what are your plans professionally for yourself and your plans for your family currently?

Dr. Dion Davidson

Well, I've resigned my position, kind of at the tail end now of a long and awkward process of resigning. And my wife and our youngest daughter and I are moving out of Nova Scotia.

Chad Horton

Why is that, Dr. Davidson?

Dr. Dion Davidson

We're moving because, I mean, to put it simply: we're moving because of the public health response to the COVID pandemic.

Chad Horton

We'll come back to that. Now can you speak to any experience or qualifications you have with respect to the review and interpretation of medical research literature?

Dr. Dion Davidson

Yeah, I'm not an epidemiologist, but I'm a doctor. And a major aspect of medical school education is the concept of evidence-based medicine. We're taught quite extensively from a very early point how to interpret scientific papers—we're talking about research methods and biostatistics—so that we can, throughout our careers, be able to look at the scientific literature and know what to look for in terms of quality of scientific literature, what it's trying to say, what it's actually saying, what data means. So that's a major component of medical school education. And almost every doctor, almost every day, to some extent, has to assess the medical literature and interpret it. In addition, I took some additional biostatistics classes during my surgical training. Yeah, I mean, maybe no more than any other specialist, but it's certainly part of what we normally do as doctors is review scientific literature.

Chad Horton

Do you have any specific education or training with respect to medical ethics?

Dr. Dion Davidson

It'd be the same answer. I guess the short answer is, not in addition to what we are taught as doctors from a very early point, before we're doctors. A very early point in medical school and all through medical school, principles of medical ethics are strongly emphasized.

[00:10:00]

I mean, not only that, but they come up every day and with every patient to a certain extent. So I also don't have a PhD in philosophy, but I would say that I'm very knowledgeable about the basic premises of medical ethics.

Chad Horton

Can you talk about the concept of informed consent as it applies to the practice of medicine?

Dr. Dion Davidson

Yeah, informed consent is a major cornerstone of medical ethics. And I don't know, maybe it's more obvious to some than others. But obviously, it is a principle that we never as doctors, ever, ever, force a medical intervention on someone. History is replete with examples of times where doctors have done that. And those very sad episodes in history are sort of in the background as we talk about consent. Consent needs to be free—free of coercion—and informed in order to mean anything.

Chad Horton

And does that principle apply to all medical interventions in Canada?

Dr. Dion Davidson

Does it apply? I mean, historically it would have applied, I would say. One would think, and I think we all would have said before the pandemic, that the threshold for even considering contravening the ethic of informed consent should be extremely high.

Chad Horton

As we entered the pandemic in early 2020, what was your understanding of the danger posed to public health in this province by COVID-19?

Dr. Dion Davidson

Well, I was as concerned as anybody else about COVID-19. Similar to Dr Lavranos' testimony, in early 2020, nobody knew much of anything about this virus, except that it was really serious and that it could be a catastrophe. So I was very concerned about it; I took it very seriously. I started to work with other doctors in our hospital—and again, a lot of this will sound familiar from Aris's testimony—in trying to learn as much as we could about it with the limited information that we had at the time, and then trying to prepare for these waves of critically ill COVID patients that surely were going to be coming to our door. So that concern and fear took up—and trying to prepare—many months going into and through the summer, for sure.

Chad Horton

Okay I'm going to touch on something you just said or perhaps we can expand on it. So you indicated that you were very concerned, like many people were, during the early stages of the pandemic. What was your observation during the early stages of the pandemic regarding the allocation of in-hospital resources?

Dr. Dion Davidson

Well, I think, again, we were all very concerned. We didn't have much data, but we were concerned enough, early on, that we all agreed that we needed to be ready and that it was probably appropriate to slow the hospital down as much as possible. So one thing that was certainly very prominent in our hospital, which has a relatively big surgery department, is that elective surgeries were halted for months. So elective means surgeries that aren't urgent were just deferred. Put on hold. Not done.

Chad Horton

Now when you say surgeries that were not urgent, is that the same as surgeries that were not important? Or are those two different things?

Dr. Dion Davidson

Yeah, certainly, two different things.

Chad Horton

So could an elective surgery still be an important surgery?

Dr. Dion Davidson

Oh, for sure. Yes. I mean, no surgeon should be doing any surgery they don't think it's an important surgery to do.

Chad Horton

Okay, so you've discussed the allocation of in-hospital resources. Shift gears a little bit. What were your observations in hospital with respect to COVID-related illness during the initial stages of the pandemic?

Dr. Dion Davidson

Yeah, again, similar to what Aris was saying: we were geared up and spun up. We were getting ready. I was part of teams of people that where we were trying to develop these protocols about how we would safely intubate patients in respiratory distress and safely get them to the ICU.

[00:15:00]

Including the possibility of emergency surgical airways, if that was going to be needed. And really, certainly, in the early months, there was very little of that. Very few, very small numbers of critically ill COVID patients at first. It's hard for me to kind of remember the exact timeline. But certainly, for the first several months, there was a lot more sort of preparing than there was actually looking after critically ill COVID patients.

Chad Horton

And I think you just referenced critically ill COVID patients, how about during the initial months of the pandemic COVID admissions generally?

Dr. Dion Davidson

I wouldn't have been involved. I would only be involved if they were ICU patients, so there probably were some. My impression was that, again, for several months, it wasn't nearly the numbers that we feared that it would be, even the less sick.

Chad Horton

So you had spoken earlier about your significant apprehensions at the front end of the pandemic. Did your level of apprehension or your areas of concern evolve over time, and if so, how and why did they evolve?

Dr. Dion Davidson

Certainly. I mean, as with many other people, as the spring turned into the fall, we had more data. And it became evident pretty quickly that, again, the virus was serious, and it could be very serious for certain people, but we were getting a very clear picture of who was most at risk. And as we've heard, age was the major factor for that. Comorbidities such as obesity and diabetes played a role as well, but age was certainly the major risk factor. And I feel like that was becoming very clear, certainly as 2020 turned into 2021. So I was becoming, I guess, less concerned that the virus was going to be a world catastrophe. I'm still taking it seriously but less concerned about that.

Chad Horton

And where you're talking about age being a significant factor, is that the idea that Dr. Milburn and Dr. Lavranos described as age stratification of risk, as it relates to COVID-19? Is that the concept?

Dr. Dion Davidson

Yes, exactly. You know, the concept that if you're a healthy child— I mean, there's no such thing as zero in medicine, but if you're a healthy child, your risk of a bad outcome from COVID approaches zero. If you're 80 years old, you're at much higher risk, like a thousandfold risk.

Chad Horton

Okay, what's your understanding of the risk for a healthy adult, somebody who wouldn't be medically classified as elderly? If that's an appropriate classification.

Dr. Dion Davidson

Again, by now there's very good data, even on a decade-by-decade basis. It would be hard for me to give you a number, but for the average healthy 40-year-old, your case fatality, certainly your infection fatality number, is low, less than 1 per cent.

Chad Horton

Is that 1 per cent relative to infections or 1 per cent relative to the population?

Dr. Dion Davidson

Certainly, IFR (infection fatality rate), even the case fatality rate, was probably about that. I don't want to overstate it.

Chad Horton

Sure. Okay, so I believe that you said a few moments ago that the risk posed to children is close to zero. Did I hear you correctly?

Dr. Dion Davidson

Yeah.

Chad Horton

Okay. In light of that perspective, what was your sense of locking down schools or locking down society generally?

Dr. Dion Davidson

Well, yeah, that was my first major crisis moment, I would say. So like everybody else or most people, I understood and probably even supported the idea of two weeks to flatten the curve.

But even then, and certainly as that became two months to flatten the curve and extended longer, I was increasingly distressed about the idea of wide society lockdowns. And for all the reasons that I'm sure, even at that time let alone now, would be obvious to everybody in this room. And it boggled my mind why public health wasn't discussing the potential dangers—not potential dangers but dangers of wide society lockdowns, in terms of rationalizing why they were recommending that.

You know, the downsides are obvious. And you know, again, Aris talked about this.

[00:20:00]

You've heard it before, but the missed cancer screening, the missed cancer diagnoses, the patients staying at home and not seeing their family doctor to manage their diabetes and their blood pressure—all of the strict health downsides should have been obvious. And then the society downsides: children not going to school, not getting the development that they get from going to school, older people dying alone and away from their loved ones.

Again, it was obvious to me, and I have no special insight into this sort of thing. I know it was obvious to many people. Why it wasn't being publicly discussed was very distressing to me. And why, month after month, it was decided that this one virus—which was now just one more way among a thousand other ways that we could die in life—why that one virus was the only thing that public health was concerned with. I just didn't understand that at all, and it really distressed me.

Chad Horton

In your professional medical opinion, was there any medical or scientific evidence that you were aware of during that time that suggested that these ongoing lockdowns should have been or remained implemented?

Dr. Dion Davidson

Not on an ongoing basis. You know, again, we were getting more and more data about who was at risk and who wasn't. The downsides of lockdowns, if they weren't obvious before, I think were becoming more evident. So certainly not on an ongoing basis. There were preeminent, very prominent PhD epidemiologists from Harvard, Oxford, Stanford, who took a step to organize and gather other preeminent PhDs and other researchers and scientists from around the world to suggest that wide society lockdowns were a bad idea.

And they base this on very old planning: that before Covid, somewhat further back in time, the approach to pandemics it had been agreed would be focused protection of those at most risk. It was only with Covid that was actually this new idea that you had to shut down the entire society because of this one virus. And their ideas made a lot of sense to me. I didn't understand why they were being demonized in the public and among this new public health establishment and in the media.

And then, as time wore on, we had glimpses into what other jurisdictions were doing. Countries like Sweden, states like Florida and Texas were not widely shutting down. Or you know, they were undertaking more humane versions of that, again more focused and shorter lockdowns and their age-adjusted mortalities were no worse. In some cases, they were better than areas like New York or California—or Nova Scotia, at least later on—that were undertaking these draconian lockdowns.

Chad Horton

Were you aware of any debate or discussion happening either in hospital amongst your colleagues and leadership or in the public health sphere in Nova Scotia regarding whether these ongoing lockdowns were appropriate? Was it a matter of discussion and debate that you were aware of?

Dr. Dion Davidson

Well, as I said, I was actually very disappointed that it wasn't a matter of public debate. And it wasn't even anything that public health was bringing up, which I would have thought would have been public health's job. So certainly not at that level. In terms of otherwise—Other than me just grumbling and complaining and others sort of agreeing—you know, my colleagues around me sort of agreeing that there would be downsides—there really wasn't a lot of discussion about it, not nearly enough in my opinion.

Chad Horton

You've just discussed your views on the lockdowns. As time wore on, did your concerns begin to evolve or did you have other concerns?

Dr. Dion Davidson

Well, I had other concerns. You know, elective surgeries don't apply so much to vascular surgery. A lot of what we do is life or limb threatening more immediately, if not emergently. So you know, I was still operating, my practice was continuing.

[00:25:00]

And then, in addition to all that, I was trying to help prepare and trying to learn more about COVID. So I was very busy. I carried on. I hoped that public health knew what they were doing in terms of the lockdowns. But as time went on, I was just more and more suspicious of that. I'm not sure if that answers your question or not, but that's how that evolved.

Chad Horton

Absolutely. How about based on your education, training and experience and your understanding of clinical literature, how did you feel about the vaccine rollout and/or the implementation of vaccine mandates?

Dr. Dion Davidson

Yeah, so that was the next point of concern for me. So when the vaccines were being developed, I remember being somewhat concerned at the speed at which it was happening. As you've heard, it would normally take multiple years—five years, ten years minimum—to get a vaccine to the point of new pathogen-to-public rollout.

Donald Trump's administration authorized Operation Warp Speed. And the whole idea of that was that there weren't going to be these normal regulatory processes. They were going to cut the red tape so that these vaccines could be developed more quickly. Which is great if everything goes well, but that means, by definition, you don't have the long-term data, especially in terms of safety. So I had some concern about that. The randomized trials came out, and to be honest again, I was busy. I scanned them and in retrospect, I did not read them critically enough, but they seemed to be saying good things about the mRNA vaccines.

And then public health, obviously, was all in. They were immediately safe and effective. It was amazing the confidence with which they could tell us that these were safe and effective vaccines based on two randomized trials and a couple of months of data. But again, I was busy and I was naive. I should have questioned things more at that time. But I assumed, hoped, that the powers that be knew what they were doing in terms of pushing these vaccines. So I myself, I got vaccinated. I got the two primary vaccinations, mRNA vaccinations in early 2021.

Chad Horton

I'm just going to ask you one question about what you said. You talked about cutting the red tape and pushing the vaccines out, and you mentioned two months of data, trial data. With your experience as a physician and a surgeon, and you also indicated, "I should have read the studies more carefully." Based on your experience and where we are today, do you believe that that was a responsible statement? A medically responsible statement or a socially responsible statement to characterize those interventions as safe and effective?

Dr. Dion Davidson

No, I think that's an irresponsible way to describe almost any medical intervention, let alone a brand-new technology that had been studied in two randomized trials with a couple of months of data. We never talk about medical interventions like that. I never sit down with a patient who has a problem and I have a surgery that maybe could fix that problem. I hope it would, I think it will. I never just sit down with them or stand up with them and say, "This is safe and effective, do it." That's never how we talk about things as doctors. Ever.

You talk to the patient about what's happening with them, what their options are. And maybe even I give a recommendation, but I also talk to them about the risks of what I'm proposing and the potential benefits. And it's always, always up to the patient. And if the patient decides against what I'm recommending, you stick with them and you try something else. You never just say, "This is safe and effective; do this, take this." That's never how we talk about medical interventions.

Chad Horton

Well, I thank you for that doctor. A logical corollary to what you've just said is, or the next logical question then, given what you've just expressed to the Commission: How did you feel about the mandates themselves when the vaccines actually became mandated in this province?

Dr. Dion Davidson

Well, so that was the next issue. It's one thing to heavily promote a medical intervention like that to the public. And you know, there's arguments to be made, certainly that that shouldn't have happened.

[00:30:00]

To then force people to take that intervention is a whole new level. And I really couldn't comprehend that the discussion was even being undertaken. By then, we had even more data about what was happening with the virus. And it was serious; the virus was serious. I'm not a COVID denier. I eventually, later on, helped look after extremely sick patients in

the ICU who had COVID. And so, I don't deny that: for a relatively small number of people, it is a very serious disease and it can cause death. There was no doubt about that.

But again, by then we had much more data about who was at risk and who wasn't. We had much more data about the magnitude of mortality that COVID was bringing us. And even at that point that mandates were being discussed, we were starting to get data about how the vaccines did little or nothing to reduce transmission of the disease.

So as Aris was saying earlier, in order to even contemplate a mandate where you're forcing someone to take a medical intervention on pain of losing their job or they're being able to participate in society as they normally would— In order to even think about that, it would have to be an infectious disease situation where the pathogen is so serious and the intervention is so safe and so effective that you can then contravene this extremely important ethic of informed and free consent. So at that point, it did not seem that any of those criteria were being met.

The data was becoming more clear to the extent that it was being admitted on American national television by the CDC and Anthony Fauci that the vaccines were, first of all, losing their effectiveness even in contracting COVID fairly early, within four or five months. We all saw the 95 per cent effective go down to 50 per cent effective over the next few months. But more importantly, they were admitting that they did little or nothing to reduce transmission of the virus. And so then, in my mind—and I challenge anybody to tell me how this cannot be—the whole argument for even considering forcing vaccination on someone is null and void.

Chad Horton

Changing topics here a little bit, Doctor. As the vaccines were rolled out and as we got into a vaccine mandate situation here in Nova Scotia, did you have any direct or indirect experience with adverse events in your medical practice with respect to the COVID-19 vaccinations?

Dr. Dion Davidson

Yes, I did. And you know, just to clarify, the term is not adverse event due to vaccination. The term is adverse event following vaccination or following immunization. And the whole point there is that it's extremely difficult to prove that any adverse event is because of a vaccination. But that's part of the point of encouraging, or what we should have been doing is encouraging, people to report adverse events happening after. And there was not the sort of burden of proof for health care professionals—for example, nurses or doctors—to know that an adverse event was because of the vaccination. We are supposed to be reporting **adverse events, whether we think they have any relationship or whether we can sort of explain any relationship or not.**

I certainly had first-hand experience of at least—I have to be careful about patient personal health information—life-threatening, and many more cases of more minor thrombotic events, shortly after vaccination. And when I first saw those, that was my first introduction into the online adverse events reporting system that you heard about. I must say: I think Aris left, but he must be many orders of magnitude smarter than me because I don't know how you could get through one of those reports in five minutes. I mean it took me 45 minutes; it took me 10 minutes just to figure out the links on the website to try to get to the five-page PDF that you'd have to fill out. I found it—and I spoke to many other people that

agreed with me—a very cumbersome, very awkward process to report an adverse event occurring after a vaccination.

[00:35:00]

Chad Horton

Would it be your opinion that the way that the reporting system was set up, that it could potentially impair the reporting of adverse events, or otherwise inhibit the reporting of adverse events?

Dr. Dion Davidson

Yes. And in addition to that is the whole issue of communication with us as health care professionals. We were relentlessly bombarded with how great the vaccines were, that they were safe and effective, safe and effective a thousand times a day, this oversimplification of this new medical intervention.

And informed by our various regulatory bodies—the College of Physicians and Surgeons in my case—that if we did not publicly voice support or if we publicly voiced anything other than support of public health’s statements about that, that we would be disciplined or that we would face disciplinary measures. So not only is the mechanics of reporting the adverse event very cumbersome and time consuming, the overall messaging, I can tell you, was not, “Be sure to look out for these adverse events.” I think I saw one email during those years. And again, that was after the newspaper article that you heard about, that it felt like public health was forced to say something about this adverse event’s reporting system.

So every day, relentless: “vaccines are safe and effective.” Maybe one message about reporting adverse events.

Chad Horton

I’m going to ask you this in a general way, Dr. Davidson. Is it your opinion that the messaging that you just described had a dissuasive effect on the reporting of adverse events?

Dr. Dion Davidson

I don’t know how it couldn’t have.

Chad Horton

And I’m going to back up just a little bit. You had mentioned thrombotic events. For those of us who aren’t physicians, what is a thrombotic event? And just so everyone can remember, Dr. Davidson, I believe your evidence was you observed an increase in thrombotic events as an adverse event post-vaccination. Is that correct?

Dr. Dion Davidson

That’s correct.

Chad Horton

And what is a thrombotic event?

Dr. Dion Davidson

Simply put, it is blood clots forming in blood vessels. In my case, you know I saw a couple in arteries but more so in veins.

So much so that it did lead me to change my practice, my office practice, where I provide relatively minor venous procedures to advising patients about more anticoagulation or medications that would reduce their risk of clots in the superficial veins and the deep veins, which could potentially be life threatening.

Chad Horton

Did you prescribe interventions in connection with adverse events post-vaccination?

Dr. Dion Davidson

Not specifically procedures for those clots—you don't really do procedures in the midst of an acute clot—but just the additional blood thinners, anti-coagulants to prevent them.

Chad Horton

So prescriptions. Yeah. Okay. And I've just been told that we're nearing the conclusion of our time, so I'll try to get through the rest of this quickly. But as a physician and surgeon with, I believe, based on what you had said—that I think you came into the province in 2005—by my counting that would give you approximately 18 years' experience as a physician and surgeon in Nova Scotia. Correct?

Dr. Dion Davidson

Yes.

Chad Horton

Yeah, okay. So as a physician and surgeon with 18 years' experience practising in Nova Scotia specifically, is it your opinion that the implementation of vaccine mandates was a necessary public safety measure?

Dr. Dion Davidson

Vaccine mandates were an unnecessary public safety measure.

Chad Horton

Okay. And similarly, is it your opinion that the implementation of vaccine mandates was a reasonable public safety measure?

Dr. Dion Davidson

No, they were not a reasonable public safety measure.

Chad Horton

Final question, Dr. Davidson. You indicated that, based on your experience, you were leaving the practice of medicine in Nova Scotia. You shared with us what I believe any layperson would believe is a fairly impressive history and list of credentials. What I'd like to ask you, sir, is what does your departure from medicine mean for Nova Scotians?

[00:40:00]

Dr. Dion Davidson

It's a difficult question to answer. I mean, certainly, you know, it would be true to say that I have been a hard-working community vascular surgeon. I do a lot of call coverage, or I did, before I was in the process of resigning. I do a lot of call coverage in terms of frequency of call coverage, covering the western zone of Nova Scotia for general vascular surgical sort of concerns and urgencies and emergencies. As I said, I was one of the attendings in the ICU. So I had a very busy practice, was a real hard worker for sure.

And so, you know, when someone like that resigns, it certainly leaves at least somewhat of a hole. And you know, in my case specifically: So it means that the remaining vascular surgeons, first of all, until they can find a replacement, will be working harder. There is a shortage of vascular surgeons around the world and across Canada, and I don't know how long it will take to recruit another vascular surgeon. Patients will wait longer. I think in particular some areas that unfortunately are chronically underserved, like diabetic foot infections and some of the aspects of chronic venous disease that I was talking about, that I spent more time on—those patients, I think, are going to be quite ill-served until and whether that gap is filled. Yeah.

Chad Horton

All right. Those are my questions, sir. I will turn you over to the Commission. Thank you.

Commissioner Massie

Thank you very much for your testimony. I have a question. I realize that you're very busy, so you didn't have the time maybe to do the critical analysis of the literature, so you decided to take on the vaccine. Was it because you were influenced by the environment, or was it something that you wanted to do initially because you wanted maybe to protect vulnerable patients in the hospital?

Dr. Dion Davidson

I'd say a little of both. I mean, you know, again, I just sort of trusted what my bosses and elders were telling me, right. I mean, ostensibly, public health should know more about all this stuff than I do. And even though some of it didn't make sense at various junctures, at times it's much easier just to accept what you're being told and do what you're told rather than do your own research, do your own reading. So we were told the vaccines were safe and effective and we should get them. So I just got them. At that time. Not since.

Commissioner Massie

And did you encourage people in your family to also get vaccinated?

Dr. Dion Davidson

No, I wouldn't say so. I'm just trying to think back to that time period. I didn't necessarily encourage my wife to get vaccinated, I left it up to her. And I think I might have encouraged my parents to at least consider it. I don't remember ever being so— I was never aggressive about it, but I think I may have encouraged my parents to consider it at the time.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Thank you for your testimony. Just a few questions. You spoke a little bit about the cumbersome reporting process for adverse events. And I'm just wondering if you have any thoughts or recommendations on how that process could be improved upon.

Dr. Dion Davidson

Yeah, I mean, not specifically. Along with all the other things, I'm not an IT specialist. But it seems to me, it would be quite simple to make the process—the mechanics of that process—a lot more straightforward. First of all, in terms of, "Here's what you click on. Here's a few boxes to click. Now you can scan a QR code." I mean, surely things like that could be brought into play.

But even, again, more importantly than that, I would say, would be that overall messaging—that this is our responsibility as health care workers to look out for these adverse events. We don't have to prove that they're because of the vaccination. The whole point is that this is a screening system. And that and along with every email that said that the vaccines are safe and effective should have been a line right underneath saying, "And by the way, it's your responsibility to look out for adverse events and report those as well." So those would be two, I think, fairly simple recommendations moving forward.

[00:45:00]

Commissioner DiGregorio

So would that include maybe part of the education and training that doctors receive?

Dr. Dion Davidson

Yeah, I suppose. But I mean, it wouldn't take much education and training. It's like one sentence.

Commissioner DiGregorio

And one other question. You mentioned that you have resigned and that you're leaving Nova Scotia. I'm just wondering if there is something now that Nova Scotia could do that would prevent you from leaving.

Dr. Dion Davidson

Yeah, I mean, I don't know. I guess, a complete turnaround of public health and its attitude toward the public. And some overtures that they're going to seek to be more holistic and humanistic about their approach to things like this.

Yeah, I don't know. Maybe. I'm pretty far down the road of leaving, but you never know.

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

I have a couple of questions, Doctor. Thank you for your testimony. First question was— Do you know of any other professionals currently leaving the province of Nova Scotia for these types of reasons?

Dr. Dion Davidson

That's a very good question. At least a couple have left. But also, I know of dozens that have— You know, I heard the term quiet-quit recently. So I know of dozens of doctors and nurses who have taken leaves of absences, have downsized their practice. And some of these are people that were basically fired for not getting vaccinated. And even now, two years later: even now, we have all this data about how the vaccines don't reduce transmission. Even to this day, you can't work as a health care worker in Nova Scotia Health unless you got those two vaccines, two years ago.

So I know of dozens of nurses and doctors who aren't working because of that. A few that actually even got vaccinated but just like me, just got sick of things, and so they've retired early and are in the process of moving away. So I guess the short answer is, yes, I know about others.

Commissioner Drysdale

This question might seem odd. How much did you know about mRNA technology prior to you taking the vax yourself?

Dr. Dion Davidson

Not much at all. You know, as I said, scanned the RCTs that were done at that time. And then, you know, maybe a quick internet search here and there about what this technology was. And that was about it.

Commissioner Drysdale

But were you aware of it being a novel technology to be used on the population?

Dr. Dion Davidson

Well, mRNA technology, the technology, the idea is not new per se. I mean it was, I don't know, 10 years ago or whatever that it came about and it's been used in very limited ways over those years. So it wasn't new in that way. But I was aware that this was obviously the biggest application that had been made of mRNA technology. And in that sense, it was new.

Commissioner Drysdale

It's just the reason I asked that question is because you're right: as I understand from previous testimony, the mRNA technology has been around for quite some time. But this, as I understand, was the first time it was introduced in mass to the human population.

Dr. Dion Davidson

It was my understanding as well.

Commissioner Drysdale

And considering that it had never been done before, you would have thought that there would not just be the standard review process in place, but it would be an additional process.

Dr. Dion Davidson

One would have thought.

Commissioner Drysdale

You know, I have another question that's a very short one. And I can't imagine you can answer this, but my question to you is, why? Why did this happen? Why did we— And I think you were here earlier and listening to the testimony, but we heard from Dr. Braden about—this is my words, not hers—the breakdown in the process from conceptual science to production of product, to putting it in arms. And there seemed to be a breakdown in the entire system from top to bottom. Even after it went into arms, the reporting of adverse reactions or even the reporting of efficacy seemed to all break down on this.

Dr. Dion Davidson

How did that happen?

[00:50:00]

Commissioner Drysdale

How did that happen? Why? Or why did it happen? Perhaps those are two different questions.

Dr. Dion Davidson

From what I understand, there was somewhat of a new public health elite that emerged early in the pandemic. And they became obsessed with this one virus—with some good reason, it was bad—to the negation of literally every other public health concern.

And then it became political, and then it became tribal. So that you were either on team “coronavirus is going to kill us all, and everything and anything that we need to do to stop it or that could even possibly stop it, is justified” or you're on “team critical” of all that. And I think just many public health officials chose their team. Many doctors chose their team, and they just stuck with it, no matter what the data said. And that carried through the entire pandemic. People chose their team, they chose their tribe, and they just stuck to their guns, no matter what else came up.

Commissioner Drysdale

Thank you.

Commissioner DiGregorio

Sorry, I just have one more question that I forgot to ask you. How long did you train to become a vascular surgeon?

Dr. Dion Davidson

So medical school for me was four years. It is for most people four years. And then I trained in general surgery first and then vascular surgery. That was a total of eight years after that.

Commissioner DiGregorio

So 12 years. Is my math okay there?

Dr. Dion Davidson

From the beginning of medical school till the end of my surgical training was 12 years. And I did, you know, four years of university before medical school, so 16. A lot of years.

Commissioner DiGregorio

And did I hear you correctly say that there is, not really a shortage of vascular surgeons, but that you are in short supply?

Dr. Dion Davidson

Yeah, there is a shortage of vascular surgeons. I mean, there's a shortage of any number of specialties around the world and doctors in general, right. But certainly, specifically vascular surgery, yeah.

Commissioner DiGregorio

Thank you.

Dr. Dion Davidson

You're welcome.

Ches Crosbie

Thank you, Dr. Davidson.

[00:52:33]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 5: Ellen Smith

Full Day 3 Timestamp: 05:10:20–05:28:15

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Alison Steeves

[mic not on]

[00:00:39]

Ellen Smith

... a homemaker, presently.

Alison Steeves

Could you tell us a little bit about your family?

Ellen Smith

Yes, my husband and I have lived here for 22 years this summer. We have two adult children living with us currently. One is our 28-year-old son who has minor special needs and our daughter who has Downs Syndrome, and she will be 25 this summer.

Alison Steeves

Back in late 2019, early 2020, can you tell us about your day-to-day life for you and your family, sort of what was your daily routine?

Ellen Smith

Certainly. My husband was going to work in office in the town of Summerside, and he would drop our daughter off daily at a day program for handicapped adults, which she attended from roughly 8:30 to 3 o'clock every day. I was basically the glue to hold this all together. I believe our son had just moved back in with us and was trying to get into the armed forces to train as a financial officer.

Alison Steeves

How long had your daughter been in this day program?

Ellen Smith

In the day program, since she graduated from high school at age, almost 18. So it would have been several years earlier, three years roughly.

Alison Steeves

So she knew the routine pretty well and the people that work there.

Ellen Smith

Absolutely. It was a very small program, and so there were only small numbers of people in the program. She became princess to them very quickly. She was a very young client compared with most of the attendees.

Alison Steeves

And you said your daughter has Down Syndrome, correct?

Ellen Smith

Yes, she does, as well as some other comorbid diagnoses. She has sensory integration dysfunction, and although she's never been assessed, we think she's inherited some of my husband's diagnoses. We see her ticcing and she doesn't have great attention skills. So we think she has ADHD as well.

Alison Steeves

Would you say that routine is pretty important for her?

Ellen Smith

Absolutely. Any medical professional would attest, and any parent of a special needs child or an adult would attest to the fact that they need predictability because they don't cope with change. They don't learn as quickly new routines. So any threat to that routine over a longer period of time can really compromise their stress levels.

Alison Steeves

So in 2020, when PEI began implementing COVID-19 measures, did that impact your daughter's routine?

Ellen Smith

Oh, absolutely. She wasn't allowed to go to her day program for quite a while. I began to see her having signs of mild depression. She would occasionally have crying jags or be overly sensitive to normal comments being made in our day-to-day lifestyle. She just seemed to be more mooney, that's a good English word to use. Yeah. And of course, that affected us as her parents. Generally, when you have a special needs child, you're already stressed to the max. There's a lot of detail involved in that which I won't bore you with.

Shortly after we moved here, for example, the IWK (Izaak Walton Killam Hospital for Children)—that'd be 22 years ago—sent us a letter saying that anybody who had a child who'd had open heart or brain surgery would be traumatized and would become hypervigilant about their health, their mental state, their emotions more than the average parent. So not only were we dealing with the grief associated and the stress associated with having a special-needs, delayed child, but the medical condition that she had been through or the surgery had compromised our state of mind, as well. So if anything happens to her that affects her emotional state or her physical health, both of us are deeply affected by that. That's just been since the get-go.

Alison Steeves

So to be clear, your daughter had had heart surgery, very young?

Ellen Smith

Yes, at 10 weeks of age, yeah.

Alison Steeves

And your observation was that this sort of information pamphlet was correct for you and your husband? The impact was that—

Ellen Smith

Oh, absolutely, absolutely. It gave us a reason to pat ourselves on the back because we knew then we weren't crazy.

Alison Steeves

So every time any sort of slight change or health issue made you hypervigilant, it was kind of an increased impact?

[00:05:00]

Ellen Smith

Oh yeah, the slightest little thing. And certainly, I as her mother because I had been taking care of her, more hands-on than of course my husband was because he was the breadwinner, and still is. So it definitely affected me. And I know it affected my husband.

Alison Steeves

And how long did these impacts, these changes in your daughter's mood, last?

Ellen Smith

There's still some residual effects. To this day, a couple years after she was able to go back to her program, if we have a snow day or if there's any kind of cancellation that's out of the normal routine, she seems a little concerned, a little anxious. And I often have to reassure her that it's just because of the snow and they just cancel schools because it's not dangerous to drive, et cetera, et cetera. And then she seems reassured.

But I don't remember her ever questioning that. In fact, previous to this time, she would go, "whoo-hoo, day off!" You know, like a typical teenage kid would.

Alison Steeves

So since the pandemic you've noticed that if there's a change in routine or if there's a cancellation in her day program, it's more stressful for her?

Ellen Smith

Yeah, if it's out of the normal routine like, you know, Christmas holidays. Gosh, I'm trying to think what else they get off regularly. I guess that's about it really. And she's so excited about Christmas that that was never a big issue for us so, or for her. But definitely now, I see a difference in her behaviour. Yeah, if there's snow.

And it's funny, I just noticed that this winter. I don't know if I was even cognizant of it last year. We were too concerned about other issues of course. But it's definitely affected her. I'd say her state of mind hasn't completely recovered.

Alison Steeves

And you mentioned your husband's diagnosis. Can you speak about that?

Ellen Smith

Yeah, absolutely. He was diagnosed several years ago at a private clinic in the U.S. with ADHD. I'm just looking at my notes: a learning disability, OCD, a post-concussion syndrome, a tic disorder, and a mood disorder. He does deal with some chronic anxiety on top of all that. And he was given some trials with pharmaceuticals since that diagnosis. But what we discovered was, for example, for one of the diagnoses, if he was given a drug, it would exacerbate the symptoms of one of the other diagnoses. So we learned over several months—well actually a couple of years—that that wasn't going to work. So we've developed kind of a naturopathic approach to it of supplements, vitamins, exercise, fresh air. And it seems to kind of keep everything at bay.

At the beginning of the lockdowns, when he had to work out of the home, and Michaela was home, that's our daughter, he started having sleep problems. And that's a first for him. He's not a young man; he's 66 now. He would have been in his early 60s during the lockdowns, of course. And he got a sleep medication. But after trying it for several months, it started making some of his symptoms worse, as well. So we slowly had to kind of ease him off of that.

And to this day, he's still having—not as bad sleep problems, but he still has trouble getting to sleep and staying asleep at night. And that was never really an issue with him up to that point, he usually just as soon as he hit the pillow. And I would know, obviously, because I could see that. So yeah, this is all brand new for us.

Alison Steeves

What aspect of the COVID measures, do you think, impacted his sleep? Or what was the connection?

Ellen Smith

Well, just the stress, just the stress. I mean, the lockdowns were frustrating having to wear masks everywhere.

He had had some nursing training. He did quite well in the academic end of it. He's a very bright man. And we both were privy to the fact that, for example, with the vaccines— I'm sorry, I'm getting confused here.

If a person had had vaccines, according to standard immunology that was known at the time and now, if they work, then if you're exposed to anything that you're immunized for, you should manifest little or no symptomology.

So if you're carrying that virus or disease, certainly that would be more of a danger. So it made sense to us that a vaccinated person would be more of a danger to other people if they were carrying. And we had— Sorry, go ahead.

Alison Steeves

No, sorry. Had your husband's routine changed as well, then. He was impacted?

Ellen Smith

Yes, he had to work at home. He still is, as a matter of fact. He's a federal government employee. So he wasn't getting out and being exposed to, you know, getting back and forth to work or running errands on the way home. Things like that that had been part of his life.

And just the stress of not knowing what the heck is going on, you know, in our world.

[00:10:00]

I mean, we all were following everything. And I just saw his behaviour go from sort of in control to worse. And it's kind of been worse since then. Like he's more difficult to deal with since that time. It's not as bad as during the lockdowns, certainly. But he's still— His symptoms just seem to be worse at times than I remember in previous years. And that's hard on the family. It's hard on the children. It's hard on me, certainly, you know.

I have to make up any deficits, and I can't work outside the home. I haven't been able to for quite a few years because of his disabilities as well as our daughter's. But, yeah, we're all feeling it, definitely, you know. My own mental health has been compromised. I see my sleep disruption happening more regularly than it used to up to that point, as well.

Alison Steeves

And you spoke a bit about the vaccines. You're referring to the COVID-19 vaccines?

Ellen Smith

Yeah, absolutely. At first, we thought we weren't going to take them, knowing what we knew and a little bit of research we'd been doing. But then his job required him to take it in order to keep being employed by this particular department.

Our daughter had to be vaccinated in order to return to the day program, eventually. The first year wasn't such a big issue because there was no vaccine available, and we had to just

deal with it. But once it was available, they were insisting, absolutely, that she had to have this.

So I decided I'd better too because our in-laws, my husband's family members, his sisters insisted that we wouldn't be allowed to visit his mother in Nova Scotia unless we were all vaccinated. So we just said, "Oh the heck with it, we'll do it." And we did.

Alison Steeves

And when did you take the COVID vaccine?

Ellen Smith

I was probably the last person in our family to take it because I wasn't being forced to keep a job or anything. My last one—and I only took the first two, I haven't taken any subsequent boosters—I believe it was either late November or early December of 2021. And I had the usual side effects from the first one, with a little bit of fatigue and sore arm, stiff arm for a few days.

The second one, as soon as the pharmacist gave me the shot during that process, it was like liquid fire going into my arm. And I said, "Ow," quite loudly. I said, "That really hurt." I said, "Did you break the tip of the needle or something?" And the guy who gave it to me, the pharmacist, he didn't seem to be concerned in the least. He just put the Band-Aid on it, you know, alcohol swab and the Band-Aid. And just said, "Wait 15 minutes in the store so we make sure you don't have any kind of bad side effect immediately." And I didn't and went home.

And I had the usual symptoms I had with the first one: the fatigue and the sore arm for a few days. But since that time, regularly, I've had either a sharp, fiery pain right on the spot where the vaccine went in, or like, an achy feeling. And that happens several days a week, some weeks worse than others.

Alison Steeves

So that was approximately over a year ago now?

Ellen Smith

Sorry?

Alison Steeves

That would be over a year ago now, from the time that you took the second vaccine.

Ellen Smith

Yeah. Well, I had it, what? November, December, so a year and a third, roughly. Yeah.

Alison Steeves

And how soon after you took the vaccine did you start having those symptoms?

Ellen Smith

Oh, right away, within the first two or three weeks. I just figured it was taking longer to get rid of the initial side effects from, you know, which we were told to expect. But it just never went away with me completely.

Alison Steeves

So it's still bothers you today?

Ellen Smith

Yeah, oh yeah. Like today, it's just like, I've had a really good sleep last night. But it's still like— It doesn't hurt to touch; I can actually bump into something. But it's almost like there's a piece of something in there and it hurts. The needle pin, which it doesn't have, of course, because it would get infected. But other days, it's like, achy. So I can feel it from the inside. But to the touch it doesn't hurt, which is really bizarre.

Alison Steeves

And did the pharmacist speak with you about that this could happen or any potential side effects?

Ellen Smith

Not at the time, no. Well, we had to sign paperwork that asked us if we had an allergy to one of the components of the vaccine that was kind of unusual or rare or whatever. And of course, I wasn't aware, so I said, "no." But, other than that, no. I had just read online what to expect. So when it happened, I wasn't alarmed. But the fact that it's continued with me, you know, not to the same degree as the first few days. But it's just there all the time, and I find that so strange.

Alison Steeves

Would you say that your concerns about sort of these post-vaccine symptoms and lockdowns have impacted any of the relationships in your life? You mentioned family members who were insistent that you get the vaccine.

Ellen Smith

Right. Well, I've never really shared that with any of my in-laws because they'd probably accuse me of being crazy.

[00:15:00]

Or having a big imagination.

My immediate family know about it. I haven't gone to a doctor because I figured, what are they going to do? They're going to remove the spot or do a biopsy? I mean, my experience is a lot of doctors are just trying to keep their job, so they're doing what's demanded of them, I think, unofficially.

When my husband asked for— For example, my husband could never take the regular flu shot every year because he's allergic to egg whites, the albumin, the protein, the egg white.

And up to that point anyway, a lot of the vaccines for flu, regular flu, I believe involved the use of the egg white. At least the old ones did. So he was never able to take that. It could be a life-threatening thing; his throat would close over.

And he didn't know that the new vaccine wouldn't be created that way. So when he went in to ask his doctor for a medical exception, his doctor—who was from Iran or Iraq—gave him a story, about, “Well, in my country, a couple of hundred years ago, there was a gentleman in charge, their leader, who wanted to have marital relations with every single woman in the land. And so, everybody just went along with it or their head would be chopped off.” And I said, “Oh, well, that's an interesting analogy.”

Alison Steeves

That was his response when your husband asked about getting an exemption?

Ellen Smith

Oh, he absolutely refused. He said, “No, I can't do it.”

Alison Steeves

Ellen, what's been the hardest part of all of this for you?

Ellen Smith

Not knowing if it's going to continue again. Or if this is going to happen to a more severe degree. You know, if governments are going to work against their populations, I guess, in such a blatant way. I mean, you'd have to be a fool not to recognize that this stuff happens behind the scenes all the time and has been going on since the dawn of man. But the fact that it's come out of the closet so blatantly. And they're no longer even trying to hide what they're doing. Scares the you-know-what out of all of us in our family, I guess.

I don't trust the people in charge as much as I used to. I was never a naive person who believed everything that came down the pipeline. But I figured the truth is somewhere in the middle. But boy, I've gotten a lot more skeptical since all of this took place in the last two or three years.

Alison Steeves

Thank you, Ellen. And I'll turn it over to the commissioners if you have any questions.

Thanks very much for sharing your story today.

Ellen Smith

Absolutely, my pleasure.

[00:17:55]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

EVIDENCE

Witness 6: Scott Stephen Spidle

Full Day 3 Timestamp: 05:28:30–05:48:58

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Thank you, Mr. Spidle. You affirm that you will tell the truth, the whole truth, and nothing but the truth.

Scott Stephen Spidle

I do. Yes.

Ches Crosbie

Thank you.

Alison Steeves

Can you state your full name and where you're from?

Scott Stephen Spidle

Scott Steven Spidle from Annapolis Valley here in Nova Scotia.

Alison Steeves

Scott, I understand that back in early 2020, you had a very bad case of COVID. Is that correct?

Scott Stephen Spidle

Yes, that is correct.

Alison Steeves

And when exactly did you contract COVID?

Scott Stephen Spidle

It was about the first or second week of February.

Alison Steeves

What were your initial symptoms?

Scott Stephen Spidle

Initial symptoms were just normal flu-like symptoms.

Alison Steeves

How did you know it was COVID?

Scott Stephen Spidle

After the first week, about when those flu symptoms went away, I started experiencing shortness of breath and chest pain and also of course spoke with my family doctor about this. And the testing at the time had just started, and even in the mainstream media they reported issues with the testing, including both false positives and false negatives. And so, she expressed concern with the accuracy of the testing. So that wasn't really relied upon.

And also, upon one ER visit, the doctor who was seeing me—at that point it was basically standard protocol to test anybody in the ER, especially if they exhibited these symptoms. When the nurse started to prepare the test kit, the doctor turned to the nurse and said, "Don't bother with that." And at that point I was consulting with them with my symptoms, and along with the self-treatment I was doing. And he agreed that the treatment I was using was good; he reiterated that and that he believed I had COVID as well.

Alison Steeves

So your family doctor and also an ER doctor assessed that you most likely had COVID. I understand that these symptoms persisted off and on over a long period of time. Is that correct?

Scott Stephen Spidle

Yes, that is correct.

Alison Steeves

So how many trips did you end up making to the emergency room with these symptoms?

Scott Stephen Spidle

The symptoms continued to get worse. Shortness of breath, mainly. I got to the point where I could hardly breathe. And so, yeah.

Alison Steeves

At any point where you offered any treatment?

Scott Stephen Spidle

Not really. Like I say, that one doctor in the ER, he basically just said to keep using the self-treatment I was using.

Alison Steeves

What was the self-treatment?

Scott Stephen Spidle

I was using vitamin D, vitamin C, vitamin E, zinc, honey and green tea, and tonic water with lemon juice.

Because at that point, hydroxychloroquine was beginning to be spoken about as a treatment and it appeared quite evidently that that was not going to be available to us here in Nova Scotia or myself. So through my own research and people I know in the military, they suggested tonic water, as it contains quinine, which is basically a predecessor of hydroxychloroquine.

Alison Steeves

And did that help with your symptoms?

Scott Stephen Spidle

Yes, once I started putting those kind of meds and treatment to me, it still kept getting worse but not as rapidly.

Alison Steeves

So did your COVID go away?

Scott Stephen Spidle

It did eventually. I did also receive a rescue inhaler on another ER visit, which was basically a shot in the dark by the doctor. That doctor had actually believed that I was experiencing anxiety and gave me Ativan pills, sent me home with those. And I was so furious with that visit that I actually used the Ativan pills that night because I was so upset with how I was taken care of at the hospital.

Alison Steeves

So how bad did your COVID get? This was going on for how long?

Scott Stephen Spidle

Approximately four to five weeks from beginning to end. Like I say, it got to the point where I literally couldn't breathe. I only live about five, ten minutes from the hospital and one night I end up calling 911 because I didn't feel like I could drive that far in a car.

Alison Steeves

And after several months, what ended up happening to you?

Scott Stephen Spidle

I ended up having chest pain and shortness of breath slowly start to come back again, off and on. And then I woke up one morning and I could hardly get out of bed because of back pain. The shortness of breath was not as severe like it was previously, when I was very ill. So I wasn't sure what to make of it. I sort of just sat outside in a lawn chair in the morning for about 10 minutes and see how I felt with some fresh air. And the pain was still there significantly. So I drove myself to the hospital that morning.

Alison Steeves

And what happened at the hospital?

Scott Stephen Spidle

They quickly identified one of the lungs had fully collapsed. So the doctor told me that he would have to perform a chest tube.

[00:05:00]

And he strongly stressed that my informed consent would be required for him to do the procedure. And so, he did that, and shortly thereafter, he said that he wanted to send me back home with the chest tube. And I live alone, so I expressed to the nurse that I did not feel comfortable going home alone with this chest tube. And at this point, there was a shift change happening in the ER, and the nurse had spoken with the doctor coming on shift about my situation. He then shortly came to speak with me and said, "No, we're not going to send you home. We're going to transfer you to Halifax for emergency lung surgery in two days."

Alison Steeves

So you were admitted to the hospital at that time, in the Valley?

Scott Stephen Spidle

Correct.

Alison Steeves

And can you tell us about your experience in the hospital after that?

Scott Stephen Spidle

I was in the ER at Valley Regional for about three to four days. I was on morphine and meds at that point, so my mind was a little cloudy. I don't remember exactly how long it was. But on, I believe it was Day 3, my eyes began to hurt and I just by chance happened to wipe my forehead and it was just slime from sweat accumulating on my forehead. I did not receive any personal care at all. The only time a nurse or anybody came to see me in my stretcher bed was to provide morphine or medication. I had to request a face cloth to clean my face.

And then, I believe it was the next day—because I was only there three or four days—they requested an X-ray. And since getting physical medical records from my doctor, where it stated they requested a mobile X-ray, where they bring the X-ray machine to your hospital bed or stretcher, and that's not what happened. The nurse was a student nurse, I guess she

overlooked it or didn't understand the request, but she unplugged my chest tube from the vacuum line on the wall and then took me in my stretcher, ER stretcher, to the X-ray department.

The wait in the hallway alone—sedated, unplugged from my chest tube—it was only a few minutes, but within that short time I could feel in my chest like the air being let out of a balloon. And when the X-ray tech came out, he looked at me and I looked at him and I said, "They just unplugged my chest tube and I think my lung just collapsed." And he said, "Are you serious?" I said, "Yes." And I was just, you know, on morphine; it didn't seem like a big deal to me at that moment. So he rushed me into the X-ray, did that, rushed me back to the ER, then the nurse came, plugged my chest tube back into the wall.

And then after about five or ten minutes, what had just happened sort of registered in my mind, okay. And I started yelling, "Help me, they're going to kill me, I need a doctor." And after yelling that three or four times, it was only a few moments, the ER supervisor and a respiratory specialist came to my side. They assessed me and realized the lung had collapsed and, despite being plugged back into the vacuum line, it was not coming back up. So they just decided that they'd have to do another chest tube, which is a very painful and horrifying experience, really. And they had to do another one because they had to use, I guess, a larger diameter one so they could create more vacuum in my chest cavity to allow the lung to come back up.

After that, I had a very serious conversation with the two of them about how that should have never happened, which they agreed. It was shortly after then, maybe an hour or two, actually before then, the supervisor called a meeting at the nursing station—because of my condition, they had me right in the section there in my stretcher, right there in front of the ER nursing station, so they could keep close eye on me. And so, she called a meeting with the nurses after this happened and basically told them, "You know, if you have questions, have patience, wait and ask; take your time instead of making mistakes," more or less.

Alison Steeves

So when you were admitted, Scott, to stay, you were told in two days you'd be going to Halifax for lung surgery?

Scott Stephen Spidle

Correct.

Alison Steeves

How long did you end up staying in the hospital before going to Halifax?

Scott Stephen Spidle

More than two weeks. And just add to that meeting, when that was said and my situation was mentioned, the nurse who had unplugged my chest tube said, "Oh, well." And I almost flew off the handle. Except immediately a nurse, an elderly nurse who clearly been a nurse for a long time, turned to her and said, "You can't be like that."

[00:10:00]

Alison Steeves

Had you been hospitalized before, Scott?

Scott Stephen Spidle

Yes, I actually have two autoimmune conditions, which put me at high risk for COVID and one of those is ulcerative colitis. So I've been hospitalized two or three times for that for quite an extended period of time.

Alison Steeves

How would you compare the level of care you experienced and witnessed in this visit that we just spoke about compared with in the past?

Scott Stephen Spidle

It was a black and white difference, totally different. A lot of the doctors, but mainly the nurses: they seemed scared or apprehensive of being near patients. It was very odd and, like I said, that was right at the beginning of all the hysteria and all the hype.

Alison Steeves

So Scott, you've had this horrible experience with what you and your family doctor and at least one ER doctor felt was COVID, and it resulted in significant lung damage, correct?

Scott Stephen Spidle

Yes, they actually end up having surgery on both lungs because the other lung was in the same condition, on the edge of collapsing. And the surgeon had said that it took about 30 years off the life of my lungs.

Alison Steeves

So then when a vaccine emerged against COVID-19, were you eager to take it?

Scott Stephen Spidle

No.

Alison Steeves

Did you take the vaccine?

Scott Stephen Spidle

No, I did not.

Alison Steeves

Why not?

Scott Stephen Spidle

Well, numerous reasons. One being that I had survived COVID, and I believe natural immunity was longer lasting, more effective than the vaccine. I also had concerns about the safety of the vaccine, even before it was rolled out. And also, in the fall of 2021, when it was really getting rolled out, I had two loved ones die shortly after receiving their injections: one within 48 hours, massive heart failure with no previous heart conditions, and the other one over the span of about a month in the hospital, with all their organs shutting down and the doctor saying they didn't know why. So I was quite apprehensive to getting the shot.

Alison Steeves

How did you feel when provinces across Canada and the federal government started implementing vaccine mandates and passports?

Scott Stephen Spidle

I thought that was extreme. I'd even use the word tyrannical. I mean, it was a clear, extreme violation of our basic rights and freedoms. And it caused, I mean, we've heard numerous testimonies here: the effect it's had on people's lives, their families, relationships, employment, you name it.

Alison Steeves

Are you familiar with the truckers' Freedom Convoy that went to Ottawa in January 2022?

Scott Stephen Spidle

Yes.

Alison Steeves

Can you speak a bit about your experience with the convoy?

Scott Stephen Spidle

Yes. I missed the convoy here from Nova Scotia to Ottawa in the first week due to continuous lung issues with long-term problems. And eventually, a few friends here from the province returned after being there and participating in the convoy. And at that point, I was starting to feel better. I was no longer short of breath, no more chest pain, and wanted to go. And they said, you need to be there because they knew my position and how I felt about things.

So they went back up and took me up there with them. And we booked reservations at an Airbnb for a week. Of course, at that point, nobody knew how long it was going to last. And it was probably the greatest time in my life, especially after the previous two years. There's so much love and joy, as I cry and hug every single day. A friend of mine who's had numerous friends who were truckers out there, and one of them told me— The first day I got there, he's chatting with me. And he said his eyes hurt from crying so much, of just happiness and just relief and being around people and just a sense of normality again.

Alison Steeves

How long did you end up staying at the convoy?

Scott Stephen Spidle

Right till the very end, that Sunday morning.

Alison Steeves

So you were planning to stay a week. Did it end up being longer than that?

Scott Stephen Spidle

Yes, well, like I say, we had reservations for a week. And it was time to go home and they were heading back, and I told them the night before that I had to stay. It meant that much to me. And to that point, prior to that, a few days before— When I arrived in Ottawa, the fencing was still up around the War Memorial. And I was there when the veterans took down the fencing. And it wasn't like the media said, it wasn't a bunch of protesters tearing it down. It was basically all veterans: people stood back and allowed the veterans to do it. And they orderly removed the fence and stacked it neatly to the side and then negotiated with the police

[00:15:00]

in terms of carrying out a watch duty at the War Memorial to make sure nothing happened to it. Because of course, at that point, the police were quite lacking resources in terms of men on the ground. So the veterans agreed to take on that role.

Alison Steeves

Did you find that the media portrayal of what was happening in Ottawa was accurate?

Scott Stephen Spidle

Not at all, not at all.

Alison Steeves

So reports that the protesters were racist, white supremacists, hateful people. For example, Ottawa City Councillor Catherine McKenney, in an article—and this is Exhibit TR-14—one article in *Ottawa CityNews*: “Ottawa City Councillor Catherine McKenney issued a statement on January 26, 2022, that stated, in part, ‘several members of this group are connected to militant, racist, sexist, and homophobic groups, and they are not here to only raise voices against vaccination mandates, but to also fuel hatred against the very fabric of our society.’”

Do you feel that is an accurate characterization of what you observed and experienced at the convoy?

Scott Stephen Spidle

No, I would say that is the complete opposite of what the atmosphere and the people that were there are doing. There's actually a very large presence of Christians, religious people there, along with Indigenous people. And leading up to that point, we had dozens of churches across the nation being burned and vandalized. And to have those two communities come together, it was very nice to see. And there was people there from every walk of life. And also, the professional class: I met with numerous doctors and lawyers there. Actually, at the War Memorial, I actually spoke with a— He didn't say what sport, but

he was clearly, he was like seven feet tall, built, you know. And he said he was a professional athlete; I assume a hockey player. I sort of know the image; I played hockey for 25 years. And he said he was fully supportive of what was happening.

Alison Steeves

Do you have anything to add about the people that you met at the convoy?

Scott Stephen Spidle

It was— sorry.

The veterans were like the heart and soul largely of what was happening on the ground. That moment when they removed the fence and I was there and helped a veteran remove the flowers from the fence. And—personally, and to a lot of others—that was the highlight of the whole event. They, actually, because of long family history, they took me into the fold of the watch duty afterwards and I participated in the night watch duty, which was a very surreal experience being in the nation's capital. It was very quiet, dark, with the monument lit up and yeah, it was pretty special. Like I said, there's a lot of doctors, nurses; there's just everybody you could imagine.

Alison Steeves

What did this experience mean to you?

Scott Stephen Spidle

A great deal. Personally, I'm the kind of person— I believe, you know, our forefathers, fathers, and grandfathers, they fought and died to protect and preserve our rights and freedoms. And here we were as a nation and across the world largely sacrificing our rights and freedoms to save lives. So it was like everything was upside down.

Alison Steeves

Thank you, Scott. Those are my questions. I'll turn it over to the Commission.

Commissioner DiGregorio

Thank you for sharing your story today. I just have one question around the vaccine mandates and I was wondering if you ever asked for or obtained an exemption?

Scott Stephen Spidle

No, I did not. I did not have a need for an exemption.

Commissioner DiGregorio

Thank you.

Scott Stephen Spidle

I did not have a need for an exemption for myself personally. But I did help others with the religious exemptions, providing them with the sources to acquire that.

Alison Steeves
Thank you, Scott.

Scott Stephen Spidle
Thank you very much.

Oh, if I could just say one more thing. When I was in— They moved me up to a step-down unit when I was in Valley Regional. And I was there for an extended period of time. And there was a nurse who'd come on shift after being off for a weekend. And this was about a week and a half into it. And when she came in, she said, "What are you still doing here?" And then we had a chat. She went to go find answers. And I could hear her outside the room, just outside the door, right, speaking with who I assume is her supervisor. And she asked why I was still waiting. And her supervisor said that was an inappropriate question for her to ask. And she responded by saying, "If he ends up in ICU, it's not my fault."

[00:20:00]

And if that nurse is out there, thank you. And please reach out to me if you can.

Thank you.

[00:20:27]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 7: Janessa Blauvelt

Full Day 3 Timestamp: 05:49:55–06:24:12

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Ms. Blauvelt, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Janessa Blauvelt

I do.

Ches Crosbie

Thank you.

Christina Lazier

Good afternoon, Commissioners. For the record I'm Christina Lazier. I'm Atlantic Regional Counsel with the NCI.

Would you please state your name and spell it for the record?

Janessa Blauvelt

Janessa Blauvelt, J-A-N-E-S-S-A B-L-A-U-V-E-L-T.

Christina Lazier

Thank you.

At this time, before we get into the actual testimony of the witness, I would like to ask that the Commissioners take judicial notice of certain pieces of legislation and certain public health orders. So I'll just make a list. These will be provided to you for your reference documents. There's a screen right in front of me here, so it's difficult. I can't see the commissioners.

So I would ask that you please consider and review the Nova Scotia *Health Protection Act*; the Nova Scotia Communicable Diseases Regulations made under sections 74 and 106 of the *Health Protection Act*; the Nova Scotia *Personal Health Information Act*; the *Hospitals Act*; the Nova Scotia *Health Authorities Act*; the Nova Scotia *Emergency Management Act*; and all declarations of state of emergency.

The original declaration of state of emergency, which was issued by the Minister of Municipal Affairs, the Minister responsible for the *Emergency Management Act*, on March 22nd, 2020: that was the first declaration of state of emergency in Nova Scotia. And all the subsequent declarations: they were renewals of the original declaration, and they continued every two weeks for a full two years. So the last of the declaration of state of emergency expired on the 21st of March 2022.

Also please take note of the *Nova Scotia Human Rights Act* and the *Canadian Constitution* and *Canadian Charter of Rights and Freedoms*.

Similarly, as we have had witnesses from the other Atlantic provinces, I would ask that you consider the similar health legislation and emergency management legislation and human rights legislation from Newfoundland and Labrador, New Brunswick, and Prince Edward Island.

Furthermore, to the list I would add, in the case of Nova Scotia, 97 iterations of the one section 32 order issued by the Chief Medical Officer of Health, Dr. Robert Strang. Section 32 of the *Health Protection Act* of Nova Scotia is what gives Dr. Strang the authority to issue orders for public health in the context of communicable disease.

It will be important for the Commissioners to become extremely familiar with the provisions, and the order which was issued. The initial order was issued by Dr. Strang on the 24th of March 2020, and every subsequent iteration through to July 6th, 2022. Please consider all the iterations. There are 97 in total. And it is important to note that the July 6th, 2022, iteration of the public health order pursuant to section 32 of the *Health Protection Act* is still in place now. Embedded in those *Health Protection Act* orders, section 32 orders, are protocols and directives.

I would ask that the Commissioners give particular attention to the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings, the first of which iteration was issued on October 6th, 2021. That's the COVID-19 Mandatory Vaccination Protocol in High-Risk Settings. It was originally issued on October 6th, 2021.

[00:05:00]

And it has subsequently been amended. There are other iterations of it, and they will be provided as well. Also, the COVID-19 Proof of (full) Vaccination for events and activities. Those protocols were embedded in the chief medical officer of health's orders. But they appear as separate documents, so I'm just wanting to make sure they don't get lost in the shuffle, so to speak. Thank you.

Ms. Blauvelt, can you please tell us where you live?

Janessa Blauvelt
In Yarmouth, Nova Scotia.

Christina Lazier

And what is your occupation, please?

Janessa Blauvelt

I'm an LPN, licensed practical nurse.

Christina Lazier

What are the duties of an LPN?

Janessa Blauvelt

I provide safe and ethical care to my patients under the direction of the RN and attending physician. Some of my duties would include medication administration, IV insertion, wound dressing, personal care, et cetera.

Christina Lazier

And in what settings would you typically work as an LPN?

Janessa Blauvelt

I worked at the Yarmouth Regional Hospital as a float nurse, so I worked on all the departments.

Christina Lazier

Okay. Did you work at any other location as an LPN?

Janessa Blauvelt

I did. I worked in long-term care as well.

Christina Lazier

Okay, and thank you. You're not working currently as an LPN?

Janessa Blauvelt

No, I lost my job in the mandates.

Christina Lazier

When you say, "the mandates," what are you referring to, please?

Janessa Blauvelt

The forced vaccination policy that was put out by my employer and the province.

Christina Lazier

And who was your employer?

Janessa Blauvelt
Nova Scotia Health Authority.

Christina Lazier
Thank you. When did you first begin working at Yarmouth Regional Hospital?

Janessa Blauvelt
I started in May of 2008. I worked in housekeeping for a number of years, and I built on my education—started in 2016. I started my upgrading and I took a counselling course and then I started my nursing career in 2018.

Christina Lazier
And where did you do your nursing training?

Janessa Blauvelt
At Nova Scotia Community College in Yarmouth.

Christina Lazier
When did that begin?

Janessa Blauvelt
2018 to 2020.

Christina Lazier
And when were you to have graduated under the normal course?

Janessa Blauvelt
I would have graduated in June of 2020.

Christina Lazier
Okay, and did you undertake your studies with Nova Scotia Community College through June 2020?

Janessa Blauvelt
Once the emergency measures were put in place in March of 2020, we got one week of our last clinical in, and then we were pulled out. And there was a lot of uncertainty for almost two months of how we were going to finish our clinical to be able to graduate.

Christina Lazier
What was the implication of being pulled out, as you call it, from your clinical? Maybe you can explain that.

Janessa Blauvelt

Well, that is when you put everything together and you really put your skills together; that's where you get your hands-on training. So it was a very important part of the whole thing. It's where it brings it all together and you get to utilize all your skills that you've used.

Christina Lazier

So you started your program, I believe it was in September of 2018?

Janessa Blauvelt

Correct.

Christina Lazier

And your clinical placement began in, was it March 2020?

Janessa Blauvelt

Correct.

Christina Lazier

And you were in that one week before you were pulled out. So who pulled you out of that program?

Janessa Blauvelt

The College decided to pull us out.

Christina Lazier

And I don't mean to mislead: It's not that you were pulled out of the nursing program altogether but that you were removed from the clinical placement which was where? Where were you at?

Janessa Blauvelt

At the Yarmouth Hospital.

Christina Lazier

So what was the implication for you of being pulled out of the clinical, which was the most important, as you were describing, aspect of the training and hands on skills?

Janessa Blauvelt

Well, we found out after being in limbo for quite some time that we were going to finish our clinical online virtually. So we didn't get any of that experience there—the hands-on experience. And we did not complete it until August 2020.

Christina Lazier
And then did you graduate?

Janessa Blauvelt
I did, with honours.

Christina Lazier
Thank you.

So in March 2020, what was it that happened that caused your school to pull you out of the clinical placement?

[00:10:00]

Janessa Blauvelt
The public health emergency that was put in place by the province and Dr. Strang and the risk of contracting COVID in the hospitals.

Christina Lazier
Is that something that was communicated to you by your employer? Sorry, not your employer, but the Nova Scotia Community College: Is this the understanding that you gained from them?

Janessa Blauvelt
Yes.

Christina Lazier
Okay. I would like to make note and ask the Commissioners to take judicial notice of the fact that, in Nova Scotia, the Minister of Health never issued a public health emergency. Under the *Health Protection Act* there is provision—I believe it's section 53—for the Minister of Health to declare a public health emergency, but in Nova Scotia that never happened.

The only state of emergency that was ever declared was by the Minister of Municipal Affairs under the *Emergency Management Act*. There were declarations of state of emergency, and you will read them, and you will see that the presence of COVID-19 in the province was the rationale for the declaration of state of emergency. But it was not the Minister of Health who declared a state of emergency at any time.

So that was your understanding from your school?

Janessa Blauvelt
Yes.

Christina Lazier

The reason why they pulled you out, okay. So what then happened in August 2020? You had graduated. Had you invested financially in your training?

Janessa Blauvelt

Yes. Yeah, I have a substantial student loan.

Christina Lazier

Okay. So were you eager to get to work at that point?

Janessa Blauvelt

Yes.

Christina Lazier

Were you able to get a job at that time?

Janessa Blauvelt

Yes, I started working in a long-term care facility. I still continued working in housekeeping as well. And then I started my full-time position at the Yarmouth hospital as a float nurse in December of 2020.

Christina Lazier

Okay. So how long were you working at both the long-term care facility and the Yarmouth hospital?

Janessa Blauvelt

I worked in the long-term care facility from October 2020 until April 2021. And I was employed with the Yarmouth Regional Hospital since May 26, 2008.

Christina Lazier

And when you were employed with the Yarmouth Regional Hospital, your employer was Nova Scotia Health Authority?

Janessa Blauvelt

Correct. Yes.

Christina Lazier

So what changed for you in the summer— I'll take you to the summer of 2021. What happened in the summer of 2021?

Janessa Blauvelt

Well, there was a lot of talk about the forced vaccination. I had started researching early on in the pandemic, pretty much March of 2020, when it came out. I woke up within two months as to what I believed was really going on. And I knew that this vaccination, this novel vaccination, was not anything that I wanted to take. There was a lot of division amongst the co-workers in the workplace surrounding the vaccine.

Christina Lazier

In what sense was there division?

Janessa Blauvelt

Well, there was a couple times where I was working—one in particular—where a co-worker had said in front of other co-workers that anyone that was unvaccinated deserved to work the COVID unit. And that they hoped that the unvaccinated person would get COVID first, as well as their family.

Christina Lazier

And how did this make you feel, these conversations?

Janessa Blauvelt

Unsafe. It made me feel— I don't know, a bunch of different emotions, like I didn't want to be there, like I didn't fit in.

Christina Lazier

What did you observe in the hospital in the summer of 2021 in relation to the incidents of COVID appearing among patients seeking treatment at the hospital?

Janessa Blauvelt

We had no COVID patients at that time. We had a COVID ward that was ready to go, and nothing.

Christina Lazier

And how had it been since you had been at the hospital in 2020 as well?

Janessa Blauvelt

No COVID patients.

Christina Lazier

So did you inquire— In your words, you mentioned this forced vaccination. What were you referring to when there was talk about forced vaccination?

Janessa Blauvelt

It was just going around amongst the co-workers and mentioned, you know,

[00:15:00]

through nurse managers and whatever, that it was going to be mandatory. Or there was talk that it was going to be mandatory, to have to take the vaccine to keep your employment.

Christina Lazier

And when you're talking about the vaccine, what vaccine are we talking about?

Janessa Blauvelt

The mRNA COVID vaccines.

Christina Lazier

So were you concerned when you heard talk of a forced vaccine?

Janessa Blauvelt

Yes, I was.

Christina Lazier

And what, if any, steps did you take to inquire of your employer or your union about such a policy if it were coming into place?

Janessa Blauvelt

I had spoke to my educator that I did not wish to get this vaccine. I was not taking this vaccine. And they told me at that time that it would not be able to be forced on anybody.

Christina Lazier

So who was your educator?

Janessa Blauvelt

At that time, her name was Hannah Stanwood.

Christina Lazier

And was that a clinical person or an administrative person?

Janessa Blauvelt

Like an administrative educator. They go round to the floors and update you on policies and stuff like that.

Christina Lazier

So that was someone you inquired of. Did you inquire of anyone else?

Janessa Blauvelt

Well, I made it clear to my nurse manager that I was not taking this.

Christina Lazier

And what response did you get?

Janessa Blauvelt

There was really no support. It was— They were following what they were being told.

Christina Lazier

Is that what your nurse manager expressed to you? I need to understand a little bit more about the conversation you had, what you were left with in the way of an answer.

Janessa Blauvelt

Basically, that I did not have a choice if I wanted to keep my job.

Christina Lazier

So what communication did you have from your employer formally with respect to vaccination with COVID-19 vaccines?

Janessa Blauvelt

Well, we found out on October 1st of 2021 that the COVID vaccines would be mandatory by November 29th, 2021. And we did receive email confirmation.

Christina Lazier

And I'll enter into the record as Exhibit 1, the Nova Scotia Health Authority notice to Ms. Blauvelt that she would have to get vaccinated or lose her job.

What did receipt of that notice do to you?

Janessa Blauvelt

It made me spiral out of control and go into a grave depression and anxiety. And my last day worked was actually October the 1st. I worked in the emergency department. That night too, I had a co-worker say that anybody that did not take the vaccine was being selfish because we were in a pandemic, and we were putting others at risk.

Christina Lazier

Were comments like that reprimanded or dispelled by senior supervisors or other people in the administration or clinical staff?

Janessa Blauvelt

Well, I never reported it or anything.

Christina Lazier

So on October 1st, you had a shift. I'll indicate to the commissioners that October 1st, 2021, is the first date on which a proof of vaccination mandate was issued in Nova Scotia. And it's contained in one of the section 32 orders of that date.

So you went into mental health crisis. Is that fair to say?

Janessa Blauvelt

Correct.

Christina Lazier

And what did you do?

Janessa Blauvelt

I reached out to the crisis response team.

Christina Lazier

And who would the crisis response team be? What is that?

Janessa Blauvelt

It's a mental health department that's within the outpatient department in the hospital.

Christina Lazier

And did they see you?

Janessa Blauvelt

They did.

Christina Lazier

And what happened?

Janessa Blauvelt

They put me in contact with a psychiatrist.

Christina Lazier

And how soon did you get to see a psychiatrist?

Janessa Blauvelt

Right away.

Christina Lazier

Would it have been within days of October 1st?

Janessa Blauvelt

Yes.

Christina Lazier

Within a week of October 1st?

Janessa Blauvelt

Yes.

Christina Lazier

Okay. And following consultation with that psychiatrist, what was the result?

Janessa Blauvelt

He put me off work for three months due to the stress and anxiety, low mood, the depression, and the stressors, financial stressors, all that stuff that were—

Christina Lazier

And I believe that the formal notice from the doctor was actually in the form of an attending physician report, an APR form, as it's known.

[00:20:00]

Janessa Blauvelt

Correct.

Christina Lazier

Nova Scotia Health Authority, and so that will be entered as Exhibit 2. And would you please turn to that document now? And what exactly did the doctor put in the form of a reason for putting you off work?

Janessa Blauvelt

Stress due to the mandatory COVID-19 vaccination mandate at work. And the symptoms: anxiety, low mood, panic attacks, lack of energy, poor concentration.

Christina Lazier

There's some dates on that form referencing the 15th of October 2021.

Janessa Blauvelt

Correct.

Christina Lazier

Do you understand what those dates reference?

Janessa Blauvelt

That may have been the day that I seen him in his office, but I did see him through the crisis response before that date.

Christina Lazier

Okay. And so, for how long did he put you off work?

Janessa Blauvelt

For three months.

Christina Lazier

While you were off work, did you receive correspondence from your employer or your union?

Janessa Blauvelt

Yes.

Christina Lazier

And what correspondence did you receive?

Janessa Blauvelt

We had to fill out the Nova Scotia Health COVID-19 Immunization Disclosure form.

Christina Lazier

So you say "we," are you referring to a group or yourself?

Janessa Blauvelt

All the employees.

Christina Lazier

I see, okay. So you received that same correspondence asking you to fill out a COVID-19 immunization disclosure form?

Janessa Blauvelt

Yes, and the advice by my union is that I should do it.

Christina Lazier

And so COVID-19 immunization: Is that how it was discussed in your workplace, that COVID-19 vaccines would immunize you against COVID-19?

Janessa Blauvelt

Yes.

Christina Lazier

So did you comply?

Janessa Blauvelt

No. Oh well, I did with the form, but I did not comply with the mandate, no.

Christina Lazier

And when you filed the form, what date was it on which you filed that form? I'm believing it was October 24th?

Janessa Blauvelt

The 24th of October.

Christina Lazier

And how long did it take them to respond to your disclosure form?

Janessa Blauvelt

October 31st, my religious exemptions were all denied.

Christina Lazier

Okay. Was any reason given in that denial you received on October 31st?

Janessa Blauvelt

No.

Christina Lazier

So you mentioned exemptions. At what point did you take any steps to obtain an exemption from this policy requiring COVID-19 vaccination?

Janessa Blauvelt

Well, right away I started, but I got one October the 23rd. It was a sworn affidavit by a lawyer, and then I had a handwritten one that I had did out and one from my pastor, as well.

Christina Lazier

And what did you do with those three documents supporting what you were hoping would be a grant of an exemption?

Janessa Blauvelt

Well, I had to attach them into this email, this COVID-19 disclosure form.

Christina Lazier

And did you?

Janessa Blauvelt

I did yes.

Christina Lazier

So that, already? Oh, my goodness, my goodness. Rapid fire, okay. Another gear. All right. Thank you, Commissioner. Exhibit 3 will be COVID-19 Immunization Disclosure forms and the exemption letters that had been submitted.

The response you received from your employer was a denial, am I correct?

Janessa Blauvelt

Correct.

Christina Lazier

Did you at any time contact the Nova Scotia Human Rights Commission?

Janessa Blauvelt

Yes, I did.

Christina Lazier

And what assistance were you looking for from them?

Janessa Blauvelt

Well, I was hoping that they would uphold my right to my God-given right to my body and my personal choice and my creed.

Christina Lazier

And when was it you contacted them?

Janessa Blauvelt

In September 2021 I started writing them when the word was going around.

Christina Lazier

And what timeframe did they give you that you should receive some response from them?

Janessa Blauvelt

Four to six weeks.

Christina Lazier

How long was it before you heard from them, the Nova Scotia Human Rights Commission?

Janessa Blauvelt

They did write back asking for my exemptions in November.

Christina Lazier

In November of what year?

Janessa Blauvelt

2021. I attached them all, and then I did not hear back until a year later, November of 2022.

Christina Lazier

And at that time, did they confirm that an investigation would be undertaken?

[00:25:00]

Janessa Blauvelt

No.

Christina Lazier

What was the nature of the response?

Janessa Blauvelt

That it was a complaint process and they said, "Thank you for your patience."

Christina Lazier

I'll note that Exhibit 4 is an email from the employer, Nova Scotia Health Authority, communicating denial of Ms. Blauvelt's requests for religious exemption to the COVID-19 vaccination.

And Exhibit 5 is the email stream between, correspondence between Ms. Blauvelt and the Commission about her request for a religious exemption. I'm going to ask—

I'm going to check with the timekeepers. I understood that the break was going to be forfeited so that we could continue with her. Thank you. Because these exhibits only became available today so we would have to take an extra 10 minutes in any event.

So did you make other efforts to pursue the answers to your concerns?

Janessa Blauvelt

Yes.

Christina Lazier

And to whom, in the way of public officials, did you write?

Janessa Blauvelt

I had wrote my local MLA, Zach Churchill. I wrote the Member of Parliament, Chris D'Entremont. I wrote Dr. Strang. I wrote Tim Houston and the health minister.

Christina Lazier

Would that be Michelle Thompson?

Janessa Blauvelt

Correct.

Christina Lazier

Exhibit 6 will be correspondence with public officials. Did you get an answer from any of them?

Janessa Blauvelt

The only one that I did get a response back was from the health minister, but it wasn't signed by her. And it did not address any of my questions. It just said that the reason why they were continuing to keep the policy in place was to protect the vulnerable population.

Christina Lazier

Was there any science supplied?

Janessa Blauvelt

No. Just that they continued to listen to the science, basically. There was no evidence really given.

Christina Lazier

And you then corresponded with your employer, I understand, in the way of a conditional acceptance.

Janessa Blauvelt

Correct.

Christina Lazier

And what was the nature of that document, conditional acceptance, to get vaccinated?

Janessa Blauvelt

Well, yes, I outlined the possible adverse effects and reactions to the vaccine, and if I was to get the vaccine and was compromised or injured in any way, if they would support me or take liability.

Christina Lazier

And did you get a response to that conditional acceptance letter that you provided?

Janessa Blauvelt

I did. They said that they received it and that they were considering it with their colleagues with people services. And I did not hear any more about it.

Christina Lazier

Exhibit 7 will be that conditional acceptance letter and the employer's response.

We do have a few more questions if I may beg the patience of the Commissioners.

I understand that you and other employees of the Yarmouth Regional Hospital initiated a process of notice of liability, which was then served on Tracy Unger, Director of Employee and Labour Relations. Is that correct?

Janessa Blauvelt

Correct.

Christina Lazier

Exhibit 8 will be notice of liability and the affidavit of service of the bailiff who served that notice of liability on the Director of Employee and Labor Relations. It was received by an assistant of hers. Again, any response from that?

Janessa Blauvelt

No.

Christina Lazier

And you're a member of the CUPE union, or is that correct?

Janessa Blauvelt

Correct.

Christina Lazier

And did you grieve your matter?

Janessa Blauvelt

I did, yes: December 14th of '21.

Christina Lazier

Okay. And so, you sent, I understand, your grievance to union local president Carl Krause and union rep Andrew Baxter to initiate your grievance because your request for exemption had been denied. You received a response to that on July 18th, 2022, I understand?

Janessa Blauvelt

Yes.

Christina Lazier

Sorry, what you received was a meeting with the senior human resources consultant of your employer.

Janessa Blauvelt

Correct.

Christina Lazier

Yes, and did that bring satisfaction?

Janessa Blauvelt

No.

Christina Lazier

You were then denied your grievance. I understand it on September 13, 2022. Is that correct?

Janessa Blauvelt

Correct.

Christina Lazier

Was that step three response?

Janessa Blauvelt

Yes.

Christina Lazier

Yes, okay, has anything further happened with respect to your grievance?

[00:30:00]

Janessa Blauvelt

No, I was just told that the union had the right to vote what case went to arbitration and what case did not. And I have not heard anything more.

Christina Lazier

Do you know whether your collective agreement includes a provision for voting on whose matter goes to grievance?

Janessa Blauvelt

I was not able to find that in the collective agreement.

Christina Lazier

Exhibit 9 will be the grievance form and correspondence with the union. Exhibit 11 will be the collective agreement.

So with respect to grievances and so on: Were you aware of the arbitration decision of Yvonne Mackey?

Janessa Blauvelt

Yes.

Christina Lazier

And who's Yvonne Mackey?

Janessa Blauvelt

She is an RN at the IWK.

Christina Lazier

Okay, so I'll ask the tribunal to take notice of the arbitration decision of Yvonne Mackey. That will be provided as Exhibit 10.

Yvonne Mackey is a nurse with the IWK, Izaak Walton Killam Children's Hospital, and she requested a religious exemption and was denied. Her matter was grieved. Her matter did go to arbitration, and she won. And it was noted that her employer violated *Human Rights Act* in not granting her the exemption that she requested based on her religious beliefs.

So what is the state of your employment now? Your career?

Janessa Blauvelt

Well, I'm not allowed still in this province to work in my profession. I've been considering moving out of province, so I can continue to work.

Christina Lazier

As it is now, the ongoing public health order, section 32 order, requires for you to return to work that you would have to be vaccinated with COVID-19 vaccines. Is that correct?

Janessa Blauvelt

Correct.

Christina Lazier

And you did, I understand, recently have a conversation with—or attempt a conversation with—Karen Oldfield of the Nova Scotia Health Authority?

Janessa Blauvelt

Yes, it was called the Community Conversation at the Rodd Grand Hotel in Yarmouth.

Christina Lazier

And also, Michelle Thompson, Minister of Health and Wellness, was there on January 18, 2023?

Janessa Blauvelt

Correct.

Christina Lazier

And what happened there?

Janessa Blauvelt

Well, I had the chance to speak. They did not answer any of my questions. I was very passionate. I told them how it affected my life. I asked them how long they planned to keep us on unpaid administration leave. And actually, the microphone was taken out of my hand, and they told me that's enough.

Because I had one more question that I wanted to ask. And the question being that most health care workers only received the two shots in 2021, early 2021. According to their very own experts and their good science, the very small amount of immunity wanes within four to six months. So technically, these employees are no longer considered vaccinated according to their science. So why are they allowed to continue to work, while I continue to be punished and not allowed to work in my profession?

Christina Lazier

And I will just note for the commissioners' sake that the definition of fully vaccinated is in Part 1 of the July 6th, 2022, order. You'll find definition of what is fully vaccinated and the fact that health care workers such as an LPN do fall within that definition of the application of that requirement for vaccination.

I'll leave it to the commissioners to have any questions. I should note that those are all the exhibits at this point.

Do you have any questions, Commissioners?

Christina Lazier

Thank you, Ms. Blauvelt.

Janessa Blauvelt

Okay, thank you.

[00:34:16]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

March 18, 2023

Day 3

EVIDENCE

Witness 8: Josephine Fillier

Full Day 3 Timestamp: 06:48:16–07:07:50

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Our next witness is Josephine Fillier, who will be appearing virtually. Josephine, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Josephine Fillier

I do.

Ches Crosbie

Thank you.

Criss Hochhold

Hello, Josephine.

Okay, can you please tell us your full name, where you live, and what do you do?

Josephine Fillier

My name is Josephine Fillier, and I am from St. John's, Newfoundland. I am a stay-at-home mother to three children.

Criss Hochhold

In your submission to National Citizens Inquiry, you advised us that you received the vaccine in 2021, is that correct?

Josephine Fillier

Yes, June 18.

Criss Hochhold

What prompted you to get vaccinated?

Josephine Fillier

Well, basically at the beginning of COVID, everything was locked down. And I was doing my high school diploma, trying to get it after 13 years of being a stay-at-home mom. And I had to quit because the kids went online and I had to help them with their online studies and I couldn't focus in my house, doing my work. So I became like depressed, isolated, and all these things.

So when the injections came out to get, the Atlantic bubble was closed, and my partner was in Niagara Falls, and it would be my first trip off the island, so I decided to leave. He paid for the trip, and I went to Niagara Falls. But to get it, I had to get the COVID injection into my body because I was in fear that the government would come to my house. And there was all kinds of fear—online, in the news and everything—at the time.

Criss Hochhold

So Josephine, it sounds like you were quite apprehensive about getting the vaccination, is that true?

Josephine Fillier

Yeah, I had severe anxiety attacks. Like, I've been struggling with depression and anxiety since I was a little girl, but it was very manageable. I was on antidepressants and anxiety meds and they helped me out a lot. But my intuition, I guess, told me not to get this COVID injection. I knew something was off about it anyways. But since I was in fear and I really wanted to go visit my partner, who was in a different province, and I didn't want to isolate away from my children for two weeks upon arriving home, I ended up getting it. And I knew it was the biggest mistake of my life.

Criss Hochhold

Josephine, where did you go get the vaccination?

Josephine Fillier

At the Village Mall, here in St. John's.

Criss Hochhold

Do you remember who administered it to you?

Josephine Fillier

It was an LPN—Faye Chidley.

Criss Hochhold

Before administering the vaccine, did the LPN explain the potential risks and/or benefits of the vaccination for COVID-19?

Josephine Fillier

No, basically all they said was that I would have a fever and a sore arm. And they told me to stay for about 15 minutes just to make sure I didn't have a reaction. So I took my paper that had my lot number and the stuff to do in case you have, like, a fever or sore arm or anything like that and I just sat down. And then I was fine after 15 minutes, so I went home; I took the bus and I went home.

Criss Hochhold

Prior to the vaccine, did you have any health issues? Were you an active person? Were you eating healthy? Can you describe your lifestyle a bit to us and how that's changed since then?

Josephine Fillier

Well, before, I was a very outgoing active person; I wasn't in fear of anything. I was like, you know, a bubbly type person. And I have ADHD, so I'm always active; like, I wake up in the morning and I can go, go, go all day long. It runs in the family, so my mom is like it, my sister is like it. So ever since then, I've had to basically slow down a lot. Because if I exert myself much, I feel like my body is shutting down.

Criss Hochhold

Okay. Just for the Commission's records, the vaccine itself was Pfizer.

Josephine Fillier

Yeah, I had one dose.

Criss Hochhold

One dose. Do you have the lot number on you, Josephine?

[00:05:00]

Josephine Fillier

Yeah, I keep checking it, to see if there's any adverse side effects. So it's FA 9093.

Criss Hochhold

Josephine, what happened after you received the vaccine? Just refresh my memory with that because you said you went home, you were fine at first.

Josephine Fillier

Yeah, well, I was fine. It takes me about 45 minutes to an hour to get the bus from the mall to my house. And prior to the vaccine, I had a bruise in my right thigh and it never healed fully. So when I went home, I was laying down on the couch and I noticed that there was a severe burning pain in my leg. And I thought that something was seriously wrong. That I was clotting maybe, maybe something was going on with my leg. And so, I put my feet up on the back of the couch just in case, to elevate my feet. And it just escalated from there.

Criss Hochhold

How do you mean escalated?

Josephine Fillier

Basically, the burning never went away; even 20 months later, it's still there. It escalated to crawling sensations, like, I had bumps on my legs, which are still there today. I had swelling and internal vibrations, and then I had lumps all over my legs, on the back of my thighs and on my shins.

Criss Hochhold

Josephine, with all the symptoms that you're showing, did you report those to a health care professional—to your doctor—or did you go to the hospital?

Josephine Fillier

No, I actually went to my doctor. He's been my doctor for 23 years now. He knows my entire medical history, my mom, my sister, all of our kids. And he gaslit me the entire time.

I was telling him about the lumps on my legs and he just told me to get compression socks. I told him about lumps in my scalp, in my head, that were very painful. And this remark was really, really upsetting because he told me that if I didn't look for lumps, I wouldn't find any. And I thought that, you know, if you check lumps—you have to check your body, you have to be self-aware. You have to understand your symptoms in case it could be, like, you know, a tumour or cancer or something. So once I noticed that there was lumps on my legs, that was the first indication that something was going on with either my lymph nodes or my blood vessels.

Criss Hochhold

Then how long after the symptoms appeared did you contact your family doctor? I'm trying to understand: From the time you received the vaccine to the time the symptoms appeared and then you reported them to your physician, to your family doctor, how much time had lapsed?

Josephine Fillier

Maybe a month or two because I got it June 18, 2021. And then around the beginning of August, I made my first appointment, and then he basically brushed it off. So I just, you know, went home. And the fall came and then the winter came, and more and more symptoms started happening.

Criss Hochhold

Do you know if your family doctor submitted any of your symptoms to the CAERS system: the Canadian vaccine reporting system? Are you aware of any of that?

Josephine Fillier

The CAERS? No, I had to do that myself. Like I said, he was gaslighting me. He even said to me that it is not connected to the vaccine, the COVID injection. Because he knew of somebody who impersonated someone and took 77 injections, and they're fine.

Criss Hochhold

I believe that reference is in regards to a person in Germany, and it was reported in the media, who took a number of extra vaccinations in order for the benefit financially. Whether it's proven or not, I'm not certain of.

[00:10:00]

Josephine, your family doctor didn't accept the symptoms that you were showing physically. Not only from a psychological perspective, perhaps due to anxiety or depression or heightened anxiety, because of what you've written from the research, but you actually had physical ailments, physical symptoms, and your doctor was completely dismissive of that. Did you seek a second opinion? Were you able to perhaps go to the ER or the hospital to speak to another physician about that?

Josephine Fillier

No, because, like I said, this doctor has been my doctor since I was 10. I literally trusted him with my entire life. Like, I didn't know about the injections; I didn't know about anything at this time. I just knew that something was wrong with my body, and I needed to find out what it was because I did not feel well at all. I felt like I was dying.

Criss Hochhold

Did your doctor run any tests on your blood, for example, or any other tests to ascertain, to see what potentially, if there's an issue?

Josephine Fillier

Yeah, I actually had to have a severe mental breakdown in his doctor's office about a year ago in order for him to do anything. But he gaslit me so much for a long time. And then I had to, like, literally cry out for help saying, "I know something is wrong with me. I need help."

Nobody believed me because my own partner didn't believe me; my family didn't believe me; my friends didn't believe me. And I needed some help. I felt so alone and I needed a professional at least to acknowledge me. And so, he ended up getting me a referral to a neurologist. He gave me blood work for just, like, you know, regular calcium, proteins, and all this stuff. And then that came back normal. So then, somebody told me to get a D-dimer test done. So I went back a couple of weeks later, got that done, that came back normal.

Then I was suffering with vertigo this summer just past, in 2022. And I felt like I was drunk. And I'm taking care of my kids and I was feeling so sick for a week. And I couldn't walk, I felt really unwell. So then he got me a CRP test done to see if I had chronic inflammation and that came back normal. So I just saw my neurologist on Thursday past, and he now told me that it could possibly be this dysautonomia, and it's an autoimmune response to the vaccine. And then he told me that I need to get an MRI done and I need to get a lot of blood work to see if it's an autoimmune response and to also check for connective tissue damage.

Criss Hochhold

For the commissioners, the lab report as well as the outpatient specimen collection requisition would be exhibited as TR-21, TR-21a through to f. TR-21, TR-21a through to f. That also includes the immunization record.

Josephine, how did it make you feel when, bearing in mind we were becoming a bit of a national—

I'm going to skip forward just a little bit in the interest of time because I think we have an understanding how you were feeling at the time and everything you went through.

Did you go to the Freedom Convoy?

Josephine Fillier

Oh yeah, I found out about the convoy on Saturday and then everything was planned for me to leave on Monday in order to go to the Trucker Convoy.

Criss Hochhold

Thank you. What happened as a result of your attendance of the Freedom Convoy?

Josephine Fillier

Well, I took myself off of my medication because I no longer trusted pharmaceuticals because of my injury. And so, I also took my children out of school for those two weeks while I was gone because they just came back after another lockdown and I didn't want to put a mask on their face. So I ended up going to the Trucker Convoy and my social worker, who has been involved with my file for a while, she thought I was having severe mental breakdown.

[00:15:00]

So when I came back February 7th into Newfoundland, on February 8th she came and told me that they had to remove my children until further investigation.

Criss Hochhold

When were the kids removed from your custody?

Josephine Fillier

February 8th, my two boys.

Criss Hochhold

Of last year, of 2022.

Josephine Fillier

Yeah.

Criss Hochhold

We're sorry to hear that. And you're working on this actively to regain custody of your children?

Josephine Fillier

Yeah, well, my oldest has come home as of December. But my youngest is having some behavioural issues at school, so my social worker wants to make sure that I am, you know, okay with my mental health and he has support and I have support before he can return home. But he's in the process of transitioning back.

Criss Hochhold

Very good. Just a couple of more questions. You said that you've come off medication earlier this year. Can you just briefly describe what medication you were on and what it was for?

Josephine Fillier

Well, I don't remember the name of my antidepressant, but I was on antidepressants. And then I was on lorazepam for my anxiety because I was in abusive relationships and had childhood trauma. So I have severe PTSD from all of that. But everything was fine; it's just that, since I got this injection into my body and I knew something was seriously wrong, I no longer trusted pharmaceuticals or doctors.

Criss Hochhold

You said you've had anxiety and depression since childhood, which you also said got heightened because of the vaccination. How was your mental health affected after you received the vaccination? Did your symptoms increase or did they stay about the same? What happened?

Josephine Fillier

My symptoms seriously increased from, basically, depression and anxiety to severe panic attacks where I felt like I was having a heart attack constantly. I had chest pains, electrical shocks in my chest. I had chronic fatigue and anger issues and then basically just escalated from that to—

I had a tremor in my leg last April, because I was out for a walk and I became chilly. And my right leg, when I came home, I put my feet on the heater like I normally do to warm up and then my leg just started shaking uncontrollably. It's basically affected my entire nervous system. I have severe nerve pain, like my feet go on fire, and it's mostly my right leg. That's what I don't understand. Like, I guess since I had the bruise there. With my research, the spike protein possibly started, like, attacking that one part of my body and then it spread throughout my entire system. But even now, my neurologist checked my leg, and he said **that my right leg is much more weaker than my left leg. So I have a severe pain all the time, like, numbness, my foot goes numb, it goes on fire. Crawling and pins and needles, shooting pains, stabbing.**

Criss Hochhold

Thank you, Josephine. I really appreciate it. While I do have more questions, I do not have more time. So I'm going to refer to the commissioners for any follow-up questions.

No questions. Thank you, Josephine. I really appreciate your time.

Josephine Fillier
Thank you.

[00:19:34]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 9: Linda Adshade

Full Day 3 Timestamp: 07:08:15–07:28:15

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Linda Adshade

I do.

Ches Crosbie

Thank you.

Criss Hochhold

Can you please tell us your name, where you're from, and what did you do?

Linda Adshade

My name is Linda Adshade. I'm from Oxford, here in Nova Scotia. I worked with the Nova Scotia Health Authority [NSHA] from 2009 until, let me see, probably October of 2019. At that point, I took a position with public health. Please don't shoot me.

Criss Hochhold

Linda, I understand you've had a lengthy career with Nova Scotia Health Authority, but I'd like to focus on your most recent role with NSHA. Can you tell me how you came to be in the position, what the position is, and what it entailed?

Linda Adshade

So there was a broad letter sent out; they were looking for many people to come to work with them for the lab results. So you had the negative and you had the positive lab results.

Criss Hochhold

Sorry, negative lab results for what?

Linda Adshade

Oh, sorry, for COVID-19.

Criss Hochhold

COVID-19 tests that people—

Linda Adshade

Yes, the PCR tests, sorry. So I was put in a position to look after the negative lab side of it. So when I went there, I actually started off doing the vaccine clinics. Was pulled from there to go back to work remotely from home. They made me the supervisor of about five people at that time.

Criss Hochhold

Okay, so if I understand correctly, you had a different role. They advertised this role specifically that deals with COVID-19 test results.

Linda Adshade

That's correct.

Criss Hochhold

And you assumed that role, and it was completed remotely. You did not have to attend the office.

Linda Adshade

That's correct, yes.

Criss Hochhold

So can you tell me more about— What do you mean you received, or you were in charge of, the negative tests? And what was the overall purpose and scope as well, please?

Linda Adshade

So I would get all the information in the morning. Then my staff would call all of the individuals on the list to give them their PCR test results. And we only dealt with the negative side. That's the only people that we called.

Criss Hochhold

Okay. So that means, if I understand correctly, people throughout the province would attend testing centres. They would get the COVID vaccine tests done—the swabs or whatever the case may be—and then you would receive the test, the lab results.

Linda Adshade
Right, that's correct.

Criss Hochhold
And would that include, then, contact information for the individuals?

Linda Adshade
Yes, that's correct.

Criss Hochhold
Okay, and what would you do with the test results?

Linda Adshade
So with the test results: So in the morning, I would get this huge, huge file. Of course, you can imagine how many people are being tested. Once I got that file, I would then take the file and separate it. I would keep all of the data for myself. I needed that information to deal with situations, but my staff only received the negative lab results. So they would have the name, all of their information, so that we could confirm, you know, "May I speak with so-and-so. Could you please give me your name, your date of birth, health card number," anything along those lines, just to verify. Then we would give them the test results.

Criss Hochhold
Okay, and you said you received a big file in the morning that included all test results.

Linda Adshade
That's correct.

Criss Hochhold
So that would be negative as well as positive.

Linda Adshade
Positive, yeah.

Criss Hochhold
But you were focused for your role only on the negative aspects that you would then disseminate to your staff who'd make the contact with the people.

Is there anything that you can tell us how that data that you received in those spreadsheets was related to information that was given to us on the televisions, through the media or through the government messaging?

Linda Adshade

Okay. So I started thinking to myself, "Wow, they seem to be like saying there's all these cases; I don't get it." So again, it came on an Excel spreadsheet. I was able to take out the positives from the negatives so that I only ended up with the positives. When I counted those up each day, to the end of the week, they didn't match what they were telling us on TV—not even close. They were saying thousands of people. There were not thousands of people in the run of a week.

[00:05:00]

They were off by hundreds. Not by two or three, hundreds. I started thinking, "Okay, this is crazy. They're lying to people."

Criss Hochhold

So based on the numbers that were shown on TV, it did not match up with what you had in front of you. You literally had the actual figures in front of you that they would have used to compile the numbers shown to the people in the province and around.

Linda Adshade

Yes, that's correct.

Criss Hochhold

Did you take any steps about that? Did you follow up on that, or was this really more you were gravely concerned but— How did you feel about that then?

Linda Adshade

Well, I was upset because they were lying to the people. They were lying to us. They were lying to everybody. I didn't take it up with my management or my supervisor because I was met with a lot of resistance prior to that for my opinion on the vaccine.

Criss Hochhold

We'll get to that, too.

Linda Adshade

Yeah.

Criss Hochhold

Okay, so thank you for that. To summarize, your role as a supervisor gave you access to all the data, all the tests within the province—the entire province.

Linda Adshade

Yep. The entire province.

Criss Hochhold

And the Province inflated grossly, according to you, the numbers that they gave to the people in terms of how many people tested positive for COVID-19 in relation to how many actually tested positive.

Linda Adshade

Right.

Criss Hochhold

Thank you.

Josephine [sic], now I'm going to move away from that, and let's talk about your story a little bit as well because it is also very important. Your job that you had as the supervisor for negative COVID-19 testing, you mentioned it was done remotely. Were you able to do that entirely remotely, or did you need to go to an office at any time?

Linda Adshade

The only time I would have had to go to the office was to pick up equipment. But other than that, I worked remotely just from my kitchen in my home.

Criss Hochhold

And what happened that changed your employment status? Did you receive notification from the province in regards to your vaccination requirements because mandates were coming in?

Linda Adshade

Yes.

Criss Hochhold

For Nova Scotia Health Authority workers, employees—not just health care professionals, but all employees for the health authority.

Linda Adshade

Right.

Criss Hochhold

Were you affected by that?

Linda Adshade

Yes, I was. Yes.

Criss Hochhold

Okay. I'm going to enter Exhibit TR-17, which is a letter, an email that was sent out. I just want to read just a short excerpt from that, if I may. The date on this is November 30th, 2021, at 10:29 a.m. It was sent by the COVID-19 policy request, and the subject was "Viral Vector Offer of Vaccination."

"Dear NS team member. You're receiving this letter as you have submitted an intent to decline COVID-19 vaccination or an exception request (medical or Human Rights) that has been declined or remains on review. COVID-19 vaccine core planning team and Nova Scotia Health Occupational Health, Safety & Wellness team are continuously looking for ways to support health care workers impacted by the provincial mandate for those working in high risk settings." So I'm just going to focus on those three little words to that: "high-risk settings." How high risk of a setting was your home?

Linda Adshade

Well, let me put it to you this way: I live in the middle of absolutely nowhere. So unless a bear had COVID and come into the home, that's the only way.

Criss Hochhold

But so because you— It was really a rhetorical question in a sense, wasn't it?

Linda Adshade

Sorry.

Criss Hochhold

No, no, that's okay, I wanted an answer. But they sent an email out to health authority employees specifically addressed to those working in high-risk settings. Yet your role was not in a high-risk setting because you had no contact, ultimately—I'll sum it up—with the outside world. Because were you working from home remotely with no need to attend the office?

Linda Adshade

No.

Criss Hochhold

I won't read the rest of it, but it will be there for the commissioners. I take it you received that letter because you showed an intent, or you gave them notice, that you were not planning on getting vaccinated. Is that correct?

Linda Adshade

That's correct. Yeah.

Criss Hochhold

Did you feel that you had enough information about the vaccine, about its safety and efficacy before making that decision?

[00:10:00]

Or what prompted you to turn away from the vaccine?

Linda Adshade

There were several things. Basically, that it was rolled out so quick. My understanding is a vaccine takes years to— Not that I'm a doctor, nurse, scientist, or anything, just from understanding, it takes many years to produce a vaccine. I felt that this was too quick.

Fifty years ago, my mother was given a drug when she was pregnant. It affected me that I had at the age 22 cervical cancer from this drug that she took. It also affected my daughter who also has precancerous cells. It can also affect my grandson. So I have a little issue with trusting that stuff without actually doing some good research. When I did all my research and looked into it, I did not feel comfortable at all.

Criss Hochhold

You had obviously a very, very serious experience as a result of that. Do you remember what vaccine your mom got that might have caused, that might have been responsible for that?

Linda Adshade

I'm not sure. I believe.

Criss Hochhold

Okay, that's fine. So based on that, you made a decision: I'm not going to; I just don't trust it. And you said that you've done some research about this vaccine. Because of that decision, did you submit a letter of exemption or any other documentation to your employer advising them of your hesitancy?

Linda Adshade

I did not. Again, I've worked in about eight different areas of the hospital. I also worked at the doctor's office at one point. Not that this came from a doctor but told by some of the staff was, "Don't even ask. Nobody's getting them."

Criss Hochhold

So your belief was, well, I was talking to people, colleagues and workers, and they said, "Don't bother." So you chose not to.

Linda Adshade

That's correct.

Criss Hochhold

You received this email about the need of vaccination. Can you tell me about that experience that led to your suspension or termination of employment with the Nova Scotia Health Authority?

Linda Adshade

So I had my manager ask me several times, about getting the vaccine. I told her, "You knew from the start I'm not doing this." So she said, "You know that you will be put on unpaid leave, which could lead to termination if you don't take this vaccine." And I said, "I'm well aware of the consequences."

Criss Hochhold

So you had a conversation with your supervisor about the vaccine, your hesitancy, and you were advised of the potential consequences.

Linda Adshade

Mm-hmm.

Criss Hochhold

Did you have an experience with your supervisor, or a specific chat with your supervisor or manager about getting vaccinated. And that supervisor then would go and get the vaccine in order to make you feel safer about its safety? Can you tell me more about that, please?

Linda Adshade

So I was talking to her one day about my hesitancy and explaining, "You know, things just don't seem to be adding up." She goes, "Well, I'm going to get mine this afternoon. My first one," you know. "When I get back, I'll touch base with you." Because I was a supervisor. So she said, "I should be back by four o'clock, at least." Getting on to six o'clock, I still haven't heard from her. Finally, she calls me and she says, "I am so sorry that I ran so late. I got my vaccine and I got facial paralysis and had to go to the doctor."

Criss Hochhold

How did that make you feel?

Linda Adshade

I was like, okay, that determines it 100 per cent for me.

Criss Hochhold

So you had no support from your employer in regards to the vaccine hesitancy. Not because you submitted a letter, but because you chose not to— And also not to speak up because you were under the belief that they were not going to be receptive anyhow.

Linda Adshade

Right.

Criss Hochhold

In the interest of time: How were you then, I guess, laid off or terminated? Can you tell me, as we move forward, how that would happen, please? Thanks.

[00:15:00]

Linda Adshade

So I think my last day with public health was 27th of November of '21. So I was thinking to myself, okay, I'm possibly going to starve to death here. So I decided, "Okay, I guess I'm going to take early retirement." I still had three years to work to get my full benefits. Unfortunately, I don't have my full benefits.

So basically, they just told me, "As of December 1st, you're done." So I got up on the 1st of December to collect all my information off of the computer, and they had literally stripped me of everything. I could not get into my email, I could not check my pay, I could not look at anything.

Criss Hochhold

So you were locked out effectively. Was that a deadline for the vaccination requirement, or was that when you said, "I'm going to take early retirement and that early retirement is going to be effective on December 1st."

Linda Adshade

No, because it didn't become effective until January.

Criss Hochhold

Okay, so you were locked out of the system a little early.

Linda Adshade

So I was just stunned. And I even called and said, "Can I not just get my email about my pay?" "Nope, you are done," and basically, "don't contact until you're vaccinated."

Criss Hochhold

How has this impacted you financially? The early retirement—because it doesn't sound like you wanted to retire.

Linda Adshade

No, I didn't.

Criss Hochhold

How did that affect you?

Linda Adshade

Well, we are just living on my husband's income at this time, thank God. He's a good worker. He's a good man, so right now we're living on his income.

Criss Hochhold

Once again, while I have more questions, in the interest of time, I will ask the commissioners if they have any questions.

Commissioner DiGregorio

Thank you for testifying. I just had a question about the numbers that you were talking about at the beginning of your testimony. And I was just wondering how you know that the numbers you were getting every morning were for the entire province.

Linda Adshade

Because we called the entire province. So that's what they indicated when you first started working. You would receive all of the data of all of Nova Scotia. We called everywhere in Nova Scotia; it wasn't just within our area. We called right across Nova Scotia. So all the results came from the testing that was done here.

Commissioner DiGregorio

Thank you.

Linda Adshade

You're welcome.

Commissioner Massie

Yeah, on the same topic, what was the gap you would see between what you could see on the Excel sheet and what was published? Was it a significant gap in terms of the numbers?

Linda Adshade

I would say anywhere from two to four hundred, possibly. Is that what you're meaning?

Commissioner Massie

I mean, was it a two-fold more, or— Because 200 is an absolute number. Is that what you're saying?

Linda Adshade

No, it wouldn't be an absolute number. So I would say that probably, I don't know, they were reporting 25 to 30 per cent more than what was actually there.

Commissioner Massie

Okay, so it's an increase of about 25 per cent.

Linda Adshade

Yes, I would say, yeah.

Commissioner Massie

Okay. And any information on the cycle threshold on these Excel sheets, or is it blind?

Linda Adshade

They were sent to you every day, every morning at 8:00.

Commissioner Massie

No, I'm talking about what was the level of amplification they were using to get the positive. Was it like fixed 40-45 cycle, or you don't have information on that?

Linda Adshade

I'm not sure on that, to be honest with you.

Commissioner Massie

You don't have this information.

Linda Adshade

No, I don't have that information.

Commissioner Massie

And how long was that reporting or communication to the public maintained? Was it stopped at one point? What was the time frame? It was since the beginning of the pandemic, and then it went on until—

Linda Adshade

It was still going on when I left in '21. They were still reporting. Is that what you mean?

Commissioner Massie

Yeah, yeah. And it was going on after that.

Linda Adshade

Yes.

Commissioner Massie

Good, thank you.

Criss Hochhold

Thank you so very much. I appreciate your time.

[00:20:00]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 10: Katrina Burns

Full Day 3 Timestamp: 06:48:16–07:07:50

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Katrina Burns, do you affirm that you will tell the truth, the whole truth, and nothing but the truth? Thank you.

Katrina Burns

I do.

Ches Crosbie

Thank you.

Alison Steeves

Can you please tell us your full name, where you're from, and your occupation?

Katrina Burns

My name is Katrina Burns and I'm from Truro, Nova Scotia and I'm a substitute teacher.

Alison Steeves

And how long have you been a teacher?

Katrina Burns

I've been a teacher for about seven years now.

Alison Steeves

Has that been in the public system?

Katrina Burns

No, I originally started out in the private school sector and then moved into Halifax Regional Centre for Education [HRCE] in 2020.

Alison Steeves

Okay, so you did approximately five years in the private system and then you switched to HRCE in— When did you start at HRCE, sorry?

Katrina Burns

I started in September of 2020.

Alison Steeves

Okay, so going back to the pre-pandemic era, sort of late 2019, early 2020: Can you share a bit about what your life was like back then, family, community, et cetera?

Katrina Burns

We were just a basically normal family who had just had our second daughter. I had my second daughter September 22nd of 2019. And we had planned to do— With my first daughter I had gone out. I had done every activity possible, from stroller boot camp to play groups. And then, with the birth of my daughter, obviously then came COVID and we were on lockdown essentially right away.

Alison Steeves

And did you know your neighbours pretty well at that time?

Katrina Burns

Very close with our neighbours, very, very close.

Alison Steeves

And you're in Truro now, but at that time—

Katrina Burns

I was in Hammonds Plains.

Alison Steeves

Hammonds Plains. And how long had you been living in Hammonds Plains?

Katrina Burns

Seven years.

Alison Steeves

In the same community?

Katrina Burns

In the same community.

Alison Steeves

And then you started at HRCE in which month of 2020?

Katrina Burns

Well, it would have been August. This is when the teachers usually go back.

Alison Steeves

And what was it like starting there?

Katrina Burns

So I had gone into the public school system as a substitute. So when they originally started in 2020, they had sectors of places where you were allowed to go to sub. So there was about, I think, 30 schools in my section that I was allowed to sub at. I kept it narrowed down to two schools. And I was lucky enough to get a job every single day at those two schools. But a lot of people had a problem or a difficult time finding employment during the time because of the limitations of where they were able to sub.

Alison Steeves

So over the course of the 2020 school year, you are subbing between two separate schools.

Katrina Burns

Yeah.

Alison Steeves

And you substituted pretty much every day.

Katrina Burns

Yeah.

Alison Steeves

The place that you worked in 2021, did you continue doing that?

Katrina Burns

Yeah. So I ended up falling into a long-term sub position, which was a maternity leave at one of the schools that I was subbing at. And then that's where I had started of September 2021, in a Grade 2/3 class.

Alison Steeves

And you had been subbing there at the same school the year before.

Katrina Burns

Yes.

Alison Steeves

Can you tell us a bit about your class that year in September 2021 and the school you were working?

Katrina Burns

Yes, so I was at a school named Sycamore Elementary in Sackville, and it was a lower income school with a lot of kids who had diverse needs. The class I was getting was a particularly difficult one, with multiple students who had anywhere from behavioural needs to severe learning disabilities.

Alison Steeves

What grade was it?

Katrina Burns

It was a 2/3 split.

Alison Steeves

And so, do you feel that in the course of your time teaching there that you were able to make some progress, build some good rapport with the students in that class?

Katrina Burns

Absolutely. So from day one I started my class similar to another teacher who was actually here, where we would kind of talk to each other about how we were feeling. We weren't able to have any kind of physical contact, but we would be having conversations in the morning about how we're feeling coming into the class; how we're feeling about our day; and kind of what our day would look like so that they were prepared throughout the day for their transitions.

Alison Steeves

And so, you started in 2020. There had already been shutdowns the year before, and so the COVID protocols were sort of in place. We were about six months in, I think, at that time.

Do you recall what sort of COVID measures were implemented in your school?

Katrina Burns

Absolutely. So when I was originally subbing in 2020 and started out, there were many different protocols in the different schools.

[00:05:00]

So some schools went as far to have walkie-talkies, so you could communicate if a child either fell on the playground or needed some assistance. That way, someone from the office would come and escort the child back to the office to kind of be looked at. That way, it would keep kids from transporting through the school so much. And we could keep transmission down throughout the school. There were other schools who almost barely had any kind of protocol. And then Sycamore did have the same kind of protocol where it would be a class going down on one side, another class coming up the other, sanitizing as soon as they came into the classroom, or left or went to the washroom and came back in. Even if they had just washed their hands in the washroom, it was still sanitizer to come back into the classroom.

There was also, if there was any sign of sickness, it was a call up to allow the principal to know so that we could then call their parents to get them to be picked up.

Alison Steeves

Were the kids subject to masking and social distancing?

Katrina Burns

Absolutely. So desks had to be— When I had gone into the 2/3 class, we were allowed at that point to put the desks kind of together, but they had to stay in those groups. There was no travelling around the classroom unless they had the mask over their face. They were able to bring their mask down while they were sitting at their groups. And I did have an area set up in my classroom beside the window for the summer months when it was really, really hot for the kids to go down and pull their mask down so that they could sit and get fresh air in the morning.

Alison Steeves

So based on your personal observation, how did those measures impact the daily life for students and teachers at the school?

Katrina Burns

It was so hard to go in in the morning and see all of these kids with a mask up over their face and struggling to breathe, and struggling to kind of express themselves. It was almost like they had become kind of emotionless to what was happening around them. You had some kids who were so worried about getting COVID and spreading it to family members that they were just panicked as soon as they came in.

You had kids who were also against the mask because, obviously, they had heard their parents talking, and they would fight you on the mask. And it was constant that we would have to remind them to pull their mask up over their face and that they had to follow the rules in school that we were mandated to follow.

Alison Steeves

Would you say that the kids generally kept their masks clean and sterile?

Katrina Burns

No.

Alison Steeves

When the COVID-19 vaccines came out, did you take one?

Katrina Burns

I did not.

Alison Steeves

And why not?

Katrina Burns

I had just felt really off about how fast things were coming out and how much pressure they were putting on people to go get a vaccination. Like, there had never been that much pressure put on any other kind of, like, flu vaccine or anything like that before. So I had not— Like, it just seemed kind of fishy to me that we were pushing people to go do this and even against their will, even when they were asking for exemptions.

Alison Steeves

Did you feel pressure to take the vaccine?

Katrina Burns

Absolutely. There was pressure on all ends: from my family, from family friends, from people at school to just everyone all around me seemed to have kind of— Like, our neighbours as well became people who would just constantly be reminding us like, “Oh, well, you could just go get the vaccination. It’s easy. You could go get it, and then all of this would be over.” So.

Alison Steeves

Did you start noticing any differential treatment on the basis of this decision?

Katrina Burns

I did especially for my six-year-old. We grew up in a community where we all had kids together. And it became part where there were bubbles and my six-year-old daughter would sit in the window and stare out at her friends playing, and she wasn't able to go play with them.

Alison Steeves

Did you notice any differential care in the healthcare system?

Katrina Burns

Yes, so around October of 2021, I had been driving with my husband and I felt a sharp pain just shoot down my left arm. And then it came to a point where I couldn't breathe. And we had to pull over, and I couldn't catch my breath. My heart was pumping from my chest and so we went to emerge. I have a vast history of heart problems, everywhere from heart problems to blood clots to aneurysms in my family, including my father who had his first heart problem at 27 years old. And I'm 33, just for reference.

[00:10:00]

So I had gone in, and once we got to the hospital, there was screening for COVID. And I'm standing there clutching my chest asking to be helped, and the woman went through the protocol and got to the question about whether or not I was a vaccinated individual. And when I said that I wasn't, it was at that point where she proceeded to then stop and tell me that her father-in-law was not vaccinated and was against the vaccination and decided, after she had a long talk with him, that he would go get it. So therefore I should go and get it because I'm just hesitant on the vaccination. As I'm clutching my chest thinking that I'm having a heart attack.

Alison Steeves

In the fall of 2021, when Nova Scotia announced the Nova Scotia COVID-19 mandatory vaccination protocol in high-risk settings, indicating that teachers would be required to have two COVID-19 vaccines, what was that like for you? What were you feeling?

Katrina Burns

At this point, I was incredibly worried for my future. I knew that I wasn't going to get the COVID-19 vaccination, especially after having gone through what I went through at the hospital. It just kind of reconfirmed that it wasn't something for me. If I wasn't going to get the care at that point, if something did happen when I did take the vaccination, I wouldn't have the care at that point either. So at that point, I just felt that I couldn't go through with it.

Alison Steeves

Were you worried about your job?

Katrina Burns

Very much so. But I was also more so worried at that point about the 21 kids who were sitting in a classroom, who also needed to have that constant or consistent support and the constant reassurance from someone in the morning that they were going to be there and be that support for them. Some of these families were children who didn't have the proper support at home or the proper care at home and who needed someone there. And then there were other kids who struggled very much with bullying and were coming back to school and struggling with their reading and their writing and needed that support. So it was these 21 kids who weren't going to have that support from me that I was giving them. And I didn't know whether or not my replacement would give them the same amount of care. So I was worried about losing my job, and financially it obviously put a strain on my life; however, I was more so worried about the 21 kids that I was teaching.

Alison Steeves

Did you attempt to get an exemption from your employer?

Katrina Burns

I did, so I had sent in an email explaining why I felt that I couldn't get the COVID-19 vaccination and I was denied the exemption.

Alison Steeves

Did you provide me with a copy of that response from HRCE?

Katrina Burns

I did, yes.

Alison Steeves

Do you have that in front of you?

Katrina Burns

I do.

Alison Steeves

So it's Exhibit TR-0007b. Do you mind if I read an excerpt from their response?

Katrina Burns

Mm-hmm.

Alison Steeves

"So, after careful consideration, I have concluded that the information provided is not sufficient to support the need for an accommodation. Further, I note that your position as a teacher requires that you interact directly and in close proximity with students. As such,

even if you are entitled to an accommodation, Halifax Regional Centre for Education could not accommodate it without undue hardship.”

So they felt you had insufficient information. And they state that even if you had sufficient information, they would not grant an exemption.

Katrina Burns
Mm-hmm.

Alison Steeves

Did you also inform your employer that you would be willing to wear a mask or test regularly as an alternative to vaccination?

Katrina Burns

Absolutely. So I had gone in every day wearing a mask, even though it was the most horrendous thing to try and teach with a mask on, especially when you’re trying to teach kids who are trying to read. And I did tell my employer that I would test every single day if I could keep my position.

Alison Steeves

And what was their response?

Katrina Burns

No.

Alison Steeves

Did you also provide me with a letter of support from one of your students’ parents addressed to Tim Houston, Zach Churchill, and Robert Strang, expressing their discontent with the mandates on account that their child was losing you as a teacher?

Katrina Burns

Yes.

Alison Steeves

And you have a copy of that in front of you?

Katrina Burns

I do.

Alison Steeves

So that’s Exhibit TR-0007a. And do you mind if I read an excerpt from there?

Katrina Burns

Sure.

Alison Steeves

"To Tim Houston, Zach Churchill and Robert Strang. Today I received notice that my eight-year-old son's teacher will be removed from her position due to this unethical, unnecessary and illegal vaccine mandate being forced on all Nova Scotians by your government.

[00:15:00]

"I am irate. Katrina Burns is one of the best teachers my child has ever had. She is irreplaceable. Yet you now unwisely and unjustly cause her to have to be replaced."

Can you tell me a bit about this student?

Katrina Burns

So he was a young boy who had had trouble in previous years with being bullied, and his mom had removed him from school in pre-primary. But then he wanted to go back to school and get to know some of his peers and kind of socialize with peers, so he had decided to come back to school. He had struggled very much with reading and his writing, and, in the short time that I was with him, he made leaps and bounds compared to what he was. And he loved coming to school, which was vastly different from his previous years. So that made all of the difference in the world for him to come in every day and be as happy as he was.

Alison Steeves

Was this the only parent who had expressed support for you at this time?

Katrina Burns

No. So I was made to stay and go through all my parent-teacher interviews, which were all phone interviews at this point, and then afterwards was able to allow parents to know that I would no longer be their child's teacher. And I had so many parents reaching out to ask, like, "What can we do? Who can we contact?" And given the response that I had received, I said, "Unfortunately, I don't think there is anything that you can do, but I appreciate very much the support."

Alison Steeves

Did anything change your employer's mind?

Katrina Burns

No.

Alison Steeves

So you were placed on unpaid administrative leave.

Katrina Burns

I was.

Alison Steeves

When?

Katrina Burns

For December 1st was the— So November 30th was my last day of work, and December 1st I was completely done.

Alison Steeves

Do you recall when the the vaccination protocol was announced?

Katrina Burns

I feel like it was October 6th that it was announced.

Alison Steeves

So approximately early October, you find out that you're going to be placed on unpaid leave indefinitely, and then you stay in the school and you work there for approximately two more months. What was it like working there during that time, knowing that?

Katrina Burns

So I kind of kept my vaccination status hidden as long as I could, just to avoid any kind of bullying or kind of different treatment from the staff. Again, I worked at a very lovely school for the most part. Everyone was COVID conscious, but they didn't kind of judge me any differently once they found out. So I took the time to kind of let them know myself. The people who were very COVID conscious and were constantly checking numbers and constantly following all protocol to make sure that they didn't get COVID kind of stood back a little bit further from me. But there was never a point where they kind of treated me too much differently. They would just keep their distance.

Alison Steeves

Can you describe what it was like for you to leave school on your last day before your leave?

Katrina Burns

So the last day of work— The last week I was at work, I was asked to train the person who would be taking over for me and to kind of help them with some of the needs that were in the classroom. So I spent the week packing up my classroom, and if anyone is a teacher in here, they know how much stuff teachers accumulate over the time. So I spent that week unpacking my classroom, but still leaving stuff so that there was a bit of normalcy for the kids. And then, come the last day, it was a very emotional thing for especially my classroom because they couldn't fully understand why I was going to have to leave. And they didn't

fully understand why I couldn't just stay and teach them, even though I wasn't vaccinated, because I still followed all of the rules.

Alison Steeves

What impact did this have on your life, this experience?

Katrina Burns

So, my life has drastically changed compared to what I did before. I was very much, I guess, what you could call a rule follower. I didn't go against the grain at all. I thought that I would have this wonderful life where I'd become a permanent status teacher. My husband would work. We'd make money, and our kids would grow up. And now we're living on one income.

[00:20:00]

We've moved out of the community that we were living, and sold our first house and moved to Truro. We have lost family members. We have lost friends of family that have been family friends for 24 years since my dad passed.

So to say that it's had a mass effect on my life would be, like, a valid thing to say. It's been horrible. My mental health has struggled incredibly. My kids have struggled. We've missed out. I had to miss out on dance recitals. I had to miss out on first-time things for my six-year-old daughter, so it's been horrible.

Alison Steeves

Do you have any final words, Katrina?

Katrina Burns

I just— I was very hesitant to come up and speak just because I've kind of stayed hidden for a little while, especially with the move. I had a lot of, kind of, backlash when it came to my choice and why I wouldn't just go with it. But I feel like it's very important to make note that I was classified in with a group of people just because they were fighting for a right, and I was then called a misogynistic racist. And if you know— Like if the people who know me, know that that's not who I am. That's not who I am as a mother. That's not who I am as a daughter. That's not who I am as a wife or as a teacher. So to be classified as that and to be treated the way I was treated by people who were a part of my life for so long is insane that this is has happened.

Alison Steeves

Thank you, Katrina.

Commissioner Massie

Thank you so much for your testimony. You started to mention that you used to be a rule follower. That's by temperament, I suppose. So have you now come up with being more questioning about rules?

Katrina Burns

Absolutely. Especially with the time at the hospital where things were just dismissed, I definitely question a lot more. And especially when it would come to my kids, there's definitely a lot more question when it comes to vaccinations. Even my hesitancy to go to a doctor if my kids are sick or if I'm sick is huge at this point.

Commissioner Massie

There's also another thing I missed in your— Maybe it's just me: When you went to the hospital, did they end up treating you properly?

Katrina Burns

So no. I didn't get into that part, but I was brought in and I went to triage, set down, and the nurses were whispering behind triage. And then I heard them say, "She's unvaccinated." So at this point, they handed me the little monitor to put on my finger. And then they proceeded to put their gear on. And then threw my identification bracelet at me, instead of handing it to me or putting it on. Asked my husband to leave, who had driven me in there and I live with. And then they brought me into the main area of the QE2 to kind of check my heart. But then again said, "She's unvaccinated," so moved me to another area.

The room that I went into had a bed with dirty linen all over it. And the nurse took the linen, threw it to the side and then told me to remove my shirt. Then another doctor came in, slapped the monitor on my chest then ripped it off, and security escorted me down to a room that had plastic boards up the middle of the walls. And then signs posted all over that said, "droplet exposure." They then allowed my husband to come back in, but had him fully dressed in mask, headgear, a gown, and made him sit six feet away from me.

They then came in. They took my blood. They then administered a COVID test. They took the COVID test right away, stuck my blood on the door. And every nurse or doctor that came in had to put on new gear and take off the gear as they left the room. I saw probably two nurses and then the doctor came in. The doctor disregarded all of my conversation about how I was feeling, proceeded to tell me they would not be sending my blood for any testing. They would send my COVID test, however, and I would hear back about my results from my COVID test. And then sent me on my way.

Commissioner Massie

Is that normal protocol?

[00:25:00]

Katrina Burns

It doesn't seem normal. My dad, as I mentioned, had multiple heart attacks. And when he went in, they did test his blood because usually the heart attack had passed by the time he got there. So I wasn't oblivious to that having to be done, but he told me that he would not be sending in my blood work.

Commissioner Massie

Thank you.

Alison Steeves

Thank you, Katrina.

Katrina Burns

Thank you.

[00:25:58]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 11: Kirk Desrosiers

Full Day 3 Timestamp: 07:54:55–08:20:59

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[00:00:00]

Ches Crosbie

Mr. Desrosiers, do you affirm that you will tell the truth, the whole truth, and nothing but the truth?

Kirk Desrosiers

I do.

Ches Crosbie

Thank you.

Criss Hochhold

Can you please tell us your full name and where you live.

Kirk Desrosiers

Kirk Desrosiers. I live on the South Shore, Northwest Cove.

Criss Hochhold

What was your occupation?

Kirk Desrosiers

I worked for a company called Admiral Insurance. I was a facility specialist for just a little over 13 years now.

Criss Hochhold

What does that mean, facility specialist?

Kirk Desrosiers

Dealing with the property itself within the building, contractors, vendors, health and safety, IT support and ergonomic assessments.

Criss Hochhold

Okay. And you were a volunteer in your community?

Kirk Desrosiers

I do lots of volunteering in my community, yes.

Criss Hochhold

Okay, but particularly, do you volunteer as a volunteer firefighter?

Kirk Desrosiers

I do, yes, for District 1 Blandford.

Criss Hochhold

I want to talk a little bit more about your volunteer firefighting. As a volunteer firefighter, for you specifically, what was your role? What were you doing there as a volunteer firefighter?

Kirk Desrosiers

Well, a particular role like that is a lot of extensive training and a lot of studying and learning about the equipment and the apparatuses on the fire trucks, and a lot of dealing with the medical calls and learning about medical procedures.

I was studying for the MFR, medical first response.

Criss Hochhold

Okay, excellent. Within that capacity as a volunteer firefighter, not only did you receive a lot of training, but did you suit up and attend calls, fire calls and calls of that nature as well?

Kirk Desrosiers

Starting off, I was just still training. I wasn't a full firefighter, but I would wear the gear and do drills and training exercises.

Criss Hochhold

Okay. For those training exercises that you did, when you say full gear, what does that mean? What do you mean the full gear? Does that mean you get the helmet, the mask?

Kirk Desrosiers

You get the helmet, the full wardrobe, the tank, the scuba gear they call it—all the apparatus, all your equipment.

Criss Hochhold

How much weight would that be?

Kirk Desrosiers

Well, it's a little over 75 pounds.

Criss Hochhold

Seventy-five pounds, so you'd have to be in pretty good physical condition to strap on this apparatus, suit, and then conduct exercises and that as well?

Kirk Desrosiers

Not so much physical—I guess in one aspect you would have to be physical, but strong. Because, like I said, depending on the extra equipment that you have to carry, depending on the type of call or emergency you have, it could be overwhelming.

Criss Hochhold

So in order to become a fully qualified firefighter, you said you had to undergo testing. Was there a test you did in 2021 in order to, you know, proceed in those qualifications?

Kirk Desrosiers

Yes, in order to be a volunteer firefighter, you have to go to a doctor and do a full physical assessment to make sure that you're mentally and physically able to carry out your duties.

Criss Hochhold

What's the test comprised of, the physical?

Kirk Desrosiers

Like, check your heart. Measure the stress on your heart, do little treadmill tests; make sure that you don't have a hernia, any things like that. They check your blood pressure and make sure that it's normal and make sure that there's no issues with, like, breathing.

Criss Hochhold

What was the result of that test?

Kirk Desrosiers

I was good. Perfect.

Criss Hochhold

Clean? Clean bill of health, good to go?

Kirk Desrosiers

Filled out all the forms, gave me the clean bill of health, sent it off to the firehouse.

Criss Hochhold
And that was in early August of 2021?

Kirk Desrosiers
It was, yes.

Criss Hochhold
Ok. So you were fit for duty.

Kirk Desrosiers
I was fit, yeah.

Criss Hochhold
Then you gave some consideration to getting vaccinated shortly after that, is that correct?

Kirk Desrosiers
Well, not shortly after that. For the longest time, I was sort of speaking against it. I didn't think it was safe enough. I was really terrified and nervous. I didn't want to put that in my body because I just felt it was too soon to take something like that without extensive testing. So I tried as long as I could not to take the vaccination.

[00:05:00]

Criss Hochhold
But you decided against it and you did take it?

Kirk Desrosiers
At the end, yeah, I did. It was mostly due to peer pressure, the media, the medical doctors: everyone was telling me that I have to take it.

Criss Hochhold
Okay. So you went and got your first shot. How long after your— I'm going to put it in context for time: How long after your firefighter physical tests did you get the first shot?

Kirk Desrosiers
The first vaccination was August 16th, and I got my physical August 17th.

Criss Hochhold
So very, very closely together, obviously.

Kirk Desrosiers
Yes.

Criss Hochhold

Just for the record, the lot number would have been— This is a Pfizer vaccine?

Kirk Desrosiers

It was Pfizer, yes.

Criss Hochhold

Do you have the lot number in front of you?

Kirk Desrosiers

The lot number for that one was FA9099.

Criss Hochhold

Now, before you received the vaccine, who administered it for you and where did you go?

Kirk Desrosiers

The first one I got was at the drive-thru setup over in Dartmouth, at the Dartmouth Hospital.

Criss Hochhold

And do you remember who gave it to you? The person?

Kirk Desrosiers

I don't, unfortunately, no.

Criss Hochhold

Okay, well, that's okay. Whoever administered this to you, did they warn you about potential risks, side effects, benefits of getting the vaccine?

Kirk Desrosiers

At the time, they briefly said some stuff. I couldn't really remember. I don't know if I was just panicky or scared; it just happened so quick, and then they told me just pull over and **stay in the parking lot for 20 minutes while someone looked after me.**

Criss Hochhold

And how did you fare after the first shot? Any issues?

Kirk Desrosiers

No issues, no symptoms, nothing. I was perfect after that. Like it didn't even happen.

Criss Hochhold

Wow. And then you decided to get a second shot as recommended.

Kirk Desrosiers

Yeah.

Criss Hochhold

When was that?

Kirk Desrosiers

That was on August— No, sorry that was September 13th.

Criss Hochhold

So roughly a month after the first shot.

Kirk Desrosiers

Yes.

Criss Hochhold

Give or take a few days. And that was also Pfizer?

Kirk Desrosiers

It was Pfizer, yeah.

Criss Hochhold

And do you have the lot number in front of you?

Kirk Desrosiers

That one was FA9091.

Criss Hochhold

I'm going to ask the same thing as well for your second shot. Where did you go get that?

Kirk Desrosiers

That one was at the Superstore.

Criss Hochhold

And who issued that to you? Who gave you that?

Kirk Desrosiers

Unfortunately, I don't know.

Criss Hochhold

Was it a pharmacist?

Kirk Desrosiers

It was a pharmacist, yeah.

Criss Hochhold

He was the pharmacist at the Superstore.

Kirk Desrosiers

It was, yes.

Criss Hochhold

Did the pharmacist talk to you about potential risks or harms or benefits of the vaccine?

Kirk Desrosiers

No, nothing at all.

Criss Hochhold

Did you have to sign a form?

Kirk Desrosiers

I did, yeah.

Criss Hochhold

Do you remember what the form said by any chance, or did it lay things out for you? Or was it just a consent form to receive?

Kirk Desrosiers

It was a consent form for them to administrate it.

Criss Hochhold

Yeah. You don't remember how many pages there were or what the consent form said?

Kirk Desrosiers

I do believe it was just one page. But it was mostly, they were like, "Sign it or you're not getting it." Like, "We got to hurry up and move along," kind of ordeal.

Criss Hochhold

Okay, thank you. Did you have any issues after the second shot?

Kirk Desrosiers

Well, after the second vaccine, everything was the same as the first. Everything was going good: no signs, no symptoms, everything was okay. Except on September 22nd, and that would have been a Wednesday, because I woke up and I was really kind of out of it. I wasn't feeling right, and I thought it was just because I was overworked at my job and doing the training. I was just tired and sore. I was having trouble breathing. I was like, "Ah, it's the middle of the week. I'll just push through and see what happens." But I remember waking up that day and it felt like someone was sitting on my chest.

Criss Hochhold

Did you do anything about that? Or what did you do after that?

Kirk Desrosiers

No, I just played it off as, "Oh, I'm just getting run down with everything I've been doing at my company and at the firehouse." So I just thought, "Oh, I'm probably just getting a cold," or I was thinking, "Oh, maybe it's symptoms from the vaccine." Maybe it was like, if you get a vaccine you get like cold symptoms, I didn't really know. But that day, I just drank a French vanilla just to warm up my lungs to try to help myself to breathe.

Criss Hochhold

You know, Kirk, I'm just going to back up just a moment here. There is one question I'd like to ask as well, just in regards to the conversation you had with the pharmacist.

[00:10:00]

Considering you were a volunteer firefighter—you know, pretty good shape, carrying heavy equipment, right? Potentially having a life—pulling somebody out of a house, of a car, operating the equipment. Given your age and your health, were you given then a personal risk assessment by the pharmacist? Like, to let you know of your chance of becoming seriously ill or dying should you contract COVID-19?

Kirk Desrosiers

Nothing like that, no.

Criss Hochhold

Nothing like that. All right. Because you'd be one of the fitter people really around in the community, at the very least, because of the duties you would have to perform. So there was no consideration given whatsoever.

Kirk Desrosiers

Nothing like that, no.

Criss Hochhold

Thank you. Now we're going to move forward once again. So you had all these symptoms that you kind of just chalked up to work-related: I'm stressed, a little bit of this. So you carried on and you went to work that day.

Kirk Desrosiers

Yes.

Criss Hochhold

Can you tell me more, just what happened I guess throughout the day, just briefly? And then what happened after that?

Kirk Desrosiers

Well, it wasn't just that day, it was over time. I just kept thinking, "Oh, it's a chest cold." And it was probably within two weeks time frame of going back and forth to work and doing my training. And I said to my partner quite a bit, "I got this chest cold in my lungs, but I don't have a cough." And we did some research—and she goes to a naturopath—about taking elderberry. It's supposed to be good for your lungs. So I tried that, and it seemed to be okay. But it was one of the last days at work, I remember: I was doing a lot of activity and it was all day. I was lifting stuff that's about 50, 60 pounds all day long. And then I just started sweating, and I felt a really bad pain. And I just couldn't catch my breath and I had to leave.

Criss Hochhold

Did you go to the hospital right after that because of how you were feeling?

Kirk Desrosiers

No, I went home and I just laid down, took a nap, and it seemed to be passing me. Except for the sore lung feeling. And I decided that night to go to the firehouse for training, just because it was mostly just learning exercises; it wasn't physical hands-on. So I was like, I'll go there tonight and learn some stuff.

Criss Hochhold

Okay. And once you got to the firehall, can you tell me what transpired there?

Kirk Desrosiers

Yeah, it was quite early as I got there, because I was still kind of overwhelmed a bit. But it was basically— We're just going around at the fire trucks and checking all the storage compartments. So if there was a scene where I was located, if one of the firefighters said, "I need the fire axe," I'd know to go to compartment 10 on the truck to hand it to him. So it was just cataloguing items on the truck.

And then we started to do the MFR—medical first response training. And the training that we're doing that night was checking blood pressure. And the first one was just the automatic, where you put it on, you push a button, and it just reads the systolic and diastolic pressure for you automatically. But I remember the fire chief that night said, "Well,

if you do get a medical call, what I want you to do first is use the manual—the one that you—”

Criss Hochhold

The little pump.

Kirk Desrosiers

Yeah. And I said to him, “Well, that’s good, Chief, but I don’t know anything about that or what to listen for, the blood coming or going.” And he goes, “Well since you asked about it, why don’t you be the guinea pig; you be the volunteer to sit up front and show everyone?”

So I sat there and one of the EMTs put the cuff on me and his face just blanked out white. And he got right nervous. And I was like, “What’s wrong?” And he read it and it was 157 over something. And he goes, “That’s really high. What I’m going to get you to do is just sit in the corner away from everybody and just try to calm down, and I’d like to read that again.”

So it was about 45 minutes and then he came and got me and asked, “Can I do your blood pressure check again?” And the second time he did it, it was 187 over something and he goes, “That doesn’t seem right because you’re just sitting here relaxing.” And I go, “Well what do you think?” And he goes, “I got to get you to the hospital immediately.” And I’m like, “Oh-ho-ho, well, let’s not go immediately.” I said, “I have a pain in my lungs for a while. I think it’s just a cold and that’s interfering.” He’s like, “No, you could take a stroke or a heart attack at any second.”

So I remember Tami, my partner, came to pick me up and rushed me to the emergency room. I got there, we walked in, and they asked, were we vaccinated and stuff. And I was like, “yeah.” They took me aside.

[00:15:00]

And Tami, unfortunately, my partner, she wasn’t vaccinated then. And they almost physically took her out of the hospital and wouldn’t let her come in at all. She had to wait out in the car. And I first sat there after they kicked her out, and I was alone waiting for someone. Finally, the nurse came over and got me, and she put the blood pressure on me, and it read 212 over 137. And all I remember is getting thrown in a wheelchair, and they dragged me off to different rooms. The first room was the EKG, and then they rolled me down to another room and said, “We’re just going to put you on the monitor and check everything.” And then one of the nurses noticed, “Your oxygen level is, like, extremely low.” And I’m like, “Okay I didn’t know that it was low. I’m just doing my thing.”

So another doctor came in, and they were assessing the monitors that I was hooked up to. And one of the nurses was like, “Oh, you just got high blood pressure because of the work you’ve been doing at the firehouse. Once it goes down a little bit, we’ll send you on your way. You’ll be fine.” And I kept telling her, “Well, does it have anything to do with a chest cold?” Because I had pain in my lungs and it was getting quite severe. She’s like, “Oh no, that’s just because you’re doing extensive work, and it’s just your muscle’s sore.” And I’m like, “Well, a sore muscle doesn’t have anything to do with my breathing. Like, I’m having trouble breathing.”

So the other doctor that came in the room was like, “Oh yeah, we should look into it a little more.” And he’s like, “I’ll be right back. I’ll get you prepped for some tests.” Then another

doctor came in, and she was asking me some questions. And I was like, "Yeah, I had a pain—it was almost two weeks now. And it's like I'm having trouble breathing, and obviously now I got the extreme high blood pressure due to it, which I never had in my life." And she goes, "Oh, it fits the time frame." And I'm like, "Doc, what do you mean time frame? Time frame for what? Me coming in tonight?" She's like, "No, time frame for your vaccine." And I didn't mention anything then to the doctor. And I was like, "Well, what do you mean?" She said, "When did you get your vaccination?" I was like, "My second vaccination was September 13th." And she calculated in her head for a minute and she goes, "Oh, that's a few weeks off." That's right where—that lines up with what we see.

Criss Hochhold

What happened after that?

Kirk Desrosiers

And I'm like, "Well, what do you mean, what you see?" And she goes, "Well we're seeing people with blood clots." She goes, "Don't be alarmed. I'm going to do some tests with your blood and just check." And she said at the time, "We're going to check for a coagulation agent in my blood." So she drew my blood and I was nervous. Because when they took my blood before, it was in the cup pretty quick, the little tube, but this was like motor oil, like it was really thick. So I was kind of sweating nervous because of that.

So she came back with the tests with another doctor. And she's like, "Yeah, we're correct. You do have blood clotting agents in your blood." And then she said, "Don't worry about that. You don't have to be alarmed. Such per cent of people have that, but it doesn't affect them." I'm like, "Well obviously I'm being affected in some way." So she goes to the other doctor, "Let's get you in a wheelchair and we'll take you up to get x-rays." So I went and got a chest x-ray and then I came back to the room waiting for tests. And then another doctor I never saw came in with two other doctors and they were talking amongst themselves looking at the chart. And they said, "Yeah, we find there's some stuff in your lungs." I'm like, "okay." And they're like, "Yeah, blood clots." And then they didn't really give any other information on that.

And then the other doctor that was late coming in, they were obviously having a little chat, he said, "We got to get a CT scan." That's where you inject the dye into your body. So again they threw me in a wheelchair and took me up there. And I remember as I was going up, I was thinking to myself, "Well, this is crazy." Like, I was terrified. You go in somewhat not feeling all right, but it seems like it was getting worse as soon as I got in there. Because one of the doctors that was in the room was like, "have oxygen on standby." And I'm like, "Oh my lungs are going to collapse on me. I'm not going to be able to breath." But they put me back in the room. And each time I did a test, it was two hours. And then my cell phone died. So I was in the room for, all together, 15 hours without my partner and I couldn't contact her.

Criss Hochhold

Fifteen hours. They were running tests.

Kirk Desrosiers

Yeah.

[00:20:00]

So, after the doctors came back into the room, the one doctor that wanted the additional tests— I can't really explain the words that he used, it's from memory, but he said—

Criss Hochhold

Summarize it for us.

Kirk Desrosiers

He said, "extremely large quantity of blood clots in both my lungs."

Criss Hochhold

So you went from having a clean bill of health, testing to be a volunteer firefighter, everything is great

Kirk Desrosiers

Yeah.

Criss Hochhold

to all of a sudden severe issue with lung clots and within weeks of receiving the second dose.

Kirk Desrosiers

Within two weeks of the second vaccination. Yeah.

Criss Hochhold

Within two weeks of the second vaccine. What happened after that? Did they do further testing? Did they put you on medication, what happened?

Kirk Desrosiers

No. After they showed me the test and told me that, my partner, she was panicking. Finally, she called every floor, every office, every room, and one of nurses came in said, "you Kirk Desrosiers?" I'm like, "yeah." "Your wife's trying to get in touch with you, and we'll charge your phone." So they charged my phone. I talked to her and she was upset and crying, thought I'd died because my phone died and I told her I had blood clots.

Criss Hochhold

No answer, yeah.

Kirk Desrosiers

But they kept me in for another little bit. And they said, "Oh, you're going to be fine in a couple months. Just take the blood thinners. We'll get you in touch with hematology; everything's going to be fine." And I knew it wasn't going to be fine because one of the

doctors that was standing behind that doctor was just shaking his head, like, couldn't believe that the other doctor was telling me it's going to be okay. But after I talked to my partner, she was concerned that it had something to do then with the vaccine. Especially when the doctor said, before I even mentioned it: "It suits the timeframe."

Criss Hochhold

So do you know if the physicians that you were dealt with or your main physician there, did they enter anything into that, once again, this vaccine reporting system, to CAERS?

Kirk Desrosiers

Well, that was it. Tami told me to talk to them and I had the phone on speaker phone. And I said, "Well, the doctor knew." And obviously, I put two and two together just like that doctor. Like, this has something to do with the vaccine. All of a sudden, I got all these blood clots. So I asked the doctor that told me to go for the X-rays and the CT scan, I'm like, "Are you going to fill out the adverse reaction, that I had a reaction to the vaccine?" And his words to me was, "It takes too long, we're not going to do that here."

So they didn't fill out anything there.

Criss Hochhold

Okay. We're getting a little bit short on time, Kirk. And there's a lot more that we would like to get to, but I need to shorten it up a little if we can.

Kirk Desrosiers

Yeah.

Criss Hochhold

This happened in September of 2021. We are now in March 2023, a year and a half later. What have the long-term implications been on you since that incident at the hospital till today?

Kirk Desrosiers

I'm taking Xarelto. It's a high milligram of blood thinner. The specialist said, where it is affected through the vaccination, they have no idea how long I'll have to take these blood thinners—if it's only for a short period of time or if I'll have to take it for the rest of my life.

Criss Hochhold

So your specialist made the correlation to your blood clots to the vaccine?

Kirk Desrosiers

Yeah. The hematology department at the Dixon building put two and two together, filled out the forms and sent it off to, I think they said Health Canada, something like that. But I talked to them. I gave them the batch numbers and stuff like that.

Criss Hochhold

Okay.

Kirk Desrosiers

But I'm also taking now, because of that, two different types of medications for high blood pressure.

Criss Hochhold

How has this affected your quality of life?

Kirk Desrosiers

Till recently, I'd have to say I didn't have any quality of life. Since October 19th on, I'd say for the first six months after that, my health deteriorated so bad I was bedridden for six months. Couldn't do anything. That affected my mental health. I ended up putting on over 70 pounds I'm still trying to get off me because I'm not being active. Because talking too long or walking too long or doing anything: It's too much on my body. I can't breathe. My lungs are on fire. I'm sore to this day.

[00:25:00]

It's like someone's sitting on me all the time.

Criss Hochhold

It's a long road to recovery.

Kirk Desrosiers

It is, yeah.

Criss Hochhold

Because we have your spouse coming up as well, I'll leave some of the questions that I would have for you in regards to the financial hardship, I will pose those to her instead. Okay? Thank you, Kirk.

Kirk Desrosiers

Thank you.

Criss Hochhold

I'm going to see if the commissioners have any questions for you.

Commissioner DiGregorio

Thank you for your testimony. Just one question, and I hope you don't mind me asking: How old are you?

Kirk Desrosiers
Forty-three years old.

Commissioner DiGregorio
Thank you.

Kirk Desrosiers
Yeah. Thank you.

Criss Hochhold
Thank you, Kirk.

[00:26:03]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
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NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Witness 12: Tami Clarke

Full Day 3 Timestamp: 08:21:20–08:36:23

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Tami Clarke, do you undertake and affirm that you will tell the truth, the whole truth, and nothing but the truth?

Tami Clarke

I do.

Ches Crosbie

Thank you.

Criss Hochhold

Can you please tell us your name? We know where you live, because of Kirk. Your name and occupation, please.

Tami Clarke

My name is Tami Clarke, and I'm a coordinator for Public Works.

Criss Hochhold

I'm going to do a continuation really, right from Kirk's testimony. Because you are his spouse and the significant health issues that Kirk had would have had an impact on you as well.

Tami Clarke

Yes.

Criss Hochhold

How were you affected by Kirk's health issues? I know it's a very broad question, but how were you affected? We can imagine the distress you went through at the time that he was at the hospital.

So I'd like to focus more on the time since then. How has that impacted you and your quality of life and your relationship?

Tami Clarke

I had to receive the vaccine, both vaccines, after he had his blood clots in his lungs in order to keep my job, so—

Criss Hochhold

I'll get to that.

Tami Clarke

Okay, so my quality of life in general?

Criss Hochhold

Yeah, just with Kirk. And then we'll talk, I want to get to that.

Tami Clarke

I'll wake up in the middle of the night to see if he's still breathing. I'm nervous to leave the house sometimes because I don't know if he's going to be okay. He's different because he doesn't socialize as much, or he's not able to do the physical things that he'd like to do or talk for long periods of time.

Criss Hochhold

What impact does that have on you and your relationship?

Tami Clarke

I feel overwhelmed. I feel anxious. I feel depressed. And I feel alone.

Criss Hochhold

Tami, who were you working for when Kirk received his vaccines? Who was your employer at that time, do you remember?

Tami Clarke

The Province of Nova Scotia.

Criss Hochhold

In what capacity, what department for the Province of Nova Scotia where you working at?

Tami Clarke

Education and Early Childhood Development.

Criss Hochhold

When the requirement came out for the vaccine, bearing in mind that Kirk had effects from the vaccination, what were your thoughts to the vaccine requirements?

Tami Clarke

I didn't want to have that vaccine.

Criss Hochhold

Did you reach out to your employer and see regarding those mandates? Did you send any emails or letters?

Tami Clarke

No, I didn't. I just asked my director at the time if there was any exemptions for someone who would feel traumatized by taking a vaccine that their partner had that affected them so much.

Criss Hochhold

Did you send an email on November 19th to the NSGEU [Nova Scotia Government Employees Union] asking the union not to mandate vaccines?

Tami Clarke

I did.

Criss Hochhold

What was the response to that?

Tami Clarke

They said as long as the employer has a policy that clearly states what they're going to do about vaccines, that that was all they were going to require.

Criss Hochhold

The contract that you have, the Province and your role with the Department of Education, did that have any mention of vaccination requirements?

Tami Clarke

It did not.

Criss Hochhold

What was the reason given by your employer for requiring employees to be vaccinated?

Tami Clarke

So that we didn't spread COVID-19 to others.

Criss Hochhold

I'm just going to think about what specifically was your role within the Department of Education.

[00:05:00]

I know you said educator, but can you be more specific? Can you elaborate on that please?

Tami Clarke

I was a coordinator for the transcripts and international programs. I was only dealing with the people in my group, and there was three of us all together and no members of the public whatsoever.

Criss Hochhold

So you had three of you working together as a group in an office setting.

Tami Clarke

Yes, in an office of three to four hundred people approximately.

Criss Hochhold

But how many for you, you said in a group of three?

Tami Clarke

Just three for us in my division, specifically.

Criss Hochhold

Okay.

Tami Clarke

Including myself.

Criss Hochhold

So there was really no reason given for them why they required the vaccination other than nothing at all? No reason other than just that you need to get this done?

Tami Clarke

It was just so that we don't get COVID-19 or spread it to people around us. And that we are civil servants, so we are the people who the province would look to for direction, I suppose.

Criss Hochhold

Did you seek an accommodation for a vaccine? I know you sent an email off to the NSGEU regarding asking them not to implement the mandates, but did you send any correspondence asking them for an accommodation?

Tami Clarke

No.

Criss Hochhold

How come?

Tami Clarke

I had people who I knew that were in my department and otherwise that had asked for accommodations, well, an exemption to the vaccine for religious reasons and reasons that were much worse than mine. Heart conditions and things like that. And they were all denied, so I didn't bother to go that route.

Criss Hochhold

So no accommodations or exemptions at that point then, you thought.

Criss Hochhold

So you felt you had choice in regards to getting a vaccination, for your employment?

Tami Clarke

My choice was either be vaccinated or be unemployed with no income.

Criss Hochhold

Which route did you choose?

Tami Clarke

I chose to be vaccinated.

Criss Hochhold

How did you feel about that decision?

Tami Clarke

I felt like my autonomy was taken away. I felt like I didn't have the freedom to choose what chemicals were in my body. And I felt like I was taking a drug that hadn't been tested and that I could die or have something that's long-term like Kirk.

Criss Hochhold

So you were scared.

Tami Clarke
Oh yeah, yeah.

Criss Hochhold
How long after—I guess to put it in perspective, with Kirk's health issues—did you go through this?

Tami Clarke
How long did I go through—

Criss Hochhold
When Kirk had health issue side effects, how long into his side effects, into his health issues, before you had to make a decision to get vaccinated? Is this early on after his vaccine injury?

Tami Clarke
It was about a month.

Criss Hochhold
About a month. So quite fresh.

Tami Clarke
So in November, I had to be vaccinated with my first vaccination and his condition was diagnosed in October, October 19th.

Criss Hochhold
So weeks, barely. Do you remember where you got the vaccine?

Tami Clarke
Yes. At the Independent Grocer in Hubbards, Nova Scotia.

Criss Hochhold
Do you remember who administered it to you?

Tami Clarke
I don't know her name, but I could find it. I think there's only a staff of under five there.

Criss Hochhold
Perhaps, do you know what the role was, a pharmacist?

Tami Clarke

Yes, a pharmacist.

Criss Hochhold

Were you advised of any risks?

Tami Clarke

Yes, I don't remember what they were. It was a short thing that they sort of did; I think it may have been a page. It was quite quick. Your choice was either say yes or don't have the vaccine.

Criss Hochhold

Just like Kirk, you're a young lady. Given your age and your health, did they do a personal risk assessment on you, from the pharmacist's perspective, in terms of a need of a COVID vaccine?

Tami Clarke

No, I do remember filling out a form prior to getting the vaccine that was a government form asking if I had any autoimmune issues. And I did tell them that I have Graves' disease, but they knew that. So I informed the pharmacist, without prompting, that I have that. And she said I was fine, good to go.

[00:10:00]

Criss Hochhold

No issues.

Tami Clarke

No.

Criss Hochhold

Do you remember which date you received the vaccines?

Tami Clarke

I received my vaccine on November—the first one, November 24th, 2021.

Criss Hochhold

Do you have a lot number with you as well?

Tami Clarke

Yes, it's FF5109.

Criss Hochhold

Did you have any symptoms, any signs, anything going on after your vaccine?

Tami Clarke

I felt traumatized by the vaccine, so it would be anxiety and—yeah.

Criss Hochhold

Any side effects from the vaccination other than the mental health side, the anxiety, the depression, potentially?

Tami Clarke

No.

Criss Hochhold

Thank you. You had to take a second vaccine as well.

Tami Clarke

I did. In order to go back to work again, I needed a second vaccination.

Criss Hochhold

And you received that when?

Tami Clarke

January 18th, 2022.

Criss Hochhold

Do you have the lot number for that as well, please.

Tami Clarke

Same. FF5109.

Criss Hochhold

Same lot number.

Tami Clarke

It was.

Criss Hochhold

About six weeks apart. Any signs of symptoms regarding the second vaccine?

Tami Clarke

Other than the feelings of anxiety and trauma, no.

Criss Hochhold

Tami, we only have a few minutes left, but I want to dig just two things. I cannot imagine what you went through. How did it make you feel having to go get a vaccination, knowing that your spouse had a significant vaccine injury? And your employer was unwilling to listen and nor apparently was the Province. How did that make you feel?

Tami Clarke

Horrible. I feel like there's no trust. I feel like there's a broken system and I am just a number. I don't feel like there's a human side of things and there was an agenda and it was just the agenda and not me. And, yeah.

Criss Hochhold

How were you guys affected financially with all this? Because Kirk is not able to work at this point in time. But I wanted to run over it if that's okay.

Tami Clarke

He had to go on unemployment insurance at first and then, in between unemployment insurance and the benefits from his workplace for disability, there was 120 days of no income whatsoever for Kirk. And for me, I was on short-term illness as long as I could be through my employer, but then it would go down to 70 per cent. And I was able to—I had to go back to work at that point. So we've had to determine which bills to pay. If we can afford to eat the same way. If we can visit our family at Cape Breton because we can't afford gas. Just lots of decision-making that we never had to make before.

Criss Hochhold

You've been able to find employment a little closer since then. Has the situation improved over the last little while? Is there a light at the end of the tunnel for you?

Tami Clarke

I'm closer to my home, so I don't worry for Kirk as much. Now that I have a new employer, I feel like they understand that sometimes I have to work from home if Kirk isn't feeling well because I just want to make sure that I can take him to the hospital if he needs to go. Yeah, I feel like it's a more positive workplace.

Criss Hochhold

So you have an employer that actually accommodated you needs.

Tami Clarke

Yes.

Criss Hochhold

We are slightly over time, so I'll stop my questions now. But I'll see if the commissioners have any questions. No?

Tami, thank you very, very much. I really appreciate you.

Tami Clarke

Thank you.

[00:15:03]



Final Review and Approval: Jodi Bruhn, August 3, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Truro, NS

Day 3

March 18, 2023

EVIDENCE

Closing Statement: Ches Crosbie

Full Day 3 Timestamp: 08:36:25–08:47:16

Source URL: <https://rumble.com/v2dou14-national-citizens-inquiry-hearings-truro-day-3.html>

[00:00:00]

Ches Crosbie

Commissioners, that concludes the evidence for this first stage of three days of hearings here in Truro, Nova Scotia. There will be the next segment of hearings that's going to take place March 30th to April 1st in Toronto, Ontario. And in total, there will be nine [sic] sessions of the National Citizens Inquiry.

And I just remind everyone, folks in the room and everyone watching out there—those who may hear about the proceedings on social media or otherwise through their networks—this is a National Citizens Inquiry. It's about you, and it's for you. It is your inquiry. It therefore requires your interest. It's working for you. It's working to vindicate you. It's working to give you a voice, but it also requires your support. And I know that we all here at the National Citizens Inquiry thank you for all the support given so far, and we will need more as we travel across the country.

Commissioners, you did ask me to make a very short set of concluding remarks here, or summation based on the three days of hearing, and I'll do that. And the way I'd pull this together is, we heard basically three major themes coming out. One is fear, the other is truth, and the third I would call safety.

There's some overlap between fear and truth as themes because what we've heard about is **that the truth has been perverted and sometimes outright lies told. Outright lies have been told—big lies, but there are also smaller lies involved with exaggerating data. For example, there's Linda Adshade's testimony. She had access on a frequent basis, weekly basis, to the spreadsheets reporting the positive testing. And remember, the testing at 40 cycles: you're getting a lot of false positives there, so even the testing results were in a sense a lie to start with. But even built on top of that lie, she discovered, was a 25 to 30 per cent larger lie because what public health and the authorities were reporting to the public was exaggerated beyond what was stated in black and white in their own data, on their own spreadsheet. That's lying.**

Fear: Jordan Peterson told us that our leaders panicked and adopted a repressive authoritarian Chinese model for how to deal with this apparently new virus that was on the

go. They adopted an authoritarian communist model of how to deal with it out of panic and fear. And then they used fear to manipulate public opinion, to impose tyranny. Those are his words.

And Commissioners, I submit to you that what we've heard from many people in these hearings in the last three days shows us that this tyranny imposed from above by the leadership of the country—provincial, federal—resolved itself into smaller group tyrannies, group cruelties, and group punishments in the workplace and even in hospital emergency rooms and in the health care setting, where that should never, ever occur.

We heard from Shelly Hipson—her work extracting or crowbarring, or somehow or other, extracting data from various government departments—that, contrary to what we were told, that the hospitals were under tremendous pressure from COVID cases, that they were no more than 1 per cent of all hospitalizations. We've heard continual anecdotal evidence from the physicians who testified that they were waiting for COVID cases and went for stretches, even for a year and a half or two years. No COVID patients.

[00:05:00]

Yet we were told something different, weren't we? Why was that? Because the authorities wanted to perpetuate and inculcate fear in the public, in the citizens, in you, and to use that fear, as Peterson said, to use that fear to impose tyranny—tyranny on Canadians.

There were many smaller untruths or manipulations of the truth. For example, one you could call the sucker punch. And we heard a teacher today, Katrina Burns. She was told by her school board: even if you were entitled to obtain an exemption, we still wouldn't give it to you.

Now, on safety. I have to wrap this up, Commissioners, because it's late in the day and it's on a Saturday. But very briefly, Dr. McCullough told us 17,000 deaths are recorded in VAERS [Vaccine Adverse Event Reporting System]. And of course, he also indicated and others have said, and it's generally known that VAERS only records— A small percentage of the total actual number of adverse events get reported to VAERS. That's the US database for adverse events. And he told us that 5, 10, no more than 50 deaths, and even a large vaccine program in the past, has been deemed not safe and not effective and withdrawn. And yet, we have in the United States alone 17,000 deaths. That doesn't include—for the most part, Canada or countries outside the United States.

And Commissioners, we stopped AstraZeneca at one serious adverse event in 55,000. One in 55,000. We heard from an expert whose reanalysis of the data in the Pfizer and Moderna trials turned up a one in 550 serious adverse event rate. One in 550, and yet AstraZeneca was withdrawn at one in 55,000.

What is going on here and where are the heads of our leaders? Do they know what safety means? And yet they continue the rollout and the promotion of the mRNA product. But not just that. We heard from Dr. Braden, and she called it "abhorrent," I'm quoting her words, "abysmal," the quality assurance and quality control systems in place, or non-systems in place, for the manufacture of these injectable products, the mRNA products. They're not just deficient, incomplete RNA: They're heavily contaminated with truncated mRNA; double-stranded DNA; circular plasmids, which are replication competent, in other words, they can reproduce themselves; potential endotoxin producing *E. coli*; and DNA with a high rate or potentially entering the human genome through cells, in particular, with high rates of division.

Now, I don't know about you out there, but to me, that sure doesn't sound like something people should be getting injected into their bodies. Abhorrent and abysmal quality-controlled substances with unresolved issues, untested issues, and potential horrific consequences—not just in this generation but in succeeding generations.

And so, Commissioners, after three days of evidence, this is where we are and this is where the evidence rests. We'll hear more, I'm sure, in Toronto. Hopefully we'll hear from the authorities because we've sent out summonses to them: the public health officers, the politicians, those who've been telling us and repeating the safe and effective mantra for how long now? Years.

[00:10:00]

We've asked them to come and explain themselves and explain why this is safe and effective, and why they did the various things that they did. Why they perpetuated mask mandates, which by the way are still in effect we've been told, in hospitals here in Nova Scotia. And a vaccine mandate still in effect to work in hospitals here in Nova Scotia, which everyone now admits, including the makers of the vaccines, do not halt transmission or infection. Why?

Commissioners, on the face of the evidence we've heard so far, this is madness. I rest.

[00:10:51]

Final Review and Approval: Jodi Bruhn, August 3, 2023.

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VOLUME THREE

| Witness Transcripts

Part 2 of 9: **Toronto, Ontario**





NATIONAL CITIZENS INQUIRY

EVIDENCE TORONTO HEARINGS

**Toronto, Ontario, Canada
March 30 to April 1, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 00:39:54–00:56:14

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Commissioners, my name is Buckley, initial S. I'm attending as agent this morning for the Commission administrator, the Honourable Ches Crosbie. I do apologize that we're starting a little late today, we had some technical difficulties. I would like to address the people that are attending online, just to describe the NCI to them, and then I would like to inform you of how we're going to proceed today. And then just turn it over to you, if you have any comments before we call our first witness.

So for those that are watching online and are not aware of the National Citizens Inquiry, we are a citizen-organized and -funded group that just had this vision of marching across the land with a set of independent commissioners to inquire into how all levels of government handled the COVID-19 pandemic, with a view to getting to the truth, and with a view to permitting ordinary Canadians to tell their stories and start a healing dialogue in this nation. We are totally citizen-funded; we have no large donors or anything like that. It costs us probably about \$35,000 per hearing. So I'm going to invite everyone online to visit our website and to donate and keep this marching across the land.

I'd like to just turn then, Commissioners, to the witnesses that we have for you today. We have a set of expert witnesses that are quite diverse. We're going to be dealing with some medical issues today. We are going to be dealing with some scientific issues. We're going to **be dealing with some drug approval issues with a particular regard as to children. We're going to be calling an economic expert today.**

Some of the evidence that you are going to hear from these experts you are going to have difficulty believing; and the difficulty is not that you don't believe the experts. You're going to find the evidence difficult to believe because you do believe the experts are telling the truth. More importantly, we have a host of ordinary Canadians that have been brave enough to take the stand. And I have to report to you, Commissioners, that we had a number of lay witnesses back out of testifying out of fear. And that in itself is real-time evidence of the fact that, in Canada, people are still afraid to basically speak out against the government narrative, even if it's just sharing their own experience. And I hope you understand that the witnesses that have backed out from testifying had applied online to

the National Citizens Inquiry website seeking to qualify as a witness. They got through—we get so many applications that only handful get through our initial sorting process. They got through that process and each one that backed out had been interviewed at least twice by two different interviewers, and then late at the day: they were too afraid to attend today, and on the next two days, to give their testimony, because they were afraid of retribution. Some were afraid of losing their job, some were afraid of social pressure from their families and friends. And again, that speaks as evidence of just how divided we are.

And that got me thinking, because some of us have thought—you know, we've been divided into camps of the vaccinated and the unvaccinated, but I think it's more nuanced than that. I think it's really a division between people that trust the government and trust the mainstream media, that are supposed to be competing with each other, but surprisingly speak with one voice in echoing what the government's position is. And so we have a group of Canadians that trust the government narrative, and we have a group of Canadians that are skeptical of the government narrative. And what has flown from that is that those that trust the government narrative have tended to become vaccinated and those that don't trust the government narrative have tended to avoid vaccination where they could. And so when we think of the camps of vaccinated and unvaccinated, again I think it's more nuanced than that.

And I came to a realization as I was preparing to call witnesses for these proceedings, because I was interviewing witnesses that were vaccinated.

[00:05:00]

And I was interviewing witnesses that were unvaccinated. And the thing that struck me was how absolutely identical they were. I'm going to ask everyone watching to have an open mind because actually having an open mind is a decision. And if you have ears to hear, I'm going to ask that you hear. Because I think it will help us heal going forward if we understand that we actually have all had the identical experience.

So let me speak about the experience of the unvaccinated. I understand there's a whole myriad of experiences, but I think it's fair for us to say that a large number of people that we would call unvaccinated, or a large number of people that wanted to be unvaccinated but became vaccinated because they had no choice, they were coerced: this group believed that the vaccine was dangerous. They believed it was dangerous to themselves. They believed that it was dangerous to their loved ones. And when I say dangerous, I'm referring to literally an existential threat. I mean these people believed that they might die or be seriously harmed, or their loved ones, like their children, might die or be seriously harmed if they took the vaccine. Now, normally in Canada you wouldn't worry about having to take a treatment that you thought might be dangerous to you. But what happened was, the government did everything at every level—did everything that they could, with the aid of the media, to coerce the people that did not want to take the vaccine into taking it. And the vaccinated participated in that coercion.

I'll say that again: the vaccinated participated in that coercion. There was tremendous social pressure. Business owners made it a mandatory requirement to have vaccination. We put pressure on friends and families that are still divided to this day. So understand from the perspective of the people that we'll call unvaccinated, you became a threat to them. They were faced what they felt was a life-and-death crisis for them and their families. And if you want to get people, especially parents, very concerned and very emotional, you put their children at harm's way. So they had the experience—and we're just talking about the experience of both sides, understanding the experience—they had the experience of

facing a life and death situation, where the vaccinated were putting pressure on them and their families, and they felt threatened. They felt fearful. And then resentment came, and then hatred.

Now, let's talk about the experience of the vaccinated, because it's identical, except for the belief. But the experience itself was identical. And again, I understand that it will be a whole range of experiences and belief. But it's fair to say that a large group of vaccinated persons believed that COVID-19 presented a serious risk to themselves and to those important to them, including their kids. And when I say serious risk, they believed that they were at risk of death or serious harm, or their loved ones were at risk of death or serious harm. They were fearful. This was their belief. And then along comes the vaccine, literally like a messiah: it was their salvation. And it was put forward as a salvation. We have this crisis. We have this threat of death and serious harm, but we have the solution. We have a vaccine. If only, if only everyone would take it, we would be safe. But there was this group of people who we called unvaxxed, which in itself is a pejorative term. Our Prime Minister had some more colorful adjectives that I won't use.

But we had this group, this tinfoil hat-wearing, selfish, conspiratorial group that would not play along.

[00:10:00]

We would all be safe if we would get the vaccine, if we'd all do it, but this group wouldn't. So this group, in the eyes of the vaccinated, posed a serious threat to their personal safety and the safety of those important to them, like their children. And they were fearful. They were afraid. They became resentful, and they became hateful. They had the exact same experience as the unvaccinated had.

I think it would bode us well to understand, as divided as we are, that we've all had the exact same experience, and we absolutely need to come together. And that's part of what this National Citizens Inquiry is intended to do. We've experienced, with witnesses dropping out, that this division in Canadian society, this need to follow the government narrative, is still strong. Not long ago, we considered ourselves a country that cherished free speech. But there is an area of speech—because we still have free speech in a lot of areas—but where we don't have free speech, where your speech has a cost, is if you are now going to go against or participate in any activity that goes against the government narrative. And I think we need to understand that as long as we take that position, we're going to remain divided. Because that's what's dividing us.

It's somewhat appropriate that our first witness this morning is a Mr. Rodney Palmer, who is a former journalist and is going to be speaking to us about matters of journalism. And before we get to Mr. Palmer, we're going to watch a video clip of some of the news that in Ontario we would have experienced. Just to kind of bring us back, back in time, back to remember why we're here at the NCI now.

But before we do that, before we go into that clip, I'm just going to turn it over to the Commissioners, in case they have any opening comments or directions before we proceed.

Commissioner Massie

Good morning, everyone. My name is Bernard Massie, and I'm a scientist by training. As I mentioned at the Truro hearing, I decided to get involved in this exercise for a number of reasons. But if I want to summarize, the way I would frame it is that we human beings live

in a narrative. And the narrative is a kind of low-resolution representation of nature and reality. And the further the gap between the narrative and the reality grows, it has major consequences on our overall health and mental health. And what I found over the past couple of years was that the gap was really, really seriously big. And with my colleague Commissioners, I decided to get engaged in this adventure to try to write a new narrative, which we hope will be closer to reality. And from there, we can build a new reality, a shared understanding of the world we're living in, and live in a better, I would say, harmony with nature and our fellow citizens. Thank you.

Shawn Buckley

And I wasn't requiring the commissioners to all speak if they don't need to. Just if you had any opening comments.

Commissioner DiGregorio

I'd just like to thank you for your opening comments and reaffirm that we are here to hear Canadians, and to follow the truth and the evidence wherever it leads us, and keep an open mind.

Shawn Buckley

If we can start with that video and just bring us back to some of the things that we witnessed in Ontario while we were going through the COVID crisis.

[A video clip was played with Global News footage announcing the first cases and deaths relating to COVID-19 in Ontario. Transcripts of the audio content are below.]

[Video Clip] Global News reporter

Thursday, he was taken to Sunnybrook, where he was quarantined. At a news conference late this afternoon, Health Minister Christine Elliott said all of this should give people confidence that the system works:

[Video Clip] Christine Elliot, Minister of Health

"The patient was detected and immediately put in isolation. Lab tests were conducted and at the earliest signs of a presumptive positive case, Toronto Public Health launched extensive case and contact management to prevent and control further spread of the infection."

[Video Clip] Global News reporter

Toronto Mayor John Tory said in a statement: "Toronto Public Health is continuing to work closely with provincial and federal health colleagues to actively monitor the situation and respond as appropriate."

[Video Clip] Dr. David Williams, Chief Medical Officer of Health

Today, also, I'm sad to announce that we've had our first death [inaudible] related to COVID-19. And that tells us that, you know, while we haven't had any so far, it is a possibility we have been expecting to deal with during this time. So it's not unexpected. But it's still a person, the family and friends, and have our condolences onto the family and that. Because it still is a loss. And sometimes in some of these large events, we lose track of that. We want to make sure we remember that. Also, the number of cases in Ontario has risen rapidly. And over the weekend, we noticed that the cases moved from—almost doubled from 70 up to 80 up to 170. And that was a rapid rise.

[00:16:19]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 1: Rodney Palmer (Parts I and II)

Full Day 1 Timestamps: 00:56:18–01:50:53/08:37:09–08:54:18

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

PART I

[00:00:00]

Shawn Buckley

I'd like to call our first witness to the stand. It's Mr. Rodney Palmer. Mr. Palmer, can I have you state your full name for the record and then spell your first and last name?

Rodney Palmer

My name is Rodney James Palmer and its R-O-D-N-E-Y and the last name is P-A-L-M-E-R.

Shawn Buckley

Mr. Palmer, do you promise to tell the truth, the whole truth, and nothing but the truth?

Rodney Palmer

I do.

Shawn Buckley

Now, my understanding is that you have worked as a journalist in Canada for 20 years.

Rodney Palmer

Yes, I've been retired for about as long, but yes, I did. I worked very intensely as a journalist here in the country for a number of media outlets.

Shawn Buckley

And that includes being a general assignment reporter for *The Globe and Mail* newspaper.

Rodney Palmer

Yes.

Shawn Buckley

And you worked as a daily news reporter at the *Vancouver Sun*.

Rodney Palmer

I did.

Shawn Buckley

You worked as a producer and investigative reporter at CBC Radio and Television.

Rodney Palmer

Yes.

Shawn Buckley

You were the foreign correspondent and bureau chief for CTV News based in India, then Israel and finally in China, based in Beijing.

Rodney Palmer

Yes.

Shawn Buckley

Can you tell us about your involvement in reporting on the SARS outbreak in China? Because my understanding is you were there at the time.

Rodney Palmer

I lived in Beijing and worked for CTV News every day, and that's when the SARS epidemic broke out. I followed it extremely carefully. I went to weekly briefings with the World Health Organization. I went to weekly briefings with the China Foreign Ministry and we attempted to cover the story as best we could from there.

One of the significant stories that I worked on was the virus hunters. I thought this was a great phrase. What's a virus hunter? And this is a group of academic experts that come into a situation like SARS when it starts. And China allowed them to get as far as Beijing but they wouldn't let them come to Guangzhou, where it was believed that was the patient one. And what they were trying to find was patient one.

So I had a little bit of experience with epidemics, pandemics, when COVID started. And I started noticing that it was extremely different. I was watching it very carefully as the news was trickling out of China. It hadn't come to Canada yet but, when they shut down Wuhan, I knew that it was very, very different. This was something that had not occurred before.

Shawn Buckley

Now, I'm going to skip over, unless we have time later on, about your involvement with reporting on biolabs in Canada. But you've been asked to testify about the standard process of newsgathering versus propaganda at the CBC, and I'm wondering if you can tell us about that this morning.

Rodney Palmer

So to begin my presentation?

Shawn Buckley

Yes, please.

Rodney Palmer

I started noticing that something very different was happening at the CBC because I'm familiar with the process. I wanted to talk today specifically about the CBC, although what I'm about to say goes for most media, news media, in Canada. But the CBC is very different. If you're the *Toronto Star* or CTV News or any private entity, Global News, and you want to publish something that maybe isn't true or you want to take the position of a pharmaceutical company, you can do that. If you want to trick your viewers into believing something that isn't true, there's really nothing to stop them from doing that. However, the CBC is a public entity. We pay for it. It broadcasts on the public airwaves, and we expect them to tell us the truth because they've done it for 50 or 60 years.

So what I started noticing was something very different. About a week, maybe two at the most, into the emergency, there was a story on "The National" by Adrienne Arseneault, one of the greatest broadcasters we have, a national treasure. Adrienne has a particular ability to appear to be discovering the facts in the moment, even if it's take-20. She can do it every time. She's a genius at what she does. But she turned this ability against us.

I saw a piece on the 4th of April where she opens up and she's looking at her phone and she says, "What do you do if this happens? Somebody sends you a family text, say it's your father, and he thinks that the virus was manufactured by China." This is on April 4th, 2020. It says 2023 on the slide. That's incorrect. It was 2020. And I thought, well, wait a minute. How do you know it wasn't manufactured in a lab in China? What evidence does the CBC have 20 days into this, or 15 days into this, that this was not manufactured in a lab? There was an assumption that she put forth instantly. And then she went to an expert guest who said, "Well, don't embarrass your father. You'll just push him away."

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You've got to bring him in and you've got to kind of convince him. And I thought, well, I'm a father. Who are you speaking to? You're telling my children not to believe their father. I have some expertise and some experience in this particular field. And I thought it was shocking that the CBC was trying to get in between me and my children. And the expert witness was from an organization called First Draft. And she simply says, "I'm from First Draft. We're a non-profit that helps people navigate misinformation on the media". And I think of non-profits, I think of the Cancer Society, the Diabetes Society. I don't think of a group of people who are attempting to change the minds of strangers from believing things that they don't want them to believe. I thought that was all very odd.

So I looked into First Draft and I saw that this organization was developed, and is developing, “new techniques and methodologies for investigating online spaces. Our latest approach revolves around the concept of recipes. As with food recipes,” says their website, “these steps give directions to investigators” or to reporters. So they give samples of what you can do. They say, “here’s an Investigation: How anti-vaccination websites build audiences and monetize information.” This is two weeks into the emergency. “Here’s the Recipe: how are these anti-vaccination websites funded?” Investigate the ad trackers with Gephi and DMI tracker tool. Now these are tools that they provide to, apparently, the CBC. Now there was a story that circulated later about anti-vaccination websites on Marketplace and how they make their money. So this First Draft group is now feeding the CBC their stories.

A second example: Pro-Russian networks are driving anti-Pfizer vaccine disinformation. Now, I don’t know why the CBC has to get behind Pfizer, which has paid out the largest criminal settlement in the history of American justice, but this is what this organization is saying: “Don’t be against Pfizer. The Russians are behind it.” The recipe was: “Track misinformation across platforms such as 4chan, 8kun and Reddit.” So they’re even telling them how to go after them, where to go after them. They’re directing the CBC. I was astonished that this organization was put forth as an expert on how to not believe your father, but not embarrass him at the same time. So this to me had nothing to do with newsgathering.

Ten days later, after the CBC did that story, the *Washington Post* did some real journalism. They pointed out that the State Department cables were sent from the US Embassy in Beijing to Washington in 2018, warning about the Wuhan Institute of Virology, that it was unhygienic. And in particular, they said there was “a serious shortage of appropriately trained technicians and investigators needed to safely operate” the Wuhan Institute of Virology. This is January 2018. And there were two cables sent, and the reporter saw one of them. “The first cable, which I obtained,” he says, this is Josh Rogan from the Washington Post, “warns that the labs work on bat coronaviruses, and their potential human transmission represented a risk of a new SARS-like pandemic.”

So not only at the moment when Adrienne Arsenault was telling you, “Don’t believe your father if he thinks it came from a lab,” it was not only probable that COVID came from the lab, but it had been predicted that it would happen two years prior by the US government. So how does Adrienne Arsenault say it wasn’t and don’t believe anyone, including your family?

Flash forward a year: *Vanity Fair* magazine, which is known for its excellent investigative reporting, published an extremely long and exhaustive piece where all they did was go online and look at publicly available scientific papers going back about a decade.

The first one in 2013 was by Shi Zhengli, who’s the director of emerging infectious disease at the Wuhan Institute of Virology. She’s known as the bat lady, and this is not a derogatory term. Actually, her scientist friends started calling her that because there was an outbreak of a SARS-like respiratory virus in a mine, and the miners died very, very quickly. And she is documented to having gone to that mine, scraped the bat guano off the mine, and brought it to Wuhan to examine.

In 2014, she began publishing about the coronavirus from Chinese bats. In 2015, there was another paper that *Vanity Fair* found where Shi Zhengli discussed successfully inserting a protein from this Chinese horseshoe bat virus into the SARS virus of 2002, creating a brand-new infectious pathogen. In 2015, this scientific paper was published.

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Vanity Fair found it online. CBC could have found it, but they were too busy telling you don't trust anyone who believes this.

In 2019, there was a paper actually published by one of the lab directors at Wuhan, outlining the safety deficiencies in the Wuhan lab where he worked. And in 2019, right around the time that the US government, the US embassy in Beijing was warning Washington about a potential SARS-like pandemic leaking out of this unhygienic lab, a number of the Wuhan lab scientists published a paper together describing genetically engineered rats that they had grown with humanized lungs and developed them in the Wuhan lab.

So this is a pretty hot smoking gun coming out of the Wuhan lab. There are three labs in the world working on coronavirus, according to the *Vanity Fair* investigation. Two of them in the United States, one of them is in Wuhan. If this thing started at a wet market outside the Wuhan lab, it was because one of the staff members of the Wuhan lab walked into the wet market and brought it there. That is the most likely scenario.

Now flash forward to this month, March 2023, US FBI Chief Christopher Wray says that China lab leak was most likely. The quote is, "The FBI has for quite some time now assessed that the origins of the pandemic are most likely a potential lab incident." So the CBC had no evidence that it wasn't. They wanted you to believe that it wasn't.

There's a definition of newsgathering, and you'll see interestingly that "newsgathering" is one word in the English language. It's not two words as it appears that it should be. And that's because it's very specific. It's the process of doing research on news items, especially ones that will be broadcast on television or printed in a newspaper.

Now, how much research was done by the CBC to determine, 10 days after the emergency, that it didn't happen in a lab? Another definition here is propaganda: "Persuasive mass communication that filters and frames the issues of the day in a way that strongly favors particular interests, usually those of a government or a corporation. Also, the intentional manipulation of public opinion through lies and half truths and the selective retelling of history." This is what was going on in that piece. That's why it felt so wrong to me because there was no news involved. There was only propaganda.

What the *Washington Post* did with its lab leak theory story, 10 days after the CBC said it wasn't from the lab, was newsgathering. It was investigative reporting. What the CBC did when it said, "don't trust your family if they think it came from a lab," that's propaganda. That's the difference in the definition of those two things.

The *Vanity Fair* piece: reviewing scientific publications for a decade, uncovering the fact that human lungs were engineered on rats in Wuhan lab in 2019 just before the outbreak, is newsgathering. Exceptional newsgathering, I'm jealous of how good that newsgathering was. What the BBC did reporting on the FBI, saying they've known for a long time that it came from the lab, was newsgathering. That's kind of news of the day, daily news. They said it. We're telling you they said it. What the CBC did by warning Canadians not to trust their fathers about a lab leak theory was propaganda.

March 4th, 2021, about a year after the emergency, the editor in chief of CBC News, Brodie Fenlon, wrote on his blog: "A recent survey found that about half of Canadians think journalists are purposely trying to mislead them." Well, that's because we're on to you. At

least half of us pay attention to our gut and we know that you are purposely trying to mislead us.

But Mr. Fenlon said that CBC is going to correct this. To promote trust in journalism, the CBC has joined four organizations. I didn't know that they joined these organizations until I began to look into this a little bit. One of them is called the Trusted News Initiative, which is designed to filter news through its own "Trust Filter System." Another one's called the Journalism Trust Initiative. It's basically the same name, but this one does more or less the same thing. Another one's called the Trust Project, and then Project Origin. Notice that none of these organizations have the word 'truth' in them. If you tell the truth consistently, trust is automatic. If you don't tell the truth consistently, you have to say things like, "please trust me."

I'm just going to quickly outline what these things are, because they're all basically the same thing. The Trusted News Initiative and the CBC announced together on the 27th, prior to the Adrienne Arseneault piece,

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that CBC and Radio Canada are "joining an industry collaboration of major media and technology organizations to rapidly identify and stop the spread of harmful coronavirus disinformation."

I think the pandemic really started in China about four months prior to this, and four months prior to an unknown virus killing so many people, there is no disinformation. The scientists among our commissioners will tell you there is only information, and all information is critical at the beginning—particularly at the beginning. So immediately, they were in a position of pushing one side of the story. Stopping misinformation means censoring, censorship, pure and simple.

The Journalism Trust Initiative, a second organization that they joined, is run by an outfit called Reporter Sans Frontières, Reporters Without Borders. And when I was working as a correspondent in the Middle East, Reporters Without Borders would take the side of, say, a Syrian journalist who was writing something against the dictator Hafez al-Assad and maybe had been imprisoned, and they were trying to bring the attention of the world to this imprisoned journalist. That's the kind of excellent work this group did.

In 2020, it shifted completely to start something called the Journalism Trust Initiative, starting an algorithmic indexing based on their criteria to improve your revenues. Meaning if you run your news organization through their filter, they'll make sure that it gets up to the top of the Google page, so you'll get more clicks and more money will improve your revenue. **There was an incentive there.**

Project Origin is another one that is a collaboration between the CBC, the BBC, the New York Times, and Microsoft. And one of these organizations is not a news organization, it's a tech organization. One of the things they talk about here is that the "technical provenance approach, in conjunction with media education and synthetic media detection techniques" to help "establish a foundation of trust." Not truth, trust is what they're looking for.

One of their tools is called "The power of the machine—harnessing AI to fight disinformation." I can only surmise from this that Microsoft is using AI to identify anybody speaking words that they want to identify as to be censored or call misinformation, label misinformation, so you will agree with their censorship.

The next one is called the Trust Project. Now this one is largely tech. Craigslist, Google, Facebook, and Microsoft are involved, again, "Helping tech support trustworthy news." Helping tech. What do we care about tech and truth and news? How are they together all of a sudden? "We stand for integrity." They say: "Look for our 8 Trust Indicators. We built the trust indicators." So they have listed— All they have to do is tell the truth, they don't need no eight trust indicators. And interestingly, Google, Facebook, and Bing all use the trust indicators in display and behind the scenes. So somehow, they are censoring it before it gets to you.

These are the members of the Trust Project. Now, this goes way beyond the CBC. *The Globe and Mail* is also in there. CTV is a member. *The Walrus* magazine in Canada is supposed to be an independent thought magazine; they're part of this project. The Canadian Press. I put this up there to let you know that it is not just the CBC. The reason they all sound the same is because they're all part of this trust campaign.

But the CBC is also part of something else, it's something with just public broadcasters. It's called the Global Task Force for Public Media. "The Global Task Force exists to defend the values and interests of Public Media." Excellent. But it was formed to develop a consensus and a single strong voice among them. And that's the CBC, BBC News, ABC Australia, Korean Broadcasting—they joined recently—France Television, Radio New Zealand, ZDF from Germany and SVT from Sweden. Now, I can't imagine having worked at the CBC for almost a decade and being told every day, "Our job is to elevate the voices of Canadians on Canadian stories, to unite our vast country and make us all feel as one."

What single issue do we have with Korean Broadcasting when that is our mandate? What issue does Radio New Zealand have with Swedish television when their mandate is the same, to elevate their own people. This is a bizarre conglomerate of public broadcasters. And I would put forth to the panel that the public broadcasters are the ones that are not easily bought because the advertisers don't exist and therefore, they have no influence. So something else was done here.

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Now the public task force is headed by our CBC president, Catherine Tate. She is the current president. Three months ago, she gave a speech at Simon Fraser University. The first word out of her mouth was "trust." "Trust seems to be in short supply." The next phrase is "disinformation," "conspiracy theories," "YouTube rabbit hole." This is the Trusted News Initiative mantra. This is what she was talking about at Simon Fraser University. She goes around, makes speeches and says, "Please trust us."

So let's get to what they do. In addition to the first piece that I saw on "The National" that rubbed me the wrong way, I listened to a piece one day in my car by Matt Galloway. Again, a national treasure. I love this guy. When I first heard him on CBC Toronto, I thought, "Oh my God, there's a future. He might be the next Gzowski." And then he turned on us.

He did a story on March 29th, 2021 where he interviewed a guy from something called the Center for Countering Digital Hate. And I thought this was going to be about anti-Semitism or something, digital hate. Instead, the guy said, "People who are recommending vitamin C intravenous and hydrogen peroxide nebulization are hate." And I thought, well, how is recommending health treatments— Vitamin C intravenous has been going on for 50 years. It's used in cancer treatment. It's used in all kinds of treatment. Hydrogen peroxide nebulization is a simple drugstore, hydrogen peroxide 3 per cent mixed with water and

vaporized into a mass so you clean out your nasal passage and stop viral replication and it's common. You can buy them.

So how are these things dangerous? How are they hateful? It was particularly interesting to me. But the expert guest went on to say that these people will kill. And he said that the hydrogen peroxide nebulizers, which are benign, are literally inhaling bleach. This was his words, literally inhaling bleach. It's actually not; it's actually literally a hydrogen peroxide nebulizer. It's literally nebulizing hydrogen peroxide. It's not literally inhaling bleach. Inhaling bleach is literally inhaling bleach. He lied.

So why is he lying to Matt Galloway? Why is Matt Galloway letting him lie to me on the radio? And I know it's a lie for a fact. The same guy from the Center for Countering Digital Hate, who also went on to say anti-vaccine misinformation is hate. Which I believe diminishes the power of that word for all those who have experienced it. He went on Marketplace to say this, but then Marketplace took it to the next level. They became a censor.

Marketplace reported 800 pieces of information to social media giants attempting to have them censored, claiming they were misinformation. And then they complained that the media giants only took down 12 per cent of what CBC said was wrong on the internet.

My questions are: Since when is the CBC deciding what misinformation on other media platforms is? What is it their business? They're the CBC. Do your job, pay attention to yourself. Why are you going out correcting, in your view, what's wrong with other media? How is the CBC or Marketplace or this reporter qualified to comb the internet for 800 posts and declare them to be false? We never found out in the piece. And who at the CBC is the arbiter of truth and misinformation on behalf of us Canadians, who like to decide for ourselves?

So I wrote a letter to the head of journalistic standards at CBC, Paul Hambleton, who has since left the position. I asked him to do three things for me please. I told him who I was and that I'd worked there and I named some people that we would know in common. And I said, "Please supply me with the policy at the CBC that describes the mandate to correct what you deem to be misinformation by other organizations. Please include the process by which information is deemed to be incorrect, and therefore requires correction or censorship by the CBC." And I asked to, "Please supply me with any other example outside of the COVID-19 story where CBC corrects what it deems to be misinformation on social media." Now he did reply to me, but he didn't answer any of those questions.

Another thing that the CBC has done very successfully is it's promoted a new identifiable group of Canadians and fomented hate against them: the anti-vaxxer. What is an anti-vaxxer? Who is an anti-vaxxer? Does someone whose partner had a severe reaction to the vaccine and was told they must get a second one if they want to keep their job? And then they had a worse reaction and this happened. And I've talked to people, I know it exists. Then maybe they don't want their kid to get it. Are they an anti-vaxxer? Do they need to have mental correction, psychological retraining?

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What does an anti-vaxxer believe? We don't really know, other than it's bad and you should fear them, according to the CBC.

There was an interview with a Conservative member of Parliament named Marilyn Gladu from Sarnia, Ontario at a time when the House of Commons was about to reopen to parliamentarians and a number of the Conservative MPs had a very serious concern about the mandate against them. There was anywhere between 15 and 30 of them. They were starting a mini caucus of, I suppose, the unvaccinated. Now, Marilyn Gladu bravely took the interview with CBC about this because it was only going to go one way. And Katie Simpson, who— Again, an amazing journalist, I think Katie's fantastic at what she does— Pardon my language but she beat the hell out of this woman on the air. Everything that Marilyn Gladu said, which was reasonable and thoughtful, Katie responded: "Aren't you just giving air to the anti-vaxxers? Isn't this giving support to the anti-vaxxers?" The anti-vaxxer became the boogeyman in this story and Marilyn Gladu held herself extremely well.

At one point, Katie said, "Are any of your unvaccinated colleagues going to try to get into the House of Commons?" I thought, wow, you've just framed them as like break-in artists or petty criminals here. Marilyn Gladu answered, "Probably not. They need a passport to get in and they'll never get past the guard." And then she said, "Will you go to the Parliament?" And Marilyn Gladu very coyly said, "Well, show up on the day and see if I come." And she stopped the interview and repeated the question and said: "This is a matter of public safety. Are you going to come?" In that moment she framed every unvaccinated person, including her guest on the show, as a danger to public safety.

Katie Simpson had no evidence—and still has no evidence—that an unvaccinated person is any more likely to transmit COVID than a vaccinated person. And we now know that there's really no difference. If anything, if you have natural immunity, you're less likely to get it or spread it. She had no scientific evidence. She had no basis of it. That's because this was not newsgathering. She was practising propaganda.

An excellent example of CBC propaganda was a piece they had, "Meet the unvaccinated." Those people—who are these strange people? "Why some Canadians still haven't had the shot." The sub headline was: "Some suspect the science, some don't think they're vulnerable, and some just don't trust the government." There was no mention that the vaccines were not fully tested by the standards that vaccines have always been tested in Canada. No mention of that. People knew that but there was no mention that that's maybe why they didn't want to do it. There was no mention of the adverse reactions that were already at this point being reported on government websites, including deaths from the COVID-19 vaccines. They eliminated that side of the story. They suppressed one side. Because it wasn't newsgathering, it was propaganda.

On January 15th, 2021, the CBC published a story where they talked about a scientific paper that was written by a number of esteemed Canadian scientists and academics that the COVID-19 booster shots didn't work. They were only 37 per cent effective against Omicron. The story was then updated. Somehow, they shifted the data and it was a slight difference. The CBC story was: the original study was "seized on by anti-vaxxers—highlighting the dangers of early research in pandemic." In other words, "Don't trust the scientists. The anti-vaxxers will put their message out." This study found that the boosters only worked 30 per cent. They were only 37 per cent effective. The story goes on to say that the study was revised. But not before being spread widely on social media by anti-vaxxers, academics and the Russians. So we got some boogeyman in there, the Russians, but they're saying anti-vaxxers— This group they're fomenting hate against is equated with academics now. Now they're belittling the academics because they don't like what they're saying. Not because what the academics are saying isn't true, but the CBC has a different message for us.

This is the most mind-blowing part of this particular story. Bear with me here for a minute. When the findings were updated with additional data, they showed very different results, say the CBC. The researchers found that vaccine effectiveness was 36 per cent, even less, against symptomatic Omicron seven to 59 days after two doses. So after your second dose, you got about a month. And then it's only 36 per cent effective, with no protection after six months.

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So they were no good six months later. By any measure of vaccine, they don't work, or our expectations of a vaccine, they don't work. But after six months—or after the booster, it was 61 per cent effective one week after the booster. Now notice, so that's the correction: instead of one week after the booster being 37 per cent effective, it was 61 per cent effective. This is a marginal difference. This is not a dramatic difference. It's particularly because there's a qualifying language. And I'm trained to recognize qualifying language because it's redundant and it should always be removed before broadcast. It used to be called “not ready for air,” but now it's broadcast regularly. So 61 per cent effective one week after the booster. What about two weeks after the booster? They're not telling us. Maybe it went down to this 37, we don't know. Because they are selectively telling. This is—and the definition of propaganda—this is a half truth. It's not the whole truth.

This is a collection of headlines that were between May 2021 and September 2021. And I'll take you back to— This is the big push for vaccine mandates. The university kids all had to get vaccinated if they wanted to go to school. Government workers had to get vaccinated by around mid-September. I'll just read them quickly. A “psychologist explains vaccine hesitancy.” “Experts weigh in on the possible factors behind hesitancy.” “Black Canadians are more hesitant about COVID-19, survey says.” “Vaccine hesitancy can make for awkward talks,” like if you don't believe your father, “mediator says.” “These people were vaccine hesitant. Here's why they changed their mind.” May 12th, 2021. “CBC poll: Results give us an idea of who the vaccine hesitant in Alberta really are.” Who are these strange people? “University of Calgary vaccine hesitancy guide gives doctors facts for struggling patients,” who are struggling with whether to take the vaccine.

None of these offer a second perspective about why people might be vaccine hesitant. They strongly favoured one particular interest and that is defined as propaganda, not newsgathering.

The next thing that the CBC did in conjunction was the suppression of medicine. Ivermectin was shown worldwide to be effective, particularly in developing countries where they have it available because ivermectin is used there regularly. On September 2nd, 2021— again, right around the time when we needed to have no medicine because they wanted to force the mandate. This is from CBC broadcast, “Health Canada is warning people not to take a drug meant for horses and cows to combat COVID-19. Ivermectin is a dewormer in animals,” and “can cause serious illness, even death in humans.”

This is a lie that was told to Canada by the CBC on behalf of Health Canada. The fact is that ivermectin is human medicine. It's a miracle medicine, and its inventor was awarded the Nobel Prize in medicine in 2015. It says—and this is from the Nobel Prize website—he “cultured a bacteria, which produce substances that inhibit the growth of other microorganisms.” Maybe, that's how it works. In 1978, he succeeded in culturing a strain called avermectin, “which in a chemically modified form, ivermectin, proved effective against river blindness and elephantiasis”. In fact, it eliminated river blindness virtually in

South America through millions and millions of doses, and nobody dying from it like the CBC says you might.

And this wasn't just the CBC. This was a global push to suppress ivermectin. An attorney general in the state of Nebraska decided to do a legal opinion and sign his name to it, in which he said, "In the decade leading up to COVID-19 pandemic, studies began to show ivermectin's surprising versatility," which is why it's used for things other than river blindness. "By 2017, ivermectin had demonstrated antiviral activity against several RNA viruses, including influenza, Zika, HIV, and Dengue."

I covered a dengue epidemic in India in 1998, at which time the doctors told me the trouble with dengue versus malaria, where the symptoms are very similar, is there's treatment for malaria; there's none for dengue. And that was 1998. By 2017, they were realizing ivermectin was the miracle cure for dengue, or at least had been shown to have some positive results. Another review, says this state attorney general in Nebraska—and a review of course is a look at multiple, multiple studies. They review multiple studies and they come up with a final conclusion.

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It "summarized the antiviral effects of Ivermectin demonstrated through studies over the past 50 years." It wasn't new and it wasn't deadly.

Shawn Buckley

Mr. Palmer I'll just let you know, we're about 10 minutes. Just to help time yourself. Thank you.

Rodney Palmer

Okay. So the Alberta Health Services on October 5th had published on their website that ivermectin is FDA- and Health Canada-approved for people. Not just cows and horses. It is used to treat parasitic infections, intestinal infections, and now even rosacea. The *Indian Express* wrote that the state of Uttar Pradesh, which has a population of about 250 million people, had dramatically reduced the COVID positivity rate and eventually—three months after this published article—reduced the COVID death rate to zero in Uttar Pradesh.

When a doctor named Daniel Nagase walked into an emergency room in Alberta and found three people dying of COVID—their charts showed that they were getting worse every day—he decided, based on the Alberta Health Services, based on these stories out of Uttar Pradesh, to ask them if they wanted to try ivermectin. It was their choice. They all said yes and they all got better. Then he was fired for doing that. He spoke out about that and somebody recorded it and put it on a social media and the CBC did this story: "Doctor who says he gave ivermectin to rural Alberta COVID-19 patients prompts a warning from the Health Authority for spreading misinformation." In the same story, he says, "the drug worked quickly, allowing all three to leave the hospital."

I called Daniel Nagase, Dr. Nagase. I interviewed him, and he said one of them was 90 and he went back to his nursing home. They almost got completely better within 18 hours. But another Alberta Health Services medical director barred the patients from getting any more of the drug.

Can you imagine? If you can't breathe and somebody gives you a pill and you can breathe, and another doctor comes in and says you're not getting any more? That happened. It's in this CBC News story. And they went after the guy who cured them. Dr. Nagase was removed from the hospital and relieved of his medical duties the following day.

The story here is that a doctor cured COVID with a pill that cost a nickel, that's already been working all around the world. We can all go back to our hockey rinks. We can all go back to our jobs. We don't need the experimental vaccine. There's a pill. All we have to do is put a good supply in every hospital in Canada. And if anybody gets sick enough that they can't breathe, they go into the hospital, they're administered ivermectin and 18 to 36 hours later, they're breathing and they go home. End. Of. Pandemic.

Dr. Nagase should be on a stamp. Twenty years from now, there should be a little vignette about that moment when he decided, "I'm going to try this drug and end COVID-19 in Canada." Instead, the CBC went after his throat. Because it's propaganda, it's not newsgathering. This is the photograph on the slide here of the ivermectin from the CBC website, under which the cut line says: "Ivermectin is used primarily to rid livestock of parasites." I'll draw your attention to the box in the photograph's hands and the yellow on the right-hand corner, where there is a picture of three human beings. This is international and multilingual. There's an adult and an adolescent and a baby. And the baby has an X through it because you give babies ivermectin in a liquid suspension so they don't choke on the pill. This is human ivermectin, photograph on the CBC website and they're saying it's for livestock. This is a lie, a half-truth, disinformation—propaganda brought to you by the CBC.

What the *Indian Express* did by telling what the Chief Minister said about ivermectin's success was newsgathering. What the CBC did saying ivermectin is for horses and cows and can cause death was a lie and it was only propaganda. There's no other way to describe it.

Quickly going, because I'm running out of time here, to the Freedom Convoy. I happened to be in Ottawa visiting friends. I had been doing some volunteer work with the Canadian COVID Care Alliance, which is an excellent group of scientists. I encourage everyone to look at their website if they're looking for truth instead of trust.

There's a photograph here of your witness standing in front of the Peace Tower in Ottawa looking down on all the Canadian flags, the Quebec flags, the Freedom Convoy. These are the photographs I took. Families, somebody holding the Charter of Rights. Freedom, lest we forget from the vets, and God Bless. This is what I saw and the very first report on the CBC was by an excellent reporter named David Common. And he's walking—you can look this up—he's walking through the crowd and he's feeling that positive energy and he can't even contain himself. He says, "It's a party, there's jubilation, thousands of Canadians protesting the mandates." That was day one.

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On day two, these pictures emerged. Nazi flag, Confederate flag. The Confederate flag is largely meaningless in Canada because it doesn't have any history in our country, but it is a symbol of hate and it's used as a symbol of hate. When these photographs emerged, our Prime Minister came out and condemned the hateful rhetoric. He said he will not meet people who promote hate. So that was it.

If that's 100,000 Nazis out there, I don't know where we were hiding them before this day. But we had 100,000 Nazis according to the Prime Minister, who are promoting hate. End of story. No meeting, not going to discuss your issue.

So I did what any journalist would do and I looked for a reaction story. "The Prime Minister says this about you. What's your reaction?" I went up and I knocked on the very first truck that was very close to the CBC building, maybe about 200 meters from the CBC. I knocked on the very first truck and I interviewed the very first trucker.

[First video clip is played of Rodney Palmer interviewing truckers in Ottawa]

[Video clip] Rodney Palmer

What would you say to the politicians like Trudeau, Singh, the Mayor of Ottawa who say this is organized by the far-right extremists and the racists?

[Video clip] Trucker 1

I'd say you're all lying. You know you're lying. Look at me. Look right around in Ottawa. We are from every nation, every country, every background. Every colour that you can possibly find, you can find in Ottawa in the last couple of days. You know you're lying. And that's false.

Rodney Palmer

And like a good journalist, I went to the next truck. I didn't just take his word for it that he wasn't a white supremacist. I asked this man at the very next truck:

[Second video clip is played of Rodney Palmer interviewing truckers in Ottawa]

[Video Clip] Rodney Palmer

Is this a group of far-right extremists and racists?

[Video Clip] Trucker 2

That's just garbage. That's hogwash. Because they are people from all walks of life out here. I'm a man of colour. And I have every few trucks that go down, there's someone of colour here. There are people in the street that are coloured. I'm not too sure where they're getting that from or who they're looking at or who they're talking to, because this is nothing like that. Right? There might be a few folks here who want to spread a different agenda and try to tarnish what we stand for. But that's them seeing a far-right movement, that could not be further from the truth.

[Video Clip] Rodney Palmer

Why are you really here?

[Vide Clip] Trucker 2

I'm here to stand up for fellow truckers and push back. Because the government keeps pushing us, pushing us, and it's not democratic anymore. If the government will try to control the people and force you to do things against your will.

Rodney Palmer

Why weren't these guys on the CBC? It's their job to go out and do a live. It's not even hard, they just had to walk. It was right outside their door. I asked, I went out and I found another guy. Look at this guy. "Do I look like a white supremacist to you?" says this man of colour.

He is a very interesting guy. When he heard about the Trucker Convoy, he was living in Calgary. He got in the car with his wife and his very young child, I think his son was about four, and they drove all the way to Ottawa to support. But these three pictures were defining that movement: the Nazi flags and the Confederate flags. And I didn't see them. I was there those first five days. I didn't see any of these flags.

Rebel News, which is an alternative news, which was marginal because it's largely a conservative mouthpiece, I guess you would call it, trying to get rid of Trudeau and put a conservative government and that's kind of their position. But during the last three years, there's been more truth on Rebel News than I've seen on any other media in all of Canada. And I say that as an experienced journalist. Their intrepid reporter, Alexa Lavoie, who I think is one of the greatest investigative reporters in Canada today, noticed that these three pictures were taken by three different people. One of them by David Chan, a long-time liberal photographer. One of them by Andrew Mead, a known Trudeau photographer. And another by Randy Boswell, who's a reporter, a writer, I guess. But he writes a lot, oh, about misinformation, anti-vaxxers, conspiracy theorists, this is his—

So how did they all get in the exact same place? She noticed that the Peace Tower is in the same aspect ratio, the same distance, depth, as in all of the three pictures. All three of these people were in the exact same spot when that guy unfurled that flag. She was curious about that. These two pictures were the only ones seen of the Nazi flag. And the reason they're still pictures is because it wasn't unfurled long enough for any of the 10,000 cameras in the place to see it and film it. She went to the first one on the left, and she found that it's a little parkette setting. She found the setting and she noticed that it was nowhere near the protest. It was down on a little walkway. So this entire thing with all these flags was staged, according to the report.

The second one on the right is very interesting because the camera angle is from down below. And she tried to reproduce that camera angle, but she had to go down to the Rideau Canal, which was locked and closed because they do that every winter because of the snow, and it's for safety reasons.

[00:45:00]

So she wondered: How did someone get down to that spot in a locked and closed area at the moment that that flag was unfurled? And she pointed out that it was on the west wall of the Chateau Laurier Hotel next to the Parliament buildings, and that angled staircase only exists in one spot. And as soon as he's up to the pillar, he's on Wellington Street, and nobody saw the flag on Wellington Street, or filmed the flag on Wellington Street. So that was the moment that that flag was unfurled, and there was a photographer there at the moment to take the picture. So how did that get out so far?

She discovered— Alexa Lavoie of Rebel News discovered that the first person to tweet that picture of that nasty flag—it is a nasty flag, the Nazi flag—was Justin Ling, the CBC reporter. CBC website says Justin “is an award-winning investigative journalist who specializes in stories that are misunderstood.” Justin said he didn't want to reveal his source. Who sent him that photo? I've seen several of Justin's pieces and he almost never reveals his source. You have to trust.

Shawn Buckley

And Mr. Palmer, I'm going to have to cut you short.

Rodney Palmer

Do you want me to stop now?

Shawn Buckley

Yeah, and allow the commissioners— They might have a couple of questions for you and then we have to take a break.

Rodney Palmer

Okay.

Commissioner Drysdale

I have a couple of questions. And by the way, thank you for your testimony. I don't particularly understand how a newsroom works, particularly at the CBC, and you talked about a number of people. At the beginning, you talked about Adrienne Arsenault coming up with this particular piece. In your experience in a newsroom, would Adrienne Arsenault herself or any of those other people just come up with a story and go on air? Or was this directed?

Rodney Palmer

Every story at the CBC National is a collaboration by many people, and there's a hierarchy of decision-making. But a journalist— If I was in Adrienne's position, the buck stops there. "You want me to say this? Show me the evidence that it didn't come from a lab before I go on the air."

I was in a situation a couple of times at CTV where I was asked to match a story by a competitor and when I investigated it, I found it to be untrue by the people that were in that story. And I had to report back that "I can't go on the air with this story tonight because it's untrue." And they said, "Well, the CBC, or whoever, put it on." I said, "Well, that's their error and not mine. And let's move on to the next thing." The reporter is responsible for the words they speak.

Commissioner Drysdale

Another question. You know, you showed us these organizations, whatever they were called, Trust Initiative, et cetera. And there was one slide that you had multiple different broadcasters on it. I don't know how many of them there were but there were many, many of them. If I also understood what you were saying, a lot of these broadcasters worldwide **were saying the same things at the same time. When does an organization go from an association to a monopoly? And did you do any investigation into commonality and ownership across these different media platforms?**

Rodney Palmer

I didn't, no. But when they all follow the Trusted News Initiative, then you have a single point of information coming down. So now there's only a single point. It's kind of like when the World Health Organization is feeding its member nations protocols on what to do: If you wanted to corrupt all those nations, you would only have a single target. That would be the World Health Organization and then all information would feed down from there. So by joining this trusted news initiative, they're all collaborating on this single idea.

Commissioner Drysdale

Another question. Given the current, or the recent, rewrite of the *Canadian Broadcast Act*, do you think that this rewrite will promote independent journalism in Canada, or will it have some other kind of effect?

Rodney Palmer

I have to confess, I'm not familiar with the rewrite of the Broadcast Act. But independent journalism is not being promoted currently in Canada. In fact, all the money that's flowing to the various journalism organizations is not flowing to Rebel News, oddly enough. And they are the ones that I see telling the truth.

Commissioner Drysdale

You mostly spoke about the CBC. But the other private broadcasters in Canada: Were they promoting these same kinds of stories?

Rodney Palmer

All of them, virtually all of them—all of the mainstream media are. They're all hooked onto this same IV drip of trust over truth. I cut a lot of it out for time, apparently not enough.

[00:50:00]

But the *Toronto Star* did a number of particularly horrific stories, one of which was putting a nine-month pregnant woman in profile or photograph saying— The headline was "Pregnant and hesitant." And the story was about her journey to decide to vaccinate herself with this unproven vaccine that was never tested on pregnant women. And it was to encourage readers to vaccinate themselves if they're pregnant.

Another one they did was they falsified their identity in order to get an appointment with a doctor that didn't want to do an interview with them. And then they got a prescription for ivermectin under a false name and then went and fulfilled the prescription under a false name. And then reported the doctor to the College of Physicians & Surgeons and then went front page with the story. It's atrocious, absolutely atrocious.

Commissioner Drysdale

My last question is: In the hearings in Truro, we had a number of witnesses—extraordinary witnesses actually, extraordinary Canadians—who came forward from different areas, different employment areas. We had nurses, we had doctors, we had construction workers, **I believe, who were fired from their jobs for either resisting the mandates or not getting the vaccinations. Are you aware of this happening with reporters and journalists in this area as well?**

Rodney Palmer

I met one who approached me and said that they worked for a major media organization, and I think they said they had to take the time off. They basically had to go home and not be paid and then they were eventually let back in when the mandate dropped. But I don't know how many. That was one person who approached me and I don't know how many others there may be.

Commissioner Drysdale

Thank you very much. That's all I have. Anyone else?

Shawn Buckley

Mr. Palmer, thank you very much for your testimony.

Commissioner Drysdale

There's another, one more question.

Commissioner Massie

Okay, thank you very much for your testimony. I'm wondering: I mean, propaganda has been around for a long, long time, everywhere. But I think in my youth it was not, at least I was not aware of it as much as I am. You've been working in the news industry for a long time. When did you start seeing that we were going in that slippery slope of propaganda? And I guess the question I'm wondering about is, what's the exit out of it?

Rodney Palmer

When I first started noticing it, I showed you, was within days of the emergency. The exit out of it is a big, big question. Because the CBC has not missed the story. The CBC has betrayed Canada and betrayed Canadians by resting on the laurels of decades of hard-fought journalists who did their work and entire careers of investigative journalism. And they're using that to trick us. They morphed into propaganda in a moment of exception.

The beginning of COVID, we were all on board with, "Let's all go hide and stay home because we're afraid." But the period of exception is over. You could forgive them for allowing themselves to be an apparatus of the public health because it existed. It was a broadcast system that we could send messages to on a daily basis. And in a moment of exception, you could say, "Okay, we're going to let the CBC be the public health system right now." But the emergency is over, and the exception still exists. So how we get out of this I'm not sure. But there would have to be a wholesale redesign of the CBC because I think that it would be extremely difficult for the number of people in that organization to admit to themselves as they go to sleep at night, that they caused deaths by misinforming people and disinforming people. It's a very tough thing to get out of.

Shawn Buckley

And if I can just break in, Commissioners, we have Dr. Robert Malone coming on in five minutes and 24 seconds, and we should take a break before then.

And I mean no disrespect, Mr. Palmer, your evidence has just been fantastic. But if the commissioners agree, I think we should stand down for five minutes.

[00:54:35]

PART II

[00:00:00]

Shawn Buckley

And I'd like to recall to the stand Mr. Rodney Palmer. We didn't have time to finish him this morning because of another witness being scheduled in.

Mr. Palmer, I'll just remind you that you promised to tell us the truth this morning. And you still promise to tell us the truth?

Rodney Palmer

Yes.

Shawn Buckley

Okay, so I'll just ask you to pick up where you left off.

Rodney Palmer

Yeah, just to refresh: if we can get the PowerPoint going, I was discussing the CBC specifically as my role as a journalist there previously, and the difference between newsgathering and propaganda. And I'll just try to get control over this and then go down to the slide that I was at, which was talking about the truckers' convoy and the nature of the photographs. These three photographs that had offensive racist flags and those were the basis on which the Prime Minister said he would not speak to anyone at the truckers' convoy protest.

And Rebel News had done an investigation showing that the flags were there very briefly, if not for split seconds, and they were taken by photographers that had associations with the Prime Minister's office. And we got to the point where the Rebel News reporter identified that the first tweet of the Nazi flag was by a man named Justin Ling, who works for the CBC. And the second tweet was by Amneet Singh, who works with Jagmeet Singh. And this was very curious, because the source of who took that photograph was never given. And so, Rebel News had done this amazing report, and I encourage anyone to look at it. It's about 17 minutes long; it's by an excellent reporter named Alexa Lavoie. And they plausibly connected these racist flag photos to Justin Trudeau, Jagmeet Singh and a CBC reporter who's known for broadcasting propaganda against people who question the government's COVID response.

So where is the CBC on this story? Why aren't they telling this story? And I would say that they're too busy practising propaganda, while Rebel News conducted the most important investigative journalism in Canada. I have not seen a piece that's better than this in the last three years. And the reason this is important is because this was the Prime Minister's founding myth on which he declared the truckers' convoy to be racist. And this is what people across Canada heard. And I've had dinner with good old friends who say: "Damn those truckers, those racists, those Nazis." And I think, "Well, I was there and you weren't." But, you know, I like to keep my friends so I don't say much.

But this was a founding myth, it was a false myth and it set the tone going forward for the Prime Minister to refuse to listen, to speak, to hear what those thousands of people wanted to say and instead to invoke the *Emergencies Act* and have them cleared out violently.

Another thing that was really significant was that in December of 2021, a CBC reporter quit at CBC Winnipeg. And I had heard this interview on a podcast, where this reporter, Marianne Klowak, who had 35 years of experience— I don't have 35 years of experience. This is a senior reporter, a senior journalist at CBC Winnipeg. And when you're at a smaller city like Winnipeg and you've been 35 years in the CBC, you're a celebrity in your town. And people were coming up to her and saying, "Look at the vaccine injury, and I know somebody," and we're hearing these people, and these stories were coming forth to her. So she did an interview with a couple of them. And then she found the Canadian COVID Care Alliance, which is an independent group of scientists who are publishing the truth about the—for example, analyzing the Pfizer data that was put forth to promote the vaccines. And she put two of them into the story and it was about to go to air. And somebody said, "Well wait a minute, this isn't what we're saying, we're not saying the vaccines cause injury, we're saying they're safe so, we better send this down to the Toronto Health Department for approval."

And so somehow, the Toronto Health Department had editorial control over COVID stories at CBC Winnipeg. And it came back with, "Yeah, you can put that story up but you can't use those two doctors with the COVID Care Alliance, you have to use these other two doctors who will say the vaccines are actually safe and effective." Things like this were happening so much to this reporter that she took an early retirement and left the job that she had loved her whole life and the people who become your family and your employer. This happened. She's spoken about it publicly.

[00:05:00]

At the same period, CBC Manitoba published a story that said any claims that COVID-19 vaccines may have long-term side effects are completely untrue. They had a reporter with people on camera, on tape, recorded saying they were injured by the vaccines. They had two university professors, and these were top people. This was one at UBC named Stephen Pelech who—as I understand, he teaches pharmaceutical regulation and development. And another professor of virology at the University of Guelph who would actually receive money from the Government of Ontario to develop a COVID vaccine. These weren't just people talking through their hat; they were the top authorities that any journalist would go to for expert opinion. And at the same time, CBC Manitoba says that it's completely untrue. That's what they put on air. This is a lie. This is disinformation and this is propaganda by the CBC.

One of the ways that they do this is they have their regular experts. And these are just a couple of them: Tim Caulfield and Maya Goldenberg. You can hear them regularly on CBC reports. Tim Caulfield isn't even a scientist; he's a law professor at the University of Calgary. In April 2020, just when the emergency had been declared, he received \$381,000 in federal and provincial grants to combat COVID misinformation: \$381,000 and he gets to be interviewed on the CBC a lot. A year later, in April 2021, he received \$1.75 million from the federal health minister directly to counter COVID vaccine misinformation. I've seen public conferences that are sponsored and led by him about how do you trust the media, who do you trust in COVID. And it's all this propaganda about vaccine hesitancy, pushing vaccines.

And the other one: for example, Maya Goldenberg is a vaccine hesitancy expert. Who knew there was a psychological condition called "vaccine hesitancy?" I didn't know this. In April 2022, she received Government of Canada funding to study the politics of health and the root causes of medical distrust.

We distrust them because we're being lied to. It's that simple, I could save the money for them.

This is strongly favouring particular interests, which fits the definition of propaganda. Where they're not seeking other opinions to counter it, they're using the same people over and over, who are actually funded by the federal government to deliver a particular message. And they put them on as neutral experts and they don't tell the unsuspecting listeners to their dinner newscast that these people are actually paid to tell you what they're telling, they disguise it as news. They're disguising propaganda as news and this is happening daily on your CBC—even today.

By some miracle, at the end of January, three months ago, the CBC published a story that said that New Brunswickers, of all provinces, have reported more than a thousand adverse reactions to COVID-19 vaccines. Three hundred of them were serious. In the same story—this is called “burying your lead,” by the way, in journalism—in the same story, across Canada, 10,565 adverse events were considered serious in nature. I can imagine what serious is, but I actually looked up what their definition of serious is: It's death, life-threatening, hospitalization or permanent significant disability/incapacity or birth defect. Ten thousand, five hundred and sixty-five Canadians.

About a month later, 200 of them went to the CBC building in Toronto and plastered the front of that building with pictures of their faces, their names, and what went wrong because of the vaccine. This is an act of mild vandalism, where these people are saying, “Enough, CBC. Here we are, we exist, we're Canadians, we're injured and all along you're saying it's safe and effective and we're suffering because of it.” Ten days later, they still didn't publish a single story about all those people who went and plastered their faces on the front of the building.

On March 10th, I heard a very prominent show on a Saturday on CBC radio—called “Day Six” by, again, one of the most excellent broadcasters we have in Canada, Brent Bambury. Brent was doing a story on Saturday morning about a documentary called, “Died Suddenly.” This is by an independent journalist who's actually trying to figure out all of these sudden-adult-death syndrome, what's going on, and linking it to the vaccines. But instead of having the documentary maker on, he said the documentary maker who made that is a right-wing extremist and connected to conspiracy theorists. And he had a second journalist on from *Mother Jones* magazine. Together, they just disparaged him and defamed him and said he has links on social media to some untoward people and he's a conspiracy theorist.

At no point—I didn't even hear about this documentary until then. And I went and looked it up, and I found out they interviewed morticians about why people are dying suddenly.

[00:10:00]

At this same time, on March 3rd—so seven days before—the Canadian government updated its info-base to point out that a total of 427 reports with an outcome of death have been reported in Canada following vaccination. This is from a Canadian government website. While the Canadian government is reporting 427 dead Canadians, and somebody did a documentary about this, instead of having the documentary-maker on, Brent Banbury simply ignored that there's 427 dead Canadians from the COVID vaccine and called this guy a conspiracy theorist. That was his item. It was ridiculous, it wasn't journalism. It was intentional manipulation of public opinion, which is propaganda.

Here's one little story. Carol Pierce—this is in *SaskToday*. Carol Pierce on the right died during the 15-minute waiting period after she got her booster. At minute seven, she keeled over on the chair and died. Did Carol believe the vaccines were safe and effective? She must have, because she took three of them.

Part of the sea change that's happening now is happening in the United States, with the Children's Health Defense that's led by Robert Kennedy Jr. And he has launched a lawsuit. This lawsuit was filed on January 10th and it is a lawsuit against the Trusted News Initiative members: Associated Press, the *Washington Post*, BBC and Reuters are named in this lawsuit. And specifically, the antitrust laws in the United States have to do with the monopolization. And what they're saying is, by shutting out voices like the Children's Health Defense and other people who are legitimate alternative news organizations, you're making it so they can't make money. So they're not getting them on the lie or censorship; they're getting them on their inability to make money, which is against the law in America. And we'll see how this lawsuit plays out. Remember that the CBC is an active member of the Trusted News Initiative, and whatever is said about these four organizations in this lawsuit can go for the CBC as well.

One thing that we have in Canada, curiously, under our Criminal Code, is that it is a crime for the willful promotion of hatred. To identify a group as anti-vaxxers simply because they choose, for whatever reason they have, or they've been asked by their doctor not to take a vaccine, the CBC has actively promoted fear and hatred against these people. Specifically, the Code says anyone who "willfully promotes hatred against any identifiable group is guilty." One of the defences is that if the statements were relevant to any subject of public interest, which could be COVID, the discussion of which was for the public benefit, which they could argue, and if on reasonable grounds they believe them to be true. I hate to single out Brent Bambury because I think he's awesome; but seven days after the Canadian government published that 427 Canadians are dead from this vaccine, there are no reasonable grounds for him to disparage somebody who's pointing that out. They are actively, knowingly, intentionally, and maliciously promoting hatred against people who are unvaccinated in this country.

In my summation: Between March 2020 and the present, CBC is suppressing critics of government policy on COVID-19 response. They are misleading Canadians that COVID-19 vaccines are 100 per cent safe. They are falsely broadcasting that ivermectin is deadly to humans, when in fact it is a life-saving medicine, and has been proven so in their own stories, for COVID-19. And they're promoting an identifiable group that they call anti-vaxxers, fomenting fear and hatred against them, in order to get more of these deeply flawed vaccines into the bodies of more Canadians.

None of this is newsgathering, which we all expect them to do.

They are standing on the shoulders of decades of excellent journalism to trick us into believing they're telling us the truth, and this is happening on the very next newscast you'll listen to an hour from now. They're collaborating with the Canadian government, which is causing confusion. Because we believe the CBC to be telling the truth, it creates confusion. Canadians are not informed that the vaccines have caused permanent side effects in tens of thousands of people and the death of hundreds of people at least. And if we can go by what other people have testified, maybe one per cent of these have been reported, and the government is admitting to 427 dead Canadians. They don't say that at the beginning. The vaccines are safe and effective, although the government does report that 427 Canadians have died. What if they said that? What if they said every newscast, "the government admits that 427 Canadians have died of COVID" and it's on their website?

[00:15:00]

How would that change the notion of who's right or who's wrong when they let it go in their arm?

I would put forth that this confusion was made possible because of the CBC. In fact, the government rollout of the vaccines was impossible without the collaboration of the CBC. They took an exceptional moment to decide that they would not be journalists, that they would instead be public health messengers. But the emergency is over and the exception continues. An exceptional time could be allowed for forgiveness, but the temporary suspension of journalism at the CBC starting in March 2020 and the adoption of its new position of government public health messenger has failed to expire with the end of the emergency. And the result is that Canada's national broadcaster has morphed into a state broadcaster. I worked in countries where there were state broadcasters: China, Syria, Malawi, North Korea. It's promoting government policy without question, while censoring, belittling, and shaming learned Canadians who dare to object and attempt to inform us of the truth.

Bad journalism is incompetence, but propaganda is a betrayal. And that's what CBC has done. It's betrayed us all.

Thank you.

Shawn Buckley

I'll just ask if the commissioners have any questions before I dismiss Mr. Palmer.

Mr. Palmer, thank you so much for coming both times, both this morning and this afternoon. The NCI is very grateful for your testimony and the insights you've shared.

Rodney Palmer

And I'm very grateful for all of you for doing this. Thank you.

[00:17:09]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 2: Dr. Robert Malone

Full Day 1 Timestamp: 01:56:26–03:09:10

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. It's my pleasure to introduce our next witness, who is attending virtually, Dr. Robert Malone. Welcome, Dr. Malone.

And David, we don't have Dr. Malone on volume. Okay, we should be good to go. Can you just speak again for us, Dr. Malone?

Dr. Robert Malone

Test one, two, three.

Shawn Buckley

We can hear you. Dr. Malone, can I ask you to, for the record, state your full name and then spell your first name and last name for the record?

Dr. Robert Malone

My full name is Robert Wallace Malone, R-O-B-E-R-T M-A-L-O-N-E.

Shawn Buckley

And Dr. Malone, do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Robert Malone

I do so swear.

Shawn Buckley

And you had provided to me earlier a copy of your CV, which I've entered as an exhibit in this matter, [Exhibit] TO-23. And can you confirm that the CV you provided is accurate?

Dr. Robert Malone

It is accurate to the best of my knowledge.

Shawn Buckley

Dr. Malone, I'm going to ask you to just take a bit of time and share with the commissioners your involvement with the mRNA technology, your initial opinion about the mRNA vaccine, and whether or not you changed your mind about it.

Dr. Robert Malone

My involvement in the platform technology of the use of mRNA for a drug, or for vaccine purposes, begins in approximately 1987 at the Salk Institute Laboratories of Molecular Virology under Dr. Inder Verma, in which I was investigating the relationship of RNA sequence in structure to retroviral packaging. In order to do those studies, I needed to develop a system for producing large quantities of purified mRNA, which had the necessary genetic elements to ensure efficient translation.

So I developed that system for manufacturing purification and demonstration of the sequences necessary, and then tested that material—that composition of matter—for delivery into a variety of cells using all known delivery methods, including liposomal delivery methods available at the time, none of which were sufficiently efficient to allow any studies of gene expression off of such an RNA and verify the functional aspect of the RNA in cells.

And then had an opportunity to test a new technology that had been developed at Syntax Laboratories in Palo Alto involving the use of positively charged fats, otherwise known as cationic lipids, and their formulations to form self-assembling particles. These are referred to as self-assembling nanoparticles and are not liposomes. They're very different in composition, but they do involve lipids.

Once that suite of technologies was assembled, and even in anticipation of future studies in collaboration with Syntax, I filed patent disclosure for the use of mRNA as a drug in all of its applications from the Salk Institute. I believe that was 1987 or 1988. I have that document. And then it was countersigned appropriately by a postdoc in the lab and then showed that this would be reduced to practice for purpose of expression in all cell types identified at the **Salk Institute, including insect cells and human cells and a variety of other sources. And then demonstrated that this was able to deliver mRNA into embryos in *Xenopus laevis*—this is the African clawed frog model that's commonly used in embryology and create transgenic *Xenopus laevis* embryos, otherwise known as tadpoles. And then in chick embryos. There was an ensuing set of patent disputes between the Salk Institute and the University of California, San Diego, which I was a student at,**

[00:05:00]

and various professors asserting their primacy or involvement in the invention.

I left the Salk Institute with a Masters, having passed my PhD exams in lieu of a PhD, after developing PTSD and a nervous breakdown in the midst of the battles over my invention. I then joined a company called Vical, which was initially located across the street from the Salk on Torrey Pines Road in San Diego. And there had a series of additional discoveries having to do with both the delivery into mammals in a mouse model, as well as the use of the technology for vaccination purposes and its reduction to practice to elicit immune responses against influenza and AIDS or HIV antigens.

I then left Vical and went back and finished my MD and then returned to UC Davis as an assistant professor, obtained about a million and a half dollars in grants to pursue that research, and carried on with development and testing of a variety of cationic liposome formulations, including in collaboration with Boehringer-Mannheim and Promega. Some of those compounds ended up being marketed by Promega. Many patents came from that, including the nine original patents that were filed between 1990 and 1991 that cover the use of mRNA for drug delivery purposes as well as for vaccination purposes and the demonstrated reduction to practice.

So I am, in fact, the original inventor and played a key role in the series of inventions and am a named inventor on all patents relating to these initial discoveries. So that's my contribution. And for instance, these patents that are on the wall behind me are examples of those nine issued patents having to do with DNA and RNA delivery into mammals and cells for the purpose of eliciting an immune response. This is well documented in all those patents—which, by the way, were not cited by Moderna in their patent positions, nor apparently by CureVac or BioNTech. So there is a failure to cite prior literature on the part of all three of those companies.

Shawn Buckley

If I can just interrupt you—so with that background, with mRNA technology, can you tell us what your initial opinion towards the COVID-19 vaccines with mRNA technology was, and then if your opinion changed?

Dr. Robert Malone

My initial opinion about all of these genetic vaccines, as well as the standard vaccines that include full-length spike protein, is that they are encoding a toxin. I was very early in raising concerns that the spike protein from SARS-CoV-2 is functionally toxic. It is a toxin. And I was particularly alarmed by the reports I was hearing from Canadian physicians—who I will not name because they've been attacked by the Canadian government and had their offices raided—but they reported to me very early on about the enticement, coercion, particularly of children, to accept these products, and also the suppression of information about the adverse events.

My initial objections were that when I was notified by a CIA officer who was in Wuhan apparently on January 4th, 2020 of this novel coronavirus and the biologic threat that it represented, I performed—as is my usual practice because I am an experienced leader of teams in biodefense and a response to emerging infectious disease—I performed a threat assessment and determined that the most expeditious and highest probability pathway forward to protecting the population from death and disease due to this agent was to focus on repurposed drugs.

[00:10:00]

And my determination was: the normal pathway for the internationally-accepted pathway for development of a vaccine that was safe and effective would take far too long, typically many years. When I learned that these products were being advanced as gene therapy technologies, I was very well aware of the history of relative effectiveness and safety of adenovirus-vectored products, although concerned about such vaccine products employing a full-length spike protein, whether or not it has the two proline mutations that are in these current spikes that are used in the adenovirus-vectored vaccines.

And I was also concerned about the mRNA technology. In particular, it had a long history of inflammation, both within any tissues in which it was administered, and this had been my experience as an academic researcher. And one of the reasons why I had abandoned this technology was because I could not overcome the toxicity or inflammatory responses associated with these lipid mRNA particles, assembled particles.

Early on, when I learned that this was being advanced as the primary candidate by the United States and others, I contacted the University of British Columbia investigator who is behind the most important advances associated with these newer formulations—which are an improvement for in vivo delivery on my original technology platforms—and inquired of him: what was the full composition and nature and logic of the formulations that were being advanced clinically? And was reassured by him that the inflammatory problems that I had encountered had been resolved with these newer formulations and that they had solved the problem of tissue-targeting by identifying specific cationic lipid structures that would cause the formulations to remain localized in the draining lymph nodes from the tissues at the site of injection. So I was reassured that this was the case.

And then, as this new information came out as the vaccines began to be deployed—about the adverse events associated with them and the suppression of those adverse events in a systematic way by the Canadian national health service—that's when I really became more alarmed. And wrote a key paper—I think perhaps the initial paper—concerning the bioethics of what was being done and the failure to provide informed consent and to require informed consent in deploying these products, as well as the coercion that was being deployed by the Canadian government—by many governments, particularly in the West.

And then Dr. Byron Bridle identified the Common Technical Document [CTD]—is the regulatory term—which had been filed by Pfizer with many nation-states, including the Canadian government and the U.S. government. But [it] had been placed on a Japanese regulatory authority server and was identified by Dr. Bridle, who reviewed it and then asked for a second opinion from a news organization called Trial Site News that I had some affiliation with. Those documents were passed to me for my own review and assessment, as I'm a regulatory affairs and clinical research, clinical development, specialist.

And I was shocked by what I read, in that those documents clearly demonstrated a failure to comply with international and U.S. norms for preclinical assessment of vaccine products and preclinical assessment of gene therapy products—these all being based on gene therapy and so were gene therapy products, and remain so.

Shawn Buckley

Dr. Malone, can I just interject for a second? Because we're going to segue in a few minutes.

[00:15:00]

You were going to speak about what you describe as fifth-generational warfare. But before we go there, I'm just wondering if you could comment on Canada's policy of using these mRNA vaccines on children.

Dr. Robert Malone

So in my opinion, having studied the data, the risks of hospitalized disease and death in children are statistically negligible, approximating zero, very close to the asymptote of zero. So functionally, virtually no risks of the virus in healthy children. Healthy children handle this infection extremely well. But the risks of the vaccine, particularly the mRNA vaccine: all of the genetic vaccine products that express spike protein, as well as those that have pre-manufactured whole-length spike protein, have significant risks in children.

In particular, those risks are enhanced in young males. And in particular, there is a very clear, unequivocal, well-documented risk of myocarditis that, depending on the study—Clinical myocarditis event rate in young males is in the range of one in 1,000-1,500 to one in 3,000, depending on the study. And the overall event rate or serious adverse events for these products may be as high as one in 500; that's events that would cause people to be hospitalized.

And clearly, given that there is no significant clinical risk in children associated with the virus itself, the risk-benefit ratio of these products to the risk of the virus itself absolutely does not justify vaccination in children. And the data indicate that children can be damaged in their brains, in their endocrine system, in their heart, in their reproductive system, and in their immune system responses. Particularly there seems to be a dose-dependent effect of these toxicities in children and in adults. Over.

Shawn Buckley

Thank you. Can you share with us your recent conclusions and research into what you've termed as fifth-generation warfare?

Dr. Robert Malone

Yeah, give me a moment to arrange the screen, because I'm going to have to share the screen. One moment. I'm not very facile with changing the views, so it's going to take me a minute.

I usually have the organizers run the show.

[00:20:00]

Shawn Buckley

Would it be of some assistance to have our technical person contact you?

Dr. Robert Malone

No, it's a very idiosyncratic thing having to do with "where is my mouse" because I'm using multiple displays. There we go, swap displays. Now you should be able to see this, can you?

Shawn Buckley

We're still seeing you, yes, we're now seeing a meeting chat.

Dr. Robert Malone

Okay, you should be seeing the— So now I have to find; I had activated share screen.

Yes, so let's see, Zoom.

Shawn Buckley

It may have been on our end, and we just changed the setting, Dr. Malone, so if you could try again.

Dr. Robert Malone

Okay, one moment.

Shawn Buckley

There we go, it's showing your screen now.

Dr. Robert Malone

Good. Let's see if we can make this happen.

Okay, are you seeing a splash screen that says Fifth-generation Warfare and Sovereignty?

Shawn Buckley

Yes, we are, and that's on the full screen.

Dr. Robert Malone

Okay, so proceeding with that, then. I'm going to speak now about basically the psychological operations that have been undertaken by particularly the Five Eyes nations of Great Britain, the United States, Canada, New Zealand, and Australia, and their intelligence communities and military— [break in livestream audio at 0:23:07–12], referred in the industry to fifth-generation warfare.

In the COVID crisis context over the last three years, we have had clearly documented, **including in Canada, the deployment of military assets—ergo personnel and their technologies—on civilian populations under the logic that it has been necessary to coerce, compel, entice, and otherwise convince the civilian populations to accept these unlicensed medical products that are neither safe nor effective, that have been marketed as vaccines, but which do not perform as vaccines in the sense that they do not prevent infection, replication, distribution to third parties, disease or death associated with SARS-CoV-2 infection. And so in sum, what has been done to us in terms of the psyops and the general term or the technology deployed, is fifth-generation warfare.**

I'm going to introduce the audience in this testimony to fifth-generation warfare and its deployment during the COVID crisis. Fifth-generation warfare is termed a war of information and perception. In order to understand it, you need to understand that fifth-

generation warfare is not a fight over— It's not used for conflict over territory, but rather it is designed for conflicts to influence thought, belief, and emotion.

[00:25:00]

The first example of fifth-generation warfare in the modern era that was deployed was Twitter and Facebook having been deployed during Arab Spring in order to influence behavior of crowds during that social protest movement in the Middle East. It is not a perfect example of fifth-generation warfare because in fifth-generation warfare, the perpetrators, the opposition, is typically unclear. Fifth-generation warfare seeks to mask the involvement of whoever it is that's waging that conflict. But absolutely, fifth-generation warfare was a component of Arab Spring. And during Arab Spring, a key fifth-generation warfare device or weapon was deployed, and that is Twitter.

Twitter is both a weapon and a battlefield in the new world of fifth-generation warfare. Twitter is specifically designed and has capabilities to map and influence behaviors of individuals and crowds and down to the level of mapping their emotions, thoughts, opinions, and their ability to influence others. This is why you experience things like shadow-banning or amplification of a given tweet or message on social media: this is typically algorithmically-based alterations in the distribution of information and its emotional content to those that are participating in social media platforms.

Of course, all these social media platforms have the ability to precisely triangulate individuals in three-dimensional space because of cell tower triangulation and they are typically integrated in the intelligence community into functions such as Gorgon Stare; that provides extremely high-resolution imaging of individuals and can be used to target individuals both emotionally, psychosocially, as well as with kinetic weapons if necessary.

Over the last three years, Western governments, non-governmental organizations, transnational organizations, and the pharmaceutical industry, together with media and financial corporations, have cooperated via public-private partnerships such as the Trusted News Initiative to deploy a massive, globally-harmonized psychological and propaganda operation—the largest in the history of the western world. With this campaign, the governments of many western nation-states have turned military-grade psyops, strategies, tactics, technologies, and capabilities developed for modern military combat against their own citizens. This is well-documented and was predicted in a series of classic texts and also discussed at length in my latest book, *Lies My Government Told Me and the Better Future Coming*.

It's also these methods— [break in livestream audio at 0:28:09–13] COVID-19, the Great Reset, and the Great Narrative— Klaus Schwab being the leader of the World Economic Forum. Before fourth- and fifth-generation warfare, modern warfare was a duel on a larger scale or a continuation of politics by other means, with core elements of rationality of the state, probability in military command, and rage of the population, according to Clausewitz in his classic text, *On War*.

Today, in the context of fifth-generation warfare, there is no clear distinction between state, non-state, combatants, and civilians. And there is absolutely no boundaries in terms of ethics or rules of engagement. It is total, unrestricted warfare. It is clear that Western nations—as I mentioned, particularly the Five Eyes nations—have deployed this military-grade psyops technology on their civilians, in many cases through the operations of military operational groups that are trained in psyops. This includes, for instance, the 77th Brigade in the United Kingdom. That's now public information.

Many of this has come out through Freedom of Information acts and Twitter File disclosures. And it has really been a central feature of governmental efforts to manipulate populations and coerce them to accepting whatever the narrative is promoted by the government and the World Health Organization.

[00:30:00]

Just to put a pin on it, the U.S. government, through the Department of Homeland Security, has defined terms which are equated with domestic terrorism that relate to this. And those are: “misinformation,” that means any information being spread in public which is different from the approved narrative from the regional health authority—so, I guess that would be your NHS—and the World Health Organization; or in the U.S. that would be our Health and Human Services. Any information which is different from that approved by those agencies is defined as “misinformation.” If it’s spread benignly, through ignorance or whatever, that’s “misinformation.” If it’s spread for political intent, that’s defined as “disinformation.” If it is information being shared which is true, but causes concerns about government and government integrity, that is called “malinformation.” All three of those classifications in the United States are defined as domestic terrorism by the Department of Homeland Security.

In general, thinking about these concepts of generations of warfare as discrete entities is really misleading. They’re more like generations or gradients. First generation being, you know, sticks and stones and swords and mounted combat with lances. Second generation you can think of as the First World War being a great example and the American Civil War. Third generation employed the Blitzkrieg, which allowed the decentralization of command authority to the German army, which allowed them with even inferior technology to bypass, for instance, the Maginot Line in France. So third generation is mechanized warfare, focused on speed and maneuverability. You can think of the Ukraine conflict as an example of third-generation warfare in progress. Fourth-generation warfare was designed for asymmetric warfare against large state actors. We can think of this as terrorism, or we can think of it as insurgency efforts, such as for instance, the American Revolution against Great Britain is an example. But in the modern context, fourth-generation warfare deploys both propaganda and battles over territory, including use of kinetic weapons by the likes of Al Qaeda, the Taliban, various actors in Syria, and going back to the Viet Cong. I argue that the United States military has never won a fourth-generation conflict.

In order to try to overcome that problem of the advantages posed by internet and network effects and these insurgency strategies that are highly decentralized in terms of leadership, creating a situation where state actors face kind of a whack-a-mole problem, they’ve developed a fifth-generation warfare, which is based on information and perception manipulation. It does not typically involve non-kinetic weapons, and is not a battleground over territory but rather a battleground over your mind and its perceptions and its availability of information.

These new tactics have created a totally new battlescape here—one that is very Salvador Daliesque, in which it’s very difficult to understand the nature of the conflict, who the combatants are. And typically, the combatants that are propagating this information warfare into a population seek to become as obscure as possible and act with as little energy as possible. This is a very subtle manipulation of information. It is basically the modern epitome of psychological operations and the use of psychology to influence behavior of groups and populations.

As I say, it's very, very difficult to really come to grips with fifth-generation warfare as you begin to understand it. In particular, because there are absolutely no boundaries in terms of truth, ethics, of manipulation of media, integrity of information, social organizations, et cetera.

[00:35:00]

It is complete and total information warfare with absolutely no boundaries. This is what's been deployed against your population there in Canada.

This type of warfare targets the cognitive biases of individuals in organizations in a very strategic fashion. We're all familiar with trolls and bots, et cetera. But it's very different. It's concealed, it's impossible to attribute, and it focuses on the individual rather than on groups in many cases. It is truly a war of how you think. I argue that in the context of fifth-generation warfare, when it is being deployed by governments against their own populations, the concept of sovereignty is irrelevant. It is obsolete. It's an anachronism. There is no sovereignty in an environment in which everything which you obtain in your information space, all of your emotions, everything is manipulated towards the end of whatever the goals are of the nation-state. That is modern fifth-generation warfare, information warfare, and that is what's been done in Canada. It's well-documented.

These are key characteristics of fifth-generation warfare. I mentioned Arab Spring. The Israeli-Palestinian conflict was another example. The Havana syndrome—where we had diplomats in the United States in Havana, Cuba that experienced an unknown mental compromise or psychological state after deployment of some sort of unknown energy weapon—is a clear, explicit example of fifth-generation warfare. It was targeted, it was effective, and there is no knowledge of what caused that effect or who was deploying it on the American diplomats. Perfect example of fifth-generation warfare.

I mentioned the concept of sovereignty. What is world health when public health policy and pharmaceutical interventions are transformed into just another fifth-generation warfare weapon? How can a democratic system of government continue to exist if the existing leadership of a nation-state feels that it's acceptable to deploy these types of technologies on their own population? As I said, the idea of sovereignty becomes irrelevant.

These are examples in the lay press from Canada and the UK documenting the deployment of military campaigns involving fifth-generation psychological warfare and information warfare against the Canadian population. When you say, "conducting propaganda during the pandemic," this is fifth-generation warfare. This is what was deployed on you by your own military. This is from the Canadian Joint Operations Command, et cetera. As you notice in this article by David Pugano [sic, Pugliese], in one of your lay press publications, **"This plan devised by the Canadian Joint Operations Command relied on propaganda techniques similar to those employed during the Afghanistan war."** In other words, that's a euphemism. They deployed the fifth-generation warfare technology designed to combat the Taliban against you, the civilians of Canada.

Now this is an example of one of the battle groups in the United States, the 4th Psychological Operations Group based in Fort Bragg. This is a recruitment video just to give you a sense of the nature of this technology. This is the group that was developed from the ghost army of World War II that was used to fake the German army about the landing at the end of the war.

[Dr. Malone plays a recruitment video for the 4th Psychological Operations Group in the United States from 00:39:22 to 00:42:48. No exhibit number is available.]

Dr. Robert Malone

So I hope that convinces you that this is a real process, threat, and technology. As I mentioned, it's deployed in the United States, in Great Britain through the 77th Brigade—one of the members of the 77th Brigade is actually a member of Parliament—and obviously in Canada, as documented by your own press, and New Zealand and Australia, all part of the Five Eyes Alliance. There are a series of core technologies that are used. One of them is the OODA [observe–orient–decide–act] Loop, which is also a core strategy for instance in fighter pilots currently, in which there are very rapid response cycles to new information.

Another key technology and concept is the Milgram Experiment, in which people were subjected to shock—surreptitiously, not actually—and it demonstrated the willingness of individuals to deploy potentially life-threatening shocks if authority figures told them to. Another example is the Asch experiment, in which it was demonstrated that the effects of social pressure can cause a person to conform to the willingness or interests of authority figures or organizations. People are willing to ignore reality in order to conform to a group. This also relates to the work of Hannah Arendt, Joost Meerloo, and most recently Matthias Desmet involving mass psychosis or mass formation or mass hypnosis—are all three equivalent words.

Another example is the Operation Lockstep, the idea of using a pandemic to impose tighter, top-down control modelled after the Chinese social credit system, which has been foretold and evaluated in a variety of planning documents and analysis documents by the Rockefeller Foundation and the U.S. intelligence community.

[00:45:00]

I've mentioned Five Eyes Alliance multiple times here. I don't think I need to cover it again. You're aware that Canada is part of the most powerful and longest-standing intelligence organization in the history of the West. You may not understand that, for instance, Wikipedia is very actively edited by individuals who are tightly associated with MI5. What we have is reciprocal relationships between the Five Eyes Alliance countries in which, for instance, things that are prohibited from being performed by the Canadian intelligence service or the American intelligence service are performed as tasks by, say, Australian or United Kingdom intelligence services—which are not prohibited from taking those types of actions against civilian populations in other Five Eyes Alliance member states.

Another key concept is the Overton Window, which is the range of policies which are politically acceptable for discussion, known as the Window of Discourse. And fifth-generation warfare methods seek to actively manipulate the Overton Window for strategic and tactical advantage. So for instance, when you experience the "fact checkers," or the censorship, shadow-banning, et cetera on social media because you are communicating something like the slide deck from the Canadian COVID Care Alliance that technically accurately discussed the nature of the Pfizer clinical trials: that is a clear example of third-party actors constraining the Overton Window, making it so that these things are not socially acceptable to be discussed. This is a key strategy and tactic in fifth-generation warfare.

Another one is the exploitation of cognitive biases associated and described as the Dunning-Kruger Effect, the relationship between average performance and actual

performance on a college. So self-perceived performance. In other words, the difference between what people think they are able to perform and their intelligence levels and their true capabilities. People have a strong tendency to always overestimate their ability to assess information and their own intelligence, and this is actively exploited using fifth-generation warfare technology.

Another example is bad jacketing or snitch jacketing. This is this common strategy that we're seeing deployed and has been deployed for decades—for instance, by the FBI to create suspicion and division within organizations that are resistance group. And what's done is to seed the idea that members of the group are bad actors, that they in some way are actually acting on behalf of a third party, typically the state or intelligence community. And so, this is often referred to as "controlled opposition." That's the typical strategy that's propagated into a population: somebody who is being very effective as a leader within a protest group or organization, then rumors being spread about them that they are actually acting on behalf of the opponents, the state, or whomever.

And this is another video prepared by Mikki Willis that describes bad jacketing. It's called "Our Birthright," and it's another example of the fifth-generation warfare technologies that have been actively deployed, including in Canada during the trucker strike event.

[Dr. Malone plays the video, "Our Birthright" from 00:48:57 to 00:55:35. No exhibit number is available.]

Shawn Buckley

Dr. Malone, can we just let you know that we're having trouble hearing the sound on this presentation?

Dr. Robert Malone

So sorry that you didn't get adequate volume. I hope you could understand most of that. The point is that these are the technologies that have been deployed and continue to be deployed against us. There are third parties that have been clearly identified as disruptors who were involved in disruption of the Canadian trucker protests as well as the American trucker protests. We do have infiltrators. They are using these technologies. They appear to be state actors that are working as subcontractors.

How can we defend ourselves against this? We can basically learn the technologies. When we do so, we become resistant to them, just like we're more resistant to modern marketing technology, which is very closely related. As we master the technologies and understand them more deeply, we can begin to deploy them ourselves rather than just being victims.

There are many offensive ways to use this, and there are many different offensive ways that they're used against us through chaos agents, generation of fake sock puppets, bot trolls, flash mobs, et cetera. And of course, the aggressive deployment of censorship, gaslighting, and other technologies, which are used particularly on social media and in corporate media, often with a sponsorship from governments—including your own government, as I've mentioned.

I conclude this talk, then, about fifth-generation warfare with the suggestion that you seek out the variety of different sources of literature that provide more information about this. And of course, we've written about it extensively in our book, *The Lies My Government Told Me*, as well as in our Substack, rwmolonemd.substack.com, if you wish to understand more

about fifth-generation warfare, nudge technology, and associated psyops that are deployed in Twitter and other social media platforms.

With that, I thank you for your time. And let's see, I need to stop sharing my screen.

Shawn Buckley

Yes, if you can return to view of you, I think our commissioners likely have a few questions for you.

Dr. Robert Malone

I'm trying to get there.

Shawn Buckley

There we go. We can see you.

Dr. Robert Malone

Okay, we should be back, and thank you for your attention.

Commissioner Massie

Thank you very much, Dr. Malone, for your fantastic testimony. When I understand it, you did a journey from the science and the technology and how the science and the technology is being deployed for all kinds of applications, some of which we can actually question, as you mentioned in the end.

If I can come back to science and technology—because I'm a scientist; I was working in gene therapy in the early nineties and I've been following your work. If we can come back to it— If we can explain to what extent the science, for example, of the mRNA technology has not been developed to the level that would justify its use in, I would say at this point, all kinds of application, including the COVID vaccine, but now they want to move it in many other types of applications— It is my understanding based on the latest result that have been published on the quality, or lack thereof, of the product produced at large scale under so-called GMP [Good Manufacturing Practices], which we can question the quality.

Do you think, based on your expertise on the technology, that this product can actually be produced anytime soon under large-scale and GMP quality, irrespective of what kind of vaccine you might be proposing?

Dr. Robert Malone

Okay, so your question is basically—to use regulatory terminology—you're speaking about adulteration, potency, purity, and identity of the medical product.

[01:00:00]

The biological medical product, which has been marketed to us as a vaccine. Do I understand you correctly?

Commissioner Massie

Yeah, exactly. My question is: In your expert opinion are we ready to produce these products under compliant GMP? And if not, what would it take to get there?

Dr. Robert Malone

We have been told that the products are compliant with GMP. But it has not been disclosed to the general public: the contents of the material and its composition, the manufacturing process, and I'm not aware of what the release criteria are. I do know that there have been multiple independent assessments. And let's park that for a minute, I want to come back to that. There have been multiple independent assessments that document, for instance, quite a significant concentration of contaminating plasmid DNA in these preparations, which suggests that the purification process to remove the plasmid DNA template for the manufacturing of the mRNA has been—the most gentle way I could put it would be “inadequate.”

Contamination of DNA in vaccines has long been a problem, no matter what the source. For instance, live attenuated or purified subunit influenza vaccines also have problems with contaminating DNA from cell lines or from chick embryos, for example. There is absolutely, based on the independent assessments, significant contamination of plasmid DNA. And it's been reported that that DNA, in the case of the bivalent products, includes a full-length plasmid that includes a simian virus—forty sequences, including promoter enhancers. And I'm not clear about replication origins.

In addition, it's very clear from the analyses that the mRNA transcripts present in these preparations of gene therapy products used for vaccination are often truncated. It's basically impossible with T7 RNA polymerase to prevent the premature termination of the growing chain of mRNA. So one ends up with a composition of matter that has significant contamination with sub-full-length transcripts, which may have their own biologic properties. And the proteins that they encode may have their own biologic properties.

In terms of the overall formulations, clearly this technology—developed at the University of British Columbia in large part—is not as advertised. It does not remain at the site of injection. It does not remain in the draining lymph nodes. It is not targeted. In fact, it is generally distributed throughout the body and seems to have some particular affinity as a formulation of the product for a variety of tissues and organs that are associated with significant pathology. And this includes brain, heart, and—most worrisome—reproductive tissues, including ovaries.

We have the inadvertent disclosure by a Pfizer global director recently, with Project Veritas, that Pfizer believes, for instance, that the reproductive complications associated with the vaccines—ergo, the dysmenorrhea and menometrorrhagia that women commonly experience—is actually due to damage to the, in their words, “hypothalamic pituitary adrenal gonadal axis.” That's another way of saying damage to the endocrine system. This is apparently a leading hypothesis at Pfizer for these female reproductive consequences. And of course, women are not the only ones that have an endocrine system. And this is not restricted just to adult females. Particularly worrisome is the prospect that these materials may be damaging the endocrine system of developing children, in my opinion.

We also have the toxicity, which is unresolved and never assessed to date,

[01:05:00]

of the pseudo mRNA itself. The composition of matter of this material that is being synthesized chemically through, basically, an enzymatic reaction substitutes the normal uridine for pseudo-uridine. Pseudo-uridine is a molecule present in very precise places in natural mRNA, but it is not typically incorporated into all of the uridine-coated components of the mRNA molecule or messenger ribonucleic acid molecule. Pseudo-uridine is typically very selectively modified in cells in our bodies rather than being incorporated wholesale throughout the RNA. This is the invention of Kariko and Weissman that's used in all of the marketed or distributed mRNA-based vaccine products.

And the reason why the pseudo-uridine was incorporated was because of the problem that I mentioned previously: these formulations are highly inflammatory. And the incorporation of pseudo-uridine into mRNA acts through various cellular signaling pathways to down-regulate inflammation and immune response. Unfortunately, that has two aspects. Down-regulating the inflammatory and immune response is good in the sense of reducing the effects of the formulation itself on inflammation, but bad in that it's nonspecific.

We do know that, for whatever reason, these products when administered—these biological medical products marketed as vaccines—are eliciting damage to immune responses. And we can observe that because one of the common adverse events is the reactivation of latent DNA viruses, such as Epstein-Barr virus, cytomegalovirus, and shingles of course—which are common adverse events associated with the post-vaccination syndrome.

In short, what we have is clear evidence of unresolved and inadequately-characterized toxicity associated with the delivery formulation—with the mRNA itself and with the encoded payload spike. None of these were characterized in the way that is normally prescribed in well-established regulatory processes, in terms of characterizing the potential toxicity of all components of a final drug product. And the presence of these contaminants of DNA and sub-transcript mRNAs are clear evidence of adulteration in the final product. Unfortunately, the contract clauses of Pfizer and Moderna have been such that there has been, in general globally, a restriction on the ability of national health authorities to perform lot release-testing and characterize these contaminants.

And so governments throughout the world and their regulatory authorities have basically caved to pressure from the pharmaceutical industry to bypass their normal processes in ensuring purity, potency, and lack of contamination in the products that have been administered—often through mandates or other forms of coercion or compulsion. They have bypassed their own norms and so we're not able to really verify in a rigorous way—in a way that would normally be performed—whether or not these products are adulterated. But the current evidence suggests that they are significantly adulterated and the data are clear that they are neither safe nor effective. Over.

Shawn Buckley

Dr. Malone, thank you. And do the commissioners have any other questions of Dr. Malone?

Yes, so there's another question. Dr. Malone, we are very tight on time, so I'll ask if you can be very succinct in answering the questions.

Commissioner Drysdale

Thank you, Dr. Malone. We've had a number of witnesses talk about COVID-19 and how they recognized at a very early point in the pandemic that the disease targeted—perhaps

that's not the right term. But certain people, certain stratifications of the population were more susceptible. In other words, if you were obese, or if you were elderly, they told us that you are more susceptible to the disease.

[01:10:00]

My question is really focused at the second part of your presentation. That is: When you talk about these fifth-generation techniques, are they stratified in the population? In other words, have you seen markers that show that it's more younger people, or older people, higher population-density portions of the country are more susceptible to this technique?

Dr. Robert Malone

This is not my core competence, psychology. This is not what I was trained in— Or psychoanalysis, others have had that training. I can tell you definitively that there was a study of a randomized clinical trial with the six-month follow-up of approximately 600 subjects in 10 different groups performed by Yale University—the funding for that was not disclosed—before the vaccines were ever available. It piloted various messaging strategies and tested whether they were effective at different populations, in terms of the messaging regarding generating a willingness to accept these vaccine products and to influence other parties to accept these vaccine products. I've documented that both in Substack—it's a published peer-reviewed paper—and in my book.

So there absolutely is evidence that these campaign tactics—of, for instance, speaking about guilt, social obligations, risks to the elderly and grandparents, et cetera—were absolutely tested in a randomized clinical trial prospectively, in order to generate the message content that was deployed throughout the Western world to convince, compel, and entice different populations to accept these products. And in particular, the logic that it was necessary to vaccinate children in order to protect the elders. Over.

Commissioner Drysdale

Thank you, Dr. Malone. I have nothing else. Anyone else?

Shawn Buckley

Dr. Malone, it's truly been an honor to have you join us today. And on behalf of the National Citizens Inquiry, we thank you so very much for attending and sharing with us.

Dr. Robert Malone

Thank you for the opportunity. I hope it was helpful, and I wish you the best of luck there in Canada.

Shawn Buckley

Thank you.

[01:12:44]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Toronto, ON

March 30, 2023

Day 1

EVIDENCE

Witness 3: Dr. Bruce Pardy

Full Day 1 Timestamp: 03:09:14–04:13:32

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness coming to the stand is Bruce Pardy.

Mr. Pardy, I'll ask you if you can state your full name for the record, spelling your first and last name.

Dr. Bruce Pardy

My name is Bruce Richard Pardy. First name is spelled B-R-U-C-E. Pardy is spelled P-A-R-D-Y.

Shawn Buckley

Bruce, do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Bruce Pardy

I do.

Shawn Buckley

Now, you had sent me earlier a copy of your CV, which we've kind of pre-entered as Exhibit T0-6. Would you confirm that the CV you sent me was correct and accurate?

Dr. Bruce Pardy

It is correct, thanks.

Shawn Buckley

Now, you are a professor of law at Queen's University.

Dr. Bruce Pardy

Correct.

Shawn Buckley

And you are the executive director of Rights Probe. And that's a law and governance think tank, and division of the Energy Probe Research Foundation?

Dr. Bruce Pardy

That's right.

Shawn Buckley

And then you're also currently a member of the Ontario Bar.

Dr. Bruce Pardy

Correct.

Shawn Buckley

Now, you've asked me to let the commissioners know—and this would be a lawyer thing—that you are not opposed to questions being asked during your presentation, because you're going to cover different subjects. And the commissioners might not be aware: judges interrupt lawyers all the time in court. So it's kind of the common thing.

You've been called to explain how the legal system enabled governments and public health authorities to put COVID measures in place. And would you please share with us your thoughts on that?

Dr. Bruce Pardy

Yes, by all means. Thank you very much for having me. Is there a trick to starting the PowerPoint? Do I just click on?

Okay, very good.

Shawn Buckley

You have it.

Dr. Bruce Pardy

Great, great, great, okay.

So I want to start with this thought, which is that the most powerful ideas are the ones you don't know you have. And one of those ideas is the problem here. I want to try to answer this question for us today.

During COVID, of course, people were told what to do and what not to do. They were told not to walk through the park. They were told to close their businesses. They were told their

kids couldn't go to school. They were told that they couldn't go into the store without a mask. They were told they couldn't have a job without a vaccine. And so on.

And during this period, people thought the law would save them. This seemed like society unravelling. It seemed insane. And they thought, "The law will save us. The law is solid. The law is written down. The law will bring this back." And it did not. Many people tried. They found a lawyer; they brought an action; they brought a challenge to this rule or that. And those challenges, for the most part, were rejected. And the question is, why?

And there may be many answers to this question, but I would like to suggest two. The first one is that this is a reflection of the triumph of the administrative state. That system of governance is based upon an idea. And that's the idea that I want to talk to you about, this is the important idea that we don't know that we have.

And the second reason is that the Charter that a lot of people put a lot of faith in did nothing to push back against this idea. In fact, in some ways—because of the way it is interpreted and applied now—the Charter, instead of opposing that premise, that idea, in some ways now facilitates it.

So the premise, this idea that is the problem, let's start with this.

Our law is based upon ideas.

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Now it might seem that the law consists of books, of words. You go off to the shelf or onto the internet. And you open it up and you see what the words say. And that's the law. And that's true of course, to an extent. But the legal system is also based upon a certain number of ideas.

Here's one of the ideas. That the state is based upon three different branches: legislature; the administration or the executive branch, as it's sometimes called; and the courts. And one of the important ideas that we have had in our law for a long time is that these three branches of the state do different and distinct jobs. And one of the ways that we are protected from our state, from our own state, is that these three branches are distinct and they cannot do the job of the other. In other words, it prevents power from being concentrated in any one organ or person.

Legislatures legislate. They pass statutes that contain the rules. Courts take those rules and they apply them to particular cases. And the administration takes the rules that the legislature has passed and they enforce them, they carry them out. Now, one way to understand which part of the state we're dealing with at any particular moment is to think about it this way: We know what a court is. And we know what a legislature is. A court has a judge and a room, and it involves a dispute and evidence and so on. And a legislature has elected people and they pass statutes by vote. Everything else—everything else—is a part of the administration: the cabinet, the ministries, the departments, the agencies, the tribunals, the commissions, the law enforcement, and so on and so forth.

Now, here's a basic idea: The administrative or executive part of the state is authorized to do nothing unless the legislature has passed a statute saying that it can. And that's a great rule. That's a rule that the courts did enforce and still technically do enforce. But here's the problem: The ideas upon which our legal system is based are changing. They're evolving, if you like. But they're evolving in what I would consider to be a very dangerous way. Here is

now what is happening— And it's been happening for quite a while, this is not just a COVID thing. But it reached its height during COVID.

Here's what's happening: Legislatures, instead of passing statutes that contain all the rules, are now passing statutes that delegate rulemaking authority to the administration. It doesn't mean— I'm not suggesting that there aren't statutes with rules in them, that wouldn't be correct at all. But more and more, our statutes include sections that say, "and Cabinet can make regulations about these things." Or, "the Minister can decide this list of things." Or, "this public health official can do these things." Or, "this commission can do that." And the actual rules—the actual rules that apply to us day-to-day, more and more—are not in the statute. They are in the rules made by the administration.

Now you'd think, well, hold on, wait a minute. Surely the courts would prevent this from happening because now you're concentrating power. Now, the executive branch is doing the job of the legislature. But the courts have long said, "No, no, it's okay. Legislatures can delegate their rulemaking authority to the administration. And when they do so and when the administration makes these rules and does its stuff, what courts should do is to defer. We should give room to the administration,

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to the officials, to the public health officers, and so on, to do their thing. We shouldn't look too closely at it because, after all, they are the ones with expertise and we in the court are not."

So here's what we get: You get delegation from the legislative branch, and you get deference from the courts. And what you end up with is an administration that has the following mandate: It has the discretion to decide the public good. And that is the idea that has triumphed. And that is the idea that triumphed during COVID. On steroids. If you like, this is the holy trinity of the administrative state: delegation, deference, and discretion. The discretion to decide the public good is the premise of the administrative state.

And here's the implication: When we talk about data, when we talk about medicine, when we talk about whether masking works, talk about whether the vaccines are safe and effective, we are arguing about, "What is in the public good?" That does not challenge the premise of the system that is in place. Here's what this premise means in a little bit longer detail: that individual autonomy must yield to the expertise and authority of officials acting in the name of public welfare and progressive causes.

So just very briefly, here's what I mean by a premise. This is just a very short thing about deductive reasoning, right? You start with a proposition: "Cats have tails." That's a premise. **You plug in a bit of evidence; sometimes it's called a minor premise, but a piece of evidence. You're trying to connect two things: the premise with a piece of information. And you get a conclusion. Simple enough.**

Here's the way the premise in this situation works. Here's the premise: Officials have discretion to decide the public good. Here's the evidence: Officials mandated a vaccine. Note the nature of this evidence. This evidence is not about the vaccine. It's not about its safety. It's not about its efficacy. It's not about whether it's in the public good. It's the evidence about what the officials with the authority did. If you put that premise together with that fact, what you get is the conclusion. The conclusion is: Therefore, vaccine mandates are in the public good. That's what follows from the premise. And you cannot

attack that conclusion without attacking the premise. And attacking that premise, for the most part, has not been done.

Why is that? Because the premise is very deep. We have lived with an administrative state for decades. People think that's what government is. If you went up to people on the street and you said, "We shouldn't have officials with the ability to decide the public good," they would look at you like you were from a different place. Like, "What are you talking about? I don't understand what you mean. That's what government does."

And I'm here to tell you: that is not necessarily what government does. It is what it does now; but it is not the only way to design your government. And the fact we have designed our government in this way has led to this problem. And there is no way to avoid the problem again, the next time, unless the premise is challenged.

So here's what I mean about all of the issues that so many people have been talking about.

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The masking. The lockdowns. Do lockdowns work? Did they work? Did they stop the spread? Did they cause more harm than good? Did social distancing have a rationale? Was six feet right, or should it have been five or seven? Was there any data? Was it ridiculous or not? Do masks work? What's the data? What are the studies on masks? Is it as ridiculous as it looks to be, or is there something to it?

What about the vaccines? Were they tested properly? Do they cause these problems? Do they actually stop the spread? Do they actually stop the severity of symptoms? All of these questions—they're very important questions, to be sure. Very valuable to know about what the actual information is on all of these questions. But all of these questions are trying to debate, what is in the public good? And to concentrate on that is to miss the problem.

The problem is not the last part of that statement; the problem is the first part. You must challenge the premise that our government officials have the expertise and authority to tell us what to do in the public good. Because that is the idea that is now running the show.

In other words, it would be a mistake to think of this COVID debacle as a matter of a collection of bad policies. Now, they were, in my opinion, for sure. But that's not the real problem. The real problem is that the officials inside the state were able to produce a set of bad policies. If government officials have unchallenged authority to decide the public good and thereby to override individual autonomy, bad things inevitably follow. What they can do, they will do. And in a sense, what happened during COVID was the culmination of this trend, if you like—this evolution of the nature of the administrative state. If you like, it was the pinnacle achievement of this managerial state apparatus. It was a great opportunity for people who have authority to manage society, because that's what they think they're for.

Now, as I say, COVID was not the first time. These things have been in development for decades. Decades. Over a long period of time, these things have come forward. But COVID may have been the most extreme example, certainly in living memory. So that's part one. That is the problem about the premise. That is the idea that's leading the charge, the idea that must be challenged.

And part two is: Well, what happened to the Charter? I thought the Charter was there to protect my individual rights. It looks like it should, it's a roster of what appears to be individual freedoms: freedom of speech; freedom of religion; freedom of conscience;

freedom of assembly; freedom of association; the right to equality; the right to life, liberty, and security of the person. What happened?

Well, the way our Charter reads combined with the way, over a long period of time, the courts have interpreted those words, means that the Charter does not now prevent the administrative state from overriding individual autonomy in the name of public good. Now occasionally it will. In the law of course, you can't make blanket statements about things because cases go this way and that. But if you look at the trend over time, the Charter now is as much a legitimizer of the administrative state as it is an opposer of it.

And note this: This administrative state I keep referring to, this managerial governance mechanism,

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or collection of agencies and departments and people who manage society, is explicitly provided for in the Constitution nowhere. Our Constitution does not say we shall have an administrative state. It doesn't prohibit it. It doesn't prevent it. But it doesn't prescribe it either. It has just grown up over time.

So the Charter is not a foundation. Unlike what many people think, and understandably so, the Charter is not the foundation of our legal system. Instead, it is merely a gloss, if you like, on what the legislature and the executive branch can do.

Now it used to be—and some would argue still is, and that's a fair argument—that the foundation of our legal system was both the common law: that is, law developed on certain subjects by the courts over a long period of time, from case to case to case to case. The law of contract, the law of torts and negligence, the law of property are still largely common law subjects. In other words, you can't find the whole law by looking in the statutes. And the other foundation is the "separation of powers" idea that I referred to at the beginning: the legislature does this; the administration does that; and the courts do this. And they should all be separate to protect us all from their domination. Today though, for the most part, I would contend that even though those ideas are still around, they have been put aside in terms of their hierarchy in favour of this primary idea I mentioned to you earlier, which is this holy trinity of the administrative state: delegation, deference, and discretion.

So what about the Charter? Well, two things I want to say about the Charter. Number one, these COVID rules and the people who put them in place got around the Charter by going around to the back door. And b), I want to talk about the courts a little bit. But let's do the first one first: going around the back door.

What I mean is that some things are able to be done indirectly that are not able to be done directly. Here's an example. Let's say that a province had put in place a mandatory vaccine policy. I mean, actually mandatory. I don't mean a passport. I don't mean at your workplace. I don't mean for school. I mean actually mandatory in this sense: "If you do not get a vaccine," the rule says, "we will fine you or put you in prison." Okay, well, now that is an actual mandatory vaccine. And we have section 7 in the Charter. Section 7 says, "Everyone has the right to life, liberty, and security of the person." Security of the person will include the notion of bodily autonomy. It's where in the Charter you will find the idea that you have the right not to give consent before medical treatment. A medical practitioner and the state need to get your voluntary informed consent before they can apply treatment. Okay.

If we had a mandatory vaccine, an actual mandatory vaccine? That—you'd like to think, I would think—would violate section 7. That would be unconstitutional. But that's not what we had. We had something much more clever. We had a collection of policies put forward by, enacted by, directed by, promoted by the agencies of the administrative state that said, "Listen, you can do what you want. You don't have to get a vaccine. But by the way, if you don't get one, you might not be able to have a job. You won't be able to fly on a plane or a train. You maybe can't go to a restaurant. Maybe your kids can't go to school.

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But it's still your choice. We're not requiring you to get one. We're not coercing you." And they're right. In the strict legal sense, that is not unlawful coercion.

Why? Because they're not making you—with the force of the state, with fines or imprisonment. It doesn't fit within the idea of unlawful coercion. The argument that they were making about this does fly. It fits within the gaps in the Charter. So those people who thought, "Well, we have security of the person in section 7, they can't make me take a vaccine." And those people are right. They can't make you take a vaccine. But they can set up consequences if you don't, and thereby avoid the Charter protection. Compulsory vaccines are likely a violation of section 7. But vaccine passports probably are not. And that's what the courts have said. And this is just one example of going around the back door, of doing indirectly what cannot be done directly.

Let me give you a concrete example of how this works outside the COVID situation. And this is going to sound banal, but it's abstractly similar, so you can see it. Let's say a province creates a rule that applies to all retail establishments—stores and restaurants and so on—that says, "You cannot go into the establishment, a public commercial establishment, without shirt and shoes." Some people might say, "Well, hold on, wait a minute, I have rights. I have Charter rights. I'm being made to wear something that's a violation of my person. My clothing or lack thereof is an expression that violates my freedom of expression." And so on and so forth. You can see the argument that for someone who doesn't want to wear a shirt, this is actually a violation of their choice.

But of course, this is not going to work, because there are rationales for the rule. The rationales are public decency, public health. We don't want you walking around in a restaurant without a shirt on—just not going to look good and it might be unhealthy. There's going to be a social consensus and a legal rationale for having the rule. Therefore, you're not going to be able to reject it. The answer's going to be, "Look, you don't have to go to the restaurant if you don't want to wear a shirt." And that's exactly the kind of argument you heard with the vaccine passports: "You don't have to have one, just don't go. Now, the fact that you can't basically do anything without the vaccine is not our problem. Because it's a series of choices. And the Charter does not entitle you to be free of consequences," is the way that they would put it.

So here are the other kinds of rights in the Charter that have been tried as arguments against various COVID rules: freedom of assembly and speech, conscience and religion; mobility rights in section 6 for the refusal to take the unvaccinated on planes and trains; freedom from arbitrary detention [for] the mandatory quarantine hotels that they ran for a while. For the most part, these didn't work. And of course, even if they had worked— And sometimes they worked. Sometimes you had a rule that so plainly infringed one of these rights that the court had to say so. And then found another reason why it was still okay.

And this is the main reason, this is the famous section 1 of our Charter. This is the “reasonable limits” exception. These rights and freedoms guaranteed in the Charter are “subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.” Now, that’s wide enough to drive a truck through if you want to. And some courts used that exception to say that even though this rule—

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For example, there were rules prohibiting gathering for church services at the same time some stores were open, because gathering in stores is one thing that the state approves of and gathering in churches was another thing that they didn’t want to happen. And those rules clearly infringed your right of assembly, perhaps your freedom of religion and so on. The court said, “Well, they do, but it’s a reasonable limit because of the situation that we are in.”

And for the most part— And I want to be clear that courts don’t act as a monolith. No one sends a memo from on high to all the judges and all the courts saying, “Here’s the attitude you should take about this.” That’s not the way it works. And I’m not suggesting that all the courts and all the judges are all thinking the same way. That wouldn’t be correct. But if you look at the pattern, for the most part I would argue that courts largely embraced not only the premise of the administrative state, but embraced the government COVID narrative. And you can see that if you take a wander through the various cases that have been tried over the past two or three years. You’ll see that in their decisions. In black and white, they have said things that have suggested that they are totally on side with the danger that has been portrayed, that the virus poses, and the efficacy of the various rules that have been tried and put in place.

Here are just a couple of— I’ll just take you through some examples. This is just to give you a flavour of the approach that many courts have taken.

Here’s a case from Manitoba: “[T]he factual underpinnings for managing a pandemic are essentially scientific... [and] fall outside the institutional expertise of courts.” We don’t know how to do this. And we don’t want to do it: “it is not an abdication of the court’s responsibility to afford the [public health officials] an appropriate measure of deference.” There’s the deference I was speaking of. There’s the deference that makes the administrative state powerful. Courts don’t want to deal with this. The judges don’t have the expertise in these subject areas and the officials do. That’s the rationale.

Here’s another one. “[L]ike times of war... pandemics call for sacrifices.” This court is equating COVID with being at war. And during times of war governments are entitled to expect sacrifice from their citizens. In other words, “You will do as you are told, because **we’re in a crisis here. And we are not going to tell the government not to do what it wants to do.**” That is a reflection of the premise of the administrative state.

And note this— necessity. Necessity is so often the rationale for putting public welfare ahead of individual autonomy. You can find necessity pretty much anywhere you look if you want to find it.

“If some are unwilling to make such sacrifices ... [the Constitution] will not prevent the state from performing its essential function of protecting its citizens from that risk.” And note the end there. It is not a given that the job of government is to protect citizens from risk. That is the job of the administrative state. But it is not the job necessarily of any government organization, of any conception of what government’s supposed to be.

There is the big idea that we don't know that we have. The idea that government has the job of protecting its citizens from risk. That is part of the premise that must be challenged. I would say, in my opinion,

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that the role of government is not to protect citizens from risk and that that function is the citizens' job to do on their own. But if you accept that premise then you get the COVID regime.

Another example. This is a case from Nova Scotia dealing with protests outside against lockdowns. "[Protesters] are uninformed or willfully blind to the scientific and medical evidence that support those measures." Now, of course, we have a pretty good idea now that actually that's not true. In fact, it might be actually the reverse, that the protesters actually had it exactly right. But that was not acceptable then. Why? Because of the premise—because officials had said, "We're going to have lockdowns." And officials have the authority, expertise, and discretion to decide the public good. There's your logic. If the officials have said so then that's the conclusion: Therefore, the protesters must be wrong.

This is not based upon evidence from the court—or induced in the court. I mean, there was evidence. As there is in any case, you'd hope to have conflicting evidence. It's the purpose of experts coming into a courtroom: I think this, I think that. Those two things conflict. The job of the court is to resolve that conflict and decide whose makes more sense. But in so many of these COVID cases, the court would be inclined to dismiss the evidence of those who were challenging the rules and to embrace those producing evidence on the part of the government. So the protesters show "a callous and shameful disregard for the health and safety of their fellow citizens."

Just two more—and then I'm basically done. And if there are any questions, I'd be happy to take them.

I'm able to take judicial notice. Now, here's a very interesting thing: In a number of cases, especially family law cases, a number of courts took judicial notice. Judicial notice means a judicial conclusion of facts not based upon evidence. Judicial notice is a thing. It's designed to allow a court to assume certain facts as true even though there's no evidence—because those facts are so notorious that nobody would spend time debating them. "The sky is blue." A court can take judicial notice of the fact that the sky is blue. Who would say otherwise? But the efficacy and safety of the vaccine was at least in part the issue in the case. And yet, in these cases—at least a handful of them—courts took judicial notice of the safety and efficacy of the vaccine precisely because they did not want to delve into the evidence.

And finally, here's a really neat one. This is from an Ontario court. "The measures"—the COVID measures that are being challenged in this case; the COVID measures themselves, the ones that say, "can't do this, can't do that, must do this"—these "measures protected the constitutional rights of those individuals to life and security of the person." You see now how the Charter is being exactly turned around. Instead of protecting you from the tyranny of the state, the Charter in this paragraph is now being used as a rationale and justification for why the state must come down and tell you what to do in order to protect your neighbours.

So maybe I'll stop there.

Shawn Buckley

Professor Pardy, before I let the commissioners ask you questions, I wanted to ask if you could also comment perhaps on the doctrine of mootness and how that has been applied to thwart some Charter cases.

Dr. Bruce Pardy

Sure, yeah. Mootness is this idea: Courts are tasked with resolving live disputes. If you went into a court today and said, "You know, I've always wondered about this question. What would happen if—?" If you did that, the court would throw you out because it's not a real dispute.

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It's theoretical and therefore moot. It's a waste of judicial resources and time. It's got to be concrete; it's got to be a real thing. So mootness comes along when a dispute that was real at the beginning becomes theoretical because something changed. The rule, for example, that was being challenged was repealed, taken away. The person with the problem doesn't have the problem anymore because the rule is gone. And on that basis, courts will dismiss suits that are moot if the rules are withdrawn.

However, the problem with doing that is that you essentially give a licence to the government to bring the rule back. If you do not resolve the legal question about whether the rule was constitutional to begin with, then it's still an open question. And a few months or a few years down the road, the government could say, "Well, we didn't get into trouble the first time. Let's do it again." Or even more— In an even more sinister way if you wanted to go this far, if you were the government, you could think, "Well, you know what? If we just keep playing this mootness game, we can put on the rule for as long as it takes the case to get to court. Before we get to trial, we'll just take the thing away. It'll therefore be moot. The thing will be dismissed for mootness. And therefore, we can put the rule back on." Sort of a cat and mouse game. That's the kind of reason why courts have the discretion to hear a case which is technically moot. And they often do. But in this COVID era, some courts have declined to do that. For the reason, I would posit, that they don't want to. They don't want to be the ones to decide the COVID question. And understandably so.

Here's one of the mistakes that people who have opposed COVID rules have made, in terms of their thinking. They thought, "This is crazy. Something strange has happened to society. I'm going to take this mess to the court to have them sort it out and put things back together again." You are essentially asking the courts to serve a political function. Courts don't want to do that. They don't like to get involved in politics to that extent. Predictably, the situations in which they've been tried to be given that mandate, they've backed away from it. And I quite understand that. But I think that's the story on the mootness.

Shawn Buckley

Thank you, Professor Pardy. I'll allow the commissioners to ask you questions. When you conclude, if you can give your thoughts of perhaps how this could be changed to prevent the administrative state. But we'll let the commissioners ask you questions first.

Commissioner DiGregorio

Thank you, Mr. Pardy, for your testimony today. I wrote down a hundred questions but wanted to hear your presentation throughout before I tried to put them in some order that

will help us to take this—what you’ve told us today—and develop it into recommendations in our final report. And so that’s kind of how I’m framing the way I’m going to ask these questions.

In trying to pinpoint where the problems are that we can address, or provide recommendations to address, I heard you talk about an issue with the role of delegation from the elected legislation to the unelected administrative regime, let’s say. I heard an issue with the courts providing deference to the administrative state. I think I heard you talk about potentially the Charter being too weak to have protected rights robustly and that it could be overcome indirectly. I’m just trying to think about, on each one of those levels, what we could recommend.

And if I start with the delegation problem: Do you think that what’s needed is a different standard, maybe legislative standards, as to when and how delegation can be given from the elected legislature to the unelected administrative state?

Dr. Bruce Pardy

The short answer is, yes. And thank you for the question. In a way, this is the question.

There is at least theoretically a doctrine, a non-delegation doctrine, which we don’t have in this country. The Americans do have a form of a non-delegation doctrine in some places. It’s not robust, but it does exist.

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In this country, we have essentially had the rule that a legislature can delegate its powers any way it likes as long as it maintains the right to take them back.

A better rule, in my view, would be a non-delegation doctrine that said the following thing. This work, by the way, has been done by a fellow named James Johnson, a very thorough legal scholar and researcher. He’s made this case in an article, amongst other places, in the *UBC Law Review*. But he says this: “Legislatures should have the job of articulating the substance of the rule.” In other words, our MPs and MPPs are elected to make policy decisions. That’s legitimate. And as long as they make those judgment calls, that’s fine. Those judgment calls between “this” and “that,” about where the line should be drawn; what the considerations are; what values or virtues are going to be reflected in the rule: that’s a legitimate thing for elected officials to do. Because they’re elected, they have democratic legitimacy. But the job of making that call, making that difficult political call about where to draw the line, the substance of the rule should be made in the legislature. So if the people don’t like it, number one, they can see it being made; and number two, they can kick the bums out next time if they don’t like it.

What should not happen is that the statute should avoid having to make the hard call and send it off to some dark room in the back. Where you can’t see the rule being made, sometimes you don’t even know what the effective rule is. Okay? That’s the essence of the non-delegation doctrine. It should be sunlight; it should be democratic. It’s not that the governments can’t make policy choices; it’s that they’re not being made by the right body. And that’s the essence of a non-delegation doctrine.

Commissioner DiGregorio

Thank you. So then, moving on to the issues we've seen with the courts throughout the pandemic, you identified—I think quite rightly—that there's been a lot of deference given by the courts to the decisions that have been made. And in terms of thinking about recommendations we could make to maybe strengthen the role of the courts, do we need statutes that set out perhaps better standards of evidence that are required before deference is provided? Maybe rules around when judicial notice can be taken, do we need to strengthen that area?

Dr. Bruce Pardy

Yes and no. Certainly, rules of evidence are within the realm of the legislature to act upon.

But there are some things about whether courts should get deference and the nature of judicial review and so on that the courts are going to view as in their area and not the legislature's. In other words, we have—and quite rightly and good that we do—we have a tradition of judicial independence. And the courts as an institution, again quite rightly, are going to look askew a little bit at legislative attempts to curb what it is that they can do when they review the very legislation that they are asked to do.

In a sense, it's a constitutional dilemma. You want these three separate branches to do their job. And you want them to do it properly. We see a problem about how they're doing that job independently. And yet when one branch comes along to try and tell the other branch to do their job properly, that's interference with that branch by the first branch. So I don't have a simple answer to your question. It's a very good question. It's worth looking at the degrees to which legislatures could stipulate the legal rules about evidence to be applied in a court. On the other hand, the rule of judicial review, the constitutional standards for assessing when deference is going to be given and so on, is largely common law in the sense it's developed by courts. And we should probably be careful about treading on that territory.

Commissioner DiGregorio

Thank you. Lastly, I'd just like to ask you about your views on the Charter. And I think I heard you essentially say that a lot of the rules that were put in place did not violate the Charter. I think that could probably be argued both ways by many lawyers. But let's accept that perhaps that is the conclusion that the courts will reach.

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Is it then your opinion that our Charter needs to be changed or revised?

Dr. Bruce Pardy

Oh, I think our Charter needs to be revised. Yes, definitely. I think it has proven to be inadequate to the task that people expect of it. I think the prospects for revising it are very, very poor. And I would even be reluctant to go down that road because once you open it up, you are also subject to the forces that might want the Charter to be more what it's becoming instead of less. In other words, a Charter looks like a roster of individual rights and freedoms. Over time, it is probably less of that and more of a progressive blueprint for common interventions.

For example, the way that the Supreme Court over a period of decades has interpreted section 15(1), which is the equality provision: from one that I read as providing in section

15(1) a requirement for equal treatment in the law, the Supreme Court has basically said that 15(1) and (2) together require substantive equality. Now, that is a real conflict in vision. If we opened up the Charter, I would be concerned that we would go further down that road instead of back to the one that I would like to see.

Commissioner DiGregorio

All right, thank you. I'm going to stop my questions there.

Commissioner Drysdale

Thank you for your testimony. Like my colleague, I have a hundred questions. And although we have the ability to ask those hundred questions, I don't think anybody would stay for them. But I have a few questions. And we've talked about—or you've talked about—the three branches of government, if that's the right term. You know, we often talk about another branch of government unofficially. And I ask this question because when I look around this room—and I looked around; I did this as well in our last hearing and I will do it in every hearing—I only see a very thin representation from that other branch of government. And I'm talking about the press.

Dr. Bruce Pardy

Right.

Commissioner Drysdale

But in my mind, there's another component as well and that's the component of the people. I start to look at the participation in our political system. And I start to look at the numbers of people that vote or don't vote and the number of people that get elected by acclamation in our country. And I also look at the incredible power of each of the leaders of the two or three political parties we have. In other words, the candidate doesn't even get to run unless they're vetted by that.

So having said that giant mouthful, how do we re-engage the public? How do we re-engage the press in an honest and open way? Big question, but would you agree that that's kind of the fundamental of getting change? Because if you're not holding the big stick, they won't make the change. And you can only hold the big stick if you can engage the population. Is that a reasonable statement?

Dr. Bruce Pardy

Yes, absolutely it is. But it's also all tangled up, the problem that is, right? Because it's not just a case of electing the government that you will solve the problem. Because the idea is deep enough so that the particular stripe of party that's in power doesn't actually change the game. Elections and democratic participation and so on is very important, but it's not the whole story either. I'm afraid I think it goes back to the set of ideas people carry around.

Let's talk about the press for a minute. For some reason, we have come to the idea—a lot of people have, I think, in the here and now—that the job of the press, whether or not it's the legacy press or the new independent press or for that matter just people online, that their job, their responsibility, is to tell the truth. In fact, that if you are speaking— Whether it's in a forum or online or as the case may be, that if you are not speaking the truth that you are

not really exercising your free speech legitimately. And that's, in my opinion, completely wrong.

[00:55:00]

Free speech, upon which our press traditions are based, is not based upon truth. As soon as you have the idea that people have to speak the truth to be allowed to speak, now you've got a real problem. Because now you have to define what the truth is. And the only party able to do that is the government. So now you have free speech that's supervised by government approval of what you're saying. That's the opposite of free speech.

You're allowed to say what you think, not because it's true, but because it's what you think. And that's got to apply to the press too. And the job of a free citizen in a democratic country is to take all the things that they hear from everywhere and to understand that it might not be true and decide for themselves what is. And that's just one of the many ideas we have to get embedded into our people again.

Commissioner Drysdale

I have another one. And I very much enjoyed your talk, and I learned a lot from you. But my question to you is: Would you consider what happened here, in your opinion, to be a significant breach of at least what Canadians' perception of their freedom is?

Dr. Bruce Pardy

I think it was a breach of their perception, yes. Part of what happened during this period, if I can put it this way, is a lot of Canadians discovered that their perception was wrong. And that's a hard lesson. We've been assuming that the system works in a certain way and that we have certain rights and freedoms. It says so in the document. Why wouldn't we believe in it? And then this thing comes along and you find out that what you thought is not true at all. So if there's any silver lining to this period, it might be that the curtain has been pulled back on the way the thing actually works and what it actually means. And having discovered that, now's the time: if we don't like what we see, got to fix it.

Commissioner Drysdale

Next question has to do with— This is going to sound odd, but why are you here telling me this? The reason I say that in the way I'm doing it is because, if reasonable people consider what happened to be a fundamental challenge to what we understand our country to be, why is the head Solicitor General of the country or the Supreme Court Justice not sitting in that place to explain it to us as Canadians? Rather than—and not to be insulting but, you know—a university professor or a lecturer?

Why is a Supreme Court justice not sitting here telling me what it is?

Dr. Bruce Pardy

There are many ways to answer that question. Here's one of them. Number one because it would probably be out of line for them to do that. But also, because—and I don't want to speak to every single one of them—a lot of them will believe in the premise I discussed. They really do think that it is the job of government to protect us and to manage society. It is the job of public servants to fix social problems. That's part of the premise. And if you were to stand up in public and say, "No, no, no, no, no, no, no. Governments and their

officials should not be primarily involved in bringing the power of the state to bear to fix social problems and keep people safe.” Okay? Now I’m talking heresy. Absolute heresy. Certainly, amongst that population of people who are, after all, involved in their careers in that enterprise: if you were to be a person with prominence in that area and stand up and say that, you will be undermining the whole machine.

Commissioner Drysdale

My last question is, what is the standard for the courts or the police when it comes to making a ruling like you talked about the ruling at Gateway Bible Baptist Church [*Gateway Bible Baptist Church et al. v. Manitoba et al. (2021)*] in Manitoba?

Dr. Bruce Pardy

Right.

Commissioner Drysdale

So they make a ruling.

[01:00:00]

And then evidence becomes public shortly thereafter that proves that ruling incorrect. What is the process? Can the courts readdress that on their own? I’m wondering what the process is.

Dr. Bruce Pardy

Yes, it’s very unusual to go back to a case. The general rule is that once a decision is done, it’s done. In very narrow circumstances, in certain kinds of cases, if new evidence does come to light— For example, let’s say somebody has been convicted of a crime and is in in prison and new evidence comes to light. There’s a process for applying to reopen the situation. But in general, of course, that is not what’s done. The new evidence becomes relevant to the next time around if that issue should rise again. But for the most part, a case is a finished case.

Commissioner Drysdale

Thank you.

Shawn Buckley

I see we have another commissioner.

Commissioner Massie

Just one question.

Shawn Buckley

And I do too. I’ll let you go first. Professor Pardy, we clearly did not give you enough time.

Commissioner Massie

Thank you so much for your presentation. It really helps me to understand a lot of situations we're in. I just want to come back to your administrative state, which is probably prevalent in all of the Western society.

Dr. Bruce Pardy

Absolutely, yes.

Commissioner Massie

And to me, I've been living in the administrative state during my career. One of the things I've always struggled with is that there seems to be a disconnection between authority and accountability. Is there a way to reintroduce true accountability within the administrative state?

Dr. Bruce Pardy

That's a very good question as well. You would think—you would like to think that authority would come along with accountability. Those two things should really travel together. But they often don't. And part of the reason for that, and this is reflected in the law, the way the courts have developed it as well, is: if you are trying to sue the government for negligence, for example, you are able to sue them for operational failures. So let's say the government has adopted a policy of paving roads in a certain way, in a certain place, in a certain frequency. And they fail to do that properly. The road isn't well done; there's potholes; it's dangerous. And you have an accident on the road because of their failure to carry out the policy. You can do that. You can hold the government liable for its negligence, as long as it's an operational failure. You generally cannot sue the government for its policy decisions. If the policy creates bad outcomes, there's no cause of action.

And that makes sense in a way, for this reason. All policy decisions create some bad outcomes for somebody. That's the nature of a policy decision. It's a matter of weighing costs and benefits and drawing a line somewhere. And some people are going to be on one side of the line, and some people are going to be on the other. So, it'd be very problematic for us to say you can sue them for policy decisions. That probably won't work, right? It's part of the democratic process to give the elected officials, as I said before, the power to make those kinds of policy decisions. And you would never be able to sue a legislature for the policy that it put inside a statute that was properly passed. That just wouldn't go.

Shawn Buckley

Because of time I'm going to defer on my question. We must take a lunch break. But Professor Pardy, I want to thank you on behalf of the National Citizens Inquiry for coming, for sharing your thoughts. I think I speak for the commissioners and everyone present that you have made us think about things in a different way and we thank you for your contribution.

Dr. Bruce Pardy

Thanks for having me.

[01:04:18]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 4: Marc Auger

Full Day 1 Timestamp: 04:54:05–05:09:05

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Marc Auger

It's Marc with a C, M-A-R-C, Auger, A-U-G-E-R.

Shawn Buckley

And Mr. Auger, do you promise to tell the truth, the whole truth, and nothing but the truth?

Marc Auger

Yes, I do.

Shawn Buckley

Now, you were a professional firefighter for 30 years.

Marc Auger

Yes.

Shawn Buckley

And I want to say you had the good fortune of retiring just as COVID was hitting, but—you retired just before COVID hit.

Marc Auger

Yes, I did not have to deal with any of that.

Shawn Buckley

Right. But you had to deal with your father, Pierre. Can you please share with us what your experience was with him and the different COVID policies?

Marc Auger

Yes, my father had early onset dementia and he could not live on his own, so he moved in with my sister and lived with her for about three years. But on June 7, 2021, we had to admit him to long-term care. And that was at the height of COVID when there was a bunch of mandates and restrictions. I was his power of attorney and at times I was not allowed into the home to visit him and it made my job as a power of attorney very difficult.

Shawn Buckley

Now, when he moved in, were you allowed in that day?

Marc Auger

The day he was admitted to the long-term care, yes. I had to go in to fill out a bunch of forms.

Shawn Buckley

Okay, so you were allowed in that day but then you weren't allowed in after that.

Marc Auger

Yes, there was periods of times I was not allowed in.

Shawn Buckley

And what was the reason you weren't allowed in?

Marc Auger

At that time, I was unvaccinated.

Shawn Buckley

And how did that make you feel?

Marc Auger

Segregated, very segregated. I don't think I should have been prevented from going into the home just because of my vaccination status.

Shawn Buckley

Right, so I mean, even if you tested negative, their policy was that you couldn't go in?

Marc Auger

Well, at the time, there was no testing when he was admitted. Later on, they did bring in rapid testing; and since I was a primary caregiver, I was allowed to get back in and see him on November the 23rd. And the frustrating thing for me is to this day, when I go visit him in long-term care, I still have to rapid test. Everyone rapid tests before they can go in and visit.

Shawn Buckley

So you mean in March 2023?

Marc Auger

Yes, I was there last week and everyone who goes to visit in a long-term care home has to rapid test.

Shawn Buckley

So he went into long-term care on June 7th of 2021. You weren't allowed back till November 23rd 2021. Did you notice a difference in your father when you were allowed back?

Marc Auger

Yes, I did notice. When I was in to visit him, his dementia declined. And I'm convinced that the decline was due to him being basically locked in his room. They received all their meals in the room. I couldn't come and visit. My sister could visit because she was vaccinated. And she had to try to explain to my father why I could not come in and visit him.

Shawn Buckley

Now, after you started being able to visit him, did you notice a change? You were able to start visiting again in November and you'd noticed a decline.

Marc Auger

Yes.

Shawn Buckley

Did anything happen after you started visiting him?

Marc Auger

After I could go in and visit, the very first time I saw him, he didn't even recognize me. And then after a few visits, he could recognize me, but it was like every time I went, there's different rules. So sometimes we'd have to meet outside. They'd have a table set outside and he would be in his wheelchair on one side and I'd be on the other side of the table, masks sitting outside, trying to carry on a conversation with someone with dementia. It was very frustrating.

Shawn Buckley

Now, I want to change subjects. You went to the hospital back in October of 2021.

Marc Auger

Yes.

Shawn Buckley

Can you tell us about that experience?

Marc Auger

I ended up showing up at a hospital on a Friday night with severe abdominal pains.

[00:05:00]

And after a bunch of tests, I was diagnosed with appendicitis and I needed emergency surgery to remove my appendix. I was admitted to the hospital at that time, and I was laying on a bed, a stretcher in the hallway. And as they were doing the admitting to the hospital, the nursing team was doing all the paperwork and they said part of being admitted to the hospital and needing surgery is we have to do a COVID test. But they weren't concerned because they knew I was fully vaccinated. And once I informed them that I was not vaccinated, the whole demeanor changed. The nurse left the bedside, came back and said, "We have now found a room for you." Originally, they told me I'd have to spend the night in the hallway on a stretcher because there was no rooms.

Shawn Buckley

So can I just break in? What you're telling us is— You're told you got to basically spend the night in the hallway on a stretcher—

Marc Auger

Waiting for surgery.

Shawn Buckley

When they think you are vaccinated. But the minute they find out you're unvaccinated, they found a room immediately.

Marc Auger

Yes, I was rolled in on the stretcher into a single room, you know, glassed-in room. And that's where I spent the night: in this glassed-in room on the stretcher. They didn't even transfer me onto a hospital bed. I spent the night on the stretcher.

Shawn Buckley

Now, were you tested for COVID during your stay?

Marc Auger

Yes, they did the test. Once they knew they were admitting me, they did a test and the test did come back negative.

Shawn Buckley

So the hospital knows that you do not have COVID.

Marc Auger

Yes.

Shawn Buckley

So did the treatment improve when the test came back?

Marc Auger

I felt very segregated. I was in a room by myself, had to wear a mask the whole time I was in this room. And one of the most disturbing parts of it was, through the night I had to get up and go to the bathroom. And there wasn't a bathroom in the room. So I got up off my bed, went down the hallway to the bathroom. When I came back, I noticed there was a yellow Post-It Note stuck on the glass lighting door and it had one word written on it. "Unvaccinated."

Shawn Buckley

And how did that make you feel?

Marc Auger

Not very good.

And it just sort of— I was on my own, you know. My wife could come in and see me. She went home for the night but she was in in the morning again. But she was the only one that was allowed in.

Shawn Buckley

Did you get much nursing attention that night?

Marc Auger

I only recall a couple times the nurse came into the room to check on me.

Shawn Buckley

Now, you're waiting for surgery.

Marc Auger

Yes, I had surgery the next day.

Shawn Buckley

And this is emergency surgery?

Marc Auger

Yes, they had to call in a surgeon and an anesthesiologist and two surgical nurses to do my surgery, and I was the only surgery done that Saturday.

Shawn Buckley

Am I correct in suggesting to you that this was a life-and-death situation?

Marc Auger

That I cannot answer, but I was in a lot of pain and they told me that they had to come out. So that's why they did it the next day.

Shawn Buckley

Right. Now, you were telling us that at the hospital, you were treated differently once they found out you were unvaccinated. Has your status changed, your vaccination status?

Marc Auger

Yes, I did get vaccinated. I 100 per cent regret that decision I made. I was not anti-vaxx, I was vaccine-hesitant. And the reason I was vaccine-hesitant is I have had two bouts of pericarditis in my lifetime: once as a teenager in high school and once in my 20s as a firefighter. And both times it was very painful and I required medication to get over the pericarditis. And I started doing research at the very beginning of COVID and what I could find out—it seemed like it was very hard to get information—but I did find out that the mRNA vaccines and the AstraZeneca vaccines both had possible side effects of heart inflammation, and I wasn't willing to take the risk.

So I researched Johnson & Johnson.

[00:10:00]

And at the time, Johnson & Johnson was purchased by the Canadian government, but they did not release it to the provinces. So I basically waited until it was available in Ontario before I considered taking it.

Shawn Buckley

Sorry, I turned my mic off.

Did you feel that you were perfectly free to take the vaccine or not take the vaccine?

Marc Auger

No. To this day, I feel like I was 100 per cent coerced into that decision. Mainly because of the experience I had in the long-term care home trying to look after my father, and the experience I received at the hospital as being an unvaccinated patient needing surgery.

Shawn Buckley

What happened when you were vaccinated?

Marc Auger

I was very hesitant at getting vaccinated. The last vaccine I did receive was a shingles vaccine and I did have a reaction to that, which was another reason I was vaccine-hesitant.

But I just felt like I was being coerced into doing this because if I wanted to do anything, I had to be vaccinated.

So I got vaccinated on December the 23rd, and the next day I felt like I got run over by a truck. I was in a lot of pain. I have arthritis. It just seems like my arthritis flared up. For the first week, I was in a lot of pain. Then ever since then, my arthritis has been worse. I've talked to my doctor about it, and my doctor has no explanation. She just suggested to increase my arthritis medication.

Shawn Buckley

And so this was a sudden change?

Marc Auger

The day after being vaccinated, I was sore for a week. Like it was hard getting in and out of bed, walking up and down stairs; everything hurt, just hurt. And then for the first year, my shoulders—I had a hard time sleeping on my side, my shoulders would hurt. It's been progressively getting better because it's been well over a year, but I'm still not back to the way I felt pre-vaccination.

Shawn Buckley

Now, you have not gotten your second shot.

Marc Auger

Well, that's one of the reasons I did decide to go with Johnson & Johnson because it was a one-shot vaccination; you're considered fully vaccinated. And it was a viral vector vaccine, which was closer to the flu shot, which I have received before and didn't have reactions to. But one thing that really frustrates me is when you see anything in mainstream media, they always talk about two shots. To be fully vaccinated, you need your two shots. But Johnson & Johnson wasn't that way—at one shot you're considered vaccinated—but they never talk about it. Why did the government push the mRNA vaccines? Did they want multiple shots? I don't have the answer.

Shawn Buckley

Mr. Auger, you've had several experiences concerning government policy decisions on COVID. What would you think we should do differently if we were to face this again?

Marc Auger

Everything. To me, anyone who spoke against it was silenced. There should have been more open conversation about getting vaccinated and not getting vaccinated, side effects. It just seemed very rushed to me. And the government just kept moving the goal post, you know? It was, "Get your two shots, you're done." "Now, get a booster," you know? "Now, mix and match vaccines." It just— It was like the science was changing constantly and they didn't really have the science to back it up. It just kept changing, it just happened too quickly.

Shawn Buckley

Thank you Mr. Auger I have no further questions. The commissioners might have questions.

So we're good. Thank you so much for your testimony.

Marc Auger

Thank you for the opportunity.

[00:15:00]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 3: Catherine Swift

Full Day 1 Timestamp: 05:09:14–05:38:20

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness today is Catherine Swift. Catherine, can I get you to state your full name for the record and spell your first and last name for the record?

Catherine Swift

Catherine Susan Swift, C-A-T-H-E-R-I-N-E, S-W-I-F-T. Like Taylor.

Shawn Buckley

Thank you. And Catherine, do you promise to tell the truth, the whole truth and nothing but the truth?

Catherine Swift

I do.

Shawn Buckley

Thank you. And I'll say it's nice to finally meet you in person; we've spoken several times on the phone. Now, you are currently president of the Coalition of Concerned Manufacturers and Businesses of Canada [CCMBC].

And I need you to speak, not nod, because we're being recorded.

Catherine Swift

Yes, I am.

Shawn Buckley

Can you just give us a brief idea of what the CCMBC does?

Catherine Swift

We're basically an advocacy organization for businesses. We started off exclusively representing manufacturers, but in the last couple of years we've branched out to other sectors of the economy. Most of our members are still in Ontario, but we do have some elsewhere in Canada. But we're still largely Ontario-based. And basically, we just advocate on the issues that are most important to business at any given time: taxation, regulation, red tape, energy. Energy issues have been huge lately as manufacturers in particular consume quite a bit of electricity, for example, and other energy sources. But there's a whole range of different issues that we end up getting involved with and we're quite independent relative to other business organizations. Most business organizations are somewhat financed by government and they often end up more as a representative of government than they actually end up as a representative of business. So we very deliberately don't do that.

Shawn Buckley

And you used to be at the Canadian Federation of Independent Business?

Catherine Swift

Yes, I was the President and CEO of the Canadian Federation of Independent Business for 20 years. And I was Chief Economist there, and some other positions for another seven— So I was there almost 30 years.

Shawn Buckley

Right. And prior to that you were in government and banking; you have a long history as an economist and then running basically, business organizations.

Now, you have surveyed a number of the CCMBC members to get their feedback on how government COVID policies affected them. Is that correct?

Catherine Swift

Yes, that's correct.

Shawn Buckley

And we've invited you here today to share with us what businesses are reporting back to you. So please do share with us what you've discovered.

Catherine Swift

Yeah, I sort of divided the responses I got. I surveyed about 23 businesses total. And I divided the responses into the really common ones that virtually everyone had and some of the more anecdotal stories that might have been unique to one business or two businesses.

In terms of the common issues, the three most common issues: I would have to say the number one issue was issues with employees. Now, there was quite a diverse range of issues with employees and that's not surprising. In these types of businesses— I might add that most of our members are probably small to medium-sized businesses, so the business owner typically has a lot more interaction with the employees than you'd find in a big corporation, where people don't even meet the CEO in their entire careers and whatnot. So

they have more of a personal connection with their employees. And the number one issue was the government assistance discouraging employees from working. Despite how many measures the employer may have put in place to— And people were scared, let's face it, there's no question about that. But no matter, employers tried to do their best to have their employees realize they were running a very clean, very safe workplace in all kinds of different ways.

But the fact that the government assistance— And not just the magnitude but also the duration of the government assistance because it went on and on and on long after— Really, there was a big concern about COVID. And also, the fact that there was very little— and we know this from other sources—very little qualification for these monies. They were basically distributed very freely. And we know a lot of 16-year-olds that never worked in their life got CERB [the Canada Emergency Response Benefit] and whatnot. But that was frustrating for employers.

Most of these businesses—in fact, almost all of them—stayed operating. They were all designated as essential. So they weren't closed. Of course, the closed businesses had a whole different set of issues.

[00:05:00]

But those employee issues were very extensive.

Naturally, there were a lot of cost increases that businesses had to comply: putting partitioning in, changing the spacing of employees in their workplace. Some of the employers had vaccination within their workplace, if that was possible. Others facilitated employees getting to vaccination if they wanted it. And so there was an increased cost. And there were some government programs that were supposed to cover some of those increased costs. But most of them didn't find them sufficient or found they were just so difficult to apply for, they just got frustrated and said, "Forget it, I'll just absorb the costs of that." So the employee issues were very, very extensive.

One other factor I heard was the demonization of unvaccinated employees within the workplace and how it was divisive within a workplace for that reason. And one business gave me the example that they happened to have a union and the union couldn't decide whether they were going to defend the unvaccinated. One day they'd be on their side, then the next day they'd be vilifying the unvaccinated and siding with— And they said it was just so chaotic and divisive for that business. It really was problematic for the operation of that business. So that was kind of an odd result that happened there. So that issue.

And I don't know if you want me to get into all the anecdotal stuff now, or exactly how you want to, because there were a number of—

Shawn Buckley

I actually think when you're on a topic, that might be helpful. You're talking about employee issues and some specific examples on how the benefits basically were too generous and too long. That created, I presume, employees quitting or staying at home rather than coming to work, so some examples on that would be helpful.

Catherine Swift

Yeah. Well again, a lot of people decided they liked staying home. And again, that's understandable, and that was facilitated obviously by the benefits, and so the difficulties in operating were problematic. There was also the case that when the money was sloshing around so very liberally—literally and figuratively—that people found they would know in their neighbourhood, say, that somebody was getting benefits. And everybody was sort of aware and almost competitively comparing what was going on. Because some businesses, if they could afford it, actually shut down for periods of time. And that would naturally mean that our members' businesses were looked upon as problematic because they kept operating. And so there was a number of really interesting, I guess, impacts there.

Some of the employers were of course trying to support their employees as best as possible. And they did feel, and I suspect you've heard this from other people, that the alarmist news—constant drumbeat of alarmist news, death counts every day, and all this—was way over the top. In the case of media, you can expect that but governments were very unhelpful as well. They sort of went to the extreme instead of possibly being a little more moderate in their approach.

Something also with the CERB benefits that was commented on, and partly the notion of them going on longer than they really needed to: They seemed to be very politicized as well. A lot of employers felt they were more a tool for the government to try to gather votes than to actually be necessary. And actually—of course a lot of money was spent as well, a lot of tax dollars was spent—they almost weren't even pandemic-related anymore. They became a political tool to encourage people to vote Liberal. In terms of—

Shawn Buckley

Can I just stop you there, I just want to make sure that we understand what you're saying. Can you share with us maybe a conversation or two? You don't have to disclose the person or persons, but I just want to make sure we understand. Because I believe you're saying that business owners are reporting back to you that, at some point, having to take these measures felt more like a political exercise than a public health exercise. And I think that's an important point for us to understand.

Catherine Swift

Yeah. Well, it was just that they lasted much longer than— They were renewed and then of course we did have a federal election in 2021. The linkage with that federal election seemed to be pretty direct, so that was the sense that a lot of businesses had.

[00:10:00]

I just want to mention the other two of the big three, so to speak: naturally, supply chain. Everybody knew there was massive supply chain problems: costs increased dramatically, tripling, quadrupling costs for materials and, if you could get it at all, things like lumber, steel and so on. Also, naturally personal protective equipment [PPE], sanitizer, all of those kinds of things were difficult; and everybody I think faced that.

One of the almost funny stories was that a number of businesses found toilet paper was being stolen out of their business washrooms, so they had a terrible time trying to keep toilet paper in the washrooms. One business in particular said he just decided he would he would give employees so much toilet paper every week and they were responsible for

keeping it because it was just getting crazy that he couldn't keep toilet paper in the washroom. I thought that was a totally unexpected outcome, at least in my view.

So yes, the supply chain problems were extremely problematic. And interesting enough, a lot of them are just starting to be resolved fairly recently. So even though we think the pandemic has been largely—the worst part's been largely—over for a year or so the problems continued with things like the supply chain.

Shawn Buckley

Can you give us an example?

Catherine Swift

Well, lumber quadrupled, for example. A lot of the manufacturers naturally use a lot of those types of materials as inputs. It was massive price increases or just unavailability, period. Naturally that meant they had to either slow down their operations or temporarily postpone, and so on. So that really affected people a great deal and increased their costs, and they couldn't necessarily increase their prices to accommodate that.

The other big issue was transportation-related, and this was very much a policy driven problem. Because, for example, a lot of these businesses do business in the U.S. And U.S. truck drivers were about 50 per cent vaccinated. So when they imposed those constraints at the border that the truck drivers—sitting in their cab alone all day, not probably seeing hardly anybody—needed to be vaccinated, that immediately took a whole pile of these truckers right out of the equation. I heard of many, many businesses that did business in the U.S. that couldn't get somebody to ship to the border from the US because they would mostly be American truck drivers.

Shawn Buckley

Can I interrupt you? At the time we never imposed a requirement on Canadian truck drivers driving within Canada to vaccinate, did we?

Catherine Swift

Not domestically, but to cross the U.S. border we did.

And another interesting observation that one business made was he believes the government overstated the extent to which Canadian truck drivers were vaccinated. You might recall there was talk of 90 per cent or so, so the government said, "Well, this policy won't be horribly damaging because most, the vast majority—" He felt it was probably more like 60 per cent that that was actually true about. And we never really saw any reputable data on that. So there was no one to sort of challenge it one way or the other.

But naturally, the fact that Canadian truck drivers all of a sudden also needed supposedly to be vaccinated across the border caused an awful lot of problems in addition to the U.S. situation. Again, we saw— One example I actually heard quite frequently was costs for say, a load, like one tractor-trailer, went from about \$1,500 to about \$8,000. So that was a very significant increase. And it was just shortages. There were just shortages of drivers, that was the problem there. And that was 100 per cent policy-created. That didn't have to happen.

Those, I think, were certainly the big three issues that virtually all businesses faced in one way or another.

Another complaint we heard quite a lot of was about the programs that were directed to businesses themselves. Some of them were wage subsidies to retain employees. But one thing that really was problematic for an awful lot of businesses was that the government—notably the feds, sometimes Ontario was involved as well, and sometimes other provinces, but it was notably the federal government—was paying companies to manufacture, say, PPE.

[00:15:00]

Because there were shortages, because they didn't keep sufficient supplies in the various government agencies that are supposed to do that. And I heard a number of examples. There was one particular example that 3M was given \$40-odd million, it was big chunk of money split between Ontario and the federal government. There were all kinds of smaller firms that easily could have done that. 3M, it was to make N95 masks. And 3M, they built a whole new facility to do this when existing Canadian companies were well capable of doing it, but they weren't Liberal enough. They didn't have that partisan connection. They didn't donate to the Party. I also heard that there was an auto parts manufacturer that was paid to switch production to masks. And again, it was ridiculous. There were already firms out there that could easily have ramped up production, but they weren't in the right riding. It was a partisan decision not a sensible health-based or sensible business decision. So that was a very common issue I heard as well.

And also, just eligibility. We know this because we've seen some case studies about how businesses didn't need the money, but nevertheless were still giving out bonuses; so highly profitable, but they were accepting government money. And there was such little oversight on the part of government to the individuals and businesses that they were shelling out money to that much more got spent. And obviously, this had competitive implications for businesses as well. So sometimes their competitor would get some contract which made utterly no sense, and it would damage someone's business as a result.

Something we did as an organization actually was: we shared a lot of information among members. Sometimes, some particular commodity that was in demand, one happened to have a stockpile of and could help others and so on. And we also attempted to deal with the Ontario government in particular in terms of trying to suggest some best practices. Because a lot of these policies made zero sense from a business standpoint. They didn't consult business, they just put in some top-down kind of policy—obviously without thinking about it very much. And it caused all kinds of problems. This 3M example of the fact that they built this new factory: a neighbouring business actually had to shut down twice at a very inconvenient time—and they wouldn't change it—to permit this new plant to be connected to the electricity grid. So that's just, again, a particular example, but they weren't listening to business at all. They were just applying these policies willy-nilly over the top and often in a kind of way that made people even more worried than they had to be.

This is also another red tape-related issue: some businesses were required to do daily assessments, temperature-taking and that kind of thing, and actually filling out paper. And some of the businesses said, "Where did all this paper go? I can't believe anybody actually looked at it because it was just so voluminous." It just seemed like a stupid policy to be doing, as they felt that it wasn't even getting used by government once it was done. The inconsistency as well—this is something for the future. Every government in Canada was doing different stuff and there was no commonality. Businesses that operate in more than

one jurisdiction had different rules apply to them and it was absurd to try to implement all these different kinds of rules. In future, businesses [sic] should get their act together and coordinate policies and have consistent policies—instead of making businesses jump through all these hoops that are different depending on where you're located. So that was another factor.

We had a number of comments on the healthcare system in general. One business actually had an employee that was ill, couldn't get treatment in the hospital, and passed away when normally that particular health issue should have been treatable. This business owner very much felt—obviously the person lost their life—and they felt that if times had been normal and the hospitals hadn't been so inefficient, then they would have been saved.

Another gave the example of one of their senior employees whose mother ended up having to go into a hospital for some reason, caught COVID when she was in hospital, and passed away. And the woman was so worried because this had happened to her mother that she retired much earlier than she was planning to do.

[00:20:00]

And the business lost a senior valued person as a result. So the problems in the healthcare system obviously had a pretty big effect on businesses, as it did on all of us.

What haven't I touched on here? I guess some of the other anecdotal issues that I can mention: I had the complaint frequently that the federal government in particular, but some of the provinces as well, and much of the media reporting, created almost a hysteria. You would think a government role would actually be to calm people down, but no, it seemed to be quite the contrary. And because none of them looked like they had any clue what they were doing, even though they all have departments that are supposedly tasked to deal with this, it created more problems than it solved. One business mentioned that they happened to have an engineer employee, but he became so absolutely paranoid that he poisoned the entire workplace for this particular business and created an awful lot of problems, and that was just one person.

Another story that was, again, a little bit strange was that people were so worried about coming to work but then they'd encounter each other in the local Walmart. Because they didn't know what to do with their time, so they'd go out shopping or something like that. That was interesting. And the fact that a number of them said some of their suppliers were small firms; and even though they weren't at-risk businesses, they were nevertheless shut down. It infuriated them to see the Walmarts and the Costcos and the Home Depots and so on remaining open when some of their smaller suppliers that they dealt with for ages were closed, or were shut down, and there was absolutely no reason that should have happened. **So that was another problem that arose.**

One business mentioned that— You know the old adage that 20 per cent of the people do 80 per cent of the work? He said, during the pandemic, it became more like 10 per cent of the people did 90 per cent of the work because of all the changes. A lot of businesses were still looking to hire even during the pandemic because they were losing some employees to various things. But they were competing with government that was basically paying people to stay home.

Another interesting observation was that in 2020, for a few months, the CRA told businesses that they didn't have to make source deductions. It was supposedly to provide a break, I guess. But of course, they were ultimately due and they had to catch up later. And

so businesses had problems after the fact because naturally, they had to pay a lot more for those source deductions than they would have had to if they'd been able to just do them on their regular monthly basis or quarterly basis, depending on the size of the business.

I think those are most of the main points that I found with my interviews of these different businesses. Perhaps there are some other questions that you might have?

Shawn Buckley

I'll open you up to the commissioners. I did want to ask because you're well-positioned to answer the question: **What do you think government should have done or could have done differently to make things more reasonable for these businesses?** I get the impression from your evidence that there was a lot of frustration that things didn't seem fair or thought-through. I mean, even just small suppliers being closed and yet bigger suppliers, where you'd think people would be more at risk, being left open. I'm just curious what your thoughts would be.

Catherine Swift

Yeah, I think there's a few things that governments could do better. Again, consulting with business to see what would work for them. Not that that would be a perfect solution, but they virtually did no consultation with business. In our particular case, we were providing government with information as to best practices, what we thought would be better ways to do it. They did none of it. There was clearly no responsiveness to that. So that was obviously a problem because I think they could have had a lot better policies if they'd listened to business.

The consistency issue: Why couldn't governments get together and do things comparably in different parts of the country,

[00:25:00]

municipal, federal, and provincial? So that they didn't impose different rules all the time, much of which didn't seem to make any sense at all. The partisan element of it definitely came into play. Granted, to be fair, of course none of us— You had scientists disagreeing with each other, you had doctors disagreeing with each other, and the so-called science on it was not settled, I guess you could say. But often political considerations seemed to override the science that they did know about. So that would be something: In future, try to justify these things, not just throw everything at the wall and see what sticks.

But most of it is really consulting instead of a top-down approach—just talking to people and being responsive, of course. **Because that one person that just asked them to delay the closure of his plant by a week and they couldn't do that. Why not? That kind of thing, to me, just seemed utterly ridiculous. They put a major cost on his business because of having to shut down at a very, very bad time for that particular business.**

So those are certainly, I guess, some of the main things that could and should be done better next time. It's funny too because when you think: what we initially heard in the pandemic was it was no big deal. And, "Oh, we've dealt with SARS. We dealt with SARS back in 2004, so we're all equipped." But there's departments in every single government whose full-time job is to deal with this and clearly none of them were doing their job. None of them were doing their job. So going forward one would hope there's better oversight of

that and that people will actually have sufficient PPE, for example, in storage and be much better prepared for these kinds of issues.

Shawn Buckley

Thank you. I'll open it up to the commissioners for questions.

There's no questions, okay. You were too clear and succinct, Catherine. Thank you very much. I just I had one follow-up question, because you indicated, "We had communicated to government." I assume you're talking about the CCMBC. Do you recall what some of the communications were to the government?

Catherine Swift

Yeah, actually, I'm going to provide those to you. I've been collecting them the last few days because people had to go back in their history. But they were some of the things that I've mentioned: the notion of having consistency in policies. Giving firms notice too—that was one. You can't implement something in five minutes reasonably. So giving firms notice if there were significant changes, which there were throughout.

There were some programs that intended to compensate businesses for things like having to put in partitions. I know one firm said they put in automatic doors so that nobody had to touch anything, accommodations like that. Make those programs simpler. Because they were so convoluted to deal with an awful lot of businesses just said, "Forget it. I'll just spend the money, because this is so ridiculously bureaucratic to have to deal with it." So simplifying that would be a good example.

But I'm going to be able to send you some stuff once I sift through all these emails that I've gotten from people.

Shawn Buckley

Super, so we'll add that then as exhibits when you collect those [no numbers available].

Well, Catherine, thank you very much for attending. On behalf of the National Citizens Inquiry, we thank you very much for your input.

Catherine Swift

Great. Thank you.

[00:29:06]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 6: Elizabeth Galvin

Full Day 1 Timestamp: 05:38:20–06:03:19

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness is Elizabeth Galvin. Elizabeth, I'll ask you to start by stating your full name and spelling your first and last name for the record.

Elizabeth Galvin

My name is Elizabeth Galvin. And it's E-L-I-Z-A-B-E-T-H, and Galvin is G-A-L-V-I-N.

Shawn Buckley

I'll also ask you to move the microphone a little closer because you have a soft voice. And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Elizabeth Galvin

I will.

Shawn Buckley

Now, you're here to share actually a very sad story about three different young ladies. And so, can you share with the commissioners what I'm referring to?

Elizabeth Galvin

My daughter, Danielle, died by suicide in January 2022, a day after her 20th birthday. The week before that, another second-year student at the University of Guelph died by suicide. They didn't know each other. At the time, the University of Guelph administration had closed their campus to in-person learning, campus activities, even though the university had mandated students be fully vaccinated before starting school that year. Their decision followed Doug Ford's decision—

Shawn Buckley

So I'm going to just ask you not to read. And I—

Elizabeth Galvin

Sorry.

Shawn Buckley

And you were going to tell us about three young people.

Elizabeth Galvin

Yes.

That same week, a 20-year-old young woman in Mississauga named Suri, she also died by suicide alone in her apartment. Because at the time, our province was locked down again for— Doug Ford's administration said two weeks. And then maybe three weeks, maybe longer. So that was the atmosphere when these three young women died by suicide.

Shawn Buckley

Now, just so that the audience and the commissioners understand: These three young women basically would have been of the same cohort, graduating from high school at the same time?

Elizabeth Galvin

Yes, so in March 2020 when it all started, these girls were all in their last year of high school. Now Grace, who was in second-year university at the same time that my daughter was, she was from the U.S. But Suri was from Ontario, from the south. And so, they were—

The high schools, if you remember back to March 2020—all the schools were closed. Just slammed shut one day. These Grade 12s finished the last three and a half months of their school year learning virtually. After a couple of months, they had almost no instruction. What the teachers did was they used their marks up to March 2020 to figure out their final marks. These were the kids that were preparing to go to post-secondary school in the fall. Their last year of high school, they had no prom, no graduation, no Grade 12 end-of-year, end-of-high-school trip. Nothing. There was nothing for these kids. They had an online graduation. We tried to make it as fun as possible, but—

Shawn Buckley

How did your daughter respond to— Because, I know I had a daughter and she was so excited about the high school graduation. And planning parties with her friends and the dress and the whole thing. How did Danielle respond to basically losing out on something that most young ladies look forward to for years?

Elizabeth Galvin

Well, she was sad about it. It was isolating. We were all very isolated at the time, if you remember. And so we just had a family, you know, event. We watched it on— It was a virtual graduation. The school did a video and they streamed it and we watched that. But

she was thinking ahead to the fall. And we all thought that by September things would be back to normal, so we just tried to concentrate on looking ahead.

[00:05:00]

Shawn Buckley

So in March, when they're closing down the high schools, Danielle had to be making a decision right around then about the following year, didn't she?

Elizabeth Galvin

Yeah, I think February 1st is the deadline to apply for post-secondary. Going into the summer though, there were not a lot of jobs for these kids because so many businesses were shut down, as Catherine talked about. She was actually looking forward to working at Ford, where her late father had worked for 20-something years and that would have helped her to save money for post-secondary. But they weren't hiring students that year. So she had two minimum-wage jobs, but one of them was at a dry cleaner's and it closed down. So she only had one minimum-wage job.

But June 1st is an important date.

Shawn Buckley

That's when she had to make a decision.

Elizabeth Galvin

June 1st is the deadline for the Grade 12s—was that year—to accept offers from universities. At that time, the universities had announced their intentions for September: what it was going to look like; whether it would be virtual learning or in-person learning; and more importantly, whether their residences would be open. Residence is such an important part of going away to school to spread your wings and meet other people and, you know, mature. McMaster announced they wouldn't open their residences. Queen's announced that they would open their residences, but only to single rooms. So those first-year kids knew that they may or may not get a room at Queen's. Western University and Guelph University announced that they would open their residences fully.

So on June 1st, by midnight, we had to make a decision. Danielle and her sister and I sat there going back and forth. Danielle's older sister was going into fourth year at Western. So Danielle couldn't decide between Western and Guelph. But a really important part of that decision was residence. And she decided on Guelph. So that was that.

Two days later, Guelph University came back and said, "Nope, we're not opening our residences." What happens when you accept an offer through the Central Application Centre is all the other offers are rescinded. What these kids were accepting and buying: they were buying an education. They weren't going to get the product that they thought they were going to get. And it was two days after that very important deadline. So I started—I called the university, I called my MPP, I called the Minister of Colleges and Universities. I'm like, "Can they do this?"

When I talked to somebody at the University of Guelph, they told me that the Wellington-Dufferin-Guelph Health Unit advised them not to open their residences, so they didn't. I

don't know why the Wellington-Dufferin-Guelph Health Unit was running Guelph University. But apparently, that was it.

Shawn Buckley

So—

Elizabeth Galvin

And the Minister of Colleges and Universities— Went to my MPP, Effie Triantafilopoulos, and she talked to the Minister on my behalf, Ross Romano. And we were told—

Shawn Buckley

I'm going to ask you not to read please. Sorry.

Elizabeth Galvin

That the Ministry does not usually interfere with the operations of colleges and universities. So no standard.

Shawn Buckley

So basically, it was a bait and switch for Daniel. She chose Guelph because they were representing that the residences would be open and she can have that experience.

Elizabeth Galvin

Yes.

Shawn Buckley

She chooses. As soon as you choose, that's it—you're pulled out of the system. She couldn't choose to go to Western after that. And then two days later after her choice, they basically say they're closing the residence.

Elizabeth Galvin

Yep.

Shawn Buckley

Now, you fought and fought and fought and got her into residence. But it wasn't normal residence, was it?

Elizabeth Galvin

I got a group of parents together and we lobbied the university and got a meeting with one of the vice provosts, lovely woman. And some of the kids in that group of families that we were talking with each other—some of them just said they're not going to go to first year. They're going to postpone it a year. Some students tried to get into other schools. Some of them were successful, some of them weren't.

Shawn Buckley

Liz, it's just that I'm looking at the clock and we have six minutes. So I want you to just focus on Danielle's experience when she went in September, 2020.

[00:10:00]

Elizabeth Galvin

Okay. So September, 2020, first-year university was like this: no frosh week, no clubs or sports, no in-person classes—it was virtual—no varsity sports. But no discount on any of the fees. They paid their full fees to go. Residence itself, she was in Lenox Addington. Two kids at this end of the hall, two kids way at the other end of the hall. It was like *The Shining* hotel. Long, dimly-lit hallway with closed, locked, unmarked doors. Only two kids to a bathroom. The cafeteria in that residence was closed.

But education delivery was even worse. Four out of five of my daughter's professors did not deliver a virtual lecture. They basically sent them emails, told them what to read, told them what book to buy and read, and, you know, "The test is on Thursday, good luck." She was forced to do a lot of self-learning. No discount on tuition—I'm not sure if I mentioned that. By comparison, Western University, where my other daughter was going, that school mandated that their professors provide a virtual lecture to their students; all the profs had to do that. And they did. And it was much better. And the residences were fully functional and everybody was fine.

Shawn Buckley

Liz, what happened in November 2020?

Elizabeth Galvin

In November 2020, while Danielle was living in this bleak residence—it was so, just, Deadsville. She attempted suicide. She left a message to a friend who found her. Anyways, was rushed to Guelph Hospital. I get a call. My other daughter and I—because she was learning virtually as well, so she was at home—we went running up there. And the hospital wouldn't let me in "because of COVID." They wouldn't let me in. My 18-year-old daughter is in a life-or-death situation, and they wouldn't let me in. And they would barely talk to me. They couldn't talk to me and tell me what was going on because she was 18.

I didn't know what to do. We stood in that parking lot at three in the morning just—Anyways, eventually, we went home. But nobody would talk to me about, and tell me what to do, and give me some guidance. They released her in less than 72 hours. I've since obtained the file from the hospital. Every— Every time they could check it off, it said, "danger to herself," "danger to herself," "danger to herself." Yet they released her. I just— I don't know why. I've made calls in to them; I'm not finished talking to them yet. But they could have put her into an inpatient program called Homewood. And they didn't.

Christmas comes. She comes home. She decides she's going to move out of that residence. She's going to move to another residence. At the time, Guelph was slowly bringing kids into the residences one by one, but there's only a few hundred students on campus. Wasn't a lot.

Shawn Buckley

Liz, can I get you to stop looking at your notes. I know you're nervous, but—

Elizabeth Galvin

So she moved into East residence, which are townhouses that can house four kids. But it was just her and one other student in this residence at the time. So the campus is still really quiet and sort of dead. And the campus police were given the authority to give out tickets to students who were out of line. At the time, there were various rules, if you remember. All the different regions had different rules of gatherings: you could have five; you could have ten; you could be inside; you could be outside. So it's very confusing.

She turned 19 in January and celebrated her 19th birthday with one other kid. So two weeks later one of the rules changed; it did in our area, we could have five people. So they had a get-together, a party, as people do, with five students. The campus police gave them all COVID fines of \$880 each. Very stressful. They didn't know how they were going to pay this. So that— That was very, very stressful.

First year ends, they come home for the summer. She comes home for the summer, same job situation. So many things were closed. She couldn't get a very good job. She's working, you know, a minimum wage job again. And then the kids have to look for someone to room with in second year. The difficulty was, you know, over 4,000 kids are learning virtually, so it's hard to meet other people.

[00:15:00]

Most of these kids just had to answer an online ad, roll the dice and move in with somebody in September. Her friend that she was supposed to move in with hated University of Guelph so much that she quit and transferred to Windsor, where she could live at home. Because it was just so depressing there. And all the while, the media is bombarding us all with this— all these cases, everyone's sick. And just causing all this fear and stress and anxiety. And it just— It did not help her mental health, or the other two girls.

So September, second year. I'm almost done.

Shawn Buckley

September, what happens there? She moves in with somebody. She—

Elizabeth Galvin

In second year, she moves into a house with a family friend whose son was off-campus. He needed a room; he moves in there. And then two more people move in who are strangers. So not ideal. And then in-person classes resumed, sports resumed. Varsity sports started up again. But she wasn't the same. That last year and a half had taken such a toll on her mental health that, looking back now— I can see it did on me, too. I mean, I took a leave of absence from work, just from stress. And I was trying to find ways to help her because I didn't know what to do. I didn't get any guidance from these health professionals. But I can see now, looking back, she'd given up at that point.

So September, she's in school and classes are on. But we were always under the threat of, "It might close down again, it might close down, if the numbers go up." In December, we got vaccinated; we're fully vaccinated. Christmas was spent not with family because I caught Omicron. But my two daughters living in the same house didn't catch it and we were all fully vaccinated. I don't know, that's when I caught it. So we didn't see our family again. That was the third year in a row we didn't have Christmas with our family.

Shawn Buckley

Can I just stop you just so people understand. So Danielle came home for Christmas to be with the family, but because you had COVID, you guys couldn't spend Christmas with the family.

Elizabeth Galvin

Yeah. I mean, the media was—they'd say, the numbers were ramping up. And Omicron. And don't be around people. And so, to be safe, we didn't go and get together with our family.

Shawn Buckley

And were you guys able to be with family the year before at Christmas?

Elizabeth Galvin

No.

Shawn Buckley

So this is the second year in a row.

Elizabeth Galvin

It was actually the third year. But that's because one of my brothers-in-law was not well. And that's when the rumours of COVID were starting, in December 2019.

Shawn Buckley

So what happened in January then of 2022?

Elizabeth Galvin

Oh, January. The government locked us down again. And the University of Guelph followed suit right away. Even though these kids were all fully vaccinated, healthy, young people, they shut it down again. I wrote to everyone. I wrote to the Minister of Health; I wrote to the university; I wrote to my MPP; I wrote to many people. I wrote to the Provost, Charlotte Yates.

Shawn Buckley

I'm just going to stop you about that and tell us about— Just focus on Danielle, not what you did for the university. And I'm sorry, it's partly because we're out of time. But I also want you to focus on the story.

So in January basically, things are shut down again. And you're telling us: at the University of Guelph, you had to be fully vaccinated.

Elizabeth Galvin

Yeah. You had to be fully vaccinated to go to school that year, 2021-22. But they closed the campus down anyway and—

Shawn Buckley

How did Danielle respond to that?

Elizabeth Galvin

Well, she was isolated. They were isolated. They're in their rooms, in this house with three other students who were just as isolated. You could see them. They were so withdrawn. She just, you know— When you're alone in a room and you're by yourself, and it's— You have a lot of time to think.

[00:20:00]

It just would have been better if they had been on campus and doing things and being with other people. They needed it at that point. They're, you know— all of the kids.

On January 17th, while the students were learning virtually, the University of Guelph called a snow day and cancelled classes. A week later, they were still not allowed back in the classrooms. And that's when we lost Danielle.

Shawn Buckley

Now you've thought about this a lot. And we're trying to ask all witnesses how things could have been done differently. And I think you have a special insight into how young people were affected by this. So please tell us your thoughts on how you think things could have been done better or differently.

Elizabeth Galvin

Well, the stats that came out— Do you mean the stats that I found?

Shawn Buckley

You can tell me whatever you want about how you think things should be done differently.

Elizabeth Galvin

Well, as early as 2021, I read an article that anorexia cases had doubled. Suicidal thoughts had tripled. Forty per cent of parents observed a deterioration in their children's behavior and mood. Sixty per cent of parents met the criteria for depression themselves. Opioid deaths were up 80 per cent. And eating disorder program referrals were up 90 per cent from the year before.

Shawn Buckley

These types of things you were reading, did they match what you were seeing with Danielle and her friends?

Elizabeth Galvin

They did in my case. And then part of it is sort of looking back and just knowing that three young girls—two 20-year-olds and a 19-year-old—committed suicide in January. They were so distraught. They just couldn't go on any further. I mean, that's evidence that these lockdowns, they didn't work. They hurt people. And that can't happen again.

And yes, I have some recommendations that I'd like to make, if I could. Number one, I think the Canadian Media Fund needs to be abolished. I think that the media was not reporting—The way they reported the numbers weren't percentages of people or ages of people. It was just these numbers, these high numbers all the time. And it created a lot of fear and panic and anxiety.

Number two, family members must not be barred from entering a public hospital when their loved one is in a life-or-death situation, no matter what. A perfectly healthy person like me should not have been locked out of that hospital that day. I would have been able to talk to those professionals and gotten some advice on what to do. And if a person is deemed a danger to themselves by medical professionals in a hospital, they should not be released.

Number three, I think the federal government should come up with a Bill of Rights for Canadian students that guarantees a certain standard of education services that they are paying for. If they're not going to get what they're paying for, they should get some of their fees back.

Number four, unelected bureaucrats and local public health units should not be allowed to dictate everything that happens in our society without public input and debate. Businesses—and colleges and universities are considered businesses—must be allowed to make their own decisions.

Shawn Buckley

And Elizabeth, do you have just one more? Because we are so, so over time.

Elizabeth Galvin

I do. I just have one more. Young healthy people can't be shut out of schools as long as they were ever again. When it became evident that young people were not at great risk but they were suffering mentally—and then especially after they were vaccinated—they should have been allowed to go back to in-person learning.

It's proven that these lockdowns affected their mental health, social and educational development. And we're still feeling the effects today.

Shawn Buckley

Thank you. Commissioners, do you have any questions of Elizabeth?

Elizabeth, thank you for sharing your story. I know that took a lot of courage. And on behalf of the National Citizens Inquiry, we thank you for your testimony.

Elizabeth Galvin

Thank you for having us.

[00:24:59]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 7: Oliver Kennedy

Full Day 1 Timestamp: 06:03:19–06:16:08

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness is Mr. Oliver Kennedy.

Oliver Kennedy

Afternoon.

Shawn Buckley

Mr. Kennedy, can you start by stating your full name for the record, spelling your first and last name?

Oliver Kennedy

My name is Oliver Kennedy, O-L-I-V-E-R-K-E-N-N-E-D-Y.

Shawn Buckley

And Mr. Kennedy, do you promise to tell the truth, the whole truth, and nothing but the truth?

Oliver Kennedy

I do.

Shawn Buckley

Now, you are a recreational therapist.

Oliver Kennedy

Correct.

Shawn Buckley

And you've worked 20 years at that job. You're no longer there but you're going to tell us about that. So tell us what happened.

Oliver Kennedy

I worked for my employer for close to 20 years as a recreation therapist, working with seniors and disabled individuals. And in the end, I was terminated from my position for not taking a COVID vaccine.

Shawn Buckley

Now, can you tell me basically, a little more detail. So why didn't you want to get the vaccine?

Oliver Kennedy

To me, things felt very rushed. It was something that— Being in the healthcare setting, I understand informed consent. And it was just something that at the beginning, when the vaccines came out, it seemed very much like a choice. And even though things were rushed, it was a quickly-produced vaccine. I wanted to do as much research as I could on it. And it just seemed that a lot of the data I was looking for was just not available, either publicly or from my employer when I asked for it. So that's what sort of led me to vaccine hesitancy, as others have mentioned. And it was just something that I wanted something to be safe in my body, that I understood. And I couldn't find any information really that would allay any of my fears that I had, and nobody could provide it for me.

Shawn Buckley

Now, before it became a mandate at your place of employment, did the culture change? Did people start interacting with you, basically, about whether or not you should be getting the vaccine?

Oliver Kennedy

Yeah. I had managers who at first said that there'd be no coercion, no bullying in the workplace, and that they'd see to it that people would get fired if they were bullying people into getting vaccines. But by the end of it, she was coercing me by yelling at me to get a vaccine. And it was very unfortunate, because it was just a period of a couple months between her telling everyone you couldn't bully someone to then becoming the bully herself.

Shawn Buckley

Can you just describe for us briefly what some of that bullying looked like?

Oliver Kennedy

Well, in one case, it was another employee who had just come into work and walked right by me and remarked how the unvaccinated were the reason why we were still in this pandemic. And she knew I was unvaccinated. She didn't see I was sitting there. But at the same time, there were lots of people who would make those small comments and just sort

of decide for you that—or decide themselves that—you were the bad person for not doing this. Whereas you were just sort of, as I said, waiting for more information to make an informed decision when you could. But that never really happened.

Shawn Buckley

Did you have an incident with your immediate supervisor where, basically, she shouted something out for all the staff to hear?

Oliver Kennedy

Okay. I didn't know if we were going to go there, but yeah, she just said, "Go get a fucking vaccine, Ollie." And I was shocked by this because she had an open-door policy; it was at a nursing station. And as I left her office, everybody who was in that nursing station was looking right at me and had heard exactly what had been said. And they were shocked. I was shocked myself because, again, after being told nobody will be bullied into getting a vaccine, the very same person who did that was the one telling me to get a fucking vaccine.

Shawn Buckley

Now, the person who said they wouldn't bully you—

Oliver Kennedy

Sorry?

Shawn Buckley

That's the same person who said no one would get bullied?

Oliver Kennedy

Correct.

Shawn Buckley

Okay. My understanding is, it was October of 2021 when your employer made it mandatory to be vaccinated.

Oliver Kennedy

Correct.

Shawn Buckley

And then, so you were suspended for a period of time?

Oliver Kennedy

Yes.

Shawn Buckley

And how long were you suspended before you were terminated?

Oliver Kennedy

December 3rd, I believe, was the day I was suspended from work. And then that continued up until, I believe, early February when I was terminated over a Zoom call.

Shawn Buckley

Over a Zoom call. And what was the reason given for your termination after 20 years?

Oliver Kennedy

For willful misconduct for not getting a COVID vaccine.

Shawn Buckley

Now, is there a consequence to being fired for willful misconduct when somebody like you might go to employment insurance for benefits?

Oliver Kennedy

Well, that's what I did. I held off, thinking that they would bring me back to work between December and February. But once they did terminate, that's when I did go and apply for employment insurance.

[00:05:00]

And it has been an uphill battle completely doing that. From being told that I'm not looking for work and I'm not qualified— I'm not looking for qualified work because I chose not to vaccinate—that was very difficult. Because, while I was out looking for work as hard as I could, and then to be told that I was limiting my work because I was not getting vaccinated to go find those jobs: it was really difficult to hear an employee from the Government of Canada telling me I was being denied benefits for that reason. And in my initial refusal of benefits, I then did appeal the decision. And at this point I was then again denied benefits, to which I again appealed the decision. And recently in March I've just had my Social Security Tribunal, and I'm currently waiting on the decision for that.

Shawn Buckley

Okay. Now, did your decision not to get vaccinated affect you in any way socially?

Oliver Kennedy

I have very few friends now. Out of all my friends, I'd say about 95 per cent of them have decided that I'm not a good person anymore. A lot of the folks that I used to work with and hang out as well won't return my calls, and I'm considered persona non grata. My family for a while did turn their backs on me—and that really hurt. You think you've got someone who's going to be in your corner all the time. The only person who's been in my corner the whole time has been my wife. And it's difficult losing all your friends that way, especially when you're still in chat groups with people where they're calling you all kinds of bad

things, while they're listening to a narrative and thinking that they're better than you because they're simply following what someone else told them to do.

Shawn Buckley

Right. Now, you also had an experience concerning seeking a surrogate for getting a child. You don't have to talk about that, but you want to talk about it?

Oliver Kennedy

My wife and I, we were looking to start a family. And just the way biology goes, we couldn't conceive together. So we were looking for a surrogate. And that, I'll tell anybody, is an expensive and heart-wrenching process. But I wouldn't discourage anyone if that's the route you decide to go. But to find a surrogate can be a very, very difficult endeavor. You're competing with lots of other people in your same situation. There are no regulations. And sometimes it's the Wild West involving money, commitments, and whatnot. And to find and come to an agreement with a surrogate can be a very arduous process. And for my wife and I over the period of COVID happening—because COVID started just as we were finally getting to the point of finding a surrogate—it's been very difficult.

We lost three surrogates total because of COVID. One was at the beginning and she was worried about the health ramifications of coming from Alberta to Toronto. And that's understandable. This is someone who was going to do us a very nice and amazing solid—a service. And because of that the reason she decided not to help us is acceptable: she had her own family to think about.

However, after taking more time to match with other surrogates, we did lose two surrogates after that. Because when the topic of vaccination came up, when it was in the first week, where the person simply stopped returning our calls after having matched and started doing legal work, which is very expensive to redo— And it was something that my wife and I thought that we should make sure that this person understood that that's where we were. And while we were wonderful people up until that point all of a sudden, we were no longer, and weren't getting any communication. And then that did happen again with the second match where, again, we look at each other saying, "We're not terrible people." But this is the way people I guess think we are, because of the way the narrative has been painting us.

Shawn Buckley

Now you had an encounter with your doctor. You were trying to get an exemption. Can you tell us about that conversation?

Oliver Kennedy

Yes, so I contracted COVID in December after being suspended. It was around Christmas time, and my wife and I both had COVID and we both recovered by New Year's. So while being on suspension, I spoke to my doctor and I said, "Well, okay, I've got antibodies now." And he agrees, "Yes, you've got antibodies and you should be fine." I said, "I'm healthy and I'm ready to go back to work, so can you write me a note then that states that Mr. Kennedy has antibodies much like any COVID vaccine and should be allowed to go to work?" The whole idea of this is what mankind's been doing for how many thousands of years.

And my doctor took one look at me and he said, "What do you want, me to lose my license?" Because even though he did agree with me and has agreed with me on many points—we've disagreed on other points as well—

[00:10:00]

he agreed that I did not have enough information to make an informed decision. And he said, "What are you going to do?" He says, "If you decide not to take the shot, you're going to lose your job. At the same time, I will not write you a note that says that you do not need a COVID vaccine," because he did not want to lose *his* job.

Shawn Buckley

And then my last question is, what do you think should have been done differently by the government?

Oliver Kennedy

I heard other folks say everything and I concur. It's just a matter of, where do you start? The muzzling and the quieting of people who simply had another viewpoint—whether it was scientific, medical, social, nobody really got listened to. And it was sort of "my way or the highway." It seemed that that was dictated at so many different levels. The question was, whose way still is it and which highway are we going on? Because between the different directives from provincial, municipal, federal, public health, nobody really knew what was going on. The left hand didn't seem to know what the right was doing. And that was still very apparent even when I was working. Everybody was sort of, "Let's see if this works, let's see if that works." And while trying to lead and show that they knew what they were doing, you could see: at some points, nobody knew what they were doing.

To admit that, I don't think we're ever going to see. But to maybe put safeguards in place so that people have to at least test what they're going to try on us. Because lockdowns—don't think those worked. Vaccine—don't think it worked. There's so many things that you can look at what people in charge did—and they didn't work. And each time it was an, "Oops, well, we tried our best." Sometimes trying your best isn't good enough if you're hurting people. And there was a lot of hurt done to people. And I'm not the worst done by, but at the same time, I've been hurt. And I think that if nothing does change, people will keep getting hurt.

And so yeah, I'm not quite sure what more to say. Because, they've done wrong, they didn't get it right. But they still seem to have their head in the sand thinking that if we keep doing the same thing, we'll get it right.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions. Thank you.

Oliver Kennedy

Thank you very much.

Shawn Buckley

Thank you for your testimony. On behalf of the National Citizens Inquiry, we appreciate your testimony, Mr. Kennedy.

[00:12:49]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 8: Richard Lizotte

Full Day 1 Timestamp: 06:32:07–06:55:57

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Welcome, Richard. And I'll ask if you can speak very loudly, because you're sounding quiet.

Richard Lizotte

Okay, how about now?

Shawn Buckley

That's a little better. And I'll ask if you would be kind enough to give us your full name for the record, spelling your first and last name.

Richard Lizotte

Sure. My full name is Richard Lizotte, R-I-C-H-A-R-D, L-I-Z-O-T-T-E.

Shawn Buckley

And Mr. Lizotte, do you promise to tell the truth, the whole truth, and nothing but the truth?

Richard Lizotte

In the name of my Lord and Savior Jesus Christ, I affirm to tell the truth.

Shawn Buckley

Thank you. Now you worked for your whole career as a paramedic, and now you're retired.

Richard Lizotte

That's true.

Shawn Buckley

And you're here to tell us the story about your older brother, Jerry.

Richard Lizotte

That's true.

Shawn Buckley

Can you tell us about Jerry, and we'll just maybe back up to when COVID started, hit in March of 2020?

Richard Lizotte

Sure. I can tell you a brief history of his health prior to his vaccinations. He was 85 years old and very vibrant. In fact, you'd never guess he was 85. He exercised every day. He had a stationary bike in his living room. He watched sports while he did that—45 minutes every day. He went to the coffee shop 5 days minimum, 5 days a week, sometimes 6 and 7. He met all his peers, his coffee buddies, there and they chit-chatted. He was heavy into bluegrass music, loved sports, and he lived a pretty vibrant life.

Shawn Buckley

Was he on any medications?

Richard Lizotte

He was briefly on blood pressure medication in 2017, and then his blood pressure was under control mostly through exercise and diet. And no, he was on no medication.

Shawn Buckley

Okay, so when COVID hit, he's not on any medications. Is he seeing his doctor for any reason at that time?

Richard Lizotte

No. In fact, he didn't like going to see doctors. So you can probably count the number of medications that man had on your two hands in his entire life.

Shawn Buckley

Okay, so what happened as COVID went on?

Richard Lizotte

Well, his first vaccine was on February the 27th of 2021. And very shortly after that vaccine, he lost his taste, which was something very critical to him because he loved to eat. And he lost his taste and his smell as well. He never really talked about his smell so much,

but his taste of course—that was very important to him. All his coffee buddies and himself, I think they went to every restaurant in Chatham, Ridgetown, Blenheim, Wallaceburg. They ate out a lot, plus he loved my wife's home cooking, so the taste thing was a real concern for him. That was the biggest change after the vaccine, number one.

Shawn Buckley

And how significant was that—the change? Like, I think you gave an example of salt and sugar.

Richard Lizotte

Yeah, we tested him. This was probably a few months after his vaccine. We tested him and he could not tell the difference between salt and sugar. So that affirmed to us he was really accurate in not being able to taste.

Shawn Buckley

Okay, and what happened with the second shot? And I'll just ask, do you recall what brand of vaccine it was?

Richard Lizotte

Yes, it was Pfizer.

Shawn Buckley

And were all the shots Pfizer?

Richard Lizotte

Yes.

Shawn Buckley

So what happened with the second shot? Do you recall when that was?

Richard Lizotte

Yes. Vaccine number two was June 16th of 2021. And shortly after getting that, we noticed—and it was a slow progression, but definitely a progression—his cognitive functions started being affected. His memory wasn't as good. He showed a little more **disinterest in things**.

Shawn Buckley

Now, can I just stop you about his memory? When you say a slow progression, are we measuring in months? Are we measuring in weeks?

Richard Lizotte

I would say, after his shot, we probably noticed it about a month later. His first sign of some cognitive function delay, and then it just progressively got worse.

Shawn Buckley

Okay. And so describe that, give us some details about that.

Richard Lizotte

Well, he was always pretty sharp when it came to sports and remembering records and statistics and stuff like that. He began just not remembering those things. And events even in our own family life, he just started not remembering those things. And, yeah.

[00:05:00]

That was a big thing for him. And even his bluegrass music, which was his entire life, he just started not remembering the bluegrass festivals and concerts that he went to in Kentucky and Tennessee and all through southwestern Ontario.

And like I said, this was a progressive thing. We noticed it about a month into his second vaccine, and then it just continually got a little worse as time went by.

Shawn Buckley

Did anything happen to his appetite?

Richard Lizotte

Well, of course. When he couldn't taste anything. I remember we used to have him over quite often for supper, and he used to always comment on my wife's cooking. He didn't comment anymore, because he couldn't taste his stuff. And he stopped going to restaurants because he's "Why would I spend money?" He says, "Everything tastes the same anyways." So right away, his socialization started dropping right then and there; going to restaurants less and even started going to the coffee shop less, which was a real indication to us that something's not right.

Shawn Buckley

What about his mental state, his mental health?

Richard Lizotte

His mental health, he was so fear-mongered by COVID, that was the thing that— He was so fear-mongered that that became his whole life. I know he and a lot of his peers, they practically locked themselves in their homes and apartments, ordering food out, they were so fearful of this. And my brother slowly stopped watching as much sports and concentrated more on CNN, CBC, CTV, and just COVID-related. And, he became so fixated on that— And you know, constantly washing his hands. And he just wore a mask even to leave his apartment to go down the hall to put his garbage away; he'd put his mask on, nobody around. So he was really fearful of COVID.

Shawn Buckley

Now, do you remember when he had his third shot?

Richard Lizotte

Yes, his third shot was December 1st of 2021.

Shawn Buckley

And what happened after that?

Richard Lizotte

There was a sharp decline in his health after that. We noticed that his legs started swelling. Total apathy, he was energy-less. He had abdominal discomfort. His abdomen actually became distended. We kept telling him he should see the doctor, but he didn't want to see the doctor. But it got so bad that he agreed to go. I took him on December 21st to see his family doctor.

Shawn Buckley

What about his colour?

Richard Lizotte

His colour was very pale—very pale. And he had lost weight prior to the distended stomach, because you couldn't tell he'd lost weight when the stomach was distended. But prior to that, he started losing weight. That occurred before the third vaccine; he actually started losing weight. And then after the third, he was so pale, it was really quite awful. And then of course, he started having swelling in his legs and his distended stomach.

Shawn Buckley

So you took him to a doctor?

Richard Lizotte

His family doctor, yes.

Shawn Buckley

And what happened?

Richard Lizotte

Well, I regret this. I went to all his appointments for the last years, even his orthopaedic surgeon—he had a knee surgery in 2016. I went to all of them. This particular one, I did not go in. I was having some little problems myself with shortness of breath. They insisted I wear a mask. I wasn't wearing a mask. I told my brother, "You're going to be okay to go in by yourself?" And he said, "Sure." And he wasn't looking very good then. So he went and he came back after the appointment. And the doctor had given him an over-the-counter medication for cramps, because he was complaining of cramps, for his stomach. And he told me, "He said I'm good to go. He said, 'I'll see you in a year.'"

Now, I think he probably misunderstood the doctor, because this was December. I think the doctor probably meant I'll see you in the New Year. But he took it as I'll see you in a year.

And he was so disappointed, he said, "That's it. I'm not seeing this guy anymore." So that's what happened there.

[00:10:00]

Shawn Buckley

What happened after the doctor's office? What did you observe with your brother's condition?

Richard Lizotte

Well, man—he started declining really quickly. And he didn't want to see his family doctor. He didn't want to go to the hospital. I thought to myself— "Listen, you saw a cardiologist a number of years ago for a brief period of hypertension." And he saw him once a year, just as a checkup, and it was all flying colours, no problem. I says, "What if I call him up and I kind of make it—it wasn't a fib, but—kind of try to make it look like it was a heart problem with the swelling of the legs." I kind of suggested maybe CHF, congestive heart failure. So as soon as I mentioned that, the secretary says, "Yeah, you better bring him in."

Shawn Buckley

And I'm just going to back you up because you said he continued to decline. Can you give us some specifics perhaps about his belly and his legs, for example?

Richard Lizotte

Yeah, for sure. His legs kept swelling. His distended stomach kept increasing. Severe constipation. He had almost zero appetite, he forced himself to eat. In fact, we almost forced him to eat something. And more pale: he became a little bit more diaphoretic and sweating.

Shawn Buckley

Can you tell me about the fluid in his legs and what was happening there?

Richard Lizotte

Well, it was just a build-up of fluid. There was just a build-up of fluid. And prior to us taking him to the cardiologist, there was even some weeping. We noticed in his bed there was some wetness, and we thought he had voided himself, urinated, and he said, "No, no, no, I'm fine." He was dry there. We noticed that there was some weeping from the skin of his legs.

So that was really triggering us that he didn't want to see his family doctor, so let's see if we can see the cardiologist, and maybe through him, we can get a little bit better result.

Shawn Buckley

What happened at the cardiologist?

Richard Lizotte

Well, we brought him to the cardiologist. And unfortunately, he didn't show up that day—for whatever reason, he probably had a legitimate reason—and we saw a nursing

practitioner and she was very good. She took one look at my brother and said, "Oh, he's in big trouble." She ordered some Lasix right away—fluid pill, 80 milligrams a day—and she ordered an ultrasound of the abdomen and an x-ray. And she said, "Yeah, your brother is in deep trouble." So we couldn't get it done the next day; the second day is when we took him in. It was a Friday, I remember that. And we took him in to get the x-ray and the ultrasound, and that took a whole day to get that done.

We brought him home; we fed him supper. He lives in Chatham. We came back home to Wallaceburg and by the time we got home, there was a message from the cardiologist—not from the nursing practitioner but from the cardiologist, who had seen the report. And he said, "I've got to see your brother right away. I have him in for Monday morning." So then we brought him in Monday morning and actually saw the cardiologist.

Do you want to know what happened then?

Shawn Buckley

Yeah, and you can take your time. I appreciate this is difficult.

Richard Lizotte

Okay, no problem. On that Monday morning, we brought him in. It was January the 17th and the cardiologist was quite shocked because he hadn't seen him for a while, how bad he really was. By that time, we had brought in a wheeled walker. And so he brought that in. The doctor told him he had multiple lesions on the liver, and probably some kidney involvement. So my brother then asked him, "Is it cancer?" And the doctor kind of hesitated, kind of shrugged his shoulders a bit and says, "Well, kind of." My brother took that as he's got cancer. I remember him telling the cardiologist, "It happened so fast."

And the cardiologist then said to us, "I really shouldn't be involved in this. I'm a cardiologist. I shouldn't be really doing this." "Perhaps this would be better done through your family doctor."

[00:15:00]

"However," he says, "I've seen Jerry for a number of years, and I just can't believe the change in him." He says, "I'll order some home care for him. In the meantime, I will try and contact a colleague of mine in London, who's a specialist. It might take me a while to get a hold of him, and I'll let you know how I make out."

So we left. We brought him home. The very next day, home care called. And they said, "We'll send someone to assess you on February the 10th," which was 23 days after the doctor had asked for home care. We knew that he's probably not even going to make it to February 10th, which he didn't. He passed away February 4th.

My wife and I took sole responsibility for his home care, where we looked after him food-wise and personal hygiene-wise. We got to the point where we couldn't even manage him. He still didn't want to go to the hospital. He still didn't want to see his family doctor. My wife was looking after him in the bathroom, and I thought, "Well, let's try something." I called his family doctor up, and the Lord was really good because I actually got to talk to him. And I said to the doctor, "Would you mind talking to my brother, because he's not listening to us." So we brought the phone in the bathroom and he talked to the doctor. And the doctor said, "Jerry," he says, "I want you to go to emerge." And he says, "We'll make

arrangements and we'll have you admitted." So that was enough to convince my brother to go.

We had to call an ambulance for him. And we brought him to emerge. And I was in emerge. with him for eight to nine hours and they did all kinds of tests. And they kept saying they were going to admit him but they didn't. And finally, it was approaching midnight and they said, "Well, you may as well go home. When we get a room for him, we'll let you know."

The next morning—it was mid-morning, probably 10-ish—we called and he was still in emerge. And they hadn't found a room for him yet. They said, "As soon as we get a room, we'll call you." Well, by mid-afternoon, there was still no call. So we phoned emerge. and that's when they said oh yeah, they'd found a room for him up on the fourth floor. And I said, "Okay, I'll be up to see him." And that's when they told me, "No, you can't." I says, "What do you mean I can't?" And they said, "Well, it's COVID protocol for this hospital."

Shawn Buckley

Had you not had you not been with him in emergency just for like eight, nine hours?

Richard Lizotte

That's right. That's right, I was. So when they told me that, I really couldn't believe what I was hearing. They said "No, it's our hospital COVID protocol." I said, "Is it because I'm not vaccinated?" "No, no, no, nothing to do with that," they said: "Vaccinated, unvaccinated, nobody's coming into the hospital." I said, "Well, is there a way I can talk to him?" And they said, "Oh yeah, we can try to arrange that."

But that day was far spent. It was the next day that we talked to the staff. And the staff, the first thing they said to us was, "Your brother's giving us a hard time." First of all, that's never been his nature. Now, I know he's very personal and perhaps he didn't like the fact that somebody was giving him a bed bath or whatever. But they said, "He's giving us a hard time." And that's when I said, "Well, my wife and I are healthcare professionals." I said, "Let us come in and we'll gown up, we'll mask, we'll do whatever we have to do. And we can settle him down and give you a hand." "No—protocol for the hospital is you cannot come into the hospital." So I said, "Well, I'm going to have to talk to the administrator." And I tried to call the administrator, but they referred me to a patient liaison person. And she was very nice, very kind, very polite, but she in no uncertain terms said, "I'm sorry. You cannot come in to see your brother." And hey said, "Well, maybe we can connect with Skype." And every time we tried to do the Skype it never worked.

Then we tried talking to him on the phone. And by that time, he had declined so much he couldn't hear us. He was only giving me one-word answers to any of my questions. We tried to tell him that we're working behind the scenes so that we could go and be with him.

[00:20:00]

And it went on like that for seven days, until we got a phone call on the 31st saying that they had moved him to palliative care and that we could come up to see him. But we would both, my wife and I both, have to have a COVID test—a negative test.

The very next day, I went to get my COVID test. My wife couldn't get hers before the day after. As soon as I had a negative test, I went up to see him. I was quite shocked that he was completely unresponsive. And he never spoke another syllable till his death. For the next

two or three days, my wife and I spent all our time there. We prayed with him, we read scripture to him. We sang hymns to him. We knew that hearing was one of the last senses to go. We don't know what he was able to take in, but we never heard another word from him. I was both his power of attorney for health and the executor of his will. I wanted to know if there was any last wishes. We never got to do that.

Shawn Buckley

Mr. Lizotte, we thank you for sharing that story, and I'll just ask if the commissioners have any questions of you. And there are no questions. Is there any last thing that you'd like to share with us?

Richard Lizotte

Yes, I can tell you as a paramedic, and my wife's an RN, an emerge. nurse, both retired now: There is never a reason for a family member not to be with a dying family member. None. Zero. There's isolation attire that could be used. There's never a reason for this. Ever. I've dealt with infectious patients throughout my career: TB patients, HIV, AIDS patients, bacterial and viral meningitis, MRSA [Methicillin-resistant Staphylococcus aureus]. There is never a reason why somebody who is properly attired in isolation attire, they can't be with their dying loved one. Never. Never.

So this was beyond all comprehension for me. I could not understand this at all. If they would have asked me to wear a hazmat suit to be with my brother, I would have worn one. Whatever it takes. To me, this is next to criminal. And if something like this ever happens again, something has to be done.

My brother never saw a familiar face for eight days until he became unresponsive. That's all.

Shawn Buckley

Thank you. On behalf of the Citizens Inquiry, I'd like to thank you for sharing your testimony. And I'm sorry that it was difficult, but we definitely appreciate you sharing your brother's story.

Richard Lizotte

Thank you.

[00:23:50]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 9: Vittoria McGuire

Full Day 1 Timestamp: 06:56:23–07:17:42

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Vicki, I don't know if you can hear me. But if you can, if you can turn your camera on, that would be great. And also, your mic.

Vittoria McGuire

All right. Okay.

Shawn Buckley

There we go. We can see you and hopefully you can see us. I'd like to start by asking you to tell us your full name for the record and then spell your first and last name for the record.

Vittoria McGuire

Okay, it's Vittoria McGuire, V-I-T-T-O-R-I-A- M-C-G-U-I-R-E.

Shawn Buckley

And I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth.

Vittoria McGuire

I will.

Shawn Buckley

Now, you've got a full 21 years working as an RPN. Not a regular RPN, but you were a full-scope RPN, which is something quite different than a regular RPN. Am I correct about that?

Vittoria McGuire

Well, just working to full scope—that I had additional courses, I could take blood and help out with things that. Yeah, worked to full scope.

Shawn Buckley

Right, okay.

Vittoria McGuire

Just did everything that was required and asked of me.

Shawn Buckley

Life has a lot of irony and no good deed goes unpunished, but my understanding is this: In December of 2019, just before COVID hits—you've worked for 21 years for the hospital—you get an award from the hospital, the award of excellence for nursing.

Vittoria McGuire

Yes, I did.

Shawn Buckley

Yeah, so—

Vittoria McGuire

Quite the irony, yeah.

Shawn Buckley

So just before all this starts, you're basically being recognized by your employer as an excellent nurse and actually being given an award—the only one getting it that year.

Vittoria McGuire

I'm not sure about that, but I was given the award for having the hospital values of compassion and cooperation, respect, professionalism. So yeah.

Shawn Buckley

Now when COVID hit, you took it very seriously. And can you share for the commissioners and the spectators basically the steps you took in your own home to ensure that everyone was safe and that?

Vittoria McGuire

Yeah. With watching what was going on on TV—and there was a lot of fear actually surrounding the whole thing. And having it, you know, come towards our hospital, our communities. We ended up putting up a tent on our front deck so that I would be able to protect my husband, who has diabetes, and I wouldn't bring anything home. So we had a tent erected on our deck. And I would come home and strip in the tent outside in March

and place my clothes in a bag and get a housecoat on, go into the house, clothes into the washing machine, housecoat into the washing machine, jump into the shower and made sure that I stayed in a separate room, just to make sure that I didn't bring anything home and infect anybody.

Shawn Buckley

So basically, so you slept in a different room than your husband—

Vittoria McGuire

Yes.

Shawn Buckley

Just to make sure that your family was being protected.

Vittoria McGuire

That's right.

Shawn Buckley

Now, you said there was a lot of fear at the beginning. Can you tell us about the fear in the hospital that you worked at?

Vittoria McGuire

Well, there was a lack of PPE [personal protective equipment] and the nurses actually purchased facial shields themselves. We were thinking that we're going to be having this wave come and that we weren't going to be prepared for it. So yeah, there was a lack of N95s, so when we would come in to the hospital—

Shawn Buckley

And we're just waiting a second. You froze, and we're just waiting for you to unfreeze.

[00:05:00]

Vicki, I don't know if you can hear us, but we're having that experience of freezing, so we're just going to check a couple of settings for a second.

So perhaps what we'll do is, we have another witness here who is in person, Mr. Remus Nasui. Remus, can we get you to take the stand, and we'll try to get Vicki back on.

Oh, I'm sorry, we're back on?

Vittoria McGuire

Okay, does that work?

Shawn Buckley

Yeah, sorry, I don't know what happened there. You just froze. But you were basically talking about the culture in the hospital, that nurses had purchased their own face shields, and then you froze. So if you can kind of just pick it up from there. And then where I want you to go next is, tell us what you were thinking at the beginning and then whether your opinion changed. Because you're taking big steps at the beginning: you're changing in a tent; you're sleeping in a different room; you're telling us about fear in the hospital. So if you can carry on.

Vittoria McGuire

Yeah, the lockdowns happened, so there wasn't really many people in the hospital—like visitors and whatnot. The hospital became quite quiet. And so there was a lot of downtime, and what we were expecting to happen didn't seem to come to fruition. We had seen other places, you know, that the pandemic—the waves were coming in and people were so busy. And time was passing and I didn't really see it happening.

Shawn Buckley

Okay, so just so that I understand it—because I think most of us are watching the news and we're being told that the hospitals are being run.

Are you telling us that wasn't the experience you were having?

Vittoria McGuire

No, not at the beginning. Like I said, in the lockdowns, the hospital was quite quiet. We were receiving a lot of accolades. We had, you know, people were supporting us a great deal with pots and pans banging. We had emergency vehicle parades come by the hospital. We had people donating food and it was wonderful feeling like such a hero. And like I said, we were just waiting on pins and needles for this thing to hit.

Shawn Buckley

Okay, and then basically the vaccine mandates came.

Vittoria McGuire

Yeah. It was slowly coming into—I mean, we worked for a year and a half without anything, with concerns to vaccines. We worked together side-by-side for a year and a half and it was fine. It wasn't anything out of the ordinary that we were really experiencing. And then, I would say, the government came up with the mandates pushing the vaccine. I guess it was in September that the mandates came out, but the hospital was already starting to prepare people for taking the vaccine. It seemed to be that was the route that we were going to take. I remember seeing a CPR course that was available in-house and that was in the spring. And to attend it you had to be vaccinated. So actually, that was before it was mandatory. So I was seeing the direction that was being taken, that they wanted to get the vaccine into everyone.

At that point, I remember talking to a union representative. And I had said to them:

[00:10:00]

“Are you going to represent me if I decide not to take this?” And she actually kind of laughed at me. Because I had said, “if I get fired for not taking this.” And she had actually started laughing and she said, “Oh, it’s not going to get to that.” And yeah, sure enough, it ended up that direction.

Shawn Buckley

Did the hospital try to communicate with you by email and social media and things like that about the mandate? Or the vaccine?

Vittoria McGuire

We were getting a lot of emails. I remember that there was also, like, an early bird— If you got vaccinated early, you could get into an early bird prize. They had furniture and cash prizes if you had gotten your vaccination early.

Shawn Buckley

Just wait. I just want to make sure that I heard you correctly. Are you saying that your employer, who is a hospital, had an early bird draw for staff so that if you got vaccinated early you were put in a draw to win prizes, such as furniture or cash?

Vittoria McGuire

That’s right.

Shawn Buckley

Okay. Were there other things that the hospital did to try and encourage you to get vaccinated?

Vittoria McGuire

There were emails that came regularly saying that that was the best route to go.

Shawn Buckley

Did you see anything at the hospital that would suggest that vaccinated and unvaccinated people were being treated the same? Or differently?

Vittoria McGuire

Not with co-workers. Like I said, we worked side-by-side for about a year and a half with no issues. It wasn’t until I started seeing, like I said earlier, about having to take a course to participate that I had to be vaccinated. So that’s when I started to see that.

Shawn Buckley

What about with patients that were vaccinated and unvaccinated?

Vittoria McGuire

I know that there were some incidences where patients had asked for a vaccinated nurse. Only one that I know that was close to me—it was a co-worker—and she had said to the patient that— She didn't reveal her status. And she just said to the patient, "We're not going to play this game," and shut it down.

Shawn Buckley

Now eventually you got suspended. Can you tell us about that?

Vittoria McGuire

That would have been October 12th, when the hospital became 100 per cent vaccinated for staff. There was an unpaid leave of absence for all employees that were not vaccinated.

At that point, we had left the hospital. They had shut down our capabilities to use our emails, computer. We couldn't get in to see our pay stubs or our schedules. So we were totally shut out from the hospital for those three weeks.

Shawn Buckley

Okay, you say "we." You mean you and fellow healthcare workers?

Vittoria McGuire

Those that decided not to take the injection at work, yeah.

Shawn Buckley

Okay, did some of the ones that you know then change their mind?

Vittoria McGuire

Yeah, there was a campaign that started from the hospital over the course of the next three weeks. Purolator would pull into the driveway and deliver a package coming from the hospital stating that we were being non-compliant; that this was continued disciplinary actions; that if we didn't show proof of vaccine, we would be terminated; that our actions were on our personal files. And yeah, we had a certain date—I believe it was in November sometime—that we had to come up or that termination would occur.

[00:15:00]

So yeah, a lot of people did end up going back to the hospital after that period of time.

Shawn Buckley

Okay, and you didn't and then you were terminated.

Vittoria McGuire

Yes.

Shawn Buckley

Were you able to get EI?

Vittoria McGuire

No. Actually, everyone that was terminated tried. And everyone was refused, everyone was refused. So there was no safety net for the people terminated. Even though we paid into the system for many years, that safety net was not available to the people who refused taking the injection.

Shawn Buckley

Now, once you were terminated and you couldn't get EI, did you experience any stigma for being what I call an anti-vaxxer?

Vittoria McGuire

Well, there was a lot of names, yes. A lot of names, prejudice, you know, like you said, "anti-vaxxer." It was a difficult time, that period. I didn't even tell people that I was terminated. I told people that I took early retirement, which I did. I took my pension at a reduced rate. But I was embarrassed. I was embarrassed that— Yeah, all these labels.

I was in the job that was into service of others and always helping others. And receiving that award I kind of think tells you how much I loved my job. And so when I was in need, it was just like there was no one there for those people that spent a great deal of their life helping other people.

Shawn Buckley

Were there any effects on your mental health?

Vittoria McGuire

Everyone that was terminated had the sleepless nights. And your world changes on it, your world changed on a dime. Which is— You understand that, but to accept it is a different thing. So yeah, there's a lot of anxiety. How are bills going to get paid? How, you know— I heard a lot of parents who had small children, even the whole family unit suffered a great deal. Why is mom so sad? Yeah, just— People ended up having to sell their homes. Some people sold everything and left Canada. So yeah, it was a very difficult couple of months afterwards. We were part of the Ontario— Oh goodness, I can't even think of the acronym right now.

Shawn Buckley

United Ontario Healthcare Workers?

Vittoria McGuire

Thank you, yes. We were part of that. And we had a chat group, so we were helping each other out. People would— If they had extra of something they would help each other out. And it was a good place for people to help voice some of their anxiety. So...

Shawn Buckley

If we ever face something like this again, how would you suggest that things be done differently?

Vittoria McGuire

Well, most definitely. Decisions were made—a lot of decisions were based on fear. And I think that that was the worst part of it. Healthy, good, smart decisions never come from that place. The crisis seemed to build and everyone had angst and were anxious. And decisions were made because they felt pressured. I had a nurse tell me that they took the injection and felt violated but they were the only breadwinner in their home. I had another nurse tell me—a single mom---that she didn't have the convenience of having convictions, you know. People did things that they didn't want to.

[00:20:00]

And again, it was pressure and coercion.

We really did have to, I think, slow down and look at both sides of a story. There can't be just one view. And being able to look at something from both sides: as a nurse, one of the most important things you can do is advocate. If something wasn't working for your patients, you would voice that. You would go to the doctor. You would say that this isn't working, the treatment or drug. But you had a voice and you were able to, like I said, advocate and show a different perspective.

But it didn't seem that you were allowed to in this—

Shawn Buckley

And Vittoria, you froze again. And I'd say we were at the end of your evidence. If you can hear us, I thank you on behalf of the National Citizens Inquiry for attending. And I can say that your evidence was very helpful.

[00:21:19]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 10: Deanna McLeod

Full Day 1 Timestamp: 07:18:25–08:21:15

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Deanna, can you hear me?

Deanna McLeod

I can. Hi, Shawn. How are you?

Shawn Buckley

I'm well. It's good to see you. I'm going to ask if you could, for the record, state your full name and then spell your first and last name for the record.

Deanna McLeod

My name is Deanna McLeod, and so you want me to spell it now?

Shawn Buckley

Yes.

Deanna McLeod

Okay, so that's D-E-A-N-N-A, McLeod is M-C capital L-E-O-D.

Shawn Buckley

And I'll ask, do you promise to tell the truth, the whole truth, and nothing but the truth?

Deanna McLeod

Yes, I do. To the best of my abilities.

Shawn Buckley

Just to introduce you to the commissioners, you've studied immunology and psychology at McMaster University?

Deanna McLeod

Yes, that's correct.

Shawn Buckley

And then you worked in the pharmaceutical industry for ten years in medical, in marketing and sales, and you specialized in the field of oncology.

Deanna McLeod

That's correct.

Shawn Buckley

You became concerned with the tendency towards biased reporting by some pharmaceutical companies.

Deanna McLeod

That's correct.

Shawn Buckley

And then you actually founded an independent medical research firm in the year 2000 to assist clinicians in preparing objective, evidence-based guidelines [CV is Exhibit TO-5].

Deanna McLeod

That's correct.

Shawn Buckley

And your company is called Kaleidoscope Strategic. So it's an independent medical research firm.

Deanna McLeod

That's right.

Shawn Buckley

And since March of 2020, you became very interested in COVID science. And my understanding is that your team has spent more than 3,000 hours conducting COVID-related research.

Deanna McLeod

At the very least, yes.

Shawn Buckley

Okay, you smile, so it's been more. We've asked you to come here today to share your research concerning children and vaccinations, and my understanding is you have a presentation to do for us.

Deanna McLeod

Yes, that's correct.

Shawn Buckley

I think screen share is enabled, and if you would like to—

Deanna McLeod

Okay, let me just see. Let me know when you can see my screen here.

Shawn Buckley

And we can see your screen, and we've got it on full screen with a slide that says, "It's time to stop the shots."

Deanna McLeod

Fantastic. So let me know when you'd like me to start.

Shawn Buckley

Oh, you can start right away.

Deanna McLeod

Okay, well, thank you very much for having me. It's a real privilege to be testifying at this Inquiry. And what I'd like to do today is walk through some of the data related to use of the COVID-19 vaccine, specifically in children, and children will be defined as anyone less than 18 years of age. And presently, I'm just going to summarize really quickly some of the NACI [National Advisory Committee on Immunization] recommendations.

Children 16 years and older were lumped in with adults, and the vaccines were rolled out right at the beginning in early 2021. And then subsequently, Health Canada approved the vaccines for children 12 to 15 years old, followed by children 5 to 11 years old. And finally, **most recently, children 6 months to 4 years old. So that's referring to the primary series, which is the initial two doses for everybody above five years. And for those less than five years, it's three doses.**

And so NACI, which is the group that basically creates the guidelines for immunization in Canada, also recommends boosters in children five years and older—preferably the Omicron booster. And most recently, their guidance specified that a spring booster might be necessary for those who are immunocompromised. So basically, our health authorities in Canada are recommending not only the primary series for most children but a series of boosters as well depending on how old they are, and especially use of this Omicron booster.

What I'd like to do today is to walk through the clinical data that supports those recommendations. Our firm specializes in analyzing clinical trials. And what we do is we see if the data, the rigour of the data, supports the recommendation. So we'd like to walk the group through this type of analysis today.

When we're looking at children, one of the things that we really need to remember is that they have a number of quality life years ahead. And so when we're thinking about use of an agent, what we really want to do is we want to make sure that it's been rigorously tested for safety.

[00:05:00]

Because if there is something that is unsafe, it has the potential for injuring a child, and they would lose a lot of quality life years. That would be more quality life years lost, than, for instance, somebody who has one year to live who's injured by a vaccine. That would also be a loss but not to the same degree as, for instance, a six-month-old who's injured by a vaccine. So the precautionary principle and a lot of the rigour and testing was put in place whenever we had thalidomide—which was approved as something safe and appropriate for morning sickness—and we only found out that it actually caused considerable harm to the unborn child, which was only really recognized whenever they were born. And there were quite a few deformities, especially in their hands and legs.

The other thing that we want to consider when we're looking at these COVID-19 injections is the type of product they are. These are considered gene therapy, and so they're gene-modifying products. And if you look at the FDA [U.S. Food and Drug Administration], what they'll do is they'll say that for gene therapy—and this qualifies because it teaches our cells to produce a protein via mRNA—that the types of side effects that could happen with gene therapy as a class are broad and difficult to predict. And therefore, 15 years of safety testing is recommended for gene therapy products. What we're going to be looking at is: Are the trial designs that were proposed for these vaccines rigorous enough to identify all of the different safety issues that could arise from using gene therapy?

And finally, at the time when these vaccines were being approved for children, we knew that there were rare side effects—one of the most concerning of which was myocarditis. And so because you can detect myocarditis at a subclinical level by measuring troponin, we'd want to see rigour in testing—both clinical in the sense of symptoms, but also a lot of lab-testing in order to see if there's any type of side effects that are occurring that aren't quite clear from a clinical perspective. And so we'd want to see rigour in testing in terms of a lot of subclinical testing—i.e. tests of troponin levels, inflammatory markers, all sorts of different things—because we know that we're dealing with gene therapy, and we also know that we can expect certain types of side effects.

When you're conducting a clinical evaluation, basically the first question that you answer is: Do they need them? And so when we're talking about kids, if we realize by looking at the data that they aren't needed, then that would be the very first reason why we would not proceed. Because you should never give something that isn't needed. That would be applying the principle of minimal intervention. The second thing that we'd want to look at is: Do they work? If they don't work, then again, you don't give them to anybody. And finally, we'd want to make sure that they're safe. And again, safety being particularly important in this particular context, because children have so many quality life years ahead of them, and we definitely don't want to be injuring anybody.

So let's ask the first question: Do they need them? This is basically a plot that was taken from the Canadian COVID-19 Immunity Task Force. And in this plot it basically shows that at this point in the pandemic—we're three years in now and Omicron, which is a highly contagious variant, has been circulating widely for quite some time—they found that if you did antibody testing or seroprevalence testing, that 80 per cent of children in Canada now have antibodies, which basically confirms that they've contracted and recovered from a COVID-19 infection. We can expect, based on any principle of vaccine or natural immunity, that these people would have some degree of immunity to SARS-CoV-2. Now we know that children were never really at risk of COVID-19 because there were very few severe cases of COVID-19 in children and almost no deaths whatsoever. So we know that they're quite healthy. And now we know that they also have widespread, long-lasting, and robust immunity.

How robust is their immunity? This is a study, and I'll just walk you through this one table. This is a publication that was published by *The Lancet Microbe* and it was a retrospective study from Qatar.

[00:10:00]

And they were basically comparing natural infection—which is what we talked about the children having—versus the Pfizer vaccine, versus natural infection, versus the Moderna vaccine. Both of those vaccines were promoted as having about a 90 per cent efficacy. What we want to know now, what this study is going to show us, is how much more efficacious is naturally acquired immunity than these two vaccines? And so when they conducted the study, what they found was that when you compared naturally-acquired immunity to the vaccine immunity, the people who had naturally-acquired immunity had a 53 per cent reduction in the rate of infection compared to vaccines. So this is much more effective than the actual vaccine. And when we do cancer research, if you have a hazard ratio of 0.47, that's a very, very potent intervention and that would be highly recommended.

Now, what they also looked at were cases of severe, critical, or fatal COVID-19. And what they found was a hazard ratio of 0.24. That means that the people who have naturally-acquired immunity are 76 per cent less likely to get an infection compared to the vaccine arms of the study. What this is showing beyond a shadow of a doubt from an observational study is that the naturally-acquired immunity is much better than vaccine-acquired immunity.

And therefore, based on these two slides, the fact that kids are not at risk in the first place; second, that they have extensive naturally-acquired immunity as shown by seroprevalence tests by the COVID-19 Task Force in Canada; and the fact that studies show that naturally acquired immunity is much more effective than vaccine acquired immunity, we would **basically say to the first question that, no, there is no need to vaccinate children based on a lack of need.**

So then let's go on to the second question: Do they work? And now when we're looking at clinical evidence, not all the science is the same. And I know that throughout the pandemic, many people have said, "We need to follow the science," as if there was one science and one answer. But the truth of the matter is what you need to do is you need to kind of prove that something is better than something else. And the best way to do that—the most reliable and the trusted way of doing that—is a randomized controlled trial, which would be considered Level I evidence. And when you have randomized controlled trials and you have that level of data, then you're able to say that something causes something else. Any other level of data—for instance, these types of studies down here—you would have to hesitate

in a causal relationship. Because you can show an association, but you can't show that something proves something unless you've randomized it and you've controlled for baseline influences.

Let's look at the type of study. There's a lot of observational trials that are out there. And that's where they look at real world data and they say: "We deployed this vaccine at this point and the rates of hospitalization are lower." But observational studies can't actually prove that something works because correlation does not equal causation. Again, you need to have a randomized controlled trial. And because naturally acquired immunity is the current standard, in the sense that children have extensive naturally-acquired immunity, we'd actually have to compare the vaccine to somebody with naturally-acquired immunity to figure out if the vaccine would be beneficial at this time. And because children are not—The only risk that they have is hospitalization, we'd want that to be the main endpoint, and we'd want to make sure that it would address hospitalization in a post-Omicron era.

And so we basically need to show a study that compared the vaccine to naturally-acquired immunity, looking at hospitalization as the main endpoint, at a time when Omicron is circulating widely. And if you provide descriptive statistics—which is, basically, you might randomize something but you can't statistically prove that something is better than the other—then that isn't sufficient proof to prove efficacy.

So here is what our team thinks would be the ideal trial to prove that COVID-19 vaccines are beneficial for children in Canada at this time when Omicron is circulating widely. You basically want to look at children who are at risk of severe COVID-19 only,

[00:15:00]

because healthy children are not at risk of severe COVID-19. You want to do it during the time when Omicron is circulating widely. Because it is a gene therapy, you'd want to make sure that the population size was enormous, 80,000—the original trial was probably about 40,000; that it was randomized; that you compared the gene therapy to naturally-acquired immunity; and that you looked at hospitalization. And that you followed this for 15 years, as per the gene therapy guidelines from the FDA.

But again, when we're looking at the vaccine trial design for the COVID-19 vaccines, we see that the studies were conducted in a pre-Omicron era, which basically makes them clinically irrelevant for a post-Omicron era. They were conducted in children who were healthy and had no prior COVID-19, which doesn't reflect at all the children today. The population size was very small for their main endpoint; it was less than 500 children per cohort. And instead of comparing the gene therapy to naturally-acquired immunity, they compared it to the use of the vaccine in young adults.

So what they actually compared for their primary endpoint, or their primary comparison, was the gene therapy versus the gene therapy. And that's called a "no-lose trial design." When a company basically wants to show that their trials are positive, they'll do a non-inferiority trial against their own product because they want to stack the comparison so that if they felt that they would lose to naturally-acquired immunity, they would choose the comparative that they know that they can beat or be equivalent to. This is not a surprising trial design for a company that basically wants to make sure that they get positive trial outcomes.

And again, what we'd want to see is hospitalization as the endpoint, but what they actually looked at was neutralizing antibody titers. And I don't want to bore you with something

that's too complicated, but basically a neutralizing antibody titer— What they're doing is considered a surrogate or a correlate of prevention. They're going to argue that because the antibodies change then there's some sort of level of immunity, and therefore that immunity would extend, for instance, to lower rates of infection perhaps, or lower rates of hospitalization.

But according to the *New England Journal of Medicine*, a recent article published there, they've argued that in the post-Omicron era, antibody levels are not a surrogate or a correlative prevention for hospitalization and so it should not be used.

They had a component of the trial design where they did compare the gene therapies to placebo. But one of the things that should be noted in this particular area is this is descriptive statistics and they can't be used to prove superiority of the vaccine, even though the rates of efficacy were rated and we were told that it was superior to the placebo. Because they didn't do any statistical treatment on this data, you can't actually use that as proof of superiority, again.

So at this time there is no trial that's in existence that shows us that this COVID-19 vaccine is superior to naturally-acquired immunity—the current standard—and that it is able to reduce hospitalizations or severe COVID-19 in a post-Omicron era. Because there are no trials that actually address the question that we need to know, which is the clinically relevant question, we could probably stop our analysis right now and say that there is no data available to support the use of these COVID-19 vaccines at this current time, which is the post-Omicron era, addressing the issue in question, which is hospitalization in children who have naturally acquired immunity.

However, we will go and look at the results of the trial. We're going to be looking at descriptive statistics. This is what the regulators and health officials use to support the recommendations for use. Right now, we're going to be looking at 12- to 15-year-olds and 5- to 11-year-olds. And, basically, what we see is that the COVID-19 vaccines have little to no clinical benefit. So although there were many that argued that the vaccine was 100 per cent effective, that was a relative risk reduction comparing zero episodes of symptomatic COVID in the Pfizer injection arm versus the placebo arm.

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The absolute benefit made available to children was 2 per cent.

So only 2 per cent of the children who actually received the vaccine benefited from it, whereas the rest of them did not benefit from it. When you see an absolute risk reduction that's that low, you have to question whether it's really worth pursuing. And again, we **know that children don't have severe disease. This is just a runny nose or a fever, and that's not something that we necessarily have to treat with children because it isn't severe. And if we do look at the number of severe cases, you can see that there were no severe cases in either group, i.e. children are not susceptible to severe COVID. And that applied for the 5- to 11-year-olds and the 12- to 15-year-olds. So here we have no benefit in terms of severe disease, and only a minimal absolute benefit in terms of mild disease. We look at the younger cohort, the initial trial design was to be giving them two doses. And whenever they completed the protocol-specified two doses, the relative risk reductions were 14.5 per cent and 33.6 per cent for the two cohorts, which basically means that the vaccines didn't work.**

What they did was what we would call a "fishing expedition," where they changed the protocol so that it could be adjusted to be positive and so they added a third dose. In our

particular area, if you see somebody who makes this post-hoc adjustment, you basically throw the data out and you don't regard it—because you can almost make anything look positive if you work at it hard enough. So here they added a third dose, and again, only about a third of the children continued on to the trial to get that third dose. And when it looked at symptomatic COVID-19 cases, there was only a difference of three cases between the two groups. So you've given the vaccine to all of the children in the vaccine group and there's only a difference of three cases which, again, was touted as an 82 per cent benefit, but really was only a 2 per cent absolute risk benefit. And again, here in the six months- to two-year-olds with the third dose, there was only a difference of one infection between the two of them. They called that a 76 per cent relative risk reduction or called it efficacious, but really, it was only a difference of about 1 per cent between the two groups.

In terms of severe cases, I would argue that there probably were no severe cases, although there might have been one that was considered a severe case in the placebo arm, although it wasn't confirmed. So again, you have less than 2 per cent benefit for treating all the children.

So again, if you were thinking about the principle of minimal intervention, you would say: Is it warranted to give a vaccine or a treatment to all the children when it really only benefits a very small amount? At that point what we would probably suggest is that you would treat the children who have difficulty or who might be more susceptible—or treat them, period—and you would probably opt out of a preventative approach in this particular case.

I'm just going to zip through this slide here.

One of the things that is also really important is they did a point-in-time comparison. They only really ever measured the antibodies about a month afterwards, and they measured the symptoms about seven days after the second dose. But what they failed to do is watch how the benefit changed over time. And so here is probably one of the better studies. It's a *New England Journal of Medicine* publication. It's looking at the six-month follow-up after a fourth Pfizer vaccine dose in adults. We're going to argue that probably the efficacy of these things is going to be similar. Its probably going to see similar waning in the children as you do in the adults.

In this particular study, what they saw was that the benefit peaked at four weeks. Remember, they've only identified the benefit at seven days. Three weeks later, they basically see that the benefit has peaked. It's at its height. And then it wanes slowly afterwards. So by 13 weeks, it's basically gone completely.

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Here we have a benefit that helps 2 per cent of children seven days only after they get the injection, but is gone probably within three weeks later and might even become negative over time. And so again, I don't think that we have sufficient efficacy data to show long-term benefit for these particular vaccines.

Because the vaccines wane, the boosters are required. And because we're now in a post-Omicron era, we've been proposed that the Omicron booster is the solution to the problem of waning efficacy. So this is basically the results of the BA.1 Omicron booster trial, which was used to support the recommendation for use of these vaccines in children—this particular vaccine being the Omicron booster. And in this middle panel here, what you can see is that 78 per cent of the participants had no previous infection. So again, because most

children today have had a previous infection, the results of this trial are probably not very clinically relevant, but they were used to support the vaccine. So let's just take a look at them.

Our regulators argued that the level of antibodies were higher for the Omicron booster than they were before they received the booster—on day 29 after their booster. You see this jump in antibody levels like this and that the antibody levels for the Omicron booster jumped higher than they did for the regular booster. And therefore, they argued that the Omicron booster was more effective than the regular booster. Now again, if we go back to what we know about correlates of prevention, it is clear that antibody levels are not a correlate of prevention for hospitalization, for instance, or even symptomatic COVID-19 in a post-Omicron era. So therefore, all that we can say based on this is that both groups got antibodies after they received the injection. And we can't infer anything regarding the actual immunity.

However, they did happen to measure the immunity in this particular study. And what they found is, in the group that had lower antibody levels, they had 1.5 per cent infection rates. And in the Omicron booster arm, they had higher rates of infection following those antibodies. This goes to prove that antibody levels are not a correlate of prevention, and that there were higher rates of infection on the arm that was the Omicron booster arm. And regardless of the results of this trial, i.e. showing higher rates of infection and not being a correlate of prevention, our health authorities went ahead and approved this particular thing for children without any specific testing in children. This actual study was run in adults. So the study, in my mind, would be negative. It would not be applicable to children, and yet our regulators—and particularly NACI—recommended these agents in children.

So on to the next question. I would say for the question where it says "Do they work?" the answer probably would be that there's insufficient data to support the fact that they work. And until they prove that it works, then we should assume that they don't work. In terms of safety, again, when we're looking at new agents, what we want to see is pre-clinical testing. And the one thing to note about these particular agents is that the normal type of testing that you would do—the rigorous pre-clinical testing for the COVID-19 jabs—were not done.

In terms of oncotoxicity, we want to make sure that it doesn't cause cancer; reprotoxicity, we want to make sure that it doesn't cause infertility; and genotoxicity, we want to make sure that it doesn't harm your genes or your genome. None of these tests were done. The thought of giving these to children without having done these basic tests is very disturbing.

And if we look at the clinical testing that was done, we would want to see extensive testing. Because, again, we're looking at gene therapy, and the FDA recommends up to 15 years of safety testing for gene therapy. We know that inflammation is a known side effect, whether it's myocarditis or pericarditis or encephalitis or any of a number of different inflammatory reactions that we've seen associated with this. So what we want to see is clinical testing,

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in the sense of monitoring of a broad range of symptoms. But we also want to see subclinical testing. We'd want to be measuring troponin levels to see if there's any cardiac damage. We'd want to see D-Dimer levels to make sure that there's no coagulation occurring. We want to see C-Reactive Protein to make sure that there's no inflammation.

But, when we looked at these studies, what they did was they basically measured reactogenicity, which is COVID-like symptoms, for seven days only after receiving the injection. And then if somebody had a severe or serious symptoms, they would follow that person for up to six months. And when they basically recommended that these particular COVID-19 vaccines be released to market and used in children, only two months of data had been collected. So that's two months of data out of the 15 years that should be done for gene therapy. And even within that context of running a study for two months, they only actually looked for side effects for about seven days. And so that would be nowhere near sufficient to be able to characterize the side effects profile of something like a gene therapy over that time. And they did not look at subclinical testing, so there could be damage that isn't clinically obvious yet that's occurring. And knowing the mode of action and how these COVID-19 vaccines work, it would have been important to do that type of testing.

I'm just going to pause right now and say that if I see this type of negligence in terms of safety testing, I would probably assume that there's an entity that is benefiting from promoting these particular vaccines that has an alternative agenda—that isn't the benefit of children—in mind. And that would be something where you would tend to see minimal safety testing or misreporting of safety testing, and you'd see the benefits exaggerated and the safety issues minimized in this particular scenario. And I would probably say that what I'm seeing here fits that particular profile of somebody minimizing safety issues and maximizing efficacy beyond what's actually true.

So again, when we were talking about what they monitored very closely, they looked at COVID-like symptoms for seven days following the shots. In the left-hand panel, they looked at pain at the injection site. And on the right-hand panel, they looked at systemic events—so those are those flu-like symptoms that you'd expect when you get COVID-19. Now, I just wanted to remark that after these injections— After the second injection, and these types of side effects occurred both at the first injection and the second injection, what you see is almost 80 per cent of the kids having pain in their arm where the injection occurred—probably about 30 per cent of them having significant pain in their arm and probably about 1.5 per cent of them, or 1.5 in 100 children's arms, were so sore that they actually couldn't use them the next day.

So now if we think back to the fact that only 2 per cent of the children actually had a runny nose, the only benefit for the vaccines that was shown is that 2 per cent of them had less of a runny nose than the other ones. Here we are giving 1.5 per cent of the children, almost the same amount of children, a sore arm to the point where they can't use it. If you look at fever, another 2 per cent of them had a fever greater than 40 per cent, which is actually very serious. In terms of fatigue, another 2 per cent were so tired they couldn't get out of bed and couldn't carry on their daily activities. They may have required medical care or a visit to the ER, or the hospital because of it. And again, 2 per cent of them had very severe headaches and 2 per cent of them had chills.

So for a 2 per cent benefit in reducing COVID-19, which is what an ARR [absolute risk reduction] of 2 per cent is, you also caused 2 per cent increases in severe outcomes for these children. And now it's difficult to say whether this was all the same child or different children. But it could be that they are 2 per cent of different children, so the net could be as high as 8 per cent severe outcomes in different children for a 2 per cent benefit.

Again, if we were to consider that right now—just the clinical benefit ratio considering the risks over the benefits—you would probably say that at this point, it's negative already. However, it's important to look at the overall. Remember that they were following severe and serious adverse events for a month to six months. And at the two-month follow-up for

this particular trial, we noted that the severe adverse events for children who received the Pfizer jab versus the placebo were higher. There were seven severe adverse events in the COVID vaccine arm versus two in the placebo arm. So that's a relative risk increase of 249 per cent. And if we look at serious—which is basically people who have to be hospitalized, inpatient hospitalization, have life-threatening, maybe death, or even being permanently disabled—again, you have more of those in the Pfizer COVID-19 jab arm than you do in the placebo arm. And that's a relative risk increase of 299 per cent.

So again, coming back to our original focus, you have children who are not at risk of severe COVID-19. You can see that they didn't have any COVID-19 severe cases in the actual trial. But here you can see that those who were vaccinated were 12- to 15 years old, actually had more severe and serious events occur to them than they did from COVID-19 at all. So what I would argue here is that the vaccine is less safe than not having it at all, or than naturally acquired-immunity and letting children handle it on their own.

Again, our regulators are recommending booster shots to these children. This CDC [Centres for Disease Control and Prevention] graph basically shows the side effects that you get with each dose of the vaccine. So this is the first dose. This is the second dose. You can see that 80 per cent of children, or greater than 75 per cent of children, for the second and the third dose—the third dose being the booster—have side effects or systemic reactions that are serious enough that at least for the third dose, 26 per cent of them can't carry out their daily activities. Twenty percent of them are unable to go to work or school after they've received that third dose. And 1 per cent requires medical care.

Again, if we were to go back and think about naturally-acquired immunity and the fact that it's much superior to COVID-19 vaccines, then we would say it's not needed. If we looked at whether the vaccines are working, we'd probably say they aren't. But one of the things that's very clear is each time we give one dose to a child, we actually cause a severe amount of adverse events—to the point where 20 per cent of them are unable to go to school following the injections.

So let's talk about myocarditis. This is a well-recognized side effect of the COVID-19 mRNA vaccines. At this point, there's as many as 1 in 5,000 males aged 12 to 24 that can get myocarditis after the second dose. We now know that that's an underestimation because there are studies now that look at troponin levels. And I think it's 1 in 300 people who get the COVID-19 vaccine actually have elevated troponin levels, meaning that it's a sign of cardiac harm.

We do know that severe myocarditis weakens your heart and that your heart muscle can't regenerate. And it could affect the transduction of the heart and therefore result in severe outcomes, especially with exercise or exertion. The mortality rate is up to 20 per cent higher for people who have myocarditis at six and a half years. This is nothing to disregard. And especially if we're thinking about injury in young children and the fact that they're going to rely on a strong heart for the rest of their life: any type of damage that occurs presently might have unknown consequences long term.

The last thing that I'd like to touch on is excess death and all-cause mortality in Canada presently. These are data pulled from Stats Canada. What we can see is leading up to the pandemic, or the COVID-19 crisis, there was no excess death. So that's this looking down here. And with lockdowns, when lockdowns were initiated, in the age group of zero to 44 years,

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there was an increase in excess death that was timed after the lockdowns. Here we can see that the first dose of the COVID-19 vaccine was administered to people generally speaking, so that would not have included children. And then a second dose was administered here. And with this second dose, what we can see is another increase in excess deaths across Canada timed with the second dose of the vaccine.

Now, it's hard to prove that this was related to the vaccine, but we do know that the excess death is occurring in those who are zero to 44 years, which is the segment of children, and that it is timed with the vaccine. If you look at the number of COVID-19 deaths in that age group, you can see that the deaths are minimal compared to the excess deaths during that time. What we would do is we would look at that and would say that that's a concerning signal. There's a temporal association that would need to be investigated and proven to be untrue, or that we'd want to see extensive safety testing before we would move forward with recommending a vaccine that had this type of association in children.

So just winding up: Do they need them? No. Do they work? No. Have they been proven safe? No.

And these are the countries that at this point in time have basically chosen to not pursue COVID-19 vaccination in children and young adults. Among those are a bunch of studies from Europe—again, England, Australia has made those changes. And more recently the World Health Organization has categorized—as of yesterday—children as a low risk of severe COVID-19 and therefore do not recommend vaccinating them moving forward.

The question that I have at this point is: How is it that our regulators are recommending these types of treatments with data that clearly does not support their recommendations?

One of the things that we do when we're looking at data that looks like this, where the efficacy and the safety have not been sufficiently supported, is we look to see if there's any conflicts of interest in the people who are responsible for making those decisions. Dr. Carolyn Quach-Thanh is the NACI chair at the time the COVID-19 vaccines were approved. Those would be when COVID-19 was declared and the COVID-19 vaccines were approved. One of the things that we noted was that she received a \$2.6 million grant from the CIHR [Canadian Institutes of Health Research] to study various aspects of COVID-19 right when the pandemic was declared. And she's gone on to receive more than \$10 million in grants to study COVID-19 and various topics since the time of the pandemic. And so I would probably argue that that's a lot of money going into somebody's research career on a product that may or may not be beneficial for children.

Dr. Shelley Deeks is now the NACI chair and she was the co-chair at the time that the COVID-19 shots were approved. And she received a \$3.5 million COVID-19 readiness grant before we even knew whether the vaccines were going to be beneficial in adults, before we had any phase three data. So again, it would seem difficult to me to think that people whose careers are focused on studying COVID-19 and COVID-19 vaccination would be able to objectively evaluate data on these particular vaccines and their benefits.

I'm just going to end with that there and turn it back to you, Shawn. We've covered a lot of data there. But I think that there's enough to say that it's questionable as to why these vaccines were ever really approved in this particular cohort of children at the time that they were.

Shawn Buckley

Yeah, and I'm curious Deanna, because you had hinted during your presentation that you kind of questioned who benefited from this. You were basically saying that the benefits were exaggerated and the opposite with the safety concerns.

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And you're kind of teasing us to suggest, I believe, that it would be Pfizer. Or do you think that legitimately the approval bodies are compromised in this situation?

Deanna McLeod

I think that the manner in which the trials were conducted and reported basically maximized benefits and minimized safety. But it is our regulators and our health officials who are responsible for identifying these things and for basically ensuring that we've got data that proves benefit before moving forward. So I would say for sure that Pfizer and Moderna basically presented the results in a manner in which it would further their financial gains and that the people who should have been catching these things weren't catching these things. I also wonder what other interests are at play in our regulators and in our health officials that they would go forward with these types of recommendations based on this particular level of data. It's very concerning.

Shawn Buckley

Now, you've presented us with an analysis of the data by the pharmaceutical companies. Have you looked at adverse reaction reports in either Canada or other countries? Because my understanding is that Canada is getting a reputation for under-reporting adverse reactions.

Deanna McLeod

That's a great question. I tend to stay away from relying on adverse event reporting from Canada. I know that they basically say that the passive surveillance system that they have in place is sufficient to detect safety issues and that they're monitoring it very closely.

However, there's a few problems with that. One: it's passive surveillance and therefore it under-reports the level of adverse events. It was never designed to be able to characterize the safety profile of a gene therapy. If you send somebody home and you tell them that the vaccine was safe and is no problem, then the last thing that they're going to be looking for is safety issues or adverse events reporting.

What should have been done is you should have been under clinical supervision, carefully monitoring people for any type of adverse events—and a broad spectrum of adverse events because we know that we're dealing with gene therapy, which causes inflammation and spreads throughout. And that the lipid nanoparticles bring the mRNA material all through your body, and that the mRNA produces a spike protein which produces inflammation. We should be expecting to see inflammation throughout the whole body. So you should have a safety protocol that is rigorously and actively monitoring that type of thing.

To think that a passive surveillance system would be adequate for that purpose is laughable. And you know, if we did look at the VAERS [Vaccine Adverse Events Reporting System], the adverse events reported in and around the COVID-19 vaccines compared to all

other vaccines for the last 30 years is not even comparable. There's been so many adverse events reported through these types of systems that, you know, it's almost shocking.

Shawn Buckley

Does that still apply for children or are you referring just to adult numbers?

Deanna McLeod

I haven't teased it out for children specifically but you can expect that if you see the same drug being used in adults as in children, that you would see a similar profile. Although the dosing is slightly different for children, I don't think that the actual profile of the vaccine would look very much different.

Shawn Buckley

So would it be fair to say that, as far as Canadian statistics go, we have in no way a reliable reporting system for vaccine injuries outside of the clinical trial data?

Deanna McLeod

That's correct. In fact, our firm compared the rates of adverse events reported through CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] to the actual clinical trials. And whereas the clinical trials were catching 70 per cent adverse event reporting, CAEFISS captured about 0.1 per cent. So that's like— Not even 1 per cent of the actual side effects were being captured by that system.

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Shawn Buckley

Is there a country that you would think has the most robust adverse reaction reporting system for children? And if you have an opinion on that, can you share with us what that country's data is showing?

Deanna McLeod

Yeah, again, I stick to what you can prove, which is stuff that you would see in a randomized controlled trial. And so I haven't spent too much time looking at passive reporting systems, because they're very difficult to interpret and it's difficult to use them to prove anything. However, again: I would go back to saying that the UK Yellow Card system is probably one of the better ones. You do see the same spectrum of adverse events as you would with adults but with a heightened adverse event reporting in and around myocarditis and pericarditis, especially after the second dose in young men. Especially when you mix doses—particularly when you give Pfizer and then Moderna, or Moderna then Pfizer.

Shawn Buckley

Right, I'm going to ask the commissioners if they have any questions for you. And there are questions for you.

Commissioner Massie

Thanks, Deanna, for your very well-crafted presentation. I have a couple of questions. The first one is about— I understand the challenge to demonstrate the efficacy of vaccines because, unless you have a very good animal model that would be fairly representative of what would happen in humans, you cannot purposefully infect people to see whether the vaccine works. So you have to rely on surrogate markers. In this case, it seems that there's been a lot of emphasis put on antibody titer. And if I'm not mistaken, when you look on the FDA side, this spelled out specifically: that the antibody is not a good surrogate marker for protection against infection. So why is it that we keep seeing that in all of the presentations from the company?

Deanna McLeod

That's an excellent question and I'll answer it from a research development and an accelerated approval scenario. In cancer, which is where I work, again people look for surrogate markers. Because, again as you mentioned, you want to be able to identify benefit early and have it point to the ultimate benefit that you want— So for instance, response rate might be considered a surrogate for survival in cancer. But in order to establish a surrogate, you need to clinically validate it and you need to make sure that it's the case across different settings and in this particular scenario, across various variants as well.

Although there was quite a bit of testing done in the original trials where they felt that it was valid in the sense that the antibodies could predict symptomatic COVID-19 in the pre-Omicron era—and I would probably argue that that's not the case in the post-Omicron era—they now acknowledge that it isn't a correlate of prevention, which is the proper terminology for it in the vaccine world. And it isn't a correlate of prevention for hospitalization in the post-Omicron era. To your point: this antibody testing that perhaps they used because they wanted to find a surrogate is not validated. And it has not been validated, so they cannot use it. But, why have they been using it? I think that when I see this type of thing, it's because regulatory bodies have bowed to the pressure of somebody in order to expedite approval.

If you want expedited approval of something, if you want to have accelerated approval—get it to the market much more quickly—you tend to rely on surrogate markers. And so I would probably think that there is some sort of organization, entity, that is highly motivated at getting these vaccines to market as quickly as possible. I know that there's quite a few people who are considering this perhaps a global goal—to be able to work together to get things to the market much more quickly. But I think that that's only a benefit if you've done the rigorous testing that you need to make sure that these things are safe and effective.

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Because, if we're getting things to market that are harmful, and we're making sure that they're in the arm of every single person on the planet and it hurts them, especially our children and our future, then that's of grave concern.

Commissioner Massie

I also have a question about the documentation you've presented. I know that you have done a more extensive analysis on the conflict of interest. I think you did a presentation on that which was more detailed, if you want. Because one of the questions that I had is: Is there any sort of practice or regulation that would prevent the people that are called on in

our institutions to qualify the relevance of any medical treatment— Would have to actually be shown to be exempt of conflict of interest? It's probably not enough just to declare it at one point. Is there something that is preventing these people from acting there? Obviously, it doesn't seem to work if there's anything. Are you aware of anything like that?

Deanna McLeod

Well, I think that whenever conducting conflict of interest work— And we have another presentation at the Citizens Inquiry here coming up that will delve into that in a little bit more detail and you can go on the Canadian COVID Care Alliance to see a more detailed analysis as well— But, on that note, I think that the normal way that you look at conflicts of interest is to simply look at: Has a pharmaceutical company that stands to benefit from positive recommendations—in this case, it would be Pfizer and Moderna—have they directly paid anybody who's involved in the decision-making? In our particular situation, NACI would be the body that's responsible for the independent evaluation of the COVID-19 vaccine data and formulation of recommendations; and those recommendations are then taken into consideration by each of the provincial authorities that make recommendations. So I would probably put them as responsible for things in Canada. And if you did look at strictly Pfizer or Moderna giving them money, there is definitely some level of conflict of interest.

But the thing that we noticed the most is that the conflicts of interest are coming from a global level. They're being channeled down through traditional funding levels, for instance, with the Tri-Council [Government of Canada research funding agencies]. However, the research agenda is being set by global bodies, for instance, GLOPID-R [Global Research Collaboration for Infectious Disease Preparedness], which is a global research network whose membership are vaccine manufacturers and NGOs that have a pro-vaccine agenda. And so what you see is the projects that are being funded and the people who are being rewarded for positive recommendations around COVID-19 vaccines are those that are in line with those global entities.

I would probably argue that you have somewhat of a hijacking of our healthcare system through even normal funding means, for instance through Tri-Council funding, because they have bolted on to the research agendas and goals of these international organizations, for instance, the World Health Organization and GLOPID-R. And therefore, you can see a vaccine readiness grant of \$3.5 million going to the person who's going to be deciding whether the COVID-19 shots should be approved in Canada.

Why is she getting ready for COVID-19 vaccines before we even know that they're safe and effective? Why is anybody considering them? The amount of money that went through our government to people to decrease vaccine hesitancy leading up to the rollout of these **COVID-19 vaccines was incredible. Why were we telling people to not be hesitant around COVID-19 vaccines before we knew that they were safe?**

These are, I think, really important questions that we need to be answering: Why were we having such a pro-vaccine stance and why were the studies designed to make the vaccines look so favorable? And why didn't our regulators stop these vaccines because they didn't have the sufficient level of safety and efficacy data needed—especially in children? Those are the questions that I think need to be pursued and investigated a lot further.

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Shawn Buckley

Deanna, finally just add to what you're saying is: As you're aware, the regular drug approval test in C.08.002 of the drug regulations was abandoned for COVID-19 drugs. And the interim order that substituted the regular objective test of safety and efficacy and produced a subjective test did something also interesting: It exempted the government and COVID-19 drugs from several provisions of the *Food and Drugs Act* and Regulations. And one of the regulations prevents the importation of a drug if there isn't a drug approval. And that was exempted. So Her Majesty purchased a large amount of these vaccines and was permitted to import them and distribute them to the provinces while waiting for herself to approve the vaccines. So it was kind of a classic conflict of interest, where the minister was allowed to purchase and import and distribute while she waited for her servants to approve them. There's just so many interesting things about this rabbit hole.

Deanna McLeod

I think—I'm very hopeful this Inquiry will serve the purpose of evaluating all of these things. Because one of the things that we need to really be mindful of is, if a pharmaceutical company sees that this tactic has been successful, I will guarantee you that this is not going to be the last time we see it. The onus is upon us to identify how it happened and to stop it from happening in the future or we're going to have—you know, once the fence has been breached, or once the wall has been breached, you can expect the hordes to enter. I think we need to repair the wall or this won't be good for our children—or anybody else moving forward.

Shawn Buckley

And I'll ask the commissioners if they have some more questions.

Commissioner Massie

Would you make your documents available so we can actually review them in more detail?

Deanna McLeod

Absolutely. Yes, no problem.

Commissioner Massie

Thank you.

Shawn Buckley

Deanna, if you can forward them to me, I'll just have them enter it as an exhibit so that the commissioners can review your slides [no exhibit number available].

Deanna McLeod

Okay, well thank you very much.

Shawn Buckley

And there doesn't appear to be any more questions. On behalf of the National Citizens Inquiry, we thank you for your presentation.

Deanna McLeod

Okay. Thanks very much for having me. Have a great day.

Shawn Buckley

You, too.

[01:02:50]



Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 11: Remus Nasui

Full Day 1 Timestamp: 08:22:21–08:37:09

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Remus, we're sorry that we're running a little behind today. But I ask if you could state your full name for the record and then spell your first and last name for the record.

Remus Nasui

Thank you for having me. My name is Remus Nasui. First name spelled R-E-M-U-S. Last name spelled N-A-S-U-I.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Remus Nasui

I do.

Shawn Buckley

Now, my understanding is that you've been a paramedic since 2002.

Remus Buckley

That's correct, yes.

Shawn Buckley

But you were working for a district that, at the end of the day, did not require vaccination.

Remus Nasui

They did not force us. They gave us the option to test.

Shawn Buckley

Right, okay. So you haven't lost your job?

Remus Nasui

I did not, no.

Shawn Buckley

But you did come down with COVID and now you have natural immunity.

Remus Nasui

That's correct, yeah.

Shawn Buckley

But despite the fact that you didn't lose your job, there was a difference in how you were treated. And I'm wondering if you can share with this Inquiry the difference in how you were treated.

Remus Nasui

Of course, yes. We were given the opportunity to continue employment, as long as— Initially, during the second wave, the Delta wave, after the vaccines were rolled out and vaccine mandates became more and more prevalent, we were given the option to do a RAT [rapid antigen] test once a week. And we had to submit that prior to coming to work to be allowed to fulfill our shifts.

After the Omicron wave came, we were required to do a test prior to every shift. And these tests only applied to unvaccinated paramedics. Despite knowing that people who took the vaccines could still get infected and transmit the disease to others.

Shawn Buckley

Now, did you find there was a difference? You're at work, you're in your paramedic's uniform, and you were able to basically, I assume, go wherever you want.

Remus Nasui

That's correct. During work, I was able to attend any venue or I could get on a plane or a train. I could go into an arena, a restaurant, a gym, if I was required to provide care. Then as soon as I finished my shift and went home, I was basically treated like a leper. I was unable to enter any venue because I did not have a vaccine pass.

Shawn Buckley

So you kind of experienced two worlds whenever you are on shift as a paramedic.

Remus Nasui

That's correct, yeah.

Shawn Buckley

Can you give us some examples of how it affected you, not having a vax pass?

Remus Nasui

Well, it prevented me from travelling abroad to visit my father when he got sick. My family got kicked out of the recreation centre that we attended for about two years prior because we were not vaccinated.

Shawn Buckley

I'll just flesh that out a bit. So your father was sick. Am I correct that you're an only child?

Remus Nasui

That's correct. I am the only child, yeah.

Shawn Buckley

And it was somewhat serious. It was a blood clot and he—

Remus Nasui

That's right.

Shawn Buckley

So how did that affect you not being able to go and care for your father?

Remus Nasui

It was tough.

Shawn Buckley

And then you spoke about this club. You're not allowed to go. Are other family members that are not vaccinated allowed to go to this club?

Remus Nasui

My son was under 12 years old at the time and he was part of the tennis team—the elite tennis club there. So while me, my wife, and my daughter were kicked out, my son was allowed to continue attending the club.

Shawn Buckley

Same household.

Remus Nasui

Absolutely.

Shawn Buckley

So one member of your household could go and attend.

Remus Nasui

That's right, yeah.

Shawn Buckley

And then come home.

Remus Nasui

Yep.

Shawn Buckley

But no one else from the household could attend.

Remus Nasui

That's correct, yeah.

Shawn Buckley

Now, did the culture change at work? After the vaccines and before the vaccines?

Remus Nasui

Yeah, I would say it changed dramatically after the mandate rollout took place. The mandates and the vax pass really created a lot of division in the company. The majority of employees took the vaccines. I think it was either following the vax pass or an interview by our Prime Minister in Quebec, where he labelled the unvaccinated as racist,

[00:05:00]

misogynistic, extremist, that the attitude changed significantly even within my company towards those who did not take the vaccines.

Shawn Buckley

But specifically, how did it change? When you went to work, how did your coworkers treat you differently?

Remus Nasui

Well, within my company specifically, there were co-workers that approached management to refuse working with unvaccinated colleagues. There were other co-workers that posted online things like, "I hope that the unvaccinated colleagues get sick with COVID and do not get quarantine pay." Which was our policy in our service at the time: we got 14 days off with quarantine pay. And just generally speaking, an animosity towards people who chose not to do the right thing.

Shawn Buckley

And how did this make you feel?

Remus Nasui

Awful.

Shawn Buckley

Now, you have some unique experience. You lived in a communist country.

Remus Nasui

I grew up in a communist country, yeah.

Shawn Buckley

And then following that, you moved to South Africa while there was still apartheid.

Remus Nasui

That's correct. I got there at the end of apartheid in 1991.

Shawn Buckley

And so having had those lived experiences, how did you feel about the vaccine passports coming out?

Remus Nasui

To give you an example, when I lived in South Africa at the end of apartheid, before the transition took place, black people who lived or worked for white households were bussed in at the beginning of the week. And they would spend the next two weeks in the household there—with their employer-master basically relationship. And then they were given two, three days every two weeks to go spend with their families back in their home. But while they lived on-site in the white household, they were allowed to go and pick up items if the household needed them in the stores, in the city. But in order to be allowed to do that without fear of arrest, they had to get a permit from their household owner that allowed them to leave the household and go into the city to purchase items. So they had to get basically a pass.

Now, seeing that experience and knowing that that's wrong because it's a discriminatory experience based on race—and we know it's not right to discriminate based on race, religion, political ideology, gender—I think it's really wrong to discriminate against people based on their medical choice. And it kind of reminded me of that. Because without a vax pass, here you were not allowed to enter a variety of places. In fact, you were really unwanted.

Shawn Buckley

Now in your job as a paramedic, my understanding is that after the vaccines were rolled out in—I guess that would be 2021—you noticed a change in both the number of calls and the type of calls. Is that fair to say?

Remus Nasui

Yeah, I would say that the change started in— Probably towards October, November of 2021. And then it accelerated in 2022.

Shawn Buckley

And what was the change?

Remus Nasui

I noticed a significant increase in calls for palpitations, chest pains, an increase in sudden— well, in cardiac arrests, first-time seizures. A lot more calls than I was previously used to.

Shawn Buckley

When you say first-time seizures, what do you mean?

Remus Nasui

I mean a person that's had a seizure for the first time in their life. Despite living 30, 40, 50, 60, 70 years of their life without any seizures prior. No seizures disorder.

Shawn Buckley

Is that uncommon?

Remus Nasui

In my experience, yes.

Shawn Buckley

And when you were talking about cardiac issues, can you kind of give us a feel for how much of an increase you experienced?

Remus Nasui

Well, prior to 2021, I would probably come across a cardiac arrest once a week to once a month.

[00:10:00]

And during 2022, when the booster rolled out, it became almost a daily occurrence for a while.

Shawn Buckley

So you went from once a month or once a week to basically a daily occurrence.

Remus Nasui

That's correct. Some days more than one.

Shawn Buckley

What about your experience with people that have died? Did the death rate change in your experience? Because in your job you see deaths and you attend at death scenes.

Remus Nasui

Based on what I saw in 2022, I saw a lot of the cardiac arrests that occurred that I attended to did not respond to our normal treatments.

Shawn Buckley

Now, my understanding is that for the health authority that you work at, in the paramedics, there are roughly about 750 employees.

Remus Nasui

That's correct. Approximately—between 750 and 800, yeah.

Shawn Buckley

And of those roughly 400 are males.

Ramus Nasui

I'd say, yeah, that would be a fair estimate.

Shawn Buckley

Now, before the vaccines, can you share with me roughly how many of those came down with COVID and what the outcomes were?

Ramus Nasui

To my knowledge, during the first two waves, which was the original and Delta, approximately 70 paramedics caught COVID. As far as I know, they all recovered and they're all back to work.

Shawn Buckley

Now, what happened after the vaccines rolled out to those 750 paramedics?

Remus Nasui

Well, in our company there's one case that I do know of where a gentleman in his 40s, after his booster, developed myocarditis within about two days. Ended up in the hospital. That's one out of 400 in males.

Shawn Buckley

Are there any other irregularities that you became personally aware of?

Remus Nasui
There are, yeah.

Shawn Buckley
Okay, what percentage would have gotten COVID after the vaccinations?

Remus Nasui
During the Omicron wave, at least 70 per cent of the company got COVID. At some point, or other.

Shawn Buckley
Seventy per cent of 750 employees.

Remus Nasui
Yeah, that includes part-timers as well. Some people work full-time and then there's a group of part-timers as well. It's fairly significant too. They work in other services as well.

Shawn Buckley
Now, having experienced what you experienced, what would you suggest that we do differently if this ever happens again?

Remus Nasui
I would like to see bodily autonomy respected. I would like to see no discrimination based on personal choice. I would like the public health authorities to consider other opinions by other academics. Case in point being the Great Barrington Declaration, which was co-authored by a professor from Stanford, a former professor from Harvard, and a professor from Oxford, which took into account the high-risk groups and how to protect them while allowing society to continue their life. Without restrictions or mandates. I would also like to see Public Health Canada run the pandemic themselves, without World Health Organization recommendations, like one-size-fits-all. Because that's not right. And that's not science.

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

Remus, on behalf of the National Citizens Inquiry we thank you so much for coming today and testifying.

Remus Nasui
Thank you.

[00:14:48]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 12: Leanne Duke

Full Day 1 Timestamp: 08:55:00–09:21:06

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

You can please bring up Leanne Duke, who should be on Zoom. Leanne, can you hear us? Can you give us your camera? There you are. And give us a sound test.

Leanne Duke

I can. Can you hear me?

Shawn Buckley

We can hear you. I'm wondering if you can adjust your camera. That's a little better. And we apologize that we've kept you waiting. These things are sometimes hard to time.

I'd like to start by asking if you could state your full name for the record and then spell for the record your first and last name.

Leanne Duke

My name is Leanne Duke, L-E-A-N-N-E D-U-K-E.

Shawn Buckley

Leanne, do you promise to tell the truth, the whole truth, and nothing but the truth?

Leanne Duke

Yes.

Shawn Buckley

Now, my understanding is that you are an office manager; you deal with financial reporting and accounting and payroll and human resources and health and safety.

Leanne Duke

Yes.

Shawn Buckley

So you've got quite a mixed bag. And my understanding is that you're here today to tell what happened with your father, Wayne Duke, when the COVID pandemic arrived and we started having restrictions on us. So can you basically start with explaining that you were his primary caregiver and what that means?

Leanne Duke

Yes, I was my dad's primary caregiver. He had advanced Parkinson's disease and advanced dementia. He was living in a retirement home at the beginning of the pandemic.

Shawn Buckley

Okay, and what type of care did you give to your father?

Leanne Duke

When he first went to the home, they were supposed to take his care over, but there was a lot of problems with that. So I would go in every single morning, Monday to Sunday, and I would provide his medical care. He had a tube that went into his stomach. There was a hole which was called a stoma; and so the pump would diffuse medication into him consistently throughout the day. The stoma required proper cleaning every morning and night. So every morning I would go in. I would provide his medical care. I would also clean his room. I would trim his nails, shave him, cut his hair, clean his dentures, stock the Depends in his drawer.

Shawn Buckley

In addition to having the stoma, your father had another condition that made cleaning his room very important. Am I right about that?

Leanne Duke

Yeah, that was his Parkinson's. He had advanced Parkinson's, so he couldn't have anything in front of him. His room had to be—the floors had to be free of objects. His furniture had to be around the perimeter of the room because if anything was in front of him, like directly in front of him, his whole body would freeze and he would fall.

Shawn Buckley

My understanding is, especially with regards to the stoma, you attempted to train the staff at the facility but they just were not up to the task.

Leanne Duke

Yes.

Shawn Buckley

So when you say you went in every morning before work, this was essential care that you were providing.

Leanne Duke

Yes.

Shawn Buckley

And then you're telling us you went every night for two or three hours.

Leanne Duke

Yeah. Every night before the first lockdown, I would go and do his medical care every morning. And then I would drop his dog off, who would stay with him for the day. And then as soon as I was done work, I would go and I'd sit with him and hang out with him for two or three hours every night before I went home.

Shawn Buckley

Now, the first lockdown, in my understanding, came March 31st, 2020. Can you tell us about that experience and how it changed things?

Leanne Duke

I received a call on March 31st. It was probably around lunchtime. From the owner of the home and she said I was no longer allowed in to provide his care and his dog was no longer allowed to be there either; she said, "when you're done work, you need to come get his dog, and you can no longer come in in the mornings to provide his care."

I was locked out from March 31st until— October 21st was the day I was allowed back in.

Shawn Buckley

And then when you were able to attend back on, well let me just back up.

[00:05:00]

Even though you weren't able to attend after March 31st, you were allowed to take him to medical appointments, am I right?

Leanne Duke

Yes, so all social absences were not permitted. They weren't allowed to go out for social absences. But if they required a medical absence, I was allowed to take him to his medical appointments. He had a lot of medical appointments because, in two and a half years, he lost 17 dentures. So that required a lot of appointments to replace those.

Every time I would take him out, I would check his stoma and it became extremely infected. And also, when I would be talking with him on the phone, he would be wincing in pain all the time telling me how bad his stomach hurt. And not once did the home ever contact me

as his power of attorney for care—as his substitute decision-maker—to notify me of the state of his stoma.

Shawn Buckley

Okay, now you had actually documented what you're speaking about by taking photos of his stoma. Am I correct with that? And David, can you help me? I've got this up on the computer. Can you pull that up?

Leanne, my understanding is these are all photos that you've taken.

Leanne Duke

Yes.

Shawn Buckley

I'll scroll down— Well, actually I'll scroll up. You had typed in there, "This is how the stoma always looks in my care," and that's the top picture.

Leanne Duke

Yeah, so that's how the stoma is supposed to be.

Shawn Buckley

When you describe that, there's literally a tube going into his belly; there is a tube going into his belly here.

Leanne Duke

Yeah.

Shawn Buckley

And that doesn't look inflamed, or it doesn't look dirty at all.

Leanne Duke

No, and that's how it always looked when I was doing his care every morning.

Shawn Buckley

Okay, I'm going to scroll down to some other pictures you've taken. And you've typed into this document, "These are pictures taken of his stoma during the first lockdown. I took these pictures when I took him out to medical appointments."

Leanne Duke

Yes.

Shawn Buckley

We will enter this as an exhibit so that the commissioners will be able to refer to this whenever they want [no exhibit number available]. But how would you describe the difference in these pictures, just for the record?

Leanne Duke

His stoma was just oozing all this discharge and pus. You can see what—they call it a skin tag, which developed right around the hole. That was very inflamed and large. And I'll also say, once I was allowed back in on October 21st—within one month, I pretty much had his stoma looking back to normal. But it was like this during the entire first wave's lockdown.

Shawn Buckley

And I'm just going to scroll down. There's another photo and you have typed on here, "This was the stoma on March 26, 2022, when the home changed his plan of care from cleaning his stoma morning and night 14 times a week down to three times a week."

Leanne Duke

Yeah. And the home told me that his stoma was not infected with this picture on that day. They told me there was absolutely no infection and his stoma was fine.

Shawn Buckley

So not only are you seeing his stoma in just an awful condition, but he's reporting to you on the phone when you're having phone conversations that it's uncomfortable?

Leanne Duke

Yeah. He wouldn't say it was directly related to his stoma; he had kind of lost that capacity. He was just— You'd be talking with him and he would just start wincing in pain, like "ohh." He'd constantly be making those sounds when I was talking to him on the phone. And I'd ask him what was wrong. And he said it was stomach pains.

Shawn Buckley

Okay, now you had said earlier in your testimony that you weren't able to drop his dog off every day. So can you explain for the commissioners what the routine was and tell us about this dog. And then tell us about the effect of your dad not being able to have the dog every day.

Leanne Duke

It was very detrimental to him. So going to a home obviously wasn't my first choice but he required care 24/7. And it was a very big adjustment to him. So being able to drop his dog off and have his dog spend the day with him— In spite of his Parkinson's he would still go out walking every day. He would take his dog on these walks every day. And he had a background in training dogs.

[00:10:00]

He would sit there and he would train his dog in his bedroom. And he just really enjoyed spending time with him. And when his dog was no longer allowed to go to the home to be with him, he kept thinking that he had his dog and he'd lost him. And so he would actually start wandering.

There was a time one night—it was around midnight—I got a call from the home that my dad had run out and he was looking for his dog at midnight. Because he kept forgetting that his dog wasn't allowed there and he kept thinking he lost him. There would be other nights I'd be talking with him on the phone and he'd be all depressed. And I'd say, "what's wrong?" And he said "Well, you lost him." And I would say "I lost who?" And he said, "Well, you lost Ozzie," his dog. And I would say, "No, I didn't lose him, he's here with me." But he couldn't comprehend because he wasn't seeing his dog every day. And he became extremely, extremely depressed.

Shawn Buckley

Okay. And my understanding is your dad had basically a walkout unit with his own door to the outside. So even though he had his own door to the outside, they wouldn't let you drop his dog off for the day?

Leanne Duke

No.

Shawn Buckley

Now, when you were able to come back in October 2020, that was because they made an exemption for essential caregivers?

Leanne Duke

Yeah. So it was in September of 2020, I believe, the government classified essential caregivers and said they could no longer be restricted from providing care. The home finally let me back in in October to start providing his care again. When I was allowed back in to provide his care, they said, "You can just come in your dad's patio door in the morning." At this time, public health was saying if a caregiver was providing any type of care and you were in a certain proximity, you had to wear face goggles; you had to wear gloves; you had to wear a gown and a mask. And there were also all the screening questions you had to do. I can say: not once during that time that I was coming in his patio door did the home ever screen me, did they ever ask me for my weekly PCR test result. And they were also the ones that were supposed to provide the gown, the gloves, and the eyewear. **And not once did I ever wear anything like that while he was at the retirement home. I would just wear a mask and do his medical care every day.**

Shawn Buckley

So this home that wouldn't even allow you to drop his dog off at his door, when you were allowed to return back, didn't comply in any way with the testing, screening, and PPE requirements at the time.

Leanne Duke

Exactly.

Shawn Buckley

Now your dad eventually got moved to long-term care. Can you tell us about that?

Leanne Duke

Yes. His dementia was getting worse and the retirement home was quite negligent. On September 1st, 2021, he got a bed in a long-term care home. Before he went to the long-term care home, I had told them I'm not vaccinated. The director of care said, "Oh, that's not going to be a problem. You're still going to be allowed in." From September until December, I would go in every single night. Well, actually in the first month that my dad was there, I was going in every morning, every night after work. And then I'd go back in at 10 o'clock to train the nurses on his care, so they took over his stoma care. Then come October, I was just coming in every day after work and I was taking him out walking. He had a high incidence of falls, so they confined him to a wheelchair. So he wasn't allowed to walk anymore. And I was very worried that he would quickly lose all his muscle mass. So every single night after work, I would come in and I would walk him in the parking lot. I'd come in and, I'd say, 90 percent of the time when I would get there, he'd be sitting in wet briefs. So I would have to change him and clean him up, put new pants on him, and then we'd go out walking in the parking lot every day.

Shawn Buckley

And did a point come where you were no longer able to take your father out?

Leanne Duke

Yes. On December 10th, I got a call in the afternoon,

[00:15:00]

that, due to my vaccination status, I was no longer permitted entry into the home. And it wasn't even in the government directives until December 15th. So December 15th, the government followed suit and they banned all unvaccinated caregivers from long-term care.

Shawn Buckley

Were you able to have him for any short-term absences after that time?

Leanne Duke

From December 10th until December 29th or 30th, the home and the directives allowed social absences at that time. But if I took my dad out on a social absence, when he returned, they required him to be antigen-tested upon return. And then he had to have a PCR test on day three and a PCR test on day five.

Shawn Buckley

Because of his dementia, that was problematic, wasn't it?

Leanne Duke

Yes, and his Parkinson's, he was constantly moving around. He had constant sudden movements. And there's a lot of literature on the negative effects of swabbing individuals with dementia. It can be a very scary experience for them. So Christmas Day, my dad was technically still allowed to have a social absence. But prior to this, the activity director from the home called me and she said, "due to your vaccination status, if you take your dad out for Christmas, he will be required to be isolated for seven days in addition to all the testing."

It was a very hard decision to make. I said to myself, "This could be his last Christmas, you never know. So do I leave him in there so that he doesn't have to go through the testing and be isolated for seven days, or do I take him out?" And I decided to take him out because, like I said, if this was his last Christmas and he spent it alone, it would just kill me inside. So I took him out. And he was very despondent, however. On December 10th, when I was no longer permitted entry, within three days, he lost his ability to communicate. He became completely despondent. He just— He gave up. There were so many lockdowns during the three years and this was it for him. He just completely gave up. When I brought him out for Christmas, he had no interest in opening presents. Mentally, he didn't really seem to be there. He was just despondent. He didn't care about food, which, if you knew my dad, he loved food. And he didn't care about food. He didn't care about his dog. He was just—he wasn't really there mentally.

So I brought him out for Christmas and then the next day, I called the home and said, "I'd like to speak with my dad." And the nurse told me, "You can't speak with your dad. He's in isolation." And I said, "Well, surely you have to have a cordless phone." And they said, "No, we don't have a cordless phone here." I said, "You cannot lock my father up for seven days in a room and completely deny him access to even speaking with his family." So I spoke with the administrator, which is the owner, and also the director of care, and they said that they would get a cordless phone. But during that next week they never told all of their staff. And so I would call in and the staff would tell me they didn't have a cordless phone. And I would say, "You do have a cordless phone."

So that week, I was only able to speak to him about three times, while he was completely isolated in his bedroom. And also on the Saturday, I was telling him, "You have one more day; you're going to get out of isolation, you have one more day." On the Sunday, I called him and the nurse said to me, "I'll bring the phone to him." And I said to her, "What do you mean you'll bring the phone to him? He's supposed to be out of isolation." And the nurse said, "Well, didn't you hear? The entire home is in lockdown."

My dad ended up spending a month straight locked in his bedroom all by himself. The effects of that mentally— He wasn't there anymore.

Shawn Buckley

Right, he wasn't able to recover from the isolation.

Leanne Duke

No, like I said, he lost his ability to communicate. In mid-February, social absences were permitted again, so I could at least get him out of the home, and take him home.

[00:20:00]

During the entire time when it was permitted. I would take him home every Saturday and have lunch with him and spend the afternoon with him. So once that was permitted again in February of 2022, I would bring him home. He could no longer feed himself, so I'd make food. I would have to feed him. He couldn't communicate, he just completely gave up. I couldn't walk him anymore. He had completely lost all of his muscle mass. Because the home would tell me that for them to have somebody walk him, due to health and safety reasons, they needed two people. But they were short-staffed all the time, so they didn't have two people to take the time to walk him. So during the time I wasn't coming in, he completely lost his ability to walk, to communicate, to feed himself, everything.

Shawn Buckley

So he's a completely different man.

Leanne Duke

Yes.

Shawn Buckley

My understanding is, you were able to take him out for short-term absences, but from December 10, 2021, you were not allowed in. But then you were allowed in after he died.

Leanne Duke

Yes, so he suddenly passed away on September 17, 2022. I had not been allowed in the home from December 10 until September 17. And it was very difficult. How do you fulfill your power of attorney duties when you cannot see what's going on inside the home? The day after he passed away, I called the home and said, "I need to come and collect his belongings." And the home said, "Yes, you can come in to get his things." So my mom, my friend, and myself—we went there on September 18. And the home let all of us in. None of us were screened. None of us were tested. There was no documentation whatsoever. They just let the three of us go in, take his things, and go.

Shawn Buckley

So this home that was so concerned about you showing up even if you were tested and screened had no concern with the three of you going in and wandering around the facility.

Leanne Duke

Yeah. And on that note as well, I'll also say: during that time from February 22, 2022 until the day that he passed, I was not allowed inside the home. There came a point when I couldn't get my father into my car anymore. My friend would try and help me but we were both getting hurt. My dad was getting hurt, so I could no longer get my dad home. There was no accessible community transportation in my town due to the pandemic. So I couldn't get my dad home with accessible transportation. I was, however, permitted outdoor visits with him. So, I would go and I would have an outdoor visit with him. Not once did they test me. I was never screened. My father wasn't screened after our outdoor visit, yet we would be in the same proximity had I been in the home, or had I taken him home on a social absence where he was being required to have all the testing.

Shawn Buckley

I'm going to ask you: Having experienced all of this, if we were ever to face a situation like this again, how do you think we should have done things differently?

Leanne Duke

There are so many reports that are written by many levels of government. There's the National Seniors Council, the Chief Science Advisor. There's also the Patient Ombudsman, who has released all these reports as early as 2020. And in these reports, they stated the importance of continued access to caregivers, to the effects of the lockdown.

The government has not listened to any of the scientific evidence that came from these reports that talk about the detrimental effects on our seniors. There's the *Long-Term Care Act*—

Shawn Buckley

I do have to stop you, just because we're about nine minutes over. And like yourself, we've had another witness that's been waiting for a couple of hours. But is it fair to say that you're of the strong opinion that there's just no way that caregivers should be separated from loved ones?

Leanne Duke

There's not. A time when they're in a long-term care home is when they need their family the most.

[00:25:00]

My dad was already suffering from a disease that was taking away his body, that was taking away his mind. And then the government took away his family and his support and he had to go through that alone. I would like to say that the government needs to treat our seniors with respect and without discrimination because they deserve to enjoy equal opportunity and be able to live fully in the life of the province, in the life of Canada, the same way as every other Canadian has been afforded.

Shawn Buckley

And, Leanne, I'll just ask the commissioners if they have any questions for you. And they do not. On behalf of the National Citizens Inquiry, I thank you so much for sharing this story. I don't know if you can hear, but the audience is clapping.

It's just so very important to hear from people like you. And thank you so much for sharing this with us.

Leanne Duke

Thank you.

[00:26:06]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 1

March 30, 2023

EVIDENCE

Witness 13: James Paquin

Full Day 1 Timestamp: 09:21:14–09:30:15

Source URL: <https://rumble.com/v2fgrx6-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

We just have one more online witness, Jamie Paquin. Jamie, if you can hear me, turn on your camera.

James Paquin

Yep.

Shawn Buckley

We can't see you yet.

James Paquin

How's that?

Shawn Buckley

There we go, and my understanding is you are in Japan today.

James Paquin

That's right. Tokyo. Bright and early.

Shawn Buckley

I'm going to ask you to start by stating your full name and then spelling your first and last name for the record.

James Paquin

James Robert Paquin, J-A-M-E-S-P-A-Q-U-I-N.

Shawn Buckley

And Jamie, do you promise to tell the truth, the whole truth, and nothing but truth?

James Paquin

Yes, I do.

Shawn Buckley

Now, you were in Japan when COVID hit.

James Paquin

That's right.

Shawn Buckley

And you're there because you run an old Canadian wine business in Japan.

James Paquin

Yeah.

Shawn Buckley

Now, can you tell us how the Canadian COVID measures impacted your business?

James Paquin

For our business, we had a lot of logistics problems. So that's the first major hurdle: shipping containers were extremely expensive. Then the inflationary measures that were brought in. Also, disruption of supply chains increased the price of the goods significantly. There were bottle shortages, many wineries upped their prices significantly. And at the same time, the yen to the Canadian dollar dropped dramatically. So we probably ended up, in one swoop, in a large container order, losing about \$50,000 due to those factors.

Shawn Buckley

How did it affect you personally, the Canadian COVID measures?

James Paquin

The Canadian Charter-violating restrictions on travel made it practically impossible to go back to Canada. I haven't seen friends or family since 2019. And as you know, none of this was based on science or previous measures to deal with the virus. So facing fines of up to a million dollars or three years in prisons for violating an absurd two-week quarantine while people with vaccines who are positive for COVID could stroll into the country made it really treacherous to think to go home. And even the financial cost of spending weeks doing that, before you could even start a visit, made it impractical.

So these measures have robbed me of three years of friends and family. And they've also caused huge rifts in family relationships because of the propaganda on the Canadian side that has really damaged a lot of people.

Shawn Buckley

Can you share some details about that?

James Paquin

Yeah. Very early on— I have an academic background and I also saw that what they were saying didn't make very much sense. So I started following a lot of the academics who were producing the data, like the infection fatality rate being lower than influenza. I knew the games they were playing with classifying COVID deaths based on PCR tests. And I had looked at the all-cause mortality rates that weren't increasing in most places. Japan had the lowest death rate in 11 years in 2020, actually.

And then the Japan side: We weren't subjected to things like bubbles, mandates, travel restrictions, and all of that. We were living— They did implement some sort of disruptions to the restaurant trade, trying to get restaurants not to serve alcohol in the evenings, but these were largely violated. You know, I could go to restaurants packed with people. They closed gyms for about six weeks but, after that, we were all able to go back.

Shawn Buckley

Can I just probe you a little bit more so I can understand the differences with Japan? Are you saying they didn't do a general lockdown in Japan?

James Paquin

Yep. For about six weeks in March they did things like put tape on play devices at parks. But you could still use the parks, people were just largely ignoring that. They got people to work from home quite a bit.

[00:05:00]

But stores and everything were still open. Like I said, the gym was closed for about six weeks and then reopened. And my wife and I just traveled domestically. We'd go down to Okinawa, the Southern Islands, multiple times. Various smaller jurisdictions would get worked up and they'd try to get people not to visit, but these things were all largely voluntary. And so we were living in a very different sort of world. People weren't being yanked out of other people's homes for gatherings and these sorts of insane things. And all the while, anyone that wanted to could just look at the data and look at these shady practices they did with the PCR testing schemes. It was largely a facade.

I was communicating all the data to the friends and family in Canada. But when you're on a 24/7 psychological operation with the media doing the government's bidding, they were basically impervious to facts, just like we've seen with the arguments about mass formation psychosis and this sort of thing. I could show them the data but it just bounced right off. And eventually you have people just— They're just—the cognitive dissonance that they face when you present them with this, they just want to shut down and they refuse to discuss it. So there's a lot of family members I know I'm going to have trouble with when I go back.

Shawn Buckley

So basically, there's some family relationships that right now are broken.

James Paquin

Yeah, either in that zone of where I know if I bring up the topic of COVID, we're going to have issues and they're going to want to retreat from it. And you can tell there's a silence on that side because they suspect that if they do talk with me, that it's going to be brought up.

Shawn Buckley

Right, so there were no mandates in Japan.

James Paquin

No, nothing that would be remotely close to what was going on in Canada. And if you look at the world data site, interestingly, there's continual gradual increases in COVID deaths in the last two years—not in 2020. After each booster round, you see these continual increases in the daily death rates. But in 2020, there was virtually no—like I said, the lowest death rate in 11 years in a very elderly society and that was without having the sort of severe measures that were imposed on Canadians. We weren't hiding in our basements for a year and a half out of any sort of imposition by the government.

Shawn Buckley

Right.

James Paquin

A lot of masking, a lot of masking. Which is still an obsession in Japan because of the conformism here, even after the government told people a year ago to take them off the outside and then March 11th, they said they're completely voluntary. I haven't worn one for ages but my gym used to force us until March 1st. And I would put up a fuss there and demand that they show me some data, but that's all about conformism in Japan. People will sit in restaurants for hours in the most tight confines. You can't even find restaurants as densely packed in Canada as they are commonly here. And people will be there with no masks for hours and then they'll slap one on when they go outside. It's just social theatre.

Shawn Buckley

Okay. I have no further questions for you, but I'll ask if the commissioners have any questions for you.

James Paquin

OK, thanks.

Shawn Buckley

And they do not, so Jamie, we'll let you go. On behalf of the National Citizens Inquiry, thank you so much for sharing with us today.

James Paquin

Yep, thanks for your time.

[00:09:01]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE TORONTO HEARINGS

NCI | CeNC

**Toronto, Ontario, Canada
March 30 to April 1, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:33:40–00:54:19

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie. We welcome everyone to the second day of the Toronto hearings of the National Citizens Inquiry.

For those watching online that are not familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-run, a citizen-funded organization, and our goal is to hold hearings across the country. We've started in Truro, Nova Scotia two weeks ago. We're now in Toronto. We're going to Winnipeg, Saskatoon, Red Deer, Victoria, Vancouver, Quebec City, and then we're going to end in our nation's capital, Ottawa. And as we go, we are planning on just having the momentum grow and grow and grow.

We want all Canadians to be participating in this dialogue. We want all Canadians to have the freedom—and I choose that word carefully—the freedom to simply share their stories without fear. So that we can come together to discover what happened, and together figure out how to do things better the next time. I am inviting you to please go to our website, nationalcitizensinquiry.ca. We have a petition. Sign it, so that we know that you're supporting us, you're supporting this initiative. We ask that you would donate. As I say, we are citizen-funded. We don't have a single big donor. We're relying on small donations from the citizens to drive this forward. And it gives us freedom to move by doing this, but it only works if you participate. So I invite you to do that.

Commissioners, before we begin, I just wanted to share a few words about something a witness said yesterday. And then my thoughts on it, which I think are important for us going forward.

We had Dr. Robert Malone testify yesterday. And part of his presentation involved psychological operations being run by military, including the Canadian military, against citizens. If I recall correctly, he brought up four or five news articles about this happening in Canada by our authorities. He showed us some clips and gave a presentation that indicated that we literally are in a battle for our minds—for our minds. And that we won't know that they're in our minds. We won't know that we're being influenced and being

captured. One of the things that they do is they play on our emotion. This has divided us. But one of the things is that when you see a tactic, when you can finally identify it, it gives you the ability to basically neutralize it.

I wanted to speak about just basically this tactic of influencing our minds so much that we become strongly emotional about a subject.

I had an experience about seven years ago where I was getting to know some new people, and the topic of climate change came up. They were voicing a specific side of the climate change argument in a very strong way. And I just suggested that there's more to that story; there's another side. These two people literally exploded on me. They started yelling. They literally started yelling. They were so emotionally invested in their narrative that they had an emotional reaction. Now, that is the sign that you're captured, your mind is captured. Whenever you find yourself on any topic that comes up and now you are strongly emotionally invested, understand that the emotion closes your mind.

We have these terms: "open mind," "closed mind," "change your mind." Do you know that when you change your mind— We've all had this experience where we believed a certain thing. And then we learned different information, and we believe something else. Well, in our mind, actually,

[00:05:00]

the neurons get rewired to say that something else is now your truth. We literally do "change our mind." And I think that term, "having a closed mind," is true.

When you feel strongly emotional on a topic, you are not willing to listen to the other side because you're experiencing strong emotion. Who does that hurt? Does that hurt the other side? The only person that isn't willing to receive new information when you're feeling strongly about something is you. Let me say that again: The only person who is not willing to hear new information when you're feeling strongly about a subject is you. Surely, it doesn't help you if your mind is closed to new information. Receiving new information doesn't mean you need to change your mind. But if your mind is closed, that means your thoughts are captured, because you are incapable of hearing new information that would permit you to choose to change your mind. So if you have a strong emotional reaction to any subject, understand you are captured: your thoughts are captured, and you are not free to think differently.

Now, when we are captured, we literally can't see it. So this morning, when I'm talking or just kind of thinking about what I wanted to introduce this, or how to explain this topic, the idea of stock market bubbles came up to me. For those of you who don't know what a stock market bubble is, that's where the prices of stocks are just getting inflated and inflated and inflated for no good reason.

If we use the dot-com bubble—you just start a website and have a business idea and all of a sudden, you're getting all this venture financing. But you're not making any money, you're not selling a product. But these stocks just kept going up and up. It was a bubble. People with experience in the stock market will know the phrase—or the axiom—that people inside a stock market bubble can't see the bubble. Afterwards, they understand there was a bubble, but while you're in it you just can't see it. Your mind is closed. You're just caught up in this euphoria. But it's being able to understand that we get captured— I'm just using it as another example of how we get captured.

Now that I've set this up, I want to introduce the most important part: I want to talk about vax passports, and I want to talk about digital passports. Because we think of vax passes and we think of digital passports as things, as maybe actions, but they are messages. They are messages.

I don't know how many here, because he's a little dated, remember the Canadian philosopher Marshall McLuhan, in his famous phrase, "the medium is the message." Now, he was speaking in the television age. And his point was we've gone from print to a video medium and a radio medium. And we're getting messaging. But actually, it's the medium itself which is also the message that is communicating to us. So TV captures you in a different way and has a different message.

He was gone before we hit this smartphone age. It's funny— I'm one of the few people in the world now that does not carry a cell phone. And I can be in a place like an airport with, you know, 500 people, and I'm the only one looking up. It's happened to me where literally, I've scanned the room and out of hundreds of people, I'm the only one looking up. And we all know with the younger generations that now they're thinking differently because the medium has changed that generation. The medium is the message.

The digital passports, vaccine passports are a message. They are not a thing. They are not an action. They are a message. And let me explain because they're a mechanism of control. They are message to control—and you'll understand after I finish my explanation. And I'll use Alberta as an example.

[00:10:00]

We're here today on March 31st, 2023. If we were just to back up 14 months in Alberta, which is not long ago, we were separated into two groups of people. We had vaccinated people. We had unvaccinated people. We were having to wear masks. Unvaccinated people could not go to, let's say, their child's hockey game. They could not go to a restaurant. They basically were limited to accessing essential services—those being grocery stores and gas stations and the like. Now, people in the vaccinated group—and I've heard them say this—they actually felt that they were in a better situation. They actually felt that they had privileges that the unvaccinated people didn't have. And they didn't understand that actually they were in a worse situation than the unvaccinated people, because they were receiving a message that the unvaccinated people were not receiving.

To put this into context; Prior to this COVID adventure and prior to these mandates, all of the vaccinated people were free. When you're free, you don't need anyone's permission to do something. So the vaccinated people prior to the passports: They were free to go to their child's hockey game. They were free to go to a restaurant. They didn't have to ask anyone's permission. They were just free to do it. They wouldn't have even thought of it. The idea of asking for somebody's permission, or the idea of going through a police-state ritual to be able to do something like that, was foreign to them.

But now that they were vaccinated and they had their identity papers—they had their vaccine passport—they were now able to participate in the message: the police-state ritual of going to a restaurant and showing their identification papers. Now, here's the message. And police-states do this not because they need to know that you went to the restaurant, not that they need to know you went through a roadblock, not that they need to know you went to your child's hockey game. That's not the real purpose. The real purpose is to send the message that they are the master and you are the servant. Because you are not free to go to your child's hockey game unless you show your identification papers, which gives you

permission from your master to enter the rink. Do you understand? A vaccine passport—a digital passport—is not a thing. It is not an action. It is a message.

You know, go back to Nazi Germany or Stalinist Russia, where they had roadblocks and you had to show your papers. It wasn't about controlling your access. Did they really care that you went from one part of the city to the next? They knew where you lived. They knew where you were going to go home for supper that night. But by having you participate in that police-state ritual: Every time it happens, at a subconscious level, it sends the message that you are the servant being granted permission by your master to participate in whatever privilege you are now being granted from your master. And it reinforces that you do not have the "right" to do what your master is allowing you to do—if you participate in the messaging.

And so going forward— We've just had this experience with vaccine passports where people would be bragging online digitally about, "I can go to the restaurant," and this and that. And rubbing it in the face of unvaccinated people that couldn't go anywhere, not understanding that the joke was on them. Because every time they were doing that, they were participating in the message that they were the servant, that the state was their master. And that whereas they were free to do this before, they are now accepting as the message that it is now a privilege—not a right, it is a privilege—being granted to them from their masters.

[00:15:00]

We have to start thinking philosophically about what these things mean. We are going to be asked, going forward, to accept digital passports. Major grocery store chains are already starting to put turnstiles. I've seen it in the Edmonton area where I live. That's part of the vaccine passports where, for simple things, we're going to have to start showing these IDs, for our safety, to help the government, for whatever reason it's going to be. But it's actually not about that. It's not about contact-tracing. It's not about safety. It's about the message. The passports are the message. And we have to understand that to protect ourselves from accepting the message. Even if we find ourselves in a situation where we haven't been able to resist them, understand that they are a message—so that you do not subconsciously find yourselves in the situation where you believe you are not a free human being but that you are a slave being granted permission from your master.

I didn't mean to get so dark, but I think it's really important to speak about this. We had Professor Bruce Parry yesterday talking about how we have arrived in an administrative state as opposed to a democratic state. And going actually back down to philosophical principles. Professor Parry did us a great service by showing us something that we didn't see before. Because he was pointing out that we can argue about things like: Was masking in the public interest? Were mandates in the public interest? Were lockdowns in the public interest? But the real issue is: Why did the health authorities get to decide what was in the public interest?

So you know, we have to start paying attention in a different way to what's going on and questioning what things mean. Because if we don't understand what's going on, we can't decide what we're going to do about it—because then our minds are captured.

Unless the commissioners have some comments to start our day, we'll call our first witness. I think we're good to go. And I'd like to introduce, we've got—

Oh yes. I'm sorry, we're going to watch a video first. And then we'll call our first witness, thank you.

[A video clip was played of Global News footage of a press conference held by Doug Ford, Premier of Ontario, announcing renewed lockdowns in Ontario.]

[Video Clip] Doug Ford, Premier of Ontario

Good afternoon. I know we are all eager to get things back to normal, and no one wants to get the economy going and get people back to work more than I do. And that means having a responsible plan. It means taking the best scientific advice and working together with our partners....

Yeah, so our chief medical officers are in contact with all the other chief medical officers, including the one in Toronto. I'm in close contact— I had a good conversation with Mayor Tory. You know, we don't make a move in any region without the full consent of the local chief medical officer and, most times, the local mayor. So Travis, we would be able to answer that probably a little better in the next few days. And that would probably be a good question for Mayor Tory to answer, and the chief medical officer of Toronto to answer.

[Video Clip] Unidentified Reporter:

Hi Premier. You just mentioned the people trying to work hard to put food on their table, and following up on Randy's question, what's to say that they wouldn't or shouldn't just start ignoring emergency messages? We saw over the weekend protests throughout the province. Massive protests in Toronto over two days. We've seen the Trinity Bellwoods Park before. We've seen weeks of protests outside Queen's Park with no enforcement. The Prime Minister even took part in a protest with no social distancing. Not everyone was wearing masks and there was no enforcement. Yet steps from there, a restaurant gets fined for letting people eat on their patio. So if there's not enforcement of the rules for everyone, why should business owners say, "You know what, I'm going to keep listening to the Premier, to the Province, and sacrifice my livelihood when others aren't?"

[Video Clip] Doug Ford, Premier of Ontario:

I understand the question, and for the most part, the vast majority of the people are listening. And as for the protest, people are hurting. You know, certain communities are hurting out there.

[00:20:00]

I understand the protest. And I understand a lot of them were social distancing and some weren't. But they're in pain right now, and collectively as a province, we're all going to work together to fix that. As for the Prime Minister being out there, you're going to have to ask him that question. But I truly believe in the people of Ontario, and the people of Ontario have stuck with us. We're on the same team. And yes, there's been a few incidents. But the vast majority of the people across this province have been working well together with us. As I always say, we're all in this together, so we'll get through it together too.

[00:20:39]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

March 31, 2023

Day 2

EVIDENCE

Witness 1: Rick Nicholls

Full Day 2 Timestamp: 00:55:10–01:24:34

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Genevieve Eliany

I'll ask the first witness to state and spell his name for the record, please.

Rick Nicholls

Thank you very much. My name is Rick Nicholls, R-I-C-K N-I-C-H-O-L-L-S.

Genevieve Eliany

Could you promise or affirm to tell the truth, please?

Rick Nicholls

So help me God, yes, I do.

Genevieve Eliany

Great.

Mr. Nicholls, if you could start with a general introduction of who you are and your role between 2011 and 2022, please.

Rick Nicholls

Happy to do so. I was elected first to the Ontario Legislative Assembly in October of 2011. And I served three terms, ending obviously June 2nd of 2022. Throughout those three terms, for the first ten years, I was a member of the Progressive Conservative Party of Ontario and held numerous positions. First, in opposition as different shadow cabinet ministers. But also in my second term, I was appointed one of the deputy speakers in opposition for the Ontario Legislative Assembly. And then later, in my third term, I was appointed the Government Deputy Speaker for the Ontario Legislative Assembly.

Genevieve Eliany

Thank you. We'll start with your general position on vaccines. Could you tell us about your hesitancy?

Rick Nicholls

First off, I want to make it very clear that I'm not an anti-vaxxer. However, having followed reports of what was happening around the world and the vaccine injuries and even deaths that were being reported, I had made the decision, along with my wife, that we would not have this substance injected into our bodies. Simply because of the fact that we weren't certain of what the outcome would be. And I held true to that and maintained my integrity throughout the entire ordeal.

Genevieve Eliany

How did you voice your concerns with the legislature when you were at work?

Rick Nicholls

Well, first of all, we would have caucus meetings and throughout those caucus meetings at various times there would be the Chief Medical Officer of Health for Ontario, started with Dr. Williams, and then after he had retired, Dr. Kieran Moore. And they would be giving presentations, as well as other doctors giving presentations, to caucus. And there was an opportunity, because it was all on Zoom, to ask questions. I would ask questions about the efficacy of these particular vaccines—especially having heard of the injuries that were being reported throughout the world and even within the province themselves. And of course, some people even more locally were experiencing side effects from these vaccines, but no one would ever come forward and say, "Well, it was the vaccine that caused that."

Genevieve Eliany

How would you describe the general response to your concerns at the legislature?

Rick Nicholls

Well, you know, I think it was mixed. I think it was mixed. There were several opportunities where I voiced my concerns. And sometimes— As you know, on Zoom you can have a full picture of everyone, or most people anyway, sitting in and listening to the Zoom. And there was one individual, who was the campaign manager for Re-elect Doug Ford 2022, who was sitting in on the caucus meetings. And one time I recall when I was asking questions of the medical advisor or the medical people there, I caught him just kind of shaking his head as if to say, "I totally disagree."

Other than that, I would have sidebar conversations with some of my other colleagues and some were supportive. There were a few that actually said, "Yeah, we did not want to get the vaccine," for various reasons—for their own personal reasons.

Genevieve Eliany

What were the consequences for you personally with the Conservative caucus?

Rick Nicholls

Well, obviously, I had been approached. I recall one day, I was driving back from the legislature back to Chatham, which is my hometown. And I received a phone call and it was Premier Ford. We talked and his basic comment to me was— Because he had known that there were a number of caucus members and myself that were vaccine hesitant, not wanting to get vaccinated.

[00:05:00]

He called me and he basically said, “Rick, please do me a favour, get vaccinated.” To which I responded and said, “Premier, that’s going to be a little challenging for me, a little bit difficult for me.” And I gave him my reasons, to which he replied, “Look, I don’t need an answer right now. By all means think it over and let me know.”

Well, then I proceeded to get a phone call the following day from one of the pollsters from the Party. And then on the Monday I received a phone call from the campaign chair for the for the PC Re-elect Doug Ford campaign. Now this gentleman was also a co-founder of a company called Rubicon Strategies, who by the way— They’re a lobbyist firm and they represented Big Pharma. Pfizer was one of them; Johnson and Johnson AstraZeneca were others. And he said to me— In a very unapologetic way, he said: “You’ve got 72 hours. You either get vaccinated or you will be removed from the PC caucus.”

And I thought—wow. I said, “You’re threatening me? You’re an unelected official and you’re threatening me?” I said, “Well, I’ll tell you what I’ll do. I will talk to my doctor and see whether— To get his input.” Well, of course, he basically said the following day, “Rick, you know, you’re healthy, you’re good, the vaccines are safe and effective, I see no reason why you shouldn’t get vaccinated.” To which I responded, “Well, thank you very much. I hold a different opinion.” And so that was on the Tuesday.

On the Wednesday, I drove up to Toronto and prepared my notes. And on Thursday, I went before the cameras in the media studio at Queen’s Park and very succinctly and very directly made the comment that I would not be receiving these vaccines—fully knowing, as had been indicated earlier in the week, that if I didn’t get vaccinated by Thursday, 72 hours, I would then be removed. And of course, I knew what the consequences would be. I was good at my end. And unfortunately, the government was good on their end. And about 5:30 a press release was put out, stating that I had been removed from caucus.

Genevieve Eliany

Ultimately, you ended up leaving the Conservative Party, is that right?

Rick Nicholls

That’s correct. When I was removed from caucus, I then sat across the aisle as an Independent. And that was my stand for several months until I was approached by another conservative party. I had many discussions with them, and decided to support their leader. And then I joined the party and was appointed as deputy leader, and that was the Ontario Party.

Genevieve Eliany

[Inaudible 00:08:02] ... It was like, sitting across from your former colleagues in the legislature?

Rick Nicholls

Yes, I was. And it's interesting: at first, everybody had to wear a mask, except for one day. You could still talk with a mask on but I didn't like that, because it sounded very muffled. But it's interesting how even when someone has a mask on, you can kind of read body language and facial expressions. And I was seeing a lot of serious looks from my former colleagues as I sat in opposition as an Independent, and then as a member of the Ontario Party. And that, to me, spoke volumes. But I was the one that put my political career at risk by holding on to my integrity and staying strong and realizing that I wasn't alone.

There were millions of people throughout Canada, as well as even in the States, that sent emails. And I had phone calls from people standing by and saying, "Rick, we support you. We admire your courage." I thought, well, I just want to do the right thing—not just for myself and my family but also for others who were feeling the same way. We're, as one might say, somewhat vaccine hesitant.

Genevieve Eliany

Would you say that your colleagues—or that you had the impression that your colleagues might be fearful that, if they spoke out, they would suffer the same consequences that you suffered?

Rick Nicholls

You know, that thought has gone through my mind quite often. And of course, sometimes people will put money or careers ahead of doing the right thing. And so they claim that they received the vaccines: two shots, and some three, and maybe even four.

[00:10:00]

But sadly, I've talked to many people who have come up to me afterwards and said, "Rick, you know, I got the two shots, but I am not getting any more shots." Because more and more data was coming out. Despite the fact that the Minister of Health would continually say to me when I would challenge her in the legislature during question period— You know, the canned phrase was: "These vaccines are safe and effective, protect your family, protect your friends, get vaccinated."

Genevieve Eliany

We'll shift gears now to some of your direct legislative experience. Can you tell us where and when orders and bills were generally discussed?

Rick Nicholls

Initially, bills are discussed in caucus and they're brought forward. But it's kind of like at a 5,000-foot level and, generally speaking, the minister presenting the bill—that would be a government bill—would give an overview of what it is and capture the highlights of that particular bill. Then after the presentation was made by a minister, then everyone in caucus had an opportunity to ask questions. And then once that was sufficient, then after that the bill would be read for the first time, introduced in the legislature, and then there would be debate at second reading. And then from there, after the debate there would be a vote. And assuming usually government bills always pass, they would then go into committee and hopefully come out of committee with even stronger recommendations to

make the bill even better. Then it would come back for a third reading and that's the final reading. There'd be debate and then a vote.

Genevieve Eliany

You mentioned the readings. Can you comment on how the timing of readings changed during the pandemic?

Rick Nicholls

Well, that's an interesting question. A lot of times— First of all: the government, the *Emergency Act* as an example, and that's the one that I got very vocal about sitting in opposition. That particular bill passed the second reading. And there was a timeline on that, that said that basically, from a previous reading: they had to extend the *Emergency Act*. And the date, I believe, was around December the 1st. So this is now taking place about a week before and, interestingly enough, in an evening sitting where there's not many MPPs there, just those who are on house duty. And I wasn't on house duty but I stayed in my office because I felt that something might be up that week. And I was late in my office on Monday night and Tuesday night. And on Wednesday night, suddenly I hear the Solicitor General come on and she starts talking about a bill. And I went, why would she be talking about a bill at third reading? Then it occurred to me that she's talking about this motion to extend the *Emergency Act* into—I believe it was late March of 2022. So I had some red flags pop up in my head. I went down, sought clarification, went back up to my office. And at that point in time, I finished up my notes because I wanted to speak to it.

And I got there— Had I been 10 seconds later— Because if no one stands to do further debate on a particular bill, then the speaker is then asked to ask three times—further debate; further debate; and then, further debate. And no one else stands, it forces a vote. And of course, I walked in. And if I'd been 10 seconds later, I think I would have missed out on the third further debate. I got there at the second one. I got over to my seat and then I stood and I had an opportunity to raise my concerns as to why I would not support the extension of that particular motion. I also made it very clear that— Since the Minister of Health was constantly saying these vaccines are safe and effective, I raised the issue that if they are that safe and effective then they should not give Big Pharma what I would call—if you want to use the Monopoly example—a “get out of jail card free” card. Because right now under those orders, Big Pharma were protected. Any vaccine injuries or deaths that occurred, they could not be sued. So I said, “Well, if you're so confident, then remove that from the bill.” That didn't happen.

[00:15:00]

After I was finished, no one else stood up and that forced a vote. The procedure is the speaker says, “All those in favor say ‘aye,’ opposed, say ‘nay.’” I said, “nay.” I was the only one that said, “nay.” He said, “I heard a ‘nay,’ I heard a ‘no.’ In my opinion, the ‘ayes’ have it.” Had there been five people—myself and four others—stand that would have forced a recorded vote. Unfortunately, I was the only one there that opposed it. Therefore, the bill passed third reading on a voice vote.

Genevieve Eliany

We've heard that you didn't get much notice about this debate. How much time typically did MPPs have to review new orders and legislation and anything that was to be passed in the House?

Rick Nicholls

Well, the House leaders—both on the government side and in opposition—are given a heads-up as to what bills are going to be introduced. Typically, it's somewhat short notice but at least the House leaders— Especially in opposition, they let their people know so that those who want to speak to it can speak to it and get their speaking points all in a row and can present during debate.

Genevieve Eliany

But was there time to review the legislation in detail?

Rick Nicholls

No. Oftentimes, again, during a caucus meeting, details are brought forward and a review. If, for example, in opposition—if the opposition requests a meeting to review the bill, that is often granted. But then shortly thereafter and then suddenly during proceedings, when the speaker asks for orders of the day, that's when a particular bill is introduced and they start right into debate on it actually at second reading.

Genevieve Eliany

And of course, ultimately, you're always told how to vote by the party, right?

Rick Nicholls

Yes, we are. We are. Typically, it would be political suicide for someone to oppose. Now, that's not to say that— There were times, even when I was in opposition, where the government would bring forth a bill— That would be the Liberal government at that time. And there'd be a number of us actually in caucus say, "No, we can't support this particular bill." So then, and I remember our leader at the time said, "Well, look, it would look bad on us if a bunch of us stood in favor, and we had a number of caucus members stand opposed. So do us a favor, just don't show up for the vote." And so that was often the case for that. But when in government, if someone was vehemently opposed to a particular bill then they would be asked not to show up for the vote.

Or sometimes— It happened actually with one individual: No one knew that this individual was vehemently opposed to a bill that was being brought forward. It wasn't the bill that we're talking about now. And this individual silently voted against it because we had— Because of COVID, the voting structures were different. We had to go into our various east wing, west wing, to vote. We just kind of walked through when the clerks would check our names out. This individual went on the "nay" side and voted—but then also issued a press release indicating how they were opposed to this particular bill. Well, that basically spelled the demise of this individual from caucus. Well, that person was removed as well, but for different reasons.

Genevieve Eliany

Okay, thank you very much. We're out of time, so I very much appreciate your testimony today. Thanks again.

Rick Nicholls

Thank you very much. Thank you for the time.

Genevieve Eliany

I believe we may have a question from the commissioners, is that right? Before you leave us, Mr. Nicholls, one moment. Apologies, Commissioners.

Commissioner Kaikkonen

Good morning. I just have a quick question. The Solicitor General that you're referring to, is that Sylvia Jones?

Rick Nicholls

Yes. That's correct.

Commissioner Kaikkonen

Did Sylvia Jones, in discussions with caucus,

[00:20:00]

ever speak about the people who were demonstrating out of her office, outside her office repeatedly, who were opposed to vaccines? Did that ever come up in her decision-making powers?

Rick Nicholls

Unfortunately, I don't have an answer for that. I do not know for sure. I know that there were demonstrations and a number of ministers were being targeted. She may have been targeted but I don't recall her specifically talking about the protesters outside of her office.

Commissioner Kaikkonen

So basically, just as a follow-up, her decision-making was coming from the health folks—her peers in the health and not necessarily her constituents?

Rick Nicholls

Yes, I'm confident of that. As a matter of fact, even locally for myself, I had constituents that voiced concerns. Some were definitely in favour of it but there were also many that were fearful. I didn't think that it was appropriate that even businesses who had no medical background would in fact mandate these vaccines for people that didn't want it. Vaccinate or terminate: that was the way it went. I was totally against that. To me, that was coercion. And people lost their jobs because of it and that just is not right.

Commissioner Kaikkonen

And you would also know that Sylvia Jones is not a medical doctor?

Rick Nicholls

That's correct. She is not. She and the Minister of Health, Christine Elliott—who by the way is not a medical doctor either—but she was the Minister of Health, were very close throughout the entire COVID. Because the rules, sorry, the responsibilities, of the Solicitor General and of course the responsibilities of the Minister of Health. But again, they were

taking their lead from the Chief Medical Officers of Health, Dr. Williams and Dr. Moore. I also firmly believe that the College of Physicians and Surgeons were muzzling doctors and saying, "This is what you're going to do. This is how you're going to do it." And I believe that they in fact were providing some direction to the Chief Medical Officers of Health as well. There's a lot of advisors out there— But what I found was that with many people, you try to talk to them about it. And I have an adage and it's called, "Don't confuse me with facts. My mind is already made up."

And there was no real discussion about whether or not these mandates were going to be well-received. Obviously, they weren't. because there was demonstrations going on throughout the province, actually—even after I was removed from caucus.

Commissioner Kaikkonen

Thank you.

Rick Nicholls

Thank you very much.

Commissioner Drysdale

Good morning, Mr. Nicholls. Thank you for coming here to testify. I have a few short questions.

Rick Nicholls

Certainly.

Commissioner Drysdale

How long were you a sitting member of the Ontario legislature?

Rick Nicholls

Well, from October of 2011 through to August 19, 2021, when I was removed from caucus.

Commissioner Drysdale

And you said that you were a member of caucus. For my information and perhaps for some of the folks listening, can you describe to me what you mean by caucus?

Rick Nicholls

Okay, those are the elected MPPs who were in fact—who won their seat sitting as a member of the Progressive Conservative Party of Ontario. That's caucus. Every MPP of the party, they comprise caucus. They are elected officials. But every once in a while, there'd be some unelected people in there sitting in on those meetings as well.

Commissioner Drysdale

You had mentioned to me that, or you mentioned in your testimony, that you felt your position was threatened by an unelected official.

Rick Nicholls

That's correct.

Commissioner Drysdale

In your time in the legislature, was that a common practice—for unelected officials to come in and threaten your position as an elected official?

Rick Nicholls

Well, I can't speak for others. All I can do is speak for mine. And I certainly didn't appreciate the coercion, the threats from this unelected official telling me that if I didn't comply with getting the vaccines— By the way, his company— Although he had stepped aside as the co-founder and president of Rubicon Strategies, he in fact was very, very threatening. And as a result, I had to deal with that. And I was not about to comply to his direction.

[00:25:00]

He's not a medical doctor either.

Commissioner Drysdale

You were elected in a certain riding, or a certain area in Ontario, to represent the people of that riding. Is that not correct?

Rick Nicholls

Yes, sir, it is. Chatham-Kent—Leamington is my riding. I proudly represented the people even after I was removed from caucus, after August 19, 2021. I continue to do my very best to support the people, the constituents in my riding.

Commissioner Drysdale

Well, having said that, you had also said that when certain bills were coming down the pipe—and you may be opposed to those bills—and being on opposition, seeing as you're the elected representative in your riding: How is it that members can say they represent the people in the riding when the party tells them how they will vote universally? In other words, are you representing the party or are you representing the people?

Rick Nicholls

Therein is the million-dollar question. Again, so what would happen is that when a bill is presented to caucus, there are talking points that are also provided. And those talking points assist greatly in the preparation of the big talking points. And of course, it's up to the individual—that being the elected official, the MPP—to basically "sell" those talking points. Not only in debate. Obviously back in my riding, I had great staff and we would have meetings. And I would say, "Okay, here is how we're going to present this or talk about it." But there were times when some of those talking points, I didn't agree with. And candidly, between myself and maybe a person I was talking with who was quite upset, I'd have a candid discussion with them regarding those talking points.

Commissioner Drysdale

The last question. Just before you came on, we listened to a video by Premier Ford. And I believe he said in that video that they would not go against any directives or information they got from the health officers. As a member of the caucus, do you recall being involved in any discussions where the caucus weighed the risks and benefits of the vaccine, the lockdowns, the mandates, et cetera? You would expect health officers to make a certain decision or a certain recommendation. And then you would expect the politicians to review the social, financial, economic implications of those, debate them, and then make a decision as to adopt them or to adopt modifications or not to adopt them at all. So were you involved in any of those risk–benefit conversations?

Rick Nicholls

Well, again, one of the things that I would challenge during caucus meetings was the efficacy of the vaccines. I challenged on several occasions the reasons: Why are we subjecting 12- to 17-year-olds with this vaccine? When we're seeing two things: first of all, younger people don't necessarily normally come down with COVID. And I would challenge them: Why are we doing it? What proof do we have that these vaccines are safe and effective? Where are the trials? And I would just get some answer that, as far as I was concerned, I wasn't satisfied with. And then when they also all of a sudden wanted to go down to the 5 to 11-year-olds—Oh boy. I'll tell you I questioned that and challenged the doctors in our in our caucus meetings. But, again, it would seemingly fall on deaf ears. It's the old story: Don't confuse me with facts, our mind is made up.

Commissioner Drysdale

Thank you very much for your service and your courage in coming and representing the people of your riding and the people of Ontario.

Rick Nicholls

Thank you, sir. I truly appreciate the kind comments. Thank you.

[00:29:24]

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 2: Lynn Kofler

Full Day 2 Timestamp: 01:24:34–01:43:36

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

If you could please state your name and spell it for the record, please.

Lynn Kofler

Lynn Kofler, K-O-F-L-E-R, L-Y-N-N

Geneviève Eliany

And do you promise or affirm to tell the truth today?

Lynn Kofler

Absolutely.

Geneviève Eliany

Could you tell us what your professional training is?

Lynn Kofler

I am a registered nurse.

Geneviève Eliany

And where were you working, without naming the institution, during the pandemic?

Lynn Kofler

I was working in long-term care.

Geneviève Eliany

Can you tell us about some injuries you witnessed which appeared to be correlated to the administration of the vaccine?

Lynn Kofler

Yeah, we had large numbers of the residents with extremely painful arms for, like, days and days. They couldn't even lift their arms and stuff. We had to prop them on a pillow. We saw some patients break out in these huge boils. This one gentleman had boils all over his back. He was on four different types of antibiotics and nothing would help. And on time I left, he was still dealing with at least two that were still there, that we had to dress and clean every day.

Geneviève Eliany

How long were you working in this long-term care home?

Lynn Kofler

I have been working long-term care for four years.

Geneviève Eliany

Can you comment on how many deaths there were in your stay at this long-term care home?

Lynn Kofler

Well, my last long-term care home, which is shocking for me: the building holds 55 residents and they keep a book and a log when people pass. And there were 34 deaths out of 55 in a one-year period I was there.

Geneviève Eliany

Was that higher than what you had observed in your previous years working in the long-term care?

Lynn Kofler

In all my years of nursing, period. I've never seen that kind of death rate.

Geneviève Eliany

I understand that you worked nights and you were receiving communications and faxes. Can you tell us about what you learned from this correspondence?

Lynn Kofler

Sure. Because I was working night, I would get all the faxes and have to file them all. But I would frequently get the fax that came from the government and it would list the local, the area of our group, all the nursing homes. And which ones were in lockdown, which ones were in lockdown for COVID and which ones were in lockdown for influenza or any other

reason. I found, every time I got those, our nursing home was in COVID lockdown; only we never had one case in the whole full year I worked there.

Geneviève Eliany

To be clear: Again, the faxes and the correspondence were reporting that your institution was closed for a lockdown, even though there was no COVID that you knew about.

Lynn Kofler

Right, and sometimes we weren't in lockdown. On occasion, we had to be in lockdown because we had some false positives for staff or patients. but after a two-week period, the lockdown would be gone until the next occurrence. But there was never COVID in the building.

Geneviève Eliany

What impact did you see on the residents with respect to lockdowns and lack of visitors?

Lynn Kofler

Oh, it was really hard to watch. They had to stay in their rooms. They ate out of paper plates, paper cups, plastic cups. They were no longer allowed to go to the dining room. They were no longer allowed to participate in any activities: crafts, music, anything. They were literally in their rooms for the whole two-week lockdown periods, which there were quite a few when I was there.

And they had no socialization. Just whoever was in their room but frequently they're not always— You know, we have dementia patients and that kind of thing, so it's not like real company. It's not like getting out and talking and having conversation and being able to interact with people. That was a huge impact.

And we found there was an increase in confusion, actually. Because frequently, they didn't know what was happening and they'd be all stressed and they'd walk out of the room and then they'd have to be put back in the room. It was really hard to watch.

I know that some patients we saw just stopped eating; they stopped getting out of bed. And I really believe that they more or less died because they had no clue why family members weren't coming. Where are their grandchildren? You know, where are the people who love them? And they could not see them at any point.

[00:05:00]

Geneviève Eliany

Let's speak about your personal experience. As far as you can tell, when do you suspect you first had COVID?

Lynn Kofler

I first had COVID actually February 2020, before the thing was announced. And I knew I had COVID because I had six years of never had a flu or a cold. I take a lot of vitamins. I take

vitamin D, C, all those; I was already taking them. So they had prevented colds for a long period of time for me.

But when I got what I perceived was COVID, I was flat out for three days. I, like, couldn't even move off the couch. And then after three days, I was fine. I was up and about and I didn't have the headache, didn't have the sore throat or anything like that. I was fine.

Geneviève Eliany

And I understand you refused the vaccine, is that correct?

Lynn Kofler

Yes, I did.

Geneviève Eliany

What were some of the reasons that you chose not to receive it?

Lynn Kofler

Well, I have health issues and I had tested positive for lupus two years ago, so they're monitoring that. I have other autoimmune issues that really prevented me from wanting to take the risk of putting anything in my body that might increase my symptoms or make my issues worse.

Geneviève Eliany

How did your refusal impact your ability to work?

Lynn Kofler

Sorry?

Geneviève Eliany

How did your refusal impact your ability to work?

Lynn Kofler

Initially, the nursing home was— I was fine. I worked in COVID right up until October 9th, 2021. I worked all through there. I worked large amounts of hours. I mean, I felt like I was never home, but they started saying stuff like, "Okay, with the nursing home: owners of the nursing home are looking to get everybody vaccinated." So that was the first step.

Then the next step was: those who weren't vaccinated now had to do this little online course, that they told you all about COVID and all that stuff. I mean, we are registered nurses, I think we understood that. They put us in front of that and it went through the whole list of what it was. And at the bottom it says, "Are you now willing to get the vaccine?" To which, of course, we all went, "No." I don't know why they thought that that little teaching session would help us—but anyway.

And then the next thing that kept occurring was we didn't get discreet letters. We would walk into our lockers for the morning shift and the letters would be pasted on all the people who weren't vaccinated, saying that we had until October 9th, 2021.

Geneviève Eliany

When were you put on leave?

Lynn Kofler

I was never put on leave. I just never got any shifts after October 9th and was requested not to return.

Geneviève Eliany

And ultimately, what happened to your nursing license?

Lynn Kofler

I had my nursing license for a while, but now it is—I relinquished it, because I turned 65 on February 4th. In order for me to get back into nursing, in case they open the door again, I would have to go through remedial stuff: more work, courses, all that kind of stuff to get up and running again. So the time period for me, it's not possible for me to work in nursing again.

Geneviève Eliany

Did you consider trying to find work in other areas of health care?

Lynn Kofler

I did and every area of health care I was not allowed to work there.

Geneviève Eliany

And you weren't allowed to work because of your vaccination status, just to make it clear.

Lynn Kofler

Exactly. Yeah.

Geneviève Eliany

Okay. Ultimately, what did you do to support yourself?

Lynn Kofler

I was 10 months unemployed. I withdrew money from my RRSP, I withdrew money from my tax-free savings. I cancelled all my magazines, my cable TV, anything I could scale down on. I started selling my stuff on Marketplace and made it through the 10-month period. And I was constantly applying for jobs locally, in Coburg and Port Hope—and not getting any response. I felt it probably was due to the fact that I was overqualified for minimum wage jobs and that I was too old.

Geneviève Eliany

Do you regret your decision?

Lynn Kofler

Do I regret my decision to not get the vaccine? Absolutely not. I think it was the right thing to do. For me.

Geneviève Eliany

And if you can make recommendations on how,

[00:10:00]

let's say, specifically the circumstances and the management of the situation could have been better handled in long-term care, what would some of those recommendations be?

Lynn Kofler

In regards to myself, or in regards to the patients and all that?

Geneviève Eliany

You're welcome to comment on the patients, but since you were staff there, with respect to management of the staff.

Lynn Kofler

Right. I think that, first of all, nursing— I've been a nurse for 40 years. So in a 40-year period, we all knew that we're working under stressful situations, always short-staffed. And they were constantly calling you to come in and you rarely had a day off. But that just meant that when we were short-staffed, then the patients got less attention. Frequently, if it was their bath day, for example, they would skip it and hope that the next day they'd have enough staff to actually get the person bathed and cleaned and stuff. So that was kind of tough, but that's a normal part.

But I found it really hard to— When I began to talk to other nurses about the things I had been learning about COVID and why I had chosen not to vaccinate, I went to work and there were two days in the week that I had shifts and all the others were gone. Normally, I look at my schedule and the whole entire thing is full. I phoned up my manager and I said, "What's going on?" And she said, "We heard you were going to the rally in Ottawa." And I went, "Excuse me?" "You were telling people you were going to the rally in Ottawa." I said, "I never ended up going, but that was the plan. I just never had enough time off to go."

And under that condition, because of that—that I wanted to go to the rally—they took away my shifts. Even though they were short-staffed, they still took away my shifts as kind of a punishment. And then once they discussed it with me, they brought all the shifts back because I didn't go while I was working with them.

After I got let go, I definitely went to Ottawa just for the day—to see. I wanted to see for myself what it was really like, what was really happening up there.

Geneviève Eliany

Is it fair to say that you'd never lost shifts before because of political beliefs?

Lynn Kofler

No, never, no. No.

Geneviève Eliany

Certainly sounds unusual.

Lynn Kofler

Yeah, it does.

Geneviève Eliany

We'll see if the commissioners have any questions for you.

Lynn Kofler

Sure.

Commissioner Drysdale

Thank you for coming down. Are you aware of the adverse reactions reporting system in Canada, sometimes called CAEFISS [Canadian Adverse Events Following Immunization System]?

Lynn Kofler

No, I am not.

Commissioner Drysdale

You mentioned that you noticed some of the residents in the long-term care facility were having soreness of arms and whatnot. Do you know whether anyone was making reports to higher-ups about those reactions to the health department, or—?

Lynn Kofler

Well, those issues were spoken of from shift to shift, but I don't think they were ever really documented or ever really catalogued in any way, shape, or form.

Commissioner Drysdale

Okay. You mentioned the conditions in the facility with the lockdowns, or lockdowns for various reasons. And the patients were in the rooms, they couldn't get out, they had no social interaction. Did the Province of Ontario provide any oversight, any regulation, any inspection of these facilities to see the conditions that were going on and to make comment? Or did they provide any guidance to lockdowns and social interactions?

Lynn Kofler

Well, I had overheard that there was a Ministry person in the office with the Director of Care. I happened to be in the other room on the computer and I heard them talking, but I didn't specifically hear what they said. But it was obvious that the Director of Care had to do what the Ministry was telling them and I was quite surprised that the Director of Care had no response, but kind of like a "yes, sir" response.

Commissioner Drysdale

I understand that—that the direction on how to lockdown was there. But did anyone from the government come into the facility to actually check with their eyes to see the condition of the patients and what the effects of those lockdowns were on those residents?

Lynn Kofler

I'm not sure. I saw that lady come but I wasn't sure if she was there to assess the residents or the conditions or anything. I'm not sure why she was there.

Commissioner Drysdale

Do you have any idea how many staff in the facility were treated similar to you?

[00:15:00]

In other words, lost shifts or left the facility due to this issue?

Lynn Kofler

There weren't a huge amount of staff in there. It was a 55-patient unit but when I was asked to leave, there were also at least four others who were asked to leave. And in an institution that small, that was a big chunk.

Commissioner Drysdale

Well, you had mentioned earlier that you're always understaffed. And if you lost four staff due to this issue, how would that affect the care the residents were getting?

Lynn Kofler

I'm sure it was even worse than usual. I know before I left, I had to train the person who was going to replace me. I know for a fact that these PSWs [personal support workers] especially were fast-tracked in their coming to Canada actually; and also fast-tracked into education in order to work as a PSW. Which made the staff who were already PSWs and working their butt off angry because they were getting so much more pay and they didn't even have to take the long courses that they had to take to become PSWs. They were six-month online course and then they were in the building.

Commissioner Drysdale

Are you describing a somewhat toxic situation in the facility with staff angry, short of staff, patients locked into their rooms for days or weeks on end?

Lynn Kofler

Yes. Definitely, yes, and the stress on the staff was pretty— You could feel it in the air. And they were always being called to come back in on their days off. And so there was a lot of resentment, a lot of stressed-out people. It was just too much to cover everything.

Commissioner Drysdale

Thank you very much.

Lynn Kofler

You're welcome.

Commissioner Kaikkonen

Good morning. I just have a couple of quick questions on the online course. Who was the author that would have been responsible for that online course?

Lynn Kofler

The author?

Commissioner Kaikkonen

Yeah, who. Was it the government?

Lynn Kofler

I think it was a government form, a little course that we had to take. If it wasn't government, then it would have been by the owners of the nursing care facility.

Commissioner Kaikkonen

Was it accredited do you remember?

Lynn Kofler

I'm sorry?

Commissioner Kaikkonen

Was it an accredited education piece or was it just something that had been put together?

Lynn Kofler

No, it was just something they put together so that we could become "more informed" and be convinced that it would be better for us to take the vaccine than not take it.

Commissioner Kaikkonen

And my second question is: You may not have been working at this time, but I believe the media had this blitz in the middle of COVID about the military having to go into nursing homes. Did you experience or hear any information about that?

Lynn Kofler

I heard about that, but that was more in the Mississauga area and I work in the east. I live in Cobourg, so I work in nursing homes in that region.

I heard about the military coming in and saying how bad the situation was. I can tell you just from my own experience: I worked most of my career in hospitals and with the VON [Victorian Order of Nurses] community. And at the end of my career, I've been doing long-term care. And it is not a good picture, I think. I went to 10 to 12 nursing homes as an agency nurse and I can tell you that probably, there were three good ones and the rest were all just struggling, I think. And the patients were not getting top quality care at all.

Commissioner Kaikkonen

Thank you.

Lynn Kofler

You're welcome.

Geneviève Eliany

Thank you very much for attending today.

Lynn Kofler

Okay. Thank you.

[00:19:02]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 3: Thomas Marazzo

Full Day 2 Timestamp: 01:43:44–02:28:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness today is Mr. Tom Marazzo. And Tom, I placed a couple of sheets of paper on that thing there for you, that will be exhibits.

Thomas Marazzo

Okay, got it.

Shawn Buckley

And I'll, for starting, ask you if you will state your full name for the record and then spell for the record your first and last name.

Thomas Marazzo

Okay, Thomas James Marazzo T-H-O-M-A-S M-A-R-A-Z-Z-O.

Shawn Buckley

And Mr. Marazzo, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Thomas Marazzo

I do.

Shawn Buckley

Now, my understanding is that you were a combat engineer for the Canadian Armed Forces for 25 years.

Thomas Marazzo

I started off in the reserves in high school. I was infantry and then after I graduated college in '90, I joined the Regular Force in 1998 as a combat engineer officer until 2015.

Shawn Buckley

And then you have a bachelor's degree, basically in software—that's what it's called.

Thomas Marazzo

Yes.

Shawn Buckley

And then you went on and got a Master of Business Administration.

Thomas Marazzo

Yes.

Shawn Buckley

And when COVID-19 appeared on the scene, you were a teacher at Georgian College in Barrie, Ontario?

Thomas Marazzo

Yes.

Shawn Buckley

Now, what happened as COVID came along in 2020?

Thomas Marazzo

The world lost its mind and its ability to do basic critical thinking. So you know, I kind of was keeping an eye on this from afar. I knew something was up. I was watching what was happening in China and around the rest of the world and I was closely listening to the way the media was presenting it. So I think immediately I was skeptical of what the public was being told. And when the media says, look left, I always look right. Because in my experience, they really just can't be trusted.

I was teaching in class full time for about six months and then, six months into it, COVID hit and the first lockdown happened. And so we had to transition to online learning for—I was teaching online for the next 18 months. But I could see that there was this with the other post-secondary: Western University implemented a vaccine passport and then Seneca College implemented a passport as well.

You were seeing these stories of students all over the place. They weren't even allowed to register for online learning if they didn't get the vaccine. There was a lot of— My entire time with COVID nothing made sense. Nothing at all. In terms of what the media narrative was, they were scaring the crap out of the public at every possible opportunity and they were always talking about case count, case count. And it's like, so what? Case count is a

meaningless number. It's just meant to fill people with fear. And for me it just didn't seem to have an effect. Other than I was baffled by the illogical aspect, you know? The case count numbers were only meant to scare the public.

Shawn Buckley

Right. Now eventually—because you kind of intimated you saw something coming. So eventually a vaccine mandate was imposed, am I right?

Thomas Marazzo

Yes.

Shawn Buckley

Tell us how that came about and how you responded to that.

Thomas Marazzo

Well, I had been sent a text from one of the coordinators of the programs that I was teaching in and he said, "You know, Seneca just implemented a passport." And when Seneca College does it, usually the other colleges follow suit. And I had been stockpiling as much money as I could, knowing that I was probably going to be affected by this. And so students registered for school. And then, just before school started, the President put out an email, basically threatening people with very strong aggressive language, saying that if you didn't get this vaccine, you were no longer employed. At the time, I was a member of an organization called Police On Guard. I was eligible because I was retired military. But there had been— Some of the police officers that were retired were in the group, were actually sharing a lot of the case law and putting together some really helpful documents. So I went in and I researched it.

[00:05:00]

And when the President sent out the email threatening everybody's employment, I basically did a "reply all," so I copied the President, the Vice-President, the VP of HR, all the deans that I personally knew, and as many faculty as I could find.

Shawn Buckley

And this actually ran into the hundreds, didn't it?

Thomas Marazzo

Oh, it was; yes, a couple of hundred for sure.

Shawn Buckley

I apologize to the audience: I can't draw this document up because of the format I copied it in. But Commissioners, I've given you two pages and the first one is Mr. Marazzo's response, which is Exhibit TO-17 in these proceedings. And Mr. Marazzo, you have a copy. That is the email that you sent in response.

Thomas Marazzo

Yes. My intention was to basically say, "How is it exactly that you believe you're going to get around all of these specific laws?" And there was no response right away, but then one faculty member just replied—hit a "reply all," and said, "Please take me off your distribution list."

Shawn Buckley

Okay. So you send this email and one person replies first, saying, "please take me off your email."

Thomas Marazzo

Yes. "Take me off of your distribution list," yes.

Shawn Buckley

And this was a "reply all," wasn't it?

Thomas Marazzo

Yes.

Shawn Buckley

Okay. So what happened after the first?

Thomas Marazzo

So then shortly after another faculty, same thing: "Please take me off your distribution list." "Please take me off." And so after about the tenth, one of the other faculty said, "As much as I'd love to see you guys read all your comments, could you just hit 'reply,' so I don't have to spend all day long deleting all of your emails?"

Shawn Buckley

And this was an email sent, as you say, to several hundred people.

Thomas Marazzo

Yes, several hundred. One of the faculty responded to him and said, "No, I think we should stand together in unity against this guy." And then immediately after, they all jumped on board, including the dean of the faculty I worked in, the coordinator, some of my other colleagues that I work closely with teaching. Every five to ten seconds, I was getting another email, "Please take me off your distribution," "Please take me off your distribution." After a while I just stopped looking at it because I was getting these things coming in every, you know, five to ten seconds from another person.

Shawn Buckley

Basically, what this was: Because you were taking a stand and basically questioning the legality of the vaccine mandate, all of the people in this email chain made a point of publicly shaming you.

Thomas Marazzo

Yes.

Shawn Buckley

How did that make you feel?

Thomas Marazzo

I was kind of—at first it didn't bother me too much. But then I was starting—I was actually quite shocked. Because these are the types of people that like to profess that they teach their students critical thinking. But yet, I outlined all of this legislation in front of them and it didn't seem like any of them actually had the ability to exercise critical thinking. So I was—I was embarrassed actually, I was embarrassed for them. And I know that sounds maybe a little bit arrogant on my part, where, you know, I'm the lone person criticizing the vast majority of the faculty. But I kind of laid it all out for them. All they had to do was take a look at it. And instead, what they did is they went with groupthink and their own fear and they just started piling on one person who's standing alone, who is waving a warning sign for them. They didn't care. They were just trying to virtue-signal to the Dean that they were on board with this stuff.

Shawn Buckley

No, but personally, how did it make you feel? You felt embarrassed for them, basically, in having to do this virtue-signalling. But how did it make you feel that basically, one after another was participating in an act designed to shame you publicly?

Thomas Marazzo

I think I transitioned very quickly to surprise, to shock. I was a little bit angry that not one of them had the courage to actually back me up. Like, there was a couple of them that sent me private emails saying, "Hey, I understand, good." But they weren't going to come forward. They weren't going to stick their neck out. They were perfectly happy to see me stick my head out. To be honest, I started to get quite angry about it, that I wasn't getting any support from any of them.

[00:10:00]

I mean, just the law of large numbers: I should have got somebody doing a "reply all" and saying, "Wait a minute: maybe this guy's got a point. Maybe we should be discussing this." And nothing.

Shawn Buckley

So let's just put this into context. I mean we're basically talking about faculty members at a university. Is that right?

Thomas Marazzo

Yes—or a college.

Shawn Buckley

Yeah, okay a college. But these will be people with Master's degrees and PhDs that have been taught to think critically. And they are your colleagues.

Thomas Marazzo

Yes.

Shawn Buckley

You're one of them, and some of them will be your friends.

Thomas Marazzo

Um hum.

Shawn Buckley

Did any single one of them stand up publicly for you?

Thomas Marazzo

No, not one.

Shawn Buckley

Now, getting back then. So you send this email and you're publicly shamed. How did Georgian College respond to your email?

Thomas Marazzo

I was summoned to a virtual meeting. First off, I was ordered to remove the email by the VP of HR. But I didn't see his email till later on and didn't matter anyway, because he had directed the IT Department to take down my email. Then I was summoned to a meeting on the Friday. This is the first week of school, so by the first Friday, classes had already started. That Friday, I was summoned to a meeting, asked some questions, and then told that I would have to come back to another meeting Monday morning. Monday morning, I believe 8 or 9 a.m., first thing in the morning— And the union rep was there, the union president was actually on the call, but you'd never know it because he didn't say a word. And I was informed that I was being fired for cause. So I was fired and I haven't had a job since that time.

Shawn Buckley

Now, David, can I have you— I've got on this computer a copy of that termination letter. If you can pull that up on the screen for the online audience to see. And Commissioners, you have a paper copy in front of you [Exhibit TO-17a].

Mr. Marazzo, so you've sent an email. And my understanding is— And I'm just reading from the second paragraph: "Your actions are in violation of the College's Employee Code of Conduct, the Appropriate Use of Email and Anti-Spam Compliance Policy and the Information Technology Acceptable Use Procedure."

So you didn't have a student or anyone complain about your behaviour.

Thomas Marazzo

No, all my teaching ratings were really high.

Shawn Buckley

So basically, you were getting fired for—by your email—basically stating that there are other laws and things like that should be considered before a mandate is imposed.

Thomas Marazzo

Yes.

Shawn Buckley

Now I want to segue into another topic because you found yourself involved in the Trucker Convoy.

Thomas Marazzo

Yes.

Shawn Buckley

Can you tell us how you became involved and what your role was?

Thomas Marazzo

I was following it just like everybody else on social media. And through a friend of a friend basically, I ended up on a phone call with a guy named James Bauder, who's with Canada Unity. And the intention of that call was, I thought, just to give some advice. Because as a former military, this was quite a normal. This would have been easy for anybody with some experience in the military. I had taken the call with the expectation that I would just give some advice. And within 15 minutes of that call, James had just said, "Would you mind just coming to Ottawa?" Because I was only in the Kingston area, so for me to go to Ottawa was maybe a two-hour drive. So within three hours of that phone call, I found myself in Ottawa. And I walked into this conference room with a whole bunch of truckers, a couple of Ottawa police, and next thing you know, I was there for 22 days.

Shawn Buckley

And that was to the very end.

Thomas Marazzo

To the very end, yes.

Shawn Buckley

And my understanding is that you became a spokesperson for the Truckers Convoy.

Thomas Marazzo

Yeah, on occasion. I didn't do too much of the public stuff. And it was never my intention, that just kind of— The longer I stayed at the Convoy, the more my role started to evolve.

Shawn Buckley

Now, you came after a couple of days. My understanding is that the Truckers Convoy lasted for 24 days in Ottawa.

Thomas Marazzo

Yes.

Shawn Buckley

And you were there for 22 days.

Thomas Marazzo

Yes. Two days after is when I arrived.

[00:15:00]

Shawn Buckley

Can you share with us— Because some of us weren't there and I don't think we appreciate the size, the number of Canadians that got involved, can you share with us basically the size, including on weekends?

Thomas Marazzo

Well, the weekends was the big swell. That is when the general public that were not working during the week would come and bring their families, bring their kids, and participate in the activities there in Ottawa. It was like Canada Day: every weekend was like Canada Day. And you know, at one point I would estimate that there was probably 100,000 people that showed up on one of the weekends. We had a stage sound system and people were giving speeches. There was lots of activities. So the influx on the weekends was much greater than during the week. But I would think, on weekends you were looking at about a hundred thousand people would come into—down to Wellington.

And of course, then there were truckers. Finding the exact number of truckers was always a big challenge for everybody. But if you just look at some of the video you could see there's a lot of trucks that showed up to Ottawa.

Shawn Buckley

And we're talking thousands, we're talking trucks in the thousands.

Thomas Marazzo

Well, that originally travelled across Canada, yes. But when they arrived into Ottawa, I would estimate somewhere around a thousand in the whole Ottawa region. Because there were trucks that were out at various different locations, not just in the downtown core.

Shawn Buckley

Now, being involved—because you were involved with the leadership, and that’s how you became a spokesman at times—what was your understanding of the goal of the Truckers Convoy?

Thomas Marazzo

Well, after over two years of all these protests that were going on across the country, everybody who protested was literally being either ignored or arrested for protesting. When the mandates came out for the truckers, the truckers took it upon themselves and said, “We’re ending these federal mandates. That is our objective, is to go to Ottawa and make them listen, because they haven’t been for two years. So the goal is to end the federal mandates—and all of them.” It was the mask mandates, vaccine mandates, lockdowns, you name it, travel restrictions, this cross-border issue. So for the truckers, they were allowed as unvaccinated to travel into the United States, drop their load. But when they came back, they were required to quarantine for 14 days. So how do you do a cross-border trip and then come back and have to quarantine in your home, place yourself under house arrest for 14 days, and still expect to make a living? They couldn’t do it. And it was a significant portion of the actual industry.

Shawn Buckley

Now, my understanding is this protest is right on Parliament Hill. I mean, it’s at the seat of government.

Thomas Marazzo

Yes.

Shawn Buckley

And you’re telling us they wanted to have a dialogue with the federal government. Am I correct? You basically did a public statement asking the Prime Minister to speak to you and the truckers.

Thomas Marazzo

Yes, several times.

Shawn Buckley

And am I correct that even the Ontario Provincial Police called on the federal government to speak to the truckers?

Thomas Marazzo

Yes, there was an engagement plan that was drafted by the OPP. And I heard this testimony directly from the person who wrote it, I believe he’s an acting inspector, Marcel Beaudoin of the OPP [Ontario Provincial Police]; he’s the Liaison Team Leader for the OPP. And he had drafted an Engagement Plan. It was presented to the federal government the day before they invoked the *Emergencies Act*.

So they were briefed on the 13th of February. And then the next day they invoked it and it completely ignored any form of engagement.

Shawn Buckley

Now, I assume—I mean, we've got on weekends 100,000 people on Parliament Hill. We have trucks all around Parliament Hill and in other parts of Ottawa. This is going on for 24 days. I assume, as a spokesperson who actually had been authorized to issue a public statement for dialogue, that all of your time was taken up speaking with the federal government to kind of deal with these issues.

Thomas Marazzo

That would have been great.

Shawn Buckley

And you laugh. Tell us what really happened there.

Thomas Marazzo

The highest ranking non-elected person I ever spoke to was Steve Kanellakos: he was the City Manager of Ottawa. And I met with him on two separate occasions. But we never met with the mayor. The highest-ranking police officer I ever sat in a room with was an inspector.

[00:20:00]

And he didn't really participate much in that meeting. But my day-to-day conversations were no higher than the rank of sergeant with the Ottawa Police.

Shawn Buckley

Okay, so I just want to focus us. Because this likely is the largest protest, well, definitely in my lifetime and likely in your lifetime. And the object is to have a dialogue with the federal government. Did a single federal government person speak with you or the truckers?

Thomas Marazzo

The Member of Parliament, the Conservative Member of Parliament for Tamara Lich's riding, I believe, had a conversation with her. But they're not the government. They're just as powerless to get anything going on with the federal Liberals, the government in power. There was nothing. We never met with any of the Liberal Party. We were trying to back-channel and maybe get some help from the Conservatives to arrange some sort of meeting. Never happened, we never— And we expected, actually— Because the Liberal government had had a previous history of engaging with other protests. And again, the OPP testified at the Public Order Emergency Commission that their expectation was that the Liberal government was actually going to reach out and talk to us. And they didn't. There was literally no dialogue between us and the federal government or the Ontario Government.

Shawn Buckley

And that would be for the full 24 days?

Thomas Marazzo

The full time.

Shawn Buckley

Before the *Emergencies Act* is invoked, not a single dialogue with the federal government?

Thomas Marazzo

Nothing, nothing at all.

Shawn Buckley

What is your worst memory? Well, let me just back up. What was your impression? You were there for 22 days. And we've heard that the Prime Minister is basically disparaged. We've seen pictures of Nazi flags—just a few handful. An immediate person spoke to that yesterday.

But what was your observations of how people were behaved, and basically the entire atmosphere and behaviour? How would you characterize it?

Thomas Marazzo

Well, up until the last two days—the 18th and 19th of February—up until those two days, everything really was more of a festival, party-type of an atmosphere. And people were being very responsible in— For example, we shovelled the roads, we shovelled the sidewalks, we collected garbage and on occasions we did first aid. We always kept safety lanes open, despite what any media outlet tells you. We worked really hard to make sure that EMS was always able to get through any portion, and they did. There was testimony of that as well, that we actually accomplished that. But overall, it was a friendly environment. If you ever even talked to some of the people that went there, it's a constant theme: that it was such a truly Canadian experience and it didn't matter over ethnicities, races, religions, creeds, anything.

It was ordinary Canadians from east to west that were there being Canadians. And they were putting their foot down and saying, you know, "We're going to be here, we're going to be non-violent, we're going to be peaceful, we're going to try to make the best of a situation, because we'll be here for a long time. But we're not going to be aggressive, we're not going to be violent." You know, we were even donating food to homeless shelters because we had so much support that we were sharing it within the community. We were not a threat to businesses; we were actually asking for business owners to open up so that we could shop in their businesses. We were trying to support that community.

But overall, our intention was never to go and put pressure on the residents of Ottawa, it was just the government and that's what we were there to do. And, you know, it was a very, very peaceful, very fun experience for a lot of people—very fun.

Shawn Buckley

Now, you understood that the *Emergencies Act* was invoked. And my understanding is you basically gave a public statement and you had a dialogue with the OPP to basically permit a staged withdrawal, without the need for what we all witnessed—thank goodness, because people could live stream.

Thomas Marazzo

Yeah, so on the 19th, the morning of the 19th, I had a meeting in my hotel with several truckers that were in various leadership positions. And we made the decision to recommend to the truckers to peacefully withdraw from the city. And we chose that language very specifically,

[00:25:00]

because we wanted to obviously instill the idea that we're still going to be peacefully interacting with the police. Despite the day before, where the police were exceedingly aggressive and the whole situation had been violent.

So even on the second day we were emphasizing peace, but we were recommending that the convoy withdraw from the city. At 10:03 that morning on the 19th of February, I made a call to the OPP. I was pretty emotional about it because I had just finished watching a lot of the video footage on the news of people getting beaten. And I was there when Candace was run over by the horse and the other man. I was standing 15 feet away—so I witnessed this violence myself. And I wasn't too happy about the veterans getting beaten by the police as well, at the National War Memorial. I made the call to the OPP and I said, "Look, we're recommending that they leave. But you need to move the concrete barriers and allow us to get fuel into the trucks." Because we were boxed in, we couldn't actually move. We couldn't leave if we wanted, unless people literally walked out of the city. So we said, "You need to move the concrete barriers and you need to let us get fuel into the truck, so they can drive out."

But we were recommending that the drivers, the truck owners, leave the city. And he said "Yeah, I'll pass it up the chain." And nothing happened. No concrete barriers moved and people were continuously beaten and arrested.

Shawn Buckley

Okay, so I just want to be perfectly clear. You were personally involved in trying to make arrangements with the police for the truckers to withdraw their trucks from downtown Ottawa.

Thomas Marazzo

Yes.

Shawn Buckley

And this was all done in an effort to forestall unnecessary violence against Canadians that you had witnessed the day before.

Thomas Marazzo

Yes.

Shawn Buckley

And there was no answer or no response.

Thomas Marazzo

No. We were starting to see some of the leadership of the convoy get arrested anyway. By that point, Tamara had already been arrested, Chris Barber had been arrested. I think Danny Bulford, who's retired RCMP, was already arrested and in custody at that time. Which was why on the last day I was the one who gave the public statements saying—because I was the last one left that the public would recognize and maybe listen to.

Shawn Buckley

Right. Now, you spoke about what happened at the War Memorial. Can you describe that? I'm going to play a video. And there's a person in the video and I want you to share with us your knowledge and relationship with that person. But please explain to us in detail who was at the War Memorial and what occurred.

Thomas Marazzo

So as the convoy went on, more and more Canadian military veterans—in a lot of cases, combat veterans—started to arrive in Ottawa. And they spent time mostly concentrated at the National War Memorial because, for a time, there was a big steel fence around the memorial and the veterans were quite upset about this, because it wasn't being cleaned off with snow. It was being kind of neglected. I was there as well when the veterans took down the steel fence. The police came in, they thought that the monument was kind of, you know, not being taken care of. But as soon as they came in, they saw all the veterans. We said, "Look, we're going to put a 24 and 7 guard on the memorial," and they did. So the veterans, for two weeks, had a 24 and 7 vigil on the National War Memorial, protecting it. And that's kind of the ground they typically stuck to.

But after the *Emergencies Act*, when the police started to do their raiding, the veterans formed a wall and they linked arms and basically said, "We're not going to move off this piece of ground." They're not going to fight, but they linked arms and they were resisting—peacefully resisting. One of the individuals, Chris Dearing: he was a wounded Afghanistan vet. Two others of his colleagues were immediately killed. He was blown up in a LAV-3 IED explosion that sent the vehicle 100 feet into the air, flipped over. The turret fell out, Chris fell out. He was badly, badly injured—luckily not killed. But he was there. He arrived and one of the veterans told the police, "Look, when you come up, this guy here: he's in bad shape. He's a wounded veteran, he's in really bad shape."

[00:30:00]

Well, they rolled through and at one point they just grabbed Chris right out of the line, right out of the chain, and two of the police started beating him on the ground.

Shawn Buckley

I'm just going to stop you. So Chris is a war veteran that served this nation in Afghanistan.

Thomas Marazzo

Yes.

Shawn Buckley

And he witnessed two of his fellow soldiers being killed in action.

Thomas Marazzo

Yes.

Shawn Buckley

And he himself was wounded and has problems to this day because of that.

Thomas Marazzo

He has many physical problems. He's not very employable right now, but— You know, he's not a large person. But he was certainly not a threat to any of the large police officers and if you show the video, you'll see the difference in size.

Shawn Buckley

And I will. But before I do, I saw some other videos. And I saw that Chris was wearing three medals—

Thomas Marazzo

Yes.

Shawn Buckley

On his jacket, that don't show up in this video. So he's a decorated war veteran.

Thomas Marazzo

Yes.

Shawn Buckley

I'm just going to play this video and it's short. I'm going to play it twice because it's so short. But I just— I just want the people of Canada to see how we treat decorated war veterans.

Thomas Marazzo

To be clear too: all the veterans that were there were wearing their berets and their medals. So they were easily recognized as Canadian veterans.

Shawn Buckley

And the police were told that in any event.

Thomas Marazzo

They were told.

Shawn Buckley

And you told us that they were told that Chris actually has some physical issues.

Thomas Marazzo

Yeah, specifically Chris was pointed out.

Shawn Buckley

In this video, Chris is basically the gentleman in the brown jacket being dealt with by the police?

Thomas Marazzo

Yes.

Shawn Buckley

Can I have the screen please—thank you.

[A Global News video clip is played of the final Friday of the Trucker Convoy, depicting police beating Chris Dearing, a Canadian war veteran who was wounded in Afghanistan.]

What was your experience of the police during those last two days?

Thomas Marazzo

Very, very mixed. At one point I was there— Like I mentioned, I was there on the line when the horse came through and ran over the two people. I remember there was a large group of OPP standing there. I walked over and I was looking at them, and I kind of started yelling at them saying, “Thank you, thank you, you got to be proud of yourself for stealing the future of my kids and your kids too.” And they looked at me— They looked at me as if, though, you know, “If I could shoot this guy and get away with it, I’d drop him right now.” That was the impression I got. I didn’t see people that had any shame in their eyes, I saw people that were getting geared up to go in and beat people. That’s what I saw. I had very mixed emotions because on my one-on-one dealings with specific individual officers, it was very good, not all. Then when we got to that— And what’s interesting is, none of the police that we were interacting with the previous three weeks were the ones that were on that line. They brought in new people from other jurisdictions that had no ties, no relationships, hadn’t been in Ottawa, to come in and start mass-arresting people.

Shawn Buckley

And as my final question before I give commissioners the opportunity to question you, is: What happened to your bank accounts, and what was the effect of that?

Thomas Marazzo

My bank account was frozen, along with approximately 280 Canadians. I was not informed that it would be. I was not informed that it was frozen and I was never told when it would be returned to me. It was credit cards, banks, joint accounts, any financial asset that I had. And my ex-wife was notified by her financial institution that they were looking at hers.

[00:35:00]

It’s recently been disclosed in the media that all of our information was shared globally to banks—including China, India, France, U.K., Wall Street. All of our personal information

was shared and they were told, "If you're doing banking with these people, cease doing banking with them."

Now to be clear, there was never a warrant for my arrest. I was never charged. I've never been convicted. My son has a heart condition. And if we didn't have cash, we would not have been able to purchase his heart medication. You had to have cash to actually buy this. They didn't give any consideration to anything like that. Nothing, there was no information that we knew about. Next thing you know, rumour started that bank accounts were frozen. And, you know, I was one of them. And on top of that, now I'm being sued for \$400 million for my participation in the convoy.

Shawn Buckley

Well, welcome to your Charter-protected right for freedom of expression and freedom to assemble. I'll open it up for the commissioners if they have any questions for you, Mr. Marazzo.

Commissioner Kaikkonen

Good morning. I just would like to go back for a moment to the faculty union. And I see in your email that you have listed a number of legislative pieces. Usually, unions stand up for the minority voice to some extent. I'm just wondering, in this case, you said the union member remained silent.

Did you have any thoughts about that or any follow-up conversations with the union that would suggest that they were silent for a reason or being silenced by the administration?

Thomas Marazzo

There was nothing offered. I was in a pre-meeting before all this had happened. There were several people on the call and I remember specifically asking the union president in this call: If something like this were to occur, would they represent us as individuals, or would they look at it almost like a 'majority rules' kind of a thing? And his response was to the negative. He did say, "We'll take it as a case by case," but then he immediately shut me down and told me that that question was inappropriate to ask in that meeting. And one of the other people participating, a faculty member, asked me a question about my original question. And he shot her down and said, "that's inappropriate for you to talk to the other faculty member in this Zoom meeting."

I did go to arbitration after, but that's a whole other story. I did lose the arbitration because I couldn't attend the arbitration. But my feeling was that the union did— I did threaten to go, what is it—DIF? I can't remember the acronym, for when you don't feel that the union is actually representing you. I did suggest to them that I was going to do that. I did indicate to the union that I was considering suing the College. They said, "You can't because of the collective agreement." And I said, "Well, I'm actually considering going after you guys first, so that I can then go after the school." And I did have lawyers that were gearing up to do that. But, you know, I've only got so much bandwidth and I'm pretty exhausted after a year and a half of this. So on that particular issue, I've walked away, but I think there was a few lawyers that really would have liked to pursue that.

Commissioner Raikkonen

Thank you.

Commissioner Drysdale

Good morning, Mr. Marazzo. Thank you for coming and telling your story. I have a few questions. The first is, I'm quite familiar with that area in front of Parliament on Wellington Street where the War Memorial is. And I'm assuming, like in most places in Canada when I look around, there are video cameras everywhere. Even in this hotel: when I'm in the elevator, there's a video camera watching me. Most of the videos that I have seen that were related to the convoy were videos shot by individuals with phones or whatever.

Do you have any idea what happened to or where the video from—I have no idea how many, but—what had to have been hundreds, if not thousands, of security cameras in the area recording?

[00:40:00]

Thomas Marazzo

Yeah, that was an issue that we had raised right at the beginning. When the lawyer or the legal team showed up from the JCCF, we started to inquire as to: Why are all of these CCTV cameras turned off? Why are they not—there's no public access? Because some of those cameras all across the country, which is really interesting: because all across the country, there are zones that have CCTV along the highways. And as the larger portions of the convoy were traveling across Canada, they were shut off. So when the convoy actually arrived into the city of Ottawa, all those CCTV cameras were no longer streaming for public consumption. All of those cameras were completely turned off, which was really bizarre to us, because we were kind of anticipating that in the future, we may need to see some of that footage. It was never activated, which is bizarre.

Commissioner Drysdale

You also mentioned an incident with regard to the horses and the trampling of one of the protesters. Are you aware of any type of independent investigation that's been carried out of the police actions and/or their messaging that was going on at that time surrounding that incident?

Thomas Marazzo

I'm not aware of any investigation into that incident.

Commissioner Drysdale

Are you aware of any other internal or public investigations of the actions of the police during the last two days of the protests?

Thomas Marazzo

No, I'm not.

Commissioner Drysdale

One last question. Concerning your statement about the 280 Canadian bank accounts who were frozen: I'm assuming that—and this is none of my business, you can tell me that if you wish—but I'm assuming that you are not using digital currencies and you're using ordinary money and bank accounts and ordinary identification cards yourself, like most Canadians?

Thomas Marazzo

Yes—and I’m absolutely against digital ID, as somebody who has experienced the current mechanisms to go in and attack people’s financial assets right now, even without digital ID. So digital ID is a step beyond what— I think every Canadian in this country should be outright rejecting the idea of these CBDCs, any form of digital ID, any form of currency like that in that manner. I think that Canadians should keep an eye on that every single day and get updates on it.

Because even under the current system, it took nothing for the government, without any criminal charges, to completely remove my ability to access my own financial assets. So I carry cash now. But I haven’t worked in 18 months, so I don’t have a lot of it.

Commissioner Drysdale

But the government didn’t act alone. I’m assuming that your bank account wasn’t with the Government of Canada, it was with a private institution. I’m assuming that your credit cards weren’t with the Government of Canada, and it was a private institution. How do you account for the incredible cooperation that was between the banks, the government, the credit card companies, and employers—whoever else was involved with that?

Thomas Marazzo

Well, that’s an interesting question, because it wasn’t just the banks that were ordered to seize the accounts. It was also the insurance industry, as well as, I think, more the equity market, like the big trading firms. Everybody was ordered to do it. It was the insurance company—the life insurance companies and stuff, and house insurance and all that—that said, “No, we’re not doing that.” So it’s interesting because there’s this kind of thought that the banks were compelled to do it legally, and if they didn’t, they’d be in breach. But the same order was given to the other forms of financial institutions, but they pushed back. Because if you would have frozen or taken away or removed somebody’s house insurance, then they’d be in default of their mortgage. And so they pushed back and said, “No, we’re not doing it.” And it’s funny, because the bank industry has more money than God. I think they can afford some lawyers to have tied this up for about a week or two until this was settled and not gone after people’s bank accounts. But they did it anyway.

It’s because there’s only five chartered banks. Well, no—I guess the credit unions, the credit card companies, they all did it. It was just the two other industries or sectors that didn’t do it. But the banks were right on board with it.

Commissioner Drysdale

That’s all the questions I have. Thank you very much.

Shawn Buckley

There being no further questions, we’ll let you go. Thank you on behalf of the National Citizens Inquiry for testifying, Mr. Marazzo.

[00:45:06]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 4: Laura Jeffery

Full Day 2 Timestamp: 02:29:20–03:12:55

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Ms. Jeffery, can we begin with you stating your full name for the record and then spelling your first and last name for the record?

Laura Jeffery

My name is Laura Jeffery. It's spelled L-A-U-R-A J-E-F-F-E-R-Y.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth today?

Laura Jeffery

Yes, absolutely.

Shawn Buckley

Now, Ms. Jeffery, my understanding is that you are quite a senior embalmer as far as embalmers in Canada go.

Laura Jeffery

I'm the best-kept secret in embalming.

Shawn Buckley

You have been working as a funeral director, and that includes embalming, for 27 years now.

Laura Jeffery

Yes.

Shawn Buckley

I did the math and that would mean you started roughly in 1996.

Laura Jeffery

I'm an old lady.

Shawn Buckley

I started practicing law in 1995.

Laura Jeffery

Well then, you're an older fellow too.

Shawn Buckley

So we share a long career. And for the past five years, my understanding is you would average roughly about 170?

Laura Jeffery

Yes.

Shawn Buckley

I guess I don't know what you call it.

Laura Jeffery

I would embalm and care for 170 people that required embalming. I would care for many more that maybe we weren't embalming, but I would care for them as well.

Shawn Buckley

Right, because if somebody is being cremated then they don't go through an embalming.

Laura Jeffery

No, that's not necessarily true. It doesn't matter if you're buried or cremated, it depends on what you're doing beforehand.

Shawn Buckley

Okay. Now, when COVID came along, my understanding is that you were working at a place which cared for approximately 600 deceased persons a year?

Laura Jeffery

Yes.

Shawn Buckley

And COVID hits, so we're in, I guess March 2020. And a year and a half goes by—

Laura Jeffery

Yes.

Shawn Buckley

And you're still with this organization that cares for roughly 600 deceased persons a year. How many deaths did you see attributed—not caused, but attributed—to COVID?

Laura Jeffery

Seven.

Shawn Buckley

And were there other comorbidities involved?

Laura Jeffery

Of course, yes. Routinely, the COVID cases that I would see would be people that had been suffering dementia for probably quite some time and living in a nursing home facility, and that's fairly typical in the winter. We would see that with any virus or any cold maybe that was going around because those people are very vulnerable.

Shawn Buckley

Now, what did you observe about the death rate when COVID swept through this land?

Laura Jeffery

Ah, nothing. There was nothing to observe. Nothing changed.

Shawn Buckley

So nothing changed?

Laura Jeffery

Oh, well, that's not true actually. Lockdowns created a situation where suicides and drug overdoses escalated dramatically.

Shawn Buckley

Now, what about the first lockdown?

Laura Jeffery

The first lockdown wasn't as obvious. There may have been the odd unusual death. But, I mean, that also could have just been normal timing—because the first lockdown was the pajama party, right? The second lockdown was the problem. In the second lockdown, the escalation of suicide deaths and drug overdoses was obvious. Young people, middle-aged people.

Shawn Buckley

And as an embalmer, you're aware of cause of death when you're treating somebody.

Laura Jeffery

Yes. I mean, I don't always look, but sometimes you're very aware. You can't miss it.

Shawn Buckley

Okay, So the suicides and drug overdoses—

Laura Jeffrey

Yes.

Shawn Buckley

They're obviously increasing in number in the second lockdown?

Laura Jeffery

Second lockdown, yeah.

Shawn Buckley

Now, my understanding is that you had a very unique experience with a nine-week period with a specific type of death. Can you share with us slowly what you witnessed and just how unusual that was?

Laura Jeffery

Okay, so in nine weeks—so one a week for nine weeks—there were middle-aged women that were well-settled in their lives mostly, who didn't want to stay on earth anymore. So they left. By their choice and their hand. They had children, they had spouses, they had homes, but the second lockdown was too much for them. So they left. And we cared for them. And it was awful, to be honest. Like, each week, one person would do that for no reason. They had children.

So that was hard.

Shawn Buckley

These are mothers with children?

Laura Jeffery

Yeah, average people, average people. Yeah. I mean, it could have been me, right? Except that I don't have kids. But in a general sense, yes: it was a middle-aged woman that had children ranging, I found, aged maybe 10 to 20.

[00:05:00]

And then you're looking at that middle-aged woman, right? And she has a home and a husband and children. So that happened.

Shawn Buckley

Had you ever, in your career, seen a suicide death from that type of person before?

Laura Jeffery

No, no, no, no, no. Women don't do that.

Shawn Buckley

So this—this just stuck out like a sore thumb?

Laura Jeffery

Mm-hmm. Everybody noticed.

Shawn Buckley

Now, my understanding is that you started seeing changes after the COVID-19 vaccines were introduced?

Laura Jeffery

Yes, yes.

Shawn Buckley

Can you tell us about that?

Laura Jeffery

It started in January 2021. At first, I was seeing an anomaly in what we would call "return." You have to understand a little bit about embalming. In embalming we have a vat and then there's a hose and the vat has a pump in it. And what we do is we use the human circulatory system that God gave us. So we go into that circulatory system; generally, we start at the carotid, right? That's a major artery that goes not only to your brain but also to the top of your heart. And it pumps the fluid through. And then the return would be people's blood that's pumped back out through the venous system. And we open that and let it release. The concept is to put preservation in and take out what would not preserve a body long term, so that we can present a person that is reasonable to their appearance that they should be, right?

When I was seeing the return, I started to notice anomalies in what the return was. So that went on for about three or four months. And the return was more viscous. And it's not like I hadn't seen that before, but you didn't see it consistently—in every single person, right? Now I'm seeing it every single person.

Shawn Buckley

You'll have to explain to us what "more viscous" is.

Laura Jeffery

Viscous—Thicker. Darker. Sticky. And that return—well, what I call return—it's return blood, right? So that return blood was stickier, thicker, darker. Then I started seeing the return blood would have little, little, tiny, tiny pieces of clot in it, and the clot would be like a currant jelly clot. But it's tiny pieces, like pinhead-sized, but it was almost like polka dot coming out, right? Polka dot pattern, sticky, viscous, thicker blood, darker. And then these little pieces of clot that kind of looked like a polka dot pattern sticking to the embalming table. And of course, that goes down the drain, right? But it was just different. There was something different. I would call it maybe "dirty blood" if you want to make a sort of a basic example, right?

The blood was dirtier, and at first— I'm really conscientious, right? I notice things and I'm known for that. At first, I was sort of like, "This is weird," but I'm an embalmer. I'm not a scientist, I'm not a doctor, right? I'm an embalmer. But I notice things and a lot of people do, and a lot of people don't. But in retrospect, there's an awful lot of people in my profession that are also saying the same thing. They won't tell you that in person; they certainly wouldn't go public like this, but that's what they're telling me.

Shawn Buckley

Did you see changes in persons that were dying after the vaccines were introduced?

Laura Jeffery

Yes. It was kind of horrifying—well, it is horrifying. There was an escalation of middle-aged people's deaths, like, just average Canadian, came home from work, had dinner with the family and died suddenly at home. So that went on for maybe a good month and a half, and usually an evening call—what we call a night call. You would send a removal team out: two people because they're going into someone's home. Usually, a night call or a night removal would be in the middle of the night. Like it might start at one o'clock in the morning. You might get one, you might not, right?

Then there was a lengthy period of time, like many weeks, where these middle-aged people were dying kind of like, right after dinner at their house with their families present. And they weren't being investigated. They were coming to the funeral home and I was looking at this, and I'm like, "This should be investigated because it's an unusual death. It's an unexpected death." But no, no, it wasn't investigated. It was almost like they dialed it in and brought the person into our care at the funeral home. And then didn't worry about them.

Shawn Buckley

So there are a couple of things there. You were telling us that typically a call is around 1 a.m. or after 1 a.m.

[00:10:00]

Laura Jeffery

Yeah—like middle of the night. If you're going to have a night call happen, for some reason it always seems to be that one o'clock in the morning kind of time frame.

Shawn Buckley

And prior to the vaccines, roughly how many would calls would you guys have on a night?

Laura Jeffery

You could get one in an evening, you could get two, you could get none. And then for a while there, it was every night; one, two, even maybe three, always completed before 11 o'clock at night. My removal staff were loving that because they weren't getting called out of bed, right? Yeah, they thought that was marvelous. And I was saying, "Why can't you see the pattern?"

Everything's a pattern. Like, we're not really all that different. None of us are. We think we are, but we're not. When we die, or when we breathe, or when we're born, there's patterns. And as soon as you see an anomaly in a pattern, you should be going "Why is there an anomaly?" But nobody was asking, "Why is there an anomaly?" And then—I'm a funeral director and it's not my job to ask, "Why is there an anomaly?" But I was asking, "Why is there an anomaly?" in my mind.

I started asking my co-workers, "What did you see? Where were you? What was it like?" Family there, after dinner, average people, average home. It was an anomaly, a big one—obvious one. But it was like everybody had blinders on. I don't know why nobody noticed. But I noticed. I was rather concerned.

Shawn Buckley

Now, my understanding is that early on you had an experience with a 47-year-old man that seemed unusual. Can you tell us about that?

Laura Jeffery

Yeah, so— Okay. You have someone that's so healthy, you can't miss it. Healthy. If that gentleman walked in the room right now, we would all turn our heads and say, "My goodness, what a good-looking man." Healthy, strong, fit, tall—huge, healthy person. Gone. Right away, just— And his family told us that his death was investigated. And his family told us point blank he died from clots. That's what they were told.

Shawn Buckley

And had you ever seen a person that age and that fitness that had died of blood clots?

Laura Jeffery

Had I ever seen that before?

Shawn Buckley

Yes.

Laura Jeffery

Heavens no. No, no—too healthy. No, no, not healthy people.

Shawn Buckley

Okay, so that's why that sticks out in your mind as it was so unusual.

Laura Jeffery

It sticks out in a lot of people's minds, I'm sure.

Shawn Buckley

Now did you start seeing any—basically, scarring or anything like that on shoulders?

Laura Jeffery

Yeah. For a long time, people were coming in with a little Band-Aid, right? And I kind of go, "Okay Laura, it's just a Band-Aid, ignore it even though—" It was just unusual deaths with a Band-Aid. That's how I'm supposed to look at it because I'm not a doctor, I'm an embalmer. But the reality is I'm looking at this and I'm going, "Yeah, there's a little tiny Band-Aid on everybody's shoulder." So that tells me. I mean Band-Aids—they last, what, two or three days if you're lucky, right? So that tells me there is a problem.

Shawn Buckley

And what were the ages of these people coming in?

Laura Jeffery

Oh, full range.

Shawn Buckley

Full range?

Laura Jeffery

Yeah. Actually, at that point— To be more clear, at that point people were— I would say it was retirement age at that point. Because I was seeing people that were like maybe 60-something, older, with the Band-Aid.

Shawn Buckley

Now, earlier you were telling us changes that you saw in the blood.

Laura Jeffery

Yes.

Shawn Buckley

You were seeing little clots and you've seen color changes. Was there also something else happening that you were starting to observe?

Laura Jeffery

Yeah. And that's what everybody wants to hear about, right? So first, like you said, the viscosity changed—which means the color is going to be deeper. There's a stickiness, it's been termed dirty blood. There's small micro clots in the return and the odd time there was like, a rainbow slick, right? Remember the '80s, they had those rainbow slick dresses or oil slick dresses, I think they called them. You would see that on the odd occasion, which is really weird. And nobody can put their finger on it, that's the weird thing.

In the spring of 2021—we're talking April, May—so four or five months after the rollouts of the gene therapy, right?

[00:15:00]

The first time I saw it I thought it was a parasite. We have something called drainage forceps. I use a pair, generally speaking, that are about this long and that have a handle port. You can squeeze them like tweezers, right? So curved tweezers, think of them that way. I use that to pull anything out of the way on the venous side of the body, where you're draining the return blood. And all of a sudden, I was having trouble. I couldn't understand. Then I pulled it out and I went and I kind of— You can turn the drainage forcep and you can see what's in it. I'm sort of like this and I see something that I thought was a tapeworm. Which was weird, because tapeworms shouldn't be in a circulatory system. And then I'm looking at this and I'm thinking, "Is this a parasite?" Because a tapeworm's a parasite; that looked like a parasite. And it was at that point, maybe, like three, four inches long. That's a small one. But at that point, that was a huge one for me, because I'd never seen this before. This was a whole new anomaly.

Shawn Buckley

I just I just want to make sure. At that point you had been embalming for a quarter of a century, 25 years.

Laura Jeffery

Yeah, with a heavy focus on it.

Shawn Buckley

You had never seen anything like that in your career?

Laura Jeffery

No—absolutely not. Blood clots are sort of in a few categories. There's currant jello blood clots, there's chicken fat blood clots, there's just sludging, which is thicker blood in general. And then there was this anomaly, which I thought was a parasite but it's not.

Shawn Buckley

In what percentage? So this starts in April, May of 2021?

Laura Jeffery

Yes.

Shawn Buckley

Once you saw your first one, how common was it to see this?

Laura Jeffery

It just kept happening. It was everybody. So there was that.

Shawn Buckley

And how much of this would you find?

Laura Jeffery

Over time it got bigger. When I first started seeing it, it would be small, right? Then, when I started seeing it near the end of my time frame there, if you were to take a small side plate, like a bread plate, and put spaghetti on it and kind of heap it, that could happen. Yeah. And they were longer and longer and then the integrated jelly clots at the end of course adds to the confusion. Like, if you were thinking it was a parasite, the integrated jelly clots were always at the end.

Shawn Buckley

Can you explain what you're talking about when you say "integrated jelly clot," just so that the commissioners—

Laura Jeffery

Okay. Have you ever seen those erasers that you push out and they're like a pen, but they're a circle? They're round, cylindrical. You think of one of those but then it maybe has a couple of little tentacles of eraser coming out the end. Then there's a blood clot that is integrated into the end of those tentacles. It felt like it was a parasite that was feeding off a blood clot that it created in the body. When you think of a parasite, you think— Because it feeds off of something, right? Then you see the jelly clots at the end of this parasite. You see those and you think, "Are they feeding off us as humans? Out of our circulatory system?" Because they always had the currant jelly integrated at the ends. It's something to see, let's put it to you that way. It's horrific.

Shawn Buckley

I'm going to show some photos now. Just so that nobody believes that you took these photos, these are photos you basically had an embalmer from elsewhere share with you. So that for the purposes of this presentation, you would be able to show us what you're talking about.

Laura Jeffery

Yes.

Shawn Buckley

David, could you pull up this computer screen please?

Laura Jeffery

Yeah, that's it [Exhibit TO-27].

Shawn Buckley

Am I correct that this is basically what you would be pulling out of bodies? I appreciate this isn't an embalming that you did, but this is typical of what you would see?

Laura Jeffery

Yes, that would be. If you were thinking that I started seeing this anomaly in the spring of 2021, then I would have been seeing that closer to the end of the year. Because that's a fairly large amount. It's unfortunate it's not stretched out, but you can see where the currant jelly clots are: the darker pieces that are integrated into the white fibre mass. That's what I call them. I call them "white fibre masses," because they are fibrous. They are stretchy kind of. And you can't break them easily, you need to cut them, the white fibre branches.

[00:20:00]

So it's like an exact duplicate or a cast of the inside of an arterial system.

Shawn Buckley

Just so I'm clear—

Laura Jeffery

Yes.

Shawn Buckley

And it's clear for everyone else, where are these coming out of?

Laura Jeffery

Everywhere.

Shawn Buckley

No, no, but what part of the body?

Laura Jeffery

Everywhere, everywhere, everywhere. I had to change how I embalm because of these. I have a routine now. Well, I did, I don't have it anymore. I don't have to do it anymore. But I had a routine. I would go into the carotid artery, where we always start embalming on an average case. I would go into the carotid artery and I wouldn't even try to put the cannula in, which is what comes from the pump, the vat. There's a hose and there's a cannula. It's a little crooked piece. It goes into the carotid artery. I wouldn't even try to put it in. Why would I bother? It's plugged anyway.

I would open the carotid artery like normal. I would take a small pair of forceps and go in and pull. And I would find what I call "the fish." I named everything because that's, I guess, how I function. But yeah—I would pull what I call the fish. And the fish would be an exact cast of the inside of that person's artery. It usually was approximately this long and it sits here. So if we go in here, half the fish would be towards the head and half the fish would be towards the heart. Then once you pulled the fish out, you could put the cannula in, you would start the embalming.

And what I quit doing— Quite often, we like to back-pressure the human circulatory system to allow more fluid to go into the body and go everywhere, like right to the toes, right to the fingers, right? I would instead not back-pressure. I would open the venous system fairly quickly after starting injection and start pulling return—because I would see what that picture was. That's what I would start to see fairly quickly into the embalming. I would be looking for it because I knew it was coming. When you know something's coming, you have to change how you care for somebody and you have to change your approach and your perspective. Embalmings that normally would take a couple of hours were now taking like three or four hours because there was a lot more work involved.

Shawn Buckley

And I just wanted to clarify. When I say, "where are these coming from?" it's from the circulatory system.

Laura Jeffery

Yes, yes.

Shawn Buckley

Okay. So we're looking at this one. I'm just going to pull up another one [Exhibit TO-27a].

Laura Jeffery

Yeah, that's small compared to some of them. But you can see there that those have been washed off. You're seeing what I call the white fibre mass because I didn't really have a name for it. And if you were to cut those, there's no hole in the middle, they're solid. A lot of people were thinking that they were the lining of the circulatory system—somehow it was lining. No, no, no, no, no, it's plugging. I mean, a technical term would be the clot, right? But I hesitate to use that because people assume it's a blood clot. This is not a blood clot. This is something else. This is something new.

Shawn Buckley

And I'm just going to go to the next photo [TO-27c].

Laura Jeffery

Yep. Right.

Okay, so those are some skinnier ones. Because you can see that they were branchy and they were down into smaller parts of the circulatory system, so they're closer to the capillary beds. And you can see that the fellow that took these pictures and was doing the work, he has been keeping samples. I didn't do that, but he has. You can see that the color has changed a little bit in those ones. Because, if you look, the fluid that they're in is a type of embalming fluid, but it's to maintain— You can keep them long-term, samples. I think that's maybe what he was doing there.

But if you look closely, you'll see that the ends of those fibre masses are quite small, very tiny, tiny. And that's because their branch is going into very tiny vessels in the human body, so they're really small. They're everywhere.

Shawn Buckley

Now, before COVID, I expect that there would be a certain number of autopsies done.

Laura Jeffery

Yes.

Shawn Buckley

And after COVID, I'm asking if there was a change in the number of autopsies and can you please tell us about that?

[00:25:00]

Laura Jeffery

The concept was, "Autopsies are too dangerous because there's a virus that's going to kill everybody, so we have to not worry about these things. We'll do them if we absolutely have to." But they just didn't do them. I guess it would set the concept in people's minds not to do them, right? So, "Oh, well, it's pretty obvious why this person passed away. We'll just write that on the paper."

Shawn Buckley

Just so that I understand because you're describing types of deaths that you hadn't seen before—such as middle-aged people just dying after supper in front of their family, so at a different hour.

Laura Jeffery

Right.

Shawn Buckley

So these are unusual deaths. And is it your evidence that there were not autopsies being done to explain this change in pattern?

Laura Jeffery

Yes, I felt that they were kind of dialed in. We'll just sign this piece of paper and dial it in. But again, it goes back to— It has nothing to do with each individual, right? It does—I mean each individual is very important—but there's a broader spectrum.

It's like, if you see an anomaly in a pattern, whose job is it to call that out? Because it's not my job. It's someone that's got a much higher pay grade and much more power than I would. I'm just an embalmer, why am I here? There should be other people here.

Shawn Buckley

But you do know if a body has been autopsied or not?

Laura Jeffery

Oh, very clearly, yes.

Shawn Buckley

So you're able to tell us about it. So actually, were there fewer autopsies done?

Laura Jeffery

Way less—yes.

But you have to put that in perspective too. If I'm talking about a change in the pattern—and that change means I'm seeing deaths that should have been investigated and they're not being investigated—then really, there would have been an escalation in autopsies, not a decrease. So I'm seeing a decrease from the norm, but then we're not in the normal zone because there are more deaths that should have been investigated. So now, there should have been more autopsies than previous to COVID. That's the difference.

Shawn Buckley

Right. So basically, we were doing the exact opposite of what we should have been doing?

Laura Jeffery

Yes.

Shawn Buckley

Now, I'm wondering if you can also tell us: you saw a change concerning deaths of babies?

Laura Jeffery

Yes, I did.

Shawn Buckley

Can you tell us about that?

Laura Jeffery

Well, I was used to caring for maybe three to five babies in various stages of gestation, so the whole pregnancy. I was used to seeing three to five—maybe a month, maybe two—but quite often three to five. And then that just stopped. There weren't any babies anymore.

Shawn Buckley

When did that stop?

Laura Jeffery

I would say February of 2021. It was wintertime.

Shawn Buckley

Now, you did get one that caught your attention coming in after the vaccinations started. Can you tell us about that?

Laura Jeffery

I don't think I can tell you about that, I'm sorry. That's over the line.

Shawn Buckley

That's fair enough. Okay. But would it be fair to say that you had not seen anything like that before?

Laura Jeffery

No, I had not.

Shawn Buckley

Okay. You're telling us basically: you're having the normal course of events pre-vaccine, three to five babies a month?

Laura Jeffery

Yes. And then none.

Shawn Buckley

And then none. For how long were there none?

Laura Jeffery

Up until recently, so like two years almost.

Shawn Buckley

For two years, all of a sudden, you're not receiving a single baby?

Laura Jeffery

Keeping in mind, I worked in a very large community, right? And then I have a friend who works in a very large community and he hasn't seen any babies until recently. But then you have to remember— I have a friend who works in a very small community and he saw an escalation, a dramatic escalation. It's like the small communities got a different memo than the big ones, how to care for babies during COVID.

Shawn Buckley

Right. Can you expand on that? I don't understand. There's been a change; where do you think the change—

Laura Jeffery

A social worker at the hospital would help a family that lost a baby. It wouldn't matter how old the baby—like how far in gestation the baby was. If someone went to the hospital and a woman was having a baby and the baby didn't live, then in larger hospitals they have a social worker to assist that family. And the social worker would spend time with the family, time with the baby, give them pictures, give them footprints, and then ask them, "Would you like us as the hospital to care for the baby or do you have a funeral home that you would like to care for the baby?" Then the social worker would liaise between the family and the funeral home so that we would care for the baby. Then that didn't happen anymore for almost two years. But then in a smaller town where they don't have a social worker that liaisons between the family and the funeral home— Right?

[00:30:00]

There was an escalation of small babies going through that funeral home for a period of time.

Shawn Buckley

I have a friend that works in healthcare who has reported to me in Alberta that when an expecting mother's child has died in utero, rather than the hospital taking the child out, that they're being now sent to abortion clinics. Have you heard of anything similar happening in Ontario?

Laura Jeffery

I'm an embalmer, not an abortionist.

Shawn Buckley

Okay. Now, my understanding is that you also saw a change in your clientele that would speak perhaps to fatigue. And I'm wondering if you can share that.

Laura Jeffery

Okay. I think I've told you that I'm well-known for being very conscientious and very visual. Like, I do a visual interpretation. And you can learn a lot from looking at a person's body. They can't talk anymore but their body does. Fingernails, hands, scars, haircut, sometimes clothing would give an indication of who a person was, right? And what I started to notice was, over time, people that I was caring for and embalming— Because I can only speak to

the ones that I embalmed, but over time, you would see that fingernails that normally had been manicured were splayed, split, broken, and dirty. Toenails, same thing. The pedicure would still be there. Like the nail polish would still be there, but grown out probably about three months and not trimmed. You could see that the clothing was loose-fitting, unkempt, maybe had some food spilled on it, and not kept tidy. Hair was grown out. You could see maybe they had highlights or something and they had not maintained those. And that was during a time frame that we were open for business, so to speak, in Ontario. This was sort of a consistent thing. You would see that.

I think people just got tired. When you're not feeling well, you get tired. I was used to seeing unkempt hair or personal care at a lower standard with people who were maybe suffering with cancer, a long-term illness, because they couldn't do it for themselves, right? And now I was seeing it for people that were at home, not ill—you know, no illness. Not an expected death but you were just seeing that people were just unkempt. They just weren't quite maybe what they should have been.

Shawn Buckley

And then the last area I wanted to ask you about—

Laura Jeffery

Yes.

Shawn Buckley

Do you have any thoughts on how we could have managed this situation better, but in relation to your area? I think an obvious one would be there should be more autopsies when there's a pattern change. But are there any other thoughts that you might have?

Laura Jeffery

Well, yeah. On a professional and personal level—because I pay taxes too, like everybody else, right? Our system relies on medical care and medical personnel. If those personnel are restricted in what they can look at, what they can say, what they can surmise, what they can investigate, then we're not being cared for. Our community isn't being cared for. Our province isn't being cared for. Because you're taking the opportunity for people who are forward-thinking to do their job. So when you take the opportunity for forward-thinking people to do their job away and we're just like monochromatic people, I guess—there's no intellectual thought process or investigation. If you take that away, then people die.

Or did it happen because the people that should have been doing that job were afraid? Did it happen because they felt that they were duped as well? I don't know what was going on with coroners but I would say that they should have noted the anomaly, right? And maybe they did inside themselves but I haven't seen any reports where they're saying, "Oh, dear, we have a problem." And then the pathologists: Where were they? Autopsies were less but they weren't that much less. And if that's the case, then if the funeral director can see, then why weren't they seeing it? Because, I mean, I was seeing these fibre masses left—for lack of a better word—left dangling out of arteries that the pathology department had cut. That's their job. But I would have to take that out in order to embalm that person.

[00:35:00]

And they were long. They were— It's horrific. It was absolutely horrific. I'm at the point where I don't think I can do what I did for a year anymore because it has affected me. I can do my work—but not at that level ever again. Never. Because I don't need the aggravation that it causes me. It's not nice.

Shawn Buckley

Thank you. Now, those are my questions. We'll open it up if the commissioners have any questions for you.

Laura Jeffery

Yes.

Commissioner Massie

Thank you very much for your testimony. Of course, I mean, the structure you were seeing there: it's very difficult to know exactly what it is and how it came about. I've seen video on that and I'm wondering myself what it could be. You're not aware of any people that would have tried to investigate?

Laura Jeffery

Oh, people have investigated it already; yes, of course.

Commissioner Massie

And what is it that they typically found? Because when you mention parasite, for example: to me, it means that this is not human material. It's foreign.

Laura Jeffery

I'm not a scientist. I can't investigate that but I can send you in the right direction to look. In my profession, there are a few people that have been quite dedicated to finding out: What is this? And of course, that's the first thing that went through my mind, too: What is this? Because this is new. If you're extremely curious, which you should be, then you maybe want to review what Dr. Ryan Cole, who's a very dedicated pathologist in the U.S., has to say about that.

But it's not for me to tell you what that is, because I don't know. I'm an embalmer, right? I won't tell you what he thinks it is. Look it up.

Commissioner Massie

My other question is about the timing of having these people—in terms of the COVID unfolding and the vaccine rollout and so on. Have you seen a sort of coincidence of having more of these events when the vaccination rollout was more intense? Or is it totally unrelated?

Laura Jeffery

They go hand in hand. It goes hand in hand.

Commissioner Massie

And do you see, now the vaccine has been reduced, that a lot of people are no longer taking it—

Laura Jeffery

Oh, yeah. Yeah.

Commissioner Massie

Have you seen a difference in your daily work?

Laura Jeffery

I can't actually speak to that because I don't embalm regularly anymore. For the past, I think we're at nine months now, I haven't been in that environment. So I can't tell you, I don't know.

Commissioner Massie

Okay, thank you.

Commissioner DiGregorio

Thank you for coming today and sharing your testimony. Bernard asked a few of my questions. But just to make sure I was listening correctly: These white fibrous masses, you had never seen them before?

Laura Jeffery

No. They don't exist before 2021, spring of 2021.

What's really weird is, the embalmers that I have talked to, none of us can nail down a date. Because we didn't log it. We just went, "Huh, that's weird" and then carried on. And then we started to go, "Huh, that's weird" all the time, so none of us sort of logged it. I've had many talk to me and they've said, "Hey, Laura, like, when did you start seeing that?" And I said, "The best I can tell you is spring of 2021." And they say, "Yeah, me too."

Within the profession, specifically embalmers, there's kind of like this curiosity of the timing of events. But when it comes to the timing of events, I've now spoken with Canadian directors across the country. I anticipate to be speaking to more—specifically, those that embalm. But more and more. And they won't say it in public. I'm the only one that'll stand up and say this in public, which is terrifying, to be honest. They're telling me that they saw exactly what I've discussed today. Like, "Okay, we started seeing middle-aged people that just died suddenly and that particular anomaly. We saw babies." We had different stories about the babies depending on the size of the community they lived in. But they saw that as well. "Yes, we saw these fibre mass."

[00:40:00]

These fibre masses show up in the spring of 2021, but not every single embalmer will tell you that. And then there are funeral directors that don't embalm too, right? They're not in the prep room every day. So that put me in an unusual position within the industry.

Then there are also funeral directors that have very small funeral homes, and they do all parts of funeral service for a funeral. Those people would be more likely to express it but they live in a smaller community. They are more likely to see an escalation—because not only do they live in that community but they know those people and they love them, right? So they take it more to heart as well. They're more conscious. It's kind of an interesting industry that way.

Commissioner DiGregorio

Thank you. When you do an embalming do you prepare a report, or anything like that?

Laura Jeffery

Yeah. An embalming report I don't think is mandatory per se, but a lot of funeral directors do an embalming report. It's well-suggested—Afraid an authority might come at me now. But anyway, yes, I prepared reports and I don't have access to those anymore.

Commissioner DiGregorio

What is the purpose of the report? Is it for—

Laura Jeffery

It's a long-term report. If there was an issue where someone was disappointed in the effect that we created on their loved one, then the report could be looked at and there would be— Just an example. A woman had an unusual arm positioning. Well, that was her arm positioning, not what we did, right? So I marked on the report and then when there was a, "Hey, you know we weren't really happy with how mom's arm was," we opened the report. There it is, there was an issue because of something that happened to her prior to our caring for her. So that's just an example. It's very rare for me to ever go back and look at a report—like very rare, never pretty much. They just get filed.

Commissioner DiGregorio

Just to change gears a little bit, early in your testimony you talked about an unusual nine-week period in which you saw a lot of middle-aged women who had ended their own lives.

Laura Jeffery

Yes, it was awful.

Commissioner DiGregorio

I wasn't sure what nine-week period that was.

Laura Jeffery

Second lockdown.

Commissioner DiGregorio

Second lockdown. Okay, thank you.

Shawn Buckley

Thank you. I believe those are the questions of the commissioners. Ms. Jeffery, the National Citizens Inquiry thanks you so much for coming and attending and sharing this very important information with us.

Laura Jeffery

Okay. Can I just make a quick statement? Short, short.

Shawn Buckley

Sure.

Laura Jeffery

If you're a funeral director or an embalmer and you've been concerned about this for the last two years or so, if you would like to reach out, I've set up a Gmail account and you're welcome to reach out there.

I don't know who would respond but it's concernedfds@gmail.com. It's C-O-N-C-E-R-N-E-D-F-D-S at Gmail dot com. And you know, maybe we can talk about this. Thank you.

Shawn Buckley

Thank you, Ms. Jeffery.

[00:43:35]

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 5: Sean Mitchell

Full Day 2 Timestamp: 03:29:29–04:27:19

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

I'd like to introduce our next witness, Mr. Sean Mitchell. Sean, can I get you to state your full name for the record, spelling your first and last name?

Sean Mitchell

My name is Sean Mitchell. S-E-A-N M-I-T-C-H-E-L-L.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Sean Mitchell

I do.

Shawn Buckley

Now, my understanding is that from 2009 to 2022, you were a paramedic.

Sean Mitchell

That's correct.

Shawn Buckley

And for the years 2016 to 2022, you were an advanced care paramedic.

Sean Mitchell

I believe that was 2017 to 2022.

Shawn Buckley

Thank you. Now, when the COVID pandemic hit us back in February of 2020, what was your mindset at that time?

Sean Mitchell

In late 2019, early 2020, my mindset— We were told in late 2019 about an atypical pneumonia. We were getting emails from our management about that, didn't really think much of it. Into 2020, January, world news was starting to report about a possible outbreak in China. So there was some fears and concerns as it progressed through into February and March. So yeah, once March hit and there was a declared pandemic, there was definitely some concern. There was a lot of confusion. But yeah, early on in 2020, it was concern and confusion.

Shawn Buckley

Did your opinion change, and if so, when?

Sean Mitchell

My opinion did start to change a little bit as time progressed. Once there was more and more information out there about what we were dealing with—and what we were actually dealing with—I kind of started to relax and not be so concerned about the severity of the virus that we were dealing with. We'd seen call volumes drop off drastically in early 2020.

Shawn Buckley

So just hang on a second, because my understanding is that Canada was suffering from a severe COVID-19 pandemic in early 2020. You're telling us your first responder call rate was dropping?

Sean Mitchell

Yeah, that was my experience and that was confirmed by our management.

Shawn Buckley

Can you give us some numbers and kind of flesh that out for us a little more?

Sean Mitchell

So as far as call volume, numbers-wise— On a personal level, I think it's important to preface, I worked in the region of Durham. I was at the time a part-time paramedic. I was around bases from Newcastle to West to Pickering and all the way up to Beaverton. So a large demographic and population densities were varying.

On a typical shift prior to the pandemic, I would expect to have four, five, six calls to service—depending on which station—all the way up to eight or ten calls for service where we'd actually see a patient. During the early months of the pandemic—March, April, May, June—it was more like two, three calls for service some shifts.

Shawn Buckley

Can I just stop you there? I mean, that's literally down two-thirds.

Sean Mitchell

My experience was, early on, we just weren't getting as many calls for service.

Shawn Buckley

So in the spring of 2020, when Canadians are told that we're in an absolute crisis and that our hospitals are full—"Don't go to the hospital"—your call volume has dropped by two-thirds.

Sean Mitchell

On a personal level during— Yeah, certain days, we would see a fraction of the calls that we would be used to seeing during a typical cold and flu season.

Shawn Buckley

And how long did that last?

Sean Mitchell

I would say it was very noticeable early on in the pandemic because that was your typical higher volume calls—typical cold and flu season. My experience was kind of—October to March, end of March, early April. So early on it was very distinct, but the lower call volumes lasted up until the following cold and flu season.

[00:05:00]

Shawn Buckley

Okay. So the flu season, which some people call low vitamin D season, basically starts in the fall—October, November—and runs to the spring. Was it any different in 2020 than in previous years?

Sean Mitchell

In 2020, yeah, it was— Like I had said earlier, call volume was less than 2019. Seemed less than 2018. We were spending a lot more time at the ambulance stations and not as much time stuck in the hospitals and responding to calls.

Shawn Buckley

Okay, so the media was telling us that our hospitals were full. What was your experience?

Sean Mitchell

Early on in the pandemic, the same time period—March, April, May, June, right till 2021—I experienced very little offload delay compared to the year previous and compared to the year 2021. Our wait times to get our patients offloaded onto a bed were a lot less. The hospitals didn't appear as busy in the ambulance areas where we'd wait to be triaged and

wait to offload our patients. Nor did they seem to be as busy in the waiting area where the public would access the hospitals.

Shawn Buckley

If I can ask you a direct question: Have you ever seen the hospitals as empty as they were in the spring of 2020?

Sean Mitchell

In the Emergency Department—that's specifically what we see—no, not in my career.

Shawn Buckley

Okay, so in your career—and you started in 2009—you had never seen the emergency rooms as empty as you saw them in the spring of 2020.

Sean Mitchell

I had never seen so few patients seeking medical care as I did in 2020. That's correct.

Shawn Buckley

Now, you indicated that you work for the Region of Durham. And you have provided to the NCI a document called "Comprehensive Master Plan for Paramedic Services, Region of Durham," titled August 13th, 2001. And that document in its entirety will be made available to the commissioners.

David, I'm just going to put a document on my screen I'm hoping we can pull up. I'm pulling up from that document. As I say, the full document would be Exhibit TO-1. But this is page 25 that I'm pulling up from here. And when we look at this what my understanding is: This basically shows ambulance use. So this is basically numbers of calls. Is that correct?

Sean Mitchell

It just says, "Demand by Year." So it's a percentage increase of calls.

Shawn Buckley

Right. Now, if we look at year 2020 and we go down to the bottom, where it says "Annual % of Change," so 2020: that's the year where we're in the COVID pandemic. We don't have any vaccine to protect us. We have the least natural immunity because as people get infected, we get more natural immunity. The average daily demand went down 0.7 per cent.

Sean Mitchell

That's correct.

Shawn Buckley

And that's in line with what you experienced. You saw a drop in demand.

Sean Mitchell

I did see a drop in demand.

Shawn Buckley

And now, if we move over to the next line, it's average annual change and the average from 2016 to 2019. So the average annual change, the average is an increase of 4.7 per cent.

Sean Mitchell

Yes.

Shawn Buckley

There's not an increase, according to this, between 2019 and 2020. There's actually a decrease. But it might be more significant than minus 0.07 per cent because we would anticipate, with population growth and the like, for there to be an increase of 4.7 per cent.

Sean Mitchell

As shown in the years prior.

Shawn Buckley

Now, I want to pull up another document. Can you tell us what this document is?

[00:10:00]

Sean Mitchell

This is just a standard communication from the chief of our paramedic service.

Shawn Buckley

This is basically your boss and the person that communicates what's happening to the paramedics.

Sean Mitchell

Yeah.

Shawn Buckley

And this is a letter sent out to all of the paramedics, so you get a copy of it.

Sean Mitchell

That's right, it's an email.

Shawn Buckley

It's dated March 20th, 2020, and you would have received it on that date.

Sean Mitchell

That's right.

Shawn Buckley

And it starts: "Thank you all for working through another challenging week. Luckily, call volumes continue to remain down, but I know that won't last forever." So basically, your boss is saying something that confirms what you're telling us, is that in the spring, in this case March, call volumes are down.

Sean Mitchell

Yes.

Shawn Buckley

And commissioners, this forms part of the official record as Exhibit TO-1jj [listed on the NCI website as Exhibit TO-1a].

Now my understanding is that, in 2020, your department was actually supposed to receive an additional ambulance.

Sean Mitchell

We were supposed to receive additional staffing in, I think, the second quarter of 2020, yeah.

Shawn Buckley

And did you receive that?

Sean Mitchell

No, we received another email similar to the last one, saying that they were going to defer adding the additional staffing because of low call volumes.

Shawn Buckley

So just so that we understand, your department was slotted to get an additional ambulance because of anticipated demand and that is put off in the spring of 2020 because demand was so low?

Sean Mitchell

That was what the email said, yeah. And that's my understanding. It was deferred until a later time.

Shawn Buckley

Now, I didn't live in the Durham region, but I expect the media would have reported that ambulance use is down and so it's being deferred; they're not getting their new ambulance. Is that what you were hearing in the media in the spring of 2020?

Sean Mitchell

That is not what was stated in the media at all. I had actually asked my management staff to be transparent with the public and report, to try to ease anxiety within the public. And that conversation just didn't go anywhere. So no, the media wasn't reporting on any of this.

Shawn Buckley

How was the media reporting at that time?

Sean Mitchell

At that time—I'm going to just class that "early pandemic"—it was fear.

Like I said, we were able to spend more time in our ambulance stations than we would normally. Most ambulance stations seemed to have CP24 on loop, and it was just total fear mongering. Like, it was telling something that I wasn't seeing in reality and my co-workers weren't really seeing. I think there was a lot of unknowns at that point. But what the media was saying and what reality on the road as a paramedic and a healthcare provider—it just wasn't lining up. It wasn't the same.

Shawn Buckley

Right. You told us earlier that basically, the call volume in spring of 2020 was down by two-thirds. Would I be correct in saying that never had you been able to spend so much time basically just at the unit, not out in an ambulance?

Sean Mitchell

Like I said, we spent a lot of time at the stations, not moving around. A lot of reflect on that is, when it is busy, they juggle ambulances around. So say, if all the Oshawa crews are out, they'll move resources from one station to the other. So in past, a lot of time was spent in trucks just moving from station to station, maybe not seeing a patient.

But yeah, because there just systemically seemed like not as many patients calling 911 and not as many calls for service, we weren't spending that time in the truck either. So yeah, we were able to be at our stations.

Shawn Buckley

Right. Now I want you to kind of turn our minds then to staff issues. The call volume is down, but my understanding is actually some of the policies created some staff issues. And can you speak to us about that?

Sean Mitchell

Yeah. Early on in the pandemic, there was a lot of confusion, I guess. Or the Ministry of Health, which kind of dictates our ambulance call,

[00:15:00]

our CAC—our communication centre that dispatches us out—the Ministry of Health is in charge of that. And they had a screening process where they would ask the person calling

911 a series of questions. And how those patients answered those questions would dictate whether or not the patient was high-risk COVID, screened positive or negative.

Shawn Buckley

And can I just stop you? If you were in a high-risk exposure situation, what were paramedics required to do after that?

Sean Mitchell

A high-risk exposure would be somebody that's probable COVID-19 and had, like, a breach of their personal protective equipment. If we were notified of a high-risk exposure, usually it would be days after, we would have to isolate for—I believe at that time, it was 14 days.

Shawn Buckley

Would a high-risk exposure also include if you weren't told by dispatch that this was high-risk and so you didn't put your PPE on and then later found out it was high-risk?

Sean Mitchell

Yeah, that was kind of early on, where dispatch was including travel. You could answer "yes" to a lot of questions regarding, like, fever, shortness of breath, cough. But if you answered that you hadn't travelled in the last 14 days, you would automatically have been screened negative, when there was information out there that community spread was already happening.

So there were times where myself and co-workers were dispatched to a call that the person was a probable COVID-19 and did test positive after, where dispatch said the patient didn't screen positive. So paramedics would walk into a scene, they would have contact with that patient, then find out that, yeah, maybe we should put some protective equipment on because this person has a cough, shortness of breath, febrile. We would just get COVID positive or COVID negative.

Shawn Buckley

I just want to make sure that everyone understands what you're saying. So somebody calls in and they're being screened and they're asked, "Do you have a fever?" "Yes." "Are you coughing?" "Yes." "Did you travel in the last 14 days?" "No." So they're classed as basically negative.

Sean Mitchell

Early on, yes, that's right.

Shawn Buckley

Then you guys would show up without putting PPE on, and the person has a fever and is coughing.

Sean Mitchell

Sometimes, yes. I did bring this to my management's attention. And in the communication that I got back from my management, they acknowledged that, yes, the Ministry of Health screening process has been causing problems. They haven't really evolved with the knowledge of the virus.

Shawn Buckley

Okay. Am I correct that this policy, as long as it lasted, created a bit of a shortage because then the paramedics had to go in quarantine?

Sean Mitchell

Yeah, if a paramedic did have a high-risk exposure—meaning they didn't have PPE on and the person was likely or confirmed COVID-19—they would have been told to isolate and monitor their symptoms if they had any. Or let them know if they had symptoms. And then they were, I think, directed after that, if they did have symptoms, to undergo a PCR test.

So yeah, there's only so many paramedics in our service. The more that are told to isolate and not come to work, it developed staffing challenges.

Shawn Buckley

Okay. And that was independent of whether or not the paramedic was actually sick.

Sean Mitchell

Yeah, to my knowledge, that was just like a high-risk exposure.

Shawn Buckley

Now, in the year 2020, which is the year we're speaking about— And just to set the stage. So we're in the pandemic. We'd have the least natural immunity. There is no vaccine at all. What was your observation on our paramedics actually getting sick and dying because of COVID or any other reason in 2020?

Sean Mitchell

Paramedics were getting sick. I do know that there were paramedics that were confirmed, did have COVID. I do not know of any paramedic in my service that died of COVID-19. So paramedics were getting sick, but not in any greater extent than I have seen in the past.

[00:20:00]

Perhaps even to a lesser extent.

Shawn Buckley

Okay, so compared to other years, there was no meaningful change that you saw.

Sean Mitchell

Not that I saw, no.

Shawn Buckley

Now, you sent an email, and I can't pull that document up for the public. But you sent an email to your supervisor, Troy—do you pronounce it, Cheeseborough?

Sean Mitchell

That's correct, Cheeseborough.

Shawn Buckley

On March 24th, 2023. And the commissioners have a copy of this and it's going to be part of the record as TO-1KK [available on the NCI website as Exhibit TO-1b]. Anyone can look that up once it's posted as part of the record.

Now, this is at the beginning of the pandemic. And I just want to draw your attention to the last paragraph—and specifically the second sentence. And I'm going to read it to you and then ask for your comments. But basically, this is your boss sending an email to all of the paramedics.

Sean Mitchell

I just want to confirm that's the March 7th, 2020, email?

Shawn Buckley

Oh, yes, I'm sorry. I'm looking at the date that you sent it to me, so yes March 7th, 2020. Thank you for correcting me.

He basically writes to all the paramedics: "Remember not to get caught up with social media as not all that information is accurate and only serves to increase concern. Coronavirus has been around since the late 60s so the only thing new is an enhanced ability to screen for it and the global scale which it seems to have taken."

Now do you remember receiving that email?

Sean Mitchell

I do.

Shawn Buckley

And basically, did you interpret that as he's saying, "Calm down, this is early on in the pandemic?"

Sean Mitchell

Yeah, I do. Because, like I said, early on in the pandemic, there was concern. Paramedics have families. I had a pregnant wife that's also a paramedic in the same service at the time. We were hearing about PPE shortages. There was an email that he had sent out saying, "We're well-supplied; don't worry about that." There was all sorts of information going out on the media. And this was him reassuring us that we're in good shape; it's going to be okay.

Shawn Buckley

And basically, to ignore the social media where people are voicing concern about this.

Sean Mitchell

Yeah.

Shawn Buckley

Now, my understanding is that you guys were also getting weekly reports for the Durham Region for the first couple of months of the pandemic.

Sean Mitchell

That's right. It was like a COVID report that would just say case counts in Durham region, potential cases counts, that sort of thing.

Shawn Buckley

And did they basically match what you were seeing?

Sean Mitchell

For the most part, yeah. The reports we were getting were pretty low numbers, really, for the amount of COVID positives that we were having. There was nothing to really compare that to. We'd never gotten any kind of weekly statistical update in any years prior about, like, flu-like symptoms or sicknesses. So they kind of match. The numbers of us—population around 700,000—were pretty low, I thought. So yeah, I'd say they match.

Shawn Buckley

I'm just going to pull up one of those reports. And I apologize for the audience that it's not the clearest. Mr. Mitchell, you have a paper copy and the commissioners have a paper copy. But for those viewing online and in person, in that first box, the very bottom line—so this is a report. And RDPS, that just basically refers to the paramedic service that you belong to.

Sean Mitchell

That's right.

Shawn Buckley

And it's a situation report as of March 26, 2020. And the last line in that first box says, "37 cases in Durham region. Thirty-one are on self-isolation, and five are hospitalized. One death." Now, my understanding is that the population of Durham region is roughly about 688,000 people at the time?

Sean Mitchell

Somewhere around there, yeah, just under 700,000.

[00:25:00]

Shawn Buckley

Right. So I'm just going to go with the 688 figure, because that's what you told me in an interview. And so if we have 37 cases divided by 688,000, we basically end up with 0.00005 per cent of the population is being reported as a COVID case.

Sean Mitchell

Yes.

Shawn Buckley

And does that kind of match what you were seeing?

Sean Mitchell

Yeah. Like I had said before, we weren't really seeing anything out of the ordinary for this time of year. Like, we were definitely getting respiratory cases that we'd respond to. But whether they were COVID or not— I've seen COVID cases that we were told were COVID cases, but it wasn't an eye-popping number of them. So yes, I'd say that this matches my experience.

Shawn Buckley

Is the population of Durham in lockdown on March 26, 2020? Do you recall?

Sean Mitchell

I don't know. I know that the pandemic had gotten declared around that time, like March 20th. I don't know when lockdowns started. I'm not sure.

Shawn Buckley

Right. Where I'm from in Alberta, I think we started with "two weeks to flatten the curve" in March. And I learned that my education was wrong in elementary school because I thought a week was seven days, but I'm wiser now. Do you recall, was a similar thing happening in Durham? Or you're not sure if there was a lockdown?

Sean Mitchell

There was a lockdown. I just don't know if the lockdown was on March 26. But yeah, around that time we were in lockdown as well.

Shawn Buckley

With the media reporting— I had gotten the impression from an earlier interview that really the media in the Durham region: they were painting kind of an extreme case, like there's case after case after case after case. Was the media reporting that you were seeing consistent with a .00005 per cent case rate?

Sean Mitchell

No.

Shawn Buckley

What was your impression of the media reporting at the time?

Sean Mitchell

At the time, my impression was that this was the deadliest virus that could hit humanity and we should all be afraid. Like I said before, I just was not seeing that in my profession and responding to patients.

Shawn Buckley

And then, for anyone who wants to view this, once it's up, it's going to be Exhibit T0-1GG [available on the NCI website as Exhibit T0-1e].

So we were talking about 2020. Now, in 2021, we had rollout of the COVID-19 vaccines. My understanding is it was released in January 2021. Did you see a change, let's say, in hospital use, into 2021?

Sean Mitchell

So the following cold and flu season—starting November of 2020 into early 2021—that's where I definitely started seeing kind of a return back to normal call volumes, where we were getting your typical calls for service and hospitals were starting to get busier. Offload delays were starting to increase into late 2020, early 2021.

Shawn Buckley

Right. Were they higher than normal prior to the vaccine release?

Sean Mitchell

Yeah, they were definitely higher than 2020, absolutely.

Shawn Buckley

Right, so that's into January, February of 2021?

Sean Mitchell

That's right.

Shawn Buckley

Was there a change in the type of call? Let's move into the spring of 2021. A year after the pandemic starts, are you starting to see a change in the type of call?

Sean Mitchell

Yeah. So along with the increased call volume, we were starting to see changes. A lot of mental health problems, starting to see more opioid and drug-related—kind of like social calls. I was starting to see some events that were concerning with younger people and medical events that way. We started getting correspondence in 2021 about—I don't want to say assaults, but aggression towards healthcare workers and paramedics.

Shawn Buckley

Can I just stop you? You were talking first of all about a change in calls in younger people.
Can you give us the age range?

Sean Mitchell

Late 20s, early 30s, 40s, healthy individuals

[00:30:00]

that had no real medical history, that were feeling the need to call 911 for legitimate medical emergencies.

Shawn Buckley

And were you seeing a type of injuries that you hadn't seen before for this age group?

Sean Mitchell

I was seeing symptoms and I was seeing medical findings more often that I didn't see in those age demographics in years prior. There were a number of cases that come to mind. But I was seeing younger people my age—a little bit younger, a little bit older—that were having cardiac-like symptoms, having neurological-type symptoms that they'd never had any history of. They were young, healthy individuals.

Shawn Buckley

So as far as the neurological-type symptoms, can you share with us what you were seeing?

Sean Mitchell

I was seeing stroke-like symptoms, so unilateral paralysis, facial droop, slurred speech, muscle spasms on certain parts of their body. I've seen a number of narcolepsy-type things where patients were just falling asleep, like at a gas station, at a gas pump in their driver's seat of their car, or sitting with their son and daughter at the kitchen table and falling asleep and just not being able to stay awake. I've seen cardiac concerns—

Shawn Buckley

Just before we go to the cardiac, so you're talking about basically young to middle-aged people falling asleep at the gas pump in the driver's seat or falling asleep while they're eating a meal with the family. Had you ever seen anything like that before?

Sean Mitchell

Never in my career.

Shawn Buckley

So not only have you never seen that before, but now this isn't an atypical call. You're getting calls—plural—with this type of thing.

Sean Mitchell

Multiple calls. Like patterns of similar calls within similar demographics. And once history-gathering developed with those patients, finding a common denominator of recent vaccination.

Shawn Buckley

And then the stroke-like symptoms that you spoke about, like slurred speech and twitching muscles and the like: Had you been seeing those types of symptoms in this age group prior?

Sean Mitchell

I have, prior to this, seen those types of symptoms in younger age groups but not to the frequency and extent that I was seeing it at that time.

Shawn Buckley

Okay. You were also speaking about cardiac problems in this age group. Can you share with us what you were observing and also whether or not it was a change?

Sean Mitchell

I was observing younger individuals, athletic individuals that, when they would exert themselves— One that comes to mind was a hockey player that was 33 years old. Any time they would exert themselves, they would get crushing chest pain. It would last for two or three days. They couldn't be physical.

We were seeing pericarditis come up on our 12 electrocardiograms. We were seeing younger, like, ST-elevation MIs [myocardial infarctions]. Yeah—like a lot of concerning cardiac-type calls that were happening in a demographic that you wouldn't really expect to see it as frequent as I was.

Shawn Buckley

So it was a change from previous or pre-vaccination years?

Sean Mitchell

That's correct.

Shawn Buckley

What about— Were you having to respond to calls where people were not alive?

Sean Mitchell

Yes, yes, we were responding to VSA calls as well, which is vital signs absent.

Shawn Buckley

And was there a change in the calls where a person has already died by the time you've arrived?

Sean Mitchell

As far as numbers— I wouldn't say there was too much of a change, as far as the amount of VSAs that I responded to. I did notice that there were some younger VSAs, which isn't out of the ordinary. But there were some younger ones, a few more than I would expect. But as far, like, more or less: I would say it was pretty consistent with the years prior to the pandemic.

Shawn Buckley

And as far as the changes you've told us, so you've seen these neurological calls and these cardiac calls

[00:35:00]

in a younger age group than you had seen before. How were paramedics responding to this?

Sean Mitchell

Just like they do for any call. They get a call for service and they respond and give the best patient care that they can.

Shawn Buckley

Now, you became concerned about this, so you basically spoke to one of your supervisors.

Sean Mitchell

Yeah, after a number of patients that I kind of thought were attributed to vaccine injuries or having some sort of problem with the vaccine, I did contact a quality development co-worker of mine. And they're responsible for basically everything with gathering data, gathering information, educating paramedics on trends. They were the ones sending out the reports of COVID case numbers.

I reached out to him in order to just see, first off, if anybody else had reported concerning trends and if there was some way that we could capture just on our electronic call report when a person was vaccinated—like what date, time, with what vaccination. And that was it, just a checkbox, just to be able to collect data and drive data to see if maybe there's some sort of correlation between the two. He'd forwarded my concerns up to all of our managers, upper management, because at this time I wanted to kind of remain anonymous. Because that's just the way that I felt was the best way to go given the workplace environment. And there was no response from management. I think there was one road manager that got back saying something, but—

Shawn Buckley

I'll just shorten this a bit. My understanding is that over a period of maybe eight months, you followed up and you followed up and basically, there was no change to require reporting.

Sean Mitchell

That's right. There was no change, we were told.

Shawn Buckley

But just to make sure that I've understood your evidence correctly: you're seeing these changes and because of that, you're thinking, well, we should be documenting on a report we have to do anyway. Let's add a box for vaccination and just a few details so that we can see if the change is related to the vaccination.

Sean Mitchell

That's right.

Shawn Buckley

And you had approached management, made several efforts, and at the end of the day, there was no change. Paramedics were not requested to change their reporting at all.

Sean Mitchell

That's right.

Shawn Buckley

Now as 2021 went on, what happened to the call volumes?

Sean Mitchell

In 2021, call volume returned back to kind of what it was pre-pandemic. It was busy. We were having more down-staffed vehicles. We were having a lot longer times on offload delay. This was confirmed not just like, my experience, but this was confirmed in multiple emails from our managers—just acknowledging that, yeah, in fact, in 2021, offload delay time had doubled.

Shawn Buckley

What happened when— You call it the flu season. Into the winter, so October, November, maybe December, you're well into the flu season of 2021. What was basically the hospital situation at that time?

Sean Mitchell

At that time, it was busy. Yeah, people were coming to the hospital for all the things that they went to the hospital for prior to the pandemic. It was busy. It was chaotic, offload delays; the hospitals were busy.

Shawn Buckley

So there was no increase because of the vaccinations?

Sean Mitchell

I can't say why there was an increase. There was a definite increase from 2020 to 2021. I can't say for sure why.

Shawn Buckley

Okay. Now, were the paramedics in the Durham region required to get vaccinated?

Sean Mitchell

Yes. Yes, they were required. In September of 2021, a policy came out—a number of policies came out between September and December of 2021. But a policy came out that correlated with the Ministry of Health Directive Number 6. And it originally had stated that covered organizations had to have a vaccination or an immunization policy for COVID-19. And as that living document progressed,

[00:40:00]

the Region of Durham Paramedic Service, as well as the entirety of the Region of Durham staff, was required to either get vaccinated or lose their job.

Shawn Buckley

Basically then, in 2021, was your understanding that the majority of paramedics did get vaccinated?

Sean Mitchell

That's my understanding, yes.

Shawn Buckley

In 2021, after the paramedics start getting vaccinated, did that basically create a situation where they were less sick? There was less off time because they had been vaccinated and protected from COVID-19?

Sean Mitchell

I don't think so, no. I think that sick time was getting worse in 2021 compared to 2020.

Shawn Buckley

Okay, so was that your observation?

Sean Mitchell

That was my observation, yes. And like I said, management had confirmed, thanking paramedics for taking overtime shifts to cover vacancies. So our managers did acknowledge that in a December 2021 email.

Shawn Buckley

Now, I'm going to pull up for you another document. I've just got the first page here and I'll scroll down. I can advise people that the entire document is an exhibit [Exhibit TO-1f] but I am, just for brevity, reproducing what would be page 18 [Exhibit TO-1c].

This is the consolidated financial statements for the Regional Municipality of Durham for the year ending December 31st, 2021. So people can see that at the top in blue is number 6,

Employee Benefits and Post-Employment Liabilities. And if we go down, there's a section at the top, Liability for WSI [Workplace Safety and Insurance] Benefits. Do you see where that is?

Sean Mitchell

Yes.

Shawn Buckley

And if we go down to where there's a line, the last line, there is benefit payments.

And when you go to the top of the document—and I apologize for those in the audience, I haven't scrolled up—this is in thousands of dollars.

So if we look at the year 2020, benefit payments—so actual payouts to paramedics—that 5,986 is actually 5 million 986 dollars paid out to paramedics for WSI benefits. And WSI benefits are basically workplace injuries, right?

Sean Mitchell

That's right, work.

Shawn Buckley

If you are injured at work—in BC, where I practice, it's Workman's Compensation. But in Ontario, it's WSI.

Sean Mitchell

Yeah. And it's not necessarily like a physical injury. It could be, like, emotional or—

Shawn Buckley

Right, right.

But if we go to the year 2021— So 2020, that's where we're in the pandemic, there's no vaccine, there should be less natural immunity. We have \$5,986,000 paid out. But if we go to 2021, where we now have the vaccine rollout, we have \$9,202,000 payment. And if you do the math, that is exactly a 65 per cent increase in basically what would be the equivalent of off-time for workplace injury in the year 2021. Does that match with your experience?

Sean Mitchell

Yes, it matches. The year that vaccines were made mandatory, increased WSI benefits were paid out.

Shawn Buckley

I'll just ask. Because my understanding is— As you know, you were a little critical about they're not being reporting and then there being an imposition of a vaccine mandate. My understanding is that you actually lost your job because of that.

Sean Mitchell

That's correct.

Shawn Buckley

So would you have any recommendations on how we could do this better if we ever faced a similar situation?

Sean Mitchell

Yes. Early on in the pandemic, we were—it was frontline this and frontline that, frontline workers, essential workers.

[00:45:00]

Nobody listened to the frontline workers. I tried multiple times to bring concerns to management and facilitate it up through the chain of command. And nothing. It was either ignored or just nothing was done. So we need to listen to the workers and the people that are on the ground and doing the work and living it day-to-day, that have been experiencing this for years. And it wasn't being listened to at all. We weren't being listened to.

It was all— Our managers had an opportunity. All the statistics were there in our paramedic service. All the statistics are there in hospital corporations to show the call volumes, early on in the pandemic, the first year of the pandemic, were low. And all the statistics are there to show that in 2021 and 2022, it substantially increased. If we want to manage another event like this properly, we need to listen to the boots on the ground.

Shawn Buckley

Thank you. Those are all the questions I have. I'll open this up if the commissioners have any questions of you.

Commissioner Massie

Thank you very much, Mr. Mitchell, for your testimony. I have a question related to the last answer you provided about the recommendation that the management or administration should listen more to what you have to contribute. Is it something that was part of the culture before the pandemic? Or is it something that was in other words, lost during the pandemic management? Or is it just a trend that was there for a long time?

Sean Mitchell

I think it's kind of a trend that's been there for a long time. The public doesn't know anything about statistics and call volumes. There's been a significant lack of resources, in at least Durham Region, for a number of years that started long before the pandemic. And the statistics are there to show it. The report that I had given Mr. Buckley kind of outlines this systemic problem.

But I brought forth to my management, during, I guess, late 2020: Why aren't we using the statistics to try to bring calm to the public? Why aren't we saying, "We're not overrun, we have resources, we have proper protective equipment, the hospitals are in good shape?" Like, why aren't we using and being transparent with the data that we collect every day? And I just got a political answer to it and nothing was ever really done.

I think that had there been transparency with our service, and with our profession, and with the hospitals early on, we wouldn't be seeing problems that we're seeing today and that we were seeing in 2021—with violence towards paramedics, violence towards nurses, violence towards first responders. A lot of members in the public realized that they were being lied to during the pandemic. And there was nothing that my service did to try to reassure the public. And I think that's very unfortunate. So a systemic problem of our management system not reporting on anything.

Commissioner Massie

So is it your observation that now management starts to realize that and they have a plan to fix it?

Sean Mitchell

I haven't been at the workplace since January of 2022. I'm not really sure that they have a plan. The report that I submitted—the master plan—was the first step in kind of acknowledging the trends that were going on long before the pandemic, about staffing shortages, about down-staffed ambulances, about all that stuff. So they have done some things to try to at least support their effort towards council to obtain resources. But as far as being transparent to the public, I don't know if they're doing anything.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

Thank you for your testimony.

I'd like to just go back to the emails. Let's start with the March 7th email. This is coming from the Durham Region Health Department. I believe that that was the time that churches were being told that they had to close and that small businesses

[00:50:00]

could have a maximum of five people entering their business places. So you were being told at that time, just let me get this right: your supervisor wants to remind everyone PPE is only required on calls at a given meeting. The criteria are determined immediately upon your assessment to meet the criteria. And then if I jump to the last sentence of that paragraph: "The most important factor to consider is to ensure good hand washing with a minimum of 20 seconds or aggressive scrubbing with a good soap." And then on the March 20th email, going into long-term homes: "I would like to suggest to all that, in the event you are responding to any long-term care home, you take the opportunity to wear a mask, gloves, and eye protection on all calls to long-term care. Facilities accounts should only be required if you intend to perform—" and it continues on that.

From your experience as a paramedic, and just looking at the public policy that came down, would you think it was an unfair statement by the provincial government to actually close small businesses and churches, for example, when you're only being advised that a good strong hand washing is a good response?

Sean Mitchell

I think that, yeah. I don't want to get into public health stuff really, because that's not my area of expertise. But it was pretty obvious early on, from emails and from experiences that we had, that the severity of COVID-19 wasn't as severe as we were being made to believe. And we were responding to these long-term care facilities and it was sad at times. We were responding there, not always for serious medical calls, but, yeah, you'd see individuals locked in their rooms. What was going on at that time was not right.

And it just kind of goes along with— They didn't really know what to do, it seems. Because every week we were getting conflicting things from the week prior, like: Should we gown up? Should we be reusing our PPE? "Put them in this bin, so we can wash our single-use PPE." "No, don't do that." "We're going to use aerosolized procedures, like ventolin." "No, don't do that because you're at increased risk." "Don't intubate people when they need it because you're at increased risk."

Those weekly COVID reports not only gave the case counts but they also gave directions on what we were to do or not to do, and they were just— It was all over the place. So I don't know if locking down businesses was the right answer. I don't know if locking down long-term care facilities was the right answer. If things were going to get in there, they were going to get in there. And typically, like every other cold and flu season we've had, long-term care facilities are on "outbreak," they call it. So it's not unusual for long-term care facilities to be placed on outbreak or different floors on outbreak. That's just standard procedure. This one was just more extreme.

Commissioner Kaikkonen

I want to thank you for your honesty.

Commissioner Drysdale

We heard from previous testimony two weeks ago in Truro that the government in fact had a detailed influenza pandemic plan in place called, if I recall, the Canadian Influenza Pandemic Plan for the Health Sector.

Being a paramedic, I assume that means you're in the health sector.

Sean Mitchell

Yes, it does.

Commissioner Drysdale

Were you aware of this detailed report?

Sean Mitchell

No, I was not. Like I had said, we were getting correspondence through email in late 2019 about atypical pneumonia. But yeah, we were made aware of no such national plan.

Commissioner Drysdale

One question of curiosity for myself: When you were to wear PPE, what PPE were you wearing to protect yourself from the breathing in of the COVID virus?

Sean Mitchell

Like I said earlier, it kind of changed back and forth, what the requirements were. I utilized for the most part of the pandemic—it's called a P100 mask.

[00:55:00]

It's like a rubber thing that goes over your nose, mouth, and jaw. And it's got two pink filters, so that's kind of the best protection that we were issued. N95 masks were used. We were supposed to wear goggles and safety glasses at times. We were supposed to wear gowns and Tyvek suits at times. And then other times, they told us not to do that. So it was kind of all over the place. But as far as inhaling virus particles when doing patient care, with a suspected COVID-19 case, we were to use N95 or P100 masks, and then use surgical masks in the trucks and at stations.

Commissioner Drysdale

Right. And the one mask you described, I guess is what they described as a respirator. And I noticed that today you're sporting a very fashionable beard, like myself.

Sean Mitchell

Thank you.

Commissioner Drysdale

How are those masks sealed around someone with facial hair, beard, mustache, etc.?

Sean Mitchell

So they aren't, they aren't. So yeah, they don't seal properly. Every two years our service is required to undergo mask-fit testing, so physiological changes as people age or gain weight, lose weight, just to keep on top of that. And we have a policy that says you're to be clean-shaven. Now if you're a supervisor, clean-shaven means you can have a goatee around there. If you're a paramedic, that kind of depends. But proper PPE, you're supposed to be clean-shaven.

Commissioner Drysdale

Are you saying that even when they dictated a certain PPE, like a respirator, they weren't necessarily enforcing the correct way to use it?

Sean Mitchell

They had a big scramble for mask-fit testing as the pandemic rolled out, because they hadn't done it for longer than the two years they were supposed to. There is a policy in place that says you're supposed to be clean-shaven to maintain a proper seal. Some supervisors would enforce that and some wouldn't.

But for the most part during the pandemic, at the start of the pandemic— Like I said, people were afraid, so they were doing everything that they could protect themselves and protect their family.

Commissioner Drysdale

Thank you very much.

Sean Mitchell

You're welcome.

Shawn Buckley

There being no further questions, Mr. Mitchell, on behalf of the National Citizens Inquiry, I'd like to thank you for coming and testifying today.

Sean Mitchell

Thank you for the opportunity.

[00:57:50]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 6: Natasha Petite

Full Day 2 Timestamp: 05:21:14–05:37:07

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Natasha, I'd like to begin by asking you to state your full name for the record, spelling your first and last name for the record.

Natasha Petite

Sure, my name is Natasha Petite, N-A-T-A-S-H-A P-E-T-I-T-E.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Natasha Petite

Yes, I do.

Shawn Buckley

Now, Natasha my understanding is that you have a disability, and you simply cannot wear a mask.

Natasha Petite

That is correct.

Shawn Buckley

Can you describe for us basically how that came about, because— I'll just back up. My understanding is you used to work in the oil patch in Alberta.

Natasha Petite

Yeah, I worked in the oil and gas industry in mainly Fort McMurray, Alberta, for ten years.

Shawn Buckley

And you worked in dangerous environments where you had to wear a mask.

Natasha Petite

Yeah, we had to wear, like—there's the half mask with a P100 filter respirator. And then there's the full face and sometimes we had to do full face and under Scott air-supplied breathing.

Shawn Buckley

Right. And the point I'm just trying to make is, it's not like you're mask averse or anything like that.

Natasha Petite

Exactly.

Shawn Buckley

You've professionally worn lots of masks. But something happened and now you truly have a disability and can't wear a mask.

Natasha Petite

That's correct.

Shawn Buckley

Can you share with us how that came about?

Natasha Petite

In 2018, I was living in Quebec and I was in a car accident—it was January 24th, 2018—in which I'm actually lucky to be alive today. I was trapped in the car for about 45 minutes. I had the air knocked out of me. Some of my teeth were smashed and pretty much from that day, I have lost feeling in several different parts of my left leg. I have memory loss issues, herniated discs in my neck and my back, major depressive disorder, anxiety, and ADHD recently diagnosed.

Shawn Buckley

Sorry, you haven't gotten into it, and I don't need you to. But is it fair to say also, you were in a prolonged situation where it was difficult to breathe?

Natasha Petite

Yes.

Shawn Buckley

It was enclosed, there was smoke all about—and that is part of the reason why you just simply cannot wear a mask?

Natasha Petite

Yeah, actually, I do have PTSD from the car accident and I have been in trauma therapy for the last five years before that. Basically, I cannot have anything on my face, around my face. If it's minus 40 outside, you will not see me with my face covered because it just sends me into panic because I can't breathe. My breathing feels so restricted that I just— I'll have an anxiety attack.

Shawn Buckley

And you had a medical exemption for this.

Natasha Petite

Yes.

Shawn Buckley

For a mask, a legitimate one.

Natasha Petite

Yes.

Shawn Buckley

During any masking mandate.

Natasha Petite

Mm-hmm.

Shawn Buckley

Okay. Now, my understanding is, you had been on a career path in law enforcement.

Natasha Petite

Mm-hmm.

Shawn Buckley

And I'll ask this, when you go mm-hmm, we're not sure if you're saying "yes" or "no," so please use words.

Natasha Petite

Yes, sorry.

Shawn Buckley

So you were a corrections officer?

Natasha Petite

Yes.

Shawn Buckley

And your plan was then to work from corrections into probation?

Natasha Petite

Yes.

Shawn Buckley

And then into parole?

Natasha Petite

Yes.

Shawn Buckley

And then segue into basically helping veterans and first responders who have PTSD and things like that, and help them cope. You had this all planned out, basically spending your entire career in law enforcement.

Natasha Petite

Yes. I wanted to be in law enforcement since I was ten years old.

Shawn Buckley

Yes, so a childhood dream for you.

Natasha Petite

Yeah, it was a dream.

Shawn Buckley

Yeah. Okay. Now, Christmas Eve 2021. Can you please tell us your story?

Natasha Petite

I was actually back in Cape Breton, Nova Scotia visiting my mother for Christmas, my family. And my mother and I went to Walmart at approximately 12:30, 1 o'clock in the afternoon to get some last-minute Christmas items.

And the lady at the door said, "Excuse me, you have to wear a mask." I told her I was exempt and she said, "I know," because she had seen me there actually two days prior. I was there on December 22nd and nobody said anything to me about it. So she said she had to call the manager and I said, "Okay, you call the manager, do what you have to do."

I was approached by the first manager, who told me, "You have to put a mask on or leave the store." I told him I was exempt and he said, "Where is your medical documentation?" I said, "Excuse me?" I said, "You can't ask me that. You're not my doctor. You're not a medical professional and you cannot ask me for my documentation." He made a comment of accusing me of lying or like, "How do we know you're not lying?"

Then he got the second manager who came and said the same thing: "You have to put a mask on or you have to leave." I said "I'm not going anywhere. I have a medical exemption." He also asked for my medical exemption letter,

[00:05:00]

and I told him the same thing, "You cannot ask me for that, you're not a medical professional." They told me they had called the non-emergency police. So I said, "You do what you have to do, and I'm going to do what I have to do, and I'm going to continue my Christmas shopping."

So about 15 minutes later I was in the water aisle and one officer showed up and she said, "You need to put a mask on or leave." And I said, "Well no, I have a medical exemption." She also asked to see it, in which I explained to her that she is also not a medical professional and she does not have authority to ask me for such documentation. From there she said I need to put a mask on, again, or leave.

I questioned her about her mask because she was wearing one of those— It's like a stretchy bandana that she just pulled over her face. I made a comment about her mask not actually being a mask. From there we were just arguing back and forth; she called for the second officer.

The second officer arrived and he said the same thing: "You need to put a mask on, or you need to leave." I told him the same thing. I said, "I have a medical exemption. and I can't wear a mask." He asked me for the note. I told him, "I don't carry something like that with me and you can't ask."

So we argued back and forth and he said, "You know, wearing a mask is a mandate and you need to wear it by law." And I said, "Well no, by law, I don't. I do not have to wear it because a mandate is not a law, it's a recommendation, and I was recommended by a doctor to not wear a mask." So he called for officer number three.

Officer three came and he basically came right in there and said, "You're coming with me." I said, "I'm not going anywhere with you." He said, "You need to put a mask on or you need to leave right now." I said, "I don't need to do anything and I'm not going anywhere. I didn't break any laws. I'm here shopping like everybody else, and I have the right to do that."

Again, there was a back and forth, arguing over mandates and laws and who was right, who was wrong. I had just turned to reach for my cell phone. I thought this might be a good time to turn my camera on. And as I did that, officer number three grabbed my arm; the second officer grabbed this arm; I went forward into the shelving, which essentially bruised my

ribs; and then we wrestled, probably, I don't know, for a good minute; and they threw me down to the floor—my face at the floor. I'm sorry—my face hit the floor.

Shawn Buckley

Take your time.

Natasha Petite

And I knew there was somebody trying to hold down my feet. And my mother was with me. My mother yelled out, "She's a trained corrections officer," just to give them a heads up. So someone was trying to hold my feet. And officer number two was to my right side. Officer three was on my left side.

And I did, like, what we would call "the turtle." It's where you tuck everything in. It makes it harder for them to detain you. So that's what I did. And officer number two had slipped his arm underneath me. And he placed me in the choke hold, which— The choke hold is illegal in Canada since 1979. And I couldn't breathe. I kept trying to say that I couldn't breathe.

I told him I couldn't breathe. And he said, "If you can scream, you can fucking breathe." I really couldn't breathe. And I was having an anxiety attack at the same time because I couldn't breathe. I was having an anxiety attack and I couldn't breathe. And I could see stars. I knew I was passing out. I knew I was going to pass out. I talked to myself and, as hard as I was fighting, I said, "Natasha, you need to either give in or you're going to pass out."

I struggled so hard I ended up urinating myself.

So I gave in. My mom told them—sorry. My mom told them that I have issues with my shoulders and stuff from the accident so they used two pairs of cuffs because I can't put my hands behind my back. They flipped me over. And I was sitting on the ground, struggling to breathe, they told me to get up.

[00:10:00]

And I'll be 100 per cent honest, I said, "You fucking took me down, you can fucking pick me up." And they picked me up and took me out to the police car.

Shawn Buckley

Can I just stop you? Were they told anything about your medical condition before they took you down?

Natasha Petite

Yes, because they were all asking to see my medical documentation and I wouldn't show it to them. I said, "It's none of your business, but if you must know, I said, I was in a car accident in 2018." And I said, "I have physical and mental disabilities."

Shawn Buckley

So they were told before they physically took you to the ground.

Natasha Petite

Yes.

Shawn Buckley

That you have both physical and mental disabilities—

Natasha Petite

Yes.

Shawn Buckley

That would complicate them taking you to the ground.

Natasha Petite

Yes.

Shawn Buckley

Okay, I'm sorry to interrupt. So you're telling us they'd now handcuffed you in front?

Natasha Petite

Yeah, they handcuffed me. One officer was on one side, one was holding my arm on the other side. And they took me out to the car. And I told the officer that had me in a choke hold, I told him that my cuffs were too tight; they were digging in my hands. And he didn't say anything. And I repeated myself and I said, "I know you heard me." And he didn't say anything. I said, "Well, why won't you loosen my cuffs?" And he was standing, like, right here, really, really close. I asked him why he wouldn't loosen my cuffs and he looked at me and he's like, "Because you're a fucking bitch."

Shawn Buckley

And what did you do in response to that?

Natasha Petite

I asked the girl that was with him, officer number one, I said, "Did you hear that, rookie?" Because I knew she was very new. I said, "Did you hear that rookie? What he said?" And she said, "Nope." I said, "Yeah, I thought so."

Shawn Buckley

Right, so basically you were confirming that the other officer, the young officer, was going to cover for the older one.

Natasha Petite

Yeah.

Shawn Buckley

So carry on. What happened after that?

Natasha Petite

After that, they placed me in the back of the police vehicle. Probably, I would say probably a good 20 minutes I waited. Then they took me to the police station, into lock up, and took all my belongings from me, and took my jacket off. They took the cuffs off. I asked for my cell phone right away to take pictures of my hands but I wasn't allowed to have access to it at that point.

And the senior officer, which would be officer number two, he said: "We're going to let you go today. There won't be any charges. You won't have anything on your record." And I said, "Well, I would hope not. Because I didn't break any laws and I'm not a fucking criminal."

So from there, my brother came and picked me up from the jail. And I didn't bother— I didn't go to the hospital or anything because I know they probably would have called the police again over a mask. So I just went home. But I do have pictures, I have photos. They busted my lip. I had a bruise here on my head, a bruise this side of my neck. I had lockjaw for about three days. I couldn't open my mouth because of the choke hold.

Shawn Buckley

Did you have a conversation, because my understanding is that you were taken to the police station by the first officer. Did you have a conversation with the first officer on the trip to the police station?

Natasha Petite

I did, yes.

Shawn Buckley

Can you tell us about that?

Natasha Petite

She told me that she had a three-year-old nephew who had asthma and even he wears a mask. And people like me were the reason why people were dying.

Shawn Buckley

Now, I'm curious. Because I'm just guessing that on Christmas Eve, Walmart is just packed with people. There must have been a whole bunch of people watching these three officers take you down after you explain to them that you have physical and mental disabilities. What can you tell us about— First of all, was there a crowd there, and what can you tell us about that?

Natasha Petite

Honestly, it was like I was a spectacle. There was people lined up from the beginning of the aisle right out to the door. And I was yelling when I was going out. I'm like, "How can you

people stand there and watch three police officers on one woman who has disabilities? How can you stand there and watch this and not say anything and not do anything?" And I asked them, "What happened to humanity? What happened to people's morals and values?" It was absolutely, just— I can't even really, like, explain the feeling. It was humiliating, degrading, embarrassing.

[00:15:00]

Shawn Buckley

And thank you for sharing. We can see that it's difficult. I don't have any further questions. And I'll just ask if the commissioners have any questions.

Natasha, it's very important that people like you tell us their stories. On behalf of the National Citizens Inquiry, I'd like to thank you for sharing your story with us.

Natasha Petite

Thank you for doing this.

[00:15:52]

***Final Review and Approval:** Jodi Bruhn, August 16, 2023.*

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 7: Tamara Ugolini

Full Day 2 Timestamp: 05:37:40–05:59:15

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

Could I ask you to state and spell your name for the record please?

Tamara Ugolini

Yes. It's Tamara, T-A-M-A-R-A, Ugolini, U-G-O-L-I-N-I. And before we proceed further, I just want to make a note of clarification here that I am a journalist who has been reporting on the National Citizens Inquiry and I plan to continue doing that work. However, I'm here this afternoon in my complete personal capacity.

Geneviève Eliany

Thank you. Do you promise to tell the truth today?

Tamara Ugolini

I do.

Geneviève Eliany

We'll start with an incident that happened on the beach with your family. Can you tell us what happened and how many of you were out?

Tamara Ugolini

So the first incident happened on the beach. There's a beach where I live called Pebble Beach. And in the end of March 2020, or perhaps even the very first few weeks of April 2020—I can't recall exactly when this happened but it was when we had restrictions on outdoor gatherings of five people or less.

I had taken my four children—we've since had another child but at the time I had four children; and myself, so that was five, including my youngest sister, who we lived with at

the time; so five children total plus myself, six people—to a beach to throw some rocks because there was literally nothing else to do. The playgrounds were closed. The schools were closed. The swimming lessons ended abruptly. The membership that we had just purchased a week prior to the local YMCA was null because that was also closed. There was literally, quite literally, nothing else to do. So we got to the beach to throw rocks in the water and we ran into some friends who also were doing the same. And the children hadn't seen each other for, at this point, it was three or four weeks because of the school closures. And so they ran over and they're like, "Hey, our friends," none of which we've seen for nearly a month. And we had a brief conversation. The mom was really nervous because she's like, "Oh, wait, we can't even be talking outside. We're going to get in trouble for this." And I thought, okay. I didn't really give it a second thought, but you're right. So she continued on, and my kids continued to throw rocks in the water.

I took up exercising on a log because, again, everything else was closed; there was no way to engage in any sort of physical activity, so I was doing some of that. An officer approached me from behind, tapped me on the shoulder—I didn't even see them coming, and wasn't obviously expecting that to happen—and asked me if the children who were in my care at the beach were all mine because we were over the five allotted people outside together. And I basically told the officer that was none of her business but that we all lived in a house together and was obviously very shocked as to what she was asking me. And I said, "And what brings you here?"

She alluded to the fact that someone in the apartment dwelling adjacent to where we were had seen that there was some sort of gathering happening and called the police. She was hoping at that time that the person who called would be satisfied that the police were responding to the call. She issued me, I suppose, some form of a warning and then she left. And we continued to stay at the beach.

Geneviève Eliany

I understand that you'd looked into the property lines. Can you tell us about that?

Tamara Ugolini

Yeah, so there was another incident: the culmination of events that led to my questioning some of the arbitrary closures that were happening in my local municipality, the Town of Cobourg.

My husband and I had lost a business very early on in the pandemic. Just to kind of give some context here, we had executed a five-year plan: We re-mortgaged our house, we consolidated all of our debt, we took out all of the equity that we had built up in our home. And we started a business that took several months longer than we anticipated to get off the ground. It was a construction-type industry.

My husband had been operating a hydrovac excavator. The context here really lends to why I was engaging in the advocacy work that I was in this particular instance that you're asking me about. My husband had been working as a hydrovac excavator.

[00:05:00]

And they use heavy pieces of equipment, large hydrovac trucks, to excavate and dig underground to expose things like utilities, gas lines, water mains. He was working in the utility industry, so they were doing installations for things like Rogers Communications and

Bell Fibre Optics. We purchased this large piece of equipment, about half a million dollars, in November of 2019. And we didn't realize at the time that financing would take so long to go through because obviously construction—especially tunneling underground in December and January in Canada—is very tough. December and January were really a hard go for us with nearly \$20,000 worth of overhead on this particular endeavor, which would have been fine, because the money coming in would have easily offset that.

February was still a little bit tough, but March 2020 was his best month worked. We thought, "This is great. If this continues, we'll be able to pay off this vehicle a lot sooner than we had originally anticipated, get out of this one-year rent-to-own contract, bring our expenses way down, and the rest will be gravy." We planned this out. We rented our house out. We moved in with my father. We did all the things over a five-year plan to execute this business endeavor.

And then April of 2020, the Ford government instituted further restrictions on construction. And the company that my husband's company was subcontracted to, which was Rogers Communication, shut down their construction across Ontario for one month. At that point we only had one month worth of overhead left. So that month, those four weeks, turned into six weeks. And then when things started to slowly come back a little bit in his industry in May, he was working one to maybe three days a week, not enough to give us that threshold of meeting that overhead expense. And so by June of 2020, we made the extremely difficult decision, with literally nothing left— We had nothing to fall back on, all of our savings were gone, the equity in our home was used. We made the very difficult decision at that point to give back this truck and end our contract there, which had a ripple effect for that company. But it was at that point that I decided we had nothing left to lose anymore.

I had been delegating at our town council meetings. I had been reaching out to our MPP and eventually even our MP. I had been petitioning the Town, who went above and beyond the provincial regulations and arbitrarily closed all of our green spaces. They restricted access to the Northumberland Forest, which is hundreds of acres worth of forest. They closed down our local public beach, arbitrarily above and beyond the provincial guidelines, without a bylaw, without any sort of legal check or balance put in place to do so. I had been petitioning them and delegating and asking questions and never receiving any answers. Either I was completely ignored or they were responding to me, "noted and received."

So by June, we had lost our business. Still these closures remained. My children had no access to any of the normal amenities that, you know, our tax dollars go toward funding; they were really suffering the effects of isolation, as were we all. And so I decided to engage in an act of civil disobedience. When the town continued to keep restricting access to this shore and the public beach—they weren't paying attention, they weren't answering my questions, no one was listening to any of my concerns and the concerns of other people who I had met along the way expressing the same—I decided to walk the shoreline in defiance of their arbitrary closure.

Now for the lot lines, I want to mention that I had researched the roll call numbers and where the town's property ended and where it began. And I discovered that the town doesn't actually own a segment of the sand, and of course, they don't own the water. So there's riparian rights that are involved here when you're looking at a shoreline—a fluid moving thing that doesn't have a defined lot limit. So I strategically entered the water from the pier, which is on Crown land—the town does not own that property, they could never have restricted access to it. And I walked the beach shoreline. In doing so I think that there was calls put to bylaw and/or the local police. They met me on the opposite side of the

shore and they proceeded to tell me that I would be hit with an \$880 COVID-related trespass fine, to which we bantered a little bit back and forth about the fact that

[00:10:00]

I was not on any Town of Cobourg property. I was not trespassing and I never actually entered any area of the sand, which they had—in my still-to-this-day opinion—unlawfully restricted access to. One thing led to another. I refused to identify myself to receive that fine and it resulted in me being arrested. I was handcuffed. I was detained. I was put in the back of a police car. And I was brought down to the local jail where I was held for about an hour and a half in a jail cell after being fingerprinted and mug-shotted for walking my local shore in defiance of arbitrary COVID restrictions—when no one could answer me whether or not outdoor viral spread was a documented scientific thing, which to this day we know it is not.

Geneviève Eliany

Did any of the officials seem to have an idea of the lot lines you were referring to?

Tamara Ugolini

I had been asking the town what justification they had to close this shoreline, where their lot lines ended, if they had the lawful authority to impose this sort of measure. Again, my communications, my questions, my delegations, were met with the response that it was “received and noted.”

Geneviève Eliany

Now, we’ll shift back to the business losses, which you’ve already explained a little bit. We heard that you surrendered the heavy equipment in June 2020, right?

Tamara Ugolini

Yes.

Geneviève Eliany

Can you comment on whether or not the company that you purchased the equipment from was at all flexible, and what kind of circumstances you could observe them to be in?

Tamara Ugolini

The company was primarily based out of the United States, which didn’t have at that time the same level of restrictions that we had. But they had a satellite office here in Ontario. And they gave us a little bit of flexibility in terms of making the payments because there were some months where we said, “We need a few extra days,” But there is an interest factor on a late payment like that and then, when you’re dealing with an overhead charge of \$13,500 and change, the interest adds up very quickly. So it wasn’t long that we could sustain something like that. And we also had to come up with the bulk of the purchase price by November of 2020 to meet that contract deadline of buying the rent-to-own vehicle outright, which we would have done easily and happily had that March 2020 same level of invoices been continuing on throughout the next six, seven months.

The company that we had been on this rent-to-own contract, the gentleman that we were dealing with directly here in Ontario: his job was commission-based. And so when he had these vehicles out on rent-to-own contracts, or on leases, what have you, he received a certain percentage of commission on those vehicles.

And it was very difficult for us to decide to give back this truck because the bulk of the financial fallout of that really fell on this particular gentleman. All of the trucks he had been receiving commission on were coming back to the lot. And he expressed to us privately that he was really concerned that he would be losing things like his home and his livelihood and other things to do with his personal life and his family. So we started to see, really, the ricochet effect. And we held on to the vehicle for longer than we probably should have because we didn't want to negatively affect this gentleman, who we'd developed rapport and a relationship with. So that was a really, really difficult part of the decision as well: was knowing that it would harm other people too.

Geneviève Eliany

Did you apply for any business grants from the government or elsewhere?

Tamara Ugolini

So that was— Another part of this puzzle is that in order to apply for the grants that were being rolled out at the time, you had to show one year of tax returns. We had just begun our business in November of 2019. We didn't have any form of record-keeping or paperwork to show at that point, nor did we really have any form of invoicing. November was a really tough month. We were just working out all the kinks of the business and of the vehicle. And December of course, with the nature of our country and winter and digging underground and Christmas, it was not fruitful for those two months. But regardless, you needed a full year's worth of tax returns to even apply to these business grants. And even if we were able to, I don't know how we'd ever repay those grants, given the situation that we were in,

[00:15:00]

with the rental of this vehicle and not having consistent work from April onward.

Geneviève Eliany

Ultimately, how did your family survive financially?

Tamara Ugolini

Well, I was primarily a stay-at-home mom at that point as well. And I ran a small graphic design business, which I had mostly shut because I was helping my husband do all his advertising work and I was doing the bookkeeping for him. And I also served on the side, evenings and weekends when my husband was at home. I was a server at a local restaurant and that was completely gone. I actually worked the St. Patrick's Day before the shutdown happened and I thought, "Wow, if there's this crazy viral threat, I really hope I didn't pick it up at the bar I just worked all weekend, touching people's cutlery and glasses and being in close contact with intoxicated people." But if it weren't for the fact that we rented our house out and moved in with a family member, we also would have lost our home. It was by the grace of God, really, that that didn't happen and we set ourselves up for the success of getting this business off the ground. No one would have ever foreseen that a mere six

months later we'd be facing unprecedented lockdowns and closures and economic sanctions by our own government.

But then my husband— It was really hard. It was obviously a dream of his, so it was really difficult for him, that drive back to take the vehicle back. He then went to work again in the industry for “the man,” not for himself anymore. And over the next 14 months he worked his way up in his company doing the same line of work. He was one of their most reliable workers. During this time, we had a baby also, a little surprise pandemic baby, who we love dearly. And so this company that he had been with since the time of our business loss even sent us—when we had our baby in March 2021—a small monetary congratulations with a little bib.

Then seven months later, when the COVID mandates came out in September of 2021, my husband was terminated from his job in October of 2021 for refusal to divulge and disclose his personal private medical information. He repeatedly inquired with his supervisors, the human resources people deploying this policy indiscriminately onto their workers. And I want to remind everyone that a hydrovac excavator works primarily outside and alone. He was not in close contact with anyone throughout any length of time, any day, and they were never able to ascertain the policy. They were never able to answer our questions on if this was reasonable, if it was justified, if there were any form of accommodations that could be exercised to ensure that he was keeping everyone else safe while still remaining gainfully employed. It even came down to the point where, in an email, one of the people involved in this situation told him that the policy was about vaccine uptake and not immunity.

Our family— At that point we had already moved back into our home and we were trying to regain some financial security. And at that point our loose plan was—because I was still on maternity leave with a seven-month-old at home in addition to our other children—our loose plan was that he would take the remainder of my maternity benefits and I would transition to work full-time. And it would get us through the winter months until the construction industry picked back up again in the spring and he would be in a better situation to get another job.

But then they put on his ROE [Record of Employment] that he had, I think it was Code M: that he was in noncompliance with a workplace safety policy and he would not be eligible for government assistance. So I immediately pivoted— And thank goodness for my line of work I was able to pivot and go to work full time, but we were down our main breadwinner's income. And to this day, in fact these past few weeks, we have been discussing the very real possibility that we will be selling our home and moving back in with our family member because we can no longer sustain ourselves and stay afloat.

Geneviève Eliany

Can you comment on ongoing childcare issues since you had to pull the kids from Montessori?

Tamara Ugolini

When my husband lost his job—our children had been attending a private Montessori school. And they had been attending there for the duration; we've been with the same provider for approximately 10 years. At the time, we had to obviously cut major financial commitments way back.

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So we made the decision to remove our children from this facility. And since that time, we have been unable to secure any form of reliable, consistent childcare. Our two older children now go to conventional school, despite my convictions otherwise. And we struggle to this day, to this week, to have gainful, readily available, consistent, reliable childcare because we've since lost our space in that other school where the younger children would have been grandfathered in.

Geneviève Eliany

Do you expect that you'll both be able to return to full-time work unless you secure full-time childcare?

Tamara Ugolini

That's part of the piece we're trying to figure out currently. So for anyone who says that COVID is over and the worst is behind us, there are still people out there suffering the fallout of these misinformed policies.

Geneviève Eliany

Thank you. We'll see if the commissioners have any questions for you. No questions. Thank you so much for attending today and telling us your story.

Tamara Ugolini

Thank you.

[00:21:37]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

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[00:00:00]

Geneviève Eliany

Good afternoon. Could you tell us your full name and spell it for the record, please?

Michael Alexander

My full name is Michael Ian Beardall Alexander. I usually go by Michael Alexander and my last name is spelled A-L-E-X-A-N-D-E-R. And it's Michael M-I-C-H-A-E-L.

Geneviève Eliany

Thank you. Do you promise to tell the truth today?

Michael Alexander

I do.

Geneviève Eliany

Tell us a bit about the type of work you do. You're a lawyer, but specifically, what kind of cases have you been taking on recently?

Michael Alexander

Yes, I'm a lawyer. I'm trained in Canada and the United States. Recently, I've been representing doctors and nurses all across the country—primarily doctors, though—and have been defending them against charges that they have been spreading misinformation and harming the public by making comments that are contrary to the public narrative around COVID-19. Many of these doctors have already been suspended. Attempts are now being made to revoke their licences permanently. I am raising defences based on public law and the Charter of Rights and other basic principles in attempt to vindicate them and vindicate their right to speak freely about public matters.

Geneviève Eliany

And to be clear, these investigations and prosecutions are conducted by the regulatory colleges, is that right?

Michael Alexander

That's right. We have something called self-regulation in Canada. So there's legislation in each of the provinces that establishes a college, which is an administrative body that regulates the practice of medicine. These are not private bodies. They are in fact public bodies, since they are created in and through legislation. In Ontario in particular, the legislation is very clear that the Minister of Health is the boss of the various health colleges. So these are public bodies and they have two aims: they are to prevent patient harm and to establish standards of practice and competence for the profession.

Geneviève Eliany

And those two aims, is it fair to say, is ultimately to protect the public?

Michael Alexander

That's correct. In fact, the legislation here in Ontario says that the College is to act at all times in the public interest.

Geneviève Eliany

Let's talk about how the role of the colleges—in your view and certainly your legal arguments—has shifted through the pandemic. Can you give us some examples of investigations that were unusual and handled differently?

Michael Alexander

Well, that's a really nice question because, in some sense, the investigations have not been handled differently. What the investigations have done, they have highlighted existing problems and faults in the system and ways of exercising power that have been going on for three decades. We have in my opinion a chronic abuse of authority by the college system in Ontario and in other provinces. What has happened now is that they've just upped the level of abuse and lawlessness in pursuit of their objectives. So I can give you particular examples of what some of my clients are facing to illustrate that, unless you would like me to go somewhere else.

Geneviève Eliany

No. A couple examples would be great, just to illustrate what's happening.

Michael Alexander

All right. The College posted a statement here in Ontario. The College of Physicians [and Surgeons of Ontario] posted a statement to the effect that a doctor may not say anything contrary to public health policies and recommendations. A very clear restriction on freedom of expression, which is otherwise guaranteed to us under the Charter of Rights. And that's called a "statement" on the site. It's not a resolution passed by the College Council under the legislation— Every college has its own council of members of the profession and they have the right to vote on various things and establish policies.

So this is not a policy established by the College. It's not based on the legislation itself. There's no reference to the legislation. It's also, as far as we know, not a directive from the Ontario government. It's just a posting on the website, a statement endorsed by the registrar, Dr. Nancy Whitmore, to the effect that doctors may not say anything contrary to public health policies and recommendations. So all of my clients are being prosecuted for saying something contrary

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to public health policies and recommendations.

But what's quite extraordinary about this is that the College can only order an investigation and proceed with a prosecution if it establishes "reasonable and probable grounds." That's the legal term. It's the criminal standard for conducting an investigation and a search and seizure. In Ontario, you cannot have an investigation, a search and seizure, and prosecution unless you have reasonable and probable grounds to believe that somebody has done something wrong, has actually committed an act of professional misconduct. So the problem here is that a statement—the decision not to follow a statement, which is merely a guideline—is not an act of professional misconduct. So to conduct an investigation because somebody didn't follow a guideline is quite extraordinary. It does not meet the standard of reasonable and probable grounds.

And what's even more extraordinary about this is that the College claims the right actually not to even make a reference to the guideline in the investigation order. So they write these orders in such a vague way—as we go further down the line in prosecution, they essentially can accuse the doctor of anything. And they can also conduct a search and seizure at the patient's office without any boundaries set by the order because it's so vague. So this is what is called a fishing expedition.

This all goes back to how the investigation is ordered and the reference that is made—or, in this case, not made—in the order. That's where the problem begins. The College of Physicians is acting without authority but yet somehow under the colour of authority.

Geneviève Eliany

I just want to pinpoint a few issues that you've raised before we move on to how the courts have dealt with judicial reviews of some of these complaints. You've highlighted that the difficulties with the colleges and some of the prosecutions have existed for decades now. When was this first detailed in a report and what were the main findings of that report?

Michael Alexander

Well, back in 1999, 2000, Michael Code, who at that time was recognized as a leading lawyer in the areas of constitutional law and criminal law, conducted an investigation that was commissioned by a group of doctors and patients. Michael Code by the way is now Justice Code and a professor at the University of Toronto Law School. So Mr. Code, as he then was, was given 10 patient files by this group of doctors and patients. Mr. Code had never practiced before in the area of regulatory law, had never represented doctors. So they asked him because they wanted a lawyer who would look at this with fresh eyes, without any preconceptions. And they provided 10 files from College prosecutions where they believed that doctors had been subject to the abuse of power and unjust prosecutions. And he drafted a report that's available online for anybody who would like to look. It's sort

of a riff on Boris Yeltsin and the idea of Glasnost. It's called, "Medicine in Ontario Needs Glasnost" [Exhibit T0-24e]. It Needs Openness.

And he concluded that none of these prosecutions were justified, that they all involved the abuse of power, and that many of them were conducted without establishing reasonable and probable grounds to initiate an investigation. All the problems that he highlighted in that report still exist today, 23 years later. I fought trying to vindicate the findings of his report for doctors back in the 2000s. I was not successful in that. But now I'm back at it. I'm taking a second run at the College and I'm still using the insights of the Glasnost Report. Because we now are going into three decades of, in my opinion, unlawful conduct and the abuse of power at the College of Physicians and at other colleges in the province.

Geneviève Eliany

He also highlighted that many of these investigations were brought against individuals or professionals practicing at the cutting-edge branch—these are his words—of their field. Often difficult fields like pain management, where there aren't that many solutions. Have you observed the same thing with respect to physicians and protocols for COVID?

[00:10:00]

Michael Alexander

There was a real hostility at that time to doctors who were attempting to innovate in medicine, who were addressing difficult problems such as the one you alluded to—pain management, where medicine had kind of come to the end of its rope. And so the College was very intolerant towards doctors who were attempting to establish new methods of treatment and experimenting with methods of treatment. Of course, with the consent of patients always in these cases. And they were actually hostile to innovation in medical science. And so that's partly what led to this report.

As to whether that's going on today, that's less of a problem today. Because, as a result of the Glasnost report, the Ontario government passed a new version of the *Medicine Act*. In 2000, they established a provision which allows doctors in Ontario to use non-traditional methods or modalities to treat patients as long as the risks of using non-traditional treatment are not greater than the risks of conventional treatment.

So that was a very big step forward for medicine in Ontario. But I can say, after this was established in 2000, I was representing doctors who were still being persecuted. And a whistleblower came to my group and said that there was a hit list within the College of doctors who they still wanted to eliminate because they were regarded as dangerous innovators somehow. Even though they were acting, in our view, consistent with the new legislative provision in the *Medicine Act*.

What's going on today has less to do with innovation in medicine than a turning back of traditional medicine. And for instance, it's always been the case. In fact, it's a fundamental right in Western medicine that, once a medication is approved by the government—in this case the federal government, Health Canada—once it approves a medication and puts it on our approved list of medications, any doctor in the country can prescribe that medication on an off-label basis. So in other words, you might have a medication that, I don't know, was for a certain kind of allergy. But doctors may determine through their own experience that it may be effective in treating other problems that people may have. The reason that you have an off-label right to prescribe medication is that with the authorization comes a

side effect profile. So if a doctor can see what the side effect profile is, then he or she is in a position to measure that profile against the needs and the conditions of a particular patient.

So let me bring this back to COVID-19. Health Canada issued a safety alert regarding ivermectin. It's still there on the site—and said that ivermectin was never authorized to treat COVID-19. And so the College here in Ontario took that to mean that this is no longer an authorized medication. And now you will be prosecuted if you prescribe ivermectin, or any other Health Canada approved medication, for the treatment of COVID-19. And what Health Canada doesn't tell you, and what the College doesn't tell you, is that Stromectol, which is the brand name for ivermectin as an approved medication, is still on the Health Canada database. The authorization has not been modified in any way. And so the safety alert is actually just an alert. It has nothing to do with the authorization. Any doctor in the country has the lawful right to prescribe ivermectin for the prevention and treatment of COVID-19. Again, it goes back to the fundamental right in Western medicine to prescribe on an off-label basis.

So the College is proceeding against my clients, some of whom have prescribed ivermectin, but they have done so completely in accordance with the law and the authorization around this medication. Yet the College is trying to take away their licences for doing so.

Geneviève Eliany

This is very much a continuation of the theme you have explained where policies, statements that are certainly not law or regulations, are being prosecuted as law.

Michael Alexander

Yes. And you know, we have to make a distinction here. We're supposed to be in a society that's governed by the rule of law. I've actually never been a straight rule-of-law guy, I'm kind of a justice guy.

[00:15:00]

Sometimes the law is just, sometimes it's not. But we do prefer the rule of law to the rule of tyrants and autocrats and people with very subjective ideas of how we should conduct ourselves. So the rule of law is very important.

But what the colleges have done is they have published statements and established policies and issued guidelines. Well, the Ontario Court of Appeal has said that a statement, a policy, or a guideline is not a law; it's just a recommendation. And yet, the colleges are treating these guidelines and recommendations which they post as if they have the force of law and as if they can be used as a basis for investigating and prosecuting doctors and other health care professionals. So it's a very troubling situation because essentially what we have—in particular with the College of Physicians—is bureaucrats simply inventing the law and then using it to prosecute doctors and rob thousands of patients of medical care.

Geneviève Eliany

So once someone has been found guilty or there's been a misconduct finding against a doctor or nurse or other health professional, they have the opportunity to bring a judicial review. And that's something that you've been involved in as well, correct?

Michael Alexander

Yes, that's right.

Geneviève Eliany

And how have the courts been treating these judicial reviews?

Michael Alexander

Well, what is going on in the courts is deeply troubling.

In Ontario, if a doctor, for instance, has been suspended—well, let me take a step back here. The courts will review the decisions of administrative tribunals. And all these colleges have tribunals and they make findings against doctors. They are discipline tribunals. They make findings as to whether a doctor, or another health care professional in other disciplines, has committed an act of professional misconduct. And they can revoke a license, or they can levy fines. The powers are very substantial.

The courts have taken the view that, “We prefer to see a final decision from a tribunal before we address an appeal of that decision and review it to determine whether it was properly decided.” There is one exception, though: you can get into the system here in Ontario and have the Divisional Court review a decision if someone's licence has been suspended. And that's true in the case of my clients.

So I went to the Divisional Court with one of my clients, Dr. Luchkiw, who had her license suspended. Which robbed 1,700 patients of care, 20 per cent of whom were in palliative care. And all they had with Dr. Luchkiw was the mere suspicion that she may have written one medical exemption for COVID-19 exemptions. I brought this to the attention of the Divisional Court. Now, the Supreme Court of Canada made a very fundamental and important decision in public law in 2019, in a case called *Canada (Minister of Immigration and Citizenship) v. Vavilov*. It's referred to generally as the *Vavilov* decision [Exhibit TO-24h]. And in *Vavilov*, the Supreme Court says that when the courts are reviewing the decision of administrative tribunal, they must hold the tribunal to a very high standard of review when we're talking about basic statutory terms in the legislation that empowers the body in question, and if we're talking about well-understood legal concepts and terms. So you don't defer to the expertise of the body around things like that. They have to actually get the right answer in matters of law.

In this case, I am challenging whether the College had reasonable and probable grounds for actually initiating the investigation against Dr. Luchkiw—and by extension raising the question of whether they ever had the right to suspend her licence. If the Divisional Court were going to follow the ruling of the Supreme Court of Canada, then it would have to examine what “reasonable and probable grounds” means in our legal system. There are obviously criminal precedents for this. It's the term that's used in criminal law, as you know.

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It's a well-understood concept, a concept in Anglo-American law. And the Divisional Court essentially refused to do that and just deferred to the College's interpretation of reasonable and probable grounds. I found that shocking. So the court found against us, even though there is an Ontario case called *Cezanne*, which the Ontario Court of Appeal issued in 2012, which is quite clear. It made very clear that this term, “reasonable and probable grounds” is

the criminal standard and there are many precedents which would inform us as to what that means. That was pretty well ignored by the Divisional Court. In fact, it was simply ignored.

And so now I'm asking— I'm seeking a motion [Exhibit TO-24a]. I've issued a motion document to have the Ontario Court of Appeal grant us leave to have this whole issue of reasonable and probable grounds addressed at the level of the Supreme Court and the Ontario Court of Appeal's previous decisions. But the court has discretion on whether to grant us leave. And so I have no idea whether this problem is going to be addressed. It will be very troubling for us if the court refuses to address it, because then we would never have access to go to the Supreme Court of Canada to ask the court to enforce its ruling in *Vavilov* against tribunals in Ontario.

Geneviève Eliany

If there's no court enforcement, ultimately it will worsen the college behavior. Isn't that fair to say? They'll be able to continue applying suspicious or poor standards without effective judicial review.

Michael Alexander

Yeah, you're essentially letting the colleges off the leash. You're not going to come in. I mean, nothing could be more fundamental than that you must meet the standard of reasonable and probable grounds to initiate an investigation. If you're not going to police that then you're essentially saying, "You can do whatever you want." I mean, it's essentially a blank cheque to oppress, intimidate, and tyrannize members of the health professions.

Geneviève Eliany

You've mentioned one case and you've named this case. Would you say that this is a pattern in Divisional Court? Or is it an outlier that you're working on?

Michael Alexander

I have to be careful about what I say. Because, as a member of the bar, I must—particularly if I'm criticizing a court—I must make very clear reasoned arguments. But I think it would be fair to say that the Divisional Court has essentially given up on its mandate to review the decisions of administrative bodies in Ontario. It is true that specialized administrative bodies deserve a certain degree of deference in the way they make their decisions. For instance, if I brought a case to the Divisional Court and said, "I want you to review how the College made this decision about whether a doctor should prescribe a certain type of anesthetic for laparoscopic surgery for heart valve replacement." Right, so yeah—maybe the court should think twice about whether it has the expertise. And it perhaps should recognize that there are a number of different decisions that the College might make or maybe that they shouldn't even be reviewing the College on that point.

There is some role for deference when taking a look at what a specialized body does and how it makes decisions. But the Supreme Court has said there should be no deference, as I've said before, when it comes to well-understood legal concepts and terms. And the problem with the Divisional Court is not just that it seems to be ignoring the Supreme Court, but it has established a doctrine of deference that is so encompassing and so broad that really, its whole mandate to review the decisions of these tribunals is really just now non-existent. They're essentially just rubber-stamping whatever the colleges do in these

kinds of matters. And so I would never advise a client today that we should go to the Divisional Court to solve their problems. I would say, "Well, we have to go to the Divisional Court. And then we have to hope that then we can go to the Court of Appeal and get what I believe to be a more nuanced and responsible reading of the duties of the court in this situation."

Geneviève Eliany

Let's chat about *JN v. CG*. Why don't you explain what kind of case that was?

Michael Alexander

This was a case decided by Justice Pazaratz in the family law courts [Exhibit TO-24f],

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over a year ago.

This involved a case where you had two parents: the mother had custody of two children, they were separated or divorced. And a dispute arose between the parents as to whether the children should receive the COVID-19 injections. The father wanted them to receive it, the mother did not. So this had to be dealt with in the context of the court under family law legislation.

Now, neither the mother nor the father introduced expert evidence. The father produced printouts from the Health Canada website, essentially provided government information about the injections. And the mother provided some reports and studies by people like Dr. Tess Lawrie, Dr. Robert Malone, the founder of the mRNA technology that's been used in these injections. So she provided some kind of expert evidence, because they're not bringing forth experts. Now as you know, in a case like this, if people are not providing expert witnesses, the court is limited to the information that the two parties put in front of it and must make a decision based on that.

Justice Pazaratz was quite influenced by the fact that the mother had read the Pfizer monograph that comes with the injection. And it listed over 24 possible side effects and could I just read what those were? So the mother brought that forward and said, "I have concerns that my kids might be subject to some of these side effects." So this is in the case itself, this is quoting directly from the Pfizer monograph. These are the possible side effects: "difficulty breathing, swelling of your face and throat, a fast heartbeat, bad rashes all over your body, dizziness and weakness." And then there's a second list: "chest pain, shortness of breath, feelings of having a fast beating, fluttering, or pounding heart, severe allergic reactions, non-severe allergic reactions such as itching hives or swelling of the face, myocarditis, pericarditis, injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, swollen lymph nodes, diarrhea, vomiting, arm pain."

I might mention in relation to myocarditis, when this is mentioned in the press, it's kind of mentioned in passing. The doctors I represent have impressed upon me that if a child gets myocarditis, the inflammation in the heart actually destroys heart cells, which can never be replaced. It actually destroys nerve cells that are responsible for the beating of the heart. And 50 per cent of those children—and this would include adults as well—will die within five years of having myocarditis. So this is a very— This is essentially a death sentence for some people.

The judge was quite persuaded, just on the basis of the possible side effects, that the mother had legitimate concerns. And he actually decided this matter in favour of the mother and was not persuaded that the government printouts dealt in as much detail with these problems as the mother had in the materials that she addressed.

Geneviève Eliany

Unlike the Divisional Court cases that you've mentioned, would you agree that this case is an example of the judiciary pushing back? And even the language of the text is unusual? It made it to social media, which is unusual for case law. But the judge expressed frustration that people couldn't ask questions anymore.

Michael Alexander

Right. And right at the very beginning of the decision, he makes an extraordinary attack on the idea of misinformation. Perhaps I could read what he said here, because I've used it in my own cases. He says, "is 'misinformation' even a real word, or has it become a crass, self-serving tool to pre-empt scrutiny and discredit your opponent, to delegitimize questions, and strategically avoid giving answers? Blanket denials are almost never acceptable in our adversarial system. Each party always has the onus to prove their case, and yet 'misinformation' has crept into the court lexicon: a childish but sinister way of saying, 'you're so wrong, I don't even have to explain why you're wrong.'"

Geneviève Eliany

What happened with the JN case at the Court of Appeal level?

Michael Alexander

It was overturned by the Court of Appeal [Exhibit TO-24].

Geneviève Eliany

Did they have any commentary about it?

Michael Alexander

It's an extraordinary case, in particular because one of the judges presiding was the new Chief Justice of the Court of Appeal.

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Well, first of all, the Court of Appeal said that the mother's evidence about the side effects should not, essentially, have played a role in the decision. The Pfizer monograph should not have played a role in the decision. Because in drawing attention to those side effects, the mother was holding herself out as an expert witness, and she was not qualified to be an expert witness. Think about that for a moment: the Court of Appeal has said that you have to be an MD or have a PhD in science to understand words like vomiting and diarrhea, swelling of the face. So that's one way in which the decision was attacked.

It was also attacked on another ground. Essentially the court did something— Like, I've been reading cases since 1980, for 43 years. I entered law school in 1980. And the court

came up with a new principle I've never heard of before, which is that government should always be given the benefit of the doubt. So it said that the government—and not just in relation to COVID—but the government has experts and it does analysis. And so if you come to the court and you want to challenge a government decision—in this case one which supposedly comes from Health Canada and the Ministry and experts are involved and so on—the burden is on you to rebut the presumption that the government is right.

How is that possible? I mean, we're supposed to have equal justice in our system. There is supposed to be no bias in the system in favor of either party. There's nothing more fundamental to adjudication in our court system than that. But if you decide to challenge the government on a point now, the Court of Appeal is going to say, "No, we begin with the assumption that the government is right and you, the citizen, you are wrong."

There's no authority for this proposition. In fact, what the court does by way of authority is very troubling. It quotes a provision from the *Evidence Act* to the effect that if the government issues a decision or makes a statement and actually publishes it officially in a document, in the Gazette, where you find new legislation, or through a statement by a ministry, you can take that to be confirmation that the statement was made. And they take that rule and they transform it and interpret it to mean that if the government publishes a statement, you can also assume the veracity of the statement. So it's not just that the government's made the statement, but that the statement is true. That is not what the rule says. This is such a misapplication of this basic rule of evidence that— I mean, if you wrote this on a first-year law school exam, you would flunk.

Geneviève Eliany

That's very true. They've made hearsay admissible for the truth of its contents, which is contrary to very basic law.

Michael Alexander

There's just one other thing they did, which is quite extraordinary. Which is, you know, they did say that— Essentially, they took it as a matter of judicial notice that the vaccines are safe and effective. In other words, that is a fact which is beyond dispute just because that's what the government has said, right? So this is where the assumption in favour of government comes in.

But they cite a case for that authority, which has recently been cited in Saskatchewan—also a family law case. And in that case, the Saskatchewan Court of Appeal was very clear: they took the very opposite position. They said you can never assume that what the government has said regarding the safety and well— You do not have to take at face value the statement **by the government that the vaccines are safe and effective. For two reasons. First of all, that "safe and effective" conclusion is only made within certain parameters. And you, as a patient, may fall outside of those parameters or boundaries. So this kind of statement can never be treated as absolute. The second reason that they gave for not taking this as, so to speak, a judicial fact, is that we know that governments can get it wrong. And they pointed to the thalidomide disaster. So the government assured people that thalidomide was safe and effective until there were thousands of deformed babies. And so they took notice of the fact that you can never assume that government is right.**

So how the Court of Appeal can take this case from the Saskatchewan Court of Appeal,

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which is contrary to what the Court of Appeal here in Ontario is trying to prove, and use that as authority is to me astonishing. Absolutely astonishing.

Geneviève Eliany

Just to give the public, if you're able to answer, an idea of litigation costs. Let's say a parent, a regular citizen, wanted to litigate this sort of issue to rebut the benefit of the doubt that the government has about a vaccine issue, let's say. How much would it cost to get to the Supreme Court?

Michael Alexander

Hundreds of thousands of dollars. Just representing three clients of mine, who I'm representing on a pro bono basis. Mostly I've represented them using my own savings, but I have received some public donations. But in representing them over the past—well, let me say, representing them just since June 23rd, I mean, I did an invoice recently, just to give us some idea of what the actual costs have been. So billing at my normal rate since June 23rd, the cost for defending three doctors before the colleges would be \$1.2 million.

Geneviève Eliany

Do the doctors' insurance, the malpractice insurance and so on, not cover any of the legal fees?

Michael Alexander

Well, this is another story in itself. You see, all doctors in the country pay into an assurance fund, it's called the Canadian Medical Protective Fund. And so it's referred to as the CMPA, Canadian Medical Protective Association. You pay those annual fees and you have lawyers at your disposal at a number of very high-level firms across the country who will defend you on malpractice litigation and they will also represent you if you have problems with the College.

But the CMPA will not defend doctors vis-a-vis the colleges based on a defence of the doctors' Charter rights or based on the defence that the College is not acting within its jurisdiction. So if I could put that in layman terms: essentially the insurance lawyers for the doctors will not challenge the framework for decision-making that is given to it by the college. It won't use the Charter to challenge the framework; it won't use the legislation to challenge the framework. So it negotiates within a framework that is already unjust and abusive.

Now, most doctors in this country don't know that. Some eventually find it out. But they cannot get a copy of the insurance policy where the CMPA has secretly decided that they will only provide a partial defense of doctors vis-a-vis the colleges. Okay. And so doctors can only get an adequate defence, with all of their rights fully pleaded before a college, if they hire an independent lawyer such as myself.

Now, what's going on here is quite extraordinary, you see, because there's a kind of collusion going on here. Because if the CMPA does not solve the major legal problems around these College investigations of prosecutions, it can keep on billing. And the College likes that. In fact, they endorse the CMPA, and they refer you to the CMPA whenever you get into trouble because the College gets to build up its resources if no problems are solved. It

gets to hire more lawyers. It gets to go to the members and the government and ask for more money. So they both have their little fortresses and they do battle, but it's a faux battle. And it's good for everybody except doctors and patients.

Geneviève Eliany

And the insurance is mandatory, is it not? Much like it is for lawyers, I would think?

Michael Alexander

It's mandatory to carry. But in some provinces, you need not carry it with the CMPA. You can get an alternative policy, but most doctors don't know that.

Geneviève Eliany

Right, the College won't be telling them.

Michael Alexander

The College certainly will not be telling them.

Geneviève Eliany

All right. I'm sure the commissioners have a number of questions for you. I'll turn it over to them.

Commissioner DiGregorio

Thank you for coming today and sharing your testimony with us. We heard from a witness yesterday about some of the extraordinary deference the courts have been giving to the administrative state, which I think probably is along the lines of what we've been talking about today with the tribunal that the doctors are dealing with. And I'm just trying to think about it. I asked our witness yesterday what the recommendation was to deal with

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the problem of courts paying too much deference— And what I heard was that it would be very difficult to deal with because the deference comes essentially from the common law and from the Supreme Court of Canada case of *Vavilov*, which you referred to today. Which, as you mentioned, gives a very high standard of review when you're dealing with questions of law but has a very high standard of deference actually to administrative tribunals, the standard of reasonableness, when they're dealing with their own matters of expertise. And so presumably—and you can correct me if I'm wrong here—they've been applying this reasonableness level of deference in your cases, where the doctors are being prosecuted.

Michael Alexander

Right.

Commissioner DiGregorio

So I guess, what would be a solution to getting the proper level of deference applied in this type of situation?

Michael Alexander

Right. Well, I think that the Divisional Court has willfully misinterpreted *Vavilov*. I mean, I find Ontario has not dealt with the full consequences of this decision. It's a very long, complicated decision. It's almost 100 pages. I spent quite a bit of time studying it with my junior. It takes a lot of study to get it right. But the problem is that there doesn't seem to be the will in Ontario to, in fact, apply what the Supreme Court has said about these important matters going to core legal issues or straight legal issues—which considerably reduces or eliminates this doctrine of deference in the review of administrative bodies. I think, properly understood, *Vavilov* gives the citizen and regulated persons a much greater opportunity and more power to have decisions reviewed on the standard of correctness. Which is to say it's got to be right or wrong—either way, right?

And another thing that *Vavilov* does, which very little notice has been taken of, is, if within your statutory scheme there's a statutory right of appeal into the court system from a tribunal decision, that court must decide—or must review—your case on the standard of correctness, not reasonableness. In other words, you have to get every issue right. And that's quite an extraordinary ruling because that means, if you're back here at the tribunal stage, you better try to get it right on the standard of correctness. You can't be sloppy about how you're making your decision because if you say, "Well, we can make this decision in a number of different ways on statutory right of appeal," the court will come in and say, "Hey, wait a minute, you can't do that." So this has thrown a wrench into the administrative state that has not been fully dealt with. And I would say that there's enormous denial about what it really means.

Commissioner DiGregorio

And so is it your view that, if these cases you currently have were able to be appealed up to the Supreme Court of Canada, that the *Vavilov* case would actually result in the standard of correctness being applied?

Michael Alexander

On these issues of law in which we're fighting, I absolutely believe that to be the case.

Commissioner DiGregorio

So it's not that there's an issue with *Vavilov*, it's just the misapplication of it by a lower court.

Michael Alexander

Yeah, I would say so. We should be in a better position than we are.

Commissioner DiGregorio

And, sorry, did I just hear you mention that if there was a provision in the legislation that applied the standard of correctness, that that would also perhaps have a different result?

Michael Alexander

No, I believe the Supreme Court in *Vavilov* has said that. So for instance, in the *Regulated Health Professions Act*, there's a statutory right of appeal into the court system. So in the

statute, it says, if you don't like the decision your tribunal is made, you can appeal into the Superior Court—or it's actually into Divisional Court—to have it reviewed. But what *Vavilov* says, in the statutory regimes where there is a statutory right of appeal, then when it goes into the court system, it's not a reasonableness review, it's not a deferential review, it is a correctness review.

Now, the issue to be decided there is whether there's any deference that can be accorded to, say, the example I gave earlier about the use of anaesthetic. Like, maybe there are some small cut-outs here where some deference will be shown. But the standard will be, on appeal, correctness. Which means the tribunal has to get it right. If they don't get it right, then the court will correct them. I mean, it's no different than a high school math test or a chemistry test. You've got to get the right answer and, if you don't, you will be corrected.

Commissioner DiGregorio

Thank you. And I was surprised to hear that you need leave to apply to the Court of Appeal in these cases and—

Michael Alexander

Right.

Commissioner DiGregorio

I'm not an Ontario lawyer,

[00:45:00]

I don't practice in this area. So maybe you can just explain that to me.

Michael Alexander

Yeah. So normally, for instance, if you have a trial, you're at the trial level in the court system on Ontario; and you lose, you have an automatic right of appeal to the Ontario Court of Appeal. And then if you don't like what the Court of Appeal says, you can apply to be heard by the Supreme Court of Canada—although it only takes 10 per cent of the applications it receives every year, so your chances aren't very good. But that's how the system works. But if you appeal into the system under the category of judicial review and you don't like the decision that the court made on that review, then you actually have to bring a separate motion to persuade the Court of Appeal that it should actually hear you on the issues. And then if you're successful there, then the Court will review the lower court's decision.

Commissioner DiGregorio

And does that come from the rules of court?

Michael Alexander

No, that's been around for a long time.

Commissioner DiGregorio
That's common law?

Michael Alexander
Yeah, it's in the rules of civil procedure.

Commissioner DiGregorio
Okay. Thank you.

Geneviève Eliany
Thank you very much, Mr. Alexander, for explaining some of the difficulties with the courts and legal decisions.

Michael Alexander
Thank you. I apologize for being a bit halting in some of my comments. There are so many complications in how this has unfolded, it's just very difficult sometimes to just get it out clearly and cleanly. And particularly with people watching us, you know—get it out in a way that people can actually understand what these technical issues are about. So I hope I accomplished that today.

Geneviève Eliany
You certainly did. It's difficult to simplify these issues.

Michael Alexander
Thank you.

Geneviève Eliany
For the benefit of the commissioners, I can advise that all the cases, including the Glasnost Report that was referred to, they're exhibits [Exhibits TO-24, TO-24b to TO-24h].

[00:47:05]

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 9: Cindy Campbell

Full Day 2 Timestamp: 06:47:20–07:46:05

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

Could you state and spell your name for the record please. Or should we wait for the fourth commissioner to return? No? Okay, very well. If you could state and spell your name, please.

Cindy Campbell

My name is Cindy Campbell and that is C-I-N-D-Y C-A-M-P-B-E-L-L.

Geneviève Eliany

Since you're in person, you may notice that I'm not always looking at you and it's because of the Zoom screen of course, so I hope it won't be too distracting for you.

Cindy Campbell

Don't worry.

Geneviève Eliany

I understand you were a nurse for a very long time, for 30 years, is that right?

Cindy Campbell

Correct. Twenty-eight years to be exact.

Geneviève Eliany

And you have an unusual balance of frontline skills and academia. Is that fair?

Cindy Campbell

Correct.

Geneviève Eliany

Okay. Why don't you tell us about some of your work in academia?

Cindy Campbell

Sure. So just to detail a bit about my education, I started as a Diploma Nurse from Mohawk College in Hamilton and then got my Bachelor of Science in Nursing from the University of Victoria. Then I went on to complete a Masters in Science in Health and Aging at Queen's University. I went on as well to do some—two actually—very competitive RNAO [Registered Nurses' Association of Ontario] Advanced Clinical Practice Fellowships. And on my first one, I published a paper: "Training of Endoscopy Nurses." And then in terms of my academic components at work, I did go on to be an educator; but prior to that I always very much prioritized my frontline contributions. I found that that was essential and often a lot of a disconnect with, let's call them the "higher-ups, is that they didn't really have that frontline long-term experience. That's sort of the engine of the hospital that I always probably found the most rewarding of my work.

Geneviève Eliany

By frontline you're referring to hospital work, that would be about the ER and in the operating rooms?

Cindy Campbell

Correct. Now, I was in perioperative services. I'm a certified operating room nurse and I also held certification from the Canadian Nurses Association in gastroenterology. And I was able to work across—I was the only nurse in my hospital actually that could work across all divisions of perioperative services, so I could work in the OR, our recovery room area, and also in our endoscopy unit.

Geneviève Eliany

Going back to your fellowships: You mentioned them very humbly, but these fellowships were through the Registered Nursing Union of Ontario?

Cindy Campbell

The Registered Nurses' Association of Ontario. The RNAO. Yes.

Geneviève Eliany

Thank you for that correction. And my understanding is that it's quite rare, or it's a privilege, to do these fellowships?

Cindy Campbell

They really are. They tend to be very, as we said, very competitive. And you really have to have a really well laid-out application package. And also, you really have to have the support of your hospital behind you, so the hospital has to really endorse what you're

doing. And you also have to be a respected employee to have established that rapport and trust to go ahead and be granted one of those. So it's a combination of the application and the hospital end.

Geneviève Eliany

One of the fellowships was with respect to the knowledge or the practice gap for new graduates. Is that correct?

Cindy Campbell

Correct.

Geneviève Eliany

Okay.

Cindy Campbell

My hospital was concerned. There's sort of a quite established body of evidence in the nursing profession of sort of a well-identified practice gap with recent grads. And this is that they are lacking—through no fault of their own—but they're lacking in a lot of the clinical skills and some of the coping mechanisms and that kind of thing, to endure when they get thrown into, so to speak, a full-time job. So this particular fellowship was to try to interview different levels—whether that be university profs, nurse educators, frontline nurses—and to try to devise ways that perhaps as the hospital we could move forward to better support our new grads transitioning to practice.

Geneviève Eliany

So that will eventually take us to some of our later discussion on the effects of the pandemic.

[00:05:00]

Let's set the stage with respect to the hospitals early on in the pandemic. What was happening both in the ER and in the operating rooms? How busy was the hospital?

Cindy Campbell

Now again, I can only speak to what I would have witnessed as an OR nurse at that time. I was actually casual at that period. It was just before I was doing some of the fellowships. I was casual in my ambulatory surgical unit. That unit was closed and we were told we were going to all be put into the main OR. And from my perspective of what I saw there— Now to be fair, I didn't come in that often during the pandemic, proper, at the beginning. That was because at the beginning I was told I would be needed to cover a lot of sick time and that I would be trained with all the other nurses to be redeployed potentially in need units across the hospital. But that never happened. I rarely came in to cover sick time. And in terms of going to the other units, I also was never redeployed there. And the majority of the staff I worked with, from what I'm understanding, were not either.

What I think people didn't understand about the pandemic is: let's say you were to take an area like the operating room. We had, let's call it, 16 rooms. When you start closing those

rooms down to, say, emergency rooms only, which is what they did— So let's say that was, I forget—let's call it five ORs functioned out of 16—you now have a surplus of staff. Because again, you can't just tell people not to come in when they have been booked or guaranteed work—part-time or full-time staff. So that had excess staff in the OR alone. And then the recovery room is also staffed to accommodate that number of patients, which was dramatically reduced. And then so on throughout the hospital. There's ambulatory clinics that were staffed with nurses that were also closed down.

So in actuality, from what I was seeing, there was a lot of excess nurses that were often being used to do quite menial jobs. Not menial, important—but jobs that wouldn't necessarily have conveyed what the nurses at that time were being depicted as being, quite stressed out and overworked. A lot of them were doing testing, surveillance of people coming into the hospital, that kind of thing. And I did note that the staff rooms were amply full of staff. And just, like when you see those videos of the staff dancing and doing the conga lines and the pillows in their pants and stuff and goofing around, that would have been a fantasy for me in my work, to be able to have that much time. Never in my history of work would we have been able to have danced around. Never.

That's not to say that a lot of nurses did not work very hard, but certainly I suggest that not all the nurses deserved the accolades of the heroes that they were getting at that time.

Geneviève Eliany

On the few times you were called in to work, how busy were the emergency rooms as far as you could observe? I know it wasn't your ward, but I understand you had to walk through there.

Cindy Campbell

Yeah, so what I observed of the ER— And again, to be fair I was not in there with any significant regularity, but all I can do is compare it to what I was used to. My unit used to be attached to the ER, so I would often go in there for supplies or to send samples, specimens, that kind of thing. And the ER prior to the pandemic resembled what I would call a war zone. It was beds in the hallways, every cubicle full, the nurses super busy. And in the times during the pandemic it was, compared to that picture, very calm: beds not full, cubicles not full, nurses sitting more and having a bit more time by all appearances. And again, nowhere nearly the pictures that I was expecting or what I was used to.

Geneviève Eliany

Now, of course, that changed as the pandemic advanced.

[00:10:00]

What happened with respect to staffing levels once the vaccinations became required?

Cindy Campbell

Well, again, that's kind of difficult to say, only because of what was happening during that time. Don't forget, unvaccinated and vaccinated nurses were working shoulder to shoulder and there was no issue. And they were hailed, as we said, as equal heroes—the vaccinated and unvaccinated were both hailed as heroes.

In terms of what happened to the staffing, those numbers really were not declared. The hospital did not announce their official numbers. And again, I think what a lot of people aren't understanding when they're told about losses in health care is they're not given an accurate picture. We hear people like Doris Grinspun from the RNAO disqualifying and just dismissing this as a small, few number. Meanwhile, what they're not telling people is that the hospital at that time said to nurses and everyone, "Hey, if you want to leave right now, leave. And we won't put a black mark on your record and we won't report you to the College." Because it is process that every time a nurse is terminated, that report would go to the CNO [College of Nurses of Ontario]. And of course, justifiably, that worries and concerns a lot of nurses. So a lot of nurses resigned and possibly even—I can't say it was equal number or even more, I don't know—but let's just say that anyone younger-looking, to keep working in the profession for numerous reasons, would have much more taken the opportunity to have accepted the resignation route versus the termination route.

And there was another field, of course, of people who took early retirement that I've heard of. They did that way out as well. They'd had enough. And another group took leaves. And that's another segment that is also typically not captured in apparently these tiny numbers discussed in the press.

Geneviève Eliany

My understanding is that apparently at Hamilton Health Sciences—and that's a very large health network—the retirement rate was 30 per cent.

Cindy Campbell

Well, apparently, over 2022, it had a 30 per cent increase. And Hamilton Health Sciences is an interesting one, just to sort of give an example of potentially some numbers that were lost here. I'm not saying they were all lost to mandates but in September of 2021, Hamilton Health Services listed about 700 vacancies. Then that is when they started threatening the policy. They brought it in officially in January. And a recent report coming out of that same health network reports staff vacancy now of 1,500 staff—so that about doubled their vacancy rates since then plus potentially, they had the retirement rate go up as well.

Geneviève Eliany

We'll take a step back to some of the medical recommendations from Dr. Kieran Moore and what the hospitals did. Can you tell us what the official guideline from the Chief Medical Officer in Ontario was with respect to vaccine mandates for staff and what the hospitals ended up doing?

Cindy Campbell

Yeah. And that's kind of the puzzling part here. Our Chief Officer of Health, in a Directive 6 that he put out in August of 2021, had an accommodation for unvaccinated workers to keep patients safe and protected. And that was to do regular antigen testing.

And it was potentially at that time, to sort of give a bit of a timeframe: in July of 2021 you have the CDC [Centres for Disease Control and Prevention] acknowledging that there has been sufficient data to show that there has been vaccine breakthrough reinfection and that evidently the vaccinated, once sick, were carrying the same viral load as the unvaccinated. And that is why you saw the CDC's mask recommendations change.

[00:15:00]

For a little while it was, “Hey, the vaccinated don’t have to mask,” to suddenly, “They do have to mask.” So they knew something, as did Kieran Moore, as did the hospitals: that this vaccine was starting to show some inabilities or limitations to quite live up to the standards of a newly vaccinated individual. So as we said, the hospitals went ahead. And instead of listening to Moore’s accommodation, they followed the Ontario Science Table. And the Ontario Science Table allotted for no accommodations. It was either vaccinate or nothing. They took much more the militant stance versus the offering workers a choice.

Geneviève Eliany

Before we move on to the choice issue, while these policies and mandates were in place for staff, my understanding is that unvaccinated visitors were allowed into the hospital. Is that right?

Cindy Campbell

There was a time when, sadly, they were not, but the policies did change. And over the last, thankfully, several months, even longer, they did stop them. And there are certain hospitals like St. Joseph’s Hospital in Hamilton, where I believe that the unvaccinated visitors were allowed—in the process when they were firing people as well. So that was definitely an inconsistent application of the policy.

Geneviève Eliany

Yes, apparently, visitors somehow become more important than nurses, which is peculiar.

Cindy Campbell

Correct.

Geneviève Eliany

So going back to the choice. Often, people will say that immunizations, vaccinations are nothing new for staff in healthcare. Can you comment on how it’s true that there are policies and requirements, but on choices that exist for all the other vaccinations?

Cindy Campbell

Yeah. So again, that’s another bit of a massaged fact. There are in fact required vaccines to obtain jobs at hospitals. But when I hear Anthony Dale, CEO of the OHA [Ontario Hospital Association] speak, he mentions things like TB, hepatitis, and measles/mumps/rubella [MMR]. To clarify some of those: TB is not a vaccine requirement, that is done by a skin test that is taken. Hepatitis: the majority of hospitals that I know of, it’s a recommendation, not a requirement. And indeed, things like MMR and chickenpox often are requirements. However, they allot for natural immunity, so they allow staff to show proof of antibodies, proof of past infection. And that is not the case in COVID of course, even though now they have good evidence to show that natural immunity is indeed as strong as, if not possibly stronger than, two vaccines. But natural immunity is completely disqualified in this case.

Also in hospitals, they used to—when I say used to, they still claim to but their past behavior shows they are not—give religious or creed exemptions. An interesting case in my

hospital is that I had a colleague start working in the OR, I believe it was about six or eight months prior to the pandemic. She submitted a religious exemption for MMR vaccine and the hospital accepted it and had her working in the hospital. That same nurse was fired for the same religious exemption just that short window later. And hospitals also used to accommodate medical exemptions without a near threat of death, which now appears to be the standard for COVID. And time and time again, there's nurses who had to leave nursing because they've had quality medical concerns, that their doctors confirmed were indeed warranted an exemption. But every doctor said, "I cannot write this for you, I will lose my license." And that is unprecedented.

So again, it's this lack of choice that is concerning in a democracy and in Canada.

[00:20:00]

We have an interesting arbitration finding out of British Columbia. That was, the Health Services Union there put forward a— They challenged a mandatory mask or vaccinate policy. And this was where they offered the choice of, "You can take a vaccine or you can wear a mask—an influenza vaccine or a mask." That policy was won by the employer but the arbitrator had some pretty clear words about choice. Throughout his findings, it is consistent that he emphasizes the dignity of choice over receiving a medical procedure. He confirms that if the mask was being used for the sole purpose of increasing vaccination rates, he would be very concerned. And that would not be something that would be within the letter of the law. Again, he consistently speaks about policy that had to be not arbitrary but logical, reasonable, fair, and equitable of course. And interestingly enough, one of the expert witnesses for the hospital, Dr. Van Byunder, I believe his name is, said: "You know, we really want to give our people a choice. We have many valuable people with religious concerns that may not want this vaccine and we want to give them the choice of a mask."

In this case, with COVID vaccines, we had the choice of taking testing. And again, that would have been the humane, dignified way to do things, but that was rejected. And again, the Ontario Science Table put forth some very puzzling data. For example, in the height of being just about to begin their terminations at hospitals, they put out a report about the risk of burnout to the healthcare workforce, and how that burnout was getting to be to unsustainable levels, and that likely it would cause again an unsustainable hospital workforce. They also said that hospitals must take every measure they can to secure staff, to reduce turnover, and to reduce overtime, that kind of thing. So from this corner of their mouth, they're saying, "Stop burnout. It's dangerous. It's going to cause our system to collapse." And this corner of their mouth, they're telling the hospitals to terminate nurses.

If I could go on, I found it very again, shocking from the Ontario Science Table. Here, if you can read their letter to Ford in support of mandatory policy, it is a very—wow—shocking read. I wonder if all the people standing behind the Science Table actually even read this document. It begins by saying, "We know staff turnover is a problem and we don't want it, but we know that vaccinated [sic] staff are going to get really sick all the time and they're going to cause a lot of burn-out to the vaccinated that, of course, are never going to get sick and are going to stay there working. So you're better to fire them than let them have sick time." And that's very rich, because data from FOIs [Freedom of Information requests] submitted to these hospitals showed that staff illness rates in hospitals with mandatory policies in place went through the roof in January with Omicron. Also B.C. shows: at one point they were talking again about record-breaking staff illness; 28,000 staff was off in one week in B.C., a province with a mandatory policy. So this showed not only some of the limitations of the vaccine to control Omicron, but that the policies in fact had some pretty questionable outcomes, potentially.

Geneviève Eliany

It was so bad in B.C. based on what I've read—and I believe also in a few small towns in Ontario—that hospitals closed in rural areas.

Cindy Campbell

Yeah, that's very concerning.

[00:25:00]

And again, all of this speaks to the necessity of these hospitals to have done risk assessments, to have figured, "Okay, how is what we do to our staff going to impact public safety?" And we all know now that apparently our livelihoods, our children's education, and everything appears to now be tied to hospitals—sustaining hospitals, hospital resources. So to have hospitals fire trained, experienced staff and potentially lead to some pretty serious concerns that happened as a result: I mean, we have a *Toronto Star* article that speaks about an analysis that showed a staggering number of closures across the province. The nursing shortage by ER doctors was described as brutal. Some said that the healthcare networks were on the verge of collapse. And like we saw with that data from Hamilton Health Sciences, the vacancy rates went through the roof.

The more concerning part is that these hospitals—and maybe not even call them hospitals anymore, I think what we have to start doing is making the CEOs that did this accountable. These CEOs knew well that there were already significant vacancy rates at their hospitals when they put in these policies. And that subjects their patients potentially to some pretty serious quality and safe care concerns. And these CEOs also— Their responsibilities now, like we said before, with the functioning of healthcare to their community, they need to start realizing that their obligations extend beyond just their walls. They can no longer when they make decisions like that, just say, "Well, this just affects our patients and our staff." Now we know that we're intimately tied to hospitals and keeping hospitals going. As we said, I think that if they had been following proper, well-established standards around developing policy, that starts always with a risk analysis. And I would argue that these institutions likely did not do that. And that put the public at risk. It put their patients at risk.

And the risks from these kinds of policies are numerous. Another major risk that is never discussed is the risk of demoralization of staff that felt as if they were coerced to vaccinate. And what do you do to staff, or how does staff react, when they come back into a workplace setting where now they feel depersonalized, they feel detached from their employer, they've lost their support. You now have potentially higher absenteeism rates, staff that just are not invested any longer. Again, burnout and leaving the profession if they felt violated like that. I read a report out of New York state when they put in their mandate and it bragged that they had 55,000 workers fold in the last week. That's nothing to be proud of. That is shocking to do that when they had a choice. And no one is not honoring a nurse's responsibility to protect patients. Of course they have to and they have to play a role in that. But there are many non-pharmaceutical, reliable, safe, consistent ways that healthcare professionals can protect and it does not have to be a vaccine. And that was acknowledged by our Chief [Medical] Officer of Health.

The other major risk is financial risk. And that one should have stopped this immediately on that alone. You know, when you do a financial risk analysis, your first option is to look at the least costly ways to meet your objective. And the least costly way clearly would have been again to have offered antigen testing. What they're facing now is costs of retraining. And I was reading some material from human resource expert and to replace a mid-level

employee, you're talking about potentially around 150 per cent of their yearly salary to do that.

[00:30:00]

When you start getting into specialized knowledge, you're now looking at even upwards of sometimes 400 per cent of their yearly salary. And when you look at some of these nursing jobs or some of these, again, other skilled workers at our hospital: this is extremely specialized knowledge that they had. They fired ICU nurses with 30 years experience. They fired NICU nurses with tremendous experience. And that is criminal: what they have potentially done to patients that could have benefited from those nurses' care. Also, replacement costs: they have reports that they were hiring agency nurses at incredibly inflated rates, paying double time, time-and-a-half. And then they've got union arbitrations to manage. So to a universal healthcare system that was already in crisis long before the pandemic, this alone is a very reckless act on behalf of the CEOs—doing this without properly looking before they leapt.

And that's what I would argue that they did. They did not, in my opinion, look at the proper thresholds—particularly with a vaccine that has, what is now being revealed to be rather significant limitations, and the evolving nature of this pandemic.

Geneviève Eliany

For the staff members who were reluctant to accept a vaccine because they don't like the mRNA platform, were they offered what I'll describe as an old-school vaccination based on an inactivated virus? We know that both China and India have those vaccines. Was that ever an option?

Cindy Campbell

At our time, when our nurses were fired, that was not an option. To my understanding, it was just the mRNA at that time. There has been since a Novavax vaccine that has come out. I'm not sure quite of its platform that it uses. But at that time, we only had those options.

Geneviève Eliany

Thank you. The Novavax, I believe, is just a lab-made spike. It's not the full inactivated virus, but we won't get into that.

Cindy Campbell

Okay.

Geneviève Eliany

Now, let's get back to the realities of the staff shortages. What's the approximate average age range of the members that you've lost? You've commented on experience but what age range would you say?

Cindy Campbell

Well, you know that's kind of a significant thing that just I've sort of—I've just been talking to a lot of people and trying to get lots of qualitative, good, rich data from some of these

people who have been fired. And it tends to be that a lot of them were in kind of that sweet spot where the public could have probably got at least five, ten years out of some of these very experienced nurses, who just thought, “No, we’re not doing this anymore.” Our data shows us clearly that before the pandemic, we had an aging workforce. And already at that time it was a significant amount of the staff. They already knew these nurses were 50 and over and that we’d be facing a nursing crisis once we start losing these members. So to hold on to those old nurses, for lack of a better word, was imperative. But rather than hold on to them this would have pushed them aside. And lost them.

Geneviève Eliany

Can you give us a sense of the geographical origin, where the nurses came from, in cases of sort of more vocal nurses who resisted the mandates?

Cindy Campbell

When you say, “where they came from,” do you mean the hospitals or the—?

Geneviève Eliany

I didn’t word that very well. I apologize. So which countries did these nurses come from? The ones who protested the most?

Cindy Campbell

Well, again, hard to say. Generally, the U.K. seemed to have had quite a good pushback. The U.K. dropped their policy. And actually, it was interesting because the House of Lords in the U.K., they had a ruling that they rejected mandatory policy.

[00:35:00]

And the reasons were that “the potential benefits of the proposal were disproportionately small given the subsequent costs for recruitment and the disruption it would have to the health service.” And they stated they would have to be provided with very strong evidence to support this policy.

So again, in terms of nurses that were fighting back, I think it was consistent across many countries, so hard to say just one, but—

Geneviève Eliany

What about immigrant nurses here in Canada? Like the Chinese nurses? Like the ones from Eastern Europe?

Cindy Campbell

That’s a really good point. Because I think what I took issue with a lot with this was, as a nurse, I look at populations. And we’re all taught this: to always look at the lived experience of people and where they come from. And perhaps instead of the name-calling and hate-mongering, I’m just going to call it, that has been going on when someone declines a vaccine, to look at some of where they came from. And so you have to look at their backgrounds. Now, we know Canada is a country of immigrants. We welcome people who escape communism, authoritarianism, dictatorships, and they came to Canada for freedom.

Instead, they got told that they would have to take a vaccine against their will. And these kinds of populations, they stood up in my hospital. I had a nurse who had arrived from China just several years earlier and she just said, “You know, Cindy, this is not what I came to Canada for. I came here for freedom and now this is happening.”

I have a very sad story of a Serbian family from Hamilton. Both of them went through the Serbian War, they came to work in Hamilton Health Sciences, and both of them lost their jobs. And they were literally in PTSD from this. And people can mock as they will on the other side but these are really painful experiences as to why people decline vaccination. And you know, we also have demographics that have generational trauma—well-earned mistrust of the pharmaceutical industry and of health authorities. Black populations and non-Caucasian populations that were experimented upon and those kinds of scars do not go. So to suddenly again name-call them and cast them out and fire them—that is again completely unethical and nothing you would want to see from a health care professional. We also forget about the lived experiences of people who suffered from abuse as children, and they have a very visceral reaction to having someone take away their freedoms. And they are not misogynists; they are not racist; they are not white supremacists. These are real people with genuine psychological reactions here. Very many stood up. A lot of the nurses in my hospital were from Eastern Europe. Again, they know what communism looked like; they know what that looks like and that’s how they interpreted it.

They were a large majority of the group that was terminated.

Geneviève Eliany

It is my understanding that you’re no longer working in the nursing profession. Is that correct?

Cindy Campbell

I am not. I was terminated along with my other colleagues. I have religious beliefs and creed that did not allow me to take a COVID vaccine. But of course, just like every other nurse, my exemption I put in was denied.

I think a particularly troubling fact with my hospital, that’s Mount Sinai Hospital— They put in the mandate, the firing date was November 11th. And I think that that was extra shameful. That was a day that commemorates our country’s freedom, what our soldiers died for. And for a hospital to do that just shows another level of insincerity, inhumanity, and disrespect.

Geneviève Eliany

You’ve mentioned that there was a lack of transparency across the system with respect to the number of staffing losses.

Cindy Campbell

Correct.

Geneviève Eliany

What do you see as a solution to bring about accountability to get that data?

Cindy Campbell

Well, you know, it's interesting.

[00:40:00]

FOIs have been filed to various hospitals and many are refusing to give that data. So I'm not sure if we ever will get transparent numbers on that. But when you look at—I think UHN [University Health Network] admits to saying, "We lost about 1 per cent of our staff." And when they say that they would likely mean 1 per cent, again, were terminated, not all the other things we talked about: the resigned, the leaves, the retiring, the cascade from there. But when you read again, human resources material: when you lose specialized talent and specialized knowledge like that, even 1 per cent is enough to send a system that's already depleted, already has staffing issues, into chaos. And I would argue the numbers are much higher than that.

The Ontario Science Table, again, in the letter that they wrote and that I found had lots of gaps, they said, "Don't worry. Hospitals around the country and the world haven't had any problems. They all say they're going to lose a lot of staff, but they haven't had problems." Meanwhile, they cited an article that was in *The BMJ* from Italy. And Italy reported with their nationwide mandate, which they have since dropped, that they lost between 10 to 15 per cent of their staff, medical staff. And that is crushing losses. And the Science Table published that as though that was okay. That tells me that either they've never worked the front line in decades and they have no idea what losing 10 per cent of an already depleted, stressed unit would do, or they simply didn't even read their evidence. They then also cited, again, an American hospital that lost 2 per cent; but we know that 2 per cent would be, again, a serious blow on its own. New York state, when you look into their numbers a little more: their home health care division lost 8 per cent of their health care staff—it wouldn't be nursing, it would be a bunch of health care workers under that—but that's 8 per cent in that area. And it's interesting because the *Wall Street Journal* had an article on March 6th that lamented that New York citizens are now at risk because of staffing shortages and because many of the New York divisions are not meeting their performance targets. And meanwhile, I would argue that likely the home health care that lost 8 per cent of their staff is one of those that are not meeting their targets and putting the citizens at risk.

So certainly, as we talked about, the numbers are important to know. And I think we need transparency and accountability from CEOs that decided to go with the Ontario Science Table over Kieran Moore. Kieran Moore, on March 11th, was at Queen's University and had made another statement to reinforce his beliefs. And he said that his intention was to never have a mandatory vaccine but instead a mandatory policy—and that he did endorse accommodations. Those of course, as we know, were not done—despite that Ford made a public statement. At the time that all of the NDP party and Liberal Party, et cetera were trying to get him to put in a provincial policy. He stated that he would not risk the loss of tens of thousands of health care workers of Ontario because it would put the citizens at such risk. And the interesting part is, back to my thing about risk-benefit, the Ontario government did a risk-benefit assessment. And Christine Elliott admitted that they did a risk assessment and that they found that the risk of losses of health care workers would have been what she quoted as "very significant." And Dubé from Quebec also canceled their program of mandatory policy provincially, saying that the effects would be devastating. I suggest that—as we said, what we are seeing—they were likely correct. And their numbers very well could have been correct. And it did in fact have a devastating effect on our ERs, our wait times.

[00:45:00]

It's just going to make more and more cancelled, potential cancelled surgeries, more delays to diagnostics. Any time you lose valuable staff in an area that is so vital, you are putting citizens at risk.

Geneviève Eliany

Before I turn it over to the commissioners, I was supposed to ask you this in the beginning. Do you promise that everything you testify to today is the truth?

Cindy Campbell

I do.

Geneviève Eliany

Thank you. We'll see if the commissioners have any questions.

Cindy Campbell

Thank you.

Commissioner Drysdale

I believe I heard you say a number of times that some nurses were seeking religious exemptions to this vaccine.

Cindy Campbell

Correct.

Commissioner Drysdale

My question to you is: Is it not true that most of these nurses had previous vaccines? And what was special about this particular one that would have made a religious exemption, or the consideration of a religious exemption?

Cindy Campbell

Sure. Well, you know again, not all of them did have these vaccines—like the one I talked about. I had a woman who had, again, refused it on the exact same grounds. And often people too—just because they may have started without a religious belief, doesn't mean over the years that those religious beliefs do not form, and that they do not come to their God or their belief system in another way. I don't think it was meaning that for just this particular vaccine, potentially, but that may have applied for other ones; I don't think that we know that. I think that what was wrong, though, is to follow the direction only of a mere mortal man that may run a church and say that this is not acceptable for vaccines.

I think that in Ontario the standard is "creed," and creed can extend to all kinds of facets of your belief systems. It doesn't necessarily even have to be religious per se; it doesn't have to be tied to a religion. You could have had people with a lot of underlying creed—genuinely strongly, sincerely-held beliefs—that did extend into other areas beyond religion. And again, if there was a safe accommodation, that should have been afforded to

them, I would say. No one's denying, as we said, the obligation to keep the public safe. And there are reliable ways to do that, as Kieren Moore did confirm.

Commissioner Drysdale

I want to be clear—at least, maybe I misunderstood—but when exactly did the dismissals happen?

Cindy Campbell

Oh, interesting. I found that they really followed a pattern. They started around, let's call it, October 2021. And they were still actively going on until the end of April 2022, across different hospitals across Ontario. And the interesting part of that is that Kieran Moore, on February 3rd, declared that two vaccines weren't cutting it; it wasn't doing enough. And that you were starting to need boosters. But the interesting part is that none of these hospitals—and I'm not going to say none, the ones I know of—have not as yet put in a booster mandate. To me, the policy objective has to be consistent with the measures applied. So if their policy objective is indeed patient protection and they have not yet put in boosters, that to me looks like a glaring inconsistency. You also have the Ontario Science Table, on December 15th, declaring that this is a three-dose vaccine. And all the hospitals that apparently followed the Science Table with such diligence did not follow them any longer on that one.

In terms of the timing of the policy, it is important, because some hospitals were putting these in as—clearly, two vaccines were no longer giving the protection that was needed. So it would appear more to me that the policy objective was not patient protection but rather it was 100 per cent vaccination rates. That seems what their policy was. And when you talk about patient protection, you've got some interesting gaps there: at the end of January, hospitals bringing back COVID-positive staff to work before they'd finished their isolation periods.

[00:50:00]

So that looks like another inconsistency to me of the commitment to protection. And the fact that they knew the vaccines were—some people had vaccines on board for well over a year, even a year and a half, and they hadn't had boosters. Those people technically would have been safer testing if protection was truly their objective. They would have been probably safer doing antigen testing, arguably.

So yeah, there's some—

Commissioner Drysdale

Part of my reason for that question is I also think I heard you say— And it may have been some other witnesses because we've had a long line of witnesses. I thought I heard you say that of course, the vaccines came out in Canada end of December, beginning of January 2021. If I understood this testimony correctly, they were already becoming aware of what you call breakouts in early or mid-part of 2021, three or four months after. A breakout means that you got the vaccine but you still got sick.

Cindy Campbell

Correct.

Commissioner Drysdale

So they knew that the vaccine at that time wasn't providing protection, but they were still firing people for almost a full year after that.

Cindy Campbell

Yes, this is the concerning part. It appears that and as we said: the vaccine has I'm sure helped many populations. But the concern is that it is not of the caliber of this sure-fire, sterilizing vaccine that you would expect to justify this degree of heavy-handed mandate. Especially with what was going on in the community and what was going on with some of the evidence. Especially in light of Omicron. Omicron really brought down its very short-lived, it appears, protection from that one—that likely waned within several months. And again, should have been doing testing then or implementing boosters. And when they don't, that's when it starts to look a little suspect.

Commissioner Drysdale

Also I thought I heard you say that the requirement for hospital stays or people coming to hospitals was seen to be going down because— And they were closing down ORs and they were doing all kinds of other things. And of course, they were letting staff go and there were some COVID infections coming in, I'm guessing. So there was a devastating effect on the hospitals, not only because of the disease but also because of the actions or policies taken here. If you're letting go— I can't remember if you gave a percentage, but if you're letting go your most experienced staff, that's going to have a very long-term effect.

And my question to you, after all that, is: Has our medical system, have our hospitals, recovered from this?

Cindy Campbell

You know, it doesn't appear— If you were to look at vacancy rates alone, just that data that I said out of Hamilton Health Sciences where they're now at 1,500 vacancies, that would still indicate— I would think that they are still at quite a serious gap, a serious deficit there. And nursing shortages are well-established in Canada well prior to the pandemic. Canada has one of the lowest, let's call them "per capita nurse" of the world and Ontario has some of the lowest there. And they know that nursing staffing levels are consistent with less medical error, better patient outcomes; adequate staff is associated with all of those good things. As soon as you start to deplete staff, you start to get into problems and patient threats to their—again, their health and well-being, when you start depleting those numbers.

So to me, they knew that already well before. They knew there was vacancy rates. They knew this was still in an ongoing pandemic and they still chose to deplete those nursing rates and staff rates even less.

Commissioner Drysdale

Thank you.

Cindy Campbell

Okay.

Commissioner Massie

Thank you very much for your very detailed presentation. I hear you say that for some of the vaccines that are required to work in medical institutions,

[00:55:00]

natural immunity can be recognized if you haven't been vaccinated but you can show that you've been exposed. So I'm wondering—given that in COVID, natural immunity somehow has been put on holiday or something; it is no longer on the table—I'm wondering about what was the specific recommendation or scientific rationale for the Science Table to dismiss the validity of natural immunity for COVID?

Cindy Campbell

Yeah, that again is another one of these head-scratchers. We know that as we said, they've recognized it up till now. Now that's not saying that they won't recognize it in the future. But at this point, yes, they are still actively firing. I even heard of a nurse still getting fired last week from Trillium Hospital in Mississauga. And these are, again—more than likely, most citizens of Ontario have been infected and have a degree of natural immunity. But it's utterly, it appears, disqualified on this one. It's either get a vaccine or don't have a job.

That's the thing when I talk about choice. In some sick, perverse way, these people that argue, "Well, you still have a choice: you can get a vaccine or don't work." That's not a choice. And we know—and they know—that economic stability is a social determinant of health. And they also know that there is a high correlation with unemployment and all-cause mortality. There's a systematic review that found there was a 63 per cent increase of death associated with unemployment. So they know all of these things. And yet they see it fit to tell someone they have to choose between their job or their livelihood, or their job or feed their family, or their job or pay their bills. And I find that— Again, all of these things all just seem to lack humanity. Tremendously.

Commissioner Massie

You also mentioned that there were a few hospitals in rural areas that were closed.

Cindy Campbell

Correct.

Commissioner Massie

Do you know whether they were closed? Most likely because they were short-staffed, but was it due to the fact that in these in these areas where maybe the number is not as high, the level of people that would no longer be available because they didn't take the vaccine was somewhat higher? Is it a reason why it happened?

Cindy Campbell

The only thing I have heard of is closure due to staffing levels. So again, we don't know—I'm not suggesting that every staffing issue is to do with the mandate. But I am suggesting that it played a role—and an unnecessary role. I can't comment on the other facts of what closed some of those ERs, but the only thing I consistently keep hearing is staffing, staffing, staffing.

Commissioner Massie

Thank you.

Geneviève Eliany

Thank you so much for your testimony today and for your time today.

Cindy Campbell

You're welcome.

Thank you guys. Thank you everybody.

[00:58:45]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 10: Dr. Heather Church

Full Day 2 Timestamp: 07:46:10–08:05:21

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[0:00:00]

Geneviève Eliany

The next witness is definitely virtual. I see that she's being queued up here. Heather, are you with us?

Dr. Heather Church

Yes, I'm here. Sorry.

Geneviève Eliany

Great. I know we're running a bit late so let us know if you're having any difficulties. Could you spell and state your name for the record please?

Dr. Heather Church

My name is Heather Church, H-E-A-T-H-E-R C-H-U-R-C-H.

Geneviève Eliany

Do you promise to tell the truth today?

Dr. Heather Church

I do, yes.

Geneviève Eliany

Now, you are a health sciences professor, and you taught Pandemics and Society. Is that right?

Dr. Heather Church

Correct.

Geneviève Eliany

That was the name of the course?

Dr. Heather Church

Yeah. Pandemics and their Impacts on Society.

Geneviève Eliany

Great. And you also completed a PhD dissertation about health equity impacts of public policy?

Dr. Heather Church

Correct, yeah.

Geneviève Eliany

And until the COVID mandates came along, you were teaching at a university, right?

Dr. Heather Church

Yeah, I submitted against my will to the vaccine mandates and did teach until I went on sick leave in August 2022. And I've been off since then. And I just received confirmation of a diagnosis a couple of weeks ago, that it was vaccination-related.

Geneviève Eliany

So let's discuss that vaccine injury. Your main reason for being reluctant, as I understand it, was that you already had a mild traumatic brain injury, right?

Dr. Heather Church

Correct. And that puts me at higher likelihood of neurodegenerative disorders—but also earlier age of onset thereof. I also have a family history of neurodegenerative disorder, so that's two strikes against me. And my concern was the cumulative effects of strikes against me earlier. I don't have any more room to add injury to my neurological system. And so I was afraid because these have not been tested for neurological effects. And at the time that the mandates were implemented, they were only in Phase II of the four-phase clinical trial process. So I just felt that there wasn't enough known about the risks. And since I was at low risk for COVID, it didn't strike me as necessary. But also at that time too, there was already evidence demonstrating that the vaccines wouldn't prevent transmission, so it really was just a personal choice.

Geneviève Eliany

We won't dwell on this point, but can you confirm that you tried to have both a religious and medical exemption approved by your employer and you were unsuccessful?

Dr. Heather Church

Yes, that's correct. I submitted a religious request for exemption and with that I had to sign a sworn affidavit and it was rejected. And I was told that it was—that my position was politicized. And when I asked my union for assistance, they upheld the decision.

So then I also sought assistance getting a medical exemption. I went to my family doctor and I took in a stack of peer-reviewed journal articles to support my point. And he wouldn't even look at them. He told me that the College had banned them from providing exemptions for anything but anaphylaxis, myocarditis, and pericarditis—wouldn't consider it, wouldn't hear me out, and yeah, frankly, behaved very unprofessionally. Then, when I explained this to my union again, they told me that they didn't believe that doctors had been banned and to try again.

Geneviève Eliany

You've since been diagnosed with an auditory processing disorder. And we've heard that you've been on sick leave since August 2022. Can you describe the everyday effects of the injury?

Dr. Heather Church

Okay, so for clarification, the Auditory Processing Disorder, that was with a neuropsychological assessment that was conducted where she identified a few impairments: some fine motor coordination, auditory processing, and some memory issues.

[00:05:00]

All came out as impaired. She couldn't tie it to the traumatic brain injury because those symptoms would have shown up at that time. But that was three and a half years before getting the vaccine. And I didn't have those problems until the day after getting the vaccines.

For the auditory processing piece, the issue is that I don't filter out sounds naturally. So people who don't have impaired auditory processing are able to filter out environmental sounds. For instance, if you're at a restaurant, someone's laughing in the background, you hear a fork drop on the floor, it doesn't impede your ability to communicate or to continue doing what you're doing because your brain's naturally filtering those noises out. So you're attending to only the sounds that you need to hear. And my auditory processing now is impaired.

In addition to that, since getting the doses, I also had what's described as bounding heart rate. So it would be where—just intermittently and unpredictably—I could see my pulse just bonking out of my neck. And it was really hard and really scary. So I gave up exercise. I used to be a very active person and I gave it up because I was afraid. And I've since been diagnosed with what's called postural orthostatic tachycardia syndrome, or POTS. And what that is is basically, when you change positions from reclining or sitting to standing up, you get a clinically significant elevation in your heart rate. So it's a 30 per cent increase in your heart rate.

I've also been diagnosed— It's a separate diagnosis by a neurologist as well and it's called, it's a big one: distal chronic-acquired demyelinating polyradiculoneuropathy. I don't really understand that one yet. I had to go to the States to get that diagnosis because I've been on

a waitlist since September to see a neurologist here in Canada. And the earliest appointment I can get is August 28th, 2023.

Geneviève Eliany

And what will happen if you are unable to get a Canadian confirmation of the American diagnoses?

Dr. Heather Church

Well, currently I switched from short-term disability in November, so I'm now considered long-term disability. But my long-term disability provider rejected my claim, stating that they didn't see that there were limitations that would impede me from doing 60 per cent or more of my workload. And WSIB [the Workplace Safety & Insurance Board] would also need a Canadian-confirmed diagnosis and recognition of vaccination causation for it to be considered a workplace injury.

And my contract ends in June but I'm not employable at the moment. I'm injured. And I'm going to have lifelong issues, including the distal chronic-acquired demyelinating polyradiculoneuropathy. If not treated early, it has a one in three chance of ending up being wheelchair bound. And I don't even know what early treatment means because I can't access anyone who has that knowledge.

Geneviève Eliany

Can you describe your average day now? How do you feel and what kind of symptoms do you have?

Dr. Heather Church

Tired, sad, chronic headache, chronic pain. I have incessant tinnitus that just is all through my head. Dizziness, nausea. My limbs feel heavy. I'm tripping over things; I'm fumbling things with my hands. I feel incompetent.

Geneviève Eliany

When you participated in a one-day training about a week ago—and take your time—how did you manage that day and how did you feel afterwards?

Dr. Heather Church

I didn't do well. I tried it. I wanted to see if I could work a full workday. I couldn't sit still. I couldn't pay attention. It was awful. It was really well done. The people were lovely.

[00:10:00]

But I crashed. And this is the problem. Even just going to church or going out with my parents to a restaurant, I get so tired and so withdrawn that I cannot function. I can't communicate because I'm just so busy trying to focus and pay attention to what's important and not pay attention to everything else. I can't keep up.

My parents actually did notice that I withdrew into myself. And they thought that I was unhappy with the meal or unhappy with the setting. It wasn't that at all. It was, just, I was overwhelmed. I couldn't handle it.

Geneviève Eliany

What kind of treatments, if any, have you tried?

Dr. Heather Church

Well, I started out seeing a psychologist and I initiated that in July last year and started seeing her in August. But she's also—I did the neuropsychological assessment with her and maxed out my benefits at that point using that. And then had to pay an additional \$2,500 on top of that. So I haven't been able to access anything.

But now I do have benefits. But since I don't have any disposable income, my parents have loaned me money so I can start paying for things like physiotherapy. I have made a referral to a neurological rehab clinic in Burlington, so hopefully that will help. And I'm resuming my psychology appointments next week.

Geneviève Eliany

I understand that you filed some complaints, both against the College of Pharmacists and against your doctor. Have you seen any lights at the end of the tunnel with respect to those complaints?

Dr. Heather Church

No, no. I filed a complaint against the doctor for his unprofessional behavior, which I frankly think is malpractice. But I don't know that for sure. And the College contacted me and asked me to indicate dates when I could have a phone meeting. At that point, I just didn't have the wherewithal. And so I asked them to just provide the information because they just wanted to have a meeting to explain the process. I said, "Well, just provide me with a write up of what it is, because surely you do that for people who are nonverbal and can't participate in a telephone meeting." And I never heard from them again.

So then two months later, I emailed them and asked what was going on. And they said that the registrar had closed the file.

Then, with the College of Pharmacists of Ontario, I filed a complaint. Because on the consent form there were only two options: if you wanted to receive your confirmation of vaccination by text or by email. And so I created another box and checked it and wrote beside it, "I do not consent to digital communication of my private and confidential health information. Please send it by mail only." And I ended up getting text messages from the pharmacy notifying me when it was time to get my second dose, notifying me when it was time to get boosters, notifying me of sales they were having. So it was even promotional content; they didn't separate out promotions from health information.

So I filed a complaint against them. I filed a complaint with the Information and Privacy Commissioner of Ontario, who has noted that they were in their right to do so. But I still challenge that because there's no reason that I should be getting text messages about sales that they're having. And I'm still awaiting a decision by the College.

Geneviève Eliany

Thank you. I'll turn it over to the commissioners to see if they have any questions.

Commissioner Drysdale

First, thank you for coming out and talking to us about this most intimate issue that you have and having the courage to stand up in front of us, in front of all of Canada. My first question has to do with— I believe that prior to this, you were a professor teaching a course in pandemics and the effect of pandemics on society?

Dr. Heather Church

Correct.

Commissioner Drysdale

In your class, or in your studies preparing for your class, were you aware of any nationwide pandemic plan or reviews of different options that may have been contained in that plan?

Dr. Heather Church

Yes, so I did look at the SARS response and that sort of thing. But we also covered historical pandemics as well.

[00:15:00]

And I was trying to sort of avoid—initially, the first couple years I taught it I wanted to avoid getting too deep into COVID because I felt that there was a lot of hysteria around it and I didn't want to drive that fearful narrative. But then in the second year of teaching it I had a day where we were just talking and the students were hungry for the other side of the story. So we started talking about the other side of the story. After that, the students really opened up to me about their own experiences and about—you know, thanking me for being a safe place to talk. So we discussed science and it was all science-based that we were discussing.

But yeah, sorry, I've gone off track. Sorry, what was the question?

Commissioner Drysdale

Don't worry, I'm always off track. Really, specifically, what I meant to ask you was: Were you aware of the Canadian Influenza Pandemic Plan that was in place? And I believe one of the authors was Theresa Tam.

Dr. Heather Church

Yes, I am aware of it. Yeah. We didn't cover it in that class though.

Commissioner Drysdale

Okay. Do you know whether or not your adverse reaction has been registered in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance] System in Canada?

Dr. Heather Church

I'm still in the process. I need to get that Canadian confirmation of diagnosis before I can submit it. I've started the paperwork for the AEFI [adverse event following immunization]. And so Public Health is awaiting my diagnosis and the paperwork for that before they will process.

Commissioner Drysdale

So that's been in process now for a year or better? How long has that been in process?

Dr. Heather Church

I think I initiated it—I don't remember when I initiated that. I guess it would have been November or December 2022.

Commissioner Drysdale

You talked a little bit about your experience in getting the vaccine. And if I understood you correctly, you got it in a pharmacy.

Dr. Heather Church

Correct.

Commissioner Drysdale

Do you feel that the pharmacist, or whoever administered the vaccine, had given you all of the information about the risks and benefits of this vaccine so that you could form an informed consent when you received it?

Dr. Heather Church

No. I got the provincial little write-up, but a) they're still experimental, so there's not enough information to make an informed decision. But b) on the consent form, another thing was the pharmacist had already digitally checked off the null box in the adverse reaction section of the consent form, which I thought was weird. But there's also no information about what to do if there is an adverse reaction and what those adverse reactions will be.

Commissioner Drysdale

Normally, when you purchase a drug in the restaurant— Or sorry, it's the pharmacy. Sorry. Normally, when you receive a prescription drug, there's an insert in that prescription drug that describes to you— Even whether or not the pharmacist goes through it with you, there is an insert that tells you all of the risks and issues concerning that drug. Were you given access to any kind of an insert or information bulletin directly from the manufacturer of the vaccine prior to taking it?

Dr. Heather Church

No.

Commissioner Drysdale

Thank you very much.

Geneviève Eliany

Thank you very much for sharing your story today with the National Citizens Inquiry. It's very much appreciated and I hope that you find some treatments that will help you.

Dr. Heather Church

Yes, thank you very much. And thank you for this opportunity.

[00:19:11]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 11: Dr. Wesley Mack

Full Day 2 Timestamp: 08:05:38–08:41:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Dr. Mack, can you hear me?

Dr. Wesley Mack

Yes, I can, thank you.

Shawn Buckley

Can you turn your video on? There we go. And then maybe tilt your screen a little better.

Dr. Wesley Mack

Very good. Thank you.

Shawn Buckley

I'd like to begin by asking you to state your full name for the record and spell your first and last name for the record.

Dr. Wesley Mack

Sure. Wesley, W-E-S-L-E-Y. Mack, M-A-C-K.

Shawn Buckley

Then, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Dr. Wesley Mack

I do.

Shawn Buckley

Now, my understanding is you have a Master's of Education in Administration.

Dr. Wesley Mack

Yes, that's right. A B.A. for my undergrad, basically in music education, and a Master's of Education in administration.

Shawn Buckley

And you also have an honorary doctorate degree.

Dr. Wesley Mack

I do.

Shawn Buckley

Now, you've got, basically, a career that is church-related, as I understand it.

Dr. Wesley Mack

Primarily, yes. In a variety of capacities, actually. But yes, primarily interrelated with church and what we would refer to as parachurch and national media. There are several different elements combined with that. But it relates to what we would refer to as the ecclesia, the community of believers or the church at large.

Shawn Buckley

Right, indeed. And one of your achievements is you spent quite a bit of time developing a Christian school system in Hong Kong, both primary and then secondary.

Dr. Wesley Mack

Yes, right. My wife and I both have educational backgrounds, a background in education administration. I was asked to go to Hong Kong to basically take over a system that had a number of elementary students—3,500 elementary students—coalesce that into a school system. And then to develop and build a school for them to progress to. It culminated in a school for 1,200 students. It was called United Christian College, with two other organizations in Hong Kong.

Shawn Buckley

And we don't need a whole lot of detail there. I'm just trying to establish that you are really plugged into the church system. And then I was going to move you to— You've been living in the Toronto area now for quite some time. But instead of being involved in one church, you actually had, prior to COVID, been heavily involved in three churches. Am I right about that?

Dr. Wesley Mack

Yes. I should expand that little bit. I've been involved with the national church scene for a number of years, ever since coming to Toronto from Hong Kong. And that includes media, it

includes having actually been present in meeting pastors, speaking in over a thousand churches nationwide, literally from coast to coast.

So yes, I have a comprehensive view— fairly comprehensive view of the national church scene.

Shawn Buckley
Right.

Dr. Wesley Mack

I do have fairly close connection with three churches in the metropolitan Toronto area. They'd be described as what we'd refer to— One of them in particular is a megachurch; the other two are large facilities, which previously have had full capacity in the range of 1,500 to 2,000. The megachurch would have a weekly attendance of somewhere between four to five thousand.

Shawn Buckley

And you are actually friends with the pastors in all three churches and would have what in the Christian world would be known as an elder role for those pastors.

Dr. Wesley Mack

Yes, that would be that would be a good description. Being able to spend time with these three individuals on a personal level. Being able to share with them their ministry objectives.

[00:05:00]

Being able to provide some counselling perhaps from time to time, that kind of thing.

Shawn Buckley

Okay. And these were three churches that were very important to you and they were important for you and your wife to attend.

Dr. Wesley Mack
Exactly.

Shawn Buckley

Okay. So now COVID comes along. We're in the year 2020. Can you tell us what happened to churches in Ontario, and those three churches in particular?

Dr. Wesley Mack

Yes. Let's back up just a little bit to begin with. What is a church? A church is a fellowship of believers that come together under common cause. Those causes are generally born out of fellowship; it's born out of the desire for teaching and for learning from their scriptural backgrounds. Also, the desire for spiritual nourishment on the part of interaction with co-

worshippers as well as from the pastoral community. And then, as an outgrowth of that, obviously a community outreach into the communities, whether it's community support, providing support systems for the community, and so on.

So it historically in Canada, as in other countries, has played a significant role in the communities that they have been developed in. Our personal opportunity here in Canada has been really involved in all of those aspects. And we have seen, as a result of the lockdown that took place, a drastic decline in all of those aspects of fellowship, of—

Shawn Buckley

Well, let me just back you up if I may.

Dr. Wesley Mack

Sure.

Shawn Buckley

My understanding is that churches in 2020 were shut down for a period of time in Ontario. Is that correct?

Dr. Wesley Mack

Yes. Perhaps just a brief—I was going to give you a rather lengthy, but we'll combine this. March the 16th, 2020, the provincial government closed all of the churches, schools, day cares, recreational facilities, bars, restaurants, et cetera. The interesting thing there is that they allowed big-box stores to remain open. Facilities like the local liquor board, the LCBO in Ontario, abortion clinics, a variety of special interest groups that were allowed to continue to remain open. But churches were closed on March 16th of 2020. March the 18th, the federal government closed all the borders for Canada. So that shut down all kinds of things. It also affected us because our children live abroad.

Then, moving quickly, in December of— Well, on occasion, they would allow a bit of flexibility. They would allow 10 people to meet in September of 2020. Ten people to meet in small groups: obviously that was ridiculous in terms of church attendance. Then in November of 2020, this provincial government established a five-tiered colour system where they would allow certain groups to open in different capacities based on the colour of their zone. Toronto, the GTA area, was designated a red zone. And so the entire GTA, including the churches I have described, were under the red zone restrictions and in total lockdown.

December the 26th, 2020, the provincial government again reverted to a complete total lockdown of everything.

In January of 2021, there began to be some resistance to that. Some pastors rebelled, started to allow small group meetings in their churches. A couple of pastors were arrested and fined.

[00:10:00]

In fact, it has resulted in hundreds of thousands of dollars worth of fines that have been placed on a couple of these pastors.

Interestingly, March 7th, 2021—so that's almost exactly one year from the beginning of the church lockdown—the Archbishop of Toronto issued a letter to Premier Ford personally, and it was published widely, making a strong appeal for the church to be allowed to open, especially for the Easter services. The response to that was that on April the 7th, 2021, Premier Ford and the Province issued another complete lockdown. And everything went back to the original state.

Then over the next year, they did allow a progressive opening. At first, it was 15 per cent of your capacity. Obviously, if you have a 1,500-seat auditorium, a 2,000-seat auditorium, that makes no sense at all. Then they allowed only vaxxed people to come in—

Shawn Buckley

Can I just stop you?

Dr. Wesley Mack

Sure.

Shawn Buckley

Was that actually a government requirement or was that just a recommendation?

Dr. Wesley Mack

It was a requirement.

Shawn Buckley

So an actual government requirement that to go to church in Ontario, you had to be vaccinated.

Dr. Wesley Mack

Exactly. Yes. And you had to wear a mask as well. Everyone. And you had to be seated six feet apart in the auditorium. And there was a pew— You had to have a vacant pew between each of the occupants as well.

Then they began to allow a percentage based on your size of your auditorium. And they began then to allow non-vaxxed people to attend. But they had to sit in a secluded section of the auditorium. They could not be in with the general vaxxed populace. So for example, in one of the churches we attend, the large 2,000 seat auditorium, we would go for the services. We are unvaxxed.

We made the decision not to be vaccinated for a variety of reasons. We had done extensive research into the mRNA vaccination, in particular, and made a decision that we would not. Earlier we had contracted COVID and got excellent care in our local health facility. We were hospitalized for two weeks. And then, as a result of that, even our doctors recommended that we did not have to be vaxxed because of the natural immunity that we had coming out of the COVID experience.

However, again, back to the church, we would be able to attend but we would have to sit in a secluded area that was designated for non-vaxxed.

Shawn Buckley

I just want to make clear. So that was one church. But was that a government recommendation that they be segregated or was that a decision of the church?

Dr. Wesley Mack

It was a strong recommendation. Whether or not it was actually a written mandate, I'm not sure, but it was strongly recommended by the provincial government.

Shawn Buckley

And then am I correct that two of the other churches excluded non-vaccinated persons for a period of time when it was not a government requirement?

Dr. Wesley Mack

Exactly. Yes, that is true.

Shawn Buckley

Okay.

Dr. Wesley Mack

I continue with the progression. April 15th, 2022, Easter services: this was the first time when the provincial government then did allow churches to open to the general public. Some of the churches still at that point maintained the six-foot separation between parishioners and the vacant pew between the people within the auditorium.

[00:15:00]

However, the provincial government did allow for full Easter services to be held April the 15th, 2022. And that was exactly two years and one month from the total lockdown.

So in effect the churches were, for all intents and purposes, shut down for over two years. Let me just state, this was widely broadcast internationally. We got a lot of international attention from Canada to the international world as a result of that. To the point— And of course, that also included the arrest of a number of well-known pastors in Canada; the confinement of these pastors, some of them actually in solitary confinement.

Shawn Buckley

Now, Dr. Mack, I want to focus you a little bit off of the history and more on your personal experience.

Dr. Wesley Mack

Let me just make one statement.

It got to the point where the state of Ohio, which is a conservative state— But the state of Ohio actually drafted a bill that they took before the state senate as a result of the publicity that came out of the experience of the churches in Canada. And they voted on this petition, which was sent to the international court. As of that petition, which was overwhelmingly

voted in the positive by the state senate of Ohio, Canada is now on the international freedom of religion list as being a country that does not adhere to freedom of religion for their Christian community. That is how serious it became internationally: the exposé of everything that was taking place within the church community.

Shawn Buckley

I want to turn now to kind of your personal experience and then your thoughts on the effects of others.

Dr. Wesley Mack

Sure.

Shawn Buckley

For a period of time, once the churches were allowed to open, but the government was strongly recommending that only vaccinated persons be allowed, two of the three churches that you had been a vibrant part of basically excluded you and your wife.

Dr. Wesley Mack

Yes, yes. The regulations were such that we were not able to attend any of those churches.

Shawn Buckley

Right, but it wasn't government regulations. Because they were allowing people back in churches, but they were recommending that only vaccinated people be allowed. Right?

Dr. Wesley Mack

That's right.

Shawn Buckley

Okay. So two of the churches chose to exclude unvaccinated people.

Dr. Wesley Mack

That's right.

Shawn Buckley

And I'm wondering— I'm asking you, what the effect of that was on you and your wife?

Dr. Wesley Mack

Thank you. Obviously, it excluded us from the fellowship with fellow believers. It did not allow us to participate in the normal function of a church community. We had to revert, as many hundreds of thousands of people did, to receiving our inspiration from church services online or through television.

Subsequently, there are many friends that we haven't been in touch with for several years. As a result of that, we have felt that we have not been able to contribute to the church community. And within our own family experience, we maintain a regular—what would I call it?—a worship experience ourselves. We have devotions together. But we obviously miss that opportunity of interaction with the fellow believers, interaction with the church communities, the opportunity of contributing to the church communities. And one of the real detriments is the decline of the church. And this really affects me in particular because I know the church well, nation-wide.

[00:20:00]

I know the churches in the Greater Toronto Area very well.

Shawn Buckley

And what's happened to them?

Dr. Wesley Mack

Well, to be very honest, there are some who have had to close their doors. And there are actually— Some of the churches have had to sell their buildings because they simply could not maintain the expense of maintaining their buildings without the natural flow of income.

The pastors have gone through a great turmoil personally and their families. There are a number of pastors that I know of who have left the ministry as a result of that: because they felt like they no longer had the opportunity of ministry to their people.

Attendance has been greatly reduced, even since the opening of churches. Entire denominations that I'm in touch with have publicly stated that their attendance is less than 50 per cent of what it was prior to the lockdowns. The national average actually is— They are saying it is between 30 and 35 per cent in many of the denominations across Canada. Now, there are some very special and unique opportunities that independent churches in particular have been able to increase their attendance. And we're grateful for that. But, by and large, the average church has lost at least 50 per cent of their regular attendance during this lockdown period of time—some of them as much as reducing it to 30 to 35 per cent.

Shawn Buckley

So what do you think the long-term effects are going to be, then, on these churches being able to stay afloat and continue on?

Dr. Wesley Mack

Very good question. And a difficult one to answer because it depends largely on the leadership within the local church. It does depend somewhat as well on the denominational leadership and the vision that they have maintained. The more independent churches seemingly have been able— Many of them have been able to survive this fairly well and are progressing. Whether this is a movement away from the traditional church into a more independent church, that is a possibility.

But there's no question that the lockdown had a serious deleterious effect on the entire church community across Canada with, as I said, many churches having to close. They have

suffered financially. Whether or not they are going to be able to recoup that and move on and progress from here is a very, very serious question, particularly in the financial climate that we're in. With all of the effects of the federal regulations and so on, people do not have the kind of money that they once had to be able to contribute to charitable organizations.

Shawn Buckley

And I'm just going to cut you a little short because I think you've made the point that they're struggling financially.

Those are all the questions that I have for you, Dr. Mack. I mean, I have actually a whole bunch of more questions, but we don't have time for them. I'm just going to ask the commissioners if they have any questions of you. And they do, so just sit tight.

Dr. Wesley Mack

Sure.

Commissioner Kaikkonen

Hi, my question is around the church organization. You mentioned a cross-section of three churches. Who exactly made the decision to follow the mandates? Was it the board? Was it the leadership within the church? I'm just wondering whether it's maybe the minister and the elders. Who decided that—when the Ford government said that we had to follow these mandates—we simply had to follow the mandates, that we didn't have a choice?

Dr. Wesley Mack

Thank you. A good question. The churches that I'm familiar with, they actually set up a separate commission within the church structure

[00:25:00]

that was designated as those responsible for the response to the COVID lockdown and to make judgment as to whether to open, when to open, according to the provincial regulations. So it did not fall primarily on the pastor themselves in the three churches that I am more closely associated with. And again, prior to this, they were very large churches. In fact, all three of them are considered to be the largest of their denomination and independent churches. All three of them are considered to be the largest churches in Canada. The pastors did appoint, or select, a group who were responsible for making those decisions. And they're the ones who got all of the regulations, maintained the church response to those regulations, and followed through with advising the congregation as to what those regulations were and how they would work with them.

Commissioner Kaikkonen

So just to continue on that thought. Was there any point where somebody within the congregation, whether it be the committee or somebody outside of the committee, decided that the mandates were not constitutionally accurate? Was there anybody who said, "No, I think we're just going to stay open." And how would that appear in terms of the congregation?

Dr. Wesley Mack

Not in those three churches. There were churches in the Toronto area that made that decision. The Province moved in with force and closed those churches down. There is video of literally police forces moving into those churches during their worship service and shutting down the service and actually manhandling the people out of the congregation. Particularly the pastors and taking them away, as being arrested.

So yes, there were churches—there was actually police presence that moved in, took charge of the church, shut the church down, and arrested the pastors.

Commissioner Kaikkonen

So in essence then the pastors were considered like criminals in the performance of their duties?

Dr. Wesley Mack

Yes, exactly. In fact, if I may divert just for a moment, one pastor that I have had communication with, actually he and his family came to Canada from a communist-controlled country in order to get away from the dictates of the communist country. He was put in prison, confined in solitary confinement for 40 days. He has publicly stated that the treatment that he received at the hands of the police in this situation is worse than what he experienced under communism. Now, that's his personal experience; it certainly isn't across the board, but it did degenerate to that degree.

Commissioner Kaikkonen

So then, when the mandates changed from being full closure to five in attendance, did the church push back and have five in attendance? Or did they just remain closed, each of these churches?

Dr. Wesley Mack

No. The three churches remained closed.

Commissioner Kaikkonen

And the communication that came from government: Was there a response from each of these churches back to government to advocate for their constitutional freedom and right to practice religion or their faith, in whatever form that looks like?

Dr. Wesley Mack

Yeah, that's an exceptionally wise and astute question. The response to the government, very honestly, has been less than biblical—if I may say so. The only public response that I know of that there has been, that was made public, is the response a year after lockdown

[00:30:00]

by the Archbishop of the Catholic Diocese here in Toronto, who wrote a public letter condemning the Province's lockdown of the churches and making a personal appeal. The archbishop himself made a personal public appeal to the Premier to please open the churches—particularly for the Easter services—and to allow people to return to their

congregations. As a result, as I indicated, a month later the response was the province initiated, again, a complete lockdown of everything across the board.

Commissioner Kaikkonen

I have one final question. When it came to the Ford government and the Health Minister deciding that we were going to cancel Christmas, did the churches respond at that point to the Ford government and say that Christmas should continue?

Dr. Wesley Mack

Not officially. No, I am not aware of any official response from the church community. The churches basically went along with the mandate. And that's regrettable. But that is the case.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

Actually, Dr. Mack, I have a question that came up during that questioning. My understanding and—where I'm going to go is, just to ask if you can comment on basically, the effect this would have on Christian believers, by just emphasizing some things that are important for them for assembly. But tell me, my understanding is that corporate worship is just so essential in the Christian church. So actually, Christians coming together, being together to worship. Is that a fair statement?

Dr. Wesley Mack

That is one of the primary reasons for church. The very name church, *ecclesia*, indicates a coming together of the community in fellowship and worship and being together for a time of fellowship. I mean, that's the term. Not being together is totally contrary to Christian doctrine. It's totally contrary to biblical instruction. It's totally contrary to historic practice. And if I may add, it's totally contrary to the rights and privileges of the Canadian populace as outlined in the *Charter of Rights and Freedom*.

Shawn Buckley

Right, but just avoiding the legal thing, it's important for Christians to get together and worship. It's important for them to fellowship. It's important for them to pray for each other and actually help each other.

Isn't the church—the Christian church is meant to be a community where, basically, they love each other in a way that follows Christ's example.

Dr. Wesley Mack

That is the primary function of the church. Absolutely. Without that fellowship, without that community, without that ability to be able to pray together, to worship together, to sing together, to hear the Word together, to fellowship together, to share their burdens, their heartaches, their joys, whatever. That is the function of church. Without that—

Shawn Buckley

Right. So do you have any insight, then, to the impact on then those Christians in Ontario that were not able to participate as a church for largely a two-year period?

Dr. Wesley Mack

Yes. It's been devastating. People, well—have gone through all kinds of experiences. We have friends who have gone into deep depression as a result. They have lost their sense of community. They've lost their sense of being part of a meaningful relationship with others. Pastors who have literally just given up their life's goal, their mission in life as a result of it. But yes, it has had a devastating effect on the entire— And that's reflected in the response since the lockdown has been lifted to people going back. People have just, in many cases, given up on the whole concept of community and being together and have drifted into other areas of interest.

[00:35:00]

But no, it's been devastating on the community at large and on the individuals to—to a serious degree, in many cases.

Shawn Buckley

And I'll stop you there, just because we're really short on time, unless there's any further council questions. So Dr. Mack, on behalf of the National Citizens Inquiry, I sincerely thank you for giving us this insight and testifying today and sharing with us your thoughts on the effect on the church.

Dr. Wesley Mack

Thank you so much. And may I just take a moment to congratulate the National Council on doing this inquiry.

We applaud you for your efforts in making this a national response to this. And thank you for allowing us to express our individual personal situations. This is very meaningful to us personally, but also to everyone nationally. Thank you for doing this.

Shawn Buckley

Thank you, Dr. Mack.

[00:36:12]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 12: Randy Banks

Full Day 2 Timestamp: 08:42:12–08:48:40

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

Good afternoon, Randy. Thanks so much for your patience. I'll ask you to state and spell your name for the record.

Randy Banks

It's Randy Banks, R-A-N-D-Y B-A-N-K-S.

Geneviève Eliany

Do you promise to tell the truth today?

Randy Banks

I do.

Geneviève Eliany

We're going to focus on only one aspect of your testimony. Could you tell us about how difficult it was to do your job and the poor service you felt you were giving, especially when you were ministering dying people?

Randy Banks

Okay, so likewise, I'm a pastor in a small midwestern Ontario rural church. And I was able to make quite a bit of identification with the previous speaker. However, we experienced this, I think, a little differently perhaps than in the city.

The main thing for me is I'm a pastoral caregiver. It's probably the strength of my ministry. And that was the ministry that suffered the most. And by pastoral ministry, I mean hospital visitation, long-term care visitation, home visits for people who are housebound. So that's what I mean by pastoral care and that's a strength area for me.

And essentially, for the longest time, I wasn't able to do it. I wasn't able to go in hospitals, wasn't able to go in retirement homes, long-term care facilities. And certainly, would go into very few homes unless I was absolutely invited to go into them because people were afraid to have anyone in their house, even their minister. So I really felt that that was the area that really suffered the most; and it really showed up especially in terms of dying and death.

I was allowed in for a couple of palliative patients for a very short time. But I certainly felt like I was an intruder—kind of in the way, it wasn't really necessary for me to be there. And then it also showed up especially at funerals. Funerals were also struck by capacity limits, whether they were inside or outside. As few as three at one funeral—outside. And at one point, 10 was the number the funerals were capped at no matter where they were being held.

And I just felt like there was no way I could minister to the quality that I had been used to as a pastoral caregiver in those situations. Some of them still haunt me very much. I feel like I couldn't do for the families what I wanted and needed to do for them. They got short-changed. And I don't know who cared that this was happening, but certainly I did. And there's no going back there, none of these things can be righted.

Some of these people were going to have celebration for life services afterwards, but it's stretched out for so long that most of them have given up on that now. It's been so long. So that's the main area that really hit me.

Geneviève Eliany

Can you tell the story of trying to minister the man—a dying man—through a window of a nursing home?

Randy Banks

Oh, yes. That was in June, thank goodness, because it was good weather—hot weather, but it was certainly not bitter cold and snowing. But at that particular home at that time, that was the only way that I could visit with this dying man, who was by that time unconscious. He wasn't conscious, but his wife was present in the room. And the window was open, so you could talk through the screen. And I think there was a couple of family members there as well. And I was trying to talk to her and pray through the screen. And I couldn't see him, only his feet at the end of the bed. And she was hard of hearing, so she wasn't really getting what I was saying. And I just felt like it was just an awful situation to be in and minister; I never envisaged anything being like that.

And he did die. And his funeral was one of those that only 10 people were allowed to be at.

Geneviève Eliany

In terms of a shift in attitude, you mentioned that your services are less prioritized now. How long could you spend in the hospital or in a care facility with a person before the pandemic? And how did that change during the pandemic?

Randy Banks

Oh, what an interesting question.

[00:05:00]

Because I've been saying to people lately— Now that I am allowed back in hospitals and retirement homes with testing and mask-wearing and so on, I've been saying to people, "I remember when I used to be able to walk up to this retirement home door or this hospital door"—well, not so much the hospital but retirement home—"and walk in like I owned the place." You could go there and talk to anyone, go from room to room, spend as long as I needed to or wanted to, as long as people wanted me to be there. Felt very welcome and not in the way.

And hospitals— Of course, I didn't quite have that attitude towards hospitals; I couldn't just walk in like I owned the place. But certainly, there was no limit of time in hospital and retirement home visits for me to be there. Because it was valued. The visit of a pastor was something that was valued and cared about.

Geneviève Eliany

Thank you so much. I'll turn it over to the commissioners to see if they have any questions. There are no questions.

Thank you so much for your patience today and for telling us about your experiences.

Randy Banks

You're welcome. Thank you.

[00:06:28]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 13: Meredith Klitzke

Full Day 2 Timestamp: 08:49:35–09:02:24

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

Could you state and spell your name for the record, please?

Meredith Klitzke

My name is Meredith Klitzke, M-E-R-E-D-I-T-H K-L-I-T-Z-K-E.

Geneviève Eliany

Do you promise to tell the truth today?

Meredith Klitzke

I do.

Geneviève Eliany

I understand that you're suffering from a vaccine injury. Can you tell us about why you ultimately decided to accept the vaccine?

Meredith Klitzke

My initial thoughts on this were, "Absolutely not." My gut instinct told me not to do this. However, I was faced with a health concern at the time. I was faced with a possible diagnosis of multiple sclerosis. I had had an MRI and they found lesions on my brain.

So unfortunately, I was still watching mainstream media and listening to the press conferences. And having it drilled into my head on a day-to-day basis, if you're immuno-compromised, you're at such great risk. And of course, my thinking was going that way at that time. I reached out to my local health unit, I reached out to the MS Society, both of whom stressed beyond belief the importance that I go and do this.

I still wasn't convinced. And one day in June of 2021, I went to meet a woman who I had known since I was a teenager. I actually referred to her as my little mom. I met her for lunch on a patio and probably the second question out of her mouth was, "Have you got your second shot yet?" And I said to her, "I haven't got my first." You would have sworn I had told her I had the plague. She proceeded to berate me. She stated she couldn't believe that she was there with me, if her husband knew that she was there with me, that she wouldn't be able to see the grandkids. It was horrible. I asked her if she needed to leave. She said no. The lunch continued. The conversation mellowed. I ended up confiding in her what I was dealing with. And she proceeded to lay into me again how irresponsible it was. She stated that her son was a doctor, her sister was an ICU nurse. That doing this was so detrimental. I mean, this was a woman that I trusted and I knew for a very long time and ultimately, it made me question my own judgement.

So I made the appointment and I went. And I sent her a text message saying it was done. She asked me when the next appointment was. I told her it was scheduled for two months later. She said, "Oh, you can cancel that, they've made it so you can do it even quicker now." And I said, "No, thank you." I still at this point was not comfortable with the decision that I had made. I had even said to my husband on numerous occasions, "I don't think I'm going to go back."

And then I kept seeing the news and reading the tickers and just waiting— Because it was going to be months and months for a neurology appointment. And so I went. Ironically, it was on Friday the 13th of August of '21. I took the second shot and within two weeks everything changed.

In hindsight, I actually had problems after my first one, but I didn't put two and two together. I started to deal with the corners of my mouth cracking and pain in my hip. But it was the mouth that was bothersome. And I mean, I had to cut food into tiny little pieces because I couldn't open it. I thought, "Oh, we're just— We're outside in the sun and the wind and—" you know, dry, whatever. I made excuses. But then after the second shot, within two weeks, my lips swelled right up. They just started shedding layers of skin. I developed tremors on my left side and muscle spasms on my left side.

The inoculation essentially put me into menopause. And I'm now dealing with that—having to see a gynecologist on a regular basis. Because I went for a year being tested, had my hormones tested, stating I was post-menopausal, going from completely normal schedules, and now I'm also having breakthrough bleeding after 13 months. They don't know what's going on. I'm passing all sorts of bizarre clots and nobody can seem to tell me what's happening.

I still have to go for a nerve conduction test. That's been a four-month referral that I still haven't even got the appointment for yet.

[00:05:00]

Geneviève Eliany

How much weight did you lose as a result of the swelling in your mouth?

Meredith Klitzke

With the mouth, between my dentist and my family doctor, they're referring to it as Burning Mouth Syndrome. So it's like— Everything that I ate, it was like I was drinking

Tabasco sauce. Even yogurt. All I could do was suck on ice cubes in that first month. I lost 25 pounds. It was a few months before I could really ingest anything. It was awful. It still is.

Geneviève Eliany

How much have you spent approximately on treatment costs?

Meredith Klitzke

I am probably myself close to \$10,000. And sadly, that's low compared to what some people have had to spend. I'm in a course— Sorry.

Geneviève Eliany

Oh no, that was just the chair moving. Please finish.

Meredith Klitzke

I'm in a course. One of the girls just stated the other day, she's close to \$25,000. I know people who have had to sell their homes to try and care for themselves. So we get no assistance and the Vaccine Injury Support Program, which I've applied for, I heard from finally in January. And that's going to be a 12- to 18-month process, when and if you get approved.

Geneviève Eliany

What happened on the work front? Are you able to work?

Meredith Klitzke

I could probably do some part-time work. It's hard—I would probably be limited to home or something in very, very short shifts because the tremors and the spasms— You don't quite know when they're going to come, when they're going to happen. I also have periods of extreme exhaustion. They seem to be narrowed down to later in the afternoon but it varies.

Geneviève Eliany

You had a store, didn't you, that you closed? Can you tell us about the specialty store and when you closed it?

Meredith Klitzke

I had a boutique for 16 years. We mainly did bras and shapewear and swimwear. We did proper fittings. I actually carried a size range of 28 to 56, double A to N. And I'm also a certified mastectomy fitter.

I had decided prior to the pandemic— My husband had a really bad accident a number of years ago and it was very much of a struggle. And we decided we wanted to do something together. So I just decided in February of 2020 that it was going to be time to move on and I made the announcement that I was going to close the store. Then, of course, March 17th, I believe it was, we got shut down. And of course, that makes it very difficult to liquidate

inventory. So I'm still sitting on boxes of merchandise that I can't get rid of. I have it online; but, you know, you sell little bits and pieces here and there.

My husband and I had planned on getting into real estate and flipping homes. He's a contractor. And then the market went crazy and you're shut down. And then this happened and I don't know where I go from here.

Geneviève Eliany

Did you have any success filing an adverse event form?

Meredith Klitzke

I was able to get an AEFI [Adverse Event Following Immunization] form filled out. I have been one of the luckier ones, in that I'm maybe shooting at about 50 percent with doctors being— No, probably less than 50 percent, maybe 40 per cent of physicians that I'm dealing with that have been supportive.

My family doctor did fill out the AEFI form. It was submitted to Public Health. What I didn't realize was that just because your doctor fills out the Adverse Event from Immunization form does not necessarily mean that it's accepted. So even people that have had them filled out doesn't necessarily mean that they're reflected in Health Canada data. What happens is your AEFI form goes to your local medical officer of health. That medical officer of health then assesses your form and decides whether it is legitimate and whether it gets forwarded on to Ontario Public Health.

So a physician who has never met you, has never examined you, probably wouldn't know you to pass you on the street, is the one who decides your fate. I was able to confirm when I found that out because I wanted to know.

[00:10:00]

So I reached out to the Health Unit and the health nurse contacted me back. She said "Yes, it did get forwarded on." I said, "I would like written confirmation of that, please." So I did get an email stating the date on which it was received and the date that it was forwarded to Public Health [Exhibit TO-19a]. So it should be recorded in the government data. However, things appear to be removed periodically. So I have not followed up on that any further.

It's been hard. I mean, I know because I run in circles where I have met a number—and I would say into the hundreds—of injured people. I only know of one other person that has been able to successfully get one of these filled out. The Harvard Pilgrim study that ran in the early 2000s—that stated that only, on average, 1 per cent of vaccine adverse events are actually reported—I would say is very true. That's in my experience.

Geneviève Eliany

Thank you. That completes my questions. We'll see if the commissioners have any questions.

Commissioner DiGregorio

Thank you so much for sharing with us today. I just had one question about— When your AEFI form, I think you said, gets assessed by a local health officer before being forwarded on, were you spoken to by that officer as part of that process?

Meredith Klitzke

No, they have no contact with you whatsoever.

Commissioner DiGregorio

And you didn't receive any update on what the processing status was or when it was forwarded?

Meredith Klitzke

I have the email that states: "the AEFI report was received on the 5th of May 2022, reviewed by the Medical Officer of Health, completed, and filed with Public Health Ontario on the 9th of May 2022." I guess it was a four-day process. But no, they have not been in contact with me. The Health Unit has not been, the Medical Officer of Health has not been. As I said, I'm now dealing with the Vaccine Injury Support Program. They're in the process of gathering my medical records from what I understand, but it will be a 12- to 18-month process.

Commissioner DiGregorio

Thank you.

Geneviève Eliany

On behalf of the National Citizens Inquiry, thank you so much for sharing your story.

Meredith Klitzke

Thank you.

[00:12:48]

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 14: Kimberly Snow

Full Day 2 Timestamp: 09:02:50–09:10:50

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

Kimberly, can you hear us?

Kimberly Snow

I can.

Geneviève Eliany

Great. Could you turn your video on, please?

Kimberly Snow

Oh, okay. There we are.

Geneviève Eliany

Thank you so much. Could you state and spell your name for the record, please?

Kimberly Snow

My name is Kimberly Snow, K-I-M-B-E-R-L-Y S-N-O-W.

Geneviève Eliany

Do you promise to tell the truth today?

Kimberly Snow

I do.

Geneviève Eliany

Thank you so much for your patience, I know we're quite behind. You worked at the management level of retail. Correct?

Kimberly Snow

That is correct

Geneviève Eliany

And can you tell us a little bit about your role at the corporate offices?

Kimberly Snow

I worked for TJX Canada. I held a director-level position overseeing the workplace services department for their head office in Canada.

Geneviève Eliany

Can you tell us about their vaccine mandate?

Kimberly Snow

Yes. So we, at the corporate office—I was working from home over a two-year period. And when the pandemic hit, everybody went home and we had to learn to work in a new way.

And it wasn't until, I would say, late 2021 that the U.S.—the corporate headquarters in Boston—started considering putting some kind of vaccine mandate in place. And in fact, they did by September of that year. And they were discussing whether they were going to do this in Canada. Based on the culture that TJX embodied— And that was one of the things I absolutely loved about this company, was the values that they held, the respect, the kindness and respect that they promoted. The education on diversity and inclusion in that company was, you know, something I'd never experienced in any other company before. And on the committees that I was sitting on and participating in, I started seeing that this was something that Canada was considering as well. They started discussing this at the leadership level. And I could see that it was heading in the same direction for Canada, that they were going to probably implement the vaccine mandate as well.

And, you know, they started taking surveys. I think they were trying to get a pulse from the employees to understand whether or not people were already vaccinated; if they were to put a mandate in place, how many people would actually get vaccinated; and then how many people, what percentage would be left that they would have to deal with as far as paying some kind of severance out.

It wasn't until a week before Christmas—in December 2021, I think it was—that they finally announced that they were putting this in place. And anyone that did not comply with the vaccine mandate by February 28, 2022 would be terminated. So there was time for us to look for jobs. But you still had that time period to make a decision and become vaccinated and you could still keep your job.

Geneviève Eliany

Can you tell us about your experience with your attempt to get a conscious belief exemption?

Kimberly Snow

Yeah. So, you know, they did allow us the opportunity to provide an exemption. For me, it was a conscious belief exemption that I wanted to apply for. I had been working with the people in HR for many years—for the six years that I had been there. And then all of a sudden, I had to sit through questioning from my colleagues based on criteria that this company had set to determine whether the beliefs that I had in place fell in line with the criteria that they had identified to satisfy the requirements to remain at the company to keep my job—you know, whether my beliefs fell in line.

And I had conversations; I had emails back and forth. I was very open in communicating that I was not in agreement with what they were doing. And I had to go back and give them some kind of background on my beliefs and sort of prove that I was not in agreement with vaccinations.

I had stopped vaccinating my daughter when she was younger. I had to get exemptions for her to go to school.

[00:05:00]

And I had to provide all of this evidence to them. And it didn't help, they didn't—I was still denied. I'm not aware of anyone that submitted any kind of exemption, whether it was for medical or conscious belief or religious or anything. There was no one in that I was aware of that was approved for the exemption at all.

Geneviève Eliany

And to make matters worse, it was people that you worked closely with who questioned you, right?

Kimberly Snow

It was humiliating. You know, you're working with these people in a professional manner. And they're questioning the validity of your beliefs. And you're trying to explain to them something very personal about what you believe, things that I hadn't shared with these people. And of course, it wasn't necessary. But I had to come forward and try to justify that the beliefs that I had were valid and should qualify for this exemption, of which they did not approve. But it was a very humiliating process.

Geneviève Eliany

Were you ever called back after your termination once the mandate ended?

Kimberly Snow

No. No, I was not.

Geneviève Eliany

It's curious because retail of course didn't have the shopping passes, or the vaccine passports to enter the store to shop. So the office—the corporate staff, as you're explaining it—had to be vaccinated. But unvaccinated shoppers were welcome to attend the stores.

Kimberly Snow

And in fact, when they did put the mandate in place for the corporate office, it was a requirement for the corporate office and management level only. There was no requirement for store employees. In the 500-plus stores we had across Canada, there was no requirement for the store employees, unless you were in management, to be vaccinated. The vaccine mandate did not apply to them, nor did it apply to the distribution centres that handled the merchandise and processed the merchandise—except for management. There were thousands and thousands of employees that worked at these distribution centres. It did not apply to them. I mean, that was so illogical.

Geneviève Eliany

Yeah, it makes no sense. That completes my questions. We'll see if the commissioners have any questions for you.

Kimberly Snow

Thank you.

Geneviève Eliany

They're shaking their heads. Thank you so much for sharing your story with the National Citizens Inquiry.

Kimberly Snow

Thank you so much.

[00:08:00]

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 15: Greg Hill

Full Day 2 Timestamp: 09:10:58–09:33:37

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Geneviève Eliany

The next witness is Greg Hill. Great. Thank you for joining us and for your patience today. Could you state and spell your name for the record please?

Greg Hill

Greg Hill. G-R-E-G H-I-L-L

Geneviève Eliany

Do you promise to tell the truth today?

Greg Hill

I do.

Geneviève Eliany

Can you tell us a bit about your career, your profession, and explain what Free to Fly is?

Greg Hill

Sure, well thanks for having me on. It's an honour to be here with so many other courageous Canadians that have stepped up over the past couple of years.

I started my flying career in the military. I spent 20 years in the regular force and then roughly another 12 years in the reserves. That enabled me to see all sorts of parts of the world, oftentimes not at its best. But I did get deployed all over the place, including several tours to Afghanistan. And then I started with the airlines back in 2006. And I've been there ever since, aside from a year where I did not work due to the vaccine mandate. I assumed that would probably be the end of my career. But since the mandate was suspended last June, I've been back working since roughly September of last year.

So Free to Fly, I won't get into too much detail with it. But as we saw, the government started to talk—make noise about a vaccine mandate. I assumed it would probably be coming for aviation first of all, just given the nature of our travels about the world and otherwise. So it started with a handful of pilots and then morphed into— Now it's over 40,000 aviation professionals and passengers. Many of those are disaffected passengers that were unable to travel during the period of that vaccine passport.

And so we continue our work advocating for both the freedom to fly, of course, but also the freedoms more broadly of every Canadian coast to coast, as well as for safety within the aviation sector.

Geneviève Eliany

Can you tell us a bit about the health standards and the safety obsession of airlines before COVID?

Greg Hill

Sure. Aviation went through a difficult period, I would say, back in the '70s primarily. I won't get into all the nitty-gritty of it. Those of you who are familiar with aviation will know some of the details. But it went through a spate of crashes and otherwise—a lot of that coming out of just the way that we were operating. People in multi-crew aircraft acting like single pilots; single pilot commanders ignoring others in the flight deck. Things like attention-tunnelling, excessive professional courtesy, something we talk about where there's so much deference to those in authority—being the captain, typically—that people won't even speak up when things are going sideways. Overconfidence, et cetera, et cetera.

So the sector completely changed the way they did business through things like crew resource management, communication, enabling an environment where you could ask questions, where you could speak up when things were going sideways.

So that evolved and expanded into things like what we call SMS, which is safety management system. And that's become really a gold standard globally. And in their own words, it ensures the effectiveness of safety risk control. So it's an environment where you can identify hazard; you can report on that. It encourages input and response from those in positions of authority.

So even here in this country, we've got statements from some of our major airlines, one of which states: "For over 25 years, our culture has put safety at the forefront of every decision we make, and we're proud to continue that legacy." Another airline: "Safety first, always. In partnership with our employees, we'll conduct business in a manner that ensures the health and safety of employees, customers, the general public," on and on, "meeting our obligations under all applicable regulations."

So that's the industry as a whole. And then when we bring it down kind of to the grassroots—as far as pilots go, there's numerous things that have been in place, really, for decades. So when it comes to things like medicine: As pilots, when we fly in a crew environment, just to give you maybe some context, we're not even supposed to consume the same meal in flight for fear of—if the fish is bad—ending up incapacitated in flight. Or even over-the-counter medication when it comes to things like cold and flu and otherwise, we're supposed to check with a doctor before we do that.

Or on Transport Canada's website, there's been a statement that's been there for a very long time that said, "Medical trials are not compatible with aviation medical certification." So that's been there.

[00:05:00]

And as far as our health on an ongoing basis, for decades, it has been in the Canadian Air Regulations section 404 that pilots are required annually to have a medical, or, if you're over a certain age—it used to be 40, now it's 60—every six months an in-person medical, which includes an ECG [electrocardiogram]. So that's a little bit of context. Obviously, it's not the full picture, but that gives you a baseline of where I would say we used to be.

Geneviève Eliany

What happened during the pandemic? Let's start with the medicals. How did the frequency of those medicals change?

Greg Hill

Well as far as the medicals go, when COVID hit, initially you had people that were starting to expire on their medicals. So initially, it was that they would extend the expiry date. Which, it's the cliché that we all say, "Well, you know, it made sense at the time. It was a confusing environment. We weren't too sure what to do." So that was the way it went for much of 2020.

And then as we moved into 2021, they brought about telemedicals, essentially. And so they exempted pilots from that section of the Canadian Air Regulations, enabling them to do two telemedicals in a row. So that means that you've got an ability for people to go 36 months without doing an in-person medical at all, including an ECG or otherwise.

There's been a fair bit of noise made about some of the things that are happening in the States with ECGs and the parameters widening. But I like to point out—well I don't like to point out, but I do point out—that here in Canada, unfortunately, during this COVID era, we pushed it to a worse scenario where we're not even required. And this was during the season when much of the nation had gone back to at least some semblance of normalcy, where you could go and sit and watch a Leafs game with 20,000 people—which I think is fantastic—but you weren't able to go and sit in a clean and quiet airline office with your doctor and make sure you're healthy. So I don't want to go on and on about that point. That's certainly one piece of it and I can speak to where we're at with that now, which I think is important as well.

But during the actual—I would call it during the "mandate era," we saw all sorts of things happen that were of great concern. And we tried to approach that as the calm professionals that we like to be as pilots, where we mainly are looking to mitigate risk and get people from point A to point B in a safe and calm manner.

Geneviève Eliany

How were your concerns received by Transport Canada and unions and airline management?

Greg Hill

Right. Well, stepping back to what I just said, we tried to approach this as professionally as possible. We wanted to ask good questions. We wanted to think ahead. We wanted to seek to mitigate risk. So we partnered at one point with the Canadian COVID Care Alliance, because I know as much about medicine and vaccines as some of these scientists would know about flying an instrument approach in an airline. And so we sought to bring in their expertise. So they very kindly prepared a document. We sat down and talked to them. And they said very clearly, "Of any profession in the country, flight crew are probably the ones we're concerned about the most. Because you fly in a unique environment. You sit for long, long periods of time, which elevates some of these vascular and cardio type of risks."

So we put together a document so that we weren't just sitting down and talking to our managers or otherwise from what we gleaned ourselves on the internet, although I think there's plenty of good information out there. But we presented this document to a couple of the largest pilot unions in the nation, a couple of the largest airlines in the nation. And here we are a couple years later, and I still haven't heard anything back as far as this goes.

It really— And I'm sure you've heard this repeatedly as you've done all sorts of conversations along these lines: there wasn't a willingness to listen. But the concern within the aviation environment is— One of the analogies I like to use is, we try to approach it the same way that we fly airplanes. So we queried, for instance, Transport Canada. We started talking about, "What happens if I lose my license?" Because if a pilot loses his ability to fly with his medical, it's essentially the end of his career. So myself and a couple others started asking, "What happens?" And the answer, to make a long story short was, "Well, you're at risk of COVID far more than you are from these vaccines." To which I said, "Well, based on what long-term studies?" Because it's been very clear—and this is from the manufacturer's own FDA [Food and Drug Administration] briefings—that there was no proof of any help as far as transmission.

[00:10:00]

That the long-term studies had not been done. And then people started asking about this line that I'd mentioned, about not participating in medical trials.

When we asked these questions, which was during the week of the 13th of July 2021, that statement had been on the internet for years and years. The very next week, if you use the Wayback Machine, it simply disappeared. There was a ton of activity on that particular page. And that inconvenient truth, to summon a little Al Gore, was simply removed. Which is greatly concerning. We have never in aviation simply ignored difficult circumstance.

This was when I pushed back with my managers and said, "If I was flying an airplane and I was running a little bit late, and I ran up to the aircraft, and I said, 'Listen, the risk of a catastrophic engine failure on takeoff is sub, sub, sub 1 per cent'"—because it is—"so I'm not going to do a walk around; I'm not going to check the maintenance records; I'm not going to program the aircraft or brief. I've done this a bunch of times; I'm quite confident that we're safe,' and I just took off, it would very quickly be the end of my career."

And yet those within the aviation community— And it's not just my managers, I push this all the way back up to Transport Canada because these were the questions that were being asked. The statement was, basically, "It's safe and effective. Just get it." And the option was you either get it or you lose your job, similar to many others.

Stepping back to what I was talking about in the '70s, where we were crashing airplanes planes for operating in ways that were reckless and not really investigating, this was even some of the same sort of concerns. There's sort of a radical statement in aviation that if you start querying the guy you're flying with and things are starting to go sideways, it just seems like he's not listening, you say, "This is stupid!" to try and get their attention. And this was really what we were trying to do. But at the end of the day, it wasn't listened to.

And the part that I think was particularly frustrating for many of my colleagues as well is that, throughout this era, the airlines had put in writing, "Testing is an excellent option to keep you and your colleagues safe." Some of our guys and gals were flying back and forth to China and other places picking up PPE and otherwise. And they were told—along with the travelling public—and I do think it's true: "The risk of transmission is exceedingly low. It's very rare to contract COVID while flying. Keep flying, there's no need to quarantine or otherwise." And then, when the mandate came out, suddenly we were such a dire risk to our colleagues that when we had to turn back in our passes and our iPads and otherwise, when we were put out of work and expecting to be terminated, we weren't even allowed to walk in the building to truck them off. We had to leave them either curbside or mail them in. So there's a level of hypocrisy as well as just a complete decoupling of common sense from policy.

Geneviève Eliany

I understand that you've had a number of calls with pilots who are likely vaccine-injured. Can you tell us a bit about those calls?

Greg Hill

Right. So I guess this is where we are at this point. We're in what I would call the "post-mandate era." Some of us are back to work, there's others who did not get their job back. But as you mentioned, I personally first-hand spent hours on the phone with vaccine-injured Canadian airline pilots. Just based on my role, they feel comfortable calling and talking to me. They don't feel so comfortable raising their hand in other means because, again, that medical is the tenuous thread that keeps you in an airplane.

Some of these are more minor on the spectrum. Again, I'm not a doctor to speak to where they fall on the spectrum exactly, but things from issues with vision to hearing, you know, to feelings of paralysis in different parts of your body, to what seem to be symptomatic of something like myocarditis, chest pains, and otherwise.

And so we've tried to be very vocal with this but we've tried to do it in a way that's collaborative as well. And I brokered a coalition with a number of other groups similar to **Free to Fly in the U.S., Australia, the U.K., Germany, Switzerland, various spots in Europe.** And we put our signatures on a letter we sent to Transport Canada. We just said, "Listen, we want the safety of the travelling public. We want to collaborate with you." So we asked questions as far as: What was done to determine the safety and efficacy of these prior to rolling out the mandate? Are you tracking things like adverse reactions amongst crew? Are you tracking how many planes were flying around single-pilot versus multi-crew?

We sent that letter. We waited maybe a month. I think a month and a half. We sent a follow-up.

[00:15:00]

It was over three months before Mr. Algahabra finally responded with a collection of speaking points, essentially saying, "Health Canada has approved these vaccines. They're safe and effective." And that was really as far as it went. So concerning for sure because the role of an organization like Transport Canada is to ensure the safety of the travelling public. And it does not appear that this is where we're at.

When we talk about things like vaccine injury amongst flight crew, and this is pilots as well as flight attendants. You can go online and look this up in something called the CADORS: the Civil Aviation Daily Occurrence Reporting System. So it's not me that's picking it off the internet or otherwise, you can go and read the reports yourself. And pilot incapacitation has been an issue for years and years, but of course we're concerned about where we're going with these jabs.

So I like to be solution-focused. And then the concern here, stepping back to what you'd asked earlier, is: What can we do about this? What we can do? And the only backstop is properly screening pilots before they go flying or as part of their annual medicals. And I think this should go further, as far as things like D-dimer tests or even cardiac MRIs, which may be a pipe dream here in Canada. But instead, where we're at now is Transport Canada just recently, March the 1st, unbelievably—and we're the only nation I know of (and I've checked) globally that's doing this—has now allowed telemedical to continue until 2025. A pilot can go—again—up to 36 months, the third medical they do have to do in-person, without doing an in-person medical.

And sadly, two weeks after they did that the Transportation Safety Board, which is an independent organization, put out an accident report that happened in late 2021. A gentleman flying a private aircraft sadly crashed in Alberta. And it was determined that he'd had a heart attack as part of that crash. Now, the interesting and tragic part of all of that is the fact that he was an airline transport pilot, he was a commercial pilot. And he had attested his health earlier in the year.

And this is the thing: the justification now is flexibility. But we have never in aviation set flexibility on top of safety. We have preached against it for years and years. You're told not to do things like "get-home-it is," which is a word for, "it's the last leg of being on the road for four days and you start rushing and forgetting things." Safety always is paramount. And yet here we are permitting this telemedical business to continue.

So I feel it's important— Not to keep hammering the same point over and over again but in order to be solution-focused, I think we've got to figure out, what do we do about it? We've got to screen people properly. And yet here we are with this past three years. And you and I have just discussed a trajectory of sorts where we started with one thing, and you would have thought, by 2023, when we're at least ostensibly trying to get society back to some sense of normalcy—

We're continuing with policies that are antithetical to everything we stand for in aviation. And so you have to ask yourself: What is really going on at the policy level with a lot of this?

Geneviève Eliany

Thank you. That completes my questions and I'll see if the commissioners have any questions for you. There is one.

Commissioner Massie

Well, thank you very much for your very interesting testimony. I was wondering about the testing of the pilots. I think it makes sense that you would want to do in-person medical exams. What would be the consequences for pilots that undergo such an exam, would have conditions that would prevent them from further working as pilots because of disability that would disqualify them? What would be the consequence for them and for the— I guess, the vaccine mandate that actually put them in that situation?

Greg Hill

Well thanks for the question. The issue with all of this, and it's not unique to aviation of course, is trying to prove causality. And unless you baseline your health before taking the jab, which I know a few people have done, it's difficult to prove that causality. Now, I know that sounds a little bit—

[00:20:00]

I mean, we're all seeing massive amounts of things happening that we have not seen in the past. So it's very difficult with a straight face to try and claim that this is just a normal circumstance.

The unique thing, again like I said, with a pilot, is that— And pre-COVID, typically if you'd gone into your annual medical and said, "You know, Doc, I'm getting chest pains once or twice a week during the evenings," you'd be grounded pretty quickly while they at least investigated that. But folks that I've talked to have raised some concerns and they've really had to push to go and do things, like stress tests to try and— And when you've got a pilot that's essentially seeking to ground himself, you're living in an upside-down world, at least as far as aviation goes. Because it's very difficult to keep men and women who are passionate about flying out of an airplane. And particularly when their ability to pay their mortgage or otherwise is attached to it.

I'm not sure if that answers your question. But the long and short of it is— And if you go and read something like the civil aviation medical examiners' handbook, there's guidance there for the Transport Canada doctors. It says quite clearly that it's difficult sometimes to get pilots to be honest about their health. It's kind of laughable to read it because it says very clearly, "you're the last line of defence here with making sure these men and women are safe getting in an airplane." Because they're oftentimes not going to be super honest because they want to keep flying. Which again is an argument for ensuring that they are in an office and not doing a subjective, "I feel fine."

We have to go in a simulator at least two or three times a year to essentially make sure we're competent to fly an aircraft. And I said to managers and otherwise, "Why are we allowing what we're allowing with telemedicine?" I can't just phone in and say, "I'm a great pilot. If I lose an engine on takeoff, I can assure you 100 per cent it's going to go super well." I have to get in a simulator and prove that with my hands and my feet. And when it comes to the health aspect, I don't think we should be attesting to how we feel either. I think we should be ensuring that we've got that backstop for safety.

Commissioner Massie

Thank you very much.

Geneviève Eliany

Thank you so much for your testimony and all the work that you're doing with Free to Fly Canada. Have a great evening.

Greg Hill

Thanks so much for having me.

[00:22.39]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 2

March 31, 2023

EVIDENCE

Witness 16: Ksenia Usenko

Full Day 2 Timestamp: 09:33:58–09:50:47

Source URL: <https://rumble.com/v2fm8wg-national-citizens-inquiry-toronto-day-1.html>

[00:00:00]

Shawn Buckley

Hello, Ksenia, how are you?

Ksenia Usenko

I'm good. How are you?

Shawn Buckley

I am well. Can I ask you to please state your full name for the record, spelling your first and last name for the record.

Ksenia Usenko

My name is Ksenia Usenko. First name is spelled K-S-E-N-I-A. Last name U-S-E-N-K-O.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth today?

Ksenia Usenko

Yes, I do.

Shawn Buckley

Now, you have been basically, a nurse for 15 years.

Ksenia Usenko

Yes, yes. I've been a nurse for 15 years.

Shawn Buckley

And you worked on a rehabilitation unit?

Ksenia Usenko

Yes.

Shawn Buckley

Now, when we started introducing the vaccines, I think that was in January of 2021, did you see any changes in the rehabilitation unit?

Ksenia Usenko

Not right away. But a little bit later I started seeing some trends in patient population and their conditions. They were somewhat— If you look back on when they got their vaccines, it seemed that it was pretty recent for some of the patients.

Shawn Buckley

And what were some of the changes that you were seeing?

Ksenia Usenko

I have seen some families, actually one family who within, I believe it was three to four weeks after their second vaccination, both of them were septic. And I know it could be coincidental. The major one that I've noticed was thrombocytopenia, which is low platelet count on the majority of patients that have been vaccinated that I've seen.

Shawn Buckley

Right. So just so I understand. So when you say a lot of patients, how many patients would you—are we talking about?

Ksenia Usenko

So normally we would have four to five patients during the day shift and about six patients—six to seven depending how many staff members are present—in the evening. And at night it would be eight—

Shawn Buckley

Right. But I guess I'm trying to find out, when you're talking about a low platelet count, how many patients are we talking about?

Ksenia Usenko

Altogether?

Shawn Buckley

Yes.

Ksenia Usenko

I have not counted. But I think the majority of my patients that I had during that period, their platelets were low. And for people who had surgeries, could be related to that. But a lot of them were significantly lower than what I've normally seen.

Shawn Buckley

Okay. And when you say a low platelet count, that's a low white blood cell count?

Ksenia Usenko

Yes. That's responsible for coagulation, one of the cells.

Shawn Buckley

Now, you came across an unusual blood clot in a couple of patients. Can you tell us about that?

Ksenia Usenko

This was significant for me because I've never seen that before. Out of five patients that I had, two of them had blood clots. One person had a blood clot in her arm, the other person in his foot. And none of them had—normally you would see it, well, it's a rare appearance. Even in surgical patients. But both of those patients did not have any surgeries prior, so they were more medical patients.

Shawn Buckley

Okay. And were you aware of their vaccination status?

Ksenia Usenko

Both of them were recently vaccinated.

Shawn Buckley

Okay. And you had never seen that before.

Ksenia Usenko

No. The only time I've seen somebody getting the clots spontaneously—well, somewhat spontaneously—is a person who was a smoker and was on birth control at the same time. And I've only seen it once.

Shawn Buckley

Now, you made a decision about vaccination.

Ksenia Usenko

Mm-hmm.

Shawn Buckley

And what was that decision?

Ksenia Usenko

I wanted to wait and see. And then after seeing all of these health concerns, I decided not to get it.

Shawn Buckley

Now, were you treated differently at the hospital?

Ksenia Usenko

If I would bring up what I'm seeing with my eyes in the conversation, some of my colleagues would just leave the conversation. They didn't want to hear it.

Shawn Buckley

They'd literally leave the conversation.

Ksenia Usenko

Sometimes, yes.

Shawn Buckley

Okay. Did you have to do any different testing or were there any other requirements for you to continue working?

Ksenia Usenko

Yes, I had to do the antigen test once a week. And I can't remember exactly when I started, I want to say it was September 2021, until I was terminated.

[00:05:00]

Shawn Buckley

Okay. And that termination, when did that happen?

Ksenia Usenko

On November 3rd, 2021.

Shawn Buckley

Okay. Now before that, did you have to go through some mandatory education on vaccination?

Ksenia Usenko

We had an online sort of video with information to make an informed decision about vaccines for ourselves. And this was for all the healthcare professionals who were either not showing their status of vaccination or people who already showed their status. And I actually brought a picture of it. And on one of the slides, it stated that it's 100 per cent effective at preventing hospitalization and death from COVID-19.

Shawn Buckley

So just wait a second. I want that to sink in for people. So you're telling us this is the hospital requiring you to go through an education program.

Ksenia Usenko

Yes.

Shawn Buckley

And the object is to help you make a decision on whether or not you want to get vaccinated.

Ksenia Usenko

Yes.

Shawn Buckley

And one of the slides—and you brought a picture—says that the vaccine is 100 per cent protective, basically preventing death and hospitalization.

Ksenia Usenko

Yes. That's what it states.

Shawn Buckley

And you can leave that with us, so that we can enter it as part of the record today?

Ksenia Usenko

Sure [Exhibit TO-25].

Shawn Buckley

Okay, thank you. And I'm sorry to interrupt you, but I just found that so important. Did you also have to sign something when you were taking that course?

Ksenia Usenko

At the end of it, I had to sign—it's kind of like a declaration of your vaccine status. So to show that even though you got the information, maybe you changed your mind to go and get the vaccine. Or if you didn't change your mind, you just declared that you, at this point, still declined it.

Shawn Buckley

Now, did the hospital also communicate to you by way of email concerning whether or not you should be vaccinated?

Ksenia Usenko

There was multiple emails. And I'm not sure if it went to everybody who worked in the hospital or just targeting the people who have not specified their status. But I received multiple emails from the director of occupational health in the hospital, asking to show them what your status is. I just didn't reply.

Shawn Buckley

Now, you've already told us you were terminated. But can you tell us basically how that came about? How did they go about doing this?

Ksenia Usenko

Well, there was emails stating that if you don't declare your status or if you decline the vaccine or unless you have an exemption, you would have to—you would be terminated. So there's been multiple emails warning you about it. And I just couldn't believe that it's actually possible, that they actually are going to go this far to do it. In my heart, I just thought it can't be possible. Number one, we don't know enough about this product. What I'm seeing— From what I observed, there's clearly problems. I also couldn't believe that, knowing what biomedical ethics state about informed consent, this would be a decision-maker for your employment. And to this day, it still haunts me that they actually went ahead and did it.

Shawn Buckley

Now when they terminated you, what were the reasons that they gave for your termination?

Ksenia Usenko

The reasons for termination was— There was three. But the one that really kind of put into perspective of who I was as a nurse, the word, "disobedience."

Shawn Buckley

I'm sorry?

Ksenia Usenko

The word "disobedience." That's stated on my termination letter.

Shawn Buckley

Right. Did they also indicate something about whether or not it was professional misconduct?

Ksenia Usenko

Yes, they put that there as well.

Shawn Buckley

Okay, so I just want to understand. Here you had worked actually for that employer for 14 years, am I correct?

Ksenia Usenko

Yes.

Shawn Buckley

And the only issue is you chose not to take a vaccine.

Ksenia Usenko

Correct.

Shawn Buckley

And on your termination letter, they called you disobedient.

Ksenia Usenko

Correct.

Shawn Buckley

And they stated explicitly that you were guilty of professional misconduct.

Ksenia Usenko

Yeah. That's correct.

[00:10:00]

Shawn Buckley

So whether or not you take a medical treatment is now an issue of professional misconduct for nurses?

Ksenia Usenko

It appears so, yeah.

Shawn Buckley

Okay. How did this make you feel? And I'm sorry that—

Ksenia Usenko

I feel—and I stated that on my termination meeting—I feel dehumanized.

You know, I immigrated to Canada for a better life. And I wanted to help people and I still do, with all my heart. And to have somebody tell me that I'm just disobedient because I refuse something that is still under research? At the time, when I received this education, I actually had a patient who had two vaccines, went to ICU for COVID-19, and was recovering after being at ICU and had multitude of different problems in his health. He would probably never be the same. And he was fully vaccinated.

So to state that it's 100 per cent effective, I just couldn't believe it. I saw it with my eyes that it's not true.

Shawn Buckley

Now you were telling us about some changes that happened after vaccination. Would it be fair to say that you were having concerns that there were adverse reactions occurring, that were showing up at the hospital?

Ksenia Usenko

In my opinion, yes.

Shawn Buckley

And did the hospital know how to report adverse vaccine effects?

Ksenia Usenko

Well, I made sure that on that floor, we had those forms. At the time, I was a safety rep. But during my meeting of termination, I asked them how come there was no education on those forms: the Adverse Event Following Immunization Forms. And I had to repeat that question three times. Because the panel that was terminating me, they didn't know what I was talking about.

Shawn Buckley

They weren't even aware that there was a form to report adverse vaccine effects.

Ksenia Usenko

Correct.

Shawn Buckley

And who was on that panel, like, what were their qualifications or positions?

Ksenia Usenko

One person was human resources; the second person was my manager, who was an occupational therapist; and the third person was a union representative.

Shawn Buckley

Now, having had this experience—so seeing things at the hospital and having to go through this course and be getting emails and being treated differently and then being fired—what was the effect on you of these actions?

Ksenia Usenko

It's still affecting me, as you can see. It breaks my heart that it's possible in—in any country. It affected my relationships, even with some family members.

It's just sad. It's heartbreaking to know that this is possible in such a developed country, and for a product that we still don't know enough about.

Shawn Buckley

If this ever happened again, what do you think we should do differently?

Ksenia Usenko

I think we should do what we did with the flu. We opened extra units. We had extra staff, and we, you know, tested people and made sure that they got the help they needed with all the resources that are available. And I don't— Maybe take more precautions around more vulnerable people who are susceptible to this particular illness.

[00:15:00]

I don't know. There's many things that could have been prevented. And hearing all the people speaking here today and I've been watching the ones you did in the Maritimes. And, you know, all this harm and suffering would have been avoided. Well, maybe not all, but at least some. So yeah.

Shawn Buckley

Well, Ksenia, I don't have any further questions for you. I'll ask if the commissioners do. And they do.

Commissioner Drysdale

I just wanted a little clarification on a point. When you said they terminated you and they put on your termination notice, professional misconduct was one of the items?

Ksenia Usenko

Yeah.

Commissioner Drysdale

Did the nursing association not approach you and ask you anything about that?

Ksenia Usenko

Not yet.

Commissioner Drysdale
Sorry?

Ksenia Usenko
Not yet.

Commissioner Drysdale
Do you expect them to?

Ksenia Usenko
We'll see. Time will show.

Commissioner Drysdale
Thank you.

Shawn Buckley
Thank you, Ksenia. We don't have any further questions. But on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming to testify. And if you can leave me that document you have where you basically have a photo of them claiming that the vaccine was 100 per cent effective in preventing deaths and hospitalizations, we'd like to make that part of our record.

Ksenia Usenko
Yep. Thank you. And thank you all for doing what you're doing.

[00:16:49]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE TORONTO HEARINGS

**Toronto, Ontario, Canada
March 30 to April 1, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 01:11:21–01:35:11

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. For those watching us live online, we apologize that we're a little behind today. We had some exhibits that we had to get arranged for one of our early witnesses.

We welcome everyone back to the final day of our Toronto hearings. Commissioners, my name is Buckley, initial S. I am attending this morning as agent for the Commission Administrator, the Honourable Ches Crosbie.

Before I give my opening remarks I'd just like, for those online, just to share quickly about the National Citizens Inquiry: We are a citizen-organized, a citizen-run, a citizen-funded initiative. We don't have a single large donor. We're doing this all on our own, almost exclusively by volunteers that are attending and participating to make this happen.

And what we want is to start a national dialogue. We want basically the entire nation to share with us in this experience of hearing each other's stories and, through hearing each other and understanding each other, coming together again. Because we've become a very divided nation. We also want to learn from this—learn what happened in a fair and impartial way. And we want to know how to do things better. We anticipate that this will be a tremendously useful experience for us as a nation going forward and we're very proud of **what we're doing.**

I will ask that you go to our website, National Citizens Inquiry. We have a petition. Please sign it so that you become part of the group that is endorsing this project. And we also ask that you please donate. As I say, we don't have a single large donor. This is all done by donations from people like yourself. And to keep this important initiative going, we need your donations. Now, I'll switch to my opening comments before we start calling witnesses.

Yesterday, I had spoken a little bit about some tactics that are used to influence and control us. And I cautioned you that if you ever start feeling very strong emotions on any topic, that you need to be careful, that likely your mind is closed, which only affects you. It means

you're totally captured if your mind is not open to new information and new ideas so that you can reconsider your position—not necessarily change your position.

Today, I want to talk about perhaps the most important way that populations are manipulated and controlled. And that is when we are manipulated into giving up our personal responsibility for our actions. Now, everyone has a sense of right and wrong: every single person in this room, every single person watching. When I was preparing this morning for this address, I was thinking of C.S. Lewis's book *Mere Christianity*, where at the beginning, he's making the case for the existence of God. One of his points is that every single religion, every single culture, has a moral code. And when you compare them, they are strikingly similar or identical, which is a curious thing. With all the different cultures and all the different religions that, in effect, we have the same moral code. We know right from wrong. Now, that can be used against us.

For instance, we are social creatures. One of the things we fear the most is being excluded from our tribe. I mean, in my age cohort—it might have been different for younger generations—

[00:05:00]

we all remember in gym class when they were picking the teams. You didn't want to be picked last because you would feel shameful. We want to have a nice car, a nice house, so that we appear successful and worthy to our peers. This need for social approval is one of the strongest drivers in our lives.

So one of the most terrible things we can do to a person is to shame them publicly. I consider that in most cases to be an act of violence, although you're not actually hitting people. And so right now, especially online, we live in a culture of social shaming. We have this cancel culture where we're so willing to viciously attack people online. But understand we do that because of our sense of right and wrong being turned against us. We will attack somebody because they're wrong. They're morally wrong.

Do you recall the testimony of Tom Marazzo yesterday? So he gets this email from the dean to about 200-plus faculty members informing him and everyone else that these vaccine mandates are coming down. And he responds to this email. And we have it as an exhibit where he's basically explaining, you know, there's some legal problems with this and some other considerations. And perhaps, you know, others should join with me in a conversation about this. And then, one by one, people started, "reply all," "please take me off your email list." And after this went on for a little bit of time, one person piped in and said, "Can you guys just reply directly to Tom so that I don't have to get all of your emails? You're filling up my email box." And somebody else chimed in and said, "No, we need to do this publicly to shame him." And then, one by one, they're all asking him to take them off his email list.

That was an act of social shaming because these people believed they were doing right. Now you're never doing right when you're committing an act of hatred. This is done out of hatred and spite. And I view that as a violent act. And those of us listening to Mr. Marazzo yesterday would agree. But I'm using it as an example of how this sense of right and wrong can be turned against us. And we are capable of being manipulated into doing unspeakable evil.

And again, I just prepared this this morning after I woke up. But the examples that came to mind were Rwanda—the genocide in Rwanda. And I mean, that happened in our lifetime. And it is unspeakably evil what happened. Nazi Germany is one that easily comes to mind.

It was unspeakably evil what happened. What about Stalinist Russia, these terror states? Or East Germany at its worst, where once the Stasi files were opened, people were shocked at which friends and family members were reporting them to the secret police. And these people were all manipulated into believing they were doing right.

Now understand that the terror states, the police states, the unspeakable evil that happens: it all depends on your cooperation. The leaders are few. The leaders can't do this. The leaders cannot conduct a police state. It all depends on your cooperation.

Now I'm going to say something really important, and you need to remember it if you're going to have any chance of being free going forward. And what that is, is that you need to understand that you—you are the police state. Let me say that again. You are the police state.

[00:10:00]

There can be no police state without your cooperation. And we become the police state because individually, we give up responsibility. We give up our personal responsibility for what we do, for our actions. And it's a well-known concept for those that want to manipulate us.

When I was trying to think of examples this morning, Dostoyevsky came to mind. In his novel, *The Brothers Karamazov*, there's a section with the Grand Inquisitor where Jesus has come back during the time of the Spanish Inquisition and he's having a conversation with the Grand Inquisitor. And the concept comes up that if you can take away from citizens their personal responsibility, you can get them to do anything for you.

A really good example of that is— There's a well-known lecture given by Himmler, the head of the SS. I believe it was before the Night of the Long Knives, to encourage the troops to go and do what he wanted them to do, which was to murder a whole bunch of people. And he literally said to them, "It's not you pulling the trigger, it's me." He was taking away their personal responsibility for the acts that they were being asked to go and commit. And you see, he understood. If he took the responsibility for what they were doing, they would do unspeakable acts that they would not do if they were taking personal responsibility.

It's why in the Nuremberg trials, we had to establish the legal principle that following orders is not an excuse for torture and murder, because we are psychologically wired to do unspeakable things if we are not personally responsible for what we are doing. So if they can take away your personal responsibility, you are controlled.

And we are. In Canada, we are doing unspeakable things. I've already brought up Tom Marazzo in this email shaming that we heard yesterday. **What about the video that he showed us about the police pulling veterans? Wounded and decorated veterans, who are telling the police, "We are not acting violently, but we're standing here." As they were legally entitled to do. And we watched one of them basically being pushed to the ground and kicked by the police. And we're allowing this to happen.**

What about Mr. Palmer, who testified about the media? He basically told us that the CBC is engaged in propaganda. That the CBC is engaged in deliberately manipulating us to accept vaccines, to basically take a medical treatment that is turning out to be tremendously dangerous. Is that not an act of violence? And yet it is happening even now.

What about Natasha, the person who is mentally traumatized, PTSD, and is physically disabled? Cannot wear masks, she legitimately cannot wear a mask. And this is a lady that used to wear the big masks on the oil fields all the time. And she's taken to the ground by three police officers in Walmart, knowing that she's disabled, while a crowd watches and does nothing. The crowd was the police state. The crowd, you: You are the police state, participating in this social pressure and shaming.

How many people have told us that they've taken the vaccine out of social pressure? How many people have told us that their families and friendships are divided because of social pressure?

What about the evidence that we're hearing? In Truro, where we heard a doctor, he submitted 10 adverse reaction reports as he's required to by law. And instead of those reports being submitted, he's professionally disciplined. And we're hearing at these hearings how adverse reaction reports, which are meant to be an early warning system—They should be bending over backwards to send those to Health Canada and have the media report them so that we can determine whether we need to look into things.

[00:15:00]

But they are being deliberately suppressed by several groups: the media, the medical establishment, the government. This is happening today.

What about vaccinating kids? Anyone looking into this even on a cursory basis, you don't need to look at Dr. Deanna McCloud's presentation to know that there's hardly been any testing. And to say that they're safe and effective is just a very difficult thing for anyone to credibly try to assert. And there is zero risk to children. Zero risk. We've heard that evidence. But we're already experiencing significant harm.

Now, I ask you, if that is true—and everyone in this room believes it to be true—how is it that this is not criminal negligence? Our parents now, they should be asking themselves the questions: Are we committing criminal negligence? Should we be criminally charged and jailed if we vaccinate our children? Doctors and pharmacists should be asking themselves: Are we committing criminal negligence if we vaccinate anyone, but definitely a child, and if we encourage and pressure some parent or caregiver to vaccinate a child? What about the media that is pushing vaccinations on children? Didn't our public health officer, Miss Tam, have a little Christmas call with Santa Claus or Mrs. Claus? Basically, you know, don't get on the naughty list; get vaccinated.

How can this be happening in Canada at this time with what we know? How can public health in every province still be vaccinating children? You know, if it looks like a police state, if it smells like a police state, if it tastes like a police state, maybe it's a police state.

We have just gone through mandatory masking. We have gone through lockdowns. We have gone through social shaming and division like we have never seen before in this country. We have treated unvaccinated people as if they were lepers. We restricted their rights. We shamed them. There was talk about not even allowing them to go for essential services. There were talks in some provinces of criminalizing it so there would actually be penalties on them. There was talk of putting unvaccinated people in camps. And I see people nodding their heads. They heard that, too—in Canada.

But what shames me most about being Canadian is that we have undertaken these actions with more gusto and more support than any other police state that I am aware of. In a lot of

police states—don't tell me in Stalinist Russia or East Germany that the citizens were enthusiastic and supported what was going on. It was quite the contrary. But here we are, doing it with gusto and still in full deception mode.

Our government is not sharing with us the truth. The medical establishment is not sharing with us the truth and the media is not. And this is happening today because we are not taking personal responsibility for our actions. It is happening because we, right now—you—are the police state. You are the ones participating in the actions. It's not the leaders doing this. You are doing this. Media, you are doing this. Journalists, editors, you are doing this. Doctors, pharmacists, every citizen that's shaming and shunning and closing your mind, you are doing this.

And the tactics to get you to do this is to put you in a state of fear, which they've done. And to convince you that this is for the greater good. You see, if you're doing things because it's necessary for the greater good, you're not taking personal responsibility for your actions: "We don't have any choice. This is for the greater good."

[00:20:00]

Do you understand what I just said? The greatest danger to us as a society, to a free and democratic nation— Our greatest danger is you not taking personal responsibility for your actions. And if you are convinced that you should be taking actions for the greater good, you have just committed the greatest act of treason that you can because you have abrogated your personal responsibility to the government. It is the tactic that is being used. You are being told, "You are not pulling the trigger; I am pulling the trigger. You do what we tell you to do because it's necessary for the greater good." We cannot succeed as a free nation unless, as citizens, we take personal responsibility for everything we do.

When I was probably about 12, I attended at the public library in Saskatoon and I saw a World War II film that changed my life. It was somewhere in Eastern Europe. It was filmed by a German soldier just filming what that soldier's unit was doing. And what that soldier's unit was doing was, they rounded up a bunch of town folk, lined them up against the wall, and shot them in a firing squad in retribution for partisan attacks. So this was murder of civilian population. There's no sound. And you know on these old black and white movies you got the lines, the whole thing.

And so we see basically these town people being lined up against a wall—like, literally a wall. It wasn't a field; it was a wall. And the soldiers all lined up. You can't hear anything, but you know the order is "raise your rifles." And all the rifles get raised except one. One German soldier did not raise his rifle. And again, there's no sound, but you see the officer walk up and have a conversation with this soldier that refused to raise his rifle. And then I saw something that changed my life. The soldier laid down his rifle and walked to the wall with the villagers. And then the order was given, and the rifles were raised again. And everyone along that wall, including that soldier, was shot.

Now we all know that our nation is changing. We all know that things have now gotten out of our control, and we have a decision to make. You can't avoid it any longer. You can't say, "Oh, I'm going to stick my head in the sand and the world's going to be okay next week, next month, next year." It's decision time. And so the decision you have to make is: Which type of soldier are you going to be? Are you going to be one of the many soldiers that raised their guns and fired because they were ordered to do so? Or, are you going to be that soldier that laid his gun down and walked to the wall?

And I'm sorry that I got emotional, but we are dealing with very serious matters. And this inquiry is dealing with very serious matters. And I guess we've seen a whole bunch of witnesses get emotional, so we have to forgive ourselves also.

We are going to have another day today that changes our lives. We're going to have another day where we have brave Canadians risking retribution for speaking to us. We're going to have some experts give us insight that we didn't have. And so unless the commissioners have any questions or anything to say, I will introduce one of our volunteer lawyers and we'll commence.

[00:24:20]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 1: Jay McCurdy

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[00:00:00]

Allan Rouben

Mr. Jay McCurdy, I believe, is going to be appearing virtually.

Jay McCurdy

Hi there.

Allan Rouben

Mr. McCurdy, how are you?

Jay McCurdy

Good, how are you, Allan?

Allan Rouben

Very good. So tell us a little bit about yourself. How old are you, what do you do, what's your educational background?

Jay McCurdy

I am an elementary school teacher completing my 24th year in education based in London, Ontario at the Thames Valley District School Board. Forty-eight years old. Third generation educator. Grandmother was a kindergarten teacher; mother was a high school English teacher for 30 years. Brother's a teacher, so it's kind of a family trade, if you will.

Allan Rouben

And what grades do you teach?

Jay McCurdy

I teach grades 7 and 8 predominantly. Outside of one year of 24, I taught high school. I trained for high school with my intermediate senior qualifications but ended up landing in a grade eight position and I haven't turned back since.

Allan Rouben

And in a nutshell, what's the subject matter you want to talk about today?

Jay McCurdy

Well, you know, in large part with this whole inquiry and the whole COVID conversation—and I appreciate every aspect of it and I agree with 95 to 99 per cent of all of the testimony that I've seen and in large part, all the conversations that are dissenting conversations—I just really feel like something's missing from the conversation, and that's a child-centered conversation.

It's egregious to me that we're— Even myself at times, I feel like I'm being selfish in talking about how has COVID has affected me, how has COVID has affected my parents, who are close to 80. Nobody is emphasizing the children. And it's— To me, it's egregious that we're not having a conversation about the impacts on children. Children are the future, they're the primary resource. If we don't have children then I don't think we have a future as a country, as a nation, as a planet.

And I would like to emphasize that portion of the conversation: How important children are to the future. And it's just mind-blowing to me. I mean, my career has been spent— I mean, I love children. I have a son and a stepson and, watching them go through COVID, there's a level of selfishness to this that really bothers me in terms of the adults having the conversation about themselves. And I guess I'm being extremely selfish. If I sound holier than thou that some people are not talking about the children, then forgive me, but I'm very passionate about this.

Allan Rouben

I think you're referring to the impacts on children from the steps that were taken with respect to schools.

Jay McCurdy

Yes. The schools primarily, I can speak as a sort of frontline worker on the ground. But also, just the greater impacts of the COVID restrictions: the lockdowns, for example, and then the aftermath of COVID, violence in schools and such.

Allan Rouben

And stopping extracurricular activities and social interactions—correct?

Jay McCurdy

Oh, a hundred per cent. A thousand per cent. I'm heavily researched on this. I mean, when I come across an article or come across any sort of literature on this, it perpetuates and sort of validates everything I've been experiencing. My observations, my understandings of the

impacts, the negative impacts on children. And I live it day-to-day as a teacher; I see those as corroborated with umpteen articles, research evidence, and so forth, right? So I have sort of two perspectives: sort of a top-down one and a sort of an on-the-ground, face-first.

Allan Rouben

All right. And so in your specific school board, we know the lockdowns started in March of 2020. Give us a little bit of the chronology there in terms of what was happening.

Jay McCurdy

Well, the lockdowns started in March of 2020; I think it was March break. And the Ford government sent us out for the duration of the school year. So we had a— You know, that was when COVID first hit and everybody was sort of wondering what the level of severity of the threat was. And understandably so. We got sent online. And there was a whole thing with that, how difficult that is in terms of logistics.

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But that happened in the spring of 2020. And there's all sorts of challenges with that. Some of the literature, if I can just reference, I've got a few pieces. I don't have screen-sharing capability but I would like to share a few items that corroborate. As I said, it's what I perceived as the challenges of remote teaching at the time.

As I was sitting in front of a computer trying to remotely teach for the first time, it was a new skill set that we were being asked to administer. This first document here, I'll just hold it up quickly, is the Science Table. It was the advisory panel that Doug Ford had sponsored, published on June 4th of 2021. I guess this would be reflective of the challenges of remote learning. So there's a passage here. And ironically, the Science Table if you're familiar, did recommend— Ontario was one of the highest; in terms of jurisdictions, the province of Ontario was locked down four times in total. More than I believe, any jurisdiction in the world. So this is where it becomes a problem for Ontario-centric conversations. And that's why I've experienced such impacts from this.

I'll just read quickly from the Science Table Advisory Panel, comprised of many researchers and such. Impact on educators:

These policy changes had direct and indirect effect on students' classroom context and their teachers. In general, the strongest in-school influence on teachers' learning is their teacher. Teacher effectiveness is deeply shaped by **the context in which they work. COVID-19 has radically disrupted these contexts with considerable impacts on teachers' work, as well as their own health and wellbeing. Teachers have needed to dramatically change how they teach with limited time or specific training. They're supporting students, many of whom themselves are under exceptional stress. Furthermore, they assume responsibilities associated with ensuring safety in their school under conditions that were considered by many to be unsafe.**

This is not a teacher— I'm not trying to, but this is sounding like a teacher-centric conversation. I'll just jump to my other passage quickly here:

As well as learning to teach remotely, all teachers had to shift much of their teaching to a virtual environment, at least during the worst periods of the pandemic. This meant having to acquire or increase their own digital proficiency, which ranged from mastering technical tools to developing pedagogy, such as managing group work, assessments online. It also meant developing digital proficiency with learning among their students and trying to cultivate capacities for self-education, self-determination among these learners, so they could work independently at home while their teachers were working with other students, or while teachers, students themselves were working on asynchronous tasks.

That comes from the *RSC Children and Schools During COVID-19 and Beyond: Engagement and Connection Through Opportunity* publication 2021. So yeah, that was the challenges.

Allan Rouben

All right, that was from the teacher's perspective as to the challenges that were faced by the teachers. Let's look at the—

Jay McCurdy

Yeah. And I'm going to leave that quickly. I just want to say: that was a very disruptive thing. For the government to pretend that online remote learning was effective—the efficiency and effectiveness of that was awful.

And so that's the beginning of it: pretending that it was okay.

Allan Rouben

All right and so we were talking about the spring of 2020. Just give us the overview from spring of 2020 until today, let's say. What time period were the children actually in school for that, let's say, three-year period?

Jay McCurdy

So we were off for the remainder of the school year in 2020. In the school year 2021, we had a delayed entry in the fall. We did come in, I think, in late September. We were off twice that year in the school year. We had a delayed Christmas break. So we were in school with strict COVID measures for the fall, heading up to the Christmas break. And then they extended the Christmas break, if you will. I have my stats here. I mean, in total, I can tell you that Ontario students were out for 28 weeks, which is an incredible number. We had a **four-week extension after the Christmas break—that would be in 2021. And then later that year, they delayed the spring break, the March break. We had a large break until April. I don't know the exact date, but they delayed the March break until April.**

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And we were off again for the balance of that year.

And then the fourth and final lockdown came in the following school year. So 2021/22, they extended the Christmas break by, I think it was eight days. So in total—over the span of COVID, spring '20, and two school years subsequent to that—you're looking at 28 weeks of

remote learning. And that's remote learning, you know the challenges of that. And then I can also speak to what I call pandemic teaching, which is at school.

So 28 weeks in Ontario, the damage from that remote learning is— I mean, the stories that came from colleagues, the challenges with remote learning, the impact on families trying to manage their children at home. As a teacher myself, with a son who was in grade six, seven, eight at the time, and trying to help him with his work. Again, I coped. I'm competent, I coped. But families that were disadvantaged: the literature says that in large part, the communities with low access to internet, low-income communities, had virtually no experience with online. I mean, it's egregious to think that everyone is sitting here with internet connection and access to computers and laptops, and in a large portion of the inner-city schools, Toronto and so forth, it was virtually non-existent.

So again, to pretend that remote learning was at all—

And again, I'm just going to jump ahead for a second here. Later on I was hoping to talk about Sweden, for example: school age children were not locked down at all, not once. There were different approaches with this around the world. North America, Canada specifically and the United States, it seemed like the Western approach was a bit over the top. And if you look back over to Sweden: Sweden recently had a commission that reflected on the formalization of the government lockdowns in Western countries versus Sweden. Sweden's was more informal: Mask if you want to mask, distance if you want to distance, don't go to work if you're sick versus the mandated directions from our governments. They didn't close schools down in Sweden. It did not happen at elementary schools.

So you have very extreme in Ontario versus at the other end of the spectrum in Sweden. And if we look at the data— The commission from Sweden, I'll hold this up right here [Exhibit TO-9b]: "Sweden's no-lockdown COVID strategy was broadly correct, commission suggests." So they reflected on whether their approach was okay or not. And essentially, they're saying it was just fine. I mean, the stats on their deaths originally—they didn't lock down—might be a bit higher. But if we talk about even the stats after the fact—we can talk about excess deaths and that whole conversation—are really low in Sweden. So there's a whole other conversation there.

This other research paper here, the *International Journal of Educational Research* talks about learning loss. No learning loss in Sweden during the pandemic versus the literature that talks about the learning loss because of the lockdown in Ontario. So there's sort of two ends of the spectrum. And I mean, we can argue where that perfect, that sweet spot would have been for locking down the children and not locking them down and so forth.

Allan Rouben

Well, let's get to the learning consequences insofar as the remote learning was concerned and the closing of schools. So tell us, from your personal perspective, what were you seeing with your students?

Jay McCurdy

A large proportion of disengagement. For example, as a grade eight teacher, I would have close to 30 students in my class. And I saw a participation rate of 50 per cent maximum, even stooping to—

Allan Rouben

Sorry, when you say participation rate, are you talking about showing up or participating in the events in the classroom, remotely?

Jay McCurdy

Well, both, I suppose. Showing up means, you know, if you have a Meet like we're having right now, a Google Meet where I'm instructing, you might have 50 to 60 per cent in terms of showing up for attendance in that class. In terms of submitting assignments, if I had posted an assignment, you're down to a third, somewhere in the third range, 30 per cent that would hand in something.

There was a difference in 2020. There was a messaging that the children found out about that it didn't matter. The direction from the Board is that—and this is problematic for this to get out maybe into the public—assessments didn't matter. The philosophy was do no harm. For example, if students didn't participate, didn't submit their assignments, their marks could not go down. They caught wind of this. Students were choosing to go outside and play instead of doing schoolwork and knew their marks wouldn't go down.

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So when that messaging got out, participation in 2020 was low. Later in the pandemic, when we understood that we might be going back online and doing remote learning, assessments evaluation would count a little bit higher. But in 2021—I spoke to the spring and the summer—participation rates were still 50 [per cent], maximum 50 in terms of handing assignments in. And sorry, at that time the messaging was, "Assignments will count towards your mark and your mark can go down." So very low participation rate overall for all sorts of reasons I can imagine.

Allan Rouben

And what about the actual learning from the fact that this was being done remotely? How did that impact on it from your perspective?

Jay McCurdy

The quality of learning was atrocious, I can imagine. The importance of in-school learning is—I mean, the data suggests how important it is, how important the teacher is, how important social interaction is at school. It's pretty much, it's everything. It's critical: extracurricular activities, the socialization of children.

I was talking to a colleague the other day. We had a reflection on this. If an adult—university- or college-age students are taking online courses—I took online courses to further my education. We have learned to be learners through the school system leading up to a point. The social interaction that children receive from school, you can't underscore how important it is. It's critical. It's fundamental. It's how they learn to interact socially.

The outcome of this I see on a daily basis, in terms of what was taken away, the opportunities. Imagine 28 weeks. We're talking about 28 weeks removed with remote learning. What about pandemic learning when the students were forced to, in the school year 2021, distance during the whole year? It was distancing their desks apart. They were in cohorts on the schoolyard where they couldn't play with their friends. You would have two classes, for example, partnered up on our schoolyard. And this is a large schoolyard.

Some schools, I can imagine, have zero capacity for this; I'm not sure how they managed this restriction. Two classrooms would partner up and play on one part of the yard and two other classrooms would partner up and play on the other part of the yard and they could not interact. It was a strict rule that students— So imagine your best friend is in cohort B and you're in cohort A and you can't walk over across a line to go talk to your best friend, who's been cohort-ed and they've been segregated from you. Just little things like that. I mean, the psychological damage. And some of the students being far too young to understand, "Why can't I go talk to my friend?"

Inside the classroom, you've got limits on how you can teach during the pandemic, what you can use as materials. I can't run science experiments. Computers had to be covered with cellophane and wiped down with spray after use. In gym class you could only play the games where the kids were distanced apart. They couldn't actually come in contact. I could go on all day long with just those. Like I said, as a teacher, you're experiencing the children: how they were being asked to learn, the conditions of which were atrocious for learning. Wearing masks the whole time. It's a whole other thing, right? It's sometimes arbitrary.

I can tell you a quick story about masking. Masking was enforced incredibly for the two school years— 2021 and 2022, was enforced strictly for three quarters of that time. It was in the spring of 2022 where the students could, we could de-mask and the regulations were lessened. I'd often see staff members yell at students for not having their mask on, "Get your mask on." Masks would slip down so they're constantly being told, "Get your mask up." During the eating time, of course, masks can come off and they can eat, but they can't talk. If they were talking, they would get yelled at by the supervisor. You can't talk. You're either eating or you're talking. If you're talking, your mask is on.

That's, for almost two years, a hard thing for a little kid to navigate, you can imagine. Stressful for the teachers to feel like they had to enforce that the whole time. And those are just sort of minor things, but very major things. The outcome of that, I feel, has been deeply felt by the students and their age of development. Not understanding what was going on, why, and being so fearful the whole time. As we all know right now, the case fatality rate for children is incredibly low. They were never at risk. I think after two years in the pandemic, there were 20 Canadians under the age of 20 that had died from COVID. To this day, it's under a hundred and some of those cases,

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we know, were "died with COVID" and "died from COVID." Whatever that means, anyway.

Allan Rouben

So as you're seeing the students coming up now into your grades, what are you observing in terms of their skill levels, their learning levels? Are they where you would expect them to be for that grade level?

Jay McCurdy

Far behind. Far behind where they're supposed to be. And this is where, in my 24 years of teaching, if you were running an experiment, if you were controlling variables— I've only taught grade seven and eight for 23 years, so for 23 years I've taught this age group. If you're running a controlled experiment, I can speak to: What are the differences you see, and are they causal or correlational or coincidence? This is where I would say the anecdotal

data backed up with the research says that the lag in the skill sets is there—in terms of academic lags, of course.

We're trying to catch young children up with just learning how to read and write at a basic level. At an intermediate level, where I'm at, it's learning skills in large part, what I'm seeing. I'm seeing a lack of resiliency, problem-solving, coping, levels of confidence. Their ability to, if I were to give them a mundane task, persist with it and work through it. The learning skills lag and deficit is immense. I struggle with it every day; I'm looking to still give accommodations. The help that I have to give to children, the extra help that I have to give to them to move through a given task, the extra time that I have to give to them, and just their ability.

I'm just finishing up a unit on— For example, right now we're doing angles; we're doing angle relationships. I teach, let's say it's a two-week unit on that. And then I'm pretty old-school, I give a quiz. And the acquisition of the information, the knowledge, how to learn would be— I mean, it's just a certain sort of expectation that I have versus— I teach for two weeks and I administer a quiz and it's just not there. They're not acquiring the knowledge at the same rate. They're struggling. Even with test-taking there's anxiety, massive amounts of anxiety with test-taking—so many things that I'm seeing in terms of that.

And then on a social level, you can imagine, the violence is up in schools. That was another aspect I was going to speak to: their ability to relate to each other or the lack thereof will equate to conflicts, of course. And as a teacher, there's all sorts of fights going on in the schoolyards every year. Kids are kids and that's how they learn too; they learn through conflicts, right? So it's important to know how, if you got into a fight, why you got into a fight. You learn from that. You learn what mistakes you made as an individual, how to reconcile that. And make up and move on, sort of thing.

I'm seeing a higher prevalence of interactions that come from nowhere. A basketball game on the yard breaks into a fight. I teach grade eight, straight grade eight this year. And I tell my boys— I'm a basketball coach, we actually had a very successful season. We won our West region with first place gold medal, so very proud of that. But on the yard when they're playing ball, the slightest things turn into a conflict or a fight. I'm just constantly dealing with that. And I say, pre-COVID, that instance of two boys posturing one another after a basket is made wouldn't have turned into a perhaps a fight or something like that. On a grander scale, especially in the Toronto board, they're dealing with high levels of extreme violence in the school board.

Anyway, I'll stop there, Allan, and let you continue.

Allan Rouben

In terms of the learning deficits, what in your view is the primary reason for that?

Jay McCurdy

Without a doubt, just all of the closures of schools. I can speak to Ontario. Like I said, 28 weeks of remote learning comparative to three years in the pandemic. Collectively, I'm looking at everything compressed into three years of the education system being affected and altered as deeply as it was.

The evidence is in front of my face every day. And I talk to colleagues and they're talking about the problems at school that we're seeing and everything. And my response is, "Well,

what do you think is going to happen if you enact these measures? We're living through this for the first time. So you can either correlate this—you can say there's a causal connection, that the students are suffering and lagging and violence is up because of COVID—or, no, it's some other variables at play here."

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I think it's clearer than clear. I mean, to me it's clear: the disruption in the system and the disruption of learning and the disruption of social gatherings and the normal life that children were expecting to experience. You don't have to be a rocket scientist. You don't have to be a research scientist to see that, of course this disruption in their social lives, primarily even in their academic life, was incredibly damaging.

My son had his 13th birthday turning into a teenager. What was the gatherings? You couldn't gather at that point. I mean, you're having a special birthday for my son and it's a COVID birthday. It's no one; he can't have a birthday party. And that's fine, he had lots of birthday parties leading up to that. But imagine the young children: their first birthday party, their fifth birthday party, how important that is.

Watching the little kindergartners around the school. We had an assembly yesterday. We're having assemblies for the first time in the last year, where the school gathers in one area. I was up in front of the school presenting. And down in front, you have the young kindergartners and they don't have their masks on and they're looking up all bright-eyed and wonderful and they're just so happy to be there. And it's just amazing. That experience was stripped from them for two full years, pretty much. How can you argue that wouldn't be problematic or detrimental to their growth and development? It's pretty clear, actually.

Allan Rouben

You were obviously concerned about this as it was going on. What about your colleagues? What was the talk within the teacher community as opposed to the administrators? What was the feeling amongst the teachers so far as you're concerned?

Jay McCurdy

I would suggest that it was sort of— I mean, we're kind of like frontline workers. I don't know if there was on a day-to-day basis much reflection, it was just "get through the day." It was a lot of stress. COVID teaching was very stressful, especially in the school year 2021 and even the fall of 2021, the next school year. Getting through the day was just like a triage. It was just, "Get through the school day; we all know just how challenging it is to teach under COVID conditions and restrictions and limitations in the school setting."

What you're used to being able to do versus what you're being coerced to do—just such a challenge. I mean, we were all thinking it. We were all living it. I don't think there was much discussion. It's not even close in terms of equating it to healthcare, what it would have been like to work in a hospital, during the heavy waves perhaps, where the stress level on the nurses and such and the system is collapsing because there isn't enough staff, right?

And another thing that happened, basically, was that during COVID, the stress levels of teachers went up and a lot of teachers retired early. They went up on stress leaves and such. So we were living it and we weren't discussing it too much, but it's almost like you wink and nod to your colleague and say, "Here's another COVID day." We have a board in our office where there's an absentee board. And you can walk in on any given day and see

which staff are off and who's filling in for them. Something that became sort of very patterned during COVID is that the board would be full. It would be long, full, and you would have multiple staff off during any given day because of various reasons. Maybe they had COVID, maybe they were sick, but other parts where stress leaves were high. It was basically triage in the school system for a better part of two years.

And we're just coming out of that now. In terms of, like, the system not collapsing. And this is just one school and one school board. I'm in London: I can't imagine what it was like in other jurisdictions like Toronto. There were just two references here in my papers that I wanted to find quickly in that regard too. There's one reference quickly in terms of, I call it the "system damage.: This is, again—this is coming again from the Science Table COVID-19 Advisory Panel. By the way, this was something the Ford government had their hands on prior to the final and fourth lockdown in 2022.

And in this document, they were advising the Ford government not to lock us down for the fourth time. This panel, this paper basically was the proof in the pudding that we should avoid lockdowns at all costs with children. And we've already had three. But he disregarded that and locked us down for the fourth time.

So back to the system damage, this is from page eight in that paper. This would be probably, I think, an elementary perspective, where there is a higher proportion of female teachers.

A highly feminized workforce, educators as a group were particularly affected by carrying responsibilities for their own children at home while continuing to work.

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A national survey suggests that teachers have experienced considerable stress and burnout during COVID-19. There are further reports of teacher shortages resulting from leaves and attrition from the profession in light of COVID-19 context. As a result of these shortages, exceptional measures, such as allowing student teachers temporarily teaching certificates and, in some cases, hiring non-teachers were undertaken. There may be long-term effects on the profession in terms of the teacher supply.

And I've got a quick story for you. One other reference very quickly from an article in the *National Post*, author Paul Bennett, speaking to violence in schools, February 27th, 2023. I'm just going into the fourth page. I admit this is U.S. perspective: "Amid fears of a national U.S. teachers' shortage, the National Education Association now claims that half of all **American teachers have reported considering or actively planning to quit because of deteriorating school climate and safety.**" It says, "So far, this has not reached that crisis point in Canada's systems." But I would argue that it has.

One quick story. I think it was a couple of months ago, I had a supply teacher come in. And this is how bad it is right now. Teachers' colleges are now a two-year program. They're pulling teacher candidates from the programs, either first or second year, and employing them as supply teachers. And even worse than that, we've got— I know in Toronto, my brother teaches in Toronto, and it happens to be that they have pre-teachers' college candidates. So you've got someone just in an undergrad degree, let's say third or fourth year with an undergrad. I don't know who comes in the room and I don't know who asks the question, "Would you like to go teach in a school, tomorrow?" And so this wonderful

young lady came in and gave it her best, but had no business being in front of the kids that day. You can imagine. Just— They're trying to close the gaps there. Healthcare is even worse. Teaching is right behind, probably.

Allan Rouben

Sounds like it's a vicious circle.

Jay McCurdy

Absolutely.

Allan Rouben

What are some of the other system impacts that you're seeing and have observed?

Jay McCurdy

System impacts: the two just are the resources, like I had mentioned, just maintaining the school's integrity, the school system integrity with having enough quality staff and teachers in front of the children. That's still very prevalent and pervasive. The only other—well, the other system damage, like I spoke of, was the violence in schools where the stress on the system right now is difficult.

Administrators are really struggling to balance the proceedings of their school in terms of administering education every day. And it's managing the building with just the prevalence of misbehavior. In an elementary school, we might not use the word— I mean, we can use the word "violence," but we're talking about children having temper tantrums and throwing chairs. And there are staff getting hit with chairs; there is staff getting hit with items. And some of these special needs' scenarios are sort of extreme but administrators are having a heck of a time trying to sort of navigate and mitigate the outcome in terms of how the children are coming out of COVID.

I just think that the system damage is that there's just pressure to keep the school healthy, the school systems healthy, so that learning can happen. I mean learning is critical. And learning is being compromised right now with the collective stress of the children and the collective stress of the adults combined with, sort of this misbehavior. It is just making teaching and learning challenging on a day-to-day basis. And it's very challenging. Like I said, I'm very experienced at my job and I'm seeing younger teachers not equipped to cope with this. And younger and younger administrators not equipped to cope with managing it as well in terms of the higher level of misbehavior and violence in the schools.

Allan Rouben

Have you heard of or been party to any discussions from officials in the Ministry of Education where there is some sort of recognition or acknowledgment that locking down the schools, closing them down and moving to remote learning, was a problem—was something that shouldn't have been done? Is there any sort of talk like that?

Jay McCurdy

Yeah, we're not seeing anything. I'm not seeing anything from our jurisdiction in Ontario on a board level or provincial level. The only thing I was able to— I was curious myself about

this, was from the United States. There's an article here I can show from the *Wall Street Journal*. It's from the union.

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It's written from the *Wall Street Journal*. Author, sorry—

Allan Rouben

Right. I've given that to the commissioners. One of them is an editorial in the *Wall Street Journal* from November 2nd, 2022 [Exhibit TO-9a]. And I'll just read the opening sentence. "Believe it or not, American Federation of Teachers Chief Randy Weingarten, on Monday, tacitly acknowledged that keeping schools closed during the pandemic was a mistake. Miracles happen apparently."

But what is being mentioned here is that Ms. Weingarten and her colleagues, and needless to say, the same is true in Canada: they were the ones who were pushing for this with the greatest enthusiasm from day one, right?

Jay McCurdy

From the union perspective— There's a whole another can of worms there, where they're trying to protect their members. I would imagine many teachers wanting the schools closed down permanently, just in fear of COVID.

Some of the research says that in large part, COVID wasn't transmitted in schools, it was transmitted through community. Meaning that children who picked up COVID got it from their homes. They didn't get it at school. So the union perspective, the union approach in terms of their messaging would have been, "Let's protect our members. And the best way to protect our members is to not be at school at all."

But now, that article you referenced there, I have that article. Sorry— There was another article referenced in *The Atlantic* by Emily Oster. Oster cites school closures as one example. "There's an emerging, if not universal, consensus that schools in the U.S. were closed for too long. The health risks in school spread were relatively low, whereas the cost to students' well-being and educational progress were high." That's pretty much the snapshot right there.

Allan Rouben

It seems to me that the thinking that went into this is quite similar to the thinking that went into COVID policies generally, which was: there wasn't any real assessment of the costs versus the benefits. Is that a fair statement?

Jay McCurdy

That's absolutely my mantra. My mantra has been cost-benefit analysis from day one. The cost-benefit analysis in terms of the perspective of the child. In the context of learning, they spend a lot of time at school, so it's important that that experience is on the table for them, but just generally on a societal level as well.

The cost that we ask students to do through the pandemic: like I said, case fatality rate, COVID infection rate was low with children. It has been proven that they lack the ACE2

receptor in the nasal cavities for COVID to even sort of stick. And when they got sick, they didn't get that sick at all. In fact, post-COVID, the RSV [respiratory syncytial virus], that respiratory illness— I mean, my anecdotal evidence says it took down a lot of kids with a lot more severity than COVID did during COVID.

But yeah, like, in terms of the greater societal level, the damage is there over that time. Cost-benefit: it's just unbelievable what we asked the kids to do. And what we took from them. From a child's perspective, you should be working as a society to protect your children. I mean, we should think about that, right?

One evidence piece I wanted to reference here that speaks to that. There was— Some of you Commissioners might be familiar with the Great Barrington Declaration, co-authored by three significant doctors. One of them, Dr. Jay Bhattacharya, was a professor at Stanford. He's got a PhD in economics and focuses on health economics. I watched a podcast with him recently where he referenced a— Not sure if he was an author, a researcher, last name Christakis, in a pediatric journal. This is citing data: "From the spring 2020 closure, it is estimated that 5.5 million life years have been taken from children."

From that particular time frame is a very staggering stat: you're taking life years away from children. My father, who's 79 years old, had a stroke about six months ago. My father lived a long, full life. It's tragic when anyone's life ends and it's sad. But you know, he's now 79. And Pops has lived a long, amazing life.

[00:40:00]

And it's difficult watching him in the aftermath of his stroke. But, you know, he's lived his life. These children haven't lived their lives yet. It's just mind-blowing to me what we've done, the damage that we've potentially done.

Without that calculation, Allan, what you said about that cost-benefit? In my opinion there was zero cost-benefit done. Absolutely none.

Allan Rouben

What's really troubling about this, it seems to me, is that the children can't advocate for themselves. Collectively, adults are the decision makers. And it's hard not to reach the conclusion that we've failed our younger generation here. What do you say?

Jay McCurdy

I think we've failed them in every way possible. I can't imagine failing them any more than we have. I don't know. It sounds very pessimistic and extremist to say this, but we have a struggle in front of us right now. I'm not making this up, I'm watching it. I'm just wondering what that long-term impact's going to be. Longitudinal studies and such that are going to be able to even correlate this and say, "How are we going to be able to look back in 10 or 20 years in terms of economic activity in the GDP and say it was because of COVID?"

Of course, this is happening. There would be no admission of that anyway. It's going to be blamed on other variables and factors 10, 20 years down the road. But I just really have a gut suspicion. I have lots of papers sitting around me right now that are studies and professionals that say this is going to be a problem. Very smart people that are acknowledging it as opposed to not acknowledging it. I think that's important, that if we could—

My takeaway with this is not make this mistake again. We might be paying a large price for this down the road. It's inevitable. It's going to come at us and we'll just have to manage it. But we better not do this again the same way. There needs to be a cost-benefit analysis at the very least and a conversation where all stakeholders are allowed into the conversation. It's not just the government dictating. It's everyone having a voice. And that's why I really appreciated being able to testify here: It's giving the average citizen that voice. There are a lot of us that are highly intelligent that are in this room today that have a lot of perspectives and a lot of stories. We don't need to do [inaudible] research papers to understand this has been impactful in a negative way across all sectors, across the economy.

I have a friend who lost his job from COVID. I have watched small businesses close during COVID. You don't have to look at papers to see it. You just look out on your front stoop and look outside and see the damage in your neighbourhood, your community.

Allan Rouben

There were some personal perspectives that you wanted to share. Is there anything else that you wanted to say on that? Tell us about the impacts of— You talked about the impacts of remote learning but what about the masking when the kids were even in the classroom? What do you see as the impact of that?

Jay McCurdy

Well, the masking was a symbol of fear, so there's a psychological impact. We sort of sent this message, "We're going to go to school and we're going to wear masks. And be careful, if you catch COVID, it's very dangerous. Something can happen to you." When the data came in—like I said, in 2020—and then a lot of the research, medical research scientists started collecting the data and the hospital data came in, it became evident that COVID wasn't directly a threat to children.

But the masking at schools when it's a room full of children: if I'm not sick, if I'm not symptomatic—and this whole nonsense about carrying COVID asymptomatically, I don't buy it—if you're not symptomatic, I'm pretty sure you're not going to get it. But that's my personal perspective. But the symbolism of the masking was pervasive because of, I think, the fear. Children are like, "Why are we wearing masks? What's going on here?" It's just—Outside of trying to teach with the masks on. Listening to children talk and trying to teach with a mask on and the limited sort of sonic experience, we'll call it, was challenging. But when masks came down, I watched staff actually berate children: "Get your mask back up!" Right? That's a whole other component. But the damage of the masks, I don't know. It was a symbol of fear.

[00:45:00]

Here's sort of an anecdotal observation. After the mask restrictions were lifted, children still continued to wear masks, in large part, in the school setting. Still fearful of— I can imagine their parents may have said, "you need to wear a mask," but a lot of children chose to wear one. Higher grade students—grade 7, 8—were still wearing them for some time. I was of the mantra, "It's time to take them off. It's time to breathe. It's time to see your face. It's important. So take them off, take them off." I mean, I wasn't pushing it, I was just sort of advocating for it and sending subtle messages that it was important.

I'll just read a quick excerpt from this article, it's from the American Institute of Economic Research. I've got page 5 of 11, just a quote about masking that I sort of highlighted:

Concerns are being raised regarding psychological damage and why a mask is not just a mask. There's tremendous psychological damage to infants and children with potential catastrophic impacts on the cognitive development of children. This is even more critical in relation to children with special needs: those within the autism spectrum who need to be able to recognize facial expressions as part of their ongoing development. The accumulating evidence also suggests that prolonged mask use in children or adults can cause harms, so much so that Dr. Blalock states, 'the bottom line is that, if you are not sick, you should not wear a mask.' Furthermore, Dr. Blalock writes, 'by wearing a mask, the exhaled viruses...'

Okay, we won't get into that part.

But the psychological damage: I have a stepson who has special needs, diagnosed with autism disorder, who basically stopped going to school because of mask-wearing. He was unable to attend school and wear a mask. It wasn't possible for him to do that; he couldn't wear a mask. It's a sensory issue, it's, you know. So school was taken away from him because of a mask and that's factual.

Allan Rouben

I wonder if there's any questions from the panel.

Commissioner Massie

Thank you, thank you very much for your testimony. I have two questions. First one is: In your experience as a frontline teacher, can we get out of all of the damage that was done on the kids unless the institution is willing to admit that this was wrong? How can you convince kids that wearing masks is not "no longer necessary," but was never necessary in the first place? Is that something that you think is possible within our current school system?

Jay McCurdy

I think it involves conversations. I think it involves information and there's a lot of information flying around. You know, information can come from studies like this. Information can come from various sources. It's a conversation, an acknowledgement of—maybe going back to the cost–benefit, I'm not sure. Like Allan had mentioned, the adults that are in charge have an obligation. The students themselves are going to take a lead on the adults. So it's a reflection. It's a cost–benefit that needs to be reflected upon and in the future needs to be done.

For example, in the future, if something comes along: Remember what masking did to children before. Do we really want to do it again? We can't go back in time and change what happened. But one of my things moving forward is ensuring that these sorts of things don't happen again unless they're absolutely necessary and we can prove it. And not—it's just messaging, it's like a top-down, "Thou shalt mask."

My information tells me that even in jurisdictions like Sweden, masking was optional. Just let citizens decide to wear a mask. People can wear a mask if they want to wear a mask but,

you know, the forcefulness of it is damaging, right? So just a reflection, just an honest reflection and conversation. There's lots of studies out there that say masking is ineffective. So let's just grab onto those studies and perpetuate the information as not disinformation, but actual studies. So just keep studies. Be open, be mindful to competing studies and be open and mindful to the conversation. That authoritarian sort of approach is not really a pleasant approach at the end of the day.

Commissioner Massie

My other question is: I think I heard you say that the damage, if you wanted the learning, was probably more profound for students that had more difficulty of learning or because they could not access as readily good internet or other technology or support from family or community. So these children are probably more at risk to suffer the long-term consequences of the lockdowns and all of the measures.

[00:50:00]

So is there a plan that is put in place right now by the institution in order to address this need that was created by the lockdowns and all of the measures that probably affected even more this population of students that have issues with learning?

Jay McCurdy

Well, because we're in a crisis of funding— I think, in large part, money can solve a lot of problems. If you have the resources. Human resources have to be in place I guess, first. And right now, there's a lack of human resources, right? There's decline in the— People are leaving the profession, teachers are leaving. So are we going to be able to replace the workforce? Right now, it's not looking so good. Like I said, we're bringing in the university students that may or may not even become teachers and throwing them in the classroom to basically, perhaps try their best, but in large part maybe babysit for the day.

My wife actually works with special needs. She's an educational assistant, and they're highly trained professionals who have different sorts of degrees. They can have PSW [patterns of strengths and weaknesses], they can have child psychology, for example. There're all sorts of different educational sort of skill sets they bring, and highly trained and skilled professionals.

So my wife for example works with high-needs children. And so with being off a few times and watching the replacements that are coming in: they call them "paid volunteers," which doesn't make sense. I know they're volunteering, but they're getting paid. Our board has brought in basically, people off the street that want to make some money and work with **children that—you know, may provide a background criminal check and maybe they love children and want to help out. And that's fine. But these workers are coming in and they're replacing the professionals who have the credentials and experience and education with zero credentials, experience, and education. And have no business working with those children. It basically becomes a babysitting role.**

And it becomes a safety issue. Because in large part the training of an educational assistant deals with high behavior and mitigating damage when special needs children are having, let's say, you know, a bad day. So the damage can be confounded when you have people that don't know what they're doing trying to manage a situation that's problematic. And now you have two problems on hand, right? Instead of one.

So I don't see the human resources right now. I'm not sure how we— With the baby boomers, we can get into a demographic conversation about our aging population. But I'm not sure we're going to be able to find the human resources in terms of education and even health care and other sectors. I'm not sure. Look outside in the community, all the help wanted, all the unemployment signs. Help here, help everywhere, right? So it's not being fulfilled. And then from a money standpoint, I mean, you can—

Allan Rouben

Let me stop you, Mr. McCurdy, because I think we're running out of time and some of the other commissioners might have some questions. So if you don't mind, let's get to those.

Jay McCurdy

Not a problem.

Commissioner Drysdale

Good morning, Mr. McCurdy. Thank you for coming and appearing before us. I have a few questions and some of them are related to testimony we heard from previous witnesses. We heard testimony from witnesses that were attacked. There was one yesterday who was shopping in Walmart, and she reported how she was attacked and people stood by. There was one in Truro, where a gentleman went into a Canadian Tire and was attacked.

I wonder: You talk about fear in the children. To my mind, these attacks—these reactions by people, including our officials and police, were due to what I would call "terror." You talked about fear in the children but, in my mind, there's a difference between fear and terror.

And the adults were experiencing terror in the way they acted towards their neighbors, to their families. But adults have certain capacities and certain experiences that would allow them to hopefully temper those emotions. So what levels of terror or fear did you see in these children who did not have the capacity to temper that?

Jay McCurdy

Well, that's a very interesting observation you've made there. I haven't thought of that. It sounds very valid to me. That's certainly possible, what you said, the capacity to handle your emotions. We've learned, as we were all in development, how to handle our emotions and cope. So maybe you're seeing a lag in a sort of, I don't want to say, ability or skillset, but yeah— Reacting and having that emotional overlay of being, living in constant fear.

[00:55:00]

So perhaps you're seeing inability to cope and that's just playing out in real time in terms of excess incidents of violence in the school setting. Just maybe they're exercising this and it's just coming out—everything's coming out right now. Whether they're contemplating, "I'm doing something bad" or not. It could just be pure energy coming; it was contained and now the energy's coming out. It's not good energy.

Commissioner Drysdale

In your class or in your school or with colleagues that you have discussed, have you noticed any perceptible increase in suicide, self-harm, with the kids following the lockdowns and return to school—or during the lockdowns?

Jay McCurdy

I can't speak to that data. On a personal level, I do see a larger proportion of what I would consider despondent children, who look like they're struggling in terms of depression. And that translates into absenteeism rates as well. So I'm seeing a higher-than-average absenteeism rate. Children that are still sort of disengaged from school and despondent when at school. So there's certainly a larger proportion of those children that are struggling on a day-to-day basis and struggling to be at school, to get to school. So as I said, there are some stats there that are coming out of the pandemic. They're still certainly struggling on an emotional level. Absolutely.

Commissioner Drysdale

Were vax mandates imposed on teachers?

Jay McCurdy

Not in my jurisdiction. With Thames Valley, they were not. And I think the only jurisdiction in Ontario was Toronto, teachers were mandated.

Commissioner Drysdale

Okay. Did the administration or the government, to your knowledge, come to the teachers themselves or teacher's organizations and review with them what they were considering as mandates prior to implementing them? In other words, did you have a say?

Jay McCurdy

Well, no. Of course, I just think that was one of my biggest concerns, was having a voice. No, it was directed. It was all top-down direction, "Thou shalt." And a lot of pressure. I mean, there's peer pressure. There's also pressure from your employment, messaging from your employers about "This all needs to be followed and strictly followed" and so on and so forth. So that's a lot of psychological pressure in and of itself, to be told, "This is how this is all going to play out." All the restrictions, all of the COVID sort of overlays like I was talking about. The hand sanitizing, for example, and the mask wearing, the keyboard covering, the keyboard wiping down, and all those sorts of things. It's just sort of like a memo: "This is the memo and we're all to follow it." From a managerial level, you're looking at risking probably disciplinary if you walked outside of those expectations.

Commissioner Drysdale

My last question: I have two sons who are teachers and I know that on a regular basis, they go for additional training. They don't call them this anymore but they're in-service days and they go to take courses. Prior to 2020 pandemic, did any of the teachers receive any training with regard to potential pandemics and what should be done to reduce spread? And were you made aware of any pandemic planning that was in place prior to 2020?

Jay McCurdy

Absolutely not. That would have been virtually impossible, right? I think on many fronts. It was almost like this was all after the fact, right? The pandemic is in place and let's figure out how we're going to— Yeah, I mean, moving forward maybe it's something where we should reflect on this and say, "Hey listen, next time, here's again what we do what we don't do."

No, it was just thrown at teachers like: "This is what we're doing, we're walking into school, and we're"—I'm spray-painting dots on the ground with a spray paint can out front of my portable so the students can stand on these dots and be two meters apart. And when they get inside the desks are supposed to be two meters apart and masks will be on. It was all just real time, figured out on the fly, which for teachers was stressful.

Yeah, you probably heard stories, considering your children are teachers. It's like, "you need to just figure this out, teachers, and you need to just make it happen." And I'm not a health care professional. My skill set is limited to what I have. But just enacting and following through and trying to make sure all of these requests, I will call them, were followed—was challenging in and of itself right. So very stressful, for sure.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

Good morning. I have so many questions I'm not really sure where to begin. But the line that we hear from the school boards in Ontario is that, "Well, we've lost two years of learning to COVID."

[01:00:00]

I'm just wondering: As a teacher, do you believe that we will ever recapture those two years of learning that these children have lost?

Jay McCurdy

My perspective and answer to that is that I don't think it will be recovered wholly. I think there's going to be a gap, always be a gap. I don't know how you can close that. I think that this is why I'm so passionate. I think that the formational years of a child, let's say they say the most important years in the life of a human is between zero and five, for example. I'm not a psychologist. I can only venture to say that the damage that was done, the COVID babies and such, I don't think you can recover that wholly. I just— It's my gut feeling.

From an adolescent standpoint, there was one study that I read that said that the most damage to the adolescent age group was age 15 to 18, somewhere in that range. Where the psychological damage on them was greater than other age cohorts. And you could probably make an argument that every single kid, no matter their age, experienced that. I don't know. I mean, people can say, "Yeah, we'll close the gaps. Everything will work out. They'll be fine." "Kids are resilient," is the one I hear all the time. You know, "Kids are resilient. You know, they'll get through it, we'll be okay." So you can downplay all of this and say, "They'll be fine. It'll all just work out in the end." But the problem with that is that you can't project into the future and then look back and then change it. If you find results you don't like and

agree that we messed up, you can't go back in time and fix it. That's the problem, is that it's a catch 22 or something like this.

Commissioner Kaikkonen

And in terms of going forward, we have school boards at this point in Ontario who have decided that the last set of standardized tests that were given to the students will be the new bar, the new standard for education going forward. Do you see some serious issues with that mindset? That we're just going to take the bar that comes after COVID as opposed to standardized test results that came before COVID? In terms of our long-term research into how our children are faring and how their reading and writing skills are being projected going forward?

Jay McCurdy

Well, we have to absolutely maintain the pre-COVID bar. We have to. I mean, we can't lower the bar, we have to put it back up. And that's what I've been trying to do in my classroom. I've slowly been— So the analogy would be like high jump or, moving into track and field season, would be to lower the bar down so that everyone can have success. But as they build their skills, because we've lost our practice with skill building, you've got to raise the bar back up slowly. What I've been trying to do is raise it up incrementally. But my goal is to have that bar back up to where it was before.

I mean, if I can talk 10 years from now and say, "Do I have that bar back up to where the bar was pre-COVID?" Will it be 20 years? How long will it take me to have that bar back up where it can be that high and the kids can attain success? So right now, the bar has to be lowered for all sorts of reasons, but there needs to be a concerted effort to decide that bar has to be back up to pre-COVID standards for all sorts of reasons.

Commissioner Kaikkonen

And my final question is: Do you think you'll get an apology from Education Minister Lecce or your school board or school boards collectively or the Ministry of Education for what they have done to these children?

Jay McCurdy

Well, I don't think there will be an apology. Of course, I don't expect that. I would like a "thank-you" in some form. Some sort of thank-you for helping to weather the storm. I'm just one frontline worker. A thank-you to everyone for keeping up with the effort and not giving up on the children in the system. A large thank-you would be in order, I think. That would go a long way. Apology won't happen.

Commissioner Kaikkonen

Thank you.

Allan Rouben

Mr. McCurdy, we had asked witnesses who gave evidence to swear in. So if you don't mind, I'm just going to swear you in. So do you swear that the evidence you've given is the truth, the whole truth, and nothing but the truth, so help you God?

Jay McCurdy
Absolutely.

Allan Rouben
Thank you very much, and thank you for coming today.

Jay McCurdy
Thank you, Allan. And thank you for allowing me to speak. I really want to thank the Commission also and the whole Inquiry for what they're doing. They're giving voices to the average citizen. I think that's critical. I think it's imperative that the more people that can talk and we can have just a large conversation. And I guess the healing can start and we can move forward in a more productive fashion instead of being so divisive and contemptible. So thank you very much for running this Inquiry, and thank you for allowing me to testify. I greatly appreciate it.

Allan Rouben
Thank you.

[01:05:07]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 2: Julie Pinder

Full Day 3 Timestamp: 02:40:55–03:03:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

So our next witness is Julie Pinder, who will be attending virtually.

Julie Pinder

Hello?

Shawn Buckley

Yes, Julie, can you turn your camera on please?

Julie Pinder

Yeah, I can. There we go. Hi there.

Shawn Buckley

Thank you. We can see you. I'd like to start by asking you to state your full name for the record, spelling your first and last name for the record.

Julie Pinder

Sure, it's Julie Pinder, J-U-L-I-E P-I-N-D-E-R.

Shawn Buckley

And Julie, do you promised to tell the truth, the whole truth, and nothing but the truth?

Julie Pinder

Yes.

Shawn Buckley

Now your screen is shaking. Can you set your camera down. That's a little better. And I understand that that's—

Julie Pinder

How's that?

Shawn Buckley

That's much better. Thank you.

Julie Pinder

Okay, sorry.

Shawn Buckley

Now, I understand that you have received two doses of the vaccine?

Julie Pinder

Yes.

Shawn Buckley

And I'm going to ask you what led you to make the decision to become vaccinated.

Julie Pinder

The first vaccine, I wanted it because I was scared of COVID and I wanted to do my part. So yeah, I went on ahead and I did the first vaccine. I didn't expect it to hit me the way it did, really. Second vaccine I feel like I was coerced into taking it.

Shawn Buckley

Okay, now— And I'm just going to stop. Your screen is still shaking. I don't know if your hand is on the table or if there's something else that we can do. You're using a cell phone, I presume.

Julie Pinder

Yeah. Here, let me see what I can do here. Try to lean it up, I'm sorry. Okay, is that better?

Shawn Buckley

That is that is much better, thank you. So the first shot—you basically were afraid of COVID.

Julie Pinder

Right.

Shawn Buckley

Could you tell us who was it that was making you afraid of COVID? I mean, what were you seeing and hearing that gave you that fear?

Julie Pinder

The media. It was all over the place. I pretty much believed that, you know, this miracle vaccine was coming and it was going to save us all and we'd be fine. And I kept hearing that the vaccine was safe and effective. So at that point, I wanted to do my part. I was scared of getting COVID.

Shawn Buckley

Okay, and then my understanding is you had your first shot on March 1st of 2021.

Julie Pinder

Yes.

Shawn Buckley

So you were fairly early on in the queue. Can you tell us what happened?

Julie Pinder

So my first shot, I came home and I was really extremely tired but it kind of felt like an anesthetic type of tired. My eyelids swelled up. I had a rash from my neck down to my feet, pretty much. I was itchy everywhere. And it just knocked me out. I want to say the rash lasted quite a while, it just kind of slowly went away.

But then I started noticing that my heart rate was elevated. I used to wear a Fitbit and I was tracking my steps. I'd look at my heart rate and it'd be up as high as 140 beats a minute and then it would drop back down again. And that was kind of continuous. So at one point I just thought my Fitbit was broken and I stopped wearing it.

I also developed weakness behind my ankle bones and I assumed I needed new work boots. So I did that and then I started wearing ankle braces at one point. I never connected the heart rate and the ankle weakness with the vaccine.

Shawn Buckley

Right. Did you seek medical attention for these effects?

Julie Pinder

Between the first and the second one, I think I did a few times because I was also experiencing cramping in my lower calves. Nobody put two and two together at that point.

Shawn Buckley

Okay. Now, my understanding is: because of these complications you were reluctant to have a second shot.

Julie Pinder

I was, yeah.

Shawn Buckley

But you did attend at the pharmacy to get a second shot. And I'm curious why you were kind of willing to do that again after what you had already experienced.

Julie Pinder

Well, I had a brief conversation with my head of health and safety at work. The place where I worked at is extremely hot.

[00:05:00]

And we had to wear face masks all day. I had asked him, "Once we're fully vaccinated, are we going to have to wear these masks?" And he said, "No, no, not once you're vaccinated." And I said to him, "Well, what about the people who don't want to get vaccinated?" Because there are a lot of people there. And he said, "Well it's going to be mandated, so they're not going to have a choice, we won't have to worry about it."

And also, I was hoping that I could travel. I had booked a trip to the Bahamas that just obviously didn't happen. So for those reasons. At that point, I was scared to take it, I'm not going to lie. I still at that point thought I was doing what was needed of me.

Shawn Buckley

You mean kind of the societal expectation that you do your part?

Julie Pinder

I saw a shift in the attitudes of Canadians towards people who were unvaccinated. People were turning their backs on the unvaccinated. I mean, I—people had really horrible, not-so-nice things to say. Everybody that was hesitant to get a vaccine became treated like an anti-vaxxer. And apparently. Sorry, I'm trying to—

Shawn Buckley

Just carry on. I'm sorry, I didn't mean to interrupt.

Julie Pinder

You didn't want to be—you just didn't want to be associated with somebody who didn't have a vaccine back then because of some not-so-nice things that were said, as far as I'm concerned, by our Prime Minister.

Shawn Buckley

Right. And I just want to make sure that I understand, basically, what was pressuring you because you clearly didn't want to be vaccinated. So basically, there was social pressure from Canadians and there was—

Julie Pinder

There was social pressure. When I went in and talked to the pharmacist and I told him how things had went down, he didn't want to give me the second dose. What he did was he had me tell him what my reaction was. So I told him what my reaction was. And at that time, I didn't even tell him about the elevated heart rate or the ankle weakness because I still hadn't put two and two together there. And so he decided that he didn't want to give it to me without a doctor's note from an immunologist.

I had taken that letter to my local hospital thinking that, you know, maybe there's an immunologist there and they can book me the appointment. We can find out if I'm allergic to anything in it. And instead, the nurse set up a consultation with an ER doctor. So the ER doctor came in and the first thing he said to me is, "I am not giving you an exemption if that's what you're here for." And I said, "No, I just want to make sure—"

Shawn Buckley

I just want to stop you there. So you hadn't even explained to him why you were there or any reasons for or against an exemption. And the doctor tells you, before you guys have any conversation, that he's not going to give you an exemption.

Julie Pinder

That's right.

Shawn Buckley

What was kind of the demeanour and attitude of this doctor and how you were treated?

Julie Pinder

You know, oddly enough, he was really soft-spoken. I think he was trying to come off as kind. But to me it was arrogant. Yeah—I mean, that's all I can say about that. He right away just, you know: "I'm not giving you an exemption." I started to express concern and he told me I should do my part, be a good citizen. Then he said to me, "Do you have any children or elderly people in your family?" And I said, "I have a new grand baby." And he said, "You don't want to be responsible for killing your grand baby."

And so obviously at that point—I think that was probably the only thing that could have been said to me to go back and get the second vaccine. When I saw the pharmacist again, it was the same pharmacist. He said to me, "Are you sure you're okay with this?" And I said, "No, but the doctor made it sound like I'm going to kill my grand baby if I don't do it." And so he gave me the second vaccine. But I feel like he was uncomfortable with it and he didn't want to. And you know, I kind of wish he had've stuck to his guns.

[00:10:00]

Shawn Buckley

And so what happened?

Julie Pinder

I was fine for the 15 minutes that I sat with him. Then on the way home, I could taste metal in my mouth. My right arm felt really heavy. I kind of wondered if maybe I was having a heart attack, so I pulled over, I drank some water, and I thought, “No, you know what, I’m just paranoid. I’m having a panic attack.” Because, you know, I was scared to have the second vaccine.

Another thing the doctor had told me was to take a Benadryl and I’d be fine—I forgot about that. I bought Benadryl from the pharmacist. I came home. I started to get that really, really deep feeling of tiredness again. I took the Benadryl and I went to bed.

I woke up at some point to use the washroom. And I knew I needed water. My head was pounding and I had lost the vision in my right eye. But I was so tired I didn’t even care. I just went back to bed. I want to say the migraine probably lasted another day. And then I woke up at one point and the headache was going away, my vision was restored. And I thought, “thank God, that’s over and done with.”

Then, I want to say, within a week after that, I started dropping things. And it just progressed from there. My hands, when I started this, looked normal. So they went from normal to skeletal looking within a matter of, I want to say, two or three months. I started dropping things. My sense of perception was off. I’d go to open a door and I’d completely miss the door.

I continued to try to work. The cramps in my calf muscles got really, really bad. It felt like all the muscles over top of my kneecaps had bunched up and in my upper thighs. And I remember doing reports at work and I’m holding a pen; I’m trying to make numbers and it’s like my brain just wouldn’t connect. I just couldn’t do it. At that time, I had a week off work and I thought, “Okay, well, I have a week to get better.” I just assumed I would get better.

Instead, things just progressively got worse. I started to be able to feel where I was losing the muscles in my body. To me, it felt like it went from my ankles up into my knees, my thighs, my trunk, my back, my neck, down my arms, and into my hands. And so I went to my local hospital and I spoke with a doctor there. And he told me that sometimes people are getting something called Guillain-Barré syndrome and that he would test me for it. He did blood work. He came back. He told me I was fine. I later found out that’s not even how you test for it, you have to do a spinal tap. So I feel like I was deceived just to get me out of the hospital.

I then started having issues with swallowing—

Shawn Buckley

Can I just stop you? When you’re presenting at the hospital— And this is in St. Thomas, am I correct?

Julie Pinder

Yep.

Shawn Buckley

You’re telling them basically what you’ve just told us, all of these symptoms.

Julie Pinder

Yes.

Shawn Buckley

And so they do a test for one thing. It's not that and so they just send you home without anything further?

Julie Pinder

Yes. I told that doctor that I was losing my muscles. And that was it, he'll do blood work. From there, like I said, things were starting to progress. I started having issues swallowing. I started having issues with my thought process. I knew I was losing my muscles rapidly. And so my husband took me to London Health Science Centre because we knew there were neurologists there. And I was seen by a neurologist in the ER. And he took a look at my hands and he said, "Yeah, something's going on here." And he admitted me. The next day, a neuromuscular doctor came in. And she basically argued with me and told me what I was experiencing wasn't happening. I couldn't walk a straight line, I had no balance, they saw that. I'm assuming my blood pressure was low because I had a nurse ask me twice if I was dizzy. And she had me do a genetic spit test. She also told me that I should protect the muscles in my arms by wearing hockey equipment to bed.

[00:15:00]

And I think at that point I had asked to see a different doctor, who was no longer at that hospital. And of course, that took a little bit of time. But yeah, I was sent home like that in active muscle atrophy.

Shawn Buckley

So did they do any follow-up with you? Because they basically told you that you're not experiencing what you're experiencing.

Julie Pinder

No. I was passed off to a different doctor, who has done nerve conduction studies. And has said, "Yeah, you're getting weaker." I've had several blood works done, I've had the genetics testing done, I've had an MRI, I've had CAT scans. And I feel like they just keep looking for autoimmune diseases that I don't have.

Shawn Buckley

Are any of them considering that it's a vaccine injury?

Julie Pinder

I did have an appointment with a rheumatologist who said, "I don't know what the big deal is." She believes it's a vaccine injury. I also saw a spine surgeon who looked at my MRIs and she said there's nothing that she can see that's wrong with my spine except for the normal aging stuff. I think she had said that she agrees that it was a spine injury. I know she said that she can't think of anything that can make your muscles waste that quickly.

Shawn Buckley

Now, you said she thinks it's a spine injury. Did you misspeak there?

Julie Pinder

Oh, yes, I misspoke. She did not think it was a spine injury. Sorry.

Shawn Buckley

Now, you applied for long-term disability. What happened?

Julie Pinder

Yep. I have in the past reacted neurologically to nitrofurantoin. And I think, once I got better, they just left it there. I also had issues back then, like, not nearly this severe. But because of that, they say "pre-existing," and that's just what insurance companies are like. So even though they have the rheumatology report, that's just what they're like.

Shawn Buckley

Right. So how has this affected you financially?

Julie Pinder

My husband also has— He was one of the unlucky people who got a specific batch number of AstraZeneca from the Baltimore plant. He has heart damage and now he's working two jobs. And it's impossible to get compensation from the Vaccine Injury Support Program, from what I understand. Even to get my paperwork, I had to get my MP involved. I kept repeatedly phoning them, sending emails; they didn't even send me the paperwork. And now, I'm just hesitant to do it because I feel like they're going to just be like the insurance company. Well, they're going to just try to disprove it.

I mean, it takes almost a year in Canada just to get an MRI, right? So how are people supposed to function like this? I was told I could apply for my CPP disability but that takes up to eight months. And I mean, quite often, I've heard they deny you the first time.

So—yeah, there's nothing really set up for people who are injured instantly.

Shawn Buckley

If you could share one thing with your fellow Canadians, what would your message be?

Julie Pinder

Don't get it. Because there's nothing— It would be different if they were doing studies or if they cared. I was told by my MP I'm just somebody who happened to fall through the cracks. You know, I mean, I've lost my job.

[00:20:00]

I'm trying to gain back my health.

Don't do it. Until this government is willing to step up and help people and stop trying to divide us, I'd stay the hell away from it. I guess my big concern now is you have a whole bunch of people who have been injured by this vaccine. We're being censored online. If I put anything on, for example my Facebook, I get a warning for false or misleading information. Even if it's pictures of my own vax injury. We've been called liars by people who had it and had no issues with it. The people who were anti-vaxx or against it telling us that we deserve what we got because we didn't listen to them. We can't get treatment by doctors and this government isn't supporting us.

Shawn Buckley

Okay, I'm just going to ask the commissioners if they have any questions of you.

Julie Pinder

Sure.

Shawn Buckley

And the commissioners don't.

Julie Pinder

Okay.

Shawn Buckley

Julie, on behalf of the National Citizens Inquiry, I truly thank you for sharing your story. It's so important that people like you let everyone know what's happened and what your experience is.

Julie Pinder

Can I just say one more thing quickly?

Shawn Buckley

You certainly can.

Julie Pinder

So my concern is: if this vaccination can do this to adults, I can't even begin to imagine what it can do to a child. You have children who are getting myocarditis— I don't understand, you know. If given the choice between getting COVID or getting myocarditis, I'd take my chance with COVID. It doesn't make sense to give children this vaccine to keep an 80-year-old, say, off a ventilator. It makes absolutely no sense to me.

And that's where I better leave it, because I get from upset to angry.

Shawn Buckley

Thank you again, Julie, for sharing with us.

Julie Pinder
Great, thanks.

[00:22:23]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 3: Catarina Burguete

Full Day 3 Timestamp: 03:17:40–03:35:07

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Allan Rouben

Can we get your name, please?

Catarina Burguete

Catarina Duarte Burguete.

Allan Rouben

And we've been swearing in witnesses, so Ms. Burguete, you swear that the evidence you're going to give will be the truth, the whole truth, and nothing but the truth, so help you God?

Catarina Burguete

I swear, so help me God.

Allan Rouben

Thank you very much. Tell us a little bit about yourself.

Catarina Burguete

I am 51, I am a mother of four: three girls and a boy ranging in age from 21 to 13. My husband and I own a business in the hospitality industry. I am a retired healthcare professional. I retired to raise my children a long time ago. During the pandemic, when they were short of PSWs [personal support workers]: because of my background we could quickly train, and I went to work in long term care.

Allan Rouben

What is it that brings you here today?

Catarina Burguete

Today, like everyone else, I just feel it's important that our stories get told. And I would like people who maybe aren't aware of the consequences, of what some of us went through, to listen.

Allan Rouben

And so you mentioned about your children. What are the impacts of the last few years? What has that been on your children?

Catarina Burguete

Well, all four of them have felt the impacts in very different ways. So early on—my husband is a retired scientist and with my background in health care too—we questioned everything. We've always been like that anyway.

So for the kids, if I start with my oldest, who was in third-year biology at Queen's University, we made her aware that the vaccine had no long-term safety data and that we did not want her to take it. We showed her the information and we held our breaths and we let her decide for herself what she wanted to do. There was a very real threat that she'd be kicked out of school. And she was. We are grateful that she decided she wasn't going to take it but it was very difficult.

Allan Rouben

What happened to her, exactly?

Catarina Burguete

So ironically, the January before she was dismissed from university, she got COVID from a fully-vaxxed friend. And we tried to say, "Well, what difference does it make? This friend is allowed to return after the Christmas break. She is not. They've both had COVID. She's fully recovered now." Anyways. So nope, there was none of that. She had to come home.

She went through a very difficult time with, maybe not depression, but feeling very low, being ostracized by friends who were afraid. Her roommates made her life very difficult. Somebody who'd always been popular just couldn't believe that her friends would turn their backs. These kids were ruled by fear, total fear.

Allan Rouben

Did your daughter know if she was going to be going back to school?

Catarina Burguete

She had no idea if she would ever be able to go back and she was devastated.

Allan Rouben

What ended up happening?

Catarina Burguete

So she came home, she worked, and then the mandates were dropped. And she was allowed to return in September of—this previous September. Of course, now she's a semester behind, so she's going to have to go back and finish to get her degree.

Allan Rouben

And your other children, what grades are they in?

Catarina Burguete

So my middle two were in high school throughout, and then my youngest is now in grade seven.

Allan Rouben

What did you see in terms of the impacts on them?

Catarina Burguete

Oh, mentally, huge. We've heard this morning about all the crazy school requirements and the cohorts and not being able to socialize,

[00:05:00]

and the fear that was instilled in all these children. And of course, they felt they had no social lives. It was depressing: they didn't leave their rooms, they had no sports, they had no outlet, no clubs, no nothing.

Allan Rouben

In your school district was it mostly remote learning over the last three years?

Catarina Burguete

Remote learning, yep. Luckily a very good friend of mine is a retired high school teacher, so she was able to help my teens. And my son, I said, "No, you're not logging in; we're going to homeschool for the time that you're meant to be online."

Allan Rouben

From your personal viewpoint, what did you see in terms of the effects of remote learning?

Catarina Burguete

Well, if I focus on my youngest son, there's no socialization, there's nobody to play with. He had a diagnosed speech impediment and luckily, we were fortunate enough that his speech therapy could continue online. When he did return to work and they were meant to be masked, I said no. I mean, show me the data that a masked child with a speech impediment isn't going to be adversely affected. And it didn't exist. So we were given an exemption. He was the only one in the school of 250—he's got a spine of steel—he was unmasked.

The following year, I was no longer able to just say as a parent, “My child will not be masked all day.” And that we had to use his speech impediment as the reason for them to tick that box.

Allan Rouben

I’m guessing that was a bit of a struggle to get that exemption.

Catarina Burguete

I think they knew we weren’t going to back down as parents and they were happy to have the out. I felt for other parents who I’d heard from who didn’t have that excuse, and I hated to use it as an excuse. No child should be masked six hours a day, never mind an hour a day. Yeah, I hated to use his disability as an excuse but in the end, I had to.

Allan Rouben

And tell us a little bit about the impacts of mandates and COVID policies generally on you.

Catarina Burguete

Well, on me, because I was working in long-term care, we were being tested every day. And it came through the pipeline—even though I had started, I had trained as a PSW through the pandemic because they needed us—it was coming through that you were going to have to be vaxxed. And by then, my husband and I were pretty sure; well, we knew right away that we were not going to do that.

He’s a retired scientist and I’ve worked in healthcare. And it was just insane to me that a rushed product, for which we now know there was ample evidence that didn’t even stop transmission, and that carries huge risk, could be mandated for anyone. So I said I wasn’t going to do that. And I tried to find ways around it. I said, “I will submit to testing before every shift.” I said, “You know, there’s evidence of a really good prophylaxis coming out of South America.” No, it was just, it was a non-starter. There was no way. It’s the vaccine or you’re out. And the irony is, all of my colleagues in long-term care are tested every single shift.

Allan Rouben

So you lost your job?

Catarina Burguete

I lost my job.

Allan Rouben

When was that?

Catarina Burguete

October of 2021.

Allan Rouben
Have you gone back?

Catarina Burguete
No, it is a county-owned facility, and our county still has a COVID vaccine mandate.

[00:10:00]

Allan Rouben
And I understand you're a churchgoer.

Catarina Burguete
Yes, I am a singer too. And I sing in a few different choirs and I sing in our church choir. I also worked very part-time in our church office.

But through COVID, choirs were devastated. We weren't allowed to sing as a group. And they asked for volunteers to maintain the music in ministry, which I did. Nobody else volunteered, everyone was too afraid. I said I'd do it.

And then when choirs were allowed to resume, there was a catch. And you had to be vaxxed. So the people I had stood beside for ten years, twice a week, every week, said nothing. They watched me walk away.

Allan Rouben
So you couldn't sing either?

Catarina Burguete
No.

Allan Rouben
Today?

Catarina Burguete
Today, it's okay. I can sing, but only in selected choirs, because some choirs require more protection, I guess. And so it's okay to sing in my church choir every Sunday, just like it is in, I assume, every church in the diocese.

However, for some years, I had sung in a diocesan choir, which brought together people from all over. And we did some big events. And in that particular choir, you must be vaxxed.

Allan Rouben
You mentioned about a business that you and your husband own?

Catarina Burguete

Yep, we own a business, we own a brewery. And so early on— My husband is a retired scientist. He actually happens to be a yeast specialist and RTQ [Real-Time Quantitative] PCR specialist. He performed PCR tests hundreds of thousands of times in his postdoctoral research.

But in the beginning of the pandemic, we thought, well, you know, we have to do our bit. We're going to help. We have to do our bit. And he ended up making hand sanitizer when there was a huge shortage. We donated about \$30,000 worth of materials and he made the hand sanitizer and donated it all to local— There was a charity set up that was trying to get PPE and supplies to local hospitals, doctors' offices, and businesses.

Allan Rouben

So this was in the early days of the pandemic?

Catarina Burguete

Yes, yes.

Allan Rouben

And was your business—did that remain open?

Catarina Burguete

Well, because alcohol was essential, we were allowed to keep the bottle shop open, so people could come in and they could buy. But we couldn't operate the bar. You couldn't come in and sit and have a beer. You could come buy it and take it home. So I mean—and the other thing is, the pubs and restaurants are closed. So we had nobody to sell to. So our business suffered like everybody else, pretty much.

Allan Rouben

And from a social perspective in your community, how would you say you and your family had been impacted?

Catarina Burguete

We've lost a lot of friends, but we've made so many more friends. We discovered—at our lowest and like many people, feeling so low, just like a cloud over your head constantly—we discovered an underground of people who were suffering in all sorts of ways. And we started to meet. I mean, this was during lockdown, too. It was all secret.

It's just crazy to think about it now, but I found a lifeline. And I still remember showing up to that first meeting and I couldn't believe it. I couldn't believe I wasn't alone. We all told our stories. And we all had to park, like, far away, so that neighbors wouldn't report you. And those people are some of my best friends now.

[00:15:00]

Yeah. A really dark time, really dark time.

Allan Rouben

Do you feel like you're coming out of it now?

Catarina Burguete

Yes. Yes, things are somewhat back to normal. But like many people, I struggle with the idea of forgiveness. Because forgiveness does not happen in a vacuum. It requires an apology. It requires a sense of what was done wrong, an acknowledgement of what was done. And reparations, whatever they may be. And a system put in place so that it won't happen again.

Allan Rouben

We talked in the education sector earlier with Mr. McCurdy about acknowledgements by officials and it doesn't seem like that's occurred. What have you seen, if anything?

Catarina Burguete

Nothing. Nothing. No one's apologized. No one. Not on a personal level. Actually, that's not true: I've had one or two people on a personal level apologize. And I am so ready to forgive on any other level, though no one's apologized. No one.

It needs to start from the top down, from the politicians. Public health needs to be gutted. Reprehensible. And they need to apologize. They need to pay for what they've done. But I'll take an apology, any day.

Allan Rouben

I wonder if any of the commissioners have any questions?

Thank you very much for coming.

Catarina Burguete

Thank you. Thank you so much.

[00:17:27]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 4: Dr. Eric Payne

Full Day 3 Timestamp: 03:36:15–04:32:36

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Allan Rouben

Good morning, Dr. Payne.

Dr. Eric Payne

Morning. Can you hear me?

Allan Rouben

Yes, we can, and we are seeing some of your slides coming up.

Dr. Eric Payne

That's perfect.

Allan Rouben

Before we get to that, can I swear you in, which we've been doing with the various witnesses. So do you swear that the evidence you give will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Eric Payne

I do.

Allan Rouben

Thank you. And you're joining us from Alberta, I believe, right?

Dr. Eric Payne

That's correct. I'm in Calgary.

Allan Rouben

And tell us a little bit about yourself.

Dr. Eric Payne

Well, I've got a summary of my academic background up here on the right. I am a child neurologist, Canadian-trained, worked in the States as well at Mayo Clinic for six years before being recruited back to the Children's Hospital to help build a neuro-inflammatory program, as well as my epilepsy surgery and ICU-EEG experience. We returned— We being my family, I have three small children as well, eight, six and four. We moved back to Calgary from Rochester, Minnesota a month before the pandemic started.

Allan Rouben

It says there that you were a pediatric neurologist at the Mayo Clinic for six years before you came back.

Dr. Eric Payne

That's correct.

Allan Rouben

What did that involve?

Dr. Eric Payne

Yeah, that was an outstanding experience. There's not a better healthcare delivery model system in the world, in my opinion, than Mayo Clinic. I had the ability to just focus almost entirely on epilepsy, both adult and pediatric, and I was very involved in helping to develop and run their ICU-EEG [electroencephalogram] monitoring program. So we hooked patients up who are critically ill in the ICU to EEG to look for seizures and prognosticate outcomes.

And so you know, my youngest two were actually born in the States. They're American. We had a really, really good experience and really only decided to move home to Canada when University of Calgary and the Alberta Children's Hospital came soliciting once again—you know, about six months or a year before I came—to sort of say that they had an open job coming up. And they wanted to write that job based on my credentials, which they did.

And as a result of a three-year starter package that was very generous with funding, as well as protected research time, which was going to be 50 per cent of my time, we made the decision to move to the family at that moment.

Allan Rouben

And that was in the spring of 2020.

Dr. Eric Payne

That was in February 2020.

Allan Rouben

February. Okay. All right. So what happened next, from your perspective?

Dr. Eric Payne

Well, with respect to the COVID stuff—I have a slide here on ethics—really where I got involved with this was a letter that I wrote on September 15, 2021 to the College of Physicians and Surgeons in Alberta. Because they were openly contemplating whether or not to tie our medical licences in the province to the COVID vaccination.

And at that same time, Alberta Health Services [AHS], who was my employer—or one of them anyways, University of Calgary as well—had made the decision late August that they were going to implement a COVID-19 vaccine policy. And that if you were not going to capitulate, that you were going to get locked out and lose your job.

So I wrote a letter, you know, 18 pages with about 80 references, every bullet point backed by a fact, a data point. And that letter ended up going viral, I guess. I put a copy of it, as you can see up here, on the JCCF website because people were manipulating versions of it when it first got out.

Allan Rouben

Sorry. What is JCCF? Apologies.

Dr. Eric Payne

JCCF is the Justice Centre for Constitutional Freedoms. So they were one of the only lawyers or law firms that were willing to talk to someone like myself, who was looking to fight back against these, what I felt to be, very unconstitutional mandates.

But more than that, the science at the time in the fall was incontrovertible. We knew that these things didn't stop transmission. We had all these long-term concerns. They failed to show us the bio-distribution data about where this thing goes when it travels in the body. There were a lot of concerns. And we also knew who was at risk. And as somebody who is a healthy 40-year-old, I was not in that high-risk category. So we wrote this letter and these are the main bullet points that I argued in that letter.

[00:05:00]

And then a few weeks later, I got onto a podcast, a Shaun Newman podcast. Mainly because, one, this version of the letter was never meant to be distributed; this was written specifically to 15 physicians on the Council of the College and I felt that it was a little bit too complicated for layman interpretation.

So I got on the podcast to explain it. I also wanted to explain to my colleagues where my head was at. Why, all of a sudden, someone who they had gotten to know for a very long time, because I trained here for eight years— They knew they were getting somebody who cared a lot about their patients and was going to work hard. So I tried to explain to them where I was coming from. But very quickly after this, things went sideways. I've still not received a response from the College. So that letter that I wrote to the College has never received a response.

I sent it to the CEO of Alberta Health Services at the time, Dr. Verna Yiu. She forwarded it to Dr. Mark Joffe. Dr. Joffe is now the Chief Medical Officer of Health appointed by Premier Smith. And he wrote back to me thanking me for my letter and concerns, that they were going to continue to go with the international community. And suggested that if I had concerns about the mRNA vaccines, that I consider taking one of the DNA vector vaccines like the AstraZeneca. And of course, the AstraZeneca got removed from the shelves a few months later because of an increased incidence of clots and bleeding.

After my letter sort of went around, there was another pediatrician at the Alberta Children's Hospital who wrote a letter as well. And so this article in the *Calgary Herald* was sort of slandering what we had talked about—misrepresenting, of course, what we talked about. And one of their go-to individuals for misinformation here in Canada is an individual by the name of Timothy Caulfield, who just won the Governor General's Award for fighting COVID misinformation as a matter of fact. He's also a member of the Pierre Elliott Trudeau Foundation. And so he made this comment that calling into question the safety and efficacy of the vaccine was like "denying the pull of gravity."

But since that time, experts such as Dr. Byram Bridle as well as Dr. Steven Pelech have tried to sit down and just have a discussion about the science. And these articles here speak to those efforts to try to have a debate and discussion. But Mr. Caulfield, who is apparently an expert on COVID misinformation, refuses to sit down even two or three years out on this, which I think tells us quite a bit. And as a result, moving forward, AHS moved to take immediate action. So these are the actual cut-outs from the letters.

They took immediate action on December 13th at 12 o'clock. They let us know. That deadline got pushed back a few times, but I think at 11 p.m. that night, we got the email that we were officially being locked out the next morning. And then the very next morning, December 14th at 8 a.m., the College sent in two investigators to go through my records in front of my colleagues, looking for vaccine exemption letters.

They had, I guess, received a complaint or had concern that I might be writing vaccine exemption letters. So as you can see here, they went through letters from September on. They went through 82 patient records. They found a handful of vaccine exemption letters that I had written for select patients. And they ended up concluding that these were well-documented and valid and that there was, as they say, insufficient evidence found to suggest that I wasn't compliant.

And at the time, the College was telling physicians—I've got this on video—that the only exemption that you can write is if somebody has an allergic reaction or myocarditis after the first. There were no exemptions before the first. However, if you went to their website, there were exceptional circumstances. You had to document them properly. So that's what I did. But that's why everybody had such hard times getting these letters. And the reality was, even once the letters were written, I had colleagues here who had two exemption letters from physicians, and they were still fired from AHS.

On January 6th, the University of Calgary sent me a letter stating that they were not going to renew my contract. I had a signed three-year letter of offer, including three years of start-up funding for the 50 per cent, 45 per cent protected research time. And they specifically said in the letter, you can see that in quotes: "removed from my education activities by the Cumming School of Medicine due to non-compliance with the University of Calgary's vaccination directive."

And so that was January 6th. And then February 28th, they dropped the policy. So I was officially non-compliant with the University of Calgary's policy for two months. And then Alberta Health Services dropped the mandate in July. I was allowed back into the hospital six weeks after they locked me out. Because at that point, they finally decided that they were going to allow testing.

[00:10:00]

And so before I went to the hospital every day, I had to go to the pharmacy and pay for a test so I could go into work. But fortunately, I was right guessing that was going to be very temporary. And that lasted just a few months and I was back without testing. What's gone on since that time was, as a result of removing my quite lucrative salary contract, they've allowed me to continue on a fee-for-service basis in the hospital while I continue to diminish my clinical time. I've started to see patients in the community.

But just before Christmas, I was made aware that they were advertising for the job that they had removed from me. And so I decided to put my name back in the application. And I just found out a couple of weeks ago that they're not going to consider my application to move forward with that application; they're going to interview four other individuals. All excellent, I know three of the four of them, three of them are still in fellowship training. So they're not even consultants. And the other one is a general neurologist. So you know, not the same skill level or research background or experience.

And I still have two complaints against me outstanding with the College with respect to misinformation. One is related to the original letter itself. The one that I wrote to the Council, I've never received a response for. They have informed me a year and a half out that they have hired an expert third opinion. They can't find, I guess, anything scientifically wrong, so they've asked for a third opinion. And then, from what I understand from other doctors in Alberta who have gone through this with the College already: first of all, getting an outside contractor to look into this is very abnormal for them. But there's a company that they've hired for a couple of physicians. And it's a group of ex-RCMP officers who are now investigating whether or not I spread scientific misinformation when I wrote a letter to my college seeking discussion and debate about something I was very concerned about safety-wise.

The other complaint came from a colleague at my hospital, who I've known for a very long time—someone who showed the intestinal fortitude and the character of courage to just write the complaint behind my back and never actually approached me with any of these concerns. I just, all of a sudden, have a complaint from them. So that one's still open for misinformation as well.

Allan Rouben

So if I can just stop you there and summarize where we are at: you were effectively recruited by the Alberta health officials because of your expertise, recruited away from a job you loved at the Mayo Clinic. And then were promptly let go because for a period of six to eight weeks, you were not in compliance with the vaccine mandate. Is that it?

Dr. Eric Payne

That is correct.

Allan Rouben

Okay, you can continue.

Dr. Eric Payne

I thought at this point I would sort of focus on the four main points of my letter, just showing very briefly. I got a lot of slides but I'm going to go through them—not to explain everything but people can take screenshots and it's going to be there for posterity.

But the first point was that September 1st, so 15 days before my letter, the CDC [Centers for Disease Control and Prevention] decided to change the definition of a vaccine. Because these genetic jabs were not vaccines and so they had to change the definition. They weren't preventing disease. They weren't providing immunity, so they changed it to providing some temporary protection.

We also knew at that time—this is CDC data here—I mean, you know, age was an incredible predictor of who was going to get injured. So here I am within the 20- to 49-year-old group and I've got a 99.98 per cent chance of survival. We knew this within three months before it even sort of arrived on our shores officially.

And if you look at the Canadian data—this is on the Canadian publicly-available data—you can see down here: This is age and this is the number of cases of COVID over time, deaths “with” or “from” COVID. Keep in mind that at least 50 per cent of these are going to be with and they didn't actually die from COVID. This has been acknowledged by multiple public health officials many times. But as of May 13th, 2022, there were a total of 40,000 deaths in Canada in three years. And half of those were with and not from.

So we've had 20,000 deaths in Canada in three years from COVID, and 97.1 per cent of those have occurred in those over 50. If you look at the breakdown in Alberta, just focus on the summary here: Albertans over 50 years have comprised of 70 per cent of all COVID related hospitalizations, 70 per cent of all COVID related ICU admissions, and 96 per cent of all COVID-related deaths.

If you look at it divided by pediatric data, fortunately this thing has not been affecting kids. We didn't have any deaths in Alberta until the fall of 2021. So this was a full year and a bit, after the pandemic,

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just as the vaccines were starting to roll out. We have five cases of death. I know three of them died for sure with and not from COVID. I don't know all five of them, but this is the total number. This is the number of kids that got hospitalized out of all of this, total on the ICU and five deaths.

In one of those, the very first death as a matter of fact, our former Chief Medical Officer of Health, Dr. Deena Hinshaw, got on and held a press conference to indicate to families that we had just lost the first child from COVID and then promptly sort of encouraging families. That was right at the time they were both to push the vaccines in the 5- to 11-year-olds and then had to retract because a family member pointed out that the teenage boy had been suffering from stage four brain cancer and had died with and not from COVID. So she apologized and retracted that.

And this is not surprising. This is October 26, 2021, right at the time my letter went out. This was Pfizer's own modeling data that they submitted to the FDA. And they predicted that if you vaccinate one million children, so two shots fully vaccinated, you're going to save maybe one life. But you're going to cause somewhere between 34 and 17 cases of excess myocarditis in the ICU. And we know that probably 15 to 20, maybe up to 50 per cent—depending on the study of people who have ICU myocarditis—die within five years.

So based on their own modeling, before this thing rolled out in kids, before the Canadian government approved this, this table showed you that they were going to kill more children because of ICU myocarditis than save from the vaccine. And this doesn't include any of the other side effects. We were told, as you guys all remember:

[The witness plays inaudible video clip of Dr. Rochelle Walensky]

Allan Rouben

We can't hear.

Dr. Eric Payne

Oh, you guys can't hear that.

Allan Rouben

We can't hear that clip from Ms. Walensky.

Dr. Eric Payne

Okay, so that's—

Allan Rouben

The gist of it is that we were told that the vaccine would prevent you from getting Covid, yes?

Dr. Eric Payne

Yeah, that's right. I'll have to figure this out because I've got other short videos too. But she was telling us that you're not going to get it. If you get it, you're not going to spread it to other people. And then we had— And hopefully, let's see if you guys are— If I just do this, you guys may be able to hear this now.

[The witness plays an inaudible video clip of Dr. Anthony Fauci.]

No, that's not going to work. So this was Fauci saying the same thing. And these are all the people that said that.

But the key to what was taking place here was that in the official trials that were done—and they came back telling us that this was 95 per cent effective or 100 per cent effective in the teenagers—what they were providing was the relative risk. They were not providing us with the absolute risk. The absolute risk from these trials actually showed that if you had 100 per cent chance of getting COVID, these things reduced it by 1 per cent. So the number

needed to vaccinate based on these numbers showed that you needed to vaccinate 125 people or 200 people just to prevent one case.

So there was no chance that vaccinating everybody was ever going to solve this endemic virus. And this is a quote from a document from the FDA [Food and Drug Administration] itself, saying that it is actually unprofessional to just provide the relative risk and not provide the absolute risk.

This is a document that was pushed around in Canada, including the children's hospital that I worked at back in June in 2021, stating here that the vaccine was 100 per cent safe and effective based on the relative risk in those children. But they also suggested that we had no concerns for long-term risks. And I was able to confirm via email with the pediatric infectious disease doctor who was helping push these things: At the time that they were sending this to families, they only had eight weeks long-term data in adults. They didn't even have eight weeks in kids at that point.

The major integrity issues with respect to the Pfizer original trials as well, there's a whistleblower who is currently suing them. And it's incredible what they were getting away with.

Hopefully, you guys are able to hear. You guys can't hear that, can you?

[The witness plays an inaudible video clip of Bill Gates.]

Allan Rouben

No, we can't.

Dr. Eric Payne

Okay, so that's Bill telling us that these vaccines are not good at infection-blocking and preventing the disease. So he, right after making this statement, sold off a whole bunch of his Moderna shares with a pretty good upside to them.

Here is the Alberta public health data, and this is the kind of figure that I have in some of my expert opinions that are before the court with respect to COVID.

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But this is the Alberta data over time, COVID cases. Two doses is in the green, three doses is in the red, one dose blue. And so what you can see: May 2021, September '21, here we are at the Omicron, right during the truckers, in Ottawa in January of 2022. And if you had had two doses, you were twice as likely to get Omicron. And that is relative to 100,000. So this is not the absolute numbers, this is relative numbers.

This continued. And you can see here, as of March 13th, the three doses were most likely to be getting COVID by the Alberta data. And it was at this time that Alberta took this number off the website. Now certainly, there is more uptake on the third shot among elderly people, so that for sure is a part of this, but it does not account for all of it.

Here's the Ontario data: same thing, fully vaccinated, absolute risk right around January '22, more likely to get COVID if you had two shots. Relative to vaccine status per 100,000, the double-vaxxed were more likely to get Omicron last Christmas.

This is the U.S. data, looking specifically against Omicron coming out this fall: zero per cent effectiveness is here. And you can see that over time, across all age groups, this became negative effectiveness over time.

This was a prospective study just done at the Cleveland Clinic in the fall, where they looked at the bivalent effectiveness in 50,000 of their own healthcare workers. Note that they didn't even force their healthcare workers to all take the shot because they had some people with zero doses to study. But what this showed very effectively was a dose-response curve. The most likely person to get COVID Omicron this last fall was four doses, then three doses, then two doses, then one dose, then zero doses.

This video, I think many people have seen this one as well: an E.U. parliamentarian asking a Pfizer executive if they had had any evidence that the vaccine stopped transmission before they rolled this out. Which, I think, most people thought that of course they have evidence that this had. She chuckles and says, "No, we didn't have any evidence to show that this stopped transmission. We had to move at the speed of science." Whatever that is.

So right around that time, the naysayers here will say, "Well, it still does something against serious illness and disease." But in March 2022, this was the data available publicly in the U.K. And nine out of 10 COVID deaths were in the fully vaccinated. So U.K. and Israel were about three to four months ahead of us on this, so you could just look to see what was going on there to predict what was coming in Canada, which was why, when I wrote my letter in the fall, I already had Israeli data that showed that two doses comprised 60 per cent of the ICU admissions in September. So there was no way even against serious illness and death that this was going to do what they were saying it was going to do.

Here's B.C. data showing the same thing. Ninety-three per cent of the COVID-related deaths in March were in the vaccinated—85 per cent, 82 per cent of hospitalizations. And this is despite the fact that only 50 per cent of people in B.C. had taken three shots. Proportionally speaking, the triple vaccinated are most likely to die from COVID. That's in B.C.

This is the Alberta data, same thing. Three doses, 50 percent—this is hospitalizations. So you can see 81 per cent of the hospitalizations were in the vaccinated. And then in deaths, this is July 4th, 2022. Seventy-three per cent of the deaths in Alberta occurred in those who were with two or more shots. And this data is important, especially in the context that we only had 39 per cent uptake on three shots.

So this is right here at the Omicron, when it came out at Christmas time in 2022. And right when everybody who had taken two and three shots got COVID anyways, a lot of them decided that they weren't going to take three shots. So we haven't gone past 40 per cent uptake. It's plateaued since January of 2022. And in response to those numbers, AHS has taken— **The Alberta government has taken the cases by vaccine outcome, death, hospitalization, and cases itself. You can no longer get that anywhere in Canada, basically.**

This is Paul Offit. And he's a member of the FDA that consistently— He's a pediatric infectious disease doctor who consistently voted "yes" for the vaccines. And he's saying that he would have voted "Hell, no" if he could have said, "Hell, no," instead of just "No" to the Omicron boosters, because of the complete lack of data associated with that.

And then what we've seen here in the last six months is that because of the efficacy data and lack thereof, multiple jurisdictions are taking this from their shelves. France just removed this. Denmark stopped recommending these back in March, a long time ago—

sorry, September 2022. England. Here's Florida removing these from those under the age of 40.

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Here is the Danish health minister saying it was a mistake to recommend COVID-19 vaccines for children. Here is a health official from Quebec recently stating that they're not going to recommend boosters, only for the vulnerable, specifically drawing attention to the fact that natural-acquired immunity with respect to COVID actually exists. And those who have had it—given that about 95 per cent probably of us, based on serology studies have had it—there's no reason to boost everybody with it.

And then just this week the World Health Organization, of all people, is now no longer recommending this for those who are not at risk. You know this clip. If you haven't seen it—it's really too bad that the voicing is not working here—this is Anthony Fauci years and years ago being asked specifically on camera about a woman who just got influenza, just got the flu, and whether or not the person who just got the flu should also get vaccinated against the flu. And he says, "If she has really had the flu, then she does not need to be vaccinated."

The best vaccine is in fact being infected with the virus. So that was pre-COVID, that was the brain on pre-COVID. And then all of a sudden, right as these vaccines were coming in, we know by serology, by the summer of 2021, that probably 50 per cent of the population had been exposed to COVID. The idea that you would expose 50 per cent of your population to an experimental genetic jab if they had protection from already getting it didn't make any sense. So they had to tarnish that long-held medical established fact that, yeah, 2,000, 4,000, 6,000 years of human existence and we're here because of our immune systems.

Dr. Paul Alexander put together 160 research studies over the last few years showing a superiority of natural-acquired immunity post-COVID infection to the vaccine.

And here's a recent paper that just came out earlier in February. I'm not going go through it but basically, it was a meta-analysis of all the best data. And as a result, showing for sure that there is better robust protection. Even if you get reinfected—like with Omicron if you got, say, the original virus or alpha or something like that—you are protected against serious illness still with these numbers. And that led to actually the mainstream picking this up recently. So you know, what was actually interesting about this study was it was funded by the Gates Foundation. So they really have to acknowledge this now for that to come out that way.

But nonetheless, here is, "Three Years Late, *The Lancet* Recognizes Natural Immunity." And **this is one of the points that I was apparently spreading misinformation for when I wrote that letter in September. Here's the *New York Post* stating the same thing.**

These are two short videos talking about vaccine-induced enhancement. The idea that being vaccinated against certain viruses: with subsequent exposure to that virus, you can get increased infection, or you can get enhanced infection as a result of that. And it's well known.

I had written about this because we had about a dozen papers where animal models had gotten respiratory viruses. And subsequent to getting the vaccine, subsequent exposures, the animals all died due to antibody-dependent enhancement. And this is Dr. Fauci explaining exactly that: that there is this issue with vaccine-induced enhancement. The FDA

knew that it was a risk with the COVID vaccines. So they were watching for it apparently, but they haven't really been documenting any of this.

And we can get this through antibody-dependent enhancement: immune imprinting, where your immune system gets biased towards the first version of what it sees. And then it can get exhausted by all these subsequent boosters. And Peter Hotez has been one of the most vocal pro-COVID vaccine people on CNN, everywhere. But this is a testimony from him. This is really remarkable testimony as a matter of fact, back in March 2020. He himself had done vaccine research with the coronavirus and had found that vaccine-induced enhancement was an issue. And he specifically talks about an RSV [respiratory syncytial virus] vaccine where children died as a result of vaccine-induced enhancement.

And so it is an absolute concern. It was a concern. Everybody knew that it was a concern. And if you look across here now, we've got clear evidence in the peer-reviewed literature that that has taken place. That antibody-dependent enhancement has happened with Omicron, the antibodies that are being generated are not neutralizing, meaning not cancelling, the virus itself. We knew this at the time I wrote my letter.

This is the paper with respect to the Delta variant that was present in Fall 2021. Again, showing there is infection-enhancing antibodies that's been detected. And this is one of the things that I know; this was quoted as well. But look at the date that this was submitted, November 2019. So pre- this rolling into our shores, as far as we've been led to believe. Although now it's been even recognized by the former CDC director and in peer-reviewed literature. The virus was in circulation in the fall, for sure in Europe.

But anyways, here is the woman, Zhengli Shi, who's colloquially known as the Bat Lady. In their lab, they actually induced enhancement of coronaviruses.

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Before this thing got out and infected everybody, there were people playing with antibody-dependent enhancement of the coronavirus itself. And now it's widely acknowledged. What was previously conspiracy theory with respect to this thing having been generated in the lab. now I think everybody has acknowledged that it was definitely created.

The COVID genetic jabs and distribution, it's a huge issue. Because there isn't a single drug that we get that I can't look up what happens to it in your body, how long it takes for that thing to get metabolized, where it gets metabolized. And for whatever reason, that was not present with these vaccines, these genetic jabs.

And we knew that they were being housed in a fat ball, the mRNA ones were. So because of that, my thought was that this could get everywhere. We were specifically told that this produces a spike protein, but that spike protein gets tethered to a cell membrane and as a result, can't circulate in the body. And then gets recognized, destroyed; you build up an immune response and then it's gone.

Now the Canadian government is recognizing on their website. It was a conspiracy to suggest it could circulate in the fall, when I wrote this. But now the Canadian website is acknowledging that this can exist for days to weeks. It can actually exist for many, many months. There's evidence that it can even exist beyond a year.

And this point about, "This does not get into the cell nucleus," and whatever—that may not be totally true. We've got this paper by Alden et al in a cell model of HUH7, which is a liver

cancer cell model, showing that it activated a reverse transcriptase, meaning the mRNA became DNA. And then they found the spike protein inside the cell nucleus. So we need to know more about this, but this idea that this doesn't get in and it's been debunked—that's also nonsense.

This was the only data that I had in September that was really— This was obtained through access to information and this was in rats. We knew that very quickly, 0.25 hours, one hour, 48 hours, that this circulated everywhere. It was in brain, eyes, heart, kidneys, reproductive organs. That was back— Japanese Pfizer data. We've also got the data that was submitted to Australian authorities from Pfizer, showing, once again, this also gets into the bone marrow. I mean, it goes all over the place. And the uptake in the reproductive organs as well as the brain: it's very, very important.

Now, it's also been found in the breast milk. So whether that's meaningful or not, they fact check this and denigrate it, but the reality is they're finding it in people's breast milk. So to suggest that this thing doesn't travel would be misinformation itself right now. Another study showing that it circulates for at least 15 days.

Here's an adult who got the vaccine and then developed encephalitis and status epilepticus. And they found the spike protein—not the virus and envelope protein but just the spike protein—in the cerebral spinal fluid. So it has the ability to get into the spinal fluid. And it can get in and affect myocarditis. So here it is where the patients who have clinically-evident myocarditis are more likely to have detected spike protein in their body.

Here's an autopsy series where patients who had undiagnosed myocarditis— All these patients dying in their sleep, it's apparently rude to ask if they were vaccinated. Having said that, we all know that myocarditis and one of the presenting symptoms for myocarditis can be death. This has been identified. On pathology, they found spike protein in the heart.

And here's just the two studies I mentioned. One about the breast milk, but two, we also know that it can impair temporarily semen concentration and motile count. And they say temporarily because they only look for a couple of months and they stop looking. So we don't know how long that actually affects things.

Just sort of wrapping up here. Getting into the severe side effects and death, this was a tour by Dr. Hoffe and Dr. Malthouse. These are all people who were injured by the vaccine who showed up to this tour. These are not rare.

The Vaccine Adverse Event Reporting System, which is a self-reporting system by physicians and patients in the U.S. and internationally, it's now got over 2.5 million adverse events reported with respect to these vaccines, including 44,000 deaths. And this is likely an under-representation of at least a factor of 10 to 40.

Here is all the Vaccine Adverse Event Reporting System over decades. So here is all vaccines all put together. And this is the adverse events. And then, here's the COVID vaccine. So the COVID vaccine in the first 18 months accumulated more vaccine adverse events in the reporting system than all vaccines put together in 40 years. And juxtapose that with, you know, previously these things being removed from the market after just 15 cases of a bowel obstruction.

The European Union has got a database as well. They've documented 46,000 associated deaths and 4.6 million injuries. The World Health Organization has got a database as well. This also shows the same thing.

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So as of November 12th, 2021, there were 2.5 million adverse events in the World Health Organization's VigiAccess database, compared to under a million adverse events for all vaccines put together in 40 years.

This is an interesting safety database that's housed by the CDC. And for whatever reason, the CDC went to court to try to prevent its release. It's supposed to be publicly available data. They prospectively enroll patients getting vaccinated and they're supposed to report what their symptoms are on a prospective basis over the next few days. And this system showed that 7.7 per cent of everybody who took a shot—this is everybody; this is not just self-selection bias; everybody who took a shot regardless of symptoms had to add this thing in—almost 10 per cent had to go get medical attention and one of the four were missing work or school. And as I say, the CDC tried to hide this data.

The FDA tried to hide Pfizer's data. This is three-month data that we have now by Access to Information. In the first three months of the vaccine rollout—this is before it came to Canada—they had already documented 1,223 associated deaths. And the six-month Pfizer data, which if you haven't looked at the Canadian Covid Care Alliance's video, "More Harm than Good," I highly recommend it because it's extremely well done. But this is probably our best data at six months. It's actually the trial data, so they're actively followed to find the side effects. And they tried to hide this for six months. And when we got access to it, we found that injuries short-term were higher. And there were actually six more deaths in the vaccine arm at six months than there were in the placebo arm. And so there has absolutely never been any peer-reviewed, any quality phase three trial data showing that these things prevent serious illness and death. Even the original Pfizer trials, we're just looking at the presence of illness.

Allan Rouben

Sorry, Dr. Payne, we're running out of time. I'm wondering if I can just stop you and turn things over to the commissioners and see if they have any questions, if you don't mind.

Dr. Eric Payne

No problem. Yeah.

Commissioner Massie

Well, thank you very much, Dr. Payne, for your very nice overview of the COVID vaccine science over the past three years. I'll have two questions. First question is, knowing that the vaccine is not sterilizing the propagation of the virus, and also knowing that coronaviruses mutate, is it your expert opinion that the mass vaccination was contributing to the extension of the wave of new variant as we saw over the years? Also given the fact that when you look at countries where vaccination rate is fairly low, it seems that the pandemic had subsided much, much earlier than in other countries.

Dr. Eric Payne

Yeah, thanks for the question. There's no doubt in my mind that that's the case and it's not just my expert opinion on this. I was able to cite a paper from immunology and virology experts in the *New England Journal of Medicine* back in the fall of 2021, where in that well-respected journal they were warning about aggressively vaccinating in the middle of a

pandemic using a non-sterilizing vaccine, that you were going to put evolutionary pressure on the virus to mutate into something that we weren't going to be able to deal with. And so this was warned by some very smart people like a year and two years prior, and the evidence as it came out showed this. And the antibody-dependent enhancement papers I showed you show specifically that there are facilitating or enhancing antibodies that are circulating with respect to the Delta and Omicron variants. So I don't think there's any doubt that that's happened.

Commissioner Massie

My other question is relating to a sort of confirmation in the real world that the vaccine does or does not prevent hospitalization or death. It seems that it's very challenging to get the data in any jurisdiction about the actual vaccine status of people that were hospitalized for COVID or died from COVID. Do you have any sort of hope that this will happen somewhere, sometime?

Dr. Eric Payne

Yeah. So you're right. Given the limits— I thought I had a full hour to talk, so I'm sorry I went over. But the reality with respect to the death data is that they were playing with the numbers in different ways using time denominators that reflected one year of acquisition when we didn't even have the vaccine for six months of those, putting all the deaths in the unvaxxed category.

[00:40:00]

There are ways that they manipulated it. But as I pointed out, by the time we got to Christmas 2022 last year, every single provincial database— I only showed you a few and I only showed you a few of the studies. But multiple countries all pointed out the same thing, that you were more likely to get Omicron if you had more shots. And this has continued to be the case over the last eight months, with more studies like I showed. To the point where, as you're suggesting, they've taken that data off, right? Because it's so terrible. And I think frankly, with the evidence that they're sitting on, it's beyond terrible. You know, there's a criminality to sort of hiding this data. You're not providing informed consent anymore.

Do I have hope that we're going to see? I think we have more than enough information already to pull these things off the shelves across the board. Any positive benefit from serious illness and death was temporary, and it was against the earlier variants. That is completely flipped now. You're more likely to be sick with COVID if you've had more shots. That's already the case.

And so I understand why they put that away. But I don't feel like we need more. What we do absolutely need with respect to the long-term data is that we need to be counting the beans in terms of who's been vaccinated and gets ill and who doesn't.

Recently, just two weeks ago, the German health minister who oversaw COVID acknowledged that there was at least a one in 10,000 risk of serious adverse illness and injury after the vaccine. He knew this even when he said that these things were safe and effective. He acknowledged that he lied about that in order to avoid vaccine hesitancy. But he also acknowledged that the injuries that they're seeing are not the same as those post-COVID. And I'm seeing these people in my clinic now as well. A lot of them, like 25 per cent it seems, have got permanent injury from this. And it's a different injury.

By not talking about it, we're not looking at, one, acknowledging people that are suffering—people who went along with what they were told to do. But we're not looking for solutions to try to help the people that have been injured. I have colleagues who literally, even though the Canadian government has paid out for Guillain-Barré syndrome, still do not put the vaccine on their differential for Guillain-Barré syndrome. You know, despite that data.

So we absolutely need to be following this prospectively to sort of figure out what's going on. In terms of my hope for it, I won't hold my breath.

Commissioner Drysdale

Dr. Payne, thank you very much for your testimony. A lot of information you provided us with. And I sometimes find in these technical discussions that meaningful points are missed by folks like myself who aren't medically trained.

But one item that you mentioned and I wanted to ask you for a little clarification on, is: you had one slide where you talked about the vaccines. And you said—I believe you said—that they had reported the efficacy in the 90, 95, 97, whatever it was, percent range. And you called that relative efficacy. You also talked about— You compared it to another number, which I believe you called absolute efficacy. And I'm curious if you can explain to me and the audience exactly what the difference is between relative efficacy that was used in promoting it and the concept of absolute efficacy.

Dr. Eric Payne

Yeah, sure. So we're talking specifically about the relative risk reduction about an intervention versus the absolute risk reduction from an intervention. So the relative risk in the trials, I'll round the numbers in the original trials. There were, like, 40,000 participants in the original trials—20,000 received placebo, 20,000 received vaccine.

In the Pfizer data, the numbers were something like: Among those who received the shot— And keep in mind, you're not fully vaccinated until you're two weeks post your second shot and I've got data showing they are actually increased risk of getting COVID before your two shots. But nonetheless, it's not just saying that definition. They showed that there were about 183 patients in the placebo arm during that 40,000-patient trial who got COVID. Positive test, mild symptoms.

There wasn't anybody in that 40,000-patient trial who ended up going to emerge. even, let alone needed to be admitted to the hospital. When they compared that to— Say there was about three or five patients in the vax group who got it, they compare relative to that. You know, 183 in the placebo arm got the virus.

[00:45:00]

But only five in the vaccine arm did. So they compare those two and the relative number to 183 versus five. Here you get that 95 per cent.

But if you actually look at it in terms of the trial itself, which was 40,000 people, and you look at it that way, then you get your absolute risk reduction, which is one per cent. Right? And this is a very common way that pharmaceutical companies are known to play with the numbers when they're advertising to us. It's because we know that this is misrepresenting the actual numbers and the risk that people like the FDA here put in manuals that it's unprofessional to not provide the absolute risk reduction.

Once you have the absolute risk reduction number, you can calculate something called the “number needed to vaccinate.” Which is, how many people do I need to vaccinate in order to avoid one case of COVID? And based on these absolute risk numbers, you were looking at somewhere between a hundred and 200 people to prevent one case, for something that had already affected 50 per cent of the population in the summer.

So there was no chance that this was ever going to stop or lock things down. We had somebody under oath in our case against AHS. One of their experts suggested we could just get everybody vaccinated and we’ll stop the pandemic. It’s a complete lie. It’s been shown to be completely not true as well, but it’s because of these types of things.

Commissioner Drysdale

So that when they talked about then and they gave a relative number, an ordinary person like myself who’s reading that, who feels that then I’ve only got a 3 per cent chance—or sorry, I’ve got a 97 per cent protection—is really being misled, I believe is what you’re telling me.

Dr. Eric Payne

You’re being enormously misled. I mean, the proof is in the pudding. So while all these people here on the left told you that there’s no way that you’re going to get it, you’re not going to spread it to anybody else. And then when that proved wrong, they told you, “Well, you’re not going to get seriously ill.” And when that proved wrong, they just took the data down. The reality is it was only lowering your risk of getting the disease by one per cent.

Commissioner Drysdale

You know, I’m an engineer, so I think of things in hard terms. And if I think of this in a hard term and I’m trying to evaluate two cars driving down the road and they’re driving side by side at 300 kilometers an hour, their relative speed is zero. So if I give you the relative speed of those two cars driving side by side at 300 kilometers an hour, you have no idea of what risk they have and what speed they’re actually driving. Is that correct?

Dr. Eric Payne

Yeah, that’s a great analogy. That’s exactly it. And they purposely pumped that. I mean, I showed you the one-page poster that was posted in the Emergency Department at our children’s hospital and throughout Canada, where they were telling the 12- to 18-year-olds that there was 100 per cent effectiveness with this shot, when we already knew it wasn’t a 100 per cent effective in the adults.

So this has been misinformation from the start. And these absolute numbers, that was available; I wrote that in my letter. This was clear to people who wanted to pay attention to it at that time.

Commissioner Drysdale

Dr. Payne, we heard from another witness in Truro, Nova Scotia. And that witness talked about the vaccine itself and the technology of the vaccine. And they talked about many of the things you talked about, about the spike protein showing up in different things and penetrating the cells.

But they also talked about a study with regard to the purity of the vaccines that are actually utilized. And they talked about the fact that the vaccines were supposed to be injected in such a way that they never went into the vascular system or the circulatory system. And what that other witness talked about was that they were supposed to aspirate on the injections. And they stopped doing that.

So my question to you on that is: are you aware of those other issues—the manufacturing issues, the actual injection issues—and do you have any comments with regard to that?

Dr. Eric Payne

Yeah, that's, I think, one of the things that blows this wide open. Because right now the vaccine companies have got immunity. We're not even allowed to look at the contracts that they've signed with the countries. However, if there was fraud involved then they don't get immunity. So with respect to what you're saying, the production: not only did they ramp this thing up fast but they had to produce it in high quality substances quickly. And that didn't happen. And there's a huge amount of literature to show that.

[00:50:00]

But just to give you the basics on this thing: the vaccine is supposed to carry the genetic information to produce the spike protein. And what they had to prove, the companies, is that it actually produced the spike protein. And it had to produce the spike protein at a certain length. And you can measure how long proteins are in something called a Western blot. You can see how these things are actually being produced. And there were limits. At least 50 per cent of what was being produced had to be normal-sized spike protein.

I have looked into this pretty carefully and I used to do Western blots when I was a grad. When I was back in high school even, I was doing Western blots. But it looks like they cut and paste the Western blots, Pfizer did. Meaning that there's not actually any proof that they're consistently able to produce reliable spike protein. And proof of that is in the Vaccine Adverse Event Reporting System that I suggested.

So not only did people put in their adverse events but they also had to put in the drug identification number, what the actual batch number was of their vaccine. And there are studies right now out there in the peer-reviewed literature showing that there are some batches that were associated with much higher injury than others.

You can go to a website called "How Bad is my Batch," type in your batch and see. Some of those were much higher. Does it mean that some of them were maliciously formed? I mean, my impression, from what I understand from the people who know this manufacturing stuff the best, is that a lot of people got lucky and got a vaccine that just wasn't potent as a result of the fact that you're not consistently generating enough spike protein.

What you said about the injection part—and I'll leave it at that—is that, yeah, if you give this as an intramuscular injection, hopefully most of it does stay—a large part of it stays in the arm. However, if by some chance you get this into a vein, you get this into a blood vessel by accident, you could be injecting this right into the venous system. And that's why people pull back on the needle, to make sure that they don't, and make sure that they're not blowing it into a vessel when you do that.

Has that happened? Does that account for maybe why some people had really fast anaphylactic reactions or other things? Maybe. Most people would not have had that

injected by mistake into their vein. But the bigger issue is the quality of reproduction generated from this genetic recipe for the spike protein. And that quality doesn't seem to be there. And there's pretty convincing evidence that there's some fraud involved in terms of producing Western blots that met the FDA standard to allow this to get into the U.S. as Emergency Use Authorization, that were, in fact, copy and pasted.

Commissioner Drysdale

Thank you, doctor. I have a thousand other questions for you but I can't ask you a thousand other questions.

Allan Rouben

Dr. Payne, I know you didn't get to all of your slides. Is there anything in your slides that you didn't get to that is really important, that you wanted to highlight? Or did we cover off most of it?

Dr. Eric Payne

Well, we got through everything almost. I was specifically asked to make some comments about masking. And if I can just say two words about masking, I would like to.

Sorry, as you go through all these here. But in November 2022, I wrote an article for Brownstone called, "Time to Unmask the Truth" with Dr. Paul Alexander. And it's a short article, but there's, like, 60 references in it, all showing that there is not a single policy-grade level data randomized control trial meta-analysis to show that masks actually do anything to prevent transmission of influenza or COVID.

I sent this copy of this letter on November 25th to our Chief Medical Officer and health authorities in Alberta at that time. I followed up with a letter in December because there was new evidence showing that, once again, these masks don't work. And now we've got a meta-analysis that was in the *Cochrane Review*, here, looking at all this. And they've tried to attack this. But nonetheless, the summary point that they can't state is misinformation is that there is zero policy-grade data to support masking—especially our children. Here's Fauci talking about how masks don't work, "might catch some big droplet if," but that's not there.

And then you've got someone like Dr. Kieran Moore in Ontario, who on video is telling parents that if their child, a two-year-old, wakes up sick in the house, they should put a mask on them. And meanwhile he's out partying at the Top 50 Most Influential without masks at a time that he's telling everybody else. So the hypocrisy that we've seen has been **difficult on the masking. It's been varied across the board about what these masking rules are from one jurisdiction to the other. And as a result of the pressure he got, I think, from being caught, he ended up changing his tune.**

[00:55:00]

And now he actually acknowledged that there can be negative effects of the masks themselves.

As a pediatric neurologist, what I want to say is: this is intrinsic. Kids need to look at your face when they're learning to speak. You can almost see them mimicking that as they're forming words. There's lots of studies to show that that's the case. And the CDC, for the first

time in over 20 years, decreased how many words a child should know at a certain age. You know, you're supposed to know so many words, a couple of words together by age two, so on and so forth.

Kids were falling behind so much so as a result of what's gone on with the lockdowns and masking that first year that the CDC is now allowing for kids to know much less words—six months as a matter of fact. And so, there's no doubt that these things can cause harm.

We know that these things get disgusting and kids have got their hands on these things all the time. And now we've got, many, many policy-grade studies all showing minimal to no effect of masking. So it's time to move on. And when and if ever we get another pandemic around, the idea that we should mask again is nonsense.

That's all I want to say about masking.

Allan Rouben

Thank you very much for your evidence. Thank you.

Dr. Eric Payne

Thank you.

[00:56:21]

***Final Review and Approval:** Jodi Bruhn, August 16, 2023.*

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 5: Colleen Brandse

Full Day 3 Timestamp: 04:32:45–04:46:58

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

So our next witness is Colleen Brandse. Colleen, can you start by stating your full name for the record, spelling your first and last name?

Colleen Brandse

Colleen Brandse, C-O-L-L-E-E-N B-R-A-N-D-S-E.

Shawn Buckley

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

Colleen Brandse

I do.

Shawn Buckley

Now, my understanding is that for 28 years you worked as a registered nurse in the province of Ontario.

Colleen Brandse

Yes.

Shawn Buckley

And when the COVID-19 vaccines came along you were hesitant. Am I right about that?

Colleen Brandse

Yes, I was.

Shawn Buckley

Can you share with us the steps you took because you were hesitant?

Colleen Brandse

Well, I was diagnosed with T-cell lymphoma in February, 2021. And I knew as a nurse that that's my immune system. And I knew enough—my gut had told me and I knew enough—that I didn't really feel comfortable taking something that wasn't tested and proven and that was new.

So I thought— Well, my GP had mentioned that I should take it and I said, "I'd prefer to wait to talk to the oncologist." I waited and I spoke with her in June and she said, "I'm telling everybody to get it." And I said, "So you don't think that I'm going to have any adverse reactions? That's my immune system." She said, "No, you'll be fine." And she recommended I take them three weeks apart.

Shawn Buckley

Okay, so armed with that information, what did you do?

Colleen Brandse

I did what she said. I trusted her. So I took my first on June 7, 2021. And three weeks exactly later, I took my second.

Shawn Buckley

And what was the result of that?

Colleen Brandse

Well, my first injection, I had some tingling in the face and weird sensations, but it went away. So I thought, "Okay, well, that's just anxiety, you're nervous." And it resolved within a half hour or so. I thought okay, I'm fine; it's just anxiety. I'll get the second shot in three weeks. So I did.

Initially, I was fine. And then two weeks exactly to the day I started developing shooting pains in my feet, which eventually led to numbness and foot drop, numbness up my legs. And a month or so later, I was still questioning. I had a CT of the spine to make sure that I didn't have any issues with my spine that was causing it. I had seen a foot clinic. They kind of didn't feel that it was related to my spine and explained it and I agreed. So my eyebrows were starting to get raised at that point. Then about four weeks, five weeks later, my vision went in my right eye. And then my cousin had the exact same thing. And I knew at that point: okay, this is definitely the vaccine.

Then come December I had a lot of different things. There's way too many to even list because every system has been affected. I ended up with mottled legs, they're still mottled; pericarditis; increased shortness of breath; worsened vocal cord paralysis, where I almost

had to have a trach done. I have double-brain aneurysms that were unable to be surgically repaired that needed urgent surgery because I've been gaslit and nobody will help me.

I guess that's probably what I found the most difficult about this whole experience, is not only the physical, the isolation, loss of family, friends, people telling me I'm nuts but as a nurse, to go to hospital after hospital or specialist and plead with them to help me so I can get my brain surgery done and have nobody help. It's just been— There's no words.

Shawn Buckley

Can I just, and I don't mean to interrupt, but you worked in the hospital system for 28 years.

[00:05:00]

Had you ever seen patients being turned away that needed surgery like you needed?

Colleen Brandse

No. As a matter of fact, I've used that as an example. I've said, "People used to go to the ER for a bladder infection." And how is it— One thing that raised a red flag to me initially was when they were telling people, "If you have symptoms, go home. Don't come back with your symptoms until you can't breathe." Well, by then you're dead almost. And that just didn't, I just couldn't understand. So I don't know, I think that the gaslighting and the amount of lives that have been lost and that will be lost—mine possibly and pretty much will be—is absolutely devastating when a lot of them could have been helped.

Shawn Buckley

Can I ask? You've used the term "gaslighting" a couple of times, and can you explain for us what exactly you're referring to? Give us some examples?

Colleen Brandse

Yeah. Well, I've been to the ER a few times. And when I presented my neurological issues, symptoms of having TIAs, which is a warning to stroke, of course they rushed me right to the back. They were going to do everything. When I showed them my mottled legs and voiced concern about blood clotting, as soon as the doctor asked me when it all started and I mentioned the vaccine, I was done and out of there within a half hour.

Shawn Buckley

So I just want to make sure I understand. I've got two questions, but the first one is, can you explain for us what you mean when you say mottled legs?

Colleen Brandse

Typically, before somebody passes away, within hours to maybe a day or two, you'll notice that their legs—quite often it starts in the knees—will get like a veiny look. But not just like a varicose vein, it's everywhere.

Shawn Buckley

Okay, so you were seeing that on your legs. That's what you mean when you say you had mottled legs.

Colleen Brandse

Yes.

Shawn Buckley

Now, I just want to make sure I understand what you're saying. So you attended at the hospital, you were just telling of this time and they're taking you very seriously. You've indicated to them you may be having a stroke. You've gone to the back. There's this concern about mottled legs. But as soon as you mention that you think that it's connected to the vaccine, the treatment changed?

Colleen Brandse

It absolutely did. I was sent home within a half an hour when a CT should have been done. They should have ran way more tests to find out if I had what was called anti-phospholipid syndrome, because you're high risk with clot issues. Plus, I had had a pulmonary embolism when I was 29. So that should have automatically been a, "Whoa, let's check this girl."

Shawn Buckley

Right. You had the misfortune actually, because of your career as a nurse, to understand that you were not being treated properly.

Colleen Brandse

Absolutely. And I thought that might carry a little weight, but apparently it didn't.

Shawn Buckley

Now, my understanding is also your family has been affected by the vaccine. Can you share that with us?

Colleen Brandse

Sorry—

Shawn Buckley

No, take your time, please.

Colleen Brandse

Excuse me. In July of 2021, my husband was diagnosed with bowel cancer. He had surgery. They said they got it all. They were pretty sure. July 2022, he had his one-year follow-up. They said he was clear: no cancer, bloodwork was good, CT was good.

Around the same time, I get a call from my son that he's at the hospital and he's had chest pain and that they told him that it was probably anxiety. I said, "Do not leave the hospital,

Connor, without a CT and a D-dimer.” So they did that. And it ended up he had a pulmonary embolism. He’s 23. Around the same time, two weeks give-or-take—I can’t recall right now, I’m too nervous—my husband had the same with multiple blood clots.

[00:10:00]

And that was the same month that he was roughly cleared of his cancer. It was, give-or-take, a few weeks either way. Then within five months, my husband—at Christmas, December 20th, 2022—was told that he had stage four liver cancer that had metastasized from the colon.

Shawn Buckley

And both your husband and your son are fully vaccinated with the Pfizer vaccine?

Colleen Brandse

Yeah, my son has two and my husband had three.

Shawn Buckley

I’m sorry that this is so difficult and we so appreciate you sharing with us. Can you tell us the impact that these vaccinations have had on you and your family?

Colleen Brandse

There’s not enough time. There really isn’t. There’s so much that I could go on and on about. I mean, I worry about getting a call that my son, who’s 23, he thinks he’s invincible. He’s at that age. He’s working out, he’s playing hockey. I keep waiting for the phone call. Because he’s not totally compliant with his meds. Now my husband’s getting chemo and now will have to have chemo for the rest of his life, which, by the looks of how he’s doing right now, it’s not looking good. I’ve got him on other stuff and I’m doing what I can to try and reverse and have a miracle come. I live in fear of what my future is going to be. Because, I mean, I might lose my home.

There’s so much, but I am just devastated. I’m devastated how our government knew that there was issues and still allowed the people— And to now even continue after they know what’s come out. I could see if, you know, Pfizer or Moderna had produced a product that it was an emergency and they had to get it out and they weren’t quite sure. But I mean, it has been known now for well over a year that there’s people dying—and in way higher numbers than are ever reported.

I’ve reported myself. And I was told by the health unit nurse that they determined all of my issues were pre-existing. I said, “Well, I figured that’s what would come back.” It’s criminal.

And I can’t even get a doctor that can diagnose anything. I just got an appointment for a neurologist to do my EMG testing, which is your nerve testing, to diagnose me with small fibre neuropathy. And that’s not for two years. I mean, I’ll be dead by then. Or could be—I shouldn’t say that.

Shawn Buckley

Thank you, Colleen. I don't have any further questions for you. I'll ask if the commissioners have any questions. The commissioners don't have any questions.

Colleen, on behalf of the National Citizens Inquiry, we sincerely thank you.

Colleen Brandse

Thank you. And I thank you for coming and listening.

[00:14:13]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 6: Jason Kurz

Full Day 3 Timestamp: 05:38:50–05:59:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Geneviève Eliany

Good afternoon, Mr. Kurz. I will ask you to state and spell your name for the record, please.

Jason Kurz

My name is Jason Kurz, K-U-R-Z.

Geneviève Eliany

Do you swear to tell the truth today?

Jason Kurz

I do.

Geneviève Eliany

You're before the inquiry to tell us about your termination with Ontario Power Generation, OPG. Can you tell us first what your role was with them?

Jason Kurz

I began working in the nuclear industry back in around 2002. I was a Certified Red Seal 309A Construction & Maintenance Electrician. I joined OPG through the building trade unions and performed work as an electrician under the BTU [Building Trade Union]. After some time and achieving some radiation qualifications, I was more eligible to apply for some full-time postings, and I was hired in 2005 as an instrumentation and control technician at Darlington Nuclear Generation Station in Bowmanville, Ontario.

I spent a number of years as an instrumentation and control technician, and my career saw me move through a few different areas inside the corporation. After a number of years working in the fuel handling department, I became what some people would call an expert

in the fuel handling processes and systems and the maintenance involved in keeping the reactor fuel handling systems operational as a control technician. And then I moved into assessing, which was planning the work, making sure that the parts were ordered, making sure that the pertinent drawings were assembled into a package that was clear and comprehensible for the maintenance workers.

After that, I moved into writing procedures for the organization as a fuel-handling control technician. After some time, I felt that my career growth was being stunted, so I started to look for opportunities outside of the union I had belonged to at that time, which was the Power Workers' Union. I began looking for opportunities to experience some personal growth and career development. And I started to apply for positions that were in a separate union in the house under OPG. That union was called the Society of the United Professionals.

Geneviève Eliany

I'm going to interrupt you for a moment. Could you tell us what your most recent role was? I'm trying to zero in on that.

Jason Kurz

Understood. The position that I was terminated from, the title of the position is Work Control Team Leader. I was specifically under the Projects and Modifications Organization for Ontario Power Generation, and that was essentially a coordinator role for a team of between 50 to 80 project managers.

Geneviève Eliany

My understanding, from what you previously described to me, is that you coordinated the installation and the safety of the installations made when the reactors are running. Is that correct?

Jason Kurz

The position that I held was referred to as IPG work control. So what that means is that the projects that I was helping monitor for milestone adherence were projects that were going to be installed as the reactor was still at power and still generating electricity.

Geneviève Eliany

It's fair to say that this role you had is quite specialized, is it not?

Jason Kurz

Extremely specialized, yes, that is correct.

Geneviève Eliany

So once the pandemic started, you were working remotely from home?

Jason Kurz

Yeah, that's correct. When I entered the role, I had just come out of a previous rotation in which I was with the Radiation Department in an oversight capacity. That rotation had ended. I went back to my home position, which was a nuclear refurbishment training. And I had applied previously for this position with the Work Control Organization, with the Projects and Modifications Team, and I was interviewed and accepted into that role on a temporary basis, what they call a rotation. And the rotation was due to be 18 months, but they hired me before my rotation was up on a full-time basis because they were pleased with my efforts.

Geneviève Eliany

Okay.

Ultimately, OPG of course, like most government institutions, instituted a number of COVID mandates, correct?

Jason Kurz

Correct.

Geneviève Eliany

And you were required to both mask and be vaccinated, is that right?

Jason Kurz

Initially, what they did was they took the workforce that was able to work remotely and they actually accommodated and made every concession that they needed to in order to minimize the amount of people that they had working on-site at the beginning.

[00:05:00]

And so when I took the job, I actually started the position from home in my kitchen. I learned the entire role from the comfort of my own home and functioned that way accordingly until they started to call people back into the office.

When they decided it was time to start bringing the workforce back onto OPG's site, what they did was they had written up a policy, a COVID policy, that in my opinion was overreaching and discriminatory. And they tried to force everybody into compliance with that. The policy included vaccination as an expectation. If you were not comfortable with getting vaccinated, then you were expected to— I'm sorry, the COVID policy stated that their expectation was that all employees were vaccinated and that the employees would reveal their vaccination status in the OPG database, which is private medical information. And if you were not willing to disclose your vaccination status, or if you did disclose your vaccination status but you were not vaccinated, then OPG's policy was then that you would have to be undergoing testing. And yes, that was the policy.

Geneviève Eliany

Again, to be clear, you were working from home. But once 50 per cent of the staff was being called back, this is when the masking and the testing and of course the vaccination requirements were in place, is that correct?

Jason Kurz

I believe so, yeah.

Geneviève Eliany

Okay. Now, you refused to be vaccinated and ultimately you were terminated. When were you terminated?

Jason Kurz

December, I believe, 29th of 2021.

Geneviève Eliany

So end of 2021. And can you comment on what was happening with the policies at the end of 2021? Were they still as strict at the time of your termination as when they were instituted?

Jason Kurz

Well, okay, so there's a lot to cover there, right? I was placed on six weeks' unpaid leave prior to my dismissal. They were attempting to force me to comply with the policy. And they put it in writing essentially that if I would just comply with the testing requirement, then all of this could go away. My position was that Ontario Power Generation does not have the authority to mandate that I undergo any medical procedure of any kind as a condition of my employment if it's not part of my original work contract, which I agreed to when I agreed to work with Ontario Power Generation.

And so during the course of the time where I was placed on six weeks' unpaid leave, they started to back off on some of the policies and procedures. I wasn't onsite anymore. They had deleted my corporate account. I had no access to any inside information with respect to what their timelines were, only through some friends and some co-workers who were keeping in touch with me. And they started to step back on the requirements for disclosing vaccination status and wearing masks. In the end, I was terminated and lost my career and now, it's like nothing ever happened. Now, it's like the pandemic never happened. People don't have to declare their vaccination status, to my knowledge. I don't think they wear masks anymore.

Geneviève Eliany

So let's back up a little bit. It's clear that you didn't want to be vaccinated. You were terminated because of your non-compliance but the way you were treated was different than perhaps others. My understanding is that the company or OPG found out that you were involved in freedom efforts. Is that fair to say?

Jason Kurz

It's fair to say that, yes.

Geneviève Eliany

And you feel that you were singled out because of their knowledge?

Jason Kurz

I do. I do feel singled out. When I started the role, I had one particular section manager whose name began with an L. He took me into the office. At this time, they were starting to integrate the workforce back onto site. We were working onsite 50 per cent of the time and 50 per cent from home. And he took me into his office with a union representative and he stated that I had been spotted on television at a freedom rally,

[00:10:00]

and that I was not social distancing, and that I was a potential superspreader, and essentially directed me to no longer attend these types of events.

I told my section manager at that time that while I was on site, working in the industry and on the job, I would maintain the utmost professionalism as a nuclear professional. But when I was outside of work, I would conduct myself as I see fit. And I felt that the Freedom Movement was very important for our children because I didn't want to place my children in a situation where an employer is allowed to dictate to them that they must undergo any type of medical procedure. So I was very involved in the Freedom Movement. I was spotted on the news. And then from that meeting, I was directed to work from home 100 per cent of the time until further notice.

Geneviève Eliany

But despite your ability to work from home, your employer was still unwilling to make any COVID accommodations for you?

Jason Kurz

That is correct, yeah. They refused to accommodate in any way. And even when there was a bit of a wave with the way that the corporation had treated the supposed pandemic— There was a time where they brought the workforce back, and then when Omicron came out, they started sending people home again. And at that time, there was one gentleman from the union, Joe, who had sent an email to the upper echelons of management stating that since OPG saw fit to send remote workers back home to work remotely again, why don't we let Jason come back and continue performing the role that he had been providing previously? No response.

Geneviève Eliany

Let's discuss your termination letter [Exhibit TO-20]. It's an unusual termination letter. I am a criminal lawyer but it still strikes me as unusual. Of course, you were terminated. And **OPG, as you indicated, wasn't willing to have you back. But the letter also states that you're now ineligible to perform work either directly with OPG or indirectly through any contractor that carries out work for OPG.**

Tell us about the impact on your career given this paragraph.

Jason Kurz

It's hard to quantify the impact on my career. I've been in the workforce since I was 16 and worked very hard to get where I am, where I was, constantly seeking self-improvement and development. And I had finally landed the job that I truly felt I was built for. I was helping in a meaningful way. The projects that I was helping to navigate through the scheduling

system that's in place in that nuclear station: people have to understand that every one of these projects was in response essentially to the disaster that happened in Fukushima. And they were all highly vetted, multi-million-dollar projects, extremely important for public safety, plant safety, equipment safety. I felt like I was doing something that I was built for.

I was an award-winning employee and then the only thing I refused to do was concede my medical autonomy over to the company. And when I got fired and they put that letter out, they essentially stated in black and white—and they put it in writing—that their intention is to sabotage my entire career in the nuclear industry by stating that no longer would I be allowed to enter any OPG site or property. But they also said I would not be, as you read, eligible for employment by any vendor or subcontractor that provides work for Ontario Power Generation.

And I wonder what gives them the authority to tell Black & McDonald or Ken Adam or BWXT or Cameco or any of these other wonderful companies that I cannot be hired by them when I have almost 16 years of CANDU nuclear experience. And I've been a single point of contact during outages in the OCC, you know.

Sorry, I'm getting emotional.

Geneviève Eliany

That's okay. You'll have to get some legal advice on it. But another point in the termination letter is that you've also been given a trespass notice. You can't even attend the building, can you?

Jason Kurz

That's correct.

Geneviève Eliany

Do you know anyone else who is terminated in the same way from OPG?

Jason Kurz

To my knowledge, I am the only person who is terminated by Ontario Power Generation under the circumstances of refusing to recognize the authority of their COVID policy.

Geneviève Eliany

Let's touch on the financial impacts on your family.

[00:15:00]

Jason Kurz

The thing that made the people concede and give up— In the beginning, there was a fight. In the beginning there was a lot of people— There were hundreds of people that belonged to a group and we would discuss and share ideas and share our own legal research with each other. And in the end, the company has a pretty big carrot to dangle. The position that I held, just like almost any other position with Ontario Power Generation, was very well-paying. It included one of the best benefits packages that you could get in Canada. The

pension was top-notch. It's basically a dream job, especially for somebody such as myself who came from blue-collar construction trades and was just seeking a way to develop myself. And so because the people around who worked for that corporation saw what happened to me when I dug in my heels and I said that OPG does not have the authority to mandate a medical procedure as a condition of employment, a lot of people conceded—some quickly and some not so quickly. But in the end, they've got that: they'll take away your lifestyle.

You asked me about the financial implications. I went from making a certain amount of money that my family had grown accustomed to and lived accordingly with. And I'm not going to cry the blues about that. But I will say that now, here I am two weeks away from turning 50 years old, I am back on the tools as an electrician. I am making less than one third of the money that I used to make. I have no vacation. Every penny that we spend is hard fought for, strictly counted, and impactful on our family's finances. And no pension and no benefits.

Geneviève Eliany

I understand that your children wanted to follow in your footsteps. How are they thinking of their future now with respect to employment?

Jason Kurz

My kids were always inspired by the career that I had developed and the lifestyle that my wife and I were able to provide. And so they trusted me to direct them and help them navigate and make life choices that would set them up for success. So their intention was to essentially follow in my footsteps as intelligent young women. They were both considering entering the nuclear industry as nuclear instrumentation and control technicians.

My oldest daughter actually started the first year of college for that course. And during that time, COVID was in full swing. And my children were not interested in learning the trade from the kitchen table. It's not something you can learn from a kitchen table. You know, they've been sending kids home and they're trying to teach them this stuff off of a computer. And it's sort of like learning how to be an automotive mechanic over the computer at your kitchen. So she placed her college on hold until the restrictions had let up. And then shortly after that time, my children and my wife got to witness how OPG treats employees that fail to concede their medical autonomy over to the company.

Geneviève Eliany

And one final question: I understand that you've had some contact with former colleagues. And what did they report back to you about how your role or position has been filled?

Jason Kurz

When I was in that role as a work control team leader, I absolutely loved that job. I just felt like I had meaning. The job had meaning. And it was a lot—and I took on more than I should have. In addition to the responsibilities that I was doing, I also was asked to speak at senior work management meetings to present the status of the projects that were on the plan. This is a nuclear station. I mean, these things are planned out 52 weeks in advance. Every penny is accounted for. Every document has to be signed on time. Every single one of these milestones, it was my job to make sure that they were all being met. And when they weren't being met, we had to make sure that they were going to be met, and that there

were forms to go along with that. It was a lot to keep track of. It was very high pressure. It was very, very stressful for some people, but I was built for it, and I loved it.

And since I have left, I've heard that they've not recovered, but I can't say that that's a fact. I've heard that things are certainly worse off than they were when I was doing all the things that were expected from me, plus the extra things I was doing that were asked of me.

Geneviève Eliany

Thank you. I'll see if the commissioners have any questions. No questions from the commissioners.

Thank you so much on behalf of the National Citizens Inquiry for your testimony today.

Jason Kurz

Thank you.

[00:20:28]



Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Moderator Statements: Shawn Buckley (Parts I and II)

Full Day 3 Timestamps: 05:33:53–05:38:50/05:59:20–06:09:23

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

PART I

[00:00:00]

Shawn Buckley

Commissioner, as best I can answer that question for you, I am aware that the NCI has sent out summonses. So if you examine the rules, the Council Administrator, who is the Honourable Ches Crosbie, has the right to issue summonses to witnesses. Now, because we are not a government inquiry, we are not a creature of statute, we cannot compel witnesses to attend. A regular inquiry can issue summonses and if witnesses don't attend, they can be arrested and brought. We don't have the ability to do that. So we've modified a regular summons so it indicates that they are being summonsed. But we have to be fair to the witnesses and indicate that there are no civil or criminal liabilities if they fail to attend.

Now, my understanding is that both the Maritime ministers of health and public health officers and those for Ontario have been sent summonses: I believe the Nova Scotia or the Maritime ones by registered mail and email where we had emails. I believe also by registered mail for Ontario. I can't say for the rest of Canada, but we're not there yet. I can say that the summonses also are very flexible. So it's not like we're inviting them to attend for three days in Nova Scotia or these three days in Toronto. We make it very clear that we are going across the country for two months and that they're free to attend virtually at any **of the hearings. And the summons also indicates that we can schedule just a time for them to have a virtual attendance, in front of the commissioners virtually.**

To my understanding, we have not received a single response.

Now, the NCI has tried to get the mainstream media to cover us. And we actually have had at least two mainstream media pieces attacking two of the three people that are identifiable as involved with the National Citizens Inquiry, because they are named directors for the non-profit that handles our funds. But there's no such thing as bad publicity because that signals to the governments, both provincial governments and the federal government, that we exist. And we know that they know. I am aware that the Council Administrator has been in contact with several politicians federally and provincially to discuss us.

I also know that slightly before the Truro hearings and since, we have exploded on social media. And we are being throttled on TikTok and hampered on Facebook. And I think YouTube took us down. But my understanding is, and I could be corrected: I know that right after the Truro hearings, for the four weeks prior to that, we had 1.18 million hits on Twitter. And I think in the last 10 to 14 days, we've had a million hits on Twitter. So surely to goodness the governments are aware of us, the public health officers are aware of us, and the ministers of health are aware of us. And so Commissioner, I sincerely apologize that we have failed to secure the attendance of a single public official, but it's not for want of trying. And we do intend on publishing on our website the summonses, or a list of who summonses have been sent to, so that the public can be aware that we are doing our best to be an open and fair inquiry where all sides can be heard. Because our object is to get to the truth.

And that's the only way I can answer that, Commissioners: I apologize.

Commissioner Drysdale

I would like to request from the Commission to make those lists available and submitted of the people that we have approached and asked to attend, to make them available to the commissioners and to be entered into the testimony.

Shawn Buckley

I will ask those that would be tasked with that, which would be the Council Administrator, to ensure that that occurs. And perhaps maybe what we'll try to do is, maybe on a two-week or monthly basis, update that list as part of the record.

Commissioner Drysdale

Thank you very much, Mr. Buckley.

[00:04:57]

PART II

[00:00:00]

Shawn Buckley

Commissioners, before we start with the next witness, I've been advised that the question that you asked me prior to this witness—because we had this power outage—was not being recorded properly. So I've been requested, just so that we have a record of your question and answer, and that people that are viewing online understand that a question and answer was asked. I'd ask if you could re-ask the question, and I will attempt to answer it in a similar fashion.

Commissioner Drysdale

The commissioners and I have had a number of concerns and we just wanted to recap what that was. And that is that the NCI, the National Citizens Inquiry, has scheduled to hold nine hearings across Canada, which are located from coast to coast. And in each one of those

hearings, as it has been this week in Toronto, there's three days of testimony. We've completed the initial hearing in Truro, Nova Scotia a few weeks ago. And now we're in Toronto on the third day of the hearings. And we've heard extraordinary Canadians telling us their incredible stories. And we've heard from a wide variety of Canadians from across the spectrum: from doctors, lawyers, working people, working fathers, mothers, grandmothers, nurses. But the one group that we have not heard anything—

[loud microphone noise]

Shawn Buckley

Sorry. I was turning that off, by the way.

Commissioner Drysdale

As I said— You know, there's one group that we have not yet heard from. And that is a group of people who actually planned, formulated, carried out these directives and mandates that have affected every single aspect of Canadian society.

And my question is, Mr. Buckley, what efforts have the National Citizens Inquiry taken in order to bring these people here and testify in front of Canadians?

Shawn Buckley

Commissioners, I'll do my best to answer that question. My understanding is, first of all, the National Citizens Inquiry has done its utmost to try and become visible to Canadians and to the government and to basically all of the political parties by holding press conferences and the like. We modelled the rules of this Commission. We hired a lawyer, an independent lawyer, to draft the rules, which were modelled on the rules of other commissions that are statutory-based commissions, where the government basically creates a commission. And those commissions have the power to force witnesses to attend. And there can be criminal and civil sanctions if witnesses don't attend. So by law, they have to.

We are not a government inquiry. We are a citizen's initiative and we lack the ability to compel witnesses to attend. So we have amended our summons so that it's clear that there is no civil or criminal liability to the person who we send a summons to, to attend.

My understanding is that for the Maritime provinces, for the Truro hearings, we sent summonses out to the public health officers and the ministers of health for the Maritime provinces by way of registered mail. And I believe, where we have e-mail contacts, we try to do that and that the same has occurred for Ontario. I cannot speak for the rest of Canada **because this Commission is marching across— I can say that there had been an internal discussion. There was a concern that if we sent a summons, let's say, to a health official to attend in Truro or Toronto and we only have three days of hearings, that they might not attend and say that we did not give them enough notice, that they have busy schedules. So our summons is specifically drafted to inform every recipient that we are marching across the country until the end of May and that they are free to attend virtually at any of our hearings. And also, that we would make accommodation just to basically set up a virtual time for them to attend in front of you, if that was necessary. So those efforts have been undertaken.**

[00:05:00]

My understanding is that there have been discussions with various volunteers within the NCI and different politicians or political parties. My understanding is that a major federal political party has basically unofficially told their members not to have anything to do with us, which tells us that we are at the attention of elected officials. And although the mainstream media is not favourably covering, or covering at all, things like our press conferences or these hearings— Which I'll just editorially add is quite fantastic. Because I don't know of any other time, in any other country, where citizens got together, banded together to have such a comprehensive inquiry or an inquiry at all, anything like this. Even the fact that this is happening should be a major story, let alone the witnesses that are being called.

But the mainstream media has run two hit pieces on two of the three individuals that are publicly identifiable as involved with the NCI because they're directors of the non-profit company that handles finances for the NCI.

So from a social media perspective, we've been really hurt with Facebook censoring us and YouTube, and throttled on TikTok and the like. But Twitter isn't censoring groups like this right now. I know after the Truro hearings, on the Monday following, there was an internal meeting. And it was reported back to us by our social media team that in the 30 days prior, we had had 1.18 million interactions on Twitter. My understanding is in the last, I think it is, 14 days, we've had a million interactions on Twitter.

We're doing absolutely everything we can to be in the government's awareness. And we're doing that because we don't want this to be a biased inquiry. We want to hear both sides. We want them to attend. And I apologize that we have not been successful in getting any public officials to attend.

Commissioner Drysdale

But just so that I'm clear, we're holding 27 days of hearings in Canada, from coast to coast. And we've offered these officials that we've invited to attend an opportunity to attend on any one of those 27 days. Is that correct? In any one of the locations across Canada, virtually or in person?

Shawn Buckley

Yes, definitely. The summons is part of the rules. Anyone can go online. Our rules are public. My memory is that we make it clear that we're marching across the country, that they can attend virtually at any of the hearings. But in addition, that we would be open to scheduling a time available to them where we don't have a scheduled hearing, where you would also be attending virtually. So the object is to make it as easy as possible for a public official to attend because we recognize the importance to the commissioners.

Commissioner Drysdale

The commissioners would like to request that the list of those folks who have been invited to attend be entered into the public record.

Shawn Buckley

What I can do— Although I am a volunteer at the NCI, I can't say they do this or do that. But I will make efforts to try and have a list of people whom summonses have been sent to

entered as part of the record, perhaps every two weeks. If that would be agreeable to the commissioners.

And then my understanding also is, for the public—first of all, everything is entered as an exhibit unless it is confidential. So for example, if a witness is going to submit an autopsy report for a child, they might not want the public reading that. So it would be listed that we have it as an exhibit but that would be for the commissioners only to see. But providing something isn't marked "in camera," the public is free to access all of the exhibits we refer to. And so that would form part of the exhibits. And our intention in any event was to publish on the website the names of people to whom we have sent summonses.

Commissioner Drysdale

Thank you, Mr. Buckley.

[00:09:55]



Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 7: Scarlett Martyn

Full Day 3 Timestamp: 06:09:23–06:37:14

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

The next witness is Scarlett Martyn, and I will indicate that Scarlett is a person that has done some volunteering at the NCI. And I just bring that up because we don't want anyone indicating bias, and so we want that out in the open that she has done some volunteering.

What she's going to testify about today, she has testified in the past, which is videoed and available online before the NCI even existed, so I'm not concerned about her not being truthful in any way. And she's testifying about her personal experience and we're confident that the commissioners will find this to be helpful. Now, Scarlett, before we begin, can I ask you to state your full name for the record, spelling your first and last name.

Scarlett Martyn

Yes, it's Scarlett Martyn, S-C-A-R-L-E-T-T M-A-R-T-Y-N.

Shawn Buckley

And Scarlett, you promise to tell the truth, the whole truth, and nothing but the truth, so help you God.

Scarlett Martyn

I do.

Shawn Buckley

Now, you had—and I'm using the past tense—but up till the COVID adventure, you had worked for 24 years as a paramedic.

Scarlett Martyn

That's correct.

Shawn Buckley

And for part of that time, you worked as an advanced care paramedic, which enables you to deal with more critical procedures than a regular paramedic.

Scarlett Martyn

Yes.

Shawn Buckley

And in fact, advanced care paramedics are rare. I mean, a generous figure would be 10 per cent of the paramedics.

Scarlett Martyn

Yes.

Shawn Buckley

And so if there's a 911 call involving something like a cardiac arrest, something very serious, they will try and have somebody like you attend instead of a regular paramedic.

Scarlett Martyn

That's correct.

Shawn Buckley

And you were also on a special roster for dealing with disasters in the Greater Toronto Area. So if a big building collapsed or something like that, you were on a list to be called in.

Scarlett Martyn

Yes, I was on a heavy urban search and rescue team.

Shawn Buckley

And then when COVID hit, Orange asked if some advanced care paramedics would be willing to join their critical care paramedics to do high-level transfers, including COVID patient transfers.

Scarlett Martyn

Yes, as part of their surge capacity.

Shawn Buckley

And you volunteered for that.

Scarlett Martyn

Yes.

Shawn Buckley

And then there was a volunteer program where frontline responders were asked to participate in what was called CORSIP [COVID-10 Occupational Risks, Seroprevalance and Immunity among Paramedics], where your blood is taken on regular intervals to basically test for exposure to COVID.

Scarlett Martyn

Yes, I entered that study.

Shawn Buckley

And through that, you learned that you had natural immunity to COVID.

Scarlett Martyn

Correct.

Shawn Buckley

Which meant that you had caught COVID, and you had recovered from COVID, and you had antibodies to COVID.

Scarlett Martyn

Correct.

Shawn Buckley

Okay, and I'm going to stop leading you in a second. So you eventually got suspended for eight weeks, and then that was extended to ten weeks, and then a termination came. And I want, if you can share with the Commission, the reasons for your termination and also the process of your termination.

Scarlett Martyn

Sure. The reason for my termination was willful misconduct and for jeopardizing workplace health and safety. Previous to that, I had wrote a letter expressing my concerns to my commander, the city manager and the mayor, just expressing my reluctance to be vaccinated when I had concerns. Those concerns were met just with a couple-sentence reply, "Follow the policy." I was suspended and then terminated.

The termination was just done through the mail. My suspension was in person and the process was quite humiliating. At one minute, you're a valued resource, volunteering and working, volunteering to step up into a role. And the next minute, you're being terminated. And the letter was quite vicious. I didn't understand how it was insubordination and misconduct to ask questions, and I just wanted an accommodation. I offered to do testing or whatever it was to satisfy the safety needs. And this was at a time that we understood that vaccinated or unvaccinated could carry COVID, and I expressed my concerns.

In that meeting, I was suspended. My ambulance keys that I had drove to the meeting with were taken. My Ministry of Health ID was taken and I was drove back to the station by a supervisor to collect my belongings.

[00:05:00]

Shawn Buckley

And I just want to make sure that I understand. Because I expect that you would have shared with them that their own testing of you showed that you had natural immunity to COVID.

Scarlett Martyn

Well, it wasn't their testing. Paramedics were offered a lot of inter-medical studies or this or that, so it wasn't their own. But yes, I had expressed that it wasn't unsafe for me to work, and it wasn't protective to me with natural immunity.

Shawn Buckley

So notwithstanding that you had natural immunity you were terminated for not taking the vaccine for which you already were immune.

Scarlett Martyn

Correct.

Shawn Buckley

Now, I'm wondering if you can share with us what the culture was within the healthcare system at the beginning of the pandemic. So we would be talking about early 2020 and onwards.

Scarlett Martyn

At the very beginning of the pandemic— And I feel that I can really speak to this because paramedics don't just go to one hospital, we go to many. And then I was on a team that was going to hospitals kind of all over southern Ontario. At the very beginning of the pandemic, when it was announced, the hospitals were empty. Nobody was going to the hospital; they were all too scared. That's how people had time to do TikTok videos and such, because we weren't working.

I was doing call after call of sudden death, which is normal for my profession. But the stories were heart-wrenching because they were people that had chest pain or stroke-like symptoms or something serious for days but they were too afraid to go to the hospital for treatment because of the pandemic. I really feel, if these patients had've went for treatment **that they might be alive today. The public was so scared they did not want to call an ambulance.**

Shawn Buckley

Right. What was the attitude within the healthcare system at the beginning, so before the vaccine is out, about whether or not it was necessary to take the vaccine? Because we all heard it was coming.

Scarlett Martyn

Yeah, it was really socially acceptable at that time in my profession to say, “Oh, I don’t think I’m going to take anything that’s rushed to market,” because we see a lot of medication recalls that were once safe, then pulled, once safe, then pulled. So yeah, it was completely within our culture accepted to say, “Oh, I don’t think I’ll take it. I don’t think I need it. I’m low-risk. I’m not in the age bracket.”

Shawn Buckley

Now, once the vaccine was rolled out, did that culture within the healthcare system change?

Scarlett Martyn

Yes. It was like a switch and it wasn’t gradual. It was just like somebody flipped a switch. All of a sudden people were jockeying in line to get vaccinated. It wasn’t acceptable anymore to say, “Well, I think I’ll wait. I don’t think this is a good idea.” As healthcare workers, we could get it before everybody else, especially those working in the frontlines, and people flooded to do so. It was hard to find people that were still reluctant to get vaccinated.

Shawn Buckley

And did you observe any change within the healthcare system after the vaccines were rolled out towards patients?

Scarlett Martyn

The changes I saw were so profound that it’s disturbing to talk to about. But I think people need to understand. I saw colleagues that I respected, that are brilliant, turn into bullies. I worked up in the ICU transferring patients. And I would hear the chatter about, “Get this one out of here. I heard they were at a rally. So look at them now. I guess it serves them right. Maybe they’ll die.” And I heard these things day in and day out. I heard them talk about— We’re in every area of the hospital, right? So there’s the acute setting and all the different settings. I would know who in those 10 beds wasn’t vaccinated because they would be sitting talking about it.

And the care they received, the part that is most disturbing is not tangible. When you care about somebody, the way you interact with them, you put your hand on their shoulder, you move them gently. When you have hostility towards them, your chart still looks fine. You’ve still given them all the things you were supposed to do. But the way they were handled was different. It was rougher. You could feel the aggression.

[00:10:00]

And it was completely acceptable for them to sit around and talk about the anti-vaxxers that should just all die. “I don’t want anti-vaxxers getting health care.” “Why would the anti-vaxxers come up to the ICU?” “If the anti-vaxxers don’t want to take the vaccine, maybe we shouldn’t give them morphine for their broken leg.” It just went on and on. I witnessed my own colleagues on 911 calls badgering elderly patients that weren’t vaccinated. It had nothing to do with why we were there.

We’re called on people’s worst moments in their life, so we have to be mindful of that. But I’ve seen them standing there instead of treating what was needed to be treated— And not

always life threatening, they just needed something. They would say, “Well, what do you mean you’re not vaccinated? It’s been available. What would your reason be for not being vaccinated?” And if we can picture a towering person in a uniform in a position of authority talking this way to an 86-year-old lady lying on her couch with her stomach hurting, badgering her, it was absolutely appalling.

Shawn Buckley

You had given me an example when we were talking about a call that seemed to you to be a vaccine adverse reaction, where a lady had a shot and then she developed tachycardia and chest pain. Can you tell us about that call? Because I think it speaks to the change in culture.

Scarlett Martyn

Absolutely. I don’t know if I remember that specific one but there’s many. So in the field our job is to report what you tell us and then ask you more questions if we need to know them. Take a medical history. So it’s not our job to judge what we really think you’re telling the truth on. We just report it. When we would take these patients to the hospital and I would talk to the triage nurse for intake and I’d say, “This patient had chest pain after the vaccination. They’re quite worried that it’s a reaction. They’re tachycardic,” which is high heart rate, and being high as in 140 beats a minute—like, not just a little elevated with chest pain. The nurses would roll their eyes and huff and puff and go, “Oh great, we got another one,” you know, “Great, yeah, add that to the list.”

I can watch them because I stand behind where they’re reporting. It never gets typed in. What we say never got typed in for those patients. I never saw a single one say, “following vaccination.” And these patients were wrote off many times with anxiety. Sadly, as paramedics, because of the health protection laws, we don’t have an ability to follow patients beyond the emerge. So if they get admitted up to a medicine floor, we can’t call them up and go up and see them. So I don’t know the long-term outcome of these patients.

Shawn Buckley

Now, you were telling us earlier that when the pandemic started, it was slower. Can you give us some more details about that?

Scarlett Martyn

Yeah. I’ve worked in a busy city, so we don’t get a lot of downtime. It’s rare to have a lunch break. We do a lot of end-to-shift overtime. So it’s really, really rare for us to spend time in our station socializing or cooking. But at the pandemic, that was right at the beginning, it was just like everything got shut off. We were in the stations; we were watching movies; we were hardly doing any calls. And sadly, when we did get called out, it was usually a person that really should have called much earlier.

I remember feeling embarrassed when you’d get a knock on the ambulance door and it would be a restaurant owner delivering food to the health care heroes. And at seven o’clock at night in Toronto, people would come out and bang pots and pans. And we’re not heroes, right? We signed up to do a job. And pandemics are always part of health care. We’re all trained in it, right? We have PPE.

Shawn Buckley

Right. And you're describing to us—in any event at the beginning, it was slower than usual.

Scarlett Martyn

So much slower. Like, I was watching movies at work—series of movies.

Shawn Buckley

And had that ever happened before?

Scarlett Martyn

It had happened once before. With SARS. That was the only other time. And that only lasted—

[00:15:00]

The call-volume drop didn't last long.

Shawn Buckley

Now, I want to switch to a different topic. Because my understanding is, at the beginning of the pandemic, when we're all for the first time seeing all these numbers on TV of how many cases we have, that actually these cases at the beginning were not being based on things like PCR tests – in large part because they just weren't available yet. The system was having to gear up and get testing kits to the hospital. So can you share with us basically how would they classify somebody as a COVID case at the beginning?

Scarlett Martyn

Yeah. At the very beginning there wasn't the ability to do a swab, send it, have it back. There was no rapid tests readily available. So we would do a screening on a patient, which was just a sheet with 10 or 15 checkboxes. And those would be the inclusion criteria for suspected COVID—so just suspected. And these things would be like, abdominal pain, recent travel, and they changed almost every day. So you would have a checkbox: Have they traveled recently? Do they have vomiting, diarrhea, fever? Do they feel more tired than usual? Do they have pink eye? Many, many, many. And the list kept getting longer.

It's hard to find a patient that isn't more tired than usual, doesn't have any of this long list, so they would fail. So the fail would put them in a suspected COVID positive category. One patient I had had been in an assault and he had been whacked over the head with, I think, a bottle. Well, he had a headache naturally. We brought him in for assessment for a headache, and the nurse was filling it out. Once they screen positive, they have to try to find isolation. And I said, "We don't need isolation for this. This guy's headache started from the hit on the head." "Well, I know, but we can't override it." There's no professional opinion, so they couldn't override. So you had massive amounts of patients being categorized as probable COVID patients.

Shawn Buckley

And those patients then would also end up in COVID wards, which would be reported as full.

Scarlett Martyn

Some of them were just in-and-out emerge. patients and we lack the ability to really follow where they went.

Shawn Buckley

So just so I understand, let's say somebody's at the bar and they get in a fight and they get hit in the head. And they go to the hospital and say their head hurts. The screening nurse or person would have no discretion; that person would be listed as a suspected COVID case.

Scarlett Martyn

Yeah, because it's not on pen and paper anymore. It's an input into a computer. And I argued—well, not rudely—but I said, "This is silly. Like, this is—how could we possibly? Like, he didn't have a headache before; the headache started now. He's well. He has no other symptoms." "No, I know, but it won't let me check. And there's no field to add in professional opinion." So they just got all filtered.

I mean, it was really hard to find a patient that called an ambulance that would pass a screening.

Shawn Buckley

So are you saying that early on in the pandemic then, before they had rapid testing, almost every single patient brought in by ambulance likely would be screened as a potential positive?

Scarlett Martyn

Oh, yeah. It was a joke that maybe you could stub your toe and pass. If you only called for a stubbed toe, you could maybe pass the screening.

Shawn Buckley

Now you had a troubling experience where an inmate was admitted because of a headache. Can you share with us that story?

Scarlett Martyn

Yeah. All of these new procedures caused massive delays in patient care. And sometimes these delays cost people their life. Every hospital had a slightly different procedure for screening. I remember transferring a young gentleman and he had an arterial brain bleed. Time is never as valuable as it is when you're bleeding inside your brain from an artery and we were rushing him to one of the neurosurgery centers.

His condition started to deteriorate before we arrived, so the emerge. had sedated him and intubated him for transport. This was a gentleman that walked into the hospital with a severe headache. He passed the screening at the hospital, that would have been before a headache was added. So these screenings changed constantly, right? They would add in.

[00:20:00]

So he passed the hospital screening. And at the receiving hospital where he was to get treatment, he didn't pass the screening anymore because he couldn't answer questions.

Shawn Buckley

So I'm just going to stop you so people aren't confused. He goes to hospital number one with a headache. He's admitted at hospital number one, they determine that he's bleeding in his brain.

Scarlett Martyn

Yeah.

Shawn Buckley

And that's a life and death emergency surgery situation.

Scarlett Martyn

Yes.

Shawn Buckley

But that hospital doesn't do that emergency surgery, so it's arranged for you guys to transport him quickly to hospital number two.

Scarlett Martyn

Yes.

Shawn Buckley

But because time is so sensitive, hospital number one sedates him and intubates him so that the second hospital doesn't have to waste time doing that. It's an emergency.

Scarlett Martyn

Yeah, it is that. It's hard for us to do in the field. We can, but he was deteriorating so it was for airway protection if he deteriorates. Yeah.

Shawn Buckley

So now he's sedated by hospital number one and can't answer questions. And he arrives at hospital number two. And tell us again, what happened in hospital number two?

Scarlett Martyn

We have his screening from hospital number one in the charts. We have all the information we need and they stop us because, well, he fails the screening. And they're not really sure what to do now because they had him as a "passed screening" and now he fails. You know how things work: Nobody knows. Calls are made. Calls go up the chain, down the chain. We need another room. We need this. We need that.

And the clock is running and we're desperately trying to advocate for this patient to just go in. Let's just get the show on the road! And that delay continued on for a half an hour if not 40 minutes.

Shawn Buckley

And in your experience, what is the likely prognosis following a delay at screening for up to 40 minutes when somebody's brain is bleeding?

Scarlett Martyn

It's a very poor prognosis. It's not likely survivable with any quality of life.

Shawn Buckley

And do you think it's possible that could have then also been classed as a COVID death?

Scarlett Martyn

We did witness in the field strange things with classifications of COVID death, so it absolutely would not surprise me.

Shawn Buckley

Can you share with us some types of things that you saw being classed as COVID deaths?

Scarlett Martyn

Yes, I'll try to keep it— We were doing shift change one morning, so the night crew goes off, the day crew comes on. We take a report from the night crew. They had just come from a jumper and we said, "Well, we'll help you clean things up." It was just around the corner. It was from an eight-story building and they had told us about the call. There really wasn't anything left to transport.

Later that day, my partner and I received a call from Public Health that the patient, early that morning from that address, had been swabbed for COVID and tested positive. We looked back and I said, "Oh, that was the night crew that had the jumper." And I said, "I don't understand. What would you swab? Like, did you bring a spatula? This doesn't make any sense. That patient wasn't in a condition to swab." But they assured me that that was a COVID-positive case. You certainly don't have to have medical training to understand the cause of death from jumping out an eight-story building.

Shawn Buckley

Now, switching the gears again. After your experience of being terminated, you helped form a group called the United Health Care Workers of Ontario?

Scarlett Martyn

Yes.

Shawn Buckley

And my understanding is that group has over 3,000 healthcare workers as members.

Scarlett Martyn

Yes, just in Ontario.

Shawn Buckley

Oh, I guess it is the Healthcare Workers of Ontario. Do you have members from other provinces?

Scarlett Martyn

No.

Shawn Buckley

Okay. So you guys had taken various initiatives with the provincial government. But I'm wanting to share with us an initiative that was taken by the United Health Care Workers of Ontario concerning the federal government. You guys sent a letter to the Minister of Health.

Scarlett Martyn

Yes, we did.

Shawn Buckley

Can you just share with us why you guys sent that and what happened in response to that?

[00:25:00]

Scarlett Martyn

We had concerns on the frontlines with many, many things. One of our issues, biggest concerns, were around informed consent. And we believed that the public wasn't getting informed consent. They weren't getting informed consent about the risk of the COVID virus. We think that there is misrepresented data. We believe that there is a lot of fear, which led to people rushing out to get vaccinated and not understanding the new platform, the mRNA platform. We don't believe that anybody sat down and talked about the risk-benefits. And every medical procedure given is always, 100 per cent of the time, based on risk-benefit. **And this was just a very one-size-all approach.**

We approached them in our letter. And we had several questions, specific questions, that we wanted answered. And we even petitioned them in a letter. We had some of the top scientists across Canada help us form a vaccine safety-risk statement. So just like with any new pharmaceutical, a risk statement: "Might cause this, might cause that. We don't know about mutagenicity." Because there's nothing like that currently on the COVID vaccination. And we felt that that was important, not just for health cares, but for all Canadians to understand.

Shawn Buckley

And is it fair to say that you thought that such a letter and a safety-risk statement written by professionals and backed by 3,000 healthcare providers would warrant a response from the federal Minister of Health and Ms. Tam?

Scarlett Martyn

Absolutely. And we also got signatories of other public interest groups, so that we could present it. This isn't a small group of Canadians that want these answers. This isn't just healthcare. This is Canadians.

Shawn Buckley

And did you get a response?

Scarlett Martyn

No.

Shawn Buckley

And Commissioners, I'll advise you that that letter will be entered as an exhibit and available to you for your consideration [Exhibit TO-21]. And Ms. Martyn, I'll just ask the commissioners now if they have any questions for you.

No questions. Scarlett, on behalf of the National Citizens Inquiry, I'd like to thank you sincerely for testifying today.

Scarlett Martyn

Thank you.

[00:27:51]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Toronto, ON

April 1, 2023

Day 3

EVIDENCE

Witness 8: Dan Hartman

Full Day 3 Timestamp: 06:37:35–06:46:35

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Allan Rouben

Afternoon, can we get your full name please?

Dan Hartman

Dan Hartman, D-A-N H-A-R-T-M-A-N.

Allan Rouben

And you swear that the evidence you will be giving will be the truth, the whole truth and nothing but the truth, so help you God?

Dan Hartman

I can't hear you very well.

Allan Rouben

Do you swear that the evidence you'll be giving will be the truth, the whole truth, and nothing but the truth, so help you God?

Dan Hartman

Yes.

Allan Rouben

So tell us a little bit about yourself.

Dan Hartman

My son Sean played hockey his whole life. It was his love, it was his passion, it was his favorite thing in the world. And to continue to play hockey in 2021, he had to be vaccinated.

Sean's biggest fear in the world was needles. He was terrified of them. It was his biggest fear. But he wanted to play the game he loved, so he took the vaccine. Four days after that he went to the hospital, to emergency. He had brown circles around his eyes. He was vomiting. He had a rash and an extremely sore shoulder opposite to his injection shoulder.

The doctor failed to do any blood work, he didn't do a D-dimer, he didn't do a troponin test. He gave him Advil and sent him home. On September 26, 2021, Sean went to play hockey that night, and everything seemed okay. He came home and went to bed. And on the morning of September 27, Sean was found dead on the floor beside his bed.

Allan Rouben

How old was he?

Dan Hartman

He was 17.

Allan Rouben

Tell us a little bit about your son.

Dan Hartman

The most beautiful boy I ever met, not just because he was my son. He was very polite. He was very respectable. He never back-talked me once. I never heard him swear once. He never had a drop of alcohol in his life, never had a cigarette. He loved watching movies. He loved music. He used to love wrestling so much when he was a little kid. He was just such a great kid, almost like an angel that's how special he was.

Allan Rouben

Did he have some idea as to what he wanted to do?

Dan Hartman

Well, he wanted to make the NHL hopefully someday, but he also knew that's a long shot. So he actually considered being an NHL referee just so he could be around the game.

Allan Rouben

What happened after he passed away?

Dan Hartman

I had to wait three long months for autopsy results. They did a complete autopsy with genetic testing and toxicology. And the cause of death is unascertained. They can't tell me why he died. They have no explanation why he died.

Allan Rouben

And what did you do next? What did you do next after that in that regard?

Dan Hartman

What did I do next?

Allan Rouben

Yeah, insofar as that conclusion was concerned.

Dan Hartman

I started a Twitter page to get support because I was completely lost and didn't know where to turn. And I've met some of the nicest people I've ever met in my life who support me and help me get through this. It's really hard though, every day is so hard. The hardest part for me is sleeping. I wake up every hour. I cry multiple times a day. I'm a truck driver, so I'm alone with my thoughts all day and I think about Sean so much. I can't listen to songs on the radio anymore. There's a whole list of songs I can't hear. And I'm taking anti-depressants and I'm in grief counselling now with other parents who have lost their children.

I will never do Christmas ever again. Christmas means nothing to me now. I will never see Sean get married. I will never meet what would have been his beautiful wife. I won't have any grandkids, ever. I can't live with the cause of death being unascertained because, in my opinion, the vaccine killed my son.

[00:05:00]

There's no other logical explanation. He was a perfectly healthy boy with no underlying conditions. And now I have to live without the most important person of my life. And every day is pure hell. Every hour, the only time I'm not in pain is when I go to sleep.

Allan Rouben

Tell us a little bit about the community of other parents that you have joined up with.

Dan Hartman

I speak with five other sets of parents around the world, who all lost their child after this vaccine. And all have cause of death unascertained, same as me. And some people think we're lying and they don't believe us and they think it can't be the vaccine.

Well, Dr. Ryan Cole from America has agreed to help me. He has Sean's tissue samples and he's one of only a handful of pathologists in this world who can prove vaccine death. And he's going to prove it for me. And I can't wait to tell all the people who doubted me that I was right. My gut feeling about Sean is right. I know it is.

Allan Rouben

And how did you get introduced to Dr. Cole?

Dan Hartman

Through my Twitter page. That's what led me to him. And I was watching so many videos of him explaining— It's very strange that Canadian pathologists aren't doing tests to determine vaccine death. To do that, you have to stain slides and you have to look for spike

protein. Dr. Cole has even told me he's offered to teach our pathologists how to do it, they just have to get in touch with him. It's a complex procedure but he knows how to do it. And I am quite confident that he's going to tell me that Sean died from the vaccine.

Allan Rouben

And you're awaiting his results as we sit here today.

Dan Hartman

Sorry, what was that?

Allan Rouben

You're awaiting his results as we sit here today.

Dan Hartman

Yes. He said it won't be too long because he's already done some initial testing. I can't discuss what has been found yet, but when the time comes, I will.

Allan Rouben

Thank you. Are there any questions from the commissioners? Just to wrap up, is there anything else you want to tell us about your son and your situation?

Dan Hartman

He was the reason I woke up every morning. He was the reason I went to work. I've been a truck driver for 18 years and I used to love my job. And now I hate going. I don't even care anymore. Sean was so special. It's so hard to describe. He wasn't like other kids. He was a shy boy, but such a good heart. He wouldn't have hurt anybody. And he was my only son and he was my reason, my love. And now he's gone. I believe they took him from me. I believe my son was murdered.

Allan Rouben

We're very sorry for your loss.

Dan Hartman

Sorry?

Allan Rouben

We're very sorry for your loss.

Dan Hartman

Thank you.

Allan Rouben
You're welcome.

[00:09:00]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 9: Dr. Irvin Studin

Full Day 3 Timestamp: 06:47:50–07:35:02

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Allan Rouben

Can we get your full name, please?

Dr. Irvin Studin

Irvin Studin.

Allan Rouben

How do you spell that?

Dr. Irvin Studin

I-R-V-I-N S-T-U-D-I-N.

Allan Rouben

And do you swear that the evidence you will give today will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Irvin Studin

I do.

Allan Rouben

Tell us a little bit about your work and educational background [Exhibit TO-4].

Dr. Irvin Studin

Thank you for having me first of all. And it's difficult to go after such powerful testimony. I've been following that story very carefully. My sincere condolences to the family.

I'm Irvin Studin. I chair the Worldwide Commission to Educate All Kids (Post-Pandemic), which was created in January of 2021 to address what I think is the major catastrophe of the pandemic period, amongst many catastrophes. And that's what happened to the young people, particularly in respect to education: the collapse of education across Canada in general, in particular in Ontario. I also preside the Institute for 21st Century Questions, which is a major think tank in Canada, and edit a magazine called *Global Brief*.

Allan Rouben

And before you got involved with that, give us some examples of the type of work you were doing.

Dr. Irvin Studin

I call myself a policy expert across a variety of fields, domestic and international alike. I worked for many years at the Privy Council Office, the Prime Minister's department in Ottawa. I was on secondment in the Prime Minister's department in Canberra and Australia at the start of my career. I was a professor at multiple universities, U of T, York, Singapore, Eastern Europe, so I have a variety of hats.

Allan Rouben

And your educational background, just what was the highest level of education that you had?

Dr. Irvin Studin

I have a PhD in constitutional law at Osgoode Hall, graduated in 2014. I have two degrees from the U.K., one from Oxford, one from the London School of Economics. I was a Rhodes Scholar. And before that my undergraduate was at the Schulich School of Business at York University.

Allan Rouben

In terms of the subject matter that brings you here today, how did you get interested in that?

Dr. Irvin Studin

I began to see children out of school from the late summer, early fall of 2020. And it took me several months to understand what I was seeing, and then on inspection of a larger hypothesis, to really be able to appreciate the extent of the catastrophe at our feet. Because I'm going to quote from some 19th century writers that had a felt appreciation of this catastrophe—but this was completely foreign to our Canadian understanding. That is, in a very advanced country, that degree of collapse for children and childhoods and education is completely foreign.

So I began to see them at my feet. There were three or four instances where it was very personal in my own networks. Then I began to inspect it across the country. And then we brought about 60 countries together. And we discovered a phenomenon that I'll explain when I get into the guts of my testimony, what we came to call "third bucket kids." That is, kids who were neither in physical school, classical school, the one all of us appreciated growing up. They were not in virtual online school. They were in no school at all. I'm

talking about zero school. I'm not talking about homeschooling, pod-schooling—none of these fetishes. I'm talking about the Dickensian condition of no school.

And I might surprise people by saying that, before the pandemic, 500 million children—who were after the school closed, out of school—were normal children enjoying regular schooling. After the pandemic, after the school closed, there were at least 500 million children around the world, the size of the European Union, ejected from schooling. And a lot in our own country. And then I'll go into that as we proceed, I'm sure.

Allan Rouben

All right. So you've talked about the buckets. What is the first bucket?

Dr. Irvin Studin

The reason I talk about buckets, colleagues, you might imagine three glasses like this. The first glass is physical school, the one that we all appreciated as common school—largely public school, but some private school—across the country until March of 2020. Physical school. The second bucket is virtual school, the one we imagined everyone pivoted to as soon as we shuttered the schools physically: the second bucket.

[00:05:00]

And there's a third bucket, which we didn't see, didn't appreciate, and still don't feel. And that is, I repeat, zero school. And this can happen at any age. It can happen at age seven and it certainly happens at older ages. And this is a phenomenon I'll explain, but these children are in no education or in deep under-education. And they never returned. They have not returned once the schools reopened or renormalized, for reasons I'll explain.

But the reason we talk about the buckets is because if I say “no school” to our Canadian mentality, it's lost. “What do you mean no school? You must be a critic of the education system. You must be talking about homeschooling, or the child is taking a break.” I repeat, colleagues, fellow Canadians, fellow Ontarians, fellow humans: No. School. The kids were ejected from the first bucket to the third bucket, or from the second to the third bucket, through all sorts of very paradoxical phenomena that I'll explain.

It took us a while to study this. When we brought the 60 countries together, we realized that this is a phenomenon that is as common in India as it is in the United States, in Canada, in Britain, and so we had to divine this terminology to get it through our heads. Third bucket, no school. First bucket, school. Second bucket, virtual school. But the transition from the first bucket to the third bucket is very, very rapid. And third bucket is misery. **Third bucket is misery, because nobody's going to want—no matter what we tell ourselves online, no matter the delusions we recount to ourselves—no one is going to speak to a child who has a grade 7, 8, 9, 10 education five years from now when he or she is an adult, undereducated or not educated at all, in a post-pandemic world that is much more fastidious, much more cruel. And we've done this to these children.**

Allan Rouben

How did the children land up in the third bucket?

Dr. Irvin Studin

Yeah. Let me just quote quickly—I don't have the right glasses on—*Great Expectations* by Charles Dickens. Charles Dickens was, as you'll know, a famous 19th century writer who serialized books on the misery of children in Victorian England. And in *Great Expectations*, Pip, a miserable child, talks to Joe. He says:

“Why didn't you ever go to school, Joe, when you were as little as me?”

“Well, Pip,” said Joe, taking up the poker, and settling himself to his usual occupation when he was thoughtful, of slowly raking the fire between the lower bars: “I'll tell you. My father, Pip, he were given to drink, and when he were overtook with drink, he hammered away at my mother, most onmerciful. It were a'most the only hammering he did, indeed, 'xcepting at myself. And he hammered at me with a wigour only to be equalled by the wigour with which he didn't hammer at his anwil.—You're a listening and understanding, Pip?” “Yes, Joe.”

“Consequence, my mother and me we ran away from my father several times; and then my mother she'd go out to work, and she'd say, ‘Joe,’ she'd say, ‘now, please God, you shall have some schooling, child,’ and she'd put me to school. But my father were that good in his hart that he couldn't abear to be without us. So he'd come with a most tremenjous crowd and make such a row at the doors of the houses where we was, that they used to be obligated to have no more to do with us and to give us to him. And then he took us home and hammered us. Which, you see, Pip,” said Joe, pausing in his meditative raking of the fire, and looking at me, “were a drawback on my learning.”

So what happened as soon as we shuttered the schools in March of 2020?

Let me just tell you the extent to which we shuttered the schools. Ontario was the most catastrophic: March 17, 2020 to June 30, 2020. January 7, 2021 to February 10, 2021. April 19, 2021 to June 30, 2021. And the first two weeks of 2022. And in between, hundreds of ad hoc bespoke school closures, mostly dictated by Public Health. These were general school closures that I recounted, dictated by the Premier and the Minister of Education. The longest in North America.

As soon as we closed the schools, we said we're going online. But immediately, you have a contingent of children and families who have no internet access and no mobile access.

[00:10:00]

They're between 1 and 6 per cent of the population on Statistics Canada numbers.

Very well. That's your baseline ouster to the third bucket. That may grow over time as resources become more scarce. But what happens within the home when we imagine a child to be remote-learning? What if you're in an abusive home, like Joe recounts? You were a star mathematics pupil and that was your saving grace. You went to school. Now you're at home in an abusive home. And very well, you may be heroic for two weeks. But on the periods I described, that are catastrophically long, you're in the third bucket before long. And you're abused for two years in your home while everyone imagines that you're virtual learning.

Very well. You don't speak English or French. You're from a new immigrant home. Two years online, you're in the third bucket. You have a physical or intellectual learning disability. You're in the third bucket. Your family has no resources. You run out of money

during the pandemic. Or someone's got sick, you're off to work at 13, 14 years old. You're in the third bucket.

The most catastrophic category, colleagues, friends, fellow Canadians, Ontarians, is that of teenagers: middle schoolers and high schoolers who were in the second bucket for a while—that is, online learning—but realized that school began to lose its meaning. There were no walls. There were no boyfriends, no girlfriends, no sports, no spirit, no standards, nothing for which to compete. Nothing physical. Everything was virtual. And I'm a teenager. The cost of exiting the second bucket and going to the catastrophic third bucket is a matter of clicking off the Zoom call and I'm out. Nobody's aware I'm out. Few people are taking attendance and they're not taking attendance fastidiously. And nobody's looking for me.

At the very moment when my juvenile narcissism requires you to look for me— Because you'll recall when you and I were all in school, we knew of some kids who wanted to drop out, they'd announce it a month beforehand, "I'm dropping out." And you'd get five people crowding that person saying, "Don't leave, don't leave." Then the teacher would come. The boyfriend, the girlfriend would come, the friends. You'd get a hug at the door, the family would be notified, and someone would come and bring you back, most of the times.

This never happened. The cost of leaving the second bucket to the third bucket were zero, and the time period in which you're in the third bucket very, very long—especially in the teenage mind, when a month is infinitely long. Now, I wish to say clearly and I'm going to be undiplomatic, but in my world it's diplomatic: If I can forgive the initial school closures—because the entire world was improvising from March 2020 until about the spring, the northern spring, let's say even the summer of 2020—we can forgive those policy mistakes. And they were policy mistakes.

After that they became policy crimes. Because we closed when I and colleagues already were articulating, and then shouting from the skies, and then making personal calls and emails and interventions and media interventions: "Do not close the schools." This third bucket is catastrophically large. I put it to you that at the nadir of the closures, it was 200,000 kids across the country on a global student population of 5 million. Tens of thousands across Ontario. Because again, in a very degenerate way—and I repeat, I'm being diplomatic—intellectually degenerate way, we close the schools, and we close them, and we close them, and we close them.

In April of 2021, I'll never forget: the Premier said that the schools will be closed indefinitely. And my stomach plummeted. Because indefinite to us is understandable but for the teenager I describe, that has a zero-cost proposition to exit to the third bucket, indefinite means forever. There is no return proposition. Premier never said, "Hold your horses. Everyone's coming back in a couple of weeks and we want to educate you." We said, "No education in Ontario."

Allan Rouben

There was no hope.

Dr. Irvin Studin

There was no hope. There was no message and nobody was aware of the scale and the catastrophe, by the way, that awaited us and that now is befalling us. Because let me just put two signals—two key signals that any intelligent society would have understood—to not go down that path of deep school closures.

One, the third bucket kids will live miserably.

[00:15:00]

As a rule. There will be some exceptions. They will live miserably because they're undereducated, or uneducated in a world that is far more cruel and that needs, in many cases, over preparation. We've underprepared them and then we feed them to the wolves in this society that is post-pandemic. That is our fault. That is a crime of policy. What have we done? And now, as a collective, what have we done to the country? What kind of society and country? An intelligent country, one in which I'm proud to be a citizen, which I adored in my childhood, and one that I thought was the best place to inhabit as a child. I have a family of three children. What awaits is huge destabilization because these third bucket kids will become adults five, ten years from now.

And how will we live? We'll have a huge contingent of people who are uneducated, undereducated and will hit us upside the head and we'll say, "Oh my God, what have we done?" And they will in turn ask, "Why did you do that?" And I do not accept that these are bad kids or marginalized kids or they're from certain minorities. Not at all. I repeat: the child in Mumbai in India who could have been a physics star when the school closed could have gone and been married off. And that happened in huge numbers in India. But the same child here who was a soccer star or a bright light in English or mathematics that went home to an abusive home and for whom school lost all meaning—and there are plenty such stories—is also a third bucket child.

And they will look back and say, "I was on my way and you collapsed my childhood. And then you collapsed your future."

I'm here to deliver the message to say, this is what happened. It happened in huge quanta. It happened in one of the most civilized countries in the world. We owe a debt to these young people to find them and bring them back to school. I repeat, find them and bring them back to school and educate them properly. And the second is to never again, for the rest of the century, repeat that degenerate mistake of public policy. Never.

Those are the key to-dos, imperatives, that I wish to impart on this distinguished inquiry. And I thank you for putting it together.

Allan Rouben

Thank you for coming. Let me ask you, in terms of collection of the data for this third bucket, explain to us how you go about that.

Dr. Irvin Studin

Well, there are two ways. And the data are completely unofficial because they are not collected. And if they were collected, it would redound to the huge embarrassment of government, naturally. "What do you mean, we failed to educate?" "Ontario had no education in particular." "Come to Ontario, we promise not to educate your child."

The number is based on first of all, an indigenous—that is not "Aboriginal" indigenous—an indigenous calculation for Canada on the number of possibly-ousted children as soon as schools go online. Add to that different coefficients on abusive homes, on disabilities, on houses without English or French—and then we quickly get across the global student population of Canada, where Ontario has 2 million of the 5 million total student body of the

country, to a number of 200,000 in about January of 2021. It would have reduced as the schools began to open. But I maintain, it still is in the tens of thousands because our American colleagues had it in the millions. And on a 10 to 1 ratio, we then could triangulate. The U.K. had very similar numbers to us in terms of basic ouster but their school closures were not as long, so they're slightly smaller than us. And other countries without internet access, as soon as you went into the second bucket, had huge numbers. I'm talking about South Asia, parts of Africa, parts of Latin America.

But I wish to say, colleagues: I have First World colleagues on this commission who look at us in Canada as if we're Martian. "What do you mean you have failed to educate your children during the pandemic?" I say, "How many kids have you got in the third bucket?" They say, "Zero."

[00:20:00]

"How about you guys?" "Well, we have tens of thousands." How did this happen?

Well, first of all, we closed the schools for catastrophically long periods. Secondly, the norm of compulsory schooling and attendance collapsed. As soon as we went online, all those norms went out the window. And by the way, they are out the window in many cases still. Because within the second bucket—and I wish to address that quickly as well—within the virtual schooling world, the attendance norms were very, very variable.

And the final thing is that intelligent decision-makers understood that as soon as they closed the schools, there would be leakage from the school system. And you've got to plug that leakage quickly. And we didn't understand that. We were tweeting, tweeting, tweeting, and the school-closers—particularly the medical officers who were closing schools like it was going out of style—became online sensations. They were apparently saving our children and they were saving us.

And when we go back in time, when we go back and look on it, I wish for us to look at school-closers as a shameful category of decision-maker. You're a school-closer. You send children to misery. The schools should remain open always. Always, always, always, unless there's a foreign army at the gates. It's that central. We now understand it's that central, not just to the well-being of the child but to the functioning and survival of the society.

There are other countries that continued to educate their children, or even over-educate their children, during the pandemic. Their children will meet our children in life 10 years from now. And who will do better? And who will deserve to do better?

The second bucket: huge under-education for everyone else who stayed in the schooling system, who didn't collapse to the third bucket. Collapse of ambition, collapse of spirit, collapse of social interaction, socialization. You could be a child of wealth or of poverty in Ontario and Canada and go to any school and by and large, the final product is predictable: undereducation. Then you open the schools and the undereducation continues because we open the schools with low energy.

My final to-do is that within the schooling system that we've reopened, outside of the third bucket, for everyone who's remained: energy, energy, energy. We must overeducate the kids for all the learning that was lost on our watch. Because again, we're preparing them for something or we're not, or we're failing to prepare them. We're in a low-energy state right now. The schools are low-energy. The standards are low. We need to overcompensate. So that's the third to-do and that's a leadership question at the principal level, at the board

level, at the level of minister and deputy minister. Go, go, go. That's how a smart society behaves in reaction to the regress of the last two or three years.

Allan Rouben

You said that you and some of your colleagues were sounding the alarm. Tell us a little bit about that. And what does it say that that wasn't front and center in media and public discussion during that time period?

Dr. Irvin Studin

Can I be blunt? It means that the Canada that loved its children in my childhood is not such under pressure. Canada does not love its children under pressure. A captain of a ship— My wife gave me this example during the pandemic when, to my horror, I started appreciating the scale of this catastrophe. She said a captain, a leader, in the context of catastrophe puts his passengers and the young people to safety. He doesn't allow them to wallow in misery or allow them to feel his or her tension.

We did the opposite. We immersed the children in misery, in our own fears and our anxieties. We didn't save them. And in failing to save them, we haven't secured our future. So the message is: if we really want to be a country that loves its children, as I do—I love young people, I work with young people, not just my own children—we have to take the lessons of this period to heart for the rest of the century, if we make it that long. And we have to do right by those we've harmed in the last two or three years.

[00:25:00]

So I don't accept that this is a lost generation at all. That's Twitter-speak.

If we're a serious country, we say we made a mistake. The answer to a mistake in my world is remedy: immediate remedy. Find these kids. They're easily findable. They're on the attendance rosters across the schools and all the boards across the country. Find them, get them back to school, educate them, get them caught up, and some of them will be Nobel Prize winners. Failing which, we only have ourselves to blame. Many of them will end miserably and their misery will redound to the collective misery.

In terms of the leadership class: unfortunately, the pandemic proved that we have by and large, an accidental leadership class. Canada operates at all levels, across all parties, in all jurisdictions, with a transactional leadership class that presides over a system that's been built over a century and a half. A beautiful system. And when it collapsed, we didn't have the talent and the energy to resuscitate it.

That leadership class is still in place. Nothing's happened. No one's resigned. No one's gone to jail. There's no *mea culpa*. I've heard not a single speech, not a single speech by any leader across Canada saying, "Here are the major lessons of the pandemic, including in education." There is some revolutionary work happening in Alberta, but that's a separate point.

Allan Rouben

Have you heard any acknowledgement from any public official that acknowledges the consequences that you talk about?

Dr. Irvin Studin

There's been no public articulation of this tragedy. Because renormalization was a matter of simply opening the schools. We just opened the schools, so everything's back to normal. Imagine that every child with his or her lunch is back to school. They were just watching Netflix, I guess, for two years. But remember, a childhood is a limited period. So what you and I appreciate is two years of difficulty, for the child, is an irreversible passage of time. You're either educated in that period or you're not. And if your education collapses and life passes you by, you can't get caught up. That's the other thing we don't realize.

A child— I'll put a very concrete example to you. We get a call from British Columbia on the commission, earliest days. A grandmother says, "I have two brilliant children. They're stuck in the basement playing video games because the parents are in a COVID panic. They don't want them to leave. Everyone's going to die." And for two years, they were in the basement not being educated. And I didn't know the age of the children, let's say the child was 13 years old. And the world opens up and he or she is 15 or 16 years old, but with a 13-year-old education. And now scale that across the thousands, tens of thousands.

How does the system react to that? It's not reacting at all. We just said, "The schools are open," with low energy. "Everybody wear a mask, be safe, be vaccinated, zombie about." Not, "Let's go—we got a national mission to catch up." Not that. We're in defensive posture. So the child either never gets caught up, doesn't go back to school, or the general misery continues. And those stories are legion. Those stories are legion.

Allan Rouben

You obviously have a very high profile. You've been in the government, highly educated. What was the reaction from policy-makers when you were bringing this to their attention, when all this was going on?

Dr. Irvin Studin

I'm not going to impart educational lessons from my own story. I will impart sports stories because I was a good student but I was a very good athlete too—notwithstanding my present composition. I was a good soccer player. And I always say: in elite sport, there are nice people and then there are people you want to have on your team when the going gets tough. I think everyone understands that analogy. They're nice people when the going is generally good. Not on a rainy day.

[00:30:00]

And Canada is full of them. And in the leadership class, we're full of them. Too many were pretenders when the proverbial thing hit the fan. And I got to understand that personally because I was speaking to many of them. I said, "Where's the reaction?" The only responsible reaction from anyone overseeing any decision-making part of the education system—or the children's welfare system, or the childhoods of our young people—the only responsible reaction would have been, "Oh my God, reverse this mistake. Don't repeat it." Ours were the exact opposite.

I got stories from top decision-makers saying, "Irvin, I can't do this. I'm too busy with my own family. I've got to help my kids." These are top decision-makers. "Irvin, we have to close the schools. Full stop. There are other things at play that are more important, symbolic, medical issues. Twitter." Twitter fame is a big one. And the third category was complete intellectual incomprehension. We just could not go there. We couldn't imagine

what happens to our own children when we close the schools. We still cannot go there. We cannot accept that this has happened or we've done this. It's foreign.

That's why I say, of the 60 countries or so on the commission I chair, countries like India, Argentina, Jamaica, they get it. They live more at the cold face of life and death, even their children. But more advanced countries—U.K., Canada in particular—we can't go there. What I described in Dickens in the discussion between Pip and Joe is foreign but we've consigned many of our kids to the Dickensian condition. We've done it. These are acts of omission or commission, repeated, repeated, at length.

Allan Rouben

I have to say that the failure of leadership that you're describing is extremely discouraging.

Dr. Irvin Studin

I think that's diplomatic. I think that's diplomatic. I think we'll look back and say, "There were policy crimes that were committed." And that's a category that I— This is not under criminal law. These are policy crimes because first, they were problems of understanding, then problems of competence and, in the end, conspicuous acts that redounded to the harm of our children. And in all catastrophes, usually in wars over the centuries, you go back and say, "Well, what are the major lessons learned?" So the Geneva Conventions would have been born in the late 19th, 20th century, responding to things like chemical weapons and civil population rights. Those are lessons learned over the catastrophe of war.

Well, what's the lesson of the pandemic? The number one lesson: Never close the bloody schools, ever, never. I'm against closing them now on a snow day. Do not close them. People die as soon as you do. You don't believe it. They die. We must stop looking at our children as little munchkins, cute munchkins with lunchboxes that we're babying and worshipping in their cutest years. We owe them a duty of preparation. Beyond that worship of their beauty, we owe them a duty of preparation for tomorrow. I had that. I profited from that in Canada. I'm educated in the public schools of Canada—proudly. And I look back and say, "How could this have happened?" We destroyed something in an instant that was a huge achievement, a huge achievement. We regularized beautiful childhoods across Canada over many decades—with many exceptions, granted—but that was a regular system. And now we've regularized misery.

Allan Rouben

I'm going to ask the commissioners if they have any questions for you.

Commissioner Kaikkonen

Thank you for your testimony. I have a couple of questions.

[00:35:00]

I know that many of the school boards in Ontario have said, or at least suggested, that the reason they've abdicated their responsibility to the students is because they were dictated to by the health orders that came down from their particularly local health officers, and then by default the Minister and Ministry of Education, and then further, Doug Ford. What would you say to that?

Dr. Irvin Studin

Yes and no. In my earliest—I have a trilogy of calls for resignation in a number of articles publicly. My first one was for the resignation of all of the officers of medical health across Ontario for the reason of the school closures. There are other reasons, but that's for other testimony. But who was resisting? There were many protests. There were many attempts at public interventions. And I'm not talking about social media. I'm talking about physical protests, calling en masse. I cannot think of a single school board that heroically went against this, what I call "mania," this mania of closures.

It was a mania in the end. It wasn't conscious wisdom or anything like conscientious wisdom. Name me one school board where there was a strong voice saying, "We keep our schools open." Everyone fell into line or colluded with the mania. A mania, by the way, which was completely foreign. It was a mania. But this was a period of mania that was not foreign, it's not foreign to other societies. Ours had a different look, but it was very much a mania. All of them fell into line with that energy.

The school boards are just as guilty of a failure of leadership or duty vis-a-vis the children as are the medical officers of health, for sure. The only reason I would say that the school boards have a conspicuous responsibility is that they know something about the education system. Whereas all of the medical officers of health—I've spoken with many of them, I've lambasted many of them, I spoke with many of them on the phone, I corresponded—were people of average intellect who were completely accidental, who knew nothing about the education systems they were closing. At all. And wanted to know nothing about the consequences because it was complete abstraction.

This was a matter of a button. "We close the schools." Tens of thousands of applause: dah, dah, dah, dah. "And I'm closing my schools here." "And I'm closing my schools in Peel," "And I'm closing my schools in York." Who's next? And I'm just looking at the horror because I'm counting, first of all, the number of third buckets that result from that, the general undereducation, and the ease with which we put kids in a position of conspicuous misery.

Commissioner Kaikkonen

Thank you. My second question is about the move by school boards to go to the standardized tests that are post-COVID and use that as their standard for going forward in education. Do you have any thoughts on that?

Dr. Irvin Studin

I have no view on the standardized testing. I don't think it will get us anywhere one way or the other. My brief is for high energy.

You imagine that Canada was here before the pandemic across the systems in education, in business, in the social sector, national unity, internationally. And then we collapsed to here, okay? And when we reopened, we stayed here. We're here. We imagine intellectually we're here [highest], but the reality is we're here [lowest]. The only way we can get back up here is energy, energy, energy. That's the gap and you feel it around. People are driving more slowly, thinking more slowly. The news is more sombre. The politicians are less energetic.

And, of course, with the kids: The kids are less sharp. They're more depressed. They're less knowledgeable by far than we were in our generation. By far. I deal with them all the time, some of the bright ones. The only way to get back is not through one standardized test. It's energy, energy, energy. Educate them to the nines, for the next several years.

The only small brief I've added is that we should, where possible, add an additional year of schooling. Because they haven't had enough time to incubate before they go to post-secondary, or the work world, or vocational school. So the Grade 13 would have been an obvious thing—something they did in Jamaica. We could easily do that, but we don't think that way. We just open it up and it's status quo but it's status quo at a low energy. So we're graduating low energy people to a world that requires that much more. The gap is a gap of misery.

[00:40:00]

So energy, energy, energy. That's my only brief.

Commissioner Kaikkonen

Have you sent any of this information to or contacted them with your concerns—either the education minister, Lecce, or the school boards independently in this province?

Dr. Irvin Studin

Yes.

Commissioner Kaikkonen

And have you received a response from anyone?

Dr. Irvin Studin

In deeds, no. In deeds, no. In explicit terms, no. But implicitly there's an appreciation. It's just the gap between the appreciation and the action is huge because it's a mammoth task. We would have to go out and find these kids and then we'd have to educate everyone energetically. That's much more difficult than throwing \$200 million—I don't know, \$20 million to \$100 million—and saying, "That's our catch-up budget." It's very modest, I don't remember: a few hundred bucks per family for tutoring. Right? So that is the failure again in adult responsibility.

Let me just also refine a point. In January of 2022, it was one of the darkest professional periods of my life, where I was at a protest against school closures. The schools were closed once again, January 2022. They were closed again and we were at Queen's Park and five people showed up. And I swear at that point the Premier could have said, "Ontario doesn't do education, we're just cancelling that," and no one would have blinked.

There was no resistance. Because we were in a manic mode. It's a completely foreign intellectual condition, psychological condition. I don't believe that the right to education is enough. We have a duty; there's an adult duty. And why do I say that? I believe in rights first and foremost, but the rights are of the child. The child has a right to education. But if you take it away, is it for the child to litigate his or her rights? Who takes away the right to educate? The adult. Well, what's the role of the adult? The adult has a duty.

So the duty to educate is first and foremost. It's primary. And it falls on the adults. The right is for the child. Those two things live side by side but the duty is primary because we're adults. We failed our adult duty. So we failed. Very well. The adult responsibility, the adult reaction, a non-pretender reaction, is: "Oh my God, mistake! Let's fix it." And that's the only

way I think we can acceptably move on as a society that's not lying to itself. I'm for that path.

Commissioner Kaikkonen

And my final question is about individual assessments for students. When students are declared special needs, they're given an IEP [individual education plan]. And I'm just wondering, going back into the system now, do you see an increasing number of children, students at whatever age group it is, that will be labeled as special needs as a consequence of the two years of education they've lost?

Dr. Irvin Studin

I don't have that data.

Commissioner Kaikkonen

It's good data to look up.

Dr. Irvin Studin

I don't have that data. What I want to say is this: I presume, on the logic that there are all sorts of conditions that would have obtained and occurred over the course of those two or three years of second bucket, third bucket, undereducation, no education. Huge. And I imagine mental health is an important part of the Inquiry. But as I said, with duty being prior to rights: education is prior to mental health.

Do not give a child who has no education or undereducation mental health services or therapy. Give him or her an education. The mental health will come with an education. But a child who has no education is not looking for mental health services. Let us stop fetishizing that. He or she is looking for an education. The mental health part comes with an advanced society's services. We're not here to pooh-pooh our children and say, "Are you feeling okay as you come back to school?" Educate, educate, educate. They're resilient with an education, but they're not resilient without an education. So let's get that logic right as well.

Commissioner Kaikkonen

I agree, thank you.

[00:45:00]

Allan Rouben

Are there any final thoughts that you want to leave us with?

Dr. Irvin Studin

I still love this country. I still love this province. And I'm very grateful for having been raised here. Canada gave me a beautiful childhood. And I really struggled in accepting—starting with my own children, for other children—that we could have devastated beautiful childhoods with such levity. And my last two or three years, with many other colleagues,

have been spent fighting for what I think is the best look of Canada and a proper childhood in Canada. Not wealthy, not poor, just a proper childhood that prepares you.

I want to reinstate that. Canada is a beautiful place in which to be a child, in which to have a childhood, in which to move if you're from out of Canada, to raise children. But that requires work. We cannot tell ourselves stories. So we have a huge burden. But I want to say that if we put that work in—and it is work—we can bring light again to the children of the country. Because right now the picture can be very dark. And it offends me. And that's part of my—I'm not very sentimental but it offended me that we could have brought such darkness to otherwise regular children so quickly. And again, to open up the darkness is work, work, work. Work on the back of honesty. That's it.

Allan Rouben

Thank you very much.

[00:47:12]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 10: Dr. Mark Trozzi

Full Day 3 Timestamp: 07:44:41–08:43:16

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. Our next witness is going to be Dr. Trozzi, who's joining us virtually. And Dr. Trozzi, thank you for joining us.

Dr. Mark Trozzi

Thanks for having me.

Shawn Buckley

I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

Dr. Mark Trozzi

Sure, my full name is Mark Raymond Trozzi, M-A-R-K and T-R-O-Z-Z-I.

Shawn Buckley

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

Dr. Mark Trozzi

Yes, I do.

Shawn Buckley

Now, can you just briefly share for the commissioners your background? So just explain your credentials and who you are.

Dr. Mark Trozzi

Yes, certainly. So I'm a Canadian born and I've lived in Ontario my entire life. I graduated from University of Western Ontario Medical School in 1990. I've been practising predominantly emergency medicine since that time. I've also taught at several Ontario universities. I have a special interest in critical resuscitation and I've taught various forms of critical resuscitation and trauma medicine. That was my career up until the era of COVID.

I was, of course, a frontline emergency doctor when COVID was launched. And I continued working in the Emergency Department in multiple—including one which was designated as a specific COVID site. I continued that till the end of 2020. I maintained my oaths and my ethics throughout the entire time. I have never participated in nor promoted the injections and I continue to be very open and honest with my colleagues as well as my patients.

By the end of 2020, it became very obvious that the penetration of our medical system was so profound that I would have to actually do what I did, which is I resigned all my working positions, forfeited my income, sold our family home, and committed myself to what I would describe as continuing to be a real doctor, like I know others have. I have just committed myself to making sure that Canadians had access to the truth and to doing everything I can to help right what is wrong and return basic ethics, human rights, and the rule of law to Canada and other places around the world. That has been failing, in my opinion, since COVID began.

Shawn Buckley

Well, thank you. Now, my understanding is that you're here today to help explain to us your thoughts on the mRNA vaccines, that you've spent some time analyzing the Pfizer data and you have some thoughts on that. And I'm wondering if you can share with us your thoughts on the COVID-19— I'll call them "vaccines," but my understanding is you wouldn't necessarily call them that.

Dr. Mark Trozzi

No, I wouldn't. If I could share my screen, I've prepared a significant amount of material. And I want to go through it fairly quickly so that I can get everything in. And I'm going to start on some other issues before I lead up to putting the bulk of my time into the discussion of these injections. So if I may share my screen.

Shawn Buckley

It should be set up now so that you can share screen. We are seeing your screen now.

Dr. Mark Trozzi

Okay, great. So again, thanks for having me. I want to go a little bit into some of the foundational material. Because in my opinion— And I think just for the safety because we know that the truth-tellers are trolled and persecuted in the country, so everything I'm going to say is in my opinion— However, my opinion is very well-founded. I've been studying this for two years. I've become a steering committee of a global organization. I've worked with scientists and doctors from all continents. And I've been the lead now of a health and science committee, the World Council for Health, so I have done my homework.

So first of all, the question of pandemic. Because that's how this all started: we were told there was a pandemic. So what is a pandemic? I think that all of us, in our lay knowledge—

and this is a thing where I think we're all learning to use common sense again—I think we all know that a pandemic is supposed to mean a disease that spreads far and wide and kills a lot of people. Everyone catching a cold does not qualify, for instance, as a pandemic.

Now, we need to look a little bit at the organization, the World Health Organization, which is really the conduit of control that has been used by the perpetrators of the COVID crimes to impose this global agenda throughout the world. Which, no surprise, we see the same agenda in almost every country.

[00:05:00]

Now, back in 2009, the WHO declared a swine flu H1N1 pandemic. One of the results of this was that there were massive pre-orders of new vaccines for swine flu across many countries, with governments accepting liability for the damages of course because there was a pandemic. However, when the pandemic officially ended in August of 2010, it had caused only 18,500 deaths globally. Now, if you look at the definition, this is the definition of “pandemic” and the WHO also recognized the real meaning of words up until 2010.

As you can see, for something to be a pandemic, it requires that it has heavy mortality with orders of magnitude more death than a bad seasonal influenza. A bad seasonal influenza involves about 250,000 deaths. So orders of magnitude—meaning generally orders of 10—would be 2.5 million. However, when they declared the end of that swine flu “pandemic,” there was only 18,500 deaths. So by no means did it qualify as a pandemic. At that time, the Parliamentary Assembly of the Council of Europe launched an investigation into the undue influence of Big Pharma and the WHO for falsifying a pandemic to create a lucrative vaccine market for their partners in Big Pharma.

The WHO's response to this was to change its definition. They did not change my definition. I recommend people don't accept people just changing the definition of words like “pandemic” or “vaccine.” But they changed the definition. They just eliminated the part where it required that it was highly fatal and took many lives. And this basically paved the way for a new lucrative power-grab enterprise like the COVID-19 pandemic. In addition, we saw modelling that millions of people were set to die, and Neil Ferguson was the main author they used for these models. Neil Ferguson was used previously to do a similar sort of thing, which was to create models that weren't true.

One moment, just switching slides.

And then that brings us to the issue of PCR and “cases.” Of course, millions of people were swabbed and told they had COVID, even though they felt fine. Now, I'm going to be very brief on this: the PCR test, or PCR procedure, involves taking a sample which may have—like many things would, including some scraps off the floor—a bit of genetic material in it. And that genetic material is multiplied in orders of two. So when you run one cycle of a PCR, if you had one fragment, you would end up with two; and if you run a second cycle you would end up with four, and then you would go to eight, and sixteen, and thirty-two, and sixty-four, one-hundred-twenty-eight, et cetera. Anyone who knows what that curve looks like, every time you do another cycle, you double the sample. And so it becomes actually quite ridiculous at some point.

Now, the PCR was never meant as a test. The inventor of the test himself stood up quite strongly back in 2020 in this regard. But even if it were to be used as an augmenting device for diagnosing or suspecting a particular condition—be that, for instance, a coronavirus infection—25 cycles is about the limit. Countries like Canada were using 40 to 45 cycles.

And what that means is— For instance, one of the African leaders took one of the swabs and swabbed a papaya, a goat, and a quail, all of which came back as having COVID. So when we were told that there were tons of cases, and when many people were sent home to destroy their businesses, well, Amazon and the like did very well. This was a deception, in my very strong opinion.

And that led to the concept of “asymptomatic spreaders.” That people were walking around and, though they felt completely fine, they could actually spread this deadly disease and kill you. And we were all convinced of that. But when you look at death statistics, Canada was like really the rest of the world. If you looked at total death, you saw that in 2020, the same amount of people was dying approximately that had always been dying. There’s no spike there in total deaths. And yet we were told many people were dying of COVID. And I would call that the “death diagnosis deception program.” What that meant was, let’s say someone died of a heart attack or advanced cancer or maybe even crashed a motorcycle in some cases, and their nose was swabbed in the course of events.

[00:10:00]

And 45 cycles later: oh, my goodness, they had COVID. And there again, you had someone who died with COVID. So it wasn’t that we cured every other disease and that people only died of COVID. What happened was people dying from all sorts of causes were categorized as dying from COVID and that kept the agenda going.

Before we get to the injections, I want to touch on a few more things. The masks simply made no sense. First of all, the virus was much smaller than the pores in the mask and it would be like using chicken wire to catch sand. Secondly, having a moist, essentially cloth matter over your face as a facial barrier for long periods and rebreathing your own air and moisture, rebreathing your own microbes, is clearly something that should be suspected as not being good for us. We know, for instance, Chris Schaefer—one of the really good Canadians who stood up early, a mask expert—did tests. And it was very easy to see that people were ending up with lower oxygen levels and higher carbon dioxide levels, meaning that gas exchange in the body was compromised.

Dental disease was on the rise. In fact, the American Dental Association recognized that and made a statement of that when they first started seeing people again, when people were allowed to go back to them. Of course, this is what all of us in the Emergency Department had: these chronic facial rashes from wearing these facial barriers on a daily basis for long periods. And we must keep in mind the severe disruption of human social interaction, which I would say was an intentional thing because our facial expressions are a big part of how we communicate. For instance, looking at these people is a lot different when you can see their facial expression. And this was especially terrible for children.

That brings us to what I would more appropriately like to call “antisocial distancing” and “lockdowns.” Lockdowns is not a medical term. Lockdowns is a prison term. Antisocial distancing and lockdowns were very destructive socially. They were destructive economically. And they were terrible immunologically, both for individuals and in terms of herd immunity. This was clearly demonstrated when you look at a study in Wuhan that looked at more than 10 million people three months after they ended their brief lockdown. What they found, essentially, was there was almost zero COVID disease. In the 10 million or so people, there were 300 people that tested as positive for COVID on a nucleic acid screening program and there was zero indication that any of their contacts had contracted the disease from them.

In particular, children were at zero risk. Now, I'd love to go into this in some detail, but I'll show the heading of an article that's on my site that people can go to. There are many physiologic reasons that children had zero significant risk of serious disease or death. And in reality, they needed to encounter this infection for their own health, for the development of their own immune system—and not only for COVID, but for many things. And this is one of the reasons why we saw last year a 700 per cent increase in RSV [respiratory syncytial virus] hospitalizations of children in the countries that were heavily injected.

So when you look at the dynamics of herd immunity—which is, how it is that a cold goes around and then it's gone away and not everyone caught it?—the key really is you want healthy people to carry on with their lives. That includes children. Of course, they will contract the infection. They may show no symptoms or have a very mild disease. They develop immunity. And when enough of the healthy people are immune, the people who were at risk, whom you did protect—I wouldn't lock them up as we did to our grandparents—but that you do protect, they're then safe.

So really, the way for children to protect granny wasn't to stop hugging her. Their way to protect granny was to go out, play, continue their life, have a healthy immune system, help our society develop herd immunity, and then get on with things like you could see they clearly were able to do in Wuhan three months after the lockdowns had ended. And this is why my good friend Dr. Paul Alexander and myself published this back in 2021, "Why Children Should Be Free and Never COVID-Injected." And I'd recommend people interested in the subject to have a look at that. You can find that on my website, drtrozzi.org.

I want to skip through a few other quick things before we get to the injections themselves.

[00:15:00]

Suppression is, one of the reasons is we were all being herded towards these injections. And if you have a safe and effective treatment for a disease, it's really no longer a great emergency. And one of my friends, someone I had the honour of getting to know, Dr. Zev Zelenko was one of the first people in North America to be treating it. His use of hydroxychloroquine and zinc along with the azithromycin was by no means random. He was a smart man. He did his research. He did his homework. And you can find details on my website of why hydroxychloroquine and zinc work together to suppress the replicase enzyme that a coronavirus relies on in order to infect our cells and make us sick.

Of course, as it would turn out—and we would learn in terms of the antiviral part of treating COVID—ivermectin was even better. It's very safe, it's cheap, and we had pre-existing laboratory evidence of its profound action against many messenger RNA category viruses, which includes coronaviruses. And the studies were very extensive and so many studies have been done since this time. And in addition to that, many clinicians around the world in countries where the government did not impose this violation of patients' rights and doctors' rights to do their job—I've spoken with many of them. And the description of how well ivermectin works early in the treatment of coronavirus and how people can just start feeling better quickly—I've experienced it myself—rather than spiraling downward, until eventually they're admitted to hospital and still denied proper treatment.

There were so many cases around the world. One classic one was in Uttar Pradesh, one of the regions in India. In Uttar Pradesh, when they liberated the use of ivermectin, the hospitals went from full to empty in about two days. As well, this was no secret. And we have many examples of government communications recognizing ivermectin as a great antiviral for coronavirus infections. This one in particular comes from Major Murphy of

DARPA [Defense Advanced Research Projects Agency]. You can see that he is recognizing how effective, in this case hydroxychloroquine, but it was the same with ivermectin. And people that want to look deep into that can look into the work of, for instance, Project Veritas, James O'Keefe, Dr. David Martin, and others.

So ivermectin was really a great drug. It is a great drug. It's very safe, it's very effective. It doesn't have a patent, it's an old drug, and I think that's one of the reasons that it has been suppressed. And that's generally been the case. And we've seen over the last few years the suppression of good science and the promotion of fraudulent science. And particularly, anything that promoted safe, effective, cheap treatment of COVID infection with multi-sequential drug therapies was suppressed.

Case in point: A large group of us—I was honoured to be one of the co-authors working with Dr. Peter McCullough—published a detailed paper on early treatment of COVID in children. We did this not so much because we thought children needed it, because really, they generally don't, but we were trying to provide a path for parents to know, "Hey, if your kid were to get really sick, we could help, or here's a medical treatment to help." And believe it or not, though Peter McCullough pre-COVID was the most published scientist in the history of his field, that paper was ultimately rejected with no explanation.

And meanwhile, we had such ridiculous papers as— One paper published in a major journal said that the cause of heart attacks in the people who had been injected with the so-called vaccines was because people that were against the vaccines may have been afraid, and that made their arteries spasm. So we've just seen a plethora of garbage science in what used to be considered legitimate scientific foundations.

So in the context of all this, people were deceived and coerced or in my opinion, forced—whether to keep their homes or thinking that they were doing the right thing—into these injections which were misrepresented as safe, effective vaccines. And as I will show you, all three of those words are a lie: They are not safe. They are not effective. And they are not vaccines, in my well-founded opinion.

Regarding coronavirus infections, here's some important pre-knowledge that we had. There's a phenomenon called "antibody-dependent enhancement." And when you look at prior study in attempts to make even actual coronavirus vaccines (not genetic injections being misrepresented but even efforts to make vaccines against coronaviruses): because of the coronavirus' ability to modify its spike protein and evolve at a fairly rapid pace, you end up with a situation where you look at many different animals were studied.

[00:20:00]

And you could get to the point, phase 3, where you could test the animals' blood and say, "Oh excellent, they have produced antibodies to the virus." But when you went to phase 4 and you actually exposed them to the infection, what you found was a dramatically increased rate of death. In other words, the antibodies produced in response to vaccines against coronaviruses do not protect the person; they enhance the disease.

And another very important thing that we knew is a basic Golden Rule. This is a picture of Geert Vanden Bossche, PhD. And as he pointed out at the beginning, "What on earth are you doing? You never vaccinate your way out of a pandemic." And the reason this Golden Rule of vaccinology exists—even in the case where we didn't, in my opinion, have a true pandemic but even just an active infection—when you vaccinate into an active circulating

infection, what you do is drive the evolution of the virus. So you create many variants. And that is exactly what we have seen.

So what is a real vaccine? Let's talk about that. A vaccine involves taking the virus or pathogen that you're trying to vaccinate against. You generally weaken or fragment it and you inject a small amount, somewhere in the order of a hundred or a few hundred particles of that, into a person's muscle. And then that is carried to the local lymph nodes, where B-cells of the immune system produce antibodies and prepare the body. So in the future, were that to present again, they can produce the antibodies in a rapid fashion. Now, that's the science of it. How well it works is a bigger question. I think there's actually a lot of debate about pre-existing actual vaccines.

But what are these injections? And as I said, these are not vaccines. Now, again, just like the WHO changed their definition of "pandemic," the perpetrators of the COVID crimes against humanity think they have the authority to change the definitions of things. I think that's very dishonest, especially when you're in the middle of something.

So these injections—you could look at them—arise with genetic experiments. If you studied them enough and looked at the background enough, I think you would call them bioweapons. We know some of the ingredients because we could read the ingredients, for instance, on the authorization applications to the FDA, et cetera. But we've also come to learn that some of the ingredients they didn't just tell us because they say it's a trade secret. And they have a right to inject us with something that we don't even know all of what's in it. I personally think that is criminal.

What these injections are, are essentially two different main forms of Trojan horses. And by saying "Trojan horse," I mean something that can get into human cells but deliver a payload. In this case, the payload is artificial coronavirus genetic material. So when you look at the two different forms—of course Pfizer and Moderna, which most people have been injected with—what you see is something like this: these are tiny little pegylated nanoparticles. So "peg" means polyethylene glycol, that's those little curly tails you see all around it. And then you see that outer kind of orange membrane with its inward tail, those are lipid particles. And then within it is a payload of a patented messenger RNA, which has been modified in a variety of ways that make it hyper persistent and hyper toxic, creating a hypertoxic version of the SARS-CoV-2 spike protein as it was in the original man-made virus that we know as SARS-CoV-2.

Now, AstraZeneca and Johnson & Johnson, these guys took a slightly different approach. They also delivered genetic payload into human cells, but they used a virus to deliver it. They used a modified monkey adenovirus. And in it they put a payload of DNA, which is very unusual. Because what happens in this case is the DNA hijacks the cellular machinery, **which our cells use to make our messenger RNA, and makes messenger RNA, which then uses our cellular mechanisms to produce—instead of the parts of our cell that they should produce—this hypertoxic version of the SARS-CoV-2 spike protein. And that's that thing you see in all the pictures of the SARS virus with the spikes sticking out. And that's a toxin, and it's also how the virus adheres to human cells to gain entry and begin an infective process.**

So when you look at this, you can understand why I laid down my income, my home, and I refused to take a role in the COVID crimes against humanity. And I chose, as have many others, rather to fight against it. And you can see why this was the first thing I published in January 2021: "This is Not a Vaccine."

[00:25:00]

Shawn Buckley

Dr. Trozzi, can I just interject for a second? You were also going to later on speak about what you called basically a cover-up in Canada. We've got a limited amount of time today, so I'm just alerting you to focus.

Dr. Mark Trozzi

Okay, sure. I prepared for 40 minutes and we're getting through pretty quick. That's why I'm speeding through. How much time do I have left?

Shawn Buckley

Well, we're a little flexible, but we're showing about 15 minutes and 11 seconds.

Dr. Mark Trozzi

So far, or left?

Shawn Buckley

But we can go beyond that.

Dr. Mark Trozzi

I'm pretty quick. Thanks for making me aware.

Okay. So why did we know this wouldn't work? As I said, antibody-dependent enhancement: attempts to vaccinate against coronaviruses results in antibodies that help the virus, not the person. And as I mentioned earlier, antibody-mediated selection. That's the process where doing something stupid like this results in the injection victims being a place where coronavirus variants evolve. And that's what we've seen. And those variants are particularly dangerous to the injection victims.

There's more reasons we knew this would be harmful. The first is that the spike protein is a poison. That's not a secret. That was well-known, there's studies that go back. Just exposing a hamster to a little inhaled bit of spike protein will give them lung disease. And I mentioned ACE2 receptors: that's where the virus adheres. And when the spike protein is produced through cells throughout the body—and by the way, when I say throughout the body, I mean very much throughout the body—we were deceived and told they thought it **would just stay in the arm and the local lymph nodes. That's a complete lie. And the reason that is my opinion is that pegylated nanoparticles, by design, are meant to penetrate all tissue. They've been used experimentally in the past for treatments for brain cancer and things like that, to deliver chemotherapeutic drugs.**

So they used the delivery system that penetrates everything. By everything, I mean the blood-brain barrier, I mean the placental barrier, I mean the ovarian and testicular barrier, I mean into the unborn child, and even into the unborn child's brain. And after the spike protein has poisoned the tissue—whether by being produced there or travelling there in the blood stream and adhering to many tissues that have a lot of ACE2 receptors, like the hearts of young people, et cetera—then the immune system attacks it.

So now a person's immune system spends a lot of its energy attacking their own tissue. And that's what we see when we look at autopsies from around the world, where they're done. And by the way, in Canada, no one is doing proper autopsies, which involve immune-fluorescence-staining for spike protein, which reveals the harm.

Now, there's so much we could go into. I've made long documentaries on this but just quickly, there are other pathophysiologic pathways. Here's a few of them. Prion diseases: That's how these spike proteins can result in misfolding of proteins and lead to degenerative diseases similar to mad cow disease or Jakob-Creutzfeldt, so a long, slow neurologic deterioration.

We also knew there were specific reproductive proteins that resembled the spike so that the antibody that was generated against the spike could be generated against reproductive tissue. And this is probably one of the reasons we see such dramatic fall in fertility nine months after the injections rolled out and so many abortions, although there are other reasons.

Reverse transcriptase is a very serious concern. The body has a capacity—and we now know from studies on human cells that this happens—that some of this messenger RNA can actually be transcribed backwards into DNA and incorporated in the human genome, which makes us concerned about how hard it's going to be to get this out of some people, particularly for whom this is a predominant factor.

And then we have vaccine-induced AIDS: vaccine-induced acquired immunodeficiency syndrome. This is not HIV AIDS—that's caused by the HIV virus. This is caused by these injections. So very quickly, I want to explain this. In response to the massive production of spike protein by the cells of the victim throughout their entire body, the immune system produces massive quantities of adaptive antibodies against it as it existed in the original virus. These antibodies fail to prevent COVID and rather enhance infection. They place evolutionary stress on the virus, so that the variants evolve that are literally dangerous for the people, and they cause this quasi-autoimmune attack that I described. This mass production of bad antibodies and the quasi-autoimmune disease diverts so much energy of the immune system from being available to do other things that it's supposed to do. And that weakens the immune system for fighting all kinds of infections and cancer.

[00:30:00]

In particular, certain T-cells called CD4 cells, their levels plummet post-injection. And these are essential to preventing and fighting cancer. And that's why we see the massive rise in cancer. That's why we see people who may have been 10 years in remission suddenly come back with cancer. And it's severe and very hard to fight and people are often dead quite quickly. We've got a new term in this area called "turbo cancers," and I've spoke with surgeons from around the world who've described some very bizarre tumors that they've never seen before, including breast tumors in young women and all sorts of things.

So These misrepresented injections increase the risk of COVID disease. They enhance COVID infection. They drive the evolution of endless variants. They disrupt immune function leading to cancers and all sorts of other infections. They poison tissues with spike protein. And they trigger a quasi-autoimmune disease process which causes a plethora of different death and disease presentations, from heart attacks to blood clots, myocarditis in young people, abortions, infertility, organ failures, and much more. And unfortunately, even for an emergency doctor looking at the science back in 2020, this was really predictable.

And that is why, in June 2021, I published this detailed analysis of the dangers we're facing. At that point the injections in the U.S. data had already been associated with more death than the previous 13 years of all vaccines for all diseases, all combined, and all years combined.

Shawn Buckley

Dr. Trozzi, if I can get you to move on to the cover-up issue. Because we're particularly interested in that.

Dr. Mark Trozzi

Sure. Okay. And we're really at that point. Pfizer's three-month clinical trial results were available at the end of February 2021. And they showed a high death rate. They showed massive abortions in pregnant women. Canadian COVID Care Alliance did a great job analyzing this. So all officials in this country—especially people running medical regulators, health boards—had a responsibility to know that. And you would think, like 1976, that they would have. When 12 people died of heart attacks in the U.S., that '76 swine flu vaccine was immediately halted.

The U.S. data shows 45,000 deaths so far, and we know it's much higher than that. And yet we're still being told, "safe and effective vaccines." And there's that VAERS data showing just a massive spike: like, more death from these vaccines, multiples more deaths than with all vaccines for all diseases for 30 years. And you see the same in other countries, Canada is no exception. Here's Germany. As soon as they roll out the injections, deaths double two to three times and remain like that.

So what about Canada and its organized cover-up? There's elements to this organized cover-up. One of them is defining people as quote "unvaccinated" until two weeks after their second shot. So think about that. We know that COVID infection spikes in the first week after injection. We know that one of the high times for bad vaccine adverse events is very shortly following the injections, although people continue to get sick and die well past the year, based on German autopsies. So when someone goes into hospital in Canada and they said, "Oh, what's your vaccine status"? If they said, "Yeah, I had my second shot 10 days ago," they were marked off as unvaccinated. And that skewed the statistics.

Also what was shocking was, yes, in Canada, in theory, we have an adverse event reporting system for vaccines. But it's been completely suppressed. And on that note, I'm bringing it to the example of really one of the finest physicians in our country, Dr. Patrick Phillips, who just stayed on the job and did everything right—everything right. Including, when people came in a few days after one of these injections, he attempted to file an adverse event report. What happened? His reports were rejected, universally. Patients were sometimes called by the public health officer and told, "No, you didn't have an adverse event. That doctor was wrong." And the College of Physicians and Surgeons [of Ontario], who are deeply embedded in this crime: they launched an investigation for every single time that Dr. Phillips reported an adverse event.

So you can imagine: the result of that and other things is that ethical doctors have been excluded from health care in Canada, and the doctors are—

Shawn Buckley

Dr. Trozzi, can I just slow you down, because you're really hitting some important things. I just want to make sure that everyone understands. Your first point is: somebody could get their first shot. And how much time, typically, between the first and second shot?

Dr. Mark Trozzi

Several months.

Shawn Buckley

Okay, so somebody could get their first shot. And you're telling us that that there's a window after a shot where they could get COVID but that's going to be counted as unvaccinated until a full 14 days after their second shot.

Dr. Mark Trozzi

Yes, that's my understanding.

[00:35:00]

Shawn Buckley

Okay. And we actually had Dr. Phillips attend at the Truro hearings and share with what he's seen. It's just interesting that he's a Maritime doctor and you are familiar with him as an Ontario doctor. Did that story kind of resonate widely among medical circles?

Dr. Mark Trozzi

Yes. And one of the things that people need to understand about Dr. Phillips is Dr. Phillips is very scientifically astute as well as ethically astute. And so doctors around the country who were on the ball were following his work and were learning from him. So you know, him being the main sort of whipping boy for the College of Physician and Surgeons in Ontario is a very perverse thing. He's actually an excellent doctor. And a lot of us admire him and he's admired around the world too.

Shawn Buckley

But it served as an example to other doctors that they would be punished if they submitted adverse reaction reports.

Dr. Mark Trozzi

Yes. And so no one reports it who's still in the system. Anyone who has too much ethical backbone to go along with that is no longer in the system. They've been suspended, licensed revoked, investigated. There's lots of us like this. It's got to be a thousand-plus across the country. It's not a normal situation.

Shawn Buckley

But isn't it the law that doctors are supposed to submit adverse reaction reports concerning vaccines?

Dr. Mark Trozzi

Yes. The crimes involved in what's going on are extensive. And the College of Physicians and Surgeons in Ontario and other places are guilty of multiple crimes, and not the least is of violating even their own rules.

Shawn Buckley

Okay. And I'm sorry for interrupting. I'll let you continue. It was just that those were such valuable points you were making, I just wanted to emphasize them.

Dr. Mark Trozzi

Oh, I appreciate it. Thanks so much.

So there you have a little bit about why nobody reports adverse events. And Canada can generate some statistics that there haven't been much deaths associated with these injections.

Now, Alberta really became famous for this one. This province, of course, keeps statistics of death. People die, that's part of life. And in 2021, the number one cause of death in Alberta, according to the Ministry—which I can't blame on anyone, particularly in the current administration of the government—was “ill-defined and unknown cause.” Now, if you look in the books of Alberta, that popped up as a new, strange, minor cause of death in, I believe, 2019.

So suddenly, the number one cause of death in Alberta is, “uh, we don't know.” And that's when the injections are rolled out? And this got attention of comedians around the world as well. I came to realize that we were living in the age of the Sudden-Invented-Syndrome syndrome, where anything but the shots is the cause of death.

Shawn Buckley

And can I just ask: Did you say that what became the leading cause of death in Alberta didn't even have that classification until 2019?

Dr. Mark Trozzi

Yes. In 2019 it showed up as the cause of death of a few hundred. And then, by 2021, the new leading cause of death is mystery disease.

Shawn Buckley

So the leading cause of death in 2021, it was a new category basically invented in 2019?

Dr. Mark Trozzi

Yeah.

Shawn Buckley

Okay. Thank you.

Dr. Mark Trozzi
"Ill-defined and unknown."

Shawn Buckley
That's quite interesting.

Dr. Mark Trozzi

Yeah. So I'm getting really near the end of everything. But in addition to covering up the death and harms from the COVID injections—which at this point, I mean, it's very hard for us to calculate how many exactly, but definitely I think we're into millions of dead around the world. Twenty million is a pretty reasonable estimate, I don't have time to go into how that calculation and estimate was made. And more than 2 billion adverse events on the planet so far. Those are good guesses, calculations.

But what else is interesting is covering up the fact that, as I said, you're more likely to get sick with COVID if you've had these injections. And this is data from February to May of 2022. And if you look on the left, there is your case rate for people who've had none of the injections: two and a half times higher case rate for people who've had two injections and more than three times the case rate for people who've been boosted as well.

Now, again, what should the natural response to that have been? An emergency call for the halt of these injections. Instead, Canada stopped reporting vaccination status along with the statistics. So when they saw this going on they said, "No, no. No more reporting for vaccination status. We'll just report the cases." Now that is extremely perverse, because what that could mean is that these cases could be used to deceive more people into going and getting the injections.

[00:40:00]

And not realizing that you're way more likely to get sick with COVID if you've had the injections.

So if I could take another minute and a half, I'd just like to make a few somewhat closing statements.

Shawn Buckley
Yeah, please go ahead.

Dr. Mark Trozzi

So mistakes were not made. This was all by design. Question that, as you should. I refer you to a few things.

First of all, revelations that come from thousands of pages of Pfizer's submission to the FDA [Food and Drug Administration] for Emergency Use Authorization. Though they were approved in 108 days, Pfizer stood against a FOIA request and did not want to release those in total for 75 years. Now luckily that didn't happen. And there's an excellent organization called Daily Clout, spelt "daily" and then C-L-O-U-T, dot I-O. There's thousands of volunteers analyzing this mountain of documents, which are very deceptive, but do reveal a lot of what I'm saying.

Also, people should look at the work of the global intellectual property expert and researcher, Dr. David Martin. And he's exposed nearly, for instance, 100 patents on SARS-CoV-2 products that were produced over more than a decade prior to the launch of the COVID agenda; as well as revelations by James O'Keefe, Project Veritas, Karen Kingston, and others regarding communication and contracts within the DOD [United States Department of Defense], the NIH [National Institutes of Health], Anthony Fauci, Bill Gates, Eco Health, World Economic Forum, the notorious WHO director Tedros. And interestingly, you'll find that two Canadian names that come up an awful lot are Justin Trudeau and Chrystia Freeland. For that again, I refer you to those other sources.

Last thing I want to mention is the imminent crisis we face right now. The World Health Organization functions as a conduit for WEF, Bill Gates, Pharma. And the details of how that works: People are welcome to come to my site and spend some time on it but the WHO functions to manipulate and harm us on their behalf. And I cannot emphasize enough the need to defund, exit, investigate, and prosecute the WHO.

They currently have two fast-developing programs which will super-enhance their economic and political power. These are the International Health Regulations Amendment and the Pandemic Preparedness Treaty. So if anyone thinks the last three years have been awful— That's what they did with the preparation I showed, like redefining "pandemic." If they pass these amendments then they put themselves in a position to do far worse to us.

So that's everything I have to present today. I'm grateful for the opportunity and I'm completely open to questions.

Shawn Buckley

Great. I'll ask the commissioners if they have any questions. And they do have questions.

Commissioner Massie

Thank you very much, Dr. Trozzi, for your excellent presentation. There's a lot of information there. But I would like to ask you: in your best estimate—you've done a lot of research—how many doctors and scientists in Canada would be in agreement with what you're proposing, to ban these vaccines moving forward?

Dr. Mark Trozzi

Well, when I think of my colleagues in medicine in Canada, I can divide them into a few groups. I think a lot of doctors were brainwashed. And people have to remember: even smart sheep are sheep. There are quite a few of us who did our own study—you probably **are familiar and have probably heard from quite a few of them—and who made it an active role to stand against this and to make the sacrifices against them. You have doctors that quietly tried to work under the radar and eventually left their work. You have thousands who left their hospitals when they were eventually mandated to take the injections. So I am certain that there are thousands of doctors that would agree with me.**

Unfortunately, a lot of doctors in our country need to realize what's at stake. And they need to realize that protecting your career— I valued my career too. I valued my income, I valued my home, I had a good life. But when you look at where this goes, when you look at the agenda and recognize what it's part of—Agenda 2030, et cetera—everyone will lose everything in terms of freedom, human rights, and property.

I think a lot of doctors who— I've heard this story so often: people go to the doctor and say, "Hey, what do you think about the injections?" And the kind of honest ones say, "Ah, I can't talk about it. I can't tell you." Which is, of course, a violation of Hippocratic Oath, which is to use your own judgment.

[00:45:00]

So the violations of Hippocratic Oath have been massive.

Knowing what doctors really think is a little bit tricky because doctors have been given the carrot and the stick. If you went along with this, you made a lot of money. There were great billing codes, these injections paid phenomenally. And if you stood against it, you basically kissed your income and your old-style career goodbye. So that's the best I can give you to share insights in that. But I mean, for instance, the Canada COVID Care Alliance has over 600 doctor members. So there's thousands of us for sure.

Commissioner Massie

And worldwide, would you say that the number of doctors and scientists that would support a ban for the vaccine is much larger proportionally than what we find in Canada? In other words, do we have movement outside Canada that seems to be more active in that space?

Dr. Mark Trozzi

Oh, yes. For instance, there's petitions. One I'm involved in, 17,000 PhDs and MDs signed that. A group of us are being invited to speak to the European Parliament. This wave is cresting big time.

But unfortunately, the perpetrators are very well-embedded in government. Governments, for me, have pretty much lost their legitimacy for continuing with this because the science is very clear. You know, there's a reason Paul Alexander and others including myself have invited—on multiple occasions—these ministers of health to sit down and have a public debate with us. They will not show up. There is no debate. There's just an agenda that they're pushing. And I really think there needs to be arrests made on this.

Commissioner Massie

Thank you.

Shawn Buckley

There are some more questions, Dr. Trozzi. And then when the commissioners are done, I've got a question for you too.

Dr. Mark Trozzi

Thank you.

Commissioner DiGregorio

Thank you, Dr. Trozzi, for giving us your testimony today. I just have a few clarification questions on some of the information you presented. I believe just one of the last few slides

you showed us was data from the Canada Health website in February of 2022. Showing, I think, a number of cases broken out by vax status with three classifications—one being unvaccinated, the second one being two shots, and the third one being three shots.

Dr. Mark Trozzi

Yes.

Commissioner DiGregorio

And I'm just wondering whether those numbers—were those absolute numbers of cases by vax status or were those by thousand people?

Dr. Mark Trozzi

Those were case rates. It was the rate of infection per number in the group. So it really did reflect the relationship between your risk and the injections.

Commissioner DiGregorio

So it's not just the case that the lower number for unvaccinated is because there are a lower number of unvaccinated people, it's averaged out by thousand.

Dr. Mark Trozzi

Yeah, it was per thousand. It was a rate.

Commissioner DiGregorio

Thank you.

And then the other question I had had to do with— I've heard this before from others and yourself, about this definition of unvaccinated people as being people who are two weeks post their second injection. And I'm just wondering where that came from?

Dr. Mark Trozzi

For me, the source was checking with multiple nurses involved in triaging patients. So that became standard triaging procedure as I understand it, when people came into hospital. So people go into hospital, they see a triage nurse, she takes some notes and fills some things. One of the things she fills out is vaccinated versus unvaccinated. And people who were less than two weeks from their second injection were quote "unvaccinated." And so at least in some of the databases, counted as such.

Commissioner DiGregorio

Sorry, maybe I wasn't clear enough in the way I asked the question. And I'm sure that's entirely on me. Where would this definition have come from? Like, who has come up with this notion that that is what is "unvaccinated," that it's two weeks past the second shot?

Dr. Mark Trozzi

Well, that program was carried out in most Western injected nations. So I don't have the exact answer. I think that ultimately you would find that probably came from the WHO, but I can't confirm that at this point. But that practice has been reported in many countries from other scientists and doctors I've been working with.

Commissioner DiGregorio

Okay, thank you.

Dr. Mark Trozzi

Pleasure.

Shawn Buckley

There's further questions.

Commissioner Kaikkonen

I have a question. I'm just wondering, for the parents who are outside watching this or online, just wondering if you have any suggestions or counter-recommendations that you could give to them.

[00:50:00]

For preventing or countering the potential respiratory repercussions from masking? Maybe that didn't make sense, my brain's not working yet. But anyway, just: Do you have any recommendations that would possibly help parents?

Dr. Mark Trozzi

Yes. I'm not sure if you're asking specifically with regard to the masks. As you can see, my thoughts are that there's no significant advantage to having a piece of cloth burying your face all the time. It makes no sense. So a) I wouldn't mask my children, I consider it child abuse. In terms of keeping kids healthy? Well first of all I would avoid letting them be injected with any of this stuff whatsoever. It should be pulled from the market.

And then in general, keeping a healthy immune system. A healthy immune system is built. And it's funny, you know? If we had a legitimate health care institution at the beginning of this, this is the sort of advice we would have got, which is to stay physically active; to get lots of fresh air; to get exposure to sunshine or take vitamin D; to eat a healthy diet which involves lots of produce, organic produce, fruits, vegetables.

And then in the case of children—and I'd really love people to look at that—I presented, "Why Children Should Be Free and Never COVID Injected." And also, I've written articles and videos on the immune system and talked about what's called "original antigenic sin." So children need to be exposed to microbes. But microbes are evolving and humans are evolving, and we evolve together. When a child interacts with their environment—sticking dirt in their mouth and kissing the other kids and all the stuff they do—that actually allows their immune system to initialize itself at the point in history where it exists and to become compatible with the existing microbes. And then following that, the immune system, as we grow, can do a pretty good job of keeping up. As the microbes evolve, we evolve.

So removing kids from the environment, removing kids from each other, doing this sort of state-mandated, germophobic behavior is very dangerous. I think most of us are aware of the old stories where the kid whose mom bleached all the counters and wouldn't let him touch anything and washed his hands four hundred times a day, that was the kid with all kinds of allergies and all kinds of sicknesses, whereas the kids that rolled around the dirt were healthy. And that's just the way the immune system works. I mean, we live in a world swarming with microbes. And we're meant to and we need to do that in a natural way.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

Dr. Trozzi, I had one final question for you. My understanding is that the vaccination uptake now in Canada has dropped significantly. And so we wouldn't anticipate seeing adverse reactions that follow quickly from vaccination.

Going forward, what do you think the prognosis is for Canada and Canadians that have been vaccinated? Would you anticipate that they would be getting better or worse? Or is it just unknown at this time because of the nature of the vaccines?

Dr. Mark Trozzi

Well, that's a good question. So there's a few caveats to that.

We've looked at variations in adverse event rates with different lots and different injections. And you know, this is a clinical trial: we're excluded from a lot of the knowledge. So some people, we believe, got a shot of saline; some people didn't get injected with the stuff. We've also learned that one of the things that causes certain lots to have much higher adverse events and death is the quality of manufacturing. If those little pegylated—those little polyethylene glycol chains around the sphere—if they're very equal in size, that stabilizes the nanoparticle. It makes the nanoparticle more effective at delivering its payload. And therefore, the higher quality injection you get, the worse off you are.

As well, these injections were delicate and had to be handled properly: I mean, stirring, temperature, all these things. And if you got lucky yours wasn't handled well. And instead of getting a full-functioning—as I would I think appropriately called bioweapon—injection, you might have got just some sludge that had fallen apart. So those are some of the perks that can happen.

When you get beyond that, when you look at, for instance Dr. Arne Burkhardt, Dr. Ryan Cole and others, the few pathologists in the world doing the right thing. Unfortunately, for instance in Dr. Burkhardt's case, more than a year ago he had 15 families come to him and say, "Listen, we have had a family member die. They were healthy before. We think the injection killed them, but we had an autopsy done by the government, the public health autopsy, and it said there was no relationship."

[00:55:00]

Now, those autopsies did not include immunofluorescence staining for spike protein. So you know, if you don't look for something, you won't see it. Dr. Burkhardt took those 15 cases as an initial case. His team analyzed their tissue and what they found was that there

was clear evidence that cause of death, in 14 out of the 15, was the injections. And that included people that died as much as a year after the injections. So for instance, when you look at the prion disease, that's a very slow-developing thing.

Now, the other thing though on people's side is: the scientists and doctors who stood against this, while we may not have the resources that we had before—we're no longer running the university labs; we're no longer running the hospitals for the time being—but we're working very hard on developing solutions. So for instance if one goes to the FLCCC, you can look at their protocols and advice for detoxifying from the spike protein and the injections. At the World Council for Health, we've also generated a spike protein detox guide.

Those guides are working very well. Interestingly, two of the most important things you can do: one is intermittent fasting. That increases the rate of what's called autophagy, or getting rid of bad old cell debris. The sooner we can get these poison cells out of the body, the better off we are. Ivermectin, the same drug that works for treating COVID infections, also has sequestered this poisonous spike protein, which makes it less likely to interact with our tissue. Ivermectin also stands quite high on the list. But there's a lot of things that could be done. There's more that is being looked into. I've been talking with an excellent Dr. Goodnow using a nutrient called plasmalogens and I know others are working on this.

So I would recommend to people, if you've had the injection, think about getting one of those protocols rather than waiting until you have a problem. The other thing that we're working on—we have it now available in a couple of countries in Europe but we will try to get it available elsewhere—is a simple test. For instance, a urine test where you can test your urine and see if you're producing spike protein and see how much of that spike protein you're producing.

The doctors who stood against this: we're still in the game. How bad it's going to be is partly going to depend on how successful we are and how much people take advantage of that. And as well, the sooner that we see the system turned into something legitimate again and we see— Rather than agenda-promoters running the College of Physicians and Surgeons, in my opinion, in a very criminal fashion, I'd like to see someone like Patrick Phillips or Dr. Kilian or Dr. Luchkiw, or any of the doctors who sit up and do the right thing. These are the ones who should be running our healthcare. And then we'll do a very good job of treating the injuries from these injections.

Shawn Buckley

Thank you. I think those are all the questions we have for you, Dr. Trozzi. On behalf of the National Citizens Inquiry, we thank you. We're very grateful for you taking the time and sharing your insights with us.

Dr. Mark Trozzi

Well, thank you very much for doing this. I feel that this is the first sign of legitimate government in a long time in Canada, is the people coming together for the people. So I'm really grateful that you're doing this, to all of you. And I hope it continues to go well. We'll continue to support it.

Shawn Buckley

Thank you.

[00:58:35]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 11: Vincent Gircys

Full Day 3 Timestamp: 08:43:16–09:32:40

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness today is Vincent Gircys. And Vincent, I'd like to start by having you state your full name for the record, spelling your first and last name.

Vincent Gircys

Vincent Gircys, G-I-R-C-Y-S.

Shawn Buckley

And Mr. Gircys, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Vincent Gircys

I do.

Shawn Buckley

Thank you. Now could you explain for the commissioners basically the experience you have as a police officer.

Vincent Gircys

Certainly. I am a retired member—a former member—of the Ontario Provincial Police [OPP]. I started my career with that organization in 1982 and I served this province in policing for a total of 32 years. I have 32 years of experience in policing—and that's different than some people, who have one year of experience repeated 32 times.

I have submitted my curriculum vitae here [Exhibit TO-26]. I believe it's with the group, and it's five pages long of courses that I've taken over the entirety of my career. I started my career in Toronto. Eventually, I became a member of the emergency response team for

the OPP, one of many. And at some point, I became involved in forensic investigations and forensic reconstruction. I did that for a number of years. And throughout the course of my career, there were a number of things that I had taken on. I never turned down any opportunities for training and I received a number of commendations throughout the course of my 32-year career and retired with the Police Exemplary Service Medal for my conduct.

I just want to say that there are many men and women in law enforcement. And the men and women of law enforcement are ordinary men and ordinary women just doing extraordinary things. And I'm extremely proud and happy to know that the men and women that I worked with within the service were what I believe to be the best of the best within policing services. And I've met many, many wonderful police officers over the course of my career that put themselves in harm's way and behaved very courageously.

So I'm very proud of the profession. But I see that a number of mistakes have been made over the last three years. Tremendous mistakes have been made. So I'm going to start off with a little bit more of an introduction into my background and then I'm going to tell my story. And then I'm going to get into the mistakes that were made.

Shawn Buckley

Thank you. Please proceed.

Vincent Gircys

"Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law." This is the first sentence in the Canadian Charter of Rights that was written and established in 1982, the same year that I started my career in policing. I was very familiar with the Canadian Charter of Rights. And I was issued, upon my probationary period when I first started with the organization, a Bible. I was issued a King James Bible. And the question needs to be asked: Why? Why was I issued a Bible? And that is something that I carried with me during my service and every time I testified.

And I have testified hundreds of times, actually thousands of times, in various courts. I became an expert witness in forensic reconstruction. And every time I testified, I did it by placing my hand on the Bible to swear an oath. I'm very familiar with the police oath that I've taken. And it is the same oath that all police officers in the province of Ontario take. The oath varies from province to province depending on the police services involved but, in Ontario it's the same oath. And my oath is to the Constitution in Ontario. I'm very familiar with it and I would hope that other police officers would be familiar with the oaths that they had taken.

It's very important, the first opening sentence of the Canadian Charter of Rights.

Shawn Buckley

And I know that you mean section 1. Or the part you just read, which is often omitted?

[00:05:00]

Vincent Gircys

The part that I just read because it is the foundational component. And that foundational component— People need to understand that our Constitution and our Charter is not a federal law; it is not a provincial law; it is national. It is agreed upon by the entire nation of this country. And it is our primary law. It is the most important law of the land.

My story started at the beginning of the pandemic, when I was present. A restaurant in Toronto serving brisket barbecue, known as Adamson's Barbecue, had been shuttered and shut down by 200 police officers and a team of horses that had come in to push back people and prevented that restaurant from staying open. I had already been following the science. I am very familiar and done my research regarding mask issues, regarding transmissibility and other issues, and I just could not comprehend what I was seeing with the amount of police deployment at that location. I've since become very active in speaking out against these types of measures that were taken against Canadians. Things continued to ramp up and get worse very, very quickly, as you well know. So I won't bother to get into those details.

I will say that over the last three years, I had two arrest warrants issued for me because I was in a park, outdoors, speaking to a group of people on two different occasions about the importance of our Constitution and the Canadian Charter of Rights and how they were being abused. These arrest warrants came just prior to, and just after, my attendance in Ottawa during the trucker Freedom Convoy that had arrived in Ottawa.

I attended there just to see what was going on. There seemed to be quite a bit of discussion about trucks arriving in Ottawa and it sounded exciting, so I attended. When I got there, I could see the level of deployment there that was taking place and I wanted to reach out and help in any way I could. So I took on various roles, one of them being a police liaison. I had received through the Ontario Provincial Police the Police Liaison Officer of the Year Award. I guess I did a pretty good job at it. And so I was also liaising with police services in Ottawa during the Trucker Convoy.

I did not go there by truck. I don't own a truck. I don't know how to drive a truck. But I was there strictly helping, acting in any helpful capacity that I could. The temperatures were very cold. Things were very disorganized, so I tried to offer some form of organization there. As a result, my bank accounts were frozen. And I eventually left at the end when things were dismantled. I was issued a fine for attending a church service and received a \$10,000 fine for doing so.

Shawn Buckley

Ten thousand dollars?

Vincent Gircys

Yes, the prosecutor was asking for a ten thousand dollar fine for my involvement in attending a church service in Aylmer, Ontario. And that was issued by the Aylmer Police Service. That matter has since been resolved but that was the fine that the prosecutor was requesting.

I must say, I'm very proud of a number of members of the Aylmer Police Service—at least six of them. I'm very proud that they have made the decision to quit within a one-year period. That is approximately 50 per cent of the number of officers that are employed by that police service. The amount of tyranny I saw come out of that police service towards the

Church of God in that town was deplorable and in complete violation of our Constitution and the Charter. Many criminal offenses have taken place by the police against the church, because it is a criminal offense to interfere with church service. That essentially is my story and I'm going to now get into the other aspects.

I had been asked in April of 2021 by an international organization known as Police for Freedom if I would join that organization. And I did so under the condition that I would not be silenced. I had belonged to another organization of police officers in this province and I felt that I wasn't able to speak freely, so I've since moved on. And I wasn't about to be silenced in discussing what I felt was very important to discuss.

So I am now the Canadian representative of Police for Freedom International.

[00:10:00]

And there are quite a few police officers that I am in contact with. I would say over the course of the last three years, I've been in contact with hundreds, if not a thousand or more police officers across this province and internationally that think in the same purview that I do. We share the same conclusions. And I'm going to go through those.

Now, when I would conduct a forensic investigation—and it doesn't matter if it's forensic investigation or just an everyday investigation within policing services—there is protocol that we follow. There's procedure that we follow and it's very, very simple. It's not rocket science. In conducting investigations, we look at other people's perspectives, other people's statements. We want to know what happened in any investigation. And in order to find out the truth—and the truth is a hard thing to describe, if you ask somebody like Jordan Peterson, he'll probably give you a one-hour explanation of what truth is—basically, the truth is what happened. That's it. In policing, we want to know what happened and we need to know what happened so that we can decide whether criminal offences have been committed and by who, and how, and why. So we need to answer a lot of questions.

And when we conduct an investigation, the best way to come up with the truth is to acquire as many statements—and I'll call them perspectives, as many perspectives as possible. Anybody standing in front of me looking at me has a view of what I look like. If somebody's standing behind me and they're looking at me, they have a different perspective. So ultimately, the more perspectives you can get on anything, or person, or issue, the better equipped you'll be to understand what is really going on.

It's also about collecting information. It's about collecting physical evidence, documentary evidence, testimonial evidence. And then we come up with our conclusions, ultimately. The more information that is available, the more accurate of a decision we could make and the **better understanding we have of what is real, what is really true, and what really happened.**

It is my understanding that there's nobody here present from mainstream media. Is there anybody? If you are, can you put up your hand? CBC, CTV, Global? No, I didn't think so. So evidence is also the absence of something. So when mainstream media is not here, that is evidence of something.

Now, I've done a Google search recently—yesterday, as a matter of fact—on the National Citizens Inquiry. I've done it through a number of browsers. If I search the National Citizens Inquiry, it will come up. But if you click on the “news” tab associated to these browsers and search over the last 90 days, nothing comes up. That's evidence of something. That's very telling.

So the media not present brings me to the issue of COVID-19 and other issues that are in the media that have, what I would call, a single perspective. Some call it a narrative, that's just a flowing individual path. I call it a single perspective. So on the issue of lockdowns that we faced, there was only one perspective that had ever been in the media. On the issue of mask-wearing, one perspective. On the solutions to this problem and the way out, one perspective. Vaccine acceptance, one perspective. Vaccine hesitancy, one perspective. Vaccine safety, one perspective. Vaccine efficacy, one perspective. Vaccine injury, no perspective, no comment, no discussion. Vaccine death, no perspective, no comment. Died suddenly, no perspective, no discussion.

So we see a lot of contradictions. There's certainly available data—data that I was able to find. And if I'm able to find it, I think just about anybody's able to find it. And it's not about what people knew; it's about what people should have known. I've seen this numerous times in the Ontario Provincial Police when it came to officers' disciplinary measures. Somebody should have done something; somebody didn't do something. And it really comes down to, if you didn't know, you should have known. It would have been your responsibility to know.

[00:15:00]

And in this case, in the medical profession, in the healthcare profession, it's incumbent upon those individuals within the profession to do their research and to know. And to look at other perspectives because they are available, and they were available to probably just about everybody here in this room. Those perspectives were very readily available. The information that was coming out was very readily available if you just chose to look. And of course, there's a much higher threshold and level of responsibility that comes with your position within health services.

The term that was used as “safe and effective” probably should have been “use at own risk,” would have been more accurate to describe this product that had come out: this product with no known long-term data, not knowing what the content within the product is yet being pushed as safe and effective. My own personal physician was trying to shove “safe and effective” down my throat when I spoke with him. Certainly, he was not aware of the information that I was aware of; unfortunately, he was not interested in being aware of that information. The one thing that we did agree upon was that our trust in health care services in this province was paramount—it was very important that we trust health care services—and that there was nothing worse than forcing a jab in someone's arm to lose that trust.

So I had mentioned that I'm a representative of Police for Freedom, which is this international organization and consists of many police officers in Canada as well. I can tell you that we have incredible concern about the unfolding of these incidents. I fully concur with the comments made by Dr. Trozzi in his last testimony that he had just given. We are very much aware of the World Economic Forum, the World Health Organization, the CDC [Center for Disease Control and Prevention] working in conjunction with many other similar type organizations.

And it appears that Publicis and McKinsey are companies that are advertising PR firms and consulting firms that seem to be integrated with those organizations. The Brighton Collaboration is often mentioned in health care services in Canada as a reference to the Brighton Collaboration. But the Brighton Group, I believe, no longer exists and is now known as the Task Force on Global Health. Task Force on Global Health seems to be

working in conjunction with and reporting to and having discussions with CEPI, the Consortium of Epidemic Preparedness Initiative.

People listening to this testimony I'm giving might want to look up those organizations and see who they are. See how they are actually comprised of the pharmaceutical industry, the World Bank, the Bill and Melinda Gates Foundation, and so on and so forth—some names that keep coming up. And you know, there's a very incestuous relationship that ties those organizations to the Government of Canada, with certain members specifically that have already been mentioned.

The World Economic Forum Canadian leadership members is of concern. We know that Klaus Schwab, the head of the World Economic Forum, had made a comment that we have penetrated over half of the cabinet. And he said that rather casually and he seemed quite happy about that. The comment had come up once in Parliament asking the question relative to this connection. And immediately there seemed to be what appeared to be a comment or an excuse to some microphone-related problem. That question has never since come up by any party in Canada. It is very concerning, because it appears that there are members possibly in other political parties as well relative to the World Economic Forum and those things that go on in the World Economic Forum.

I'm not going to comment specifically on what things go on. But I will say that criminal conspiracies do happen. You are not a nut for calling something a criminal conspiracy. I've investigated criminal conspiracies and they're real and they really happen. Organized crime is not some old Italian guy in a wife-beater shirt talking about the mafia

[00:20:00]

or somebody in a leather jacket riding a motorcycle. Organized crime now is very sophisticated. And generally, those people that are very, very wealthy with incredible power and access are positioned very well to be very effective criminally. Is there any evidence to suspect reasonable suspicion of the need to investigate potential criminal conspiracy? Yes, we believe that there is. Absolutely.

So I'll say what gives me grounds to say that. Just relative to the vaccination roll-out only, I'll say that there was the promotion of "safe and effective" with no known long-term data. The contents were unknown. There's also injury and mortality rate data that was available early on in this that either you could have known, you should have known, and if you're in the healthcare system, the onus would have been on you.

At some point the death and injury rate became unusually high. And that flag, everybody in the healthcare system should have been aware of it, whether they say they were or not. **There appears to be cognitive dissonance on that issue. People are sticking their head in the ground like ostriches and not wanting to know, but unfortunately the data can't be hidden. The truth is there.**

Then there's the continuous use of the rollout of the vaccine when the available data is still known. Health agencies fail to notify the public. Infant mortality is increasing. Fertility rates are dropping. Menstrual cycles were affected. The media remains silent. And the media and the government relationship appears very suspicious.

During the Emergency Measures Act hearing that took place several months ago—the Emergency Measures Act hearing in Ottawa—Superintendent Pat Morris of the Ontario Provincial Police, who is in charge of intelligence for the Province of Ontario, made a very,

very interesting comment. One that I found resonates well with me—because I had made the same comment as well. He said, “I know what the government is saying, I see what the government is saying.” Essentially these were his words roughly: “I know what the government was saying, and I know what the media was saying, but the intel that was coming back to me”— This would be coming back to him from various sources on the ground, whether it is people reporting or interacting with other police agencies or whatever his format of intel was— He said, “My real intel was inconsistent with what they’re saying.”

So they know what they’re seeing. They know what they’re hearing by their sources, which is inconsistent with what the media is saying and with what the government is saying. We see that type of inconsistency over and over. So I do have a suit that has been launched with a number of other individuals against the Attorney General of Canada and the Ministry of Public Safety regarding my rights violations for having my accounts frozen in Ottawa. And I had indicated in my testimony there as well that when I was in Ottawa, I spent a lot of time walking the perimeter of what was going on and conversing among my colleagues there about what they’re seeing and what’s happening. And there were no concerns, no concerns of violence or these types of issues. But in the evening, when I would go back to my hotel room every night and turn on the TV and look at the CBC to see what their reporting was, I indicated that I was seeing an inversion of reality on television. And they didn’t seem to understand what I meant by that. And I said, “What I’m seeing on television is completely opposite of what I’m actually seeing there. The news is lying. They’re being deceptive.”

Shawn Buckley

So Vincent, can we get you to describe what you were watching on television and what you were seeing? Just so that it’s crystal clear for everyone listening to you what exactly what you are telling us.

Vincent Gircys

Right. So what I’m seeing are a bunch of happy people. Very happy. It’s a very positive vibe. A very positive environment. Everybody was happy, hugging. I mean, I’ve hugged more people than you can hug at a Greek or Italian wedding. There’s no doubt about the level of joy that people were displaying and having. I saw no violence and I saw nothing to be concerned about other than it was just a great time overall.

[00:25:00]

But what I’m hearing on the news, the reporting, was that there were acts of violence that were taking place. There was arson that was taking place. There was assaults and Nazis; **the people there were being labeled as Nazis and this type of thing. All of that reporting from the CBC was just completely false. It was just completely wrong.**

It didn’t surprise me because I was already familiar with that type of reporting from the CBC and our mainstream media. And essentially, I find the media is a propaganda machine. They have been paid very handsomely by a number of organizations, including the Canadian government. They are spewing propaganda.

But even worse, they are suppressing information that people should really know. So it’s a joint issue of propaganda being distributed, and censorship of the information that you should know, information being withheld.

So a number of lies that I found have been exposed in media over the last three years that are of most concern: The COVID-19 threat assessment, that COVID-19 was super, super dangerous and super scary, and you should all be locked up. That whole threat assessment and that whole narrative is a complete lie. That the mRNA gene therapy, the safety level of that, was a lie. That lock-down measures and the efficacy of the vaccine and the lockdown measures as well, separate categories there, was just a lie. Not required. And that there were no available therapeutics, as the media had stated, that was a lie as well.

In order to keep the lie going, I think it's important—it's critical to all those involved in what had taken place both in the medical profession and in government. In order to keep that lie going, it's an indication of a totalitarian regime, by definition. Clearly, we see if you can control the health care, if you're interested in firearms confiscation and you move in that direction, you censor people and control the media. You control the education and enable indoctrination. You control the currency with intended CBDCs, that's the central bank digital currency, controllable currency that appears is on the horizon. And if you control movement, fifteen-minute cities, that would be an ideal system for a totalitarian regime.

We know that the the initial lockdowns and the fear-driven mandates have resulted in, initially, a police state. And then it continued on to what we are becoming as a corporate, fascistic governance. There's no question. When the media works in collusion with the government and corporations, when they're all working together, that clearly is fascism at its best. And it appears that that is what is happening.

Now, I have what I would call a way out. And by no means am I suggesting that this is the answer, but it's the best I can think of. And this would be, in consultation with a number of other police officers in agreement, that establishing a national COVID-19 forensic task force that is completely independent of government interference, vetted by a judicial body with arrest warrant and search warrant authorization, would be a good start.

And I'll summarize what I find are the failings in the police community. They failed to adhere to established plans. In policing, we have a plan for everything. Our command staff is very well-organized and they plan for all worst-case scenarios. In the OPP, it's a common mantra to say, "Plan for the worst, hope for the best." We say that all the time and we believe in that. Plan for the worst, hope for the best.

And you can bet that there were pandemic plans in place already. Imagine spending a lot of time, money, and resources on planning for a pandemic: planning when things are calm, when heads are level, when you're not afraid, when you can liaise comfortably with the health agencies. You can liaise with all kinds of other agencies to come up with what you would say is the best plan you can possibly come up with. And then when a pandemic is introduced, let's throw that in the garbage.

[00:30:00]

And let's just wing it. While we're afraid and while we're scared, let's just forget about that plan we have.

No, we put that plan in place for a reason. It was the best thought-out plan and it was a very rational plan. Now, I'm not familiar with what the plan is but I do know that there are other people who are going to be testifying here as to the content and detail surrounding that.

The police failed to understand information. They accepted a single-sided narrative where additional counter-narrative information was available. How do I know it was available? Because I provided counter-information. And I did so by helping other people across the country that had compiled a number of reports, that appeared to be very concise and detailed with information.

A number of people across this country were distributing hundreds, if not thousands, of copies of actual information to police agencies, to health agencies, to government agencies. And they were documenting their service upon those agencies. And the police agencies failed to respond. They failed to understand their oath. They failed to understand section 52 of the Constitution and the ramifications. Section 52.1 of the Constitution essentially says, "Any law that is created, that is inconsistent with the Constitution, which includes the Charter, has no authority whatsoever."

Shawn Buckley

Vincent if I can help you out with that, I think the probably the exact quote is section 52(1): "The Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the Constitution is, to the extent of the inconsistency, of no force or effect."

Vincent Gircys

Correct.

The police service essentially over this three-year period became the Praetorian Guard, following political pressure and interference. Let me make it very clear that— Our system and the way it's supposed to work, I will try to describe it for you. If you can imagine a horizontal line, a membrane if you will. And on the top of that membrane, up above, is politics, the political sphere within this country. And below this membrane is civil service. And there is a membrane that separates the two. Civil service includes police services like the Ontario Provincial Police, the RCMP, and all other police services. And I would say that those services are pretty high up near the membrane. They're pretty high up in priority and importance.

And it's important that that membrane stay in existence because we can't mix politics with policing agencies. We need to have independence of the two so that we don't have corruption. But it appears that, over the years, that membrane seems to have torn and disappeared. There doesn't seem to be any service, any dedicated agency in this country to be actively involved in looking into allegations of crime. There's nowhere to go. There's nowhere, seemingly, to report these problems.

Shawn Buckley

Vincent, can I just interject for a second? Just because you're in contact with so many police officers, are you aware of any police investigations concerning potential crimes in this COVID saga that have been allowed to proceed? Because I understand people have made complaints to the police alleging crimes but my understanding is that most of them are stopped by management. Are you aware of any that have been allowed to proceed?

Vincent Gircys

No. I am not aware of anything being investigated. Not that I should be. It wouldn't be in my purview. But I know that many people have provided information and the least that you

should be aware of is some kind of a response. Some kind of a response notifying that, "We have that information. We're looking into it." And usually the police services would get back to you and say, "We might need some more information. Can you help us? Guide us? Direct us? Give us some more." Nothing. No contact. I'm not aware of any of it.

So it's imperative that we do the right thing.

[00:35:00]

I'm going to say: Do not fear doing what you know to be right. Fear the consequences of the fruits of failing to do the right thing.

And that concludes my testimony, unless somebody has some questions.

Shawn Buckley

I'll ask the commissioners if they have any questions.

Commissioner Drysdale

Good afternoon, Mr. Gircys. Thank you for your service to our country and for coming here and testifying today. I have a few questions, probably more related to policing because of course you had 32 years of experience as a police officer.

Yesterday—I believe it was yesterday—we had Mr. Tom Marazzo here testifying with regard to the truckers' convoy. And he described and showed video of an incident in front of the war memorial where police officers pulled aside and injured a veteran: took him to the ground, kicked him multiple times. He showed the video. It's in evidence here. And one of the questions I asked Mr. Marazzo was, "Was there any security camera footage?" The only footage that we saw was from participants, amateur people, with phones filming it. But in our nation's capital, in front of the Parliament buildings on Wellington Street, between where the War Memorial is, I asked, "Were there not security camera footage that could have been referred to?" Because I hadn't seen any of it. And his response to me was that he believed the cameras were shut off.

Do you have any information about the security camera footage?

Vincent Gircys

No, I do not. And you know, when it comes to security cameras, I have a rather sensitive spot to that—understanding the level of surveillance mechanisms that we already have in place in this country. And I certainly wouldn't be asking for more surveillance equipment. To answer your question, I'm not familiar with that. And to the point on that, we have seen a lot of police violence and brutality in the final phases when police moved in very heavy-handed in Ottawa. And there's no doubt in my mind that the tactical officers, the emergency response team officers that were responding, were not only ill-informed; they were provided, I believe, false and misleading intelligence.

And I say that because I watched the behavior of those officers. And, you know, police officers are not generally stupid people. And I'm not suggesting they're stupid, but they're put into a situation where they believe they can be harmed. They believe they need their weapons out. They believe that there is a serious threat against them. And I have to ask: Where did they get that information? Because all of the intel that I was aware of, and I got

to know, I can't say I knew everybody in Ottawa; there were hundreds of thousands of people there. But all of my observation continuously being inconsistent with what the media was saying, the media operating in collusion with our government, there's no question that there was false or misleading intelligence that was provided to those officers that were shutting things down at the end. And that's also consistent with the evidence of the Commissioner of the OPP and the Superintendent, Pat Morris.

Those two individuals from the OPP giving testimony seemed inconsistent. Because the Commissioner is saying he believed—and I'm not going to repeat his exact words—but essentially, he believed that there was perceived violence. And the Superintendent of Intelligence is saying he had no concerns. So where did the concerns come from? And I don't believe we've ever gotten an explanation. The closest I came to getting an explanation was, I believe, that during a debrief— One of the Ottawa police officers had said at some point during a debrief, shortly after things had shut down, that information came from something he saw on the CBC.

Commissioner Drysdale

Well, that's an interesting response. Because unlike the horses that were used in Ottawa, which have blinders on so they can't see where the police officer is directing them, the police didn't have blinders on. And I refer you to your earlier testimony where you said that you saw with your own eyes, by walking through the crowd, that it was peaceful. I think you said there was more hugs than an Italian wedding, and I've been to a few of those.

[00:40:00]

How is it that you were able to visualize and see the reality on the ground and these officers, despite being briefed but being present and having their own eyes open, could not see what you saw?

Vincent Gircys

Well, the best explanation I have for that is that I was walking those grounds for over three weeks. I was there for quite a long time. And the atmosphere and the mood never changed until the end, when the police came in to shut things down. Then I did see violence. And the violence came on the part of the police officers. And it is possible— And it is a realistic possibility that— Because of the uniform difference, it appears that the frontline officers that were working at the function on a regular basis were pulled offline at those last two or three days. And that a whole new contingent of officers coming from other parts of the country and the province were brought in, kept to the rear, and then marched out. And they never had the opportunity to see what was going on at the event but they were primed with various forms of intel that gave them the mindset that we're dealing with a lot of very crazy, violent people. And you know, I don't know what intel they were provided with. But they were certainly provided with some intel, I believe, that would have given them the mindset that they were dealing with a dangerous issue.

Commissioner Drysdale

So you're suggesting that they were just following orders?

Vincent Gircys

Yes, that's right. Absolutely.

And I need to finish with one final point. That these police officers— I've said at the beginning, they are ordinary men. They are ordinary men. In Germany, in 1942, there was a police battalion, PB101, and stories and books have been written about them. And it is called and they are referred to as the "Ordinary Men." It's ordinary men that can be provided with false information and misleading information, that can develop a very violent mindset against a group of people. And extreme, extreme horrific atrocities can occur and can be brought on, as example of Police Battalion 101, from ordinary men.

We all have that ability within us to do that if we're provided with extreme fear and false intelligence. And the greatest concern that I had over the last three years was, how far is this going to go? What are these individuals? What are these police officers going to be provided with? Which kind of information? How misleading is this going to go? How are we—the people who are concerned, pushing back, and protesting—how are we going to be treated if the lies continue, knowing that the police officers are ordinary men? And there's nothing in training that I've ever experienced to identify that problem and make police officers aware of what they could become.

Commissioner Drysdale

I'd like to know what is required in normal times for the police to initiate an investigation, a criminal investigation.

Vincent Gircys

That's a great question. I can tell you that, as a police officer, I cannot initiate an investigation without permission of my command staff when I was working. So you know, there are things you can do in policing. If you're given an area to police, you police it. You're given certain criteria of what the organization wants policed, then you police it. But for the most part, when it comes into something more extensive, you do need authorization from your organization, from your command staff.

Commissioner Drysdale

And I think you said earlier that to your knowledge—and of course you wouldn't have detailed knowledge of what's going on behind closed doors—but to your knowledge, the police have not instigated a criminal investigation concerning any issue with regard to the pandemic, mandates, and treatments.

Vincent Gircys

Again, I'm not aware of that. I haven't been provided with any information to believe that that would be the case.

Commissioner Drysdale

Just one question. Another question is:

[00:45:00]

You talked about the WEF. I personally had a meeting some time ago with a MP, Member of Parliament, Canadian Member of Parliament, who said to me the WEF is no different than the Lions Club. Do you believe that the WEF is no different than the Lions Club?

Vincent Gircys

No, sir. I believe that the WEF is an extremely powerful, influential, well-equipped, well-financed organization of the wealthiest, most elite people on this planet, working together with a number of other organizations and corporations. They are extremely well-organized and well-structured and well-positioned.

Commissioner Drysdale

You know, my last thing is: I'm sitting here and I've been listening to testimony for the last three days here. And I was in Truro prior to this and listening to testimony. And it shocks me to the core to hear people like yourself and other people making certain comparisons or analogies to what's going on in Canada, which include the *Schutzstaffel*, which is the SS, and other things in Germany.

We've heard that as a common theme: that people compare what's been going on in our country to that era. And it shocks me to death. I don't know if you have any other comment on that.

Vincent Gircys

My parents came from Eastern Europe. They lost their country. If they would have stayed, they would have been executed. They spent a year living in the forest in Western Germany fleeing from the Bolsheviks and fleeing from the Nazis. I understand what fascism and totalitarianism is.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

Mr. Gircys we are going to— I'm sorry, we have one more question.

Commissioner Kaikkonen

Thank you for your testimony. And I may be remembering wrong, but I do remember in 1982 when the Constitution was enacted, or the *Charter of Rights and Freedoms*, that all levels of government had three years at that time to bring their laws into alignment with the Charter.

If we fast-forward to where we are in terms of the Church of God, for example, in Aylmer, or the church in Kitchener, who also suffered huge fines and losses and then they went into court and had to deal with it at the court level: Do you have any idea how we can convince the judges that were responsible for those decisions that the *Charter of Rights and Freedoms* still stands as under the supremacy of God and rule of law in this country, as the supreme law? So that decisions that go against the freedom of religion, for example, in this case, will not take away from the churches but actually show how much churches in a community enhance that community going forward.

Vincent Gircys

Well, I think the only way to make a change at the judges' level is the judges are utilizing jurisprudence to make their decisions. That is, they are saying, "The pandemic was

extremely dangerous and we were all going to die. And you didn't do your part because we knew we were all going to die and you just weren't doing your part. And so there are limits to the Constitution and we don't think this was unreasonable."

I refer to that—and so do many others—as the Great Lie. And that great lie needs to be exposed and broken before we can see a change.

Commissioner Kaikkonen

Yes. I guess the irony in that mindset of the judges is that we're still all here and we're still all alive. Thank you.

Shawn Buckley

So Mr. Gircys, we will enter your CV as an exhibit with your permission [Exhibit TO-26].

Vincent Gircys

Yes.

Shawn Buckley

Thank you. And on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Vincent Gircys

Thank you.

[00:49:24]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 12: Maureen Somers

Full Day 3 Timestamp: 09:42:26–09:48:18

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Geneviève Eliany

Good afternoon. Could you spell and state your name for the record, please?

Maureen Somers

Maureen Somers. S-O-M-E-R-S.

Geneviève Eliany

Do you promise to tell the truth today?

Maureen Somers

Yes, I do.

Geneviève Eliany

I understand that you're a descendant of Holocaust survivors. Can you tell us about some discussions you've had with family members?

Maureen Somers

Well, for starters, I never imagined in my lifetime that I would be witness to a fascist dictate on the nation. And from what I have learned in history and from relatives who not only survived the Hungarian occupation by the Nazis, they also survived the occupation by the Russians; and from everything that I have learned from them as well as from my days in my history class—I was always told by our history teacher, "If you don't study history, you'll never know what's coming." Well, never in my lifetime could I imagine that I would see a fascist dictate on our nation. And by that, I mean, from what my relatives have described—fascism—the unvaccinated and the elderly in this country were treated terribly. That's fascism. The unvaccinated particularly have been treated horribly. They were pitted against the vaccinated. That's fascism.

Geneviève Eliany

I understand you're concerned for your grandchildren. Can you tell us about their concerns and how they experienced the pandemic?

Maureen Somers

I'm a grandmother to eight grandchildren. To hear one of my grandchildren in utter terror that their parents could die from a virus that he might bring home—or they might bring home—and the absolute terror that if their parents died, the question to me was, "Grandma who will take care of me?" And as a grandma, I reassured my grandchild not to be afraid. However, my fear, my biggest fear— Not COVID, nothing else that has happened. My greatest fear is that I may outlive a few of my grandchildren that were unfortunately vaccinated.

Geneviève Eliany

I understand your husband was taken to the emergency room for excruciating abdominal pain during the pandemic. Can you tell us about his experience?

Maureen Somers

Back in October of 2022, my husband arrived by ambulance to the emergency ward of our local hospital in excruciating pain. He was left in the ER hallway on a cold gurney. And the attending doctor, the ER doctor at that time, the priority was whether he was vaccinated or not. When he was questioned by the doctor, "What is your vaccination status?" and my husband replied that he was not vaccinated, then the interrogation started. That was the doctor's priority. "Why aren't you vaccinated?" My husband's response was, "I don't want the vaccination." "Why don't you want the vaccination?" "I told you I don't want the vaccination."

My husband's in pain. And that was the doctor's priority. And her comment and reply to his insistence that he did not want the vaccine—particularly not right then and there. She said to my husband, "Mr. So-and-So if you don't take this vaccination right now, you're going to be dead in two years." My husband said at that time, "My wife is on her way. She is my power of attorney. You can speak to her."

Well, upon my arrival that doctor couldn't be found anywhere in the ER department. Even though I requested to speak with her twice through the nurse, the attending nurse, we were abandoned by that doctor. She never returned. The attending nurse who was looking after my husband told him he would have to wait until the ER shift change and there would be a new doctor who would attend to him.

[00:05:00]

We waited an hour and a half for this new doctor to show up. Luckily, this doctor couldn't care less about his vaccine status, ordered tests immediately, and determined that my husband needed emergency appendix surgery, ASAP.

Geneviève Eliany

Thank you. I don't have any further questions for you. Perhaps the commissioners do.

Maureen Somers

Oh, I'm happy to report my husband is healthy and alive.

Geneviève Eliany

Thank you very much for your testimony today.

Maureen Somers

Thank you very much.

[00:05:52]



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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 13: Dianne Spaulding

Full Day 3 Timestamp: 09:48:19–10:01:44

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Geneviève Eliany

The next witness, I believe, is Dianne Spaulding. Could you state and spell your name for the record, please?

Dianne Spaulding

Yeah, it's Dianne Spaulding. D-I-A-N-N-E S-P-A-U-L-D-I-N-G.

Geneviève Eliany

Do you promise to tell the truth today?

Dianne Spaulding

I do.

Geneviève Eliany

I understand that you suffered a vaccine injury. Can you tell us what those injuries were?

Dianne Spaulding

I received the AstraZeneca vaccine on April 23rd, 2021. The next three days, I had just some fatigue, bone pain, and a fever. But on the fifth day, I had a bleed on my lower arm. Where the injection was, it had a lot of swelling and redness and a rash. After that, I started getting pins and needles in my hands and in my feet. And they were going up my arms and up my legs. I started getting blurry vision. I was sitting on the couch. This was around the fifth day after the vaccine. And I had this earthquake feeling in my head. That's the best I can describe it, it just felt like an earthquake in my head. That quickly followed by this intense dizziness and disassociation feeling. The best I can describe that is a drugged feeling. My head just felt drugged. Like, I was there, but I wasn't there, kind of thing, like disassociation. I started getting internal vibrations in my chest. Light and noise sensitivity. I

had to constantly turn down the volume of everything and close the blinds in the house. I couldn't take any light or noise. I started getting very fatigued. I actually spent two months in bed: I could not get out of bed. I'd go to bed and wake up and think, "Oh my gosh, I haven't slept." So I just stayed in bed. I started getting bruising all over my body, head-to-toe bruising and petechiae, which are little, small blood dots on my skin.

Geneviève Eliany

We have some photos, so we'll walk you through the photos [Exhibits TO-10b to TO-10h]. Just one moment.

Dianne Spaulding

So that was that was my arm.

Geneviève Eliany

And that was the injection site, correct?

Dianne Spaulding

That's correct.

Geneviève Eliany

Okay.

Dianne Spaulding

That was the bleed on my lower arm, where the injection was.

Geneviève Eliany

So this was the same arm as the injection arm?

Dianne Spaulding

That's correct.

Geneviève Eliany

Okay. These were the spots that you tried to describe a moment earlier.

Dianne Spaulding

Right, the petechiae.

Geneviève Eliany

Is this some bruising?

Dianne Spaulding

Yes.

Geneviève Eliany

And this looks like it's a—is it your arm or your leg?

Dianne Spaulding

It looks like my leg.

Geneviève Eliany

Okay.

Dianne Spaulding

That was my chest.

Geneviève Eliany

Another bruise on your chest.

Dianne Spaulding

They were everywhere.

Geneviève Eliany

Again, your arm. And this is obviously a finger. What happened to your finger?

Dianne Spaulding

My fingers just started peeling.

Geneviève Eliany

Was there pain that went with this bruising and peeling?

Dianne Spaulding

No, not really. No, I mean, I would just wake up in the morning and look at my body, and it would just be full of bruising.

Geneviève Eliany

Again, some bruising. And it looks like there's a raw patch there. Can you describe that for us?

Dianne Spaulding

Yeah, probably like an eczema or something, like, yeah.

[00:05:00]

Geneviève Eliany

Did you ever have bruising or eczema like this before the injections?

Dianne Spaulding

Not the bruising. All my life I've had asthma and allergies, so I have witnessed eczema before. Definitely not the bruising. Yeah, I don't know what that was. A rash.

Geneviève Eliany

Okay, thank you.

Now you have an unusual story with respect to your hospital visits. Let's start with the first visit. So what was the diagnosis?

Dianne Spaulding

The first visit was when I had the bleed on my lower arm. Of course, I had heard on the news about the AstraZeneca cases causing VITT [vaccine-induced immune thrombotic thrombocytopenia]. So I was quite concerned about that, thinking that I may have that. I went to the ER. And the first thing they said is, "Wow, you've had quite the response to the vaccine." You know, like that's a good thing. And that was about it for that first visit.

Geneviève Eliany

At what point were you diagnosed with anxiety?

Dianne Spaulding

That would have been my third visit. I had more symptoms after that. I ended up having a hand tremor, a leg tremor, and a head tremor. And these head tremors were like Parkinson's. I couldn't control the tremors in my head. So yeah, that's when I went back to the hospital again. That was the third visit, I believe. They diagnosed me with anxiety. And they referred me for a psych consult. That ultimately led me to see a psychiatrist and place me on anti-depressants.

Geneviève Eliany

The psychiatrist also referred you elsewhere. What kind of paperwork did she provide you with and what kind of referrals did she make for you?

Dianne Spaulding

So she wrote me a letter of exemption against the second vaccine and to be able to use the amenities at our condo, such as the pool and the gym, because she felt that would be good for me to do that. I had a referral to a neurologist, a hematologist, a rheumatologist. And the rheumatologist basically just asked me why I'm there. He didn't understand why I was sent there. The hematologist was actually a phone call, it wasn't an in-person visit. And he asked me, maybe I'm "just clumsy?" The neurologist, actually, he acknowledged my vaccine injury. He actually said, "I have seen some cases come through that are presenting with an essential tremor, and that's what you have."

Geneviève Eliany

So you saw all those specialists in summer 2021, correct?

Dianne Spaulding

That's correct.

Geneviève Eliany

Okay. And ultimately, you submitted an adverse event form.

Dianne Spaulding

Yes, I did.

Geneviève Eliany

Did you receive any responses to that?

Dianne Spaulding

I was told to go and get the second vaccine.

Geneviève Eliany

Despite the exemption that you received from the psychiatrist, was it?

Dianne Spaulding

That's correct. Toronto Public Health told me to—suggested that I—get the second vaccine.

Geneviève Eliany

Now what happened in January 2023? And this is what makes your story quite different. You received a call from Mount Sinai Hospital?

Dianne Spaulding

I did. I had complained to the human resources at Mount Sinai Hospital for the treatment that I had received for the anxiety diagnosis that ultimately put me on antidepressants. And I had to wean myself off them. So yeah, they actually called me—that was in the fall—so I actually got a call in January from them with an apology saying, "We apologize for the way that you were treated and the way we handled the situation." You know, given the anxiety diagnosis.

Geneviève Eliany

And I understand they also told you that they had a board meeting about you? Is that right?

Dianne Spaulding

That's what he said, yeah.

[00:10:00]

Geneviève Eliany

Did you get a sense of whether there were many cases discussed? Or he just mentioned that you were part of this or you were discussed in this board meeting?

Dianne Spaulding

No, he didn't mention anything about other people, just me.

Geneviève Eliany

Despite the apology, were you successful in getting helpful conventional care?

Dianne Spaulding

Not from them. I lost my family physician over this because when she received the report from the hospital saying I had anxiety, she yelled at me and said, "Dianne, you have anxiety," and she hung up. So I lost my family physician over that.

I mean, I went home, and I basically went online and researched for myself. I found a lot of Facebook support groups with thousands and thousands just like me with the same, similar symptoms. That's where I found the FLCCC. And I found a local doctor here in Toronto that prescribed me ivermectin. And that's when I finally—I finally turned a corner. I was able to get out of bed. My tremors went away. My internal vibrations went away. Yeah, so that was about the only successful care that I received.

Geneviève Eliany

I understand the bruising and the bleeding remains a problem, right?

Dianne Spaulding

That's correct. The bruising, the blood dots—they seem to come out after a busy day, like if I'm being active at all. And the disassociation in my head, the fogginess, the brain fog—it just never went away. It's still there.

Geneviève Eliany

Thank you, we'll see if the commissioners have any questions for you.

Dianne Spaulding

I would just like to end my testimony with a quote. Dr. Zelenko, he said that he wanted the epitome of truthful messaging, that he wanted the truth like a mantra propagated. That's why I'm here today. To be seen, to be heard, to be believed. You know, the gaslighting, it has to stop. It's been really difficult. Thank you.

Geneviève Eliany

Thank you on behalf of the National Citizens Inquiry.

[00:13:25]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

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NATIONAL CITIZENS INQUIRY

Toronto, ON

Day 3

April 1, 2023

EVIDENCE

Witness 14: Jan Francey

Full Day 3 Timestamp: 10:01:58–10:11:27

Source URL: <https://rumble.com/v2frcs0-national-citizens-inquiry-toronto-day-3.html>

[00:00:00]

Geneviève Eliany

Could you turn your video on please, Jen? Thank you. Could you state and spell your name for the record, please?

Jan Francey

It's Jan Francey. And spell my last name? F-R-A-N-C-E-Y.

Geneviève Eliany

And spell your first name please.

Jan Francey

Oh, Jan. J-A-N.

Geneviève Eliany

I know it seems simple. Do you promise to tell the truth today?

Jan Francey

Yes, I do.

Geneviève Eliany

I understand that you were also vaccine-injured. But let's start with why you were reluctant to receive the vaccination in the first place.

Jan Francey

Yeah, when I was 18 months old, I was hospitalized with severe encephalitis, and they didn't have a cause for it. They said it must have been mosquitoes. This was in January in Canada. And I mean, it was severe enough that my prognosis was very bad. And that was if I lived. And so I've avoided— I've gotten my tetanus shots but I haven't gotten things like flu shots because I just don't want to mess with those things. So I didn't want to get that because of that.

Geneviève Eliany

Okay. And ultimately, what made you change your mind?

Jan Francey

The vaccine passport. Winter was coming, I live in a shoebox. The thought of an entire winter sitting inside was— I was afraid I wouldn't make it through the winter. I live alone.

Geneviève Eliany

When you say you live in a shoe box—

Jan Francey

I don't have any family here.

Geneviève Eliany

Sorry, I didn't mean to interrupt you. I didn't hear what you said.

Jan Francey

The apartment is very small: it's one room; there's no balcony; it's maybe 200 square feet.

Geneviève Eliany

So what happened after the first injection?

Jan Francey

After the first one, I woke up and I didn't feel well. I felt nauseous. I was throwing up. I kept throwing up. But I also had, like, a sensation in my hands that wasn't right. It was like they were vibrating but they were also kind of numb. But there's also pins and needles. And that just continued and the throwing up continued. And then it came time to get the second one, which I had to get because I still wasn't a person in Ontario.

After the second one, everything got really bad. When I woke up the day after the second one— Uh oh.

Geneviève Eliany

We can still see you.

Jan Francey

Okay. When I woke up the day after the second one, all my joints were stiff. Everything hurt. The numbness and the vibration had gotten worse. And then, over the course of a couple weeks, the vibration could continue all night but they were everywhere. I could feel it in my gut. Everything was vibrating. I could not sleep. I felt like I was moving all the time. And then, yeah, things just kept worsening.

I developed Raynaud's. But I also couldn't feel my hands. I couldn't detect heat. I could pull things out of the oven without an oven mitt. You don't think about it because you don't feel any heat. You've done it already when you realize you've done it. I couldn't feel my feet or my face either. That went on for months. I couldn't feel the shower.

And then as time went on, I started getting a lot of symptoms in my head: my eyes, my vision went bad, my hearing. I couldn't tolerate anything. I couldn't tolerate light. I couldn't tolerate sound. I couldn't tolerate vibration. People talking, that was just way too much. I couldn't handle people talking. And then my neck started to get stiff. And I started to feel like my sinuses were being pushed down. I just felt like my head was going to explode. The pain was so brutal.

Geneviève Eliany

What happened when you tried to get help at the hospital?

Jan Francey

I went to the hospital in June last year, or July—July 4th. I was plastered in hives and giant lumps. We don't even know what I reacted to. And I had tried telephone appointments, which is what I usually relied on. And I'd gotten Rupall and that didn't do anything. So we tried to go to the hospital. Well, I'm mask-exempt due to PTSD. It was a trauma from a violent crime.

[00:05:00]

So I get in there and I have to deal with the security guard, who's not too bad. But he's pretty persistent, he wants to put something on my head. Then I get into triage and I have to show him my letter for my mask exemption. And then my partner, who's with me, has to show him proof of vaccination. And then we finally get through there and get sent to the next waiting room, when a nurse decides that she's going to attack. And I was humiliated in front of the entire waiting room. She would not stop. And I ended up leaving. My partner wanted me to stay because I was an absolute mess. The hives and lumps were everywhere. I was on fire. But it's just too much. How am I going to trust somebody who just screamed at me and humiliated me? Where's the care in that?

Geneviève Eliany

So ultimately, you did have an appointment with an immunologist. And what happened at that stage?

Jan Francey

That was after the hives, which I ended up on prednisone for through a telephone appointment. So they had set me up with them to figure out what was going on. So I started explaining what was happening to him. And I said, I get these—when it happens, like, I get

this vibration in my neck. He didn't think that it had anything to do with that. He didn't know why or what I reacted to or what was going on. And he suggested that I needed to see a rheumatologist and a neurologist.

Geneviève Eliany

Were any of them able to help you?

Jan Francey

This was a telephone appointment with the immunologist and nothing ever happened after that. I don't know how you get yourself a telephone appointment, I mean, with a specialist. This appointment with the immunologist was set up by one of the other telephone doctors.

Geneviève Eliany

But did the immunologist not refer you to both a rheumatologist and a neurologist?

Jan Francey

I never got a call. No, nothing.

Geneviève Eliany

Okay, so you never received a follow-up, but that was his recommendation, right?

Jan Francey

Yeah.

Geneviève Eliany

Okay. How did this interfere with your ability to work?

Jan Francey

I was not working when it happened. So it didn't interfere.

Geneviève Eliany

Okay. Are you able to—

Jan Francey

But I couldn't work. There is no way that I could work now. I can't even stand up for 10 minutes without my heart—I have cardiac problems as well now. And I take a walk and my heart goes up to 140. So it's not a good feeling.

Geneviève Eliany

Did you have any success with the adverse events reporting system?

Jan Francey

Well, I got my first telephone appointment. Because I had my last shot November 11, 2021. And then in December, I called for an appointment. I had to wait till the 15th of January. And that doctor was terrified. As soon as I mentioned the vaccine, she started to stutter. I said, "I want to be exempted from more of this. I can't take any more of this." Because I was scared because they kept talking about more and more boosters. And I didn't want to not be a person, but I don't want to die either. So I asked her for an exemption. And she said, "No, no, no. No exemptions. The College said." Well, then I asked about reporting my injuries. She said, "There's no point in doing that because they just throw them away."

And she was right because I tried to self-report. Fast-forward eight months and Toronto Public Health just basically turned it into nothing. Sent the first doctor I talked to on the phone a letter saying, "You can decide if she's having another shot." And they also said that they don't write exemptions.

So then I wrote to the College of Physicians and basically demanded one and asked them who they thought they were. And I never heard back from them.

Geneviève Eliany

Thank you. I'll see if the commissioners have any questions for you.

No questions. Thank you so much for your testimony, on behalf of the National Citizens Inquiry.

Shawn Buckley

So that concludes the witnesses for today, and so we will adjourn the National Citizens Inquiry and reconvene in Winnipeg.

[00:09:29]

Final Review and Approval: Jodi Bruhn, August 16, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>

VOLUME THREE

| Witness Transcripts

Part 3 of 9: **Winnipeg, Manitoba**





NATIONAL CITIZENS INQUIRY

EVIDENCE WINNIPEG HEARINGS

**Winnipeg, Manitoba, Canada
April 13 to 15, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:43:35–02:06:08

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

[Technical difficulties]

[00:00:55]

Shawn Buckley

Thank you for joining us this morning with the National Citizens Inquiry as we begin our hearings in Winnipeg, Manitoba. For those of you that have been following us, we had three days of hearings in Truro, Nova Scotia. We've had three days of hearings in Toronto, Ontario. We are now in Winnipeg, Manitoba. We will be marching across Canada.

We're moving next week to Saskatoon, Saskatchewan; Red Deer, Alberta, the week following that; Vancouver, British Columbia, the week following that. We're then moving to Quebec City. And then we're concluding in our nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the NCI, we are a hundred per cent citizen-organized, -run, and -financed group that just realized that we had to have an inquiry march across Canada, giving Canadians the opportunity to share their stories so that we could find out basically what has happened, what we have experienced; that we can come up with positive recommendations as to how to do this better; and more importantly, as this process has started, so that we can come together, listen to each other, and heal.

Now, I would invite everyone out there to join in and support. When I say this is citizen-run and -funded, I mean, we're not kidding. We don't have a single donor. We depend on people like you to donate. I think each hearing costs us roughly about \$30,000 to \$35,000 to run, and so we would invite you to go to our website and donate. We'd also invite you to plug us on your social networks and to push us out to your friends and family, to anyone that isn't part of the conversation about what happened. The mainstream media is not here, and they've not been here. And we anticipate that they won't be here. But we are growing at just an incredible rate online because you, the citizens, are making this happen. And we invite you to continue to participate in every way that you can. If you're a business owner and you have a tire shop and you have a TV in the waiting room, livestream us. When we don't have live hearings on, just stream one of the hearings that we have recorded on our website. But get the word out; get people involved in this conversation.

The thing that I can promise you about the National Citizens Inquiry, and those of you participating online, and those of you in the room with us this morning, is you cannot go through a day of this experience and not have your life changed. I attended at the Toronto hearings, and I am a changed person.

One of the things that shocked me as I reflected on that experience, as I reflected on the stories that I heard, actually, was the hatred. And I'm going to speak to you a little bit this morning about hatred—that's such a sharp word. But I have to tell you that I'm also going to be speaking to myself. Often, when we see something that's troubling us, it's also inside of us. And so I'll ask everyone to have an open mind as I speak about this. You can go and watch the Toronto hearings. We have them posted at the NCI site for everyone to see. We've got them on our Rumble channel. We had Canadians telling their story. And story after story, experiences of hatred surfaced.

[00:05:00]

We had stories from unvaccinated people speaking about things like social shaming. Do you remember Tom Marazzo? He's working as a college professor. And the dean sends out an email to over two hundred of the faculty and staff saying, "We're bringing in mandatory vaccinations." And Mr. Marazzo emails back in a "reply all," saying, "Well, that's basically all fine and good. But there are some other things. There are some rights [at play]. And perhaps we should be having a dialogue about this." And then if you recall his testimony, somebody in a "reply all" said, "Please take me off your email list." And then somebody else, and then somebody else, and then somebody else. And then, somebody on that list who is clearly getting too many emails chimed in and said, "Can we not 'reply all' so that I don't have to go through hundreds of emails?" And then another person chimed in and said, "No, we need to publicly shame Mr. Marazzo. We need to stand together in shaming this person." And so, it was "reply all, reply all," all day long to deliberately shame him. Now that is hatred.

We heard testimony about unvaccinated people literally being treated as subhuman by medical workers. We heard that from patients.

I recall Mr. Mark Auger who testified. He shows up at the emergency ward and he's being treated fine. He needs to stay because he needs surgery the following day. They don't have a room, "So Mr. Auger, you're going to stay on the gurney in the hallway in Emergency." And there's a conversation, and they find out he's unvaxxed. And all of a sudden, he's in a room. They don't even take him off the gurney to the bed. He spends the night on the gurney even though he's in a room with a bed. He's hardly visited at all. And if you remember, the shaming when he had to get up to go to the bathroom, and he comes back, and on the glass door is a sticky note with one word: "unvaccinated."

If you recall the testimony of Scarlett Martin, who is a paramedic, about, basically, the hatred in both the ICU wards and in Emergency towards the unvaccinated. And comments within the medical system like, "Well, the unvaccinated, they deserved what they got when they got sick." And we've actually all heard comments like that when we were in the midst of this, that "those unvaccinated, they deserved what they got." Now that, that is real hatred. And we heard comments that the unvaccinated should be denied healthcare. And we all remember that in the midst of this crisis, in the midst of this fear, in the midst of this hysteria in Canada, we would be hearing publicly— It put out that perhaps the unvaccinated should not be entitled to healthcare. So it's somewhat ironic that vaccinated people that are now injured from the vaccine are telling this Commission that they are,

basically, in effect, being denied healthcare—that that's been turned around. This is real hatred.

Let's talk about the hatred towards the vaccinated. We had witnesses take the stand in Toronto to speak about tremendous injury. People that are totally disabled, their lives are ruined, where it was difficult for us listening to the testimony, not to tear up, not to choke up, not to feel tremendous empathy for the suffering that they're going through. And yet, they described to us that when they show up to the hospital with serious injury, that they're just discounted: "Oh, you have anxiety. Oh, this is all in your mind." And then that basically they have to fight to get treated. They're not succeeding. They're basically being treated as second class

[00:10:00]

within the healthcare system that will not admit, that for some reason, the doctors and nurses— We can't admit that we are having vaccine injuries. And the doctors and nurses are telling people that they can't admit that. But it's one thing to be cowed to do dishonourable things from your professional organization because you're scared. But it's another thing entirely to not treat a person with kindness just because you're being bullied. And so what we have here is real hatred.

I think the thing that is most despicable with not treating vaccine-injured people with respect, and a couple of them said it on the stand, "Basically, we took one for the team. We were told to take the vaccine to protect everyone." Some were reluctant to do it, but they took one for the team. And now that they're disabled, the team is discarding them. And that is despicable.

We're talking about hatred. And when I'm thinking about how awful it is—how we're treating people that are vaccine-injured—I couldn't help but think of that video that we watched in Toronto where we have veterans at the war memorial when the *Emergencies Act* is being introduced. And we have all these police officers looking like stormtroopers, they're so geared up. And that one wounded war veteran—so served Canada; is wounded; we couldn't see in the video, but his medals were on his chest—being dragged to the ground and kicked by the police officers. In Canada. One of our war veterans. A decorated war veteran who is disabled because of his service. That's hatred.

So we're experiencing real hatred. And the fact that we've now moved into treating vaxxed people like lepers in the healthcare system is just despicable.

So I have two things to say to our health care workers who deny vaccine-injured people kindness and respect because these health care workers are not willing to take personal responsibility for their actions: **The first thing I want to say to you is you should pray. You should pray that you are never treated the way you are treating these people that are vaccine-injured. And the second thing that I'd like to say to you is, may "you" always be treated with kindness and respect. May you "always" be treated with kindness and respect. Because the only way for us to move forward—the only way for us to move forward—is for all of us to treat everyone with kindness and respect. There's so much hatred in this country that every one of us has different ideas of how we would like this to play out: We want justice. We want vengeance. And none of that is going to work.**

I think it was on day one of the Toronto hearings, I tried to point out that the vaccinated and the unvaccinated really had the same experience. And that the hatred that we have for each other has come out of a place of fear. And just to quickly recap. Understand that a

large number of the unvaccinated people believed that the vaccine was dangerous, believed that literally it could kill them or cause serious disablement to either them or their loved ones, like their kids. And the difficulty that they faced was, you have the government trying to force this on them and their family. And the vaccinated people participated in this social pressure. And the employers imposed these mandates, which they didn't have to, et cetera, et cetera. The vaccinated, in the minds of the unvaccinated, actually became a real threat to both themselves and their family. And when you feel fear, you become resentful, and then you hate. There is a lot of hatred

[00:15:00]

from unvaccinated people over what happened.

And the vaccinated had the exact same experience. They believed that COVID-19 presented a serious threat to themselves and their family—that literally they or their loved ones, like their children, could die or be disabled—and there was a solution. They believed the vaccine was the solution, and it would work. It would take away the threat if “only,” if “only” those unvaccinated people would play along and get vaccinated. And so, understand that to them you unvaccinated people were a threat. You were a real threat. And then the resentment came, and then the hatred came. And there was real hatred.

And so, we had two groups that started hating each other all out of fear, all having the same experience. But we have to forgive each other. Even if the other side doesn't owe us an apology, we have to forgive. And we have to stop hating. There is no other way.

You know, it's funny. We took a week off for Easter. The Easter story is all about forgiveness. And as I was preparing last night—I don't decide what I'm going to say in the morning until the night before or the morning of—I'm asking myself, “How the heck do I explain that we need forgiveness ourselves and we also have to forgive others? How do I explain that to people?” And then it came to me, of course, the parable of the master, the lord. And I'll just share it with you just because I couldn't come up with a better way of explaining the concept.

So for those of you who aren't familiar with the parable, I think it was Peter who goes to Jesus and says, “Jesus, how many times do we have to forgive our brother who sins against us? Up to seven times?” And you have to understand, when Peter's asking that question, he's thinking the idea that you would have to forgive someone up to seven times is really bizarre. Surely after three times we can kick that person loose and have nothing to do with them. So he's stretching it: he's saying up to seven times. And Jesus responds to him, and he wasn't expecting this. And He says, “No, no. You forgive them seventy times seven times.” Now Jesus wasn't meaning that after somebody's wronged you 490 times, you can stop forgiving them. Jesus was just making the point— There's actually no cut-off point where you stop forgiving people.

And then He tells this parable and listen carefully to this parable because it applies to Canada; it applies to our need to forgive each other. And He says, “There was this lord that decided to settle his accounts with his servants.” And I'll just use Canadian dollar figures. “He has this servant brought before him and says, ‘Listen, I've lent you \$150,000. And I want you to pay me back now. We're settling our accounts. I want you to pay back the money that I've lent you.’ And the servant can't. And the master says, ‘Well, that's fine. We're going to sell all your possessions, and we're going to throw you and your family in debtors' prison.’

“And the servant is realizing that his life is ending. He and his family are going to be thrown into prison, and they’re never going to recover from this. It’s done. So the servant does the only thing the servant can. He falls on his knees and starts weeping and begging and saying, ‘Lord, don’t, please have mercy.’ And the lord is moved with compassion and says, ‘Okay, I’ll forgive you. I’ll forgive you your debt. Off you go.’

“And this very same servant then comes across another servant that he had lent 1,500 bucks to and says, ‘Hey buddy, you owe me that 1,500 bucks, and I want it back.’” This guy’s just felt challenged about money. “And the other servant doesn’t have the money to pay him back. And so, the one servant says, ‘Well, I’m going to have you and your family thrown into debtor prison.’ And this other servant, she realizes her life and her family’s life is ending now.

[00:20:00]

“So she does the only thing she can do. She falls on her knees and starts begging for mercy. And this servant doesn’t grant it and says, ‘No. Off to debtors’ prison.’

“Now, some of the lord’s servants had seen this happen and reported back to the lord, who had forgiven this servant \$150,000, and has the servant brought back. And basically says, ‘I forgave you a large amount, and yet you wouldn’t forgive a little, so off you go to debtors’ prison.’”

And what this parable explains to us—I hope it helps us understand—we have wronged other people. And in this COVID experience, no matter where you are on the conversation, you have wronged other people and you have decided to hate. Most of us have decided to hate. And I’m speaking to myself.

But the second more important thing is others have wronged us—or we think others have wronged us—and we have to forgive them. This is the whole point. We are the only ones that can get rid of our hatred by forgiving them. We— We can stop hating. And we learned in Toronto that we have to, the amount of hatred that we have seen. We— We can choose to act with kindness because that’s what Canadians used to be about. We used to treat each other with respect and kindness. And so, I would like to announce to you today that “we” are free to be Canadians again. And by participating in this process, I hope that we will keep an open mind and an open heart and start treating each other like we used to before.

So those are my opening remarks, Commissioners. For the record, my name is Buckley, initial S. I’m attending this morning to assist with the Commission Administrator, the Honourable Mr. Ches Crosbie, who is present to help guide these proceedings today, and who I hope will be giving us a closing summary at the end of the day.

[00:22:32]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 1: Dr. Jessica Rose

Full Day 1 Timestamp: 02:06:11–03:30:40

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Shawn Buckley

And our first witness that we have attending virtually is Dr. Jessica Rose. And so, Jessica, can you hear us?

Dr. Jessica Rose

I sure can. Can you hear me?

Shawn Buckley

We can hear you very well. I just wanted to start by asking if you could state your full name for the record, spelling your first and last name.

Dr. Jessica Rose

My name is Jessica Rose. J-E-S-S-I-C-A R-O-S-E.

Shawn Buckley

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

Dr. Jessica Rose

I do.

Shawn Buckley

Now, my understanding is that you are a Canadian researcher. You've got a bachelor's degree in Applied Mathematics and a master's degree in Immunology from Memorial University of Newfoundland; you also hold a PhD in Computational Biology from Bar-Ilan University. And following your PhD, you have done two post-doctorate degrees: one in

Molecular Biology from the Hebrew University of Jerusalem and one in Biochemistry from the Technion-Israel Institute of Technology. Is that correct?

Dr. Jessica Rose

That's correct.

Shawn Buckley

And my understanding is you were also accepted for a two-month program as a senior researcher at the Weizmann Institute prior to the completion of your last post-doctorate degree.

Dr. Jessica Rose

Correct.

Shawn Buckley

And your most recent research efforts are aimed at, basically, what we call a descriptive analysis of the Vaccine Adverse Event Reporting System (VAERS). And you've analyzed this in efforts to make this data accessible to the public.

Dr. Jessica Rose

Yes.

Shawn Buckley

Now, you have sent us a CV, which I've had marked as an Exhibit WI-4. Is it fair to say that the CV you sent us is an accurate description of your experience in education?

Dr. Jessica Rose

If it's the one that I sent, then, yes.

Shawn Buckley

Okay, yeah. No, no, I promise you I didn't change it. So you've researched the effect of the vaccines. And you've done a whole bunch of research on the VAERS system. And we're inviting you to tell the Commission about your findings. So I just invite you to start **presenting your findings**.

Dr. Jessica Rose

Sure. I'm going to share my screen and so if you can just let me know if you can see my PowerPoint presentation [Exhibit WI-4g]. Can you see that?

Shawn Buckley

We can. We've got up there, "What dinosaurs would look like according to Neil Ferguson's models."

Dr. Jessica Rose

So first of all, I want to thank you for inviting me to provide testimony. Anytime I'm invited to speak or given any kind of platform to disseminate information is taken upon me, I always like to start out with jokes, just to lighten the mood because, yeah, we not only need to forgive each other, we need to forgive ourselves, and laughter is medicine.

I saw this on Flickr the other day, and it made me laugh so hard. For those of you who don't know, Neil Ferguson is the modeller for which his models basically were used as the justification to impose lockdowns on all of us. And if you read the articles that I've listed here at the bottom right, you'll see very clearly that he's kind of notorious for making bad predictions with his models. So it's kind of interesting that the policymakers went to this person in order to justify the lockdowns, isn't it? I thought this was hilarious, that this is what dinosaurs would look like according to his models.

And I needed to add this point as well: It's not really about the virus or anything. But it's relevant to what we've been going through in the past three years. It was very shortly, less than a day after you guys, the National Citizens Inquiry, posted that I would be presenting testimony here that somebody posted a Reuters fact check, which was basically a hit piece written on me with the claim that I was making false claims of death using VAERS data because I had not understood the data and that I was misrepresenting it. So whenever this kind of thing happens, sadly, I'm not a stranger to this kind of treatment at this point.

[00:05:00]

But it usually means that you're over the target. So well done to you guys. And I leave it to everybody listening to this live and afterwards to make up their own mind as to whether or not I'm misinterpreting any data here because usually what I do is I present it in its raw form.

So this is my background. I'm not going to dwell on this. I do have a few degrees. But the most important thing that people should know is that data analysis has always been a critical component in each of these fields and/or disciplines that I've participated in. Doing your experiments isn't enough. You have to be able to present them and analyze the data in a clear way to your colleagues. So this is very important.

I really need to reinforce the fact that we're dealing with products, in terms of the COVID-19 products, especially the mRNA, that were rushed through clinical trial testing. Normally, a conventional vaccine takes approximately 10 years to get to market, and we reduced this time frame down to less than a year. And these trials are basically the foundations upon which all the decisions were made and the mantra that we've been hearing for three years, "safe and effective," are based on. Not only that, but these are kind of the springboard upon which all subsequent trials were based on. And these trials are exceedingly bad. And they **not only do not provide evidence of safety and efficacy, they actually provide the opposite, in my opinion. I've gotten pretty deep into this data. The exclusion criteria list for the Phase III trial were huge. Basically, only people who were healthy and of a certain age requirement were allowed to participate. And so it's very difficult for me to understand how anybody could make claims of safety and/or efficacy when there simply wasn't enough time. Genuine safety testing was impossible. That is a fact.**

And furthermore, instead of a two-year follow-up, what happened in the case of the Pfizer clinical trial, number here [NCT04368728], is that the placebo participants were unblinded and injected with the product. So the placebo group was intentionally lost. And if you don't know what that means, it basically means that if you had any kind of trial or experimental data that was being collected, at some point, it's lost, at this point. Without a placebo group,

you have no comparison. So at this point, the whole thing should have been called off, if you ask me. There are so many stopgaps within the last three years.

I'm going to play this video and hopefully you can hear. This is Rachel Zhang.

[Played video clip of Rachel Zhang, MD, Team Leader, Clinical Review Staff, FDA]

[Video transcript]

"I'm not quite sure I'm going to address your question. But I guess it was the study P203, as I mentioned, because of the availability of an alternate COVID-19 vaccine, after a certain period of time, after basically end of May, we have lost the placebo groups. So we cannot really say anything about the duration [of the efficacy] because there's no more efficacy data, basically."

So exactly what she said is correct. If you heard what she said, she confirmed the fact that the placebo group was lost and that we can't say anything about efficacy after that. But what she missed out on saying is that we can't say anything about safety either.

So the biological products being rushed like this is absolutely unprecedented, and I'm talking about conventional vaccines when I say these words. It hasn't been done like this before. And the effects of doing this, this Operation Warp Speed rush-clinical-trial-thing in the context of novel transfection technologies is absolutely unknown. This is a fact. We don't know the effects. We should have done studies for years, perhaps even decades, to see if this was going to become a problem from a genomic point of view.

And just a really quick word on transfection for people who don't know: this is as opposed to exposure to foreign proteins, which is what conventional vaccines traditionally do. We either kill a virus or we send in proteins in a package, and the idea is to get the immune system to mount a response against these proteins. But that's very different from this, and I'm going to get a bit deeper on this.

This is deliberate introduction of nucleic acids that form, say, a modified mRNA, which is foreign, into the eukaryotic cells of the human

[00:10:00]

for translation by the human cells, by the host cells. This is completely different from anything we've done before. And if we have time at the end, you should ask me about this last step.

And my question here for anybody listening comes down to informed consent. I really would like to know how many people of the billions who are injected with these products knew that they were being injected with something that wasn't a traditional vaccine. I'd really like to know because I can pretty much guarantee that most people didn't. I don't even think people know today. A lot of even medical professionals, they don't know this because they're turning a blind ear to it when it's suggested to them because it's been made out to be some kind of conspiracy theory.

A very important point. And I will provide some background on VAERS, but I want to throw this up here. It's very important. We had enough of a safety signal from VAERS to stop the rollout of these products from a safety signal perspective in January. I'm talking like the first month after the rollout started in December 17th. So on the left here, these are absolute numbers, which I chose to show here because I want to reinforce that these are

people, not data points. We had almost 90,000 entries into VAERS spread across many age groups and almost 700 deaths. Now, the last time, to my knowledge, a product went onto the market and killed more than 50 people, that product was pulled. VAERS has functioned and does function as a pharmacovigilance tool in that when a safety signal is detected—Such as was the case in 1999 when a handful of intussusception cases was detected in VAERS, causality assessment was done, and the rotavirus vaccine was subsequently pulled.

So my question here—this isn't intussusception, this is death—what's the cut-off for the number of people who are considered allowed to die or become disabled or have neurological conditions or, et cetera, et cetera, before the product is pulled? An even better question might be: Why aren't we even asking questions? Why aren't the CDC, the HHS, and the FDA, the owners of this data, asking questions? Why aren't they doing the assessments that they always have been doing in the past, such as causality assessments or Bayesian analyses or PRR [proportional reporting ratio] studies? Why?

So I propose something here, if I may. Because VAERS was introduced 30 years ago as a trade-off for immunity from liability from pharmaceutical companies: We got VAERS. And they got immunity from liability. So if they are not, since they are not using VAERS as a pharmacovigilance tool now—they've waived this tool—then I propose that the immunity from liability also be waived. It only seems fair, does it not?

So VAERS is a pharmacovigilance tool. All this means is that the safety signals that might originate from VAERS are used in causality assessments or any kind of assessment in order to determine whether or not these safety signals comprise a danger to human health in the context of a product.

Now, one of the main problems with VAERS, contrary to what you might have heard, is underreporting. There have been studies done that actually claim that only one per cent of reports are ever filed to VAERS. That means for every 100 people who are suffering, only 1 of them might report. Now, I don't know if that's accurate in the COVID context, but you get the drift. There's only a percentage of people who are ever going to file a report to VAERS.

Now, this is a chart that demonstrates one of the things that I don't think you can confuse with interpretation. This is the raw data. I'm showing on the left the change, for some reason, in 2021 of the file size in VAERS. VAERS is a database that's very easy to access. You can just download CSV files, and they're of a certain size every week. Every week it's updated in megabyte format. So for the last 10 years, if you look at the file size and plot it like this on a two-dimensional plot—pretty simple—it's gone up a little bit over the last 10 years. And that makes sense

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because there are more products on the market and there are more shots going out. So there's a proportional increase in the number of reports. Normal, right?

This, that you see in 2021, is not normal. Something is strange there. Something is different. Something is atypical. And there's no way to misinterpret this. This is just what it is. This is the signal that you just can't look away from once you see it. It has to be addressed in some way. And on the right are the number of VAERS IDs and, naturally— This is just for 2021 domestic data, by the way. It's far worse than this. You see the same, which isn't a surprise. So we have a 1,400 per cent increase in file size and 1,300 per cent increase in the number of reports in the domestic set. There's no interpretation required here.

This is the same data, up to date as of April 7th, distributed by age group. This is according to CDC age grouping. On the left, you can see the absolute counts. And, again, I like to show this because these aren't simply data points. These are people who have submitted reports of injury and/or suffering in the context of a biological product that was meant to be prophylactic for a virus that has a near-zero infection fatality rate.

And on the right is the normalized data. I think that's important to show so that you can see, within each age group, how many people per 100,000 doses, for example, were reporting. And I can tell you that the 0 to 4 age group, the reporting rate is going up faster than I saw it go up for all these other age groups. So something is going on there as well, which, again, needs to be addressed by the owners of the data. So there's no age group that is immune from damages and/or reporting.

So why are we seeing these adverse events in association with these particular shots? So a good question to ask is— What's in them? So the Pfizer and the Moderna products both have modified mRNA. They're modified in specific ways, which I'll explain very quickly and briefly. And basically, they're useless without these lipid nanoparticle envelopes. So this is a very important secondary technology that's novel in this context.

Moderna and Pfizer both have their own recipes for the lipid nanoparticles. They comprise four lipids each: two of which include the stealth PEG, polyethylene glycol molecules, which coat the surface, hopefully, homogeneously, so that it can distribute efficiently, and cationic lipids, which are notoriously toxic. It's been the bane of the existence of this industry to design cationic lipids for use in humans that aren't hypertoxic. So magically, just about the same time when we needed them, both of these companies developed ionizable cationic lipids—which they only become active at certain pH, that's the so-called magic—at exactly the same time, that are allegedly safe for use in humans.

Now, the thing about this is in all of my research, I couldn't find safety data sheets that actually explicitly state that either of these have a version that's safe for use in humans. I'm looking for those documents if anybody has them. These safety data sheets both explicitly state that these two products are not safe for use in humans or for veterinary use. So that's a big question mark for me. And I'm always an Occam's razor person. And PEG does have a well-documented allergenic profile in humans: it induces anaphylaxis. And cationic lipids have a well-documented toxicity profile. So, for me, that makes me ask more questions than just to become docile and accept that it's safe.

The modified mRNA is modified in very specific ways, like I said. And I don't want to dwell on this, but what everybody really needs to know is that these things are very stable and stealthy. There are many papers that have been published to date that show that these things are very durable and long-lasting in the human. They're optimized for maximum protein expression using codon optimization. They have long poly(A) tails and five-prime caps to optimize protein synthesis and durability. They also, you've heard this before, they have had their uridines swapped out for pseudouridines. And what this does, essentially, is allow these mRNAs to evade immune detection by evading toll-like receptors, which are these little molecules that detect danger signals.

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So the bottom line here, without dwelling on this, is that these things were designed to be very stable and very durable and long-lasting.

And the by-product is this spike protein and a couple more modifications that included a couple of proline substitutions, which apparently made this version of the spike protein that was in the closed conformation— I guess they did this to ensure stability, again, durability, and so that maybe it didn't bind to ACE2? I'm not sure.

And again, I'm not going to dwell on this because I don't have time in this short presentation, but there are many insertions, let's call them, that raise question marks, such as the furin cleavage site, which makes this much more infectious. It also isn't found in the original version of SARS, which is one of the biggest question marks of all. It's surrounded by cutting sites, et cetera.

Oh, and by the way, I should mention that this has also been identified as a nuclear location site [NLS], which means that it allows for the translocation of this thing to the nucleus. And there's another published paper that shows that the presence of full-length spike protein in the nucleus prevents double-stranded DNA repair break.

So all of these papers, I think, that I've put here that you should all read. There are a number of different things that are questionable about this spike protein from the original Wuhan strain, upon which the spike in the shots have been mimicked after. So it raises serious questions about the way that spike is doing damage. And I'm going to get to a few of these if I have time.

Now, Laura Braden has shown you the figure on the right. We all know that the pharmacokinetic studies have been FOIA-requested that tested where these lipid nanoparticles and the PEG from the Pfizer shots go— And if they go these places, where they go and how they accumulate. So, shockingly, they do traffic to the ovaries and accumulate there. I'm not going to dwell on that. I've given many talks about the potential dangers associated with this. For the sake of time, I'm going to the left here and focusing on the liver. Because the liver is one of the organs where these things are found at the highest concentrations. I think second only to the injection site itself. And this is problematic.

And the reason it's problematic, it's for two big reasons I can think of off the top of my head. What you're looking at here are two systems that are in the human body that control blood pressure, electrolyte levels: in the case of the one on the left, which is the renin-angiotensin-aldosterone system [RAAS], and on the right is the coagulation pathway. So the liver is the source of many, many, many molecules and proteins that are absolutely essential to the closed loop functioning of both of these systems. My point here is if you happen to throw a wrench in either of these works, you're going to have clinical effects. That's a fact.

So the reason it's interesting—and I made a video about this you could watch on YouTube **about the RAAS on the left—is that one of the mediators, one of the molecules, which is essential to this closed loop system is ACE-II. It binds angiotensin II, which is another mediator, which converts to something called angiotensin-1-7. All you need to know about that is this ebb and flow of vascular constriction and dilation is regulated by these molecules. Now, imagine you have something, like a wrench, that you throw into the system that binds ACE-II. What binds ACE-II? Well, we know that spike protein binds ACE-II, don't we? We know that it binds in the form of the virus. Maybe it also binds in the form of the free spike that's manufactured by the body as a by-product of being injected with these products. I can very easily imagine that if you throw a wrench in this system, it could get dysregulated. I'm not saying that it does; I'm saying that it could and it needs to be studied.**

But more concerning is what might happen on the right because we're seeing massive numbers of reports of thrombotic events, clotting and micro-clotting. And it's also been documented that there are dysregulations in the clotting pathway itself in the context of the spike protein, either SARS-associated or these injection-associated spikes.

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The liver produces prothrombin and all these other mediators, which subsequently make the ebb and flow system of the clots and the things that break down the clots. And that's just as important as the clots themselves. This is all normal stuff. But if you imagine that you throw a wrench in this system as well, and you have problems with the development of fibrin or the degradation of the clots, you can imagine that you're going to have thrombotic issues.

So there might be a common etiology here with regard to many, many, many of the adverse events that we're seeing submitted to pharmacovigilance databases that revolve around these potential dysfunctions associated with the liver. And the reason why I'm starting to think that this is absolutely the case is because the liver is the place where the lipid nanoparticles traffic preferentially and accumulate. And if they are, in fact, dumping their modified mRNA payload, and those mRNAs are getting translated into spike protein in copious amounts, I can't imagine that the liver wouldn't be affected. So this is my idea.

So the coagulation, clotting, and wound healing mechanisms might have their "off button" modified somehow by these spike proteins. So all of these factors that you can see on the left—the platelets and the fibrin and the clots themselves that are formed—are scaffolds, so to say, to make bridges across wounds that are induced by the presence of spike protein. For example, say spike protein gets embedded in whatever cells that are in proximity or they're mounted on MHC [major histocompatibility complex] molecules for targeting from the immune system for destruction. And you get this clotting happening. So imagine that you have a problem with that.

So I'll get back to that. But I want to interject another critical component of the liver, and that's a protein called transthyretin. Amyloidosis, one of the two main types, is caused when these transthyretin proteins that are made in the liver misfold. And this can have direct negative effects for the heart in particular—all sorts of organs—but I just wanted to throw this in here because I'm going to circle back to this at the end if I have time. And I just want to point out another essential protein made by the liver.

The liver is the big detox organ, by the way. This is a paper that has shown recently that spike mRNA is persistent in hepatocytes. Hepatocytes are the main cells in the liver. And wherever you have spike mRNA, there's going to be spike. And this is just one of many, **many, many studies that are going to start rolling in. Trust me, I'm going to circle back to that as well.**

But just to get back to VAERS for a moment, to put some numbers on this. This is just a sample of some of the keywords that I use like "hepato" and "liver" from VAERS to get an idea of how many reports are being filed by age group. And there are tens of thousands. Again, I want to reiterate here, if I haven't said so already, the numbers that I report never include an underreporting factor. So whatever you believe it should be from 1 to 30—41, whatever—multiply these numbers by that, and you'll get a more accurate estimate of how many people are actually suffering. So, again, I normalized the data on the right. And you can see that no one is immune. And the 0- to 4-year-olds are definitely involved here.

I want to, again, remind everyone that the fibrinogen, the fibres that make these clots possible, and the plasminogen—which is the precursor to plasmin, which is this very important molecule that degrades the clots once they're formed—are both made in liver. So if you have a defect in the production or distribution of fibrin, for example, you can have all of these listed clinical problems in this chart.

So I just want to give you an idea of some of the things that can go wrong in one of the parts of this pathway, the coagulation pathway.

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And you'll see bleeding, amyloidosis, thrombosis, et cetera. These are just eight that are just pulled off of this chart. But everybody has to know that at this time point in VAERS, only in the context of the COVID products—there are four now—there are over 15,000 adverse event types listed. And that's of a possible 25,000 different MedDRA codes that you can choose from. And to put that into context, I went back to 2021: I pulled out all of the adverse-event types for the 14 flu vaccines that had been reported to VAERS that year, and there were just over 1,700 different types. And if you go and look at the COVID adverse event types for 2021, same thing, you find almost 11,000—it's well over 10,000. So there's 10 times more types of adverse events.

Shawn Buckley

Dr. Rose, can I just clarify something? So when you're showing us this figure of 15,000 adverse events just connected to the liver, that would just be, using some estimates, just one per cent of the actual adverse reactions connected to the liver?

Dr. Jessica Rose

Well, these are the types. And this is not just liver associated. These are all of the different MedDRA codes that are used—

Shawn Buckley

Okay, thank you.

Dr. Jessica Rose

to describe what that person might have been suffering from: So you can have death. You can have chills. You can have fever. All of these things are called MedDRA codes. So the most important thing to know here is that the range of reported adverse-event types is far, far, far greater than we've ever seen in the past for any and all of the vaccines combined, as a matter of fact. Which, also, this is evidence. It's not proof, but it's very strong, compelling evidence that there's something very different about these shots. And that probably is liver related. But this involves the circulatory system, the immunological system, every system you can think of is basically affected here in some people.

Just to put some numbers on this and to incorporate this underreporting factor, if I put a number on each of these eight adverse events here that are associated with clotting pathway dysregulation, you get something that looks like this on the left. And the reason I used an underreporting factor or URF here of 31 is because this is a calculation that I've actually made and published in a peer-reviewed journal article, which is based on Pfizer's Phase III clinical trial data and their rate of severe adverse event occurrence, which is 0.7.

So I calculated an URF of 31. So if you multiply these numbers, these absolute counts on the left, by 31, you get these numbers on the right. And so this is a much more realistic depiction of how many people might actually be suffering here. And it's not an exaggeration in my opinion. If anything, it's an underestimation. And nobody that I know looking at this data would argue with that. They're probably looking at these numbers now, and they're saying, "Wow, Jess, you really went under the line here." We're talking about hundreds of millions, I think, in total. So this is a serious problem.

Another paper was recently published that provided evidence that spike was directly responsible for worse clotting. And they propose that this has to do with some kind of dysregulation of plasmin. And again, this is the molecule that breaks down the clots. So we're talking about clots that are really resistant to degradation in the context of the spike protein. This is SARS and/or the spike protein associated with the shots.

There are two more papers that confirm this. The one on the left did a study that confirmed ARDS in influenza and ARDS, acute respiratory distress syndrome, in COVID. And this other paper did a similar analysis. And they both found that the clots that are produced in the context of the SARS or some sort of the spike protein are bigger and harder. And I'm wondering if, in addition to clotting dysregulation—something along the pathway that's being messed up—if this isn't being irritated, let's say,

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by the addition of amyloids. And I'm going to get into what that means, and why I might think that. Because amyloids are proteins that are very, very degradation resistant. They're unwanted proteins, absolutely, misfolded proteins. We don't want them around.

And just to reinforce here. If these dysregulations and if these adverse events are actually spike-mediated—and there's a large community of people that really stands behind this now—in addition to lipid nanoparticle-mediated, this is really bad news. Because, like I said, there are published papers now that confirm that the spike and the mRNA are really durable and persistent. We found spike protein and mRNA up to 60 days in the germinal centres of lymph nodes. This is just when they stopped measuring, by the way. So keep that in mind. Not to freak everyone out. But when you hear people talking about detoxing from spike, it might actually be a really good idea for us to put our energies into doing this. Because this stuff seems to be really persistent. And it's very inflammatory and it seems to be very, very cytotoxic, as well.

We're not just finding it in the germinal centres of lymph nodes. We're finding them in epithelial cells. This is from a teenager, more recent. And everybody needs to watch Arne Burkhardt's presentation he gave at a recent conference in Sweden that I also spoke at and **look at his slides. He's got probably thousands of slides showing the presence of spike protein deposition in various and sundry places. And even earlier than that, this is Sucharit Bhakdi on the right here, presenting some of his work at a conference in Vienna. And it shows the presence of the spike proteins in the capillaries of the brain and the small vessels of the myocardium. He found it everywhere. So go watch that. There's a link at the bottom.**

And to bring this back to VAERS, I pulled out thrombotic events. And again, this an underestimate. I'm just giving you an idea of what we're seeing here. But we're well into the 100,000 mark, without the underreporting factor, distributed across all ages. No one is immune, not even the babies. So this is definitely a thing, let's say. These reports are very prolific. And beyond VAERS, beyond pharmacovigilance databases, all you have to do is talk

to clinicians or anyone on the ground, and you're hearing about this. It's ubiquitous right now.

But this is a worse situation than just dysregulation of normal functions if amyloids are actually involved here. I'm going back to this now. If these clots, the scaffold created naturally as part of the clotting pathway, are not being degraded in the first place because of some dysfunction in that mechanism and amyloids—which are basically just like additional pieces of glued fabric, like being thrown on a ball—you can imagine what's going to happen. That ball is going to grow, and it's going to cause physiological problems.

There's a paper that's been published, a material science paper, which is really interesting, that shows that amyloidogenic peptides are actually a part of the spike protein, which is quite alarming. It's been shown in this paper that there's an enzyme called a neutrophil elastase, which is the by-product of a particular kind of lymphocyte called a neutrophil, that can cut the spike protein into smaller peptides. And one of these peptides that they managed to find and investigate were amyloidogenic, which means that they cause amyloids. They are fibrils. They can create these plaques that are notoriously bad for human health. It's basically like out-of-control protein deposition wherever they are.

This is a little slide that I made. Sorry, there's a lot of information here, but it's pretty basic. On the right here, this is one of the peptides that they found as part of their study. So what a peptide is, is just a short chain of amino acids. So this spike protein on the left—this is a crystal structure of a spike protein—is what we call the quaternary structure. But it all boils down to this original chain of amino acids that you see in colourful beads here.

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So if you have just a segment of this chain of amino acids, this is called a peptide. So this peptide is 10 amino acids long that they found. And it absolutely has amyloidogenic properties, and this came from the spike. So it begs the question: Is this what we've been seeing in terms of the emphasized problems with clotting? Because we have blood clots on one hand, which is this grape jelly stuff. And then we have proteinaceous collagen-rich deposits on the other. And we have these things together. So is this what we're seeing the embalmers talking about? I really have to wonder.

Shawn Buckley

Dr. Rose, can I just step in? So did you see the presentation of the embalmer, Laura Jeffery?

Dr. Jessica Rose

I did.

Shawn Buckley

There were some photographs shown, basically, I mean, they almost looked like earthworms or spaghetti. Is that the type of thing that you're now discussing?

Dr. Jessica Rose

Yes, that's the idea in my head. Now, I'm not an embalmer. I haven't seen these things with my own eyes. But what I have seen are white, rubbery, very, very strong, like rubber-band-strong things that the embalmers are claiming that they're pulling out of the bodies and

that are making it hard for them to actually do their work. Because something—not blood clots—is restricting the flow of the embalming fluid when they turn on their machine. And, so from what I understand, you have to actually physically cut open specific sites and take out these proteinaceous deposits, which actually fill the entire vessel cavity, before you can have the flow of the embalming fluid go through and flush out the actual clots, which are, you know, just jelly. So it's possible that that's what this is. I mean, I actually am pretty damn sure now that what we're seeing is systemic amyloidosis. It's fibrin-rich, collagen-rich, proteinaceous deposits wherever this spike is, basically. That's what I think is happening.

And just to reinforce that point. I think that's maybe why the range of adverse events that I was talking about—this 15,000—refers to just about any problem you can imagine having physiologically. The problems from the very beginning— By the way, when I was looking at this in January 2021, there's a systemic nature to the adverse events that are being reported. It's not exclusive to the cardiovascular system or to the neurological system or to the immunological system. I mean, the immunological system is the basis. But it's affecting everything. So it's like, what's the consensus here?

This is my last point, and this is just my own idea. Myocarditis is one of the things that has been my meat in all of this, in the descriptive analysis of VAERS data. I penned a paper with Peter McCullough that got force withdrawn. And, interestingly enough, this was five days before this open public hearing that I was speaking at. I'm not going to play this video now because I don't have time. But I've submitted it as part of my testimony [Exhibit TR-4f] so you can hear this, and it's also online. And it's interesting because this hearing was to provide an opportunity for us, the medical scientist research community, to tell the FDA why we shouldn't put these things in 5- to 11-year-olds.

And the main finding of the paper, besides a much higher background reporting rate of myocarditis in kids— So what you're looking at here are the myocarditis reports—the reports that were filed, diagnosis: myocarditis in VAERS—for all the people, all age groups, as per dose. This is dose one, two, three. And this is the Moderna, the Pfizer, and the Janssen products in this plot. So what you see here in green is something like a four times higher reporting rate of myocarditis in young people. This is a very, very, very compelling slide in terms of causality. Because if there was no effect, if there was no impact on subsequent shots, then we wouldn't see this difference. And this is not seen, and I looked, in any other type of adverse event; this is very unique to myocarditis in kids. And, again, I just want to reiterate: This is not a secret.

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Everybody's talking about this, even the CDC has admitted that this is a problem. I think **they even have this on package inserts now. This is not a secret. This is well known. So this was one of the main findings that was in the paper that got published with Peter that was subsequently force withdrawn. By the way, it remains in limbo.**

Shawn Buckley

Can I just interject? I just want to make sure that everyone listening to you fully understands what you're saying. So you were co-author and the lead author on a paper with Dr. Peter McCullough, who is a renowned cardiologist. That paper was accepted in a peer-reviewed journal to be published and was published. But a few days before there is a meeting to determine whether or not these vaccines should be approved for use in children, the journal pulls your report or your publication from the journal.

Dr. Jessica Rose

That's right. So you can see that here. This is prior to the title being tagged with "temporarily withdrawn" and then, subsequently, "withdrawn" from this journal. And, yes, it was five days before the testimony. So I don't believe in coincidences. I think this was done intentionally. And the reason that was given was that it was their prerogative to do so. They said, at any point during the publication process, even in the final, final stages, they can decide not to publish. So that was the reason. There was nothing wrong with the science: Nobody argued that what we had said was questionable. Nothing wrong with the content whatsoever. And, wow, yeah, there were a lot of people who did hit pieces on this. So yeah, that's the story. And like I said, it remains in limbo.

And it's a real heartbreak for me because this had gained so much traction in the stages that lead up to final publication, like tens of thousands of people had downloaded it. It's something that everybody wanted to read about: the pediatricians, the researchers, the parents. I mean, the thing that breaks my heart the most is that people didn't have an opportunity to freely read this material that was peer-reviewed and make their own damn mind up. That's criminal. Because so many kids have been injected with this stuff because they thought it was safe and effective because of the hearing. They voted 16 to 0 that this was perfectly fine to put it into 5- to 11-year-old kids after this meeting, despite my testimony and everybody else's. Yeah, it's a tragedy. There's no other word for it. It's an absolute tragedy.

Shawn Buckley

Dr. Rose, I'll just let the commissioners know, this report titled *A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products* is entered as Exhibit WI-4c. So both you and people following the NCI can see that.

Dr. Rose, we're also going to enter as exhibits your report on the *U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid Biologicals* [Exhibit WI-4b] and your report on the *Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?* [Exhibit WI-4d] And I'll just ask— There might have been some changes in your opinion since you wrote those. Would you make any additions to those at this point in time or are they still, would be your full opinion?

Dr. Jessica Rose

Yeah, they're all valid. Who came up with those titles, though? That was me. I'm just making a joke.

They remain valid. The first paper that you mentioned is just my first descriptive analysis which showed two things: It showed that there were clustering of reports related to neurological and cardiovascular and immunological damages. That's what I was talking about before. From the get-go, I noticed that there was no organ system that was immune from damage here.

And the second one was a test of the pharmacovigilanceness of VAERS. I wanted to see what was going on with regard to reports that VAERS reports were going missing. And this was coming from people who had filed, who said, "Where's my VAERS report?" It's absolutely true. And I showed—go read that paper—that VAERS reports are just removed

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following this extremely difficult procedure of getting a VAERS report filed and entered on the front-end system. I think everyone should go to OpenVAERS. This is a very good friend of mine who has written a lot of articles on the ins and outs of VAERS and how there are probably up to three sets of books of VAERS data. Please go there and read her stuff. I don't really have enough time to go into the details. But the VAERS front-end data set from which I'm doing my analysis is, again, it's an underestimate-galore of what's actually going on. It's a nice representation. It's a sample. We have 1.5 million reports, which is a nice-sized data set. But it's still just a fraction of what's going on. So go read those papers and go to OpenVAERS.

I'm going to close with my last point. I'm wondering if the myocarditis diagnoses being made— Because cardiac amyloidosis is very often under- and misdiagnosed. It looks a lot like myocarditis. Myocarditis is basically just a general descriptive term for inflammation of the myocardium, which is the middle muscle layer of the heart that allows it to beat. So if there was a further examination in the right way and the right testing was done to examine the nature of the scar tissue of the myocardium, I'm almost certain that we would find out that these myocarditis cases could actually be referred to as cardiac amyloidosis: deposition of fibrous tissue and scar tissue on the myocardium.

So this is just leaves rustling in the wind, some more VAERS data. But I looked in VAERS for reports related to amyloids, fibrin, and syncope, which is fainting, because amyloidosis, when there's heart involvement, is often associated with syncope or pre-syncope. So I looked at this. And I noticed something I don't notice when I look at many other types of adverse events or clusters and that's a clustering of reports in the younger age groups between 12 and 39. And so something's definitely going on here in our young people. And I don't think anybody can refute that at this point, either, because we're seeing a lot of young people, in fact, dying. And I'm wondering if the ones that are related to cardiac issues don't have, say, myocardial tissue replaced with scar tissue so that their little hearts can't beat anymore. It's just an idea. I'm not a cardiologist. But it's just one of the ideas that I had.

I think everybody needs to follow Arne Burkhardt's methodology. He's a pathologist and he's done brilliant work, like I've said. He probably has thousands of images of spike deposition in and around every single part of the body. He's doing autopsies. He's staining for amyloids. He's staining for spike-specific protein or spike protein deposition, and he's finding a lot. I don't have time to show you any of his work, but here's a link at the bottom where you can watch an entire presentation in Sweden. It was quite the honour to watch this live. I literally took a photograph with my camera of every single one of his slides. It was extremely compelling.

Shawn Buckley

Dr. Rose, we will enter your slideshow as an exhibit [Exhibit WI-4g] so that both the commissioners and anyone following the NCI can view that. I'm wondering if you would be open to questions from the commissioners at this time.

Dr. Jessica Rose

Yes, I'm done anyway. What perfect timing. Here's Buckminster Fuller, a slide, whom I love. So yes, I'm absolutely open to questions. Well done, Jess, good timing.

Shawn Buckley

Okay, are there any questions from the Commission? Yes, so there are.

Commissioner Massie

Thank you, Dr. Rose, for your very thorough and enlightening presentation. I have a number of questions. But I guess that we have to review your material in detail to dive deeper in a lot of the things that you're showing.

I'm a little puzzled by some analyses and studies that have shown that there are, indeed, in some studies, protection from COVID death

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following vaccination, so if you just focus on cases where you could actually document, reasonably well, protection from death from the vaccine. And this argument is used over and over again as a line to promote vaccination and repeated booster, and so on. So what is your thought on these studies that have been done to show potential protection from death following vaccination?

Dr. Jessica Rose

Well, to be honest with you, the studies that I've seen—there are some coming out of Israel—they don't show that at all. As a matter of fact, what I've seen— Maybe I haven't seen the right study. But the studies that I've reviewed show more people are ending up in the hospital and dying in the group that were injected.

There are also a number of problems with repeat injections that are related to issues of tolerance by the immune system. It seems like there's a very clear story developing now that tolerance is being induced by repeated exposure to the spike antigen. And basically, what that means is that you're not going to be mounting any kind of immune response to that protein or anything related to it. So, basically, if you're exposed to this virus, challenged by it, then you're not going to mount an effective immune response. So I'm not sure I agree that these products have saved many lives. I'm much more focused on the damages that they've done. That's my meat. That's what I'm primarily focused on because I don't think that the people who were injured have a voice. It's been taken away from them, and I want to be a voice for them. So this is my focus. And I was going to say something else, but I don't remember.

Commissioner Massie

Okay. My other question would have to do with the cytotoxicity of spike, which is now, actually, I would say, fairly well documented by many, many reports. It seems to me that this knowledge that spike could be potentially cytotoxic was probably known somewhat in the scientific literature before we decided to go ahead. So why is it that it was dismissed or ignored?

Dr. Jessica Rose

I don't know. It's an excellent question. I can't imagine that the people who are working on this didn't hypothesize that—since the modus [operandi] of this technology is to induce an immune response, an inflammatory response against the spike protein—that they wouldn't have anticipated that wherever the spike was going to be presented on MHC molecules, or

embedded in whatever cell, that an immune response wasn't going to be mounted in order to kill those cells. And that would cause, in some people, hyperinflammation. I mean this comes back to the original trials where the exclusion criteria lists were so long. They discounted people with pre-existing autoimmune conditions, for example. And a lot of these have to do with hyperinflammation or a hyper-inflamed state. So it could be, this is one of the things that I've hypothesized, that we're seeing the worst effects of these products in people who had pre-existing conditions, like some kind of hyper-inflamed state, which a lot of people have.

I find it impossible to imagine that they didn't anticipate a potential problem or the potential problem that most people who are reporting adverse events are reporting on. And this is the systemic, notorious damage being done, say, to blood vessels or wherever the spike protein lands, like I said.

And just to reinforce this, we were explicitly told that the contents of the needle were going to remain primarily at the injection site. This was hammered home. And they also knew, I want to reiterate this and make this very clear—as we know from the FOIA-requested pharmacokinetic data and also from a paper, which you can find in the supplementary material in my slides, from 11 years ago that confirms that they knew—this is published in the literature that these types of lipid nanoparticles traffic to the ovaries in the same animals.

[01:00:00]

And the reason we do animal models is because we basically have the same organ systems. So traffics to the ovaries in Wistar rats or mice, probably traffics to the ovaries in humans. And low and behold, it does.

I know it's a long-winded answer. But there are a lot of things that they did know. And we know that they knew now because of forced FOIA requests. We wouldn't know half of what we know about the data or the studies that they did and didn't do if we weren't asking for this data that they don't want to reveal. So I dare say that there's a lot that they knew. There's a lot that they know now. And they're obfuscating from the public because it would be bad for the program.

Commissioner Massie

If I can ask one last question. What could be a little bit misleading is that spike will be produced from the viral infection and should you be unlucky and get the virus invading the blood circulation, you will get spike protein produced from the virus. So it could actually probably trigger all kinds of phenomenon [like] the one you're describing in the adverse event.

What would be, in your opinion, the differences between the spike protein produced from, say, an infection that is not properly controlled versus the spike protein that you are producing following the injection of the messenger RNA?

Dr. Jessica Rose

It's the scale. It's a very, very simple, quick answer. The transfection technology is designed to make massive amounts of spike protein. And with repeated injections, you're going to have massive amounts of spike protein being continuously produced. This is very, very, very different from being exposed to a virus with many, many, many different proteins. You

don't just have the spike protein. You have all these other proteins against which your body will form, say, antibodies and mount T-cell responses against. So you're going to have a robust, multifold fighting force aimed at a number of proteins. It's a systemic fight against a viral pathogen, let's say. You have the introduction of the virus. You have viral expansion. You have the immune response kicking in, and then you have the decline. So there's this natural process: this ebb and flow between the introduction of a foreign pathogen-like virus and the immune system.

This is not that. This is massive in comparison. There are many people who know the numbers. I don't know them off the top of my head. But it's multifold higher amounts of spike protein. It's a deluge. And in some cases, let's say it gets into the blood because the person wasn't aspirated and it disseminates everywhere. And wherever those lipid nanoparticles dump that payload, that spike protein is going to be manufactured. It's so, so, so different from the natural immunity course. Yeah, it's the scale.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Good morning, Dr. Rose. In your presentation, you talk about the VAERS system. In Canada, we have a system that most people have never heard of. It's called the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System]. And what we heard from previous testimony was that reports to the CAEFISS system were being screened or triaged, if you will, by public health officers. And doctors were suspended and punished for making reports to that CAEFISS system. Was that the case with VAERS as well, or are you aware of what went on in Canada with the CAEFISS system?

Dr. Jessica Rose

I am. It's appalling. But from what I understand, it was far worse in Canada. Now, that's not to say that this absolutely wasn't happening, not only in the U.S. but in the U.K. with the Yellow Card system, the EudraVigilance system for the EU, and the DAEN system in Australia. It's been kind of a global phenomenon where reporting adverse events is not only not the first thing that someone would do, necessarily—maybe it's because they just had a 14-hour shift in the ER—but because it was discouraged.

[01:05:00]

This is what I've heard from doctors in hospitals, the ones on the ground, and the nurses. **And nurses know everything. They're saying that they feel there's like an air of threat if you even suggest that someone might have suffered an adverse event in the context of this shot.**

So it was very highly discouraged to file a report. That's why it's kind of remarkable to me that there are still over 1.5 million in the VAERS system. And that's why I also made the comment about the fact that this might even just be the tip of an iceberg. I'm not sure how bad it is. But certainly, when you factor in the under-reporting factor, it definitely is contained within medical professionals being discouraged to report. There's also the human component. I mean, some people just will never be compelled to report something. Maybe they won't think of it. I mean, I'm vaccinated out the yin-yang for most things, not these things. But if something had happened to me, I can't think of something. But I never, never in a million years would have thought it was because of one of the vaccines I got. I'm

one of those people. I really empathize with this because I mean there's so many reasons why people wouldn't be reporting. But I can absolutely tell you that it was discouraged.

Commissioner Drysdale

Next question. You had referenced Dr. Braden, I believe, in one of your reports. And we had her give a presentation to us in Truro, Nova Scotia, some weeks ago. Some of the things that Dr. Braden talked about was— I don't want to put words in her mouth, but in my interpretation, a systematic failure from the system, from the theoretical point of view right up to application. What she was talking about was she questioned the mRNA technology itself. She questioned the manufacturing process in that she referenced a number of tests of the actual vaccines, which showed a number of foreign particles and all kinds of unknown things. I believe she referenced that there were portions—and this is an engineer talking, not a doctor—of RNA that had remained in the *E. coli* they used to create this stuff. And so there was a potential that this RNA had affected the genome, and it was in *E. coli*. And then the last thing she talked about, and you referenced a couple of times, had to do with the actual administration of the injections in that the manufacturer said that it was going to be intramuscular. But many of the injections were not aspirated. If I understand, aspiration is when you put the needle in, you pull the plunger back to see if you're in a vein or not, and if you're not in a vein, you go ahead.

Can you comment on how all of those different things might be contributing to the 15,000 or so different types or classifications of adverse events out of a total of 24,000?

Dr. Jessica Rose

Yeah, I sure can. And I love that you've put all this together because this is such a tricky pony. I mean, there are so many factors that could lend to the outcome. The predictability here is absolutely almost zero, in my opinion, because it's going to be based on the person's age, the person's immune age, what other vaccines they have, if they're on medication, if they have co-factors, how the needle went in, what was in that syringe, et cetera, et cetera, et cetera. There are so many factors that are going to lend to the outcome. I can't stress that enough.

So my idea of a worst-case scenario is this, that will bring up all of the things that you asked about. Aspiration, first of all, is when you pull back on the syringe, and if you hit a vessel, you're going to get some red. And that means you're in the wrong place, right? You don't want to inject it into the blood because that's not where it's supposed to go. It's supposed to go to the muscle, like you said. They were actually recommending, and by they, I mean the CDC on their website, not to aspirate. And I can't figure out why they would have been doing that because everyone should have been doing that. So what that would mean is that you would get dissemination of the lipid nanoparticles carrying the payload where they weren't supposed to go necessarily.

[01:10:00]

That's number one. That could be bad news in terms of adverse event.

Number two is this polyethylene glycol. This is the molecule that coats the lipid nanoparticle. And if it's coated homogeneously, which means that it's evenly coated around the whole surface, then it's going to be the nice slippery, little ball that it's supposed to be that can traffic to wherever and get wherever it's going optimally. So if for example, if you have a bunch of vials that weren't handled properly or in the manufacturing process, the

lipid nanoparticles weren't coated homogeneously, and you have, say, holes in the sphere where there's supposed to be PEG, that's actually going to bode well, in my opinion, for the person who's injected. Let's say that they got their injection into the muscle. Because those lipid nanoparticles aren't homogeneously coated, they're going to break down much easier at that site. So you're not going to have dissemination of either the lipid nanoparticles or the payload. That's number two. It's just an idea, but I think it has merit. There's a working group of German researchers who actually proposed this as well. It's in one of my presentations.

And as for contamination, a colleague of mine has recently been sequencing— He started with the bivalent products, the Pfizer and the Moderna, and he's moved on to sequencing the monovalent products and has found double-stranded DNA contamination in all of them. Not some, all of them. And what this double-stranded DNA contamination is, are the plasmids that are used in the production line to produce the mRNA. And what's supposed to happen at the end of the production line—you'll appreciate this as an engineer; there's like five steps that I showed in my slide—is that the mRNA is supposed to be purified. You're supposed to take that out at the end stage. It's expensive to do this. And because we have so many evidences now that good manufacturing processes weren't abided by, it's possible, I will say, I'll be generous, that the mRNA wasn't purified properly. That's exactly what this indicates because the presence of the double-stranded DNA is not explainable otherwise. It shouldn't be there.

And so we can't say definitively what the clinical outcome of that contamination is going to be. But we can say, based on his findings that he has recently put to preprint, is that the levels of double-stranded DNA that are "EMA permissible" far exceed any levels that they've written down in the literature. So we know that there's contamination of certain kinds. And it's kind of scary to think about. We know that corners were cut all along the way here. I mean, there just simply wasn't enough time to do everything right. That's a fact. But it's scary to think about what actually might be in the vials themselves.

I want to make one more point here. Even if everything was done perfectly and we had our homogeneously-coated lipid nanoparticles (LNP) with our full-length spike protein—I didn't even mention per cent RNA integrity here; I don't have time—which when delivered, translates to full-length spike, this is probably the worst scenario you can have because of the papers that have been released that show that the double-stranded DNA repair mechanisms are impaired when spike is found in the nucleus. And it does get trafficked there because of this furin cleavage site. So no aspiration; full-length spike protein; homogeneously-coated LNP; and somebody with, say, a pre-existing autoimmune condition or is hyper-inflamed and old, perhaps, infirm—this is the worst-case scenario, in my opinion.

Commissioner Drysdale

The last question and that has to do with— A previous witness had talked about the potential contamination of the genome. And I think you mentioned, yourself, about that this has been found in the nucleus of cells. If this has penetrated all of the organs of the body and if you're finding it in the nucleus of the cells,

[01:15:00]

can you comment on the potential for an effect on the overall genome?

Dr. Jessica Rose

Let me just say that I think the potential is there. The proof of integration is not there yet. But I have no doubt in my mind that this paper is on the way, based on the evidences that we've accumulated to date. I want to be careful here about what I say because I don't know yet. I don't think that it's impossible that germline integration is going to be something that we're talking about soon. I think that if it happens, it's going to be a rare event. But the thing about it is if it happens at all— Again, this is absolutely inexcusable because I cannot imagine that all of the brilliant minds behind this technology couldn't have anticipated the possibility here. If they knew about the reverse transcription, which has been shown—this is in the literature now that LINE-1, which is an endogenous retrotransposon in humans, can convert this mRNA back to DNA—then why wouldn't it be able to integrate? I mean, again, I'm not saying that we have definitive proof of that yet. But I wouldn't be surprised if that paper is in the pipeline right now.

Commissioner Drysdale

And I apologize. I said that was my last question. But it just occurred to me in listening to you. You know, I got up this morning and I looked at the news, and there was this incredible story about the James Webb telescope. And it was looking into the eternal reaches of our universe, and it'd taken in these incredible pictures of Jupiter, and it was gathering all this data that was so far away. And, yet, when we were in Toronto, we had an embalmer telling us about these fibrous masses in the veins and, to my knowledge and to the knowledge of that witness, no one had dived in like the James Webb telescope to find out what these things were. And my question is, do we not have the technology to go to a funeral home when someone's reporting this and take a sample and test it and tell me what it is?

Dr. Jessica Rose

And I have the same question. It's the same thing to me about the autopsies. I'm dying to know why we're not autopsying everyone now. Like, why aren't people whose kids are dying demanding autopsies? I mean, that's what I would do. This is like the microscope into the forensic data collection of why the person passed away. I mean, it's like the most important thing of all. So I can't answer you because I just don't know.

What I can suggest is that there's a movement to suppress this from being done, just like there was a movement to suppress autopsies from being done because it was "too dangerous" in the beginning. So okay, fine. We'll give you that, it was too dangerous back then before we had all this figured out, quote-unquote. What's stopping us now? I don't understand.

And there is one group who analyzed this proteinaceous stuff. And the only thing that I remember that they found is that they classified it as organic. And that makes a lot of sense to me because I think it's just collagen. So I mean, I'm not in a lab now. But if I was in a lab, that would be the very first thing I would do. I'm like, I've got to find out what this material is because, if it's collagen and it's just, you know, the natural things of the body in "on" mode, like I said, then, basically that confirms what I said. And then we can solve the problem.

Well, actually, the first stage of solving the problem is to stop injecting these things into people because they are causing problems in some people. And because we're not being allowed to acknowledge this or ask questions, we're not able to come up with viable solutions out in the open. I mean, we humans are so much better together. So you know,

even if the people who are promoting this stuff came to, so-called, our side and our brains got put together and we collaborated, we could solve this real quick. I'm the forever optimist.

Commissioner Drysdale

Thank you, Dr. Rose.

[01:20:00]

Dr. Jessica Rose

Ooh, he's a happy guy. Ooh, he's happy. That's my cat. He's very happy.

Shawn Buckley

We have one more question for you.

Commissioner DiGregorio

Hi, Dr. Rose. Thank you so much for your testimony today. I think I heard you say that a number of your studies involved you downloading a lot of VAERS data. And I understand that your expertise is in the VAERS data and not our CAEFISS Canadian database. But I'm just wondering if you know whether or not the same type of data is downloadable from the Canadian CAEFISS database.

Dr. Jessica Rose

I'm going on memory now. And I got to tell you my memory is not so good. I don't think so. Definitely, I know this: VAERS is the database that I chose because it was very accessible. You literally just go to the VAERS website and download CSV file, very large now. And if you're going to have a crack at this, I don't recommend using Excel because it gets stuck. I recommend using R. But as for the CAEFISS system, I'm trying to remember if I even tried, but if I did—I know that I looked at it once. I don't have a good answer.

Commissioner DiGregorio

And then my last question is about the VAERS database itself since that's where your expertise is. If you could make one improvement to it to help gather better data and do better analysis, what would that be?

Dr. Jessica Rose

Hand it over to different owners, that's what I would do. I was actually in a kind of task force at the very beginning of this to try and design a new system. And the fact of the matter is VAERS is very antiquated. The move to paper forms to online has been kind of, you know, it's a good attempt type-thing. All that aside though, like I said, it still works. It's annoying. It's underreported. But it still works.

The problem with VAERS right now is not all of those things. It's not the fact that it's antiquated. It's not the fact that it's underreported. It's the fact that the data they're in, the people they're in, who are filing reports, are being ignored. The people who own the data are not handling the data in an appropriate way. They're ignoring it. And not only that, but

there are smear campaigns out there against people like me who are, like, public citizens who are trying to bring this data to light. So that people understand, this isn't an interpretation thing. This isn't about, the fact that they've put so many shots into people. I've done a napkin math to show that that's not true. This is literally about the owners of the data not doing what they've always done.

Josh Guetzkow is a friend and colleague of mine. And he's done many FOIA requests to show that they're not doing PRR [proportional reporting ratio] analysis, which they've always done. They're not doing Bayesian analysis, which they said they would do in lieu of the PRR. And they're absolutely not doing causality assessments, which is like the main claim to fame here. I mean, it's absolutely ludicrous for anybody to claim that if you have half of any subset of adverse events, like death, being reported within 48 hours of injection, that there's no causal effect. I mean, come on now. Come on now. Why aren't the alarm bells being rung? And, clearly, it's because they're not motivated to do so. So long answer short, I would change the owners.

Commissioner DiGregorio

Thank you.

Shawn Buckley

Dr. Rose, I think those are our questions. On behalf of the National Citizens Inquiry, I sincerely thank you for taking the time to share with us today. Your testimony is appreciated.

Dr. Jessica Rose

Thanks so much. It was my pleasure. And yeah, let's keep talking.

[01:24:29]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 2: Dr. Jayanta Bhattacharya

Full Day 1 Timestamp: 03:43:12–05:07:15

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Shawn Buckley

We have joining us now virtually Dr. Jay Bhattacharya. Jay, can you hear us?

Dr. Jayanta Bhattacharya

Yes. I can hear you. Can you hear me?

Shawn Buckley

I can. I'd like to just start by asking you to state your full name for the record, spelling your first and last name.

Dr. Jayanta Bhattacharya

My name is Jayanta Bhattacharya, J-A-Y-A-N-T-A. Bhattacharya, B-H-A-T-T-A-C-H-A-R-Y-A.

Shawn Buckley

And Dr. Bhattacharya, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Jayanta Bhattacharya

I do.

Shawn Buckley

Now my understanding— And I think a lot of people are familiar with you. And I'll tell you, you sent us a rather impressive CV that we've entered as Exhibit WI-8b. But my understanding is that you are currently a professor at Stanford University Medical School.

Dr. Jayanta Bhattacharya
I am.

Shawn Buckley
You're also a physician.

Dr. Jayanta Bhattacharya
Yes, I have an MD.

Shawn Buckley
Yeah. And you're an epidemiologist?

Dr. Jayanta Bhattacharya
I publish and teach epidemiology, through for decades.

Shawn Buckley
And then you're a health economist?

Dr. Jayanta Bhattacharya
Yes, my PhD is in economics.

Shawn Buckley
And you are a public health policy expert focusing on infectious diseases and vulnerable populations.

Dr. Jayanta Bhattacharya
Yes.

Shawn Buckley
And you are one of the three authors of the Great Barrington Declaration.

Dr. Jayanta Bhattacharya
Yes.

Shawn Buckley
Now, we've invited you here today to speak about several issues. One of them is that you have participated in doing an expert report concerning a lawsuit in the province of Alberta. Can you share with us why you did that and a little bit about that?

Dr. Jayanta Bhattacharya

Yes. Well, it stems from the ideas in the Great Barrington Declaration. The primary goal that I had in participating in that lawsuit, which was a lawsuit aimed at changing the Alberta policy of lockdowns away from lockdowns toward a more focused protection policy, exactly was what we wrote in the Great Barrington Declaration.

The ideas of the Great Barrington Declaration are based on two incontrovertible scientific facts. The first is that there's a very steep age gradient in the mortality risk from COVID infection. It's older people who die at a thousand times or more higher rates of infection than young people. For children, especially healthy children, the risk of dying from COVID is vanishingly small. Whereas for older people, it's much, much higher. That's incontrovertible, I think, universally acknowledged.

The second fact—again incontrovertible, and I think universally acknowledged—is that the lockdown policies that we have followed, and Canada has followed, has caused tremendous harm especially to the lives of young people. I don't just mean economic harm. I mean health harms, psychological harms, a whole host of harms that will play themselves out over a long period of time and have already caused major health problems for the Canadian people.

So the right strategy, the Great Barrington Declaration, what it says is: let's use our resources to protect vulnerable older people from the disease while at the same time lifting lockdowns, which have caused so much harm to the lives of young people. It's the standard pandemic strategy that we followed for a century of respiratory virus pandemics before this one. And it worked.

So that was my main motivation for participating as an expert in that Alberta case, was to provide the scientific documentation for that strategy.

Shawn Buckley

I'll just ask, being that you started talking about those two things. You're saying the lockdowns, especially for the younger, were very detrimental on several levels, physical, psychological, social isolation. Can you just elaborate a little more on that so that the commissioners and the people listening understand exactly what you're referring to?

Dr. Jayanta Bhattacharya

Yeah, so I brought some statistics just to give some sense of it. But it's not possible to do it full justice because the extent of the harms caused by lockdowns on population health are so extensive. Just to give a smattering of the flavour of this. During 2020 and 2021 when the lockdowns were primarily in force, a lot of the emphasis was on making sure hospital systems and healthcare systems were not overwhelmed.

One way that this happened was by,

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essentially, causing people to fear to come into hospital systems or being told explicitly not to come into healthcare systems for the conduct of basic preventive care.

So for instance, many people skipped cancer screening that's recommended: colon cancer screening, cervical cancer screening, a whole host of other recommended cancer

screenings, breast cancer screenings. As a result, many men and women will show up now with later stage breast cancer or prostate cancer, or whatnot, that should have been caught at an earlier stage. And they will die from it when they would have survived it had it been detected earlier.

Another major health harm from the lockdown policies has to do with mental health. There are reports from Canada from 2021, even as early as 2020, suggesting that the psychological distress caused by lockdown policies—the isolation from others, the disruption of normal rhythms of daily life—led a tremendous number of Canadians, especially young Canadians, to overdose with drugs. The rate of excess death among the young from drug overdoses in Canada increased sharply even as early as 2020, according to a Statistics Canada report that was issued in 2021.

The [CBC] reported that one in five Canadians need mental health services. The demand for mental health services in Canada climbed substantially even as wait times for specialists got longer and longer. So at the moment when Canadians needed the most help from medical health professionals, it was the least available because of the lockdowns.

The consequences are hard to summarize in a very, very simple way because the health effects of investments in health by healthcare systems is so important and so pervasive in life. And ending those or stopping those or pausing those even for short periods of time can have long term consequences on the health of populations. One measure of this— If it's possible for me to share the screen, I'd like to share one slide.

Shawn Buckley

Absolutely, you can share the screen. It should be set up for you to be able to do that.

Dr. Jayanta Bhattacharya

Perfect. So I'm just going to share one slide. One sort of summary measure of this is the cumulative age-adjusted, all-cause mortality rate in Canada. And I wanted to do a comparison country, Sweden, which followed much closer to a focused protection approach than Canada did. Much more aligned with the Great Barrington Declaration we discussed earlier.

The way that cumulative all-cause, age-adjusted excess mortality is calculated is you look at baseline mortality rates. In this case, I think from 2015 to 2019, in each country, adjusted for age so that you're comparing like with like. So older populations, of course, are likely to die at higher rates. And then, track over time from the beginning of the pandemic—here on the left side of the graph is February 2020, all the way to now—how much above that **baseline expected mortality rate you actually see. The red line here is Canada and the blue line here is Sweden: all-cause excess deaths, age-adjusted mortality rates. The Canadian all-cause excess deaths, sometime around May 2021, crossed the blue line, Sweden's all-cause excess mortality rate. And what you see is that the rate of death, the cumulative all-cause excess death in Canada as of the late 2022 was actually about 50 per cent higher than that experienced by Sweden, which did not impose the kind of draconian lockdown policies that Canada followed during the pandemic. It's almost a 50 per cent higher all-cause excess death rates.**

Now, most of that, I think, or much of that, is not actually due to COVID because the COVID rates in Canada were actually relatively well controlled. Most of that is due to lockdown harms, I think. Whereas Sweden—which didn't impose lockdowns,

[00:10:00]

had much more voluntary policies and a greater emphasis on focused protection of vulnerable older people, rather than trying to protect hospital systems—had much lower all-cause excess deaths because they invested in the health of the population, the normal investments in the health of preventive care, and so on, and didn't panic the population. And as you can see, the results over time: it's gotten worse and worse for Canada and better and better for Sweden.

Shawn Buckley

Now, I think in Canada we all recall actually the mainstream media criticizing Sweden at the time for the role that they were taking. I imagine that you saw similar reports in the United States media.

Dr. Jayanta Bhattacharya

I did. I saw in the United States media that the Swedish strategy was characterized as reckless, as just letting the virus rip.

Shawn Buckley

Right. But now with hindsight we can see that it wasn't reckless in any way.

Dr. Jayanta Bhattacharya

No. It was not.

Shawn Buckley

As I understand this focused protection: basically, this premise of the Great Barrington Declaration is once we knew that it was affecting the older populations, so we'd focus the resources there but not do things like lockdown younger people. Now in Canada, our media— And definitely children were being taught that they basically should be doing their part to protect old people. And I'm wondering if you can comment on the risk of children spreading the disease and whether or not it was proper to be locking down children.

Dr. Jayanta Bhattacharya

Absolutely. So first, from very early in the pandemic, it was clear from the scientific evidence that children were not super-spreaders. Children, of course, can get the disease and, of course, can spread the disease. They're not like perfect sinks in that sense. However, the risk of children spreading the disease is, in some ways, measured rates are lower than adults.

Let me give you two pieces of scientific evidence that were available from very early on in the pandemic. In Iceland, there was a study done in March 2020 where the scientific group sampled, I think, 12 per cent of the Icelandic population and did a test to see if the patients that they sampled had active cases of COVID, including sampling the standard PCR test to measure whether the virus is present. And then a nonstandard sequencing test to look at the virus and see what mutations the virus had.

They paired this with a very, very detailed contact tracing approach to see who the people that were positive had come in contact with. And from this kind of approach, you can distinguish whether somebody— Like if two people come into contact with each other, contact tracing normally can't tell who passed the virus to whom because you just know that these two people were near each other. And they may have been, of course, near other people. But with a sequencing analysis, you can say, okay, the two people that are in contact with each other, the viruses share the mutation patterns. So they may have passed the virus to each other. Whereas people who have very, very different, disparate mutation patterns of the virus that they have are unlikely to have passed the virus to each other.

The striking finding from this Icelandic study was that while there were many, many instances of parents passing the virus on to children, there was not a single instance in the study of a child passing the disease on to their parents. The children were not super-spreaders. Now, as I said, kids can spread the disease, especially older kids. Younger kids, I think, are less likely.

So let me talk about a second study, this time out of Sweden. Sweden even in spring of 2020 did not close its primary and early secondary schools. Every child under the age of 16, I think, experienced no disruption in their schooling at all because those schools were not closed in Sweden.

A study was conducted by Swedish researchers looking at the mortality rate of teachers in those schools relative to COVID mortality rates of other workers in the population. And what it found was that teachers actually had a lower risk of COVID mortality than the average risk faced by other workers in the Swedish population during that period. In a sense, working in schools protected teachers against COVID relative to the rest of the population, at least empirically based on that.

Based on these findings, it was really clear early on

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that closing schools was a tremendous mistake, that it was unnecessary to protect older people in this way. Alternate policies would have been better to protect older people and would not have caused the harm to children. If I may, may I talk a little bit about what the harms to children actually are?

Shawn Buckley

Actually, please do.

Dr. Jayanta Bhattacharya

If you go back in the social science literature decades, what you find is a very common theme about how important investments in children are in terms of schooling. And it's not just that our schools provide education, which is important for future job prospects and so on. That's true, they do. But, in fact, they are absolutely crucial to the health of children.

In an immediate sense, schools are where many children receive much of the nutrition for the day. If you close schools, you reduce the amount of nutrition available to children. Of course, Ontario, I know, closed schools for a time.

The other thing is that, again, schools are places where social services are provided. Child abuse is often picked up at schools because it's teachers who see the results of child abuse and then report it to authorities. When you close schools, child abuse continues to happen. But you won't pick it up because the outside people who care about children aren't there to look.

So both of those things happened during the pandemic in places that closed schools. Worse nutrition for children, children skipping meals as a result, and also child abuse not being picked up and reported.

The long-run effects are even worse of closing schools. The key thing is that when you have children miss school for even relatively short periods of time in their lives, according to the social science literature, it has long-term negative health consequences. Children who miss school for even, again, in the social science literature, for short periods of time end up having shorter, less healthy lives because they lead poorer lives.

One estimate, published in the pediatrics literature early in the pandemic in the United States, found that just the American school closures in spring 2020, cost American school kids nearly five and a half million life-years in expectation over their lifetimes. So the consequences are not trivial. You're essentially taking life-years away from children and exposing them to abuse that needed to get corrected. Schools are absolutely vital and closing them was a tremendous mistake that harmed children.

Now, if I may, can I talk a little bit about the failure of focused protection in Canada? And I just wanted to bring up a couple of data points.

Shawn Buckley
Yes, please do.

Dr. Jayanta Bhattacharya

One from very early in the pandemic. A public health policy that's focused, that recognized the unique risk that the COVID posed to older people, would have moved heaven and earth to protect the lives of older people. Especially early in the pandemic when we didn't have very good treatments or vaccines, and whatnot.

The key idea was to find where the vulnerable older people live and devote resources to protecting them. Instead, what happened in Canada—not just unique to Canada but happened elsewhere as well—is that places like care homes and nursing homes where the most vulnerable older people lived became places where, essentially, of neglect and abuse. **And in fact, became places where COVID was spread.**

So in Montreal, for instance, the earliest days of the pandemic, there are reports—again, in the Canadian press—that the staff of nursing homes in Montreal abandoned their posts in part because they were so afraid of getting COVID. And left older patients with dementia to die from dehydration and neglect. You have, in many places in the United States—for instance, in New York, in Michigan, in Pennsylvania—you had governors sending COVID-infected patients out of hospitals early into nursing homes where, then, the disease spread rapidly, infecting the most vulnerable people.

The reason why this happened— It wasn't, I don't think, a criminal act. I think it was actually an act

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as a result of ignorance about what to do about the most vulnerable people. Instead of making protection of vulnerable people the central goal—focused protection, the central goal of pandemic policy—instead, the goal was to empty hospital systems to keep hospital systems not overwhelmed. In a sense, we inverted the normal relationship between the public and medicine. Normally, you would think about people in medicine, public health, serving the public. But the rhetoric and the reality flipped, where the idea was that the public would serve healthcare systems. We recruited the public as a way to protect hospital systems, healthcare systems, rather than hospital systems and healthcare systems serving the public. And one consequence of that was that we forgot about focused protection and sent COVID-infected patients back to nursing homes, killing many people who would otherwise have potentially survived much longer as a result if that had not happened.

Let me give you one last data point from the Canadian experience that I know of. In Ontario, in the district of Haldimand-Norfolk Health, there was a health minister named Dr. Matthew Strauss who explicitly adopted the idea of focused protection: did not impose mask mandates; when the vaccine became available, prioritized high-risk individuals for the vaccines; put out centres for the infusion of monoclonal antibodies, an effective treatment for much of the pandemic; and made available antivirals rapidly as soon as they became available. As a result of his approach, which eschewed mandates—did not adopt any of the sort of restrictions that were imposed by much of the rest of Ontario—as a result, the age-adjusted mortality from COVID in Haldimand-Norfolk was actually 30 per cent lower than the rest of the province.

Focused protection works. Focused protection would have worked better in Canada than the lockdown-focused policy. And it would not have harmed the children in the way that they were harmed as a result of the lockdown policies that were followed.

Shawn Buckley

Now, you've spoken about restrictions on children, can you also comment on young adults?

Dr. Jayanta Bhattacharya

Yes, so there hasn't been as much attention paid to this, but I think it's quite important. The experience of young adults in society is tremendously important for the rest of their lives. In the 2008 recession, for instance, the joblessness among young adults resulted in long-term decreases in life opportunities for those same young adults, including worsening health. The kind of unemployment induced by lockdowns, which happened in Canada for years, has especially bad long-term consequences for young adults.

The importance of young adults to socialize with one another is critically important for their mental health. And there's evidence that as a consequence of lockdowns and the isolation of lockdowns, those kinds of mental health problems that I mentioned earlier—one in five Canadians needing professional help—those were exacerbated by the lockdowns, particularly among young adults.

The same thing, I think, is true to explain the rise in overdoses of illicit drugs in Canada. It's primarily young adults that face that. And again, it's not a surprise given the mental health consequences of isolation and anxiety caused by the lockdown policies that Canada followed.

Shawn Buckley

Another thing I wanted to ask you, before we move on to the topic, because I want to cover the topic of censorship with you and some of your experiences there. But in Canada, basically the federal government and every single province was very aggressive on taking measures to, I'll use the word, encourage, but really it was coercion to be vaccinated. And there was basically zero allowance for natural immunity.

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And I'm wondering if you can comment on the policy of basically mandating vaccines and ignoring natural immunity and your thoughts on that.

Dr. Jayanta Bhattacharya

Yeah. So I think a couple of things about the science of the vaccines is really important to understand. To understand why those vaccine mandates were both unnecessary and a bad idea.

So first of all, as I've already mentioned, there is a very sharp gradient in the mortality risk of COVID. Now the vaccines, when the randomized trials of vaccines were conducted in 2020, what those randomized trials showed was that against a placebo group—a group that received a placebo rather than the vaccine—the vaccines protected people against symptomatic infection for about two months after the vaccination. That was how long the trials lasted before they ended. The median person was followed for about two months. So you have 95 per cent protection for two months against symptomatic infection. That sounds impressive and is impressive. But it's actually not the key epidemiological endpoint that you care about for a policy perspective.

From a policy perspective, there's two potential epidemiological endpoints you might care about separate from prevention of symptomatic infection. First is protection against severe disease: Does the vaccine stop you from dying if you get infected? The trial did not answer that question because it didn't have that as a primary endpoint. And it didn't have sufficient numbers of people enrolled to be able to answer that question with any statistical confidence.

Shawn Buckley

I just want to make sure that we understand what you're saying. So let's use the Pfizer trial as an example. You're basically saying they weren't actually measuring as an endpoint whether or not it would reduce serious illness.

Dr. Jayanta Bhattacharya

Yes. They didn't have that as a primary statistical endpoint. And they would have needed to design the trial differently to have that as a primary statistical endpoint. They would have needed either many, many, many more people than the 40-some thousand, whatever they enrolled, or they would have needed to primarily have conducted the trial in a high-risk population like the elderly. Both would have been defensible. Of course, the first would have been much harder. Instead, they had prevention of symptomatic infection.

Shawn Buckley

I think this is important to Canadians because we endured some pretty draconian lockdowns, some very significant messaging that, to this day, we are totally divided. And basically, it was to prevent us from getting seriously ill, including dying. That really would have been why people were participating in this. And you're telling us they weren't even measuring for those things as an outcome?

Dr. Jayanta Bhattacharya

Yeah, they didn't have that. They didn't power the trial to measure that as a primary outcome.

Shawn Buckley

And can I also just ask you. You use this 95 per cent figure. But my understanding is, is that that wouldn't be an absolute risk figure, that would be just a relative risk figure that was used?

Dr. Jayanta Bhattacharya

Yeah, so 95 per cent relative risk reduction. You know, that's actually pretty standard in vaccine trials, so I'm not terribly exercised by that. But the absolute risk reduction has to do with more than just the trial itself. So for instance, if the virus is not spreading in a population, a very highly efficacious vaccine will produce zero absolute risk reduction because there's, you know, just no risk in the population getting the virus. So the absolute risk reduction is both a function of the vaccine itself and also whether the virus is spreading when the measurement takes place.

Shawn Buckley

Right, okay. And then you were going to talk about natural immunity, but I didn't want to cut you short on the vaccine.

Dr. Jayanta Bhattacharya

Yeah. I wanted to get to natural immunity. I just wanted to tell the story about the vaccines because it's related. It's very closely related to the vaccine mandates and the lack of necessity for them.

I mentioned that it's symptomatic infection prevention. It didn't check for whether it prevented— The trial was not statistically powered to test prevention of death from COVID. On the other hand, you also could have used the trial to check whether the vaccine prevents you from getting any infection. Any infection, of course, is distinct from symptomatic infection

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because you can get a non-symptomatic infection, asymptomatic infection.

You could also have checked to see if the vaccine protects against transmission of the disease. If I have the vaccine, although I may get sick, it might reduce the risk of my spreading the disease to others.

The trials did not check for either of those endpoints. So what we knew was two months of prevention of symptomatic disease. And that's it.

Now, the other thing about the trial that's important is that the trial explicitly excluded from its efficacy calculations patients who had already previously had COVID and recovered. That subgroup of the trial actually turned out to have almost no cases of COVID at all after they'd recovered. And so, they wouldn't have been able to find much effect of the vaccine in that group. And if you read the supplementary appendices in the vaccine trials, what you'll see is that those groups, while they were recruited in order to check the safety of the vaccine, were actually excluded from the efficacy calculations in the randomized trials that were published in 2020.

The reason is simple. There's a tremendous amount of evidence, again from 2020 on, that the patients who get COVID and recover have very substantial protection against both subsequent infection and also severe disease on reinfection. Now, what we've learned is that a new variant can escape that immunity. So that if you'd had COVID in the first wave in 2020, you may have gotten it again in 2021 during the time of a new variant, but the protection against severe disease is long-lasting. If you got COVID and recovered the first time, it's very likely that the second time you get it, maybe with a new variant, will be milder, at least less likely to produce severe disease and death than the first time you got it.

Shawn Buckley

So you're referring to what we would call natural immunity?

Dr. Jayanta Bhattacharya

Yeah. So I like to say recovered immunity just to distinguish— Sometimes people say natural immunity, and what they mean is that even before you're exposed, you have some substantial protection. And you do, but it's not the same kind of protection as you get after you've had COVID and recovered. That immunity is durable. And it's very effective against reducing the risk of severe disease and death upon reinfection.

Shawn Buckley

So using your term recovered immunity, you're saying that that's robust vis-a-vis significant disease coming forward. How would that compare with the protection offered by the COVID-19 vaccines? So going forward, are they providing a similar robust protection?

Dr. Jayanta Bhattacharya

Yeah, I think there's some scientific discussion and debate about exactly it. But I think the general consensus is that the amount of immunity provided in terms of reinfection risk is better if you've had recovered immunity than an immune naive person who just has the vaccine. And the protection against severe disease and death, I think, is at least as good as someone who's immune naive and has the vaccine.

Just to give one data point again on this. There was a study out of Bergamo, Italy, in 2021 that was published that looked at patients who'd had COVID in the first wave, during that big wave in Italy in 2020, and tracked them for a year. And only 0.3 per cent of that group was reinfected during that whole entire year after that initial infection.

That's better protection against infection than the vaccines, which in careful epidemiological studies done in places like Qatar and Sweden and elsewhere found that after two or three months, the efficacy against infection, even symptomatic infection, drops pretty substantially down to 20 per cent, sometimes near 0 per cent, maybe just three, four, five, or six months after you've had the vaccine. It's very, very common, then, to have had the vaccine and then gotten infected just a few months after you had it. That actually happened to me. I was vaccinated in April of 2021 using the Pfizer vaccine. And then four months later in August of 2021, I got COVID.

Shawn Buckley

So now, from a public policy perspective for trying to get the best health outcomes,

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would you agree then that it would have been prudent to take into account recovered immunity and permit people to opt out of a vaccine mandate?

Dr. Jayanta Bhattacharya

Yes. And that's for a number of reasons. So first of all, before I answer that directly, if you don't mind, let me talk a little bit about why these scientific facts we just talked about means that the necessary conditions that you would want for a vaccine mandate are not actually there.

Now, I believe that the vaccine does reduce the risk of all-cause mortality. It wasn't in the trial. But there are a number of high-quality epidemiological studies done by people who are not affiliated with any of the drug companies. Very skilled epidemiologists, using careful cohort approaches, that demonstrate that the vaccine does reduce mortality risk from COVID, I think, for up to six or seven months after you've had it. So let's take that as given.

The right use then for the vaccine is to recommend it very strongly in the population that faces the highest risk from COVID, the elderly. The vaccine should have been used for focused protection of the elderly. That's essentially what Dr. Strauss did, for instance, in Haldimand-Norfolk. It's very important, then, from a personal health point of view that high-risk individuals get vaccinated. On the other hand, for low-risk individuals, from a personal health point of view, it's much less important that they get vaccinated because the absolute risk reduction for them—for instance, for younger people—is small. That means the expected benefit from the vaccine for a low-risk person is low just by the basic math of it, right? If you face a zero risk of dying from COVID, the vaccine produces zero benefit because you can't go below zero.

And on the other hand, the vaccine is not without side effects. We've learned, for instance, that the vaccine, especially in young men, produces myocarditis, which is the inflammation of the heart muscle. It can be a very serious condition resulting in death at, I think, at unacceptably high rates given the small benefit of the vaccine in young men, especially from the second dose or the boosters.

So from a private health perspective—private meaning from an individual patient's perspective—whether the vaccine is a wise thing will depend on how old you are, your health condition, a whole host of other things. Things that you normally would expect to be

able to talk to your doctor about and decide for yourself whether the vaccine is right for you.

On the other hand, from a public health perspective, if a vaccine does not stop transmission of the disease or only has a very limited effect on the transmission disease for a short period of time, well, the idea that you need to vaccinate other people so that I'm protected is just false. Now, normally with other vaccines, like the measles vaccine that does stop transmission, that idea isn't false. The protection provided by the measles vaccine against transmission means that when I'm around patients or people who've had the measles vaccine, I'm very unlikely to get measles because those people are not susceptible to getting measles. That's essentially a kind of herd immunity provided by vaccines. By the way, recovered immunity can provide the very similar kind of effect. But this vaccine, this COVID vaccine, does not stop transmission.

And in fact, in those same careful epidemiological studies that I just mentioned where they found reductions in the risk of mortality after the vaccine, they find that the protection against infection is very short-lived. And what that means, then, is that the public benefit—"public" meaning my vaccination protects you—is very, very limited from this vaccine. But that public benefit is a necessary condition, I think, for imposing a mandate. Because the idea of the mandate is that well, there are people that are not getting the vaccine endangering the public by not doing so. Well, that's just not true for this vaccine.

So if you are lacking in that necessary condition for the vaccine mandate, it's not wise public policy to impose it.

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It's because it doesn't actually end up protecting the public, and the public thinks they are protected. But I think there are even broader, even deeper reasons why I think the vaccine mandates were such an unwise idea.

First, I think it created this idea that there was an unclean group of people walking around. It demonized people who, for whatever reason, chose against getting the vaccine. It essentially gave open season to discriminate against them: People lost their jobs. In Canada, unlike most Western countries, I think even in most of the rest of the world, unvaccinated individuals were not allowed to travel internally for years. That's a gross violation of human rights. And it essentially demonized people who, again, for whatever medical reason or whatever reason, chose not to get the vaccine. For those who chose not to get the vaccine, it should always have remained a private medical decision, given the epidemiological facts I've said. It should never have become an issue of public health in the sense of forcing them to get the vaccine. So it essentially created social divisions that were **absolutely unnecessary for public health to induce.**

And actually, the second knock-on effect of that is, I think, it undermined trust in public health and in vaccines more generally among a substantial fraction of the population. The vaccine skeptics movement that I've seen throughout my career has always been a relatively small group of people. What I've seen now in Canada and in the United States and elsewhere is that that group has grown very, very sharply. And they question not simply the COVID vaccine but other vaccines as well and public health more generally.

A lot of the protests, for instance, the truckers movement was induced by the civil rights violations on the back of these vaccine mandates that were put in place in Canada and the vaccine-related movement restrictions put in place in Canada. The same thing, by the way,

has happened in the United States. Although it didn't have movement restrictions of the same kind. We had vaccine passports, vaccine mandates, that have induced a very similar kind of entirely predictable reaction by people who were upset by this policy, an absolutely unnecessary policy from an epidemiological point of view. And we're going to be facing those problems for years and years.

Shawn Buckley

Now, I'd asked you generally about public health policy with the vaccines and taking into account recovered immunity. And I'm just wondering if I could focus you a little more then specifically with children. Because you were suggesting, I think you were suggesting, that the risk that children would face for serious illness or death from COVID is zero or for all intents and purposes non-existent. So from the individual perspective, the parents making a decision— Should I be vaccinating, not vaccinating? Clearly, you'd say, "Well, why would I do this?"

But you had spoken earlier, and I think this goes to the public health thing about protecting others, that children were also such a low risk for spreading the virus. So can you comment on those two things and then your thoughts from a public health policy. Because we're still pushing to vaccinate children quite aggressively in Canada. And so, we'd appreciate your comments today on our current policy.

Dr. Jayanta Bhattacharya

So I tend to have a philosophy that you should make those kinds of decisions in careful consultation with a physician to decide whether your child should or should not have any particular medical treatment. Parents should be involved. Physicians should be involved in that.

I think that the risk of mortality for a healthy child, while not zero from COVID, is very, very, very, very low. And so that means the benefit from the vaccine in terms of preventing those severe outcomes, again, is also very, very, very, very low for the vast majority of children. That is not to say that there may be some small numbers of children who have particular medical conditions that make the risk of dying from COVID or other respiratory infections higher. And maybe they might benefit from the vaccine relative to the risk they face from taking the vaccine.

So I think this should be a decision that should be made without pressure

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by parents consulting about their children with their physicians. The role of public health, then, is to reassure parents that, while most of their children face a very low risk from COVID, it's important for the lives and the health of children to have their regular lives go again. That, maybe, if their child is immunocompromised or has some other particular medical conditions, to go seek advice from their doctor. I mean, that's the kind of reassuring advice I would have expected professional public health people to make regarding children.

The idea that there should be universal vaccination of COVID for children I don't think is aligned with basic evidence-based medicine practices. In evidence-based medicine, when you have an uncertainty, for instance, we don't know the full extent of the side effects of the vaccine when given to children—we do know, for instance, young men have higher rates of

myocarditis—and the benefit is low. Generally, the advice is that you would err on the side of caution and not give that therapy. I think that's likely the case for the vast majority of children, that it's not actually wise to get it. But there may be children for whom it is wise. And I think that the key thing there is you need to have those decisions made in careful consultation between parents and doctors.

Shawn Buckley

Now Dr. Bhattacharya, I want to switch gears just briefly, and then I want to allow time for the commissioners to ask you questions.

I want to switch to the area of censorship because for one reason or another, you have been kind of placed in the forefront. And I want you to, first of all, speak about what happened with Canadian media when you came out as one of the three founding authors of the Great Barrington Declaration.

Dr. Jayanta Bhattacharya

So almost immediately after we published the Great Barrington Declaration, I think less than a week or so after, the CBC held a roundtable with two or three scientists who really didn't like the Declaration. But I don't think they understood the Declaration. The CBC essentially allowed them to say on the air, paid for by the Canadian taxpayers, that the Great Barrington Declaration was calling for "letting the virus rip," essentially letting everyone get infected. And in fact, the Great Barrington Declaration, as I've said, was the opposite of that. It was a strategy of focused protection of vulnerable older people. The idea wasn't to let the virus rip. The idea was to let young people live their normal lives. It's very clear that when there was a threat to older people—when the disease is spreading rapidly or at high rates in the population—people would take voluntary action to try to reduce the risk faced by older people. And the Great Barrington Declaration is entirely consistent with that.

It was also consistent with devoting resources and ingenuity to protecting older people who faced a high risk. So for instance, deploying monoclonal antibodies in October 2020, those had just become available. Rapidly deploying them at scale, so that older people if they got sick would have access to them. That would have been a very wise thing to do. Again, entirely consistent with the Great Barrington Declaration. The idea wasn't to let the virus rip. The idea was focused protection of vulnerable older people.

In a sense, the CBC impanelled a group of scientists who slandered us, accused us, essentially, of wanting to kill people. And then, when a Canadian lawyer that we were in contact with complained, the ombudsman, the CBC, said, "No, it was a fair report" and **didn't allow us to have any response. So the Canadian people were robbed of the opportunity to understand what exactly we were proposing. And just to be clear, it wasn't just me. I teach at Stanford University. But, also, there was Martin Kulldorff of Harvard University, an epidemiologist and fantastic biostatistician. And then Sunetra Gupta of Oxford University. She's the professor of theoretical epidemiology at Oxford. And tens of thousands of other scientists and doctors, including a Nobel Prize winner here at Stanford, signed on to this. This was a major scientific proposal put out by credentialed scientists. It deserved a fair hearing, not a slandering.**

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And the Canadian people were robbed of that opportunity by the CBC, which essentially impanelled slander against it.

You asked about censorship. You know, I think it's important for the Canadian people to know that this was a systematic effort, not just by the media but by government actors. There was a report in 2020, for instance, that the Canadian military used propaganda techniques on Canadian citizens to combat disobedience against lockdowns in 2020. The physicians' organizations, which license physicians and oversee the conduct of physicians in Canada, used its power to silence dissent by doctors. For instance, in Ontario, there's a doctor named Kulvinder Gill who posted on Twitter messages essentially saying that lockdowns were a very bad idea, that focused protection was a good idea. Entirely consistent with the science. And as a result, the CPSO, the College of Physicians and Surgeons of Ontario, has threatened her licence.

It was a systematic campaign by Canadian government and quasi-governmental organizations to silence dissent so that Canadians got the impression that there was no alternative to lockdown. When, in fact, the scientific community had proposed a very effective alternative to lockdowns that would have worked if it had been adopted in Canada.

Shawn Buckley

Now, my understanding is that you're involved in a lawsuit in the United States. So the State of Louisiana and the State of Missouri and other parties are suing the Biden administration over censorship issues. Can you briefly share with us some of the things that you've discovered about censorship and this COVID experience?

Dr. Jayanta Bhattacharya

Yeah, so the United States has done no better than Canada on this, in many ways worse. The lawsuit that I'm involved with is a federal lawsuit. It's still advancing through the courts. But what the judges allowed us to do is to depose a number of prominent individuals inside the Biden administration and the Health and Human Services bureaucracy of the United States, including Dr. Tony Fauci.

We've also had access through discovery to a huge trove of email communications between a dozen federal government agencies in the United States and social media companies, including Facebook, Google, Twitter, and so on. The content of these emails and these depositions reveal an enormous effort by the federal government to threaten social media companies from a regulatory perspective if they didn't comply with censorship demands. Often these emails have demands on people to censor, posts to censor, ideas to censor, all in the name of combating disinformation. But the disinformation that they're combating is often true information, including information, for instance, about the efficacy of recovered immunity or the harms of lockdowns and so on.

In the United States, this is, to me, a very clear violation of the American First Amendment right to free speech. And even more importantly than it violates a fundamental civil right, it robbed the American people—it robbed the world, frankly—of access to accurate scientific information that had it been available, we might have adopted very, very different policies. It created this impression, this illusion, that there was a scientific consensus around lockdowns that didn't actually exist. It's one of these things where if you'd asked me before the pandemic, could such a thing exist in the United States? I would have told you there's no possibility. The American First Amendment protects against it. But, in fact, it's true.

It's the American government that acted to make sure social media discussions about the efficacy of lockdowns, the harms from lockdowns, recovered immunity, the proper use of the vaccines, all of those discussions, essentially, were censored in favour of the government's favourite policies. Whereas prominent credentialed individuals who dissented against that government narrative were silenced or censored or smeared in other ways. It's an absolutely shocking kind of intrusion on the rights of the people of the world to have done this.

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And I hope that when we win this lawsuit, this whole censorship regime can be dismantled.

Shawn Buckley

And I will indicate that you provided us with— I think people want to clap.

You provided us with a document called the "Plaintiffs' Proposed Findings of Fact" in support of their motion for a preliminary injunction. I'll advise the commissioners and those people watching that we've entered that as Exhibit WI-8 [*Bhattacharya-Missouri v. Biden* ECF 212-3 Proposed Finding of Fact]. And my understanding is that the court has accepted the plaintiffs proposed findings of fact as true.

Dr. Jayanta Bhattacharya

So far what we've had is a motion to dismiss by the government that's been rejected by the court in [primary part]. They haven't yet addressed the preliminary injunction. So that's still pending. But if you read the rejection of the government's motion to dismiss, it's a very favourable ruling in our favour, which seems, on its face, to accept much of that document that I shared with you. Those documents are based on true facts. Those are based on actual emails we've had from discovery. And they're submitted under oath by the Missouri and Louisiana Attorney General's office to the federal court.

Shawn Buckley

Okay. And before I turn you over to commission questions, I'll also just let you know that we've entered as Exhibit WI-8a, the Great Barrington Declaration. And we've entered your expert report on COVID-19 response in Alberta, Canada, dated January 20th, 2021, as WI-8c. And you did a supplementary report called *Supplementary Expert Report on the COVID Epidemic Response in Alberta, Canada*. We've entered that as WI-8d.

And I'll just let the commissioners know, although I'm going to turn you over to their questions. You're also part of a group called the Norfolk Group, which has gone through tremendous effort to list questions that should be answered, flowing from the world's experience on COVID-19. I think it's 80 pages long of questions. And we've entered that as [Exhibit] WI-8e. And you've participated in that initiative in helping to formulate those questions. I just wanted you to know that those will be before the commissioners for them to consider.

And so I'll ask the commissioners if they have any questions at this time. And they do.

Commissioner Massie

Well, thank you very much, Dr. Bhattacharya, for your very interesting presentation. I have a few questions, some of which are probably simpler. This whole notion that has been documented in Iceland and Sweden that the transmission from children to adults didn't seem to be that important— Is it something that is unique to this particular virus, or is it something that was known before? My understanding was that with flu, children can actually probably transmit it. So what's your take on that?

Dr. Jayanta Bhattacharya

So I was surprised by the result. I did not expect it. Because the general idea was that children actually do spread respiratory viruses at higher rates than adults spread it. It's not that children can't spread this virus; it's just that they're not unique super-spreaders. I think a lot of the school closures and restrictions on the lives of children was premised on this false notion that, like other respiratory viruses, they're super-spreaders for this one. But it doesn't correspond with the actual reality as measured in the studies that came out in early 2020.

And so, we shouldn't have acted as if that were the case. Restricting the lives of children was not a necessary precondition to protecting older people. Active focused protection measures were possible to protect older people without restricting the lives of children: that's the key thing. Children were essentially demonized, made to be seen as "grandma killers." And that was never the case relative to the scientific evidence.

Commissioner Massie

You've done a very interesting study early on to show that, in fact, the rate of the virus was much more prevalent than we initially thought. So is it possible that because children typically exchange their germs, if you want, more readily than adults— Is it possible that children would have generated a recovered immunity faster than adults because of the way they exchange?

[01:00:00]

Dr. Jayanta Bhattacharya

I mean, I think that's certainly possible. I think the key reason why children respond much less harshly to the infection by this is that children's immune systems essentially are pluripotent. They're designed to respond to new threats because almost every threat when you're a very young child is new. And so, they don't have the disease for as long; they're more likely to be asymptomatic. And it's very likely that they have it for a shorter time, and that's partly why they don't spread the disease.

You know, there's a really interesting study, which I didn't mention, but I think I wrote in one of my reports about the mortality risk faced by parents of young children. If you match them against adults of similar age who aren't exposed to young children all the time, they actually, in 2020, had a lower risk of dying from COVID. It's almost as if the parents are inoculated by the children with other, maybe, other coronaviruses. The mechanism is not clear. But the fact is clear that somehow children serve more of a protective role as opposed to a threat as far as infection from this virus goes.

Commissioner Massie

One of the things that actually triggered the mandate for the vaccine was the hope, I would say, that it would prevent transmission. There was no data to support that initially. And I'm not aware of any data showing that injecting a vaccine in the arm would actually prevent respiratory virus transmission. But then, when the Delta wave became pretty intense in the States, we had this statement by the CDC that the vaccine can no longer prevent transmission.

So is it because the initial strain, for whatever reason, was somewhat different and could actually be somewhat prevented by the vaccine? And the Delta was being more transmissible—then even more so when we saw it with Omicron—that the protection was completely overwhelmed by any possible way.

So do you think that this idea that the transmission was something that was potentially real from the get-go is something that was misleading—based on real-world data that we've got from epidemiology—and made us believe at one point that maybe it was working? What's your take on that?

Dr. Jayanta Bhattacharya

I mean, it's almost impossible to answer that question with any rigour because just as the vaccine was being released in December of 2020, the very first variant of concern was identified. I think it was the alpha variant, was what they called it eventually. The vaccine never was tested against transmission in the trials. That would have answered that question. And so, we don't know for certain if the vaccine would have prevented transmission for a very long time. We just know that it prevented symptomatic infection for two months.

What we do know is that the vaccine when it was used in the real world, within just two or three months after vaccination, the efficacy against infection dropped very sharply, again, in high-quality epidemiological studies. And so, the reality from the moment we started using the vaccine was that it wasn't, given the variant that was actually abroad in the world, it wasn't going to protect against transmission.

You could see this very early on in 2021. Heavily vaccinated countries and regions were experiencing big cases. I think the very first one I saw was in the Seychelles Islands. I think it was March or April 2021. They used the Chinese vaccine: they were 90 per cent vaccinated, or a very high per cent vaccinated, and they had a huge outbreak of cases.

There was another outbreak of cases in Gibraltar, again, heavily vaccinated; this time, I think, with the AstraZeneca vaccine. And of course, Israel in 2021 very quickly vaccinated a very large fraction of its population and then experienced a very large outbreak of cases. The evidence was there from within months of the vaccination campaign starting that the vaccine was not going to stop transmission, was not going to protect people from getting infected.

Commissioner Massie

In terms of protection against severe outcomes or death, we have indeed the study showing that the vaccine seems to have done a reasonable job. But with the, I would say, less virulent—or we think it's less virulent—Omicron strain, do you think that we have generated, or we can generate data to show that convincingly at this point?

[01:05:00]

Dr. Jayanta Bhattacharya

I think it would be very hard. I think a very large fraction of the Canadian population have been infected with Omicron. And as a result, most of the Canadian population— I mean all of them infected and recovered have recovered immunity. And so, with patients who have recovered immunity, the marginal benefit of the vaccine is going to be lower because the recovered immunity by itself provides a protection against severe disease and death.

There is a literature that suggests something called hybrid immunity: so if you're vaccinated and you have recovered immunity, COVID and recovered, you have a different kind of level of protection than someone who's just simply had recovered immunity or someone who simply had the vaccine. To me, these are like esoteric questions because the actual risk reduction from any of those is very, very high relative to the immune naive person. So that's why we're in such a different place now in April of 2023 than we were in March of 2020. Such a large fraction of the population has recovered immunity. Such a large fraction of the population has had the vaccine. We don't need to worry so much about COVID because of the durable protection against severe disease provided by those two facts. I think especially recovered immunity, it seems to me, is probably more important, but there are scientists that disagree.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Good morning. I have a couple of questions. And the first one is— You were talking about, I believe you said, that there's been some credible studies that seem to indicate that the vax does reduce mortality due to COVID.

And my question on that is— We've had a significant number of witnesses, prior to yourself, come on and tell us that there were issues with the vaccine from inception to putting it in arms. You know, non-aspiration. It was my understanding from the testimony that manufacturers recommended not to mix different manufacturers and that was done. There were issues with, or at least alleged issues, of quality control in the production.

And I would like you to comment on—in these studies that indicated or seem to indicate that the vaccine reduced the potential for death—were those production vaccines given to those test subjects the same as they were done to the general population? Or were they not necessarily the same production vial that Joe Black got at the pharmacy in Winnipeg?

Dr. Jayanta Bhattacharya

Yeah, so I can't speak to Winnipeg in particular. But I can say that the studies are based on population records. There are observational studies where they're tracking at scale regular people that had got the vaccine, for instance in Qatar or in Sweden or in Denmark or in Northern California where some of these studies were conducted. So it wasn't that they were like special test subjects. They were actually just regular people getting the regular vaccine.

I have seen, by the way, some of that literature, and some of it is actually quite concerning. I'm not surprised in some sense. The vaccine testing and the rollout was done at a very

rapid clip. Normally, something like this would have taken years and years and years of testing. And I can understand why. Like you have a big threat to especially vulnerable older people, you want to rapidly test and roll out a vaccine. That makes a lot of sense to me. And then it also makes sense that given the speed at which it's done, there are mistakes made that can happen and we learn things over time about how to administer, and so on. So none of that is surprising to me.

The key question to me is, given all of those mistakes, what effect did it have at the population level? Ideally, I would have liked to see a long-term randomized study done over, you know, not just where you track patients for two months but for a year or longer to see what the effects of the vaccines were, including the side-effect profiles.

That's not possible after December 2020, when they ceased those big large-scale trials. And we don't have any more of those large-scale randomized trials. The best we have available are these epidemiological studies that I cite in the Alberta report. And those are the kinds of studies that—

[01:10:00]

I work with the US Food and Drug Administration on vaccine safety, for instance. Those are very similar to the kinds of studies that I've done and conducted where the idea is to carefully match patients who've had the vaccine with patients who haven't as best you can, given it's not randomized. And then track them over time using passive data systems, like electronic health records, like medical claims. And then conduct this longitudinal analysis comparing the outcomes of patients who've had and who've not had the vaccine. That's essentially what those studies do. They're not perfect. They're not randomized. They're, unfortunately, the best we have.

Commissioner Drysdale

As a policy analyst—as you being a policy analyst, not me, by the way—my understanding of policy is when you examine issues or problems, you examine suggested solutions and, then, you try to understand how those solutions to that problem will affect the overall tapestry of our culture or our world in this matter. I mean, you know, we seemed to impose things that tugged on every fibre of our society. We locked people down. We isolated old people in old folk homes. We censored people. So we almost tugged on every single fabric of our society.

And my question to you then is, as a policy analyst, are you aware of any detailed cost-benefit studies on these things that were done in Canada or United States?

Dr. Jayanta Bhattacharya

No, none. And I think it was a malpractice, a public policy malpractice not to have done such a thing. Essentially public health acted as if all that mattered was COVID risk—and not just COVID risk but the spread of COVID—and adopted policies, tremendously destructive policies like lockdowns, like school closures without an eye toward any of the other so easily predictable social consequences and health consequences from those policies.

An honest and responsible public health considers both the costs and benefits, the harms and benefits from policies it recommends. It looks at public health holistically, holistically not in the sense that the World Health Organization only means it. Health is a very, very broad multifaceted thing. It's not simply the prevention of a single infectious disease. And

so, when you adopt policies that are aimed at simply the protection against a single infectious disease, you are almost automatically going to harm other aspects of health. And that's exactly what's happened.

Commissioner Drysdale

As a professional myself, I understand the importance of explaining to my client in terms that they can understand what exactly I'm talking about. You know, as a professional, yourself included, we can use all kinds of terminology that is normal to us that our clients can't understand. In this particular instance, and from what I observed, this was probably the most significant time where folks needed to understand what was going on in order to give informed consent. And you spoke a little bit earlier about efficacy and you talked about relative efficacy versus absolute efficacy. And you said, well, that was a reasonable thing to you as a professional. But what I'm asking you is— Do you think that the general public, when they were told that they [the vaccines] had a 97 per cent efficacy, understood the difference between absolute efficacy and relative efficacy?

Dr. Jayanta Bhattacharya

No, I don't. I think that a lot of times people use that 95 per cent number without actually telling people, as they should have, what the caveat is about that number. So for instance, I think the most important caveat is it did not measure 95 per cent efficacy against severe disease and death. It only measured efficacy for the first two months after the vaccination. Those caveats should have been told to the public at large.

You used the words informed consent. I think there was a mass violation of informed consent in the way that the vaccine was rolled out. The force applied to people to take the vaccines through the mandates: the social discrimination, the passports, and movement restrictions—all of that was a mass ethical violation at scale.

Commissioner Drysdale

Once again, as a professional, I'm trained to understand the difference between real risks,

[01:15:00]

weigh them against potential risks, and then decide on what an action is. And I thought what I heard you saying in a number of instances was that there were potential risks.

One of the previous witnesses talked about, and I apologize, I can't remember the name of the doctor who did the studies that said the whole world was going to die. Now, I'm **exaggerating that point. And then, there were studies by Pfizer that followed their test subjects for two months and then injected all of the placebo groups. So there was no placebo group past two months. There were doctors coming on TV that were telling us that the vaccines prevented spread when there was no studies on that. So to me, those were all potential risks.**

The absolute risks were you locked a child up in their bedroom for two months and they couldn't go to school and what the consequences of that might be. Or you took a dementia patient that we've heard testimony on in a number of instances where they just locked them up and abandoned them to die.

And I guess my question is— Is it not standard practice in public health or in the practice of medicine to understand the difference between absolute and relative risk and weigh those two things together and come up with an appropriate solution given those two different types of risk?

Dr. Jayanta Bhattacharya

In the public health world that I grew up in, I thought that was absolutely bog-standard. You would evaluate the evidence based on the quality of it: you'd prioritize high-quality versus low-quality evidence. You would try to understand the implications, the reasonable implications that could be drawn from evidence and not make inferences outside of what's reasonably inferable. If you had models, you'd check the models against reality to see if the models are actually doing well enough. You would think about a whole wide range of outcomes from a policy, not just simply the putative benefits of a policy but also the potential harms of the policy before you adopt it. All of these I thought were absolutely bog-standard in public health. And I think so many of those principles were thrown aside in the decision-making around COVID and COVID policy. It's been disheartening for me to watch as a public health professional.

Commissioner Drysdale

It almost seems that the fundamentals that we based our society on at almost all levels were ignored or trampled on here. You talked about censorship; you talked about public health, basic science. I'm a scientist, and in basic science, you observe something. You guess what you think it is. You do some testing; you develop a theory. And then you observe some more, and you take another guess. But science is a loop that keeps going round and round and round and round, the basic fundamental of everything in our technological life. And somehow, in this instance, we went around—we seem to have went around in a single loop. And then it became dogma. Is that something that you've observed before in your scientific career?

Dr. Jayanta Bhattacharya

Never. So my colleague, Martin Kulldorff of Harvard University, who co-authored the Great Barrington Declaration, at one point, I think in late 2020, he wrote that this was the end of the Age of the Enlightenment. And you know, at first, I thought he was being hyperbolic. But you know what? He was right.

Essentially, you had a scientific dogma, a relatively small, narrow-minded group of individuals with tremendous power who dominated the scientific life of the world for a time and didn't brook any dissent. When we wrote the Great Barrington Declaration, four days after we wrote it, the head of the National Institute of Health, Francis Collins in the United States, wrote an email to Tony Fauci calling me, Martin Kulldorff, and Sunetra Gupta fringe epidemiologists. And then calling for a devastating takedown of the premises of the Declaration.

I was subject to death threats, propaganda attacks, slander. I mentioned already the CBC slander, saying that I wanted to let the virus rip when, in fact, I wanted focused protection.

It was a systematic attack on the very foundations of science that operate exactly the way you say. You know, you have hypotheses. I would just add one thing to your excellent description of how science works with logic and hypotheses and experiment. It happens in conversation with others who disagree with you. In my experience in my scientific life, I've

learned a tremendous amount from people who disagree with me. It's how science advances. And when the disagreement results in an experiment where one idea is proved right and one idea is wrong, that's exactly how science advances. If you don't brook disagreement in science, you're not doing science.

[01:20:00]

Commissioner Drysdale

Yes, I mean, science is a combination of many minds, not one. And so that's the evolutionary process, if you will. If you're a single monolithic solution to a large problem, everybody's at risk by whether it's correct or not. You have multiple solutions and you have multiple opinions, you're protected. Thank you.

Shawn Buckley

Are there any more questions from the commissioners? There are, okay.

Commissioner Kaikkonen

When I think of the principle of content neutrality in defining the scope of section 2(b) of the *Canadian Charter of Rights and Freedoms*, as I recall, it's no matter how offensive or unpopular or disturbing a comment might be it still needs protection. But here we're speaking about a bias against truth. Can you comment?

Dr. Jayanta Bhattacharya

I have to say, in 2020, it seemed to me like the basic protections for free speech in the United States and Canada were essentially thrown away. The United States, the First Amendment seems to have made some comeback here. And I still have some hope that our lawsuit will succeed. I'm very worried about Canada. My experience in the Canadian lawsuits that I've been involved with—one in Alberta, one in Manitoba against the lockdowns, and then another in Montreal—I have seen very little inclination from the Canadian courts to protect those basic charter rights.

You're absolutely right. This is even more fundamental than somebody just saying bad words on the internet or something. Although I think those are free speech rights that ought to be protected.

What you have here is a fundamental suppression of scientific discussion. And it was a suppression both directly with direct censorship efforts but also by smearing and demonizing people who disagreed with the narrative. Credentialed people, doctors, scientists, where the idea was to—in the minds of Canadians just watching CBC—for them to think that, okay, these are the bad guys; the public health authorities who are making all these lockdown decisions are the good guys. And you should just ignore them because they're fringe, they're outsiders, they're somehow underqualified. Although, I mean, the key thing to me is that kind of idea is dangerous not just from a legal perspective—where you violate fundamental civil rights of peoples, which it absolutely is—but also from a public health perspective.

When public health authorities make mistakes, you have to permit dissent. You have to allow that kind of correction to happen. And if it's going to happen from the outside, where else would it happen if you have a monolithic public health authority that's speaking in one

voice? You can't simultaneously allow that public health authority then to control the organs of the media and allow it to demonize opponents, not with logic but essentially by drowning out or by de-platforming. But that's unfortunately what happened. And I think it harmed the health of Canadians.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

Dr. Bhattacharya, it appears that the commissioners are finished with their questions and I'd like to just on behalf of the National Citizens Inquiry sincerely thank you for taking the time to share with us. Your testimony is greatly appreciated as we jointly just try to find out what happened and figure out how to proceed and heal as a nation. So thank you so much for your contribution.

Dr. Jayanta Bhattacharya

Thank you so much.

[01:24:03]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 3: Deanna McLeod

Full Day 1 Timestamp: 05:43:22–07:18:47

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Wayne Lenhardt

Thank you, Shawn. I'm not completely up on your technology here, so this is going to be a virtual witness. Have we got that teed up, Shawn?

Shawn Buckley

Yep, she's right here.

Wayne Lenhardt

Oh, here she is.

Shawn Buckley

You start asking her questions, and she's good to go.

Wayne Lenhardt

Oh, there we go, yeah.

I have a CV for you, Deanna, and it's fairly impressive [Exhibit WI-7]. It goes back all the way to 1991 where you've published articles and done research and whatnot. I don't have your degrees though, so perhaps you could tell me what those are. And then we need to go through the little formality of swearing you in as a witness.

And it looks like you've got some interesting topics to share with us.

Deanna McLeod

Yes, for sure. So you asked about my educational background. So I studied at McMaster University, which is the home of evidence-based medicine and was trained as such. My focus was in immunology and cognitive psychology. So that's pretty helpful these days. And

I basically, instead of pursuing the degree of pre-med, which I trained for, or medicine, which I trained for, I actually shifted to the pharmaceutical industry and spent ten years there. So that's a little bit about me.

And did you want to do the swearing in?

Wayne Lenhardt

Okay, so the formality is, can you give us your full name? And perhaps spell it for us for the record.

Deanna McLeod

Sure. My name is Deanna McLeod. That's D-E-A-N-N-A. McLeod is M-C, capital L-E-O-D.

Wayne Lenhardt

Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth during these proceedings?

Deanna McLeod

I definitely do swear to tell you the whole truth to the best of my knowledge and abilities.

Wayne Lenhardt

I see that you've given us six topics that you'd like to cover. I think we have an hour to do that. So one of them is Pfizer six month data; second is safety surveillance issues; trial data for children; omicron boosters; and conflicts of interest. So I think what I'll do is just turn you loose to give your testimony.

The commissioners may have some questions. So if you're going to change topics on us, perhaps we could stop and see if there are any questions. And if not, then we'll just proceed to the end of your time.

Deanna McLeod

Okay, well, thank you so much.

Wayne Lenhardt

The floor is yours.

Deanna McLeod

Okay, great, thank you. I'm just going to share my screen here. Let me know when you can see it.

So the topic that I'll be addressing today— I believe I'm going to be testifying a few times, but the one that the Inquiry had asked for me to look into today, or the one that I wanted to pursue today, was a combination of conflicts of interest as well as the safety of the COVID-19 vaccines. And I believe that there's been probably a number of presentations addressing safety: Safety issues, maybe in the form of a patient, somebody who's been vaccine injured.

Or perhaps a number of very capable scientists who've come in and looked at adverse event reporting databases.

What I'd like to do is, I'd actually like to dial back a little bit. My particular expertise in the last 20 years has been in preparing evidence-based guidelines. My firm, which I started in 2000, works with clinical oncologists, people who treat cancer. And we work with them to survey the literature, analyze clinical trials, and prepare guidance documents in the form of either systematic reviews or clinical guidelines that basically help them guide therapy.

And so what we do is we apply the practice of evidence-based medicine. So we look at a clinical trial. We weigh the evidence. We survey the doctors that we're working with to see the degree of consensus. And then weighing a combination of the level of evidence and the degree of consensus, they'll make either a strong or a weak or not so strong recommendation. And so we're very, very familiar, my team and I, in weighing evidence and analyzing it.

And so what I'd like to do today is I'd like to take you through the evidence that these vaccines are safe because our public health officials have been claiming that they're safe. And also, interestingly enough,

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I know Shawn's on this call. I've taken a deep dive into some of the regulatory issues that explain some of the safety data that we've seen in the COVID-19 crisis, the COVID-19 moment. And so I'd like to have a conversation about the connection between those two things.

And at the very end, what I'd like to do is bring people's attention to the fact that Health Canada is proposing further amendments to the Food and Drug Regulations in order to expand the capacity to push through drugs like novel technologies, like the COVID-19 vaccines, via a back door that they created in 2019. And so what I'd like to do is just show you what a change in regulation means in terms of side effects. And then, maybe, loop back and talk about how the proposed extension to the regulations or the further proposed amendments, what that may mean for Canadians.

So with that very long-winded introduction, I'm just going to jump right into it. I'm going to call this regulatory responsibility.

I am not a lawyer like Shawn who is familiar with regulatory stuff. But we do consider regulations and the burden of proof when we're weighing evidence to prepare a guideline. And so I have a working knowledge of that area.

But one of the things that I'd like to emphasize right away is that our current system is based on testing to prove something. So in this context, when we're looking at the COVID-19 vaccines or perhaps the changes in the upcoming regulation, what we need to know is understand historically, especially as it relates to vaccines, what the standard for testing is. And so the standard for testing at the very top is anywhere between one to ten years. We surveyed the literature. And we basically noted that each step can vary in terms of its time. But in general, there's a sequence of steps that are always done in order to ensure safety. And so I'm just going to walk you through those right now.

The first one is in vitro and animal model studies. So that's called preclinical, so before clinic. Before it gets into people in the clinic, you do extensive animal testing. And some of

these tests can take up to three years. And generally speaking, you want to demonstrate safety in things that aren't human so that when you do proceed to humans in clinical trials, you know that there's a degree of safety. And that you know what to expect and what not to expect to some degree that you can then design your studies in order to be able to monitor potential safety issues. And so you test safety in cells, tissues, and animals before you move on to humans. And that has been one of the cornerstones of our clinical development process.

And so, when a regulator, Health Canada, wants to consider approving a drug, the pharmaceutical company or the manufacturer will submit a dossier of clinical trials. And they'll need to prove, generally speaking, that the preclinical data doesn't show any concerning safety issues. And then when they go to clinical trial, the ethics boards will allow them to go to a clinical trial to see— If the preclinical data is sufficiently safe or if there's no safety signals, then they'll allow them to go to a clinical trial. And they'll make sure that that clinical trial is appropriately designed in order to be able to monitor potential safety signals that showed up in the preclinical data.

So the other principle that applies when we're doing clinical research is you start with Phase I studies. And generally speaking, in my particular area, a Phase I study could have up to 20 patients in it. And so you test a new drug in a very, very small group of patients. And then you work your way up. A Phase II study could be 20 patients, could be a little bit more. Especially if it's looking promising, they might add it to about 80 patients.

And then a Phase III trial, depending on what kind of study it is, whether it's treatment or prevention, will have either hundreds or thousands or tens of thousands if you're looking to try a novel technology in humans that are healthy; so, you need to test it in a greater and greater and greater sample, depending on how many people and how healthy they are. Because what you want to do is you want to make sure that there's no risk of drug injury when you're looking at these particular drugs

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and whenever you're considering the data.

So the principle then is extraordinary caution and careful study over time in order to ensure that when you start to roll something out to the very broad population that all of the possible safety signals have been detected, not only in the short term but over time. And so you can see here that this band, vaccine development, has taken up to about 10 years at times. There have been rare cases where we've seen that time frame compressed to five years. A lot of people would say that that's a great success because they got a helpful vaccine out onto the market earlier. But every time we compress the timeline, we basically **sacrifice or compromise on long-term safety. Because there's no way to figure out the safety of something in great detail and to fully characterize a safety profile if you've only done it in a short time. So that's one of the principles.**

And so when Health Canada looks at a submission or a dossier that's been submitted for review, they basically look to make sure that each and every one of those steps has been carefully checked; that over time, there aren't any safety signals and that all the steps have been carefully done in order to be able to ensure at the end that you can say that something is both safe and effective.

And I was mentioning, too, that you want more study and more time when you're considering using something in a healthy population. And also, you would want to have

more study and more time when you're considering novel technology: novel meaning you don't know very much about it; you haven't used it in very many areas; we don't have very much experience with it. And also, you want to be able to be careful and more cautious when you're using high-risk products, products where there's a known adverse effects profile.

So with that said, there's Shawn. I actually put your picture in there, Shawn. Basically, this is something that he wrote that I read recently. And it's the test that you would need in order to be able to allow for a drug to be authorized in Canada. And so he's, of course, given many presentations on this. And so I don't really want to go into it much further than to say that in order to get authorization to market a drug in Canada, a manufacturer must meet the test that a drug demonstrates both safety and efficacy and that the benefits outweigh the risk. And so just with that in mind, that is our prudent, cautious, regulatory framework, which sets a very high standard and protects people from potential drug harm by having that high standard.

I just want to step into my particular area, which is this hierarchy of evidence. And this is going to make some people's eyes roll back. But it's very important to know that not all science is the same. And I know that through the COVID-19 pandemic and the COVID-19 crisis, you've got a lot of politicians sitting up and saying, "We're following the science. If you don't follow the science, then you're, you know—fill in the blank." But it is really, really important to know that not all science is the same: not all studies are the same, that you have different types of clinical trials and different types of studies. And each study can do different things.

But there's only one study that can ever prove something and that's the gold standard, that's a randomized controlled trial. And it's considered Level 1 Evidence or the highest level of evidence. And so what we want to see and what we look for when we're setting guidelines is Level 1 proof that something is safe and effective.

So what that means for us is that you have an investigational agent that's been compared to a standard of care. The comparator is very important, ideally. And that it shows that it improves outcomes for clinically meaningful benefit. So for instance, if you want to try and save lives, something that makes your skin clear is not going to be a clinically meaningful benefit. Or something that works for a short time, but doesn't work in the long time, that's not going to be a clinically meaningful benefit. So you want to make sure that the study is properly and appropriately designed to show a clear benefit in an area of clinical benefit.

So, with that said, Health Canada, generally, at least in the area that I work in, in cancer,

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relies very, very heavily on Level 1 Evidence in order to seek approval. There are very few circumstances when they'll give access to a drug or market access to a drug for less evidence. And then there's lots of follow-up that's required in terms of safety monitoring. But generally speaking, Level 1 Evidence is the standard that is used to ensure that any product that enters the Canadian market is both safe and effective and the benefits outweigh the cost. And that is really rooted in the Hippocratic Oath, which is to first do no harm.

And there was a time at which there was considerably more deregulation, where regulations were much more flexible. And basically, a drug called thalidomide was promoted. And that drug basically was intended to help relieve morning sickness for

mothers. And it was considered safe or it was purported to be safe. It was approved and given to a large number of women, so it was widespread use. However, it hadn't been proven safe. So when these babies were born, they had limb malformations. And so that led to considerable regulatory reform in Canada, U.S., and the U.K. and the establishment of the precautionary principle: being careful, overly cautious when it comes to drug approval so that we avoid any undue harm, as in these children who were born with unusable, at times, arms and legs.

So I'm just going to shift gears and talk about biologics. We deal with biologics all the time. And they basically are types of biological products that are used, at least in the area that I work with, to treat cancer, for instance. So they can target a given receptor or a small molecule that acts to shut down a pathway or turn on a pathway, depending on what we want to do in terms of treating cancer.

But one of the things that is very, very clear when the biologics first began to be used, almost two decades ago, was that considerable caution needed to be applied because it is understood that the risks related to these drugs can be serious and life-threatening. So biologics would be classified as high-risk drugs. And therefore, the burden of proof needed to ensure safety is higher than, for instance, a drug that has very few side effects.

So then, an abundance of caution basically characterizes our approach to biologics. And of course, in cancer we have the desire to help people because sometimes they have advanced cancer that might very well progress and result in the death of the person who has it. So then, what we want to do is we definitely want to experiment in considering novel technology or new biologics because they have such promising outcomes. But at the same time, the last thing that we want to do is add to the burden of disease of somebody who already has cancer. And therefore, there's an extraordinary push to make sure that these biologics are safe before use. And I've added a little bit of a note there, including gene therapy.

So gene therapy is one of the highest-risk biologics that there are. And the FDA basically requires that up to 15 years of long-term safety study be used when looking at gene therapy. That was the standard that was set out by the FDA, and it has been set out. And so in cancer treatment, there are a few areas where gene therapy is being developed. However, because it's so risky and because the safety profile can be very diverse, difficult to detect, and that safety issues can happen long term, it hasn't really moved forward in any considerable fashion. And so again, when we're considering the precautionary principle, the area where we should be the most cautious would be if we're using something like gene therapy, which is one of the riskiest or highest-risk biologics,

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in populations which are otherwise healthy.

So I just want to talk about a loophole that I discovered in reading a number of different papers recently. And this is the one that Shawn has mentioned at different times. But a loophole was created in our regulatory framework where the standard is that you prove safety, efficacy, and that the benefits outweigh the risks. Probably as early as 2016, a powerful advocacy group started championing for changes to our regulatory framework in Canada. And this is a paper by Ruhl. It provides this amazing timeline where there was an Advanced Council for Economic Growth [Advisory Council on Economic Growth] that was founded by our standing government in 2016.

And so the mandate of that economic growth group, think tank, was to basically figure out how you could grow the Canadian economy. Out of that particular think tank came six what we would call economic strategic tables or economic tables. The health and biosciences and economic strategy table is one of them. And the goal of that particular group was to sit down and say, how can we grow the health and biosciences sector in Canada?

So I just want to mention to you, at this point, that this has nothing to do with regulation and clinical treatment. In the sense that it is the pipeline for novel treatments, but the goal here is an industry, for-profit, motivated group that is basically now going to say, well, if we want to attract investments to Canada in the health and biosciences area, if we want international groups, global entities, to invest in Canada in our economy, then we basically need to initiate these conversations. And in the conversations, one of the things that came forward was that Canada has these pesky little barriers to innovation called high standards and high regulatory standards. And then basically, this group put out a report. And the report was designed to basically revamp or create a loophole in our regulatory framework that would allow novel therapies, as yet fully undescribed, not fully characterized, to get through a back door in our regulatory framework.

And so the pathway for creating this loophole was basically introduced through an omnibus Bill C-97 that was pushed through at the 11th hour in December 2020 by our standing government. And basically, the goal of that particular bill was to allow for an exception clause. It's like a loophole, an exception, a back door whereby the minister could designate certain drugs as exceptions to the rule. And that they could go through a different type of pathway. Not that 10-year pathway that is so pesky and a deterrent to innovation in Canada, but a pathway that is allowing them to do a number of changes. I'm just going to say what they are: so adaptive clinical trial design is one of them; rolling reviews, which is taking early looks and considering approvals based on early data; and the last one would be changing the terms and conditions of authorizations. So those are kind of three crazy words.

What happened shortly after the passing of that particular bill is that late in March 2020, the data for the COVID-19 vaccine was ready. And so the minister of health issued an interim order that enabled the COVID-19 vaccines to access this expedited pathway. So there were at least two orders that I identified. The first one was authorizing the change to clinical trials. So that's the adaptive clinical trials.

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And the second one was allowing them to start with rolling reviews. There were a few others, for instance. But I don't think that they relate so much to the safety issue, so I won't get into those too much. So basically, what that did is it allowed them to fast track this COVID-19 vaccine, clearly because there was a perceived public health emergency, so that they could get this novel technology, this novel therapy, onto the market to, of course, save lives.

So that's the little bit of backdrop behind that.

So this is the Honourable Jean-Yves Duclos. I've just put his brief bio up there. It's nothing too much. But I want to emphasize that Yves Duclos does not have a medical background per se, but that he is an economic expert. And one of the things that we need to consider when we're looking at guidelines is we're always very, very sensitive to what we would call a conflict of interest. And a conflict of interest is when somebody who has something to gain potentially financially, politically, career-wise, influences a guideline or a

recommendation process or participates in the development of something that would then lead to them profiting long term.

So we've already learned that our government had an intention to grow the economy and that that was the impetus for regulatory reform. It wasn't because our regulatory system wasn't doing a good job keeping people safe. It was because it was a corner of the government that basically wanted to grow the economy and wanted to attract investment from global entities. And therefore, at the behest of that group and those people who are going to profit from these regulatory reforms, Mr. Yves Duclos, who's an economic expert, basically allowed the process of regulatory reform to actually begin. And he's the one that issued the interim order that allowed the first product to go through this new framework and access this pathway of expedited review. And this is a little bit of a—

Wayne Lenhardt

Could I just ask you a question, please?

Deanna McLeod

Sure.

Wayne Lenhardt

Was there any mechanism for fast tracking this type of a vaccine prior to Duclos doing this?

Deanna McLeod

That's a really good question. So in my particular area, which is cancer, there is something called an NOC/c, Notice of Compliance with Conditions, which is kind of like this pathway. But it's used very, very exceptionally and only in small groups of people with very rare diseases where there's no other option.

Wayne Lenhardt

Okay, was it ever done in the past, or was it ever used in the past?

Deanna McLeod

So the Notice of Compliance with Conditions has been used for rare diseases in the past. But this particular regulatory loophole, this back door that was created, the COVID-19 vaccines were the very first novel, or what they would call "advanced therapeutic," to move through this system.

Wayne Lenhardt

Yeah, the timeline is fascinating here.

Deanna McLeod

Yeah, it is.

So this is just text from the announcement about this advanced therapeutic pathway that they created. And, you know, small text, and we don't have a lot of time. But I do want to highlight a few things.

So one of the things is they want to ensure high standards of patient safety, product quality, efficacy, and effectiveness. So that's stated in their, uhm, thing. But before the safety bullet, you can see that they want to maintain an appropriate yet flexible, i.e., being able to lower the standard or increase the standard, depending on what they would like to do, regulatory oversight. Or maybe we'll have some oversight, or maybe we won't have some oversight. So the flexibility and oversight are the things that are emphasized here.

And then the second one, which should be very concerning to everybody, is the second bullet point to promote innovation. So that is not a health-related outcome, whenever you're considering that the impetus for this change is because there's a group of people in Canada that basically want to increase their profits and draw business to Canada.

Now, in the actual document, and I don't have that here. One of the things that they say is they want to— This flexible regulation, what they're saying is

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they want to move beyond. "Beyond" meaning, they want to do away with the gold standard randomized controlled trial. So we need to translate that and say, "We don't want to have to prove that something is safe and effective or that the benefits outweigh the risks when we're seeking authorization of our products. We want to be able to move our products through, and we want you to give us a regulatory nod, even if we haven't proven them to be safe and even though the benefits don't outweigh the risks."

And I want to highlight the last one: Reduce barriers to bringing ATPs to market. So the barrier that they're referring to is they say, "We want to reduce the regulatory standards that we need to bring these advanced therapeutic products to market in Canada." And when they position it as— We want these products to get to patients in need, faster, right, and so, they put themselves in the position of champion and people who are life-saving. However, one of the things that everybody needs to understand is that the difference between early market access and late market access for a pharmaceutical company can sometimes be billions of dollars. So, if you can think about the billions of dollars that were earned by the COVID-19 vaccines by the pharmaceutical companies before they actually even received regulatory approval, will give you some reason why this would be in the interest of pharmaceutical companies.

And I also want to just pause and mention that, you know, when we were thinking about the cancer patient—so even somebody who has a very severe disease—if you push through a novel therapy and it's harmful, then you haven't helped that person at all. What you've done is you've added to the burden of their disease by adding adverse events or injuries to **the burden of the disease. And so that is not helpful at all. The only way that we can actually help somebody is if we prove that what we're giving them is beneficial and that the benefits outweigh the harms. And that even then, if there is a risk-benefit ratio that that is clearly articulated to the person receiving the agent so that they can make an educated and informed choice about whether they feel that it's warranted or not. That's not something that can be imposed by somebody else.**

So just to finish up on this particular slide regarding this advanced therapeutics pathway that they initiated. What they're asking to do is they want to prioritize innovation over safety. So you can see that innovation over safety. And they want the safety standards to be flexible. They don't want to have to always prove safety. They want to kind of, maybe, put something through and then just hope for the best, or something like that. Or, maybe, you

know, try and figure out a way to measure safety after people have been injured or to assess the degree of injury and then make safety calls. So it is really, really important to say that there is absolutely no way that you can be helping people if you're pushing through unsafe products, and especially, because it profits pharma.

So let's take a look at these products that they push through, the first one that they push through in this particular pathway. So again, whenever we're thinking about how rigorously you want to review something, how rigorously you want to study something, the degree of the standard that you want to set in order to put something through, you need to think about the nature of the product.

So I have here that the COVID-19 vaccines are genetic therapy, gene therapy. They're basically things that teach your body: They introduce mRNA, which is basically like an instruction manual. That mRNA gets delivered through these little lipid nanoparticles into your cells. The lipid nanoparticles are designed to go everywhere in your body and to cross protective barriers that your body has there for a reason so that things can't get into there. And then they introduce these instruction packets into your cell. And they teach your cells to produce a known pathogen. A pathogen means something that is known to cause disease, which is the spike protein.

So it basically introduces a pathogenic protein into healthy cells. And when your cells, basically, express this protein, it goes and sits on the outside of the cell. Then your immune system sees that cell and says, "This is a foreign cell. I need to basically attack that cell." So basically, what it does is, it is something that's engineered to cause your body to attack healthy tissue.

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It would be very hard for me to understand how this could be helpful for anybody who's healthy. However, that is the nature of the product. It's a biologic product that is basically introducing mRNA that causes your body to produce harmful proteins.

It was known before in the early data that, and we also know this for sure now, that even in the very, very early studies that this could cause clotting. And it is very easy to measure clotting or the potential for clotting in the blood before clotting actually happens, called a D-dimer test. We also know that it causes inflammation.

So based on all of these things, what we should have been doing is putting this into extensive years of testing to ensure that we can produce something that is very safe by careful study. So careful study. Then at the end, when it passes the test, then we can call it safe.

However, what they were able to do is they've changed the test for approval for this particular thing, for approving the COVID-19 vaccines. And now, you only have to have sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks. So there's a little bit of word gymnastics there, as Shawn has mentioned many times over. That now, you don't actually have to prove safety or efficacy: remember flexible studies, flexible standards. You just have to produce some evidence that would support that conclusion, so the bar has been dramatically lowered. And this means that now, potentially high-risk, unsafe products, under-tested products, are going to be hitting the market and being delivered to people.

The thing is a public health need. And of course, there's no objective criteria to say what a need is. And anybody can generate a need for something, depending on how strong the media campaign is. And, in fact, a normal part of a marketing process is to develop need, to

highlight the need of your particular drug. And that's, you know, in the clause here. So it doesn't actually have an objective standard. It just has a subjective standard of need. And this is straight from Shawn's excellent presentation. I recommend everybody look into his work.

Basically, there was a clause in section 2.1. And I read this, this morning, and I thought was really interesting. It basically prevents the minister from revoking the authorization. So they're going to lower the standard to this potentially high-risk, novel biological therapy. They're going to give it to healthy people because it's a vaccine. That's what that means. And then, they're going to make it so that they can't pull it off the market. And in addition to that, leading up to this particular interim order, they had actually given the vaccine manufacturers indemnity, meaning you can't actually sue them if they were found to be harmful. So I don't understand why somebody who is priding themselves in the ability to brew safe therapies that are going to help people would need to have indemnity. So that would make me think twice right away.

So let's just take a look at the COVID-19 vaccine and the development sequence. So you can see here that whereas the norm would be 10 years at the outset— And we're going to be trying a novel biological therapy, high-risk, with known adverse events, then I would say that the appropriate thing would be 10 years if not following the FDA guidance of 15 years of testing. But what this interim order allowed them to do is go in the back door and do one year of testing. And what that meant was they did minimal preclinical testing, meaning they didn't take very much time to figure out if it was going to be toxic to humans before they threw them in clinical trials and started experimenting on them.

I'm not sure who the ethics review board was that allowed that. But that's what happened. They were able to combine Phase I, II, III trials. So you know, this step here: the Phase I/II was combined. You can see that here. And then basically, the Phase III studies were conducted for about two months or so before they took a sneak peek at the data. Which is what you call a rolling review. You can get an early look at the data, preliminary data. And then they basically were able to make a call as to whether to authorize it, which they did after two months of study in clinical trials, in a randomized context. Then they dismantled the clinical trials.

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We'll get into that in a little bit. And now they've been allowing these drugs to be used by people without any active monitoring. I'll get into what active monitoring means in a little bit.

But just a couple notes on the preclinical testing and what you'd want to see and what was done. So what you want to see is preclinical testing on two appropriate animals, so two animals that are similar to humans in the main mechanism of action. So that would be here, with the similar ACE2 receptor expression because that's the little receptor that the virus gets through. So here, instead of having two appropriate animals, they use two studies on rats to do a toxicology, meaning, is it toxic to the cells or is it toxic to the rats?

And some would argue that rats were not the appropriate match for humans and, therefore, would not have given a very good assessment of what safety you could expect in humans. And so some would critique that the only preclinical studies that they did was those toxicology studies. And then they did some about effectiveness of the drug.

But in terms of safety, they did the toxicology studies. But they didn't do it in the right model. And they should have done it in two different models. And the other really important test that you want to do before you start experimenting in humans is something called reprotoxicity, meaning they want to figure out if it's going to be toxic to your reproductive cells; teratogenicity, which means, is it going to cause deformities? Genotoxicity: is it going to affect your genome, your DNA? And oncotoxicity: is it going to cause cancer?

And so, of course, when I was looking at the data, I was very cognizant of the fact that they didn't do any oncotoxicity data. So they're using a biologic, which we use all the time to— We know that biologics can either activate or deactivate cancer pathways. But they didn't bother to test whether this agent could activate biological pathways, cancer-causing pathways, before they rolled it out. Before they started testing in humans. And even to this day, I don't think that there's any oncotoxicity studies that they've used. And so we may not know. But the key thing is that the reprotoxicity studies and the teratogenicity studies were ongoing at the time of authorization.

So not only did they—the authorization of clinical trials—they basically allowed them to start testing things on humans before they actually did the proper assessments to make sure that the products were safe. And to my knowledge, at least at the time when they started rolling it out to the general public, they hadn't done the genotoxicity studies or the oncotoxicity studies. So I don't know how carefully they've looked at this issue of whether these vaccines can be causing cancer before they started rolling it out to healthy people. And that is a really big issue.

So let's take a look at the study that they designed. And one of the things that you need to remember is just because you do a randomized controlled trial, doesn't mean it's a good randomized controlled trial. And it is only as good as how it was designed to assess the data. And I just want to highlight a few really key things that are really important.

So we know that COVID-19 is really a disease that affects the elderly and the immunocompromised and maybe people with comorbidities. And they tested this particular drug in people who were healthy. So you cannot get any sense of whether the drug is going to be toxic to a frail elderly person or a person with comorbidities if you're testing it in healthy people. So the only data that they had when they rolled this out was data in healthy people. And so, therefore, they rolled it out to high-risk groups with very, very little data. They had some elderly patients. They had a very small part that had comorbidities. But for the most part, it was untested, completely untested, in high-risk groups based on the Phase III trial that they used.

I'm not going to get into too much more. All that I want to do is I want to say that the only measurement that they used, the ultimate measurement, was basically, did it produce antibodies seven days after the second shot? So that's called a point-in-time analysis. And so the benefits of the vaccine were only ever measured in one point of time. And nobody knows if they were helpful or harmful leading up to that point in time or if they were helpful or harmful after that point in time.

So, to approve a drug based on one time point is outrageous.

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And in terms of safety, they only actually followed people up for about two months. So the safety data for all the people hadn't been actually even collected and organized by the time they wrote their first report. And based on that preliminary safety data— Remember that I

would have wanted to see 15 years of study for a novel technology like this, and they have two months. Well, let's just say a year, and their randomized controlled trial, which is the only way to prove safety, was ongoing for two months. So this is what this interim order allowed them to do. It allowed them to take a sneak peek at this early data. And then basically say, "The house is burning. We need to approve this drug and get it to people so that we can save lives," all the while pushing through an extremely high-risk biologic. And giving it to healthy people.

Now this is just a little bit of the profile of the people that I would have been looking for. I would have wanted to see extensive testing in these groups. So again, we talked about the fact that they tested the wrong population. But I would have wanted to see testing in people with comorbidities. Because we know that if this particular agent activates pathways for inflammation, then people with comorbidities, which generally have high inflammation backgrounds, might have more side effects than, for instance, other people. So I would have really wanted to see a lot of good, careful study in people with comorbidities.

Teens and children: I would have wanted to make sure that this is not going to cause cancer and that this is not going to cause infertility in this group of people. So I would have wanted to see extensive testing in small groups of people before we rolled it out.

Pregnant women/babies and being developed: Extremely sensitive time of life and any significant changes during that time could cause considerable long-term harm. I would have wanted to see extensive safety testing. They weren't even included in a randomized controlled trial.

The frail elderly: Almost anything that's toxic could kill a frail elderly person. They were not well represented in the trial. And then, these were rolled out en masse indiscriminately in our long-term care facilities as a means of protecting them. So we're giving potentially harmful high-risk agents to frail elderly people.

And then again, the COVID recovered: Because these people's immune systems have already been activated and can identify the pathogen. So it would be reasonable to think that they're going to have a stronger immune response.

Again, we've talked about the preclinical. They didn't do the oncotoxicity, the repotoxicity, the genotoxicity. So how we could ever even conceive of giving these to people of childbearing age or children is beyond imagining. Again, the standard based on the FDA's own guidance is 15 years of testing. We did seven months.

And what I want to talk about now is that, again, we knew that there would be cardiac harm. So we could have been measuring troponin levels to see if there was any type of damage to the heart at a subclinical level. We knew that coagulation was a problem. So we could have been looking at D-dimer levels. We knew that inflammation could have been a problem. So we should have been looking at the C-reactive protein. These are all ways of measuring to make sure that people are not being harmed. But these were not done in the clinical trial. So what that makes me understand is that these people didn't want to find a safety signal.

Again, seven days. So reactogenicity, which is the immediate reaction that you get after a vaccine, and that was the only very careful monitoring that they did. And they only did that for seven days. So why did they only measure it for seven days? Why didn't they measure it beyond seven days?

How do we even know what happened after seven days? How do we know that there's not toxicity that shows up a month later or six months later? But the careful scrutiny only really happened for seven days.

So again, what that tells me is they didn't want to. This is a study that's designed not to find safety issues. They monitored severe and serious symptoms. So if somebody reported something and said, "Hey this happened just after the shot," then they would monitor that. But that's different than actively monitoring them where you solicit things: "Did you have any cardiac problems? Did you have any inflammation process?" et cetera, et cetera. So they weren't actively engaging the patient to find out if there were anything above and beyond just immediate flu-like symptoms.

So again, the moment they approved the vaccine, they basically dismantled the randomized controlled trial. This is a trick that people use in order to be able to, again, hide any type of long-term safety issues,

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by dismantling the placebo group. Which means that you unblind the trial, and you offer the placebo group the vaccine. You then send everybody over, and I think that it's up almost 89 per cent of the people in this particular trial went over to the vaccine arm and proceeded on. So then basically, what they did is they dismantle; that's like hiding the evidence. There's not going to be any evidence that there's going to be long-term safety issues.

So I mean, I have no idea what's in the mind of these people who designed this trial. But if I were designing a trial where I wanted to hide the bodies, where I wanted to hide safety issues, this is exactly how I would do it. I would make a decision based on early testing, dismantle my clinical trial, and only do the bare minimum of safety testing and reporting in order to be able to move my product through.

So let's take a look at the side effects profile again. So this is seven days after the second dose, and this is the Moderna vaccine. Now the safety profile for the Pfizer vaccine is practically identical, so I didn't bother putting that in here. But I just wanted to show you that these adverse events here—adverse events are the side effects that happen, fever, headache, fatigue, myalgia, arthralgia, nausea and vomiting, and chills—those are the symptoms of COVID.

So the reason why we're giving the vaccine is so that people won't get clinical symptoms related to COVID, so COVID-like symptoms. However, in giving this vaccine, they basically **cause COVID-like symptoms. They cause the very thing that they're trying to avoid from a clinical perspective in more than 75 per cent of the people who received it. And of those people, 55 per cent of them got so sick from receiving this vaccine, this genetic therapy, this biologic, that they couldn't carry about their daily activities. So more than 50 per cent of the people that got this particular drug after the second dose were so sick they couldn't carry out their daily activities. Fifteen percent of them, they were basically lying in bed and unable to move. They were completely prevented from carrying out their activities.**

So you take healthy people, especially people who don't have comorbidities and aren't elderly. You take healthy people who can easily get through COVID, and you cause 55 per cent of them to be so sick that they can't carry out their daily activities and 15 per cent to be so sick that it prevents them from carrying out their daily activities.

So when we're looking at biologics, when we're studying them, we always look for the red. The red here, it's called the Grade 3 toxicity. And if you have a Grade 3 toxicity, you judiciously, you very, very, very carefully only ever give it out to people who it's been proven safe in. And you would only give it to very high-risk groups where the risk-benefit ratio is highest.

However, with a drug that we know is causing the very thing that it's saying that it's being given to prevent and that it's causing a severe manifestation of it in more than 50 per cent of the people, they actually called this safe. And the way that they got away with that is because they didn't call it a clinical outcome. If we were looking at clinical symptoms as a clinical outcome, we would have said, "This is causing COVID-like symptoms. This is causing the very thing that we want to prevent." What they called it was reactogenicity by adding a creative label to it, just saying it's the thing that happens after you get the drug. Everybody said, "Oh, reactogenicity. We don't need to worry about that." But in fact, the reaction to this drug is so severe that I would have written a strong cautious recommendation in a guideline that we would be developing, saying that this should not be given to anybody who's frail or elderly or anybody who is concerned.

So the fact that they started giving this to healthy people, including people of childbearing age and teens and children, is incredible. So just to note, this is what they were doing. So severe adverse event interferes with daily activity, requires medical care and an ER visit or hospitalization. So this is what somebody looks like if they've had a severe reaction. A serious event as described in this particular thing requires inpatient hospitalization, was life-threatening, resulted in death, or persistent disability. So we know that 15 per cent had severe adverse events.

But I want to take a look now to see what the data tells us in terms of immediately after they had severe adverse events.

But whenever you look at everything altogether, the solicited and the unsolicited adverse events, the vaccines were purported to be very beneficial

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because they said they were 91 per cent effective. That's a relative risk change. It's basically just the difference between two numbers. It's definitely not that meaningful whenever it's a preliminary study that's only two months along and you're only looking at one point in time. But what makes it really not very interesting from a clinical point of view is that the absolute change between the two groups was only about 4 per cent. So even at six months, which is what this data is, only 4 per cent of people even benefited from that vaccine.

But ironically speaking, if you were to consider the side effects profile that we know, the difference between 850 [placebo arm] and 77 [vaccine arm] were the people who didn't get COVID. But everybody in the vaccine arm pretty much got COVID-like symptoms. So you know, it's a little bit of a shifty, tricky little thing that they did there.

But what I'd love to bring your attention to here is treatment-related adverse events. So this is an adverse event. So something bad that happens after you get the vaccine or the placebo. And it could be from the disease or it could be from the drug. It doesn't specify. But well, this one actually is from the treatment.

And what they said is that in the treatment arm, 5,241 people received an adverse event from the vaccine versus 1,311. So basically, they're lowering the chance of getting COVID by 91 per cent. But if you use the same metrics that they use and do the relative risk change, they actually increase the relative risk of treatment-related side effects by 300 per cent. So they're basically taking healthy people, and they're causing them to have an adverse event. Whereas the decrease, the benefit, was 4 per cent, the increase, the risk, is plus 18 per cent. So if we were holding to our traditional means of following this, the risks grossly outweigh the benefits for this particular vaccine. And that's just looking at any old adverse effect.

If we look at severe adverse effects, let's go back. It's a 75 per cent relative risk rate increase and a plus 0.5 per cent absolute risk increase. And severe, remember that's somebody getting so sick that they can't carry out their daily activities.

And serious, I'm just going to tell you again what serious means: inpatient hospitalization, life-threatening episode, results in death, or permanent disability. You have a net increase between the two arms. Now if COVID was so dangerous that it needed to be treated and treated in everybody, then the serious adverse event, serious outcomes, should have been higher in the placebo arm. And we should have seen lower in the vaccine arm. But what this is telling me is that this vaccine is more toxic, or the manner in which we're doing it vaccinating healthy people with this toxic substance, is causing more harm than good.

I just want to be sensitive to time. So I'm just going to move it along a little bit.

They also looked at deaths. So deaths before they dismantled the trial were 15 [vaccine arm] and 14 [placebo arm]. So again, you would have to say that that's comparable. So you could never argue at the time that this was authorized that this was saving lives because it was comparable between the two arms. But what's really concerning is why— I mean, if you have healthy people and you're measuring this six months later, and one arm is getting COVID, which is deadly and they die, I mean that would explain why you have deaths on the placebo arm. But why do you have so many deaths in the vaccine arm in healthy people after six months? That's unusual even in a sample of 40,000.

If we look at deaths after unblinding. So after they invited these placebo group people to come over to the vaccine arm, there were five additional deaths for a total of 20 deaths on the vaccine arm and only 14 in people who'd received the placebo, after six months.

And again, this particular part here, where they talk about the five additional deaths. Instead of making that very obvious and bringing it into the text and reporting on it in their conclusion, which is what they should have done if they wanted to make sure that they were being abundantly cautious and protecting people, they should have basically written that up in the front and included it in their conclusions. But instead, they buried it in the text.

One last thing that I want to highlight is if you look at the deaths, the cause of deaths, you can see that there were those from a cardiovascular nature. There were nine cardiovascular deaths on the vaccine arm and five on the placebo arm. Now you can't conclude anything clinically from that. But what I would have said is we need increased monitoring for cardiac problems moving forward and that this should not go out without more careful study.

[01:00:00]

And yet, what we did was we rolled it out.

So again, if we remember what our test is and what the conclusion of the study is— So I've walked you through the Phase III trial results. So our traditional regulatory system would mean that we'd have to prove safety. So we haven't been able to prove safety because the study actually proved the opposite.

And yet here is the conclusion of the initial paper from the *New England Journal of Medicine* that was used as evidence to support the conclusion that the vaccines were beneficial. It says, the "two-dose regimen of the Pfizer vaccine conferred 95 per cent protection against COVID-19 in persons 16 years and older. Safety over a median of 2 months was similar to that of other viral vaccines." So they didn't make any safety statements. They just sidestepped that all together. They didn't prove safety. In fact, what their study did was disprove safety, but they failed to actually highlight that.

So I just want to talk about something called risk management plan.

Wayne Lenhardt

Could I ask just two quick questions here?

Deanna McLeod

Sure.

Wayne Lenhardt

This data looks very similar to I think what they came up with in the U.S. Were there separate studies done in Canada, unique studies here?

Deanna McLeod

That's a really good question.

So again, remember how we were talking about global pharmaceutical companies. Basically, they have global pharmaceutical companies developing these products. And then, basically, our government wants these global pharmaceutical product companies to invest in Canada. They need that in order to spur on this bioeconomy, this innovation that they want to do here in Canada. And so the whole impetus for changing the regulatory framework was to allow more innovation or more investment or to give more leeway to these large pharmaceutical companies. And interestingly enough, it's those very same large pharmaceutical companies that are asking us to lower standards of regulation that **designed this trial.**

Wayne Lenhardt

Well, that was going to be my next question. I mean, the Canadian government has spent billions and billions of dollars buying these vaccines. And my understanding, I think, is that they're coming from somewhere else. They're not being produced in Canada.

Deanna McLeod

No, this is not helping the economy whatsoever.

Wayne Lenhardt

I'm sorry?

Deanna McLeod

This did nothing for the Canadian economy, except for burden our healthcare system with vaccine injuries, which is probably going to hurt our economy in the end and perhaps destabilize our health system, I would argue.

Wayne Lenhardt

Okay.

Deanna McLeod

So I just want to continue on. And I want to talk about something called a risk management plan.

So again, the normal pathway is that you have a randomized control trial, that it is continued right to it's full— That it's completed. That it's well designed. And it's designed to prove something that's clinically relevant and completed. And then, at that point, they submit their dossier with all their complete safety results, their complete efficacy results. And then the regulatory official starts to evaluate it. And basically it authorizes them or not, based on whether they meet the test that Shawn has described previously.

This alternative pathway, this back door that they've created, this advanced therapeutics pathway, basically says we want flexible regulatory framework, which means, "I want to do away with this standard of needing to prove it. And I want to be able to move forward to market despite whether I've proved it or not. And what I'll do is I'll do extra surveillance. I'll just do extra study for these. And we'll do risk management plans in order to be able to ensure that people are safe."

So what I want to do is I want to look at some of these risk management plans that are available and what they look like when we looked at it with COVID-19.

So now, I've just got my evidence metre here again. This is my Bible. And so what we're going to be doing is we're going to be moving from the realm of what you can prove, which is up here, Level 1 Evidence, and we're going to be moving down to an area here where we can really only make observations and identify associations. We can no longer prove anything.

So I just want to say from a pharmaceutical point of view, if I'm somebody who is a very rich pharmaceutical company and I want to make money, what I want to do is I want to push the burden of proof down the ladder. Because these studies here are very easy to game.

[01:05:00]

When I say game, it's that it's easy to design them in a way that you can actually get them to say what you want them to say. So you can manipulate the people that you allow into your analysis. You can manipulate the way that you monitor it. And then you can manipulate the

way that you sample different people in order to be able to make the results look the way that you want them to look.

And so what they did was they basically said, "You know what, we'll do more of these trials if you allow us to market so we can make lots of money by missing this one. So basically, preliminary data from this one. And then, even though it showed that it was not safe, we'll do lots and lots of studies." So you can see that there's tons of observational trials done on the COVID-19 vaccines. And you know, they'll say, "The effectiveness is this or the safety is this in this population." But interestingly enough, none of those trials can be used as evidence to prove safety. But that's good for the drug manufacturer because they can't be used not to prove that it's not safe.

So what you do is you let them out. And then, now, the burden of proof has shifted from the manufacturer that was needing to prove safety to now the public that needs to prove that it's not safe. So the one making all the money that has the ability to run the design, the trials, is no longer needed to do those safety testing. And the public who has no money and doesn't have the money to run a clinical trial, a randomized clinical trial, to prove that it's harmful, basically, are unable to do so. So it's brilliant from a pharmaceutical point of view if you basically want to make sure that you are never called to order in terms of your safety. But it basically puts the public in a very perilous position.

So this is a crazy-looking graph, but I'm just going to walk you through it. So these are the different types of studies again and their ability to figure out safety. There are the different ways that you can monitor safety after a drug has been out on the market, or just period. So this one is the randomized controlled trial. And so, if you recall, we just looked at the data. And this is data from the Pfizer vaccine here from Thomas. And it basically showed that 70 per cent of the people that get the Pfizer vaccine are going to have some sort of adverse reaction to it. Five percent of those are going to be severe. Remember, severe is like it makes it so you can't carry out your daily activities.

Now there's another way of monitoring something. So this is active monitoring. It's where you're actively looking for the side effects. You're carefully looking at the person. And that's called prospective active monitoring. And when you do that, you find out that 78 per cent of the people actually are getting side effects from this drug.

The next thing is v-safe. So they basically say, we don't want to do this [prospective active monitoring]. And of course, they don't want to do that because that's the best way to find out what the side effects are. "We want to be able to do something else. We want to have a registry where we'll give the person their shot, and then we're going to send them off. And they'll have a phone. And then they can look at their phone, and then they can basically report any type of adverse events that they have." So when you do that, which is active monitoring, you get 71 per cent of side effects. So it's capturing most of them. But you don't really catch many of the severe ones.

If you look at unsolicited, meaning that you just don't even tell somebody—if they just come and prompt you. Like you don't prompt them, they prompt you to say that they've had an adverse event. You only get 30 per cent. And again, that's within a clinical trial. So this is solicited and this is unsolicited.

What we've done in Canada is we launched these vaccines, and then we basically said, "We're going to rely on our passive surveillance system." Passive surveillance system is a system that's available that if you have an adverse reaction, then you've got to remember you had that adverse of reaction. It's got to be so bad that you go see your doctor. Then the

doctor has to spend an hour to fill in a form. And then that form gets screened by who knows how many people in between. And then that adverse event gets deemed as legitimate because it matches what they're expecting, not what's unexpected, potentially. And then, once it's legitimized and it's entered into the system, our Canadian system records .07 per cent adverse reactions. Now, this is the true adverse reaction profile because we did the Phase III trials. And this is what the government is relying on to call these vaccines safe.

Now, it's not that they're safe. It's that the ability to test for the safety is insufficient. So they're insufficiently monitoring safety. And therefore, in the absence of detecting any safety issues,

[01:10:00]

again, they're not having to prove safety. Without any proof otherwise, they're calling it safe. And so our whole presentation of these COVID-19 vaccines have been turned around because they changed the standard. Now they're saying that it's safe, not because it's been tested and proven safe but because there's an absence of safety data that proves that it's not safe.

So this is the v-safe. This is active surveillance. And this was data that the CDC was collecting and kept from the public during the vaccine rollout. And it was made public through an ICAN [Informed Consent Action Network] lawsuit. And they basically created this dashboard, and it basically tells you— So this is data from the people who had the app, and they were actively being monitored. So we know that this is probably going to be the best sense of figuring out how everyday people responded and reacted to this particular vaccine. And we see here that 30 per cent, according to this particular monitoring thing, and again, it's probably not as accurate as the Phase III trials. Thirty percent of people monitored experienced a severe adverse event. A significant proportion missed work and school. And about 8 per cent required medical care following vaccination.

Now, if you're giving it to healthy people who are not going to need medical care from COVID-19 and then you give them the vaccine and they require medical care, it would be hard-pressed to understand how we're benefiting people.

This is the serious adverse event report from VAERS [Vaccine Adverse Events Reporting System]. So VAERS is the system that barely picks up anything. It's called passive surveillance. It's the one that's the least sensitive at picking up safety issues. And this is basically a sum of all of the different adverse events reporting for all the vaccines leading up to the time when we changed our standard and we started pushing through biologics and giving them to healthy people. And what you see here is that you've got a jump **between less than, what, maybe two or three thousand to thirty thousand adverse events reported. And again, this is passive surveillance. So it's under reported by some very significant amount.**

In terms of deaths, basically, we have an incredibly huge jump in vaccine-related deaths with the rollout of this particular vaccine. So again, what we're seeing is these are very strong signals saying that there's something that's not right. However, this is not sufficient evidence to be able to prove or disprove safety. So therefore, this vaccine continues to be distributed.

This is a pharmacovigilance report. Basically, it's a passive surveillance report. This was again something that the FDA received. And it was not made public.

It measures the adverse events, again passive, unprompted. People have to work really hard to get their adverse events reported. So they suspect that they had a vaccine injury, and they report it to the company. And the company basically creates this report. And I just want to highlight the fact that in this report, there were about 1200 deaths. So this is where somebody got the vaccine. And then, they basically said, you know, "This person died right after the vaccine. I suspect that it's the vaccine." And we can make note of this and we can say, "Oh, that's a signal." But it can never be used as proof to take the vaccine off the market because you can't prove anything with this.

So twenty-five thousand people had nervous system. So again, we were looking for inflammation. We were looking for cardiac problems. But neurological problems were a little bit of a surprise. I just want to highlight something, as well, that 71 per cent of all the adverse events were in women. If I were to see that, then I would say that's shocking. And that should be stopped and looked at right away.

Sixty-four percent of the adverse events that were severe and that were reported were in groups that had little risk of any severe COVID-19. So these were people who didn't even need the vaccine, and 64 per cent of the ones were in that group of people. And you know what they said, "Well, we monitored it for seven days and it looked good. It was great." And so what they didn't say and what showed up in this report is that a third of the people who are injured don't fully recover, based on their own data. That's two and a half months after. So again, I would say this is lots of evidence that it's not safe. But again, not enough evidence to prove that it's not safe.

I think I'm a little bit sensitive for time right now. So I'm just going to jump along here.

[01:15:00]

This is about boosters and particularly boosters and teens. So again, the primary series was the first two doses and the third dose is called a booster dose. Again, we're not surprised that the first dose was about 60 per cent of people had adverse effects. We are familiar with our 75 per cent number.

But what I want to show is with every single dose, it's like getting COVID-19 all over again. You get COVID-like symptoms. You can see them here and here. But what's really troublesome is the severity of the symptoms over time when you get boosted. So the first one, in terms of being unable to go to school, there was only a small amount. Then it increased to point where of the teens who are getting their boosters, 20 per cent of them aren't able to go to work or school for the week after they get their vaccines. So again, I'm hard-pressed to understand how this can be actually helping children, teenagers, **specifically, who aren't sick and have no risk from COVID-19. How can making them so sick that they can't go to school be helpful? It's hard to imagine.**

This is a study by Dr. James Thorpe. And he was looking at outcomes in pregnancy, fetal outcomes related to women who have been vaccinated during pregnancy. And he compared them to the adverse events that happen from the influenza or the flu vaccine. So COVID-19 vaccine versus flu vaccine. It's measured by dose, so they controlled for that. And again, so after the COVID-19 vaccine, menstrual abnormalities.

And this is a really weird chart. So what this means is if "1" is your baseline here and if it's to the right of this, it means that the COVID-19 vaccine is causing more harm or there are

more adverse outcomes associated with the COVID-19 vaccine than the flu vaccine. And when I'm analyzing a study like this and we're looking at hazard ratios, reporting ratios—

Go ahead.

Wayne Lenhardt

Deanna, we're starting to run short on time.

Deanna McLeod

Okay, how about I— Do you want me to finish it up?

Wayne Lenhardt

Thank you.

Deanna McLeod

Okay, so I am going to jump to this last section here.

So I think we've gone through enough data now to say that the problem with a risk management strategy—meaning that you move away from the standard of a randomized control trial that's able to prove safety to something less than that—you can't prove that it's not safe, and, therefore, harmful agents can continue on the market like the COVID-19 vaccine unchecked.

And I want to, at this point, raise everybody's attention to the backdoor expansion program that's underway. So right now, in this issue, government issue of the *Gazette*, Part 1, Volume 156, the government is moving to expand the number of agents that can move through this backdoor. So again, we've just walked through what it looked like when the COVID-19 products were put through this particular backdoor system, where they didn't actually have to prove safety and efficacy before they were authorized. And how the risk management plans were not effective in controlling and identifying safety issues that could stop the vaccine from being provided or protect citizens.

They now want to expand that to Class I to IV medical devices. This particular program was designed because they wanted to have a pathway for things that didn't fit the normal pathway. So it's supposed to be an exception rather than a rule. And one of them was to figure out medical devices that have AI interfaces or machine learning.

And so I would imagine, and I can't say for sure, that one of the elements that would fall into this new category of medical devices could be AI-interfaced medical devices that learn and interface with somebody from an implant, for instance. I don't really know, it's not very specific. But the terms are so broad that almost anything can get through the back door in terms of a medical device, including something that has AI learning and potentially a biological-technical interface with it. So again, I would probably say if we had something like that, then we'd want to have an abundance of caution. And we'd want to take time to really learn what that means for humans and how that would interact with that before we would move it forward or allow it to have a fast track through our regulatory system.

The other thing that they want to do is— They have product-specific biologics requirements.

[01:20:00]

And that sounds really crazy, but it means that you have to test each biologic individually. So, for instance, you had to test the Pfizer mRNA vaccine, and then you have to test the Moderna vaccine.

So what they want to do is they want to just do one study: We'll just do the Pfizer study and then anybody who has an mRNA vaccine like that, all that they have to do is show that they're comparable. They don't have to do all their original research, and we'll approve it automatically. So again, I think that that's very concerning because when it comes to gene therapy or biologics, just slight changes in the actual compound can turn on or off different pathways in your body. And/or code for different proteins or sequences. And so, again, I would say an abundance of caution should be applied here rather than removing the product-specific classifications.

They not only want to have human drugs needed for emergencies, but they actually want to expand it into veterinary drugs. Potentially, I have no idea how this would work, but would it be going into our food supply? And would we be getting secondary effects from any of these biological interventions or gene therapy interventions that are in our food supply? I think that that's something that we need to carefully consider and study before we would open this back door process to them.

And again, they were able to push through the COVID-19 products based on an emergency and, you know, a pandemic, an infectious disease, a global health emergency. But now what they want to do is they just want to be able to push it through the back door if it's an emerging infectious disease. And that term is so broad that they can actually make up almost anything. It doesn't even have to be life-threatening in order to be able to access this back door.

And again, they want to not only use it for treatment, but they basically want to use it for prevention and diagnosis. And the key word there is prevention and diagnosis means healthy people. And so again, if we go back to our standards, we want more study for things that are being given to healthy people.

I just want to say that as the closing thing for my particular presentation is that there's a deadline for being able to oppose these regulatory amendments, the extension of the back door. I highly recommend that we shut the door completely, especially when it comes to novel high-risk therapies that are being given to healthy people. And you can do that by commenting up to April 26, 2023, at the *Gazette*. There is a link that I can make available or calling your MP and saying that you absolutely do not agree with this lowering of the gold standard and this new approach to agents and especially the fact that they're trying to push through so many agents through the back door now.

So we're at a very critical point in our healthcare. Basically, what we're doing by authorizing this back door is when we grant expedited approval to novel high-risk therapeutics without proving their safety, we're basically formalizing the practice of human sacrifice. We're basically saying that it's acceptable as a community to sacrifice the people who will be injured by this on the altar of innovation. And I would say that we need to make a firm moral stance that that's not who we are as a community and as a society. And that we need to go back to absolute standards that protect.

And so this last thing is my sister. She was one of the people who was sacrificed on the altar of this innovation. She was a woman who had cared for special needs children. And she died following the vaccine from heart failure. So it reaches us all. And so that's all I have to say.

I'm happy to take some questions now.

Wayne Lenhardt

Thank you for your presentation. Are there any questions from the commissioners for this witness? Ken?

Commissioner Drysdale

Oh, sorry.

Wayne Lenhardt

She's on the other screen, Ken.

Commissioner Drysdale

There we go.

Could I get you to go back to one of the slides you had? It was the one right before the slide that said risk management plan. I want to understand something here.

Deanna McLeod

Which one?

Commissioner Drysdale

Backward still. Keep going.

Deanna McLeod

Let me know, let me know when I arrive here.

Commissioner Drysdale

Keep going. A little more. Keep going. One right before that one. Okay, sorry I lied—

Deanna McLeod

Just let me know which one it is.

Commissioner Drysdale

Keep going. Wait a minute,

[01:25:00]

I think that's it. Well, I'm not sure, but—

I thought I heard you— When you were talking about the testing that they did and you were talking about that they had split approximately 40,000 people into two groups and one was a placebo group, one had received the injection. And then I believe you said— I'm going over what you told me, and then I'm going to ask you a question about it. And then you said that test went on for two months. And then they took the placebo group and gave them the shot, so they eliminated the placebo group.

Deanna McLeod

Yes.

Commissioner Drysdale

And this was for, of course, you're doing this to test the safety of this product. Correct? You're doing this test.

Deanna McLeod

Uh hmmm.

Commissioner Drysdale

And so my question is— If I was evaluating cigarettes in this way, would I have found any of the bad effects that cigarettes have on people in testing it for two months in a group of 40,000 people? So if I would have tested cigarettes for two months, would I have known that they cause cancer, they cause heart disease, they cause whatever the heck else cigarettes cause?

Deanna McLeod

Well

Commissioner Drysdale

So using this protocol, is it theoretically possible you could have approved something like cigarettes to treat it?

Deanna McLeod

Oh, cigarettes would have definitely been approved. I mean, you could probably make a study look like cigarettes are helpful, right? I'm not sure what your endpoint would be. But you certainly wouldn't be able to find the long-term safety studies that we find, the safety issues that we find, right, with cigarettes using this.

In fact, I'm hard-pressed to think of one trial for cancer where they've only studied something for two months. We would have never, ever accepted a trial that had two months of data and then was dismantled. We would have basically said that the outcomes from that trial are no longer valuable and that it would never have received approval, even in people who are, you know, late-stage cancer patients.

So to think that they stopped the trial or dismantled the safety component of the trial—you know, the part that is able to prove that it's not safe—after two months. In my mind, the only thing that is reasonable to think is that it was done on purpose. Because somebody who was passionate about keeping people safe would have never done that.

Commissioner Drysdale

You also showed some charts that showed how many people had severe reactions to the vaccine. And you define the different levels as— If it affected your normal daily routines or if it made it so you couldn't do your normal daily routines, and so that was charts with regard to the effects of the vaccines.

But I'm wondering, are there charts that show that for getting COVID in the first place? In other words, we keep hearing about COVID cases that had no symptoms. We keep hearing about all kinds of things. So are you aware of a chart similar to the one you're showing on the screen right now for people who actually got COVID? What's the percentage of them that have no symptoms? What's the percentage of them that can't go to school? And I'm wondering how they compare.

Deanna McLeod

Yeah, so the way that you would do that is that you would look at— I mean, in a placebo controlled trial where you're looking at the placebo versus the vaccine, what you're really comparing is people who've received immunity from a vaccine to people who may not have had immunity yet. So this is kind of getting complicated. But it's a gamed trial.

So we know that immunity protects people from disease. And so, if you only give immunity to one arm and not to the other, right, then you know that the one that basically doesn't have immunity is likely going to be more sick.

However, interestingly enough, in this trial, we know that more people got COVID. This is the placebo arm right here—dose two, placebo arm. So this is people who got COVID. This is the background amount of people who got COVID. So they didn't get the vaccine. They got a placebo. And they got COVID. And there's more of them that got COVID. So you should say, wow, if there's more COVID, then you should have more adverse events, right? These are the adverse events. So you should have more COVID-like symptoms if you got more COVID.

But if you actually look at it, the total amount of the symptoms that people get if you were healthy and you got COVID was less than 50 per cent,

[01:30:00]

dramatically less. Most of that was mild. Only, what is it? I don't even know what that is. Maybe 12 per cent of them had something that was enough to make them really sick. And then very, very, very few of them were enough to prevent activities. And then you compare that to people who got the vaccine and prevents activities. Severe, right, red to red, this is dramatically higher. Blue to blue, this is dramatically higher. And gray.

It's incredible that we're thinking that we're giving this to protect people from COVID-like symptoms—or COVID symptoms—by giving them more COVID-like symptoms. It's mental gymnastics to think that this is how we arrived at saying that this is safe, when we agree that COVID-like symptoms are bad because that's why we're doing the trial in the first place.

Commissioner Drysdale

Thank you.

Commissioner DiGregorio

Thank you for coming and giving us testimony again. Very, very helpful.

I have a couple of questions about this new framework under the *Food and Drugs Act* that you talked about today and this alternative pathway to approval. And I'm just wondering, so if a drug is approved by the minister to undergo this alternative pathway, which seems to expedite the process, is there a pathway or is there some mechanism built into that pathway to bring the safety considerations back into the normal sort of time frame or pathway under the regular authorization process? Or is it, you just get into this expedited process and once you have the authorization, you're good to go.

Deanna McLeod

I'm going to say a couple of things. One is that the proposed amendments are so confusing and convoluted. I've never read something that lacks such clarity, which makes me suspect that perhaps they don't want it to be clear what it is that they're trying to do.

So in terms of being able to address those details, I think that that should be something where we should be all stopping and asking those important questions. I can't answer them based on the available information. But I do know from my experience in cancer, where we do have similar pathways called NOC/c that are used to get life-saving treatments to people who are dying from cancer who have no other treatments, so serious diseases, no other options, that once the accelerated approval is given— So what they'll do is they'll say, "Okay, your randomized control trial, preliminary data, I'm going to give you access to the market now. But I want you to complete your trial, and I want you to do said types of monitoring studies in order to be able to prove the safety of your drug."

I think the number is only about 50 per cent of the mandates for additional safety monitoring ever get completed. I can count on one hand the times that they've actually pulled a drug from the market once it's on there. And I think that it's almost like saying, it's a ball rolling down a hill and once the ball's halfway down the hill, it's really hard to get it back up to the top. The amount of energy that you need to employ in order to get that ball back up the hill or get the cat back in the bag or to address everything and to get all the doctors, who thought that it's good, to change their mind— It's very hard to go backwards.

And so what tends to happen is that these products stay out there for a very long time. And I'm not saying that there aren't some pharmaceutical companies who are diligent, who do the proper monitoring afterwards. The momentum to have somebody actively monitoring it from the government and to make sure that they're doing the studies and to make sure that they're checking the databases, puts all of that burden of proof on the government and the taxpayer. Whereas it would just have been simpler to say only the things that have been proven safe get out of the bag. And that way, you don't risk anybody from injury, especially with high-risk agents.

So I don't know if that's helpful. But, you know, after being in this business for probably about 10 years or so and watching this in the cancer area, I would probably say that it

should be under extremely exceptional circumstances that we should ever allow backdoor treatment.

Commissioner DiGregorio

Thank you.

Wayne Lenhardt

Okay. Thank you very much, Deanna. And I'll call on Kyle for the next witness.

Deanna McLeod

Okay, thank you very much for having me. Bye now.

[01:35:25]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 4: James Erskine

Full Day 1 Timestamp: 07:19:15–07:36:48

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Kyle Morgan

The next witness is James Erskine. Can I just get you to spell your name, sir?

James Erskine

It's J-A-M-E-S. Last name is E-R-S-K-I-N-E.

Kyle Morgan

And your full name is?

James Erskine

James Matthew Erskine.

Kyle Morgan

And you promise to tell the truth, the whole truth, and nothing but the truth?

James Erskine

So help me God.

Kyle Morgan

Where are you from, sir?

James Erskine

Winnipeg.

Kyle Morgan

You've lived here your whole life?

James Erskine

Yes, sir.

Kyle Morgan

And you have children?

James Erskine

Three.

Kyle Morgan

Can you just tell us a little bit about what you were doing for work during the COVID period? I guess starting in 2020.

James Erskine

Yeah, I was employed as a police officer in Winnipeg, City of Winnipeg. I was employed since 2011, February. So I was working at that as a constable during the first part of COVID.

Kyle Morgan

Okay, and what do you recall about what happened to your employment when COVID started unrolling?

James Erskine

Well, I was, for the most part, going along to get along. But what happened with the police, in general, is that we were given not necessarily a vaccine mandate, but we were told that we would need to provide proof of vaccination or that we would be, essentially, subjected to totally different treatment than the rest of our peers. That treatment being three times a week going for testing on our own time and wearing masks when no one else was wearing masks.

Kyle Morgan

And when did this policy come about, do you recall? Exactly when that might have been?

James Erskine

November 15th, 2021.

Kyle Morgan

Okay, and I understand that you had some difficulty following those requirements. Is that right?

James Erskine

Well, I wouldn't have had difficulty had I decided to do it. But I was not going to be doing it because I believed a) it was a gross miscarriage of our rights and freedoms to have to tell the rest of our peers what exactly was going on with our own personal medical statuses.

And secondly, I believe that what was going on in Canada, especially as a whole, was extremely problematic, coming from a background where I was there in my belief to serve the public, not to contribute to radical measures.

Kyle Morgan

If I can ask you, are you somebody that was vaccinated in general with other vaccines?

James Erskine

Generally, speaking, yes.

Kyle Morgan

So you didn't have a bias against being vaccinated?

James Erskine

Not at all.

Kyle Morgan

Was there something that caused you some concern about the vaccines that were available in Canada at the time?

James Erskine

There was a number of things that caused me concern. The good doctors that we've just been listening to and professionals that we've been listening to have outlined a lot of the things that, whether I was aware of the entirety of them at the very beginning, I certainly became aware of much of those bits of information over the time that COVID was presented to us. But I would say that the biggest thing that stood out to me is the— It had every ring of, for lack of a better term, organized crime. It looked to me like it had all the markers that I would be suspicious of if I was looking at an organization that was obfuscating the truth and trying to come across with an agenda.

Kyle Morgan

Can you just tell us a bit about your salary and the types of benefits you were getting as a police officer?

James Erskine

Certainly. Well, I was a full senior constable. Just prior to all of these things going down in 2021, I had been asked to be a field trainer. I was getting to a point in my career where I was looking towards my promotion if I could get that. I think I had pretty good standing as a cop. I had a very good work ethic, very good reviews, 650 career arrests, somewhere

around there. I was the second in my class in terms of marks. And so, what happened with me is that because I refused to give those things,

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I was ultimately locked out of my police station that I was working in. I was sent home without pay with—what did they term it?—“non-disciplinary” unpaid leave. I wasn’t allowed access to my holiday time. I wasn’t allowed access to my bank time. I wasn’t allowed access to any of the time that I had rightfully earned. I was just sent home. The paycheque stopped. And a short time later, I quit because I knew that if I quit, they would at least have to, ostensibly, pay out those things.

So what has happened since, is that I’ve lost, well, 11 years of my life, basically. Though I think, I hope, that I did some good in that time. I’ve lost the pension that I would have had after 25 years. Certainly, I got a payout for portions of it but not in the same amount. And what I’ve done with my family is I’ve gone from a career of making roughly \$120,000 a year—I’m just telling you because police salaries are online, you can look them up—and we’re roughly a third of that now.

Kyle Morgan

Did you ever try to work out a compromise or any type of accommodation?

James Erskine

Absolutely.

Kyle Morgan

Tell us a bit about that.

James Erskine

Well, a number of letters were sent, a number of email communications. We had attempted to go through our union to fight the measures that they were taking. Interestingly, our union president was not just figuratively but literally in bed with one of the executives. It was a common law. I don’t mean in a despicable way, so to speak, other than they were common law. So an out-in-the-open relationship. But, in any case, I’m sure that that has potential to play into the desire of a union to fight for its people.

When the union didn’t help us, we also sought measures to go through the Labour Board. The Labour Board shrugged us off. There was a number of— Well, without getting into it, there’s a number of lies in the Labour Board’s response to me. One of the things that I said to them in my complaint was that these measures had been the single cause of why I had quit. And they came back and their response was that there was no evidence to say that that’s why I had quit. And so, if they’re not going to take me at my word about why I’m quitting, we kind of have a problem with a due process when it comes to seeking out reparations for problems.

Kyle Morgan

Were there any other of your co-workers that had a similar experience?

James Erskine

Quite a number. I was actually fortunate in terms of being on a shift where I had a lot of co-workers who were very supportive and who were also going through the same kind of steps that I was going through. So overall, in the police service, I understand that I think about 96 per cent of them were vaccinated. So I was, in a lot of ways, an outsider. But at the same time, my peers weren't the ones who were necessarily looking down on me. It was the organization from the top down.

Kyle Morgan

You had mentioned that the policy had been differential treatment for those that didn't get the vaccine and testing. Is that right?

James Erskine

Yes, testing. And we would have to wear masks everywhere. The way I understood it, reading all of the various health orders, the police had been exempted from some of them in order to carry on police business. That being said, the Chief of Police still has, you know, the authority to give us orders and that kind of thing. And so there was a point in time where, basically, when we were at least in the office, in our cruiser cars, we weren't required to be masked 100 per cent of the time. It was more when we were in public or at the court or at the hospital. And that faded away

[00:10:00]

in the summer to late summer months of 2021. And folks were just going about business as normal in the stations. Except for those who wouldn't declare their status, come November 15th we were required to wear masks, and in a certain sense, identify themselves by doing that.

Kyle Morgan

And you mentioned the testing. Can you tell us a little bit about what was going on with the testing?

James Erskine

Well, the testing was a very interesting thing because it wasn't done by say a nurse or even one of the health administrators for the city or anything like that. It was done at an off-site place. It was done in front of some other city worker, whether it was somebody who was working for transit or somebody who was working for works and ops who had no training in any sort of health. And they would be administering these tests. They would be correcting us, telling us how far up your nose you had to stick this thing. Now, I never went for this because I didn't want to be doing that. But this is all information I would get from co-workers and that kind of thing.

Kyle Morgan

I'd ask you, looking back on everything that's happened, what do you think should have been done differently with the way this COVID was handled in your organization or in society at large? What do you think?

James Erskine

I've thought about that question. You and I had a brief conversation on the phone prior to me coming here. And I knew that might have been one of the questions that I was going to be asked. I think there's a little bit of a hard answer to that question. I look at it like— Again, I look at this like crimes.

This is very akin in my mind to a whole litany of crimes, whether it's an assault or a coercion or an intimidation or anything like that. And I would say, in the truest sense, that the best thing that I can compare what was done to people crime-wise is a sexual assault and an egregious one. And it's because the integrity of a person's body is, I think, paramount to respecting that person. And I'm not saying this to belittle any person who's been a victim of a sexual assault of any sort. But I would see those as being akin. You're introducing something into the body that that person doesn't necessarily want in the body, and you're using coercive means or threats in order to do it. And I think that that's a very, very serious, serious offence.

So asking what should have been done differently the next time is a little bit like asking how the rapist should have acted differently. I would say that the ultimate truth about it is that none of this should have happened the way that it happened.

Kyle Morgan

I think those are all the questions I have. I don't know if the commissioners have anything. I thank you for giving your time.

James Erskine

Thank you for the opportunity.

Kyle Morgan

Sorry. Janice? Go ahead.

Commissioner Kaikkonen

I just want to ask— I know you kind of alluded that you have three children. How did the three children, how were they impacted? Because they would have seen you and your employer at odds over this. I don't know how the mandates came down here in the education system, but possibly they were under the same scrutiny and mandates within the school system. So how did that affect the family as a whole?

James Erskine

Well, there's a whole bunch of different levels to that answer. My children were in a private school. My wife was working at the time and was able to pay for the private school out of her wage. She lost her job soon into the pandemic. So we weren't able to continue paying. So what we decided to do, because more and more measures were coming into the school system, was to homeschool our children.

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We're very thankful that we made that choice. But it brings a whole lot of different things to a family, especially when you have— I've got a child who's nearly 18 now. He's turning 18.

I've got a child who's 15. And then I've got a younger boy. And part of what it did was change my wife's day-to-day because now she's taking care of three kids. It took my kids away from their friends. It just changed our lives in innumerable, immeasurable ways.

Janice Kaikkonen

Now that you see that the mandates have been lifted to some extent, are you able to converse within the family about these things in a way that makes sense?

James Erskine

We didn't ever pull any punches with our kids about being honest with them about what was going on and why we were making the decisions that we were making. Again, it's hard to tell a 16-year-old or 17-year-old that they've got to come out of school and hang around with their goofy parents for a year or an undetermined amount of time. I mean, that was part of the problem at the time. Looking back, you can say, well, it was a year, it was a year and a half, kind of thing. But we didn't know that going into it. And I didn't know that going into it when I decided to quit, either. All of the mandates were lifted shortly after I quit, but I didn't know that. It had been getting worse and worse and worse.

And so, speaking with our children, I think the saving grace is that we've kind of given them a little bit of a sheltered space where they're not necessarily having to go out in public and be told every seven seconds, you've got to pull your mask up or you've got to wash your hands or you've got to do these kinds of things that are traumatizing to kids. But it's a give and take. You know, it's had negative effects. But we've managed to pull some positives out of it too, I think.

Janice Kaikkonen

Thank you.

James Erskine

Thank you.

Kyle Morgan

Any other questions?

James Erskine

Thank you for the opportunity.

Kyle Morgan

Thank you very much, sir.

[00:17:33]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 13, 2023

Day 1

EVIDENCE

Witness 5: Shea Ritchie

Full Day 1 Timestamp: 07:36:48–07:59:02

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Shawn Buckley

So if we can have Shea Ritchie come to the stand. Shea, can you state your full name for the record, spelling your first and last name?

Shea Ritchie

Yes, Shea Ritchie. S-H-E-A R-I-T-C-H-I-E.

Shawn Buckley

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

Shea Ritchie

I do.

Shawn Buckley

Now, my understanding is that you are in the restaurant business.

Shea Ritchie

Yes, that's correct.

Shawn Buckley

And you currently have a restaurant that has been running for ten years?

Shea Ritchie

Yeah, this month is the tenth anniversary.

Shawn Buckley

And before COVID, you had another restaurant that you had been operating for roughly four years.

Shea Ritchie

Yeah, that's correct. It was called Chaise Corydon.

Shawn Buckley

What was the restaurant business like for you before the pandemic policies?

Shea Ritchie

To be honest, we had just opened, well, a relatively new location there. But we had gone through, you know, several months; we had figured things out. We were well into our, I guess, prime. We were fully operational, very busy. It was a great location.

Shawn Buckley

Right, so things are looking positive, and then what happened?

Shea Ritchie

Well, there was the introduction of the original mandates. I'm sure everyone can remember the two weeks to slow the curve. So—

Shawn Buckley

And I'll just interrupt. But they didn't specify that was a biblical two weeks, did they?

Shea Ritchie

Well, we still are in the dark. Yeah, so the original mandates came out. They were telling us to open and close, open and close. And we were fully compliant. To be honest, there really was no incentive not to; there was no one who was going out at that time anyways. So we had been doing our best to follow whatever the rules and give the leadership and the government the benefit of the doubt. And things just kind of spiraled off from there because the government couldn't even keep track of all the rules they were making up, and the enforcement just became a nightmare.

Shawn Buckley

Now, can you give us some details about when you say nightmare because you have some specific examples to share with us of the type of thing that you experienced?

Shea Ritchie

For sure. So the COVID rules and regulations fell under the authority of Manitoba Health; they were the be all, end all. But I guess that they were overwhelmed and understaffed at the time that they were supposed to go in and add all the extra COVID enforcement to their plate. So they had recruited liquor inspectors and other agencies to kind of help out. So we would have police; we would have liquor inspectors; we would have health inspectors

showing up all the time, you know, maybe 20 different people. And they would have different rules. They were contradictory. They were nonsensical: I was even told at one point in time by a health inspector— So this is one of the people who was trained specifically in these types of fields. A health inspector told me that we weren't allowed to use plates and cutlery because there was no possible way to sanitize them. So going through a dishwasher with chemical and heat was not enough to sanitize them for COVID, according to her.

And so I would have to get these rules and updates all the time. And the inspectors would quote rules that didn't exist. I'd have to go and challenge it, and go and say, "Wait a second, this doesn't make sense; like how come we're not allowed to use plates and cutlery?" Right? And then Manitoba Health would respond and send out the retraction: "Okay, disregard what she said; she doesn't know what she's talking about."

So we were going along fine as far as every other business in that regard until we got our first fine in the summer of 2020. And we were given a fine for people sitting too close together. So the specific rule that was given in the health order said that people who are at different, sorry— Tables had to be six feet apart or two metres from other or from different tables. And it's a really, really vaguely worded rule. And what I was told it meant,

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and which made the most sense, is that if there was a group of people, they had to be separated from a different group of people.

So I got a fine because they found two people sitting close together. Sorry, there was two instances in a 250-seat restaurant where they found two people sitting too close together. They indicated that we were following the 50 per cent capacity rule. So that if you think about it now, we have a patio space that's half empty, and they saw people sitting 60 centimetres apart, which was the actual number. And if you can imagine what 60 centimetres is, it's pretty much enough to put your arm around a person. So the area is half empty. And people are sitting close enough that they can be touching. And I asked the inspector, I said, "Well were those people from the same group?" "Well, I didn't ask." So then I thought, well, this is ridiculous.

Shawn Buckley

Now, at the time, how many people could be in a group?

Shea Ritchie

Oh, man, it changed all the time. I don't know if there was an actual group size. There was no actual limitation on the group at that point. In the health orders— Actually, I do know because I went over this in court. As far as I know, at that current time, there was a capacity limit of 50 people in a different section of the orders, so if you were to have a wedding or other groups. But in our section, restaurants and licensed facilities, there was no specific limitation.

Shawn Buckley

Right, but I meant in a group like, let's say at a table, how many? There was no limit.

Shea Ritchie

There was no limit.

Shawn Buckley

So the health inspector tickets you for some people being within arm's length but never asked if they were part of the same group.

Shea Ritchie

No.

Shawn Buckley

And my understanding is that that ticket didn't go well for you.

Shea Buckley

Well, actually, the news is pretty favourable towards us at the time. So we had complained about the situation, said, "Hey, this is ridiculous; like we're actually trying to do our best here and follow whatever." Like the rules didn't make sense. But we were trying to do our best. And I just said respectfully, "We're being told different things all the time."

The health inspector who issued the ticket to me had previously come to the location and measured out all of the tables and said, "Yeah, yeah, yeah, everything is perfect; all your tables are separated." And our restaurant tables are smaller and we combine them. For instance, we have tables of two. And if it's a group of ten, we'll have five tables that we combine. It's more efficient because you can always break the tables apart. So a group of four is at a table of four, but a table of two isn't at the same group of four. So the rule said different tables had to be separated. But the inspector told us that that meant different groups of people, not tables; pieces of furniture didn't have to social distance.

So what happened then is they approved me to reopen. And now when they came, they said, "Oh, we saw some chairs that were too close." I said, "Well, in the rule, it says tables; it doesn't mention chairs. And you told me it was tables." And he admitted that in court. He acknowledged that he had told me those things. But it didn't matter at that point. And he acknowledged also that they didn't ask if they were from the same group or not. And they just didn't think it mattered. And out of all— I have almost \$60,000 in fines from COVID.

We were only given two court dates for all of our tickets. This one did go to court, and the judge said that we were guilty. And she specifically said it doesn't matter if they're from the same household or not, they weren't allowed to sit within six feet of each other. So a husband and wife weren't allowed to sit at the same table even if they're living together, they drive together. You think it makes sense? But she adamantly said, "The only common-sense way to interpret this rule—" Because I actually quoted case law and said, "Look, if there's a rule here that's ambiguous. And it's clearly ambiguous because the health inspectors are agreeing with me. And the prosecution is saying that we have to separate the furniture." And then the judge said, "Well, it doesn't matter if there's different interpretations because there's only one that makes sense here, and you should never have come to any other conclusion." And she ignored the fact that the health inspectors had actually agreed with my interpretation.

Shawn Buckley

Right. So following that judge's logic, if a breastfeeding mother came in to eat at your restaurant, she would have to be separated by her infant by six feet.

Shea Ritchie

Yeah, very long straw, I guess.

Shawn Buckley

Okay. So you were found guilty of that one. What was the fine?

Shea Ritchie

\$2,542.

Shawn Buckley

\$2,000. I'm sorry?

Shea Ritchie

\$2,542. This was when the rules first came out. And then they eventually changed the fines to \$5000.

Shawn Buckley

And how many tickets in total did you receive?

Shea Ritchie

I think it was 10.

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So I had two on the lower scale and then eight on the higher scale.

Shawn Buckley

Okay. My understanding is that for eight of them, they haven't even given you a trial date yet.

Shea Ritchie

No, I disputed all of them and they never— In fact, I thought they were just wasting my time. And in January, I got a memo from the government saying that one of the tickets, the second ticket I had been issued—which was about two or three weeks after the original ticket—they were giving me a court date. And so they gave me a court date for February 15th nearly three years after the violation.

Shawn Buckley

Now, as I understand it, that one was a bit of an interesting ticket because it kept getting changed. Can you tell us about that?

Shea Ritchie

Yes. The liquor inspector who issued the ticket— So keep in mind, not a health inspector, so someone totally different who admittedly in documented communication said he didn't even know what the rules were. So he gave me a ticket because he said people weren't socially distanced and because he saw people dancing. Now, at the time, there was no rule about social distancing. And there was a rule that mentioned dancing only to the extent that it said if you have a dance floor, you cannot use your dance floor, right? So the judge said that that's pretty ambiguous. But he agreed that yes, a dance floor is a specific type of thing. And it's kind of like an area where you're inviting strangers to all mix and mingle.

So the inspector who wrote the ticket acknowledged that we did not have a dance floor. But he said that there was four people out of approximately 200 that were dancing amongst themselves. And he said that nobody told them to sit down. And he saw them about 10 minutes later, and they were still dancing. So that was a clear violation. And in court, he said that we had created an impromptu dance floor. So he said you're allowed to have a DJ. You're allowed to have people in groups and people standing up and sitting. But if they are moving to the music, then you've created a violation. And in the cross-examination, I actually had the inspectors, the second one, admit that technically the entire restaurant and kitchen area could be a dance floor if people were dancing on it, according to this interpretation that they were applying.

And keep in mind that wasn't even my first fine, that's not my only fine for dancing. I had a police officer issue us a fine for dancing. And I have asked Manitoba Health, I've asked the Liquor Commission what's the legal definition of dancing after our first ticket so that we could have some clarification on what the hell it meant. And that, amongst other emails, were completely ignored. They were not interested in education; they were not interested in transparency. They would make up their rules; they would enforce them; and they didn't care if it made sense or not. They would just do whatever they wanted.

Shawn Buckley

Now, were there any changes to that ticket that the liquor licence people issued you?

Shea Ritchie

I apologize for not getting back to that. So the ticket didn't make sense. I looked at the rules. I went over them with the inspector who wrote them. He originally in the phone call said, "I can't find the rule that you broke." Because he said that I broke the P210 Health Act. I said, "Well, where in the act does it say anything about this?" So he went over it. He couldn't find anything, so he said he would get back to me.

He did get back to me later saying that he talked to somebody at Manitoba Health who helped him understand the rules better. And on an unrelated website, there was a set of rules, and I broke those rules. So giving him the benefit of the doubt, I said "Okay, well, did you know that these rules or this website existed prior to this ticket being issued?" And he said, "No, I did not." I said, "If you didn't know about this website, how come you're expecting that I would have known about this website?" Right? Assuming that this website, it was even legitimate. I said, "Don't you think it would be more appropriate to issue a

warning in such a situation?" And he said "No, no, no, you clearly deserved a fine." I said, "Okay."

So he put it down in writing. The reason for the ticket, not the original reason, is a new reason now. Because on this website, it says that people have to be seated; they're not allowed to be served while they're standing. And it says that people can't be dancing. So I said, "Okay." I took that email from him. I sent it to Manitoba Health, the authority on the topic. And I asked them to clarify whether or not those were a part of the official rules. Because it wasn't listed in the *Public Health Act*. And the *Public Health Act* did not refer to any other websites or other documents. So Manitoba Health wrote back clearly in writing, "Those are not the official rules."

So, again, I was in the media. People were wanting to know why we were getting all these fines and everything. And I said, "Well, clearly, we did not break any of the rules."

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I sent that email to the liquor inspector. I said, "Look, great news, now. We've got Manitoba Health officially declaring that those are not the rules. And we didn't break anything in needing a fine." And that is when the liquor inspector decided to change the ticket because it doesn't make sense to give me a ticket for rules that don't exist.

So then he went back to the original rules, and they picked a rule in the official rules. And then that rule that we were now declared to be in violation of was serving people in an area not open to the public. And when I asked them where this took place—because all of the notes said that they saw people in this area, they saw people in that area—all of those areas that were listed were a part of our licensed premises or official service area. So I asked, "Was it in the basement? Was it outside on the roof? Like, where did you see people being served?" And again, in court, they testified that we did not break that rule. But because they use that rule, they said that that rule meant that people had to be six feet apart and they had to be socially distancing. So they still tried to say that the original reason for the ticket applied to the rules that didn't talk about it. And the judge was just as dumbfounded as I was.

Shawn Buckley

Right. So you were found not guilty on that one.

Shea Ritchie

Yeah. That judge actually took a very common-sense approach and declared us not guilty.

I would like to also point out though, the media had been favourable towards us in the first situation. And in this situation, I expected the same because I said, "Look, we've been given a fine for this violation. Manitoba Health has declared that we didn't break the rules." And I said, "Look, in the rules, there's nothing about this, socially distancing and dancing."

So the media, somehow at this point, all changed their narrative on what was happening. And we became the demonized restaurant where we were viciously putting people's safety at risk because we were letting four people dance uninterrupted. And the media left out the important parts that we were not breaking any rules. So in the actual—I think it was CTV did a report. They interviewed one of my neighbours, and the neighbour goes, "Yeah, it's obvious that people have to be seated; you can't have people standing up."

But they didn't even go and look at the rules. So they had another person who's not an authority say that we were breaking the rules. And that was their story about what had happened. Instead of saying, "Shea says this and here's the rules. And there's nothing that we could find. And look, Manitoba Health agrees with Shea." Like you'd think that a more balanced form of journalism would be something like that. It's like getting a speeding ticket: instead of talking to a cop, they talk to a guy on the street. And they're like, yeah, he looked like he was going fast. Right? No training, no background. It's just some hearsay of some random person. It was a very frustrating situation. So we were completely demonized and people were boycotting us. And there was like, "Oh my god, just go online and look up Chaise Corydon."

Shawn Buckley

Now, my understanding is that it's not wise to tick off a bureaucrat. Can you tell me, or tell us, what the liquor licence people eventually did to you?

Shea Ritchie

Well, I was sure that something was coming down the pipeline because the police officer, who gave us a dancing fine for \$5,000 at a later date, said that he was planning on taking our liquor licence. And I asked him, I said, "Okay, well, the rules don't mention anything about dancing, so I'm not sure why you think that we're breaking this rule." There was no rule at that time about dancing. But then the idea that we were going to get our liquor licence pulled was completely new to me because we'd never had a liquor violation. These were public health order violations, and these are being enforced by non-experts. They're not even trained at all in the public health field.

So I had an impression that this might happen. And in 2022, the LGCA [Liquor, Gaming and Cannabis Authority of Manitoba] basically made an application to their board to have my liquor licence pulled and to have my restaurant basically, in all intents and purposes, shut down. And one of the reasons they cited for this reason to pull my licence was because I was a repeat offender. And I'd never had a conviction with a COVID fine or these issues at all. In fact, they were aware that their agents had been changing this ticket and had committed fraud, basically, by changing this ticket retroactively. And knowing that we weren't guilty because Manitoba Health exonerated us, I actually took that issue all the way to the CEO, Ms. Kristiane Dechant of the LGCA. And she said she looked at the documents and she saw no problem. And she didn't think her staff did anything unprofessional or criminal.

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So later, yeah, they pulled my liquor licence. And now it's funny that that ticket has been officially dropped in court, and they haven't given my liquor licence back. They haven't apologized. And they basically destroyed my livelihood at that entire location, and since, it's closed.

Shawn Buckley

Right. Because my understanding is you, just in that location, it wasn't feasible to continue operating the restaurant without a liquor licence.

Shea Ritchie

No. And it was in severe decline after all the negative media attention of us, being falsely labelled as degenerates or intentional rule breakers.

For the record, we were actually not breaking the rules. We were following the rules even if they didn't make sense. And the thing is that I was a very outspoken person. And I expressed my— I used my freedom of speech right to just say, "Look, some of these rules don't make sense." I actually wrote an article about what the Great Barrington Declaration was about, saying, "Wouldn't it make more sense to have a focused approach instead of just making healthy people locked down? Why don't we take our limited resources and protect the most vulnerable?" So I had been an outspoken person in that regard. I had sent several letters and emails to the enforcement people at LGCA and the Manitoba Health asking them for better clarity. And I had two people, I had a scientist from Manitoba Health and I had an inspector from the LGCA both in recorded conversations tell me that they agreed with me. But they weren't allowed to officially say anything because they would lose their job.

Shawn Buckley

Thank you. And I have no further questions. I'll ask the commissioners if they have a question. No?

I think we'll call one more witness and then we'll take a break. Oh, we should take a break now. So how about we take a 10-minute break then and return at 3.25 pm.

And Shea, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

Shea Ritchie

Thank you.

[00:22:14]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 6: Sharon Vickner

Full Day 1 Timestamp: 08:11:40–08:40:07

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Kyle Morgan

And welcome back. Our next witness is Sharon Vickner. Ms. Vickner, can I just get you to state your full name, and then spell your first and last names?

Sharon Vickner

I am Sharon, S-H-A-R-O-N. Family name, Vickner. V, as in Victor, I-C-K-N-E-R.

Kyle Morgan

And do you promise to tell the whole truth, and nothing but the truth?

Sharon Vickner

The whole truth, and nothing but the truth, so help me God.

Kyle Morgan

Can you tell us where you're from?

Sharon Vickner

Born and raised in Winnipeg.

Kyle Morgan

And what type of trade or profession?

Sharon Vickner

I am an ISA-certified [International Society of Arboriculture] arborist.

Kyle Morgan

Okay. Now I understand you were impacted quite a bit from the COVID-19 response, particularly regarding your employment, and I guess I would say your general well-being. Can you tell us a bit about what happened to your employment in 2020, what was going on at that time?

Sharon Vickner

Well, I did lose my job in November 2020. I can only speculate as to why. I was removed from my position, so I can't make a direct comment on the employer's part other than he said it was a financial concern. But prior to myself losing my job in November 2020, it was in November and it was a Wednesday, and myself and my employer had met up to discuss my success of the 2020 season, which I did phenomenal. And he gave me my new business cards and a gas card for the company vehicle. We went over how we were going to attack the sales of the following year. And that was a Wednesday.

On that Friday, Pallister went on the television and said, "Don't be surprised if we start naming names of those that got tickets during this COVID." The following week, I was told that I was no longer needed, and I lost my job.

Kyle Morgan

I understand you were working in sales at that time, is that right?

Sharon Vickner

Mostly, yes. Absolutely, yes, I was doing the sales for the tree care.

Kyle Morgan

Your employment would involve you attending to your customers and doing estimates, is that right?

Sharon Vickner

Yes, absolutely, and that's where my bulk of my mental health started to decline. The season for me in 2020 started for work in March, as did a lot of the talks about a potential Chinese Wuhan flu, or whatever you want to call it, came about. And so while I was going to visit strangers—for the most part to me, of course—I was consistently from March all the way to November hearing stories, unsolicited stories about the traumas that family members were going through with not being able to visit their family members in a care home or a hospital or travel to go visit a sick relative.

There's one story that really— Actually two stories that really stuck hard in my mind that I haven't really been able to shake, I guess that's PTSD. This one incredible woman went on to tell me, she was 84 years old and she was so happy to see me, and she went on to tell me that she came from a communist country. And she's got adult grandchildren, and her grandchildren are interested in her history. So she was telling her about what communism was about and why they fled from the country, and all the signs. And what she's seeing, what's happening in Canada and the rest of the world right now. And her own daughter told her that if she continued talking to her grandchildren about this stuff that she would never allow her to see her grandchildren again. So we cried together because the grandchildren were a huge part of her life.

And another quick scenario was this other gentleman. He was in his 80s as well. He had a wife that was extremely involved in community and philanthropy. She's been a huge name in the city of Winnipeg, actually, which I will not name, and she had passed away. And at that time, there was only allowed 10 people to attend a funeral. And I cried with him for probably 45 minutes because he loved her so much that he felt that she deserved more respect than 10 people.

[00:05:00]

And he never did have a service for her. So that's just two out of probably a hundred stories that— I should have wrote a book, actually.

Kyle Morgan

So just to summarize, you would visit with your customers, and

Sharon Vickner

Yes.

Kyle Morgan

invariably they would tell you their stories.

Sharon Vickner

Yes, I guess, I don't know, maybe they just see my kind heart, my nature. I never once talked about my personal opinions or what was going on in this world to any of the clients or potential clients. I was there as a professional, not as a person walking down the street sharing an opinion. So yes, I was invited to a yard to do an estimate for tree work.

Kyle Morgan

Would it be fair to say that you got involved in some type of advocacy work involved in the community about some issues you had noticed going on?

Sharon Vickner

Absolutely, I certainly did. Well, everything was starting to ramp up in 2020 where there was masking this, stand on a dot, follow these arrows, don't see this person, go tell on your neighbours. I realized that my friends that I thought were my friends since junior high and elementary school, for that matter, were really not my friends any longer because I didn't stand on any dots or follow any arrow or anything like that. So I was driven internally.

I'm going to say this on record: I was never a girl that was of faith. And good things, I guess, do happen out of these scenarios. The Lord found me, and when that happened, the Lord actually told me that I had a voice and I had a heart in the right place. And I definitely started standing up in an advocacy sense of educating and sharing love and whatever I could do at that time.

Kyle Morgan

Would I be right in saying that you got some tickets? As a result of that?

Sharon Vickner

Yeah, about \$19,000 worth. Yes, that's not what's causing me my mental traumas, though, that's just part and parcel. I knew what I was getting into when I took a microphone or a bullhorn in my hand; I knew the possibilities. I just had hoped that the benefits of building communities within the fringe minority, I thought we could band together and find that unity where we could.

Kyle Morgan

Now you mentioned that you lost your job, was it October 2020?

Sharon Vickner

It was November 2020.

Kyle Morgan

Okay. Was there anything going on in social media at this time, regarding your advocacy?

Sharon Vickner

In what respect?

Kyle Morgan

Well, you had mentioned that you'd been trying to find your voice in the community. So I'm just wondering if there is increased attention on you at all at that time.

Sharon Vickner

Yes and no, actually. For the first while, I didn't even use my name at all. I never really said it. And then when it comes to social media, it just shows you about what's going on with censorship, way back then, and hatred, in the sense that some complete stranger ended up finding me. [Kolbie] something or other. I don't know. I don't know who this guy is. He ended up getting a picture of me with the company's logo on it, and he posted it and said, "Don't hire this girl," and he really slammed my character, really defamation of character in the big scheme of things. So that forced me to—I guess I should have just totally gotten off of Facebook. So forgive me, my friends, I stayed on. But I did change my name because I didn't want any fallout if someone searched me and found that I was standing up for what I believe to be the truth.

Kyle Morgan

Do you recall when that happened on social media? I'm just thinking about the timeline of your job situation.

Sharon Vickner

Right. That happened just prior, actually, I had to rethink that. It was about the very beginning of November when that occurred. Because I ended up telling my employer about it because I wanted him to know where I stood professionally and that this individual had done this to me. And that I had taken my picture off that stated the company I was working

for, and I changed my name so that there wouldn't be any backlash to his business or his potential clients.

[0010:00]

Kyle Morgan

Now, in your mind, why do you think you lost your job? You might have touched on that before, but—

Sharon Vickner

Again, I can only speculate. But it's just— Some say there are no coincidences. And I can't help but think that he was concerned that I may be unprofessional when I go to visit clients while I'm representing his business.

Kyle Morgan

Now I understand, unfortunately, you actually got arrested. Was that May 2021, around that time?

Sharon Vickner

Yes, it was. May 28th, I believe.

Kyle Morgan

Can you describe that experience to us?

Sharon Vickner

Well, thanks to James reminding me of something. I want to say that, firstly, I was not aware that I was on an arrest warrant. One of the others that were on the arrest warrant told me I was. Apparently, everyone else got a phone call to turn themselves in. I didn't do that. I didn't even get the phone call. I didn't even know until one of the fellows mentioned it to me.

And anyway, without going through that whole long process, I did get apprehended or arrested, I guess it's called. I don't know, I've never been arrested before. And it was interesting because when the police had put me in handcuffs and they put me in the car, they weren't wearing masks. I certainly wasn't, of course. And the first thing the police officer said to me, they said, "Do you know how pissed off we are?" And I went, "What do you mean?" Because I'm like a little talking girl, right? I'll tell him anything, right? And I have nothing to hide.

And they said, "Do you know what fentanyl is?" And I said, "I absolutely have heard of it. Yes." And he says, "We're the drug squad, and we're here arresting you." I couldn't believe that. I just point blank told him, "What a waste of taxpayers' money. You're supposed to be taking dangerous drugs off the street, and you're throwing me, a law-abiding citizen, into jail." And then, so when I ended up getting into the— I'll speed this up. I'm sorry, Kyle. I'm a little bit of a talker, and I'm a little nervous.

Kyle Morgan

That's okay, go ahead.

Sharon Vickers

When I did get out of the police car and they put me in the elevator, this is where the psychological whirlwind really began. They put me in this elevator, and there was initially two police officers that were tending to me, the ones in the car. But when I got into the elevator, there were six others and me, and it was like they did that intentionally.

And as soon as I was walking into the elevator, they said, "Now get in here and face the corner and don't say a word." And I'm thinking, oh, knowing me I can't bite my tongue. And I just told them that it was, "How humiliating. This makes absolutely no sense that you're doing this just for a freedom fighter." So anyway, long and the short of all of that, I ended up, of course, going through the scenario that they do: pat you down, la, la, la, la. And it's just full of lies. I guess that's what police officers do, so I'm not here to diss them if that's the proper procedure where they don't really tell you the truth, how long you're going to be there.

Anyway, I ended up getting put into a cell, and it was kind of disgusting, actually. I had to call them and tell them that— You know, you clearly know the character of who you're dealing with, like the floor had grossness all over it. It was a really vile room.

Anyway, I had to use the washroom. And this female cop walks me to the washroom and the toilet is completely up to the top, filled with yuck. And I just said, "Oh, you got to do something about this." And she said, she rolled her eyes and she said, "So you either got to go or you don't. We only clean it once a day." Well, that's a lie, of course.

I know that's not what you wanted to hear, but so I'm sorry. The whole thing is really kind of boggling my mind about being in jail. I haven't really wanted to think about it too much. So I guess what the hardest part on me, where it really started to stir my mental health, was clearly they had direction to cause me distress. And again, I don't know if this is normal, I really have no idea. So if it's normal, I guess it's just not normal for me.

I was in detention or the cell, or whatever you want to call it for, I believe, it was anywhere from 15 to 18 hours. I think it was a total of 18 hours I was in jail. And every five minutes, someone came and banged on the windows, and I'm not talking just a little tap. I know, someone says, "Oh, they're just making sure you're not, you know, dead," or whatever, right? But they knew why I was there. But every five minutes, they were banging on the window. And I'm going to say it, forgive me, women in the room,

[00:15:00]

but the women were the worst. They actually took their keys out and they crash, crash, crash, every five minutes.

And I know that they had to have been directed to do this because there was a billboard, a clipboard on the side of the wall, and I could see them sign it and I could hear them flick the paper. And there was about 45 different officers throughout that whole time, or 45 times they did that anyway so—

Kyle Morgan

You were arrested because you were getting tickets for gathering outside. Is that right?

Sharon Vickner

Yeah.

Kyle Morgan

Outdoor gatherings?

Sharon Vickner

Yeah, I think it was a P210, I think was the bylaw infraction of inciting gatherings.

Kyle Morgan

I think in May 2021, there was a gathering planned for the legislature here in Manitoba? And that's why a warrant was executed to arrest you? Would that be right to say that?

Sharon Vickner

I'm uncertain, exactly, because they never told me any of that. Not only that, they didn't even read me my rights when they put me in the car either. So that's what I had heard, that it was on May, I think it was just before May 15th. Because the last event that I had something to do with, that I was an organizer for, me and my team, was May 15th. And then, yes, I believe the following one was the legislature, and then the very final one on the 28th was the day that they actually detained me.

Kyle Morgan

Now you were released on bail.

Sharon Vickner

Yes.

Kyle Morgan

And I understand there was a particularly onerous condition of your bail?

Sharon Vickner

Yes, that is correct. And that's the one that I'm— Part of me is embarrassed to admit what I went through. But I guess this is what mental health does when you're a positive person and you've never had to deal with things like this and always around people and always have a friendship circle. It's extremely difficult. So on one of my release conditions, I was not allowed to be on public or private property, in private or public gatherings with anyone other than which I reside.

I lived alone. So that meant I couldn't be anywhere, at any time, with anyone, or I'd be criminally charged. I would have been thrown in jail.

So when they gave me that, when I was going to be released, I signed. I wanted to get out of there; I did not want to stay there any longer. So when I went to sign the documents, I wrote "under duress," because I certainly was. And then they called me back in front of the magistrate and said, "Well, you clearly need to call your lawyer." And I said, "What do you mean?" You know? Because you signed "under duress." And I said, "No, actually, I read it and I just don't agree with it. And this is why I'm signing 'under duress.'" I told them all the reasons as to why I signed "under duress." And they kept me there for about another hour after I had done that.

Kyle Morgan

How long was this bail condition in effect?

Sharon Vickner

One week short of a year.

Kyle Morgan

Can you tell us what your experience was during that year? As difficult as it might be.

Sharon Vickner

Well, it just pulled me out of any kind of support system. I wasn't allowed to— Aside from that particular release condition, the others on the arrest warrant, one was my spiritual guide, Pastor Tobias Tisson: I was not allowed to phone him, contact him at all. So I couldn't have any spiritual support from someone that I trusted.

A friend of mine also on there, I hope this is okay that I mention Dr. Gerry Bohemier. He was also on there and a huge support to me as well. And I was not allowed to be in contact with him either, nor was he with me.

My family had written me off because I had ended up in the paper, and they had said that I had dissed the family name. I didn't realize we were that important. So they wrote me off, and they still don't talk to me.

What had ended up happening, where I lost my job, no one was hiring me because of small industry. I guess, I don't know, word gets around, maybe. Or more importantly, my confidence was destroyed. So I went to a very, very dark place, which I had no idea I even had capability to do that. The first time that actually happened, I just wanted to disappear because, honestly, no one would have really known,

[00:20:00]

because I wasn't allowed to be anywhere, anyway.

I overcame that. And then it kind of spiraled more, when more of the— Like harassment in stores, for example. I'm sorry, but I did not wear a mask. I know how to take care of my health; I don't need something like that on me. It's just a suppression mask. But I was attacked verbally over and over again by managers and customers. The hatred in people's eyes, oh, my gosh, the trauma that so many people must be going through. I was taking that on my own self as it's painful to see people treat others like that. But this time, it was being treated to me.

It actually got to the point where, forgive me, Lord, it actually got to the point where I couldn't deal with it anymore because I couldn't handle what was happening to those around me. I took me out of the equation, actually, and I couldn't handle seeing children with masks on their face and little babies, and just all of the above that most of us know exactly what I'm talking about.

I actually thought, what would be the quickest way, what would be the quickest way that I could end my life? And I thought, oh, heroin. I'll just get a needle and I'll shove it in my arm and I'll die instantly. No, I did not look for it; nor did I go any further than that. But the thought entered my mind.

And just knowing that a thought like that entered my mind added to my mental health decline. Because I had no idea. I'm a loving person; I'm a peaceful person. I love life, I love nature. I never in my wildest dreams did I ever think something like that could come. I guess that's the devil for you, right folks?

But hallelujah, I think what really got me out of that is when you truly put your faith in something greater than yourself, you start to feel a hand on your shoulder when there's really no one there.

So I want to get this on record: I am of no harm to myself and I am of healthy, sound mind. I just want to make sure people know that I'm— Don't be concerned. I love life and I'm here for a long time.

Kyle Morgan

I think we're pretty tight for time. I wanted to ask you what you thought could have been done differently regarding the COVID-19 response. I don't know if you have anything quick you want to say.

Sharon Vickner

I do. I know I'm not supposed to have a piece of paper. But there's just one little statement I wanted to— Just one little sentence because I didn't want to forget it. And I think it might touch all of us. It says, "Holiness does not come from being removed from the world but from engaging it in it."

And that is exactly what I think should have been done differently. To protect our health, we need to be part of the world, and if we are removed from it, we're only going to get mentally ill. We're going to separate each other from everything. So what could they have done?

Well, tell us the truth, that would have been really great. And talked about our actual health, about vitamins and supplements. And how about playing outside? Getting sunshine? How about hugging your children? How about going to see your loved ones? All of those things is what they should have done.

They should have left our own health concerns or our own health solutions to ourselves. The government is overreaching. And they should have no say on how we tend to our own personal health.

Kyle Morgan

I don't know if there's any questions from the commissioners, Dr. Bernard Massie.

Commissioner Massie

This is very touching. I'm wondering how you're doing now. Did you gather a group of people around you that really helped you to go through life?

Sharon Vickner

Yes. I found some really incredible solid people that love me unconditionally, and I'm extremely grateful. I'm not, I'm not entirely healthy yet. I don't think any of us are. I think it's going to take a while for all of us, in the sense that there's constant reminders all around us, every single day, of what this pandemic has put upon us.

[00:25:00]

But as for, like I say, again, I am in a place where I do love life. And I know that there is so much more that I have to do.

So I'm not harming myself. I'm not looking to harm myself. But my mental health definitely needs a little bit more love, I guess, in a matter of speaking. A little bit more hugs. Hugs are good. Because my confidence was taken away from me during that whole process. Because that's kind of what they did to us, right? They tore our confidence down, and they forced us to be scared of people. I'm not scared of people, by the way; they're probably more scared of me. But thanks for asking.

Kyle Morgan

Yeah, go ahead Janice.

Commissioner Kaikkonen

I just want to say from my own experience that it's never too late to write that book on those hundreds of testimonies that you heard from people. Can you hear me, okay?

Sharon Vickers

Yeah.

Commissioner Kaikkonen

And also, I was reading Proverbs 29 this morning, and I can tell you there's some interesting scriptures in there that you might actually enjoy.

As far as the question, I'm just wondering. You did feel bullied by those in authority. Do you feel stronger for it, even with all of the mental health issues that followed? But do you feel stronger that you were able to write the words that you're signing "under duress," for example? Did that empower you?

Sharon Vickner

Did it empower me to be able to write those words “under duress”? Oh, absolutely. It actually did. Because I think I would have handled my time in— I would have probably navigated the circumstance after, in my head, differently. Because words are powerful, and we should be very mindful of our words at all times. It does show me that our justice system is broken, and it is not just in any form. Because if the words “under duress”— They shouldn’t have followed through with any of those conditions because they would have been null and void, and they weren’t null and void.

Commissioner Kaikkonen

So it just lets me come to the next conclusion. If the justice system is broke, I guess we have a lot of fixing to do.

Sharon Vickner

I’d have to say it needs to be torn down and put back together. Because we need to even change the word “government.” Because when you take those two words, in Latin, it actually means mind control. And I don’t think any body governing us should have anything to do with controlling what we do, say, speak, or put into our body.

Commissioner Kaikkonen

Thank you.

Kyle Morgan

Any other questions? Okay. Thank you, Ms. Vickner.

Sharon Vickner

Thank you.

Kyle Morgan

Thank you very much.

[00:28:27]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 7: Pierre Attallah

Full Day 1 Timestamp: 08:40:07–08:57:23

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Kyle Morgan

We should go ahead with the next witness. It's Mr. Attallah.

Hello sir, can you state your full name?

Pierre Attallah

Pierre Nicola Attallah.

Kyle Morgan

And can you spell your first and last name?

Pierre Attallah

P-I-E-Double R-E A-T-T-A-L-L-A-H

Kyle Morgan

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Pierre Attallah

I will.

Kyle Morgan

Where are you from, sir?

Pierre Attallah

I was born in England and raised most of my life in Canada, in Winnipeg.

Kyle Morgan

OK. And what's your profession?

Pierre Attallah

I'm an IT specialist. I've got a BSc in computer science from the University of Manitoba.

Kyle Morgan

Okay. I understand you experienced some difficulties as a parent regarding COVID measures that were in place.

Pierre Attallah

I have two kids in school, elementary school at the time. I was actively involved in their school on a regular basis, on a daily basis sometimes. I was volunteering at the school. I was also working as lunch supervisor for an hour a day, which fit nicely with my other work schedule. I was praised by the parents, the students, and the staff.

Kyle Morgan

I understand your sons experienced some difficulty with the rules that were in place at school. Is that right?

Pierre Attallah

Yes, they were forced to wear a mask in school, and they were targeted by the staff because I didn't agree with the mask mandate that the school was putting in place, and I was speaking out against it. I was pointing out that the public health orders did not apply to any public school in Manitoba. Because I questioned the school about it, they said it was because of the public health orders. But when I showed them the public health orders, it clearly stated the opposite. And they insisted on forcing the masks on the kids.

Kyle Morgan

And how did your sons respond to the mask wearing?

Pierre Attallah

Well, my younger son experienced the worst. He was struggling to be heard, so he was constantly speaking louder than he normally would, which resulted in scarring to his vocal cords. And it led to a really hoarse tone of voice for him. He also developed scarring around his ears where the straps were. There was a day where it started to bleed, and he asked to call home, actually, from the school. And the school principal in the St. James-Assiniboia School Division at Valentine's School, she, the principal at the time, denied him the phone call home to talk to me. When he was trying to take his mask off, he was called into the office to be disciplined for that, and when he was in there, he asked to call home and speak to me, and the principal denied that request of him.

Kyle Morgan

Now you mentioned there was some injury to the vocal cords. How do you know there was an injury there?

Pierre Attallah

Well, he was getting speech pathology from the St. James-Assiniboia School Division speech pathologist. And I asked her if the chemicals in the mask were causing damage to his throat, and she corrected me. She said, "No, he's talking louder when he has the mask on, which is straining constantly for eight hours a day, straining his vocal cords." That was coming from the school's speech pathologist. She also, the school speech pathologist, also referred him to an ear, nose, and throat specialist to investigate it. So we went to the ENT specialist, and he confirmed that there was scarring to his vocal cords and damage to his voice.

Kyle Morgan

Now, did this specialist recommend anything?

Pierre Attallah

Well, I asked the specialist if he could get a mask exemption. Because if the speech pathologist is saying that the mask is causing him to talk louder and that's causing the scarring of his vocal cords, he should certainly be able to write an exemption, so that he could go back to speaking normally and have his condition get better. But he denied the request to give a mask exemption. He said that the boy has to talk quieter.

Kyle Morgan

Now your older son, I understand, might have experienced some effects also. Is that right?

Pierre Attallah

Yes. Because I was actively communicating with the principal of the school and the staff to not put the mask on them,

[00:05:00]

they were more actively watching my kids. And at lunchtime, the educational assistant who was in the room with my older son, she would watch him eat with her arms crossed and tell him to put his mask on constantly while he was eating. She would stare at him, cross her arms, tap her foot. And then, it led to him no longer eating because he was hungry. It changed his eating style. It was like a psychological abuse. At the end, when he did put the mask on, she would force him to say thank you.

Kyle Morgan

So did you try to speak to the school staff about these issues?

Pierre Attallah

Yes, when I found out that this was going on, I went to the school with a letter. It was a notice of liability. I also included an affidavit of my son's statement and a letter, again, asking them to stop forcing the masks on the kids. And the principal wouldn't allow me my

parental right to speak with the school staff. *The Public Schools Act* of Manitoba states that a parent has the right to speak to any school staff member in the school. And the principal would not let me show that letter to that EA [educational assistant]. She denied that.

Kyle Morgan

I believe you spoke to the Superintendent of the School Division. Is that right?

Pierre Attallah

I had, yes. I had a meeting later with the Superintendent of the Division, which is the highest paid employee of the Division. And he said that he was launching an external child abuse investigation. And that was a couple years ago, but I have not received any details of that investigation. I filed a FIPPA [*Freedom of Information and Protection of Privacy Act*] request to get more information about it. And the school division denied me, the father, access to any records of the investigation. I then contacted the Ombudsman to make a complaint about my FIPPA request, and the Ombudsman said it would take about a year to get to it. They weren't very interested in pursuing it. So I was experiencing several levels of governmental failure.

Kyle Morgan

Did you reach out to any other government officials at all?

Pierre Attallah

Yes. I wrote a letter to the Minister of Education because by this point, after the school had seen my written material and the notice of liability, they gave me a no trespass order, which prevented me from talking to anybody on the school property or even being able to pick up my son on school property. Which led to more humiliating and inhumane treatment by the school staff. I learned from my FIPPA request that they were told not to speak to me. So when I would show up at the school, if I said hi to a staff member, they would turn around, turn their back to me, and walk away without even saying hello. I wrote to the Minister of Education, and he didn't respond. That was Wayne Ewasko, Minister of Education.

Kyle Morgan

Did it ever cross your mind to take your children out of this school?

Pierre Attallah

Yes, that's an excellent question. My partner, their mother, wanted them in the school and was in favour of everything that was happening. And the school was favouring her testimony over my request.

Kyle Morgan

Now, just to get the timeline here. You said that you issued a notice of liability to the school staff. Do you know when that was?

Pierre Attallah

I gave them a couple, that would have been around December 2020, or 2021.

Kyle Morgan

Okay. And then they gave you a trespassing notice. When was that?

Pierre Attallah

That was shortly after I delivered the paperwork: the notice of liability and the affidavit and all the court documents that I had in the letter.

Kyle Morgan

You mentioned before that you were working as the lunch supervisor, is that right?

Pierre Attallah

Yes.

Kyle Morgan

And that was a paid position?

Pierre Attallah

It was a paid position, yes.

Kyle Morgan

And what happened with that employment?

[00:10:00]

Pierre Attallah

Well, the principal called me and was demanding my vaccination status. And I told her that my vaccination status was protected and private and confidential. At which point she wanted to end the conversation. And I asked her, "You said that you were going to explain testing procedures." But she didn't want to do that. She just had a bit of a chuckle in her voice and said that it was basically over.

Kyle Morgan

Do you have an opinion on vaccines, in general?

Pierre Attallah

Well, my father, back in 1955, he developed a vaccine for hay fever while he was getting his PhD in biochemistry at the University of [inaudible 00:10:54]. Back in 2002, when he was still alive, there was a SARS outbreak. And they talked a lot about all these policies that were implemented in COVID. They were all talked about in 2002. They weren't implemented back then. But I had a conversation with my father at that time. And I see him

as the expert. And I can tell you what he told me. He told me that he studied viruses like this in the past, and they come and they go, and they come quickly. And I said, "Dad, you made a vaccine. Can they make a vaccine for this?" And he said, "Well, it usually comes and goes too quickly. By the time you made a vaccine, it's already gone, so we don't make vaccines for coronaviruses."

Kyle Morgan

But you're somebody that isn't opposed to vaccines to begin with. Is that right?

Pierre Attallah

No, I've had all my vaccines my whole life and my kids prior to, they had received all. I was giving them vaccines as well.

Kyle Morgan

Can you describe any effects that your children might have to this day over the things that have happened?

Pierre Attallah

Yes. I mean, well, when they were not allowed to go to school, there was a major— I think, the age group of six-, seven-, eight-year-old children, as a whole, I mean, for my kids, I noticed it for my kids. But being taken out of the school system, it was very detrimental to their education. There was a major delay to their education as a result of that because it wasn't really possible to do the— The learning at home wasn't working. It was very infrequent, very short intervals of a video with a teacher. It just didn't make any sense.

Kyle Morgan

Looking back at everything that's happened, what do you think would have been better?

Pierre Attallah

Well, one of the things I noticed when the public officials, the politicians were speaking, they would always start their statements with "We believe," "We believe," and "We believe in science." And my dad taught me that there's no belief in science. Science needs to be understood, not believed.

Kyle Morgan

Are there any other effects that you've experienced, did you want to mention? Or I can open it up to the commissioners if they have any questions.

Pierre Attallah

I'll take questions from the commissioners.

Kyle Morgan

Okay. Did anyone have any questions? I think those are all the questions I had for you.

Commissioner Kaikkonen

Did the teachers at any point feel that they were bullying your children?

Pierre Attallah

Well, I can't speak to how they felt about doing it. But the school division seems to be hiring people that don't question that. I think if you're the kind of person that has a conscience, I think they limit it. Those people were pulled out of the system, and all that you are left with is these Marxist people that will do whatever they're told to do. Like in the instance of the EA who was told to target my son, I don't think—I'm not sure what their thought process is, but that's the type of people that they're putting in there.

I can also say that from the school system, I was completely disconnected from my children's education. I wasn't able to see the work they were doing. I wasn't able to speak to their teachers. And it escalated. It escalated. It was almost like gaslighting where they felt that the measures they took weren't strong enough. So after the trespass order came into effect, they said, "Well, now you can't speak to the schoolteachers." Later, it was, "Now you can't even email them." "Stop emailing them." "Don't say hi to them." It was complete escalation to the point where I was completely cut off.

And it affects, still today.

[00:15:00]

These things are still going on. And it affects my children's education and their ability to get the most out of their education. Because if I want to see some of their work that they worked on, it might take me two weeks of communication going through the principal just to get maybe an assignment that they worked on a few weeks ago. I don't agree with a lot of the things the school divisions are doing. They hold back all the student work for the entire year and give you an incomplete assignment bundle in June, on the last day, right before the teacher leaves, so you don't have a chance to ask questions. It's pretty ridiculous what's going on in the school system today. I applaud the people who are homeschooling. And that's my intention, is to move towards homeschooling for me and my kids.

Commissioner Kaikkonen

I was just also wondering about the schoolboard level. Have you checked out the policies? Because they receive public funds, so I'm just wondering how they could say that you're not allowed to have access to the school or to your children's records if they're accepting public funds.

Pierre Attallah

That's a very good question. In the no trespass letters, they do not provide a reason. It's completely arbitrary, which is a violation of the Charter of Rights. However, this school division, the St. James-Assiniboia School Division, their superintendent is the Chair of Mass.mb.ca, which stands for Manitoba Association of School Superintendents. They pledge their allegiance to global corporations, not to Canadians, not to Canadian citizenship. They call it global citizenship. Global citizenship does not include the *Canadian Charter of Rights [and] Freedoms*, Bill of Rights, any of that. It's a complete betrayal of being Canadian.

Commissioner Kaikkonen

Thank you.

Kyle Morgan

I don't know if there's any other questions. Thank you very much, Mr. Attallah, for your testimony.

Pierre Attallah

Thank you for having me.

[00:17:16]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 8: Tobias Tissen

Full Day 1 Timestamp: 08:57:40–09:16:26

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Kyle Morgan

The next witness is Tobias Tissen. Can you spell and state your full name, sir?

Tobias Tissen

My name is Tobias Tissen, T-O-B-I-A-S T-I-S-S-E-N.

Kyle Morgan

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Tobias Tissen

I do.

Kyle Morgan

Can you tell us where you're from, sir?

Tobias Tissen

I currently live in the Steinbach area. And previously, I moved to Canada from Germany, back in 2006.

Kyle Morgan

And what type of work were you doing prior to the COVID outbreak, I guess in early 2020? Do you recall?

Tobias Tissen

Prior to that, I was actually attending to my father who was on home care. He had had heart failure, and he passed away in early of 2020, April. I was on government support to take care of him and that's actually the beginning of when all the lockdowns hit and really, really affected us.

Kyle Morgan

I understand you were preaching at a church congregation during the same time, is that right?

Tobias Tissen

That's right. I was preaching, still preaching, at the Church of God.

Kyle Morgan

Are you a pastor? Would you describe— Sure.

Commissioner Drysdale

You know, our largest viewers are on the internet right now, and with all of the clapping—and I understand the emotion—but with all of the clapping and interruption, it's making that very difficult. We want to really keep this thing going, and some of the witnesses are a little nervous. So I please ask you again to restrain yourselves. At the end, absolutely, give your appreciation of the witnesses. But let's cut that down in between, please. Thank you.

Kyle Morgan

I know a lot of people refer to you as a pastor. Do you consider yourself a pastor?

Tobias Tissen

I don't really consider myself a pastor. Although I do assist, I preach, and I help in the congregation.

Kyle Morgan

Now, what do you recall once the first restrictions were put into effect in 2020? What do you remember from that time?

Tobias Tissen

So it affected us because they started capping off limits of people being able to go to church, and it went down to 50 per cent. And after that, they reduced it to 25 per cent, 10 per cent. And after that, I believe 10 individuals. And I believe, maybe even down to five.

We're a very close-knit congregation of about 160 people, and we really need each other. And there's a reason why church people gather, why they have church multiple times a week. It's because church functions like a family, and the family is there for one another.

Another way it affected us is, like I mentioned already, my father passed in April of 2020. He passed at a young age. I am only 28. I was 25 at the time. He was 48. And we were not

able to have a funeral like we wanted to. It was right at the beginning, but it was already so far locked down that only 10 people were allowed to be inside buildings. And we were forced to pretty much have an outdoor parking lot funeral service.

When it came to the burial, human is human and people flock together. And by the time my father was buried, RCMP showed up and were wondering what was going on. Thankfully, I had friends that handled all that at the time; I didn't speak to the RCMP then. But it shows how inhumane this response was.

Kyle Morgan

I believe the RCMP attended a church service you were at. Or maybe that happened more than once. Is that right?

Tobias Tissen

Definitely more than once.

Kyle Morgan

Can you tell us about that?

Tobias Tissen

I can't recall how many times they were out there monitoring, service after service, counting how many people walked into the building from the road. One instance we had on November 29th of 2020 was—

[00:05:00]

Back at the time, it was illegal to have any indoor gatherings, as well as drive-in church services. And so, we were determined— And let me make this clear, we're not being rebellious for the sake of being rebellious. We're very peaceful, law-abiding citizens. I can speak for our church that we are. And so, we feel an obligation before God to fulfill scripture, and scripture tells us that we should not forsake the assembling of ourselves together. So we were determined to at least have a drive-in service and show the hypocrisy of the government because while we were forbidden to have our parking lot filled, the big-box stores had all their parking lots flooded.

So we were in for a shock that morning, though, because by the time I came to church— well over an hour before it was set to start—there was a tow truck on scene. And there was police on scene. By the time it was 45 minutes prior to service, an RCMP cruiser had blocked the entrance way to our parking lot. And there was a lot of vehicles. Word had gotten around: people knew there was going to be a church here that was going to be open. And so, people pulled in, and there was no way to get onto the yard. The whole highway ended up being blocked up. And we brought out a pickup truck close to the end of the driveway there, and I delivered a bit of a sermon. We did some singing, peacefully, and we disbanded from there.

At the same time, though, big-box stores were open; parking lots were filled. Same time, there was a car rally for the farmers of India, and people stayed in their car just like they stayed in their car at our parking lot. Nobody was fined there. Nobody was in trouble. But

the church and myself both received a fine for that instance. The church received a fine of \$5,000, and I received a fine of \$1,296.

Kyle Morgan

I believe you received a number of other tickets on other occasions. Is that right?

Tobias Tissen

Many. Many for simply being there for people. Just like we've heard other witness reports, there was a lot of loneliness, a lot of people having no one. And church was like their avenue of socializing, of getting together with somebody, and exchanging human needs, spiritual needs. And I had to be there.

Being a preacher is not a career. Being a pastor is not a career, although maybe it's viewed as such. But being a preacher is a calling, is something that someone feels responsible before God and that someone would do without pay. Pay is not what makes a pastor; it's their responsibility. I've got to help people's spiritual need.

Kyle Morgan

And I understand you were arrested also. Is that right, sir?

Tobias Tissen

That's right. I was arrested on October 18th of 2021. A warrant has been out prior to that for about six months, and I was literally hunted down. On the night of my arrest, my family and I were having a gathering at a park. My mother, who was living with us, had decided to move to Europe, and so it was her last evening, and we went out to have a little goodbye gathering. And someone saw me at the park, reported it, and as soon as I pulled off the park, there was several police cruisers that went and hauled me off.

Kyle Morgan

And how long were you in jail for?

Tobias Tissen

I was in jail for 45 hours—two nights—and it was a horrible experience. I've never had a run-in with the law before, never been to jail before. And I was placed in a cell facing away from the clock. I had no idea what time it was, basically ever.

[00:10:00]

For one night, I was in custody; the next day, I was moved to remand. And in there, I had to stay. I had half an hour within a 24-hour period to get out of my cell.

Kyle Morgan

And then you would have been released on bail with conditions, is that right?

Tobias Tissen

That's right, I was released on bail. I could have been released sooner, but I didn't agree to the conditions at the time because the conditions prohibited me from going to church. And I could not, I could not in conscience, in good conscience, sign that. And so, the lawyers worked for me to amend those conditions so that I was able to still go to church.

Kyle Morgan

Is it true that your children would have witnessed your arrest? Is that right?

Tobias Tissen

That's correct. My children are still traumatized. I have two boys and a little girl. The oldest is seven, the second is four, the baby is 10 months. My wife was actually just a few weeks pregnant when I was arrested. And my boys witnessed not just the arrest but multiple times of officers coming to our door. Not just one officer, but two, three, sometimes five coming and handing tickets. To this day, like we live in Steinbach, when I talk of going to Winnipeg, they're like, "I wanna stay home." It'll be something that at their young age, they won't ever forget. The night of my arrest, the whole congregation went out to the police station, and they were singing and walking around the building. I have a little picture of my two little boys peering into the station, hoping to catch a glimpse of me. And it's, it's heart wrenching.

Kyle Morgan

We know that there's been a lot of controversy and division in a lot of areas over what's happened. Was there any division in your church or that you experienced?

Tobias Tissen

There was none. We're a family. Everyone had my back. I'm part of the most amazing church. And not just in Steinbach, we're a global church. Worldwide, messages were pouring into my family of support and prayers.

Kyle Morgan

Within the wider community, did you experience a lot of support?

Tobias Tissen

There was a lot of friends, absolutely. But there was also a lot of hate going on. It is something that I feel was part of the government's tactic to put something out there to divide humanity. The saying goes "divide and conquer," and that was their motive.

Kyle Morgan

Do you remember if there was much transmission of COVID in your church congregation, COVID-19?

Tobias Tissen

Probably someone had it. But we're all old enough to know to stay home when we're sick. And when someone felt ill, they stayed home. We had, not that I know of any outbreaks, no COVID deaths, no reactions, and everyone is still there.

Kyle Morgan

Were there any other effects on the people of your church congregation? Did any of the government restrictions affect your congregation in any way?

Tobias Tissen

Absolutely. When the restrictions came in, in the beginning, we were like, "What is this? This is so new." We didn't know exactly what this was, so we stayed home for a bit. And then we went to drive-in. And pretty soon, we found out it's not the same. People were struggling spiritually that needed support and couldn't get the support as freely. So we felt like, rather have the fines, rather have all that, but we've got to be there for each other.

Kyle Morgan

Was there also a school associated to your church? Was that affected in any way?

Tobias Tissen

We have a private school, and every year we have a graduation ceremony, a little bit of a presentation and a school picnic. And of course, those years when those gatherings were limited, we couldn't, which was really sad for the children,

[00:15:00]

really, the whole congregation because it was a fun day for everybody to get together.

Kyle Morgan

I'll ask you one last question that I've asked all the witnesses: What do you think should have been done differently in the government's response to COVID-19? Does anything come to mind?

Tobias Tissen

There should have been more of a feeling out of, "How are people handling this," instead of a crackdown of a "dictative" approach. There should have been a— "How are you treating this?" I mean, if they have the resources to send all those officers to one little church, why not come out and see: "How are you all doing? What are you doing about this? Are you protecting yourself? Are the sick ones staying home?" And allow us to use our common sense.

Kyle Morgan

I think those are all the questions I have. I don't know if the commissioners have any questions for you. Let's go ahead, Dr. Bernard.

Commissioner Massie

Yeah, I'm wondering if the oppression or the restriction that was put on the practice of religion is not triggering some sort of questioning from people that were not particularly inclined to do religious practice, to wonder whether this shouldn't be something they might consider in the future. A sort of, why is it that this was targeted as something that needed to be crushed?

Tobias Tissen

Definitely. Well, there were a number of people that came out to church that normally wouldn't have. And I'm sure the question was raised in many people, how come big-box stores stayed open? How come liquor stores stayed open? But why was the target on the church? And I believe many were awakened.

Kyle Morgan

Any other questions? Go ahead, Janice?

Commissioner Kaikkonen

I actually have a lot of questions, but I don't think we have time. I'm just wondering, when you went to court, did you have an opportunity to ask about the discrepancy between the box stores and the churches being open or closed?

Tobias Tissen

By the time we got to court, they took our rights to use the Charter, based on a previous court ruling that the Justice Centre [JCCF] with several churches challenged the Province. And all of those concerns were raised by those lawyers—I was a part of that lawsuit—and the Chief Justice Joyal found that our Charter of Rights were not violated.

Commissioner Kaikkonen

Thank you.

Kyle Morgan

No more questions? Okay. Thank you very much, Tobias.

Tobias Tissen

Thank you, sir.

[00:18:46]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 9: Michael Welch

Full Day 1 Timestamp: 09:16:32–09:45:44

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Shawn Buckley

So, Michael, can you take the stand? Our next witness is Michael Welch.

Michael, I thank you, you've been waiting patiently all day. I'll ask if you can state your full name for the record, spelling your first and last name, please.

Michael Welch

Michael Welch, M-I-C-H-A-E-L W-E-L-C-H

Shawn Buckley

Michael, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Michael Welch

I do.

Shawn Buckley

Now you have been a radio journalist for 15 years.

Michael Welch

Yes.

Shawn Buckley

And my understanding is that you have your own show, and it's called "The Global Research News Hour."

Michael Welch

Yes. That's correct.

Shawn Buckley

Can you tell us just a little bit about the types of things that that show would typically cover? Let's not go into COVID. But pre-COVID, how would you describe the show and what types of topics would you be covering?

Michael Welch

Well, the show ultimately was kind of a merger: a merger attempt between an academic website, the Centre for Research on Globalization, or globalresearch.ca, and the network. Because my show, or rather, the radio station, which is a campus community radio station, so there's a bit of a difference there from the mainstream media. We tend to feature topics and investigations that tend to elude the mainstream media. We'll get into all sorts of subjects: focusing on a lot of the questions around 9-11, for example; focusing on a lot of the issues surrounding where the terrorists come from; where there's, for example, the claim that Russia had somehow influenced Trump and maybe helped him win the election. I mean, I'm not necessarily saying Trump is good or bad. But there are some questions there that didn't get asked. So all of these sorts of questions, typically following foreign policy or economics, financing. These are subjects that we cover, and we pretty much span the spectrum from the left to the right.

Shawn Buckley

Right. So your show would be covering things that the mainstream media wouldn't be digging into, and pre-COVID could be considered kind of, you're chasing leads that could be going against the mainstream narrative even.

Michael Welch

Pretty much. Yeah. That's what it says right at the outset. We investigate claims that are not addressed in mainstream media.

Shawn Buckley

And pre-COVID, my understanding is this wasn't a local show, and it's still not. But basically, your show is syndicated so that it's carried on a number of different radio stations across Canada and maybe even outside of Canada.

Michael Welch

Initially, it was just the station. But we expanded, okay, and we got other stations across the country. I think at its max, it was maybe 15 across Canada and a few stations in the United States.

Shawn Buckley

Right, so pre-COVID, your show is becoming more popular and more popular and more popular.

Michael Welch

Yes, that's correct. As far as I can say.

Shawn Buckley

Okay. So now, when COVID hit, am I correct? You didn't change your approach. You still would then be looking at issues that the mainstream media was ignoring. But there were questions that needed to be asked and looked into.

Michael Welch

Yes. With regard to COVID, I started publishing that sort of skeptical slant. Okay, let's take another look at, maybe, something like taking a second look at COVID, and I did a series of stories starting in September of 2020.

Shawn Buckley

Okay. Can you share with us some of the guests that you had on your show?

Michael Welch

Sure. I think my first guest, with regard to COVID, you mean?

Shawn Buckley

Yes.

Michael Welch

My first guest was Sucharit Bhakdi who is a very critically acclaimed doctor in Germany. He was, you know, published hundreds of articles. He was on a very prestigious board.

[00:05:00]

But he was saying these things about— At that time, I mean, he couldn't say too much about the vaccine. But even so, what he was saying was that COVID is not as deadly as everybody's being led to believe. And then, there were quotes of the statistics to back him up. I mean, maybe for the very elderly, there's a little bit of a gap there. But you couldn't quite justify, at that time, that this is something that should be, you know, pursued as something and then have all this social distancing and everything else.

And we also had, who else? I had Mark Crispin Miller, who's not a doctor, but he's a media person specializing in propaganda. And I guess you could probably tell a separate story. But he was also saying, "Well, what is this, all this stuff that's coming out? It appears like propaganda." I had Meryl Nass; I had Jane Orient, who was the head of the American Association of Physicians and Surgeons. Peter McCullough came. You know him.

Shawn Buckley

Yeah, and some difficulty arose after Dr. Peter McCullough was on your show. Am I right about that?

Michael Welch

Well, I had decided that I wanted to arrange a debate between the official story of COVID, with expertise in talking about it, and one of these, call them dissident doctors. So we'll put one against the other and see what falls out. But I realized that the person who would be having the more mainstream take, he just said, "Well, I think you should reconsider this Dr. McCullough. I mean, he's being sued in the United States." And then he basically— I was saying a debate. He was thinking, debating Trump, if you know what I mean, somebody who's going to interject. I mean, Peter McCullough is not going to be an unusual figure. He's not Trump-like, exactly. But I had to phone back Peter McCullough, and say, "Gee, sorry, I can't get you on because I can't get a debate."

I tried other people as well. And they were even worse saying, "Well, this guy is just, you know, it's Flat Earth Society." And Peter McCullough, given his credentials, I mean, pre-COVID, before he started giving his own testimony, he would be considered a really serious expert. But as soon as you step out of line in terms of COVID, you're smeared.

Shawn Buckley

Now can I have you clarify so that everyone understands what you mean when you say, "as soon as you step out of line on COVID."

Michael Welch

What I mean is that if you don't repeat the main messages of the World Health Organization, the CDC, and all the governments that are in charge, you're not credible. I imagine that would happen with Sucharit Bhakdi as well. It doesn't matter, apparently. I mean, it's so easy just to lose credibility. All you have to do is go against the mainstream narrative.

Shawn Buckley

And you had your own experience. So is it fair to say that in the 11 years before COVID hit and you're running this show and more and more stations are picking it up that really you had never had a serious listener complaint.

Michael Welch

I've never, I don't know. I mean, I suppose somebody might have complained, and they didn't tell me. But as far as I know, I not only was without complaints, I had a fair number of awards both within the station and nationally for my work. I was well respected as the news director for a few years. I think I was fairly well respected by our audiences.

Shawn Buckley

Right.

[00:10:00]

Now, can you tell us how that changed with you're running COVID shows and you're basically addressing issues like, "Is the vaccine safe and effective?" That's when it really changed for you, isn't it?

Michael Welch

It seems so. I found myself getting a lot of complaints. I don't know how many. But yeah, like staff told me I was getting complaints. I just talked to a colleague once, I just met out in a marketplace or something, and then he was— Good, friendly guy and everything. But he said a lot of his friends are saying that this guy's show is just not— It's pretty bad. Essentially, it seemed as if my show was going from one of the best shows on CKUW to one of the worst.

Shawn Buckley

Okay. And I just want to make sure I understand. So you'd basically had 11 years really of positive comments. You'd won awards; the show was growing.

Michael Welch

Yeah.

Shawn Buckley

And you hadn't changed the type of news reporting you were doing. You were always doing that digging that the mainstream wasn't doing. But now it's on things like the COVID vaccine.

Michael Welch

Yeah. I mean, I can only think, and I don't know if I'm stepping out of line by speculating here. But I think the people who were listening, like everybody, I suppose, they were so terrified by COVID and then seeing all the deaths in Italy and then there's all this monitoring of the hospitals and so many people are dying that they're scared. And then, here comes somebody, the authorities laying down directions: this is the way we move forward. And people say, okay, okay, okay. So when somebody comes out and actually tries to contradict that, I guess, you're going to see them as like the most malevolent form of life ever known, you know?

Shawn Buckley

Right. I'll ask our AV person, David. I've got an exhibit up on the computer. Can you show that? So my understanding is this is a news article from the *Vancouver Sun*, dated March 13th, 2021, and the headline, "COVID-19: Radio station at SFU temporarily suspends program linked to website with pandemic conspiracy theories." This is about your show, right?

Michael Welch

Yes, it is. And just to correct it, it's not the [ranked] *Vancouver Sun*, it's the *Vancouver Province* [sic] [*Vancouver Sun*].

Shawn Buckley

Okay. And then I'm going to scroll down a little bit.

So the first paragraph here, “as health officials battle the spread of pandemic misinformation.” And, so, you’re basically being branded as spreading misinformation for having guests on like Dr. Peter McCullough.

Michael Welch

True. Essentially, yeah, that’s it.

Shawn Buckley

Okay. And so what happened with your show and this radio station?

Michael Welch

Well, like after this came out?

Shawn Buckley

Yes, after this came out.

Michael Welch

Well, like it said, they suspended the show. I had written them a letter to sort of help them with the process and decide, like while they were trying to figure it out, I’d send them the basics: it’s based on solid science; this is what it’s all about. Michel Chossudovsky had put out— There was a bit of a glib about a CBC article that was dissing his thing, and I tried to correct that in case there were any doubts. And the astonishing thing is I hadn’t heard anything back.

Shawn Buckley

So, David, can you pull up the exhibit, computer again? My understanding is this is your letter.

Michael Welch

That’s right.

Shawn Buckley

And we will enter it, it’s already entered as an Exhibit, it’s WI-6. And the news story is **Exhibit WI-6a so that people watching and the commissioners will be able to see it. But I just want to scroll down to something you said that—**

I think it was your third point. Oh, nope, nope, just wait. Yeah, so the first full paragraph on this page if you don’t mind, I’ll read it. Because I think,

[00:15:00]

what it reminded me of is that saying, “First they came for the Jews, and I didn’t stand up. And then they came for the Christians and,” et cetera, “and then when they came for me, there was no one left to help.”

But my understanding is you got no reply from this letter. But I just want to read so that people who can't see it clearly understand one of your points.

And you say:

But ultimately what I would like you to carefully consider that you are being targeted by forces who will take down voices based on smears appearing in the media, such as allegations Global Research is a part of a Kremlin operation (?) And if you do take down Global Research News Hour because of its association with Global Research, who will be next? Will Canadian Dimension Radio or Canadian Foreign Policy Radio, or any other successful media running effective anti-NATO content be next? Consider that the long haul of this enterprise places the station on a track that ultimately requires them to fully conform to the direction of the mainstream in terms of meaningful conversations.

And can you explain for us what you're saying there? What your concern is? Because I think you're saying something very important about censorship and conforming.

Michael Welch

We talk about freedom of speech. To be clear, what we're talking about is to be free to have freedom of dissenting speech: I am free to say something that you don't like; you are free to say something that I don't like. What we're talking about here is efforts to distract from that or to get around that by simply saying, "It's misinformation, it's disinformation and, therefore, we should get rid of it."

There are too many examples of information—I mean, there's stuff that they say is disinformation or misinformation. But it's pretty clear that dissenting views, they should be heard, get out in the open, and then let's debate it out in the open. It's simply not acceptable to have one group of scientists talking about COVID and vaccinate, lockdowns, and social distancing, and all that, and the other people are absent. As we mentioned before, they don't appear. And there are legions of these doctors out there, and I made a point of trying to talk to them to get the other side. We're going down that road of freedom of speech, and we can't let that fable of disinformation—of anything that goes against the government narrative—prevail. It's got to get out in the open. And that's fundamentally what I have to say and what I'm trying to demonstrate as a part of my job in my role as a journalist.

Shawn Buckley

Right. And had you ever experienced this type of thing before where there was pressure on you to conform with a government narrative on any topic in your career as a journalist?

Michael Welch

Like I said at the outset, one of the reasons I came to the radio station in the first place is because this is a place where I can ask these questions, and I'm wide open to go wherever I like, as long as it's carefully measured. So no, I didn't. Now, it's different. And I don't know where this is headed. Hopefully, it can be stopped, perhaps through an inquiry like this one. But I don't know.

Shawn Buckley

And just so that things are clear, this station did drop your show.

Michael Welch

Well, they said it would be withdrawn temporarily, and that was two years ago. So it looks like it was a permanent.

Shawn Buckley

Right. So CJSF in Vancouver has dropped you for two years now.

Michael Welch

Yes.

Shawn Buckley

And some other stations have dropped you, also.

[00:20:00]

Michael Welch

Yes.

Shawn Buckley

And then for the first time, the Board of your local station on this issue, basically, made it clear to you that you have to be careful.

Michael Welch

I heard from, I think, it was the Chair of our Board. I mean, I met her outside, and we were just having a conversation. But then at the same time, the conversation got kind of serious. And she looked me in the eye and said, "We've got to be keeping with the government narrative. All the doctors are saying that, all across the board." And she's trying to say, "So you're going to align with these policies, aren't you?" And I basically said, "No." But I mean, yeah, that's definitely something that's pretty sharp on our mind.

Shawn Buckley

So if there was one thing that you would like to see happen in the area of journalism going forward, what would you like that to be? Where do you think we've gotten off the rails where journalists like you are being basically pressured to follow the government narrative?

Michael Welch

Are you talking just in my journalism or journalism broadly?

Shawn Buckley

However, you'd want to answer that. You're an expert in the field; you've been a journalist for the last 15 years. So I'm really just asking for your insight, whether it's locally or do you think nationally, however you'd like to answer.

Michael Welch

I think that we have to be more open to other ideas, like I have been. I think we have to listen; we have to, in particular, we really, really have to be in touch with community members. Because I am a community broadcaster, and I think that local people should really take precedence, and we should listen to them. Like we've listened to a lot of fine people— I've listened to a lot of fine people today, and I think I have a colleague who's already collecting information for people to interview.

I remember talking to someone who had been vaccine injured. And she said that when she talked to a mainstream media person about— Is she going to get her story published? She ended up, he or she, I guess, ended up saying, "Well I can't because if I do, I'm going to lose my job." I haven't confirmed that. But I'm just reporting what that person says. Me, I don't think we should be fired for trying to do our job and reporting from actual people.

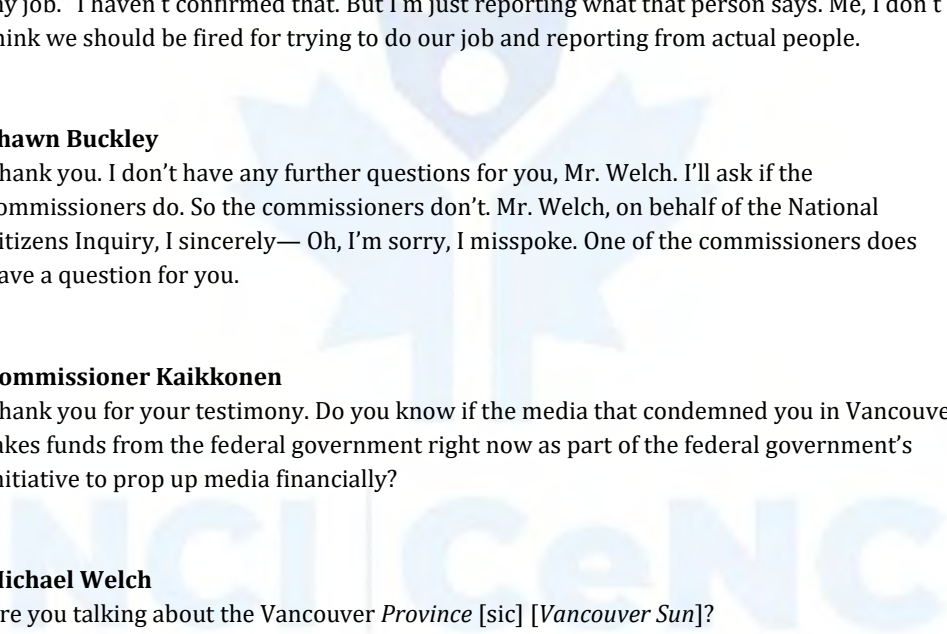
Shawn Buckley

Thank you. I don't have any further questions for you, Mr. Welch. I'll ask if the commissioners do. So the commissioners don't. Mr. Welch, on behalf of the National Citizens Inquiry, I sincerely— Oh, I'm sorry, I misspoke. One of the commissioners does have a question for you.

Commissioner Kaikkonen

Thank you for your testimony. Do you know if the media that condemned you in Vancouver takes funds from the federal government right now as part of the federal government's initiative to prop up media financially?

Michael Welch

Are you talking about the Vancouver *Province* [sic] [*Vancouver Sun*]? 

Commissioner Kaikkonen

Yes.

Michael Welch

Oh, yeah. I haven't really looked into it to tell you the truth. It's quite possible because a lot of them are. But I don't know. I mean, the way it started in my view is that it started with an individual. The whole CJSF saga began with one individual attacking the station and talking to the program director and trying to get her to take that awful "Global Research" show off the air. And I think she even threatened to find a way of condemning him if they don't.

[00:25:00]

And so she went to this reporter, and then the reporter took interest and that's all. But, yeah, to answer you, I honestly can't say.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

But in a way, and sorry, we have another commissioner question. But I just wanted to interject. In a way it's interesting. So here we have one media station, or *The Province* [sic] [*Vancouver Sun*], so a media outlet, basically complaining about another media outlet reporting. Like, when we all think about that, that in itself is interesting. Do you see what I'm saying?

I mean that would be like your radio station, your show, complaining about what some other media outlet is doing in order to create pressure for that other media outlet to drop a story or position. I mean, that's an unusual take in the absence of fraud or corruption, is it not?

Michael Welch

Yeah, I personally wasn't fond of it. I guess it's a bit of a conflict of interest. You know, it's not the way I want to be introduced to the people of Vancouver. But yeah, it's unusual to see radio stations going against each other that way.

Shawn Buckley

And I'm sorry Commissioner Massie, I jumped in.

Commissioner Massie

I was going to ask you: How do you see the future of this type of journalism in Canada or in other countries in the environment we're in right now? Because I'm not seeing a lot of news stations that are able to openly go counter-narrative and make a decent living out of it. Do you see that people will ask for it, eventually, and it will actually come back? Or is it going to be suppressed, like it is right now?

Michael Welch

I hate to be negative. But it doesn't look too good. I know that the campus community radio network, like it's the network of stations that arrange things. And even though we are charged with the responsibility to dig deep and find a different view of things, collectively, we seem to have marched pretty much in line. And so even myself and a few others who are countering the narrative, even in this network, it's more the minority than the majority. I find that things, so far, are not working in our favour. And even in internet media, there's these increasing tentacles of conforming to standard narratives. It's something that I had not thought would be possible five years ago.

Commissioner Massie

Thank you.

Shawn Buckley

Mr. Welch, I think that's it for questions. And again, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony and sharing with us today.

Michael Welch

Okay. Thank you very much.

[00:29:12]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 10: Michael Vogiatzakis (Part I)

Full Day 1 Timestamp: 09:47:03–10:05:50

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

PART I

[00:00:00]

Wayne Lenhardt

Mike, could you give us your full name and tell us where you live, and then I'll do the oath with you.

Michael Vogiatzakis

Michael Vogiatzakis. I live in St. Andrews, Manitoba.

Wayne Lenhardt

Okay, and you own a funeral home?

Michael Vogiatzakis

I'm general manager of Voyage Funeral Home

Wayne Lenhardt

Okay. And do you promise to tell the truth, the whole truth, and nothing but the truth?

Michael Vogiatzakis

I do.

Wayne Lenhardt

Pick your own starting date, Mike, and tell us what you noticed that was different during the COVID epidemic relating to what you were seeing at your funeral home.

Michael Vogiatzakis

I think it all starts when COVID started and the government put so much fear into us that even myself was afraid and thought I'd never see my family again because I thought I was going to die. I thought, geez, we're the guys who are going to be touching these bodies that are dangerous and that have COVID and the blood is infected. Am I going to see my family again? Every time we went to a care home, we were frightened. We had staff meetings talking about this and offering staff to maybe not come to work if they didn't want because of what we were going to be facing. The fear was so real that it scared us.

I remember my mom— When they said you couldn't go see your parents and you couldn't be with family. My dad had passed away a few years earlier. When I went to my mom's house, I sat across the table from her, and I said, "Mom, don't come near me. I don't want to get you sick. Please, mom, stay on that side of the table." And she goes, "Oh, don't be silly. Give me a hug." I go, "Mom, I can't hug you, stay on that side of the table!"

And then reality kicked in one day when I went into a care home. A friend that I grew up with since I was a little boy, his dad came to the funeral home and said, "Mike, I have stage 4 cancer. I'm going to die. My last wish is for you to come to this care home and take me into your care once I die." He goes, "You promise me you'll do that." I said, "Yes, sir." It was three months into COVID, and I got a call from the care home, and this gentleman passed away. So I made my way up to the care home.

As I was proceeding to take him off the hospital bed, it was just me and a nurse alone in a room. I looked at this nurse, and I said, "Do you mind me asking how this person died? I'm just curious." And she said, "Oh, he died of COVID." I said, "Yeah, but this is a palliative care ward. This is comfort care. Aren't people here just for comfort care? Aren't the people in here, everyone on this floor, don't they have cancer?" And she said, "Yes." And I said, "Can I ask you a question?" I said, "What does the death certificate say?" She says, "It says COVID." And I banged my hand on the table and I said to her, "Listen, I want the truth. This is my friend's dad, and I want to know how he died." She said, "I don't want to lose my job. I don't want to lose my job. He died of cancer." Of course, he died of cancer. And I said to her, "You have five minutes to change this death certificate to the proper cause of death, otherwise, I'm going to turn on my phone. I'm going to go on Facebook live, and I'm going to make a mess out of this." Five minutes later, this nurse came back with a new death certificate that said that this gentleman died of cancer.

My fear of getting sick and dying, instantly, went away. I knew there was something wrong and I knew that I was not in danger. And I was in every COVID room that you could imagine. Double COVID, double mask. You can't do this. You can't do that. That puts a lot of fear into a person. From that day on, I walked into care homes with confidence. At times, I didn't wear a mask because when you're removing somebody from a bed, you don't want things poking in your eyes. You want to be able to see what you're doing. You want to be comfortable with what you're doing. So that day changed my life as a funeral director, and it changed the staff's perspective on things.

During these two years of COVID, I want to go behind closed doors: behind closed doors where families weren't allowed, where I was able to look at your families in the eyes and see the fear that they were going through, the confusion. A lot of these families were lost and they were scared. It puts tears in my eyes when I talk about this because it is real. What the government did is real, and it hurt a lot of families, and it hurt a lot of people. And it killed a lot of people. People died alone, and nobody should ever die alone. Nobody should ever be alone at the end of life. To hold your dad's hand or to say, "I love you" or just for your loved ones to know that you're at the corner of that bed means everything in the

world. But no, they took our rights away as human beings to say goodbye. They took our rights away as parents to be there for our children.

[00:05:00]

They took our right away to go into a hospital and say goodbye.

It reminds me of a story of a lady that was in the hospital, and she could hear her mom calling her clearly. And as her mom was calling her, the hospital called security and escorted this lady out of the hospital. On the two-way radio, she heard that somebody had passed away, and she looked at the security, and said, "Was that my mom's room?" It was her mom's room. They took her right away to say goodbye to her mom on her death bed. And how's that right? How's that right for us as human beings to put up with that? How's that right for a government that we voted in to do this to their people, to straight out lie to us?

I want to just take you behind the scenes. I want to share some stories with you: stories that are going to touch your heart; stories that caused division and hate and anger and split a world in two, instantly, just like that. It breaks your heart to be able to go into these rooms and to see the hurt in people's eyes, to see the fear in their eyes, to know that they're going to die alone.

I'm going to share a story with you about a care home that I went into. As I went into this care home to take this lady into my care, I was about to put her onto our stretcher. In the bed beside her, there was an older gentleman. He looked at me and he said, "Please take me with you, please; they're going to kill me, please take me with you." I looked at him and I didn't know if he was mentally sound or if he was just being delusional. Then he looked at me and he said, "There's a glass of water just over there." He goes, "Pass me that glass of water; I just want a sip of water." And I said, "Sir, I can't give you that water." I didn't know if he had congestive heart failure. I didn't know if something was wrong with him, and I didn't give him that water. I put this lady into my stretcher, and I started to take her out of the room. He looked at me and said, "My kids hate me. My kids haven't been here for me. What did I do wrong? Why are my kids treating me like this?" And I said, "Sir, this is not your kids. It's the regulations that the government's put forth. Your kids can't come and see you because they're not allowed to come and see you." And this gentleman started crying, and my heart was truly broken for him. It reminded me of my dad, laying there helpless, nobody to help him, nobody to talk to.

Our older generation was locked in homemade prisons—homemade prisons, locked in their rooms, three or four people. As funeral directors, when we go to a room and we take somebody from that bed, we clearly see if a person was changed, if a person was taken care of, if there was bed sores. And we saw all of that and more. At times, I had to call people to take the catheter out because that's not my job. What they did to people was disgusting. These older people worked so hard to build this country for us. They left their countries to come to Canada because Canada was a land of opportunity. Canada was a place where you could raise a family. Canada was a place where you could have freedom. Bang. In a fast second, they took the freedom away.

This gentleman, as he was crying, he said to me, "Can you say a prayer for me? Can you please say a prayer for me?" I didn't know this gentleman. It's really not our job to talk to other people in the hospitals. Our job is to go in and take the person out who passed away. I went over to that gentleman. I held his hand and I said a prayer for him. He cried the whole time and he said, "Don't leave me here alone. They're going to kill me."

I had to leave for the funeral home. As I left the room, you walk down this hallway where all these eyes are just staring at you. These poor people who were in hallways in wheelchairs were waiting for their turn. Waiting for their turn to die. These are your parents, your loved ones, that nobody had a chance to see what was going on behind those doors other than funeral directors and doctors.

Let me tell you, the screaming and the noise and the beepers. There's nights I can't sleep at night. There's nights I wonder what's wrong with my head because I hear these noises. And I see these people's eyes, and I see their tears and I feel them. I go home many times and I hug my son, and I say, "Buddy, dad loves you." "Dad, don't hug me. What are you doing? Are you crazy?" But he doesn't know what you've went through that day and the pain that you felt and the pain that you saw in other human beings.

When I got to the funeral home with this lady, it wasn't even an hour later, I got another call from this personal care home. The gentleman that I prayed for, the gentleman that he begged me to take him with me, he passed away. So I took this gentleman into my care next, and my heart was broken. I'm a man, and I cried for this gentleman all the way back to the funeral home.

[00:10:00]

I told his story to his family, and the kids were heartbroken. Is that something you can get over, to hear that? To know that your family member died alone, that there was nobody there to help him, that there was really nobody to care because the care homes and the hospitals were overstaffed? Confusion—

Wayne Lenhardt

Mike, did they change any of the regulations relating to how you ran your funeral home? Did that impact the families?

Michael Vogiatzakis

Absolutely. I mean, everyone has a right to have a funeral service. Everyone has a right to say goodbye. Everyone has a right to have closure and healing in their hearts. And they took that away from us. They took your right away to say goodbye to a loved one. The only thing that gives you closure sometimes is to attend a funeral service, to be comforted with friends, to hear a pastor say those comforting words that you need to hear to heal your broken hearts. They took that away from us in a fast second.

They suggested that we should cremate people, and there should be no viewings. We did the opposite because we stood up for the people of Manitoba and Winnipeg. When somebody said they wanted to see their loved one, we 100 per cent allowed them to see their loved one. And nobody got sick. We embalmed people and we didn't get sick. We had our hands in people's bodies, because that's what happens during embalming a lot of times, and we didn't get sick. We were breathing in the fumes. And a lot of times when you're in these rooms, you don't want to wear masks because you don't want to poke yourself with something.

They changed the way funeral service ran. They changed the way funerals were held. You would go to a church service with a casket where you need six pallbearers. But the limit is five. How do you carry a casket? These poor families had to carry a casket of their moms and dads by themselves, five people. I broke the rules finally and I said, "Enough of this.

Enough of this. We're going to hire your pallbearers at the funeral, and they're going to work for us that day." The inspectors didn't like it, but that's just the way it was. Because families suffered enough, and we weren't going to tolerate this anymore. Somebody had to stand up and make a difference for these families. And that somebody just happened to be me.

We had an outbreak of suicides like we've never seen before. Suicides that would break your heart. The families come in. Not only are they dealing with a suicide, but they're dealing with vaxxed and unvaxxed and all this silly nonsense and tossing people out of the arrangement office because they weren't vaccinated and they didn't have a right to be there. Well, little did they know that their funeral director was unvaccinated too.

It was a game that they were playing with our minds. It was a game that they were winning because of fear. You throw a little fear in the air. You throw a little anger in the air, a little confusion in the air. Bang, you got everyone. Would it happen again? In a fast second, because people are weak and fear overrides everything. All they have to do is tell you you're going to die. Nobody wants to die.

Wayne Lenhardt

Did you see any difference in the mortality statistics, the kinds of deaths you were seeing and numbers?

Michael Vogiatzakis

Sir, I can honestly tell you that our funeral home went out and bought extra equipment. There was so much hype that there was going to be so many deaths. We bought extra stretchers. We bought extra tables. We bought extra shrouds. We did everything we had to do to prepare for this overwhelming amount of death that was going to happen. And I can tell you that never happened. The death rate was exactly the same. As a matter of fact, the death rate was probably lower. But the suicides and the drug overdoses rose that death rate to be even as it was other years.

The one year, our funeral home lost a whole whack of money. When do funeral homes lose money? They don't. You weren't allowed to have services. You weren't allowed to do this. You weren't allowed to do that. Families changed the way they did things.

So many families are in pain right now. So many families are suffering mental illness. When you're suffering mental illness, you can't even get help. I talk to a lot of people. A lot of families call me and say, "Could you talk to my son? He's thinking of committing suicide." I've taken these kids, personally myself, to the hospitals, and they're simply turned away. **No help. And one of them did commit suicide. One of them committed suicide after I did my best to help my friend's son. But there was nothing I could do.**

Wayne Lenhardt

Is that unusual in your business?

Michael Vogiatzakis

Suicides have been here since the beginning of time. But not at this rate. And they continue. Drug overdoses, we've never seen at this rate. I can tell you right now that if you lost a loved one during COVID of a drug overdose or a suicide, there was a six- to eight-week hold

because they're going to do an autopsy. Imagine that: you've lost your loved one; you're suffering this pain; now you've got to wait six to eight more weeks, in your mind, picturing that your loved one is sitting on some cold table somewhere. It was heartbreaking to see for families.

I want to share a story with you about suicide. A heartbreaking story that makes me cry every time I think about it.

[00:15:00]

Christmas will never be the same for me because of this story. There was a gentleman who was non-vaccinated, and he was going through school to be a professional. He wasn't vaccinated; he refused to get vaccinated. And that was his right. It was his right not to get vaccinated. But in turn, he lost all his friends because his friends wouldn't hang out with him anymore because he was going to make his friends sick. He lost his job because he wouldn't get vaccinated. He got behind in his rent, in his apartment. It was close to Christmas when he was at his house, depressed, lonely, and hurt when the phone rang. And how I know this, I read the suicide note.

The phone rang, and it was his parents. He was so happy to see that his parents were going to call him, somebody that loved him, somebody that cared about him. And his parents said, "We have some bad news for you. We don't want to hurt you, but you can't come over for Christmas this year because we don't want you to get us sick and we don't want to die. So it's best if you stay home this Christmas." This man told his father and mother that he loved them unconditionally and he understood. But deep down in his heart, they put a huge sword. You know how they say, "The tongue is sharper than the sword."

After he hung up with the phone, he wrote his suicide note and he took his life. I could tell you a few weeks later, just before Christmas, that family was at the funeral home crying over his casket instead of having him home for Christmas. These words the dad said are stuck in my head forever. "If I can only turn back time. If I can only turn back time." And I said to him, "Sir, you can't. What was said was said and what was done was done. We just need to move on."

Wayne Lenhardt

We talked outside about what you were seeing when you were preparing the bodies. We talked about blood clots that you were seeing. Can you tell us a bit about that and was that unusual?

Michael Vogiatzakis

So blood clots are part of life. When a person dies of a stroke or dies of a heart attack, they had a blood clot. So blood clots have been here forever. Have blood clots been here like the way we're seeing them now? Absolutely not. I have one of my funeral directors here, and mortician, and it would be great to get him to come up here and tell you what he's pulling out of bodies. He's our main mortician. He's the one who does the majority of the embalming for the funeral home, and you should hear his story because it needs to be heard.

Wayne Lenhardt

Well, maybe I'll put it to the commissioners right now. If you have any questions and if you're interested in exploring that phenomenon of the blood clots, we'd be happy to bring Mr. Mike's associate that works with him, who apparently is quite knowledgeable on this.

It's getting late, but is that your wish, Commissioners? Okay. Are there any questions of Mike at the moment, and then I'll let his colleague come up and talk just on the blood clots for three or four minutes. Any questions from Commissioners for this witness?

Okay, thank you very much, Mike.

We'll bring Mike McIver.

[00:18:47]

[Michael Vogiatzakis' testimony (Part II) continues on Winnipeg Day 3, Witness 11, Full Day 3 Timestamp: 08:25:10–08:30:48.]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 1

April 13, 2023

EVIDENCE

Witness 11: Michael MacIver

Full Day 1 Timestamp: 10:06:15–10:16:03

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Wayne Lenhardt

Could you give us your name, spell it for us please, and then I'll do the oath with you.

Michael MacIver

Michael McIver, M-I-C-H-A-E-L M-A-C-I-V-E-R.

Wayne Lenhardt

You live in Winnipeg?

Michael MacIver

I currently live in Winnipeg. Yes.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during this testimony?

Michael MacIver

I do.

Wayne Lenhardt

Could you tell us about your experience with these blood clots that apparently were unusual that you guys were seeing.

Michael MacIver

Well, I've been a funeral director for over 40 years and embalmed thousands of bodies. And basically, there's two types of clots. There's an ante-mortem clot, which is a white fibrous clot that occurs prior to death. And then there's the post-mortem clot, which is a red jelly-like clot. And I've been seeing a high preponderance of these white fibrous clots since the COVID thing.

And at the offset of COVID— I consider myself a critical thinker and try to disseminate the information as I see it. Right at the offset, Teresa Tam was giving me some information that seemed to be conflicting, and then soon after that, the message was politicized. Prime Minister Trudeau was up there. Pallister government was up there. And I become highly suspect of some of the information that was being presented to us, the public at large.

So I started to look in terms of my profession at what I was seeing in the way of COVID. And I was seeing these white fibrous clots. Over the years, I've seen them occasionally. But almost with every single embalming, I would see these large clots. And I brought Mike in and we have video footage of this. I don't want to be disturbing or anything, but part of my job as an embalmer is to facilitate the removal of clots. And usually, that's relatively simple. I use pressure, and it removes the clots and these sorts of things.

But because of the size of these clots, I have to use a new technique of embalming, a restricted style of embalming that expands the vascular system to facilitate the removal of these clots. And I lack the scientific reasoning to explain why this is. But I see a strong correlation from the COVID thing to these clots, and I can't explain why. But I thought it would be an interesting adjunct to a strong testimony that's been presented here today.

And God bless each and every one of you who've suffered through this, and as a funeral director, I've seen many. And as Mike just testified, we've seen people suffering because of the, I would say, the ineptitude of the government. The government was elected. They're an extension of us, the people. They should be operating on our behalf and not be a dictatorship and telling us how things are.

Wayne Lenhardt

I don't want to get too far afield here, but I think it's fair to say then, from what you're saying, is that you've practised for 40 years as a mortician and you have not seen the severity and numbers of these clots.

Michael MacIver

That's correct.

Wayne Lenhardt

Except when COVID hit, is that fair?

Michael MacIver

Shortly thereafter. Especially, I'd seen reports of the various clots in Europe with the AstraZeneca thing, and this and that. And so, I started looking to see if I could physically or visually see clots myself, and sure enough, almost every body I was embalming that was affected with the COVID. And then, shortly after the vaccine implementation is when I'd seen a higher preponderance of the clots.

Wayne Lenhardt

Okay, I think I'm going to ask for any questions from the commissioners now. It's getting late.

Commissioner Drysdale

I just want to be clear about your testimony. Are you saying that you started to see these clots in 2020 before the advent of the vaccines?

Michael MacIver

Well, just prior to 2020, St. Boniface Hospital had a high respiratory— They had a high incidence of flu and they had this unknown thing circulating. It wasn't defined as COVID at that point.

And then a few months later, in around the end of March of 2020, they put down the restrictions and all those sorts of things.

[00:05:00]

And then shortly thereafter, they fast-tracked some of these vaccines. And I think AstraZeneca was one of the first, and there was a lot of, especially in Europe, they seemed to purport that there was a lot of people suffering strokes and heart attacks and all these sorts of things.

It was shortly thereafter where I started seeing more incidents of these clots. All the bodies at the various hospitals—the Health Sciences Centre, St. Boniface, and all the rest of them—they had the bodies clearly marked with a magic marker, COVID+. And, so, of course, I'd be practising aseptic techniques: protecting myself in the eventuality if I got stabbed or something with a needle or these sorts of things. I was very vigilant in observing what was happening with the body. And, of course, you try to minimize your work area to prevent contamination of the area and these sorts of things. And as Mike alluded to earlier, we didn't see the danger.

Initially, there was a large fear factor, you are kind of apprehensive about— Especially since I have suffered 33 heart attacks, I got blood cancer and all these sorts of things and probably have a greater propensity towards catching something if ever. And I didn't catch anything, and I soon thereafter lost my apprehension and trepidation of going into the prep room.

But it was shortly thereafter that I started noticing these clots. And I called Mike in, and he started photographing and videotaping what I was seeing. It's too graphic for the screen here or the public, but, you know, in the future, if something ever does come of it, I just wanted to present this information as an adjunct to what's already been presented here today.

Wayne Lenhardt

Mike, I've just talked to Shawn here and he has three photographs that came out of the Toronto hearings. We'd just like to put this up and ask you whether the ones you were seeing were similar to these.

Michael MacIver

Yeah, that's exactly what I was seeing, and those are what we call ante-mortem clots. Basically, the body— When it suffers a vascular injury, the body goes through hemostasis. It wants to prevent the body from bleeding out. So the liver kicks out an enzyme that reacts as a catalyst to the thrombin that's circulating through your blood. It converts the fibrin, which is a liquid protein, into a string-like protein and that forms a patch to plug up the vascular damage. And sometimes, if too many white blood cells and plasma get built up in there, it starts backing up and forming an extra-large clot. For the number of clots, I can't surmise that everybody that suffered COVID is suffering some form of vascular accident. You know, they talk about maybe some sort of heart damage or these sorts of things. And again, I lack scientific reasoning to explain it.

Wayne Lenhardt

Can you recall even the month that you started seeing these?

Michael MacIver

That would probably be more towards May, June, because we were kind of restricted—

Wayne Lenhardt

Of which year? May, June of which year?

Michael MacIver

We were restricted in what we could do at the funeral home originally. They limited the capacity of the funeral to like five people at one point. And then Mike was getting very frustrated with the rules and regulations and seeing all the heartache and heartbreak out there, where he just said: "Let's just do it," you know, pardon a better term, "the hell with these government officials and their—"

Wayne Lenhardt

I'm going to press you one more time, was it May or June of 2021 or 2022 or '20?

Michael MacIver

Yeah, it would have been in around 2021.

Wayne Lenhardt

Okay.

Michael MacIver

Yeah.

Wayne Lenhardt

Okay, any more questions from the commissioners? Okay, well, thank you very much then.

Michael MacIver

Well, thank you and God bless each and every one of you. Thank you.

[00:09:48]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 13, 2023

Day 1

EVIDENCE

Closing Statements: Ches Crosbie and Shawn Buckley

Full Day 1 Timestamp: 10:16:13–10:21:45

Source URL: <https://rumble.com/v2hz2rc-national-citizens-inquiry-winnipeg-day-1.html>

[00:00:00]

Ches Crosbie

Ches Crosbie is my name. I'm the Commission Administrator. I have a Queen's Council. I'm from St. John's, Newfoundland and Labrador.

Commissioners and everyone in the audience and out there, we've heard very compelling testimony today, but you may recall that in the opening remarks of counsel, he talked about hatred. Well, we've certainly heard the theme of hatred throughout the testimony of the folks who testified before this Commission today.

People may wonder why this is an inquiry into the truth because oftentimes we hear of inquiries which are inquiries of truth and reconciliation. But this, I submit, cannot be an inquiry of truth and reconciliation until the perpetrators, the perpetrators of the hatreds and I believe the crimes we've heard about today, come to terms with what they've done. There are apologies. There is true reconciliation. And there is accountability, which may often include—and for many people, those in leadership positions, must include—answering to the criminal law.

Can I have the slide that we made available a little earlier?

In this country, we have something called hate crime. Section 319, sub 2 of the *Criminal Code of Canada* says, "Everyone who, by communicating statements, willfully promotes hatred against an identifiable group, is guilty of an offence." So what is hatred? It's not defined in the code. Rather, it's defined in case law from the Supreme Court of Canada. For example, *Keegstra*, written by Chief Justice Dixon in 1990: "Hatred is an emotion that, if exercised against members of an identifiable group, implies that those individuals are to be despised, scorned, denied respect, and made subject to ill treatment on the basis of group affiliation."

You see before you an editorial or opinion piece that was published in the *Toronto Star* on August 26th. I think it says 2021, and it goes like this: "If an unvaccinated person catches it from someone who is vaccinated, boo hoo, too bad. I have no empathy left for the willfully unvaccinated. Let them die." And it goes on in that vein.

We can get into the reconciliation phase of this Commission if and when the authorities in Toronto, the police and the prosecutors, lay charges for this act of hate speech.

Thank you.

Shawn Buckley

Thank you, Honourable Mr. Crosbie.

We will be adjourning our first day of the Winnipeg hearings of the National Citizens Inquiry. Every time we have a full hearing day at the National Citizens Inquiry, I tell people that your life will never be the same. And I think those of us that have watched this online and have experienced it, personally feel that way. And I just thank all those brave Canadians that have been willing to tell their story.

I have to tell you that as with every set of hearings, we've had a number of witnesses withdraw even just today. It's because of fear of repercussions, some for fear that they will lose their jobs, some for fear that there will be backlash from their friends and family. And so here we are in mid-April 2023, in Canada, where a lot of us still do not feel that it is safe to simply share our story. And that is the ultimate of silencing: when we're not free to even just tell others what our experience has been. So that's why this is so important. We're going to continue tomorrow. We're going to continue marching across the land. And we're going to continue telling our stories.

Thank you.

[00:05:32]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE WINNIPEG HEARINGS

**Winnipeg, Manitoba, Canada
April 13 to 15, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:42:50–01:30:20

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

We're very excited that you're participating with us today. We actually are going to have two asks for those of you that are in the audience and those of you who are watching online. We are a band of citizens that just got together with the idea that we needed an independent look at how all levels of government have handled the COVID-19 pandemic because this is the most significant event for most of us alive today in Canada.

We've never gone through an experience that has so shaped our country and so divided us and so shaken us up. And we all know that we're going to be facing the consequences and the changes that it's going to bring forth going forward, for generations. And so we were just passionate about the need for an independent look. But this adventure that we've started, that's growing and growing, is only going to succeed if we can reach all Canadians and, in fact, really the entire world. This needs to be done in every single country: an independent-of-government, citizen-run inquiry into why the decisions were made the way they were and why all the institutions acted the way they did.

Now we're here today. We've run three hearings in Truro, Nova Scotia. We've run three hearings in Toronto. We ran a day of hearings yesterday in Winnipeg. We have had one mainstream media outlet here for maybe 40 minutes in this whole time, and yet on social media, we're starting to have tremendous success. But the reality is the mainstream media is not going to cover us. And there are some clear reasons for that: because if the citizens in Canada get control of their institutions again, get their institutions working for them again, then it is most probable, in my opinion, that the editorial boards of the mainstream media will be facing criminal charges. So why would they cover proceedings such as this?

So how do we get the word out? And this is our call because what we're finding is there are a number of you out there that have a large footprint in social media. Some of you are podcasters, and I'm talking to you all around the world, not just in Canada. We've got to ignite this around the world. If you are a podcaster, start podcasting about the NCI and we'll give you guests, we'll give you our spokesperson, we'll give you witnesses. We'll help you put us out and plug in and tag us. If you've got a Twitter account—or look, we're on every social media—tie into us and push us out on your networks.

Again, this is a citizen initiative and it only works if you the citizens, and not just of Canada but of the world, start participating. Start taking personal responsibility for doing something. Stop watching. Start doing or this fails, and it doesn't fail just for me: it fails for you and it fails for your kids. Time is short for us to get our institutions working for us again and so the time for sitting on the couch, the time for not participating is over. You are here to decide who you're going to be, and it's decision time, and I'm inviting you to make that decision.

We also have a second call out. In Toronto, we had an embalmer who was very nervous about testifying, very nervous about sharing her story about what she was seeing in the bodies after the vaccine was released. But she was brave and did it, and she placed a call out to other embalmers to participate. Yesterday, we had a surprise at the end of the day where it turned out we had an embalmer in the audience and—without us knowing this, just a witness on the stand told us—that embalmer took the stand. We were able to show that embalmer one of the exhibits that Laura Jeffery, the embalmer in Toronto, had shared with us,

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and he confirmed, "No, I'm seeing this in the persons that I'm embalming also." And so now we have two. Now we're putting a call out for embalmers to contact the NCI because we need your testimony. Can you imagine if we put together a panel of you to have an open discussion amongst yourselves for the public to watch about what you're seeing because your evidence can't be disputed.

You are finding things, at least this is what we're being told now by two embalmers: you are finding physical changes that cannot be discounted in the persons in whom you are embalming. You are finding—I don't even know what to call them because they're not blood clots, they almost look like earthworms to me. And they're making it difficult for you to embalm because they're plugging up the arterial and vascular systems, and you're having to remove them. And this is new. That you've never seen this before, and the public needs your confirmation: You've seen changes in the blood and the blood clot. You have seen changes in the types of death following vaccination, including different changes in pattern for baby deaths. You have seen things that the public, if they become aware of it, will not be able to deny your evidence is crucial. So we're calling on all embalmers to contact the NCI because you have a special type of evidence that we need to get out there.

Now for my opening, I have to just say, because I'm going to be commenting on the legal system, that this is my opinion. And isn't it funny that I have to say that to try and protect myself because we know that when doctors or nurses, any medical professional steps out, they're sanctioned; they basically lose their licence to practise. It's a form of punishment to create censorship and scare the rest of them from actually taking self-responsibility for their actions and speaking out regardless of the costs and acting ethically regardless of the costs. I haven't seen lawyers being disbarred for taking on COVID cases or speaking out, but to borrow the title from Mr. Huxley's book, we truly are in a brave new world today. And so, to try and protect my licence to practise law, I'm just saying this is my personal opinion. I'm hoping that lawyers are still allowed to have personal opinions on the legal system amongst other matters.

Now, there is in my opinion, in my experience, there is—and people in this room will agree with me—a perception that during the COVID crisis, and to today, the court system has failed us. I've heard that time and time again from persons that are concerned about how

governments handled the COVID crisis. There is a perception that the court system failed us and that is my perception also. I have to say that I am personally grieved with how the court system has handled the COVID crisis, and I was called to the bar in February of 1995, so I'm working on my 29th year of practice.

I've tried to focus on constitutional issues. I've done a lot of criminal work, a lot of *Food and Drugs Act* work to try and keep our access to natural remedies available. Probably within the first 10 years of my practice, I had run a thousand trials. I was a high-volume trial lawyer trying to ensure that our rights were protected. That's always been my focus. And so when I give you my opinion of the legal system, I want you to understand that that comes from basically my entire career of practice, working on my 29th year.

The rule of law is simply the principle that the law applies to everyone equally. It's a very simple process or concept.

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You don't have to think long and hard to understand how that is important to a liberal democracy. If we're not all subject to the same laws, if we're not all treated fairly in that the law applies to us equally, we don't have the rule of law. What we have is tyranny. And it's funny, the word tyranny, it conjures up negative emotions, but if you look at the definition, I mean, it's actually not a scary thing at all except in its application. But tyranny is just absolute discretion.

You could have a tyrant that actually made really wonderful decisions for the populace. We could have Plato's philosopher kings making great decisions for the benefit of the populace. That would be pure tyranny, but our experience wouldn't be negative. But why it's negative is because in all of our recorded history with the very rare exception, as soon as a government or a ruler has absolute discretion over our lives, very bad things happen to the populace. So that's why when I use the word tyranny, we react to it actually emotionally. So you understand that the rule of law is our protection against tyranny. Because if the government or our kings or our rulers or our bureaucrats, if anyone who has been delegated power over us is subject to the same application of the law as we are, then we're protected. Then we don't have tyranny, and that is why the rule of law is so important.

Now what shocked me with this COVID experience and I think what shocked so many people is that we were expecting the court to basically be a mediator between ourselves and the government. I mean, I know I was expecting— Okay, the government's doing things. I'm going to expect that the court is going to be between the government and myself and if we are going to have the rule of law, then both parties have to be treated equally in the courts.

Now we have a fundamental problem in how our court system and how our justice system has been designed. And that is that we have built into it a conflict of interest that is not consistent with the rule of law, and when we get control of our institutions again, we are going to have to get rid of this conflict of interest. So I just want to speak a little bit about how this played out and how unfair it was. And one thing I've seen in trial after trial where I've had clients that said, "You know, I didn't know that was illegal; like, I didn't know that was a problem—" And invariably, the court will say, and I've heard it time and time again: ignorance of the law is no excuse. Early in my career, I would just accept that as a reasonable proposition.

Actually, I agree it is a reasonable proposition. Because if you have laws and somebody could just say, "Well, I didn't know it was there," and that was some reasonable excuse, then basically you don't— The law is invalid, like you basically can't apply it. There's actually a good policy reason for ignorance of the law not being an excuse into whether or not you're culpable. It could speak to what should flow from a penalty.

But why I'm going into this is— You know we have an inner voice? As time went on and I watched how the legal system was applied to government and I watched how courts would allow our police system to get away with breaking the law over and over again,

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and just who was charged and who wasn't charged, it came to me that whenever I would hear a judge say to one of my clients, "ignorance of the law is no excuse," that inner voice would add "except for the government and the police." This has happened because of a conflict of interest that I'll explain. But what disappointed me about the COVID experience was kind of a complete abandonment of the law by both the police and the government.

Now we all know about our *Charter of Rights and Freedoms*. We all know about our Charter rights, and actually there are some really wonderful rights in that document. You know section 7: Everyone has the right to life, liberty, and the security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice. What a beautiful right. Courts have made it clear: that includes rights that we already had under the common law to autonomy over our own bodies, where, you know, you can refuse a medical treatment. Prior to COVID, that was sacrosanct in our legal system, in our medical system—the right to deny a treatment—and it's guaranteed in our Charter.

We have freedom of conscience, we have freedom of expression, we have freedom of religion, we have the Charter right to freedom to assemble. I mean, it's a fundamental right to be able to protest. It's a fundamental right to be able to go to church and worship. It's a fundamental right to have your own opinion according to the Charter. Now what's interesting is, here we are in Winnipeg, Manitoba, second day of the National Citizen Inquiry hearing in the year 2023. And the year's important because in this time in 2024, will it be legal in Canada to hold proceedings like this? Will it be legal for me to share this opinion in a year? I don't know and if I'm a betting man, I wouldn't know how to bet.

But we have these wonderful Charter rights and then we have section 52 of the *Constitution Act, 1982*, the same British statute that includes our *Charter of Rights and Freedoms*. It sets out that the Charter is the supreme law. I mean, it basically reads: the Constitution of Canada is the supreme law of Canada, and any law that is inconsistent with the provisions of the Constitution is, to the extent of the inconsistency, of no force and effect. And what that means is, if you have any law— Let's say a mandate saying you can't assemble, you can't have a group of more than 40 people outside, you can't go to church. Well, that law is below our constitutional right to worship. That law is below our constitutional right to assemble.

So one of the things I learned—probably about a year and a half ago—I was involved in an organization that was forming to start looking into crimes that were committed in the COVID pandemic. I got segued into this NCI, I want to call it an "experience." It's really a movement. This is a movement because this is just Canadians getting together. I mean the strength of this is that it doesn't depend on any person or any groups of persons. So when I'm inviting the podcasters of the world to get involved, when I'm inviting every listener to push us out, I don't care if your social network is 10 people, push us out because

that's how we're going to make a difference. And that's what we are. We're a movement of people that are basically demanding to know what happened so that we can collectively decide how we are going to manage our affairs in a peaceful way going forward. That's what this is about. We're not here to grind an axe. We're here to find solutions so that our children's future is protected and that Canada once again becomes a beautiful place to live where we treat each other with respect and kindness. That's why we're here and that's what this movement is about.

[00:20:00]

Now one of the things that grieved me, though, is when I'm talking to police officers—in fact, you know, it might have been Vincent Gircys, who testified in Toronto; he might have even been one of them that told me. In fact, it might have been him who first shared it with me, saying, “You know when I talk to police officers, a lot of them don't understand that actually the Constitution is the supreme law of Canada. They're not familiar with section 52. They actually haven't been trained.” So you, literally, could have police officers that, to their core, want to enforce the law—who are dragging people out of church, who are pulling veterans out of a line and throwing them on the ground and kicking them—who don't actually understand that they are not upholding the law, that the supreme law of Canada is the Constitution. If they had been trained in this, if they had truly understood that for us to continue to be a free nation, free of tyranny with equal application of the law, and that the supreme law was our Charter—were the rights that were being encroached upon by the police— And you know what? It's not an excuse to say you were following orders.

We established that at Nuremberg, and I explained this principle on an earlier opening address. People in authority that want other people to do bad things understand that if they take away your personal responsibility that you can get people to do terrible things. So it was Himmler that was the head of the SS and he was giving a speech to a group of SS that were about to go out and murder a whole bunch of people. It might have been the speech given before the Night of the Long Knives, but it was a speech given before they were basically to go out and murder a list of individuals. And he literally said, “It's not you. It's not your finger on the trigger, it's not you pulling the trigger. It's me.” And he was saying this because he understood if he took the responsibility for what they were doing, they would follow orders.

And so when we had the Nuremberg trials, and I say “we, the civilized world,” “we, the citizens of the world” had to establish the legal principle that it is not an excuse to harm and kill other people that you were following orders. And so, police officers that dragged people from church services, that threw protesters into cars—it's not an excuse that you were following orders. And doctors that are following orders from your colleges, whatever those are. In Alberta, there was a direction that you were not to treat early COVID. It's not an excuse for you legally that you were basically following directions from your college. If we get control of our institutions, there will be inquiries into criminal liability for the actions of a lot of players here. So police officers didn't understand that in enforcing the mandates, they were violating the law.

But let's turn to the courts because we have just experienced the most significant government intrusion into our lives that any of us have experienced—and more significant intrusions than many would have experienced during wartime in Canada. I used to have clients that did pretty terrible things and would be subject to house arrest with conditions that were more favourable than conditions that you and I were subjected to by our government. And we had not committed a crime.

So here we have the biggest government overreach in our history, and we're all expecting, "Well, okay, but surely the courts are going to step in and be that mediator between the government and the citizen—not treat the government with any privilege because we can't have the rule of law if one side is privileged over the other." Because remember, the rule of law is the equal application of the law to everyone including governments. We have court cases where citizens are saying,

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"Well, the government went too far; the government encroached upon my rights." We don't have the rule of law if the government position is privileged in any way. We have tyranny, by definition.

It is April 2023. I cannot think of a single court decision in Canada that will, if the government does a similar thing— Let's say monkey pox. Remember we heard that one? We're being told that there might be another pandemic. So let's say something else comes along and they do the exact same things: They lock us down. They force us to wear masks. They do everything they can to coerce us into taking a vaccine or some other treatment. I cannot think of a single court case that will act as a brake on government actions going forward. Now there may be one that I'm not aware of. But I can tell you, I ask other lawyers whenever I have a conversation, "Can you think of a single case?" And no one can.

And there have been a few tricks that have been used by the courts to do this, and one of them is mootness.

So here we have this supreme law of Canada, these Charter rights, and people would start court cases saying, "Wait a second, I have the right to assemble. Wait a second, I have the right to get on a plane without a passport." They start these court proceedings and a whole bunch of resources goes into them on both sides. I mean, affidavits are sworn. People go through examinations for discovery. Arguments are made. There's motions, blah, blah, blah. They get all the way down this path and then the mandate is dropped. Then the Crown prosecution service applies to court saying, "Well, throw this out. It's moot because they can get on a plane now. They can get on a train. They can assemble however they want. They can go there right now to the park and assemble." You can't grant them any relief and case after case after case is thrown out, dismissed by the court.

What they've done then is they haven't made a decision that would put a brake on the government going forward. I'm sorry, when I'm locked in my house for not doing anything wrong, I want a court to decide whether that's okay or not. If you're told you can't go on a plane and fly within Canada or a train, it doesn't matter that you can now. You want to know, was that legal? Did that violate our constitution? Because, otherwise, they can do it again. I mean these are the most fundamental decisions that need to be decided by a court and they have not decided them.

Now the few that have allowed— This has proceeded, either the mandate is still there or the court had said, "No, I'm not going to throw this out for mootness." They have agreed, "No, there's been a Charter violation, but the government's action is okay." We've got this silly clause, section 1 of the Charter, which is kind of a safety valve. Section 1 reads, "*The Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it," and here's the mischief, "subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society." What the courts do is basically say, "Well, yeah, there is a Charter breach, but the government was okay, in this instance; it's demonstrably justified in a free and democratic society."

So basically, those decisions tell the government, “Not only is there no brake on you the next time this happens, but you are justified in doing this.” So basically, rubber stamping what the government has done. Now this is part of a systemic problem and that’s indisputable because in all of Canada, I can’t think of a single case. We’re in a situation where we cannot deny to ourselves that the court system is giving deference to the government.

Many of you have heard—and I know there’s going to be a witness today who might speak about it—Ontario Court of Appeal case *CG v. JH*. For anyone watching, the site is 2023 ONCA 77. So there was a family court case.

[00:30:00]

Basically, one parent wanted to get a child vaccinated and the other didn’t. They’re having a fight in court and at the trial level, the family court judge didn’t side with the father who wanted to vaccinate and just said: “Listen, we shouldn’t give deference to government, so I’m not just following the public health authorities.” Well, it goes to the Ontario Court of Appeal and the Ontario Court of Appeal has said “No, courts, you can take judicial notice,” is the term. “You can consider it as fact, without proof, that if Health Canada approves a vaccine that that is prima facie evidence that they have considered it safe and effective. And you can then draw the inference that it’s safe and effective.”

It is clear that the Ontario Court of Appeal had no idea that the legal test for the approval of the COVID-19 vaccines didn’t require proof of safety and efficacy. In fact, the word “safety” and the word “efficacy” isn’t even found in the test, and we had Deanna McLeod speak to us about that yesterday. So the vaccines didn’t have to be proven to be safe and effective and they weren’t. And yet, we have the Ontario Court of Appeal directing lower courts to take judicial notice that if Health Canada has approved a COVID-19 vaccine, it’s been proven safe and effective. But let’s say they had been proven to be safe and effective, the problem is that the court is giving deference to the government line and that is not consistent with the rule of law.

So there are three things inconsistent with a court system that protects its citizens. I’m just going to speak mostly about the third one. Judges funded and appointed by the government are not consistent with the rule of law long term. A professional government prosecution service is not consistent with the rule of law. And if you want to hear an Orwellian term, I can’t think of a better one than Department of Justice. The big problem is, and the elephant in the room is, the conflict of interest caused by the fact that the Attorney General, federally and in every province—that directs our justice system; that sets the priorities for the police; that set the priorities for the prosecution service, which is a government prosecution service—is a member of the Government.

Think about that. We want the courts to not treat the government any differently than us. But the person who sets the priorities for enforcement, the person that sets the priorities for the police, the person that sets the priorities for the prosecution service is the Government. The Attorney General is a member of cabinet. This is a clear conflict of interest that is inconsistent with the rule of laws, and in my experience, the Attorney General is almost a hundred per cent of the time against citizen rights and for Big Government. I told you before, it was probably within the first 10 years of my practice, I’d run over a thousand trials. I have time and time again been in court arguing that there’s been too much government power and that rights have been encroached.

I can tell you that unless it's just so clearly obvious that the prosecutor would be embarrassed not to admit that there was a Charter violation and something should be done, where you just simply can't deny it, a hundred per cent of the time they have argued against rights.

Let me tell you about a case that has haunted me for a long time, just to illustrate why I've refused, although I've been asked several times. I do a lot of circuit courts and courts in small centres in BC, and I've been asked if I would be the prosecutor. I've refused a hundred per cent of the time in my career because of the culture of the service.

But I had a case when marijuana was still illegal,

[00:35:00]

and this would be, probably, a good 15 years ago. We hadn't gotten even to our debate forced upon us by the compassion clubs, which led to legalization. So according to the Federal Department of Justice this was really serious stuff. I forget now whether it was just a neighbour smelling cannabis while they're outside barbecuing. But the police came to believe that that my clients, a young couple—they were probably both around 26, 27— young married couple, no kids, had some personal use cannabis in their house. I know this is a shocking crime.

So the police get a search warrant that they execute in the middle of the night. It was like one or two in the morning. So this couple actually wakes up with the police turning the light on in their bedroom, surrounded by SWAT people with machine guns pointed at them in bed, with the police's faces covered, and everything. They're just shocked because they're being screamed at to not move. And the husband tells the police, "Let me slip out of bed and get some clothes for my wife so that she can dress under the covers because she's naked." But "for officer safety, we can't tolerate that," so they rip the bedsheets off and embarrass the hell out of her. I'm just upset talking about it. I get to watch the Crown counsel explain to the Court why this is okay. And you know what? It's not okay.

Time and time again, just go sit in a court, whenever there's a Charter argument, and you will never see the Crown counsel argue for our rights. That is because the person directing Crown counsel, the person directing the priorities for our justice system is in cabinet of the government. They are not directing the prosecution service—they are not directing the police—to privilege our rights. And slowly and slowly and slowly our rights have been reduced and reduced and reduced. Our Charter came into force in 1982, and with a splash, courts were creating all these rights. We've got this machine: this prosecution service is a machine. I remember on one constitutional case it was me against 12 DOJ lawyers. There's unlimited resources and they just wear you down. But this machine is in there, time after time with all these resources.

You know, for most of my practice in legal aid for a criminal file— So from picking up the file to when you finish the first day of trial, and most of them finished in the first day of trial, you get paid five hundred and forty dollars. It's hardly enough to run your office, but the Department of Justice lawyers are getting their benefits and big salary and yet, ask the police to jump, and you have every expert you want. Legal aid, you have to beg and beg and beg and beg, and you might get an expert in 10 per cent of your cases. It is so unfair by design, by the government that controls the justice system, deliberately allocating resources so that they can slowly and surely grind away our rights. And what happens is, we've now seen the cage door shut. That's what we saw with COVID. It's been a slow and

steady erosion, and now we've seen this cage door shut. And it's because of a conflict of interest.

So I'm going to end there. We're going to have a witness later today who's a retired judge, who is—I don't want to be a spoiler, but the way this person put it kind of just encapsulates how far down we have gone and how much we need to get that institution working for us again.

I wanted to, before we call our first witness, just briefly watch a video of some of news clips that we experienced during COVID. We just thought this would be appropriate to bring us back to the type of experience we had. So, David, if you want to run that video; then, we'll march into our first witness.

[00:40:00] [Video is missing audio from 00:42:50–00:42:58]

[A video of news clips was played announcing emergency measures, including school closures and restrictions on indoor and outdoor public gatherings. Below are transcripts of the audio content.]

[Video clip] Kelvin Goertzen, Minister of Education

Today we are announcing that we will be suspending classes in Manitoba effective Monday March 23rd for a period of three weeks, a week before spring break and a week after the regularly scheduled spring break. We believe that our schools are safe. However, the experience in other provinces and other parts of the world tells us that proactive measures lessen the impact of the spread of COVID-19 and lessens the negative impact on individuals.

[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer

I've recommended the closure of all Manitoba schools effective March 23rd. It's hoped that these proactive actions will help limit the impact of COVID-19 on our communities.

[Video clip] Brian Pallister, Premier of Manitoba

Manitobans are stepping up and they are doing what they can to help flatten the curve, and we thank them for that. Manitobans have led the way by listening to the advice of experts, and I commend all Manitobans for recognizing the critical needs for social distancing and for proactive measures to keep themselves and others safe. We are taking further decisive action by declaring a State of Emergency in the province. This will be valid for 30 days and prior to the end of that 30 days, of course, we will evaluate to see if there's a need to continue.

This puts us on an emergency footing and gives us a readiness that we need in these uncertain times. Understand that this is a temporary measure. Understand that we do not enter into this lightly, but this is part of our need to respond to ensure that we can continue to assist Manitobans in doing our part to protect the well-being of all of us here and all Canadians and global citizens. We respect the rights and freedoms of our citizens. We have stood above throughout our history in protecting the rights and freedoms of others.

Recently, of course, we have stood out and up on behalf of the rights of people who we feel have their rights threatened in another Canadian province by legislation that's been put forward there. And so we respect rights. However, we must continue to use every tool we have in our possible availability to flatten the curve here and to protect, do our part to

protect all Manitobans. The measures that we're taking today will enshrine, quite frankly, what has already been happening in Manitoba. We have not had reports of people violating the advice that Dr. Roussin and others have been giving. And so I want to say clearly that my promise and our government's promise to Manitobans is that these measures will end as soon as possible and will only be used if absolutely required.

[Video clip] Heather Stefanson, Minister of Family

Our government is continuing to take unprecedented steps in response, to respond to COVID-19 in every sector across all government departments. Based on the advice of the Chief Provincial Public Health Officer, licensed child care centres are suspending services at the end of the day and for the next three weeks. During this uncertain and challenging time, we need Manitobans to rise to the challenge.

[Video clip] Brian Pallister, Premier of Manitoba

We now have the mandate through law to be able to ensure the 50-person gathering. But I would ensure, I would ask Manitobans to participate. The best defence we have isn't just a government officer going and trying to stop a restaurant from opening. The best defence is if you come across a situation, and I encourage Manitobans, if you come across a situation where people are not observing the social distancing rules, I'd like you to go on the internet and tell everybody not to shop there.

Don't go there. Do the necessary things right now, the short-term pain that we have to, we know we all have to share in to make sure we have a longer-term gain. So we're not making the decision today that it will not change because we have to be nimble. We have to be ready. But we think we're taking the right steps based on science, and Dr. Roussin is the more qualified person to speak to this.

Know the penalties are onerous, and they're there, and they're there for a reason. They're there to deter behaviour that's unsafe, unhealthy, and that, frankly, is not in keeping with Manitobans' reputation as good citizens. So we don't make laws for the majority of people. We make laws as a consequence of the behaviour of some in the minority. And that is not something we've seen yet, but if we see it, we want people to know we're serious about clamping down on it, and that is what these measures are there for.

[Video clip] Dr. Brent Roussin, Chief Provincial Public Health Officer

As you have just heard the province has declared a State of Emergency. Today I am issuing orders under the *Public Health Act* to reinforce

[00:45:00]

the social distancing measures that we have already been applying. The following measures will be in place effective 4 p.m. today and will be in place for a period of 30 days.

We are limiting public gatherings to no more than 50 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. This does not apply to a facility where health care or social services are provided. Retail businesses, including grocery stores or food stores, shopping centres, pharmacies, and gas stations can remain open, but must ensure separation of two metres between patrons assembling within the business. Public transportation facilities must also

ensure that people are reasonably able to maintain a separation of one or two metres from each other.

We are limiting hospitality premises where food or alcohol is served, or any theatres offering live performances of music, dance, or other art forms as movie theatres to 50 people or to 50 per cent of the capacity of these premises, whichever is less. These establishments must also be able to ensure social distances of one to two metres between their customers.

I'm ordering the immediate closures of all bingo and gaming events. All wellness centres offering physical activities, gyms, fitness centres, and athletic clubs and training facilities will be closed. We are taking these steps to ensure people make changes to their day-to-day lives, which you have already seen many Manitobans do. This is to strengthen our message regarding the need for social distancing and the need to act now. With these orders in place, Manitobans have a clear message on the roles that they can play to protect themselves, the people around them, and our communities.

Pharmacists are being required to limit the number and quantity of prescription drugs being dispensed. This is being done to ensure continued supply and prevent the stockpiling of prescription medications. Only a one-month supply will be provided at this time. Stay home if you're sick, cancel events, and very important, use reliable sources for your information. The Act makes it an offence to contravene any order, and so it can be fines or even a term of imprisonment under the Act.

[00:47:31]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 1: Patrick Allard

Full Day 2 Timestamp: 01:30:26–01:55:56

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Kyle Morgan

So our next witness is Patrick Allard. Could you state your full name, sir?

Patrick Allard

Patrick Allard, P-A-T-R-I-C-K A-L-L-A-R-D

Kyle Morgan

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Patrick Allard

I do.

Kyle Morgan

How old are you sir?

Patrick Allard

Oh. Nineteen eighty-one: forty-two? Forty-one.

Kyle Morgan

Where are you from?

Patrick Allard

I'm born and raised in Winnipeg. Winnipeg's north end. Been there my whole life.

Kyle Morgan

What kind of trade do you have or what work do you do for a living?

Patrick Allard

I've owned and operated a renovation company, a residential renovation company, for the better part of 20 years.

Kyle Morgan

I understand you got quite involved in the community in Winnipeg during the COVID period, if we can call it that. Can you tell us a little bit about what happened in 2020 when all this started happening?

Patrick Allard

Yes, watching those videos that we just watched with Premier Pallister and Heather Stefanson, who's our premier now, who used to be the health minister, and Bruce, in here. It brings back a lot of memories, probably for everyone watching. You could tell that they had no idea what they were doing. And I knew that when I was watching it, and I thought, somebody has to step in, somebody has to do something. And like a fool, I waited for my government to do what was right. That wasn't happening. We saw these arbitrary closures of businesses. I mentioned I was in renovations. I was deemed essential. I didn't know how insulting that was to be elevated amongst other Manitobans just because of what I chose to do for a living. I didn't realize that the tattoo artist or the hair stylist, they also have mortgages and kids to feed. So how was I any more important than that? So I had to speak up for those who were deemed non-essential, those who were harmed. I decided to be very loud, public, put my renovation company on hold, and use my voice to stick up for the little guy.

I saw a lot of pain, a lot of hurt. I started being vocal on social media for starters in early 2020. I heard stories of people not being able to see their grandparents or their parents in a nursing home. And I didn't just hear stories, but we had a family member of ours—a 95-year-old matriarch of my wife's family—was locked away in a nursing home for three weeks and never recovered from that loneliness. And we had a funeral shortly after that. My family has pictures in their minds as to what their mother looked like, their grandmother, after being alone for three weeks. Mike Vogiatzakis testified about some of these people that he saw as well. So it's not an anomaly. So speaking of the little guy—that I had to help protect and speak up for—was these elderly people who had no one to talk for them.

And then they shut the schools. They put placards on play structures. They were harming children mentally by making them feel that they're going to harm their grandparents, they're going to harm their friends by playing with them. The two segments of our society that we needed to protect are the ones that we did not. We alienated the elderly and locked them away to rot.

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I keep saying they're our most precious resource because they have stories and a lifetime of things in their minds that you don't get until you get to their age. We pushed them away like they were yesterday's news. And then our children, we were scarring them right from

the beginning, scaring them, and that we're going to have to fix for 10 years or so. Or it could take decades. I saw this very early.

So we organized our very first protest for May 9th, 2020, in front of the legislature. And I thought we were doing a good thing. I thought we were going to attract a lot of positive attention, but it was exactly the opposite. The *Winnipeg Free Press* labelled us as a bunch of right-winged extremists, racist, white, Anglo-Saxon, everything that they could do to try to get us painted in a negative light. And I didn't understand that. I didn't understand, why is this? Why? Hasn't protest always been an encouraged event, no matter what? And now we're being labelled all these names. I didn't quite get it. So that was May 9th of 2020. And that's where the story really begins, I guess.

After being defamed in the paper, people started gravitating towards myself and Dr. Gerry Bohemier, who's going to testify later today, who was part of that as well, took the face of that one. He took the brunt. I didn't like them picking on Dr. Gerry, either. So I became somewhat the face of the opposition in Manitoba against these measures. It started going from there. We started holding rallies and attracting more people. People could see that they're not alone anymore. And we were doing a good thing. That continued on.

There were more press conferences that Pallister went on and threatened on TV saying, "If you break the public health orders, you'll get your name mentioned on TV." Dr. Roussin mentioned about possible jail time. And we continued protesting. I continued awaiting these fines, these tickets. They were not happening. So I thought the government was just bluffing. We continued on.

November 4th of 2020 was when I was first ticketed for breaking the COVID health orders. That was for gathering in a public outdoor place with more than, I think it was five people. And we were more than five people. We were about 30. I got ticketed. And to my understanding, that was the first ticket in Winnipeg. There was another gentleman who was ticketed along with me. I believe the ticket fine was for \$1,200 and \$1,296. And it just continued on from there. November 29th, 2020, I heard that there was a church, Minister Tobias' church, the Church of God, out near Steinbach that was going to hold a service. And because the churches had been locked down or shut down, I decided to go and— If I wasn't going to get answers from the government, let's see if we can get answers from God. And being raised in a Christian home, I decided I'm going to go and maybe this is the time to go back to church. So I went out there.

Growing up, my father always told me that the police are your friend. If you need help, you can go to the police. I showed up there in Steinbach. And on the side of the road, as Minister Tobias testified, there was about 30 police vehicles, probably about 40, 50 police officers, RCMP officers, all in a line with masks on, and preventing these churchgoers from going to church. It was at that moment that I realized the police are not always your friend.

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The RCMP, at that time, were on the wrong side of the law. And that's really the moment when I realized—I think the gloves are off now.

So I continued being a loud voice, continued protesting. We held many wonderful rallies. We had mental health rallies because as Mike Vogiatzakis has testified yesterday, mental health was on a huge decline. He's seen a high rise in suicides. We heard Ms. Vickner talk yesterday about her thoughts of despair. And we had mental health rallies, just to get people together to hold hands, to sing, to hug, to shake hands, to know you're not alone.

For those efforts, I was ticketed as well and I was dragged through the media. I asked for all of this because I knew the good that was coming out of it was, I believe, worth it. The joy I would give people just to make a post that there's going to be a rally, that they get happy for 20 minutes of their life: I think it was worth it. And from that point on, from the Church of God incident, I believe I received another 14 tickets. Kyle, you might know better. You might have it there. But all for gatherings.

And after about 10 tickets, the promise of Premier Pallister about getting your name mentioned on TV was brought to fruition when the Winnipeg police put out a press release saying that there's been an arrest warrant set out for five Manitobans plus another visiting individual. And out of that, we became the infamous Manitoba Five. Five of us were arrested for breaking COVID health orders—put in jail. The police exercised a warrant. I was put in a cell, just treated like every other criminal, I guess. But my crime, as per the police officer's disclosure, was that Mr. Allard was seen shaking hands and hugging people. This was the extent to my criminality because they didn't have anything else.

To be the police officers to write that, I don't understand how they could even do, how they thought like that. I might be missing parts of the story, but I know you'll refresh my memory. But that led me to having some bail restrictions. And I was, like Sharon talked yesterday, she was not allowed to communicate with certain people. The five of us that were arrested with those warrants, I was named on that as well. Thankfully, I have a family that I could speak to, but some of the other people didn't and were left alone.

One of my bail restrictions was that I do not plan, promote, or incite gatherings that fall contrary to the public health orders. So it kind of put a stifle on my protest planning. So when Dr. Roussin allowed 150 people to be present at a private or a public outdoor location—unless you were at the time vaccinated because there was no limit for vaccinated individuals—and so we were allowed, if we weren't checking vaccine passports, to have a group of 150. So I made a Facebook post asking for 150 people to block the road to the Winnipeg Blue Bomber Stadium. I think it's a dumb move to block any road, but I was angry that the Winnipeg Blue Bombers were hosting a game with 40,000 people—could be 30,000, 40,000 people, vaccinated individuals only—when people like me were not allowed in. So I wanted to put a wrench in their works.

I got a knock on the door,

[00:15:00]

plainclothes police officers. What that means, those are detectives. They announced themselves as the major crimes unit. People who arrest murderers, rapists, drug dealers, all the worst crimes you can imagine in your life, show up at my door, and I'm in a towel. They said I'm under arrest for the Facebook post. And I said, "Well, would you allow me this—" Shawn just talked about a similar story. I asked, "Would you allow me the decency to get dressed?" And they said, "Nope." They shoved me against the wall and my towel dropped down, outside on my front steps. And thankfully, I was wearing some undergarments. But nonetheless, that's quite tough for the neighbours to see. Quite tough for me to have the neighbours see. My daughter sees this. And she's seven now, and that's the first time that I spent the night away from my daughter. She remembers this. Why was Daddy gone that night? Because I spent the night in jail with wet underwear. They were wet because I was in the hot tub. I should clear that up; they didn't let me get dressed. They pulled me away, and I spent the night in jail. And once again, got out on bail restrictions.

I think shortly after, restrictions were removed, and it kind of gave me a little bit of freedom. I was treated a little bit like all the other unvaccinated people. I wasn't discriminated against as much. But then that led me to filing some Charter challenges. We were in court. We had our challenge dismissed because of a previous court ruling in the *Gateway* challenge. We're at the appeal process with that.

Through this all, I also received two mask tickets. One was shopping without a mask. One was going to the law courts without a mask. And I got to say, I brought up my daughter. She was the only kid in her whole school of 600 that never wore a mask. And people asked me, "How did you do that?" And I said, "Well, I went and spoke with the principal. And I kindly mentioned that my daughter does not wear a mask. And we had the conversation respectfully." We have to respect people, even if they disagree with you.

And she was allowed to participate in two years of school with no mask. His deal was that she was going to set her off into the corner and have her own little workstation. And I said, "Well, if you put the other individual that looks a little bit different than the rest of us in that corner, you put the disabled child over there, and you can put the person with dark hair over there, and then you can put my daughter in the fourth corner." And he said, "Well, that doesn't sound appropriate." And I said, "You're right." So she got to spend the two years with all her friends like a normal kid treated like all the others, even though she didn't have a face covering. I understand, listening to Mr. Attallah yesterday, that not all the children had that luxury of being able to do that. And that hurts me.

Sorry if I'm rambling. But I just saw a need to speak up, especially when I knew from very early on that this was a— they say, "trust the science," this was political science. Before it came to Canada, there was COVID deaths in Italy, in nursing homes. I thought, that's very sad that people are dying in the nursing homes. Of course, it is. But this is a fact of life. People do die. What are the numbers? And I started doing some comparisons, and I compared the numbers of deaths in the Italian nursing homes year over year over year, month over month, and it never changed. So I thought, what's going on?

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I knew that this wasn't an unusually deadly killer, like people bring up the Spanish flu. This was nothing to do with that. So I don't understand the government—what they did, how they jailed me, how they ticketed me, how they treated everyone else for just going shopping without a mask, getting together, going for church. Yeah, I got so many stories to tell, so many things to say, but I don't want to ramble on too much. I kind of want to give you the gist of—

Kyle Morgan

Mr. Allard, I know that you attended a lot of rallies in Winnipeg. There's a lot of different gatherings that were going on. Do you recall your observations about what was taking place at those rallies and the enforcement that was taking place?

Patrick Allard

If you were protesting the COVID orders, you would be ticketed. You would be fined; you could be jailed. But if you were protesting other events, perhaps Black Lives Matter, Every Child Matters, these seem to be accepted. Some members of our legislative assembly here called for our arrest for protesting. Then the very next day, they would participate in a

protest for the Manitoba Hydro Union or the Black Lives Matter rally, and that was okay. The rule of law is supposed to apply to all, I thought.

Kyle Morgan

Were you present at these other gatherings?

Patrick Allard

I was.

Kyle Morgan

So you had firsthand observation, is that right?

Patrick Allard

I was actually identified by police officers and asked me why I was there. I said, "Well, I heard there was a rally and I'm the rally guy." So they pointed me out, and I made a point of this because now I was participating in a rally that was approved, still against the COVID orders. They knew me, and I'd already been ticketed at this point, but they didn't give me a ticket for that one. Only if you protested the COVID orders.

Kyle Morgan

Thinking back about everything that's happened, how do you think society should have responded to this COVID phenomenon?

Patrick Allard

Well, I think we could have taken Dr. Jay Bhattacharya's advice with his Great Barrington Declaration, and instead of locking away and forgetting the elderly and the vulnerable, we should have protected them. We should have allowed the rest of everyone to govern themselves how they see fit: to raise their families the way they want to raise them, to live their life they want to live. The government should be there not to take our rights away but to protect our rights. And they should tell us when there's a danger, tell us what the possible issues could be if we take the danger into our own hands, and that's it. We understand that by going out, we had the potential of being sick or whatever, we took that on ourselves.

But we learned in the *Gateway* challenge that the government themselves had zero evidence: the government admitted this under oath that they had no evidence to suggest there was any outdoor spread. That's how I interpreted it. And yet, they still put a prohibition on outdoor gatherings. We also found out in that same *Gateway* challenge that the PCR test that allowed all of this to happen— Dr. Jared Bullard from Cadham Laboratory, who did the majority of the COVID tests in Manitoba, testified under oath that 56 per cent of the PCR tests were false positives. So if they told you there were 1000 cases, that's only 460. So it was not as severe as they were telling you. They were not following the science themselves. That's what we could have done. We could have followed the science, the real science. But I fear that we've gone down this path, and like Shawn said at the opening, we may go down this path again and there's really nothing that we can do

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besides just stand up and say no. And without rambling any further, if you have any other questions, Kyle.

Kyle Morgan

I don't think I have any more questions, maybe some of the commissioners do. Okay, thank you very much for your testimony.

Patrick Allard

Thanks a lot.

Kyle Morgan

Thank you.

[00:25:36]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

EVIDENCE

Witness 2: Jeffrey Tucker

Full Day 2 Timestamp: 01:57:43–02:28:09

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[00:00:00]

Wayne Lenhardt

I have Mr. Tucker on my screen. Good morning, Jeffrey.

Jeffrey Tucker

Yes, good morning.

Wayne Lenhardt

If you could give us a brief bio for our listeners. I gather you're with the Brownstone Institute. I don't have much more information on you, but apparently—

Jeffrey Tucker

Yeah, that's fine. I'm an economist by training and I've worked at a number of different institutions. I was working at an institution that hosted the Great Barrington Declaration in October of 2020, and then subsequently founded the Brownstone Institute, which specializes in public health and economics. I have several books that I've published and one I've written on the subject of the government response to COVID, which is, in my view, universally negative in every country it was tried, without exception.

Wayne Lenhardt

Some of the people that know you here at the Frontier Institute have said that you're very versatile and that you would be able to, perhaps, give us some idea of what actions we could take as citizens for a phenomenon like this.

So to give you a bit of context to work with, I watched this right from the beginning. And it became obvious to me after Donald Trump was diagnosed with COVID and was cured in a couple of days that early treatment was clearly available, not only available but actually worked. And early treatment was basically prohibited for most of the COVID phenomenon. And I think if it had been allowed, a lot of—for example, Dr. Bhattacharya's testimony yesterday would probably be irrelevant because I think the treatment very clearly worked.

We had Trump. We had Rudy Giuliani, got cured in a day. We had personalities— Joe Rogan got cured in a couple of days and so did Dan Bongino. I mean, this was available, but it was prohibited. And we were told that there was no cure for COVID. All you could do is go off and quarantine for 14 days and take aspirin. So let me throw it to your discretion here. Is there something we could have done in order to lessen or basically eliminate most of COVID?

Jeffrey Tucker

Public health has always said that when a new respiratory pathogen comes along, the most important thing is to find out the ways to make sick people well. And medical science has a long history of dealing with respiratory infections, and this is what medical doctors were saying throughout February of 2020. They were saying, “don’t panic. We know how to fix this. We have plenty of cures. We know that getting out in the sun is very good for you, vitamin D. There are other medications that are available you can use in a combination, whether it’s vitamin supplements or ivermectin can be very good, antibiotics for secondary infections.” A lot of people thought hydroxychloroquine had seen some success with SARS-CoV-1, and subsequent random control trials have confirmed that.

Wayne Lenhardt

Can I stop you for just a moment? I’ve forgotten to swear you in. So will you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Jeffrey Tucker

I do.

Wayne Lenhardt

Thank you.

Jeffrey Tucker

So this is the priority of public health, always in the presence of a new pathogen. And by the way, there’s always a new pathogen. So everything mutates from everything else. And this is the way the microbial kingdom works. It’s just constantly mutating. And a pandemic means that it’s not yet endemic, meaning that it impacts a lot of people at the same time. And then the usual way you get out of a pandemic is through natural exposure and an upgrading of the immune system. That has been going on since the beginning of time, since the beginning of the human experience on earth, we evolved to coexist with pathogens.

So the role of medical doctors in public health has been to focus on making sure that sick people have the means to get well.

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That was not a consideration. At least, I can only speak for the U.S. case because that’s the one I know the best, but it was not a consideration at all. The NIH and the CDC just completely rejected the idea of early treatment.

And all my research points to one very grim reality: which is that very early on in the pandemic response the sole goal was to protect everybody from the pathogen through lockdowns and restrictions of mass meetings, closing of all indoor and outdoor congregate venues in order that we could wait for the vaccine to come along. The idea of the vaccine was that it would protect you against infection and transmission. And then we'd end the pandemic through this new technology called mRNA platform technology. And that would give the pharmaceutical companies a big boost, and everybody would love them and be grateful.

Well, that was the scenario that was mapped out sometime in February of 2020 by English and American public health officials. None of that scenario turned out to be true at all. First of all, the lockdowns and the banning of meetings, the dividing of the workforce between essential and non-essential, the plexiglass, the masking, none of that actually stopped the pathogen. It probably redirected or delayed maybe, although it's hard to say that there's a whole lot of evidence in that respect either. We don't see any real difference in virus trajectories between areas that were locked down and those that were not.

I mean, we have the case of Sweden, which had never had any lockdowns or school closures. They went through the pandemic like everybody else and they have some of the lowest mortality losses in all of Europe and no deaths among healthy children at all. So the lockdowns didn't really work to protect people from the virus; people were going to get it anyway. And the masks, all the random control trials show no evidence that the masks actually protected against the pathogen.

And the vaccine was— People think it came out fast. It was actually delayed relative to what they believed. I thought it was going to be rolled out by the summer. It kept being delayed and delayed. Some speculation that it was delayed for the U.S. election in November. It came out two weeks later, but once it was deployed, the evidence came in pretty quickly that it would not protect against infection. Whatever protection it did provide was very short term, maybe a couple, three months, and that it certainly didn't stop the transmission of the pathogen, which is to say it had no real contribution to make in the achievement of herd immunity.

So all this entire time, people kept getting sick. Now, remarkably, the people that were advocating for early treatments and had found a nice cocktail of things for people to take who get sick were censored; their voices were censored online by social media companies, and they were dismissed and denounced by major media at the behest of government officials that were running the pandemic response.

So this went on for the better part of two years. Now, in a lot of countries, and I'm speaking about Central America and Eastern Europe and many places around the world, people figured out that a combination of ivermectin and zinc and doxycycline, to prevent against secondary infections, was enormously successful. India had a miraculous experience really with ivermectin, and it was true all-over Central America. Mexico, El Salvador, these are not prescription medications. They were available over the counter and handed out to everybody, and it really helped the population. But in the U.S., and probably true in Canada too, these things were almost impossible to get.

And it was all because we were relying exclusively on the vaccine to solve the problem of the pandemic. The vaccine turned out to have not achieved anything like what they had predicted. And in fact, there's a lot of evidence that the highly vaccinated were also even more, and this is from all over the world, more likely to contract COVID. And sometimes even more likely to have adverse reactions

[00:10:00]

due to immune dependency enhancement. So what that means is that the vaccine rewires the immune system in ways that make it smart only against one variant, but when the variant changes, it increases individual vulnerability to the new variant.

So all of this could have been anticipated. In fact, was anticipated. I'm not a medical doctor or a scientist in this field at all. But I knew all of this from just ninth grade biology class and from reading a first-year medical textbook on virology that I downloaded in the early part of the pandemic. So I could have predicted everything that happened. But for some reason, the officials behind this response did not understand this. And so they began to impose vaccine mandates and threaten people with their jobs.

Our data indicate that millions of people were displaced from their professional positions, either by being outright fired or just being afraid of the vaccine mandates, not wanting the vaccine, being afraid of being fired, getting fed up with being badgered and harassed and criticized and then demonized as being unvaccinated. You remember the U.S. administration said that the pandemic was entirely the fault of the unvaccinated, which is completely false. So lots of people's lives were dramatically disrupted through these vaccine mandates that turned out to have absolutely no public health justification at all.

Wayne Lenhardt

Do you see anything that the average citizen or any groups of citizens could have done in order to derail this process as it was happening?

Jeffrey Tucker

There was a great deal of fear in the air. We all have fantasies of alternative scenarios. What if the artists had stood up and said, "We're not going to be silenced?" What if the dance halls had not closed? What if the churches had stood up and said, "We're going to continue to let people worship God?" What if the small stores had just opened in any case?

The problem with all those scenarios is that while they might have worked on a mass level, we have plenty of evidence of the people who did do that were arrested, like the previous person who testified here, were arrested and harassed by the government. And a lot of people can't afford fines; they don't want legal entanglements. They certainly don't want to go to jail. So many people were just terrified into going along.

You also have the additional problem that mass gatherings now, even protests, are not as easy as they used to be due to facial recognition technology. We saw in the case of January 6, 2001[sic], everybody who was on Capitol Hill that day has been chronicled in a book and many have been jailed. Others have been harassed and forced to testify, and their lives have been ruined solely for speaking out for political reasons. So these days, it becomes much more difficult to protest these kinds of actions due to these new technologies. So I understand why people were afraid to get out and protest: nobody wanted to be demonized, and even private gatherings in those days were extremely difficult.

In western Massachusetts, I can tell you that anybody who held a house party was in danger of being demonized by the local media. What people were doing, and it's not necessarily the police but individuals were doing, was flying drones around the community and discovering houses with lots of cars parked out front in the evening and taking pictures of them and sending them to the local press, which would put these pictures of these

houses on the front page of the newspaper and claiming that super-spreader events were going on. That alerted the local public health authorities, who went in and fined and harassed people there, including chasing down people and their licence plates. So this was a kind of reaction that we never would have expected in any kind of civilized country that calls itself free with rights for the individual. It's almost like all that stuff just got put on the shelf.

Wayne Lenhardt

So what do we do going forward to make sure this doesn't happen again, in your opinion?

Jeffrey Tucker

Well, I think in the first instance we need to find out more truth about why all this happened.

[00:15:00]

And why is it that our representative government suddenly became disabled? I mean, the people we vote into office to protect us and serve our interests were silenced and disempowered. We need to find out exactly why that happened.

A major problem, I'm not sure about that in the Canada case, but in the U.S., a major problem is that a lot of this is clouded under secrecy under the excuse of national security. So it was a national security response. This began on March 13, 2020, where the policy rulemaking power was transferred out of the Centers for Disease Control over to the National Security Council. That meant that everything is locked in secret. So this is a major problem. Just finding out the truth about what went on is extremely difficult.

I've got a whole team of researchers that's dedicated to this on a full-time basis. And we've run into all kinds of stops. I mean, even filing Freedom of Information requests have not been entirely successful due to redactions for national security reasons. So that is a major problem. So finding out the truth is one thing we have to keep at it.

The second thing we really need to do is convince our legislatures and the people who represent us to end the possibility that anything like this could happen again. And the only way to end that, to my mind, is to completely repeal the quarantine power of federal governments because we've seen how they've massively misused this. I mean, quarantines in the past have never been used for healthy populations. You would never use a quarantine for a healthy population. That just never happened at all in human history. And then suddenly, whole populations, hundreds of millions of people, were subject to quarantine rules by governments. So that power needs to go away. Most governments in the world never had that kind of extreme quarantine power until sometime in the 1940s. And the reason they didn't have it was because it was so subject to abuse. So I would like to see that completely gotten rid of.

Another thing that we really need to tackle is the inordinate power of the public health bureaucracies. That really has to come to an end. And the only way I know how to do that is to permit our elected representatives to be able to fire employees when they're up to no good or even just dramatically cut their budgets. I think something needs to happen to prevent that from happening again.

On the problem of censorship, we saw many cases, we have vast amounts of evidence, amounting to tens of thousands of pages of documents, that show that governments were cooperating very closely with social media companies, big tech companies, and media companies generally to censor dissenting voices in ways that are contrary to all conceptions of free speech. So that sort of close, collaborative relationship between Big Tech, Big Media, Big Government, and for that matter, big pharmaceutical companies, really needs to come to an end. We need a clear wall of separation between government, media, tech, and the pharmaceutical companies, or else we're going to face the situation of continuing collaboration and abuse of the population's rights in the future. That's extremely important.

Wayne Lenhardt

Is there anything that we could have done in order to do that while this was happening that you can see?

Jeffrey Tucker

I think we were all very naive in the early days. We didn't really want to believe that companies like Facebook or companies like Microsoft and LinkedIn and so on were cooperating so closely with the federal government. I think we've all been shocked to discover this.

We knew that people were being censored or throttled in their reach or just blocked and banned. We didn't know it was happening at the behest of government agencies. So I don't think there was really anything that we could have done. One thing I think we'll know for next time is just to have less trust in our public health agencies and these big social media platforms and the

[00:20:00]

major media that served as a mouthpiece for government for the better part of two and three years.

So to my mind, citizens need to start looking at alternative media sources and using different kinds of technologies and getting promises from the companies that we're dealing with that they're not going to cooperate with Facebook and Google and Microsoft and the rest of these companies that have showed themselves to be so thoroughly compromised. I think it's extremely important that citizens get control of their privacy again. That could mean turning to completely different forms of communication between ourselves, bolstering our local communities, in-person meetings, and relying less on these centralized sources.

I hope that happens the next time they try to pull something like this because they certainly have lost trust. Every poll in the United States—I'm not sure about Canada—shows that there's a mass loss of trust in media and Big Tech and in public health, generally in government as a result of this experience. I hope that loss of trust translates into something good, which is that we stop relying on these companies and trusting big media as much as we have in the past.

Wayne Lenhardt

Yeah. Okay, I think I'm going to ask if the commissioners have any questions for our guest.

Commissioner Drysdale

Good morning, Mr. Tucker, and thank you for your testimony.

I have a question. You talk quite a bit about, and there's been a lot of news about the cooperation between the big tech companies and the government. You know, I was raised in a time when every town, every city, had its own little newspaper and its own little set of reporters. And I'm wondering, I haven't heard a lot said about what happened to those traditional media sources, those newspapers with those reporters, working at them in every community, who were competing against each other and telling the story and doing investigations. Can you comment a little bit about what happened, or what you believe may have happened in those traditional print media areas?

Jeffrey Tucker

Yeah, everything changed over the last 25 years. Print media began to be replaced by the internet. And then, the industry became entirely reorganized so that even local media was entirely dependent on centralized media sources, to the point that they no longer really had much independence, and that remains true today.

Another problem is that a lot of the reporters— And this became a huge source of frustration for me over the course of three years. A lot of these local reporters know better than to report things that are contrary to what the dominant mainstream media is saying because they don't want to harm their careers. Because every local media essentially wants to be bought out by a more centralized media, and the reporters want to hang on to their jobs and then experience advance.

So these days, we really are having more and more to rely on citizen journalism, which is taking place at places like Substack and Twitter, ever since Elon Musk took over, and other venues. It's really the only place you're going to get kind of independent news because the entire industry has gone through such a dramatic upheaval to the point that local news is not really local news anymore. I mean, I know this myself. I remember one time I got a call from CNN to talk about some economic subject, and I was surprised over the following week that my one clip appeared in thousands of local venues all over the country, all branded by the local station. I mean, it wasn't local news, but it was all branded under the local station. So this is how it works. It's all become industrially centralized and canned, and therefore, easy to control by government.

Commissioner Drysdale

You know, we always talk about, in Canada and the United States, the free market, free market of business, free market of ideas. It sounds to me like you're not describing a free market of information.

[00:25:00]

Jeffrey Tucker

Yeah, not at all anymore. It became very important during the pandemic years especially for centralized government powers to control information flows. And that impacted everything from early treatments to opinions on lockdowns. You know when groups in the U.S. and Canada protested, the media swung into action demonizing them as disease spreaders without any evidence. So you know, controlling the news has become very important to corrupt bureaucracies and governments.

Commissioner Drysdale

You know I'm old enough— Perhaps I shouldn't bring this up, but I'm old enough to remember the Vietnam War and the coverage that the American and Canadian press had of that event. And to my mind, that was not quite comparable; this is an order of magnitude different. But it was something that tugged at the very fibres of the American society. And can you comment a little bit about the difference between the way the press either challenged or did not challenge the government narrative and how they reacted at this time?

Jeffrey Tucker

This time, it was almost a universal agreement that these actions, we should be clear, are without precedent. I mean, in our lifetimes, they're really— In hundreds of years, really, we've never seen anything like this. It was as if rights and liberties that we had won over the course of a thousand years of historical progress suddenly didn't exist. You'd think that it would have been a greater source of controversy, but it was just the opposite. I mean, the media was acting as if this is just the way you do pandemics. I can promise you: this is not the way you do pandemics.

The actions of governments all over the world, which basically are copying the China model, had no historical precedent whatsoever and should have been enormously controversial. But instead, the media just completely fell into line. And now, you see what's going on: They just basically stopped talking about it. Media these days will report on things like ill health, or the loss of education on the part of students, or growing amounts of teen and young adult mental disorders and problems, and the rise of depression and drug abuse, and all these things that are a fallout from the lockdown years. And yet, never mention that it has anything to do with the public health response. So the censorship, some of it self-censorship, is still going on.

Commissioner Drysdale

In Canada, and I believe the United States is the same, we have legislation, and in Canada it's called the *Anti-Combines Legislation* [sic]. I believe that's not quite the real name, but the intent is to prevent monopolies from removing our free market. The reason I say that is because when I listen to what you say, and you being an economist, I listen to what you say and I believe what you're describing is a monopolization of these venues, and that is supposed to be illegal in Canada and the United States.

Jeffrey Tucker

Well, when the monopolization benefits a very powerful people, apparently there's nobody left to object to it, which is why I think the ultimate solution to this is a kind of decentralization citizen journalism. I mean, it's a very painful process. People have to wean themselves from their attachments to national media, you know, turn off those notifications, delete those apps. It's the only way we're going to get from here to the truth. I don't think the antitrust authorities in any country are interested in busting up big media at this point because it's serving their interest too much, sadly.

Commissioner Drysdale

Is there not precedent, particularly in the United States, for antitrust laws to be applied to large industries?

Jeffrey Tucker

Yeah, there is. But not usually when those large industries became monopolized with the cheers of themselves. And so we've seen over the pandemic period that these monopolies have served very powerful interests. So they don't have any interest in busting them up, unfortunately. There's plenty of antitrust to do these days. But it's not likely to happen. And in fact, I'm not even sure how it really would happen. I think the most important thing we could do right now is to unplug national security from its controls over our big media venues. And we're nowhere near being done with that, unfortunately.

[00:30:00]

Commissioner Drysdale

Thank you very much, sir.

Wayne Lenhardt

Are there any other questions from the Commissioners? No. Okay, well, thank you very much for your interesting presentation.

Jeffrey Tucker

It's my pleasure. Thank you so much for having me.

[00:30:26]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 3: Diedrich Wall

Full Day 2 Timestamp: 03:01:37–03:40:21

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

So now, if that's it for questions, I would like to call our next witness, Mr. Rick Wall, who is attending virtually. And Rick, can you hear me?

Diedrich Wall

Yes, sir.

Shawn Buckley

Okay, so first of all, I'll ask if you can state your full name for the record, spelling your first and last name.

Diedrich Wall

Yes, sir, my full name is Diedrich Wall, D-I-E-D-R-I-C-H, last name is W-A-L-L. Most people call me Rick, but that is my full name.

Shawn Buckley

And we'll call you Rick, because that's what you're comfortable with, and I'll ask you if you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Diedrich Wall

I do.

Shawn Buckley

Now, Rick, you're almost being provocative today because you have a Canadian flag behind you. And I never thought I would, as a Canadian, where my inside voice will say, "Oh, boy, that's kind of an act of rebellion, a Canadian flag."

But you have some interesting involvement in what I'll call the Trucker Movement. So let me just introduce you, and then I'll ask you to explain your story and what happened. But my understanding is that you are the owner of a trucking company in southern Manitoba. And your company does a lot of cross-border shipping since 2009, but you've been running the company for 11 years now.

Diedrich Wall

Correct.

Shawn Buckley

And that you became very involved in the trucking protests. Am I correct about that?

Diedrich Wall

Yes, sir.

Shawn Buckley

And in January 2021, you started getting involved in anti-mask rallies in Winkler.

Diedrich Wall

Yes, sir, correct.

Shawn Buckley

And then for the first couple of months of 2022, you became involved in the Freedom Convoy?

Diedrich Wall

Right.

Shawn Buckley

But you were actually involved in what might be the very first cross-border blockade on January 17, 2022. You were one of the organizers of the first blockade. We'll talk about that later, but I'm just introducing you right now.

Diedrich Wall

Correct.

Shawn Buckley

Okay. But before we get to the trucking part of this, I want you to share with us something that happened with you in an outdoor church. Because my understanding is in May of 2021, you got involved in an outdoor church. So can you share with us your experience there and what happened?

Diedrich Wall

Certainly can. I'd just like to take a quick opportunity to say thank you to the entire team at the NCI. I feel extremely humbled that I was asked to present or to share my story here today. And just thank God for all of you people on the Commission that you guys are donating your time in doing this. I think it's an extremely important part of Canadian history, so I commend each and every one of you for doing that.

Again, I'm a God-fearing father of three, and the last couple of years have been rather interesting to say the least. But yes, my journey in the freedom fight, well, I guess I became quite leery early on when the pandemic first started. There wasn't much scientific proof or anything at that point on which way was maybe the right or the wrong approach on this whole thing. But my critical thinking got the best of me early on.

Early in 2021, a good friend of mine organized the first freedom drive within the Winkler, Manitoba area. And I started helping and participating shortly thereafter. And then in early May of 2021, at this point, churches and everything were locked down. And of course, we as Canadians, or I guess like-minded people such as myself, felt extremely violated that our constitutional rights to worship freely were now officially stripped from us.

And so, we thought it'd be a good idea to organize outdoor church worship services. You know, "what's the harm in that" was our thought process during that time. But this was, of course, when the implementation of the outdoor gathering size had decreased to five, I believe it was. Outrageous to think that, that you're only allowed to gather with five people outdoors. But, yes, it was during that time.

So we organized— The first one was on May 5th, correctly. It was just at a public park. We made sure we stayed off— Like there's a big stage in the city of Winkler where we conducted this. But we stayed off public property, except for the fact of the actual grounds that we were at.

[00:05:00]

We stayed off the stage. We just kind of set up our own little setup and had somebody come out to bring a message, sang some praise and worship songs.

All the meanwhile, we had our Chief of Police not in uniform, off duty, with his personal vehicle. He parked close to the stage and monitored basically our every move and counted how many people attended and therefore got in trouble for it sometime later.

Shawn Buckley

So can I ask how many people would have come out to this event?

Diedrich Wall

If my memory is correct, I would say between 70 and 100 people. We did this two consecutive Sundays in a row. So both times, I think, it was probably pretty average between 50 and 100 people, or somewhere in there.

Shawn Buckley

Okay, and I just want to make sure that I understand. So you've got 70 to 100 people in an outside park, am I right about that?

Diedrich Wall

Correct.

Shawn Buckley

And they're singing hymns,

Diedrich Wall

Hmm, hmm.

Shawn Buckley

and they're listening to somebody give a message.

Diedrich Wall

Correct.

Shawn Buckley

So basically, they're listening to preaching.

Diedrich Wall

Yes.

Shawn Buckley

And the Chief of Police who's known, because this is a small town, is there in his private car photographing who's there.

Diedrich Wall

I understand your question. Oh, so you're asking whether he was in his private car taking photographs? Is that your question?

Shawn Buckley

Yes. Yes.

Diedrich Wall

Yes. In fact, that was the reason why he was there. He documented the event. Therefore, I guess, justifying them later on, fining all three of the organizers for these two events. We were all ticketed for each event. Ticket amounts were— They were for not complying with public health orders and they were for \$1,296 each. I received two of them.

Shawn Buckley

Right, so for your participation outside, singing hymns and listening to a sermon, basically over \$1,000 in fines.

Diedrich Wall

Correct.

Shawn Buckley

And this is in the town of Winkler, Manitoba.

Diedrich Wall

Yeah, it's actually a small city. It's considered a city, but yeah, in the city of Winkler.

Yeah, it was very saddening to witness this time, especially when it came to church-related things. I mean, you think we live in a country where we should have the right to worship.

And it was hard to put it into meaning, what those times are like. And again, when you guys play these clips in between of our public health officers and Premier announcing these measures— Those raw feelings come back. And yeah, it's still hard to believe that we went through that time.

Shawn Buckley

So can I ask you how it affected both you and your family not to be able to attend church? Because my understanding is because of the fines, you guys only did the outdoor church twice.

Diedrich Wall

Correct. Yeah, they made it pretty clear that any time going forward we were going to organize anything like this, that more tickets could be issued. So, and again, memory doesn't serve me well enough to know exactly if that was one of the only reasons why we stopped. Because at this point, I myself was in the same shoes as Patrick that just testified.

You know, you get to a point where you see how unlawful, within the sense of law, all of this was at this point. And where do you finally draw that line and say, you know, it doesn't really matter how many fines I'm going to get. I'm going to do what I'm convicted to do: what I feel God's leading me to do and what I know is true to do.

So I mean, again, I don't recall exactly what the reasons were why we quit doing the outdoor worship services. But at this point, we continued on and had consistent outdoor rallies in the city of Winkler, kind of like they did in the city of Winnipeg as well.

And that was ongoing. And again, even at those rallies, we had consistent police presence again, documenting, and so forth. But as far as tickets go, those are the only two tickets that I received throughout the entire duration of the last couple of years.

Shawn Buckley

I know that we've been asking witnesses what could have been done differently, and it seems to me clear that for protesting, the freedom protesters just had to get the Black Lives Matter people there and they would have been okay. But we live and learn.

Now you got involved in what I'll call the Emerson, Manitoba—the first protest on January 17th, 2022.

[00:10:00]

Can you tell us about how that came about and what that looked like?

Diedrich Wall

Yes, certainly. Shawn, you're breaking up a bit there, so I hope—

Shawn Buckley

And you were too, but you're better now. Are we okay on your end?

Diedrich Wall

There we go. Okay, you're just breaking up there a bit.

But yes, so basically, I run a trucking company, cross-border trucking company. So for our company, it's extremely important that we can cross the border. That is [inaudible:

00:10:32]

And me and my wife talked about it many times and prayed about the whole situation. If the time would come— I'm sorry, I seem to be breaking up here.

Shawn Buckley

We can hear you fine here.

Diedrich Wall

Okay, awesome. So we basically said, too, when the time would come for the truckers to take a stand, we were not going to take a back seat. And again, there was talk about the vaccine mandates being imposed on the truck driver, which again we have to remember: The truck drivers were the heroes throughout the entire duration from when COVID started up to this point. You know, willing to go where nobody else was going to go. And so, they basically went from hero to zero pretty quickly.

And now, when they had basically imposed the mandates, I think, on most industries at this point, it was time to [inaudible: 00:11:27] truck drivers as well, for those that had chosen for whatever reason, some very obvious reasons at this point, to not get the vaccination.

And again, we told ourselves that if that point came, we were going to take a stand. And when it was announced that on January 15th, '21, Canada would start to implement drivers needing to be vaccinated or have a negative PCR test upon arrival or, otherwise, would need to quarantine for 14 days, and also, could likely be ticketed.

With that said, within literally a couple of days, and a bunch of help from a whole lot of people, we were first. We called it a slow-roll protest at the Emerson— That's the Manitoba-U.S. border on highway 75, just south of Winnipeg, and that was on January 17th. We arrived there at 3:45 a.m., if I remember correctly, or maybe it was 4:45 a.m. But it was very strategically planned: we know how busy that port is when it comes to truck traffic, and Monday mornings are always the busiest.

So we did that very strategically, and of course, our plan was to basically abide by all traffic laws. We had no intentions of blocking the road. We just basically wanted to slow traffic down and come out with our flags and signs, and basically, show our dislike with the decision the government had made for truckers at this point. And so, that's what we did. We basically showed up there and we started— When I say “slow-roll” for those of you that don't know what that is, it's just literally going basically as slow as a big rig is going to go, low-gear idle. You're walking faster than that. So that's what we did there on January 17th.

Shawn Buckley

So basically, you backed up the traffic probably for miles. Can you still hear me?

Diedrich Wall

Oh, now I can hear you, Shawn.

Shawn Buckley

Okay, so I asked, did you back up the traffic for miles?

Diedrich Wall

Yes, certainly did. It was very effective. We had a lot of support out there from our supporters. And it was pretty interesting to see how many truck drivers that were basically caught in a slow-roll taking up a lot of their day were very supportive as well. Of course, there was some that were very upset, rightfully so. They didn't understand what was going on there. But, yes, we definitely accomplished what we set out to do.

And I mean, the event caught media attention globally after the first couple of days. And it was the start of the trucking movement. While I have to state that the Freedom Convoy to Ottawa, this was already in full stages of planning. I had no participation in planning for the Freedom Convoy to Ottawa.

But we just saw it was important to do this protest at the border on January 17th, literally, two days after they imposed this mandate for the truckers on the Canadian side. We thought it was strategically important to do it at that time.

Shawn Buckley

Now, you didn't plan the Ottawa trucking protest,

[00:15:00]

but you did have your trucks participate. Can you tell us about the participation of the trucks from your company?

Diedrich Wall

Yeah, for sure. So yeah, we were very much involved, not in an organizing aspect of it. But again, I go back to what I stated earlier that me and my wife prayed about it and thought about it long and hard and our involvement, our company's involvement, because we all saw what happened to a lot of people that participated. And I'll get into that a little bit later

and to what our involvements ended up costing us. But in that sense, we were content with the fact that we could literally lose everything.

It was a pivoting moment in the whole movement, I feel, but we just felt totally at peace with it because I go back to stating what I said earlier. You know, it felt like a true conviction that this is what we needed to do. And no matter what the outcome would be at the end of the day, we would still feel good about that decision because we followed the path of what's true and right instead of just sitting back and—

Shawn Buckley

I'll just interrupt you, but if you can, because we've got some time constraints, if you can tell us about your participation, what your company did.

Diedrich Wall

Absolutely. So we had nine trucks in total from our company that participated in the Freedom Convoy going to Ottawa. Only four of them went all the way to Ottawa. Five of our trucks went slightly, just a little ways into Ontario—Kenora, Ontario. It was a stopping point there, turned around and came back and started organizing for the next protest in Manitoba. Four of our trucks carried on to Ottawa and stayed there for the entire duration.

Shawn Buckley

Then my understanding is one of your trucks in Ottawa got towed at the end when the government marched in.

Diedrich Wall

Yes. I have to make a correction on that. The truck didn't in fact get towed, but basically what the enforcement group— I don't know what group confiscated these trucks, but basically what they did— The trucks they could drive out, they drove out, and the ones they couldn't drive, they towed out. Our driver's truck, they were able to get into it. Our driver still to this day doesn't know how they started it because he had both sets of keys with him, and he was not present when his truck was taken. I must also state that it was an owner-operator truck. The driver owned his own truck but leased on to our company, and yes, it got confiscated and was impounded.

Shawn Buckley

And there was a \$1,300 fine, I think.

Diedrich Wall

Correct. Yeah, that wasn't the exact amount but, yeah, within the realm of \$1,300. After a week of confiscation, we were able to get it out. But the interesting part was, it didn't just sit in the compound and we could just pay our fine and get it out.

This was a truck and trailer. They physically ripped the licence plates off of both power and trailer unit. And of course, I mean that's a registration to travel up and down the road, so we had to get permits just to get the truck back home. I thought that was a rather interesting—something that I don't think would have been necessary, but, yeah, it was just very unique.

And then, also, our permits to operate within the province of Ontario was pulled for an entire month.

Shawn Buckley

Well, maybe those people that took the plates off were some of these good Canadian ambassadors.

Diedrich Wall

That could likely be.

Shawn Buckley

Yeah.

Diedrich Wall

I thought it was interesting.

Shawn Buckley

Now you talked about a Manitoba protest. And this is an important topic because we're in Manitoba today, and people from Manitoba know about the Manitoba protest and it did get some media coverage in the nation. But a lot of Canadians actually don't know what happened in Manitoba with your protest and definitely internationally. Like internationally, everyone knew about the Ottawa one. And I think it's important for you to share in some detail what happened here in Winnipeg, Manitoba.

Diedrich Wall

Yeah, certainly. So like I stated earlier, obviously my heart was set to go to Ottawa as well. I really wanted to go, but after doing some more thinking about it, we thought it was important to organize something in Manitoba because a lot of people couldn't go to Ottawa. It just wasn't feasible for whatever reason.

So we decided to stay back and organize another slow-roll, actually right back at Emerson. And again, this was strategically organized for the date of January 29th. This was when the Ottawa convoy was to be expected to arrive in Ottawa. So we thought it would just be uniform. Again, we're all in the same fight to do it on the same day to get back to the border at Emerson.

And this time, we were there for a longer duration. We were there from January 29th to,

[00:20:00]

I believe it was, February 2nd. So we were there for quite a few days. Same thing again, you know, just a slow-roll. We didn't block the road, but again, it was much more effective even this time than it was the first time. We definitely had our voices heard, we feel. So I'll just carry on here with how we ended up at the legislature building, if that's alright?

Shawn Buckley

Yes, please do.

Diedrich Wall

We were at the border slow-rolling until February 2nd. I believe it was on February 1st, I had somebody reach out to me from another group of organizers within the city of Winnipeg. They were saying that they were planning a protest there and they would love for the truckers to join them. So we did some thinking about that and thought it would be a good strategic move if we go to our local legislature building within the city of Winnipeg. And of course, it would be smaller scale, but, in a sense, the same thing as to what was happening in Ottawa.

So we took that opportunity to refocus our efforts and took a day off. But then on January 4th [sic], once again early in the morning, I believe it was at 3.30 a.m. or something like that, we arrived in front of the legislature building and set up the trucks. And the trucks that we had there currently, four of them, I think we came there with big rigs, and then the rest of it kind of just formed on Broadway and Memorial. The rest of it formed kind of like Ottawa, smaller scale. People started setting up, you know. We had people with food trailers come out, all kinds of things like that.

Shawn Buckley

Can I just stop you? It wasn't just your trucks that were there. There were other truckers, there were like 40 or 50 trucks.

Diedrich Wall

Yes, sir, I think at the height of it, there was around 50 trucks and then, of course, a lot of other participants. There was one Saturday where a whole bunch of farmers came out and brought their tractors out; I mean, the boulevards were lined with the farm equipment, farm tractors. And yes, a lot of big trucks and a lot of local supporters came out throughout the duration of the protest there. It was an amazing expression of, not expression but it was just the whole event was just—I can hardly put it into words, you kind of had to be there. It was very interesting from an organizer perspective. It was a very unique and interesting experience. I can only speak on behalf of myself who went through it. I was one of the organizers there throughout the entire time.

So the continuation of the negotiations with the Winnipeg Police, they were awesome. I can't give them enough credit: they were very respectful to us, but they had a job to do. There were daily negotiations as to things we could and could not do. But I mean their strategy was to eventually get us to leave, which that ultimately did happen after a couple of weeks.

Shawn Buckley

Now was the protest peaceful?

Diedrich Wall

Yeah, 100 per cent. The only un-peaceful event at the legislature protest was what we believe was an Antifa supporter. It was somebody that did not support the movement, that basically came through the crowd with an automobile and struck several supporters that

were there at the event. That was a pretty scary moment that happened early on in the protest. That individual was arrested, I believe, if I remember correctly. I didn't follow the story too much afterwards.

But that was the only un-peaceful thing that I would have recalled. It was just like Ottawa, just a smaller version, all the stories you hear: People coming to support. Farmers coming out bringing fuel for the big trucks. Huge groups cooking food every single day for everybody. No, there was just more unity there than anything else.

Shawn Buckley

So it was really the community coming together in a joint protest to seek change.

Diedrich Wall

Absolutely. I'd like to also add, just to answer your question more thoroughly whether it was a peaceful protest. And someone might be able to correct me and remember this better that was at the event— The Chief of Police, after everything was said and done, deemed this to be one of the most peaceful protests in the history of Winnipeg. So we took some credit for that. And there too, we tried to do our utmost throughout these negotiations daily with the Winnipeg police to meet with what their ask was of us, at the same time, trying to hold the line and keep reminding them as to why we were there as well.

Shawn Buckley

Now, my understanding is the purpose of being down there was you guys were requesting a dialogue with the provincial government and Premier Stefanson. Am I correct about that?

Diedrich Wall

A hundred percent. That was our ask. We merely wanted a conversation with the Premier's Office, and we were denied that right the entire time.

[00:25:00]

And what was kind of painful about that, I'll make it really quick. I believe it was a week, or maybe two weeks, after we left the site that our protest ended, the Ukraine thing started. And of course, I respect everybody. I mean, I respect the Ukrainian people. They definitely had the right to do— Well, they gathered at the legislature building, basically.

And Heather Stefanson had no problem coming out addressing her concerns and her support for these people, which I think is awesome. That's great that she did that.

But we just thought as organizers for our event— We're Canadians. We're pleading for you to have a conversation with us. And our ask isn't anything complicated, right? We're asking to simply have our constitutional rights and freedoms back.

But yet, she had no problem addressing them when she denied our rights and ignored us the entire time we were there. I thought that was a pretty sad example of a public servant that's supposed— That's there for all Canadians, not just for a select few.

Shawn Buckley

Now, we've heard the same from some people that were at the Ottawa protest. We had Tom Marazzo indicate that at no time did any member of the federal government actually speak with them.

But at the end of the day— And I just thank you on behalf of Canadians and actually the entire world because you truckers woke us up. And at the end of the day, there were some changes made because of the actions of truckers like you. And I know you've thought about that, but it just seems to me that you guys exposed some things. Can you share with us what you think was accomplished?

Diedrich Wall

Absolutely. So the question was asked many times by a lot of people: What do you guys feel that you accomplished? What was your wins? For me it was pretty simple, as most will remember. During the protest time, different provinces started to announce that they were going to start lifting restrictions, including Manitoba. Before we left, they announced that they were going to lift the mask mandates, which we thought was huge. I mean, no credit to self or any of the organizers. I think most of us were all fairly like-minded: it was all a group effort. But the group effort, we believe, was a huge contributing factor to them announcing these mandates being lifted.

I strongly feel the mandates would have been in place for much longer had we not protested. Some of the biggest wins that I would take away from it: First of all, the corruption right down to the core from our local municipalities right up to the federal government that was exposed. I think many people did not realize how deep it went. I know for myself I didn't.

It was amazing, again, going back to Ottawa where the *Emergencies Act* was invoked, I believe for the very first time, for breaking up a group of peaceful protesters. I thought that was the definition of insanity in a so-called free country that we live in. So huge wins I would say was basically exposing the corruption.

And another one, just the unity that the government had worked so hard to try to break apart within Canadians for a couple years. We saw clearly that Canadians, when it just came human to human, we respect and love each other. We love our country, and there was such a massive movement of support for the trucking protests.

I thought that that was a huge win, just showing the world that no, Canadians don't hate each other. It doesn't matter which side of the aisle you're on, especially when it comes to the vaccine. I mean, that's been a disturbing conversation to me for the entire time. **Respect each other for who you are as individuals, not for medical decisions you make, which the government wanted us to do.**

So it was a sense of unity and bringing people back together. Again, those are a couple of the big wins. Again, like I said, we saw mandates started to lift and so we thought we accomplished much. And to this day, I mean, had it not been for the entire process of what the truckers did, I think we would live in some very different times.

Shawn Buckley

I think most people would agree with the statement, and I've heard people internationally say it to me, that watching the Canadian trucker movement actually was the first glimmer

of hope because we can't think of any other example where a group of people actually stood up to say no. And the fact that you guys accomplished something shows that actually the only way for us to get our rights back is for groups of people to stand up and say no.

Before I hand you over for commissioner questions—

[00:30:00]

But I just wanted it to be clear. You guys didn't end the protest in Winnipeg just because you decided to go home. It was made very clear to you guys, by the police, that they were going to move in and basically do what was happening in Ottawa.

Diedrich Wall

Yes, correct. So just trying to rethink here now what the date was. The date lapsed my memory. But yeah, there came a day where, again, this was just one of our morning sessions with Winkler police, just a typical negotiation session. And they did come in with a document basically stating that we had a day, I think it was February 22nd if I remember correctly, but that we basically had a day to get everything off the premises and have everything cleaned up or trucks were going to start to be towed. Same thing as was happening in Ottawa.

They stated the fact, as well, that the *Emergencies Act* was still in effect and that they would use it if needed. So yeah, we were definitely forced off the property; again, we all left willingly. There was no hesitation from anybody; as we stated earlier, it stayed peaceful from beginning to end.

Shawn Buckley

Thank you. And I'm just going to ask the commissioners if they have any questions for you, Mr. Wall. And they do have questions.

Commissioner Drysdale

Thank you for coming out this morning, Mr. Wall. There's a few things you said that I was curious about. I've heard testimony over the last number of days from folks like yourself who were facing making a decision, and they weighed whether or not they would speak up or whether or not they would take an action, perhaps make an arrest or break up a protest. And they weighed that against the loss of their income and their pensions. I think, Mr. Erskine, I believe it was, a police officer who had made that statement. And what you said, and I wrote it down, was that you and your wife discussed whether or not you were going to protest and you realized that you could lose everything.

Can you tell me what you meant by that? Is that what you really believed? Why did you believe that? And how did you come up with the decision that you were going to move ahead anyway?

Diedrich Wall

I think that's a great question and thank you for asking it. Basically, when I say that we could lose everything, I guess I was pertaining that we basically were putting our entire company on the line. And we employ about 40 people, so that's a pretty substantial number, and of course, we'd be putting all those jobs in jeopardy as well.

But at the same time, we felt content with the decision, to the fact that— Like I said, I felt truly convicted. I felt a conviction from God, I'm a God-fearing man, that this was something that we needed to do. And the Bible teaches us that he will provide regardless, and so we felt we were going to be okay, whatever that okay looked like. If everything you know— Let's say, for example, that our participation would strip our rights to our registrations, licences, and so forth to be a trucking company, which it did within the province of Ontario. And I mean, there was many threats throughout the duration of the Ottawa convoy or Ottawa protest. So that concern was very real at that point already, and we knew going into it that there was a real risk of that happening.

Commissioner Drysdale

So I just want to be clear I understood what you were saying. So you were fully aware that you weren't just risking your own income, your wife's income, your family support, but there were 40 people working for you, which would have translated potentially into hundreds of people that would be affected by that decision. But you still felt the conviction to go ahead with this.

Diedrich Wall

Yes, sir, yep that's 100 per cent correct. And it wasn't without much consideration and then talking to our office staff. I mean, I can't think of one that wasn't supporting what we were doing.

And again, I felt it was a very bold move for a business owner. You didn't see many businesses, especially larger businesses— I shouldn't say you didn't see many, you saw lots of smaller businesses participate, but I mean it was a pretty bold stand to take. But again, my convictions were very bold, and there wasn't much question about it. And again, it was with the support of our office staff, which I am extremely grateful for to this day.

Commissioner Drysdale

My last question has got to do with your community in Winkler.

[00:35:00]

Winkler is a rural city in Manitoba; it's quite a close-knit community and it has a reputation for a faith-based life.

My question to you is— When you took the initial actions where you had the services, if you will, in the city park, how is that portrayed in the local media and how did that affect your relationship within the community of Winkler following that?

Diedrich Wall

That's a great question. So basically, our local media wasn't really much different than the mainstream media when any of these events were covered. So there wasn't much, and to this day, there isn't great support. I mean, some of the stuff that's happening to this day, they're starting to cover it a little more accurately, I feel, but there was no real support from the local media.

As far as support from the local community, it was absolutely huge. And you're absolutely right, I think Winkler's considered the Bible Belt of Manitoba, if not for Canada. And I truly

feel that these last couple years have really brought that out into light because the community like you said, it's very tightly knit. And yes, there's those that don't agree, which God bless them for it. We live in a country where we should be allowed to disagree with each other respectfully. But yeah, like I said, very well received by the community. There was never a sense of feeling that we really should stop doing this because the community just isn't supporting it and really rather have us not do it. So yeah, it was very empowering to continue ploughing forward.

Commissioner Drysdale

Thank you, sir.

Diedrich Wall

Thank you.

Shawn Buckley

And there's more questions.

Diedrich Wall

Thank you.

Commissioner Kaikkonen

Good morning. I just have a quick question about the service in the park, and I'm just wondering if you saw the Chief of Police at other points come out in his own vehicle, his own personal vehicle without a uniform, when you were doing the slow-rolls or any other moment in time? Or whether you felt that at this time, it was maybe your faith that was being targeted?

Diedrich Wall

That's a great question. I think with all due respect, I actually know this Chief of Police personally, and I'll be honest, I would consider him a friend. What he did the last couple years, I don't think was a nice thing to do to a friend quite honestly, but I do understand he has a role and a position, public servant duties that he needs to uphold as well. You know what? With all due respect, I don't think it was an attack on religion.

The Winkler police, they were very much monitoring all the different rallies. Like, we have so many different rallies within the city of Winkler and area. They were constantly monitoring us regardless of— And I mean, most of the other ones were just protesting against all the other mandates. So yeah, it was pretty consistent monitoring, regardless.

Commissioner Kaikkonen

Thank you.

Diedrich Wall

Thank you.

Shawn Buckley

Rick, it looks like the commissioners have no further questions. On behalf of the National Citizens Inquiry, I want to sincerely thank you for sharing your testimony with us.

Diedrich Wall

Thank you all so much and God bless each one.

[00:38:44]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Moderator Statement: Shawn Buckley

Full Day 2 Timestamp: 02:43:54–03:01:33

Source URL: <https://rumble.com/v2l6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

So welcome back to the National Citizens Inquiry in Winnipeg. We thought that after this break we would start with another video clip. So just to kind of bring us back and remind us of what we've experienced. So I'll just ask David if he would switch us to the clip.

[A video of news clips was played informing the public of emergency measures, including restrictions on public gatherings, closing of non-essential businesses, school closures, the community ambassador program, masking restrictions, vaccine mandates, and vaccine side effects. Below are transcripts of the audio content.]

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer

Effective April 1st, all non-critical businesses will close. We know that in effect currently, public gatherings are limited to no more than 10 people at any indoor or outdoor place or premises. This includes places of worship, gatherings, and family events, such as weddings and funerals. Effective April 1st, all restaurants and commercial facilities that serve food are prohibited from serving food to customers in their premises. Bars will be closed. Personal service businesses such as hair salons and massage therapy offices will be closed.

[Video clip] Kelvin Goertzen, Minister of Education

Today following the advice of Manitoba's chief provincial public health officer, we are announcing that Manitoba's K-12 schools will have their in-school classes suspended indefinitely for this school year.

[Video clip] Brian Pallister, Premier of Manitoba

Stay home. Stay home and stay safe. This is not the time for large family gatherings. Don't risk making this weekend's Easter dinner a celebration with fewer people around the kitchen table next year. Do not do that.

[Video clip] Brian Bowman, Mayor of Winnipeg

Starting Saturday, we'll be initiating a community service ambassador program that will get ambassadors out in the community to look for, to help educate, and create awareness to those who are not respecting the public health directions. This includes closed city areas like athletic fields, skate parks, play structures, and picnic shelters. We'll be utilizing our bylaw enforcement officers to start warning and ticketing those who will be making use of the closed city facilities with penalties of up to \$1,000 and the potential of up to six months imprisonment.

[Video clip] Brian Pallister, Premier of Manitoba

We must do everything we can to continue flattening the COVID curve. We must stick to the fundamentals that have allowed us to be where we are today. And that is why we are extending the state of emergency for an additional 30 days. What we are doing is working. And we must continue to do everything we can to continue flattening the COVID curve.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer

The Prairie Mountain Health region is being elevated to the restricted level or orange in our pandemic response system immediately. Group size will be reduced to 10 individuals both indoor and outdoor. Masks will be made mandatory for indoor public places as well as any public gatherings. The entire province of Manitoba is moving to critical or red on the pandemic response system.

[Video clip] Brian Pallister, Premier of Manitoba

I'm feeling so sad at the loss of so many Manitobans, I can't begin to describe to you.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer

This sacrifice over this time will save lives.

[Video clip] Brian Pallister, Premier of Manitoba

Manitobans have a chance to point fingers and blame people like Dr. Roussin or me and that is unproductive behaviour. Everybody's afraid, everybody's stressed and the way to deal with this is not to panic. It's to have a plan and follow it and that's what we're outlining today.

[Video Clip] Actor in Santa Claus costume

I know some of you are worried about me, but I am well. In fact, I'm feeling great. Mrs. Claus and I have been self isolating. In fact, we've been doing it for years. Many, many, many years. Ho ho ho ho ho ho. But even with my Christmas magic, which keeps me strong and healthy, I am always careful when I visit all my little friends. I have custom-made masks designed by the elves that fit my beard. And of course, I always clean my hands well. Ho ho ho ho. I will certainly be visiting you all on Christmas Eve. Ho ho ho ho.

[Video Clip] Dr. Theresa Tam, Chief Public Health Officer of Canada

Wonderful! It's been a very tough year for kids, but they've all been doing their best to keep up with staying safe: washing their hands, wearing their masks, and keeping a safe distance.

[Video Clip] Actor in Santa Claus costume

Dr. Tam, between you and me, the good list is a long one this year.

[Video clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer

Pandemics all have an end and this one is no different. We have a tool now to manage this pandemic quicker and that is a vaccine, which we should all be optimistic about.

[Video clip] Dr. Joss Reimer, Medical Lead and Official Spokesperson, Vaccine Implementation Taskforce, Government of Manitoba.

Despite the findings that there was no increased risk of blood clots overall related to AstraZeneca in Europe, a rare but very serious side effect has been seen primarily in young women in Europe. So out of an abundance of caution, Manitoba will be recommending that these vaccines only be used in people who are 55 and older at this time. I do want to say that this is a pause,

[00:05:00]

while we wait for more information to better understand what we are seeing in Europe. Typically, the symptoms happen four to twenty days after immunization and the symptoms can mirror the symptoms of a stroke or a heart attack.

[Video Clip] Dr. Brent Roussin, Manitoba Chief Provincial Public Health Officer

Even though our mask mandate is for indoor public places, even if you're gathering outdoors, I recommend wearing a mask if you're gathering with people outside of your household. If we are going to see a steep increase in cases like we've seen in other jurisdictions, then we're going to fall behind on that approach. That's why it's imperative to be cautious. We should be optimistic. We see spring, we see summer, we have vaccines, we have effective and safe vaccines, so there are reasons to be optimistic. But for the next many weeks, next couple months, we need to still be cautious as we roll out more and more vaccines.

[Video clip] Unidentified speaker from an unidentified media station

How the University will check for proof of vaccination or accommodate 6,000 foreign students without Manitoba health cards are also works in progress. Other schools are also developing policies. The University of Winnipeg, Canadian Mennonite University, and Red River College have all signalled there will be a vaccine mandate. University College of the North in The Pas is also instituting one. Brandon University said it will strongly encourage but not require vaccinations before the fall term begins but will examine a potential vaccine mandate in the near future. Assiniboine Community College in Brandon says its policy generally will require all students, staff, and visitors to campus to be vaccinated.

This afternoon the Louis Riel School Division said it would mandate vaccinations for all its employees returning to work in the fall. Now Winnipeg School Division, Manitoba's largest, hopes that the government will mandate vaccines in schools.

Shawn Buckley

I think that everyone watching this, both in person and online, are troubled by these reminders, and I don't want to apologize that we put these clips together to remind us. I have to say that I have strong emotions when I see things like that Santa Claus clip.

There was a witness in Toronto, Rodney Palmer, who also brought our attention back to the CBC piece where if Uncle Bob is talking about the conspiracy theory about COVID being in the lab, how do you basically defuse Uncle Bob? The fact that we are targeting specific messages at our children to create fear and to create compliance is one of the most alarming things I've ever experienced in my life. And what is going to happen going forward with this generation of children that have literally been indoctrinated?

The other thing that I think most of us have found disturbing with the two sets of clips is the government basically calling for ambassadors. It's almost like we're in, you know, East Germany while the wall was still up, and Stasi, the secret service. And when the wall fell and people were able to look at their files, what shocked them the most was how many of their close friends and family members had been snitching on them. And this is a core feature of police states.

And so for all of you good ambassadors out there in Manitoba and other provinces, the good ambassadors, the good Canadian ambassadors, who turned in their neighbours and their friends and people they don't know, please understand that we cannot have a police state without your participation. Police states depend on good ambassadors like you. You are the police state. You are the reason we lost our freedoms. Not you alone, but you were an important contributor. And going forward, I wish three things, really two things for you: I wish that you will never, ever be treated as you treated us. And I also wish for you that you will for your entire life be treated with respect and kindness. So I would like to call our next witness.

[00:10:00]

Oh, I'm sorry, one of the commissioners has a comment.

Commissioner Drysdale

You know, over the past number of days in Truro and in Toronto, and now all day yesterday and today, we've been listening to all kinds of Canadians giving us their testimony about what's going on and how this affected their lives.

You just showed our group videos of the premier of the province, the chief medical officer, and others. And my question is, why are they not here? What efforts has the National Citizens Inquiry made to have these people appear before us? So just like ordinary Canadians or all those Canadians who've taken time from their jobs and they've come here to testify, what efforts have we made, has the NCI committee made, to invite or ask these people who planned this, who executed this, to come before us and answer to the Canadian people?

Shawn Buckley

Commissioner, I can tell you that for the Province of Manitoba—and I can provide you with the names for other provinces—we sent summonses, as were permitted by the rules at the direction of the Commission Administrator, the Honourable Ches Crosbie. We sent summonses both by registered mail and emails to Dr. Brent Roussin, Chief Provincial Public

Health Office, Audrey Gordon, Minister of Health, Premier Heather Stefanson, former Minister of Health, Cameron Friesen, former Minister of Health, and we received no reply. I'm not going to read for the record, but I can provide to the commissioners right now two documents that set out to date, basically, what summonses have been issued.

Commissioner Drysdale

And can you describe how they were invited? And what I mean by that is, you know, these are busy people, we're told, and what kind of options were they given in order to testify before our committee?

Shawn Buckley

That's a good question. I can advise the court, or I'm sorry, the Commission, and anyone can go online and look at our rules. Our summons, our draft summons, is Appendix C. And one of the things that we were told before we finalized our rules is that we're likely to get responses from public health officers or ministers of health or other people that we send summons to, if they reply at all, that perhaps they're just simply not available on the date for which we issue a summons.

Because in all fairness, apparently a lot of them do have very busy schedules, and it's a legitimate concern to just give them notice of a date that we're requesting they attend. So the summonses are all drafted to make it clear that the NCI hearings are being held over several months. And that they can attend virtually so that if they're not available on the date for which the summons is requesting them to attend, they can contact the Commission Administrator and have a different date chosen. And the summons also indicates that the Commission has the opportunity to schedule a special appearance for them and that if that would be necessary, we could do so.

So we have taken every effort in drafting the rules and the summons to make it as easy as possible so that none of these people that were making decisions can, with any credibility, say that we did not give them ample opportunity to attend at the NCI. And of course, we want them to attend. We want them to explain why they made the decisions they did. We want them to explain what evidence they relied on. And you know, basically what they felt they were facing at the time.

So we truly feel it's a loss—not just to Canadians but to the international community watching these proceedings—not to have these people, choosing not to attend with us. Because this is something that we're supposed to be doing jointly.

[00:15:00]

We're not here to grind an axe. We actually want this to be a healing exercise where we understand each other. And we can't understand anyone if they won't come and tell their story and won't share it in this format where people are treated with respect, where the proceedings are managed, and where the evidence is given under oath. So that's the best I can say, Commissioner.

Commissioner Drysdale

Were they also given the option of attending virtually or in any of the nine cities that the Commission will be holding hearings in Canada?

Shawn Buckley

Yes, yes, the summons form, which we have only varied on one occasion, makes it very clear that they can attend virtually. And when I say it's only been varied on one occasion, is in Saskatoon, we're hoping to have Stephen Kirsch attend virtually as a witness. And he had asked one of the people connected with the Ontario College of Physicians and Surgeons, Nancy Whitmore, to engage him in a debate. And so we've issued a summons to her requesting that she would attend virtually on that date to be able to have a safe forum for which to debate with Mr. Kirsch. But aside from that, we've never deviated from the standard form summons, which makes it very clear people can attend virtually.

Commissioner Drysdale

Will these subpoenas be included in the information or the archives for the commissioners and for the Canadian public?

Shawn Buckley

Yes. So there should already be, and I apologize, I didn't check personally— But my understanding is that on the NCI website, we are listing, and actually having copies of the summonses that have been issued listed, so that Canadians and, again, people internationally can understand that the NCI is taking efforts to invite those officials that were making the decisions both federally and in each province to attend so that this can be as comprehensive of an inquiry as possible. And we're not sure what else to do. So I feel like I need to apologize to the Commissioners that we have not been successful to date in encouraging any of these people to attend.

Commissioner Drysdale

Thank you, Mr. Buckley.

Shawn Buckley

And I'll just hand out— Because it should be four copies. If each of you just takes two pages, you'll have a list of them to date.

[00:17:39]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 4: Natalie Kim Björklund Gordon

Full Day 2 Timestamp: 03:40:44–05:03:40

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Kyle Morgan

Good day, Ms. Björklund Gordon. Could you state your full name for the record and also spell your first and last names?

Natalie Kim Björklund Gordon

Natalie K. Björklund Gordon. N-A-T-A-L-I-E, K for Kim. Björklund B-J-Ö with an umlaut, R-K-L-U-N-D, Gordon, G-O-R-D-O-N.

Kyle Morgan

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

Natalie Kim Björklund Gordon

I do.

Kyle Morgan

I have a copy of your CV here. I understand that you have degrees in science, a PhD from the Department of Biochemistry and Medical Genetics from the University of Manitoba, is that right?

Natalie Kim Björklund Gordon

The biochemistry degree that I did was in microbiology and chemistry at University of Manitoba and my PhD was in the Department of Human Genetics.

Kyle Morgan

I understand that, would it be fair to say, you have an expertise in epidemiology as well as public health and biostatistical analysis?

Natalie Kim Björklund Gordon

Yes, my work involved about three-quarters of the same type of coursework that is done for those training in public health. There's a lot of overlap between human genetics and public health.

And I also did my education on a part-time basis because I had small children, so I took a lot of courses on a slower basis, and I accepted positions, contract positions and short-term and long-term administrative assistant positions, teaching, and additional private work for physicians as part of paying for my education. So I prepared grants in ethics, and I did statistical analysis for physicians. And I also tutored medical students, and as part of my PhD program, I taught medical students genetics and statistics.

Kyle Morgan

Great. So we have your CV. It's Exhibit WI-1 for the record. I don't know if the commissioners have seen it. If we can add that to the record. Oh, can you swear, Miss Björklund Gordon that the CV is a true copy?

Natalie Kim Björklund Gordon

Yes, I swear that that is a true copy of my CV.

Kyle Morgan

OK. Now I understand that you have prepared a slideshow [Exhibit WI-1b].

Natalie Kim Björklund Gordon

Yes. This is to keep me on track, and I'll try not to run over time. I consider this more a personal testimony so if at any point something I've said is not clear or you wish to interrupt to ask for clarification, please do so. This is a less formal presentation.

Kyle Morgan

Very good.

Natalie Kim Björklund Gordon

So can we have the, there we go. Okay

So this is about my concerns as an expert. And we've already gone over my qualifications. I would like to point out that I have 17 peer-reviewed publications. And I published one book in embryology. And I have a second book in preparation. So I'm semi-retired. I'm not part of the academic community anymore, but I am still working as a scientist and producing quality material that is considered part of the scientific literature.

So if you were to summarize what my work has always been about, this very complicated picture, which comes from my book, is a whole bunch of proteins and how they

interconnect with each other and how signals go from the top of the cells down into the nucleus of the cell and result in changes in gene expression.

This interacting biochemical complicated system is present in all the cells of our bodies and work that way. And all of us have genes for each of these proteins, and there are individual variants of the genes within the population that can make them more or less efficient. And that is the main reason why we need to do a lot of epidemiology and statistical analysis. Because studying any one of these proteins is an entire PhD project all by itself. So you can't do this in isolation. You have to be able to examine the literature and see what everyone else is doing and put all the pieces together.

So my awareness of the pandemic began in January of 2020. I was hearing news reports that were concerning to me. When I was in my final year as a biochemistry undergraduate, I did a project in virology.

[00:05:00]

My mentor was working on the mRNA viruses. And so, I had a very intense interest in virology and in pandemics. And I almost considered that as a career choice. I ended up going into human genetics instead for other reasons. But I followed it very, very closely.

And by mid-February 2020, given the reports we were reading, my husband and I became concerned enough that we went into town and stocked up on large amounts of food, plastic sheeting, medical things for isolation, because we were really beginning to think that it was going to be a very serious pandemic.

At the end of February, my husband and I both became ill. And as it happened, we had a friend whose mother-in-law came to visit from China. Before she left China, she was visited by relatives from Wuhan. And the relatives from Wuhan had colds when they arrived. And she felt sick during her trip and initially put it down to jet lag. And eventually, a very nasty flu circulated in our community and my husband and I both became quite ill. I was sick for five days, basically bedridden. My husband was not as sick as that.

But I contacted public health thinking that, quite possibly, we had the Wuhan virus because by my understanding of contact tracing, we had a direct connection with symptomatic people to Wuhan where the pandemic was originating. But we were told we were not eligible for the PCR testing.

And I also found the PCR testing to be puzzling because I've done PCR myself. One of the labs I worked at, we had a full-time technician who did nothing but PCR. And that was his specialty. And he was noted for being able to get consistent, excellent results, which is something that's normally very hard to do. And I couldn't really understand how a PCR test could be being used as a diagnostic test. I figured maybe, well, I've been out of academia in the lab for five years, ten years, whatever it was at that point. And maybe they had some new technology that I wasn't familiar with.

But it was shocking to me that the airports were still open. People were still coming and going at this point. And there was no real contact tracing going on. I couldn't understand why this was happening. It didn't make any sense to me. It contradicted what I understood.

Shortly after we both recovered, my husband developed what we now know to be consistent with COVID toes. His toes looked blue and bruised. And he woke up at 3 o'clock in the morning, got up and collapsed on the floor, and it turned out that he'd had a right

lateral pontine stroke. And he ended up in the hospital. Fortunately, my dog woke me up, my wonderful dog, and we called an ambulance. He was taken in. And my husband's quite a bit older than me, so at the time, he was 78, which would have made him very high risk for this kind of complication from the virus. While we were in there, the staff were wonderful. I stayed with him most of the time that he was in there. It was very patient-centred. I was very happy with the care he got.

I mentioned to the doctors I thought that his stroke was related to the virus because I had been reading already about neurological effects from the virus. But the doctors kind of poo-pooed it. And they said, "It's not COVID. COVID isn't in Manitoba yet. And COVID is a lung disease, not a neurological disease." I didn't argue with them. It wouldn't have affected my husband's care.

The last Thursday that he was in hospital, I was very alarmed by what I was hearing about lockdowns, and I decided I needed to get my husband out of the hospital. And the staff was initially resistant. They wanted to send him off for rehab. They wanted to move him from Dauphin to Neepawa, where I had family to stay with, so he could have a longer recovery. I was becoming very, very frightened about him being locked up in the hospital. And I was beginning to hear stories about the spread of the virus in nursing homes. And I decided I was going to get him out of the hospital, no matter what.

And then the last Thursday, before he was released, which was right before when the lockdown started, I recall sitting in the room with him across from the nursing station and a bunch of men with suits and clipboards came in. And there was a lot of conversation and everything changed in the tone of the hospital. All the staff became frightened, rushed. And they went out of their way to help me get my husband out of the hospital. So an occupational therapist and physiotherapist came in and worked with me for a couple of hours. And the very next morning out we went, and I took him home.

And then the lockdowns happened. And that was an incredibly difficult period for me because my husband was recovering from a stroke, and I had no help of any kind from the government. I couldn't talk to the doctor.

[00:10:00]

There was no physiotherapy. There was no occupational therapy.

Now, a right lateral pontine stroke, patients can make a complete recovery from that particular type of stroke in about six months, but only if they receive intensive therapy. And there was no way to do it.

Now, I spent over \$1,000 purchasing equipment to take him home. And then after we were home, in order to get him the therapy he needed, we spent another \$1,000 buying a specific designed computer game called "Fit Me" that would allow him to do the therapy at home.

My daughter had an undergraduate degree in kinesiology. And she worked with me looking at YouTube videos and so forth so that we could come up with a therapy program for him. And our nurse across the street, who was a very dear friend, violated the rules of the lockdown and came over and helped take his blood pressure, make sure he took his medication.

And during this period, I really wondered. I had resources, education, and funding to take care of my husband in this position. What was happening to all the other people who were

dealing with something like this in the middle of this lockdown? And everything about it felt just wrong, wrong, wrong. And it was initially going to be only 14 days to flatten the curve. That didn't make any sense because what was going to happen when the 14 days were up? How was it going to help? And then it became another week, and then another week, and another week. And the community that I live in is a very small community.

After we retired, we moved into Alonsa, Manitoba. There's about 73 people, if you count the dogs. And it was a very tight-knit community and a farm community. And all of the seniors were basically abandoned. Their families weren't allowed to come and visit them. They didn't know how to use computers. I helped some of them to set up computers so they could maintain contact with their family. But it was a nightmare to see people. They were depressed. They were angry. They were frightened. And they were so isolated. And this was a very tight-knit community, where families were always getting together and everybody looked out for the elders. And all of a sudden, all of that changed.

Kyle Morgan

Miss Björklund Gordon, can I just ask you one point here.

Natalie Kim Björklund Gordon

Sure.

Kyle Morgan

I understand you did have some expertise in virology, or you had studied that.

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

And I think regarding the COVID-19 respiratory disease you had some understanding of how that disease was spread.

Natalie Kim Björklund Gordon

Yes, that's correct. And I was very disappointed with the government because I had had some very peripheral involvement in setting up the standards for pandemic response that would occur from the SARS-1 virus outbreak. And it seemed like the pandemic response I expected to see from the government didn't happen.

They suddenly went off on a new tack that was completely different from everything I understood that was appropriate. The only country that I knew of that was following what I felt were, based on my training, appropriate pandemic responses at that time was Sweden.

Kyle Morgan

And why do you say that?

Natalie Kim Björklund Gordon

Because they weren't doing proper isolation and contact tracing and they were locking down healthy normal people instead of just the symptomatic. And it felt more like a punishment than a way to stop the virus. And the other thing about it was the intense fear that they were putting into everyone. By this point, it was fairly obvious from the data coming out that this was a nasty bug and it did kill people, but it wasn't really much nastier than the common flu. And you just don't terrorize an entire population with stories of people dropping dead because of a flu. And it didn't make any sense, it just it didn't make sense.

Kyle Morgan

Can I ask you: Do you think it's reasonable to try to tackle a respiratory virus using lockdown—

Natalie Kim Björklund Gordon

No.

Kyle Morgan

restrictions of that nature?

Natalie Kim Björklund Gordon

You cannot eradicate a respiratory virus. At that time, we were told that this was a virus that came out of an animal reservoir. If you have a virus in an animal reservoir that occasionally crosses over to humans, you're not going to be able to eliminate it, ever. It's just something you're going to have to live with. And yet they were approaching this response to this virus as if they could eradicate it in the human population. And that made no sense to me either. Of course, we now know it probably came out of the lab and maybe at that time, they knew it and that's why they did it. I don't know.

Kyle Morgan

Now, I think you said you were familiar with mRNA technology? Is that right?

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

What were your thoughts about that leading up to what we saw happen with the development of the vaccines?

Natalie Kim Björklund Gordon

I was puzzled by the use of the PCR as a diagnostic technique. I was also puzzled by— I heard that they were doing 44 cycles of PCR, and

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based on my understanding, that's far too high and you're going to get an enormous number of false positives.

At some point the CDC had also made two different standards for looking at different populations that were being affected by the virus. So they were using 44 cycles for the general population as a diagnostic tool, but in other situations they were using 17 cycles so that they could be very sure that they weren't getting a false positive.

So the way they used the PCR test guaranteed that huge numbers of people were going to be diagnosed as having COVID who didn't have COVID or who had flu or who had something unrelated. That was my opinion.

Kyle Morgan

So okay, regarding the development of the Pfizer vaccine, did you have any thoughts about how that was developed? Given you're familiar—yeah, go ahead with that.

Natalie Kim Björklund Gordon

If I carry on. I chose not to take the mRNA treatment for a very specific reason. The government was telling me things that didn't make any sense to me. For example, they were saying, the Government of Manitoba, I'm referring to now, that the vaccine would not stop transmission, but we all had to have it to stop the pandemic. And that was nonsensical to me.

They said the vaccine stays in your arm. So you're going to inject something into highly vascularized muscle in your arm with connections through the lymph system, but it's going to stay in your arm? And it's not going stay in your arm.

They said that the mRNA could not be reverse transcribed into DNA because that's not the way cells work. Well, it's nonsense. Most of the time it's DNA, RNA, protein, but particularly when cells are rapidly dividing, you can get the mRNA back into the DNA. So I was concerned about how that was going to work. I was also concerned about the mRNA technology as a whole because we'd been hearing about mRNA technology and the great miracles that it was going to do for at least 15 years before. And to my perspective, it had not lived up to its initial promise.

We heard stories that were discussed in group seminars that there was a young man who had cystic fibrosis and they were going to use mRNA injections in an adenovirus in his particular situation as an experimental treatment to try to cure cystic fibrosis. And everything looked right. All of our knowledge and everything showed us that this would **have been the right thing.**

Now I was not personally involved in this. This is just reports I heard from other scientists who were involved. And this young man accepted the risk. He was informed that it was experimental. He took the drug and he was dead in 24 hours. And they had no idea why he died. And to me, the mRNA technology was a failed technology. And the reason it failed was not because the ideas were wrong, but because we don't understand enough about how cells work to be able to guarantee that the mRNA was going to work the way it worked. And that really bothered me.

And I also wondered, how do they control how much of this spike protein is going to be produced? And this spike is the infective portion of the virus and it's what binds to the

receptors. And if you recall my very complicated diagram, when you have something bind to a receptor up at the surface level, it's going to send massive numbers of biochemical signals all over the place. So why were they using the spike as the thing they were going to inject you with? And why were they using this strange new technology when we already have a whole vaccine technology that we have used successfully? It just didn't make any sense.

And I'm not an anti-vaxxer. As a medical person, I have been vaccinated far more than the average member of the general public. All my children were vaccinated. I had to attend autopsies, so I had extra vaccines that the general public aren't even offered. I had the Shingrix vax. I got the flu vax every year. I am not an anti-vaxxer. I just, everything about this bothered me.

And then I decided, well, maybe I'm crazy. Maybe the government knows what they're doing. So I decided to pull up the Pfizer EUA [Emergency Use Authorization] memorandum on the drug itself and have an actual look at their statistics. And I recall reading it and as I was reading it, I literally felt hairs in the back of my neck start rising. There were so many things that were wrong with this.

There were four cases of Bell's palsy in the case group that weren't in the control group. And Bell's palsy is a neurological condition.

[00:20:00]

And you can't miss that because the person's whole face is like— So that indicated to me that this could mean that this virus was having neurological effects. And if you look at Table 2, page 18 of that, there were 311 cases and 60 placebos that were excluded for protocol deviations.

Now a properly conducted study, those two numbers should be identical. You shouldn't have five times as many people who are excluded for protocol deviations. That's just wrong. And that shows there's something seriously wrong with your study. And they didn't comment on that. And I recall thinking at the time, what was the protocol deviation? Did these people die? Because there was no explanation. And the demographics were wrong. They were doing this on younger people, not older people. They made this dismissive little paragraph about antibody-dependent enhancement and how it wasn't a problem.

Every time that there has been an attempt to have a coronavirus vaccine, it has created this problem of antibody-dependent enhancement. And that means that the second time and the third time that you get the infection, the antibodies interact with the binding protein and cause it to bind more readily. So you end up getting sicker, not better, from being exposed to the vaccine.

And all Pfizer had was this little statement that we did some non-laboratory experiments with no explanation as to what those was. And they had just ruled it out as a possibility.

And I was also disturbed because they were using relative risk, not absolute risk. They didn't actually say what they were using, but it was obvious from the way it was being phrased and what they were doing that they were using a relative risk, not absolute risk. And relative risk, if you pick your population carefully and you have a low infective rate in your population, you can make it look like you've got really, really good efficacy, but it's meaningless because so few people in either side got infected. And these were things that bothered me.

And I decided that the last thing that bothered me the most was they had this one person, a 36-year-old male who had no medical comorbidities and who developed what appeared to be full-blown COVID the next day after having his shot. And the symptoms began on day two and Pfizer attributed it to one of three things: a false negative COVID, an infection process, or an adverse vaccine reaction. To me, that said, their spike protein that they were injecting people with was giving people COVID.

And I noticed as well that in their report, more people in their control group than in their vaccine group were getting it. Now, it was not a statistically significant difference, 409 versus 287, but if I had been in charge, I would have immediately said we need a much bigger group and we need to rule out this as an adverse side effect. And based on that, I decided I was not getting the vax.

And then came the vaccine passports and those were absolutely repugnant to me because they violated everything that I believed was ethical. You just don't do that to people. You just don't say that you get this shot, or else.

I mean, I was banned from attending social events. I couldn't go play curling at the curling centre anymore. I suffered direct discrimination in health and dental care from people. I had a dental hygienist ask me why I wasn't vaccinated. And I was waiting for a referral to an allergist because I've had anaphylactic reactions. So I just said, "I'm still waiting for referral to an allergist." And she said to me, "Well, since this is an innocent and real reason for you not taking the vax, I'll go ahead and do this. But if you were just refusing the vax because you don't want to do this and you don't want to do your responsibility, I wouldn't clean your teeth." So that's the kind of discrimination that was going on.

My eight-year-old grandson, I went to visit him even though it was a violation of the lockdown rules, and he refused to hug me. And he started to run to me, and he stepped back, put his arms behind his back. And I said, "What's wrong? Don't you want to give grandma a hug?" And he says, "Grandma, I can't. My teacher says, if I hug you, you'll die because you're unvaccinated."

What they did to children was such a disgrace. And I found myself suffering depression and anxiety to the point where I even began having fleeting thoughts about killing myself. And at that point I decided, this is really bad. We can't continue down this path. And I went and I adopted this little kitten, and she kind of changed everything because she didn't care who was vaxxed and who wasn't. And I could cuddle her and I could hug her. And I took her to visit my grandson and he was playing with her. And by the end of the time that he was playing with her, he was hugging me again.

[00:25:00]

So the kitten changed everything for us.

Then my daughter decided she had to get vaccinated because she needed to fly for her work. And if she didn't fly, she wouldn't have a job. And she took Moderna vax. I should state that I did not do much investigation into the Moderna vax. I looked mostly at Pfizer. My rationale was that they were both the same basic technology. So what I had learned about the Pfizer vax probably applied to Moderna.

And she had a very severe reaction, and it began eight hours after her shot. And by 12 hours afterward, she began to worry she was actually dying. She had many, many symptoms.

She called— When you went and got vaccinated in Manitoba, you got this information thing and there was a number you were supposed to call if you felt you were having an adverse reaction. And she called them, and she got someone on the other end. And this person said, “You can’t possibly be having a vaccine reaction because I have a list of the things that the vaccine does and that isn’t it. So you must have been exposed to COVID and been incubating COVID before you got the vax and you’re only getting your COVID symptoms now.” And they said, “Do not call an ambulance. Do not go to the hospital because you don’t want to risk the health care workers. Stay home, self-isolate for 14 days.”

I think that she would have died except for the fact that with us being allergic people, we had medications and things in the house so she could treat herself at home. And I wonder how many Canadians died at home because they followed that advice.

This led me to examine the 14-day rule. See, she was told that she didn’t have an adverse reaction, she had COVID. And all across Canada, it was 14 days, zero to 13 days. If you got sick, it wasn’t the vaccine. Twenty-one days in Saskatchewan and BC, I’ll have to point out. And I started trying to investigate this and I found this on the Alberta health page. I couldn’t find any good explanation for the 14-day rule anywhere else, but this was the best I could find.

This came off the Alberta Public Health Services page [Exhibit W1-1a]. And I’ll just go through this in a little more detail. I’ve been accused when I’ve brought this image up of lying and creating it myself. So for that purpose, here’s two links that prove— Joey Smalley was another independent investigator who found the same thing and posted about it. And that’s the link. When people began asking questions about this, Alberta Health Services took it off their website, but they forgot about the Wayback system. So I already had a copy. Joey was able to have a copy. I was able to go get a copy from Wayback.

And if you look at this particular blow-up of the upper left-hand corner of that, you can see that there is a huge surge in the people who got infected with COVID immediately after they got their shots.

And if you go a little further, you can see that a number of people ended up in the hospital after getting their shots during that 14-day period, particularly the older people, the 75, because this has been broken down by age group.

And if you look at who died, it really hit hard in the community 75-plus. So people were getting their shot. They were getting sick. They were ending up in the hospital and they were dying in the hospital, and they were being counted as COVID in the unvaccinated. And I think a lot of these were not COVID in the unvaccinated. I think that they were adverse vaccine reactions. I have to put a caveat in there. I wrote to Alberta Public Health and asked for more details over what period of time did this occur, how many people were involved, what percentage was it, and they never responded to any of my requests.

This really made me think that we shouldn’t be vaccinating the elderly. And I came across this particular paper where Norway investigated a series of deaths in what they called the fragile elderly population. These were 80-plus people who were in long-term nursing care, and they went in and vaccinated everybody and a whole large segment that they vaccinated died. So Norway began recommending not vaccinating fragile elderly people.

Now I tried to do my own little analysis, and this is excess deaths in Manitoba. The blue line represents what was expected and the orange line represents the published data that’s come out of Manitoba. Now these are not COVID deaths. These are excess deaths, the

number of deaths above that that would be expected. And I put in there the various points in time when certain parts of the mandate system came into effect. And my data is incomplete.

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I wrote to the Government of Manitoba and asked them for more data and they either completely ignored every request I made or one time, I got a phone call back saying that if I put in an access to information formal request in writing, they would provide the data in the anonymized form that would protect privacy, but it would take them two years to do it because they were very busy with COVID, and it would cost me \$10,000.

So basically, they made it impossible for a private citizen like me to look at their data. But you can see spikes in excess deaths that occurred as each of these mandates came in and people went streaming in and began getting shots. So when the youth sport mandate came in, there was a large spike in excess deaths. And again, I think without being able to say for sure that this indicates it was possibly all adverse vaccine reactions that were going on, but there were also things like lockdowns and stuff that were causing excess deaths.

Now this particular picture here is important because 28 days after the first jab and 28 days after the second jab are marked on here. And you can see there's a dip where nothing happens and then there's a little hump and then it kind of calms down. And then there's this great big spike.

And what I think is going on is based again on what happened to my family. One of my family members ended up in the St. Boniface Cardiac Care Unit, 38-year-old female with young children. She developed pericarditis. Her pericarditis occurred more than 28 days after her last jab and therefore was considered unrelated to the COVID jab by the definitions that were being used by public health.

So her cardiologist told her, "Don't get another booster. I'm seeing this, I think it's the jab, but I can't give you an exemption if the government starts mandating boosters because I'm not allowed to. The only ones that are allowed to are certain specific very limited numbers of people." There was only one cardiologist in all of Manitoba who was allowed to give exemptions, and she wouldn't get it anyway because he never gave anybody exemptions. She's still having symptoms to this day.

And then my family got hit again. My son, my eldest son had a benign brain tumour that was about two centimetres. It was discovered when he was 16 and had head injury, and he had another head injury again and it was scanned again. These are familial in my son's father's family, some of his cousins and his father has an identical twin brother who had one of these. They are benign tumours. They don't go anywhere; they just sit there. And all of a sudden, his started growing.

So five months after he had his second Pfizer injection, his tumour had grown from two centimetres to 4.5 centimetres, and he had a seizure and he had to go in and have a craniotomy. They split his head open and cut a chunk of his brain out. He was diagnosed as having an anaplastic oligodendroglioma with an MRI signature of 1p/19q deletion, which is a specific type of brain tumour but only in the very centre portion of the tumour, the rest of the tumour— I've read a lot of pathology reports over the years. My son got copies of the pathology reports for me to read, and I've never seen ones like the ones they had with him. They sent his results off to four different pathologists around the world trying to interpret what was going on, and you could just read from what they were saying that this wasn't a

typical tumour; this wasn't what they were used to seeing and they didn't know why they were seeing it.

He's had seven MRIs since the surgery. They're clean, so far. He just had another one yesterday. We're hoping again that the cancer won't recur and that he'll be okay.

And being a mom that I am, I also went into the literature, and I found a whole lot of scientific support for the idea that the vaccine itself may be causing this to occur. There was a study from Poland that was done by exposing brain cancer cells and normal cells to the spike vaccine. And they noted a whole lot of biochemical changes and alterations that occurred after introducing the spike protein to these cells in an in vivo— But both in the laboratory putting it in cell culture and seeing what happened to their patients.

Then the vaccine passport came along. So six members of my family,

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five of whom did not want to get the vax, because they wanted to listen to their mom when their mom said, "This isn't safe, don't do it," but they felt that they were being coerced to do it or they would lose their job.

My middle son told me he did a mental calculation and if he refused the vaccine, he would lose his job, his family would lose their home, they would lose everything, but if he took the vax and he was okay, then they'd be fine. But if he took the vax and it killed him, he had a very good insurance policy at his work and he had disability, and so forth. So his family was better off with him taking the chance so that's why he took the vax.

Fortunately, so far, he hasn't shown any bad signs, but that was his rationale. In my family, my three children and their spouses, we had six members who— One refused the vax altogether. The rest, the other five had it, so we had two members affected seriously with health conditions that potentially are life-shortening and one that could have died in the first few hours after the vax.

So my son, he was in an artist's rendition because he's a health care aide. He does patient transport in the hospital, that's the son with the brain tumour. He was out of work for four months after his brain tumour before he could go back to work. And in the early parts of the pandemic, he was the big hero, but as soon as the vaccine passports came out, he was no longer the big hero. And that's an artist's rendition of him and one of his coworkers dressing up to go take care of COVID patients before the vaccine mandates turned the refusers and the anti-vaxxers into criminals.

So my conclusion from all this is that adverse vaccine reactions are very common. They're not rare, and they include this anaphylaxis septic shock in the first few hours afterward. There are vascular effects that appear in the months following the shot. There are potentially neurological and cancer effects, which require more research to understand. And one of the more frightening things to me that I have seen is that the vaccine, when it's injected, accumulates in the testes and the ovaries.

I am very concerned that we're going to find that a large portion of the people who got the vaccine are now infertile. And if that is the case, the way it's going to affect our population with the number of people in our population who have been vaccinated, it's going to make the one child policy in China look like a church picnic. I mean, imagine 70 per cent of Canadians got vaxxed and there isn't going to be any grandchildren or great grandchildren.

And I don't know if that's going to happen and I hope and pray that it is not going to happen, but we don't know, okay.

So I'd just like to very briefly touch on the differences between public health and human genetics. The two of them work hand in hand, but they have very different approaches. Public health is always top down. The officials in public health, the experts decide what is good for us, and they issue orders and then they try to get the public to follow through with them.

In the 20s and 30s, eugenicists within the public health movement decided that 70 per cent of the population of the USA was unfit to reproduce; that's in their literature. And I put this little note about William Randolph Hearst. He was a newspaper person at the time, and he somehow got a hold of their documentation where they were discussing this: "We need to find a way to sterilize 70 per cent of the population of the USA because they're unfit to reproduce." And he wrote this really scathing editorial about them. And they came back at him and said, "Oh, you misunderstood it. You took it out of context. This isn't really what we were planning on doing; this is just speculation." And they didn't use the word conspiracy theory, but that's basically what they said.

And these public health officials that were eugenicists—I'm not saying all public health officials were, I'm saying a portion of them who were eugenicists—they did things like found elected representatives that cooperated with them in trying to bring in laws. They found lawyers that agreed with them.

They had one particular case where both of the lawyers were actually working with the eugenicists trying to bring the law in. But one was pretending to be fighting against the involuntary sterilization of one particular woman, and they ran that course right through to the Supreme Court in the United States. And they eventually won in the Supreme Court to have the right for public health to involuntarily sterilize people that they deemed to be unfit to reproduce because they were morons or epileptics. And moron was a technical term at that time.

And that ended with Nazi Germany because of the reaction of horror to what happened during the Holocaust. And that was also the birth of human genetics.

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Now, human genetics is a bottom up. It's not a top down; it's bottom up. So the geneticist who is dealing with something, presents to the patient: "This is the problem; this is everything we know. Here are all of your options." You are never supposed to say or do anything to try to influence your patient to choose one option or another. And then, **whatever choice your patient as an individual makes, you never, ever do anything except help them to achieve what their choice is based on their fully informed consent. You don't coerce them; you don't lie to them; you don't give them personal anecdotes about how you feel.**

And these ethical standards, they were codified, beginning when the Nuremberg trials—Afterward, there have been other instances of places and times where disgusting things happen to individuals in the name of improving society, and each time the world has responded with these ethical standards. These are taught in schools. They're designed mainly to prevent abuse of individuals by us experts.

When I come in and say to you, I have a BSc in biochemistry and a PhD in human genetics and I think this is what you should do, I am exerting a great deal of influence on you because I as an expert have power over you. And so, these ethical standards are designed to protect people from abuse by experts.

So it is my opinion that the following of ethical standards were violated during the pandemic: There was no risk–benefit analysis. Everybody got the same treatment. There was violation of the principle of utilitarianism, where you use the minimum amount of treatment that you can to affect what you need to do.

Locking down children who are at very low risk of COVID and vaccinating them is a violation of the principle of utilitarianism, and so is locking down and closing a business or telling people they can't meet in a church.

We were subjected to psychological manipulation, and we now know the military was involved in that. And I'll give you a very specific example of one form of manipulation that I saw.

My daughter and I were having a conversation. It was during one of the breaks in between the lockdowns, and there were lots of conversations going on in the background; it was like a cocktail party. And during the course of our conversation, she said the word "ivermectin" and behind us, the room went absolutely silent, just silent.

And then there was a chorus—"horse paste, horse paste, horse paste, horse paste"—and then all the conversations went back. And that, to me, is an example that people were being literally brainwashed to think if they heard the word "ivermectin," they'd think horse paste. And if they could elicit that kind of reflexive response to a word like ivermectin, what other things were they doing to our heads? We don't even know how much they did. We don't even understand the depth and the length that they went to in their manipulation of us.

But our autonomy as individuals was totally violated. We were told where we were allowed to go, who we were allowed to meet, when we were allowed to meet, how often, and we were told you must take this injection in your body. So our autonomy was violated. Our confidentiality rights were violated.

When that passport came out and the community centre started asking, "show me your proof of your vaccine so you can come into the community centre," well, within 24 hours, everybody in my town knew who was vaxxed and who wasn't. And the pressure was on immediately on us un-vaxxed.

I had a neighbour say on Facebook that he hoped that I would drop dead in a hospital parking lot, not allowed to go in and get medical care and that I should be driven out of town because I had chosen not to be vaccinated.

I had people who I thought were my friends walk up to me, notice who I was, and turn around and walk away. They were either afraid of me or they didn't want to have anything to do with me because I was one of the evil un-vaxxed. And in a normal situation with medical choices, you don't know these things.

So they violated our confidentiality in order to go after us. And they used enticement and coercion and that is an absolute no-no. You can go back to the Nuremberg Code. You must never use enticement, which means things like offering a prize if you accept it, offering money. "Now, if you agree, we will let you go out to a restaurant to eat." That's an

enticement. And they used coercion—no jab, no job. Well, that's about as big a coercion as you can get.

I also want to mention what I saw happening in the Indigenous community. Where I live,

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the Ebb and Flow Reserve is to the north and the Sandy Bay Reserve is to the south. And there was particular targeting of the Indigenous community by so-called pandemic coordinators. Pandemic coordinators went into each reserve, and they set up clinics. The Indigenous community was given much earlier and much broader access to the vaccine. So it was typically— If you were 40 and up and you could go and get the vaccine, it would be 30 and up if you were Indigenous.

Much more vaccine was delivered to these clinics than they needed. So they always had a great big excess. So every time there was a big clinic, there would be excess vaccine and rather than have the vaccine go to waste, they would say to everybody who was there, "Call your relatives, call your auntie, call, call, call, call. And all the people in the community that you know, your friends and your relatives and things, they can all come in and get vaccinated even if they're not Indigenous and even if they're not yet eligible." And so, in the community that I live in, at least half of my neighbours and friends are Treaty Status. If they're not Treaty Status, they're probably Métis. And if they're not Indigenous or Métis, they probably are married to someone who's Indigenous and Métis.

And by doing that, they were able to very rapidly get this vaccine out into the entire Indigenous community, far ahead of the rest of the population. And they did it by emphasizing special respect for your elders. And they made personal home visits to people who are hesitant.

Some of them came to me and asked me if I thought the vaccine was safe, and I gave them my reasons for thinking that it was not safe. And I always tried to be ethical and say, "You know, this is your choice. This is what I found. This is what the government's saying. You make the decision."

And some of my friends came back to me and said that the vaccine coordinator came to visit them in their home and brought the material with them, to give them the vaccine right on the spot. And told them that I was not the right kind of scientist to understand what was going on and that I was a dangerous anti-vaxxer spreading misinformation and they should not listen to me. And urging them right then and there in their homes to get the vax.

And to me, that violates, again, all kinds of ethical principles. You're slandering and preventing opposite opinion. You're putting pressure on people. When you go into somebody's home and offer them basically, you know, "I'm here. Let's do it now. Why are you listening—" This is coercion.

And I still don't understand why the Indigenous community was so particularly targeted. But given the history of Canada and what they've done to the Indigenous community, I have to wonder, was it necessarily because they had the best interests of the Indigenous community? I don't know.

So I have some specific recommendations that I would like to make that would help prevent this from happening again. Florida's instituting laws like making it illegal to deny

elderly visitors. One of my friends, her mother had a stroke. She ended up in a nursing home. She says that her mother died of loneliness from being locked up for months.

There should be absolute laws that end the ability of public health to shut down businesses for precautionary purposes. I mean, if public health wants to go in and shut down a restaurant because it's full of cockroaches and the patrons are getting listeria, fine. That should go ahead and be allowed. But they should never again be allowed. That power has to be taken away from them. They've proven that they will abuse it.

And I'll also mention at this point that public health is very much a closed shop, and you don't get a job in the government and public health unless you have a mentor or you yourself have also worked in the WHO and the UN.

So the people in public health have a vested interest in what is going on at the level of the UN and the WHO, not just what is going on with the local community and Canadian traditions, laws, and that kind of thing. And we have to strip them of their power. They can never have this again.

We have to have protection for health care professionals and journalists who are acting in good conscience. I had doctors who privately asked me my opinion knowing my expertise. They listened carefully, they would not say anything, and they told me if they said anything, they would have their licences suspended. But they thanked me for speaking out. These people need to be protected. These professional associations should not have the right to take away a licence because somebody says something the government doesn't like.

The fact that I was denied the access to the raw data, that I needed to do an independent analysis is another thing. We have to remove the need for these access to information acts

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and the huge fees involved. The raw data should be made available to the public. You can anonymize it so you're not going to give away private information of any individual, but that anonymized raw data should be available immediately so that independent experts like me, like Joey Smalley, can pull that data out and look at it. And challenge the government whenever anything like that is going on.

And there should be independent experts that are added to all of these committees and these groups that make the decisions about the safety of the vaccine and whether or not we should go ahead and have these other things.

And there should be absolutely no more support for journalists for Big Pharma. One of the big problems with what we saw was the guy gets on CNN and he talks about how terrible the pandemic is, and on the bottom, it says sponsored by Pfizer. We don't let tobacco companies do that. We shouldn't let Big Pharma do that.

And there should be no removal of liability protections. Everyone who administers these vaccines from the person in the lab who is working to develop the original vaccine, right through to the public health nurse who is injecting it in the arm of the person should be liable, if it can be proven that they did something where they neglected someone or they did something that was unsafe. No liability protection. This vaccine would never have been distributed if every single person in the chain was liable.

There are no excuses. There were pandemic protocols that were set in place, and they had a long and successful history behind them. They were abandoned. The ethical protections of us as individuals were in place. They were all ignored.

Now, Dr. Bret Weinstein had a very interesting podcast, and he said a coup has taken place in western nations. And I think he's right.

Something happened in public health so that they just took over and they brought in rules and regulations, and they violated our rights and the government cooperated. And I don't know what happened and I don't know who the bad guys are. I have my suspicions, but public health is now an oxymoron.

And I'm going to close just with this picture of my family. This was one of the happiest days of my life. My middle son married his beautiful wife who has become a major part of our family. We're standing together. We're all cuddled up. We're smiling. We don't have masks on. It was a wonderful, wonderful event. And I would just like to remind everybody that we were robbed of this. Our weddings, our funerals, they were taken away from us without a good reason. My family is lucky. At least so far no one has died in my family from the vax. Lots of people have lost people to the vax.

We were robbed. And I don't know for sure who it is who is responsible for this robbery but in my opinion, it is a crime against humanity and should be treated as such.

Thank you.

Kyle Morgan

Thank you, Ms. Björklund Gordon. I just had one question. I'll try to keep it brief because I'm sure the commissioners might have some questions. Just about the data from Alberta that you had brought up on the slides.

Natalie Kim Björklund Gordon

Right.

Kyle Morgan

From my understanding, the data that's presented here occurred right when the so-called Delta wave occurred.

Natalie Kim Björklund Gordon

Yes, my daughter had her vax in August, late August, I think it was, and that was when the reaction came, and I began looking and trying to dig this up and finding it. It was on the Alberta website for about a year. You had to scroll way down to find it. And then, when Joey Smalley put his first analysis up and people began asking questions, then it vanished.

Oh, and there's another thing that vanished. Just yesterday, I noticed when I was doing my presentation, I was hoping to be able to refresh my memory on the Medical Association of Canada's [sic] [Canadian Medical Association] ethical standards. In 2018, they were updated, and I read that with great interest. And I went back and looked so I could refresh my memory and make sure I was remembering correctly. And they have also removed their ethical standards from their website.

Kyle Morgan

Okay, what I was getting at there with the data was that there was a notable increase in the cases that were being reported of COVID in the Delta wave,

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

and that appears to have coincided with when the vaccines were rolled out.

Natalie Kim Björklund Gordon

Yes, I'm not sure because I don't have access to the data,

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but it seems to me that Delta was generally acknowledged to be far, far worse than the previous one. I wonder if all or some portion of that Delta was, in fact, adverse vaccine reactions, not the virus. I don't have any way to tell, but I think that that is something that really needs to be investigated.

Kyle Morgan

I think those are all the questions I had. I'll turn it over to the commissioners.

Commissioner DiGregorio

Thank you so much for sharing your testimony with us today. I just was hoping you could help me understand a little bit better about this 14-day rule that you described in the Alberta data.

Natalie Kim Björklund Gordon

The explanation of the rule that I have heard from public health is that when you have the vaccine, you don't actually begin producing protective antibodies at a high enough quantity to be considered immune to the virus. And so, for that 14-day period, you are considered to be an unvaccinated person for the purposes of public health. So the zero to 14-day rule means that if someone gets sick and ends up in the hospital, and they have a COVID test, which could be a false positive, they will be counted by public health as being unvaccinated, not vaccinated.

Commissioner DiGregorio

So just to make sure I'm really clear. So when the health authorities were reporting COVID cases in unvaccinated people, it included people who had been vaccinated

Natalie Kim Björklund Gordon

Yes.

Commissioner DiGregorio
in the prior 13 days.

Natalie Kim Björklund Gordon

Yes, that's correct. And in fact, there's a statistician epidemiologist in England who challenged the U.K. data on the basis of that. The U.K. has a commission that's responsible for overseeing and double-checking when a government agency releases data. And he complained to this agency. I'm trying to remember, there's a Canadian group that oversees the government and puts reports out regularly when the government is doing something naughty. In the U.K. they have one specifically for statistics and he complained to them about this, and they examined the zero to 14-day rule and decided that this was causing the data for the U.K. to be totally muddled and useless. And the U.K. health services were ordered to go back and fix it.

And after they went back and fixed it and the data came out, it showed very clearly that the more vaccinated you were, the more likely you were to get COVID or the more likely you were to have a severe reaction to COVID. And I think that probably if it were not for that 14-day rule, zero to 21 days for BC and Alberta, the Canadian data would show the same thing, but that's my opinion, and I don't know.

Commissioner DiGregorio
Thank you.

Natalie Kim Björklund Gordon
Yes.

Commissioner Drysdale

Thank you very much. I have a couple of questions because I've heard quite a bit of testimony about various things that you mentioned. The first thing that I wanted to ask about and be clear in my own mind about is the PCR testing. And I believe you said that you were surprised that that would be used for a diagnostic tool.

Natalie Kim Björklund Gordon
Yeah.

Commissioner Drysdale

Now, you also talked about cycles, and I just want to confirm, one of the previous testimonies was from Dr. Braden. And I asked her this question about cycles and essentially, she explained it to me that if you go from 17 to 44, or sorry, let's make the numbers easy. If you go from 20 cycles to 40 cycles, that's not just a doubling of the material, it's a logarithmic.

Natalie Kim Björklund Gordon
Right.

Commissioner Drysdale

So that if I had one particle when I started, and I went through 44 cycles, I would theoretically have two times 10 to the 44. In other words, two with 44-zeros-behind-it particles after 44 cycles is that correct?

Natalie Kim Björklund Gordon

Yes, that's correct because the DNA is double-stranded. It is opened up in part of the cycle and then each of the double strands gets another strand built on it, and then it's cooled so that the two double strands form. And then it's cycled by heat again, and those two open up and become four, and then four becomes eight, and then eight becomes— And it is an exponential increase. And that's one of the reasons why the more you cycle, the more dangerous it is,

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because the PCR is not perfect. There are always a certain number of errors that are incorporated, and you can very rapidly end up with a false result because of the errors that not only get incorporated but get magnified with each round of the cycle.

Commissioner Drysdale

I've heard the PCR test referred to as a genetic photocopier. Is that somewhat—

Natalie Kim Björklund Gordon

Yeah. More than a photocopier. I kind of think of it as if your fax machine gets stuck and it keeps sending you the same thing over, and over, and over again. That's kind of what the PCR is.

Commissioner Drysdale

Now, I also heard another testimony— Hopefully I get this terminology right, now. I would like you to explain to me because when I heard previous testimony, I wasn't sure I got it right. You used the term reverse transcription of RNA to DNA.

Natalie Kim Björklund Gordon

Right. Yes.

Commissioner Drysdale

Can you explain that in lay terms for me and why is that such a concern?

Natalie Kim Björklund Gordon

Okay, the normal course, the way it usually works in the cell, is you start out with the DNA, and the DNA is transcribed into messenger RNA. The messenger RNA is then moved outside the nucleus of the cell into the main body of the cell. And when it's out there, it's then used as a code to create a protein. So you have this one-way trip up through the system.

Reverse transcription refers to mRNA that is in the cell body itself that then ends up being pushed back into the nucleus and then incorporated into the DNA, and then the normal repair mechanisms— And there are several different ways it can happen. But the normal response of the cell when hitting this piece of mRNA that's in the wrong place, and isn't properly marked, is to copy it and stick it into the DNA.

And the reason that that is potentially such a problem is, like, if you had this happen in the cells of your testes or your ovaries, you could introduce a mutation that would go down into subsequent generations. And that's the most dangerous thing you can do because you can change the genome of your offspring.

And it can also go into other cells, like, for example, liver cells is where this has been demonstrated to happen from the mRNA. And cells that are rapidly dividing, like in a developing embryo. Every time the cell divides, the nuclear membrane dissolves away to allow the cell division to take place, and during that part of the cell cycle, the cell is vulnerable to accidentally incorporating the mRNA that's present into the DNA.

So under normal conditions of cell division, all of that protein production is first stopped, and then the nucleus is dissolved, and then the DNA is divided. And then the nucleus reforms, and only after the nucleus reforms, the cell continues that process of making proteins.

So the other issue with reverse transcription, and I think this may play a role in causing cancer, is if you have an insertion occur in the wrong part of a gene, you can turn a good gene into a bad gene or you can turn a gene that prevents cancer from functioning. You can cause breaks in the DNA. And if you look at what causes cancer, it's cells that are expressing inappropriate proteins at the wrong time and in the wrong place, and the cells are doing things that are wrong. And when you randomly start inserting bits of DNA into the wrong place, you can cause very serious problems.

So this reverse transcription is potentially quite dangerous. There are viruses that do it deliberately and they have specific enzymes for doing that, but it can happen for other reasons, not just for that reason.

That was one of the reasons I did not understand why they went with an mRNA virus. Why not just take the virus and inactivate it and grind it up and throw little bits in? That's the way we've always done viruses. That works very well, and it is relatively low risk, so why did they do this other thing?

Commissioner Drysdale

So essentially, if I can put it into terms I think I understand: The DNA is like the blueprints for just about everything in your body.

Natalie Kim Björklund Gordon

Right.

Commissioner Drysdale

And this reverse transcription is potentially or has the potential for changing that blueprint or that recipe or that plan. And with that potential change in that recipe or plan, the cells that are being built may be corrupted or they might be something else.

Natalie Kim Björklund Gordon

Yes. That's a very good way to think of it.

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Normally, our bodies are very good at picking up if one of these things are going on. And the cells will either stop dividing and sit there or they will release signals that indicate that something's gone wrong. And the immune system will come in and destroy that cell or they will begin affecting the cells next to them and those cells being affected will put out distress signals to the immune system to come and clean it up. But sometimes that doesn't happen.

And one of the more frightening aspects of the COVID vaccine is that there appears to be immune suppression. So you get a situation where viruses that were inactive become active. The immune system is not scouting properly, and you have this mRNA ending up in the cells and causing all kinds of problems and the immune system is not responding appropriately.

I've heard tales from pathologists who of course would never say so publicly, but they talk about turbo cancer. And that's a cancer that appears and spreads very rapidly far more and not in a characteristic fashion. And again, I don't know if that's true. I don't have access to the data, but I can understand how a turbo cancer could happen.

Commissioner Drysdale

There are some other terms that are almost ubiquitous, or in other words, they're being talked about all the time. We had a witness yesterday who mentioned it, and I want to make sure that I understand this properly.

Am I right in saying that when the government was telling us that we were going to get 97 per cent efficacy, that they were talking about something called relative efficacy versus absolute efficacy?

Natalie Kim Björklund Gordon

Right.

Commissioner Drysdale

Okay. And from other testimony when I've asked this question, it appears to me that if someone gives you a relative efficacy number, it gives you no idea of what your overall risk to that thing is. And I think, someone compared it to two cars speeding down the highway at 300 kilometres an hour. The relative speed is zero, and their absolute speed is 300 kilometres an hour. So if I was to tell you the relative speed, you'd have no idea whether they were driving safely or not.

Natalie Kim Björklund Gordon

That's correct, but I like to explain it differently. Imagine you have two groups of people, one hundred in one group and one hundred in the other. And one group is your case group, and one group is your control group. And if, just by random chance, three people get sick and two of them happen to be in your case group and one happens to be in your control group, you have a very high relative risk [RR] occurring in your case group because twice

as many people got sick in your case group as in your control group. So you can say that's a very high relative risk.

If you want to talk about absolute risk [AR], you'd have to expose all two hundred people to the virus and see then what your data would be. Now, if you do your relative risk and you know 75 per cent of the population has been exposed in both groups, your relative risk is going to be very similar to your absolute risk.

But in a case like where Pfizer— I mean, they did some of their analyses while we were all under pandemic control conditions. And they did not specify what the infection rate was in the populations that they were looking at. And so, there's absolutely no way to know if this 95 per cent or 97 per cent or whatever it was, was a real value that had any real meaning.

And normally, except if you're dealing with Big Pharma, you will be quoted an absolute risk or you will be quoted a relative risk and they will put that after 97 per cent, RR or AR, and they'll specify what it is that you've got. And they didn't do that. Big Pharma generally doesn't.

Commissioner Drysdale

So if I understand your example where you talked about a hundred people in one group and a hundred people in the next and you got so many sick in one and so many sick in the other— If I was to increase that sample size to 10 million in each group, and I still had your number, I think it was three sick in one and six sick in the other, my relative efficacy in the 10 million sample is the same as the relative efficacy in the 100 sample. But of course, the absolute efficacy has changed significantly because in the first one I had 100 people in the group and one got sick, 100 people in the other group and two got sick, so relative efficacy of 50 per cent.

But if I increase it to 10 million people in each of the groups and have one, again, that's sick in one group and two sick in the other group, it's still a relative efficacy of the same number.

[01:10:00]

Natalie Kim Björklund Gordon

Yeah.

Commissioner Drysdale

And in your opinion, did the general public understand that difference?

Natalie Kim Björklund Gordon

My experience has been that many physicians don't understand that difference. So I would not expect the general public to understand that difference.

Commissioner Drysdale

Okay. You did talk about informed consent.

Natalie Kim Björklund Gordon

Yes.

Commissioner Drysdale

Based on what we just talked about, did folks who were told that it had a 97 per cent or 98 per cent efficacy, were they able to form informed consent on that basis?

Natalie Kim Björklund Gordon

It's my opinion that they were lied to.

Commissioner Drysdale

Let me ask you another question: Did they do testing? You looked at the Pfizer results or the Pfizer testing that was submitted to Health Canada.

Natalie Kim Björklund Gordon

Yes.

Commissioner Drysdale

Did they do testing on pregnant women?

Natalie Kim Björklund Gordon

No.

Commissioner Drysdale

Did they do testing on children?

Natalie Kim Björklund Gordon

As far as I know, no.

Commissioner Drysdale

Did they inject pregnant women in Manitoba with the vaccines?

Natalie Kim Björklund Gordon

Yes, they in fact they made it so mandatory that a friend of mine who refused to take the vax was told by her doctor that he would not attend her delivery. And she and her husband made a decision that they would deliver the baby at home. It was her fourth. It was an uncomplicated pregnancy.

But the labour started four weeks before her due date, so they became concerned that they might be dealing with the preemie, and they decided she should deliver in the hospital. And when she arrived in the ambulance bay in labour, no one from the obstetrics and gynecology department at that hospital where she was at would come downstairs and treat her because they said she was un-vaxxed and they didn't want anything to do with her. So

she sat in the ambulance bay for 30 minutes and finally delivered having a paramedic attend her, while her husband sat outside in the parking lot trying to follow on a cell phone.

The pressure on pregnant women was extreme and totally unethical. They were told they must have this vaccine, "or I will not attend your delivery. You must have this vaccine or else your husband won't be able to be with you when the baby's born."

Commissioner Drysdale

I think I heard you say that there was no fertility testing on this vaccine?

Natalie Kim Björklund Gordon

As far as I know, no one has looked at the fertility in this vaccine. But they did know, well before the vaccine was even released to the public, that the vaccine was accumulating in the ovaries and testes on rat tests that they did in Japan.

As far as I know, there's been no testing done to see if fertility's been affected. I have heard anecdotal reports from people in the in vitro community that they're seeing an increase in infertility in women who previously had successful pregnancies. But that's anecdotal. And again, I have no way of knowing if that is actually factual or not.

Commissioner Drysdale

Prior to the release of the vaccine, and based on your review of the information, was there any carcinogenicity testing? In other words, did they do any testing to see if this may or may not cause cancer?

Natalie Kim Björklund Gordon

No. And one of the things they did is they cut the testing short after two months and declared that it was safe. And cancer takes years to develop. Normally, even turbo cancer takes months to develop. They cut it off at two months. There's absolutely no way that they could have done any kind of, had any ideas about testing. They did some rat work, I think, but rats are very different physiologically from humans and just because you get a result in rats, it doesn't mean that that applies to humans.

And I don't know. I'm not familiar. I could be wrong because I haven't seen everything. There's been a lot of literature. I read somewhere that at one point there was 700 publications a day coming out on this topic. So speaking from what I personally have seen and bearing in mind that there is stuff that I have not seen, I am not aware of any testing that was done on fertility or cancer.

Commissioner Drysdale

We had a previous witness describe to us the initial testing or the testing that was submitted to Health Canada for the Pfizer vaccine. And what that witness described to us was that they had a control group or a placebo group, and they had a second group. And after the close of two months, they took the placebo group and injected them with the vaccine thereby eliminating the placebo group after two months of testing.

Natalie Kim Björklund Gordon

Yes, I understand that's correct.

Commissioner Drysdale

Is that common practice?

Natalie Kim Björklund Gordon

It's common practice for Big Pharma-type people to do stuff like that. It would not be appropriate practice as I understand it. And I don't know how the regulators let that go. As far as I can tell, and I wasn't in the room when this was done, Health Canada did no independent testing of their own. They simply accepted what was being done in the United States as gospel.

[01:15:00]

Commissioner Drysdale

Did I hear you right in the beginning when you were talking about your credentials that you had taught or tutored medical students on medical ethics?

Natalie Kim Björklund Gordon

Yes, in the work I was in, the medical students broken up into small groups for tutorials of about 12 or 15 students. And one of us would each take one of those groups and we would be presenting them with a specific case. And it often included an ethical component that they had to discuss with us. And then they had to understand all of the aspects, medically speaking, as far as how this gene worked and so forth. But they also had to understand the treatment proposals and how those would impact and what kind of ways that they could provide informed consent and treatment.

We do practise the form of ethics in Canada right now, and I'm not talking about MAID. I'm talking about if you have a woman who has a baby, who has a specific defect of some sort, she can go and talk to her doctor and under normal circumstances that I saw when I was involved in human genetics and when I attended clinics, women would be given all the information that we had. There's a 70 per cent probability of this or a 20 per cent probability of that. And then the women would make a choice as to whether to terminate the pregnancy or not.

And some of us, myself included, are very much against termination of pregnancy, but we remained absolutely silent about what our personal opinion was. And sometimes a woman would say, "I'm going to have the baby anyway." And we might think she was crazy, but we never said anything against her, and we would support her through that.

And one of the most valuable lessons that I learned watching that was, you know sometimes a mother would come in and say, "There's something wrong with this baby, I can feel it." And every test we had would show there was nothing wrong with the baby, but she would go on and give birth and there would be something wrong, something desperately wrong.

And other times we would say there's this or that problem with the baby and she would say, "Nope, this baby's fine." And she would go through with the pregnancy anyway. The baby would be born and the baby would be fine.

And to me that illustrates why informed consent is so important because we as experts, we don't always know everything. And sometimes the gut intuition of some farm wife with a Grade 10 education is better than what we experts think.

Anyway, that's why informed consent is so important. You give them all the information and they make the decision as to what the right thing is to do. And that was what was missing during the pandemic.

Commissioner Drysdale

My last question has to do with your family. And I believe you reported out of the six, four had adverse reactions?

Natalie Kim Björklund Gordon

Yes, four had adverse reactions.

Commissioner Drysdale

Were any of those four adverse reactions reported to and included in the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] system in Canada?

Natalie Kim Björklund Gordon

No, my son's tumour has been dismissed by the neurologist in his care as being irrelevant and not in any way related to the vax.

The family member who developed pericarditis, it was more than 28 days. So it's considered unrelated. My daughter's situation was recorded as COVID in the unvaccinated. One of my relatives had long COVID and repeat multiple COVID infections and in her case, it's been attributed to the virus not the vaccine.

Commissioner Drysdale

Were those decisions to attribute it to the virus done at the upper level of that system or were they triaged by the doctor that you were dealing with or the nurse?

Natalie Kim Björklund Gordon

It was always done by the doctor or the nurse. Part of the problem is that there's tremendous pressure on members of the medical community to not notice these adverse reactions. Doctors who report too many get in trouble. And they don't want to see it. And the other thing is I've talked about the brainwashing and the reflexive reaction out of the medical community.

I think that the medical community has been more heavily brainwashed and targeted and hit with this stuff than the general public. And they don't want to see it. And if you take the

case of the pericarditis in my family, the doctor involved acknowledged that it was probably the vaccine, but there was no way he was going to speak up about it.

Commissioner Drysdale

Thank you very much.

Kyle Morgan

Ms. Björklund Gordon, I just was hoping to adopt your slideshow as an exhibit [Exhibit WI-1b]

[01:20:00]

Natalie Kim Björklund Gordon

Of course.

Kyle Morgan

You swear to the contents of that slideshow? You created those?

Natalie Kim Björklund Gordon

Yes.

Kyle Morgan

They're true to the best of your knowledge?

Natalie Kim Björklund Gordon

They're true to the best of my knowledge, yes.

Kyle Morgan

So help you God?

Natalie Kim Björklund Gordon

So help me God.

Kyle Morgan

I will hand it over to Shawn.

Shawn Buckley

It's unusual for me to step in and ask some questions, but I was just hoping to clarify a couple of things that you'd said. One of the commissioners had asked you about, had the reactions in your own family been reported to CAEFISS and I think you said, "No, with the pericarditis, it was 28 days after." Do you mean after the vaccination?

Natalie Kim Björklund Gordon

It was 28 days after her second jab, and therefore, was classified as unrelated.

Shawn Buckley

Okay, so she would be considered unvaccinated for 14 days after the second jab.

Natalie Kim Björklund Gordon

Well, no, she'd be considered un-vaxxed for 14 days after her first jab. Then between the first jab and the second jab, she would be considered partially vaccinated.

Shawn Buckley

Okay. So my understanding is, in Alberta, people were considered unvaccinated until 14 days after their second jab. Was it different in Manitoba? Since using Alberta statistics and I live in Alberta, so I think in Alberta, they were considering a person unvaccinated until 14 days after their second shot. Would you know?

Natalie Kim Björklund Gordon

I don't know what the Alberta standard was. I know that in Manitoba for a long time they had a classification of partially vaccinated and later, partially vaccinated got rolled into unvaccinated in some jurisdictions. I don't know if Manitoba did that, but the category of partially vaccinated vanished. So you had only vaccinated and unvaccinated, and I don't know where that middle group of partially vaccinated went.

Shawn Buckley

Ok. So in Alberta, you are not sure.

Natalie Kim Björklund Gordon

No, I'm not sure.

Shawn Buckley

What I was wondering is, if it's true that in Alberta, you weren't vaccinated until 14 days after your second vaccination, you'd have a group of people that just had one shot, and whether they had any reaction at any time that would be a vaccine injury after that, they would still be un-vaxxed.

Natalie Kim Björklund Gordon

That would be the case if you're rolling partially vaccinated in with un-vaxxed, yes.

Shawn Buckley

Right. Okay. Thank you very much. And on behalf of the National Citizens Inquiry, we thank you so much for your testimony today.

[01:23:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 5: Brian Giesbrecht

Full Day 2 Timestamp: 05:40:30–06:25:55

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

Day two. Our next witness is joining us virtually. Brian Giesbrecht. Brian, can you hear me?

Brian Giesbrecht

Yes, I can hear.

Shawn Buckley

Okay, and we can hear you. I'll ask if you could state your full name, spelling your first and last name for the record.

Brian Giesbrecht

Brian Giesbrecht, B-R-I-A-N, Giesbrecht, G-I-E-S-B-R-E-C-H-T.

Shawn Buckley

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

Brian Giesbrecht

I do.

Shawn Buckley

Now, my understanding is that you were a provincial court judge in Manitoba for thirty-one years.

Brian Giesbrecht

That's right.

Shawn Buckley

And for 15 of those years, you were the Associate Chief Judge of the Provincial Court in Manitoba.

Brian Giesbrecht

Yes.

Shawn Buckley

And for eight months in 1993, you were actually the Acting Chief Judge.

Brian Giesbrecht

Yes.

Shawn Buckley

You are retired now, and you've been retired for approximately 15 years, but since retiring you have been writing extensively on free speech and Indigenous issues.

Brian Giesbrecht

Yes.

Shawn Buckley

And prior to COVID, you had regular columns in a few newspapers.

Brian Giesbrecht

Yes, I wrote for various publications.

Shawn Buckley

So can you tell us when COVID hit, what happened with your writing?

Brian Giesbrecht

Well, I'm associated with the Frontier Centre for Public Policy and my colleagues and I, fairly early on, began to look particularly at what was happening in Sweden. The approach that they were taking in Sweden seemed to simply make a lot of sense to us. And really what it was, was the traditional pandemic policy that the provinces had followed, in fact, all of the Western world had followed for many decades. So I began writing most of the articles on that. But I began writing articles such as, one was titled "Sweden Is Doing It Right, We're Doing It Wrong," that sort of thing.

And then I teamed up with an emergency planning expert by the name of David Redman; he's known to, I think, a lot of people here. He's done very extensive work in this field and

he's a retired Lieutenant Colonel with the Armed Forces, very experienced in emergency planning. And he had been trying to make some headway in his own province of Alberta, trying to speak to the senior people and basically talking about the emergency plans that had always worked in the past that they'd always used. The lockdown plan is practically the opposite of the normal plan.

So we wrote some articles together and basically what I expected was that there should be some reasonable discussion about which parts of Sweden's approach worked and which didn't. In other words, there would be an objective determination about this. And that's, in fact, what the Swedish architect of the plan, Anders Tegnell, originally said. He said, "Look, this is a good opportunity for everybody because Sweden would be basically like a test tube experiment. We could compare results and we can adjust and say, 'Okay, what's working in Sweden, what is not, and we can transfer that to the other country.'" That didn't happen.

I was very surprised that the reaction was almost uniformly hostile. We had mainstream newspapers, even internationally— *The New York Times* wrote a scathing account about Sweden and how people were just dying like flies. It wasn't true. It's not true. As a matter of fact, Sweden has done at least as well and probably better than most of its European counterparts just by taking its very hands-off approach during the lockdown. They did not close schools. They did not shut down businesses.

Shawn Buckley

And Brian, I'm just going to focus you onto what happened with your writing, as I have to keep witnesses focused today, and so I'm just really curious about what happened to your writing and have you contrast that with, you know, pre-COVID.

Brian Giesbrecht

I get that, Shawn.

[00:05:00]

My point there is that the reaction was hostile. The idea that anybody could take a different view on any lockdown subject seemed to be absolutely discouraged. The mainstream newspapers were particularly harsh on anyone who didn't sort of conform. So that was my experience.

I was writing articles throughout the pandemic and David Redman was making presentations to many people. But people were very divided because there were certainly people interested in what the non-lockdown people were saying, but half of the population at least, seemed to be hostile to any suggestion that things could be done a different way. That was my point there.

Shawn Buckley

Okay, I want to switch gears and actually talk about your experience as a judge because being a judge for a full 31 years itself is quite exceptional. And some of us, we walk into a courtroom and the judge is up there in their robes and it's almost like they're in a different world. And I think the average person does not appreciate that judges are part of our community and that they're also influenced by what the political or social trend is at the time. And I'm wondering if you can speak about that and maybe give us some examples, as

when you were a judge, how you felt pressure on you to go certain ways depending on what was happening in the community at the time.

Brian Giesbrecht

Yeah, I can think back to one time, and this was during the 1980s, when what were called the satanic ritual abuse cases were being heard. And there were a couple of sensational cases where children had been coached, I guess, to come up with these stories about satanic sexual abuse, et cetera. There were actually people who spent years in jail as a result of false claims.

In any event, the pressure on people, not just judges but police officers, social workers, et cetera at the time, was to believe all children. In other words, every claim a child made, no matter how preposterous, must be accepted. Now, of course, that's not reasonable. Children don't always tell the truth, neither do adults, but there was a great deal of pressure at the time. But I don't think that that was anything compared to the pressure judges must have been under when this pandemic struck and I'm here as an armchair quarterback. I will be critical of what the Canadian courts did or didn't do. But I am speaking as a private citizen here.

Shawn Buckley

Can I just back you up because I really do want people to understand that judges do feel pressure about what's going on. So you were talking about this time where there was kind of this hysteria about satanic child abuse and pressure on the authorities. Was there pressure on you as a judge to, basically, kind of believe children when they were witnesses in court because of that social pressure?

Brian Giesbrecht

Yes, exactly, and that was just an example that I can think of. But I don't think it was nearly as strong an influence as what it must have been like to be a judge, or really people in any position of authority, when the pandemic struck. Because, of course, people were taken by surprise and everything was new to people, and in most cases, people had not really undergone anything similar before.

Shawn Buckley

And I'm just going to take you back there—

Brian Giesbrecht

So before I criticize, I want to recognize this fact.

Shawn Buckley

So I just want to take you back there because again, I want to make sure that people understand that point. We were talking on an earlier occasion and you expressed to me that you felt similar pressure when spousal abuse became a big issue, and arguably, in the court system, could be described as a political issue. And I'm wondering if you can describe that period and also whether, as a judge, you felt pressure then to basically find that certain witnesses were credible versus other witnesses.

Brian Giesbrecht

Yes, I think so. At one point, again, fairly early on, spousal abuse began to receive a great deal of attention, and it deserved it

[00:10:00]

because for many years the abuse of a spouse was considered no big deal. Well, the law took a turn; it got a lot of attention, as it should have. But then, as the pendulum very often swings too far, there was definitely pressure on people, on judges, to say, “believe all women,” which is just as silly as the idea that you believe all children. All human beings of every gender and age and ethnic group, et cetera, either tell the truth or don’t tell the truth or think they’re telling the truth when they’re not. So there was a great deal of pressure during that time, and judges were very often under pretty strong criticism if the account of an abused woman was not accepted. So that is another example I would offer of something similar, yes.

Shawn Buckley

And then you were sharing with us already that in your estimation the pressure on judges to basically follow the COVID narrative, and appreciating you’re now an armchair judge, but you’re giving us the impression that you felt that that would have been quite enormous pressure on judges.

Brian Giesbrecht

I think so. I think so. The pandemic was a shocking event for everybody. So I expect that judges were just as affected as everybody else. They had to live through things as well. They had to completely adjust their work routines, et cetera. And I think they probably generally were all from the demographic, say middle-aged, upper-middle-income people who were more likely to be within the group of people who perhaps were most concerned or even afraid of the virus. I think statistically that’s true and that the younger people were less afraid and the older people, particularly in the upper income groups, were much more conscious than the other people.

Shawn Buckley

Now, can I ask you, because as a former judge you would be interested in what the courts were doing with COVID— Can you share with us your thoughts on how the courts handled COVID, just even to focus you more concerning perhaps defending the rights that we had under both common law and under our *Charter of Rights and Freedoms*?

Brian Giesbrecht

Well, like many people, I think I’d say I was surprised and quite disappointed with the response of the courts when people did make challenges to the lockdown rules, particularly the most overreaching of the rules. I think, generally, that the citizen expects the judge to stand between him and government overreach. And I have to say that in Canada, I don’t think generally that did happen.

And again, it’s easy for me to criticize because I’m sure it’s very tough hearing these cases, but the response seemed to be, generally, that well, if the government and their health people make some sort of rule, policy rule, then who are we as judges to question that? And

so often, they simply, almost always, they just deferred to the health authorities. And I think that was wrong.

I was comparing this to the decisions that were coming out of the United States. Now I would expect, in something like this, most of the decisions would uphold the government regulations. That only makes sense. But there, they did have a lively and vigorous testing of the rules, and I think that was very necessary and helpful.

I'll just give one example if I can, or maybe two. That judge that struck down the mandate requirement for masks on airplanes in the United States— Well, the government was going to appeal,

[00:15:00]

but they never did. I think the judge actually got the government off the hook on that one because the mask mandate on planes at that time made no sense and did not cause any problems when it was removed. But the fact is that Americans, for many months, were travelling on airplanes while Canadians still had to wear masks on the planes. And for some people that causes real problems, especially on a long flight.

Vaccine mandates were the other example where American courts had struck down several of the most egregious vaccine mandates months and months before these things were finally put to rest in Canada. And those vaccine mandates caused, especially for people who say had previously been infected and didn't need the vaccine in the first place or whatever, they caused tremendous hardship. People lost their jobs while all of this was going on. Well, I do think that if people had the sense that they could go to court and get a fair hearing and have a chance to have the most egregious government policies removed, they would have done so. But I think the feeling was, at least my impression is, that people felt that there really was no purpose in taking something to court here because nothing would happen.

Shawn Buckley

Sorry to break in, but can I ask you to give us a couple of examples, perhaps from Manitoba, of cases that would have given people in Manitoba the feeling that there was really no point in going to court?

Brian Giesbrecht

Well, I was following the church cases and we had, in Manitoba as you know, some situations, for instance, where the Southern Manitoba churches were even going to the extent of holding church services outdoors or sitting in cars and yet the police were still called. Or even the funerals where people were not able to say goodbye to dying relatives. Well, I think that was government overreach. I don't think that even in Wuhan China the government went that far.

Shawn Buckley

Brian, I'm just going to have to stop you and ask if you can turn off your video because your audio is breaking up, and so I think we need the bandwidth so at least we have your video. We just must have a bad internet connection.

Brian Giesbrecht

I'm sorry. Okay.

Shawn Buckley

Yeah. No. Sorry about that, but it's important that we hear what you say. So you're talking about the lockdown case. Can you tell us what happened in that case and why that might have caused Manitobans to think that the court was not going to stand between the state and themselves?

Brian Giesbrecht

Well, just generally, and I'm not putting myself forward as an expert on any of these cases. But I think, just generally, the people who did bring the case to court thought that they had a very legitimate point and basically being able to attend church, especially if it's done outdoors sitting in your car, that would be reasonable. I think that there are many other examples of overreach by the government. For instance, my personal example is going out for a hike in a park and finding that the outdoor hiking trails were closed.

Shawn Buckley

Brian, I just want to focus you because I'm trying to get you to a place we talked about in an interview. So you were telling me about Justice Joyal in the Manitoba lockdown case and about him privileging the Government's position, and so can you please share that with us?

And then I wanted to take you to that Ontario Court of Appeal case and your thoughts on the judicial system generally.

Brian Giesbrecht

Okay. And I don't want to be critical of Justice Joyal. He's an excellent judge. He's a very excellent judge. But just generally, I think that some of the bylaws, some of the rules that were made in Manitoba were particularly unreasonable. And I think that I'll just say this, that citizens should have the expectation that they could go to court and have a reasonable chance of having the judges, and I'm not critical of any particular judge here,

[00:20:00]

have judges look at that and not simply tell them, "Well, whatever the public health authorities decide is good enough for me." So I think I'll leave the Manitoba one at that. I'm certainly happy to discuss that Ontario case, by all means.

Shawn Buckley

Sure, if you can. So before we leave the Manitoba lockdown case, would I be fair in summarizing that it's the fact that there was deference given to the provincial public health authorities and basically accepting that as true without actually testing it, that was the concern?

Brian Giesbrecht

Yes, I think that's right. I would just say that generally, being too quick to simply accept the decision of the public health officials is not something that the judges should do. And I think

that judges probably are having a lot of discussion about the role they played or didn't play during the pandemic. And I just point out once again: it's easy for me to criticize, I didn't have to do it.

Shawn Buckley

Right. Now, so the Ontario Court of Appeal decision we're referring to as *JN v. CG*. Do you want to share your thoughts on that and then your thoughts on what the ramifications are for the court if this continues?

Brian Giesbrecht

Yeah, as I recall, in that particular case, a mother who had custody of children did not want to have the two children she had custody of vaccinated, and she had definitely done her homework. She was obviously a very capable person and the separated father went to court and wanted to have the children vaccinated. Now, I read the decision of the motions judge and I was totally impressed. I thought that judge really took a lot of time to objectively review the evidence, and the judge came to the decision that the woman, as she had custody after all, should have the right to decide whether those children were vaccinated or not.

But when it was taken up to the Court of Appeal, and not to be too smug here or too quick to judge, but I think that the Court of Appeal basically just said, "Whatever the provincial authorities decide, that should stand." So I would be critical, if I'm right about that, that they gave too much deference to the provincial health authorities. And just because it was under the name of health or emergency, they didn't properly look into the findings that the motions judge made and the evidence that the wife in that case presented. I would be critical of how they decided that case.

Shawn Buckley

Well, you had said something profound to me when we had a conversation. You had said to me if the Ontario Court of Appeal is saying that you can take what the government says at face value, then you don't need courts. And I'm wondering if you, first of all, remember saying that, and if you do, if you can comment on what you mean.

Brian Giesbrecht

Yes, if the court is simply going to accept any decision that is made by a government official, then what is the purpose of the court? The citizen needs the court to stand between himself and the government and relies on the court to protect civil liberties. And if the court is really not doing that, then I do ask that question, "What is the purpose of the court?" And I think on an even larger scale, I think all of us are going to have to ask: Is Canada still the country we thought it was before the pandemic? In other words, our individual liberties, are they valuable? Or have we somehow decided to give them up whenever a virus comes to call?

[00:25:00]

So I think there are some pretty big questions that we all have to ask ourselves. And I do believe that the legal profession and judges are probably asking themselves these questions right now. And they're pretty big questions.

Shawn Buckley

Brian, I know that the social media team at the NCI is going to be very upset with me if I don't ask you to turn your video on, and then I ask you that question again. Because your answer, I think, is of tremendous importance. And I think people should see you when you say it.

So I brought back to you that in an earlier conversation you had shared with me that if the Ontario Court of Appeal—and I think we could say courts generally—are saying that you can take what the government says at face value, then you don't need the courts. And so if, once again, with your video on, can you comment on what you meant by that and what the ramifications for us as a nation are?

Brian Giesbrecht

I wasn't trying to be disrespectful. But I am suggesting that now that this pandemic episode has passed, everybody has to ask themselves some pretty big questions.

I think judges have to ask themselves whether or not they did play the proper role during the pandemic in protecting people's rights. And the country as a whole has to ask itself the question: Are civil liberties and individual rights important to us any longer? Or are we, after this pandemic episode, wanting to live in a different country where we don't have to exercise individual rights, where we rely upon the government to do everything for us?

So I think these are very big questions, and I've been pondering this for some time because it seems to me that Canada is not the country—right now, as we're emerging from this pandemic—is not the country I think it was before the pandemic started. So I do expect that many people, media people too, and our politicians, are going to have to ask themselves some very, very serious questions about the role they've played during this pandemic. And I live in Manitoba, and Manitoba was, I think in many cases, particularly draconian in some of the rules of law, it must be said. And I refer to the cases where people couldn't even attend their funerals for dying family members, et cetera, or even go to church.

Shawn Buckley

Brian, we have to keep the witnesses a little tight today, and I want to give the commissioners an opportunity to ask you any questions if they have any. And there are questions.

Commissioner Kaikkonen

Thank you for your testimony. Have you ever noticed a time when the world came together as it has in the past three years in one mind—all levels of government, the judiciary, the administrators at school board levels, for example—where everybody seemed to be of one mind except for the people, excepting the people who were arguing that our civil liberties were being deprived?

Brian Giesbrecht

No, this was new to me and it was, to be quite honest, a very frightening experience. And I don't know how to explain it, but it does seem that there was some sort of—I don't know if the various leaders all made this at the same time or how it came about. But I have never experienced such a thing and I do not believe it was a healthy experience.

Commissioner Kaikkonen

And my second question is on social media. Somewhere in the middle of the pandemic, there was a photo circulating on social media that had the Supreme Court judges saying they were all vaxxed in unity. And the message to the people was that the judges were vaxxed, why aren't we? So I just wondered— It seemed to me that there was a lot of posturing in that photo circulating, and I'm going to admit that I don't know the authenticity of that photo. But what are your thoughts on the separation of powers? Because we've always had the legislature on one side and the judiciary on the other.

[00:30:00]

And what was that picture circulating around social media doing in terms of promoting the government narrative as opposed to that perceived independence of the judiciary?

Brian Giesbrecht

Well, just generally, I believe from the start that vaccination should be a personal decision. Without going into the vaccine too much, because I'm not a medical doctor or a scientist, but I mean, it was known from the beginning that people who chose to be vaccinated would still be infected and could still spread the disease just like unvaccinated people. So there was never a reason in the first place to somehow demonize unvaccinated people, people who chose for whatever reason they cared not to be vaccinated. And I think the campaign, which was more than just a health campaign, became something quite unhealthy when people were pushed and more than pushed into choosing vaccination. And here in this province, Manitoba, we saw what was almost a demonization of people who were called anti-vaxxers. And this was particularly targeted. It was quite ugly against the people of southern Manitoba and even our main newspapers seemed to—

Shawn Buckley

Brian, can I just—

Brian Giesbrecht

I have to say, the politicians sort of took aim at these people.

Shawn Buckley

David, can I have the mic for a second?

So, Brian, sorry, but I think the Commissioner was asking you really about whether it was appropriate for the Supreme Court of Canada to pose saying that they were vaccinated because then they're basically participating in politics. And traditionally, we've had a separation between the legislative branch of government and the courts that are supposed to be apart. And so, I think the Commissioner was asking you to comment on what seems to be the courts engaging in a political message in support—

Brian Giesbrecht

Yes, and I apologize for not being clear, but I'm agreeing. I'm saying that this campaign, which even included the judges in this vaccination claim, this is not something that should have been done, and it contributes to division. It did not contribute to anything healthy. So I'm agreeing with this person; I'm sorry to make it too long of an answer.

Commissioner Kaikkonen

And I just have one more question. When you think of, and you alluded to this, the newspapers being bought off and independent reporters being dismissed as professors of false information— How do ordinary people influence the judiciary, apart from going to court and having legal precedent set that will go against the populace in the future? How do they influence judges to say that there is a different side to the narrative?

Brian Giesbrecht

Yeah, I don't think that there is any very simple answer. If the courts aren't available to people and if politicians are not willing to listen to the point of view of someone who does not accept the prevailing narrative, then there are very few options. And I think that's what we see. What we've seen, I think, is we've seen basically half the country feeling that they've been not listened to and not treated very well and the other half wanting, at times, even more restrictions.

I'm sorry I don't have a real answer there, but what I'm saying is that it's just a plea for people to try to be more objective and not get caught up in some type of groupthink-type of thing, which I think happened during this pandemic, particularly once we got into the idea that everybody had to be vaccinated. I think that's when things really went off the rails.

Commissioner Kaikkonen

I want to say thank you.

Commissioner DiGregorio

Thank you, Justice Giesbrecht,

[00:35:00]

for giving us your testimony today. We had a witness in Toronto, Mr. Pardy, who talked to us a little bit about— Well, he covered a few things: one being the deference being given by the legislature to the administrative state; paired with the deference that courts have been giving to the administrative state, which I think you've touched on today; and paired with maybe some weaknesses within our Charter that we weren't expecting, having led to the results of where we are today. And when I questioned him on how to address these particular positions, he seemed to think that addressing the legislative deference to the administrative state and even possibly, although not realistically, amending the Charter was a good way of approaching it.

I'm wondering if you have any recommendations on how the courts could look at addressing the significant amount of deference that has arisen.

Brian Giesbrecht

Well, I don't know that I have any recommendations. I'm just suggesting that the judges, in their discussions, should be thinking a great deal about the role that they did play or didn't play during the pandemic: Do they feel that they properly protected civil liberties? Or do they feel that perhaps they gave too much deference to provincial policies, even ones that were quite extreme?

So I'm not sure if I have any suggestions as far as different laws or anything like that is concerned because I don't think that's what is required. I think there needs to be a little more attention given to the individual rights of Canadians. And I really hope, as a Canadian, I hope that we haven't entered a time when we're going to lay down our carefully acquired civil liberties whenever there is any type of a health threat. That's my personal hope.

Commissioner DiGregorio

So you're suggesting really a self-reflection exercise by the courts and the judges?

Brian Giesbrecht

Yes, I am.

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Good afternoon. I have a couple of questions on some specific things that I believe you said. And the first one is, you were talking about, in a number of instances, how judges feel pressure. You are part of the community; you feel pressure. What do you mean by the judges feel pressure? Maybe that's a silly question, but I want to know. You mean pressure to be fired from their jobs? Do you mean pressure to be ridiculed and oppressed? What were you talking about when you said judges feel pressure, sir?

Brian Giesbrecht

Well, judges are sort of under the public eye every minute of the day. It actually is a very high-pressure job because the judge is absolutely aware that everything he does and says is being very carefully scrutinized. So I think it's fair to say that a judge might feel even more pressure than somebody in a less high-profile type of job. So that's what I meant by judges feeling pressure.

Commissioner Drysdale

I'm actually asking more specifically and I'll let you know why I'm asking.

We had testimony earlier today by a gentleman by the name of Rick Wall. He and his wife own a trucking firm that employs 40 people in Winkler, I believe he said. Now, he, at least in his opinion, recognized that there was something going wrong in this country, and he and his wife sat down and they literally discussed losing everything. But on the principle of what they knew was right, they proceeded with the risk of losing everything, not just for themselves, but for their 40 employees and their families.

So my question is, I can't imagine a pressure stronger than that, sir. And I'm wondering, if I understand what you were saying, you were talking about political pressure on a judge and I'm talking about real pressure. I'm talking about losing everything you own and still doing what you think is right. Can you comment on it from that perspective, sir?

Brian Giesbrecht

Well, I take your point,

[00:40:00]

and I'm certainly not suggesting that the pressure any individual judge would feel when hearing a case involving pandemic restrictions would be anything like that or anything as serious as the knowledge that you're going to lose your life, et cetera. So, no, I wasn't meaning to compare it to any particular person; I'm simply trying to explain why it may be that Canadian judges generally did not play nearly as active a part as their American counterparts did. There was no vigorous testing of the restrictions, et cetera. So I'm not meaning to suggest that the person you're describing was not under much more pressure than any particular judge deciding a case.

Commissioner Drysdale

Would you agree with me that certain vocations within our society are granted certain privileges, and along with those privileges comes special responsibility? And I point out a police officer. A police officer carries a gun, has the ability to take away your freedoms, at least temporarily, so in my mind there's a significant additional responsibility that we have on those people.

Do judges fall in that category of special privileges, special responsibilities, more than the average person like myself for instance?

Brian Giesbrecht

Yeah, I would agree generally that the more power one has, the greater one's responsibility is, if that's what you mean. Yes, I do accept that.

Commissioner Drysdale

One last thing I wanted to ask you about is— I believe you also said in your testimony that people thought there was no point to go to court. And I bring that up because— And I honestly don't recall who told me this, it may have been a judge, that apart from the obvious functions of a court, the court also acts as a pressure relief valve to society. In other words, things are going wrong in society and people feel that they can go to the courts and get relief.

And if the country of Canada and the society that we live in was being affected to its very fibre—and that's what has been testified here today by other witnesses—if our very fabric of our society was under pressure and they could not go to the courts to relieve that pressure or get some kind of remedy, would you say that was dangerous for the safety of our society when they have no way to get justice, no way to get protection from the administration?

Brian Giesbrecht

Yes, I would agree with that. I'd also add that the other function of the court there is to act as a break on some of the excesses of the legislature. And if the lawmakers had the knowledge that a judge would strike down an unnecessary restriction, the legislators probably wouldn't have put in nearly as many restrictions as they did. If I can just give a

personal example: I think I mentioned going for a hike in a public park and finding that all of the trails had been closed, which makes no sense to anyone.

And again, I don't want to be touting the American system, but I think the American legislators were more aware of the fact that if they made ridiculous restrictions, they would not be allowed by a court. And unfortunately, in Canada, I don't think that they felt any pressure from the courts at all. And consequently, some of their—and I would say that the vaccine mandate for flying and taking a train in Canada was an example of a ridiculous requirement that served no purpose and hurt many people—but I think if the legislators knew that such unreasonable restrictions would be struck down, they would not have put them in place in the first place.

Commissioner Drysdale

Thank you. Thank you for your service to your country.

Shawn Buckley

Thank you and there are no further questions. So Justice Giesbrecht, we thank you so much on behalf of the National Citizens Inquiry for giving your important testimony today.

Brian Giesbrecht

Okay, well, I'd like to say you're doing a very useful job, and I wish you the best.

[00:45:25]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 6: Martha Voth

Full Day 2 Timestamp: 06:26:20–06:58:13

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Alexander MacKenzie

Yes, thank you. For the record, my name is Alexander MacKenzie and I'm a practising lawyer in Winnipeg here. Mrs. Voth, would you mind stating your full name to the Commission?

Martha Voth

My name is Martha Voth.

Alexander MacKenzie

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

Martha Voth

I do.

Alexander MacKenzie

Thank you. Mrs. Voth, you reside in Niverville?

Martha Voth

Yes.

Alexander MacKenzie

On May the 24th of 2021, you tested positive for COVID. Is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And you also were with your husband, Alvin, and he tested positive as well.

Martha Voth

Yes.

Alexander MacKenzie

You, yourself, had symptoms?

Martha Voth

Not as much by that time. I was on my way, getting better.

Alexander MacKenzie

I see, and how about your husband?

Martha Voth

No, he was not. He was having difficulty breathing, and he had no energy, but he went to get tested so he could go back to work.

Alexander MacKenzie

I see.

Martha Voth

Nothing could keep him down.

Alexander MacKenzie

I see, and what did he do for a living?

Martha Voth

He was a flooring specialist, so he installed flooring for 50 years.

Alexander MacKenzie

And he was very physically active?

Martha Voth

Very, and it's a rigorous job so he had to be physically fit to do it, and he still worked five days a week.

Alexander MacKenzie

And he was 66 years old at that time, is that correct?

Martha Voth

Yes.

Alexander MacKenzie

You say that he was becoming ill. He had symptoms that were flu-like, is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And on May the 26th, 2021, what did you do as a result of that?

Martha Voth

Phoned the Walmart walk-in clinic because we wouldn't have been able to get into the clinic in Niverville without an appointment, but at the walk-in we would. And he simply prescribed a drug, an antibiotic, for him, which he sent to the Niverville pharmacy, was picked up by our daughter, and she dropped it off at our door.

Alexander MacKenzie

I see. The Walmart drop-in was in Steinbach?

Martha Voth

Steinbach, yes.

Alexander MacKenzie

And so you got the prescription and what happened then on May the 27th?

Martha Voth

Well, it seemed that he was getting progressively worse. He couldn't walk very well because of the breathing difficulty. And so, I called the walk-in to ask if we could come in and they said, no, we couldn't because I admitted we had tested positive for COVID. They said we had to go to emergency in Steinbach.

Alexander MacKenzie

And that's the Bethesda Hospital.

Martha Voth

Bethesda Hospital, yes.

Alexander MacKenzie

And Alvin then was speaking and breathing with some difficulty?

Martha Voth

Yes.

Alexander MacKenzie

So you drove him then to Steinbach, to the hospital, and how was he feeling then?

Martha Voth

Well, he opened the window on the drive in, which gave him a lot of fresh air. And by the time we got to emergency, he admitted to me that he was feeling so much better because he had gotten a lot of fresh air. I went in, got a wheelchair so he wouldn't have to walk, and brought him to the registration desk.

We got him registered and we were then put into a plexiglass cubicle where we sat and waited till they admitted him, which was about 15 minutes. And then, when they did admit him, they said I could not stay in the waiting room, I had to go home. And I said, because I'd driven a bit of a distance, I wasn't going to go home; I was going to wait in my car until they released him and I could take him home. So I sat in the car about 45 minutes before they called me and said they were going to admit him and keep him overnight, and that's when I went home.

Alexander MacKenzie

I see, and then you were at home and at around seven o'clock you received a phone call. Is that correct?

Martha Voth

Yes, it was later on in the evening. I would say it was more like 9 or 9:30. They said they had put him on oxygen. His oxygen level was at 58, which is pretty low, but with a mask on the oxygen level did come up. They just wanted to let me know that he was very, very sick, and they were going to send him either to Brandon or fly him to Ontario. And I just said, "No, you're not flying him there and you're not bringing him to Brandon. We want to keep him close to home so that we could—"

[00:05:00]

Alexander MacKenzie

Brandon is about a three-hour drive. Is that correct?

Martha Voth

Yes, yes.

Alexander MacKenzie

And that would have been very hard for you to see him there.

Martha Voth

Right.

Alexander MacKenzie

And of course, Ontario would be an airplane trip.

Martha Voth

Yes, right.

Alexander MacKenzie

So you objected to that.

Martha Voth

Yes.

Alexander MacKenzie

And what were you told?

Martha Voth

They were going to try and get a room somewhere in Winnipeg, but they said all the hospitals were full and didn't actually have room, but they were going to try. And they said they were in contact with HSC.

Alexander MacKenzie

HSC is the Health Sciences Centre—

Martha Voth

Health Sciences Centre, yes.

Alexander MacKenzie

In Winnipeg, which is about a 40-minute or a one-hour drive.

Martha Voth

Yes.

Alexander MacKenzie

And then, was there anything else that occurred that day on May the 27th?

Martha Voth

No.

Alexander MacKenzie

And on May the 28th, can you tell us what happened then?

Martha Voth

My husband called me in the morning, asked me to bring the batteries for his hearing aid and his cell phone charger, and I asked him how his night had gone. He said it was good. He had slept well. And I said, "And how do you feel this morning?" He said, "I feel good" because he was getting the oxygen he needed and he felt good.

Alexander MacKenzie

And how was he getting the oxygen?

Martha Voth

Just with a face mask.

Alexander MacKenzie

I see. Now, you had been asked to bring the cell phone charger and batteries and so what were you doing then? You were preparing to go—

Martha Voth

I was. I was trying to get ready, but I kept getting calls and so was a little slow at getting ready. But then the doctor called and informed me that they were going to ventilate him. I said, "No, no, why are you going to ventilate him? Why are you rushing this?" And he said, "Well, we're not actually rushing it, we would have done it last night because he was dangerously low in his oxygen." I said, "Okay, so wait till later in the day to see how the day goes." Well, no, because they didn't have enough oxygen for him and he needed 60 litres per minute and they just didn't have enough oxygen.

Alexander MacKenzie

Okay, now just stop a moment. He had been getting oxygen?

Martha Voth

Yes.

Alexander MacKenzie

His oxygen levels were up. He had said he was feeling much better.

Martha Voth

Yes.

Alexander MacKenzie

And so they were wanting to ventilate him. What did that have to do with the amount of oxygen?

Martha Voth

If they ventilated him, the oxygen would go directly into the lung and they wouldn't need as much oxygen to keep his levels up.

Alexander MacKenzie

In terms of the ventilation, did you get to speak to him about that, that is to Alvin, your husband?

Martha Voth

Well, after the doctor had explained to me why they had to ventilate him now, instead of waiting, one of the reasons was the anesthesiologists only had eight-hour shifts and were going to go home after their eight-hour shift. And if anything drastic happened and he did need to be ventilated, nobody would be around to do it and then he would die.

Alexander MacKenzie

So then, they were going to take him off the mask, where he seemed to be doing not badly,

Martha Voth

Right.

Alexander MacKenzie

and they were going to ventilate him.

Martha Voth

Yes.

Alexander MacKenzie

And the reason for that was an oxygen shortage, partly?

Martha Voth

Yes.

Alexander MacKenzie

And also, partly because their staff would be gone who could install the ventilator?

Martha Voth

Right.

Alexander MacKenzie

And also, partly, because they'd called an ambulance?

Martha Voth

Right. That was another reason why they had to do it now because the doctor had already called STARS [Shock Trauma Air Rescue Service], which is the emergency medical team that picks people up and flies them to different locations.

Alexander MacKenzie

I see.

Martha Voth

So because he had called them 20 minutes prior to my call, I said, "I can't get there in 20 minutes." And he said, "Well, they'll be here in 10 minutes." And I said, "Well, I'm just not ready to get there; like just hold off." "Well, no, we cannot waste their time because they're flying all over Manitoba, picking people up. So we can't waste their time."

Alexander MacKenzie

And so, again, what is the distance from Niverville, in time, from Niverville to Steinbach?

Martha Voth

Half hour.

Alexander MacKenzie

Half hour?

Martha Voth

Twenty minutes to a half hour.

Alexander MacKenzie

So the STARS was going to be there in 10 minutes and it would have taken you a half an hour?

Martha Voth

At least a half hour to get there, yes.

Alexander MacKenzie

And so what happened next?

Martha Voth

Then my husband called again and again he sounded great. He sounded normal and he asked, "When are you getting here?" And I said, "I can't get there before STARS gets there." And then I asked him, I said, "Are you okay with going on a ventilator?" He said, "I don't know. I have nobody to talk to about this. They just tell me whatever, but I don't know how to gauge whether I should go on it or not."

Alexander MacKenzie

And he very much wanted to be able to speak with you about that? Is that correct?

Martha Voth

Yes. Yes. Yes.

[00:10:00]

Alexander MacKenzie

However, you didn't get there, and he was moved from the Bethesda Hospital to the Health Sciences Centre by STARS?

Martha Voth

Yes.

Alexander MacKenzie

Did you become aware of any conversation that the STARS attendees had? Were you ever told of any conversation that is significant?

Martha Voth

Yes. A doctor called from the hospital in Steinbach and let me know that they had discussed to let me into my husband's room there in Steinbach because I had also had COVID. But then, I talked to him about the ventilator because he had told me he was ventilated and he's on his way to Health Sciences Centre.

And I talked to him about, why did he need to go on it? Why couldn't he just stay on the mask? And then the nurse informed me that the STARS attendees— And my understanding is that STARS has their own doctor that they fly with, that they had questioned the staff in my husband's room asking, "Why are you ventilating him? He seems like he's doing fine. His oxygen level is up with the mask. He got up on his own out of bed and went to the bathroom. He is cooperating. He is not feeling sick, as such. Why are you ventilating him?" I don't know what their answer was.

Alexander MacKenzie

You've never received an answer to that?

Martha Voth

No, just the doctor's reasoning for ventilation.

Alexander MacKenzie

Then, at some point after Alvin had been moved, you got a call from the Health Sciences Centre. Is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And what were you told there about your attendance and so on?

Martha Voth

Well, even though he was close, not in Brandon or Ontario, they still were not going to allow us to go in to see him, but we could set up Zoom calls or video calls with him. And I kind of vetoed that idea because I didn't think there was a point to it. He wasn't responsive anyway. He was in a drug-induced coma. I didn't see the point of it.

Alexander MacKenzie

And that was all on the day that he got moved from Bethesda to the Health Sciences Centre?

Martha Voth

Yes.

Alexander MacKenzie

And then the following day, on May the 29th, you got another call from the Health Sciences Centre, is that correct?

Martha Voth

Yes, it was by the doctor. He informed me of Alvin's condition and just saying that he was very sick and didn't think he'd make it.

Alexander MacKenzie

And was there anything further to your discussion that day that you can recall?

Martha Voth

Well, I asked him to put him on the drug that, and I'm not a medical expert, but that everybody seemed to think was working well, the off-label drug called ivermectin. And he said, "No, we only use scientifically and medically proven drugs that work."

Alexander MacKenzie

I see, okay. And then was there anything else to that conversation?

Martha Voth

No.

Alexander MacKenzie

Okay. Then on May the 30th—again, this is all in 2021—you requested regular video calls. You took them up on their offer. Is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And was that arranged for you and how did that work?

Martha Voth

Yes, they said they would start the next day with the video calls.

Alexander MacKenzie

And during that time too, I understand that you had regular calls and discussions with the medical staff at the Health Sciences Centre as to Alvin's condition.

Martha Voth

Every morning I called to see how the night had gone. Every evening I called to see how the day had gone and about 2 o'clock in the afternoon, the kids and I would do a video call with him being in a comatose state. We would sing, we would talk about our day, and we would pray with him, and generally, it was about an hour-long call.

Alexander MacKenzie

And in those conversations, I understand you had the video calls, but you also had conversations with Health Sciences Centre staff, is that correct?

Martha Voth

Yes. They informed me what they were doing to him and with him every day. One of the nurses in particular was very kind, would speak to him, would turn his face to the sun in the window. And then, they started to tell me that his condition improved when they proned him,

[00:15:00]

and proning means turning him on his stomach, and all the numbers on the machines would be better if they proned him.

Alexander MacKenzie

Okay, and did they tell you any disadvantage to proning?

Martha Voth

No.

Alexander MacKenzie

Okay. And so if he was lying on his back, as I understand what you're telling us, he would have less strong vital signs than when he was lying on his stomach, is that correct?

Martha Voth

That was my understanding because when they did prone him, his stats, his numbers, always were better on the machines.

Alexander MacKenzie

Okay, thank you. And then these calls went on through to June the 7th or June the 8th. Is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And then, on June the 8th, you got a call from the Health Sciences Centre.

Martha Voth

Yes.

Alexander MacKenzie

And what were you told then?

Martha Voth

They said that all the ports and the needles that were in his body, for all the medications and things, were badly infected, and now they were dealing with a new infection in his blood that was causing his organs to shut down, and um. . .

Alexander MacKenzie

And what were they going to do to try to resolve that?

Martha Voth

They were going to try and find new places for all the ports and needles. And they said they would have to work on it all day, and he was in a very bad place.

Alexander MacKenzie

I see. And then on June the 10th, you were called again from the Health Sciences Centre.

Martha Voth

Yes, they wanted us to come in so that we could agree with them to put him in comfort care.

Alexander MacKenzie

And what did you understand that the words "comfort care" meant?

Martha Voth

Kind of in palliative care where they don't actively work anymore to get him better.

Alexander MacKenzie

Okay, thank you. So I understand that on June the 10th then you, two daughters, you have three daughters, two of your daughters and your son attended the Health Sciences Centre, is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And your other daughter attended by video, did she?

Martha Voth

Yes.

Alexander MacKenzie

Were you masked when you attended?

Martha Voth

No.

Alexander MacKenzie

I understand you saw some sign on the door, on the 10th when you attended?

Martha Voth

Yes.

Alexander MacKenzie

And by the door, I mean the door to the room in which Alvin was?

Martha Voth

Yes, it said COVID recovered.

Alexander MacKenzie

COVID recovered?

Martha Voth

Yes.

Alexander MacKenzie

In terms of Alvin's condition, how do you square the sign COVID recovered on the one hand and the fact that he's getting worse on the other hand?

Martha Voth

Well, it was the infection that you can get only in ICUs,

Alexander MacKenzie

It was the infection—

Martha Voth

like a sepsis.

Alexander MacKenzie

It was the infections and sepsis

Martha Voth

Yes.

Alexander MacKenzie

that was the problem for him, not COVID?

Martha Voth

Yes, not COVID.

Alexander MacKenzie

Was Alvin on his back or on his stomach?

Martha Voth

He was on his back, and we were there for a few hours, two or three hours before we actually had the meeting with the doctor and some of the nursing staff, the chaplain.

Alexander MacKenzie

And so you had been in Alvin's room,

Martha Voth

Yes, a couple of hours.

Alexander MacKenzie

and you were sitting with him for a time with your children.

Martha Voth

Yes.

Alexander MacKenzie

And then you went to another room, is that correct?

Martha Voth

Right.

Alexander MacKenzie

And who was in that other room?

Martha Voth

It was the doctor, together with the head nurse and some of the nursing staff and a chaplain.

Alexander MacKenzie

And in those discussions, did the issue of comfort care come up again?

Martha Voth

Yes.

Alexander MacKenzie

And how did that come up?

Martha Voth

He told us how bad the situation was and that his organs were failing and their suggestion was that he should be put in comfort care. And so I said, "It's too bad that you cannot give him that drug, ivermectin." And he said, "No, we don't use that here." And then I said, "Well, could you prone him and would his numbers be better then?" And he said—

Alexander MacKenzie

And so, you asked for him to be proned?

Martha Voth

Yes. Yes, and he said, "Yes, it has improved when we do prone him, but he could have a massive heart attack, and then it'd be over."

[00:20:00]

And I said, "But he has a good, strong heart." And he said, "Yes, he does."

Alexander MacKenzie

So on the one hand, they're saying that he is not going to survive for more than a few hours, yet they are afraid to give him the ivermectin because it might hurt him and they're afraid to prone him because it might hurt him. Is that what I understand from you?

Martha Voth

Yeah.

Alexander MacKenzie

Thank you. It's hard for me to understand that. In any event, they did prone him, did they?

Martha Voth

Yes. We were left alone in that waiting room to discuss whether we wanted him proned or put on comfort care, and it was a no-brainer. We wanted him proned because we still believed in a miracle. So we went back to the nurses' station and the same people that were in that waiting room were around the nurses' station, and we told them we had decided we wanted him proned. And they said, okay, they had to get a few people out there to help with that.

So then I asked the doctor, "You know and I know it's scientifically and medically proven that when a baby is born and doesn't have any human touch that the baby dies." He said, "Yeah, that's true." And I said, "Don't you think that if we spent time in his room touching him, talking to him, and that we were there physically instead of video calls that he would improve"? And he said, "Yes, I believe that." But he said, "I can't make that decision." And he turned his head and looked at the head nurse and said, "Can we make that happen"? And she said, "No, it's not our protocol."

Alexander MacKenzie

And by this time had Alvin been proned?

Martha Voth

No, that was just before.

Alexander MacKenzie

Just before he was proned?

Martha Voth

Yes.

Alexander MacKenzie

So you had asked to be able to stay at Alvin's bedside and—

Martha Voth

Well, we just thought we were there, so we thought we may as well just stay

Alexander MacKenzie

Right.

Martha Voth

as long as we possibly could.

Alexander MacKenzie

To talk to him.

Martha Voth

Yeah.

Alexander MacKenzie

To sing to him in person.

Martha Voth

Yes.

Alexander MacKenzie

To hold his hand.

Martha Voth

Yes.

Alexander MacKenzie

To do those things in the hopes that it might revive him.

Martha Voth

Yes.

Alexander MacKenzie

And you were told—

Martha Voth

Well, after they pruned him, then the nurse said, "Well, now you can't be in his room anymore because now his numbers are better."

Alexander MacKenzie

So you could— Just so that I believe I understand every word you say. So long as he was on the edge of death and going to die, you could stay for comfort care?

Martha Voth

Yes.

Alexander MacKenzie

But the moment it looked like he might live, you had to go?

Martha Voth

Yes, and then the nurse did say, “Well, I will allow you to stay one more hour, but then you have to leave.”

Alexander MacKenzie

I believe you recalled to me some specific words that were spoken to you when you asked if staying there might help and the doctor asked the nurse if that would be possible, and the doctor was told— What were those words?

Martha Voth

“No, it’s not our protocol.”

Alexander MacKenzie

And so you left with your children and went home?

Martha Voth

Yes.

Alexander MacKenzie

I understand that on June the 11th, you continued your video calls.

Martha Voth

Yes.

Alexander MacKenzie

And they continued right through to June the 24th.

Martha Voth

Yes.

Alexander MacKenzie

And each day you and some of your family would sing and talk to your husband, Alvin?

Martha Voth

Yes.

Alexander MacKenzie

And that each morning and each evening you would call and get updated information from the Health Sciences Centre.

Martha Voth

Yes.

Alexander MacKenzie

Now, on June the 22nd, you received a call from the Health Sciences Centre.

Martha Voth

From the doctor.

Alexander MacKenzie

And that was doctor—

Martha Voth

Clare Ramsey.

Alexander MacKenzie

Dr. Clare Ramsey. And what were you told?

Martha Voth

She said, “He didn’t have very long, that he was in really, really bad condition. All his organs had shut down by that time because of the massive infection that was running through him.” And I asked her if his condition was strictly due to him being in their ICU, and she said,

[00:25:00]

“Yes, you only get this infection in the ICU,” and that’s what was killing him.

Alexander MacKenzie

Now, on June 25th then, you received yet another call from the hospital. Is that correct?

Martha Voth

Yes, they said he wouldn't make it the day.

Alexander MacKenzie

He would not survive for the day? He would not make it, he would die that day?

Martha Voth

Yes.

Alexander MacKenzie

And you were told you would be allowed to come in again. Is that correct?

Martha Voth

They asked us to come in, yes.

Alexander MacKenzie

And so what did you do?

Martha Voth

The girls and I went in. Our son was doing concrete and he was in the middle of a pour, and it is sensitive work, so he couldn't leave. He was trying to get somebody to do his job, but he couldn't find anybody, so he had to wait until the concrete set. So we went in; the girls and I went in. We got there shortly after lunch.

Alexander MacKenzie

That is, you and your three daughters, yes?

Martha Voth

Yes.

Alexander MacKenzie

And again, your son could not attend, not because he didn't want to, but because he was in the middle of pouring concrete.

Martha Voth

Right. He was trying hard to get there. And we were there all afternoon, and the nurse kept coming in to ask when the son was going to be there because she said he's going to die any minute. But I mean, the machines were still all on him, so—

Alexander MacKenzie

What did she tell you about keeping the machines on?

Martha Voth

She said, "You're not doing him any favours by keeping him on these machines. In fact, it's worse for him to be on all these machines."

Alexander MacKenzie

And you arrived about what time?

Martha Voth

About one o'clock in the afternoon, somewhere in there.

Alexander MacKenzie

And I understand that your son did finally arrive at around seven?

Martha Voth

He finally came at seven, yes.

Alexander MacKenzie

And I understand also that then you and your family were allowed to sit with your husband?

Martha Voth

Yeah, we were there in his room all afternoon and then all evening. And at some point, the kids decided to go get some food.

Alexander MacKenzie

And you had one of your children, you have three daughters,

Martha Voth

Yes.

Alexander MacKenzie

One of your daughter's name is Rebecca, is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And you were about to say that your children decided to get up and go have a bite to eat while you were going to remain with Alvin.

Martha Voth

Yes.

Alexander MacKenzie

And what happened then?

Martha Voth

As they were walking, Rebecca, who is our youngest, she was pregnant. But she started bleeding and she had a miscarriage because of the stress of that day.

Alexander MacKenzie

And I understand that you did stay with your other children. Rebecca went home and that she, nonetheless, stayed for much of the time on the phone and you made a phone connection so that she would be there too.

Martha Voth

Yes.

Alexander MacKenzie

Now, that went on until past midnight on the 25th, is that correct?

Martha Voth

Yes.

Alexander MacKenzie

And then tell us what happened then.

Martha Voth

Well, we went back and forth trying to decide: should we keep the machines on and wait for a miracle or take them off and wait for a miracle? So we went back and forth all that time to try and decide what to do. Because of course you want him to live, right?

Alexander MacKenzie

But you also hoped for a miracle?

Martha Voth

Yes.

Alexander MacKenzie

And so, sometimes different of your family would think, "time to take him off," and other times people would change their minds,

Martha Voth

Yes.

Alexander MacKenzie

and ultimately though, you made a decision.

Martha Voth

We made a decision after midnight to take him off all the machines.

Alexander MacKenzie

And so I'm presuming you called on the medical staff.

Martha Voth

Yes.

Alexander MacKenzie

And just tell us about what happened then.

Martha Voth

Well, they had promised us that when they would take all the machines off, they would take the hose out of his mouth so that he would look normal right at the end. And when they did come in to do that, they said, no, they would leave part of that hose in his mouth because there could still be a particle of COVID in his lung. And then, we would be at risk. My kids and I would be at risk. And if they took it all out and we were in the room, then they would have to fumigate the room and that would take at least half an hour and he would be gone before that time.

Alexander MacKenzie

So they were still worried about COVID and you getting COVID and that was foremost in their mind in terms of—

Martha Voth

So they said, "Well, unless you had the N95 masks," we couldn't stay in there. And we said, "Okay, we'll wear those masks." Well, they didn't fit right; they wouldn't fit right on our faces. And so we said,

[00:30:00]

well, they had promised that we could stay and we were going to stay and they had to take that hose out. So the nurses walked out and discussed it and came back in and said, okay if we took the N95 masks, we could stay in the room, so that's what we did.

Alexander MacKenzie

And then they proceeded to—

Martha Voth

They proceeded to take all the machines off, unplug everything, and whatever air was in his lungs from the ventilator just puffed out in three puffs, and then seven minutes later his heart had stopped.

Alexander MacKenzie

I feel almost foolish asking this question, but I've been asked to ask it. What do you think should have been done differently?

Martha Voth

Well, he did have pneumonia from the COVID and a blood clot. And in my opinion, if they could have just treated that, which they did, and they later on admitted that wasn't even a big deal, the pneumonia or the blood clot. But if they could have just kept him on the mask instead of the ventilator, things in my opinion, would have turned out different.

Alexander MacKenzie

Thank you, Martha. I'm going to just have the commissioners ask you any questions they might wish to ask. It appears that there are no questions. Thank you very, very much.

Martha Voth

Thank you.

[00:31:52]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 7: Sara Martens

Full Day 2 Timestamp: 06:58:27–07:20:21

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Kyle Morgan

The next witness is Sara Martens. She's just making her way through the room. Good day Mrs. Martens, can you state your whole name?

Sara Martens

Sara Martens.

Kyle Morgan

And can you spell your first and last names for the Commission?

Sara Martens

S-A-R-A M-A-R-T-E-N-S

Kyle Morgan

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

Sara Martens

I do.

Kyle Morgan

I understand you're from Manitoba, southern Manitoba?

Sara Martens

Yes, Mitchell and Steinbach.

Kyle Morgan

And for your whole life, you've resided in that area?

Sara Martens

Yes, pretty much.

Kyle Morgan

Can you tell us what profession you have, what type of work you do?

Sara Martens

I've worked with Southern Health for 39 years. I'm not a nurse. I am a health care aide. In the last 10-12 years, I've worked only in a clinic, which is a treatment clinic in Steinbach, also under the home care. We treat people with IVs, injections, a lot of wound care, and that kind of stuff.

Kyle Morgan

I understand that an unfortunate accident happened involving your husband.

Sara Martens

Yes.

Kyle Morgan

It would have been I believe October 20th, 2021?

Sara Martens

[Affirmative nodding]

Kyle Morgan

I don't want to skip ahead too much, ultimately his death was ruled to be a COVID death?

Sara Martens

[Affirmative nodding]

Kyle Morgan

Why don't you tell us what happened on October 20th, 2021?

Sara Martens

So October 20th, 4.30 in the morning, he got up to get ready for his job. He had retired from his previous job that he did forever, and this was a casual job. And what it was, is he would drive a half-ton truck with a closed-in trailer, delivering tires all over Manitoba. So that is what he was getting ready for that morning. I woke up and we chatted for about 10-15 minutes, and then he was off to work. Do I just continue?

Kyle Morgan

Sure, yes.

Sara Martens

So then around 8 o'clock, I got a call from an RCMP that he had been in an accident close to the Austin area, Manitoba. And they just told me that— They asked me a bunch of questions about him. Had he been drinking that morning? Some different questions, I answered them.

And then EMS called me shortly thereafter and told me what had happened. And what appeared to have happened is, he was driving and he must have had a blackout. And he just left the main highway into the ditch over another road and back into a ditch. They had had about three to four inches of rain. And I guess he got stuck in that ditch.

And so when they got to him, the truck was still in drive. The accelerator was pressed all the way down. There was a lot of mud and water flying. And he was just sitting at his wheel, holding on. One of the guys had gone to the window, knocked on the window; he had looked at him. I guess it didn't register. He looked straight ahead. Glasses were hanging on his face. His hat was all crooked and he couldn't respond.

And apparently, according to the EMS, he didn't seem to know who he was, where he was going, what he was doing. And so I'm not sure how long they worked with him. But somewhere towards the end, I think he had managed to say his name. And that was it. The EMS informed me, he said, "You probably should just get ready and go to the hospital." But then he said, "No, actually, you can't go there." So he just changed his mind on that because they wouldn't let me in.

Kyle Morgan

Which hospital was that?

Sara Martens

The Health Sciences Centre.

Kyle Morgan

Here in Winnipeg? Okay.

[00:05:00]

Sara Martens

Right. So I kind of sat at home on my couch, and I feel like I was there for two weeks and two days, always sitting by the phone, always waiting what the next call would be, what the next report would be. They had done scans and tests. And what they told me when I called there after a couple of hours was that he had spinal injuries. He had brain bleeds. I believe there was two. He had bruising. He also had a bleed in the abdomen. I think probably that was about it.

Very confused. And I want to say he was confused. They told me that so many times, "He's so confused, he's so confused." And so I did then ask to speak to him, which I did, on Wednesday, the day he had the accident. And I found him to actually be pretty coherent. He said to me, "Did you hear I was in an accident?" And I said, "I did."

He was very concerned that someone else had been hurt. And I said, "No, it was just the truck, just you. It's okay." I said, "How are you doing?" He said, "I'm good. I'm good." And I think he probably had a lot of drugs in him. I'm sure his body was really hurting. But he was very upbeat. We chatted for a while, and Cork is not a phone talker, and I know that.

Kyle Morgan

Just to interrupt you, who's Cork?

Sara Martens

Cork is my husband, that is his nickname. He's had it forever.

Kyle Morgan

Okay.

Sara Martens

Anyway, and I know he doesn't like phone talking, so I thought, I'm not going to bore him; I'm not going to keep him on the phone and blah, blah, blah. And so I just wished him well. I actually prayed with him. Just telling him the things that I did. "We love you. We're here for you." Sorry.

Kyle Morgan

Now I know that a couple days later on Friday, you spoke to him again. Is that right?

Sara Martens

Yeah.

Kyle Morgan

The accident happened on a Wednesday, and on Friday you did speak to him.

Sara Martens

Right. I did. The days in between, like from Wednesday night to Friday, he was on some oxygen, doing good, pretty stable. There was nothing very eventful.

They did tell me, though, either Wednesday night or Thursday, they called me to tell me that he had tested positive for COVID. And I'm like, "Really?" And after that, there was two different nurses that actually said to me, "He tested positive for COVID, but he wouldn't even have known it. It was so mild." So, you know, you go with what they tell you; there's not a whole lot you could do.

We were not allowed to go there, not ever. We were told he was in ER till Saturday. He had to have a room before we could come. But I feel that they misled us. My children say, "No, they lied." They're a little bit more direct than I am. But they really wanted his story out. So I say, thank you for this opportunity.

During this time, they were telling me that a cardiologist was coming in to see him. They're going to fit him for a back brace. There was a few things that they were going to do. And so each time I asked, "Has the cardiologist been there? Has the back brace been measured?" "No, no."

And then, finally, one day, the nurse just said, "We're not doing anything because he has COVID." And they did not one more thing for him, other than give him whatever medication they pumped him full of.

On Friday, I called him. And it was probably noonish. And I talked to him, and he was confused, very confused. He said to me, "Sara, do you know my neighbour?" We have a neighbour lady. Her name is Jan. "She brought me bales for the cattle." And we had a little conversation. I said, "Wow, that's nice of her." And he said, "Yeah, she's so good." And I said, "You're still working and you're in the hospital?" He said, "Oh, yeah." He said, "I'm good."

So there was a lot of confusion there. Because that wasn't true. We didn't have cattle. We did years ago. But none of that was true.

[00:10:00]

So then the funny thing at the end of that conversation, was kind of cute, kind of funny, confusing. I said to him, "Goodbye. I love you." And he said, "Oh, thank you." And then, that was it. And that was strange. And I found it a little bit humorous.

But, you know, you're in a state of such an emotional place. There's a lot of stress. There's a lot of unknown. We couldn't be there. We never could see him. We never could touch him. We could do nothing. We had to trust that what they were doing was the best.

Kyle Morgan

Were you able to speak to a treating doctor? At all?

Sara Martens

And that was the other thing. Every day I asked to speak to a doctor and every day I was promised and every day it didn't happen. On Saturday morning, and twice, two different nurses said, "Well, what do you know?" And I said, "Well, I know what you tell me."

So on Saturday morning, I got a male nurse, and I asked him how the— I did the same, I called every morning, every evening and sometimes there's things in between. So Saturday when I called, this male nurse said, "Well, what do you know?" And I said, "I just know what I know, what you tell me." I was thinking, they're hiding something from me. And I said, "You know, I've asked to speak to a doctor, I've been promised, and I haven't yet heard from a doctor."

So he said to me, "I promise you, I will have a doctor call you." And he did. It didn't take too long, and the doctor called me. He was rude. He was hard. And he told me that they had intubated him last night, the night before, and I felt so deflated. I'm like, what? How? And

why? I spoke to him on Friday. I never heard a wheeziness, a hoarseness, a coughing. I never heard a thing.

And I do work in a clinic where we do see these kinds of things. We have PPE protection, things that we wear when these kind of people come in. And I know kind of, what the obvious you would hear. For them to intubate him so quickly. And I said, "Well, could there have been other contributing factors?" Like, he had a kidney stone problem. He had a stent put in to bypass the stone that was lodged so that he can go to the bathroom. And actually, that Friday they were going to blast the stone and he's had it done a number of times. He had an infection. "No." And I said, "Could any of that have been a part of the blackout?" Because that was my question: Why did he black out?

And that doctor, and that's why I say he's rude, and he was hard and cold. He just says, "No, that was COVID blackout. That's what that was." And so, none of these other things were factors. They were not even considered.

Kyle Morgan

To interrupt you, you're talking about when the accident happened in the car. The doctor was saying that's a COVID blackout, that's what caused the accident?

Sara Martens

Yes, the reason he had the accident was a COVID blackout. And all these other things were irrelevant. I will just say, in all the medical records, that never came up. It was an unknown reason for the blackout. So first, it's one way and then it's another. He said, "I spoke to Cork last night. I explained to him what it would be to be intubated. It would make his breathing easier and so on. And he consented."

How do you ask a confused person to give a consent? And it was definitely not an emergency intubation because he had all this time to sit and talk to him. He could have called me. He had time to call me. And so it was such an incredible shock when I found out that they had intubated him. And you know the sad thing about that is? I'll just back that up for a minute. The doctor assured me "There are no flags here. There are no concerns. He will be on the ventilator three days, maybe five, no concerns."

Well, he never did wake up from that ventilator.

[00:15:00]

He never did, ever. But you know what's so sad and the thing that I have to deal with and my children is— Why did you not let us have a conversation? Why did you decide that you were doing that? And it took away from all of us, any of us, to talk to him one more time. And I believe doctors know how many people actually survive the ventilator.

And you know, honestly, things just went from that point. It just was a big, fast slide. And then he had a hole blown in his lung from the ventilator, and then he had blood clots and they were deliberating whether they should give him blood thinners because he had brain bleeds. But should they do that? And then they decided, well, yeah, it was fair to try. So it was back and forth. They had restrained him because he got up and walked around, and they didn't want that because of his back injuries. So, they restrained him.

In the end, when it all went through WCB—I'm jumping ahead here a little—they threw his case. He didn't qualify because his injuries weren't what took his life. None of this actually mattered. It was COVID.

Kyle Morgan

So you're saying that you tried to make a claim through the Workers Compensation Board?

Sara Martens

Yeah, they actually— They and MPI [Manitoba Public Insurance] contacted me that I could do that; I didn't even know. So I did with WCB. They went through all the paperwork; they said, "Well, he didn't die from his injuries." But yet, in the beginning, everything had to be about his— He couldn't walk around. He couldn't do anything because of his injuries and his brain bleeds, and all of that. And now, none of that played into effect.

Then came the day where— "He was just very sick," so they said, "He was very, very sick." I asked the question, how long they would keep him on a ventilator? And that nurse at that time said, "You know, seeing you asked, I will put you through to a doctor." So a doctor actually called me, and so then that discussion started. And she too said, "It's not good for him to stay on this for so long."

They were really hoping that I would make a decision by that following— This was, I believe, on a Monday, and they wanted me to make that decision by that weekend. "Anything past that weekend," she said, "you are only hurting him. It would not be good for him."

Kyle Morgan

And I understand it was November 5th, 2021?

Sara Martens

He passed away November the 5th.

Kyle Morgan

And the original accident was October 20th?

Sara Martens

Yeah. We were never allowed— They told us that we could come in— If at time of death or the end of life, we would be able to come in. While that was coming closer, we were not allowed to go in. And we never were allowed to go in. We never saw him. We did Zoom calls after he was fully intubated. Then they completely paralyzed him. So there was nothing. The machines kept him alive. That's all it was. And that's how we saw him.

And you know, I feel angry about some of that stuff. And I feel like, those nurses feel so safe and protected with their PPE protection. Well, I have the same. I have the N95. I have all the same. Why could we not go in there? But they told us, "Oh, no, he's shedding. You can't go in there."

Kyle Morgan

I'm mindful of the time, but I wanted to ask you, how do you think things could have been handled differently?

Sara Martens

I think that, and it's been said many times, I think people should have the freedom to have a vax or not. I feel that they should not— They should take care of you whether you're vaxxed or you're not. I think, just like Martha said about people coming in and touching your loved one and talking to them, I think that would have been a big thing. But I think the protocols were what they were.

[00:20:00]

And you know, not to mention the meanness that people— How mean people become. I had a person in the family call me about six months later, and she just tied into me and said, "That death was so useless. If he would have only been vaxxed, he would never have died." And you know, you're already down. I was recovering from a full knee replacement 30 days prior to his accident, and that surgery wasn't that successful because I had to have it redone about four months ago.

And so, you're dealing with all of that. You're dealing with the unknown. What's going to happen to him? Every phone call was a negative one. You dreaded even picking up the phone. There's times I just, I couldn't even phone. And then I did phone, and it was just such a hard time.

And then you have people who are so mean and rude. And where's the freedom? Where's the freedom for us to do what we want to do? You know, it's so ironic: there's lottery tickets if you're vaxxed. There's money given at the place of work if you get vaxxed. It's just so crazy. And you try to maintain relationship with those kinds of mindsets; that's pretty difficult, and it gets pretty ugly out there. And we have felt that, very much so.

Kyle Morgan

Those are all the questions I had to ask you. I don't know if the commissioners had any questions. I want to thank you very much for your testimony. It's very appreciated.

[00:22:01]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 8: Sean Howe

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Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Sean Howe. So, Sean, if you could give us your name, spell it out for us, and then you have to do an oath for me.

Sean Howe

Yeah, Sean Howe, S-E-A-N H-O-W-E.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but the truth, during these proceedings?

Sean Howe

I do.

Wayne Lenhardt

You live in Winnipeg or close to it, am I correct?

Sean Howe

Yeah, just outside of the city.

Wayne Lenhardt

I don't know that much turns on it, but let's call it a Canadian railroad, and you have been employed for a number of years with a Canadian railroad, correct?

Sean Howe

Yes, as a conductor first, now a locomotive engineer, going on since 2011.

Wayne Lenhardt

And you have been an engineer running the engines for how long?

Sean Howe

Since 2015.

Wayne Lenhardt

The mandates developed over time. From our discussion, they were talked about in September of 2021, then they were put off until October. And they finally came into effect November the 15th of 2021, is that correct?

Sean Howe

That's correct.

Wayne Lenhardt

And what happened to your employment after that?

Sean Howe

I was placed on unpaid leave of absence with an undetermined end date.

Wayne Lenhardt

And you understood that the mandates were coming, correct?

Sean Howe

They kept on hinting at them and then kept pushing them back. The first one was supposed to take place immediately after the federal election that year.

Wayne Lenhardt

And were these a railway mandate in itself?

Sean Howe

No, it's a federally regulated mandate, so any business or employed federally person would have fallen under the umbrella of these mandates.

Wayne Lenhardt

And railways fall under that requirement because they're federally regulated, correct?

Sean Howe

Correct.

Wayne Lenhardt

You determined that you were not going to take the vaccine, and so you were placed on indefinite leave. What happened to your finances after that?

Sean Howe

Well, it's no secret that railroaders make a lot of money. Basically, it's up to how much you work. But I essentially went from \$160,000 a year to almost a third of that, just because I did find employment thereafter, but like I said, at a fraction. Similarly to what the police officer kind of went through.

Wayne Lenhardt

And at some point, those mandates were rescinded.

Sean Howe

Yeah, in June of 2022.

Wayne Lenhardt

Okay, and that left you on indefinite unpaid leave for how many months?

Sean Howe

Around eight months.

Wayne Lenhardt

Okay, so how did you cope during that time?

Sean Howe

Well, fortunately, I was not affected in a way that the previous two witnesses were. Coming up here and talking about economic losses kind of falls short compared to their stories. But seeing in my wife's behaviours, how worried she became—

Wayne Lenhardt

Did you qualify for any kind of assistance?

Sean Howe

No, no, I never applied. I've never applied for EI in my life; I refuse to do that. But through the channels by which I spoke to other people who were also put off work, I had been made aware that they were being denied their employment insurance claims based— Because their record of employment showed that they were, in fact, "dismissed with cause."

Wayne Lenhardt

But did you ever check your status?

Sean Howe

No, I did not.

Wayne Lenhardt

Okay. But in any event, they did rehire you at some point, correct?

Sean Howe

Yeah, I was graciously invited back to my job.

Wayne Lenhardt

Okay. But that took eight months while you were on unpaid. What losses did you incur in that time?

Sean Howe

We estimated we lost probably around \$80,000.

[00:05:00]

Wayne Lenhardt

That's 80, as in eight-zero. 80,000?

Sean Howe

Yeah, and we have about \$40,000 in new debt.

Wayne Lenhardt

So are you still in the process of paying that off?

Sean Howe

Yep.

Wayne Lenhardt

Okay. How did you survive in the meantime, while you were on eight months of unpaid leave?

Sean Howe

Like I said, a like-minded individual offered employment when he heard about my situation. Prior to the mandates in May of '21, we had sold our house and moved outside the city. And it was basically the equity from that sale that we subsided on, which we had

obviously other plans for, other than just to survive on it. And then racked up the line of credit, credit cards, so on and so forth.

My wife, she has her own small business that she's trying to get going on the side. So that has helped too. But it was looking like I was going to have to go back out west after nearly 20 years of not working on the pipelines or the rigs. I was in the midst of my physical aptitude testing for that. At 40 years old, I was going to go back onto the drilling floor. That was the plan.

Wayne Lenhardt

From our chats you had mentioned that you had been an oil rig worker at one point, and you had also done some construction work. So did you pick up some of that during the eight months?

Sean Howe

Yeah, that's primarily what I did. We worked on some small apartment renovations in an elderly complex, which I didn't have to mask up for, and nobody got sick as a result of it.

Wayne Lenhardt

We chatted about this briefly. Were there similar mandates for all of the Canadian railroads? There aren't a huge number, but—

Sean Howe

So it was a blanket mandate, but I was informed during our time off that exemptions were granted to other railways, some in part and some total in full. Because for one of these railways to lose their unvaccinated employees, it would have meant that life-saving resources would not have gotten to the mostly fully vaccinated northern communities here in Manitoba.

Wayne Lenhardt

Okay. There was an exception of some kind for those?

Sean Howe

After speaking with one of the general managers, yes, that was what I was told.

Wayne Lenhardt

Okay. I think I'm going to turn it over to the commissioners in a minute. But is there anything else you want to add to the hardships that you sustained in that period?

Sean Howe

In terms of hardships, it's mostly economical. But as we all know, economies, economics, it has an impression upon people in a wider variety than just the money in your pocket. It does factor into mental health, into emotional health. It hasn't been easy, but it could have been worse.

Wayne Lenhardt

Okay, do the commissioners have any questions? Yeah, Dr. Massie.

Commissioner Massie

Thank you, Mr. Howe, for your testimony. I was wondering now that you're back on the work, what's the work environment in terms of the relationship with your colleagues or boss?

Sean Howe

For me, it's mostly been positive. There's obviously some individuals who are not happy that we are back. They've made it apparent through some literature or some words they've scribbled here and there. But I've had more positive interactions from people coming up to me and saying that they admire what we did. By taking our stand, that they wish they could have too.

Commissioner Massie

And you also mentioned that there was some exemption for some of the employees. You have any idea of what were the criteria to grant those exceptions?

Sean Howe

There was religious exemptions that in some cases were honoured and some not. Somebody I know personally applied for an exemption based on his Treaty Status and his belief system through that, and this was granted.

[00:10:00]

It was not something that I was willing to consider, personally, because at that point in time, I hadn't quite found my faith. So in all good honesty, I couldn't have put that forward. And I had intentions of joining the Rocco Galati lawsuit, and that was one of the things that you couldn't have done in order to be eligible. You couldn't apply for an exemption.

Commissioner Massie

Thank you.

Commissioner Drysdale

Good afternoon. Were there others that you knew of from your employer that also were sent home without pay?

Sean Howe

Yeah, there's hundreds.

Commissioner Drysdale

Correct me if I'm wrong. Is there a glut of locomotive engineers in the railway industry?

Sean Howe
Is there a lot?

Commissioner Drysdale
Is there an excess? Are there lots and lots and lots of locomotive engineers?

Sean Howe
There's quite a few people qualified, but working engineers, I want to say it's probably around 3,000 to 5,000 across Canada.

Commissioner Drysdale
What my question really is— Are there too many locomotive engineers? What I'm trying to say is, if they put you out of work and sent you home without pay, did that affect the operation of the railway?

Sean Howe
It didn't seem to be the case for us, but for others, perhaps.

Commissioner Drysdale
Thank you.

Wayne Lenhardt
Okay, any other questions? Okay, thank you very much, Sean, and we appreciate your testimony.

Sean Howe
Thank you.

[00:11:58]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 9: Michelle Kucher

Full Day 2 Timestamp: 07:41:55–08:13:46

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[00:00:00]

Shawn Buckley

So our next witness is going to be Michelle Kucher, who is going to be attending virtually.

Alexander MacKenzie

Again, for the Commission's records, my name is Alexander MacKenzie. And Michelle—Sandy MacKenzie—we have spoken on the phone.

Michelle Kucher

Correct.

Alexander MacKenzie

You can hear me clearly and I can hear you.

Michelle Kucher

Yes, I can.

Alexander MacKenzie

Michelle, I wonder if you would give your full name to the Commission, and perhaps, spell it.

Michelle Kucher

My full name is Michelle Kucher, K-U-C-H-E-R.

Alexander MacKenzie

Thank you.

Michelle, do you promise that the testimony you are about to give to this Commission shall be the truth, the whole truth, and nothing but the truth, so help you God?

Michelle Kucher

I do.

Alexander MacKenzie

Thank you.

Now, Michelle, you're testifying virtually from somewhere in the United States, is that correct?

Michelle Kucher

Correct.

Alexander MacKenzie

Thank you. And you reside in Matlock, Manitoba.

Michelle Kucher

Yes.

Alexander MacKenzie

And that is a small town on the edge of Lake Winnipeg, about a one-half hour drive from the north end of Winnipeg, is that right?

Michelle Kucher

Approximately, yes.

Alexander MacKenzie

And Michelle, both your father and your mother are now deceased, that is correct?

Michelle Kucher

That's correct.

Alexander MacKenzie

Yeah, your father passed away in 2010.

Michelle Kucher

Yes.

Alexander MacKenzie

And your mother, when did she pass?

Michelle Kucher

My mother passed away January 10th, 2022.

Alexander MacKenzie

You were close to both your mom and your dad?

Michelle Kucher

Yes.

Alexander MacKenzie

And what was your mother's name?

Michelle Kucher

Mildred Kucher.

Alexander MacKenzie

Thank you.

Now, following your dad's death in 2010, your mother lived alone in Garden City. Is that correct?

Michelle Kucher

Yes. Technically, it was the last street of the north end, but it was in the Garden City area.

Alexander MacKenzie

In the Garden City area and that, again, is about a one-half hour drive from Winnipeg.

Michelle Kucher

From Winnipeg Beach? Yeah.

Alexander MacKenzie

Which is very near Matlock, where you lived.

Michelle Kucher

Yes. Where I lived, yes.

Alexander MacKenzie

And what was the condition of your mother's health starting in 2010 through to early 2020?

Michelle Kucher

My mother was a fiercely independent woman. She was extremely active. She belonged to many, many organizations. She managed to stay in her own home, even after my father passed away. She drove her own car until she was 91 years old. She went to—

Alexander MacKenzie

What year would that have been?

Michelle Kucher

When she was 91?

Alexander MacKenzie

Right, that she was 91.

Michelle Kucher

I have to do math.

Alexander MacKenzie

She turned 95, I understand, on October 9th, 2021.

Michelle Kucher

2021, yes, that's correct.

Alexander MacKenzie

So she would have been 91, four years earlier than that.

Michelle Kucher

Correct. Thank you.

Alexander MacKenzie

And that's good enough. Thank you.

Now her health was good then, is that fair to say?

Michelle Kucher

It was good considering she was the age she was. She had, like, cognitively, she was a 100 per cent. She had some issues walking because she had arthritis in her knees. Other than

that, she was very active; she attended two different day programs during the week, so that's three days a week she was out of the house—

Alexander MacKenzie

I'll get to that in a moment, okay?

Michelle Kucher

Okay.

Alexander MacKenzie

Thank you very much.

Now at the beginning of 2020, you were employed in two different jobs. Is that correct?

Michelle Kucher

Yes.

Alexander MacKenzie

And what were those jobs?

Michelle Kucher

I held a full-time position at Selkirk Mental Health Centre in the Acquired Brain Injury Unit, as a psychiatric nursing assistant, and I held a part-time job at Selkirk Regional District Hospital in the day surgery,

[00:05:00]

as a health care aide.

Alexander MacKenzie

Were either you or your mother vaccinated for COVID?

Michelle Kucher

Eventually, yes. Not at the beginning of 2020; COVID hadn't really hit us yet.

Alexander MacKenzie

When would you—

Michelle Kucher

We did get vaccinated. I believe it would have been May of 2020 [sic].

Alexander MacKenzie

And you, personally, didn't like vaccinations, is that correct?

Michelle Kucher

That's correct.

Alexander MacKenzie

But you chose to get a vaccination so that you would fit in with all of the things that were required of you, is that fair to put it?

Michelle Kucher

That's a fair statement, yes.

Alexander MacKenzie

And so in early 2020, you had become concerned about the possibility of your transmitting COVID to your mother who was aging.

Michelle Kucher

Yes.

Alexander MacKenzie

Okay, and how did you deal with that concern, in terms of your employment?

Michelle Kucher

In February of 2020, I moved in with my mother to be her primary caregiver. I would return to her house from work and I would immediately shower and throw my clothes in the washing machine. And I'd always have a change of clothes in the shower in the basement just in case there was any remnants of any kind of virus lingering on my clothing. And then, you know, every night after work, that's what I would do.

Alexander MacKenzie

Right, and again, I'm not sure if it was absolutely clear, but you had been living in Matlock, but you then took up residence in your mother's basement.

Michelle Kucher

Yes. So she had a brief hospital stay and was released from the hospital in January of 2020, and I moved in with her February of 2020, so she could remain in her own home and be safe.

Alexander MacKenzie

And when you say you became her primary caregiver, that's a formal name, is it not?

Michelle Kucher

Yes.

Alexander MacKenzie

Yes. And what did that mean for you and your mother, you living in her basement as her primary caregiver? What other arrangements were you able to make?

Michelle Kucher

Well, we used the Self and Family-Managed Care option of the home care services in Winnipeg. It was through Winnipeg Regional Health Authority. Essentially, I became the manager of my mother's home care and did the payroll, scheduling of employees, hiring, firing, things like that. And I employed two health care aides to take care of my mother while I was at work.

And so my mother was entitled to, and assessed to need, 55 hours of care a week, which is, essentially, the maximum allowable through home care. I managed to get all my shifts to be evening shifts, so the two health care aides that I hired would work during the day and I'd come home from work in the evening— Sorry, I stayed with my mother during the day and the health care aides would work in the evening while I worked, and then I'd wake up the next day and do it all over again.

Alexander MacKenzie

Now, at some point, you did quit your job at the Selkirk Hospital, is that correct?

Michelle Kucher

I took advantage of a leave of absence. As a government employee, I was entitled to take a leave of absence to care for a family member, and so, I took advantage of that opportunity and I stayed home. I stayed with my mom.

Alexander MacKenzie

And you also— You had been working two jobs. You took a leave of absence from the other, as well, is that correct? From the Selkirk Mental Health Centre.

Michelle Kucher

Yes, and the Selkirk Hospital. Yes.

Alexander MacKenzie

From both. And had you ever discussed with your mother the possibility of her living in a care home?

Michelle Kucher

It came up on occasion, especially when she was being assessed by her case managers. She was never, ever deemed unfit or would qualify for a personal care home because she was too high functioning cognitively. Assisted living: She was not interested in that at all

because it would be the same kind of care she would get at home, only in a strange place. And she wanted to die in her own home.

Alexander MacKenzie

And your mother's health at the beginning of 2022 was— How would you say? What was her mental health?

[0010:00]

Michelle Kucher

At the beginning of 2020?

Alexander MacKenzie

2022.

Michelle Kucher

2022 is when she passed.

Alexander MacKenzie

Yes.

Michelle Kucher

Yeah, she had declined drastically as a result of isolation and depression and just really lost her will to live at that point.

Alexander MacKenzie

Now, leading up to that time, while you were living with her in her home, in her basement, can you describe— I believe you have described your mother to me as a social butterfly.

Michelle Kucher

Yes.

Alexander MacKenzie

And could you tell me all about her being a social butterfly?

Michelle Kucher

Well, I mean, all her life she was surrounded by people, but during her last few years of her life, especially after my father died, she really needed to take care of her own mental health. She joined two different seniors' programs and attended seniors group meetings three times a week. Every Friday, she attended a lunch meeting with another program, called Links. She would go for lunch on a weekly basis with ex-coworkers. She was a legal secretary at the Federal Department of Justice and maintained friendships from that time in her life. She would go to church every single Sunday, rain or shine. She would do her own

grocery shopping. She, really, did everything for herself. And for me, it was quite difficult to actually get a date with her because her social calendar was so full. She thrived on being with people and she never missed an opportunity to tell her story.

Alexander MacKenzie

And some of these places that she was going to were the Gwen Sector facility, once a week; Holy Family, twice a week; St. Nicholas Ukrainian Church, once a week; and then these lunches for various people and so on.

Michelle Kucher

Yes.

Alexander MacKenzie

And how about family gatherings, was she interested in those?

Michelle Kucher

Absolutely. My mother's house used to be a hub of activity throughout her life. We would have family dinners where 32 people would be eating at our table. She had ten grandchildren, seven great-grandchildren. They were the light of her life. She always, always welcomed the opportunity to spend time with them: whether it was in Winnipeg, or whether she had to fly to Vancouver or Toronto, or wherever her other grandchildren were at the time.

Alexander MacKenzie

And all this was before there were COVID mandates.

Michelle Kucher

Correct.

Alexander MacKenzie

Did anything change? And tell us about that.

Michelle Kucher

Well, the COVID restrictions— Our TV would bring us daily regulations and daily vaccine availability, and of course, there was the ominous death count that was on TV all the time.

My mother couldn't attend her seniors' programs because one of them was at a personal care home, and personal care homes had sort of gone into lockdown. Gwen Sector had shut down because there were restrictions on gatherings. Restaurants were closed, so going out for lunches was no longer possible. Church services were halted as a result of the inability to have gatherings.

Essentially, everything that meant anything to my mother had been taken away from her. Even having family gatherings, we had to keep our circle small. There was the social distancing regulations that were put in place. And as a result of all those things being taken

from my mother, her cognitive abilities drastically declined, and she became very withdrawn, very depressed, and really felt like she had nothing to look forward to in life.

Alexander MacKenzie

Did any of her friends pass away during those restrictive times?

Michelle Kucher

Absolutely. There was actually several that passed away and funeral services could not happen at the time. Many of her friends were residents of a care home that had a COVID outbreak and many of them died in care.

[00:15:00]

And then, yeah, we could not attend the funerals.

And those types of rituals for a person of my mother's age, who's very old school and quite a devout Catholic, those things were very important to her and her peers.

Alexander MacKenzie

Now, I understand that one of her granddaughters was a ray of light in all of this. How did that work?

Michelle Kucher

Well, when we were doing the Self and Family-Managed Care, one of the health care aides that I hired was my daughter. When the restrictions became very tight, that we had to not have people outside of the household visiting, my daughter decided to move into my mother's house with me. So we made our circle just a little bit bigger. And during that time, she had a baby, her first child, and we brought the baby back to my mother's house. And she was able to be a part of this little girl, sort of, crawling for the first time, walking for the first time. And that was, really, the only ray of sunshine that she had in such a bleak world.

Alexander MacKenzie

Now, I understand that things went on, more or less, in this way until September of 2021.

Michelle Kucher

September?

Alexander MacKenzie

Yeah, I'm sorry, is that— I believe at some point your mother had fallen?

Michelle Kucher

Yes, my mother did fall on September 20th of 2021. She had, for the first time ever, fallen forward and ended up with a bit of a rug burn on her forehead and quite a bruise. Usually, she would fall backwards and she would never hit her head because her back was so rounded, but this time she fell forward and that affected her a little bit.

Alexander MacKenzie

And in terms of her health, generally, then—in terms of respiratory health and fevers and so on—how was she doing?

Michelle Kucher

My mother had been diagnosed with congestive heart failure many years prior to this and she was entering the end stages of congestive heart: So she had a lot of swelling in her legs. She had a lot of breathing issues. She had a lot of fatigue, some confusion at times.

Alexander MacKenzie

And these things were all related, and diagnosed as being related, to congestive heart problems, right?

Michelle Kucher

Correct.

Alexander MacKenzie

So in October, I understand, she was admitted to a hospital, is that correct?

Michelle Kucher

Yes.

Alexander MacKenzie

Which hospital was that?

Michelle Kucher

Seven Oaks.

Alexander MacKenzie

And that was for her congestive heart problem issues?

Michelle Kucher

Correct.

Alexander MacKenzie

And that was made plain to everyone?

Michelle Kucher

Yes.

Alexander MacKenzie

And how old was your mom then?

Michelle Kucher

She had turned 95 years old October 9th, approximately two weeks prior to her going into the hospital.

Alexander MacKenzie

Okay, and did you visit your mom?

Michelle Kucher

Yes.

Alexander MacKenzie

At the hospital?

Michelle Kucher

Yes. We all managed to make sort of a schedule so that she was being visited by different family members and friends on a regular basis.

Alexander MacKenzie

And did she let you know how she felt about these visits?

Michelle Kucher

They were the only thing that really kept her going. Yeah. But because of some restrictions, we could only visit one at a time.

Alexander MacKenzie

And how long did that continue?

Michelle Kucher

Up until towards the end of December 2021. Excuse me—

Alexander MacKenzie

You can take a moment if you wish. Take a moment if you wish.

Michelle Kucher

Sorry about that.

Alexander MacKenzie

No, no, that's all right.

Michelle Kucher

Towards the end of December of 2021, there was a COVID outbreak in Seven Oaks General Hospital,

[00:20:00]

on a different floor than where my mother was situated, and as a result of that, visiting was banned or stopped. The hospital went into a Code Red, I believe it's called.

Alexander MacKenzie

That was a lockdown, basically, then.

Michelle Kucher

Basically, yeah. The only people that could go would be staff and people who were deemed essential care providers.

Alexander MacKenzie

Now, you were your mother's care provider, were you not?

Michelle Kucher

I was her primary care provider, yes.

Alexander MacKenzie

You've used two words here: you use primary care provider for yourself, but the words you used a moment ago is essential care provider. What's the difference?

Michelle Kucher

An essential care provider would be somebody who would be attending the hospital to care for a patient on a regular basis. For example, coming every day to feed them their meals. Basically, taking over a job for the health care aides.

Alexander MacKenzie

I see. So in your capacity as your mother's primary caregiver, you were not qualified, is that right?

Michelle Kucher

That's correct.

Alexander MacKenzie

And so, your visits were cut off.

Michelle Kucher

Yes.

Alexander MacKenzie

Did any other members of your family get to visit?

Michelle Kucher

No. No, the only people that my mother saw after that point would be the staff.

Alexander MacKenzie

Did you have occasion to discuss with any hospital staff your concerns about your mother's isolation?

Michelle Kucher

I did. I had gone to the hospital to visit my mother and was turned away by the screening staff at the door, saying that they're— That's how I found out that they were in a lockdown. They told me to phone the next day and talk to the unit manager to see if I could, possibly, get this designation given to me, to be the essential care provider.

I had phoned the hospital the next day and the nurse at the desk told me— Because I explained to her that my mother was 95, and quite possibly dying, and she was extremely lonely and the loneliness was what was killing her. It would have been hard for anybody in that situation to not have people visiting. And I, sort of, tried to make my case to be declared this essential care provider, and she told me that my mother's loneliness wasn't a reason enough to declare me as an essential care provider.

Alexander MacKenzie

Do you remember her exact words?

Michelle Kucher

Off the top of my head right now, no. I do know that I've said them to you, but I do not recall them exactly.

Alexander MacKenzie

You did say to me that the words spoken to you were, "Your mother's loneliness is not a priority." Is that accurate?

Michelle Kucher

Yes. That's correct.

Alexander MacKenzie

I don't know if you want to answer this question, but how did you feel about that?

Michelle Kucher

I was extremely angry. I sent emails and letters and left messages in a variety of different offices, expressing my disgust, actually, at that comment and just the whole situation in general.

Alexander MacKenzie

You never did see your mother again, prior to her death.

Michelle Kucher

Not alive, no.

Alexander MacKenzie

Now, you mentioned that your mom passed away on January the 10th.

Michelle Kucher

Correct.

Alexander MacKenzie

And so all of this was taking place, roughly, three weeks before her death.

Michelle Kucher

Correct.

Alexander MacKenzie

And when you were barred from going to the hospital, what did you do to try to keep in touch with your mom?

Michelle Kucher

Well, we attempted phone calls. There was a phone in her room and we would try to call, but most of the time the phone was out of her reach. And when it was in her reach, she really couldn't figure out how to use it. Often, we would have to phone the nursing station and say, "Look, I'm trying to call my mom and I don't know if she can reach the phone," and they would tell me that they would put the phone on her bed for her and then we could— Very rarely did we actually get through to my mom.

[00:25:00]

My brother would phone from his house in Toronto and hardly ever got to talk to my mom. It was a horrible, horrible experience. We thought about providing her with a cell phone, but, at that point in my mom's life, I don't know if she would have been able to use it.

Alexander MacKenzie

Now, in terms of your mom's health, what were you led to believe? She'd gone in for the congestive heart problems and what were you led to believe, as all this time was passing?

Michelle Kucher

Well, the goal was always to get her home, to stabilize her and get her home. And she was medically stable and the plan was, of course, like I said, to get her home. What held things up, essentially, was a lack of staffing for home care services.

Alexander MacKenzie

So when she was being cleared to come home, that was at the beginning of January, is that correct?

Michelle Kucher

Yes. Yes, we had been working on her getting home and getting staff in place for quite some time. The Self and Family-Managed Care Program was no longer available to us and she actually did get a discharge date.

Alexander MacKenzie

And what date was that?

Michelle Kucher

January 10th, 2022.

Alexander MacKenzie

So she was going to be discharged on January the 10th, 2022. Did you speak to her that day?

Michelle Kucher

I did speak with her on the phone and I let her know that she was coming home. I made arrangements for Stretcher Services to bring her home because I couldn't do it myself and she would not have been able to get in and out of my vehicle. And we made arrangements: Stretcher Services was to pick her up at 6:30 p.m., January 10th, 2022.

Alexander MacKenzie

But that didn't happen.

Michelle Kucher

No, it did not.

Alexander MacKenzie

What did happen?

Michelle Kucher

At approximately 5:15 to 5:30 p.m., I got a phone call from her doctor telling me that she had been found unresponsive. She was actually sitting on the toilet at the time. They brought her into her bed and there was nothing they could do to— She never did regain consciousness after that and she passed away.

Alexander MacKenzie

On the very day, an hour and a half before you were going to take her home.

Michelle Kucher

Yes.

Alexander MacKenzie

What happened then? You had discussions with the doctor, I believe.

Michelle Kucher

I did. I asked him if I could come and see my mother and he told me that I could.

Alexander MacKenzie

And he made arrangements with the hospital, did he?

Michelle Kucher

Yes.

Alexander MacKenzie

And then you did go to her.

Michelle Kucher

Yes.

Alexander MacKenzie

Yeah.

Michelle Kucher

I went—

Alexander MacKenzie

Sorry, go ahead.

Michelle Kucher

Oh, yes, I went to the hospital and I went in— She was still in the room that she shared with her three other patients, curtains drawn, so she had some privacy. And I was able to sit with my mother, I was able to hold her hand, and I was able to talk to her. After she passed, I was sitting with her dead body. But I could not sit with her live body the day before or the day before that.

Alexander MacKenzie

You know, you've talked about your mother's sense of loneliness. Can you share with us how all of this made you feel?

Michelle Kucher

I mean, we always knew that, like, my mother was going to die, right? Obviously, she was 95 years old; she's in end-stages of congestive heart failure. We never got a chance to say goodbye. We couldn't go see her; we couldn't hug her. There were no more "I love you's" given. She died, alone, you know, possibly neglected because of the chronic short staff-ness, but I can't really comment on that because the nurses and the staff that worked there were really working hard.

I was angry. I was angry and I was sad. She didn't deserve that. We did everything right: we got our vaccinations; we kept our bubble relatively small; we socially isolated; we followed all the rules.

[00:30:00]

And still, the government that she was so obedient to failed her in the end, is the way I feel. I'm angry for her. I'm sad for her. And I think that what happened there was extremely wrong. My mother said to me, about three months into the pandemic, that she would rather die of COVID than die of loneliness, and she did not have that option.

Alexander MacKenzie

Sounds like, ultimately, she exercised that option. In any event, did you ever test positive for COVID?

Michelle Kucher

I did, just last October. I'm vaccinated. I've got two boosters on top of that. I work in a medical facility, so it's somewhat necessary. We have to be vaccinated in order to work under those circumstances. And I had been exposed to one of the patients having COVID.

Alexander MacKenzie

So your positive test was 10 months after her demise.

Michelle Kucher

Yes.

Alexander MacKenzie

Is there anything else that you would like to add, Michelle?

Michelle Kucher

I don't think so.

Alexander MacKenzie

If you will, I'll ask the commissioners if they have any questions that they would like to put to you.

Okay, it appears as though they do not. Thank you very, very much for attending.

Michelle Kucher

Thank you for the opportunity to tell my mother's story.

Alexander MacKenzie

Thank you, Michelle.

[00:31:51]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 10: Charles Hooper

Full Day 2 Timestamp: 08:14:15–09:06:00

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

Charles, can you hear us?

Charles Hooper

Yes, I can. Can you hear me?

Shawn Buckley

Okay, so we've got a good Zoom connection. My name is Shawn Buckley. I'm going to be calling you as a witness today.

So can I ask you, first, to state your full name for the record, spelling your first and last name?

Charles Hooper

Charles Hooper, C-H-A-R-L-E-S H-O-O-P-E-R.

Shawn Buckley

And, Charles, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Charles Hooper

Yes, I do.

Shawn Buckley

I just want to introduce you a little bit [Exhibit WI-9]. Right now, you are president of a consulting company, called Objective Insights. And my understanding is that your company

consults for pharmaceutical and biotech companies, that you basically help companies to make business decisions by doing forecast models that include epidemiology. So for example, if a company was going to introduce a drug for third-line non-Hodgkin's lymphoma, how many people are out there with that and what public policy implications would the company encounter? Your company does things like that. Did I explain that well?

Charles Hooper

Yes, you did. Thanks, Shawn.

Shawn Buckley

So now, you used to work for the pharmaceutical company, Merck, and you were actually there when they came out with ivermectin.

Charles Hooper

Yeah, I was there. I think it was just shortly after ivermectin first launched.

Shawn Buckley

Okay, and then we can't leave out that you worked at NASA as a scientific applications programmer.

Charles Hooper

Yeah.

Shawn Buckley

Okay. Now, you became an expert on ivermectin. I'm just curious if you can explain for us what led you down that path.

Charles Hooper

Well, that's actually a good question. So first of all, I knew a fair amount about ivermectin working at Merck. Merck was actually quite proud of ivermectin when it first came out. And so, when the COVID pandemic hit and I saw ivermectin mentioned, I looked into it a little bit more. I was kind of curious, having a little bit of background, and then that just kind of snowballed. And here we are.

Shawn Buckley

Right, so you just, basically, read every study there was on ivermectin and became an expert. And bearing in mind, you already have expertise in the pharmaceutical field and research.

Charles Hooper

Right.

Shawn Buckley

Now, why should we care about ivermectin?

Charles Hooper

Well, the COVID-19 pandemic led to substantial loss of life, along with large social and economic costs, and ivermectin was presented—and still is available—as a potential drug to treat COVID-19. And I think that it has some legitimate claim to being a good treatment for COVID-19. Therefore, many people who suffered and potentially died, maybe, shouldn't have or wouldn't have if ivermectin was more widely available.

Shawn Buckley

Right. Okay, so can you explain for us, when the pandemic started, obviously there was no vaccine or any other tool available. Can you explain to us the importance of the drugs that are on the market then, at the time, specifically ivermectin, and why it should have been considered.

Charles Hooper

Yeah. So when a pandemic happens, everything happens pretty quickly and drug development is a very slow and lengthy process. So we really have a mismatch of a fast-moving pandemic, a contagious virus, and then a slow-moving pharmaceutical industry and a regulatory environment.

And so, by nature, we really need to look at existing drugs that are either already on the market or are soon to be on the market because anything else would just take so long to be developed that the pandemic might have already run its course. So, we, by nature, have to look at older drugs, and it's actually a very well-known principle that using repurposed medicines,

[00:05:00]

with established safety profiles is a pragmatic public health strategy.

So people looked around at potential therapies that could work and ivermectin showed up as one because of some of the characteristics it has to attack parasites. Those mechanisms also attack viruses.

Shawn Buckley

And that was actually known before the pandemic started, am I correct?

Charles Hooper

The antiviral activity of ivermectin? I believe so, and if it wasn't before, it was definitely early on in the pandemic.

Shawn Buckley

I'm going to ask you, in a bit, on your thoughts as to whether or not you think it is a safe treatment and an effective treatment for COVID. But right away, there was some controversy about ivermectin and can you share with us about that?

Charles Hooper

Yeah, so if you followed the news over the last few years, essentially everything that's been said about ivermectin has been negative if it's been said by the established authorities.

First, we heard that ivermectin was a veterinary parasitic medicine that was intended for horses and cows. And then, second, a number of health and regulatory agencies came out against its use, for example, the Food and Drug Administration in the States. And then even the originator and inventor of ivermectin, Merck and Company, came out against its use. And then, we also heard that the largest study that showed that ivermectin worked was retracted for data fraud. Finally, we were told that the biggest and best study of ivermectin—the TOGETHER Trial—showed that ivermectin didn't work.

And I think there's a need to set the record straight because that's not the whole truth.

Shawn Buckley

Okay, so can you set the record straight for us today?

Charles Hooper

Yeah, I'd be happy to. Okay, so can I give you a little background on ivermectin?

Shawn Buckley

Yeah, do you want a screen share? I think we're set up for that if you need to.

Charles Hooper

Okay. Let's see. Oh, here we go.

Shawn Buckley

Okay, so we're seeing your screen now [presentation exhibit number unavailable]. We're seeing a slide *Ivermectin for COVID-19*.

Charles Hooper

First of all, we mentioned just a minute ago that older drugs are the way to go when a pandemic happens. So the three drugs that I've focused on, other than ivermectin, to treat COVID-19, they were available at day 235, day 661, and day 662. That's Gilead Sciences' Veklury, the generic name is remdesivir; Pfizer's Paxlovid, which is a combination of two older drugs; and then Merck and Company's Lagevrio, which the generic name is molnupiravir.

A little bit of history about ivermectin: It's an important drug and some have actually estimated that its overall public health benefit might be on par with that of penicillin. It was discovered in 1975 through the work of two individuals, William Campbell, at the Merck Institute for Therapeutic Research, and Satoshi Ōmura, at Kitasato University. And this discovery earned them the 2015 Nobel Prize in Physiology or Medicine.

Ivermectin was first used as a veterinary antiparasitic, with human applications coming just a few years after that. And in the developing world, it's proven so effective that it's on

the World Health Organization's list of essential medicines and it has been dosed four billion times

[00:10:00]

in parts of the world where parasites are common, such as Africa, Central and South America. It's been used to treat and prevent river blindness and other diseases. It's been used safely in pregnant women, children, and infants, which is saying a lot.

So my history with Merck goes back 34 years when I was newly hired there and ivermectin was newly launched. And people might say, okay, well, it's an antiparasitic, so why should we use it for COVID-19? Well, it turns out, in the pharmaceutical industry, a lot of drugs have application in multiple therapeutic areas. So just one quick example: The drug amantadine was originally developed to treat influenza, but Parkinson's patients taking amantadine for the flu serendipitously noticed symptomatic relief of their Parkinson's disease. Now, amantadine is regularly taken by Parkinson's patients.

So anyway, with ivermectin, it works through a variety of mechanisms to kill parasites and some of those mechanisms have been found to attack single-strand RNA viruses, such as SARS-CoV-2, which causes COVID-19. So this led scientists to test it in laboratories, in vitro, and they found that it did, in fact, kill 21 different viruses in cell cultures.

Shawn, should I just keep going?

Shawn Buckley

Oh, yeah, please. Please do.

Charles Hooper

Okay. So because ivermectin has been around for decades—it's safe; it's an oral pill; it's cheap; it's off-patent—it would be an ideal therapeutic for COVID-19 if it worked. So the question is, does it work? And here's where things get more interesting.

So Merck came out against the use for ivermectin and said, quote, "It is important to note that, to date, our analysis has identified no meaningful evidence for clinical activity or clinical efficacy in patients with COVID-19 disease."

Now, the FDA was a little bit less circumspect and the FDA tweeted, "You are not a horse. You are not a cow. Seriously, y'all. Stop it." But then the FDA also added a statement pretty much like I just read from Merck. But the FDA went further and the FDA put out a special warning to warn us against using ivermectin for COVID. And it said, quote, "You should not use ivermectin to treat or prevent COVID-19." But this statement went on and it included words and phrases such as "serious harm," "hospitalized," "dangerous," "very dangerous," "seizures," "coma and even death," and "highly toxic" [Exhibit WI-9a].

But this is a drug that is FDA-approved as safe for human use, so why would using this safe drug for a new condition make it dangerous? Well, the FDA didn't say. And in fact, a normal person reading this might think that the FDA was warning against some criminal agent who had laced pills with poison. Then, further, the FDA claimed, with no scientific basis, that ivermectin is not an antiviral, notwithstanding its proven antiviral activity.

So it would be nice to have somebody who's been within these organizations recently and involved in these decisions to explain them. But, absent that, what we can do is we can explore some of the structural reasons for why these organizations might have come out so strongly against ivermectin.

With the FDA, I think it's really two different things: it's the Emergency Use Authorization and then off-label promotion.

[00:15:00]

So the Emergency Use Authorization is a regulatory pathway that the FDA may use to authorize unapproved medical products or unapproved uses of approved medical products in an emergency to treat serious or life-threatening diseases where there are no adequate approved and alternative therapies. This might have given the FDA a reason to want ivermectin out of the picture because if there's no approved alternative therapy, then the FDA could encourage companies, like Gilead and Merck and Pfizer, to keep developing their products. And what this really implies is that the FDA knows how long the drug development process takes and it takes too long, so the FDA, maybe wanting to help during the pandemic, wanted to get these new drugs out there. Also, I think it's possible the FDA wanted to incentivize the drug companies to keep researching these treatments because if the FDA said, "okay, maybe your drug will be approved in 10 years, long after the pandemic's over," then those companies would have very little reason to keep researching their treatments.

The second reason is off-label promotion. So once drugs are marketed, physicians can use them for any condition that they think will help the patient. And such usage is called off-label promotion because it's for a condition that's not specifically on the label of that drug that's been approved by the FDA. While this off-label prescribing is widespread and completely legal, it is illegal for drug companies to promote drugs for off-label conditions in any way, shape, or form. And during a particularly vigorous two-year period, the Justice Department collected over \$6 billion in fines from drug companies in off-label promotion cases. So the FDA takes the position that it doesn't want to encourage off-label promotion, or off-label usage, but it knows it can't stop it.

So if the FDA were to make a statement on the efficacy of ivermectin for COVID-19, it would, pretty much, have to come out neutral or negative because if it promoted a drug for an off-label use, there would be obvious hypocrisy involved.

So Merck faced that same off-label promotion issue. You know, Merck is not going to promote a product and face substantial fines. Merck is too smart for that. Also, ivermectin has long since been generic, so Merck doesn't make much money off it. But Merck was hoping that its new drug, Lagevrio, molnupiravir, was going to be a successful treatment for COVID-19.

Now, sometimes, the sequence of events can prevent or work against the dissemination of balanced information.

Shawn Buckley

Charles, can I just step in and ask you a question? Because you were just offering an explanation, and I appreciate you don't know why the FDA made the statements that it did. But surely, the FDA could have just simply said ivermectin is not approved for treating COVID-19, and so, we don't know whether it would be effective for that. Which is very

different than, basically, making false statements that it's dangerous. Because, surely, it can't be dangerous with 4 billion doses out there and most of them would be non-prescription doses, just over the counter in other countries. So are you being a little gentle with the FDA in what you're suggesting to us?

Charles Hooper

Yeah. I really am curious what went on within the agency, but I don't really know.

[00:20:00]

But I do think that authorities in that position are culpable for what's happened because, essentially, they were spreading misinformation.

Shawn Buckley

Okay, and I'm sorry to interrupt, you were then going to go on about the TOGETHER Trial.

Charles Hooper

Yeah, so with the TOGETHER Trial. Sometimes the sequence of events of how information plays out can work against the dissemination of balanced information. The TOGETHER Trial was supposed to be the best and biggest trial testing ivermectin. But the press release came out at least a couple of weeks before the full study was published. Basically, the main news organizations, or some of the main ones, such as *The New York Times* and the *Wall Street Journal*— The only information they had was from the press release, and so, they basically parroted the conclusions of the study from the press release that said that ivermectin doesn't work.

Most people just stop there. The problem is, for those of us who like to scrutinize the studies, anything that we found was going to be weeks later, and at that point, it would look like old news. The news organizations might be hesitant to publish that because it could make their initial articles look premature or, perhaps, incorrect.

Anyway, after the full TOGETHER Trial was published, a number of researchers have looked into it and they've identified 75 serious problems with this trial. You know, even just a few serious problems would be cause for concern, but there were 75 problems identified. And worse, the trial that we were told proved that ivermectin doesn't work, actually, has results that suggest that it does work.

So in the TOGETHER Trial, the patients who were on ivermectin had a 12 per cent lower risk of death, a 23 per cent lower risk of needing mechanical ventilation, a 17 per cent lower risk of hospitalization, a 10 per cent lower risk of extended ER observation or hospitalization.

And then, using the results of the trial, I was able to calculate the probability of the benefit to patients who are on ivermectin. There were 10 different metrics in the trial and the benefit ranged from 26 per cent to 91 per cent. So 91 per cent was for preventing hospitalization. And for the most serious outcome, death, the probability was 68 per cent that ivermectin was helping these patients.

Now, another trial that got a lot of press was a trial that showed that ivermectin did work. It was a study by Elgazzar et al., but it was withdrawn on charges of plagiarism and faked

data. And so, this one study got a lot of press as if it was one of the only studies, but there's actually been quite a bit of research done on ivermectin for COVID-19.

So there's been 95 clinical trials, 95 studies, that have included 1,023 authors with patients in 27 countries, and the number of patients, if you added it up across all the trials, is 134,554. And if you pool all the results, the results suggest that ivermectin reduces the risk of death by 51 per cent.

So I just want to highlight that. This implies that if everybody had access to ivermectin, the death rate across the world could have been half of what it was and 29 per cent lower risk of mechanical ventilation, 41 per cent lower risk of ICU admissions, 34 per cent lower risk of hospitalization, 78 per cent reduced number of cases, 42 per cent improved recovery, and 45 per cent improved viral clearance.

[00:25:00]

In these results, two of them are significant to P less than 0.01, and the other five of them are significant to P less than 0.0001.

So the other thing that the studies show is the earlier use is better. So, for example, the benefit is 82 per cent if it's given prophylactically, 62 per cent benefit in early use, and 42 per cent benefit in late use. So 45 of these studies were randomized, controlled trials and 80 of the studies were peer-reviewed.

Shawn Buckley

And, Charles, can I just stop you for a second? So you're basically, in that last slide, indicating that the most significant benefit is for early use. And what I find curious about that is, in Canada—I live in a province called Alberta—the College of Physicians and Surgeons in Alberta, concerning the COVID pandemic, basically made it clear to physicians that they would lose their licence to practise if the physicians treated COVID early on. So it was really only possible for doctors who wanted to keep their licence to treat COVID once the patient arrived at the emergency department. But what your analysis is suggesting is that was completely wrong, aside from the fact that it just sounds insane to tell doctors that they can't treat an illness at its early stages. Am I correct that, based on your data, the College of Physicians and Surgeons in Alberta were completely wrong on this?

Charles Hooper

Yeah, I would agree with that. If you look at all the treatments that have any kind of efficacy for ivermectin, and this actually goes more broadly to viral diseases, you want to treat the patient pretty soon after they're infected. And in fact, if you treat them, something like, **eight days after they're infected, the treatments basically have no benefit at all because this is a viral infection. It comes and it goes, and if you don't get it early, you're not going to get it at all.** So it's a pretty established principle that, for a viral infection, you have to treat it pretty early.

Shawn Buckley

Okay.

Charles Hooper

So this just lends empirical evidence to that.

Shawn Buckley

Yeah, and I'm sorry for interrupting, just it was an interesting point you just made.

Charles Hooper

Oh, no, I appreciate your comments and points.

Okay, so we've talked about ivermectin. Now, there are some other drugs that have gotten clearance to be on the market to treat COVID-19, and I mentioned them in an earlier slide. But if you look at their efficacy, it's not as good as ivermectin. In fact, it's typically half or less as good as ivermectin. And further, the safety isn't as good.

So with Paxlovid, 15 per cent of the patients are contraindicated for Paxlovid, which means that they should definitely not get it. Remdesivir is associated with acute kidney failure. And molnupiravir is the most alarming: it's associated with creating dangerous viral variants and it's associated with mutagenicity, carcinogenicity, teratogenicity, and embryotoxicity, which in a little bit more plain English, means that there are risks to human DNA. So these drugs don't work as well, typically, as ivermectin; they're not as safe, and they also aren't as widely available and inexpensive.

Shawn Buckley

And yet they're permitted for treating COVID.

Charles Hooper

Right and they have the backing of the medical establishment behind them.

If you have any other comments or questions?

Shawn Buckley

No. Nope. Carry on. Thank you.

[00:30:00]

Charles Hooper

Okay, so I think to really understand how to interpret the results from clinical trials, we need to talk, for a minute, about the concept of statistical significance. And while it seems like an arcane and unimportant subject, we need to understand it because, essentially, it leads to many false conclusions, especially for ivermectin. What I want to do is show you the results of two clinical trials for ivermectin. Show you the results and then show you what the study authors actually said.

And so, again, statistical significance is a way that researchers try to make sure that the result is real and not due to luck. And so, what they've settled on is a number of 95 per cent. So they want to be 95 per cent sure that the results are real and not due to luck. What they do is if the results are good and the results are statistically significant, they say that the drug works. However, if the results aren't good or the results aren't statistically significant, they say that the drug doesn't work, which isn't true.

So here's one example: This is a study by Ravikirti et al., and as part of the study, they looked at the need for mechanical ventilation. Of the ivermectin patients, only one out of 55 needed mechanical ventilation. For the placebo patients, five out of 57 needed it. So if you just do the simple math, it looks like ivermectin reduced the risk by 80 per cent. But the authors concluded, "This study did not find any benefit with the use of ivermectin in... the use of invasive ventilation in mild and moderate COVID-19." And the reason they said that is because they were only 91.2 per cent sure that there was a benefit. In other words, it didn't match the 95 per cent threshold.

So here's another study: This is by Rajter et al. and this is, again, looking at mechanical ventilation. And so in this case, patients on ivermectin— so 36.1 per cent of them improved and got off mechanical ventilators, whereas only 15.4 per cent of the patients who got placebos got off the mechanical ventilators. So if you look at the results, you'd say that ivermectin benefited the patients by 2.3 times what the placebo response was. But, again, these authors reported no benefit and that's because they were 93 per cent sure that the results were true, but they wanted it to be 95 per cent sure.

Now why is this important and why does it affect ivermectin? Well, when a drug company does a clinical trial, it makes sure that the trial is big enough that it's going to get statistical significance. But with a drug like ivermectin, where there's no real money behind it, it's up to smaller organizations that don't have deep pockets to run the trials, and so, they typically run smaller trials. And so, frequently, you'll get a result like this where the study authors, based on using statistical significance, will say that the drug has no benefit. People who just look at the summary in that write-up of that study will say, "oh, ivermectin didn't benefit patients with mechanical ventilators." But if you look deeper, it actually does.

And so I wanted to just point out how ridiculous this can be. For example, imagine a pharmaceutical company testing drug X and there's two researchers, one researcher at each hospital, and they recruit 1,000 patients for this clinical trial, 500 at each hospital. So each researcher is managing 500 patients. Based on statistical significance, if they combine the results and publish together, they would say the drug works. If they, for whatever reason, maybe they had an argument over whose name should be first on the publication

[00:35:00]

—you know, Jones and Smith or Smith and Jones—and they publish separately, they would conclude that the drug doesn't work. So could it be that the drug works if these two authors get along together and publish together, and it doesn't work if they argue and publish separately? Well, that's ridiculous.

And so what's happened with ivermectin is you've had all these little studies, some of which aren't statistically significant, but together they are. So what I showed a few minutes ago, all those results, when they're pooled, are highly statistically significant.

In conclusion, and then, if you'd like, I can talk about possible solutions to prevent a problem like this in the future.

In conclusion, whenever we have a pandemic, we need to rely on existing medications because new drugs just take too long to develop. And older drugs, such as ivermectin, they're a known quantity: they're safe; they're cheap; the manufacturing is established; and then it's just a question of if they work or not.

And with ivermectin for COVID-19, the clinical evidence is pretty overwhelmingly positive and it's substantially better than for other treatments, and it's safer than other treatments, and it's cheaper than other treatments. And those who dissuaded us from using ivermectin are responsible for some of the problems that this caused.

So I'd be happy to jump into possible solutions. Or I don't know, Shawn, if you have questions.

Shawn Buckley

I do want to actually ask you about that. But just following up on your last point about people being responsible, would it be fair to characterize it— You've made it clear with your presentation that there's 4 billion doses. Am I correct that in many countries, in fact, most countries where ivermectin is taken regularly, you don't need a prescription to get it. It's just over the counter. Is that fair to say?

Charles Hooper

Yeah, I'm not an expert in that, but I believe that's true.

Shawn Buckley

Right and would it also be fair to say, literally, ivermectin is one of the safest drugs on the planet?

Charles Hooper

I think, yeah. Based on what I know, I would characterize it as one of the safest drugs on the planet.

Shawn Buckley

So here we're faced with a pandemic where the media is telling us we're in great danger, and from a safety standpoint, there would have been little downside, even if ivermectin wasn't as effective as the meta-analysis that you've shared shows it is.

Charles Hooper

Right, there was very little downside risk to using ivermectin, and early in the pandemic, there were indicators that it did have efficacy. So the efficacy of ivermectin was pretty well-established— Well, established enough to make decisions around mid- to three-quarters of the way through 2020. So there was no reason after, say, the fall of 2020 to not be using ivermectin.

Shawn Buckley

Now, you had sent me some studies, and I'm not going to go through them, but I'm just going to indicate for the commissioners that we've entered them as exhibits. So you've sent me a study that you are an author in called "Ivermectin and Statistical Significance" [Exhibit WI-9b], and I'll just ask if you would adopt that as true today.

Charles Hooper

Yes. Yes, I would.

Shawn Buckley

And then, we've also entered as an Exhibit WI-9c, where you're one of the authors: "Ivermectin and the TOGETHER Trial." Would you confirm and adopt that that's true today?

Charles Hooper

Yes. Yes, I will.

Shawn Buckley

And then, we've entered as Exhibit WI-9d, an article where you're a co-author, titled "Setting the Record Straight on Ivermectin." And do you adopt that as true today?

Charles Hooper

Yes, I do.

Shawn Buckley

So now, I do want to ask you, and then I'll turn you over to the commissioners for questions, but how could we have done this better?

Charles Hooper

Yeah, that's a really good question and I've got some ideas. We could debate them, probably, for the next year,

[00:40:00]

but let me just list them.

So one would be, allow drug companies to promote off-label uses. What this really means is drug companies have information about their drugs for certain diseases, and right now, regulatory agencies, like the FDA, don't allow them to share that information. So it's really a form of censorship.

The next idea would be to allow drug companies to benefit from finding uses for existing off-patent drugs. So, for example, if Merck really found that ivermectin worked for COVID-19, essentially, it might not make a dime from that investment. But if we change the structure somehow so that Merck did make money, then Merck might have been as interested in ivermectin as it was in its own drug.

Shawn Buckley

So can I just slow you down and spell that out because a lot of people might not understand what you're saying? So when a drug still has an existing patent on it, and Merck holds that patent, Merck can charge a high amount for the drug. And if somebody else wants to make it, Merck has to agree and then, basically, there would be a licence fee paid to Merck. But

when a drug like ivermectin is off-patent, then any generic drug company, or any other drug company, for that matter, can also make it and there's no financial benefit for Merck.

But you're suggesting in a pandemic if somebody like Merck could say, "Hey, wait a second, this data shows that it works for ivermectin," that then if there could be some financial incentive— like a licensing fee or something like that for its use for something like COVID— then that would be incentive for the drug companies to look into that and then, also, for them to share their data?

Charles Hooper

Yes, exactly what you just said. The financial incentive could be a number of different things. It could even be, like, a finder's fee or something that some organization pays to Merck, or whichever company it is. It wouldn't necessarily have to be Merck that would promote these uses for ivermectin.

Shawn Buckley

Right, but some financial incentive because we are dealing with companies that actually have fiduciary obligations to their shareholders, financially.

Charles Hooper

Right. And essentially, the generic market is so competitive, and the products are deemed substitutable that there's no way for a company to say, "Our generic is better," or "we know something about our generic, therefore you should pay us more money." Because as soon as that information is out there, then any customer could just use any generic and say, "Okay, well, this ivermectin is as good as that one, and I know that now it treats COVID-19, so why should I use Merck's?"

Shawn Buckley

Now, I interrupted you. It looked like you had a couple of more suggestions of how we could have done this better.

Charles Hooper

Yeah, so there are government agencies around the world that do a lot of medical-related research and the National Institutes for Health in the United States is one of those. And it has a budget, I think, of \$45 billion a year. So in the beginning of the pandemic, if the NIH just said, "Hey, we're going to find all these old medicines that potentially could be used to treat COVID-19 and we're going to do thorough testing of each one of them," these studies wouldn't just be dribbling in. It would be well-designed studies with plenty of people, statistical significance, and you just do that early on. And that could have had phenomenal health benefits.

So just to keep going down my list. I don't quite know how you do this, but prevent agencies, like the FDA, from attacking older drugs. Or maybe a better way to do it is to allow dissenting opinions. So have, kind of, a red team that's set up to challenge the establishment views.

Another perspective on that is, I think power within these organizations has become too concentrated. Maybe spread it out some, so there isn't so much emphasis on the one organization having the one viewpoint.

[00:45:00]

And kind of along those lines, maybe clean the house within these organizations, that if there are people who are knowingly dissuading us from taking medications that have potential benefit, that's not who we want in charge of our public health organizations.

And then, my last two points are to use statistical significance more wisely.

And then, the very last point is something that has other benefits, also, which is taking the responsibility for efficacy away from regulatory agencies like the FDA. And I'll just try to explain this very briefly. From 1938 until 1962, the FDA only mandated safety testing for drugs. And then, after 1962, the FDA mandated safety and efficacy testing. And it sounds like a wonderful idea, but economists have studied it and it's pretty easy to make the case that things have been worse since 1962.

So if the FDA wasn't concerned about efficacy, but was concerned about safety, then any statements the FDA would have made about ivermectin just would have been about its safety. Which, I think, is pretty clear that ivermectin is a safe drug.

Shawn Buckley

Right, you've put a lot of thought into these and we thank you for that.

I'm going to ask the commissioners if they have any questions for you. And they do.

Commissioner Massie

Well, thank you very much for this very thorough presentation. I have a couple of questions. In fact, the way I look at that is it seems that these small molecule drugs that have been around for a long time, they lose their value after they're off-patent. Doesn't that call for a serious rethinking of the patenting of these molecules? Because why is it that, all of a sudden, a chemical that has been synthesized and proven to be safe and effective in many indications would lose its ability to function in other indications, knowing that it's generally the case that molecules that have been around for a long time have several indications? We know that from the practice. So why don't we come up with a different model? Copyrights, for example, on books or music could last much, much longer than the lifetime of a patent. Isn't that part of the problem we're facing?

Charles Hooper

I completely agree. So when a drug goes off-patent, it basically dies because there's no financial incentive to look for other uses for that drug at that point. The only research that's typically done on drugs at that point is organizations that don't really have a financial incentive. I think your point is actually very important. If we could, somehow, figure out a way to incentivize drug companies or universities or research labs to research new uses for off-patent drugs, I think we would find phenomenal benefit because a lot of these drugs have to be useful for other conditions.

And it could be an issue with patents or it could be just some other kind of reward for finding something that's useful. Or maybe have generics that aren't substitutable, so you could actually say that this generic is different than this generic. We'd have to think about solutions, but the potential benefit is huge.

Commissioner Massie

Another question that I had is, you're in the business of, I would say, advising different drug companies on strategies to develop new drugs or maybe find new markets.

[00:50:00]

I'm a little concerned that the position you're taking right now would probably put your position on this marketplace at some sort of a risk because it clearly goes against the business model of some potential clients. So I'm wondering whether you're concerned about that for your activity.

Charles Hooper

The answer is I'm not very concerned and that's because I'd be very interested in finding new uses for generic drugs, but, also, I'm interested in finding uses for new drugs, and so, that's what I help my clients with. I basically want good medicines to be out there so that people live long and healthy lives. Whether they're a currently generic drug or whether it's some kind of cell therapy that's coming down the road, cutting edge cell therapy, for example.

Commissioner Massie

Thank you very much.

Charles Hooper

You're welcome.

Shawn Buckley

So that's it for questions.

Mr. Hooper, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today and sharing with us your valuable testimony.

Charles Hooper

Thank you for your time and attention.

[00:51:45]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 11: Don Woodstock

Full Day 2 Timestamp: 09:06:00–09:20:05

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

And so our next witness is, if he's here, is going to be Don Woodstock.

Kyle Morgan

Good day, sir. Can you state your full name for the Commission?

Don Woodstock

Don Woodstock.

Kyle Morgan

And can you spell your first and last names.

Don Woodstock

D-O-N W-O-O-D-S-T-O-C-K.

Kyle Morgan

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

Don Woodstock

Yes, I do

Kyle Morgan

Where are you from, sir?

Don Woodstock

Jamaican-born, but Canadian citizen since 1995-96.

Kyle Morgan

And I understand you live in Winnipeg right now.

Don Woodstock

Yes, I do.

Kyle Morgan

How long have you been in Winnipeg?

Don Woodstock

Since November 1999.

Kyle Morgan

Can I ask you your profession or line of work?

Don Woodstock

I'm the proud owner of JamRock Security. We're a security company providing some of the top-of-the-line products for home security, burglar alarm, commercial, industrial, residential security.

Kyle Morgan

And how long have you been in that area of work?

Don Woodstock

A little over nine years for myself, personally, but I started in the security business. It was my first job in Canada, in Toronto. I'm still doing it today.

Kyle Morgan

So when I spoke to you before, I was struck with the perspective that you have regarding what happened in our society during the COVID pandemic.

Don Woodstock

Yes.

Kyle Morgan

Can you tell us a little bit about your business, how everything affected your business?

Don Woodstock

Well, we started just before COVID. Just, sort of, sheer trying to diversify to try to get online and promote the business online instead of the door-to-door approach, which we're accustomed to. COVID hit, and we had to be very creative but, more so, push the envelope in terms of getting the business online.

So I had to be vaccinated to get into people's home because this is what I was told I had to do. We gave our customers the option to have a "vaccinated install" done, somebody who is vaccinated, or we have somebody who is not vaccinated, because some of the guys did not want to. Subsequently, all the guys, eventually, had to be vaccinated because nobody would entertain us.

Then we get into the business of self-install. So we would sanitize the product, do a lot of the back-end work to get the product to where it needs to be, and we would ship it to you. You get it and plug it in, and then we end up walking you through the process of installing it. So that was some of the major changes that we had to do.

Kyle Morgan

From talking to you, I understand that your business did relatively well during these years?

Don Woodstock

It's not something I am going to boast about because I've seen some of my clients being devastated by this. It pains my heart. But, yes, we have almost tripled our business because of COVID.

And I say that because when you get a phone call at 10, 11 o'clock at night asking for security because somebody thinks the neighbours are watching them, it speaks to a bigger issue. When they get a phone call that somebody, in an apartment block—eight, nine, ten stories up—saying they need security for their windows and the doors, it speaks to another issue. Who's climbing it, you know, Spider-Man? So it's real.

Kyle Morgan

Yeah. So what you're saying is that before the COVID pandemic era, you noticed a change between the patterns of your customers and their desires of your business during the COVID era.

Don Woodstock

Absolutely. It's night and day. Someone would call because they have a burglary, yes. And someone would call because they have a concern about their general security. But more people were at home, and they were afraid to go from one room to the next without making sure the door in that room was locked or the window was secured, or we had to put sensors.

[00:05:00]

One lady spends, pretty much, almost \$4,000 protecting her home and then turn around and have to sell it and move because there was nothing I could do to keep her mind focused, and just, "It's okay." It doesn't work.

Kyle Morgan

So what do you attribute this change in behaviour of your customers to? Do you have any thoughts about that?

Don Woodstock

Fear. Unnecessary fear being promoted by the propaganda-media frenzy. Neighbours not trusting neighbours anymore. People watching people.

Simplest move people make, they call me and ask me, you know, “Don, should I get a security system to make sure that the neighbour’s dog doesn’t come over my place to poo?”

“And how do you know the neighbour’s dog is pooing on your property?”

“Well, dogs do that, don’t they?”

“Well, have you seen any poop on your property?”

“No, but I want a security system just in case he does.”

Well, how do I secure that? It’s— Yeah.

Kyle Morgan

Okay, do you have any other observations or were there any other effects that your business experienced during these years that you want to tell us about?

Don Woodstock

I had to travel because guys who were not COVID could not do the work outside of Winnipeg. Because my business covers Manitoba and, so, we have clients— Rankin Inlet, Nunavut, all over the place. And I had to line up six feet, social-distancing. I’m vaccinated, yeah? I line up to go in the plane, six feet. I got to the door and I’m sitting shoulder to shoulder, like sardine, you know, with everybody for two hours. And if I need to drink water, I have to pull the mask down and drink and put the mask back on. And right there, tells me this whole thing was a hoax and it was a scam to, kind of, keep us confined.

But more power to the people out there. Power to the people who saw this coming and decided to fight it because, Tiananmen Square, it took one guy to stop it. Nelson Mandela stopped apartheid with his efforts. Gandhi did it. We are the Gandhis.

Kyle Morgan

Now, I understand that you experienced difficulty meeting with certain tradespeople and people you were working with.

Don Woodstock

Yes.

Kyle Morgan

Can you describe to us how you would deal with those issues?

Don Woodstock

Well, we discover, pretty soon, that the small businesses were closing, which was the engine growth of our economy. But the large businesses were open, so we decided to start meeting at Walmart and Shoppers Drug Mart and Home Depots. And it worked because I could go to Home Depot and spend the entire day—meeting my trades and walking up and down the aisle and discussing projects—and nobody said anything to us, so, why not? In fact, I did a petition in the middle of the thing that all churches should go to Walmart and conduct services. Nobody would stop them.

We have to adapt. I think that's one of the things that I, personally, have got from this whole thing is— Government is going to bullshit us as much as they can, but we, the people, have to stand up and realize what the truth is. And once we do, then we adapt and we overthrow them, eventually. We have to adapt to this and rise above it, beyond it, and don't buy into it.

And there was so much anger between people that even when I installed a person's home and keep them safe, they're still worried about their neighbour coming over. Like, your home is secure: if anybody came to the door, the alarm is going to go off, the siren goes off. And it still wasn't enough for some people. They still wanted more security. They still wanted something else, and I couldn't help some folks. Couldn't help some folks.

Kyle Morgan

Looking at what happened in our society, what do you think should have been done differently regarding the response to the COVID pandemic?

[00:10:00]

Don Woodstock

Media. Anything the government tells the media and the media swallows it, we should know, right away, it's a lie. If the media is promoting anything, you know it's supposed to be contrary. We don't have to look far from the last election: everybody thought that Glen Murray was the best thing since sliced bread. Anything people promoting where the media is concerned, and if they're pushing the agenda to say, "This is for you." Whenever governments use those terms, just remember Adolf Hitler. They all say, "This was for you," right? It's never for us, it's for them. To do what? Ultimate power.

So I think we need to find a way to look beyond and don't get to the point where we hate our neighbour, whether they're vaccinated or not vaccinated. The government did a fantastic job of letting us hate our neighbours because this one is vaccinated and this one isn't. And this one is wearing a mask and that one is not wearing a mask.

I see this whole thing as just, man, it's a big boo-boo that went down, and they managed to control it with the media. And for the people who stand up—for the people who are prepared to be the Gandhi and the Mandelas of this world—power to us all, you know.

Kyle Morgan

I think you mentioned something to me about engagement and people shouldn't have kept quiet. Do you recall talking about that?

Don Woodstock

Yes, too many people were prepared to take the income from the government and take the buyout from the government and be silenced by the government because it's an income in the pocket. I'm not a medical professional, in any way, but, you know, the medical doctors have the information, the scientists they have the information, yet still they were prepared to be silenced with it because the government were paying them to be silenced with it. And they should have sensed that something is wrong when things like those happen.

When people ask me whether or not I want to be vaccinated, I said, "no." But to satisfy you, Mr. Client, if I need to come into your home, I'm going to be vaccinated. And what do I do? I've had people call me four or five times and says, "I can't get anybody out to my house. I have two senior people in the home and we are both elderly and sick. We don't want anybody to come into the home without vaccination." The mask thing doesn't work. What do you do?

That motivated me to go, "You know what, I'm going to take this damn, stupid vaccination just to, kind of, get some action going." And my business was riding high, so what do I do? Do I drop it? Walk away from it? Or do I adapt? I chose to adapt. I don't like the fact that I have to take a vaccine to adapt. If I could do otherwise, I would.

Kyle Morgan

I think those are all the questions I had for you, sir. I'm going ask the commissioners if they had any questions. It appears there's no other questions.

Don Woodstock

Good.

Kyle Morgan

I really appreciate your testimony, sir. Thank you, very much.

Don Woodstock

You're welcome. Thanks.

[00:14:05]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

EVIDENCE

Witness 12: Dr. Gerald Bohemier

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[00:00:00]

Shawn Buckley

So I'd like to call Dr. Gerald Bohemier to the stand.

Dr. Bohemier, we'll begin by asking you to state your full name for the record, spelling your first and last name.

Dr. Gerald Bohemier

Gerald Bohemier, G-E-R-A-L-D. Bohemier is spelled B-O-H-E-M-I-E-R. In French it's Bohémier, but we'll go along with the Bohemier or Bohemier.

Shawn Buckley

Okay, well I do want to say it correctly, so I apologize if I'm not. And I'll just call you Gerald because I know you as Gerald. Do you, Gerald, promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Gerald Bohemier

I do, so help me God.

Shawn Buckley

Now, I'm going to state your age, and I do that for a reason because it makes your story more compelling. But you are 72 years old.

Dr. Gerald Bohemier

I'm 73, almost 74 in a few months.

Shawn Buckley

Okay, so much for my notetaking during interviews. So you're 73 years of age, and you are a retired chiropractor.

Dr. Gerald Bohemier

That's correct. I've been retired for about 20 years now.

Shawn Buckley

Even though you're retired as a chiropractor, though, you basically spent your entire life looking into natural health issues.

Dr. Gerald Bohemier

Yes, and I continue to do that. I coach a lot of people. I've been asked by a lot of people to help them understand how they can naturally become healthy again, and many times, try to not have to rely on any kind of pharmaceutical medications. And I've been very proud and happy to have the knowledge and to be able to assist them when I can.

Shawn Buckley

Yes, you basically devoted your entire life to trying to be a healer to people.

Dr. Gerald Bohemier

Well, that's a word that I've never used about myself because the healing comes from the inside of the body.

Shawn Buckley

But you know what I mean.

Dr. Gerald Bohemier

The best thing a doctor can cure is bacon and ham and sausages and things that are dead. The entire healing is an automatic thing you're born with. It's part of being a human being. It's part of God's creation, basically.

Shawn Buckley

When COVID hit, you were working part-time doing some quality assurance work for a natural health product company. Am I right?

Dr. Gerald Bohemier

Yes, as a senior and having had the opportunity to be their spokesman at many health expos in Winnipeg and abroad, I was offered the job when they decided to open up a new plant here in Winnipeg to become their quality assurance supervisor. And to make sure that every product that is sent out to the market follows all of the rules, all the regulations, and that the lab tests show that the product is indeed safe and safely available for the public.

Shawn Buckley

Now, I'm not from Manitoba, but since coming here for the hearings, I have learned a lot about a notorious group called the Manitoba Five. And my understanding is that you are a member of this notorious group.

Dr. Gerald Bohemier

Proudly, a Manitoba Five member, yes.

Shawn Buckley

Can you share with us the journey of how you came to be an esteemed member of this group? My understanding is it basically began in January to February of 2020 as we were learning about this new virus called COVID-19.

Dr. Gerald Bohemier

So yes, I was like everybody else. I was listening attentively to what was going on in the media and my metres of non-truths were just firing on all cylinders. And that's because my whole upbringing and the whole professional training as a chiropractor believed in the terrain theory as opposed to the germ theory.

And therefore, I was never worried about a germ or a virus. I was always worried that if I was going to protect myself or my loved ones, I would train them to understand that the terrain, which is your body's physiology and chemistry, was always up to par

[00:05:00]

so that any bacteria or any microbe that could be coming in that's different, the body is going to be surprised by, but it's not going to have a big effect.

So that was basically how I felt, very strongly about, and how I'd been trained. How I had scientifically read and read and read. If you saw my collection of books that I have, you would see that I felt very strongly about that position. The terrain theory—

Shawn Buckley

Gerald, I'm just going to focus you because I'm wanting you to talk about you going to rallies, what you were protesting there and get into what those experiences were.

Dr. Gerald Bohemier

Right. So the minute I started hearing that there was going to be some rallies organized—and these were rallies that, initially, I had heard from a few of the ladies that were putting them on—I decided that we're going to attend these rallies and we're going to see what's going on here. Because hopefully, they are going to tell the truth about what's going on.

So I attended many, many rallies everywhere from the legislative building, the City Hall, at the Forks, where we have our very infamous— What's the name of that big building there, my mind is slipping up, the Human Rights building. We had rallies at that exact site on numerous occasions. And one of the times—and I'm just going to put this as an aside there because it is on my mind—there was at the Human Rights Museum, if you were not vaccinated you were not allowed in that building. And so, the dichotomy was just so

overwhelming. Then many of the rallies that I attended to and spoke at were out of town, in Steinbach and in Winkler, and elsewhere.

Shawn Buckley

Now, did you notice a police presence at these rallies?

Dr. Gerald Bohemier

I'm sorry, I didn't hear that.

Shawn Buckley

Did you notice a police presence at these rallies?

Dr. Gerald Bohemier

They were always present. They were always, initially, very kind and just observant. And then we started to see that they're taking pictures. And eventually, following these rallies, they started coming to the door and pounding the door. We would not answer them because we did not recognize who was that.

We're seniors. We don't let anybody into our homes, and especially when they have an attitude of pounding on the doors. They were there to deliver tickets, and the tickets were \$1,296. I thought that was pretty weird until somebody pointed out that that's the multiplication of six times six times six times six. And so, I thought, okay, we got some bureaucrats involved here.

There's no doubt that they're out to punish. They're out to punish a dissenting voice that on social media was completely censored. I, and many others that had the same ideas as I did, were censored. So the only place that my voice was heard was outdoors in public, in gatherings called rallies.

Shawn Buckley

So I just want to focus. So you were trying to have a voice online.

Dr. Gerald Bohemier

Yes.

Shawn Buckley

And you were finding that you were censored.

Dr. Gerald Bohemier

That's right.

Shawn Buckley

And your voice was about the government activities. You were basically trying to have a voice about what you thought about lockdowns and masking and mandates and things like that, right?

Dr. Gerald Bohemier

Absolutely, absolutely. They were all ridiculous, in my opinion, and I had to tell the people my story. Then don't forget: there were many, many, doctors worldwide and scientists worldwide that had a voice that was never heard.

Shawn Buckley

Right. But what I want to focus you on and you started to talk about it— Because I'm wanting you to share, basically, your experience with state power. Because you were going to protests to have a voice, to basically say, "Look it, I disagree with this." My understanding is you were always completely peaceful.

Dr. Gerald Bohemier

Yeah.

Shawn Buckley

And the protests were peaceful.

Dr. Gerald Bohemier

Very much so.

Shawn Buckley

But you discovered right away that the police were filming.

Dr. Gerald Bohemier

That's correct.

Shawn Buckley

And then you told us about people coming to your door. But these weren't the police coming to your door, were they?

[00:10:00]

Dr. Gerald Bohemier

No, it was very quick to see that they were tattooed, very large people with attitude. And I'd hear them say, "Come on, Bohemier, come on out here; put your big pants on, we've got something to give you." That kind of stuff. My wife was shaking. She still has PTSD. When somebody knocks at the door, she jumps right away. And this is three years later.

Shawn Buckley

And these people would, literally, be banging on there. Like a pounding on the door.

Dr. Gerald Bohemier

We're talking fists here.

Shawn Buckley

Okay. Because I think the world needs to hear what you're saying. So the state of Manitoba basically hired some Canadian ambassadors that were big.

Dr. Gerald Bohemier

Yeah.

Shawn Buckley

That were tattooed.

Dr. Gerald Bohemier

Yeah.

Shawn Buckley

That were not police officers.

Dr. Gerald Bohemier

No.

Shawn Buckley

And they were coming to your door to give you tickets for your protest.

Dr. Gerald Bohemier

Yes.

Shawn Buckley

And they would pound on your door.

Dr. Gerald Bohemier

That's correct.

Shawn Buckley

And they would yell through the door.

Dr. Gerald Bohemier

Yeah.

Shawn Buckley

Basically, taunting things. Can you repeat what they were saying?

Dr. Gerald Bohemier

Well, like I just said, the worst of the words were, "Come on, Bohemier; put your big boy pants on and come on out here. We've got something to deliver to you." And I did go out initially, the first time, or two times. But after that, they were not going to come to the property anymore. We put up a No Trespassing sign. They were always escorted by a real police officer. We recognized that there was always a cruiser car with a couple officers in there. Just in case that I would take out a baseball bat or something like that. But I'm not that kind of person.

Shawn Buckley

Okay, so there would always be a police car and then another vehicle?

Dr. Gerald Bohemier

Yeah, one or two other vehicles, up to three vehicles that I can remember at one time. Yes.

Shawn Buckley

Okay, and then you basically said that Rose would freak out. So can you explain for us who Rose is and give us more of an understanding there, what you're describing?

Dr. Gerald Bohemier

Rose and I have been together for 23 years. So she is my partner, and she's amazing in this. She has the same drive for natural health and natural health products. And so, we get along just incredibly that way. And she's diminutive; she's not very big and strong. And when these poundings happened, it was very threatening. It was very threatening, especially to her. I wasn't really bothered by that because I knew the door was secure enough that they couldn't pound their way in. And that there were police officers out there and that would never get to that stage.

But, nevertheless, it still left us with this impression that—my goodness, what is going on in this world? This cannot be happening in Canada. This is like thugs at the door here to give me a ticket? Why don't you just mail it to me? That kind of stuff.

Shawn Buckley

How many times would this have happened, where basically these big, tattooed people are showing up and pounding on your door to give you tickets?

Dr. Gerald Bohemier

Well, of the nine tickets that I received, I believe at least seven were delivered to the door. A couple more, the other two, would have been delivered, let's say at the Church of God, at

that one incident that was heard where the police were blockading people entry to that church.

I had shown up in support of that church and eventually stepped out of my car and walked over and stood between the tow truck and the van that they wanted—that the police had ordered towed out of the way on the highway. This van contained children and a family. And I started to yell, “Criminal Code 176, you are causing—” Yeah, what’s the word I used? They were doing a crime. How do you say that?

Shawn Buckley
Committing?

Dr. Gerald Bohemier

You were committing a crime. “You’re committing a crime against *The Criminal Code of Canada*, section 176, where you cannot interfere with a church or a pastor when he’s in the process of wanting to give a sermon or his congregation a service.”

And when I started saying that, some young guy pulled out his cell phone, and sure enough, he was flashing it around, “Yes, Criminal Code 176 does say that.” All of a sudden, the police officers seemed to calm down. And the superior, the superintendent, not the superintendent, but the sergeant

[00:15:00]

from that detachment of the RCMP started to look at his officers. And then he seemed to melt away and tell the tow truck to back off. And we were very happy. At that time, the preacher approached the car that was on the highway, being blocked, and we had a prayer service right there on the car. And the family in the car. And we knew we had had a victory right there.

Shawn Buckley
So getting back to these tickets.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
So you said there were roughly seven, at least seven times they came to your door.

Dr. Gerald Bohemier
Yeah.

Shawn Buckley
How would that be timed in relation to rallies that you attended?

Dr. Gerald Bohemier

Well, many of them were several days after a rally. Sometimes, I would get a ticket at a rally, like in that case of the Church of God. I was parked on the highway. When they recognized my car—that's easy, the plate number—they had surrounded my car. And they put a ticket in my—I wouldn't open my window to talk to them or anything. So they put the ticket in my windshield wiper. And I flushed it off. So that was a ticket for a previous occasion.

Shortly after that, they were banging on my door to give me one for having attended at that particular outdoor event that was against the rules of the government.

Shawn Buckley

How many thousands of dollars in total have you been ticketed, do you think?

Dr. Gerald Bohemier

The face value is 9 times \$1,296. I believe that's got to be close to \$12,000 plus, somewhere in that vicinity.

Shawn Buckley

Now as I understand it, you've also had the experience of being arrested.

Dr. Gerald Bohemier

Oh, my goodness, yes.

Shawn Buckley

And can you share with us what happened?

Gerald Bohemier

Yes. Unbeknownst to a warrant that had been, as I understand, encouraged by our premier of Manitoba at the time— "That we've got to do something. These clowns are not going to stop just with fines." We seemed to be just thumbing our nose at the fines. And we were, absolutely: got another one, no problem.

I was in the backyard doing gardening with Rose. And at the same time, I had lent my sound equipment—because I'm a musician, I have a very powerful sound equipment—to another group of people in Winkler that wanted to do a rally that day. I was not able to attend, but they had access to my sound equipment. And that gentleman's father was returning the equipment to me at the same time as the police officers arrived. They came into the backyard and said that I was under arrest. And I said, "For what?" "There is a warrant out for your arrest, and we're taking you in." Oh my goodness, and all hell broke loose.

Interestingly enough, the father that was returning the equipment had a phone, and he started filming the whole thing. So the whole thing is videotaped and available on Rebel News. It became quite the public embarrassment to me in public to get arrested. But, nevertheless, I took it with my big boy pants on. And off I went with some resistance, and eventually, they started hurting my shoulders too much. I begged them to not do that because at my age, I don't want to be injured. So they did handcuff me in front, and then I

went into the car. They escorted me downtown, into the elevator upstairs, and into the jail area where they began to process me.

They had told Rose, before leaving— Because she was so worried, “When are you going to come back?” “Oh, it’s a two-hour process. He’s going to be processed and released on a promise to appear. He’ll be back in a couple hours.” This was seven o’clock at night. And so by—

Shawn Buckley

Now did the officer tell you that he could have just given you the promise to appear at your home?

Dr. Gerald Bohemier

No, he never did that, never offered me that as an option, no. And it gets worse. I get processed. I’m still in the processed room. I was interrogated, blah, blah, blah. Three hours later, those officers that brought me in are still there, and I turned to one of them. He was a corporal, interestingly enough. I had learned subsequent to that, that two groups of officers refused to come to my house to arrest me. Why?

[00:20:00]

Because one of the officer’s father, who was significantly injured in a motorcycle accident and had suffered tremendously, was helped by my chiropractic adjustments. His son refused with his team of officers to come and arrest me, who had helped his father so much.

The second set of officers that were told to come and pick me up said, “There’s a conflict of interest. My mother’s his first cousin.” And so, that led only the corporal, so that’s probably one of the superior officers in the thing, to team up with somebody else to come and to arrest me.

So I’m talking to the corporal now, after three hours of being in this jailhouse, still sitting in the interrogation rooms. And I say, “You told my wife it’s going to be two hours, and I’ll be processed and released on a promise to appear.” And he turned all red. He says, “Yeah, that was our intention. But when we got here, we were informed that there was a memo sent out by the Department of Justice to hold us here until we appeared in front of a magistrate and not before. So therefore, you’re going to probably spend the night here, unfortunately.”

I found out recently that there were magistrates available up until 11 o’clock at night in a typical jailhouse like that. And I don’t know if that’s right. But if so, I was lied to that I would get out after a promise to appear. And I was told that the only way we’re getting out is in front of a magistrate, to make a contract with him or her. And that there was none available, and we are going to have to spend the night in jail. So there I was—

Shawn Buckley

So I’m just curious because I’m familiar with the criminal laws. The arresting officer can release you on bail conditions. You were not released by the arresting officer on bail conditions.

Dr. Gerald Bohemier

I was not given that option. No.

Shawn Buckley

Okay, and the officer in charge, which is probably the corporal, can also release you on bail conditions and that didn't happen.

Dr. Gerald Bohemier

That never happened.

Shawn Buckley

You were held, my understanding is, for 16 hours.

Dr. Gerald Bohemier

That's correct, by the time we were finally walking out the door.

Shawn Buckley

So you weren't in the interrogation room that whole time. You were put in a cell, am I correct about that?

Dr. Gerald Bohemier

Yeah, right about the time that he was telling me that you're going to spend the night here, that's when they escorted me to a jail cell. Because they had finished talking to me, asking me all the questions that they would ask, and I was assigned the jail cell.

And the problem is that when I entered there, I was told that there's only one layer of clothes that you can have on. And so by the time I would strip down to one layer of clothes, I would be in my underwear and a t-shirt. And I says, "At my age, I'm going to freeze to death here." And then one young officer said, "Well, put your sweater on and your sweatpants on, and that'll be your one layer of clothes. And then plus that, I'll get a little blanket or something like that when you're in there." And I thanked him for that because how incredibly smart was this young officer to give me that option.

So I stripped down and put on the warmer pants and the sweater. And therefore, I was definitely more comfortable for the rest of the evening. Because I got put into a concrete room, the lights on, with no soundproofing, so it's very noisy. Everything's concrete. I'm given this little flimsy, what they called a wool blanket. It's definitely not the kind of wool blanket that I've ever seen. I'm sitting on this concrete thing, embarrassed to death, not knowing what's going to happen next. I'm 70 years old. I've got an enlarged prostate. I've got to pee every hour. So I knock at the door. And all the way till midnight, the staff would open the door, allow me out, and put me back in, no problem, no questions asked.

Shawn Buckley

You mean allow you out to go to the bathroom?

Dr. Gerald Bohemier

After midnight there is— I'm sorry. I didn't hear you.

Shawn Buckley

I just want to clarify. They would allow you out of the cell so that you could go to the bathroom?

Dr. Gerald Bohemier

That's correct.

Shawn Buckley

Okay.

[00:25:00]

Dr. Gerald Bohemier

At midnight, there was a crew change. There was no way I was sleeping. There was noise, the doors slamming all the time. Everything's steel and concrete, and they're processing people all night long, and bing, bing, bang. I was not aware at the time that there was some of my friends that had been arrested that day either. But anyways, we met the next day.

Somewhere after midnight, it's time to pee again. I get up and knock at the door, and a lady shows up. "Yeah, what do you want?" "I've got to go to the bathroom." "Okay, put on your mask." "No, I don't have a mask, and I don't wear a mask, and I was allowed and processed in this facility with a mask exemption." "Well, we don't care about mask exemptions."

Well, hearing that discussion, the sergeant comes from the desk. He puts his face about 12 inches from mine, and he's turning red, and he's F-bombing me that, "You're going to wear this effing mask because I'm here to protect my staff. And I don't care about your effing medical, whatever it's called, to not wear a mask." And I says, "Well, I'm not going to wear a mask." I was looking at him. He turned so red, I thought he was going to explode. That's how livid he was. He wasn't wearing a mask. Anyways, I just stared him down, and I finally said, "I am not going to wear a mask." And he slammed the door, slid the window off. Basically, tough luck, buddy.

So I turned around very depressed about that and very innervated by the force of his voice and the closeness and the redness in his face. And his eyes were just bleeding. I thought he was going to blow a fuse. And I turned around, and oh my goodness, there's a floor drain in the corner. And so I relieved myself in a floor drain in a corner. How embarrassing is that? But it was a solution, and for the rest of the night, I didn't have to bang on the door and have that kind of treatment by this staff that had replaced the earlier staff, which was very kind, all the way through.

In fact, so kind that one time— Around 11 o'clock, they were ready to go. He knocked at the door, one of the jailers, a very young, obviously a very junior member. He said, "I've got good news for you." "Oh, what?" He says, "I've got news from your son." I said, "My son, he lives in Michigan."

"Yeah, but he went to school with one of the officers that refused to arrest you. And I'm not going to mention the name." But he said, "Your son sends off a message, 'Dad, I'm proud of you. You're my hero.'" And so, it was a moment of joy that this young officer, the jailer, had brought me. It was like a gift. It made me very emotional, and I still am.

And so after midnight, it's just regular freezing to death in there. There's no way to stay warm. The little blanket was used as a pillow because it's all concrete. A big concrete pad, probably the size of this table. And you have to stretch out in there and try to be comfortable. There was no way to sleep. I didn't get any sleep. And the next morning, they finally came around 11 or 12, saying, "You can call a lawyer. Which lawyer do you want to see?" I said, "Rocco Galati." "Okay, we'll get in touch with Rocco Galati, and we'll see if you can have an interview with him." And so they did call, and he was not available. So they came back and said, "No."

Shawn Buckley

Gerry, I'm just going to speed you up a bit because some of that we don't need, but—

Dr. Gerald Bohemier

Okay.

Shawn Buckley

But you were eventually released after 16 hours and put on conditions.

Dr. Gerald Bohemier

Got to see a magistrate, read the riot act, signed the—"Under duress." If you look at my signature on that release order, it's written, "under duress." They did not pick up on that, I guess, because I scribbled it. But you can probably see it. And I was let go.

I asked them, I says, "Can you call my wife and have her pick me up?" "No, we don't do that here,

[00:30:00]

but if you go downstairs, you'll go to the end of the block, and there's police services in there, and you can go in there and have them do that."

Well, I did that, and they wouldn't do it. So here I am, in the middle of, I don't remember the name of the street there, York or whatever. So I turn around, I say, "Okay, well, I'm just going to walk to St. Boniface. There's a couple restaurants that I could use their phones there," because I had no phone, no nothing.

Shawn Buckley

Gerry, I'm just going to focus you because we don't need that much detail. I was just trying to get that you were, basically, prohibited from having contact with people and the effect that was going to have on you under that court order.

Dr. Gerald Bohemier

But there's one interesting part about my walk back home, I have to say it. Because on the opposite side of the street, there was a release of another one of the top five, Miss Vickner. And all of a sudden, we get to Main St. You can imagine, she's walking on one side, I'm walking on the other side. And we say, "Oh, my goodness." And we went and we crossed and we looked and we were so timid. And we hugged. And then, we went each our own way, not to be all of a sudden discovered. Because we were told not to be within 200 metres of each other or any of the five.

But anyways, I got a hug in before I entered St. Boniface. Okay, go ahead.

Shawn Buckley

So how did it make you feel? Because once you were under the court order, it did basically stop your activities.

Dr. Gerald Bohemier

My voice was extinguished for over a year.

Shawn Buckley

Right. So for over a year, you couldn't participate in rallies.

Dr. Gerald Bohemier

None. Under the pressure that I would go to jail until the trial date, which was never revealed to us until many months later. It was almost a year, anyways.

Shawn Buckley

Right. So basically, the force of the state succeeded in silencing your voice.

Dr. Gerald Bohemier

I was depressed. I was sad. I was not permitted to do something that I enjoyed so much, talking to people about alternative health and how to stay well in spite of a so-called "virus" that's going to cause so much havoc. I didn't believe in that theory anyways.

Shawn Buckley

Thank you. I've got no further questions except that I want you to share how you learned about losing your job.

Dr. Gerald Bohemier

The night after the first rally we went to, there was a couple of young individuals that picked the pictures out of the [Winnipeg] Free Press, and on their Facebook, I guess, said, "Hey, we got to find out who these people are. We got to find out who they work for. And we got to get these people fired." And it got to the company that I was working at.

And oh, my God. So they, in a knee-jerk reaction, immediately published a letter to the Free Press and to the government saying that we have no affiliation with Dr. Bohemier. None. So

that night after the rally, when this was all happening— Because the Free Press had published the papers already, published the pictures already. I found out while at home celebrating that we had such a great rally that— You're being fired. You don't have a job anymore. They're saying that they've cut costs. I says, "What?"

No, I know these guys; I've known them for 35 years. They would never fire me without at least calling me and telling me, "Hey, we got a problem. We got a PR problem. We're going to have to let you go. We got to disassociate our company from your activities." That never happened; it still hasn't happened today.

Shawn Buckley

Right. So basically, you were fired because of people's actions and social shaming.

Dr. Gerald Bohemier

And it wasn't a big job. But for a 72-year-old, one day a week, I was in there doing paperwork, making sure that all processes got done properly so that we could certify that the product could be released to the public. So that's what the quality assurance person was entitled to do. The quality assurance person had to have a degree, and I did have a degree. So I fit all the criteria, and, man, it paid really well. A couple hours every Wednesday I'd drive in 75 kilometres from our farm and did all that paperwork for them, and said goodbye, and they gave me a big fat check every month.

Shawn Buckley

Right. Thank you. I have no further questions. The commissioners might have some questions for you.

Dr. Gerald Bohemier

Yes, sir.

Commissioner Drysdale

Good afternoon, Dr. Bohemier.

Dr. Gerald Bohemier

Good afternoon.

Commissioner Drysdale

When at the time that your employer fired you had you been convicted of a crime?

Dr. Gerald Bohemier

No, not at all. Never been convicted of any crime.

[00:35:00]

Commissioner Drysdale

I think somewhere in your presentation you mentioned that you felt you were under pressure. Did you feel like you were under pressure when you made the decision to go to these rallies? Were you apprehensive about doing that?

Dr. Gerald Bohemier

No, on the contrary, going to these rallies was like, oh, my goodness, my voice can be heard here. I really believed that the things that I had to say would help people, would help people lose the fear. I saw the fear campaign, and I needed to go to these rallies. I felt I needed to be there.

Commissioner Drysdale

But did you not understand that there was some potential for retribution or fining in any of these activities that you undertook?

Dr. Gerald Bohemier

Not at the time, not at the first ones. But once the tickets started being delivered, yes. I knew that it was game up. Because I had nine tickets. But we did probably 15, maybe 20 rallies.

Commissioner Drysdale

So there was at some point in time when you did understand that there may be consequences?

Dr. Gerald Bohemier

Yes, at that point, I thumbed my nose up at the consequences. I was going to speak, and people needed to hear that they don't have to be afraid of a virus.

Commissioner Drysdale

The reason I ask you that question is because previous witnesses today said that other people have felt pressure in their positions and that perhaps explained why they didn't serve the Manitobans. I'm particularly talking about the judge who testified today that other judges must have felt pressure. And my point is, you must have felt pressure, too, but you did what you thought was right.

Dr. Gerald Bohemier

I did so. And when I received the notice that I was no longer employed, I was expecting a phone call to tell me what had happened. They never did that. But I retired at that point. I made up my mind, I don't need that job. And therefore, although it was great people to work with and the products that they produced were great, I just quit. And so, basically, that was a relief off of my shoulders. I don't have to worry about Wednesday mornings anymore, going to spend a day at the factory. So no, I just— Get me out at a rally and give me a horn. I felt I was doing something. That was important to me.

Commissioner Drysdale

Thank you, doctor.

Dr. Gerald Bohemier

You're welcome.

Shawn Buckley

Thank you, Dr. Bohemier. On behalf of the National Citizens Inquiry— Oh, I'm sorry, there is another question. I apologize, Commissioner.

Dr. Gerald Bohemier

Oh, sorry.

Commissioner Kaikkonen

I'm just wondering: If you had another opportunity to speak to those ambassadors who came pounding your door, what would be the words that you would tell them?

Dr. Gerald Bohemier

Knowing that they were hired thugs, I would have not spoken to them. I would not have given them five minutes of my time. I would have gone to the police officers. I says, "Get these people off my property." And they would have had to. Because unless they had a court order to be on a property, they would not have been able to be there.

Commissioner Kaikkonen

Thank you.

Dr. Gerald Bohemier

You're welcome.

Shawn Buckley

Sorry to be premature commissioners.

So, Gerald, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story today. It was very important to hear your experience.

Dr. Gerald Bohemier

Thank you for the opportunity.

[00:38:52]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 13: Carley Walterson-Dupuis

Full Day 2 Timestamp: 09:59:16–10:08:39

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Shawn Buckley

Okay, thank you. So we'll proceed. Our next witness is going to be Carley Walterson-Dupuis.

Wayne Lenhardt

Could you give us your full name, and then spell it for me, and then you'll have to give us your oath.

Carley Walterson-Dupuis

My name is Carley Walterson-Dupuis C-A-R-L-E-Y W-A-L-T-E-R-S-O-N hyphen D-U-P-U-I-S.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Carley Walterson-Dupuis

I do.

Wayne Lenhardt

I'll try to help condense this almost two-year saga of yours that you've gone through after your shot. When did you get the Moderna shot?

Carley Walterson-Dupuis

On June 28th of 2021.

Wayne Lenhardt
And why did you get it?

Carley Walterson-Dupuis
I got it because I wasn't going to be allowed into sports facilities for my kids.

Wayne Lenhardt
And right after you got the shot you started having symptoms.

Carley Walterson-Dupuis
Yeah.

Wayne Lenhardt
Is that correct? Can you tell us about that?

Carley Walterson-Dupuis
Yeah. The day of, I felt fine. It was the next day that I started experiencing some stomach problems that lasted about three weeks. From there, I had vertigo for a week, which was new to me. I've never experienced dizziness like that before. Following the vertigo was the really scary part. I experienced heart problems: heart palpitations, loss of breath. I couldn't exercise.

Wayne Lenhardt
And that developed over the course of the first four to five weeks after your shot. Correct?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
One of your family members, I believe, took you into urgent care at about the five-week mark. Correct?

Carley Walterson-Dupuis
Correct.

Wayne Lenhardt
And what happened? Why did you go to urgent care and what happened?

Carley Walterson-Dupuis
I was sitting at my desk at home; I was working from home at the time. And I could feel my heart beating out of my chest. It was very, very uncomfortable. I was losing my breath and

felt very scared. So I was talking to my mom, who is a nurse, and she took me into urgent care that day.

Wayne Lenhardt

And what did they do at urgent care?

Carley Walterson-Dupuis

They did an EKG. I got into a room and they had me lay down in a bed. I was hooked up to heart monitors, but everything came back normal. There were no abnormalities that were found on the EKG. The doctors that I spoke to would not consider it being from the vaccine, at all.

Wayne Lenhardt

And they sent your home. Correct?

Carley Walterson-Dupuis

They sent me home because everything looked normal.

Wayne Lenhardt

Okay. So you went back to your family doctor at that point. Correct?

Carley Walterson-Dupuis

I did, yes.

Wayne Lenhardt

What did he say?

Carley Walterson-Dupuis

My family doctor also didn't want to consider this being from the vaccine. But she's known me my entire life. She actually delivered me into the world, so she knows my entire health history, and I've never had a problem before. So she got me in to see a specialist. She recommended me to a cardiologist in the city.

Wayne Lenhardt

And that took you a certain amount of time to make that appointment, and your symptoms continued during that time. Did they?

Carley Walterson-Dupuis

Correct.

Wayne Lenhardt

What were the symptoms?

Carley Walterson-Dupuis

Heart palpitations, loss of breath, and by this point, I was also experiencing chest pain, on and off.

Wayne Lenhardt

You had to rest during the day.

Carley Walterson-Dupuis

I had to rest during the day. Yeah. My workdays, I work at a desk at home all day. But I had to actually go and lay down multiple times in the day to get my heart rate back to normal.

Wayne Lenhardt

Okay. So finally, you got to go in to see that cardiologist. What happened there?

Carley Walterson-Dupuis

He was aggressive, very dismissive, and rude.

Wayne Lenhardt

They did a second EKG?

Carley Walterson-Dupuis

He did a second EKG. Everything looked normal still. But he was aggressive and continued to push me to go and get another shot.

[00:05:00]

Which I refused.

Wayne Lenhardt

Okay. So then you went back to your family doctor, correct?

Carley Walterson-Dupuis

Yes.

Wayne Lenhardt

We're at about the ten-week mark from the time you got your shot. And you're still having problems, correct?

Carley Walterson-Dupuis

Correct.

Wayne Lenhardt

So your family doctor then did what?

Carley Walterson-Dupuis

She recommended me to an allergist just to make sure that this wasn't an allergy-related symptom, which I figured it wasn't. So I spoke to an allergist on the phone. I never saw him in person. He ruled out any of my symptoms being allergy related. He said he had a friend that's a cardiologist in the city, and he recommended me to see him.

Wayne Lenhardt

Okay. So you actually went to a second cardiologist at that point, didn't you?

Carley Walterson-Dupuis

Correct.

Wayne Lenhardt

And what happened then?

Carley Walterson-Dupuis

He was very kind. He made me feel validated. He verbalized to me that this is definitely from the vaccine. He also said that there are numerous other people going through this. It was nice to feel not alone.

Wayne Lenhardt

Is he the one that told you might have an [autonomic] nervous system disorder?

Carley Walterson-Dupuis

Correct. He is the one that diagnosed me with that.

Wayne Lenhardt

Did he prescribe anything for you?

Carley Walterson-Dupuis

I was prescribed beta blockers at that time.

Wayne Lenhardt

We're now at about the thirteen-week point after your shot. You went back to your family doctor at that point, and I'm trying to decipher my notes here. Was there another cardiologist that you went to at this point?

Carley Walterson-Dupuis

That was the only cardiologist. But at that appointment with my doctor, she brought up my medical files, and he wrote— The cardiologist wrote in my medical files that it was from COVID.

Wayne Lenhardt

Okay. So you started to feel somewhat better at this point, is that correct?

Carley Walterson-Dupuis

Yes, things were on and off. It wasn't as persistent as it was in the beginning where it was every day. I would experience on and off symptoms, so I'd have some good days, some bad.

Wayne Lenhardt

Around March of 2022, you started to go to a homeopathic doctor.

Carley Walterson-Dupuis

That's correct.

Wayne Lenhardt

And he prescribed vitamins and a food regimen and that type of thing, correct?

Carley Walterson-Dupuis

Yeah, I looked into alternative methods of healing as the healthcare system was failing me at that point, and I wasn't willing to live the way I was living.

Wayne Lenhardt

And you still have some symptoms today, although things have improved to some extent.

Carley Walterson-Dupuis

Yes. A lot of symptoms have improved. I would say my heart is back to normal at this time; although, we don't know what long-term effects could be. My only ongoing symptom is everyday dizziness. If I turn my head a certain way, I'm dizzy. So it's just something I've had to live with now.

Wayne Lenhardt

How was your health prior to getting the Moderna shot?

Carley Walterson-Dupuis

A hundred per cent.

Wayne Lenhardt

Did you have any ailments of any kind?

Carley Walterson-Dupuis

Never.

Wayne Lenhardt

Okay. At the present time, again, you still have dizziness during the day. Correct?

Carley Walterson-Dupuis

Yes.

Wayne Lenhardt

Is there anything else that I may have missed in your health saga here for those,

Carley Walterson-Dupuis

That sums up it.

Wayne Lenhardt

a year and 10 months, I think it is.

Carley Walterson-Dupuis

Yeah.

Wayne Lenhardt

Okay. I think I'm going to turn you over to the commissioners. Are there any questions that you have for this witness?

Carley Walterson-Dupuis

Thank you.

Wayne Lenhardt

Okay. Thank you very much for your testimony. Appreciate you coming.

[00:09:23]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 2

April 14, 2023

EVIDENCE

Witness 14: Shelley Overwater

Full Day 2 Timestamp: 10:09:024–10:50:39

Source URL: <https://rumble.com/v2i6gmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Alexander MacKenzie

Again, for the record, my name is Alexander MacKenzie. Shelley, would you give your full name to the Commission and spell it, please?

Shelley Overwater

Hi, I'm Shelley L. Overwater. It's S-H-E-L-L-E-Y. And then Overwater, just like it sounds.

Alexander MacKenzie

And, Shelley, do you swear that the evidence you will give to this Commission will be the truth, the whole truth, and nothing but the truth?

Shelley Overwater

Yes, I do.

Alexander MacKenzie

Thank you. Shelley, you reside in Morden, Manitoba. Is that correct?

Shelley Overwater

Yes, I do.

Alexander MacKenzie

And that is quite close to where your parents live.

Shelley Overwater

Yes. They lived about a block and a half from me, originally. Now my mom lives just down the street.

Alexander MacKenzie

Right. Your father is now deceased.

Shelley Overwater

Yes, he is.

Alexander MacKenzie

And you, you are a practising lawyer, yourself.

Shelley Overwater

Yes, I am.

Alexander MacKenzie

Getting your call in 2011.

Shelley Overwater

Yes, I did.

Alexander MacKenzie

And you practise now in Winkler

Shelley Overwater

Yes, I do.

Alexander MacKenzie

with one associate lawyer you met while practising at a firm that had a branch office in Morden and Winkler, but they are now closed.

Shelley Overwater

Well, the Winkler office is closed. They still have the other branches.

Alexander MacKenzie

Right. Thank you. And you yourself received vaccine in July of 2021?

Shelley Overwater

I think that was the second one, I believe. Me, my husband, my daughter, and my mom all got two each because we thought we were going to get to go to the U.S. for July long

weekend. And they weren't mandatory at that point. We didn't even think; we trusted that vaccines were safe, so we went and got them.

Alexander MacKenzie

And you had some special concerns about your daughter, Katie, is that right?

Shelley Overwater

Well, we found out after the second shot, which was, by the way, Moderna— Katie has epilepsy. My daughter has had epilepsy her whole life, pretty much. Anyways, that night she broke out in such a terrible fever, high fever, that of course she seized through. When I talked to the pharmacist who hadn't mentioned anything about it causing fever, I said, "You should let people with seizure disorders or epilepsy know that these shots could do this." So she said, "Oh, yes. I'll make sure of that." And then she phoned Manitoba Health. Then they phoned my daughter and said that she couldn't have a licence because of the seizures, right? So she basically did nothing except cause Katie some grief.

Alexander MacKenzie

So because she got the shot, she lost her learner's [licence].

Shelley Overwater

Well, she had a learner's at that point. But yeah, she only had it— Because of the epilepsy, she wasn't allowed to drive till she was older anyways. But that probably ensured she won't be driving.

Alexander MacKenzie

Okay. Now, you've been involved yourself in a number of the anti-mandate citizen initiatives that the Commission has heard about. Is that correct?

Shelley Overwater

Yes. That's correct.

Alexander MacKenzie

You were involved in the slow-rolls on Highway 75, and you joined the convoy from Portage to Steinbach, that is the Truckers' Convoy.

Shelley Overwater

Yes. I did.

Alexander MacKenzie

And you have done some pro bono legal work at the Emerson blockade.

Shelley Overwater

Yes. I spoke for them initially to the— The RCMP had special negotiators come out.

Alexander MacKenzie

And you spoke to them on behalf of the Emerson people.

Shelley Overwater

Yes, yes. I did

Alexander MacKenzie

And we may get time for you to discuss any questions the commissioners may have on those things. But we'll move along from them.

Shelley Overwater

No problem.

Alexander MacKenzie

Now, in addition, you represent a number of accused for charges for fines relating to COVID mandate breaches.

Shelley Overwater

Yes, I sure do.

Alexander MacKenzie

Those are both federal and provincial acts.

Shelley Overwater

Yes, they are.

Alexander MacKenzie

You're also representing parties in a number of litigations: some in the Manitoba Provincial Judges Court; one in the Manitoba King's Bench Court; and another one in the Ontario Supreme Court. Is that correct?

Shelley Overwater

Two in Ontario, now.

Alexander MacKenzie

Two in Ontario.

Shelley Overwater

Yes.

Alexander MacKenzie
Things change.

Shelley Overwater
Yeah.

Alexander MacKenzie
Now, COVID mandates have also affected you personally.

[00:05:00]

Is that correct?

Shelley Overwater
Yes.

Alexander MacKenzie
And you want to inform the Commission about several matters. In fact, one relating to your father.

Shelley Overwater
Yes.

Alexander MacKenzie
One relating to your own medical care.

Shelley Overwater
Yes.

Alexander MacKenzie
And one relating to your employment.

Shelley Overwater
Yes.

Alexander MacKenzie
Well, starting with your dad. Your dad's name was Patrick Rice. Is that correct?

Shelley Overwater
That's correct, Patrick Rice, yes.

Alexander MacKenzie

At the beginning of COVID, he was 89 years old, was he?

Shelley Overwater

Well, he was 89 and a half when he died.

Alexander MacKenzie

Okay. And when did he die, Shelley?

Shelley Overwater

He died December 19th, 2020.

Alexander MacKenzie

Can you tell us what his physical condition was?

Shelley Overwater

He was in excellent health. He didn't even need glasses or hearing aids. He had all his teeth. He still drove; he had his downhill ski pass ready to go to La Rivière, to Holiday Mountain, because he still skied. He also was the oldest skydiver in Canada.

Alexander MacKenzie

And that was all at the tender age of 89 years.

Shelley Overwater

Yes.

Alexander MacKenzie

In relation to his health, it was known, was it not, that he had an aneurysm?

Shelley Overwater

Yes, he did. It had been diagnosed probably around 2015 or so, and they had offered him some kind of surgical procedure. But at his age he decided not to bother. But they told him if it ever went, it would be quick. He wouldn't probably have time to get to a hospital, possibly.

Alexander MacKenzie

I see. And then in 2020, your father had a rapid test for COVID, and he had tested positive at a Winkler drive-through COVID testing station. Is that correct?

Shelley Overwater

Yeah, him and my mom went. They were recommended by the family doctor to go check. This would have been about the first of December, maybe. He tested positive; she tested negative.

Alexander MacKenzie

And that was about the beginning of December.

Shelley Overwater

Yes.

Alexander MacKenzie

And so, in obeying the rules, I take it your father quarantined himself.

Shelley Overwater

Yes, they were told to just go home.

Alexander MacKenzie

Did he have any symptoms?

Shelley Overwater

Not that I recall. He seemed fine. He seemed like Pat always seemed.

Alexander MacKenzie

And no coughs, no fevers.

Shelley Overwater

Not that I recall. I mean, he seemed fine. And when he died, it was three weeks after he'd had this test.

Alexander MacKenzie

Okay. So he had the test; he was asymptomatic in terms of anything to do with COVID.

Shelley Overwater

Yes, so was my mom.

Alexander MacKenzie

He had had an aneurysm in the past; it had been diagnosed. And then on December the 19th, can you tell us what happened on that day?

Shelley Overwater

I believe it was about five in the morning. My mom phoned and she said, "Pat fell and he's mumbling." I said, "Mom, call the ambulance." Because she said he was mumbling, but he wasn't speaking. So she called 911. We got ready to rush over there, me, my husband, and my daughter. I could hear the ambulance because I lived so close; I could hear they were lost. So I phoned 911 and said, "You have to go to—" blah, blah, blah.

When we got there, the ambulance was sitting there with the lights off, and there were two Morden police officers standing in the doorway. I jumped out of the car, and they said, "Your dad's gone." I thought they meant they'd taken him away already, but they meant he was deceased. This would have been, well, I guess 20 minutes, half hour after my mom initially called me.

Alexander MacKenzie

So that was about 5:30 in the morning.

Shelley Overwater

I would say, yeah, I believe so.

Alexander MacKenzie

On December 19th.

Shelley Overwater

Yes.

Alexander MacKenzie

And did you then go into the home?

Shelley Overwater

Oh, immediately. My mom was a mess, obviously. She was there with the two paramedics, I believe, and then the two officers were in there. They were asking her questions in her den. I went downstairs. At that point, we went downstairs, and he was still laying there on his back, and there was a little trail of blood to the bathroom door. So it was obvious, he'd gone to the washroom, come out, and something happened. He fell, must have bashed his arm on his way down. Mom heard the crash,

[00:10:00]

came running, and this is when she said he was like, "urrrrrurr." And then he just died; his breath stopped. So he was dead before the ambulance even got anywhere near there; he was gone. So I wiped up the blood because I didn't want my mom to see it. I got a quilt to cover him because he was still just laying.

Anyways, when I come back upstairs, she was on the phone, at some point there, later. And it was the provincial medical examiner she was on the phone with, a woman, telling my mom that it was clearly a COVID-19 death. At this point, no one had seen him: He had not gone to a doctor. He had not had any outside people look at him. The police weren't taking

pictures. Like nobody had seen him, and he died in a few minutes. Oh, and then she told my mom that she must go that very day and get tested for COVID-19. So later that day, we had to—

Alexander MacKenzie

Before you get on to that, if you don't mind.

Shelley Overwater

Oh, not at all, sorry.

Alexander MacKenzie

Thank you. The medical examiner was suggesting to your mother that your father had died of COVID.

Shelley Overwater

Yes. No, she insisted. And she said they wouldn't be doing autopsies because they were afraid of getting COVID.

Alexander MacKenzie

So without any more information than that your father had died, they were absolutely not going to do an autopsy.

Shelley Overwater

No. No, absolutely not.

Alexander MacKenzie

And they were going to say

Shelley Overwater

Died of COVID-19.

Alexander MacKenzie

[from] everything you could tell, that it was a COVID death.

Shelley Overwater

Yes.

Alexander MacKenzie

Despite your father not having had any COVID symptoms.

Shelley Overwater

Not that I was aware of. And he died, like in 20 minutes. You don't die of a lung ailment in 20 minutes.

Alexander MacKenzie

And he had been diagnosed some time before with an aneurysm.

Shelley Overwater

Yes, yes. So I assumed it was that or a heart attack.

Alexander MacKenzie

Are you aware of how your father's death may have been reported in any local newspaper?

Shelley Overwater

Well, it was on the *Pembina Valley Online* because they were reporting the deaths by different regions. They would report Morden deaths, Winkler, and, of course, they showed December 19th, one male, 89, died of COVID-19.

Alexander MacKenzie

So he was reported in the newspaper as being dead from COVID-19.

Shelley Overwater

Well, *Pembina Valley Online* is like an online news service. But yes, that's where I saw it.

So I just thought, well, whatever, right? I phoned the funeral home because he went Saturday morning, the day he died; he went right to the funeral home. And I asked the owner if they had taken pictures. He said, "Absolutely not." They cremated him Monday. So he was in the funeral home, and he was cremated Monday. And the provincial medical examiner's office phoned my mom again during the week and kept telling her it was COVID-19. And at that point, my mom just gave up on arguing because what was she going to do about it exactly, right?

Alexander MacKenzie

Now, in your work as a lawyer on some of these things that we've mentioned, you've had occasion to see an affidavit that was filed. Is that correct?

Shelley Overwater

Yes. We were working on an appeal for some unnamed clients, and some of the evidence in the transcripts was from the church's case, you've heard about. One of them was an affidavit from this Dr. Loeppky.

Alexander MacKenzie

Well, a person by the name of Carla Loeppky.

Shelley Overwater

Yes, yes, I believe she was some kind of doctor.

Alexander MacKenzie

For the record, that is a document that was filed in a provincial court in Winnipeg in pocket number 558-30323, and there are ten provincial court pockets associated with that affidavit.

Shelley Overwater

Yes, sir.

Alexander MacKenzie

What did you see in that affidavit as you were doing your work as a lawyer?

Shelley Overwater

Well, there was 40 pages of CV. But then there was all these COVID-19 deaths in Manitoba, and they were listed individually. So just because I went through them and, of course, I get to December 19th, 2020: Morden, Manitoba, one male, COVID-19. And so I realized that this person had submitted this as affidavit evidence to the court. I mean as a lawyer, you would never—

Alexander MacKenzie

So what you saw in the affidavit was one death in Morden,

[00:15:00]

exactly on the day of your father's death.

Shelley Overwater

An 89-year-old male, which he was the only death in Morden that day.

Alexander MacKenzie

And it was put down as COVID.

Shelley Overwater

Yes, not COVID related. COVID-19, as it was said.

Alexander MacKenzie

I see. And insofar as that might be relied upon for developing statistics,

Shelley Overwater

Yep.

Alexander MacKenzie
what do you think of that?

Shelley Overwater

I think that they were padding, at the very kindest. I'd say they were padding their statistics. But I mean, to me, this was an out-and-out lie. They had no evidence to support that. They didn't even try to get any.

Alexander MacKenzie

In fact, they assiduously avoided getting any.

Shelley Overwater

Yeah, that's how it appeared to me. I mean, obviously, we're supposed to go to court with evidence, right? So you would just expect that. But apparently not.

Alexander MacKenzie

Thank you, Shelley.

Now, quite apart from your dad, is there anything else you'd like to add in relation to your father's situation?

Shelley Overwater

I can't think of anything other than I just couldn't believe they would browbeat my elderly, widowed mother into trying to get her to accept that. I was horrified.

Alexander MacKenzie

Thank you.

Now, quite apart from your dad, you've mentioned that you've had some medical issues yourself.

Shelley Overwater

Yes.

Alexander MacKenzie

And what is that? What sort of medical conditions did you have?

Shelley Overwater

Well, I have a history of high blood pressure where it would shoot up to like 200 over 110. Angina, chest pains. That kind of stuff.

Alexander MacKenzie

Ever given any medicines for them?

Shelley Overwater

Yeah, I've had nitro and whatever over the years. But my heart's fine. So I felt it was stress-related, probably came in around the time I went to law school. But yes, I have a history of it.

Alexander MacKenzie

In early '21, you consulted with a doctor, is that right, a Dr. Mansour?

Shelley Overwater

Yes, he was my family doctor, and I was experiencing these again. He told me that if it happened on the weekend or during the day when he couldn't be available, I should go to emergency at Boundary Trails Hospital, which was our local hospital.

Alexander MacKenzie

In March of 2021, what happened that day?

Shelley Overwater

So that morning, I felt my chest pains were bad. I was having trouble breathing, and I was feeling kind of dizzy. So I drove my truck by myself over to Boundary Trails. And I parked and I walked over to the emerge. door, and I went to enter the Emergency. A uniformed security guard was on the inside door, and he started yelling at me to wait outside.

Alexander MacKenzie

Okay, now, you drove yourself. You were feeling chest pains.

Shelley Overwater

Yes.

Alexander MacKenzie

You drove yourself from your home, which was about three miles, was it, from the hospital?

Shelley Overwater

Yes.

Alexander MacKenzie

You arrived there; I presume you parked your car.

Shelley Overwater

Well, I parked my truck, yes, and I walked—

Alexander MacKenzie

Your truck, pardon me. You walked to the front door of the hospital.

Shelley Overwater
Well, there's two doors.

Alexander MacKenzie
Emergency door.

Shelley Overwater
Yeah, well the far one is Emergency.

Alexander MacKenzie
Okay, thank you. And what was the weather like that day?

Shelley Overwater
Probably between 10 below and zero. It was cold. It was windy. It was gray. You know, it was like one of those prairie fun, late winter mornings.

Alexander MacKenzie
What was the nature of the discussion with the security guard inside the foyer behind the doors? What was the nature of it?

Shelley Overwater
Well, he just yelled at me to wait outside. And so, I believe I yelled back, "But I'm having chest pains." And he said, "Well, you have to wait." He yelled, "You have to wait." And so, I let go of the door because I was shocked. I didn't know they had security guards at the hospital, for one. So I had to stand there outside. And I'm thinking, well, this is great. If I drop dead, now I'm going to have to lay outside too. So I was becoming more stressed, obviously.

Alexander MacKenzie
And how long, again, did you stand outside?

Shelley Overwater
I think about 10 minutes. It wasn't probably that long. But still, it was scary because it's emerge., right? You go there for a reason.

Finally, he gestured I could go in, in between the two doors where he stopped me. First, I just used the hand sanitizer. Then he handed me a mask with a tong, and I had to sit on a chair with these plexiglass things, like a little cubicle.

Alexander MacKenzie
Like a cubicle.

Shelley Overwater

Yeah. I had to sit there until they said I could sort of distantly approach the lady at the desk; she had a big plexiglass, and all that, too.

[00:20:00]

Alexander MacKenzie

So then you went through some sort of reception process, is that correct?

Shelley Overwater

Yep.

Alexander MacKenzie

How did that go?

Shelley Overwater

It was pretty quick. I said I had chest pains, and I had to put my Manitoba Health on the tray so they wouldn't touch it. Then I had to go sit back down for a few minutes. And then these gowned and covered people came out and said, "We'll take you to the trauma room." I said, "Well, I can walk in." So I walked into this— It's kind of like an operating room, a trauma room, and they're behind me. So I walk in, and there's a bed there. So I go over to the bed and I look behind me, and they're all in the doorway, way far, and they started yelling at me questions.

Alexander MacKenzie

So they brought you to the room, had you go in, sit on the bed, stood at the door. How were they dressed?

Shelley Overwater

They were covered head to foot in those paper gowns and booties and masks and some of them had face shields. I think they had gloves and everything, like the whole nine yards, like you were in surgery. I was like, okay. They all stood in the door and then this doctor or these people are yelling, "What's your problem, what are you there for?" And so I said, "I'm having chest pains; I have a history. I have blood pressure. I think I'm having— My blood pressure's really shot up." And then the doctor said, he had a very South African accent, it was very distinguishing, and he said, "Well, those could be symptoms of COVID-19. We need to test you." I was like, "No, I have a history. I don't have COVID-19. I just want someone to check my—" And he said, "Well, no, no, this could be symptoms." So then we yelled back and forth about me being tested, and I refused. I said, "No, I won't be tested; you're not shoving anything up my nose, I don't have any— "

I should mention quickly, I've had pneumonia; I've had two lung infections. I had lung cancer surgery. I know all about lung ailments. And so, I was—

Alexander MacKenzie

Those are not recent though, those were—

Shelley Overwater

Well, those were prior to when I went in the hospital.

Alexander MacKenzie

But those symptoms that you describe—

Shelley Overwater

Well, no, what I'm saying is that I knew I didn't have a lung problem. I knew that. And so, for him to keep insisting I needed a COVID test was ludicrous.

Alexander MacKenzie

Right. But I'm wanting to make it very clear for the Commission that those were not current symptoms.

Shelley Overwater

No, no, not at all.

Alexander MacKenzie

Those were in the past.

Shelley Overwater

I apologize. Yes, they were all in the past. But I did have some understanding of what a lung ailment felt like.

Alexander MacKenzie

Yes, thank you. I understand that.

Shelley Overwater

Or a flu, I guess I could say.

Alexander MacKenzie

So how long did this stand off go on?

Shelley Overwater

Maybe 10 minutes. Then they said, "Okay, we'll be back." And then a girl came with a tray, like they carry the tray with all the stuff. I believe she checked my blood pressure with the stethoscope, maybe my oxygen level. I cannot remember positively right now, but she may have drawn a little blood, I'm not even sure. Then she started asking me about being tested for COVID-19, again.

Alexander MacKenzie

Just to be clear. So they did test your blood pressure; they did test your heartbeat.

Shelley Overwater

Yep, yep.

Alexander MacKenzie

They did do all that. Did they report those results to you right there on the spot?

Shelley Overwater

No.

Alexander MacKenzie

No. Okay, so what happened then?

Shelley Overwater

Then she left the room, and I waited there. Then they came—an attendant of some kind, I can't remember clearly—and said, "Well, we're going to put you in the recovery area, and we'll monitor you for an hour." And I said "Okay." So I followed them there, and they put you on a bed; there's curtains all around you. I think there was maybe three of us. I was struck by how many staff were going around with all their stuff on. I think there was three of us in that place. But so, I just laid there.

Alexander MacKenzie

Were you feeling anxious?

Shelley Overwater

I was scared. I was starting to get worried because not only were they not talking about what was happening to me, but they were getting— He had been really kind of aggressive and ugly about this deal. And I was starting to get nervous: like what are they going to do, hold me down now? I was nervous. So I was trying to force myself to breathe and calm myself because I didn't want them to have any excuse to keep me. Then, finally, the doctor because of his accent—obviously they're covered up right. But he came in and he said, "Well you might as well leave now seeing you refuse to be tested."

Alexander MacKenzie

Did he tell you of the results of the blood pressure test he'd done?

Shelley Overwater

No.

[00:25:00]

Alexander MacKenzie

Did they tell you of the results of the monitoring of your heart or your heartbeat that they'd done?

Shelley Overwater

No.

Alexander MacKenzie

Did they tell you anything about the condition you'd gone in for?

Shelley Overwater

No. They told me that they would have liked to have tested me for surveillance purposes, and seeing I was being stubborn, I might as well leave. And I said, "You got that right." But I was very anxious to get out of there. So I left and went home.

Alexander MacKenzie

And did you ever follow up with your doctor?

Shelley Overwater

Yeah. He checked me over and my blood pressure was high. He said, blah, blah, blah. And I said, "Don't ever send me there again, ever." I said, "You didn't tell me what it was going to be like, and I will not be tested for something I don't even have. So don't ask me." And that was the end of that. I didn't go back to the hospital till I had my knee surgery, as I told you, and that was only because I had to.

Alexander MacKenzie

Thank you, Shelley. Now, is there anything else you'd like to say about your adventure at the hospital?

Shelley Overwater

What can you say? I felt like I had woke up in the middle of George Orwell's *Nineteen Eighty-Four*. Or I was on the Gulag. I was like, this is unbelievable. This is a hospital. I felt like I was—I don't want to admit I've ever been in a cell, but that's what it felt like. It was very scary. And they were very rude, and that doctor, in particular, he was ugly.

Alexander MacKenzie

Okay. Thank you.

Now, as I mentioned earlier, you've also had some experience that's COVID related in a law office in which you worked.

Shelley Overwater

Yes.

Alexander MacKenzie

That was a satellite office of a larger firm, and that satellite office was in both Morden and Winkler. Is that correct?

Shelley Overwater

Yes, that's correct.

Alexander MacKenzie

When COVID started, the firm adopted a number of safety measures. Can you tell me what they were?

Shelley Overwater

Well, we had to— Obviously, the hand sanitizer, the masks, the plexiglass in the reception area. Initially, they wanted to meet the clients between the two doors at a little table that they had to sanitize every 10 minutes, I think. And we had to wipe down parcels and Lysol all the desks between each use.

Alexander MacKenzie

And how many people worked in these offices at those two locations, Morden and Winkler?

Shelley Overwater

I'd say there was roughly two or three lawyers on any given day, and there would have been five or six clerical staff. But we all kind of went around. Like not all the clerical staff. But the lawyers, we circulated to different offices, sometimes, depending what was going on.

Alexander MacKenzie

So how many people all together would circulate through those offices in a week or two weeks?

Shelley Overwater

Oh, I don't know, maybe a dozen or so. Then we got an articling student that ended up being at the Morden office, I should mention.

Alexander MacKenzie

And was anyone ill during that time?

Shelley Overwater

Well, because of my father's death, I had missed the two weeks over Christmas because they said that we had to quarantine.

Alexander MacKenzie

Because he had been a COVID death, or recorded as that.

Shelley Overwater

Well, yeah. And so, the firm— I would have gotten bereavement, anyways, and it was the holidays. We were closed a bunch of days. So yeah, I was off for the two weeks. Then we

had another girl. She had the two-week quarantine because she was sick for a week. And a lawyer who had a cough, and she was off for two weeks because of the mandated quarantine. That was in the entire time I worked there.

Alexander MacKenzie

Then in May of 2021, there were some changes in policy, is that correct? What were those?

Shelley Overwater

Well, at that point the managing partner and the other partner and the manager decided they were going to have to know the vaccination status of all the clerical staff and the articling student. And if they weren't going to discuss it—

Alexander MacKenzie

They had to disclose their vaccination status.

Shelley Overwater

Yeah. It was mandatory, yes.

Alexander MacKenzie

I see, and how did that go down with the staff?

Shelley Overwater

Well, it went down very badly because I sent an email to the lawyers and said, "What about, employment standards and the Charter and all those things?" And then there was one young girl,

[00:30:00]

20-years-old, who was our reception girl. Just a dear little girl who'd worked there two years, and she said, "Well, I refuse to put that in my body, and no one's going to force me, not even for a job." That was the first time I'd ever heard somebody say that. I was quite taken by it because she was such a young, nice girl. And then one of the clerical staff, whom I'm actually friends with and had been there three years, she disclosed that she hadn't been vaccinated. They asked the articling student who they had hired and couldn't say enough nice things about. And she said, "Are you asking me if I have COVID antibodies in my system?" And when they said, "No, we want to know your vaccination status." She said, "Well, I don't know that you have the right to ask me." Well, at that point, all heck broke loose, so to speak.

Alexander MacKenzie

Were there any inter-office communications, like emails. What sort of was the office buzz during that time?

Shelley Overwater

Well, we had a group email deal: so that's where everybody, lawyers and staff, in all the offices— And it started, this daily almost barrage of, "Well, I know someone who's sick with COVID. And can you believe how selfish these people are, these unvaccinated, and the whole common good," and blah, blah, blah. This went on and on. And in the meantime, all the staff from the other offices would drop the files off outside the back door and yell in the office because they couldn't come in because the unvaccinated were there.

And they were allowed to pick on the articling student. Everybody was mocking her and making fun. Then they decided she couldn't do any real law work because she was obviously—

Alexander MacKenzie

So what did they have her do?

Shelley Overwater

They had her do real estate reports. That's all she was allowed to do. She had to sit in the back with the clerical staff and do real estate and probably, every couple of days, she was yelled at by the partners. She wasn't allowed to come to the lawyer meetings.

But from June on, the lawyer meetings became me battling because I couldn't believe they were going to hold someone's career hostage. Because if they fired her in the middle of her articles, it's pretty hard to get a job, right? And she'd been in school for seven full years for this deal. And these other girls— I just could not believe people would take someone's livelihood like that. I was shocked. It had never occurred to me that they would mandate this stuff and force these vaccines. I didn't understand that that could happen.

Alexander MacKenzie

And I understand that at some point in October, there was an ultimatum.

Shelley Overwater

Yeah, well, the managing partner had told me he would let her finish her articles; this would have been, let's say middle of October. So he comes in—this is about the end of October—he comes in to the Morden office, and he asked me and the other lawyer into my office. He sat down and he said, "I just walked by them, and I'd fire them all today if I could." And I went, "Well, that's no surprise," right? Like tell me something, I don't know. He said, "I've made a decision. If they won't get vaccinated by November 19th, they're fired."

Then he started tapping the desk and he goes, "I've decided even the lawyers will have to submit proof." So at that point, I kind of lost my cool and I said, "Well, I gave you my word I was vaccinated because I'm not like you, I keep my word." And he said, "Well you still have to show proof." I said, "I'm not showing you anything." I said, "You can put me down as resigning on November 19th because I will not stay here then. I will go with the people you're firing." So the next day, [he] goes, "Oh, hey, was that serious?" I was kind of shocked at that, and I said, "Yes, I'm very serious." So I sent him my resignation letter and that was that, and off we went.

Alexander MacKenzie

And what did happen to the articles student?

Shelley Overwater

Well, what happened was we found a lawyer, another local lawyer; he just had three years in, and so he was allowed to finish her articles. So she went over there.

Alexander MacKenzie

And what did you do?

Shelley Overwater

Well, I went home in shock because I went, "What am I going to do?" But, anyways, they were leaving the Winkler building they were in. I knew that. They hated Winkler. So I phoned the owner of the Winkler building, and said, "Hey, how about renting to a different lawyer?" So I rented an office for January 1. But I ended up having a knee replacement, so I didn't actually start till later. In the meantime, the articling student finished her articles, and the lawyer said he wouldn't keep her. So she came over, and she said, "Would you consider working with me?" I said, "Right on, partner." So she's my partner in our little firm. We got another office we were able to rent. So we have two, like an office each in Winkler.

[0035:00]

Alexander MacKenzie

Is there anything else that I've missed relating to your employment situation?

Shelley Overwater

Well, I just wanted to say we were law firms, and we were essential workers. And no provincial health people ever walked into any law offices out there. They didn't, and they weren't going to. I understood that we had to do whatever in the hallways or in front of clients that were nervous. I get that. But we never, ever had a policy of asking clients if they were vaccinated or anything. It was just the people that worked there. But we'd all been there the whole time, and it was fine. And I couldn't believe— By then we already knew that people were still getting COVID-19, even with the vaccine. So there was no real reason other than they just got in a mood. I don't even know what to say. I was horrified. Yeah, I couldn't believe it. I mean the Supreme Court has said your livelihood is an integral part of— yada, yada. So you believe that when you're in law school. Apparently, it doesn't apply lately, anyhow.

Alexander MacKenzie

Okay. Thank you very much. Now, just a couple other small things. You and your mother both volunteered at a couple of homes for aging people in Winkler and Steinbach.

Shelley Overwater

Winkler and Morden. There's Tabor Home in Morden and Salem Home in Winkler, and we volunteered at both.

Alexander MacKenzie

Okay, and do you still volunteer there?

Shelley Overwater

No, when the lockdowns hit, of course, we weren't allowed to go there. But during the time, they got rid of a bunch of their staff, of course. And so, when they wanted volunteers to come back, they contacted us. We just said, "No, we can't in good conscience volunteer for a place that would just dump their employees for no good reasons." So we never did go back.

Alexander MacKenzie

So the employees that they, in your words, dumped, were not ones who were infected. They were ones who would not vaccinate. Is that correct?

Shelley Overwater

Right. Some of them were willing to do the testing. I think they wanted three a week, or I can't remember. To me, it was all nonsensical. The one place said, after it was all said and done, that if people gave a letter of apology, they might consider hiring them back. Yeah, go figure.

Alexander MacKenzie

And Shelley, from your work as a lawyer in these matters that I mentioned earlier, have you had occasion to consider any statistics relating to the fines that have been imposed on people in Manitoba? I believe you did have something on that.

Shelley Overwater

Yes, the Manitoba government—between the federal *Quarantine Act* and the provincial *[Public] Health Act*—they fined over \$9 million, as of lately. Now, I'm not saying they've collected; I'm just saying this is what it is. Five million of it is just the federal *Quarantine Act*.

What that was is when the mandate came in in January at the border, the United States border people had discretion. So some unvaccinated people were still allowed to go into the U.S. Well, when they came back, if they presented at the Canadian border, the screening technology was, "Are you vaccinated?" And of course, if you said, "No," you got an \$8,550 ticket. If you didn't answer, you got the \$8,550 ticket and a \$1,453 ticket. So I'm dealing with—I think I've got about 25, 26 of these we're challenging. But none of these people were symptomatic; none of them had priors; some of them got tickets as late as last fall, September of this last year.

Alexander MacKenzie

And what were the mandates when those tickets were being issued?

Shelley Overwater

Well, the border mandate because they were Canadian citizens entering Canada, and they didn't have a vaccine. Or they didn't have the ArriveCAN [app] or the PCR test. So it didn't

matter. Whatever it was, you were getting an \$8,550 ticket. So that's what happened. It didn't matter if it was— All my clients have no priors; they were all working citizens.

Alexander MacKenzie

What sort of jobs do they hold, typically?

Shelley Overwater

You're never going to guess. Most of them are truck drivers. Some of them are farm labourers. And then, interesting, I had a couple of clients that were actually vaccinated and they got tickets because they didn't have the PCR results because they couldn't wait that long for them.

[00:40:00]

So they made the mistake of saying, "But we have this," and they showed the Charter of Rights. And so, they were given \$8,550 tickets each for showing the Charter.

Alexander MacKenzie

And this may be a dangerous and last question from me in any event. But how do you feel about the way these things were handled both provincially and federally?

Shelley Overwater

You don't want to ask, really. No, I'm absolutely appalled. It's like the Canada— I'm old, right? The Canada I grew up in, this is not the Canada I live in today. I didn't buy into this; none of us did. It was like they ripped away the veil and said, "Haha, you think you have freedoms and rights," and all that. "You've got nothing." And I've never been so ashamed of— I mean, I'll tell you, I've been a separatist for a long time, anyways. But I've never been so ashamed of this country as I was when I saw them in Ottawa bludgeoning working people, like normal, everyday taxpayers. I'll never forget it.

Alexander MacKenzie

Thank you. Shelley, I'm going to ask the commissioners if they have any questions for you. No. Thank you. Thank you very much for attending.

Shelley Overwater

Thank you.

[00:41:34]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

April 14, 2023

Day 2

EVIDENCE

Closing Statement: Ches Crosbie

Full Day 2 Timestamp: 10:50:39–10:52:42

Source URL: <https://rumble.com/v2i6qmk-national-citizens-inquiry-winnipeg-day-2.html>

[00:00:00]

Ches Crosbie

Commissioners, I have one very simple point to make— If we could have the slide up on the screen, please?

I know it's late in the day. Could we see a little bit further down the text of the article there? What it says is, it declares a legal emergency in Canada. Can we see any more of that image?

So Children's Health Defense has a Canadian Chapter, and if you can adjust that a bit more, you'll see there's a headline there declaring that there's a legal emergency in Canada. This is datelined on March 26th of this year. We can't quite see that, can we? Anyway, it's March 26th in their newsletter.

For those of you who don't know, Mr. Kennedy, it's Bobby Kennedy Jr., is going to announce that he's running for president of the United States next Wednesday. And he's been identified by the U.S. government as one of the great misinformation spreaders about vaccines, so that's going to be an interesting one to watch.

My point here is that the analysis in the article, which unfortunately you can't see— But take my word for it, it's there. I've read many of the cases. And yes, there is, as we've heard today from many sources, a legal emergency in Canada. And it's mainly with the judges and the courts who aren't doing their jobs. Thank you.

[00:02:03]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE WINNIPEG HEARINGS

**Winnipeg, Manitoba, Canada
April 13 to 15, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 01:04:22–01:41:00

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Shawn Buckley

Welcome back to the third day of our Winnipeg hearings of the National Citizens Inquiry as we literally march across Canada. We started in Truro, Nova Scotia. We then went to Toronto. We're now in Winnipeg. Next week, we're going to be in Saskatoon. We're then travelling on to Red Deer. On to Vancouver. Back east to Quebec City. And then finishing in Ottawa.

This has become quite an experience. Somebody said to me this morning, before we started, that this is really the first thing that has happened since the Truckers' Convoy, and very excited about it. Everyone that finds out about this participates, watches. They're finding themselves energized. They're finding that actually the action of participating—learning what happened together and hearing our stories—is strengthening us and healing us. And so, as I did yesterday, I encourage every single one of you to participate by sharing us with your social media. It doesn't matter if you have ten followers on Twitter, for example. Share what we're doing because if we all do this together, if we all share what we're doing, we'll make this happen.

This is our ninth full day of hearing. And I mean, when I say full day, if you've sat through any of these, we sit late. Because we want people to be heard. So we fill each day. We have had one mainstream media attendance to give one little report on us. When even this event, **the fact that it's happening, the fact that some citizens have just banded together, came up with this vision of a way to heal the country—of a way to move forward in a positive way—and planned an event that we had no idea how much work and how big it was and how ambitious it was until, white knuckles, we're running our first hearing in Truro. And purely citizen-funded.**

It's interesting. We were out for supper with some people yesterday, and they just assumed we have a couple of big funders. And we don't. Literally, we send out email asks to people that have signed our petition. And we have your email address so we can share with you what's going on.

Please, actually go to our website and sign the petition. It legitimizes what we're doing. And then, when we have a need— So we had a need for people who are willing to reach out to social media influencers. For example, we sent an email out asking, "Is there anyone out there that will participate?" It's a way for us to plug you in.

But the point I'm trying to make is this is pure citizen-run and -funded, and it only works because we're all doing this together. So when I'm asking you, "Will you please push us on your social media networks?" we don't have a budget for advertising. We don't have a budget to hire people to do this stuff. We need you to do it.

But amazingly, this is happening, and it's happening in a wonderful way because you are participating. So again, I'm calling on everyone to go sign our petition. I'm calling on everyone to donate. Every set of hearings costs us between \$30,000 and \$35,000, and we have some nail-biting moments paying the bills. This is happening because, thankfully, you are supporting us, and thankfully, you are buying into what we're doing. But we need your continuing support—literally, city-by-city—to just help make this happen.

Now this morning, I wanted to talk about one of your enemies. And to help you appreciate that this truly is one of your enemies— And many who hear this, especially online, might be surprised when I identify one of your key enemies. But first I need you to appreciate that your Achilles' heel is fear.

For those of you who don't know the story of Achilles in Troy, he was just this mighty warrior that no one could defeat. But while he's at Troy fighting against the Trojans, an arrow strikes him in his Achilles' heel. That's why we call it the Achilles' heel.

[00:05:00]

And so, he wasn't able to fight, and he was killed.

Your weakness—your weakness—is fear.

So for example, if for those of us in the room, if all of a sudden, we heard screaming outside and a grizzly bear burst through these two doors, fur all standing up on end—we know he's angry. Every single one of us—every single one of us in this room—we're going to run to that door. In fact, we're going to be in such fear. Without thinking, before our conscious mind understands that it's a grizzly bear, our body's already in fight or flight mode, and we are not thinking about anything. We're not fighting a grizzly bear. We're not thinking about anything about flight—every single person in this room. In fact, some of us might get trampled and seriously hurt because the rest of us will be so anxious to get out of that door. So literally, out of our minds.

And we all know that this happens. There's example, after example, after example where people are killed when a crowd is fleeing in fear. Because when we're moved into a state of fear, we are out of our thinking mind, and there's nothing we can do about it. We're literally filled with a drug cocktail. And so, you need to understand you do not have a defence against the physical reaction that occurs when you're in fear. You're not without options, but there is nothing you can do to prevent your body from going into fight or flight mode when you're presented with fear. And using the bear example, it might actually be a couple of hours or it might be a couple of days before you're calmed down.

Literally, there's a physical reaction. And you need to understand there's nothing you can do about your physical reaction. But mentally—mentally—if you train yourself to identify

that when you go into fear— And literally, it's like the police and the military, they train through drills. You have to train yourself as soon as you start getting afraid to go, "Just wait a second, I need to be aware. I have to keep connection to that thinking part of my brain, regardless about how I feel." And you can train yourself. There are people that will look at the stampede at the door and go, "There's no point in me trying to get through that door right now. Is there another way out?" Or just wait until there's a space. There's people that can do that, and you need to do that.

I think we all appreciate that for the last three years, we have been in a theatre of fear. And I use the word "theatre" with two meanings. Because we literally have been in an information war. And theatre is a term to describe war. When I say we've been in an information war, we have had witness after witness speak about censorship. We've had journalists speak about it. We have had medical people speak about it; doctors being silenced. We have been in a theatre of war, an information war.

But more importantly, we have been in a theatre, a drama. Shakespeare said, "The whole world is a stage." When this topic to speak about came to me this morning at about quarter to eight, and I wrote down the phrase—"the whole world is a theatre"—it occurred to me that these sayings are actually true. The whole world is a theatre, and we're just players on the stage.

We have been through a military-grade psyops operation that has been theatre. We have been watching the news, and it has been theatre. It has been deliberately designed to put us into a state of fear where literally, when you're watching the news, you will have a physical fight and flight response that you have no control over. And unless you have trained yourself to keep connection to your thinking mind, you are not thinking.

It's funny,

[00:10:00]

I totally bought into the pandemic before it hit the mainstream news. Before I closed my law practice down last August so that I could participate as a volunteer in this National Citizens Inquiry, I did a fair amount of work with clients that make natural health products. And I had a couple of clients tell me they were having supply chain problems sourcing things from China.

So I start looking. Before it hit our mainstream news, I think China had 600 million people locked down because of this coronavirus. And remember, I'm just coming to this fresh. And this was my thought process, right or wrong: My thought process was, "Wait a second, China is a police state." And surely, they depend on their legitimacy and being able to hold on to power with increasing the living standards of their population. Because we've just actually seen a tremendous increase in their prosperity over the last several decades. And I thought, "They're not going to be locking down 600 million people unless this is a real threat."

So I was afraid before you were afraid. We didn't have to go when people were lining up to buy toilet paper; we didn't have to do that: we had already stocked up. And it wasn't until about 10 days in of the TV coverage when all of a sudden, I started hearing the word vaccine. How could that word come up 10 days in? Because I'm in the drug-approval world, and I knew there's no way they were going to come up with a vaccine.

My wife and I had to make a conscious decision to actually turn off the TV. Because when you're in a global pandemic and the world's falling apart, you're actually glued to the TV. You make a point of watching the six o'clock news. And we were watching it for about a month, even after I thought, "we're being gamed here." But we actually found that we were in such a state of fear—all day, every day—because we were watching TV. So we made a decision: we're just not watching TV, and we turned it off. And I think it took about a month before we kind of felt settled down.

And then, just to give you an example of how good the TV media is at ramping you up. I don't know, maybe it's three and a half, four months ago, we're watching Del Bigtree on "The Highwire." He's talking about, I think it was monkey pox. Remember that they were kind of teasing us with the fear that monkey pox might run through. And so just on his show, he was saying, "Here's how the mainstream media is reporting on it." He maybe played about only five, six minutes of clips of media reporting, much like we've done here, showing six, seven minutes of government announcements on COVID. So I'm watching—for a very short period of time—the mainstream media reporting on monkey pox, and I realized I was afraid. I was legitimately afraid while I was watching this. The amount of money and brain power that goes in to determining how to play on our emotions and create fear when we're watching TV is absolutely tremendous.

Even yesterday, we played two sets of clips that we just had our video guy splice together of news reports from Manitoba, except there was that one Christmas one with Santa Claus and Theresa Tam, and I think everyone in the room will agree with me that it was traumatizing. It was traumatizing to watch old footage of the Manitoba leaders basically announcing lockdowns and restrictions and watching Santa Claus and Theresa Tam encourage children to get vaccinated.

So what we experienced was literally surreal but understand—it was theatre.

[00:15:00]

It was deliberately done: the show, the play was deliberately run to put you into a state of fear. And the state of fear that we were in was horrendous.

We've heard in this inquiry about, basically, people in Montreal and old folks' homes literally starving and dying of dehydration because the care workers abandoned them. Can I say that again? In Canada, we experienced old people—that were totally dependent upon us for their care—dying of dehydration and starvation because we were too afraid to care for them. Can you get your head around that, that that is possible? This is how effective the theatre was.

We know it was theatre. We look at our overall death count in 2020 when we had no protection from the vaccine, and our all-cause mortality was really no more significantly different than in a bad influenza season. We did not have to let old people die of dehydration and starvation alone in their rooms, without their diapers changed. In Canada, we didn't have to do that. But the theatre was such a great production that we had no choice because we were all having a physical reaction that disconnected us from our minds.

We had a witness yesterday who runs a security company. It was almost comical because people would be putting these security systems in their homes because they were so afraid of anyone coming to the door and they needed to be secure. It was irrational. His business took off. It was irrational fear.

I forget who—but it might've even been the Honourable Ches Crosbie—had put up a news article with an opinion piece about, “let the unvaccinated people die.” And we all heard about putting unvaccinated people into camps. We all heard, in Canada, about putting unvaccinated people into camps. Were we in Nazi Germany talking about the Jews? Carrying disease and lice? For public health reasons, surely, we need to get them into camps. We were talking about putting unvaccinated Canadians into camps.

The theatre—the theatre—was tremendous, and it was effective.

You’ve got to think about this as the day goes on and as the weeks go on— What actually happened? And ask yourself, “My God! How can that happen? How can Canadians let old people die of dehydration and starvation? How can Canadians talk about putting other Canadians into camps?”

Because we were afraid, and we’re so afraid that the entire nation has post-traumatic stress disorder. Literally. It’s why I keep speaking about hatred and our need to forgive each other. Now that we’re in a state of post-traumatic stress disorder where it’s still difficult for us to empathize with our fellow Canadians, understand that we are more easy to manipulate because we’re already on edge. That switch to fight and flight—that fear switch—it’s primed. There’s a spring on it now. And it’s much more easy to be depressed. We are more vulnerable now than we were in the spring of 2020 when this had begun.

And remember when I said earlier—when quoting Shakespeare—that when we hear these historical phrases, they’re true. President Roosevelt, one of his fireside chats: “We have nothing to fear but fear itself.” That is not a historical statement. It is true. It literally is a tautology. It’s true.

What you have to fear is not COVID.

[00:20:00]

What you have to fear is not monkey pox. What you have to fear is not the Russians. What you have to fear is fear itself. What you have to fear is being put into that fight or flight mode. We don’t need to get locked down because we’re afraid of climate change. We don’t need to fear civil unrest, although it is being fomented because we’re put into a state of fear. We don’t need to fear another pandemic that people like Bill Gates is telling us—assuring us—is coming.

When the theatre continues—and it’s still continuing. But when it continues in full force, and listen carefully, you will go into a physical fight and flight mode. You will. You can’t stop it. That’s why they do it. But you can train yourself to understand that you’re doing it and **keep that thread of conscious thought to your thinking mind.**

You cannot watch the mainstream media. You cannot watch the mainstream media that has put on this theatre. They have, in my opinion, acted criminally. They have been manipulating you. If the media had not put on this theatre—what I call fear porn—this couldn’t have happened. Could you imagine if the media had been reporting, “Ah, there’s this new virus,” and actually reporting fairly? “Yeah, it might even be worse than one of our bad influenza seasons. We’re not sure. We need to be cautious. But let’s not be afraid. We’ve got plans in place. Here’s what we’re going to do.”

A witness had to back out for personal reasons yesterday. We hope to have him back at a later hearing. But he had been involved in pandemic planning, and he says, “Oh, you know,

what you do with the City of Winnipeg, you just pick a big building; you empty it. Every single COVID patient goes there. You bring your surplus medical people there. And right away— Because you're not sending COVID patients to all the different hospitals, you're sending them to one place. Right away, you'd know, 'Oh, this just affects old people.' Okay. So now we don't have to worry about young people. We're just now able to—"

All that information comes quickly. And he says, "You're not wearing out your mainstream medical system because the doctors and nurses are doing the regular shifts. They're not facing any new threat." So they're not in fear. You can still go for your regular treatments. You're not afraid to go to the emergency ward. And this is just some things. I see people in the audience shaking their heads, like, "Yeah, this makes sense."

Well, what if the mainstream media had said, "Here's our plan; here's how we deal with this." And it wasn't fear, but it was reassuring. Would we have tolerated being locked down? Would it be possible that we would be coerced into taking what truly is an experimental treatment? What if the media had reported fairly?

I mean— "safe and effective; safe and effective; safe and effective." Well, wait a second. The vaccines were exempted from the safe and effective test. In fact, when you read the test that they were approved under, the word "safety" and the word "efficacy" isn't even in there. They didn't have to be proven to be safe and effective. So why would anyone pretend that they were? Why did the media keep telling us this?

The point I'm trying to make is— This could not happen but for the media, but for the theatre. The police state depends on the theatre.

What would have happened in Stalinist Russia if no one watched TV and no one read the newspapers? What would have happened? It would have been different. But none of this could happen without the media. And if we get our institutions back. If initiatives like the National Citizens Inquiry can get Canadians having a dialogue together, to get us working together, to get us peacefully getting our institutions working for us again, I pose the question: Is it possible that a single person

[00:25:00]

on the mainstream media's editorial boards, or a single journalist— Is it possible that a single one will escape jail? It's a good question. If we get our institutions working for us again, is it possible that a single one of them will escape jail?

Now, understand as I say this, because I'm just trying to educate you about the fact that when you're put into the fear mode, you have no choice. Understand, they will play this card again. **We're not done. They want climate lockdowns; they want 15-minute cities; they want us eating bugs; they want us adopting a digital currency, which we'll have to because "our financial system is falling apart and we're all going to starve and die."** It's like collectively, we couldn't come together and figure something out for a while. **We need their solution.**

But understand, more importantly— Remember, I just asked you the rhetorical question that if we get our institutions back, is it possible that a single journalist that was really carrying misinformation when they were saying, "Oh, this person's spreading misinformation. Dr. McCullough is spreading misinformation. Dr. Malone is spreading misinformation. Oh, you know, if Uncle Bob starts talking about that the virus escaped from

a lab, here's how you defuse him"— If a single one of those can escape from jail if we get our institutions back, I'll be surprised.

But understand: They'll be surprised, too. They know. So you're on the editorial board of a mainstream media company, and if we get our institutions back, you know you're going to jail. They can't stop. They've got to continue with the state now. They have a vested interest. They have a vested interest.

You were their enemy before we started waking up. Because you don't carry out a military grade— And there have been actually Canadian news reports about how we've been put through a military grade psyops: This is what this theatre was; this was the full-meal deal. You don't carry that out against a population unless you consider the population to be your enemy. But now that they're understanding that—if we wake up in time and get our institutions back that they're going to jail—we're really their enemy now. You think about that. We're really their enemy now. And you have to defend yourself.

Don't watch. Educate your circle. And then when they make you afraid—and they will—when they make you afraid, understand it is an attack.

I was dialoguing with a potential witness that chose not to speak at the Winnipeg hearings. We may get this witness to speak at another hearing, and a lot of effort went into trying to get this witness to testify. Listen very carefully to what I'm going to say here.

This witness was afraid of testifying because not just of social repercussions, although that was a very real threat to this witness, but economic repercussions and repercussions against family. Some things have already happened for what this witness has already done. And I'm mindful that some people have actually gone into hiding that we used to hear from regularly on these topics. And so, we were having a discussion and the witness almost wanted me to give them reassurance that speaking would be okay. But I had to say, "Actually, you speaking out is very, very dangerous." But listen to what I said next. I said, "In fact, the only thing, the only thing more dangerous than you speaking out, is you not speaking out."

So we're going to start this morning—and I just can't resist—with some more video clips. And then we're going to move into our first witness, Cassie Schroeder.

David, if I can have you just illustrate for us, basically,

[30:00:00]

what I'm talking about with this theatre and what I call fear porn.

[A video of news clips was played outlining vaccine requirements for public employees and proof of vaccination status using a vaccine passport.]

[Video] Brian Pallister, Former Premier of Manitoba

I've said it before, I'm going to say it again, and we'll keep saying until everybody does it: Vaccines are our safest and only way out of this pandemic. Vaccines are our protection against the fourth wave. Vaccines are our protection against future lockdowns. Vaccines are how we get our lives back. Thank you to you for your willingness to do your part. Roll up your sleeve not once but twice and protect yourself and protect your fellow Manitobans.

Protect our businesses too, our small business community. Protect our economy and to protect our communities and our healthcare system as well.

....

Experts are saying that the fourth wave will be an even greater threat in terms of its numbers of cases than the third. This is why today we're announcing that all frontline provincial employees who work with vulnerable populations must be fully immunized by October the 31st or undergo frequent COVID-19 testing. All designated public sector workers will be required to be fully immunized and provide proof of vaccination or undergo frequent COVID-19 testing in order to ensure the safety of their workplace and the people they serve. As an additional protection measure against the rising Delta variant and a possible fourth wave, we are also announcing today that we are requiring mandatory mask use in all indoor public places. In other words, we're strengthening the value of being vaccinated and the utility of the vax pass in our province.

[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)

Public Health has been advising Manitobans for many months now on the value of being vaccinated. It's the best way to protect yourself, those around you, and our province. So it's in our best interest to keep these COVID numbers down and the best way for that is for us to practice fundamentals, which includes being vaccinated as soon as you're eligible. So those designated employees who are not fully immunized or who cannot provide proof of vaccination must submit to COVID-19 testing regularly. And so, for a full-time employee this could be up to three times per week.

We're recommending that private businesses and organizations follow the Province's lead and consider mandating COVID-19 vaccination for their employees to protect their staff, protect their customers. But I encourage all Manitobans who have not yet done so, book those vaccine appointments. And what we can see in other jurisdictions that this is now a pandemic, largely, of the unvaccinated. And we have to make sure that does not lead to adverse health effects for all Manitobans. We want to protect all Manitobans from the fourth wave.

[Video] Brian Pallister, Former Premier of Manitoba

Our vax card's giving every immunized Manitoban the right to travel safely across Canada, and it will now be your passport to doing even more and that will be announced later this week. To all of those who have done this, who have gone and got vaccinated, remember the influence you have around you. Remember the people that are your friends and your family may not have made that choice, and you have the opportunity to encourage them—to educate, to inform, and to motivate. Doing your part to get vaccinated and to encourage others to do it is how we're going to get through this together.

[Video] Dr. Brent Roussin, Chief Provincial Public Health Officer (Manitoba)

These new public health orders are being implemented that will require Manitobans to wear masks in indoor public places and that will be effective tomorrow, August 28th. This includes schools across the province. And so, in addition the Province has developed new requirements for individuals to be fully immunized to participate in certain events and activities. These requirements will come into effect by public health order on September 3rd, and these would be for all regions. And this includes requirements to be fully vaccinated to attend indoor and outdoor ticketed sporting events and concerts, indoor theatre, dance, symphony events, restaurants both indoor and outdoor dining, nightclubs

and all other licensed premises, casinos, bingo halls, VLT lounges, movie theatres, fitness centres, gyms and indoor sporting and recreational facilities.

This does exclude youth recreational support, organized indoor group recreational classes and activities and indoor recreational businesses. Children 11 and under who have not been immunized will be able to attend events and activities with fully immunized adults. And again, these orders are here to try to reduce the transmission of the virus as well as to reduce the future need for further lockdowns.

[Video] Dr. Theresa Tam and Mrs. Claus

Dr. Theresa Tam

Every child in Canada has definitely earned a place on a nice list, their parents and caregivers, too. It's been a tough season with lots of viruses making people sick.

Mrs. Claus

Thankfully, Santa and I are feeling as healthy as ever.

[0035:00]

We are both up to date with our vaccinations, including COVID boosters and flu shots.

Dr. Theresa Tam

That's so good to hear.

Mrs. Claus

I always tell Santa to make a list and check it twice. One, stay up to date on your vaccinations. Two, wear a mask in crowded, indoor places and make sure it fits nice and snug. Three, wash your hands to the tune of, "Jingle Bells, Jingle Bells, jingle all the way..."

Dr. Theresa Tam

Great advice, great voice, too. Also, you can be sure to stay at home if you're feeling sick. And if you're gathering indoors with other people or elves, open a door or a window for a few minutes at a time to let in some fresh air. The more items you check off the list, the more protected you are.

Mrs. Claus

Yes, you can think of it like decorating a tree. You need tinsel, lights, ornaments, and the star on top. The tree is at its best when all the decorations are up and nicely layered.

Dr. Theresa Tam

Thanks, Mrs. Claus. Happy Holidays, everyone.

Shawn Buckley

If we get our institutions back, I look forward to that last clip, particularly, being played at a couple of the criminal trials.

I will ask if people can just not clap to respect the audience that's online.

[00:36:38]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Winnipeg

Day 3

April 15, 2023

EVIDENCE

Witness 1: Cassandra Schroeder

Full Day 3 Timestamp: 01:41:00–02:01:14

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Shawn Buckley

I'd like to invite our first witness, Cassandra Schroeder.

Cassandra, can I get you to state your full name for the record, spelling your first and last name?

Cassandra Schroeder

Yeah, my full name is Cassandra Jaden Schroeder. Spelling of the first name is C-A-S-S-A-N-D-R-A and Schroeder is S-C-H-R-O-E-D-E-R.

Shawn Buckley

Do you promise to tell the truth, the whole truth, and nothing but the truth so help you God, today?

Cassandra Schroeder

Yes.

Shawn Buckley

I'll have to just apologize. Earlier, Cassandra showed up, and I was waiting for a lawyer named Cassie Desanda to show up. And I thought Cassandra was the lawyer. So I was walking her through what she needed to do as a lawyer. So I think I probably put her on edge today, and I apologize for that. Now, Cassandra, you have a bachelor in science degree?

Cassandra Schroeder

Yes. I received it at the University of Manitoba.

Shawn Buckley

I don't want to name your employer. But basically right now, you are working, kind of treading water, because you're wanting to do something else once it becomes available?

Cassandra Schroeder

Yes, yeah. So right now, I'm just working in the meantime while I apply to other programs.

Shawn Buckley

Right. And what you're wanting to do is train to be a naturopathic doctor, is my understanding.

Cassandra Schroeder

Yes.

Shawn Buckley

So now, you made a decision not to get vaccinated.

Cassandra Schroeder

Yes.

Shawn Buckley

Can you share with us how you arrived at that decision.

Cassandra Schroeder

So early on in my degree, I was taking a cell bio course. In the course, we were talking about how you could use mRNA at this time. They called it "gene therapy for cancer treatment" in our cancer unit. I just remember hearing about that. Then, when they rolled out the vaccines—that they said they were going to be mRNA—I was like, "Oh, I've heard this before, and it didn't go over well in science, that's why it's not widely used." So immediately, I had some red flags.

Shawn Buckley

Right. And my understanding is also, you have high blood pressure and that that's an issue.

Cassandra Schroeder

Yes.

Shawn Buckley

Did you speak to your doctor about that to see if you could get an exemption?

Cassandra Schroeder

Yes. So early on, I started collecting some research on this. I was very skeptical. I really only became a problem, I guess, when I couldn't partake in society with friends in school. So I started collecting some research, presented it to my doctor, and she did agree. As a healthy young adult, you shouldn't need to get this, and there is research against this, and so, she recommended not to. At this time though, she told me she could not write an exemption because of legal things: she'd lose her licence and wouldn't be able to practise medicine.

Shawn Buckley

Can I just stop you because I want to make sure that the audience understands what you're saying. So your medical doctor agreed that it would not be medically wise for you to get the vaccine?

Cassandra Schroeder

Yes.

Shawn Buckley

But despite that, she said she couldn't write you an exemption letter or she would lose her licence to practise medicine?

Cassandra Schroeder

Correct.

Shawn Buckley

Okay. Now, you had indicated that you started doing research when some restrictions started on you. Can you tell us how this affected your university? What was happening with the COVID mandates?

Cassandra Schroeder

Sure. So in 2020, in the winter term, they moved classes online. That's when they had their first recorded cases here in Winnipeg, and so everything was moved online. That summer, obviously things happened with the pandemic. Nothing crazy.

Then in the fall of 2020, we were told, as university students, that it was going to be mandatory masking, and all classes would be online. That was for fall and winter of 2020 and 2021.

And then in the fall of 2021, they started rolling out the vaccines that spring and they mandated all university students to be vaccinated. At this point, the university had said— So we all registered for classes in June and July. Come end of August, they released a statement saying that you had to be vaccinated. And you'd have to have your first dose by mid-October and your second one by the end of November.

Shawn Buckley

Can I just pause you? So I think, you were going into your third year

Cassandra Schroeder
I'm going into my fourth.

Shawn Buckley
in 2020, right?

Cassandra Schroeder
In 2020, yes. That was my third.

Shawn Buckley
And you had switched majors to microbiology?

Cassandra Schroeder
Yes.

Shawn Buckley
And in microbiology, there's a heavy lab requirement; you've got to be in the lab quite frequently.

Cassandra Schroeder
hmm-hmm.

Shawn Buckley
Okay. Because that played into things also as it went forward, right?

Cassandra Schroeder
For sure. So I originally was on path to do a biology degree. I didn't quite enjoy the courses at the 4000 level, so I switched to microbio. And with the pandemic, a lot of the labs, if they had the opportunity, they were offered online. But not the ones in microbio that I had to take because they were lab techniques

[00:05:00]

that you had to actually practise. And so because of that, I wasn't able to actually participate in them. I actually changed my degree, which kind of changed the trajectory of my future options. Not because I wanted to but because I didn't really have any other choices.

Shawn Buckley
Right. Because my understanding is your plan was, at first, to do a masters in microbiology?

Cassandra Schroeder

Yeah, I was very interested in doing a masters. I did some research work and enjoyed it. Thought that a master's could be an opportunity, but I couldn't because I changed my degree.

Shawn Buckley

Right. Just so that people listening to your testimony understand. So had you been able to participate normally in classes, you would have gotten a four-year degree and been able to go on and do a master's in microbiology.

Cassandra Schroeder

Yes, I would have been able to go down that route. But now I can't. I'd have to go back.

Shawn Buckley

Right. Okay. So you had to kind of come up with a different plan. What did you decide to do? Because I understand that, at one time, you were actually interested in, then, going into become a medical doctor?

Cassandra Schroeder

Yeah. So I was interested in medicine. I ended up applying to the University of Manitoba. But seeing how everything happened in the pandemic, I was just very appalled with medical ethics. I mean, speaking with my own doctor who said, "I advise you not to, but I actually can't help you with anything."

I couldn't believe or even picture myself practising something like that. So I ended up not going forward with that and applied to naturopathic medicine, instead. I got a seat there, but I still can't attend due to restrictions in the province that the school is in.

Shawn Buckley

Okay, so can you share with us more specifically what the restrictions are?

Cassandra Schroeder

Yeah, so I applied to the Canadian College of Naturopathic Medicine in BC and their clinical requirement—not the school's but provincially—is that you have to be vaccinated to be in a medical clinic, practising as a student, whatever the case may be. If you are employed or a student you have to be vaccinated. And I obviously am not. So I cannot go to that program, and I cannot pursue that opportunity right now.

Shawn Buckley

Okay. So that's why you're on hold right now because you still want to become a naturopathic doctor, but the restrictions today, still in April of 2023, are holding you back.

Cassandra Schroeder

Yes.

Shawn Buckley

Okay. Now, I'm curious if you were treated differently at the university because you were unvaccinated?

Cassandra Schroeder

For sure. So I actually didn't disclose my status to friends or my colleagues. I had told my boss at the time because I was also employed on campus— That was my only opportunity to be on campus was through work. And so, I had been upfront with my boss, but I hadn't disclosed this to anyone else. I didn't think it was information that anyone, quite frankly, needs to know. But I had a couple friends who I did tell, and they ostracized me. They treated me differently.

Going out to social settings was very different. I had people almost treat me as if I was ill, even though I wasn't. And they all knew I was there, and they were all friends with me before the pandemic. So yeah, that really changed my friend groups, which I think was very difficult. As a young adult, you predominantly look for advice and hang out with peers your age, and to lose all of my friends was very, very hard.

Shawn Buckley

Right. And were there any comments by professors or anything like that, that you experienced?

Cassandra Schroeder

Yeah. So in the classes, even though I was taking them online, there were some professors who would still make comments belittling those who were unvaccinated. "I can't believe there's anti-vaxxers." Things like that. "I can't believe that people wouldn't get vaccinated. It's so crazy, make sure you get boosted." It was just crazy. Because I'm taking science courses, but that, quite frankly, has nothing to do with science, has nothing to do with the courses I was taking. It was just kind of a jab at those who chose not to get vaccinated.

Shawn Buckley

Now, you told us that you were employed at the university. And my understanding is that in the winter of 2022, you got tested to see whether you caught COVID or not.

Cassandra Schroeder

Yeah. So my thought process was, how do I end up keeping my classes so I can pursue my degree? How do I make sure I can still work so I can pay for all of this? So I asked my doctor if I could get an antibody test done, which, interestingly enough, you cannot get one if you're vaccinated. So I went to my doctor; she agreed. I got the lab work done. It came back positive. So I said, "Hey, can you write me an exemption so that I can go to these classes?" And she said, "The best I can do is write you a letter saying you can cross the border and go to the States, and you can try to use that to get into classes."

So I emailed what the university had set up as their COVID committee, saying, "Hey, can I provide an antibody test and a letter from my doctor that'll allow me to be on campus so I can continue working and going to classes?" And they told me, no, according to their research, the best bet, even if you had recovered from the disease,

[00:10:00]

was to still get vaccinated. I asked them if they could provide the research that they used to say this, and they just stopped communications with me. Which is very frustrating because at this point, I don't know what they're making their rules on. And there's nothing I can do to fight this, which was very disappointing and discouraging.

Shawn Buckley

Just so that everyone understands. When you say you had an antibody test and it showed you had the antibodies, that means that you had caught COVID, you had overcome COVID, and you had natural immunity now.

Cassandra Schroeder

Yes.

Shawn Buckley

Having successfully fought COVID.

Cassandra Schroeder

Yeah. On the actual antibody test when it comes back, it says. "This test cannot differentiate between naturally induced antibodies or vaccine induced antibodies."

Shawn Buckley

Now, who was this COVID committee that was kind of controlling your life and stopped responding?

Cassandra Schroeder

They never released who it was. I asked a couple people, like who is making up this body? It wasn't voted in; the university never disclosed who made up the committee. They just made the committee themselves, and that was it.

Shawn Buckley

So there's basically this secret committee whose membership won't be shared with the students, who are basically making decisions that significantly affect people like you, and you don't even know who it is.

Cassandra Schroeder

Yeah. I also asked them, too, if people who disclose their vaccine status to the committee—I said, "Who will be able to see this on the university side?" and they didn't provide an answer. So who knows who's seeing that on the other side. They didn't really provide any information.

Shawn Buckley

Right. So they're not going to let you attend in person, even though you have natural immunity. So what did you do?

Cassandra Schroeder

So at this point, the university had offered testing in the fall semester. You could get tested. You could go on campus. Every two days you had to go back and get tested again. They asked you questions like, "Who are you on campus for?" "Who can we send this information to?" Things like that when you go to get tested. So before, that was an option. Come the winter, they took that option away, and you could no longer test, and they kicked me out of all of my classes. I was in some in-person and online options. They still took me out of all my classes.

Shawn Buckley

So they took you off of the online classes?

Cassandra Schroeder

Yes.

Shawn Buckley

I'm just trying to get my head around this. So they kick you out of the in-person classes because you're not vaccinated, although you have natural immunity. But you can't even attend online classes when you're unvaccinated?

Cassandra Schroeder

Correct. After that I did re-register in courses because I just needed to finish the degree. At this point, I was very discouraged and I just wanted to get out of that situation. It wasn't doing anything good for me, and I just needed to finish my degree. So I ended up registering for some online options after that. That's where I switched from focusing on microbio to just finishing my degree as a general science degree.

Shawn Buckley

Right, okay. Now, you actually were living at home at the time, right?

Cassandra Schroeder

Yes.

Shawn Buckley

Can you tell us what happened concerning vaccination with your family and maybe the dynamics that were occurring in that process as COVID went on?

Cassandra Schroeder

Sure. So right off the beginning because I was skeptical— My mom's a nurse, and so she also knows kind of the science background, stuff like that. And she actually got very sick at

the beginning of COVID with COVID. And she called some people, and they said, "We still recommend you get vaccinated." So she did, and then everyone else in my family did as well.

Shawn Buckley

I'll just stop you. So you live with both your mother and your father and then you had two siblings.

Cassandra Schroeder

Yeah, and they were at home at this time.

Shawn Buckley

Right, okay.

Cassandra Schroeder

So I was the only one that chose not to get vaccinated and received a lot of pressure. And I know that they come with good intentions as any mother does, and you know, family. It was just a lot of pressure, you know. [They] mentioned so many times, it was like, "It was your fault. You won't be able to hang out with your friends." "You're going to miss out on all these opportunities." Stuff like that.

And honestly, it just confused me because I was like, "It's not my fault that I'm choosing not to get vaccinated. I just don't think that's the best health for me. But the repercussions that I'm going to suffer, the loss of friendships, the loss of future opportunity, that's not my choice, that's not me doing that." So it was just really hard because it felt like it was me who was sabotaging my own life, which was very difficult. It was lots of tears. Thankfully, I had a really good support group that I found later on that really helped get me through all of it. But it was very, very difficult.

Shawn Buckley

Now, eventually, the kind of dynamics or feeling in your family changed about your vaccination status.

Cassandra Schroeder

Yeah.

Shawn Buckley

Do you want to tell us about that and how they currently feel?

Cassandra Schroeder

Sure. So thankfully my boyfriend also knows

[00:15:00]

a lot of science and sat down and had a really good conversation with my mom and really just opened her eyes to everything. And she was so supportive after that, which I'm so thankful for. But now, also, it's the reality of like, we know people who are vaccine-injured: people who have died from getting the vaccine; people who have brain fog, chronic fatigue, debilitating illness. And it'll change their life forever. And being awake to that reality and seeing that is very, very hard.

There's a lot of stress now. Like, what happens to my parents? What happens to one of my siblings? How do you help people through that? What happens if everyone around you dies? I actually had my first ever panic attack realizing that could be a reality, that I could lose everyone around me. And it was very, very difficult.

Shawn Buckley

And is it's fair to say that, actually, your family that's vaccinated, they're stressed now that they have been vaccinated?

Cassandra Schroeder

Oh, for sure, for sure, absolutely.

Shawn Buckley

Right, so they've come to realize they're at risk now.

Cassandra Schroeder

For sure, yeah.

Shawn Buckley

Okay. Now, you were talking about you came across a group that helped you get through this. Can you just share with us about that?

Cassandra Schroeder

Yeah, so Students Against Mandates is the group. It's founded by Leigh Vossen, who's fantastic. She's been a great support. It's just a bunch of students and young adults, even parents, who are just very, very concerned about what was going on. What options did students have? And really, just give a voice to those who are young and going through this. Because up until this point, I didn't know anyone who was on my side, who viewed things the way I saw it. So it was very, very isolating. So to have a group of people who could support you and talk to you about all this was just amazing, and that really did give me hope. It really was just phenomenal.

Shawn Buckley

Right, so I imagine that you would probably recommend, if anyone finds themselves in fear and isolated, to find like-minded people.

Cassandra Schroeder

Absolutely. Share your story. Find people who support you.

Shawn Buckley

Now, going forward, is there anything that you think we should have done differently?

Cassandra Schroeder

Oh, man, I think the biggest thing is that medicine, bodily autonomy, all that needs to be protected to the utmost priority. It's not a group collective. Each person is an individual going through individual situations, and you cannot make a group decision on what people should do. And that should never be pressured.

Shawn Buckley

Right, okay. I'm finished asking the questions, but I'll ask if the commissioners have any questions.

Cassandra Schroeder

Sure.

Commissioner Drysdale

Good morning.

Cassandra Schroeder

Good morning.

Commissioner Drysdale

You had mentioned that you had signed up for university, and I assume you paid your tuition before you started?

Cassandra Schroeder

Yes.

Commissioner Drysdale

Did they refund you the money when they kicked you out of the classes?

Cassandra Schroeder

So at that point I hadn't paid for my tuition. The way the university works is, it's two weeks. They kicked me out of the classes before they started.

In the fall, I'm assuming the reason that they couldn't kick us out of our classes is because we had already paid for our tuition when their mandate had happened. Because they'd actually told us you had to be fully vaccinated by a date in November. But because, I think, we'd already paid, people were already taking the course, and they couldn't have done anything. They didn't have much power. So that's why, I think, they heavily implemented it in January, and then they just kicked people out before tuition had been paid.

Commissioner Drysdale

Hmm. Thank you.

Cassandra Schroeder

Yes.

Commissioner Massie

Thank you very much for your testimony. I'm a little confused about your situation right now.

Cassandra Schroeder

Sure.

Commissioner Massie

Did you mention that the vax mandate is still in action and prevents you to do some of the courses you'd like to do? Or did I miss that?

Cassandra Schroeder

Yes, so I applied to BC, and in BC, they still have the provincial rules, the laws that say that you have to be vaccinated to participate in clinical. So in naturopathic medicine, the first year you already are in clinics, and you need to be vaccinated for that. So the school does not have the mandate, but the Province is mandating it in clinics. So yes, that is why I cannot go to classes.

Commissioner Massie

And are you aware of any prospect that this law at the level of the province will change anytime soon?

Cassandra Schroeder

No. That's why I'm looking at American opportunities, hopefully. But I have no idea where I'm going to go with all that. We'll see where opportunities present themselves.

Commissioner Massie

Did you explore other provinces?

Cassandra Schroeder

Yes, they have a school in Toronto. Last minute, I was told I could go and attend that school. It was about a week before it would have started, and it was not feasible for me to up and move to Toronto. In the future, I may look at that avenue, but I'm not sure if I want to partake in that right now.

Commissioner Massie

Thank you.

Cassandra Schroeder

Thank you.

Shawn Buckley

Well, Cassandra, those are our questions. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story this morning.

Cassandra Schroeder

Thank you so much.

[00:20:14]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 2: Steven Setka

Full Day 3 Timestamp: 02:01:14–02:20:19

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Mr. Steven Setka. Good morning, Steven.

Steven Setka

Good morning.

Shawn Buckley

So I'll start by just asking you to state your full name, spelling your first and last name for the record.

Steven Setka

Steven Christopher Setka. S-T-E-V-E-N, I go by Steve, though. Last name Setka, S-E-T-K-A.

Shawn Buckley

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

Steven Setka

Yes.

Shawn Buckley

Now, my understanding is that you have a business; you are a freight broker in the Winnipeg area.

Steven Setka
That's correct.

Shawn Buckley
And you've been doing that for five and a half years?

Steven Setka
Yes.

Shawn Buckley
So you kind of started just shortly before the pandemic and then, you're still working through that today.

Steven Setka
That's right, we've been doing our business— It's more or less a family business and I won't mention too much about the business, just the fact that it's in the freight and transportation industry. I myself am a sales manager for our company, selling freight services, small parcel services, transportation services for international and domestic shipping.

We started a couple years before the pandemic, and as anyone would know, a new business more or less struggles somewhat out of the gate, so we struggled for sure, for a while. The pandemic actually was a little bit of a supercharger for our business, fortunately. I would never choose to go through a supercharger event like a pandemic in order for the benefits of my business because I was deeply affected by a lot of other aspects of the pandemic. But, yes, that was the career path that I've chosen for the past five years.

Shawn Buckley
Now, you mentioned it as a family business and I want you to talk about your family. But my understanding is that, prior to COVID, you had a sizable extended family in the Winnipeg area and that you were really tied into that. So my understanding is you've got aunts and uncles and cousins and that pre-COVID, I mean, this was a tight-knit family that you were an integral part of.

Steven Setka
Absolutely. I would say we're a pretty tight family. There's a member of my family here today, which is awesome. I really appreciate that. I would say the size of our family, it's medium to large and it is spread across Canada. There was more members of our extended family in Winnipeg up until a couple of years ago, since a few of them have moved away to other areas of the country. My immediate family: there's my mother, father, and my sister and I. Then there's cousins and aunts and uncles, and a few of those families we're very close with. And there were some consequences for my decisions throughout the pandemic that affected those family relationships negatively.

Shawn Buckley

Before you go into that, though, just explain to us how regular your family would meet and for what types of things. Just so that people understand what was normal before things changed.

Steven Setka

It was pretty regular, for sure. There's a cousin I have that I'm very close with that I would spend a good amount of time with. We grew up together. We spent a lot of time together. We had a lot of common interests. Family gatherings would occur, I think, the same as any regular family: maybe every couple of weeks, maybe once a month, maybe once every couple months depending on the season. Summertime, there was definitely a lot more going on. And there would be somewhere between 10 and 20 family members at these events that we would have: barbecues, indoor gatherings, birthdays, Christmas, Easter celebrations, a variety of different things. We all got along really well for the most part. There was some chaos, as there is in any family, for sure, but for the majority of the time it was wonderful. We had a great time.

Shawn Buckley

And you were involved with some sports with some family members.

Steven Setka

Exactly, yes. So growing up, we played hockey. I played rugby with family members. And we were just an athletic family, our extended family. My family, specifically my sister and I, excelled at sports and other members of our family around the city were the same. That was my passion and that's where I really enjoyed spending my time, with family and friends, and that's my community.

Shawn Buckley

And pre-COVID there would be regular phone calls and family group chats and texting and things like that on a pretty regular basis, am I right about that?

Steven Setka

Absolutely, yes. No more, no less than any other family, but we were close. And we appreciated each other's company. I was raised by the phrase that blood is thicker than water and family is very, very important. You can't pick your siblings, you can't pick your family, you can't pick your parents, so you might as well make the best of it.

[00:05:00]

Shawn Buckley

Okay. And we appreciate your enthusiasm. So tell us, as the COVID experience started, what happened and what changed?

Steven Setka

I would say that I was questioning the pandemic. Not necessarily from the start. I started to question it a few months in, before vaccines even came out, before lockdowns and severe

mask mandates and all those different types of things. I have a pretty healthy belief in my immune system, my physical health. That's very important to me: physical, mental, and spiritual health. Therefore, I looked at it from a different lens, right from the get-go, more or less. But I was scared, and I had fear from the get-go. For the most part, my immediate family was very on board. They feel more or less the same way.

Other members of our extended family probably didn't really feel that way. They went right into the so-called fear-porn response, I would say, and watched too much television. That affected the relationship that we had. I was not overly outspoken in the family, but I was most definitely comfortable telling them what I felt in a polite and respectable manner, what I thought. And they didn't really like that a whole lot.

Shawn Buckley

And then was there also some disapproval that you would be going out when, perhaps, the government did not want you going out?

Steven Setka

I was a rule breaker. I'll leave it at that.

Shawn Buckley

Okay, but how did that affect family dynamics?

Steven Setka

Again, the immediate family, there wasn't any issues necessarily, per se, but if we're going to jump ahead and talk about the whole vaccination process and my decision not to get vaccinated, there were a fair-few members of our family that didn't approve of that. Just the fact that I didn't do it and that I was still attempting to participate in everyday life as I normally would. Of course, I wasn't able to for a variety of reasons. As most people that do know me, they would understand that I'm quite a gregarious and outgoing individual. I have a lot of energy. I need social engagement in my life. And being locked down and being isolated in a house or home on my own or with a partner, at the time, was very, very difficult. So it wasn't received very well in my communities, in both family and friends.

Shawn Buckley

Right. And then you told us you chose not to get vaccinated. What types of things happened within the family and your access to the family with that decision?

Steven Setka

There's a few households that I was not able to attend. I have not been back there since. I won't go too much into depth on that, but the relationships of being around those family members has definitely changed. And I would say that it's uprooted some deeper hurt that has been long-standing, maybe, within the family. Our family, I believe, like others, struggles with issues and challenges and relationships. Especially the larger that they get, the more difficulty you can experience. COVID, the pandemic, the vaccines, the lockdowns—our difference in views definitely affected that negatively.

Shawn Buckley

So my understanding is you're not invited to birthday parties and there's some of your nieces and nephews you're no longer allowed to see, right?

Steven Setka

More or less. I would say it's more— Currently, it's just the association, the discussions, the participation in family has been very limited and minimal. I would say our immediate family has been ostracized and excluded from events. Specifically, I'll tell a really quick story.

Members of my immediate family that were vaccinated are and have been invited to events.

And then the ones that aren't, aren't invited to anything anymore, and that's really been the case for a couple of years now. I don't know if that has to do with the vaccination status or with the fact that there's other things going on. To be honest, it doesn't bother me as much any longer. It did affect me really negatively and my mindset for a long period of time, though.

Shawn Buckley

Now, I want to segue to church because you had an experience with church. My understanding is that you were going to Oasis Church when the pandemic hit. Can you share with us what happened there?

Steven Setka

For sure. This is something that I have a friend that I discuss with regularly. Because I was in a Zoom group or more of like a family-care group with this individual. A couple of years ago,

[00:10:00]

Oasis Church was concerned about the pandemic and vaccination requirements, and whatnot. And I brought it up with the leadership of the church that I was concerned about that, the fact that they were going to separate individuals, bring in a vaccination pass or something of the like. And I had met with the leadership of the church to express my concerns, to no avail. Whenever it was that the vaccine pass came around—that would have been 2021, end of summerish, going into the winter—it got really severe and really heated. Oasis Church brought in a vaccination pass, and they had it right around Christmas time. And I made the decision to go— They had a section for undeclared individuals for Christmas Eve. I decided to go to that.

Shawn Buckley

I just want to stop you. So this is Christmas Eve service which, in a Christian church, is one of the two major celebrations.

Steven Setka

Absolutely. Christmas Eve's a big deal. It's a wonderful opportunity to spend time with your family. I decided to go on my own, in the section of the church that was declared for individuals who did not want to declare their status. And I'm walking in and I go into the church and I go into the theatre, which was separate from the main congregation, for the

regular vaccinated service, I guess you could say, on Christmas Eve. I was the only one in that separate theatre at the church. And I was shocked that there was, first off, no one else there. But it didn't surprise me that nobody else showed up: if they didn't want to declare, they just wouldn't go. I just put myself on the line, and that was more or less the straw that broke the camel's back for me when it came to not attending that church anymore because of that decision that they had made. Which brings me to changing churches and going somewhere else now.

Shawn Buckley

Right, so basically, they were accommodating people that were undeclared, but they were in a different theatre. And I guess, the idea would be, you'd watch it on a screen?

Steven Setka

Right. Absolutely.

Shawn Buckley

But when you show up, you are the only one in that room.

Steven Setka

Exactly. There would have been—I would put my number on it at, maybe, 1,000 people at the service in the main area. And then myself as the one individual who went undeclared.

Shawn Buckley

Were there other things about being unvaccinated, other restrictions that affected you?

Steven Setka

Absolutely. There were work repercussions in terms of events and networking and social engagements. That was severe. I also love to travel. I have family all over the country. I enjoy travel for business, family, and leisure. I have not been able to do that for a long period of time. I can now, of course. But I was not able to attend work conventions in the United States, work conventions in Canada. My business partner and I actually drove to Toronto right near the end of the flight mandate—it was about eight to ten months ago—which is a long drive, especially in the wintertime, to get to another city in order to attend a mandatory work event. So we were not able to fly there. Instead, we had to drive 24 hours and take time away from the day-to-day operation of our business in order to do that. And that was very difficult and very challenging.

Shawn Buckley

How has this affected you mentally?

Steven Setka

Tremendously, I would say. As I stated, a very outgoing and gregarious individual, I felt feelings of sadness, loneliness, anger, depression, anxiety, a variety of different things. I would say I utilized my family and my friends as an outlet to talk about them. Was it sufficient? I have beautiful people in my life and I was very happy to have those people

there. And those support groups, the aforementioned ones that Cassie said about S.A.M. [Students Against Mandates] and other groups that I affiliated with. But the readjustment of my social scene and social circle was extremely difficult. And it's ongoing. When you lose friends, when you lose opportunities, miss out on a variety of things and aren't able to do anything for fun, per se, for eight months, that takes a toll on your mental health.

Shawn Buckley

Especially, for a large period of that time, you were living by yourself, weren't you?

Steven Setka

Correct.

Shawn Buckley

So you know, lockdown for you meant just being isolated.

Steven Setka

Exactly. I was living with a partner for a period of that time, but, more or less, probably half of the pandemic I was living on my own.

Shawn Buckley

Now, do you have any ideas how we could have done this better?

Steven Setka

Depends how much time we have to talk about it.

Shawn Buckley

Yeah.

[00:15:00]

Steven Setka

I have a belief that, in this world, we live with a lot of risk every single day. I would have liked to see the government, or those-that-be, allow us to choose which risk we wanted to take in our life and the ability to have autonomy in our own decision-making. If you wanted to get vaccinated or stay at home or wear a mask, or whatnot, that's great. But if you are willing to take the risks associated with daily living, along with going out when there's flu season, sickness going around, that would have been how I would like to see the response.

Now, that response was done in other areas of the world—Florida, probably, being the one that we're most familiar with. Bodily autonomy, personal autonomy, and individual responsibility. That's just what I believe in and how it should have been done better.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions for you.

Commissioner Kaikkonen

Good morning. I'm glad you decided to find another church, but I'm just wondering how the new church did things differently with regard to the mandates and lockdowns.

Steven Setka

So I'll share that I'm a member at Springs Church, and there's other people around here that I see that are there as well, too. I felt more at home there. A little short anecdote about the reason why I ended up there is because of this experience at the previous church, the vax pass, and then being accepted elsewhere. Also, members of the community that I was becoming involved with were there. And I never really knew much about it, but it felt more like home. I went to the church, to Springs Church, for that reason.

I stayed because of the pastor, Leon Fontaine. God bless his heart, is no longer with us. And I'm continuing at that church, and I will be for a long period of time because of the communities and the associations that I've built there. Springs definitely pushed the envelope. They allowed people individual autonomy and responsibility. They were in the news and in the media more than, definitely, many others. They stood up for the Charter freedom that we have to practise our religion or our faith, and I appreciated that because that's exactly how I felt in regard to the human rights we all have as citizens of the world.

Commissioner Kaikkonen

Thank you.

Commissioner Massie

I'm most tempted to ask you a question about what you experienced in the church. I guess you must have had conversations with people over there. I'm wondering whether the question about, what would have Jesus done under those circumstances with the unvaxxed? Was that ever raised?

Steven Setka

I believe so. I have these conversations with my father regularly. He reads the Bible on the daily. We are very biblically focused, and we have a lot of faith, and I don't necessarily know, I don't think there's any—I don't know if in the Bible there's anything to do with vaccination specifically. But Springs teaches us this little acronym that many people are familiar with, and I believe this is what Jesus would have done. He would have loved and accepted and forgiven people for the decisions that they made. Love people for where they're at, accept people for the decisions that they have made, and forgive those who have potentially wronged you. And that's just the spirit that I live by.

Shawn Buckley

Thank you. There being no further questions, Steven, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your experience with us.

Steven Setka

Thank you for having me.

[00:19:05]

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***For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 3: Steven Kiedyk

Full Day 3 Timestamp: 02:20:56–02:33:36

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Shawn Buckley

And our next witness is going to be a Mr. Steven Kiedyk.

Wayne Lenhardt

Good morning, Steven. Could you give us your name and then spell it for us. And then you're going to have to swear an oath for me.

Steven Kiedyk

My name is Steven Kiedyk, S-T-E-V-E-N K-I-E-D-Y-K.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here today?

Steven Kiedyk

I do. I will.

Wayne Lenhardt

Your testimony today is going to relate to your injuries that you've suffered from the vaccine. So let's start with a bit of background. Your profession is that of a land surveyor in Manitoba, correct?

Steven Kiedyk

Yes.

Wayne Lenhardt

And when did you first start doing land surveying?

Steven Kiedyk

2007, I believe.

Wayne Lenhardt

So by October 2020, you were still doing that and you were doing it for the Manitoba government, correct?

Steven Kiedyk

I was, yes.

Wayne Lenhardt

That job terminated in April of 2021 for no COVID reasons, am I right?

Steven Kiedyk

That is correct, yes.

Wayne Lenhardt

As a restructuring of the government. You continue to do surveying and went back to your original company in June of 2021. Am I correct?

Steven Kiedyk

Correct.

Wayne Lenhardt

Tell me why and when you were convinced to get one shot of the Pfizer vaccine.

Steven Kiedyk

Well, it took me a while to actually finally convince myself to go in and get a shot. I finally got it in July of 2021. Up to that point, I was pretty adamant on not wanting to get it, only because I believed I should have the right to choose on whether I should get it or not. Secondly, because I wasn't really a part of the demographic that was at risk for the disease. So therefore, I just didn't want to put myself through that risk. But eventually, after months of being essentially cast out of society and being told that I was a horrible person for not joining the vaccination campaign, I finally decided in July. I just woke up one morning and decided to get my one shot to regain my presence in society, I guess.

Wayne Lenhardt

At that point, you are pretty healthy. I understand that you did a marathon in July of 2019.

Steven Kiedyk

Yes, I'm a fairly avid gym-goer. I go to the gym, roughly about five days a week. I ran. Like I said, I did my first marathon in 2019. I actually did really, really well and tried to continue on going down that path of being as healthy as possible. Because I'm only getting older, so I may as well try to stay healthier.

Wayne Lenhardt

And did you have any ailments of any kind?

Steven Kiedyk

Up to that point, no. I was fairly healthy. I was a fairly healthy 35-year-old, just trying to learn how to run.

Wayne Lenhardt

So in July you had your one shot of Pfizer.

Steven Kiedyk

Yes.

Wayne Lenhardt

And when did you have your first health concern?

Steven Kiedyk

So it was only the one vaccination that I had, so I was still kind of locked out of most of society. I wasn't able to go to the gym and I wasn't able to do much physical activity. But it wasn't until October. I got together with some friends and we decided to play some basketball, where just playing a regular game of pickup with some friends,

[00:05:00]

I ended up losing consciousness and collapsing on the floor. Just playing regular basketball. It was really alarming because it had never actually happened to me before under strain, losing consciousness and blacking out and getting all tingly. So that was kind of alarming. But now I realize that it has not stopped, actually. I'm finding myself losing consciousness on overexertion, actually a lot of times. My body goes tingly, I lose vision. I have to take a knee or I have to take a second to regain my composure.

Wayne Lenhardt

And how often does this happen?

Steven Kiedyk

Well, in the beginning, it could happen almost three times a day, depending on what I was doing that day. Now, I'm a little bit better at regulating how much stress and how much strain I can put on my body so that it doesn't happen. But it does happen still quite regularly if I over-strenuate myself, I guess.

Wayne Lenhardt

Has this interfered with your surveying job in any way?

Steven Kiedyk

Indirectly, yes. I'm not as good at my job as I was before. I'm finding myself taking a few more breaks during my work. When I'm doing my physical activity during my work, I'm not getting as much work done as I did before. Again, because of breaks, because of having to catch my breath, because of having to make sure I don't collapse and lose consciousness.

Wayne Lenhardt

Yes. We talked earlier about your work and how you, as you put it, you do a certain number of bars per day.

Steven Kiedyk

Yes.

Wayne Lenhardt

Could you explain what that means for the commissioners?

Steven Kiedyk

Sure. For an example, let's say I was on a regular day, I would be able to place about 12 bars. These are iron bars about three feet long, about one inch by one inch. I'd use a sledgehammer and I would be pounding those into the ground on property corners.

Wayne Lenhardt

Okay, so let me take an example so this is understandable. If you're surveying, let's say, a lot out in the field somewhere, you will want to locate the corners of that lot.

Steven Kiedyk

Yes.

Wayne Lenhardt

And when you do, you will put an iron bar at each corner of the lot.

Steven Kiedyk

Exactly, yes.

Wayne Lenhardt

And it's about two and a half feet long and it's about an inch by an inch in outer dimension.

Steven Kiedyk

Yes. In outer diameter, I guess.

Wayne Lenhardt

So what you'll do is, you'll put that bar and then you'll get your sledgehammer out, and you'll drive that bar into the ground.

Steven Kiedyk

Yes.

Wayne Lenhardt

Okay and then that becomes the precise location of the corners of the lot.

Steven Kiedyk

Exactly.

Wayne Lenhardt

Previously, we had said that you could do something like 12 bars a day. And you're now only able to do, sometimes, three bars, sometimes five a day.

Steven Kiedyk

Yeah, depending, again, on how tough the ground is and how much strain I'm actually having to put onto that. I am actually doing much less than what I was doing before because, again, I'm not able to just continuously work like I did before. I'm finding I'm having to take a lot more breaks and catch my breath.

Wayne Lenhardt

Have these sessions of blackouts, let's call them that, have they gotten worse or better? Or have they stayed the same roughly since October 2021?

Steven Kiedyk

You know, I'd like to be hopeful and say they've been getting better. But I think it's just I'm better at regulating exactly how much strain I can put. Maybe they've gotten slightly better. But for the most part, they're very evident and they are very continuous in my daily life.

Wayne Lenhardt

Okay. Have you gone to a doctor to have him or her look at this?

Steven Kiedyk

That's the one thing I have not done. Mostly because of the whole scenario that has gone on during the pandemic. I've lost a lot of faith in the medical industry; I mean, I didn't really want to. But I just really don't know who to trust and if I'm just going to be cast aside and now your problems are unimportant.

[00:10:00]

I know my body. I know what I know. For the last 37 years I've been living with this body.

Wayne Lenhardt

So is it fair to say, then, that you're able to manage it to some extent so that you can still work?

Steven Kiedyk

Yes.

Wayne Lenhardt

But has it gotten better or worse or stayed the same?

Steven Kiedyk

I definitely wouldn't say it's gotten— It hasn't gotten better enough, to say that it's very noticeable.

Wayne Lenhardt

You have learned how to manage it to some extent?

Steven Kiedyk

Yes, and that's probably about the way I could say it's gotten better.

Wayne Lenhardt

Okay. I think, at this point, I'll ask the commissioners if they have any questions they would like to dig into. Yes, Dr. Massie.

Commissioner Massie

Did you try to report your side effect to the authority?

Steven Kiedyk

I did. I signed a form, one of the forms that was circulating on the internet, but that was about as far as I went. Again, mostly because of the medical industry: I was hearing a lot of people complaining about side effects that were going unheard, so I just didn't really know the right person to give my complaints to that would actually get traction. I'm under the impression that it just wouldn't get much traction—hence why I actually even signed up for this, so that my story could get heard.

Commissioner Massie

And my other question is, has your partially vaccinated status affected your ability to work or your social life?

Steven Kiedyk

Yeah, it definitely has affected it, two ways. One way it's affected it is because the people who are on the vaccine campaign give me flack for not getting my second one. And then,

also the fact that I got my first one. Like I said, it impacts my life, every day. It's very strenuous on my life.

Commissioner Massie

Can you also specify the delay between the vaccination you had and the first onset of symptoms that you have noticed.

Steven Kiedyk

Yeah, it was the first week in July when I got the vaccination. And it was about the second week in October when I actually realized I had that first symptoms and I noticed that I couldn't exercise like I used to.

Commissioner Massie

Thank you.

Wayne Lenhardt

Any other questions? No. Okay, on behalf of the National Citizens Inquiry, thank you for your testimony.

Steven Kiedyk

Thank you.

[00:13:18]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 4: Devon Sexstone

Full Day 3 Timestamp: 02:33:36–02:47:34

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[00:00:00]

Wayne Lenhardt

The next witness is going to be Devon Sextone.

Okay, could you give us your full name, Devon, and then spell it for us, and then I'll make you swear an oath.

Devon Sexstone

It's Devon Sextone, D-E-V-O-N S-E-X-S-T-O-N-E.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Devon Sexstone

I do.

Wayne Lenhardt

Okay, to start with a little context, could you tell us what your career and work history has been since about 2005? Just quickly.

Devon Sexstone

So I've been an army reservist for about 16 years; I'm now a veteran. I have operated equipment and trucks, both militarily and in the civilian world.

When COVID hit, I had just become a unit manager managing a freight terminal for an expedited LTL and courier company, one of the largest in Canada. And I lost both that job and I've been kicked out of the military due to the vaccine mandates.

Wayne Lenhardt

Okay. So let's pick up the timeline: March of 2020, then. This is when there was evolving COVID policy happening. You started to have some fears. Then March of 2021, you're off on parental leave for a bit of time. This is why you were working for Purolator. And then in October of 2021, the vaccine mandates came in. What happened, at that point, in your work place?

Devon Sexstone

So March of 2020, three months into being a manager, COVID, as far as I can recall, landed on the shores of Canada. There was constant, ever-evolving policies coming from head office. The executive branch, in my opinion, did not do a good job of allaying people's fears. A lot of people were understandably concerned, but we were told that we were essential services and we were to continue working.

Throughout the next year and a half or so, there was a lot of high stress. Our industry exploded in terms of busyness and it was uncontrollable growth, coupled with mask mandates and constantly changing policies.

When I returned from parental leave after the birth of our fourth child, in October of 2021, I was told that there would be an impending vaccine mandate. I believe the initial date that they had stated was November or December of 2021. They kept pushing it back because there was a lot of pushback. I was told that if I didn't disclose my status—I believe in November of 2021—that I would be disciplined. I actually ended up disclosing it under duress because, at that point, I wanted my children to have presents under the Christmas tree. Because financially, we were still recovering from me being off on parental leave.

At the same time in November of 2021, the armed forces had told me that if I was to refuse the vaccine that I was no longer allowed to train and parade with them. I was made to read through the entire COVID policy from the Chief of Defence staff and discovered that I had missed a date for voluntary release and was told that, basically, I would be forced out—5F released. I told them that I was going to grieve that because I was not aware of it.

So at the same time, I had the stress of losing my civilian job, which provided for us because my wife was at home with our four young children, who were four or five years old and younger at the time, and my part-time job, which we used to help sustain us.

During the time period between October and December of 2021, there was a lot of confusion going on amongst the head of Purolator, the executive staff. There was questions about the legality, both for myself and others. The only responses I got were either no response whatsoever, or I was told that that was a good question, and that was the end of the email.

At one point, one of the individuals responsible for the vaccine mandate at the executive level was asked,

[00:05:00]

essentially, what was going to allow them to legally do this. And his response was that the government was going to be helping them out. So I took that to mean that this was not legal and that, basically, it was a political thing.

Fast forward to January of 2022: myself and 1,032 other individuals were placed on unpaid leave and our ROEs [record of employment] were coded, I believe it was code M—which was suspension or temporary dismissal—and as a result, I was ineligible to collect EI benefits, even though I had been paying into them. So at that point, I had lost my military career. I was no longer allowed to parade. That release finally happened in June of 2022.

So basically, the stress from that was absolutely crushing because had my wife been working and not lost her job, that would have been a different story. But when you are the sole breadwinner for your wife and four young children— To be honest, I felt like an abject failure as a man for quite a long time. Yeah.

Wayne Lenhardt

Okay, to quickly summarize: In January of 2022, the mandate came in to disclose your status or tell them that you're not vaxxed. And if you weren't vaccinated, you would be put on unpaid leave, which happened.

Devon Sexstone

Correct.

Wayne Lenhardt

And so, at this point, you are still basically suspended, unpaid leave with Purolator.

Devon Sexstone

That's correct, yeah, from Purolator.

Wayne Lenhardt

But you did get a different job, so you've been driving truck since.

Devon Sexstone

Yep.

If I may, though, delve into some of the impact that I saw happen to some of my employees that I managed. One of our clerical workers, her husband suffered Bell's palsy as a vaccine injury. She was terrified to get the shots as well, but basically, disclosed to me that she felt **she had no choice because financially, it would ruin them. Two of my drivers that drove for me told me that after their second dose of the vaccines, they had horrendous headaches every single day that they had never had previous.**

After the 1,032 of us were placed on unpaid leave, 215 of us launched a lawsuit. Several of the individuals from that lawsuit lost their apartments. They were in places like Toronto where the rent is extremely high. They were living in their vehicles. The impact of this policy was attempted starvation. To say to someone that you can't work somewhere is one thing. But to say to someone you can't work somewhere and then, basically, pull out any social safety net is a different thing entirely.

Wayne Lenhardt

I think we should note that you have had other vaccines in the past, so it's not as if you are anti-vaccine.

Devon Sexstone

Yes, I deployed to Afghanistan in 2011. I believe I received five or six different inoculations in a very short window. I had no concerns about it at all. I had no adverse reactions whatsoever. I probably have more vaccines than most people sitting in this room. So I'm not an anti-vaxxer.

My reason for suspicion with the vaccine was my mom was a nurse and she told me about a lot of what she knew. The longer things went on, the more it became quite clear to me that it was politically motivated. People that were asking legitimate questions as to the safety and efficacy of the vaccine were told that they were conspiracy theorists. Our own Prime Minister stood on TV and called them misogynists and racists. It was apparent to me that—From my experience in the military, the government will do what it needs to stay in power and to protect its liability. They often don't, unfortunately, do what is right.

There were a lot of veterans that were prescribed Mefloquine, which is an antimalarial drug. And it came out years later that that drug was causing severe psychological effects on those that were prescribed it. And they knew for decades that it was doing that. So I had an underlying suspicion of the government telling me that a drug was safe.

Wayne Lenhardt

In terms of your employment at the moment, are you making similar money to what you made with Purolator before? And could you compare your wages and your benefits now to what you had with Purolator?

Devon Sexstone

I am making similar, but I'm working 12 to 14 hours a day, instead of eight to 10. I had a pension plan with Purolator that was very good. I had a lot of upward mobility.

[00:10:00]

I had hoped to move into more of network planning and logistics and load planning across the entire network, or at least the Western Canada portion. Where I am now, I'm very grateful for the job. The employers treat me very well, but I'm making \$10 an hour less than I was working at Purolator. So it was a substantial pay cut.

Wayne Lenhardt

And was there any benefits from the military prior to you being released from the military back in June of 2022?

Devon Sexstone

No. Thankfully, there had been rumour that my pension would be taken away from that. Thankfully, that didn't materialize. I still have my pension.

Wayne Lenhardt

Okay, so you're managing to support your wife and your four children and yourself at the moment.

Devon Sexstone

Correct.

Wayne Lenhardt

I think, at this point, I'll ask the commissioners if they have any questions.

Dr. Massie?

Commissioner Massie

Thank you very much for your testimony. If I am not mistaken, I was reading this morning that Purolator has dropped this vaccine mandate. Are you aware of that?

Devon Sexstone

I've heard rumour of it, but I have not been contacted by HR to inform me that that's changed. So until that happens— Maybe that is the case, but no one's contacted me to inform me.

Commissioner Massie

Would that be something you would consider?

Devon Sexstone

It's hard to say. To go back after what's approaching a year and a half, to a company that violated every aspect of my employment contract and treated people like absolute garbage—it would be a pretty hard sell. I'm not saying it would be a no-go, but I don't know. By their fruit shall you know them, right?

Commissioner Massie

Thank you.

Wayne Lenhardt

Any other questions from the commissioners?

Okay, on behalf of the Citizens Inquiry, thank you for your testimony.

Sorry, one more question.

Commissioner Kaikkonen

I'm sorry, I'm always slow to put my hand up.

I'm just wondering about the safety net the government provides when you lose employment. I'm thinking of government-contracted employees who can collect EI in the non-contracted periods of the year.

How did you feel when you could not collect EI, even though you had contributed to the system, if you will, since 2005? I believe that's the year.

Devon Sexstone

Yes, since I was 16. It might sound a bit extreme, but I would almost liken it to attempted murder. I mean, you've taken away my ability to provide for my family. It's one thing to do that to me as an individual. Part of the struggle was everyone, it seemed, had vaccine mandates. I have my Class One, which is kind of a ticket to a lot of employment. But a lot of companies would not even entertain employing you if you were unvaccinated.

I mean, even then, you go to an interview— And I had a few interviews that I'm sure the reason that they booted me out the door was because when they asked, "Well, what's going on with Purolator?" "Well, I was unvaccinated." It was immediately a black mark.

So yeah, to pay into something and then be denied it— I mean, it was in keeping with everything they did. Everything Purolator did violated the employment contracts and employment rights of their employees. And they were directed to do that by the government, based off their own admissions.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Any other questions?

Thank you, again, for your testimony.

[00:13:58]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 5: Leigh Vossen

Full Day 3 Timestamp: 02:47:50–03:17:55

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kassy Baker

Good morning. Ms. Vossen, can you please state your full name for the record and then spell your full name, as well, please?

Leigh Vossen

Yeah, my name is Leigh Elizabeth Granelli Vossen and that's L-E-I-G-H, V as in Victor, O-S-S-E-N.

Kassy Baker

Very good. Now, Miss Vossen, do you swear to tell the truth, the whole truth, and nothing but the truth today?

Leigh Vossen

I do.

Kassy Baker

Very good. Now, I believe we've actually had some reference to you already this morning, as Ms. Schroeder mentioned you during her testimony. I understand that you're here today because you're one of the founders of a non-profit organization called Students Against Mandates, or S.A.M. for short. We're going to get into the circumstances that led to the formation of that group. But just to give us a bit of background, can you please explain to us your qualifications and your education and your employment as of the pandemic, at the start.

Leigh Vossen

Yeah. So when the pandemic started, I was working as an in-house graphic designer, and at the time as well, my friend and I were actually planning on opening a small business. So we

just finished doing a business plan and we were looking at spaces to lease. The two weeks to slow the curve hit and I said, "Let's take a pause on this," and it ended up being a little bit longer than two weeks to slow the curve. So that small business was put on hold, but that's where I was at, at the beginning.

Kassy Baker

And you were continuing to work throughout the pandemic, at that point. Your current employment was still continuing at that point, is that correct?

Leigh Vossen

That's right. It was moved to all online, so I was able to work from my apartment. By December of 2020, I decided to leave my position there and go back to school, to take business administration, accounting. I felt that it would be good to make use of the pandemic and that education could be put towards opening my small business.

Kassy Baker

Very good. Where did you enroll for these classes?

Leigh Vossen

It's at Red River College, here in Winnipeg.

Kassy Baker

And just to confirm, that was in December of 2020 that you enrolled in those classes. Is that right?

Leigh Vossen

It started in January of 2021. So my last day at my graphic design job was in December, and then January is when I started business administration.

Kassy Baker

Very good. And at that time, how were classes being conducted?

Leigh Vossen

So they were all on Zoom.

Kassy Baker

All of them, 100 per cent of your classes.

Leigh Vossen

All of them, yeah. And there was no mention of mandates. No mention of vaccine passports. Hadn't heard of them at the time.

Kassy Baker

Very good. So I understand that you were able to complete your first and second term, in fact, of your business administration program.

Leigh Vossen

And third term.

Kassy Baker

And your third term, as well, all via Zoom, is that correct?

Leigh Vossen

That's correct.

Kassy Baker

Now, how long was your program? How many semesters in total?

Leigh Vossen

It would have been four terms. I had one term left.

Kassy Baker

All right. So at what point were you preparing to start your fourth and final semester?

Leigh Vossen

I remember that the mandates hit in August of 2021 and I was still in my second term. The mandates actually didn't affect me because I was online and it wasn't moved to in-person. But any staff or student who needed to be on campus—say, nursing or there's a lot of construction programs at Red River. It's a very hands-on college, so there's a lot of programs that required students to be in-person. At that time, it didn't affect me.

It wasn't until the end of my third term, going into my fourth term, I was notified that my classes would all be moved to in-person and that I would need to submit proof of vaccination. I contacted my school and said, "You'll need to provide an alternative." And I guess I can just say, they provided one online class per course. But for some reason, a number of students'—including mine, another unvaccinated student, I don't know about the rest of them—but our registration portals were frozen until all of those classes were filled. So I don't know why that happened, but I was unable to register for any online classes. They were taken up, and I decided to drop out because I didn't want to support the college.

Sorry, I'm going ahead. I'll let you ask questions.

Kassy Baker

That's okay, I understand. I'm just going to circle back a little bit here and just try and get a little more detail about some of what you've told us here.

So you've advised that you were told in August of 2021 by your school that a mandate would be coming into effect shortly. What, specifically, were the terms of that mandate? You have said that only those that were required to attend classes on campus,

[00:05:00]

at first, were required to be vaccinated and that this did not affect you as an online learner. Is that right?

Leigh Vossen

Yeah, that's right.

Kassy Baker

At what point did the mandate, then, affect you? And what did the mandate require?

Leigh Vossen

Yeah. So again, it was at the end of my fourth term—I can't remember the exact date of when that was. Or sorry, the end of my third term going into my fourth term, that's when I was informed. I received an email saying business administration classes were going to return to campus, and in order to step foot on campus, you need to provide proof of vaccination.

Kassy Baker

And so, this policy was only coming into effect on your fourth and final semester, in fact.

Leigh Vossen

Yes, so the mandate was still in place, but then they were moving my program to in-person. The mandate actually started during, maybe, halfway through my third term. So I felt like I'd be able to get through my whole program without having to go through this.

Kassy Baker

Right. Now, you did say that you expressed some concern regarding the mandate to your administration. Can you just describe, generally, how you communicated those concerns?

Leigh Vossen

Absolutely. So I remember I was driving with my family to Toronto, sitting in the backseat of the car, and I received an email from the President of the College announcing the implementation of vaccine mandates and passports for all staff and students who wanted to step foot on campus. And again, didn't affect me, but I felt so strongly against this—and I guess, throughout the whole pandemic, I'd felt that a lot of the treatment towards the unvaccinated was very unjust—and I decided to do something.

So I wrote an email to the President expressing my concern. I said, "On behalf of a huge group of concerned students—" It was just me but—I just explained I'd like to see the data. I followed that up by posting that email into an anti-mandate group on Facebook that I

joined the day before. There was about 5,000 people in that group. I said, "Could you guys send this and bombard the President of my college?" which a lot of them did.

A few days later, the College announced— I should add, they had said no exemptions were allowed for students who are unvaccinated to step foot on campus. They said, "Actually, we will allow exemptions for unvaccinated students." And then I messaged the President and said, "Would I be able to meet with you in person to discuss the data?" I mean, it's a very nerve-wracking thing to do. I'm not comfortable with that, but I felt like we needed to push back on this. And he ignored a number of emails and voicemail messages and then, eventually, they said something along the lines of, "We're against discrimination and segregation of any kind, but these are our policies, and that's the end of the discussion."

Kassy Baker

Now, you said that the school did, at some point, advise that there would be exemptions made. Were there any conditions that you had to meet in order to qualify for an exemption?

Leigh Vossen

Those weren't stated. And once I started my organization, Students Against Mandates, I started receiving messages from people saying, "My religious and my medical exemptions are all being denied." You're hard-pressed to find a student who got an approved exemption. I think it was just sort of a, "Look we're offering this; it needs to be approved," and none of the exemptions really met the criteria. I think there's a couple of students, but very few.

Kassy Baker

So did you ever receive any direct communication from the administration, specifically with regard to your attempted communications?

Leigh Vossen

I got one email saying, "We'll respond to you tomorrow," and then they didn't. So then I kept emailing them and leaving them voicemail messages. And then I did get that email, that one email, saying, "This is the end of the discussion," essentially. "This is our policy. We stand firm by it. We'll not be meeting with you."

Kassy Baker

Very good. Now, I understand that it's, perhaps, been implied to this point but has not been **directly stated that you either were not vaccinated or were not willing to disclose your vaccination status. Is that correct?**

Leigh Vossen

Yeah, I'm unvaccinated.

Kassy Baker

Okay. Prior to COVID, had you ever experienced any hesitation with regards to obtaining vaccinations?

Leigh Vossen

No, not at all.

Kassy Baker

So this was, essentially, a first instance of concern for you. Is that right?

Leigh Vossen

That's correct.

Kassy Baker

And what, specifically, was concerning for you?

Leigh Vossen

Well, I don't know why this is for me, but I never felt any fear when I heard about the pandemic. I just listened to what our politicians, our leaders were saying, and I started to notice that they were not uniting the country; they were dividing. And to me, that didn't make sense and I felt like there might have been an ulterior motive.

And then as things proceeded— My sister, actually, has a degree in microbio and immunology and she was saying, "You know, these headlines don't make sense; this is not what a virologist would say."

[00:10:00]

And I'd have a lot of really great conversations with her. In addition, my family, I would say they really push critical thinking and listening to both sides of the conversation. So I was always willing to listen to people who had a different viewpoint.

I am very against groupthink and cancel culture. I've been cancelled for my view on cancel culture before. So yeah, I didn't like what I was seeing and I didn't see what the leaders of the country were doing as true leadership.

So as I said, I didn't have really an issue with the vaccine, necessarily, at the beginning. I just thought, well, there's no longitudinal studies. We don't know what this will do and they're not being honest about that. They're saying it's safe and effective and they have no way of knowing that without longitudinal studies, so I chose to hold back.

Kassy Baker

Right. Now, you've advised that you created an account, I believe it started on Instagram, is that right, for Students Against Mandates?

Leigh Vossen

That's correct.

Kassy Baker

Can you tell us about the early days of the creation of that account?

Leigh Vossen

Yeah. I feel being ignored by the President pushed me to create this Instagram account to share the policies that Red River College was implementing. It started focusing with Red River College. I have the graphic design background, so I felt this is something that I could do.

And then, to my surprise— I have to say I was very isolated prior to the pandemic. All of my friends, all of my social circles, did not agree with my viewpoint. I hadn't really told most of my friends. But my family, half of them are vaccinated. I have five siblings, half of them are vaccinated, but they all supported us making our own decision.

So I made this Instagram not expecting much back. I remember I was surprised when I got 25 followers, that there were 25 like-minded people at Red River who agreed with me. But then I just started getting hundreds, now thousands, of messages over the past three years. But hundreds of stories from students, staff, administration, professors, doctors, lawyers. There's underground networks of paramedics and lawyers in Winnipeg.

It opened my eyes to just how many people there were being affected by this, and the degree to which they were being impacted. And it just kept me going and pushing back and speaking up.

Kassy Baker

Can you describe some of the more memorable messages that you received from some other students who are similarly impacted by vaccines or vaccine mandates?

Leigh Vossen

Absolutely. So at the start, a lot of the messages from students, sort of surrounded, feeling isolated, scared that they couldn't speak up. Essentially, there was a lot of messages saying, "Thank you for making this platform because I felt alone and it's been impacting my mental health."

I started saying to anybody who is in Winnipeg, "I will meet up with you. I'll have coffee if it's legal to go to a coffee shop right now. Or you know, we can go for a walk." So I was starting to do that multiple times a week and then it started to get to be a lot. So I started hosting potlucks at my house to get these people to meet each other and form a community. I felt like, if you have people behind you, you're going to be more likely to speak up. And I know I have my family behind me, but these people didn't have anyone. So I started doing that.

But one student I met up with for coffee, she's from China: she's a resident student. She said, "If I don't get vaccinated, I'm going to go back to China, and if I don't get my Canadian passport before then, I'm not going to be able to come back." And she said, "We wouldn't be able to have this conversation in a coffee shop where I'm from, so I'd really like to stay here."

And then I had a message— It really shocked me at the time because I was anonymous up until the Freedom Convoy. On S.A.M., a former teacher that I had had before the pandemic, one that I'd see every day, in person, she messaged me and said, "Can you help me? I got one dose of the vaccine. I'm terribly injured. I can't—" Essentially, like, all the symptoms of Parkinson's: like shaking; couldn't walk well; sleeping most of the day. She said, "I'm having difficulty picking up a cup of coffee." And I ended up saying, "It's me. I'm a former student of

yours.” And she was going to testify, I believe, but she’s not well, so she wasn’t able to follow through with that. So that was pretty hard.

I had a professor—actually, this is about three weeks ago—message me. She said she just wants to share her story with me, that she held out as long as she could. She didn’t want to get the vaccine. She loved her job and she’d worked there her whole career. And they said she’d lose her job if she didn’t get vaccinated. And she said, “If I didn’t, I would lose my house; I wouldn’t be able to pay for my mortgage payments. So I went and got vaccinated, but I was bawling hysterically when I went into the clinic saying, ‘I do not want to do this,’ and no one said anything. They looked sheepish and uncomfortable, but they vaccinated me.”

[00:15:00]

And about two weeks later, they dropped the mandate and she said, “I was raped when I was younger and this is akin to that. But I can’t get the substance out of my body and I’m afraid of what’s going to happen to me.” And she said, “I’m crying right now writing this email to you.”

So a lot of messages like that. It’s been pretty hard, sometimes, to see all this. And I realize I’m very lucky because my situation is a unique one where I was never at risk of, like, not being able to put food in front of my family or a place to sleep. I always knew I’d have a family who’d be able to support me. But a lot of these people are not able to speak up and they don’t have the ability to. But I do. And the fact that this is rare—for you to be able to speak up—is very upsetting.

I also had an administrator from a university contact me and say that the university decided to give students an extra week—sort of like an extra study week or reading week off. And they said the real reason they’re doing that, it’s known internally, is that the suicide rate for students is going up, so they’re giving them a mental health week. And that was due to lockdowns and whatnot.

Kassy Baker

If I can just interrupt you for a moment here.

Leigh Vossen

Yeah, of course.

Kassy Baker

Sorry, you’ve referred several times to students or a professor. Were these all students and professors from your school, Red River College, or were they from—?

Leigh Vossen

All across Canada. The majority of the ones I’ve told you are ones that I’ve met with in person that are from Winnipeg. There’s one story—the one where she emailed me—that was from Alberta.

Kassy Baker

Okay and how many messages did you receive from students and professors, do you think?

Leigh Vossen

At this point, I've received thousands. I've had to bring on more people to help me answer the messages and I can't answer all of them. But I've received hundreds of stories where they're explaining their story and a lot of them are just— They need someone to talk to.

Like, I had one girl say, "Every time I come downstairs, my family pretends I don't exist, and I'll say, 'Hi. Hi, guys. Morning,' and they don't look at me. They look through me and they keep talking to each other." So she had to move out. So she's someone I've met up with in person and talked to because people are being abused.

Kassy Baker

Now, what was the response from the public, generally, to your creation of this group?

Leigh Vossen

I mean, from the freedom community? Very good.

From non-freedom community members? Not so great. I had an article written about me. I received death threats. I was called an alt-right extremist leader of a pro-convoy youth group, which, I guess, fair. It brought members of my family into it, saying, "Look, her mom supports her." I was called a nazi. People said they were going to push me off the top of a building and my family members off the top of a building.

Yeah, I don't advise people to read the comment section. I read that about two or three times over and I'd just be shaking, reading it. It's very weird seeing your name written over and over again. There were hundreds of comments between Reddit, Twitter, Facebook. Former friends commenting, saying, "I used to be friends with her and I distanced myself as soon as I realized what her views were."

And all of my friends prior to pandemic stopped being friends with me; they cut me out. So not good on that side.

Kassy Baker

Right. So if I can just bring us back to the start of your fourth semester.

Leigh Vossen

Absolutely.

Kassy Baker

Again, I think you've touched on this already, but you advise that classes moved back to being in-person and I believe you reached out to the administration and encouraged them to offer some online courses. But I believe you've testified already that you and a number of other unvaccinated students were unable to register for any of the online sections. Is that right?

Leigh Vossen

That's correct. And I reached out and said, "For some reason, my registration portal is grey. I can't click on any of the buttons to register." And they said, "It seems like a number of students are having this issue. We'll contact you when it's fixed." And four hours later, I got an email saying, "Should be good to go." And I go on and all of the online options were gone.

I don't know all of the students that this affected. It could have been vaccinated, unvaccinated, I don't know. But it's very hard to meet people over Zoom. I had met one girl who was unvaccinated and she had the same problem, but I don't know about the rest.

Kassy Baker

To your knowledge, were the online sections reserved for unvaccinated students? Or could anyone register?

Leigh Vossen

Anybody could. They just said, we will provide one per class. You got to make sure you get it in time, basically.

Kassy Baker

Okay, and I understand that you're unable to complete, of course, your fourth semester because of this. What is the current status of your education or completion of that degree? Have you been able to go back and complete it or where do things stand now?

[00:20:00]

Leigh Vossen

No, and I have no intention of doing so because I felt, like, I couldn't give another penny to an academic institution that discriminated against me and segregated me from my classmates. So although I do have to forfeit the money that I put into it, the time and effort, I have no interest in finishing that. It would have been great to have that diploma, but as I said, I'm lucky I did have education beforehand that I can use to get a job. I completed a graphic design program. I didn't need it, but it would have been nice to have gotten.

Kassy Baker

So when it became apparent that you wouldn't be able to complete your degree, did you set about trying to find new employment?

Leigh Vossen

Yes, and I applied to many different places, about seven places. At the time, it was, like, different serving jobs. I just thought, in the meantime, until I can find something else. I was also doing a bit of freelance graphic design, thankfully, I had that. But every place that I applied to, they either start the interview with, "Are you vaccinated?" and I'd say, "No." They'd say, "Are you planning to?" and then I'd say, "No." And it'd either be a really uncomfortable interview, or at the end of the conversation, then they'd ask me.

I had one interview where it seemed to go really well and they're saying, "We're so excited! This is going to be great! What's your schedule like?" and I said, "Completely open. I can

take as many shifts, as few shifts; I can work at any location.” They’re, like, “Great,” and then they said, “Are you vaccinated?” and I said, “No.” And then, the next day, they said, “Our schedules don’t line up, so this is not going to work out.”

Kassy Baker

I understand that you are employed now, is that correct?

Leigh Vossen

I am, yeah. A family member of mine recommended that I apply to where they work and I was able to get employment as a marketing specialist.

Kassy Baker

Very good. Did you experience any other negative impact of your involvement with Students Against Mandates or your general position and outspokenness about the vaccine mandates, generally?

Leigh Vossen

Honestly, I would say, overall, creating S.A.M. is the thing that helped me through the pandemic. I don’t know where I would be if I hadn’t. But there were definitely negative things that came with it, in terms of losing all of my friends, having my friends or people attack me. I was harassed by a doctor for a while, calling me transphobic for posting Jordan Peterson posts.

A lot of not great things happened. But I have such a good support system that, you know, you take it in stride and it didn’t seem so bad.

I’d say the worst thing was losing my friends, losing my ability to get my diploma, and the article— Especially in terms of how it impacted one of my siblings because she’s a part of S.A.M. too. I know it caused her extreme stress. It did for me, as well. It made going to work very uncomfortable, but, nonetheless, it is what it is.

Kassy Baker

Did you ever fear for your physical safety at any point through this experience?

Leigh Vossen

I didn’t initially when I saw the death threats because I just thought people on Twitter are rude. But then someone broke into my house shortly after that article came out. They had actually posted where you could find my house address in the article. I was home alone and I heard someone come into my house. Just the way that I am, I paused the Matt Walsh episode I was watching. And I then figured maybe it’s just my cats making a huge amount of noise and I went upstairs. And later, I came downstairs and the door was open, the mat was flipped over, drawers were open, and the door that I had locked was unlocked. So I ran out of the house; I called the police, and they said, “Has anyone said they want to hurt you?” And I was, like, “Well, actually, yeah. People have threatened my life.” So then, I was not able to sleep there for four days comfortably. I was too scared to go back home.

Kassy Baker

How do you feel that this situation could have been better addressed by, for instance, your administration at the school?

Leigh Vossen

I don't think mandates should have been in place at all. I don't think you can segregate people. I don't think you can coerce people into taking an experimental, novel injection.

I think we need to look at this on the individual perspective, rather than a utilitarian, collectivist perspective. We heard a lot during the pandemic that, you know, "Do this for the greater good; do this for the collective." But that comes with harm to the individual, and at the end of the day, it's the individual that makes up the collective. So if you're harming the individuals that leads nowhere good.

[00:25:00]

We've seen in history that that's not the way to do it. And how can you really quantify it being a worthwhile sacrifice for the collective. I just disagree with that, fundamentally, and mandates should never have been implemented in the first place.

Kassy Baker

Thank you. That concludes my questions, subject to any questions that the commissioners may have.

Commissioner Massie

Well, thank you very much for your testimony.

I heard you say that one of the responses you got from university is that— In their corporate HR environment where DIE, diversity, inclusion, and equity, is such a high, important aspect of the way they want to manage people, discrimination in their view is kind of a cardinal sin. And it's probably true, also, in other corporations where DIE is so important to push as a way to manage the human resources.

So what's the, sort of, moral standard that justifies the kind of discrimination you've been through with the vaccine mandate, as well as other people that have been submitted to that? What's the justification one can propose or one can oppose to this notion that discrimination is bad except in this case?

Leigh Vossen

Yeah, it's so funny. It was so hypocritical to start the full paragraph saying, "We're against all these things, but we're doing it anyways and we're not talking to you about it anymore." Their justification— I mean, they didn't say this, but I'm assuming they're suggesting to protect the vaccinated students and for the health of the students and staff. But again when you ask for data supporting these mandates—

I would understand implementing measures to protect students and staff. Maybe there's a pandemic and you say, "We're going to give everybody the opportunity to do online classes if you want to." Give them that option, but— Oh, I've lost my train of thought. Yeah, they refuse to even discuss the data.

And actually, this is interesting: a lot of students screenshotted their responses from their universities all across the country, asking their university, "What data do you have supporting your measures?" And a lot of the responses are the exact same thing: other universities are doing it; we're not discussing this; this is the end of the communication we're having with you. No university that I can find has presented data to support it.

And that's the same thing, as I said, I just got that diversity, inclusion, equity response; it looked like a copy and paste response. And then, "We're not talking to you. We don't want to talk to you. You're not going to hear from us again." So they can't justify it. They can't justify their discrimination.

Commissioner Massie

Thank you.

Kassy Baker

Are there any further questions? Okay.

Commissioner Kaikkonen

Thank you for your testimony. It sounds more like the pedagogy of the oppressed is at Red River College, but I know it's consistent with other universities and colleges across the country. Red River College in about, I'm going to say, 15 years ago, was well known for PLAR, for Prior Learning and Assessment Recognition.

Given all the experience that you have, do you think the President of Red River College, who is not a doctor—I'm going to assume he's not a doctor; maybe I'm wrong there, but I'm going to assume that he or she is not a doctor—would be willing to take all that experience, the professional experience and knowledge that you have, and finish your fourth semester under the PLAR criteria? Do you think that's possible? I'd hate to see you lose your education.

Leigh Vossen

Yeah, I doubt it. I don't think they're going to be making any allowances for me or helping me. They haven't at this point. So there's no reason for me to believe that they would do that now.

I should add, you were saying— This is for just Red River. It started with Red River and we've expanded. I have a huge team working with me and hundreds of members. This organization serves all of Canada, so we have people on the leadership team who live in BC and Ontario. It's a Canada-wide non-profit.

Commissioner Kaikkonen

Thank you for taking up the torch.

Leigh Vossen

Thank you.

Kassy Baker

Thank you very much for your testimony on behalf of the National Citizens Inquiry.

Leigh Vossen

Thank you for having me.

[00:30:05]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 6: Brandon Pringle

Full Day 3 Timestamp: 03:32:55–03:56:45

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00] [Video is missing audio from 03:32:55–03:33:02]

Brandon Pringle

My last name is Pringle, P-R-I-N-G-L-E.

Kyle Morgan

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Brandon Pringle

So help me God.

Kyle Morgan

Very good, sir. I understand you're appearing from Alberta today. Is that right?

Brandon Pringle

Yes.

Kyle Morgan

That's where you reside.

Brandon Pringle

Yes.

Kyle Morgan

Is that in the Penhold area?

Brandon Pringle

Yes, it is.

Kyle Morgan

For about 25 years, you've been in that area?

Brandon Pringle

Yeah. In Alberta, we've been here for about 25 years, yeah.

Kyle Morgan

Okay. I understand you've got two children. Is that right?

Brandon Pringle

Yes. Yes.

Kyle Morgan

You've got some grandchildren?

Brandon Pringle

Yes.

Kyle Morgan

How many?

Brandon Pringle

One.

Kyle Morgan

One grandchild.

Brandon Pringle

We should have three.

Kyle Morgan

Now, before we go down that line of questioning, I just want to ask you where you've been working throughout the time of the COVID period.

Brandon Pringle

I'd been working at a large grocery chain, which I won't say. We had to wear masks. It was very scary all the time when you have doctors going on social media saying people that don't get a vax should be punched in the face. Two doctors in Alberta both publicly stated

that you should lose your job if you won't get vaxxed. It was really fun going to work wondering if you were going to be forced to lose your job.

Kyle Morgan

So I'm right in saying you were, what we referred to as, on the front line. You were an essential worker, right, working at a grocery store.

Brandon Pringle

Yes, sir, and I had to wear a mask every day. I've dealt with migraines for years. Of course, when your oxygen is low, you end up having way more migraines than usual because you're oxygen deprived.

When I asked for an exemption from my doctor, he said, "Well, we in the clinic have decided, as a clinic, that we're not going to be giving out any exemptions." So you know, it wasn't like the science says this or this or that; it was just we, as a clinic, because of basically publicity, we're not giving out any exemptions.

Kyle Morgan

Now, can you just describe what your family relationships were like prior to the onset of COVID there in 2020? Just tell us a little bit about your family.

Brandon Pringle

Very close. We talked to them on a regular basis. We would have family events on a regular basis. We're very connected to our church, as well. We all went to the same church, so we got to see each other every Sunday, as well as opportunities during the week. And Karrina's mom is very infirm. She has very tough arthritis, so she's basically homebound. So she depends on us to be her connection to people.

Kyle Morgan

And who's Karrina?

Brandon Pringle

Yeah, that's my wife.

Kyle Morgan

Okay. Now, you have a daughter, is that right?

Brandon Pringle

Yes.

Kyle Morgan

Do you have a son and a daughter?

Brandon Pringle

Yes, our daughter's 29 and our son is 27.

Kyle Morgan

Can you just describe what happened when the pandemic started, the restrictions were implemented. Do you recall having a conversation with your family around that time? With your daughter, in particular?

Brandon Pringle

Yes, we did. Yes, we did. Right at the beginning. We gave them our faith reasons why we would not be going along with this tyrannical mandates that violate a number of our personal beliefs and freedoms. And we just agreed to disagree. We didn't realize how bad it was going to get. I should have had a warning when they left and said, "Well, the reason why that this is going on so long is because of these un-vaxxed people that won't follow the mandates."

Kyle Morgan

And who said that, just to be clear for the record?

[00:05:00]

Brandon Pringle

That was my son-in-law.

Kyle Morgan

Okay. Now, I understand you do have one grandchild.

Brandon Pringle

Yes.

Kyle Morgan

And what's his name?

Brandon Pringle

His name is Lewis.

Kyle Morgan

And when was he born?

Brandon Pringle

He was born in October of 2020. Sorry, I apologize, September of 2020. Good thing my wife is here to help remember things right.

Kyle Morgan

Okay. Now, if I'm not mistaken, there was a period of time when you weren't able to see your grandson. Is that right?

Brandon Pringle

That's right. We didn't see him for about six months, including his first Christmas.

Kyle Morgan

Do you have any idea why that was the case?

Brandon Pringle

Oh, yeah, it was the mandates and they were absolutely following the mandates. Well, they said they were, of course, they weren't. But it was always a control thing, so you're breaking the law. I mean, never mind the government was violating the Charter and breaking the law themselves. But, you know, it's just what they want.

Kyle Morgan

So that would have been from September/October 2020, until March or April 2021?

Brandon Pringle

That's correct.

Kyle Morgan

Okay. Now, am I right in stating that your children would have been vaccinated? I guess, your daughter—

Brandon Pringle

Our daughter did and our son-in-law did, right off the bat. Our son, on the other hand, almost, actually, got into a fight with security at the mall because they were trying to force him to wear a mask and he refused. And he went on like that for two years. But finally, the bullying and the propaganda and the social outcast wore him down, and so, he finally got vaxxed.

Kyle Morgan

I understand your daughter was pregnant. Do you know the timeline, there, that your daughter was pregnant? Can you tell us about that?

Brandon Pringle

She got pregnant, roughly, about nine months after her first pregnancy. We got a call about two months after— Roughly a year later, we got the call. So perfectly healthy delivery. Everything was perfect.

Kyle Morgan

To be clear, that's your first grandson. Healthy delivery?

Brandon Pringle

Okay, so, I apologize; I'm being corrected here. Everything was not just perfect for her first pregnancy. But Lewis, her son, our grandson, is in perfect health.

But a year later, after a perfect, for all intents and purposes a textbook outcome, we get a call at two in the morning and rush to the hospital and find out that our daughter had lost our grand baby.

Kyle Morgan

Do you know how far along your daughter had been in her pregnancy at that time?

Brandon Pringle

Roughly two months.

Kyle Morgan

I'm just curious about the relationship with your daughter. You spoke about the conversation you had in your family at the start of the pandemic or when the restrictions were starting to be implemented. Just describe the relationship with your daughter and how that progressed.

Brandon Pringle

I had about 30 pages of emails back and forth with her because I wanted her to be able to see facts. So I just simply asked her questions: Why are you trusting what the government is telling you? What is the science that they have to back up what they're saying? Why do you think Bill Gates—who has been very well documented not caring that much about humanity—why is he someone that you trust over me, who would take a bullet for you? Because I just wanted them to answer the questions and have an opportunity to think.

They wouldn't answer any of the questions, and at the end of the day, it was left at,

[00:10:00]

"Well, we're not going to have a relationship with you if this is a topic of conversation." So I basically was like, well, if I want to ever see my kids, then I have to pretend that the emperor has clothes and remark about how amazing and beautiful the clothes are.

Kyle Morgan

Now, did you have a lot of contact with your daughter while she was pregnant?

Brandon Pringle

No.

Kyle Morgan

Leading up to the unfortunate loss of the baby.

Brandon Pringle

No, we didn't even know she was pregnant; they didn't tell us.

Kyle Morgan

So you get this call— Go ahead.

Brandon Pringle

Yeah, we just get woke up at two in the morning, rushed to the hospital. And oh, that was a treat, let me tell you. We get to the hospital. They're all acting like it's Ebola.

So it turns out that our son-in-law, who's vaxxed, has COVID. Gee, that's never happened before. And he is eight days into the quarantine, so he's not allowed in the hospital—our grandson and him are not allowed in the hospital. So I tried to go into the hospital. The hospital will not allow my wife and I to come in. So I went in, and my daughter came out of the washroom, and we hugged and we cried. A girl needs her mom, and so, because only one of us was allowed, I went out in the parking lot and sat in the car while my wife went in to comfort her alone.

Kyle Morgan

I know that neither you or myself are medical experts, but do you have any belief of what resulted in the loss of your grandchild?

Brandon Pringle

No question. After the first two months of lockdown, we knew this was absolute garbage, and so, my wife and I drove across Canada. And you should have seen the fear in people. It was just terror. But we were just asking people questions, you know: Do you know anybody that has this? You know, plant a seed of doubt and plant a seed of truth. People would open up when you told them where you stood, but they wouldn't even talk to you.

And so, I had gone on to the Stats Canada website and it showed how many miscarriages, it showed. We know that what was on the Stats Canada website was a fraction of, actually, what was happening. Many doctors have come out since and said, "We're pressured not to input." I mean, the news reported there were 13 stillbirths in a weekend in Vancouver.

Kyle Morgan

Do you know which vaccine your daughter received?

Brandon Pringle

No, we don't because that's verboten. We weren't allowed to talk about any of it. We told them about infertility. We told them it was not safe. We knew it wasn't safe. They didn't listen to us.

Kyle Morgan

Now, since this incident, how's the relationship been with your daughter?

Brandon Pringle

It's fake. I mean, we still love each other and we hug each other and we smile and just ignore the ginormous elephant. I mean, I attempted at one time to engage my son-in-law in a conversation regarding the Freedom Convoy. He thought that Trudeau was totally justified in implementing the *War Measures Act*—which was not even implemented during 9/11—to deal with the few people playing hockey, drinking coffee, and eating Timbits. He absolutely could not be reasoned with.

[00:15:00]

Kyle Morgan

So would I be right in saying you've never been able to suggest to your daughter what seems to have happened with her child.

Brandon Pringle

Yeah, no, I wouldn't dare. I wouldn't dare. I would probably be risking ever talking to them again if I did that.

Kyle Morgan

I understand there might have been some other effects you experienced in your community, maybe with the restrictions and gathering. Do you want to tell us about that?

Brandon Pringle

Yeah, just so I don't forget: our daughter-in-law lost her baby a week ago.

Kyle Morgan

Would that be your son's partner?

Brandon Pringle

Yes.

Kyle Morgan

Do you know if she had been vaccinated?

Brandon Pringle

Oh, yeah, they got the Novavax. We warned them as well. So did her parents.

Kyle Morgan

I don't know if there's more you want to tell us about that. How's the relationship with that side of the family?

Brandon Pringle

That side is very good. They're willing to talk about it. We try to keep it to a minimum because I don't want them to feel bullied. They're not fully awake yet. They're seeing some things, but I probably won't ever try to help them make the connection about the loss. I think that, hopefully, what will happen is in five years from now, or something, that God will speak to them, and it won't be a soul-crushing thing that they can't get over. They'll realize that they were lied to and manipulated and a lot of it wasn't their fault.

Kyle Morgan

Were there any other effects you experienced in your community related to the restrictions?

Brandon Pringle

I'll just make a quick list here. So Karrina's mom can't go anywhere. She was in an elderly facility and they were treating it like Ebola, so we couldn't visit and couldn't visit and couldn't visit and couldn't visit. And then they changed the rules, so they allowed four people. The four main people, I couldn't be on that list, even though I'm somebody that is kind of the more available person that would actually do small things for her around the place. And so we had to be very creative about how we, once or twice, would get in to visit, to get around the COVID police, I guess you'd call them.

My wife went to the grocery store one day and she wasn't wearing a mask because she's done the research. If you go on the NIH website, you can see 37 studies of how masks don't work and 23 on how they're harmful. That's right on the government website, so we've been sharing this information. And so, this woman in the store was so angry that my wife wasn't wearing a mask that she rammed her with her cart.

I almost never go and get gas from Petro-Canada now because driving all the way across Canada, Petro-Canada—you got gas, but they wouldn't allow you to use their washroom.

[00:20:00]

I don't know if anybody's driven across Canada and had to go to the washroom. I mean, it's just—

What else can I add here? Our church has had a huge split. You know, I find it amazing that people would talk about how loving and kind it is to go get vaccinated and wear your mask—because you're being so loving and kind, you're sharing the love of Jesus when you do that. And then have no problems with hollering stuff that's going on in your personal life across a crowded coffee shop because you're one of these un-vaxxed lepers that should be publicly humiliated.

Our daughter was very dizzy, couldn't walk. She had to take, I think it was a total of three weeks off work in the following two months after getting vaxxed. She couldn't drive, even, couldn't focus. She goes to the hospital and goes to the doctor. Do you think anybody asks the question, "Hey, have you been vaxxed?" I mean, normally, when you go to the doctor, they ask you, "Has anything unusual been going on?" That's the first question.

No, nobody's ever going to ask the question, "Have you been vaxxed?" because that might mean we have to admit that it's traumatizing people. So we're supposed to treat you for a

poison that you know we're just supposed to believe, magically, wave our magic wand and figure out what poison you have in your body. It's unbelievable.

You know, the difference between God and the doctor is God doesn't think He's a doctor.

Kyle Morgan

I don't think I have any other questions for you, sir. I want to thank you for being patient because I know you've been waiting to testify. So I just thank you for that and I'll ask the commissioners if they have any questions for you.

Commissioner Massie

I'm curious about the vax injury that your daughter suffered. Was that reported to the authority?

Brandon Pringle

No.

Commissioner Massie

Did your daughter acknowledge that she was probably vax injured?

Brandon Pringle

No, not at all. We gave them some natural products that are known by a number of doctors to help mitigate the damage and they refuse to take it. They're in absolute, 100 per cent total denial.

Before I leave—I know you might have more questions—I just want to say thank you so much for taking this time to fight for us.

Commissioner Massie

Thank you.

Kyle Morgan

No other questions? Okay.

I want to thank you, sir, for testifying on behalf of the National Citizens Inquiry. Thank you, sir.

Brandon Pringle

Thank you very much. Have a great day. Thank you.

[00:23:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 7: Richard Abbott

Full Day 3 Timestamp: 03:56:50–05:06:57

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[00:00:00]

Shawn Buckley

So our next witness today is Mr. Rick Abbott. Mr. Abbott, can you state your full name for the record, spelling your first and last name, please.

Richard Abbott

You bet. It's Richard Abbott, A-B-B-O-T-T.

Shawn Buckley,

And, Mr. Abbott, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Richard Abbott

I do.

Shawn Buckley

Now, I just I want to introduce some of your police service to the commissioners. My understanding is that you were a police officer for a full 25 years [Exhibit WI-3e]?

Richard Abbott

That's correct.

Shawn Buckley,

And you had quite an accelerated career path. So in your first year, you were the class president; you were the valedictorian; and you were the winner of the Officer Safety Award?

Richard Abbott
That's right.

Shawn Buckley
You started in patrol services, which is the normal route. But very quickly you were moved on to a beat team.

Richard Abbott
That's right.

Shawn Buckley
And because of that, you got to know the drug world very, very well.

Richard Abbott
Very well.

Shawn Buckley
And then in year six of your career, you joined the tactical team.

Richard Abbott
That's right.

Shawn Buckley
And my understanding is that's very early in a career for a police officer to be joining the tactical team.

Richard Abbott
At that time, especially, in that era, yes, it was.

Shawn Buckley
Right. Okay, and then you were for eight years, a police sniper. Following that, you taught gunfighting.

Richard Abbott
That's right. When I left tactical section after just about eight years, I moved to our Officer Safety Unit, teaching the patrol carbine program.

Shawn Buckley
Right, and then you were promoted to sergeant. And so, you were sent back to the street to manage a beat team and a patrol team?

Richard Abbott
That's right.

Shawn Buckley
And then they took you back to the SWAT team, basically, in charge of the Sniper Unit.

Richard Abbott
Yeah, I was their training sergeant. That's right.

Shawn Buckley
And then, while you were still in tactical, acting as a staff sergeant, you were promoted to commander for the West Edmonton Division.

Richard Abbott
That's correct: promoted out of Tactical Section, as their acting staff sergeant, back into Patrol Services.

Shawn Buckley
Right, but as a commander.

Richard Abbott
That's right.

Shawn Buckley
So is it fair to say that in your 25 years as a police officer that you were trained quite extensively how to make very rational decisions with an aim to making volatile and violent situations safe?

Richard Abbott
Most of my career revolved around either responding to or commanding, using what we call risk-effective decision-making.

Shawn Buckley
Okay, now you're here to first of all, talk to us about the culture in the Edmonton Police Department when COVID arrived. And so, can you start sharing with us some of the things that occurred in the Edmonton Police Office concerning COVID and the approach taken?

Richard Abbott
I'll talk specifically today about two policies of the Edmonton Police Service that I think will show that, objectively, it crossed from worried about the membership's health and directly into coercing, bullying, and demeaning the membership who had decided not to take the COVID drugs.

The first one occurred in the fall of 2020. It was a disclosure that was forced upon the membership. So the service had said—and I'm paraphrasing—that they needed to know the vaccination status of the membership so that they can make good health decisions for both the police service and the community at hand.

This quickly became clear to me to be a lie. Let's say there's 2,500 combined membership of sworn and non-sworn members of the Edmonton Police Service: there was a handful of the membership who had held off on disclosing their vaccination status. I was one of them.

And to be clear, I was vaccinated and my chain of command knew that I was vaccinated. I'm not here to talk about the reasons why I was coerced into taking the drugs. I'm here to talk about objective reasons of how the policies were not about health.

Shawn Buckley

Right. Just so that I understand. So literally, there's roughly 2,500 people that we're talking about, and only a handful would not have filled in this questionnaire. So I mean, you're like 99.9 per cent plus, and they're saying, well, they need that last handful to fill them in so they can make proper health decisions.

Richard Abbott

Yes, and it gets worse. I had been respectfully speaking through my chain of command.

[00:05:00]

That means up through and including one of the deputy chiefs. I wanted to keep lines of communication open with them, saying, I think if they're not making a legal mistake here, I knew they were making an ethical or a moral mistake.

And I had openly told my deputy chief, "I'm going to fill out your form, but I'm purposely dragging my feet here to keep lines of communication open." And we spoke just like this. I said, "Don't fire me!" I was joking with them. "I'm going to fill out your paper." But when push came to shove, I got a phone call from the President of the Edmonton Police Association.

This might be a good time for me to fill in some three-lettered acronyms that police use. It can be painful.

So there's the Edmonton Police Service, which is the organization itself. There's the Edmonton Police Association, which acts as a union. So although police can't legally unionize, it does act as a union—also called the EPA. And then there's the Edmonton Police Commission. So the Commission is considered the buffer between the politicians of City Council and the police service itself. Across the nation, sometimes they're called the Police Services Board. In Alberta, it's called the Police Commission.

So I got a phone call from the union president telling me, "Rick, they're going to fire you if you don't fill out this form." And I told him, "I told you I'm going fill it out. I'll go fill it out now." So after I filled it out, it came down to one last member of the Edmonton Police Service.

So of those approximately 2,500 people, one patrol constable, who I've gained permission to use his name today: he was a 25-year-combined member of both the Police Service and

of the Canadian Armed Forces, named Constable Rob Kitchen. He was on a *Mental Health Complaint Act* [sic]—on duty as a patrol constable—when he was called in and told that if he didn't fill out the form, there'd be ramifications. He said, "I told you, I'm not telling you my status," and he was suspended without pay at that moment. I use the term tongue-in-cheek, but it's not funny: he was fired on the spot for not filling out a form.

So this is my first example where I think it clearly crosses from, this is not about health, this was about coercion. And they were firing Constable Kitchen to show the rest of the membership that if you defy any of these mandates, there will be serious loss for you and your family.

Shawn Buckley

And I just want to make sure that everyone hearing your testimony understands that when you have 2,500 members and only a couple have not filled in a health questionnaire, that statistically speaking, I mean, you've got the information you need to make any health decisions. That basically what you're saying is there was really no need for them to have 100 per cent compliance.

Richard Abbott

And objectively, since I had shown my hand culturally, saying, "I'm vaccinated." If there was one person left who hadn't filled out that form, you could take a scientific, wild guess as to whether or not that person was vaccinated. You could, basically, still make your decisions on how to make your health choices, as they said this was done for. They were lying. This was about coercion.

Shawn Buckley

Right, okay. Now, there was another incident you wanted to tell us about.

Richard Abbott

The second policy issue I can talk to you about is what I defined as the segregation incident.

So as a commander of a shift, essentially, in one of the divisions in Edmonton, I'd be responsible for a chain of command of, at any one time, four sergeants and their patrol squads, plus some detectives that would be in the area. At any one shift, I'd be working for between 50 and 60 people. This was in the fall, again, of 2020 [sic], where the policies of the police service said that if you chose not to take the COVID drugs, you could go every three-ish days, on your own dime and on your own time, to go get a rapid test to show **whether or not you were sick with COVID.**

So under my command—because nobody could truly disclose who is who; there was supposed to be privacy around that—there was at least, say, on a shift, three or four people who I knew hadn't taken the drugs.

[00:10:00]

Either a) because they confided in me because they trusted me. Or it came later to my knowledge because those who chose not to take the drugs were not allowed to use the lunchroom in the division. They weren't allowed to use the gym and they weren't allowed to work overtime, at that point.

So the issue over not using the lunchroom, really, was even unknown to me until one of my constables came to me and said, "Listen, you know that they're calling the superintendent's boardroom upstairs, now, the 'shame room.'" And I hadn't heard this: the shame room. "No, what's the 'shame room?'" "Well, the unvaccinated aren't allowed to eat with the rest of their squads."

Now, you have to remember what's going on during the shift. We could have a vaccinated and an unvaccinated police member sharing a squad car, responding to the stabbings, to the family fights, to everything you can imagine a patrol service member goes through on a daily basis: sharing the steering wheel; sharing the tight space; I say, kickin' and a'gougin' in the mud and the blood and the beer, arresting people. Policing can be a messy job. Nobody wants to see it. They were allowed to do that messy job with their squad mate in the car.

Shawn Buckley

Right. So they'd be using the same computer keyboard; they could be using the same microphone. One would be driving at one time, one would be driving— Basically, they're touching all the same surfaces.

Richard Abbott

And responding to these crowds of people, all day long, together. But when they came back to the division, they weren't allowed to break bread together. So the boardroom became known as the "shame room" because there were some—a few—members of the service that were sympathetic to their squad mates who decided not to take the COVID drugs and they'd go eat with them in the "shame room."

So okay, I had had enough—that was one of the straws that broke this camel's back—and I wasn't going to allow that under my command. I wasn't going to push that policy. And I knew, based on my experience already with the vaccine disclosure forms, that the police service wasn't listening to me anymore. They were going down this road irrationally.

And I went out of the chain of command, which is not my normal course of duties, and I wrote a letter to the then-Minister of Justice in Alberta, Kaycee Madu. I wrote him a letter directly, telling the story of segregation inside the police service buildings and outlined, as I just said to you, how irrational it was and clearly, this is not about health. This is about bullying; this is about coercion. The Honourable Madu sent that directly to the Director of Law Enforcement, where that complaint should have been directed, and had it investigated by the Edmonton Police Commission.

Shawn Buckley

So can I just stop you there. So this is an October 26th, 2021, letter.

David, can you pull up the computer screen I have for exhibits?

And I'll just tell you, Mr. Abbott, that we've entered this is an Exhibit WI-3b. But I just wanted to read and have you comment. Basically, I'm going to start at the paragraph near the top of the page, "The unvaccinated." And so, this is your letter. But I just want to read you a couple of paragraphs and have you comment on it.

So you write:

The unvaccinated are expected to respond to calls for service, sharing the same police car, hold the same radio mic, use the same mobile workstation, share the same washrooms, showers, locker rooms, parade room, computers, and even use Category I and II uses of force alongside their brothers and sisters in patrol. But the unvaccinated who submit to rapid testing are not allowed to use the lunchroom or the gymnasium.

Tonight, I witnessed unvaccinated members segregated from their work mates to eat and it was disgusting. Not just disgusting because I'm ashamed of the poison work environment our EOT has created, but equally disgusting because the segregation plans are working on our people. The members of the squads that exclude their friends are doing so mostly out of fear of the tyranny from our EOT and chief.

[00:15:00]

My subjective analysis is that most of our patrol members are pro-choice. They admit to me that they're afraid of becoming the next Constable Robert Kitchen.

And I'm just going to skip down and read another paragraph, but I'll just scroll down so it's up on the screen. It's the one that begins with, "We are told."

So you write:

We are told the reasons for segregating the unvaccinated from the lunchrooms and gyms, because this is where 'science' reports that COVID is spread, yet no one can cite any studies. This argument falls flat on its face with even the slightest amount of reason and common sense applied. Those who are taking rapid tests are the only persons in the building known to be COVID-free.

And I'm just wondering if you can comment for us on those paragraphs.

Richard Abbott

I'll give you some more insight into risk-effective decision-making. And I wish that the Edmonton Police Service could have taught this to the nation, although commanders across the nation use this same matrix that I'm going to quickly teach you right now.

It's an acronym: NRA. It does not refer to the Second Amendment Rights group in the United States. It stands for whether or not the decisions we make are necessary, risk-effective, and acceptable. So we do this every day. And I tried to get my command structure to use that NRA risk-effective decision-making matrix against this very decision of not allowing our people to eat in the lunchrooms.

Is it necessary to do this to our membership? There is no data to prove that, so it would stop at the N. We wouldn't go on to the R, in this. Is it risk-effective? Well, it doesn't pass the R test, either, of whether this is risk-effective or not because those who are testing are the only ones that we could say are safe from COVID. The others are not. So there's no risk-effective decision to be made there. But more important to this Tribunal—and I think the

legally-trained will understand this very well—is the A stands for acceptable. Is what we're doing to the people I worked for that night going to be acceptable to the courts tomorrow? Is it going to be acceptable to the courts in 10 years? What about in 30 years?

So to quote another Edmonton Police Service member here, that I want to give credit to—just recently in Edmonton, we made apologies for raids that were made in gay bathhouses in the 1980s. It was wrong. And we're apologizing for that, today. Had we used the NRA matrix in those situations, we would have avoided the embarrassment and the wrongdoings that were done 30 years ago. If we were to apply that acronym here today, we all know that this is not going to bode well for our institutions: tomorrow, 10 years, or in 30 years. It was wrong yesterday. It's going to be wrong in 30 years.

Shawn Buckley

Now, my understanding is that not only were unvaccinated officers prevented from going to the gym and the lunchroom, but they were also prevented from overtime shifts.

Richard Abbott

Yeah, for a short time. Yes, they were. I can't speak to the timelines.

Shawn Buckley

Okay. Now, there was something else that happened with you concerning the—I'll call them blockades or the Trucker Movement. I'm just wondering if you can share with us what your experience was and how you came to do your kind of own investigation there.

Richard Abbott

Yeah, you bet. I had been questioning what was going on in both Ottawa and in Coutts and Milk River in Alberta. Normally from media, we could get different perspectives and interpret from that what was going on. But from what I was watching in the mainstream media versus in any of the independent media sources I was watching, they were so diabolically opposed that I had decided that someone's not telling the truth. The mainstream media was going off on racists, misogynistic, terrorist-types blockading the border in Coutts and protesting in Ottawa.

[00:20:00]

It's a small community, this policing service, and I wanted to speak to someone in Ottawa who was witnessing it. And so, my number somehow found its way to a Canadian hero named Constable Danny Bulford. He shared a similar career path as I did, as a sniper with the RCMP's Emergency Response Teams, and then became involved in assisting with the protests in Ottawa.

Mr. Bulford phoned me. And I'd never met him before, but I'd seen enough of him on TV and we spoke the same languages that I wanted to ask him what's going on. And he told me not to believe him. He said, "Go see for yourself." He said, "Either come to Ottawa or go—" And he hadn't been to Milk River. He said, "It'll be the same crowd. Go see for yourself who's telling the truth." So I decided to travel to Milk River.

And within a day, I did just that. And when I landed in Milk River, it didn't take me long—

Shawn Buckley

And I'll just stop you. Did you travel with anyone else?

Richard Abbott

I have to be careful with

Shawn Buckley

You don't need to name names.

Richard Abbott

names, but I had travelled with another police officer who had been vocally critical of the mandates across the nation, as well. And this is a good point to make: I'm not alone in this. There's cops like me across the nation who've spoken out, but we'll quickly learn here why they're keeping their heads down.

Shawn Buckley

Now, were you on duty that day that you went to Milk River?

Richard Abbott

No, I was on a day off.

Shawn Buckley

And were you in uniform?

Richard Abbott

No, sir. I was in civilian attire.

Shawn Buckley

Okay, so you're just taking your own time to find out for yourself. Not as a representative of the Edmonton police force. But you just want to see for yourself what types of people are participating because the media is telling you one thing—basically, that they're dangerous. What do you recall the media saying?

Richard Abbott

I took it that it was, essentially, a terroristic activity that had taken over our border.

Shawn Buckley

Okay.

Richard Abbott

So prior to going, I did study Edmonton Police Service policy to ensure that I wouldn't break any policy. And at the time, I thought I had maintained, still, the civil right to travel

within my province and I thought I still had freedom of association. And I wasn't going to violate any of our social media policies. I just wanted to go see for myself who is telling the truth. And if I had a chance, my second goal was to encourage attendees and police, both to be peaceful.

So when I got down to Milk River, it didn't take me long to determine who was lying. And excuse me for using such extremist language, but there was no happy medium between whether or not we had terrorists at the border or whether it was the equivalent of a Canada Day celebration. But what I saw in Milk River was one of the funnest Canada Day parties I've been to. It was, truly, horsey rides, jumpy castles, barbecues, and teeth. When I say teeth, it's because people were smiling. It was teeth everywhere. It's remarkable to me to this day.

Shawn Buckley

Now, can I stop you because you've kind of described, you know, the media was referring to these people as terrorists. Do you recall also, perhaps, our Prime Minister calling them things like racists and misogynists?

Richard Abbott

I do.

Shawn Buckley

Okay. So you're going down to see these racists and misogynists and terrorists and what you see is, basically, the best Canada Day celebration you had ever seen?

Richard Abbott

I saw Canadians there. And if I can brag, I think I'm a good read of people. I've spent my career reading people and I believe I'm good at it: this was Canada there. It wasn't the latte/lunch crowd, necessarily. It wasn't just one demographic. It was every Canadian from every walk of life, and if I had to generalize and use a biased opinion of who was there based on my experiences, I would have actually called these farmers.

I come from a rural upbringing in Saskatchewan and I know a farmer when I see him. And although there was nurses, there was doctors there, there were plumbers, there were electricians, it was farmers and farm families that were generally protesting in Milk River.

[00:25:00]

Which I had now analyzed enough to see as a lawful protest.

Shawn Buckley

And I'll just stop you there. So it was a lawful protest because, actually, it was the RCMP that was blockading the road, just to prevent these people from going to Coutts.

Richard Abbott

That's correct.

Shawn Buckley

So they weren't responsible for actually breaking any law. So what they were doing there was a 100 per cent legal, as was your understanding.

Richard Abbott

Other than parking in ditches, which would violate the *Traffic Safety Act*.

Shawn Buckley

Oh, okay.

Richard Abbott

There was no criminality there. This is important for me to paint a picture of the type of people who were protesting in Milk River, too, because I respect them so much for it. Where I'm from, when we go to a Canada Day celebration, we'll imbibe and we'll do it respectfully. We'll put a drink in a coffee cup. I know that there was alcohol in Milk River, but I never saw one open drink and I watch for these things.

Shawn Buckley

Can I just give the people listening to you a little more perspective when you say you're analyzing things. You were a police officer, at that point, for 25 years, and over half of that time in a tactical unit. That's correct?

Richard Abbott

That's correct.

Shawn Buckley

And even a regular police officer, it's life and death being able to evaluate people, to determine whether or not they are a threat, either to the officer or to other people.

Richard Abbott

I'm always looking for bad guys. I cleared this room before I came into it.

Shawn Buckley

But the point I'm trying to make is that you are trained, specifically, to identify threats and evaluate people because the members of you and your team and innocent bystanders, and even the bad guys, depend on you being able to make accurate assessments.

Richard Abbott

That's correct.

Shawn Buckley

So you're not just somebody who, you know, works selling shoes, who have gone down to evaluate these people. You are trained in making this evaluation. And did you see any dangerous people?

Richard Abbott

None.

Shawn Buckley

So and I'm sorry to interrupt you, but I just thought it was important for people to understand: you're a professional at making a threat assessment.

Richard Abbott

That's right.

Shawn Buckley

Okay. So I'll let you carry on, to see what you saw. And I also want you to share with us how the police that were at Milk River would have been experiencing what was happening.

Richard Abbott

Sure, and it is important to understand that I saw this as a lawful protest because the RCMP were blocking the highway at Milk River, which is maybe 30 kilometers north of the border at Coutts. And my take is nuanced. I understand why the RCMP had done that. This was to minimize the number of people that could get to that unlawful protest down at Coutts.

The police members who were in Milk River I met with— I say this tongue-in-cheek, but it's true: this is the easiest overtime police can make. This is the easiest money police make is when they get paid overtime to go watch over you, and you, and you on the Commission. There's no police work to be done. It's minimal, other than dealing with what we'd expect good people to do, like parking in ditches and make noise. It was easy work for the RCMP, and they admitted to me as much.

Shawn Buckley

How were the people who were at Milk River, at this lawful protest, how were they treating the police that were there?

Richard Abbott

As good Canadians treat the police. I've always had good experiences as a police officer. Even though the news, as we've heard today, dwells on the negative, that has never been my experience with Canadians. Canadians are very respectful of our police agencies and are very supportive. They were exactly the same in Milk River and in Coutts, which we'll get to shortly.

Shawn Buckley

Do you mind— David, can you pull up the computer?

You provided me some photos that were taken at Milk River, and so I just want people seeing your testimony to understand what you're watching. So these are the types of people that our Prime Minister would describe as terrorists and misogynists.

So this is one such person at Milk River [Exhibit WI-3d]?

Richard Abbott

One of a thousand I met that day.

Shawn Buckley

And this is what you mean when, basically, you say smiling, lots of teeth.

Richard Abbott

Teeth everywhere.

Shawn Buckley

Okay, so this is representative of the type of interaction you were having?

Richard Abbott

That's right.

Shawn Buckley

And I'm just going to go to another photograph. This is also representative of the type of interaction you were having [Exhibit WI-3c]?

Richard Abbott

I believe he's a vet, if I remember correctly.

Shawn Buckley

Okay, so a war vet, and then I just need to move to another program. Sorry.

[00:30:00]

I just want to show four photographs from Milk River. So this is another one [Exhibit WI-3h].

Richard Abbott

Yep, another one of a thousand.

Shawn Buckley

And then, finally, another one [Exhibit WI-3i]. So these are photos you sent me and these are just the typical kind of farmer Canadians, as you described them, that you encountered

at Milk River. So what was then your impression of the media reporting, now that you'd taken Danny Bulford's advice and you'd gone to see for yourself?

Richard Abbott

Yeah, it didn't take me long to see who was not telling the truth. Independent media were recognizing the horsey rides, the bouncy castles, and the barbecues. I decided, with what I'd seen in Milk River, that the media was lying.

Shawn Buckley

Okay. Now, something else happened at Milk River. Can you tell us about that? You were approached by a Calgary police officer.

Richard Abbott

Another brave Canadian police officer, Brian Denison, and he had left the Calgary Police Service because of the mandates. He asked me if I'd speak to the crowd. He said the crowd was itching to hear from a current police officer as to what we were thinking. There was, at least, 100 people gathered near an impromptu stage they had erected—maybe 200 people—and he asked if I'd give words to the crowd.

And since I had already determined that those folks were lawfully placed, legally there protesting, I wanted to encourage them to be peaceful because I also understand that things can go wrong quickly in crowds like this. With the lies that the mainstream media was producing over this time period, I also saw it as a powder keg and saw that they were being divisive. And so, I wanted to encourage this crowd to be peaceful.

Shawn Buckley

Okay, and what happened?

Richard Abbott

I told them that. I essentially told the crowd that as long as they're peaceful, they're lawfully placed. My understanding is that the *Charter of Rights and Freedoms*, at this time, still stood. I'm not a constitutional lawyer, but I knew at the time that none of the courts across Canada had gone through what's called an Oakes Test— And sir, you'll be able to explain this better than a cop. But essentially, because no courts had said that Canadians' *Charter of Rights and Freedoms* should be suspended, that these folks' Charter rights stood and that means that they could lawfully protest. And I encouraged them to do just that, but peacefully.

Shawn Buckley

And then did anything happen with your talk?

Richard Abbott

Well, within the next days, someone had obviously videotaped me giving this speech and they posted it on, I think, their Facebook page [Exhibit WI-3j]. This went back to my executive officer team in Edmonton who, within 10 days, suspended me without pay for violating Edmonton Police Service social media policy. And you need to know that I've

never had a Facebook page, even under a pseudonym. I've never been involved in social media and that I've been accused of discreditable conduct for what I did in Milk River.

Shawn Buckley

And if I understand the policy, basically, it was alleged you violated their policy because it was said you posted it online and yet, you did not post it online.

Richard Abbott

I had not.

Shawn Buckley

Okay, but you are suspended without pay. Now, you weren't finished there. You're at Milk River and you travel somewhere else. Can you tell us about that?

Richard Abbott

I did continue to the border at Coutts. I'd seen enough in Milk River; now I'm really interested as to what's going on at the border. So I did, and when I got there, I was met by RCMP on the perimeter who guided me into where the blockades had happened.

And this was a different crowd. There was very few people there—maybe 50 people—and again, the RCMP freely were letting people come and go from where the protesters had set up a blockade. And I found out that, only in the respectful, peaceful, Canadian way, they had effectively blocked the border at Coutts, but they did, of course, leave a safety lane open for ambulances to come and go through the border.

[00:35:00]

Shawn Buckley

Okay. So unlike Milk River, this isn't a legal blockade. So they are protesting, but by blockading. They're leaving an emergency lane so that, you know, if there's an emergency, the emergency vehicles can get through.

Richard Abbott

That's right.

Shawn Buckley

Okay, and how would you describe this group? This is a smaller group. How would you describe them? What do you think their backgrounds were and who are these people?

Richard Abbott

I would generalize, again, as calling them Christian farmers. I felt most of the folks were God-fearing, rural farmer-types. Of course, there was trucks there that they'd used to blockade, but I had also noticed that at least one of them was a cattle truck. So I would describe them as the same group that was up in Milk River, but it wasn't a party. This was serious. And they knew that they'd unlawfully blockaded a Canadian border.

Shawn Buckley

Right. So you met with the leaders while you were there.

Richard Abbott

I did, and their counsel.

Shawn Buckley

Okay, so can you tell us about that experience?

Richard Abbott

You bet. So I was asked, again, in Coutts to speak publicly to the crowd of folks that were there: to encourage them to be peaceful. And I said, "I can't speak to a public group here because you're blocking your border." And I said though that I would speak to the de facto leaders who were there with their counsel present. Their lawyer was there. And I told them that this was illegal. I told them that they were going to get arrested and this is how they do it safely and peacefully.

I encouraged them. I said, "if this doesn't go peacefully, you will have lost your message to Canadians." And they completely understood that. So I went through the actual arrest process with them on how to make it easy for the police to make the arrests. And these leaders understood exactly what I was saying. They thanked me for it and their lawyer thanked me for putting it into common language, from a police officer's perspective, on how to make this safe.

Shawn Buckley

So I just want to understand. What's happening is they understand they're going to be arrested.

Richard Abbott

That's right.

Shawn Buckley

So what was your understanding, in speaking with them, as to why they were choosing to be there, knowing they were going to be arrested?

Richard Abbott

They were bringing to light what Canadians hadn't heard until the protests in Ottawa and the blockades in Coutts. They wanted to have their Charter freedoms lifted. They wanted to be able to travel, was the biggest version here. They told me that they wanted choice. They didn't want to be coerced into taking any experimental drug for any reason.

So they were bringing to light the Charter violations being acted upon them. They knew it was a heavy-handed way of doing it, but nobody was listening to them prior to this. I believe our democracy is based on that. Someone said that you and I have a moral responsibility to protest against immoral laws and that's exactly what these folks were

doing. They saw a moral necessity for them to speak out against immoral laws by a tyrannical leadership.

Shawn Buckley

And would you describe the people that you saw there and interacted with as peaceful?

Richard Abbott

Horribly so. These were my relatives. They were our aunt and uncle. It's your cousins. It was us. I saw zero bad guys in this small group of people that were blocking the border. I feel like they were forced into this protest.

Shawn Buckley

So you basically saw a group of Christian farmers who felt forced to take a stand, to have a voice, who understood that they were going to be arrested for just trying to have their voice heard.

Richard Abbott

That's right.

Shawn Buckley

And you were doing the service of explaining to them how to be arrested peacefully.

Richard Abbott

That's correct.

Shawn Buckley

And they actually thanked you for that advice.

Richard Abbott

As did their counsel.

I should get this in now. I know it's impossible to measure,

[00:40:00]

but after the time that I spent down there, and any Canadians who took the time to watch how the surrender went down at Coutts— I'm not taking credit, but I know I had a small piece. But those small pieces add up. I had a small effect on what a wonderful ending it was to that blockade there: a completely peaceful surrender where we saw the protesters hugging the RCMP who had been set up on the border during their blockade.

Shawn Buckley

Can you describe that more for us, just so that the people watching your testimony understand exactly what you're talking about?

Richard Abbott

And I can't speak to what initially led up to it, but it was within two days after my visit to Milk River and Coutts—I think it was after the *War Measures Act* was called by the federal government—that the surrender happened. And the protesters in Coutts, there's a video of them lining up with another line of RCMP, like you'd see at your kid's sports event where the hockey teams would shake hands after. They'd all queued up to hug each other, to thank each other for ending the blockade.

Shawn Buckley

Right, and then they were all peacefully arrested.

Richard Abbott

I can't speak to the arrests that day. I don't know that part of the story, who was charged.

Shawn Buckley

Now, you attending at the Coutts rally, later created some difficulties for your employment.

Richard Abbott

Yes, like I said, I went back that very same day. I went home and went back to work. And within my first few days of returning to work, I was put on what's called administrative leave, which is, in English, suspended with pay.

And then, within a few days of that, there was an article on a mainstream media source that showed me down in Milk River speaking. Again, the service insinuated that I did that public announcement or speech in Coutts. I did not. And when that mainstream media article hit, I was suspended without pay. And the reason given by the police service was that my conduct was discreditable and I had violated our social media policy.

Shawn Buckley

Now, I just wanted to contrast this because you would agree that both at Milk River and Coutts, I mean, this is a protest that's taking place.

Richard Abbott

That's right.

Shawn Buckley

And you know, not far distant in time from that, there was a Black Lives Matter riot in Edmonton.

Richard Abbott

Within the same year. That's right.

Shawn Buckley

Right. And are you aware of any arrests from that riot?

Richard Abbott

I was not directly involved in any of the arrests from any criminal activity, but there was, yes, charges laid.

Shawn Buckley

I'm sorry. Okay.

Richard Abbott

There were charges laid.

Shawn Buckley

And there was property damage in that protest, am I correct?

Richard Abbott

I believe so, yes.

Shawn Buckley

You were given some other photographs and I just want to pull that up. So can you describe for the audience what this is a photo of?

Richard Abbott

This is a still pulled from Global News in Edmonton showing protesters of the Black Lives Matter [Exhibit WI-3]. This is a Marxist group, for the record. This is, politically, an open Marxist organization, protesting against police and recommending the defunding of police. And those are Edmonton police officers taking a knee, ostensibly, agreeing with the Marxists chanting in front of them.

Shawn Buckley

Okay and I'm just going to show another photograph [Exhibit WI-3a]. Can you describe what this photograph is?

Richard Abbott

Again, those are Edmonton Police Service officers taking a knee to,

[00:45:00]

ostensibly, in support of the Marxist Black Lives Matter protesters.

Shawn Buckley

Okay and I'm going to show you one last photograph [Exhibit WI-3f]. And you have deliberately hidden the identities of these officers, but can you tell us what this is a photograph of?

Richard Abbott

Those are Edmonton police officers posing with, apparently in support of, an Antifa member. So these folks call themselves anti-fascists. I don't think the irony of that name is lost on anybody on this Commission, but apparently, standing in support with an Antifa member.

Shawn Buckley

Now, with regards to the police officers that knelt to Black Lives Matter and with regards to these officers posing with an Antifa member, are you aware of whether there was an investigation into those officers as to whether or not they compromised the Edmonton Police Service?

Richard Abbott

I can't speak to whether or not an investigation was done, but I can say that there were no *Police Act* charges against any members of the Edmonton Police Service in support of the Marxist group or the terrorist group, Antifa.

Shawn Buckley

Okay, so you lost your job for what you just described occurred in Milk River and Coutts. That's correct?

Richard Abbott

That's right.

Shawn Buckley

But the officers that, you know, bent their knee in front of the media, in front of Black Lives Matter protests and the officers that deliberately took a photo-op with Antifa— There was no disciplinary action against them.

Richard Abbott

None to my knowledge.

Shawn Buckley

Do you have an explanation for that?

Richard Abbott

This is about policy and politics. Of course, they rhyme for a reason. I'm speaking to this panel today because I can objectively speak to the policies of the Edmonton Police Service: They were not about health. They were about politics. And it hurt our membership and it has hurt Canadians.

It's hurt me and my family, personally, obviously; I had to take an early retirement. So my travel to Milk River and Coutts on a day off, to encourage peace, well, after pension adjustments and loss of wages over the next 10 years—I tried to stay in shape; I think I had another 10 years left in me—will cost my family millions. But I'm not the only one.

We're losing police officers at a rate that nobody wants to talk about. Constable Robert Kitchen being fired for holding his ground on who he thought he should disclose his personal health choices to, will have a far-ranging effect on our communities and our nation, if we can't expect our police officers to speak up. So it's not just the individual. It will affect our communities and it is going to affect the nation, in terms of this piece.

Just this week in Alberta, our premier has promised 50 new policing positions to each Calgary and to Edmonton. I've been speaking with my old co-workers at the Edmonton Police Service, and they're the first to say, "That's nice. Where are we going to get people who want to fill those positions?" With what I've been going through— And I'm not alone on this: we have officers like me across the nation, maybe, with not as big a mouth as me because they know, now, that you will be fired if you speak out politically against the orthodoxy of the day. So the question is, where are we going to find those 50 people to fill those positions?

I can speak to where there's three of them who've spent a career at perfecting our craft. It takes a lifetime to get good at these jobs. And they're pushing us out of those positions because we don't take a knee to the orthodoxy of the day.

Shawn Buckley

Mr. Abbott, I think our bigger danger is the type of person that will fill police positions, understanding that they're guided by politics and they find that acceptable.

[00:50:00]

I think that that's a much larger danger to Canada than those spots being vacant.

Richard Abbott

I use the word "cull." They're culling us from the police agencies across the nation. I can't speak for all of them, but we know each other. We speak from coast to coast, and they're in each one of your communities, but they're being pushed out of your police agencies.

Shawn Buckley

Can you elaborate a little more? Because it sounds like what you're saying is that the officers that do not want policing to be politicized, and want to honour our *Charter of Rights and Freedoms* and want even to be able to exercise their own rights and freedoms are being pushed from the police service in favour of a different personality type.

Richard Abbott

This is how dangerous it gets. So I'm the prime example. I made a six-figure-a-year job and there's police officers in each one of your cities across the nation who are up against *Police Services Act* charges just like me. I can't mention their names because they're trying to keep their heads down, and I don't blame them for that. But they were there trying to fight. So I can't go into details with those people because it endangers them and their families so much to speak out.

A lot of them are just trying to put their head down, so they don't lose their livings over having had a political opinion. Mine is egregious: I was on a day off, in civilian clothes. I never mentioned my company when I was a police officer; I purposely kept the agents that

I worked for, to indemnify them. But now this is public information. I'm one of a few Canadian police officers across the nation who've paid the ultimate price for this and now the rest are, rightfully, running scared.

Shawn Buckley

Right. Mr. Abbott, I don't have any further questions for you, but I expect the commissioners will.

Commissioner Kaikkonen

Thank you for your testimony.

You said when it comes to immoral laws, we all have a responsibility and a necessity to speak out against tyrannical laws. So taking that thought just a little further, the underlying premise of our institutions in Canada is to protect against any law that degrades humans and to recognize that any law that degrades humans is, essentially, an unjust law. I recognize that these were policies within the institution, not necessarily laws, but they still dictated a policy advocating, in your words, segregation.

So my question is, how do we reconcile this with other laws in the broader Canadian community? And I know you've alluded to the Charter, which actually demands accommodation and inclusivity of both citizens and minority voices. And the second part of that is: In your opinion, is there a way to change the institutional mindset within policing, and other authorities like policing, so our country doesn't break down into lawlessness, even when we are witnessing the infiltration of politics within these institutions?

Richard Abbott

Yeah, I can answer both of those. This is officially into opinion evidence now, which I think is allowed here.

The first one is— And I'll have to, partly, respectfully disagree with one of your earlier guests who said that in looking at how Jesus would respond to this— Although, for our brothers and our sisters who are going to come to us now, it's hard for people to say they were wrong over these policies. We need to be there with open arms for those people when they figure it out because they are figuring it out now quickly.

Where I disagree with your earlier guest is we need some of these leaders who, to this day continue to push these policies, to be held to account. The door is quickly closing, if I can paint a picture. We're here to still speak to you, but the door is closing. And if we don't hold **those men who held high places—to put some more Canadiana into this, from the Rush song *Closer to the Heart*—**

[00:55:00]

they need to act like they're in high places. And if they don't, we need to hold them to account. So that means litigation.

The second part of your question— The first part was about how do we get through it and the second half, excuse me, again, was?

Commissioner Kaikkonen

Just the institutional mindset: how do we prevent lawlessness from becoming the norm?

Richard Abbott

Bold leadership. Leadership matters. We need bold leadership in these institutions. So not just leadership: We need bold leadership. Leadership matters. It's a trickle-down effect. I saw some horrible behaviours come out of some of the people that I worked for in the police service. When we have weak leadership espousing violating human rights by segregating them in lunchrooms, it justifies poor behaviour amongst the employees.

I had one of the sergeants that I worked for say out loud that they didn't think any of the Edmonton Police Service members who refused to take the drugs, [they] should not be given access to health care. So these are police officers that are going to overdoses every day— they're truly heroes on the streets.

So the squads that I worked for, I could easily say they'd save one fentanyl death per shift. They'd save that person, and they would rush them to the hospital to get care that they dearly needed, and we dearly believe they need. And then, out of the other side of their mouth, say an employee who doesn't take the COVID drugs, we shouldn't let them get access to health care. That's from weak leadership.

We need bold leadership in all of our institutions and that starts with the truth. Just tell the truth. And I can speak specifically to police agencies: use what you've been trained to use in risk-effective decision-making and decide whether or not what we do in the future is necessary, risk-effective, and acceptable. Will it be acceptable to the courts in 30 years? I think you'll see changes in how we respond to these.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

And there's more questions.

Commissioner Massie

Well, thank you very much for your testimony. I have a question, which is about when police officers are called to intervene in any situation, I guess that there is a risk there that people they will interact with are not vaccinated and they don't know, right?

Richard Abbott

That's right—every day, all day.

Commissioner Massie

So was there something put in place by the police department, in order to protect policemen from these dangerous, unvaxxed people?

Richard Abbott

I laugh because it's laughable today. We'd cry, if we couldn't laugh. No. The masking mandates were the same across the nation, which we all know, when we were doing it, was not true. And most people complied with what we knew to be not true.

There's a certain segment of the people that I work for, though, the frontline officers in the police service—and I can't get anybody in trouble with this today—they knew it was a lie. But they'd still go to your family fights; they'd still go to the robberies; they'd still go to the stabbings. And the smart ones never wore a mask because they knew it was a lie. They were no different than the politicians who put on a mask every time a camera came around. "Oh, we better put on our mask. Here comes the superintendent." And then they go to your stabbing without it.

I don't know if that answers your question. There was nothing— You know the same stories as I do. These people were brave. They were going, even at the beginning when we thought that there could be an actual illness. Of course, we quickly learned, within months, that nobody was dying from COVID and then it became easier. But there were no measures to stop that. The essential workers went to work every day.

Commissioner Massie

So I hear you talking about bold leadership in order to get out of this difficult situation we're in. It seems to me that what bold leadership does well is establish trust:

[01:00:00]

between people, with one another, and with the institution. How can we build trust in a culture of lies? What you described, it seems to me, that police officers have licence to lie.

Richard Abbott

Thank you for the nice segue into what the bold leadership can do. So I was a middle manager. I understand that you can do nothing right. People are going to disagree with you whether it was the right decision or not. So when I say bold leadership, I mean what we need is for our leaders, at every level, to just simply abide by codified Canadian values.

So when we're responding to these high-risk incidents in policing— I spoke about our decision-making processes. When I'm scared, when people are going to get hurt, and when we're under time constraints, we abide by what we called standard operating procedures. So I don't know what to do during a car chase, where it's horribly dangerous, I'm under serious time constraints, and I'm scared. All I do is abide by my standard operating procedures, my SOPs.

We have the SOPs written for Canadian politicians. We have Canadian codified SOPs written for the leaders of our institution. It's called the *Charter of Rights and Freedoms*. So when you're scared, when you think people are going to get hurt, and when you're under time constraints, just point at the Charter and say, here are codified Canadian values that are my standard operating procedures. Until those are lifted, our bold leadership just has to point at those and say, this is what Canadians are going to do next time.

Commissioner Massie

Thank you.

Commissioner Drysdale

Just so that we both know that you are going into the opinion area of this testimony, which is acceptable. I've got a question and I'm going to refer to a couple of witnesses that we've had prior to you on here.

A day ago, I think it was a day ago, we had a retired judge on the stand, and he talked about—I don't want to put words in his mouth, but as I heard his words, he was talking about a failure of the judicial system, in his opinion. Or at least, he was disappointed with the way the judicial system has acted. And I asked him a question about why that would be and he said to me that the judges felt they were under pressure. And one of the things I asked him was describe that to me: What does that mean? Does that mean, if they rule a different way, they're going to get fired, or so on and so forth. And my understanding of his answer was, no, they wouldn't get fired, it was more of a peer pressure, if I understood that correctly. And I'm prepared to be corrected on that.

We talked to doctors previously and they've sworn an oath, like a judge does and like a police officer does. And the doctors were afraid: they were afraid of losing their licence, but they weren't afraid of proceeding with a procedure or administering a drug they knew nothing about, or they knew that it hadn't been tested.

And I can go through the list of all of those people—teachers, doctors, ministers. We've had ministers on here saying the same things, police officers.

Police officers— Sorry, but they require special attention. Police officers are probably some of the bravest, gutsiest people I've met in my life, you know. Somebody's in terrible distress, someone's in a terrible accident, someone's gone crazy, and you have to walk in there. You're just an ordinary person. Courage is what defines the police, or what has defined the police, in Canada.

And yet, listening to all of these people—the doctors, the lawyers, the judges, the police and people carry guns—the most compelling testimony that I heard here today was a truck driver who said he had 40 employees, and he and his wife sat down one night and decided they have to speak up, even though they might lose everything, and they went into it knowing that.

And so, my question after all of that preamble: my question to you is, we talk about trust in our institutions, we talk about leadership in our institutions.

[01:05:00]

How can we ever ask Canadians to trust all of those people when it went so wrong? How is it the police took orders that they knew or ought to have known were illegal? How did they beat people in Ottawa? How did they kick veterans? How did they trample them with horses?

I'm sorry, that's a heck of a lot to ask you to comment on. But when I see what were heroes—and are heroes, in this instance, but they're not over here, they're hiding—and I see a truck driver risking his family, his business, and one person said 40 other people and his employees. So probably 100 people he put on the line. Can you help me out with understanding that?

Richard Abbott

In a word, no. I debate the same things as you and I get asked this all the time. And I try to juxtapose the police officers who run towards the gunfire with the political courageousness.

And I've used this example before: Mr. Dennis Prager, an American conservative Jewish radio host, he speaks about how things go wrong in a society and he, specifically, was speaking about the Holocaust. And he said that you get three things added together will end in bad things happening.

Propaganda. So my answer, first, to you is that police officers are no different than the truck driver. They are propagandized exactly the same way, and we heard this morning that we've had a war of propaganda on us. And they put their pants on one leg at a time just like you.

The second part of when things go wrong is when there's something to gain. And in these cases, I think it's not so much gain to the population, but it's keeping your job is something to gain by not saying anything.

And then, Mr. Prager says the third thing that happens is a paucity of people courageous enough to speak out—and I didn't know what paucity meant. Paucity means hardly anybody will speak out about this. But what I have seen is that sprinkling of courageousness goes across every vocation. It actually isn't concentrated anywhere.

So if I can leave you with any good news, is I think that paucity of courage is sprinkled throughout Canada and it's contagious. So we have a few rare doctors, we have a few rare cops, we have a few rare nurses. We have a few in every vocation who's spoken out against this.

The other truth is—I'm going to agree with you—is that the blue-collar folks, the folks that work with their hands who are the backbone of this nation, I would say that we've seen more of them, maybe.

But anyway, there is courageousness sprinkled out through society. The good news is maybe there's a concentration of courageousness amongst the working class, amongst the trades, who are the backbone of this society, and I think that's what gives us hope. Don't go looking for the police to do it. Don't go looking for the doctors to do it. It falls on every one of us, is my answer.

Commissioner Drysdale

And I understand and I agree with your statements. One of my other questions to you is—and I think you've, perhaps, answered it—about propaganda, you know. And the question is, do we have a free-market media or news group in this country anymore? And what did they contribute to the damage that's been done to our society?

Richard Abbott

I won't mince words here, again. The mainstream media is lying to you about what's going on in our nation. And I know it sounds extreme to put it in those terms. That's my personality. There is no halfway with this. They are lying to you about what's going on, on a myriad of topics, not just COVID.

Commissioner Drysdale

Thank you very much. And thank you for your service.

Richard Abbott

Thank you.

Shawn Buckley

There being no further questions, Mr. Abbott, I sincerely thank you for your testimony, on behalf of the National Citizens Inquiry.

Richard Abbott

Thank you, folks.

[01:10:07]

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 8: Robert Holloway

Full Day 3 Timestamp: 05:49:08–06:52:07

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kassy Baker

Good afternoon, Mr. Holloway, can you please state and spell your name for the record?

Robert Holloway

Good afternoon, my name is Robert Ivan Holloway, H-O-L-L-O-W-A-Y.

Kassy Baker

Very good, and do you promise to tell the truth, the whole truth, and nothing but the truth?

Robert Holloway

I do.

Kassy Baker

Very good. Now, Mr. Holloway, I understand you're here to tell us about your experiences and observations regarding censorship. And also some of your observations regarding your interaction with the Freedom Convoy movement here locally in Winnipeg. Just to provide some context to that, can you please describe to me your current profession and age? Could you just give a little bit of background about yourself?

Robert Holloway

Sure. I'm 45 years old. I'm married. I have two children. I have a daughter, age nine, and a son, aged 11. I'm a lawyer by profession. I have two university degrees. I have an advanced degree in economics and a minor in philosophy from the University of Manitoba in 1999. I have a law degree from the University of Manitoba, 2002. I received my call to the bar to practise law in Manitoba in 2003. I've been practising ever since. I specialize in construction and commercial litigation. Currently, I am the managing partner of Holloway

Thliveris Commercial and Construction Lawyers. I live just outside of Winnipeg, and I practise downtown in Winnipeg.

Kassy Baker

Very good. I think that we will start with some of your observations regarding the early days of the pandemic and your investigations into the dangers of the virus itself. And I'll let you take the lead from here.

Robert Holloway

Sure. So I'll just preface by saying that I don't have any particular expertise in the medicine or the science behind COVID or the vaccines. I'm a layperson in that regard. But I'm going to talk a little bit about what I learned with respect to the science and at what juncture because I believe it's material to understanding some things with respect to what I observed with the legacy media, and other observations.

So if we go back to March of 2020, this is the point in time in which COVID-19 has been declared to be in North America and its governments have expressed a concern. Our provincial public health authority is advising people to stay at home as much as possible, to work at home. I'm a practising lawyer at the time; the courts were shut down. We weren't having in-person meetings. We weren't having any trials. We weren't having any motions. Nothing was happening at the courthouse.

So there was a period of time starting about mid-March 2020 where most of us were at home. And I took the opportunity in this extraordinary set of circumstances to do some of my own research into what this COVID-19 was all about. And I did what most normal people do who are lay people like myself: I went online and I started researching whatever I could find. And at that point in time, the whole pandemic wasn't politicized, or at least, it wasn't politicized the way it has become. It wasn't a polarized issue and you could find a lot of information.

It was new in North America, but COVID-19 was not really new in other parts of the world such as Europe and, of course, China. And there was very good information from China and from Europe that you could drill down to—right to peer-reviewed studies from reputable universities and reputable journals.

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I found a lot of interesting things, but I don't remember all the things that I uncovered in doing the research. But what jumped out at me, that I recall today, is that very early on, it **was clear, based upon the information coming out of Europe and China, the demographics of those who were affected by this virus. And it was clear that it was individuals who had two or more serious underlying health conditions combined with those that were at a certain age threshold. And what was notable to me is that children under the age of 18 had basically zero risk.**

So very early on with this information, which I felt was quite reliable given the various sources that I found, the whole idea of the virus was not something that I was afraid of. I was not personally afraid. I was not even personally afraid for my elderly parents who are in their 80s and late 70s, who are in good health. I was not afraid for my wife. I was not afraid for my children. I was basically not afraid. I parked that information, went on with my life as we all did or tried to do at that point in time.

But the interesting thing is that, of course, COVID and issues relating to COVID were a daily news item. And the way the legacy media, or at least, the legacy media that I was attuning into, was not being candid and forthright about the demographics of who was being affected by this virus. And I thought that was unusual. I thought that was strange. And it was only—and it's a rough order magnitude here—but it was only about six months after I had done this kind of personal research on my own that the mainstream media, the legacy media, started to talk about the demographics of who this was being affected by.

And I thought, you know, I'm just a lay person. I just went online and spent some time and found this information six months ago. Why is it only being publicly talked about now? I thought it was strange. I don't remember all the times in which I had done research and had found information in which there was a delay before it became information that was being publicly broadcast. But it happened many times. That's a particular one I remembered very specifically, but it happened multiple times.

So fast forward: I'm living life. I'm trying to do my best to be a father and a husband and a practising lawyer, and so on. The vaccines are starting to roll out. We're now in about spring of 2021, spring, early summer. And I'm becoming eligible based upon my age to receive a dosage of vaccine. And while I'm a bit skeptical, based upon some of my previous experiences with the delay of information coming out, at the same time, I didn't have a lot of source information other than what I received from mainstream media about these vaccines. And the messaging that was coming out was, "don't just do this for yourself, do it for your community, do it for elderly people, do it for people that are immunocompromised."

And so, I did it. I took the first dosage of the vaccine. I gave public health the benefit of the doubt based upon whatever information that I had, which was really all publicly available legacy mainstream media information.

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And likewise, roughly six months later, I took my second dosage. And all the while, I maintained relationships with friends and others who made the decision to not get vaccinated. And I have to confess, at the time, I thought it was odd that they weren't getting vaccinated. I didn't understand why they weren't getting vaccinated. I didn't understand what the rationale was for them not getting vaccinated. But at the same time, I believed that people ought to have a free choice with respect to these matters.

Fast forward to the late fall, winter of 2021. The public health authority in Manitoba was now recommending and had vaccine dosages available for children aged five to twelve. At that point in time, my children were aged eight and nine. So they were right within that bracket. And my wife, who I have the utmost respect for and who is a wonderful mother and a wonderful person, stated to me, "I'm going to take the children to get vaccinated." And I said, "Well, you know, don't you think we should do some due diligence on this?" And her response was, "What due diligence are you going to do? Public health authorities have told us that we should get our children vaccinated."

And I would have said, I believe I did say, "Well, you know, you can't just simply take face value what public health authorities say. We know—and we've known since the beginning of this pandemic—that children in our children's age bracket who are healthy children have almost zero risk of serious adverse outcomes, including death from COVID. So I think we should spend some time looking into this. My own sister—who has a different mother than myself, was quite a bit older than I—her mother was prescribed thalidomide in 1960.

Her mother made the decision not to take it. It's probably one of the best decisions her mother made, as we all know. So public health authorities and professionals of all stripes don't always get things right. We're making decisions for our children. We need to spend some time."

So this was the conversation, in essence, that I was having with my wife. And she said, "Okay, well, when are you going to do this due diligence?" I said, "You know, look, it's just a really busy stretch right now. I'm going to do it as soon as I can." And every day from that point onwards, the friction between her and I increased. And to the point where she was calling me up in the middle of the day at work and demanding that we get the children vaccinated, or I do my due diligence right here, right now, and let her know ASAP.

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To say that it was causing friction between my wife and I is an understatement. Finally, after about, I don't know, five days, six days of this, I'm like, "Okay, I'm just going to stay at work until whatever time takes me at night. And I'm going to do whatever due diligence I can do."

So like I did at the beginning of the pandemic, like lots of people do when they want to find things out, I go online. And I wind up at the Center for Disease Control in the United States website and Health Canada website and I look at the sections on vaccinating children. And I read them: every single word, top to bottom. I click on every single link. I try to drill down to supporting evidence, journal studies, so on, which I could at the beginning of the pandemic: I could drill right down to very legitimate medical and scientific information. And I couldn't.

And it was interesting. I'll start with the CDC. The CDC was making a pitch that you should get your children vaccinated because your children are at risk from severe outcome and/or death as a result of COVID. And Health Canada website was saying, they weren't so much pushing that; what they were pushing is—which I think is more honest—they were saying, "do it to protect the elderly and the vulnerable." And both websites had statistics; they had numbers. I was able to use some of them to run my own analysis.

And a couple things struck me. One is that there was a disconnect between what the CDC was saying and what Health Canada was saying on this very point. Another thing that struck me is that the arguments that both of them were putting forward just didn't seem very compelling. If that was the best arguments that they could make, it just didn't even seem that obvious, based upon their own arguments, that there was a good reason to vaccinate children. But at the same time, the website seemed to indicate that there was no significant likelihood of an adverse effect from the vaccine. The Health Canada website, **speaking of vaccinating children for the sake of protecting those that are immunocompromised and elderly, I thought was immoral.**

But at the end of the day, I had a situation to face, which I don't know where it was going to lead within my family. I very much valued the relationship with my wife and having a strong family unit. And based upon not having any information that I could find to indicate that there was a significant risk of taking the vaccine, I agreed to have the children vaccinated. My wife immediately took them down and had them vaccinated.

By happenstance, about a week later, I was having a lunch with a lawyer from the Justice Centre for Constitutional Freedoms. For anyone that's not aware of the Justice Centre for

Constitutional Freedoms, they are very active in COVID-related litigation. And the topic came up of vaccination and children.

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And this lawyer started telling me some things about the vaccines as they related to children. And to say that it was contrary to what I had read in the CDC and Health Canada websites is an understatement. It was like two different planets. And I have respect for this lawyer, I have respect for the organisation. I know that they had experts who were highly educated and knowledgeable that they were getting their information from. But I was contrasting this with all the publicly available information that I could find at that time, and they just weren't adding up. And I said, "Look, I'm sorry, but can you send me these studies? Can you send me these expert reports? Because I don't know who to believe anymore." And she did.

And I read them once again, from top to bottom. And we're talking, you know, many of these were peer-reviewed medical journal articles. Some were from more obscure sources, but some were from very well-recognized sources. And what I learned was really jaw-dropping. I'm not a medical doctor and I'm not a scientist, but I am university-educated. I do deal with experts in my profession, a lot. I am, I think, basically capable of reading these things and understanding them. And I know enough to know that any given study can say one thing and be contradicted by another study the next day. But what really jumped out at me is that there was a lot of consistency amongst this material, none of which was public information.

And in this time of confusion, I sent one of these studies—it was a peer-reviewed study with respect to children and vaccination—to a medical doctor I know that for this person's protection, I will not identify. And I said in the email, "Is this study intellectually defensible or is this just whacko stuff?" That's the words I used, literally, I'm quoting. And the doctor replied, "It's very intellectually defensible. There is a fierce debate within the medical community about vaccinating children from COVID-19." And this medical doctor also sent me an article from the *British Medical Journal*, which this doctor indicated was more widely circulated amongst the profession than the peer-reviewed study that I had been reading. But, basically, the *British Medical Journal* article, which was January 13, 2021—about five months before vaccine rollout for children—was saying the same thing as what I had reviewed.

And I stopped. There's a fierce debate within the medical community

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as to whether children should get vaccinated?

Kassy Baker

Can you describe some of the revelations that you learned through these peer-reviewed studies and how that differed from the research that you had done from the publicly available information from the CDC and Health Canada?

Robert Holloway

Sure, sure, let me just finish this thought though, I will do that. There was nothing on the CDC website or Health Canada website to inform parents that there was any debate within the medical community. Not a fierce debate. No debate. This was consensus.

The information, to answer your question: What I garnered from both the *British Medical Journal* and the peer-reviewed study, as well as other information, was that first of all, the risk to healthy children aged five to twelve from COVID-19 was negligible. However, because the standard for approving vaccines requires at least five years of clinical trials, as I understand it—not being an expert, but as I understand it—and because of the nature of COVID-19 and the urgency to get out a vaccine, these clinical trials had been truncated. And so, there wasn't the benefit of the full five years to ascertain what, if any, significant adverse effects were related to these vaccines.

The licensing bodies provided what I understand to be an emergency authorized use permit for these vaccines. And the consequence of all that is, once again, as I understand it— First of all, I never understood any of this stuff before I got vaccinated that this was an emergency authorized use and that the typical standard is five years because some of these side effects don't appear until many years later. I had no idea: this is something I was learning and questioning my own decision-making process with respect to myself getting vaccinated, but I digress.

The result, when you put all these things together is that because there hasn't been a significant amount of time to do the clinical trials that would normally be done for these vaccines, the risk profile to the vaccine was unknown, which made it not a negligible risk. You put all that stuff together: you have the risk to children aged five to twelve from COVID as being negligible versus the risk of taking the vaccine as being not negligible. It doesn't make any sense. The only possible justification could be that you're doing this to protect the elderly and the immunocompromised, which, in my humble opinion, is completely immoral.

Kassy Baker

This doctor that you spoke with, did she ever come forward publicly with her own thoughts which she had discussed with you?

Robert Holloway

Not that I'm aware of. I did ask this doctor if there was any kind of gag order that was being placed on this doctor by the College of Physicians and Surgeons in Manitoba.

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And this doctor advised me that in effect there was. And this doctor provided a screenshot of what I believe to be a directive from the College of Physicians and Surgeons of Manitoba, which directed physicians to not depart from the narrative that's being put forward by public health authorities in Manitoba. And part of the rationale for this is to make sure there is a consistent message to the public. So I understand—and this is all hearsay of course—but I understand that this has resulted in a chilling effect within the medical profession, at least in Manitoba, with respect to discussing issues surrounding COVID and vaccination.

I want to add one thing here before I move on. My children are fully vaccinated with all other vaccines recommended by our pediatrician. My wife and I believe in science. As a regular matter of course, we follow the advice of our physicians. There's no ideological position that I come from here. It's maybe cold comfort, but I am thankful, based upon what I did learn after my children got the first dosage of the COVID-19 vaccine and I began sharing this information with my wife, that we decided to not get our children vaccinated with a second dose.

So in December of 2021, Omicron variant becomes an issue. And it's obvious that this variant is spreading rapidly and it's obvious, I think to most people, that it's spreading amongst both vaccinated and unvaccinated. And at this time, I'm now devouring every bit of information I can get from what I believe are reliable sources. And once again, being a lay person but not a completely uneducated lay person, it became clear to me that the mandates were completely disconnected with what the science was saying about the virus and the efficacy of these vaccines. And the fact that the public health authorities were now trying to basically pull a fast one over me with respect to my decision-making for my children's best interest really caused me to mobilize and do something. And one of the things that I became a part of was the Freedom Convoy protests here in Winnipeg.

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On January 29, I believe, 2022, a rally was organized in the Flying J truck stop west of Winnipeg and I believe in other locations around the province all to converge on the city of Winnipeg. And I called up a buddy of mine and I said, "Hey, let's go, let's join this." I've never been involved in a protest in my life, but this was different. So we jumped in my truck and we grabbed a Canadian flag and we joined I don't know how many—but I'm thinking order of magnitude a thousand other vehicles with Canadian flags. And we're going around the Perimeter. We get to the east Perimeter, the Highway 1 overpass, and from every direction from looking north, looking south, looking east were vehicles basically almost as far as you could see with Canadian flags. It was an absolutely remarkable, organic event, and whether you agreed with it or you didn't agree with it, something very significant was happening. And I participated in this. We went around the Perimeter, we went down Portage, we went past the legislature, we went up to city hall. And as I'm driving, my buddy with me is monitoring what's being reported on this in the mainstream legacy media—and there's nothing. Nothing.

Fast forward about a week or so, the Freedom Convoy protests become stationary in downtown Winnipeg outside the legislative building. So on Broadway and Memorial. And the whole area becomes basically occupied by semi-trucks, by tractors, by mobile homes. I believe we had some Atco trailers, we had a stage, and at various times anywhere between, you know, a 100-odd people and probably 500, I don't know, a 1,000 maybe at certain higher times. And I reached out to the organizers and I identified who I was. I said, you know, "I'm a lawyer, I want to help, and I want to speak."

And on February 5th, which is a Saturday, I spoke at the protest. And I spoke largely about my experiences with the science and my children. And I was candid: "Look, I'm double vaccinated, but here I am." And so, that began an association between me and the organizers of the Freedom Convoy protests in Winnipeg. And I supplied legal advice, I supplied other advice, strategic advice,

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whatever assistance, within reason, I could provide. I was on the phone or in-person meeting sometimes on an hourly basis, definitely on a daily basis.

Probably consistent with others that have testified here—though I haven't seen a lot of the testimony, but I've seen some of it—almost everything that was eventually reported in legacy media that I saw with respect to the Freedom Convoy protests in Winnipeg was wrong. There were people from all walks of life: There were probably as many women as there were men, if not more women than there were men. There was every different background and a variety of ages. The atmosphere was positive. The people were peaceful in nature and were really trying hard, in my observation, to ensure that there were no bad apples that were going to wreck this event, this protest. There was certainly nothing that I was ever made aware of—and I'm sure I would have been made aware of it given my assistance that I was providing—with respect to hate symbols or anything like that. That never, never occurred, at least, not in Winnipeg.

The atmosphere in the city was extremely polarized. There were people that either supported what this movement was doing or people that detested it completely. And there was almost no one that I saw that was really on the fence on that.

Fast forward to February 14, 2021 [sic]: The federal government invokes the *Emergencies Act*. And it was obvious that the focus of the emergency, or the idea behind the focus of the *Emergencies Act*, was to disperse the protests in Ottawa and perhaps some of the ones that were affecting the border crossings. But the wording of the actual invocation of the Act, as I understood it, applied across Canada, including to the protests in Winnipeg. And don't quote me on the exact wording, but I understood at the time to be to the effect of anyone that participates and provides material assistance to the Freedom Convoy protests could be liable to have their bank assets frozen, property seized, amongst potentially other consequences, I don't know, possibly ranging to arrest, fines.

That day, I went to my bank and I withdrew thousands of dollars in cash. And I hid it. And it's still hidden. It's not at my house, too. We, as a protest, i.e., the organizers and myself—And I should be clear that I am part of a group of lawyers that were assisting the protest here in Winnipeg. I wasn't doing this by myself.

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There were others that were involved. I won't name names, but there were a group of us that were involved in assisting. But on that day, February 14, 2021 [sic], it became clear to all of us that we were either going to have to shut this whole thing down, or in effect, we were going to have to basically communicate and organize in a clandestine fashion.

And so, we did. We had to stop using cell phones. We had to conduct communications of a sensitive nature, literally, in dark corners of parkades where we were confident that there weren't security cameras and anyone that was close enough to observe, listen. There was a huge police presence, so we had little doubt with the police presence, combined with the invocation of the *Emergencies Act*, that cell phone communications were being intercepted, although I don't have any direct evidence to that effect. But we assumed that was the case.

The whole environment was surreal. Let me rewind this for a second. I'm participating in this in good faith with the best information that I can find for the protection of my children, and the Government of Canada has now made me a criminal? For protesting—to protect and to look out for the interests of my children on a good faith basis—peacefully? Is this really happening in this country?

I was born in this country. I was raised in this country. I've worked all my adult life, aside from the time I was in school. I've never broken the law. I pay my taxes. But for the first time in my life this country, that I thought was my country, was against me. Utterly against me. I felt stateless and I still feel stateless. And until there is some serious reckoning by those who were responsible for managing the governmental response to this pandemic in a forthright, honest manner, I don't foresee my feelings changing.

Kassy Baker

Thank you, Mr. Holloway. Are there any questions from the Commissioners?

Commissioner DiGregorio

Thank you, Mr. Holloway for your testimony today.

I have a few questions about particularly your experience that happened once the *Emergencies Act* was enacted. And you mentioned that you actually went and withdrew cash from your bank account, presumably because you were fearful that the measures would be taken against you personally. And I was wondering if you could comment on whether you felt that you would be targeted for providing legal services to members of the Convoy or whether you felt that it was more related to your participation as a protester.

Robert Holloway

Honestly, I thought anything was possible. I felt that I was living in a bizarro world where anything was possible, including repercussions from my governing body, repercussions from the public, the government.

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I was aware of all of those possibilities, and quite frankly, I was prepared to accept that risk.

Commissioner DiGregorio

And I'm also wondering, you spoke a little bit about some of the clandestine organizing that was undertaken once you were concerned about surveillance and whatnot. Did you feel that there was a risk that your solicitor-client privileged communications could be intercepted or were the target of interception by the government?

Robert Holloway

Yeah, once again, I considered all reasonable/borderline unreasonable possibilities to be risks. I don't have any evidence that my communications were intercepted or solicitor-client privilege was breached. But we also took steps primarily based upon my initiative but also based upon advice that I was receiving from an individual who has experience in basically clandestine-type operations that you can't communicate with your cell phone. And you have to be careful where you're communicating because there are line-of-sight devices that can intercept verbal communication.

Commissioner DiGregorio

Thank you.

Commissioner Massie

I have a question about— You mentioned that you really value your relationship with your wife, but at one point, because you were raising some issues about what the public authority was saying that it created some tension that eventually seems to have improved. That's my understanding. Because you decided jointly not to get the second dose after you provided the information.

Now, my question is— After you decided to become more involved in the Freedom Movement, did you get support from your wife or was that creating some tension?

Robert Holloway

My wife is very supportive. My wife is not as, shall I say, maybe active in investigating these types of things that I am. My wife, in fairness to her, but like a lot of people, I believe, was afraid.

And under ordinary circumstances, if I were to say, "Let's do some due diligence before we engage in a medical procedure for our children," I don't think her reaction would have been what it was. But she was really afraid. And things definitely improved once I agreed to getting the children vaccinated for the first dose. She did move in terms of her viewpoints once I provided her with information that I received through my physician source as well as from the Justice Centre for Constitutional Freedoms. To answer your question, I'm sorry, it's maybe a bit roundabout. But, yeah, she did support me in my involvement with the Freedom Convoy protest.

Commissioner Massie

I have another question about the censorship. It does have consequences, but in your experience, what would you say was the most damning consequences of censorship in what you've been through during this COVID crisis?

Robert Holloway

When I use the concept censorship, with respect to this pandemic and the governmental response, I think it's important to be clear that at least I'm not thinking of just government censorship. It was a chilling environment across the board,

[00:55:00]

whether it was in legacy media, whether it was in public health authority messaging, **whether it was, I believe, in the judiciary. I'm sure that there was active censorship, but there was also a lot of self-censorship.**

One of our biggest failures as a society in dealing with this pandemic, in my view, is that what we needed to do to have the best chance of successfully, or at least optimally, dealing with it was to have open conversations. But that wasn't happening. It wasn't happening across the board. Not only was it not happening in legacy media where the same individuals were being interviewed again and again and the same messaging was happening, and the same individuals from public health were speaking and the same messaging was happening.

If we recall, the opposition parties of all the provincial legislatures and the federal House of Commons were barely doing anything. The judiciary was making decisions that were consistently supporting the government mandates and regulations. And to speak to your neighbours, sometimes your friends, was a perilous activity because of the polarity, the emotion.

A lot of the public health authority response to the pandemic was to be characterized by the war metaphor: this is a war against this virus; we are going to eradicate it. And there's also another saying in war: loose lips sink ships. But you know what? In war, the enemy has ears and a brain. When you're fighting a virus that has neither ears nor brain, surely, we can have conversations so that the best information—the brightest individuals, the ones that have the knowledge, the background, the experience—they may be right, they may be wrong, but they should all be heard. Because we are all better off for it: me, the public, deciding what's good for my family, what's good for me, what's good for my community. Without having open dialogue, without being able to know what is being discussed, cripples our ability to make those decisions and our societal ability to function properly and to deal with pandemics in a rational fashion, in my humble opinion.

Commissioner Massie

Thank you.

Kassy Baker

Are there any further questions from the commission?

Commissioner Kaikkonen

Good afternoon. I'm just wondering— You said earlier in your testimony that the courts were closed. Do you have any information on how the courts being closed impacted those who were either going because they felt they were innocent and unfairly charged with whatever? Or the impact of the passage of time, and they weren't getting their case heard, their voices weren't able to speak, they weren't able to get justice. Do you have any ideas, since you kind of crossed the lines with the people who were involved in organizing protests, of the impact of those people when the courts were closed?

Robert Holloway

I don't. Many matters that would involve criminal charges against protesters and protest organizers,

[01:00:00]

criminal lawyers would handle that. I'm not a criminal lawyer, and so I haven't been involved in that aspect of things. So I can't comment on that.

I can comment on the civil side because that's the type of lawyer I am. I'm basically a civil litigator. I can comment that, certainly, in Ontario, where I do quite a bit of litigation, that the backlog for many basic types of civil matters are unbelievably long. Sometimes you're looking 12 months to have a motion heard. It could be years before you have a trial that's set down. So I can comment a little bit about on the civil side that it definitely caused backlogs. I think in Manitoba, we're getting back to a fairly good schedule in terms of civil

matters. But in Ontario, in my experience, it's still pretty delayed, all as a result of pandemic-related measures.

Commissioner Kaikkonen

And my second question is, it's kind of a line we use in education, some of the critics of the education system: that it looks like education remains, but it's no longer education. Given that you looked at the CDC results and Health Canada results, and there's all these discrepancies, could we actually extend that to health care: that it looks like health care, but maybe it's no longer health care, in your opinion?

Robert Holloway

Well, my understanding of the legal requirement to administer a medical procedure by a health care practitioner on a patient is that informed consent is required. And without being informed, there can't be consent. And if there's a medical procedure that's performed without consent, that can be tantamount to assault.

Commissioner Kaikkonen

Thank you.

Kassy Baker

Are there any further questions from the commission? On behalf of the National Citizens Inquiry, we'd like to thank you for your testimony, Mr. Holloway.

Robert Holloway

Thank you.

[01:02:59]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 9: Jessica Kraft

Full Day 3 Timestamp: 06:52:25–07:13:00

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kassy Baker

Good afternoon, Ms. Kraft. Can you please state and spell your full name for the record?

Jessica Kraft

I can. Good afternoon. My name is Jessica Kraft. J-E-S-S-I-C-A, last name K-R-A-F-T.

Kassy Baker

Do you swear to tell the truth, the whole truth, and nothing but the truth?

Jessica Kraft

I do.

Kassy Baker

Ms. Kraft, I understand that you're here today because you were terminated as a result of your employer's vaccine mandate.

Jessica Kraft

That's correct.

Kassy Baker

Very shortly I'll ask you to explain the circumstances leading up to your termination. But first, can you please just describe a little bit about yourself, your age, your education, and your position with your employer at the start of the pandemic.

Jessica Kraft

I'm 31, I'm a mom of two. I started at Canadian Blood Services in 2013. I was trained on the job. It was a mix of classroom training and on-the-job training for about six weeks. I really enjoyed the job as well.

Kassy Baker

Can you tell us what your position with the Canadian Blood Services was?

Jessica Kraft

Yes, I was a donor care associate. I was the person to insert the needle into your arm if you needed to donate. I also did some screening procedures as well.

Kassy Baker

When did you say you were hired for this position?

Jessica Kraft

October 13, 2013.

Kassy Baker

And I understand that before the pandemic actually started, you went on maternity leave, is that correct?

Jessica Kraft

Yes, I had my second daughter December 2019, and right after that is when things in the world started to change.

Kassy Baker

All right, so how long was your maternity leave?

Jessica Kraft

I was on leave until March of 2021.

Kassy Baker

So you did return to work in March of 2021, is that right?

Jessica Kraft

Yes, I did.

Kassy Baker

At that point, what safety protocols were then in place to help you continue to do your job?

Jessica Kraft

Well, at the point of my return, we were mask mandated; all of the staff and donors were expected to wear masks within the facility to donate blood. There was also social distancing protocols, certain wellness checkpoints. Donors had to be sure they were in good health before coming in to donate.

Kassy Baker

What other changes did you observe from your work, starting from before the pandemic to your return in the spring of 2021?

Jessica Kraft

Well, when I first started at Canadian Blood Services, it was a really fun place to work. I felt really supported. We had a really good team.

I guess the biggest changes that I saw prior to me coming back—and I wasn't there, but I had heard from other people—is the changing in management. Also, the change in labelling Canadian Blood Services as a biologics manufacturing company rather than a not-for-profit organization.

Kassy Baker

Okay, and what about the donors? Did you notice any differences in the types of people who were donating blood or the frequency? Or what can you speak to there?

Jessica Kraft

Well, I would say that there was a push for first time donors. But the donating community is pretty reliable, happy. But some of the changes within the clinic for the donors, specifically, was that they weren't allowed to bring in family members or friends or their children. They weren't allowed to eat or drink after their donation, which is pretty crucial to recovering properly. So they wouldn't be allowed to sit with anyone. It was kind of a very rigid and sterile environment.

Kassy Baker

Did you observe any adverse effects from not being able to give them some juice or some cookies, which I understand is typical after donating blood?

Jessica Kraft

Definitely, yes. There was an increase in donor reactions.

Kassy Baker

And what does that mean?

Jessica Kraft

Well, if somebody doesn't eat or drink before donating blood, sometimes they can feel faint or pass out.

Kassy Baker

In terms of inserting the IVs, did you have any difficulties? Were there increased safety precautions taken regarding the handling of blood? What can you tell us about that?

Jessica Kraft

There really wasn't anything different about my specific job and the way we collected blood.

[00:05:00]

Kassy Baker

I understand that sometime in 2021, your employer announced that a vaccine mandate would be implemented within the organization. When was that?

Jessica Kraft

The official notice came September 1st of 2021, although throughout the summer there was definitely a lot of talk about it. When I had returned from maternity leave it didn't take long for me to be asked, even in front of colleagues, in front of donors, "So when are you getting your shot?"

Kassy Baker

And what specifically were the requirements of the mandate? What did your employer's mandate require you to do to comply with the mandate?

Jessica Kraft

So I was required to first attest my vaccine status, my personal health information. After that, we were supposed to be a fully vaccinated workforce by the late fall. They never gave us specific dates at that time. It was kind of like, "We want you to attest your status and we'll go from there."

Kassy Baker

Did the mandate allow for any exemptions or exceptions to being fully vaccinated?

Jessica Kraft

It did. There was an option for a medical or religious exemption. When I had spoken to my doctor in regard to that, my doctor really didn't want to go through with that. She said that even if she were to assign an exemption for me, it would have to be cleared by other doctors in order for it to be deemed eligible.

Kassy Baker

So was your understanding that if you applied or asked for an exemption it would not be granted?

Jessica Kraft
Correct.

Kassy Baker
What was your response to the announcement of this policy?

Jessica Kraft
I knew it was coming, but it really devastated me because firstly, I enjoyed what I did there, politics aside of course. I was pretty devastated to know that I would ultimately be faced with this hard decision.

Kassy Baker
So specifically, what part of the mandate did you object to?

Jessica Kraft
Well, I guess I objected to all of it, all of it.

Kassy Baker
Did you object to the information requirements? Did you object to being vaccinated? What were your objections?

Jessica Kraft
Basically, my standpoint was that according to *The Personal Health Information Act*, I wasn't required to attest my personal health information to my employer. After they had asked me to, and deemed me not vaccinated because I didn't attest, they then wanted me to rapid test for the last few weeks of my employment, which I also declined.

Kassy Baker
And why did you decline to participate in the rapid testing?

Jessica Kraft
Well, I didn't think it was a good precedent to set against somebody— It wasn't private; none of it was private. They wanted me to speak to somebody I'd never spoken to at work to get rapid test kits from. It just all didn't seem very private at all.

Kassy Baker
Now obviously you're in a position where you're collecting and handling blood and interacting with donors. At any point in your previous employment with the employer had you been required to obtain a specific vaccine?

Jessica Kraft
No, we were never mandated to get any other vaccines before. They had wanted us to get Hep A, Hep B vaccines. It was never enforced, never had to prove it.

Kassy Baker

So there was no requirement to be vaccinated for hepatitis at all; it was merely encouraged, is that right?

Jessica Kraft

Right.

Kassy Baker

Okay. Have you generally received other vaccines? I understand that your employer wasn't requiring you to get them, but have you generally obtained vaccines?

Jessica Kraft

I would say up until COVID, I didn't really have vaccines on my radar at all. I wasn't opposed to them. I didn't really think about it too much.

Kassy Baker

Did you receive all of your childhood vaccines?

Jessica Kraft

I believe I did, yes.

Kassy Baker

Okay, you're up to date as far as you know on your other vaccines as an adult.

Jessica Kraft

As far as I know.

Kassy Baker

You've mentioned that you're a mother. Have you chosen to vaccinate your children at that point?

Jessica Kraft

At that point, yes.

[00:10:00]

Kassy Baker

So you've mentioned that you did initially try to speak with your doctor about the possibility of obtaining an exemption. Can you go into a little bit more detail about the conversation that you had with your doctor and your understanding as to whether or not you actually would be eligible to even ask for an exemption?

Jessica Kraft

Yes. Well, I had gone in to see her for just a normal checkup. I had mentioned to her that these mandates were coming forward for health care workers. And she really, I don't know, it seemed to be dodgy, the entire thing.

She just kind of dodged my questions and concerns, really rushed me along. I told her that I had an opportunity to get a medical exemption and if I could have one for my specific condition— She checked my heart and told me that I didn't have the condition I had been diagnosed with my whole life. So I thought it was kind of really strange that she would say that.

Kassy Baker

Sorry, just to clarify, you did have a pre-existing condition, is that right?

Jessica Kraft

Yes, I have a functional heart murmur.

Kassy Baker

Okay, and you spoke about this murmur with your doctor, and she was still unwilling to consider writing you a letter of exemption, is that right?

Jessica Kraft

That's correct. She made it seem like, even if she did, that there would be plenty of other doctors after her to sign off on this exemption, that it wouldn't be deemed—

Kassy Baker

That it wouldn't be accepted by your employer, correct?

Jessica Kraft

Correct.

Kassy Baker

Did you express or discuss your concerns about the mandates with your employers or any direct supervisors?

Jessica Kraft

Yes, I did. I tried my best to submit any questions I had to my immediate supervisor, my management, doctors within the organization I worked for. I tried everyone I could.

Kassy Baker

And what was your employer's response?

Jessica Kraft

Basically silence, to be honest with you. I got a lot of blanket statements, seemed like the emails were just copy and pasted, you know, it wasn't really heartfelt. There was no personality in their responses at all or any concrete information to solidify that what they were doing was right.

Kassy Baker

Now, I think you've mentioned that when you returned to work, your co-workers asked in front of donors or other staff members whether or not you intended to be vaccinated. Did you indicate at that point that you did not?

Jessica Kraft

No, I kind of changed the subject. It was a really awkward moment for me because in my private life, I perhaps was outspoken about this vaccine shot. But at work, I tried to keep it as professional as possible. It really caught me off guard that I was asked this in front of colleagues and donors.

Kassy Baker

Did this issue affect your relationship with your co-workers and your employers?

Jessica Kraft

I believe it did.

Kassy Baker

In what ways?

Jessica Kraft

I just didn't know who I could trust completely.

Kassy Baker

Now I understand at some point you received a notice of termination. Can you describe the circumstances that led up to receiving that notice?

Jessica Kraft

Yes. October 15th, two days after— Or sorry, I should back up a little bit. It was Thanksgiving weekend, and I got a phone call from my manager, and she told me that I wouldn't be allowed to come into work on the following Monday.

The following Monday was Thanksgiving Monday. She told me that because I did not attest my status and I did not comply with the rapid testing that I would not be welcome on the premises after October 11th.

That phone call was really hard to get. I asked for that confirmation in an email. She declined that offer. She did not want to send it to me in writing. I cleared it with my union, and they told me to not go into work. I was on unpaid leave of absence where they had told

me they would send me an education package of some kind to better inform me on these decisions of the policy and whatnot. I never received that.

Then, I think it was a couple days before my termination, I submitted a notice of liability form to my employer and went to work to go and get my belongings from my locker.

[00:15:00]

And everyone was so shocked that I was there; it was kind of alarming. It was like, "Whoa, it's okay, I'm just here to get my stuff." In a way, it was kind of like I was being pushed out and not welcome. It wasn't feeling very welcome.

Kassy Baker

And you've mentioned that you raised this issue with your union. Were you able to lodge a complaint through your union regarding this matter?

Jessica Kraft

Yes, after I was terminated, I requested to file a grievance. I was an arbitration case, hopefully. Actually, as of yesterday—

Kassy Baker

Okay, the matter was supposed to go to arbitration as far as you were aware?

Jessica Kraft

Correct, yes.

Kassy Baker

And what is the current status of your complaint?

Jessica Kraft

Yesterday, I was told that I will not be going to arbitration. I will receive no severance pay. I wasn't eligible to collect EI and I won't be reinstated either. I won't get my job back, and the mandates are still in effect.

Kassy Baker

Have you looked for other employment since your termination?

Jessica Kraft

No. On and off I have, nothing serious. I found this silver lining out of all of it, to be able to be home with my two children. I'm very grateful for that.

Kassy Baker

Subject to any question that the commissioners have, that concludes my questions.

Commissioner Kaikkonen

Thank you for your testimony. A couple of questions. So in terms of being a phlebotomist, did Canadian Blood Services train you in that position?

Jessica Kraft

Yes, they did.

Commissioner Kaikkonen

And did you sign your paperwork when you came in that you would agree to Code of Conduct, et cetera, that most employees would sign at Canadian Blood Services?

Jessica Kraft

Yes.

Commissioner Kaikkonen

And did they change that when you went back from maternity leave? Did they actually change the terms of your employment?

Jessica Kraft

No.

Commissioner Kaikkonen

Did the union address that?

Jessica Kraft

No.

Commissioner Kaikkonen

And do you know if the mandates coming down were from the Province to Canadian Blood Services regionally, like in Winnipeg? Or did they come from head office in Ottawa?

Jessica Kraft

It was head office in Ottawa.

Commissioner Kaikkonen

And did head office, the human resources person there, did they clarify any of this in writing—the changes that they were making to your employment contract that, I guess, wasn't in there in the first place?

Jessica Kraft

No.

Commissioner Kaikkonen

And in terms of, you said that it had become a manufacturing plant—as opposed to a non-profit, that balance that we have at Canadian Blood Services—so is it still monitored by FDA and Health Canada? Or is it just strictly as a blood manufacturing facility monitored by Health Canada only?

Jessica Kraft

To my knowledge, it is only Health Canada.

Commissioner Kaikkonen

Okay. And you mentioned about the sterilization, the idea that everything had become sterile as an environment and donors were no longer allowed to have their cookies and their drinks. I'm just wondering, is it a bigger picture? Were you feeling that before you went in, from the community level just what was happening in mandates and Winnipeg? As opposed to, just when you walked into work, the former fun place, that it had just become so sterile that it just didn't seem appealing anymore?

Jessica Kraft

I think the changes began in the community well before I went back to work. I think I was aware of these changes coming down and happening within the clinic for quite some time. Nonetheless, it was still pretty unfortunate to see the donating community dwindle and also, to be not as satisfied with their donation experience, not as comfortable.

Commissioner Kaikkonen

And when donors had to sit alone and they didn't have anybody— Like they should have volunteers, somebody who would be watching them for that 15-minute period to make sure there's no incidents. Were there incident reports filed on donors when they had reactions where they fainted? Or any of those things that happen sometimes?

Jessica Kraft

Typically, if it was a severe reaction, it would have to be documented, yes.

Commissioner Kaikkonen

Thank you.

Jessica Kraft

You're welcome.

I would just like to say one more thing before we wrap up. I would like to say that throughout all of this, like I had mentioned before, the benefits of all of this is that I was able to stay home with my children. But I know that many Canadians can't say the same. I know that a lot of Canadians were met with the decision of making this choice or losing their job, their livelihood, their homes. So I'm here for that reason today.

Kassy Baker

Well, on behalf of the National Citizens Inquiry, we would like to thank you for being here today.

Jessica Kraft

Thank you so much.

[00:20:35]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 10: David Leis

Full Day 3 Timestamp: 07:13:00–08:13:07

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Shawn Buckley

And our next witness is a Mr. David Leis. David, can I get you to state your full name for the record, spelling your first and last name?

David Leis

Yes, my name is David Leis. My name is spelled D-A-V-I-D and my last name is L-E-I-S.

Shawn Buckley

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

David Leis

So help me God.

Shawn Buckley

Now my understanding is that you trained in public policy and administration at Waterloo, Toronto, and Ryerson universities.

David Leis

And at Queens.

Shawn Buckley

And at Queen's. You have a master's degree in public policy from Queen's.

David Leis

Yes.

Shawn Buckley

And you have extensive work experience in public policy, including working in many senior roles in government, locally and provincially, in post-secondary institutions, including universities and polytechnique. You have served as the mayor of Woolwich and as a councillor with the Regional Municipality of Waterloo.

David Leis

Yes.

Shawn Buckley

And you have served in policy roles for cabinet committees at the Province of Ontario, as well. You are Chief Executive Officer of the Greater Kitchener–Waterloo Chamber of Commerce.

David Leis

Yes.

Shawn Buckley

You are presently Vice-President at Frontier Centre for Public Policy.

David Leis

Correct.

Shawn Buckley

And the Frontier Centre was founded in 1999 as a non-partisan public policy think tank.

David Leis

Yes.

Shawn Buckley

And basically the mission is to advocate for better public policy.

David Leis

Correct.

Shawn Buckley

Now, I went through all of that just to point out that you've basically spent your life becoming an expert in public policy.

David Leis

Correct.

Shawn Buckley

You've been invited here today to comment on the public policy concerning how governments conducted themselves concerning COVID-19. Can you please share your thoughts with us on that?

David Leis

Yes, good afternoon, everyone. It's an honour to be here.

My points are several. But in essence, never in the history of, certainly in my lifetime, nor I believe, sadly, in the lifetime of recent memory, has there been such a policy disaster. And that policy disaster is very much articulated in many forms, both in terms of policy itself and associated principles of good practice of what makes for good public policy. But I would say also in terms of failure of critical institutions. Canadians were relying on institutions on the assumption that they would serve us. And sadly, they did not. And I could give you a 360 review.

But I also have the point that as a student of public policy, I'm also a student of philosophy and history. And sadly, we can see in history that this is an assault on our Canadian rights and freedoms. I cannot, respectfully, think of a right and freedom that was not violated. And finally— I'm deeply concerned.

Shawn Buckley

If you need to take a moment, you can. Understand, I think, and everyone in the audience appreciates that some of the witnesses are emotional, including myself when I give my opening addresses. So Mr. Leis, please feel free to take time to collect your thoughts.

David Leis

Thank you so much for your kindness.

I'm deeply concerned about the future of our society in the context of an assault on our civic society. I do not say this lightly. Because I am sure,

[00:05:00]

like everyone, we're guided by particular values and principles. In my case, and certainly many of my colleagues at the Frontier Centre for Public Policy, those principles relate to principles of classical liberalism, principles that have an extraordinary history, over thousands of years. An extraordinary history, particularly in the last thousand years, that relate to principles on the assumption that we are born free. We are born free and that we have governments, the king, the queen, or whatever form of government is not above the law but rather serves the people. And there are very clear sets of principles that have been violated within those principles, and I could go through them extensively. But I am very concerned about our society, given the impacts on all individuals and the layers within that society. I apologize—

Shawn Buckley

No, I mean, I think several people in your position— And I was speaking with another member of the Frontier Society yesterday who shared the concern that literally liberal Western democracy is at a crossroads.

David Leis

Indeed it is.

Shawn Buckley

And depending on how this generation responds and how quickly, it might be the end of this experience or experiment in Western liberalism. And my understanding is that's why you're finding this emotional: because you are concerned about where this is going.

David Leis

Indeed I am. I have served my country in many different capacities. And it is atrocious what has happened. From the very beginning, there were numerous signs that would have tweaked in any rational decision-maker. Massive red flags. And I realize this is like peeling the perennial onion where we did not know all the information at the beginning. And that is part of being human. But it was also by design.

And in my opinion, it is indeed a travesty what has happened. And the signs were numerous. I am a student of statistics, and I know enough sense to also consult with a myriad of people. And from the beginning, it was very clear that the statistics of mortality did not make this the Spanish flu. It was obvious. And I have dared so many officials to debate this publicly, any time, any place. The mortality rate was not there. We knew that the persons that were vulnerable were persons classically of an older profile of multiple health challenges, and they needed to be protected.

But to lock down a society is outrageous. The costs are profound. If we look at the myriad of analyses—economic, social, psychological, education, on every age category, and not the least of which is on health—we know a lockdown measure was never, ever envisioned. And we didn't follow the plan.

[00:10:00]

As a former mayor, I am trained in emergency management. I have gone through tough situations. And as a matter of course, we would always follow the emergency plan—Standard Operating Procedure. Part of that methodology, to be clear, is that in any emergency, it is the head elected official that takes charge and brings together an integrative team across all disciplines, all areas—fire, police, every department, including private actors—and brings them around a table like this and does the analysis. What is the situation? What are the risks? What are the options that we can undertake to not only deal with the disaster but to also mitigate it in such a way that minimizes the impacts on the rest of the community, the province, or the country?

It is a huge head-scratcher that those plans were developed and never followed. And from fairly early on in the pandemic, a colleague of ours—Lieutenant Colonel David Redmond, who has done so many emergency plans his head spins—he did the pandemic plans for a number of jurisdictions, including, I believe, the armed forces and the Province of Alberta. And they never followed those plans. These are huge red flags that needs to be looked into

in terms of judgment or competency. I'm not quite certain. Or whether it was just hiding behind the good name of a doctor to avoid political responsibility out of fear.

I know what it's like to be elected. I know what it's like to come in a room with a lot of people who are very upset and very concerned about their safety. And we just followed the core narrative that I believe was largely spilling out of the United States and facilitated elsewhere.

But we didn't do our job. I feel that decision-makers didn't do their job to do that kind of incisive policy analysis. And I get at the very beginning that there's known unknowns. But we knew that the People's Republic of China was not following World Health protocol. They signed that agreement. They did not share the information in a timely manner. And that raised red flags. They locked down Wuhan. But they continued international flights. They were facilitating the spread of this virus, and you could tell it from the very beginning. And that's from a layperson's point of view, so I want to be careful about that. But the reality is that there were signs from the very beginning that we were not following best practices on policy, and we were going to hurt a lot of people. And that's outrageous. And it's immoral.

Shawn Buckley

How do you feel about federally, and in the Province of Manitoba—not just the governing parties but the opposition and other parties that were in Parliament and the legislature—concerning whether or not they listened to the populace? I guess the frustration is, and I'll just rephrase my question.

It seems that every party fell in lockstep. So it seems like every institution fell in lockstep. Was there a College of Physicians and Surgeons in any province that acted differently than the others? Was there a political party in any province or federally that acted differently than the others? And you study this type of thing. So I'd like your comments on that. And if, as best you can, you could offer an explanation for how is it that that everyone is doing the same thing and yet nobody's following the plan.

David Leis

Well, sadly, we were shocked that we heard crickets on so many fronts.

[00:15:00]

There were persons behind the scenes who clearly were concerned, asking what we thought were the logical questions and doing, I think, a fair amount of due diligence behind the scenes.

But peculiar things were going on that I think need to be kept in perspective. One of which is the media chorus was uniformly a message of fear and hysteria. And these are very disturbing for any elected official, then, because they do not want to be seen as being offside. They don't want to be seen as caring when, in fact, seeking the truth is actually caring. This is the supreme irony of this. It was so easy, I think, for any decision-making elected official, let alone a professional body, to go along with these narratives because they were placed in such an emotional, psychological quadrant. And this is dangerous. Because it disables the ability of a population to take a deep breath and say, look, we make decisions based on rational thinking, not just emotion. I can talk endlessly about what I think, around what was orchestrated there.

Shawn Buckley

If you don't mind if I kind of take you in a different direction. It's just that you have some experience and so your thoughts would be helpful.

It is not unfair to say that the public narrative that we were being fed was completely false and very destructive. Let's just say, hypothetically, we accept that as a proposition. And let's say I'm a premier of a province and I understand that the mainstream media narrative is incorrect. And it's going to be tremendously damaging in my province if I follow it. And you're sharing with us, though, that they don't want to be offside. I think a lot of us had wondered this.

How does a politician resist such a sustained and consistent media narrative that was terrorizing the community? Does the premier basically send in the police to be looking for evidence of fraud or misleading? What can a premier do? Maybe we'll have some premiers watching. I'm just trying to figure out, what on earth could an elected official that truly wanted to do the right thing but understands that the media machine can just annihilate him or her— How would they stop this in the future?

David Leis

Well, I can speak in a number of respects. One is I know what I did. When I went through crises, I would work to communicate the information that we had. And I would communicate with confidence, not fear but confidence, that we had a powerful team and we were going to get through this. We would share information with panels of experts on toxicology. I'm thinking, in this case, of a particular water crisis that we worked at. The onus was on us to intelligently share with people, as citizens, the information that we had and the associated risks so that they could have a fairly transparent picture of what we knew.

Shawn Buckley

Okay. So almost like daily briefings, like that fellow in New York was doing, except telling the truth and having experts telling the truth.

David Leis

I think that's an advisable thing to do. To tell the truth.

Shawn Buckley

Okay. And I'm just asking for ideas because, perhaps, some politicians or future politicians will be watching this and any suggestions that you would have could be helpful.

David Leis

I know it was a different time. But in my own experience working with the media, I was so fortunate that, by and whole, I had very good media relationships. But one of the things is I had a profound respect for their work and that they had a profound sense of desire to serve the community: to look into "the story behind the story" and to share information,

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all within the bounds of their professional standards.

And I'm not suggesting that there aren't journalists today. Because there are. But I think what we have is a long train wreck that has happened over years in the making. This didn't just happen overnight where our journalistic media mainstream outlets are not so much about journalism, they are about pushing a narrative. I think most Canadians would be shocked to know that 2,000 media outlets in Canada are systematically funded by the federal government— 2,000. So this local daily here in Winnipeg, as an example, has almost half its budget from the federal government. Now, you tell me how they carry out their ethical journalistic standards. I'm not saying that they can't do something, like reporting a tragic car crash. But their ability to contradict their funders' priorities— Because they do have it in an agreement. They carry their journalistic practice now through the lens of their funder. They have to.

Shawn Buckley

A conflict of interest. Are you aware— I have heard, anecdotally, that because the federal government just doles out so much cash to clubs and community organizations and the like that during COVID, there would be conditions on the funding that they would support and push the vaccine mandate. Are you familiar with that?

David Leis

I'm familiar with that. I would love to get my hands on a signed agreement. But I can tell you this: There are a proliferation of interests involved in this saga. And each one of them needs to be looked at carefully. But when Pharma is your main sponsor of so many things, one has to keep your head up and your eyes open and say, "What is going on here?"

So I see these institutions, and I've had enormous respect for them. There's a lot of very good people. But within that context, I think we underestimate that one of the principles of classical liberalism is the belief that we have a limited state for a reason.

Now I am not a socialist for many reasons. But a limited state is very important because you need to keep room for the majority of your society, which are working people who do not work in Ottawa for the federal government or otherwise. I'm not saying that those aren't important jobs. But the size of our state has mushroomed dramatically the last 30 years. And its tentacles are everywhere. When you are funding the media. When you are funding various institutions, including professional colleges. When you are even funding supposedly independent think tanks. And by the way, Frontier does not accept any government funding. And it does so for a reason. Because if you go along with the size of that state, you put yourself in jeopardy, sooner or later. Because depending on who is the king, or the queen, they may or may not understand governance. And I can tell you that time and time again it appears that, in our country, our leadership does not get governance.

Shawn Buckley

I'm wondering, just staying on classic liberal principles, if you can comment on the importance to societies, like Canada, of actually having freedom of expression and freedom of belief and freedom of conscience. Because those seem to be things that are becoming— Well, I mean, people wanting to be witnesses at this Commission backed down because they're concerned that there's going to be repercussions.

I'm just wondering if you can comment on how those things are vital to a liberal democracy.

David Leis

They are foundational. When we put into perspective the value of freedom of speech, it is one of the cornerstones of our rights and freedoms because it allows us to debate, respectfully, to get to a truth.

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Any student of history knows this to be true.

And as we look at this, it is also foundational for our livelihood. Freedom of speech is the cornerstone for innovation, for our economic standard of living to move forward and our quality of life. If you look at the last 4,000 years, our standard of living would be, basically, a flat line. It's only in the last 250 years that we have a standard of living that has increased exponentially— That we have a microphone before me on this table and that we can be in such a lovely room. This is very recent. And therefore, if we do not have freedom of speech but rather censorship and the imposition of the state that suggests that what is black is white and what is green is red, and what are facts are not facts. But the narrative is more important because winning is more important. And the ends justify the means. And that science does not matter. Then we have lost it all. It means that we cannot innovate. It means we don't have a future.

So we have to get a hold of this, now. We have a window, I believe, and I hope I am wrong. We need to wake up people from coast to coast of the significance of what has occurred. Because there are lessons learned in life and such is this time. To be able to look to each other with compassion, in the tradition of civil society, where there is a tolerance for diversity of opinion and intellectual thought. And it has nothing to do with your race or your gender or whatever. It has everything to do with a belief that we came to this place in time through a long history of hard-fought fighting and civil war where many have died, let alone served to protect those rights and freedoms in many world wars. And I am so sad that it seems like quote, "educated people," in my peer group of leadership, that have utterly forgotten this or do not have the courage to sustain it, to serve the people.

Shawn Buckley

Mr. Leis, I've been trying to think how do we— And obviously, the Commission's mandate is to come up with recommendations on how to change things. And one common theme that we've seen with witness after witness, and I think Dr. Bhattacharya was saying, is that you can't ever get a single public health official or even a private spokesperson. We had one person pointing out two people that get paid money to be the go-to experts for the media. One I think at the University of Calgary. But these people will never debate. And we had that radio journalist, I think, on Day 1, indicating that he tried to get a debate with Dr. McCullough and another. They'll never come to debate. It seems to me that one change going forward would be that public officials or anyone that is willing to privately comment in the media, plus our politicians, would have to be required by law to reasonably engage in debate and explanations so that things cannot be done without reasons being given anymore.

I'm just wondering if you could comment on that. And then if you had any other ideas— assuming we could get our institutions back—on how to prevent this.

David Leis

Well, debate is so essential. Intellectual friction, we call it at Frontier. Because it is remarkable what we can learn from our intellectual opponents or persons that, frankly, don't agree with us.

What I have noticed is that as our society has tilted more and more towards— I would refer to them as authoritarian impulse.

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We have lost or, frankly, don't teach enough about basic points of logic. There's some 26 logical fallacies, and one of which is the most important one, which is never attack your opponent personally— Ad hominem attack. And yet, this is the common theme that has gone on through this crisis. This is a huge flag that debate is being diminished. Because instead of discussing the issues or the concerns, the thoughtful questions that so many citizens have brought forward, it is endless attacks of being a white racist or a person of whatever privilege. When in fact, what is going on is not serving people.

What is going on is policymaking decision that protects privilege of the few. That protects power and money. And this is atrocious. And so therefore, debate is critical. We should be seeking that, requesting that, as a matter of course. And I would say that one of the institutions that I am deeply disturbed by, and I frankly believe is in crisis, is the law profession.

In a high-functioning healthy society, one of the most important responsibilities of the state is to undertake its judicial function, to ensure the rule of law is being respected: There are no arbitrary arrests on someone's property or in their garden. There is trial by jury. We're all equal before the law, and the state is not privileged before the law. The law is above the state.

And just to be clear, our tradition of freedom is dependent on the concept of the common law. The common law, beginning with the Magna Carta and the meadow in Runnymede, before an atrocious King John I and in that meadow, they agreed to basic things that are now in jeopardy. And as I recall, Chapter 18, by John Locke in his *Second Treatise of Government*, is essentially the point that with the end of law, specifically common law, comes tyranny. And that is what we face clearly in the eye today. And 2023 is the prospect of tyranny. And I do not use that word lightly. But this is the ugly reality that we face. So if we look at a 360-degree view of this crisis, it is one of policy disaster. But it is one where civil society has been assaulted.

Shawn Buckley

Well, it's curious that you cite John Locke and his principle that if the rule of law ends that we end up in tyranny. Because tyranny is simply unfettered discretion.

David Leis

Correct.

Shawn Buckley

And we've experienced, basically, unfettered discretion in our public health officials and absolute deference of those decisions by our politicians. So it seems to me that we've just

experienced the exact problem that John Locke described in the *Second Treatise of Government*.

David Leis

Indeed. And when we look at the courts then, the place for prominent public debate, then, is the judge who realizes that the responsibility is not to the state, not to the public health official but to the truth. This is where debate happens in a high-functioning society. Among other quarters, it's part of the culture. It's part of the ethos. It's in the media. It's in the universities, who were, many, on leave. Absent. Silent. What is the point of tenure, a job for life, if you can't speak up with confidence? I doubt if anyone here has tenure.

[00:35:00]

And yet they're speaking up. But this has always been the lesson of history. I have studied thousands of years of history. It's always been the few who have stood up with courage and said, "No more."

Shawn Buckley

That's well said. I'm wondering if the commissioners have any questions for Mr. Leis.

Commissioner Kaikkonen

Thank you for your testimony. We've heard testimony from people who have earned despair, anger, cynicism with regard to government. We've heard testimony over the last few days and from Truro and Toronto about the political world bouncing from one negative and inhumane aspect to another, with less and less making sense. It used to be, not that long ago, that we could somehow interpret our world based on motivations of self-interest and greed, or something to that effect. At least it was a behavioural starting point by which we could then make our world, or model our world, and think about what we might change.

But post-pandemic, there is a form of irrational nihilism that makes little or no sense either from the point of view of rationality or the point of view of sensibility and feeling. And in fact, our freedoms and lives are now being circumscribed by all levels of government. Therefore, it shouldn't come as a surprise from an intellectual sense or maybe even a spiritual sense that there are many feeling lost in how our institutions are acting in that one-mind context that Shawn just alluded to.

But what steps can citizens, like the citizens here in this room or who are watching online, what steps can we take as just citizens to change what is happening in our institutions?

David Leis

Thank you for your question. It's a very wise and insightful one. I think that there's many things citizens can do. One of which is to speak up within your family context, within your community, to be involved, particularly, at the local level. I think that participating in the local democratic process is vital. I ran years ago when I was 19 years old. It was a natural part of my family culture. And I would encourage people, no matter what their age, to get engaged because there has been a vacuum of people engaged in the civic process. And that has, I believe, given a vacuum for other nefarious interests, quite frankly, who do not subscribe to these basic assumptions around freedom and what it makes for a fair and democratic society: They believe that in many ways their cause is beyond question. And

they believe the ends justify the means. I have, unfortunately, studied for years the world of the Frankfurt School. I know all their sorry stories, their tactics, and their strategies. And they have methodically done the long march through our institutions. And this is apparent.

We need to wake up to this reality and call it out. And citizens, I encourage you to read. Not dive into the mindless world of Netflix, as much as we enjoy entertainment, as well. But it behooves us to be informed about this history. And there's many resources I can recommend and also through the Frontier Centre. I encourage you to look at it. And do not be dissuaded by what people call you names. If they do so, then this is shame on them. And take heart and courage because this is the reality that we face: Frankly, an ideological, destructive, toxic opponent within our own communities who do not care about you. They only care about their twisted, idealistic, nihilistic view of the universe. And that kind of utopianism has done, throughout history, enormous damage.

This is the story of totalitarianism, whether it has been China—and I've seen the monuments to over a hundred million people—and I have been to the places in the former Soviet Union in Russia. And Nazism. The Nazis were socialists. And this is almost like a perverse hybrid that we have today. It's a toxic mishmash of a state that is out of control with crony capitalists,

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with people who don't seem to be grounded in basic things of freedom and respect for each other.

I was always excited about our society because I felt that wow, we live in a society where we as individuals respect each other. Because you're precious. Each individual is precious. And that we can cooperate, we can work together in freedom. That's the brilliance of it. We can innovate. We can start up a business. We can set up a church. We can set up a mosque. But we can be together, though, as shoulder to shoulder as Canadians.

Commissioner Kaikkonen

Thank you very much.

Commissioner Massie

Thank you very much for your presentation. I was wondering, when you see that there's many countries in the western hemisphere that have adopted more or less the same thing as Canada and many other countries, there's a few states, if you want, that stand out. There's a few states in the United States. But I'm thinking about Sweden that has been **demonized by the mainstream media, initially, but now seems to get some sort of more positive coverage.**

Based on your analysis of the way they managed the pandemic, what is it that makes them different? Is it the culture? Is it the institutions that somewhat were strong enough to resist to the temptation of moving in the same direction as everybody else? What is your take on Sweden?

David Leis

Okay, it's a very interesting question. Thank you. So Sweden is a very interesting case study for many, many reasons. We were very intrigued by Sweden from the get-go, based on the

approach that was taken by their public health officials. It was interesting because in many respects they would say they were following best practices. But Sweden was doing something in addition to that. They have an extensive culture and set of plans that relate to emergency management. And they followed those plans. This is not known by many people.

So this should inform any thoughtful decision-maker. Because what is interesting is the results of Sweden are stunning. They, in retrospect, did it right. And I was shocked when I read *The New York Times* last week that there was actually an article commending it. I'm just—anyways. So this is a situation that we can learn from Sweden.

What's also fascinating is that there's an associate of Frontier. His name is Dr. Martin Kulldorff. He's one of the three authors of the Great Barrington Declaration. And he said something very interesting to me the other day. Because I asked him this similar question about Sweden. And he said, unequivocally, the quote "consensus"—and I hate words such as consensus—but the consensus that Sweden did it right.

But what's also fascinating is he said something to me in the same conversation. He said, "During a dark time in the world, there was a select group of people in a country called Canada who got into their trucks and drove across a country and they woke up the world." And that's what he said. I said, "so Martin, are you saying—" Like, he is the preeminent public health official and biostatistician, I believe, in the world. And I said, "Martin, are you saying that the truckers made a difference and gave you hope?" And he said, "That's exactly what I'm saying." So take heart. By the way, he's a Swede.

Commissioner Massie

Thank you.

Commissioner Drysdale

Good afternoon. I have a couple of questions. First, I just wanted a bit of a clarification. I often find that details get lost when we use a blanket statement. And one blanket statement—and I know why we talk that way—is that our institutions have failed us. Well, our institutions in Canada don't just include government institutions, they include our private institutions. So I'd like to talk to you just a bit about those institutions and ask you some very pointed questions.

[00:45:00]

Did our police services fail us?

David Leis

I think it depends which one and what analysis I could look at there. I mean I've been certainly involved in police services. I don't pretend to be able to give a generalization. But generally, they went along with it. They're in a bit of a box when it comes to accountability and under the acts. But I think the type of testimony you heard today was astounding. And even within those units—because the police are essentially paramilitary—there needs to be strong leadership and debate. There needs to be debate. And if there isn't, that's bad leadership.

Commissioner Drysdale

You mentioned that it's a paramilitary outfit. And I don't want to dwell too much longer on the police because I'm going to get a hook come around me and pull me off the chair.

But you know, we heard testimony in Toronto by a fellow by the name of Vincent Gircys who was with the OPP. And he said, and I asked him a few questions. He said that when he went to the Ottawa protests, he immediately recognized—very, very, similar to Mr. Abbott realized when he went to Milk River—that this was a peaceful group.

And so, I said to him, "How is it possible, then, that the police who attacked that group, didn't also recognize that?" And I believe that was a failure. We don't want robots, even in a paramilitary outfit.

David Leis

Yes. That's right.

Commissioner Drysdale

So my next question is, did our health system fail us?

We heard testimony of health officials that were lying to us. We heard testimony yesterday of people who feel that they lost their loved ones because they wouldn't get treatment in the hospital. Because they were—a term that we all, perhaps, biblically understand—as "lepers," we were treated. So did our medical system overall— Not individuals. There are individuals. There are heroes. There always are. But overall, did our medical system serve Canadians?

David Leis

I would say generally not. I think despite having extraordinary people in the system, the system itself is not able to serve Canadians. And I want to be clear, the system itself—and Frontier has done extraordinary work on this over the years with many different international partners—ranks at near the bottom of OECD countries. And number two, it consistently ranks as the most expensive or second most expensive in the world with some of the lowest performing outcomes. Our model should be France and Germany and Sweden, not Canada.

Canada, unfortunately, has an extraordinarily Soviet-style healthcare system that has at any one time, five to six million people on waiting lists. Many in chronic pain. It does not serve Canadians well. But it's not for not trying. And no amount of money—and I'm sorry to tell you this—no amount of money will change that.

Commissioner Drysdale

And my next one is—and I think you've already answered this—did our judicial system fail us? Has it failed us? Or is it continuing to fail us?

David Leis

It's continuing to fail us because so many decisions, certainly, that I've read, and others have read, that the fact pattern is obvious: that judges have forgotten their job. It is not to genuflect to the state. It is to do their job to seek the truth and to seek the common law.

Commissioner Drysdale

Did our educational system fail us? Did they protect our children? And by protection, I don't mean putting a mask on them. I mean serving the function of creating people that could be informed citizens.

David Leis

Generally not, because we have, again, a public monopoly directed by state actors and that has been largely infested now with ideologues that are seeking not a high-performing education system based on the fundamentals. And I can give a long list on Frontier evidence of what that is. But it is a system that's characterized by wokeism, if you will, an ideology that is seeking this endless parade of statements around tolerance when in fact it is intolerant.

Commissioner Drysdale

Do you believe that our religious institutions led us spiritually through this in general terms? There were always stars.

David Leis

Well, these are far-reaching questions, and I don't want to pretend to be an oracle. What I'm suggesting is that it depends on the specific case. And I'm part of that failure.

[00:50:00]

I was part of a church community that had enormous fear, and quite frankly, was in a context where there was not a willingness. A church is voluntary. That's part of the genius of civil society institutions. They're voluntary. They come together, and in our case, we had many people that were older who said, "I don't want to take a risk."

I am so sad that the powers that be—combined with the media—did a horrible number on the psychological well-being when their emphasis, time and time again, was fear. Why in heaven's name—any logical analysis—why would you feature on case count on a daily basis, is beyond me. It means absolutely nothing. And yet they did. Everybody knows this. But of course, the media are in a vortex where they want clicks and people that viewed.

But there was something else going on. And this is something that people should never forget. And you need to be informed about this. I have seen this unfold; there's a long history of this. And this is the control of much of our social media by nefarious state actors. The Twitter files show that. If you don't know that, please read just a part of the Twitter files. And if you want me to do a day lecture, I will. But this is the reality.

Commissioner Drysdale

There seems to be an ever-increasing marriage between corporations and government. Not for the benefit of the people. Historically, I'm aware of what happens when that has occurred in the past. And I wonder if you could comment a little bit about what you have seen or what your concerns are when the government and the corporate world become so large, so octopus-like that there's no escape from them. Which is, I believe, where they are now.

David Leis

Okay, so this is a profound question. When the state gets so large, it suffocates everything with its agenda and in a way that is very harmful to society. It nurtures a particular ecosystem within society. Namely, large corporations love large government because they're able to manipulate them. They're able to squeeze out their competition through regulatory frameworks. This is well known. I did it myself when I was a senior person in a corporation. I was always trying to squeeze out my opponent. But it does not mean that we shouldn't have fair laws and regulation that allows people to compete, including the little guy. So what they did during COVID-19 is a case study of stupidity. We could go to Walmart. We could go to the liquor store. But we can't go to church? We can't go to the local store? On what rational basis do you do that? There is none.

And more to the point, the attack on small business is an attack on democracy, in the sense that if you look at history, again, you look back to ancient Greece. The ancient minos was a cornerstone to Athenian democracy because the minos, the middle class, if you will, in some measure, had a small plot of land. They were able to farm. They were able to do their thing.

And now, and now our governments— It's almost like there's a systematic policy to get rid of the middle class, the people who are not poor and dependent on the state. And conversely— The super-rich who have their own agenda at the top echelons of power. It's like there's no middle. That's what they're doing. And I don't know if it's fully intentional, some would argue, or unintentional because of stupidity or incompetence, pardon my language.

Why is that important? For democracy to succeed, we need people who have the ability to earn a living, to be able to create a life, to create a family, to be able to participate in civic affairs. And that takes years of apprenticeship. It doesn't happen overnight.

[00:55:00]

But these things have been dissolving around us for years. And we need to grab a hold of it now before it's done. That's my point.

Commissioner Drysdale

Yes. One of the things that is continuing to go along. I saw a news article just yesterday where, I think, it's Shaw and Global – is that Rogers?—are joining together in a monopoly, another monopoly. How is it that we have anti-combines laws in this country, but they seem to only apply to small companies?

And I'll give you an example. I'm familiar with a company who was trying to buy a grain terminal in a particular rural town. And they owned one already, but the other one had gone out of business some years before. So they decided they would buy that grain terminal. And the combines legislation—federal government—prevented them from doing it. So how is it that the federal government isn't preventing this union that was just announced in the press a day or so ago?

David Leis

Well, I could certainly talk about some of the analysis I've read. I just think that it's, for me, hard to square the circle how fewer providers, particularly in that market of telecommunications, serves anyone better. And I think part of the challenge that we face is

frankly one of culture. I think that in Canada— And culture is very important. It's the behaviours that we undertake every day and how we treat each other. There's wonderful strengths about Canadian culture, one of which is there's a lot of nice Canadians. The truly nice. I think people can realize that.

But it's nice to the point where, what would it take for us to wake up and realize that we're being abused? What would it take in our Canadian culture to wake up and realize that your rights and freedoms that you thoroughly take for granted are being trampled and usurped away by you? And I use the word usurp because usurp is one that John Locke used in his books, dozens and dozens of times. This is where the government, the state, along with their friends, are taking our rights and freedoms away. And this is wrong. This is the definition of tyranny.

Commissioner Drysdale

This will be my last question. Sorry for taking advantage of my opportunity here to talk to you.

Can you comment at all on the current rewrite of the *Canadian Broadcasting Act* and how that might affect some of our ability to counter the mainstream media narrative?

David Leis

Yes, I can. In particular, Bill C-11, as a case in point, is very disturbing. It is not, in my belief and so many others, about protecting and advancing Canadian content. It is positioning the chess piece for censorship. This is very disturbing. And so when it goes back to citizen action, you need to understand that this particular government is not about free speech.

And it also behooves each one of us to understand that your social media is still problematic. Part of the problem for democracy is, who controls information? And this has been the test of history. And this has always been the case. So when you look at any type of search with Microsoft to Google, all these have algorithms that— You can see that there's problems when it comes to the free flow of information. And this is part of the reason why so many Canadians are still, in many respects, asleep about this issue.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

Mr. Leis, it looks like there are no further questions. On behalf of the citizens inquiry, we sincerely thank you for your testimony.

Shawn Buckley

And Commissioners, I would suggest that we take a 10-minute afternoon break.

[01:00:07]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 11: Michael Vogiatzakis (Part II)

Full Day 3 Timestamp: 08:25:10–08:30:48.

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[Michael Vogiatzakis' testimony (Part I) can be found on Winnipeg Day 1, Witness 10, Full Day 1 Timestamp: 09:47:03–10:05:50]

Part II

[00:00:00]

Shawn Buckley

Welcome back to the third day of the National Citizens Inquiry in Winnipeg. Commissioners, we've called back Mike as a witness.

Mike, can you quickly just state your full name for the record again?

Michael Vogiatzakis

Michael Vogiatzakis.

Shawn Buckley

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Michael Vogiatzakis

I do.

Shawn Buckley

And I've invited you back today to share one story that you hadn't been able to tell the other day. So can you just share that with us?

Michael Vogiatzakis

I was going to share a story the other day about a funeral service of a very young boy who was six years old. The restrictions that— They were 10 people. And as hard as it is as a human being, as a father, and just as a funeral director to do a young service, it made it harder when you'd have to turn people down at the door. And that day I was standing at the door, being a bodyguard for the government, trying to follow the restrictions and tell people that they couldn't come in.

And then a gentleman came to the door and said, "I want to come in and see my nephew." And I said, "Sir, unfortunately, we're at 10 people, I can't let you in." And oddly enough, that day, the police were sitting across the street where they sat quite often. And they were sitting across the street to see if we were following the numbers that the restrictions allowed and possibly fine us if we went over that. And I looked at this gentleman and I said, "Sir, I'm full, I just can't let you in." I said, "The police are across the street and I risk a chance of getting a \$5,000 fine." And this gentleman looked at me and he said, "What kind of man are you? What kind of man are you to turn me away from seeing that little six-year-old boy and saying my goodbyes?"

And I looked behind me where there was a mirror. And I looked directly in that mirror and I asked myself that question, "What kind of man am I to turn people away and take away their last right of seeing a young little boy and saying goodbye?" I said to him, "Sir, come on in." Not only did I do that, but I went out to the parking lot and invited the rest of the people in, the family members that were sitting in a parking lot. I said, "You can all come in. You can all come in and say your goodbyes, it's your right to do that. I'm not going to stop you from doing that." And they all came in.

Couple minutes later, just like I suspected, the authorities walked up to me, to the door, and said, "Well, you're probably going to reach a \$50,000 fine. That's how many people you overdid." And I looked at him and I said, "Sir, can I ask you a question?" And he said, "What's that?" I said, "Do you have children?" He says, "What does this have to do with it? You broke the law. We have a limit and you've passed it." I said, "Do you have children?" And he said, "Yes, I do." I said, "I have a little six-year-old lying in the chapel and the family needs to see him. They need to say goodbye." And I said, "Why don't we turn things around here?" I said, "If this was your little six-year-old that passed away, one of your family members, would you want me as a funeral director to stand here and say, 'Sir, you can't come in?'" And he looked at me dead in the eyes and said the F-word and walked away.

And that day I didn't get a ticket. And that day I didn't get harassed any further. But what I did do is allow a family to have closure, allow a family to see a little child, a little angel that left this world. And no family deserves to lose a child, never mind being told that you can't come to a funeral service. And it breaks my heart, earlier when I was listening to testimony about church.

As a funeral director, I could tell you right now to your face that when you lose a loved one, you need God in your life. That's when people are searching the most. That's when they need a pastor. That's when they need their family, their church family, to have a little bit of hope, to have some faith to be led into that direction, to ask questions, why? Why did this little one leave this world? Why do people leave this world? It's a pastor like Pastor Tobias and other pastors that deserve to have their church open. It's our rights as human beings.

Even Jesus wept at a grave. Jesus wept at a grave. We have a right to weep at a grave. We have a right to say goodbye. We have a right to go to church. It's our right to go to church and say, listen to the word because that word sometimes brings us peace. And if they would

have kept these churches open, I could assure you there would have been less suicides. I could assure you there would have been less drug overdoses. But instead, they opened up the liquor commissions and they encouraged people to buy more drugs. And they encouraged these kids to stay downstairs in their basements and play video games.

Trust me, I've talked to many of them where they've told me, "My kid is stuck in the basement, stuck in the world of the internet and playing games and smoking pot all day long." Is that what the government wants? For our future, for our kids? When I looked in the mirror that day and I asked myself, who am I? I encourage you today and as the days go on to look in the mirror and ask yourselves who you are

[00:05:00]

and what you're going to stand up for.

What I'm standing up is for the future generation, my kids, your kids, your grandkids, and the future. If we don't grab a hold of the future now, there's not going to be a future. Stand up for what's right. Stand up for what's in your heart. Life on earth is short and if we get prosecuted on earth, we have another life to live.

Shawn Buckley

Mike, I thank you so much for sharing that.

[00:05:38]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 12: Kyra Pituley

Full Day 3 Timestamp: 08:31:05–08:51:52

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kassy Baker

Hello, Kyra. Can you, please, state your name and spell it for the record?

Kyra Pituley

My name is Kyra Pituley. K-Y-R-A, last name P-I-T-U-L-E-Y.

Kassy Baker

Now, Kyra, do you promise and swear to tell the truth, the whole truth, and nothing but the truth?

Kyra Pituley

I do, yes.

Kassy Baker

Okay. Now, I understand you're here today to tell us about your experience as an unvaccinated student during the pandemic and also to tell us a little bit about your **personal experience with the Freedom Convoy in Ottawa. Is that right?**

Kyra Pituley

Yes.

Kassy Baker

Very good. Let's start with a little bit of your background. How old are you?

Kyra Pituley
I'm 15 years old.

Kassy Baker
And where are you from?

Kyra Pituley
I'm from Manitoba and live outside of the city.

Kassy Baker
What grade are you currently in?

Kyra Pituley
I'm currently in grade 9.

Kassy Baker
Now, when the pandemic started in 2020, what grade were you in?

Kyra Pituley
I was in grade 6.

Kassy Baker
And how long had you been going to the school that you were then attending?

Kyra Pituley
Since before kindergarten.

Kassy Baker
Okay. Now, what was school like in 2020? Can you give us a bit of a description?

Kyra Pituley
Before March, it was normal, I guess. I got to see all my friends and hang out with friends outside of school and sports. And just live a life as a 12-year-old.

Kassy Baker
And what about after March 2020?

Kyra Pituley
That's when the schools shut down and we were online until June of that year. I didn't get to see any of my friends for that entire duration that we were online. I didn't even leave my house, I guess. Just very, like, distanced from other people.

Kassy Baker

And what about your education? What was it like learning online?

Kyra Pituley

In the first year we didn't have to do school; it was an option. I did do school for the rest of that year, but I know most people didn't.

Kassy Baker

Were you able to get answers to all of your questions, as I am sure all students have at some point while they're going to school?

Kyra Pituley

Most of them, yes.

Kassy Baker

Very good. Before the pandemic and actually, during the pandemic— I understand that you are very active in sports, is that correct?

Kyra Pituley

Yes.

Kassy Baker

What sports do you play?

Kyra Pituley

I play hockey, ringette, and volleyball.

Kassy Baker

Were there any COVID precautions brought in that allowed you to continue playing those sports throughout the pandemic?

Kyra Pituley

Um, not as much to allow me to play but to restrict me from being able to play on my teams.

Kassy Baker

Sure. So of course, the vaccinations didn't come out until 2021. So through 2020 were you able to participate in sports relatively normally, or were there any differences from before the pandemic?

Kyra Pituley

In 2020, there was regular season started for hockey and ringette in September. And by the end of November, beginning of December, it was shut down for everyone. No one was able to play.

Kassy Baker

And then, sports activities resumed sometime in the spring of 2021, is that right?

Kyra Pituley

Yeah.

Kassy Baker

Now, if I understand properly, and you can correct me if I'm wrong: your age group would have been eligible for vaccination in the fall of 2021. Is that correct?

Kyra Pituley

Yes.

Kassy Baker

Okay. Now, did you choose to become vaccinated at that time?

Kyra Pituley

No, I did not.

Kassy Baker

And how did you come to that decision? Was it a family decision? Was it your decision? What led to that decision?

Kyra Pituley

It was more of a family decision. My parents had done some research about it and we didn't really know much about it. And it was also kind of a personal choice as well. I didn't want to get it because of things that we've researched about and just information that we found out.

Kassy Baker

Information such as what?

Kyra Pituley

Like, you didn't really know the effects of it, and it did come out so quickly that no one was really sure what was in it.

Kassy Baker

Now, up until that point, as far as you're aware, were you up to date with your vaccinations? Had you received other vaccinations throughout your childhood and adolescence?

Kyra Pituley

I was up to date on everything else besides the COVID vaccine.

[00:05:00]

Kassy Baker

Had you ever had a negative reaction to a vaccination?

Kyra Pituley

When I was younger—I believe I was around one and a half—I had received the flu shot. And I had a severe allergic reaction to it, which doctors later found out that it was the H1N1 strand that I had reacted to.

Kassy Baker

And so, when you had a severe reaction, as you've described it, were you required to go to the hospital because of it?

Kyra Pituley

Yes.

Kassy Baker

And what were your symptoms? What were the reactions?

Kyra Pituley

I don't remember at all, so I'm just going off of what I've been told. I had stopped breathing. I'm not sure for how long, but the paramedics came to the house and then I was brought to the hospital.

Kassy Baker

So it was quite a serious reaction?

Kyra Pituley

Yeah.

Kassy Baker

From what you've been told. Very good. But as you've advised, other than that, you've stayed away from, I think you said it was an H1N1 vaccination at the time?

Kyra Pituley

The strand in the flu shot, yeah.

Kassy Baker

That's right. All right. So aside from that, you were still up to date with your other vaccinations.

Kyra Pituley

Yeah.

Kassy Baker

Okay. How did the vaccine mandate affect your participation in sports?

Kyra Pituley

I was kicked off of both of my teams—volleyball and hockey, or ringette. Sorry, I was playing ringette that one year. In 2021, I had started ringette and I was playing normally up until— I think it was around December that I had been fully kicked off of my team.

In September, that's when the season started. And in October, the restrictions were put out that parents weren't allowed to be in the facilities— Or anyone over 18 weren't allowed to be in the facilities without showing proof of vaccination. And I was taking my younger siblings in and out of practices and myself as well because my parents weren't allowed to come to the arenas. And up until there was an age restriction put out to get the vaccine, I wasn't able to bring anyone to their practices anymore.

Kassy Baker

Was there any way that you did not require to be vaccinated? For instance, could you have been tested and continued to play on these teams?

Kyra Pituley

There was the option to test. You weren't allowed to test from at home. You would have had to go into your local pharmacy, and we had chosen not to because you would have had to test two or three times a week and the tests, I believe, were \$40 each.

Kassy Baker

So the cost of continual testing made that prohibitive for you to continue participating, is that right?

Kyra Pituley

Yeah.

Kassy Baker

Okay. Throughout this time that you were not allowed to participate in the extracurricular sports, were you allowed to participate in gym class in your school?

Kyra Pituley

No. I was allowed to participate in gym, I guess. I mean, everyone had to wear a mask, regardless of your vaccination status. But as soon as the bell rang for lunch, you had to show proof of vaccination to be in the gym area. And myself and not very many others had to sit outside of the gym, alone, basically, because we weren't allowed to attend the activities in the gym because we didn't show proof of vaccination.

Kassy Baker

So, just to clarify— Over the lunch hour, they would have activities in the gym that students who were vaccinated could participate in, is that right?

Kyra Pituley

Yes.

Kassy Baker

But because you were unvaccinated, you were required to sit in the hall or outside of the gymnasium.

Kyra Pituley

Yep.

Kassy Baker

So if you were in the gym for a class, that was acceptable. But for lunch that was not acceptable, is that right?

Kyra Pituley

Yes.

Kassy Baker

Okay. I understand that you were in two separate ringette leagues at the same time and can you tell us a little bit about how rules varied from one league to the other?

Kyra Pituley

In one league, there was a requirement that you had to either show proof of negative test or proof of vaccination. And the other league, it was more strict that you had to provide those requirements. It was more, I guess, more strict. The one league was more laid back. Like, later on in the season is when they started to require it more. So in October, that is when the one league got really strict on the vaccinations and showing the negative tests. And I hadn't provided the proof of vaccination or negative test.

[00:10:00]

And we had played this one team in a tournament, in one league, that I was allowed to play in. And a week later we played the same team, but in a different league, and I had been

kicked out of the arena because I didn't show the proof of vaccination or proof of negative test.

Kassy Baker

So just to clarify, one week you were able to play a particular team in one rink, and one week later you were unable to play the exact same team because it was in a different rink, is that right?

Kyra Pituley

Yes.

Kassy Baker

Okay. Can you tell us about the last game of ringette that you played that year?

Kyra Pituley

The last game I had played, or was supposed to play, I had went into the rink. My team had said that I wasn't going to be able to play after a certain period of time, but the exact date wasn't given. So I went to this game not knowing if I was able to play but came prepared to play. And when I got into the rink, one of my teammates had actually went out to the coach and, I guess, ratted me out that I was there. And the coach came into the dressing room and asked me to leave, that I wasn't able to play.

Kassy Baker

And was this in front of your other teammates?

Kyra Pituley

It was in front of the entire team and both of the coaches that we had.

Kassy Baker

Okay. And how did that experience make you feel?

Kyra Pituley

It upset me a lot. As soon as she asked me to leave, it was just very straightforward. There was no, like, forgiveness of anything. There was nothing. I had called my dad to come pick me up because— If anything happened, he would come pick me up if I had to get picked up or whatever. And he had pulled my coaches aside to talk to them. I'm not really sure what happened in that conversation because I had to step away, because I couldn't even handle standing next to them.

Kassy Baker

Okay, because you were upset. Is that right?

Kyra Pituley

I was very upset, yes.

Kassy Baker

Okay. Were there any other activities, that were not related to school or sports, that you were unable to participate in?

Kyra Pituley

I wasn't able to go out with my friends. There was a group of us going to an event around Halloween-time. And I wasn't allowed to participate because at that time, anyone over the age of 13 had to show proof of vaccination and I didn't have that.

Kassy Baker

Were there any other students who were, similarly to yourself, not vaccinated that when you were excluded from these events or when you were unable to attend the gymnasium at school, you were able to socialize with during those times?

Kyra Pituley

During COVID, we were grouped into cohorts. So there was two classes per cohort. And in my cohort, there was myself and, I believe, two others who weren't vaccinated. I'm not sure about the other classes because we weren't allowed to mix groups, so we had to stay in our own cohorts.

Kassy Baker

So you would sit outside with these two or three, in total, other students that also weren't allowed in the gymnasium, is that right?

Kyra Pituley

Yes.

Kassy Baker

All right. Now, I understand that, in January of 2022, you actually participated in the Trucker Convoy in Ottawa. Can you tell us a little bit about how you became involved with that?

Kyra Pituley

One night, we were sitting on the couch—me, my dad, and my stepmom—and we had heard about this convoy. And we dug into it a little bit more and found out what was happening and later on in that week that it was coming through Winnipeg. And we didn't have a truck because my dad is a truck driver and he was driving his truck, so we couldn't use his. So we found a truck of our friend's that we were allowed to drive and we joined the convoy in Headingley, I believe, on the 25th of January.

Kassy Baker

And when you say “we,” who are you referring to?

Kyra Pituley

Me and my stepmom, Steph.

Kassy Baker

And when did you arrive in Ottawa?

Kyra Pituley

We got to Ottawa Saturday, the 29th of January.

Kassy Baker

And what was your impression of the convoy when you arrived?

Kyra Pituley

Well, when we arrived in Ottawa, all of the trucks were, I guess, pointed towards one certain street. I don’t remember the name of that street, but along the river behind Parliament. All of the trucks were just at a standstill there. And we were sitting there for around, I want to say, half an hour, 40 minutes. And we had been travelling with another truck that we met, there was two people in it. And Steph went over to them and asked— We were going to go find a way up to downtown from Parliament and we asked them if they’re coming or not.

[00:15:00]

My mom handed me her phone and she said, “Get me here.” And there’s a lot of one-way streets in downtown Ottawa that we had to find our way through, and we ended up being two blocks from Parliament, on Metcalfe and Albert.

Kassy Baker

And did you attend Parliament after that?

Kyra Pituley

Yes. The first or second night, we went up to Parliament Hill just to see what was happening up there, and it was a really cool experience to be a part of.

Kassy Baker

And why was it a cool experience? What was happening that you thought was interesting or exciting or made you glad to be participating?

Kyra Pituley

Over the past, I guess, two years at that point that COVID had affected the entire world, I felt a sense of normalcy to be around people again who weren’t wearing masks and people

who, like, were just good spirit. We could go up and talk to anyone, and they would hold a conversation. You can go over to talk to the truck drivers and, just, everyone was so friendly.

Kassy Baker

And while you were on Parliament Hill or participating in the activities that were taking place there, what impression did you have of those that were participating? Was it positive? Was it negative? What did you see?

Kyra Pituley

I saw a very positive, like, attitude from everyone. I felt no one had any bad intentions to do anything that was not in a good way, I guess. Like, no one had the intention of doing anything bad.

Kassy Baker

Did you ever witness any instances of the participants acting cruelly towards any other individuals or acting illegally?

Kyra Pituley

In the very beginning, like, the first two weeks that we were there, it was all a very positive experience. There was no one, like, any sort of bad actions towards anyone.

Kassy Baker

And how long were you in Ottawa all together?

Kyra Pituley

Twenty-two days.

Kassy Baker

So what caused you to leave Ottawa?

Kyra Pituley

The Friday, I believe it was the 18th, there was more outside law enforcement that was brought in to downtown Ottawa who were trying to push the people out of the streets with force. Like, there was police officers holding batons and they had shields, and it was not a very good feeling to see that happening.

Kassy Baker

Did you see it, personally, happen? Were you there as that was happening?

Kyra Pituley

Personally, no, I was not. My brother, my dad, and Steph were all up there, though.

Kassy Baker

And when did you return to Manitoba?

Kyra Pituley

We got back in Manitoba, or we got back home February 21st.

Kassy Baker

Is there anything else that you would like to mention about that experience that I haven't asked you about?

Kyra Pituley

I don't think so.

Kassy Baker

Well, that concludes my questions. Are there any questions from the commissioners?

Commissioner Kaikkonen

Thank you for your testimony. You mentioned that some of the students didn't do their online education. When they went back to school post-COVID, did you notice a difference in grade standards, grade outcomes, the students' knowledge? You finished your online, but some of them didn't.

Kyra Pituley

I had moved schools at the end of grade 6. So at grade 7, I had actually moved out to Manitoba with my dad and I was attending a new school. So I wasn't really with the people who I had done online the previous year.

Commissioner Kaikkonen

Thank you.

Kyra Pituley

Can I add one more comment?

Kassy Baker

Sure can.

Kyra Pituley

When I was in Ottawa, I was doing online school from the day after I left to around the middle point that I was in Ottawa. And my teachers were very good with sending me work up until a certain point. And I don't know if this had anything to do with me being in Ottawa, but if parents would take their kids on a vacation, let's say, to Disneyland, they would be getting their work and they would be communicating with teachers very well.

And at one point, my teachers had actually stopped sending me work and stopped communicating. So I was reaching out to them about getting work and it came to the point where my parents were emailing and calling the school about getting me more work because they had just stopped sending me it altogether.

[00:20:00]

And the administration of my school had suggested that I be enrolled in Homeschool Manitoba because I was gone. And because I wasn't attending school for two weeks that I had to enroll in Homeschool Manitoba.

Kassy Baker

And when you returned, were you able to continue on with your school?

Kyra Pituley

When I returned to school, yes, I was able to. I had a bit to catch up on because I wasn't sent it, but I still continued as normal.

Kassy Baker

Very good. Are there any further questions from the commissioners? Very good. On behalf of the National Citizens Inquiry, we thank you for your testimony.

[00:20:47]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 13: Michelle Malkoske

Full Day 3 Timestamp: 08:51:58–09:08:02

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kyle Morgan

Our next witness is Michelle Malkoske. Can I get you to spell your full name and state your full name also?

Michelle Malkoske

Hi, my name is Michelle, M—oh man, I'm going to cry already—M-I-C-H-E-L-L-E. And my last name is Malkoske, M-A-L-K-O-S-K-E.

Kyle Morgan

And Ms. Malkoske, do you promise to tell the truth, the whole truth, and nothing but the truth?

Michelle Malkoske

So help me God.

Kyle Morgan

Thank you. Where are you from?

Michelle Malkoske

I was born and raised here in Manitoba.

Kyle Morgan

In Winnipeg?

Michelle Malkoske

Yes.

Kyle Morgan

I understand you've been a nurse for about eight years, is that right?

Michelle Malkoske

Yes. Yes, I've been a nurse for eight years. I did my training in Brandon and then one of my first jobs was here in WRHA [Winnipeg Regional Health Authority] community nursing.

Kyle Morgan

And can you tell us what professional body oversees you as a nurse, if you can recall what it's named.

Michelle Malkoske

Yeah, so I am governed by the College of Licensed Practical Nurses of Manitoba. And then we also have the Manitoba Nurses Union.

Kyle Morgan

Okay. So I gather, from what you just told us, you were working for the WRHA in 2020. Is that right?

Michelle Malkoske

Correct. Yes.

Kyle Morgan

And I understand you were doing homecare?

Michelle Malkoske

Yes.

Kyle Morgan

And you were doing that casually. Is that right?

Michelle Malkoske

Yes, I did not hold a position at the time. I was just casual, so I could pick up as I would like, as I was also homeschooling my kids.

Kyle Morgan

Can you tell us how many hours you would work every two weeks?

Michelle Malkoske

Yeah, I would usually work two to three shifts in a pay period. Yeah.

Kyle Morgan

Okay. Now, I gather that towards the end of 2021, like many others, there were some vaccine mandates that came in that affected your employment. Can you tell us about that?

Michelle Malkoske

Yes, they had led up to this a few times. They had sent out memos saying that we're going to require to know if you're vaccinated or not or if you would submit to testing. And then I believe it was— Sorry, I have it written down, October 20th of 2021. I spoke with manager and he said, "Well, you need to fill out this form." And I said, "Okay, I will fill out this form to the best of my ability and I will submit it because I would like to continue to work."

So I filled out the form and I sent it in, and he says, "Oh, you need to check a box." I'm like, "Well, but I filled out the form the best I could, as you asked, and I'm submitting it to you this way." He said, "Well, let me get back to you then." And so, he got back to me and said, "Well, this is to confirm that all of your future shifts that you have signed up for—" oh, man, "all your future shifts are cancelled," they're just gone, "due to your decision to not disclose your vaccination status as per WRHA policy. This is, of course, something if you would like to change, you are welcome to sign up for shifts at any time as needed by both you and your employer."

So from that point on, I missed six months of work, which is about \$15,000 working part-time. Magically, in April, it was okay for me to return to work, and I was allowed to sign up for shifts again with no other questions.

Kyle Morgan

That would have been April 2022. Is that right?

Michelle Malkoske

Correct.

Kyle Morgan

Now, who informed you? Do you recall who it was that informed you, regarding your placement on leave or inability to get shifts?

Michelle Malkoske

It was just my manager that was above me.

Kyle Morgan

Okay. Did you ever make any other inquiries or ask any other questions?

Michelle Malkoske

I submitted them a notice of liability. They just said, "Okay," and I said, "Okay, well, I guess this is where we're at." They told me that I did have the option to test if I wanted to, and I declined and said, "I'll just wait it out." And it only took six months of waiting.

Kyle Morgan

Did you contact the professional college that you were a part of?

Michelle Malkoske

I did not contact the college, but they definitely were in contact with all of us. They had messaged us saying, "If you have made the personal choice not to be vaccinated for COVID, please continue to respect your clients' rights to safe and ethical care,

[00:05:00]

and to make choices that do not deprive them of access of competent nursing service." Yeah.

Kyle Morgan

So you would have lost your income during that time. Now, I understand you have children, is that right?

Michelle Malkoske

Yes, I have three children. I have a 15-year-old stepchild who, as we heard from Kyra, they had a rough time. And then I also have two smaller children that I was homeschooling at the time, as well.

Kyle Morgan

And are you married at the moment?

Michelle Malkoske

Yes.

Kyle Morgan

And can you tell us a bit about what happened with your husband's work situation, also?

Michelle Malkoske

Yes, he also was put on a leave of sorts as the facility where they get windows from was shut down in Toronto. So he had no income either, so we were without income for approximately three months. It was unfortunate. I know it was a decision that we did not take lightly, as I could go to work if I did agree to be tested. I would use other terms, but that's probably not appropriate. But I did not agree to be tested, so we wanted to stand our ground. During that time, we took the kids to rallies and stuff because I thought it was important for them to also understand the gravity of what was happening around them and to them and to us.

Kyle Morgan

Now, I gather your husband was a window installer. Is that right?

Michelle Malkoske

Yes. Sorry, he was actually the salesman who sells the windows; he didn't install them. Yeah.

Kyle Morgan

But he would attend customers' houses to do estimates, is that right?

Michelle Malkoske

Yes, so in his attendance to people's homes, people would ask him prior to entering their home for his vaccination card. Just to give a quote on windows.

Kyle Morgan

So it would be fair to say he wasn't able to do those estimates and lost income.

Michelle Malkoske

Correct.

Kyle Morgan

Can you tell us a bit about the effect on your family? I guess you were homeschooling at the time?

Michelle Malkoske

Yes, I was homeschooling my two younger children. That was a decision that I have always wanted to do. So for them it was not as bad. The 15-year-old had a much harder time because he couldn't go out and see his friends and all of the social things that come with being a teenager. For the two younger ones, the sports that they were in, they were allowed to go. However, I had to sit outside the emergency exit door to be able to watch them because I was not allowed in the facility.

Kyle Morgan

I understand there were some impacts on your wider family and some of those relationships. Can you tell us about those, too?

Michelle Malkoske

Yeah, I was quite outspoken about my views, personally. As a nurse, I also need to keep my professional guidelines, professional and ethical values, I suppose. So I did speak out to my family about how I felt.

I have nurses within the family who— They told me I should lose my licence and that I should not be practising as a nurse, which is awful to hear from your own family. Ah, it's crazy, just crazy. But yes, so there's some family that we do not speak to anymore and they

do not want to speak to us. It's unfortunate, but they are entitled to their own decisions and their own values and ideals as well.

Kyle Morgan

Do you know if there were other nurses, similar to you, who experienced the same thing as you? Or are you aware of other nurses in the same position as you?

Michelle Malkoske

Yes, I am, actually. I was very blessed to be with quite a few nurses who shared the same values and ideas as myself. I am so grateful to have those people to lean on. When we would show up at work, we knew who we could trust; we knew who we could talk to; we knew who we could confide in and that was such a blessing to have. As we went through this pandemic, you could walk into someone's home and they would point-blank ask you,

[00:10:00]

"How many shots have you had?" And I'm like, "I'm just here to help you. It doesn't matter. You didn't care about anything else like that, six months beforehand. I can provide you service or I can leave, but I will not answer that question for you." That was definitely something tough to have to go through. I know I wasn't the only one.

A lot of the nurses would wear their "I am COVID-vaccinated" sticker, and to a lot of clients, they would see that as a sign that that nurse was okay. If you didn't have the sticker on your badge— I personally was questioned: "Well where's your vaccination sticker? I don't see it on your badge." It just blew my mind, but there was definitely a few other nurses in my office and also in my group that also have stories to share, I'm sure, and they'll come out as we go on with this.

Kyle Morgan

Do you know of any others that made the same decision as you?

Michelle Malkoske

I believe there was at least two others, maybe three, I think, that made the same decision as me to not test and to just not go to work and to sacrifice that because of their beliefs. I know that there's some that did not have that option. There was probably many who did not have that option and had to go in and test every two to three days. And I couldn't imagine having to choose that. That would be tough.

Kyle Morgan

Do you know if the staffing levels were affected by your loss for six months not working?

Michelle Malkoske

In my office specifically, I know it was tough for them. I know they lost a few. I got page-outs all the time about overtime and shifts that were available and I would respond back, "I'm available to work." And they're like, "Did you change your mind or are you going to sign a sheet?" And I said, "No." They're like, "Well, then, you can't." I'm like, "Well, I guess

it's not that important for people's care because I'm a very competent nurse and I'm willing to provide care."

Kyle Morgan

Do you have any thoughts about how this could have been handled differently?

Michelle Malkoske

That's a tough one. I have many thoughts on how it could have been handled differently. That would take a very long time to talk about. I just feel there could have been a better way. I feel like people tried to do the best with what they knew at the time. It may not be what I think was ideal.

I feel the discrimination, if you want to call it that, against people who refuse to just even show vaccination, whether they were or not is unnecessary and that it never should have come to that. If you need help and you need health care and you need service, you should be entitled to that, regardless of whether you're going to show a paper or not show a paper or wear a mask or not wear a mask. You deserve care. That's part of my creed as a nurse. Part of our thing is to provide the right person, the right medication at the right time, the right way, and also allow them the right to refuse.

Kyle Morgan

How is the work environment now?

Michelle Malkoske

Now, it's like it never happened, and in my opinion, I go to work and I love my job still. I have to show up, I have to wear a mask, but it's still a great job that I love. I've never been questioned about this, ever again. Nobody's ever come hounded at my door about it, ever again.

The only problem I'm having now is if I do go to apply for another job at other companies, there is a mandate, still, for a lot of companies that you need to provide a COVID vaccination and that's quite frustrating. So I'm grateful to have had this job and to not have been let go and that I was put on leave. Yeah, I'm very grateful for what I have right now, and I just hope that it can change in the future. And I guess, we'll see.

Kyle Morgan

You mentioned, is it other private companies that still have policies that require vaccinations?

Michelle Malkoske

Yeah, a lot of companies are able to make their own policies and procedures on how they want that to go. I was trying to look up the WRHA policy about it, but I couldn't find it.

[00:15:00]

I believe the last that I was aware of was that you needed to provide proof of vaccination as a new hire at the WRHA, but I am not 100 per cent certain on that. But I know one company that I did apply for in the last few weeks, they requested my vaccination papers for that.

Kyle Morgan

I don't believe I have any other questions. I'll ask the commissioners if they have any questions. Yes.

Commissioner Kaikkonen

You mentioned that you had two to three shifts per pay period. Can you tell me what the average age of your clients would be?

Michelle Malkoske

Most people that I see are between the ages of 50 and 80.

Commissioner Kaikkonen

Thank you.

Kyle Morgan

Any other questions? I want to thank you, Michelle, for your testimony, on behalf of the National Citizens Inquiry. Thank you very much.

Michelle Malkoske

Thank you.

[00:16:02]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 14: Todd McDougall

Full Day 3 Timestamp: 09:08:01–09:33:28

Source URL: <https://rumble.com/v2idi8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Kyle Morgan

I think our next witness is Todd McDougall, that's Todd, there he is.

Todd McDougall

How do I look on my own camera there? I'm usually moonlighting here, you know. Activist, journalist.

Kyle Morgan

Can you state your whole name, sir, and spell your name also?

Todd McDougall

Todd McDougall, T-O-D-D, last name, M-C, capital D, O-U-G-A-L-L.

Kyle Morgan

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

Todd McDougall

Yes, I do. Yeah.

Kyle Morgan

Are you born and raised in Winnipeg? Is that right?

Todd McDougall

Yes.

Kyle Morgan

And I understand you worked a number of years in child care, is that right?

Todd McDougall

Yes, 13 years in child care, working for the same centre, as well.

Kyle Morgan

When did that employment begin there?

Todd McDougall

I got hired in, I think it was the spring of 2008.

Kyle Morgan

So then 13 years would have been to 2021.

Todd McDougall

Yeah.

Kyle Morgan

Now I understand the mandates that were in effect also had some impact on you and just tell us what happened with your employment and how your job ended.

Todd McDougall

Yeah. So it's actually kind of interesting with the combination of lots of things. I also had a son that was born literally the day the global pandemic was announced. So I was in the hospital listening to the nurses, discussing how they felt about the beginnings of the ongoing situation. We were also moving out of an apartment at the time. So there's a lot going on.

April of 2020, my daycare was shut down. Although I was still going to work because my director had made it available to take the opportunity to use the option of having no children around, to be able to do all kinds of things to the Centre that we otherwise would normally not be able to do. All kinds of cleaning, organizing. Lots of different stuff. I wasn't necessarily out of work for April because I was still going, so I could keep money coming in. **And helping out with my centre and actually helping out with my community. One of the things I loved so much about my position in the childcare centre that I worked for was that in any one given day, I was assisting not just a school age and preschool centre, but I was also assisting the ongoing of two schools, French immersion and English, a church, and a community club.**

Throughout April and into May of 2020, I assisted all of those facilities because nobody was around. I was doing groundskeeping for the community club, for the church, for the daycare. Pretty much doing anything I could to keep busy, to keep active, to keep money coming in and to assist my community as well.

Then that summer, some children started filtering back into the daycare when we reopened. It was not very many at all. Of course, lots of parents were still working from home. So that summer was pretty, kind of, boring. There was small groups of children. I was helping a few of them with their online learning, which was kind of interesting as well. Kind of business as usual, just with a really small crowd.

Then school started up again, sort of in a normal fashion, September of 2020. And things were still relatively okay. I wasn't dealing with a whole bunch of nonsense that made me feel uncomfortable about my job and how I was treating children and how I was being treated by my employer and my fellow employees as well, too. That all took a sharp change—actually, I guess just inside, I think that school year.

That first school year in 2020, September 2020 started off relatively normal. But then as you got into October, they were really getting harsh on the cohorts and the distancing. And then, let's say for my childcare, we couldn't go back to the schoolyard anymore. And then I was getting told to, "Okay, you're playing out in the schoolyard with the children from our centre, but some other children from the neighborhood came in and wanted to go play with our children. You shouldn't let that happen." And of course, I went, "Never for a day. Like are you joking with me right now?" I would laugh in someone's face that said that to me. Like, "Ha, ha, ha. No, I'm not doing that."

Then the masks came in.

[00:05:00]

And that was difficult. Like myself, I found out very quickly that even if I wasn't working in a very physical capacity, having the mask on for 20-25 minutes, half an hour of extended period of time, was certainly changing the way that I operated. Right? This isn't normal. It was affecting me. Then that took a step up to, you know, "Don't be lazy with it." I had my director and my other employees bugging me, "Why is it below your nose?" Then it was, "Wear it outside." And then, so quickly before we even got into November of 2020, it was basically, "Have it on all the time." As soon as you hit our front steps to the moment where you're allowed to walk off site on your own or into some back room or into the washroom on your own, you're going to have it on all day. Inside. Outside. With one kid. With five kids. It doesn't matter. And I took extreme exception to this. Not only just because of how it felt for myself but, of course, largely for children.

Like many others had said here, by this point in time, by September, by October of 2020, we had gone through the beginning of "A Pandemic," right? And whoever had heard of a pandemic, when in history— Like when there was the black plague or the Spanish flu, did it go away and come back again? But it was all still a pandemic? No, a pandemic is— This is **affecting the world or whatever area for this amount of time until it is not. That is "A Pandemic."** And this was like— Okay, so we had three months of shutdowns and lockdowns and this and that. Then we had a fairly normal summer.

Then we started school again in September. And then it's cold and flu season. So of course, you know, a lot of people in this room spent the last three cold and flu seasons going, "Oh, it's COVID season again." So there was the fears of— Ah, this is going to be a pandemic that is allowed to "come back." And so sure enough, it did. And I'm watching what that was doing to children. Again, seeing this period of time elapse where nothing was happening with children at all. Now they are back at school. They had already started school without all having to be in masks and done it for about a month or so. Now this is creeping into again November 2020.

Kyle Morgan

Now am I right that you started attending some rallies about this time?

Todd McDougall

Yeah, yeah. But anyway, so I wanted to say, it wasn't just me. It was largely what it was doing to the children. I could see very easily how many children, especially of younger ages, that was having a very tough time doing this. I was watching, and this was a big kicker for me: I was watching autistic children. Especially one specific, who I had been doing work with for years.

Let's go back to just the previous school year, before COVID, before the schools got shut down. We were championing—his workers inside the school and us, the childcare workers, as well too—championing the success that had happened with this child. He was right there involved with his peers. He was socializing. He was able to do the majority of what his peer group was doing. I was astounded that as we were watching him regress to not just back to where he was several years prior but even worse. He was far more aggressive and violent towards staff that he was very, very familiar with, in a way that we had never seen before. I couldn't believe it that my staff, including people—I was never trained. No, I got lots of training and did lots of course and seminar work, but I never went to school for child care. I did not do the full three years at Red River College. So I was working with employees that had been doing it for the majority of their adult life. So they're 20 to 30 years older than I, including my director. Of course, the other thing that I couldn't help to throw into that is, you know, much better pay grade.

They had no idea. I was the one that had to sit there and listen to them have round-table discussions about "Why is?" I'll say the name of the autistic child, Toby. "Why is Toby running after us? Why is he hitting us? Why is he beating us? What's going on?" And I went, "Do you know autism? You guys, but this is your job. Have you forgotten what you've gone to courses and done seminar work for?" They're all staring—What is he about to say? "He can't see your face! There's a problem, he can't facially recognize what's going on. He can't read emotions anymore. He's autistic, this is extremely paramount to how he socializes!" They were like, "Oh my god, you're right! And we can't do anything about it!" I was like, "So you're going to let it get worse?"

Yeah, well, Larry, my director said, "Brent Roussin said."

[00:10:00]

I phoned Manitoba Child Daycare head office. I was put on speakerphone in a boardroom, as they all apparently, I could visualize this, stood around a table and they said, "We've never heard this before." This was a year in. This was just before I left my job. I called Manitoba Child Daycare head office and said everything I'm saying now. They said, "Could you stop for a moment? We're going to have to put you on speakerphone. No one's ever called us yet about this." In a province of over a million people with a daycare on almost every frigging street corner and growing? Really? My god. Yeah. Shocking.

That's why I started attending the rallies. Prior to that, I was kind of well—I run a media organization called Winnipeg Alternative Media. And for over a decade, in many different capacities, we have attempted to keep free speech and freedom of information alive by doing practically the exact opposite of what the mainstream media does—which is don't

censor or edit anything and let what we film speak for itself. And that's what I was doing for almost a calendar year, I would say: From the first rally that was held here in Manitoba, May 9th of 2020, up until I think the first one that I finally decided I am not just attending to film. I am here for every other reason as well now, too. Which was early January 2021 in Steinbach.

And immediately I got the repercussions that, of course, I was well aware was going to be coming my way. You know, you attended a rally—you were in a group size larger than public health order—so you have to self-isolate for two weeks. So all of that kind of amounts to why me and child care just wasn't going to work anymore. I could not stand to see what was happening to children, both whether we're talking about autistic and special needs or not. I could not stand the fact that I could not work my job properly anymore. We had gone through January and February, and I had made up every excuse imaginable to not actually do my job and not spend time with the children. Because I couldn't in good conscience anymore, and was doing small repairs and handyman work around the facility for a matter of months, at that point in time. All those options had ran out. I was done. I knew that this wasn't going to get any better anytime soon.

My director— And nobody had any answers for me and frankly, of course, were considering me to be a goofball. You know, like, "What is wrong with you? This is your job to keep the children safe. How can you have these questions?" And I remember one of my last things I told my director was like, "By the way, isn't it funny, I haven't been wearing a mask outside for two months and a parent hasn't said a damn thing." I found that was kind of fun. And the kids didn't rat on me either.

But so, it all just kind of came down. I remember the last phone conversation. This is really sad. After 13 years and being a very, very integral part of that community, once again working hand-in-hand with a church, two schools, a community club, and a school age and a preschool daycare— My last kick at the can there was I had a phone conversation with my director and said— Because I always admitted, I never tried to hide anything. I always said you know, "I don't want to wear the mask and I'm not going to be, and there's going to be lots of times where I'm not going to be when you're not looking at me." I still never got fired because I was one of the longest-standing employees at the time.

I know from firsthand accounts that the majority of the children and the families of that Centre loved me and considered to be one of my favourites. I was a, you know, young male staff. I ran around with the kids. I played rough-and-tumble; I let little boys fall off; I let little boys get in play fights. And then I would, you know, us and dad would high-five afterwards. So I knew how valuable I was and how my director was just hoping that something would change so that she could keep me on. And not go through all this struggle that I was kind of putting down to her.

But our last conversation was on the phone where I once again had to tell her, "Look, I attended a rally again just yesterday, so I guess I'm not coming to work this week." And she went, "No, no, you have to self-isolate, again." And I went, "Yeah, but there's no end in sight here. And so, what happens if I'm going to be attending a rally like every weekend?" "Well, I guess you're not coming back to work for quite some time." "I guess I'm not coming back to work at all." That's how that ended.

I then was not allowed even in the facility to go get my pair of work shoes. About a week later, I decided to go back. I tried calling my director on her personal line. And I called the daycare line several times. Emailed. Then I got there, knocked on the door several times.

Did their little buzzer thing that has a camera and everything, and it's got a full microphone system, as well.

[00:15:00]

Of course, I use that a million times a day. You can talk to people; you can say, "Oh, hello," whatever. Nope, nothing at all. One employee opened the door about this much, tossed my shoes on the outside and closed the door. That's 13 years, right there; that was my last final moment on the property.

Kyle Morgan

So now I understand you work at a seed plant. Is that right?

Todd McDougall

Yeah.

Kyle Morgan

So you had to change your whole line of work.

Todd McDougall

Yeah, 13 years doing— And I did try some of the schooling. Like I was doing a little bit, kind of, touch-and-go with Red River. Yeah, so 13 years of that, being a large portion of my life, that took up a lot of like extracurricular, as well. I did lots and lots of extra work there. When there were special events happening at the community club, I was a volunteer, like, it was being as much as I possibly, possibly could. I liked being a part of that community. After 13 years, I was now training new employees that I knew as like six- and seven-year-olds. I knew a lot of these families about as well as I know some of my own family, extended family members, like it was very tightly knit. And you know, it's the kind of thing that I've been so all over the place and so busy the last couple years of my life, sometimes I don't even think about it until a moment like now where— It was kind of shocking to see that my director and other employees and some of the other individuals there, could just let that happen with— It was kind of shocking to see sort of nobody kind of fight for me in a sense or anything like that.

And to lose that, that sense of belonging in a community that I had put so much work into was extremely debilitating. And then to compound that with having to go—okay, well, I need to still figure out a way to, you know, just to maintain, to bring money in and to move forward. So yeah, luckily enough, I had a friend who I'm sure most individuals would know, I'm sure is in the room right now, that being Patrick Allard. Who was like, "Well, you don't really got the skills for the kind of work I do, but I'll give you a shot." And I think I picked up a few things along the way, so that's nice. I could possibly do a few extra repairs around my own house now, so thank you, Pat. But that even had its problems because then me and him both got arrested.

Kyle Morgan

Yes, that's what I wanted to talk to you about that. So I understand you picked up about 10 or 11 tickets for mostly gathering outside in Manitoba. In addition to a mass ticket.

Todd McDougall

Yes. Hugs and handshakes, specifically.

Kyle Morgan

And like others that have testified, you were also arrested in May of 2021. And to be clear, that was as a result of *The Provincial Offences Act* in Manitoba. They issued a warrant to prevent the continuation of an offence, which in this case was gathering outside. Hugging and shaking hands with others.

Todd McDougall

Yeah. Yeah. And, you know, my— Especially after the daycare was, sort of, out of the way. Then, of course, I could throw myself into the mix even a little bit more. And of course, as all these things are transpiring, it's even more fuel to the fire to need to be more involved, right? So then it wasn't just—hey, I'm here already doing the media thing and maybe I'll get up on stage and speak a little bit. Because, of course, my first couple of times finally getting in front of the camera and up on the stage, I was talking about what I was seeing in child care.

But then after that point, it was more like—no, I want to be directly involved. I want to organize. I want to throw into the mix whatever I can using Winnipeg alternative media as a platform and as a mouthpiece. And then going back and using some of the knowledge that I had gained from activism that I had been involved in a decade ago. And I hadn't really been involved in protests or rallies for quite a few years leading up to the beginning of the COVID rallies. But I had organized and been a part of other different rallies from years before. And so, I was now able to bring some of that to the table and was more than happy to do so.

Kyle Morgan

I understand you were in jail for about 24 hours.

Todd McDougall

Yeah, on two separate occasions. Yeah, I was arrested for a breach as well.

Kyle Morgan

Now, on the first arrest, you are released with a condition to follow all public health orders, is that right?

Todd McDougall

Yeah

Kyle Morgan

And that would include the use of masks?

Todd McDougall

Right.

Kyle Morgan

And so, tell us about your next arrest, which happened only a week later. Is that right?

Todd McDougall

Well, see now, there is already a punchline right there, right? Because follow all public health orders, to me, because of doing the research that was— Oh, what was it again? Oh, yeah, on the Province's website, saying that involved in public health order was the option to be mask-exempt,

[00:20:00]

and to not have to require specific detailed personal information. You do not need to have a doctor's note. You didn't have to have your doctor on the phone for somebody, that it really should be able to just be left up with— If I'm going to go shopping here and you're— I get the whole thing of, like, this is a private, whatever; the answer is no, you still have to leave. Okay, fine, I'll leave.

But this was a Shoppers Drug Mart, so not a little ma and pa store. Like it's a large company, and I had already had my arrangement with the owner. Anyway, so follow public health order means that I should be allowed to be mask exempt. And if someone's okay with me shopping there because I'm mask exempt, then there should be no problems. Or if they say, "No, you're not allowed to be a mask exempt at this store, this location, then leave." And then you do leave. Then again, should still be end of issue. But not this time around. I'm thinking because I was in the news a whole lot that week.

But yeah, so this was my local Shoppers Drug Mart. I had even worked there a few years prior, so I knew the owner. I knew the manager. And I had already dealt with them because of me shopping there throughout the pandemic, up to that point already, and having the issues with other employees and such. And I had to call this man and say, like, "Look, do you know what the public health order states?" And he said, "Yeah." So I said, "You are aware that myself and others are allowed to claim a mask exemption, not show proof?" Yada, yada, and all that. "And this kind of discourse is allowed." And he went, "Yes, I'm aware." So I said, "Okay, well your employees aren't aware. So that would be a training issue, and that would be on your part." And he goes, "Oh yes. You're right. I will have to have a talk with my employees and make sure that they are not yelling or harassing individuals such as yourself that claim this." So I said, "Okay, great, well if that's going to be the case that means I can keep shopping there? Because you are the closest one to me." I had a newborn at the time, so Shoppers Drug Mart is a pretty key place to go for a lot of your infant needs. I said this to him, so I was, like, "You know, we're spending a lot of money there or I could be spending it elsewhere." "Oh, no, please keep shopping here."

Fast forward to, this is a year later. I've been arrested. I've been in the media. I don't think they actually printed my bail conditions, but it's almost as if they did, I guess. Because for some weird reason, that day, I walk in to get registered mail. Registered mail. So whatever was at the post office there that day, I couldn't get from anywhere else. That was my post office. Registered mail. I go there. I'm thinking, this is the location; I have an arrangement with the manager. I wasn't even thinking about my bail conditions really. Funny looking back on that in retrospect, but good story now.

And so, I go in, and as soon as I get up to the post office, there's nobody around in sight. Just the lady, who I knew from working with her three years prior, staring at me, pointing to her face. And I went, "Come on. I've been doing this with you guys for a year. Go ahead, call up Harvey," the name of the manager. "Go ahead, call him up. I'm allowed to be here. You have my registered mail. Give it to me, and I'll be gone, two seconds." She calls up Harvey. Harvey turns the corner, takes one look at me and berates me. Yells, swears, "You get the 'F' out of here!" Like very, very aggressive. And of course, I apologize. I go, "Harvey, whoa. We've had a normal conversation about this before, calm down. But okay, I'll leave." As I'm getting into a vehicle and getting ready to leave, I turn around at the front door and there's the owner, Tracy, looking at me as if she is my mother.

And I go, oh, no. Because she's standing at the front door right now, this is not going to go well. So yes, sure enough, six hours later, I'd just finished eating dinner. Knock at my door, and it's the Winnipeg Police. And I say, I'm holding a little card and I go— They— "You're going to get arrested for a breach." And I go, "But it says follow all public health orders. And I have a little card right here with the Province of Manitoba logo on it from excerpt, from the website." Showed them this right. And, of course, the female officer lowers her head and goes, "Tell it to a judge." I'm sure we all kind of encountered stuff like that over the last few years. Lot of that has been spoken about here at this table.

Kyle Morgan

Yeah. Mr. McDougall, I'm mindful of the time So you did spend 24 hours again in jail on that occasion, is that right?

Todd McDougall

Yes. Yes. Solitary confinement. Only able to use the washroom maybe once or twice if I knock loud, long enough.

Kyle Morgan

I don't have any further questions for you, sir. I'm going to turn it over to the commissioners to see if they have any questions. Doesn't appear so.

So I thank you very much, sir, for your testimony. We appreciate it on behalf of the National Citizens Inquiry, thank you, sir.

Todd McDougall

Thank you. I'll also mention I know a lot about censorship, too.

[00:25:27]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Witness 15: Michel Gagnon

Full Day 3 Timestamp: 09:34:00–09:44:57

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[00:00:00]

Wayne Lenhardt

Okay, Mr. Gagnon, could you give us your full name and spell it for us, and then I'll give you an oath to start.

Michel Gagnon

Okay, my legal name is Michel Gagnon, M-I-C-H-E-L G-A-G-N-O-N. But I go under the name Mike.

Wayne Lenhardt

Mr. Gagnon, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Michel Gagnon

I do.

Wayne Lenhardt

Okay, due to the time constraints I'll lead you a little bit more than I normally would. You're presently 52 years old, correct?

Michel Gagnon

Yes

Wayne Lenhardt

And you have spent a total of 33 years in the air force?

Michel Gagnon
That's right.

Wayne Lenhardt
But you got out in April of 2022.

Michel Gagnon
That's correct.

Wayne Lenhardt
Okay. Could you tell us quickly what happened that made you leave the air force?

Michel Gagnon
Yeah, so my story is very similar to all the military members that got out. I didn't want to get vaccinated. It was very obvious early on in the pandemic, especially when they came out with a mask, the whole thing was complete B.S. to me. Because the mask— I was a general safety officer for a couple of years; I had to take a course on masks. One of the comparisons that I like to— One doctor that is very vocal against the mandate, he likes to say that the mask, even an N95 against COVID-19, is basically like trying to sift sand through a chain-link fence. It does not work. And I knew that from the beginning, and that's why for me, the minute they started making the mask mandatory, I knew that this whole rhetoric was not about science. It was all a political game or whatever, so to speak.

Wayne Lenhardt
Were there already concerns about things like myocarditis at that point?

Michel Gagnon
Not on my side per se. I had a medical condition that they denied me of. However, they weren't going to approve it, anyway. They approved a bunch of people in Ottawa, but they didn't approve anybody else in Canada.

Wayne Lenhardt
Okay, so there was a procedure to ask you, essentially, or require you to comply with the mandates. And could you tell us what that was quickly and what the end result was?

Michel Gagnon
Yeah, so as part of getting out—because I didn't want to follow the mandate or I didn't want to take the vaccine—they basically started giving you remedial measures, which is kind of like disciplinary measures. You start with one, which is a bit of a warning. Second time was a— I don't know if it was a second or third time, but I think I got three of them where you ended up with a recorded warning. And then after that, you go on into, like, career implications where they're actually going to kick you out. Because you were, in accordance with the military, disobeying a lawful order in their mindset.

Wayne Lenhardt

So it was some kind of disciplinary process.

Michel Gagnon

Exactly.

Wayne Lenhardt

Okay, and so prior to having a disciplinary process be a mark on your record, which was exemplary at that point—

Michel Gagnon

Yes.

Wayne Lenhardt

You decided just to retire.

Michel Gagnon

Yeah, because at the end of my career, I switched to a part-time military, so a reserve class. And I had the options of just giving a 30-days notice. I basically did that before they started the proceeding of pushing me out and giving me a 5F release, which is a dishonourable discharge.

Wayne Lenhardt

And you're currently, basically, living on your pension, is that correct?

Michel Gagnon

That's correct.

Wayne Lenhardt

Was the mandate from the military or from the federal government or a combination? Did you ever get anything in writing, and if so, who did you get it from?

Michel Gagnon

So from the Chief of Defence Staff, we had what they call an order that came out, and basically, they stated that the vaccine is mandatory. And right away in that same order, if you were not willing to follow or give your status of your vaccination, you were going to get disciplinary— All the steps for disciplinary action were all laid out in there. And eventually, you will get kicked out of the military for refusing a lawful order.

Wayne Lenhardt

Were there any injuries that were noted at that time from military personnel that had gotten the vaccine? Were injuries happening at that point?

Michel Gagnon

So from what I've been told, we had no— Like we had COVID cases, but COVID cases based on the flawed test, obviously. So it's hard to say we had real COVID cases. But the military is usually a healthy entity

[00:05:00]

because you have to be physically fit and all that stuff. So the chance of you being in severe complication of COVID-19 was already pretty low because everybody is pretty healthy. And normally, if you have comorbidities, you don't stay in the military. You're getting kicked out because you're not fit for duties. So nobody, really, we might have had a few cases. I've never heard of any complication in the military. Doesn't mean it didn't happen. It's like the flu, right? You can be sick pretty bad from the flu. So I've never heard of any bad complicated case from COVID-19.

However, the minute the vaccine rolled out, there's been a lot of vaccine injuries. So it was, like, astonishing to me that we were still going with the vaccine mandate.

Wayne Lenhardt

Okay, and if there are injuries with the military, especially someone that's been in it as a career like you've been, the military basically has an investment probably well into seven figures into your training that they would lose.

Michel Gagnon

Yeah, so in 2007, I kind of switched trades. Just that training I did in 2006, 2007, basically to qualify a person like me to fly an airplane, it cost the military approximately 2 million dollars.

Wayne Lenhardt

Okay, is there anything you feel that the military or the government should have done differently in your case?

Michel Gagnon

Everything has been done as directed by their superiors to a T. They don't follow— They don't care what the population thinks.

Wayne Lenhardt

Okay, do you feel that this type of thing is going to harm the military in the longer term?

Michel Gagnon

Absolutely. It's already hurting. Right now, what I know of is there's quite a few flying squadrons that their pilots, not just the pilot, entire air crews are failing their medical because they're failing their EKGs. Because one of the first things that the vaccine does, it makes your body produce these spike proteins that are supposed to be the bad part of the virus. But they give you something that is making your body create the thing that is bad from the virus.

So what's happening right now, pilots are failing their EKGs—and air crews, not just the pilots—and because of that, well, you can't fly. So there's squadrons out there, from what I've been told, and this is hearsay, but there's only like two pilots serviceable in an entire squadron. And they're flying these guys all the time because everybody else is unserviceable right now.

Wayne Lenhardt

Is there anything else that you want to tell us relating to this issue with the military?

Michel Gagnon

Well, the thing with the military, they're— Here's the scoop with the military, and I think it's the same with the RCMP: You only promote yes-men. You don't promote critical thinking people. That's the way it works in the military: if you don't agree with your boss, you're never going to get promoted. So that's what's happening at the higher echelon. They will follow your government.

You got to remember the military, unlike the RCMP—which the RCMP fails at this mandate. The RCMP is supposed to be responsible to the public and they're supposed to keep the government in check. Well, guess what? They did the complete opposite during the pandemic because they didn't follow the Constitution. And that's what they're supposed to do.

The military does not have that mandate. They're supposed to defend the sovereignty as directed by their government, which the government—obviously, they wanted to impose that mandate.

But it didn't just happen in Canada: that happened throughout the world, synchronized with all the UN countries. So a lot of people think that the problem is just here in this country. This is the exact same thing in all the UN countries. So there's a pattern here. So we always think right now that it comes from Canada and we did this, we did that. Well, it's the same thing in Australia, New Zealand, U.K., like you name it, all the UN countries were directed to do it this way.

Wayne Lenhardt

Okay, I'm going to ask the commissioners at this point if they have any questions to ask you.

Any questions? Last? Okay, thank you very much.

Michel Gagnon

I'd like to make a quick statement just before we finish, it'll take a minute.

So I'd like you guys to actually go on YouTube and search Dr. Fauci predicting the pandemic. If you guys think the pandemic was something that was released by accident or whatever, it was actually planned. Dr. Fauci, on the 12th of January 2017, predicted that Trump will be hit with a pandemic at the end of his presidency. And the minute that Trump went over to the WEF and the UN, just prior to the pandemic, and said that he will not participate or the country will not participate to the world order, he came back home. And that's when the pandemic was released.

I have friends in the military everywhere; I've been in it for 33 years. We have an intelligence section or trade. I know a lot of people in that trade, and they told me straight up— And this is what you got to remember: The pandemic was created for you to get the vaccine, it was not the other way around. You didn't get the vaccine to try to avoid the pandemic. The pandemic was created for you to get the vaccine.

Wayne Lenhardt

Okay, if there's no more questions from the commissioners, I want to thank you for your testimony today, on behalf of the National Citizens Inquiry. Thank you so much.

[00:10:57]

Final Review and Approval: Margaret Phillips, August 10, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Winnipeg, MB

Day 3

April 15, 2023

EVIDENCE

Closing Statement: Ches Crosbie

Full Day 3 Timestamp: 09:45:10–09:50:00

Source URL: <https://rumble.com/v2ldl8y-national-citizens-inquiry-winnipeg-day-3.html>

[00:00:00]

Ches Crosbie

Thank you, Shawn, and thank you, Commissioners.

The proceedings today, as in the other days, have been very, at times, very wrenching and heart-wrenching. Shawn opened his remarks today, Mr. Buckley, with some remarks about courage, and that's certainly a theme that we've heard coming from witnesses who have testified here. Some at a comparatively young adult age, very young. And other people from various walks of life, including the police, who lived up to the principle that standing up for your own beliefs and what is right, even though it may feel lonely at the time, can have outsized effects. I think that's a theme we've heard during the day's testimony, and, in fact, the last three days. That standing out from the crowd can often prevent very worst things, bad things, from happening.

We had the good fortune finally to be noticed by CBC, the mainstream press, in the last couple of days. I just want to mention that because it probably took a degree of courage on the part of the reporter who did the story, filed the story. It was on television news, and there's an article on the CBC website. The gentleman's name is Josh Crabb. He's at Winnipeg, CBC, and he deserves some appreciation for the fact that a) he reported on the proceedings that we were engaged in, and b) in my reading, he gave a reasonably fair and balanced account of what was going on here. The article is called "Citizen-led inquiry into Canada's pandemic response makes stop in Winnipeg," and it's date lined April 13th. So again, the reporter was Josh Crabb.

If I could have that image up on the screen. I often think of the truth in this way. It's a great metaphor. The truth is dammed up behind this dam. The dam in the image here is called the media, so one of those cracks happens to have occurred now in the CBC wall against the truth. There will be other cracks. Dams, at some point, develop too many cracks, and the cracks get bigger, water starts to run through, and eventually, that dam will collapse. These proceedings that all of you, and all of you out there who are watching, and the Commissioners, everyone who's testified, everyone in the audience, these proceedings that you're supporting and are engaged in, and people have supported through their donations

and their testimony, and all their hard work, and all the volunteers involved in this—these proceedings will eventually end with that wall collapsing. That wall will collapse.

The next image here, if I might ask for it, was also a theme we heard come out in the evidence today. This, of course, is the well-known president, assassinated president of the United States of America, John Fitzgerald Kennedy: “A nation that is afraid to let its people judge the truth and falsehood in an open market is a nation that is afraid of its people.” That’s still where we are in this nation, Canada, because no government, no authority wants to inquire into its handling or mishandling of the last three years’ response to COVID-19. So we’re doing it. Governments fear the people, but the people have found a way to inquire into and establish the truth regardless.

The last image, please, and I’ll let that speak for itself.

Thank you, Commissioners.

[00:04:50]

Final Review and Approval: Margaret Phillips, August 10, 2023.

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VOLUME THREE

| Witness Transcripts

Part 4 of 9: **Saskatoon, Saskatchewan**





NATIONAL CITIZENS INQUIRY

EVIDENCE SASKATOON HEARINGS

**Saskatoon, Saskatchewan, Canada
April 20 to 22, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:44:03–02:08:36

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Shawn Buckley

I'd like to welcome you to the National Citizens Inquiry as we begin our first of three days of live testimony in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

Before I start, sometimes I do a call out. We are moving to Red Deer next week. If there are any lawyers out there that want to volunteer, we could use your assistance. We also are in desperate needs of bilingual counsel in Montreal coming up in a couple of weeks, and we could use some help in Vancouver for the next couple of weeks. So, if there's any lawyers out there that want to participate in this experience, please give me a shout.

Now, I always like to start by explaining to those that are participating what the National Citizens Inquiry is. And I have to admit, I'm having a little more trouble defining it. I'm quite pleased about this. There was a time where one could accurately describe the National Citizens Inquiry as a group of citizens that got together with this vision of appointing independent commissioners and marching them across this land to discover what we just experienced— What is the truth? And more importantly, to give ordinary Canadians a voice again: an opportunity to tell their stories safely, to begin a dialogue.

And there is still that group, that's still part of what the National Citizens Inquiry is. I mean, it's a volunteer organization, so people come and go. It's not the same people that started it, by and large. And we start other volunteers on. And once we started this, we needed way more social media people and video clippers. We still need a lot of video clippers. And so, we set them up and get them volunteering on their way. And sometimes they go in directions we don't expect. But that's just a drop in the bucket to what's happening.

What we're experiencing and what we're watching is that since this inquiry began, since it started marching across this country, individuals, families, groups—both formal and informal—have started to do what we've asked them to do. And that is to take personal responsibility for their actions and personal responsibility for the state of this nation. If you go online, you can't miss it. People are clipping the testimonies and putting them out.

They're creating indexes of the witnesses and linking in a way that just makes our website look lame. And so if there's any volunteers out there that want to help us clean things up, we'd certainly appreciate that.

I saw a photo yesterday of somebody had written in chalk at a bus stop, nationalcitizensinquiry.ca. My understanding is, yesterday, the group Posties for Freedom had a call out asking people to go to City Hall in Hamilton with signs that could be read by traffic, announcing the National Citizens Inquiry.

This is going on and on and on. We just find out about it by just seeing what's happening online. Sometimes people will let us know, and we'll tag them to promote what they're doing. Sometimes they don't. The beautiful thing is they don't have to let us know at all because it's not about this little band that is putting on these hearings. It's about all of us making a decision to take personal responsibility for the state of this nation.

So we find ourselves in a situation where the National Citizens Inquiry cannot be explained by the small group that puts on these hearings. And I think it would be more appropriate to describe the National Citizens Inquiry as those persons of all nations. And I say all nations deliberately because what we are doing here is trending internationally. Because people have a thirst for the truth, wherever they are. People across the world find the idea of standing up for freedom—

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of actually taking personal responsibility, of being given the freedom to do that again because there's a movement—they're finding that quite attractive.

I would define the National Citizens Inquiry now as persons across the world who remember, and I'm using the word "remember" deliberately—who remember that they have a voice. We've all been put under a spell, a siren song that has put us asleep. We need to remember that we have a voice. The National Citizens Inquiry is those people that have decided that they need to stand up for what they believe in. The National Citizens Inquiry is those people who know, know to their core— You know, we know some things deeply. It belongs to those people who know to their core that they must stand up for freedom now regardless of the cost.

I have to say that I am honoured to be part of what is now something very different than it was when it began. I am, for the first time in a long time, optimistic. Optimistic. I have no illusion that our near- and medium-term future is going to be anything but very difficult. But I'm optimistic that when we get through that—because people are starting to take personal responsibility, because the spell is being dissipated—that we actually have a future. So, I'm honoured to be standing with you here today.

Now Commissioners, I need to report the theme of the week. And I'm grieved to say that, at least my experience this week at the NCI, the theme would be sadness. I've reported to you both in Toronto and Winnipeg that when an inquiry date draws near, we have witnesses drop out. They back out because they are afraid. They are either afraid of economic consequences—that they would lose their job—or there would be other repercussions. They have dropped out because of the social pressure. This last week, we've had witnesses drop out for a third reason. And that is simply, they're too ill. They're too ill to testify.

We were approached in Winnipeg by a gentleman whose wife had just gotten out of ICU, and she has a very important story to tell. We were wanting to have this witness testify

from her hospital room because she was then in a recovery ward. But we could not make those arrangements because the report back is that— She took a turn for the worse— Excuse me, I'll collect myself.

There's a witness that might not be able to testify at these proceedings because of health concerns. I'm sorry that I'm getting emotional, but we've been watching witnesses take the stand, especially vaccine-injured witnesses with just heart-wrenching stories. And it's just very difficult not to empathize and be affected by what's going on. I promise everyone that if you watch a day of hearings of the National Citizens Inquiry, you are not going to be the same.

We realize we're going to have to do something else, because we have so few slots for people that have these important stories, especially on injuries. I don't know if we're just going to have to have you guys video them and send us Rumble links or something. But I think just for, both in Canada and around the world, there are people that are not going to be around to tell their stories. And we need to get their stories. So I'm not sure what that looks like for us going forward because we probably don't have the technical capabilities unless people approach us to give us some assistance.

But there are people suffering.

[00:10:00]

And we have to stop denying what's going on, and many people watching this will understand that they're afraid, still, to have conversations about what's really going on. Even though it's becoming hard to deny.

It was about, I think, two and a half, three months ago I was on the website Zero Hedge. And I came across an editorial where the gentleman was basically saying, "We have to wake up." He said, "Look it, why doesn't everyone reading this article just ask themselves, how many people do they personally know who either died or were injured from COVID? And then ask themselves, how many people do they personally know who died or were injured from the vaccines?" And he did it in the article.

Now when I do that in my circle, I don't know of a single person who has died from COVID. I can think of some people that were injured from COVID. The examples in my circle were basically that loss of smell and taste. But my understanding is it's now fully resolved in those people, but they were injured for a period of time and understandably alarmed. And I know people that tell me they were terribly sick.

When we move to the issue of, do I know people who have died and are injured from the vaccine? Yes. There's been death in my circle, absolutely. And actually, it's overwhelming. We have witness after witness who are terribly injured, and they go to the hospital and they're told, "Oh, it's not vaccine injury, and you need to see a psychiatrist or you're anxious" and all of this. But I'm sorry. I know a young man who is, I think, 17 with myocarditis. I'm 57. I've never run across that pre-vaccine. All these athletes dropping dead while they're there and all these young people dying. I live in the province of Alberta. Our leading cause of death, I think, last year, was unexplained illness. They didn't even have that as a death code until a couple of years ago. And now it's the leading cause of death and you're telling us it's not the vaccine?

So, in my circle— Just to show how bad it is, if you were to draw a line 100 yards from my house, draw a circle 100 yards from my house—and I don't know all of my neighbours—I

can think of three vaccine-injured persons in that circle. Now, when my wife and I were driving up here, we had learned in connection to a friend of ours that this friend is now suffering with an illness. And I'm not going to say what it is, but it's a regular COVID-vaccine adverse reaction and one that I would personally be very concerned about. And my wife was actually crying. She was crying in the truck as we were driving up. But she was crying for two reasons. And it's the second reason that I want to talk about. She was crying because she, first of all, was sad that a friend is suffering. But the second reason was she felt shame that she didn't say anything when we were in the midst of this. "Don't do it, don't take it!"

And the reality is, if we were to back up a year or even a little longer, whether you were vaccinated or unvaccinated, there were a large group of people that had come to the conclusion—often through personal experience of being vaccinated—that this vaccine was bad news, and this vaccine was dangerous. And most of us didn't warn. Oh, we'd casually suggest, you might want to rethink this and that. But we weren't screaming from the house tops. Most of us weren't making much noise at all. And we can say to ourselves, "Well, it wasn't a safe environment." And it wasn't a safe environment. If you were a doctor, you're going to get your licence pulled. If you're a nurse, you're going to get your licence pulled. If you're at work, you might lose your job. You're certainly going to lose friends and family,

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and people are going to call you a tinfoil hat conspiracy theorist.

And now I think if you are not called a conspiracy theorist for what you are saying, then there's something personally wrong with you, and you need to examine yourself. Because that term was invented to basically turn people's minds off. Because as herd animals, there's nothing more scary to us than being excluded from the herd. And so if they can create a term like conspiracy theorist or anti-vax, then you are subconsciously afraid to even go into that camp. And you will literally close your mind to people that you would identify with those views. You will close your mind because it's a protection mechanism. And the joke is on you because their mind isn't closed. You've closed your mind. The state has manipulated you into not considering other people's opinions. You actually close your mind. That term closed mind: it literally means it is closed. And so, the joke's on you because you don't get to hear another opinion. It's still up to you whether you're going to change your mind. But understand that the minute you—"Oh, this is an anti-vaxxer; this is a conspiracy theorist"—you have been manipulated. The second you feel that, understand that the joke's on you.

But it was an unsafe environment. I've heard people say they were worried about the army going door to door and dragging people out of their homes and jabbing them. And there was talk about putting unvaccinated people into camps. In Canada. There was talk about putting unvaccinated people into concentration camps. So yes, people were afraid to speak out. And it's clearly still unsafe to speak because we have witnesses backing out, in April of 2023, from testifying at this inquiry because they are afraid.

But I need you to understand that you need to take personal responsibility now, despite our failures in the past. Because now there are mothers today—today—taking their children to be vaccinated in Canada. That's happening. And it's happening because you're not screaming loud enough. You're not screaming at all. You're not speaking. You're still cowed. You're staying silent. There are vaccine-injured persons that could be directed to resources that can assist them, mitigate what they're suffering from. And we're not telling them about it because we can't have the conversation yet. And so, the reality is, and you're

not going to like this, but people are going to suffer and die unless you start taking personal responsibility and start shouting. So stop being afraid. And stop being intimidated. Or you are complicit going forward in injuries and death that happen, when we all know that this needs to be stopped.

Remember, I spoke—I believe it was in Toronto—about how the police state relies upon you for their participation. It can't happen. The lockdowns can't happen unless you stay in your house, unless you're cowed and stay in your house. And I'm not saying if— You know, if we're having a pandemic hit us and we're not sure what's happening and the government is actually being truthful with us and saying this or that might help, my gosh, we'll all act responsibly.

But it wasn't that long where it had to be clear to anyone with two firing neurons that there's something wrong. One day we're wearing masks; we're locked down; this is all afraid. And then the government just says, "Oh, it's lifted." And now, a second later, we're safe. And, "Oh, we don't need these restrictions. We don't need to show our police state identity papers to access a service."

But it's your compliance. It's you cowering in your home. It's employers requiring passports for your customers to come into businesses. Are you kidding me? You actually did that? You participated? You actually acted as the state. You were the police officer forcing citizens to participate in a police state ritual. Shame on you. And the employees that did it. The employers couldn't do it if the employees would say, "No, I'm not doing that." We just have to stop complying. That's the problem. You need to understand that, as mad as you are of what you experienced: It happened because of you. Because you let it happen. And you need to stop complying regardless of the cost. And you've been complying because you've worried about the cost.

Now, I want to get personal.

[00:20:00]

I want you to think about something I'm going to say, because for almost everyone who hears this, you're going to go, "Yeah, I felt that." And I'm going to suggest to you that sometime in your life, you felt that you were here for something important. You felt there was something bigger going on, that you were actually here to do something very important for everyone else. And then as your life went on, and you got busy with going to school and work and supporting the family, and you know, the real issue is how do you make the boat payments and stuff like that. We're all distracted with the bread and circuses. You might have found yourself even thinking back to how you felt you were here for something important, going, "Well, that must have been my imagination. Because clearly the way my life is manifesting, I'm not here to do something important."

I want to share with you something that's been kept secret from you. That feeling you had that you were here for something important is true. It's true. You are here to do something very important. And right now, you get to decide: Do our children, do our grandchildren? Their fate's in your hand. It literally is in your hand, the fate of your children and grandchildren now are in your hand. It's decision time. Are they going to be free? Or are they going to be slaves?

And there's only one way to decide. You have to decide. You don't get a choice. You can't sit on the fence because sitting on the fence is a decision for the police state. And you don't get

to decide by making a conscious decision, “Oh, no, my kids are going to be free.” If you think that’s going to make them free, you’re still under the spell.

And when I talk about the spell, we hopefully will have a witness come and testify here, during these proceedings in Saskatoon, whose mother had gone to Shoppers Drug Mart to get vaccinated. And there’s a whole line of people behind her mother. And after her mother was vaccinated, for that 15-minute waiting period, is just standing there. And the line is still proceeding, getting their shots. And she dies. A news report I read even reports that she was dead before she hit the floor. She just dies. You know what’s shocking about that? Is that line of people waiting to get the shot stayed in the line and kept getting the shot. Did you hear that? They just witnessed somebody fall to the floor; likely, the person died before they hit the floor. And they stay in line and continue getting the shot. That’s a spell. Now that spell is being dissipated.

That’s what not taking action does: People stay asleep. They stay under the spell. And if you continue to do nothing, you are actively doing exactly what the police state wants you to do. But you want to know what the opposite of doing nothing is? Because doing nothing is your decision to work for the police state. That’s your decision. There’s no “on the fence” here. You’re for the police state 100 per cent or you’re against it 100 per cent. What’s the opposite of doing nothing? Doing everything.

And so you get to decide what type of a country we have, what type of a future our children have. And your choice is to do it all, to give everything. And so I’m inviting every Canadian, every person in the world to stop being afraid, to wake up, and to stand for freedom regardless of the cost.

Freedom is not free. But it’s worth the price.

[00:24:33]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 1: Dr. Francis Christian (Parts I and II)

Full Day 1 Timestamp: 02:08:36–03:09:51/05:48:40–06:26:09

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

PART I

[00:00:00]

Shawn Buckley

Now, I'd like us to segue into our first witness who we're very, very pleased to have with us this morning, Dr. Francis Christian. Dr. Christian, thank you for joining us this morning.

Dr. Francis Christian

Thank you very much.

Shawn Buckley

Dr. Christian, I'd like to ask you, first of all, if you would state your full name for the record and spell your first and last name for the record.

Dr. Francis Christian

Yes. My first name is Francis, F-R-A-N-C-I-S, and my surname is Christian, C-H-R-I-S-T-I-A-N.

Shawn Buckley

Now, Dr. Christian, you have been a surgeon for over 30 years?

Dr. Francis Christian

I have. Twenty-five years, actually.

Shawn Buckley

Okay, I'm sorry. And you actually were Professor of Surgery at the University of Saskatchewan.

Dr. Francis Christian

Yes, I was Clinical Professor of Surgery in the University of Saskatchewan. That's right.

Shawn Buckley

And although you were a professor of surgery—so you're teaching other doctors how to become surgeons—you continued to be a surgeon yourself at the same time.

Dr. Francis Christian

Correct. If I may, I can just tell you very briefly what I was doing in the University of Saskatchewan.

Shawn Buckley

Yes, please do.

Dr. Francis Christian

Yes. So my roles there could be thought of in three parts. The first was as a surgeon, like you said. I did general surgery, trauma surgery, cancer surgery, that sort of thing, thyroid surgery. I have a fellowship of the Royal College of Surgeons of Edinburgh and a fellowship of the Royal College of Surgeons of Canada.

The other parts of my role: As Clinical Professor of Surgery, I was very involved in data analysis and evidence-based medicine analysis. I taught medical students and residents how to critically read journal articles, how to make sense of the data. I gave many presentations. I regularly published peer-reviewed articles.

I was also director of the quality and patient safety department in the Department of Surgery. And in that role, I introduced the department to the National Surgical Quality Improvement Program, which is a very data-intensive program. I also, with the Computer Science Department in the university, developed an app for iPhone and Android, which is still being used, I believe, throughout Saskatchewan for improving quality by recording morbidity and mortality.

In addition, the third part of my role as Clinical Professor of Surgery was in ethics and in the humanities. I was director of the Surgical Humanities Department, which I founded, and was the founding editor of *The Journal of the Surgical Humanities*, which has a worldwide circulation. I had the privilege of being the lead author of the Canadian Association of General Surgeons' position statement on professionalism.

Shawn Buckley

So you come here today speaking about how colleges have treated doctors and how doctors have acted with quite the experience and authority behind you. I will just advise the commissioners that we have Dr. Christian's CV entered as Exhibit SA-3.

Dr. Christian, can you tell us, as this COVID pandemic started to come across or be imposed on us or experienced, what your initial thoughts were? And then if your initial thoughts changed? So I'm just kind of asking you to share your first part of your journey with us.

Dr. Francis Christian

When the whole thing started in 2020, I initially thought I should give the government a bit of a rope. It was supposed to be a new virus and let's see what they come up with. But towards the end of April, the beginning of May, I started seeing signs of what I had learned in my studies, historical studies, of what happened in the Soviet Union.

You see, when I was a teenager, I read a very influential book. It's called *Tortured for Christ* and it's by Richard Wurmbrand. And essentially, he talked about how the Soviet Union,

[00:05:00]

with its tyranny, was able to exert this control over millions of people, including this pastor Wurmbrand. And I decided at that time that I would make the study of the Soviet Union a part of my life journey.

I saw certain things which were very reminiscent to what was happening in the Soviet Union 50, 60, 70, 80 years ago. And that is censorship, the media becoming an arm of the government instead of holding government to account. I saw prominent scientists being censored, deplatformed. Words like "disinformation" crept in and that was straight out of the Soviet playbook. In fact, it was the Soviet Union that invented that word. "Disinformation" was actually a Stalinist term.

So I saw that. I saw some of the scientists that I had known about before COVID as prominent scientists—people like Paul Marik, whose work in the ICU was known to me even before COVID—were being censored. Pierre Kory was being censored. His *Point of Care Ultrasound* book is still being read by people in our hospitals here.

So then I decided to look at the data and none of it made any sense at all. And I tried to influence my colleagues. You see, as a surgeon you work with anesthesiologists and anesthesiologists often also work in the ICU. So I would engage them in conversation. I would ask them about the data, query them about the data, and then try and steer them in the way of the data. And I wasn't making much headway.

And then in the spring of 2021 the government rolled out the COVID injection to our children. And that was being done in what I would call "warp speed." And I decided that I couldn't stay silent anymore because children don't have voices and we have to be their voice. So I had a press conference in which I asked for something which shouldn't really be controversial. And that is informed consent. I pointed out what informed consent in the COVID-era looks like and what informed consent for the injection should look like.

And I had this press conference, which was actually well-attended by the local press. And one week later, I was called into a meeting and fired from my contract. And that is more or less my story.

Shawn Buckley

I'll just stop you there. My understanding is there were five doctors that participated in that press conference.

Dr. Francis Christian

No, there was me. I think you're talking about a video—

Shawn Buckley

Oh, yeah. I'm talking about the video. I am. So please tell us about that.

Dr. Francis Christian

Yeah, so the press conference was just me and another doctor who I hope will be here or is here: a good friend of mine, Dr. Chong Wong, who's a family doctor. And he also spoke at the press conference.

Shawn Buckley

What was the response to that? Well, first of all, tell us about the video and the response to the video.

Dr. Francis Christian

Well, the video itself was about a week before the press conference and that wasn't a factor in my firing—not according to that meeting and not according to what they've produced afterwards. Essentially, that was a video with five other physicians as well; that was just talking about the science around the COVID pandemic.

Shawn Buckley

Right. And to be more specific, it would be talking about the science that was not being reported by the mainstream media.

Dr. Francis Christian

That as well, yes.

Shawn Buckley

Right. So the purpose of the video was to get truthful scientific information to the public?

Dr. Francis Christian

Absolutely.

Shawn Buckley

I understand you ended up writing a letter after the video and— David, can you pull that up on the screen? I want to read, basically, your last two paragraphs from your letter. Just so that people watching understand the types of things that you were saying.

This is a June 12th, 2021, letter. It will be posted as Exhibit SA-3a on our website. Dr. Christian, you write:

[00:10:00]

"For many months during this pandemic, I have tried to influence the system from within and have not made any public statements. My decision to make the video that has generated so much interest is a direct result of the vaccine being rolled out at 'warp speed' to our kids. Not even a semblance of full and accurate informed consent is being made available to parents or children— and kids are being induced and incentivized to get the 'shot' in schools even without parental knowledge or consent.

Any attempt to silent physicians is destined to fail. The Nuremberg Code specifically makes the acquiring of informed consent an absolute requirement in the care of our patients. The Declaration of Canadian Physicians for Science and Truth, which I signed, together with my Ontario physician colleagues and concerned members of the public, is already at 16,000-plus signatures. As the Declaration points out, any attempt to stifle physicians and their pursuit of the solemn duty and obligation of informed consent may itself constitute a crime against humanity."

Can you just explain for us that last paragraph?

Dr. Francis Christian

Yes, the Nuremberg trials were essentially held after the Second World War in order to make sure that such a thing never happens again. And the doctors' trial was kind of a subset of the Nuremberg trials. And after that there was the Nuremberg Code that was published, which made sure that no experiment can be done on anybody without proper informed consent.

At the time of this letter, at the time of this press conference that I had, and even to this day, I believe it is still an experiment: a massive experiment on a large scale, on a population which hasn't been given the information for informed consent. You can only give informed consent if you have the information for informed consent. And so I pointed out that that Nuremberg Code was being violated. And therefore that violation could constitute a crime against humanity.

Shawn Buckley

My understanding is that the lessons from the Nuremberg Code and basically the need for informed consent, which requires both an understanding of the benefits and the risks, has been incorporated into codes of conduct for physicians and for pharmacists and for nurses in Canada.

Dr. Francis Christian

Yes, I think you're absolutely right. The Nuremberg Code has informed several other codes and several other statements of professionalism and ethical behavior for physicians, nurses, pharmacists, and so on. Yes.

Shawn Buckley

Now, you were telling us earlier that after the press conference, you were basically fired. Can you share with us a little more about that? Are you meaning you actually were fired as a surgeon? Were you fired from all of your responsibilities?

Dr. Francis Christian

Yes, I was fired from my contract. And because I was fired from my contract, I essentially lost my directorships as well.

I really don't know how they thought that firing me from the Director of the Surgical Humanities was going to serve the public. Because the reason I founded that department is so that the medical students, residents, surgeons, nurses can be brought into contact—can engage—with the humanities, with art and literature, poetry, drama and so on. Because my contention was, you can't really be a good surgeon or a good doctor of the human being without knowing the human story. So firing me from that position: I have absolutely no idea how that served the pandemic management purpose.

But I have to say, that particular meeting was very much— People have asked me, "Were you shocked? Surprised?" And I wasn't, because I had studied the Soviet Union.

[00:15:00]

I was very disturbed. And there were many tribunals that were set up in the Soviet Union for the show trials. And in my presentation, I'm going to talk a little bit about that too. So I was not shocked, but I was very disturbed.

Shawn Buckley

Yes, and actually I'll invite you to go into your presentation [Exhibit SA-3c]. You've prepared some themes that you wanted to share with us and I invite you to do that now.

Dr. Francis Christian

I'll go into my presentation straight away. I think I would prefer just to go through the presentation and then I could answer questions from the commissioners after that, and from you, Mr. Buckley.

I want to thank you for giving me this opportunity to give my expert witness testimony for an event which I think will be a major historical event in the life of our nation. Because when this time is written about and spoken about, there will be a record.

The scope of my testimony is essentially going to be about our children and the COVID-19 vaccine, the suppression of early effective treatment, and how are vaccine injuries reported in Canada.

Now, before I go into that, I just want to make some preliminary remarks on the use and abuse of data by our health authorities and our governments. "Data, give me data" is actually from Sherlock Holmes and it was told to Watson. In the age of COVID it should be, "Data, give me *transparent* data." And data should not be used to frighten the people; the truth always comes out. Data should not be used to manipulate the population; the population pays the salary of public health officials, physicians, and politicians. And finally, data should not be used to obscure the real data; there will be a price to pay. And there's one more point: data should be transparent and consistent and verifiable.

Very quickly I'm going to go through some of the manipulation and obscuring of data that took place. This is Alberta data: diagnosis of COVID after the first dose. And for three weeks at least after the first dose in Saskatchewan, this group of people would be called

unvaccinated. And if you look at that graph, the peak of cases is at 10 days after the first dose. In Saskatchewan and most provinces, they would be unvaccinated.

Again, what about hospitalizations after the first dose?

Shawn Buckley

I'll just stop you, so that people understand. When you say unvaccinated, you mean for the public statistics.

Dr. Francis Christian

Yes.

Shawn Buckley

So when they're reporting on TV, "Oh, we had 20 million COVID cases this week, run and hide, and get vaccinated—" that 20 million could be all vaccinated people because their definition of vaccinated is basically 14 days after. Now in Alberta, my understanding is you were unvaccinated for statistics purposes until 14 days after your second dose, and there could be a long wait. Was that the same with Saskatchewan?

Dr. Francis Christian

I believe it's similar in Saskatchewan, yes.

Shawn Buckley

Okay, and I'm sorry for interrupting. I just thought that was important for people.

Dr. Francis Christian

And this is— Once again it's Alberta data, because we don't have Saskatchewan data released yet. And shouldn't the public, here too, know this really important group of data? I think so. So here again, hospitalizations after the first dose: it peaks at five to 15 days after the first dose. And in Saskatchewan, such a person would be called unvaccinated.

What about deaths after the first dose? These are Alberta statistics again. In Saskatchewan, we don't have this data. Notice that death peaks at 12 days after the first dose of the vaccine. In Saskatchewan, again, unvaccinated.

I'm just going to run through data, which I believe was manipulated and was given to us in a way that was meant to deceive us. And this is lifted right out of the annual Saskatchewan Health Authority report, page 15.

[00:20:00]

And this tells us about COVID-19 and ICU beds. And if you look at that circle there, it looks at ICU bed discharges and visits before the pandemic. And then, if you look at ICU bed discharges and visits during the pandemic, it is actually less, significantly less. So you remember they were trying to scare us by saying, "Our ICUs are being overcrowded and you have to get vaccinated, otherwise our ICUs will be overwhelmed." Now, there may be

some other explanation for it, but on the face of it, the numbers do not lie. The ICU utilization before the pandemic was actually more than during the pandemic.

Now, what about throughout Canada? Many members of the public do not understand the ICU bed is not a physical bed. An ICU bed is nursing, physician and other staff required to staff a bed. And during the pandemic, was the real ICU bed shortage a shortage of staff with burnout, sick leave and so on? And were patients admitted to the ICU with COVID or because of COVID? And there's a big difference there. And how many co-morbidities did the average ICU patient have?

What about ICU bed usage in Canada before and after the pandemic? And this is CIHI data, Canadian Institute of Health, and essentially it tells the same story. On the left of your screen is ICU bed admissions before the pandemic. On the right of the screen is during the pandemic. And in fact, ICU bed admissions during the pandemic was less than before the pandemic.

Okay, with that introduction about the data, I'm going to get into the meat of my presentation. And the first subject I'm going to speak about is our children and the COVID-19 injection or vaccine.

I want to remind the public that Pfizer has a criminal history. This is in fact from the Department of Justice United States website. And it talks about how the Justice Department announced the largest healthcare fraud settlement in its history. Fraud settlement, \$2.3 billion for fraudulent marketing.

Exhibit 2: "Pfizer to pay \$325 million in Neurontin settlement," "defrauded insurers and other healthcare benefit providers by marketing Neurontin" in a fraudulent way. "Pfizer Admits Bribery in Eight Countries." "For three years, Pfizer Italy employees provided free cell phones, photocopiers, printers, televisions to doctors, arranged for vacations (such as 'weekend in Gallipoli,' 'weekend with companion' and 'weekend in Rome') and even made direct cash payments (under the guise of lecture fees and honoraria) in return for promises by doctors to recommend or prescribe Pfizer products." It happened in Italy, Bulgaria, China, Croatia, Czech Republic, Russia, Serbia, Kazakhstan, and I'm sure in many other countries, too.

Now, by summer of 2021, and actually much before that, it was obvious that there was more than a 1,000-fold mortality risk difference between children and the elderly. What that means is that if you're very young, you had more than a 1,000-fold less risk of dying than if you were very old. And there was the study from England that showed "SARS-CoV-2 is very rarely fatal, even with underlying morbidities," among children. In Germany, with 80 million people, this November 2021 study showed that there was not a single COVID death in children. And my contention still is that this should be, have been, in every informed consent discussion.

So what is the risk of COVID for children? In fact, there's a statistically zero risk of dying of COVID—less than the annual flu. There's 10 times less risk of dying of COVID for a healthy child than of a car accident.

[00:25:00]

Now teachers kept saying, "Oh, we are scared that they will infect us." In fact, there were studies in multiple countries, including this one from Scotland, that showed that teachers

are safer than the general public. And so healthy children do not need/did not need the mRNA injection, which has never been used clinically in humans before.

So for a zero-risk-of-dying children's disease, what are the risks of the mRNA injection? You see, myocarditis is only one of the many vaccine harms that the data is showing. There's also paralysis, transverse myelitis, Bell's Palsy, strokes, pulmonary embolism, and a whole lot of other adverse events.

On the left, you see this very, very sad and tragic case of Maddie de Garay, a child who had paralysis waist down, being tube fed after Pfizer mRNA injection. And this girl is actually in Pfizer's own data, but Pfizer is refusing to acknowledge it.

Now the captured media says that these adverse events are rare, or very rare. What is rare? One in 10,000, one in 5,000, one in 250? Remember the COVID-19 virus poses no risk of dying of COVID for your healthy child. "Rare" is only up to the point it affects your own child. And I defy any decent human being to watch that video in that link I've put up there, and not cry with this father, Ernest Ramirez, who lost his 16-year-old son from myocarditis from the vaccine.

What is the mortality after myocarditis? We've been bombarded by the media with stories about "mild myocarditis." In fact, we know the mortality long-term. From studies in Germany, which showed that the 6.5-year mortality was 20 per cent, 20 per cent are dead after 6.5 years. The Korean study showed that 25.5 per cent with myocarditis are dead in 10 years. There's no such thing as mild myocarditis.

How many myocarditis present to hospital? In various studies, there's one in 2,500, one in 6,000. And in the Thailand study, where they actually looked for myocarditis, it was one in 250. But many myocarditis cases will not present to hospital but will still have damaged heart muscle. So what is the observed mortality of myocarditis? We know it's 20 per cent at 6.5 years and 25.5 per cent at 10 years. What don't we know about the other medium- and long-term effects of the mRNA injection?

So what should informed consent for children look like? The risk of your child dying of COVID is almost zero. The vaccine has a new gene technology that has never been used clinically before. The vaccine was approved using emergency-use or interim-use authorization. It is experimental. Its medium- and long-term effects are unknown. To qualify for emergency-use authorization, there must be an emergency. There is no emergency in healthy children. Children are of no danger to adults. There are thousands of deaths associated with the vaccine. Myocarditis is a serious condition and can be caused by the vaccine. Its real incidence is unknown. It could be 1 in 5,000 or 1 in 250 or even commoner. Myocarditis can be fatal. Many other serious vaccine adverse events are happening. And the risk of the vaccine for a healthy child is likely more than the risk of COVID. That, in my view, should be the minimum information for informed consent and this has not changed since my press conference in June 2021.

But there is a farce that is underway—of informed consent in Canadian children. This is thanks to the good folk at SASK ALLIANCE, and I've put the link there for those who want to go to their website. And these are documents through freedom of information requests.

[00:30:00]

On the left you see consent for COVID-19 vaccine for children. And I want you to concentrate on this, "It is recommended that parents/guardians discuss consent for

immunization with their children. Efforts are first made to get parent/guardian consent for immunizations. However, children 13-years-old and older who are able to understand the benefits and possible reactions”—reactions, what does that mean? Does it mean death? Does it mean adverse events?—“for each vaccine and the risk of not getting immunized, can legally consent to receive or refuse immunization in Saskatchewan.”

So this is a farce. Because if you’ve seen my previous slide, which 13-year-old can understand all the things that needs to be understood? I haven’t met a 13-year-old who can understand even half of what is required to be understood for informed consent.

As part of the informed consent process in Saskatchewan, they were directed to the vaccine information sheet. As far as I could find out, this was the vaccine information sheet. And what they say here is, “People who are vaccinated may experience mild to moderate side effects.” I don’t know if you can call death a mild to moderate side effect, or paralysis a mild to moderate side effect, or myocarditis. “They are minimal for most people and should go away in a few days.”

Death doesn’t go away. And apparently this mantra: vaccines are safe and effective. But as we know, these are all the things that should be there in informed consent, but wasn’t. And that hasn’t changed.

So my question for parents is: Should you trust your children to a company with a criminal history? That illustration on the right is from the great work of the British illustrator and cartoonist, Bob Moran. I’ve put his website in the link there. It shows a plucky little fellow hiding behind his mother who is standing up bravely to the COVID criminal enterprise. But I want to tell the commissioners, Mr. Buckley, the public: My efforts, our efforts, our campaign to inform and educate parents and keep our children safe has worked. Much more work remains to be done but we are winning. Millions of mothers all over the world have not believed the narrative of the COVID criminal enterprise and have heroically kept their children safe.

My question for the Government of Canada, the provincial governments, their agencies and their operatives, and for corrupt legacy media: Why do you want so desperately to inject our children with a dangerous vaccine that they do not need?

And now I’ll go into the second part of my testimony, which is the suppression of early effective treatment of COVID-19. And ivermectin, mind you, is only one of several different medications, drugs, and supplements that have been shown to be effective. But I’m taking this example anyway. So I’ll try and tell you what happened, why it happened, and why it must never happen again.

On the right, bottom, you see the discoverer of the group of materials that later became ivermectin, the avermectin, Satoshi Omura. He won the Nobel Prize in 2015. It was commercialized as ivermectin in 1981 and since 1987, it has been used in billions of patients around the world to combat parasitic diseases. And 100 million doses of ivermectin are administered every year. It’s a very safe drug and it’s safer than Tylenol. It’s actually in the WHO’s “essential medicines” list. Ivermectin before the pandemic, the patent had long expired. It cost less than 10 cents in most countries to produce and sell. And even at that time it was being approved for uses that were off-label.

Now, off-label means that the physician, using his or her own judgment and the sacrosanct patient-doctor relationship, is able to prescribe a drug for off-label use.

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And a study showed that 20 per cent of all prescriptions in the U.S. are off-label; fifty per cent of all pediatric prescriptions in Europe are off-label.

The antiviral effect of ivermectin had already been shown for a range of viruses, including the dengue virus, the HIV virus, the encephalitis virus, and a range of RNA viruses. If you look at these studies: This one shows that ivermectin is a specific inhibitor of the replication of HIV and dengue virus, 2012 May. It shows, again in 2012, that ivermectin is an inhibitor of viral activity, new prospects for an old drug. And this is actually a very good article which is titled, "Ivermectin: enigmatic and multifaceted 'wonder' drug continues to surprise and exceed expectations." Again, before the pandemic. During the pandemic, the antiviral activity of ivermectin was actually noted against the COVID-19 virus in April, 2020.

And what about ivermectin in clinical trials? Many of you will know this website. It's from the FLCCC [Front Line COVID-19 Critical Care Alliance] website and it shows that ivermectin for COVID-19 has massive beneficial effects in COVID-19 for prophylaxis, for early and late treatment: 82 per cent, 62 per cent, 42 per cent and so on. So during the pandemic, we had no effective, approved treatment for at-home outpatient treatment. Ivermectin is one of the safest drugs known to mankind. It had already shown antiviral activity, including against the COVID-19 virus. It was showing remarkable efficacy to save lives in real-world clinical trials. Even if some studies did not show benefit, it was a safe drug to use. It was the logical drug to use for early, effective treatment.

But what actually happened is that the pharmaceutical companies started a campaign against ivermectin. The media came down on ivermectin like a ton of bricks. They were writing articles that were supposed to be done by "fact checkers." But in fact, the "fact checkers" were not doctors at all; they were mostly young people with basic undergrad degrees. And Matt Taibbi of the Twitter Files fame actually wrote an article on this, "Why Has 'Ivermectin' Become a Dirty Word?"

What happened in Canada with ivermectin? Doctors were suspended for using ivermectin. Ivermectin became scarce, probably because imports were stopped. Pharmacists refused to dispense ivermectin, even with a doctor's prescription. And pharmacists reported doctors and are reporting doctors for prescribing ivermectin. And the captured Canadian media campaigns vigorously against ivermectin.

Shawn Buckley

Doctor, can I just stop you there? Has it ever happened before where pharmacists were refusing to fulfill prescriptions written by medical doctors and reporting medical doctors to their colleges?

Dr. Francis Christian

Never. The pharmacist will sometimes call me, or call a doctor, and say, "I want some clarification and is this what you had in mind?" And that's the extent of the query that the pharmacist does to the physician.

Shawn Buckley

Okay, so this was an extreme change in behaviour.

Dr. Francis Christian

This was unprecedented. Absolutely.

Shawn Buckley

Thank you.

Dr. Francis Christian

Meanwhile, the FDA [Food and Drug Administration] put out this completely ridiculous, cartoonish thing: "You are not a horse. You are not a cow. Seriously, y'all. Stop it." As if they didn't know that it was being used all over the world in human beings. And meanwhile, *The Hollywood Reporter* is slamming Joe Rogan: "Joe Rogan Says He Tested Positive with COVID-19, Takes Unproven Horse Dewormer." And there was only one contrary article in *The Wall Street Journal*: "Why Is the FDA Attacking a Safe, Effective Drug?" After all, it is a safe drug. Let's say there was no overwhelming proof it works, why not try it?

Why the war against ivermectin? And to answer that, ask yourself the following questions: If there is a safe, early, effective treatment, why a vaccine? If there is safe, early, effective treatment,

[00:40:00]

why emergency- or interim-use authorization for a vaccine? And if there is safe, early, effective treatment, why the lockdowns, the masks, the school closures, the business closures? And if there is a low-cost, safe, early, effective treatment, where are the billions to be made by Big Pharma?

So follow the money. COVID vaccine profits minted nine new pharma-billionaires. And Pfizer's 2022 revenue from the vaccines was a record \$100 billion. The money that can be made from ivermectin? Zero.

Now, this is a very disturbing article that came out in *The British Medical Journal* last year. It looked at what percentage of the regulatory agencies in various countries—in other words, the agencies that approve drugs and vaccines—are actually financed by the industry itself. You heard that right. What percentage of the regulatory agencies, like Health Canada, are financed by the industry they're meant to regulate?

And this is the table from that article. Canada is right on the right side, and Australia, Europe, UK, Japan, USA. You'll notice that Health Canada's budget for approval and so on is massive per Canadian, compared to other countries. But more than half of its budget comes from the industry itself. Conflicts of interest, they're not made available to the public. And the regulator routinely receives patient-level data sets? No, in Canada. In other words, Health Canada simply believes whatever the vaccine company or the drug manufacturer tells them. And not surprisingly, 83 per cent of the new drugs are approved.

This is truly disturbing and bizarre. The industry—that is, Big Pharma—that the regulator, Health Canada, is meant to regulate, gives money to the regulatory agency, Health Canada. As Shakespeare would say: Not a rose, but a bribe by any other name smells just as sweet to Big Pharma. And if you want to know the Canadian implications of this, you can go to that article, which I have in my slide.

Follow the money. On the right you see this very ethical, very intelligent woman who is a physician and former editor-in-chief of *The New England Journal of Medicine*, one of the premier journals in medicine. When she retired in 2000, she wrote a book: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. And I quote from the book. “Now primarily a marketing machine to sell drugs of dubious benefit, big Pharma uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself.” And also from the book: “It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I’ve reached slowly and reluctantly over my two decades as an editor of the *New England Journal of Medicine*.” – Marcia Angell.

Now, it turns out that the present editor of *The New England Journal of Medicine* is also in the advisory body of the FDA approving the vaccines.

And finally, the last part of my presentation is the COVID vaccine-injured Canadian. I want to start with the COVID vaccine-injured American. They have a simple web-based form. I quote from the VAERS [Vaccine Adverse Event Reporting System] website: “VAERS accepts reports from anyone. Patients, parents, caregivers and health providers are encouraged to report adverse events after vaccination.” Now remember: this is a simple web-based form.

Now, what about the COVID-vaccine-injured Canadian? Unlike an American, a Canadian citizen cannot directly report a vaccine injury to Health Canada, or even to the provincial public health agency. Don’t take my word for it. This is from Health Canada itself, and it says, “Should you experience an adverse event, please talk to your doctor.”

[00:45:00]

Okay, so step one is find a doctor. Not always easy for a Canadian.

Step two, get the doctor to believe you. Again, in the COVID-era, we know that most doctors don’t believe patients. And you have to get the doctor to accept your injury’s related to the vaccine and agree to file a report.

Okay, let’s say you find such an ethical, compassionate doctor; believes you, accepts the vaccine injury, wants to file a report. He’s confronted with a complex, nine-page PDF form, which he has to download from Public Health Agency of Canada. And the user guide to complete the form runs to 40 pages on how to complete the form.

Okay, so the compassionate, ethical doctor is found; he believes you or she believes you, **fills out the nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency. And in Saskatchewan—this is again from the Health Canada website; you’ll notice that the address to send it to is given there—the Saskatchewan Ministry of Health, Population Health Branch. But there’s no fax number and no email address. You have to send it by snail mail.**

Okay, step five. Compassionate, ethical doctor found, believes you, fills out nine-page PDF form with 40 pages of instructions. Doctor must send form to provincial health agency. The public health official must then approve the vaccine injury. This step is a mystery to me and to almost everybody. If not approved, the vaccine injury report is stopped cold. Remember, this public health official, who has to approve it, has not even seen the patient.

Shawn Buckley

And would that person be a medical doctor?

Dr. Francis Christian

You know, I don't know. I believe it is, but it's a mystery.

Compassionate medical doctor found, believes you, fills out a nine-page PDF form with 40 pages of instructions. Then the doctor must send the form to the provincial health agency; then the Public Health official must approve the vaccine injury. This step is a mystery. If not approved, the vaccine injury report is stopped cold in its tracks. And then, if the provincial Public Health official approves, the vaccine injury report is sent to Public Health Canada and entered.

What are the conclusions? The Canadian vaccine injury reporting system is convoluted and broken. There are major roadblocks and impediments to reporting at every step. It appears to be designed to actively discourage reporting. It is failing the citizens of Canada. There is an urgent need for an independent, accessible, robust, and patient-centered vaccine injury reporting system.

And I'll conclude my testimony with a few important observations. What is an expert and what is a consensus? The progress of science depends on debate, comparison, dissent, and the pursuit of truth. There are always experts on both sides of a debate. An opinion, even a majority opinion, cannot be called a consensus. There is no consensus in the COVID-19 pandemic. And you see— Can I run this two-minute video?

Shawn Buckley

You can.

Dr. Francis Christian

The experts were very wrong.

[Video] Bill Gates

During 2021, we should be able to manufacture a lot of vaccines and that vaccine, a key goal is to stop the transmission; to get the immunity levels up so that you get almost no infection going on whatsoever.

Everyone who takes the vaccine is not just protecting themselves, but reducing their transmission to other people and allowing society to get back to normal.

[Video] Rochelle Walensky, CDC

We can, kind of, almost see the end. We're vaccinating so very fast. Our data from the CDC today suggests, you know, that vaccinated people do not carry the virus, don't get sick.

[Video] Rachel Maddow, MSNBC

Now we know that the vaccines work well enough that the virus stops with every vaccinated person. A vaccinated person gets exposed to the virus, the virus does not infect them. The virus cannot then use that person to go anywhere else. It cannot use a vaccinated person as a host to go get more people. That means the vaccines will get us to the end of this.

[Video] Dr. Monica Gandhi

Essentially, vaccines block you from getting and giving the virus.

[Video] Joe Biden

Fully vaccinated people are at a very, very low risk of getting COVID-19.

[00:50:00]

Therefore, if you've been fully vaccinated, you no longer need to wear a mask.

[Video] Dr. Anthony Fauci, NIAID

When people are vaccinated, they can feel safe that they are not going to get infected.

We have all the vaccines we need. We just need our people to take it. A, for their own protection, for the protection of their family, but also to break the chain of transmission. You want to be a dead end to the virus, so when the virus gets to you, you stop it. You don't allow it to use you as the stepping stone to the next person.

I think, given the country as a whole, the fact that we have now about 50 per cent of adults fully vaccinated, and about 62 per cent of adults having received at least one dose, as a nation, I feel fairly certain you're not going to see the kind of surges we've seen in the past.

[Video] Joe Biden

If you're vaccinated, you're not going to be hospitalized, you're not going to be in an ICU unit, and you're not going to die. You're okay. You're not going to get COVID if you have these vaccinations.

Dr. Francis Christian

So the experts, as you saw, were very wrong. And the other experts, it turns out, were correct. "Vaccines for all" was not the way out of the pandemic. This was the days of Delta. And it also showed that the vaccine viral load was actually the same. The COVID-19 viral load was the same in the vaxxed and the unvaxxed. And it showed that countries that were highly vaxxed (100 per cent vaccination, 99 per cent) were also getting the highest counts of new COVID cases.

And what is "misinformation" and "disinformation" in science? Both terms were used extensively in government propaganda in the Soviet Russia and in Nazi Germany. It cannot be that "I don't agree with you" equals misinformation or disinformation. If you don't agree with me, debate, discuss, and disprove me. That is the way of science.

On the right of your screen there is a virologist, viral immunologist, anti-virus vaccine developer and Canadian hero, Dr. Byram Bridle. And this is what he said in his recent Substack: "Over the past three years, not one person who has accused me of disseminating mis- or disinformation relating to COVID-19 has ever offered me the courtesy of a conversation prior to doing so. Not one."

The other thing that was said was that everything was for the common good. Individual and societal evils, which are bad, cannot justify the greater good. And they are fundamentally opposed ideas. But individuals and people, even churches, can be deluded and scared and traumatized into believing that the harm they do is for the greater or the common good. This is the playbook of totalitarian regimes. By repeating the harms, loss of our freedoms and liberties, the common good delusion is normalized and the people become desensitized to harm and evil.

Like in this case: Who doesn't remember the media headlines? "I have no empathy left for the willfully unvaccinated. Let them die." "Unvaccinated patients do not deserve ICU beds." And as a physician and a surgeon, should I be asking the question "What about the willfully obese or the willful smoker? Or do patients with alcoholic cirrhosis deserve ICU beds?" Of course, they do! We don't pass moral judgments in medicine. But government-led propaganda works. "Us and them."

I put this up because the guy on the left was supposed to be supporting the common good by saying that one of the fittest people ever to walk the planet, Novak Djokovic, is a threat to health services. I think that's enough said about that particular— Anyway.

Now I want to talk about Trofim Lysenko of the Soviet Union, who was a geneticist, who Stalin elevated to the head of the science academies. He disagreed with what he called the "bourgeois ideas of the West." And especially also the bourgeois ideas of the Austrian monk, Gregor Mendel. You must remember the Soviet Union was militantly atheistic. And it turned out that Lysenko had a particular view of science.

[00:55:00]

A view where he said that math has no place in biology. And he put the famous geneticist and his mentor, Vavilov, on the right, in prison, where he died.

You can actually look this up, even in Wikipedia. Lysenkoism is, "Only my view of science is the truth. Everything else is conspiracy, false, misinformation." Scientists and physicians were persecuted if they strayed from the official narrative. And in time, this came to include all of science except nuclear physics and space. More than 3,000 scientists were deported to the Gulag, imprisoned, or executed.

Now in the COVID-era, the academy, the university, has played lip service to academic freedom but has implemented academic tyranny. The official COVID narrative, which I call "COVIDism," which has become like a religion, and deeply flawed people like Fauci are the religion's high priests.

Shawn Buckley

And doctor, I'm just going to ask how much time you have left, just because we also want to allow for some commissioner questions.

Dr. Francis Christian

I think it'll be only another two or three minutes.

Shawn Buckley

Okay.

Dr. Francis Christian

This religion has prayers, chants and slogans like, "Vaccines are safe and effective." When faced with evidence to the contrary, they follow it up by persecution. And the free exchange of scientific ideas has been abandoned.

With the licensing bodies, they've become the top police of COVID Lysenkoism. The COVID narrative is the religion, COVIDism. The religion of COVIDism threatens to excommunicate you, i.e., take your licence, unless you recant. And the data and evidence do not count at all. And the persecution is pursued with religious fervor, ostensibly for the common good.

This is my last slide and I want to end this testimony by asking Trudeau, Wuhan, and Fauci, and Pfizer three questions. The preamble to the questions is the lab leak theory, which was once considered a racist conspiracy and which is now considered the most likely explanation.

Question one: What really happened in Winnipeg, Canada's taxpayer-funded Level 4 infectious diseases lab? You will recall that just before the COVID pandemic, two Chinese army scientists, what were they doing in our Level 4 infectious diseases lab? Anyway, they were marched out by the RCMP and deported. We don't know what they were doing. Why is Trudeau hiding the truth from Canadians and going to extraordinary lengths to do so? Was gain-of-function research being done in Winnipeg and then exported to Wuhan?

Thank you very much.

Shawn Buckley

Now, Doctor, I'm going to open you up to commissioner questions. But because we have a virtual witness scheduled in about five minutes, I'm going to ask—if there are further questions—if we could adjourn you and have you come back after the next virtual witness.

Dr. Francis Christian

Absolutely. The PDF of this should be in your record if you want it. So anybody will be able to download it and go to the links. Thank you.

Shawn Buckley

Thank you. So I'll ask the commissioners if they have any questions. And, doctor, if you can still sit down, there may be some commissioner questions.

Commissioner Kaikkonen

I want to thank you for your presentation. I too have read the book *Tortured for Christ* and found the content very insightful.

My question has to do with the Tri-Council Research Ethics Certificate Program. It addresses research ethics and informed consent requirements for minors under the age of 18 and for those persons who are unable to make informed decisions for themselves. And as you suggest in your letters, students were being induced and incentivized to get the shot in schools even without parental knowledge or consent. So my question is this: How do we reconcile that the adults in positions of authority—and I'm referring specifically to school boards, administrators, and teachers—who are taught research ethics as part of their academic credentialing, how they just complied without question, essentially doing what they were told to do to the point of putting our children at risk?

Dr. Francis Christian

That's a very good question. And I'm afraid it doesn't have an easy answer, but I can tell you what is egregiously wrong in the system.

[01:00:00]

And what is egregiously wrong is the school, the authorities in school, the government, even the school boards, take the place of parents. That is a trend that's been happening for several decades actually. It's not a new thing. The state would like to own your children if they could. And this is just another manifestation of that very disturbing trend. I think we need to take education back. We need to make it very clear to government that these are our children, not yours.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

And I think we would need to adjourn. Commissioners, will there be further questions for this witness? So there will be for the witness.

Dr. Christian, if we can have you just basically stand down—

Dr. Francis Christian

Thank you very much.

Shawn Buckley

And we're going to be calling Mr. Steve Kirsch and then we'll have you back for further questions.

[01:01:15]

PART II

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. We are going to commence this afternoon with finishing questions that the panel has for Dr. Francis Christian. And there are questions.

Commissioner Massie

Thank you, Dr. Christian, for your very interesting presentation this morning. I had a couple of questions. The first one is about all of the obstacles for reporting adverse effects following vaccination. We've seen in the States that this system has been put in place—if I'm not mistaken in the early '90s or something like that—when they wanted to make that a practice to report. It's been working for quite some time. I was not aware of the system in

Canada, that it was something that different. So there's been a number of people that have done some analysis, or attempted to analyze, the so-called under-reporting factor that we see in the VAERS data. Some people say it's 100-fold; some people say it's 30-fold, depending on how you do the numbers.

Based on the additional obstacles that seem to exist in Canada, what would you estimate the under-reporting factor to be in Canada?

Dr. Francis Christian

Is my mic on?

Thank you, Commissioner, for that question. I think it's a very important question for Canadians. That study you were referring to is the study that showed that, on a conservative scale, the under-reporting in the VAERS system—the Vaccine Adverse Event Reporting System—in the United States, is that it reports anything from one to 10 per cent of actual injuries. Okay.

Now, when coming to Canada, I think the problem is that about 99.9999 per cent of Canadians don't actually know how a vaccine injury is reported in Canada. As I pointed out in my testimony, the system is convoluted and broken. It's designed, I think, to discourage people from reporting anything at all. Now, is there a way to actually make sure that we can get robust reporting systems in place? I think, yes. But as you know, in Canada, health is a provincial subject. And provinces have to come together and all the premiers and the health ministers have to come together and say: "Our vaccine injury reporting system is lousy. It's not serving Canadians. We need a better system. It has to happen."

If the OpenVAERS system—where any U.S. citizen can actually go to the website, fill in a simple web-based form and report a vaccine injury—if that itself is showing about 90 per cent under-reporting, I would think that our under-reporting is of the order of, what, 99 per cent? Because if you look at the number of deaths associated with a vaccine in the Canadian system, it's something like 460. That's just not possible. Just look at the data around the world and it just doesn't match the data. But we know now why Health Canada has not recorded the deaths: because it's so difficult to record anything. You know, I pointed out in my testimony how difficult it is. And that hasn't changed.

Commissioner Massie

My other question has to do with the so-called, I would say, balance of benefit and risk. And it seems to me that during the COVID crisis, with respect to any potential early treatment, the benefit-to-risk ratio has been tilted towards risk, not benefit. And for the vaccine, it's been tilted the other way around. So are we facing a clear case of double standards here?

Dr. Francis Christian

Very much so, Commissioner. The fact is: the ivermectin example that I ran through in my testimony

[00:05:00]

is just one of several medications, some that are over the counter, that have been shown to have had remarkable efficacy in COVID-19.

I'll give an example. A meta-analysis—where we put all the studies together and we used statistical methods to actually arrive at a valid statistical conclusion—of vitamin D showed that if your vitamin D levels were normal, you had something like 70 to 80 per cent less risk of landing up in the ICU. And that's been repeated in studies all over the world. So all the Canadian government had to do, if they really had our health at heart, was to send vitamin D by mail to every household. And they could have made a huge difference in the pandemic. We know that Canadians, especially in winter, have vitamin D levels that are sub-optimal or deficient in up to 70 per cent of the population. So there are several drugs and combinations of drugs that have been shown in study after study to be useful, which have not been actually taken up.

So to come back to your question: The risk-benefit scales have been tilted so much in favour of benefit and they have been ignored. But I pointed out that that's because there's no money to be made in hydroxychloroquine, ivermectin, vitamin D, and some of these other medications. But there are billions and billions and billions of dollars to be made with the vaccine.

So can greed explain all this? I think it can. Corporations have no morals. I looked at the history of that banana company, I think it's called Chiquita Bananas, in South America. In order to increase the corporate profits, they have engineered coups, massacred tens of thousands of people, all just to generate billions of dollars. So billions of dollars were at stake and all these other medications—vitamin D, hydroxychloroquine, ivermectin—would have made them nothing at all.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Good afternoon, Doctor. Thank you for coming back and facing our barrage of questions. I believe that when you first introduced yourself, you had said that you were involved with ethics in medicine. And my question to you is: Is this concept of informed consent something brand new?

Dr. Francis Christian

No, Commissioner, it's not brand new. It's as old as medicine itself.

Commissioner Drysdale

Okay, and who is responsible to obtain informed consent from a patient?

Dr. Francis Christian

The health practitioner who is administering the intervention or treatment, in this case the vaccine, is responsible for getting informed consent.

Commissioner Drysdale

Do you believe it's acceptable for a health practitioner to follow blindly the orders of the health department? In other words, "I was only following orders"—Is that an excuse for not following this age-old concept of consent?

Dr. Francis Christian

That has never been an excuse. It wasn't an excuse that was accepted at Nuremberg. "Just following orders" has never been an excuse. In medicine, we have to put the patient first. Not an order, but the patient in front of you. "First do no harm" starts with the patient in front of you, or the person in front of you to whom you are going to administer this intervention, the vaccine.

That is an overriding ethic, overriding principle of medical ethics, that should override everything else: putting the patient first.

Commissioner Drysdale

I think you talked about the doctor-patient relationship, or a doctor-patient privilege relationship. Based on what you had testified, did we as a society, did the medical profession allow a third party to get in between them and their patient?

[00:10:00]

Dr. Francis Christian

Yes, very much so. But I have to tell you, Commissioner, that that trend in medicine is not new. The individual judgment of the doctor vis-a-vis his or her patient was always paramount in medicine for hundreds of years. And that's because it was understood that the human body has so many variations in physiology and pathology in the way it reacts to disease, that you cannot generalize in any one particular patient. So the individual doctor-patient relationship was paramount.

But about 20, 25 years ago—I've been teaching medical students and residents all my career—there came into medicine the so-called "guidelines culture." In other words, guidelines would be put forward which are essentially algorithmic guidelines, which work perhaps in a computer but cannot work in a human being with so many variables. The algorithmic guideline culture came into medicine and medical teaching about 20, 25 years ago. So the guideline, in essence, was going in-between the physician and the patient. And who actually made those guidelines? Almost all of them are by industry-funded physicians.

If you didn't know the guidelines, you would fail your exam of course, as a medical student or resident. But the guidelines became like a god. And that came between common sense, ethical medical care. This guideline became a god. I think that explains a lot of things in the COVID debacle as well.

Commissioner Drysdale

So unlike society in general, which was embracing diversity, are you telling me the medical profession was embracing artificial uniformity?

Dr. Francis Christian

Yes.

Commissioner Drysdale

Can I ask you another question? Is there a surplus of surgeons with 25 years of experience in Saskatchewan?

Dr. Francis Christian

I don't think so, and I would say not in most parts of Canada, either.

Commissioner Drysdale

Perhaps this isn't a fair question to ask you, but do you think your removal as an experienced surgeon with 25 years of experience in Saskatchewan hurt the medical community or patient care?

Dr. Francis Christian

Most definitely, Commissioner.

Commissioner Drysdale

Are you aware that we had doctors testify to this Commission that the CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] was not only difficult to report to, but that they had been punished? And one doctor who had reported 10 cases—of which 8 the health officer declined—and he was let go from his position for reporting too many reports to the CAEFISS system?

Dr. Francis Christian

I know the doctor who you refer to and I think it's unconscionable what happened to him.

I think some of the mistakes or the egregious violation of medical ethics that have been committed—I'm not saying this lightly—but some of them must go into the area of criminal liability. If in fact colleges have forbidden doctors from giving medical exemptions and then somebody with a genuine reason for a medical exemption gets the vaccine and dies or gets a serious injury, there has to be liability for that. It's not enough to say that this was just a mistake or they were doing this in error. I mean, even a common-sense analysis of some of the egregious violations of medical ethics should show the public that, in fact, the liability exists for harm to the public from the vaccine.

Commissioner Drysdale

We also had previous medical experts that testify to us that a number of the reported vaccine adverse effects

[00:15:00]

were very similar to the way that COVID-19 affected the body as well, so that it was impossible or very, very difficult to distinguish between the two. Have you heard that or have you got any opinion on that?

Dr. Francis Christian

Yes and no, because there are some vaccine-specific side effects which we know does not occur with the natural infection. And we know for example— Mr. Kirsch pointed out the fact that myocarditis after the infection is actually very uncommon but after the vaccine is exceedingly common.

We know of a big Israeli study that looked at hundreds of thousands of patients and showed that in the unvaccinated, the myocarditis rate was in fact no different from previous years. In other words, there was a steady baseline. But in the vaccinated, we know that myocarditis, and especially in young people, is a specific vaccine-related risk.

There are some other things, like Bell's palsy—that Justin Bieber got and so on—and we know that it was probably the vaccine. But we also know that the vaccine seems to be doing harm in different organ systems.

I'm not saying this is designed to cause harm—I think that question was asked of Steve Kirsch—but if somebody were designing something to cause harm and kill people, this was a genius tool. Because it's so difficult to actually say that this is completely the vaccine's fault unless you do an autopsy. And that's why I think Mr. Kirsch was saying very little is being done in terms of autopsy. It affects so many different body systems that it is actually sometimes very difficult to pin down that this is the vaccine.

Commissioner Drysdale

We heard previous testimony that the process from start to finish—and to my mind finish is putting it in somebody's arm—had serious problems, which may account for some of the variability of the reports. For instance, there were reports of concerns with regard to the technology itself. There were concerns with regard to the manufacturing quality control of the vaccines. And thirdly, there was concern voiced with regard to the actual implementation or putting needles in arms where they were not aspirating.

My question is: Is it possible that a lot of the variation of these reported effects are as variable as they are because there's so many variable issues with regard to manufacturing, actual injection, and the technology itself?

Dr. Francis Christian

Yes, I think that's very possible. Dr. Peter McCullough pointed out the fact that the storage of these vaccine batches needs a particular cold chain where it has to be maintained at anything from minus 30 to minus 10. And if it's not, the lipid nanoparticle, the mRNA and so on, can deteriorate. And therefore, a large proportion of those who are being vaxxed are actually getting duds. And therefore, they are all right. But 15 per cent or so are actually being injected with the real thing and are getting problems.

Commissioner Drysdale

One of the witnesses talked about ivermectin and they talked about the number of clinical studies that were done—peer-reviewed studies, independent studies. Despite that, it was still discouraged, shall we say, by the government. My question is: How many independent, peer-reviewed studies were carried out on any of the vaccines prior to them being injected into people?

Dr. Francis Christian

As far as I know, Commissioner, none. In most of the regulatory agencies, including in Canada, patient-level data was not requested or required.

[00:20:00]

In other words, the regulatory bodies gave approval based on Pfizer's own telling of the results. In other words, let's say you're the Health Canada person—the chair of the vaccine approval committee. Pfizer comes up to you with a list of things that their own trials have shown and you look at that and you have to give approval. But if you ask them, "Can you show me the actual data from individual patients," they don't have to show that to Health Canada. They have to show it to the U.S. FDA, though.

You probably know of the fact that there was a FOIA request, a Freedom of Information request, from the FDA for patient-level data: in other words, individual cases, the actual health records. And the FDA said, "Oh, you know, we can't give it to you because, if we give it to you, at 500 pages every month, it'll take 72 years." And then a judge said "No, you have to do it in two years." And that's actually been very good, because it's giving us good data from Pfizer's own studies that these vaccines were not working and they were actually killing people. But that's not required in the Health Canada system.

Commissioner Drysdale

Were there any studies of these vaccines on pregnant women before they were given to pregnant women?

Dr. Francis Christian

None at all.

Commissioner Drysdale

Were there any specific studies done on children before they were given to children?

Dr. Francis Christian

There were Pfizer-related trials. Those trials were a farce because when we looked at the patient-level data, it showed that those children who were vaccinated actually got more sick. They got more sick and they had more hospitalizations, and Pfizer's own data showed that the myocarditis rate with the vaccine was much higher.

So yes, there were trials—very small ones—of children, but they showed that the vaccine was completely useless and dangerous for kids.

Commissioner Drysdale

Why did they call ivermectin horse paste?

Dr. Francis Christian

Because I think they thought that we were stupid.

Commissioner Drysdale

Well, my next question on that is, isn't penicillin given to horses as well?

Dr. Francis Christian

Commissioner, that's a very good question. Because penicillin, when it first was discovered by Sir Alexander Fleming in England, started being used without randomized controlled trials. So the first randomized controlled trials in medicine were actually done in the 1950s. It was in connection with smoking and lung cancer and they showed there was a clear risk and a clear connection. But penicillin literally saved hundreds of thousands of lives on the battlefield in World War II, before there were randomized controlled trials.

Now in the case of ivermectin, not only were there randomized controlled trials that showed huge benefit, there was also observational studies that showed benefit; there were prevention studies that showed benefit; there were some studies that did not show benefit. But the point I was making in my testimony, Commissioner, is that this is a completely safe drug. Absolutely safe. In medicine, we speak of therapeutic range—in other words, the difference in dosage between the minimum effective dose and the maximum dose which causes toxic reactions. And the therapeutic range in ivermectin is very wide. It's safer than Tylenol. So why not use it? And that is the crucial point. Even if it didn't show efficacy in some studies, the majority of studies showed massive efficacy and it should have been used.

Commissioner Drysdale

Thank you, sir. Thank you.

Commissioner DiGregorio

Thank you so much for your testimony today. I was hoping you could help me understand a little bit more about the adverse event reporting system. You talked about the different layers you have to get through: finding a doctor, having the doctor navigate a nine-page report, and then having it approved by a public health official before it gets submitted to the system. I'm just wondering, are doctors in Canada required to report adverse events from vaccines?

[00:25:00]

Dr. Francis Christian

There is an ethical and moral requirement to do so. But as far as I know, I don't believe that there is a legal requirement to do so. In the steps that you just mentioned, I think you just omitted one step. And that is the doctor has to believe you and has actually to accept that this is vaccine-related. A lot of patients, a lot of our Canadian public, are stumbling at that step. Even if they find a doctor, the doctor is telling them, "Oh, this is a coincidence." In nine out of ten cases.

Commissioner DiGregorio

That actually was going to be one of my next questions, was whether doctors are trained to recognize the potential adverse effects of vaccines.

Dr. Francis Christian

The answer is no. The fact is—and this may surprise the Canadian public and people listening to this—I don't think physicians have been trained to recognize vaccine injuries

for any vaccine. So this ignoring of vaccine-related injuries, as I think Steve Kirsch pointed out, is not a new thing in COVID.

You know, I used to consider myself a pro-vaccine physician. But after this debacle I started questioning everything. The evidence for many childhood vaccines is not what they were telling us. The fact is, with childhood vaccines, with COVID, I feel confident that— I mean, in medical school, that training is not given. There is no vaccine injury segment where we teach medical students, residents, how to recognize vaccine injuries. And to answer your question: No, I don't think physicians are trained to recognize vaccine injuries.

Commissioner DiGregorio

You mentioned that once you have a doctor who does believe that there's a vaccine injury, they have to navigate this nine-page form that, I think you said, comes with a 40-page user guide.

Dr. Francis Christian

Absolutely.

Commissioner DiGregorio

Is knowing how to complete that form part of training that doctors have?

Dr. Francis Christian

Commissioner, as far as I know, that form was completely new to most Canadian physicians. That form has to be found on Public Health Canada's website and downloaded. And then there's the 40-page instructions on how to fill that form. How many physicians have the time to do that? And then, after filling that form, as I pointed out, they have to send it to the provincial public health agency in Saskatchewan. There's no fax number, not even an email address. You have to send it by ordinary mail. When that vaccine injury report is received by a provincial health agency, there is a public health officer, presumably, that looks at it. And then decides whether to approve it or not without seeing the patient. This is the broken system we have.

Commissioner DiGregorio

And my final question actually relates to that review by the public official. Are there any public or known guidelines as to when or how such a report would be accepted into the system?

Dr. Francis Christian

I would be surprised if they don't have their own guideline protocols, which inform them whether to approve or not to approve. I think this is part of the guidelines problem. It's an algorithmic approach. And the main thing is: They haven't seen the patient and they get to approve it or not approve it.

Commissioner DiGregorio

Thank you.

Commissioner Massie

To come back to my double standard idea, it seems to me that we've heard from other people at previous hearings that if a healthcare worker didn't want to get vaccinated, they were sentenced to some sort of special training session that would educate them about vaccine hesitancy and so on. So it seems that there are some resources to train the health care worker about the issue of the benefit of the vaccine. But do we have similar training about potential adverse events?

Dr. Francis Christian

The answer is, as far as I know, no.

[00:30:00]

Commissioner Drysdale

Sorry, as I was listening to you answering questions, I thought of something else. I was a professional engineer for over 40 years— 43 years, I believe. And new products were coming out for us all the time. I'll never forget, as a young engineer, I was going to use a certain product. And my boss came to me and lectured me about how I had to be satisfied in and of myself, apart from the literature, that this product was safe and effective.

My question to you is: What responsibility do individual health practitioners—not just doctors, but nurses or pharmacists who are administering these shots—what personal responsibility or professional responsibility did they have to confirm whether or not the shiny brochures they received from the suppliers actually were true and that this thing was safe and effective?

Dr. Francis Christian

That's a very good question, Commissioner. Let me answer it in two parts. Doctors are trained to look at data, to look at studies, and to look at the statistics to see whether they make sense. The training though— I had actually a lot of experience in data analysis because I was the director of Quality and Patient Safety. And the National Surgical Quality Improvement Program that I introduced was very data-intensive.

It's very interesting to me that many of the egregious violations of medicine, medical ethics, and so on, have been unearthed to the public by people like you, who have training in data: economists, for example, and people like Steve Kirsch, who have a much superior statistical understanding of how to interpret studies than doctors do.

So for example, the famous Ferguson model. There was a guy in England called Ferguson. I have absolutely no idea how he keeps his job. Because in pandemic after pandemic he has been wildly wrong and he still keeps his job. And he made a completely ridiculous, nonsensical, comical prediction about the COVID pandemic. My son, who's an economist and has been trained in econometrics, was looking at that and said, "You know, Dad, even in undergrad economics, we know that this model is all nonsense. Why don't these guys actually do proper models?" So the guys who are trained in statistics, data management and so on, including financial guys, are able to see through the data better than physicians.

I think public health people think they're the only people who can interpret data and that's not true. I can interpret data because I'm a physician trained in statistics and data analysis.

So can people who can look at the data dispassionately, like you. That's the first part of my answer.

And the second part would be to recall to the public the fact that when the data is analyzed and is clear, authorities have not accepted the data. So there's abundant evidence, as Steve Kirsch pointed out, that the vaccine does not prevent transmission and does not prevent infection. Now, public health officials in Canada and other Western countries have ignored that data and have created their own set of rules. Our Prime Minister does that all the time; he creates his own set of "truths."

And that, I think, is a societal problem: the ability to define truth for yourself instead of looking for a transcendent source of truth, which most people call God or divine truth, which used to inform medical ethics for generations. All the medical ethical codes—the code of Hippocrates, he called on the Greek gods. And even the modified Hippocratic Oath in the Christian era said that "I will never think of myself as God."

[00:35:00]

And then the Arabic al-Wallahi oath has the looking to Allah as the source of all moral and medical knowledge and wisdom. And then you have Maimonides in the Jewish tradition, who was a rabbi as well as a physician. And then Thomas Sydenham, who actually said, "*Primum non nocere*" in the 17th century. In all this there was a looking for transcendent truth that lies beyond yourself.

In the modern era, the universities have been captured by the postmodern construct of localized version of truth. And that's why they say, "Okay, that's your truth. This is my truth. So okay, vaccines don't stop infection. That is your truth, but my truth says that it does." The data doesn't really matter. That's part of the problem in society, I think. With the public, too: they're able to construct their own truth.

I was mentioning to one of the commissioners at lunch today that the public keeps talking about doctors and says, "Where is your Hippocratic Oath?" What the public doesn't know is that only a minority of medical schools now take the Hippocratic Oath. In the U.S., it's only 40 per cent that take the Hippocratic Oath. Some medical schools, including prominent medical schools in the United States, ask medical students to write their own oaths. That is part of that postmodern construct, "This is my truth" sort of thing.

Shawn Buckley

Thank you, Dr. Christian.

Dr. Francis Christian

Thank you.

Shawn Buckley

On behalf of the National Citizens Inquiry, I'd like to sincerely thank you for attending today and sharing with us.

Dr. Francis Christian

Thank you.

[00:37:29]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 2: Stephen Kirsch

Full Day 1 Timestamp: 03:09:52–05:04:52

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Shawn Buckley

Mr. Kirsch, can you hear us? And I'll ask our AV guy if he can— Oh, you're muted on your end. So, there we go.

Stephen Kirsch

I'm now unmuted.

Shawn Buckley

Well, thank you for joining us today. I'd like to start by asking if you could state your full name for the record, spelling your first and last names.

Stephen Kirsch

Yes, Stephen T. Kirsch, K-I-R-S-C-H.

Shawn Buckley

I'll ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Stephen Kirsch

I do.

Shawn Buckley

Now, I understand you have a presentation for us, but I'm hoping to just ask you a couple of questions. First about, basically, your bets and then move over to Nancy Whitmore. But just to introduce you to the people that are participating with us today: My understanding is that—and it's not just my understanding—you have quite an impressive career in the tech

industry, being credited as one of the people inventing the optical mouse, and that you've started several tech companies that can be quite properly described as important.

Stephen Kirsch
That is true.

Shawn Buckley

We've had at this Inquiry expert after expert that have had the experience of being labelled by the mainstream media as misinformation spreaders. My understanding is that you also have found yourself in that role. I almost want to say to you, you're in good company and welcome to the NCI. But I wanted you to share with us: How was it that you, because you're in the tech industry, how did you become interested in COVID issues and become passionate about them?

Stephen Kirsch

After I was vaccinated, I started hearing from friends who were either injured or dead. I didn't hear from the friends who were dead obviously, but I heard about friends who had died. And I started looking into the data and the data was very consistent, showing that this was the most dangerous vaccine of all time.

So I ended up quitting my job and pursuing this full time. I actually thought it would only take a couple of weeks to show people that the data was inconsistent with what the government was saying. But apparently that didn't sway people, so it ended up being a more difficult task than I had anticipated.

Shawn Buckley

You've taken actually some unusual approaches to try and make the point that the current government narrative isn't correct. And one of the things that I saw that you've done, and it's on your Substack, is that you've put out a number of million-dollar bets. And my understanding is anyone in the world can come to you, put a million dollars on the table for any one of those bets, and literally bet that you're wrong.

Stephen Kirsch

Yes, I did that for a period of time. I now have one bet remaining. Nobody took me up on the bets, so I revoked them. But there's still one bet on the table, which is whether the vaccines have killed more people than they've saved. And there was only one person in the world that took me up on that but he was only willing to bet half a million dollars. It was an indication to me that only one person in the entire world was willing to risk significant money, believing that the vaccines have saved more people than they've killed. Only one person.

Shawn Buckley

I just want to share with the people participating what some of the other bets are, so that they understand you. Somebody could have come to you with a million dollars, and if they proved you wrong on these points, you would have given them a million dollars. And you've already indicated about the vaccines, but you also had a bet that masks don't work.

Stephen Kirsch
That's true. Yeah.

And these are bets, just to be clear. Mike Lindell, who was just awarded \$5 million— The person who proved Mike Lindell wrong was awarded \$5 million. Lindell was an open challenge. This is an actual bet. So the person has to put up a million dollars. I put up a million dollars and then we go through a process to determine who the winner is. So that's different. So the other party has to take some risk. The point is that nobody was willing to risk their million dollars to bet me that I'm wrong about masks.

Shawn Buckley

And one of your bets was that censorship cost lives.

Stephen Kirsch
Yes.

[00:05:00]

Shawn Buckley

Okay. Then one of them was that you had done a presentation on Fox News on August 10th, 2022. You basically say, "Listen, prove my major points wrong." But one of them had to do with Wayne Root's wedding. And I'm wondering if you can share for us what that bet was about. What is the story about Wayne Root's wedding?

Stephen Kirsch

Yeah, he had a couple hundred people at his wedding. About half of them were vaxxed and half of them were unvaxxed and then he tracked what happened after the wedding. And all of the serious adverse events happened in the people who were vaccinated. None of them happened in the people who were unvaccinated, or maybe there was one death. But it was quite dramatic: I think the deaths were maybe seven or eight in one group, and maybe one in the other group.

There was no randomization, of course. But it was a random selection of guests, essentially. He didn't know who was vaccinated and who was unvaccinated. And then he was just tracking what happened to the guests at his wedding, and he noticed that there were somewhere around twenty or so guests who had very serious adverse events, and they were all in the vaccine group, and there were seven deaths in that group.

Shawn Buckley

Now, I just want to switch gears to Nancy Whitmore. My understanding is that she's the CEO of the College of Physicians and Surgeons of Ontario, and that you ended up sending her a letter back on March 14th. Can you just share with us a little bit of the history of what was going on there?

Stephen Kirsch

Sure. They had met with some so-called misinformation experts and wrote a big piece on their website about how misinformation is so dangerous. And so, I offered to her that what they were doing wasn't working, because more and more people are vaccine hesitant. And the definition of insanity, of course, is doing the same thing over and over again and expecting a different result. And that if she really wanted to stop the misinformation, then the best thing that she could do was to engage the so-called misinformation spreaders and answer their questions, and that we would gladly answer her questions as well. And we could hopefully resolve the differences of opinion as to what the data says if we could both have a dialogue and point out the flaws in each other's arguments.

Shawn Buckley

We've entered that letter that you wrote. For anyone following us, we've entered it as Exhibit SA-4.

Mr. Kirsch, we've already informed you: We had sent out a summons to Miss Nancy Whitmore inviting her to attend today so that she could have a debate in this fair and controlled environment. I regret to inform you that we did not receive a response from Miss Nancy Whitmore, and that summons will be entered as Exhibit SA-4a.

Has anyone on the other side—any physician or journalist or politician, anyone basically shouting the mainstream narrative—been willing to debate you at any time?

Stephen Kirsch

No. And it's not just me that they won't debate, it's really anyone who's counter-narrative. I have yet to see anyone who has said anything in any point that's counter-narrative, including the lab leak origin and so forth, that has been debated by people on the other side. None of this, what the press calls "conspiracy theories"—None of the people on the other side promoting, we'll call it the "mainstream narrative," have been willing to engage at all with anyone who is counter-narrative. It's not just me that they won't debate. It's anybody who disagrees with them who has expertise in the field. They will not debate you. They will not discuss it. They will not publicly discuss it.

They will try to censor you and defame you on a one-sided basis, but they will never, ever engage. We've never seen that happen.

Shawn Buckley

Thank you. I think that point that you just made is extremely important.

[00:10:00]

Now, my understanding is that you have a presentation [Exhibit SA-4c]. You've put some thoughts together that you would like to share with us, and I'd like to invite you at this time to share your presentation. And you should have share-screen capability.

Stephen Kirsch

I do. In fact, let me see here. Hopefully you can see the slides.

Shawn Buckley

We can. We have a slide up that says: "Why is everyone so afraid to talk about the elephant in the room?" We have you up in the top right-hand corner, so we can see you also.

Stephen Kirsch

Awesome, great. So, apparently this is happening to elephants everywhere in the world, where the elephant is sitting on the psychiatrist couch thing, "I stand in the middle of the room and point out the unvaxxed aren't dying and yet nobody notices me." This is what I'm referring to about the elephant in the room; people just don't want to hear about it.

So, my background, former high-tech serial entrepreneur. I'm 66 years old, I was featured on "60 Minutes." And yet today, I'm the top hit in Google when you type in "misinformation superspreader."

I've been doubly vaxxed. I was a believer until my friends were killed and injured by the COVID vaccines, as we said earlier. I was validated by all the reliable data that I looked at and nobody would explain to me how I got it wrong. So I became a full-time journalist. I've written over 1,200 articles on my Substack: [Steve Kirsch.substack.com](https://stevekirsch.substack.com).

You know, the big learning here is that once you're willing to question your beliefs, everything else makes sense. But if you're not willing to challenge or question your beliefs then you'll never figure this out. Some of the beliefs that need to be challenged are: Is it possible we were lied to? Could the "cure" be far worse than the disease? And could the "good guys" actually be causing harm?

What's interesting of course is that nobody in the world wants to answer any of our questions. Even after I offered to pay them generously for their time. So, I'm now at three times your normal consulting rate. I'll probably bump that to 10 times your normal consulting rate, just to show people that it doesn't matter how much we pay, no one will answer any of our questions. And in return, we'll answer a comparable number of questions from their side for free.

And what's interesting is we invite them to speak at our conferences, but they won't let us speak at their conferences. They won't even take any questions. At the last conference at Georgia State University, they even hired police to escort us off campus, even though we were registered attendees. And then, instead of engaging with us in a discussion after the conference, they snuck out the back door so they could avoid confrontation. This is how it works.

I think the single biggest issue is data transparency. We have a very large clinical trial going on in the world with 13 billion doses, and all the governments worldwide are hiding the key data. And I'll get to that in a second. But the magic trick is that they undercount the unvaccinated to make the vaccines look effective. And Norman Fenton and his colleagues caught them doing this in the U.K., published the evidence, and the U.K. regulator agreed with Norman Fenton, and said that the data that they had in the U.K was not fit for purpose. In other words, it could not be used to determine whether the vaccines were safe or not. It's very important.

Of course, the number one most important data is the death-vax records of the deceased. So, when you die, they need to publish when you were last vaccinated. No government in the entire world does this. No state government in the United States does this. These public records are being kept hidden from view so that nobody will know the truth. No

government in the world—and I've asked a few. I haven't asked them all obviously, but I've asked a few. And they stop talking to me. When I point out that there is no privacy violation and I'm willing to pay the expense to produce this data, they stop talking to me.

And what's interesting also is that no medical authority in the world is calling for these records to be released. These are ground zero records showing whether the vaccine would be safe and effective or not,

[00:15:00]

and there is not a single medical authority in the entire world asking for their release.

There are also no autopsies to assess causality. There are very few. They're being done in Germany and Japan. And of course, they all make devastating assessments. Ryan Cole in the U.S. has done over 20 autopsies, investigations, and in 100 per cent, the vaccine is implicated in the death. But CDC isn't calling for this. And you'd wonder: Doesn't anyone want to know the truth? And the reason of course why is that if you want to know the truth, you must be willing to accept the result. And that's why nobody looks.

Now, I personally released the data from Medicare to the public just to prove it can be done. And what it shows of course is: The vaccines are killing people. That line that's in red, that line should be going in the other direction in this particular graph. And nobody has been able to show that this data from Medicare shows that the vaccines are safe and effective. I publicized the data; anyone can download it; and no one has been able to show that it shows the opposite of what I claim it shows.

The way science works today is that half a million people can die from COVID and we call it an emergency, if it indeed was that. But when half a million or more people die from the vaccine, we want to mandate it so that everybody gets it. Which is interesting because if one person dies from eye drops in the United States, they recall the eye drops. And when we have an early treatment protocol for COVID, which results in zero hospitalizations and deaths, the CDC [Centers for Disease Control and Prevention] ignores it.

Here are a bunch of mistakes that people have made— And I'll make the slide deck available for people to look at this in detail. But basically, vaccines did the opposite. They increased death, they increased hospitalization, and they increased the infection rate.

And that's just for starters. Masking didn't work, in fact was detrimental to health in a number of factors. And we can go on and on and on. Lockdowns actually increased the number of people who died from COVID. And all of these things that they did were counter-productive, and they wouldn't take anybody who had dissenting views and listen to them.

So the solutions: to mandate data transparency for public health data, and hold these public health officials accountable in public forums, which we've never ever been able to do. And they should, of course, start listening to the people who they've been censoring and ignore the people that they have been listening to.

Here's some of the scientific peer-reviewed literature—in other words, these are papers in the scientific peer-reviewed literature. And it says, "An abundance of studies has shown that mRNA vaccines are neither safe nor effective, but outright dangerous." And this is a really interesting observation: "Never in vaccine history have we seen 1,011 case studies showing shocking effects of a vaccine." Never in our history. That's an objective fact and nobody disputes that.

The Skidmore paper showed that up to 278,000 people, according to the survey that he did, were killed by the vaccines in 2021 in the U.S. And it's interesting that he was supposedly debunked by Susan Oliver and her dog. And what's interesting is that Susan said, "Well, you know, this was not true, and this was not true, and this was not true." But Susan never then said, "Well, here's the corrected number when you make those corrections."

So the whole point is about trying to take down any information that would be counter-narrative, rather than trying to say, "Oh, there was a slight flaw in this because the ratio, the number of people who were vaccinated versus unvaccinated was a little bit disproportionate. So, let's adjust it by a few per cent, and here's the correct answer." Instead, what they did is they— And by the way, Denis Rancourt and colleagues found the exact same 0.1 deaths per dose rate as Skidmore, and he used a completely different method. But Skidmore's paper was retracted by the editor after basically looking for reasons to retract it.

[00:20:00]

There's something called the COPE [Committee on Publication Ethics] Guidelines, which specify the reason for retraction that the journal adheres to. And none of these COPE Guidelines were satisfied. And so there were dozens and dozens of complaints filed with the publishers, Springer Nature. Springer Nature publishes 3,000 journals. All of those complaints to the ethics email were ignored. All requests for an interview of the editor or of the ethics committee were ignored as well.

Shawn Buckley

Can I just ask, because this isn't the only case where somebody publishing against the counter-narrative is taken down: Are you aware of publications which basically support the public narrative that have been taken down?

Stephen Kirsch

Yes, there was a Surgisphere paper showing that hydroxychloroquine doesn't work. And it was taken down because it was fraudulent data. So that's the only paper that I'm aware of.

Shawn Buckley

And that's a different kettle of fish—actual fraud.

Stephen Kirsch

It is because it was a totally fraudulent study to try to disprove that hydroxychloroquine worked.

Shawn Buckley

And that would have been published in a peer-reviewed journal.

Stephen Kirsch

Yes, it was published in the Lancet, a very famous peer-reviewed paper.

Shawn Buckley

Right, and so the peer reviewers hadn't picked up that it was a fraud.

Stephen Kirsch

Yes, that they fabricated the data.

Shawn Buckley

Okay, sorry for interrupting.

Stephen Kirsch

No problem. So basically, these papers that tell you the truth are— One of the reasons that they said it was retracted is because they didn't get approval from the IRB, which is the Institutional Review Board. Skidmore in fact did get approval from the IRB and the approval was that, "We've looked at all your questions and they don't violate— They're all exempt." And so he got a ruling from the IRB saying he's clear to do the paper.

So he wrote in the paper that the IRB approved it. But the journal said, "Well, but the IRB said it was exempt, so they in fact didn't approve it." But they did, even if they approved it as being exempt. These are things that you could clearly see; they were on a fishing expedition. Skidmore has never had a paper retracted in his career, and he's written over 70 papers. And now, all of a sudden, the journal finds five things worthy of retraction in this one paper. Isn't that amazing?

It's interesting that a disproportionate number of COVID papers retracted after the vaccine rollout were counter-narrative, and you wonder if this is how science works. Thirty-two per cent of the papers gave no reason for retraction. In the retraction of the McCullough and Rose paper after it was published, Elsevier said they are not willing to publish the paper and claim that that was their prerogative and not a breach of contract. Here's the letter. It says "I'm afraid the journal is not willing to publish the paper," after they published the paper.

So, the point is that the journals can go in and retract your paper for any reason if they don't like it. This is not how science is supposed to work, they're supposed to follow the COPE Guidelines. Now, there are papers that are published in the peer-reviewed literature that show that the differences between the COVID death rates for the vaxxed versus the unvaxxed—which is supposed to be the big benefit of the vax—is not statistically significant. So, we have no paper showing a statistically significant difference in the vaxxed versus the unvaxxed death rate. The closest one would be this paper. And if you do the p-value calculation here, you find that it's not statistically significant. And so the point is that there's no proof that the vaccine works.

In fact, in Pfizer's own phase 3 trial, it shows that people were 31.2 per cent more likely to die if they took the vaccine than if they took the placebo. It's even more stunning when you realize that there were very healthy people who died at a five times lower rate than they should normally die in that study. So they picked very, very healthy people in that Pfizer trial and they died at a much lower rate. Yet, there was still a 31 per cent differential: they were killing effectively young people at a 31 per cent higher rate in the group that got the vaccine.

[00:25:00]

What is interesting is that Pfizer basically said, “Of the 21 patients who died, we didn’t think anyone died from the vaccine.” But they provided no proof of that. There was no histopathology that was done. And the histopathology is actually required in order to prove whether there was a link between the vaccine and death. So they basically said, “We’re not going to look. Just trust us, we’re not going to look. We don’t really want to know definitively whether there is a link, but just trust us. There’s no link. The vaccine didn’t kill these people.”

And that’s essentially the problem here, that it’s all based on trust. The CDC and the FDA are trusting what Pfizer says. Pfizer isn’t doing the work to prove their statements, then this goes down to doctors believing that the FDA has said, “We approve it and we’ve looked at the data.” No, they never looked at any of those 21 deaths. And all of my requests to Pfizer to look at that data have been ignored. Why would they do that if it’s safe and effective?

The Israeli Ministry of Health did a study and they published it behind a firewall, so nobody would see it. But this is the Israeli government data showing the days till death after you got the shot. This is showing 196 days. And you can see here it peaks at around four months or so post-vax for shot number two. It should be a horizontal line. There shouldn’t be any difference at all, the days after you got the shot should be completely random. But here it shows that it’s clearly peaking and that’s very problematic. And because it peaks four months later, people don’t associate the death— They just say, “Well, he died months after the shot, but it was four months after the shot.” People don’t associate these deaths with the vaccine.

Dr. Aseem Malhotra’s father died six months after he got the shot, but Aseem was astute enough to realize there was a connection there. The Israeli Ministry of Health also published this in their paper, which shows a huge spike exactly three days after you got the shot in young people. Now that is not random, that is causality. That is not just coincidence. There is no way you can get a coincidence like that.

In Canada, Ontario announced that deaths from COVID were up 39 per cent and hospitalizations were up 31 per cent. And this is “from COVID” after the vaccines rolled out. Now they told us in Canada that the vaccines are safe and effective. And yet why are deaths up 39 per cent in the year after everybody got vaccinated? And why are hospitalizations from COVID? Deaths from COVID and hospitalizations from COVID. I mean, this is stunning.

Shawn Buckley

Just so that everyone understands: In 2022, deaths in Ontario from COVID were 39 per cent higher than the year before, in 2021. Is that what you’re telling us?

Stephen Kirsch

Correct.

Shawn Buckley

But even aside from the vaccine, wouldn’t more people have natural immunity in 2022 than they would have in 2021? Because people are catching COVID and, aside from the vaccine, are getting natural immunity?

Stephen Kirsch

Correct. The deaths should be down. And the variants are also less severe. Omicron was less severe than Delta and the earlier variants. So we have a less severe COVID and we have a lot of natural immunity and yet people are dying at a higher rate. And then someone pointed out, "Oh, well, there were lockdowns in 2021." Well, the lockdowns in Ontario ended mid-year, and then they locked down again in early 2022. And lockdowns in fact have been shown to increase. Every place where there were lockdowns, they increased the number of COVID deaths. And that's pretty clear.

[00:30:00]

There's a Hopkins paper that was published, a paper from Johns Hopkins; three economists at Johns Hopkins, very well-done paper. So, there's no explanation for this. I contacted Nancy Whitmore at the, at that Ontario—

Shawn Buckley

College of Physicians and Surgeons of Ontario.

Stephen Kirsch

Yeah, "the College," as they say. And Nancy Whitmore just ignored me. I said, "Look, if there's an explanation, let's hear it." They basically don't want to say anything. David Fisman, who is also in Ontario, would not say anything either. I emailed him, he didn't respond to my email. Nobody wants to explain this.

So a huge increase in Canada: nobody, no authority, will explain this increase and agree to be challenged with their explanation. It's just, like, well, it happened; you should ignore it. This is completely counter-narrative. And every single authority in Canada is ducking questions about this. Nobody wants to explain it. And what's even more troubling is that the press in Canada is not asking about it either. They're not asking these questions.

Shawn Buckley

Well, I think it's worse than that. I mean, the experience that we've heard from other witnesses is that the press actively participates in character assassination if you step out. And you don't even have to be a Canadian expert. We had Dr. Bhattacharya on here explaining how the CBC basically went after him after he was one of the authors of the Great Barrington Declaration.

And just so you know, because you're in the United States, there's still a culture of fear here. **We're having— This is a citizen-run inquiry. And one of the features is, we don't just have experts like you on, we allow ordinary Canadians to come and tell their stories. But we've had a large number of witnesses back out at the end because they're still afraid of repercussions, both economically at their work and social, like family and friends. So, we're still in a culture of fear.**

And I'm wondering if you have any thoughts on whether it's fear that is preventing people from speaking. Or are there other factors?

Stephen Kirsch

Well, yeah. The fear is definitely preventing people from speaking out. There are some doctors who believe the authorities. They're trained to believe authority and trust authority. These doctors will look at what's going on and they'll say, "Oh well, I just got unlucky." And so there are some doctors who still believe that the vaccines are safe and effective and just ignore the evidence in plain sight.

There are other doctors who realize that if they speak out, they will have their licence revoked. They will no longer be able to practice medicine, or they will have their hospital privileges revoked, or they will be fired from their job. The first duty of these people is to provide for their family. And so, that's what they do. They keep their mouth shut and they follow orders, so they're not fired.

An example of a doctor in Canada, in Ontario, for example would be Ira Bernstein. And look at what happened to Dr. Bernstein. None of his patients died but the authorities are in the process of revoking his license to practice medicine. After complimenting him for being an exemplary doctor before the pandemic happened, now all of a sudden, he's an evil guy because he saved lives. And so they're going after him and it's all out of public view.

Shawn Buckley

In the province that I live in, Alberta, the College of Physicians and Surgeons, as I understand it, basically directed physicians that they were not to be treating Albertans who presented with early COVID. Rather, they were to wait until people presented seriously at the emergency ward.

Have you heard similar things in other jurisdictions? That's something that I have trouble getting my head around. A college basically directing doctors not to treat patients early.

Stephen Kirsch

I haven't heard about that in other places in Canada, but I haven't tracked that at all. I know there are places in the world where physicians are directed to do that.

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In fact, our own CDC is, I think, guilty in that respect in telling people that none of these early treatments work. And so physicians interpret that as, "Well, I better not do it otherwise, I'm going to get in trouble."

Shawn Buckley

Back to fear. Sorry for interrupting, I'll let you carry on.

Stephen Kirsch

Yeah, no problem. It's interesting that Ontario also published that there are zero COVID deaths in people under 30 in Ontario. So why do they recommend a vaccine? I mean, you can see here: If you're 40 and under, in fact if you're 50 and under and you're unvaccinated, basically you're not dying. You know, it's pretty darn close to zero. And it's actually zero for age 30 and under here. So, why are they even recommending the vaccine? They're not even talking about the risk. It doesn't make sense.

This is a paper which people find really, really troubling if you think the vaccine is safe and effective, which is: the more doses of the COVID vaccine that you get, the more likely you are to become infected with COVID. This is a study done at the Cleveland Clinic, which is according to Newsweek the number two hospital in the entire world.

So the number two most-respected hospital in the entire world did a retrospective study to look at the COVID rates for their staff—51,000 employees, various locations. And what they found is a pretty linear relationship with the number of vaccine doses you have and your risk of infection. The more doses of the vaccine, the more likely you are to be infected. And the error bars pretty much do not overlap, which means these results are statistically significant: the more doses, the more likely you are to be infected.

Now, there's nobody that's been able to dispute the study. In fact, one prominent debunker said, "Well, I didn't like the fact that this axis here was linear." That's preposterous. You didn't like the fact that the axis was linear? And this is one of his primary critiques of this study. He also said he didn't like the way study was done. Well, you know, I'm sorry, but the study shows what the study shows. And the most important thing is that there isn't a study anywhere showing that the opposite is true. Because doctors always like to say, "Well, for every study, there's always a study showing the opposite thing." There is not a study anywhere showing the opposite is true.

Shawn Buckley

I'm sorry. An interesting thing that's jumping out at me is basically, this chart shows negative efficacy. If a marker for efficacy was that it prevented you from getting COVID, which is what the public was led to believe, this is showing that even for one dose— I appreciate your point, for each additional dose it gets worse. But as time goes on in this chart it seems that you'd have negative efficacy if you're more likely to catch COVID than not. But it seems that it gets worse as time goes on in this chart. Am I interpreting that chart correctly?

Stephen Kirsch

The x-axis is time, so it's just showing you the cumulative incidence. So if you divide that then you get a rate. It's not showing you the rate; it's showing you the cumulative incidence over time, which you'd expect to go more and more over time that more and more people get because it's a constant rate. So the rate would be the slope of the line.

Shawn Buckley

Okay.

Stephen Kirsch

Okay? And what's interesting is that the paper itself pointed out, "Hey, we're not the only guys to see this." There were two other studies that were done completely independently that showed exactly the same thing: that people who were vaxxed more were more likely to get COVID. So they said, "Hey, don't blame us. We're not the only study showing this." This is indeed very troubling for the narrative.

And the beauty of this particular study is that everybody started at exactly the same point in time.

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So everybody was exposed to the exact same variants within their communities and you can see the extraordinary difference. Why this study is so interesting is because it looked at people with various doses over the same time period. And it was done in a hospital setting that's very controlled.

The exact same paper showed natural immunity works: that the more recently you were infected with the COVID virus the less likely you are to get COVID. This is someone who's recently infected with the Omicron variant. This is someone who's not infected at all. So, this is not looking at vaccines; this is looking at natural immunity, showing that if you got COVID, the more recently you got COVID the less likely you are to get COVID again. This is showing natural immunity does work, just like medicine has said for years. But the vaccine is doing the opposite. Natural infection is good, is what this paper said. COVID vaccination is effectively bad.

Now we have some V-safe data, which is self-reported data. Ten million Americans agreed to report their status. When they got the shots, they were given a card to register for V-safe. And 7.7 per cent ended up with severe adverse events. That is not safe—7.7 per cent that had to be hospitalized or see the doctor after getting their vaccine is not a safe vaccine. You can't spin it any other way.

And here's a study, the source is *The New York Times*, showing the more you vax the more people die from COVID. Not more people die, more people die from COVID, which is what we said before. Also, if you look at population studies—and this is CDC data—these are squared values, 0.24 here and 0.29. These are very high numbers for correlation. The more you vax the more people die from all causes.

And the latest U.K. data shows that the vaccine increases the risk of death for all age groups. So we're not just talking about dying from COVID. This is dying from COVID. This is dying from all causes, showing higher mortality if you are vaccinated. The regions with higher vaccination rates have higher all-cause mortality. And the latest U.K. data shows that the vaccine increases risk of death for all age groups. So this is all-cause mortality. And it also shows negative vaccine efficacy for all age groups, which means you're more likely to catch COVID and die.

The Israeli Ministry of Health found the same pattern. The vaccine is more likely to kill you as time goes on. This is days post-vaccination and this is the number of death cases. Look how it climbs. It's supposed to be a flat line across here. The vaccine isn't supposed to make any difference at all in the number of deaths but instead it climbs just 30 days after you get the vaccine. That's what it's supposed to protect you from: dying from COVID. And look at the death rate: it's three times, 60 versus 20 here. I mean, truly stunning. This is from Israeli Ministry of Health data.

And of course, in our own VAERS [Vaccine Adverse Event Reporting] System the blue lines here are all non-COVID vaccine deaths. So every vaccine combined each year, and then red is total reports of death from all vaccines. Okay, so they match up. Every single year they match up until the COVID vaccines roll out, where the COVID vaccines are completely off the charts versus the non-COVID vaccine. So it's not an over-reporting; it's not that suddenly in 2021 people realize there's a VAERS system and started reporting things. Because the bars only go up for the COVID vaccines and no other vaccine.

There is one of three things going on here. There's either massive fraud and gaming by anti-vaxxers reporting deaths that don't exist— But all of those deaths are reviewed by health and human services. And so maybe sometimes one or two gets through, but there's no way that you can have massive gaming. So, number one isn't even a possibility.

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The second is massive over-reporting. But there's no evidence of that anywhere. We've done surveys of healthcare workers all over the place and nobody says we're reporting for the COVID vaccines more than any other vaccines. It's interesting that happens: all of a sudden, for just the COVID vaccines worldwide, in every adverse event tracking system in the entire world. So could it be there's massive over-reporting? I don't think so. It's not supported by the evidence.

So that just leaves one possibility, which is the deadliest vaccine in human history. And that's the only thing that there's evidence for. And I've confirmed that using surveys that were done by third-party pollsters. And it says that the vaccine is as dangerous as COVID and sometimes more so.

And the mainstream media is not doing any of these surveys to find out, just to validate whether the government's telling the truth. There isn't any mainstream media survey that's been done to look at this data. In fact, there was a Rasmussen study, Rasmussen polls. They said, "This is the most important poll we've ever done." And it showed that the vax deaths were equal to the COVID deaths. And that was amongst Democrats and Republicans and independents. So, you can't say that this is just a right versus left, a liberal versus conservative. It's not. Everybody polled is finding that the vax deaths in people that they know are equal to the COVID deaths, relatively close. So the cure is worse than the disease or at least comparable to the disease.

And what's stunning is that of course the U.K. government claimed that only nine people died from COVID vaccines in 2021 in the U.K. Interesting to see how they undercount that. And of course, even the mice are not fooled. You know, the mice where they do the testing, they're not fooled. Here's the discussion between two rodents: "Are you getting your kids COVID vaxxed?" The other rodent says, "No, I'll wait for the human trials to finish first."

So, someone is clearly lying to you. It's all a matter of what you trust, who you trust. Do you trust the data or you trust the government experts?

And of course, the way you figure this out is that the side that wants to resolve the differences in the civil discussion is almost always— I've not seen a counterexample of this so I can't say definitively never. There's always a counterexample. But in general, the side that wants to resolve the differences in a civil discussion, the people who want debates, they're the people who are telling you the truth. And the people who are running from these debates? They're the people who don't like being challenged.

For some questions, it doesn't matter who you ask. Are the COVID vaccines safe and effective? If they are then the vaccine mandates are pointless and if they're not vaccine mandates are pointless. So who cares? Did my booster protect me from getting COVID? If it did, great, no need for additional boosters. And if not then there's no need for additional boosters anyway. But the question people should be asking is: Why isn't the vax-death data available? This is ground zero data. Why isn't it publicly available from any government anywhere in the world? If they really wanted to reduce vaccine hesitancy, they would show

this data. The governments would be tripping over themselves to make this data public, the vax-death records public. For each person who dies, show us the vaccine dates.

It's interesting that there's a VSD [Vaccine Safety Datalink] database, which is very definitive. But the CDC stopped Professor Brian Hooker and others from looking at the VSD data. Why would they do that? Why would they hide the truth? And if it works so well, how come the drug companies aren't urging— Have you ever heard of Pfizer, Moderna, any other drug company urging the government to make this vax-death data public?

If the vaccine manufacturers really want to reduce vaccine hesitancy because they're going to sell more product, it is in their interest to make this data public. And there has not been a single call from any manufacturer to make the public health data public. To me, that's stunning.

I offered to bet anyone a million bucks that the vaccines have killed more than they've saved. There's only one guy who took me up on it but he was only willing to risk \$500,000. He wouldn't go for the whole million dollars.

And it's interesting that they're so confident that this vaccine works that they are willing to risk your life on it,

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but they're not willing to risk their money. Like, Pfizer could easily bet me a million bucks. They won't because they'll lose. The point is that they're risking your life, but they're not going to risk their money or their reputation.

Shaw Buckley

Can I just jump in there? Because I would think that if Pfizer took you up and proved you wrong publicly, that would just be a public relations coup in reducing vaccine hesitancy?

Stephen Kirsch

Absolutely.

Shaw Buckley

So it seems that the point you were making, that Pfizer could easily take you up on that bet, is quite a significant point. So, please carry on.

Stephen Kirsch

Yeah. What's interesting also is that nobody can name a single real-world vaccine success story where COVID rates went down at a nursing home or a funeral home after the vax roll-out. I still can't find that success example. And I've talked to other doctors in these Twitter spaces, chat rooms, and I say, "Where's your success story?" And they're unable. All of these people are unable to name a single real world success story. "Hey, at UCSF [University of California San Francisco] the numbers are this." Or, "Hey, at Stanford the number—" Nobody can name a single vaccine success story. That is stunning.

They say it's "10 times reductions in deaths," but they can't point to a single place that that's happening. It's interesting because it's supposed to be happening all over. I shouldn't

be able to find any counterexamples. But all I can find is counterexamples and I can't find anything that supports the narrative. That's really stunning. I mean, that question alone is something that you should be asking your doctor. It's an easy question: If this thing really works, where's the nursing home? Where's the geriatric practice? Where's the funeral home where they can say, "my death rates plummeted after the vaccines rolled out." Show me the funeral home where business went down after the COVID vaccines rolled out. I mean, we cannot find it.

Shawn Buckley

And you're talking about basically, a sample size that is staggering in the measures of billions of doses worldwide.

Stephen Kirsch

Right. They should be able to find these success examples everywhere. And nobody can name one in the entire world. It's really stunning. I mean, it should be impossible for me to find a counterexample because the vaccines are so effective in preventing death. It should be impossible. And yet I can find hundreds of these and not a single counterexample.

You know, it's weird that we can have this public health emergency when no one's dying from Omicron. I've been to the hospital wards in my local community. They're empty. But how can perinatal deaths climb 20 times after the vaccines rolled out? How can Deborah Conrad's caseload before she was fired go up 20 times right after the vaccines rolled out? And here's the kicker: If it's really so safe, why do they need liability protection? Now that they know it's so safe, why not just drop the liability protection? But they don't.

Bleeding in early pregnancy: seven-sigma increase. Gee, if it wasn't the vaccine, what caused this?

The vaccine groups in the phase three trials for all the vaccines, for all three vaccines, all had higher morbidity than the placebo groups. This was highly statistically significant for all vaccines. And yet they're not pointing that out to anyone, that there's higher morbidity. So clearly from the data we have, there's higher mortality, higher morbidity. Why are you taking this intervention? It makes no sense.

Here Vinay Prasad is talking about a Swiss study, 777 Swiss healthcare workers were looked at after they got the shot. And 2.8 per cent had significantly higher troponin levels, which are an indicator of serious heart damage, just three days after the booster shot. Now how can that possibly be safe?

I found out that the Chief Medical Officer at UCSF was issuing a gag order,

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telling all staff not to talk about the vaccines in the context of any injury. So if somebody was injured, "Do not ask about when they got their COVID vaccine." We haven't had a case where a single prominent individual has switched sides from being anti-vax to pro-vax. It's all going the wrong way.

It's all from people like Aseem Malhotra, who is very famous in the U.K., a medical doctor. And he was promoting, he was pushing the vaccines, signing people up on TV, convincing people to take the vaccines. His dad died six months after he got the shot. And Aseem

started looking at the science and he said, “Whoa, I was fooled.” And so now he’s a prominent anti-vaxxer because he was forced to look at the data after his dad died. And he said, “I can’t think of any drug, anything we have ever used in medicine that has efficacy that is this poor.”

Zoo animals are now dying of unusual causes after the vax rolled out. If this thing is so effective— Nobody is getting it. Even Paul Offit’s not getting the booster and he went on record as not getting the booster. And he’s strongly pro-vax. So why should you get it? If it’s so safe, why did the FDA try to keep the safety data secret for 75 years? John McCain, before he died, said that “excessive secrecy from a government agency feeds conspiracy theories and reduces the public confidence in the government.” This is exactly what is going on here. There are 770 safety signals that have triggered in the VAERS system and the CDC knows it. And they didn’t tell the public about any of those safety signals when they triggered.

We talked about debates. None of the government authorities anywhere in the world, including in Canada, will debate. Three top scientists in Canada—here in this slide—challenged the Canadian authorities to a debate on the science and nobody showed up on the other side. They said, “It’s the three of us against everyone you want to bring to the table.” And they couldn’t bring a single person to the table in Canada. Now that is stunning to me. I can’t name a debate that’s happened ever in Canada, or anywhere else in the world.

Here’s a 123 per cent increase in all-cause mortality in the Philippines on September 30th 2021. Now it wasn’t COVID because there were only 127 COVID deaths that day. So what causes this huge peak?

In Germany, right after they rolled the shots out, these causes of deaths from certain ICD-10 codes—sudden cardiac death, cardiac arrest, sudden death—they skyrocketed. There’s no way that happens by chance. Now, if it wasn’t the vaccine, what caused the rise? You know, you can’t explain this one. This happens all of a sudden. They say that a lot of these things are happening because, “Oh, people aren’t getting their medical care during lockdown. That’s why the death rates are higher.”

Well, Martin Neil, and Norman Fenton actually looked at all of the excuses for what could have caused the death rate. Excess deaths worldwide: What could be causing this? So they looked at all these factors and they found that none of them had a positive correlation with what was going on. The only thing that was positively correlated was the vaccine. Now, nobody’s been able to dispute this study, which is interesting. They all say, “Well, it’s something else, it’s something else.” But they can’t dispute this Devil’s Advocate study where they looked at all these reasons. They showed that they don’t correlate at all.

It’s interesting that for the first time in history, it’s necessary to censor doctors with opposing views. And Peter Marks, who’s the FDA [Food and Drug Administration] director, he’s in charge of CBER [Center for Biologics Evaluation and Research] at the FDA, which is basically vaccines. And he says, “I’m past trying to argue with people who think the vaccines are not safe.” But he’s not argued with any of the misinformation spreaders, not a single one. He’s past that already even though he’s never done it.

And of course, the White House now has a censorship list for the first time in history. And of course, I’m a little upset I’m not on it. But why do they need to have high-tech companies censor doctors for them for the first time in U.S. history?

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And I offered a million bucks to anybody, any member of the CDC or FDA outside committee members, to answer some questions. So they just show up. This was not a bet. This was, "Hey, here's a million bucks, just to show up and answer some questions." Nobody would do it.

The CDC ignored all the early treatments. I'm going to skip over this. The rhetoric doesn't match the reality. We're seeing so many black swans, athletes dying and so forth in the VAERS system, over 650,000 excess deaths and nobody wants to talk about it. The CDC ignored over 770 safety signals in VAERS. They didn't talk about it. We only found out about it after we issued a FOIA.

I have a friend in Silicon Valley; she's a neurologist, she works at a big practice. They had no VAERS reports in the last 11 years. This year they need to file a thousand. So this is not an over-reporting. This is an actual, "We've never seen anything like this in our practice in the last 11 years because we've only been in practice for 11 years."

Nobody wants to debunk Ed Dowd's book. I know of a large geriatric practice that went from 11 deaths a year to 21 deaths a year in 2022 and they have an 85 per cent COVID vaccine rate. Come on. Why didn't the deaths go down? This is very similar to what has happened in Ontario. And it's a geriatric practice so the numbers are higher.

Doug Brignole offered his life as the test case. He got the vax, died a week after he got the vax, and nobody's talking about it. Huge rise in dementia deaths in Australia between June and July of 2021. Cannot be explained any other way. It coincided with the vax rollout of the elderly.

Pfizer did a clinical trial of pregnant women. It ended July 15th of 2022. It's almost a year ago. Nobody wants to know. What happened? Nobody wants to know. The press doesn't want to know. Nobody's asking them what happened in the trial. How did it go? Isn't that amazing? They do the trial and they keep it secret. And why was enrollment limited to 24 to 34 weeks gestation? The CDC says it's safe for anyone to get the vaccine. We already know it's safe. The CDC has said it's safe. Why did they make the restriction that it was only 24 to 34 weeks to enroll in the trial? Very strange. And yet, they're not telling us what happened in the trial. There is data in the trial. They're not saying a word.

How does this inspire public confidence? Why isn't the CDC asking them what happened? Why isn't the press? I mean, it's unbelievable that nobody wants to know. We still don't know what evidence was used by the CDC to recommend the vaccine was safe for pregnant women. They clearly don't want to know what was in the Pfizer study.

And of course, there's a four times greater risk of cardiac deaths—or four times as many cardiac deaths—in the Pfizer phase three trial. And of course, they never showed us the data on that. It's interesting: there were five times as many exclusions in the treatment group as in the placebo group on a double-blind randomized trial. That's impossible. That is statistically impossible. That is never going to happen. That means there's fraud in the trial, and nobody investigates.

Nobody investigates what happened to the allegations of fraud by Brook Jackson and Maddie de Garay. Maddie was 12 years old when she got the Pfizer shot. She's now paraplegic and she has to eat from a feeding tube probably for the rest of her life. Nobody ever called her. Her experience is not unique. I talked to Janet Woodcock. She promised me that the FDA would investigate. The FDA never called, the CDC never called, and Pfizer never called. Nobody wants to know the truth about these vaccines. And there's nothing

more clear than what happened to Maddie, who's a 12-year-old whose life was destroyed by this vaccine—no question about it. Six times as many Southwest Airline pilots are dying per year now than they used to be dying.

It's interesting that no doctor or nurse in Scotland has ever died from COVID in the past three years. Zero COVID deaths. All the deaths in healthcare? Those are from other causes, not from COVID.

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The number of COVID deaths of doctors or nurses, non-retired, ages 20 to 64, is zero in Scotland. And this is an emergency?

I was wondering why the FAA [Federal Aviation Administration] hasn't been investigating any of these pilot injuries and deaths from the COVID vaccine. And so, I talked to Bradley Mims and I asked him directly on the phone, "How come you guys aren't investigating these pilot deaths and injuries?" And he said, "No comment." He said I had to talk to the press office. So I contacted the press office, and the press office said, "Well, we don't see any evidence." Yes, because you're not looking. I mean, that's how it goes.

The ACIP [Advisory Committee on Immunization Practices] chair— ACIP is the outside committee for the CDC that approves the vaccine. So she's like the final straw in getting approval. And I have asked her, "Hey, do you want to see the Israeli vaccine data, which shows that the vaccines are super dangerous?" And she refused to answer the question. So yes, no questions. It's a really easy question. Like, "Do you want to see the Israeli Ministry of Health vaccine data?" I have access to the video. I can give her a private showing. She called the cops on me. She didn't want to answer the question. And the cops couldn't arrest me because I didn't violate the law. I just went to her door and knocked on the door and asked, "Hey, do you want to see the data?" She called the cops on me. That's how bad it is. These people run from wanting to see any data.

A real scientist? A real scientist would not call the cops. A real scientist would say, "Yeah, I want to see the data." But these people aren't scientists. I don't know what they are, I don't even know if they qualify as human beings—if you don't want to see the safety data on this stuff.

So many people dying suddenly. These fibrous clots: they're only happening in vaccinated people. And Chris Martenson did a brilliant video. He says in this slide, "The failure to study these clots with all due rigor is inexcusable and inexplicable, assuming public health is the goal." And that really says it all, doesn't it? Because everybody's seen these fibrous clots and nobody wants to look at it. Isn't that interesting?

There's only one pathologist in America doing autopsies. And he's doing the proper test to assess whether the COVID vaccine caused the death and he's getting 100 per cent hit rate. Nobody else in America is doing these tests to figure out whether the vaccine caused the death. This is the definitive test. You have to use these specialized tests in order to find out whether the vaccine caused the death or not. If you're not doing these tests, you don't know. Basically, the only way you find out is, after the person dies you autopsy them. You can't do it while the person is alive. You autopsy them and then you find out the truth. Nobody wants to find out the truth.

The CDC is not even telling any pathologist to check for a vaccine-caused death. Fifteen-year-olds are now dying from heart attacks on a regular basis. I talked to a funeral director

in Texas who told me that she's never in 50 years seen a 15-year-old die from a heart attack. In December 2022, she had one death a week for three weeks straight of 15-year-olds from heart attacks. Explain that.

Here's Google searches. Google searches for myocarditis started immediately after the vaccine rollouts for adolescents. And yet the doctors say the rates for myocarditis from COVID are much greater from the virus versus the vaccine. And yet all of the interest spikes right after the vaccines rolled out.

It's being recommended for kids. But kids have one in a million chance of dying—a healthy kid less than one in a million chance of dying from COVID. So the vaccine has to kill fewer than one kid per 10 million. And to prove that would require a trial of 30 million kids. That trial has never been done. Why are they recommending this? In fact, in Canada, over 96 dead children and counting post-vax, when you'd normally see nine a year from flu. Why are the health authorities not talking about this and why did they stop reporting these deaths?

This is from Dr. William Makis. This list has been silenced. It's really tragic.

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We have names of the people who died unexpectedly. No investigation.

It's very hard to find the name of one healthy child under 12 who died from COVID in the U.S. We've looked at the death records in many states, and we can't find a kid under 12 who died from COVID. Zero.

And nobody's questioning of course the science behind the six-foot rule. If masks work then why is it that every single randomized trial has failed to show any effect? And the Cochrane report says, "little to no difference." I offered people \$10,000 to remove their mask for the duration of the flight. No takers—but they remove their mask happily when they're served food or a drink. What's interesting is that they can all get infected through their eyes and nobody covers their eyes. You can just as well get infected with COVID through your eyes as through your mask. Why are you wearing your mask and not covering your eyes? It makes no sense. And of course, face masks at best are designed to protect the wearer, not as source control.

So these mandates are nonsense because the mandates are about protecting the public. You have to wear this face mask with no portal because you want to protect the public. But: "There are currently no established methods for measuring outward leakage from a barrier face covering, medical mask, or respirator. Nothing in this standard addresses or implies a quantitative assessment of outward leakage." These things are not designed for outward leakage—hello? And yet we are being mandated to wear masks because of outward leakage, even though there are no established ways of measuring outward leakage. Isn't that interesting? I guess that's how science works.

Why didn't the CDC warn parents that of course masks create dangerous levels of CO2 for kids? We have a number of studies that show that, including one that was done just recently—a systematic review and meta-analysis. And my favourite of course is the one with the two Marines testing masks with bear spray. And nobody has been able to refute this video. It's on YouTube. It's a classic video.

And if the bivalent booster is so beneficial, why isn't Paul Offit getting it? He explained that we should not be trying to prevent all symptomatic infections. That's not what we should be focused on.

And we have Professor Marty Makary testifying in Congress that the greatest spreader of COVID misinformation is the U.S. government. Isn't that stunning? And the reason of course, people don't trust the CDC. I did a survey, 90 per cent don't trust them at all. And the CDC has one overriding goal. The official answer is it's to protect the health of America, but Americans don't believe that. They think it's to protect the drug companies and vaccinate everybody.

Critical thinking still seems to have disappeared. And it's interesting that Vinay Prasad and Jeffrey Flier, who is the former dean of Harvard Medical School, says the scientists who express different views on COVID-19 should be heard and not demonized. Which I agree with. But it appears that nobody in mainstream science agrees with this; they all think that people who have different views on COVID-19 should be censored. It's quite astonishing. So they disagree with the former dean of the Harvard Medical School. And I don't know how we're ever going to resolve this because the pro-vax authorities all refuse to engage in a civil dialogue.

Here's an example: a Paris group of experts, leading scientists, invited most of the leading scientific proponents of the COVID market origin hypothesis to participate in a respectful public debate. All have refused. So you can't even get a debate on the origin. You're never going to get a debate on any of this other stuff. People are going to start to point fingers. The German Minister of Health, Karl Lauterbach, said, "It wasn't my fault. I didn't approve the vaccine." So he's already starting the finger pointing.

And nobody wants to answer any of my questions here. Pfizer and the CDC haven't responded to any of my questions. I don't know what they're afraid of; why don't they just publish the answers? Basically, they lied about everything. All their advice made no difference and made things worse. Virtually all made things worse. Vaccines were a disaster, masks were a disaster, social distancing a disaster,

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lockdowns made things worse, mandates killed people. We're looking at just tragic numbers of people dying from these interventions.

And the one thing that did work really, really well was the thing that they ignored completely, which is early treatments. And early treatments have basically— If you got on the right treatment protocol you had virtually zero chance of hospitalization and death. **And all those treatments were ignored.**

Solutions: Stop the shots. Stop hiding the data. Hold public health officials accountable—I don't know how you can do that because no public health official wants to be held accountable. Listen to those who've been censored. And each and every public health official has the power to change everything, because they can release the record level vax-death data in their region. And why would they not want to do this? Why would they not want to show the public the truth?

I asked the U.K. to release it and they said it would violate the privacy of dead people. In other words, in the U.K. they think— Death records are public, or they used to be public. In a lot of states death records used to be public. You used to go into Ohio and be able to get

the death records. So all we're saying is, "Let's just add the date when these people are vaccinated." So in the U.K. I asked them, "Why don't you just release this data for the dead people?" And they said, "Well, it'd be violating the privacy of dead people to let us know when they were vaccinated." I don't know of a single dead person who, especially if they died from the vax, would object to having this information disclosed.

But we should do a study where we ask dead people, "Hey, do you mind having your vaccine information disclosed?" But second best would be to ask people who are still alive, "After you're dead, is okay for us to disclose your date of vaccination?" Which, of course, nobody has done. So anyway, these people stopped responding to me.

The FDA head Robert Califf, has said that "misinformation is the leading cause of death." Interesting.

Shawn Buckley

Mr. Kirsch, I'm just wondering how much longer you have.

Stephen Kirsch

Yes, we're done.

Shawn Buckley

Okay, perfect.

Stephen Kirsch

There's an easy way to fix this problem of course, which is that all he has to do is stop talking. And that's what I'm going to do at this point. And I'll leave you with this final slide, which is, "Anyone not publicly calling for data transparency is not your friend."

Shawn Buckley

Well, actually I'm hoping you stick around and allow the commissioners to ask you some questions. You've just given us some tremendous information. I believe the commissioners have questions for you.

Commissioner Massie

Well, thank you so much, Mr. Kirsch, for this incredible tour de force in terms of doing an overview. You've covered so many grounds there. I will try to focus my question to a couple of issues that you probably are aware of, but you didn't detail. The first one has to do with the narrative when the vaccine was initially rolled out. It was basically to reach this elusive herd immunity. And when you look at the data from government from all over the world, it seems that it was working so well. And then when the Delta wave hit, what we've heard is that, "Well, what the vaccine can no longer do is to protect against transmission."

My question to you is: Do we have credible data that it ever worked? Because this whole notion that the vaccine was designed to a strain that was different now, Delta, maybe didn't work because it was Delta and not the original strain. Do we know of any data showing that it ever protected against transmission? And why is it that we are seeing that the statistics were showing spectacular results against transmission?

Stephen Kirsch

Yeah. I've seen some data that might lead you to believe that the vaccines were working and that infections were going down. And there are certain studies. But based on what we've seen today and the careful studies that were done like the Cleveland Clinic studies, I think it's pretty doubtful that they ever worked. See, what the Cleveland Clinic studies showed is that natural immunity has always worked. Because you could see it in those curves. That natural immunity—

[01:20:00]

That the more recently you got the infection, the more protected you are. And it's clearly the case, and it's not clear whether it's the time element or it's the variant. Because it's a little hard to tell, right? Because the more recent variants of course are going to be closer in time and they're going to protect you more.

Is it a time difference or is it variants? It's probably both. But the vaccines were showing just the opposite. So one can infer from that—now that we have this clear data from the Cleveland Clinic study—that it was just a mirage that we were seeing. And we were probably undercounting the unvaccinated and that these studies were not done carefully.

Because the size in the Pfizer trial—there are 22,000 people per arm in the Pfizer trial—and there was only one person who they claimed was saved from a COVID death in that trial. And I know I'm kind of switching here between deaths and infections, but this story starts to get into opinion. I haven't researched this extensively, but I would say that it probably was never the case that these things worked. Because if they did work, we'd be seeing it now too. Because these new vaccines are specifically designed for the Omicron variant, these booster shots. And we're not seeing the reduction, right? We're seeing that the more shots you get, the worse it is. So I'd say that if there is a protective effect, that it is overwhelmed by the non-protective effect of more vaccines making more vulnerable because they pressure the immune system.

Commissioner Massie

My other question has to do with the COVID management in Sweden. We could probably agree that, by and large, what they've done seems to have worked much better than in many other Western countries. However, they were pretty—I would say—proactive in vaccinating a large fragment of the population. So I'm wondering whether you have any insight from talking to people that are more knowledgeable about the situation in Sweden: What was the mindset or culture in the health authority that would make them believe that vaccines would be the way out, given all of the other measure that they had implemented so successfully?

Stephen Kirsch

Well, it's like most health authorities throughout the world: that they take their direction from the WHO, from the CDC, from the FDA, from the EMA [European Medicines Agency]. So the authorities are looking to other authorities to figure out where they should stand so they all look unified. Because it would be really embarrassing if the WHO said, "these vaccines are dangerous" and the CDC is saying, "everybody should get vaccinated."

All these health authorities tend to be aligned with each other. And so, I think that in Sweden, they were basically looking at that and saying "Well, these guys must know what they're doing, so let's go vaccinate everybody." Sweden has had better outcomes. And I

think it's probably more from natural immunity, that people were exposed because they didn't lockdown and people had natural immunity. So it wasn't the vaccine that actually caused the lower death rate in Sweden; I think it was more that they kept it open. People got naturally exposed to the virus early on and that was the cause of their success rather than anything else.

Commissioner Massie

Okay. One last question—a very general question. You, from your personal journey, only realized there was something fishy with the vaccine because you experienced it yourself. And I see a lot of other people that have been through a similar experience, that initially trusted the government and trusted the institution and said, “Okay, that’s what it takes to get out of this COVID crisis, I’ll go and do it.” And now you realize after digging in the data that there’s been a lot of, say, misinformation.

[01:25:00]

I don't want to qualify who's doing it. When you look back at how we came to this sort of roll down very quickly across the world—with the lockdown and vaccine and so on—it cannot really happen unless the culture is already there to accept it.

So my question is: Now that we can gather data on the COVID crisis on many fronts—lockdowns, vaccines, and all of the early treatments, you name it—that is showing more and more with hard evidence that the government has been somewhat misleading the population, the greater question is: On how many other very important issues is the government misleading the population?

Isn't that going to open that kind of investigation from critical thinkers?

Stephen Kirsch

Yes, it should. It absolutely should, right? Because once the public has realized that they've been totally misled on these COVID vaccines, and it's done the opposite in all the directions, in infections, hospitalizations, and death. And that instead of saving hundreds of thousands of people, it's actually been killing hundreds of thousands of people.

Once that trust has been broken, then we start to ask the questions, “Well, what else have they been misleading me on? And then it opens up: well, how safe are these other vaccines? For example, Andrew Wakefield has said that there's a connection between vaccines and autism. And I'll tell you, I've talked to a lot of parents of autistic kids. And it only happened after, right after—in some cases in the parking lot after they got their shot. And so, this stuff is being ignored. It's being swept under— These people who are bringing these accusations are being discredited, which then of course dissuades other scientists from bringing the same accusations because they look at what happened to Andrew Wakefield. That's why it was so important for them to make him the scapegoat and to show people, “Hey, if you go against the authorities, here's what we're going to do to you.”

And yet there was this Simpsonwood meeting, which I've written about in my Substack, where they tried to cover up the safety signals or the signals of harm. And they kept saying, “We can't make the signal go away. We can't make the signal go away.” It's just stunning the amount of corruption that is at the CDC, for example, to this day.

And this corruption exists not only on the association between vaccines and autism.

It also extends to fluoridation of drinking water. The CDC has hailed that as a fantastic accomplishment. But the fluoridation of drinking water in America has been a disaster. It lowers IQ points and it really doesn't do anything for cavities. And in fact, I was at this event for Bobby Kennedy. I ran into someone who said, "We got rid of fluoridation of drinking water in our community. And the cavities went down and the IQ went up and it did exactly what the science says it would."

So I think this is going to open minds. And people are going to now be able to question, and be willing to question, other things where we've been very seriously misled. Things that we were all told to believe in, we're going to find that we were misled.

Commissioner Massie

Thank you very much.

Shawn Buckley

And there are more questions.

Commissioner Drysdale

Good afternoon. Thank you for your testimony. I just want to get a few points right in my own head about what you were talking about. I believe you said that in the United States, the public health officials did not want to disclose the vaccine status of deceased people because it violated their privacy. I want to ask you to comment on the fact that when I would go to a restaurant, or a tire-changing place,

[01:30:00]

they would ask me my vaccine status and I would have to report that. Was that the same experience in the United States?

Stephen Kirsch

Yes, it was the same experience in other countries as well where in order to enter an establishment, you're asked to essentially disclose your vaccination status by showing us your vaccination card because you wanted the services. You were not required to do so; it's voluntary. If you wanted to eat at our establishment, you'd have to show the vaccine card to get in. And there were certain states that required it. I remember when I went to Hawaii: they required me to show my vaccine card in order to enter Hawaii and they also required it to enter into a restaurant.

Now, the email that I showed you—that was actually the U.K. Health Authority, who said basically, "This would be a privacy violation because it would be disclosing private health information. And we're not allowed to do that." And I said, "No, no." On the death record, the 60-year-old died. The laws are going to be different in different places. But basically, in the U.K. they could have anonymized these records to say somebody between the ages of 60 and 65 who was vaccinated on these dates. And they could go and they could anonymize the dates. They could go and do a plus-one/minus-one on the dates, so that nobody's record would actually match up. And nobody could say, "you're making my data public," because the data wouldn't match up. But they were uninterested in doing that.

And I also talked to Norman Fenton in the U.K., who's talked to the regulator, and he got a similar response. They basically don't want to make the data public. They want to take the data and they want to massage it and present it in a way that's favourable to their narrative, so that they control the presentation. It's like you have this massive database of information and they don't want to show it to you. What they want to do is, they want to have this little telescope where you can look at one little piece, and they carefully control what you look at rather than showing you the whole database.

And there was no interest in saying, "Yes. We can't do it right now because of this particular rule but we want to go to bat for this because we think public health data should be made public." There was no interest at all. You know, if you're truly interested in public health, you want to make the public health data as publicly accessible as you possibly can, so that everybody can look at it and make their own conclusions from the objective data. That's how it should work. Instead, they're saying, "We're going to interpret it, and we're going to let you look at it through the lens that we control. And even if we make a mistake on it, you just have to trust us." And that's exactly what happened in the U.K. with this data, where they messed up and they undercounted the unvaccinated. And they misled people into thinking the vaccines are effective. That should just not be done.

To answer your question about the privacy concerns, that was a U.K. statement saying, "We can't do it because of privacy issues."

But again, I think if you asked people, "After you die, do you mind if we publish the vaccine data?" Why not just have people in the U.K. sign a statement that, if they want to keep their vaccine information private after they die, then all they have to do is register with the U.K. government saying, "I don't want my vaccination records released after I die." It would be very simple to do. And nobody would be able to have their privacy violated after they die to know when they were vaccinated. There's no interest in doing that.

Commissioner Drysdale

Yes. I wonder how voluntary it was. We had—maybe you want to comment on this—we've had numerous witnesses come forward to us who were fired from their jobs if they didn't disclose, who were kicked out of school, who couldn't go to church.

[01:35:00]

And I question how voluntary their surrendering of that private medical information was. In Canada, in any case.

Stephen Kirsch

Yeah, exactly.

Commissioner Drysdale

We have heard testimony through the last number of days concerning the financing of various public health agencies—the Canadian one, the American one—and we've also heard testimony of how senior officials from all of those health agencies shortly thereafter became employees of the drug companies that they were regulating. Can you make a comment as to what effect you believe that may have had on those agencies being able to carry out their job in protecting the public?

Stephen Kirsch

Yeah, I mean, it's clearly a conflict of interest that is only disclosed of course after they join the drug companies—and who knows what happened before that. Scott Gottlieb is a pretty good example here. He's appointed the head of the FDA and then he leaves there and goes to Pfizer.

And it's a little bit hard to say, "What are you going to do in the future?" And to say, "Well, that's a conflict." Maybe it should be that if you serve the public, that you can't go and work for a drug company for some period of time. Or be paid or be compensated by a drug— But any kind of thing that you do they'll figure out a way around it. Five years or 10 years you can't work for a drug company, then the drug company will say, "Hey, in 10 years, we're going to guarantee you a payment." And they sign a secret agreement. So I think it's difficult to control.

I think you need to just be really careful about hiring people and really understand where their hearts are. One way to find out of course is to look at their behavior prior to when you hire them. You know: What did they do during this pandemic? Were they people who were speaking out and saying, "This is wrong?" Were they saying, "We need to make this public health data public?" Were they champions for the public, or were they just going along with the narrative? I think the most important thing when you're appointing these people is to look for these potential conflicts but also really to look at their past behavior and what side of the narrative that they were on. Are they looking for truth? Are they proponents of truth? Are they proponents of transparency? And before they get the job, what are they going to promise to do in that job? Are they going to promise to make the health data more transparent or less transparent? Are they going to make the processes more transparent or less transparent? It's like medical journals. When they retract a paper and I ask them, "Hey, can we see the correspondence for how you retracted this paper?" They say, "we're not obligated to give that to you and it's a secret."

So people who are put into a job should say, "Hey look: when I go into this job, I'm going to create more transparency here and more accountability." It's all about what your promise is going into it. It's like being elected to a public office. What am I going to do? What have I promised to do, right? Accepting a job in a public health agency should be the same way: "I promise to clean up this agency, I promise to make it more transparent," and so forth.

Commissioner Drysdale

Thank you.

Shawn Buckley

There's another question.

Commissioner Kaikkonen

We've all heard the analogy of—they first came for us and then they came for them and then there was no one left but me. I'd like to turn that around on the question of silence. First, in Canada, we saw the citizens silenced. And now the regulatory bodies are being silent or silenced. And I'm not going to suggest that the Ontario College of Surgeons and Physicians is being silenced, either by dictate or voluntarily, but I'm just wondering: If we wait long enough, will we eventually understand who is pulling the strings because of who is no longer left to be silenced?

Stephen Kirsch

"If we wait long enough." Well, nobody knows the answer to that.

[01:40:00]

You know, there are speculations that there are people pulling the strings and manipulating this. I haven't seen any hard evidence of that. I haven't seen any memos. I haven't seen any smoking guns that indicate this. I think what we have is kind of a perfect storm. We had some research that was done and that research then kind of went awry and kind of escaped or was let out of a lab. Whether it's deliberately or not, there are different points of view on that.

Then of course, I think that most people involved in this, who are just believers of the narrative, believers in vaccines, believers in Tony Fauci when he said vaccines are the way out, even though they weren't. And we have a lot of people who basically were trying to do the right thing and are believing that they are doing the right thing. And they believe that people like me are evil and destructive and are causing people to die. So these are not evil people, they just have different points of view.

And is there a guy at the top who's pulling the strings and making things worse? Well, certainly, Bill Gates has been funding lots of activities that have made things worse for people like me. But is he doing that because he's an evil person and he wants to see people die? Or is he doing it because he believes that vaccines are safe and effective and people like me are bad? I actually—I may be an exception here—but I believe that Bill Gates honestly believes that these vaccines are safe and effective and that he's completely fooled. And he's not looking at the data like he should be.

Therefore, I don't think that the people at the top are these evil people that want to kill people. Because if they were, then this is not the way to do it. This COVID vaccine is not the way to kill people in large numbers. It's a way to kill one out of a thousand people who take the vaccine, but it's not a way to kill people in large numbers. It's a way to create a lot of chronic disease and so forth, but it's not the best way.

And if you were really an evil person pulling the strings on all of this, this is probably not your main plan of attack here, to construct this. It'd be pretty diabolical if you did it. It'd be pretty clever if you did it. But I don't think people are that smart that they could figure all this stuff out. I think this was kind of an accident and one thing led to another. I haven't seen any evidence yet that this thing is— There's some pretty suspicious stuff here. But it's more people wanting to make a buck than people wanting to actually have evil intentions and wanting to kill massive numbers of people.

Commissioner Kaikkonen

And my second question is: We heard testimony from an embalmer that middle-aged women are dying at an increased level, which appears to be consistent with the retracted findings from Skidmore, who says that 51 per cent of the participants are women with a main age of 47. This is a demographic that has not been identified at any point that I can remember throughout COVID, throughout the last three years.

I'm just wondering if you have any insights into why we haven't heard about this in the public's mainstream media or from the health authorities?

Stephen Kirsch

Specifically, the women, I don't know. But it's all lumped into— They don't want to hear about any deaths at all, right? The COVID vaccine has to be safe and effective because the press has promoted it to the public as being safe and effective. And it would be a huge embarrassment to the press to have to admit they were wrong. I think that that has everything to do with it.

The other part of course is that a lot of these media organizations are funded by drug companies and they would lose—or they're worried about losing—ad revenue. So the management is saying, "Let's not run that story."

[01:45:00]

And I know a number of people in media who have left because of that.

But basically, I think that this is not about specifically covering up any particular age group, or male or female. I think it's all about making sure nobody figures out that these vaccines were not as safe and effective as we said. In fact, they're downright dangerous.

The press will do anything it can to make sure that they don't erode the public's trust in the media by telling the truth.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

And there is one more question.

Commissioner DiGregorio

First of all, I'd like to thank you again for appearing and giving us your testimony today. You've spoken quite extensively today about data transparency issues and it's clear based on your presentation that you have spent a considerable amount of time gathering data from all over the world.

I'm just wondering if you can comment a little bit about the access to Canadian health and vaccination data, and perhaps how easy it is and how it may compare to other jurisdictions, and whether there are others who are doing it better?

Stephen Kirsch

Yeah, so the access to health information varies in different places all over the world. I think the U.K. has one of the best systems because of that; people have focused on that. And then they did an analysis showing that the health data from the U.K. was unreliable. And if the health data from the U.K. is unreliable— The U.K. health data is sort of like the gold standard because they're actually giving us vaccination status information. Unlike in the United States of America where we don't have anywhere close to the level of data that we have in the U.K.

I've talked to the CDC. The CDC says, "We don't get the vaccination records from the states."

And I said, “Really, why not?” They said, “Well, there’s no law that compels them to give us the vaccination records.” So I asked the people at the CDC, “Why haven’t you asked them? You could ask them nicely. You could ask Governor Newsom in California to pass a law or to just hand over the records so that you can do your analysis.” And they basically had never asked. They don’t want to know.

Now in Canada, you can go to the Ontario— and I’ve spent the most time looking at the Ontario data. And they’ve done a really, really good job of tracking all these statistics. But as to whether or not you believe them is another story. They certainly don’t publish the death vax records. The most important thing are those records and they don’t publish them. So the health authorities should be asked that question as to why they don’t. But when I ask, I’ve never gotten a response from any of these people challenging their narrative that’s ended up working out. The health authorities in the U.K. or in New Zealand will actually respond to emails, which is good; it’s a first step. And in certain states, they’ll respond to emails. But then when you press them for the details, they stop talking to you.

I haven’t done the pursuit of this to any great extent in Canada. But I’d be surprised if I found an advocate in Canada. In the U.S., there’s only one guy—one health official in the United States of America—that is willing to sort of bend over backwards and try to get the data. And he’s working on that; he hasn’t produced it yet. But it’s very, very rare. I think there are somewhere around 3,000 county health authorities in the U.S. and only one guy.

In Canada, it would be probably by province. And so your chance of finding someone who actually wants to help you and wants to make this data transparent is pretty minimal. I do appreciate all the work, especially in Ontario. They’ve got a great dashboard.

[01:50:00]

They have great visualizations. They’re showing you the data. It’s just that it’s a little bit hard to believe that data is accurate in terms of their counts. I think that, just like the U.K., they’re undercounting the unvaccinated. Which then makes their data suspect.

Because how could it be? I looked at their infection data, and it shows that the unvaccinated are being infected at a higher rate. Well, that differs from the Cleveland Clinic Study. And so when they’re not counting the infections correctly, it’s probably the case that they’re not counting the hospitalizations and death correctly and attributing them to the vaxxed versus the unvaxxed.

That’s why the national polls that people do are extremely interesting. Because if what they’re saying is true, it should show up in the polls as well. And the fact that the polls don’t validate what’s been going on is troubling.

But the other thing that I love about Ontario, for example, is they were honest. They did say that these deaths in 2022— The all-cause deaths, which is the most important thing— Because you can miscategorise people as vaccinated or unvaccinated, but you shouldn’t be able to monkey with the all-cause deaths. So, I was actually pleasantly surprised when I saw what appears to be a very honest number from Ontario Public Health showing the 39 per cent increase in COVID deaths.

Now that was stunning because usually, they try to figure out a way to hide it to depress the deaths. And in this case, you have some honest data—that looks very honest, that is at odds with the other data. So, what you look for is disparities in the data set that you’ve created. So: “Gosh, guys, if you’re right about the total number of deaths in 2022 versus

2021, then how can you explain all this other data that you show us that claim that the elderly in Ontario are almost 100 per cent vaccinated.” Right?

All the elderly groups—60 and up—almost 100 per cent have at least one shot or two shots. A lot of them are also triple-vaxxed. And those are the people who are dying. And when you have a 39 per cent increase in 2022, those numbers just don’t add up. And that shows that there’s this discrepancy. This doesn’t make sense. And the fact that they’re not willing to talk about it, that none of the public health officials are willing to talk about it, that’s what really makes it interesting.

So I absolutely commend Ontario Public Health for pointing out those numbers. Because usually, when something is bad they’ll cover it up. But they actually put it in their report: very clear, that 39 per cent increase in COVID deaths. So those are the things that you can look at and say, “Okay, now that’s inconsistent and let’s go from there. Let’s have an open discussion.”

But the fact that they won’t have an open discussion is very troubling.

Commissioner DiGregorio

Thank you.

Shawn Buckley

Thank you. I think that’s it for questions. Mr. Kirsch, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Stephen Kirsch

My pleasure. Thank you very much. Thanks for the opportunity to let people know about this information. I always encourage people to— Please don’t trust me, go and get the evidence yourself. All I’m trying to do here is just highlight the data that’s out there and how that data is inconsistent with what you’re being told. And I’m encouraging people to suspend your beliefs and what you believed in before and just match up the data and see which hypothesis it matches better. Does the data match the safe and effective hypothesis? Or do the data and arguments match the hypothesis that this is not as safe and effective as they said?

Shawn Buckley

Thank you again.

[01:55:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 3: Angela Taylor

Full Day 1 Timestamp: 06:26:21–06:59:04

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Dellene Church

Good afternoon. My name is Dellene Church, and I'm a lawyer practicing in a small town in Saskatchewan called Davidson. Good afternoon, Angela.

Angela Taylor

Good afternoon.

Dellene Church

Can you please state your name and spell your first and last name for the record.

Angela Taylor

Angela Taylor, A-N-G-E-L-A T-A-Y-L-O-R.

Dellene Church

Thank you. Angela Taylor, in your testimony here this afternoon, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Angela Taylor

I do.

Dellene Church

Thank you. Angela, you are an LPN who was working at a seniors' home at the start of the pandemic. And at the time the vaccinations began being given in the seniors' home you were working in you were witness to the effects that those vaccinations had on the senior patients you were caring for. Can you tell the commissioners what you noticed in these seniors after receiving their COVID vaccinations?

Angela Taylor

Okay. Can I read from my sheet? Okay.

First of all, I just want to thank you for doing this Inquiry and giving us a voice to tell our stories. I feel privileged to be chosen to be one of the people included in this Inquiry. I just wish I didn't have so much knowledge and experience from our government's mishandling of COVID. I have been a nurse in a long-term care home facility for over seven years and have been working for the Prince Albert Parkland Health Region for almost 20 years.

I saw firsthand how the lockdowns affected the mental health of my residents. So many of them gave up wanting to live. They weren't able to see their family members or friends for so long. They gave up. Then came the good old vaccine. Twenty-nine out of the 30 residents received them. Within 24 hours many of the residents had side effects such as increased heart rates and pulses—not just a little high, but life-threatening high.

We had to call some of the family members to come, which they hadn't been able to see since we were locked down, because we didn't know if they were going to make it. One of our residents, who was the best-functioning resident there prior to the vaccine, went downhill to the point where she could not walk, talk, feed herself, or even hold a cup. She ended up in a Broda chair, not able to enjoy life, and passed shortly.

The next thing I noticed is that the disease processes sped up, like, three-fold, and they have never rebounded. So, the three-fold that I'm talking about is: If they had dementia before they were admitted into the long-term care it sped up so fast that they didn't know anything anymore. Or if they had Parkinson's, it totally crippled them. Or if they had Huntington's, it went faster and faster. Or cancer—it sped up the cancer rate as well.

I must add that I never wanted these. I was not in favour of them and I did not administer these vaccine injections. I did not want that blood on my hands. After working three or four of the vaccines—I don't know how my shifts always landed on the boosters—I finally went to my boss and said, "I do not want to work up to two weeks after their vaccines, because I don't want to phone family members. I don't want that on my hands." It was terrible. I can't even explain what I saw.

Dellene Church

Angela, can you tell us a bit about then what transpired as far as your job requirements that it became mandatory for you to be vaccinated?

Angela Taylor

It was after the first month that the residents were vaxxed, we were told that we were having to start to get vaxxed as employees of SHA [Saskatchewan Health Authority]. And after what I saw, I knew for a fact that I didn't want this vax.

I'm not pro-vax. I'm not an anti-vaxxer, I mean: I've had all my vaccines, even ones that I needed to get to be a nurse. And when I went traveling, I've had to get vaccines. Like, I'm not saying that I don't agree in vaccines. But I started researching. And I'm guessing you guys have been told that, when you get medication, you usually have a little pamphlet in there. The vaccines didn't have a pamphlet. And we kept being told it was for our health and for our residents and whatever. And I researched myself and I didn't like what I was seeing. And I didn't want the mRNA vaccine and I didn't want aborted fetuses. And I have really lots of allergies.

[00:05:00]

And I was concerned for my health because I have lots of allergies. I tried to get my doctor to give me a medical exemption for my allergies because I can't even take lots of antibiotics. I couldn't get an exemption because Dr. Shahab, the Chief Medical Officer, said that they weren't allowed to give out exemptions. So then I tried a religious exemption. And SHA wouldn't accept my religious exemption either.

I ended up getting the Johnson & Johnson vaccine on March the 23rd because the due date was December 1st. And I only had, like, a week left before I either had to change careers or whatever, kind of thing. So I ended up going in and getting my vaccine. And yeah, it wasn't a good thing.

Dellene Church

So after taking your vaccine, you had some serious health concerns. Can you tell us about that?

Angela Taylor

Yeah. About three weeks after I had my vaccine, one night I had heart attack symptoms. And I took myself to the hospital and I kept saying "I just received my vax three weeks ago. I've got high allergies." To this day, which is just about two years now, I've got this electrical current that goes from the top of my heart up into my neck and down my arm. Since this all took place, I can't sleep on my left side.

I have had so many tests. So many times, going to the hospital to see doctors that don't even— They just want to COVID swab me just to make sure I don't have COVID; they don't want anything to do with the adverse reactions or anything like that. I've tried. I've gone to a cardiologist. I've been sent to him, but he wrote me off at the end of December because he told me it wasn't my heart. But nobody can come up with a diagnosis.

My health and overall, it's not good. I can sleep 24 hours a day. I am lethargic, which means I just don't have the energy. Yeah. I was not like this two years ago before I had my vaccine. I used to work crazy shifts. I live a block from the nursing home and I would get called and I would be doing 12-hour shifts and then be on call all night and then doing another 12-hour shift. Being on call all night, do another 12-hour shift. I did those countless times. I used to be able to do more than I can do now.

Dellene Church

And are your symptoms still being investigated by anyone?

Angela Taylor

No. They basically wrote me off. At the beginning they told me to see a massage therapist and chiropractor, because they figured it must be some kind of a muscle or whatever. I did that for two, three months and then I went back. My nurse practitioner retired and I saw my new nurse practitioner. And she called the cardiologist on call in P.A. [Prince Albert], and I went directly there to do a stress test, an ECG, and blood work and all that.

And I actually had a friend who is an emergency doctor in Prince Albert. And I asked him if he would kindly put myself at ease and do a D-dimer test. And that's when they found out

that I actually had above D-dimer. I had a blood clot somewhere. My friend was, like, "Angie I don't know what I can do because I shouldn't send you home, but the CT machine is down. I know you're on an aspirin a day. I should give you Tinzaparin, which is a blood thinner. I don't feel good about letting you go home, because if you die it's kind of on me." I said to him, "I'll be back here at 7 in the morning." Because he knew I lived 45 minutes out of town from Prince Albert and he just didn't feel good about that. But when I had the CT scan, they only did my heart and my lungs. They didn't do my limbs. And I had been telling the doctors that I had, like, a charley horse in my arm. And eventually, after a couple months of aspirin a day my charley horse disappeared, which I'm guessing was a blood clot.

Dellene Church

Did any of the doctors you saw mention COVID? Ask you if you'd had the vaccine, how far ahead you'd had it?

Angela Taylor

They wanted me to get my second and third shot because the Johnson & Johnson was a one-shot. And I said "No, absolutely not." I said "I know I've got an injury from the vaccine that nobody will even touch me on."

[00:10:00]

They just wanted to give me another COVID shot because it was a Johnson & Johnson, it wasn't Pfizer or Moderna. And they wanted to give me a COVID swab because I probably had COVID that I didn't know about.

Dellene Church

So there was no connection made by any healthcare that possibly this was a vaccine injury?

Angela Taylor

No.

Dellene Church

Or that if you considered it to be one, what you could do about that?

Angela Taylor

No.

Dellene Church

Okay. So you also had some effects in your family from COVID restrictions and mandates. Your husband, children, parents, and your mother-in-law were all affected. Can you briefly tell us about that?

Angela Taylor

Yeah. At our school—it's a public school in Kinistino—I have to sign a form saying that they can get their picture taken. But when the health vaccines rolled out in our school systems,

they did not need parents' signature anymore. And with the peer pressure and all that we pulled our two kids out of public school and we home schooled our 16-year-old and 14-year-old now. They had to quit playing sports because they weren't allowed to.

And then my 22-year-old daughter was going to university in Regina. She was in her third year of social work and she had to drop out because she didn't like online learning. And then because of the vaccine mandates, she couldn't go to school.

My son got married. He's 26 and he could only have 30 people at his wedding.

My mother-in-law— I just want to read this because I don't want to mess this up:

"My mother-in-law got COVID and, to make a long story short, she passed away after getting pneumonia. But the doctors and the nurses wanted to vax her right up until her death. Plus, they treated us like second-class citizens for not having been vaxxed or not having the boosters. It was awful.

We were in the city visiting her and they told us that, 'we may have to put her on a ventilator in a while,' but it wasn't urgent. They suggested that we go somewhere and discuss this as a family, and they assured us that they would let us know before they did anything. We returned from lunch to find her in an induced coma and already ventilated and she never regained consciousness again. They did this while we were gone and her own kids never got a chance to say goodbye to her. Her last words to the nurse were, 'Tell my family I love them.'

They were flippantly passed by the uncaring nurses that told us that they would call before they hooked her up, and then they made her do it alone when we were there at the restaurant less than 10 minutes away. The nurse on the phone had our numbers, and—"

I've told my husband to request her medical records because I'm pretty sure that they did a whole lot of things that they shouldn't have done. Because, for one, she was unvaxxed and she never did want to be vaxxed. So I'm pretty sure they gave her Remdesivir and a bunch of other things. And they had her prone. And everything that I read that you're not supposed to do, they did.

Dellene Church

Okay. And your parents: They also suffered vaccine injuries?

Angela Taylor

Yes, my parents are elderly and they have a winter home in Yuma. They couldn't get across the border so they decided to get vaxxed so they could go to their winter home. My dad has a lot of health things that go wrong with him because of his back and his neck. But when he's over in Yuma, he doesn't need a walker at all. He's really good over there.

Anyways, my dad had a stroke a few months after they were down in Arizona. And then my mom: she started doctoring and ended up in the emergency room down there. To this date, she can't find a doctor to listen to her. It happened a few months after her Pfizer vaccine—her second one so she could go to the States. Her hands are contractured and she can't hold cups or bake or any of that stuff. And she can't cut her food. When she comes to our restaurant, I have to cut her food for her sometimes because she just can't do the motion.

She's 73 years old and she was in perfect health. It was my dad that had the health problems, that's why they were going to the States. And she can't find any doctors to admit that it's a vaccine injury either.

Dellene Church

Okay. And your husband did not vaccinate and lost his job.

Angela Taylor

Well, he didn't lose his job. He was working for a farming dealership for 19 years.

[00:15:00]

He was on the set-up and work crew, kind of thing. He couldn't go to Manitoba, and he couldn't eat in restaurants, and he couldn't go in to set up at the shows and stuff. The first show he went to they made him swab so he could enter the building to set up. But the second show he went to they wouldn't allow that. You either had to be vaxxed or you couldn't go in.

And he was to the point where he was just kind of emotionally spent. He just didn't enjoy his job anymore. And then with him and I talking about how everything was so wrong because of my nurse and my HIPAA— I know that unless you are my patient and you have AIDS or HEP or something, and you're, like, having a baby or something that it's going to affect me, I don't get to know your health information.

And I said, "I don't need to go to Tim Hortons and tell them I'm vaxxed or not vaxxed to get a donut." That's so illegal. So my husband and I discussed it and we prayed about it and we actually opened up a restaurant in Kinisto for the unvaxxed, because it was illegal. And thanks to Tony Wells— We went to Tisdale, to one of her Action4Canada things to find out what our legal rights were as a business owner. Because we're not businesspeople, I'm a nurse and he worked for a farming dealership because he loves the farm life.

Dellene Church

And one other point I think you should talk about is your experience visiting the Regina legislature and how you were received there.

Angela Taylor

Yeah, thanks to Nadine Wilson, the MLA—she's not my MLA, but she listened to me—she let us go to the Legislative Building. I believe it was the second week of December or something like that. And she told us after the fact— They did their legislative thing. She said in her 21 or 22 years of being an MLA, she has never seen where the person we wanted to see refused to see us.

Everett Hindley, Minister of Rural and Remote Health— If you go back and you watch that, you'll be so appalled. I came out of there wanting to run for an MLA because it was worse than watching kindergarten kids. He kept telling Nadine Wilson to go do another election to see if she could win a seat. It was childish. There were so many of us there. There was eight to ten or twelve of us there, and he didn't care about our vaccine injuries or how it affected us.

There was a lady that I met there and her and her son just about died six days apart. Yeah, the testimonies that we shared amongst ourselves: it was amazing that we're alive. And I said to my husband, "if I die from a heart attack, I want you to pay for an autopsy." Because I know it's the vax. And I have four kids and a grandchild and I know that it's my health.

Dellene Church

And did the Minister ever speak to you?

Angela Taylor

He gave us 15 minutes of his time because he had another commitment. And he was just doing it for the politics. He really didn't give a crap about any of us.

Dellene Church

So no guidance as to what you could do about—?

Angela Taylor

No guidance. He's never phoned any of us. He has all of our statements. He's got our phone numbers. Yeah, he doesn't care.

Dellene Church

Okay. What do you think our government could have done differently to have avoided the negatives that you've seen?

Angela Taylor

We need a whole new government. Everybody's there for themselves and their money and their own gain. They don't care about the little old people. They don't care about any of us. The lockdowns hurt so many people. My mother-in-law said that she would never, ever live through another lockdown because her kids were too scared to come to see her.

It should be: if you want to be vaxxed, go ahead. Go crazy. But it shouldn't be mandatory.

I wrote many letters advocating for my residents, to SHA, to Scott Moe, to Justin Trudeau. I never heard back from anybody. And it was illegal, what we did to those old people. We had to wear masks and we weren't allowed to touch them unless we were changing their diapers.

[00:20:00]

That's not quality of life, especially when you don't have a great end of life. It's so heartbreaking.

Dellene Church

Do the commissioners have any questions?

Commissioner Massie

Thank you very much for your testimony. I can see you have a lot of notes that you've taken. Would you agree to make that available for the Commission?

Angela Taylor

Yes.

Commissioner Massie

Thank you.

Commissioner Drysdale

Thank you for your courage and your service. I have a question about your vaccine. Your employer brought in a vaccine mandate as I understand it. And you got one injection.

Angela Taylor

Yes, I got the Johnson & Johnson, which is only a one-dose vaccine. And it was supposed to be no mRNA and no aborted fetuses.

Commissioner Drysdale

But were you able to keep your job when you only had one vaccination?

Angela Taylor

Yes, I had to prove that it was a one-dose.

Commissioner Drysdale

Okay. I understand.

I have a couple of questions, along with what was going on in the personal care home that you worked in. We've heard testimony from a number of other people who worked in those homes. Can you tell us a little bit about what the residents' life was like during that time with lockdowns, with no visitation, with staffing, et cetera?

Angela Taylor

It was devastating. They lost the will to live. Like, it was tough. When you go to a nursing home, you have to give up so much of yourself. And they had given up so much. And now they're locked in this home that they can't have their loved ones or grand babies or great-grand babies come to see them. They don't understand FaceTime because that's not the era they lived in.

One gentleman, he was a war vet. And he thought we were trying to kill him because we had to wear masks and we were giving him pills and he didn't have to wear a mask. So he was scared. He didn't even have the strength to get out of his wheelchair, but yet at night he would barricade his door with a dresser because he was scared we were trying to kill him, because he couldn't see our faces. When I had to give him his medication, I had to take my mask off prior to getting to him. And I had to get down on my knees and I had to say what

each pill was for him to trust me. Because he actually thought that I was going to try to kill him.

We had one resident that actually needed a psych consult because she was trying to commit— Like, she wasn't trying to commit suicide; she said she had no reason to live. And we were scared that she would hoard her pills because she was on lots of narcotics for pain. So we had to get her husband to come in to see her. And it's funny because once they saw their family, they spruced right up.

But we had to get that. And then, since we're in a small facility, it's not easy to get psych consults. Then we had to do FaceTime psych consults because the doctors couldn't see patients. I have in my notes that you will read that after the third or fourth vaccine, after I said I would no longer work these shifts anymore up to two weeks, it was also because after that, they didn't want us to submit anything about adverse reactions to the higher-ups. And I said, "Well, I'm charting it in their nursing notes because this is illegal. Because I am seeing heart rates of over 200 beats a minute, and I'm seeing blood pressures like I've never seen before on people that don't have blood pressure issues." You know, I've worked in the long-term care for seven years and I have never seen two strokes in 24 hours. And a few days later those two strokes had both died in 24 hours. I have never seen that in my seven years at that place.

Commissioner Drysdale

What were the staffing levels at your facility like prior to the COVID-19? Did you have shortages of staff? Did you have excess staff? Did you have exactly the right amount of staff prior to the COVID-19?

Angela Taylor

We are always short-staffed so it doesn't really matter—pre-COVID, during COVID, after COVID. But the thing is, people abused the whole sick pay. Because— I'm unionized, so I could say, "I was in contact with somebody, so I might get COVID." And I'd get 12 days paid COVID and I couldn't show up for work.

[00:25:00]

So it was crazy.

And then when we were in contact with somebody, they were down to two nurses so they had to get people from all walks of the SHA to come in and fill those positions. Which was funny, because we couldn't go work in any other facility because we couldn't bring bad germs back into our facility. But then people that were working in emerge., or in Estevan, or Saskatoon: they could come work in our facility because we didn't have the manpower, because we had to stay home for two weeks to make sure we didn't get COVID.

Commissioner Drysdale

What you've described through your testimony is horrific. You're talking about reactions—or alleged reactions—after vaccines. You're talking about people being locked up in their rooms. You're talking about people not having sufficient staff. You're talking about all kinds of things.

In your experience, in that facility, was there any additional government monitoring? Did they come directly to see what was going on in the facility at any time?

Angela Taylor

No. I asked Scott Moe and a few of the MLAs around our area to come and talk to our residents, to listen to what they needed to say. Because that was one of the things that they kept saying to me is, "Nobody asked me what I wanted." They said, "If I wanted to be locked down, I would have did it in my children's homes." Or they said that they would rather die than be locked away in a nursing home where they couldn't even see their family members. We had a husband and wife that could see each other outside of a window. They weren't allowed to touch, kiss, nothing. And yeah. It was illegal, because nobody should be telling them what they can and cannot do as a spouse.

Commissioner Drysdale

My last question is: How did the people administering the vaccinations to the residents ensure that there was informed consent?

Angela Taylor

Their families.

Commissioner Drysdale

And their families were informed of things that you've been hearing about potentials for adverse reactions and the risks and all so that they could actually form informed consent?

Angela Taylor

The first few vaccines everybody was just gung-ho because they thought that they could come in to see their loved ones. But that's not what was going to happen. It was never going to be opened. We just got rid of our masks two weeks ago. Yeah.

It was, say my grandparent left me in charge of their written or their verbal consent. I would say "Oh definitely, vaccinate them." Some of them don't even have contact with their loved ones and they were saying, "Vaccinate them."

And now— Well, there's not very many left from the start of this. But what I noticed also because I worked the first so many, by the second or third time, I said, "Oh, so-and-so will be next in 10 minutes, and so-and-so will be next 10 minutes after that." And they laughed at me. And I said, "No, I have figured this out." And sure enough, I would be running for the blood pressure machines, and I would be running for everything because just as it happened prior, it happened again.

Because it didn't go by alphabetical order, I'd figured that much out. But finally, I had enough and I said to my co-workers— Because we're the only nurses there; I'm the in-charge nurse, I look after 30 residents— I went and I got four charts out and I said, "Look. A-B-C-D: first vaccine. A-B-C-D: second vaccine." It always was the same people in the same sequence. It was crazy. And finally, I said to one family member after the third one: "Are you actually going to vaccinate them again for the next booster? Because look what has happened to them every time." I said, "you got to reconsider this."

Commissioner Drysdale

How many medical doctors were present during the vaccinations of these residents?

Angela Taylor

None. We have a doctor that comes out, maybe, Mondays and Fridays if we're lucky. And he doesn't really like elderly people, so it's not a big concern for him. But we've never had a doctor there. And when we have the adverse reactions, we never send them to a hospital. We just monitor them because it's end of life care.

[00:30:00]

Commissioner Drysdale

So, there were never reports to the CAEFISS [Canadian Adverse Events Following Immunization] System?

Angela Taylor

Well, we would report it to the doctor and he would come and look at them on Monday or Friday. But for myself I did the complete charting in the nurses' notes, plus I did it for the higher-ups, to be sent the reactions. But, like I said, after so many they quit taking any of the—

They didn't care that this was really happening, I don't think. That's my opinion, because I was just— That's when I said, "Do not schedule me for any shifts up to two weeks after." One time I went in as a care aide because all the staff got sick as well, because they were vaccinated the day before. So I went in to work as a care aide, and there was only two care aides and a nurse. And the nurse started getting sick and the other care aide that I was working with had to go home because she got sick.

I saw so many health issues from my colleagues as well and they won't put the thoughts together. Like, there's a cold and I've worked in that facility for the two years and I never did fit an N95 mask. So I was using the nice blue little medical masks. And I went into 13 rooms one time. We had 13 people that had COVID and I never got COVID. The whole time I have worked there, I've never had COVID. And I was wearing my little flimsy mask with my medical gloves and my medical PPE. I was the only nurse, so I had to go in and out of each of those rooms to give their medications and to do any dressings or to do anything, and I never got COVID. I washed my hands with hot water and soap. I did everything I was supposed to do. Everybody that I work with has basically got COVID a couple times.

Commissioner Drysdale

Were there ever any overall staff meetings where you discussed what was going on, and what the reactions you were seeing were, and what the care level was for the residents?

Angela Taylor

No. Because a lot of the people that I work with don't want to admit that the vaccines are wrong.

Commissioner Drysdale

Thank you very much.

Dellene Church

On behalf of National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Angela.

Angela Taylor

Okay, thank you.

[00:32:43]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 4: Ann McCormack

Full Day 1 Timestamp: 06:59:05–07:28:25

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness today is Ann McCormack. Ann, can you please state your full name for the record, spelling your first and last name.

Ann McCormack

My name is Ann McCormack, A-N-N M-C-C-O-R-M-A-C-K.

Shawn Buckley

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

Ann McCormack

I do.

Shawn Buckley

Now, my understanding is you have a Bachelor's in Pharmacy and Pharmaceutical Science from the University of Alberta.

Ann McCormack

That's correct.

Shawn Buckley

And you practised as a pharmacist for seven years.

Ann McCormack
About seven years, yes.

Shawn Buckley
And then, for family reasons, you let your licence lapse.

Ann McCormack
Right.

Shawn Buckley
But you went back as a pharmacy assistant, unregulated, in May of 2020.

Can I ask you what happened to the previous employee?

Ann McCormack
Oh, sure. I had heard about this job. I was home on the farm and the lady that I had replaced was so afraid of catching COVID that she couldn't come to work anymore. She quit.

Shawn Buckley
Okay. And now, my understanding is that the pharmacy that you were working at was not selected initially to receive the vaccine. Can you explain to us, kind of what happened, and what happened with the pharmacy across the street?

Ann McCormack
Sure, I'll try to. I think it's a large picture where a competition atmosphere was set up so that the vaccines were promoted. But I think it started very early at a federal level, where the federal Conservatives under O'Toole sort of accused the federal Liberals under Trudeau of not being able to obtain any vaccines. And then the trickle down was that, when these doses were finally procured, provinces would then distribute them.

And so early doses of vaccine of all the brands were initially given to drugstores that could handle a high volume based on the previous year's flu vaccines that they were distributing and injecting into people. We were a smaller drugstore and the drugstore across the street had a larger volume. They had a larger square footage, more staff.

And so there became— The managers almost sort of had their nose out of joint that the government actually selected one business over another. As a patient, if you chose to get the vaccine, you couldn't necessarily just go to your regular druggist—especially if you had a date to get across the border, for instance, to Yuma. It really set up a competition and it took the individual's choice of who they went to for their health, I suppose you'd say. It took that choice away from the individual to some degree.

Shawn Buckley
Now, this is a smaller town, am I correct?

Ann McCormack

About 1,400 people. In Alberta too, by the way.

Shawn Buckley

Yes, so I presume that—I imagine it's the same in the city, but more so in a rural environment—the pharmacist gets to know the patient and is familiar with the patient's medical history.

Ann McCormack

Oh, absolutely. That's the best part. I left being a pharmacist for lots of reasons but the only thing that I really, really miss is seeing the same people every day, doing their blood pressure. You know, we call them the senators. All the old gentlemen would go and get their blood pressures done then they'd go for coffee and compare their numbers, right? It's a social thing. It's a wonderful, wonderful set-up. It is a really loving environment. Yes.

Shawn Buckley

Right. But the thing is, with this policy where people have to go to a different pharmacy, they would be going to a pharmacist that does not know their medical history and record. So that pharmacist wouldn't know if there's something contraindicated with taking the vaccine or whether there should be a specific concern.

Ann McCormack

That's true to some degree. To some degree, they're obligated to do some history on that person but you are sort of walking in cold, for sure. I mean, it is much nicer to know a medical history on somebody, yes.

Shawn Buckley

Now, was the incentive structure different for the COVID vaccines than other vaccines?

Ann McCormack

Speaking to Alberta again, I don't know what you'd call it, a traditional vaccine like Measles-Mumps-Rubella or a TWINRIX vaccine for travel,

[00:05:00]

the drug store would bill the provincial insurance company \$13 per dose. That's your dispensing fee. And so for COVID, we billed Alberta Blue Cross \$25 per dose. Nearly double.

Shawn Buckley

Now you were wanting to say some things about informed consent. So I'm hoping— And please take your time with this because as a pharmacist you actually would be the person, back when you were licensed, actually dispensing drugs. So pharmacists are highly trained in what informed consent is. And I think you were here earlier today when Dr. Christian was speaking about the Nuremberg Code and informed consent.

Can you explain to us what basically are the elements of informed consent and why they're important?

Ann McCormack

Well, I'll go back to what Dr. Christian said: It is the absolute bedrock of patient care. It ought to be the bedrock of banking, of every single way we serve one another as humans.

Informed consent in Alberta is: First of all, you must have the capacity to understand the information before you consent. If you are given every reason in the world to do something, to buy something, to inject something, to ingest something, and you still choose not to, that is your prerogative. That is your choice. However, first of all in Alberta, you must be able to have the capacity to form consent and then you may give your consent.

It's a little bit different in Saskatchewan, in that there is a duty to ensure that the information is understood, and also that a signature is not the same thing as informed understanding and consent.

Shawn Buckley

Right. Now, I don't know, what is the legal drinking age in Saskatchewan? Is it 18?

Ann McCormack

Is it 19 in Saskatchewan maybe?

We live near Lloydminster, so we're a border city that straddles Alberta and Saskatchewan. And many of the health mandates that came up, like the legal age to go into a liquor store or whatever, would be dictated by Saskatchewan. However, lottery and that kind of thing, the VLT that you'd play while you're drinking, was dictated by Alberta. So it was crazy, really.

Shawn Buckley

But it's around 18 or 19.

Ann McCormack

Eighteen or nineteen, whatever, yeah.

Shawn Buckley

Okay. It's just, we had some evidence earlier today about: How does a 13-year-old be able to consent? That it's just not possible. So that would speak to the capacity issue that you've raised.

Ann McCormack

Yes. Even the language that is used to explain side effects to a person, it's just being a nice person. It's just being a decent individual, a moral individual, regardless of whether you've taken an oath or not. Explain things in a way that people can understand and try and ensure that it is understood.

Shawn Buckley

Commissioners, I'll just let you know that Ms. McCormack has provided me with a screenshot of the Saskatchewan requirements. But I'm going to ask David if he can pull up my screen, which is the Alberta College of Pharmacy Requirements. And can you speak to us about a sentence there: "Generally, for a patient's consent to medical treatment to be acceptable—" And then there's three concepts.

Can you speak to those and explain those to us?

Ann McCormack

Well, it has to be voluntary. You know that saying about, "No jab, no job?" I mean, that is coercion. If you threaten someone's income or their ability to put food on the table for their children because you haven't taken an injection that either you're not aware of, or not sure of, or have a question about, that is coercion. That is not freely given informed consent.

We've talked a little bit about the capacity to form consent and that the patient must be properly informed. I don't know that even a lot of the health professionals have been properly informed. The way medications are promoted—and doctors are sometimes educated and pharmacists certainly are educated—is through drug reps.

A drug rep usually has a Bachelor of Commerce degree. They don't have medical training.

[00:10:00]

Our conferences and learning opportunities are often sponsored by the drug companies. Wings of hospitals in different countries are sponsored by drug companies.

Shawn Buckley

And as far as informed consent, my understanding is that a person has to understand both the risks—

Ann McCormack

Oh, the risks and the benefits, right.

Shawn Buckley

And the benefits. And then the ingredients.

Ann McCormack

Well, yes, the ingredients. I don't know that you need to learn how to spell "thimerosal" or some of the ingredients that are in a drug. But certainly, at the bare minimum, you must be able to—in some informal way in your mind at least—balance the risk-benefit ratio and make a decision for your very own body. Or that of your child. Or that even of your unborn child.

Shawn Buckley

Now you had some conversations with the pharmacist that was at your pharmacy because eventually, your pharmacy did get the COVID-19 vaccines.

Ann McCormack

Yes. I will say I wasn't employed at that pharmacy much after the first vaccine doses came in. But I would ask questions, "Well, what about informed consent?" Because keep in mind, I had let my licence go many years before and came back to work because I wanted to. And there would be questions— I would say, "Well, what about informed consent?" And from educated—to my mind, very good-hearted people—the answer was things like, "Well, that's the way we do things now." And you could knock me over with a feather. When I asked about things like blood clots for instance— Because it was in the popular press, people wanted to know; they were worried and they wanted to know the answer. "Well, what about blood clots? What do you tell them?" "Well, you can treat blood clots."

That was literally the answer: "You can treat them."

Shawn Buckley

What would the pharmacist do if asked about the long-term safety data by a patient?

Ann McCormack

That's another one that was brushed off. It was to the effect of, "Well, that is how we do things now." One of the pharmacists—again, licensed, experienced, you know, upstanding person in the community—would say, "Well, first of all, there are no long-term safety data. But am I worried about it? No." So you're inserting an opinion in that conversation which, to my mind, ought to be strictly the facts.

Your opinion— I don't know, you guys are the lawyers. If you try to influence somebody with your opinion on a health decision, I think you've overstepped the line as a professional.

Shawn Buckley

I appreciate that you weren't licensed at the time so that you did not give any injections. If you had been licensed, how do you think you would have dealt with this?

Ann McCormack

I would have quit. There is absolutely nothing— I can't think of a situation where I would have prepared a patient and given an injection, firstly, that I had concerns about. If I had concerns about something, I would have sought answers to satisfy my curiosity. And I couldn't have done it. I couldn't have done it.

Shawn Buckley

Now, as things went on—and you already told us that you weren't employed there for much longer after—can you explain for us what happened?

Ann McCormack

Yes. In 2012, we lost our toddler son in an accident on our farm. And so, I just felt when I was wearing masks, because they were mandated, I couldn't breathe. I got grief feelings: you know, a bit anxious and like I couldn't breathe. I did try wearing masks at work but I eventually just couldn't. And my doctor actually wrote me an exemption.

So, I tootled along. By then everybody's putting Plexiglass up and putting alcohol on ballpoint pens to keep the germs off everything. You know, all these crazy things.

Anyway, my husband is 60 years old. And about six months before I lost my job, our 14-year-old son took his own life the weekend before school started. So, we have lost two children and there was absolutely no way that I could wear a mask.

[00:15:00]

You know, just the feeling of claustrophobia and whatever. And I say that as if I'm putting a label of mental illness on myself. I don't think that that is, I think that that's a very normal reaction given our circumstances. I suspect that it would be mentally ill not to react to the deaths of your two sons and to be able to wear a mask and all this confining stuff.

Anyway, my husband is 60 years old. One day when I was not wearing a mask at the store, I went to help a customer who was his high school bus driver from 45 years ago. Who said, "Get your mask on," or whatever. And I said, 'Well, I can go back here or find somebody else to serve you.' Jason Kenney, our premier in Alberta at the time, instituted a "snitch line" so you could phone and report people. And so she used Jason Kenney's snitch line to report me for not wearing a mask.

The health inspector contacted the pharmacy. On April 29, 2021, within 20 minutes—despite coming in early to cover the pharmacy so that my superior could have a private doctor's appointment for 20 minutes and then come back to the drug store—that was the end of my job. I had to go home.

Shawn Buckley

When we were in Winnipeg last week and playing government clips, when they were talking about snitch lines, they used a much more police-state term. They used the term "ambassador," that you would be an ambassador. I think at the NCI we're going to adopt that: "the ambassador." It just kind of has an Orwellian ring to it.

So you lost your job. My understanding is that you filed a complaint with the Alberta Human Rights Commission.

Ann McCormack

Yes. I did it on my own and then I thought, "This is ridiculous. That's not going to get anywhere." For one thing, if you live in a town the size of ours— I knew who had made the complaint against me and I phoned her and asked her why on earth she did that. She said, "Well, I'm sorry, but—" I mean, I don't even know if she's alive anymore. She's got to be close to 90, or over 90.

And then I thought, well, I am going to fight this. This is wrong on so many levels. This makes no sense. And then I did get a lawyer, withdrew my complaint, and he submitted a complaint to the Alberta Human Rights Commission. And I'd also tried to reason with the College of Pharmacy. I said, 'I'm not even a regulated member. Why did I lose my job?' And of course, what they did was put pressure on all pharmacists so that even unregulated cashiers, everybody, would be wearing masks. I don't know what would have happened to my immediate superior if I hadn't worn a mask. So yes, that's been before the Alberta Human Rights Commission. It will be two years in just a few days.

We had a conciliation meeting to try and work things out—which was not successful at all—in which my lawyer had presence of mind to ask before the Zoom meeting started, because the other party was a little bit late joining, if there was a bias against people like me. “People like me.” And this young fellow from the Human Rights Commission who was sort of mediating this negotiation, or was supposed to be, he admitted. He laughed, he said, “Yeah, well, I guess I have to admit that, yes, we do have a bias against you.”

Shawn Buckley

Interesting. Now, my understanding is you filed almost two years ago and the importance of that is: You haven’t had a decision yet, number one. And two, your two-year limitation to start court proceedings is just about to run out.

Ann McCormack

Yes, it is. And my lawyer has written two letters to the Human Rights Commission. I think it’s probably about the same across the country but this is of course to the Alberta Human Rights Commission. One last October 28th, saying, you know, “I’m seeing other cases go by.” He’s got five of us within the province of Alberta who have expert testimony and legal representation. “Why aren’t my cases being looked at? Why are tribunals not looking at my people, my specific people, at the Alberta Human Rights Commission?”

He just wrote another letter just a few days ago, six months later [Exhibit SA-6b].

Shawn Buckley

I think that was April 14th. Your lawyer is James Kitchen?

Ann McCormack

Yes.

Shawn Buckley

And he’s coming tomorrow to speak. And we’ll file—in fact, we’ve already filed—those letters that he wrote.

[00:20:00]

Just to substantiate, what you’re saying is that they’ve basically been dragging it out for no reason.

Ann McCormack

Yeah. Well, I think the reason is in fact that it times me out, so that they’ve taken my choice to go through the courts away from me. You can’t do it at the same time. If I failed at the Tribunal then maybe I would go through the court proceeding, which would be more expensive and I don’t know if it would be successful or not.

And it doesn’t matter. To me, the fact is that they’ve taken away my chance to advocate for myself, to make my case. It’s so true that justice delayed truly is justice denied.

Shawn Buckley

Right. I have no further questions for you. I'll ask if the commissioners have any questions.

Commissioner Kaikkonen

Thank you for your testimony. I'm just wondering if there was a formal public tendering process for the government choosing which pharmacies would meet the qualifications for giving vaccines to customers.

Ann McCormack

Oh, my! Well, I'm not an expert on that. However, in such an unusual situation to my mind in this country, politicians started naming Shoppers Drug Mart. "Go to Shoppers Drug Mart to get your—" It should be a private business. Why not Guardian Drugs? Why not Apple? And I guess I have seen some coincidences, where Shoppers Drug Mart was bought out by Superstore in about 2013. Owned by Westons. Westons and Trudeaus are pretty good friends. I don't know if that has anything to do with it. I don't know. I haven't read any contracts.

Commissioner Kaikkonen

And also, we heard earlier—I believe from Dr. Christian—that there is an assumption that 13-year-olds are able to understand the benefits and possible reactions to the vax. But presumably the adults dictating that children receive the vax would understand the risks. Did you hear or know of any health professionals that chose not to vax a young person on the basis that that youth might not have the capacity to give consent?

Ann McCormack

I did not witness that, no. However, as a mom of a 14-year-old son who took his own life, I would say that young people probably don't have the greatest judgment. This was absolutely shocking to us. We'd been at home, of course, without school, for months. My son said that this had been the best summer of his life. Okay, the cops are going to get me because we live on a farm and we were not too concerned about all these restrictions. He went boating with his cousins. He could sleep in. You know, he read books, went exploring all over our farm for acres and acres for hours every day, you know, rode his horse, had the dog. I mean, he didn't have to go to school, so he was having a great summer. So, there's an example of a 14-year-old who made a decision that he couldn't undo. And I would suspect that there are lots of teenagers that may make a decision to take a vaccination that you can't undo.

Commissioner Kaikkonen

I'd like to thank you for your testimony and I'm sincerely sorry for your loss. Thank you.

Ann McCormack

Thank you.

Shawn Buckley

And there's still more questions.

Commissioner Drysdale

Thank you for your testimony. Did you witness any of the vaccine injections that were going on in either your drugstore or any other drugstore in your community—like, first-hand witness them?

Ann McCormack

The needle going in the arm? No, I didn't. We have an injection room for privacy for people.

Commissioner Drysdale

Okay. You mentioned that when you questioned the pharmacist about long-term effects, he didn't seem to be concerned with that. Did the pharmacist and then the people around you understand the unique nature of the mRNA vaccines? In other words, this wasn't like a measles vaccine. This was something different. Did they know that?

Ann McCormack

I think so. I think it was in the press. And as I say, I think the political football that it became, like, "We've got to get it! We've got to get it!" Do you remember the competition? It was sort of watching this race to get this vax. There was even different language about it, to get the vaccine out there. Like it was an accelerated pace to get that technology developed, get it into needles, get it into your arm, right? It was a real race.

[00:25:00]

It was a sensationalized thing.

Yeah, so people did know that. As I say, if COVID sprang up in March of 2020— March 17th I think, was sort of the lockdowns in Alberta. School was done for the rest of the year, et cetera. If it was a new disease, surely, surely people must know that if the vaccine was a new technology and only around for six months; there could not possibly be any long-term safety data on it. And if you had that question and you asked it, surely it should have been answered honestly, that we just don't know.

Commissioner Drysdale

I just want to confirm what I thought I heard you say. Did you say that normally the pharmacy would get paid about \$13 per dose for an ordinary vaccine, but that they were paid \$25 a dose for the COVID-19 vaccine—that's almost double?

Ann McCormack

That's correct and that's Alberta. A pharmacist, like maybe Krista Moe— I believe Premier Scott Moe's wife is a pharmacist and they own a drugstore about an hour and a half from Saskatoon, licensed in Saskatchewan, could give you a better answer about Saskatchewan information.

Commissioner Drysdale

Well, Alberta's information is fine. I just want to make sure I understand this. Does that include the cost of the vaccine? In other words—

Ann McCormack

Oh, oh, oh. I'm sorry to interrupt you. Yes, that's a very good question. Sorry. And I believe the other commissioner was maybe trying to get at that.

The expenses around delivering the vaccine for the individual drugstores in Alberta would be the storage requirements in a fridge and whatever personal protective equipment you had to wear—gloves, a mask, whatever. So, I won't say that the vaccines were provided to the drugstores free, because they were provided from the federal government bought with tax dollars, right? So of course, they're not free. But the individual drugstores did not buy them themselves. They had to go to the expense of purchasing gloves and masks but they didn't buy the vaccines.

Commissioner Drysdale

I understand. So, the increased cost may have been somewhat related to them having to buy PPE that they didn't necessarily need to use for, like, a TWINRIX vax.

Ann McCormack

Well, maybe. I think most pharmacists would likely use gloves anyways. Maybe not a mask in the before-times, I guess you'd say, or before COVID. They may or may not wear a mask in close contact with people. I think it was for the extra counselling, maybe, that it took for mRNA injections, to talk to people about them. Probably took more time with this new technology.

Commissioner Drysdale

Extra counselling?

Ann McCormack

Well, pharmacists are required to counsel and make sure there is informed consent and answer questions around it.

In Alberta, I believe the pharmacists were also encouraged to consult their patient lists—so the database that you'd have per patient, which is confidential. And to my mind, that was not breached; I'm not saying that at all. But they were encouraged to contact people that would normally come to their drugstore and make appointments to give the mRNA injections. I don't think that's ever happened—not to my knowledge—in any other situation before.

Commissioner Drysdale

Lust so I'm clear, the pharmacists were cold-calling potential clients and they were using their patient list to do that?

Ann McCormack

Yes. And I believe they were encouraged to do that by the Alberta government.

Commissioner Drysdale

Hmm. Thank you very much.

Shawn Buckley

There being no further questions, Ann, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Ann McCormack

Thank you all. Thank you.

[00:29:20]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 5: Randolph Schiller

Full Day 1 Timestamp: 07:29:15–07:56:08

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name sir, and spell it for us. And then I'll do the oath with you.

Randolph Schiller

I go by the name of Randy Schiller, but my legal name is Randolph Schiller. R-A-N-D-O-L-P-H S-C-H-I-L-L-E-R.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Randolph Schiller

So help me God, I do.

Wayne Lenhardt

You live in the Weyburn area, is that correct?

Randolph Schiller

That is correct.

Wayne Lenhardt

Okay. Your saga began in what year?

Randolph Schiller

In 2020.

Wayne Lenhardt

Okay. At that point, COVID had come along. The vaccine was being used. You got suspicious. Could you tell us about that?

Randolph Schiller

Yeah. Right from day one in January 2020, when I was watching the news videos from China. When you're seeing some of the people fall dead over in the street, disinfecting the streets, building a hospital in seven days—which to me looked more like prison cells—I questioned the narrative coming out of China. To me, the validity of the virus was not there.

Wayne Lenhardt

So did you get the vaccination?

Randolph Schiller

No.

Wayne Lenhardt

Have you ever gotten it?

Randolph Schiller

No.

Wayne Lenhardt

So what happened next? Did you suffer any financial consequences relating to COVID?

Randolph Schiller

Yes. My employer, Canada Post, had masking mandates. I sought a mask exemption. I eventually got one. Immediately, I was put on short-term disability, which went to long-term disability. And then when Mr. Trudeau removed the masking mandates I could not work, because I was not vaccinated, for about three to four weeks.

Wayne Lenhardt

So at some point, you thought about doing freedom of information requests.

Randolph Schiller

Yes.

Wayne Lenhardt

And when did you do that and to whom?

Randolph Schiller

I first started off with the Holy Family School Board in Weyburn. That would have been in December 2021.

Wayne Lenhardt

Did you have children at that school?

Randolph Schiller

No. No, sir.

Wayne Lenhardt

Okay. I believe you told me that you'd been on the board of that school?

Randolph Schiller

Yes. Previously, back around 2010, I was a trustee for the Holy Family School Division.

Wayne Lenhardt

Okay. So, the Holy Family School Board in Weyburn. And who else did you make requests of?

Randolph Schiller

At the same time, I'd mirrored my FOIA request to the Holy Family—to the Ministry of Education and to the Ministry of Health.

Wayne Lenhardt

Okay. Do you remember generally what it was you asked for?

Randolph Schiller

Yes. I wanted communication between Holy Family School Board and the Ministry of Education. Also, the same thing between Holy Family School Board and the Ministry of Health, or the SHA [Saskatchewan Health Authority].

Wayne Lenhardt

Okay. And so what happened next?

Randolph Schiller

Immediately they took my request. A couple weeks later, I added another FOIA request to the Holy Family School Board. Shortly thereafter, I got a letter in the mail stating that the Holy Family was going with the Saskatchewan School Board Association: they were going to petition the [Saskatchewan Information and] Privacy Commissioner and disregard my request for vexatious statements.

Wayne Lenhardt

Okay. And so that sort of a refusal proceeded through its channels, and then what happened?

Randolph Schiller

I eventually won that case with the Privacy Commissioner. I was lucky enough to have a gentleman sitting with me while I recorded the conversation, proving that I did not utter any vexatious comments.

Wayne Lenhardt

Okay. Now, I gather there's a difference between asking for material from the Ministry of Health. And there is another agency that you can go through as well. So did you get what you wanted from the Ministry of Health and did you have to go elsewhere?

Randolph Schiller

The Ministry of Health came back with those records saying they did not communicate with Holy Family School Division. But I also changed my wording with the Holy Family to go through SHA. SHA did have communication with Holy Family and some of the requests, mostly through the channel of the Weyburn Public Health.

Wayne Lenhardt

Okay. Did you get what you wanted as far as the public health records went?

[00:05:00]

Or was there some other avenue you had to go through?

Randolph Schiller

No, I didn't get everything that I wanted from the health records, that channel. If you're regarding the freedom of information for the Holy Family.

Wayne Lenhardt

Okay. We talked about Panorama records—

Randolph Schiller

Oh, the Panorama record. Okay. I wasn't sure what you were getting at there. Sorry about that.

Late in the fall of 2021, because of the vaccination passports that were coming out, I wanted to block my eHealth records. During my blockage of my eHealth records, I found out that there's also an entity through Public Health called Panorama records. That is controlled by Public Health and it holds all your vaccination status and all those other records. During that time with the Panorama records, I asked for what was on my file. What I did find was some questionable entries regarding COVID. And I challenged the SHA. But in my opinion, those records were fraudulent.

Wayne Lenhardt

Okay. So in other words, you did get some records. You had to fight a bit. Have you gotten all of the records now that you've requested?

Randolph Schiller

No.

Wayne Lenhardt

Okay. And there's still some sort of a dispute going on at the moment. What's happening there?

Randolph Schiller

Well, between the Ministry of Education and the Holy Family, right now I have a request for review with the Privacy Commissioner because the Ministry of Education withheld or redacted much of the records that I sought.

Wayne Lenhardt

Okay.

Randolph Schiller

So I'm asking for a review to have everything unredacted.

Wayne Lenhardt

And you've provided us with all of the FOIP responses that you've gotten to date, which isn't all of it, and they're on this thumb drive.

Randolph Schiller

That is correct.

Wayne Lenhardt

Which is going to be submitted to the Commission to go into their records.

Okay. You haven't done any kind of an analysis of all this documentation, like we've heard from witnesses this morning. But could you give us your general overall view of what you've gotten so far and what you're still hoping to get?

Randolph Schiller

Well, number one is transparency and informed consent. That's always been my goal. That the government is not very transparent in providing records, just from my personal situation.

Wayne Lenhardt

Were the records that you got consistent with what the mandates were at the time?

Randolph Schiller

Could you rephrase that, please?

Wayne Lenhardt

Well, I think you were concerned— For example, we had a discussion previously about masking and whatnot. Did Public Health or the SHA or someone actually mandate the mask? Or was there just a suggestion? And did some other body go ahead and go a little further than, perhaps, the requirements indicated?

Randolph Schiller

I want to say yes, that the Holy Family School Board went above and beyond what I believe was required from the Ministry of Health.

Wayne Lenhardt

Okay. So, let me put it this way then. If you were in charge and you had seen these documents, would you have done the same restrictions and mandates as occurred? Or would you have done things differently?

Randolph Schiller

No, I would not have done all those restrictions. If I was on the Holy Family School Board, I definitely would have not implemented the policies that they did. But my understanding, all school boards were following those directions from the Ministry of Health and the SHA.

Wayne Lenhardt

Did you feel there was any necessity to do what was done that caused you financial harm?

Randolph Schiller

No.

Wayne Lenhardt

Okay. Is there anything else that you would have done differently?

Randolph Schiller

For me, no.

Wayne Lenhardt

At this point, I think I'm going to ask the commissioners if they would like more information.

Randolph Schiller

Would you mind if I give some of my back story? Because I've done 26 FOIPs. So, I was hoping to talk on a few critical ones, if you guys wouldn't mind.

Commissioner Kaikkonen

Go ahead.

Randolph Schiller

I want to enter in the record, as well,

[00:10:00]

I suffer from bad sinuses. Immediately, if I wear a mask, within three minutes my sinuses congest. This has been a chronic problem for ages, and it's been documented in my medical history.

So I started to seek for a mask exemption back when the directives were first coming out with my employer, Canada Post. And the first doctor I went to was in the Weyburn Health Centre, Dr. Erfani. Hopefully I can mention his name; it's too late now. But I asked him for a mask exemption, and this was his quote: My personal health did not matter. It was for the benefit of the public good. I thought that was a pretty profound statement.

During this time, there's a lot of doctors that weren't seeing new patients, so it took me a couple months to get to a second doctor to ask for a mask exemption. His reply—and I'm going to paraphrase—was, "I can give you an exemption for valid medical reasons but if I do, I can no longer practise medicine in Saskatchewan." I thought that was the nature of healthcare in Saskatchewan.

Back when Premier Moe implemented all the mandates in March, I immediately questioned what was happening. During that time, I sent my MLA and the Premier and also the Minister of Health 45 questions that I thought were questions that the media should have been asking but none did. I did not receive a response from any of those three. And at the time I considered my MLA, Dustin Duncan, a friend. I just thought his silence was very profound.

I sent questions to each one of those, three times. None would respond. I sent those same questions to the various departments of the SHA, Saskatchewan Health Authority. They didn't answer my questions either. So needless to say, that was the reason I started to create the FOIPs. I needed to start someplace so that was where I started, with the Holy Family.

But also, I want to discuss: At the same time I was dealing with the Holy Family issues for the disregard, I had sent out three other Freedom of Information requests. One was to the Premier's office, another was to the Ministry of Health, another one was to the Ministry of **Education. I asked if they conducted a cost-benefit analysis before implementing COVID pandemic mandates.**

Within a week, I had a call from the Premier's office. I had a 45-minute conversation with the woman on the other end, and she was seeking clarity to what I was seeking. After 45 minutes, she agreed she understood what I was asking for. Within a week of that phone call, I got an estimate in the mail. On that estimate—it was nearly \$389,000 to provide the records, is what they had estimated. I looked at the estimate closely—\$389,000. I looked at the estimate carefully. The records that they were going to provide at that cost were not the records I asked for. So I pressed them further, and they come back with "no records exist."

The Ministry of Health and the Ministry of Education did the same thing: No records existed. They did not conduct a cost-benefit analysis before implementing their mandates.

I just want to mention, too: It was clear my FOIP requests were going to be a battle, sending lots of reminder emails, because not one of the government institutions were following the 30-day regulations. I should also note that my requests were developed on my personal time and I bore the brunt of these costs. Meanwhile, our government institutions were using employees' time and taxpayer dollars to delay any responses for my questions.

When I was going over the Holy Family records, this is what I found interesting as well. The school boards and schools were agents of the SHA.

[00:15:00]

They were purposely sharing misinformation and promoting fear, from the documents that I was reading. During this time when I was reviewing those records, I was also reading clinical studies from the pharmaceutical companies, and I was going through the SHA website. And what I found was profound. The SHA website was saying that everything was—the vaccines were safe, especially for pregnant women. But the clinical studies weren't saying that.

What was interesting is that I found a site called BASE Learning for COVID-19 Immunization. On this website, it was an online course. And at the end of it you were legally able to give someone—well, I'm just going to say, "the jab" for COVID-19. What I found profound about it: the SHA website, like I said, everything was safe. This course laid out a few of the adverse events that could come from the COVID-19 mRNA drug. But they were still not as close to what the clinical studies were showing.

I just want to add again that the Ministry of Education is still withholding my information, and I've got a review for request within the Privacy Commissioner to have all that material unredacted.

Now back to mid to late June of 2022, after a six-month battle with the Ministry of Health, I finally received records where I asked the question: Could you please provide—I'm going to paraphrase here—all the adverse events for the year 2021 from the COVID vaccine? I asked a similar question to SHA. And I need to read this just so I don't get it wrong: "The SHA is not refusing to provide this information. We are not holders of this information." Which I thought was a profound statement. The SHA is our health authority and they were not documenting the adverse events occurring from the COVID drugs or immunization.

But anyways, back to the Ministry of Health. In late June, I finally received my adverse events records, HE 123-22G. After a quick read, I knew that the document was damaging. It was 122 pages and it involved over 1,200 Saskatchewan people. I immediately sent this information off to SASK ALLIANCE because they had a team of well-known doctors, lab technicians, nurses, and university professors that could actually look at the data too, and hopefully interpret it the same as I did. About three weeks after they were given this material, it was released to the media, and they found the same thing that I found. Out of over 1,200 individuals, 7 people had died in Saskatchewan; 300 people had a severe adverse event and were told to get a second shot. The report didn't tell the entire story.

I'll go on to a different point here, to save some time. That media release for those adverse events, for HE 123-22G, came at the same time as the Carol Pearce tragedy here in Saskatoon. Because of that information, along with the tragedy, it garnered international

attention. But right after that CKOM published an article that stated: according to the Ministry of Health, there was no adverse deaths from the vaccines, the COVID vaccines. I knew that to be a blatant lie. So I contacted CKOM. I provided them with my original FOIP along with the document that I got from the Ministry of Health. And I proved to them that there were seven deaths already in the year 2021. Sarah Mills from CKOM gave me a brush off. This is what she said:

[00:20:00]

"Thank you for the information. If you have autopsy results, we would certainly welcome them. Sarah." CKOM did alter their original article, but it did not go far enough to absolve the lies that came out of the Ministry of Health.

During this same time, I had sent off a Freedom of Information request to the SHA. This is where I asked for records of accuracy concerning PCR testing. This was a long battle. Every month I had to send every other government entity reminders that I was waiting for the material.

I also, at the same time, sent in a FOIP regarding chain of custody for DNA after a PCR testing. Because I was hearing rumours and reading material online that showed that DNA was being sold to other companies after they were tested for COVID. Unfortunately, because of my busy schedule, I let that one lapse. I wish I hadn't.

But finally, in the fall of 2022, the SHA finally provided the records for the PCR Freedom of Information request.

This is the response that I got for the PCR accuracy portion: "The information you are requesting above had not been provided as the SHA is not obligated to create a record in order to respond to access of information request. As you are requesting information, rather than records, this portion of your request has been denied as previous record was not created for a business purpose."

I thought that was a pretty convoluted statement. I pressured them more on that, and they've come back to me: "no records exist." SHA's "gold standard" has no records to prove the validity of their testing. I've also sent to the Privacy Commissioner a request for review for that one, because I've been looking for more records for that one as well.

To date, I've done 26 Freedom of Information requests. I've also helped write some for other individuals. Incidentally, one is a federal doctor. Some have been nurses; some have been teachers. And at the moment, I have won three decisions with the Office of the Privacy Commissioner. I've got two filings under review with the Privacy Commissioner with two more being sent out this next weekend. And I'll be drafting two more as well to the Privacy Commissioner regarding my Freedom of Information request, just because the government and our local authorities are not providing the material.

Thank you.

Wayne Lenhardt

Okay, are there any questions from the commissioners?

Commissioner Kaikkonen

Can you clarify that in Saskatchewan there is a response time, a legislative response time, for those requests to be returned to you with information?

Randolph Schiller

Thirty days. There is a flow chart that they go by, but it should be 30 days.

Commissioner Kaikkonen

But it is 30 days. Okay, thank you.

And then I just wanted to ask about— You made a comment, and I hope I got this right, that Holy Family School Board went above and beyond what was required by the Saskatchewan Health Authority. Can you provide us with an example?

And also, from all of your research, who do you think was responsible for going over and above the provincial mandates? Would that be the Minister of Education, the school board, the superintendents and director, or the school board trustees, or the principals—the administrators? I know the list is long, but I'm just wondering, is there anybody that you have been able to find that would be responsible for making those decisions that go above and beyond the provincial mandates?

Randolph Schiller

That I have not found out. But I can only say that, to me, would be the Director of Education. But it also falls down to the trustees. They are the ones that are directing.

Commissioner Kaikkonen

And you were a trustee, previously?

Randolph Schiller

No, I'm not a trustee currently.

Commissioner Kaikkonen

No, but previously? Did I get that right?

Randolph Schiller

Yeah, previously. Yep.

Commissioner Kaikkonen

So, when you were a trustee, have you ever seen an example of when the school board would make a decision that would go above and beyond some provincial-legislated matter?

Randolph Schiller

During my term, no.

Commissioner Kaikkonen

Thank you very much.

Wayne Lenhardt

Go ahead.

[00:25:00]

Commissioner DiGregorio

Thank you so much for coming today and sharing this with us. I'm hoping you can help me understand a little bit better about the process, particularly when you get a response to one of your Freedom of Information requests and you think that it either doesn't have sufficient records or, I think you mentioned, that sometimes they came back redacted.

What's the process you go through then to try and appeal that?

Randolph Schiller

Well, it depends on what you're looking for. If I see a person's name that's redacted, I'm fine with that. Or their physical address where they reside, I have no problem with that. Or their personal health information, I have no problem with that. That should be redacted. But when they withhold pages, that's where I have a problem.

Commissioner DiGregorio

Okay and so do you make an application, I think you said, to the Privacy Commissioner? How does that work?

Randolph Schiller

Yes, it depends on the battle that you want to fight. If you want to continue the battle, you go to the Privacy Commissioner to have a request for review. What I do is I lay out my arguments, why I want those records. Then you wait for the Privacy Commissioner to make their decision, and then they'll get back to you. And also, if you disagree with the Privacy Commissioner, you can actually take them to court. But that process I hopefully don't have to do. Hopefully, I continue to win.

Commissioner DiGregorio

Okay. And do you get a hearing from the Privacy Commissioner or just written submissions?

Randolph Schiller

No, it's all written.

Commissioner DiGregorio

Okay, thank you.

Wayne Lenhardt

Okay. And anything else from the commissioners? Okay, on behalf of the National Citizens Inquiry, thank you very much for your testimony today.

Randolph Schiller

Thank you very much for allowing me your time.

[0026:53]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 6: Mark Friesen

Full Day 1 Timestamp: 07:56:15–08:38:40

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Dellene Church

Our next witness will be Mark Friesen. Good afternoon, Mark.

Mark Friesen

Good afternoon.

Dellene Church

Can I get you to state your name and spell your first and last name for the record?

Mark Friesen

Mark Friesen, M-A-R-K F-R-I-E-S-E-N.

Dellene Church

Thank you. Mark Friesen, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Mark Friesen

I do.

Dellene Church

Thank you. Now Mark, from the start of the pandemic, you were active in protesting government mask and vaccine mandates and restrictions. As a result of that, you received several fines. You later contracted COVID and were hospitalized in Saskatchewan and eventually transferred out of province to a hospital in Ontario. You have serious concerns over the medical treatment you received in Saskatchewan and the reason behind your transfer out of province.

Can you tell us about your experiences with that hospitalization?

Mark Friesen

Yeah, so my story really starts in June of 2020 when we first started protesting what we knew was coming and that was mandates and restrictions and limitations on our Charter rights and freedoms. We initiated protests well in advance of Saskatchewan implementing those mandates and restrictions, in June of 2020. Because we knew that they were coming. There was indications from other parts of the world that showed that rights and freedoms that generally are taken for granted were being trampled on in other countries. We saw that that was probably going to come here as well, and to our province as well.

So, we initiated the protests. I sort of came to the forefront of this movement in Saskatchewan as an organizer, a promoter of these events across the province. I think I was viewed as quite a thorn in the side to our government. My whole life, I have defended the *Charter of Rights and Freedoms* and inalienable rights that I consider to be God-given. And that's how I approached this situation that was coming and being imposed upon us. That these rights that are enshrined in our *Charter of Rights and Freedoms* should be inalienable and should be recognized as such, because that's how I recognized them. And there's a lot of people in this province that also recognized their rights as inalienable. Unfortunately, our government didn't see that, as our rights being inalienable. And there's a reason for that.

In our system for 150-plus years, the supremacy and sovereignty is given to Parliament and to the provincial governments. Nowhere in our Constitution does it mention "we the people," or does it talk about inalienable God-given rights. And there's a reason they're able to subvert what we've taken for granted for so many years of our lives. Because again, that supremacy and that sovereignty rests in Parliament and to the provincial governments. So while we were gathering and while I was promoting these events and hoping for mass numbers to show up in protest and in opposition of what the government was doing in regard to our rights and freedoms, it was important for us to exercise those rights and those freedoms—like gathering, for example.

There was a mandate and a restriction put forward and a limitation to our Charter right to gather.

[00:05:00]

There was a limitation put on that in Saskatchewan, where we couldn't gather with more than 30 people. It was later reduced that we couldn't gather with more than 10 people outside. There's actually admitted by a prosecutor in this province— When they dismissed three people's tickets, the prosecutor admitted to them that the province doesn't have any evidence to back up that limitation or that mandate. Now very clearly written— In section 1 of the *Charter of Rights and Freedoms*, it states very clearly that any government that wishes to limit our rights and freedoms must justify, demonstrably justify, those limitations. And to my knowledge, there isn't one government in this country that has demonstrably justified those limitations.

So I thought it was important that we continue with this protest movement, this freedom movement, to exercise our inalienable rights. And in that, because I was seen as one of the mouthpieces in this province and one that has a shark-infested mouth, the focus was put on me—myself and other organizers in the province. In Regina, I got 11 tickets, each worth

\$2,800. Because I was simply exercising my right under the Charter to gather and to associate and to express myself freely.

Dellene Church

And Mark, have those tickets been dealt with at this point or still in the courts?

Mark Friesen

Yeah, so they're still within the court process; they're under appeal. In a lot of cases, these tickets were increased from what was identified on the ticket. Most of them were worth \$2,800. But there's been judges that have increased the fines to all of these tickets. In most cases, they were increased to five, six. There was a prosecutor that requested \$14,000 for one of these tickets when I was simply exercising my right, clearly guaranteed, quote-unquote, under the *Charter of Rights and Freedoms*.

Dellene Church

Okay. So Mark, after this process where you've been very involved and public, you contract COVID.

Mark Friesen

Yes. So, I ran in the federal election under the banner of the PPC [People's Party of Canada] in September—third week of September 2021. After, we had an election evening here in Saskatoon with the federal party and with Maxime Bernier. At that event it was interesting because while the venue was filling up, we noticed that there was no air circulation in the venue. We thought that was a little bit strange, so we went and discussed this with the manager who was on that shift. And she had said, "Sorry, there's nothing we can do about this. There's no maintenance on staff. We can't turn the air on." I found that a little strange. And then as it turned out, a number of people got sick that evening, myself included.

So my story is a little interesting because after that evening, I did feel a little punky. But I really didn't have any symptoms. So I sort of dismissed a lot of what I was going through. I just chalked it up as, I just got off a campaign; I'm exhausted; I'm just going to sleep this week and get caught up on some rest. At the same time, my wife was showing symptoms. So she got quite sick, a lot sicker than I did. And then I woke up the morning of the seventh day after the election,

[00:10:00]

and I walked from my bedroom to the bathroom. It's about 10 feet. And I just about hit the floor. I couldn't breathe. So at that point, I basically told myself I'm going to be fine; everything's going to be no problem. I went downstairs. I got in my cave, and that's where I spent the remainder of the day. Now, at that time, we still had some ivermectin and some HCQ, which I tried to give myself, obviously too late. And then by 8 o'clock in the evening, I literally crawled upstairs, struggling to breathe, informed my wife that, "I can't breathe, I got to call an ambulance." So that's what I did.

The ambulance showed up, took my oxygen. It was at 70, which is quite low. And off to the hospital I went. When I got to the hospital, I don't remember too much of the first three days I was there; I was doing a lot of sleeping. But I was really struggling to breathe. I remember the doctor coming in every day and asking me when I would give them

permission to put me on a ventilator. And I kept telling him to get stuffed, “I’m not going on your ventilator because that seems to me to be a death sentence.” So I refused that for the first three days. Then I woke up on the fourth day. I had two prongs on my nose, a mask on my face trying to drive some oxygen into my system.

The doctor came in on that fourth morning, about 11 o’clock, and asked me what we’re doing. And I said, “Well, I’m either going to suffocate in this bed or I’m going to die on your ventilator. Those are my choices.” So off to the ventilator I went. Immediately, after being put into a coma, my heart rate went to 260 beats per minute. They had to shut my heart off. It took them three times to get it going again. They just about lost me right off the hop.

Initially, those first three days that I spent, there was no treatment given. And I was aware at that time that ivermectin and HCQ were early effective treatments for this disease, this virus.

Dellene Church

So Mark, are you saying in the first three days before you were put on the ventilator, you were receiving no medical intervention? You were just in a hospital situation?

Mark Friesen

I was basically left there to suffocate. I found out later that while I was in the coma, they did start some antibiotic treatment for my lung infection. They also discovered on my lungs three orange-sized blood clots.

And the evidence behind what the world has gone through seems to suggest that this virus was manufactured and released on the masses. Somebody needs to be held accountable for that.

As I went through this first seven or eight days of being in a coma and just about dying and discovering these blood clots—

[00:15:00]

It was around the eighth day. My wife would get notified by health care staff as to my condition, regular sort of daily updates. But on this occasion, she was contacted by a doctor, the doctor who was in charge of my care. And the doctor was very truthful with my wife. And he said to my wife that somebody way above his pay grade “has decided to put your husband on a transfer list to Ontario.” And in his words, “Your husband is in no condition to transfer across the hall, never mind in a plane at 30,000 feet.” So my wife then asked him, “Doctor, why would they do this?”

I get a little emotional at this point, trying to understand what my wife is going through at that moment. Because she’s also very sick and wondering if this is the treatment she’s going to receive.

Dellene Church

And were they asking for her consent to this transfer?

Mark Friesen

No. He simply stated, "This has nothing to do with his health," and in his opinion, "everything to do with his politics." So my wife took that to mean that the Government of Saskatchewan is trying to kill her husband. How else is she supposed to take that? When the doctor says, "This has nothing to do with his health. Transferring him is the last thing they should be doing."

Dellene Church

So despite all of that, your transfer goes ahead.

Mark Friesen

Yeah, my transfer does go ahead. I survived the flight, obviously, through the grace of God. Got to Mount Sinai Hospital. I was put under the care of a world-renowned lung doctor who immediately put me on the strongest antibiotic they have, called meropenem. I had my advocate with me, a gentleman by the name of Sean Taylor, who was an emergency nurse in the B.C. healthcare system, who was fired because he was telling too much truth through his political campaign. So they fired him; so he had some time on his hands. And luckily for me, he was in my corner. His mouth is just as shark-infested as mine. I had the right guy with me. He ensured that all the care that I should have been receiving was happening. And it was. I have to hand it to the doctors and the health care staff at Mount Sinai Hospital in Toronto. As Sean puts it, the attitude was 180 degrees different than it was in Saskatoon.

Dellene Church

Was there any comments made at that hospital as to why you weren't receiving that treatment right away in Saskatchewan?

Mark Friesen

Not that I'm aware of. I don't know if those discussions had happened; I would have to check with Sean. I don't know, I can only assume, and I'm only left to assume. But that was basically the starting point to my recovery. I ended up being in a coma for five weeks. At the end of my time in Toronto, they struggled to wake me up because I kept fighting with the ventilator. And I wouldn't agree with my breathing. So they tried five times to wake me up,

[00:20:00]

and it wasn't working. And then the fifth time, it finally worked to the point where they were able to transfer me back to Saskatoon. And I also want to say this, that the health care staff at St. Paul's Hospital, once I arrived and was awake and conscious and remembered things, they were fantastic. They were phenomenal. There was no judgment. Because I was obviously unvaxxed: I decided that I wasn't going to take this experiment because there wasn't enough research to back up taking this experiment. And I'm quite happy that I made that decision, even though I went through this experience. I don't think the vax would have prevented this from happening in any way.

Dellene Church

And so when you were in the Ontario hospital, did you have family members that were vaccinated that could come and see you?

Mark Friesen

Yeah. My daughter actually was able to fly out and spend a couple of days with me.

Dellene Church

But your wife was unable because she was unvaccinated.

Mark Friesen

That's right. That's correct. Yeah.

Dellene Church

Okay.

Mark Friesen

Yep. And Sean Taylor was also unvaxxed as well. But he managed to talk his way in. So I'm pretty thankful that he did.

Dellene Church

And are you still suffering consequences from being ill?

Mark Friesen

Yeah. So the recovery process has been long. The initial recovery process coming out of a five-week coma is extensive. I couldn't walk. I could barely talk. In fact, there was probably about 10 days where my wife was doing some reality therapy with me because I was on some pretty heavy drugs, ketamine and fentanyl and a number of others. So it takes a little while for you to break away from fantasy land into reality. And my wife did a phenomenal job of easing me out of that state and into the state of reality.

Now of course, I spent another month in the hospital. I was released on December 9th. The doctor had said I was probably going to be in there 'til well after the New Year's. But I told him, "You want to bet? I'm getting out of here as soon as I can." So I worked as hard as I could to start walking, so I could function properly at home while still under some care from my wife. I still have issues stemming from this. Significant scar tissue of my lungs. I feel like I'm somewhere at around 65 to 70 per cent of my normal lung capacity. I can't do things that I used to be able to do simply because I don't have breath. I don't have lung capacity. The blood clots that were on my lungs left serious scar tissue and fibrosis. And **that's something that doctors are telling me I'll never get back.**

Dellene Church

And what do you feel could have or should have been done differently in your treatment to lessen the seriousness of your illness?

Mark Friesen

Well again, as I said, I was well aware, and I think I even asked the hospital staff the first three days I was in a hospital, "Why aren't you giving me ivermectin or HCQ? It seems to be effective and early treatment, so we can avoid some of these consequences." Of course,

their position was the same as what the Government told them. The Government said, "We're not going to be issuing any of that horse medicine." So I really believe that there's thousands, if not more, Canadians around this country that died because the governments across this country decided not to use early effective treatment like ivermectin and HCQ.

Dellene Church

And also, your transfer at the time most definitely would have exacerbated your illness.

Mark Friesen

Yeah, 100 per cent. Absolutely. Yeah, for sure. It probably extended my coma time, I'm assuming. I'm not a doctor, so I don't know.

[00:25:00]

But it seems all of the things that should have been done and the treatment I should have been given was not given. And mistakes were made. I can't say if it was on purpose. But it seems to me it was when the doctor says, "This is above my pay grade," and somebody above his pay grade has made this decision to stick me on a transfer flight to Ontario. When it was not in my best interest medically.

Dellene Church

Okay, I think we'll turn it to the commissioners to see if they have any questions.

Mark Friesen

Sure.

Commissioner Massie

Thank you very much for your testimony. I have a couple of questions. First is, you said that while you were at home and you started to feel the symptoms of what was likely COVID, you started to self-medicate. Did you have any specific information about the kind of amount or dosage of these molecules you should have taken?

Mark Friesen

No. And that's an interesting question because we had ivermectin in pill form, and we had HCQ. The ivermectin in pill form was 12 milligrams, which— I took one, which was woefully inadequate for the size of the human being I am. Only because I didn't know. I was unaware of dosage and what I should have been taking to effectively treat my symptoms. It was far too late in the process. And I have to take responsibility in that for the first seven days that I wasn't feeling quite right, I sort of dismissed it as just being tired and exhausted coming off a campaign. So, I really— I dismissed a lot of what I was feeling, even though I'm watching my wife with her symptoms. She self-medicated as well and ended up not having to go to the hospital.

Commissioner Massie

So did she use a different regimen in her case or you don't know?

Mark Friesen

She's quite a bit smaller than me. So, I think she just used the ivermectin in the pill form and the HCQ and rode it out by herself. And it worked for her.

Commissioner Massie

So, from what you understood from the conversation—I know that some of it was probably after the fact or with your wife—what was the medical reason that was provided for your transfer to Toronto? Was it because they thought that your condition was beyond what they were able to manage and you would get more specialized or more expert care over there?

Mark Friesen

No. Again, the doctor had said that this decision had nothing to do with my health and that I shouldn't, in his opinion, probably shouldn't be transferred. So this decision was, again, above his pay grade. Somebody at SHA had made the decision to put me on this transfer list, and according to the doctor, who was in charge of my care, didn't believe that it was in my best interest to transfer. So it doesn't sound like it was a decision with my health in mind or my best interest in mind. It didn't seem that way.

Commissioner Massie

So from what you understood, in Toronto you receive antibiotic treatment because one of your conditions had to do with the bacterial infection. Was this antibiotic also available back in the hospital you were in in Saskatoon?

Mark Friesen

It would have been. I assume it would have been available to the doctors. I mean, if it's available in Toronto, it should be available at RUH [Royal University Hospital] in Saskatoon. I'm not sure why I wasn't put on that. There was some doctors in charge of my care, I'm sure, that could have prescribed meropenem. And there's another one that I ended up—when I got home, I had a PICC [Peripherally Inserted Central Catheter] line—that I would give to myself called ertapenem. And that was just one step lower than the meropenem but still a very strong antibiotic, just to kill that infection that I had in my lungs. So it seems to me that they probably could have initiated that treatment here in Saskatoon, but for whatever reason, they didn't.

Commissioner Massie

Are you aware of any other combinational drug that you would have received with the antibiotic in Toronto?

Mark Friesen

Blood thinner, that I remember,

[00:30:00]

being told that I was on some blood thinners to help with the clotting issues from the spike protein and whatever that did to my system. Other than that, I can't recall any other medications that I was on. There probably are some, but I don't recall what they are.

Commissioner Massie

And was the blood thinner medication provided also back in Saskatoon before you moved to Toronto, or is it only in Toronto that they started the blood thinner?

Mark Friesen

I don't know, actually I don't know the answer to that. I would have to look at my medical records to see if they did initiate blood clot medicine. I'm not sure.

Commissioner Massie

You also mentioned—if I'm coming back before you got COVID—that you think it happened during this meeting inside where there was a lot of people and the ventilation was not properly functioning. Are you aware of the number of other people that would have got the infection in addition to yourself and your wife? Or was it just a few people, just only you?

Mark Friesen

Yeah, from what I understand, there was at least upwards of 20 people that had gotten sick from that evening. Again, I think we can attribute that to the lack of air circulation in that environment. It definitely was not an environment conducive to healthy existence. And again, I'm not sure why they didn't have air circulation on. It's very curious.

Commissioner Massie

Thank you.

Mark Friesen

Yep.

Commissioner Kaikkonen

I'm from Ontario. And I often wondered when I heard that we were flying patients in from other provinces, what we were doing with the patients that were in our over-capacity hospitals in our own area?

But I'd like to take you back to the Charter for a minute. The Charter writes— In the preamble of the Charter, we know that we're under "the supremacy of God" in this country and "the rule of law." So, to me, the freedom in society means being subject to laws enacted in a legislature that applied to everyone equally, including the premise that persons are **free from both government and private restrictions.**

So, do you believe the government and the judiciary acted, or are acting, under that premise that they too are subject to the same laws as the citizenry, particularly when you think of the increase in the fines that was suggested by the prosecutor?

Mark Friesen

It seems to me that they're not being held to account. As I said, under Section 1, it's very clear that they have to demonstrably justify any limitations to our Charter rights. To my awareness, there isn't one government that's actually done that: demonstrably justified the limitations of the Charter in this country. I've yet to hear of any government that's provided

evidence that backs up what they did to us, in limiting these Charter rights. I mean, it's gotten so bad even in Saskatchewan, that the Court of King's Bench made a ruling, because it was an emergency that they don't have to live up to demonstrably justifying these limitations. It just seems to me and it sort of proves to me that the supremacy and sovereignty lie within Parliament and the provincial government. What is our Charter for, if it doesn't represent these rights that I consider to be inalienable?

Commissioner Kaikkonen

So in terms of our democracy, do you think we're moving towards an oligarchy where we're ruled by the few, when you think of how you just explain sovereignty and supremacy?

Mark Friesen

Yeah. This leads us into authoritarianism, totalitarianism, where the government reigns supreme. Again, nowhere in our Constitution, nowhere in our Charter does it refer to that act being derived by the will of the people. Nowhere in it does it represent "the people." It only refers to the Parliament and the provincial governments that they have the supremacy and the sovereignty to limit our inalienable rights. Rights that I consider to be God-given inalienable rights.

[00:35:00]

Nowhere in our Charter, nowhere in our Constitution, does it recognize the will of the people. And so this is why they're able to do what they're doing. I think this pushes us in the direction of fundamental change in this country and recognize that it seems to me our Charter rights and freedoms aren't worth the paper they're written on.

Commissioner Kaikkonen

I'm going to read something that's a little bit long, so I'm going to try to make it brief. George Bernard Shaw, in his 1905 play, *Major Barbara*, made a statement, and he was referring to the intellectual oligarchy that acts against the common people.

And one of the lines in that play is, "I now want to give the common man weapons against the intellectual man. I want to aim them against the lawyer, the doctor, the priest, the literary man, the professor, the artist, and the politicians, who once in authority is the most dangerous, disastrous, and tyrannical of all fools, rascals, and impostors."

So when we think of this statement through the lens of the last three years and what you have had to deal with, do you believe the interests of the common people were protected or that the populace had the tools to legitimately present a dissenting voice, and maybe the freedom as well?

Mark Friesen

No. This has been a concern for the three years that I've been active: there is a large number of Canadian citizens across this country that had zero representation. They had nobody in provincial parliaments or legislatures, in the federal parliament, representing us, representing our freedoms. We are a very large segment of the population that has gone unrepresented because there was never an entity elected in this country, provincially or federally, that stood for the people. Not one. And that's an incredibly sad state of affairs

when you have a very large segment of our population that has no representation. There's something wrong, I think, when all of these people— And the convoy showed how many people there are that felt this way. And what the convoy represented that if they're not represented, then we have to represent ourselves. And we're going to gather and we're going to express our opposition to their decisions peacefully, publicly. And that is our right.

But as we saw with the convoy apparently, it's not our right. Apparently, a peaceful protest can be bludgeoned with horses and soldiers and beatings. That's hard to swallow when so many of us have relatives that gave the ultimate sacrifice for our freedoms. And to have them trampled like they have been over the last three years is disgusting.

Commissioner Kaikkonen

You've given a number of recommendations throughout your testimony. Is there anything specific that you haven't said that you would like to say in terms of changing the climate or the mindset of governments and the judiciary specifically?

Mark Friesen

So I believe there is a mechanism for change in this country, and it's called the Amending Formula. We have to take advantage of what former premier from Newfoundland—I forget his name off the top, Peckford, thank you—created in '82.

[00:40:00]

When they created the *Charter of Rights and Freedoms*, there was also an Amending Formula that was created. I think we have to take advantage of that Formula. I think we have to move forward to amend our Constitution, to amend the preamble of the Constitution, to include, "derived by the will of the people."

I think our Constitution has to recognize the people. I think what we've seen in the last three years has proven to so many of us that our inalienable rights can be abridged at any time the government decides they need to do that. We need a rock-solid Constitution that recognizes the people and our inalienable rights.

So, there's a document that's created by a fellow by the name of Brenton Froelich, and it's called the True North Declaration. And I encourage people to read it. It is, I believe, the mechanism to move forward, to amend our Constitution, to reflect the will of the people, and then also to amend and to repeal section 1 and section 33 of our *Charter of Rights and Freedoms*, which gives the supremacy to Parliament and the provincial governments to do exactly what they've done to us over the last three years. We need to repeal that legislation, so our inalienable rights are just that. So we never have to go through this again.

Commissioner Kaikkonen

Thank you very much.

Mark Friesen

You're welcome.

Dellene Church

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today, Mark.

Mark Friesen

My pleasure.

[00:42:25]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 7: Joseph Bourgault

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[00:00:00]

Shawn Buckley

So our next witness is Joseph Bourgault. Joseph, let's start. Can you please state your full name for the record, spelling your first and last name?

Joseph Bourgault

Joseph Bourgault, Joseph J-O-S-E-P-H, Bourgault B-O-U-R-G-A-U-L-T.

Shawn Buckley

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

Joseph Bourgault

I do.

Shawn Buckley

Now, you have a presentation for us. But before we get to that, my understanding is that you had a serious health crisis some time back caused by mercury poisoning.

Joseph Bourgault

That is correct.

Shawn Buckley

And because of that, you were literally disabled for approximately eight years.

Joseph Bourgault

I was disabled for, probably— '92, '93. For sure two years, I was mostly bedridden.

Shawn Buckley

And this experience led you to learn how to heal yourself because you had not been able to find the answers in the medical community.

Joseph Bourgault

Correct.

Shawn Buckley

And you literally became passionate about learning about the body and health.

Joseph Bourgault

Correct.

Shawn Buckley

This has now become a lifetime passion for you.

Joseph Bourgault

One of my hobbies.

Shawn Buckley

Okay. You're going to speak in your presentation about your business experience. But one thing I wanted to emphasize is that, my understanding is you have learned through that experience about how to get people to work together.

Joseph Bourgault

That is correct. I've been in management since I was 20 years old and executive leadership positions since 1986.

Shawn Buckley

I just bring that up because, although you're not speaking about it today— Except that I'm going to ask you a couple of questions. You went to Ottawa. You arrived there on January 29th, as the Trucker Convoy was just really arriving and getting organized, and you left on February 16th, two days after the *Emergencies Act* was invoked. For that time, you worked with the truckers to basically ensure that they worked as a team and that the protest remained lawful. So that's why I was bringing up that you basically had gained this experience and you just used that to assist the truckers.

Joseph Bourgault

That is correct.

Shawn Buckley

I did want to ask you if you could comment on whether the trucker protest was peaceful and lawful.

Joseph Bourgault

Well, I'm not sure I'm the right guy to ask that. You might ask the 10 lawyers that were there supervising it, Shawn. But everything— You know, I've been involved in legal matters in our business—

Shawn Buckley

I'll just stop you, Joe. I'm really not asking for legal opinions. Just, you were there; you lived it. I'm asking you. The government and media told us they're misogynists and racist and it's all violence and we're seeing pictures of a Nazi flag and I'm just— You were there. What really was it like? Not a legal opinion.

Joseph Bourgault

As a citizen, it was 100 per cent a legal, peaceful protest. I heard nothing from anyone, including the lawyers. As a matter of fact, there were two rulings by Ontario court judges that said they could continue with the protest as long as they maintained a legal, peaceful protest. And there were two decisions. One related to the horns: A judge had ruled that the horns had to stop. So there's legal precedent that it was a legal, peaceful protest.

Everything I observed—and I was in many of the meetings as an advisor, basically, to the truckers—there was never any discussion that was illegal or unreasonable. The people that were there leading, trying to organize a legal, peaceful protest: they're the most intelligent, rational, reasonable, people. At least those that were in the meetings. Those that were more, let's say, unable to work as a team, to maintain a legal, peaceful protest, we encouraged them not to be in the meetings.

Shawn Buckley

Thank you for sharing that. I just thought it was important for people to appreciate that you had basically contributed in a very meaningful way for really the entire protest, and that you were involved.

I know that's not why you're here to speak today. You're here to give us a presentation and I'll just ask you to begin with that.

Joseph Bourgault

Okay. Thank you, Shawn. So first,

[00:05:00]

I would like to start by thanking all the leaders, organizers, and volunteers for the National Citizens Inquiry. I think it's essential that we get to the truth of the matter of the many governments—all the provincial, territorial, and federal governments that have been involved, and the medical agencies involved—in the handling of the, I'll say, "man-made" COVID-19 crisis situation over the last three years. From the get-go—when I heard this was being organized, I had met with Preston Manning at our Calgary offices at Canadians for

Truth—I'm 100 per cent supportive of what you folks are doing. This is fantastic. It's in the Canadian tradition here. I see the National Citizens Inquiry as a 2.0 to the Ottawa Trucker Freedom Convoy. We're all citizens that deeply value the principles of freedom and truth and justice. And so I'm very grateful to all of you for what you're doing here.

Introducing myself, I think it's really important for me to say this: I'm a father of two adult children and I'm also a father-in-law. I'm a grandfather of three, born and raised in St. Bruce, Saskatchewan. I'm president and CEO of F.P. Bourgault Tillage Tools. I'm president and co-founder of Canadians for Truth, Freedom and Justice.

I want to give you very briefly a bit about my background, because I have a lot of decades of experience in research, in discerning truth. I started working with my father. I was 13. I worked with my dad for 20 years. My dad was a brilliant mechanic and really a self-taught technician or engineer, who invented the Bourgault multi-purpose cultivator. And I was working with dad through that time. I recall working with dad. Dad would always tell us that— I have three other siblings—at least he told me that if you want to solve a problem, you have to get at the truth of the matter. And I feel like I had the greatest parents in the world. They were both always honest with us, loving, kind, respectful parents. So I deeply admired and valued my parents, as well as my siblings.

I took two years of university in commerce. And with that, I set up all the accounting systems in F.P. Bourgault Industries, which was founded in 1973, and set up all the accounting systems. I could see Dad needed help in other areas, so I ended up working in service and dealing with the problems that we were having with the earliest models of our equipment. There was a lot of demand for them, but they weren't without challenges. So I ended up working quite a bit in problem solving, and so I ended up inventing—using my creative skills and my problem-solving skills to invent solutions and to develop new products.

My first invention was in 1979. I became the facilities manager and one of the project leaders, the main project leader, for cultivator research in 1980. I designed and developed the Bourgault Fibro Series cultivators in sizes from 24 to 60 feet. And then in '84, '85, a really major invention was the Bourgault Floating Hitch cultivator, which really helped facilitate air-seeding. My father was the co-inventor. He assisted me with it. In 1985, I was appointed to my first executive leadership position. Dad asked me to become the general manager of one of the Bourgault divisions, the Bourgault cultivator division. I was 29 at the time.

Shawn Buckley

And Joseph, I am going to try and kind of speed you up. Just because I want you to spend time on the things that you would say would be a little more important.

Joseph Bourgault

A hundred per cent. So that speaks to my executive leadership skill. I have been in executive leader positions since then. In 1991, we founded another division of the cultivator division, and that is F.P. Bourgault Tillage Tools, and I was president and CEO of that company. In 2011, jumping ahead 30 years—

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In 2011, I was nominated and awarded the Saskatchewan Order of Merit. That's what the S.O.M. behind my name stands for—I use it on occasion, I'll kid about it sometimes, "South of Melfort." For job creation and improving the quality of lives of Canadians. So that speaks to my management executive leadership.

A 2.0 in my life was, in 1984, I had developed serious chronic fatigue, and over an eight-year period, that continued to worsen. My health continued to worsen. I worked with it until 1991. In '91, I had to take a leave of absence for my health because I was so ill. But in that eight-year period, I spent those eight years in the conventional medical care system in Canada and in North America. For example, I was three times to the Mayo Clinic over a five-year period. Each time you go to the Mayo Clinic, you go through three days of testing. In those eight years, I never found any clues. Doctors could give me no clues or answers as to what was causing my health problems. So in '92, I knew that I was dying, and I made a conscious decision. I remember that moment where I was going to apply my research skills to try to figure out what was causing what had become severe chronic fatigue, severe chronic headaches, and with that, severe chronic depression.

By the grace of God, I say, I was searching. And in a health food store, I picked up an *Alive* magazine that had an article about a lady who had recovered from mercury poisoning after having her amalgam dental fillings removed. The light went on at the end of the tunnel. For the first time in eight years, I saw light at the end of the tunnel. And I continued researching mercury poisoning, and I had all the symptoms of it. I found a doctor who I felt was the world's leading researcher, Dr. Hal Huggins in Colorado Springs. I went to his clinic in '93, July, August of '93. He safely removed and replaced all of my amalgams, and I began to recover immediately.

One of the significant events in my recovery was: in '92, my wife, children, and I, from my research, began eating 100 per cent organic food diet, and we saw dramatic improvements in everyone's health. Mine, in '92. I didn't have the amalgams out, so I continued to struggle, but I noticed my capacity to think and reason dramatically improved. It took me eight years or seven years to regain my excellent health, but I continued to study natural health and healing, and that's what led me to understanding how to treat viral infections.

In '95, my wife and I had opened a health food store in St. Brieux, which I was a participant in for 20 years. And we shared what we were learning with people to empower people, and one of the things that we became good at was treating viral infections. Dr. David Williams, who I consider one of the world's leading researchers, had in his research found two herbal products—ImmunoPhase and BronchoPhase—which were used to prevent and treat the H1N1 virus. The H1N1 virus was actually deadlier in my mind than the COVID-19, because it would kill young healthy people. They would have cytokine storms in their lungs. And within a matter of days, their lungs would fill with fluid and it would kill them. Healthy people. That was not the case for COVID.

So we had that in our health food store, and we helped people recover from H1N1 and from other influenzas. These were great products.

In 2020, when COVID-19 hit, I knew that we had products available that may work to prevent and treat COVID-19. And then again, in April, another world's leading research doctor, Dr. Joseph Mercola, published information on quercetin. What he had published was that quercetin acted similar to hydroxychloroquine,

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as an ionophore to shuttle zinc into our cells. And it's the zinc that actually inhibits our polymerase enzyme, which a virus requires in order to be able to replicate.

When that came out—because I'm not a doctor and I've never pretended to be one—I began to share that information. We published a brochure with a protocol, because even though anybody can take these products, you have to know how to take them. For example, zinc: If you take zinc, and I ran into cases where people were taking very high levels of zinc, that can actually depress your immune system and cause other problems. So I knew the RDA on zinc. And I published a protocol that I knew would be safe and began sharing that. As well, Dr. Mercola published a lot of articles on vitamin D3. And vitamin D3 also acted to prevent and treat COVID. It coats our ACE2 receptors, preventing these spike proteins from being able to dock on our cells, on our ACE2 receptors. So I was publishing that information about vitamin D.

So I understood therapeutics and how to prevent and treat. And over the course of the last three years, anyone who asked me for information, I would share information on nutrition, how they could prevent and treat COVID-19. I assisted over two dozen people to recover from COVID-19, including people who were in hospital who called me.

You can see on that slide, the herbal and nutritional supplements that I recommended to people: ImmunoPhase and BronchoPhase, quercetin with zinc, vitamin D—and there are many other excellent supplements, too numerous to mention here. The drug therapeutics I was following as well, because I felt I knew right away that doctors should be allowed to prescribe hydroxychloroquine, ivermectin, azithromycin. And you can go to that website, www.c19early.com, where it has over 2,600 studies and the majority of them are peer-reviewed studies that show the therapeutics that work.

So when COVID emerged in January 2020, I knew that we had solutions, and I was also following the science. I was following the Government of Canada COVID-19 Daily Update Website Statistics, because we had to deal with some panic situation. We knew that the mainstream media was panicking Canadians, the opposite of what you should do. From 30-plus years of executive leadership experience, what you've got to be doing in a crisis situation is you have to remain calm and cool and then focus on the pursuit of truth to understand the root causes of the problem. You don't panic people, that's like yelling "fire" in a crowded theatre.

And that's what the government was doing to Canadians: they were yelling "fire" in a crowded theatre. It just irked me to no end what was going on, and it was affecting our manufacturing company. We have 80 employees and there was a panic going on in early April. What we began to do, late March, was providing a daily update newsletter to all of our employees telling the truth: the good, the bad, and the ugly. Because that's what you do in a crisis situation. We started providing statistics, plus what they could do to prevent and treat COVID-19, and within a matter of a couple weeks, everybody settled down.

The other thing that was happening: By March/April 2020, Laura Ingram, a lawyer and journalist with Fox News, was interviewing many people who had COVID-19 in the US. And hydroxychloroquine at that time was the drug being used with azithromycin. The way, again, hydroxychloroquine works is as an ionophore that shuttles zinc into the cell, and it's the zinc that shuts down viral replication. Azithromycin, the doctors were prescribing in cases like Mark Friesen, where they had a lung bacterial infection. And they had excellent results.

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The peer-reviewed science that was coming out— Dr. Didier Raoult, is a great example. He's a top-rated European virologist from Marseille, France. He had conducted numerous peer-reviewed studies. I was following him, and his largest one was with 1,061 people, and he had a 98.6 per cent recovery with it. Another doctor in the United States, Dr. Vladimir Zelenko, another honest, what I call "honest truth-seeking doctor" from Monroe, New York: he conducted a trial with 1,000 people, and he had similar results. As I recall, all 1,000 had recovered.

We could see that there was a suppression of the therapeutics. The mainstream media was suppressing the truth about therapeutics. And you could tell already by then, in March/April, there was a centrally controlled narrative. That's all. I didn't have any factual evidence until Rodney Palmer, at a recent National Citizens Inquiry hearing in Toronto, explained what was going on behind the scenes. But it was evident: The mainstream media was instructed to suppress all information about the therapeutics.

With that in mind, by the fall of 2020, a group of friends of mine and like-minded Saskatchewan citizens were fed up with what we're seeing. Because we could see that they were going to kill people, that thousands of people could die if the therapeutics were not released. So we gathered. In November of 2020, we founded and incorporated Canadians for Truth, Freedom and Justice as a non-profit organization to gather truth and share that information with Canadians—to empower and enable Canadians to take preventative therapeutics from the brochure that we had published, how to take quercetin, zinc, and vitamin D.

Dr. Peter McCullough, who needs no introduction, I watched many hours of video with him. And I recall one of his statements that if therapeutics had been allowed, if doctors had been allowed to prescribe therapeutics, over 85 per cent of the people who died with COVID-19 would be alive today. So in Canada, we had, I believe, just under 50,000 people that died with COVID-19. Over 47,000 of those people would be alive today—

Shawn Buckley

I'll just interject. You're meaning alive if the doctors had been able to use early treatment.

Joseph Bourgault

Correct.

Shawn Buckley

Not to wait until they're so sick they're attending at the Emergency Department. I don't know if you're aware, but apparently in the province—I'm from Alberta—the College of Physicians and Surgeons literally directed doctors not to give early treatment for COVID, but rather only treat them when they arrived in emergency wards. And I assume that you would frown on that as a very reckless policy.

Joseph Bourgault

Yeah. I would like to know who is behind making those decisions. I believe they came right from the top. And when I say the top, people outside of this country who were controlling the COVID-19 narrative. I believe the World Health Organization was involved in that. I had seen evidence of Bill Gates funding studies to discredit hydroxychloroquine by giving crazy

amounts so that it would not work. So there were people behind the scenes who were suppressing the truth.

Shawn Buckley

I didn't mean to get you off on a segue.

Joseph Bourgault

So there were doctors in the country, Canadian doctors: Dr. Francis Christian, Dr. Daniel Nagase, Dr. Charles Hoffe, Dr. Mark Trozzi, Dr. Byram Bridle, Dr. Patrick Phillips, and many others who risked their careers. And many lost their careers doing the right thing, speaking out publicly to protect the health of Canadians. Like me, they were just incensed that the truth was being suppressed. And so all Canadians: These people are heroes. They're Canadian heroes.

As I see it, and many of us, I think: We're living in a twilight zone.

[00:25:00]

I grew up, and many of us here grew up, in an era where honesty and integrity mattered. And that if somebody ever lied to us—a friend or anybody that was a perpetual liar—those people were marginalized immediately. Because people who are liars are a risk to society. So I would ask Canadians: How many lies do our governments have to tell us before we stop voting to elect these people?

To me, the therapeutics was the elephant in the room. Again, with what Dr. Peter McCullough said: If doctors could have prescribed therapeutics, 85 per cent of the people who died with COVID-19 would have been alive today. I talked to doctors who attended our meetings of Canadians for Truth. They were frustrated to no end. They knew these medications worked, yet they couldn't prescribe them because they would have had their licenses revoked.

So over 40,000 Canadians would still be alive today. Our hospitals would not have been any busier than normal, and normal, life-saving hospital visits could have taken place. Face masks that did not work would have been completely unnecessary. Lockdowns that did not work would have been completely unnecessary. There would have been no excuses for the reckless spending of 500 billion Canadian tax dollars. There would have been no need for an emergency use authorization for an experimental gene therapy injection. There would have been no experimental injections. That alone would have saved, for sure, thousands of injuries, and we don't know how many deaths would have been prevented. We would not have created all the trauma, division among families, bankruptcies, mental health problems, the suicides that occurred, the deaths due from lack of medical care.

What's happened here has fuelled— For me, I have zero trust in any of these politicians. If they speak truth, fine, but I know that many of them are not truth-tellers.

As I see it, there was massive, gross incompetence, if not criminal negligence, murder, and genocide taking place. Everybody in Canada understands that we cannot just go out and kill someone without going to jail for life for doing so. According to the rule of law, if someone kills someone, unless it's in self-defence, in order to get rid of somebody— If somebody is killed, an investigation is conducted. Factual evidence is gathered and if the factual evidence proves beyond a reasonable doubt—

Shawn Buckley

Joseph, I know you've prepared some slides on criminal liability but we've got a couple of lawyers coming. And I think your point is that you think there should be criminal liability for what happened.

Joseph Bourgault

The point is: Canadians have to understand that, because there are people in positions of authority, if it was not gross incompetence, there was criminal negligence. And the factual evidence, to me, that we have gathered shows there was criminal negligence. So I guess I hope that in light of what happened with the therapeutics, Canadians will see that there was an orchestrated effort to suppress that. Whoever was suppressing that, to me, there should be criminal liability.

Shawn Buckley

Okay. Just so that people listening understand: The point you're making, and I think you've made it very clear, is we had early treatment available and somebody was making policy decisions not to use those early treatments. Flowing from that, there has been a large number of deaths. I think your slide was estimating 40,000 Canadian deaths. When you nod your head, we're being recorded.

Joseph Bourgault

Yes.

Shawn Buckley

Yeah. Then, if I recall your slide correctly, also we wouldn't have needed the lockdowns and the vaccine and all the things that flowed from that. Your point is: There has been so much harm—

[00:30:00]

Joseph Bourgault

Correct.

Shawn Buckley

—caused, flowing from this decision, that someone should be held criminally liable for that. Just so that we understand what you're suggesting.

Joseph Bourgault

So you'll see there's three parts to my presentation. And what I want to demonstrate is that in all three parts, there was lying and deception taking place.

The next one here is the truth in science. You can see, if you could show the video here, I think this guy wearing a face mask definitely proves that you would have never stopped a virus that's 0.1 micron from getting past that mask. So that's the physiological aspect of it. As an employer, as president and CEO of my company, I have a responsibility to make sure that all of my employees are kept in a safe work environment. One of our first mottos—

When you walk into our manufacturing facilities at Bourgault Tillage Tools, our motto is: Safety, Quality, Productivity, in that order.

Know your facts. In Saskatchewan, Canada, we have occupational health and safety laws. So for carbon dioxide levels, under OH&S regulations, normal atmospheric carbon dioxide is 400 parts per million. Carbon dioxide in a work environment cannot exceed a thousand parts per million. Over that is considered unsafe. Over 5,000 parts per million is considered hazardous. These are the Occupational Health and Safety Regulations that we have to follow. The CO2 levels, if they rise over 40,000 parts per million, it's considered immediately dangerous to life and health.

We hired an Occupational Health and Safety expert that is a CSA [Canadian Standards Association] certified trainer to train doctors, nurses, firefighters with respirators and face masks and how to use them. He came in and he measured, behind four different masks and a respirator, the level of oxygen and carbon dioxide. With oxygen, the normal atmospheric oxygen is about 21 per cent, 20.9 per cent at sea level. In our Saskatchewan Occupational Health and Safety Regulations, the minimum oxygen that any of our employees can be exposed to is 19.5 per cent. Below that is immediately dangerous to life and health. And yet we measured the level of oxygen behind these four different masks, averaging between 17 and 17.5 per cent.

Shawn Buckley

Joseph, can I have you back up a slide?

Joseph Bourgault

Yep.

Shawn Buckley

So when it shows there: carbon dioxide levels cannot exceed 1,000 ppm [parts per million] in the workplace, am I correct that if it was measuring at that, you would have to clear out the building?

Joseph Bourgault

No, you would have to take corrective measures.

Shawn Buckley

At what point do you have to vacate a building?

Joseph Bourgault

Well, for sure, 40,000 parts per million would be dangerous. You hear of people going into caves and dying of suffocation in caves because carbon dioxide is heavier than oxygen. I'll make that point about how dangerous high carbon dioxide is with low oxygen.

Shawn Buckley

Right, but you're basically describing that you had an expert come and measure the carbon dioxide in masks. And just unequivocally, they were at dangerous levels. And these are the types of masks the government was mandating that we would wear.

Joseph Bourgault

The government really didn't have any specific mandates, they just wanted people to virtue-signal that they were putting a mask on. But the four different ones— We had an N95, we had a respirator— With a respirator, you can exhaust the carbon dioxide, and it still restricts oxygen but it's much safer. Carbon dioxide is one and a half times heavier than oxygen. When you fill your lungs with carbon dioxide with a mask on, you can't get oxygen. And that's where it can kill you. So we measured.

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Within two minutes of putting a mask on, you are breathing carbon dioxide between 25 and 43,000 parts per million. The 43 would occur if you would talk, if someone would just talk behind the mask. If someone had exerted themselves behind a mask, it would go way higher. And then with the oxygen, we measured between 17—it went as low as 16, but the average would have been—I took a high average of 17.4, which is dangerous.

Shawn Buckley

When someone was exerting themselves. So what do you think based on what you saw? Because I saw children running around in play yards or school grounds with masks on, so they would be exerting themselves.

Joseph Bourgault

Correct. It was very dangerous and I'm aware of cases. We had one case in our company where someone collapsed with a mask on. There's evidence that it wasn't only the mask. He had exerted himself and there were other factors involved in his case. His heart stopped, and our first responders in our company revived him, and he ended up three weeks in a coma in hospital. And he survived it. We can't discern factually accurately how much of a role the mask played in that because he had other co-factors. He was a young person, though, so they're dangerous. And I was aware of other cases. A woman who was standing in a line at a Walmart with a mask on. She fainted, fell backwards, hit her head on a cart, and then on the floor. She suffers brain damage. She's from Alberta. I've spoken with her.

In Saskatchewan, we have what's called workers' rights. This is posted all over our facilities. You have a right to know about workplace hazards. You have the right to participate in a safety program. You have the right to refuse work if it's not safe and you have the right for protection against discrimination. So we live this stuff. Our company is certified under SASM [Safety Association of Saskatchewan Manufacturers]. We have a bronze certification. We're a company of 80 people. We have a full-time person that's been working at this. We hired him full time in 2016. We take safety seriously. So when the government is telling me I got to put my workers in an unsafe work environment, I'm pissed.

I let the government know about this. They have this information. I feel our federal governments and provincial governments forcing Canadians to wear face masks, they violated the truth in science governing human respiratory health and safety. They risked

the life of every Canadian citizen. Many were injured due to fainting, hitting their heads, and that sort of thing. They violated their own regulations, which we support a hundred per cent, because they're based in science. They violated the Charter of Rights and Freedoms and they impaired every child's ability to learn while wearing face masks. There's a lot of lying going on here. A lot of lying and deception. Ignoring the truth in science. Ignoring the laws that govern our existence here.

One of the things that we're doing at Canadians for Truth, we published brochures on this. We have a brochure that we are handing out to people with what's in this presentation, so that people could see. We still see people wearing face masks! Like, alone in a vehicle. You know, we have to educate our citizens, because the truth matters. It can kill you! You pass out in driving a vehicle, a semi, you could kill a lot of people. It's literally insane that our governments are going along, are not educating our citizens.

So at Canadians for Truth Media, because our media is not doing this, this is what we're doing. We're creating educational and entertaining programs to inform Canadians and to teach critical thinking skills: how to discern truth on important issues such as face masks and therapeutics because this can save lives. We need an educated, enlightened population. And we need Canadians to understand their legal rights. So we're bringing lawyers in as well in our shows, to help educate Canadians.

[00:40:00]

We need Canadians to vote to elect honest truth-seeking, moral, ethical, and highly competent politicians who would be willing to take an oath to always seek truth, to uphold the rule of law, to serve the Canadian people who elected to serve them.

In this next, the third part, I'm going to overlap a little wee bit here with my good friend Dr. Francis Christian to support what he did and to reinforce. We had submitted a document to the provincial government on May 31st at Canadians for Truth. This was before Dr. Francis Christian had gone public. He was discerning the statistics as well. He went public on June 17th; I believe that's the first that I was aware when Dr. Christian had gone public. The group of us in Canadians for Truth, we went to the Government of Canada website.

Statistics Canada generally does a very good job of providing statistics and so they have that daily COVID-19 update website. It was with 100 per cent disbelief and alarm when the federal and provincial chief medical officers, in early 2021, began promoting experimental gene therapy injections for Canadian children under 19 years of age. The infection death rate statistics were near zero out of 265,000 cases and there were many more. There's a peer-reviewed study that shows over 90 per cent of Canadians had COVID-19. The vast majority were asymptomatic. Eleven kids, had they given them therapeutics, those kids would likely be alive—or at least 85 per cent of them according to Dr. Peter McCullough.

Even if this experimental injection worked, the idea of giving it to our kids was insanity, pure insanity. We worked long, hard days—21 straight days—to produce a report. The title of it is "Risk Analysis: Assessing the Risks and Harms of the Covid-19 mRNA Injections VERSUS Using Zero Risk Therapeutic Drugs and Natural Supplements: Making Informed Decisions Based on the Facts." We were expressing our serious concerns with experimental COVID-19 mRNA injections that were developed at light speed and never tested on animals. Now they were going to be using our children as guinea pigs. We knew that these injections were going to kill, seriously injure, and potentially sterilize because that's one of the side effects. The mRNA goes to the prostate and to the ovaries and the immune system will attack and destroy those body parts. They were going to potentially sterilize our

Saskatchewan Canadian children. We wanted to warn Premier Scott Moe. We sent that report to Premier Scott Moe and all of the Saskatchewan Party MLAs. So they were warned.

That's why I wanted to do this part of the presentation, Dr. Christian. I felt that they needed to be warned. The survival statistics showed: for kids that were infected, 11 out of 265,011 died with COVID. That was 1:23,000—99.956 per cent who were diagnosed with COVID had a full recovery, and that's without therapeutics. The statistics also showed that the previous three years, 2.5 times more children died from influenza than they were dying from COVID.

Shawn Buckley

Can I just stop you there so that people understand what you're saying? When you're talking about influenza, you're just talking about the regular seasonal flu that comes through. If we were to back up for the three years before COVID hit, we had actually 2.5 more children dying from the average flu than from COVID.

Now, am I right—and I'm just guessing here—that for the year where they're attributing deaths to COVID for children, there were no influenza deaths? So actually, there would be fewer children's deaths if we would just call COVID a flu season.

[00:45:00]

Because every year we lose children to the flu season. So for the COVID year, even though we're getting all panicked about it in the media, there were fewer child deaths that year.

Joseph Bourgault

Yeah. Very good point, Shawn.

Shawn Buckley

Okay. When you're talking about influenza, I just wanted the people listening to understand what you're saying.

Joseph Bourgault

There are a group of Canadian doctors—and I won't, well, is it safe to say? There are a group of Canadian doctors and nurses that worked hard to warn parents, to tell parents to make an informed consent decision. At Canadians for Truth, we worked with these doctors and nurses to publish. They created a website we helped fund and these brochures, "COVID Kid Facts," you could go to that website. I think the website is down, but if anybody wanted to read, they had put together very good information to warn parents to make an informed consent decision before injecting their children.

This is stuff that's coming out now. The American Heart Association published a study that 98 per cent of all cases of myocarditis among children are due to the mRNA COVID-19 injection. Dr. Michael Yeadon—that quote that's on the bottom there—said "children are 50 times more likely to die from the COVID-19 vaccine than from the virus." This is Dr. Michael Yeadon, who was a former vice-president of Pfizer, that has stood up loudly against this.

Had the therapeutics been there, we would have saved the children who died. And parents would have had nothing to worry about had they used therapeutics like quercetin, zinc,

vitamin D, at whatever their body weight levels, to prevent and treat COVID. What you see here is one of the protocols that we had published on our website. And we posted this also on Facebook at Canadians for Truth to warn Canadians and to help keep people out of hospitals.

As a Canadian citizen, it's completely unconscionable— I don't know how Canadians can remain silent while they're killing our children. All I can do is encourage as we've been doing, encouraging people to share the truth. Because we can't force people to wake up, but we need to keep sharing the truth as you folks are doing here.

Dr. William Makis, an honest, truth-seeking Canadian doctor from Alberta, has done more to track deaths and injuries from the experimental injections that have been killing and injuring our kids than any of the governments. And the numbers are pretty alarming, the number of kids that have died. Way more, no comparison.

So again, our governments ignored the statistical, factual evidence on their own website. Our governments ignored the death and injury statistics from VAERS [Vaccine Adverse Event Reporting System] in the United States. They could have looked over the border. All the information was there. This is, again, criminal, as I see it.

On a final note, I want to say we have much more work to do. But I remain optimistic that with God's help and guidance as Canadian citizens, if we work together and pursue the truth and continue to do as all the truth-seeking Canadians have been doing, to organize and stand up with the science. Do it in a respectful way as much as possible, because obviously our challenge is to awaken the Canadians that are still asleep.

As I see it, one of the ways that we're going to win this is if Canadians that are educated to understand what has taken place here over the last three and a half years vote to elect the most honest, truth-seeking people.

[00:50:00]

I'd also encourage people that are honest truth-seekers to get into office at every level: federal, provincial, municipal. Run for office, those who have been standing up. One of the ways that we're going to regain control over our country is if we can get principled leaders back in positions of authority in our country. I ran for the leadership of the Conservative Party in March, April of 2022, because I'm fed up with electing politicians who value power over the principles.

Any good leader understands that number one, we have to do God's will. And God's will is for us to love, to be respectful, kind, to help one another, to pursue truth, to solve problems. **When we seek the truth, the truth sets us free. And to recognize that every Canadian has a God-given free will, and we can't force anything on Canadians. We can only pray and do the best we can to educate people with the truth. And also, to stand up for justice and freedom. When I ran for the leadership of the Conservative Party, I told the truth like I'm doing here, and I thought, if they throw me out of the race, that's fine, I have done God's will. That's what God wants us to do, is to do His will by being loving, kind, respectful, and always telling the truth, as respectfully as we can. And if we do that, I believe that, as Canadians, we will succeed in defeating the dark agenda that has been taking place the last three and a half years. If we continue to work together.**

With God's help and guidance, we will not fail. So God bless Canada, and we will stand on guard for thee.

Shawn Buckley

Joseph, before I hand you over to the commissioners, there's actually one thing that I've just been waiting and waiting to ask you. You were talking about how, as an employer—and you guys have some significant-sized companies—you have provincial legal obligations to make sure that you're ensuring your workplace is safe. Under the Criminal Code Section 217.1, an employer can also be criminally liable for criminal negligence if how the direct work is done causes a harm or death. Did you guys have any discussions about whether or not to impose a vaccine mandate and what types of things kind of came into play as an employer when you guys were being faced with that?

Joseph Bourgault

I won't speak for my brothers, who also own manufacturing companies in St. Brieux. Between my brothers' companies and mine, we employ approximately 800 people in St. Brieux. But I know my brothers are truth-seekers like myself. My understanding was in our company—and I believe Jerry and Claude handled it the same way in their companies—we respect freedom of choice. And we did not want to discriminate against anyone, whichever way they wanted to go. We respected everybody's freedom of choice. There were no mandates in our community for anybody to take any experimental injections.

Shawn Buckley

Okay. So you're an example of a workplace, collectively, as a family, that didn't impose mandates, that just honoured people's right to decide how they were going to treat their bodies.

Joseph Bourgault

Correct.

Shawn Buckley

And compared to other companies, what types of outcomes did your companies experience?

Joseph Bourgault

To my awareness, I am not aware of anybody dying of COVID. We were aware, we were keeping track of people at one time that were injured or died from taking the injection. It was creating a bit of division in our companies. But I've learned from experience. If you handle things in a principled way, you have to respect one of the principles: God gave everybody free will. It's not for me to tell you, or anybody, what they should do. If they're open— We shared with people the statistics that showed all the people in our company under 70, and most everybody is under 70, were at zero risk from COVID-19 plus the therapeutic information.

Shawn Buckley

I'm just going to focus you because we're running late. We've got a couple of other witnesses, but were you aware of any other companies that had worse outcomes?

[00:55:00]

I have the impression your companies actually had really good outcomes through this experience.

Joseph Bourgault

Yeah, we did. I'm aware of companies that were forcing their employees to take injections. And they lost many good employees as a result because those people refused to take it.

Shawn Buckley

Okay. I'm going to hand you over to the commissioners to see if they have any questions.

Commissioner Massie

Well, thank you very much, Mr. Bourgault, for this very interesting presentation. You mentioned some of the natural products that play a role in preventing COVID. Quercetin was one of them. You mentioned the work that was published by Dr. McCullough. Are you aware of the study that was done in Montreal by Michel Chrétien?

Joseph Bourgault

No.

Commissioner Massie

This was in the mainstream media in Quebec.

Joseph Bourgault

And this is on quercetin?

Commissioner Massie

Yeah. He was all excited about it. He's a real scientist and he was very excited. I've seen it for maybe two to three weeks and then it vanished completely from the horizon. Again, to me, that's an example of— I will speak about what's going on in Canada. I'm very happy to learn about what you've done. But we have a team of people also in Quebec that has done similar work and, I think that as I go across Canada, people are not very aware because of the language barrier, which is unfortunate.

Another example of a clinical trial very successfully done in Montreal in the Institut de Cardiologie by Dr. Tardif on colchicine. This was actually praised by Dr. McCullough as one of the very promising treatments for some indications in Covid. Have you heard of that?

Joseph Bourgault

No, I have not. I'm sorry. I do believe that if we would have wanted to save tens of thousands of Canadians, it would have had to have been the doctors given the authority to prescribe these, whether it was ivermectin or hydroxychloroquine with azithromycin. Natural supplements play a really critical role. Millions of Canadians are aware of this as well. I would be one of probably millions that are aware of this.

Commissioner Massie

I thought your studies—the work you’ve done on masks and potential side effects for health—are very interesting. Because this is something people have hypothesized, that wearing this device could actually lead to all kinds of issues with the build-up of CO2, for example, which is really bad for your health.

When you started those studies, were you aware of the science that would actually support that kind of warning about wearing the mask?

Joseph Bourgault

We knew the Occupational Health and Safety signs, that we could not put an employee in an environment where the level of carbon dioxide would be above 1,000 parts per million. And we knew that we couldn’t put an employee in it. That’s all in our Occupational Health and Safety Regulations. So we understood that. What I didn’t know, so I hired a guy, an expert with a CO2 oxygen monitor, to come and measure. And we recorded this. This is all on video. We are actually planning on launching a lawsuit on it.

Commissioner Massie

So to the best of your knowledge, the health authorities, whether in Saskatchewan or in Canada, are not aware of this potential health hazard?

Joseph Bourgault

Well, just a short story. In our company, the way people were wearing masks, we told them that if you are alone in your office or six feet away from others in workstations in the manufacturing facilities, that you wouldn’t have to wear a mask. Somebody possibly reported—it doesn’t matter—somebody possibly reported us. So three government officials came in unannounced and met with myself and our general manager and our human resources manager and I explained this to them. And they made a lot of notes because they didn’t know any of this.

Commissioner Massie

Is it acknowledged today with the new data that is coming from the work you’ve done or other people,

[01:00:00]

that wearing masks on a constant basis could actually be a serious health hazard? Is it acknowledged by health authorities?

Joseph Bourgault

I would gladly work with any government official on this information to get it out. No government agencies have reached out to us to get this information out there.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

You mentioned that it makes no rational or logical sense to be experimenting with our children. When we think of universities and colleges and the K-12 system, and now our pre-school, where all those educators who have the credentials behind their name were responsible or facilitators of their programs, what would you say to them now, knowing what they have done to our children and understanding what masking is doing?

Joseph Bourgault

Well, what I would love to see happen in our country is that we return to teaching the basics of reading, writing, arithmetic, teach computers, accounting. But critical thinking skills, what I observed here in our country, I believe that what we saw: 70 to 80 per cent of Canadians, including professionals, have no critical thinking skills. To discern the truth is easy. You set the goal of truth. You keep an open mind. You listen to what anybody with any expertise has to say. You do your research and gather the facts as you would in a criminal trial. You gather the factual evidence and, based on the facts, using deductive reasoning and logic, you can discern the truth. That's so simple. Why are we not teaching our children and university students how to solve problems?

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good afternoon, Mr. Bourgault. You talked extensively about the government and what they've done. But I would like you to comment briefly about the role of the media in this, the role of the colleges of physicians and surgeons. The government couldn't impose this on their own without assistance, so can you talk a little bit about the role of the media and the colleges?

Joseph Bourgault

Well, agreed. Obviously, government, like a premier— Unless you're a doctor or you've had life experience like myself, your government officials are going to have some difficulty in discerning truth on medical issues. So they rely on doctors and scientists for this information. But surely in Saskatchewan, in a province with 1.2 million people, or in Canada, there would be medical— And we have them, medical professionals like Dr. Francis Christian. There are many of them that were speaking up and they were silenced. To me, silencing the honest, truth-seeking doctors in our country: to me, that's criminal, what they did. Because those doctors, around the world, could have saved millions of lives. **But in Canada, they could have saved over 40,000 lives.**

The media— I can't encourage people enough to listen to Rodney Palmer on his presentation of what was taking place behind the scenes. Obviously, the Liberal-NDP government, using hundreds of millions of dollars to buy our media, to shut down journalism— In the words of Rodney Palmer, truth-seeking journalism had gone out the window. It became a propaganda arm of our governments with this narrative. And so there's criminal activity in the media.

I believe there's criminal activity in our medical agencies. I believe they're controlled. Health Canada, I believe, is controlled. The pharmaceutical industry is there, and I think the World Health Organization. Dr. Astrid Stuckelberger, a World Health Organization scientist,

explains really well what's going on at the World Health Organization and how it has been corrupted by Bill Gates and his organization, GAVI. So there's corruption right from the top.

Commissioner Drysdale

One last question, sir.

[01:05:00]

Considering your extensive background in industry, I'm sure you're somewhat aware of the anti-combine laws in Canada. And could you comment on how the current state of the media, the fact that we have so many mergers—and they just announced a big merger in Canada with the media organizations—how would this be allowed to have happened in Canada, considering the anti-combine laws that you were subject to? And do you think what has happened is a benefit or a negative to Canadians?

Joseph Bourgault

Thank you for that question. Diversity to me is nature. God is diversity and I never had trouble with competition in our industry. It's essential to have competition. I don't see anything that's going to correct this monopolization, this centralization that is taking place in our society. And at CanadiansForTruth.ca I really encourage people to go there and read the principles that we espouse. The foundation of a just society and an enlightened society, I believe, flows from these basic principles. Recognizing God as our creator and all the principles and laws that He created to govern our existence. And so I think we need that type of political leadership, principled leaders that are not going to put up with bullshit and corruption. We need incorruptible people in positions of leadership in our country.

Shawn Buckley

Joseph, we've got a couple of more witnesses and we're going to be sitting past six and you kind of segued off the question. Sorry about that.

No further questions. Joseph, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving us this testimony today.

Joseph Bourgault

Right. Thank you.

[01:07:15]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Moderator Statement: Shawn Buckley

Full Day 1 Timestamp: 08:53:55–09:02:45

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. It was brought to my attention that this morning when I did a call out for lawyers—because we are short of lawyers—I had said we need some bilingual lawyers for Montreal. And my mistake was we definitely need bilingual lawyers, but our hearings are going to be in Quebec City. So, we are looking for a team of bilingual lawyers that can assist us, basically doing what Dellene and I and Wayne are doing here today, but in Montreal with largely French speaking witnesses. And then we're also short of counsel for Vancouver, which starts in two weeks. So if there are any lawyers that want to assist us with that, please contact us immediately. And I think we're, you know, a couple short in Red Deer too, but what the heck.

So we're going to start with a video presentation just to bring us back, to remind us, some of what we'd experienced before. So, I'll just ask David if you can run that for us.

[Video] Teresa Tam, Chief Public Health Officer of Canada

I think the public has to know this is one of the worst-case scenarios in terms of an infectious disease outbreak and that their cooperation is sought. If there are people who are non-compliant, there are definitely laws and public health powers that can quarantine people in mandatory settings. It's potential, you could track people, put bracelets on their arms, have police and other setups to ensure quarantine is undertaken. It's better to be pre-emptive and precautionary and take the heat of people thinking you might be over reactionary, get ahead of the curve and then think about whether you've overreacted later. But it's such a serious situation that, I think, decisive early action is the key.

[Video] Saqib Sahab, Saskatchewan Chief Medical Health Officer

Whenever an election is called, whenever. If after the election is called, there's evidence of increasing transmission, rapidly increasing transmission—like Italy—I think serious consideration will have to be given to what steps can be taken to minimize further transmission. So yes, you can put very restrictive measures in place, either locally or more broadly, depending on what's happening at any time. We have announced something that we were expecting for a while now: that we have our first confirmed case of COVID-19 in Saskatchewan. It was a person who had traveled from Egypt. Egypt is one of the several

countries listed on the WHO website that is showing COVID transmission. The individual is comfortable isolating at home, like the majority of cases in Canada. Public health is diligently following up with the individual, their movements while in Canada and in Saskatchewan, to see if there's any contacts that need to be informed to self-monitor themselves. We were expecting to see a case at some point. We will expect to see more cases in the future, primarily linked to travel. Anyone, irrespective of travel, if they have a cough or fever, stay home. Anyone who is outside, practice good social distancing. Avoid shaking hands, cough in your sleeve, wash your hands frequently, or use a hand sanitizer. And at the first sign of fever or cough, self-isolate, and don't go to school, university, or work.

[Video] Saskatchewan Premier Scott Moe

So today the government of Saskatchewan is announcing a number of aggressive new measures to prevent the spread of COVID-19 in our province. The Chief Medical Health Officer of Saskatchewan has made the following order pursuant to section 45 of the Public Health Act and it will be effective Monday March the 16th. The Chief Medical Health Officer orders that no public gathering of over 250 people in any one room should take place. The Chief Medical Health Officer's orders that no events with over 50 people with speakers or attendees who have traveled internationally in the last 14 days should take place.

So effective immediately, international travel, including travel to the United States of America for government employees on government business, has been prohibited. The Chief Medical Health Officer strongly recommends that all employers and individuals across the province follow these practices. This will help us limit the spread of COVID-19 in Saskatchewan. It will help to protect residents from exposure to the virus and it will reduce the impact of COVID-19 on our health care system, essentially flattening the curve.

[00:05:00]

Most important is the responsibility that we all have to ensure that we do what we can to reduce the risk to ourselves, reduce the risk to our families, and reduce the risk to our communities. And the best way that we can do this is to practice social distancing, to wash our hands and wash our hands often, to avoid close personal contact like handshakes or hugs and to self-isolate if we feel any of the symptoms, any symptoms of illness.

[Video] Saskatchewan Premier Scott Moe

Today, the government of Saskatchewan has declared a provincial state of emergency giving the government broad powers to address the COVID-19 pandemic. The declaration of a provincial state of emergency provides our government with powers that include the ability to limit travel to or from a community or a region of the province. The decision to declare this provincial state of emergency comes following confirmation from the Chief Medical Officer that Saskatchewan has eight new presumptive cases of COVID-19 and this decision comes on Dr. Shahab's advice.

Public gatherings larger than 50 people are prohibited. All restaurants, bars, and event venues must limit their seating to 50 per cent of their capacity or up to a maximum of 50 people, whichever is less. And I would also note that this is phase one with regards to bars and restaurants and we may implement phase two in the coming days, which would be closing them completely. All gyms, fitness centers, casinos, bingo halls are all ordered to close until further notice. And all government of Saskatchewan ministries, agencies, and crown corporations will implement a phased-in work-from-home policy that will become effective on Monday, March the 23rd. The Saskatchewan Health Authority will be discontinuing all non-urgent elective surgeries and procedures and diagnostics as of March

23rd. Parents with children in daycare should also be preparing for the potential for further restrictions in the days ahead.

And I want to conclude by saying this to the people of this great province. We will get through this, and we will get through this together. But we all have a responsibility. And we all have to take that personal responsibility seriously. And I would say that most of us are doing that. But I have heard some anecdotal reports of people that have returned home from abroad and who are out in the community the very next day. And we just simply can't do that. We need to self-isolate. And I know you may say that you're feeling just fine but you might be endangering the health and the lives of others. Your neighbor possibly, or even an elderly family member.

And I know this is completely counterintuitive, especially here in our province. In times of crisis, we are a community, and we pull together as one. We've shown that so many times. But today, pulling together means we need to stay apart. Helping each other out during this pandemic, it means listening to Dr. Shahab and his advice that he provides, as well as his counterparts, public health officials from across Canada. And this means each and every one of us should adhere to the advice that they provide us. It's important for us to understand that these measures will not completely prevent the spread of COVID-19. But they will flatten the curve. We will get through this. And we will get through this together.

[Video] Teresa Tam, Chief Public Health Officer of Canada

I think the public has to know this is one of the worst-case scenarios in terms of. . .

Shawn Buckley

Sorry, that video just loops.

[00:08:50]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 1

April 20, 2023

EVIDENCE

Witness 8: Bryan Baraniski

Full Day 1 Timestamp: 10:10:45–10:34:11

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Wayne Lenhardt

I think this is going to be an interesting sequel, which wasn't really planned. But we may be able to call this Exhibit 1 or a supplement to Mr. Bourgault's presentation.

Bryan, could you give us your full name and then spell it for us, and then I'll swear your oath.

Bryan Baraniski

Bryan Baraniski. B-R-Y-A-N, Baraniski, B-A-R-A-N-I-S-K-I.

Wayne Lenhardt

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

Bryan Baraniski

I do.

Wayne Lenhardt

You own a hotel that includes a bar and the usual accoutrements in Tobin Lake. Is that correct?

Bryan Baraniski

Yes, I do. We have a resort there. It's the hotel with a restaurant, a bar, conference facilities, cabins, campground. We do guided fishing.

Wayne Lenhardt

And it runs year-round, correct?

Bryan Baraniski

Three hundred sixty-five days a year, yeah.

Wayne Lenhardt

Okay. At a certain point, you contracted COVID, correct?

Bryan Baraniski

I did on March the 6th, 2021.

Wayne Lenhardt

Okay. Could you tell us about that?

Bryan Baraniski

Well, I went to work in the morning. I show up to the hotel usually at 8 o'clock in the morning. And I showed up and went to my office. I wasn't feeling good when I woke up. I decided, well, I'm just going to hide out in my office for the day, so I don't give anybody the flu, or whatever I think I have. As the day progressed, I was getting a little bit worse. I had the shakes a little bit, so I decided, well, I better go home. So I went home. I have a house four blocks away from there and drove home. Went in my house and decided I'll just lay down and maybe it'll get better.

My son shows up at about six o'clock, and he hears that I'm not at work, so he comes to check on me. He comes to the door and I answer the door. He goes, "Dad, your lips are blue." I said, "Oh, okay." I said, "Well, I'm trying to sleep this off, get better in the morning." So he takes off. In the meantime, he had phoned my ex-wife, which is his mother, and tells her the situation. Well, he comes back, and he says, "Dad, I'm taking you to the hospital." I said, "No, no I don't think so." I said, "I'm going to sleep this off." And he goes, "No, get in the truck or I'm going to throw you in the truck." And of course, me and him are always confrontational, but I was too weak and stuff to argue with him. So I jumped in the truck and, okay, I'm going to the hospital.

I get to the hospital, and they admit me. They do some tests on me and they tell me I've got pneumonia. After the doctor had told me that, another nurse comes in. She takes a swab and sticks it up my nose, and it's painful as hell, and she runs out of my room. I'm sitting there, and I end up spending the night. The next morning, I was having a little tough time breathing; it was getting a little worse. And then the doctor comes in and says, "You have COVID." Okay, that's new. They were monitoring me fairly close. Then about noon or so, my breathing was getting a little tough—shorter, shorter breaths. And the doctor says, "We got to load you up and take you to Saskatoon."

Wayne Lenhardt

Your oxygen levels were a bit down, were they?

Bryan Baraniski

Yeah, I was short of breath and it was tougher to breathe. Yeah. I knew I had something, maybe it was pneumonia. I've never had pneumonia before, so I didn't know what it entailed. So yeah, so the ambulance shows up, and they're concerned whether I have enough oxygen to make it to the city or not because it's a three-hour drive. So they put an extra tank in just to make sure I'm going to make it there.

They loaded me up and hit the sirens and away we went, flying. It was fast. I was looking out the back window, and we were passing the vehicles and siren on pretty much all the way there. Get into Saskatoon University Hospital. They admit me. About half an hour in the waiting room—or not in the waiting room, just waiting to get a bed, I guess. Then, finally, they admit me into a room and they're monitoring me. My breathing is getting worse; they got me on a mask. The next day, I was getting worse and worse and worse. The next day, I'm off to ICU,

[00:05:00]

into the ward they had for all the COVID patients. I think there was 10 rooms, all separately isolated and behind glass. So, on oxygen, of course. It was getting worse and worse; pretty soon I was on 90 per cent required oxygen. So the doc goes, "We're going to have to put you on the ventilator if it gets any worse than this." And, of course, they put a tube down my nose, a feeding tube. And yeah, like I don't know if you've seen the picture. It was on CBC News, anyway, because I was the anti-lockdown guy. So they had to beat me up.

So then that night or the second day in, the doc comes in. He says, "You better get a hold of your family and tell them to prepare for the worst." Because as I'm there for my two days, I see them taking body bags out as people dying, right? That are dying of COVID. So, I'm down to short breaths—"aha-aha-aha-aha"—like that's how I'm breathing all day long because I've got no lung capacity. So then, when the doc tells that, I figure, "Well, I'm not going to call my kids and worry them." I'll just start writing letters, right? So I figured this is it for me, right? You know, he's telling me to prepare for the worst. I know what that meant. And so I'm writing letters to people that I figure should hear from me.

The third day in, I was still holding at 90 per cent. Then I woke up one morning, and I had the feeding tube out of my nose. I figured, "Oh Jesus, now they're going to fight to put that back in." It was painful as hell. And the doc goes, "Oh, no, maybe not." He says, "You're down to 85 per cent oxygen." He says, "Maybe we don't have to put that back in." So they monitored me for a few more days and I hovered around that 85 per cent, not over 90. So I wasn't on the ventilator.

The staff treated me really good. One nurse brought me chicken noodle soup because I said, "Hey, if I'm going to die, can I die with chicken noodle soup in me because I don't get none in here, right?" So, she went home and made homemade chicken noodle soup and brought it to me. She said she wasn't supposed to do that, but she brought it to me anyways, which I was thankful for.

Finally, I get out of ICU 10 days later, and they put me in recovery. I'm down to 65 per cent required oxygen, and it won't get any better, and it's staying the same. They tried to get me down to 55, and I struggled to breathe, and they put me back up. So I had several doctors that would come throughout the time I was there, probably three or four different doctors. And one doc says, "You know, you could be here for a couple of months. We've seen it where it takes a while to get you to recover, to get your lung capacity back." And I figured geez, I'm not sticking around here for a couple months.

In the meantime, the CBC had done a story on me while I was in ICU, with the tubes and everything in me. They posted it on social media and on the CBC News. And, of course, all the people beat me up there. They were on social media. They were commenting about how bad of a guy I was and wasn't following the rules, and I was the anti-lockdown guy. Then, Joseph Bourgault, the previous guy that was just on here, he seen me on CBC News. He phoned up the hotel my son was running at that time. In the meantime, they had shut my hotel down; they had shut it down for two weeks. Kicked everybody out of the rooms. Told everybody that they had to leave. My son wasn't even allowed to go there. I was peeved off because it was on autopilot. It was on autopilot for three days in the entire hotel—12,600 square feet. Mechanical systems running, everything. Nobody's allowed in that hotel for three days. Not my son. He's told to be isolated.

I was furious—wild at the government. I couldn't believe that they're handling it like this. This thing could blow up; there could be a water leak. But nobody was allowed in the hotel for three days because we had a COVID outbreak, they said, at the hotel. So that was fine. I was arguing with my son to get back there. And of course, his mom, my ex-wife, was saying, "No. Listen to public health. Don't get in any more trouble. Your dad's in enough trouble already." Right? So that's how that went down. We ended up opening up two weeks later. We had to get an independent cleaner to come clean the entire hotel because they wouldn't let any of our staff do it because they might have COVID.

So anyway, I'm back in the hospital trying to recover here. My ex-wife, of course,

[00:10:00]

she's bringing me grapes and chocolate bars and stuff up to the ward, not allowed to see me because I'm isolated. This is probably day 20-some that I'm already there, and she's brought grapes and stuff several times. In the meantime, Joseph had called me, and said, "Hey, I seen you on CBC News." Of course, he got the number from my son because I have my cell phone right by my bedside. He said, "I like the fight in you." He introduced himself. We had a lot in common. I used to farm, and he had Bourgault Industries. We actually owned some of his cultivators and so had a good introduction there for about half an hour.

Then Joseph says to me, "You go get some quercetin and some zinc, and you're going to walk out of that hospital in five days." And I figured, "Oh, well, I'm going to try that for sure." He said, "I run a health food store, and I've helped lots of people with COVID. And they've all recovered with quercetin and zinc." So, I phoned up one of my wait staff. I have 25 employees in the summer but about 12 to 13 in the winter. One of my waitresses in the city that I'm fairly good friends with, I phoned her up said, "Go down to the health food store, get some quercetin and some zinc. Bring it up to this ward, up here at the University Hospital, and I'll e-transfer you whatever it is." So she did that. I e-transferred the amount.

So the next day, I still hadn't got my stuff. So I said to the nurse, "I'm supposed to get a package delivered up here." And she goes, "Yeah, it was delivered up here. But I showed it to the doctor and the doctor says you can't have it." I said, "Oh, okay." She said, "No, it's not prescribed by us, by the doctor, and whatever's prescribed by him that's all you can have. You can't bring any other medicine in from outside." So I figured, okay, I got to think this one out. So I phoned up my ex-wife and said, "Go down to this health food store, go buy some quercetin and zinc." I said, "Open up the bottle, throw the pills in the bottom of the grapes and bring it up here." So she does that, does what I tell her and brings it up there.

Of course, she told me not to mention her name. She goes, "I'll get in trouble. Don't mention my name." Yeah, okay well, I'm not going to mention her name, but you guys all figured out who she is already.

So then the nurse sees grapes and chocolate bars and brings it through. That was on a Tuesday. So Tuesday, Joe said to take it during your supper and dinner meals. This was Tuesday afternoon when I got this package. I took a quercetin and zinc at supper that night, and then the next morning for breakfast, I took two more. I figured another zinc, another quercetin and— Heck, I'm just about dead, anyway. What the heck are you losing doing three? He said it was maybe hard on the liver and stuff. But I figured that's the least of my worries and so I took it three times. I took it at breakfast the next day, lunch, and supper. By supper, I had improved quite a bit. The doctor noticed. He says, "Yeah, your oxygen requirement is down a bit. You're down to—" I think, it was 45 or 50 per cent. Of course, I never said nothing to him.

The next morning, on Thursday morning, took the same routine, three more times during that day. By supper or just after supper, when the doctor comes through, he goes, "You've improved quite a bit." He said, "If you carry this on, you get under 30 per cent, we can ship you back to Nipawin." He says, "You can go to the hospital there."

So the next day I was down to less than 30 per cent. So then the doctor goes, "Yeah, we can transfer you over to Nipawin." He said, "I'll line up an ambulance." And the ambulance was like 1500 bucks or something like that. I said "Well, can I just catch a ride with my ex-wife? She has a house back in Tobin. She's going back Friday nights, anyway, because she has a business in Saskatoon. She comes up Monday morning, comes back Friday night." So anyway, after being convincing to the doctor, he said, "Oh, okay. We'll just give you an extra oxygen tank to take with you. But she's got to take you straight to Nipawin." And I said "Yep, fair enough."

So anyway, as I'm getting my clothes on and signing out the release forms and everything, as you're getting out of the hospital, I said, "Doc, I got to tell you something." I said—this is tough here but—I said, "You've got to give this quercetin and zinc to everybody that comes in here." I said, "Because I smuggled it in here." So he looks at me, and he goes,

[00:15:00]

"How do you spell it?" I said, "quercetin," and I spelled it. So he goes and researches it, and he says, "Well, we can't. It's in Health Canada trials, and we're not allowed to prescribe it yet." And I said, "Let me guess. It's going to be in Health Canada trials till everybody gets a vaccine, right?" And he smiled and walked away. And then, I went to Nipawin.

So I get to Nipawin. I'm in the hospital for three days there and, finally, they release me. They get the oxygen set up in my house. So I got oxygen. They give me five tanks of oxygen—these little portable ones that I can move around. So three days, I get checked out of Nipawin hospital. I head back to my place. Of course, I got to get back to work. The first thing I do as soon as I get home, I grab an oxygen tank and head down to the hotel, right? Dragging this oxygen tank, away I go. A few hours later, it's all used up. So I got to go back and get another one. And next thing you know, my five tanks are used up. Over each day, I was reducing it a bit, anyway, but I didn't have enough to get through for the remainder.

But my mom, who's in her 80s, she's in a senior's home. So I sent my son. I said, "Brady, take these five empty oxygen tanks, go to see Grandma, and bring her full ones back here." So he took the five empty ones there to her place and brought the five full ones back.

Because I was only getting oxygen— Once a month is when the person showed up there, right? So used up a few of those tanks and then, pretty soon, about five days after being out of the hospital, I was off oxygen. I was back to normal. And I have not been sick since.

Wayne Lenhardt

So I'm going to move you along a little bit. I think you're sitting here hale and healthy at the moment. So I think you obviously recovered. What was it, 30 days you went through this ordeal?

Bryan Baraniski

Yeah, I was admitted in the hospital March 6th, and I got released from Nipawin April 3rd.

Wayne Lenhardt

Okay. Tell me about the financial consequences of what you were doing on COVID.

Bryan Baraniski

Part of the reason CBC was beating me up is because I got two \$14,000 fines. And then we got five \$2,800 fines, some of my staff members got for failing to wear a mask.

Wayne Lenhardt

And they shut you down for a certain period, right?

Bryan Baraniski

Two weeks. Probably lost \$50,000, we figured.

Wayne Lenhardt

And how many staff did you have that you had to send home?

Bryan Baraniski

Thirteen staff all got sent home.

Wayne Lenhardt

Okay.

Bryan Baraniski

So one of the staff, she had an exemption for a mask, which was fine. The public health supervisor, who had been to the hotel several times had said that she was okay, at first. And then, finally, he came out there. He goes, "No. We're not accepting these exemptions anymore." He said, "You have to fire her or else make her wear a mask." I said, "No, I'm not." I said, "You can go tell her that." So he went up to her, he says, "You either put a mask on or you have to go home or I'm going to give you a \$2,800 fine." She goes, "Fine, I'll go home then." So she went home.

Some of the fines they give me— Of course, the supervisor from public health, he'd phone me up pretty much every second day, right? He always had a complaint, like what we were doing. We had our feet stuck in where we were anti-lockdowns for sure, right? Wherever there was a loophole, we'd try and figure out how to work around it. One of the times, I'll give you an example, is that they lowered it to 10 people, private party, right? That's all you could have at a household. So we had the bar that was closed, locked up, but we'd have 10 people in there every night because people wanted to come there. And we carried on like normal, except the doors were locked.

One time the RCMP showed up. Of course, we were getting complaints and they're at the door, and "No, you can't come in. Sorry, we already got our 10 people in here." So of course, away they went. We wouldn't let them in. There was nothing they could do about it. We had the doors locked, and we weren't open to the public. It was a private party, right? So that's some of the things how we carried through.

What else did we have going on? When they give us the \$14,000 fines, the one was failing to keep track of all the customers who was there. We had a book. We had a desk at the front of the restaurant that you signed in. So anyway, they had come there one time, and they give us the fine because three of the names were unreadable.

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And then some of them were a little bit vulgar, like, there was Daffy Duck, Phil McCrotch. And then, they'd write a number—seven, six, eight f-you, writing stuff like that down. Some of the people just were not following the rules. I couldn't have an extra staff to monitor sitting at the table. So of course, they come in there, and we got a \$14,000 fine for that.

The other fine we got was failing to ask for a vaccine passport. So that was controversial, too. Because I was working the morning in the restaurant, and then there was a public health girl, which I knew that she worked for public health. She was sitting at one of the tables and I'd taken her order and everything. Sorry, I hadn't taken her order yet. I brought her water and everything. Then my son Brady showed up, and I said, "Table two." I said, "I haven't taken her order or anything yet, you can go grab it." So he goes over there with a mask and everything. He puts a mask on because I say, "Hey, that's a public health girl over there. Make sure you get your mask on right." So we're trying to hide it, right?

He goes over there, mask on and everything. Then he gets fined for failing to ask for a vaccine passport. And of course, Brady goes, "Well, I didn't know if my dad asked for it. I just assumed that he asked for it." And no, it didn't matter. So we got nailed a \$14,000 fine because she never got asked for the vaccine passport. So you've kind of set us up there, we thought. It was kind of dirty. So of course, same thing: Three cop cars show up, and the public health people, and they get out. You'd swear to God it was the biggest drug bust that ever happened. And they come out and give us a \$14,000 fine, right? Middle of the afternoon. Cause a big scene, so all the customers can see it.

So we fought them all. Of course, we lost. The judge, he wasn't on my side, for sure, I didn't think. He just thought that the government had the right to invoke those policies. And I didn't follow them and that's just too bad, right? He did reduce the fine down to \$12,000. So we got two of those fines. Then I got a \$2,800 fine. My son got a \$2,800 fine. Three of the staff got \$2,800 fines. The RCMP officer that gave those tickets out also stated to the three girls, "You put your mask on and the next time we come in here, and you have your mask on, we'll just get rid of those three tickets." Of course, went to court, and we tell that story,

and the judge goes, “The RCMP don’t have the authority to release your tickets on a public health order.” So, they all got nailed \$2800 too.

Wayne Lenhardt

Okay, due to the late hour, I’m going to ask the commissioners if they have any questions. I think that’s a no. So on behalf of the National Citizens Inquiry, thank you so much for giving us your evidence.

Bryan Baraniski

Thanks.

[00:23:26]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

EVIDENCE

Witness 9: Cindy Stevenson

Full Day 1 Timestamp: 10:34:50–10:56:48

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Dellene Church

Our next witness is Cindy Stevenson. Cindy, can you state your name for the record and spell your first and last name?

Okay, you need to unmute. Not yet, no. Can you see your mute button? Just make sure that's off.

Cindy Stevenson

How about now?

Dellene Church

There you go.

Cindy Stevenson

Okay, I just had my headphones on. I'm sorry about that. My name is Cindy Stevenson, C-I-N-D-Y S-T-E-V-E-N-S-O-N.

Dellene Church

Thank you. Cindy Stevenson, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Cindy Stevenson

I do.

Dellene Church

Thank you. Cindy, you refused a COVID vaccination and as a result, you were fired from your job of nine years with CN Rail.

Cindy Stevenson

That is correct.

Dellene Church

Can you tell us about that experience, how that came about for you?

Cindy Stevenson

Well, I could see kind of what was coming with all the talk about vaccinations and all the political push for, certainly, passports and mandates. And I had sent an email request to my union looking for representation, because I did not consent to the trials, the medical trials and the therapeutic of what they were calling a COVID vaccine. I had stated that there was so much risk. I put on there the VAERS [Vaccine Adverse Event Reporting System] reporting, which had indicated that there were more than all the vaccines combined in 30 years of adverse events. There was risks that I did not want to take. And also, that I was COVID-recovered: I had just had COVID in August of 2021 and they were demanding that I get a vaccine prior to October 29th or I would not be working after that.

The union responded to that email with a positive message, saying that they understood and that the information in the email would be forwarded to the national and the local chairperson of my union. I never heard anything from the union again until November 10th of 2021. I was held out of service on November 15th, 2021.

Dellene Church

Okay. And through your union, was there contact yourself with your employer, or contact with the employer through the union as well?

Cindy Stevenson

I had contacted the employer multiple times. Stated that I was COVID recovered, that there were higher instances of injury for people who had recovered from COVID, especially such a close proximity to having the virus. And then obviously them demanding that I get a vaccine right away, that it exacerbates and causes extreme inflammatory results. I had done quite a bit of research. I sent a lot of information to the union and my employer in regards to vaccine injuries, risks. Natural immunity was very, very widely acceptable and it was also acknowledged in the National Institutes of Health. There was an article January 26th of 2021 stating that natural immunity was long-lasting with COVID-recovered people.

Everything that I had sent in, all the concerns I had with the risks, with it being stated as a **medical trial, it was in trial phases, nobody responded with anything. Except for the union stated to get vaccinated to avoid consequences.**

[00:05:00]

And also, the employer said that I was privileged to continue working if I was vaccinated. Natural immunity and positive proof of natural immunity being positive is not acceptable.

Dellene Church

Did they offer you any options for testing in order to continue your work?

Cindy Stevenson

No.

Dellene Church

So after you had tried all of these options and avenues, what happened then for you to be let go? How did that proceed?

Cindy Stevenson

My last shift was November 14th, and the next day people who refused to either give out their personal medical information and/or that refused were just held out of service. And there was really nothing that we could do. The union did respond to me November the 10th. A representative asking me four questions, which were quite odd: If I informed the company that I had COVID; did I get a PCR test, which I did not. And just, you know, asking what the company said about my COVID. But nothing to do with any of the concerns that I had forwarded, multiple concerns. I did end up putting in a complaint with the CIRB, the Canada Industrial Relations Board. November 28th, 2021, it was submitted. I prepared it myself, which is not really recommended. They did close the complaint down. It's a Section 37 complaint in regards to unfair treatment and discriminatory treatment or arbitrary treatment by a union. They had stated that there just wasn't enough evidence there to go forward.

Since then, I filed a human rights complaint with the Canadian Human Rights Commission, which was never addressed. I did ask for multiple — I sent emails and I called trying to get an update. They have not responded. I did apply for Service Canada Employment Insurance in November 2021, which was declined. And the reason being was due to my misconduct. So I was left without a whole lot of options. I did retain a lawyer to prepare a reconsideration for a Canada Industrial Relations Board [CIRB] review, which— They're not really wanting to give any updates, so I can't update where that is. That was filed on September 29th, 2022, so I'm still waiting on that. I've had multiple emails sent to members of Parliament, my Member of Parliament, MLA, in regards to other issues with the natural immunity.

I did get my job back June 20th, 2022. There was a motion brought forward by a couple of gentlemen in Toronto. A lawyer had brought forward a challenge to the ministerial order. That was June 14th, I believe. The government suspended the mandates and we were called back to work. Three days later I got a call from CN stating that we were good to come back to work. And I had 72 hours' notice to give them my return-to-work plans, which I did. At that point, I had contacted my union and asked what the protocol was going to be, if we were going to be held out again, or what was going to happen. And there was no positive response, just non-answers.

I did give them my return-to-work plan. I did go back to work on June 20th. Only later, the 28th— I got a letter from CN dated the 28th of June stating that they could reinstate the vaccine mandate if the government said that health and if the science said so, which— There was no response from the union.

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I did go back to work. I managed to kind of pick myself up and return to work. No response for any of the questions that I had forwarded by email to the union. They basically just told me to leave it alone. That my CIRB filing was frivolous, the one that I put in in November.

There was no support from the union whatsoever. And it became quite difficult to continue working because of the stories of coworkers who were vaccine-injured. It started to kind of get quite resentful, and being in a safety critical position that I worked, I just— I was really not doing very well in that situation simply because— With the natural immunity, it finally being recognized and it's on the mainstream news, nobody acknowledged anything that they had done.

I couldn't continue working and I did resign March 3rd of this year, unfortunately. I just couldn't keep working with the situation that happened, and in a company where I thought that if you bring safety concerns forward with mounds of evidence, they ignored. I just couldn't risk and keep working there. And just knowing that at any time they could just say, "Well, we're going to do this again," it just got to be too much.

Dellene Church

And so, what were the economic losses you suffered over this time?

Cindy Stevenson

I was out of work for seven months. I've spent quite a bit of money on my lawyer, which is worth every penny. I didn't ask for any remuneration. I would have liked my seven months of pay back because I feel that I was wrongly disciplined. The union, in our little handbook, states that: "Employees have the right to be informed of known or foreseeable hazards in the workplace, and be provided with information, instruction, training and supervision necessary to protect their health and safety." It also states that I have the right to participate: "Employees have the right and the responsibility to participate in identifying and correcting job-related health and safety concerns." And also, that I have the right to refuse to perform in an activity that "constitutes a danger to the employee or to other employees." They did not live up to that expectation. I really had no recourse there, but I would have liked my seven months back.

With all the information that came out— Obviously, we were held out of service or terminated, some of us. People need to have the ability to be able to make an informed decision and not be forced into any sort of dangerous or hazardous work. I would ask for that as well, and to have my disciplinary record removed for obviously being held out of service for being non-compliant to a vaccine policy.

Yeah, it's monetarily — I think more so, it was just emotionally damaging. Because every avenue that is available to people to keep them safe at work, to be able to participate in safety discussions, that needs to be addressed. Every avenue—political leaders or members of Parliament or the Premier's office; I tried to reach out to institutions, Service Canada, the Canadian Industrial Relations Board—they all just ignored everything that happened.

Dellene Church

You also mentioned in your questionnaire the effect not only on yourself, but on your family and especially your children, for having trust in our country and government and health system. Can you talk a little bit about that?

Cindy Stevenson

Well, all young adults,

[00:15:00]

my children, four of them. And this lack of trust, there is no trust and there is no recovery for my entire family, just seeing what happened to me. They all worked through everything. We've remained kind of not affected by the pandemic, thankfully; we're a very close family. But every institution, everything that we believed in—the healthcare system, the political system, all of the systems set in place for Canadians—never in a million years would you ever dream that you would be discriminated against because you didn't want to participate in a medical trial, and/or possibly being put in harm's way.

We're all changed. Every single one of us and there is— At this point, for myself, I don't even know if having justice for all the wrongs that have been committed will— It won't change me, anyway. My kids, definitely. They're younger, they're more affected because of their young age. But yeah, the lack of trust is— It's not healthy.

Dellene Church

Is there anything else you'd like to add today?

Cindy Stevenson

Well, I did want to add in that I did ask for — I had my natural antibody test done at a Saskatchewan private business. When I went back to work, the media was hyping up all of the boosters, and you got to get your shots, and they were thinking about mandating shots. I ended up contacting the place where I got my natural immunity test the first time in August 2021, and looking to get another test just to see if it still registered the natural immunity. I did email. And I got a response back that they were no longer able to perform those tests. The Saskatchewan Health Authority had told them they weren't allowed.

So I did contact an MLA, Nadine Wilson. She seems to be the only person in Saskatchewan that is speaking out against the narrative. And I did let her know what is going on. Because when I asked, even just to get my natural immunity test back in August 2021, I called my healthcare provider and was told that, if the test was ordered by that healthcare provider, that they would be called immediately and reprimanded. And then I called another, just a random health clinic, just to see if I could get this test done, because I could see that they were going to start mandating these vaccines. And really, I did not want to be having to put myself in any harm's way. And they told me the same thing: they could not order that test.

So, there is something very nefarious going on. The letter that I received back from the Saskatchewan Health was just to get vaccinated and they need the resources and they can't be offering these tests. But why I paid for that test, and the only way that I was led to the facility that offered it, was through the first healthcare provider that I had contacted. They said the only place that will do it is this location. And I have all that in writing as well.

I did actually send information as well to the Premier's office in regards to why naturally immune people have to be subject to this vaccine. When you have measles or you have the flu, you don't go get a shot afterward. But nobody listened. I emailed the Saskatchewan Health Authority. They never responded. My MLA— Even when there were questions of when they were trying to mask the kids and have vaccine clinics in the schools, there were documents that were on the SHA website. There was an article actually from March, 2021, which alluded to all the trials for the kids. They weren't going to be doing anything at this point just because they were trials and they didn't know.

[00:20:00]

And that article, I sent it to my MLA and he did not respond. I sent it to my MP. But that article went missing off the SHA website. Now I did copy it and I did give that to Nadine Wilson, MLA in Saskatchewan, as well. Because whatever is going on, they are trying to just lure people or lead people into— The only thing to do is just get a vaccine and that's it.

Dellene Church

Okay, I think we'll turn it over to the commissioners if they have any questions for you.

Commissioner Kaikkonen

Thank you. I just wanted to ask: Do you know if CN is still receiving funding from government?

Cindy Stevenson

I don't know if they're receiving anything from the government in regards to incentives. I do know that our union, it was part of the— They're actually on a website, it's called Faster Together and it is a program, a website where there's participants, a lot of unions, where they promote vaccines. I did ask my union representative if they were receiving any monetary incentive. The answer I got back was not that he was aware of.

Commissioner Kaikkonen

Okay, so my second question, if they did receive or if they are receiving from the public purse, is simply: Do you believe that CN was neutral in their decision-making regarding the government mandates at any point?

Cindy Stevenson

No.

Commissioner Kaikkonen

Thank you.

Dellene Church

Okay, thank you very much for your testimony today.

Cindy Stevenson

Thank you.

[00:21:57]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

***For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

EVIDENCE

Witness 10: Marjaleena Repo

Full Day 1 Timestamp: 10:56:49–11:28:38

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Dellene Church

Next witness today is Marjaleena Repo. Marjaleena, can you please state your name and spell your first and last name for the record?

Marjaleena Repo

My name is Marjaleena Repo, and it's M-A-R-J-A-L-E-E-N-A. And last name is Repo, R-E-P-O, Repo.

Dellene Church

Thank you. Marjaleena Repo, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Marjaleena Repo

I do.

Dellene Church

Thank you. Marjaleena, you found out very early in the pandemic that wearing a mask posed a serious risk to your health.

Marjaleena Repo

Excuse me, I can barely hear you. If you could be a little bit louder.

Dellene Church

Okay. Marjaleena, you found out early on in the pandemic that wearing a mask posed a serious risk to your health and you were given a medical exemption by your doctor.

Marjaleena Repo

Actually, yes, that happened. I first became aware that there was a plan by the City [of Saskatoon] to introduce masking, particularly in buses. Of course, I was very concerned about that. I travel on buses. And when I found out that they were going to do that, I knew that I was going to be involved personally because of my health issues.

So I protested to the City. I made a presentation to the City in a hurry, where I documented what I knew already about the health hazards of masks. I wasn't presenting anything about the effectiveness of masks or anything like that, but the health hazards that are already known. Because I know that I was going to be hit with it in a big way. And that presentation I did it in good faith, and I appealed to them to pay attention to all the populations that would be affected by these masks. People with bronchial problems, what I have. COPD [chronic obstructive pulmonary disease] of course. People who had difficulties hearing. Anybody who was deaf would be incapacitated.

And I especially spoke about children. How children's lives would be affected in a long-term way. And damage their capacities to learn and to relate and so on—all the things that happened. So I presented that in good faith. And I didn't get even one question, and they passed the masking order unanimously.

While doing that presentation, preparing for it, I found out that they had no information. They had no data. They had nothing that would justify doing something so drastic. They had no idea of a precautionary principle. Nobody who had prepared that material, the go-ahead, had any knowledge. They didn't introduce it as an issue—no consideration—and suddenly we were in a situation. And I was in a situation that I had to think twice before I go on a bus, what to do. I couldn't wear a mask for long, any kind of length really. I knew that.

And so my protest hadn't worked and I decided, okay, well, I have to cope with this. Try to do the best of it. Try to avoid hospitals. Try to avoid any situation where they make me wear a mask. And try not to go on the bus. At that time, it was September 1st, I could still bicycle, so I could get around. And I could go to a neighbourhood store that didn't have any masks. So I thought I have a certain freedoms left.

And then, you know, the one thing that I couldn't do— My partner and I had to go shopping once in a while. And of course, I couldn't go into a big store. He hated to go in it and he hated shopping too. But I had to send him in. I would sit in the car, and the weather was cold; it was winter, getting to be winter. And he would go in and hate every moment of it. Because he would be told, "Move this way!" "You're walking the wrong way!" "Where's your mask?" "Your mask is not done right!" And that was done by customers and staff.

So consequently, our shopping trips were quite short. I couldn't really do anything. So my life shrank, just about overnight. But I thought, okay, this is going to war. And I'm some kind of a soldier—reluctant, but I'm going to kind of hang out.

[00:05:00]

But I couldn't do it very long because I started to suffer from serious pain towards the end of October. And I thought, this is not good because I might have to go to a doctor. And I was in severe pain. I had leg pains, I had back pains. I couldn't even sit I was in so much pain.

So I went back to visit my clinic that I had been a member there since the early 80s. A very nice, lovely clinic—the Saskatoon Community Clinic—that I had really liked and supported.

And I made an appointment to go and see a doctor there. I had just gotten a new doctor I was told, because my previous one had retired.

And when I came to the clinic, I didn't recognize anything. It was like an alien world because it was just masks with people. Masked people, masked patients, masked staff. I could barely hear anybody. I still have big difficulty hearing. I have a hearing aid—a top-notch hearing aid—but I can't hear people behind masks. That becomes immediately a communication problem because I have to repeat myself. I keep asking them, "What did you say? Can you say it again? I can't hear you!"

And so that became the whole clinic experience. I mean, it was absolutely disastrous for me. I cannot possibly cope with these people because I was harassed there. You know, my mask wasn't right on. I was leaking air. I was actually hanging onto air every second.

And finally, in my doctor's office, just before she came, I was given a blood pressure measurement by a very anxious nurse who was correcting me and pulling me and telling me to put the mask on. And my blood pressure was 208. It went up very quickly, it didn't come down for a long time. And when my doctor came in, she saw that. And she heard I was sweating, I was puffing, I thought I was going to fall. And she said at one point, "You're in stroke territory." And this is what I felt: I could easily die on the spot. It became that kind of experience for me.

And the new doctor that I had was conscientious and compassionate, and she confessed that she couldn't stand the masks herself. And she tried to help me get out of the place by giving me her shawl so I can kind of just hide behind it so nobody would attack me, I think. And she said, "The next time when you come, just come straight to my office and sit there."

Of course, the next time I couldn't really come. But she did send me for tests. So now I had to go to three hospitals to get tests. And they were both—all—nightmares in terms of getting in and being treated like a human being. Because already the corruption had set in. And the thing that they should have gone by, which is "first, do no harm," had evaporated. There was no sign of it. So everywhere I felt I was being harmed personally. I was attacked personally. I became an enemy in no time.

Even having the test was so stressful that I stressed about it the day before. I stressed during it happening and I was stressed the following day. You know, I'd been captured by the enemy aliens. And I couldn't shake them because I needed those services.

So anyway, I did get my tests done. And on October 23rd I got the results. I went to City Hospital to see the breast cancer doctor.

And he came to his office and he sounded sad, but he had his mask on. And I asked him, "Whatever you're going to say to me, I want you to take the mask off because I cannot hear you." And he did take it off. And he was momentarily a human being because he also felt sad for me.

[00:10:00]

And he told me that my breast tumor had spread to my bones, and I was not operable. I had stage four. And he comforted me. He touched me. He hugged me. He probably had to worry about somebody walking in and seeing him without the mask. And he invited me to come back any time to talk. So he had what was left of the humanity. He still had it.

And I walked out of the City Hospital and I didn't know what to do. Where should I go and cry? I thought, I can't go on a bus, so I'm going to go to the nearby coffee shop. City Perks, it's a nice place. I could go there and get a cup of coffee. I could have a scone and I would go in a corner and I would cry.

I went in. And the two women who were working there— It was very early in the morning. I was the first customer. And before they said, "good morning," "hello," or something to that effect, they said, one of them, "Where's your mask?"

I said, "Well actually, I can't wear a mask."

"Well, here we have to mask. Didn't you see the notice outside?"

And I said "I actually didn't."

And she said, "Well, if you can't wear a mask, then you at least have to sign this. You have to sign your name and the address."

And I said, "Well, that's not mandated yet. That's been talked about. It's not happening."

She said, "Well, these are our rules. This is a private business. And these are our rules."

And that was the end of that, except I left very distraught. Maybe I had hoped that I would tell them my story and then cry some more and they would comfort me. They would be human beings.

I left and wrote a post on my Facebook, telling about my experience. I didn't mention why I had gone there and why I wanted to cry. But I just told about the treatment and said that I felt I was bullied. And I would never go to such a place. And that was on the 23rd of October 2020.

The next day, I woke up, I had hundreds of hostile messages on my Facebook. I was totally flooded. There were people that hated me so much they wanted me to go into a— They wanted me to get COVID and die. They wanted me to go to a hospital where they wouldn't treat me. They just wished that I would disappear. And, you know, incredible phenomenon.

It turned out that there was a radio station in the city that had discovered my posting and considered it an attack on the little café. But more than that, an attack on public health measures and therefore I had to be punished. And this radio station—which I've never heard of called Bull 92.9—had decided to mobilize these people to go after me with incredible insults.

It took me a while to even be able to cope. I couldn't talk to my family about what had happened to me health-wise because I had to basically fend off hostile elements. Names of people I've never heard of, they were not anybody I ever knew anything about.

And with this event—having a terminal prognosis, devastating prognosis—then being attacked at the same time by fellow citizens.

[00:15:00]

I mean, they're supposed to be fellow human beings. They didn't know me and they had decided to undergo a full attack on my person, personhood. I had to worry about whether

they would come to my house. I mean, would they come and throw stones through my window? What else would they do?

The next part of that is that I had decided I have to do something about it. I found out what this man had written in his Facebook, on his program. He mentioned my name; he had my posting there. He wrote, "She has also been a regular on the radio page of this station before we banned her for spamming misinformation and causing a general ruckus."

So what he was doing there, he was describing somebody else. He put my name on it and attached this description. Then sent it off to his fanbase, who then decided that they had to do something. They were also told that there was going to be a protest—also anti-vaxxers and anti-maskers would be surrounding the café—and therefore everybody has to get busy to do something. And everybody got busy to do something which was directed at my person.

The only thing I could do with that—after recovering from it—was to say, "I have to get a lawyer to do something about this. I will get a lawyer."

And I found a lawyer. I said, "You have to clear my name. I don't know how long I'll live. I have been smeared. My name has been scandalized. I want that cleared."

And he took that on. I wanted him to write a tough letter and demand that Pat Dubois—was the name of the fellow, and he is part of the broadcasting family—that he would be made accountable for his actions. The lawyer wasn't very confident that we could get anything. I was very convinced that we would win this case and we went ahead—at least the first letter, which produced results. He agreed to take off the description, but he did not give an apology. I wanted a full apology. I wanted that done so that he would have maybe paid some compensation also for what he had done to me.

At that point—just when I thought that we were now moving to the next phase, which is making more demands—my lawyer quit on me without talking to me. And he said "I don't want to continue. And I don't think you're going to get anyway anything." He basically withdrew without consulting me, saying "You wouldn't be able to prove anyway that you weren't that woman who caused the ruckus." So he basically ceased to be a professional lawyer right in front of me.

So that case— The reason why I have been bringing it up is because it's been festering me ever since. I've had so many other things to deal with and confront with and take on that it's festered. But I've finally decided to find out if I can still put in a complaint about him. I did find out just yesterday: I can. Because you can go after with a complaint about the lawyer as long as they practice. So that's in the works, so that I at least get some satisfaction along the lines that I have planned to do. Some satisfaction.

Anyway, that was a little bit long story, but I needed to have it out because it has been like the poison in my system. It was created by the same mentality that the clinic had and the hospitals had: that you are an alien, you don't belong to humanity, you can be abused, you can be controlled, you can be not listened to, not respected, et cetera. It has been the full story.

The next serious humiliation that I had, after I had received my medical exemption—

[00:20:00]

I received that from the same doctor that had been very good with me. At the end of November, I got a medical exemption and I started to use it wherever I could. And it was never—about 95 per cent, 99 per cent time it wasn't accepted—but I carried it with me on buses particularly, because I went back on bus travel.

And I had it, and sometimes the driver would ask for it or say, "Why don't you have a mask?" And I would say, "I have a medical condition, I can't." And they would accept it. It was uncomfortable, because there could anytime be a driver who would be gruff, who would insult you, and you never knew what you would get. Maybe a customer would come to you and say, "Put the mask on," or throw a mask at you. So it was ongoing. And I knew that I wasn't alone. Because luckily, I connected with protests in the city and I would go there. And at least we could commiserate and exchange experiences and horror stories. And they were all horror—similar things.

Dellene Church

And it affected every area of your life.

Marjaleena Repo

Pardon me?

Dellene Church

It affected every area of your life. That exemption did not protect you.

Marjaleena Repo

It didn't! It was, it was like nothing. I still have it somewhere here too. I also carried with me what the public health regulations said: that if you have a particular medical condition and you are signed in by your health professional, you don't have to wear a mask. Basically, it was there. I had both that and all of it was swept aside by people who became the judges and juries of my existence.

After my prognosis, I had to actually attend the Cancer Center here in the city. That was a nightmare of the nightmares. Because I have to now deal with masked and gowned and gloved people, who basically only wanted to know where my mask is. Or why. Mask was the only topic! I didn't get a kind word there; I, in fact, got threats. Threats like when I was measured for radiation treatment and the technician that measured me, when I said to him "I can't"—I was telling them—All the professionals, I was telling them "I can't breathe. It makes me feel panicky. I think I might faint if my blood pressure goes up." And I said "I can't wear a mask to this!" He said, "Then you're not going to get radiation."

And he meant it! It was it was that kind of control. It's life and death, you know? It could be trivial, and it could be life and death. That all had to do with the mask becoming the king. And no basis for it. Absolutely no basis for making it that, and no—

Dellene Church

Marjaleena, we're running close to the end of our time, so I'd like to ask the commissioners if they have any questions for you.

Commissioner Kaikkonen

Thank you for your testimony. When you said you the people around you only wanted to know where your mask is, do you ever remember society—a place in society—where our greeting to one another would have been honed in to just one simple question, “Where is your mask?” Do you ever remember a time where society would be that abusive to one another?

Marjaleena Repo

I had a hard time hearing you. I mean, it's very blurry. Can somebody repeat that? I'd like to hear it.

Commissioner Kaikkonen

I don't know if I could repeat it all. You made a comment, “only want to know where my mask is.” That other people who were speaking to you would normally greet you and say “How are you?” or “Good morning,” or something to that effect prior to COVID.

What happened to our society? Or maybe that's not the right question. Have you ever seen a part of society where the only thing that mattered to people around you was: Where is your mask?

[00:25:00]

Marjaleena Repo

I didn't quite completely hear you. I wish I could. But that's almost like an example of my experience when people had masks. You don't have a mask, but you're at a distance there and the sound distorts.

But getting back, just the essence of my story is the dehumanization— Medicine disappeared as a human practice. And it did it so quickly. And then the masking just became a method to punish you in every which way. It was just incredibly fast! And my head was constantly, “How can this be? How can it happen? Who are these people? What happened to them? Did they all get processed somewhere that they came out this way, that they can't— They don't hang on to their humanity?”

And I'm talking now about health professionals. They absconded. I didn't see any resistance. They didn't have kindness. You're in a cancer clinic and you feel abused by everybody. Because they didn't want to know of you. They didn't want to know you! They wanted to know your mask. They wanted to make personal contact with your mask. And that was the horror of it.

It's kind of a whole, total distortion very quickly of the whole society. And I don't see how it can get back, how these people can get back to that. How can they find their previous selves—if they had them—and become human beings again and treat others with essential respect? And this is what I've lost systematically, a sense of feeling that I'm respected. I'm respected. Because any time, I can be questioned by total strangers.

And then the nameless strangers, you know, hundreds. There was maybe 300 abusive emails orchestrated by a disc jockey who had nothing better to do. And he actually praised the event, what they had done: “We kicked ass.” Well, the only ass that they kicked was me. And he got away with it because my lawyer gave up on his own profession. Everything is,

like, giving up on humanity and knowledge that we've accumulated over a hundred years and become totally primitive people. You know, with the mask, that is exactly being at the receiving—at that end. It's like you're back into a primitive society.

We still are there, and it might be around the corner. It's not going away because the same people who are in power, they haven't been pushed away yet. And they pine for this power. Actually, during that period, anybody— Powerless people become powerful. Because they can exercise power over me, just like the bus driver did that banned me from a bus. I was actually banned from a City of Saskatoon bus that wouldn't open the door. Just waved a mask in front of me and took off and left me.

And I complained about it to the Human Rights Commission because it was rank discrimination. And the Human Rights Commission basically didn't want to touch it. And complained to the Ombudsman—complained about the Human Rights Commission to the Ombudsman—and the Ombudsman said “Well, they have their own rules.” So these institutions, one afternoon, collapsed internally and became enemies too.

So that has been our collective experience. And I think that I've lived it. I've lived it with others and for others.

Commissioner Kaikkonen

Thank you for your testimony. And do know that, after today, I'm quite sure there's a lot of people in Canada praying for your healing.

Commissioner Massie

Thank you very much for your very touching testimony. I was wondering:

[00:30:00]

How is your health right now?

Marjaleena Repo

How is what?

Commissioner Massie

Your health.

Marjaleena Repo

It's not very good. The only thing I'm getting right now, I've been getting one pill a day, chemotherapy. So I'm hoping to continue. I'm hoping that I can last. And I hope that I can live long enough— I've lost three years now. All the different things that I had wanted to be and do, I can't get them back. But I'm hoping that other people can make the changes that I would have wanted to make. I wasn't able to because we have an immense thing to deal with. My prognosis health-wise is still the same. I'm inoperable. I rely on the pill and I'm just hoping I last.

Commissioner Massie

Thank you very much. Take care.

Marjaleena Repo

Okay.

Dellene Church

Marjaleena, I'd like to thank you very much for your courage through the last three years as well as your testimony here today.

Marjaleena Repo

You're welcome.

[00:31:49]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 20, 2023

Day 1

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 1 Timestamp: 11:28:38–11:29:26

Source URL: <https://rumble.com/v2je0zu-national-citizens-inquiry-saskatoon-day-1.html>

[00:00:00]

Shawn Buckley

That's the last witness that we have scheduled today. And I think that everyone that just listened to Marjaleena will understand why we're doing this. If there's any doubt in anyone's mind that we need to hear stories, I think that that's put to rest. And Marjaleena, I thank you for your bravery. And I thank you for sharing with us. And I think that every Canadian that sees your testimony will share with me the shame that we feel.

So we're adjourned.

[00:00:48]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE SASKATOON HEARINGS

**Saskatoon, Saskatchewan, Canada
April 20 to 22, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 01:04:29–01:37:37

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Shawn Buckley

Welcome to the second of three days of the National Citizen Inquiry hearings in Saskatoon. I have been asked to remind people to go to our website, nationalcitizenshearing.ca, and to sign the petition, and also to donate. Every time we do one of these sets of hearings in a city, it costs us about \$35,000, and we hope to recover our costs as we go along.

Commissioners, this morning I am attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to speak a little bit about masks, because that seemed to be a theme yesterday from various witnesses. It got snuck in one way or another. As I was thinking about masks, I was asking myself the question: Surely our governments knew? Surely the health authorities knew that masking was not a good idea? The CAPR's meta-study has come out. We had Steve Kirsch yesterday at one of his slides indicating the media and the public health authorities were relying on this Bangladeshi study, which apparently anyone reading it can understand that it's not there. We had Joe Bourgault here yesterday who, just as a businessman with employees, they brought in an expert to actually measure CO2 levels and oxygen levels within masks and were able to determine very quickly that they were not dangerous. So when I am a little along in my presentation this morning, I want you to keep that question in the back of your mind: Did they know?

I didn't have time to research, but I think one of the main advisers to Trump has admitted on TV that no, they just kind of made it up: "Well, let's do something, let's mask." And we've heard about all of this harm, about kids, literally their IQs being stunted because they are wired, hardwired; their brains learn how to speak and to learn emotion and appropriate behaviour by seeing our faces. So, an immeasurable amount of harm has been done. And the question I want you to keep in the back of your mind is: Did they know?

Now, I spoke last week in one of my openings about fear and how it is the main weapon used against us because we are so afraid of being shamed. We are herd animals. We are community people. We need to be part of the tribe. And we are so afraid of being shamed that our greatest fear is being excluded. In fact, police states have learned that, rather than

just torture and torture and torture people, just put them in isolated confinement for a long period of time and they'll break.

Now the enemy uses this fear that we have of being shamed by the herd and being excluded. It's the primary weapon. And the war is for your mind. This is where the war is being fought. And your enemy wants your mind closed so that you don't think. The enemy will give you messages, will give you a belief, and then will use this tactic of fear against you to close your mind. Understand, what I'm saying is: You will be given messages. You will be given beliefs. Then once you've accepted them, once they've been hammered in—although it's going to be constant repetition, I mean, read Hitler's *Mein Kampf*: repetition, just keep repeating the lie over and over and over and over again, and it becomes truth. Once you've accepted the message, then the next tactic—and it's playing on your fear of being shamed, it plays on your fear of being excluded from the tribe—is what I call “labels of shame.” And labels of shame are terms that are deliberately made up so that we will close our mind if somebody presents to us a message that is different than that that we've been force-fed. Labels of shame would include “conspiracy theorist.” What do you do if you're having a conversation with somebody, “Oh yeah, well, then there's this ‘conspiracy theorist—’?”

[00:05:00]

All of a sudden you don't even want to go there because if you do, that label will be attached to you. And now you will be an object of derision and shame: “climate denier,” “anti-vaxxer,” “disinformation.”

Wasn't Dr. Francis Christian refreshing yesterday? I found it interesting, I didn't know that the words “disinformation” and “misinformation”—that those words were first used in the Soviet Union as labels of shame. But understand that these terms are actually weapons that close your mind. Because if I have accepted the mainstream narrative that the vaccine is safe and effective, and then I've come to believe that if I personally go against that narrative I will be labeled as an anti-vaxxer—and I understand that that is a term of derision—now my fear of being excluded from the tribe is going to kick in. I'm actually going to have an emotional reaction to that type of information and I will close my mind as a defence mechanism. And I will close my mind because the last thing I want is to be shamed. The last thing I want is to be excluded from the tribe. So I hope you can see how effective these labels are. You're fed a belief and then you're placed in this context where, if you challenge that belief, if you even entertain ideas that go against that belief, you will be labelled with a derisive label and you will no longer be part of the herd or the tribe.

Now the danger about that is it means that we're only allowed to have one belief, and that's a belief that's given to us. It's not a belief that we've arrived at with our own thinking and without critical thought. So we've got to defuse those terms. We've got to start calling them out. **I think we need to be proud of them. We need to call ourselves “anti-vaxxers” and “conspiracy theorists” and “disinformation spreaders” and “climate deniers” even if those labels actually don't even apply to us. But we have to take the power away from them.**

And as soon as somebody starts doing that, I think we have to start explaining to them, “Do you understand that actually is a weapon being used against you? It means your mind is captured because when you use that label, it means that you are looking at any other counter-argument or information basically with disdain and with derision. And because you have that view, you can't even consider it. So your mind is closed. It's not about changing your mind. I mean, if you're so right, why are you threatened by information?” I think we need to be explaining to people that these weapons exist. Because if they can't see the weapon, they can't defend against the weapon.

When you hear a journalist use terms like “misinformation” or “anti-vaxx” or “climate denier” or “conspiracy theorists,” in that context it’s being used as a weapon. When you hear your family members or friends using that term, I hope that you can appreciate that they are a victim. So the weapon has been used against them and the weapon’s been effective, but that’s not a person to get angry about. That’s a person to have this conversation, about how they actually have a closed mind.

We have probably had the biggest fraud in history perpetrated on us. I mean, anyone watching these proceedings, it’s like: We have had these vaccines mandated. I mean, this can’t be a surprise to anyone. There were vaccine mandates. We all experienced it. For the first time, we’ve been basically told we can’t work, we can’t fly, we can’t travel, we can’t go to a hockey game unless we take a treatment, which by all definition is experimental. And we’re learning just how misguided that was—and that’s being a very generous term. I think that historians will look at what has happened in the last couple of years and describe this as the biggest fraud perpetrated in human history connected to a vaccine.

[00:10:00]

And a lot of people listening to these words will go, “Yeah, I agree with that.”

Now, pay attention then to what happened yesterday. I was fascinated how witness after witness who would agree with me, “That vaccine was bad news and we’ve been gamed.” Witness after witness said the magic words: “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer.” We heard that time and time and time again by a various number of witnesses that were outraged about what the government did. And yet here they are at the National Citizens Inquiry almost instinctively saying, “I’m not an anti-vaxxer.” And you know why they’re saying that? Because they don’t want that label on them. So even in the context of these proceedings, witnesses that are saying things that definitely go against the government narrative are saying, “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer,” “I’m not an anti-vaxxer.” They’re saying this because their minds are captured on that point.

I can almost guarantee you that every single witness that said that has not looked into the science behind the vaccines to determine for themselves whether any given one is safe or effective. I can almost guarantee that. But they don’t want to be shamed. And instinctively, like robots, they do that. Do you see how scary it is in a context like this? Like, literally, this is an inquiry into what happened, into what likely is the biggest fraud in history connected to a vaccine. And we have witnesses instinctively saying while they’re testifying, “I’m not an anti-vaxxer. I’m not an anti-vaxxer. I’m not an anti-vaxxer.” It’s evidence to us of just how deep this conditioning goes.

As I say, the only way to break the power of these labels is to embrace them proudly and to let people know. Let’s stop being ashamed. Somebody wants to throw any label at us, let’s stop being ashamed. Because that’s where the power is. If you understand it’s just a weapon, the label is actually a weapon, and if you allow yourself to be shamed then the weapon has power over you: once you realize that, it stops. And these labels are dehumanizing. “Climate denier?” What the heck? You mean we can’t have an honest discussion about that? “Anti-vaxxer?” Like, really? If there’s strong science on anything, and Steve Kirsch made this point, then you’d think we’d want to actually look at the science and we could just shame anyone that disagreed with objective truth, couldn’t we? And wouldn’t that be what happens? Human beings are not stupid. We have the ability of critical thought. We have just had weapons used against us so that our minds are closed and that we don’t think critically. But these terms are dehumanizing and they’re meant to be.

And our actions have been dehumanizing. You know, our last witness, Marjaleena Repo, really struck me yesterday. If you haven't seen her evidence, you must see it. She was an elderly lady who could not wear a mask. She had COPD [chronic obstructive pulmonary disease]. When she was on the stand at the beginning you could hear her breathing. And I see some people nodding in the crowd, "Yeah, I know, I heard her breathing problems." She's got a letter from her doctor. There's no question that this old lady cannot wear masks. She can't. Medical reasons. Full stop. She shared with us how she went to her oncologist and got the news that she had stage four breast cancer. So basically, a death sentence. She's shocked. She's grieving. She's anxious. She decides to go to a café to just kind of get some comfort. And they ask her to wear a mask. And she says, "No, I'm medically exempt." And then they want her to sign her name and write down her address. Just like it was the East German Stasi: "What's your name? What's your address?"

[00:15:00]

And she quite rightly said, "Well, actually, that's not a requirement." And they have this little confrontation and she leaves. She posts on Facebook what happened. Remember, what was it—the next morning when she saw? Like a hundred people led by this radio newsperson had shamed her publicly. This little old lady, who had just learned that she had stage four breast cancer, who was just looking for a place where she could settle down, who can't wear a mask for medical reasons, was being publicly shamed by what I describe as mob violence. This public shaming, where we shame others online: that is mob violence. And let's call it for what it is: It's evil and it's wrong. I'll explain that a little further.

Do you remember how she said she got no kindness at the cancer clinic because she wouldn't wear a mask? It's almost like she was a leper. She's basically repeating things we've heard throughout these proceedings from patients and medical people that testified. She was banned by the bus driver. That's her way of getting around! Listen to a couple of things I wrote down that she said— I'm not a transcriber, I might have gotten this wrong but the meaning is going to shine through. Just listen: "Masking became a method to punish you in every such way." This is her experience. "Masking became a method to punish you in every such way." She said, "The horror of it, the horror of it, this total distortion, and very quickly—" She couldn't believe how we just turned as a society on her. And she described it as dehumanizing.

The treatment that she received can only be described as utterly shameful. I was ashamed listening. I was ashamed as a Canadian to hear how she had been treated. And she said, "I didn't see any resistance." I think that's the biggest thing of all. I think that's more shaming than anything else. We had a witness in Winnipeg [sic] [Toronto] that had a mental disability and a physical disability—and told the police before she was violently taken down at Walmart and handcuffed and dragged out in front of a whole line of people. But what shocked her most was nobody helped. Nobody said anything. There was no resistance.

The questions we need to ask ourselves today is: How do we get there? How do we as a society get to the point where we're bullying old ladies who can't wear a mask? And there's no resistance. How do we get to the place where we're going to wrestle a disabled person to the ground in front of a crowd and there's no resistance? Nobody says anything. And that was over a mask too. It can't be fear. It can't be fear from the virus that you have to wear a mask to protect yourselves. Because if people were really afraid that they were going to get to COVID if they didn't wear a mask, then they wouldn't have even gone to restaurants. Because sure, you had to wear it going in, but as soon as you sat down at your

table you could take your mask off. And yeah, you're six feet away from the next table, but give me a break: If you were afraid that you were going to catch the COVID virus and get hurt or die because somebody wasn't wearing a mask, you would not go to a restaurant. And my favourite is the fact that the people that buy the mainstream narrative don't see the problem with this one: One day we're wearing a mask. One day we're wearing a mask, we're shaming old ladies in cafés, we're wrestling disabled people to the ground in Walmart. And the next day the government says, "You don't have to wear a mask."

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And all of a sudden, we're all okay! We're 100 per cent okay. We can not wear a mask. We can smile at each other. Everyone's in a better mood. And that's not possible. That the government can all of a sudden understand that a virus is no longer going to go near somebody because they've taken a mask off. Was there some agreement with COVID-19 that was binding that was signed with the government?

It's not fear, it's compliance. It's compliance. Because the government then just says all of a sudden, "You have to wear a mask again," and then we're shaming old ladies again, and we're wrestling disabled ladies to the ground in Walmart. This is cult-like behavior. Listen to that. This is cult-like behavior. This became an excuse for Canadians to become vicious. And we were vicious. And we were encouraged to be vicious.

We had one witness, the pharmacist, telling us how in Saskatchewan they set up a snitch line. We watched some video clips in Winnipeg and it wasn't called a snitch line. It's like, "Be an ambassador. Be an ambassador." If that isn't a scary term. George Orwell would be very proud of that term, "ambassador." Now understand that when this is compliance, and understand how we were led to be in bad behavior: as I asked earlier understand, ask the question, "Didn't the government know that masks would make no difference?" Because if you conclude that the government knew, or should have known, that masks truly were a farce, and yet led us into these acts of violence and viciousness as a society, then some much more troubling questions come up in your mind.

The question I have for all of us who shamed people online, who were unkind to old ladies who weren't wearing masks, who stood and watched a disabled person get wrestled to the ground by the police—and I could go on and on—my question is: "Is this what we really are?" Because the problem is, we can say, "That's not who we are." We can say, "No, we're Canadians and we're kind to each other and we respect." But I have a saying: You don't look at what somebody's saying. If you want to know who a person is, who they truly are, you look at what they do. It's our actions that tell us who we have chosen to be. It's our actions. And I am ashamed of our actions. Masks are absolutely dehumanizing and the way we've treated each other is shameful. And understand that masks, like the passports: they're a **sign of obedience.**

If you conclude, "Wait a second, the government should have known. Why are we having to do this?" And I've spoken about the passports being a police state ritual; I might go back to that tomorrow, I haven't decided. But understand that the masks are a visual sign of your obedience to the state. Putting on a mask before you go into a store or a restaurant has become a new police state ritual.

Back to, "the government knew the masks didn't work." I wear a cloth mask that some lady was just selling online, that there's no way it's sealed against my face. And there was no specific requirement. If this was real, then we would have had to wear real masks. People actually would have been wearing respirators and the whole like. So, I'm hoping we can

accept that you're not really being honest with yourself if you truly believe that this worked.

But let's say the government knew this didn't work.

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What happened subconsciously to a person who— Before, we were free. So before the mask mandate, you could do anything. You could go to the grocery store. You could go to kid's hockey game. You could do anything. Essential service, non-essential. You didn't have to put on a mask, you're absolutely free. Nobody was going to kick you out of the store. Police weren't going to come and wrestle you to the ground. You weren't going to be treated with unkindness. But as soon as there's this mask requirement now you actually have to go through the ritual of putting the mask on. And if you believe it doesn't work and is a farce, understand this is now just a total ritual of submission. And subconsciously the message is that, "You have to go through this action."

You used to be free to go to the grocery store but now you're not free to go to the grocery store. You are granted the privilege "if" you do what the police state is asking you to do and put on a mask. We need to start understanding that there's a real programming-in-our-mind problem. There's a real subconscious thing that occurs when we participate in things like masking. Let's say we were in a situation where we truly were in a scary, dangerous pandemic and masks could be helpful. There's still a cost. There's still a cost to the government saying, "You must wear them," instead of saying, "Here's the danger, you choose." Right? Because a lot of people—if we were being fed truthful information, we would choose to do things. Most of us probably would. Not all. The government makes it mandatory to force compliance. We're told. But understand, it also conditions us to be sheep. Because it tells us we're not free to do something we were free to do before unless we go through this ritual. So there's more going on here.

I've already said those that were attacking Marjaleena Repo are themselves victims. It means that they have accepted the conditioning, they've accepted the fear. And they're actually enforcing the ritual. So many people would not have worn masks but for it was the social pressure. It was the businesses, it was the citizens, it really wasn't the police. So we embraced this unaware.

I think that the second commandment is our only way back as a nation. And for those of you who don't know what the second commandment is, it's just when Jesus said that we are to treat every other person like ourselves. So basically, we're supposed to treat people the way we want to be treated. That's the second commandment.

I don't want to live in East Germany when it was under communist rule and their secret police, the Stasi, had every neighbour and family member snitching on everyone else. And I don't want to live in the Canada of 2020. I don't want to live in the Canada of 2021. And I don't want to live in the Canada of 2022. I don't want to ever live there again: Where we have governments telling Canadians to be good ambassadors. Where we have Canadians basically enforcing police state rituals. Where we have Canadians not treating others like they themselves would want to be treated. And I think our moral compass, our basically societal norms of right and wrong have been broken.

I was very interested when Dr. Francis Christian was on the stand yesterday, and he was talking about post-modernism. Where something might be true to you, but now we're in this milieu where, "Yeah, well, that's your truth, but I have my own truth." So there's really

no anchor of truth. There's no moral standard. And that has been deliberately imposed upon us through the education system, through the media. It's been deliberate. And it's been imposed on us to separate us, and to divide us, and to conquer us.

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Because we have a civilization that was based on Christian principles, and you can't deny it. For those of you who are lawyers, one of our great jurists was Lord Denning. And he had great influence in our civil law, and our civil law dictates our responsibilities to each other. "Hey, you can't trespass on my property," for example. There was this one famous case where he just asked the question, "Who then is my neighbour?" Because we were entering an industrial age and we could now be affected by things more broadly than when we were just in an agrarian society. And he asked, "Who then is my neighbour?" That was the touchstone. The second commandment was the touchstone for determining what our civil obligations to each other are. So we had a society, and we still have a legal system, based on the second commandment, that we are to treat others as we would like to be treated ourselves. But that is being undermined, and this culture is being undermined.

I think our only way back is to understand that there are moral truths. And that the second commandment is a moral truth. It is true. You can't say it's not your truth. I'm telling you: "It is true that you are to treat others like you would like to be treated." And that needs to become the bedrock of the new Canada. If we all believe that we have to treat others like we want to be treated then there will be no bullying of old women online. And there won't be unkindness in cancer clinics. And there won't be this viciousness and this dehumanization of others. And so we have to get back to our anchor, our moral compass.

So that's how I wanted to open today. It's important because, what we're seeing here is, we're seeing witness after witness after witness affected. Experts concerned about how we basically haven't followed the law and how all our institutions have changed. And lay witness after lay witness basically testifying about the effects of this. And the problem is that we have gone into this postmodernism, this moral relevance. And we no longer hold it as a core value that we need to treat others like we'd want to treat ourselves. And if we did hold onto that, we would treat each other with kindness and respect. And none of this could happen. I think that we need to understand and start thinking at a philosophical level.

[00:33:08]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 1: James Kitchen

Full Day 2 Timestamp: 01:37:38–02:55:50

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Shawn Buckley

Our first witness will probably help us with that. David, do we have James Kitchen yet? So, James, can you hear me?

James Kitchen

I can.

Shawn Buckley

Okay, so first of all I'll ask if you would state your full name for the record, spelling your first and last name.

James Kitchen

Sure. James Kitchen. That's J-A-M-E-S. Kitchen is K-I-T-C-H-E-N.

Shawn Buckley

And James, do you promise to tell the truth, the whole truth, and nothing but the truth today?

James Kitchen

I certainly do.

Shawn Buckley

Now, for those of you who don't know you, you are a lawyer. You practice in the area of Charter rights, you practice administrative law, you practice criminal law, and you've been involved in many constitutional challenges at the Justice Center concerning COVID issues.

James Kitchen
That's right.

Shawn Buckley
You're here to speak to us about a number of things, and I'm just going to let you launch in.

James Kitchen
That's great, thank you.

Hello everyone. I appreciate this opportunity to do this. I hope that I'll have a lot of information that's maybe not quite been heard the way I'm going to say it—from a person who's in my situation, because most lawyers are quite scared to speak as candidly as I have and as you've just heard.

What I want to cover today briefly is my analysis on why the courts failed to uphold and protect your rights. Not so much how—we know that, I think—but why. And then I also want to talk briefly about what I call the regulatory capture of the health professional regulatory boards, but really all professional regulatory boards.

So let's launch in. Why did the courts do what they did?

First you need to understand at a basic level that our system is set up intentionally to divide power, not to have it coalesced around one person or one small body. Inevitably, we know from history, as soon as you do that you get tyranny. You no longer have freedom, you don't have respect for individual rights, you don't have the rule of law. You have arbitrary despotism.

We have generally the legislative, executive, and the judicial. The courts, our judiciary, are the third branch of government; that's by design. These three powers are separated.

Usually, the executive is limited by what the legislative will allow them to do. Of course, if they step out of bounds, the people can say, "This is wrong, this is not lawful. Courts, please tell them it's not lawful and protect our rights." For a long time, that functioned pretty well in Canada compared to the rest of the world historically.

But what you had in March 2020 is of course: the legislative and the judicial shut down. So you have all the power that are normally spread across these three coalesced into one: the executive. So you have all these cabinet orders, and of course they delegate a lot of their authority to the health ministers and the regional health authority leaders like Deena Hinshaw, et cetera, all across the country.

Now you have health ministers and the small groups of people in their office and the Deena Hinshaws of the country running around basically ruling as petty tyrants. And you don't really have any accountability and oversight. So whether these people had good intentions to begin with or not—of course that may be doubted—naturally, power corrupts. So what happens is you have these people going around and they're just tyrannizing everybody who doesn't agree with them.

Okay, so the judicial branch is supposed to do something about that.

Well, first of all, they shut down for the first two or three months. I don't know how many people remember that but that was immediately concerning for me and, as cynical as I tend to be, really quite shocking. They literally shut down, were no longer ruling on cases. But when they fired back up around June of 2020, it quickly became obvious that they did not see their role as holding government accountable and upholding rights. They saw their role as enabling government to continue to act in this arbitrary, repressive way because: "for the greater good," "we're all in this together," et cetera, et cetera.

So why?

Well, the first thing I want to try to explain to you to help regular Canadians understand—I've been doing this for years all through COVID and even before: you have to understand who judges are and how they get to their position. They're just regular people, insofar as lawyers are regular people, if you can believe that. We tend to be mostly regular people. Judges are just promoted lawyers. They're regular people who care about their professional reputations, their social reputations, and their physical safety.

What I observed— At least for me in the cases that I had in front of the judges that I was in front of,

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and also, my colleagues and what they told me about the judges that they were in front of, I saw these very human realities really coming through. I saw judges who were scared, who were afraid. For their personal safety. And, I perceived at least, for their reputation, professionally and socially as well. There's obviously some speculation on my part there, but that I think played a role.

But specifically, the personal fear, the personal safety issues, perhaps surprised me a little bit because I would have thought and hoped that, as a judge in this country, you would recognize that there might be some sacrifice and some risk. There might actually be some difficult things you have to do to uphold this duty that you have. You're not merely enjoying a job that you can't be fired from, and that you're going to earn north of \$300,000 at every year no matter what. You do actually have a duty to serve the country. And that may actually involve occasionally some risk and some sacrifice on your part to do that.

It really seems like judges in our country do not have that perspective. They do not see themselves in that role. I think that played in, because I saw judges really quite concerned about their own personal safety. Just the fear and the way that they looked at me, and the comments that they made, and the comments they made to my colleagues in court. And just the way they wore their masks and the way they got really upset if anybody in the courtroom didn't.

If anybody even knows about me, I've of course never worn a mask and never will. I decided in July 2020 I'd rather give up my law licence than wear a mask. I deliberated about that decision. That took a lot of consideration. My wife and I sat down and thought about that beforehand, so I wouldn't just succumb later on.

And I was challenged every time I went into court, which wasn't very often. Physically, I got challenged. I was publicly challenged at the Coates trial. I was challenged at a trial for some pastors in Edmonton that were charged \$80,000 for not letting a health inspector in. "Why aren't you wearing a mask?" I'm sure you've heard this over and over again: It was almost as if the judges didn't know about the law, or weren't aware of the human rights

protections, or couldn't fathom that somebody's not wearing a mask because of their religious beliefs, which is my reason.

There seemed to be a real, real reluctance, a real hesitancy to respect that. I don't think it was just rooted in the normal typical political reasons for not liking it, but actual personal fear. Of course, that raises the question: Why are the judges so afraid personally? Well, obviously, a lot of them are older. You can understand that. No matter what you believe about this, they are the more at-risk population. So there is that factor. We have to keep that in mind.

I think it also goes to show that judges are generally consumers of mainstream information, which is part of the reason why they seem to be so impervious to inconvenient or minority facts and information and opinions and perspectives. Because they have been inoculated by mainstream information, because these are the worlds they live in. Do judges get up and read the *Western Standard* in the morning? No. Unfortunately, I'd be very surprised if any of them did. They probably get up and read CBC, and that's just part of the problem.

That goes into my second point about who the courts are and why they did what they did. You have to understand: There's a lack of a conversation in this nation, I think, about this issue. You have to understand that judges are appointed. Why are they appointed and who are they appointed by? Well, they're appointed by politicians, and it's a political process. Do judges have to meet a test for merit? Well, of course they do. And certainly, from my perspective, most judges I get in front of—they're pretty competent. They might have prejudices and biases and political views and ideologies, but they're pretty competent. I don't usually encounter incompetent judges.

So it's not that people are being appointed to the bench merely because of their political views. But there are lots of meritorious lawyers you can pick from to go on the bench, to go on the courts. Who are you going to pick as a politician? Well inevitably, whether you mean to or not, you're going to lean towards the judges who you know or you suspect share your political views and ideologies. I don't just mean donating to the political party. Obviously, we've heard about the judges that have donated tens of thousands of dollars to the Liberal party. That's a very partisan allegiance. I'm talking about a deeper, more philosophical ideological allegiance.

If you're a lawyer who has supported the People's Party or maybe the Conservative Party or whatever—

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pick your alternative freedom, right-leaning party—you support that party probably because you hold conservative views about individual liberty, limited government, that market forces are good, socialism and Marxism are bad. These are your underlying political views.

You don't need to talk to me very long to understand that I'm a libertarian and that I think government is bad and individual rights are good and that human flourishing only happens in a context of maximum human individual rights and freedoms. So if you put me on the bench, do you think I'm going to walk around and throw around section 1 justifying what the government's going to do? Obviously not. You don't need to be a brain surgeon to figure that out. Is Trudeau ever going to appoint me to the bench? Well, of course not. Maxime Bernier might consider me, but Trudeau's not. Right? Of course not. It's not so much about

whether or not I'm a partisan Conservative and I'm at Poilievre's rallies. It's about the ideology.

You have to understand that most lawyers in this country—for a couple of decades now, and I'm a younger one but from what I've seen from older people—it's been now 10, 15, 20, 25 years that the legal profession as a whole in Canada has shifted to the left. People who view the world the way I do and the way Mr. Buckley does and the way some of the other lawyers you've heard from do, we're in a very small minority.

That plays out in a number of different ways. But one of them is that we are the pool of people that judges are chosen from. If a lot of judges, generally, are more left-wing than the general population of the country that they're representing then they're going to rule in a way that the rest of the country sometimes finds confusing. That's what we get.

Obviously, we've had conservative governments. But even they are limited in who they can choose to put on the bench, because most lawyers tend to lean left. And by "left," I just mean that they tend to take a lower view of individual rights and freedoms. They take a higher view of government intervention. They take a lower view of market forces. They generally don't believe that people are really good at governing themselves. They generally believe that government intervention is required, it's good, that government is benevolent. They believe in the rights of the collective and that individual rights are just sort of a nuisance that we tolerate when we can.

That's just their worldview. That's their ideology. So of course, they're going to impose that. They're invited to through section 1 of the Charter. Section 1 of the Charter takes rights away from the people, gives them to the judiciary, and says: "You can remake the country in your image and we trust you to do a good job of it."

This was the Charter's self-destruct button and it only took 40 years for it to be pushed. This is part of the reason why you have constitutions that don't have those self-destruct buttons that are still sort of hanging on for dear life, as in our southern neighbours, who for a quarter-millennia have had a pretty decently free society, historically speaking. Whereas, after 40 years, our major constitutional instrument for defending rights and freedoms has already been essentially destroyed. "Freedom of expression," 2(b) is maybe the last part of the Charter that has any meaning beyond words on a page. And that's because of the fact that we've given all this authority to mould the Charter over to these promoted lawyers.

So you have to understand the role of ideology in judges and the fact that a lot of them subscribe to a general left-wing ideology. It's been going that way for many decades now. If you were to go back to the '50s, '60s, '70s, '80s, you could find rulings from justices like Iacobucci and Major and go back to *Boucher v. the King*, which is a famous pre-Charter case, **and you can see all these wonderful ideas about individualism and freedom and the rule of law and rights and limited government.**

But that has died out and been replaced by the new decisions that we've had from the new Supreme Court justices and appellate court justices that have used section 1 to strike down our rights. And that's what happened over the course of COVID. And we know that. We know it was section 1. But why?

The last reason I'm going to point you to as to maybe why this happened: Knowing that judges are just regular people, they tend to have left-wing views and they are politically appointed partly because of their political views, what I saw is the role of chief justices.

Now we're getting into the inner workings of how the court works. What is the role of the Chief Justice? Well, oftentimes it can be their role—if they decide to exercise it a lot—to appoint which judges are going to sit on cases.

And this is typically a good thing, right? You need some sort of guidance in this at times. Ideally, you're going to have judges with appropriate experience sitting on cases that are complex and involve that kind of experience.

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What I saw is that the chief justices tended to directly intervene a lot, and in two ways.

One, they tended to take a lot of the COVID cases themselves. I saw this in BC with Justice Hinkson. I saw this in Manitoba with the primary Justice Center-led COVID-challenging case over there. I saw it when I was involved in the injunction about the international bridge between Windsor and Detroit. That was heard before the Chief Justice of the Ontario Superior Court. It was surprising to me the amount that chief justices involved themselves in these cases, took them themselves "I'm going to take this case." And of course, you look at all those chief justices' decisions and they're all pro-government. They're all against the people. They're all against the rights. They're all upholding the COVID narrative and the government's efforts to supposedly stop COVID. Universally.

But what I also saw almost across the board: the judges I saw that were sitting on COVID cases were recently-appointed Trudeau appointees. There's a couple of problems there. And it's not so much that they're Trudeau appointees per se, it's that there was a really strong trend. It's not like all the judges on our bench are recent Trudeau appointees. Obviously, there are lots of judges that were appointed by the Harper government. And we can go back into the Liberal governments from before that way back into the '90s and '80s, because some of our judges have been there for 20, 30 years. They were appointed when they were in their forties or fifties and they're still there, which is not necessarily a bad thing.

But that's just it. In my experience, between my cases and all the cases that I saw my colleagues do, we weren't getting the 70-year-old guys—well, men and women—that have been on the bench for 25 years and have sat on a whole bunch of Charter cases, and have kind of had mixed rulings, and were appointed before Trudeau's time. But those judges exist. We never encountered them. We never saw them. And it's hard to believe that that's mere coincidence or just merely numbers. It's hard to believe that a judge with the kind of experience to handle— That a really complex Charter case on COVID is actually being heard by a judge who's been on the bench for less than two years and has never heard that kind of case.

That's concerning. Why is that? Why is that judge being selected, presumably by the chief justice to sit on this case? It's definitely not the best-qualified judge to hear this case. These cases are obviously hugely important. Why are we constantly encountering the same type of judge over and over? How come we're never getting before a judge who might actually rule in our favour because he actually does hold different underlying ideological views about the rules of government and how far section 1 should be used or abused?

And that, I think, contributes to the "why."

Why do we see so, so, so few decisions from our courts that in any way challenge the narrative or uphold the rule of law or the rights of individuals when it comes to the vaccine

mandates, when it comes to masks, when it comes to the general COVID restrictions, when it comes to all the tickets that people have gotten under these unconstitutional laws? And all these challenges based on section 2, which is free speech, freedom of religion; section 7, the right to life, liberty, security of the person; section 8, privacy.

Why are all these failing? I think part of it is because the judges who might actually take a different view of the law were either passively or directly prevented from sitting on any of these cases. There are a few judges left in the country I've read decisions from and I've thought to myself, "I'd like to see what he or she would have had to say about this if they had been the judge at first instance."

It's difficult because we don't talk about this. Lawyers are terrified to talk about this. I'll give you an example—and this, I'm going to talk about in my second part.

I criticized the courts in Alberta. They had a vaccine mandate for the courthouse. Lawyers and members of the public could not access certain parts of the courthouse if they were unvaccinated. People who were vaccinated had to demonstrate proof to access those areas, which is a problem as well: not just prohibiting the people who can't. This is injustice. It's tyranny. It's oppression. It's completely unbecoming of the court, who is supposed to think independently for itself.

I mean, if our courts are not thinking independently for themselves, if they're simply parroting what the government is saying, we obviously have a problem. They're obviously not functioning as the independent third branch of government. They're not doing their job.

So I criticized the courts publicly. I did it in an academic way.

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I did it strongly, of course. As anybody who knows the way I speak, I speak strongly. But I was not vulgar, I was not demeaning, I was not insulting, I did not swear. I was academic—strong but academic—about my criticism.

Sure enough, a lawyer who works at a bank in Ontario complained to the Law Society of Alberta, saying I was being uncivil and not upholding the respect for the administration of justice in the country.

Well, the Law Society, instead of doing its job to dismiss that complaint, decided to investigate the complaint and demand that I defend it and give a response to it, and that I had to meet with somebody, et cetera. This went on for over a year and I had to go through this process. It took me several hours of my time. And now, ultimately, that complaint has been dismissed, which I find interesting. I actually am surprised; I didn't expect it to be. I can only speculate as to why, but I suspect that if I was a complete nobody, a complete no-name lawyer, it might have gone differently.

So you can see from that example right there why this conversation is not happening. Because who's going to start it? It's going to have to be the lawyers. Are they really going to take that risk? I had to talk to my wife before I posted that. "Wife, I do this, the Law Society may take my licence. We're not going to be eating as well." Wife said, "That's okay. Go ahead. Your integrity matters more."

There are not a lot of people in that position—who are willing and able to make that sacrifice. Here's the problem: You shouldn't have to. You should be able to have this

conversation and criticize the courts and criticize these things without putting your licence on the line. I'm putting my licence on the line today to be here to speak with you. I know that. And I'm prepared to do that. But I shouldn't have to. And the reason that I am is the reason why this conversation isn't happening as much. And it's part of the reason how we got here in the first place. If we'd had this candid conversation for the last 20 years about who our judges are and what they believe and why they're ruling this way, we might not have been so ready to fall the way we did over the last three years.

And again, I point you to our neighbours to the south. When they are talking about who they're going to put on the bench, they have an open, rancorous conversation or debate—whatever you want to call it—about who that person is and why they're being appointed and whether or not they're good to be appointed there. Because they know: Americans, at least, more so than Canadians, understand that a lot of their rights and freedoms depend on the philosophical and political views of those nine promoted lawyers who sit in Washington. That's why they want Kavanaugh and not a judge who can't even tell you the definition of a woman. Because they know that one is going to do a whole lot better at upholding their rights and freedoms in the long run—the rights and freedoms of themselves and their children—than the judge who can't even define for you what a woman is.

We lack that conversation in Canada, which is part of the reason why we have got into this mess. I spent a lot of time on that. I'm going to spend a little bit less time on my next point because I want to leave a little bit of time for questions.

So, the courts are part of the reason all this tyranny and this abandonment of the rule of law happened. One of the other reasons—not the only, but one of them—is what I call the regulatory capture of professional regulatory colleges. The Law Society would fall into that category.

Now, just briefly, the whole idea of— You probably have not given any thought to these bodies prior to COVID. “Why do I care what the College of Pharmacy is or what it does?” “Why do I care what the College of Physicians and Surgeons is or what it does?” Well, you should care because it has a direct role in your life, and you've probably painfully experienced that over the last three years.

The idea of these colleges is that we want— At least as Canadians, we like all this over-regulation, so we want the professionals to be regulated to protect the public interest so they don't hurt us. Meanwhile ignoring that the market would probably do a better job of that, but that's a debate for another day. We say, “Okay, well, if we have direct government control, that might be bad. That might be too much power and control for governments. They might wield that power over professionals and then control them and then they can use that to control society more.” It's probably not a good idea to have direct government control of professionals, especially health professionals. And that's part of the reason why the bill in BC is such a bad idea.

So the idea is self-government. We delegate the power to regulate and control professionals to protect the public interest to the professionals themselves. And they will have legislative authority and they will have a body to do that and the professionals can elect people to these bodies to do that, so there will be some democracy behind it all.

And the idea is for independence from the government, right? Again, division of power, separation. We don't want to coalesce all the power over everything into one body, we'd get tyranny.

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These colleges are supposed to stand up to government when government goes too far, and say: “No, we have clients and patients to protect. You’re going too far. You shouldn’t be doing this. We’re the experts in this area, you’re not. And let us tell you, this is a bad idea.” Again, it could be law, it could be the pharmacist, it could be the physicians, it could be the accountants, whatever it is. They’re supposed to actually resist government or criticize government or engage in a dialogue with government to protect the people that they serve. Their job is to protect the public interest.

Of course, what that means has been lost in all of this. The colleges have interpreted this to mean “protect our agenda and protect the government.” But it was supposed to be “protect the people.” Right? Professionals are supposed to serve as a bulwark, to stand between the people that they serve and the government.

Instead, what happened is they did the opposite. And that enabled the government to continue to do what it did. It enabled the media to sway the masses to the government’s perspective, because the people weren’t hearing from the experts who were dissenting. Because there were plenty who were dissenting. There were plenty more who would have dissented but they were scared of censorship and discipline by the regulatory colleges.

So they didn’t speak up. And then the few who did speak up were in fact disciplined. And I’m sure you’ve heard some of these. I’ll just give you some examples that I went through:

Some of you may be aware of the mask case I have in Alberta, with the chiropractor there versus the College of Chiropractors of Alberta. He went through a lot. They tried to take his licence on an emergency basis, saying he was a harm to patients. They failed because I intervened. And then he went on this two-year long proceeding.

I called four expert witnesses about how masks don’t work and they’re harmful and they’re dangerous. And this body called the Discipline Tribunal—they have two public members and two chiropractors so that’s an interesting thing right there, the fact that it’s made-up half with members of the public, which can be a problem because it’s hard to grasp all the issues for public members. Unfortunately, a lot of the public members that get into those positions are the types that like to police and control the professionals and tend to have a view that the professionals that are there must be bad, must be doing something bad to the public.

Sure enough, the Tribunal ignored all the evidence, ignored my experts, gave a huge wrong decision about how everything the College did was good. And none of the evidence that Dr. Wall brought in—from Dr. Byron Bridle, for example, or Chris Schaefer, the occupational health and safety expert in Alberta—none of this evidence was any good or reliable. These people are wrong. Interesting, though, they didn’t even cite to the record to support their decision in the end. And they decided against him. And he now faces discipline, and all these other things that I’m going to be going through with him.

That’s just one example of how this works. Were there lots of chiropractors in Alberta who didn’t want to wear a mask or who in fact didn’t just didn’t get caught? Sure there was, but they didn’t want to go through what Dr. Wall went through. So they complied. They submitted. They bowed down. They covered their face, because they were scared of one of their patients snitching on them to the College. Because the College now has just become this bulldog for AHS, Alberta Health Services, instead of independently standing up for its

members and saying, "Masks don't work, they're harmful, we know that, we're not going to comply with this."

If you're a chiropractic patient you know that most chiropractic patients are the types of people that would have been upset about this whole thing—wouldn't have worn a mask, would have seen through the narrative, and would have wanted their chiropractors to stand up for them. They would have wanted the Chiropractic College to stand up for them. It didn't.

I had some other cases of course, with physicians. The CPSA [College of Physicians & Surgeons of Alberta] went after a doctor because she was prescribing ivermectin. She literally saved three people's lives just in the weeks leading up to this new prohibition—with ivermectin. Because we all know it works. So, what's the College of Physicians and Surgeons of Alberta doing getting in there, aligning themselves with the likes of all these pharmaceutical companies who contributed to the loss of millions of lives over the last three years? Why are they coming in and implicitly supporting that position by professionally disciplining a doctor who's prescribing ivermectin?

Maybe they disagree with the doctor. But should not the doctor have some clinical licence and some discretion to prescribe things? Most of you would say, "Yes, of course." But no, the College comes in and says, "We're going to discipline you if you don't stop prescribing ivermectin."

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I had to defend on that.

I had another doctor who could not take the shot because of her religious beliefs. Sure, AHS went after her and didn't want to employ her anymore. That's one thing—that's an employment issue. Then the College went after her and made it a matter of professional discipline that she didn't take the shot. Even though her reason for not taking the shot is a protected ground in human rights legislation, and the human rights legislation is supposed to be above all other legislation, as our courts have been saying for the last 20 or 30 years. I had to defend her.

I had to defend multiple nurses in BC and Alberta who, because they said online somewhere, "Masks don't work and you shouldn't wear them and please don't take the shot, it's dangerous," these Colleges wanted to take these nurses' licences. And I had to defend them.

And I'm sure you're aware of all the medical doctors across the country. There's a whole bunch in British Columbia, Alberta, and Ontario that have either lost their licences or are facing that because they stood up to the narrative, because they actually challenged it. They actually did their job as professionals to give you the truth and defend you.

Yet what has happened? The regulatory colleges, who are supposed to lay off that and actually let professionals have their professional and clinical judgments, went after them and censored them and scared them by threatening to take away their licences, and then actually taking away their licences. Which means now they don't have a livelihood, which means: How can they continue to do what they do?

Same thing here. How can I continue to serve you and serve the nation and the work that I do if my licence is taken? I'm not allowed to do it anymore first of all; so now you've lost me

from doing that. And you're probably not going to be able to hear much from me anymore because I'm going to have to go off and find a job to feed my family and I'm not going to have time to do this.

This is how it works in a practical way: If the government can control the professions, if the professionals are no longer independent, you've removed one of the few major bulwarks against tyranny. Right? The courts are one. Professionals and their regulatory bodies are one. And there are few others. And if you systematically remove all these, tyranny is the result. The abandonment of the rule of law is the result. And that's what we've got for the last three years.

I wasn't surprised, but I really wish these bodies had functioned the way they're supposed to, because, had they done that, it would have looked a lot different. And I encourage all of you to care a whole lot more about how these regulatory colleges work. They have public members on them that get appointed by government and they have professionals that are elected by the professionals to them. Increasingly now, what governments want to do is decrease the amounts of professionals that are elected by themselves into it and increase the number of public members appointed by the government.

That sounds good in theory, because "public members, public representation." Yeah, okay. But who's being appointed? Again, it's like the judge scenario: The people being appointed by the government are those personally and politically connected to the government, which means: they get in there, they're going to do what the government wants.

So it's not necessarily good to have more public representation on these professional bodies. What you actually want is almost entirely professional representation because at least then there's more hope that those professionals are actually—because there are some other professionals that support them and elected them—going to do their job to hold government accountable and stand up to them.

Before I finish, I'll just give you one example of that. That's what's going on now with the Law Society in Ontario. You may or may not have heard: Years ago, before COVID, we had this whole thing over there with the critical race theory ideology. Lawyers had to sign up to some Marxist ideology in order to continue to practice law and to do things in their firms and all this stuff. They had to sign this "statement of principles," and these "principles" were basically Marxist principles about race.

What happened is, this lawyer said, "No, we're not doing this." And my friend Lisa Bilty got together with a bunch of lawyers and they ran—I think it was 2018 or '19, around there. A bunch of them got elected to the Law Society as benchers and they were able to put a stop to some of that.

Now we're having another election again for the benchers in Ontario. And that's the main issue. Is the Law Society going to continue to be this woke arm of enforcement for government ideology or is it going to actually do its job to simply regulate lawyers in a limited way? That election is going to matter for the rights of Ontarians, let me tell you. Because the direct result of that is that lawyers like me, who actually defend the rights of the minorities who oppose the government tyranny, are on the chopping block if these bodies get too much power.

The Law Society of Alberta is having an election later this year. And the public should actually care and get involved and be aware of who is running. What may happen if we get a Law Society of Alberta that's completely woke,

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and completely censorious, and has gone way beyond its mandate and simply politically punishes all the people who criticize it or oppose it like I do? People's rights are going to suffer. And the public needs to start caring about this stuff and paying attention so we can somehow try to prevent COVID from happening again.

So that's everything I had to say in my initial presentation. That leaves a few minutes for questions, I hope. And I'm ready to answer those.

Shawn Buckley

James, before I turn you over to the commissioners, you've spoken about section 1. And I think you referred to it as the self-destruct button for the Charter. I'm wondering if you can also speak about the doctrine of mootness and how that has been used to affect COVID cases.

James Kitchen

Sure. The idea behind mootness is that the courts will say: "We don't want to waste our time on academic debates. There has to be a real practical issue. We don't want to just rule to make the law better. That's a waste of our resources." The problem with mootness is that judges have been overusing and abusing this to help government, and government knows this.

Everybody knows that the law moves pretty slow. If government puts in law A, it's going to take the lawyers two months at least to get together and mount a challenge to it and file it. At least—maybe more like four months. Then they've got to get to a hearing, which takes more months. So maybe within eight months we've filed our challenge and we're getting a hearing.

Well maybe six months after the law was in place, the government just yanks it out and says, "We're not doing that any more." Which, I guess is good, but the damage is done. What are you supposed to do about that? You've lost your job. You couldn't get your passport. You've been dragged out of Walmart. You were denied medical procedures. And now it's too late. The damage is done.

So, what happens now? The government says, "Well, it's moot now. The law's not in place anymore. It's a waste of time to go back and evaluate whether it's good or not—because what's the result? The law's not there; you can't strike it down even if you find that it's unconstitutional."

And the courts say "That's a really good point. You guys are fine. We're not going to rule on that. It's moot. It's academic. There's no practical value to the country if we actually rule on whether or not that law is unlawful."

I've seen that used over and over and over and over and over again through Justice Centre cases, through some private cases. I've had it come up a little bit in my cases, but I've seen it a lot in my colleagues' cases. It's a misuse or abuse of the law in my opinion. Of course, courts would disagree. They would say, "This is exactly what the law should be." What I would say is it shouldn't be, because the reality is you're giving government a free pass. They know darn well now that you can put a law in place and keep it in just long enough until finally there's a hearing on the challenge that the lawyers were able to get together.

And now they will yank it. But the damage has been done. And the government can keep putting in unconstitutional laws, yank them, then just put it another one.

This is part of this is a problem. It's not hard to figure out. You put in a law. You yank it before the hearing, then the judge says it's moot, and you just put it back in again. And then what? The same thing. The lawyers have to get together and get a hearing. The courts are enabling this. And I'd like to think that they know better because I don't think they're that stupid. This is yet another way that government is getting a free pass being able to do whatever it wants, which is not the rule of law. That is arbitrary rule. That is tyranny.

The whole idea of the Canadian justice system is to have the rule of law, have government actually follow the law, and have the courts hold them accountable. Well, that's not going to happen if every time the government passes a law, then yanks it just before a hearing, they are able to get away with it because the courts say it's moot. That's been a big problem all through COVID. It was a problem before, but it's been a big problem all through COVID.

Shawn Buckley

Thank you, James, and I will turn you over to the commissioners for questions.

Commissioner DiGregorio

Thank you so much for your testimony today. I have a few questions.

You spoke a little bit earlier in your presentation about the process of appointing judges and how there is a political element to it. I'm just wondering if you have any views or recommendations on how Canada could improve upon that process.

James Kitchen

One: You could actually have some judges elected. That's pretty radical but that does happen in some of the lower court levels in the U.S. They have a mixed system where most are appointed, but some are elected. I don't think that's a bad idea to introduce some of that.

Our country is very fractured. Albertans think very differently than the people who live in the GTA, generally, or in Ottawa.

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I think a lot of Albertans or Saskatchewanians or Manitobans or British Columbians don't realize that the judges at the superior level—not at the provincial level, but the main level of court with inherent jurisdiction, I think it's called the King's Bench in Saskatchewan; it's called the King's Bench in Alberta—these judges rule on provincial cases all the time. But they are federally appointed. Every King's Bench judge in Saskatchewan is appointed by Trudeau in Ottawa, not appointed by the Premier of Saskatchewan. Provincial courts level are—so that's good—but not that level. It's the same with the Court of Appeal. Who promotes those judges to the Court of Appeal? Trudeau.

In Alberta, we had a judge come in brand new. She ruled in some COVID cases, ruled in favour of the government, and then she was promoted to the Court of Appeal. You can guess why. And Trudeau was the one who did that appointment.

So the judges who sit in the most important levels of court in each province are federally appointed. Maybe that should be changed. I suggest it should be. It should actually be the provincial government that appoints those judges who are in those courts in the province, who have jurisdiction over the province. And that way, at least hopefully, you have judges that reflect better the views and values of the people in those provinces, which helps protect those provinces from the tyranny of the federal government in Ottawa. So that's one recommendation.

My third recommendation is—obviously I don't have high hopes of this happening—but it would be nice to open up the conversation both at the cultural and at the political level, of: "let's talk about how judges are appointed and why they are appointed, and let's start being honest with ourselves."

Yes, there's a merit-based test and everybody we're talking about in Parliament about whom we're going to select has passed that merit-based test. What's the remaining selection criteria? Look, it's the judge's political views. It's: "We like this judge because we think they're going to bring the country in a better direction." Liberals think the country goes in a better direction when the government has more control. Conservatives think the country goes in a better direction when the individuals have more rights and freedoms.

Let's actually be honest and have that conversation and admit that. They do a little bit in the States. Obviously, there's still this charade that the judges just rule about law and they don't impart their political views on the cases, when we know that's all hogwash. In fact, it's a good thing it is because we want judges who say, "This is the Constitution, these are the rights, I'm going to uphold them, I'm not scared of the government." At least, if you're a guy like me, you want that. Let's be honest about it at the political level and have that conversation. I'd like to see that happen.

Right now, it's really oblique and it's really vague, what's really happening, and nobody's having an honest conversation about who's actually being appointed and why. I think we should just have that and be honest with ourselves and say, "If the judges are going to be appointed, not elected then let's talk about why." It's a merit-based test, but it clearly can't be only a merit-based test. Let's be honest, and let's have that part of our conversation when we decide if we're going to elect Trudeau or we're going to elect Poilievre.

We know Poilievre is going to put freedom-minded judges on the bench. We know Trudeau is going to put socialist judges on the bench. And maybe you want socialist judges. So you can vote for Trudeau, and that's part of your reasoning. Maybe you don't, so that's part of your reasoning. There were millions of Americans that held their noses and voted for Trump because they wanted Kavanaugh and Gorsuch on their bench to protect the rights of their children. We don't have that conversation in Canada at the political level or the cultural level, and I would like to see that change so we can be honest with ourselves.

Commissioner DiGregorio

So is one of the ways that that could be done through hearings for judicial appointments prior to judicial appointments?

James Kitchen

Yeah. They should be much more public than they are right now. Members of the public should be able to come in and in some limited way, even be able to ask questions, I think.

I think you can look at the American system of how they do it. Ask: How can we do this and maybe do it even better to have this be as transparent a process as possible?

Maybe not at the King's Bench level per se, but especially at the appellate level and at the Supreme Court of Canada level. These are the judges who are remaking the country in their own image and deciding how you and your children are going to live. So the public should have some input and there should be some grilling from the public about who these people are.

Why should judges from the King's Bench be appointed by Trudeau to the Court of Appeal without the public having any say in it and being told? "Hey, notice to the public: we're going to have a public hearing on whether John Smith is going to be promoted to the Court of Appeal. Come have your input. Come have your say." That should happen.

Commissioner DiGregorio

Thank you. My next question has to do with your discussion about the chief justices of the court and the discretion that they have to appoint particular judges to cases. And I'm just wondering if you have any thoughts or recommendations on how any perceived problems with that process could be addressed.

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Whether there's something that could be done in the court rules themselves that talk about how cases are assigned, or if you have any thoughts whatsoever on that.

James Kitchen

That's really tough because the court does need to be independent in order to do its job. So, you don't want too much interference with that. At the end of the day, you do somewhat just have to rely on these judges really caring, actually perceiving what's good for the nation and caring about that enough to let things unfold. Or, maybe to say: "Look, I'm going to make sure that there's a balance of my lefty colleague here and my righty colleague here, and I'm going to give one case to him and one case to her and let them shake it out and then I'll let the Court of Appeal deal with it."

That's how it should happen. And it's difficult to say we can fix that by having more oversight or control, because that right there is going to challenge the independence of the courts, and we don't want that. We want the courts to be independent. The trouble was the lack of ideological independence over the last two or three years.

I think the way you really fix that is you start to have a more transparent process about who is being appointed to the bench. And hopefully, through that, you get a more balanced representation of the people of the country on the bench. We always talk about diversity of judges representing the country, but we only talk about it in this woke, superficial way of skin color and what genitals you have. That's ridiculous. Is that going to reflect the visual diversity of the country? Sure. Is it going to reflect the political or philosophical diversity of the country? No, it's not likely to.

The way you fix that ultimate downstream problem of the chief justices is at the source—by having a judiciary that actually philosophically represents the country. So you actually have judges who think the way I do alongside the Marxist judges who think government is great, and let's just rubber stamp everything so they can get on with making the world a

better place. And in that way, you actually have that philosophical debate amongst the court itself. And the public is watching that, and aware of that, and gets to have a say in each election on who they're going to elect and then whom that elected person is going to ultimately appoint to the Supreme Court of Canada, and how they're going to decide that.

Abortion is a perfect example in the States. We've got enough conservative judges, now the states have the say over abortion instead of the federal government. That process should be happening here, and it's not. I don't think the way to fix that is to come in and try to exert too much influence over the chief justices.

Commissioner DiGregorio

Thank you. I'm hearing you say that the way of dealing with it is right up front through the appointment process.

In terms of where the courts are at today: We had a witness in our last set of hearings in Winnipeg who was a former justice who, when I questioned him about what the courts could do to address the state of where they are and the decisions that they've made throughout COVID, he thought that a self-reflection exercise should be conducted within the courts themselves. I'm just wondering if you had any thoughts on that.

James Kitchen

I think that would be better than nothing. But I think that has its limitations. I don't know if the courts are even capable of that at this point. The number of small-c conservative judges, I would guess, are outnumbered 8 to 1. And their voices are not tolerated. The left-wing ideologies are not tolerant of different viewpoints. The right-wing ideologies are. They don't mind that. They disagree vehemently, but they tolerate the disagreement.

So, yeah—I guess I agree. I just struggle with whether or not that's going to actually help. I unfortunately take a fairly pessimistic view on this. I say, if this problem is going to be fixed at all, it's going to take a long time and a lot of hard work. It's going to take a lot of young people who actually believe in rights and freedoms to say, "I'm going to be a lawyer and I'm going to get involved in this system and maybe even someday I'll be a judge." And it's going to take a lot more lawyers to be more brave if they actually feel this way, and to speak up. And it's going to take years and years of systemic reform.

For years we have been putting left-wing judges on the bench. And that's culminating now, where we are. The law is dramatically different from what it was in the '80s and '90s when we actually had a free society and the Charter was working and we had judges upholding the rule of law.

It took 20, 25 years to get here. It's going to take probably just as long to get out. We're not going to fix it overnight, but we have to start having the conversations at the cultural and political level.

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And hopefully then downstream we can start systemically fixing the problems on the bench by having more transparency, having people with varying viewpoints that are getting on the bench to reflect the views of Canadians. Not everybody in Canada is a socialist who thinks government is great; some people actually do believe rights and freedoms are good.

Let's reflect that instead of calling these people bad names and stacking the court with people that will keep shutting those people up.

I don't know if that self-reflection is going to be nearly enough. I guess it's a good start.

Commissioner DiGregorio

Thank you. I just have one more question, because I think the other commissioners have some as well. So, I'll restrict myself to one last question which has to do with the Charter itself.

We had a witness in Toronto, a law professor, who spoke to the need to amend the Charter.

I think for some of the similar reasons that you were talking about, describing section 1 as a self-destruct button. I'm wondering what your thoughts are on whether or not Canada needs to amend the Charter.

James Kitchen

Well, absolutely. It's useless for its original purpose, which was to be a shield for the people against the government. It's been rendered useless. I think we'd probably be in a better spot if we got rid of it. There were a very few people who said in the '70s and early '80s, "The Charter will take away freedoms in the long run. It won't increase them."

If you go back to Supreme Court decisions prior to the Charter, they were strong on free speech and freedom of religion and all kinds of other areas when it comes to individual rights and freedoms. We didn't need the Charter. It only looked like it helped in the very beginning because of who the judges were that were interpreting it and applying it.

So, get rid of it! Amend it? Sure. Obviously, you want to get rid of section 1 and probably section 33, the notwithstanding clause. Chuck those two out. Maybe you'd have a workable document because now what you've done is you've taken away the discretion from the judiciary to remake the country in their own image. And now if there's a rights violation, the law is struck down or the government action is struck down. Period. Absolute rights.

That's what the American system is. Look how much better it is. Look how much longer it's lasted. There is no, "The government can do whatever it wants if the judge agrees with it" in the Constitution of the United States of America. It is "Government shall not do this." If the courts find a rights violation? That's it. Done.

It's not that, in Canada, the courts don't find rights violations. They do all the time. It's just part of the process. We find the rights violation and then we justify it in other sections. **Get rid of section 1. It renders the whole Charter useless to the people.**

Forty years is not a long time in the history of law. The fact that our Constitution has been rendered useless in 40 years is really quite pathetic. That should be obvious. I guess it's not obvious to the public but to legal scholars, it's obvious that that was a poor document if it only took 40 years for it to self-destruct.

Amend it, maybe—but I would say, "chuck the whole thing." The country was in better shape as far as rights and freedoms before it was instituted. Whatever you do—amend it, replace it, chuck it—the problem is giving all this power to the judges to remake the nation in their image. And then the governments appoint the judges so the governments can do it through the courts. And the whole system at a philosophical fundamental level is wrong,

and it's taken 40 years for that to be revealed. It needs to be fixed, whether it's through amendment or complete abandonment.

Commissioner DiGregorio

Thank you.

Commissioner Kaikkonen

Good morning, James. Thank you for your testimony.

I was thinking as you first started speaking about when Jesus came to a city and he wanted to bring peace, but their eyes were hid and he wept. And I thought: "Wow, is that where we are in our country?" But then I listened to you say, "We need a conversation." And that's what we're doing here. We're starting the conversation. We're bringing forward a conversation. We're looking at ways that we can contribute and offer hope again in this country.

I do have a couple of questions. We've seen a number of losses recently in the courts, for example, *Servatius* in B.C. As these cases are not being appealed, don't these rulings have a potential to be cited or even become precedent-setting in future litigation? And how do we counter that?

I believe in that particular case, that was a parent who brought forward her concerns. She didn't go through the administrative process, exhausting all the appeal processes through the administrative part of it. But then she loses in court. She has a good heart. She has her own motivations. So she walks away. And that precedent is set. And there is no one else that can step in and appeal in that particular case.

I'm just wondering what those lasting precedents are going to do in this country if we can't change the conversation?

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James Kitchen

Well, they're very dangerous. It's always a conversation that I and my colleagues have, "How do we avoid setting more bad precedents?" There's almost a hesitation to litigate in this area because we don't want to just keep giving the courts cases that they can rule on to set bad precedents to support a further abandonment of rights down the road.

It's sort of a catch-22 because if you don't litigate, then you don't have the possibility of setting the good precedent, and if you litigate, you have the possibility of setting the bad one. What do you do?

The lower court decisions—non-appellate levels, first instance trial-level court decisions—their precedential value is limited because it doesn't bind even the same court. It doesn't have a lot of impact outside of the province that it's in, so its damage is limited insofar as that precedent is not in any way binding or even necessarily influential.

If you get to the court of appeal level, now you're making binding law. The Court of King's Bench in Saskatchewan has to follow what the Court of Appeal in Saskatchewan says. So if you appeal, you're potentially creating a worse precedent if the Court of Appeal is going to

uphold it. There's no easy way to fix this. All we can do is keep trying. As it takes years for these to go through the courts, a lot of these cases are at the appellate level now or on their way to the appellate level.

The courts of appeal in this country could turn this around if they wanted to. The courts of appeal in B.C. and Saskatchewan and Alberta and Ontario, and eventually the Supreme Court of Canada, could turn this around. I'm not really hopeful, even if the courts of appeal may do a good job somewhere. Of course, in our [Supreme] Court in Ottawa, there are only two people who really uphold the *Charter of Rights and Freedoms*: Justices Brown and Côté. I haven't seen from the other seven of them that they really have any kind of acceptable regard for what those rights actually mean and for the role that section 1 should play, if any.

So I'm not excited about what's going to happen when these COVID cases get to the Supreme Court of Canada, assuming at least some of them do. That's just how it works in the law. You have to take the risk of setting bad precedents in order to go after the law or the government action that is wrong.

I don't have a good answer for how we avoid the bad precedents. I just know that if we continue to set them as we have for the last two and a half, three years, the long-term bad consequence of that is that it's a big neon sign for the government, saying, "Yep, you can do whatever you want" five years from now, because you're going to be able to rely on all this COVID case law about how government can get away with anything under section 1.

That's why I say the problem is to deal with the law itself, to remove section 1 of the Charter altogether. That's the only way you can, in a wholesale manner, get rid of the precedents—to actually change the Constitution.

Commissioner Kaikkonen

And my second question is: Yesterday we heard testimony that those fined under COVID mandates were seeing their fines increased by the prosecutor when they got to court.

I'm just wondering what it will take to restore justice in this nation so that administrators apart from judges are not permitted to go above the law, as in this case—threatening to increase fines beyond the scope of the fine the police gave and what is considered acceptable by the legislature.

James Kitchen

It's my view that too many laws are a bad thing. Discretion is generally actually a good thing.

All these systems and all these laws and our Constitution and our whole societal structure are only as good as the people who live in the society and who fill these roles. It's only good insofar as there are enough individuals who are moral and ethical and actually understand to some degree what is good and right for people, for humanity, for society.

If people honestly believe that Marxism is the path to better human flourishing, it's going to impact their morals and ethics, and their morals and ethics are going to be corrupted by that corrupt ideology. But if they actually believe that individual rights and freedoms and the ability for people to live according to their own view of what's best, with as few

restrictions as possible, is the path to human flourishing, are they going to have the types of morals and ethics that are going to guide them to use their discretion in a good way?

So ultimately you fix that, I think, at the cultural and societal level. Not by just having more laws. This goes back fundamentally, philosophically, to the last 300 years. You can only have a society that is self-governed through limited government and limited laws and a lot of freedom in an open market if the people are generally somewhat moral and so therefore can actually govern themselves.

[01:00:00]

That's what the French philosopher and observer Alexis de Tocqueville observed in America. This American way of living free is only possible because the Americans are generally a fairly moral people and can actually engage in self-government.

That's who Canadians are going to have to be. And they're going to have to come to terms with the fact that historically, whether you like it or not, the most moral and therefore the most free societies have been informed by Judeo-Christian values and morals and beliefs. All the other tyrannical societies in history generally didn't have those views and values. And generally, the people could not govern themselves without chaos and violence, and so needed a strong arm of some sort of state or emperor or ruler over them in order to keep the chaos from destroying everything.

We have to go back to the philosophy of how to live in a society that is self-governing and is moral and is free. And recognize that, yes: If the people, each individual who's fulfilling these roles and exercising their discretion, don't have some sort of morality, if they don't have some sort of view that the world is a better place when people are free, then they're going to abuse their discretion. They're going to become corrupt in the way that they do things. And you're going to have less freedom—less equality, by the way, as well—and you're going to have abuse of power. You're going to have corruption.

Dissidents and minorities, like those who didn't want to take the shot or didn't want to wear the mask, didn't want to comply with everything, are going to suffer as second-class citizens. Because, inevitably, without morality what you're going to have is just mob rule, implemented through all these people exercising their discretion in a way that upholds that mob rule.

That's what we've seen, I don't think you can fix that through just putting in a better rule or a better law. You have to fix that at the human level. That is the only way to ultimately fix it.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Thank you very much. I've got some fairly basic questions, I think, and then I have some questions that will probably get us both in trouble.

The first one is: Are judges subject to the rulings of the Law Society, considering they are lawyers or promoted lawyers? They're not?

James Kitchen

They're not.

There is a body—I think it's called the Judicial Council—across the country that's made up of the chief justices and the associate chief justices. This body self-regulates judges. For example—if I'm getting my story right and so take this with a grain of salt—I seem to recall, when Trump was elected there was a judge— I forget where it was, I think somewhere out east. And as sort of a joke—he was an older guy, he thought he could still joke—he walked into the court one morning with some sort of Trump hat, MAGA hat, whatever. And everybody had their hair on fire about this.

Who is the body that deals with that? Well, it's the Judicial Council that deals with that.

So again, you have a problem. If all the chief justices and associate chief justices who are politically appointed to those positions hold a particular view about what it means for judges to be professional, or acceptable in their conduct, those are the ones enforcing it. Obviously, judges are going to self-censor and they're going to be scared to speak out. And they're going to be scared to act or do in a certain way because they don't want to be sanctioned by the Judicial Council, which can sanction them just by telling them to smarten up.

Or this Council can actually recommend to the government to have this judge removed. That's extraordinarily rare in Canada, but that's actually the process for how a judge would get removed. The Judicial Council would recommend that Judge X is "out to lunch" and he needs to be removed by the government from his post. He's no longer fit to actually be a judge.

So that there's sort of an internal regulation amongst judges through this Judicial Council, and that right there is somewhat influenced by the government of the day, because the people who sit on that are appointed to their positions.

Commissioner Drysdale

Has the Judicial Council to your knowledge made similar types of restrictions on judges that you experienced with the Law Society yourself concerning the COVID narrative?

James Kitchen

Good question. I'd like to know that. I'm not aware of that. That's a really good question. I wish I knew. My guess is no, but I just don't know.

Commissioner Drysdale

We've heard a great deal of testimony in the last several weeks from people who talked about what Dr. Christian said was the fundamental basis of modern medicine, and that was informed consent.

We've had testimony that people who were given the shot—

[01:05:00]

and there's been a great deal of testimony on this from people who actually experienced this—were really told nothing before they got their shot. For instance, pregnant women weren't told that it wasn't tested on pregnant women.

I can go on about that, but again, I'm short for time here. My question comes down to this: Are you aware of any college of physicians and surgeons in Canada bringing a doctor or some other practitioner to task for not having fulfilled this most fundamental precept of medicine? And that is, allowing people to make an informed consent when so many have testified that they were not.

James Kitchen

No. I'd be shocked if a college of physicians and surgeons did that.

I currently have open a complaint from a member of the public against Dr. Deena Hinshaw—as a doctor, not as the Chief Medical Officer of Health, but as a doctor, because she is a regulated member of the College of Physicians & Surgeons of Alberta. A member of the public has complained about her partly along that basis: that she was recommending these shots for his children, his teenagers, and that recommendation was so unsupported scientifically that it does stray into unprofessional conduct. That complaint is before the College of Physicians & Surgeons of Alberta, so they're going to have to make a decision about that, that I will publicize.

I fully expect the College of Physicians & Surgeons to completely exonerate Deena Hinshaw and say that she did everything right, and that they're proud of her, and that there's no professional misconduct.

If they were acting independently, they would actually make a decision to have— Right now it's at the preliminary stages, because the complaint's already been dismissed and I've appealed the dismissal of it. So, we're not even getting into the actual hearing of it. But if this body was doing its job and saying, "We need to investigate this. We need to see the evidence. We need to have the scientists and the experts come forward. We need to have a full public hearing on this, we need to figure this out—" Me and my client both fully expect the College to not do that. We expect them to protect Dr. Deena Hinshaw. We expect them to protect any doctor who was complained about for not properly giving informed consent to the people that they administered the shot to, or recommended that the shot be administered to.

No, I expect the College to do the opposite: to continue to toe the party line, and to protect the COVID narrative and protect the government and protect the doctors that did that, and to continue to use all their enforcement efforts to censor the doctors who disagree with them and disagree with the government, disagree with the COVID narrative.

Again, that's the problem. These colleges are doing the opposite of what they should be doing.

Commissioner Drysdale

So that talks about one of the most fundamental beliefs held in our medical system.

I want to now ask you: Is it not a fundamental belief of our justice system that every party standing before the court is of equal stature and the law will be applied evenly regardless of who you are, whether you're Ken Drysdale or whether you're the Government of Canada?

James Kitchen

That's the ideal. We're not living up to it. It's the ideal that we have informed consent. We're not living up to it. It's the ideal that we accommodate Christians because religious beliefs are protected in the Human Rights Act, as much as we accommodate transgender people or black people, or whatever, but we're not.

We're not living up to those ideals. The laws are only as good as the people who choose to enforce them and live by them and try to implement them. It doesn't matter. The ideals are not being met because the people just don't care anymore to meet them.

Imagine how morally bankrupt you have to be as a person to say, "I'm going to fire you because you won't inject yourself with this experimental injection. The Government's mad at me and telling me I have to do this." You're clearly a coward. You clearly have no moral compass anymore.

We have hundreds of thousands of Canadians who are completely morally bankrupt. That's what they've done over the last three years: they've shouted at people who won't wear masks, and they've fired people who won't take a shot, and they've refused discrimination to religious people because they can't stand them. They've said: "You're not equal because you won't agree with our science, and you won't agree with the government, and you won't agree with the narrative, so you're not equal to us."

That's what the ideology of Marxism teaches. It actually teaches inequality in the name of equality.

So here we are. We're not living up to our ideals as a nation at all. I think it just goes to show that we've been a lot more like the whitewashed tombs that Jesus talked about when he was talking to the Pharisees. We've put on this show that we are nice and compassionate and caring and meanwhile, deep down, we're not. And when the crap hits the fan, like with COVID, it all comes out.

[01:10:00]

We're exposed for the morally bankrupt, cruel, vicious people that we really are. We need to admit that and come to terms with that if we're ever going to get out of this and address our moral failings as a people.

I don't care how many laws you have or how good they are on paper. They're useless without some sort of cultural morality about what is good and evil, and what is bad and what is right, and individual rights and how they should actually be respected.

Commissioner Drysdale

You talked about the issue of mootness, but you didn't mention anything about the practicality of that. What I'm talking about is, I believe Brian Peckford launched some kind of challenge against what he said were Charter infringements and the government declared it moot.

What kind of consequences financially does that have for a plaintiff when the government declares something moot? And does that have a chilling effect on someone else who might want to bring a case forward?

James Kitchen

Well, it does, because it takes a lot of money. Somebody has to pay for this, or somebody has to take a huge cut in the income that they're earning as a lawyer in order to run these cases. They take hundreds of thousands of dollars, at least at market value, to bring these cases to the courts. Then all that money is down the drain because the court just said, "It's moot, we're not going to rule on it." So there's one financial consequence.

Part of the problem, and part of the reason that the Justice Center existed, part of the reason Liberty Coalition Canada exists—which is the organization I work with now—is because we recognize that ultimately, none of these cases about civil liberties are ever likely to come to the court because they cost a lot of money to bring. And who is going to come up with that kind of money? Even if they have it, are they willing to spend it on something like that?

The only way you can challenge the government in a lot of ways through these civil liberties challenges, these Charter challenges, is to crowd-fund and pull the funds, and to take the best cases, and to pay the lawyers a reasonable rate to run the cases all the way, and to finally get a ruling from the courts. Because the courts don't just roll around finding Charter cases—they're not supposed to, anyway. They have to be brought to them.

It takes a lot of resources to bring them. When the courts just dismiss them as moot: yeah, it's a waste of a lot of resources. You drain the resources for those challenges to continue to happen. There's only so many resources. Then there's the chilling effect: Why should I even bother challenging the law? The court has got the government's back, they're just going to rule it's moot or they're just going to justify it under section 1. Why should I even bother?

So yeah, there is that there is that chilling effect.

Then you have the reality that the court, if it wants to, can award costs against the applicants and say: "Look, you never should have brought this challenge. This law has already been taken out. It's moot. You should have withdrawn your challenge as soon as that happened. We shouldn't be here today. The government had to spend resources to defend your action. I'm going to award some costs against you. You're going to have to pay some of the government's costs." Sometimes that does and sometimes it does not happen in those types of cases. It's up to the court whether or not to award those costs.

So yeah, there's lots of costs and lots of chilling effects that result from the courts just constantly saying "it's moot" or "it's justified under section 1." Eventually the people just say, "We don't have any more money, we've spent it all and we've just given up because it's not worth it to continue to spend this and not get anywhere."

Commissioner Drysdale

You talked about, at the beginning of the pandemic, how the courts shut down. And we've heard from other witnesses recognizing the three different branches of government: the legislature, the administration and the judiciary.

I want to ask you about the fourth level of government, and that is the media. The media plays an incredibly important role in our democracy as the interface between all those three levels of government and the people. Their role is to report to the people what's going on, so the people can make an informed decision.

Can you comment on that aspect of what went on in the pandemic: the media's role in this whole thing?

James Kitchen

Well, only briefly. I litigate publicly, I do a lot of media work, so I'm familiar with the media. I see it as a tool to educate the public and hold the courts accountable and hold government accountable. And I use it to the best of my ability. Obviously, you don't see me on the CBC every day. You're going to see me on the *Western Standard* and *The Epoch Times*, et cetera.

So I guess I would just say two things. Obviously, the media is corrupt and biased: pro-COVID narrative, propping up the government.

[01:15:00]

Part of that is completely explained by the fact that a lot of these mainstream media outlets receive money from the government. It's obvious why that's a bad idea. You're an idiot about human nature if you can't see why that's a bad idea. That never should have been allowed. If there had been any litigation against that, the courts should have done their job to say, "No. That's an infringement of freedom of the press, freedom of expression." Because obviously the press is not going to be independent if it's receiving money from the government that it's trying to criticize.

So obviously, the media—terrible through the whole thing, and it's contributed dramatically to the whole thing.

But I guess again, I would go back to saying to the people. Stop being so gullible. Stop only watching mainstream sources. Seek out alternative news sources. Stop watching and listening to CBC or Global or CTV or whatever. Start reading the *Western Standard*. And don't just read, by the way, your favourite alternative news outlet. Read five of them. Get the different perspectives.

People don't realize how much power they do actually still have in the quasi-democracy that Canada still is. You know? Withdraw your market support for these mainstream organizations. Stop bemoaning the fact that the mainstream media is lying about everything, and make sure that you never participate in that by never consuming mainstream media and telling everybody else, "Hey, you probably should not consume mainstream media. Let's go consume a truthful alternative media. Let's consume different ones and compare them to see which one is the most truthful."

So part of it's the media's fault, part of it's the people's fault too, I think as well.

And I've heard repeatedly from people throughout the COVID thing that they've begun to wake up and realize when they started to consume some more alternative media sources. It sounds ridiculous to me, because I've never been roped in by mainstream media sources, because I've just always been that kind of guy. But for some people that's a big deal.

I had a number of people that came to me in 2020 when I was the crazy conspiracy theorist that they thought was awful, and said "Oh geez, you're right! One of the ways I realized that you were right is because of the BLM protests. I started to pay attention to what was going on there and the mainstream media's narrative about it, and the inconsistencies. Then I started watching some alternative news and getting some actual truth, and now I've changed my views on the whole thing."

I have heard that over and over and over again. So it can happen and it can be really good when it happens and that's what has to happen. People have to unplug from the CBC, Global News, whatever: stop caring about what they say or don't say and just start consuming alternative media or even producing the media themselves. We've seen a proliferation of alternative media sources over the last two or three years. That's a good thing. That's a source of hope right there that, because of the technology we have now, we can have these small independent journalists who can go out and give people the actual truth.

Commissioner Drysdale
Thank you very much.

Shawn Buckley
James, that's it for questions. On behalf of the National Citizens Inquiry. We sincerely thank you for participating today.

James Kitchen
Thank you. It's my honour.

[01:18:12]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witnesses 2 and 3: Suzanne and Barry Thesen

Full Day 2 Timestamp: 02:56:15–03:32:57

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Louis Browne

Good morning, members of the Commission, ladies and gentlemen, and Mr. and Mrs. Thesen. My name is Louis Browne. I am a partner with the law firm Willows, Wellsch Orr & Brundige LLP in Regina, and I'm delighted to be one of the volunteer lawyers working with the Commission here in Saskatchewan. Mr. Thesen, Mrs. Thesen, good morning. I'm going to start with you, Mrs. Thesen. Can you please state your name and spell your last name for the Inquiry, please?

Suzanne Thesen

My name is Suzanne Thesen, S-U-Z-A-N-N-E, Thesen, T-H-E-S-E-N.

Louis Browne

Thank you, Mrs. Thesen. And would you prefer to swear an oath or solemnly affirm?

Suzanne Thesen

It makes no difference.

Louis Browne

Okay. Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Suzanne Thesen

Yes.

Louis Browne

Thank you. And Mr. Thesen, can you please state your name and spell your last name for us?

Barry Thesen

Barry Thesen, B-A-R-R-Y, Thesen is T-H-E-S-E-N.

Louis Browne

Thank you. And Mr. Thesen, would you prefer to swear an oath or solemnly affirm?

Barry Thesen

Don't matter.

Louis Browne

Mr. Thesen, do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Barry Thesen

Yes.

Louis Browne

Thank you.

Mrs. Thesen, I wanted to start with you— Just because it is perhaps a little bit unusual, certainly in a court proceeding, to have two people testifying at the same time. Can you just please tell us, what is your relationship with Mr. Thesen?

Suzanne Thesen

Barry Thesen is my husband. That's it.

Louis Browne

Sure. And how long have you both been married?

Suzanne Thesen

Oh, we've been married about—how many years, Barry? Forty-some years.

Louis Browne

Okay. And then so briefly, we're going to get into it in details, but just in kind of 30 to 45 seconds: Why are you testifying with your husband here today?

Suzanne Thesen

Well, I'm here to help Barry. It's very difficult for both of us to be here. Barry was quite severely injured. And it's left him—it's very difficult for him to express himself and say what he wants to say. He can't find his words, things like that.

The reason we decided to come was because for every one of us that testifies, there's probably thousands that have a story to tell. I do have notes here and I am going to try to help Barry with his testimony.

Louis Browne

Sure. Thanks very much. We're going to get to the incident which brings you here today.

But I just want to have a reference point because we don't know Mr. Thesen.

Can you just give us again a 30 to 60 second description of your husband in terms of energy, activities, and overall health before May of 2021?

Suzanne Thesen

Okay. I'll let Barry say a little bit about himself. What do you want to say, Barry?

Barry Thesen

I'm just a retired farmer and also a fuel and fertilizer company, agency I owned and sold. And that's what we did before we retired.

Louis Browne

Mr. or Mrs. Thesen, can you just tell us a little bit about how Mr. Thesen was before May of 2021, just in terms of his overall energy, activities, and health?

Suzanne Thesen

Barry was— Actually, he's being quite modest here. He was a large farm owner and he ran an Imperial Oil agency, which is a fairly large business. And he was involved in various committees and he was very active in the community. We had recently retired and so we were spending more time travelling.

[00:05:00]

We were spending more time with our grandchildren, and he was active and well.

Louis Browne

Excellent. Thank you.

I'd like to go through your evidence in time frames, okay? We're going to talk about certain time frames, what happened during those time frames, and we'll move on to the next time frame. Okay?

So, we've now covered before May of 2021. Can you tell us what happened in May of 2021, please?

Suzanne Thesen

In May '21, Barry had his first Moderna shot. And he didn't have a serious reaction, he had a few. And he's going to tell you what kind, okay?

Barry Thesen

We were uptown in Melfort and took the shot. And it made me feel not very good for about two hours or three hours. It wasn't real bad: I had a sore arm. Everything outside of that wasn't much problem.

Louis Browne

Okay, great. And then let's carry forward then to what happened next that's relevant for the Inquiry. Can you tell us the date, do you remember the date that that first vaccine occurred?

Suzanne Thesen

I'll help him with that a little bit. He has a difficult time with events and time and remembering things.

First of all, maybe I can say that he was hesitant on getting this shot. The reason he finally decided was because he was trying to convince me to get the shot so we could continue our travels like we had planned. And also, his father was in a nursing home and in order to visit his dad, he had to get a shot. When I chose not to have my shot, that meant that I couldn't see him unless it was through a window. And after that, when he wasn't well, it was not at all. And I'll probably live with this for the rest of my life, but I was not able to be with him when he passed away, which was of course during COVID times.

Barry, he went for his second Moderna shot.

Louis Browne

Hold on a second. When did the first shot occur, please?

Suzanne Thesen

Pardon me?

Louis Browne

When did the first shot occur?

Suzanne Thesen

The first shot was in May, 2021.

Louis Browne

Do you remember the date?

Suzanne Thesen

Yes, I do. I think it was May 5th. And the second shot was in Melfort on May 10th.

Louis Browne

The second shot was on May 10th.

Suzanne Thesen

Yes, 2021, again.

Louis Browne

Okay, so when was the first shot? Sorry, when was the second?

Suzanne Thesen

It was May—

Louis Browne

Just take your time, Mrs. Thesen, just take your time.

Suzanne Thesen

Oh, sorry. May 10th, 2021, was in the mall.

Louis Browne

And what was that? What happened on that date? Was that the first or the second shot?

Suzanne Thesen

That's the first shot.

Louis Browne

Okay, so what we have then is the first shot happening on May 10th, 2021. Is that correct?

Suzanne Thesen

Yes.

Louis Browne

And where did that shot occur?

Suzanne Thesen

That was in Melfort and it was Moderna.

Louis Browne

And that's in which province? Which province are we talking about?

Suzanne Thesen

That's the first shot, yes.

Louis Browne

Which province did that occur in?

Suzanne Thesen

Which mall?

Louis Browne

It was in Melfort? What is the province that Melfort is located in? I just can't lead you, so just please tell us what province that's located in.

Suzanne Thesen

Oh, the province? It happened in Arborfield, Saskatchewan.

Louis Browne

Saskatchewan, okay. Thank you. So, please carry on. What happened after that? We can carry on to the second shot now.

Suzanne Thesen

His second shot was on July 13th, 2021 at 11 o'clock.

Louis Browne

Where did that occur?

Suzanne Thesen

That happened in Nipawin—again, Saskatchewan.

Louis Browne

Okay, thank you. And then, so what happened? Tell us what happened?

Suzanne Thesen

Well, Nipawin is about a half hour away from us. And the pharmacist did have him sign a consent and I have it here. I went and got it. And nowhere on the consent, first of all, does it say anything about side effects or injuries, possible injuries.

[00:10:00]

It's very basic. They did make him wait also 15 minutes and he started feeling unwell once he went back to his truck.

Should I let Barry say a little bit? I'll fill in if he has trouble, okay?

Louis Browne

Can we just understand, Mrs. Thesen? Were you with him in the truck?

Suzanne Thesen

No. I'm a substitute teacher so I was subbing that day, so I didn't see him 'til a little bit later on but— Should I let Barry say?

Louis Browne

Sure.

Suzanne Thesen

Barry, can you say how you felt?

Barry Thesen

I didn't feel too bad to start with. And it was probably maybe a half hour later, I started feeling really quite sick. And I just didn't know how to deal with it. I should drive home or what? And then I kind of backed off and just sat around for a while. And then, I went home, feeling a little better. By the time I got to home, I was really in bad shape. I shouldn't have been driving. When I got home, I got in the house. And I barely got up the stairs into the house. [To Suzanne] What happened then?

Suzanne Thesen

This is what Barry told me earlier and I wrote it down. He says he thought he was going to pass out when he was in his truck, so he had to wait in his truck for a little bit until he felt more stable. He was very dizzy, and he felt like vomiting. So after waiting in his truck for a little bit, he got home and by the time he was home, he was shaking uncontrollably. He said it was almost like convulsions. It was just, like, all over the place. He was sweating, almost like dripping wet, and yet he was very, very cold. He could barely make it up the stairs, and he went straight to bed.

And then, when I got home, I couldn't wake him up. I was quite worried about him. Off and on during the night, it was like he was laying still— Shaking a little bit but all of a sudden, again, he would start shaking uncontrollably with his arms flinging all over. It was like convulsing.

Louis Browne

And did you suggest anything to him at that point?

Suzanne Thesen

Pardon me?

Louis Browne

Did you suggest anything to him at that point?

Suzanne Thesen

I did not. I tried to wake him up, and then I thought, well, maybe he'll feel better in the morning. Then I fell asleep for a while, and then I'd wake up when he was shaking all over the place. Barry didn't get up 'til about 9 o'clock in the morning. So he slept a long time. When he got up, I had been up for a while. When he got up, it was shocking. His right side of his mouth was drooped. His body and shoulders were drooped. His eyes were wrong. They weren't right. They were unmoving. His arms just hung to his side. He was shuffling his feet, and he was walking very, very slowly, almost as if he was in a fog.

Barry told me—I asked him, how are you feeling? He said he felt weak and he felt like he had been beat up, like a car had run over him. He was extremely disoriented, couldn't speak. If he tried to say a sentence, it was wrong. It wasn't the proper words or the proper structure. He was finding it really, really difficult to process things. For example, I would give him a dish and I'd say, "Can you go put this in the fridge?" He would take it—and it was almost zombie-like. He would take it

[00:15:00]

and turn around in the opposite direction that he was supposed to go to, and start walking towards, let's say, the stairs. And then he would just stop, and he didn't know what he was supposed to do, where he was.

So simple things, like, for example, he'd say, "I'm going to bed." I would watch him head to the wrong room. He would go in the opposite room. And he'd look around in the room and he didn't know that. And then finally, he'd turn around and look again around, and finally, he'd find his way. I was just observing him.

That night and for the following few weeks—because this went on for quite a few weeks—Barry remembers practically nothing of those two weeks. When I went to bed he said, "Are you coming to bed?" I said, "Yes." He says, "Well, do you sleep here?" I said, "Yes." "Oh, well, that's nice. Okay." It's just that he did not know what was going on.

When he woke up, I said, "We should go to the hospital." I felt like it was probably a stroke or something. And he said, "No."

[To Barry] Do you want to say why you didn't want to go to the hospital?

Barry Thesen

I don't think I can say.

Suzanne Thesen

[To Barry] No, you can't? Okay.

Barry said he didn't want to go to the hospital because he was scared that he was going to be stuck there and I wouldn't be able to visit and he was going to die alone. My sister's a nurse and she came over and she says, "I'm not a doctor, but I think he had a stroke. You should go to the hospital." Barry again insisted, "No, I've had enough."

My opinion, I guess, was that the damage had been done and I was also afraid of him going in there and never getting out.

[To Barry] Do you have anything to add to that? [Nothing to add].

Can we skip to what he's left with now?

Louis Browne

I just wanted to ask you, Ms. Thesen— so we're in the very brief aftermath of the second shot. Right after the shot, you've described a number of your observations of your husband. But can you just identify: What was his appearance like? What was his face colour like at that point? Was it normal?

Suzanne Thesen

His face?

Louis Browne

Face color, like the color of his skin.

Suzanne Thesen

He was, like, ash white, ashy gray-white.

Louis Browne

Okay, sure. Thank you.

In and around that time, was there any interactions with your family physician? With Barry's family physician?

Suzanne Thesen

No.

Louis Browne

Okay. Why don't we go then to how we're doing today? How are we doing recently, lately?

Suzanne Thesen

Cognitively, and Barry can help me with that— I'll get him to talk. Cognitively, he says his brain is like it's in a fog all the time. And he finds it difficult to express himself, to make decisions. He can't say what he wants. And the weird thing is, he now has, like, visions, and he'll explain that to you a little bit.

Barry Thesen

It's just like the birds came into your house and they're flying around in there and it's not really— It's like a shadow of a bird. And it drives you crazy, I guess. Makes you just wonder what's going on. It kind of comes and goes, you know, it isn't constant.

[00:20:00]

Like the last couple of weeks, I've been feeling quite well, I thought. And before that it seemed like all it is, is like animals or birds or whatever. And they kind of flutter around and, I don't know. It's weird. But I also read where it's a problem.

[To Suzanne] How did that go?

Suzanne Thesen

Well, just recently, I saw that—because I thought it was so strange—it's one of the things that other people have also been experiencing. I don't know for sure, but another thing that Barry keeps commenting on is, like, there's people in our house. And then when we— Barry likes to set the table before we're going to eat. And almost every time, even yet today, he'll say, "How many people are here?" And I'll say, "Just you and I." "Oh, I thought there was more people." I said, "No, there's just you and I." And he keeps thinking that either his grandson's downstairs or he says he hears voices; he thinks people are here.

Another thing that is happening to him—now Barry will confirm that; he says that it hasn't happened in the last couple of weeks—for example, I will send him off to the neighboring town, which is, like, seven kilometers away to his daughter's place. And I'll say, "She's waiting for you for supper. I'm going to be away." And he will go towards that town and, all of a sudden, he will have to pull over and stop because he doesn't remember where he's going. He doesn't remember why he's going. He explained it as a total blank. He just goes totally blank. Then he, after sitting for a little while, sometimes it'll come back. But even then, he's very disoriented. He gets into that town and he doesn't remember where the house is.

Louis Browne

Mrs. Thesen, can you or Barry tell us: How's Barry's strength doing these days? How is his walking, his legs?

Suzanne Thesen

His walking now?

Louis Browne

And his strength, his overall physical strength.

Suzanne Thesen

He's extremely weak. His knees— He'll talk to you about the pain he has, like a constant pain. But his knees, he has to be very, very careful. When he goes up the stairs, quite often even holding on to the railing isn't good enough. He'll use his hands and put them on the steps in front of him one at a time. When he goes down the stairs, he goes one foot at a time, like a two-year-old where you go one foot, two feet at the same step, and then keep going that way. He's lost a lot of his strength, he's lost his appetite, he's lost weight, he has a very, very hard time with dates, events. For example, if he knows he has an appointment, I'll write it down on a calendar, and he has it on his phone. But every day he has me check to make sure, like, "When is my appointment?" I said, "Well it's still five days away." The next day he'll ask me the same thing, "When is your appointment?" and then I'll repeat that.

Barry also does that with other things. There's certain things that really bother him and he doesn't remember, so it has to be checked every day.

[00:25:00]

He wants to use the car to go uptown. He will say, "Are my plates good?" "Yes." "Okay. Is my licence good?" "Yes." "Well, how do you know?" "Because we checked the day before, right?" Then he will go to the car and get the registration and he'll bring it in. It's very difficult for him to process the expiry date, so he'll say, "Can you help me with this? What does it say? How long?" And I'll say, "You're good for six months." "Okay." Then the next day it's the same thing.

TV, he struggles with the remote, trying to find channels. I often go and set it up for him, ask him what he feels like watching. Paying bills: he has to depend on me for a lot now. So I pay the bills, I do the banking, even business, and his credit cards and debit cards are extremely confusing for him. He'll say, "I'm going to go get some money. Which card do I use?" I say, "If you're using the ATM, you'll just use your debit." "Which one?" "This one." So he'll go and use that card and then he'll come back and he'll say that it didn't work. I'll say, "Which card did you use?"

Sometimes he'll say he used the black card—the MasterCard—or sometimes he'll say, "I use this number." "Oh, that's for the other card." He still has a business card and he has a personal card and we have MasterCards. And for him that's a lot.

[To Barry] "Do you want to say anything, Barry? Are you okay?"

Barry Thesen

That's enough.

Suzanne Thesen

That's enough? I know.

Louis Browne

And Mr. and Mrs. Thesen, you're both doing very well. And we're coming to the end here. I just want to confirm something before I invite the commissioners to ask questions. Mrs. Thesen, everything we've discussed today occurred in the province of Saskatchewan, Canada. Is that correct?

Suzanne Thesen

That is correct. Both shots were in Saskatchewan and we live in Saskatchewan and have for a long time.

Louis Browne

Thank you. At this time, I do have maybe one or two more questions, but they're conclusion questions. I'll just invite the Commission if they have any questions.

Suzanne Thesen

We did end up going to the doctor. Do you want to know how it was recorded, his injuries?

Louis Browne

Are we talking about the VAERS [Vaccine Adverse Events Reporting] System?

Suzanne Thesen

Both. We went to the doctor first. There is one doctor that Barry trusts; his name is Dr. Fowler and he lives in Carrot River. Due to lockdowns we had to do a phone interview. And I asked Dr. Fowler—we had him on a speaker phone and so we did it together—to file the injury report. Dr. Fowler was extremely hesitant. He says, “You do realize that you’re the first person that has ever had an injury that I know of.” And I’ll say, “It doesn’t matter. I want this recorded. I want it sent away to—” Then he would say, “These forms are really long and difficult. It will take us a really long time. Are you sure you want to proceed?” I would say, “Yes.” He says, “It does appear like your husband suffered a stroke but maybe it was a coincidence, maybe it had nothing to do with it.” I said, “Please, we’re asking you to report the injury.” He did go ahead and he did finish recording it and we’re hoping he sent it away.

[00:30:00]

He did follow up and he wanted us to go see a neurologist. When the appointment came, when it came time for Barry to go see the neurologist, Barry refused. He said no.

Louis Browne

And we can maybe just pause there for a second. Why don’t we invite the commissioners to ask some questions, and then we’ll just carry on? I don’t know if the Commission has any questions, but if not, then I’ll wrap up. We’re good. You’ve answered all their questions. So my second last question for you is: In summary, in just 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

Suzanne Thesen

First of all, I don’t think Barry would have taken the vax, or the shot—I guess I would call it—if they would have properly warned him that there was going to be some possible side effects.

Barry’s always been fairly trusting of the institutions, and doctors, and the government. I just know he just thought it was just harmless, “We’ve always taken vaccines.” And another thing is the coercion that went on to get these shots. Barry probably wouldn’t have gotten that shot if he knew he could have travelled without the shot. And also, if you could go and visit people in the nursing home without the shot.

Louis Browne

We may have covered it and there may not be anything more to say, but I want to make sure that you feel you’ve had your day in court, so to speak. My last question for you: Is there anything else you’d like to share with us today?

Suzanne Thesen

We just feel this injury was totally unnecessary. It was preventable. This injury has changed our life forever. It's stolen our dreams and retirement plans. It's stolen everything from us. Barry is the real hero here—to be here today. This is difficult for him, to say how it's affected him and how it's damaged him. The world needs to know what it's done to people.

This has nothing to do with our injury, but I do have one thing as a teacher. Can I say something?

Louis Browne

It's your evidence.

Suzanne Thesen

I'm still substitute teaching, and I was on a leave for a few months. I was teaching in the Grade one and two classrooms, and what I saw was horrific. If you can imagine: In the middle of winter, when kids go outside to play and they have runny noses, and they come back and their masks are frozen on their face. In the classroom, they're wearing those wet masks. And if ever somebody came in the classroom, they were told to put their masks on. Put them up. Put them up. Another thing that's damaging, that not that many people talk about is: everywhere you go, they have these sanitizers. When you first get into the door, kids had to go and line up and get their temperature taken. They had to also squirt stuff, this sanitizer, on their hands. Kids' hands would get raw and they thought it was fun.

And then they would go in the classroom and there was one in the classroom.

[00:35:00]

Now I would discourage them. I would say, "No, you can't." But they only had to use them before they ate, after they ate, before they went outside, after they went outside, before they went home, after they came in the school. It was on and on. Then parents would also buy them sanitizers that they would put on their desk and use, like, 10, 15, 20 times a day. Then they would eat their sandwich.

Kids would come in an hour late and then they would say, "I'm late because I just had my shot." It was beyond difficult. I had to turn around and just get hold myself a little bit. I just kept thinking, what if that child gets injured like my husband? What if?

That's all I want to say.

Louis Browne

Thank you, Mrs. Thesen. I just want to make sure if Mr. Thesen has any concluding thoughts. If not, that's totally fine.

Barry Thesen

No, everything's good.

Louis Browne

Mr. and Mrs. Thesen, thank you very much for giving us your evidence today.

Suzanne Thesen
Thank you.

[00:36:41]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 4: Dr. Luz Maria Gutschi (Parts I and II)

Full Day 2 Timestamp: 03:33:20–03:46:30/03:55:08–05:04:01

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

PART I

[00:00:00]

Shawn Buckley

I'd like to begin by asking you to state your full name for the record, spelling your first and last name.

Dr. Luz Maria Gutschi

My full name is Luz Maria Gutschi: L-U-Z M-A-R-I-A G-U-T-S-C-H-I.

Shawn Buckley

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

Dr. Luz Maria Gutschi

I do.

Shawn Buckley

Just by way of introduction, my understanding is you're an expert pharmacotherapeutic specialist. And you're going to have to explain for us what that is.

Dr. Luz Maria Gutschi

I'm a pharmacist by training and have some extra training in what we call pharmacotherapy, which is therapy using drugs, as well as drug assessment skills, which includes looking at the data and assessing the drug for safety and efficacy and for application to individual patient care.

Shawn Buckley

Okay. And as far as the drug assessment thing, you've done reports for the Canadian Pharmacists Association and for various regulatory agencies.

Dr. Luz Maria Gutschi

Correct. I've written a few chapters for the Canadian Pharmacists Association on vitamins and minerals, and on lifestyle management. And I provided expert scientific advice to the Patented Medicine Prices Review Board [PMRB], which is a quasi-judicial board that regulates the prices of pharmaceuticals and vaccines in Canada.

Shawn Buckley

And then you've also been a clinical pharmacist for the Canadian Forces Health Services Centre.

Dr. Luz Maria Gutschi

Yes, I ran an [inaudible] clinic. In addition, I have practiced in intensive care units for 10 years, and have developed an expertise in antimicrobial management, including what we call antimicrobial stewardship and infectious diseases.

So quite a variety of experiences that I've had in my career.

Shawn Buckley

Right. Now we've entered—you sent me a CV that we've entered as Exhibit SA-2a, which also includes that you've got a doctorate in pharmacy.

Dr. Luz Maria Gutschi

Yes.

Shawn Buckley

And assuming I haven't changed your CV, you adopt it as true?

Dr. Luz Maria Gutschi

Yes, that's true.

Shawn Buckley

Okay. Now, you've got a presentation for us today [Exhibit SA-2]. We've invited you to speak about the manufacture of the mRNA vaccines. And I'm going to ask if you can proceed with that.

Dr. Luz Maria Gutschi

Yes, thank you. And I will try to do it as a—

First of all, before I start, I would also like to thank the Thesens for their testimony. It was very emotional for me as well, as I've had some—I understand that I've seen these—I'd

just like to say, “thank you” for their testimony. It was very emotional. And I think this is a great thing that we get to hear what happens with vaccine injury, among other things.

What I’m going to talk about is fairly technical, which I apologize for. However, I feel it is necessary for people to understand how these products were regulated from a regulatory perspective, and what the implications are for the future. Most of this was independent, as I basically stopped working a few months before the pandemic was announced.

Because of my infectious disease training, I was very interested in a pandemic and was following all along. And when I heard about the vaccine, I started doing what I would normally do in order to assess a drug.

One of the first things I do is I go to the European Medicine Agency [EMA], which is not typical of most people. Because in my previous experience, I had found that their reports were very complete, with lots of information that usually assisted me in my analysis.

For background, all regulators work from a Common Technical Document that’s called the eCTD, which is: the same information, the same basic information, is shared among all the regulators in the Western world—

[00:05:00]

the EMA, which covers all the European Union, except for Switzerland and the UK, and then Canada, the FDA [Food and Drug Administration], and Japan and Singapore as well.

In this case, this product was reviewed as a rolling review assessment, which means they started assessing each piece of information as it came in, as it became available. What is normally done is the manufacturers would make an entire submission, bring it in, and the regulators would look at it. It does not change safety, efficacy, and quality requirements—that’s what we were told. I would say technically, that is true—the requirements were not changed—but there are implications for a rolling review, in my view, for assessment of the drug.

The pivotal trial, the trial that showed that we had 95 per cent vaccine efficacy, was published in November 2020. And shortly thereafter the vaccine was approved under Conditional Marketing Authority. That’s what they call it in the EU. It is an EUA [Emergency Use Authorization] in the US, an Interim Order in Canada. The Public Assessment Report that I used for this assessment went on the web on 2020. And actually, it was corrected in February, but I think I read it in January 2021.

I expected what is known as “regulatory flags,” which are specific obligations. These are obligations placed on the manufacturer in order to get full authorization that they had to meet. Canada has something similar, and so did the FDA. I expected that with regards to safety and efficacy and clinical data from the clinical trials in humans.

What I did not expect is that I saw four specific obligations out of the six that were manufacturing-based. And I read this and thought, “My goodness, how could they let this go on and actually give this to people?” I was really quite impressed. But I thought in my innocence that it would just take a little bit of time, and they would fix some of these manufacturing defects. So I told my family, “We’re going to wait until they fix these things,” because that’s likely, “and then we’ll reassess at that point.”

In addition, there's a leak of confidential documents to the dark web in January 2021. I found out about it in September. And it supplemented quite a bit all the information that was on the European Public Assessment Report [ePAR].

First, I'd like to talk about the steps in manufacturing this product. It is very complex with lots and lots of parts to it, or components, and each of those components have to be of very high quality. There are a varied number of manufacturers, number of suppliers, ultra-cold storage, and rapid transportation between sites. They'll have, like, 108 hours by the time they made the mRNA, and had to run over and put them in the lipid nanoparticles.

There are advantages to an mRNA vaccine, especially for a pandemic. Number one: it's fast. You can make a sample for 20 or 30,000 doses in 10 days from start to finish, and regular vaccines will take months. And the other advantage is that it is cell-free. We are not using cells, which are bound to be complications—such as putting it on chick embryos or other cells like insect cells or tobacco that we use, whatever.

The steps are: You make it in a production bioreactor, which actually does include E. coli. You digest out the DNA so that you can extract the mRNA, and then you have a lot of purification steps. You put it into the LNPs [lipid nanoparticles], which then require a bunch of purification steps. And then you bring filler finish, which is actually quite a big step. Manufacturers usually subcontract that out, and that is the steps for quality control, dilution, sterile filtration, capping it, labelling it. Then they put it in the deep freeze and sent it out as required.

Oh, dear, I'm stuck. Shawn, I'm—

Shawn Buckley

You're having some technical difficulties, are you?

Dr. Luz Maria Gutschi

Yes, I am.

Shawn Buckley

And you see, usually we have these at the beginning of the day. So it's nice to shake this up.

[00:10:00]

Dr. Luz Maria Gutschi

Lovely, I might have to go to my other computer if that's all right? Or I'm just going to have to— It's not working.

Shawn Buckley

If you need a couple of minutes, we actually have a video that we skipped over that takes about 6, 7 minutes that we could segue to, and then have you pick it up from there?

Dr. Luz Maria Gutschi

Fine. Let's hope I can get it to work. Thank you very much.

Shawn Buckley

Well, thank you, Maria.

So just to announce: We watched a video yesterday and what we've done is we've just had one of our video people put together clips for Saskatchewan. Because sometimes it's good to remember, even though it wasn't that long ago, just some of the things that we've experienced. So, okay— And our video lady is just looking for that, so just be patient and we'll just wait for Maria to get back on track.

[Video] Scott Moe

So effective immediately, public gatherings are now limited to no more than 25 people.

Night clubs, bars and lounges must be closed. Effective on Monday, restaurants are required to close except for takeout and delivery services. Personal services, such as hair salons, are also ordered to close.

Dental, optometrist, chiropractic, podiatry clinics are also ordered to close except when offering non-elective procedures. Daycare facilities are limited to eight children unless they are able to...

Shawn Buckley

We have Maria logged in, so it might flip back or forth a little bit. We can give you a few minutes, Maria.

David, I think we might just take a break and we'll come back in about five, six minutes.

[00:13:10]

PART II

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. We're sorry that we had to take a break, but when you're doing things online with virtual witnesses and the like, invariably you have some technical difficulties.

I'm pleased to have Maria Gutschi back on the line, and hopefully Maria, we're good to go. I'll just ask you if you can continue with your testimony.

Dr. Luz Maria Gutschi

Thank you very much. Can everyone see the screen in here?

Shawn Buckley

We can. We've got a slide "Regulatory review: Vaccine or gene therapy?"

Dr. Luz Maria Gutschi

Yes. So I talked about all the steps in manufacturing and the complexity of it.

One of the questions many people have is: Is it vaccine or is it gene therapy? And by definition, with the FDA and as well as the EMA, it is objectively a genetic therapy. Because it includes ribosomal nucleic acid, which is a nucleic acid or genetic therapy, and it acts inside the cell by translating those nucleic acids into a protein—in this case the spike protein. So objectively, it is defined as human gene therapy product. It does not necessarily affect our genetic makeup, but under regulatory, it is being classified as a vaccine for evaluation purposes.

We did a deep dive, some of my collaborators and I, to look at how the process occurred. In the early 2000, for example, the EMA and even the FDA had looked at mRNA- and DNA-type products and had classified them as gene therapy products, and they were being assessed as that.

Somewhere between 2004 and 2008 though, these products then became classified as vaccines such that, in 2012 in the EMA, the mRNA products were going to be evaluated as if they were a vaccine. Similarly, the FDA specifically said that guidance for gene therapy products do not apply to vaccines for infectious disease.

What we call in regulatory affairs the indication: What is the use of this product? If it is used to prevent an infectious disease, then it went down the vaccine regulatory pathway. And both the EMA and the FDA also specifically excluded them from long-term studies for genetic therapies. Because I could see a potential possibility where you would assess it as a vaccine for efficacy or under the clinical trials—you know, works as a vaccine; you do the clinical trials as a vaccine trial—but then assess its adverse events as gene therapy products. But these were specifically excluded.

Regulatory guidelines that are used in Canada, the EMA, and the FDA, was the WHO [World Health Organization] 2005 guidelines, who actually give nucleic acid vaccines the status as a vaccine. It delineates the controls, Good Manufacturing Practices for purity and quality, and supporting studies for a new formulation, which is the case for these mRNA products.

It's interesting that Moderna, even in its Security and Exchange Commission filings as late as June 2020, will admit that mRNA is considered a gene therapy but it is not assessed as such. And the BioNTech founder, Ugur Sahin, in 2014 wrote in a very seminal paper that they were uncertain where it would be classified. Because it would be classified either as gene therapy, somatic cell therapy, or biologic—and biologic includes vaccines.

So the issue with this mRNA product is that we really have two separate products. We had one product that was made in a different manufacturing process for the clinical trials, that pivotal November 2020 paper, and then we have the product that was used and rolled out commercially. While they were in the clinical trials that manufacturing process was not amenable to making millions of doses. It was an engineering issue that had to be resolved to scale up to make a large amount.

What they did—

[00:05:00]

On the left-hand side is this two-step reaction that you make. Now comes the technical part: You have to make a DNA, right? And from the DNA you make the mRNA, and the DNA is a

template in a line, and on the left-hand side is a two-step process. And on the right-hand side, the commercial product was a one-step process. And so it wasn't as accurate, and it had more contaminants.

And then came the purification steps. With the purification, they used something called magnetic beads to take the beads out that would suck the mRNA out, and then it would be denatured, and then the beads would get demagnetized, and you'd have nice little mRNA. With the commercial product, they had to scale it up and use a lot of filtration steps. And as a result, there were a bunch of unforeseen circumstances.

Overall, what the regulators were worried about—and these came very loud and clear in the documents, in the ePAR as well as the confidential documents—was the quality and purity of the mRNA; the different manufacturing process on scale-up; contamination; what was being produced by the mRNA, the spike protein; what they call characterization; and potency or pharmacology.

First, let me look at mRNA because it's absolutely, I find, critical for people to understand. Number one, the mRNA in these products—both in the clinical trials and here, are biosynthetic and modified. I think people think it's just simple mRNA from the virus, for example. Nothing could be further from the truth. They have been modified a great deal. I call it a biosynthetic, sometimes I call it a bioplastic mRNA.

On the left-hand side, this is how Moderna actually explains mRNA. It's a string of code basically, that goes through— The yellow thing is the ribosome, which is a little kind of a factory, and the little string coming out is the amino acids. Those get folded up into the spike protein. At the beginning, you have a 5' cap, which is kind of the beginning of a sentence, or the start. It's a capitalized word. You have what's known as untranslated regions. They're just regulatory functions. Then you have that section, a coding section.

For coding, you have something called codons, or three nucleic acids make one protein. It's a triplet to make a protein. At the end, you've got a stop codon that tells it to stop making the protein. Then you have a long poly(A) tail, which sometimes wraps it out and keeps that ribosome steady so that it can continue to make the protein.

What they've done with the mRNA is that these individual codons: they've substituted another nucleic acid. You end up with the same protein. You end up with the same amino acids in the same sequence so that you really have no change. That's called a synonymous mutation, so that there's no change in the end product.

However, there are potential issues regarding how it's translated and other issues with the mRNA. Why do we actually do it? Why did BioNTech and Moderna do it? That's because the virus— **If we put the virus mRNA into the lipid nanoparticles particles and they go into the cell, the cell realizes it is foreign mRNA and will mount a response to get rid of the viral mRNA, just like when you would get infected. So it gets destroyed before it can be made into the protein.**

In addition, you actually facilitate the translation into protein and you make more protein than you normally would. It's also important to realize that we have human elements in this modified mRNA at the 5' end and at the 3' end. They are proprietary, or there's a patent for those. We think they come from the hemoglobin. The particular amino acid that they substituted was something called N1-methyl-pseudouridine. It is found in humans but in very, very small amounts. The organism that has the most N1-methyl-pseudouridine I found is a group of bacteria called archaeobacteria,

[00:10:00]

which are ancient. These are bacteria that are found in the bottom of the Mariana Trench near those sea trenches growing at near-boiling water temperatures and at pHs of 1. They can tolerate a lot. So this nucleic acid is extremely stable.

What happened with the roll-up and the commercial or the scale-up is that you had a lot of truncated and fragmented mRNA. You need a full intact mRNA with the 5' cap and the poly(A) tail to make the protein. What we found was up to 50 per cent— They were running 55 to 60 per cent intact mRNA and the rest was truncated and fragmented. You could see these little bumps. Not only that, but the bumps were at specific times—or specific lengths, I should say. That usually meant there was a problem with the actual process, the IV transcription. As the mRNA was made, it would stop and wouldn't continue on, so you had that fragment length.

So they had a big meeting with Pfizer and said, "What's going on here? Can you please discuss this and tell us what the impact on safety and efficacy will be?" Pfizer said, "We really don't think it's going to be a problem. The bumps are the same. We just have more of them and it's unlikely to impact safety because they would be degraded and not translated since they don't have all the elements that are required for that to occur."

In the end, though, what the EMA was very concerned about is that we did not have the same product for the commercial batches as we did in the clinical trials. Normally under regulatory affairs, what most regulators would do with this amount is that we would ask for another clinical trial to ensure that we got the same safety and efficacy as we did in the original clinical trial that was published in November 2020. They had a big meeting. This slide is from a meeting they had with all the regulators, including Health Canada, the FDA. And said, "This is our concern: What are we going to do with it?"

I don't know what the outcome was. All I know is, as of December 2020, these amounts of impurities were accepted, and it was still given its conditional marketing approval despite these problems.

Back to the mRNA that are biosynthetic and modified. These issues with this modified biosynthetic mRNA was a potential problem that was recognized even by the founder of BioNTech: that with prolonged treatment, you might have adverse events within the cell. You could have toxicities or immune pathology because, even though they are less immunogenic than viral mRNA, they may have some actions that we don't know about. Especially in this little area here: We don't know how it's going to be metabolites and risks with metabolites, how it's going to be broken down, and potential unwanted cross-effects. These things needed to be assessed. Again, I reiterate, it has non-natural nucleosides as well as human.

Well, what happens to this modified mRNA? No RNA or protein metabolism or excretion studies will be conducted, said Pfizer too, and that is in keeping with the WHO guidelines. "We don't have to do it, so we're not going to do it." That was said to the EMA as well. Because they were following the guidelines, they said, "okay."

What do we find? We find that the mRNA doesn't get broken down very easily because of the N1-methyl-pseudouridine. We found back in early 2022: detected in the blood at 15 days; January 2023, we find it a month here, 28 days in the liver; and this seminal paper found it up to 60 days in the lymph nodes, both the vaccine and the spike mRNA. And we don't even know how much longer it would be because this is where they stopped.

And in case we didn't know that this N1-methyl-pseudouridine lasts a long time, this paper in 2015 showed that if you put just one of these in luciferase, they got protein production for up to 21 days.

The second outstanding issue is the spike protein production.

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One of the things we do from a regulatory perspective, this is not really— If I want to label this as a vaccine, and I will use that term because regulatory-wise that's the way it was seen— It is really a pro-vaccine, because the active drug is the spike protein, not the mRNA. The mRNA acts as a pro-drug which gets converted to the active drug. This is not uncommon in pharmacology. We have a lot of pro-drugs we use. There are certain major advantages to using them sometimes. But what we normally would see is that if we have a pro-drug, we want to know the structure and the function of the active drug as well.

And this I found as the specific obligation number one. When I read the ePAR in January, I was quite struck with the language used by the regulator: "A severe deficiency of the characterization section is" that we don't know what that spike protein looks like and you haven't given us enough information for us to assess whether or not that pro-drug is converted to the active drug in a way that satisfies regulatory processes.

And this language was quite strong, and I was quite amazed because this shouldn't really be an issue. This really shouldn't be a problem. That was one of the things I told my family. If I don't even know what the spike protein looks like, I'm not going to take this until I find out.

Figured it was just a matter of time. June '21 came along: nothing. And as well, December '21 came along: nothing. I looked for any evidence of the spike protein for two years. And I called this "Censored" because this little pharmacy school in Ohio published this in March of 2022. And you could see here that you actually—this is Moderna, though—had protein production up to 12 days. And these researchers were quite surprised by that.

And I want you to read this section here out of their paper: "In communications with Moderna and Pfizer regarding the proteins expressed by their synthetic mRNA vaccines, each company's medical information group disclosed that they had not examined the protein dynamics for more than 48 hours" after it was transfected in cell culture; that's how we measure it. "Owing to its proprietary status, they would not disclose any information related to the nature of the protein that was expressed."

This would mean that the spike protein is proprietary, or it's information that is only kept within themselves. That does not mean the regulator does not have access to that information. Regulators deal with proprietary information all the time. When I worked for PMPRB, we knew the prices that they were probably planning to price the drug at, which is really proprietary information. So there was no excuse as far, or there was no real reason why Pfizer and Moderna couldn't give the information regarding the spike protein.

It actually did come out. I found out about it with the judicial drop, the Judicial Watch documents in February of this year; we did get what they provided to the EMA. And as you can see here, the EMA was still not happy with this information, because the sizes weren't what they expected it to be. Pfizer said, "Well, that's because there's sugars on this spike protein," which is true: the virus spike protein is covered with sugars, which affects the kinds of antibodies that are made. So the EMA said, "Well, strip off the sugars, redo it and verify it with more quantitative tests called mass spec." And eventually this was done, but

not done until February 2022, when the EMA say, “Okay, we’re satisfied.” But as far as I know these things were not verified with mass spec. So the complete knowledge of this spike protein is still outstanding.

The second related problem is: Does it get converted? And if I transfect or I put those lipid nanoparticles on cells, do they go in and do I get a spike protein? This is measured through cell flow cytometry assay, which you see here. In the top line: you see this S1 green, that spike protein? Hah! You know the cells do make spike protein. It does not quantify if the expressed spike protein will be elicited

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or have the desired immune response in vivo, in active living organism, and it does not quantify how much spike protein is made. And the EMA still have problems with some of this testing.

I will give the commissioners the YouTube video that my friend— David Weissman goes to these FDA meetings. The FDA has a vaccine advisory group that advises them. And eventually in June, Dr. Portnoy asked Dr. Gruber from Pfizer how much spike protein is made and for how long. And Pfizer’s answer is, “Well, we really don’t understand that. We really don’t understand the way vaccine works, but we feel it’s an academic problem or an academic question, because we’ve got the antibodies. So it doesn’t really matter so much how much protein we make or for how long.” And this is where it stands.

At the end, the head of Pfizer R&D, Kathrin Jansen, who retired in November said, “We flew the airplane while we’re still building it.” And I think that’s really quite true. They went from step to step and really were behind the eight ball the entire time.

What you see behind this clip from Dr. Jansen is the European Medicines Agency’s procedural steps and scientific information after authorization. There are 80 pages of this stuff. If you read it, you see there’s a change to an importer or to a batch release site, a site where any manufacturing took place. We change in manufacturer starting materials, change in how you make it, lots of changes in tests and et cetera. And what Jansen said is, instead of scaling it up to a big, big thing, they scaled it up to six or seven little factories, which of course means you had even more issues with contamination and fragmented.

One thing that I didn’t actually— okay, so do I have enough time? I just want to go briefly over lipid manufacturing. Lipids are made spontaneously. They’re not like a chemically made thing. You have the lipids in ethanol, and they’re synthetic as well. The mRNA is in water and what you do is you mix it at very high speeds, like a jet mixer. And Pfizer and Moderna don’t even know how it works. This is under separate patents and the pH is **changed, and by its swirls and all this stuff, they basically self-assemble into these little nanoparticles.**

There are lots of issues with the little nanoparticles. They are sometimes not that stable. Over time they get bigger—and sometimes it takes six months—but they naturally grow bigger. And one of the reasons we have PEG on the outside is to stop them from getting bigger when they bump into something else.

We think of them as being round, with the lipid nanoparticles on the inside. This is a picture of one that— And you can see a few are empty: you don’t see any mRNA. And if you stress them—this is freeze and thaw, freeze and thaw; this is more than one freeze and thaw—they’ll start to what we call “agglomerate,” or start to clump together and fuse, and

sometimes you can release the mRNA out. We're not sure. And that's also dependent on pH. And also, the Japanese found if you shook it for five minutes, like really shake it, vortex shaking, the lipids all fall apart.

But a regulatory assessment of the LNPs was as novel excipients. What does that mean? It means the excipients are separate, non-pharmacological. They have no intrinsic activity of their own, they just enable the drug substance to be applied to the patient in the right form, and supports the way and place of action without being active themselves.

Under the regulation, the WHO 2005 regulations, you do get some toxicology profile, repeat those toxicity, some kinetics or biodistribution, and a few tests on general toxicity, teratogenicity, which I will not address.

What was not assessed by the WHO guidelines? No assessment of how long the actual individual lipids really last in the body. They did some preliminary work and supposedly we call a half-life of 25 days.

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So you multiply that by five—that's what we do in order to determine how long it takes to get rid of all of those little lipids, not the nanoparticles, but the lipids. Thank goodness they're very small amounts, so the EMA said, "Well, it looks like it lasts a long time, but they're tiny. It's really small amounts, so I don't think it's going to be a problem." No verification of that though.

Drug interactions were not assessed because vaccines don't cause drug interactions. But in this case, this particular product did, and we had a few patients end up in hospital quite sick with interactions with an anti-schizophrenic drug, clozapine, because it is so inflammatory and transiently in the liver that it can interfere in some patients with some drugs.

We have an issue called CARPA. This was an outstanding issue for me. And it is complement-activation-related-pseudo-allergy. It looks like an allergic reaction but it's not, and it's due to the fact [inaudible] take on a nanoparticle. This is known. We have a drug that we give in chemotherapy, which is a nanoparticle with a chemo inside: doxorubicin used in breast cancer. And we have lots and lots of CARPA-like reactions from this, and it's well known, and we have lots of protocols on how to manage it.

CARPA, if you're not managing or looking for it, can be dangerous because there's amplification and patients can get pulmonary hypertension. They can drop their blood pressure, they can have bronchospasm, and it looks like an allergy. But it is not the typical anaphylaxis of IgE allergy—though it's treated the same. We don't look at secondary pharmacology and pharmacodynamics. Genotoxicity and carcinogenicity was not done, because these are natural MRNAs—I disagree with that characterization—and natural lipids—I also disagree with that characterization. So therefore, we don't need to worry about it. That was the rationale used for the WHO 2005 guidelines.

The environmental risk assessment: Well, you would do that for gene therapies, because you would look to see where the genetic therapy in the lipids go to, whether or not they're excreted as exosomes. In fact, we found that to occur with the Pfizer vaccine in a paper done here in 2021 by Bansal, where they found—Exosomes are little bits of the cell wall, and inside was a spike protein and partially digested lipoproteins. And these can move to

other parts of the body and actually transfect and provide the spike protein into another cell.

In addition, there's a product that's very similar that is a gene therapy product that has similar lipid nanoparticles, doesn't have mRNA. It's a non-coding, and a very, very small RNA. They found that they have some—they call them exosomes as well, that float around for a long, long time. And my colleagues and I are wondering if this is the rationale for shedding. It needs verification, it has not been studied; it is just a potential possibility as one reason why spike protein or mRNA can last in the body for some time. And it doesn't cause as much cytokine stimulation compared to intact LNPs, which can be quite immunostimulatory.

Speaking of that, here are some of the toxicity assessments done with rats. Just this month, they actually published the rat liver studies, or the rat toxicity that they did. And this is a picture right from the trials that was used for the regulatory assessment. You can see a bunch— This red in the middle, off in the lower left side, is an artery with blood in it, and little white dots that they think is a bit of lipid accumulation. It wasn't considered really super important, but it was a potential possibility that meant that we have some toxicity in the liver.

And what happened here is that the results of this study was September of 2020. And we had already started the clinical trials. Under normal circumstances, we'd either do a reassessment or amendment on the trial and measure, say, the liver function tests in a set of people, to ensure that this potential signal that was found here is not found in humans.

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And actually, the EMA said, "Well, you know, it doesn't look too bad," and I would agree with that. "But we also have the patient data that's coming in and assessed in clinical trials, so we'll be able to know if this is an ongoing issue." Unfortunately, to best of my knowledge, the people who know the clinical trial data better— I don't believe that liver function tests were measured on a regular basis, and someone could correct me if I'm wrong on that.

On the biodistribution side, I think most of the people understand some of the issues regarding the biodistribution. And I will say a few things. One, if it was assessed as gene therapy, that signal that stopped at 48 hours—because we only have data to 48 hours— would not have stopped at 48 hours. It would have continued until we had those signal detection. This biodistribution study labeled the lipid nanoparticles. The issue with that is it doesn't tell you how much spike protein is made. So just because the lipid nanoparticles that we see, and were tagged, went to these organs, it doesn't necessarily mean that there's a lot of spike protein made. It is likely, but that assumption needs to be tested.

In addition, if the lipid nanoparticles have luciferase in it—which is the issue that was here—instead of the actual mRNA that is in the vials, that is in the commercial product, there's no guarantee that the biodistribution will be the same either. Because sometimes packing—you know, those mRNA, the packing within a lipid nanoparticle—can sometimes change its biodistribution.

Most importantly, there were no Specific Obligations imposed on either the toxicity issues or on the biodistribution issues, which means that there are no further studies that might be required for future mRNA vaccines. And this, in my assessment, should be changed.

Lastly, assays and tests. This was a new platform, as they say in regulatory language. We had no standards against which we could measure things. What is the right test to measure how much RNA is in those vials? Do you use this, do you use that? And even if you know which tests to use, how are they going to be done? This is what we call a pharmaceutical standard, or United States Pharmacopeia.

We use this in hospital. There are certain criteria on how we have to clean our hoods, and we can't just use any old alcohol: a specific alcohol. And we have to do it in a certain way, with a certain amount of coverage. It is very well spelled out so that you can guarantee every little pharmacy, hospital pharmacy in Ontario or whoever's following, are doing the same thing. That's a compendial standard.

There are no compendial standards for many of the tests that are used. They are currently being proposed and in talks. So hopefully that will improve things quite a bit.

The contaminants that are found in making the mRNA: We had some previous testimony about the double-stranded RNA contaminants, the entire plasmids, which is a risk—a huge risk perhaps—for genomic integration. Though I remain actually—I think that may not be, but that's just me. Double-stranded RNA. Endotoxin. Endotoxin. Endotoxin: Is what's found in the E. coli cells that you use to make the plasmid DNA. Very hard to eliminate from these products. Endotoxin is ubiquitous and it's extremely toxic. This is what causes septic shock. And this is what I saw in ICU, in the patients who got sick with gram negative bacteria: It's the endotoxin that causes much of the damage in septic shock. We need to have compendial standards. We need to make that endotoxin as low as possible. And that is an ongoing issue that needs to be resolved.

The EMA reviewer, I think was summarized here, had some very poignant observations. They said, "inherent variability in making this product." "We are going to have difficulty testing," especially on the potency side. "It's a brand-new technology," we don't know where it's going further. "Potential toxic impurities,"

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and a "risk of bioavailability issue."

These guidelines are wholly inadequate. And in fact, the WHO is actually making new guidelines, which I think are still not going to be sufficient, because they're still not going to be assessed as gene therapy products.

This is what was discussed and how these products, especially the Pfizer product, was analyzed by the European Medicine Association.

And that is my testimony.

Shawn Buckley

Thank you, Maria. I'll ask the commissioners if they have any questions.

Commissioner Massie

Thank you, Dr. Gutschi, for this presentation. I have a couple of questions. The first one is, given the change in regulation, I was not aware that the classification of these mRNA-based vaccines had been amended so long ago; I thought it was more recent. So, I'm wondering—

because they hadn't mandated it more than 10 years ago, and they were probably already testing some mRNA vaccines for a number of indications like cancer and so on—why is it that the industry and the regulatory agency have not taken the steps to ensure quality attribute in production and biodistribution and so on? It seems to me that there's kind of a gap—

Dr. Luz Maria Gutschi

A big one.

Commissioner Massie

—in the quality that you would expect normally for still a new product. I mean, this is not a product that has been used that broadly.

Dr. Luz Maria Gutschi

Correct. You would expect that some of the quality issues would have been worked out ahead of time. And I don't know why they had so much— I think they weren't expecting the issues with the IVT that they found with the in vitro transcription. And all the truncated— That they weren't expecting. They were trying very hard to get the double-stranded RNA out, and the endotoxin out, and the DNA out. I think they had worked that out pretty well.

The problem I have with those contaminants is that we're not taking into consideration they're transfected, so that they're in the cell as opposed to outside the cell that you would get, say with endotoxin; you would have the endotoxin outside the cell and you wouldn't have it in. I'm not sure that was taken into consideration. But you're right. And it's not only the way I feel; it's not only that these things should have been thought upon, or it's maybe the scale-up was an engineering issue that lab and other researchers did not consider. It is sometimes how I feel as a pharmacist when orders come to us. It's like, "How am I going to operationalize that order? Because there's a bunch of steps here you guys haven't considered." And maybe there was that gap of understanding: the engineering aspect that wasn't there, number one.

And number two: It was obvious to me that it was going to be approved December 2020 no matter how bad it was. Because all of the issues that were coming up in November, I think, some of them might have been able to be solved by, say, March of 2021. Hold it off for three to four months. And that wasn't done. That's another question that I had.

But I agree. I think there were a lot of unforeseen situations that was on the biotechnical engineering field that was not considered by the researchers. That's my feeling.

Commissioner Massie

My other question has to do with the requirement by EMA on the quality—critical quality attribute of the product. If I remember well, what was qualified in the batch produced for clinical trial didn't seem to be the same level of quality in the large-scale commercial product. And I think I heard you mention that they were asked to try to get a solution for that, but it seems that this was not possible or was not done, and then it seems that the solution was, "Okay, we'll just raise the standard."

Was that what happened? And what kind of concern would that raise with the quality of the product?

Dr. Luz Maria Gutschi

Oh, it's huge.

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The critical quality attributes are what has been placed— So you come up with a standard batch that you think is your quality batch. It defines how much the RNA integrity, how much purely RNA, how much of the contaminants are allowed, and how good the LNPs are. So it was quite a long list. And that was defined, as you said, for the clinical batches. And they basically dropped it all! Including the double-stranded RNA, because it was a big fight you could find in there where they said, "The standard that you put forward, Pfizer, we don't like." And yet a month later, it was accepted.

Yes, it seems to me—and this is just my impression—that the batch standards were lowered. So that basically anything that came out of the factory was acceptable. So that there would be very few batches that would be turned away. That's the way it looked like to me, that any batch was going to be accepted.

Including batches with stainless steel particles in them. I don't know if anyone remembers that story of Moderna's: In September '21, a bunch of doses were sent to Japan, and they had stainless steel particles you could see with your eye in them. And they should never have left the factory floor, or the fill and finish. Remember I said they have optical eyes, and they have people actually looking at them before they're sent out. I cannot understand, based on all my years of experience, how something with particulates that you can see with your eye—with the naked eye, you don't even need an optical or anything—left the factory floor. And yet it did.

Commissioner Massie

With respect to batch quality, we've heard in other testimony that it's possible that the activity of the different batch would actually vary, meaning the level of spike protein or the quality of spike protein that was produced from a given batch. And we've also learned that there seems to be some batch from the VAERS [Vaccine Adverse Event Reporting System] database that seems to have more adverse event associated with it.

You could look at it from two different angles. The one that has the highest amount of adverse event could have been the batches that were more active, if we speculate that the adverse event is the result of spike production. Or it could be because of all kinds of contaminants in the batch that are triggering unknown reactions in people.

What is your take on that?

Dr. Luz Maria Gutschi

I think it's all of them. But one that I am concerned about—that really, I think, needs some more work—is that CARPA syndrome I talked about. We do know that in the beginning, Pfizer's product line— Just as it was leaving, just as they were approving it, they found particulates in the Pfizer product. And if you look at the monograph—this is the stuff that the pharmacists look at—it says you should be looking at the vials. Each of them. If you see particulates, you throw it out; you don't use it.

And what was happening there: The lipid nanoparticles were agglomerating and they were getting big and they could get more toxic that way, and cause what I think is that allergic CARPA reaction.

I'm also thinking that it's not only the mRNA, it's that the lipid nanoparticles were made in such a way that they weren't stable enough. One of the reasons is that the buffer that was used by Pfizer did not keep those LNPs from agglomerating. So they changed to the Tris Buffer in October '21, which is the same one as Moderna had, and that stabilizes the nanoparticles. That might play a role.

Those lipid nanoparticles are quite fascinating, and it's taken me a long time to wrap my head around them. And they can be quite toxic under certain circumstances. So let's not rule out the lipid nanoparticles. And let's not rule out that you can have differences from vial to vial in addition to batch to batch. Okay?

One thing that I found out recently: Remember I showed you they mix them at the end? The lipid nanoparticles are diluted out and they're mixed in a big bioreactor. What they found is that you don't have the same mRNA at the top of the vat, the middle of the vat, or at the bottom of the vat.

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So it's quite possible as they're filling their batches that not every vial has the same amount of mRNA. That is a possibility as well. And that is the difficulty of making a stable solution of the lipid nanoparticles.

Commissioner Massie

Yeah, on that note, I was wondering about— You mentioned that the lipid nanoparticles were assembled from lipids, right? Is there an issue, to the best of your knowledge, with the source of lipid, where they're getting it? And do we have assurance of reproducibility of the lipid quality?

Dr. Luz Maria Gutschi

In the beginning, that was an issue. And the EMA identified, "How do you make it? Were there contaminants in there?" Et cetera. That has gotten better. That is the one thing in these products that has improved: they've gotten new manufacturers; the quality has improved so that it is much more reproducible. It's easier to make lipids than it is mRNA. However, most interestingly is that you do have some metals like arsenic and lead in it just from the process, in very tiny amounts that normally would pass toxicology because it's an exposure— **Tiny amounts: we have it in our food, we have it in other drugs that normally would not cause a big problem.**

But what they found is that those metals act like a catalyst. And you ended up with reactions in between the lipids and the mRNA so that they formed what is called chemically an adduct. And when you have adducts you don't have the mRNA available; it basically is ruined. So that might be another reason why some batches or some vials did not have mRNA available to be translated, because it was adducted to the LNPs.

Yeah. All kinds of problems with manufacturing this product.

Commissioner Massie

Maybe one last question. The scale-up or the commercial production of these mRNA required an incredible logistic, in terms of having different manufacturing sites, different sources of material that would come from different places, and the assembly of the final product may be in other places. So that requires that every step at these different sites is properly, I would say, controlled for quality—examined and checked.

Do you think that the regulatory agencies had, or currently have, the resources to do the typical inspection that they would normally do for production of such large quantities of an injectable product?

Dr. Luz Maria Gutschi

No, I don't think they were done. I think the Americans tried and the Europeans tried. But it was hard to do. Some of them were done virtually. And they're just behind, right? You get qualified a year later rather than before you start making it. You basically get the paperwork. Paperwork looks good but this site inspection could sometimes take a year.

And that's not only for this product, okay? This is true for many, many drugs and many, many products we have on the market. That office is understaffed and the site visits of manufacturing plants is a huge, huge problem all across the Western world.

So, no, I don't think so. I don't think they were kept up. And who knows? Yes. Another problem.

Commissioner Massie

Thank you very much.

Dr. Luz Maria Gutschi

You're welcome.

Shawn Buckley

So are there any other commissioner questions? There are, okay, and I have a couple more too after they're done.

Commissioner Kaikkonen

Good afternoon. I'm just going to ask a more practical question. On your "Not Assessed" slide, one of the points was the drug interactions were not assessed. So if I extend this thought a little bit further to vulnerable populations living in government subsidized low-income housing, or a group home, for example, where mandates were demanded, vax for all occupants: Could this mean that there were no medical considerations, interventions, or oversight for pharmaceutical medications already prescribed?

And I'm going to take it to the bipolar population. Where they're diagnosed as bipolar, they didn't go to the pharmacy where the pharmacist may have had access to their already-prescribed medications. Rather, a nurse came into their facility and vaxxed them. I'm just wondering what your thoughts are.

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Dr. Luz Maria Gutschi

I would say, at the rollout or in the beginning, this was not considered at all—that there would be any drug interactions with this vaccine. In general. And so that wasn't under consideration. I think astute pharmacists found that they were seeing deterioration in some of these patients that you're talking about and had access to their drug files. And with Clozaril in particular, because you're measuring the white counts, which are directly related to the levels of Clozaril, you could see that happening before your eyes. So that is how that was picked up. And it just required a mind to ask these questions and assess them. And so then the case reports started coming in that this is a potential problem.

But originally, no. That would not have been given a consideration. At all. And it is a concern to me because you read case reports, and you see people getting acutely psychotic or acutely having some mental health issue for a few weeks after vaccination. And the vaccine as a cause was never, ever considered. Except in retrospect.

Commissioner Kaikkonen

Thank you. That's all.

Commissioner Drysdale

Good afternoon, doctor. There was just a few things that I thought I heard you say, or picked up, and I wanted to confirm my understanding. We've heard a fair bit of testimony concerning the vaccines. And one statement I believe you said is that you did not feel it was likely that there would be genomic integration.

Dr. Luz Maria Gutschi

Yeah. That has to do with the circular DNA that Kevin McKernan has found contaminating them. I am not certain that the—I don't have the expertise to say that. I'm just saying that needs to be looked at as a potential risk, but I am concerned with the actual action of the mRNA within the cells as well. So let's not forget that. That's really what I'm trying to say.

Commissioner Drysdale

But I want to make sure I understand this, because I've asked this question from a number of different witnesses who talk about— Hopefully I get the term right, I'm not a doctor or a pharmacist. "Reverse transcription," was a word that was used before.

Dr. Luz Maria Gutschi

I'm sorry. Reverse transcription, I'm not that familiar with it, because it's very a genomic thing. So I can't make any comments regarding that particular aspect of these vaccines. If it was assessed as a gene therapy product, though, this would be assessed right off the bat, right? So that you would have the answers to that.

Commissioner Drysdale

That's an interesting thing that you talked about. You went through the definition of a gene therapy—and this clearly is a gene therapy. I need help with this, because then I heard you say, "Well, they said it was a vaccine. And then they assessed it as a vaccine, but it's really a gene therapy."

Is that, is that like— Oh gosh, I'm trying to think of historical examples where something with— Oh, I know one: Mr. Buckley mentioned a number of times that certain provinces had snitch lines but in Manitoba, they called them "ambassador lines." So you went from being a snitch to an ambassador. Are we talking about the same thing? It really is this, but we'll just call it this.

Dr. Luz Maria Gutschi

It is very, it's regulatory kind of language. In regulation, oftentimes the indication, what its use is going to be, dictates the kind of clinical trials. So Pharma gets very good at picking out what they think their drugs should be used in for the first indication, even though they really plan to use it in this disease. They will do the studies for this one, which opens up the door for the second. So it is probably an issue with how regulation works.

In this case, though, I think it was a bit egregious, because it is a gene therapy product. It probably needs its own regulatory path, in my view. Right? Because you would design the clinical trials to meet what you would need for vaccines,

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but all the other kinds of tests you would do for a gene therapy product. So that would be what I think should happen. And I think that's probably the route that they'll take.

Commissioner Drysdale

I want to comment— I don't want to lose the thought about genomic integration. My understanding of what that means is, in my terms, that there's a potential—perhaps unrealized or unevaluated—that the effect of this could be to change the genetic blueprint in the receptor's body. And the genetic blueprint is the DNA, as I understand it, actually is the instruction set or the recipe. I'm trying to speak in terms that I can understand—I'm not a doctor—and that perhaps the folks listening can understand.

The DNA, as I understand it in talking with previous witnesses, is kind of a drawing or a map or a recipe as to how to make other cells. And if you integrate something foreign into that, who knows what that plan is now telling us? So we could have issues with cancer. We could have issues with—I'm being silly, but—instead of getting a liver, you get a heart. Is that what we're talking about?

Dr. Luz Maria Gutschi

Yes. Well, it's the mRNA itself— I guess there are studies that show it can potentially be reversed, that's the mRNA, it can be reverse transcribed in, so you don't need DNA in there. And it all depends where it gets reverse transcribed in, is my understanding. So if it's done in cells that are rapidly dividing or in germ cells, like in ovaries or testes, much more important than, say, it's reverse transcribed into a muscle cell, because it's not going to make anything, necessarily.

Then we have the second part, which is the contamination with intact DNA plasmids. It's much easier for them to do genomic integration. And that is, I think, the testimony that I also listened to from Laura Braden.

So there's two separate issues: The intact DNA plasmids, which are contaminants that should not be there, and that's one issue. And then the mRNA itself, can it go and reverse

transcribe? And those are issues that need to be resolved. And I really can't comment any further than that.

Commissioner Drysdale

I understand. But again, this was not something that was given to a hundred test subjects in a laboratory. This was something that people were— And I'm not sure, I'm not a lawyer either and I do not understand the difference between "coercion" and "forced." People keep saying that the vaccines were coerced into people. And when someone's threatening their job, and someone's threatening your livelihood, and someone's threatening your children, I don't know what the difference between coerced and forced is, and maybe we can get Mr. Buckley to shed some light on that.

But this was not something that was given to a hundred test subjects that agreed. This was something that was given to billions and billions of people in the world, and we don't know these fundamental questions.

And what Dr. Braden was talking about: This reverse transcription or this integration into the genome, we could have unleashed a Pandora's box on our planet. And we don't know the answer to this.

Dr. Luz Maria Gutschi

Yep. And I would say the mRNA itself, the biosynthetic mRNA, you could describe the Pandora's box even just for the modified mRNA.

Commissioner Drysdale

Two last, more easy, questions. Did I also hear you say—because I asked this question previously of other witnesses—and I thought I understood you to say that the vaccines that were used in the trials were not the same vaccines necessarily that came out in production when you went to your drugstore and got it put in your arm.

Dr. Luz Maria Gutschi

Correct. That is a big, big issue. Because of the production and the manufacturing and the quality between the two products, they are, in my view, totally different products, and should have undergone some kind of verification that the commercial batch products was going to give you the same safety and efficacy as those in the clinical trials.

Commissioner Drysdale

One last question, doctor. In December of 2020, we heard from testimony, Health Canada came out with a written statement to all Canadians that this vaccine could be trusted, that it was produced in a rigorous process,

[01:00:00]

and that it was being monitored in a strong monitoring system. In your opinion, is that statement correct?

Dr. Luz Maria Gutschi

When I heard that, I went: Did you read the ePAR? I said, “How could they say that is a strong, high-quality thing?” I guess their definition is not mine, is all I can say regarding that. That’s not what I would expect of a good manufacturing product.

I’d like to make one more note regarding this. We have regulators— Or for instance, the incorporation of the FDA in 1906. Their role was for quality control, was for labeling and adulteration. Because prior to that, kids were dying because they were given syrups that contained cocaine in it, or heroin, that was not on the label. The role of the FDA when they were first put into being was not for safety and efficacy, it was for quality control. And I feel that all our regulatory agencies have failed their basic mandate.

So yes, their definition does not meet mine.

Commissioner Drysdale

Thank you very much.

Shawn Buckley

Maria, I’ve got a couple more questions that just came to me as the first question—

Dr. Luz Maria Gutschi

Of course!

Shawn Buckley

Because Commissioner Drysdale was asking you about reverse transcriptase, and you’re talking about— Well, you’re insinuating it could be worse if this would collect in things like ovaries or testes, which I think you referred to as germ cells. But isn’t it true that the research is showing that is exactly where these mRNA particles congregate?

Dr. Luz Maria Gutschi

Yeah. So, it could be a potential—yes. The biodistribution study needs to be redone because I’m not sure how much it actually shows. It could be worse than what we think. And it could be better, I’m not sure; considering the side effects that we see I don’t think so. But it could be actually worse than what was the data that we actually have. So I just want to keep that in mind, that that is a potential possibility.

As far as all this molecular genetic stuff, I’m a pharmacist by training. This is new to me, so my expertise is really limited in this area. I don’t want to step outside my bounds.

Shawn Buckley

But you are an expert in the manufacturing process, and you’ve used some wonderfully technical terms. But a lot of the people participating are not going to understand those.

Dr. Luz Maria Gutschi

I know.

Shawn Buckley

And when you and I were discussing things, you actually said, “Are you going to ask me this question?” Which used a non-scientific term. That was: “How did the European Medicines Agency change their mind on the good manufacturing practices nightmare?” And it’s the word “nightmare” that’s jumping out, because that’s a very scientific term such as “train wreck.”

How would you describe in layperson terms the quality that was coming out at the end of the manufacturing process?

Dr. Luz Maria Gutschi

I thought it wasn’t even fit for veterinary purposes. Nothing against— They’re actually very good drugs, but I thought this was swill.

Shawn Buckley

You mean veterinary drugs are good drugs.

Dr. Luz Maria Gutschi

Yes, they are good drugs. “I wouldn’t even give my dying cat this,” is what I said when I first read it. I said, “How could anyone let this product leave their factories?” I was absolutely horrified when I first read the ePAR. And then when I read the documents that were leaked, the confidential documents: It was at least a little bit good to hear that the EMA, the bench regulators, the regulators who are actually looking at the data, were also concerned. So it wasn’t just me. They were also quite concerned with the quality.

It’s obvious that something happened between November and December 2020. That all the issues that were brought up. There was large turnover in EMA after these drugs were approved. There were some high-profile people who left. I feel that, yes, there was a lot of internal turmoil. And that this normally— Even for a pandemic! Which is usually what I am told while it was a pandemic. And I’m thinking, it’s not always better to do something than not to do something.

So, “We needed a vaccine, it’s better than nothing!” And I think that is a fallacy, and it may not have been better than nothing.

[01:05:00]

Shawn Buckley

So let me lead you a little bit. Am I correct that the European Medicines Agency identified some atrocious quality control issues?

Dr. Luz Maria Gutschi

Yes, they did.

Shawn Buckley

I mean shocking quality control issues.

Dr. Luz Maria Gutschi

Yes, they did.

Shawn Buckley

And then, within a short period of time, they basically gave Pfizer a pass on these quality control issues.

Dr. Luz Maria Gutschi

Correct.

Shawn Buckley

And following that, there was an exodus of personnel from the European Medicines Agency.

Dr. Luz Maria Gutschi

There was a few high-profile— I can't remember the person's name. There was one or two that left that were— And I remember reading about it but I don't have that collection, that actual news item. But there was somebody who did. Same thing in the FDA as well. And we know Marion Gruber left in mid-2021 because of the way the FDA was reviewing these products.

There were some people who were quite upset about this internally, that I'm certain of.

Shawn Buckley

Right and, "this" meaning basically giving pharmaceutical companies a pass on quality control that is literally dangerous.

Dr. Luz Maria Gutschi

I believe so. And I want to make one point regarding that. It's unusual for pharmaceutical companies themselves, manufacturers, to make drugs of this low quality. It's bad for their brand. It isn't necessarily about money. Because these drug companies, if you remember, they would always fight against generics: "We make the drugs better than generic manufacturing. Our quality is better." We have biosimilars, like different companies. We have generic Humira now. And there was a big fight in the—

Shawn Buckley

If you don't mind, I'm just going to focus you because we are short on time. And I was just trying to get the answer from you that this was a shockingly unsafe quality.

And then the final question. You teased us when you were giving your presentation, and you said, when you first saw these quality concern things, that you and your family would wait to see if they were resolved. Were they ever resolved for you and your family?

Dr. Luz Maria Gutschi

No, we suffered. None of us got vaccinated. My daughter— She has a PEG allergy, did not get a medical exemption. She was seven months pregnant and had to leave early and has

not gone back to her hospital job. My son lost his position as a young trumpet player in an orchestra, which is extremely difficult to get. And my husband, he got his privileges taken away as a physician working in a hospital.

And me, I was always worried I was not going to be treated well, because I have a chronic condition and concern about being admitted to hospital. So yes, it was difficult for all of us. None of us got vaccinated. And it was not a good time.

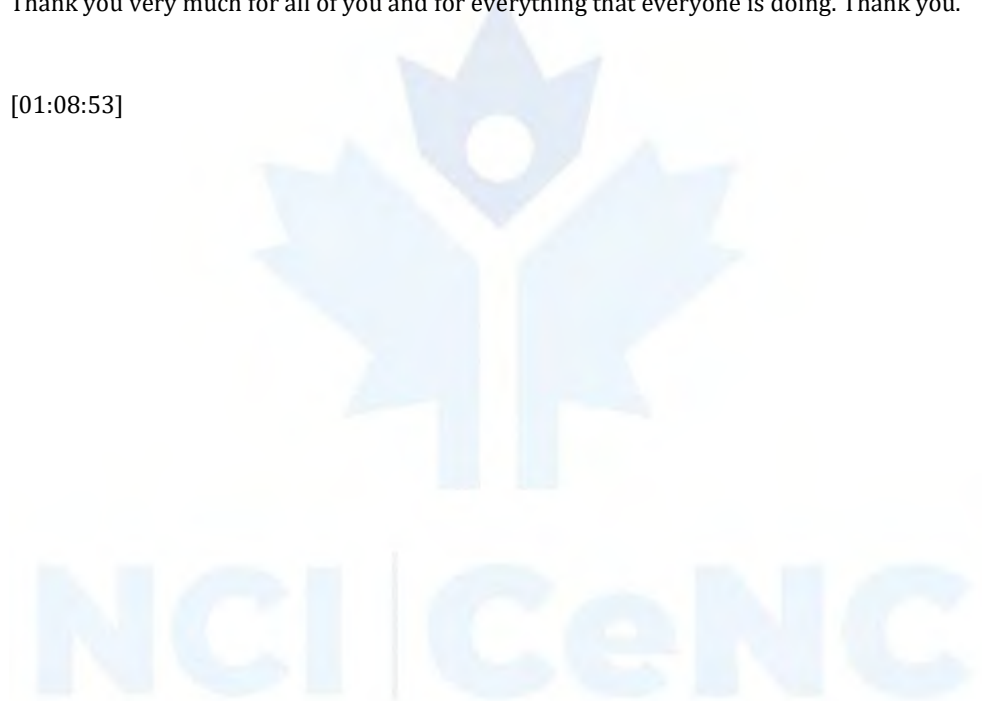
Shawn Buckley

Thank you. I don't think there are any further questions. Maria, on behalf of the National Citizens Inquiry, we sincerely thank you for testifying today.

Dr. Luz Maria Gutschi

Thank you very much for all of you and for everything that everyone is doing. Thank you.

[01:08:53]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 5: Stephanie Foster

Full Day 2 Timestamp: 05:46:44–06:15:00

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Shawn Buckley

I'm pleased to announce our first witness this afternoon is Stephanie Foster. Stephanie, can I begin by asking you to state your full name for the record and spell your first and last name, please.

Stephanie Foster

Stephanie Foster, S-T-E-P-H-A-N-I-E F-O-S-T-E-R.

Shawn Buckley

And Stephanie, do you promise to tell the truth, the whole truth, and nothing but the truth?

Stephanie Foster

I do.

Shawn Buckley

Now, just to introduce you to people, you have worked as a legal assistant in the past?

Stephanie Foster

Yes.

Shawn Buckley

And then you went on to become a teacher assistant?

Stephanie Foster

Yes.

Shawn Buckley

And you had been back and forth between Ontario because the father of your children lives in Saskatoon?

Stephanie Foster

Yes.

Shawn Buckley

Okay. Now, when you were a teacher assistant, my understanding is there was a requirement by your employer that you get vaccinated?

Stephanie Foster

Yes. I had to get vaccinated or I wasn't able to do my job.

Shawn Buckley

Can you tell us what happened with your vaccination?

Stephanie Foster

I had to get vaccinated or I would lose my job. Then also, at the time, my uncle had terminal cancer. So, my family wanted us to get my children and I vaccinated so we could come see our family. As well, as my children needed to fly back and forth from Ontario to Saskatchewan. So, they needed to be vaccinated to fly back and forth.

Shawn Buckley

Right. So, what happened to you personally after you were vaccinated?

Stephanie Foster

After I was vaccinated the first time?

Shawn Buckley

Yes, so maybe tell us about both shots.

Stephanie Foster

Pardon?

Shawn Buckley

Tell us about both shots.

Stephanie Foster

Both shots?

Shawn Buckley

Yeah.

Stephanie Foster

Okay, so my second shot, I had got it on July 11th, 2021. And after that, on August 13th, 2021, I had a seizure. I do have epilepsy; however, my last seizure was in 1999. So I do believe that the COVID shot has given me seizures again, or brought them back.

Shawn Buckley

I'll just put that in perspective: when you last had a seizure, you were 18.

Stephanie Foster

Yes.

Shawn Buckley

You're now 40. It was 22 years between the two.

Stephanie Foster

Right. And then, I also had my first booster shot at the end of January of 2022. And the end of February of 2022, I had a seizure again. Both times of those seizures, I had also lost my license.

Shawn Buckley

So the Motor Vehicle Branch would take away your license because they're worried you have epilepsy again.

Stephanie Foster

Yes.

Shawn Buckley

Now, did you have a problem after your second shot, with blacking out and falling down?

Stephanie Foster

Yes, I would get dizzy sometimes—I still do—and have blackouts and fall down. Just not really shaking like seizures, but just episodes that just don't make any sense.

Shawn Buckley

Okay. And when you say blackout, basically you lose the ability to see? Or what are you describing when you say blackout?

Stephanie Foster

Blackouts, sometimes, where I just can't see. And sometimes, I'll have a blackout where I'll just fall down.

Shawn Buckley

And had that ever happened to you before you were vaccinated?

Stephanie Foster

No.

Shawn Buckley

So that was something that was brand new.

Stephanie Foster

Yes.

Shawn Buckley

Now, your mother's deceased now, but her name was Carol Pearce?

Stephanie Foster

Yes.

Shawn Buckley

And my understanding is that your mother, Carol, was at Shopper's Drug Mart to get basically her booster shot?

Stephanie Foster

Yes.

Shawn Buckley

Can you tell us what your experience of that was?

[00:05:00]

Stephanie Foster

My mom was visiting me at my house that day and she had asked me if I would go with her to get the booster shot. I had begged her not to get it and told her I believed it was giving me seizures. She said she wanted to get it because she felt she needed to keep up with the Joneses and she just felt like it was something she had to do to keep everybody safe.

So she went—and I had given her a birthday present that day, an early birthday present—and she was supposed to come back after her shot. She left and when she was at Shopper's,

right after she got the shot, she texted me and told me she was waiting her 15 minutes. And I said, "Good job." And then, I think it was about seven minutes later— She died.

Shawn Buckley

What's the next thing that happened with you, because your mother obviously stopped texting. How did you find out that there was something wrong?

Stephanie Foster

My brother phoned me and he told me. This was about 45 minutes after my mom left my house. My brother phoned me and said, "Mom's in an ambulance and the ambulance driver said, 'get to the hospital and expect the worst.'" My brother said he's on his way to pick me up. I just started screaming, "No! No, this isn't right!" And they picked me up. All the way to the hospital, I prayed to God that she was alive. Then I got to the hospital. Right away I asked them, "I want to go see my mom," and they wouldn't let me in. They kept telling me I had to wait; I had to wait. I just didn't understand why I had to wait. They told me I had to wait for a social worker. I didn't understand because I thought, you know, a nurse would just come and bring me to her. So I just had a feeling right then that something wasn't right.

Finally, a social worker came and took us into this room and told me that a doctor was going to come and talk to us. I just had a feeling right then that it wasn't good; it wasn't good. I couldn't stop crying. And two doctors came into the room. All I heard was the one doctor said, "She's gone." I didn't hear anything else of what the doctor's saying because my mind just blacked out. I just started crying hysterically, and I just said, "I want to see my mom."

So a lady took me to see my mom. I just laid there with my mom and I kept telling her to wake up. She wouldn't wake up. Then, the doctors said I could stay with her until the coroner came. And then the coroner came and she sat beside me and I kept saying—I was screaming out loud to the doctors, to the coroner, to everybody, saying—

[00:10:00]

"The shot killed my mom! The shot killed my mom!" Like, there was no way the shot did not kill my mom.

My mom was healthy, she was super healthy, there was no health problems with my mom at all. When she left my house that day, she was perfectly fine. Then she got that shot, then she died. Seven minutes after, she died. And I see her in the hospital right after and she was gone. So I kept telling them that it was the shot; it was the shot. The coroner hadn't even looked at my mom, hadn't even touched my mom. She just sat there right beside me in the chair. I said, "No, it's the shot," and the coroner said, "No, it's natural causes."

And I knew right then: You're lying. You're lying to me. There's no way you know that.

Shawn Buckley

Sorry, I turned my mic off.

There's actually video footage of your mother coming to your house that day and then leaving that day [Exhibits SA-8 and SA-8a].

Stephanie Foster

Yes.

Shawn Buckley

Just because your neighbour has a security camera that's motion sensor.

Stephanie Foster

Yeah.

Shawn Buckley

I'm just going to find those. So, David, can you set up so that my computer is showing up on the screen? I'm just going to go back to the beginning.

So, that's your mother there in the red jacket?

Stephanie Foster

Yeah.

Shawn Buckley

And so, that's her coming to your house that day. And I'm just going to play it again because you've told us that she's healthy and it looks like she's just walking normally.

And, now, I'm going to play the video of your mother leaving. And so, this will just be minutes. This is her on her way to Shopper's Drug Mart. And I'll just play that again. I just want people to watch to see: she appears to be just a healthy, normal person. That's what you were describing is just, your mother was a normal, healthy person at the time.

Stephanie Foster

Yeah.

Shawn Buckley

Now, after this happened, some people reached out to you on Facebook. Am I right about that?

Stephanie Foster

Yes.

Shawn Buckley

And David, if you can just pull up my computer screen again. Now, you sent me basically, a Facebook string [Exhibit SA-8c]. And this is from your phone. Am I right?

Stephanie Foster

Yes.

Shawn Buckley

I'm just going to scroll down. This is actually the text conversation, the last text conversation you had with your mother.

Stephanie Foster

Yes.

Shawn Buckley

She had texted you on this thing, "Book your COVID shot and come with me. Shoppers on Herald." And you text back, "I don't want another one." And she texts, "Okay." And then you text, "You coming over?" And she says, "Waiting the 15 minutes, LOL." And you say, "Good job." And she says, "Thanks." And that's the last communication you ever had with your mother.

Stephanie Foster

Yes.

Shawn Buckley

And I'm sorry to be upsetting you with this, but we so appreciate you sharing. I'm just going to scroll down a little more because this Wendy Janzen reached out to you on Facebook. My understanding is a few people reached out to you on Facebook who either were there or had heard about what happened from others who were there?

Stephanie Foster

Yes.

Shawn Buckley

I expect there was more conversation than this, but Wendy Janzen writes to you on Facebook. "Three days ago in Saskatoon, Saskatchewan, a friend's grown daughter was standing in line with her son at the pharmacy. They saw a long line of people waiting for the needle. A woman received the needle and collapsed immediately; help arrived quickly and she could not be revived. Everyone else just stayed in the lineup for their turn."

[00:15:00]

Am I correct that you heard that from other sources, also? That, basically, people stayed in line to continue getting the shot.

Stephanie Foster

Yes.

Shawn Buckley

I'm also going to play—it's difficult to hear, but it's the 911 recording [Exhibit SA-8b].

Stephanie, you sent me one; I clipped the talking before and after, so we're just down to the 911 clip. It's difficult to hear but I just want to play it, because you sent it because they actually refer to the COVID shot as being a cause.

David, you might have to crank the volume up and I'm just going to start playing that. I apologize everyone, it is a little difficult. Oh, that didn't work, did it? Do you have that 911 one? That's not the— We'll let David play it on his system.

[Audio recording 911 call, mostly inaudible]

Shawn Buckley

I'm sorry, Stephanie, I know that's difficult to hear that. But I thank you for sharing that. That was at least the paramedics reporting that it was the COVID shot. I appreciate they're not doctors. Yeah. Thanks, David.

Now, something else happened and that followed afterwards. Because this created a bit of discussion in Saskatoon. People were concerned about what happened to your mother. And my understanding is that, so a couple of days after your mother died, somebody went to the pharmacy with just kind of the intention of seeing how they were going to respond to questions about your mother. Does that sound right?

Stephanie Foster

Right. Yep.

Shawn Buckley

You were able to get a copy of this and you've sent this to us.

Stephanie Foster

Yes.

Shawn Buckley

Okay, so, David, I'll ask you to play that. And so, just so people understand, this is not Stephanie. This is somebody else who's just decided to go back to the pharmacy and see how they would respond. Well, first of all— The first question and answer, listen carefully too, it's really interesting.

[Video] Unknown Speaker

Do you guys do COVID shots here?

Pharmacy Employee

We do. We don't do walk-ins. It's an appointment. If you want, I can give you our QR code and you can sign up for it.

Unknown Speaker

I have a question regarding the safety of it. Have you had any issues, recently, with anybody?

Pharmacy Employee

Yeah, I mean, like, there is the possibility for side effects.

Unknown Speaker

Like, what kind of side effects?

Pharmacy Employee

Um, sore arm, fever, that kind of thing.

Unknown Speaker

I heard that somebody died here two days ago right after that.

Pharmacy Employee

We aren't commenting on that.

Unknown Speaker

Why? If I want to get a shot, shouldn't I know these things first?

Pharmacy Employee

We're not commenting on that, that's what my manager told us.

Unknown Speaker

When you have to get a medicine, don't you have to let people know?

Pharmacy Employee

That's not the case with a privacy issue, I'm not allowed to do that.

Unknown Speaker

Okay, I'm going to hold off because I heard somebody died.

[Video Ends]

Shawn Buckley

Now, Stephanie, you've shared with us symptoms that you had following the shots, before your mother died. But my understanding is just the mental shock and grief of what happened has led to some further medical complications?

Stephanie Foster

Yes.

Shawn Buckley

Can you share with us those, please?

Stephanie Foster

I've gone through quite a bit of trauma.

[00:20:00]

When my mom first passed, for at least the first four months, I was basically numb. I couldn't accept the fact that my mom was gone. I couldn't sleep. I maybe could get an hour's sleep. I couldn't take care of myself. I couldn't take care of my kids. I have severe fibromyalgia, severe PTSD. My health has just deteriorated so badly. I've gained a lot of weight. I've just basically gone completely downhill.

I've had a period where I went three weeks where I couldn't even talk. I couldn't even walk. And if I did talk, I sounded like a robot. It would hurt to talk. I went to the hospital twice. They didn't know what was wrong with me. They did CAT scans. They did all kinds of tests. They just sent me home with pain meds. And I saw three different doctors in the walk-in clinic. Same thing. They looked me over. They didn't know what was wrong with me. Sent me home with pain meds.

So I was scared. My family was scared. We all thought that I was never going to get my speech back, that I would never be able to walk again. I was looking into sign language and had my kids look into sign language. And then eventually, I started slowly being able to speak again. Slowly being able to walk again. Still a little bit difficult to walk. Now, the doctors are saying that I need surgery done on my spine.

So it's just one thing after another after another. And it's just, they say— I've been to a neurologist. I've been to every kind of doctor, except a psychiatrist, because every doctor I go to says I need to see a psychiatrist. Now the problem is that I don't have a psychiatrist I can see yet.

Shawn Buckley

When we were watching that video that somebody had done, when they went back to the pharmacy and they asked if there's any side effects, and the lady said, "Yeah, basically soreness in the arm and fever," I know that would have upset you to hear.

If you could say something to the pharmacy concerning your mother, what message would you have for them?

Stephanie Foster

I want to know why they didn't help her. Why didn't anybody help her? Why did everybody just stand in line? It doesn't make any sense. I feel like she could have been helped. I feel like she could have been saved. I was told by people that everybody just stood there and by the time somebody came there, they checked her pulse and there was no pulse. I believe that if somebody got to her right away, instead of everybody just standing around, they could have done CPR and brought her back.

Shawn Buckley

And I understood it's been reported to you by several people that the line just kept going forward and people kept getting jabbed.

Stephanie Foster

Yes. I feel like they just left her there, like she was nothing; like she was just a nobody. Like, "Come on, next! Who's next? Come on, let's just get on with it."

And that breaks my heart so badly.

[00:25:00]

And then it was afterwards when the doctors and everybody is saying natural causes. No. She did not die from natural causes. And that makes me very upset because I felt like they just wanted to brush my mom under the rug and that was it.

No. My mom is a person and a wonderful person, and she should not just be brushed under the rug and forgotten about and say "natural causes" because nobody wants to say that she died from the COVID shot. And she did!

Shawn Buckley

Do you know what they listed on the death certificate as cause of death?

Stephanie Foster

They said that she had a massive heart attack. And that she died instantly. My mom never had anything wrong with her heart, ever.

Shawn Buckley

Thank you. I have no further questions but the commissioners might have some questions for you.

Commissioner Massie

Thank you very much for your very touching testimony. Did you ask for an autopsy for your mother?

Stephanie Foster

Pardon me?

Commissioner Massie

Did you ask to get an autopsy?

Stephanie Foster

Yes.

Commissioner Massie

Did you get the result?

Stephanie Foster

My brother has it.

Commissioner Massie

And what does it say?

Stephanie Foster

I believe it says, "massive heart attack." I haven't got to actually see the report.

Commissioner Massie

Is there a plan to do further investigation in the tissue of her heart to find out what triggered it?

Stephanie Foster

I'm not sure because my brother has the actual documents and I haven't been able to get access to them.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

I'm sorry for your loss. Did you get anybody at the drugstore reach out to you at all?

Stephanie Foster

Pardon?

Commissioner Kaikkonen

Did anyone at the drugstore reach out to you?

Stephanie Foster

No.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

Thank you, so we have no further questions.

Stephanie, actually, I commend your bravery to come here. I know that it was difficult. And on behalf of the National Citizens Inquiry, I sincerely thank you for sharing this with us.

Stephanie Foster

Thank you.

[00:28:16]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 6: Ryan Orydzuk

Full Day 2 Timestamp: 06:16:03–07:28:04

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Louis Browne

Next, we have Mr. Ryan Orydzuk. Mr. Orydzuk, can you please state your name and spell your last name for us, please?

Ryan Orydzuk

It's Ryan Orydzuk, R-Y-A-N O-R-Y-D-Z-U-K.

Louis Browne

Would you prefer to swear an oath or solemnly affirm today?

Ryan Orydzuk

I'll swear an oath.

Louis Browne

Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Ryan Orydzuk

Absolutely.

Louis Browne

Thank you. Sir, what city or town do you reside in?

Ryan Orydzuk
Edmonton, Alberta, currently.

Louis Browne
And how long have you lived there, approximately?

Ryan Orydzuk
Well, I lived outside of Edmonton for a short period of time, but pretty much my whole life.

Louis Browne
Okay. And I understand that you worked as a federal public servant, is that correct?

Ryan Orydzuk
Correct.

Louis Browne
And how long were you so employed?

Ryan Orydzuk
Just about over 15 years, I'd say.

Louis Browne
Okay. And are you still so employed?

Ryan Orydzuk
No.

Louis Browne
Okay. Now, I understand that you're here today as an expert witness. We're going to get into your CV and whatnot shortly. And David, I can just maybe invite you to tee up— Mr. Orydzuk has a number of the documents we'll use, but we will be looking for [Exhibit] SA-9a in a moment.

But, Mr. Orydzuk, can you just tell us, in a nutshell, what is your expertise?

Ryan Orydzuk
Primarily in occupational health and safety, recognized as kind of a jack-of-all-trades in that department.

Louis Browne
Okay, and we have your CV up on the screen. So this document here, do you recognize that document?

Ryan Orydzuk

Correct.

Louis Browne

And do you want to just tell us, did you generate that?

Ryan Orydzuk

Yes.

Louis Browne

Okay, what is it? Tell us a little bit about this.

Ryan Orydzuk

This is just a document I use to kind of give a little bit of information as to my background. A little bit of what I've done, my most recent experience, some of the things that I'm proficient at, et cetera.

Louis Browne

Okay. And as far as your expertise in occupational health and safety, we're going to look at a document here shortly. But can you just tell us: How did you come to become an expert? How did you gain your expertise in occupational health and safety?

Ryan Orydzuk

It was primarily through Canada Post Corporation. I started out originally as a letter carrier with the organization and found myself what they call a Local Joint Health and Safety Committee Co-chair, after about five years of employment.

It was in that role that I showed some promise, I believe. Some executives thought I had some promise in occupational health and safety, so they told me to apply for a job as a safety officer for the Edmonton Mail Processing Plant [EMPP]. I was hired in the position, was successful in attaining it, and I worked in that position for about four years. I was peer-mentored for two years straight by a very competent safety officer. He showed me the ropes of everything I was doing and we worked as a team.

Then from there, obviously, there were lots of education events in relation to that provided by the Corporation. I did a little bit of external training. Because of my role and what I encompassed it was more of a generalist role, so I never specialized specifically in one aspect of occupational health and safety.

Louis Browne

Okay. And I believe, David, we're going to need the learning history, [Exhibit] SA-9a. I believe Mr. Orydzuk does not have that document.

If we could pull up that document, please—SA-9a? It's the learning history, second from the left there. Okay, yeah, that's the one.

Mr. Orydzuk, are you able to manipulate that document from where you are?

Ryan Orydzuk

Not that I'm aware of.

Louis Browne

Okay, if we could have that? Okay, sure, we'll come back to it.

Mr. Orydzuk then, let's go over to your letter of October 25th, 2001 [sic, 2021]. Are we able to open that? There we go.

[00:05:00]

So can you just tell us, Mr. Orydzuk: Do you recognize that document [Exhibit SA-9d]?

Ryan Orydzuk

Yeah, absolutely.

Louis Browne

And what is it?

Ryan Orydzuk

It's a document that I called my Letter of Informed Consent and this was a document that I sent to my employer. It's dated in October but it wasn't submitted to my employer until about mid-November. I originally was trying to speak to my employer verbally before I submitted anything officially. But this was the document that I gave them to advise them of the concerns I was seeing with a lot of the breaches of occupational health and safety policy.

Louis Browne

Okay. We won't go over it in detail but it is a fairly substantive document. In here, Mr. Orydzuk, though, I'll draw your attention to—for example, point number four. If we're able to go to that part of the letter, please. Therein you pose the question to Canada Post— And just to be clear, was Canada Post your employer at this time?

Ryan Orydzuk

Correct.

Louis Browne

Okay. So the question you posed at number four is, "Does Canada Post believe that their proposed vaccines are safe for their employees to take? From the start of the pandemic, Canada Post has stated that it follows the guidance from the Public Health Agencies of Canada. Vaccines are approved for use in Canada by Health Canada."

Do you recall generating that question and putting that in the letter?

Ryan Orydzuk
Absolutely.

Louis Browne

Do you want to just give us a bit of background? Because I noticed that there are several references and links underneath that though. Just tell us what was the intention here, with point number four and all of these links and references that you have.

Ryan Orydzuk

Well, in essence, what I wanted to point to the employer—and again, this is about informed consent. So a lot of folks have been mentioning that through the testimonies. And informed consent from different aspects. It could be, you know, medical informed consent, people talking about employer informed consent.

But for me, I wanted to find out exactly what my organization knew about COVID and the vaccines themselves—everything to do with what they were implementing, right? So I posed to them 90 questions or so and I provided a bunch of research. Because I had researched this for probably about six months ahead of time, because they were announcing the vaccines— At the beginning of 2021, it came out.

I wanted to just find out where they were at with their level of knowledge and what they did in terms of their due diligence as the employer to ensure that what they were providing their employees was safe to take. This one question was just an obvious one: Do you guys feel that it's safe to take? They couldn't even answer something as simple as that.

Louis Browne

Okay, thank you for that. If we can just move over to point 12 in your letter, please. And therein you state: "Does Canada Post believe that the SARS-CoV-2/COVID-19 vaccines that they are mandating their employees to take are safe, when compared against the federal occupational health and safety definition of danger?" And then you had a link therein, as well.

So now we're starting to see a blend of your occupational health and safety training being infused into the questions. I mean, it's all throughout, but this question specifically brings to bear your occupational health and training expertise.

Can you just tell us a little bit about that particular question, what you were driving at, what you were hoping to get from your then-employer?

Ryan Orydzuk

Yeah, so when it comes to occupational health and safety, it's regulated by the federal employer. A lot of things—especially work refusals and any kind of process or work that the employee does—are based on the concept of danger or hazard or risk. If something is considered a danger by the legal definition that's provided by the Canadian government or the interpretive guidelines that coincide with that definition, then the employer should be informed of that danger and the concerns that they may be facing legal liabilities with that.

So for me, in this case, I was saying to the employer, "Do you recognize what the definition of danger is as it's written in the *Canada Labour Code*? And do you think that maybe, by

chance, these vaccines meet that definition as it stands?" It was my particular opinion at that time that it absolutely met the definition of danger.

Louis Browne

And what sort of response did you get from your employer?

Ryan Orydzuk

From the start of the pandemic, Canada Post has stated it follows the guidance of the PHAC [Public Health Agency of Canada]. And I received that answer for, I think, 78 per cent of the questions that I submitted. There were 90 questions.

Louis Browne

Okay. Just a couple more with the letter and then we'll move on. But if I could get you to go over to point number 14. Fourteen: "Does Canada Post consider myocarditis or pericarditis a serious medical condition? Would refer to Health Canada experts." And then you had a couple of links there.

[00:10:00]

What were you driving at with that particular question and what was the response?

Ryan Orydzuk

Again, this is falling in line with the definition of danger to a degree, in the fact that at that particular time, there was recorded events of myocarditis, pericarditis in people that were taking the vaccine. So again, for it to be a side effect of the vaccines themselves—and as Canada Post was implementing them as personal protective equipment—for me, I wanted to say, "Are you guys aware that this is a side effect? And do you think that this is dangerous, then?" Because that is a potential side effect of the vaccines themselves. So again, leading towards that definition of danger.

Louis Browne

Right on. Okay, last one in the letter and then we'll move on. I think it's on the same page there, but number 18. And therein you posed the question, or made the point to Canada Post: "Is Canada Post aware that the injections that they are demanding their employees to take—Pfizer BioNTech, Moderna, AstraZeneca and Johnson & Johnson—are currently listed in the National Library of Medicine under clinicaltrials.gov as experimental, and that these injections are not scheduled for completion until 2023 and beyond?"

Again, just tell us a little bit about where that question was coming from, how it fit into your role and your expertise regarding occupational health and safety. What was their answer?

Ryan Orydzuk

Yeah. With this question, there was a lot of doctors at the time that I was following that were explaining that these were still under experimentation guidelines. And they were providing links in the documentation that they were putting on their websites or their web pages, whatever it was. I clicked on a few. I went to the clinical trials site. I checked out a

couple other ones in the U.S., for sure. They were showing that there was experimentations for all the vaccines still and they were all ongoing until 2023.

So to me, I was just again trying to illuminate to my employer: We don't know exactly what we're dealing with here. Maybe we don't want to push this forward yet because there could be some concerns that we're unaware of or long-term effects that we're unaware of. And I know maybe on its surface right now it could seem somewhat safe but we really don't know. So maybe we shouldn't undertake this as a workplace activity.

Louis Browne

Right on. And their response was?

Ryan Orydzuk

Again, very similar: following the Public Health Agency's guidelines.

Louis Browne

Okay, is there anything else about your letter that you'd like to reference or say at this point in time, Mr. Orydzuk? Otherwise, we'll go to the learning history.

Ryan Orydzuk

The only thing I'd like to say is, to me as a safety professional, given what I provided them straight off the get-go, this should have stopped any employer from continuing forward. Just based on the fact that I painted a very fair picture on what the legal liability was for the employer.

Not only that, I also made it very clear, abundantly clear, that the vaccines themselves met the legal definition of danger in occupational health and safety. So to me it was frustrating to have basically, a one-answer response for every question, right? So I couldn't figure that part out. But to date— I mean, this was all made part of an official work refusal at Canada Post. And I think any Canada Post employee could access this, if they just looked up the local Joint Health and Safety Committee minutes.

Louis Browne

Okay, thanks very much. So that letter of October 25th 2021 is already marked as an exhibit, SA-9d. So David, it looks like we've got the learning history up and running. Thank you for converting it.

If we could turn our attention to the learning history. This here, Mr. Orydzuk, do you recognize this document?

Ryan Orydzuk

Absolutely.

Louis Browne

What is it?

Ryan Orydzuk

It was a document provided by my learning and development team. It was originally in, I think, a different format. I just did some screen captures offline of all my event or training history at Canada Post as a federal employee.

Louis Browne

Okay, so is it fair to say that this captures a lot of your training at Canada Post, but there's still some courses that you took that are not captured here. Is that correct?

Ryan Orydzuk

Yeah, correct.

Louis Browne

Okay, so this is a 49-page document going over the various courses and in-house trainings [Exhibit SA-9a]. And again, I don't want to go through it in detail but if I could get us to page three of 49, please. Oh, 50, sorry.

So up at the top there, Mr. Orydzuk. Again, I just want you to tell us that it's the same format that we see. There's a document, there's a number, there's a title—in this case it's "A Workplace Free of Discrimination and Harassment (pre-reading)." There's a date and some other numbers and whatnot.

So just in a general sense, before we go into this one specifically, what do each of these entries tell us, as far as the course that you took, or the level of detail, or how much was involved, et cetera?

Ryan Orydzuk

Unfortunately, these ones don't tell you too much on the course detail itself. But I can say that this list includes 165 training events and I probably had over 1,000 hours of training, easily.

[00:15:00]

If not more, maybe even 2,000 in safety.

A lot of what I learned was all hands-on. That's where you really learn the job, by actually going through the process. That was why it was really good to be peer-mentored with a **Canadian Registered Safety Professional for the first two years.**

Louis Browne

Okay, great. So I do want to touch on a couple of the courses, just so we all understand the nature of your expertise. This one here: "A Workplace Free of Discrimination and Harassment." In a nutshell, what would that course have taught you? What knowledge would you get from that? How would you apply that in the workplace?

Ryan Orydzuk

It would depend on the level of the course. So different courses were given to different grades of employees, I guess you can say, because some people would have different responsibilities when it came to the actions with the courses.

For me myself, I believe this course would have been something along the lines of supervisory, so: How do you prevent this from happening? What do you do? How do you handle the employees? What do you record? Where do the documents go? Et cetera, et cetera.

Louis Browne

Okay. And if we could please go over to page 10. And if we could go one more down please, page 11, I guess.

So that one there, Mr. Orydzuk, where it says, "Introduction to Labour Relations (online)." I note that you completed this course and so again, we're not going to go through all of them but what would these types of courses have taught you?

Ryan Orydzuk

Yeah. So after my safety position at the EMPP, the organization did a big restructure and they pulled people from different parts of the organization and put them in, what was called, a human resources business partner role. And in that role my territory expanded, all my area of responsibility.

This particular course was all about— We were adopting aspects of labour relations. So I was 90 per cent safety but then I also had labour relations to deal with, and grievances. So they started to give me courses along those lines so that I could manage that as part of my portfolio. The labour relations course was: How do you respond to employee concerns? How do you prevent them from happening, so they don't go to a grievance? If a grievance does occur, what are the steps you have to take? How do you log it? Et cetera, et cetera.

Louis Browne

And so would you have also learned about the legal framework and the laws in some of these courses, or in that one in particular?

Ryan Orydzuk

Yeah, definitely. I would say more so in the safety aspect. Labour relations was dealing more with the collective agreement side of it, but Canada Post is governed under the *Canada Labour Code*, so that's like a subset. Occupational health and safety is part two of that, so that's a little bit of a different learning and a little bit of a different course material.

Louis Browne

So where would you have learned, for example, the obligations or consequences for an employer if they don't adhere to the occupational health and safety standards? Or would you have learned that sort of thing?

Ryan Orydzuk

You learn them in courses. I mean, they make it very clear. And when you hit that management step when it comes to federal entities, they provide handbooks, they provide everything in the world so that managers are very aware of their legal liabilities when it comes to occupational health and safety specifically. Because that's the stuff that a lot of employers—if they don't fulfill their due diligence, they can go to prison, they can suffer huge fines, et cetera.

Louis Browne

Okay, excellent. If we could please go to page 16. Yes, that one there. So I guess, three quarters of the way down, or the last full one, Mr. Orydzuk, it says, "Care to be Fair: Fostering Respect and Fairness at Canada Post."

Tell us a little bit about that course, what did you learn, how did you use that?

Ryan Orydzuk

Those courses were all about: how do you manage your relationships in the workplace, what the expectations are, how you address conflict discourse in the workplace. That was more of a lighter course. It wasn't heavy. I think it was, maybe 30 minutes to an hour. It was just to go through the basics of what you can do to address concerns, what you think discourse should look like between yourself and an individual in the organization, and how to resolve that. Specifically, again, if it doesn't have a resolution between yourself and the person that you have an issue with, you would raise it to your supervisors and go through that process and escalate.

Louis Browne

Okay, thank you. I think I've illustrated what I wanted to with respect to this, now 50-page document. Is there anything else you want to say about your learning history and the various courses that you took here before we move on?

Ryan Orydzuk

Nothing particular, no.

Louis Browne

Okay, that is already marked as an exhibit, as SA-9a. So at this point, Mr. Orydzuk, we will turn it over to you with your NCI testimony. Please, give us your testimony and your evidence.

Ryan Orydzuk

Thank you very much. I just want to thank the panel of course, for having me out to present this [Exhibit SA-9b].

[00:20:00]

I hope it's illuminating for everybody.

I just want to remind everybody here, too: this is a very quick and brief overview of occupational health and safety. I could honestly talk about this stuff and talk your ears off for probably about a week on it. I dig it. I don't know why. I just like safety, but there's a lot more to this.

A question to kind of start with—and this is important for the panel to consider, as well as anybody in the audience: If I was bringing this information to you as a safety professional and showing you that there were concerns, both with your liability and the risk of your own life and your employees' lives being at risk, would you consider continuing on with this? Because, ultimately, it could land you in a lot of hot water.

Ann, the former pharmacist: I listened to her discussions and I had to say I agreed with her on a lot of points she was making and I loved her touching on informed consent. She asked a question at the end of her interview, she said, "Who is accountable for all of this?" This is a question that everybody's been asking, right?

So I'm going to share with everybody who I think is accountable and how it all works and how maybe some of the occupational health and safety laws apply around this.

So who is legally responsible for the COVID-19 fiasco? Was it Big Pharma for creating the injections? A lot of people seem to think that. Was it the Public Health Agency for approving the use of the injections? Some people think that. Was it the government for pushing the mandate to begin with? Or was it even ourselves for making the decision to take the vaccine in the end?

And I don't know, maybe a bit of this is all true, but for me, it was your employer. It was everybody's employer because, up until the point employers decided to put in workplace vaccination mandates, it was an option for people to take the vaccine. It wasn't until the employer said you had to that everybody did a mad rush to go get a vaccine, because they didn't want to lose their jobs, right?

This comes back to something that my parents used to say: If all your friends jumped off a bridge, would you jump, too? And what we're, kind of dealing with in this situation, to a large degree, is the Milgram Experiment. What we have is an authority figure—and it's not just an authority figure that's providing pressure on you or coercion to do something. Like it was mentioned earlier, they're forcing you now because they're making it a condition of your employment and it's affecting your ability to pay your bills, get food on the table, et cetera.

This is what happens at the end of it all, when people push things forward a little too fast and they don't do what's expected of them when it comes to occupational health and safety. **You start to wonder.**

So employers— When they decided to put this in place, they should have asked themselves three basic questions: Am I actually required to follow this vaccination mandate because that's something that's going to come up in this? Is it even legal for me to implement this kind of vaccination mandate? And if I listened to the Prime Minister's request regarding a vaccination mandate, have I completed all my due diligence as the employer?

I can say flat out: no, no, and no.

Let's take a look at the Prime Minister's own announcement—and this was right from his own desk. If we take a look at some of the pieces in here, it should have been very evident

to folks what this was intended to be, which was a workplace policy that they were implementing to protect you.

So as you can see at the very beginning, it says here that we're doing this "to protect the health and safety of all Canadians." Then he mentions, "As the country's largest employer,"—so he mentions he's the employer—"the Government of Canada will continue to play a leadership role in protecting the safety of our workplaces." So again, this falls under occupational health and safety in the workplace.

"Employers in federally regulated air, rail, and marine transport sectors will have until October 30th, 2021 to establish vaccination policies." So he's referring to, what he calls his **"Core Public Administration,"** which he is responsible for and the boss of. However, "Crown Corporations and separate agencies are being asked to implement vaccine policies mirroring the requirements announced today by the rest of the public service."

So in this sense, again, this is proof that the employers, especially mine at Canada Post—they were never mandated to follow this process. They were asked by the government to follow this process, which means they assume all the legal liability for the process itself.

Prior to COVID-19, what was going on? Employers typically didn't try to mitigate flu viruses in the workplace, right? If anybody had the flu, take a sick day, go home. And even back then, I remember, if I was sick, my employer would be like, "Well, come into work, we need you. Come into work. I know you got the sniffles. No big deal."

[00:25:00]

But then things changed.

They did not re-engineer the work environment to try and control viral spread. They did not provide their employees any sort of personal protection equipment to stop exposure. They rarely had any seasonal signs posted in their facilities. Most employers, outside of a few exceptions like the military and maybe the medical industry, never asked their employees to take an influenza vaccine or any other medical product as a condition of their employment.

Employers would never violate the *Genetic Non-Discrimination Act* by forcing employees to undergo genetic testing as a condition of entering or continuing a contract agreement with that individual. So what a lot of employers were offering were an accommodation process where you would go get a PCR test three times a week and keep confirming to the employer that you weren't sick, you didn't have COVID. That's going to be a part we're going to touch on here and I'm going to explain to you why the employer can't do that.

Members of the public were never questioned on health and safety matters, nor were they asked to wear personal protective equipment. So our employers were literally asking people coming into the post office, "Can you wear a mask? Can you get a mask on?" And we never bothered any customers with that before and it just seemed kind of strange we were doing it now.

After that, employers—this is post-COVID-19—decided to try and mitigate SARS-CoV-2 as a workplace hazard, right? They never did the flu before but all of a sudden, they needed to mitigate SARS. They began to build barriers and install Plexiglass walls in their facilities, which were completely useless. Employers went overboard with unproven personal protective devices that were never designed to prevent the wearer from COVID.

So the paper masks that people were wearing, the cloth masks, those aren't regulated personal protective equipment devices, right? People need to wear very specific personal protective equipment that needs to be designed to mitigate the hazard in question. And paper masks that aren't fit-tested to your face, they're not going to protect you against the virus. There's no way. So providing you that is just for show. It's just, "Yeah, we look like we're trying to do something."

Employers decided to put signs everywhere, constantly reminding people to use chemical hand sanitizers, wear their masks, and remain six feet apart from one another. Then finally, employers went to the extreme and decided to create vaccination policies. I mentioned the PCR testing. And of course, people were questioned and pursued regarding medical status and mask compliance. This was at every degree in the company.

So when it comes to federal employers, this is a little bit of a flow chart here to try and explain to everybody how it all works, what due diligence is. When any employer puts a new process, piece of equipment, or they initiate a new activity in the workplace, they have to roll everything under part 2 of the *Canada Labour Code* and the Canada Occupational Health and Safety Regulations. This is to make sure that they don't harm an employee and then miss something and then go to jail for it down the road. It's really simple.

What does this break down to? Well, there's certain aspects of this: there's the Criminal Code of Canada and there's the Westray Law. The Westray Law, what a lot of people don't maybe know about it, was a law that was designed to hold employers accountable after the 1992 Westray mine disaster in Plymouth, Nova Scotia that killed 26 workers. In that same situation, we had employers that thought they knew better than the employees that were raising concerns. They thought they knew better than the safety officers that were saying that the site itself was suffering from industrial hygiene issues. And then, sure enough, an explosion occurred from all the mining dust and 26 workers were killed. So then amendments were made to the *Criminal Code of Canada* that include the employer's liability in this.

Other acts that are in consideration for the employer while they're implementing the new process are the *Hazardous Products Act*, and this has to do with stuff like your WHMIS [Workplace Hazardous Materials Information System] categories. And everybody took that training when they went to the work, right? You take WHMIS training at the beginning. And then you have of course your hazardous products themselves—and these are the ones that are recognized and registered as dangerous goods. Then of course with my corporation we had collective agreements.

And these are all what I would call fail-safes of safety, right? The employer uses these to make sure that they're doing all the necessary steps so that they don't get themselves in trouble.

And these break down into further brackets. So under the Westray law, you have to consider the duties of the employer, which are all listed in section 125 of the *Canada Labour Code* and they're very specific as to what the employer is required to do. There's informed consent, there's the right to know, the right to participate, and the right to refuse—which is a very, very, very important part of this that everybody was denied, in essence. The definition of danger, in the OH&S Interpretive Guidelines that tell you what these definitions mean.

Under the *Hazardous Products Act* and these other aspects here, you have your WHMIS, your GHS—which is your Global Harmonized System. And this is the labels that they put on dangerous products, and they're called Safety Data Sheets.

[00:30:00]

The labels are affixed to the products themselves and then the employer is required to provide these to employees so that they're aware of the potential chemical exposures in the workplace.

And then of course under the collective agreements, there's a bunch of safety stuff they need to look into, like the terms of reference. They need to consult nationally with their bargaining agencies to make sure that everything is going according to plan and the bargaining agencies need to agree with the corporation. They need to provide minutes of all these consultations. And again, there's various articles in each collective agreement that all encompass occupational health and safety.

Again, we bring this all back. This relates to due diligence and the duties of the employer when implementing a new process, piece of equipment, or activity. So you have to make sure— The employer has to do all of this stuff, look at all these codes, and this is really just scraping a little bit out. They have to look at all of this before they decide to move forward with something, right? Because again, if it's not safe and somebody gets injured down the road and they didn't do their due diligence, they can be held liable.

So after the employer has confirmed the legality of their new process— So they go through that step and they go, "Okay, we can do this. This is legal. What are the next steps we have to take?" I won't go through all of these but this is just a slide that shows some of the specifics around what that project would look like.

And just, for example, I'll go through a couple points. So the first thing: "A primary initial discussion amongst the employer's executive stakeholders to determine if the newly proposed idea has any merit as a device or piece of equipment to protect an employee in the workplace." They would assign a policyholder and somebody that would carry out the project.

The project facilitator would then create a plan for the new concept that includes timelines, employee impact, job hazard assessments, health and safety committee reviews, certifications, et cetera. They might need to bring in third parties, other assessors, et cetera. "This person would formally create the change request with the corporation and follow the design steps to maximize corporate compliance."

I won't keep going on this but this just gives you an idea of what— Once they determine it's legal then they've got to go through all these other steps, right? And I can say, I don't think a lot of this was done, right? This is what I'm leading to.

So how does occupational health and safety play into all this? Well, I think it's the piece that everybody's kind of been missing. And I think it's going to help everybody else that has concerns with the vaccines and how their employers and everybody else has been doing things.

In my opinion, this is something— Like I said earlier, if folks would have taken this process seriously with safety, it should have immediately ended any concept or any desire to implement vaccines. The bottom line is that these legally meet the definition of danger in

my opinion, and we'll get to that. But once the employer saw that letter of informed consent that I gave them, it should have stopped them right in their tracks and they should have engaged me in discussion to understand a bit more where I was coming from. None of that took place.

All right. So what they should have done is that federal employers— When the vaccine mandate was announced by the Trudeau government, when they said, "Hey, we're asking all you federal employers and Crown corporations to do this," what they should have done is the directors and all the senior officers of those corporations, they should have used the Labour Code. They should have looked at it, put it right back in the Prime Minister's face, in a sense, and said, "Hey, you know, I don't know about this. I have a lot of liability that I have to deal with, with these particular clauses. I don't know if this is a good idea. There may be some concerns that this is dangerous. We're not going to go forward with this yet because we need to do a bit more investigation." So they actually could have used this all to their advantage to kind of halt everything that was going on.

So let's talk a little bit about this one particular section here, which is the *Criminal Code of Canada* and the Westray Law. Since its induction, employers have had to follow their legal obligations listed under Part 2 of the *Canada Labour Code*. This is not a new concept in any way. In fact, because of the Westray mining disaster which we talked about, amendments were made in 2004.

So section 217, this was the amendment or the clause that was added: 217.1 of the Criminal Code creates an occupational health and safety duty requirement for all organizations who undertake or have the authority to direct how others work or perform a task, to take all reasonable steps—and that's very important to this—to prevent bodily harm to the person performing the work or task, and to any other person.

These are just some of the examples of the duties of the employers here. I didn't pull them all out, it's a very long, exhaustive list, but these are some of the key ones.

So "Every employer shall ensure the health and safety at work of every person employed by the employer... Without restricting the generality of section 124, every employer shall, in respect of every workplace controlled by the employer and,

[00:35:00]

in respect of every work activity carried out by an employee in a workplace that is not controlled by the employer..." Like a pharmacy or a place that you're going to, to get an injection, for example. So some of these clauses here: "(c) except as provided for in the regulations, investigate, record and report in accordance with the regulations, all accidents, **occurrences of harassment and violence, occupational illnesses and other hazardous occurrences known to the employer.**"

And I have that bolded at the end there because occupational illnesses and hazardous occurrences were not being measured and investigated. You see, because what ended up happening is a lot of the injuries that we were seeing from the vaccines were chalked up to natural causes. If somebody had a stroke, they said, "It's normal; everybody has strokes, you know; people have heart attacks. That's a natural thing." The problem for the employers is when they implement a device that they're using in their workplace that causes these potential outcomes, every time an employee at that point would have a stroke or a heart attack it would need to be investigated as a vaccine injury. They couldn't say it was natural causes anymore. It doesn't work like that. They're using it as a device and it's

an activity in their workplace. So they have to investigate everything after that to see if it was because of their process.

“(s) ensure that each employee is made aware of every known or foreseeable health or safety hazard...”

This one was very blatantly violated in my opinion. Especially with me, when I asked for my informed consent, I was expecting my employer to come back to me with some studies of their own to show me how they had done their due diligence. Nothing like that had taken place. So for me, it's hard to fulfill that particular clause in the Code, where you're making every single hazard aware to the employees.

And it's a foreseeable hazard, too. That's the important piece of this. When you have a safety officer present a document with 90 questions and over 50 medical studies that shows that these are a danger, you should be transmitting some of those concerns to your employees if there is a potential that they can be harmed—especially if it's coming from a safety professional.

“(t) ensure that the machinery, equipment and tools used by the employees in the course of their employment meet prescribed health, safety and ergonomic standards and are safe under all conditions of their intended use.”

Right? So the vaccines are a piece of equipment as part of an activity that the employer is using. They're using the vaccines as personal protective equipment. So if that's the case, the equipment has to be rendered 100 per cent safe. Because if you don't have personal protective equipment that's 100 per cent safe, you're increasing or you're multiplying risk for the employee. It's really straightforward. I shouldn't put on a safety vest and have a heart attack. I shouldn't put on a safety hat or safety goggles and get a stroke. It doesn't work like that. But this one particular piece of personal protective equipment, there were some issues with it and people were having adverse side effects.

“(w) ensure that every person granted access to the workplace by the employer is familiar with and uses in the prescribed circumstances and manner all prescribed safety materials, equipment, devices and clothing.”

So again, the employer is supposed to make you understand and be familiar with the devices that they're asking you to take. If an employer doesn't have any answers for you as to that device and they're telling you to continuously use it, how do you know it's safe? How do you know what you're doing? How do you know your employer has done their due diligence? So that's how that clause works.

If we continue on, this has to do with the right to know. So every employee— And this is like informed consent for safety. So whenever you have informed consent in the medical industry, what's going on is folks are going in, they're asking about the dangers with their physicians of the vaccines et cetera, et cetera. That's all standard. That's the way it's been forever, right? If you're going to take a medical product or you're going to undertake a medical procedure, it's your physician that's the one that's always kind of telling you what to do about it.

When the employers, though, decide to take a medical product and use it as a piece of personal protective equipment, it's no longer the physicians that are required to do it. It's the employer that's required to do it. The informed consent switches from the medical industry to the employer because they're the ones that are using it as their device now. So

they need to train you on it. They need to educate you on it. They need to make sure that they know what they're talking about. And they can't provide you your informed consent if they don't know any of that.

So as it says here, this is a definition right out of the Labour Code:

You have the right to be informed of known or foreseeable hazards in the workplace and to be provided with the information, instructions, training, and supervision necessary to protect your health and safety... In addition, you are given the right to have access to government or employer reports related to the health and safety of employees through your policy health and safety committee,

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workplace health and safety committee or health and safety representative.

You have the right to refuse. So this is another piece that I was just blown away by. I was so upset with my employer as well as the Labour Board in a lot of ways. Because they should have handled this in a much different way.

What ended up taking place was when the employers put these vaccination plans in place—their policies, their practices—one of the things that I noticed was that there wasn't any piece in the entire process that spoke to when employees don't want to take the vaccine. It was just like you didn't have that choice. Whereas, in the past, if an employee refuses to do something that the employer is asking, it's required right away by the employer to diagnose that. Like, why are you refusing this work? And it becomes what could be a work refusal. And it's written right in the Code that they have to ask that.

But in this case, what happened with COVID: none of that happened. It was, "You're non-compliant." right away. And that was the piece that I just couldn't figure out. It's like, "Well, they're not non-compliant; they're all refusing your process. So you have to investigate every one of these concerns as a work refusal. It's not a non-compliant status. They're saying it's dangerous. They don't want to take it because they don't feel it's safe. So you have to investigate this." But that didn't take place. Everybody was just suspended or fired automatically, which is— Again, it's breaking the rules.

Louis Browne

And, Mr. Orydzuk, I'll just advise we're just under the 20-minute mark. But carry on.

Ryan Orydzuk

Okay. So you have the right to refuse work if you have reasonable cause to believe that your workplace presents a danger to you; the use or operation of a machine or apparatus presents a danger to you or to another employee; and the performance of an activity constitutes a danger to you or another employee, right?

So the activity itself is going to take a vaccine. The corporations made that very clear. Every corporation did because they wrote it into a policy or a practice and they asked you to go take two vaccines as a result. So that becomes a workplace activity, which again, the employer is responsible to monitor and make sure it's safe.

This is the definition of danger we're going to get into and this is why this is so important. The definition of danger itself is kind of highlighted in the Labour Code. But what they do is they provide a big set of rules on how to read this definition and what it means more specifically. Because everybody, when they read it on a first glance, they may have a different interpretation of how it works. The Interpretive Guidelines make sure that they quash that, in a way, so that everybody's very clear, black and white: this is what this looks like, this is what the definition means, and this is how it's applied.

A hazard—as a lot of people learn in safety class—means a source of harm or risk to an employee. A condition means circumstances and, in particular, those affecting the functioning or existence of something. So that would be like, let's say, a forklift had a battery and it was smoking. You wouldn't want to go use the forklift if the battery was smoking because the condition of the forklift appears that it's dangerous. It's not in a good condition, right?

Then activity itself means the task directly related to the employee's duties. And in this case that would be a vaccination policy.

"Reasonably expected." Okay, we're going to go through each one of these one by one. "Does not require that the threat materialize every time the hazard, condition or activity occurs." So when you take the vaccines, not everybody dies right away; not everybody suffers a side effect, right? So this meets the first point of this: it doesn't need to materialize every single time.

So let's keep going. Does it meet the rest of it? "It is not necessary to establish precisely the time when the threat will materialize nor does the threat need to materialize frequently." Okay. So again, some people have immediate adverse effects to the vaccines. They have a heart attack; they have something happen to them in the first ten days, which is the most common. But again, things could happen down the road at different times. You could develop cancer because of cell mutations, right? You could have a stroke down the road, six months later—I don't know, right? But nonetheless, it meets the next point of the definition of danger.

Let's keep going. "Only requires that a person determines in what circumstances the threat could reasonably be expected to materialize." This one's real easy: the threat's reasonably expected to materialize the second you put the injection in your arm. It's not going to hurt you if you don't put it in your arm. So really straightforward.

The last one: "There is more than one way to establish that a condition, hazard, or activity can reasonably be expected to be a threat. Evidence of actual injury in the exact same circumstances is not required." So you don't need to have the same injury occur in the same way every time, right? And if you look at all the adverse events and all these databases from around the globe, there are all kinds of different ways that you can measure this last point.

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There are all sorts of them. And again, evidence of it in the same circumstances is not required.

So I mean we've met— These are all the points of the definition of danger in the Labour Code. To me, I think the vaccines completely meet this, but we can build on this even more. There's way more to come.

"Other sources of evidence include: expert opinions; opinions of ordinary witnesses having the necessary expertise"—like myself, for instance; and "inference arising logically or reasonably from known facts." So logically and reasonably, if there are databases of people having horrible effects to the vaccine, maybe you shouldn't carry it forward because it meets the definition of danger, right? Straightforward stuff.

Moving over to the next piece of this— And this is another part of this that a lot of folks may not be aware of. Section 125 speaks to the further specific duties of the employer. This has to do with hazardous products and dangerous goods. I don't want to dwell on this too much because there are some more important slides about this I'd like to talk about. But what this is basically saying is: **ensure the concentrations of substances are controlled properly, they're stored properly and handled in the appropriate manner; they're also** labeled by the appropriate SDS sheets, or the product labels; and then the SDS sheets are disseminated to the employee base, et cetera, et cetera. I won't go into this too much but—

I'll skip through this—we'll get back to the hazardous products here in a bit, I promise.

So are there any acts or regulations of concern for the employer? Yes, the *Genetic Non-Discrimination Act*, which I had mentioned earlier regarding the PCR tests. This is written right in the Act itself: "It is prohibited for any person to require an individual to undergo a genetic test as a condition of: providing goods or services to that individual; maintaining a contract or continuing a contract with that individual." And that's what every employee is in, right? So you're working with the employer, you're in that contract with them. You're under a collective agreement or maybe you are management, you have an individual contract with them.

"Offering or continuing specific terms or conditions in a contract." So in essence, here, what a genetic test means in this act, and they define it very well, is it means: "A test that analyzes DNA, RNA or chromosomes for purposes such as a prediction of disease, or vertical transmission risks, or monitoring, diagnosis, or prognosis." So when you go for a PCR test and you get that thing shoved into your brain, what ends up happening is they're looking for samples of RNA. So they're literally diagnosing the RNA as a condition of keeping your employment, which is a violation of this act. Because (b) says you can't do that as a condition of maintaining or continuing your employment contract.

The *Assisted Human Reproduction Act*: there's a lot of debate still a little bit about whether reverse transcriptase is real. I consider it very real. I've read a lot of studies on it myself but I'm not a medical doctor; that's just some of my own personal opinion based on what I read. But in essence, a clause in that particular code—and a lot of lawyers already recognize this—is that: "Human individuality and diversity, and the integrity of the human genome, must be preserved and protected." And this is in the principles of the act itself. But more specifically, in the prohibited procedures, is: **"No person shall knowingly alter the genome of a cell of a human being or invitro embryo such that the alteration is capable of being transmitted to descendants."**

And right now, we're hearing concerns of shedding and we're hearing how some of this stuff might be getting transmitted to daughter cells and passed on through genetic lines. I don't know for sure. I don't have any proof. I can't say that a hundred per cent. But this would be something for people to consider as a concern for the employer and what they were doing and how they were handling things. And this was enacted in 2004.

So we keep on going here. The collective agreements: I won't touch too much about this. I'm running out of a time here, but I'll just keep going.

So some of the potential consequences of willful and amoral conduct by the employer and how this all ties back into Westray. Again, we talked about section 217, how every employer is required to do everything they can. It's a legal duty to take reasonable steps to prevent the bodily harm to a person, or any other person, arising from their work or their task. And this is where we start to see the definitions of criminal negligence. And I don't know necessarily. Again, I'm not a lawyer, I'm not a judge. But from my perceptions, I do believe that in my particular case, people were acting negligently when they didn't want to sit down and investigate anything that I was giving to them. Because what I ended up doing was I ended up putting in a work refusal. I sat down with my employer, I submitted to them those 90 questions. And I got one response back for every single question, right?

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To me, I don't think you're proving your point as the employer, in your knowledge and your due diligence, by giving me one answer. And that answer—deferring your responsibilities over to a third party that's unaccountable—that, to me, is unacceptable by the employer and that's not something that the employer can do. They can't just say, "I have all these responsibilities in the Labour Code but I'm not going to do them for this one particular task. I'm just going to say somebody else can do that."

I'll be honest, an employer could do that if they wanted to. But if you decide to do that, you're running the risk that maybe that third party—maybe they missed something or maybe they don't understand the laws and occupational health and safety regulations because they're from a different industry. Maybe they don't know what the employers are required to do or prove to the employees as an aspect of occupational health and safety.

So again, it's okay to maybe defer your responsibilities to a third party or get suggestions from a third party. But I would still be double-checking on the third party themselves, even though they were the Public Health Agency of Canada. I wouldn't want to just be saying, "No, no, they got it; they got it." And I'd be adopting all the liability as a manager or director or something like that, right? So I would still be checking into the PHAC's work.

Louis Browne

Mr. Orydzuk, we've got less than 10 minutes left.

Ryan Orydzuk

Criminal negligence: "Everyone is criminally negligent who, in doing anything or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons."

And the definition of duty is very simple: This is a duty imposed by law. And those duties that we're referring to are all the duties listed in part 2 of the *Canada Labour Code*. They're literally called the employer's duties. Duties of the employer. So that's specifically what they're talking about with this code. So if the employer didn't do any of this and they acted negligently, they could be charged, they could be prosecuted, and they could be serving prison time. And also, they could have a massive fine levied against their corporation or organization.

This is about criminal negligence. It's just an extension of 219.

So how are these vaccines legally tied to the employer? Because I know a lot of folks would say, "Well, the employer is going to say, 'well, these are the public health authorities, or these are Pfizer's, or these are the Big Pharma's.'" No. So because the mandatory vaccination policies and practices had been announced as a safety protocol to protect employees while at work, the senior officers within said individual federal entities immediately adopted all liability under part 2 of the *Canada Labour Code*. So they can't defer that away. They're going to use it, it's theirs; it's their device.

The employer cannot hand their legal liabilities over to an unaccountable third party in the PHAC. The employer is also required to render the equipment a hundred per cent safe to use, right? So if they're going to call it PPE to protect you against SARS CoV-2 in the workplace—which is the hazard that they're claiming that they are protecting against—better be a hundred per cent safe, because that's written right in the law.

Employers can listen to suggestions that come from a third party or outside agency but they cannot defer their duties. I've mentioned this before. If the employer chooses to do this without maintaining their due diligence, then the employer could suffer the legal consequences of relying solely on one external source of information to approve their new piece of equipment or workplace process.

The definitions for employer and employee in the *Canada Labour Code*, as well as the Canada Revenue Agency, make it very clear that the employer is the one that employs one or more employees and provides you with your paycheck.

So somebody has to be liable. And if the employer is going to say, "Well, we're deferring to the Public Health Agency of Canada," I have no legal recourse against the Public Health Agency of Canada. You see? And that's how I think a lot of this was kind of being done, is everybody was kind of pushing it to somebody else saying it was their responsibility. "They're doing it, it's their mandate." Maybe folks just didn't realize that when they were adopting it as a workplace policy, it was going to be their liability.

Section 125 in the CLC states that the employer must provide every person granted access to the workplace by the employer with the prescribed safety materials, equipment, and devices. So really simple: because they're protecting against SARS-CoV-2 and the employer has written a policy to protect against that specific hazard, that instantly means that the devices that they're using to protect you against becomes their device; it's their liability.

This last point here is the most obvious one: As provincial workers compensation boards have already stated, employers that implement mandatory vaccination policies are subject to, and responsible for, managing their injury claims and responsible for covering the injury pay as a work-related illness or injury. The employer will also subsequently suffer **the raised WCB premium costs should their injury and claim rate increase due to the employer's vaccination policy.**

So every province has recognized that— **Vaccine injuries are WCB-related if the employer has put in a policy or a practice that said you had to do it as a condition of employment.**

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If you got injured by that vaccine and you get that confirmed by your doctor, WCB has to cover it. There are criteria for them to follow but that's showing that the employers are liable; otherwise, they wouldn't be paying for the claim, right? So they're the ones legally liable for it, it's nobody else.

These are some of the bigger complications for the federal employers. Federal employers implemented their vaccination policy practice as a workplace safety activity. More specifically, assigning selected vaccines as a piece of personal protective equipment to protect against SARS-CoV-2.

We have to remember of course that the equipment they were assigning wasn't even protecting against the virus in question, which was the Delta variant, I believe, at the time. The mRNA was only coded for the Alpha strain. So then even providing that was already showing that it wasn't going to be effective. It wouldn't do anything, so what's the point of even giving it to people?

Because of this action, the following regulatory clause under section 12.04 of the Canadian Occupational Health and Safety Regulations—and this has to do with protection equipment and other preventative measures—must be applied directly to their policy thereafter. And this simply states: any protection equipment that is provided or used in the workplace must be designed to protect the person from the hazard in question and must not itself create a hazard.

Well, that's interesting. If anybody read the Pfizer's trial studies, which I did, five per cent of the adverse effects were COVID-19. Huh. I wonder how that clause gets met when the very device that they're saying protects you gives you the illness that they're protecting against? To me, I just couldn't wrap my head around this one particularly.

Louis Browne

Mr. Orydzuk, we've got about four minutes left. Why don't we just check in with the commission members just to see. Do the commissioners have any questions of this witness?

Ryan Orydzuk

Go ahead.

Commissioner Massie

Thank you very much for your very detailed and informative testimony. I have actually several questions.

First question is: In your experience as a health and safety officer, would you recommend to use any equipment or protocol for which the provider, the manufacturer, had complete immunity if the equipment doesn't work?

Ryan Orydzuk

The only equipment that I can think of— Sorry, can you re-ask that question? Just so that I can hear it again.

Commissioner Massie.

What I'm saying is, would you recommend to use protective equipment that you will get from a third party that is providing equipment if this third party has complete immunity if anything goes wrong with the equipment?

Ryan Orydzuk

It wouldn't be too relevant in that case because, again, the employer is required to make sure that the equipment itself is safe. I would say that I personally wouldn't be using anything if I knew that the manufacturer had immunity to it.

In this particular case obviously, I'm not 100 per cent sure but I keep hearing that the manufacturers—Pfizer, Moderna, all these—they're not given any liability. They're given guarantees that they can't be sued, right? For me, I would never, personally, do this. And when it comes to PPE, I mean comparatively speaking, when you look at let's say a biosafety security lab or the laboratory in Winnipeg there— It's a virology level-four security lab, I believe. Those folks, when it comes to a risk group level 3 human pathogen, which is what SARS-CoV-2 is considered, and that's relatable to anthrax, they wear the sealed, impermeable spacesuits with oxygen being fed in. They have the HEPA filtering particulates, masking, and everything that's included in it.

I mean, to me, if the employers are dealing with an invisible asymptomatic virus and they don't know when or where it's going to attack everybody and they're going to say it's a danger to everybody and that it's a concern that you need to take a vaccine, then why are your facilities open to begin with? Because you're just constantly exposing employees to something and providing them substandard personal protective equipment the entire time. You're placing them in danger every time they come to work. Especially if it's considered comparable to anthrax.

Commissioner Massie

My other question has to do with, when I read all of these details, a lot that I was vaguely aware of, I feel that it's been through a thought process to really cover every possible thing that you could face in a working environment.

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And if these rules are properly followed, I feel that we're doing the best we can to ensure safety. Why is it then that they have not been followed? And what's happening in terms of accountability for people that overlooked the application of these rules?

Ryan Orydzuk

Currently, nothing's happening to them. I'm hoping that maybe with a little bit of information like today, sharing with folks, they might start to pursue some avenues and look at what the employers have been doing internally with COVID.

Yeah, I don't know what more to say about it other than there hasn't been any accountability. I can't believe— Because all the testimonies have been about people that are just shocked. It's like the inverse, the upside-down they're dealing with in their industries, where everything has been turned over. And you're sitting there going, "I don't get it. We've been doing it this way forever and then all of a sudden with this, it's just everything is changed and thrown out the window."

And it was done so quickly and so callously. Either it was people were afraid or they knew that maybe after they had implemented— Like especially, with my employer, I was hoping to really shock them with some of the stuff I had told them. Maybe they realized that they were guilty and that's why they just kind of kept pushing forward. And they just figured, "Well, if I'm in, I'm in, I can't stop." I don't know. Maybe they figured that they were caught.

But nobody's been held accountable in any way to date. I'm hoping that people start to dig into the safety aspects of their employers. Because I know that my employer didn't do anything with this. And further to that again, when I gave them that letter of informed consent, there should have been a discussion. Just give me an hour to talk to you about it, right? They gave me five minutes and said, "No, we're just moving you along the process, no danger." And I'm sitting there going, "Wow. I've been working for you this long as a safety professional and you're just ignoring everything I'm saying." It didn't make any sense.

Commissioner Massie

There must be other people in your role within the federal government. Are you aware of other health and safety experts that would share a somewhat different view of what you're presenting here? And would sit down with you and say, "I don't agree with you for such and such a reason and I'm willing to explain to you that you're missing important points?"

Ryan Orydzuk

Yeah. I would say that I was the only employee, I was told, that put in a work refusal at Canada Post out of 65,000 employees. But I forced it through.

When it comes to the safety colleagues and everybody else, I'll be honest: the people I was bringing this up to were all safety brothers and sisters at Canada Post, right? I was trying to get them on board with me and kind of explain, like, "Guys, we got to stop them because what they're doing is kind of crazy and dangerous and, you know, people could really be affected and people could go to jail."

A lot of folks didn't want to engage me in the conversation to begin with. But the ones that did and that were, I guess you can say, a little bit more amenable to what I was sharing, they absolutely were like, "Yeah, no, you make some good points." But when it came to the discussions and everything, everybody was dead silent. You know what I mean? Like, I was the only one bringing this stuff up. And every time I did, I'd get threats: "Oh, you're going to lose your job, I can't have you do this again, you're going to get disciplined," et cetera, et cetera. I'm just like, "Well, yeah, go ahead, you know? I don't want people to die, so go ahead and fire me," kind of thing.

But in the end, I think that a lot of safety professionals— There were some that would agree with me, others wouldn't even engage me in the conversation. I could say flat out that I think anyone that's a Canadian Registered Safety Professional in Canada—any safety officer—there's no way they could argue anything I'm bringing here. Nothing. They can't. They know it's right.

Commissioner Massie

Maybe one last question. You mentioned that, for the genetic test, the PCR tests, there is a clear regulation that it cannot be imposed.

Ryan Orydzuk

Correct.

Commissioner Massie

What about a rapid antigenic test? Is that also covered under the same rule or is it somewhat different?

Ryan Orydzuk

I would have to look more into the rapid antigenic one myself to see if it's analyzing for RNA or DNA. I don't know specifically, a hundred per cent. I do know that some of the PCR testing, I've looked into that, is sampling for RNA. I would say that is definitely a violation of the *Non-Genetic Discrimination Act*, yeah.

Commissioner Massie

Thank you.

Commissioner DiGregorio

Thank you so much for your testimony today. You've spoken about quite a few statutes and regulations—the Criminal Code, the Labour Code, OHSA regulations, and the *Genetic Non-Discrimination Act*. I'm just wondering if any of those statutes or regulations, as far as you're aware, contain provisions that are specifically addressing vaccines and vaccination requirements with employees?

Ryan Orydzuk

No, there wouldn't be.

[01:05:00]

Because, again, employers never really implemented that. It would have been something, I think, that the medical industry would have dealt with at the time. But employers typically never asked employees to take this kind of product before or implement it. It was the first time they ever did it. So I would say no.

When it came to the vaccine ingredients, though—and this is an important fact—it does fall in relation to the *Hazardous Products Act*. Because SM-102, ALC-0159, ALC-0315—all the proprietary lipid layers there in all the different vaccines—those are all registered as dangerous goods. Literally. They have the signal word “danger” on the SDS sheets. They carry safety data sheets, meaning they're a dangerous chemical. The employer never gave this stuff to the employees. They never even knew about it when I brought up, you know, “Are these concerns with them?” As far as I know, they never informed any employee to date that these were the ingredients that they were being injected with, right?

So the employer would have had to disclose that as one of the pieces of this. But there were no regulations prior to that that, I think, would have really affected vaccines specifically. Because nobody did it.

Commissioner DiGregorio

Right. And so then I think I heard you say that what employers were really dealing with were trying to use rules that are not designed for vaccine mandates to figure out whether or not they could impose them. And that maybe they were relying on these— Well, I don't know if they were relying on them but there are rules that say that they have to take

reasonable steps to protect the health and safety of employees. Which is presumably what employers relied on to impose the mandate.

Ryan Orydzuk

Exactly.

Commissioner DiGregorio

But it's not really fit for service in terms of this particular category of potential harm in a workplace. Do you think, then, that we need specific regulations to address this type of scenario going forward?

Ryan Orydzuk

The truth is, all the regulations were there. The employer just blatantly—They decided to break every single bloody law there was. That's all I can say. Like, they're all there. This should have never gone forward. The second the employer looked at section 2 of the Labour Code, if they did any due diligence into the vaccines, how they worked, the technology, the ingredients— No. It would have stopped it immediately. Immediately.

Commissioner DiGregorio

And I think I also heard you in your presentation talk about an employee's right to refuse to work in a situation where they feel that they may be put in danger. Isn't the point of that kind of rule to ensure that you're not going to lose your job if you're put into a situation where you feel you're being faced with a danger?

Ryan Orydzuk

Absolutely. It's actually part of the process that there is no reprisal in any way from the corporation before, after, during—any of it. So you're paid during the whole process and the employees are entirely entitled to that.

It's my perception that they avoided that because there were so many employees that didn't want to take the vaccine. And not only that, it was just easier for them to mark them non-compliant rather than have all these employees—maybe thousands of them—bring forward medical studies and concerns in an official work-refusal capacity that would have to shut the process down. And then not only that, if people already went out and took the vaccine as part of the employer's practice then they would have been held liable. So I think that's why the employers just decided to say "you're non-compliant" this time instead of saying, "Well, this is technically a work refusal." Because under section 128 of the Code, they need to ask that question: "Are you refusing under the Canada Labour Code or the collective agreement that you're under?" And that wasn't even asked at all. It was just, you're non-compliant, suspended.

Commissioner DiGregorio

Thank you. One last question, and maybe I just missed this part of your testimony, but you mentioned that you're no longer employed at Canada Post. How did your employment end with Canada Post?

Ryan Orydzuk

They suspended the vaccine mandates there in 2022, I believe, in June. That in itself should show that this was never about safety. Because it basically shows that the vaccines didn't provide any safety if they're going to suspend the mandates after they told everybody to take it.

Sorry, I lost my train of thought. Can you ask that again?

Commissioner DiGregorio

The question was just: How did your employment end?

Ryan Orydzuk

Oh, yeah. Sorry. No, I originally was suspended. And then after the suspension ended, they invited, I think, some folks back into the workplace. For me I knew that legally, that wasn't a very good decision for me.

Not only that, given what I had gone through with the employer and what I had felt was just the most deceit and the most immoral conduct I've ever seen in my life, I would never go back and work for them. Ever, in my life.

Commissioner DiGregorio

Thank you.

Louis Browne

Thank you, Commissioners.

Mr. Orydzuk, just two final questions here. I just want to establish jurisdiction. Throughout all of this time that you were involved in doing all of this, where did this occur?

[01:10:00]

Where were you? City and province, please.

Ryan Orydzuk

I was living out of Spruce Grove at the time. And yeah, I mean, the work refusal itself took place in Edmonton, at the mail processing plant.

The first part of the work refusal was by Zoom call. And then I think I had a phone call with the NJOSH [National Joint Health & Safety] Co-chairs. But, yeah, everything took place out of Edmonton and I was residing in Spruce Grove at the time.

Louis Browne

And both of those are in the province of Alberta in the country of Canada. Is that correct?

Ryan Orydzuk

Correct.

Louis Browne

Okay, final question. Just in summary, sir, in, you know, 60 seconds-ish, what is it that you want this Inquiry and Canadians at large to take away from your evidence today?

Ryan Orydzuk

For me, I'll be honest— And there's so much more.

If folks are interested, they can always reach out to my community, because we're working with a group called Posties for Freedom. There's so much more information that people need to hear when it comes to this safety aspect. Because this is only 20 out of 80 slides I have, that you saw today. There's so much that I could talk about with you and I just hope that folks decide to look into what their employers were doing when it came to safety: Look into their national safety minutes. Ask their unions why none of this was addressed, why work-refusals were never afforded to them, why they were marked as non-compliant.

I just want people to start to understand what their legal recourse is and what they could actually do—and still do—in terms of following up with their employer. Because this isn't secret information. It's all written into our legislation. It's been around forever. You might want to question your employer as to what's going on.

Because I think it's the best way to kind of get some accountability going in Canada for what's taking place. Because this is just terrible.

Louis Browne

Mr. Orydzuk, thank you for your evidence today.

Ryan Orydzuk

Thank you.

[01:12:01]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 7: Adam Konrad

Full Day 2 Timestamp: 07:28:47–07:45:45

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Wayne Lenhardt

Okay, Mr. Konrad, could you give us your full name, please, and then spell it for us. And then I'll do an oath with you.

Adam Konrad

My name is Adam Konrad, spelled A-D-A-M K-O-N-R-A-D.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Adam Konrad

I do.

Wayne Lenhardt

First off, where do you live and what do you do for a living?

Adam Konrad

I live here in Saskatoon, Saskatchewan, and we run a fishing guiding business on Lake Diefenbaker. We have a lodge and I'm part owner with my wife and my brother. And so, basically, a fishing guide, and I'm a family man.

Wayne Lenhardt

AV people, are you able to hear him? Oh, there we go.

Adam Konrad
Sorry, I'll speak up.

Wayne Lenhardt
Okay. So you own a lodge at Lake Diefenbaker and you basically take clients fishing. Is that fair?

Adam Konrad
Yes.

Wayne Lenhardt
And you've done this for a few years, have you?

Adam Konrad
We started guiding part-time in 2008. We got pretty recognized in the fishing industry in 2007. I caught a world-record rainbow trout at Lake Diefenbaker. During that time, I was apprenticing as a mechanic and became a journeyman mechanic, 15 years. I worked through a few dealerships here in Saskatoon.

Wayne Lenhardt
Okay, so you've done it for a while.

Adam Konrad
Yeah, so, three years full-time. Ever since COVID came— In 2020, when COVID came I got laid off as a mechanic and I started guiding more. It just kind of went from there and we got really busy and I never turned back.

Wayne Lenhardt
Your season starts in mid-May, am I correct?

Adam Konrad
May 5th is opening day.

Wayne Lenhardt
Okay. So, in April 2021, you got your first shot of Pfizer, correct?

Adam Konrad
Yeah, I believe it was April 23rd. My wife and I went in and got our first shots of Pfizer.

Wayne Lenhardt
And what happened next?

Adam Konrad

We started guiding May 5th, 2021. And, I don't know, it must have been about 10 days after my shot, my heart was feeling a little weird. I had no idea why it was feeling weird. I didn't even think anything of it; we've never had any heart issues in our family.

It was May 16th. I had just finished a day of guiding on the lake and I was back at Lake Diefenbaker. I was just staying in an RV. And I just finished watching a movie at about 10 o'clock. And I got up to get a drink of water and then go to bed. When I got up, my heart started feeling weird. It was pounding really hard. And I really had no idea what was going on. But all of a sudden, I could feel a really big pounding in my chest, so I called a friend who came over. I called a lady; she said I should take Aspirin because I might be having a heart attack. So I chewed Aspirin as quick as I could. A friend came over and put an Apple Watch on me. And there was a nurse that was nearby that came over and took my rhythm.

My heart actually went out of rhythm and my heart was beating at about 240 beats a minute.

Do you want me to continue with the story?

Wayne Lenhardt

Yep, sure.

Adam Konrad

Okay. So basically, I thought I was having a heart attack. I was having a heart attack, in my opinion. Got rushed to the Outlook Hospital. Felt like a lifetime to get there. I was seeing stars and passing out. And in the Outlook Hospital, my wife got there from Saskatoon; she drove in from Saskatoon. They put the maximum dose of metoprolol in me to try to control my heart. My heart rate did not come down. It was sitting 230, 240 beats a minute and out of rhythm. Basically, my chest felt like it was exploding. I was saying my goodbyes to my family.

They had to call an ambulance to ambulance me to Saskatoon.

[00:05:00]

During my ambulance ride there, laying in the ambulance, there's one lady that was—I bet she was in her mid-30s. She asked me what shot I got. And I had no idea why she would ask me that, I still didn't know what was going on. Basically, I was having a heart attack.

And I told her I had the Pfizer shot. And she asked how long ago I had it. I said, "about two weeks ago." And she said, "Oh." I said, "So, why do you ask me that?" She said, "Well, I had it." Sometime after, her heart rate increased significantly and didn't come down for over a week, she said. And I still didn't know what was going on. I really didn't care when I was feeling like that.

They cardioverted me in Saskatoon—put me to sleep, cardioverted me—and I woke up and my heart was back in rhythm. My heart was at 240 beats a minute for eight-and-a-half hours. And I do have heart damage now due to that. I was prescribed blood thinners. The doctors basically said, "Stop drinking so much caffeine. It was probably a coincidence that just happened."

So I just continued with my life. I was on blood thinners. I had to take four or five days off of work and cancel trips to rest up. I felt like I had just ran a marathon. Two weeks later I had another attack at night. And my friend was there with me, rushed me into the hospital. And you know, it just continues after that.

Basically, once a month, it was like clockwork: I would wake up at two in the morning, sleeping, and my heart would just be pounding out of my chest. I'd stand up and then my heart would go out of rhythm and peak out at 200 plus beats a minute. This lasted seven months. I think I had eight or nine attacks. I was on the maximum dose of metoprolol and diltiazem to try to get my heart rate down. Mentally just broken, because—ever have heart issues like that and it happens at night, you know that your sleep goes to zero pretty much, after.

Moving forward to October 1st, when they put the mandates in where, in order for you to buy alcohol you had to be fully vaccinated. My father, Otto, he had been an alcoholic for 30 years and he was very set against the vaccines. He knew what happened to me. And my sister in Toronto, they had friends and were pushing him not to get the shots.

He was set on not getting any shots. He was living alone in a condo in Saskatoon. But when you take alcohol away from an alcoholic, they're going to do what needs to be done to get their alcohol, so—

On October 15th, I called my dad and I asked how he was doing and he said he's doing good. I said, "Well, how are you getting your alcohol, dad?" He said, "Well, I talked to my doctor and he said it was okay for me to get the shots." I said, "Well, okay. Well, that's your decision." Everybody makes their own decisions in life and, once your decision is made, it is what it is. I'm a person that lets people—I learn from people and my father made the decision and it was his. I said, "Okay, well, how are you feeling?" "I feel good."

Fast forward to October 26th. I knew he was getting his shot again in late October, I didn't know when. My brother had called me from Spruce Grove—I'm actually an identical twin; there's two of me. He called me and he said, "I just talked to Dad." It was 6 p.m. on October 26th. And he said, "He just didn't sound right." I said, "What do you mean he didn't sound right?" He said, "He sounds like he has dementia. He couldn't keep track of his conversation. He was asking me over and over again"— why Sean called him, when my dad called him.

I just told Sean, "He's probably drunk." He said, "Well, he didn't seem drunk. He just seemed different." I said, "Well, whatever." I was dealing with my family, my issues, business, my heart. I had just talked to my dad on the 25th, so I didn't really think anything of it.

November 1st was my last day of guiding for the year, as the weather came in. I finished a **day of guiding November 1st.**

[00:10:00]

I drove in from Lake Diefenbaker. I got home at 9:30. I was happy the season was over. I was in a good mood. I was doing great. I sit down at 10:30 and my heart flips out of rhythm again. And I just was mentally broken, you know. What do you do? You feel helpless.

Hospital again. Again, cardioverted back into rhythm. And I laid in bed at home for four or five days and recuperated again.

And on November 6th, I was wondering why my dad hadn't called me. I called his phone and it went straight to voicemail. And it never goes to voicemail because he always answers on his first and second call. He doesn't have much to do and, when I call him, he's always excited to talk. I knew that something was wrong, so I kind of blacked out. My wife took over and—excuse me—and since he was in a condo, we didn't want to go in. We called the police and they did a wellness check. And they found him laying on his floor, dead.

I'll just fast forward. They pegged his death to October 27th or 28th. He had been laying on his condo floor for over 10 days, dead and decomposing. They recommended me not to look at the body, so, I didn't. We never did. After I was just out of the hospital, too. You got to stay strong and you got to keep moving forward, right?

So we made preparations. We weren't allowed into the condo. About a week later, I feel like it was November 10th, things were very blurry at that time. Walked into the apartment and you could smell the smell: You'd never get rid of that. I reached out and his wallet was on the countertop. I pulled his wallet out. And in his wallet, I pulled out a vaccination card that said, "Congratulations, you're now fully vaccinated."

After that, I just blacked out. And broke. And that's when I—

Wayne Lenhardt

Do you have any formal cause of death on your father?

Adam Konrad

No. They said, "We can try to do an autopsy, but since he had been passed for such time, it would be difficult." And we just opted not to. So they just wrote it off as natural causes.

Wayne Lenhardt

Okay. And are you still having your monthly attacks?

Adam Konrad

No. Fast forward from the November, I was scheduled for a cardiac ablation. I had a cardiac ablation performed on February 1st of 2001. And ever since that, once my heart healed up a month or two later, I was having slight palpitations. But ever since that, my heart has stayed in rhythm now.

Wayne Lenhardt

And I'm assuming you have not had your second Pfizer shot.

Adam Konrad

No. About that, though: I did call and I sent in an adverse reaction request for me and one for my father.

I did get a call back, eventually. The lady was kind of explaining to me at the start that maybe I had a problem with an mRNA or something. I have no idea. And she said maybe that, "I recommend getting the Johnson & Johnson shot." And then I said, "Well, okay." And then, by the end of the conversation, she told me that it was a coincidence. And that if I

hadn't got the Pfizer shot, I would have been worse off. And I told her, "What's worse off than almost dying? I'd rather not take that chance."

So she says that it's a coincidence but before, she said it could be from an mNRA.

Again, I don't study anything: I'm a fisherman and a mechanic. It's just weird how they would consider that a coincidence. Two weeks after a shot, I have a heart attack. I'm a healthy person. I played soccer my whole life. I eat healthy. I do drink alcohol—I don't anymore.

[00:15:00]

I stopped, actually. After my first attack, I stopped alcohol. But nothing seemed to help. Anyway, it's just weird how they can write that off as a coincidence. And my dad's death as natural causes, even though I pushed and tried to call people, and nobody really seemed to care.

Wayne Lenhardt

Is there anything you think the government, or anyone in this scenario, should have done better in your opinion?

Adam Konrad

You know, I'm not a professional. I know that COVID is out there. I know that there are people that have died from COVID.

For me the only thing that I live my life is: If I'm doing something and it's not working, I wouldn't continue doing it. Like, if I'm a fisherman and I go to a spot and there's no water in that spot, why would I fish there? If it's not working, why do you continue doing it? Like, nobody's taken accountability for anything. And, it's just— Nobody's ever provided me answers to anything. It almost seems like they really just don't care. They make their decisions and they're sticking to it, but things aren't working out.

In my opinion, if something's not working out, why don't you pull back and do more research on things instead of injuring people over and over again? It just doesn't make sense.

Wayne Lenhardt

Are there any questions from the commissioners for the witness? Anyone?

Okay. On behalf of the National Citizens Inquiry, thank you very much for coming and giving us your testimony today.

Adam Konrad

Thank you.

Wayne Lenhardt

Thank you.

[00:16:58]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 8: Elodie Cossette

Full Day 2 Timestamp: 07:46:13–08:02:51

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name, Elodie, and then spell it for us? And then I'll have you do an oath.

Elodie Cossette

My name is Elodie Cossette, E-L-O-D-I-E, Cossette, C-O-S-S-E-T-T-E.

Wayne Lenhardt

Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Elodie Cossette

Yes, I do.

Wayne Lenhardt

Where do you live, Elodie?

Elodie Cossette

I live in Estevan, Saskatchewan.

Wayne Lenhardt

And were you living there when this whole COVID mandate thing unfolded?

Elodie Cossette

Correct.

Wayne Lenhardt

Tell us what you were doing for a living at that point.

Elodie Cossette

I was a direct care support worker for a group home. There were several group homes. I worked particularly in one for the last three years. There was two ladies in that home. They had different challenges that made it so there was only two in that home.

I excelled at my job. We were given, kind of, parameters as to the rights of the clients, the rights of us, and we were told to never treat them as kids. We were given the training every year. We were told they had to consent to things.

I started to see things come down that weren't consistent with giving them the right. One of the things that I noticed was the clients did not want to take the vax. And so what they did is they asked their living family to encourage them to get the vax. When that didn't happen, I was told they made them make a doctor's appointment and then encouraged them to get the vax.

Wayne Lenhardt

How long had you been doing this kind of work?

Elodie Cossette

I did that for 10 years. It was my passion. I absolutely loved it. I love those two ladies. I found that they would do anything for me. I asked them, "Could you do this? Could you do that?"

In meetings, I found they were not treated that way always, or they didn't feel safe with the other workers so much as they did with me. I would sit at meetings and think, man, are these two people that I don't know of? Because I never had any difficulties with them.

I was passionate about my job and it was very difficult for me to lose my job.

I had seen inconsistencies for a while. I was not always an anti-vaxxer, but I had been encouraged by my company to start getting the flu vaccines. I started to get that flu vaccine. When I got the flu vaccine, later on, I got an autoimmune skin disease. When I checked with a doctor—a specialist—I said, "I think from what I find, that is a result of the flu vaccine not being tested properly." And she agreed. I said, "I don't think I should take the vax." She said, "I agree."

My boss had, in a group setting, in a team meeting, mentioned she would never get us to that place where we had to be vaxxed. I was quite happy with that. Lo and behold, I'm not too sure how it came down—whether it was the board or her—but they started to implement the need to be vaxxed or to test.

Wayne Lenhardt

Okay.

Elodie Cossette

At that point, I began to try and educate her and let her know why I didn't want it. She asked me if I could get this doctor to sign the exemption for me. I believe she liked me as a worker and knew that I did a good job. I had, up to that point, no problems with her.

[00:05:00]

I tried to go back to that specialist. She was scared for her job and said, "No way, that's up to you." You know.

At that point—I had had a mask exemption as well, and I was not allowed to do that. I worked nights for 10 years. It was totally nights. I had been wanting to get a daytime job in that home because I liked it so much, but there wasn't an opening. And by this time, the mandates came down from my boss.

As of October 30th, I had to come to work and either present a test or my vaccine. No, that's not true. The vaccine, she gave me a religious exemption; and I think it's because she knew I was a good worker—I have submitted an evaluation of me that was of excellent report—but then she said I didn't need the vaccine, but I needed to test.

At that point, I knew family members that had believed the science, that had tried to do the test because they were a teacher or something. They tested positive. They stayed home for their duration, never had any symptoms, and I didn't want to become a statistic.

Plus, I knew there were different people that, if you had the COVID shot, you could still get COVID. So therefore, if I came exposed to one of my workers who was vaxxed and allowed to be at work, I would be off two weeks. And there was just no reason why I was going to play that game.

Wayne Lenhardt

So at some point you were terminated. You tried various options.

Elodie Cossette

October 30th of '21.

Wayne Lenhardt

Okay. Yeah. So, I assume that had some effect on your financial situation.

Elodie Cossette

Yes. I've been one who pays her bills the day I get them. I hate being in debt. I hate it with a passion.

Wayne Lenhardt

Yeah. Did you try to apply for unemployment insurance? And what happened there?

Elodie Cossette

Yes, I tried. I exhausted— Pardon me.

I exhausted every road. I went up four levels and was denied. The last one was the— I can't think of the name of it. I can't think of the name of it, but it— Not a tribunal, but—

Wayne Lenhardt

Okay. So, you went to more than one level of appeal and you were denied.

Elodie Cossette

Yes, I went up four levels.

Wayne Lenhardt

Okay. But you never did get the vaccination, is that correct?

Elodie Cossette

No.

Wayne Lenhardt

Okay. Yeah.

Elodie Cossette

No. After I saw what the flu vaccine did, I wasn't going to do that.

Wayne Lenhardt

Okay, so you tried to get other employment.

Elodie Cossette

Yes, and it was stressful for me, so I decided— My passion was people, so I started my own business. It was slow going taking off, as any business at its beginnings. I did everything I knew how to get my name out there.

It was difficult, so I tried to take on other jobs that weren't my passion and consequently, was still taking money out of my retirement and had pretty much gone further than I was hoping with that.

Wayne Lenhardt

Did the COVID situation cause you any problems with your children, your family?

Elodie Cossette

I'm passionate about my kids. God is first in my life. And work and my kids and my brothers and sisters: they're at the top of the list. I had, as a parent— They're all adult kids. I've got seven wonderful grandchildren.

Wayne Lenhardt

Okay.

Elodie Cossette

They're all adults and I trained them to excel at getting education and making their own decisions and whatnot.

[00:10:00]

I believed they could make the decision on this. If my kids ever ask me advice, I look at it as a privilege to give them advice, but I feel they are adults now and I am there to support them. So consequently, with that, they make their decisions. In light of that, I care about it, I've spoken up as much as I can, but I will not sever any relationship because of my belief system.

I tried to win them. I'm proud of all of them, but they have their belief system that I don't cross unless they open the door for it.

Wayne Lenhardt

Were your siblings vaccinated, as well? Were there any problems there?

Elodie Cossette

Some of my siblings were vaccinated, some weren't. I had a sister that— She believed what the media had said to do and felt she was right to get fully vaxxed. And I had a sister-in-law that was fully vaxxed as well. And within a while, both of them, their livers shut down.

And with my sister, her stomach would get to about a nine-month pregnancy. She would have that drained: a six- to seven-hour procedure, every 10 days, for a long time. She ended up passing November 11th of '21.

And then my sister-in-law also started to have her liver shut down. And her legs would go twice the size and it was painful, with the water not draining. And she passed February 12th of this year.

Wayne Lenhardt

Okay. Did you ever catch COVID yourself?

Elodie Cossette

Pardon me?

Yes, I did. I did catch COVID. I started to notice that it was getting difficult, and I knew if I didn't act fast, it would be me going into the hospital. So I phoned a couple of reliable friends who knew what to do. One brought me ivermectin; another one got me an antibiotic and a nebulizer. And within a day or two, the tenseness was gone, but the lasting— And I stayed home for, I believe, 10 to 12 days. And then I had a lasting cough for a couple of months and another physical ailment that I had to do exercises for, for a couple of months, and then I was back to normal.

Wayne Lenhardt

Okay. Is there anything final that you would like to comment on with respect to the COVID-scenario?

Elodie Cossette

I guess the thing that hurt me most, in light of our Prime Minister, is that he made it so that people were looked at as uneducated and stupid—I don't know his words; I don't have the memory of it—for not being vaxxed. That is a stigma that I just had a problem with. And so, I gave a lot of leeway to people who were struggling with things, because—I don't know how to say it, yeah.

Wayne Lenhardt

Okay. Are there any questions from the commissioners?

Commissioner Kaikkonen

Thank you for your testimony. Do you consider the EI decision to refuse you benefits as a form of institutional segregation that made you an outsider to a system that you had no choice but to contribute to throughout your working career?

Elodie Cossette

I'm sorry, I did not follow that. Could you repeat that?

Commissioner Kaikkonen

It's my voice today, let me try that again. Do you consider the EI decision—when they refused you EI—to be a form of institutional segregation?

[00:15:00]

Elodie Cossette

Correct.

Commissioner Kaikkonen

Where you had contributed to this EI program throughout your working career and then you—but not by choice, because you have to—and felt like an outsider?

Elodie Cossette

Yeah. And what happened to me is I had bought the science at first as well. I started masking. I started doing the things at the very beginning, before all this. I started to buy it from the media.

About two days after I was fired, I went up to the parliament buildings in Saskatchewan to protest, peacefully. I won't be involved in bullying or lying, so I was part of that as well. That night, I went home to watch the news. It said that there was— There was several hundred, possibly 1,000, of us there. And they said there was a few dozen there, and they felt unsafe, and they went indoors—the Province did.

So that's when I stopped the main media. And that's when I gave grace to family members that don't get it.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Are there any other questions from the commissioners? Okay.

Okay, on behalf of the National Citizens Inquiry, thank you for your testimony today.

Elodie Cossette

And I want to thank you for allowing me to say it.

[00:16:38]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 9: Steven Flippin

Full Day 2 Timestamp: 08:15:37–08:52:21

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Dellene Church

Welcome back to the National Citizens Inquiry. Our next witness is Steven Flippin. Steven, can you please state your name and spell your first and last name for the record?

Steven Flippin

Sure. My name is Steven Flippin, S-T-E-V-E-N. Last name Flippin, F-L-I-P-P-I-N.

Dellene Church

Thank you. Steven Flippin, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Steven Flippin

I do.

Dellene Church

Thank you. Steven, you're a pastor who was faced with several government restrictions and mandates that affected your church body as well as your congregation. How did your church react to the initial period of lockdowns and restrictions?

Steven Flippin

Sure. So two weeks to flatten the curve is what we were told. Fellowship Baptist Church here in Saskatoon were completely willing to follow the guidance of Saskatchewan Health, giving them the benefit of the doubt that they had some science to support the idea that a short-term shutdown would be beneficial to helping maintain our healthcare system. We closed our doors in March of 2020—moved our services, our teaching, to online.

We quickly realized that two weeks was going to be a significantly longer period of time. A two-and-a-half-year nightmare, really, of this COVID disaster. And there was very little, if any, science involved in any of it. And this was our biggest problem.

We found that people were falling prey to the repercussions of isolation: anxiety, depression, loneliness, uncertainty, distress, hopelessness. We soon began questioning the wisdom behind these decisions of our government and mandates. Our services remained limited to less than 10 people in-person until June of 2020, when we finally decided that we could no longer impose such limits.

We did try to meet other requirements as we could. We've got big wooden heavy pews. We moved pews out of our facility to accommodate social distancing. We provided masks and signage and hand sanitizer and arrows on the floor to control the flow of traffic—and everything else that we now know is absolute and utter nonsense. We cancelled our children's ministry. We did everything we could to try to comply. We segregated families as best we could. We cancelled social events like potlucks and weekly in-person studies and nursery. But what we could no longer do was limit our service to 10 people. And frankly, what we found was that our people's mental and spiritual health were being far more threatened—as was everyone in society—by the COVID lockdowns than they were by COVID itself.

To our delight, in June of 2020 the restrictions eased, giving us more capacity for in-person attendance. This would be enough to accommodate, at that time, the people who wanted to attend in person. We breathed a sigh of relief at the time, but we knew: come the next flu season, those restrictions would be returning. And so our membership met and discussed the issues. We decided that, should those restrictions return, we would not be imposing capacity limits. At all.

The problem for us is that the King of the Church is not Scott Moe, and it is not Dr. Shahab, and it is not Justin Trudeau. The King of the Church is Jesus Christ and Him alone. And so, Christ orders us to regularly gather together as a local assembly. Christ orders us, over 30 times in the New Testament, to practice what we call “The One Anothers.” And you cannot practice those commands of Christ apart from gathering together.

Christ's commands were far more important to us. Christ's commands are non-negotiable. Christ's commands are not subservient to public health, nor will they ever be. And so—

Dellene Church

And also, your concerns over the well-being of your congregation's mental state.

Steven Flippin

Absolutely! Absolutely, so one of the other restrictions that was placed on churches was the prohibition of singing.

[00:05:00]

The problem is, Christ commands us to sing. I probably don't need to tell you where we landed on that command. In the fall of 2020 restrictions did tighten again, back to 30 people in person—and of course that was plus staff and volunteers.

The interesting thing for us at that time was that the local Costco here in Saskatoon was permitted to have 818 people in their store at that point. At one time. And they were able to rotate new people in and out of the store all day long, while our church was permitted to have 30 people.

We simply did not have room in our mandate from Christ to accommodate such limits. Because Christ welcomes all who come to Him, and as His ambassadors in this world, we are expected to do the same.

Our church was not in any way flaunting our choice of disobedience. We were simply going about our business quietly, peacefully, and allowing any who chose to come in person and worship with us a space to worship.

Dellene Church

Steven, can you give a little bit more information on the process that your church went through to reach that decision? Was it a board? Was it a congregation meeting?

Steven Flippin

Yeah, we have elders of our church who make all spiritual decisions for the church. We did consult with our members of the church, and we came to an agreement—yeah, fairly unanimously.

Dellene Church

Okay.

Steven Flippin

We had cancelled a ton of services for our people, but we could not compromise the Sunday morning worship. And we began to grow as a church, as a result of people finding out that we were allowing all who would choose to worship to come and join us. They were being neglected by their churches and we gave them a place to find teaching and fellowship. We would not turn them away because for us, to turn people away from worshipping our Christ is for us to flagrantly disobey our King—and we couldn't do that.

So we quietly continued peacefully gathering. And by the way our COVID numbers, as far as spread within the church, weren't any worse than the world around us. In fact I would say, because we left masking decisions up to the individual— After all, each individual in Canada has the right to personal bodily autonomy guaranteed them in the Charter. And so we left those decisions to the individuals. And because most of our people chose not to wear masks, not to place a "COVID-collector" over in their respiratory path, I would guess that actually our sickness in the church was far less than the world around us. That's science, of course.

I believe it was in early December 2021—sorry, 2020—that I received a complaint from Sask Health that someone had levied against us. We responded truthfully, letting Sask Health know that we were doing everything we could to accommodate the mandates. And we were. Everything we could.

We heard nothing further until mid-January of 2021, when we received a second complaint. The following Sunday, we had a member—a constable from the Saskatoon Police Service—

visit. He had received a complaint regarding the number of cars in the parking lot, wanted to give us a warning, but his supervisor insisted that he come in and do an investigation and report to Sask Health.

He arrived after our service had concluded. We proceeded to allow him into our facility. He looked around, made his observations. The following week we were visited covertly by a health inspector with Sask Health. He arrived as our service was already underway. As he tried to enter he didn't identify himself as a representative of Sask Health, but it was fairly easy to spot. We informed him at that time that *The Criminal Code of Canada*,

[00:10:00]

section 176, prohibits the disruption of worship services or disturbance to the solemnity of worship services in Canada.

Allow me, if you would, to read from Section 176 of the Criminal Code. It says this:

Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than 2 years or is guilty of an offence punishable on summary conviction who (a) by threats or force, unlawfully obstructs or prevents or endeavors to obstruct or prevent an officiant from celebrating a religious or spiritual service or performing any other function in connection with their calling, or (b) knowing that an officiant is about to perform, or is on their way to perform or is returning from a performance of any of the duties or functions mentioned in paragraph (a) assaults or offers any violence to them, or arrests them on a civil process, or under the pretence of executing a civil process. (2) Everyone who willfully disturbs or interrupts an assemblage of persons met for religious worship or for moral, social or benevolent purpose is guilty of an offence punishable on summary conviction. (3) Everyone who, at or near a meeting referred to in subsection (2) willfully does anything that disturbs the order or solemnity of the meeting is guilty of an offence punishable on summary conviction.

I read those words because I think it's very important that those words be entered into the public record. Those words have meaning. They're not difficult to understand. You do not need a law degree in order to recognize what it is that statute prohibits. Yes, it does apply to law enforcement. In fact, that statute was put in *The Criminal Code of Canada* specifically to protect the church from the state. It is statutes like this that separate Canada—or are supposed to separate Canada—from communist and totalitarian states.

We have the freedom to worship in this country. And yes, section 176 does apply to public health. **They are not to disrupt, obstruct, prevent, interrupt, interfere, prohibit, disturb— In any way. Bringing police officers into the service to check for social distancing and masking and capacity limits and hand sanitizing? Yes, most definitely, that does qualify as a disruption to the solemnity of the worship service. It moves people's focus from our worship of God to the happenings of the world around us as imposed by the state.**

We could also think of: what other aspects of the Criminal Code of Canada were absolutely set aside for public health? I can think of none.

Dellene Church

So Steven, what was the outcome of these investigations by the police and public health?

Steven Flippin

Yeah, so SHA did— They weren't allowed in our building, which they tried a number of times. We would allow them in after our services concluded, but not during our worship service. A number of times they tried gaining access. Eventually, we were given a number of tickets. Three tickets: two given to individual elders of our church, and one to the church as an entity for obstructing a lawful investigation.

Frankly, that's laughable because a lawful investigation does not violate the law in order to investigate. That's number one. So, three obstruction charges, one ticket for \$14,000 for a mass gathering and three charges to individuals in the church for failure to wear a face covering as per the SHA requirements. [START HERE]

Dellene Church

And what were the amount of these fines?

Steven Flippin

Well, there was the \$14,000 public, the mass gathering. The obstruction charges written to the two individual elders of the church could potentially be as high as \$75,000 a piece. I believe it was. And the obstruction charge written to the church

[00:15:00]

as an entity could have been as high as \$250,000. So, yeah.

The other thing that's interesting is: We were the only corporate entity in Saskatchewan that I'm aware of that was ticketed by Sask Health and not reported to the media. And I think that's very interesting. Why would they not fully disclose the fact that Saskatchewan Health was targeting churches, was targeting worshippers for simply coming to worship and practice their faith? My guess is they didn't want the public to know. And we'll leave it at that. They were probably ashamed. They should be ashamed.

Dellene Church

So, what happened with these tickets?

Steven Flippin

Well, I would say— our government spied on churches, threatened churches, imposed huge financial penalties on churches for worshipping. We, of course, were fully aware that there were pastors in Canada— Like, this is Canada. This isn't China. Pastors in Canada went to jail for worshipping.

The Charter of Rights and Freedoms, which is supposed to be the supreme law of our land, recognizes—and that's an important word, "recognizes"—that the Government of Canada does not give us our rights. If we read the preamble to the *Charter of Rights and Freedoms*, we recognize that our rights are granted us by God Himself, by the sovereign God. That's very important for us to understand.

In order for the government to limit our rights in Canada, the *Charter of Rights and Freedoms* requires them to demonstrably demonstrate that the things that they're putting in place are needed and reasonable for limiting such freedoms. They hadn't even tried.

They just assumed that, “because we say so, that means it is what it is.” And the problem is, the courts of our land gave them carte blanche access to do that.

There was no accountability whatsoever.

Our day in court finally did arrive: September of 2022. The prosecution extended to us a deal at that time, which our lawyers urged us to accept based mainly on the obstruction charges. We were told that no court would ever read section 176 of *The Criminal Code* the way we did.

Now it's important that I read that for you. It's not difficult to understand. If a court can't read that document the way we did, then the court is not capable of reading. It's that simple. That statute is clear—exceptionally so.

The government sought to amend the charges from the church as an entity to myself as its pastor. Which they did. And again, seeking to limit the government's exposure to the public, knowing that they were targeting and financially penalizing a church. In the end, our church—or our pastor, which is the same thing—we were fined a total of \$19,600 for obstruction, a mass gathering. And those were both given to myself. And then two face mask violations, which were given to individuals of the church. So in total, \$19,600. For worshipping. In Canada.

By the way, this—today—is the first time that those fines are being exposed publicly. The Government of Saskatchewan never exposed the fact that they charged our church. It was reported in the newspaper, the “mass gathering” at one point about a month after it happened but other than that—

Dellene Church

And, Steven, another thing I wanted to bring up is, as well as you being forced to take responsibility,

[00:20:00]

personally, for these charges in the deal, you also had a very unusual quarantine experience when you and your family contracted COVID.

Steven Flippin

Yeah. In March of 2021, my wife— We had three foster children in our home at the time, along with our two sons. And one of the foster children contracted COVID from school. And we know that because of the contact tracing and all of that. And of course, it made its rounds through the whole house. We were all contacted by SHA [Saskatchewan Health Authority], ordered to quarantine and all of that, which we did. Every day throughout our quarantine, we were contacted by Sask Health. And on the last day we were called—each of us individually—by Sask Health to release us from quarantine.

It was about three or four days later that I got a call from the public health inspector who had been harassing our church. I would ask, one, how did he have my personal health record? Because legally, he had no right to my personal health record; he's a health inspector. So that's number one. He called me and informed me that he was, of his own authority, rescinding my release from quarantine because there was a new variant of concern and there was a new protocol put in place. The problem was, he didn't rescind any

other member of my family's quarantine. The kids were all back in school. My wife was back at work. Everything was fine for them. But I was to remain in quarantine for another—I think it was seven days.

Dellene Church

And what was happening during those seven days coming up?

Steven Flippin

Yeah, that was the interesting part. It happened to be the Easter weekend of 2021. And we had three worship services planned that weekend. And this health inspector was trying to shut down the worship of our church during what is one of the most important weekends of our year as we celebrate the death, burial, and resurrection of Jesus.

So why does all of this matter? The church in Western culture has always been seen as of benefit to society. And for very good reason. Where the Christian gospel flourishes, crime and poverty are reduced. The gospel message is that man is sinful, that man is answerable to a holy God who must, by nature of His character and righteousness, punish sin and sinner. And of course, our problem is that we are sinners who can expect nothing from God but wrath and punishment. But God, being rich in mercy, with great love that He had for us, gave His son. He sent His one and only son. That whoever would believe on Him and His payment on our behalf, to cover the cost of our sinfulness that we would be saved from that vengeance of God. Those saved are given a new heart, a new direction, to love God and to keep his commands.

I mention all of that because our Canadian law is actually based on the moral law of God—or at least historically it has been. Therefore, where the gospel impacts men and women, society is bettered. Allow me if you would to quote from the first president of the United States, who said this: "We are persuaded that good Christians will always be good citizens, and that where righteousness prevails among individuals, the nation will be great and happy."

Now, sadly, a pastor here in Canada—Pastor Steve Long, a Canadian Baptist minister—met three times with Prime Minister Justin Trudeau. Our Prime Minister, instead, referred to evangelical Christians in Canada as the "worst part of Canadian society." Hopefully, as I read those two quotes, you can spot the difference between a great leader and someone that history should wish passes quickly and is forgotten just as quickly.

Dellene Church

One more thing I wanted to ask you, Steven: You mentioned that your congregation grew over this time. How much did your congregation grow?

[00:25:00]

Steven Flippin

Pre-COVID, we were running about 90 people per week in in-person attendance and we lost a few during COVID. By the way, we didn't lose any that I'm aware of because of fear of COVID. We lost a few out of fear of losing their jobs if their employers were to find out they attended that church. We lost some because they didn't feel like they could bear the

financial penalties that could come upon them should they continue to attend our church. Well, today, we're running probably an average of about 220 people at Fellowship Baptist.

Dellene Church

Okay.

Steven Flippin

So, God has blessed us a great deal.

Dellene Church

I'd like to turn it to the commissioners to see if they have any questions for you.

Commissioner Kaikkonen

Thank you for your testimony.

Steven Flippin

You're very welcome.

Commissioner Kaikkonen

I just would like some clarity. You made a comment about disobedience, and I'm just wondering, is it peaceful civil disobedience, or as you allude, obedience to a different king?

Steven Flippin

Well, I would say both. So, number one, within the church, we have a responsibility to be obedient to our Lord. That's what matters in the church. But we are also citizens of Canada, and as our government infringed upon rights that are guaranteed to us in the Charter, unless they are demonstrably demonstrated to be needed to be curtailed, we have the right in Canada to submit to our conscience and uphold those rights.

Commissioner Kaikkonen

In 2015, the P.M. also said that Christians need not apply; that was, I think, before he was P.M.

Do you remember that comment, and did you see the writing on the wall for his personal bias towards Christian churches?

Steven Flippin

Yeah. I think the writing on the wall has been clear for some time, certainly.

Commissioner Kaikkonen

And in Ontario, where I am from, one of the questions we often asked is, "Why it was only the Jesus-believing churches that were being targeted and the police were surrounding? So in other words, what we found in Ontario—and it might be just because it's a greater

metropolis in the City of Toronto—is that the other churches were not being targeted: the non-Christian churches, so that would be the atheists, the mosques, et cetera. And you may not have had it because of population here, but it was something that was happening there. Do you have any reference points to their thoughts on that?

Steven Flippin

Yeah, I don't know why that is. I think that we believe fervently that obedience to our King is necessary and that, should we be placed in a situation where we are forced to choose between obedience to Christ and obedience to our government, we must choose obedience to Christ. And I think we're unique in that fashion.

Commissioner Kaikkonen

My next question is: you alluded to having moved all the furniture and tried to implement all the mandate measures within the church building. And I'm just wondering if you were to turn the tables a little bit with the government or the health authorities, would they allow you to go to their bulletin board and put a sign up that said Jesus loves you?

Steven Flippin

Yeah, my guess is not. Yeah.

Commissioner Kaikkonen

And you refer to the court; the lawyers had advised you not to pursue this in one way. I'm just wondering what that legal precedent will do going forward if you chose to go the other way or the fact that you made that decision.

Steven Flippin

Well, it's interesting because, I believe it was in 2017, the Prime Minister and the Liberal Party of Canada sought to remove Section 176 from the Criminal Code. That's interesting to me. What we found in the last few years is that the reason that statute was not removed from the Criminal Code is because there was an outcry from Canadians saying, "No, that's important that it remain in our Criminal Code." So rather than remove it from the Criminal Code, we just ignored it.

[00:30:00]

And what precedent is set when the courts ignore the fact that it's in the Criminal Code? I think that's very dangerous. What other sections of *The Criminal Code of Canada* will our courts decide they can impose if they choose to? That's dangerous.

Commissioner Kaikkonen

And that comment segues into my final question. What recommendations do you have for the courts when it comes to dealing with our Charter rights and freedoms; our ability to have the right to worship; or to have a conscience to believe, thought; all of those freedoms and rights that we have? What recommendations would you give to the courts and the institutions that are in this country, that might facilitate less—maybe facilitate more understanding of freedom of religion?

Steven Flippin

Yeah, I'm not a lawyer, but I will say: reading the Charter and watching how the Charter has been manipulated and ignored, number one, get rid of section 1. When the government is allowed to determine how we should limit freedoms willy-nilly, which is exactly what happened here—

There has been no evidence given, whatsoever, that masks work. So why are masks imposed? What's the evidence showing that Costco should have 800 people and the church should have 30 people? There's no evidence for that. It's all arbitrary. What's the evidence for two meters of social distancing? All of this. None of it was needed. None of it was helpful.

So, number one, get rid of the section 1 of the Charter. I don't know. There's a lot we could say, I think.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Good afternoon, Pastor Flippin. You said that prior to COVID, your congregation was around 90 and now it's around 210 people, something like that, attending Sunday service?

Steven Flippin

That's right.

Commissioner Drysdale

Some people would say that Canada is becoming more secular and, as such, some people in this country might not understand exactly who your congregation is made up of. Can you comment on what kind of people go to your church?

Steven Flippin

Well, we have a very broad spectrum of folks at our church. We have a lot of young families and our congregation spreads the entire age gamut. We have a number of people who have, in the last 10 years, immigrated to Canada. We've got— You name it, we've got it in our church.

Commissioner Drysdale

So, you would say that it's a broad spectrum of everyday Canadians—

Steven Flippin

Absolutely.

Commissioner Drysdale

From all walks of life, all backgrounds—

Steven Flippin

Absolutely.

Commissioner Drysdale

Ages?

Steven Flippin

Yep.

Commissioner Drysdale

So, kind of a representative slice of Canada.

Steven Flippin

Certainly.

Commissioner Drysdale

Can you describe the nature of the relationship between your congregation and its pastor?

Steven Flippin

And it's pastor?

Commissioner Drysdale

And it's pastor, yourself.

Steven Flippin

Well, I would say the relationship between the church and myself is a very close relationship. The church relies on the service that I provide in teaching and counselling and just being there for them. I'm not sure what else you—

Commissioner Drysdale

Well, what I'm trying to get at is that you serve a community support.

Steven Flippin

Absolutely.

Commissioner Drysdale

So you've created community, you're supporting community. You're trying to, if you will, provide a social fabric in which your congregation can live and prosper.

Steven Flippin

For sure.

Commissioner Drysdale

During the lockdowns and during the times of isolation, was the government doing anything to promote that same social environment, that sense of community amongst people,

[00:35:00]

to give them hope, that you were trying to do?

Steven Flippin

No. Not only were they not doing that, but they were pressing further; they were threatening. I mean, we as a church, my family, our congregation—we believed sincerely that I was going to be going to jail for keeping our church open. So not only was our government not filling that void, they were threatening to jail those who were.

Commissioner Drysdale

I'm not from Saskatchewan, but I did hear you say that, during the time that you were under lockdowns and that you were restricted, Costco was open. And were liquor stores open?

Steven Flippin

Yes.

Commissioner Drysdale

Were marijuana stores open?

Steven Flippin

Yes.

Commissioner Drysdale

But churches were under restriction, were under inspection.

Steven Flippin

Yeah.

Commissioner Drysdale

How many people in your congregation died from COVID-19 to your knowledge?

Steven Flippin

To my knowledge, we had one individual who died with COVID. And I would question whether it was COVID that killed them.

Commissioner Drysdale

Thank you, sir.

Dellene Church

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, pastor.

Steven Flippin

Thank you.

[00:36:44]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 10: Charlotte Garrett

Full Day 2 Timestamp: 08:53:04–09:17:45

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Louis Browne

Good afternoon, Miss Garrett. Can you please state your name and spell your last name for us?

Charlotte Garrett

Charlotte Garrett, C-H-A-R-L-O-T-T-E G-A-R-R-E-T-T

Louis Browne

And would you prefer to swear an oath or solemnly affirm?

Charlotte Garrett

I'll swear an oath.

Louis Browne

Do you swear that the testimony you are about to give in this National Citizen's Inquiry will be the truth, the whole truth, and nothing but the truth?

Charlotte Garrett

I do.

Louis Browne

Ms. Garrett, what city or town do you reside in?

Charlotte Garrett

Saskatoon.

Louis Browne

And how long have you lived here approximately?

Charlotte Garrett

About 18 years.

Louis Browne

And what is your profession?

Charlotte Garrett

I'm a teacher of English language.

Louis Browne

Okay, and are you currently employed?

Charlotte Garrett

I am.

Louis Browne

Have you been employed throughout the evidence that you're about to give to here today?

Charlotte Garrett

Yes, I have.

Louis Browne

In your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then afterwards we'll go back and ask some specific questions. The floor is yours.

Charlotte Garrett

I feel that many people do not know the inside stories of schools or occupations or the punishments that many people suffered through COVID. And I would like to be able to contribute to the truth.

Louis Browne

Sure, go ahead, Ms. Garrett, and just tell us why you're here today. You can start from start to finish and then we'll come back and ask some specific questions.

Charlotte Garrett

Okay. I'm here because, as a language teacher, I teach refugees and newcomers who— My particular bunch are illiterate, and I have a responsibility to be honest and truthful with my students.

And then, as when COVID came, my family was absolutely convinced that I needed to have a vaccine. I had one. And work was also a great deal of pressure to have one.

I had AstraZeneca in April of 2021. And I was sick for three days, and then a few days later I developed tinnitus—quite rapidly, it was just like a tap turning on. It was very strong and deeply uncomfortable, very hard to focus.

Does that answer your question?

Louis Browne

Sure. Yeah, you bet.

Let's just start then in April 2021. You said that you received the AstraZeneca vaccine. And did you do that willingly? Were you happy to do it?

Charlotte Garrett

No.

Louis Browne

Had you thought about it? What was the process that you went through?

Charlotte Garrett

Thanks. No, I was not happy. I did not want to do it. I have three adult children and five grandchildren. And between my family and my work, I felt totally pressured to do it. I really didn't want to, but I did.

Louis Browne

Okay, and how did you feel after that?

Charlotte Garrett

You mean physically how did I feel?

Louis Browne

Yeah. Was there any reaction? Did you have any sort of symptoms or anything or were you just fine?

Charlotte Garrett

Well, I had the flu-like symptoms. I was achy and I had a fever for three days. I was in bed. And then about 14 days later is when the tinnitus began.

So that was—I can't say it's painful. What it does is it's a noise in my brain and it interferes with being able to think or focus.

Louis Browne

Okay, and how long how long did the tinnitus last?

Charlotte Garrett

Well, I actually still have it.

Louis Browne

Okay.

Charlotte Garrett

But it's not quite as strong as it was in the first year and a half.

Louis Browne

Okay. Now you mentioned that you had your first shot in April 2021. Did you have to take any time off of work as a result of any of this, or did you work straight through regular?

Charlotte Garrett

In May I took two weeks just to— I was teaching remotely, and I needed to be able to just rest, so I took two weeks. And then later last year, actually, I took two months away from work.

Louis Browne

Okay. Now, at any point did you consult with your family physician? What role did your family physician play in all of this, if any?

Charlotte Garrett

He was very doubtful that my reaction was the vaccine.

[00:05:00]

Although later, I found that many, many, many people had the same reaction. He still wanted me to continue getting vaccines, but he decided to get me tested to see if there was something that could prove that I had a reaction to it. Although I don't know how, because they didn't know what was in the vaccine.

And I wound up having to— I refused to get further vaccines and didn't want mRNA in my body, and I decided to ask my doctor if he would support me to have an exemption. And he did.

I guess the ability to get an exemption in Canada is very limited: you have to have a severe allergic reaction, anaphylaxis or myocarditis. I didn't have either, but he said he would give me an exemption based on that I wasn't ready to get more and that he would recommend testing. My employer actually accepted it.

Louis Browne

Okay. And as far as masking, what was the role of masking at your place of employment, if any?

Charlotte Garrett

It's an absurd policy that my employer— In fact, he wears two. Still. It was so intense at my work that people are still wearing masks. My employer will not drop the mandate for our work, for our students, even though the Saskatchewan government made it very clear that we didn't need them anymore. And he won't accept that.

Louis Browne

Can I ask you, Ms. Garret: you mentioned earlier that you had been teaching remotely. Are you teaching remotely now, are you or are you back in the classroom?

Charlotte Garrett

No, we're back in the classroom.

Louis Browne

Okay. I want to ask you about when you are teaching remotely.

Are you able to give us any rough dates or any rough timelines as to when you were teaching remotely?

Charlotte Garrett

So remotely began, as with all the schooling, in March of 2020. And then we went back to the classroom in a very limited manner almost a year ago. But I was teaching remotely for almost two years.

Louis Browne

And while you were teaching remotely, what was happening with the so-called vaccine mandate?

Charlotte Garrett

Well, it didn't matter whether I was teaching remotely or not, I still had to have the vaccines. Which meant that I had to— Even though I had an exemption, I still had to test. And even in order just to go into the building, even if it was empty, I would still have to prove a negative antigen test.

I would have to go into the building in order to prepare mailing materials, to do photocopying, to check some materials there. So even if I, if there was nobody there, it didn't matter. I still had to have the antigen test.

Louis Browne

Okay. And I understand that at your place of employment there have been regular bimonthly meetings on Zoom, is that correct?

Charlotte Garrett

Yes. And they still continue on Zoom.

Louis Browne

What was your experience? Or what can you tell us about those bimonthly meetings and your response or reaction to them?

Charlotte Garrett

It felt like I was sitting in the middle of a propaganda campaign, where the employer and the employees were all— It's all safety-jabber. It's all about keeping everybody safe. It's all about how dangerous COVID is. It was about encouraging the students, insisting that the students get vaccinated.

I actually had to record how many vaccines the student had, when they had them, which I thought was illegal. I asked my employer. He said, "No, it's fine in this circumstance." I felt like I was complicit, that I was committing a crime. I hated it.

The Zooms continued; they're still continuing. Last week was the first meeting in three years where we did not discuss COVID first, for at least half an hour.

Louis Browne

And as you described this, where you felt you were committing a crime, essentially on behalf of your employer and whatnot, how did that impact you? How did that impact your own mental health, your own physical health?

Charlotte Garrett

I was deeply demoralized, actually. I trust the Nuremberg Code.

[00:10:00]

I think that my job as an educator is not to insist any kind of medical practice, but to support the students as best I can in their learning journey.

Can you repeat the question again? Would you mind?

Louis Browne

No, of course. Just how, you're enforcing essentially the mandates, you're asking the students about their medical status, you said that you felt like you were committing a crime. I wanted to ask you a follow-up: How did all of that impact your mental health? How did that impact your health?

Charlotte Garrett

Well, at the time and it still is. I'm finding— I'm quite discouraged by it all. Because the students trust me, and they trust me to give best information.

So other teachers were teaching people how to do the antigen tests. One teacher was doing demonstrations online. They told they had programs up for vaccinations and I felt that that was not my purpose to do that. I felt that it was a violation of my students' trust.

It still bothers me. I still feel— During the online classes, I would have students coming into a Zoom class, huddled in blankets or lying down and then I'd say, "Maybe go to bed." Or a young woman came to me secretly, two weeks or three weeks ago, to tell me that she had had two miscarriages. I was just so heartbroken by that, because I know that— At the time, I wasn't her teacher, she came to my class a little bit later. But I still felt that we were doing the students a disfavoured. We weren't helping them.

I knew that, in my research, the vaccine could cause all of these consequences with fertility and with damage to the fetus, and with future problems. And the spike protein going to the womb and going into the ovaries, the testes. We don't know what the consequences are. And yet part of my job, supposedly, was to tell the students to go get vaccinated. I was appalled by that.

Louis Browne

And Ms. Garrett, since you were the one asking them about their vaccination status and whatnot, you were in a position to know when they were vaccinated. Did you observe anything among the student body as they were getting their jabs?

Charlotte Garrett

I noticed they were more tired, less focused. As I said, some were sick. As far as I know, not one of my students— Maybe, actually that's not true: two had COVID. The rest, nobody did.

Louis Browne

I want to ask you about your decision with respect to the jabs. Did you feel like people respected that? What was your response vis-a-vis other people? And we can talk about your friends and family and invitation to family events and these sorts of things.

Charlotte Garrett

Two of my children live outside Saskatoon—one in Ottawa, one in Calgary. They were very displeased that I wasn't getting more vaccinations. They didn't understand it. We actually have very damaged communication for the last number of years, because they felt that I needed to do it.

I've lost friends. Most of my social circle has changed completely. People at work, at first, did not know that I was not vaccinated. In fact, it only came up actually a week ago. Everybody I work with has five, so that's pretty appalling.

I was invited for Thanksgiving dinner, or for Christmas dinner—and then immediately, an hour later, I was uninvited because I hadn't had more vaccines. One of my neighbors is quite angry with me, but she's tolerating me.

It's been incredibly challenging, very demoralizing, very isolating. Almost a sense of like I'm a carrier of disease or something and people don't want to associate with me. Very, very painful.

Louis Browne

And those who were in your circle of trust prior-to shall we say: what was their response when you shared information with them that question, shall we say, or undermine the COVID narrative?

Charlotte Garrett

They become angry with me. They think that I'm a conspiracy theorist.

[00:15:00]

Even my own family. My son told me once I was crazy. My son-in-law refused to speak to me. It's terrible.

Louis Browne

And Ms. Garrett, you mentioned earlier— I just want to get a sense of how this factors into your analysis, but you mentioned the Nuremberg trials earlier. Can you just tell us a little bit about how did that impact you? How did that impact your decision-making throughout all of this?

Charlotte Garrett

Well, I'm older than a lot of people in the education field. When I was a very small girl, my father introduced me to the Nuremberg trials. We watched something on TV. I think we were six when we got a TV.

I remember him explaining to me what was right and what was wrong, and the sense of medical experimentation on human beings is not right.

And that has stayed with me. I really feel that people need to have autonomy and to make their own choices. And that we need to be honest with each other and not impose laws that limit our freedoms and our expressions, which is what's happened across Canada for three years, and is continuing.

Does that answer your question?

Louis Browne

It does, thank you. Now, Ms. Garrett, I'm not sure if you wanted to maybe explain to the Commission that you also had some exemptions from your family physician regarding masking and whatnot. And there was a bit of an exchange between you and your employer. Are you wanting to go into that or read anything into the record, or have we covered it?

Charlotte Garrett

Actually, I'd like to.

Louis Browne

Okay, yeah. Just go ahead and explain to the Commission what you're doing.

Charlotte Garrett

Sure. As a teacher, one of the things I did was, I questioned all along. Why are we doing this, why are we doing that? I'm not accepting it. I filed a grievance. I filed an update to a grievance. I gave a PowerPoint presentation on science and what was happening statistically in Canada.

And I did wear a mask at first. But I discovered that there was something happening with my breathing. And I went to see a specialist and found out that actually, when I had fallen as a child, I had broken my nose, and nobody knew it. And so breathing was difficult. So putting a mask on was torture.

I had several— My employer basically has accused me of being an incredibly difficult person, undermining the health and safety of our students, because I keep questioning, “When are we going to drop the mask mandates?” I mean, as far as the government is concerned, we no longer need them.

He has actually sent me some rather difficult things. He said to me, maybe I'll just read this. He said,

I am sorry to hear that you have a medical condition that causes discomfort. However, I need to point out that since the start of the pandemic, we've had a lot of communication in written form, where you've questioned the necessity of steps designed to provide reasonable protection, in line with expert and public health guidance on a repeated basis. Whether that is masking, vaccination, or other means of reducing the threat to others. This dialogue, including over issues not related to breathing at all, creates great concern that you're bringing into the workplace the whole of a body of thought based on resistance to measures designed to protect our clients.

Louis Browne

And just to be clear, Ms. Garrett, that was part of an email exchange between you and your employer where you were providing your employer with your medical exemption from your doctor.

Charlotte Garrett

Yep. I got my mask mandate, and it was not accepted. He still does not accept it. I mean emailed him again on April 18th and said, “You know, in light of the change, we are stopping now, I would expect.” And he responded not even with a hello. Just, “nope.”

Louis Browne

Okay, we are running short on time, Ms. Garrett, so I just want to check in with the commissioners. Any questions?

Commissioner Kaikkonen

Tell us how remote learning affected the students' education, mental health, or social wellness.

Charlotte Garrett

Could you say that again? I couldn't quite hear you.

Commissioner Kaikkonen

Can you tell us how remote learning, for two years affected the student's education mental health or social wellness?

Charlotte Garrett

I would say for one thing, it delayed the learning process; it slowed that down. The other thing, though, is that if I did group lessons, then nobody missed them because they were desperate for contact.

[00:20:00]

And so, the lessons became more important than just about anything. Because then they could— Even on a WhatsApp call, then I might have eight, and they're able to see each other and speak to each other, and that was a good thing.

But it was so hard for them, because: they're new in the country, they don't have that many people that they can see, and so they're isolated. So, they were also demoralized, it was hard on them, and I felt terrible for them.

Commissioner Kaikkonen

And you mentioned that the school has, for the students, a record of the students that were vaxed. Where would that information go? Just to the school? Did it go up to the health people?

Charlotte Garrett

As far as I know, it just went to the employer. Because what they were doing is they were trying to figure out how many students would be coming back into the classroom when we opened. They would have to have the minimum of two vaccines to get into the building.

So as far as I can tell, it only went to the employer and then I deleted my files. I was so embarrassed to have them, so I just got rid of them.

Commissioner Kaikkonen

What was your employer's response to the students who were still not vaxed?

Charlotte Garrett

They couldn't come to school. They would have to do some kind of online learning.

Commissioner Kaikkonen

Thank you.

Charlotte Garrett

Thank you.

Commissioner DiGregorio

Thank you so much for coming today to give us your testimony. Did you say that you taught English to newcomers to Canada?

Charlotte Garrett

Yes.

Commissioner DiGregorio

These are people who English is clearly not their first language?

Charlotte Garrett

That's right, second or third.

Commissioner DiGregorio

And when the mask mandates came in, you were teaching English with your mouth covered?

Charlotte Garrett

Yes.

Commissioner DiGregorio

Do you think it's important when learning a new language to see the speaker's mouth?

Charlotte Garrett

Let me share my experience. So if you can imagine a fairly small classroom with the white board behind me, an air cleaner directly to my left— If this is my table— An air cleaner and the smart board and a fairly small room. And in order to access the laptop, I have to stand right beside the air cleaner. And then the students all are masked.

They're illiterate in their first language. So speaking is hard. Then they put their mask on and they mumble to begin with. So then they have the mask on and they're mumbling. And I get desperate. I ask them to pull their mask down to speak. I make sure the door is shut so my employer can't see it. I pull my mask down and I show my, I explain my lips. This is how you make the "s." This is how you do the "th." It's hard. It's really hard. And my employer has no understanding of that. Does not respect it at all.

Commissioner DiGregorio

Thank you.

Louis Browne

Thank you, commissioners. Ms. Garrett, I just have two questions left. We're almost done, so second-last question. In summary, in 60 seconds or so, what would you like this Inquiry and Canadians at large to take away from your evidence today?

Charlotte Garrett

That it seems that employers— I think it's because of the federal government and the Saskatchewan government and the way that they put through their mandates: they made it possible for an organization such as mine to do whatever they wanted. If they want to continue on with isolating students, they will. If they want to continue on with mask mandates, well, they will.

It's almost arbitrary. Well, it is arbitrary, and I find that deeply insulting—and dangerous! Masks are not healthy.

I think it's really important for Canadians to know the extent to which people were affected, even the English language learners—like, how hard it is for them to be in a classroom right now.

Louis Browne

Thank you. Last question. Is there anything else you would like to share with us today?

Charlotte Garrett

I don't think so.

Louis Browne

Okay, Ms. Garrett, thank you very much for your evidence here today.

Charlotte Garrett

Thank you.

[00:24:41]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 11: Krista Hamilton

Full Day 2 Timestamp: 09:17:54–09:36:07

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Dellene Church

Krista, can you hear me?

Krista Hamilton

Yes.

Dellene Church

Our next witness is Krista Hamilton. Krista, can you please state your name and spell your first and last name for the record?

Krista Hamilton

It's Krista Hamilton: K-R-I-S-T-A H-A-M-I-L-T-O-N.

Dellene Church

Thank you. Krista Hamilton, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth so help you God?

Krista Hamilton

Yes.

Dellene Church

Thank you. Krista, you were forced to take COVID vaccines in order to keep your job. Can you tell us what you did to try and avoid that?

Krista Hamilton

I went to my family doctor for an exemption and he told me I didn't meet the requirements to be exempted.

Dellene Church

And what was your health condition that you thought would qualify for an exemption?

Krista Hamilton

I have a lot of allergies, so I just was kind of hesitant to take it. So I thought that would be enough, but— And I also have asthma and that wasn't enough.

Dellene Church

Okay, what did you do then at your employment?

Krista Hamilton

I did end up taking my two vaccines. Sorry. I did take my two vaccines and I just had to show proof so then I was able to continue working.

Dellene Church

You did hold out as long as you could until you felt you were forced, or you were going to lose your job.

Krista Hamilton

Yeah, I was hoping they would roll out an exception, or that you didn't have to have one to go back. And they didn't. I went on my very last day that I could to have my second vaccine. So I waited as long as I could.

Dellene Church

Okay. And how did you react to those vaccines?

Krista Hamilton

The first vaccine, I had zero symptoms. And the second vaccine: on my second day, I started to have chest pain, and I couldn't inhale all the way. I couldn't get out of bed without help.

Dellene Church

You were immobile? You couldn't move all parts of your body, or a portion?

Krista Hamilton

I couldn't move, like, my torso. So if I was in a standing position I could walk slowly, but I couldn't move my torso. At all.

Dellene Church

Okay. And at that point did you seek medical care?

Krista Hamilton

Yes. I went directly to the ER. From there I had a bunch of tests, and they thought I could have the beginnings of pleurisy or indigestion. So they told me to go home and rest for five days because all my tests panned out okay.

Dellene Church

Okay.

Krista Hamilton

I think I had vitals, x-ray, and of your basic stuff. And the ER doctor wasn't really sure, she said.

Dellene Church

They were aware that you had recently had the COVID vaccine, your second?

Krista Hamilton

Yes.

Dellene Church

And they made no link between your symptoms and that vaccine 24 hours before?

Krista Hamilton

No.

Dellene Church

Okay. So you went home for your five days of rest. How was that?

Krista Hamilton

I mean, I was in a lot of pain. I was shallow-breathing for three days, in and out. When I inhaled, it felt like sharp stabbing pain in my chest—upper chest—so it was really hard to inhale. I was fine when I exhaled, but just, each breath hurt. And it took about four to five days to go away.

Dellene Church

And what about your ability to move, did that improve?

Krista Hamilton

It did. For three days, just from standing to sitting, or sitting to standing, or getting in and out of my vehicle was very, very difficult without feeling a lot of pain.

Dellene Church

Okay. And were you developing any other symptoms during that time?

Krista Hamilton

Well, I developed— My voice, as you can hear, I lose my voice a lot, and I have to clear my throat often. And I also have a dry cough with that.

Dellene Church

Okay. And did you have any mental symptoms?

[00:05:00]

How was your energy level?

Krista Hamilton

Well, mentally, I was okay. I just was a little scared of the unknown, like what was happening, because I've never had those symptoms before. Also, just the house-cleaning or mowing my lawn—I felt like I couldn't do a whole lot. I had to stop and take lots of breaks, whereas before, I felt I could do quite a bit, whether it was mowing the lawn or house-cleaning or whatever I was doing.

Dellene Church

Okay. And you're a mother, and you work full-time, and before this you were doing all of those things without problem.

Krista Hamilton

Yes.

Dellene Church

So after five days, things had improved some. You still had symptoms. What did you do from there?

Krista Hamilton

After five days, I started to feel better. I could move my body. But I was still having sharp, stabbing pains in my upper chest, in my left side. So from there on, I had a second— About four weeks later, I had another attack similar to this one. Went in for a second visit to the ER and they thought I had a blood clot, which, turns out, I didn't. And they sent me home and told me I had a pulled muscle, to rest for five days.

So I went home, I rested, started to feel better, but then the pain continued after that. Like, just randomly, and 4 minutes to 20 minutes at a time. But nobody could really explain it.

Dellene Church

Okay, and were you able to return to work during this period of time?

Krista Hamilton

Yeah, after about a week I returned to work. And then I did a follow-up call with my doctor. When I went in to see my doctor, he told me the x-ray for my second ER visit showed spots on my lungs on my x-ray. And he sent me to a lung specialist, which showed it led to sarcoidosis. So I was diagnosed with that.

Dellene Church

And can you tell us what sarcoidosis is?

Krista Hamilton

Actually, it's like an inflammation. I think it, well, it's spots on your lungs. I have nodules or spots on my lungs, they call it. I have several tiny spots and two larger spots.

Dellene Church

And are you being treated for that condition?

Krista Hamilton

They said eventually I could take prednisone, I believe it's called. I said no to it at first, but I think they're just going to keep an eye on me to see if I need it in the future.

Dellene Church

Okay. And still no connection made by medical that this may relate to your COVID vaccine?

Krista Hamilton

No. Nobody said anything. No.

Dellene Church

So also, then you were never provided any information on how to report what you thought had caused this or make any claim for compensation?

Krista Hamilton

No.

Dellene Church

Okay. Do you have anything else you want to add about your diagnosis and your condition, how it is now, and your treatment with the health system?

Krista Hamilton

I just found it really funny that—I did have asthma prior to my vaccines. But I just found it really odd—I was stopped in my tracks, or it wakes me up from my sleep; even a year later I still feel the effects—that no one can really say why. Maybe it points to sarcoidosis, but I don't know.

The other thing I had was eye inflammation for four months after my second vaccine, which—I don't know if it's related. Often, I have shortness of breath, even after taking my regular puffer. But I just can't explain this sharp stabbing pain and not moving my torso, which is really scary. So nobody can really explain that to me.

Dellene Church

And your pre-existing conditions with the allergies and asthma, have those worsened as well?

Krista Hamilton

I would say, I can't really tell if the— Because I take a puffer once or twice per day.

[00:10:00]

I would say shortness of breath has worsened, and just the random sharp pain that I feel, and just being tired. So those three mainly.

Dellene Church

Now, you also had a son that had an adverse reaction that required hospitalization. Do you want to talk about that?

Krista Hamilton

Yeah, so my son Liam, who was 21 at the time: he took Moderna. So his second shot of Moderna, he, I guess, was having heart pain and he went into the hospital. He ended up in Halifax—the QE2—for a week because his enzyme levels were really high.

So yeah. They did believe it was the shot and told him not to take any more. They advised him that. There's not much I know about that because he— Yeah, I don't really know much, but he was on three months of medication. It was called Colchstream, C-O-L-C-H-S-T-R-E-A-M.

Dellene Church

That was the medication?

Krista Hamilton

Yes. So they prescribed that for three months. And then he went off it. And he had a follow-up and I think that was about it. They kind of released him.

Dellene Church

And what was his diagnosis?

Krista Hamilton

Myocarditis.

Dellene Church

Okay. And they did, in his case, admit that was directly related to the COVID vaccine?

Krista Hamilton

They did. Yes.

Dellene Church

Okay. And was he provided with any information on how to report that, or make a claim for any compensation?

Krista Hamilton

That I'm not sure of.

Dellene Church

Okay. And another unfortunate instant related to COVID you had was your father passing away.

Krista Hamilton

Yes.

Dellene Church

Can you tell us how COVID impacted that?

Krista Hamilton

At the time, the nursing home here in Nova Scotia that he was at— It was December of 2020 and so each patient had two caregivers. I was one and my mom was another. My brother at the time was working in Winnipeg.

They told us my dad had less than a week left before he passes. My brother flew home from Winnipeg and he had required permission to see his father: a letter to get into the nursing home. So he got the letter. I think he arrived, went in, and then after he'd seen my dad and said goodbye, my dad was alive for another six days, and he was not allowed to go back and see him.

Dellene Church

Okay. And it wasn't like he was easily admitted to say goodbye to your dad. Is that correct?

Krista Hamilton

Yeah. They told him he had to quarantine for 14 days after seeing my father because he flew back as an essential worker.

Dellene Church

And did they also firstly try and prevent him from coming in because he was not one of the two designated caregivers?

Krista Hamilton

Yes.

Dellene Church

And he just ignored that and decided he was going?

Krista Hamilton

Yes.

Dellene Church

So what do you think could've been done better in your situation, your son's, your dad's?

Krista Hamilton

I think for myself, who— I didn't want the COVID shot— Even though I have four kids and they're all vaccinated, all the way to 18. But for me personally, I did not want the shot and I feel like I should've had the choice. And continue to work if I didn't have it, and just wear all the precautionary measures.

For my son, he just wanted the shot. So definitely his choice.

And as for my father, I just think that, if someone is dying and it's their last days— I think family—all family—should be able to go in. Especially immediate family.

Dellene Church

Right.

Krista Hamilton

I think that was very unfair.

Dellene Church

And with your son that had the reaction,

[00:15:00]

you said it was his choice. Do you know what his choice was based on?

Krista Hamilton

I don't. I mean, he did his own research. I don't know where he found his information, but I think that he chose to do it because he was around his grandparents a lot and he didn't

want to make them sick. So I think he was thinking of his grandparents more so than himself.

Dellene Church

And was he working or attending post-secondary schooling that also required that?

Krista Hamilton

No. He was working from home. He lives on his own so— At the time. But he was really afraid, because of what he heard in the news and whatnot, that he would make his grandparents sick. So he chose to get it.

Dellene Church

To protect others.

Krista Hamilton

Right. Yeah.

Dellene Church

Is there anything else you'd like to add before I turn it over for questions from the commissioners?

Krista Hamilton

No.

Dellene Church

Okay.

Commissioner Massie

Well, thank you for your testimony. Can you clarify something for me? You said your four kids are vaccinated. I'm wondering: Were they vaccinated after you've learned about your adverse effect or before?

Krista Hamilton

Oh no, I'm sorry. I should clarify. My children are— So I have three over 20 that live on their own. And then I have a daughter who was 15 at the time. She wanted to get her vaccine. Myself and her father told her to wait a few weeks to learn more about it. We provided her with information. She still chose to get her vaccine, but this was all before I had mine. And she chose to get it.

As far as my other three, they went and got it, so there's nothing that I can do. But they didn't learn about my symptoms and what happened to me until after they got theirs.

Commissioner Massie

So did they believe that you were actually injured by the vaccine, or are they not sure?

Krista Hamilton

I guess they weren't sure. Yeah. But I did feel like, within two days of me taking the second vaccine, I felt like it wasn't an allergic reaction. Like it was something more.

Commissioner Massie

Thank you.

Dellene Church

On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony today, Krista.

Krista Hamilton

Thank you.

[00:18:13]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 12: Bridgette Hounjet

Full Day 2 Timestamp: 09:36:28–09:56:34

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Louis Browne

Good afternoon. Can you please state your name and spell your last name for us?

Bridgette Hounjet

Bridgette Hounjet: H-O-U-N-J-E-T.

Louis Browne

Ms. Hounjet, would you prefer to swear an oath or solemnly affirm?

Bridgette Hounjet

Oath, please.

Louis Browne

Do you swear that the testimony you are about to give in this National Citizens Inquiry will be the truth, the whole truth, and nothing but the truth?

Bridgette Hounjet

I do.

Louis Browne

Ms. Hounjet, what city or town do you reside in?

Bridgette Hounjet

Saskatoon.

Louis Browne

Okay. And how long have you lived there approximately?

Bridgette Hounjet

About 20 years.

Louis Browne

And I understand that you worked as a federal public servant. Is that correct? —Sorry, can you say that again?

Bridgette Hounjet

Yes.

Louis Browne

Okay. Thank you. And how long were you so employed?

Bridgette Hounjet

It's been— Going on sixteen years.

Louis Browne

Okay, and are you still so employed?

Bridgette Hounjet

Yes, I am.

Louis Browne

Okay. Ms. Hounjet, in your own words, please tell us from start to finish what brings you to the National Citizens Inquiry, and then we'll ask some further questions after that. The floor is yours.

Bridgette Hounjet

So I guess my story starts— I gave birth to my son in 2019 and so I started maternity leave August 2019. And things were great on maternity leave. Come March 2020, the world starts going in a bit of a panic. We don't finish the first swimming lesson. That's kind of when things started to happen: March 2020.

And then fast-forward to August 2020, when it's time for me to return to work. And my first day was— Already, at that time, they had started working from home, so I went into the office to pick up my laptop and kind of ease back into work, and catch up on a bunch of emails and that sort of thing. And then proceeded to work from home from there.

There was not really too many rules in place. We were supposed to stay under a certain capacity in the building. We weren't forced to work from home, we weren't forced to go in the office. Just that we couldn't be more than a certain amount in the office. I personally

chose to work out of the office full-time. I was pretty much the only one who chose that. And then others would just come in as they needed, to do certain tasks or that sort of thing. And then, I believe, that went on for the rest of 2020.

And then kind of at the beginning of 2021, the guidelines were changing, that sort of thing. Masking came into place when you were in the office. And then we were going to start setting up a schedule to do a rotation in the office. Half of us would work from home and the other half would work in the office. And we would kind of do a rotation every month just to kind of allow equal workload type of thing, as only certain duties could be done in the office. So just to kind of share those tasks, that sort of thing.

We did that for a while—well, working from home in general for a year. And then there was some chatter about—as the vaccines were being developed—that there was a possibility that they would be mandated in our workplace. And that’s when my anxiety started to go up. Because I knew, just the little bit I had read and I continued to read, that that wasn’t something I was ready to rush into. There were things unfolding, information was still coming out.

For me, there were a lot of red flags just surrounding the vaccine, so it was certainly something I did not want to rush into, but there came a point where my employer was mandating these vaccines.

I think that came into play, I think, October 19th—somewhere around there.

[00:05:00]

The rules came out that we needed to “attest” to our vaccination status by a certain day and—sorry, my memory on dates is not great, but somewhere around there—there was a date in October that we needed to attest. And from there, there was about a— If you weren’t fully vaccinated or if you did not disclose your vaccination status, you had about two weeks to either get vaccinated or submit a request for accommodation.

Now the request for accommodations were based on either a medical exemption, or a religious exemption, or a human rights violation essentially. I knew I there was medically nothing that would stop me. I knew and I had heard, you know: doctors weren’t just giving exemptions medically willy-nilly, so I knew that that was going to be impossible.

Religious? Yes, I do have a faith background, but there was nothing there that I felt I could work with.

Human rights? I had little knowledge to how that all really worked, but I tried. I tried to go with a human rights discrimination, and so I put in a request for accommodation for the human rights ground of sex: being a female and I had not ruled out having more children. And prior to having my son, I had suffered a miscarriage. So for me, there was nothing that I wanted to do to my body not knowing how it could affect my body. I didn’t want to take a chance that— If I did choose to have another child, I did not want to take the chance that something I inject in my body could have a negative effect. So that is the route I chose to do: discrimination against sex. And, honestly, reading the human rights, and kind of how it’s laid out, I was pretty certain that that’s not what they meant by “sex discrimination,” but I tried because what do I have to lose to try?

So I tried, and I sent my request for accommodation to my manager. It had to go through a process and it then had to go to nationally for the committee to review and that sort of

thing. In that time frame, while it was being reviewed, we continued to work from home, work from the office. And it was taking a little bit longer than anticipated to get a response. It was going to be in December 2021: my turn to work out of the office.

At that time—as the vaccine mandates had come into play—they requested that I test: do rapid tests three times a week, Monday, Wednesday, Friday. Didn't matter if I was at work or not: Monday, Wednesday, Friday I had to test. And I didn't have to show the result. I just had to text my manager and give the result. So I did it! Because—yeah, I did it—I wanted to keep working. I love my job and I wanted to keep working to support my family. So I did it.

And on December 23rd, I got a response that my request for accommodation was not supported. So that was a great Christmas gift that year.

On that letter telling me that it was not supported, they gave me till, I believe it was January 5th, 2022 to either change my vaccination status—and they allowed, I believe, two-ish weeks to then again either go get vaccinated so that my status has changed, in that I could go to work, continue going to work—or I would be placed on unpaid leave starting January 19th.

[00:10:00]

January 19th came and I received another letter saying, “You are being placed on unpaid leave.” January 20th: I meet my manager outside our office. I hand over all my work, computer, and that sort of thing. Really felt like a criminal handing over everything; you know, it didn't feel great. And, yeah: I was on unpaid leave for five months, until June 20th, when the federal government decided to get rid of the mandates.

It was really bizarre. I mean, our provincial government had already done away with mandates—I don't remember the exact time, but certainly months prior. So why it took that much longer for ours to be lifted, I don't know. But those five months was the worst time of my life. I was in a really dark place, and it was really hard.

June 20th came around and I messaged my manager saying, “Okay, I see in the media that the federal government is doing away with mandates. When can I come back?” And she had not seen that quite yet. There was no kind of communication that had come out for her to be able to reach out to me first. But anyway—so we made that communication and I did return to work shortly thereafter. I had taken a few weeks off just due to family commitments but I did go back to work.

I am still at work. I forgot to mention: As part of my request of accommodation, I did express to my employer that I am willing to continue testing as I had done—it had been working and there was no reason why all of a sudden it would not be acceptable—or continue to work from home. I was still so very willing to continue working. And it just wasn't good enough, and I was placed on unpaid leave for those five months.

Louis Browne

Thank you, Ms. Hounjet, for that account. I wanted to ask you a few follow-up questions. You mentioned that you put in an application for an exemption and you were denied ultimately.

Are you aware of anyone at your workplace—and I mean, personally aware of anyone at your workplace—who was granted such an exemption?

Bridgette Hounjet

I am aware of one person who was granted a religious exemption.

Louis Browne

And are you able to advise, or do you know, what religion that person belonged to?

Bridgette Hounjet

I cannot 100 per cent say which religion. No.

Louis Browne

Okay. That's fine. I'd like to ask you about— I mean, even though you're back to work now, nonetheless, you were on unpaid leave for a while. How has that affected you still today? In terms of, let's just talk— Let's start with mental stress. How's your mental health doing today, even though you're back at work but yet you had that L-walk?

Bridgette Hounjet

It's not great. I still have a lot of anger and bitterness, resentment. I see my counselor a whole lot more regularly. And I have breakdowns, I would say, quite regularly. I mean the greeter was nice enough to greet me here today and I broke down, so it just it doesn't take much. I break down at work. It's kind of embarrassing, but it is what it is. It's my reality right now. But yeah, my mental health is not great. I'm working on it.

I guess to add to that, in 2021— I play adult rec hockey and I had signed up for the 2021 season and that usually starts in September. I played two games. They made us mask while we played, skated on the ice—it was the worst thing ever—and then shortly thereafter the mandates came into play so my season was cut short.

And that, for me, is a big— That's what I do for my mental health. That's my physical activity to help with my mental health.

[00:15:00]

So that was taken away. So yeah, things were taken away: those kind of supports. But thankfully, between my family and some friends I was able to get through it. But yes, my mental health. And finances— obviously, I depleted my savings to try and support my family during this time. And I continue to have to pay back my pension, some benefits, so I'm still financially hurting from it.

Louis Browne

Thank you for that, Ms. Hounjet. And because the Commission doesn't necessarily know you from how you were before, I just want to be clear: When you say that you break down, and even the greeter was nice and you broke down: just to be clear, that's different than how you were prior to all of this? Can you just clarify that?

Bridgette Hounjet

Yes certainly. I did not break down near as much. I know, after having a child, things—your hormones—are different, so yes. But like weekly, every other day, something triggers me. I

could be driving in my vehicle and tears start flowing. It doesn't take much to— At work, certain conversations will trigger me and I sometimes have to remove myself to go have that moment. And that was not the case before that.

Louis Browne

Thank you for that clarification. Can you advise, Ms. Hounjet: Has this experience impacted your trust in government and public health authorities?

Bridgette Hounjet

Yeah, certainly. I've lost a lot of trust in some of those institutions. Just yeah, simply lost a lot of trust. I question a lot of things—which doesn't feel great to question some of those things you used to place a lot of trust in. But yeah, sadly, I do question a lot of things.

Louis Browne

And how about your impact on relationships and, you know, all manner of relationships—family, friends, workplace. Has this impacted your relationships at all?

Bridgette Hounjet

Yes, it certainly has. As I explained, I have anger and sometimes—unfortunately—that gets taken out on my family, my close friends. When you have your friends and family tell you that you're different, that you've changed, it's hard to hear.

Louis Browne

You're doing great and we're almost done. Let's just hang in there. At this point, I just want to invite the Commission members if there are any questions.

Two more questions, Ms. Hounjet. And for those who have been around a while, they know what they are. In summary, in about 60 seconds or so: What would you like this Inquiry, and Canadians at large, to take away from your evidence today?

Bridgette Hounjet

I guess, and I was one of these people, like: Read for yourself. Do the research. Be open to other views. Don't just be quick to take what is thrown at you through media, or friends or family even, for that matter. Sadly, until it affects you directly, we don't fully understand. It's hard that it has to get to that point. But just have an open mind, and let's be there for one another, so that we don't repeat this sort of thing.

I think of myself as a high-functioning person in life. If it has affected me this much as a high-functioning person, I can't imagine those who were affected medically and in other walks of life. I can't imagine what our society as a whole is going through. And let's try and move forward in a positive direction and not let this happen again.

Louis Browne

Thank you for that. Last question: Is there anything else you'd like to share with us today?

Bridgette Hounjet

I don't think so. I just want to thank everyone. This, for me, is part of my healing—to be able to tell my story. So I thank everyone for being inviting, welcoming, and open to hear my story.

Louis Browne

On behalf of the NCI, we thank you very much for your evidence today. Thank you.

Bridgette Hounjet

Thank you.

[00:20:06]



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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 13: Kelcy Travis

Full Day 2 Timestamp: 09:57:07–10:07:47

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Wayne Lenhardt

Kelcy, could you give us your name, please, and then spell it, and then I'll do an oath with you.

Kelcy Travis

My name is Kelcy Travis, K-E-L-C-Y T-R-A-V-I-S.

Wayne Lenhardt

And do you promise to tell the truth today, the whole truth, and nothing but the truth?

Kelcy Travis

I promise, I do.

Wayne Lenhardt

Thank you.

Due to the late hour, I think I'm going to lead you a little more than I might otherwise. You suffered certain negatives because of the COVID situation. Could you go back and tell us when it started, and perhaps tell us what financial impact it had on you, as well as on your children.

Kelcy Travis

Absolutely. I have six children. We're a blended family. We had our daughter in December 2019. I believe we had a COVID infection. I cannot prove that, but I believe we had a COVID infection in the hospital. At that time, I was then pregnant again and I had our son in 2021.

Being pregnant through this and seeing some of our systems from a different angle has rocked my world forever. I won't ever be able to look at things the same, because I saw evil and I saw corruption, and I saw a lack of transparency and accountability at all levels. The voice that I sent you, my story, I sent across the world. I sent to the United States; I sent to Dublin; I sent to municipal, provincial and federal levels; I sent to the Minister of Government Relations and I was ignored.

I was told it would be better by the end of the year.

I was unable to watch my son Archer in taekwondo. Because I was pregnant and nursing my other son, so I had to make that choice, and I wasn't allowed in recreational facilities.

Wayne Lenhardt

So you did not get the COVID shot.

Kelcy Travis

I did not. My OB-GYN, at the beginning, told me she understands why I can't trust the science because it is too new. Halfway through my pregnancy, I was told by Public Health, as I was there with another, older child for an immunization, that I should get the COVID vaccine that day, but I would have to sign a waiver. I'm experienced with non-profits and waivers, and I know when someone's trying to indemnify themselves and that sent off every warning flag in my body. My partner did get the vaccine because his grandma was dying. So he got two doses of the Moderna vaccine and I'm still scared for him because I can't lose him.

What I've seen—the good and bad in humanity—has shaken me forever and I can't unsee what I've seen.

Wayne Lenhardt

Okay, so you weren't able to attend your child's activities and you didn't want to take the vaccine because you were pregnant. And that had an impact on your ability to earn?

Kelcy Travis

Yes. During COVID, my work was basically shut down. So to try to get maternity leave, I had gotten another position in a similar field. And I was so scared, being eight months pregnant and training and going out into the community, and I kept seeing all the articles from Ottawa of these pregnant women in ICU. I knew I was making the right decision, but I was still scared for myself and my baby. And after I went through all the training and did a skin test, then they put a vaccine mandate in place at the job that I had started,

[00:05:00]

so I was never able to get my hours for maternity leave.

The last four years have been extremely difficult in all senses—not just because of COVID, but largely. And I didn't realize how much I needed people. I didn't realize how depressed I was.

Wayne Lenhardt

And you have a fairly large family. So you weren't able to attend your child's activities, to begin with—

Kelcy Travis

No, and we were one day away from eviction. My partner got laid off and my work refused to give me shifts. I was testing once a week, on Monday, at one of my positions. But what if I got it on Wednesday and carried it through the place? It didn't make sense to me.

Wayne Lenhardt

Were you able to go to medical appointments with your family?

Kelcy Travis

No, my partner missed the ultrasounds. And I thought, you know, I'm not a new mom; I'm not a first-time mom. I felt really bad for the first-time moms that didn't get to experience their pregnancy in the way that they should have.

Wayne Lenhardt

Were medical and health appointments a problem?

Kelcy Travis

Yes, they were missed. If they were non-emergent, we weren't to bring them in, and I'm still dealing with cavities and things that wouldn't be there if I would have been able to take them in. And a cavity is small, but all these things add up.

Wayne Lenhardt

Did you have any problem getting maternity leave while you were pregnant?

Kelcy Travis

I did not get it. I didn't qualify for even the reduced hours, because of the vaccine mandate coming into effect at the new job that I had found at eight months pregnant.

Wayne Lenhardt

Did you consult your doctor about getting the vaccine, and what did he say?

Kelcy Travis

I didn't. I had had family who had consulted our doctors, and I pretty much knew it would be a losing battle for me, so I just stood my ground and I just waited it out.

Wayne Lenhardt

When were you able to get pretty much back to normal?

Kelcy Travis

Now.

Wayne Lenhardt

Have your children—are they behind in school in any way?

Kelcy Travis

My son Archer was about to start kindergarten, so that's why I put him into taekwondo, so he had some form of socialization outside of his sibling interactions. And that was really good for him. And the day that I was first able to go watch him. I cried in that gym to be able to see him and have our other son, Atlas, in there with us.

This picture I just found last night and my 10-year-old drew this. One house is like a happy house and the other house, in the smoke, it says "Alone." And she is 12 now and she's suffering because she's so social. I homeschooled multiple children because I was scared of them getting sick. When I did get COVID, I thought I was going to die. I had to do my will quick. I was going to leave my babies without their mom. I was so scared, and I think they used our hearts against us.

Wayne Lenhardt

I think I'm going to ask the commissioners if they have any questions at this point, then I'll come back and wrap up. Are there any questions, Commissioners? No? If there's anything that you could change about the COVID situation you went through, what would it be?

Kelcy Travis

It would be to have some accountability and some transparency at every level. In all of our institutions, at all of our workplaces, that's what we deserve. We pay the bill. In more ways than one, we pay the bill.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, thank you very much for your testimony.

Kelcy Travis

Thank you for letting me speak.

[00:10:40]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 14: Chantel Barreda

Full Day 2 Timestamp: 10:08:30–10:22:21

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Wayne Lenhardt

Chantel, if you could give me your full name and then spell it, then I'll do an oath.

Chantel Barreda

My name is Chantel Kona Barreda. So my first name is C-H-A-N-T-E-L, middle name K-O-N-A, last name Barreda, B-A-R-R-E-D-A.

Wayne Lenhardt

Okay. Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Chantel Barreda

Absolutely.

Wayne Lenhardt

You were teaching at an Indian band in Lac La Ronge, I think, prior to COVID and then as it came on. Could you tell us what happened at that point?

Chantel Barreda

At the time when COVID began, I was teaching Grade 7. And we all had to go online. We finished the year kind of like that, doing homework packages and home visits. And then, at the beginning of 2021, we were back in the classroom and we had barriers, which were flimsy plastic. We had to wear masks and try to stay six feet apart. But if you know kids, that's not going to happen.

So things are going pretty good and then I got an email—well, all of us got an email. It was sent out on September 14th saying that they had a new vaccine passport mandate and that

it would be effective on September 20th. So we had six days to get all of our ducks in a row. The policy stated that if you did not get vaccinated, your employment would be terminated. And that's what happened to me.

Wayne Lenhardt

Did they give you a time period to comply?

Chantel Barreda

Oh, they did, yes. I was given until October 18th to comply with the mandate, but I was not planning on getting vaccinated because I felt that it was an experimental procedure that wasn't a real vaccine. I like to do research, so I just noticed that the definitions started to change with what a vaccine is. Anyway, so things started to change and I thought, "Well, that's weird." And then— Oh, shoot, I lost my train of thought.

Wayne Lenhardt

Correct me if I'm wrong, but I think your last day of work was September 17th.

Chantel Barreda

Right. My last day of work, physically, was September 17th. The mandate came into effect on the 20th.

So just to backtrack just a little wee bit, my daughter was also attending the school that I was teaching in, so she had just started Grade 7. And so we were suddenly out of a job and out a school as of that Monday.

Wayne Lenhardt

Okay, so you were basically not working after September 17th. Did they call that a leave without pay or was it a termination?

Chantel Barreda

Yes, I was put on leave without pay.

Wayne Lenhardt

Okay. So you were allowed about six weeks or so to comply then?

Chantel Barreda

Yeah.

Wayne Lenhardt

Okay.

Chantel Barreda

I had till October 18th. In that time, I did end up getting COVID—I ended up getting very sick. But somebody saved my life and gave me some ivermectin and I'm here today. I believe strongly that we have an immune system, and a lot of the research was saying that only those really elderly or with comorbidities were really at risk, so I just kind of wanted to trust that.

Wayne Lenhardt

It was in October—I believe, October 18th—

[00:05:00]

that you received a letter saying that they had terminated you, or you lost your job, something along that line.

Chantel Barreda

Yeah.

Wayne Lenhardt

Okay.

Chantel Barreda

I received my termination letter. In the meantime, I started the EI process. I applied for EI. They changed that too, and so I was denied my claim. And then I put in a human rights claim. And I think that was changed too, so that was denied.

Things kept changing, including “the science.” Yeah, so there I was, no job. I had natural immunity because I just had COVID and recovered, and still not able to work.

Wayne Lenhardt

Your daughter was going to that same school that you were working at, correct?

Chantel Barreda

Yes.

Wayne Lenhardt

Okay, and what happened after you were terminated? Did she continue to go to that school?

Chantel Barreda

No. No, so I had to pull her out and I enrolled her in online school. So basically, for the rest of the year, she was stuck in her room by herself.

Wayne Lenhardt

Right. And what grade was she in at the time?

Chantel Barreda

She was in Grade 7. I think our mental health at that point started to decline because I started getting the rejections from EI and the Human Rights Commission, and I started to lose hope.

Wayne Lenhardt

What effect did that have on your daughter?

Chantel Barreda

She became depressed. Well, we got her counseling. I'm not sure if that worked. I don't know.

Wayne Lenhardt

This is when it started that you couldn't go to restaurants or various stores if you were not vaccinated. Is that correct?

Chantel Barreda

That's right. We weren't allowed in restaurants. We weren't allowed in certain stores. I started to get worried. I had to—I enjoy some wine, at times, and I had to get people to go buy me wine.

Wayne Lenhardt

Where, physically, were you in the province at that time?

Chantel Barreda

Yes, I was in Saskatchewan.

Wayne Lenhardt

Did you try to get another job at that point?

Chantel Barreda

Oh, yeah. I was applying for jobs anywhere I could. One thing: when you're applying for jobs in education, if you're applying for a job at a bigger school division, you have to fill out—I think it's a 26-page online form, it's called AppliTrack. There is a section in there, and it asks if you have ever lost your employment. And I have to say "Yes" and then I have to explain why. There's a little box there where you have to explain why. And I feel like once they see that—that I'm unvaccinated—that I'm discriminated against.

Wayne Lenhardt

What qualifications do you have in teaching?

Chantel Barreda

I have a Bachelor of Education and a Master of Education, which I just received.

Wayne Lenhardt

And, I presume, a teaching certificate from Saskatchewan?

Chantel Barreda

Yeah. Yeah, I've got a valid teaching certificate. No criminal record.

Wayne Lenhardt

And with those qualifications, you're still having trouble?

Chantel Barreda

Yeah.

Wayne Lenhardt

Okay. What about health issues?

Chantel Barreda

I think the biggest thing is mentally. I feel like I was getting into quite a depression. I felt isolated, I felt alone. I lost friends. My relationships with so many people changed and disappeared, and it was a very lonely time.

Wayne Lenhardt

Okay. Did you get any kind of employment at all after you were terminated?

Chantel Barreda

Yeah, I did get a job, and I didn't have to disclose my whole medical history.

Wayne Lenhardt

Was that a permanent or part-time job?

Chantel Barreda

No, it's like a temporary contract, yes.

[00:10:00]

Wayne Lenhardt

Okay, so is it fair to say you were largely unemployed after this happened?

Chantel Barreda

Yeah, I've been unemployed. Except for last summer, which I was going to school.

Wayne Lenhardt

And is your daughter's mental outlook still rather dark, or has it improved?

Chantel Barreda

She's back in school, physically, and she's doing better. She's not stuck in her room day after day. And she's got friends, so things are improved.

Wayne Lenhardt

Okay. Are there any thoughts you would like to leave us with respect to this whole scenario, and how things could have been better?

Chantel Barreda

For sure. The first thing is: When I tried to talk to my Chief and Council about what was going on, I got blocked and ignored. And I don't think if you're in a position of leadership that that's appropriate.

I would like for people to use their critical thinking skills and to stop being afraid to stand up for what's right. I try to teach my daughters to stand up for what's right.

And one other thing is that I tried following the science, but it led me to the money. And, so I just want to leave with Mark 8:34-38, which is: "For what shall it profit a man, if he shall gain the whole world and lose his own soul."

Wayne Lenhardt

Okay, I'm going to ask the commissioners if they have any questions now, and then I'm going to come back and I'm going to go through the documents that you're going to leave with the Commission in case they're useful.

Chantel Barreda

Okay.

Wayne Lenhardt

Okay. Any questions from the commissioners? Okay, I think that's a no.

Okay, you have given me some documents, which I'm going to leave with the Commission. They include, on Lac La Ronge Indian Band letterhead, and you've labeled it "new policy," given to you on September 14th, 2021. And it's entitled Workplace COVID-19 Vaccination Passport Policy. You have some correspondence relating to your request for an exemption with HR. There's a Notice of Liability that you gave to your employer back then. There is a *Public Health Act* and affidavit—it's a Xerox of part of the *Public Health Act* and your affidavit with respect to vaccination. There is a Saskatchewan Human Rights complaint relating to violation Section 13.1, the right to education. There is your complaint form to the Canadian Human Rights Commission. There is your Termination of Employment letter

from the Lac La Ronge Indian Band. There's your Record of Employment from Service Canada, which you would need for unemployment insurance, and there's your Witness Release form. So those I will hand over to the Commission on your behalf [no exhibit numbers available].

On behalf of the National Citizens Inquiry, thank you so much for your testimony today.

Chantel Barreda

Thank you very much.

[00:13:51]



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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 2

April 21, 2023

EVIDENCE

Witness 15: Lee Harding

Full Day 2 Timestamp: 10:22:21–10:47:10

Source URL: <https://rumble.com/v2jlxvm-national-citizens-inquiry-saskatoon-day-2.html>

[00:00:00]

Shawn Buckley

So we'll call our final witness of the day, Mr. Lee Harding. Lee, can you please state your full name for the record, spelling your first and last name?

Lee Harding

Lee Andrew Harding, L-E-E H-A-R-D-I-N-G.

Shawn Buckley

And, Lee, do you promise to tell the truth, the whole truth, and nothing but the truth?

Lee Harding

Yes, I do.

Shawn Buckley

Now my understanding is that you have a Bachelor of Arts in Journalism from the University of Regina.

Lee Harding

Yes.

Shawn Buckley

You have a Master's degree in Public Policy from the University of Calgary.

Lee Harding

That's true.

Shawn Buckley

You interned as a reporter for CBC and then CTV in 2004 and then worked as a casual reporter and cameraman for Global.

Lee Harding

That's right.

Shawn Buckley

You are a research fellow with the Frontier Centre for Public Policy.

Lee Harding

Yes.

Shawn Buckley

And you're a regular contributor to *The Epoch Times* in Canada and also *Western Standard* online.

Lee Harding

Yes.

Shawn Buckley

Now, my understanding is that you had an interesting experience as a reporter during the COVID-19 pandemic, where you got to know our law enforcement people a little better. Can you tell us about that?

Lee Harding

Sure. There was a freedom rally in Victoria Park in Regina and I was there covering it as a journalist. I got in there a bit late in the event and heard Laura Lynn Thompson's speech and then they were walking away, her and other speakers, to travel together—I believe it was to Saskatoon because there was going to be a similar event that immediately followed. So I did an interview and talked with them as I was walking in that direction and the police were there at the parking lot of the Hotel Saskatchewan to issue tickets. So Laura Lynn Thompson got one, Maxime Bernier received a ticket, Mark Friesen did, and R.B. Winteringham did as well.

Shawn Buckley

Right. And what was the amount of the ticket?

Lee Harding

It was \$2,800. And I think they had actually increased the amount that they were eligible to receive just shortly before the event. It was a little bit of management—I think politically probably more than health-wise. And at the time, there was no outdoor gathering of more than 10 people that was allowed. So the entire gathering was against the public health regulations.

Shawn Buckley

Right. But my understanding is that you had identified yourself as a journalist.

Lee Harding

Yes, I did. I spoke to them. And—

Shawn Buckley

Can you tell us about this? And the reason why this is important is because the police are— Their attendance, it's more than 10 people by them attending there. I would assume that journalists are allowed to go and report on things that are happening that are important to the public. So I actually think it's important for you to share this part about you being a journalist.

Lee Harding

Right. I had said to them, "I'm a journalist and I'm covering this as a journalist. I want to know, if I go back there, if I'm going to be ticketed." And I received an indirect answer. They said, "Well, you probably shouldn't go back there." So as everyone had left, I heard a rapper who was performing there. And I thought, I want to interview this guy. So I walked back into the park, talked to him after his performance. I had an idea for a photo because Victoria Park is right at the edge of the Towers downtown. I thought I'd take a picture from below. It'd be a nice backdrop for his image, an urban image in behind.

When we got to the edge of the park, that's when the same policeman who had been there with his partner at the Hotel Saskatchewan parking lot served me a ticket and he also served the rapper a ticket. I was upset because I said, "Look, I'm very clearly here for this reason and I made that plain to you." And that didn't make any difference. I'd had some people say to me later, "Well, if you were with CTV or Global, they probably wouldn't have done that." And I tended to think they were right. But maybe they thought, "Well, maybe you're activist media, maybe you're part of what's encouraging this." I really don't know, but I got a ticket for \$2,800 as well.

Shawn Buckley

So you're just raising an interesting point. Because, just at the back of my mind, I seem to recall a Rebel News reporter being arrested or ticketed maybe in connection to the trucker protest. Are you aware of anything like that or am I—

Lee Harding

That kind of rings a bell. I think that happened. I mean, we saw lots of double standards with all of this. You know, if it was the Black Lives Matter Protest, everyone's there

[00:05:00]

and they're all— They're not social distancing. But if it's anything else, no. I mean, some things got a complete free pass and others got the full brunt of the law, whether it was reasonable or unreasonable.

Shawn Buckley

And just because there would be a lot of people watching this internationally, who won't be aware of when the Black Lives Matter protests were happening in Canada. But they were basically happening around the same time as freedom protests.

Lee Harding

That's true.

Shawn Buckley

And so just for the international community, so the Black Lives Matter— You could have large protests. We had Mr. Abbott, I think it was, who was an Edmonton police officer, a commissioner at the time. And he entered an exhibit literally, of Edmonton police on their knees saluting the Black Lives Matter protesters. Nobody's getting arrested or ticketed but, if you had the next day a freedom protest, people are going to be getting ticketed or photographed and ticketed later.

Lee Harding

Oh yes, we saw the Premier of Ontario and the Prime Minister—lots of public figures that were involved in this, getting on the bandwagon.

Shawn Buckley

You seem to be suggesting, perchance, that there was a double standard, I think you even said that. Are you aware of any mainstream media people, CTV, CBC, any reporter such as that being ticketed or arrested?

Lee Harding

I'm not aware of any that were. I just think that's something they probably wouldn't want to do because they know how bad that is. But I think there was a perception that the alternate media was something else.

Shawn Buckley

Okay. We all had different things that we became concerned about. You became concerned about contact tracing. Can you share first of all, again maybe perhaps for the international audience, what we're referring to and what your actions were?

Lee Harding

Sure. In this province they had something going where if you went to the restaurant, not only was the capacity limited but you had to be socially distanced and the tables were apart and you couldn't have more than four at a table, which was sort of inane because as if we wouldn't breathe each other's air as we walk out the door. This was silly but, anyway, we're all doing this. But they also had something where they said you have to write down everyone who's come and their phone number and maybe their email so that you can contact them. So that if anyone had a COVID case, we could go back and track all these people. Which to me was very overbearing. This is more of the realm of a totalitarian state and a surveillance society. And that was one thing that I actually did talk to the Premier's office about, to express my displeasure with the way this was being done. I remember one

time though at a McDonald's, I was sitting there and the lady took her obligation, "What is your name?" I said, "I'm Dr. Shahab." "Oh," she says, "And what is your phone number?" "It's 306-555-1212." So sure, if you have all these spurious test results, where they're cranking up the PCR cycle so high you could find anything in anyone. And then what? We're going to be found, "Oh you were there when someone had it, now you're all locked down." This was a complete joke. And of course she knew that I wasn't Dr. Shahab so I'm not really deceiving anyone. Everyone just going along doing all these silly things that we were being made to do.

Shawn Buckley

And just for those that aren't in Saskatchewan, Dr. Shahab was the public health officer.

Lee Harding

He was the public health officer [Chief Medical Health Officer] in this province, yes.

Shawn Buckley

Now, I want to switch to experiences you had in trying to get stories out during the COVID pandemic. And my understanding is that you made some early attempts—early on, as the pandemic is unfolding and the vaccine is rolling out—to warn about the vaccine. And can you tell us what your experience as a journalist was? And then I'm going to ask you as you might as well answer too, if that ever happened to you before on any other topic?

Lee Harding

Sure. I had a YouTube channel and there were some reports coming out very early that there were some very adverse reactions to this vaccine. That did not surprise me because we had some people that were warning of such and those people were getting suppressed and dismissed and censored and everything else. So many people didn't get to hear about them. Well, somebody compiled a whole lot of public accounts of this—so this was social media postings, people telling their stories, it was some articles that did make either the alternate press or perhaps even the mainstream press in some places in the world—and put them all together. I did nothing but read them online for three hours. And I didn't even get through them all.

[00:10:00]

That site was taken down. I cannot recall to you right now what it was. My YouTube posting was taken down. The thing that was really astonishing to me was, some people went through some absolutely horrible experiences with their first shot and they were still thinking about taking another one or saying, "I'm going to get the next one, but I sure hope it's not as bad as this." I couldn't believe that people would keep going when it was so plainly evident in their experience how risky it was for them.

Shawn Buckley

And I'm sure they would say they weren't anti-vaxxers also.

Lee Harding

Oh, there's lots of labels going around.

Shawn Buckley

Early on, you were also trying to get some stories published about the testing on the vaccine. What happened with that?

Lee Harding

Well, I had an article early on that was talking about how the process was rushed; it wasn't as thorough as it should have been; that the mRNA technology had not really been used in a mainstream vaccine and there were a number of problems with it. I had an article that I tried to submit to Frontier Centre first. And the feedback that I got, and I don't know if this was internal feedback or if it was people within the circle of an organization that they drew upon to assess submissions that were made, because I was writing policy commentaries, but there were three sources there that were dismissed. One of them was RFK Jr., Robert F. Kennedy Jr. He was dismissed as a legitimate source because he was an anti-vaxxer. Another one was RT.com, which is Russia Today, and they said, "Look, this is a Kremlin disinformation site." Well, the doctor who had submitted this article was Malcolm Kendrick and Malcolm Kendrick had a column in *The Guardian*. And so for whatever reason he couldn't get this printed in *The Guardian*. Russia Today would print it, so they did. There was a third one, Michael Yeadon, and they said, "Well, he's an anti-vaxxer." Michael Yeadon was the V.P. of Science at Pfizer in the past. And there's no way you can have that position and be an anti-vaxxer. So you have these authorities that were being dismissed. And I'm happy to say since then, we've run articles on RFK—

Shawn Buckley

I'm just going to slow you down. So you've submitted an article. You're an investigative journalist, you would have done your research. And you're reporting on how this was rushed and about the testing standard. Is that basically what you were writing on?

Lee Harding

Yeah. Now there were aspects, I think, that maybe if I had climbed that mountain a different way, I might have been able to get through. But the problem that we kept having was that everyone who was raising an alarm about this had the Big Tech censorship, had the authorities at WHO and at the FDA and whoever else and Dr. Fauci that were all dismissing them. So now it's hard to get credible voices. You can't get credible local voices because if you spoke out about this you were risking your medical licence and you were going against your board. And a lot of people just wanted to keep their heads down because anyone who stuck them up lost this game of Whack-a-Mole. You stick your head up and this hammer comes.

Shawn Buckley

Yeah, and you're making such an important point. I don't know if you listened to the opening this morning but we were talking about labels and— How we actually had witness after witness after witness yesterday who are clearly concerned about the current COVID vaccines and yet they would volunteer in their evidence, "But I'm not an anti-vaxxer," "I'm not an anti-vaxxer," "I'm not an anti-vaxxer." This concern about that label, I just find it interesting that you mentioned that two of your sources—RFK and then Dr. Michael Yeadon— My understanding is he was V.P. of Pfizer for decades in the U.K., that he would have brought vaccines to market, but because he's now being labeled as an anti-vaxxer, all of a sudden, he's not credible.

Lee Harding

Right, yeah. And so if you ever took a surface kind of view of these things, that's what you would get. You would Google it, you'd see this person's name and you'd see a whole page of denunciation. And you would conclude that in the sum of human knowledge, this person was no good. It took somebody who had some discernment or had been exposed to some of the things before the narratives had formed in order to have enough open-mindedness to look deeper to see the other side of it.

Shawn Buckley

My understanding is you also then did a story you tried to get published in the *Western Standard*, where a lady's husband had died within three days of the second Pfizer shot.

Lee Harding

I did get that one in. I wanted to say, with the other one with Frontier that I couldn't run, also *Western Standard* turned it down and they said it "wouldn't be good for our brand." So that's their prerogative, that's fine. When I tried this later story, I did get a couple of stories in.

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One of them was just as you had mentioned, with this couple in Saskatoon where the wife had deep concerns, did not take the vax. The husband took the vax and he died three days after the COVID shot. I did that story. Then someone else that I had acquaintance with—

Shawn Buckley

Can I just slow you down? Because there's something else important about that story and that's cause of death.

Lee Harding

Oh yes, well—

Shawn Buckley

And so can you share with this? Because, you know, you dug this out as a reporter and I think it's important for you to share it here.

Lee Harding

Sure. The coroner had mentioned that they had taken the vaccine. The emergency people that came to take away the body had mentioned that. But they could not get a doctor to say so. The M.D., their local doctor, said, "I'm going to talk to the smartest person I know about this and see if they think that that's possible, that there's a connection." And the so-called smartest person they know said, "I haven't even heard of any adverse reactions, so no, it couldn't be." And so they went back and she would not attest that it was that. At that point, my interview subject said, "That's when I stopped trying because I knew they were all lying."

Shawn Buckley

Right, okay. And then I had interrupted you because you were then sharing about a subsequent story.

Lee Harding

Sure. So after that, I did a story of a vaccine injury, someone who developed Bell's palsy and that one was acknowledged by the doctors. And then Carrie Sakamoto—that you'll hear from her tomorrow—I talked to her as well and she said to me, "I looked all over and you are the only one who has run a vaccine injury story in all of Canada." So I talked to her but in the meantime something else had happened, where I had tried to do a story for *Western Standard* saying that we should not be vaccinating the under 12s. And how people like Dr. Jay Bhattacharya—I hope I'm not butchering his name—had said that if you looked at the odds, it was worse to take the vaccine than not for the small risk, acknowledged already, of vaccine reactions versus your chance of getting a serious case of COVID.

I was told by the publisher, "Look, I'm not a doctor. I can't have you write a column like that. I don't know how to vet a column like that." And I said, "Well, it's the same way we draw on any other field of experience. We look at the witnesses and see what they have to say. And, is it reasonable? And let the reader decide." So then I had done a story on the— So this was another one and this was a breaking point: where there was a lady in Alberta who could not get a double lung transplant because she would not get the COVID-19 vaccine. I did a story on that and the publisher said, "Hey, I know from experience with my family that you need to have your shots because your immunity is very vulnerable in this transplant. So it's important to have them. So this is not a nothing issue. So find a doctor who will talk to you about this." Well, Dr. Hoffe had gotten back to me finally after an earlier request. I talked to him. I bounced it off of him. He said, "Well, it's absolutely absurd that they're asking her to do this. This is an experimental vaccine." And anyway, the article went up and then when the publisher saw it, he yanked the article. And—

Shawn Buckley

Oh, so the article actually went up?

Lee Harding

Yes, it did.

Shawn Buckley

So we have a retraction here.

Lee Harding

Yes, but I wasn't told that it was taken down. And then I found out and we had a conversation and I was dismissed. I patched it up maybe three or four months later. I'm very proud to be writing for *Western Standard* and for Frontier Centre. We've been able to talk about a wide variety of things, much wider than the mainstream. And I'm just telling you some of the experiences so that you can have a first hand— When the rubber hits the road, how do these things work themselves out? So eventually, actually I did an article on Carrie Sakamoto because her vaccine injury claim was accepted and she's getting some compensation and we ran that story. The reason it didn't run the first time was I was dismissed right then on the basis of the other thing, so that one never got in.

Shawn Buckley

Right, so how long was it that you were kind of dismissed?

Lee Harding

Well, I mean, it was indefinitely. But I made an overture maybe three or four months later. And so what happens now is I'll submit it. Most of the time it works. If it doesn't, I'm not going to put up too much of a fuss. And that's a working arrangement we can handle. The only time I had one lately that was not allowed was in January, when Dr. Fukushima was a Fukushima reactor of his own against the Japanese Ministry of Health.

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And I ran a story on that and how other Japanese scientists were finding spike proteins in skin lesions of people who had taken the vaccine and had some very strange growths. And I talked to a guest editor and I said, "Is that story going to run?" They're like, "No, they're not going to run that one." And he says, "The same thing happens to me sometimes. There's just some places where they're hesitant."

So journalistic institutions feel they have a moral responsibility. And if their coverage is going to influence a person's choice one way or another, that's something that they think about. The other thing I know from my work with local news is that it's not just that they are a media outlet, they consider themselves a community partner, and a lot of their advertising dollars come from crowns and government organizations, come from unions, and that's in the back of their mind. I remember one time I filmed a nice little event for the kids that SaskTel was putting on and they said, "When the tape is done give it to sales, so maybe they could use it for a commercial for SaskTel." The anchor at the time said to me, "You know, we used to have a brick wall between sales and news and right now, it's paper thin."

Shawn Buckley

Have you done any investigations into the amount of money that the federal and provincial governments and the pharmaceutical companies have spent on the media in the last two or three years?

Lee Harding

Well, the \$600 million of tax relief from the federal government for media institutions is well-known. There was also something called the Local Journalism Initiative that came out around the same time— I think started in 2018. So they will pay local papers through this thing. And I remember one time doing an interview with Brian Peckford and he had been called an anti-vaxxer by one of these Local Journalism Initiative journalists. I think he was writing for the Halifax paper, and it had also run in the *Toronto Star*. And later on, the journalist found the article—it took him quite a few months—and he says, "Hey, you could have talked to me first." And I'm like, "Well, we're talking now, would you like to say anything?" And he says, "No, I'm sure I'd just be speaking the mind of my corporate and government overlords." So he had that sort of sarcastic response. Anyway, there was another exchange and I said, "You may have come by your conviction sincerely." And he responded, "It's not just my convictions, it's the convictions of the medical authorities. And ivermectin is a faux cure and all you have to do is a simple Google search to find that out. And you let— You didn't challenge what Mr. Peckford said and you allowed him to say all this stuff." Well, we were getting enough of the mainstream message dismissing these

people. Let's hear about the other side. So he doesn't view his work as being influenced unduly by this money.

But I think in the back of the minds of these publications, when they know their survival may depend on it— And probably the organization that sucks up to Trudeau the most will get the most money. I mean, why wouldn't they be falling all over themselves? That's why the *Western Standard* applied for the money to see what they'd say. They acknowledged that we were a legitimate journalistic organization. And then we said, "Thanks but no thanks. We're not going to take it. Because we're not going to be influenced by this money." The bureaucrats weren't so happy.

Shawn Buckley

Now I'm going to have to cut us short because we've got a hard stop at 6:45 for an auction. But I'll ask the commissioners if they have any questions. Okay, so we're just about at 6:45.

Lee, on behalf of the National Citizens Inquiry, I sincerely thank you for testifying. You've given us some really valuable information this afternoon.

Lee Harding

Thank you very much. I want to thank everyone—from the volunteers to the commissioners, to you, to the audience—for being here. It is very difficult to hear such awful truth go hour after hour but this needed to be done. And we're going to make an impact and the whole world's watching.

You know in the pandemic, we heard a lot of people say, "be safe." It's not time to be safe. It's time to be bold.

Shawn Buckley

I think that is an appropriate ending to our day, so we will adjourn until tomorrow morning at 9 am for the third day of hearings in Saskatoon, Saskatchewan of the National Citizens Inquiry.

[00:24:49]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE SASKATOON HEARINGS

**Saskatoon, Saskatchewan, Canada
April 20 to 22, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 00:52:49–01:25:27

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we begin Day Three of our hearings in Saskatoon, Saskatchewan. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I wanted to take care of a number of administrative matters. I'm told, "Oh, ask for this, ask for this, ask for this." Just because we are a small volunteer organization and we truly need your support. I'll ask that everyone who has not gone to our website and signed the petition to please sign it. We want you to sign the petition for two reasons. One, the more people that sign it, it's just a show of support and a show of demand to get to the truth. And secondly, you have to give us your email address and that allows us— Usually when we do a call out for volunteers, we do it by way of email. And then also we have a donate page on our website. Please donate. Every set of hearings, of three-day hearings, costs us roughly \$35,000. We truly are a citizen-funded initiative, where we have not had a single big supporter. We rely on sending out emails and doing call-outs to the citizens to support us.

Now somebody sent a really funny video to my wife this morning, who is a volunteer for the NCI. We're going to put that in the chat for you watching online. I encourage you to see it just so you know what it's like to be a volunteer at the NCI. But we really just kind of get you organized and cut you loose. And it can be quite an experience.

Now, there's several things that are happening. I made a call-out a little while ago for embalmers. And so we're still doing a call-out for embalmers. We had Laura Jefferey who was an embalmer that testified in Toronto and she did a call-out. I'd like everyone to know that on Monday—so this Monday at 6.30 Eastern time—we are going to have a roundtable discussion hosted by Dr. Mark Trozzi with some embalmers and a funeral director. We'd like to add some more embalmers to that and we'd like to carry forward. And the reason is, and Laura Jefferey made this point when she was on the stand, it's hard evidence. If you recall what she had testified—and we had an embalmer in Winnipeg confirm this—is they are finding these dramatic changes in the bodies of people that are vaccinated that they'd never seen before. There's three exhibits that we entered which are photos of these things.

The embalmers— Literally, to embalm a body, they basically pump out the blood and pump in embalming fluid. And they're finding that they can't because there's blockages. I call them, they're almost like earthworm-things, the embalmers are calling them "calamari." They're these very strong and sometimes very large blockages that they're only finding in vaccinated people and they'd never ever seen them before. If my memory serves me correctly, Laura Jefferey—it's at least 25 years she was an embalmer, at least—had never ever seen anything like this before. And the other embalmers are saying the same thing.

Well, that's hard evidence that you can't discount. There's been a change. And we need to wake people up about this so that we can get to the bottom of it—so that we can come up with medical solutions so that this stops happening to people.

You see, when I'm telling you that you need to speak out, that we can't be silent any longer, it's just: If we can't break through this spell that people are under—that they think reality is something different than it is—then we can't get together and solve the problems. Because we're good at problem-solving, we're good at crisis once we understand what we're in. So I'm calling out for embalmers.

We also are really weak in getting our message out to French-speaking Canadians. We have a small team. But we're pumping out all this content. And because we've been marching through English Canada, our witnesses are testifying in English. We need people who are bilingual and have the technical skills to put the French text on video clips.

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Because we don't have enough resources there. We want to be putting out the evidence of these witnesses that are brave enough to come and testify, so that our brothers and sisters in Quebec can also see and learn and become part. And obviously we're going to have to do the same thing when we have our hearings in Quebec City because almost all of it's going to be in French and we'll want the same courtesy. So I'm doing a call-out for people that not only are bilingual but also would have those technical skills or be confident that they could obtain those technical skills.

Another thing is, you know: the media is conspicuously absent, the mainstream media, from these proceedings. And even the alternative media. We had Rebel News in Toronto. We didn't have them in Winnipeg. We don't have them here. We didn't have them in Truro, just to pick an example. We had the CBC show up for one day and actually, they did a fair story in Winnipeg. But they're not coming out. And I think we need to start pressuring the media. But we don't have the resources to do that. So I'm doing a call-out. Our schedule is online. Next week we're in Red Deer. I'd have to pull my calendar out but I think we start on Wednesday. What if we had thousands of people contacting all the mainstream media and Rebel News and everyone else and *Western Standard* and the like and saying, "Are you covering the Red Deer hearings? Why aren't you there?" And same with Vancouver and same with Ottawa. We basically need your help because we just don't have the resources to do it.

We are trying, but this is—we're in this together. We all know that we've got to stop pretending that reality is something that it's not. And we need to get everyone else to stop pretending. For that to happen we need to get them watching the National Citizens Inquiry. Because this is where people are learning the truth. So that's a call-out.

And then the last thing is, we want this to be a balanced inquiry. We send out summonses to public health officials and ministers of health and the like inviting them to participate in

these proceedings. But we know they're not going to come. They're going to be told not to come. And then there's a tricky little legal problem. Because if I was counsel for them, I would say, "There's no—no, no, no, you're not going. Because you're going to be sworn to tell the truth and this isn't a government inquiry. What you say can be used in other proceedings." You see, if you testify in a court or you testify in a government inquiry, what you say can't be used against you in other proceedings except for perjury. And there's good policy reasons for that.

Well, we're not going to get one of those people to come and take the stand despite our invitations. But one of the things that we can do is—there's been a lot of lawsuits. Well, the lawsuits, we're all learning, have failed. There's not a single lawsuit that I can think of, not a single legal proceeding where the court has put a brake on such government action going forward. And James Kitchen spoke about that yesterday and our first guest this morning, Leighton Gray, will likely say similar things. But the governments had to respond in these court proceedings. And they've had health officials swear affidavits. They've had health officials be cross-examined. And we actually need a team: I'd prefer a team of lawyers, but any lawyer that says they want to volunteer, I need them as counsel in Red Deer and Vancouver and Ottawa and Quebec City. But I do need a team to actually be identifying these lawsuits and obtaining copies of the cross-examinations and affidavits and things like that so that we can enter it as a record. Because we want the record of the NCI to be as accurate as possible for both sides. So understand that we're trying to do that, and I'm just doing a call-out for volunteers.

I mean, what we're doing here—and what we're hoping to continue to do—is start a conversation so that we can all discover what happened. Now, we all know the government narrative. We all know it. We can probably recite it in our sleep. And in fact, the problem is we actually know it so well,

[00:10:00]

we've been conditioned to resist any information that goes against the government narrative.

That's why I was speaking yesterday about these labels of shame. I brought up that we had witness after witness after witness at Day One say: "I'm not an anti-vaxxer." "I'm not an anti-vaxxer." "I'm not an anti-vaxxer." And that's because we've been conditioned to fear being an anti-vaxxer. It's a term that was created so that it could be a propaganda tool against us. And it works. So we have to understand that. I think most of us in this room do, but there's a large number of people that don't. And the wonderful thing is people that don't know, a lot of them are starting to watch this because you are spreading us on social media. I'll encourage you to keep doing that. I don't care if you've got 20 Twitter followers: **put out our stuff, retweet it, especially when we're going to have a hearing. But get involved in getting the message out because it is something you can do and it's something that you must do.**

But, you know, when I talk about the mainstream narrative, how is it? Anyone that is confused by anything I'm saying that happens to come across this video, ask yourself this question: How is it that every single mainstream media outlet in the Western world, not just Canada, whether it's a government-funded one like CBC or BBC, or whether it is a private news organization— And they're all supposed to be competing with each other right? Aren't we a capitalist system in theory? They're supposed to be competing with each other. How is it that they all had the same narrative? How is it that they silenced the same people? You know, if CNN was calling Dr. Peter McCullough a spreader of disinformation,

well, how come CTV didn't speak up and say, "No, actually, he's one of the most published and respected doctors in the world today. And if you check his information, what he's saying, you can verify it." How come there wasn't a single one?

And I think you need to ask yourself that question. Because, unless you have an explanation, that is proof right there that something is being imposed upon the media. We're either in a complete mass hysteria event or something else is going on. But you don't get truth when all of the media in the entire Western world—whether government-funded or private—are all reporting the same things and, more importantly, all participating in the exact same censorship.

Can anyone please tell me: when one of these doctors, I just used Peter McCullough as an example. Can anyone give me an example where one is being labeled as a misinformation-spreader, where another mainstream media outlet said, "No, no, that's not correct?" And I mean, what a coup that would be from a news story. I mean, back when we used to live in the real world, if one media outlet put out a story that was false, the others would jump all over it to try and reduce the trust so that they would have more viewers. So how is it that we have this? And how is it that even the word "misinformation" and the word "disinformation" have become so absolutely common? How is that? And we have Dr. Christian Francis [sic], our first witness on day one, explaining to us that those terms actually were invented in Stalinist Russia as police state controls.

You know, I've been preparing witnesses. For some of the experts, one of the first things I do, because I have to introduce them—I have to come up with, "oh, so you're this and that," just to introduce them to you so you know who they are—and so I just do a Google search if I'm not familiar with them. Or even if I am, just to see how somebody else has couched it to save me some work. And Wikipedia keeps coming up. In every one of these ones, Wikipedia goes out of their way to say that they're a spreader of misinformation. And that's just an example of this propaganda machine, this censorship machine. So they have been tremendously effective at casting— And I call it a spell. I think it's a spell.

You know, when we have Stephanie Foster—so I'm just switching off the media because I'm still shocked by this—where her mother is standing in the line to get vaccinated. She gets the vaccine. She's still standing. You know, so there's obviously a group of them because this is a production line.

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We all know there's a lineup of people there just getting their shots. And then she falls down. And the reports are that she was dead before she even hit the ground. Well, all the people in the line see this. You can't not notice somebody falling down dead. And they stayed in the line and they continue getting vaccinated. How does that happen if we're not in a spell? If you didn't believe in things like that before, you just have to ask, "That can't be mass psychosis, can it? What is going on here?"

And how is it that in April of 2023 there is still a group of people that believes the mainstream narrative? I mean, how is it? What part of the mainstream narrative has not been proven to be false? Like, from the beginning of COVID to the end? What part? And I mean, there probably are some parts that haven't been proven to be false. But they've been— You know, "Who cares if 90 per cent of everything that has been shoved down our throats has proved to be false?" And when I say false, you know, we lie more by misleading, by stating half-truths than we do by outright lies. And that's just a human characteristic and we learn that in law.

So we have still a large group of people—and I don't know if they're the majority anymore—but we have a large group of people that still turn on the news, still get hypnotized. Understand: people way above my pay grade, and lots of them, spend their entire lives figuring out how as soon as you turn that on, right down to the sound and every colour and flash, how to hypnotize you and how to control your mind. And if you don't believe that, there's book after book after book; just do your research. But there are still people that are turning on the news and accepting that that is reality. And some still believe, they actually still believe that narrative.

But there's a group of people that are supporting the mainstream narrative that don't believe. And some of them don't believe because they're not willing to accept the cost of not believing. So let's say you're a doctor or a nurse. And you have— You participated in all of this. Surely, there's a large group of those. We're hearing person after person after person going to the hospital with what are clearly vaccine injuries.

And I'll let everyone know: before we put a person on the stand to give a story that would suggest that there's a vaccine injury, we have them interviewed by medical doctors that have gotten together and put together a set of questionnaires to rule out pre-existing conditions and other things. So that in their opinion, no, this is a legitimate story and it's a realistic conclusion. So just so that everyone knows: we don't let a single witness on the stand to speak about vaccine injury that has not been vetted by medical doctors beforehand.

I have trouble believing that the majority of doctors and medical people don't understand that there's something seriously wrong and that it's connected to the vaccine. But they'll still lose their job. A medical doctor today, if they start reporting vaccine injuries or saying it's vaccine injuries or speaking out like our first witness Dr. Christian did—they're in trouble still. And they're in trouble because we're not speaking out and demand that they do speak out and demand that they don't lose their job for speaking out. So they're still afraid because we're not doing what we need to do and give them a safe space to speak.

There's also, I think, a group of people that are supporting the mainstream narrative and may still believe it because they're protecting themselves psychologically. So we're hoping to call—if she's well enough—in Red Deer, a witness that it was severely damaged by the vaccine and the doctors agree. And she had a pre-existing condition that would put her at great risk,

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and consulted her doctor and then, "No, no, no, it's all okay." And then gets severely injured and is disabled for a significant amount of time and then yet is encouraged by her doctor to get vaccinated again. And now her life is over. I mean, you'll hear, on a good day maybe she can walk around the house with a cane a little bit, where she used to be a power yoga instructor, a super-fit person that could outdo anyone in this room hands down.

We had heard people in earlier proceedings here, not in Saskatoon, who were either injured with the first shot and basically a panel of doctors have told them to go ahead with the second shot. Like, do you not think that some doctors that participate in this are having trouble accepting that they made a mistake and people got hurt?

And what about parents? If I had young kids—my kids are all adults—and I had had them vaccinated, and then I come to realize that that was a terrible mistake. How do I get to the place in my mind where I'm able to accept that? I mean, we really are going to need to be

sympathetic. But we have to end this charade. Because we'll go out of this room. Those watching online, you'll go out of your house or your office and you'll enter a world which is pretending that there is a reality that isn't true. And you have to think about that and think about: How long are you willing to pretend that things are different than they are?

Because the reality is people are dying and people are sick. And if we don't collectively come to the point where we can honestly say, "No, we've made a mistake. There are problems, but let's solve it," we're making it worse. That's the problem. When I was talking the other day about how we're personally responsible now for the hurt and death going forward— We're personally responsible. If you're not speaking out, if you're not willing to go, "I don't care. I don't care if I lose, if these people get mad at me. I've got to start speaking out and I've got to start calling out the media." We have to stop being afraid because do you understand? People are being hurt. And we can solve this. We can make it better and we need to. We need this spell to break.

Now, understand—and I mean this to encourage you—there has been a shift. Think about what we've just experienced over the last two days. And you know, you can't go through a full day of NCI hearings and not be changed. You just can't. We have been hearing from people that basically are showing us the way.

I'll go back to our first witness, Dr. Francis Christian. He spoke out early. And for him, it's just he could not tolerate us vaccinating children when they had zero risk of dying from COVID. But, you know, the vaccines had just been rushed out and the danger was just too great. He was just speaking truth and he got punished. I mean, he lost his contract. He lost his position. He was attacked in the media as a misinformation person. He's not practising as a surgeon. But he showed us the way, didn't he?

You know, we had Joseph Bourgault, who—his family collectively, they run quite a significant number of businesses with what is it, seven, eight hundred employees. They didn't require masking. They didn't impose a vaccine mandate. In fact, they were doing research and doing weekly newsletters so that their employees actually could make an informed choice. And they weren't saying don't get vaccinated either. But wasn't that showing us the way of how we could have acted and how we can act going forward?

We had a teacher on the stand yesterday talking about how they're still masked at her school. This has to stop.

[00:25:00]

We had Lee Harding yesterday, who was saying that he was having trouble publishing vaccine injury stories and the story on how the vaccine had been rushed. And there were questions about safety and efficacy and they wouldn't get published. And he actually lost his job for three months until he kind of was able to approach them and come up with a reconciliation. But he paid the price. For speaking truth.

And then we've been seeing person after person who has been hurt and has been beaten down. But they're showing us the way. Last year, these stories would have given us fear. So think about this. I'll go back to Francis Christian. He spoke out and he lost his job. And why he lost his job and why he was publicly humiliated, called a misinformation person, was to scare us, so we'd be afraid of losing our jobs or being labelled a misinformation person.

But here's the shift: He's inspiring us now. He's testifying at the National Citizens Inquiry and he's inspiring us. He didn't give me any fear and he didn't give you any sense of fear. In

fact, we found it encouraging and we found it empowering. And same with Lee and same with Joe. And the reason is because there's been a shift. Because we're getting tired of living a lie. There's been a shift. These people now inspire us. And I tell you: when these people that are injured and suffering, whether vaxxed or not, take the stand, they're inspiring us.

And do you understand we couldn't have done this? We couldn't have done the NCI before. We couldn't have been holding this inquiry before. Let's go back last year, 2022. We had just had the mandates stopped because of the truckers. That was just one year ago. They rolled—it was January 2022. And we were all in this dark gulag, lock-down, masking, absolutely everyone censored. We're all afraid. There was no way any provincial government was going to be backing down on the mandates. And then those truckers did something the rest of us weren't willing to do. Take a risk, put it on the line. Some of them are still facing charges. Some of those people involved in that. They're, in my opinion, political charges.

We watched what happened with the *Emergencies Act* being invoked and this violence on protesters. We watched a video in Toronto of a disabled and decorated war veteran being pulled from the War Memorial, thrown to the ground and kicked by the police. And a year ago that was frightening. I watched that live. I think a lot of people did. We were shocked. But those truckers: we owe them. I'm choking up because I'm so grateful for what they did. Because in my experience, watching those trucks roll and then watching Canadians all along the way with their flags and paying for their gas and all of this gave me hope. I wouldn't be here speaking to you if those truckers—

And we need to now act and give the next group hope. We need to give other Canadians hope. We need to show the way. You see, because the secret about the truckers was they're no different than us. They're ordinary Canadians of all walks of life, from everywhere, every background. They were just willing to say, "Enough. I will take a risk. I will not live the lie any longer."

But we couldn't have done this in 2022. We were just starting to get our freedoms back. Now, if we were to go back to 2021, there's no question we would have even thought of this. If we had been able to do this in Saskatoon—and I don't know, I'm not from here.

[00:30:00]

We wouldn't have been able to do it in Alberta. Maybe, I think we would have had to get a special permit. And if we did, maybe, you know: 20 people, we'd all be spaced out and we'd all be masked and it'd be some authority figure coming in to make sure that we're all being obedient little slaves and wearing our mask and being all set out. But we wouldn't have gotten the witnesses coming in 2021. They would have been too afraid.

Now, could you imagine in 2020 doing this? I mean, aside from the fact we would have had still all the same problems: Would we be allowed, would it be 20 people, would I be up here? I'd be up here wearing a mask, that would look great on TV. But probably— The fear was so deep, I mean, there probably would have been violence. People probably would have come here and protested and shut us down, like the fear was so deep.

But yet here we are, in April of 2023, and we got a full house. I don't see a mask in sight. And there's no authority figure telling us that we can't do this. We still have witnesses that are afraid of repercussions in their employment and socially, but they're speaking. Most of them are speaking.

Understand, there's been a shift. And you have to keep the momentum going, you have to become a trucker. You have to be willing to step out on the line because this only works— We can hold wonderful hearings and we can find the truth, but it only works if you start taking personal responsibility and you start doing everything that you can. And that you stop pretending that things aren't the way they are.

There's enough of us now. It's going to be costly. It's going to be very costly for us going forward but there's enough of us now that we can break the spell. We can take our country back. It's just a matter of remembering who we are again and understanding that together, we can make this better.

I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Gray. Leighton, can you hear us?

[00:32:38]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 1: Leighton Grey

Full Day 3 Timestamp: 01:25:18–03:00:43

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

I'm going to stop there and call our first witness, who's patiently waiting online, Leighton Grey. Leighton, can you hear us?

Leighton Grey

Yes, sir, good morning.

Shawn Buckley

Can you turn your video on now that we're—

Leighton Grey

Certainly.

Shawn Buckley

There we go. Thank you so much for joining us. I'd like to start by asking you to state your full name, spelling your first and last name for the record?

Leighton Grey

My name is Leighton Bellamy Untereiner Grey. My first name is spelled L-E-I-G-H-T-O-N. Last name is G-R-E-Y, like the famous football cup.

Shawn Buckley

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

Leighton Grey

I do.

Shawn Buckley

Now, just to introduce you, you are a litigation lawyer and you've been intensely involved in COVID-19 related cases since 2020.

Leighton Grey

That's true.

Shawn Buckley

And you're also a podcaster and you've featured COVID issues and other issues. And if people want to track down your podcasts, it's called "Grey Matter."

Leighton Grey

That is correct.

Shawn Buckley

Okay. You started publishing articles in the spring of 2020. Do you want to share with us your experience in what happened and what you were doing?

Leighton Grey

Certainly.

First of all, I want to say that it's an honour to be part of this proceeding, especially in Saskatchewan, which is the heritage of my family. My great-grandfather was the chief of the Carry the Kettle Band, which is at Sintaluta, Saskatchewan. I was born in Regina and so it is an honour to be part of this historic proceeding and to have my testimony part of that record, especially in Saskatchewan.

So going back to the early part of the pandemic as many people experienced it, everyone has different things to say about that. I was alarmed early on about the pandemic and particularly about how the federal government was responding to it. Because I'm an Albertan and so I haven't had the experience of a Liberal government that's ever been good for our province or the people who inhabit it. And I had been watching very closely the **Trudeau government's encroachment upon individual rights and freedoms which, if you trace it back, started from the very beginning—from the beginning of the promise of sunny ways and transparent government.**

So when the pandemic was declared, I was suspicious already about, you know, "15 days to flatten the curve." And during that time period of course— I'm the senior managing partner of a law firm and I was concerned about our employees and how we were going to keep people working. The courts were shut down. So I began to do a lot of writing and I was publishing things online. And some of the things that I said were, as you were stating earlier, counter-narrative.

Around that time, I had been appointed to a board to select judges in the province of Alberta. And because of the things that I'd been publishing online, I was attacked by the CBC. They published a hit piece on me that granted to me many of the epithets that all unvaccinated Canadians were branded with by our prime minister. Later on, I was called a racist, misogynist, something called a latent anti-Semite, I'm still not quite sure what that means.

But I was publishing things online. For example, I said that I was concerned that George Soros, for example, would use his money to influence the outcome of the 2020 presidential elections, which happened. I expressed concern about Black Lives Matter in terms of the looting and so on and that they were beholden to the left. And frankly, that turned out to be true. The thing that really got me in trouble was, I'd published in the spring of 2020 my suspicion that the Trudeau government would use the pandemic as an excuse to invoke emergency powers. And of course, that did happen. So I went through a cancel culture experience where I was asked by the Alberta government to resign from the board to select judges. And that was under pressure from the Alberta NDP leftist party that operates here in Alberta. My name was kicked around like a football and my reputation was damaged because of the things that I'd been writing, speaking out against the counter-narrative.

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Of course, this was picked up by all of the mass media, including CBC, CTV, Global and others. And not only that, but I was at that time an adjudicator in Law Society disciplinary hearings here in Alberta and had been for some time. And the Law Society summarily dismissed me from that board. And they did so publicly—they published that on their website so that every lawyer and every member of the public in Alberta would see that. It was a public shaming. It was a public whipping. I lived through that. And of course, the media picked that up and that was put out there as well.

And then, I guess the most ignominious thing that I suffered was: I was a long-time director—for decades—of the Alberta Civil Trial Lawyers Association, which is a volunteer group of lawyers in Alberta who really try to help the disadvantaged, the people who are hurt in injury proceedings, in injury accidents and the like, medical negligence in Alberta. I had just received a Lifetime Humanitarian Award from them for my work with Indigenous peoples because I spent a lot of time working with people who had been involved in Indian Residential Schools claims. And I received their highest award in October of 2019, this Lifetime Humanitarian Award. And they actually asked me to resign from the board and told me that they wanted the award back. I refused that. But ultimately, I left the board and I'm no longer involved with the Alberta Civil Trial Lawyers Association.

That's the bad news. That's the terrible part of it. The good news is: going through that cancel culture experience, which I would not wish on anyone, did introduce me to another group of people, people like Ezra Levant and Sheila Gunn-Reid and John Carpay at the Justice Centre for Constitutional Freedoms. They reached out to me and they—especially John Carpay—gave me the opportunity to get involved and to use my skills that I had acquired over a lifetime of being a litigation lawyer to actually help fight some of these cases in the courts.

So that's sort of— In the Marvel world, that would be my origin story in terms of a COVID litigator.

Shawn Buckley

One of the cases that you did was the Ingram case. Do you want to share with us about that?

Leighton Grey

Right.

So the Ingram case is named after a lady named Rebecca Ingram. She was not my client. She's actually represented by an excellent lawyer, a good friend of mine named Jeffrey Rath. But Jeffrey Rath and myself were hired. I was hired through the Justice Center for Constitutional Freedoms to represent some churches who were complaining about the violation of religious freedoms that all of us experienced during COVID.

Rebecca Ingram was a lady who had been a gym owner. Of course, she lost her business because it had been shut down because of the lockdown restrictions. In December of 2020, there was an application brought in that case. In this case, it was based upon two main legal arguments. One alleged violations of the *Canadian Charter of Rights and Freedoms* but the other more interesting argument—one that I think may ultimately be successful—is that our Chief Medical Officer of Health Dr. Deena Hinshaw, who is no longer our Chief Medical Officer of Health, she's now the deputy in that capacity in British Columbia, exceeded her legal authority in making all of these lockdown orders.

But the thrust of the case was to challenge the government's lockdown restrictions. And this began in December of 2020 with an injunction application, which failed. And that began really a series of losses that we suffered throughout that process.

It began to dawn on me—and this comes back to some of the comments that you were making this morning, Shawn—that we really, as Canadians, as those who were fighting government oppression and restrictions: we really were the visiting team. We really were on foreign soil going into the courts. We were arguing against masking but we were all wearing masks and the judge was wearing a mask and the clerk was wearing a mask. We were speaking through Plexiglass or speaking over Zoom, as we are right now.

Any lawyer who has practiced in the courts knows that it's more than just a screen, it's a place.

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It's called court because going back far enough, you were in the presence of a duke or a count or even a king or a queen, arguing your case. So this began to become really obvious—that something really, really important had changed.

But we went through a series of pre-hearing applications that involved striking out of our pleadings, striking out affidavit evidence. All of these applications were summarily successful coming from the government. Honestly, it felt like we were the Washington Generals that used to play against the Harlem Globetrotters, if you remember that.

Perhaps the most troubling thing was this: When we filed all of our materials in December of 2020 in support of the injunction, we actually filed substantial medical evidence, including affidavits by people like Dave Redmond, who's the emergencies expert who's going to testify in this hearing next week in Red Deer' and one of the most brilliant scientific minds in the world in terms of epidemiology, Dr. J. Bhattacharya, who I understand testified in Winnipeg. We filed all this affidavit evidence showing very clearly

that things like masks didn't work, that the risk of asymptomatic spread was minuscule, that really the weight of evidence was that this virus, the risk of it was confined to a very small, extremely vulnerable segment of the population. And more than that, by locking down everyone and wasting resources on people who are at no risk of COVID, we were really hurting the people who were most vulnerable.

And of course all of that— We filed all that evidence yet we were faced with, on the other side, the government filing nothing. In fact, they received a six-month adjournment in order to present their scientific evidence. So this is really important to understand. The entire province of Alberta was locked down, under lockdown restrictions which were very similar to the ones that were experienced by everyone across the country. And yet the Government of Alberta had not yet produced a single iota, one item, of scientific evidence to support all of those restrictions. In fact, they were granted an adjournment of six months by the courts of Alberta, just so that they could produce that evidence.

And when we finally got that evidence, with all due respect to them, it was rubbish. It was all speculation. It was all modelling. In fact, Dr. Bhattacharya recognized that the models that they were relying upon, predicting the destruction and annihilation of our healthcare system in Alberta, was based upon climate modelling. He actually recognized that they used the same models to predict climate change to predict the annihilation of our healthcare system in Alberta.

So their science and their evidence was junk. But perhaps most troubling about this is the length of time that this process took. We filed for that injunction December of 2020 and, Shawn, we still don't have a decision. On April the 22nd now, 2023, that case is still with the courts. It's sitting there, waiting for a decision. And there are hundreds of cases in the Alberta courts that are waiting the outcome of that Ingram decision, and still no decision.

There's an old adage that we lawyers know that goes something like "Justice delayed is justice denied." This is very, very concerning because, of course, those of us who have been raised up in the law, particularly during the period when I went to law school, were taught that the Charter and the Constitution—the rule of law—were sacrosanct, that these were cherished things that protected not only Canadians but protected our entire political structure in all of our institutions.

What do those Charter rights mean when you go before a court and they're not even respected in the court where you're standing? What do those rights mean when the determination of whether or not they've even been violated has to wait years to be determined? What does that mean when, as you say, the Trucker Convoy— Truckers can go to Ottawa and do more to free Canadians from the bondage of these restrictions than our constitutional law?

The lack of respect for the rule of law continues to this day. I read only this morning

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that our government in Ottawa is actually trying to pass a bill that would permit it to whitewash and to essentially give itself its own report card on how it handled the COVID-19 pandemic.

So with all of that, the Ingram case is going on. We're hopeful that we're going to get a correct decision in it. I'm not very hopeful that the Court is going to find that the violation of Canadians' Charter rights outweighed the public interest in locking everyone down,

because of course there isn't a single court in Canada that has made that determination. That alone is horrifying, frankly. But essentially, that's the story of the Ingram case thus far.

The best thing we did—sorry, I just want to finish off this point—the best thing we did is we did get the chance to cross-examine the Chief Medical Officer of Health for several days. And that was quite revealing. I like to think that we were instrumental in her losing her job here in Alberta. Thank you.

Shawn Buckley

I understood that. And I wanted to pull out of you some of the things that you learned. I don't know if you saw Professor Bruce Pardy's presentation in Toronto.

Leighton Grey

I did.

Shawn Buckley

So for those watching that didn't see that, Professor Pardy was explaining how basically, the legislative branch has been delegating to the administrative branch and then the courts are showing deference, so that basically we've arrived in an administrative state. But your cross-examination of Ms. Hinshaw revealed that actually, in Alberta, it wasn't an abdication to the administrative state, it just appeared to be. There was something else going on. And can you share with us that? I think especially Albertans need to hear this.

Leighton Grey

Certainly. And when you hear from Mr. Redmond, he'll be able to explain this better than I can. But essentially, unlike in other provinces, in Alberta, there was never a state of public emergency declared. In law, that is something distinct from a public health emergency.

What happened was, in Alberta, the Jason Kenney government—when the pandemic was declared, they made some executive changes to the *Public Health Act* in this province. And they declared a *Public Health Act* emergency. And that essentially made our Chief Medical Officer of Health, Deena Hinshaw, the most powerful person in the history of our province. It essentially appointed her a health dictator.

She had control over every aspect of our lives. And the wording of the statute actually says that she could use any means necessary to fight the pandemic. And she did use any means necessary. During the course of our cross examination, though, something very surprising happened. When I asked her about her orders, she began to disclose that in fact, although these orders were in her name, they were not her orders—they instead expressed the will of the executive—and that she was going to the Premier and Cabinet to get the content to put in these health orders. This was never fully explained to Albertans.

She used to conduct daily press conferences. In fact, there are over 400 of them that I reviewed that honestly, in my respectful view, were essentially psyops in which she would repeatedly tell Albertans to get used to the new normal and to trust government and to protect your neighbours by not leaving your house and so on and so on. Essentially, what was revealed during the course of cross examination is that she was going to Cabinet and getting instructions about what to put in these health orders. Of course, under Alberta law, this is illegal, because under the *Public Health Act* the whole purpose of creating a *Public*

Health Act emergency for the entire province, which was unprecedented at that time— Normally, a *Public Health Act* emergency would be something that would be localized, but we had the entire province under a *Public Health Act* emergency. The whole purpose of doing that was to have a health expert, a doctor, basically protect Alberta from this great pandemic, this great threat.

And so it defeats the whole purpose of creating a *Public Health Act* emergency to go to lay people such as a premier and cabinet, who have no medical expertise or knowledge at all, and to get from them the contents of these “health orders,” which of course were not health orders; they were orders concerning every aspect of our lives, from when and how we could worship, whether or not we could shop, whether we could go out and exercise, whether our kids could attend school, and on and on and on.

[00:20:00]

What was revealed is that the whole structure of what Albertans were told about what they were experiencing through their government, whose job it was to protect them—that was their stated task—was essentially a fraud. It was a lie. Dr. Hinshaw was not there in order to protect the public. In fact, that narrative shifted initially from “15 days to control the spread.” Then it was of course, “We have to protect and preserve the health care system, we have to save the health care system.” And then it turned into—it was all about vaccinations. “We have to all get vaccinated to end the pandemic.”

One of the scariest things that Dr. Hinshaw said though is— In terms of the metrics of her decision, what she did is she decided that— First of all, she acknowledged that her health orders, the health orders that were passed, all violated the civil liberties and the human rights of Albertans. She acknowledged that readily. But what she did was she said that the protection of the healthcare system—a faceless, soulless institution—was more important than the violation of the individual rights. In that balancing act, and this is the way she put it: “On balance, violating the individual human rights of four million people was justified in order to protect the healthcare system.” Really, the healthcare system is not what she was talking about. In my respectful view, what she was really talking about was protection of essentially autocratic executive government power. That’s really what was being said. And to me, that was the most horrifying thing that I heard her say throughout the whole time that we cross-examined her.

Shawn Buckley

Right. And that I think is shocking and will be shocking to Albertans. Because they just assumed that she was the one exercising authority, not the Premier and Cabinet.

Leighton Grey

That was certainly the impression that was given. However, it’s very clear from the evidence that came out that that was not the truth at all. Ultimately, what it was about was trying to shift the mindset of Albertans. Those people who are Albertans understand that. As in every region of the country, we have different aspects of our culture. But Albertans tend to be very self-reliant. We tend to be somewhat libertarian overall in our thinking.

I’m not painting everyone with the same brush, but it was very clear that there was a psy-op going on. In fact, in the course of the evidence that came out during that hearing—I cross-examined Dr. Hinshaw—the Alberta government actually commissioned a psychological report about what language and what methods to use in messaging to

Albertans in order to get them to comply with lockdown restrictions and also with, of course, the vaccination programs that rolled out in the latter stages of what we now call the pandemic.

Shawn Buckley

That's alarming. I think that's the softest term I can use. How did how did discovering all of this make you feel?

Leighton Grey

I was talking about this with Jeff Rath. He and I are both 30-plus year lawyers in Alberta and he and I sort of chuckled about this. Not in a funny way, but in a sense that we were both under the same— You called it a spell. We were under a spell such that we actually thought that our legal system was something special and that judges were fair and impartial, that there was something that veiled that in integrity and justice.

My experience of doing COVID litigation sadly has exploded that. It's actually very difficult for me in dealing with courts and judges now to get myself back to some semblance of the mindset that I had before. And so that is a struggle.

One other thing I'd like to share apart from the Ingram case that really impacted me in this way, I had the pleasure to represent two courageous pastors in Alberta.

[00:25:00]

James Coates of the Grace Life Church spent 35 days in the [Edmonton] Remand Centre because he refused to sign a bail condition that essentially would violate his religious conscience. He was given a horrible dilemma between exercising his liberty, which is guaranteed under the Constitution, and violating his promise to God as a Christian pastor, because the condition would require him not to preach the truths in the Gospel to his congregation. He put his God above his liberty and he suffered 35 days.

Anybody who has ever visited a jail or a remand centre must understand that it's one of the worst places that they could possibly go. I know as a lawyer going there to visit clients that many times, I could not wait to get out of those places. And to imagine someone to choose to be there for 35 days, just imagine the courage and the integrity of this human being. Anyway, I had the pleasure of representing him because he faced a number of COVID tickets because he and his congregation refused to comply with the government diktats about capacity limits and so on, which we now know were a bunch of bollocks, so that there was really no risk to the public whatsoever. The idea of a super-spreader event now is ridiculous, we now know in hindsight, with what we know about masking and social distancing and all the other arbitrary non-pharmaceutical interventions.

I also had the opportunity to represent Pastor Timothy Stephens of Calgary.

Shawn Buckley

Before you move on to Pastor Stephens, it is my understanding in an earlier conversation with you that when you were defending Pastor Coates in court, the provincial court judge didn't even find that his Charter rights had been violated, let alone having to go to what I would call an abomination dealing with section 1 of the Charter.

Leighton Grey

That's correct. The court essentially said that Pastor Coates' Charter right—his right to liberty under section 7 of the Charter, the right to life, liberty and security of the person—was not violated simply because Pastor Coates chose to remain at the Remand Centre. That, in fact, he was granted liberty under his bail conditions, the conditional release, but that he chose not to exercise it. And the court put absolutely no weight whatsoever in this horrible dilemma that this man had been placed in through totally unnecessary, scientifically unjustified restrictions.

It's important to note that in that hearing, the Crown prosecutors were not put to the requirement of producing a single item of scientific evidence for the court. In fact, what they produced was an Alberta Health Services investigator who had a social sciences background. When I cross-examined her about her training as an investigator, the net sum effect of that was that she participated in a single one-hour Zoom call.

This person who had received absolutely no training as an investigator was given the power—was given the incredible power—to cite Pastor Coates in violation of these health dictates. He was charged with Criminal Code offences. This Alberta Health Services investigator was given the power to summon the police, to arrest Pastor Coates, to jail him. And this same investigator, with one hour of training on a Zoom call about how to conduct investigations, was given the power ultimately to recommend and to have signed into law an order that resulted in the triple barricading of the Grace Life Church for months. Which was an international embarrassment and probably was significantly responsible for Jason Kenney's ousting as our Premier.

Just imagine—and this is not unique. Many people who are watching this probably saw Artur Pawlowski, another Alberta pastor, in a video that went viral. He was kicking these people out of his church, calling them Nazis and Gestapo. The people who were given power by Verna Yiu,

[00:30:00]

who has also been since fired, who ran Alberta Health Services—these investigators were given this extraordinary power of law without any knowledge or understanding of how to wield it. Almost like if you watch Disney's *Sorcerer's Apprentice*, that's exactly what we experienced here in Alberta.

It really is stunning that these people would be given such power with very little knowledge or understanding or training of really what this power that they were handed, what it meant, and the significance of it, because it just had incredible ramifications for our province and indeed, for our entire country.

Shawn Buckley

Right. Before you go on to speaking about Pastor Timothy Stephens, I'm wondering if I can back you up and have you speak about more generally— You acted for a lot of employees who lost their jobs: CN employees, CP, Purolator, Canada Post, Westjet. The list goes on and on. You kind of became the go-to guy to help with these things. Can you tell us about what you encountered with that?

Leighton Grey

Yes. You know, this was a great honour to represent these people, but also a great frustration. Most of these people—we're talking about several thousands of them working for companies like CN, CP, Purolator, Canada Post, WestJet and many others, even the Salvation Army—these were people who are primarily unionized workers. Unionized workers, some of the viewers might realize, are bound by something called a collective bargaining agreement.

Bruce Pardy can do a better job of explaining this than I can because he's an expert in this area. But essentially, under a collective bargaining agreement, individual workers contract out their employment rights to a bargaining unit with the idea that this will sort of equalize the bargaining power between a very large-scale employer like CN, which is mostly owned by Bill Gates by the way, and these individual workers.

The problem is that unfortunately these unions are primarily run in a socialist fashion. They've become very much leftist organizations. And when it came to COVID, they clearly—by and large, with some notable exceptions—were not advocating for workers.

And so the process that we ran into repeatedly went something like this: a worker who refused to take the vaccination was told that they had to apply for an exemption. There were only two types of exemptions available. One was a religious exemption and the other was a medical one. In each case, there were very stringent tests created and almost nobody actually qualified for an exemption.

So these workers were told that they would be put on something called an “involuntary unpaid leave of absence,” which, when you're sitting at your coffee table in the morning staring in your coffee, feels a lot like, “You're fired.” Because you're not getting paid, you're indefinitely off work, and your only passport to go back to work to support your family is if you agree to have this experimental drug injected into your body.

It's significant to note, a lot of these workers that I described— These companies were impacted by federal government orders, the Ministry of Transport orders. Because of course the Trudeau government required every single federal government-regulated employer to comply and all these companies had their own vaccine mandates.

The federal government, the Trudeau government, did not have the temerity to actually impose a national vaccine mandate. That would have been clearly illegal. In fact, there's an opinion paper on this from 1996 that was given to the Canadian government at that time about this. So that gives you an idea of how long they've been thinking about this. But in any event, they did the next best thing. Most people know, the federal government is the largest employer in this country. So all these workers were impacted in this way, all of them put out of work.

Just imagine this awful choice that you're faced with. You have to decide whether or not to work and support your family or to take this drug that you know and you understand is dangerous or it violates your religious conscience or whatever. So you turn to your union for help. Your union says this, your union says, “Comply.” Your union says, “We've got this independent legal opinion.

[00:35:00]

And it says that your rights are not being violated and everything that the company and that the government are doing is fine. So just take the vax.”

So of course, these people, they're being put out the door by their employer. They have no recourse there. They can't sue them because they're a member of this collective bargaining agreement. And the union won't help them. And moreover, when they complain about the union not helping them and they would bring duty of fair representation complaints, what they heard from these administrative tribunals, these government tribunals, was the sing-song "the vaccines are safe and effective" and that there's no danger.

So these people turn to outside legal counsel, people like me. And we sort of tried to pierce through the veil—unsuccessfully. We attempted to bring human rights complaints against these employers in cases in Manitoba, B.C., and Alberta. And in each case, we were told by the courts, based upon Supreme Court of Canada legislation that the court would not take up any jurisdiction. So all these people were simply sent back to their unions.

There are now still, as we sit, many, many thousands of unionized workers throughout the country who have been put out of work and have absolutely no recourse against their employers because of the workings of these collective bargaining agreements and these unions. I can't prove it but based upon their actions, I have very, very strong suspicions that all of this was calculated beforehand: that there was some level of conspiracy between the unions and these employers and the Government of Canada. Certainly, at least, that's the way it seemed to play out in real time as the lawyer representing these aggrieved workers.

Shawn Buckley

Now Leighton, I just want to make sure that people listening to you understand. So if people were unionized, they were supposed to go to the union to have a grievance filed against their employer, but the union would not file a grievance.

Leighton Grey

Correct.

Shawn Buckley

And then, if you tried to take it to court because you've met a dead end with the union, basically you couldn't. You'd get kicked out of court and be told to, "Well, go back to the union because that's where you're supposed to find your remedy."

Leighton Grey

Correct.

Shawn Buckley

So these people basically had no opportunity at all to have an adjudication for being technically fired for not taking a vaccine.

Leighton Grey

That's correct. And I think a big part of this is that none of these companies—nor the Canadian government, nor these pharmaceutical companies—want to have a court actually adjudicate upon the safety and efficacy of vaccines. Of course, given what we know now about the Pfizer dump and the fact that in Alberta alone, death from unknown causes is the number one cause of death in our province. Death from unknown causes has increased

seven-fold since the unleashing of these vaccines upon our society. None of these people want that issue adjudicated.

And that is the next great challenge for people like me: to try and bring that issue to justice, to be adjudicated by our courts. Because it must be. We must get to the bottom of the truth about whether or not these vaccines were safe and effective, whether or not companies like Pfizer and Moderna and Johnson & Johnson knew that. And also, what this means long-term for Canadians and for society because we now have these vaccines unleashed. They're in people's bodies. The vast majority of people have taken them. What does that mean? We don't know.

I know you've had doctors who've testified in these proceedings and everyone who has spoken out has been sanctioned. The vast majority of doctors, and understandably so—they don't want to speak out. They won't say that the unknown cause is the vaccine, even though that's the quiet part being spoken out loud, as you said so eloquently this morning. That's the truth about these vaccines.

But as I said, that's the undiscovered country. That's where people like me need to go. And until we get to the bottom of that, until we get a court to adjudicate on that, we're going to be living under this spell, under this lie that none of this ever happened. If we permit our governments to do it, they're going to whitewash the fact of what they did to us.

[00:40:00]

Shawn Buckley

Yeah. It's interesting just to have a dialogue with you, because you'll be familiar with the Ontario Court of Appeal case *CG vs. JH*.

Just for the listeners, I'll tell you what I just find funny about it. And then I want to ask you about an Alberta case that was somewhat different involving inmates. For those that aren't familiar with that case, it was a family law case. The father wanted the child vaccinated and the mother didn't. At the trial level, or motion level, the judge refused to side for the father and basically wasn't willing to just accept the government narrative. So it's appealed to the Ontario Court of Appeal, which basically instructed the lower courts, the way I read the case, to take judicial notice. Which means you can accept as a fact, without there being any evidence led before you that, if Health Canada approves a vaccine, that would be prima facie evidence that it is safe and effective.

This is in relation to COVID vaccines. And Leighton, what I find so interesting is— So the Ontario Court of Appeal obviously was not aware that those vaccines were approved under a test in an interim order where the words "safety and efficacy" weren't even mentioned, let alone there being any requirement for proof. The Ontario Court of Appeal is basically, in my opinion, instructing lower courts to take judicial notice of a phantom.

But I just wanted you to kind of juxtapose that with a case that happened in Alberta where basically, when the shoe was on the other foot, the court took the opposite position. Do you want to share with us about that?

Leighton Grey

Right. This concept of judicial notice used to be something somewhat extraordinary. In my experience it was often very difficult to try to get a court to take judicial notice of anything.

Courts want to hear evidence and that's rightly so. That's the tradition of our courts and that upholds a very high evidentiary standard that is necessary.

But what we experienced in *Coates* was something much different. Whenever the government asked the court to take judicial notice of something called a pandemic, or that there was a threat to the health care system, or that people needed to wear masks, or that social distancing was necessary, the courts always readily adopted that COVID narrative. In fact, our courts in Alberta were the most locked down place in the entire province. In fact, they were one of the last places to remove restrictions.

We even had a very eminent criminal lawyer in our province, he was found in contempt of court because he refused to don a mask. He was in a courtroom with a judge who, even during a time when there was no masking law in force in Alberta, was wearing a mask. The courts here in Alberta are permitted— The judges are permitted to maintain exclusive jurisdiction over the safety of their courts. She required this lawyer to wear a mask even though there was no general masking law. He refused and ultimately, he was made to purge his contempt. He was found in contempt of court.

But the case that you're referring to, this was early on in the pandemic. And this illustrates how this judicial notice concept doesn't work the other way. There was a judge here in Alberta who heard a case from some inmates at the Edmonton Remand Centre. The essence of the case was that early on in the pandemic, when it was thought that people could get COVID from doing just about anything, these inmates brought an application that they should all be released because of the risk of exposure of a mass spreader event at the Edmonton Remand Centre.

It was kind of a clever *habeas corpus* argument, but the court there would have none of it. The court said "I can't take judicial notice of the existence of something called a pandemic. I have to have scientific evidence." That is quite correct in law but that's the only case that I know of, and I've researched this carefully— in Alberta, it's the only case I know of where a court actually said that it could not take judicial notice of something called a pandemic and the risk of a mass spreader event and the like.

So that goes to show how the way that the government is treated, or was treated, in the courts of our province when it comes to this narrative is very different from when these things are argued on behalf of individual citizens; people, even when they're trying to use the government's narrative in their favour, really can get no relief from the courts.

[00:45:00]

Shawn Buckley

Now, Leighton, can I have you talk now about Pastor Timothy Stephens and what your involvement was and what happened with his case?

Leighton Grey

Yes. Another very courageous pastor, Pastor Timothy Stephens of Fairview Baptist Church: he's a close friend of James Coates and he suffered similar treatment because at his church, again, they refused to comply with these restrictions. His church was closed, was shut down just as James Coates' was, and so he was ticketed.

At one point, this pastor was actually charged with violating something called the Whistle Stop injunction, which was really an unprecedented thing in Alberta law. There was an injunction placed on any man, woman, or child in Alberta who dared to publicly protest the government's narrative about the pandemic and lockdown restrictions. There were literally hundreds of people who were charged and some of them jailed because of it. One of them is Chris Scott of the Whistle Stop Cafe, who I understand is going to testify next week in Red Deer, but this also included Pastor Timothy Stephens.

What Pastor Stephens did: he started getting his congregation together and they would meet at undisclosed locations. This became kind of a game of cat and mouse with the Alberta Health Services employees. Ultimately, it's my understanding that they were able to detect him having an outdoor church service with his congregation and as a result of that, they arrested him.

There is a video that Rebel News produced. They were on the spot when he was arrested at his home with his six young children and his wife, Rachel. It's a beautiful sunny day and of course, Timothy Stephens, with great dignity, suffers all of this. You can see he quietly goes along but the kids are just screaming. And this is a moment that I'm sure that they will never forget. I have to say I was brought to tears watching it myself, seeing this father wrenched away from his family simply because he was conducting an outdoor church service. And of course, based upon the government's—

Shawn Buckley

Leighton, just so you know, we have the video [Exhibit SA-7]. We've had our video guy take the Rebel News reporter part out but we'll play it right now just so that those that are participating actually understand what you're saying.

[Rebel News footage is played of the arrest of Pastor Stephens before his family].

Leighton Grey

That's his wife there in the foreground.

Shawn Buckley

Sorry, carry on.

Leighton Grey

Just so people understand the level of incompetency that was involved here: when he was first arrested and jailed, he was in jail. The Alberta Health Services people had actually gone out—and the police had actually served the wrong person. They actually served the injunction order on the wrong person.

It was stipulated under the terms of the injunction that it was necessary for anyone who violated the injunction to actually be served with the document,

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so that they would know, and they would have notice of the terms. Because otherwise, how can you be in violation unless you know what the terms were?

Well, they went out and they served the wrong person. The injunction had never been served on Pastor Timothy Stephens. They went out and arrested him and he was in jail. I discovered this and I revealed it to the lawyers and to the court that he had never been served, that they had actually served the wrong person. And it still took several days. I had to actually obtain a statutory declaration, a sworn statement from the person who they had mistakenly served with the injunction, before they would finally release him.

So that was the first time he was arrested. The second time he was arrested was because he had simply conducted an outdoor church service. It's worth knowing that in the Manitoba proceeding, there was an expert that was called for the government. And they were asked under oath whether there was any scientific study supporting the idea of a super-spreader event that could occur outside. The fact is, and the answer is, no: there is no accepted study anywhere of the risk of a mass super-spreader event occurring as a result of outdoor gatherings because of the way that the virus is spread and what we knew at the time.

Notwithstanding that he was jailed. And the only reason why Timothy Stephens was freed, actually, was that on July the 1st of 2021 the Government of Alberta declared a COVID amnesty. Many of us suspect that was done in order to accommodate the Calgary Stampede because they brought the restrictions back in September. But for that he would still be at the Remand Centre because he never accepted the bail condition, nor did Pastor James Coates.

He was given the same bail condition that he would not preach to his congregation and he refused to comply with that and so he was jailed. A father of six, a leader of a congregation, just an extraordinarily courageous and brilliant man: a Christian pastor jailed. So Alberta actually became known as a jurisdiction which jails Christian pastors. So much so that recently, Tucker Carlson of Fox News—his show has created a documentary in which these two pastors are featured. The documentary is about the rise of totalitarianism in Canada. What an incredible shame and disgusting embarrassment this is for the province of Alberta, indeed for all of Canada before the world, to have these Christian pastors unnecessarily jailed for long periods of time when they had done absolutely nothing.

It's significant to note that all of the charges were ultimately, through the grace of God, dropped or defeated against Timothy Stephens. We actually had to run a trial in Calgary before a provincial court judge, who quite properly found that there was no basis for these violation tickets. But we actually had to run a contested trial before a judge in Calgary in order to have these COVID tickets thrown out against Pastor Timothy Stephens.

Shawn Buckley

Thank you, Leighton. I'll open you up to the commissioners to see if they have any questions.

Leighton Grey

Thank you.

Shawn Buckley

And there are questions.

Leighton Grey

I see my good friend Mr. Drysdale.

Commissioner Drysdale

Good morning. Mr. Grey. How are you?

Leighton Grey

I am wonderful. Wonderful to see you again.

Commissioner Drysdale

I have a number of questions. And since I'm not a lawyer, I do understand that there may be questions that you will not want to—or will not be able to—answer. Because I think you're, what's the expression, you are a representative of the court or something?

Leighton Grey

Officer of the Court.

Commissioner Drysdale

Officer of the Court. But I'm going to ask them anyway. First question: Could you please enter the transcript of Deena Hinshaw's testimony into our record. It's a public document.

Leighton Grey

Certainly. Certainly. Will do so [Exhibits SA 7-b, SA-7o to SA-7q].

Commissioner Drysdale

Thank you. That way folks will be able to access that on our website and be able to read exactly what was asked and what was said.

Leighton Grey

There's also a video recording that I think we have as well, that I could submit in addition to the written transcript if you would like that [no exhibit number available].

Commissioner Drysdale

I would very much appreciate that.

[00:55:00]

Is it not a fundamental tenet of our legal system that anyone appearing before a judge or before that system is treated equally under the law?

Leighton Grey

Yes, that's one of the principles of fundamental justice that is recognized under our Charter. It's also an age-old principle that's implied under what is commonly called the rule of law.

The rule of law of course stems all the way back to 1215 and the Magna Carta. It stands for the idea that no one is above the law—but also that everyone is equally protected under that law.

Commissioner Drysdale

Does that also include the government?

Leighton Grey

Yes, particularly the government. Because it's important to remember, again going back to Magna Carta, that that was a seceding of power from the king, a divinely anointed king, to the Parliament of England. So it's very significant in terms of the rule of law that even the king is not above the law, let alone a prime minister.

Commissioner Drysdale

In listening to the conversation between you and Shawn Buckley, there's something I don't understand, then. One of the cases that you were talking about, I think it was an Ontario case, where the one side brought evidence—scientific evidence as I understand it, about various issues with regard to the vaccines and the pandemic and whatnot—but as I understand it, the judge ruled that the government's opinion was not subject to dispute. I think the term you used was judicial notice: that the judge said that the government's opinion couldn't really be discussed or argued because it was just taken for granted.

Leighton Grey

Correct. And this is what I meant when I said those of us who went into court against the government always felt like the visiting team, because we were trying to question things that were considered to be unquestionable.

There's a great recent example of this. My good friend James Kitchen, who I understand testified in this proceeding, was recently on my podcast. He represented a chiropractor named Wall who went before a disciplinary proceeding and was actually suspended by that college for a period of time because he refused to wear a mask, even though none of his patients had a problem with him not wearing a mask.

And James Kitchen had quite properly produced some of the most eminent experts that we know of, including people like Dr. Byram Bridle, on epidemiology and so on. And the chiropractic college produced a GP, a general practitioner, with no specific knowledge in epidemiology or virology or any of these things. That chiropractic college simply preferred the evidence of the GP to this mountain of expert evidence, eminent expert evidence, that was produced by James Kitchen on behalf of Dr. Wall.

I have to say, that is precisely what happened in the Ingram case. We produced eminent—I mean, if there is a better expert than Dr. J. Bhattacharya—just to take Dr. Bhattacharya for a moment, this man teaches medicine at an Ivy League college, at Stanford. He is one of the leading experts in epidemiology and he also has a PhD in economics. If you were going to design a human being who could talk about the science of COVID and also speak authoritatively about the economic and societal impacts of lockdowns, this would be the human being. He's almost like a human AI program. And yet all the Government of Alberta lawyers did throughout that proceeding was try to discredit him.

Commissioner Drysdale

I want to come back to this. Because what's in my mind right now is, I'm considering the testimony we've had in the last several days in Saskatoon. And I keep hearing "basic tenets" of something: basic tenets of law, basic tenets of medicine. And one of the things—perhaps you can't comment on this—but I heard in the last day or so, medical doctors talking about a basic tenet of informed consent.

Is informed consent, to your knowledge, something that is legally required or legally enforceable in Canada?

[01:00:00]

Leighton Grey

I think in terms of a legal concept, the answer is clearly yes. There are all kinds of examples of it in the law, everything from the type of a waiver that you would sign when you take your kids to go on a ride somewhere. There are all kinds of forms of informed consent.

The specific one that you're talking about really goes back to the Nuremberg Code of 1947, which came out of the aftermath of the experiments that were conducted on people in the Nazi death camps. That's clearly under international law and that concept has been imported, in my respectful view, into Canadian law as well.

When you think of people who are exposed to a surgery, they have elective surgery. They have to be informed fully of the risks of that operation and they can refuse that operation. Well, what we had with the COVID vaccines was something entirely different. The doctrine of informed consent was completely ignored. In fact, there's not a single person who was asked or ordered or mandated to take this vaccine, these experimental drugs, who could possibly have offered informed consent. Because we don't know even the short-term, let alone the long-term, impacts of these drugs for human biology and human society.

Commissioner Drysdale

We had testimony on this from various people—from doctors, Dr. Christian, and people themselves who were—I believe there was one lady who was pregnant and was under tremendous pressure from her doctor to take the shot when she was pregnant, when we know for a fact, based on the evidence that has been presented to us, that the vaccines were never tested on pregnant women.

So my question is: Are you aware of any legal actions being taken against doctors or pharmacies or whoever else injected people with these vaccines, considering that they were not provided with the opportunity to give informed consent?

Leighton Grey

I've researched this and there is one case I know of that is ongoing in Manitoba that's specific to the AstraZeneca vaccine.

I can tell you that my firm has in development right now a vaccine harms class action, which will be based in part upon this doctrine of informed consent but also simply based upon the fact that the Canadian government purchased and promoted and purveyed these vaccines to the Canadian populace—either knowing or having ought to have known that

they were dangerous, that there was no way actually to have individuals provide informed consent to the taking of them.

So this is an excellent question. I think early on, Mr. Buckley was talking about this spell. As we emerge out of that—let's say, this psy-op or public haze—I see that as the next frontier. I see that as the work that must be done by members of the legal profession and indeed, the principal members of medical colleges to carry on, to prosecute these cases, and to bring the responsible people to justice.

That's something that has not yet happened in our country. It's beginning to happen in the United States. There's a high-profile case that's been brought in the United States by a man named Pascal Najadi. I had him on my podcast actually. He's filed an action against Pfizer along these lines. I believe that these cases are coming, but they are sort of the new, that's the next wave. I predict that this is going to be a very, very significant area of litigation in the next decade or so.

Commissioner Drysdale

We're talking about different areas, medical and legal, and we're talking of the basic fundamental building blocks, those things that these institutions were built upon: that you're equal under the law, that you have a right to informed consent,

[01:05:00]

and that there is an obligation to inform the patient.

There's another part of this. And that is, at least in my mind— And I don't know what the legal part of this is, but in my mind the justice system is made up of a whole lot of parts. One of those parts are the police, at least in my mind. And I don't know if that's legally true. But we have heard a lot of things and we've seen a lot of things. We saw Mr. Buckley mention a video of a veteran being pulled off the War Memorial and beaten. We saw the video of, I believe it was Toronto horse-mounted police, trampling an elderly lady in Ottawa. We saw, or believe we saw, texts or WhatsApp messages from the RCMP wanting to "get some." I don't know if that was an exact quote.

In any case, my question is: Are the police above the law in Canada? Are they subject to the same laws that you and I and my neighbours and my children are subject to?

Leighton Grey

Well, I think they have to be. I think, how can they uphold the law and yet not also be bound by it?

But what you talk about raises a deeper question that I think is part of the COVID pandemic experience. And this troubles me deeply, because Canadian society—our country, I cherish. But what makes us who we are are our cherished institutions. Perhaps the longest lasting, most severe damage—apart from what it's done to individual Canadians, to their health and their well-being and their psyche and all of those things—is the damage to our public institutions. Confidence in public health; confidence in our professions, like law and medicine; confidence in our schools, in our universities; in our justice system, in our police: all of these have been compromised. There's just no other way to say it. I'm hopeful that this process that is happening right now, the National Citizens Inquiry, is going to do much to begin that healing process.

I'm a senior fellow of a think tank called the Frontier Centre for Public Policy. I was asked to write a review of Preston Manning's original paper on the COVID inquiry. I remember reading in there that one of the goals that Mr. Manning had was that this would begin a healing process whereby we could rehabilitate, which means to restore again to dignity. We could rehabilitate our confidence in our cherished institutions, including the police and all the other ones I mentioned. Because if we don't have that, we really don't have a functioning society.

Just think of the level of confidence that exists between a patient and a doctor, a student and a teacher, a lawyer and a client, on and on and on. And if we can't trust in the integrity of those institutions, how is it possible for them to work and to function? It almost invites chaos. I don't want to overstate it but I don't think it can be overstated in this context. We have a severe and a tragic corruption of confidence in our public institutions.

Dr. Bhattacharya put this very well actually, when he was testifying in the Ingram case. Talking about the failure of confidence in the public health system, he said, "What if we had something that was as contagious as Omicron but as lethal as Ebola? What would the response of the public be now, in the aftermath of COVID? How many people would die because more than half of the people in our society now don't trust the medical establishment? They don't trust the information they get from public health."

To me, that's maybe the ultimate example of the danger of the loss of confidence in our public institutions.

Commissioner Drysdale

That is certainly one component of it. The other component of it is: I've always considered, rightly or wrongly, that the "justice system" acts as a safety valve for our society. In other words, if you've been aggrieved or if the government has done something to you, you have the confidence that you can go to these institutions and get justice.

[01:10:00]

Which is different than legal, a legal decision is not necessarily justice. But if the Canadian population who are waking up, or who are beginning to realize what's happened—perhaps through this Inquiry—and they can't go, or they feel they can't go to the judicial system because of its performance over the last three years, do you think that's an incredible danger to our society or the civility of our society? Where else can they go?

Leighton Grey

I think it's extremely dangerous. And unfortunately, we have a government in Ottawa that's more interested in social justice than actual justice and law and order and maintenance of our public institutions.

As you described, I know one very dedicated and well-meaning individual, I believe in Winnipeg, who created a report about COVID and actually inspired many Canadians to actually go to police detachments and try to get certain people charged with criminal offences for COVID outrages. I think that sort of grassroots activism is what we need.

Unfortunately, it does not appear that we're going to get much relief or change by staring at the tops of the trees. I think that we've got to have a grassroots movement in our country. We're getting down to the roots, getting involved in our communities, and trying to solve

these problems of justice, of health, of education—all of these at the grassroots level, instead of looking to governments to solve these problems.

Because it seems as though what's happening right now in our country is that our governments are only interested in frightening us into believing that we are in a never-ending state of emergency—whether it's due to a virus or the climate or public debt or nuclear war or whatever. Of course, the government comes in and says you must cede more of your liberty to us so that we can solve this problem. It's sort of like what Ronald Reagan said back in the '80s, that the scariest words in the English language are "I'm from the government and I'm here to help."

I think we as Canadians are going to have to take responsibility, individually and as communities, over our communities and solve these problems at a local level. That might mean local policing as opposed to having the RCMP. Nothing against the RCMP but I think a very persuasive case could be made for saying that the RCMP at the highest levels has been politically corrupted. I think there's ample evidence for that in the public sphere.

Commissioner Drysdale

I just have a couple of short ones—otherwise I'm going to get into a lot of trouble with the other commissioners who are squirming to ask you questions, sir.

Did you take in, or were you aware of the evidence we heard from Ryan Orydzuk?

Leighton Grey

I'm very familiar with Ryan. I've had the pleasure of getting to know him as a safety expert who worked for CN [sic, Canada Post]. I interviewed him. There's an episode of my podcast where he talks for an hour about his safety expertise and how he presented ample evidence to his company for why everything they were doing in terms of the pandemic was wrong.

So yes, I'm quite familiar with Ryan and I think he's a very courageous and intelligent man. He could have prevented a lot of anguish for CN [sic] employees if the company had actually respected the advice that they hired him to provide to them.

Commissioner Drysdale

Could this possibly form a legal vector in which folks can have their employers who enforce mandates become legally liable, do you think?

Leighton Grey

Possibly. The impediment there is again, as I spoke earlier in answer to Mr. Buckley's question, that these unions are standing in the way to a large degree. I don't want to paint them all with the same brush but the vast majority of them really are aligned with the government narrative on COVID and did not want to have anything to do with taking up grievances or taking these companies or the Government of Canada to task over these safety concerns.

[01:15:00]

There certainly is a viable argument to be made. And actually, we have a case that is before the Federal Court trial division right now on behalf of hundreds of postal workers. They're

called Posties for Freedom. And Ryan's evidence is going to be a key aspect in that case if we can get to hearing. But of course, before we even get to a hearing on the merits and have his evidence heard, we're going to have to get past this procedural hurdle to have the court even take jurisdiction to hear the case.

Commissioner Drysdale

I guess that impediment doesn't exist for non-unionized workers.

Leighton Grey

That's true.

Commissioner Drysdale

I have many more questions but I'm going pass it off to the other commissioners. Thank you.

Leighton Grey

Although I haven't been invited yet, I would be pleased to appear on your podcast, which I follow quite regularly.

Commissioner Drysdale

We would be happy to have you—following all of the hearings.

Commissioner DiGregorio

Thank you, Mr. Grey, for coming and giving us your testimony today. I'm going to limit myself to two areas in my questions.

I think you mentioned early in your testimony that you were a member of a type of judicial selection board in the province of Alberta. Yesterday we heard from a witness, James Kitchen, about his views on needing to potentially reform the judicial appointment process. I'm hoping you can shed a little bit of light on what the process is for judicial appointments, what is the role these selection boards play in it, and whether you see any room for improvements.

Leighton Grey

It is a political process in Canada. And I don't want to suggest that there are not excellent people being appointed to the bench in Alberta and in Canada. Clearly that is true. There are excellent legal minds who are being raised up to the level of the bench.

Where I got into trouble, just speaking anecdotally, is that I actually made a public pledge that I was going to select the best candidates based upon merit and that I was going to have little or no regard to what we might call immutable characteristics. In other words, if we were selecting six judges and the six best most qualified people were black, then I would pick all black. If the most qualified people were women, then I would pick all women.

It's my particular view that in appointing someone to the judiciary, especially in Canada right now, we must have the best, most principled people appointed to that bench. We

cannot be selecting people based upon metrics like diversity, inclusion, equity. Because the problem is when we do that, it risks not getting the very best people.

And the kind of power that judges enjoy in our society right now is so great—and we've seen this over COVID—that we must have people occupying those positions who have courage and at certain times, will be able to and will exercise their authority, their discretion, even when it requires an unpopular decision.

I know James has been very outspoken about this. My concern about the process is that, particularly at the federal level, there is a screening process for appointment to the Superior Court which is done through the Government of Canada. There are people who are being appointed based upon their political allegiances. In fact, Mr. Lametti, our federal justice minister, has been really very cavalier about revealing this.

That's a very deep concern. Because of course in our system historically our judges have been a bulwark against government oppression. We need to have confidence in our judiciary that they will decide cases in a fair and impartial way. And sadly, there is ample evidence in our country that during COVID, this was not working out very well.

And it goes deeper than just the judiciary. It goes all the way down into people who are on administrative tribunals; people who are deciding human rights complaints;

[01:20:00]

or on labour boards; or at universities, who are deciding, for example, student union complaints. Or, for example, I mentioned Mr. Kitchen's client, Dr. Wall, who went before the chiropractic college. There's grave concern that these institutions are becoming politicized. And of course, that is dangerous to the integrity of our law and of our entire legal system and our system of justice.

And so there is reason to be concerned about the manner in which judges are being appointed in our country. I would like to see a thorough review of the process to determine to what extent it is in fact being politicized. And again, I have to clarify this: I'm not saying that the people who are being selected to the bench are all being appointed on the basis of their politics. I know that there are excellent people and I have friends who are judges and people I admire greatly who are on the judiciary. We have very, very talented people in our courts, brilliant people in our courts. But there is a concern about the manner in which judges are being selected in this country. And I think part of the reason why I was never given the opportunity to actually sit down and select a judge is because of my views.

Shawn Buckley

Leighton, can I just jump in for a second? I'm not trying to stop the— But if you can be a little more succinct in your answers to the commissioners, just because we've got some witnesses stacked up.

Leighton Grey

Sorry.

Commissioner DiGregorio

And so on that note, I am going to actually just note that I lied: I have three questions, not two. But this next one should be very short.

My fellow commissioner asked for the transcripts of Dr. Hinshaw's cross-examination. Were there also expert reports prepared by the Province? And if so, could we have copies of those for our record as well?

Leighton Grey

Yes. So they're a matter of public record, so we can provide you with a full documentary record of that proceeding [Exhibits SA-7a to SA-7z and SA-7aa to SA-7jj].

Commissioner DiGregorio

Thank you.

And finally, I've heard you speak today about what I think is a failure of many unions to represent employees when it came to the vaccine mandates. I'm just wondering if you have thoughts on how that process can be improved upon, assuming that the way it's been going so far is not going to reach a resolution that is satisfactory to these employees. Should they be able to have recourse against their unions when this happens? Should they be able to go around their unions directly at their employers? Do you have any thoughts on that?

Leighton Grey

I think it's something that needs to be examined. In particular, there's something called the duty of fair representation that the union owes to the workers under these collective bargaining agreements. I think one thing that's of concern is: Who are populating these tribunals who actually decide whether or not the union is discharging that duty properly? That's something, I think, that needs to be reviewed.

But I think COVID, looking at the silver lining, revealed a lot of cracks in many of our institutions. I think this whole concept of unionized labour is one example of that.

Commissioner DiGregorio

Thank you.

Commissioner Kaikkonen

Good morning. I'm not a lawyer, but I do thank you for your honest testimony.

I'm greatly disturbed—maybe that's not the right word—but aggrieved by the memories of what they did to churches and how that came about in Alberta. I'm from Ontario, so I got to watch firsthand throughout the experience of this whole COVID.

But I have a question. Going back to your earlier testimony when you started speaking about the Ingram case, it's my recollection that either in late 2019 or early 2020, a Quebec lower court asked for stronger euthanasia laws, and they gave the federal government six months to put in stronger euthanasia legislation under the MAID [medical assistance in dying] program.

As we know, the federal government first asked for an extension of six months for COVID. And then they brought forward a poorly worded—and those are my words—euthanasia legislation in response to satisfy this lower court decision.

I don't want to get into regionalization and that part of it,

[01:25:00]

but the feds have had almost three years to respond in the Ingram case and no decision has been made. Do you think that the stalling by the court—and that again is my words, that's how I'm perceiving this—will result in a passage of time argument or decision or, as we heard yesterday, a moot decision?

Leighton Grey

I don't think that that will occur in the Ingram case. But we certainly have seen that happen in other cases. Of course, many people know about the high-profile decision involving Brian Peckford and Maxime Bernier with their section 6 Charter challenge. As many people know, about seven million Canadians were unable to travel on a ship, a train, or an airplane for a very long time. And those two men, through the assistance of the Justice Centre for Constitutional Freedoms, were able to, I think, bring about a change in the law.

What happened in that case is precisely what you said. By the time that they got to the Court for a determination of whether or not those travel restrictions violated section 6 Charter mobility rights, the government had already suspended them and removed them. So the court said that the issue was moot and that there was nothing to be decided.

I don't think that that will happen in the Ingram case because the Ingram case engages also— We actually asked for damages. And we also asked for a determination of whether or not the Chief Medical Officer of Health exceeded her statutory authority in making those health orders. And that's a very important determination because if that is true, if the court makes that finding—and I happen to think that that finding is inescapable—that will open the door for many, many civil lawsuits against the Government of Alberta by people who lost their businesses and so on.

I do think that we're going to get a meaningful decision in the Ingram case. I don't think that the court can escape making decisions in that particular case through mootness, although there is a concern that that could occur in cases of this kind.

Commissioner Kaikkonen

And my second question is, and you kind of alluded to this in your testimony: Do you think there will be a trickle-down effect or response in terms of the lesser magistrates, the different ones that you've alluded to, that they ought to have known?

I'm thinking specifically of the Krever Inquiry and the tainted blood scandal, when the heads that rolled were the two top officials of the Red Cross. And yet everybody who worked there, the decision-makers that were under those two, were not held accountable or responsible.

Going forward in terms of court cases, and again you've alluded to some of this, will we see some of these decision-makers who are lesser magistrates in our society, who were equally responsible for dividing the social fabric and destroying what we knew as Canadian

society—our democracy, our rights and freedoms—will they also be brought to a place where they are held accountable and responsible?

Leighton Grey

Well, that's a question that honestly, I can't answer. I don't know. Honestly, what we are seeing right now—and this gives me some degree of hope—is we're actually seeing some very rational decisions in these lower courts.

There was a recent labour arbitration case involving Via Rail in which the arbitrator actually found that Via Rail's vaccine mandate was not a reasonable basis, a legally justifiable basis, in order to terminate Via Rail employees' employment. In fact, it might be conceivable that we're going to start to get these more rational decisions at the lower levels and that they'll make their way up into the higher courts. It's my view that we are less likely to get a change, as I say, at the tops of the trees. We're more likely to get it at the lower levels, at the root, and that will make its way up.

It's of concern, and many people realize this: the Chief Justice of our Supreme Court, Mr. Justice Wagner, made some very pointed public comments in the aftermath of the Trucker's Convoy about the people who participated in that. This is most concerning.

Also, our former Chief Justice, Beverly McLaughlin,

[01:30:00]

who's sitting on a tribunal over in China: she wrote an op-ed not long after the Trucker's Convoy, again in support of the Government of Canada's narrative.

So I don't think there's a great deal of hope that we're going to get a huge change, a policy shift, at the upper levels of our judiciary—certainly not unless and until there's a change in the government narrative that we've been talking about. I'm actually more hopeful that we're going to start to make inroads at these lower levels of court and that that will make its way up to the tops of the trees, as it were.

Commissioner Kaikkonen

And my final question is about— I'm going to start off with a quote by Albert Camus: "The only way to deal with an unfree world is to become so absolutely free that your very existence is an act of rebellion."

I'm just wondering if you have any recommendations that ordinary Canadians can do— again, taking personal responsibility—that might sway the judiciary and the government to think about what they have done over the last three years.

Leighton Grey

What I encourage people to do is to get involved at the grassroots level. One of the greatest and most common shared feelings of people in our country throughout the pandemic is powerlessness. And I happen to believe that that is by design. But that's a lie. That's not true. We all have individual personal power. We all have things that we can do.

Not everyone is an eminent doctor or a litigation lawyer or a high-powered journalist or whatever, but everyone has things within their power that they can do that can make a

difference in their families. Getting involved at the local school level, getting involved in local politics, speaking out. I think we need to do more.

There's a level of complacency. There's this spell that Mr. Buckley talked about that must be broken. And the only way to do that is to do something, to take action. I think, as a country, as a nation, we've been spectators allowing things to be done to us or to be done for us. And I think the more that we get active in our own lives and within our personal reach, that's how we're going to make the greatest difference. That's how we're going to restore confidence in our communities and in our local institutions.

Where could that lead? Where could that go? The one thing that we know right now is that— I think, there's a famous quotation from C.S. Lewis to the effect of, "Be careful about putting too much faith in one person." And with all due respect to our political leaders, I don't think that we can look to them, or we can look to a ballot box, to restore our country. I think that we have to take individual responsibility for what we can control in our daily lives. And if more and more of us start to do that, I think that is the antidote to this chaos. That is what is going to restore our country to dignity.

Commissioner Kaikkonen

Thank you for taking the time to testify this morning.

Leighton Grey

Thank you, it's been my honour.

Shawn Buckley

Leighton, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Leighton Grey

Thank you.

In closing, would you mind if I just read a brief biblical verse I'd like to share with people who watch this. It's from Ephesians, chapter 3 verses 14 to 21 and reads as follows:

For this cause I bow my knees unto the Father of our Lord Jesus Christ,
Of whom the whole family in heaven and earth is named, that He would grant
you, according to the riches of His glory, to be strengthened with might by His
Spirit in the inner man; that Christ may dwell in your hearts by faith; that ye,
being rooted and grounded in love, may be able to comprehend with all saints
what is the breadth, and length, and depth, and height; and to know the love of
Christ, which passeth all knowledge, that ye might be filled with all the fulness
of God. Now unto Him that is able to do exceedingly, abundantly, above all that
we ask or think, according to the power that worketh in us; unto Him be glory
in the church by Jesus Christ, throughout all ages, world without end.

Amen. Thank you.

[01:35:25]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

***For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 2: Jody McPhee

Full Day 3 Timestamp: 03:16:06–03:34:17

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Dellene Church

Our next witness is Jody McPhee. Good morning, Jody.

Jody McPhee

Good morning.

Dellene Church

Please state your name and spell your first and last name for the record.

Jody McPhee

Jody Lynn McPhee, J-O-D-Y M-C-P-H-E-E.

Dellene Church

Thank you. Jody McPhee, in your testimony here today, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God?

Jody McPhee

I do.

Dellene Church

Thank you. Jody, unfortunately you lost your dad to the COVID vaccine. Can you tell us about that?

Jody McPhee

On May 22nd, 2021, my dad went to the local grocery store pharmacy for his second dose of the COVID vaccine. He then went around the store and purchased T-bone steaks, asparagus, and ice cream sandwiches. All of which he did not get to enjoy because unfortunately, within 45 minutes of the injection, he was dying. He managed to drive himself home for the last time. He was hospitalized that night. And sadly, six days later he succumbed to his injuries.

At that time, I was working on a project in Weyburn, Saskatchewan. My mom had called and said, "He's not talking anymore." I said, "What, he's not talking anymore?" I couldn't imagine that. She said, "You should come home."

I went to work. I tied up some loose ends. I said, "I'll be back." And I made my way to Yorkton. Upon arrival at the hospital, I didn't even know if I was going to get to see my dad. I wasn't one of the people on the visitors list. I waited in the entrance to the hospital while they called the ward to see if I was able to see my dad. I had called my mom to find out where exactly they were because I was going to see my dad regardless. My mom said, "I will come and get you," and she made her way down the hallway. I ran to embrace her. She was about to lose her husband of 47 years. Hospital workers were screaming at us, "social distancing!" I responded, "This is my mother and I will embrace my mother any time that I want." Fortunately, the doctor allowed me to go in to see my dad.

I got there. He clearly was not well. I took his hand. I said, "Dad, I made it home for you." The doctor came in and said he was dying. At the time, I didn't believe it. He had survived so much I didn't think a needle would take him out. Either way, the plan was, I was going to go home. He wasn't expected to survive the night. They had actually told me I could bring my dog into the room. So I went to my mom and dad's house to get my dog and to get my clothes and I didn't even make it halfway across town and my mom said he had died. I feel like he waited for me to get there and then he waited for me to leave.

Upon his death, my immediate response was to warn people. In hindsight, I see how naive I was because no one wanted to be warned.

My dad's death was belittled and denied by friends, family, my employer, my Prime Minister, my Premier, my MLA, and my Member of Parliament.

Dellene Church

Jody, did the medical staff acknowledge that your dad's death was a result of the COVID vaccine?

Jody McPhee

There was a conversation at the time that it was a vaccine. They questioned when he had had it, they questioned which one he had. It was then reported to the—I don't remember what it's called, where they report the adverse reactions. It's actually reported by the doctor and the pharmacist who had administered the shot.

Dellene Church

And was any information given to the family, on making a claim, about compensation?

Jody McPhee

Yes, there is actually a claim for compensation right now. They've requested further information at this point. So we're just— It's just taking time at this point.

[00:05:00]

Dellene Church

So next for you, as a result of your dad's death from the vaccine and your faith, you had made a decision not to be vaccinated.

Jody McPhee

Right.

Dellene Church

Unfortunately, your private employer put in a vaccine mandate at your work. Can you tell us how that process works?

Jody McPhee

So I had basically— I had a difficult experience happen at work on September 21st, where I was bullied and harassed by a member of management to the point where he had screamed at my coworkers that they were to get away from me because I was going to make them sick. I asked for help that day from my employer and I did not get it. I ended up in the hospital. I ended up with a diagnosis of adjustment disorder with a heightened state of anxiety and depression. I ended up off work because of that for four months.

While I was off work, the company did mandate a vaccine on their workers. I knew about it because I still had friends that worked for the company. They were informing me what was going on and I was also having discussions with different management within the company as well.

I had been approved to return to work by my doctor and I also had a religious exemption letter from my pastor. I submitted both, I believe it was the same day. I'm not sure, I might have submitted one and one day and one the next day. With my religious exemption, I asked the HR director— I actually asked, I didn't want to be religiously persecuted for my beliefs and I just wanted to be treated the same way Jesus treated the people, with love and compassion. I actually asked for that and instead I was persecuted. I carried the cross up the hill. I mean, I was fully prepared for what was to come.

So it was not only denied, it came with a letter telling me that my relationship with Christ, along with my vaccination status, would cause a considerable amount of undue hardship to the company. They would lose income. They would lose business. It would be disrespectful to the other employees. They even went as far as to tell me that their clients and their business partners had requirements in place that would not allow that exception. So it was denied.

That response was promptly followed by an email saying that my employment of seven years was terminated. The email was signed by the HR director on behalf of my manager, who I had actually— It's interesting to note, I had had an employee review just months prior, where he told me that I was consistent— In writing actually, he said I was a

consistent contributor. My work was always exceptional and he was looking forward to all of my success in the coming year with the company.

It really hurt that he could say those things and then I wasn't even able to get fired with dignity. I didn't deserve a phone call. I didn't deserve a meeting. I basically got an email from a stranger saying, "Don't come back."

Seven years, you know, I worked—and it was seven years of sacrifice. I worked in construction. We worked away from home. We were on the road. We were doing an important job. We were essential workers. We worked all the way through the pandemic. We were building facilities to help feed the world. We were heroes. We were scared but we were going to work. I you know anyone that works away from home, you literally give your life to the company. We worked a four week on, one week off.

[00:10:00]

For seven years. And I was exceptional. I went from exceptional to worthless in just a matter of months.

Dellene Church

And you suffered a further indignity after you were fired. Can you tell us about that, about trying to return to work for your retrieving your belongings?

Jody McPhee

I wasn't allowed to retrieve my belongings. Right from the get-go, when I first went on to leave, I asked to retrieve my belongings. They told me that I was basically a danger to the workers. I don't—I don't know. It was, it was pretty awful. To this day I haven't even gotten my belongings back and I was fired over a year ago. I've tried numerous times, reaching out to different people in management on job sites saying, "Please can I get my things back." They respond with—I actually got an email, like, months after I was fired, telling me that I wasn't able to talk to anyone in the company without permission for any reason, without permission from the HR director. I didn't even work for them anymore.

Dellene Church

So your next involvement was with an application for unemployment insurance?

Jody McPhee

Right. So of course I applied for unemployment insurance. I was denied. I was denied based on the fact that the person who was making the decision felt that my faith and my religion was something that was in my head, which she actually said to me. I then waited a while. I mean, as a person, you're feeling defeated and you're feeling discouraged. I waited a while and at the very, very last minute I appealed it. And I'm happy to say it was approved based on my religious exemption. So I was paid the maximum amount of benefit minus five weeks, as I wasn't available for work for five weeks out of that time.

Dellene Church

And following that, you also have been involved now in a court application for wrongful dismissal from your employer.

Jody McPhee
Right.

Dellene Church
Is that still proceeding?

Jody McPhee
Right.

Dellene Church
Can you tell us about that?

Jody McPhee
Clearly, there's strategy involved and so I don't want to say too much but we are working towards getting justice. We have a strong group of eight. We're absolutely adamant that we will not waiver and we will not back down. We were all long-term employees, long-term loyal employees.

Dellene Church
And have you had court proceedings yet?

Jody McPhee
No. I believe there was an application to strike in play and then— We have a fantastic legal team. You just heard from one of them. We have a fantastic legal team and they're working hard for us. And we have complete faith and trust that this will work out in our favor. It has to. I mean, eventually good needs to prevail; it has to.

Dellene Church
So after your unemployment insurance benefits ran out, you've suffered severe economic consequences.

Jody McPhee
I actually didn't receive— I got my insurance benefits in a lump sum over a year after I was fired. So I mean, prior to that, it was the economic consequences. I didn't have a paycheck anymore. I had to cash in my savings. I had to stay with my mom; thank God. I mean, I had a place to stay. But I wasn't able to at that point anymore—I had just sold my home and then all of a sudden, I was fired. I wasn't able to secure another mortgage or even rent an apartment right away. My mom doesn't like it when I say this, but I was essentially homeless.

I wasn't able to work for several months and I'm still only working part time for myself. I am working for myself now. I'm not able to work for anyone else because I— This clearly, I mean, I don't have the work ethic of a person who gets fired. It's something that hangs over your head and I don't think I'll ever be able to work for anyone else ever again. Because of that fear and that damage that that's done to me.

[00:15:00]

Dellene Church

But the strength you've had— The hope today is that you didn't give up. You've gone through all these processes. You also completed online schooling during this time for a new profession. And you've recently opened your own business, you're going forward. You're seeing this through.

Jody McPhee

I'm going forward and I'm seeing this through, absolutely. One hundred per cent. I feel, it's so hard to talk about, but I feel like there's so many people out there that would have liked to have seen me hanging from a tree. But they don't get to win this, I do. Because I'm sitting right here.

Dellene Church

Is there anything else you'd like to share today?

Jody McPhee

Well, first of all, I'd like to say thank you for the opportunity. Thank you to everyone that's here today, everyone who's watching, everyone who's involved in making this happen. I feel like this is just the beginning. You know, I had been waiting for a platform to speak on and I believe this is it. So I'm incredibly grateful. I'd also just like to say something to my dad. I'd like to say: Dad, thank you. Thank you for giving your life so that I can live mine strong and healthy.

Dellene Church

And do you have any suggestions for what could be done so we don't face this again?

Jody McPhee

I think what we're doing right now, I think talking is important. And I know there's going to be days that we're going to be tired and those are the days that we're going to rest, but we don't quit. We don't quit. We don't back down. We don't waiver. And we just keep going. We just keep going. And I know personally, I've got to work on getting my carefree nature back because that was taken from me. I need to work on trying to believe that most people are good. I've got to try and get that back.

Dellene Church

I'll turn it over to the commissioners to see if they have any questions for you.

Jody, thank you for your courage through all of this and your perseverance. And on behalf of the National Citizens Inquiry, I'd like to thank you for your testimony today.

Jody McPhee

Thank you for having me.

[00:18:11]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 3: Dr. Christopher Flowers

Full Day 3 Timestamp: 03:34:22–05:00:29

Source URL: <https://rumble.com/v2jszo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

So our next witness is attending virtually, Dr. Chris Flowers. Dr. Flowers, can you hear us?

Dr. Christopher Flowers

Yes indeed.

Shawn Buckley

Okay and we can hear you. I'd like us to start by asking you to state your full name for the record, spelling your first and last name.

Dr. Christopher Flowers

My name is Christopher, C-H-R-I-S-T-O-P-H-E-R, Flowers, F-L-O-W-E-R-S.

Shawn Buckley

Now, Dr. Flowers, we have entered your CV as Exhibit SA-5 in these proceedings. But just so that people participating today have some idea of who you are, I'm going to go through a couple of highlights and feel free to say more. And then I'm going to ask you to discuss the War Room/Daily Clout Pfizer thing and even explain what the Pfizer dump is.

But you have a medical degree from the University of London. You are a fellow of the Royal College of Radiology. You are a fellow of the Society of Breast Imaging. You led the breast cancer screening program in South Wales. You are the cancer lead for the South Wales Cancer Network. You are an associate professor of radiology and biomedical imaging at the University of California. You are the radiology lead of the University of California breast cancer research program. You are an associate professor of the University of South Florida and Moffitt Cancer Centre. You are a medical researcher at the Johnson Cancer Centre. And now you are medical lead of what's called the War Room/Daily Clout Pfizer Document Investigations.

And I'll ask if you can explain, for those who don't know about what the Pfizer documents are, what this organization you are the medical lead of is?

Dr. Christopher Flowers

I'm very happy to do that, but first of all, I need to swear. I do solemnly swear—

Shawn Buckley

Yeah. I'm sorry, I forgot about that. So do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Christopher Flowers

I do.

Shawn Buckley

Oh, thank you. And thank you for reminding me of that.

Dr. Christopher Flowers

So what I'd like to do is just share some slides as I talk [Exhibit SA-5]. And you've heard a lot of the things that I've been— Basically my status, giving you some validation for my medical qualifications. But also I can enhance that, perhaps just saying I've been a clinical researcher for almost 40 years now. I've been involved in many clinical trials, mainly in the field of breast cancer screening. And in this sort of situation there is a serious balance that we have to take into account with every decision we make. And that's the benefits versus the risks, the harms. It's really paramount in our thinking. I've authored many peer-reviewed papers and also chapters and whole medical textbooks. And I've received awards from prestigious medical journals for distinction in reviewing. So that gives you a little bit of my background.

But today I'm actually standing on behalf of the War Room/Daily Clout Pfizer document investigators. We have approximately 3,250 volunteers who reviewed the Pfizer documents in response to the release of the documents via FOIA [Freedom of Information Act request] to the FDA [U.S. Food and Drug Administration] from a North Texas district court. We are a mixture of medical professionals from academia, primary care, but also nurses, pharmacists, and clinical trial specialists from research backgrounds. We also have actuaries. We have all sorts of things. And one of the key components of this that we felt was very important is that we have no financial conflicts. That means no one was allowed to hold Pfizer shares or have any trades based on any of the Big Pharma companies. All of the members who helped me produce this presentation for you today are unpaid volunteers.

The background to the Pfizer documents: these are the regular documents the FDA used to record. They required Pfizer to produce, as part of their application for the emergency use authorization. They were obtained firstly by a request by attorney Aaron Siri with a FOIA with a judge in the North Texas court, who granted the request in January of last year.

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Now, one of the issues that we've highlighted is that the FDA complained they would not be able to release the documents in a timely manner and it would take 75 years. So it's like they're trying to hide things—just like there have been holds on evidence for the J.F.K. assassination, for example. But thankfully, the judge ordered them to be released over the next 12 months, which they didn't do, and gave a schedule of the numbers of pages that needed to be released per month. Now, these were huge numbers of documents and number of pages.

And so only a sort of crowdfunded citizen investigation would actually work in going through all this information and pulling out the important information. One of the important questions, I think, is: When would it have been available to regulators? That means your Canadian authorities. We know for sure that the documents were shared with the European Medicines Agency as well as the agency in Australia as well as other regulators at the time, in 2020 and early 2021.

Although many thousands of these documents have been released, the way they were released and the drip, drip, drip factor of their release: they actually obfuscate the findings. Because after three months of releasing redacted documents, they started grouping files into what are called XPT files. They're a type of SAS proprietary data file. And a lot of the PDF files, the ordinary text files, if you like: they were presented as JPEG images within this file. And of course, you can't search an image when it contains words. You actually have to do optical character recognition.

And there are many outstanding documents that we need to complete the picture of both the clinical trials and the outcomes of these trials. Because the FDA actually required follow-up of a lot of these different groupings to make sure that the data was complete. So our data teams worked around the clock every month with these new files and extracted the data into searchable Excel data files. Our data team is based, in Canada, in Vancouver, all across the U.S., in London, in Paris, and in Australia.

Our team were literally able to work 24 hours of a day every time a document dump was made to produce a searchable file. They even produced an application which is available online called Abstracta, which enables you to search any of the Pfizer documents for relevant data.

As I said, many documents refer to yet another document, which in many cases have not been released. In other words, Pfizer has made it extremely difficult to get to the truth. For example, a large number of subject case report files—these are the so-called CRF files—have not yet been released. For example, female subjects account for nearly 50 percent of the clinical trials. And based on the Pfizer protocol, all females must undergo a urine analysis testing for human chorionic gonadotropin to screen for pregnancy before both dose one and dose two. So a minimum of 43,232 HCG tests would have been administered. However, so far, only nine CRF documents have been identified to date. So obviously, they're not releasing all the information.

What I would like to do is quickly go through the clinical trials and then concentrate on some of the findings that we've been able to pull out from the data.

First of all, most of the information initially came out from rat studies. These are humanized rats called Y-Star rats. And one of the very important first things was the fact that the vaccination did not remain in the deltoid muscle but spread throughout all organs of the body, including the reproductive organs. And these rats were— Basically, they were put down and analyzed

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shortly after they'd been given the vaccine for testing.

The next aspect of this was the lipid nanoparticles. They were going to be containing this BNT162b2 vaccine, which is what we had as the mRNA. And they did these testing in conjunction with Acuitas Therapeutics in Vancouver. And it was noted that there was a rapid onset of symptoms from this particular delivery system. So we were told this was something that had been well-researched but, unfortunately, a lot of the rats did not do very well after injection with this lipid nanoparticle containing the vaccine.

And here is an example of the table they produced showing increasing concentrations of lipid nanoparticles over 48 hours. And it goes up from 0.01 to 12.26 in 48 hours. But we don't have any further data because that's when the rats were humanely killed. And so we presume—or at least we're told—that the dose should be falling off, but there is absolutely no evidence of it. The only data we have is that there is increasing accumulation over a short period of time. So ovaries: we're talking about reproductive organs here. And it also occurs in the male rats: it was going to the testes.

Now the Phase 1 clinical trials, these were very shortened. Normally, safety studies take at least five or 10 years. And the BioNTech studies performed in Germany and in China only really looked at 195 subjects: 45 subjects were randomized but many more were discarded. And there's no real explanation of why this was. And they tested out various doses of the proposed vaccine.

Basically, the trial was too short and had far too few subjects to come to any potential conclusion regarding safety.

Pregnant women obviously were excluded. They had not had any evidence to declare the vaccine was safe for pregnant women, fetuses, or breastfeeding of infants. And there were far too few children below the age of 16 to draw any conclusions regarding health risks to the population.

And so they started with the Phase 2 trials. They provided a number of exclusions that were required during the trial. And the interesting feature of this clinical trial was that the full trial protocol was changed many, many times during the trial. Both before the trial, during the trial, and then after the trial—which is very, very weird. I've never come across this before in any of the clinical trials I've been involved with over the past 40 years.

So there was a total of fourteen amendments, nine of which came after the start of the phase three trial and then five right at the end. These amendment dates vary from 1st of December 2020 all the way through to 2nd of March 2021.

And here is a list of the protocol amendments with the dates. So that's a Phase 3 clinical trial. You normally have a trial protocol agreed on and approved before you start the trial. And then that is supposed to help you in analyzing the results of the trial. So if you're changing the protocol, what we're talking about here is moving the goalposts at each stage. And it just brings up more questions than giving us answers.

Here is the front page of the protocol document. But one of the things that was very interesting to me—I only happened to notice it fairly recently—was, at the bottom of this very first data sheet from 15th of April 2020, the fact that the clinical protocol template for this particular vaccine was developed on the 5th of December 2019. Now, if you remember,

the WHO only declared a COVID-19 outbreak as a public health emergency of concern in January of 2020,

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and then a pandemic on the 11th of March 2020. So many months later, which makes you wonder and ask questions about: How soon did they know things were happening and was this all planned?

There were a lot of danger signals in the first 90 days after the rollout of the clinical trial. I'm talking about the 90 days after the EUA [emergency use authorization] was granted and it was rolled out, firstly in the United Kingdom and Europe and the U.S.A. These are covered in what's known as a Post-Marketing Experience document. It is the infamous 5.3.6 data dump. It was broken down by what's called System Organ Class. So they decided to say neurological, cardiovascular, things like that. But as I'll demonstrate, they manipulated these slightly—to probably hide the sheer number of severe adverse events by trickling them out into different areas.

These are the system organ classes that were used in this document. And the headline findings are that: 275 patients had a stroke; 25,957 people had nervous system disorders; 17,283 had gastrointestinal disorders; and 8,848 had respiratory, thoracic, or other chest and heart disorders. Now this is a lot of people in the first three months.

What about deaths during the trial? Now, when the trial happened, by November the 14th basically, there was a data cut off point that was required in the trial. But only 50 per cent of the subjects had been exposed for long enough to give any idea of real safety data post dose one or dose two. But it was noted that by November the 14th, there had been 11 deaths. Pfizer, however, only reported 6: they had five in the placebo but they had 6 in the vax population. So there were more people died in the trial who were vaccinated than who were unvaccinated. Of these 11 deaths, the number of deaths due to heart attacks were 2 in the placebo and 3 in the vax.

I think you can see a trend here that being vaccinated in this trial was more cause of serious adverse events and death than anything else. So the difference in deaths between the two arms didn't really become obvious until March the 13th, 2021. And that was 21 versus 17. And of the 21 deaths in the vaxxed individuals, 9 died of heart attacks. But the 17 deaths in the placebo group, only 4 of those died of heart attacks. So clearly, the adverse event signals became clearer by the end of this post-marketing document 90 days—in March the 13th, 2021. And because of all of that, really at that point, the FDA should have said, "We need to put a stop on this until we've analyzed it further."

And that's really one of the main recommendations that we would suggest for any further trials of any sort of intervention: that you don't just rush through to an emergency use authorization, but you review the actual serious adverse events and any deaths from the vaccine rollout until you've had that immediate post-marketing experience follow-up.

So to try and make the findings easier to understand, our volunteers published micro-reports based on each of these individual system organ classes. These are all available for free on the dailyclout.io website under "Pfizer Reports."

The headline findings after this 90-day rollout were that there were 1,223 deaths. Most of the severe adverse events occurred within four days post-vaccination,

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and within 24 to 48 hours in 70 per cent of women and 29 per cent of men. And these were all under the age of 50. The highest number of cases were in this working-age bracket of 31 to 50 years. So if you take that overall, the main findings of the post-marketing study were that the serious adverse events were mainly affecting women in the working-age group of 31 to 30 [sic, 31 to 50 in slide]. Really quite important findings.

Also, interestingly enough in the post-marketing: there were 175 cases that were under the age of 17, which include a Bell's palsy in a one-year-old. Now remember, this is supposed to be given to people 16 and over but we had a one-year-old who had a Bell's palsy. We had another young patient, only seven years old, who had a stroke. And there was also kidney failure in an infant less than 23 months of age.

Furthermore, from this point of view there was no informed consent provided, as you know. If you compare the rollout of the Pfizer vaccine and the encouragement, we were just told it was safe and effective. But if you look at any biologic advert on TV, you'll see a quick thing about the benefits of it and then you'll have two minutes probably of, "Go and see your doctor if you report this, that and the other. Tell your doctor if this, that and the other happens." There was none of that with the Pfizer vaccine. And in fact, in the insert into the vial packet that is given out, the page actually states: "This page is left intentionally blank." Because it's an EUA product, there's no requirement to provide a fully reported insert into the vaccine packet.

Let me just mention something like Bell's palsy because this is a good example of one of the severe adverse events. I report a fellow countryman of yours, Justin Bieber, who, as you know, suffered a Bell's palsy after receiving the vaccine. And this occurred in four patients who received the vaccine but none of the placebos in the trial got Bell's palsy. The other interesting thing about this was that in the trial, the placebo patients were unblinded and then vaccinated. And those that were vaccinated, they also received similar numbers of Bell's palsy after the end of the trial, which is totally crazy. Pfizer's explanation was the numbers were small, but they made no explanation as to why they considered it to be significant. Because as you know, Justin Bieber is unable to carry on with his concerts and to sing because of this palsy; it's affecting his voice.

It's really tragic when you realize that severe adverse events are not just a one-off thing but there are chronic complications as a result because it's an ongoing situation. For example, if you have a stroke as a result of the vaccine, you're permanently injured. You were a healthy person; you received an intervention that was to stop you, in theory, from dying from an infection. But instead, you ended up with a stroke, which is now lifelong that you're going to have to suffer. And I think you can see if you follow on YouTube and search for some of these, many cases of news anchors or weathermen, for example, developing a rapid onset of a Bell's palsy on air. I've seen a number of these and it's really quite fascinating.

Let me just address something that's really, really important on this point of view. Because people have said, "Well, how do you know it's due to the vaccine?" Well, if I explain what latency is, you'll perhaps understand a little bit better. Latency is the time between giving the intervention, the vaccine in this case, and the onset of a severe adverse event. And this graph is just a compilation of all the cases from the 5.3.6 document showing the vast majority of people who had serious adverse events,

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occurred on day 1 and day 2 following the vaccine.

Now, it wasn't just the post-marketing event experience documentation that Pfizer reported to the FDA. But interestingly, our friends in Europe, the European Medicines Association, required a periodic safety update report. And this is covering the first six months of the vaccine rollout in Europe. Interestingly, they gave out 238 million doses in 30 European countries. And basically, their findings are very reflective of what we found in the original Pfizer documentation. It's just scaled up to a much, much larger scale. So although people say, "Well, these side effects, these serious adverse events are very rare, we don't have to worry about it," just look at these European data if you think that.

Do you really think that 1.17 million adverse events with over 5,000 deaths in the first six months of a vaccine is nothing? You know, one third of all adverse events were serious. And the commonest age range for these, again in European data, were the 31 to 50-year-old age group. Nearly half of all of the deaths, plus 86 per cent of the adverse events, were amongst healthy people. They charted that out compared with people with comorbidities. And you'd normally expect people who have some other issue—like obesity, diabetes, and other things like that—would be more likely to have serious adverse events or deaths. But no, it was actually in the healthy 31 to 50-year-old age group. We're talking about working age people, which makes you wonder, is it targeted? We need to know. We don't have any of that information.

The other aspect of both the Pfizer document and the European Union report on the Pfizer vaccination is that nearly half of the outcomes remain unresolved. We do know, however, that 23 per cent of these patients with severe adverse events did not recover. And again, the European data confirm that women suffered these serious adverse events at a rate of at least three to one compared with men.

So a question we've been asked to address was: Was there manipulation of data? We believe the data was manipulated in a number of ways. For example, in our anaphylaxis reports, we reviewed and found they'd used what's known as the Brighton Collaborative Criteria, which is a rigorous research-orientated set of definitions, to decide whether these reports should be reported or not. This allowed Pfizer to eliminate 831 of the 1,833 reports of anaphylaxis, thereby reducing the numbers that are being presented.

Furthermore, the collection of the cases for the Brighton classification were evaluated—not by a complete chart review, which is what you would normally do, or even actual patient interaction—but it was based on very limited VAERS reports or similar sources. And Steve Kirsch and others have already talked to you in their testimony about the issues with the underreporting in VAERS. It's a very variable reporting system and often you get very incomplete information.

And to trust your data to decide whether they fitted the Brighton Collaborative Criteria is actually very concerning because we need— In a healthy population, we want to know what the safety signals are. And all these serious adverse events and deaths are, by definition, harms that need to be balanced when we're talking about doing an intervention in a healthy population. So therefore, a lack of information should not be construed as data negating the diagnosis of anaphylaxis. And we would prefer to go with the 1,833 reports of anaphylaxis.

What's the importance of revealing more clinical trial data when we're assessing medical products?

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And based on just reviewing the Pfizer documentation, we believe that access to more trial data, human clinical data collected at the site level, should actually be available as an open source. A population who are involved in a trial should be able to have their data analyzed by various people, and not just go to the sponsor—the sponsor being in this case Pfizer. Because then there's no way that the data can be manipulated in any way in the presentation of the findings to help them with a particular narrative.

So we believe that there wasn't enough information to provide the vaccine prototype being 95 per cent effective as reported. We believe that it was unsafe based on the raw data that we have managed to compile from all the CRF data and others from each of the sites during the clinical trial. We also believe that the raw trial data should, when you're analyzing it, include people who are qualified but have no conflicts of interest.

And I think this has been a really big problem with the committees that basically provide the recommendations to the FDA, for example, to rubber stamp a product for an EUA, for example. We believe that these people should not be incentivized, because if you're promised a good job with Pfizer or in Big Pharma after you've already authorized their product, then you're much more likely, obviously, to be compromised in your thinking and not being critical. Because the FDA— Back in the day, I remember submitting and being part of the submission process for clinical trials. And it was a struggle to get things past the FDA; they were protecting patients. But in the last few decades, they've really become compromised with the amount of funding coming in from Big Pharma.

We also believe there is a need for ongoing analysis of the data even after the product has had the emergency authorization or been administered to the public. As I mentioned earlier, it was clear from the post-marketing experience: There were both an unexpected number of serious adverse events—in fact, enough that Pfizer had to recruit another nearly 2,500 additional analysts just to cope with the sheer number of adverse events that were occurring. These adverse events were classified by Pfizer, by the sponsor. They consistently said in their reports of each of these as though there were no new safety signals, which we believe based on the findings that we've reviewed is not justified at all. It really should have been brought up to the FDA immediately. So this function should have been performed by a trusted public body with no conflicts of interest.

And I know we've heard from many people during the testimonies over the last couple of months that people are losing their faith in the medical profession—in the three letter agencies that are supposed to protect us from harms. And really, we need to come to some form of arrangement whereby we can have a trusted public body that is responsible to the population with no conflict of interest. Because if this had been actually done in the correct manner, it is likely that the trial would have been stopped immediately, just like it was done many years ago when the swine flu vaccine was being trialed. They had a number of deaths and immediately they halted the clinical trial. Well, why didn't that occur in this particular trial?

I'd briefly like to talk about the definitions of adverse events when it regards the time limit imposed. That was a question that was asked of us. Pfizer had 14,565 unique subjects who expressed 36,567 adverse events. Now, that's a lot of them. And the onset of these adverse events was anything from one day to 213 days. But as I've shown you with what's called the latency, the vast majority of these occurred within the first few days after administration of the vaccine.

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That gives us little doubt that it was associated with the vaccine itself. Anything that occurs within the first few days, definitely—but certainly up to one month after the vaccine is administered. The big problem that we have with adverse events and biologics is that they're very different from standard drugs—for example, like a toxin like a chemotherapy drug. Because they've got different metabolism and clearance, as well as the possibility of immune suppression, we believe a longer period of observation is very important, particularly when looking at development of cancers and both infertility and birth defect potential.

And that is really where the very initial Phase 1 trial should have been properly done. This few-week Phase 1 trial was very, very poorly done and you can't possibly get reliable safety signals from such a short-term trial. The other aspect of this is that, unlike small molecule drugs, where you know how the drug is eliminated from the body—whether it's through the kidneys in the urine or it's through the liver and out that way—they're well-known and well-studied. The problem is that this mRNA lipid nanoparticle platform is still being elucidated. I mean, I was very concerned when I first came across this because we know that lipid nanoparticles can traverse every membrane of the body because it's got this fatty component that enables it to pass.

You have things called membranes in the body that separate important organs—for example, the brain from the circulation called the blood- brain barrier. And it does a very effective work in preventing toxins crossing from your blood into the brain. Now that's why, for example, chemotherapy doesn't work well with brain tumors—because it just can't get across very easily. But the lipid nanoparticle goes straight through the blood-brain barrier. Similarly, it goes across the placenta, which is supposed to protect the unborn child, which is why Pfizer in their clinical protocol stated very, very clearly that you had to avoid getting pregnant and having injections if you were pregnant. They actually said in the clinical trial documents that if you were going to have sexual intercourse, for example, if a male had had a vaccination, the male needed to use at least two reliable forms of contraception to avoid pregnancy if they'd been vaccinated. So they were aware there was going to be a problem. And the reports after vaccination of what has happened with patients and the colour of their breast milk, the failures of thriving, the effects on the placenta: all of these things are concerning because of the effect of this platform being able to cross multiple membranes.

The interesting thing if you look at this is that, very recently in a viral video, Dr. Fauci was on the doorstep of someone and he was trying to encourage them to get the booster vax. And he told these residents that this platform was perfectly safe. It had been researched for 20 years. And in fact, Dr. Peter McCullough, when he did his testimony in Truro, he shared that the platform was being researched back in 1986. The involvement of the U.S. military in the development of manipulation of viruses by gain of function, with the vaccine being produced as a prototype under another transaction agreement with the Department of Defense, really gives one pause that this potentially could have been a biomedical terrorist type of activity against our own population and the Western population. Should the Department of Defense really be involved in manufacturing and distributing vaccines? What's happened to the oversight of this? Did the world know that this was happening? I mean, we're only beginning to know now

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the extent of involvement of the Department of Defense in the development of vaccines.

So hopefully, this will give pause to consider using this technology until we know much more about the safety profile—especially of the lipid nanoparticles, of which 50 per cent of the composition is polyethylene glycol, which you may have come across as colonoscopy prep. But it's not really supposed to be given into your blood because it takes a long, long time to try and break that down and excrete from the body.

But what about the regulators and their competence to assess a novel vaccine platform? We have to remember that government regulators are bureaucrats. They're not experts, generally, in their field of occupation. Regulators rely on outside experts like the data safety monitoring boards and the institutional review boards. However, the FDA's oversight of clinical trials is extremely lax. It's slow-moving and it's secretive. Moreover, due to the pandemic, the use of on-site, no-notice inspections was paused. So you never had the real oversight of clinical trial sites that we used to have back in the day.

We are still looking, and we haven't found, official action-indicated reports for this Pfizer study. So they're saying that, "Well, nothing serious happened." But we've seen evidence that there was fraud going on in some of the clinical sites, whereby Pfizer gave taxpayer money to these sites who basically didn't do the trial properly. For example, Brook Jackson's Ventavia case: she saw so many cases of not following protocol and so many protocol deviations that trial should have been stopped. And when she complained to the FDA, the FDA got her basically sacked from Ventavia as a clinical researcher. And that trial is still ongoing in South Texas.

So I think there are three disqualifications and closures that leave trial participants and others in danger. This includes the closure of site 1161, which was Darrell Harrington in Benchmark Research in Texas; he was found missing in action. Site 1068, the Bozeman Health Clinical Research in Montana; he had 84 out of 119 subjects with important protocol deviations and 44 exclusions and they were removed from the study in March 2021. FOIA reported violations of protocol by site 1231, which was the biggest contributor to the clinical trial in Argentina in the military hospital there in Buenos Aires. And since the clinical trial, the Argentine government have actually removed the authorization to do clinical trials with Fernando Pollock and his company, the iTrials Clinical Research in Buenos Aires, because of these protocol deviations.

I'd like to end up with some ideas on the mechanisms of harm. Because the reality that we're coming to is: yes, there are harms from the deposition and accumulation of things like lipid nanoparticles in various parts of the body, including the testicles, by the way, which also affects fertility in men. But most of the effects seem to be due to what we're beginning to call spike protein disease. The NIH [National Institutes of Health] call this long-COVID or long-haul COVID. But spike protein has now been found in every part of the human body. Autopsy studies by Dr. Burkhardt in Germany and others have actually demonstrated this when they stain for it in autopsy specimens.

So what should have given researchers pause when developing this novel vaccine platform? Well, as I mentioned, or alluded to earlier, lipid nanoparticles: they cross normal defensive membranes. So that's number one. But number two is mRNA, which can be incorporated by reverse transcription into human DNA. Now, this is supposed to be short-lived, but there is evidence from some sequencing data that it has been incorporated into DNA.

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We've effectively turned our own human cells into mini spike-protein factories with no off switch. An end codon, as it's known, was incorporated into it. We're told that spike protein stops being produced at a period after the vaccine. But it's clear that in some people, the spike protein continues to be made. And there are a lot of people looking at how one can detoxify from spike protein. But at the end of the day, we need far more research into understanding spike protein, the spike protein harms, and what potential mechanisms can we use to remove this from our body.

That has left us with many questions that still need to be answered, indeed. But hopefully, this has given you some idea of the extent of problems with this Pfizer clinical trial and the vaccine itself. So I thank you for your time.

Shawn Buckley

Thank you for that presentation. Dr. Flowers, you had just mentioned that authorities are calling this, I don't know, spike protein disease as long-haul COVID and we've heard that in the media. Is long-haul COVID caused by contracting the COVID virus, or is long-haul COVID a result of vaccination, or is it the result of both exposure to the virus and or vaccination?

Dr. Christopher Flowers

Yes, again, the NIH have set up a RECOVA program, it's R-E-C-O-V-A. And they initially appointed Dr. Fauci, would you believe, as one of the executive directors of that. That made us very concerned, but all they were going to be looking at were, "Oh, this is a result of the COVID illness, and therefore you need more vaccines to try and prevent this happening." That seems to be the thrust behind it.

But we know that spike protein disease can occur after you've been vaccinated but also after you've had COVID itself, which is why some people have really quite chronic, ongoing illness as a result. So I think spike protein disease is a good overall discussion we can have. And it's a good way to go forward, looking at the spike protein: how we get rid of it and its effects. Because only by understanding this little factory that's been put in our bodies will we actually understand how to combat it and get rid of it, maybe able to turn it off even.

Shawn Buckley

Now, you had mentioned in your presentation that females are over-represented as having adverse reactions. Can you speak to what are the main adverse reactions that females are experiencing?

Dr. Christopher Flowers

Oh, my goodness, as virtually every single type of reaction you can get from strokes all the way through to heart attacks and autoimmune disease, allergic reactions. But furthermore, I think the more concerning of these is, because they're young working-age women, that it's affecting their reproductive capability, their fertility. We know, for example, that people are having problems with their menses, their periods. They're having heavy bleeding, more frequent bleeding, lots of blood clots, pain with the menses, all sorts of issues. But also, we found people are having much more trouble conceiving.

Then there's the effect on breastfeeding and the failure to thrive of infants of mothers who've been vaccinated. We know that the lipid nanoparticle crosses the placenta and gets into the breast milk. You can see changes in breast milk, changing from the normal whitish

colour to bluey green, which is more like the feces of a baby who's been changed to cow's milk; It changes from yellow to bluey-green. So it is very worrying that this sort of thing is happening.

[00:50:00]

Some of the midwives have recently come out and been whistleblowers, telling us about the placentas they're now seeing after childbirth—that instead of the normal plush, thick, very healthy-looking placenta, you're getting thin placentas with sort of fibrous areas and white areas which basically represent calcifications. So the placenta is not working properly either as a result of this.

So again, there's a lot of work to be done, but it seriously affects women in very diverse ways. But more concerning we believe, is the effect on fertility in women and failure to thrive of infants. So it almost is like a war on women, you know? Okay, it does affect men, but when you've got a ratio of between three and four times as many adverse events in women than men, it just raises more questions than answers.

Shawn Buckley

Now, when you speak about reproductive problems, is it possible that women are not experiencing adverse reactions but their reproduction is?

Dr. Christopher Flowers

That is very possible—but also don't forget there's the equal effect on men, with the lipid nanoparticles being taken up in the testicles. For example, one of the post-mortem studies, the autopsy studies from Germany: they did a cross section of the testes in someone who died suddenly. And it actually showed conglomerations of these hard fatty particles of lipid nanoparticles inside the testicles themselves, which were affecting both the Sertoli and the Leydig cells, which are the ones that basically both provide us with sperm and with the supporting secretions that enable healthy sperm to take part in fertilization.

So you've got the effects on both women and men: problems with ovulation, problems with fertilization. And then of course, because of their issues with menstrual cycles, we presume that there is also going to be problems with implantation, that there is probably something going on with the uterus itself. But as of yet, we don't have any firm evidence, so I can't give you any more information on that.

Shawn Buckley

Thank you. In the Pfizer documents, is there revelations about what the ingredients are? If I asked you, "are you confident that the ingredients have been disclosed to the public," how would you respond?

Dr. Christopher Flowers

I'd like to say they've been fully transparent. But—we know from their documents they have not been fully transparent about anything. We do know, for a start: there are a lot of issues with the manufacturing process, especially early on, when most people were being vaccinated. Which is why certain batches, for example, gave far more serious adverse events than others.

For example, the issues in making sure that there was equal amounts of mRNA in each of the lipid nanoparticles: sometimes it depended on whether you got one of the first shots from the vaccine or one of the last ones from the vial, because the concentration varied throughout the vial. Which is why, in the instructions for giving the vaccine, they told you to invert it gently five times before you drew up the vaccine. And so there was that issue.

There's a second issue and that's with contamination. Contamination of the vaccine itself: they found particles of steel, there have been some heavy metals present; and part of the QA process, if you like, is to observe the Pfizer vials. They have a light table where the vials go on and you can see; if it's cloudy, those batches are pulled. But also, not only that, there are some issues where people think there is graphene oxide present within the vaccine. Now, there has been some findings of that, but it doesn't seem to be consistent. More appropriately is the question about aluminum oxide,

[00:55:00]

as was found present in vaccines going back some time. There are worries that aluminum causes problems in children that is fairly longstanding and has caused potential harms in children over the years. And so again, the contaminants of the vials is very important.

But they also had to be transported at ultra-cold temperatures. Pfizer required the use of specialized freezers to transport the vaccine; it was only allowed to be brought up to room temperature at certain times. And they were also very, very clear that you had to avoid vibration of the vials because it would disrupt the lipid nanoparticles. And that's why they talked about, when you mix the vial, you just move it gently. So they were very concerned about all of these things that made you wonder whether the manufacturing process itself was up to normal distribution practice that is generally accepted throughout the industry. And it's fairly heavily regulated. But you look at the contracts with, for example, the European Union for the production of the vaccine, they actually had a paragraph within the contract itself that removed the requirements for good distribution practice from the production of their vaccine. Which just raises questions again: you know, they obviously knew it was going to be a problem with good distribution practice when it comes to their vaccine that they specifically excluded it in the contract.

Shawn Buckley

Now, you're an expert in analyzing clinical trial data and you've spent an enormous amount of time with the team behind you doing this. In your opinion, is the Pfizer vaccine safe for the human population?

Dr. Christopher Flowers

Certainly not. I believe that the benefits are outweighed by the harms tremendously—and definitely since Omicron. Of course, we've gone past Omicron now. We're into all sorts of new territory of, basically, what is a common cold. And there is absolutely no reason to vaccinate someone when you've got a chance of having such a severe adverse event which may affect you for the rest of your life.

Shawn Buckley

Aside from other adverse reactions, would you think that it would be safe—just based on the reproductive problems and menstrual problems experienced by females—to permit this on the market for the female population?

Dr. Christopher Flowers

The answer is no. It should not be used at all in the female population, especially in people who are under the age of the menopause. That's actually been taken up by some of the European countries. They've actually banned the use of the vaccine in basically, anyone under 75, unless there's a really good reason. There is absolutely no reason to offer this as a routine procedure. And yet in the U.S.A., it has now been added to the childhood vaccine schedule, which is extremely worrying because it's affecting our kids, who don't need this vaccine whatsoever.

Shawn Buckley

What do you think is going on? Why do you think that's happening? Because we're vaccinating kids in Canada as we speak.

Dr. Christopher Flowers

It's compliance? I have no idea. I can speculate all you want; I come up with all sorts of theories. But for me the evidence is quite clear that there is no reason to vaccinate children, who we know are extremely unlikely to suffer from deaths or serious injury from COVID. They're far more likely—especially if they're teenagers and teenage males in particular—to get myocarditis.

And myocarditis is actually a very serious condition. If you're someone who's going into college sports, for example and you've got your eyes set on either playing for the Montreal Canadiens or you're going to be going for the National Football League, you've got to be really fit. And myocarditis is something that can be subclinical. In other words, you don't have any symptoms until you suddenly start exerting yourself and you'll start being short of breath, for example.

[01:00:00]

But of course, can also cause sudden unexplained death, sudden unexpected death. We nearly saw that with Damar Hamlin: This was not an effect of being hit in the heart. He had all sorts of issues and this looks far more like myocarditis underlying this. And a healthy person— Well, he died and was resuscitated several times when he fell on the field.

So definitely not for children; absolutely not, there is no reason. I would urge the Canadian citizenry to elect people who are going to protect you from harms. And that is their main job—is to protect your population from harms of any pharmaceutical intervention from outside influences, people buying up your land, and stopping you being able to produce your own food.

Shawn Buckley

Can I just ask you and it's still on the children thing: Should parents have any concern in vaccinating their children as far as affecting their children's ability to reproduce?

Dr. Christopher Flowers

Yes. Based on the adult information we have, it's bad enough for them; but for children, it's far more important. Because when you think about it, the development of the reproductive organs in children and young adolescents: that's the time when they're forming all their important potential future offspring.

Okay, the eggs, for example, are already present in the ovaries right at the beginning. But it's the supporting cells, it's everything that aids reproduction that can be damaged by the vaccine. And there is no benefit to the vaccine, so therefore, why would you even consider vaccinating your children?

Shawn Buckley

Thank you, Dr. Flowers, I have no further questions but the commissioners have some questions for you.

Commissioner Massie

Thank you very much, Dr. Flowers, for this excellent presentation. I have a couple of questions. The first one is about the extensive review that is ongoing, as I understand it, of the data from the Pfizer file. How long do you think it's going to take before you go through the bottom of it?

Dr. Christopher Flowers

Well, unfortunately, we know that we still haven't received all the documents. We thought that by December or January, we'd have had the last data dump. But they do produce data document dumps on a regular basis—although they've started to produce some more redacted files right now. And that is a worrying trend because we used to have redacted files right at the beginning and the judge managed to ensure that they got them unredacted. So they're hiding a lot of information.

But from our analyst point of view, we're missing so much patient data that's really important: For example, as I mentioned in the presentation about the human chorionic gonadotropin assays that were supposed to be taken before dose one and dose two in the females in the study, those have never been produced. Furthermore, we don't have any of the follow-up studies that were mandated by the FDA but still not produced.

Do I have any trust that Pfizer will actually provide these for us? I have to say at this juncture, I don't feel they're going to do it. They're not going to give us all the information. We're expecting in the latter documents that all the bombshell allegations that have almost been conspiracy theories right from the get-go finally turn out to be true. Fact is worse than fiction in some ways. And we expect that to happen during these final months.

But as I say, I don't think we've seen the end of this. I think they're hoping to draw things out until the Moderna files get released in July of this year. Because then the pressure will be taken off them and maybe they'll be able to slip things out later.

Commissioner Massie

If I understand what you're saying, you're expecting that maybe when you will have additional information, should you get it anytime soon,

[01:05:00]

you'll find other interesting information that would be even more concerning than what you have found so far.

Dr. Christopher Flowers

Yes, indeed. That's exactly what we believe. All the members of the team, all the data people: you can see they've missed out in the patient files. We have so many different columns but there are important columns that are missing. They've only got minimal data. And that data was required to be collected and it is so important data that it relates to the condition of the patient at the time of the vaccine and the subsequent outcome. And so we need all that information. And so because they haven't provided that information, it just increases your concern that there is something serious going on.

Commissioner Massie

My other question has to do with this whole platform of mRNA technology that is now being promoted as a way of the future for vaccination. I understand that, in the case of the COVID vaccine, one of the issues is really the toxicity of the spike protein, but there's probably more to it than just that with the lipid nanoparticle that plays a role.

If we are continuing to push the premises that this platform is safe and effective and we're just distributing it to every other type of infection prevention, is there a risk that the kind of issues we're seeing right now with the COVID platform will just repeat itself? Unless the regulatory agency is really increasing their scrutiny on the production and all of the other aspects of the clinical trial. What do you expect will happen in the current regulatory environment?

Dr. Christopher Flowers

Yes, well, I thank you for that. That's a very important question. And in fact, that's already been going ahead because the annual flu vaccine, this time, was also an mRNA vaccine. I refused to take the flu jab this year. I said I'm not taking any mRNA vaccine ever again. I know the side effects.

I had a severe adverse event myself from a booster with something called rhabdomyolysis, where your muscle sort of almost turns to jelly and you get bleeding and blood clots in your arm. And it was really quite something. And I'm never going to take an mRNA injection again unless they can prove to me— They need to prove to me that the platform is safe and effective. The biggest problem I have is that mRNA is an under-researched platform and, in my opinion, should never be used again.

But the FDA are queuing up mRNA vaccines. Moderna have already released, for example, their plan for a whole slew of mRNA vaccines. So without changes at the FDA, but also changes locally in your own federal regulatory authorities: they need to start taking notice of this and start asking questions to protect the population. I mean, I was gobsmacked to find that the MRHA [Medicines and Healthcare products Regulatory Agency] in the U.K., for example, just kowtowed to the FDA and just took their data without analyzing it. And are just taking the recommendations as gospel, as it were.

And each country really needs to start to be more responsible for their own population. Now I know you've had issues up in Canada, as other countries have as well, with your regulatory authorities. And the over overarching arm of government has caused lots of problems. But the mRNA vaccines will continue just to be accepted as is, as a platform that's been accepted. And yet it hasn't been accepted—not by the rest of the scientific community. We have to do the research. The basic research has not been done.

Commissioner Massie

I have a question about the quality of the batches that seems to at least trigger, based on analysis, a different number of adverse events.

[01:10:00]

And one hypothesis to explain that would be that the quality of some of the batches could have been very bad and therefore didn't really express spike protein. Or was not of the right quality to do that, or could have had, as you mentioned, contaminant. So that those hypotheses could be actually competing hypothesis.

One way to address that would be to have data—very large data on the population that have been vaccinated and see whether or not they are expressing antibody against spike. Are you aware that this kind of analysis was done in order to follow up the vaccination?

Dr. Christopher Flowers

Not as yet, they have not done anything like that. And the other thing I perhaps ought to have mentioned was: some of the contamination was from DNA, from the *E. coli* that are used to manufacture mRNA.

And there have been several studies out now showing that some batches had incredible amounts of excess DNA, which were well above the normal national standards for use in vaccines. And these contaminants sometimes got sequenced actually in the spike protein itself. There was a paper very recently, last month, that showed that one of the *E. coli* super toxins was actually encoded in the spike protein DNA. It's just absolutely amazing.

You have to understand the manufacturing process, that it starts off with a big pool of colonic bacteria, basically *E. coli*, *Escherichia coli*, and they're the ones that are used to manufacture the mRNA. They're supposed to remove most of the *E. coli* DNA and separate out the mRNA, but there's always going to be some contamination. But in many instances, the papers have demonstrated that the DNA from the *E. coli* was far above the highest level permitted in the national standards. So it makes you wonder.

Commissioner Massie

You also mentioned that you had to really assemble a huge team of volunteers in order to analyze the data from Pfizer. And given the resources in the regulatory agency, maybe they're not staffed to the level to do that kind of analysis. And this would probably call for external people to do it with the right, I guess, incentive—without conflict of interest and anything like that.

Could you propose some way that it could actually be done? Because just relying on volunteer people like your team to do this kind of analysis for all of these platforms that are coming right now is going to be a significant endeavour.

Dr. Christopher Flowers

Yes, you're absolutely right, sir. And I mean, I commend what you're doing. The National Citizens Inquiry is almost, and what we're doing with the citizens' investigations, is an example perhaps of how we need to start going forward.

What we don't want to do though, is to become employees of the government, become bureaucrats. The important thing is to try and recruit people, like a voluntary thing a bit like, but people who can say that they have no conflicts of interest, that can be proven as well. And then taking part perhaps for six months at a time, three months at a time, who knows?

I mean, there may be people who are willing to do that sort of thing. And I think the War Room/Daily Clout volunteers project shows this can be done. It takes good management, it takes effort, and it takes motivation—and you need someone at the top who's charismatic, who can give that motivation to you. We're lucky in that we had Steve Bannon calling for people to respond. We had Naomi Wolf, who's a fearless female advocate, a feminist advocate who also is one of our front-facing people, and helping to organize us with her COO, Amy Kelly, to provide this sort of investigation, an investigative process.

Doing it at a federal level, as an oversight, I would love for it to come from the citizenry.

[01:15:00]

But I fear that even if this was agreed to by the federal authorities, that it would end up being yet another government bureaucracy and with the tendency to be corrupted by outside money—whether it's from the Chinese Communist Party, whether it's from Big Pharma or other interests. Things are likely to go downhill very, very quickly, so it would have to be truly, truly independent.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Good afternoon, sir. One of the things that I have been hearing over and over again is talk about informed consent, is talk about terminology. And I'm old enough to remember when it certainly became obvious that terminology mattered. There was a term that was used in the mid-1960s that was called "collateral damage," and we all know what that really meant, but they called it collateral damage. I remember a famous quote by Mr. Clinton about, "It all depends on what the definition of the word," I think it was "'it' is."

And when I listened to yourself and a number of other witnesses—and I also listened to Mr. Buckley's question about spike protein disease, and they call it long COVID. When we had a witness in the other day, they were talking about a biologic—and that this was a biologic—but they reviewed it under the requirements of a vaccine. And that a "vaccine," that definition changed, and it seems that the terms "safe" and "effective" changed.

Can you comment on that? Is that something common? Is that something that's just occurred now in this era? That words don't mean what they mean and by changing a word, you can completely change the safety protocols, et cetera?

Dr. Christopher Flowers

You're absolutely right what you just said. Absolutely right, spot on. The definition of language seems to change every day. We get redefinitions of various things. Everything seems to mean something else these days.

And I don't think you should forget that some of the three letter agencies in the U.S. actually have units that actually are there to develop narratives. And use ways of interpreting and changing language using social media, using the captured mainstream media to reinforce the message that gets the change of that word accepted.

And some of the information I have come across—in confidence, I can't say anything more—makes me very concerned that whatever we do, if we don't reform these, or get rid of some of these three letter agencies, we're always going to be up against it as citizenry. That we're never really going to have anything that's safe, never mind effective.

I mean, all this business about safe and effective: it was neither safe, as has been proven, and it was never effective either, to preventing COVID or stopping you from transmitting COVID. I remember all that thing about transmission or it prevents transmission. And then they said, "Oh, we never tested it for transmission," quite rightly.

So no, I believe that behind the scenes, government is working against us. And as a citizenry, in each of our countries, we need to take back our country. And that's the only way things are ever going to change. Because the way we're going right now, things don't look good for the future.

Commissioner Drysdale

One of the slides that I believe you showed had to do with the schedules of the original trials. And if I'm correct in what I saw, it looked like certain phases of the trials completed in late November. And then the Canadian government did a press release, I believe it was on the 10th or 12th of December,

[01:20:00]

saying that they had done a rigorous evaluation of the science and that it was safe and effective. And I'm wondering: How is it possible that the Canadian government, Public Health, could have done that kind of investigation in two weeks' or three weeks' time?

Dr. Christopher Flowers

Well, we know that that is likely a tall tale, as they say—or a fable, as the Greeks would say. I think it's evident now that the different governments relied on the FDA. They did what the FDA told them. If the FDA said it was safe and effective and then rigorously tested, then they agreed.

We've watched the presentations from these committees that basically put up the vaccine for approval for rubberstamping by the FDA. They did not do due diligence themselves. There were presentations of "fact" by Pharma or Moderna or whoever. And they're the ones who did the analysis. They provided that information to the FDA committee and the FDA committee said, "Oh, thank you very much. That's wonderful. It's definitely safe and effective. Let's go ahead and let's approve this vaccine."

So the answer is: What your government said was a lie. We know that—just looking at it ourselves as professionals, independent professionals—that it was a lie. So how many times do you have to say it's true before it becomes a lie?

Commissioner Drysdale

We had previous testimony that there seemed to be a great deal of conflict of interest within the FDA. And I think, I don't recall the name, but someone had said that one of the high-up officials in the FDA or the CDC is now a vice president or something at Pfizer. Can you comment on that kind of, I don't know what the word is, integration between—?

Dr. Christopher Flowers

The precise term for it is "regulatory capture." A lot of us, as researchers, we get funding from, for example, the NIH. So for example, I did an RO1 grant application from the NIH. Now, one of the people who approves some of these grants of course is Dr. Anthony Fauci. And if you upset Dr. Anthony Fauci or Francis Collins at the top end of the NIH, it doesn't matter what score you get on your application for research funding, you don't get the money.

So it starts at the very beginning with the researchers that a) you have to research something that the higher-ups will approve of. Otherwise, you won't get funding. If you don't get funding, your tenure at your university is in jeopardy. Your contract may not be renewed at the end of the financial year. So there's a lot of pressure on researchers.

Okay, the next thing to do is of course: if you start getting research grants from Big Pharma, basically, you don't necessarily benefit it directly, but you benefit indirectly because it helps you with your tenure. And then you become an expert for that company in the regulatory authorities—so like the VRB PAC, who responded to the FDA and analyzed the vaccine trials.

And then you've got the FDA themselves. And the funding for the FDA is through Big Pharma. I think the last count was 65 per cent of funding is from Big Pharma. I mean, how come when we're giving billions and trillions to Ukraine, and yet we're not funding directly the FDA to make sure that things are safe and they are effective before it's given to the population?

So we've got that. And then of course there's the rolling door, just like there is in Congress, for example, where someone has gone in quite poor into either the House or the Senate, and then they come out quite rich. And immediately they roll into a lobbying job for some company or other, whether it's in the military arms complex or it's with Big Pharma.

[01:25:00]

And it's like, as soon as you finish with your committee, off you go to Pfizer, you go to Merck, you go to Johnson & Johnson. And you have a very well-enhanced package of remuneration given to you for your long years of service to the FDA. "We would like to thank you by giving you this enormous salary and these fantastic benefits. Enjoy your yacht in Monaco please, sir."

Commissioner Drysdale

So what you're saying is that we've got the wolf guarding the sheep.

Dr. Christopher Flowers

That is unfortunately true.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

Dr. Flowers, I believe that is all the questions we have for you. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and the assistance you've given.

Dr. Christopher Flowers

You're welcome. Thanks very much for having me.

[01:26:07]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 4: Dr. Magda Havas

Full Day 3 Timestamp: 05:48:15–07:00:11

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we continue our live hearing in Saskatoon. I'm pleased to announce our next witness, who is attending virtually: Dr. Magda Havas. Magda, can you hear me?

Dr. Magda Havas

I can.

Shawn Buckley

We see you on the screen and up in the corner and we've got your slide presentation. But I wanted to first of all ask if you could state your full name for the record, spelling your first and last name.

Dr. Magda Havas

Magda Havas, M-A-G-D-A H-A-V-A-S.

Shawn Buckley

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

Dr. Magda Havas

I do.

Shawn Buckley

Now, I'm going to introduce you a little bit and then I'll kick you loose to do the presentation. I will indicate for those participating that Dr. Havas' CV is appended as

Exhibit SA-1 and will be available online. It is 54 pages long. Dr. Havas, you're a professor emerita at Trent University with expertise in environmental toxicology, is that right?

Dr. Magda Havas
That's correct.

Shawn Buckley
And you've published on COVID-related illness and death. Your primary concern is the health of humans and other species related to environmental toxins.

Dr. Magda Havas
Yes.

Shawn Buckley
And my understanding is that you were one of the first scientists to identify the dangers of acid rain around 1970. You did this by traveling around the High Arctic in Canada, measuring the sulfuric acid in the water cycle from natural sulfuric vents in the Earth. And your early work was recognized by environmental activists, who lobbied for 15 years with you as their scientific advisor, and ended in Mulroney and Bush signing into law the US-Canada Air Quality Agreement known as the *Clean Air Act*?

Dr. Magda Havas
That's correct. I was one of many scientists.

Shawn Buckley
Okay. Well, my source indicates you're one of the first, so we're going to run with that.

And after the work on acid rain, you became interested in electrical frequency effects on human health and lectured worldwide about it for two decades, along with your tenured position as professor at Trent University. And a few years ago, I'm told you had so many speaking requests for medical conferences that you took a one-year sabbatical, basically, to tour the world as a speaker on these topics.

So you're nodding, but this is being recorded.

Dr. Magda Havas
Yes, yes.

Shawn Buckley
And I do that introduction just so that people appreciate that you are one of the world leaders on basically, environmental effects on humans and on basically, electromagnetic frequencies or radiations and their effects. So I'll ask if you could proceed with what you had prepared for the Inquiry today [Exhibit SA-1b].

Dr. Magda Havas

Thank you very much.

I'd like to thank you for giving me this opportunity. And what I would like to talk about is a possible connection between COVID-19 and radio frequency radiation. And I'd like to start with four postulates. These are ideas or theories to start a discussion, all of which are based on scientific evidence.

Postulate 1 is that radio frequency radiation—and this is coming from a lot of our wireless technology—impairs the immune system, which increases the risk of infections. And this could lead to a higher case load and a higher death load.

Postulate 2 is that severe infections, which I call biological trauma, can increase sensitivity to radio frequency radiation and other toxins. And it could increase the risk of developing EMI. I call it EMI cubed.

EMI cubed stands for: electromagnetic interference, electromagnetic illness, and electromagnetic injury. If the interference is prolonged, it could relate in illness. And if the illness is severe it could result in injury. Injury can also be due to acute exposures to high levels of radiation.

The technical definition for electromagnetic interference is unwanted noise or interference in an electrical path or circuit caused by an outside source. EMI can be caused by natural and human-made sources. For example, lightning could be the source and your computer can be the victim. EMI can cause—

Shawn Buckley

Dr. Havas. Can I just stop you. Are you working through your slides? Because we're still on your first one?

Dr. Magda Havas

Oh, I am.

Shawn Buckley

Okay, so that's why I'm stopping you.

[00:05:00]

I'm not sure what's happening because I think you're screen sharing.

Dr. Magda Havas

I am.

Shawn Buckley

Because we just see the first slide that says, "COVID-19 and RFR—Is there a connection?"

Dr. Magda Havas

Okay that's really weird. Okay, well I can give my presentation but the slides add enormously to it, so I'm not quite certain how to proceed.

Shawn Buckley

Okay. So on your computer, is it going through the slide presentation?

Dr. Magda Havas

It is, yes.

Shawn Buckley

One thing that we could do is, I believe I have your slide presentation. You could just tell me when to queue.

Dr. Magda Havas

Yes, I've changed it slightly.

Shawn Buckley

Oh, I see. Now you just changed the page there.

Dr. Magda Havas

What can you see now?

Shawn Buckley

"Possible confounding factors with COVID-19."

Dr. Magda Havas

Oh, perfect. Okay. So maybe now it's working? I can continue then.

Shawn Buckley

Yep.

Dr. Magda Havas

Okay, so I mentioned that electromagnetic interference can cause electronics to operate poorly, malfunction or stop working completely. And it can also cause humans to operate poorly, malfunction, and stop working completely. That's because we're electromagnetic, as indicated by the activity of our brain and heart activity.

Postulate number 3 is that the symptoms of COVID-19 are very similar to the symptoms of electromagnetic interference; they overlap considerably. And so it's difficult from just the symptoms to determine what you have. Someone who has electromagnetic interference could actually be suffering from COVID. And someone who has COVID but perhaps has not

been tested or tested negative, could be suffering from electromagnetic interference. And this is assuming that the tests are accurate and they haven't always been.

During the lockdown, there was a deployment of 5G technology. So while the rest of us were staying in our homes, the telecommunication industry was very quickly erecting 5G antennas across the globe. And they coincided with the SARS-CoV virus. And we know that once the 5G technology is deployed, it causes an increase in radio frequency radiation that I'll present in a few minutes. And that increases your risk of developing electromagnetic interference. And since we can't tell the difference between the two, it's difficult to know what people are suffering from.

Now, when we talk about epidemiology of a disease, there are three factors that are important. One is the agent, the other is the host, and the third is the environment. The agent can cause a disease or injury. It can be chemical, physical, or biological. And toxicity and dose are two important variables. In this particular case, SARS-CoV-2 is the agent.

The host is a human who experiences the health outcome. And the risk factors here are the health of your immune system, your genetics, and behavior, among others. And here we're talking about COVID-19 and Long COVID.

The environment is an extrinsic factor that can affect the agent or the host and increase or decrease risk, severity, and duration of the health outcome. It can be physical, biological, socioeconomic, et cetera. And in this case, masking, social distancing, the closure of schools and businesses, your vitamin D3 levels and or exposure to sunlight are some of the environmental factors.

But it's my opinion that some of these environmental confounding factors have not been adequately addressed when it comes to this pandemic. And I'd like to provide two examples. We know that ultraviolet light kills the virus, which benefits the host. We also know that radio frequency microwave radiation weakens the host and benefits the virus. And it's my opinion that radio frequency radiation in the environment is a confounding factor that no one has addressed in any comprehensive way.

During the pandemic, I was busy looking at the data that was coming primarily from Johns Hopkins University but [also] a number of other organizations around the globe. And this is showing COVID-19 cases at the early stage of the pandemic. And one of the questions that I had was, why do levels of infection differ globally for this respiratory virus? And in an attempt to try to make sense of this,

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I looked at various confounding factors that could be involved in this pandemic and posted that information on my website, trying to make sense of the COVID-19 pandemic with a global perspective.

And the first confounding environmental factor I looked at was population density. And here you can see population density in the figure at the bottom and the COVID-19 cases at the top. There were a number of anomalies. For example, the population in India and Africa are quite high, yet the number of COVID cases reported at the early stages was very low. And if we look at this graph that shows you population density along the x-axis and COVID-19 cases along the y-axis, you can see there's a linear relationship with Africa falling slightly below the line. But if we add North America and Europe to this, it follows a very different

trajectory. So there's something else happening in North America and Europe to make so many people develop the virus.

Now, the map of COVID-19 more closely resembles Wi-Fi hotspots. And these are global Wi-Fi hotspots as of 2020 compared to April 7th, 2020 for the virus. And you can see here there are a number of similarities with very high levels in North America and Europe and very low levels in Africa and some of the other parts of the globe.

These are some of the confounding factors that I looked at: Population, the per cent elderly, since mostly people over the age of 80 were developing and dying. Air pollution and smoking because this is a respiratory virus. Tourism and air travel since that would indicate the spread of the illness. Various economic parameters that may differ from country to country. Various types of electromagnetic pollution, which is my area of research. And freedom of the press and internet censorship to ensure that the information we were getting was valid and wasn't being censored.

And the conclusions I came up with was that there were some weak correlations. However, the scale was too large and there was a lack of data standardization. So I decided to focus on the United States data and I will be presenting some of that later in my presentation.

One of the questions circulating among electromagnetic experts in March of 2020 was: Is there a connection between the outbreak of COVID-19 and deployment of 5G networks around the world? And you may ask, why would we even ask this question? The reason is that SARS-CoV-2 outbreak and the deployment of 5G happened at the same time. So they overlapped spatially in time as well. Areas with high cases of COVID-19, for example, Wuhan, Northern Italy, and the Princess Cruise Line, all had recently deployed 5G technology. And we know that radio frequency radiation impairs the immune system, which could sensitize people to this viral infection.

And here's an article, "Reaction of the Immune system to low-level radio frequency and microwave exposures." And this is what the author concluded: that short-term exposure to weak microwave radiation may temporarily stimulate the immune functions, while prolonged exposure could inhibit the same immune functions. And this is not the only study. Dr. Henry Lai from the University of Washington reviewed the literature on neurological effects of radio frequency radiation published between 2007 and 2020. He found a total of 335 studies, three quarters of which—244—showed an effect of radio frequency radiation.

This paper just came out last year and it's regarding the evidence of a connection between coronavirus disease and exposure to radio frequency radiation from wireless technology, including 5G [Exhibit SA-1d]. And what the authors concluded was that radio frequency radiation may cause morphological changes in erythrocytes, which are red blood cells, and Rouleaux formation—which I will talk about later—that can contribute to hypercoagulation. Radio frequencies can impair microcirculation and reduce erythrocytes and hemoglobin levels, exacerbating hypoxia. It can amplify immune system dysfunction, including immune-suppression, autoimmunity, and hyperinflammation. It can increase cellular oxidative stress and the production of free radicals,

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resulting in vascular injury and organ damage. It can increase the amount of intracellular calcium—this is calcium within the cell—that's essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways.

Now we have inflammation mentioned twice here and we know that myocarditis—that's been linked to both the virus and various vaccines, is inflammation of the heart muscle. And it can worsen heart arrhythmias and cardiac disorders. And what the authors recommend is that radio frequency radiation has become a ubiquitous environmental stressor that we propose may have contributed to adverse health outcomes of patients infected with SARS-CoV-2 and increase the severity of the COVID-19 pandemic. Therefore, we recommend that all people, particularly those suffering from viral infection, reduce their exposure to radio frequency radiation.

Now, does radio frequency and SARS-CoV-2 affect the blood? The answer to that question is yes. COVID-19 started as a respiratory infection and soon became a cardiovascular problem. The first doctor who reported this was an emergency doctor in New York, and he was fired for making the statement publicly.

Radio frequency radiation affects the cardiovascular system. And here is a publication that radiation from wireless technology affects the blood, the heart, and the autonomic nervous system [Exhibit SA-1f]. This is an example of live blood cells under darkfield microscopy. The person was in a very clean environment, and this is an example of healthy-looking blood. When that person was moved to a different environment that had a Wi-Fi router, they were exposed for 10 minutes and this is what their blood looked like after 10 minutes' exposure. The cells are sticking together like a stack of coins. And this is called Rouleaux.

In this image, you can see that the blood is much more viscous. It's more like ketchup rather than red wine. It has a reduced ability to infuse the body with oxygen. This places added pressure on the heart. And in the worst case, it can produce blood clots that can lead to heart attack or strokes, which we know are on the increase with COVID patients.

Here is another study published a year later. This time, instead of being exposed to Wi-Fi, a person was exposed to a cell phone, and you can see the Rouleaux formation in the middle slide. In the third slide—the oxidative stress—this is showing that the red blood cells have actually been damaged by the radiation, and many of them will die and need to be replaced.

Now, does radiofrequency radiation affect the heart? The answer to that is also yes. We did a provocation study where we exposed people to 2.45 gigahertz from a cordless phone base station and measured the effect on the autonomic nervous system. And this is what we concluded: Radiofrequency radiation can contribute to arrhythmia, which is an irregular heartbeat, or tachycardia, which is a rapid heart rate. And the definition for tachycardia is greater than 100 beats per minute. Radiofrequency can bring on an acute stress response by affecting the sympathetic and parasympathetic nervous systems, very similar to someone who has experienced a panic attack. And finally, some people think that they're having a heart attack with added pain or pressure in the chest area.

We did an experiment with 25 volunteers initially and then we repeated it with 69 volunteers later on. And basically, a person participating in the study was lying down. They had a heart monitor attached to them that was attached to a computer. They were blinded so they didn't know when they were exposed to the radiation or not. The radiation was placed just slightly above their head and either we plugged it into a live outlet, which caused the radiation, or we plugged it into a dead outlet that omitted the radiation completely.

And basically, what the technology does is it measures the time interval between heart rate—it's called the R – R interval. And the longer this line is, the slower the heart rate; the faster it is, the shorter the heart rate. We used a power density of 30 microwatts per metre

squared. You don't have to worry about the units here, as I'll use exactly the same units whenever I'm talking about this. That's less than 1 per cent of Health Canada's Safety Code 6, which is the guideline for radio frequency radiation.

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Their guideline is 4.4 million microwatts per metre squared. And what I'm going to do is show you three patient results that are very, very similar.

Here we have subject A and they're exposed to three intervals, each lasting between three and four minutes. This is their heart rate. In interval one, they were exposed to a sham, which means that there was no radiation. They were exposed to microwaves during interval two and a sham in interval three. And you can look at this and there's virtually no difference. So this person is non-reactive. They're not sensitive to this radiation.

This is a different subject, subject B, and you don't have to be a cardiologist to see that this is having an effect. This is their heart rate. And remember, they're lying down. They're not moving. And yet their heart rate after the sham exposure increased from the 60s to 120. And this is an example of sudden onset tachycardia. This person is highly reactive and this is an example of electromagnetic interference.

The third example, subject C, was exposed to sham during intervals two and four, to microwaves during intervals three and five. And you can see there's a slight increase in their heart rate and it's very irregular. This person is reactive and they're showing electromagnetic interference.

We also get information about the sympathetic and parasympathetic part of the autonomic nervous system. The sympathetic part is equivalent to the gas pedal on a car. And when it's up-regulated, we go into the fight or flight or freeze mode. The parasympathetic represents the brakes of a car. And when it's up-regulated, we have rest, digest, and heal. It was down-regulated for this individual. And when the parasympathetic is down-regulated, you're unable to rest. Hence, people have difficulty sleeping. They can't relax. They have digestive problems, and they have difficulty healing from any ailments that they may have. And this person virtually, while lying down, is having a panic attack. And this panic attack is physiological and not psychosomatic.

When doctors diagnose these patients, they think they have a mental problem, and they often recommend that the patient goes to a psychiatrist or a psychologist. And the psychiatrists are telling me that they're being sent patients who have no psychological problem at all. So this is a physiological response.

Now, at the beginning of my presentation, I mentioned that I was going to look at data from the United States [Exhibit SA-1d]. And the United States collects some of the best data in the world, much better than even in Canada. And so here we're looking at the COVID-19-attributed cases and deaths in the United States that relate to 5G. Now, 5G small cells are placed on streetlights, as you can see here, utility poles, and special poles entirely for supporting the 5G antennas. Electromagnetic scientists are very concerned about this rollout and they're requesting that a moratorium be placed on further rollout of 5G. 5G is going to end up putting many more antennas on city streets because these antennas are placed roughly 100 metres apart. They're going to be closer to buildings and to people. And this is going to increase the levels of radiation. The frequencies for 5G are over a very broad range from low all the way up to the high band. And the high band consists of something called millimetre waves. This is the first time millimetre waves have been used in

telecommunication. And there have been absolutely no health studies looking at either people or the environment, despite the fact that they're rolling it out.

And basically, what's happening is that they're conducting a global experiment very similar to vaccines. We're told that 5G is safe—just like we were told that vaccines are safe and effective. Trust us. Well, there's no evidence that we should trust the agencies allowing this to happen.

Now, here we have a map of COVID-19 cases in the United States as of September 18th. And we have deployment of 5G, also for the same date in September. And you can see here that it looks like there's a relationship with high levels of deaths, or cases, and the amount of 5G deployment. But there's a confounding variable and that is population density. If you have more people, you're going to end up having more cases. And where you have dense populations,

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that's where the wireless industry is going to deploy their antennas to serve a larger population.

So we have to consider these confounders. And we did exactly that. The first time I looked at the United States data was on April 22nd. And I posted that information on my website. On May 31st, Angela Tsiang and I reassessed the data to see if it had changed. And this is what we got and this is what we also published: There were 18 states that did not yet have 5G millimetre waves deployed. And the average cases for these 18 states is 3,220 cases per million. So we're standardizing for population. Thirty-three states had 5G millimetre wave antennas. And you can see that they have more than 5,000 cases per million, which gives you an excess of 2,556 cases per million. And that's an 80 per cent increase. And these data are statistically significant.

We did the same thing for the death rate. And we found that there were 149 excess deaths per million. This was 95, 4 per cent higher. It was statistically significant. And this was roughly a doubling of the death rates for states that had 5G millimetre waves.

I mentioned earlier that the symptoms of COVID and the symptoms of electromagnetic interference are similar. So it's very difficult to distinguish between the two of them. This is a survey that was conducted in 2003. So this was pre-5G and pre-COVID. And these are people who live at various distances from cell phone base stations. And here we have the symptoms. And here we have the percentage experiencing symptoms very often. These are the symptoms in decreasing order. And you can see there's a massive overlap with symptoms that have been documented for COVID-19. And if we look at fatigue, for people that are within 10 metres—that's the red—all the way out to beyond 300 metres—which is the black—there's a huge difference, as there is for things like sleep disturbances. So these people are unable to sleep and hence they're unable to recover and they end up having a lot of additional problems, difficulty concentrating, memory loss, et cetera.

Now, what happens to radio frequency levels with the introduction of 5G? Verizon places a map on their website that indicates where they've rolled out and where different types of technology is available for the American population. And you can zoom in on this map, which is what we did for Manhattan, New York. And we were interested in two parallel streets. The dark brown, here, is indicating that 5G millimetre waves have been deployed. So along Fifth Avenue, we have 5G and along Sixth Avenue, we don't have 5G. We have a global set of volunteers: it's called the Global EMF Network. We have over 400 volunteers

from across the globe and we call them citizen scientists. So I asked one of our citizen scientists to measure these two avenues in Manhattan. And here we have the average, the median value, and the maximum value. The testing was done at five intersections and four street corners. So each of these numbers is based on 20 measurements. And you can see here that when 5G is deployed, the levels of radiation go up considerably. I've indicated the Russian guidelines and the Canadian guidelines to show you how different they are and to put this into perspective.

She also went and looked at Brooklyn, New York with very similar results, although the scale is different. So once 5G comes in, the levels of exposure go up significantly. And just as a reminder, the median value is a statistical value where half of the population or half of the samples fall below the median and half of the samples fall above the median up to the maximum. And in both cases, for Manhattan and Brooklyn, the median value exceeds the Russian guideline, whereas prior to that it didn't.

Now, this is a case report for Sweden [Exhibit SA-1h]. And this is an apartment building where they replaced 4G and 3G antennas with 5G antennas.

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And what I'm going to show you is the levels of exposure before the 5G antennas were erected with the 5G antennas. Now, this couple became so ill—I'll share with you what they experienced—that they had to move. And so they actually moved to a different location and the levels of radiation were much lower. Eventually, they moved to a house in the country to get away from this radiation. This particular value was higher than what the meter could measure. And Health Canada's guideline is 4.4. So Health Canada's guideline was almost double this particular value. So Health Canada would tell you this is perfectly safe.

Now, this is information from the previous slide showing the place and date, as well as the amount of exposure. And here we have symptoms. In light blue, we have the number of symptoms experienced by the husband and wife. And in dark, we have the total symptom intensity. And these are the symptoms. You can see here with the asterisk: these overlap considerably with COVID symptoms. When 5G was deployed, the number of symptoms and symptom severity increased for the husband and they increased even more for the wife. She was simply unable to remain in this environment. And if you share this information with Health Canada, what they will say is that these exposures are below the Safety Code 6 guidelines. Therefore, they're safe. And anyone—including pregnant women, children—can be exposed to them 24/7, which is absolute nonsense.

Our exposure to radio frequencies and microwaves have been increasing dramatically since the 1990s. It's hard to believe but in 1995, less than 10 per cent of the Canadian population had cell phone subscriptions. And within a 20-year period, that increased to 82 per cent. And you can see a similar trend for many of the other countries. And whenever you have cell phones, you need to have cell phone antennas. And people who don't even have a cell phone, don't use a cell phone, are exposed to the radiation from a cell phone antenna. So in my mind, using a cell phone is like smoking, and living close to a cell phone antenna is like inhaling second-hand smoke.

This is a map I showed earlier showing Wi-Fi hotspots in 2020. Just 15 years earlier, there were very few Wi-Fi hotspots because they were used primarily by universities or research institutions—by the military in some countries. Now we have Wi-Fi everywhere in our homes. And I expect many of the people listening to this on their computers might be using Wi-Fi with their computers. We have them in schools, which is absolutely ridiculous. We

have them in parks and hospitals, on airplanes. It's very hard to get away from this. If we combine that with satellites and small cell antennas, which are both part of the 5G network, and smart meters and smart appliances and smart homes, you can see here that the levels of radiation are so much higher today than they were just 20 or 30 years ago.

Now there's something very unusual when it comes to radio frequency guidelines. They vary by about seven or eight orders of magnitude globally, which is unheard of in toxicology. Whenever we have toxic limits for things like cadmium or lead in the environment, they're very similar from country to country. And the guideline is the maximum permissible limit that people can be exposed to. And what I've done here is I've highlighted Canada and the city of Toronto, that have two very different guidelines. The lowest guideline shown here for the sleeping area in Germany is 100 times higher than the amount of radiation required by cell phones to operate.

So why these countries are allowing such high exposure limits when it's not required for the technology is really very confusing and disturbing. These guidelines are based entirely on a heating effect. If it doesn't heat your body, it's not harmful. The heating is measured over a six-to-30-minute period. So it's really giving you a short-term guideline of exposure. It was established by physicists and engineers and this was before we started using Wi-Fi and smartphones. So our environment has changed considerably, yet these guidelines remain relatively similar. And Health Canada is simply burying its head and not willing to consider the research in this area. And I'll talk a little bit more about that in a minute.

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We also have short-term guidelines. These are mostly for occupational settings. And then we have long-term guidelines, which are based on the precautionary principle. And these guidelines are much more recent. They're more protective, obviously, and they were recommended by biologists and doctors who are studying the radiation effects.

Now, this study came out in 2020 showing that the lethality of COVID-19 is higher in countries that have a higher maximum permissible limit for radio frequency radiation. So we have some circumstantial evidence that there might be a relationship between the two.

What does the future hold for 5G technology? Well, this map shows you the estimated worldwide 5G adoption by mobile—by cell phones, basically. It's excluding the internet of things, so it's an underestimate. And what this map shows is that by 2021, we had 13 per cent adoption and by 2025—so within the next two years—that's going to increase to 63 per cent. And that's similar trends, once again, for other countries. Now, what the industry is most interested in is that 5G is the biggest growth-driver for smartphones and that 5G connections are to hit 1 billion this year. Plenty of room to grow. So what they're really interested are the financial aspects.

Now, what does the future hold for electromagnetic interference? Well, if we use water as an analogy for our exposure, the people who are under the water are adversely affected. And the future doesn't bode well if we end up doing nothing. The levels of radiation continue to increase and more people will be adversely affected. We really do have to reduce our exposure. Having a moratorium on 5G is one way to do it, but we need to go even beyond that. We can reduce levels so that very few people, if any, are adversely affected by this radiation. And my motto is: if it doesn't move, it doesn't need to be wireless. So the smart meter on your home can be wired, it doesn't need to be wireless. The Wi-Fi computer doesn't need to use Wi-Fi; it can be connected to an ethernet connection.

What does the future hold for vaccines? Well, according to Pfizer, the number of doses estimated to be administered in 2023 is 65 million in the United States and, by 2026, 98 million. So they are continuing to move ahead on ensuring that everyone in the population is vaccinated. The motivating force is obviously the revenue that they get from this virus.

Now, how serious a problem is this? How many people are affected? We believe that about 3 per cent have severe sensitivity and another 35 per cent have moderate sensitivity. And if we look at Toronto and Ontario and Canada, we're talking about a million people in Canada who could be adversely affected because of this radiation due to their sensitivity. And we know that those who are moderately affected, it impairs the quality of life. The next viral outbreak is going to affect these people the most— These are the most vulnerable. And it's going to reduce the tolerance of those who are moderately affected to other stressors they might have in their lives.

Now, I've done this for other provinces and territories. In Saskatchewan, 30,000 people are likely to be severely affected and almost 400,000 with mild to moderate sensitivity. With 5G, this is going to increase substantially. Now, who is helping these million people or 13 million people with mild sensitivity? It's certainly not the government, because they don't even recognize this as an illness and their guidelines certainly don't protect anyone. It's not the industry, because they're the ones contributing to the problem. It's basically volunteers. So we have volunteers, mostly in Canada, but some around the globe who are helping these individuals. And you can't help a million people with just volunteers.

We need resources for research on how to diagnose and treat those who are ill. We need to educate and train medical professionals, since this isn't taught in medical school. We need to establish green zones for safe housing because people simply cannot live in the middle of a city that has all of these antennas.

We have to make accommodations for them in hospitals and schools and in the workplace, showing these different organizations how to reduce exposure.

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We need to set up monitoring programs because the government is not monitoring our exposure—unlike some of the air quality monitoring they do and fish toxins that they monitor for eating fish. And we need to set up a 24-hour hotline because a number of these people are so desperate that they're considering MAID, which is medical assistance in dying.

In 2010 and 2015, there was a House of Commons Standing Committee on Health and they made a number of recommendations. And I'd like to just read one of the recommendations from the 2010. It says, Health Canada "ensure that it has a process in place to receive and respond to reports of adverse reactions to electromagnetic radiation-emitting devices." And this is very similar to the vaccine adverse events reporting that was requested. In 2015, the committee met with different people populating it, and they came up with 12 recommendations. I'm not going to read them, but I'd like them to be in the records [Exhibit SA-1i].

This is Health Canada's and Environment Canada's response to those two HESA meetings: "Health Canada has determined that exposure to radio frequency electromagnetic energy below their guidelines is not dangerous, and no further updates are required." And Environment Canada said they are reviewing the science and this was updated in 2018. However, the committee asked for not only a review but for a report as well. And it's

my understanding that these reports do not exist. The government is not following the wishes and the recommendations of HESA. And by the way, you can still listen to the HESA meetings with the questions that were asked very similar to what you're doing with the National Citizens Inquiry.

I have a number of recommendations and they apply to different organizations. We need to establish a moratorium on 5G deployment. We have to replace wireless technology with wired technology—and that is simply bringing fibre to the premises or to the last mile, which is what appears in the literature. We have to limit wireless to mobile devices, because basically we're conducting a global experiment very similar to the experiment that's being conducted with vaccines and it's going to result in excess deaths.

In the meantime, everyone needs to reduce their exposure to radio frequency radiation, especially those with Long COVID. And once again, this can be done by replacing wireless technology with wired technology in your home. And I use the acronym FIND: reduce your frequency of use, reduce the intensity. The closer you are to these devices, the higher the levels of exposure. So don't place your cell phone next to your head, don't place your cell phone in your bra and minimize your duration of exposure.

It's important that governments listen to experts rather than Big Pharma or Big Tech. They need to implement the recommendations of the House of Commons Standing Committee on Health and Radio Frequency Radiation.

My advice for the media is that they should remain independent of government and economic backers. They should provide unbiased information and they should not ridicule or silence those who have divergent views.

And I guess one of my major concerns is with medical regulators. They have unchecked power that needs to be investigated and moderated. They are a captured agency. We have a number of examples of how they misused their power by firing doctors who were saving lives with ivermectin. I have one example from the electromagnetic field area and that is: doctors who diagnose you with electromagnetic hypersensitivity can lose their medical license because it's not recognized. This illness is not recognized by our medical regulators. We need to encourage scientists and doctors to freely discuss and debate different perspectives. Debate is a strength, not a weakness, of the scientific method. And it's difficult to know who should you trust. My advice is don't trust anyone who's doing research for political or economic gain.

And finally, I think we have to establish a special foundation to fund research, training, and support for those who are vulnerable. And we can do this by posing a \$1 surcharge for each cell phone subscription. This would provide a sustainable budget of \$34 million annually in Canada. And we might consider doing the same thing on each vaccine injection,

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to help those who have been damaged by the vaccines.

"Our lives begin to end the day we become silent about things that matter." This is one of my favorite quotes and I try to live by it in my personal and academic life. I think it's very important to speak truth to power. Those who hold principled power welcome truth. Those who want unconstrained power fear truth and they try to silence us. What we have just experienced can be disempowering and it can make us fearful. It can make us collectively

[fearful] or it can make us collectively and individually much wiser and stronger. It all depends on what we do next.

May wisdom and compassion prevail. We need to stop this insanity. If not us, who? If not now, when? Thank you for giving me this time.

Shawn Buckley

Dr. Havas, you also did a survey of Canadians concerning COVID mandates. Can you quickly share that with us?

Dr. Magda Havas

Yes.

And can you see that okay?

Shawn Buckley

Yeah, you could, yes.

Dr. Magda Havas

Are you seeing this or not?

Shawn Buckley

Yeah, we see "What do Canadians think and want regarding the COVID mandates." Although you could go full screen because we still, on the left, see your list of slides.

Dr. Magda Havas

Okay, I am full screen, and it seems like it's not doing it again. Hold on.

Can you see that now?

Shawn Buckley

Yeah, we see, thank you.

Dr. Magda Havas

Oh, okay. No, I'm sorry. Let me try one more time. I'll try a new share. No, you can't see that?

Shawn Buckley

Well, we see "Time Line: Emergencies Act, Survey, Senate Vote."

Dr. Magda Havas

Okay, great. Let me just get rid of this. You can see that, that's great.

So just a very quick timeline. I was very interested in what was happening in Ottawa with the convoy. I was deeply concerned about the mandates and I was also concerned about the *Emergencies Act*. And so I decided that once the *Emergencies Act* was called on February 14th, I was curious to see how many people supported the government and how many people supported the truckers. Among my own colleagues and friends and family, there was a divide. I had people on both sides. And so I designed a survey and released it online on February 16th [Exhibits SA-1a, SA-1c].

The survey went viral. We had more than 90,000 responses to it. And we closed it on the 20th of February. I posted the information on my website on the 21st. And the Senate had a debate on the 22nd on the *Emergencies Act*, which we know was revoked. And I sent the senators a copy of the survey because I thought it was important that they know how 90,000 Canadians felt. However, a few days later, I received a note saying that the recipient had refused my email. So the government website did not accept my email to senators. And I don't know if this is legal or not, but that's what happened to me.

There were a total of 10 questions, eight of which were multiple choice, two of which were open ended, which means people could say whatever it is that they wanted. And these are some of the survey results, and I'll share them with you very quickly. Most people were Canadian citizens, 98 per cent. A few were landed immigrants. And I assume some of these weren't Canadian citizens either. So most of them were Canadian citizens.

"I support the way the premier of my province has handled the COVID situation." In this survey, people were not very happy with the way their premiers handled the situation.

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When it came to where these people were located, most of them were from Ontario, Alberta, and British Columbia. And that accounted for about 70 per cent. We had a few that didn't live in Canada. And we even had some representation from northern part of Canada.

One of the questions was, "I support the Trucker Convoy." And the answer to that was "yes," with a very large percentage.

"I support Prime Minister Trudeau's *Emergencies Act*." And a very large percentage does not support this. So this survey seems to be internally consistent. You would expect if they support one, they wouldn't necessarily support the other.

Here I asked a question about the mandates and whether or not people supported the mandates. Most of the people did not support the mandates. I asked, "When would you like the mandates to end?" Most of them said immediately. And about just under 6 per cent said, "When the government says so."

"Which of the mandates do you think need to be ended?" Here we have all of them for about 82 per cent. And this is one of the questions that won't add up to 100 per cent, and that's because you could answer multiple ones. So you could answer the vaccine booster and the vaccine passport, but not some of the others. So this is the only question that doesn't add up to 100 per cent.

We also, in the two open-end questions. "So how has the mandate affected your life?" Seventy-nine thousand people answered this. And this is a word cloud. The larger the font, the larger the word, the more often it's represented. And you can see some of the words here. Family, unable, anxiety, depression, vaccine. And when I asked, "How has the trucking

convoy affected your life?" We have the word hope, we have brave, convoy, country, gave, made, truckers, that sort of thing.

And I just have two pages of each of the question, open-ended questions. And I just want to draw your attention that there were 3,391 pages of answers to the open-ended question number nine about the mandate. People who responded positively to the mandate are shown in blue and people who responded negatively are shown in red. And here we have the same thing for the trucking convoy: positive responses in blue, negative responses in red, with a few people saying, "it hasn't affected me at all."

Now, a month later—let me just see if I can do this. A month later, the CBC requested a poll. This was also an online poll with about 2,500 Canadians. And it was, as I mentioned, about two weeks later. And this was an Angus Reid Forum poll. And I looked up Angus Reid Forum. Basically what they do is they pay people to answer their surveys. Now, if they randomize the people they send the survey to, this is perfectly valid.

But if you see here, just two weeks later, people who thought that Trudeau was doing a good job or a very good job are just under 50 per cent. So there's a real match here: totally contradicts what we got in my survey. And this is CTV News in October and November, so it was several months later. They asked whether people would support a return of the mandatory mask mandate. And 69 per cent said they would and 30 per cent said they wouldn't. So once again, we're getting very different results.

While I used to trust mainstream media, it's not something I trust anymore. And so one critical question: Is my survey representative of Canadians? The answer to that is, I don't know. It was distributed online. It went viral and we had a very large sample size, which is good, which is what you want in a survey. But I don't know if there was a distribution bias. And by that I mean: Did people send it primarily to friends who thought the same way they did? And if they did, then this would invalidate the survey representing the rest of Canada. All I can say is the survey did represent the 93,135 people who responded. And I'm sharing this because I want their voices to be heard.

Thank you.

Shawn Buckley

Dr. Havas, thank you very much for sharing that. And I'll just ask the commissioners if they have any questions for you. And there are questions.

Commissioner Massie

Thank you very much for your presentation. I'm very curious about the sensitivity to the radiation

[00:55:00]

that varies quite dramatically from one individual to the other. This is measured by symptoms that we can actually monitor. Is there any other, I would say, biomarker that can be monitored that would give us some sort of a more direct measurement based on a putative mechanism of action of these radiation on people?

Dr. Magda Havas

There are a number of biomonitoring that you can— How do I stop sharing? Sorry.

So there are some biomonitoring. For example, we notice that people who are diabetic: if they're diabetic and they're sensitive to the radiation, their levels of blood sugar will increase. And it will increase within a very short period of time, within about 10 to 15, 20 minutes. And if you move them into an electromagnetically clean environment, their blood sugar drops. And we know that when diabetics are stressed physically or physiologically or psychologically, that's what happens. So they go into the fight-or-flight response and that increases blood sugar.

We've done work with people who have multiple sclerosis and we found that if we place them in a clean environment, some of their symptoms go away: the tremors, the brain fog, that sort of thing. Oxidative stress is one of the most studied markers, so anything that would tell you the levels of enzymes in your body that are increasing oxidative stress. And if you take any antioxidants, you can relieve some of your symptoms.

So there are various biomarkers in that regard that we can determine whether or not someone is actually suffering from electromagnetic exposure. And then of course, there's the blood; you can measure the blood and it goes into Rouleaux. And you can see the oxidative damage in the red blood cells at the same time.

Commissioner Massie

I have another question. Are you aware of I would say, large-scale studies—epidemiological studies—that would actually quantify that more specifically in population, or is it just that there are some correlations that we establish? But what I mean by epidemiological study: Has there been study where you would monitor specific biomarkers in population to correlate their increase with the level of exposure?

Dr. Magda Havas

Most of the epidemiological studies have focused on cancer and on reproductive problems. We know it damages sperm, for example, and there have been a number of studies looking at that. And there's an increase in things like brain tumors, breast cancer for women who store their phone in their bra. There's evidence of other types of cancers associated with the head and the face: salivary gland tumors, cancer or tumor of the ear, that sort of thing. So those studies have been done and our Canadian government, members of Health Canada, have been involved in those studies. So they're aware of the research, yet they're deciding not to incorporate any of that in their guidelines.

And indeed, the International Agency for Research on Cancer, as of 2011, classified radiofrequency and microwave radiation as a possible carcinogen. So it was a Class 2B carcinogen. So we have that for cancers. We have that for sperm damage. There are fewer studies— There are some epidemiological studies but not looking at biomarkers, just looking at symptoms in blinded individuals, so they didn't know why they were part of a study. And then we have clinical trials as well, where clinically they're exposed and blindly tested. And we have evidence of that as well.

Commissioner Massie

So in terms of the damage, is it proportional to the time of exposure?

Dr. Magda Havas

It can be. It turns out that when people first started reporting sensitivity, it was often associated with their use of a cell phone. And what they found was that they started getting heat; they could feel heat coming from the cell phone. And then their fingers would go numb. And they started getting headaches. And the headaches only lasted after they had been on the phone for a little bit of time.

[01:00:00]

And it went away as soon as they took the phone away.

And what tends to happen over time is that the latency is shorter for the symptoms. The symptoms become more severe and they end up lasting much longer. So by the time that you start testing individuals who have experienced this for a few months or possibly a few years, you expose them to the radiation and they'll have symptoms for days or weeks afterwards. And it won't go away. And that's what's beginning to happen to that very small— One to three per cent of the population are in that particular category.

Commissioner Massie

So if we would want to reduce the exposure to people with these towers, anything that you would put to physically shield the population from that would interfere presumably with the transmission of the wave and then reduce the signal. Is that the issue?

Dr. Magda Havas

The towers are a serious problem if you live close to them. And that's why the 5G small cell towers are going to be absolutely devastating for the population.

There is material that you can buy to shield your home. There's film you can put on your windows that's made by 3M, and it will reduce the levels of exposure by about 90, 95 per cent. You can also get triple-E glass windows that are very energy efficient and they seem to have the same effect; they reduce exposure. And indeed, high rise buildings near the CN Tower in Toronto won't be built unless they have that special triple-E glass because the levels of radiation in those condominiums or office buildings would be way too high. There's paint you can put on your wall that will reduce the exposure. There's fabric that you can get that uses either copper or silver fibre in them and people make a canopy over their bed to minimize their exposure so they can at least sleep at night. And sometimes they'll make curtains for their windows—and this is translucent, so it still lets the light in. There's clothing that's available. Some people will put the fabric I just mentioned in a baseball cap and they'll wear it. And they tell me that they don't get a headache then if they use their cell phone. So it shields their head from the cell phone radiation.

Commissioner Massie

You mentioned that during the lockdowns there was a big campaign to install these 5G towers. To what extent did the lockdown facilitate the establishment of these, or the building, deployment of these tower?

Dr. Magda Havas

Oh, it made a huge difference. People would wake up and sometimes they installed these towers in the middle of the night and so you'd wake up and the next morning there'd be a tower outside your home that wasn't there the day before. So they were taking advantage of the rest of us being locked down and not witnessing what was happening.

The towers that have been erected have been making people sick and they're now complaining to their municipal board of health about it because they have to approve the siting of these locations. But unfortunately, they just don't have the amount of funding required to take the industry to court if they're unwilling to remove a tower that's causing adverse health effects. And a lot more lawyers are beginning to get involved in this and I think there's going to be quite a bit of litigation as a result of the harmful effects of this radiation.

Commissioner Massie

I'm very concerned by this very wide range of the acceptable level of radiation across countries. Is there any initiative going on to standardize that at the international level?

Dr. Magda Havas

Unfortunately, there's a group called ICNIRP [International Commission on Non-Ionizing Radiation Protection]. And they're a group of industry-funded scientists, mostly physicists and engineers, who work out of Germany. And they've been advising the World Health Organization. The World Health Organization, this particular branch that deals with radio frequency and microwave radiation is a captured agency just like the FCC and, to a certain degree, Health Canada. So they're abiding by the recommendations from ICNIRP and the ICNIRP recommendations are among the worst in the world, as you can imagine.

Other countries have decided that they're not going to abide by the ICNIRP recommendations,

[01:05:00]

or what the World Health Organization recommends and they're setting their own guidelines. And some of the most protective ones are actually in parts of Europe and other parts of the world, including Russia. Russia did research on this very early on, using it both from a health perspective, using frequencies to promote health, and using them as a weapon. So they looked at it from both sides and they have moderately safe guidelines. I'd say they're not nearly as safe as some of the other countries in Europe that have now instigated the precautionary principle. And I showed you the results for Germany.

The most critical environment in everyone's home is their bedroom. If they can at least get a good night's sleep and levels of radiation are low, their body can recuperate and recover. But if the levels are high in the bedroom, then ultimately your health is going to be impaired with various chronic illnesses.

Commissioner Massie

Maybe one last question. Is there a device that would allow us to monitor the level of radiation in different rooms in our house?

Dr. Magda Havas

Yes. They're not very expensive either. There's various companies— I don't know if I can mention them on this program but there are companies in Canada that sell meters. Some of the less expensive ones are under \$200. And actually, one of the things I recommend is that people buy meters, that they put them in libraries, for example, or doctor's offices and loan them to their patients so they can go home and measure the levels of radiation. Because if you don't know what you're exposed to, you can't minimize your exposure. So measuring the levels are absolutely critical for this. And meters are readily available and aren't very expensive.

Commissioner Massie

Thank you very much.

Dr. Magda Havas

Thank you.

Shawn Buckley

And there's some more questions.

Commissioner Drysdale

You talked about, and I saw in your slide you showed, a representation of antennas on towers, on light standards, et cetera. How do we recognize these? How do we differentiate them from the cell phone towers we're used to seeing? And lastly have these got anything to do with all of our lights turning purple?

Dr. Magda Havas

Well, actually, they're putting some of the technology in lights as well. So some of the streetlights will have Wi-Fi in them as well and that's causing problems. They have a different—slightly different size and shape.

But sometimes you can't tell where the antennas are because they're hidden. They're hidden in flags, for example, so you'll have a mast with a flag on it, and inside that mast are the antennas that are for 3G, 4G, 5G. The 4G antennas tend to be rectangular, so they have a rectangular shape and they tend to go into a third of a 120-degree angle. And you have three of them if you want to cover the 360-degree circumference.

Along a highway, they'll have one facing one way and one facing the other way to cover the traffic. You can differentiate between whether it's 3G, 4G, 5G by the shape of the antenna. And you can get information on a website. I actually give a lecture on cell towers and antennas. And that's available on my YouTube channel and it gives you the basic information of what you need to know about antennas.

Commissioner Drysdale

Just, I guess, an ordinary person's question. I mean when I pick up my cell phone and I want to watch a movie on it— I don't do that but, if I want to, it works. So why are we going to 5G when what we have seems to work for what most of us need it for?

Dr. Magda Havas

I agree. The excuse the company—or the reason the company—is giving, is that they'll have much faster computing time. So for things like self-propelled cars, driverless cars, you will need a very fast reaction time and that's the direction that they're heading towards.

If these cars become available, then people won't be able to drive them who are electrically sensitive because it will just screw them up mentally and psychologically and physically. It'll just make them too ill. And as a matter of fact, a lot of the cars now are already have so much Bluetooth Wi-Fi in them that people are getting sick.

And so what the companies are saying is that we need this fast-computing power for these driverless cars,

[01:10:00]

for the internet of things. We don't even know what some of the future technology will look like. We need it for facial recognition, which is another issue that deals with our privacy, for example. We need it for things like operating at a distance. So you'll be able to set up—Someone will be able to operate and they're in one city and the patient is in another city and it's all done in a wireless fashion. I'd hate for something to go wrong during that operation if it was done in a wireless fashion.

And I think it's just a sexy thing for people to do. They love the fact that they can walk around with this little cell phone, which is basically a minicomputer, and they can do so much with it. But you can keep it off most of the time. You can turn on your airplane mode, turn your Wi-Fi and Bluetooth off, and you can still listen to music if you have it on the device. And you can still take photographs, you can still do a lot of things.

There are devices now where you can actually hook up your cell phone—you can wire your cell phone through the equivalent of an ethernet cable and still do a lot of things. You can make phone calls, everything else by doing it in a wired way rather than a wireless way.

Commissioner Drysdale

I'm not sure why we need driverless cars when we're going to be in 15-minute cities.

Thank you.

Dr. Magda Havas

I agree.

Shawn Buckley

There are no further questions, Dr. Havas. On behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today and sharing with us.

Dr. Magda Havas

Thank you very much.

[01:11:56]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

***For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>***





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 5: James Blyth

Full Day 3 Timestamp: 07:02:26–07:21:02

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Dellene Church

Hi James, can you hear me?

James Blyth

[inaudible]

Dellene Church

So our next witness is James Blyth. Please state your name and spell your first and last name for the record, James.

James Blyth

My name is James Blyth. It's B-L-Y-T-H.

Dellene Church

Thank you. James, in your testimony here today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

James Blyth

Yes, I do.

Dellene Church

Thank you. James, you are a young man with two serious pre-existing health conditions. When the vaccine mandates in Saskatchewan became very restrictive, you went to your doctor for guidance on the risk of you getting a COVID vaccine with your health conditions.

James Blyth

Yes.

Dellene Church

You were not given a medical exemption and encouraged to get the vaccine. Can you tell us how that affected you?

James Blyth

Yeah, so I had obvious questions, especially since it was such a rushed vaccine. My parents had gotten it. I think they had three doses before I even got my first one. And then my brother had got a second one. So all the pressure from family and the government, I decided, "Okay, well, maybe I should look into this."

So I went to my family doctor and I asked him—and I still remember this. He didn't have any problems with my Type 1 diabetes or my Lyme disease. And I remember this, he said that I should get the vaccine so that "I can go out to the bar with my friends." Which was a pretty big red flag because I don't go to the bar, first of all, and that's none of his business. My social life has nothing to do with my health.

So that didn't go well. But anyways, I ended up going to Saskatoon for the vaccine, which they had at the carnival grounds there. It was really weird because there was nobody there really because everyone had already had their shots earlier. So it was just like a big kind of empty— It looked like an empty slaughterhouse with, like, the gates where they would have all the people travel through.

So when I got to the nurse to give me my vaccine, I had questions and she had answered them. And I kind of knew that the nurses they don't really know— They aren't scientists, they don't really know what's going on with the vaccine. So it was kind of like they were reading from a script in a way, for all the answers.

So I got the vaccine. I waited there for 15 minutes, talked to some people. The one guy worked with the City of Saskatoon. He said that he had to get the vaccine in order to keep his job, which must have felt nice. And then I just carried on through my day.

I started noticing side effects probably a day or two after. My arm was definitely sore. My breathing went really shallow and I had a bad chest tightness. It was significant. I had never had a reaction to a vaccine like that before. So I had body aches all over and then I thought I could just kind of tough it out. So I just stayed like that for a couple days. And then one day, in the night, I woke up from my sleep. It felt like my heart had skipped a beat or something. **Like, it felt like my heart shot through to my throat in a weird way. I said, "You know what, screw it, I'm going to go to the ER in my town and just get checked up and see what they have to say."**

Well, they didn't say much or do much. They just took my vitals and that was all good. And they just told me, "You know what, it could be just a strange reaction but you seem fine." And so I got checked up and then I went home. Then I had a phone call with, not my family doctor but just another doctor at the clinic in town.

[00:05:00]

And I just told him what happened and within a couple seconds he just said, "Yeah that's not— It's not the vaccine." And I can't, you know— I can't tell him otherwise. Like I just said, this all happened after I got vaccinated. And he just—He just threw it under the bus, whatever. He didn't care, he gets his paycheck regardless.

So I was just kind of left abandoned. I just went home, I rested, I did some detoxing, thought it could help. But I still had body aches and chest tightness and shallow breathing all over. And I was starting to have some problems with my sleep.

So about five weeks or so after— This carried on for five weeks, the symptoms didn't go away. And then I started noticing some insomnia. I was starting to have really bad insomnia right around Christmas time. And so I went to the ER again. They gave me a pill for my sleep. It didn't work. And then I went back home, took the pill. Yeah, it didn't work. And this was all during Christmas too, so we had family over and everything.

So that first time I went to the ER, it didn't work. So then I went another time, probably a day or two later saying, "I can't sleep." And they gave me another pill and it didn't work. And then right after Christmas time—I hadn't slept for probably two or three days—I just told my dad, "You're going to have to drive me to the psych ward in Saskatoon: I cannot sleep."

So I went to the University Hospital in Saskatoon and they put me in the psych ward and they put me on Seroquel, or quetiapine. And they gave me a big dose; it went up to about 800 milligrams, I think was the max dose they said. And they were kind of scratching their heads, like, why do I need such a big dose of this antipsychotic? But you know what, I didn't care at the time because I hadn't slept.

So I was sleeping finally; my pattern started to get to normal. And the 800 milligrams worked but I was still having issues at that time. It wasn't perfect by any means. So about two weeks went by, I was on that high dose of quetiapine and then finally, my sleep patterns kind of regularized. Then I was released from the ward.

And I still remember this because it was pretty significant: After I got released from the ward it was around supper time—I don't know, early January—and my dad and I were wondering about where we were going to go eat. And we must have come up with some restaurant we wanted to go to. And so, as we were driving, a couple minutes later I said, "Oh, you know what? We can't even go eat because I didn't have my second dose of the vaccine." So that was fun.

And then after that I was on the quetiapine. I went to the pharmacy in town and they were all kind of scratching their heads too. They're wondering, "Is this a new medication you're on?" They're wondering why I'm on this high dose of this drug all of a sudden, right? And I just said, "yeah, I had a bad reaction." And they didn't really care because— I don't know why; they just don't care.

And eventually, so I was taking the quetiapine, this high dose of quetiapine for a while. Eventually, until I got in touch with a naturopath doctor in B.C., who was able to prescribe a big round of antibiotics because he thinks the vaccine flared my Lyme disease and that's what caused it.

And sure enough, after about two or three days of this antibiotic protocol,

[00:10:00]

I was able to wean off the quetiapine from 800 to— Well, actually, I got off of it completely. But I was still having issues with my sleep a bit. So after that, that was kind of that.

And I eventually— Like, I talked to my family doctor when I was released from the psych ward and he acknowledged that I could have had a bad reaction, which I know I did because I know my body. And he just said, “But we can’t do anything about that now. We just have to deal with what we have to deal with right now. We can’t go back, back in the past.”

So there is just no— With the doctors and the health care, they just— They wouldn’t acknowledge it and if they did, there’s just there’s no accountability. I can’t get any help. It’s like they were working against me basically, and just telling me— They just wouldn’t believe me. They didn’t have to believe me because they get their paycheck anyways.

Dellene Church

James, when you say they believe the vaccine triggered a flare in your Lyme disease, what we had talked about was they believe it actually caused an inflammation in your brain.

James Blyth

Yeah.

Dellene Church

And that’s what led to this insomnia, you’re calling it. But basically, you were unable to sleep unless you took this extremely high dose of an antipsychotic.

James Blyth

Yeah, yeah, that’s correct.

Dellene Church

And how long were you on that medication?

James Blyth

Because it took a while to get in touch with the naturopath doctor in B.C., I must have been on that quetiapine for— I would say around three or four months, it was.

Dellene Church

And do you know what a normal dose of that medication would be for insomnia? Were you ever told that?

James Blyth

No. I mean, there’s Dr. Google, but no, no, I didn’t. I just know that the nurses were worried in the ward. Because I was on 800 milligrams. They didn’t want to go any higher because I think it can cause some heart issues or something like that if you go really high. And so yeah, my nurse was just kind of astounded because they had never really seen someone on that high of a dose of that drug. But it was able to get me to sleep, at least somewhat.

Dellene Church

So during this four months, what were you able to do?

James Blyth

Lay on the couch pretty much. I don't do much because of the Lyme disease. I'm on disability as it is. So basically, the side effects from the drug itself made you really drowsy and tired. So I pretty much would just lay on the couch all day and try to find some better medical help.

Dellene Church

And you also experienced worsening symptoms with your type 1 diabetes because of this medication you were on to sleep. Is that right?

James Blyth

Yeah, that's right. So I'm good with my diabetes. I have, I think it's a 6.0 A1C. And a side effect of the drug is it raises your blood sugar. So I had to go on higher doses of insulin because of that.

Dellene Church

And have you had any adverse health symptoms because of the higher insulin you were required to take?

James Blyth

Yes, in a way. I'm really good at watching it, but it's a very— It's hard to really finesse it and get it perfect. So sometimes I would wake up in the middle of the night with low blood sugar or something because I had overcorrected the amount of insulin required. And yeah, so my insulin— Like my long-acting, which is Tresiba: it went from 18 units to 22 units, I believe. And then my fast-acting, I had to probably increase it by 10 units per day from the average of before I was on the drug.

[00:15:00]

Dellene Church

And do you know, was your reaction reported as an adverse reaction to the COVID vaccine?

James Blyth

No. I definitely don't think so. Because my doctor, when he acknowledged that, he wasn't typing anything out on the computer or anything like that.

Dellene Church

And nowhere in your healthcare, medical people you dealt with, were you ever given any information on making a claim for compensation.

James Blyth

No, no. No, I was— It was disregarded pretty quick, that's for sure. I think it's because the doctors are also— Even if they do believe you, they're also worried about the government coming after them as well, right? But it was disregarded. It was not taken very seriously.

But no one really cared either. Even the pharmacist was like, "Why are you on this drug now?" And I told them I had a bad reaction. And it's just kind of, "Oh well. That's that." Right?

Dellene Church

What do you think, or wish, could have been done differently for you in this situation?

James Blyth

Well, having an exemption would have been nice. I wasn't really sold on the vaccine as it was. I didn't want to take it because I wasn't sure how it would work with my diabetes and the Lyme disease. And I found out. So I would have liked an exemption, but it didn't happen.

Dellene Church

And in your case, an exemption wouldn't have been necessary if we didn't have the strict severe mandates in place that made you feel isolated and unable to live your life. You weren't working at the time. You weren't at school. It was your desire to live a normal life.

James Blyth

Yeah. Yeah, that's right. Yeah, it's amazing. The frustrating part is that we're funding this. We're funding to have people take our rights and control us like this. It's ridiculous, I find.

Dellene Church

Is there anything else you'd like to add before I turn it over to the commissioners for questions?

James Blyth

I guess just, my frustrations with these doctors and nurses and anyone in government really is that there's no accountability. They just get away with whatever. They get their paycheck regardless. And if there is an issue, they're protected by the government. So that's kind of my frustration, is the lack of accountability.

Dellene Church

Okay, I'll ask the commissioners if they have any questions for you.

And there are no questions, so I would just like to thank you on behalf of the National Citizens Inquiry for your testimony today and wish you health and healing in the future.

James Blyth

Yeah, well it's going in the right direction now, so that's good.

Dellene Church
That's good. Thank you.

James Blyth
Thank you.

[00:18:36]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

EVIDENCE

Witness 6: Zoey Jebb

Full Day 3 Timestamp: 07:21:32–07:35:32

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Wayne Lenhardt

Okay, Zoey, if you could give us your full name, please, and then spell it for us.

Zoey Jebb

My name is Zoey Jebb, spelled Z-O-E-Y J-E-B-B.

Wayne Lenhardt

Do you swear to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Zoey Jebb

Yes, I do.

Wayne Lenhardt

Just for the audience, your testimony is going to relate to how you lost a business due to COVID, so let's start right at the beginning then. This was in about 2019 and it was in Elkhorn, Manitoba. So tell us what was happening.

Zoey Jebb

The business itself was actually in Virden, Manitoba.

Wayne Lenhardt

All right. Yes, you live in Elkhorn but your new business was going to be in Virden.

Zoey Jebb

Yes. So the business was a Wellness Centre, consisted of a lot of different departments. There was a sensory deprivation float room; 24-hour access relaxation lounge with high-end massage equipment; vibro-acoustics; hydrotherapy, that sort of thing. There was treatment rooms for myself—I do a lot of body therapy—as well as other practitioners in the area to use. There was a workshop space for classes, workshops, running programs, a smoothie bar. And also, we rented out space to locals to sell handmade gifts and other wellness products.

Wayne Lenhardt

Okay, so you found a location in Virden and you had a silent partner who provided some funds. And you started gearing up for your business, which was— You were going to call it a wellness centre. Am I right?

Zoey Jebb

Yeah, it was a wellness centre.

Wayne Lenhardt

And there would be different services provided. This is what year?

Zoey Jebb

We started renovations in 2019 and we kind of opened up in phases throughout the year, soft openings for each department. And we finished renovations in November of 2019 and had every area open, just not full-hours yet.

Wayne Lenhardt

And you ended up buying equipment for this business, correct? And approximately what did that cost you?

Zoey Jebb

For the equipment for the float pool and all the massage equipment and everything, roughly about \$60,000.

Wayne Lenhardt

Okay, so you had equipment and you got it rented. So you're paying rent. You had your equipment. You ended up with a loan with BDC, Business Development Bank of Canada, am I correct?

Zoey Jebb

Yes.

Wayne Lenhardt

And that loan was for how much?

Zoey Jebb
For \$110,000.

Wayne Lenhardt
So it took you approximately how long to do your renovations?

Zoey Jebb
We started around, I think, February, March of 2019, and we completed sometime in November of 2019.

Wayne Lenhardt
Okay, so approximately nine months, then you're renovated. What happened at the end of 2019 then, and going into 2020?

Zoey Jebb
We were open and operating. I had one employee: my sister was managing for us full-time. And then we had a few other casuals and other practitioners that were renting the space. We had kind of done a soft open, so all aspects of the business were operating, just not with full-time staff or full hours yet.

Wayne Lenhardt
At some point— Was it during that fall the schools were closed?

Zoey Jebb
That was following, so in 2020, March of 2020— March 13th is when Trudeau had recommended everybody go home and so we did. And I believe it was the next week that the schools in our area closed down as well.

Wayne Lenhardt
Yeah, so the centre was closed at that point, correct?

Zoey Jebb
Yes.

Wayne Lenhardt
Did it reopen at some point?

[00:05:00]

Zoey Jebb
We were not permitted due to the regulations, Manitoba's regulations. We weren't permitted to operate until, I believe it would have been June or July. At that point the business was done.

Wayne Lenhardt

Yeah, okay. So at a certain point you're not making any money. Your place is closed. And I believe the type of work you were doing, I think, was prohibited, was it not? You couldn't service clients for a while, under the mandate, am I right?

Zoey Jebb

Right, so I do a lot of bodywork therapy and emotional release therapy, different things like that, but I'm not a registered massage therapist. So there was only certain people offering those types of services that were permitted to take clients and I was not one of them.

For the business as well, the float pool was not permitted to be open, the relaxation lounge was not permitted to be open, and we weren't permitted to do most of the workshops and classes that we had done.

Wayne Lenhardt

So at a certain point you realized this just simply wasn't going to work. You just had the debt, you had your rent, you had all of that and you couldn't operate. So what happened next?

Zoey Jebb

We tried to continue making payments. I paid a lot out of even my own pocket to try to keep things up and running. Because we kept thinking it was two more weeks, two more weeks, two more weeks—right? So eventually I spoke with my business partner and he wasn't in a position to carry on.

And we both had decided to file for personal bankruptcy because we were both personally liable for the debt. He filed for bankruptcy and I was not able to at the time, in the end. So all of the debt for everything ended up falling onto me personally.

Wayne Lenhardt

So at a certain point, the Business Development Bank sued you, didn't they? Am I right?

Zoey Jebb

They did. I believe it was June, maybe, or the springtime of 2021. I got served because they said it was taking too long to pay back—even though we were in Code Red and I wasn't permitted to work.

Wayne Lenhardt

And you had children in school all the while also, didn't you?

Zoey Jebb

My daughter's in school. My son, we've decided to continue to homeschool him.

Wayne Lenhardt

So how did you survive during this period of time?

Zoey Jebb

I did receive CERB [the Canada Emergency Response Benefit], which they cut me off of. I had to battle it out and they did finally reinstate it again.

But I mostly survived off of donations and gifts. People dropped off food and gift cards so that I could— We had food and fuel and people donated money to me.

Wayne Lenhardt

Did you eventually settle with the Business Bank of Canada?

Zoey Jebb

Yeah, I was fortunate enough again to have a friend lend me some money, so I could get a lawyer and we did a settlement. It was a good deal. They knocked down the amount that we owed, or that I owed, I mean. But the payments were really high. So I ended up having to mortgage my house to amalgamate my payments and pay them off.

Wayne Lenhardt

Were your children out of school during a period of this time, where you had to look after them?

Zoey Jebb

They were, yeah. I know for sure, for the rest of 2020 there was no school. It was just homeschooling. And I think the fall they started back up, of 2020, I believe.

Wayne Lenhardt

It's going to be rhetorical, but did you have any trouble keeping your head above water while all this is going on?

Zoey Jebb

Yeah, definitely.

Wayne Lenhardt

Is it all over now? Is the Bank of—the BBC all paid off now, or settled with?

Zoey Jebb

BBC is, because I was able to get a job that put me in a position that I was approved for a mortgage on my house that I owned. And so I used that to pay off BBC, so that part has been settled.

Wayne Lenhardt

Okay, is there still that mortgage on your house?

Zoey Jebb

I do. And the house is up for sale because I just can't really afford it.

[00:10:00]

Wayne Lenhardt

Okay, and that house is in Elkhorn, is it?

Zoey Jebb

Yeah.

Wayne Lenhardt

Okay. I'm going to stop and ask if the commissioners have any questions here at this point.

Yeah, Ken.

Commissioner Drysdale

You said that you got a loan from the Business Development Bank of Canada?

Zoey Jebb

Yes.

Commissioner Drysdale

Is that an independent institution or is that associated with the federal government?

Zoey Jebb

I believe that is a government—yeah.

Commissioner Drysdale

What was your projected operating costs of your business per month? You just started the business, so I'm guessing that you must have had a business plan and you knew what it was going to cost to operate monthly, what your costs were going to be?

Zoey Jebb

We did, yeah.

Commissioner Drysdale

I don't need to know the number reviewed it. Yeah. But I also recall that you said you got some money under the CERB.

Zoey Jebb

I did for personal. So we didn't qualify—the business didn't qualify for any of the government financing because we didn't meet the requirements, which at the beginning was: we had to have a certain amount of payroll, I believe in 2019, which we didn't have because we weren't operating fully. They did lift those restrictions later in the year but by then we were done. I personally did qualify for CERB because I was at home taking care of my children. But they did cut me off of that and I had to fight— My local MP's office actually helped me out to get that reinstated. So I did get the CERB. That's what I lived off of.

Commissioner Drysdale

I just want to follow up on that because I'm not familiar with those programs that were put in place. But are you telling me that you started a business in 2019; you carried out renovations for a period of months; you had loans from the federal government through the Business Development Bank, so you knew what the costs were, you could have proven what the costs were? And what I mean by that is, you could have proven to whoever you needed to prove it to that you had loans, that you had rented equipment, or bought or purchased equipment, and that you had rented space. But even with that documentation, with the mandates that were imposed upon you by the federal government and the federal government loaned you money through the Business Development Bank, they wouldn't help you out because you didn't have a long enough period of payroll?

So they didn't recognize that you had to invest in a business, which they recognized in the first place by lending you money. But they wouldn't cover you off to bridge you over that gap when they put in mandates, which caused you to need that, which caused you to go to bankruptcy? Is that what your testimony is?

Zoey Jebb

That is correct.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

Are there any other questions from the commissioners? Is there anything else you would like to comment on or tell us then, before we conclude, about your ordeal?

Zoey Jebb

I can't even think about it right now. I'm sure there's lots. Yeah, sorry. I can't really think about that right now.

Wayne Lenhardt

Okay. All right, thank you very much on behalf of the National Citizens Inquiry for your testimony today.

Zoey Jebb

Thank you.

[00:14:00]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

EVIDENCE

Witness 7: Samantha Lamb

Full Day 3 Timestamp: 07:35:39–07:50:29

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Wayne Lenhardt

Okay. The next witness is Samantha Lamb. Oh, here we are. Samantha, can you hear me?

Samantha Lamb

Yes, I can hear you.

Wayne Lenhardt

Oh, there we are. Could you give us your name and then spell it? And then I'll do an oath with you.

Samantha Lamb

Okay, my name is Samantha Lamb. It is spelled S-A-M-A-N-T-H-A L-A-M-B.

Wayne Lenhardt

Okay. And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth, so help you?

Samantha Lamb

I do.

Wayne Lenhardt

We're going to talk today about a spinal injury that you had. Maybe you could tell us exactly what happened and when this injury occurred.

Samantha Lamb

For sure. I've been experiencing low back degeneration for about 17 years. I've been managing it with chiropractic services and acupuncture. And then in 2018, close to 2019, something happened. I woke up one morning, I was in excruciating pain. I was trying to talk to my doctors about it. They just kept trying to send me to— I've tried physio. I had tried going to the spine clinic. I had done so many different things. At that point, we started trying spinal injections and finally it took my husband coming in and saying, "Look something's really wrong." Like I was— I couldn't walk to the grocery store with him not pushing the cart, not doing anything other than just walking, without my feet going numb. And I couldn't do any of the household chores, like it was— It would lay me right out. I would come home and have to just lay with my feet up.

So in about 2019, I finally took— I went to my workplace and said, "Look, I'm on all these medications. I'm not feeling good. I don't feel like I should be here. What do I do?" My workplace was really amazing and wrote out a letter of description of my job duties, which— I'm an accounting officer for the credit union, SaskCentral, which is the central credit union for Saskatchewan. I took this letter to my doctor and she looked at the letter and said, "Yeah, based on this information, you should not be working." We then pushed her to send a referral to a surgeon. I was seen pretty quickly in 2019, in December, by the surgeon. And within five minutes of being in his office he was like, "Why didn't you come in sooner, what's going on?" And I'm like, "I was told it wasn't surgical." And he's like, "You need surgery." So I'm like, "Okay." So I signed the papers.

And then COVID hit and everything got shut down.

Wayne Lenhardt

Okay, so that was 2019.

Samantha Lamb

And 2020, yeah.

Wayne Lenhardt

2020.

Samantha Lamb

Yeah, I did finally receive my surgery. I got very upset and I actually sent a letter to my MLA. I sent a letter off to her, very upset, saying, "I'm a 40-year-old woman with four kids. I have a professional career and I'm stuck lying here on all these drugs because the healthcare system has been shut down."

I did get a call back from her office. They did contact the advocacy for me, or the medical Saskatchewan advocacy, and within a month I had my surgery. So I did receive surgery in the end of May of 2021.

Wayne Lenhardt

Okay.

Samantha Lamb

But that was two and a half years of me waiting for surgery.

Wayne Lenhardt

Did you go and have some rehab work after that?

Samantha Lamb

Yeah. Well, that was the funny thing. So the rehab afterwards— With being on disability, I was at a point where disability was running out. I only had eight months left of my disability from my workplace before they were going to start sending me to CPP [Canada Pension Plan]. And they were sending threatening letters saying, you know, “If you don’t apply for Canadian pension or CPP disability, we’re going to assume that you have applied and we’re going to start deducting the amount from payments, from your current amount that you’re receiving.”

Wayne Lenhardt

Sure.

Samantha Lamb

And so I did apply for CPP disability. And they declined me because they called me a few days before my surgery and they said, “Well, if you’re getting surgery, then we’re not going to approve you because we don’t know what the outcome will be.”

But afterwards, that left me with only eight months to heal and get up to speed.

[00:05:00]

But out of those eight months, three of them, I wasn’t permitted to do any activity. I had to wait until the bones fused because I had a decompression and spinal fusion of the L5-S1 vertebrae.

I had to wait for the bone to fuse before I was allowed to do anything. And then, because of the delay in healthcare, I didn’t receive anybody to physically assess me. So even though my referrals were sent to Wascana Rehab that said that I was having trouble standing and so on, I only received a digital back class and digital therapy. So nobody actually looked at me, nobody assessed if I could get up, nobody could, nothing.

I called my disability plan and said, “You guys want me back to work. How am I supposed to do that with no disability? No physio, no nothing.” And so they did finally approve me for physiotherapy, which they were covering the cost of for me, to attend physio. And I needed physiotherapy in the water because my decompression and spinal fusion had taken so long that I needed to be in the water in order to do any physiotherapy. And so I went to an amazing physiotherapist, but that was about five and a half months after my surgery.

And so out of those eight months, five and a half, I was waiting to get in to someone.

Wayne Lenhardt

Okay.

Samantha Lamb

And that was a huge delay out of my healing time. I finally did get in to see the physiotherapist. And because of the rules, he performed his physiotherapy in the back of a gym. So because of the rules regarding entering a physical fitness center or any of those things, you had to show a vaccination pass. And I was very uncomfortable showing my medical information to anybody other than my doctors. So they had to sneak me in the back door and I kind of felt like a bit of a criminal going to physio. So it was like they didn't really want me there, but yet they had to take me because they couldn't deny me services. That's not the way the clinic was, but it's the way I felt because I had to be snuck in the back door in order to be seen by a physiotherapist, who wanted to help me.

After a week of physiotherapy, I caught COVID. So I was quarantined for 14 days. So out of the 12 weeks that I had before needing to go back to work and out of the physiotherapy, there goes two weeks. I was quarantined for 14 days. And then I went back to physio. We did a couple weeks and then he went to Mexico where— Again, because of the rules in Canada and the testing standards and everything else, even though he was vaccinated, even though he was boosted up and everything, he had no symptoms, but because he tested positive for COVID, he couldn't come back for four weeks.

So out of the 6 weeks or 12 weeks that we should have been getting physio and he should be seeing what I'm doing, he had really only seen me for six weeks.

The disability didn't care. He wrote an assessment saying, "Look, I haven't been able to see her," which led me to pay for a physical assessment. So I paid out of my own pocket to have him do a full physio assessment on me to see where I'm at. Can I stand? Can I sit? What are my capabilities? Which we sent off to disability and it proved that I can only sit and stand for no more than 100 minutes before requiring a lay-down break.

And I looked at him and I says, "Who's going to hire me? How am I supposed to go back to work if I can't sit or stand?" My work turned around and said, "We'll accommodate her" because I could work from home. So we tried that. Within four weeks, they attempted to push me back to work within a four-week return to work up to full-time from a spine surgery.

I was just flabbergasted that they were trying so hard to get me back. And it's because they wanted me off the books.

Wayne Lenhardt

Okay, so have your injuries now abated or are they still there?

Samantha Lamb

No. They're still there. It's almost two years after my spine surgery.

Because I was pushed back to work when I first started seeing physiotherapy. I was completely off all my medication, which meant that I felt like it was slowly working. I was healing, I wasn't on any of the morphine or the nerve pain meds that I was on when I first started seeing physio.

[00:10:00]

And then the more I was pushed back to work, like, even my doctor— I had to keep going back to my doctor to get doctor's notes to say I wasn't ready to increase my hours, that my back wasn't doing well. And the more I had to attempt to do full-time hours, the more I was in pain. And so the more I started having to go back slowly on certain medications and I was trying really hard to be on the ones that didn't alter my mental capacity. Because being on all those medications: when you're reconciling a banking system when you don't have a memory recall, it's really hard. And it makes it incapable of doing my job.

As they slowly pushed me back and I got up to about 80 per cent— But that took until October to get me up to 80 per cent and I was in tears. Like, I would literally go to work work for the 100 minutes and lie down for 30 minutes, work, lie down, work, lie down. Which then pushed my eight-hour day longer. Because these 30 minutes weren't in my— I had to take them out of my personal time, which meant that I was scheduled for a longer day because I had to keep laying down for 30 minutes. And yes, I get two 15-minute breaks and a half-hour lunch, or an hour lunch, but then I'm having to work for longer days. And so by the time I was getting off my schedule, I was literally crawling back into bed. And it left me in bed. I couldn't go anywhere.

I finally phoned my doctor and said, "This is not working, I should not be at work. This is not work. This is not value of life if I'm just going to work and going to bed." She finally approved me back for disability. So now I've lost even more income because they restarted me on a new claim. They turned around and said, "Because you didn't appeal your claim, we're now going to assess you at the 80 per cent that you were capable of working and we're only going to give you 70 per cent of that income." So now I'm at less than half of my income because I wasn't capable. And I was pushed too hard and too fast because I spent all my time waiting for surgery instead of getting time to heal.

Wayne Lenhardt

I see you appear to have a pillow behind you right now. So is your back still bothering you then? And how much and how often?

Samantha Lamb

My back is still bothering me every day. I'm now back on all of my medications that I was on before surgery. I'm on a nerve pain medication, I'm on an anti-inflammatory, I'm on a slow-release morphine for the pain. I am back on physio and I have been attempting physio but they're seeing severe weakness on the left side of my body, which is where the pain was running down to begin with. And so that pain has not gone away and now I'm having **hip and pelvic floor and bowel and all these other issues. So I'm finally being sent to a neurologist. But it's been a very slow process and it's almost two years after my surgery and I'm still not okay.**

Wayne Lenhardt

Could you give us one or two things that could have been done differently along the way here that would have helped you?

Samantha Lamb

Well, I think if they wouldn't have shut down all of the surgeries, I think that would have made a huge difference. I mean, I know I wasn't in a place where I was critically hurt or my life was threatened—but because I was just suffering pain, I was placed on a backburner.

My surgery was labelled as being—what do you call it?—“elective,” saying that I wanted surgery and it wasn't a requirement. Like I wasn't dying, which— Yes, I wasn't going to die from not being able to move my back but I wasn't capable of working. I wasn't capable of functioning. I wasn't capable of taking care of my family. I wasn't being able to be a mom of four kids. It's really hard when mom breaks down.

Wayne Lenhardt

Okay, I'm going to ask the commissioners if anyone has any questions. Okay, I think that's a no. So on behalf of the National Citizens Inquiry, thank you again for your testimony.

Samantha Lamb

Thank you.

[00:14:50]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 8: Carrie Sakamoto

Full Day 3 Timestamp: 07:50:40–08:08:35

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Wayne Lenhardt

Next witness will be Carrie Sakamoto, by video. There she is.

Carrie, can you hear me? Can you hear me? Say something so I can hear you.

Carrie Sakamoto

I can hear you. I am having difficulty seeing you. They've been having all kinds of trouble with this link here. There we go. I see you.

Wayne Lenhardt

Okay. Carrie, first of all, give me your full name and then spell it for me and then I'll do an oath with you.

Carrie Sakamoto

My name is Carrie Sakamoto. It's spelled C-A-R-R-I-E S-A-K-A-M-O-T-O.

Wayne Lenhardt

And Carrie, do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Carrie Sakamoto

I do.

Wayne Lenhardt

Carrie, you live in Lethbridge, correct?

Carrie Sakamoto

Yes.

Wayne Lenhardt

Okay. And I guess we're going to talk about an injury that you suffered from the vaccine today. Let's go back to when you had the vaccine and why. What year was it? Do you recall?

Carrie Sakamoto

I got my first vaccine, which was AstraZeneca, April 21st, 2021.

Wayne Lenhardt

Okay. And that was AstraZeneca?

Carrie Sakamoto

Correct.

Wayne Lenhardt

Okay. And was that a single dose regimen, or was it two?

Carrie Sakamoto

It was one dose and then it was taken out of Alberta. So I had to choose a second vaccine, which I chose Pfizer.

Wayne Lenhardt

You had a second dose as well and that second dose was Pfizer?

Carrie Sakamoto

Correct.

Wayne Lenhardt

Okay. When approximately was that?

Carrie Sakamoto

That was June 18th, 2021.

Wayne Lenhardt

And when did you start having effects?

Carrie Sakamoto

I got sick that evening along with my husband. We both had flu-like symptoms. We were told to expect this. We were also told to expect the unexpected because we were mixing

vaccines. There had been things in the media saying it was fine, there were things saying they weren't so sure. At this point, we didn't have a choice. I already had AstraZeneca. I had to pick another one. I picked Pfizer.

Wayne Lenhardt

And who was it that told you, "Expect the unexpected?"

Carrie Sakamoto

Friends and family.

Wayne Lenhardt

Okay.

Carrie Sakamoto

Yeah, so I got my vaccine and I got sick that evening. But it was fever, nausea, achy body: just like a regular flu. I spent the next few days in bed. But my husband had the exact same symptoms, so I didn't really think too much of it until about the seventh day. And he was better and I was getting worse.

Wayne Lenhardt

Okay. So keep going.

Carrie Sakamoto

So by the seventh day, I had a really bad fever. I had a really bad headache and I had swollen tonsils on the right side. I called my doctor to make an appointment. But because I had a sore throat and this was still in the beginning of COVID, I couldn't be seen in person. So she called me, I explained what was happening. She said that most likely I had tonsil stones from fever from my vaccine. She put me on antibiotics. She said if I wasn't better in three days to call her back.

The next evening, I was being taken to hospital by my husband. My brain felt like it was on fire, is the only way I can explain it.

[00:05:00]

And because of the pain, I started vomiting and I couldn't stop. This went on for about 24 hours. But at this point, I'd been sick for eight or nine days and had hardly eaten because it really affected my throat. So I was pretty sick by this time. My husband took me into the hospital. They gave me medication for migraine and things like Gravol to stop the vomiting, which worked. So I went home. I was sent home. They said if anything changed to come back.

After that medication wore off, all the symptoms came rushing back. My husband took me back to the hospital. And on the way, as I was looking in the mirror, I saw my face start to drop. I thought I was having a stroke.

Wayne Lenhardt

Okay. Was your heart rate up?

Carrie Sakamoto

I'm not sure if my heart rate was up. All I could see was that my face was dropping—and just the one side. My mom had had a stroke when I was young, so I was familiar with what it looked like. And that's immediately what I thought was happening.

Wayne Lenhardt

So you were on the way to the hospital, though. What did they say when you got there?

Carrie Sakamoto

They admitted me and hooked me up to some IVs to try and stop the vomiting. They said they believed that it was Bell's palsy.

Wayne Lenhardt

Oh. Did they explain to you what that was and how long it would—?

Carrie Sakamoto

They said it was facial paralysis and that it should resolve itself soon. But because I was so sick, they kept me in the hospital for a few days, which turned into being 17 days. When I was in the hospital— Sorry, I just need to look at my notes here. It's a lot.

I was admitted into the hospital and I want to say about day three, or four, maybe even five, I was still very, very sick. I was in and out of sleep, sleeping a lot. When the Bell's palsy hit, my eye was paralyzed. I had a patch on my eye, my tongue was swollen and half paralyzed, and half of my esophagus, so I wasn't able to swallow. So I was given a feeding tube at this point because I was losing so much weight so fast, because I'd been sick ten, fifteen days at this point.

While I was in hospital, they had restrictions still. So I was only allowed a couple of people in—my husband and my mother and not at the same time. But one of these mornings, I want to say day five, a nurse came in and asked if somebody from Alberta Health Services could come and see me. I awoke to find a lady standing there. I was still very sick. She didn't say anything. She just stood there for a while staring at me and then left. I thought that was really strange—and I'll show you where it applies later on in my story.

Wayne Lenhardt

Okay. Did anyone tell you where or how you had gotten this palsy?

Carrie Sakamoto

Yes. So while I was in hospital, I had a lot of specialists. I had MRIs, CAT scan, ultrasounds: I mean, you name it, I had it. And the doctor who was treating me, who's a pretty well-known doctor, he came to my bedside with a laptop. And it was split-screened and there was probably eight or nine other doctors on there. And he asked if they could see me and speak

to me because they had never actually seen somebody or spoken to somebody with full-bloom Bell's palsy as severe as mine.

So after he spoke with these people, it was their opinion that Pfizer had done this to me. Pfizer was in my body and it was fighting against me for some reason.

[00:10:00]

Wayne Lenhardt

Did they give you a prognosis as to how long this was going to last, how severe it was going to be, that type of thing? What did they tell you?

Carrie Sakamoto

They said it was a new type of Bell's palsy because it was caused by this vaccine and that they didn't know what was going to happen. They figured, most likely I would go back to the way I was, that it would resolve itself, but they didn't know. My neurologist said that usually anything after a year is permanent.

And I sit here today at two years and I still have the full facial paralysis, the paralysis on my throat, the entire side of my body. I have hearing loss that requires a hearing aid now. I have vertigo on both sides. I have a lot of neurological problems. I have memory loss from trauma. I mean, the list kind of goes on and on. But the doctors are the ones who told me specifically that it was Pfizer that was doing this damage to my body.

Wayne Lenhardt

All right.

Carrie Sakamoto

After I got out of the hospital, I received a phone call from Alberta Health Services telling me that it was safe to take the booster.

I'm not sure why they called me. They've done it twice. Nobody else I've spoken to has ever received a call from Alberta Health Services saying to go get a vaccine or a booster of any kind. It makes me feel like an experiment. It's frustrating and it's scary. I literally said to the woman, "I am still injured from my first vaccine. How can you say this is safe?" She simply replied, "It just is." But that's not a good enough answer for me, so I'm still looking for answers.

I was lucky, all of my doctors have been on board from day one: my neurologists, my specialists. They all were the ones who told me that this is what was happening to me. So I applied to the vaccine injury program [Vaccine Injury Support Program]. After 20 months, I have been accepted and I was given a lump sum of money and continued medical care.

Wayne Lenhardt

So are they still reimbursing you for care at this point? I gather you had been on a farm and you have now moved to town because of all of this.

Carrie Sakamoto

I couldn't drive. I had zero independence, and my kids were— We were all stuck out on the farm when my husband would go to work. I couldn't work. I didn't have a job when this happened but my family needed me and I wasn't able to help out, so the only option was to sell our farm.

Wayne Lenhardt

Are you still being supported by the injury program, or is that all over?

Carrie Sakamoto

Yeah.

Wayne Lenhardt

Okay.

Carrie Sakamoto

It's continued care. I was only accepted on March 3rd.

Wayne Lenhardt

Of this year? Of 2023?

Carrie Sakamoto

Yeah, yes.

Wayne Lenhardt

And is that all going satisfactorily? They're paying for your care?

Carrie Sakamoto

So far, yes.

Wayne Lenhardt

Okay. Is there anything you want to tell us about this ordeal of yours that I haven't mentioned yet?

Carrie Sakamoto

I did want to say: When this first happened to me, I really wanted to share what was going on with me. And I reached out to all the news stations thinking, "They're going to want to cover this story. They're going to want to see. The doctors should know what's happening, and then if somebody else turns up in the emergency room like me, they can be helped instead of turned away three times." But I was met with resistance.

And that's actually when I met Mr. Harding. And I'm the one he did the story about that I just found out was related to him being let go from his job.

I just wanted my story to be heard, so I went to TikTok,

[00:15:00]

and there I was able to share my story. And I have a small following of about 11,000 people who really want answers as well. They're waiting to see how this is going to play out. But I want to know why I can go to the news station and speak about long COVID, if I had a story about if this was long COVID, but when you say, "vaccine injury," even though I have been approved, they don't want to speak about anything negative. So people like me are being forced to be quiet.

And I kind of— Part of the reason I wanted to do this was to give them a voice through me.

Wayne Lenhardt

At this point, I'm going to ask the commissioners if anyone has any questions for this witness? Yeah, Dr. Massie.

Commissioner Massie

Well, thank you very much for sharing your really sad story with us.

Let me make sure I understood exactly the conversation you had with Alberta Health Services. They first came to see you in the hospital to watch you? Did they engage in any conversation with you at that point?

Carrie Sakamoto

No.

Commissioner Massie

And then when you left the hospital after the doctor had acknowledged that you've been vax-injured, you received a phone call from Alberta Health Services telling you that the booster is okay for you?

Carrie Sakamoto

That it was safe, yeah.

Commissioner Massie

Do you know the name of the person that actually gave you this medical advice?

Carrie Sakamoto

I wish I had wrote that down and I am going to look through some more notes, but I didn't. And they called twice but I didn't think of doing that.

Commissioner Massie

Is there a way for you to get back to them and tell them clearly, how can it be safe when you are compensated by the government that acknowledges your vax injury?

Carrie Sakamoto

That's also part of the reason why I wanted to come here and speak, because I would like some answers to that.

Commissioner Massie

Thank you.

Wayne Lenhardt

Okay, anyone else? Okay, on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today and good luck.

Carrie Sakamoto

Thank you.

[00:17:54]



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For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 9: Mandy Geml

Full Day 3 Timestamp: 08:09:10–08:24:01

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Wayne Lenhardt

Can you give us your full name please, then spell it, and then I'll do an oath with you.

Mandy Geml

Mandy Geml: M-A-N-D-Y G-E-M-L.

Wayne Lenhardt

And you promise to tell the truth, the whole truth, and nothing but the truth today?

Mandy Geml

I do.

Wayne Lenhardt

Thank you.

Okay. Mandy, I think just summarize to begin with. I think you had all sorts of problems because of the mandates, including with your daughters and your school and whatnot. So I think I'm going to let you just start and tell us your story, and I will interject if there's something more that I need to know.

Mandy Geml

Okay.

Wayne Lenhardt

What year did all this start? Let's start there.

Mandy Geml

Okay, I think it all really started in 2019. Me and my husband found out that we were pregnant after years of infertility and having one daughter through fertility drugs. We found out we were pregnant on our own and we were super excited, and—

Wayne Lenhardt

Can you hear her?

Mandy Geml

I can talk a little louder.

Wayne Lenhardt

I think you may have to talk a little louder.

Mandy Geml

For sure.

Wayne Lenhardt

I was told that too, so.

Mandy Geml

So we were pregnant with a daughter. We suffered a loss in the second trimester only to find out the month later we were pregnant again. And that was at the end— That was New Year's Eve, 2019. It was a really hard pregnancy and I was on bed rest for a lot. And it was just a lot of fear. And then everything happened.

And we have a 15-year-old and a toddler, three-year-old at the time. Or sorry, my 15-year-old was 13 at the time, in grade 7, and everything shut down. June of 2020, we lost a cousin—my younger cousin that I was really close with—and I couldn't attend the funeral because of everything that was going on and my pregnancy.

In August, we welcomed a son. And everything hadn't fully shut down, so my husband was allowed in the hospital with me but nobody else could come up and visit. My kids couldn't come up and it was hard. He was almost a month early; he had jaundice; he was colic; he had acid reflux. And throughout that, both my daughter's school and my toddler's preschool had shut down for the last couple months. So we were all at home. All their activities stopped. And life just halted.

And it was scary. We didn't know. We did comply with everything at first and we were scared: it was a scary pregnancy; it was a scary birth. And then things just weren't adding up. And you try to ask your doctor questions—with no answers. And you see the fear-mongering starting in the schools, my daughter's school especially, with her teachers and everything. And we—

Wayne Lenhardt

Your daughter in particular was having some trouble at school I think, wasn't she?

Mandy Geml

Yes, so that was grade 8.

Wayne Lenhardt

You were not vaccinated nor was your daughter, correct?

Mandy Geml

No, none of us were. It wasn't really even an option for us. We have allergies. I have anaphylactic allergies to different medications. And so I just wouldn't. Why would I take the chance? And my daughter as well.

She started facing extreme hardship at school. She would sit in in class and hear her teachers go on about: "The unvaccinated are murderers; nobody with a brain would ever choose not to get vaccinated."

[00:05:00]

Her entire friend group dropped her. Her friends' parents banned her from their houses once they found out that she was unvaccinated. Every time I called the school— I called the vice principal, the principal, the superintendent to discuss, calmly and politely, these things that were being said in class. With no avail. I finally got a phone call from the principal saying that, because my daughter—who joins every activity that she can and is involved in everything and honour roll— but because somebody else had tested positive, she wasn't allowed to participate for 10 days.

And I said, "Well, how does that make sense?" My daughter not once came to school sick. Not once. And she wasn't allowed to participate in her activities because somebody else, who was vaccinated, tested positive? But they could all participate: if you were vaccinated you could participate. But if you were unvaccinated, you had to stay away for 10 days.

Well, every day kids were testing positive, so she was basically kicked out of everything. And I asked the principal, "Where's your line? Where do you say, 'No, we're not going to segregate these kids. We're not going to put hate between them and division between them?'" And she refused to answer. She told me that I was lucky that kids like mine were even allowed in school and it's— It's so hard when you're—

Wayne Lenhardt

You were living in Regina at this time, correct?

Mandy Geml

We live in Regina, yeah. And it's really hard when you're trying to keep yourself together: mentally strong, dealing with postpartum, you're dealing with a baby. My infant was colic for almost a year and these issues.

And then you see your daughter, who— I mean, teenage-hood is so hard already and she's coming home in tears. Shaking because her teacher's calling her a murderer. Her teachers are singling her out. None of her friends will talk to her. None of their parents will allow her over. Her world's ending.

And then you have the leaders of your country and your province saying, "Time's up. We're not going to be lenient anymore. Things are coming down. How do we tolerate these people?" I mean, fear takes over you. And it's wild to think that you have to sit there and make plans of, "What do we do if they take it further and they decide to take your kids away because you're unvaccinated?" Or they deem you as not responsible because you're not doing this?

We went to the grocery store—me and my husband and my toddler—and I was dealing with such bad postpartum and anxiety, I couldn't wear a mask. My toddler of course wasn't wearing one. The police came and escorted us out of the grocery store: me and my toddler, while my husband paid. And even though the police officer agreed, "This is so ridiculous." You know, we had friends and family say that our children should be taken away from us, wishing illness and death on our kids and ourselves. And it was so overwhelming. And it just creates this fear inside of you as to what's next. How do you reassure your kids that everything's going to be okay? How do you— You know, my daughter faced such hate from everyone around her that she even received an anonymous letter mailed to our house saying horrible things about her. And for what?

And the teachers say, "Oh, well, we're not telling people her vaccination status," but she's being removed from everything that she's in, so how is that not? She's the only one being singled out. She can't go on bus trips. I fought to get her on a ski trip and at first, they said, "No, the bus lines won't allow anybody unvaccinated." Well, I called the bus line: that's not true. "The ski resort's not letting anybody unvaccinated." I called the ski resort in Manitoba. I talked to the manager and she said, "Well, they're just not allowed in the chalet."

My daughter went and she had to eat her lunch in a shack at the bottom of the hill with a barrel that had a fire in it,

[00:10:00]

because she wasn't allowed to go sit with the people that she had just spent hours going up with. Like, how is that fair? Why is this allowed? Kids are mean enough as it is. Why would you put that out there for them?

So with all of that happening, it took such a strain on my mental health especially. But my kid— She has so much anxiety and she had so much anxiety. She was so scared when she'd meet somebody new that they would find out that she was unvaccinated. I can't imagine that fear inside of her, having to go to school every day and sit with her classmates and her teachers and that feeling of, "These people hate me; these people wish me dead." For a child? Like, that's horrible.

And you see people online—doctors, nurses—saying they have no sympathy for the unvaccinated, they treat them differently when they come in, things like that. And as parents, you worry about your kids. What if something happens and you have to bring them in? Are you going to be separated from them? Are you going to have social services called on you? There's just so much fear.

Wayne Lenhardt

Your mother also had some problems during this time. Can you maybe quickly tell us about that?

Mandy Geml

Before everything started, she went to go seek some help at the Dube Centre. And without getting into too much detail, she suffered from depression. When the lockdown started, they put her on really high-dose medication and they locked her in her room for a month straight—maybe 15 minutes out of her room a day. There was no housekeeping, nothing. She lived in bathrooms that were filled with urine and feces. And it broke her psyche. And it's a hard— She struggles now with being in touch with reality because of the medication and that. Nobody knows how to help her. The psychologist said, "We don't know what to do."

Who's responsible for this? My kids don't have a grandma. I don't have a mom. I do, but I don't have an active mom. For what? For what? She was vaccinated.

Wayne Lenhardt

I'm going to stop at this point and ask the commissioners if anybody has anything they'd like to explore or questions here. Anyone? No.

This may seem obvious, but what two or three things could have been done better in order to save you some of this grief?

Mandy Geml

Oh, everything. Just understanding. How quickly everybody turned on each other and villainized certain people. And I tried to stay so respectful and positive through it all. And tried to keep the message that there's always two sides to a story and there is a happy medium in the middle.

And I think just hearing other people's stories could have—hearing other people's reasons why. Because people have reasons why and those should be taken into consideration.

And have our leaders accountable. How did we get to this point where they can go and spew hate in the media for a large portion of Canadians? How did we get to this point?

Wayne Lenhardt

Okay, I want to— On behalf of the National Citizens Inquiry, I want to thank you for coming today and giving your testimony. Thank you.

[00:14:51]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 10: Dr. Chong Wong

Full Day 3 Timestamp: 08:37:54–09:00:56

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

I'm very pleased to introduce our next guest, Dr. Chong Wong. Dr. Wong, we'll start by asking you to state your full name for the record, spelling your first and last name.

You were distracted. Dr. Wong?

Dr. Chong Wong

Yes. I'm Dr. Wong.

Shawn Buckley

Can you please state your full name, and state your first and last name for the record?

Dr. Chong Wong

Yes, my first name is C-H-O-N-G, Chong, and the last name is W-O-N-G, Wong.

Shawn Buckley

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

Dr. Chong Wong

I do.

Shawn Buckley

You are a family physician and also you are an integrative medicine physician, and you've been practising medicine since 1986.

Dr. Chong Wong

That's correct.

Shawn Buckley

You were telling me earlier, when you and I were speaking, about a woman who was 44 that came to you. Can you share with us that story?

Dr. Chong Wong

Okay.

Shawn Buckley

So again, Dr. Wong, when you and I were talking earlier, you were telling me about some things that happened in your practice. You were telling me a story about a 44-year-old woman that came to your practice that had blood clots. Can you share that story with us?

Dr. Chong Wong

Yes, the lady came to me because she had heard about me and she wanted my opinion or support, I suppose. She came because she had a mass of blood clots all over her body. She was concerned because she had contacted the public health expert who was responsible for the PCR testing in Saskatchewan. Contacted her office and never got to talk to the doctor, but to the nurse.

From the nurse and what had happened, she actually had a photograph of the form that was presented to her. At the bottom of the page, my memory says, the box was checked off saying, "Continue schedule of vaccination." Basically, no change. In other words, she said, "Get the second shot." It was because of the first shot that she got the clots. So of course, she was obviously devastated by that.

Shawn Buckley

Can I back you up? She saw you before that happened, right? She saw you as a physician to get some medical advice?

Dr. Chong Wong

I'm sorry, I didn't hear you.

Shawn Buckley

This 44-year-old woman that had gotten blood clots after getting her first shot, she had come to see you to get medical advice because of her condition. Am I right about that?

Dr. Chong Wong

Yes.

Shawn Buckley

And she asked you whether or not she should be vaccinated with her second shot. She was concerned about that?

Dr. Chong Wong

I think so. She needed some support, I think. That's the idea.

Shawn Buckley

What was your recommendation to her? Did you recommend that she get her second shot?

Dr. Chong Wong

When I saw the form, I was actually quite shocked by it.

Shawn Buckley

She brought that form in with her when she saw you the first time?

Dr. Chong Wong

Pardon me?

Shawn Buckley

Did she bring that form with her when you saw her the first time?

Dr. Chong Wong

It was actually on her phone. It was a photograph of the form.

Shawn Buckley

She showed that to you the first time you met her when she came into the clinic.

Dr. Chong Wong

I'm sorry?

Shawn Buckley

David, can you turn my volume up? Dr. Wong is having trouble hearing me.

Dr. Wong, this woman comes into your clinic. And for the first time when you see her, is that when she's showing you this form on her phone?

Dr. Chong Wong

That's right.

Shawn Buckley

And she's wanting advice from you as to whether or not she should get vaccinated a second time?

Dr. Chong Wong

I believe so and possibly, just mainly, for support, I think.

[00:05:00]

Shawn Buckley

Okay. What did you tell her?

Dr. Chong Wong

"No." I said I was quite shocked by the box that was checked off to ask her to continue vaccination. She told me that she was told that, "Don't blame it on the vaccine, it's just your genetics."

Shawn Buckley

This was a nurse that had contacted her and filled this box out, right?

Dr. Chong Wong

That's right.

Shawn Buckley

Is it ethical for a nurse who hasn't seen a patient to basically make the medical call and say that you should be vaccinated after you've had an adverse reaction?

Dr. Chong Wong

No, I don't believe that's ethical, at all.

Shawn Buckley

My understanding is you referred her to a hematologist, who also was of the opinion she should not get vaccinated.

Dr. Chong Wong

She actually had seen a hematologist already.

Shawn Buckley

Okay.

Dr. Chong Wong

She told me the hematologist also told her not to get the second dose. She told me that the hematologist was very careful and giving that advice because he was concerned, apparently.

Shawn Buckley

Now, my understanding is that, in your practice as a physician during the COVID experience, people came to you asking for a medical exemption.

Dr. Chong Wong

That's correct.

Shawn Buckley

Can you tell me, with some of these people, can you share the experience you had and what ended up happening?

Dr. Chong Wong

Yes, there's a number of people. I'll give you an example. A man who basically represents the whole group. He comes to me because he's not vaccinated and he chooses not to be vaccinated. And because of that status, he's not allowed to work. The company, like its policy would be to let him go, unpaid. And my understanding too is that he will not be qualified for employment insurance as well.

So I remember seeing this man coming in. He's obviously very stressed and devastated—basically in tears, a full-grown man, probably in his 40s. When I saw him, I realized that this man is disabled. He cannot work.

Shawn Buckley

And that's because he was suffering from mental illness because of the stress?

Dr. Chong Wong

That's right. Because he wasn't able to sleep well and can't focus, the signs of depression and anxiety and not eating well. I said, "I think you're disabled." And I suggested that I would be more than happy to take him out of work on disability.

Shawn Buckley

Right. And then my understanding is that this happened a couple of times where people came in and, actually, as you assess them, you came to realize that they were disabled.

Dr. Chong Wong

That's correct.

Shawn Buckley

My understanding is, every time, the disability insurance company then hired a psychiatrist to see if they were basically under a disability. And that psychiatrist agreed with you every time.

Dr. Chong Wong

That's right.

Shawn Buckley

Okay. What you were actually experiencing, then, is by the time people came to you, asking for you to write an exemption for them, they actually had already reached that state in their lives where they were disabled.

Dr. Chong Wong

That's right.

Shawn Buckley

They weren't seeking help from people like you early enough.

Dr. Chong Wong

That's right.

Shawn Buckley

Okay. And literally, you would see grown men crying in your office.

Dr. Chong Wong

Pardon me?

Shawn Buckley

Literally, you'd see grown men crying in your office, they were so stressed.

Dr. Chong Wong

Yes, you can see the stress on their faces, how they behave. Yes, it was really quite a moving— Those experiences have been very challenging for me personally as well, seeing that.

Shawn Buckley

Can you share with us why it was stressful for you?

Dr. Chong Wong

Yeah. Just seeing the struggles they go through, that they are intimidated basically by what's happening. It's almost like their back was against the wall. There are no answers to

what they can do. Because they have families to look after. You can't collect EI. I think it was just fortunate

[00:10:00]

that I thought about it, that I can take them out on disability. I've seen not just one but a number of them that way. It's so heart-wrenching to see full grown men in tears and so much stress because, as you know, men are the providers. And so proud of their work as providers. And here are these men that are just, like, broken. They're broken when they come see me.

Shawn Buckley

My understanding is also, you saw people really broken because of the lockdowns. Can you share with us about that?

Dr. Chong Wong

Yes. There's this one lady, for example, of 44. I'd seen her before; it was still during the pandemic. And that was probably about a year, a year and a half ago. She was actually quite together and a very happy person. But by the time I saw her again— I saw her once around Christmas time too I remember, and then once maybe a couple months ago. And she was definitely a different person.

You can tell that she had a lot of anxiety. She's thinking about— She really believes she's going to die. And she just did not see any light at the end of the tunnel. When she was sitting there, talking, she was moving around, kind of a strange body behaviour. I asked her, "What's happening there." And she would say, "Well, my back's very tight." She was moving as she was talking. I think well, what is this? Anxiety, I gathered. And she has this kind of odd behaviour.

I've seen a number of cases like that: people who've really been hard done by, by the lockdown and isolation and so on. In this case, she was very fortunate. She saw a practitioner who helped her. I found out that the practitioner himself had made a house call to see her. Just in the last while, she's up and down but she's actually improved a lot. That practitioner who made a house call actually has driven her to his clinic. But now she's strong enough, she doesn't have to be driven. She walks over; it's only a few blocks away from the clinic that the practitioner is working. I saw her once as well and I was really happy that she made progress.

Shawn Buckley

Right. Now, when you were dealing with people—so she's doing well now—but when we were in the pandemic and you were seeing people basically being broken by the lockdowns, how did that affect you as a physician?

Dr. Chong Wong

Yeah, it's been tough after seeing quite a few of them. Often, you see these stories over and over again. It kind of gets to you, you know? But the silver lining, I suppose, is that it forced me to learn to take care of myself even better. I do things to help de-stress and help myself. And so I think I've learned a few things about myself, as well.

Recently, I've been invited to groups of health care practitioners, for example. Before Christmas, there was probably 40 to 50 of them. Most of them—I think, 40 were practitioners—but they were non-MD practitioners. Recently, as late as this past Monday, there was about 16 of us that got together. I was invited again. These people gave me hope. Because I'm convinced that, for them, money is not the main focus here. They want to help people. They have ways to help people who cannot afford it so they can get the services—like less pay—and maybe other services they can do and so on. So that gives me hope that the people out there want to help.

Shawn Buckley

Okay. So as a physician, you found yourself in a position where, because it was difficult, all these people coming to you,

[00:15:00]

you actually had to start taking better care of yourself because you were being affected by all of the grief and harm that you were experiencing through your patients?

Dr. Chong Wong

That's right.

Shawn Buckley

But what you're experiencing right now is that there's a group of health care practitioners. They're not medical doctors, they're from different disciplines. But they're coming together as a group to try and help people heal who have been through this experience?

Dr. Chong Wong

That's correct.

Shawn Buckley

Both to deal with their physical problems and also just to give each other hope?

Dr. Chong Wong

Yes, true.

Shawn Buckley

Okay. It's kind of an example of a group in Saskatoon that's forming to help us get out of this.

Dr. Chong Wong

Yes.

Shawn Buckley

Do they have a website or something that people in Saskatoon can go to?

Dr. Chong Wong

Yes. This group I've been invited to, the website is www.onewellnessnetwork.ca. That's the website.

Shawn Buckley

Okay. That's a group that you're joining and you're finding this very helpful.

Dr. Chong Wong

That's correct.

Shawn Buckley

I wanted to ask you some questions. You had one interaction with the College of Physicians and Surgeons. Can you tell us about that?

Dr. Chong Wong

Yes, it was about an 85-year-old man, very robust in a lot of ways. He did have prostate cancer. But he was going to the cabin. He was painting. I talked to his son just today. He was really healthy. And then one day, he— He already had contacted me many months ago for ivermectin and hydroxychloroquine. He knew he wanted that, just in case.

It turns out this man, he got sick, almost like a cold or something, I'm not sure what it was. They're not sure why. Because he told me, when I met him, he said, "Chong, I do not want to go to the hospital when I'm sick." For whatever reason, he got sick. He wasn't that sick because the son told me that the ambulance came—it took about three hours to get there, he says—and he actually walked out to the ambulance. He was short of breath somewhat, but wasn't super sick.

When he went to the hospital, the pharmacist had an interview and asked him what medication he was on. Of course, he says, among other things, he was on ivermectin, hydroxychloroquine. He said, "What doctor gave you that?" He said, "Dr. Wong." "Oh, I see." So the pharmacist made a complaint against me because of that and the College had to respond. They always have to respond to all complaints. They wrote me a letter asking me for an explanation why I'm doing that.

I wrote the letter in response. I sent them my notes because I do believe in informed consent. I told this man, I said, "Officially, these medications are not recognized as being helpful for COVID. And officially, it's not helpful and may do more harm than good for you. **If you really want it, I'll prescribe for you, but this is what is official.**" And so on. I had all that documented and all the notes were sent to the College.

I had a lawyer from CMPA [Canadian Medical Protective Association], that's my insurance. With some counsel advice, I decided to switch lawyers. I switched to a lawyer from JCCF [Justice Centre for Constitutional Freedoms] in Calgary and I'm glad I did. This lawyer from CMPA was very nice. I was very hesitant to let him go because he was such a nice lawyer. But I finally explained to him that I have a better fit for a lawyer, thank you for all your help, and so on. We had an amicable departure.

Anyhow, going back to this, I wrote the letter with some minor changes with a new lawyer. And then I got the letter from the College finally. To my surprise, the College didn't say

anything about ivermectin, hydroxychloroquine at all in the letter. That's my surprise. The only thing that they told me is to make better notes next time.

[00:20:00]

Shawn Buckley

Dr. Wong had you ever, pre-COVID, had a complaint where a pharmacist would literally complain to the College of Physicians and Surgeons because you had written a prescription? Had that ever happened in your career?

Dr. Chong Wong

I have not had any of that.

Shawn Buckley

Okay. It just strikes me as odd. It just strikes me that the physicians are the ones who are experts in treating patients and I wouldn't expect a pharmacist to have the authority to complain to the College because a physician has written a prescription.

And that had never happened to you before.

Dr. Chong Wong

I've never experienced that before.

Shawn Buckley

So that was a new one. How were other physicians? You had patients come in to you and reporting about how other physicians were treating patients who were unvaccinated. Can you share with us what you experienced from other patients about physicians treating them differently?

Dr. Chong Wong

Yes, I work in a Mediclinic, that means I see people I do not know, a walk-in clinic, right? I also see my own patients, so I get to have a very broad spectrum of people. I'm fortunate that way. And because I'm interested in the COVID pandemic and so on, the medication, the vaccine, I always ask questions of people, so I can learn more about what's happening out there in the community.

I heard it quite a few times where they would say, "My family doctor, when I told him I do not want to be vaccinated, he was just after me," he says, "very rude and told me to get it. I've lost totally trust in my doctor now." And they ask me quite often also, "Do you still accept patients?" Myself. I say, "Thanks for asking. I'm sorry, I'm full, I cannot accept you, but if you happen to come to the clinic, I'm more than happy to see you as a walk-in."

Shawn Buckley

Dr. Wong, I don't have any further questions of you, but perhaps the commissioners do.

Thank you, Dr. Wong. On behalf of the National Citizens Inquiry, I sincerely thank you for testifying today.

Dr. Chong Wong
You're welcome.

[00:23:02]



Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Moderator Statement: Shawn Buckley

Full Day 3 Timestamp: 08:36:36–08:37:54

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we continue on our third day in Saskatoon.

It's interesting, I was just talking to a gentleman who had come up to speak. And we were talking about— If you were watching the presentation of Dr. Havas, when she was showing the survey results, and remember, she had a couple of questions that weren't yes/no answers. You selected things, you actually wrote out your experience.

What she did was, she showed us those two blocks where the larger the word was, the more that it was mentioned. What jumped out at me—and I don't know if it jumped out at you—but when people were talking about the Trucker's Convoy, the biggest, the most mentioned word was “hope.”

And that just kind of struck me because I'd shared with you earlier that the truckers had given me hope. I think they gave a lot of us hope. And I'm thankful that we're honouring what they started by starting to tell our stories like they told their stories, and starting to live our lives in a different way like they did.

[00:01:18]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

EVIDENCE

Witness 11: Louise Wilson

Full Day 3 Timestamp: 09:05:35–09:19:06

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

So our next witness is Louise Wilson. Am I saying your first name right? Okay. And Louise, can you state your full name for the record, spelling your first and last name?

Louise Wilson

My name is Louise, L-O-U-I-S-E. Wilson, W-I-L-S-O-N.

Shawn Buckley

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

Louise Wilson

Yes, I do.

Shawn Buckley

Now, my understanding is that when this pandemic started, you owned and ran two Dollar Stores.

Louise Wilson

Yes.

Shawn Buckley

Can you tell us actually how business was in 2020?

Louise Wilson

We have a Dollar Store. So it has a variety of merchandise that, when the pandemic hit, they deemed essential because we have a lot of school supplies and craft supplies and household items. Some health and beauty items that, I guess, would be used for PPE. And we were fortunate to be able to stay open during the pandemic.

Shawn Buckley

Now, you have two stores, can you tell us where they're located?

Louise Wilson

Yes, in southeast Saskatchewan: Esterhazy and Moosomin.

Shawn Buckley

And I'm sorry?

Louise Wilson

Moosomin.

Shawn Buckley

Oh, Moosomin. Okay, thank you. Can you tell us how business was in 2020? You told us that you guys were deemed essential, so you could stay open. And I'm just curious what the effect of that was.

Louise Wilson

Well, we were very busy. And the reason why we were very busy was because no one wanted to go to the city. Everybody was very afraid of going to the city. They just stayed close to home. Like I said, we had requests for certain things by the thousands that we could source out because we could custom-order things. We were very busy, actually.

Shawn Buckley

Right. Just so I understand you: People are afraid to go to the city because they're going to catch COVID, so they would shop at the local Dollar Store instead of going to the city.

Now, when the first mask mandate rolled around, how did you respond both personally and with your business?

Louise Wilson

Well, personally, I knew right away the masks were useless. I'm very informed. I've done a lot of research over many years on health issues—and I knew this was ridiculous. I went along with it. I did wear the mask very reluctantly and not very well, mostly under my chin.

Shawn Buckley

You were one of those chin-wearers, okay.

Louise Wilson

I was.

Shawn Buckley

What happened when they imposed the mask mandate a second time?

Louise Wilson

I wasn't very happy about it and I refused to wear a mask. I had put out a memo to all of my staff, "You will not be harassing customers to wear a mask." I have never, ever put signs on my floor or Plexiglass in my store. And I told them if they wanted to wear a mask, they were welcome to wear one, that I wasn't going to wear one.

Shawn Buckley

And how did your employees react?

Louise Wilson

Mostly good. Some quit. Yeah.

Shawn Buckley

Do you recall why they quit, was anything said?

Louise Wilson

They were afraid. They were afraid that customers were going to be in my store. It was going to be a not-healthy environment and they were afraid that they were going to get COVID and worse. So they quit.

Shawn Buckley

I thank you for telling your staff not to harass customers. The first store I got kicked out of for not wearing a mask was a Dollar Store. Now, eventually you had a visit.

Louise Wilson

Yes.

Shawn Buckley

Can you tell us about the visit?

Louise Wilson

Well, there are a lot of people in town that could see what was going on in my store,

[00:05:00]

and made complaints. So this representative from the Saskatchewan Health Authority paid a visit and I was issued a \$2,800 fine.

Shawn Buckley

Twenty-eight hundred dollars.

Louise Wilson

Yes.

Shawn Buckley

And what was that ticket for?

Louise Wilson

Not complying to wear a mask.

Shawn Buckley

Okay, so that was on you personally?

Louise Wilson

Yes.

Shawn Buckley

Do you know how it came about that the person made a visit to your store?

Louise Wilson

Yes, it was— Someone from the town would have made a complaint to the Saskatchewan Health Authority and, right away, that triggers somebody to come out to make a visit.

Shawn Buckley

Do you know, in Manitoba we learned that there was a special name for these people. They're called ambassadors.

Louise Wilson

Yes.

Shawn Buckley

Did they have a similar name in Saskatchewan?

Louise Wilson

We call them Karens.

Shawn Buckley

You called them what?

Louise Wilson
Karens.

Shawn Buckley
Okay. So now, what happened with that ticket?

Louise Wilson
Well, I told this representative from the Saskatchewan Health Authority that I was not going to pay it and that I was going to fight it out in court.

Shawn Buckley
And why did you decide to fight it? Because you weren't wearing a mask.

Louise Wilson
I decided to fight it because I didn't think that it was lawful. And I didn't think that what they were doing was right. And I was very determined to stick up for myself.

Shawn Buckley
And what happened?

Louise Wilson
Well, we had several court appearances. I had a ticket and I recognized that the ticket had some errors on it. I was basically just trying to figure out, by any knowledge that I could amass, how I could go about dealing with this ticket that I had. And there were things wrong with the ticket, as far as: it wasn't filled out properly; things were not spelled properly; and I was going to just start there.

I thought, "Well, this should be just thrown out, it wasn't properly filled out." And I tried to say that at my first appearance.

And it turns out that the prosecutor— At that time, I should point out that we were not actually face-to-face with the prosecutor and the judge. I was in Esterhazy, the prosecutor was in Yorkton, and the judge was in Kamsack. So when I mentioned that there's problems with the ticket, he said, "Well, I don't have the ticket in front of me, we'll have to look at the ticket." And then the judge also mentioned she didn't see it in her docket neither.

Shawn Buckley
I just want to make sure people understand. So you had a court appearance on the ticket.

Louise Wilson
Yes.

Shawn Buckley
But neither the judge nor the Crown had a copy of the ticket for your court appearance.

Louise Wilson

Right.

Shawn Buckley

Okay, so what happened then?

Louise Wilson

Well, from the investigation that I had done, I realized that—their failure to present the ticket in front of them was wrong. Later on, I did ask for the transcript from them actually saying that. That they didn't have the ticket. Because I was there, but they weren't ready for me. So that was wasting my time, really, and that's not really proper.

So what they did then is they scheduled another court appearance. A month later, I came back into court, where they then set a trial date. They asked me if I was planning on using the *Charter of Rights and Freedoms*. And I said I was. And they informed me that I needed to give four weeks notice. I said I was very aware. And we set a trial date for August 9th of 2022.

So then I did send the briefs. I sent the briefs to the prosecutor,

[00:10:00]

the provincial courthouse. I did it all by myself. I was "presenting myself," is what I should say. I didn't have a lawyer. So I wrote a brief. And then in July, I decided to put forward a motion to dismiss because I had a lot of, I felt, reason for them to drop it. So I put together a package with exhibits in it and sent it on to, again, the prosecutor and the courthouse and waited to hear back from them.

Shawn Buckley

And what happened after that?

Louise Wilson

The day before my trial date, I was preparing for court and doing trial prep. What was I going to do? And decided, "Well, I'm just going to phone and see if they've made a decision or not." So I phoned the Crown prosecutor. And I said, "Have you come up with a decision as to what you're going to do with this motion to dismiss?" And I heard back that they made a decision to withdraw the ticket.

Shawn Buckley

And did they tell you when that decision had been made?

Louise Wilson

No, no. If I had not phoned, I'm sure I would have just appeared in court and at that point they would have informed me.

Shawn Buckley

Right. Well, at least that had a happy ending.

Louise Wilson

It did have a happy ending. It was a good day; it was a happy dance involved. I felt very happy that I endured it, like, that I followed through and to the end, and didn't give up.

Shawn Buckley

And can I ask you to share with us why that made you feel good?

Louise Wilson

Because I learned a lot. I learned a lot about how to present myself, what my rights were, and I felt that it worked out. It worked out. I was— I won, I felt like I won.

Shawn Buckley

Now, Louise, I don't have any further questions for you, but I'll ask if the commissioners have some questions for you. And there are no questions.

Louise, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and sharing with us today.

Louise Wilson

Thank you for giving me the opportunity.

[00:13:31]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

EVIDENCE

Commissioner Statement: Ken Drysdale

Full Day 3 Timestamp: 09:01:05–09:05:34

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Commissioner Drysdale

Excuse me, Mr. Buckley, when we were in Winnipeg a week or so ago, I had asked you a question as to what the Commission was doing in order to hear the other side of the story. In other words, had we been in contact with government officials, medical officials, et cetera, and invited them or summonsed them to these hearings?

And what you had said to me with regard to the upcoming Saskatoon meeting was that registered mail summonses had been sent April 1st to: Dr. Shahab, Chief Provincial Public Health Officer in Saskatchewan; Paul Merriman, Minister of Health; Jim Reiter, former Minister of Health; Honourable Scott Moe, Premier of Saskatchewan; Nadine Wilson, Member of the Legislative Assembly. And then there was a sixth one sent to Scott Livingstone, former Health Authority CEO, in order to get them to come and explain to the Commission exactly what had happened and to hear the government's side of the story.

So can you update the commissioners with regard to these summonses to these folks?

Shawn Buckley

Well, my understanding is the same as it was in Winnipeg, that those were sent out. And the practice is, if we send out by registered mail, if we also have an email address, we send it out by email requesting a read receipt.

I haven't followed up specifically, but our practice would invariably be, if anyone on the government's side responds, that we would slot them in at the local hearing. And we do not have any slotted in. So, I'm just surmising from that that they haven't responded to us—requesting or indicating that they would attend as a witness. Because of course we would slot them in.

The summonses will be on our website, the ones that were sent out. And anyone can verify that the wording also indicates that, if they can't attend at the one that we're requesting them to attend at, that we're marching across the land and they can attend at a later one virtually. And it also indicates that we can set up virtual hearings that aren't scheduled. We word it that way because, actually, we're very interested in hearing from any government

officials. We understand the limitations that: because we are taking evidence under oath but we're not an official government inquiry, the danger for these people is that, what they say under oath here can be used against them in other proceedings. And likely if they're seeking legal advice, that advice is for them not to attend.

With that said, Commissioner, we're making all the efforts that we can to send them an invitation. It's a non-binding summons because we can't compel them. But we are taking all efforts to ensure that government officials and former government officials have the opportunity to reply.

We also think that fairness dictates that. Because the reality is that, as these proceedings have continued, much of the evidence is indicating that there are answers that should be given by them to the citizens of Canada. That some of their activities are being questioned as being not prudent and actually, downright destructive. And so fairness would dictate that they be given the right and the opportunity to respond. But none of them have done so.

And that applies for the summons sent out to health officials and ministers of health and premiers in the Maritimes. And now, Ontario. And now, Winnipeg. And now, Saskatchewan. And I'm not in a position to speak to Alberta because the schedule is still in flux for Red Deer next week.

Commissioner Drysdale

Thank you.

[00:04:29]

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

April 22, 2023

Day 3

EVIDENCE

Witness 12: Heather Burgess

Full Day 3 Timestamp: 09:19:07–09:40:11

Source URL: <https://rumble.com/v2isozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Heather Burgess. Heather, I'll start by asking you to state your full name for the record, spelling your first and last name.

Heather Burgess

Heather Barbara Burgess, H-E-A-T-H-E-R—

Shawn Buckley

And Heather— Oh, I'm sorry.

Heather Burgess

Sorry, B-U-R-G-E-S-S.

Shawn Buckley

Heather, do you promise to tell the truth, the whole truth, and nothing but the truth?

Heather Burgess

I do.

Shawn Buckley

Now, you're a retired nurse.

Heather Burgess

Yes, I am.

Shawn Buckley

You had spent your whole career caring for others.

Heather Burgess

Yes.

Shawn Buckley

And as I understand it, you had five siblings.

Heather Burgess

I have five siblings, yes, one's passed.

Shawn Buckley

Can you tell us basically, as the pandemic is starting— So we're near the end of February 2020. Can you tell us about your father and mother and what started to transpire there?

Heather Burgess

Certainly. My mom and dad resided in Saskatoon all of their lives. They were living in assisted living. My dad was almost 93; Mom was almost 88. I live in B.C., and I went back to visit Mom and Dad, and I noticed that my dad was not well. So I stayed in Saskatoon, and we found out that he had terminal cancer. And my mom had vascular and Alzheimer's dementia, a mix of both. But my dad cued her and gave her enough assistance so they could live in assisted living together. They were married for 67 years. My dad was her rock.

And when Dad was diagnosed, I knew that we would need to find a place for my mom, that she would need more care. So while I was caring for Dad while he was dying, I did find a place in Saskatoon for Mom. This was happening all through the month of February, that my dad was dying. At that time, there was no mention of COVID. We didn't know what was going to happen. And the home that we found for my mom, it was agreed that we would be able to help settle Mom in gradually after Dad passed away. We could spend lots of time with Mom. We took their bedroom suite that they slept in for many years to make it more comfortable for Mom. We had a plan.

And when Dad passed and he was passing—

Shawn Buckley

You can take your time.

Heather Burgess

The one concern that he had was, what was going to happen to Mom? I assured him that I would care for her and that everything was going to be all right. Dad passed on February 28th. All his wishes were granted. He wanted to be in his own bed, all of his children around him, my mom with him. And we buried my dad on the 15th of March.

On the 16th, the lockdowns happened in Saskatoon. My sister, who was from Winnipeg, after Dad's funeral, agreed to stay with Mom in assisted living until we moved her over to

the assisted-care home in the end of March. I went back to B.C.; I was pretty exhausted. It was an exhausting time. My sister stayed with Mom. And they were literally locked down in the building, in the assisted-living building. There were activities for the first two weeks, but after the two weeks all activities for the residents ceased, and they were basically only allowed out of their rooms to go down to the dining room for meals. Now, Mom and Dad were on the sixth floor and there's only two elevators that go up and down. They split the dining room up in the times— They put more eating hour times in and they would only have two residents to a table instead of four. Basically, that was the only time that they were out of their room.

So they were locked down until we moved mom over to her new home.

Shawn Buckley

And how long did that go on for?

[00:05:00]

Heather Burgess

That was for the whole month that mom was in assisted living with my sister. Like, they couldn't leave. They could not leave the building and nobody could come and visit.

Shawn Buckley

So for an entire month your mother and sister are locked in the same room and they're only allowed out to go for meals.

Heather Burgess

Yes. Sorry, I'll retract that. March 15th was the lockdown, so the two weeks before mom went into the personal care home, yes, they were locked down.

Shawn Buckley

Okay. What happens then? So the end of March, you've told us that you had arranged for her to go to this private care home. And the private care home had said, "Yes, you can have a family member move in with your mother to help her with this transition."

Heather Burgess

Yes. But then, of course, the middle of March, the lockdowns were just to be for two weeks. So we assumed the end of March, that would be fine, and we could move mom over. So my sister was there to make the transition with her, and basically nobody was permitted to be with my mom.

So she was confused. She'd just lost her soul mate of 67 years and there were just new faces where she was going. The surroundings were unfamiliar. And she was trying to go through a grieving process, confused, and she wasn't allowed—

Shawn Buckley

I'll just stop you. So this is two weeks after her husband of 67 years has died?

Heather Burgess

Yeah, this was four weeks actually. She was in the other home for a month after dad passed.

Shawn Buckley

Right, but obviously, she's grieving.

Heather Burgess

She's grieving because she has dementia and she can't remember that dad passed.

Shawn Buckley

Okay.

Heather Burgess

And now she's in brand-new surroundings, very confused. She thought she was kidnapped. She would have the nurses or the care aides phone us. And she would phone and she'd say that she'd been kidnapped, and did we know when Dad would come home from work to pick her up?

Shawn Buckley

Now, what was her emotional state when she would phone and say she was kidnapped?

Heather Burgess

She was crying and anxious. Yeah.

Shawn Buckley

Okay, so your mother, who has dementia, she didn't understand what was going on.

Heather Burgess

No.

Shawn Buckley

So she literally believed she was being kidnapped and she's crying on the phone.

Heather Burgess

Yes.

Shawn Buckley

And she's obviously begging for help.

Heather Burgess

Yes.

Shawn Buckley

Okay. And you guys— They wouldn't let you in even under those circumstances?

Heather Burgess

No. My one sister that lives in Saskatoon was allowed to take her for two days while the doctors medicated her to get her on to a medication that would help with her anxiety.

Shawn Buckley

Okay. What did your mother do while she was there? So she's locked down, but she started taking some action into her own hands, didn't she?

Heather Burgess

Yeah. So once we got her on the anxiety medication, she was better. But as with a lot of dementia patients that suffer from sundowners, the evening time is the worst time. So my nephew set up a little iPhone port for her that the nurses could phone us and she could see us and we could see Mom. We arranged a schedule that I would talk to her in the morning, and I would read to her. I had an old novel of hers that she loved and that gave her great comfort. I could see her and she could see me reading to her. And then in the evening, when it was most difficult for her, my sister in Winnipeg would set up her iPhone by the piano and she would play piano for mom and settle her that way.

Shawn Buckley

Did your mother ever try to leave?

Heather Burgess

Yes, she did. She was a Houdini. She tried to run away three different times. The care home manager would follow her when they saw she got out the door, just to see how far she would go and what her intentions were. And then she would bring her back. The third time, she actually even took a chair from the dining room, down eight steps to the door, because they'd raised the lock higher. And she put the chair down there so she could stand on the chair and try to undo the lock to get out.

Shawn Buckley

So your mother, who believed she was being kidnapped, tried to escape several times.

Heather Burgess

Yes, she did.

Shawn Buckley

Now when July 11th 2020 came around, the government would allow one visitor and only outside visits on the property. Am I right about that?

Heather Burgess

Yes, that's correct.

[00:10:00]

Shawn Buckley

So for the first time in five months your mother could get a hug from a family member.

Heather Burgess

Yes.

Shawn Buckley

But did that help you at all?

Heather Burgess

It could not be me. I tried to get there for a visit, but that particular home had— Their ruling was that anybody out-of-province was not allowed to come in to see Mom, even with a PCR test.

Shawn Buckley

So even if you had a test showing that you didn't have COVID, you were not allowed to see your mother.

Heather Burgess

No, I wasn't.

Shawn Buckley

What happened to your mother in April of 2020?

Heather Burgess

August?

Shawn Buckley

Oh, I'm sorry, August. Thank you.

Heather Burgess

Yes. So August of 2020, Mom fell in the home and she broke her hip. She was admitted to hospital here in Saskatoon and, after her surgery, transferred over to another hospital. I won't name names of hospitals. At that time, as much as it was a terrible thing, it was also a blessing because then she could have two visitors to see her for two hours a day within the hospital setting.

So we only have one of my siblings that live in Saskatoon. And because she had been up to see mom, I found out from her what the procedure was and that they never asked for I.D. Because I thought, "Come hell or high water, I'm getting in to see my mom." So they didn't ask for vaccine; they weren't doing the vaccinating then. They didn't ask for any I.D. So I have, luckily, two sisters with unisex names—a Terry and a Kim. So my brothers became

Terry or Kim. I became a Terry. We each took a week off that we came back to Saskatoon. And every day we went into that hospital and we saw Mom. And we didn't stay for two hours, we would stay for eight hours a day. None of the nursing staff said a word to us because they knew we were a help to them. Because Mom was a handful and she's very confused. Now she's even in a newer environment.

Shawn Buckley

Right, right. So that worked out well. But then your mother fell again and broke her pelvis.

Heather Burgess

Yes, then she fell in September and broke her pelvis. And I knew, being a nurse, that this was going to be the end, and summoned all my brothers and sisters that we should all be there. So the first day at the hospital, when I arrived and my sister was there and my brother, Mom was in a semi-private room. We were allowed to be in there; nobody said anything that the three of us were in there. Then the next day, my sister and I had requested an appointment with the palliative care doctor that we just wanted my mom to be comfortable. We knew that this was the end for her. And we arranged then the medication change. And we knew that probably by midnight that night, she would not be with us any longer.

So that evening, about five o'clock in the afternoon actually, a nurse walked into the room. I'm thinking it's probably the evening supervisor doing—it was a male nurse—his rounds. He came into the room and saw the three of us there. We're still waiting for another brother to get here. He said, "By the time I come walking down this hall into this room again, I only want to see one of you there."

So we were denied the beautiful death we had with my father to have with my mother.

Shawn Buckley

Just so that I understand. So this is a palliative care bed.

Heather Burgess

This is in the geriatric ward at this hospital. It wasn't palliative care; it was just on a geriatric ward.

Shawn Buckley

Okay. But everyone knows your mother's going to die that day.

Heather Burgess

Absolutely.

Shawn Buckley

So basically, that nurse is making a decision to deny three of you, and your mother, the opportunity for all of you to be together as she passes.

Heather Burgess

That's right.

Shawn Buckley

And so what happened?

Heather Burgess

Mom passed on at about 1:30 in the morning the next day. My one brother was with her and he phoned. And we all went up to the hospital, 1:30 in the morning. We were told how to buzz the security fellow. He come, let us right in, didn't ask us any questions. We went right up into the ward and we walked into mom's room. And we got to say goodbye then.

[00:15:00]

Shawn Buckley

So you couldn't be there while she was dying.

Heather Burgess

No.

Shawn Buckley

But no problem at all coming in after she dies.

Heather Burgess

That's correct.

Shawn Buckley

How did that make you feel?

Heather Burgess

Angry. Sad. My mom shouldn't have been denied that.

Shawn Buckley

Now, I just want to ask you personally: Going through the COVID experience with the lockdowns and masking and all of that, just how did you experience that personally?

Heather Burgess

Well, I'm unvaccinated. From the very beginning of COVID, when everything started, I was just leery. Just the red flags were popping up. What I knew about your immune system, you would never vaccinate during a pandemic. And I was met with a lot of pushback on Facebook and social media. So I kind of took a step back a little bit for a time being.

And then, when they started vaccinating children and pushing that—I never thought it would come to that. I'm a pediatric nurse. That's where I spent most of my years. And never once in all my pediatric years did I ever come across a child with a diagnosis of myocarditis. And for them to minimize it and say "a mild case of myocarditis"— There's no mild cases of myocarditis.

So then I got very vocal on Facebook. And I thought, I know a lot of people. They see it, I know they're still following my other posts. But I just thought, "If I can stop this needle going into one child's arm, it will be worth all the criticizing that you're doing of me."

I mean, I'd already been called a racist and misogynist from the leader of this country, that I was not fit to be part of society. My husband and I weren't allowed to go into restaurants, gyms. My husband was not allowed to play on his Oldtimers hockey team; he was segregated from everybody. We were members of a golf course and golf club and we weren't allowed after September 14th of 2021 to even be on the premises of that golf course.

It was a hurt locker. It was a tough time. There are friends that just didn't want to have anything to do with us. In fact, one of my friends told me that their children didn't want them "chumming with us" because we were unvaccinated. It was tough. It was tough with my own children because I have three children with spouses. There's six of them. There's only one of those six that isn't vaccinated. Three were coerced, two went willingly. But when I tried to talk to some of my kids about this— I'm a medical person and they didn't listen. And now I'm the one that has to worry the rest of my life about how this has affected their lives and how it will affect their health going forward. Because I truly believe that we're only just seeing the tip of that iceberg about what's going on underneath there and how this is going to affect so many people.

Yeah, it was hard when your kids won't listen to you. Just take a step back and just take your time with this.

Shawn Buckley

Now, do you have any suggestions on how governments could have done this differently?

Heather Burgess

How this country could have done this better? Sorry.

Shawn Buckley

Yeah. Because basically the purpose of the Inquiry is trying to figure out how we could do things better. And I'm just wondering what your thoughts on that are.

Heather Burgess

I am appalled and shocked at the medical community that have sat back and been silent. And nurses that have been silent. They're seeing what's coming into emergency now. And I understand people are afraid for their jobs, their securities, they've got mortgages to pay. But it just takes that one person to speak up and start the ball rolling. All these experts that spoke up—like Dr. Bridle, Dr. Hoffe, the study he had going—all these people have been crucified. They've lost their jobs, their credibility.

This has to change. I think it has to start changing with the College of Family Physicians and Surgeons.

[00:20:00]

It has to start changing at a government level, higher up. It was just such a great psyop. It was just a great story that they told everybody, and everybody believed it.

Shawn Buckley

Thank you. I have no further questions. I'll see if the commissioners have questions for you. And there are no questions.

So on behalf of the National Citizens Inquiry, we sincerely thank you for sharing with us today.

Heather Burgess

And I'd like to thank all of you, the panel, and all of the work that all of you have put into this because it needs to be heard.

[00:21:04]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 13: Nadine Ness

Full Day 3 Timestamp: 09:40:11–10:15:50

Source URL: <https://rumble.com/v2isozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

And our next witness is Nadine Ness. Nadine, can you please state your full name, spelling your first and last name for the record?

Nadine Ness

Sure, it's Nadine Ness, N-A-D-I-N-E, Ness is N-E-S-S.

Shawn Buckley

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

Nadine Ness

I do.

Shawn Buckley

Now, my understanding is that you are a former RCMP officer?

Nadine Ness

Yes.

Shawn Buckley

But you had to take medical retirement.

Nadine Ness

Yes, that's correct.

Shawn Buckley

And that is because, and I hope I pronounced this correctly, you have a condition called vasovagal— Do you want to just say it for me?

Nadine Ness

I'll say it: vasovagal syncope. The medical retirement has to do with that, as well as other things. But yes, for those who don't know what vasovagal syncope is, some people have it very mildly where they see blood they faint; some people it's needles. Mine is quite severe, it's a more rare case. Sometimes it's even confined me to a wheelchair where I can't stand for more than a few minutes. One of my triggers is heat—so anytime my face gets warm, my neck gets warm—as well as fight-or-flight response because it can make you get warm, so that can also cause it.

I'm one of those rare, few people that no medical doctor out there would deny me a medical exemption. Because wearing a mask, within minutes, because of the heat, causes me to faint.

Shawn Buckley

And you did have a medical exemption from your doctor.

Nadine Ness

Yes. Yes, that's correct.

Shawn Buckley

Now, you had an issue where you were attending at a retail premise. And something happened with regards to you being confronted about not wearing a mask. Can you share that with us?

Nadine Ness

Yeah, I'll share a little bit too, a little bit before because we have to understand that this specific incident was one of very many. By the time this has happened, I've probably been yelled at, been pushed out of stores, been called names. So when I came into the store, there's always this preconceived belief that I might be yelled at or called names or even worse.

So I went into the store. I had a face shield. So even though I'm exempt from wearing a normal mask, I do wear a face shield because it doesn't trap the heat. For the most part, I can handle it. There's still instances where I have to take it off if I get too warm. But in this particular incident I was wearing a face shield. I went into this store— And I'm not going to name the store because this is not about revenge or calling people out, but I think it needs to be out there that this happened to a lot of people. But I went into this store. And I was a general contractor for my house. So anyone who's built their home, there's a lot of places you have to go to in order to get the products you wanted.

So this particular one, I was in there for about 30 minutes. Gentleman at the door greeted me, very friendly, and I was there looking at the supplies that I was looking for. When I was ready to check out, we were putting through all the supplies, and the manager came out of the office and right away— I knew right away. You can tell: if you're someone who can't

wear a mask, you can tell who's going to be nice to you and who's not. And this particular one, I knew right away. She says, "Where's your mask"? And I'm wearing a face shield, it's not like I'm wearing nothing. And I said "I can't wear a mask. I have a fainting condition. I have a medical exemption, so I can't wear a mask. I wear a face shield instead."

She's like, "Well, a face shield doesn't count; it has to be a mask." I reiterated again, "I have a medical exemption. I faint, so I can't wear a mask." And she says, "Did you sign the form?" I said, "What form?" "When you came in, you were supposed to sign a form." Apparently. The gentleman at the door never told me to sign the form, never said anything about it, probably because I was wearing a face shield. And she was very aggressive and said, "Well, you need to sign it before you leave."

At this point, any confrontation turns on the fight-or-flight. I will also add that this condition for me is made way worse when I'm pregnant and I was pregnant at the time. I was seven, almost eight weeks pregnant. I started feeling warm, so I knew it was coming. And I can usually feel it coming. It's almost like I become drunk in a way, so my cognitive thinking kind of goes away. I was just thinking, "I need to go outside to the cold so I can feel better." So I grabbed the form and I said, "I'll sign your form."

[00:05:00]

And I just did it quickly—not that I wanted to. But by the time I went to pay the debit, my condition had already gotten so worse. And I was fighting it because I didn't want to faint in front of this woman that was being really mean to me. And I ended up losing complete consciousness. And most of the time, I can avoid injury because I know it's coming. But in this particular instance, I was fighting it and so I didn't get to avoid it and I hit the floor really hard. I know I hit it hard because I had a big goose egg, I injured my neck, I injured my back, and when I came to, they were saying, "Call an ambulance."

I'm an experienced fainter, I've fainted over 50 times in my life. So I know how to recover. I just need something cold on my neck or to go outside. And she didn't want to let me leave, for obvious reason. But the worst thing is that she was making it worse because she kept defending their policy and their masks, therefore continuing the interaction—the negative interaction. So it actually made it worse. I eventually was able to convince her that, "Look, I'm okay, I'm just going to go outside, I'll wait for a while. If I don't feel safe to drive, I'll wait for my husband to come."

Now, the part that's really hard about all of this, why I wish this situation would have been avoided: Later that afternoon—and I can't confirm that this fainting episode was the cause of this but I also can't confirm it wasn't—I had a miscarriage later that afternoon. And I had another miscarriage several months later, I don't know if it's related to any potential injury that would have happened then. This leads a little bit to the vaccine and my decision and my husband's decision. So this was not a time where the vaccine was in place yet.

Shawn Buckley

Can I just slow you down?

Nadine Ness

Sure, sure.

Shawn Buckley

Did you end up doing anything about that? Did you file a complaint or take any actions?

Nadine Ness

Yes. So as soon as I got in the car and I recovered, I remember thinking: a lot of people who can't wear a mask, a lot of them can be due to emotional or mental health reasons, anxiety, things like that. And I didn't want this to happen to someone else. So I contacted the head office and I explained to them the situation.

Now, this form directly creates an environment where you have a confrontation with someone, no matter what, if you're demanding them to sign that. It's not just like, "Oh, I have a medical exemption." You have to sign this form. And I brought it with me to put on the record as well. So I made a complaint. And I wanted a copy of that form because I didn't know what I had signed, because at that point I was already so close to fainting.

I will give them credit: they ended up removing that policy. I have met this specific manager since and she's been very kind and friendly to me. So I will give them credit. They learned from their mistake and their bad behaviour and they've been better since. And I'm hoping from that incident that other people didn't face what I faced.

Shawn Buckley

Right. And before we jump to the vaccine issue, I wanted you to share with us about a later pregnancy and how that went and what that experience was.

Nadine Ness

I can share that part, but there's a little bit that needs to be put into why I believe I was treated the way that I was.

Shawn Buckley

Okay.

Nadine Ness

A lot of people in this province know me because I lead a big group called Unify Grassroots. Is it okay if I go into how that was founded?

Shawn Buckley

Sure.

Nadine Ness

We chose to not get vaccinated for— The biggest reason, I didn't know how it would affect pregnancy and fertility. And because we had already had two miscarriages, we didn't want to take the chance. My husband's a doctor, so we're also very much aware of what is out there, what the risk of COVID is as well. But we chose that, for both of us, it would be better just to not risk potentially having more miscarriages, to wait until we had another healthy child. So with that, we decided not to get vaccinated.

Now, the summer came.

[00:10:00]

And I'm going to give you a little bit of a story on how these mandates affected my family, more specifically one of my child.

Shawn Buckley

Bria.

Nadine Ness

Bria. My daughter, who was eleven at the time. She has OCD and anxiety and she's been diagnosed and she's being medicated. So when COVID rules came into the school basically, everything we had told her not to worry about, not to focus on, the environment at the school was now doing the exact opposite. So anyone who has a child with OCD: these mandates in schools were horrific for them.

Now, for Bria more particularly, she also has issues with textile, so masks were very difficult. So she really, really struggled in school with wearing it properly. There was a lot of back and forth and add to that anxiety. So there were several times where I actually had to go pick her up at school because she wouldn't wear her mask. Now, by the end of the school year, it had gotten so bad—her condition had gotten so much worse—that she was deemed medium to high risk for suicide. At eleven.

Shawn Buckley

So the school had done an assessment. And the masking policy for Bria had literally led her to the point where she was a medium to high risk of suicide, and she's 11 years old.

Nadine Ness

I don't know if it's just because of the mask, but I think it was all of it—the continuous sanitizing, the not being able to touch each other—all of that just exacerbated her condition that she already had.

So summer came and they announced they were removing all of that and then in the fall, that everything would be removed. And I was really happy about that. The week before school started, they announced they were bringing everything back. And my husband and I had been very silent as to what we were seeing but, at this point, we realized that it could **be my daughter's life if we don't say anything.**

The school seems to be so focused on COVID but they didn't think about all the other things that it was doing to our kids. Like, the amount of children that have been diagnosed with anxiety and so many mental health issues is just off the charts. I hear about it all the time.

So a lady asked on a town page, "When's the next school board meeting"? And I messaged her, "Are you worried about what I'm worried?" Because you didn't know which side that they were on. At this point, everyone was afraid to say anything because if you did, you'd get attacked. So it turns out we were on the same side. So I said, "Okay, let's meet at my house. We'll come up with a plan and we'll ask to present in front of the school board."

She knew a few people. So I said, "Okay, I'll start a Facebook group. I'll share my address on there so that we can meet at my house." Well, within 24 hours, we had eight hundred fifty parents that had joined that Facebook group. So you had a lot of parents not happy with this mandate—and that was within our school division alone.

So out of that we did do a presentation in front of the school board. Our presentation was received very well. We even had government officials share it on their Facebook. Basically, we brought to light the risk of COVID to children: the real risk, not the one media will tell you. And then, we also spoke about the negative effects these mandates have on our children.

There were some changes done at the school board levels. They did send like, a survey out. However, they didn't change the mask mandate. They didn't change anything to do with the policies. And it was at that point that I decided that it was safer for my daughter to be homeschooled, so I decided to homeschool my kids that year.

Shawn Buckley

My understanding is a lot of people made that choice in your district.

Nadine Ness

Yes. Within our group, we had several hundreds of parents that decided to make that choice. So much so that you heard the following. So for school funding, the funding for the year after comes from the amount of kids that were in the school. So when you heard last year that there was no funding for children in the school, it's because there were so many kids that were homeschooled the previous years. So now the funding the year after was short because children started returning to school. So it was quite significant to the point where it made the media. They just didn't say what the real reason was.

Shawn Buckley

Now, you found yourself really at the head of a group of people that are now concerned about what's going on. And that led you and the group to take other action. Do you want to share with us what you did?

Nadine Ness

Yeah. Because my husband was a physician, a lot of people turned to me and said, "Do you know of any other doctors, any other nurses?" And we became the hub for the doctors and nurses to gather in the province. Actually, we became a hub for every profession. That's what our group started.

[00:15:00]

We gave a place for people to gather within their profession to fight their unions—because the mandates were coming in, the vaccine mandates.

As someone, for the last year, who had faced so much discrimination and seen so much of the worst in humanity as someone who can't wear a mask, I knew, when the vaccine passports were going to come, what the public was going to face. Because I saw what it was the following year. I was really determined to do something about it. So our group took part in an application for a court injunction to stop the vaccine passport from coming in.

Now, they'll say that was defeated. That's what the media will tell you. But basically, the judge said, because the passports weren't in place yet or wasn't fully announced, you can't put an injunction on what you don't know fully what it is.

So we could have refiled again, once we knew fully what it is. However, the courts also put a fee to it. So basically they made us pay court costs. So it's almost like it was to deter anyone from doing that again. And I'll say it worked because our organization, we thought about it: we can refile, but then any court costs liability would fall onto us. So because of that situation, we decided not to refile.

Shawn Buckley

So basically it was a court cost of \$5,000 that acted as a deterrent?

Nadine Ness

Yeah. And it's funny too, because media tried to pick that up and make it seem like we had no chance in winning. But really, they never really said why it was struck down. So they kind of buffed that just to discourage everyone I felt. And a lot of people felt discouraged by that.

Shawn Buckley

And now after this experience, you ended up doing a video.

Nadine Ness

Yeah, so as a group, we kept thinking, "What can we do to bring on change?" And by this time, our premier had become really awful to the people who were unvaccinated—I'm sure many of you have watched the videos that we've been playing and replaying—and saying things like, "We've had enough patience," and just really awful things.

I thought: maybe we can convict them a little bit and remind them of who they used to be? And maybe try to bring a little bit of humanity back into our government officials. I decided to do a video basically, reminding them what their guiding principles are and how much they've strayed from that. And that video resonated with a lot of people in this province. It went viral. And in that video, I called on Scott Moe to give me a call. Now, our group had been working on building relationship with government officials already. So they already knew who we were.

That following Friday, the premier called me while I was in the vehicle with my daughter, and we spoke for about an hour and fifteen minutes. It could have probably ended up longer, but my daughter was losing her mind so I had to let him go. And the following Monday, the conversation, or the tone the government was taking with the unvaccinated, did a complete 180 degree. He said the unvaccinated are family, are friends, not right-wing wackos. And the reason he said "right-wing wacko" is because that's what media and Ryan Meili and a lot of news organizations were calling me. Not knowing I actually was a Liberal voter for most of my life. But I was called extremist. That's when the media attacks came.

Now, the media attacks didn't silence me. So the left-wing extremists in the province—and I will call them that because that's what they are—went on a mission to attack my husband.

Shawn Buckley

So let me just back up. So after your conversation with Premier Scott Moe, his language softens towards the unvaccinated. But my understanding is: after your conversation with him, the media went after your group.

Nadine Ness

They went after my group. They went after, I think, Scott Moe as well for having a conversation with me. They attacked our group, myself, but it didn't really stop us. We continued working. And we actually grew quite a bit from that so it was a blessing in disguise. Because now a lot of people in the province knew about us that didn't before.

[00:20:00]

So that was good.

And then I think it enraged some of the people, so then they decided to go after my husband. They wrote several defamatory posts on all social media, all the pro-COVID lockdown groups—my husband's name was listed on all of them. He was called anti-vax, discouraging people to get vaccinated, which is all false. And in fact, our group is not anti-vax. We're pro-informed consent. So if you want to get vaccinated, fine, and if you don't—And most, a lot of the people in our group are actually fully vaccinated.

So they went after him. Now, when I saw all of that, I gave a warning to the person who was posting this. And I will also say: This person was a CBC contributor, so a reporter that was doing all of this. So my faith in mainstream media is a little bit lower because of some of this behaviour.

And then the worst part is: some of the doctors that were very vocal pro-lockdown doctors also jumped into this, shared it, one of them specifically being the previous College of Physicians registrar. Not only did he share it, flame it, he also posted my husband's work location, work phone number, and encouraged people to basically harass him and come after him. From that as well, complaints, or attempts at complaints, were made with the College of Physicians. My husband was also basically— Because I said I would sue people who did defamatory posts, that I would commence legal action, the College of Physicians warned him and said, "While we can't stop your wife from saying what she's saying, we might be able to—" Basically saying because of retaliation, it could be considered retaliation from you.

Now, I'm going to give a disclaimer: My husband did not ask me to be here. He didn't ask me to retaliate for him. In fact, he probably would rather I not be here today for the simple fact that we recognize that me being here today might send the College after him.

Shawn Buckley

So can I just clarify that? There's actually concern, in April of 2023, that if you just share the experience that didn't even happen this year, that there could be repercussions from the College towards your husband?

Nadine Ness

Yes.

Shawn Buckley

Now, my understanding is that the College had an interesting policy concerning the privacy of doctors on their vaccination status. Can you tell us about that?

Nadine Ness

Yes. For those who aren't from Saskatchewan and for those who are, our College of Physicians put out a directive basically saying, if you were an unvaccinated doctor—and these are for unvaccinated doctors only and the ones who aren't in a hospital setting, so fee-for-service doctors; it was almost like it was targeted—that they had to disclose publicly to their patients that they were not vaccinated.

Shawn Buckley

I just want to stop. So vaccinated doctors didn't have to say that they were vaccinated. But if you were unvaccinated, you had to disclose that you were not vaccinated.

Nadine Ness

That is correct. And I have the policy with me as well to disclose to the commissioners.

Now my husband had a huge problem with that for several reasons. He didn't feel it would be positive to the patient-doctor relationship for them to have private medical information from him because it can be used against him to get favours. It could use be used to threaten. The same reason no doctor should normally disclose any personal information. So he decided to put— Is it okay if I read it, because it's on the record?

Shawn Buckley

Oh sure, sure.

Nadine Ness

"Dr. Ness has chosen not to publicly disclose his vaccination status. Are you comfortable seeing him, or would you rather see another doctor?"

So he decided not to post it. Now, when this left extremist attack came, one of the old registrars— And I'm going to name him for the record because I think his name needs to be, because he's still continuing to harass us to this point. Dennis Kendel posted that, "I wonder if he is vaccinated, considering he's supposed to post it." So he actually asked people to go and confirm.

[00:25:00]

And my husband received a complaint from the College of Physicians basically saying, "We've learned that you're not disclosing your vaccination status. If you do not do so, we will commence an investigation against you." So they basically weaponized his vaccination status to try to come after me, or him.

Shawn Buckley

So earlier you said— You just volunteered that your group that you belong with, Unified Grassroots, that that group is not anti-vax.

Nadine Ness

No, it's not.

Shawn Buckley

And my question is, why did you feel the need to share that with us?

Nadine Ness

Because it's something we were called on a regular basis in many mainstream media, many radio. And it's funny because we're not unvaccinated in our group; a lot of the people who are fully vaccinated went completely to our defence in all the comments and stuff, so that was really wonderful.

But it just goes to show, we're not someone that's unreasonable. And I'm not saying if you're just unvaccinated, you're unreasonable. I'm saying we're people from all forms of society: doctors, nurses, firefighters, police officers, teachers. We have 450 teachers from the province in our group. We were against this coercion that was happening. We were against this division that was happening. When you create a two-tier society, it's bound to have really negative effect into our society. But yeah, we were called all these names.

Shawn Buckley

Well, it's just so you know why I'm asking you that question is, one thing that has come up time and time again: we've had witnesses in Saskatoon who clearly are against the current vaccine, or what's going on, who just are volunteering, "And I'm not an anti-vaxxer, I'm not an anti-vaxxer, and I'm not an anti-vaxxer." And now you say, you just volunteer, "Well, our group isn't anti-vax." So that term seems to have such a negative meaning and so much power behind it that everyone is afraid of being labelled as an anti-vaxxer, that they're volunteering when we're not even asking that question.

And that's why I brought that up. I was just curious what your response would be. It seems that term has so much power in Saskatchewan.

Nadine Ness

So with that, going forward— So thankfully, in the fall of, I believe it would be 2021—I think that's when all the passports were in play—we were able to get pregnant again. So I recognize, being in a position that I am and voicing the concerns that I voice on a regular basis and exposing a lot of things, there's a lot of people in the medical community that don't necessarily like me or like my politics.

I was very hesitant following what happened next. When I learned that I was pregnant, I— Because of my fainting condition, I also have thyroid issues. But because of that, and I have previous pregnancy complications, I usually see a high-risk doctor. And I have seen this high-risk doctor for all of my pregnancies.

So when I learned that I was pregnant, with the previous two miscarriages, I waited a little bit to make sure I wasn't going to miscarry again. And then I went to my family doctor, who referred me to this high-risk doctor as per usual. Now, the high-risk doctor expressed concerns with me coming into her office because I can't wear a normal mask, I can only wear a face shield. And she actually refused to see me in the office. She said, "We could see

you in the emerg. or in the regular hospital if we really need to. But for now, we'll just monitor you through your family physician."

Shawn Buckley

Now did she explain to you why it might be all right to meet you at emerge. or at the hospital, but it wasn't all right to meet at her office?

Nadine Ness

She said that at their office, they deal with vulnerable patients and that at the regular hospital, I'm not putting those vulnerable patients at risk. Now, as someone who sees a high-risk doctor, I'm thinking, "Well, if she's not worried enough for my pregnancy to see me in person, maybe I don't really need to see her." But I eventually did go see her. But I remember there was back and forth between my family doctor and her because my family doctor was like, "She's too high-risk for me. You should be seeing her," and there was back and forth.

[00:30:00]

Eventually she did. And I think I was almost 24 weeks pregnant by the time I went to see her. The interaction with her was actually positive. I wasn't sure, just because of who I am, but it was really positive, so I will say that. There didn't seem to be animosity. She did talk about the vaccine and I'm like, "I'm pretty sure you know my stance on that." But it was okay.

However, a month before my son was born, I was having concerns that my water had broken so I went in to Labour and Delivery in Saskatoon to make sure it hadn't. And when I first got there, the nurse was super friendly, super smiley, really wonderful. And I got into the room and then eventually she had to leave to go to the nurse's desk.

When she came back, she came back with the doctor and it wasn't the same experience at all. You can sense when someone is— And especially me, I used to be a police officer, I can read people very well. She wasn't smiling anymore. She was extremely cold—wouldn't even look at me. Same with the doctor, quite cold. So I could just assume that they went to the nurse's desk and someone said, "Do you know who that is?" Again, that's an assumption, but the experience that I had from before to after: night and day.

And they did an exam to see if my waters were broken. And I've had that done before and it was the most painful exam that I've ever had—and I have a very high pain tolerance. So much so that I said something. I said, "I don't think it's supposed to hurt this much." And I was bleeding afterwards, which normally you wouldn't for something like that.

And, it turns out my water hadn't broken, so I ended up leaving. But even when I left, she didn't say bye, or when I said bye, she didn't look at me—nothing. And I got into my car and I broke down crying. I thought okay, maybe they can put their differences aside and politics aside and do what's best for the patients? But that was a situation where it was clear that that wasn't the case.

I called my husband and I said to him, "I don't know what you need to do to be okay with this, but I'm not delivering this baby in the hospital. I don't feel safe and I don't think I can feel safe delivering this baby in the hospital." Although my husband's a doctor, he's also

seen a lot of worst-case scenarios when it comes to birthing, so he was extremely against me delivering at home.

Actually, we've never fought in our whole marriage and relationship. And this was the first time where we actually fought about something. He wanted me to go deliver in the hospital and I didn't. And even to this day, I still think: when you're delivering, you're so vulnerable, right? You want to feel safe; you want to feel like they have your best interest at hand. But witnessing what happened to me as well as hearing so many stories from so many people across the province who are unvaccinated, I can't say— Going in there, not knowing who you're going to have, that I would trust even if I was to deliver again.

And I wish that would change.

Shawn Buckley

Can I just interject. So I just want to make sure that people participating with your testimony understand this. You're basically saying, when you're saying you heard things from other people, you're hearing other people tell you that they basically were not treated well in the healthcare system because of their status of being unvaccinated?

Nadine Ness

Not just from patients. I heard from nurses, who heard other healthcare professionals say horrific things firsthand. I was one of the go-to people in the province where people would say, "What can we do about this?" I've heard so many—I can't even tell you how many that I've heard—but I've heard so many. So I will say I'm very biased on this because I hear very much just one side. I will admit that completely. But it's hard not to let hearing those stories affect your perception as someone who's unvaccinated.

I think if I was vaccinated and wasn't Nadine Ness in the province of Saskatchewan, I wouldn't have been afraid. So I think that very much is a big reason as to why I felt I was safer delivering at home, 45 minutes from a hospital, than in the care of health care professionals.

Shawn Buckley

All right, thank you. I don't have any further questions for you. I'll ask if the commissioners have any questions. No.

There being no further questions, so Nadine, on behalf of the National Citizens Inquiry, I sincerely thank you for sharing with us today.

Nadine Ness

Thank you.

[00:35:39]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Witness 14: Michele Tournier

Full Day 3 Timestamp: 10:15:50–10:37:59

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

And our final witness of the day is Michele Tournier. Michele, can you state your full name for the record, spelling your first and last name?

Michele Tournier

My name is Michele Tournier. M-I-C-H-E-L-E T-O-U-R-N-I-E-R.

Shawn Buckley

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

Michele Tournier

I do.

Shawn Buckley

Now, your family is in the business of chuck racing. And we'll have a bunch of viewers that are not from the Prairies. Can you please explain to us chuck racing and your family's involvement in it?

Michele Tournier

Okay. That was probably my hardest thing, to make it a simplified explanation.

It's an equestrian sport. Where there's a chuckwagon and a driver sits in the wagon box. And there's four thoroughbred horses hooked to this wagon. And they're in an infield with three other competitors and there's a figure-eight barrel setting that they have to go around. There's also two mounted riders, one in the back, one in the front. And everybody

stands still. There's a horn that blows and everybody goes as fast as they can out of the barrels. And it goes around the racetrack. It's a timed event.

And there's prize money every day. And if you travel from show to show every weekend, mostly Saskatchewan and Alberta; and some of the shows, if you make the final or you've been a competitive wagon, there's dash money at the final day. And advertisers spend money to have the chance to advertise on the wagon tarp and that's how you make a lot of your revenue. Some of the locations have a canvas auction or a tarp auction where bidders come and buyers want to maybe showcase their company, their logo, a cause maybe that they're wanting to promote. And they do bidding and buy the chance for the rights on your wagon tarp.

So my husband does that, my son-in-law, my son: they're all drivers. And then my other son is one of the mounted riders that rides for all the various drivers. And each driver pays him a fee for each race. So we make our living at that. It was our sole income for many, many— We've done this for about 35 years. And the last maybe, 10 years, that's our sole source of income. And the other ones maybe have a little bit of other income, but that's still the bulk of how my entire family makes our living.

Shawn Buckley

So you're chuck racers. And just so that people understand. So you know and there's some— You can make a decent living doing this, as I understand.

Michele Tournier

Yes.

Shawn Buckley

But you know, the advertising on the wagons and the prize money— I mean, you can make a really reasonable living.

Michele Tournier

Yes, very much.

Shawn Buckley

What happened then? We get this pandemic and what happens to your family's income in 2020?

Michele Tournier

Well, there's a lot of talk. The Calgary Stampede is the main— It's in July. But in March, there's an auction and that's the most lucrative auction. So there was starting to be rumblings in February already about public events, whether they could have this auction. Would they go online? Then it was looking, I think Mayor Nenshi was already talking about emergency. And it wasn't looking good. So kind of starting to absorb that there's a chance that we wouldn't be racing. And we thought there was a chance possibly because it's an outdoor event, where we heard like maybe the NHL was starting to shut down a little bit. But that was just kind of a little bit of false hope.

So we were all sort of in limbo until it was finally finalized that, yeah, there would be no racing season. Usually for about two months: we leave home the end of May, go for the summer. And for about two months prior, we do training and getting things ready. So you don't know: should you train, should you get things ready? Or you just sort of going to experience summer at home for the first time in many, many years?

Shawn Buckley

So in 2020 they cancelled the whole season.

Michele Tournier

Yeah. All public events, everything was done.

Shawn Buckley

Now, I presume your horses cooperated and they stopped eating?

Michele Tournier

Yeah, they were good at that. And a thoroughbred eats—they're a high metabolism horse. I know we probably had about 55 thoroughbreds between my son and ourselves.

[00:05:00]

And you know, you have other things that you have to maintain. And being self-employed, it's not like, "Well, I'll see if we can go on EI?" and all that type of thing. So you just sort of absorbed. And we also wondered, would 2021 look any better?

Shawn Buckley

Right. But just for 2020 basically, your income then became zero.

Michele Tournier

Completely zero. Absolutely zero.

Shawn Buckley

But your costs of having to feed and care for the horses remain?

Michele Tournier

Yeah.

Shawna Buckley

What happened in 2021 then?

Michele Tournier

Well, 2021 there was still—you know, went back and forth. Some events got to go, let's say, in late 2020. Then they start to shut down again. So it looked like Calgary again was going to be cancelling. Because well, that city has a little bit different— The mayor there's a little bit involved with the Stampede as well.

But back in 2020, when they cancelled Stampede—because all public events and there was this big emergency—they welcomed the infield, where the stands were for a Black Lives Matter protest for about 3,500 people. Somehow, I guess it was safe to host that but nothing else could go on.

So 2021, they cancelled wagon racing again at Stampede but I think they had the rodeo.

And we were in the circuit mostly in Alberta. That circuit seemed to be trying to figure out how to have racing and following the rules. And the other circuits, mostly in Saskatchewan, and they looked like they were going to not try and follow the rules, were just going to try and have our sport. So we decided to switch to the more Saskatchewan circuit. It's a less lucrative circuit but at least we could go racing.

My husband wasn't keen. He was ready to say, "You know let's just call it a day, we're going to be done with this." So we sort of were leaning towards that. And then the kids and I, we thought they seemed like they're really after small business, self-employed. Western culture has been under attack way before COVID and wagon racing is a very family-based sport. So we said kind of to my husband, "We really need to go, because they win if— If we don't go, we're doing exactly what they want."

So we convinced him and we had pretty much a whole circuit at least for 2021. And there was a show that opened up in Lloydminster area that was not quite as lucrative as the Stampede, but you still had a chance to be back in the game.

Shawn Buckley

Okay, so 2021 wasn't a bust, but it wasn't as good as the regular years.

Michele Tournier

Right. Correct. Yep.

Shawn Buckley

Now, I want to switch gears because you had a sister and something happened to her during COVID. I'm wondering if you can share that with us.

Michele Tournier

Yeah. Early March of 2020, she was feeling unwell—my sister-in-law, this is, in Saskatoon—and she only has one kidney from something else. She was starting to get a little bit nervous, even before she was feeling unwell, of being around people because she was considered a vulnerable— Almost everyone was considered a vulnerable and I think maybe it was to help keep the fear. So she ended up feeling unwell, so my other sister-in-law brought her to the hospital. And they figured it was her kidney that was giving her problems.

So my sister-in-law had to drop her off at the door because nobody could go in. And so she was met with her doctor by herself. And they admitted her. And the doctor then told her that things didn't look good. She'd be having a surgery that could possibly have her, when she came out, wearing two separate bags. So that she heard by herself because nobody could be in there with her. She managed to get her lawyer admitted into the hospital to see her so she could get her affairs in order, again by herself.

So she had her surgery. And she came out of surgery to her own room; nobody was there again. She was told, yes, you will have two bags. You've had your bladder removed. You've had your bowel removed. You've had part of your intestine removed. So she called us and told us how it went. The doctor told her, "Nothing more we can do for you. And since there's no visitors allowed, you may want to go home."

Shawn Buckley

So let me just stop you. So even though she's going through what literally is an end-of-life process, she's not allowed even a single visitor in the hospital?

[00:10:00]

Michele Tournier

At that time, there were no visitors allowed at the hospital.

Shawn Buckley

And she would be very weak and drugged up and be getting all this information and there's no one there to help her?

Michele Tournier

No. She could FaceTime a little bit. But my niece actually worked at that same hospital and she asked if she—not on her floor though—if she could maybe go and see her aunt. This was right when things started. And nobody could really give her an answer. And they didn't think that would be a very good idea.

So they arranged for her to go home. And at that time the rules were: in people's households, only the members of their own household could be in your house. We didn't follow none of those rules anyway, but— So she went home to live out her last days and we would go and visit her. This was, I think she got out on May 8th. And her wish was, because she knew that there was nothing they could do for her, is that we could just all be together for Mother's Day.

We live in the country and normally Mother's Day was sort of at our place anyway. So the whole family was there. We were all at my house to grant her wish. It was a really good day. She was strong enough for that, but it was a long day. That was May 10th. And then, when she went home, she died by May 19th. So had we listened to the government that would have been— Like, there wasn't another chance for us to see her again.

Shawn Buckley

Right. I want to switch gears and have you talk about the effects on your grandchildren.

Michele Tournier

With the schools and their activities?

Shawn Buckley

Yeah. And then, you know, even just the fact of how it's more of an effect for rural children concerning isolation when the school was closed down.

Michele Tournier

Yes. The schools closed, I think it was maybe March, April—I can't remember—of 2020. So the kids were kind of sent home.

Shawn Buckley

And what happened with the sports?

Michele Tournier

Well, they stopped hockey early. All their activities got stopped. And they would go home and finish the school where you're in the country so it's not as if— You know, it's an effort to go visit other friends. And then other friends, some of their families were more scared of COVID, so they didn't all meet.

It can be quite lonely in the country, especially for children, and if they're pre-teens. And then even in the fall, my daughter decided to keep them at home and homeschool. They had a little bit of a hockey thing started—just practice. And the kids had to wear masks under their cages in order to be on the ice. And I think they had to be in little, small groups. And I mean, they should be gone out doing things and not at home as much as they were at home.

Shawn Buckley

Now, there was an incident you learned about with your daughter and your ten-year-old granddaughter driving. Can you just tell us about this? Because it kind of speaks to the fear that was created.

Michele Tournier

Yes. We all were on the same page. I was fortunate: in our family we were all on the same page to not be scared. And the kids weren't scared. But my daughter was driving with her ten-year-old in—they live out by Meadow Lake. And my ten-year-old daughter, they happened to see a police car. So I think they're at Tim Hortons drive-thru or something. My ten-year-old granddaughter ducked and my daughter says, "What are you doing?" She said, "I don't want the police to come and arrest us because we're not supposed to be together." My daughter had to explain, "That's not for us. We're fine."

So you thought you had them not scared. And they weren't scared of COVID, but now they were scared that they're breaking the law by being in the vehicle with their own mother. So it did a lot to the kids.

Shawn Buckley

Yeah, how did that make you feel to hear that story?

Michele Tournier

Well, very angry. Very angry that— But the kids shouldn't be scared like that. I mean, they shouldn't be scared. It scared them enough that they might think their mother is going to go to jail or something, or get a ticket for being in the vehicle with their own child. I mean it's, I don't know, it's just so absurd.

Shawn Buckley

Now, you had shared with us earlier about the Black Lives Matter protests, that they were allowed. Do you know whether or not—because it was illegal to have gatherings. What was the number in Saskatchewan at the time?

Michele Tournier

Well, at that time, when the Black Lives Matter happened in Calgary,

[00:15:00]

there was I think zero public events. Like, nothing. But they did allow that.

Shawn Buckley

Okay. Are you familiar whether or not there was police presence and fines with these Black Lives Matter protests?

Michele Tournier

Not that I heard. And I know there wasn't in Saskatchewan when— Like, I was at quite a few protests and fines were involved, police presence. And other protests were left alone.

Shawn Buckley

So can you can you share with us, you said that you went to other protests. What types of protests did you go to? And please describe in detail the police presence that was there.

Michele Tournier

I went to quite a few here in Saskatoon at the Vimy Memorial. And they were just about freedom: defending our rights, the rights to choose, leave the children alone, this type of thing. So the police would know we were kind of the Saturday group. And sometimes there was a large group, sometimes smaller. But the police presence was— There were marked cars in many places. A lot of times the roads were blocked off, so no traffic.

In the beginning, they didn't block the roads because they weren't sure. But then they started to block the roads and that way anybody driving by couldn't honk, couldn't see our signs. There were undercover vehicles in many places. You could see police with cameras. You could see cameras mounted taking pictures. It was quite eerie in a way actually, to see all that. And knowing we've basically always been law-abiding citizens. I would be shocked if too many at these protests actually weren't pro-police before.

And so, the one day we came, we were going to— I knew it was all blocked off. So I knew there was a Free Palestine protest by City Hall. So I says, "Let's go drive by there. I'm going to video." So I videoed and sure enough there was, I don't know, at least 200 people there.

And at the time, it was no more than 10 people outside. And then they had their sign and they were chanting, "Free, free Palestine," which I'm fine with that. But then you came our way and there was no traffic allowed, there was heavy police presence. Many people got fined for being at those protests, public gathering over 10 people. So.

Shawn Buckley

Was there a police presence at the Free Palestine?

Michele Tournier

I saw one policeman on a pedal bike when we drove by, that's all I saw.

Shawn Buckley

So completely different.

Michele Tournier

Whole different, same day.

Shawn Buckley

What were you guys protesting for, or assembling for?

Michele Tournier

Well, the mandates, the masks, the gatherings. Just— The government, we were protesting the government is what we were protesting. And protest in Regina, tickets were given there and they were the government mandates, is what basically they were doing.

And we knew the police were getting paid very well, overtime, because our nephew was a former Saskatoon policeman. And when he was still working, they'd say, "Why don't you take some shifts? You know, it's good money." And he says, "Well, I can't. Like, I agree with the people. We shouldn't be— People shouldn't be controlled like this." So we knew there was a lot of taxpayer money spent on that when, you know, actual criminals are wandering around.

Shawn Buckley

What do you think the purpose was of this heavy police presence at, basically, freedom rallies?

Michele Tournier

I think it was to intimidate, to make you feel uncomfortable. Maybe you wouldn't come next time.

And then when you knew you were starting to get some fines, that was also a deterrent, because they were all \$2,800 fines. And people don't want that. And I got stopped while I was walking and the police wanted my I.D. for just walking towards there. So there was a lot of an intimidation factor too. "You shouldn't protest the government," was basically the message.

Shawn Buckley

Now did anything happen with Crime Stoppers?

Michele Tournier

Yes. A lot of people at this one event had their pictures taken by the police and put on Crime Stoppers. It also happened in Regina where people were in the mall without a mask, I think. People were seen with their faces on Crime Stoppers. It was put out: "If you know these people, contact the police." So some had their work, the place where they work, say, "I saw your picture on Crime Stoppers." And this is, really— Like, they're on Crime Stoppers? And then SGI [Saskatchewan Government Insurance] was contacted by a lot of pictures that were taken. That's when we realized how much SGI, our government insurance, worked with the police. And that's how they identified a lot of us from being who we were,

[00:20:00]

and sort of a facial recognition thing, to know where to send the tickets to.

Shawn Buckley

And how did that make you feel, realizing that, just for protesting outside, people's pictures would be put publicly in Crime Stoppers and the government's insurance agency would be used to identify people that were protesting outside?

Michele Tournier

Well, it was very— Like, you couldn't believe you were in Canada, that there was this level of government groups, agencies going against its citizens. It just—you really were shocked that this was happening in your own country, which was supposed to be free.

Shawn Buckley

And how did all of this experience affect you?

Michele Tournier

Well, I've lost a lot of faith in, well, many institutions, whether it's government— I've always been suspicious of government but it was raised quite a bit. The policing, the judicial, the medical system with the silence. Those that enforced, I guess they enforced, but a lot of people that stood idly by and allowed this to happen to their fellow citizens. I've lost trust in our institutions and even in the people around you that seem to be okay with it happening.

Shawn Buckley

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

And there are no questions. Michele, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your testimony with us today.

Michele Tournier

You're welcome.

[00:22:08]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Saskatoon, SK

Day 3

April 22, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 3 Timestamp: 10:38:00–10:39:16

Source URL: <https://rumble.com/v2jsozo-national-citizens-inquiry-saskatoon-day-3.html>

[00:00:00]

Shawn Buckley

So that is going to conclude our third day of hearings at Saskatoon. We pick up in hearings next week in Red Deer. I think it'll be the Wednesday—in fact, I'm certain it is. And so I invite you to please join us.

I wanted to just leave one word with us and I believe it was on one of the slides that Dr. Havas had from Martin Luther King. I wrote down the quote as: “Our lives begin to end the day we become silent about things that matter.” And I think that's a very appropriate way to end a set of three days of hearings when we've heard ordinary Canadians sharing their stories and getting a voice again.

I'll just read that again. “Our lives begin to end the day we become silent about things that matter.”

Thank you so much for joining us at the National Citizens Inquiry.

[00:01:16]

Final Review and Approval: Jodi Bruhn, August 21, 2023.

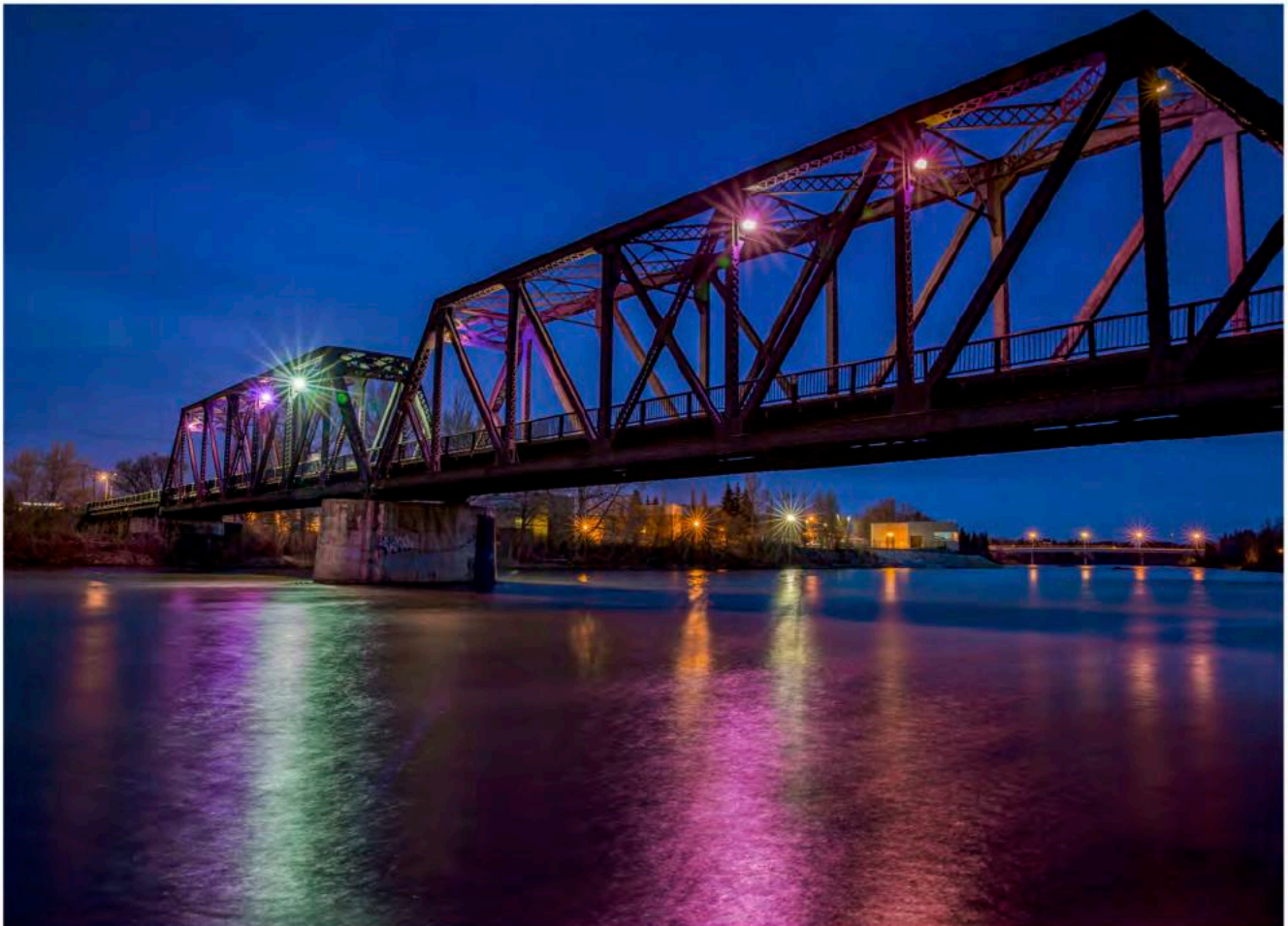
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VOLUME THREE

| Witness Transcripts

Part 5 of 9: **Red Deer, Alberta**





NATIONAL CITIZENS INQUIRY

EVIDENCE RED DEER HEARINGS

**Red Deer, Alberta, Canada
April 26 to 28, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 26, 2023

Day 1

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 01:00:03–01:31:04

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we begin day one of three days of hearings in Red Deer, Alberta.

Commissioners, for the record, my name is Buckley, initial S. I am attending this morning as agent for the inquiry administrator, the Honourable Ches Crosbie.

For those watching that are not familiar with the NCI, the NCI is a group of volunteers that have organized to send a set of independent commissioners literally across the country. We're going province by province before we return to the nation's capital to hear testimony to find out what exactly happened during our COVID adventure and, more importantly, to hear the voices of just ordinary Canadians: to hear what happened, to hear their experiences, hopefully, so that we can come together and heal.

Now because we're a volunteer organization, I'm always asked, "Ask for this, ask for that," at the very beginning because people are watching, and it is important. We don't have a single major donor that makes this easy for us. We truly rely on your small, little donations. And so every time we ask, please go to our website, sign our petition so that it's clear that there's a movement behind this, and donate. It costs us about \$35,000 each three sets of hearings, and I'm pleased that we are still here now in Winnipeg [sic], and I'm trusting that we will be in Vancouver next week. But we're literally funding as we go, so your donations are very much appreciated.

We also have a need for real-time translators in two weeks when we're in Quebec City. Most of the evidence is going to be in French, and we need real-time translators—a whole team. You can't have just one or two people do that, it's so exhausting. And so if there are any of you out there that have that skill, then if you want to contact our email at info@nationalcitizensinquiry.ca, put in bold letters in the subject line, urgent French translators.

Now, I'd also asked last week, we're clipping videos and we're posting like crazy on social media because the mainstream media is ignoring us, so I ask everyone every time, push us out on your networks. But we need to have content for French speaking Canadians. And so

we actually need people that are bilingual, who are not willing just to watch a clip and do a translation but also if they don't have the skills, willing to learn how to put the text on the video and actually do the whole thing. So if you're out there, please contact the NHPPA [sic] [National Health Products Protection Association, <https://nhppa.org>, info@nhppa.org Note: Mr. Buckley is president of NHPPA] and put in the subject line an explanation that that's why you're contacting us.

And then we are in need of bilingual lawyers for the Quebec City hearings. We probably need a team of about five. So if you can contact us about that, we would appreciate it. If there's any lawyer out there that has nothing to do next week, we'd also certainly welcome your help as we move to Vancouver.

I want to speak about precedents this morning. Whenever a nation faces a crisis, the nation has to choose how it's going to react to that crisis. And I want to say sometimes the nation will choose to do things it hasn't done before, although it seems to be that every crisis becomes an excuse for governments to do more and more, and we've heard the phrase from officials that there's no point letting a good crisis go to waste. So we went through a crisis, or at least we were told it was a crisis and it was hyped up as a crisis.

Let's ignore that the overall death rate really wasn't any different than a bad influenza season, but we have all gone through a crisis. And as a nation we had to choose how we were going to deal with that crisis, and we did some new things. And by doing a new thing, we set a precedent.

I mean, we locked the citizenry down. I've had clients under house arrest that were freer than we were. We basically forced medical treatments on people.

[00:05:00]

We forced people to mask. We did new things, and so we set precedents for going forward.

I mean, precedent is just an example of things you can do the next time, and it's easier the next time because we've been conditioned to accept it. We've been locked down. So if we're told another pandemic is here, we're actually going to expect to get locked down. We're going to expect to have a treatment forced on us. We're going to expect passports. We're going to expect masking.

Have you considered that for our children, this is normal? This is what they will expect to happen if a pandemic comes through. Let that sink in for a second. For our children, masking is normal, and the long-term effects of that are going to be with us for their entire lives.

Now, I want to speak about three precedents that we have set and get us thinking about them. The last one that I speak of is of tremendous importance, and it likely shows us a way forward.

The first one I want to speak about is how basically we have set a precedent where we don't have rights in a crisis, and perhaps going forward, even when we're not in a crisis, but that we're just in a hard spot. We went into this pandemic believing that we had fundamental rights. In fact, Canada was, you know, a poster child of free Western liberal democracy. We had this *Charter of Rights and Freedoms*. I don't think you could become a new citizen without learning about it, about this Constitution with this Charter and all these protections we had. And that turned out just to be a piece of paper with words on it.

We had James Kitchen testifying last week in Saskatoon, basically saying, "Well, it only lasted 40 years." It came out in 1982, the *Constitution Act* of 1982. It's a British statute. Our constitution is just British statutes, by the way. So yeah, it's probably a record for the death of a constitutional document and definitely the death of a constitutional document that purported to give fundamental rights.

Here we had the largest government-encroachment upon our rights and freedoms that any of us had ever experienced, even in wartime. And we would expect that there would be case after case after case, evaluating this encroachment and putting some breaks upon the government. But I can't think of a single case that puts a break or a check on the government going forward, and every lawyer that has taken the stand that I have examined, I've asked that question. And, you know, I welcome Leighton Gray who's here today as a volunteer lawyer to help us call witnesses, but he testified last week, and I asked him, "Can you think of a single case going forward that puts a break on government action?" And no one can think of a single case.

So we've had the largest government-encroachment in our lifetime. And going forward, the precedent we set is, this is okay. It's okay if we think we're in a crisis, and perhaps even if we're not in a crisis, for the government to take away our rights. So we've allowed a very dangerous precedent to be set. And our relationship with the government because of this has changed dramatically.

Pre-pandemic, I expect that most of us were not afraid of our government. I think most of us felt that even the government was there to protect us and that we were comfortable with the balance. We likely felt like we were equals with the government. We recognized the government had a lot of power, if we stepped out of line, if we killed somebody or stole or whatever, broke the law, we would expect the government would come down on us and exercise its power.

But we also felt that we had a lot of power, in the form of personal freedom, to basically do what we want to do, go where we want to go, without restrictions.

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But we learned that that wasn't the case. So if we were in a situation at the beginning of the pandemic, where there was a balance of power between the citizen and the government, we very quickly found ourselves in the situation where the government had almost all of the power.

And that has set a precedent. We now have a precedent in Canada where if we're facing a crisis, the government has almost all of the power over us. And now what has changed is **that for many of us, we are now afraid of the government, and you know what I'm talking about.**

We're afraid that they're going to do it again. And it doesn't even matter what side you're on. If you supported the government measures you didn't like being locked down, you didn't like having to get a treatment because the government said so even if you supported it. You didn't like masking, and you didn't like having to show identity papers as if you were in a Stalinist roadblock in the Soviet Union. You didn't like it, and you're afraid that it might come back. And clearly for those that opposed what the government was doing, that didn't agree with it, they didn't like it at all either.

Now, we're being told by different world leaders that we're going to have another pandemic, that there *is* going to be a next time, and the danger for us is that it's going to be much easier for the government to impose these restrictions on us. And help me out. Once the government has taken powers, when is it that they don't go further? And the reality is—and listen carefully because you get to choose how free and how not free you are, and here's the measure—governments will, going forward, as they have in the past, keep taking more and more and more, until you reach the point where you say, "That's it. I'm standing up. Here's my line in the sand." Regardless of the consequences, you can't take any more.

That's where you'll find yourself. And so if you move that line forward, where you're still free and you start standing up while you have real freedoms, instead of when you don't, things will go a lot easier for all of us.

We're going to be calling a witness during these hearings who served a year of jail for her involvement in the Solidarity movement in Poland. And she's going to tell you that at the beginning, there was hardly anyone in the Solidarity movement. There was hardly anyone standing up. And it's obviously hard to get a movement going when there's no one standing up. And she says, "People only stood up when the bread ran out, when they were hungry." That was their line in the sand, when they were hungry. But you are going to be pushed—and I promise you—to that point where you won't take any more. And so you should decide that you're not going to take any more, sooner than later. It'll be much easier for you.

The second precedent that I want to speak about are these vaccine mandates. I mean, anyone out there who is naive enough to pretend that we had a choice in Canada—and regardless of whether you supported getting vaccinated or you didn't support—there really wasn't a choice. We didn't make it a law, but that's just a nuance that's really meaningless, isn't it, when we're being told that you can't work, you can't go on a plane, you can't go on a train, you can't go to your kid's hockey game, you can't go to a restaurant, when the social pressure is intense, where there's editorials in the *Toronto Sun* [sic], I think, that's entered as an exhibit in these proceedings: "Let the Unvaxxed Die. They Shouldn't Get Health Care." [*Toronto Star*, August 26, 2022]

And we all heard things like they should be put in camps. There was pressure, we didn't have a choice, and witness after witness will say that they felt coerced. A lot of them took the vaccine so that they could keep their job: "I have kids, I have a mortgage, I had no choice." I have personal friends that did that.

Now, here is the precedent. If you allow—and we allowed the government to basically dictate to us that we had to take a medical treatment—so we set a precedent where we don't have sovereignty over our own bodies. And actually, the term "sovereignty," a lot of people don't understand,

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and it's probably more appropriate for me to use the term "ownership."

Somebody might go, "Why is he using the term ownership?" Understand that when we use the term ownership, all we're describing is that somebody who is the owner has control over what is going to happen to what is owned.

So if you own a car, as the owner, you can decide who drives the car. If it gets painted, you get to pick the color. Ownership just is our way of explaining who gets to decide what happens to something, who has control over something. And if somebody else has control

over your body, then ownership is an appropriate term. We gave up ownership over our bodies. And understand that having sovereignty, the right to decide for ourselves, having ownership over what happens to our bodies, is one of our most fundamental rights.

Whether you like it or not, you're living in a body. You can't escape the feelings. If somebody walks up to you right now and punches you in the nose, there's nothing you can do. You're going to experience pain, your eyes are going to water, maybe you're going to feel blood running down your face. If somebody jabs you with the COVID-19 vaccine and you don't have an adverse reaction, that's going to be your experience; if you do have an adverse reaction, that's going to be your experience. But it's personal. People can empathize with you, but they can't share the experience.

When you feel good, it's your feeling alone. When you feel bad, it's your feeling alone. And because you are the one that experiences your body, we have as a fundamental principle that each one of us should be the sole decision-maker over what happens to our body. We used to consider that as sacrosanct. But we gave that up by allowing the government to dictate to us, and we participated in this. We got enthusiastic about forcing other people to get vaccinated. We gave up ownership over our bodies. We gave up sovereignty. We've set that precedent.

Now understand, there are only two groups of beings that don't have ownership over their bodies. And the first group is slaves. Slaves do not have ownership over their bodies because they're owned by the slave owner. And so the slave owner gets to decide whether or not the slave must take a medical treatment. The other group that has no control over whether or not a medical treatment will be imposed on them is livestock, which again involves ownership. So in that case, we'll have, for example, a rancher of a herd of cattle, and that rancher who owns the cattle has the sole discretion over what medical treatments those cattle have.

And I can't think of a principal difference between slaves and livestock when it comes to this sovereignty issue over their bodies because both of them have no choice. A slave cannot refuse a treatment because the slave does not have ownership over the slave's body. A cow cannot refuse treatment because the cow does not have ownership over the cow's body. You cannot refuse COVID-19 vaccines during our pandemic because the reality is that you did not have ownership over your own body.

You know, I was wondering as I was putting this together, whether or not it would be more honest if we got ear tags like we put in cattle, and then I quickly remembered that that's not how we mark humans—that we mark humans by either marking them on the wrists, their foreheads, requiring vaccine passports, or—coming to a theater near you—a digital passport. We have set the most dangerous precedent, not just for ourselves but for our **children because how are they going to do this going forward because this is the country we're passing on to them?**

The third precedent that we set, which is the most important,

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and likely the way out of this, is that we stepped away from the legal foundation of Canada as a liberal Western democracy— And that is that our legal system, both criminal and civil, is based on the second commandment.

And I had explained the second commandment at the Saskatoon hearings, but it's basically that you are to love your neighbour as yourself, which means you are supposed to treat your neighbour exactly how you want to be treated. Our entire legal system, criminal and civil, is based on this.

You know, no law student can get through law school [sic] without learning about the great Lord, and how he basically changed our civil tort law with the great question, "Who is our neighbour?" Who is the neighbour that we owe this second commandment responsibility to? All Western democracies—every single one, to a T, a hundred per cent—have based their legal and civil societies on the second commandment. And it's because if you base your society on the second commandment, it's the way to ensure the maximum amount of liberty for your citizens and the minimum amount of oppression, and I will explain this. And it's also the second commandment is the measure by which you can tell whether a law is a true law, or if it's a false law.

And to explain this to you, I actually have to go back and share the story of where the second commandment came from in the first place. It goes back to Jesus, and He's living in a time where the society was very rule-based, it was law-based. In fact, they referred to their religious system, which was very rule-heavy, they referred to it as "The Law." And it had become onerous, although that wasn't the intention. And I mean, we're familiar with a lot of their rules. I mean the Ten Commandments. That literally was the start of it, where Moses comes down from Mount Sinai with two clay tablets and Ten Commandments from God, with things like don't murder, don't steal, don't commit adultery, these rules.

Now, they had become very oppressive in Jesus' time, so right to the point where the people were feeling that the law was working against them and oppressing them. And that sounds familiar, doesn't it? And the problem was, is that the religious leaders—because the religion was such a major part of their society, the religious leaders owned the religion. They interpreted it, they enforced it, they basically had ownership over it, and so it became oppressive instead of free.

Now, they had a problem though. They had been running things, tickety-boo, having ownership of what was going on, and then this upstart shows up. This Jesus character starts walking, literally walking from village to village, teaching—teaching about the law in a different way that wasn't oppressive, and sharing parables. And this is getting back to these religious leaders, and they're just going crazy because the crowds were so much that actually, it became an inconvenience for Jesus. He couldn't go anywhere without the crowds following Him. And, you know, add in the reports that would have been coming back to the leaders in Jerusalem about, "Wow, and He's healing the blind, and the lame walk." The crowds were going crazy, and they clearly had to do something about this person.

He had to be dealt with because they were losing ownership over the religion. And so they thought, "Well, we need to trap Him. We need to show the crowd that He's really no different than anyone else and no smarter than us. So why don't we ask Him, 'Jesus, what is the greatest commandment?'" Because there's so many rules, He's going to pick one, and then they can start a legal argument with Him and get Him bogged down and just show the crowd He's not as clever as the crowd thinks, and in that way trap Him.

So they try this. They go to Him and they say, you know, "Teacher, what is the greatest commandment?" And Jesus saw the trap right away, and He gave an answer. And He could have stopped there because He got out of the trap with, you know, His first sentence.

He said,

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“Well, the greatest Commandment is to love the Lord your God with all your heart, all your soul, and all your strength.” Well, what are the religious leaders going to do about that? Because, yes, it’s a rule-based system, but I mean, even the first commandment that Moses brought down was, you know, you serve no other Gods but Me. So they couldn’t argue with that. Jesus was out of the trap, but Jesus then gave us the second commandment to get us out of the trap.

And so He added something He didn’t need to add, and He said, “And the second commandment is to love your neighbour like yourself.” So that is treating your neighbor exactly as you would want your neighbor to treat you. And then Jesus said, “These two, that’s all the law.” You’ve got all this whole rule-based system, but that’s it. Love your neighbor like yourself. And if you start unpacking it, all these rules, and this is why this is the touchstone of how you’re going to judge whether a law is a true law, one that you should support or not: if it follows the second commandment, it’s a true law.

So you know, I had mentioned murder, theft, and adultery as just examples of the Ten Commandments. Well, we don’t murder our neighbor because we don’t want our neighbor to murder us. And so if we both treat each other as we want to be treated, then we’re free of murder. We don’t steal from our neighbor because we don’t want our neighbor stealing from us. And if all of us follow this then we’re all free from theft. We don’t sleep with the spouse of another person because we don’t want another person sleeping with our spouse. And if we both live by that then we have peaceful marriages. We’re free to have that. And so Jesus, by doing this, actually freed us from laws becoming oppressive by just pointing out, well, the whole point of us collectively having laws is so we can love each other. It’s that simple.

Now, the second commandment and the reason why every single Western liberal democracy has been founded on the second commandment, is because it brings freedom. Societies that are based on the second commandment, their legal system, and it’s taught as their culture, they don’t hurt each other because if we are all in the habit of treating each other like we want to be treated, we behave nicely. We don’t, in those societies, control or oppress their citizens because that is inconsistent with the second commandment. We don’t want to be controlled and oppressed, so we’re not going to control or oppress others.

Now, we contrast that— And that’s what we were based on, and our problem is we have left our philosophical roots. We could have, when the COVID pandemic happened, we could have chosen to love each other. And how different would it have been if all of our actions **were guided by treating people like we would want to be treated? And we can use this measure to judge our institutions and their actions during COVID.**

Our media did not follow the second commandment because if you’re a journalist, or you’re an editor controlling journalists, and you want to treat your neighbour like yourself, well obviously you want to be told the truth. You want balanced reporting. You want fear tampered down instead of ratcheted up. You want people to understand that there’s a scientific debate. You don’t want voices censored because you understand that that leads to tyranny. And do you see then, is if our media had been following the second commandment, we would have all had a different experience.

If our Public Health Officers were following the public Commandment, if the Colleges of Physicians and Surgeons— So in Alberta, my understanding is they basically directed to doctors during COVID that they were not supposed to treat early COVID. That is not following the second commandment.

The second commandment gives us basically our guide points for our posts,

[00:30:00]

for evaluating what happened with our institutions, what happened with our laws because we experienced the opposite. I mean the second commandment is about loving your neighbour, but what we experienced was hating our neighbour. And we did. There is so much hatred in this country, there's still witnesses dropping out of these proceedings at the last minute because they're afraid of testifying. They're afraid of retribution. And we still can't have honest conversations with each other, whether we're family members, whether we're friends because of the hatred because we stepped away from our philosophical foundation.

We lost our footing. And, so for going forward, we have to stand on our footing again. And I think it's the only way forward.

So that ends my opening remarks. I'd like to call our first witness to the stand.

[00:31:01]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 26, 2023

Day 1

EVIDENCE

Witness 1: Joelle Valliere

Full Day 1 Timestamp: 01:31:24–02:02:56

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

Now, Joelle, this is awkward because we can't really see each other. We'll be looking at each other on screens. But can you please state your full name for the record, spelling your first and last name?

Joelle Valliere

My name is Joelle Valliere, J-O-E-L-L-E V-A-L-L-I-E-R-E.

Shawn Buckley

And, Joelle, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God.

Joelle Valliere

I do.

Shawn Buckley

Now, you are a wife and a mother of three?

Joelle Valliere

Yes.

Shawn Buckley

And you're also a funeral director and an embalmer.

Joelle Valliere

Yes.

Shawn Buckley

You've been embalming since 2008 and you have 15 years' experience as a funeral director.

Joelle Valliere

Correct.

Shawn Buckley

Now, you're here to testify today about being injured by the vaccine. I wanted to start by asking you why did you take the vaccine? What was going on that led you to take it?

Joelle Valliere

I felt I needed to take it because of my work. I didn't know if COVID remained on a deceased human person. I needed to protect myself. I needed to protect my colleagues, my family, my community. We were caring for my 92-year-old father-in-law at the time. I didn't want to cause any harm to him. We like to travel. And so that's why I chose to be vaccinated.

Shawn Buckley

Now, when you went to get vaccinated what were you told? So were you told about side effects? Do you think you were properly informed about the risk?

Joelle Valliere

No, what I was informed about was just given to me on a sheet of paper. And, you know, the typical sore arm and possible site redness and inflammation.

Shawn Buckley

David, can you pull up what's on my computer screen, just so that the witness and the commissioners can see.

So you provided me, actually, with a copy of the form that you were given when you went to get vaccinated. And so at the top there's a heading, "Side Effects," which lists redness, warmth, swelling, bruising, (going below) feeling tired or unwell, headache, fever, chills, body aches, feeling sick to your stomach, swollen lymph nodes—things that really don't sound very significant. And then there's a list of "Rare" for AstraZeneca, but you didn't get the AstraZeneca, so those wouldn't apply to you. So do you remember that this is basically all you were told, were these rather minor side effects?

Joelle Valliere

Correct.

Shawn Buckley

Okay. Now, my understanding is it was April 28, 2021 where you received your first shot of the Pfizer vaccine. Can you tell us what happened?

Joelle Valliere

So my husband and I both went in on April 28th to be vaccinated. We went together, and the very next day my left leg was inflamed. I had swelling in the left leg. I went to the hospital in Drayton Valley. They examined. There was no blood clot—that was my fear.

Shawn Buckley

So I'm just going to stop you. So when you say your legs were swelling, they were swelling so much that you felt the need to go to the ER [Emergency Room].

Joelle Valliere

Correct. Just my left leg, though.

Shawn Buckley

Okay. So what happened at the ER?

Joelle Valliere

They examined. They determined that there wasn't a blood clot, and I was sent on my way.

Shawn Buckley

So in the following three to four weeks, what was your experience?

Joelle Valliere

I started to get quite tired, a lot of fatigue, loss of appetite, not sleeping well or sleeping too much. My feet began to swell a bit. And a lot of vomiting, for no reason that I was aware of.

Shawn Buckley

Now, you were still working at the time. So when you came home after a day's work, how were you doing?

Joelle Valliere

I was exhausted.

Shawn Buckley

Okay. Now something happened on your birthday. Can you tell us about that?

Joelle Valliere

Yeah. My husband and I, every year we go golfing for my birthday. We finished a round a golf, and I recognized that my feet were getting a little tight in my shoes. But at the end of the round, I looked down

[00:05:00]

and my feet were swollen right over my shoes.

Shawn Buckley

Actually, swollen right over your shoes.

Joelle Valliere

Yeah.

Shawn Buckley

So what did you do?

Joelle Valliere

I sent him home to feed the kids and I went to the hospital.

Shawn Buckley

And was there a diagnosis this time?

Joelle Valliere

Dr. Van Der Merwe did some blood work and determined that my kidney function had dropped to 34 per cent.

Shawn Buckley

And now, that actually went down as time went on, right?

Joelle Valliere

Correct.

Shawn Buckley

So what was it down to by the end of July?

Joelle Valliere

Nine per cent.

Shawn Buckley

Nine per cent. And, what's the cutoff level where, in the medical system, you're typically slotted for a kidney transplant? At what level?

Joelle Valliere

Fifteen.

Shawn Buckley

Okay.

David, if you can let me, I'm just going to take control over the screen. I'm just going to show you some photographs. And, now, I'm not going to get them all in order, but am I correct that this photo is just basically a photo of your feet when they're not swollen [Exhibit RE-3]? This is normal feet.

Joelle Valliere

So that was at the U of A [University of Alberta] after they had they had given me some diuretics and controlled my edema, at that point.

Shawn Buckley

Right. Now, just going to move to the next picture. That's an example of your feet being swollen [Exhibit RE-3a].

Joelle Valliere

Yes.

Shawn Buckley

And we've got a couple of pictures that we'll enter as part of the record. But basically, the point being is when you're saying your feet are swollen; this is actually a physical representation of the difference [Exhibits RE-3b, RE-3c].

Joelle Valliere

Yes.

Shawn Buckley

Thank you David. So what did the hospital do? You went to the hospital and they're finding that your kidney function is at 34 per cent. How did they treat that?

Joelle Valliere

So in Drayton Valley, what they were doing was trying to control my blood pressure. My blood pressure when I went on the first of June was 190 on 145. They couldn't believe that I had no chest pain, no headache, at that point. So just controlling my blood pressure was their main focus, but it was not successful.

Shawn Buckley

And literally a few days later, on June 4th, you had to go back to the ER. What was happening on June 4th? There was something with your hand.

Joelle Valliere

My left hand. I was driving the children to town. We live about 20 minutes east of town. So I was taking one to work and one to school. I noticed that my left hand began to tingle and I looked down. And from my wrist down, it was eggplant colour—a deep purple.

Shawn Buckley

Now, you ended up going to the University of Alberta. Can you tell us what happened?

Joelle Valliere

I was admitted to the Nephrology Unit after they couldn't determine exactly what was happening. But I was in emergency there, and then admitted to the Nephrology Unit.

Shawn Buckley

And what diagnosis did they give you?

Joelle Valliere

So I was admitted on the 4th of June, and on the 7th of June they did a kidney biopsy. And I was released on the 9th of June without a diagnosis at that time. On the 14th of June, the doctor of nephrology called me, and I was diagnosed with dense deposit disease.

Shawn Buckley

Now, the day you were admitted, Dr. Courtney told you about other admissions. And can you speak to us about that?

Joelle Valliere

He said that aside from myself, four other people had been admitted—so five of us—, and four of us had just been vaccinated within the month.

Shawn Buckley

And, am I correct that he basically voiced that he was suspicious about the number of people being admitted that day?

Joelle Valliere

Yes.

Shawn Buckley

And the connection to the vaccine.

Joelle Valliere

Yes.

Shawn Buckley

So now my understanding is that on June 24th you were started on immune-suppressant drugs?

Joelle Valliere

Correct.

Shawn Buckley

And were you given an explanation as to why?

Joelle Valliere

So what they told me was that the vaccine had likely put my immune system into overdrive. And in doing that, I developed an autoimmune disease. So by giving me immunosuppressant therapy was to stop my immune system—was to kill it—and hopefully stop the disease from progressing.

[00:10:00]

Shawn Buckley

And can you share with us going forward the types of things that you went through medically?

Joelle Valliere

I had eight surgeries and procedures in eight months. Aside from the medications, and in addition to the medications and the edema, I gained about 40 pounds, which I've lost now. I began hemodialysis on the 10th of August—emergency—because I couldn't walk or hardly breathe at that point. So it was an emergency to get me started before it got worse.

On the 27th of August 2021, they placed a peritoneal dialysis line. I had to let that heal for about six weeks before I could use it. And then, so I went from hemodialysis to peritoneal dialysis, which I could do at home.

On December 3rd of '21, I had my first hemodialysis line removed. December 8th of '21, my peritoneal dialysis line failed. December 9th, I had to have a second hemodialysis line placed.

Just infection after infection and it was, just— It was tough.

Shawn Buckley

And my understanding is that you were on dialysis for six months, but you were eventually able to get off dialysis.

Joelle Valliere

Correct.

Shawn Buckley

And I'm just going to show— You shared a picture. (So David if you could pull my screen up.) This is a picture you shared with us of you actually having a dialysis treatment [Exhibit RE-3d].

Joelle Valliere

Yes.

Shawn Buckley

This would also be the time you described to us you'd put on a lot of weight.

Joelle Valliere

Yes.

Shawn Buckley

So just looking at you on the witness stand and this photo, I see the difference. (Thank you, David.) So if you were to— Well, I'm asking you now: What is your current condition now? So you're off dialysis, and you've been off dialysis for a while. What are you experiencing now?

Joelle Valliere

So I actually had blood work done yesterday, and my kidney function is at 21 EGFR [Estimated Glomerular Filtration Rate]. And my creatinine levels are in the 256 range.

Shawn Buckley

And what does that mean?

Joelle Valliere

So my EGFR is the measurement of your kidney function. So in a healthy person, it should be above 60. And mine's at 21, so it's kind of like a percentage of what your kidney function is at.

Shawn Buckley

Right, and at 15 percent or below, you're eligible for kidney transplant.

Joelle Valliere

Yes.

Shawn Buckley

Are there any other things, perhaps affecting your mind or your concentration?

Joelle Valliere

So with my creatinine levels being high, it does affect your mind, your brain function. I do forget a lot of words. Foggy. I'm very tired. I work a lot because that's what I love to do, but I suffer for it. I have severe insomnia. My appetite isn't great. I have to watch my diet and my fluid intake so that I don't end up with fluid retention. I'm on nine different medications at this time, which is a great improvement compared to the about 40 pills I was taking, in the beginning, a day.

Shawn Buckley

Now, I'm going to the transplant issue. So today you're at 21 per cent, and some days you're lower than that.

Joelle Valliere

It fluctuates.

Shawn Buckley

Yeah, and my understanding is that you're actually concerned about it going below 15 per cent because you may not be eligible for a transplant?

Joelle Valliere

That's right, because I don't have my second vaccine. Although I did receive documentation that, as of April 20th, I could be eligible, but I would have to have some education on what COVID might do to me.

Shawn Buckley

So in April of 2023. So until recently, you weren't eligible to be on the kidney transplant list because you had to be double vaxxed. Am I right about that?

Joelle Valliere

That is correct.

Shawn Buckley

So here you are. You can't get another shot because your kidneys are failing because of the first shot—and the doctors agree with you on this—but they were still expecting you to then get a second shot before you would be eligible for kidney transplant.

Joelle Valliere

That's correct.

[00:15:00]

Shawn Buckley

And now you could be eligible, but you need to be educated about the dangers of COVID, presumably to convince you to get your second shot.

Joelle Valliere

That's right.

Shawn Buckley

Have you submitted a claim for your injuries?

Joelle Valliere

I have submitted a claim with vaccine injury benefits with the federal Government of Canada.

Shawn Buckley

And how long ago did you do that?

Joelle Valliere

September of 2021.

Shawn Buckley

Okay, so I imagine that's been totally processed and you're now receiving compensation?

Joelle Valliere

Absolutely not.

Shawn Buckley

Has anything happened?

Joelle Valliere

Nothing.

Shawn Buckley

And can you share with us what the complication might be?

Joelle Valliere

The complication might be that they're still trying to access documents from all the doctors that treated me since my injury.

Shawn Buckley

Okay, and is there also a concern that you might have had a pre-existing condition that would basically disqualify you?

Joelle Valliere

Correct.

Shawn Buckley

Can you share that with us?

Joelle Valliere

When I was 16, I had a strep infection. And by the time I was 19, I had decreased kidney function because of that infection.

Shawn Buckley

Were you ever treated for that?

Joelle Valliere

I was given diuretics—so a water pill—and that's all.

Shawn Buckley

Okay, and that was for a short period of time.

Joelle Valliere

Yes.

Shawn Buckley

So since you were 18 until what you've just shared with us getting vaccinated in 2021, did you have any kidney issues at all?

Joelle Valliere

From the age of 19 to 2021, I had no kidney issues.

Shawn Buckley

And you had actually had your kidneys checked out in 2012 just out of curiosity.

Joelle Valliere

Correct.

Shawn Buckley

Can you share with us the results?

Joelle Valliere

I saw Dr. Kym here in Red Deer, actually—I was living in Sylvan Lake at the time. And he felt that I was likely misdiagnosed, because there is no way, in his opinion, that somebody with MPGN, membranoproliferative glomerulonephritis, could maintain perfect kidney function with no treatment at all.

Shawn Buckley

Right, so that doctor who— And again, you just deliberately went in, you didn't need to go in, but you were curious about your kidney function. And you're basically told, "No, you never have had kidney function problems."

Joelle Valliere
That's correct.

Shawn Buckley

Now, you were off work because of this from May 2021 to January 2022, so basically for seven months. Can you share with us the economic impact of being off work?

Joelle Valliere

So for myself personally, as a partner of the funeral home, I remained on payroll because I did not qualify for disability benefits. So they did keep me on payroll. But we did have to hire help as I was the only embalmer there. So we had to hire out help.

Shawn Buckley

Right, so you're a co-owner of the business?

Joelle Valliere

Correct.

Shawn Buckley

And so basically, the economic impact is somebody had to basically replace you, and those wages had to be paid.

Joelle Valliere

That's right.

Shawn Buckley

Now, how has this affected you emotionally, having gone through this experience?

Joelle Valliere

I don't even know where to start with that. There was a time where I considered medically assisted death, which I don't know why because as a Christian it's totally against everything I believe in. But I just couldn't do it anymore.

Shawn Buckley

So you were finding this so difficult that you were actually considering having your own life taken through the government program for assisted suicide.

Joelle Valliere

Yes.

Shawn Buckley

What types of thoughts were going through your mind when you were at that place?

Joelle Valliere

I was told that the only way off dialysis was kidney transplant or death, but kidney transplant wasn't an option—just all the infections. My kids— I just— It's just too much. I really, really enjoy the work that I do. I'm so privileged to be able to walk alongside families in their darkest times, and I couldn't do that. I had to fight to go back to work.

[00:20:00]

And even now, I don't have the strength that I had physically. It was just tough.

Shawn Buckley

And my understanding is that you even had a discussion with your husband about entering the MAID [Medical Assistance in Dying] program. And for people internationally, that's the government program for assisted suicide.

Joelle Valliere

Correct.

Shawn Buckley

So it had gotten to the point where you were discussing it with your husband.

Joelle Valliere

Yes.

Shawn Buckley

Now, you just spoke about really enjoying your work and being able to assist families that are experiencing a time of crisis. You've been an embalmer for 12 years.

Joelle Valliere

Correct.

Shawn Buckley

And you started in the funeral business earlier at 2008.

Joelle Valliere

Yes.

Shawn Buckley

To qualify as an embalmer you actually have to do 50— I don't know what you call it when you embalm somebody.

Joelle Valliere

So in the province of Alberta, I took a two-year program. And in order to become a licensed funeral director and embalmer, you have to put in, much like an apprenticeship, you have to put in your 18 hours of experience. But I also had to log 50 embalmings and 50 funeral arrangements with families.

Shawn Buckley

Right, just to qualify before you started. Now, my understanding is once the vaccine rollout started, you worked till May of 2021. So you're roughly there for about the first five to six months of the vaccine rollout.

Joelle Valliere

Yes.

Shawn Buckley

And then you were off work for seven months, but you started back in January of 2022?

Joelle Valliere

Yes.

Shawn Buckley

Did you see changes when you were embalming people that you had not seen ever in your career before the vaccine rollout?

Joelle Valliere

I did. Yes.

Shawn Buckley

Can you share those with us, please?

Joelle Valliere

I found that the drainage— So the blood that would drain was very thick and sludgy. I found that it was almost like a sandy texture in some cases. And then I have— Personally, I have experienced calamari-like—

Shawn Buckley

Now, you use that term, and that's just what embalmers are now calling these new things that are being found?

Joelle Valliere

Yes. So in my experience, I had never seen that before.

Shawn Buckley

(And David, can you just pull up my computer?) So this is a photo that you provided [Exhibit number not available]. This is an example of one of those things you referred to as calamari.

Joelle Valliere

Yes.

Shawn Buckley

That you pulled out of a body when you were embalming.

Joelle Valliere

Yes.

Shawn Buckley

And my understanding is basically these things are complicating the embalming process because it's harder to pump the embalming fluids into the body. These are plugging either the venous or arterial systems.

Joelle Valliere

That's correct.

Shawn Buckley

So does it take longer to do—to embalm a person now?

Joelle Valliere

So I'm finding it's taking longer. I'm finding that I'm having to build up pressure in order to release anything that might be causing restraint in the circulatory system.

Shawn Buckley

And more specifically, you mean these things that you're referring to as calamari.

Joelle Valliere

Correct.

Shawn Buckley

Just so that we understand your evidence, so you are actually putting pressure inside the body to try and force these things to move so that they can be taken out—so that you can actually flush the body with the embalming fluid.

Joelle Valliere

Correct.

Shawn Buckley

So it's a complication that you had never seen prior to the vaccine rollout.

Joelle Valliere

I had not experienced that myself, no.

Shawn Buckley

Now, what happened when the vaccine boosters came out?

Joelle Valliere

Well, that's when I started to experience these.

Shawn Buckley

Okay.

Joelle Valliere

Although, I was away from work for quite some time, so I don't know what was happening in that time, either.

[00:25:00]

Shawn Buckley

Thank you, Joelle. I don't have any further questions for you, but the commissioners may have some questions.

Commissioner Massie

Thank you very much for your touching testimony. So there's a lot of things to unfold in what you've been through. I was wondering about how the doctors and people that were treating you were trying to understand what happened to you. I've heard discussion about previous conditions from a strep infection that are known to induce autoimmune conditions. In your case your kidney was affected, but it had been resolved after the strep has been controlled, and you had no incident whatsoever after that.

Joelle Valliere

So when I was first diagnosed at 19, which was likely a misdiagnosis according to Dr. Jim, he told me that I would require a kidney transplant within 10 years, that I would never be able to have children. And I went on to be fine for 27 years without issues to my kidneys. No edema: nothing. I've had two babies, you know, without complication.

I just don't understand why all of a sudden— So it was actually Dr. Courtney who said— Because I didn't know— Like I thought maybe, okay, so they said 10 years. Maybe I was

lucky and it took 27. But it was Dr. Courtney that said it was likely from my immune system being— I do forget a lot of words because of my creatinine levels being high— So likely because my immune system being in overdrive, it is what caused this dense deposit disease.

We were concerned that— You know, there's literature that states that MPGN and dense deposit disease are the same thing, but that is not the case at all. When I was 19, it was an inflammation of the glomeruli. So they said that the inflammation kind of, I guess, turned my glomeruli inside out. I was keeping the toxins in, releasing all the good stuff. But this is entirely different. This is an entirely different disease, and it's very rare. I'm one in 1.6 million.

Commissioner Massie

Are you aware of any situation where you might have been infected by COVID before the vaccination, with symptoms or without any symptoms?

Joelle Valliere

I don't think so. I don't know.

Commissioner Massie

So it was your first encounter, if you want with them—

Joelle Valliere

Yes.

Commissioner Massie

You mentioned there was four people that seemed to have a similar condition about the same time. Do you know what happened with these people in terms of their further treatments?

Joelle Valliere

I don't know. So Dr. Courtney, when I saw him, he did let me know that four other people had been admitted. And he was suspicious of vaccine injury. He said— But I was by far, of all the patients he'd seen, the worst.

Commissioner Massie

Did anybody suggest to you to use some sort of treatment that are being currently developed in order to get rid of spike protein, in case this could have been still present in your system?

Joelle Valliere

Not on a medical level, no.

Commissioner Massie

Okay, thank you.

Commissioner Kaikkonen

Good morning and thank you for your testimony. I'm just wondering. You mentioned you have children. How are the children affected as you continue through this journey?

Joelle Valliere

It's been very difficult on them. I think one of my most memorable conversations with my son—I had a little bit of trouble with him and he was better at this point—and he came outside and he sat beside me and he was crying. I said, "What's wrong?" He said, "I'm just so sorry, mom." And I asked him, "Why?" He said, "I feel like I took a little bit of life out of you. Now, look." And I said, "That's okay. My purpose was to make sure that you're okay, then my job is done." So—

[00:30:00]

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good morning, and thank you for your testimony. I think you said in your testimony that, originally, you were not eligible to get a kidney transplant because you were not double vaccinated. Is that correct?

Joelle Valliere

Correct.

Commissioner Drysdale

Were you eligible for the MAID program?

Joelle Valliere

I didn't look into it. It was just simply discussion.

Commissioner Drysdale

You also mentioned that you believe that in the compensation program that they're considering a pre-existing condition. And my question to you is, when you got the vaccine, did the doctors inform you that if you had a pre-existing condition, this could exasperate it?

Joelle Valliere

No.

Commissioner Drysdale

Thank you very much.

Joelle Valliere

You're welcome.

Shawn Buckley

There being no further questions, Joelle, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Joelle Valliere

Thank you.

[00:31:32]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 2: Catherine Christensen

Full Day 1 Timestamp: 02:03:03–03:20:48

Source URL: <https://rumble.com/v2kjiwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Leighton Grey

Good morning, my name is Leighton Grey. I'm a lawyer here in Alberta, also licensed to practice in Alberta and Saskatchewan. I appear formally as an agent, as my friend Mr. Buckley indicated. It's my pleasure to be here. I'm going to have the opportunity to question the next witness.

It's a lawyer named Catherine Christensen. Just to set up her testimony, she is going to be giving evidence in a way of an expert, a legal expert. She is going to provide expert testimony concerning the impact of COVID-19 measures on Canadian military members, which is a group of Canadians that's probably not talked about enough in this context, especially those coerced into taking the vaccine as well as those who refused the vaccine.

And she's going to give evidence about the abuse of power that she's witnessed by the Chief of Defence Staff and the chain-of-command, which she will indicate, is shocking. So firstly, Ms. Christensen, welcome to the National Citizens Inquiry. Thank you for being here today.

Catherine Christensen

Thank you.

Leighton Grey

Okay. Could you firstly state your full name for the record?

Catherine Christensen

Certainly. It's Catherine Mary Christensen. C-A-T-H-E-R-I-N-E M-A-R-Y C-H-R-I-S-T-E-N-S-E-N.

Leighton Grey

Alright, are you prepared to swear an oath to tell the truth?

Catherine Christensen

Yes.

Leighton Grey

Okay. Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Catherine Christensen

I do.

Leighton Grey

Ms. Christensen, I understand that you are a lawyer with several years of representing military members and veterans, and that you have special knowledge, expert knowledge of the military policies, legal process, and procedures. In that capacity you've represented hundreds of military members and continue to do so, who are adversely affected by the ongoing mandate of the Canadian Armed Forces. Is that correct?

Catherine Christensen

That's correct.

Leighton Grey

You're also the founder of something called the Valour Legal Action Centre [Valour]. I know that you have a presentation that you're going to give, but just to set that up, I understand you've founded this Valour Legal Action Centre, which is a non-profit organization providing access to legal services for members and Veterans of the Canadian Armed Forces, is that right?

Catherine Christensen

That's correct.

Leighton Grey

And there's actually a board that's part of Valour, if we can call it Valour going forward, and the board accepted the challenge of representing military members facing threats and sanctions related to the COVID-19 mandate implemented by the Chief of Defence Staff in October of 2021. Is that correct?

Catherine Christensen

That's correct.

Leighton Grey

And this is kind of an interesting point and I think would be unknown to most people, and that is that members of the Canadian Armed Forces are actually prohibited from speaking negatively about the Canadian Armed Forces or about the chain-of-command and the Government of Canada.

Catherine Christensen

That is correct.

Leighton Grey

And so they're effectively censored or gagged from telling the Canadian public about what has happened and continues to happen within the ranks of the Canadian Armed Forces.

Catherine Christensen

That's correct. Fortunately, I'm not in the chain-of-command, so I can speak for them.

Leighton Grey

Right, and this is where you come in. So with that, I know that you have a presentation. Are you prepared to enter into that now?

Catherine Christensen

Yes, I am.

Leighton Grey

All right, please do so.

Catherine Christensen

First of all, I'd like to apologize to the commissioners because I know that my brief was about a thousand pages, so I apologize for the reading, but that's just the small tip of the iceberg, actually.

Leighton Grey

I read it too and there's no need for an apology.

Catherine Christensen

Thank you. Commissioners, thank you for the opportunity to appear on behalf of Canadian Armed Forces, military members and veterans that were affected by the COVID-19 policies brought in by the current Chief of Defence Staff, General Wayne Eyre.

A few housekeeping matters before I begin. My clients have signed releases allowing me to testify today. As I said, I'm not in the chain-of-command and the Code of Service Discipline does not apply to me, which is allowing me to speak on behalf of currently serving members and newly released veterans. The documents in support of my brief and my presentations today are all publicly available or were received through Access to Information and Privacy requests, and I currently represent almost 360 men and women who proudly wore the uniform of Canada. There are thousands more that my team and I have spoken to over the past two years.

I am a lawyer from St. Albert, Alberta. I was a registered nurse before I went to law school. In law school, while taking military law from two JAG [Judge Advocate General] officers,

[00:05:00]

I identified that military members needed legal services, which recognized their unique circumstances and way of life. My professors encouraged me to pursue a legal career associated with the Canadian military, as I understood it so well for a civilian. Upon being called to the bar, I hung my own shingle and began my representation of members and veterans of the Canadian Armed Forces. I wouldn't trade my practice for any other clients. I'm honoured to stand with these men and women who have served and continue to serve Canada.

By the fall of 2021, I was keenly and personally aware of the pressure to vaccinate to keep a hard-won career. I also knew from years in our courts that any attempt to question vaccination policy was going to be a big challenge despite the court being our last bastion of democracy to hold government overreach to account.

In October 2021, I was approached by hundreds of Canadian Armed Forces members about the directive from the Chief of Defence Staff mandating the injections. I was fully prepared to tell them that it was likely to be an Afghanistan of fights. And then I began to be told the stories of what was happening in the ranks, of what commanding officers were doing to their own people. These members asked me to bring my skill set and knowledge to their fight, and I couldn't let them stand alone.

If there's one thing that the best of the Canadian military is known for, is taking on a tough fight while undermanned, under-gunned, and under-equipped. Telling this dedicated group that what needed to be done in the face of adversity was all they needed. We got organized, we created teams, we equipped for the legal skirmishes, and we prepped for small advances and setbacks.

The members and veterans who voiced concerns about a mandated COVID-19 vaccination program are an outstanding group of people. They're highly decorated, they're exceptionally trained and experienced, and they have a moral code that has withstood the ultimate test of "just following orders" mentality that was supposed to die after World War II. I would put my life into the hands of any one of them. They are the finest Canada has to offer, and they've been sacrificed on a political altar.

Our military members were used to set an example for the population of Canada for a one hundred per cent vaccination rate come hell or high water. Let's be clear: the directives from the Chief of Defence Staff were not about stopping the spread or mitigating risk to the ranks or operational effectiveness. The Chief of Defence Staff stated the purpose is to show, quote-leadership-unquote, to Canadians. That's not the purpose of our armed forces, nor should it be.

The two Chiefs of Defence Staff ahead of this current serving Chief of Defence Staff did not bring in a mandate. The documentation shows they were very aware it could not be done and no doubt understood the risks of a medical treatment decimating the entire Canadian military if something went wrong. Setting up these men and women to be guinea pigs for an experimental medical treatment and then hiding the damage from it would be a war crime if it was done to prisoners of war. It certainly was a war crime in World War II, yet General Eyre did it to his own people, and he thinks he's untouchable to answer for it.

A military with leaders who see themselves above the law is a dangerous thing. History teaches us that, and it's a lesson not to be forgotten. And this experiment has gone wrong. A weakened military already suffering from not enough people in the ranks then lost

thousands more to the mandate and likely thousands more to come who were permanently damaged from the injections. The count will only rise as time moves forward.

And what happens to those who followed the orders and took the injections and are now permanently disabled? Veterans Affairs Canada is telling them, “No, not service related.” Once again, veterans will face a procedural system that fails them and are forced to go to the court for deserved compensation. Is it any wonder that the Canadian Armed Forces has a significantly accelerated recruitment problem under the current leadership?

Why have the people of Canada not heard what the Canadian Armed Forces did to some of their best people in the name of COVID-19? As has been said, it's because members of the Canadian Armed Forces are gagged from speaking out by their own Queen's Regulations and Orders. The Armed Forces haven't caught up to call them King's Regulations and Orders yet. They can't speak out, which made them the perfect population to control.

The Chief of Defence Staff has shown that

[00:10:00]

he is willing to sacrifice the entire military and their families under his command for political gain. Indeed, he received a promotion immediately after the mandate was brought in. Vice-Admiral Topshee was promoted to Commander of the Navy after he forced a third booster mandate on the Royal Canadian Navy. These were political appointments for a job well done at the expense of the members they are expected to lead and whose well-being should be paramount for them to protect.

In Canada, it should be noted that we have an additional check for our military that no one even thinks about: Soldiers, sailors, and aircrew do not serve at the pleasure of the Prime Minister, in this case Justin Trudeau. He has no power over our military. They serve at the pleasure of the King of Canada. Technically, the King can turn the military on the government or the police. Keep in mind, the King has the power to dismiss the Prime Minister or dissolve Parliament through the Governor General. His Majesty is the last line of defence. To King Charles, I would say, “Your Canadian military is in deep distress, and your troops need you to intervene before it is too late for Canada.”

The Oath of Service upholds the mission of the Canadian Armed Forces. Quote-to defend our country, its interests and values while contributing to international peace and security-unquote, as well as assist in times of true emergency such as extensive flooding or forest fires. It is a myth that putting on a uniform for military service strips a member of all rights of a citizen and removes bodily autonomy. Members who understood they were still Canadian citizens with high legal protections were vilified by an ignorant and misinformed chain-of-command who pushed an agenda that all legal avenues are closed to the member when the oath is taken. This is categorically not true.

The Chief of Defence Staff under the *National Defence Act*, section 126, can order members of the Canadian Armed Forces to receive a vaccination. Yet General Eyre chose not to use this legislated power to implement the COVID-19 mandate. Instead, he issued Directive 1 in October 2021, which was poorly written and did not follow the Canadian Armed Forces' own policies. Chaos ensued with implementation as each commanding officer put their own interpretation on what was to be done. Yes, you heard that correctly, the Chief of Defence Staff failed to produce a force-wide directive that could be acted on in one clear manner.

So then we had Directive 2, which addressed some blatant errors of Canadian Armed Forces policy in Directive 1. Still not clear enough, though, and we ended up with Directive 2 amended, which was issued.

Thrown into this mix was an *aide-mémoire* regarding remedial measures leading to what is called a 5F release, and then the Chaplain General's direction on religious accommodations trying to justify why nobody was going to get a religious accommodation, no matter how sincere their belief. Remedial measures or punishments were being handed out before accommodation requests could be applied for or granted. There was no intention to allow for religious or medical reasons to not take the injections. The right to refuse did not exist in the Canadian Armed Forces according to the chain-of-command.

By the time Directive 3 came out just over a year later in 2022, the carnage and inconsistencies were blatant. Make no mistake; Directive 3 did not remove the mandate from the Canadian Armed Forces. The mandate still exists, even as the rest of the world's militaries have been removing their mandates.

The chain-of-command can order troops into situations potentially fatal or have life-changing risks. That is without question. However, the presence of COVID-19 was not one of a deadly battle of bullets and missiles against an enemy on a battlefield. The members of the Canadian Armed Forces were at very low risk from the virus, as demonstrated, for example, by their service in high outbreak environments like nursing homes with zero Canadian Armed Forces fatalities. To date, there has been no COVID-19 death in the Canadian Armed Forces.

The true damage to the Canadian Armed Forces has come from the injections themselves, the consequences of an experimental gene therapy and the mandate. COVID-19 did not decimate the Canadian Armed Forces. The leadership did it from within.

What has been the cost of COVID-19 mandates on the Canadian Armed Forces?

[00:15:00]

I could quote you the statistics that the Government of Canada would like you to have. To say those are inaccurate is a diplomatic evasion from the reality. From a financial perspective, the cost to the Canadian taxpayer is estimated to be at least three billion dollars in lost training, experience, and expertise. Plus, there have been significant administrative costs to implement the mandate and its consequences.

The cost to members and their families add to the total. Years of service gone, benefits gone, pensions gone or reduced, injured members denied earned benefits of a medical release, denied unemployment insurance benefits, and blocked from some forms of employment due to the release category of 5F. The true cost in dollars may never be fully known.

Institutionally, the Canadian Armed Forces have lost people. Thousands of people are pouring out of the service since 2020, and they are not being replaced by new recruits. Where few recruits do join, who's left to train them? It isn't generals and admirals who train the ranks. It's the non-commissioned officers and the junior officers, and their ranks have been essentially wiped out. Some of the finest battle-experienced members were driven out of the Canadian Armed Forces when they need them the most.

The media has covered the gutted state of our military ranks where even the best sound bite from the defence officials cannot hide the sad state of our military.

How do I even begin to explain the human cost of COVID-19 mandates on the people and families of the Canadian Armed Forces? Do I talk about the young soldier made to stand in the bitter cold of a Canadian winter for three months while his fellow troops taunted him?

Do I talk about pregnant women in uniform, hounded in their homes and charged with AWOL after being hospitalized, even while the leadership had a policy to not vaccinate a pregnant member with any vaccine?

Do I talk about young, healthy people wanting nothing more than to serve their country being driven out and told they were morally weak and no better than alcoholics, drug addicts, rapists, and domestic violence abusers?

Do I talk about previously healthy men and women now facing medical emergencies and injuries that have left them disabled for life?

Do I talk about the member who was only weeks from a full pension after 35 years of service, including multiple deployments without a single blemish on her record, who lost it all while her husband was dying of cancer?

Do I talk about the shunning and ejection of some of our finest snipers and special operations soldiers that the Canadian Armed Forces was only too happy to brag about to the media a few years ago and now discard like yesterday's garbage?

Do I talk about the young women who have been sexually assaulted but stayed in uniform only to find senior leadership forcing them into yet another physical assault? To quote one of them, "Being forced to take this into my body by a superior officer was like being raped over a desk at basic training all over again."

Do I talk about the jeering taunts of non-commissioned officers bragging about coercing another member into taking the shot? "Got another one, boys."

Do I talk about chaplains who are punished for trying to speak up for the religious beliefs of their members? Do I talk about young mothers who desperately need their careers who are terrified that they have put their babies at risk just so they don't lose their place in the ranks?

Do I talk about the chaplain, now denied his role as a chaplain as punishment for standing up for his people, whose family in Poland were victims of the Nazis, and who could not stomach the coercion and forced experiments on unwilling bodies?

Do I talk about the doctors who asked how to report vaccine injuries and were ordered not to report or stay silent or to report the symptoms as something else other than a vaccine injury?

Do I talk about pilots, already isolated from their peers, who were denied attending the funeral of a close colleague after his suicide even though the funeral home had no restrictions in place?

Do I talk about members who have given 20, 25, 30, 35 years of their life to the Canadian Armed Forces and were denied a depart with dignity ceremony like their peers?

Do I talk about the commanding officer whose staff were told to leave a room if he entered it, thereby handcuffing his ability to lead?

And finally, do I talk about the vindictive postings now being handed out as punishment for those who somehow managed to avoid the purge?

[00:20:00]

The list goes on and their voices have been silenced until today. Canada needs to know that the men and women of the Canadian Armed Forces did not let Canada down. All they wanted was to serve in order to protect the freedom and rights the Canadians hold dear, and their predecessors fought for, in the past.

The blame lies in the current leadership of the Canadian Armed Forces, the Chief of Defence Staff, the Surgeon General, the Chaplain General, and the Judge Advocate General, who determined there was nothing wrong with offering the Canadian military up to a medical experiment with no value to operational readiness, and with a cost the members have only started to pay.

The members affected by the mandate tried to use the processes open to them. They have filed thousands of grievances that will all end up on the desk of the Chief of Defence Staff as the final authority. What are the chances of fairness when the one giving the order is the one who decides if it was reasonable or not?

The Ombudsman's office, which has no power to hold the chain-of-command to account, has refused to even speak to anyone concerning the mandate. There is a covenant between the chain-of-command and the members of the Canadian Armed Forces that those in command will look out for the well-being of those who serve under them. That if ordered to surrender their life, the member does so knowing that it was a just cause for the sacrifice. It is the foundation of trust necessary in any chain-of-command.

That trust is gone in the Canadian Armed Forces due to the actions of the senior leadership in reaction to COVID-19. When that trust is gone, there is no military. Canada sits defenceless. I can tell you about what has happened. I can relay their stories. But you should meet some of Canada's best, who are subject to the draconian political agenda of the Chief of Defence Staff.

I have a video that will introduce some of these who have stood up to the unlawful order and paid a heavy price. There are some images you will note are blurred to protect those still serving from a guaranteed retaliation, because there is no safe place for unvaccinated members within the ranks of the Canadian Armed Forces under the command of General **Wayne Eyre**.

[Video] General Wayne Eyre [Exhibit number unavailable]

At the heart of everything we do is our people. You are key to our operational effectiveness, and if we are to succeed as an organization, to be the Military Canada needs and deserves, every member of the Canadian Armed Forces and broader Defence Team must feel welcomed, supported, empowered and inspired to bring their very best to the table each and every day.

Catherine Christensen

You have just heard the Chief of Defence Staff, General Wayne Eyre, stating that the Canadian Armed Forces are inclusive and progressive. Yet when members stood up for their religious rights, medical rights, and human rights, they were met with fury and derision from the chain-of-command.

[Video] General Wayne Eyre

So I'm not going to talk specifics about this one case. What I will tell you, we have absolutely no time for those that do not hold the values of the Army and the Canadian Armed Forces and the values of Canada close to their heart. So the values of diversity, inclusion, respect for others, teamwork, that's who Canada is. That's who we are protecting. And those that do not embrace those values, those that do not protect those values have no place in this organization. So when we find out that there is a case, we act decisively. We don't act rashly because another one of our values is respect for the rule of law, and due process is part of that.

Catherine Christensen

In October of 2021, the Canadian Armed Forces brought in compulsory COVID-19 injections. What followed was chaos, uncountable losses, and the decimation of what little morale there had been in the ranks. Despised by their own leadership, after exemplary careers voluntarily serving Canada, they have taken a stand and paid the price. Let me introduce you to the men and women the Chief of Defence Staff says are unsuitable for further service in the Canadian Armed Forces, the ones whose moral code said "no" to an unlawful order and continue to step up a fight for a free Canada.

Canadian Armed Forces member testimony read by Catherine Christensen

My choice was taken away from me. I did not want to leave. I gave everything to the Military and made it my life and they threw me away like I was nothing when I gave everything.

[00:25:00]

I just had to get my second shot.

I feel abused and violated. I hope you can use me as an example of what they still do to people who complied. It doesn't stop the hatred.

Canadian Armed Forces member testimony read by Catherine Christensen

My ECG [Electrocardiogram] looked normal, but I insisted on a cardiac MRI [Magnetic Resonance Imaging], which was able to confirm the myocarditis.

Canadian Armed Forces member testimony read by Catherine Christensen

I was in an explosion at Comox and two days later, they were disciplining me for the COVID mandate. They didn't care that I had a fresh traumatic brain injury, and that I was still trying to comprehend what had happened.

Canadian Armed Forces member testimony read by Catherine Christensen

There are men in uniform downstairs demanding I sign papers. My family is terrified. What do I do?

Canadian Armed Forces member testimony read by Catherine Christensen

This upcoming meeting with the Lieutenant Colonel feels really threatening to me. Is there anything I need to be worried about or prepared for? I was terrified for my safety yesterday.

[00:30:00]

Canadian Armed Forces member testimony read by Catherine Christensen

What I see more, are people who walk on eggshells who seem like they regret. They followed an order in haste and now feel the consequences of a broken trust.

Catherine Christensen

I have asked military members and veterans what they would do to repair the damage in the Canadian Armed Forces. I received pages of ideas from non-commissioned members and officer ranks: really productive, positive ideas because there was no fear of consequences for speaking up. It is unfortunate that there is so little faith and trust in their own chain-of-command that the Chief of Defence Staff cannot do the same. For the purposes of this inquiry, here are their top changes.

Bring in an Office of the Inspector General. Grievances and remedial measures move to this office outside of the chain-of-command, which has shown their willingness to abuse authority during COVID-19. Set up explicit and hard timelines for each stage of the grievance process with penalties for chains of command that do not adhere to them. Currently, as a note, it can take anywhere from four to ten years for a grievance system to get a final decision before we can have it sent for judicial review.

The Inspector General would have the power to investigate and lay charges of any rank, including the Chief of Defence Staff. The Inspector General's authority over the Chief of Defence Staff would remain if there was proven wrongdoing. This precedent has already been set with the revamping of the current military justice system.

The second suggestion is to strengthen whistleblower legislation. Under the Canadian Armed Forces disclosure process, the Chief of Defence Staff has designated the Chief Review Services as the proper authority for purposes under the Queen's Regulations and Orders. But who is the proper authority if the Chief of Defence Staff is the one behind the wrongdoing?

Third: Comprehensive health care for all Canadian Armed Forces members regardless of the component or subcomponent and class of service for life, with the ability to have full access to outside specialists for the care of vaccine injury.

Number four: The members I've spoken to want an apology. They want an apology from the Government of Canada. They want an apology from the Chief of Defence Staff. They want one from the Surgeon General, Chaplain General, the Judge Advocate General, and every commanding officer, and regimental sergeant major who pushed the mandate.

Fifth: Mandatory injury or illness reporting, tracking, and investigation with explicit timelines, with serious penalties for chains of command that neglect the required steps.

Sixth: Mandatory training for all commanding officers prior to assuming command. They should be able to review and test policy knowledge from the *National Defence Act* through all of the necessary policy, various administrative and health services instructions. They

should have instruction on procedural fairness, they should have instruction on safety and risk management, and there should be a transparency of directions and commands.

[00:35:00]

Back-channel orders shall be deemed to be unlawful. For example, accommodations were supposedly offered, but in reality, they were denying them all.

Seven: Review the *National Defence Act* and remove section 126. It's too vague and not used when it should be. It is bad law. Canadian Armed Forces members and Veterans should not have to sue to have bad law removed.

Eight: Revise the Chaplain Service. Chaplain Service badly failed members of faith. Each religion should answer to its own while respecting the long-standing duty to help all members as best they can be achieved under emergency or battlefield circumstances.

Nine: Implement a robust safety officer cadre at every level within the Canadian Armed Forces.

In conclusion, to paraphrase Robert Kennedy Jr., "Why do I choose to fight for those nobody else wants to?" Because that's who needs fighting for—the members and veterans of the Canadian Armed Forces who love what they did in service to Canada—deserve no less than to be heard. Thank you. This concludes my presentation. I'm now prepared to take questions.

Leighton Grey

Thank you, Ms. Christensen. That is a shocking and compelling and simultaneously heart-wrenching and heart-warming presentation. I thank you for providing that. I understand that you're prepared to have your presentation and the other exhibits entered in this proceeding?

Catherine Christensen

Yes.

Leighton Grey

Thank you for that. I have one arising question before I hand you over to the panel, I'm sure are eager to ask you some questions. I have the pleasure of representing many Canadians who, although not in the armed forces, were subjected to vaccine mandates through the operation of federal orders. And of course, they have this in common with the members whom you represent.

It was very clear in that case that there was a directing mind in Ottawa behind, for example, the Minister of Transport order, which required everyone who is in the public service in those industries to be vaccinated. You mentioned at the outset of your presentation this historical, and legal, and, indeed, constitutional line of distinction between the Prime Minister and his cabinet and direction of the Armed Forces. However, based upon what you've learned, based upon what we've seen in your presentation, do you have reason to believe, to suspect, or indeed to conclude that there is a political direct in mind? In other words, that this vaccine mandate is actually coming from the same source as, for example,

the Ministry of Transport order or the other federal such orders directing other people in the public service, the Federal Public Service to be vaccinated?

Catherine Christensen

Yes, I do. I have no doubt in my mind that this came from the Prime Minister's office. Part of the evidence or the support to that belief is that we seem to have a real trend where General Vance was Chief of Defence Staff when vaccines first emerged. He didn't bring in a mandate, and as you recall, he was removed under the cloud of a sexual misconduct allegation.

Admiral McDonald then took his place. Within a few weeks, he was under a cloud of suspicion for sexual misconduct—because I've seen his briefing note, and it clearly states that he could not bring in a mandate.

General Fortin was in charge of vaccine rollout in Canada. I suspect that he also said you couldn't bring out a mandate, which through the sworn testimony from the Peckford hearings, the Prime Minister's office was clear that this was coming from the Prime Minister, who was angry at being heckled and demanded that a mandate be brought in. That's sworn testimony from his Office. So then we get General Fortin accused of sexual misconduct.

We then have General Eyre come in as Acting CDS [Chief of Defence Staff] at the time. He is given a briefing note from General Cadieux that you can't do this, basically, and General Cadieux is then accused of sexual misconduct.

There's a real pattern there. And then he brings in the vaccine mandate; he goes from being Acting Chief of Defence Staff to full Chief of Defence Staff and gets a promotion that I see as a reward for being obedient to higher powers.

[00:40:00]

Leighton Grey

So that answer sort of flies in the face of what the Prime Minister said publicly yesterday, that he never forced anyone to be vaccinated.

Catherine Christensen

Yeah, well, then he shouldn't have had his office provide emails in sworn affidavits to Mr. Wilson, who represented Brian Peckford and parties in that lawsuit, because that is filed evidence with the federal court that indeed, it was a direction from the Prime Minister's office, and then they were struggling to justify bringing in a mandate.

Leighton Grey

Thank you, before I hand you over to the panel, the last thing I'm going to do is I want to share a quotation that was part of your presentation to the panel from our late Majesty Queen Elizabeth II, who said that "No institution should expect to be free from the scrutiny of those who give it their loyalty and support, not to mention those who don't."

Thank you. So I'll hand you now over to the panel, I'm sure they have questions, who would like to go first? Go ahead.

Commissioner Massie

Well, thank you for your testimony. And I must say I'm not very familiar with all of the administration of the army and so on. So I got a little confused about who's in charge in the end because you mentioned that it's not the Prime Minister— What I understand from the States is the President is the Chief of the Army, so he can call—

Catherine Christensen

Mm-hmm.

Commissioner Massie

He can send the order. In our system, it's not the Prime Minister, it's the Governor or the King or the Queen. But in reality, if I understand how it would work based on incentive, the army gets the budget from the government, right?

Catherine Christensen

Yes.

Commissioner Massie

So there is a potential at least to incentivize people in the chain-of-command to follow what the government seems to want.

Catherine Christensen

Correct. By the time you're getting to the level of that senior command where you've got Chief of Defence Staff, Commander of the Army, Commander of the Navy, and Commander of the Air Force, we're talking about politicians at that level. They may wear a uniform but they're politicians, and the Department of National Defence does have influence with the politicians that these officers are. And so I suspect that there are lots of meetings that go on between either the Assistant Deputy Minister or the Minister herself between these senior levels. And whether they comply or not is kind of up to them because the Commander in Chief of the Canadian Armed Forces ultimately is the King.

Commissioner Massie

So it's independent from the government to some extent.

Catherine Christensen

Yes, and this is why public service mandates or any kind of public service policies are not applicable to the Canadian Armed Forces. Members of the Canadian Armed Forces do not actually have what we would understand to be a contract of employment with the government. They serve at the grace of His Majesty the King, which is why they are actually completely independent, and they have a completely different applicable legal system that applies to them as well as the general legal system for a Canadian citizen. So they've got two systems working from a legal perspective.

Commissioner Massie

So are you aware of other situations in history where vaccines were mandated for the military forces?

Catherine Christensen

So they did bring in, when it was still, what they were told was voluntary— The only vaccine they were giving them was Moderna.

Commissioner Massie

I'm talking about previous vaccine.

Catherine Christensen

Previous vaccine? Yes. So under section 126 of the *National Defence Act*, they can indeed order the members to have a vaccine, the caveat being that if they do not take the vaccine and they have a reason not to take it, they would be charged under section 126. They would go to court martial and then an independent decision maker, a judge, would then decide if they had a reasonable excuse not to take the vaccine. This time, they didn't use section 126. I believe they didn't do it because I don't think that someone with a sincere religious belief that wanted an accommodation, I think they would have been successful challenging that in a courtroom, and they couldn't risk having success in a courtroom turning down their mandate. So instead they circumvented that whole court martial legal system of failing to— They quoted, chains the command have said to people "You're not following a lawful order."

[00:45:00]

But a directive is not an order. And how I best explain this is an order is "take that hill"; a directive is "this is how we're going to take the hill". So in a sense, they were never ordered to have a mandate, even though that's how the chain-of-command interpreted that directive, that this is an order, and you must follow. That's to be determined in a court.

Commissioner Massie

There was no coercion per se, only incentive?

Catherine Christensen

Well, I would like to say that there was no coercion, but there was coercion, definitely.

Commissioner Massie

My other question has to do— We've heard from other experts in the commission that it's very difficult to assess the actual level of vaccine injury in the population because the system doesn't seem to be able to do a proper monitoring. There's all kinds of obstacles. I guess that in the Armed Forces they must have had a reasonably good medical system in place that would track the health of the people. So they gathered data that would allow to follow untypical issues with the health that could actually eventually be linked to a vaccine injury.

Catherine Christensen

You would like to think that. First of all, the medical system is another system that needs revision in the Canadian Armed Forces. However, I have military doctors who provide sworn evidence that they were told not to report vaccine injuries, or if they asked how, they were told, "just be quiet." They were told to diagnose them as other things, such as Guillain-Barré syndrome. When young men were collapsing in the shower after injections: "Oh, you've got Guillain-Barré syndrome, we'll release you on a medical release," if they were vaccine-injured.

It would have been an ideal group, and I think they did not track them on purpose, because they would have very quickly shown what was happening to an eighteen to forty-five group that were the most affected by vaccine injuries. That showed up really quickly.

The official statistics right now being issued for vaccine injuries in the Canadian Armed Forces, I can tell you I have more people in my files with vaccine injuries than are officially listed as vaccine-injured. The other thing I can tell you is that the best comparison I can make is to the population of the United States military. They seem to have had more recording of vaccine injuries. There was a base surgeon in Alabama who completely grounded all of her pilots because they were dropping dead in the sky from being vaccinated.

Commissioner Massie

So are we aware of any instances in the Armed Forces where people were actually killed by the virus following vaccination?

Catherine Christensen

I'm waiting for some of that information. I know of healthy young men who died in their sleep, but they are not releasing the autopsy results.

Commissioner Massie

So is there a chance with the current level of data gathering that we could actually in the future investigate what happened and find out exactly what was the extent of the issues?

Catherine Christensen

I believe so. Only in the last few weeks have I gotten someone to have doctors confirm that they were even vaccine-injured and put that in writing, who is a member of the Armed Forces. That was the first time in three years.

Commissioner Massie

Do you think that the level of vaccine injury in the Armed Forces was similar to the general population, more, less?

Catherine Christensen

I think it was more because of the age group that we're dealing with, of Canadian Armed Forces, that the vaccine injuries are high in that age group.

Commissioner Massie

Thank you.

Commissioner Drysdale

Good morning and thank you for your testimony. Over the course of the committee hearings, one of the themes that I've been hearing over and over and over again is that the fundamental tenets, the fundamental beliefs of our society have been attacked, and I'll give you some examples from previous witnesses.

In the medical profession, we seem to have abandoned the tenet of informed consent. In other words, they didn't tell their patients prior to having them take an injection what the consequences might be. Also in the medical profession, the sanctity of the doctor-patient relationship has been attacked because the Government has stepped between the two,

[00:50:00]

and the doctors are no longer able to, or directed not to, report injuries, to discuss honestly with their patients what their side effects were.

We see the same thing in our justice system where the equality, in my understanding the very basic understanding in our justice system is that there's equality under the law. So in other words, whether you're Ken Drysdale or the government, you have equal standing before the courts, and they're supposed to rule equally.

Now what I think you've described here is also a basic attack on the fundamental footings of our military, and that is that the members must trust the commanding officers because if you have mistrust between the members and the commanding officers, why would they follow an order? Can you comment on that or other observations with regard to the fundamental tenets in our society that you may have seen?

Catherine Christensen

Yeah, I absolutely agree with you that once that trust is broken, you can't have a military. Because what I'm hearing from the ranks is that, "We don't trust them anymore. They weren't looking out for us, they didn't stand up for us when they should have."

And even the ones who tried to protect members as best they could, didn't in the end. And there was an encouragement to humiliate, abuse people who didn't necessarily want to comply. And then at the same time, we get Directive 3 comes out last fall. And anyone who didn't manage to be released under the first directives was told to come back to work. And if I told you that they entered unfriendly territory by not having the vaccine but still being allowed to come back to work, there was a lot of resentment there.

Because there were so many members of the Canadian Armed Forces who opted to take the vaccine because they needed their job or they were close to a pension. Or they couldn't get promoted, they couldn't deploy. So now those people who complied have even less trust in the chain-of-command because why should they— "Now why should I follow an order? Because now they've allowed people to come back who you say didn't follow an order." It's a mess. When I say chaos, I mean there was chaos.

On the informed consent issue, that is a near and dear issue to my heart, having been a registered nurse for 22 years before I went to law school. I have dealt with angry surgeons

being called out to redo teaching with a patient before they would sign a consent for surgery because the patient told me they didn't quite know what was going on. And when I went to law school, I did independent legal research in informed consent. So I can tell you that there is no such thing as informed consent in this entire COVID-19 episode. There is not a single definition, legal, medical, moral, otherwise, that said anybody truly had informed consent.

And I think the more and more documentation that's being revealed by the pharmaceutical companies reinforces that they knew things that they didn't tell people. The general consensus for me is, as a lawyer I was horrified by what happened during the COVID-19 years. I was always taught that bodily autonomy was sacrosanct—as was described this morning—that people had the right to say that they wouldn't do anything medically unless they wanted to, that they had a right to be fully informed of what was happening. And there was none of that. We did lose our rights.

And my own profession of law, which is supposed to be the ones that stand up and say, "Hold on a minute. We have a constitution. You cannot do this." I know when I tried for an injunction that I was beating my head against the wall, we were basically told, "Well go use the grievance process." Sure, we'll use the grievance process. And in 10 years, when the Chief of Defence Staff who made the order decides that he made a good order, then we can go to the court.

[00:55:00]

But the other thing was that the stories that I heard from members who approached me in October 2021 had actually gone to some other lawyers, a few of them. They were told, "Don't call my office again. Don't come near my office." They wanted nothing to do with them. And as a lawyer I can tell you that there are cases that I may not want to take. And there are diplomatic ways of saying you're not going to take the case: I don't practice that kind of law. My practice is too busy. You don't have to turn people away in a way that makes them sound like they're criminals or lesser citizens. So I was highly offended for my own profession that that was the response people were getting.

They were asking fair questions. They were asking for legal advice. Whether you gave them positive or negative advice isn't the point. The point is you won't even talk to these people. You won't even let them in your office. Yeah, so I was very disappointed in my own profession for turning people away who wanted to challenge it.

Our American friends are much better at challenging their government. They've had about 200 years more practice, and they just keep challenging. Even when things go wrong in the court, they just bring another case. And they just keep going.

And I think Canadian lawyers need to wake up and start sticking up for this Constitution. I took constitutional law for a year. I never imagined I was going to have to use constitutional law in what I was doing. But thank goodness I did. And I had a great professor because all of a sudden, all those cases and the concepts of our Constitution are very, very important.

Commissioner Drysdale

If I understand you and your testimony earlier, you said that the Canadian Armed Forces brought in the mandates in October was it, of 2021?

Catherine Christensen

Yes.

Commissioner Drysdale

So that's two years ago. Do you have any idea how many members have either quit, been thrown out, retired early, or in any other way been removed from operational ranks?

Catherine Christensen

I can tell you my best guess, just from how many have talked to me or I've heard through the grapevine— There's a very good chain of communication in the Armed Forces and veterans community. I would estimate anywhere between three thousand and five thousand people were lost, and when you've got a military as small as ours, we're talking a huge hit. If you were a business and you lost ten to fifteen per cent of your people in one fell swoop, you'd be out of business and truthfully, in my opinion, the Canadian military right now is out of business. We couldn't mount a defence of our own country, let alone send people to NATO-involved [North Atlantic Treaty Organization] conflict right now.

Commissioner Drysdale

Well, I want to try to put that in perspective from my own understanding. So you believe that the numbers were somewhere between three and four thousand members, which is about 10 per cent of the operational force. Do you have any idea how many people we lost out of operational readiness when we participated in the Afghanistan war for 20 years?

Catherine Christensen

I believe it was 53 deaths in Afghanistan.

Commissioner Drysdale

So let me understand that. So after 20 years or so of military operations in Afghanistan against an identified foreign enemy, we lost 60 or so, 57 people in 20 years. And then we self-inflicted three to four thousand essentially operational casualties to our military ourselves.

Catherine Christensen

Yes. Yeah, we decimated our military with this. We are already undermanned badly. We should have close to a 100 thousand regular force and reserve force people. That's about the size of the military that Canada says that it needs. And from speaking to sources, we're down to about 40 thousand people right now.

Commissioner Drysdale

So our self-inflicted damage to our Canadian Armed Forces was more than Afghanistan.

Catherine Christensen

Way more: thousands more.

Commissioner Drysdale

I can't imagine you know this answer: How far back in our military past do we have to go before we find a comparable hit on our Canadian Armed Forces operational personnel?

Catherine Christensen

At a guess, World War II.

[01:00:00]

Commissioner Drysdale

What civilian or judicial overview is there of these command decisions?

Catherine Christensen

Well, we can go into the Federal Court and challenge— Sometimes we can do what's called a judicial review, or we can actually bring a claim. Interestingly enough, I was in Federal Court in February, not on a matter related to the vaccine mandate, but I had the Crown stand up and say to the Justice, "In Military matters, the court has no jurisdiction over the Chief of Defence Staff." The look on the Justice's face was priceless to me because our rule of law, which you heard the Chief of Defence Staff saying he follows the rule of law, means no one is outside the law. Certainly, even our King is under rule of law, and for the Crown to have this position that anything the Chief of Defence Staff is—he doesn't have to answer to our courts for—is something that I look forward to challenging.

Commissioner Drysdale

Can you make a brief comment about the availability of justice to the regular Canadian when it comes to these organizations? And I want to talk a little bit about or I'm going to preface that with, I read a report recently that the RCMP [Royal Canadian Mounted Police] were involved in an action, I think it was over 10 years ago, and that the commission investigating it finally came out with recommendations and essentially, the RCMP said "nope" to all of the recommendations.

And when I look at the civil courts in Canada, for instance, if your employer forced a mandate on an individual, the ability for that individual to access justice is almost impossible given the financial realities and the time periods. Have you got any suggestions for us on that?

Catherine Christensen

Well, the access to justice issue is huge, and especially if you're going to take on the Government of Canada, because one of their favourite strategies is to run you out of money. Over the years, because my practice has been military and veteran, I have seen things that are very concerning about the Canadian Armed Forces, but usually it was one or two people. And when it's one or two people, it can be written off as bad apples or people with issues.

But when I had hundreds of people come to me in October 2021 with this going on that was like wait a minute, they've got to pay attention now. And I happened to have listened to an American lawyer who did constitutional and government challenges all the time. And I had written to him and said, "How do you fund this? Like how do you constantly take on the

government and being able to have the staff and the people that you need to do it?" And he said, "Non-profit."

And this is why I created Valour Legal Action Centre, and we run on donations, and this is so that these people can bring these challenges forward because there's a long road to go.

Holding another commission, we've had a commission on the sexual misconduct issue. We've had a commission on the grievance system; it's four inches thick. I believe it was in my brief with four hundred and some pages Justice Fish did, said the grievance system is completely broken.

I honestly think that we need to use the American model of an Inspector General that goes outside of the chain-of-command and allows for more answers from people. And it would also allow challenges to some of these commands or some of these policies without requiring people to come up with half a million dollars to challenge the government.

Commissioner Drysdale

My last question: There's a popular saying that an army runs on its stomach. I don't believe that.

Catherine Christensen

Well, this Army doesn't because apparently, they're not feeding their troops.

Commissioner Drysdale

Well, what I believe is that, in my experience, and I've had fairly extensive experience with the Canadian Armed Forces, the Canadian Armed Forces runs on honour. It runs on a belief in the higher purpose, and it runs on the trust in the chain-of-command. We've talked— You and I have talked together about the 3,000 to 4,000 essentially casualties from the Canadian Armed Forces due to these mandates. Can you talk a little bit about the effect that these mandates have had on these basic fundamentals of honour, higher purpose,

[01:05:00]

and trust in command?

Catherine Christensen

I agree with you on the honour, and this is why I did say that I would trust my life with any one of these people. I know I'm sitting here with a big green wall behind me of people who are so happy that we're able to talk about this.

Without question, we lost the cream of the crop of the Canadian Armed Forces with this mandate. These were the people who are willing to stand up and say, "This is not a lawful order. You cannot do this and I'm not going to follow this order."

We used to have in the military what was called a strategic corporal, and Canada is well known and throughout the world for having the people on the ground who could think for themselves and think ways out of situations, and quite often with a good outcome. The Americans can tend to have a reputation for "shoot first and ask questions later." Our

military did not have that reputation. They could be in a firefight with a group one minute and the next minute act as peacekeepers and move on.

There was a reason the people of Afghanistan didn't want the Canadians to leave: because the reputation of our troops. So I would say morale was already bad. I already knew from talking to so many people because I only do military, so I get lots of information from all kinds of sources all the time. I already knew morale was bad and then this happened, and it's pretty much destroyed.

It almost is to the point where we need to start over because people don't trust orders anymore. People see the command as being against them. Like, "If I step out of line, I'm going to be gone." And the fact that they chose to use what's called a 5F, I've referred to that. That's a release category that was only made honourable not so long ago. There were lots of people serving that remember 5F as a dishonourable discharge. It has implications. You can't have a job in the public service if you've been released 5F. If you decide you want to go back in you can't get in unless the Chief of Defence Staff allows you in if you've had a 5F.

What are the chances Wayne Eyre's going to let people who were 5F back in? It's not going to happen. So the fact that they chose that one, when they could have chosen a medical release, or didn't fit the requirements of service because you weren't vaccinated, completely different categories, completely different connotations to it. And there were people who "voluntarily" released to avoid that 5F stigma that was going to be handed down to them.

Commissioner Drysdale

Thank you very much.

Catherine Christensen

You're welcome.

Commissioner Kaikkonen

Good morning.

Catherine Christensen

Good morning.

Commissioner Kaikkonen

When you refer to the fairness among federal institutions, are you aware of any examples whereby a Veterans Affairs employee coming to the end of their career lost their personal pension because of a personal and autonomous decision to be vaxxed?

Catherine Christensen

So do I know of anyone, a veteran who lost—

Commissioner Kaikkonen
A Veterans Affairs employee.

Catherine Christensen

No, I'm not aware of anyone in Veterans Affairs. In fact, it's looking like— Because Veterans Affairs is refusing to cover vaccine injury as a service-related injury, that has to then go through a system of the veteran applies, they're denied, it goes to an appeal, and if that's denied, then they can come to me. And within two years, we can bring it to the Federal Court for judicial review.

The reality is that the judicial reviews tend to go in the government's favour, but in my opinion, if they took Moderna as ordered, that's a service-related injury and there should be no question that they're covered for life, for any medical care that they need.

Commissioner Kaikkonen

And my second question, it is my understanding that both religious and medical accommodation are tenets of our democracy. So given your testimony and testimony of others prior to you, where do we stand now? Or is this just another example of the duty to accommodate being trampled by our federal government, in the Charter?

Catherine Christensen

I believe the duty to accommodate was trampled. Certainly, the case law coming out of the Supreme Court of Canada was completely ignored about accommodations.

[01:10:00]

There has been some suggestion that anyone with the rank of colonel and above was allowed an accommodation.

The public service employees had high percentages of accommodations granted. There are hardly any accommodations in the Canadian Armed Forces. In fact, it was rare, and it usually happened within those first few weeks of the mandate coming in, and then they were done.

I have lots of people who, in sworn affidavits, will say that their chaplains said, "Yes, their religion was sincere, they were sincere in their belief and should be accommodated," only to be turned down by the chain-of-command and said, "No, we're not going to accommodate you." That happened to a Catholic priest who was a chaplain. He was told his belief wasn't sincere enough to get a religious accommodation. Now if a chaplain who is a priest who is in uniform isn't an example of someone with sincere religious belief, nobody was going to get an accommodation, in that case.

Commissioner Kaikkonen

And my final question has to do with educating the public on the responsibilities and duties of the head of state. So as I understand it, the King, soon-to-be King, has the right to dissolve Parliament and to dismiss the PM [Prime Minister].

But how can this be done when the Governor General, for example, is appointed by the PM, albeit I believe through a nomination process, but ultimately the final decision rests with the PM? How do we change that?

Catherine Christensen

That's a good question. Honestly, our Governor General does need to become more politically independent because they are the last result of the legislative branch because laws don't become laws in Canada until the Governor General signs on behalf of the King.

To show how politicized that office has become: when one Governor General was dismissed rather quickly because she had abused her staff, the temporary Governor General they brought in was the Chief Justice of the Supreme Court. So for several months, Canada had the Chief Justice of the Supreme Court of Canada in charge of our judicial branch was also in charge of our legislative branch, and nobody said anything. And I'm going "What? This can't happen. How did this happen?" But it was a political appointment obviously.

So do I think our judicial branch also needs revamping? Yes. I do agree that we don't have a justice system. We have a legal system, and it does need to be held to account. I was very pleased to hear the justice of Manitoba saying that he was disappointed in his fellows of the judiciary that did not step up and say, "Hold on, we don't follow judicial notice just because the Government says it was true."

So that's a good question. How do we remove the Governor General's position from being political? Do we have a King that could do that? I don't know, because he has the power to refuse the recommendation for who's going to be Governor General and say, "No, that person cannot be Governor General, it's going to be this person." I mean, at one time, the monarch would usually have a son-in-law or a son would be appointed Governor General rather than a political suggestion.

Commissioner Kaikkonen

Thank you very much.

Catherine Christensen

You're welcome.

Commissioner DiGregorio

Good morning and thank you so much for being here today. I've heard both yourself and Mr. Grey earlier this morning, speak about this rule where service members are unable to criticize the chain-of-command or the armed services. And I'm just wondering, what's the source of that rule, what are your thoughts on that, and whether you have any recommendations on whether there need to be any particular exceptions to it or whether it is a good rule to have in place.

Catherine Christensen

Do I think it's a good rule? No, because I think it's been abused. This is where the suggestion came from to improve whistleblower legislation. I think that would help people feel protected to bring forward issues that should be brought forward. The problem is, if the issues brought forward is anyone going to do anything about it? Because that's a

chronic problem and not just in the Military. But it is part of their Code of Service discipline, *National Defence Act*, where you cannot, as a serving member, speak out against the Government,

[01:15:00]

or the Canadian Armed Forces themselves.

I have had someone who is a client of mine, posted an interview that I did without comment, good or bad, on a social media site. And they threatened to charge him with a service offence for speaking negatively about the Canadian Armed Forces, even though the opinion was mine, and he didn't say good or bad about it.

That's the vindictiveness that is in the chain-of-command right now to come after people. I'm sure they'll be watching to see if anyone posts my testimony today as part of that I would call a witch-hunt.

Commissioner DiGregorio

Is it applicable only when they are members of the service? What about after they've been discharged?

Catherine Christensen

When they're a veteran, they are allowed to speak out, and you're getting more and more veterans speaking out. Certainly, Veterans for Freedom is becoming more vocal since the Convoy and starting to voice opinions, so that's hopeful as well.

The challenge can be that if they don't know what's currently going on, if they happen to lose touch with people who are serving. But the other reality is that right now, the only chance they have of challenging anything is to hire lawyers, and lawyers are expensive. Trying to challenge something in a court is an expensive enterprise. Even if the lawyers do it pro bono there's still a lot of costs involved. If it wasn't policy that was closing their mouths, cost would be a factor as well.

Commissioner DiGregorio

Thank you.

Leighton Grey

Listen, I want to thank you for your passionate advocacy on behalf of members of our Canadian military. As a colleague I have to say I share your lament about the lack of response from members of our profession, but I know they're very grateful, all of them who've heard this, not the least of whom is a very distinguished retired colonel who's here today, and he's going to testify later in this proceeding. Thank you very much for your testimony.

Catherine Christensen

Thank you for giving me the opportunity and thank you from the members and veterans that are silently all standing behind me.

[01:17:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 3: Daniel Bulford

Full Day 1 Timestamp: 03:36:35–04:46:17

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry in Red Deer. I'm pleased to announce our next witness who is going to be attending with us virtually, former RCMP [Royal Canadian Mounted Police] Corporal Danny Bulford. Danny, can you hear us? So I'll ask again Danny, if you can hear us, and we can't hear you yet, so we'll work out that technical difficulty.

Daniel Bulford

I can hear you perfectly. Can you hear me?

Shawn Buckley

We can hear you now, so we'll commence. I'll ask if you can start by stating your full name for the record spelling your first and last name.

Daniel Bulford

Daniel Joseph Bulford, D-A-N-I-E-L B-U-L-F-O-R-D.

Shawn Buckley

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

Daniel Bulford

I do.

Shawn Buckley

Now, I've already indicated that you are a former RCMP corporal. My understanding is that you worked for the RCMP for 15 years and that your last eight years of that was on Emergency Services Support Team protecting the Prime Minister of Canada.

Daniel Bulford

Yes, that's correct.

Shawn Buckley

Now, you're here today to share some of your experience as an RCMP officer and to voice some opinions that you have concerning the RCMP and the police, and so I'm just going to perhaps start by asking you whether your trust in that institution changed and if you can share your experience with us.

Daniel Bulford

Yeah, definitely. Throughout the course of my career, it was a progression: you know, very proud to receive my Red Serge and my badge, get out into the field, work on detachment as a general duty officer. You quickly learn, and it's common knowledge within the force, that you'll quite often hear the expression that you're just a number. Senior management doesn't really care about you.

But the colleagues, your brothers and sisters that you're going to calls with, and you're doing the job with, that's who's supposed to have your back, and that's who you go to work for, and that's, you know, for the public and for your fellow colleagues. And it's just kind of accepted that if you get into any kind of trouble, even if you do exactly what you were trained to do, if there's an opportunity for a political win for senior managers, they're happy to sacrifice a member, even if the member did nothing wrong.

And so over time, I lost a great deal of trust in our senior managers. I was fortunate to have some good leaders throughout my career. And then, of course, with the implementation of COVID mandates, and then my departure from the RCMP for opposing those mandates, and then what I saw during the Freedom Convoy, and COVID enforcement, and then the testimony from our commissioner for the Mass Shooting Commission in Nova Scotia, and then her testimony for the Public Order Emergency Commission regarding the *Emergencies Act*— Unfortunate to say that I have very little, if any, trust in the Royal Canadian Mounted Police.

I know there are good members that are still in the organization that joined for the right reasons, that want to be there to do good work, but at the senior management level I don't have any trust that they will apply the law equally to everyone in Canada.

Shawn Buckley

Okay now, just pulling you back. So early in 2021, so the vaccine is being rolled out. It's in short supply so different groups are being prioritized. My understanding is you were actually a little surprised when your unit became eligible for the vaccine. Now can you share with us what your thoughts were about the upcoming vaccine rollout and then kind of the journey you took and how your thoughts changed.

Daniel Bulford

Yeah, so for most of 2020 I wasn't really questioning anything. If I wasn't at work, I was spending my time on our own home construction project,

[00:05:00]

and I had stopped paying close attention to mainstream media years previous. I had my trusted sources regarding COVID information, a big one being the DarkHorse Podcast hosted by Dr. Bret Weinstein and his wife, Dr. Heather Heying. They're both evolutionary biologists in the United States, so they were kind of my go-to for credible information regarding COVID-19. My wife started to express some concerns to me about the new technology, specifically the mRNA [Messenger Ribonucleic Acid], and I hadn't given it a whole lot of thought.

But then early 2021, my team was organized for a mass group of police and other first responders to go and receive kind of like a mass group inoculation session, and we were expected to just show up and get it done. And so I asked my supervisor at the time if it was mandatory. And at that time, he said, "No, but maybe in the future. And so I just made the decision at that time, to pause and wait until I could find out more about it, based on some concerns I'd heard from Bret Weinstein and from my wife.

Shawn Buckley

And then you started into an investigation just to—

Daniel Bulford

I did and I was I was definitely surprised that my team, or our unit, was selected to kind of get priority access because we were not a high-risk category. By that time, we knew very well who was vulnerable and who wasn't. And we were probably one of the lowest risk categories next to young healthy children in my team. Because we're all strong, fit, healthy men in our 30s and 40s—very low risk—, and so I was surprised. I thought, "That's odd. Why would they prioritize us when, you know, we're supposed to be the people who are willing to take risks so that other people can be safe first?"

Some of the rationale was given that if we were providing protection to the Prime Minister and other VIPs [Very Important People], we wouldn't want to be a risk to them. I also thought that was strange because it had been public knowledge already that COVID-19 had gone through his household, and also in the role that I was performing I was never in tight close to him. I was either a few vehicles behind him in his motorcade or I was up on a rooftop somewhere working with one other person.

But yeah, so essentially that was a little bit of a, not a major red flag, but a little bit of a twinge in my mind, like that doesn't make any sense to me. So then anyways after I made the decision to hold off, I started my own open-source investigation. I wanted to give it a fair, objective analysis, or as fair as I could.

I went to the official government websites first, specifically Health Canada, and then I even tried to get whatever I could from the FDA [Food and Drug Administration] and from the CDC [Centers for Disease Control and Prevention]. I found that it was very lacking in any kind of specific information that would satisfy my questions about safety and efficacy. The only thing I could really find was like a product monograph which really, I wasn't able to decipher, it's outside of my wheelhouse.

But what I did notice was just the consistent themes of repeated talking points, like general vague statements like “safe and effective,” “benefits outweigh the risks,” and cartoonish graphics, which I kind of found a little bit insulting to an adult’s intelligence, but moving on. And then there was also the inappropriate analogies: like comparing it to helmets or seat belts or, in the police case, body armour.

So then after I was relatively unsatisfied with the government sources, I went looking at the pharmaceutical manufacturers themselves. There was no publicly available trial data at that time but I was able to find fact sheets for the big four: AstraZeneca, Johnson and Johnson, Pfizer, Moderna. And even on those fact sheets for the DNA-based [Deoxyribonucleic Acid] viruses, or pardon me, vaccine,

[00:10:00]

there was an acknowledgement of thrombosis-related or blood clotting-related adverse events. And then in the Pfizer / Moderna fact sheets, there was an acknowledgement of an observed increased risk of myo- and pericarditis.

Then I went to independent media sources, such as Dr. Weinstein, and he was expressing concerns about the new technology, and he was referencing a doctor by the name of Geert Vanden Bossche, who I believe is in Belgium or the Netherlands. And he is a vaccine specialist. He was trying to ring the alarm saying that, “You do not mass vaccinate into a pandemic, and especially with a product that is a non-sterilizing vaccine,” and he further explained some concerns of his about how the function of this technology—

Shawn Buckley

We’ll just wait a second Corporal Bulford. You’ve frozen for a second so we’re just going to see if the Zoom call will catch up with us or whether or not we’ll have to log back in.

So we are currently frozen so what I suggest we do is that we have Danny Bulford re-log in and in the interim we have a clip of some of what we experienced earlier in Alberta during the COVID issues. Now, can we do both of those at the same time? So yeah, so we’ll just wait for Danny Bulford to log back in and while we’re waiting for him, we’ll watch this clip.

[00:12:12–00:21:09: Several video clips of government officials, public health officials, and newscasters speaking on pandemic measures and vaccines were played while the hearings were paused for Mr. Bulford to regain his internet connection.]

Shawn Buckley

Okay, so we have Daniel Bulford back. Danny, can you hear me again?

Daniel Bulford

Thank you. Sorry about that. Frequent power outages here.

Shawn Buckley

We were talking about your journey and I was hoping that you would get to speak about your brother because you were kind of talking about kind of how your mind changed on COVID, or the vaccine.

Daniel Bulford

Yeah, so like I had said before, what I ended up discovering was not very much detailed information at all, just a lot of generic talking points like you just saw in the video, overwhelming evidence. Well, where's the overwhelming evidence? I have yet to see any of it.

But I did find many medical science professionals all around the world, some who specifically design vaccine technology, including Dr. Byram Bridle here in Canada, raising concerns about the injection not staying at the shoulder and bio-distributing throughout the body and concerns about interference with the innate immune system.

And then you had cardiology specialists like Dr. Peter McCullough, and now Dr. Aseem Malhotra in the U.K., expressing concerns about cardiac injuries. All of these things were starting to mount as we were approaching like spring, early summer of 2021, and then my older brother who is a member of the RCMP took two doses of Pfizer and experienced three weeks of intense stabbing chest pain after his second dose, any time he tried to do anything physical at all. And when I discussed this with him, I told him, I said, "You need to go to your doctor, you need to get checked out."

And he did, and he received no diagnosis regarding his heart and he ended up getting a prescription to help him sleep through the night. And so fortunately, with connections that I've made now through speaking out and becoming a little bit more public, we've helped him align with a doctor who was willing to take that issue seriously and help him. So by summer, I had made my decision that no, I'm not taking this, and I really hoped that very few members of my family will take it either.

Shawn Buckley

I'm sorry, when the mandates were announced, what actions did you take?

Daniel Bulford

Okay, well, so I'd just like to add one more element here. So in July of 2021, the Prime Minister himself, at an infrastructure announcement in New Brunswick, made the admission on camera—you can still find it on YouTube I'm sure—that even double vaccinated people can still get infected and transmit the virus. And then he kind of paused and caught himself and said, "But it is much worse for unvaccinated people." And that was a cue to me that like, okay, there's no way that this will be mandatory.

The following weeks, early August, it was either August 6th or 8th, the CDC director, **Rochelle Walensky**, admitted to **Wolf Blitzer** on air that the COVID vaccines did not prevent infection or transmission, but they are still staying with the claim that it prevented serious illness and disease.

August 13th of 2021 it was announced publicly that the Government of Canada was seeking to make COVID-19 vaccination mandatory for federal employees, specifically including the RCMP.

Shawn Buckley

So this is after our Prime Minister admits on television

[00:25:00]

that vaccinated can still catch and transmit the virus, and this is after Rochelle Walensky, the CDC director, announces publicly that the vaccines don't prevent infection or transmission. It's after that that you were mandated as a federal employee to take the vaccine?

Daniel Bulford

It was after that that the intention to make mandates, or to implement mandates was announced, but then of course he ended up calling a snap election.

Prior to that, I was having discussions with people at work. I specifically tried to get my one supervisor to listen to a podcast interview between a podcaster from the U.K. and a high-profile doctor in the United States who was expressing concerns about the COVID-19 vaccination safety and lack of efficacy. And specifically, I was trying to get this supervisor to listen to me because I knew that they were just about to authorize for the 12 to 17-year-olds. A lot of my coworkers had children in that age demographic that played competitive sports. And his response was, "Nope, I don't want to hear it. I don't want to hear anymore. I just want to move on with life."

And so that was kind of a first taste of being ignored. And then right after the official announcement was made that they were going to implement mandates on August 13th, I emailed my commanding officer who, at the time, was a highly experienced investigator who had managed the national security side of the RCMP for a long time—very switched on, capable, competent investigator, complex issues. And I pleaded with him to look at some of the information that I had concerns, about and I sent him a couple of links. I know they're very busy, so I wanted to keep it brief and concise. I included a bunch of the doctor's names for reference, and a couple of links for something that he could reference for information, pleading with him to investigate before any further harm or any mandates were to further potentially harm Canadians and his own employees. And I was ignored: no response.

So I joined Police on Guard. And then through Police on Guard, I learned about Mounties for Freedom and that's where I focused most of my attention. And through that, we came to a consensus, in speaking with other Mounties that were in my position, no one was listening to us, and no one was taking us seriously.

Our union didn't want to take up the fight for us because they had advocated for priority access to vaccine, and some people had even been told by their union rep that, "If you weren't double vaccinated, you wouldn't even be allowed near my child." And so that was **the kind of mindset that some people in the RCMP were dealing with at the time.**

And I know other people who worked in higher profile units, like homicide investigation, that were made to feel like they were a conspiracy theorist, anti-vaxxer, like all the derogatory labels that you were seeing in the media. This was shocking to me, knowing that police know that the media lies about everything and that they twist and manipulate everything. Within my own unit, I was probably one of the least vocal people about the incompetence and ethical issues with our current federal government and so I couldn't believe—

Shawn Buckley

Can I stop you for a sec because you're talking about, you know, basically serious crimes people and many of the people watching wouldn't appreciate that these really are the cream of the cream of investigators, like these are the people with incredibly, I guess, critical minds. These people are trained to be looking at the other side and to be considering all things and basically not to get into that tunnel vision where they ignore things. And you're telling us that that basically, to a person, you were running into it; you might as well have been talking to a brick wall?

Daniel Bulford

Well, there was basically three categories: people who didn't agree that anyone should be forced to take it, but they weren't going to say or do anything; people who thought that it was absolutely necessary and that anyone who didn't take it wasn't doing their civic duty,

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even though there was already plenty of evidence out there that it did not prevent infection and transmission, and so it's basically a personal choice based on a personal risk assessment; and then there was people who just didn't want to hear it at all and just wanted to— "No, I'm done. I just want to move on with life."

And yeah, the investigators and serious crime or national security sections, they are the most highly qualified investigators in the mounted police.

Shawn Buckley

And they should have been the ones investigating this matter?

Daniel Bulford

Well, they're trained to look at evidence, and from my basic open-source investigation, I couldn't hardly find any evidence supporting the mandates, and there was loads of evidence, if you just barely scratched below the surface, to raise concerns about a lack of efficacy and safety concerns.

Shawn Buckley

Right. So my understanding is the Mounties for Freedom, on October 21, 2021, sent a letter to the RCMP Commissioner Brenda Lucki.

Daniel Bulford

That's correct. Yeah, because we decided that we had to apply public pressure, both with the open letter and myself volunteering to speak out on behalf of the group, to draw attention because internally, we were having no success. No one was even willing to entertain our concerns or listen to us in any way, and we certainly were not getting any success in trying to get any kind of investigation.

Shawn Buckley

Now, we've entered that letter as an exhibit for the commissioners and the public to view; it's Exhibit RE-4. Now, following that letter, the mandates were still imposed, and can you share with us basically what that caused you to do?

Daniel Bulford

Well, after I was interviewed, I had a series of interviews, but really after the first one or two interviews, as soon as that was public, I was contacted. I had to go to the office and turn in my building pass and my keys to the building, you know, thereby my security clearance was under review and eventually revoked. I knew that that was the end of the career for me, even if I wasn't terminated at the time, that my career would be completely sidelined, at best.

Shawn Buckley

Right, and I'll just step in so that people listening to your testimony understand when you say interview, you're talking about speaking publicly against the government narrative.

Daniel Bulford

Yeah, specifically against the mandates; so I was speaking against the vaccine mandates. But another major issue, which was the biggest red flag for me during my whole, let's call it investigative process, was while investigating concerns about the vaccination. I started to learn more and more and more about doctors and scientists who were being silenced about early treatment protocols that were being used very effectively all around the world to help prevent hospitalizations and death.

And that, to me, was the biggest red flag. That, to me, was the biggest criminal activity that our public health and government and media could have been contributing to—was if there is treatments that are safe, that have been around for a long time, and doctors all around the world are trying to raise the alarm—“Hey, we found something that works and it helps keep people out of the hospital, and it helps prevent people from dying.” And our officials and our media are actively trying to suppress that, that, to me, is at the low-end criminal negligence, criminal negligence causing death, possibly even more serious, possibly culpable homicide.

Shawn Buckley

Right, okay. My understanding is you ended up resigning?

Daniel Bulford

Yes, I made the decision to officially resign in December of 2021. My reasoning for that was when I was exploring my options about what was going to happen to me—whether I was terminated or placed on leave without pay or suspended—I found a clause in our pension act or superannuation act that said that if I was terminated for misconduct I would only be entitled to my contributions,

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which would have cut that number drastically. And it was ultimately up to the discretion of the Treasury Board, the final amount that I would be paid out if I was terminated for misconduct, so I know how vindictive the RCMP can be.

The previous witness talked about the vindictiveness of the chain of command in the Canadian Armed Forces and the RCMP is no different. I had had almost zero communication from anyone within the RCMP professional standards units. Actually, I had zero communication from any of them. I had very brief communication from my direct supervisor from the time that I initially spoke out in October until the time that I actually resigned in December. And I spoke with my father about it who is a 38-year RCMP veteran, and we both agreed that they're strategically trying to determine how best to hammer you without creating a public relations problem. And so I figured that my time with the RCMP was done. I should just cut my losses and try and set my family up for a new start.

Shawn Buckley

Now, you were speaking earlier and you used the words culpable homicide in connection with some of the things that you had learned. Is it fair to say that you're not aware of a single RCMP investigation into criminal activity that would be connected to COVID-19 and government directions or actions of other people?

Daniel Bulford

I'm not aware of any such criminal investigation. I have seen videos of people presenting evidence packages to different detachments, but I don't believe that anything was actually investigated seriously because I'm fairly certain I would have heard about it.

Shawn Buckley

Now, we've heard in other contexts like, for example, medical doctors that seem to have been publicly disciplined so that other medical doctors would see them as an example of what happens if you speak out. Can you tell us about detective Helen Grus, who she was, and what her investigation was about, and what happened to her?

Daniel Bulford

Detective Helen Grus is a member of the Ottawa Police Service. She is currently facing disciplinary action from her police service. I think she's charged under the *Police Services Act* for discreditable conduct and for conducting unauthorized investigations into a spike in sudden infant death syndrome in the city of Ottawa. I think it's roughly a four-times increase of the annual sudden infant death that would be typical for the city of Ottawa.

Detective Grus, from what I understand, was trying to determine whether there was a correlation with the vaccination status of the mothers and the increase in sudden infant death syndrome. And she worked in the SACA, I believe it's called, so Sexual Assault and Child Abuse Unit. She was suspended. I believe she's back to work now, but under strict restrictions about what she can and cannot do and can and cannot say.

Her next disciplinary hearing is set for this coming Friday, April 28th in Ottawa, and there still has been no decision made. Actually, if you want to read all about a very quality chronicling of that entire saga with Detective Grus, DonaldBest.ca has done an excellent job, kind of independent media reporting on it. He's a former police officer himself, former Toronto police, I believe.

Shawn Buckley

Okay, so my understanding is she's in the Sexual Abuse and Child Abuse Unit and that unit actually has a responsibility in Ottawa that any time there is an increase in infant deaths, they actually have the responsibility to look into it. So she was basically doing her job, she was just looking into whether the vaccine was the cause for the increase that they were seeing?

Daniel Bulford

Yeah, she's being punished for being a good investigator for following potential leads.

Shawn Buckley

Right. Now I had asked you if you are aware of a single RCMP investigation into any matter related to COVID.

[00:40:00]

Are you aware of an investigation by any police agency other than this one that was stopped by the Ottawa Police Department with Helen Grus?

Daniel Bulford

No, I'm not. I'm not aware of any police investigation into anything regarding COVID restrictions and mandates.

Shawn Buckley

Right. Now, as a police officer or you became a former police officer, you watched the police protest— People that basically were protesting the mandates, and you watched them not ticket BLM [Black Lives Matter] protesters. Can you share your thoughts on that and what you think is going on there?

Daniel Bulford

Well, obviously it's completely hypocritical, but also, I think it's a sign of the culture that we've created where it's safe to discipline some— Socially it's acceptable to discipline some and not others and to champion some causes and not others.

You know, for example, by comparison, I was working the day of the BLM protest in Ottawa, in downtown Ottawa, where they marched down to the U.S. Embassy. I was in the **U.S. Embassy doing overwatch from an elevated position, watching over members on the ground. The crowds were there, they were loud, they were very aggressive towards the police officers on the ground. They were throwing items at them, specifically water bottles is what I really remember. There was no condemnation about that behavior and the Prime Minister even came out and knelt with them. And that was in the middle of one of our most restrictive lockdowns, if I recall correctly, in the city of Ottawa or in the province of Ontario.**

And all the COVID restriction rules were cast aside for that specific protest, and even the police officers on the ground, the vast majority of them, took a knee when the protesters demanded that they take a knee. I can only remember one on the ground that I saw that didn't. And yet, if you contrast that with the actions of the police during the clearing of the

Freedom Convoy, there were protesters who did nothing more than just stand there and allow themselves to be pushed back, who ended up being assaulted by the police.

Shawn Buckley

Why do you think the police exhibited this behavior?

Daniel Bulford

In regards to the BLM protest or the Freedom Convoy clearing?

Shawn Buckley

No, no. In the Freedom Convoy. I don't know if you're aware, but we watched a video of a decorated veteran at the war memorial. The veterans had told the police there that they were not going to be violent, they were not going to resist, but they were not leaving. This veteran was actually a wounded veteran, and we watched the police throw this decorated, wounded Canadian war veteran to the ground and then start kicking him.

This video was provided to us by Tom Marazzo. I think I can speak for most Canadians that in watching what happened, we were shocked. And we didn't understand how it would be that police officers in Canada could be engaging in that type of conduct, and I'm wondering if you can comment.

Daniel Bulford

Well, I'm aware of that video as well. It's Chris Deering in the video, and he testified at the Public Order Emergency Commission. There's two things that I think may have contributed to that, based on tactics that I saw during the clearing of the Freedom Convoy.

I suspect, somewhere in the briefing process, police officers on the ground were led to believe that protesters may be armed and violent even though that was clearly not the case. But, I mean, we saw a lot of that type of rhetoric being used in the lead-up to the clearing of the Freedom Convoy including from Interim Chief Steve Bell from the Ottawa Police Service at the time.

And then, coupled with the large amount of people that were at the Freedom Convoy protest when the police were taking action

[00:45:00]

to clear the people and to clear the roads. I think there were probably some police there that were pretty scared at what might happen if the crowd had decided to turn, even though the crowd never really gave any indication that they were going to.

And so I think that kind of comes down quite often to a lack of, maybe a lack of training or a lack of experience, when they overreact based out of fear. We saw the leaked WhatsApp messages that were being circulated amongst RCMP officers who were staying at the Fairmont Hotel—talking about jack boots on the ground and wanting to practice their maneuvers with the horses after seeing the video of the person being trampled—so there's also likely some that probably enjoyed using that level of force against the Freedom Convoy protesters.

Shawn Buckley

Right. Now, you and I had dialogue before your testimony, and you sent me an interesting paragraph that I'm going to read where you're defining what the problem is, and so I'm going to read this paragraph and then ask your thoughts on basically the way out of this. But you sent me a paragraph where you wrote, "The major concern for me, after a long period of reflection, isn't so much the disgust of what the government did to drive a wedge between people and dehumanize millions of Canadians for political gain, it's the fact that so many people went along with it, either actively cheering on the authoritarianism or keeping silently safe, even when they knew it was wrong." And I'm wondering if you can explain that to us, and if you have any suggestions on how we get out of this and do this better, we'd certainly appreciate them.

Daniel Bulford

Yeah, well, I think that's the biggest issue I'm trying to reconcile personally right now. My wife and I are trying to determine where we're going to make our next permanent home. We've left the Ottawa Valley, and, I'll be frank, I'm not sure if Canada feels like home anymore. There's a lot of people that have said things to me in private or when it's safe to do so like, "Oh, thanks for doing what you're doing," and "Thanks for standing up for us," but they remain silent. That's a hard pill to swallow for us because, you know, a few took a vocal stand and sacrificed everything, like their careers and their relationships and were completely ostracized by their communities, and even people who were supportive—the silent majority is what I refer to there.

There's a lot of people who know what happened was wrong, but they just went along with it. And that's exactly what has gone wrong throughout history when authoritarian systems of government have rose to power. It's because so few people refused to say or do anything, even when they knew it was morally unjust and it was wrong.

I guess my only real practical solutions that I can think of is: tell the truth. If something is wrong and you feel that it's wrong and you know that it's wrong, say it. Yes, it takes courage. Yes, it's hard to do because you're afraid of what might happen to your reputation. But when you don't, every time you actively suppress what you believe the truth to be, a little bit of you dies, and I think you feel like a coward. And I knew that's how I would feel if I just went along with this.

Make yourself as financially independent from government as you can, so that you're not so vulnerable to future restrictions and mandates and just, along with telling the truth, it's do not comply with something that you know is unjust, undemocratic.

I mean, the vitriol in the language that we saw directed at unvaccinated Canadians because **people were still operating under the false assumption that to take the vaccine was to protect other people.**

[00:50:00]

It was false: admittedly false. That it didn't prevent infection, and it didn't prevent transmission. Yet people in our mainstream media and our government still kept pushing that agenda. And people went along with it, and no one said anything when people were forced out of their jobs, when people were arrested for not showing a vax passport at a hockey rink just because they wanted to watch their kid play hockey. No one said, or I shouldn't say no one, but very few people said or did anything. I guess all that to say people need to learn how to stand up for themselves; have some courage.

Shawn Buckley

Thank you, Danny. Those are my questions. I'm going to turn you over to the commissioners and ask them if they have any questions for you, and they do.

Commissioner Massie

Thank you very much for your very courageous stand you took in this crisis and your testimony. Do you have any training in science or medical practices before you started to investigate this thing?

Daniel Bulford

No. No, I just, and I've said that many times, I'm not a doctor, I'm not a scientist, but I know what good quality evidence looks like compared to no evidence, and so that's how I made my assessment. You know, you need a certain quantity of evidence to support a decision and a quality of evidence and so when I was making my assessment from the official sources, I found nothing but general vague statements without any significant information to back up what they were saying to support their talking points.

And yet when I found these other doctors and scientists who were being censored, they would provide detailed, high-quality information. They were highly qualified and they would always, always source and reference the documentation or the studies that were supporting what they were saying.

Commissioner Massie

So how hard was it and how long does it take to educate yourself to a level that you feel comfortable to raise questions or at least try to communicate to your colleagues or authority that there was something that was unusual, let's put it this way?

Daniel Bulford

I would estimate I probably spent at least three months looking, for myself, before I started to kind of have debate-style conversations with colleagues.

Commissioner Massie

And given your background and education, do you think that what you've done is something that is also accessible to other people in the general population? Or do you have a special way of looking at a situation that gives you this ability to self-educate yourself on an area where it's completely outside your expertise?

Daniel Bulford

No, there's nothing special about my abilities. It's just how I was trained, that when you investigate something, you are trained to look at both sides of the story. That's what I was taught right from the very most basic call I would respond to as a general duty officer: there's always two sides to a story. And so it's very accessible.

Every time I spoke publicly, I always referenced my highest quality sources of information that were free for anyone in the public, anyone who listened, to go look at for themselves. I think it just came down to a willingness to look. It's not that I had any kind of special

investigator abilities; it was just a willingness to look and to actually try and read—have the patience and the determination to look and take the time to educate myself.

Commissioner Massie

Did you experience pushback from people surrounding you that you were talking about something you had no training or expertise to really raise questions about the issue?

Daniel Bulford

Some, yes, not in a malicious way, but there'd be conversations where it'd be like, "Well, my siblings are in healthcare and they say that we need to get this vaccine," or "the unvaccinated people are the most likely to produce variants,"

[00:55:00]

which I believe a doctor like Byram Bridle could also refute.

And I mean, the problem was that the real debate amongst the qualified professionals wasn't being allowed to happen but I know I had other people say things to me like, "What, you think the FDA is lying?" And I said, "Yes." Specifically, regarding the suppression of the ability for ivermectin, for example, to be used as an early treatment drug.

Commissioner Massie

Do you think given the magnitude of this sort of information that was communicated to the population that people just couldn't believe that they could actually be deceived at such a large scale, and that's the reason why they were probably just folding back on their intention to ask questions or to question the authority because it was so big, and it was all over the world?

Daniel Bulford

Yeah, I will accept that that is likely a major factor, I'll say for the general public. I don't think that's acceptable for police officers; we are trained to look for evidence.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Thank you for your testimony. For those of us who rely on police security clearance and background checks for working with vulnerable populations and youth, for example, how would you reconcile that one's entire historical background and their life experiences can be eradicated by an authority figure's stroke of a pen or, as you alluded to, for speaking publicly?

Daniel Bulford

Well, it's had a major impact on my professional future. I'm pretty much essentially blacklisted for ever pursuing a similar career in Canada or even in the private sector abroad. Specifically, after the CBC [Canadian Broadcasting Corporation] published an

article claiming that an OPP [Ontario Provincial Police] report had documented information from the RCMP that it was believed that I had leaked the Prime Minister's schedule months before the Freedom Convoy, which is a complete lie.

But, now that it's out in the public sphere, they take your security clearance, that's a major strike against me if I was to try and pursue private sector employment in security and intelligence. And with that article—it's very damaging—I have to completely start over essentially, in a completely new field.

Commissioner Kaikkonen

And we've all heard commentary from different people, not just your colleagues, who allude to just moving on with our lives. Do they really believe that this is a move on from your life if you allow what has happened to stand without question?

Daniel Bulford

I think, for many, the desire to just stay in the comfort zone supersedes the desire to know the actual truth.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good morning. Thank you for your testimony this morning. I am trying to understand a little bit about what's going on in the RCMP. In your testimony, you talked about your father's, I think you said 38 years of service. Your brother is in the service, or was, in the service, and you had 15 years in the service. You also talked about a proud day that you had when you graduated, and I think you used the term Red Serge, and I could still feel that pride in you, believe it or not. Can you tell me, you know the military, the RCMP, a lot of what they do and a lot of what their culture is based on honor, it's based on tradition. Can you tell me who, as an RCMP officer when you graduated, who did you swear allegiance to? Was it the Canadian people?

Daniel Bulford

Our oath is three parts: the Oath of Office, the Oath of Allegiance, which is to the Crown,

[01:00:00]

and the Oath of Secrecy. The Oath of Office includes the oath you're swearing to apply the law equally to every citizen without fear or favour. You don't specifically swear an oath to the Charter or to the Constitution like other police services do.

Commissioner Drysdale

The RCMP, one of their main focuses or one of their main duties is to investigate crime and report it, is it not?

Daniel Bulford

Yes.

Commissioner Drysdale

At what point are the RCMP compelled to investigate a crime? Let me help you out with that. The reason I'm asking that is because in your testimony, you talked about a number of things. You talked about whether something may be manslaughter or worse. So that made me think that if you're saying that, and we've heard a lot of testimony about it, we've heard testimony about breaches of ethics, we've heard testimony about people being coerced to do things, it's almost sounding like there was an organized crime committing in Canada. And yet you said the RCMP didn't act, or you don't believe that they've investigated, so my question is when are the RCMP compelled to act and launch an investigation?

Daniel Bulford

For something of this magnitude, and as sensitive as it is because it would involve investigating government, I don't know if I can provide a clear answer to that. But my impression is that an investigation will take place when the political will exists for one to take place.

Commissioner Drysdale

If the Canadian public can't turn to our federal police force, the RCMP, who can they turn to?

Daniel Bulford

I don't know. I've said before that if the police didn't go along with this, none of this would have happened. If the police didn't agree to enforce these restrictions, then none of these, the Freedom Convoy, none of this would have had to occur. I think I'm somewhat hopeful, you know, skeptical optimism, that maybe the Supreme Court will be the last stand.

Commissioner Drysdale

You used a terminology a couple of times that I just wanted to briefly talk to you about. You used the term open-source investigation.

Daniel Bulford

Mm-hmm.

Commissioner Drysdale

I've heard that terminology used in policing, and can you briefly tell me what open-source investigation might mean?

Daniel Bulford

It's just gathering intelligence or gathering evidence from sources that are publicly available. So quite often it's from media outlets or government websites, social media. You just basically mine information from what's available in the public sphere. So it's open source. It's not closed in. It's not protected information that's encrypted or anything like

that or that would be confined within a specific organization. It's all publicly available information if you just go looking for it.

Commissioner Drysdale

So it's information that's available in the public, if I'm hearing you correctly, for instance Facebook posts, those kinds of things. Can you comment on what kind of an effect it might have if the Canadian people believe that the RCMP is monitoring and data mining all of their social media; what kind of effect might that have on the people's perception of freedom of speech?

Daniel Bulford

Well, I think we fall into the same issue that we saw throughout the last three years. In that there are some people that will be very concerned and very outspoken about it, and there will be other people that choose to ignore it

[01:05:00]

because they don't feel it directly impacts them.

But my concern is we keep seeing these incremental steps of invasions of our privacy and our fundamental rights. If we continue to just concede and act like, "Well, it's no big deal, it's no big deal. It's just, I have nothing to hide." I've even been guilty of that myself in the past, "I have nothing to hide. I don't care if they monitor what I say." Eventually we'll get to a place where the authoritarianism will impact you.

Commissioner Drysdale

One of the reasons I asked that question is because I believe you made a comment with regard to how the upper management of the RCMP are very smart at targeting members and putting pressure on them; I'm sure I haven't got your words quite right, but that was the general gist of it. So in your opinion, is it not possible that these same people are using the intimidation of RCMP open source investigations into chilling the public discourse in our country?

Daniel Bulford

Well, yeah, I think that's definitely possible. People will self-censor themselves to avoid attracting attention.

Commissioner Drysdale

You know, that is one of the most chilling things that I've heard you say in your testimony, and I know I don't want to minimize what your family has gone through, but that our federal police force, potentially, is having a chilling effect on the exchange of freedoms and exchange of ideas in our country. And that citizens are thinking twice about what their police might be doing. Of course, they're not calling it investigations, they're calling it open-source investigations. To me that sounds very similar to a lot of other things we've heard renamed over the last two years, you know, relative versus absolute, and I have a list of them that I've asked other witnesses prior to you. In any case, that must be frightening for you and to all other Canadians. Can you comment on that just a little bit?

Daniel Bulford

Well, I know that's why we, as a family, are actively looking for a new home. I don't know— My job earlier in this was to try and raise awareness amongst police officers; that was my goal, was to raise the alarm. I worked with many people, I know many people within the RCMP and other police services. I was hopeful that if they saw me speaking out about my concerns and providing sources of information that they could go look for themselves to corroborate what I was saying for themselves, that it would rally enough police to take a stand against what was happening in Canada, and it didn't work.

Commissioner Drysdale

Is there a point where a police officer's inaction becomes a crime?

Daniel Bulford

Yeah. Yeah, there'd be a— Well, definitely, within the RCMP Code of Conduct you can be disciplined for neglect of duty.

Commissioner Drysdale

Has the RCMP neglected their duty?

Daniel Bulford

I believe they have. Yes.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

I believe that is all the questions that we have for you. Danny, on behalf of the National Citizens Inquiry we sincerely thank you for joining us today and giving us your testimony.

Daniel Bulford

Thank you very much for having me.

[01:09:42]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 4: Dr. Gregory Chan

Full Day 1 Timestamp: 05:31:52–06:39:35

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue with day one of our three days of hearings in Red Deer. I'm pleased to announce that our next witness is Dr. Greg Chan. Dr. Chan can you state your full name for the record, spelling your first and last name?

Dr. Gregory Chan

My name is Gregory Keen-Wai Chan. My first name is spelled G-R-E-G-O-R-Y and last name is Chan C-H-A-N.

Shawn Buckley

And Dr. Chan do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Gregory Chan

I do.

Shawn Buckley

Now, you are a family doctor in Ponoka and you have submitted a bunch of adverse reaction reports?

Dr. Gregory Chan

That is correct.

Shawn Buckley

And you've been practicing family medicine in Ponoka for 13 years?

Dr. Gregory Chan

Correct.

Shawn Buckley

And you also regularly work in the emergency department in Ponoka?

Dr. Gregory Chan

That's correct.

Shawn Buckley

Now, you've sent me a CV [Curriculum Vitae]. We're not going to look at it, but I'll just advise we've entered it as Exhibit RE-1F. Now, I wanted to ask— My understanding is that as a doctor, sometimes when you're prescribing a drug, you need to know that the drug is contraindicated for a pre-existing condition, is that correct?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And basically, you know, we—meaning society—we learn that a drug is contraindicated for pre-existing conditions often by learning after it's on the market and adverse reports being filed?

Dr. Gregory Chan

That's correct.

Shawn Buckley

So it's very important to learn with a new drug if any pre-existing conditions are reacting to a drug.

Dr. Gregory Chan

That's correct.

Shawn Buckley

Now, can you tell us about your experience with submitting adverse reaction reports?

Dr. Gregory Chan

Well, as the vaccine, or the injection, was being rolled out to the public— This is a new technology that hasn't been used in the general public, so I thought it would be important for physicians that are seeing patients in the emergency departments and family practice to be recording any adverse events that occur.

We only had a small amount of data from the product monograph, so I thought it would be important to ask patients whether they have had a vaccine or injection prior to their presentation to the emergency department or to my family practice. And, interestingly, it was difficult to actually get the information. You know, you go through your standard history and physical. You ask them if they've had anything new in the last three to four weeks, and the patient would say no, and you actually have to specifically ask whether they had the COVID injections or not. And then they would remember, yes, I had it within X number of days or weeks from the presentation in the emergency department or the clinic.

Shawn Buckley

So that's interesting, as you were expecting that they would volunteer that information, but it appears when you're doing the interview to see if they had actually been vaccinated, that it's not even in their point of consciousness to consider that their condition could be related to the vaccine?

Dr. Gregory Chan

That's correct. I would actually have to specifically ask about the COVID injections, and then I had to change my usual standard practice to incorporate that in my history taking.

Shawn Buckley

Right, the specific question; so you started asking people that were presenting at the emergency ward about their vaccination status and what followed after that?

Dr. Gregory Chan

Well, I actually had COVID in April 2021, so I was just coming back to work at that time. The emergency room was busy, but I started asking patients the question, whether they had an injection within four weeks of having presented with these new symptoms. And it was not clear on how to document or how to submit these adverse events in Alberta.

Shawn Buckley

And when you say it wasn't clear, what do you mean? Because, we're not doctors and my understanding is that doctors are actually under an obligation to submit adverse reaction reports in Alberta.

Dr. Gregory Chan

That's correct. With the rollout it wasn't clearly communicated how to submit adverse events. I initially thought that we were supposed to do it through the CAEFISS system [Canadian Adverse Events Following Immunization Surveillance System], through the Health Canada system. But when I was initially trying to submit the adverse events online, you'd click on the link and they would go back to another link and then it would return back to the link of the original page, and you would just go into this endless loop of trying to click

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to find out how to submit the information. So eventually I just printed the forms and then filled them out by hand but that was a cumbersome job to do.

Shawn Buckley

I just want to make sure that people understand what you're saying. So you're a medical doctor, you have a degree in medicine?

Dr. Gregory Chan

Yes.

Shawn Buckley

And you likely have either a degree or some years of university prior to getting into medicine?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And so you're deliberately going to try and submit an adverse reaction report on these vaccines on the government site and basically, it's impossible. You aren't able to navigate the site so that you could fill in a form online and submit it online?

Dr. Gregory Chan

That's correct. It would take an inordinate amount of time to try and submit the information. And after clicking for 10 or 15 minutes and getting nowhere, I ended up printing a blank form and then filling it out by hand. But that's not feasible for a busy emergency department.

And you have to remember that this occurred in May, the vaccine had already rolled out since December of 2020, January 2021, so this is five months into the rollout, and at that point, the vaccine adverse event system was operating in this manner.

Shawn Buckley

Right, so and you've already indicated in your testimony this was a new technology. It hadn't been used on a wide scale in the human population before, and five months into using this technology you're reporting to us that basically, it was very difficult for doctors to report. And also, that doctors did not know how to report?

Dr. Gregory Chan

That's correct. Actually, through talking with my colleagues about looking for adverse events, one of my colleagues pointed me to the Alberta Adverse Event Following Immunization Program or AEFI for short. So that was an online form that was much easier to submit. So then my speed of entering adverse events increased after using this format.

Shawn Buckley

Okay, and my understanding is you ended up submitting 56 to the AEFI system?

Dr. Gregory Chan
That's correct.

Shawn Buckley

And can you tell us— So first of all, like these would be 56 separate individuals that you as a medical doctor formed the opinion, that they were having a reaction that was in response to a vaccination for COVID-19?

Dr. Gregory Chan

That's correct. They have specific criteria on the AEFI website, so they have to have either a new symptom; it could be a pre-existing symptom, but it has to have changed either in intensity or frequency, and it has to occur within a certain time frame, within four weeks of receiving the injection.

Shawn Buckley

And actually, David, can you just pull up my screen and put it on. So Dr. Chan, I don't know how well you can see that screen, or I think it'll be on your computer in front of you, but you sent me a copy of the AHS [Alberta Health Services] website requirements. I believe this is what you're referring to, of what can be reported. So they're saying there it basically cannot be attributed to a pre-existing condition as basically the second one following immunization?

Dr. Gregory Chan

Correct. And then if you look further down, if they "require hospitalization or urgent medical attention," then that would qualify as an AEFI.

And I'll point your attention to the second last button where it says, "Has been previously identified, but has increased frequency." So I mean, you can see that there's already a contradiction in the statements, but I mean, you would think if a person had a rash and the rash got significantly worse after receiving this product, that that should count. So that's what I was going off of.

Shawn Buckley

Right, right, and it is interesting. I mean, when we had spoken earlier, I'd asked you that, I mean, basically the way we learn whether a drug is contraindicated for pre-existing conditions is by medical people reporting an adverse reaction to a pre-existing condition, but for the Alberta reporting form, they're basically excluding pre-existing conditions as a criteria. So what happened to these 56?

Dr. Gregory Chan

According to my statistics, about half of them were

[00:10:00]

not acknowledged as far as an adverse— And I didn't receive any feedback. And half of them I received feedback on whether it was accepted or rejected as an adverse event.

Shawn Buckley

Okay, so half of 56 would be 28, So, in half of the of the 56 there was feedback, whether it was accepted or rejected or even, you know, whether the fate was unclear you had some correspondence or dealings with AHS?

Dr. Gregory Chan

That's correct.

Shawn Buckley

So what can you tell us about the half that you did have feedback on?

Dr. Gregory Chan

Of the half that I received feedback on, most were rejected.

Shawn Buckley

Okay, would I be correct in saying that six were accepted as adverse reactions of this 23?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And that eight were rejected for various reasons such as there was a pre-existing condition or otherwise didn't meet criteria?

Dr. Gregory Chan

Correct.

Shawn Buckley

For nine of the 23 you have no idea what happened except that they did contact you so you know that there was some acknowledgment?

Dr. Gregory Chan

That's correct. They would send me feedback, but it wasn't clear whether the person should receive another dose or not.

Shawn Buckley

What do you mean?

Dr. Gregory Chan

They would just say that the submission was acknowledged, but there was no clear information as to whether the person should receive another dose. Often, they'd phone and

they'd want to speak to me when I'm busy seeing patients, so my medical office staff would take the message.

Shawn Buckley

So I just want to make it clear that I'm understanding what you're saying. So this group that receives these adverse reaction reports that you sent in, would be calling you on an adverse reaction report. So you're of the opinion that the vaccine caused an adverse reaction and they're calling you to, in some cases say, "Yes, but the patient should get a second dose?"

Dr. Gregory Chan

That's correct.

Shawn Buckley

Do you have any idea how many times that happened?

Dr. Gregory Chan

Sixteen times they said that the patient should receive another dose of the COVID injection.

Shawn Buckley

And this would be in relation to the half, the 23, that they've had communications with you?

Dr. Gregory Chan

That's correct.

Shawn Buckley

So with 16 of these 23, so all of these you're of the professional medical opinion, as the patient's physician, that they've had an adverse reaction of enough of a severity that you felt the need to send in an adverse reaction report. And yet for 16 you're specifically getting called to be told that in somebody else's opinion they should be vaccinated again?

Dr. Gregory Chan

That's correct, even though it was accepted as an adverse event they were told to get another shot.

Shawn Buckley

What was your professional opinion about whether any of these 16 should get another shot?

Dr. Gregory Chan

Well, looking at the wide range of adverse events, as I said at the beginning, I was just trying to document what sort of adverse events would occur after receiving this new product, and this is post-marketing analysis in my opinion. We saw a wide range of adverse

events from rashes to diarrhea to chest pain, shortness of breath, even a stillbirth, so these events are wide and varied.

With some of the ones that they told the patient to get another shot, in my professional opinion, I felt that that was inappropriate. I'll give one example of a young man who was playing hockey, and he was playing to the point where he was doing skating tryouts. I'm not sure what the right term is for that, but he was he was competing at a professional level. He ended up having COVID, and he recovered from it to the point where he was going to compete again. He was told to get his shot, and once he had his shot, within 24 to 48 hours, was unconscious at home. He was brought to the hospital in an ambulance, and he was told that he shouldn't have another dose of the injection. Yet, curiously,

[00:15:00]

the AEFI program told him that he should have another dose.

Shawn Buckley

My understanding is that this young boy had to see a cardiologist and is no longer able to play hockey?

Dr. Gregory Chan

That's correct. He stopped his hockey career and he's moved on to something else.

Shawn Buckley

And my understanding also is that basically he could not exercise for three months after the shot because he would get dizzy?

Dr. Gregory Chan

Well, yeah, he was visibly unwell. His physical reserve was very poor. He was pale. Anytime he tried to exert himself, he was short of breath, and he had chest pain. So I mean, clinically, that sounds like there's some adverse event or condition that he was having. He was a high-performance athlete previously, so I had to walk with this patient until he recovered to the point where he could do something.

Shawn Buckley

Right, and so you've got a patient, it sounds like you would be strongly of the opinion that the last thing that this young man should do would be taking another dose?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And am I correct that whoever is phoning you has basically not seen this young boy to do a medical assessment before making the phone call that this person should be vaccinated?

Dr. Gregory Chan

With this particular case the person investigating from the AEFI team had got the details incorrect. They thought that this person was having problems with long COVID. But I specifically asked a detailed history to determine what was his exercise capacity from pre-COVID, after he had COVID and he was recovering. And then what his physical capabilities were after having the injection, and they seemed to get the details incorrect.

Shawn Buckley

Right, so did this young man get a second shot?

Dr. Gregory Chan

No.

Shawn Buckley

Now, you also told me one about a nurse that had numbness in her body. Can you share with us about her case?

Dr. Gregory Chan

Yes, this patient ended up having numbness to half of her body—from shortly after having the injection—it was very strange. Physically, there was not much to find, but she clearly stated that she had numbness to one half of her body after receiving the injection.

Shawn Buckley

And this persisted for months, am I correct about that?

Dr. Gregory Chan

That's correct. It persisted long enough that we could do investigations, and I referred her to see a neurologist and to have electromyographic studies done and eventually the symptoms faded.

Shawn Buckley

Right, but this is another one where you were phoned, and she was told to get a booster shot?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And my understanding is you also had one with an officer who, within a week, developed chest pain. Can you share that story with us?

Dr. Gregory Chan

Yes, it's very similar to the first case where this person was in a high-performance job. He had to be physically fit, took the injection, and then had chest pain shortly afterwards. And, to this day, it has not resolved. And he had the injection in late 2021, due to employment requirements.

Shawn Buckley

So we're about a year and a half on and his chest pain and shortness of breath is continuing?

Dr. Gregory Chan

Correct.

Shawn Buckley

And my understanding is that the AEFI group has taken the position that he could not be injured by the vaccine because the symptoms have gone on for a year and a half?

Dr. Gregory Chan

That's correct. They said it does not meet the criteria for myocarditis; I'm just reading the notes that my staff wrote when they took the phone call. All cardio tests were normal. They were asking that I review the criteria on the AHS website. They were basically telling me I should read their instructions again.

Shawn Buckley

Right, and these are just examples out of the 23 for which you received some feedback. Do you have any idea at all what happened to the other half, the 23 for which you did not receive feedback?

Dr. Gregory Chan

I don't have any knowledge about what happened afterwards.

Shawn Buckley

Do you have any confidence that there is fair reporting

[00:20:00]

of vaccine adverse reactions in the province of Alberta?

Dr. Gregory Chan

I have very low confidence that these are being documented appropriately. I even received a letter back from the AEFI program educating me that I had incorrectly submitted many submissions and that I needed to look at the criteria again to determine what is an appropriate AEFI.

Shawn Buckley

And just so you know, we've entered that as Exhibit RE-1E and the earlier thing that I pulled up from AEFI we entered as Exhibit RE-1A, and we've also entered your CV [Exhibit RE-1F] as an exhibit so those will be available for the Commissioners and the public to review. I'm wondering if you can tell us now, about a young man named Nathanael Spitzer?

Dr. Gregory Chan

Nathanael was a 14-year-old boy who— Maybe I'll just start with what happened in the news.

Shawn Buckley

Sure.

Dr. Gregory Chan

The medical officer of health had identified a 14-year-old boy as being the first child to pass away from COVID in Alberta.

This boy had terminal brain cancer and I was his family doctor. I was looking after him after he had his brain cancer; he had two surgeries for it and there was no more medical treatments that were available for him. I was doing home visits for this child, visiting the family, and it came to the point where the tumor had progressed to the point where he was very sick. He was vomiting and he was unable to be at home. He ended up losing consciousness and he had a seizure. The amount of pressure from this recurrent brain tumor had been to the point causing enough pressure that he lost use of half of his body, and he was blind, and he needed total care; so he had to be admitted to hospital.

Shawn Buckley

And just so that I can maybe emphasize some things for the commissioners is my understanding is he had undergone a couple of surgeries but the cancer persisted?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And that the tumor kept growing, and so that it was actually sticking out of Nathanael's head?

Dr. Gregory Chan

That's correct.

Shawn Buckley

So and we were talking just about a very difficult and sad case of severe brain cancer?

Dr. Gregory Chan
That's correct.

Shawn Buckley

And when he is admitted to the hospital, he is not being admitted to the hospital for treatment, he is being admitted to the hospital for palliative care?

Dr. Gregory Chan
That's correct.

Shawn Buckley

So and palliative care is just basically keeping people comfortable until they die.

Dr. Gregory Chan
That's correct.

Shawn Buckley

So he's entered the hospital, you're his doctor, he's there strictly for palliative care and what happens?

Dr. Gregory Chan

Well, when patients were admitted at that period during the pandemic, patients have to be tested for COVID before they enter the hospital, so he tested negative, even though he was vomiting and having some B symptoms of COVID. He required total care, so he needed someone to help him with his, you know, basic daily living activities. He was fed. He faded in the course of week to week, so it wasn't a quick thing. He was admitted August 25th and he ended up passing away on October 7th.

So each week he was weaker and required more assistance, and needed pain control. And in the last few days prior to his death he ended up having a fever, and then he had diarrhea, and he was tested and tested positive for COVID.

So when he passed away, I thought it would be important to clarify with the Medical Examiner's office to determine what the cause of death was. I'm fairly confident that it's from his terminal brain cancer that had recurred,

[00:25:00]

and that would be the cause of death, but because he tested positive for COVID, I thought it would be important to verify with an external source whether I'm correct in filling out the death certificate.

Shawn Buckley

And, just for clarification, so the Medical Examiner's office in Calgary, these are pathologists. These are pathologists that do autopsies and their expertise is determining cause of death?

Dr. Gregory Chan

That's correct. The way the Medical Examiner office works is that there's a pathologist or pathologists that work in the office and they have medical investigators that take phone calls from outside the region and they also investigate local cases.

Shawn Buckley

And so what ended up being the cause of death on the death certificate?

Dr. Gregory Chan

Well, I explained the events leading up to his death, and they, specifically, told me to not write COVID on the death certificate.

Shawn Buckley

Right, so basically the cause of death is complications from the type of brain cancer that he had?

Dr. Gregory Chan

That's correct; complications from his glioblastoma.

Shawn Buckley

Okay, that's the medical term for the brain cancer that he had?

Dr. Gregory Chan

Correct.

Shawn Buckley

And is it even remotely possible, remotely possible that he died from COVID?

Dr. Gregory Chan

In my opinion, no.

Shawn Buckley

Okay, so now when you talked about the Chief Medical Officer, just to fill in the blanks you're talking about Dr. Deena Hinshaw?

Dr. Gregory Chan

That's correct.

Shawn Buckley

And this was an announcement on October 12, 2021.

Dr. Gregory Chan
That's correct.

Shawn Buckley
And she's holding a press conference; it's on the news all across Alberta.

Dr. Gregory Chan
That's correct.

Shawn Buckley
And she's basically announcing, without using Nathanael's name, that a 14-year-old is the first child death by COVID in Alberta.

Dr. Gregory Chan
That's correct.

Shawn Buckley
And your impression of the news story was that it was deliberately calculated to generate fear?

Dr. Gregory Chan
Well, it's quite curious as to why his death was announced. I know they were announcing deaths weekly, like I was following the news and listening to the reports, but it's curious that his death would have been announced, and I did not write COVID on the death certificate. I did not even mention COVID as part of the most responsible diagnosis on the discharge summary. So I followed the advice of the Medical Examiner's office to leave COVID out of the diagnosis. So then, lo and behold, within a week, his name and his case is announced on the news.

Shawn Buckley
As Alberta's first COVID death for a young person?

Dr. Gregory Chan
That's correct.

Shawn Buckley
And the death certificate did not mention COVID?

Dr. Gregory Chan
Correct.

Shawn Buckley

The discharge summary did not mention COVID?

Dr. Gregory Chan

Correct.

Shawn Buckley

You were not interviewed?

Dr. Gregory Chan

Correct.

Shawn Buckley

And the family was not interviewed by Ms. Hinshaw?

Dr. Gregory Chan

Correct.

Shawn Buckley

And when I said you weren't interviewed you weren't interviewed from anyone, let alone Dr. Hinshaw?

Dr. Gregory Chan

Correct.

Shawn Buckley

So how would you characterize then her news conference that Nathanael is the first case of a young person dying of COVID in Alberta?

Dr. Gregory Chan

Yeah, it's very curious as to how they got the information because the family were not interviewed, I was not interviewed, and none of the documentation points to COVID. So **how did they find out that COVID was part of his medical care in his time in Ponoka?**

Shawn Buckley

Right, okay, so your thoughts are: very curious?

Dr. Gregory Chan

Yeah, I mean it was upsetting. It was distressing that this information was somehow found out by the Chief Medical Officer of Alberta, that this information was used at the time when there was a Delta surge, and they were telling people to take the injections. And this was

just before they were going to release it for under 12-year-olds, so you know this type of information being released at that particular time, is very suspicious.

Shawn Buckley

And how did the family, how did Nathanael's family react to this?

Dr. Gregory Chan

Well, Nathanael's sister had posted on social media that he did not die from COVID.

[00:30:00]

Shawn Buckley

And did the family pressure eventually lead to any retractment from Dr. Hinshaw?

Dr. Gregory Chan

I believe Dr. Hinshaw had apologized for the hurt that she had caused, for announcing his death in this way; and that occurred too within days of the family putting out the truth on social media.

Shawn Buckley

Now, Dr. Chan, it's clear from the fact that you were apparently diligent in trying to report adverse reactions to the vaccine to AEFI. You did another investigation concerning the vaccine and that involved a stillborn child. Can you tell us about that investigation?

Dr. Gregory Chan

Well, I had a patient that was previously successful with having pregnancies. They had several children, and they had become pregnant in 2021. She had received both injections when she was pregnant, had a 20-week ultrasound that was normal. The anatomy was normal. All the usual tests and prenatal visits were unremarkable, and at approximately 24 or 25 weeks it was noted that there was no heartbeat at the prenatal visit. And an ultrasound confirmed that there was a stillbirth. The timing of the stillbirth was eight weeks approximately from the second dose.

Shawn Buckley

Now, this child was delivered at the hospital, and the hospital, at your direction I expect, retained a sample of the placenta?

Dr. Gregory Chan

Yes, this patient was already at a facility to do the ultrasound. So that facility had obstetrical services, I consulted the specialist and they helped the patient with the management and aftercare after having a stillbirth. I had spoken to the patient over the telephone asking her what she wanted to do next, whether she wanted to investigate any further whether there was a relationship between the injection and the stillbirth. She declined having the baby tested, but she agreed to having the placenta tested for the spike protein.

Shawn Buckley

And what happened after that?

Dr. Gregory Chan

Well, I made a request to the local lab and pathology department to have testing done on the placenta. That is a usual practice if there's a stillbirth, or if there's some unusual event that happens with the delivery that you can ask for the placenta to be tested. And there's general testing that can be done. They take the placenta; they do histopathology on it, they look at it under the microscope. That'd be a general term to describe that. So I asked specifically to test to see if there was the presence of the spike protein in the placenta, but after much communication back and forth and some unclarity as to what I was asking for, it turns out that it's not possible to do that testing in Alberta.

Shawn Buckley

So can I ask you, when is this happening? When did you send this placenta sample to the lab to be tested for spike protein?

Dr. Gregory Chan

It was somewhere around the end of September 2021.

Shawn Buckley

So we're in the middle of a global pandemic. We have rolled out a vaccine now nine months ago in Canada, which we are told has the body manufacture spike protein, and in September of 2021 it is not possible for a doctor in the province of Alberta to have a tissue sample analyzed for the presence of spike protein? Is that what you're telling us?

Dr. Gregory Chan

That's what I understand, yes. And I have a science background. I know that you can do histochemical testing for various proteins, and in my reading of papers up to this point, I mean I know that the spike protein can be tested for. They talk about it in published papers.

[00:35:00]

So we're trying to see if there is a link between receiving the vaccine and what happened with this terrible event. The pathologists were wondering whether I was looking for the presence of COVID in the placenta when I was asking for the spike protein, and I had to clarify: "No, I'm not looking for COVID in the placenta, I'm looking for the expression of the spike protein."

And if you just look at how the vaccine is designed, it's asking your own cells to make the spike protein. They tell us it should just be located in the arm where you do the injection but other information that's come out, has shown that it can move away from the site of injection.

So eventually, with the back-and-forth it turned out that I would have to either ask the University of Alberta or the University of Calgary to partner with a researcher to do this as a research project. I have no experience in doing that.

The second option was to send this placenta to the United States, but that would have to be done out of pocket, you'd have to pay for it privately, so that was the option that we went with.

Shawn Buckley

And my understanding is the hospital ended up sending it to a lab that could not do that test in the United States?

Dr. Gregory Chan

Yes, and I should clarify that I wanted to be very clear as to what we were asking for. So I asked the patient to sign a consent form asking for testing the placenta for the presence of the spike protein, and it was sent to a university in the United States that tested for the nucleocapsid protein.

If we know the COVID virus there are various proteins on the outside surface, and obviously with the COVID injections they should express the spike protein. If you take the vaccine you'll only develop antibodies against the spike protein. The spike protein is the only thing that's being produced if you were to receive COVID injections.

However, if you see the real thing, if you saw COVID, then you'd have antibodies against the nucleocapsid protein. So the nucleocapsid protein is a natural protein that's found on COVID. I don't understand why this university would have tested for the nucleocapsid protein. It's not even part of the vaccine.

Shawn Buckley

So you tried to get this done at the hospital in September of 2021. It is now April of 2023. Have you succeeded yet in having this placenta tested for spike protein?

Dr. Gregory Chan

No, I haven't.

Shawn Buckley

You're still working on it though, am I correct?

Dr. Gregory Chan

Yes, I've been encouraged to find my own lab that can do this testing, so I'm waiting for another lab in the United States to get back to me.

Shawn Buckley

And that would be Dr. Cole's lab?

Dr. Gregory Chan

Yes, under the advice of other colleagues, they've suggested that I reach out to a pathologist that works in the United States. His name is Dr. Ryan Cole, so I'm waiting for direction from his clinic.

Shawn Buckley

So and again, I think it's very important for the people of Alberta to understand. So you're a medical doctor, you're trying to find out the cause of a stillbirth, and we're in a situation, as you've made it very clear, where the population is being vaccinated with a vaccine that makes the body manufacture a spike protein. And you, as a medical doctor, in basically a year and a half, have been unable to get a tissue sample analyzed for spike protein so that you could determine whether the vaccine was a cause or contributing cause to the stillbirth?

Dr. Gregory Chan

That's correct.

Shawn Buckley

I feel like asking if we're in a first world country or a third world country. Now, my understanding is that this mother who had— She was a mother of three, so she had a good history prior to her vaccination of delivering. My understanding is that since this stillbirth she has had two additional miscarriages?

Dr. Gregory Chan

That's correct.

Shawn Buckley

What are your thoughts about having this vaccine given to pregnant women?

[00:40:00]

Dr. Gregory Chan

I think it's a new product, and it's unclear what the effects are on pregnancy and on the baby. Prior to COVID, it's almost as if pregnant women are protected. You're not supposed to test things on pregnant women because of the effects on mom and on baby. So these products, we still have a very short history with them, and I would be very concerned about providing these to pregnant women.

Shawn Buckley

Okay, and just so that we understand, so pre-COVID-19 vaccines the practice was actually to protect pregnant women from new drugs, to protect both the mother and the baby. So they were treated with caution?

Dr. Gregory Chan

That is my understanding.

Shawn Buckley

But that policy changed dramatically. In fact, it was a 180-degree reversal for the COVID-19 vaccines where basically there was a push to get pregnant mothers vaccinated.

Dr. Gregory Chan
That's correct.

Shawn Buckley

And is it also true that in the hospital system that doctors were being basically deliberately told that pregnant women were a higher risk for hospitalization and death from COVID than the general population?

Dr. Gregory Chan
That's correct.

Shawn Buckley

And you did research and basically this is not true in any meaningful way?

Dr. Gregory Chan

Yeah, that's correct. I mean, there is no usable data from Canada as to the risk of COVID to a pregnant woman or to her baby or compared to a woman who's not pregnant, compared to pre-COVID. There is no data available.

Shawn Buckley

And is it fair to say that the U.S. data does not support what you were told?

Dr. Gregory Chan

The U.S. data, and that's the best— When the COVID injections are being rolled out— I have a prenatal practice, so I'm trying to determine how do I counsel patients on what to do with these injections. They're being told that they must get it because they're at higher risk, and I wanted to give them real numbers to determine what is the actual risk of COVID to themselves and to their babies.

So the only place to get information easily was to look at the CDC and the United States data, and looking at the data, the risk of maternal mortality, that's the pregnant mom dying from COVID, was 0.11 per cent.

Shawn Buckley

Which is a very low risk?

Dr. Gregory Chan

That's correct, and comparing to pre-COVID numbers of maternal mortality, like from 2017, that risk is about 0.017 percent.

Shawn Buckley

Right. So on an absolute risk basis, you just had no concerns as a physician about your pregnant women patients dying of COVID?

Dr. Gregory Chan

Well, the way I would counsel my patients is that I would say, "Well, these are the numbers." I had actually had some numbers then to show patients and I'd say "Well, here are the numbers and you decide for yourself. I'm not going to tell you to get it or not to get it but here are some numbers that you can work with." And the patients had to decide themselves. I mean, there are some non-material things you'd give for advice. "We don't know what the long-term effects are of receiving these injections for you or for your baby but these are the risks of dying from COVID in your particular situation, then you'll have to decide." That's the route I took in advising my patients.

Shawn Buckley

Right, so you weren't trying to encourage or discourage, you just had to do your own research to actually be able to give these patients some semblance of informed consent.

Dr. Gregory Chan

That's correct. I mean, they're walking into my office asking me for my opinion. If my opinion was just telling them to go get the shots, then that's really not an opinion. That's me telling them what to do. And, you know, patients really have to look at the information and decide for themselves. I'm not here to tell them what to do. I have to present them with information and they need to decide for themselves.

Shawn Buckley

Right. Dr. Chan, I have no further questions for you, but the commissioners likely will.

Commissioner DiGregorio

Thank you, Dr. Chan, for coming today and giving us your testimony. Hopefully you can help me understand a little bit about the fact that there are two reporting systems, CAEFISS and AEFI.

[00:45:00]

Is that two parallel adverse event reporting systems?

Dr. Gregory Chan

That is my understanding.

Commissioner DiGregorio

Okay, and so CAEFISS is a federal government reporting system and AEFI is the one for the province of Alberta, is that right?

Dr. Gregory Chan

That's correct.

Commissioner DiGregorio

Okay, and do you know if other provinces have something similar to AEFI [Adverse Events Following Immunization]? Is this parallel system running across the country, or is that unique to Alberta?

Dr. Gregory Chan

My understanding is that each province has their own reporting system and my understanding is that these adverse events are supposed to be uploaded into the CAEFISS system. That was my impression when I was submitting these documents.

Commissioner DiGregorio

Okay, so the AEFI, you believe that that information then feeds into CAEFISS?

Dr. Gregory Chan

That was my understanding.

Commissioner DiGregorio

That's your understanding. Okay, but they have separate portals or entry points at which you would make a report? Is that right?

Dr. Gregory Chan

Yes, they are separate, so CAEFISS has their own system of entering information, and the AEFI program in Alberta has their own system of entering information.

Commissioner DiGregorio

On the screenshot that we showed earlier, sorry, I'm pointing at the screen, it's not there anymore, but it was the one you showed for the purpose of showing what were the criteria for meeting the AEFI. But I noticed a little bit of text up at the top that was kind of cut off that said, yeah, there it is now. Right up at the top there that says, the Public Health Act mandates that any healthcare practitioner who becomes aware of an adverse event following immunization must report the event to the AHS provincial AEFI team. So is that a mandate that you were aware of as part of your practice?

Dr. Gregory Chan

I was not aware of that until the COVID injections came out. Adverse events from immunizations were not very frequent prior to 2020, so I became aware of this AEFI program and then, reading that, I learned of this in 2021 that it was mandatory for me to submit these. So that also encouraged me to look and submit because it's our duty to do so.

Commissioner DiGregorio

Okay, so is it fair to say then that as part of your training to become a medical doctor, you were not made aware of that mandate?

Dr. Gregory Chan

I was not made aware of that mandate.

Commissioner DiGregorio

Okay, thank you. When it came to making an adverse event report did you need to form an opinion on there being causation between the vaccine and the adverse event or was it more just if there's an adverse event following injection that you would report it? Do you have any understanding of that?

Dr. Gregory Chan

I believe my role was to link whether there's any chronology between a vaccine and an event, and if there is then I'm to detail what those symptoms were that were new and to properly document that, and then submit that. So I'm not to make causation; I think causation would be very difficult to do, but I can at least say that there's a chronology. This person that didn't have these symptoms prior to the injection, they had the injection, and then now they have these new symptoms; so if those two fit then then I'm to submit and document as much information as I can.

Commissioner DiGregorio

Okay, and so when you make the report, I think you just said you don't have to put an opinion on causation in it, and it goes up for review with, I assume, somebody at Alberta Health, and there's a review there, and they form an opinion on causation, and they either accept or reject it as an adverse event?

Dr. Gregory Chan

That's what I believe.

Commissioner DiGregorio

Okay, and do you know what the process is that they go through when evaluating your report?

Dr. Gregory Chan

No.

Commissioner DiGregorio

No, you just get the call at the end of it.

Dr. Gregory Chan

No, and based on the letter that I received back from the AEFI program there appears to be a second set of criteria that they use to determine whether something is an adverse event or not. So I'm following the criteria on the website and I'm submitting the information as I see it, and then they have a separate set of criteria to say that that is an adverse event or it isn't, and I don't know what that criteria is; they just determine and I don't know how they determine that.

Commissioner DiGregorio

Do you know if they reach out to the patient personally or is it solely based on the report?

Dr. Gregory Chan

They reach out by phone call, so usually my patients are contacted.

Commissioner DiGregorio

Okay. And are you aware of the numbers of reports that are made, maybe the overall numbers, the accepted numbers? Are those published anywhere? Is that public information?

Dr. Gregory Chan

Are you referring to COVID; the COVID injections?

[00:50:00]

Commissioner DiGregorio

For the adverse events that are reported following an injection, yes.

Dr. Gregory Chan

That was, and I believe that still is, reported on the Alberta COVID webpage, that they talk about the number of adverse events.

Commissioner DiGregorio

But that would be the number that they've approved as adverse events?

Dr. Gregory Chan

I believe that they're the numbers after this second process.

Commissioner DiGregorio

Okay. Thank you. Those are my questions.

Commissioner Massie

Thank you very much, Dr. Chan. I had a question about the time at post-injection that is considered to be reasonable for assessing adverse events. I noticed that in other jurisdictions this time could be a little bit different. Are you aware of the medical or scientific basis to establish this four-week cut-off in Alberta?

Dr. Gregory Chan

I'm not aware of any scientific basis for that. I believe that's just the number that we're told fits the criteria. I think that there could be adverse events that occur later, but the four-week criteria, I believe, is just an arbitrary number.

Commissioner Massie

Could it be because with other types of vaccine in the past, this was a general observation?
Are you aware of the reporting of adverse events for other types of vaccine?

Dr. Gregory Chan

That, I am not aware of. I think four weeks is probably a generous timeframe to say there is a chronological association between the treatment and then an adverse event, but that's all I know. I'm not sure of the history behind the timeframe.

Commissioner Massie

So given that with these new technologies, we now realize based on a number of studies that the spike protein can actually be found in tissues for—there are studies saying two months, there are other studies like almost a year. Would it be reasonable to expect that the expression or the presence of spike protein in different tissue could actually trigger adverse events way past these four weeks, in your opinion?

Dr. Gregory Chan

I believe it's possible and we won't know unless we look.

Commissioner Massie

I'm a little puzzled with this difficulty you've been through in terms of getting, I would say, a relatively simple histological assay for spike protein within the medical system in Alberta.

Is it something that you've experienced in the past for other types of assays, or although it's a new protein, histology is a pretty routine test that can normally be done in any medical system. Are you aware of that issue because of all kinds of, I don't know, administration, or other reason that happened in your experience of having difficulty to do a simple routine test like that?

Dr. Gregory Chan

I have not had difficulty previously. Previously, you would just phone and ask for a special test and then it would happen after the request was made. But you'd often have to phone and ask, but it wouldn't be difficult, it would be done.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

I'm just following up to get some clarity on a question and a response that you made. In terms of pre-existing conditions, they're excluded on the AEFI form, and then the health authorities follow up with the patients with a phone call. I'm just wondering, do you believe that they're actually reviewing the patient's personal health files as well, in terms of collecting data and information for making their determination?

Dr. Gregory Chan

I believe so. In Alberta we have Alberta Netcare. So a lot of information can be found like tests, diagnostic imaging, the dates of when the vaccines occurred, or the injections were given. That information can be found on Netcare, so I believe that they are looking through chart information: if they presented to a hospital, if they had tests done. So I believe that they were accessing other information.

Commissioner Kaikkonen

So then my follow-up would be: Do you know if there are any protections for personal health care information in Alberta?

[00:55:00]

Dr. Gregory Chan

I believe on the AEFI document they do state that they will be looking through the chart and looking through additional information and that it would be part of the process. But I'm not sure about the security of that. It does say that they do follow the Health Information Act as far as collecting that information.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

With regard to the form that you put up from Alberta Health, did I understand it correctly that if you were trying to evaluate an adverse event that you had to preclude the ones where there was a pre-existing condition as being an adverse event?

Dr. Gregory Chan

Yes, well partially. If you look at the form it says if it was a pre-existing condition it doesn't count, but then if you look on the form it says that if the condition has increased in frequency then it counts.

Commissioner Drysdale

I mean the reason I ask that is— Wasn't the vast majority of people who died from COVID, didn't they have pre-existing conditions?

Dr. Gregory Chan

That's correct.

Commissioner Drysdale

So a pre-existing condition with COVID equalled a death by COVID but a pre-existing condition with an adverse reaction from vaccine were maybe or maybe not counted because of the pre-existing condition?

Dr. Gregory Chan

That's correct. You're saying that they blame the pre-existing condition for an adverse event, but when they had a pre-existing thing like obesity or high blood pressure then they died of COVID? That's an interesting link.

Commissioner Drysdale

Well, I understood that I think it was 75 or 80 per cent of all deaths by COVID-19 had at least three or more pre-existing conditions.

Dr. Gregory Chan

That is my understanding as well.

Commissioner Drysdale

I also noticed when you were talking about the injections that often you said vaccine and then you corrected yourself and called it something else. Could you tell me why you did that?

Dr. Gregory Chan

So in my medical training I understand a vaccine to either be: a dead virus or infectious agent, or it's broken up parts of the infectious agent, or it's an attenuated version of that infectious agent. So that's a traditional vaccine. A traditional vaccine you get a standard dose of that antigen, so whatever that is, and it's deposited in your body, and then you develop a reaction to it.

This is not like that, so this is delivering messenger RNA to your body, and then the amount of spike protein that's being produced is not known. How long it's produced for is not known. So this does not fit the traditional definition of a vaccine.

A vaccine is giving you some protein or fingerprint of the infectious agent, and then you develop an immune response to it. This is a completely different delivery system, so it doesn't fit the traditional definition of vaccine.

And I know that the definition of vaccine has changed in the last three years, where the original definition was what I described, and the new definition is anything that generates an immune response. I'm paraphrasing, obviously.

Commissioner Drysdale

I also thought I noticed something else in your testimony. You talked about something that you called long COVID, and we heard from previous testimony that the real name for this was spike protein disease, I believe it was.

I'm just wondering why spike protein disease, which more effectively or more articulately says what the problem is, why the name would have been changed to long COVID disease when, to my mind, that's a little mis—and maybe perhaps I'm wrong with this—is that misleading? Do you want to talk a little bit about that?

Dr. Gregory Chan

Yeah, and I'm not well versed in long COVID and how they define it. I mean, before COVID, you would see, occasionally, patients that had some serious illness:

[01:00:00]

whether it's from a virus or other infectious agent, and they would have persistent fatigue for a long time. I mean, the most common one that I would encounter as a family doctor is Epstein-Barr virus. So a person who has infectious mononucleosis, they could have fatigue that would last for months. That's not always the case, but that has been observed. So I mean, this long COVID business, I'm not sure how they characterize that.

Commissioner Drysdale

And I'm curious about the process by which the screeners, if I can call them that, the people at AHS who would look at your reports of adverse reactions, considering your testimony that this was a new technology not used on humans before, how would they determine what an acceptable adverse reaction was or was not when they had no experience in the population with this particular injection?

Dr. Gregory Chan

That was my point with trying to submit all this data, is because we don't know what the effects are from these injections. We don't know if it's going to be mild like a rash or if a person's going to have chest pain and myocarditis or if they're going to have a stroke. We don't know. We just don't know.

The only way to know is to gather all the information and see what adverse events actually fit chronologically with taking these injections and then seeing which ones are more common. If you see that there are common side effects, then you can properly advise people going forward.

Let's say, for example, myocarditis is a common side effect, then you'd see a large number of myocarditis reports, and then you can say, well, then that's something we should be telling people now. Lo and behold, that is what happened through COVID. Before you couldn't get an exemption except for having anaphylaxis to the first shot. Now they've changed their tune saying that if you had myocarditis, well, now that qualifies as an exemption. They've recognized that that's something that's being observed.

Look at the Scandinavian countries in 2021. They observed this because they were paying attention to it. Another way to say this is that the adverse event program is a way to pay attention to what the side effects are from a new product. If we automatically throw out a whole bunch of adverse events because they didn't fit the criteria, how do we know what's actually happening, and we don't.

Commissioner Drysdale

Okay, I have two other shorter questions: With regard to the 14-year-old that was your patient and was admitted to hospital. I think I remember your testimony being that when he was admitted to the hospital, he was checked for COVID and it was negative, but some weeks later, after having been in the hospital all this time, he tested positive. Given my assumption that medical staff were wearing PPE [Personal Protective Equipment]—their

prescribed PPE—how did he contract COVID in the hospital when he was in this protected environment?

Dr. Gregory Chan

That's a very good question. I mean, he was in the palliative care room, which is in the far corner of our hospital. He never left the room. He was in the bed the whole time. We didn't have to use PPE to give him day-to-day care before he had COVID, so we were just going in and providing usual care. But most of the staff was vaccinated, and none of his family was symptomatic. I wasn't symptomatic. None of the nurses were symptomatic or sent off due to illness. So it's very curious how he had actually picked it up.

Commissioner Drysdale

Prior to 2019, was it common for doctors to make diagnoses of patients without ever having seen the patient? Was that ethical?

Dr. Gregory Chan

No.

Commissioner Drysdale

But if I understand properly, the people who were screening your reports of adverse reactions and then giving a recommendation that a patient take another injection, is that not diagnosing a patient without seeing the patient?

Dr. Gregory Chan

That's correct.

Commissioner Drysdale

Thank you

Commissioner Massie

I have a few additional short questions. The first one is in relation to the line that says that normally you are expected, as a doctor, to report an adverse event. So you seem to have been doing it quite thoroughly in your practice. What about your other colleagues? Do you know whether your colleagues were as thorough

[01:05:00]

in terms of reporting adverse events, in your hospital or in people that you know in the practice?

Dr. Gregory Chan

I believe some of my colleagues were submitting them, but we never had a discussion as far as how many they were submitting compared to what I was seeing.

Commissioner Massie

So my follow-up question on that is, what was the incentive from the system to the medical doctor to actually be proactive in reporting these adverse events?

Dr. Gregory Chan

There was no incentive to submitting these. There was no financial compensation. It takes time to submit these and to submit them properly. So it actually required an investment of time from the physician to submit these adverse events.

Commissioner Massie

Based on what we've heard from other witnesses and what you've presented here, it seems that to do a diligent reporting of adverse events seems to be an important element, especially when a new technology like the mRNA [Messenger Ribonucleic Acid] vaccines are being deployed on a large scale. What would you recommend from the health authority to do differently in order to improve the process?

Dr. Gregory Chan

My recommendation would be that an adverse event program would be set up before that product is rolled out so that those who would see people in the front, in hospital settings or in clinics, those who are providing the injections or vaccines or medical product, that they would be aware that there is a process and it is legally binding, that they must report information to the health authorities if there's an adverse event. It should be a program that's running very well, even before the product is released.

Commissioner Massie

Thank you.

Shawn Buckley

There being no further questions, Dr. Chan, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony.

[01:07:43]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 5: Sünje Petersen

Full Day 1 Timestamp: 06:39:55–06:58:33

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Leighton Grey

Leighton Grey, appearing as agent here at the National Citizens Inquiry. I'm going to have the pleasure of asking some questions of a witness named Sünje Petersen. Ms. Petersen, can you hear me?

Sünje Petersen

Yes, I can.

Leighton Grey

Welcome to the National Citizens Inquiry. Thank you for being here today virtually to give your testimony. I understand that you're prepared to swear an oath to tell the truth.

Sünje Petersen

Yes.

Leighton Grey

Alright. And could you please, for the record, state your full name and spell it.

Sünje Petersen

My full name is Sünje Petersen, and I was born in Germany, and I'm commonly called Sunny.

Leighton Grey

Hmm. [speaks a sentence in German]

Sünje Petersen
[responds in German]

Leighton Grey
Do you promise to tell the whole truth and nothing but the truth, so help you God?

Sünje Petersen
Yes.

Leighton Grey
I understand that you are joining us from Whitehorse, Yukon. Is that correct?

Sünje Petersen
Yes, that's correct.

Leighton Grey
In reviewing the notes of what you proposed to give as your testimony, you want to talk about how business closures and lockdown restrictions, or non-pharmaceutical interventions by another name, affected you and your family's business. Is that correct?

Sünje Petersen
Yes.

Leighton Grey
Okay. Do you want to talk about that? I understand that you have a tourism business that was impacted by COVID restrictions in the Northwest Territories [NWT].

Sünje Petersen
Yes. So we live in Whitehorse, but our outfitting area or tourism operation is in the Northwest Territories. And mainly, our clientele comes from overseas, or at least from the United States, so 95 per cent of our clients are from outside the country. So with all the border closures, our business was zero. So not only could we not have our American clients, but because the NWT also closed its border to the rest of Canada, we weren't allowed to take Canadian clients, either.

Leighton Grey
Ms. Petersen, would you mind turning your camera on for us?

Sünje Petersen
Oh, let me see. I'm not really good at this stuff. Video, it is on, but it shows not "Start video."
I don't think it will work.

Leighton Grey

All right.

Sünje Petersen

Yeah, I'm really sorry. It says everything is on, but it does have a slash through it, and it said, yeah, and I'm not good at this, and the husband isn't here.

Leighton Grey

Can you click the button with the slash?

Sünje Petersen

Yeah, but then it says, "Start video," but nothing happens. I have it. It's an external one. I have it in, Logitech webcam, then I open that. "Cannot start video; failed to start video camera. Please select another camera setting."

Leighton Grey

All right, we can hear you really clearly, so we'll just carry on. Okay?

Sünje Petersen

Yeah, I'm sorry, though.

Leighton Grey

No, there's no need for an apology. I understand that you lost about one and a half years of income in your business. Is that right?

Sünje Petersen

Yes, that's right, because the borders did not reopen until— So we lost the entire business year in 2020, and then we lost almost half our season in 2021 because the borders opened late. Our business usually starts in the middle of July. So we were set to start July 15th, but the border didn't open until August 9th, I believe, for Americans, and September 7th for the rest of the world.

Leighton Grey

And I understand even after you were able to reopen that, in fact, you had to apply for a special permit to fly into your remote fly-in camp and that this is very problematic for you. Is that right?

Sünje Petersen

Well, yeah, it's a very remote camp, and this is where all the silliness really comes in. So everybody wants it to re-open. But first of all, in 2020 nobody was allowed to go to the NWT. Our family had to apply for a special permit in order to go to our area. We fly in, I should really say that. So almost everybody who comes to our area comes in directly from Whitehorse, Yukon, so they don't even travel through the NWT. And so in 2020, we need a special permit for our family to go there and just check up on things.

And then in '21, everybody actually had to apply for a separate permit and had to state that they are self-isolating in camp.

[00:05:00]

And also, everybody was supposed to phone in every few days and state their COVID symptoms. I believe that was in 2020, maybe not so much in '21. But yeah, so it was a special permit for tourism operators to bring in their clients. And like I say, we're totally remote. Those people never touch ground in populated NWT.

Leighton Grey

I also understand you brought your concerns to the attention of a health officer by way of a series of emails, but that the health officer was worried about some sort of possible cluster or superspreader event?

Sünje Petersen

Yes. So I was writing back and forth with Dr. Kami Kandola, the Chief Public Health Officer of the NWT. I tried to state to her the following points: We are in a remote location. Our people don't go and meet anybody in NWT. They will not stay in base camp. It's one-on-one guiding, so one client with one guide. They are staying 14 days. And in case of emergency, we are set up for a direct flight back to Edmonton, or the Yukon if we had to. But everything— There was no touch with anybody. We couldn't infect anybody.

But Dr. Kandola got back to me. Her main concern supposedly was that there could be a cluster outbreak in a remote location. Now, I don't know how you get a cluster when you have two people. And her other thing is best-laid plans might not work out, and our healthcare system will be overwhelmed when your one client will use it, which we weren't intending to. And so I kept going back and forth with her on all these things. I said, "Why is there no testing? If you come in Frankfurt, Germany, there's a COVID test, and they are allowed in." Also, the Yukon, for example, allowed clients to come in if they went to a remote location. And Dr. Kandola didn't. We had only five Canadian clients booked for the 2020 season, and we really, really wanted to take those clients. It would have made a huge difference to us.

And so I asked her, "So what are your epidemiological reasons for not letting these people in? Five people, what is that? And they are coming one by one compared to a supermarket or a Walmart full of people in downtown Vancouver." I wanted to know a number. I said, "What would be the infection rate? What is your real problem? Why are you blocking me?" And I did not get an answer to that. I never got a proper answer to my questions. And furthermore, there were 84 NWT doctors who actually wrote a letter to Dr. Kandola and said, "What you're doing, your lockdowns, it's killing people. It's causing huge disruptions in the communities. We can't do that." And she blocked that, too. So on the one hand, she was telling me, "Oh, I talked to other people, and this is our reasoning, and I talked to other doctors, and this is what we've come up with." But on the other hand, her own doctors in her own territory didn't agree with her. And she shut them down. So this is what happened.

Leighton Grey

Many small businesspeople in urban settings were frustrated by the circumstance whereby places like gyms and restaurants and retail outlets were shut down during COVID, while big box stores—I won't name them, we all know who they are—were left open. And many of

them actually had restaurant counters and things like that operating inside. You had a similar situation or a similar frustration in your case because at the same time that all these things were unfolding for you and these lockdowns were affecting your business, there were in fact, mining operations taking place in the southern part of where you live and camps that are much larger than yours. And yet those were all allowed to continue to operate. Is that right?

Sünje Petersen

Yes, that's correct because I wrote that to Doctor Kandola. I said, "There are workers who are going into mining camps. On top of that, there's also truckers coming and going; there were nurses coming and going." Like, there was all kinds of workers. But she said those were essential, and I was not.

Leighton Grey

So you spent a lifetime really over 20 years building up this business, right?

Sünje Petersen

Yes.

Leighton Grey

And it was only by being very resourceful and resilient that you were able to save your business from bankruptcy.

Sünje Petersen

Yes, if we wouldn't have been in business for almost 20 years,

[00:10:00]

and if we wouldn't have had savings, we would have gone bankrupt. Because we lost one and a half years of income. Just think about anybody out there, anybody listening here or even— that's what I said to Dr. Kandola, too, "How about we slash your income for one and a half years? When are you going to do that?" So this is our life. This is not just the job I go to, it's our lifestyle, it's our business.

And it goes further than that. It's our family that's impacted. But it's also our guides. It's the aviation companies that fly people in and out; it's hotels, restaurants. We make roughly 1.5 million dollars revenue every year and on top of that, that's all money that comes from overseas. So it's a good income for Canada. So we have 1.5 million revenue. We ourselves of that make maybe four to five hundred thousand for our family. Our kids work with us. So the rest of the million goes to other people within here, within Canada. All that is blocked; all that is shut down.

Leighton Grey

Well, all of that sounds incredibly stressful. I'm curious, though, how was your mental health impacted by this? Obviously, your civil liberties were suspended. But leaving aside the economic part of it that you've talked about, what about the personal side? Were you able to see family overseas? Or I understand that you had a family member actually who

passed away during this period; you were not able to attend for that family circumstance. Can you talk about how all this affected you and your family personally?

Sünje Petersen

Yeah, so when it first started, we were in complete uproar. I mean, they closed everything down in March. At first we were hoping they would open up, for our season to be normal. By the time May rolled around, we were like, "Oh my God, what are we going to do?" We have emails every day coming in: people like, "Are we going to be able to come hunting? When will the border open?" So our work impact was a lot larger than it usually would have been. There was the stress to deal with and then just thinking what— All our life basically fell apart. Okay. Like, this is what we do. That's what we live for. And none of that was happening.

Our oldest daughter was trained to be a downhill ski racer. She had to come home in tears because they shut the ski hills and sent her home. She wasn't allowed to run races. On top of it, the following year, she wasn't allowed to train because she couldn't go up Mount Norquay unless she was injected with a COVID-19— I don't want to call it vaccine because it doesn't immunize.

My stepfather got sick the day after his second shot. EMS [Emergency Medical Services] had to come and pick him up. He was in the hospital for two or three months. He wasn't able to make red blood cells anymore and he died, and I couldn't go home. My father died while the travel ban was still in place. So I couldn't go and be with my family then. My mother is in hospital now. Her liver is giving out on her, organ failure. Now I can go and visit. But I just want to put it in this order because that's three parents out of four, seeing as I have step-parents. All of them are injected with a COVID-19 vaccine. I mean, the thing that we didn't know when we would be able to operate anymore. The fact that we couldn't go on a vacation, that we couldn't go overseas, be with family when they needed us.

The fact that our children were really impacted because they are 21, 18, and 16 now, so they were a little bit younger. Our oldest, her dreams fell apart. She couldn't go to a university or any such a thing. She works for a company now where the COVID-19 injection is not required. It's a trucking company. Then our next daughter, we usually homeschool. But the next daughter, she went to school in Whitehorse for half a year. It was a special program. It's theatre, music, and dance. Her heart was hanging in there. She really wanted to do that. There were all kinds of problems there. They were not attending to that school properly. They didn't let the kids do their arts, music, dance, and drama. She went back. The next year, she had to wear a mask while everybody else didn't have to wear one anymore in the Yukon.

In reality, it affects you on absolutely every single level. There wasn't one thing that was proper. I couldn't go to a restaurant because in the Yukon, they blocked everybody. My kids couldn't go sports. All the kids in the Yukon couldn't go unless they were injected for COVID-19. They weren't allowed to go and participate

[00:15:00]

in sports and restaurants and social life. We weren't allowed to have company over because we weren't injected. What is this? I can't even invite my friends over? This is not right. It really hit me on every level, professional, personal, friendship.

And then, on top of it, because I stood up within my community—I was in the Tagish Advisory Council—I stood up and I talked against this injection. Well, I don't want to go into it, but anyways, I'm not a doctor. You just heard everything from the other doctor. I tried to stand up within my community and warn people and say, "Look at it. This is a new technology. Maybe you want to check this out. This is wrong and this is wrong and this feels like Nazi Germany to me."

I'm sorry, I know it's an overused term, but this is what happened in East Germany. This is what happened in Germany in the 1930s. I could see the parallels. I was treated as a Jew here. I had to show my health passport, which I didn't have, so I couldn't do anything, right? There are people who don't talk to me anymore, friends, neighbours. That's fine, but it's not nice. Somebody even sent social services on me claiming I hit my child five years ago at the community hall. This is how evil people are when you don't do what they think.

Leighton Grey

But the comparison you draw to Nazi Germany is striking. It's a little-known fact that actually the Nazis did require people to carry health passes during that time period in history, you probably know that.

Obviously, this has caused irreparable damage to your family. I hope that you've been able to restore your business to some level of profitability.

My last question for you is, if you could say something to the Government of Northwest Territories or the Government of Canada or to this panel, the people listening, about what you think could be done better, or could have been done better in terms of the response to the COVID-19 pandemic, what would you say about that?

Sünje Petersen

It's actually really simple. Don't lock up the world. Go and quarantine those people who are actually sick so that the rest can't get sick from them. But don't make the entire world into a hospital. This is not how it works.

Leighton Grey

Well, you've obviously read the Great Barrington Declaration, so bravo for that.

Sünje Petersen

I signed it.

Leighton Grey

With that I'm going to turn you over to the panel for questions. Who would like to go first? No questions.

Is there anything else you'd like to tell us, Ms. Petersen?

Sünje Petersen

No, maybe just that this is just me talking here. But there are eight other outfitters in the NWT and there's a lot more in the Yukon: there's tons of tourism business. This was a big

deal for a lot of people, and it has cost Canada and Canadians a lot of income. But an income is really what keeps you alive and keeps you moving. It's tanked the economy so bad. I don't think anybody actually knows how much.

Leighton Grey

Thank you, Ms. Petersen, for your testimony here today.

Sünje Petersen

No, thank you guys for doing this. I'm sorry you couldn't see me.

Leighton Grey

We're sorry, too.

Sünje Petersen

Thank you.

[00:18:38]



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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 6: Tracy Walker

Full Day 1 Timestamp: 06:58:33–07:13:25

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness is Tracy Walker. Tracy, can you state your full name for the record, spelling your first name and last name?

Tracy Walker

Yes. Tracy Walker, T-R-A-C-Y. Walker, W-A-L-K-E-R.

Shawn Buckley

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

Tracy Walker

Yes, I do.

Shawn Buckley

Now, you are a hair stylist. You've been doing this for 36 years.

Tracy Walker

Yes.

Shawn Buckley

You're also a mother of two grown kids, and you have two grandchildren.

Tracy Walker

Yes.

Shawn Buckley

Now, you're here today to tell us about some economic things that happened to you with regards to the COVID lockdowns. My understanding is that you had a studio in your house in 2020 when the COVID pandemic hit.

Tracy Walker

Yes.

Shawn Buckley

Can you tell us what happened once the government locked us down in 2020?

Tracy Walker

Well, it's very obvious. If you're in a self-employed position where you're mandated that you cannot work—that and my husband, as well—it put a very huge impact in my life. I am a diabetic, so let's keep to work.

I work out of my home. I had a private entrance: a door locked from my household, its own bathroom. So, there was absolutely no one that would be in my household. So it was a private everything. I only was taking, at that point in time, one to two clients a day, depending if there was a family. So if there was a larger family, I would allow all of them to come. But generally, I would keep it pretty casual. But then when the lockdowns came in and I was not allowed to work, I really was at a loss. Both my husband and I were at a loss of what to do and how we were to maintain just the basics of our lifestyle, not necessarily our "lifestyle." Because we really didn't have much.

Shawn Buckley

Can I ask, was your husband able to continue working when the lockdown was imposed?

Tracy Walker

He was also shut down for a time being because well it was an office environment. And until they established that they brought all the equipment— He was able to work out of my home. Except for, I'll get to my next point, where we did not have a home for a time being. And I'm not too sure where you want me to go with that.

Shawn Buckley

Well, actually, tell that story because you obviously did have a home. You had a hairdressing suite in your basement.

Tracy Walker

A beautiful home. No, it was on the main floor.

Shawn Buckley

That was isolated from the rest of the house. What happened to that?

Tracy Walker

Well, I actually— At the exact same moment that we were in this, “What do we do?” Sheila Gunn Reid from Rebel News had put out iwillopen.com. or stayopen.com. and said reach out to us if you are not going to stop working, and you’re going to try and work through this. So I reached out to her. Unbeknownst to me, I was the first one that did. So the next morning, I actually got a call. Instead of watching Sheila on my phone, she was in my house. And so we had an interview about that very thing, where— I had bylaw officers come to my house because of that, sadly. But not sadly because I got literally phone calls from across the world: France, Italy, all through Canada, all through Canada, for the support in this.

Now, I had reached out— This is when the government had offered the mortgage deferral program. And so, I reached out to my broker and said that, “Really, we’re at a loss of what we can do, and our options are nil and none. So, I’m going to have to apply for the mortgage deferral program.” And she said to me that, “I’m sorry, the government did not state anything about brokers. It only applies to banks and credit unions. So you are responsible for your payment at the first of the month.”

[00:05:00]

And I’m like, but I have no income. My husband has no income. There is no subsidy coming from anywhere. She told me that I would have to do whatever I could to get this payment. Otherwise, your house is going to be going into foreclosure.

We were not in any default. I think, maybe two years, we were late one payment, if I want to bring everything onto the table. But only by a couple of days. Like it was not even a long period. It was just a couple of days. So there was no real just cause for them to deny us grace of any sort. I explained this to her. She said that, “Simply, it’s not my problem.” She goes, “You see, I work for the company, the broker company, not for you. I am here to collect the money for them. It is your problem.” And I said, “Well, the last I checked, it was the world’s problem.” And she said, “No, it is your problem only.” And within a month and a half, we were served with foreclosure papers. In a month and a half. There was no recourse. There was nothing.

So in this time that they put our house up for sale, we had to find ourselves a new home. And I was there for 15 years. So it’s not like two or three years in this house. It was a long period of time: grandchildren growing up, as everybody knows that’s had a home for any length of time. So expecting it to be my retirement home, in my home that I was going to live for the rest of my life in.

Then, we could not find accommodations because I have two big dogs. We could not find accommodations, so we were actually homeless for almost two months. We lived in our trailer. And my husband got this special smart hub that we could use for that area that he could continue to work from his computer, and well, remotely. So, we were off grid for that length of time. And again, begging the broker company, if we could, please— We will pay to stay until we can find a home. They said, “No. You have to be out by a certain date.”

There is a lot more that goes with that. As I was working, I have my very best friend in the entire world. My mom and her mom were best friends, and they were pregnant with both my girlfriend and me. So we’re only a few months apart. But she’s a nurse. And she came in for her haircut. It was the day that I had the interview with Sheila. So it was exciting. I’ve never experienced anything like this. And I was explaining to her what I was about. And she basically told me that I was an anti-vaxxer, anti-masker, A-hole. And that I was the reason why this society is where they are. I have yet to ever speak to her again. So to lose a lifelong

friendship that's probably— Even though losing my house was very heartbreaking, but that was probably the most scarring in the entire world. And still to this day. And knowing what she must know now, she's a pediatrics' nurse. So I'm only going to assume that she must have heard something. But that I just wanted to add in there. I don't know if there's any more questions.

Shawn Buckley

There's a couple of things I wanted to ask you questions about. So you're living in the trailer. You're off grid. Obviously, you can't work anymore because your hair studio was in the house. And you told us you were a diabetic.

Tracy Walker

Yes.

Shawn Buckley

Am I right that you actually were in such financial straits that at times you guys couldn't eat and you had no insulin?

Tracy Walker

Yes, that is a fact. Yeah. So insulin is not covered, even when you have Blue Cross. And of course, when you're having no money and no means to work, our food was very minimal. But that's how you stay slim. No, just kidding. It's the worst way to get skinny.

[00:10:00]

It's the worst way. But yes, it affected both my husband and I. My husband lost 35 pounds over that time, and I lost about 15 to 20 pounds. But it could have been because I had to stretch my insulin, so that instead of the full amount, I would take portion amounts, which is so wrong to do. But it was the only thing that I could do to make it stretch till I could make enough money or my husband could make enough money to pay for some more insulin. So yeah, I was in dire straits for a while, and it did affect my health greatly.

Shawn Buckley

This would have been in Alberta, Canada likely in 2021?

Tracy Walker

That's correct.

Shawn Buckley

So you told us that after your interview— So you're still at your home, you haven't been foreclosed on yet, that you had visits from the bylaw officer. Can you share that with us?

Tracy Walker

So okay. Yes. So the foreclosure. On their end, it took a while for them to get the For Sale sign on my front lawn. But the bylaw officer that first came by— Of course, I was like, okay,

here we go. I'm going to jail. My client literally ran into the bathroom. And so he handed me a warning, not a ticket. It was a warning. But when I explained to him, and I said, "Sir, you have to understand that I have no other means to survive. I'm a diabetic, and I need— It's not that I'm doing this out of rebellion. I'm doing this out of pure survival. And I have no choice but to break the law." Or this mandate because it wasn't a law. And I clarified that with him that it was a mandate, not a law.

And I said, "Look at my studio. There is no way that I am more contagious or more at risking people than Walmart or Superstore." And he agreed. He nodded his head. He didn't say yes, but he nodded his head. And then, he had come back, probably three times since then. He was told that— He said, "Okay, so I have to hang this notice— 'Do not enter, forbidden territory,'" if you may, for lack of better words. And he said that, "I was supposed to nail this to your front door or to the door to your studio." Well, I have a glass door. So he looks at the glass door, and he looks back. And he says, "Apparently, that's not going to work." So he just said, "Here you go, I'm handing it to you. And just so you know, I'm going to be off for the Christmas months. And there will be another gentleman that's going to be stepping in. He's going to be driving in a black SUV. He'll be driving up and down your back alley and in your front yard watching for people to come and go."

Now, this is at Christmas time. As a hairdresser, that's the busiest money-making time. And all he told me, God bless his soul, he said, "Just keep your blinds closed and try and keep it as minimal congestion and all." And I don't have a lot of clients that come all at once, so it wasn't a big deal. So, I just carried on. And then I did get a call after Christmas from the same bylaw officer and said, "Thank you so much for abiding by the rules," which I didn't. And he said, "It was reported that they saw no reason for suspicion that you were doing anything wrong," and that he wanted to thank me for that. So I don't know if one talked to the other, and one said, just whatever. I don't know, but I had grace. And I'm very grateful for that.

Shawn Buckley

You were shown kindness.

Tracy Walker

I was shown kindness, I was.

Shawn Buckley

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

There being no further questions, Tracy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.

Tracy Walker

Thank you for the opportunity.

[00:14:52]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 7: Judy Soroka

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[00:00:00]

Shawn Buckley

Our next witness today is Judy Soroka. Judy, can you state your full name for the record, spelling your first and last name.

Judy Soroka

My full name is Judy Soroka, S-O-R-O-K-A.

Shawn Buckley

Judy, do you promise to tell the truth, the whole truth, and nothing but the truth?

Judy Soroka

I do.

Shawn Buckley

Now, you are a retired nurse.

Judy Soroka

Yes.

Shawn Buckley

And in connection to your nursing practice, you sustained a back injury back in 1992, which is now chronic?

Judy Soroka

Correct.

Shawn Buckley

But that injury resolved and you were able to keep working as a nurse.

Judy Soroka

Correct.

Shawn Buckley

Now, over the years and into your retirement in 2017, you basically were able to keep things going and in check by doing things like having chiropractic, massage, physio, and other things. Can you tell us about that? Tell us what you were doing, and then tell us what changed once the lockdowns came.

Judy Soroka

After the injury resolved, I really didn't need any regular health practitioner services. I was able to exercise, maintain a healthy lifestyle with running and hiking and doing gardening. I love gardening, and the like. And then as, of course, aging happens, I was having some discomfort and went to my doctor, and she suggested I see a sports medicine therapist.

This was in 2009. And he recommended a prolotherapy, which is a different kind of therapy. It's not cortisone injections, but they use a 10-inch needle on a 10-millimetre syringe and inject a sugar solution in the back just to stimulate the healing of the back. And that worked very, very well. I was able to go back to do whatever I was doing. And then when the lockdowns came, I was able to go to the gym. I was lifting weights. I was probably the healthiest person, for a nurse. For a nurse, we always sustain injuries. I was doing pretty good. And then when the lockdowns happened, I could not go to the gym. I could not swim. And I began to have more pain. So I went back to my doctor and again referred me to the same sports medicine specialist. Fortunately, he was still around. He hadn't retired. And again, I had the same prolotherapy treatment in the other side.

And just so you know, those treatments are not covered by Alberta Health Care. They're about \$250 a shot and looked about— Usually about 10 injections into the site. That did not really resolve the problem. The first one was successful. This one was not quite successful. I finished the treatments in 2021. In conjunction with this therapy, I also was to go to a physiotherapy. There are special exercises to do to help with the healing and the strengthening and endurance. And I was not able to do that because of the lockdowns. Moreover, I chose not to get the gene therapy based on my research. And of course, there's repercussions from that. So when the lockdowns were lifted and we needed the vaccine passport, I was disallowed from participating in society as other people did. I was not given the privilege.

Shawn Buckley

And just so we're clear. So you weren't able to go swimming again. Which was necessary for you to keep your back problem in check?

Judy Soroka

Yes, and to go to the gym to do the exercises that I had to do. I was not able to do that. So consequently I still had more pain. I went back to my doctor, and I said, "I think I've got a new normal going on here." She says, though, "There's no new normal for you." And I've

been with her for over 30 years. And we did the x-rays, and the x-rays have shown that I have deteriorated in my spine. I've got a bit of a curvature and my spine is now twisted where it's impinging on my spinal cord. Surgery is not an option; risks outweigh the benefits. If I'm unable to maintain some sort of mobility I could end up in a wheelchair.

Shawn Buckley

Am I correct that if it twists any more, there's a danger of paralysis?

Judy Soroka

Yes, that's correct.

Shawn Buckley

You were telling us that you were very active prior to the lockdown. My understanding is,

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and you mentioned garden, but basically you would also hike. You were a White Hat Volunteer at the Calgary Airport, so you'd be walking a couple of k [Kilometres] a volunteer shift. Basically, you were extremely active prior to the lockdowns.

Judy Soroka

That's correct.

Shawn Buckley

How are you now?

Judy Soroka

I've had to give up a lot of things, which is very, very hard for me. People accuse me of "the moss doesn't grow under my feet." My husband can attest to that. But I've had to give up gardening. I cannot go back to the airport at Calgary. I cannot walk long distances. I cannot sit for lengths of time. My height is actually shrunk two inches, and I am short and that doesn't help matters.

I've got beautiful grandchildren. I cannot play with them like I'd like to. It's not a day that goes by that I don't have pain. I have declined to go on strong painkillers, like narcotics or using cannabis or anything like that, because I could not function that way. So I live with pain pretty much every day. I bought a new mattress, three thousand dollars for a new mattress, to see if that would help. I've done everything I can. And in discussion with my doctor, she didn't really intimate that it was because of the lockdowns, but she has recognized there was a change in my physical status before and now.

Shawn Buckley

Now, how has this affected you socially, the lockdowns, and then also not being to attend in different places because you're not vaccinated?

Judy Soroka

There has been a huge division. I've lost, as a previous lady mentioned, I've lost long-term friends. They're afraid to be around me. My mother passed away in September of 2021. She was admitted to the Peter Lougheed Hospital, diagnosed with one condition, but she died with COVID. And there's an accusation that I gave her COVID because I was not jabbed, if I may say so. And that was really hard. The remarks were very, very cruel. And my mother had not been vaccinated, injected, until she was into the hospital, and she died within a few weeks. Socially, yes, I've lost long-term friends. I will be celebrating my 45 nursing-year reunion in June. And I cannot go to that because there have been comments made from my classmates—who I thought better of, as critical thinking nurses open to debate and dialogue—that the unvaccinated essentially should not be part of society, and it would be okay if they just died.

Shawn Buckley

And how do comments like that make you feel?

Judy Soroka

It's very hurtful, very cruel, and I do acknowledge that and I do mention that. But it just doesn't seem to sink in that those remarks are very cruel and very hurtful and that it's not true.

Shawn Buckley

Judy, I don't have any further questions. I'll ask if the commissioners have any questions for you. And there are no questions. Judy, on behalf of the National Citizens Inquiry, I sincerely thank you for your testimony today.

Judy Soroka

Thank you for your time.

[00:08:39]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 8: Dean Beaudry

Full Day 1 Timestamp: 07:34:37–08:47:35

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Dean Beaudry

My name is Dean Beaudry, D-E-A-N B-E-A-U-D-R-Y.

Leighton Grey

Mr. Beaudry, do you promise to tell the truth, the whole truth, and nothing but the truth in this proceeding?

Dean Beaudry

I do.

Leighton Grey

All right. Sir, I've mentioned earlier your education and your background. I'd like to go into this a little bit more before we dive into your presentation. I understand that you spent about 30 years working for Syncrude in Fort McMurray, working on multibillion dollar projects in terms of managing risk assessment and mitigation methods. Is that right?

Dean Beaudry

That's correct.

Leighton Grey

You retired about seven years ago, and you now live in Cochrane?

Dean Beaudry

Right.

Leighton Grey

Okay. So I understand that you've developed a presentation called Quality Decisions in High-Stakes Situations. Before you delve into that, I wonder if you could just give us an idea of what caused you to create this presentation. What was your motivation? Inspiration? Your muse?

Dean Beaudry

Well, I was asked to present, so I had to find something to present. I volunteered to be part of this initiative, and someone picked up that I had background in risk management. So when I was asked to talk about it, I had to do a lot of homework. If I'm honest about this, I've been working pretty hard on this for about a month. I made many more slides than I'm actually going to present today, and I had to pare it down. So I'm going to not only talk about risk management but a little bit of management in general. And I'll also say that within my career—at least a dozen times—I've been the lead investigator in major incidents and had to produce reports for that. What I'm presenting is kind of like that work, that I'm quite familiar with.

Leighton Grey

I wonder if you wouldn't mind then going into your presentation [Exhibit RE-5-Beaudry-Presentation re NCI Red Deer-Final], and then I'll have a question or two afterwards once you've completed that.

Dean Beaudry

Sure. Okay, this is kind of like a movie where the movie gives you the end. You get to hear the end part of the movie first. I framed it this way because I think what I have to present will be more understandable in the context of this.

This diagram is a root cause analysis. When you have an event like we've had where Canadians have suffered, basically, you ask the question, "Why?" There's lots of detail in here you can look at as I'm talking; I'm not going to go into it in great detail. But what you'll see in the next two pages is I get these down to what we call in investigations "the root cause."

So just as an example. We'll start with, Canadians suffered severe social, emotional, educational, mental and physical health, and economic consequences as a result of federal and medical governance and COVID actions. So you ask, Why? Why did that occur? So on the left-hand side: The priority was higher for

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COVID over equally important health and national issues. Well, why was the priority higher? And there's two roots below that. They are, procedures that balanced priorities were dismissed as well as international experts and Canadian stakeholders calling for balancing of priorities, were dismissed.

We'll go over to the right-hand side and look at another "why" Canadians suffered. Well, there was high levels of social isolation, division, and fear. Why did that occur? Well, the unvaccinated, unmasked, and dissenting opinions were vilified; COVID mitigations caused isolation; and fear was used to drive compliance. So I'm just going to leave it there. But I'm going to talk to the roots that are highlighted.

So one root was, scientific process was not followed. So when you follow a scientific process, ideally, you get to what's true and right. And then, on the right-hand side, there's a root there, "The vision and values that once defined us as Canadians has waned." We're not quite the same nation we used to be. If you have good vision and values, you have the conviction to do what's right. So in essence, you could stop there. If we know what's true and right and we do what's true and right, we don't have this fairly terrible outcome.

But there's other reasons. And another root that I end up on this page with is a "Broken consequence model," which we'll elaborate on further. And just to carry on and finish the root cause, one of the roots was "Unchecked and inadequate governance action." Well, why did that occur? Well, there was public trust. And why did public trust occur? Well, I think there was some naivete. And also you get down to "The government has a lot of influence on media."

I think, probably the biggest root for unchecked governance action was "Undue authority." And why did that happen? Well, there was a suspension of Charter rights and that provided the authority for general lowering of ethical and privacy standards, coercive vaccination requirements, vaccine passports, travel restrictions, lockdowns, all the bad things that happened. But also it eliminated the requirement for critical thinking and difficult decisions.

So I was a manager for 20 years. I had management peers, and the easy answer was always, "Give me more money. I got a problem. I need more money." Well, when you give a manager some more money, they just spend it rather than critically think. And so sometimes we have to have a pause to cause ourselves to think harder.

Leighton Grey

Sorry, did you say manager or cabinet minister? I didn't catch that.

Dean Beaudry

I was a manager. So when we do a decision, it's not that complicated. There's priority, information, alternatives. You do a deliberation, and you come up with a decision. In my experience, high-stake decisions always have tension. This isn't a new thing. Any business that has risk in it is doing this all the time. So we in Canada, we end up with a big risk. Those decisions have tension. And that tension can be good or bad. So to push it on the good side, there's some guideposts that we use. And the first one is around emotion.

Emotion has really no place in a high-stakes decision. We need to detach from emotion. I'll give you a personal example. So about 30 years ago my wife and I took a rock-climbing course, and I found myself 20 feet above the ground many times. But this one time, I had worked out really hard before I climbed up 20 feet. I got 20 feet up, and my muscles started failing. And my hands start shaking, and my legs are shaking. And then fear begins to grip me. I was paralyzed with fear. I had full fall protection. I could only fall six inches. But I was paralyzed with fear. So reality and my emotions were not connected at all.

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And so, we have to disconnect from our emotions. You also have to disconnect from other people's emotions.

So there is a number of decisions that I've made in my career where I've actually had people right in my face telling me I was trying to kill them. And that's a pretty tough spot to be. We need to honour those emotions. And in circumstances that occurred like that, I would sit down with the individual and give them the background to the decision, all the data that was used in the input of the decision to help them get more comfortable for what we're going to do. In fact, on one occasion, I had an individual in my office making a declaration like that. I said, "What time are you doing the job?" "Why?" "Because I'm going to come out and stand beside you." And he said, "Okay. That's good enough." I didn't even have to give him an explanation. I'm willing to do what I'm asking you to do.

The second emotional thing is cognitive dissonance. So we all develop our own opinions, and sometimes we get new data that conflicts with what we think. When we are dismissive of that data, that's called cognitive dissonance: where what we feel and the information actually are in conflict. So that's why emotion is a really bad thing to use in a difficult decision.

The next guidepost is around authority. So authority needs to come from knowledge and sound judgment. People have positional authority. That's a bad place for decisions to come from. A person in a positional authority should be ensuring that knowledge and sound judgment is used versus just making the decision. I see that failure occurring too often. Another important guidepost is your character. So there's ethics and accountability. On the ethics side, if there's a conflict of interest you need to declare it and take yourself out of the decision. Or, at least, declare it so that people know what your bias is. And then accountability, which is people's ability to count on you. If you're not willing to put yourself in the position of someone who might suffer a negative consequence as a result of your decision, you are not accountable. If you're not willing to take negative consequences yourself when you make bad decisions, you are not accountable.

And then competence. It's funny that competence is the lowest one on the list; it's important, but it's not the most important. So you have to have the competence to ensure that you've got the right priority and the right information and the right alternatives. And typically, that doesn't exist in one or two people. Typically, you don't do well unless you have people with different biases involved.

So the strategy for minimizing failure points is to bring everybody on the same side, which can be really hard when you've got strong biases. In order to make that work, you need some ground rules—guiding principles or values—and you need a process. I'm a trained facilitator in situation appraisal, problem-solving and decision-making, risk assessment, and management. There's tools—they call them instruments—that help guide groups with dissenting opinions to a good answer. So if you've got ground rules and a process and a group facilitator, you've got a better chance of achieving a good result.

Consensus is what you're trying to achieve. And that's not necessarily agreement, but the participants can live with and support the priority and the information, the alternatives, and the decisions. Once they support it, they're bound to support it publicly. So you can't be involved in this and agree in the group and then go outside and say, "I don't agree with what everybody said or did." You might not like it. But you understand, and you find it acceptable, and that's really what consensus is.

Applied science is a process. So we didn't do applied science: The only reason not to do this is when control is prioritized over doing what's right. And that's a values failure.

So here's—from where I used to work—most of our guiding principles. I'll just read a couple of them to you. I think you might agree that it's easy to get agreement on these types of principles.

[00:15:00]

"We have the courage and conviction to do what is right: we achieve our results with courage, wisdom, and integrity, being ethical in all of our endeavours, principled in our decisions, and accountable for our actions.

"We interact with care, honesty, and respect: we uphold the dignity and worth of our colleagues and everyone we interact with in our communities."

So really, these principles—I'm not going to read them all—but they answer things like priority. They answer things like stakeholder engagement, character. And then they answer where we get our authority to make a decision.

So now we're into the meat of things. This colourful table is called a risk matrix. When we do risk assessment—when we evaluate risk, when we evaluate mitigations—we use a risk matrix. Lots of people believe that risk is consequence: I'm going to suffer death. That's only half of the equation. We also need to put probability into that. So there's some tables on the right that show probabilities, and really, probability is just a number. We've got some word descriptions like "it's a 'likely' probability; it's an 'unlikely' probability, 'rare.'" But those all translate to numbers, and the numbers are on the page there. And then consequence—we've talked about death as a consequence—that's also on the table, on the right.

So just to put this in context, I've got an example. In 2020, there were 15,000 accidents that were fatal in Canada. So the probability is grade four math; I'm an expert in grade four math: 15,000 over the population of Canada gives you a number, and that's a Probability 2. See over here. So a Probability 2. And it's a fatal accident, so it's a C4 [Consequence 4]. When we put it on the matrix, it looks like that [generalized Medium Risk 8].

When we've got a new risk coming up, we should be comparing it to a risk we're familiar with. Because new risks are— They get into your emotions if it's something really unfamiliar. So accidental death in Canada: it's a generalized Medium Risk. It's an everyday risk we're at peace with and we all tolerate. We apply diligence to it, but we're not stressed out. I drove from Cochrane today: I wasn't stressed out driving here; I could have been in an accident. So it turns out that the generalized COVID risk is exactly the same as accident risk. And I'll show you that a little bit later.

What is risk mitigation? Risk mitigation is putting a barrier in front of the hazard. So ones we're familiar with are seat belts and airbags, and they address consequences. They aren't helpful if you're not in an accident. But if you're in an accident, they reduce the probability that you will be harmed more than you would if you didn't have those mitigations in place.

Probability mitigations are those actions that you take to reduce the probability of something happening. So attentive driving is a good example: if you're paying attention to your text, your cell phone, your probability of being in an accident gets higher.

Mitigation effectiveness assessment: In risk management, when you add a mitigation, you have to evaluate it. Does it cause a change to the risk position on the risk matrix? So if we go back [Risk Matrix Table]— If I'm going to mitigate, say, something up here, it should

cause a change in position. It should be down and to the left. So that's what it means, that we need to change the position in the risk matrix.

Does it introduce new risks? Because, sometimes, mitigations do. And airbags are a good example of that. So airbags introduce a new risk to small children. That's why they had to add a mitigation on the mitigation. That's why when I've got my grand puppy in the seat beside me, the airbag is not deployed because the dog weighs less than what's safe for that airbag to deploy. And then, is there cost benefit?

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And, again, if there's new risks, are they mitigated?

So let's get into a little bit more detail. This table [COVID Risk Factors], the first column is age group. All the data that I will use relative to COVID comes from Government websites. So the first column is the age group. The third column is the number of deaths that occurred in Alberta in those age groups. The fourth column is the number of people in that age group. What we see is that the average age of COVID death is 79, and 99 per cent of deaths were over 40-years-old. And nine one-hundredths of one per cent [0.09 per cent] were in the under-20 age group.

So I heard a little discussion earlier about pre-existing conditions. I pulled this off of the Alberta website. You can't find it anymore. I just happened to get it before it was taken down. And we can summarize some things from this. The average number of pre-existing conditions of a COVID victim was 2.6 or more. You'll see this red part of the chart here; it says three or more. So that's why when I average it, I say 2.6 or more. Ninety-six per cent of COVID deaths had at least one pre-existing condition, and four per cent of COVID deaths had no pre-existing condition at all.

I also took another snapshot down. It is now disappeared, but it came from the Alberta Health website. In the four months leading up to early June 2022, there were 868 COVID deaths: 79 per cent of those were vaccinated; 21 were not vaccinated. At this time, Alberta's vaccine-unvaxxed ratio was 77-23. So vaccination didn't stop anything: infection, transmission, or death. I'm not saying vaccines didn't have some impact for some people. I'm just saying this is a factually correct statement.

So now let's put these age groups on that colourful risk matrix. If you look at this table over here [Probability vs Reference Risk], each of the age groups is labelled with a letter designation. If you look on the matrix, I've had to add boxes for D and E, so the people under 40 aren't even on the risk matrix. I want to make sure I'm clear: I've added those boxes; they aren't on the risk matrix. So if you're in a business and you are good at **managing risk, you do not put a mitigation in for something that's not on the risk matrix. It's illogical.**

Now, there were 32-and-a-half million vaccinated Canadians: that's from the Canada Health website; that's people that had two jabs. There were 10,685 serious adverse events. We just do our grade four math, and we get a number [10,685/32.5 million = 0.00033]. So we're not talking about death here; we're talking about a serious— So we're in this column [C3, Significant] and this probability [P2, Unlikely].

Okay, so what are these serious adverse events? This is again from the Canadian website: 427 deaths reported; 1,500 cardiac; 1,500 clotting; 87 spontaneous abortion; 468 paralysis and stroke. And we've got a safe vaccine. So if we look at just the deaths and we do 427

over 32-and-a-half million, we end up with 1 in 75,000, which is also off the risk matrix. So from the perspective of death as a result of the vaccine, it is an acceptable risk.

So this analysis is more like an autopsy; it's based on what's already happened. Health Canada statement says, "The benefits of all COVID-19 vaccines continue to outweigh the risks of the disease."

Well, what about the risk of vaccine injury? So for the under-20 age group, 670,000 people would have to be vaccinated to save one life, and that would probably result in a vaccine injury to 221 people,

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including nine deaths. So the harm far outweighs the benefit. So I don't know what risk matrix they're using, but the one I have 20 years of experience, or close to 30 years' experience in, wouldn't support some of the statements that they've made.

So when we talk about moving on the risk matrix, you'll see the people in age group A would move with the mitigation down and to the left, which is what we want. The people in group B would move to the left, which is what we want. The people in groups C, D, and E would all be moving into a worse position on the risk matrix.

This isn't new information. This was in the Great Barrington Declaration, which states, "We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza." So I looked at the influenza results for Alberta this year. There's been three influenza deaths in the 0-19 age category; that's higher than the annual rate of COVID.

So let's talk a little bit more vaccine risk benefit. I'll explain this table a little bit. The age group is in the first column. The number of people that have to be vaccinated depends on the efficacy of the vaccine. If you want to save one life in the under-five age group and the vaccine efficacy is 50 per cent, you have to vaccinate 1.5 million of these children. If the efficacy is 25 per cent, you have to vaccinate 3 million. But when you do that, if you apply the injury and death rate, you can see that anything that's in the red, you just don't want to do it. So Health Canada implies that vaccines are safe at one death per 75,000 vaccinated—two-jab people. Using the same criteria, you are safe from COVID in the red shaded area without vaccination. So we have this data available to us, and it would have been available within the first six months. They would have been able to see the stats rolling in. Perhaps we could have had a health care practitioner that could use tables like these to provide vaccination guidance to individuals or groups based on age, pre-existing conditions, risk tolerance, and vaccine efficacy.

It's interesting that 10 countries didn't have a pandemic. So Nigeria, Republic of Congo, Tanzania, Niger, and there's six other countries like that that have deaths in the 15 people per million population as a result of COVID. Of the 10 countries that had a population of 438 million and compared to G7 countries, they did between 1 and 200 times better. So I heard someone say earlier: "We're not a third world country." I kind of wish we were a third world country. For Canada, the results would have meant about 98 per cent reduction or 50,000 fewer deaths. So my question is, Wouldn't science or just due diligence want to know why 10 countries did not have a pandemic? And didn't we have the money to assess this? We built up half a trillion dollars in debt. Couldn't we have sent someone to

investigate this and understand it? Ironically, all 10 of those no-pandemic nations have endemic malaria, so they use anti-parasitics.

Lockdown effectiveness. So Sweden, they delegated down in their bureaucracy to the state epidemiologist who said, "The cost of locking down would be horrifyingly high." He's a prophet. So the Swedish population had a few restrictions, but most COVID measures were entirely voluntary. And this chart compares the U.K., or Britain, to Sweden. Britain had fairly severe lockdowns. Sweden had none. If you look at the two traces,

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they're pretty close to on top of each other. And if you look at the data, when we had the data, you look at these first two bumps. This line [green line] represents the end of 2020: at this point, you could write a master's thesis on this data and make decisions from it. So Sweden, without locking down, achieved better COVID results than other G7 nations, such as USA, Italy, U.K., France, who had some of the most stringent lockdowns. And the question, doesn't science have curiosity? Don't we want to understand how an alternative approach was working? Didn't we have the money to research this?

And then, one more little point: South Dakota was the only state in the USA that had zero lockdowns. Twenty-one lockdown states had higher COVID deaths. South Dakota was right in the middle of the states in terms of their COVID deaths. So just another mitigation effectiveness point.

Another point here is if we'd applied lockdowns when death rates were going up and taken them off when death rates came down—reapplied, took them off—we would have convinced ourselves that we were doing something of value. Very good correlation here. No causation whatsoever.

So Alberta ICU [Intensive Care Unit]: two weeks to flatten the curve. So the blue line here is ICU capacity; the pink shaded area down below here is how full is the ICU. So in 1100 days, the ICU was overfull for 17. And it got to about 10 per cent overfull. Again, you can see the blue arrows up and down related to lockdowns increasing or decreasing. And there's one more flag on here: This flag is, by the time we reached mid-July 2021, all the over-age-40 people or 99 per cent of the vulnerable people had been provided vaccine opportunities. I don't know the rate at which they were vaccinated, but they were all provided the opportunity. And the peak in ICUs came after that. We, again, added half a trillion dollars in debt, and we didn't build any more ICU capacity.

So masks, I just took one piece of information from the organization called Cochrane, and it's got nothing to do with where I live. Its reviews have been considered the gold standard. **And this is their statement: "There is just no evidence that masks make any difference. Full stop."**

Now, let's talk about priorities. The legal priority of the Government is to uphold the Constitution, and within the Canadian Constitution is the *Charter of Rights*. The *Charter of Rights* protect freedom of association, expression, religion, et cetera. "In order to suspend these rights, section 1 requires that there must be evidence that either the state is in peril or the existence of the state is in peril." So that's words from Brian Peckford. And I was told also, to state that "Canadians are in peril." Okay. The onus of proof on section 1 is on the person seeking to justify that limit, which in this case was the Government.

So here's the top 10 leading causes of death in 2020. When we do our probability math, we see there's actually two buckets on this page. Below the red line is Probability 1. Above the red line is Probability 2. And I also want to talk right now about what an emergency is. An emergency is an urgent, sudden, serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property.

So if we go back to our accident example—on an individual basis when there's an accident—someone might be bleeding, they need emergency assistance: we need an EMT [Emergency Medical Technician] there, lights and sirens, et cetera.

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But when we're talking about national, we're not talking about that. We're talking about the national risk and the national harm.

So the national harm— And this is really cold and unemotional. People die from COVID; people die from accidents. That's really crappy. But we need to approach decisions like this without emotion. The national harm is death of four one-hundredths of one per cent [0.0004%] of the Canadian population each year. That's what accidents are. It's the same for COVID. And it continued to be the same for three years, and now it's declining. This year it looks like it'll be about 11,000. So it's going to fall below the red line this year.

Which is more peril? Accidents or COVID? Accidents pick on everyone: COVID picks on the aged and infirm. Accidents are normalized: COVID is fear-producing. Accidents and COVID produce about the same number of deaths. Accidents produce 225,000 injuries a year: long-COVID, I don't know. I couldn't find data on that. For accidents, the mitigations are harmless to individuals and harmless to society, and are subject to proper legislative process. The mitigations for COVID cause loss and suffering to individuals, cause loss and suffering to the nation, were subject to coercion through unjustified emergency powers and medical ethical violations. Accidents are easily characterized: COVID competes with 2.6-plus other potential causes and pre-existing conditions.

So they're the same. There is equal justification to suspend human rights to mitigate accidental deaths as COVID deaths. And I would say a mitigation that would be effective on accidents is to close highways to all but essential traffic. That sounds a bit absurd, doesn't it? So when you're looking at this, if you go back to the previous table [2020 Top 10 leading causes of death] and on the left-hand column, those were all labelled A, B, C, D, E, and you didn't know where COVID was, you wouldn't think it was an emergency because you got so much evidence that it's not.

For a nation, the logical priority is to protect what underpins our needs. Same with a business. I worked where we had a goose that laid golden eggs, and business is the goose that lays the golden eggs: it pays for all basic needs of all individuals and is a source of all Government revenue and social security. And the hierarchy in business is production. Production underpins all business: the production of lumber, the production of wheat, the production of cattle, the production of minerals, the production of automobiles. That's what our economy is built on. And thriving business leads to affordable food, energy, and housing, and supports the tax base.

So we've got legal priorities and we've got logical priorities. Let's put those mitigations on the matrix [Mitigation Results]. I'm not going to go through what vaccinations and the

mitigations did not do; I've already done that. But on the financial side, it didn't take much homework to see some really disturbing things.

So per taxpayer, we're going to be paying about \$3,300 in debt servicing compared to 2019. So a two-income family, that's \$6,500. If someone has a \$300,000 mortgage and they didn't have a fixed rate, they're going to be paying about \$8,300 more. Rents are \$2,000 a year or more. Food for a family of four—that's from Dalhousie University—is up \$4,000 since 2019. Heat and fuel is up \$2,000. And I want to be really conservative in this number, and so I picked a conservative number: there's 15.3 million households, works out to about \$170 billion a year extra that Canadian families are going to have to pay.

[00:40:00]

And that's not including paying down the debt, which really is just deferred tax. So our mitigations moved our national risk—which was a medium risk—to extreme.

Accountability—This chart shows a business here in the light blue, and at the top of the chart is the C-suite: the CEO [Chief Executive Officer], the CFO [Chief Financial Officer], Chief Medical Officer. In a private and publicly owned business, that suite of people have legal and personal accountability. If they make very bad decisions, they can go to jail. If they make poor business decisions, they can lose compensation. It's what real accountability is about. Without consequences, there is no accountability. Immediate and certain consequences are strong; those can be as simple as a pat on the back or a boot print. Future and uncertain consequences are weak. I've probably done 2–300 performance appraisals in my career. And about 80 per cent of people really don't connect with those very much. They don't relate to them. It's only once a year, and they don't know what the outcome is going to be. So can you imagine if there's an election every four years? That's a really, really weak consequence.

So we have a broken consequence model [from slide].

Pfizer and Moderna had unprecedented revenue increases: Pfizer's up 70 billion a year for at least two years now; Moderna is up 19 billion a year for at least two years. Moderna's income was zero four years ago, and now they're making 19 billion a year. The federal government contractually transferred liability for vaccine injuries from Pfizer and Moderna products to the Canadian taxpayers, and those contracts are unavailable for taxpayer review.

The federal government bureaucrats received \$191 million in bonuses and raises throughout the pandemic. The MPs [Members of Parliament] received their automatic raises. The Canadian public received \$170 billion worth of cost-of-living increases, and **total deferred taxes went up by \$566 billion. And that's more than \$50,000 per Canadian.** So if you're a family of four, that's more than \$200,000 in deferred tax that you will eventually have to pay.

The vaccine injured received pain, suffering, stigma, long waits, and claim scrutiny. Vaccine approvers and safety claims have not been publicly scrutinized.

Mainstream media news generally aligned with government narratives. CBC [Canadian Broadcasting Corporation] receives \$1.2 billion in tax funding and received \$85 million in raises and \$99 million in leader bonuses over three years. Other mainstream media received \$600 million in taxpayer-funded corporate welfare, while mainstream media shareholders received dividends.

Individual lawsuits aimed at holding the government to account have to secure independent legal financing. The government chooses the arbiters of these suits and uses taxpayer funding to defend its actions.

Medical governance has disciplined doctors for non-compliance to approved therapies. Have they disciplined doctors who advised further vaccination to the vaccine injured? (I don't know.)

There are laws to ensure accountability of officers of private and publicly traded businesses. There are laws that indemnify elected officials.

Leadership—What we had was a reaction, and I would say an emotional reaction. What we want is vision. We want our basic needs met, and we don't want them met by the government. We want them met by a good economy. And vision looks like freedom and opportunity. What we had was bullying, gaslighting, and emotion. What we want is knowledge and capability, and that looks like seeking and acting on wise counsel. This nation is filled with wise people. What we had was lack of transparency and "cover your butt." What we want is commitment and accountability:

[00:45:00]

consequences commensurate with the result. What we had was division. What we want is unity and compassion, focusing on what brings us together. I took a cultural diversity course—I don't know—15 years ago. It was a three-day course, and I took away one thing: we're all 90 per cent the same. Why do we focus on a 10 per cent difference?

So I'll end with my prayers. God keep our land, glorious and free. You can look the other one up [II Chronicles 7:14]. Thanks.

Leighton Grey

Thank you, Mr. Beaudry. I wonder if you could turn to, I believe it's the fourth slide in your presentation. It's the one that has a strategy for minimizing failure points at the top. It talks about applied science as a process. That's the one. I wonder if you could put in that little part at the bottom right-hand corner? Yes. [Graphic reads: "The only reason to not do this is when control is prioritized over doing what is right—a values failure."]

I want to take what you said, and I want to put it in the form of what lawyers call "a hypothetical." And when people hear the hypothetical, it's going to sound hauntingly familiar.

So it turns out that what happened in this province, in Alberta, was that our government had no interest in a consensus process like you've described here. What we did instead is, under section 29 sub 4 of the *Public Health Act*, a Public Health Act dictator was set up. One person: Deena Hinshaw, Chief Medical Officer of Health. It seems to me that's the beginnings of where we went wrong. But you say there, in the bottom right-hand corner of that graphic, "The only reason to not do this is when control is prioritized over doing what is right."

I want to present you with a little hypothetical, and then I want to get your opinion about this.

Most people who have done any management training or taken an ethics course are familiar with something called the “dilemma of the trolley track.” It goes something like this. Trolley dilemma is an ethical thought experiment where there is a runaway trolley, a train, moving down railway tracks. In its path, there are five people tied up and unable to move, and the trolley is heading straight for them. People are told that they are standing some distance off in the train yard next to a lever. If they pull this lever, the trolley will switch to a different set of tracks but will kill only one person who is standing on the side track. People have the option to either do nothing, allow the trolley to kill the five people on the main track or pull the lever, diverting the trolley onto the side track, where it kills only one person. It seems that this has been presented many times all over the world. Results show that—over-ridingly—historically, people in Europe, Australia and the Americas (that’s us) were more willing than those in Eastern countries to switch the track or to sacrifice the man to save more lives. But in Eastern countries, such as China, Japan, and Korea, there were far lower rates of people likely to support this morally questionable view.

Let’s bring this closer to home. I actually put this trolley dilemma in some form to our Chief Medical Officer of Health when I had the opportunity to question her. I said to her, “Look, you knew that when you were imposing lockdown restrictions, you were suspending, violating the human rights, the civil liberties, you were destroying or upending their businesses, the economy, schools, all these things. You knew that. And you did it anyway.” Her answer was that, on balance, the lockdown restrictions and other public health measures were justified in the public good. So in her hierarchy of needs, in Alberta, we needed to preserve the healthcare system.

So my question to you is this: Seeing how our Chief Medical Officer of Health sorted out her own form of trolley dilemma,

[00:50:00]

would you agree with me that that proves your conclusion? That the only reason to do what she did was in the hierarchy of needs to prioritize control over doing what was right? Would you agree with that?

Dean Beaudry

I think we put her in an awkward position when we didn’t put her with a team.

Leighton Grey

Right.

Dean Beaudry

So there’s a lot of things to protect, and this isn’t an unusual situation. You encounter this in high-stakes business all the time. There’s always things that need to be balanced. There’s a lot of things that I feel went wrong.

When you put in mitigations and you don’t assess their impact or where they land on the risk matrix, that’s a big problem. When you have dissenting opinions and they’re qualified people and you don’t bring them in, that’s wrong. There were so many things that went wrong: the level of competency is either really, really unbelievably low, or what’s going on is intentionally trying to mess up our economy. It’s hard to believe that the incompetency

could be that low. This isn't that hard, and there's lots of expertise: we have lots of expertise in Canada; we are a brilliant nation. I can explain how to do it right based on 30 years of experience. I can't explain how anyone can possibly do it this wrong. I have no explanation.

Leighton Grey

Thank you, sir.

Dean Beaudry

I would say, though, that when we get to be a nation that doesn't protect our children, it sickens me. It's just unbelievable.

Leighton Grey

Well, I'm sure on that point we can all agree.

Thank you for your presentation. I'd like to open up to the panel now. Who would like to go first?

Commissioner Massie

Well, thank you very much, Mr. Beaudry, for your excellent presentation. I'm kind of familiar with these kinds of matrix risks. We used to do that all the time for our research projects.

One of the challenges as you do that is the assessment of the risk level because some of that are not that precise in terms— I mean, there's a value judgment in all of these risk assessments. I understand that in order to come up with the best possible level of assessment, you need to probably get the opinion from different people. And what I've seen as we were doing that, typically, is that the opinion varies with the individual. But also a very important factor in this variation of opinion is the further away people are from the operation—people that are really high up and not doing the stuff very often—would have either completely low, low, low level of assessment or extremely high because they are not connected.

So what would you suggest in order to practise that in a more meaningful way? Because you know, health is a big thing; it's not that easy to define. But what would you suggest, within government health institutions, to really come up with the best practice to do that?

Dean Beaudry

Well, it's called stakeholder engagement.

I was in a business. I worked in 13 different roles; I worked in many different departments. And every department thought the other department was stupid. And that's almost like human nature. That's why you bring people together because once you bring them together, you realize they're not stupid. You realize that their opinion has a basis. And if you're unwilling to do that, you're not going to get the right answer.

[00:55:00]

I had 20 years of people that really understood the vision and values and really understood delegation. And then the head of my organization was lopped off, and a whole new C-suite came in. And they were micromanagers; they thought they knew everything. And the performance of the company went down rapidly when that happened. So you need to engage the people that are closest to the front line. The frontline people— Like if in health care, all the doctors and nurses and everyone on the frontline had everything they needed, there would be no need for management. Period. If they're well-trained, they know how to do their jobs, there's no need for management. So management's job is to support them. And the way you support them is you get them involved in decisions that impact them.

So I don't know if that answers your question. But, yeah, it's stakeholder involvement. You need stakeholders involved. To be accountable, you have to be— you have to look the person in the eye that's having the negative consequence. When you're not doing that, you're just not an accountable person. And you shouldn't be in leadership.

Commissioner Massie

My other question in that space is with respect to perception of risk. Because sometimes people will have a perception, for example, that flying a plane could be more dangerous than driving their car. Because when they fly a plane, there's a lot of things that are out of their control. And when they drive their car, they feel that they have it under their control. So that's one aspect that can actually distort a little bit the perception of risk, and it could actually have a major impact when people will come up with risk assessment.

And I'm wondering, in the beginning of the pandemic, there's been a lot of decision in government in the western country based on modelling, which actually were predicting a very, very terrible outcome if government was not doing something to mitigate the risk. Do you think that this has distorted the perception of the risk and created all kinds of other consequences in the decision-making process?

Dean Beaudry

There is no doubt that that distorted how people felt about it. But when you do modelling— Like, if you do any modelling, you do testing with reality. Within three months of people starting to die of the pandemic, you could have looked at what the trends were and compared it to the models, and you would have found that they were vastly different. I would say, probably somewhere between three and six months in, you could have predicted exactly what—well not exactly—but quite close to what actually rolled out. It was predictable. So the modelling is— Well, it turns out it wasn't very useful, and it created fear. So emotion, we talked about it quite a bit, emotion needs to be out of these decisions. And understandably, it's hard to do that. But it needs to happen. We need to detach from our emotions. Lots of people have given testimony, and a lot of hurtful things have occurred as a result of emotion and not fact. And we've trended towards not listening to people who have experience in dealing with facts and information and data; we've trended towards opinion-based things.

At one point in my career, I was doing projects and just saw lots and lots of poor decisions coming out. I set up this criteria saying you need to write down the information that you're using to make the decision. You have to label it. You have to label it fact, opinion, or assumption. And that was transformative. Because once people realized that they were making decisions on basically hearsay or models or things that couldn't be proven as factual,

[01:00:00]

my project teams actually got to work. They started understanding the whole— When you're making a decision, it has to be based on facts or well-corroborated opinions, and minimize the assumptions. I can't see any evidence of that having occurred.

Commissioner Massie

You also mentioned that the data was probably baked in three months, at the beginning of the pandemic; we should have already adjusted.

Dean Beaudry

Right.

Commissioner Massie

And we've heard from other people, other experts, that it was true also for other data that were coming in for efficiency of masks or vaccine, and so on and so forth. And it seems a current pattern in government that there is a big lag between acknowledging what are the real data and the decision.

So I'm wondering, why is there this kind of inability to recognize or to update the data? Because you mentioned something about cognitive dissonance, I'm just wondering whether this inability to acknowledge that what we have thought needs to be adjusted—and it lags long, and there's a very long process before it is acknowledged—could that be due to what I would call emotional dissonance? In the sense that the status that you get from associating with your opinion is threatened the moment reality show you that it doesn't jive anymore. And you will probably cling to it to avoid the consequences of having your status challenged because you were not right for a certain period of time, and you really lag to acknowledge it. So what do you think about this idea?

Dean Beaudry

That's part of the values crisis. It's really hard to admit when you're wrong. But it's also very freeing. And you know what we have to do is we have to just practise it. Because you practise it a couple of times, and you realize your reputation actually gets better when you're honest. So yeah, it's part of the values crisis, and I can't answer for people who have different values.

But I will say this. When you get people in a room and you say, "Do you believe in these values? Do you believe we have the courage and conviction to do what is right?" no one is going to argue with those values. If they do, they'll be shunned, I'm sure. When we're together, we have better values. No one's going to say I like lying as a value. Or I like not being transparent as a value. And so, as Canadians, as leaders, we need to ask ourselves what our values are. Do we believe in telling the truth? Do we believe in being accountable? Do we believe in talking to the people that are most impacted by our actions? This is what the pandemic is: it's a pandemic of loss of values.

Commissioner Massie

Maybe I'll ask two quick questions, I guess. In your model, you took the numbers straight from the government website in terms of assessing the number of COVID dead or adverse effects of the vaccines?

Dean Beaudry

Yes.

Commissioner Massie

So if we take these adverse effects from the vaccine, we've heard other experts mentioning that there's most likely an underreporting factor. You have not used that underreporting factor in assessing whether the vax, as a mitigation measure, would actually move even further towards higher risk than lower risk.

Dean Beaudry

Well, definitely. You know— Who knows? If someone dies, they can't report their side effect. Who knows how much is there? That's why I use the actual numbers on the website.

Commissioner Massie

And even with these numbers, you think that the mitigation measure was not doing what it was prepared to do?

[01:05:00]

Dean Beaudry

I'm saying the mitigation appears to have been helpful for one or maybe two age groups. That's what it appears.

Now, if there were much more adverse events, then maybe it was only helpful for one or possibly none. I don't know without validated facts. I did hear testimony today where only half of the adverse effects were even acknowledged, and half of those were cancelled, if you will. So yeah, the number is probably much higher, and the risk is probably much higher. But I don't have my finger on that pulse. That data appears to be carefully guarded.

Commissioner Massie

On the case of the COVID deaths, you took the number from the government. So you're assuming when you range it in the same level as car accidents that all of the COVID deaths that we get from the official number are really attributed to COVID as a primary cause or main cause of death?

Dean Beaudry

Yeah, I didn't challenge— I just used the data; I didn't challenge. So if a third of them— If there's four comorbidities and the person has COVID, wouldn't that mean that only 20 per cent of them died of COVID? Maybe the other four comorbidities or pre-existing conditions were the cause. Unless we do an autopsy, we don't really know. And it appears like there

was a lot of encouragement to label things COVID when it wasn't. A 14-year-old died of brain cancer, and they say it was COVID. I don't think so.

Commissioner Massie

But your analysis is based on the official number? No challenge to that number?

Dean Beaudry

The analysis is based on the official number. Yeah. You guys can look it up yourself at Canada Health and Alberta Health. Except for the things that I've told you have been taken down. But I said I would tell the truth, and the truth is I got that information from Alberta Health.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

I would like to thank you for bringing forth II Chronicles 7:14. I think there's a spiritual component to the last three years that we have not discussed. So thank you.

My question has to do with very early in your presentation, you spoke about Canadians suffering severe social, emotional, educational, mental, and physical, and economic consequences of lockdowns and mandates. And I'm just wondering, just after that, you ask "Why?" But the question of asking why seems to be from a minority position, maybe. Or, also, the question of asking why is now.

Do you have any understanding as to why people did not ask why very early on when they were actually suffering these consequences?

Dean Beaudry

Well, I think the convoy was asking why. I think lots of people were asking why. And people with dissenting opinions were cancelled. If you look on YouTube policy, for example, it basically tells you, "Don't disagree."

And then you end up with— I had a family member when we were discussing this. This was someone who probably should not have been vaccinated and was getting vaccinated to protect my mother-in-law; and didn't I care about my mother-in-law? When you use **emotional blackmail, you get results. That occurred in my own family, and I'm sure it occurred in lots of families. And then when you take things away from people. Like, I got vaccinated: I'm retired. I want to travel.**

[01:10:00]

I want to see my newborn granddaughter. I can't do that if I don't get vaccinated. So tell me the question again. I think I got off-track.

Commissioner Kaikkonen

Maybe I'll move on a bit. Just from even today, the community standards of YouTube means that the National Citizens Inquiry can be put on suspension for seven days. So how do we get to the point where we ask, "Why?" or ask even more in-depth questions when, 2023, we still have to experience these kinds of things? When can ordinary Canadian citizens choose to ask questions?

Dean Beaudry

Well, this inquiry is the best thing since the convoy. When the convoy happened, I started to feel Canadian again. And this inquiry— I'm thankful to be here. It feels like I have an outlet for pent-up frustration. I feel like I'm among peers and friends and family, other Canadians that I love. I think this is the best thing we can do.

When you've got a person like Brian Peckford who's just such an amazing and honourable guy and mainstream media won't run his story— I don't know how you fix that. I just don't know. I've got family in mainstream media. One night, late at night, there was a conversation ended abruptly in order to maintain the relationship. And I understand. I understand people are in positions that basically require compromise in order for them to express themselves. Or maybe they can't even make that compromise without suffering some other consequence. The consequence model on all this is very, very broken. So I don't know the answer.

Commissioner Kaikkonen

Thank you very much.

Dean Beaudry

You're welcome.

Leighton Grey

It appears there are no further questions. Thank you so much, Mr. Beaudry, for your compelling evidence here today.

Dean Beaudry

Thank you.

[01:12:58]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 9: Colin Murphy

Full Day 1 Timestamp: 08:47:38–09:13:24

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Leighton Grey

Welcome, Mr. Murphy. Our next witness is Colin Murphy. He is a proud Albertan. Calgarian. Welcome to the National Citizens Inquiry, Mr. Murphy.

Colin Murphy

Thanks for having me.

Leighton Grey

Firstly, I wonder if you wouldn't mind just stating your name and spelling it for the record.

Colin Murphy

My name is Colin Murphy, C-O-L-I-N M-U-R-P-H-Y.

Leighton Grey

Sir, are you prepared to tell the whole truth, nothing but the truth, so help you God.

Colin Murphy

I am.

Leighton Grey

Sir, I understand that, as I mentioned, you are from Calgary. You're a businessman.

Colin Murphy

Yup. In business for over 22 years.

Leighton Grey

You have kind of an interesting business in that you produce and run large-scale sporting events and music festivals, right?

Colin Murphy

That's correct. We're a service provider for those events.

Leighton Grey

And you are involved in this with your wife.

Colin Murphy

Yeah. She helps on the side. It's been a family business. My dad started it a long time ago, and so it took a long time to slowly build up the inventory, build up the reputation, and the client base that we have.

Leighton Grey

So I understand that when the pandemic was declared, this was hugely disruptive to your business.

Colin Murphy

It's interesting. In the event space, when you get to be well known, you almost have your year laid out, especially when you've been doing it for 20 years. So around December/January, when it was coming to light that COVID was coming around, you immediately start to go, "Where's it going to impact me in three months? Five months? Down the road," right?

But you already have your summer laid out in December. So it's more: When's it going to hit? And what's it going to do? And how as a business can I get through whatever they're going to do? But it's unprecedented. You don't know what they are or aren't going to do to you. But you see it coming for sure.

Leighton Grey

Is it fair to say your business is somewhat seasonal, or do you have these events going on year-round?

Colin Murphy

I would say 80 per cent of my revenue comes in the summer. Those are almost all annual clients that always occur. You might get a deviation of five, ten per cent, more or less, but you always have the same clients. You're doing the same events. It's a great time. You know what you're doing. You have the staff. Everything is allocated perfectly.

Then in the winter we were lucky enough. It gets thinner. It's quite competitive, but we had one or two really solid clients. It was a sporting event, and you traveled all around Canada, and it was a great, great contract. We really loved working with them and just seeing all around Canada.

Leighton Grey

I understand that just in the first year, bearing in mind that the pandemic was declared in March of 2020, just in that first year though, your business lost over a quarter of a million dollars. Is that correct?

Colin Murphy

Well, so COVID happens, and everyone starts getting really, really nervous about it. And no one knows what's going to happen. So they basically cut everything in March. We were not allowed to do any more events. So we go home, hang with our family, and ride this thing out to see what's going to happen.

I believe it was around April where I think Quebec was first. They basically cancelled the summer. They said, "No more events in the summer." And quite quickly, Jason Kenney completely followed suit and said, "We're not doing anything this summer."

So I've got three permanent staff, including myself, and four or five contractors. And basically, our revenue went from \$300,000 to zero. We had to lay everyone off, had to cancel everything, and basically shutter the business. Everyone had to go off of employment because we didn't have the means.

The problem was that one of the things that was established was that the government was going to cover 75 per cent of the wages. But if you have no revenue, you can't cover anything. So basically, what ended up happening was we shut down to ride the wave out. And again, I'm going to be sympathetic. No one at that time knew what was or wasn't happening. You could get some data, but to be sensitive, you basically grinned and bore it and said, "Let's wait and see what's going to happen." This is the first summer. So the whole thing was completely shut down.

Leighton Grey

Notwithstanding that really catastrophic situation in 2020, I understand that you were able to retain and maintain some of your customer base.

[00:05:00]

Those of us who lived in Alberta during that time remember the phrase "graduated reopening," which started to happen—did you just cringe?—started to happen in 2021, right? And I understand that there was sort of a "bubble" approach that permitted you to put on some limited events in 2021. Is that right?

Colin Murphy

So most events have to work eight months to six months out of their event date to get organized and actually get all the ducks in a row.

The problem was that they shut down the summer, but when September came along there was no guidance. There was no leadership. There was no— Everyone was chasing everyone else saying, “What do we do? What do we do?” I honestly don’t think— No one wants to take accountability, so they defer everything to the next person. Even my clients— I don’t blame anyone. But everyone’s looking for answers and deferring to the next person, deferring to the next person, so that when they’re wrong, they can actually say, “Oh, that wasn’t me who made a decision. I relied on them.”

But, basically, most of my clients could not get any planning or anything done going into the next winter. But I was very lucky because one of my clients was able to establish a bubble and through those means we were able to hire some people back on and get through that with the revenue.

However, we came back up to the summer, and there were no guarantees the summer was going to be open. Because the summer was closed before, everyone was still nervous. So everyone had to basically hold back on all their plans. So once the bubble was gone, then you still did not know what was going to happen in the summer until Jason Kenny, again spontaneously, said two weeks before the Stampede, “Hey, we’re open! Let’s go!”

Leighton Grey

Right. COVID-free forever. Who could forget?

Colin Murphy

Let’s rock it!

Leighton Grey

I understand, also, that through your business you run events, you produce events, outside of Alberta and that this posed a problem for you in terms of the differences in restrictions as between Alberta, Saskatchewan, Manitoba, and other provinces. Do you want to talk about that a little bit?

Colin Murphy

What’s interesting is people don’t really know how things flow.

So we’re going to get into vaccination time. The whole goal was that once everyone got vaccinated, everyone could return to normal; we could start doing events again.

Unfortunately, I’m not vaccinated for my business, and I’m looking at this— One of my main clients who did the bubble and they presented me with a scenario in August saying, “Great news, we’re open for business.” But it was going to be 90 days on the road.

Now I’m sending three to four crew on the road all around Canada. At that time, the quarantine rules were different in every province. And they were spending about 12 to 14 days in each location. So what was happening is that I’m looking at my chart here saying, “I’m going to send four people to St. John’s.” They get to St. John’s, and all of a sudden on day eight or day nine, it doesn’t matter what they’re doing, they get COVID. Well now, they have a 14-day period where they have to quarantine in St. John’s. But their plane leaves in five days, and the event’s all done. And they have to go to another event. So as a logistics manager, I’m a small company. I don’t make millions and millions of dollars. So I’m going, “Whoa, whoa, whoa, I can’t take this liability.”

My client, they like my services. But I can't provide them the services because of the unknown because of all these weird regulations and where things were. And so because of that, one of my best clients— These are people who we've worked with for a long time. The volunteers at these events, we would see the same ones. It was such a community. And my workers, who I absolutely adored, they did such a good job. And for no reason of my own, all of it got wiped out. Just all gone.

You can't do anything about it. You can just go, "Oh, that was nice. That's a good memory, and let's move on from here."

Because there was no consistency across the board, it was impossible to schedule anything. So unfortunately, I had to get rid of that contract, which was my winter contract. And so then things got even thinner. And that was when things started kicking in and everything else was changed.

Leighton Grey

I understand that you tried to bring your frustrations with the lockdown restrictions to your elected representatives but without much success.

Colin Murphy

I'm very fortunate because I have Jason Copping in my riding,

[00:10:00]

and we all know what a wonderful person he is. So when COVID was hitting in April, the very beginning, I had a long conversation with him on the phone. I basically was saying what I believed to be where this may be heading. Not that I was right or wrong but just "Hey, watch out for this."

Multiple times throughout this whole ordeal he does answer the phone. I've had several conversations with him. I've gone to his town halls. I've tried to present things to him to try to mitigate and, early on, try to open up earlier and/or provide alternatives to the way the course was being set for us. Every single time he would— He would basically just ignore you. He would just stare blankly at you and go, "Okay, Okay, Okay," and then nothing would get done.

If he wanted something from you, he would answer your calls. But if you sent a video to him or some statistics or anything to him, there was just no response. I'm not saying he should listen to me. I'm not a medical person or anything. But I was pleading to look at **those people who he should be listening to. People who are way more knowledgeable on the subject than me, and there's tons of resources, especially now. But they're still not doing it, and I have no idea why.**

Leighton Grey

I understand, sir, that despite all of this, you're still involved in your business, but not to the same level. Why is that?

Colin Murphy

Well, you can't. I don't trust the government anymore. I don't trust anything they're going to do. All the events are there to bid on. For me to actually go and say, "Okay I want to get this contract back, or I want to get this contract back." Then now, I have to hire people. Now I have to train them, and I trained guys for five or six years. Now I have to go through that labour of training people and trusting them on the road with my equipment and my reputation.

Once you've done all that, then you bid on the event. Now you're deep into money and deep into investing in personnel, and all of a sudden, the government will come along and change it. So I don't trust any of that, and because that trust is broken, I really can't do anything more.

We're doing well. I'm happy. I've got fantastic clients, and I'm back to when we were small. You grind it out. You do what you can. My dad's 78, and he's still joining me on the road. So you do what you can.

Leighton Grey

So you've got this great family Alberta business that employs yourself and your wife and your dad and all these other skilled people, has great potential. You had a dream that it would grow much bigger. You obviously have incredible expertise that's applicable.

But what's holding you back really is something emotional and psychological and, to some degree, rational. And that is your distrust in your government because you're afraid that if you do invest all that time and energy—and every business owner knows what this is like. I feel you, okay. To have a sense that a government, which is supposed to be there to support you, to help you grow your business, or at least not interfere with your ability to do that; you're worried that that's the very entity, the very force, that's going to come along and pull the rug out from under you.

Colin Murphy

Well, when you have a business, the right way to do the business is you believe in something. You put your house on the line. You buy equipment. You get a loan. Basically, you put everything on the line. So when the government shut down the summer, the first year, you lose all that money.

It didn't pay for your trucks, didn't pay for your trailers, didn't pay for your loans, didn't cover anything. Everyone is like, "Oh, the government's going to support you. Didn't the government give you something?" They didn't do anything. The federal government gave you a loan and, basically, said, "Hey, here's a little bit of money. Take all you want. Pay us back," and that's coming into fruition. It kicks in in December or something like that. Then the provincial government gave a little bit of money here and there. But again, we're talking about a lot of money, risking it all on the line, and I already went through all that.

That's the problem. I don't know how people nowadays— Look at all your small businesses. They all believe in something, and they pour it all into it. You own a restaurant. You own a gym. You own a hair salon. You're a trucker. You put all your money to buy a truck you want to drive across Canada and deliver product. And out of nowhere, the government can just change it. It's crazy, and there's no recourse. There's no recourse for their actions. They just go, "Oh yeah, well, we made a decision." Hey, pay for my grocery bill every year, thank you very much.

Leighton Grey

And the problem is compounded by inflation

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related to the pandemic, higher interest rates, debt, costs of things like gas and fuel, all these things. I expect you have to run equipment and machines, large-scale machines.

Colin Murphy

Yeah. The biggest problem is the supply chain right now. The supply chain is completely disrupted. You guys won't see it, but parts are very hard to get. If you want to get a power distro—it's this thing that converts power so you can run all these things—they say six weeks. But it's probably nine weeks to probably twelve weeks. Before, that was unheard of. The parts don't exist.

And that's now. I don't know where the crunch is going to go. I'm not going to get on the line and foresee that. But there's been a massive change in how things are working right now. And the labour force in our industry is quite thin. In other words, people who you used to be able to— You used to be able to get crew. They're called crew, and they come in, and they help out. There used to be a good supply of crew. And I don't know where they are anymore. They're really not around.

Leighton Grey

So not to put too fine a point on it, comparing where you are now to where you were pre-pandemic, you have the wherewithal to run your business, but the landscape has changed completely.

Colin Murphy

Oh, yeah. And you don't know where it's going to go. You have no clue where it's going to go.

Leighton Grey

Predictability, of course. Thank you, sir. Is there anything that I didn't ask you about that you want to say to the Inquiry?

Colin Murphy

The frustrating part that I have with this whole thing is a lot of people were vilified, but it seems that people don't talk anymore to each other. You can talk to friends and family members, and everyone has a little thing that's wrong. Everyone has a story. But they don't share the stories in one unit, one big group. And because they don't share in one big group, they can't connect the dots. Not saying there are any dots. Not trying to get in trouble here. But it would be nice if somewhere down the road, there is an event or there is a continuous event.

I know it happens in Europe a lot. They go to the news agencies, and they post things on the walls there, or they have marches. In Canada, we've backed away from doing some of that. But we really need a national acknowledgement of the effects of what happened here.

I know that on April 28th is the WCB, Workers' Compensation Board— They have this actual day where they commemorate people who lost their lives on the job. I really think there has to be a really big push. And we have to hammer it through media, who don't listen to us. And we have to all get together. People have to see the effects of all of this. Because by having little chats here and there, they're not talking, by not talking— For my kids right now, I'm worried about the future. It's not just the consistency of labour; it's the consistency of life, the way of life. Because that's all changed. People get used to change, and I don't want some of the change. I don't think it's good change.

Leighton Grey

You don't want Deena Hinshaw's "new normal?"

Colin Murphy

I don't want passports. I don't want any of that stuff. It's just crazy.

Leighton Grey

Sir, thank you for that suggestion and for your testimony. I'm going to turn it over to the panel now and see if they have any questions.

Commissioner Kaikkonen

Thank you for your testimony. I'm sure there's a lot of Canadian businesspeople who could relate. My question is what changes need to happen for you to trust government again?

Colin Murphy

Well, I honestly don't know. Decentralized decision-making is key, I would say, with government. I would trust certain avenues.

Politicians have avenues of employment. How do I say this? Different jobs benefit from different political landscapes. So my political landscape benefits from certain ideologies. So it's biased for me to say what I think is going to help me because I really want more liberty and freedom to do what I want to do, less restrictions, and less saying, "You have to do everything this way and this way."

So I don't really know, but I say decentralized would really, really help. In other words, rules at least where, if there was a decision made in the federal level, it doesn't necessarily impact the provincial level because it might not agree with our certain values and beliefs here. I think there has to be a distinction because it exists in other things across all the other provinces.

So maybe decentralization and talking—getting more input. I will say one thing.

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My industry didn't speak up for itself. I think a lot of small businesses don't have a voice because they're all spread out, and they're everywhere. There's no real big centralized— The unions right now that are protesting, well, they're huge. But small business is the same size, if not bigger, but they don't come together and join that. So maybe some way of

collectively bringing people together and having one voice. I'm sure that would help. But it's a lot of work and I don't know how much time we have to do that.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Good afternoon. We've heard from several witnesses previously about the impacts on their industry. I don't know a lot about your industry, but some of the things that we've been hearing is that the mandates seem to favour large companies and destroy small companies. In other words, they have more resources, they have more money at their disposal, and some of these companies, for instance, our mainstream media companies, got hundreds of millions of dollars to support them.

So what happened in your industry? Did it consolidate? Were the small people pushed out?

Colin Murphy

Specifically in Alberta, three companies became one. In the last three years most of them consolidated into quite large companies. If you look at the large conventions, the large sporting things, those things, they'll all get— There's no question that now that they're so large, they have the workforce.

Some of my old clients— I gave up a client last year I've had for 19 years. I didn't give them up because I didn't want to do their event, and I didn't have any malice to them. I physically could not get the workers and provide the level of service that I was comfortable with to do the job. And so I said, "I'm sorry I can't do your event anymore, and here's some companies that are larger." They were able to get through it because they have deep pockets and/or they have other revenue sources that helped get them through.

I'm not complaining about it. Everyone has their merits and such. It's just unfortunate that as you're getting bigger and bigger and you have this five-, ten-year plan, it doesn't take much—and everyone tells this to you—it doesn't take much, for one little thing to happen, and it just changes everything. Gone.

Commissioner Drysdale

Well, it seems to be a common theme of a lot of the business owners. We've been talking about the consolidation or in some instances, monopolization of their businesses.

Can you comment a little bit on the ability of very large companies to address the needs of very small clients? I mean, Canada is a country of small companies, of small events. Are these large monopolies or consolidated companies able to properly service and are they interested in servicing those smaller events that you used to do?

Colin Murphy

I think most of them will. Most large companies will only go for the large ones. If they go for a small one, they'll bid really high, and they'll basically say, "Hey, if I get it, then I get it and we'll go in there." They'll blow it out of the park; they'll do a great job, for sure. But what they're doing is they're taking that small sporting event only as a finite budget. And so

where they might have allocated a certain percentage, if that goes up 40 per cent that impacts the bottom line.

And most sporting events on the small scale, it's for the community. It's not some guy who's a promoter, who's just pocketing the money. It's actually a group of people who got together and said, "If we throw this event on and we make money then that can help with the arena or it can help over here, over there." So they're very important.

But I would say the problem with the landscape is that 30, 40 years ago, businesses supported events. Whereas nowadays, the government got rid of a lot of that, the write-offs. So now a lot of events are very dependent on government funding for the event. So the events themselves have to make sure that they toe the line.

Commissioner Drysdale

Well, that's a really interesting point. I want to make sure I understand that. So some time ago, it was common for businesses or communities to support these events, but now the government supports them and, therefore, has control over them. Is that what you're saying?

Colin Murphy

Well, I couldn't infer that. But I'm just saying they definitely got rid of the way that sponsorship was done. Sponsorship in the past was done with a different model, I believe. But now it's totally different.

I think the problem is that you have large companies— It's just a business cycle, and unfortunately, the business cycle

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was interrupted by something larger, and I'm just a slight victim of it. I'm doing fine without it.

But there needs to be better preparations on how to mitigate the business cycle from being interrupted from external sources.

Because other areas did fine. I mean, Florida—that's the problem—is that Florida never closed. Florida stayed open. Sweden. So there were examples around the world where things were doing okay.

Commissioner Drysdale

Thank you.

Leighton Grey

Mr. Murphy, thank you for your testimony here today and for being part of the National Citizens Inquiry.

Colin Murphy

Thank you.

[00:25:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 10: Kyrianna Reimer

Full Day 1 Timestamp: 09:13:48–09:36:43

Source URL: <https://rumble.com/v2kjwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness today is Kyrianna Reimer. Kyrianna, can you please state for us your full name, spelling your first and last name for the record?

Kyrianna Reimer

My name is Kyrianna Joy Reimer, K-Y-R-I-A-N-N-A, Reimer, R-E-I-M-E-R.

Shawn Buckley

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

Kyrianna Reimer

I do.

Shawn Buckley

Right now you work in financing. But when COVID hit you were a nursing student trying to work your way through to get a nursing degree. And my understanding is you'd like to go back. Can you share with us basically how the COVID experience for you unfolded as you were trying to get through the school of nursing?

Kyrianna Reimer

So in September 2021 I returned for fall semester, third year. We were told at that time that the vaccine was highly recommended. We didn't have a due date that we had to be vaccinated by, but this quickly changed. And throughout that semester, as AHS [Alberta Health Services] changed their policy, so the school changed theirs as well. As that came up, the date I remember the most was October 14th, we were supposed to have our first jab by.

Shawn Buckley

And my understanding is at that time you were actually seriously entertaining getting the shot, but your opinion changed. Can you speak to us about?

Kyrianna Reimer

Yeah, I'd considered getting it because I really believed that nursing was where I was supposed to be. That was something I'd spent a lot of time thinking and praying about, and it had led me to the conclusion that this was where I needed to be.

So I was going to get the vaccine so I could continue my studies. But as I reflected on years I'd spent in nursing, certain principles came up. One was the ethical morality surrounding the current code of ethics, which says that a patient may not be coerced into taking a medical directive. When a nurse is receiving a vaccine or a jab, whatever you want to call it, at that time, they're considered a patient. To be coerced into receiving it, it goes against the current code of ethics, undermining the ethical standards in addition to the scientific standards, as outlined in what we had studied during our microbiology course.

Generally, a vaccine takes five years minimum to be released to the public. This one shouldn't have been released so fast, obviously.

Shawn Buckley

Right. So the speed kind of spooked you. I'm trying to understand what you're saying about the code of ethics. So the nursing code of ethics requires that a patient have full consent for it to actually be ethical to then administer a treatment, such as a vaccine. But you found yourself in a situation where something was being imposed on you. And that, actually, violated the code of ethics that nurses are supposed to comply with. Did I kind of get that right?

Kyrianna Reimer

That is correct because it wasn't an optional thing. There was coercion to receive it or drop out of the program, which costs both financially and as far as time goes, whoever decides to stand up for their rights in that.

Shawn Buckley

Right. My understanding is you actually had a project where you had to write a letter on a topic, and you chose this ethics issue as your topic.

Kyrianna Reimer

Yeah. Um—

Shawn Buckley

And you smile. So it is a bit of a cute story. Can you tell us about that?

Kyrianna Reimer

The project was to write to a member of the government regarding an issue that was affecting the healthcare system. So I decided to write on this one.

Shawn Buckley

Okay. So it was a broad, broad assignment. Students were allowed to pick their own topic, so it wasn't meant to be topic-specific. You were able to pick your topic, but it was to write to a politician on a healthcare issue, and so likely it was to look at how you would address it.

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Was it an exercise in teaching nurses to be advocates on health issues? I'm just curious what the purpose was.

Kyrianna Reimer

Yeah, that was the idea. It was to be an advocate for patients and be actively involved with the government to support moral health practices and good health practices at the governmental level.

Shawn Buckley

Okay, so you picked an obvious topic on advocating for patients because here you were actually experiencing that very issue yourself. So I imagine that the professor that graded your paper was very fascinated and pleased with the current topic.

Kyrianna Reimer

No. No, that was not what happened. I received a poor mark on that paper with a statement that said, "Please don't write about personal subjects."

When I asked my teacher later on and reviewed with her about it, she compared holding my opinion on the COVID vaccine with oral hygiene, stating that she said of herself, "If I decided I shouldn't brush my teeth, I couldn't go and tell my patients you can't brush your teeth. Because we have literature that supports that this is good for the health. And the governing bodies above us also dictate that this is good for our health. So that the governing bodies have dictated that this is a healthy procedure, we can't speak against them."

My prof was a nurse.

Shawn Buckley

So in effect, you are being told that to advocate for a patient, you basically have to advocate for whatever the government line is, which seems to me, and you can comment, to totally undermine the purpose of writing to a politician. You're basically saying, I support the government's position. So okay.

Now there was something else that caught your attention and led you not to be vaccinated. I understand you were concerned about basically the treatment that was being meted out to other treatments.

Kyrianna Reimer

Yeah, I took issue with the testing of the vaccine just because during our earlier courses we had been told that it takes five-plus years for a vaccine, or even regular medicine, to be released to the public in most cases. It seemed odd that we were accepting this one so blindly so early on in the testing process.

This went against the scientific standards that I thought nursing stood for. So both the ethical and scientific standards were lost, making nursing seem like a pretty pointless profession.

Shawn Buckley

Right. Now, you were making efforts to bring your position forward to the College of Nursing to see if they would grant you an exemption or change the mandate. How did that go?

Kyrianna Reimer

At first, there were a number of exchanges of emails. I asked them about their date because they were enforcing an earlier date than AHS originally. I pointed out that this was illegal because they were, in fact, enforcing their own rules, which went against my rights.

To this, as AHS changed their policy, they continued to move backwards and give me more and more time, so I was able to finish that semester. However, later on in January, I wrote to them because AHS had once again changed their standards. I had been held back for a class for that semester because I wasn't seen fit to enter the clinical placement.

When I realized this, I contacted them, and they told me that there wasn't anything that they could do about it because they would put the AHS mandates across the board for all of their clinical placements. At this time, I was in community placement, which we had several that were not AHS facilities.

[00:10:00]

But the College was enforcing the AHS requirements across the board. I served two of my teachers with notices of liability and received an answer in return.

Shawn Buckley

Okay, and so can you explain for us what a notice of liability is?

Kyrianna Reimer

The notice of liability was basically a statement saying that you're enforcing these medical directives that go against my rights as a Canadian citizen both on Charter rights and freedoms as well as ethical standards for healthcare practitioners and professionals. And so, I had two of those sent out to two of the nursing profs there.

Shawn Buckley

Okay, so basically you were trying to give them notice that the actions they were taking were violating what you thought were fundamental rights for Canadians at the time. My

understanding is that basically they took the opinion that what you were doing was misconduct.

Kyrianna Reimer

That's correct. I was given a letter of misconduct threatening that they would suspend me as a student at Red Deer College because of my actions.

Shawn Buckley

And Kyrianna, I'll just let you know that I did receive the copy of that, and we will make it an exhibit [Exhibits RE-8 and RE-8a] so that both the commissioners and the public can see how they responded. And we will also make that notice of liability an exhibit [exhibit number unavailable] so that that can be part of the record going forward.

Kyrianna Reimer

Thank you.

Shawn Buckley

So you basically— December 2021, found yourself removed from the nursing program.

Kyrianna Reimer

I was permitted to continue with an asynchronous online course, but my clinical placements were cancelled. This happened very suddenly, and I did everything I could to try and get back in, including contacting members of our local government and reaching out to some of the facilities in person.

Shawn Buckley

Right, and that didn't work very well, did it at first?

Kyrianna Reimer

Neither one worked.

Shawn Buckley

Okay. So how long was it before you were able to participate again?

Kyrianna Reimer

Well, the asynchronous course I was able to complete for the winter term, but I wasn't permitted to return to studies until the fall just because of the way the nursing courses are laid out. You have to follow a pretty strict schedule. It's not like a pretty regular one where you get to choose your classes each semester. So I was held back for a whole year.

Shawn Buckley

Right. Now I want to go to a couple of specific things that you experienced. My understanding is that during one of your practicums you had to take a COVID test for a person who had been admitted at night. Can you just share with us what was happening?

Kyrianna Reimer

Yeah, so we had a patient who was admitted the night before, and I was on the morning shift. When I came in, they told me that one of the things I needed to do was take a COVID test for this person, which I did. Once I completed the COVID tests, we were told that this person had to be moved from the room where they currently were.

So we moved them and their stuff into a separate room where they were isolated and removed all of the items that were disposable within the room and did a full sanitization of the room. There was another patient in the bed who had slept there all night. They were neither tested nor moved, and that didn't seem to be a problem.

Shawn Buckley

Okay, so that just seemed to be an example of a silly reaction. Obviously, this patient tested positive, but they don't test the other person in the room.

Kyrianna Reimer

The other patient, we hadn't even gotten the test back.

Shawn Buckley

Right. Now, there was some messaging about the hospital you were at being full capacity. Can you speak to us about this?

Kyrianna Reimer

Yeah, we were told that it was full capacity. In the wards where I was, a third to a half of the rooms had one bed removed. Usually it's a double capacity room, so you'd have two beds within each room. And we had stacks of beds in the back where there had been one removed from the rooms

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so that they could isolate by themselves.

Usually, this is unusual. If you have two people with the same suspected condition, they can share a room. So two people with COVID could share a room, but in this case, apparently, they needed to be alone.

Shawn Buckley

Right. So in effect, they reduced the capacity of the hospital so that they could make the claim that the hospital was full.

Kyrianna Reimer

It would seem that way.

Shawn Buckley

Okay, now in witnessing some of these things, how did it make you feel?

Kyrianna Reimer

It didn't make me particularly trust my profs and the nurses on the wards or the government. It also made me wary of what I could say around the other students, mostly because they all supported the lockdowns, the mandates, the testing.

Shawn Buckley

Were you aware of any other student in your program that shared your views?

Kyrianna Reimer

We didn't talk about it very much. To my knowledge, there wasn't. I remember several conversations that the students had had when I was around where they bashed some of the other methods of treatments, including ivermectin and people that would use it.

Shawn Buckley

And when you say "bash," you mean speaking in a very negative fashion.

Kyrianna Reimer

Speaking very negatively.

Shawn Buckley

Right. So probably ridiculing.

Kyrianna Reimer

Yes.

Shawn Buckley

So how has this affected you mentally? I understand it's set you back in the nursing program now, I think two years.

Kyrianna Reimer

Yeah, I had the option to return in Fall 2022. But when I went in to take a preliminary test that I required for going into clinical placement, I had horrible anxiety and no desire to return and be among my peers or the other nurses that I had worked with before because of the negative experiences there. So yeah, it has set me back a couple of years.

Shawn Buckley

Okay, and just when you were talking about that, it sounded like you were having some difficulty. Is it fair to say that you're still having some distress over what happened?

Kyrianna Reimer

I would say that there is some. I still don't trust nurses, generally—the ones that I worked with anyways. I don't trust most of the students. My experience since then, having attended a hospital since that time, has not been a positive experience.

Shawn Buckley

Can you tell us about that?

Kyrianna Reimer

I had a foot infection last fall, and I went to the ER for three nights. I had to take IV [Intravenous] antibiotics. The first nurse who was there, she didn't complete her proper testing. So generally when you enter the room before you get hooked up to the IV, they'll ask you your name; they'll check your wristband. They have to do full checks. Between when she brought the IV meds in, I was taken for x-rays. The IV meds hung in the room until I returned.

You're never allowed to leave medication unattended. When she came back to hook me up to the machine, she didn't do her checks, and I pointed out that it had been unattended. Her response was, "Are we really going to do this now?" She said, "Do you want me to give you these or not?" I let her administer them, and she informed me, too, that we do things differently here in the ER than you learned in your nursing classes.

Shawn Buckley

Okay. I want to move on to a different topic. I want to talk about the Trudeau hotel experience or the escape Trudeau hotel experience. Can you basically tell us what you experienced in May of 2021 or when you came back from Costa Rica?

Kyrianna Reimer

Yeah, I had travelled to Costa Rica to volunteer, get some nursing practice down there with an independent group because we had been held back during 2020 in some of our practicums. So I went to volunteer there.

When I came back, I was rerouted into Toronto instead of flying into Calgary. When I landed, they told me I had to retest

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because I was forced to test before I got on the plane. But I had to retest now and also quarantine in one of the hotels. I refused and the lady who was there told me that she highly recommended it. And when I said I wasn't willing to, she said it would be expensive tickets.

As I had a plane in 20 minutes, I asked her to please write the tickets. And then I took those. They put a mark on my passport. It was a sticker to show that I wasn't allowed to leave. And then I went to my gate with the tickets.

Shawn Buckley

And what did the tickets total?

Kyrianna Reimer

\$7,000.

Shawn Buckley

And you have a trial coming up, actually this month for those tickets. They haven't been resolved yet.

Kyrianna Reimer

Yes, it'll be in two days from now.

Shawn Buckley

Now, when you returned then to Alberta, my understanding is that you were supposed to quarantine for 14 days. Did you have any visits?

Kyrianna Reimer

Yeah. After the period of quarantine, I had an RCMP [Royal Canadian Mounted Police] officer show up at my door to ensure I was still quarantined, even though the time had run out.

Shawn Buckley

Right, okay. And then my understanding is, though notwithstanding that the visit was a little late, you were getting notice after notice after notice through ArriveCan concerning your quarantine.

Kyrianna Reimer

Yeah, during the quarantine, I had been receiving those notices through the ArriveCan app that I had to keep checking in and providing my information as was recommended and legally responsible.

Shawn Buckley

And how did that experience make you feel?

Kyrianna Reimer

Watched, controlled, and minimized as if I couldn't be responsible for my own health. Yeah, it was overreach by the government and completely inappropriate.

Shawn Buckley

Thank you. Those are the questions I have for you. The commissioners might have some questions.

There are no questions from the commissioners. So Kyrianna, on behalf of the National Citizens Inquiry I sincerely thank you for coming and testifying today.

Kyrianna Reimer

Thank you.

[00:22:55]



Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 11: Leah Cottam

Full Day 1 Timestamp: 09:36:47–09:55:21

Source URL: <https://rumble.com/v2kjiwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

And our next witness is Leah Cottam. Leah, can I get you to state your full name for the record, spelling your first and last name?

Leah Cottam

Okay my name is Leah Cottam. L-E-A-H C-O-T-T-A-M.

Shawn Buckley

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

Leah Cottam

I do.

Shawn Buckley

Now, I think it's fair to describe you as a farmer/rancher. Would that be a fair description?

Leah Cottam

Yeah, I live out in the country. I have 22 cows. They're in the process of calving and 25 grass heifers that go out in the summer.

Shawn Buckley

And you help some of your neighbors with calving and you've been having a pretty busy week as I understand it.

Leah Cottam

Yes, actually it's my cousin and she has 276 cow calves.

Shawn Buckley

Okay. And then you also have a job where you work as an administrator, and you've been at that task for about five years.

Leah Cottam

Correct.

Shawn Buckley

Now, you are vaccinated and my question to you is: What led you to the decision to get vaccinated with the COVID vaccine?

Leah Cottam

Okay. I've been looking after my aunt that is 84 years old. So with the pressure of everything, I watched the media. I watched COVID come across the country, jump across the pond. Everybody recommended that as soon as, in my age group—I'm 50 something plus—that I have the ability to go and get my vaccine. I got mine May 6th. So as soon as I was available that I could do it, I went and did it. I work for a company that over the year, it became mandatory to work for one of our contractors that you had to be vaccinated otherwise you could walk out the door.

Shawn Buckley

Now, my understanding is that when you got your first shot you had no adverse reaction to it.

Leah Cottam

Correct. And then I got a second shot.

Shawn Buckley

Okay. Tell us what happened.

Leah Cottam

Well, nothing really. My next one, July 6th. So nothing in 2021. Nothing happened to me that time either. My arm was a little sore but just like everybody else, I was fine.

Shawn Buckley

You were fine for about six months, and then what happened?

Leah Cottam

Then in November we had gone, we have some area just outside of Rocky Mountain House, and we were moving cows. So the cow and the calf go out to the pasture in the summer, and

then in the winter or in the fall, November, they get split between cows and calves. And then the calves go to market and the cows come home. So while we were working the whole day, which is basically normal, moving gates and everything like that, opening and closing. The next day my feet got sore. And then I could hardly walk and then— Can I just keep going?

Shawn Buckley

Yeah.

Leah Cottam

So this lasted for about a week. Then I went to a walk-in clinic in Red Deer, and the guy sent me for x-rays, the doctor, and told me that I had— I went back to visit him after the x-rays came back, and he said I had plantar fasciitis. And that there was basically nothing that you could do, footwear, and stuff to put support on your feet. And then, I don't know, it was in the balls of my feet, so it was at the front of my toes. When I did research, I just, plantar fasciitis really is on the heel of your— I'm not a doctor. I didn't know. I don't know. But it was very weird. So that was November. Can I just keep going?

Shawn Buckley

Yeah, no, no, I'll stop you if I want you to stop. I think you're getting to the lifting arms part.

Leah Cottam

Yeah, I am actually. So that's November and then my birthday is in December. I'm a Sagittarius.

[00:05:00]

I have to get a driver's license. So I need a physical every five years. I went to my family doctor, and I complained about my feet, still. And then, in the meantime, what had happened was I couldn't lift my arms, like this. Couldn't lift them up. I couldn't type. I couldn't type on my computer. I found it very troubling. Anyway, they did blood tests, came back, and said, "No there's nothing wrong with you." So this is in Calgary. I have a family doctor in Calgary.

Then I came back to Red Deer. And then come January, I start to swell up in my hands, and it moves from my left hand to my right hand to my feet. Inflammation all over my body. So I go to a walk-in clinic. They do more blood tests. I've got pages of blood tests. And they tell me that there's absolutely nothing wrong with me, nothing wrong with me. Then I go back to Calgary. I talked to my family doctor. Again, she says, "According to the bloodwork there's nothing wrong with you."

So I come back to Red Deer and finally my hands are so swollen I look like the Michelin Man. And I can't put my shoes— My feet in— I can't put my socks on. I can't put my shoes on.

Shawn Buckley

So your feet are so swollen you can't put your socks on.

Leah Cottam

Yeah, they didn't fit.

Shawn Buckley

Okay. Go on.

Leah Cottam

Yeah. So anyway, I went to a lady, another walk-in clinic in Red Deer. She was an English walk-in nurse. She took my blood work and said she was going back to England, so come back next week or something like that. But then what happened is—now I'm in April of 2022. So now I'm laying in bed on Friday night, and I can't move because my chest hurts so much. So I didn't know what to do. And then I just got up, and I went into the emergency in Red Deer. And he, all of a sudden, looked at the blood work that came from the English lady, the walk-in doctor, and my inflammation was off the charts. So he immediately put me on pills—two pills for pain, one for stomach—and then gave me a recommendation to go see a rheumatologist the following Wednesday.

Shawn Buckley

Now, you went there because of chest pain. Was there any diagnosis concerning the chest pain?

Leah Cottam

No, he offered to give me a— Oh he did a chest x-ray. Yes, he did. And then offered for me to go to a CT [computed tomography] scan or something like that. In the follow-up, I have also had another— well I've had a CT scan and two other chest x-rays. So the result of the chest x-ray is that my lungs are filling up with fluid and—not filling up, but there's fluid in the bottom of my lungs—and it's because of the inflammation in my system. I have a specialist in Calgary that has been monitoring me since the start of all of this.

Shawn Buckley

Now prior to the vaccinations, is it fair to describe you as a healthy individual?

Leah Cottam

Yes. I thought I was.

Shawn Buckley

So can you give us kind of a contrast because I think some of the people don't understand just how disabled you were. Like my understanding is some days you couldn't turn the keys in your car, or you couldn't pull your pants up, or put a bra on, or hold a glass of milk. Can you share some of these things?

Leah Cottam

Exactly like that. It wasn't just that. It was from my socks to my knees, to my arms that I couldn't move or lift above my shoulders. My hands were so swollen. I lost all the strength in my body completely.

[00:10:00]

And not only that. I've been trying to lose— I'm 50 plus years old. I've been trying to lose weight my whole life. It's just not in my genetics. I was 175 pounds. I now weigh 145 pounds. And I don't know why or what it was. It just dropped. And then, if I looked at it afterwards, it was every muscle that I had, I didn't have anymore. So like turning— like opening the door or even closing the door in my car, I struggled with it. Putting my seatbelt on. I couldn't get my seatbelt on. But then I couldn't get it— I couldn't undo it to get it out. I struggled turning. And it's just turning the key. I didn't have the strength to turn the key. And then my feet were sore. So then it was very hard for me to walk. And I think I kind of got a little depressed, and I ended up just sleeping because I was in pain all the time. And I think I missed the whole summer of 2022.

Shawn Buckley

Right, and how did you do mentally, going through this?

Leah Cottam

I got through. I was a single parent, so I always had to get up and get it done because there was nobody else to get it done. So I think I was depressed at: Why me? I'm sure everybody goes through that same kind of question. Why me? What's happening? What's wrong? What can I do? Why is this like this? Yeah, I resorted to sleep. I went to bed.

Shawn Buckley

Now, my understanding is that you're doing better than you were. But you still are fairly weak. So things like opening gates are difficult, and even still doing stairs and things like that are different than before. But you are better than you were in the summer of 2022.

Leah Cottam

Yes, I'm getting better. To carry a bucket of barley is— Last year I couldn't do it. This year I can do it. So my strength is coming back. But my hands are still swollen. Yeah, I'm getting better. I've quit losing weight. That was a little scary thing. I've plateaued at 145. That was very scary. So they put me on another— I went from taking zero drugs to taking 12 pills a day. And now I'm giving myself injections once a week, two different drugs.

Shawn Buckley

So how many drugs are you on today?

Leah Cottam

I take two different injections. They put me on a biological drug and methotrexate. And I've kind of weaned myself away from the painkillers. So now I'm taking vitamins and one other prescribed pill.

Shawn Buckley

Thank you. I have no further questions for you. Perhaps the commissioners have some questions. And they do.

Commissioner Massie

Thank you very much for your testimony. I'm curious about the blood testing that you've been through over a long period of time that couldn't detect anything. And then you had another test done by another doctor, and now you could detect it. So is it that it became apparent all of a sudden? Or was it because it was not really well detected previously? What's the situation there? Because you had clearly inflammation, right?

Leah Cottam

I did, but they never tested for it. And no matter when I went back, it would come, and it would go. So it wasn't something that was a constant thing. Like it would show, my hands would swell up for like a day and a half and then it would go down and then it would come up over here and then it would go to my feet. Like it would roam my whole entire body. And then the reason why the last lady did it is because I was inflamed. So I don't know why the medical system, or any other doctor didn't do the proper test that they were supposed to do, or whether it was— I don't know.

[00:15:00]

Commissioner Massie

So it seems that you are suffering from some sort of chronic inflammation that is treated by a number of drugs. You mentioned a biological drug that you inject. I'm curious to know what kind of a biologics are you taking? Do you know?

Leah Cottam

It's called Amjevita.

Commissioner Massie

Okay, it's an anti-TNF [anti Tumour Necrosis Factor], is it?

Leah Cottam

Yeah, I'm not sure. It's supposed to help the body—

Commissioner Massie

Dampen the inflammation response.

Leah Cottam

Yes.

Commissioner Massie

With that you've been making progress and recovering?

Leah Cottam

Yes, that just started in February. It took a long time for me to get the proper medication to where I am in January of this year, because I can still have flare-ups. So I would go see the

rheumatologist, and I would get steroid injections. It basically kept me going every three months. And then I just— She wanted to see me back. And then I'd go back, and I'd get another shot, so I could move, and I could function.

Commissioner Massie

Was there any diagnostic to explain your loss of muscle strength? Is it related to the inflammation process or is it something different?

Leah Cottam

I think it's part of what they said rheumatism, rheumatoid arthritis. So and if they can catch it. I didn't really, I didn't really ask a lot of those kind of questions. I just know that if I take the drugs, I feel better. If I get a steroid shot, I feel better. I find that if I look on the internet, I can look at so many different— I can look at the pills that I'm taking and each one of them has a side effect that I don't want to know anything about. And then I get another one that has a side effect that I don't really want to know anything about. So even with the two or three pills that I'm taking, I'm still developing, I would call them liver spots. And then they go away. They show up, and then they disappear. But then I talk to the doctor about it and that's not a side effect.

Commissioner Massie

So I'm curious about the time lapse between your last injection and the appearance of the side effect, which is fairly long. It would certainly not register within the, what is it, four weeks in Alberta. So was there an acknowledgment that this is a potential cause of your inflammation? Or was no link established between the vaccine and your chronic inflammation.

Leah Cottam

No. I did bring it up to a couple of doctors. But as soon as I brought it up, the subject was changed.

Commissioner Massie

Thank you.

Leah Cottam

You're welcome.

Shawn Buckley

There being no further questions, Leah, on behalf of the National Citizens Inquiry we sincerely thank you for attending and testifying today.

Leah Cottam

Thanks for having me.

[00:18:34]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 12: Jacques Robert

Full Day 1 Timestamp: 09:55:42–10:22:04

Source URL: <https://rumble.com/v2kjiwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Leighton Grey

Next witness is Mr. Jacques Robert. Welcome, Mr. Robert, am I saying that correctly?

Jacques Robert

Yes, you are.

Leighton Grey

Okay. Welcome to the National Citizens Inquiry. Thank you for being here today.

Jacques Robert

Glad to be here.

Leighton Grey

Would you please start by stating your name and just spelling it for the record?

Jacques Robert

My name is Jacques Robert, spelled J-A-C-Q-U-E-S R-O-B-E-R-T.

Leighton Grey

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

Jacques Robert

I do.

Leighton Grey

Thank you. So Jacques, yours is a very troubling personal story of tragic loss. It's an important one to be told, but I understand that you lost your wife. Would you like to talk about that?

Jacques Robert

That's incorrect.

Leighton Grey

Oh sorry, I beg your pardon, different Jacques. You lost your job, beg your pardon.

Jacques Robert

That's it. Yes.

Leighton Grey

You were dismissed from your job after 15 years?

Jacques Robert

That is correct.

Leighton Grey

And that was because you chose not to comply with company policy for attestation for vaccination.

Jacques Robert

That is correct.

Leighton Grey

What type of work were you doing?

Jacques Robert

I was a manager of a technical services for a real estate services company. So property management was my field of engagement.

Leighton Grey

And you were engaged in that for over 15 years I understand.

Jacques Robert

Yes.

Leighton Grey

This dismissal, was it in the form of an actual firing where your employment was terminated, or were you put on what was called an involuntary unpaid leave of absence?

Jacques Robert

So the way it worked out, I'll sort of precursor this with the eventual date They put specific mandates to comply with their company policy and it was to take the shot. And there were a few stages to get to the end, and when it got to that end, they put me on an eight-week unpaid leave of absence. And I think their strategy was to think because it was an eight-week unpaid leave that they were real and certain about what their position was, and I knew what the outcome was going to be. So January 14th, 2022 was the last day of my employment following that eight weeks of unpaid leave. When it came to, I believe it was March 15th, maybe the 17th—isn't that funny that 2022 is a common day?—March 15th 2022 or 2020. I remember that day as well when everything shut down. They let me go. I still would not comply with their company policy, and really their company policy was to make you be vaccinated or have the shot. I was not willing to disclose my personal health information, although they knew what the case was, and that's when it all ended.

Leighton Grey

When did you first find out that this mandate was coming into effect?

Jacques Robert

I don't know specific dates, but it was in 2021, and it would have been around July, I believe is when the first wave of these mandates were going to occur. And it followed with a time in October.

And then, we knew they were always updating their policy and we knew that it was going to happen come January. So it was staged, and that's what caused, in my opinion, a whole lot of stress and angst even working, knowing that my demise or the certainty of my demise was coming. And I couldn't do anything about it. And how do you perform your job well under the knowing that it was going to end. That was a big challenge. And to work with your co-workers along the way, you know, was a challenge.

[00:05:00]

Leighton Grey

Were you provided with any information from the HR [Human Resources] department or somebody else at the company about why they were imposing the mandate?

Jacques Robert

They were following health guidelines.

Leighton Grey

So it was coming from the Government of Alberta, they were just trying to basically move in lockstep with the Alberta Government's position.

Jacques Robert

So I worked in a regional office, and we had regional offices in all the major centres across Canada. So they were really following Canada health guidelines. But, of course, it trickled down to whatever Alberta Health Services was imposing as well.

Leighton Grey

Is it fair to say that you had office type work, that's what you did?

Jacques Robert

Yes.

Leighton Grey

It seems to me that that would have lent itself readily to some type of accommodation where you could work from home. Was that ever offered to you or anything like that?

Jacques Robert

It was, yeah. There was a certain time when they shut everything down and they were willing to work with us, and to maintain the services that we needed for the buildings. My position allowed me to work from home. There were others that weren't. The operation staff had to be in the office to keep the building running, even though there was almost zero occupancy. So I was able to work from home, five days a week. What they slowly, like they did with the mandates, brought in the opportunity to have the flexibility to work from home and then two days in the office. And we had to kind of schedule with our crew workers when we could be in the office.

Leighton Grey

Were you told why that situation couldn't continue? Or was it a situation where they just insisted that everybody had to be uniformly and universally vaccinated?

Jacques Robert

I would say that they knew that everybody was going to have to be vaccinated. They just sort of eased everybody back into the opportunity to have faith in the company that we would all get back to work and everything would go back to normal. And I still think to this day that they still have the flexibility of working from home and mandatory days in the office too. So hopefully that answers your question.

Leighton Grey

That accommodation, that is working from home, that was not offered to you after you refused to provide your private medical information?

Jacques Robert

No, it was not.

Leighton Grey

What about something like testing? Was that accommodation offered to you?

Jacques Robert

Yeah. There was a point in time, and again, I don't remember the specific dates, but we were forced to be tested, if we were to come back into the office. They told us that we were supposed to be tested. We were supposed to take the test, and they worked on the honour system that if you tested positive, you had to stay home. If you didn't, then you were able to come into the office for your selected work days.

Leighton Grey

But they did not offer you the option of testing as an alternative to vaccination. Do you understand what I mean?

Jacques Robert

Yes, I do. No, that was not part of the plan.

Leighton Grey

Were there any exemptions offered, like religious or—

Jacques Robert

None.

Leighton Grey

medical?

Jacques Robert

No exemptions.

Leighton Grey

Why did you refuse to provide your personal medical information to the company?

Jacques Robert

Primarily, it's because I felt it was a real hit on our own rights and freedoms and to have our bodily autonomy, and it's none of their business, really. That's why I didn't want to disclose it. I mean, the fact of what I was learning and getting myself exposed to, as it related to the shots and how that was rolled out, I was suspicious of it from the very beginning. And when both sides of the stories were coming out, I could say that I was open to both, but I was really pushing away what I felt to be propaganda and the false narrative against what I was able to find in real, credible, documented, and proper, believable sources of information to say that

[00:10:00]

this vaccine or shot was ineffective. And I didn't want that in my body. I simply didn't want it, and that basically led me to fight against [sic] my charters of rights and freedoms and not have to disclose that information to anybody.

Leighton Grey

The loss of your employment must have been a significant financial stress to yourself and your family. Do you want to talk about that a little bit?

Jacques Robert

Sure, I mean I think they got— Just to support what I'm about to say, I'm the only one in the Calgary office who was let go because of my non-disclosure, my lack of attestation. There were others who were with me but they were coerced into complying. So because I was the only one, I can only speculate.

They did a pretty good job of looking after me. They gave me a pretty fair severance, but that doesn't last forever. So it was hard for me to go forward with the uncertainty of work, I guess. And yes, today I'm still bridging my finances, bridging my lifestyle and bridging my family support, with my life savings. So you know severance runs out and I still don't have any work and the uncertainty of the work I'm capable of doing is— How can I put it? I don't know if I can get a job there again because I feel they're still imposing those restrictions on the staff.

Leighton Grey

Have you tried to obtain other work in the same field?

Jacques Robert

Not in the same field, no. I choose not to because I think I know the answer. I feel like I know the answer. I probably won't be able to get in there. Because I'm not complying with their policy.

Leighton Grey

Are you concerned that this will sort of blackball you within your field, or that this will follow you around and prevent you from obtaining replacement employment?

Jacques Robert

Possibly because I have been vocal about my circumstances and my beliefs. So being open on social media and trying to share information, I feel as though I'm exposed, so the likelihood of that is possible.

Leighton Grey

Did you apply for employment insurance following your dismissal?

Jacques Robert

I did.

Leighton Grey

And what was the result of that, were you denied?

Jacques Robert

No, I was not denied. I think they gave me a shortened term of compensation. I'm still fighting for my eight-week unpaid leave time. They have a case against it. But yeah, I'm no longer collecting unemployment. I'm done.

Leighton Grey

Do you recall what your employer indicated on your record of employment as the reason for your dismissal?

Jacques Robert

Termination without cause.

Leighton Grey

I understand that this whole situation has also been a great deal of stress on your family. It has caused some family division and mental stress that you are unable to attend your grandchildren's recreational activities and other family events. Do you want to talk about that?

Jacques Robert

Yeah, for sure. Because we were never compliant with the mandates and the shots, I think it was the last year, or maybe over 2021 into 2022, we were unable to go watch our grandkids play in their indoor sports. So that in itself, I think, created some challenges within the construction of our family.

Families love each other, so we do have that love for each other, but there is still that piece that is hanging over the difference between our beliefs and what our kids' beliefs are. And so it did create a little bit of divisiveness within the family. You know, some challenging conversations were had, crucial conversations, but it never amounted to much because it was always, I don't want to talk about it. But I understand it, you know, I'm not against what they decided because they're adults,

[00:15:00]

they can choose whatever they want. That's what this is all about: freedom of choice.

Leighton Grey

Did you consider filing a human rights complaint against the employer over the discrimination that you suffered?

Jacques Robert

I did at first. I did speak with someone to try to obtain some legal guidance on that. I was advised that it would have been a really tough battle, at that time, because there was no precedence to this kind of event; they didn't know where this was going to lead. But it's in

the back of my mind of still being able to do that. Because I have that history and I have everything documented as well, in regards to all the history and everything that unfolded through my loss of employment. So it's in the back of my mind. I just don't know where I'm going to go with that.

Leighton Grey

Do you anticipate that you'll be able to return to work at some point?

Jacques Robert

Yeah, I am able to work. I'm trying to do something as a self-employed individual and trying to build something that way. So it's working from home and taking control of my own destiny. But again, I can't tap into my life savings and my retirement savings now, which I'm doing. There's an end to that. I feel I will have to go back to work sometime very soon, if my online business or my vision of working from home and being self-sustaining is not as successful. I don't want to put that in my vision, but that's what I'm working towards.

Leighton Grey

Sir those are my questions, is there anything else that you want to share with the inquiry that I may not have asked you about?

Jacques Robert

Yeah, I'd like to be able to share some of the experiences that we had within the work environment. The coercive nature, I feel that the corporation had on us as staff was, as far as I'm concerned, unacceptable. Not only did it apply to those who were working for the company, but we have a lot of service providers that were working for the company.

You can name them: cleaning, mechanical, electrical, maintenance, architectural firms, you just name it, there was a whole list of service providers to which, they too were forced to be vaccinated if they were to enter the front doors and do work within the company. So you can imagine how that effect of following these restrictive measures mushroomed out to the community. So it wasn't just us, it was the entire family who lived and breathed within those buildings that were also affected. So I really felt that was important to share because I'm just one, but what they did, was to many.

And also sometimes the environment within the building itself, when we were able to go back to the office and work. I remember the ridiculousness. I have to state this because it seemed so ludicrous. They put markings on the floors where you can walk, and you have to go this way. And there was a one-way direction in our office: all the perimeter offices and then, there's an aisle. And you had to go this way to go to the washroom and God forbid if you stepped out of line there, you had to wear masks in your office. And I worked in a perimeter office with a closed door, and they still expected you to wear masks while you were in the office. Needless to say, I did not comply. And when they finally relaxed that, you were also mandated to wear a mask if you opened the door from your office to go to the washroom. And even though it was a skeleton crew, there were times where I'd be at the office and there was two other people. And we're taking a whole floor plate of a 12,000 square foot building. And he's over there or she's over there and I'm over here, and they're telling me that I have to wear a mask to go to the washroom. So there was some ridiculousness attached to that.

And also. when you walked into the elevator, they told you, this is on a sign, "Please don't face anybody, you're only allowed two in the elevator.

[00:20:00]

And when you stand in the elevator, please stand facing the mirrored wall at the back." So it was like you had to stand looking away from the door and the other person had to stand at the kitty corner of the elevator car or a cab to make sure that you didn't share anything.

So those were kind of the stressors and the challenges of the environment and having to work in that, people complying with that and trying to have good conversations or open conversations with individuals about what ridiculousness that was going on in the office. So I felt it was important to be able to share some of that just to kind of add to the impact of the restrictive measures that it had on everybody. Those who complied and those who didn't and the divisiveness that it created, not only in the work environment but at home and everywhere else.

Leighton Grey

Just by way of follow-up, I've represented a lot of people who've suffered similar treatment by employers, in my practice. And in talking with them, I was always struck by the fact that although they were interested in the more practical things, like loss of money and things of that nature, there were two things that really came through with all of the people that I talked to who were put into this situation, as you were.

The first one is a deep sense of betrayal, and the second one is a sense of dehumanization. That they were no longer a human being of value. Because when you think of the employment relationship, most of the time it starts out somebody applies for a job, there's a competition and they're picked. They're picked for the team, which is always a good feeling, if anybody's had that feeling. And then you begin that journey with the company, you devote your life, you spend your time, you devote your expertise, and all your skill and worry. You help, whoever you're working for, make money or succeed in whatever endeavor that they're doing. And then one day, suddenly, none of that matters. You rise through the ranks, maybe you're a senior manager, well-paid, you've got a sense of belonging and then suddenly, all of a sudden, that just stops and the employer says, you know, take the shot or else or you're gone. Does that resonate with you?

Jacques Robert

It most certainly does, I felt human resources really was there to protect the company and not the individual. Because they're the ones that I felt had no compassion for what I was going through and what others were going through as well. And yeah, it really gave you the sense of, call it that corporate wheel, where everyone is dispensable. I did not feel indispensable. I felt, as things led to the end, that I was not being valued. And it even came across from some of my colleagues and some of the other employees who I interacted with. So yeah, dehumanizing? I could categorize it as that because it really felt as though my value that I had to give to the company, wasn't there, and it was ripped away, ripped away for sure. So thank you for asking that question.

Leighton Grey

Even if they offered you the same job again, you probably couldn't go back, could you? You couldn't go back as the person you were before they did this to you because that trust, that relationship, that sense of belonging, give and take, that's destroyed. It's severed, isn't it?

Jacques Robert

You're not the only one who's asked me that question, and yeah, I don't think I can go back to work there. I feel as though that relationship and that commitment to value that I could present and bring to the company, it wouldn't be there, that loss of commitment—it's gone. Gone.

Leighton Grey

When you multiply that, hundreds of thousands of times, you can get a sense of the incredible impact that has upon the Canadian economy, the Canadian workers.

Jacques Robert

Absolutely.

Leighton Grey

The Canadian workers are the bulwark of our economy, right?

[00:25:00]

Jacques Robert

Absolutely.

Leighton Grey

They're the people doing things, building things, making things, doing the risky, hard jobs.

Thank you, sir. Thank you for your testimony today.

Jacques Robert

Thank you.

Leighton Grey

I have nothing further, perhaps members of the panel do.

Commissioner Kaikkonen

I just have a quick question in terms of following up what the lawyer has just said here. Did either your employer or HR come to you and discuss the possible changes to your employment agreement at any point in this journey?

Jacques Robert

They didn't come to me personally. It was always communicated via the internet, their internal communications, as to what was unfolding and how the policies were going to be enforced.

Commissioner Kaikkonen

Thank you.

Jacques Robert

And if I could add to that, when I did try to go to them, all they would respond to is, that's company policy. That was it.

Leighton Grey

All right, sir, it appears that's all the questions from the panel, so thank you again for being part of the Inquiry.

Jacques Robert

Appreciate the time for everybody who's all here. Thank you.

[00:26:22]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Witness 13: Sherry Strong

Full Day 1 Timestamp: 10:22:05–10:47:15

Source URL: <https://rumble.com/v2kjiwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

So our final witness today is Sherry Strong.

Sherry, if you want to come up and take the stand.

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

Sherry Strong

Sherry Strong, S-H-E-R-R-Y S-T-R-O-N-G.

Shawn Buckley

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

Sherry Strong

I do.

Shawn Buckley

Now, my understanding is that you are currently the Alberta Director for Children's Health Defence.

Sherry Strong

Canada.

Shawn Buckley

Canada, yeah. Oh, sorry. Can you just very briefly tell us what that is?

Sherry Strong

It was an organization, the Canadian arm of the American organization that was formerly headed by Robert Kennedy Jr., now Mary Holland, and basically it is designed to address anything that is set up to harm our children, and to protect our children from all the different elements, environmentally, mentally, emotionally, spiritually, and physically, that are set up to harm our children.

Shawn Buckley

Now, before COVID came along, you were a professional author and public speaker.

Sherry Strong

I was.

Shawn Buckley

Oh, no, we'll actually describe that because some of us don't actually appreciate that that can be a career, that your primary source of income can be public speaking.

Sherry Strong

Yes, a lot of my family don't understand that either.

Shawn Buckley

Yes. Do you want to share with us you know what you spoke about and how that came about.

Sherry Strong

Yeah, I lived in Australia for 22 years. I was, what you would call at that time, a celebrity chef nutritionist, and I got involved in nutrition. I became the Victorian Chair of Nutrition Australia, the curator and co-founder of the World Wellness Project, a lot of other things. But one of the things that I did was, I sat on boards that consulted the Australian government on public health policy.

So when all the COVID nonsense began, I recognized right away that it was not what they were saying it was.

Shawn Buckley

Right. Now, where were you when COVID began we back? Were you back in Canada?

Sherry Strong

Yeah, I'd been back in Canada for 11 years and I had a well-established name and reputation in Australia, 22 years. So it was kind of crazy professionally to come back to Canada with none of that—no one knowing me here, apart from my family. So it took me 11 years, and I rebuilt, and I got back on the speaking circuit. So I was represented by bureaus, and I was being hired by clients around North America to speak at conferences on health and well-being, and beating sugar addiction, and a lot of things related to food and nutrition. I branded myself as a food philosopher, which again also confounded my family.

Shawn Buckley

Right. Now obviously being paid as a public speaker as a career depends on there being conferences and events. So tell us what happened to your business when COVID hit and our friendly government decided to lock us down.

Sherry Strong

Yeah, and I can honestly say I was blindsided. I never imagined that happening. And literally my income and career ended overnight, as I knew it. And then because I recognized what was going on, I couldn't help but speak out about it. And I was very aware that in the process of speaking out about what was actually going on and the truth of what was actually going on, that that was a killer for any future speaking work because it's very reputation-based and most of these places are very sensitive and politically correct.

Shawn Buckley

So I just want to make sure that we understand. So the type of clients that were hiring you to give lectures tend to be, I assume, bigger corporations and the like. And they buy into a specific message. And so when you started speaking out, you understood that this was basically going to end your business.

Sherry Strong

Absolutely. I was very aware of it. And even on social media, because I also promote a lot of my work by social media, not only was I very aware that my speaking out would—I have online courses that I sell and things like that—that it would impact that. And if I wrote honestly in my newsletters, it would impact sales from there, but also to the point where I had friendships, decades long, who were very afraid to actually like any of my posts or comment on anything or me to comment on their things because they know that association with me could kill their brand or the brand they represented.

Shawn Buckley

Okay. So pre-COVID, probably people would be liking your stuff all over,

[00:05:00]

and just enjoying being a part of your social media presence. But post-COVID, basically because you were telling truth, you became somebody that was dangerous to associate with online.

Sherry Strong

Yes. Social pariah and all-around dangerous woman.

Shawn Buckley

And how did that make you feel?

Sherry Strong

Well, you know, people talk about being courageous. I never felt— It's one of those things when you're a person— And in my career as a nutritionist and, you know, celebrity chef, I lost a lot of work because I was a truth-teller and I wouldn't promote brands that sold horrible things even though they— To give you an example, I was offered \$120,000 to shoot a commercial that was two days' work for a brand of milk that was targeted at children called Calcium, and I turned it down right away. So I didn't have a problem with that piece of the courage piece. I was afraid for humanity. I was really sad and went through a real dark night of the soul around, that humans couldn't see through this and what they were willing to do to one another to save their physical assets or their social reputation as opposed to be more concerned about their fellow man or their soul. That was hard.

Shawn Buckley

Yeah, that's kind of following up. I don't know if you were here when Danny Bulford was testifying earlier, but that's been a theme today.

And what are your thoughts on why humans can't see through this, or couldn't see through it? I guess they still can't—a large number.

Sherry Strong

Well, it's a very complex web that I believe is very well designed to get us addicted, not just to food that dumbs us down and makes us sick and makes great business for other businesses, but our social networks. So I have a friend who literally: by liking my stuff, and if she could actually see through the narrative, her marriage would end, her friends would disappear, her career, which is very high profile, would end. So I am incredibly concerned and worried that we have been manipulated from birth to like things, to become addicted to things, to have social constructs, to even social events, sporting events; I mean, how many people took something they didn't want to take to go travelling or to attend sporting events? The very fabric of our society: it was like they looked at all the things that we loved and depended on, and I think, were addicted to. And they really pressured us to do things that went against our body, our conscience, and our soul.

Shawn Buckley

I want to switch gears, because you weren't living in the beautiful province of Alberta before, and you moved here for your parents, and there's been a couple of experiences with them. Can you share that with us?

Sherry Strong

Yeah, so my mom about eight years ago took an antibiotic and almost died. She went to heart, kidney, and liver failure. It has a black box warning, and she survived; but she was disabled. My father had been looking after her for six years on his own, but approaching eighty he could no longer do that on his own. So in November 2020, my sister said, "Would you come to Alberta and take care of mom and dad?" I found a house and moved them in with me and was taking care of them, and about ten months later my mom got pneumonia and we took her to hospital even though we were really afraid of— Because of my work with Children's Health Defence I have interviewed over a hundred experts, witnesses, victims of the mandates, but I've heard many hundreds of more stories of people who

aren't willing to speak out or don't feel safe speaking out, those kinds of things. So I was afraid to take my mom to the hospital. On the first night we admitted—

Shawn Buckley

Can I just stop you?

Sherry Strong

Yes, of course.

Shawn Buckley

That's because your mother was not vaccinated. Am I right?

Sherry Strong

Well yes. Yes, not vaccinated and we as a family refused to test as well. And so we were afraid for her care. The night she was admitted, on New Year's Eve 2021, we had a great doctor. And when people say there's no good people left in the system, I will deny that because we have met beautiful, good-hearted people, trapped in a very broken system,

[00:10:00]

who are trying to do their best; and for whatever reasons, I'm actually glad they're still good-hearted people there. So this doctor assured us that my mom would be fine, they wouldn't try and vaccinate her or test her or that kind of thing. And I went home at about midnight. I came in the next morning and my mother was absolutely terrified. She had been abused by a doctor. A doctor stood at the door and yelled at her for 15 minutes and abused her, yelling at her, and my mom said, "I can hear you, why are you yelling at me?" She said several times and the doctor continued to yell so everyone in the emergency ward could hear, and she said, "Why are you refusing testing? Why are you refusing treatment?" And my mom said, "I'm not refusing treatment, I'm choosing treatment."

We were very selective about things. We definitely didn't want a fluoroquinolone antibiotic. That had disabled her, so it would disable her further, things like that. We didn't want to test. My mom was actually willing to take a swab test as long as it wasn't one of the official COVID swabs. But they refused to do that. And this woman was so abusive to my mother that my mother, who's not religious, was reciting the Lord's Prayer as she left and as I came in because she felt she wasn't going to make it out of the hospital alive. And I've since told that story many times, and I've had many people tell me, "You're so lucky you took your mom out of the hospital that day because had you not she would have been dead." Because they've had family members under the exact same circumstances who had died, and there's a very important kind of afterward to this story that I think is absolutely significant.

It took me nine months to make a complaint. I went to patient services. I made a complaint with patient services. I went through the College of Physicians, made a complaint. And my intuition said to phone the chief administrator of the hospital. And so that morning I did, this is September 2nd, and I got through to this administrator, and I had a long conversation about the treatment because I said, "My mother's file will come across your desk but it won't have her picture and according to your policies it won't even have her name and I want you to know her story and what happened to her and how your doctors are treating people here who are choosing treatment, not refusing treatment." And she said

to me—she was actually really kind; she listened to me, she was reasonable—and she said, “You know, I’m on the opposite fence of you. I’m fully boosted.” And I said, “Well I suspect you are, but,” I said, “as the chief administrator of a hospital you should know that the number one cause of deaths in Alberta, September 2nd at that time, over 3,600, was unknown causes, and as someone who’s administering this and enforcing this to every staff member you should actually know this.”

Now, I don’t know if she was— She felt earnest but it was like she didn’t know. And the significance of this story is that a month later when I was talking to Patient Services, I was saying how lovely this woman is and how compassionate she was and the woman from patient services said, “Oh Sherry, I’m so sorry to tell you, she died unexpectedly and suddenly at work on September 8th.” So she went in the prior week. She actually knew about it. Whether it registered in the incredible timing of it, that I chose that week to make the complaint and I chose to actually speak to her, the irony or the extraordinary nature of it was not lost on me.

Shawn Buckley

I think we’ll just slow down a bit because for people that will be participating in watching your testimony that aren’t from the province of Alberta, they may not understand exactly what you’re saying. So what you’re saying is that in the province of Alberta, the leading cause of death last year, and you can tell me if it was the year before because I think it was too, is actually unexplained cause. So that’s where they’re not attributing it to any cause, and yet there’s no investigation. So here we are where the main cause of death is unexplained and there’s no official explanation, and that’s what you were referring to. Am I correct?

Sherry Strong

Correct. And the Chief Administrator of a hospital said she didn’t know that.

Shawn Buckley

Which is quite amazing, isn’t it?

Sherry Strong

Yeah, it is.

Shawn Buckley

Okay, and then something also happened with your father. Can you share that with us?

Sherry Strong

Yeah, so recently my father was admitted to hospital. We since found out that he has a tumour

[00:15:00]

which is blocking/obstructing his ability to eliminate. And we were again, based on my mother’s experience, a little, well, we were a lot paranoid going into the hospital. But it was the right decision to take him in. So I stayed with him. I camped out on the floor kind of

thing, wanting to protect him. And I truly do believe that that also saved his life: not staying over, but being his patient advocate and digitally advocating for him.

When he left the emergency and went up to the second floor, as the nurse was putting him into the room, she said, "Do you know how much you're costing this hospital?" My father hadn't been to a hospital in 55 years and the cost that she was referring to was because he wouldn't test or be vaccinated, and so they had to put on the gear. They had to put on the gowns and the mask and the gloves. Their policy, which I explained, which, "We don't mind if you don't wear all those things. It's your policy not ours, so the cost is basically on you guys, and I'm quite certain my father saved you hundreds of thousands of dollars by not going to the hospital in 55 years."

The other thing that happened a few days later, and of course, I advocated for him. At one time when they brought a social worker in that said, "How are you doing?" like trying to treat me like I was a mental patient. So I said, "I'm fine how are you?" There was five people in the room and my dad was just overwhelmed. My dad, he's 80, he's emaciated, he's essentially only had liquids for weeks and he's seriously ill.

And they brought five people in to mediate the medical directive that I had legally filled out correctly, to basically say that it wasn't valid because I needed two doctors and a social worker to assess that my father wasn't of the mind to make me his personal medical advocate. Which is all incorrect, but when the five of them walked into the room, my dad was so overwhelmed he started crying.

We had another doctor who— She came in. They have doctors that are there for a week. So seven days and then a new doctor, and then a new doctor, so there's no continuity except what they read on their system, their multi-billion dollar system that was actually designed as an inventory system not a medical system. So they don't get all the information. And this one doctor came in, and fortunately, I had said, "Well if you're not going to respect the directive, at least get my father to call me and put me on speakerphone if you're going to speak to him when I'm not there because you're going to have two conversations if you don't do this: one with him at the time, and then one with me afterwards."

And this one doctor couldn't get a hold of me. My mum was on the phone and she had told my doctors, sorry, she told my dad and my mother that surgery wasn't even likely a possibility because the cancer was riddled throughout his entire system.

There was not one test that they did that could have given her that information. And when I spoke to her the next day she tried to say my dad didn't understand what she was saying. I said, "My mum is very lucid and she was shaken to the core by what you said as well." And I said, "What test were you referring to, to actually give my father that information?" And she tried to deny it and I said, "Because there's no test. They've identified there's a tumor. But we've not had a biopsy, we've not agreed to a biopsy. So there's no way you can even say that there's cancer in his body, let alone throughout his body." And when she came into his room to discuss this with me, I said, "Yesterday my father was hopeful about surgery. This morning he asked me about medically assisted death. You took away his hope."

And there are many instances. These are the ones that stand out of bias in care. I know from my own personal experience, from the stories that I've heard, that bias in care literally can kill people. So we have a very broken system. There are still good people in that system, but it's very scary to actually navigate that, and as you probably gather, I'm not a wallflower. I will stand up for my dad, and I will fight for my dad. And that poor nurse who

also suggested he get a COVID test and vaccine; a young new nurse bore my wrath, so that was another instance.

He went in and did all his things with my dad and then said,
[00:20:00]

“Well, why don’t you get tested? Why don’t you get a COVID vaccine. It’s going to protect you. You’ll be able to live longer,” that kind of thing. My father was furious. So I know that bias of care actually does cost lives. And the elderly are treated differently. There’s more of a disposable attitude towards the elderly in hospitals; I’ve witnessed it. And I have many other witnesses who will corroborate that.

Shawn Buckley

Right. Now, to end on a good foot, my understanding is, actually in your life some really positive things have happened since our COVID pandemic.

Sherry Strong

Yes, I was worried that you may not want to hear this because we want to basically say that the COVID response was wrong, and it was. It was absolutely wrong. But what I do know that in every tragedy there’s the opportunity for humanity to rise up. What I have witnessed in my own life is: not a big fan of six months of winter a year—I definitely got weak and soft in Vancouver and Melbourne. But I’ve always said that cold cultures breed warm people. And coming to Alberta, specifically, what I have found is I lost a lot of friends that I shared interests with. I still have friends, even though I see things differently to them because we share values and we truly love each other, but what I’ve gained is a community of people.

Honestly, it feels like *It’s a Wonderful Life*. That kind of community of people who are actually there for each other, salt of the earth people, who have common values, who will help one another out, who don’t always agree on everything. don’t see the things the exact same way, but they understand what’s really important for us. As hard as it’s been, I have a bank of memories with my parents, of caring for them, in a way that COVID wouldn’t have brought the people in this room, the people that I’m meeting, I never would have met any of you had it not been for this, what we would all say is a terrible event.

Another like big surprise is: I did go on dating sites when I came here; it was really scary, and I had one person who actually wished me dead when he found out that I wouldn’t get vaccinated or test and also said, “It’s so good that you weren’t able to reproduce” because I was not able to have children. It was a big thing in my life.

I met someone else on that site who said, “This might change things for you, but next week I’m taking custody of my one-month-old niece.” And I said, “Can I help?” We never ended up dating, but she now calls me mama, and I get to see her and care for her and love her and have that experience of having a child that never would have happened if not for all of this. So yeah, the number one thing is for all the inhumanity that we’ve seen I think one of the best gifts of being within what we call the freedom movement—people who are truly interested in other humans—is there’s a richness in life that I only thought was in Capra movies.

I probably think the last thing, too, is all of this is really deep in my faith, not just in aspects of humanity, but in our Creator, in God. I had kind of a superficial relationship and belief

beforehand. I would say I'm spiritual but not religious. Although I'm not religious, I have a greater faith in something, a Creator, and something way bigger than us, and a grander plan. That's the thing that through all the darkness and the dark nights of the soul that that keeps me realizing there's a phrase that I've used a mantra that I've used that's kept me going: Love wins, Good wins, God wins.

Shawn Buckley

So that's a beautiful ending. So I'll ask if the commissioners have any questions And they don't.

Sherry, on behalf of the National Citizens Inquiry I sincerely thank you for your testimony. And I have to say I'm particularly touched with the end of your testimony. It's beautiful.

Sherry Strong

Thank you.

[00:25:10]



Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 1

April 26, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 1 Timestamp: 10:47:15–10:48:48

Source URL: <https://rumble.com/v2kjiwek-national-citizens-inquiry-red-deer-day-1.html>

[00:00:00]

Shawn Buckley

So that is going to conclude our proceedings today. Please join us tomorrow at 9 a.m. Red Deer time, so that's Mountain Time as we continue with day two.

I think that Sherry has left us on a positive note. All of us, regardless of where you were in the COVID conversation, had some very dark nights of the soul, to use her terminology.

But I think we've also all experienced some real positives, and the friendships that we have developed through this experience are different. They are more rich, and I can say, you know, as being a volunteer with the NCI, I've just developed some profound friendships. And I'm very proud of the commissioners that we have and just the volunteers—that people would commit themselves, basically to give Canadians a permission to speak again. And people are saying that they have hope. And so I think we do have to understand that Good wins and God wins and Truth prevails. We've just, we just needed be patient.

But now it's our time and there are more of us than you think there are, and our numbers are growing. So on that note, we will conclude the first hearings of Red Deer National Citizens Inquiry hearings.

[00:01:33]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE RED DEER HEARINGS

**Red Deer, Alberta, Canada
April 26 to 28, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:53:07–01:22:04

Source URL: <https://rumble.com/v2kqsgc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

We welcome you to the National Citizens Inquiry as we begin day two of our hearings in Red Deer, Alberta. Commissioners: for the record, my name is Buckley, Initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to start, for those that are not aware of the National Citizens Inquiry, that we are a citizen-run and -funded— Excuse me. It's interesting how I always have a frog in my throat when I start these openings. But we're citizen-run and -funded, and we depend on you to make donations to keep this going. This costs us about \$35,000 for each set of three hearings. We anticipate the Quebec City one is going to be much more expensive because we need real-time translators. And if we don't get volunteers— So I'm asking, if you're out there and you are a real-time translator that can attend in Quebec City in two weeks, to contact the National Citizens Inquiry. Our email addresses are on our site, and put in bold in the subject line, French translator.

We also need teachers. We want to have some discussions with teachers about what's been going on with kids, and we might want you to participate in an online event about that.

I can tell you that I'm frustrated, and I think a lot of people are frustrated that the **mainstream media isn't covering this. Any time in our known history, have citizens of any country banded together, appointed independent commissioners, and marched them across the country, let alone one as large as Canada, to inquire into a significant government action on an event that has changed all of our lives? That, in itself, should be a front news, a news story. It should be the leading story on TV, and yet it's really not a story at all.**

We try to get the message out on social media—YouTube keeps taking us down—and TikTok and the like. We're still getting censored, even on Twitter, apparently: there's something happening where when people are searching for us they can't find us—even though in theory, Twitter isn't banned.

What's frustrating is that we're all living in a country where we're still pretending that a reality that is false is true. We can't have a discussion with half of the country about what really happened. It's like the emperor is still out there, and the little boy hasn't pointed up to say, "Well, the emperor has no clothes." Because the emperor has no clothes and we want, we need to be the little boy. The NCI needs to be the little boy because the reality is, if you watch an entire day of the National Citizens Inquiry you will be changed, and we need to get people watching the National Citizens Inquiry.

I've asked everyone to use your social media to get us out there, but I'm asking you now to become creative because what you can do is figure out how to— Maybe you should run an extension cord out, put your TV out by the sidewalk on your lawn, and live stream us. When we're not running, we've got videos of the past ones so that anyone walking down your street has to know what's happening. We have to think outside of the box. You know if you've got one of those big screen TVs on a van, park it in a busy street and run our hearings and run the recorded ones. Somehow we have to get people watching.

We're just a small little group of volunteers that are scrambling just to be ready for the next hearing. We truly need you to do it. That's what a citizen initiative is; it's you getting involved in doing things. So that's my call-out today.

I want to move to my opening remarks and share with you a story that—well, it's not a story—it's something that happened to me and it changed my life. I'm not sure how many years ago, I'm going to guess 15, 16 because I recall that my kids were with us going up to Valemount, BC, in August. It's probably noon.

[00:05:00]

It's a sunny day, and this is a perfect day for a nice travel. We have got the family in the vehicle and going down the road. And for the first time in my life I ran into a daytime police roadblock—blocking both lanes of traffic—not checking just commercial vehicles, checking every single vehicle on the road. You had to stop; traffic was backed up; this is a major highway, the Yellowhead Highway, and they were making inquiries of every single vehicle.

I was fit to be tied because up until that moment, up until that moment, I was free to drive on a highway in Canada without encountering a police roadblock. I had been free till then, but that freedom had just been taken away from me. And they're still doing that in the interior of BC, and the worst offender is the Valemount RCMP detachment. But you see, I lost that freedom, and my kids lost that freedom that day, and that freedom can't be taken back unless we get enraged and force the police to back down. But we never get enraged, and we never force them to back down.

As I reflected on that or actually steamed and boiled about that, I remember thinking I'm glad my dad's not here. He's never been in trouble with the police, but he would have just gone ballistic. My dad was born in 1939, a few months before Germany invaded Poland and the official start of— The Second World War started on September 1. So he was raised in his generation. And each generation has a different idea of what's tolerable and what isn't, and in his generation, roadblock equals police state, full stop. Free societies do not have roadblocks for their citizens; free societies do not have identification papers, full stop. That's why I was glad he wasn't there because to him he might as well have been in Stalinist Russia.

But a precedent has been set, and you see, for my children, that's now normal. When we approach the holiday season, we have holiday check stops now. We all expect it because of

the danger of drunk drivers, and we can't challenge safety. So I was about to say, and I'm not minimizing the danger of drunk drivers because I've been conditioned, you can't argue about safety, and I'll talk about that a little later. But we've been conditioned to accept as normal that in the holiday season the police can set up roadblocks and check every single vehicle, which means those of us that aren't drinking are going to be stopped. Now, understand in my generation, by the time I was driving we had them, so to me that's normal, but the generation before me, they were free from that. They were free from that. In fact, the courts had to decide on issues like roadblocks for safety. "We're not a police state," the Crown argued to the court. "It's not like we're Nazi Germany and stopping people just for their identity papers. We're doing this to protect people. Do you know how dangerous drunk driving is? Do you know how many people die from drunk driving?" The court said, "Yeah, we'll accept this for safety."

It's always about safety. You're not supposed to use the words "always" and "never," but I literally can say that almost always the courts side on safety, and that's because in our society you can't argue against safety or you're a villain. But the irony is that there's nothing more dangerous, there is nothing more dangerous than granting the police and granting the state more power: nothing. Any historian can tell you the largest cause of death is Government, full stop. I see people in the audience, they know exactly what I'm talking about. The largest cause of death is Government. I mean just in our last century, well let's go back a little longer, but I mean we've got Nazi Germany, we have Stalinist Russia,

[00:10:00]

China. I mean examples that just pop to the tongue.

And here we are in Canada and— You know, it probably started as early as I can remember, I was fascinated with the Holocaust because I was so horrified. I couldn't get my head around how that could happen, and more so because Germany was a Western nation. They were educated; they were just like us. In university I took classes on it; I was just fascinated. And I wasn't mature enough to understand that a question I was asking myself just showed that I didn't understand, and the question I'd ask myself was, "How could the Germans do this?"

See, that shows that I totally don't understand because I was thinking that they were different than, let's say, Canadians. See, by even asking the question, "How could the Germans do that?" I'm implying that Canadians couldn't do that. I didn't understand that actually, we're all the same. There's no difference between Germans and Canadians. There's no difference at all. So I didn't understand that it could happen here and that it will happen here.

You know, I've spoken a couple of times during this COVID thing that I was hearing about putting unvaccinated people in camps—some people are nodding their heads. There was that dialogue we heard about putting unvaccinated people in camps—not by the government, they weren't saying that—but other people were saying that, and it was trending on social media and the like.

But you want to know what was scary, even though the government wasn't saying that? Did you see our prime minister or any member of our government stand up and denounce that talk? Because in a society that has responsible leadership, you do not allow the citizens to publicly have a discourse about putting a subgroup of citizens into detention camps without standing up and saying, "That is not appropriate; and that's not going to happen."

So why did not a single politician at any level that I am aware of—other than maybe Randy Hillier—stand up and challenge that dialogue?

You know I mentioned Randy Hillier. I watched a video and I'm sure it's online. He was a member of the provincial legislative assembly in Ontario during the COVID adventure that we just went through. I watched a video where he, as an opposition MLA [sic] [MPP: Member of Provincial Parliament] is asking the government, "Well, there are detention camps being built in Ontario" because there were detention camps being built across Canada by the federal government during COVID. Were you aware of that? So back to when I was naïve, I thought it couldn't happen here, but he was asking the government, "Okay, well we're building detention camps across Canada, we're building them in Ontario. Who are they for? Who are the camps for?" That's a good question. The camps are still there. Who are they for?

We're not different. We're not different at all. We are setting precedents here. You see, the police state can happen here. For my generation, holiday roadblocks are normal; for the next generation, daytime ones will be normal. Do you understand that for our young kids right now, for our children, right now masks are normal? For us, it's just this horrible affront, whether you supported the idea of wearing them or not. It's like, "Oh, my gosh, we're wearing masks." For our young children that's normal. For our young children watch their parents; being afraid of government is normal because we're now afraid of our government; the power balance has moved so far. But what's worse—and listen to this—because our children watched us, for our children being afraid of each other is now normal.

[00:15:00]

And I don't know how we come back from that.

Passports have become normal for our children. I've mentioned this on other openings, but it's so important to understand that passports are a police state ritual. So here we had this situation in Canada where for the vaccinated to access restaurants, and hockey games, and the like, they had to show their identity papers. That's a police state ritual. Let's just go back to the classic police state you know: So you're in Stalinist Russia or Nazi Germany or the interior British Columbia and you're at a police roadblock. No, it's not funny because we have roadblocks in the interior of British Columbia. Somebody here just laughed. It's not funny at all.

So you're at a traditional police state roadblock and you have to show your papers. So you're in a city, and a main intersection is blocked. The police state doesn't care where you're going. They know where you live; they know where you're going to sleep at night. That's secondary. So before— When you don't have a police state— And for us, let's just **talk about the vaccinated who participated in this ritual. Before this ritual they were free to go wherever they wanted—they didn't have to show identity papers. They were free. And even the idea of thinking you had to do something before you could go to a hockey game, or do something to access a restaurant, that would have been just crazy talk because you were free.**

But what the ritual does is, at a subconscious level, it teaches you you're not free. Because for you to go to that Oilers game you have to basically give your passport and the symbolism is you're not free to go there. You're no longer free: you have to go through this. You have to participate in this action dictated from your master, the government, before you can participate. And subconsciously every time you do this, you are reinforcing that the government is your master. And for you to access this privilege—because you can't go

there just on your own without this ritual, it's not a right—so to access this privilege you have to humiliate yourself and reinforce in your mind who is the master and who is the servant and it's a ritual. Our children watched this. Your children watched you in Canada give your identity papers—we call them vaccine passports—they watched you give identity papers for you to access services. And how do you redeem yourself from that? How do we come back from having our children watch us, in Canada, show identity papers to do things that we were free to do before?

This talk just came to me at about 7:30 this morning. I had no idea what I was going to open with and then I just started writing cursory notes. I hardly have anything on a piece of paper—just these thoughts. And the thought of Gandhi came to me.

I must have been a kid watching that Gandhi movie and after there were all these riots and Hindus are killing Muslims and Muslims are killing Hindus, and there's this scene where this one man comes to Gandhi. He's just torn. He is in absolute distress, and he tells Gandhi—I forget if he was a Muslim or a Hindu, but let's just say he was a Hindu—and he says, "I murdered a Muslim child. How do I get redemption?" Gandhi, in his peaceful way, answered, "You find a Hindu child whose parents have been murdered and you raise him to be a Hindu."

How do you come back from having your children watch you give identity papers to access services? And I ask you this: It's the most important question that anyone's going to ask you for the rest of your life. Will your children see you resist identity papers going forward? Will they? Will you redeem yourself?

[00:20:00]

Because digital passports are coming to Canada and even the word "passport"— Passport is something we don't use internally in a country. You use a passport to go to another country. And we've been conditioned to think, "Oh, we need this to get permission. "

How could we call this a vaccine passport? Do you think that was an accident? It wasn't an accident. People—that, you know, a pay grade well above mine, and a large number of them—would have come up with that term as the best term to condition us to accept identification papers. So even the word "passport" should be alarming you and the government is using that term for the digital ID [Identification]. We also hear "digital passports." It should be alarming us. The government is talking about this.

The stores are already putting turnstiles in. One of the stores that I go to, if I have time—and right now I don't— But if I have time when I go grocery shopping, I go to Superstore first, and then I go to my small little organic place. Not long ago, Superstore put in turnstiles. They're the type that just push open as you go through, they're not locked or anything. But it's new and it's deliberate, and other stores are putting them in. And this is to condition us for our digital passports. They don't hinder our access, but you're going to have to ask the question, "Why?" Why is the Superstore putting in these little turnstiles that I have to go through when I enter the store? They weren't there before. The store has been there as long as I've lived in St Albert. So it's been there for at least seven years. Why are they there?

I mean they don't require a digital passport. They don't even lock. They're clearly not there to scan my ID, but they're conditioning me to know that they're there, so that when the locking ones are put in, where I do have to give my digital ID for it to unlock, it would be

less of a change for me. That's why they're there now: to condition me so that I can accept them.

When the digital IDs come out, they will be sold for our safety—it's always about our safety. They'll be tied to our health records, and somehow, this will all be for our safety. Probably, you know, to fight organized crime. Who knows what the reasons will be, but I just promise you they will be for our safety because we give up freedom for safety and you can't argue about safety.

I remember years ago, the first Harper Government introduced Bill C-51 against the *Food and Drugs Act*, and the natural health community went ballistic because it was basically a transition away from using the courts to discipline people. What has been happening in our legislation, both federally and provincially, is that it used to be if you violated some act or regulation, you'd get charged and go to court. But the problem is that sometimes courts are reasonable.

I take that back: You know a judge on a regulatory matter, he or she is just going to do their job and the system works. But that's very inconvenient for the state. Why not just allow big administrative penalties that can destroy people and have an internal appeal process despite the conflict of interest? They were moving that way.

I got involved in the Bill C-51 fight, but they introduced a similar bill: Bill C-52, the *Consumer Product Safety Act*. You probably all heard about that in the news. It was, "we're going to make baby cribs safer" and all of this. And I didn't fight that one the first time around. I fought Bill C-51 and there was a tremendous movement and then an election is called and they don't reintroduce Bill C-51 but they reintroduce the *Consumer Product Safety Act*, and I wasn't going to fight that one because I was into protecting natural health products.

And I remember getting a call from the CEO of a very large baby toy and crib and carriage manufacturer. And the CEO was saying "Are you going to do anything?" And it's no, even though, word for word, all those provisions were the same as the as the other one that I had fought. I said, "No I'm not, but why aren't you?" And he said,

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He said, "You can't. It would be a public disaster nightmare for any in the industry." Because everyone knew this was just going police state, full on—it had nothing to do with safety. In fact, ironically, the more tougher the legislation on safety, the less safe we become in things like baby toys and the like. But he says, "No one in the industry can stand up against this because the media will slaughter us." So you understand, you can't fight safety or you are a villain. So they were asking me to pick up the fight. And it just shook me to the core. So here, a whole industry that is going to be pummeled and be moved out of the rule of law can't stand up and protest because they know that they'll be slaughtered in the media as villains for going against safety.

So understand safety is a trap. Safety is a weapon. Safety is the most dangerous word in the English dictionary when uttered by a government. Safety literally equals death, and we are experiencing that.

We just went through a situation where a large number of Canadians became vaccinated for safety. And we are seeing witness after witness here—the historians will probably write and call this a pandemic of the vaccinated. The numbers haven't peaked. We're going to be

calling Ed Dowd as a witness in Vancouver who is an expert on crunching actuarial data. One thing that is the most alarming is the number of working age population—our most healthy people—who are becoming disabled. I live in the province of Alberta and last year the largest cause of death was “unknown.” That wasn’t even a category that they could use a couple of years ago. Well, it’s not unknown, it’s caused by the vaccine, but we can’t admit it yet; and because we can’t admit it, we can’t solve the problem and stop the damage.

But this was done for our safety, and it’s just an example of how dangerous that is. It’s an example. And the world sees Canada as a police state. Do you understand that? The world sees Canada as a police state and that’s because we are a police state. And with things like the digital passport coming, 15-minute cities coming, restrictions on our agriculture and the whole thing: it’s just coming down. The cell door is closing. The cell door is closing. And you may—and I use the word may—you may be able to still get out of the cell. There might still be enough room between the edge of the cell door and the wall that you may be able to get out. But I can’t tell you that you will because we are so far down that road that it’s just almost impossible for us to tell.

So you have to start sharing the testimony of the National Citizens Inquiry with everyone that you can. You literally have to put the TV out on the street. We have to stop this. We have to get people understanding what the truth is. People will watch this forum because it is controlled; it is under oath; it is managed by independent commissioners, and so it’s safe.

And so I’m calling on all of you to put your foot between the cell door and the wall because we don’t have much time.

[00:28:57]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 1: David Redman (Parts I and II)

Full Day 2 Timestamp: 01:22:04–03:08:01/10:38:30–11:05:40

Source URL: <https://rumble.com/v2kqsgc-national-citizens-inquiry-red-deer-day-2.html>

PART I

[00:00:00]

Shawn Buckley

And I'd like now to call our first witness of the day. I'm very pleased to announce Mr. David Redman.

And I should inform you that David was a lieutenant colonel before he retired from the armed forces. And David, can I ask you to state your full name for the record, spelling your first and last name?

David Redman

My name is David Norman Redman, D-A-V-I-D R-E-D-M-A-N, Redman.

Shawn Buckley

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

David Redman

I solemnly affirm.

Shawn Buckley

You solemnly affirm. Now, you were an officer for the Canadian Army for 27 years?

David Redman

Yes sir, I was.

Shawn Buckley

And you used the operational planning process handling major emergencies throughout your career?

David Redman

Yes sir, I did.

Shawn Buckley

You were then in Emergency Management Alberta [Alberta Emergency Management Agency / AEMA / EMA], retiring as the head of that agency responsible for Alberta provincial response to major emergencies and disasters?

David Redman

Yes sir, I was.

Shawn Buckley

You led the team that wrote the revised pandemic response plan for Alberta that was ignored during this pandemic?

David Redman

Yes sir, I did.

Shawn Buckley

And you have acted as a senior advisor for eight years in Canada and the USA in emergency management?

David Redman

Yes sir, I have.

Shawn Buckley

Now, you have come here today to present both on the pandemic plan and what happened, and I'm going to invite you to just launch right in.

David Redman

Thank you very much. Commissioners, members of the Inquiry, thank you for having me today. What I'm going to do in the next hour is walk you through a three-part presentation, but if I can just go back to my history very, very briefly.

Twenty-seven years in the army I spent learning how to handle major problems. As an officer in the army first I was taught, it was called task procedure, then it was battle procedure, then it became the estimate of the situation, and then it became the operational planning process. So as problems and challenges got bigger so did the process, but the process was identical—all the pieces of it as you worked your way up. The aim of the process was to bring all of the experts together, needed for the task you were given.

People have this vision of the army that there's a colonel at the top and everybody just does what they're told. Nothing can be further from the truth. The colonel has a whole team of experts who are always part of the planning process and yes, the colonel wears it if it goes wrong, but all those people help build that plan through this dedicated process.

When I left the army, I became part of Emergency Management Alberta and in each of the provinces and territories of Canada, there is an EMO [Emergency Medical Office] and they follow an almost identical process. Now it's been civilianized, so you take the word "enemy" out and you put "hazard" in, but it's the same process. And as we worked in EMA, one of the things I got to know was how the municipal government works. And every province and territory in Canada, the municipal government is different because they're a product of the Province. They belong to the Province and they're defined differently, so it's important to recognize differences between provinces.

Every Province has an EMO and they're staffed and trained and fully equipped. The [federal] government has an EMO, it's called Public Safety Canada, again staffed and trained. And one of the things that that agency does is identifies that which is most critical in their jurisdiction. So, for instance, within a province there's an actual secret classified list of all the things that are most critical—and that's going to be important later in my presentation—and it's maintained on an annual basis. But what that EMO also does is it manages fires, floods, tornadoes, terrorism, and should have managed the pandemic.

Can you make my slides visible to everyone [Exhibit RE-2d-Redman-2023-04-27 Presentation – Canada's Deadly Response to COVID-19]?

Shawn Buckley

They're up now, David.

David Redman

OK. This cartoon was given to me by a 15-year-old girl in the middle of the second wave. And I think it perfectly describes what was happening in our country, province by province. And what you see very proudly standing in the middle of the picture is the Medical Officer of Health for that province, stating very clearly, they're defending the medical system. The Premier hiding behind them and using them as overhead cover, making sure that they didn't get any of the splatter while we defended the medical system.

And the great glowing

[00:05:00]

rays coming out from our health care system. But surrounding it, at the top, you see the body bags of all the seniors that we allowed to die because we didn't do targeted protection for them.

And as you work your way around, on the left-hand side, you see the absolute destruction of our children's education and socialization. You see all the body bags for all of the people who died of cancer, diabetes, and all the other serious health care concerns that we simply ignored because only COVID counted. You see the destruction of our societal health and integrity. Our societal health— We've seen a massive increase in spousal abuse, child abuse, but we've also seen that you can't even travel internally in your own province, let

alone between provinces, so our societal order has been destroyed, all in the name of protecting the health care system.

And on the far side, right-hand side, you see the destruction of our economy. And everyone said, "Well, it's not a problem, we're saving lives." But the people that work in every one of those businesses, its citizens of this country and their lives were destroyed. And if we don't think that taking the national debt, sorry, the debt of our country from \$750 billion to \$1.3 trillion in one year will not affect our children as they pay taxes to pay that debt off for the rest of their lives, then you don't understand how an economy in our country works. All in one cartoon.

So my presentation is going to be in three parts. First, I'm going to explain to you what emergency management is because most people don't even know it exists. It's been existing since the 1950s. It used to be called civil defence, and it's gone through many iterations, but it's now called emergency management. And I'm going to give you a very quick overview of what it is; so you know how badly we misused the systems or abused or ignored our systems. Then I'm going to walk you through the example of this pandemic using the emergency management response and comparing it to what we actually saw. And then I'm going to sum up with perspective and concluding remarks.

So let's start with emergency management doctrine. Every day, every one of us manages risks or hazards in our life. Walking out the front door of your house is a decision, climbing in your car is the decision. So there's five different dimensions when you're talking about emergency management. If you miss any one of them, you do so at your peril. If you do all of them, and you do them all well, you can link them all together with a process that I'll describe.

So let's start at the top with the hazards. In Canada, we follow an all-hazards approach. What does that mean? That means every EMO, whether it's at the municipal order of government, the provincial order of government, or the federal order of government, assesses for their jurisdiction which of those hazards are most prevalent within their community. And they're looking to see what would be the impact of natural hazards and human-induced hazards. And there's a difference at the bottom. You can see "Safety" and "Security," and I don't consider them evil words. I consider them good words if they're done by the citizens.

So down one side, you see I've put an arrow head towards biological human. But it's just one of the hazards that are considered routinely and are monitored daily, weekly, monthly, and annually with reports going to the elected officials, the mayors or the reeves. So they understand in their community which of those are required to be looked at. The important thing to note is one hazard can of course impact all the other hazards. So you need to be **looking at them collectively, not singularly.**

Within emergency management, there are three types of agencies: subject matter agencies, coordinating agencies, and supporting agencies. The subject matter agencies are normally defined by law. So when you look at something like rail transportation, in the *Rail Transportation Act*, there is a certain organization assigned to be the regulator to ensure that those hazards are constantly reviewed, updated, and in the legislation there are specific tasks for the subject matter agencies.

At the bottom are supporting logistics agencies. And in almost every emergency or disaster, all the other organizations become supporting agencies when that one other hazard pops

to the top for that period of time. And they all help that one subject matter agency get through the emergency.

But common in the middle is called the coordinating agency, and those are the EMOs. And they exist at the municipal order of government, the provincial order of government, and the federal order of Government. And there can only be one per organization of government.

[00:10:00]

So there's one in Calgary. There is only one agency for the Province of Alberta: the Emergency Management Agency. There is only one for the Government of Canada: Public Safety Canada. There's not multiple. So you don't have to train huge quantities of staff and emergency management in every single hazard. You only need one coordinating agency that works across all of those hazards.

So let me give you a graphic that describes that. These are the tubes that make up our economy. And it's known as the tube chart. I've given it so many times on both sides of the border, everybody calls it Dave's tube chart. Clearly, there's many more tubes that make up our economy. That's all that fits nicely on this graphic, and it also tends to relate very clearly to a pandemic for the reasons that you'll see abundantly later. Every one of those tubes is filled up with Canadian citizens. Some of those tubes are predominantly private sector. Some of them are predominantly public sector.

Private sector, a good example, energy. Whether you're talking about the power grid, whether you're talking about the production of natural gas, or your gas stations on the corner, upstream, downstream, middle stream. But they're made up of citizens. The regulators tend to be government agencies, but the private sector makes up most of them. And one of the things that we learned following September 11th 85 per cent of all critical infrastructure in our country is owned and operated by the private sector. So if you don't link private sector and government together, you can't respond in times of emergency or disaster. The health care sector is predominantly public sector in most of our systems here in Canada, but there are private sector partners in it, and again, a regulatory system.

And it all works fine in every one of those tubes until they're impacted by a major emergency or a disaster. Then we expect citizens to be able to care for themselves for 72-hours. And if you go onto the website for the EMO, for every province and territory in Canada, you'll find your 72-hour kit and what you as a citizen are supposed to do to be able to take care of yourself. Now, as Canadians, we just used to call that personal responsibility, but things have evolved such that we have to actually teach people that they need 72 hours of water and that they need enough fuel to be able to run whatever they need to run and to **care for themselves in terms of their medications.**

So the citizens are supposed to look after themselves, and then we have first responders, and we have brilliant first responders in our country—fire, police and EMS [Emergency Medical Services]—that rush to those who have been directly impacted by the specific hazard we're talking about. And right above them is the municipal order of government that they work for. And that municipal order of government has an emergency operations centre and trained staff when it gets past the capabilities of their first responders to respond. They have written plans, general, for a response to emergencies, but they also have hazard-specific, in most cases, annexes. And every municipality, for instance, in Alberta, had an annex for the pandemic that was never opened.

When it gets past one community, then the provincial order of government steps in, opens their operations centre and brings all those other supporting agencies to support those municipalities that are at risk and coordinates across every one of those tubes to bring the assets of every one of those tubes to that emergency. Our order of government is then on top to drive support. We call it mutual aid between provinces and territories for those that are smaller and have less resources. We have the ability to bring all of them together and to work between provinces and help each other.

So what you see on the left-hand side is government leadership, and I want to really emphasize this right now. For the provincial order of government, the Premier is the responsible person, period. All the other people that come to support the Premier are supporting agencies or members of the task force, but the elected officials in a democracy are always in charge, not a bureaucrat like a medical officer of health. Never, ever. And who supports that government leadership? The EMO. They're trained, they're ready, they're disciplined, and we'll talk about their training in a second, but they're ready to go. And they are always standing by with the hazard assessment, watching it evolve and ready to pull the plans off the shelf and use them.

But on the other side, you see the private sector, and the EMO works constantly across all of the critical infrastructure and every industry group within the province. They know them by first name. I certainly did. I knew who was in charge of the Cattlemen's Association, who was in charge of the Alberta Electric System Operator. I knew who was responsible for the production of honey. Really.

There are four functions that make up emergency management:

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Mitigation, preparedness, response, and recovery. Mitigation is either removing the target from the hazard or the hazard from the target. That's the simplest way to define it. You'll see lots of pretty words there. But in your mind, just think about the risk is coming for you. How do we stop it getting to you, or how do I get you out of the way? Right? One of the two.

Preparedness involves walking through with all of the experts required to prepare plans to be ready to respond to any one of those hazards that's a major emergency or disaster potential in your jurisdiction: municipal, provincial, or federal. And having those plans trained and exercised constantly. You don't just write the plan and put it on a shelf. You bring together everyone who's actually going to respond in that emergency, and you run them through exercises. You watch them perform the tasks, and you train people up if they were delinquent or unable to complete their tasks.

The response then takes those plans off the shelf, spells them off, and makes them specific for the actual emergency that you're looking at. And there's a full-trained staff that knows how to run response. And there's operation centres with desks for every one of the subject matter agencies, the lead subject, the subject expert agency. We always used to call it the big kids' table, and that's where the hazard-specific person, the subject matter expert would sit, and everyone else was in rows, all looking towards the charts so we could run, support the subject matter agency with whatever they needed while taking care of the entire rest of the economy in the jurisdiction.

But the minute you start a response, the minute you take another team aside and you make them responsible for writing the recovery plan. Have you seen a single recovery plan in our country announced by any provincial government for this pandemic? The minute you start

response, you set aside a separate team to write recovery and have that plan ready to go the minute you know the pandemic went to endemic.

There are 10 activities that make up all of life. It doesn't matter if you're a soldier, sailor, airman, or whether you're a civilian in any industry, those are the 10 activities that you use to run your home. Governance at the top: operations, plans, logistics. But when you're working in a provincial agency, those are specific activities that require specific training. So you have people in the operations group that are trained to run operations. In the plans group, you have people that—the process I'm about to tell you—can teach that process and run that process for anyone in government. The ones shown in blue are formal courses that we train all first responders in every province and territory in Canada in, and it's called the Incident Command System. You see in the bottom in the blue. So those are specific training.

Every one of our first responders follows it, and it's not about doing their trade, i.e. being a paramedic or being a police officer; it's how they come together when a site gets too big and they have to work together. This is an actual activity and courses they must qualify in to move up in rank to run the Incident Command System for an event on the ground. But you need all of the boxes by the time you get to the provincial order of government. Most municipalities have separate, large municipalities have specific groups for every one of those boxes.

So how do you link all five together? With the last. So what you see here is a table, and there's hazards all the way down. You need an actual thoughtful process that leads you through every one of the boxes on that chart. And using the provincial order of government because health is a provincial responsibility, and that's where we're going in this discussion into a pandemic. You need to apply all ten activities to your mitigation plans, to your preparedness plans, to your response plans, and then to your recovery plans. You need to do each one of those boxes for all ten activities that make up all of life, and you need to resource them with the seven resources that make up every activity. There's nothing missing. If you miss any portion of this, either the seven resources, the ten activities, a specific hazard, any kind of grouping or organization, you have missed something at your peril. But there's experts that do this, and it's not hard for them. It might seem confusing for you the first time you step into it, but people live their whole lives doing this for you.

And those are the things for the commissioners that many people see and think need to be changed or corrected, and I put it to you, they are. There's some specific things we need to fix after this pandemic in terms of legislation, regulation standards, standard operating procedures, and how we move forward.

So that's the five dimensions.

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How do you link them all together? What does the process look like? This is the emergency management process. It's identical to the army process, but it's also identical to the risk management process. Those of you that were here yesterday and watched the presentation on risk management, that's how civilians would use these words. But in government, this is how we talk about it in terms of municipal and provincial order of government.

Hazards are out there every day, and all of a sudden, one of them pops up. So situational awareness for our elected officials happens all the time. There's constant briefings on a monthly basis going to the Premier. It's wildfire season here in Alberta. It's just starting. So there's a briefing note on the Premier's desk saying it's wildfire season, here's the status of

your Sustainable Resource Development firefighting teams. We can draw on our surrounding neighbours, the adjacent provinces, the wildfire operations agreement, mutual aid agreement is in place for all of Canada, blah, blah, blah, blah—just getting the Premier ready.

So it pops. Something happens. And what you see in the orange boxes is elected official engagement. That's where they're briefed, that's where they make the decisions. Okay? And they're part of the supervising and monitoring. So all those orange boxes— The black bullets are all what's being done by staff to support the elected officials. This is a democracy. Elected officials are always in charge. Never the subject matter agency, always the elected officials, whether a mayor or a reeve or whether they're a premier. And every one of those black bullets, and we're going to walk through them in an example, but every one of those black bullets is a staffing function and there's oodles of paper that get produced in order to do each one of those. So just defining the aim in an emergency, there is gobs of paper developing different types of aims for the Premier to select, which is the aim for that jurisdiction.

So when in a court case, for instance, where I was testifying against the Medical Officer of Health of Alberta, I brought stacks of evidence showing what had obviously been overlooked. They were unable to bring any piece of paper and simply said they had done the process. You have to be able to prove you've done the process. There's stacks of paper for every one of those black bullets that they were unable and are still unable to produce.

But what's happening while you're doing and managing that emergency? The hazard is evolving. As well, remember that all hazards list? Other hazards are popping up. So in the middle of pandemic, wildfires just didn't say, "Okay, we'll give you a break for two years, but we won't have any fires, okay? We won't have any train derailments. We won't have any toxic spills. There won't be any other problems. We can only deal with one hazard at a time." That's just ridiculous. But that EMO has all the pre-prepared plans for all the other hazards, and in the same emergency operations centre, you can switch between who's the subject matter agency, because today the fire just got too hot, and we can just set the pandemic aside for 24 hours while we evacuate Wood Buffalo, okay?

So let me move to the second part of the presentation. Now you understand what emergency management is, and that every province and territory has it, and in almost every province and territory, the municipal order of government has been ordered to have it by that province and territory, keeping the elected officials in charge.

Let's start with the aim. If you get the aim wrong in a military mission, you kill thousands and thousands of soldiers. If you get the aim wrong in a provincial response, you can kill your entire jurisdiction. Okay?

So the first thing you have to do is get the aim right. In our predefined pandemic plans—and there are predefined and provincial pandemic plans in all 13 provinces and territories in Canada. Every single one of them had a written pandemic plan: every one of them. If you don't believe me you can go to pandemicalternative.org, a group in Ontario built a huge research storage website for me back in December 2020, and we went to every government website, and we got them and stored them in case they decided to wipe them away and hide them. So on pandemicalternative.org, which is a Canadian-focused pandemic website, it's only talking, and it's called "alternative," because we were trying to get the message across that there was an alternative way of doing what we were doing in December 2020. And they found me because of the 12 letters I had sent to every Premier in this country, starting in April of 2020, saying:

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“Stop, drop, please phone me. I don’t want a job. I just need two hours of your time. I want to give you this presentation.” Okay?

That’s the real aim. To minimize the impact of the virus on all of society. You heard within days it switched to be to minimize the impact on the healthcare system or the medical system. Absolutely wrong aim. The result is what you’ve lived through for three years. You get the aim wrong: everything that follows is wrong.

Let’s talk about the overarching principles of emergency management. Number one, pandemics happen continuously. This wasn’t our first. In my lifetime, there have been five pandemics. I was born in 1954, and so Asian flu back in the 1956-57 era. We have huge documentation from five previous pandemics, and we’ve made massive lessons learned, both in emergency management and in public health, all thrown away. But more importantly, there is going to be another pandemic. I hope to see two more. Why? Am I a sucker for punishment? No, it just means I’m still alive for crying out loud. I want to live through two more pandemics, but I never want to live through another pandemic that is managed the way this one was.

Emergency management—these are principles—is the foundation on how we respond to every type of hazard, every emergency over and over and over. And these staff are trained, they’re competent, they’re capable, but they have some fundamental principles. And the very first one: you control fear. You never, ever, ever use fear.

I wrote my fifth letter to the premiers in August of 2000 [sic], warning them that they were using fear and that it would have unintended consequences that would last for 60 years until the children who have been affected by our response to this pandemic die. It was a very specific letter. I tried different approaches, and every letter I wrote, none of them worked. So I’m a failure. Confidence in government: You never use fear, you use the opposite. And everyone says the opposite of fear is bravery. It’s not, it’s confidence.

Confidence that you can get through something. Confidence that you can get through something together is the opposite of fear: fear of each other, fear that you can’t work together, fear that everyone is a hazard to you. I’ve been in some really awful places in the world in my 27 years in the Army—always with a rifle to defend myself. I was one of the lucky ones. But I watched populations that were raped, burned, and destroyed because their governments used fear. Use confidence in emergency management. You never, ever use fear. Your job is to suppress fear, and you suppress fear not by lying to the population. You don’t try and diminish what’s coming at you. You tell them how you’re going to handle it, and that you’ve got a plan, and that we can get through this together, and here’s how we’re going to do it. Okay?

Surge capacity is a real thing. It’s not done by taking stuff from someone else. New surge capacity is developed in every emergency. When we have a flood, and we need to dike a river all the way from the BC border to Saskatchewan to give them the water for free, we don’t re-roll things. We build new capacity. We get our citizens to come out and help build dikes, and it’s a new capacity. It’s not a re-rolled capacity.

Mutual assistance used to be a cornerstone of emergency management. Moving a patient from Calgary to Edmonton is called mutual assistance. It suddenly became evil. It was as if you had completely failed because your hospital couldn’t take every patient. We’re in the

middle of a pandemic. Of course, there will be ups and downs in every community. Communities help each other. They don't block the movement between each other. Constant feedback and evaluation of evidence. These are basic principles that were completely ignored in this pandemic.

My bottom line in terms of principles is pandemics are always public emergencies because they affect all the public. They are never public health emergencies. It's absolutely ridiculous to call a pandemic a public health emergency, and public health should never have been in charge of all of society. They are responsible for the healthcare system. Point final.

Let's move on to governance. The Premier in a province and pandemics:

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healthcare is a provincial responsibility, so the premiers are in charge. Period. There is no discussion. The Prime Minister is in support of the premiers. He is not the person in charge of the pandemic. Never should be: never could be. He does not run the healthcare systems.

The Prime Minister should only have sent support that premiers ask for. He shouldn't have forced them into responses by making edicts and handing out \$500 billion to get his design for a pandemic implemented.

There should have been a task force in every province that was on all of society to respond to the pandemic, and what should that have looked like? It should have included people from every one of those supporting agencies, governmental and private sector. It should have included a huge team of the biggest brains in the province, and their knowledge in terms of all of the impacts on every one of those blue tubes should have been brought together. What did we do instead?

We put the Medical Officer of Health in charge, who gathered a group of doctors—nobody from the power grid, nobody from water supply, nobody from municipal order of government, nobody from all the other supporting agencies—and they made, designed a response to protect themselves. Public health is supposed to protect the citizens. Citizens aren't supposed to protect public health. The coordinating agency then would have supported that task force. The coordinating agency would have then run the full provincial response. They never did.

Hazard assessment. Let's go back to what we actually knew in February of 2020. How did I get this top-secret information? I used this [cellular phone]. Every one of you could have done this. The key is: the information was readily available. These charts coming out of **China, you simply picked up your phone, you typed coronavirus, remember it wasn't called COVID back then, coronavirus, death by age, and then you typed in Italy, Spain, China, whatever, and you would get these.**

This is in February 2020. We knew what was coming. Look at the people who are dying. Over the age of 70, what are they dying with? Severe multiple comorbidities. This was February 2020, readily available, updated routinely. I did a snapshot then, and this is in the document I originally sent to the premiers to try and say, "Hey, what are you doing? You need to be doing target focused protection," and we'll get to that, but we knew then, was that just a random sample?

Every single week, starting the first week of March, the World Health Organization produced these tables. Every single week, you can still get them, they're still available, and they're available worldwide. Who's dying? Really old people. In fact, the average age of death in Canada is 82 years old with three or more multiple comorbidities, severe multiple comorbidities. Nothing has changed.

This was known the first week of March, the second week of March, the third week of March, and what did our medical officers of health do? They tried to convince us that everybody was at equal risk. Absolutely untrue. One of the comorbidities that's missing from this chart, and which is an extremely important comorbidity, but we don't talk about it in North America because it's considered fat-shaming, is obesity. Eighty-three per cent of the people who have died in Canada and the United States, in fact, it's 87 per cent in the United States, died obese. That means their BMI [Body Mass Index] was over 30. So what did we do?

We closed all the gyms. We told them they couldn't go outside and use the walking trails, and we gave them absolutely no feedback on how to make themselves healthier in terms of diet and exercise. We did exactly the opposite. We knew what the comorbidities were and that we needed to really look at those comorbidities and build surge capacity for them while we were building surge capacity for COVID because they were going to be impacted.

We did exactly the opposite. People saw the terrible pictures coming out of Italy. The people dying in the streets. Who were they? There's from May 2020, okay? But we knew this in February. We knew this in March. It's really old people with severe multiple comorbidities. Did that actually change? Here's the same chart from May 2022. No, it never changed,

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and yet the narrative coming out of our MOH [Minister of Health] never changed either.

This is a slide you've seen in other presentations. It's now been taken down, and every one of my slides, every piece of information and data, you'll see I put the website right on it, so you can go get it yourself. But this is no longer available. It shows that people without comorbidities simply aren't at the same level of risk. In fact, it's minuscule risk.

This is the latest—and I've stopped updating this chart. This is at the end of three years, so this is March of this year, and what you see is Canada's data, as a country. But what's really interesting on this, if you look over here on the right-hand side, you will see that it says that, as at the end of March, there was 52,000 Canadians died of COVID, and that's the number that Theresa Tam still uses to scare the hell out of you every day that this is a horrible disease. But quietly behind the scenes, every province and territory in Canada has been amending their data. If you see the number on the other side, circled in red, this is from exactly the same day off of exactly the same website from the Government of Canada, you'll see that it's 36,000 died, not 52,000. Why is that? Because they're very carefully, now, removing all the people that died with COVID not from COVID. Okay, so they're cleaning up their act before we come looking for them.

So let's move on to mission analysis. Now, this is the meat of the process. Whether you're attacking an enemy or the enemy is COVID, mission analysis is where you break apart all your tasks given and your tasks implied. Just the "what." Never the "how." And you do this with the smartest people in your province. Okay, this is where the task force, and I did this for counter-terrorism with what I call "26 of the smartest people in Alberta" on September

the 12th, 2001. The following day I was made the director of counter-terrorism for Alberta, which I ran, implementing the plan that we wrote in the first two months over the next two years. But I led them through mission analysis.

What does it look like?

You sit there and you are first given, with your task given. These are the four tasks given that were written right into the Alberta, and every province and territory in Canada had a plan just like this, with the task given in preparation for the next pandemic.

Control the spread, try and reduce morbidity, but “appropriate” prevention measures is the keyword there and I highlighted it with “appropriate” underlying quotation marks. We’ll talk about that.

Mitigation of societal disruption through the continuity of critical services, not the closure, the continuity. People are going to get sick with this new virus. How do you make sure you can continue every activity in every business while people get sick?

The critical infrastructure, you have to make sure you have backups and backups, so you need surge capacity in every piece of your critical infrastructure, the people piece, because some are going to get sick. You’re not going to close them down. You’re not going to send healthy people home. You might in fact order sick people to come to work while you sort of isolate them because you don’t have enough people. Exactly the opposite.

Minimizing the adverse economic impact. I almost laugh every time I read that one. And making sure there’s effective and efficient use of resources. We failed at four out of four. Those were the tasks given in the pre-written pandemic plan in Alberta and are similar in every other province.

So you now have to rip those four tasks out into the detail required. So what’s that goal number one turn into? And this, you see the et cetera, this is one person’s brain. Imagine if you had 26 of the smartest people in that province’s brains to pull from. This is just my brain.

Number one, how are we going to care for those most at risk? We knew exactly who they were. How are we going to develop over here on the other side, a risk analysis for the population so that our family practitioners can— Our family practitioners know— We know that most of our seniors that died were in long-term care homes. So right away we should have been developing plans in bullet one for long-term care homes with the people that run the long-term care homes. Right?

Public, public for profit, private for profit, private for non-profit. Three [sic] [Colonel Redman cites four groups] groups: bring them all together, bring the unions in, bring all the best experts in, and build a plan to get us through the first wave. Then we’ll figure out the second wave, right? But over here, what about all the seniors that were living in multi-generational homes that were living at large on their own, in their own houses still? Family practitioners knew exactly who they were and where they were.

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They were their doctors. We should have been developing for our family practitioners, good advice, common sense things, and trying to figure out ways to help them.

But down here, on the very bottom on the left-hand side, the development of treatment. You're going to hear from a whole bunch of doctors and talk about a whole bunch of possible treatments, but one of the things that no province or territory in our country did was peer-reviewed analysis of potential treatments worldwide.

We should have had an intelligence agency watching for every country in the world and how they were managing COVID, and whatever treatment options they were finding, like ivermectin, the terrible "I" word, but all the other ones. And we should have done peer-reviewed studies to see which ones worked. And even if they only did 3 per cent, just like in AIDS, when you add five 3 per cent options together, you get a really effective treatment option. And other countries in the world figured this out, but we never did. We did exactly the opposite. Our medical officers of health never did this task, implied matrix, and never developed teams to go and study how.

I'll go through the next ones quickly, but no one ever contacted the electric system operator in Alberta or any other province in our country to make sure they'd have enough people to get through the pandemic. Good thing they did. If our power grid had collapsed, it would have been awful. But even more importantly, water supply is a municipal responsibility, and our municipal order of government was excluded from the entire planning and execution process. Most water treatment facilities and most municipalities have two or three experts that run them. Emergency Management Alberta knew them by name. They were never included in the process.

How do you make sure you do not close business? Continuity is the word, not closure. And I mean for every business, but there will be some like tourism what other people, other countries do would have affected our tourism industry, and we should have only supported those industries that had to close because they simply couldn't exist with the clients that were going to show up at their door. Okay? But we should have ensured continuity of every other business, and we needed to make a list of them in the tasks given and implied.

And how do we manage critical resources? Well, we watched ourselves fail completely on that repeatedly. But the second portion is, after you've done your tasks given, you have to do the tasks implied that aren't in those first four.

And this is a standard template of tasks implied for every emergency, every single emergency. Okay? And Emergency Management has this list and always does it and sits down with the task force that's assigned and walks them through it and says, okay, these are the what's, can you think of any more? And then we build groups to go away and bring back options to do this.

The most important are protection of rights and freedoms and suppression of fear. Both **completely never even considered.**

I was the director of counter-terrorism for two years in the Province of Alberta and worked on both sides of the border, personally briefed Senate and Congress in the U.S. on what we were doing in Alberta to sustain our oil and gas. I personally briefed the American ambassador. It was always made very, very clear to me that security trumps trade. But on top of that, all that time in two years, what's the most important thing in counter-terrorism? You never deny a Charter right or freedom because if you do, the terrorists have won. That's what they were trying to do. They were trying to destroy our rights and freedoms and destroy our faith in democracy because they don't like it. We handed the response to this pandemic to our medical officers of health and what did they do? They

immediately destroyed our rights and freedoms worse than any terrorist attack ever could have done.

The next thing you do is develop options. You take all of those teams that you break out of that huge list of to-dos, you put them into groups, you bring the smartest minds for each one of those red-bulleted tasks, and you send them away for a week, and they have to come back with a costed plan. But that plan is including multiple options. There's always more than one way to skin a cat. For every option, you have to do a full cost-benefit analysis so the Premier can say, "Okay, this is what we're going to do for long-term care homes. And this is how we're going to manage critical infrastructure."

But they pick the option that they think will best protect all of society. Remember the mission statement? So your elected officials are given the options and in the box below in decision, it is the elected officials that decide which option for each of the groupings of tasks.

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But the cost-benefit analysis is how they make their decision.

So we had pre-written plans before this pandemic that told us all of this information and put it together and had done part of the cost-benefit analysis for us, built on the really, really, really hard lessons learned from those previous five pandemics. Those plans, in fact, highlighted the use of a word that you now call lockdowns, but which I have always called non-pharmaceutical interventions. Okay? They had been studied inside and out for 20 years.

The document you see on the left was last updated and issued worldwide in September 2019. The 15 NPIs [Non-Pharmaceutical Measures] that you see listed on the right-hand side of the chart are showing green for ones we should have used in this pandemic, orange, which are partially applicable—and I'll talk to one in specific—and red never should have been used for this pandemic. That document on the left is 60 pages long and it discussed each one of those 15 separately, in detail. You can get the document for yourself and it says things like, for workplace closures: closures should be a last step only considered in extraordinarily severe pandemics. We did it as a first step with absolutely no cost-benefit analysis.

Let's talk about face masks because everybody likes to talk about face masks. In the first two years, I never mentioned face masks because then everybody just thought I was a conspiracy theorist. Face masks have no effect for a virus of this type. They have an effect for other viruses, but not for this virus, and we knew that from this document. This is a **highly transmissible virus that they aren't applicable for. Face masks, in orange,—because in a hospital setting, worn by healthcare practitioners—of the right type of mask, for a limited duration, put on by assistance, taken off by assistance, and disposed of immediately—made sense. The document clearly said "should never have been used in the general public" because they cause massive societal impacts and damage and have no noticeable gain in stopping transmission. Okay, sorry, got to go back just for a second.**

What was the worst thing we did? We destroyed our children. That's why I circled that one. The socialization and the development in elementary school, junior high, and senior high, and what we've done to our children will damage them for the rest of your life. There are many studies that show that one-year loss of education causes a five to 15-year decrease in economic ability, earning ability for that individual, and a three to five-year decrease in

lifespan. So until our children die, unless we do something to correct what we have done, this impact will exist on them. And we didn't do it for one year. We did it for two, and in some cases, three years, in our own country.

But we knew that from the study of the NPIs that all of those NPIs would have a very insignificant effect on transmission of a virus of the type of COVID. So we knew that in September 2019, we should never have used them.

But after the first wave, study after study after study compared non-lockdown to lockdown countries and showed exactly the same thing. And you've heard from Dr. J. Bhattacharya previously. This is him, but this was after the first wave, but folks, there was, this is another 35, wave after wave after wave, proving that lockdown to non-lockdown countries, and I'm sure you've all been told there was no non-lockdown countries in the world, but that's simply a lie.

Many countries in the world didn't use any of the non-pharmaceutical interventions and came out exactly the same in terms of transmission. But what we know now and what we knew in September 2019, in a 60-page document, was that non-pharmaceutical interventions cause massive collateral damage. And I'm not going to go into it. You're hearing testimony from all the others. Well, all I'm going to do is say to you that I put them into these five bins, and you can collect all of the damage.

The mental health damage that we'd done and we knew would happen. And so to me, that's individual. That's each person. The fear you have of your neighbours, the fear you have of each other, the fear you have that we're going to do this again to you. Societal fabric: the tearing apart of our society and our democracy;

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the people who had other severe health conditions that we ignored and who missed diagnosis and treatment; our children's development, important—their academic development, but far more important—their social development; and our economic well-being as individuals, businesses, and as a nation.

And I come back to the fact that we doubled our national debt. Don't think that won't have a forever impact for at least the next 60 years. And this isn't one or two or a few witnesses. There are hundreds and hundreds and hundreds of studies all been collated for us that our mainstream media continues to ignore.

I end this portion with: there should have been a written plan issued through the mainstream media to every citizen in every province saying how the Premier was going to lead the response to the pandemic and inviting feedback from the citizens. "This is what we're going to do for the first phase. We know there's going to be a second phase and probably a third phase. But in the first phase, this is what we're planning to do. This is how we're going to try and walk our way through the first wave till we know more, and we invite your feedback."

It should have been in every inbox in every citizen in each province and territory. You've never seen a written plan by any province or territory. Therefore, you've never known what the government was going to do. You just knew that it was not going to be in your best interest.

So let's go to the third part and I'm going to go through this quickly. First of all, I want to give you perspective because you've heard this from many people, but I like to collate things for people so they understand modelling. Everybody talked about modelling for the first two years and how we were all going to die.

The Imperial College of London model had been completely debunked. It had been shown to be wrong in every major emergency in the past ten years. The model outputs always predicted horrible, horrible situations. That model should never have been used. We knew it was completely flawed, and yet it was used by every province and territory in Canada, by the medical sub-officers of health, to tell you we're all going to die.

Number one, you never use fear in a pandemic, you do exactly the opposite. I'm an engineer, okay? We use modelling all the time. A model, not that one, should have been used to predict the surge capacity that was going to be required. You didn't care. It should have been invisible. Getting more hospital beds, getting more this, but the Premier could have said, "You know, we're developing real new surge capacity," and that's confidence. But you never use a model and release it to the public to terrify them. The evidence constantly proved the model wrong. Mainstream media, the medical officers of health, and the elected officials ignored the evidence every single wave and reused that model. How dare they?

The infection fatality rate was known for people under 65. The infection fatality rate of COVID was known to be less than seasonal influenza. For people over 65, it went up but never became much worse than seasonal influenza, and yet we did nothing to protect them. We never did target, focused, treatment options for our seniors.

The daily death count was used as nothing more than a terror weapon and was never put in perspective to other causes of death. Non-lockdown results from countries like Sweden, places like Florida were intentionally ignored and never talked about by your medical officers of health or your premiers.

And saving our medical system was the contra mantra, and I can do this for every province; but Doug Ford is such a perfect example. He was standing in front of the camera crying, telling people in Ontario they weren't locking down long enough, hard enough, and deep enough and that they had 1,750 people in acute care beds. He never once mentioned that there's 22,357 acute care beds in Ontario. When you ignore perspective, you can create terror. But if you were told that there's 2,000 beds used out of 22,000 beds and you're still saving the medical system, it would have caused you to question the response. Perspective was intentionally denied.

This is a cartoon that circulated all through Europe. It didn't circulate in North America. I have friends that helped me for the last three years all over the world. This was sent to me. **And you see Boris Johnson, back in the first wave, trying to decide to lock down or not lock down,**

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but really, he only has two options—lockdown or option B is lockdown. And the elephant in the room is Sweden. The elephant's got the little Swedish flag there because they never locked down, right? That's the elephant in the room.

So what did happen in Sweden? They decided in 2022 the pandemic was over in Sweden, so they don't report anymore. Look at the number of young people that died, look at the number of old people that died. They never wore masks. They never did school closures

other than the senior high schools for two weeks in the first wave. They never did any ordered workplace closures. They never did social distancing. He recommended Dr. Tegnell who ran the response.

And the response he ran was exactly what the Alberta and every provincial plan said we were going to do. He followed his plan. We threw ours away. They don't have an increase in mental health issues (like we do), increased suicides, increased overdoses, increased spousal abuse, increased child abuse. They don't have that because they didn't do that. And they came out of this economically better than all of their neighbours in Europe.

Let's do a fast comparison to Alberta. If you normalize the population between Alberta and Sweden, Sweden had less COVID deaths. If you actually believe the case count numbers that we have in Alberta and for Canada, I can do the same thing for Canada. Alberta came out worse than Sweden in straight COVID deaths. Forget about collateral damage. Yes, they have a much older population than us and they did not do targeted protection. Dr. Tegnell has personally and publicly apologized for the lack of targeted protection in the first two waves which caused many of their seniors to die needlessly. But how did they do overall? This is cumulative excess deaths. Look at Sweden and look at Canada. I let you make your own decisions. This is from 2022.

You saw India, you saw bodies floating down the Ganges and the terror that our mainstream media and our medical officers of health using India as a terrible example. India had three times less COVID deaths per capita than we did. Three times less with 36 times the population in one third of the geography. You don't hear them talking about that. Perspective has never been allowed. Why did they do so much better? They only had 2.8 per cent vaccination rate when Delta hit India. They did treatment. They did massive treatment, population-wide, and we denied the ability to do that in Canada. Our MOH [Ministry of Health] and our College of Physicians and Surgeons fired doctors if they did it.

Fast comparison to other things. Traffic accidents, top left—heart disease, the other side. Even if you are between the age of zero and 60, you were three times more likely to be a traffic vehicle fatality than you were to die of COVID. But we didn't see our government—Shawn's opening this morning—our government didn't ban cars. You were three times more likely to die in your car. They should have taken our driver's licences away.

And let's do one last comparison to pneumonia. Pneumonia worldwide. 2.5 million people die every year of pneumonia. COVID was less than pneumonia. And yet the World Health Organization, as we speak, is getting sovereign countries to sign a new WHO [World Health Organization] agreement that they will give up their sovereignty and allow WHO to run the next pandemic based on this extremely successful model of the use of NPIs worldwide: sooner, longer, and deeper. Canada is about to sign that agreement. We didn't close the world for pneumonia. Why not?

My final slide, conclusions. We discarded emergency management, and it has cost us dearly. The aim right from the very start was obviously flawed, and yet no one challenged it. Except for—I say no one—a few of us challenged it. Most of you sitting in this room didn't believe it. But our citizens did, as a group. The hazard assessment, we should have protected our seniors immediately, and I'm prepared to talk about what I mean by that in questions if you're interested.

But remember, I'm the guy who said you never deny a Charter right or freedom unless the individuals agree. The Oakes test is the minimum standard. It has been thrown out. Every single Charter right before it's denied must pass the Oakes test.

[01:00:00]

There has never been a single Oakes test for a single Charter right or freedom that was denied. Not one.

Lessons learned, we threw away every lesson we'd learned, and there's no point in running the lessons learned after this pandemic. Because the only lessons we'll learn if we let our governments do it now is exactly the wrong lessons. The use of NPIs were known not to stop transmission but to have massive, massive collateral damage. To use them over and over, in my opinion, is criminal negligence causing death, and we need to hold accountable those who did it. Our Prime Minister, our premiers, and MOH are those responsible people, and they need to be held accountable. If we do not immediately and vigorously remove the belief in lockdowns, we will redo this, and not just for a pandemic. We will redo it over and over and over, and our citizens will be compliant.

The presentation I've just given you is based primarily on a paper I wrote July 1st, 2021 [Exhibit RE-2e], and sent to all the premiers in the mainstream media, Canada's Deadly Response. It's 130 pages. You can get it at that link that you see. It's been used in court cases against MOH and premiers across our country, and the others are supporting documents. I stand ready to answer your questions.

Commissioners, I would point out that I've never talked about vaccines once, because in emergency management, you never count on a vaccine. A vaccine takes five to ten years to develop if you're using proven technology. They take ten years plus if you're using new technology, and a pandemic is long over before you ever get a vaccine. You may wish to have a vaccine if the virus is not a constantly shifting and changing virus. The chief medical of the vaccine program in Great Britain said in August—before our Prime Minister called certain people in our public, racist, misogynist people with unacceptable views—the medical officer of health in Great Britain said, "The coronavirus is now the sixth form of the common cold. We need to learn to live with it, there never will be a vaccine. We've never had a vaccine for the cold."

But I've never talked about vaccines because emergency managers know they come too late. You have to deal with the development of herd immunity long before you ever will get a safe and effective vaccine. Ladies and gentlemen, your questions please.

Shawn Buckley

Well, I get to go at you first, David. One thing that struck me is you showed data there that just the regular pneumonia that we live with for our entire life is responsible for more **deaths during this pandemic than COVID. Is that correct?**

David Redman

Pneumonia worldwide has always been a larger threat than COVID. In Canada, we had a more successful rate because of our— For one strain of pneumonia, there is a very good vaccine. And so we've had an ability to reduce pneumonia deaths in Canada. But worldwide, COVID was less of a risk than pneumonia.

Shawn Buckley

Now, in every year we have, I think you called it, the seasonal influenza. We have, I call it low vitamin D season, but other people call it flu season. But basically, we have a season where we have influenza and we have a number of deaths in Canada. Did I hear your evidence right that for our regular seasonal influenza for persons under the age of 65 that COVID was more of a risk to those under 65, all right, less of a risk, than seasonal influenza. That was too long. So I'm just going to rephrase that question so—

David Redman

I can answer the question. In previous presentations which many of you have seen—that I have given for the past two years before I stopped doing public presentations in February 2022—I always had a graph which showed the seasonal influenza curve from the past five years and I overlaid it with the COVID curves. And so in terms of transmission of the virus (and it's in my position paper), there's no distance between the lines. COVID went up and down no matter in Canada, no matter how hard we locked down, no matter how soon we locked down, the virus transmitted itself exactly the same. And people always ask me the question: Well, why was Taiwan and why was Australia and New Zealand able to do better in terms of sealing off the disease?

Number one, Canada is not an island.

[01:05:00]

We had 20,000 truck drivers crossing the Canada-U.S. border every day throughout the entire pandemic. Why? Because we have a just-in-time food supply system, and we would have starved to death if we hadn't done that. So the spread of the disease just happened naturally and it suddenly became a crime to get sick. You were held in disdain by your friends and neighbours if you caught COVID because you obviously did something wrong, but they never cared if you caught the flu the year before.

Shawn Buckley

And for those under 65 the flu was more dangerous.

David Redman

And for those under 65, the flu had a higher infection fatality rate than COVID through the entire pandemic to this day and now significantly less.

Shawn Buckley

Now you had mentioned at the beginning of the pandemic, you know you have said you lived through four of them and I think you mentioned the Asian flu in the 50s, but didn't we have one called the Hong Kong flu in the 60s? Like we've had bad influenza seasons before, and I mean bad, they far exceeded the seasonal influenza.

David Redman

Absolutely correct and if you go to the position paper, there's a grading system for pandemics. It's been known worldwide. CDC put together a graphing and charting system that's been used for every pandemic dating all the way back to the Spanish flu. And so what you have to consider is both the transmissibility and the deadliness of the disease and it's

on two axes. If you place this pandemic, it is, at worst, a moderate pandemic. Most people would consider that it actually slides down into a low-level pandemic based on the CDC modelling. So this entire pandemic we've been told that it's an extraordinary event, the worst pandemic since the Spanish flu. The facts don't bear that out and the model system used by CDC—and they're part of the perpetrators of the fact that they say it's a terrible—they didn't even use their own models.

Shawn Buckley

So I wonder if the media hadn't been hyping this, would this even have been a situation where emergency plans would have even been engaged?

David Redman

We have been destroyed by our independent media, and censorship has been obvious and apparent. I'm sure everyone in this room knows it, but for most Canadians they think the mainstream media has been doing a great job simply giving them the information that the MOH and the premiers have been giving them every day. What the mainstream media forgot is that their job is to hold government accountable, and in so doing they could have used one of these (holding up cellular phone) just like I did and known that the people who are most at risk were our seniors.

Let me give you the example, just one example: Theresa Tam said in the summer of 2022 that it's a national embarrassment, us [Canada] placing last in the OECD [Organisation for Economic Co-operation and Development] in protection of our seniors through this pandemic—73 per cent of all deaths in this pandemic in Canada happened in long-term care homes; 73 per cent died in long-term care homes, not in the general public. They were our seniors with severe comorbidities. Theresa Tam personally admitted that it was a national embarrassment to place last in the OECD of countries with similar public health care systems. The mainstream covered it for one day, and you will be very hard-pressed to find that statement. I have it; it's right here, and it's in my paper.

Shawn Buckley

David, actually wasn't going at the censorship thing. I was just actually wondering, would this in the normal course of events been a situation where emergency plans would even be invoked?

David Redman

I would have put it to you that in February— Okay, let me answer your question specifically and then give you an aside. In February 2020, if I was the head of AEMA, I would have taken the pandemic influenza plan as written; I would have asked for a briefing session with the Premier; I would have asked the Premier to form a task force; and I would have prepared as if it was going to be a horrendous pandemic. Because you always go big and then ramp down. By the middle of March, I would have recommended to the Premier that for the first wave we consider options for protections of our long-term care homes and nothing else.

Shawn Buckley

And would it be fair to say that—so Alberta had a plan—basically every province in Canada and pretty well the entire world, and the World Health Organization would have had plans similar to the Alberta plan?

David Redman
Absolutely correct.

Shawn Buckley
Because basically everyone could look at the past data and draw the same conclusions.

[01:10:00]

David Redman
Everybody was using the same lessons learned and had rewritten and rewritten their plans. If I can take you back in time, I retired from Emergency Management Alberta in December 2005.

This document, the WHO document, first came out with the comprehensive study of all 15 NPIs in the summer of 2005. So the Deputy Minister of Health at the time asked me to co-chair with her the mission analysis session where we would completely redesign the Alberta plan because NPIs had not been studied in depth before, and clearly the Alberta plan was inappropriately based on using a number of NPIs. So that's why in 2005, we rewrote the Alberta plan. It was published in 2006 after my retirement, and it was upgraded because all-hazards specific plans are rewritten every 10 years by every province and territory in Canada. The one in Alberta was republished in 2014 after another comprehensive review, basically looking like the one from 2005.

So yes, every province and territory in Canada had plans. They had pandemic plans that look very similar to the Alberta one. All 13 of 13 are available on pandemicalternative.org because we collected them; and the Government of Canada plan looked very similar to being a supporting plan for the 13 provincial plans, a supporting plan not the leading plan.

Shawn Buckley
And not a single government in Canada follows their pre-existing plan.

David Redman
In my opinion, they burnt them all.

Shawn Buckley
Thank you. Those are my questions. I am confident that the commissioners will have questions.

Commissioner Massie
Thank you very much, Mr. Redman, for this very thorough presentation. I have a couple of questions. I don't want to take all the time. I want to leave my colleagues also to ask some questions.

So my first question has to do with the planning of an emergency plan. I mean, I was working in the government, and we're always looking at these preparedness plans from a

microbiology, immunology, virology standpoint, which is one aspect, of course, and you have to work it out properly.

But to my surprise, I saw looking at the internet, as you pointed out, on cell phone or computer, there was a kind of a plan at a very high level called Event 201. That if I summarize what I've read from there is that in order to get the best possible response to this kind of global emergency, you need a global plan that will actually be prepared at high level by real experts and then will be deployed, really top-down, using all kinds of interesting communication tools.

For example, we've learned from some document in U.K. that they have this nudging unit that would actually lead people to really adopt the behavior that would be aligned with this global plan. So how would you qualify that kind of plan or planning for emergency of pandemic with respect to the most current, I would say, state-of-the-art knowledge that have been practiced for all of pandemics of the past decade?

David Redman

I would suggest you that Event 201, led by Bill Gates, was a well-intended but totally misguided group of individuals who had an industrial background, with a few doctors who had a particular bent, and the bent was, they loved NPIs. And they produced results that made absolutely no sense, in my opinion, and yet it was almost a complete carbon copy of what we did in Canada.

But I would point out to you that many countries in the world didn't believe in Event 201, didn't follow Event 201. Sweden being the classic example, and people like Ron DeSantis, Governor of Florida, who just went, "No, this is wrong." And the reason is they recognized the collateral damage, and Event 201 is based on basically locking down the entire world until another vaccine can be prepared.

And Commissioners, I would hasten to point for the Canadian public that within the next week, if it hasn't already happened,

[01:15:00]

Canada will be a signatory to the WHO agreement that models Event 201 response for all time in the future. And that the countries that sign the agreement agree they will give up their sovereignty and follow the direction from the World Health Organization, which is based on the rapid and continuous use of NPIs.

Commissioner Massie

My other question has to do with the definition of a pandemic. Professor Didier Raoult in Marseille has always presented the notion that these infectious diseases spreading in population cannot be global because it depends on the population, it depends on the environment, the weather will play a role, the interaction between people, and therefore it has to be analyzed at a reasonably local level.

We've learned during the pandemic, for example, that there's been a gazillion of variants that we've learned about in this particularly evolving virus because we started to sequence it like we've never done before. Had we done something similar for other influenza or other types of infection, we would probably have seen similar profiles, but in this particular instance we learned a lot about the emergence of these variants that eventually became

variants of concern because they came in some area and then they were going to spread all over the world and so on.

But the reality is that the variants come and go and they sometimes remain very local, sometimes they can spread a little bit more. So this whole notion that you could come up with a plan that will be kind of a one-size-fits-all is a little bit difficult to reconcile with the notion that there's going to be a large, many factors, local factors that will influence.

And you've named, for example, the comorbidity in people that are more vulnerable, that's one element. But it could be also other elements that play in the environment that will play with the spreading and so on. So this whole notion of having a global plan for pandemic management with not much recognition for local management— Because circumstances will be very different depending on countries and so on. So how can we actually find a better way to communicate that this old grandiose plan is half-baked in the sense that, yes, you could have high-level recommendation, but what about the local implementation of the measure?

David Redman

I totally agree with both the professor and yourself. Emergencies are always bottom-up, but there's a reason for that. And in a pandemic, as you say, there are so many conditions. So let's just address a few.

Remember the all-hazards. Each jurisdiction, every municipality, every province has to make their own assessment of what it is for them. Whether environment plays such a huge role in every possible hazard, just like it does for a disease. When I do my comparisons, I never compare Florida to us. The climate in Florida is not the Canadian climate. And how a disease evolves and spreads in Florida is totally different than Canada.

But Sweden is a very good collateral model because their urban versus rural densities are like Canada. Their climate is very similar to parts of Canada, at least significant parts of Canada. So if you're going to compare apples and oranges, if you're going to build like-minded responses, you have to look for all of the impacting factors, and the best way to do it is not try and compare yourself to anybody other than to look and see what works somewhere might work here and test it.

So when you build a plan for Alberta, it's going to be different than the plan for Nunavut. Totally different because of population density, because of numbers of people, because of geography, because of climate, all with the same virus. And yes, the virus mutates— And I almost screamed at the television. I did scream. My poor wife is right there. She knows. I would get so mad when I would hear people say ridiculous things about— How could our **Medical Officer of Health— Remember the 10 activities make up all of life, one of them is intelligence?**

How could we not have built a medical intelligence section that was trying to find all the variants that were happening in Canada, that were not happening worldwide,

[01:20:00]

and to see if there was a possibility for the transportation, and what would that mean?

It seemed like every wave and every variant became a surprise, but the response was always lock down. So we didn't even learn that there was going to be new variants until they almost arrived in our country. So yes, everything is local.

The way the disease evolves is local. So the idea that a World Health Organization would make a one-size-fits-all massive lockdown approach— Look at Africa, folks, sub-Saharan Africa, with absolutely no lockdowns. And it wasn't because the virus is more or worse or everything else. Its climate, its geography, it's a whole bunch of things in a very hot, dry climate versus a hot, wet climate. Look at COVID worldwide, you'll see the variations.

So it makes absolutely no sense to make a single worldwide plan to be driven out of a bureaucrat, non-elected World Health Organization to give up national sovereignty. It makes no sense.

Commissioner Massie

My last question would have to do with— You've made specific recommendations in terms of how can we do it better? As I was listening to you, it occurs to me that there's the knowledge, the expertise from the people that will support the ultimate decision by the Premier in every province. Do you know whether there is a mandatory training for this Premier, in risk management?

David Redman

There is no mandatory training for any elected official and it's something that we've long discussed because one of my ministers when I was running EMA had been a florist for 20 years. His arrival to suddenly be my boss meant he needed to learn that he was responsible for the response to major emergencies and disasters in the province. He was a very willing student. The one before him was not.

The Premier, I was blessed with having the same premier for all five years in EMA, Ralph Klein, and that man was one of the most empathetic people I had ever met. Every election— What happens in every province and territory before a premier becomes a premier, there's a briefing book and every significant function within the province prepares a one-page briefing note and premiers can invite the preparers of that note to come and give a talk and to learn more, but it's a voluntary system on their part.

But every premier in this country knows they have an EMO, it's in their briefing book, it's there the day they become premier. Should there be a mandatory training session? I would put it to you that every elected official, every elected official, local, municipal, provincial, should have a minimum of a one-week indoctrination training period where they **understand, get to understand what their role is as an elected official. It sounds great, you know, "I'm going to represent the people of Kohlberg," but what does that mean? How do you do that? How does the parliament work? How does the system work?**

There should be a training for that. But the minute you become a minister—go up the next step in your elected lifestyle—you should have a specific one-week session for the ministry you're now accountable for. Because unlike the United States where Congress and Senators are there simply to represent their people and do not actually run departments, ministers in our government in Canada, in the provincial order of Government and the federal order of Government, run departments.

They become the CEO [Chief Executive Officer] of a huge bureaucracy that works for them and for the people of that province. And to understand what those people do, every time they change ministries, there should be a compulsory one-week period, and it shouldn't be voluntary. It should be a requirement, in my opinion, and for the Premier, one week even more for the most critical functions that a premier is responsible for. And there isn't one bigger than responding to major emergencies and disasters for the people of their province.

Commissioner Massie
Thank you very much.

Commissioner DiGregorio

Thank you so much for coming this morning and giving us your testimony. I will also try to limit my questions, although I have many. I noticed in your presentation you spoke about the non-pharmaceutical interventions being something that are not resorted to as a first resort, but that actually seemed to be what our government did in this case in terms of implementing lockdowns in fairly short order when COVID showed up. I'm just wondering what could possibly be the goal or the justification for implementing lockdowns so early.

[01:25:00]

Is it the hope that the virus will go away? Is it that we're waiting for another intervention like a vaccine? I'm just struggling to understand how that could have been justified.

David Redman

So let's start with "the mission was wrong." If your mission is to protect the healthcare system, NPIs [Non-pharmaceutical Interventions] make a lot of sense because you actually believe that you can get all of the population to protect you, but they can't. They don't. It was well known. They wouldn't. But if you put the wrong person in charge, you end up with the wrong result, if you declare the wrong mission first. So I use three words, and I've done this with lots of people in lots of venues. And I try to be as kind as I can because the three words I use, I'll give them first and then we'll go through them. I use incompetence, hubris, and self-gain.

So at the start of the pandemic— Even in my paper, I give the benefit of the doubt for the first wave. I only call it gross negligence, which you can be held culpable for. But after that, I call it criminal negligence. And the incompetence started right at the very beginning. First on the behalf of every premier in Canada for not being in charge and not doing leadership **and not doing their own personal exploration of evidence. Then they chose to put the wrong person in charge. The person in charge was them. But they chose the medical officers of health, and the medical officers of health are not trained to run major emergencies or disasters. They simply are not.**

So the incompetence portion led us to putting people in charge who watched what happened in China and went, "Hey, maybe that'll work." Absolutely fear-based totalitarian response in our democracy? I don't think so. But that's what they did, so incompetence.

You put the wrong people in charge. The Medical Officer of Health was incompetent in not saying, "I can't do this alone. I need a governance task force to reflect all of society." They made the flip in the mission statement to being to protect the medical system, and the

Premier allowed them. But they should have immediately said, "This isn't how our plans are written. This isn't what I believe should happen. I believe this should be an all-of-society response." So why did they go to using NPIs?

You have to ask them, and I've asked them in court case— Leighton Gray and I were part of a case against Deena Henshaw. They have no proof to show they did a cost-benefit analysis to justify the use. I have no idea why.

Hubris, second word. Once you make a decision, you never admit a mistake. And so wave after wave after wave, they did the same thing, even though the evidence told them, "Stop, you're doing the wrong thing." Hubris makes it really hard to say you're wrong. It's not impossible. Ron DeSantis did it in Florida. After the first wave in May, he went, "I think we're doing something wrong." And he invited Dr. Jay Bhattacharya. After two days, he walked to a microphone, and his first words were, "I got it wrong."

Admit your mistake, the public's willing to accept that. Now tell them what you're going to do, but tell them why it was wrong. Hubris, the second roadblock.

And then why did they want to use them and keep doing them? Self-gain. And self-gain is in so many ways, it doesn't just mean you're going to get monetary input. In fact, I'm not saying that at all. What I'm saying is, "I'm on the TV every night. My job is secure if I keep doing lockdowns. Everybody seems to like this. The public's demanding more."

Instead of telling the public why you're not going to do it, it's just so much easier, and you win the next election. Look at Doug Ford. He won a landslide. Legault won a landslide. Self-gain comes in many forms.

So why did they use it fast and never bend? Incompetence, hubris, self-gain. It's my only possible conclusion.

Commissioner DiGregorio

Thank you, thank you. You actually answered my second question at the same time as the first, which was why you were emphasizing that elected leaders needed to make the decisions as opposed to bureaucrats, so those tied together very nicely.

My third question relates to— I didn't see in your framework where the media fit, and I'm wondering if you can comment on how that should go, and even whether or not it goes too far to maybe list them as a one of the potential hazards that need to be dealt with.

David Redman

Okay, so let me answer the second part first,

[01:30:00]

just in case it doesn't come up. Remember I said there has to be a recovery plan and it should have been started to be written the day after response began. I've written a paper on what recovery should look like. It is exactly the same operational process, and it needs to include everything that we need to do.

We have been completely failed by our legislative system. We've been completely failed by the institution of our medical system. We have been completely failed by our independent journalists and we have been completely failed by our court system.

So when you build your recovery plan, the first thing has to be an admission that what we did was wrong, or we cannot correct any of those faults. And then there needs to be a written recovery plan issued to every citizen of the jurisdiction, every province and territory in Canada, saying how we're going to fix the terrible collateral damage we've done, and how we will run a proper "lessons learned" to make sure we never do this again this way. So to me, the whole thing backs up to the failure of our institutions.

So let's talk specifically about the media, which was your question. From the beginning of this pandemic, the mainstream media—so let me be specific, CBC [Canadian Broadcasting Corporation], CTV [CTV Television Network], and Global in my opinion—became the Ministry of Propaganda for the Government of Canada and for the premiers of Canada. They stopped becoming, in any way, investigative journalists. They could have seen the same numbers I presented on slide after slide; and I don't just mean at the start of the pandemic, I mean every wave, what was happening worldwide and the things that were going on in Sweden versus the things that were going on in Canada: they chose intentionally never to do that.

I will tell you that I was approached in February 2021 after becoming known because of Danielle Smith's talk show and *C2C Journal* in December of 2020. I was approached by a mainstream investigative reporter. He came to my house and he came to Dr. Ari Joffe's house and he did two two-hour interviews with each of us. There was massive footage, massive material. He then ghosted us for four months, and I kept sending documents to him that I thought might help in his documentary.

Finally, I received in my mailbox a handwritten letter, no email, no telephone call, nothing—a handwritten letter—because he'd come to my house, he knew my address, dropped in my mailbox said, "Please never mention my name, please never admit that I did this interview with you." Terror in his handwriting and in his words that people were shutting him up. He had tried to market the documentary and had been threatened in many ways.

I will give you one more example of what I know to be censorship. You all know "W5." Molly Thomas called me personally in April of 2021, and Dr. Ari Joffe, and did online interviews with us both. Have you ever seen that session? Molly Thomas has ghosted me to this day, and Dr. Ari Joffe. Censorship in the media is real. It happened. You've heard some really good testimony.

I've watched previous testimony from other far more experienced people in the media than me. The media should have been an ally with emergency managers distributing a written plan from every premier to the people of its jurisdiction. The media became partners with the government, but on the wrong side of the propaganda curve, and to this day, mainstream media. If you want to see any of the things I've done, you can get it through alternative media. It's out there, but 60 per cent of our population still believe lockdowns work, and vaccines were the only way out of this pandemic, and that's because of the mainstream media.

Commissioner DiGregorio
Thank you.

Commissioner Kaikkonen

Thank you for your testimony. I'd like to speak to the mobility challenges across this country, and I'm going to speak from my own personal experiences. I believe it was at Christmas, so December, beginning of January 2021, and I could be held accountable on those dates being wrong, but I believe that was the year.

I have family across this country,

[01:35:00]

so I drove east first. I went to New Brunswick, where I had to apply for— Within 24 hours of arriving in New Brunswick, I had to apply for papers that I could give to the RCMP roadblock when I got to New Brunswick border that would allow me to drive through the province, only stopping for gas. When I got to Nova Scotia—similar situation—I had to apply in advance for paperwork that would allow me to travel within the province, giving the destination of where I would be, and my COVID recovery plan if I had COVID, or my plan for arriving in that province. When I got to Prince Edward Island, like I say, I have family all over. When I got to Prince Edward Island [PEI], it was a great big barricade at the border had been erected, and we all had to be subjected to COVID testing. It was quite significant. There was a number of cars lined up, and only PEI residents were allowed to bypass that process.

Going the other way, in northern Ontario, coming out to Alberta to see family here, this is in the same four-week period, I had signs in northern Ontario that said that there would be COVID testing at the Ontario-Manitoba border. That never happened. And I travelled freely to Alberta without any restrictions or mobility challenges. I'm just wondering, in that same four-week period, how COVID could differ depending on which part of the country you were in.

David Redman

Clearly it couldn't. Remember the cartoon drawn by that 15-year-old girl that she sent to me and gave to me—that in fact ended up being a protest button in the Yukon. Societal health damage is a real thing. COVID had nothing to do with that. The actual virus had nothing to do with how our government responded because if it did we would have done targeted protection for our seniors and everybody else would have moved normally.

So the damage that the fear and the intentional growth of fear caused to our population almost made the public want those type of movement restrictions. They felt that somehow **someone from Manitoba was unclean if they tried to come to Saskatchewan.**

Why? Because being sick and getting sick became a crime. Just being sick. It didn't matter if it was the flu, it might look like COVID. Being sick became a crime, and the damage to our society by the constant never-ending use of fear, which is exactly the opposite of what emergency managers say you should do, caused massive societal disruption. And those barricades and those roadblocks were an expression of fear.

Worse than that, people took action into their own hands. Wonderful Canadian citizens, who I never would— When I was in the former Republic of Yugoslavia during the middle of the '95 Civil War, I watched atrocities on a daily basis. I believed that would never happen

in my country. If you drove a car with Alberta plates into British Columbia, you knew your tires were likely going to be slashed and the windows broken by rocks.

That's private citizens expressing the fear that their elected officials, that their MOH, and that their media had driven into their head. Worse, our courts backed the use of fear. So even if you said, "I don't want to do that," you saw the court cases constantly supporting the government's use of fear.

So no, the virus of course never should have ever been used for a reason to stop movement restrictions within our country. It was on the list of red things, the one that said internal movement restrictions that was shown in red. That applies directly to your question. Internal movement of the 15 NPIs, one of them is internal movement restrictions, "No, makes no sense."

The virus— It's almost like we thought the virus had a brain, and that the virus knew where the Manitoba-Saskatchewan border was, and personally wouldn't cross it unless you carried it because the virus knew the border was there so it wouldn't do it on its own. Absolutely ridiculous.

Commissioner Kaikkonen

Thank you. My second question may be a little outside of your scope, but I'm going to ask it anyway. When it comes to posturing, and the provinces are responsible for two high-end budgets, and that's the health and the education. Education closed down. They basically locked our students out of schools

[01:40:00]

and took a back seat to health. So I'm just wondering, in terms of posturing the two, is it possible that education will be pushed aside and health will take the forefront in terms of budgeting and that education just will be totally lost, not just on our students, but as a bureaucracy or as a ministry in the provinces?

David Redman

If that happens, we have destroyed our country permanently. I put the circle around education and the social and academic development of our children as the number one thing on that slide of things to continue.

The cost for medical care is a real concern. The OECD—the Organization of Economic Cooperation and Development, 36 countries—for countries similar to Canada with a public health care system, we pay the second most of all of the OECD for our health care. We have the second worst outcomes. That's in terms of wait times, that's in terms of numbers of acute care beds, ICU [Intensive Care Unit] beds, but the actual delivery of medicine in terms of wait times for hip replacement, for heart disease, for all of it. We rate second worst in the OECD of 36 countries and we pay the second most. Clearly, that's not sustainable.

We need to figure out a way to make our public health care system better. And I don't just mean better, I mean we need to make it magnificent, but we need to do it through using bright minds. And people always say we need to think outside the box. I hate that term. I've made officers never use that term in my presence in the Army. It was one of Colonel Redman's no-nos. Because no one can think outside their box. Everybody has a box and that's your box. It's based on your entire life experience, the knowledge you've learned, and

the skill that you have in applying it. Nobody thinks outside their box. So how do you fix problems? You use that process.

Why? Because you bring all the brightest boxes in the world, that all think differently, together and you run them through a process and you suck everything out of their brains and put it down. And then you develop options on how to use all that knowledge. You weigh them on a cost-benefit analysis. You make a plan and you execute the plan. You don't just write the plan; you execute the plan. So in my mind, the entire point of what we've done is that we just discarded all the boxes and only took one.

And so I don't believe that we've ever intentionally tried to fix our healthcare system in a meaningful way, bottom-up and top-down at the same time. Okay? It's always the top-down. I understand top-down. I was an officer. But bottom-up and top-down together and fix our healthcare system.

At the same time, that recovery plan I talked to you about, the very top bullet after removal of fear is, fix our children.

What we've done to our children for three years will last them their whole lives. My son-in-law teaches in elementary school. My youngest daughter teaches in a junior high. And all my grandchildren are either in college, working, or are in senior high. So I have personally been able to watch the impact of this three years on children in elementary schools, children in junior high, and children in senior high. It's atrocious. Children in junior high, when the hormones hit, go off like time bombs. They'll be sitting in a classroom, and they'll just start screaming. No reason.

If we don't understand what we've done to our children, then as a nation we don't deserve to be a nation. We should just let someone take us over, call it a day, and send our children to camps where they can be re-educated.

We need to fix the social damage we have done to babies through to 18-year-olds, so that they can take over a country and understand what a democracy is and be ready to run it after we're gone. That doesn't happen by simply saying the pandemic is over. Isn't that wonderful? Pandemic's over.

No! You have to have a recovery plan to fix the collateral damage we've done in every box. But the most important box is children because they are damaged goods, not just academically, but especially in social development.

[01:45:00]

So education has to take a front seat compared to health care, in my opinion. And more than that, we need to take it past just out of the schools.

The mental health issues we've created have to be dealt with by a proactive, not reactive, mental health care system.

Shawn Buckley

David and Commissioners, I'm just wondering: we've got an issue with the counsel that has to leave at two, that has four witnesses to run. Are you available David to take further questions from the commissioners after we—

David Redman

I'll be here until noon tomorrow.

Shawn Buckley

Okay. So Commissioners with your leave, just because we've got some other constraints today, I would suggest that we take a 10-minute break, and then march through four witnesses to lunch. And just take a late lunch and then have Mr. Redman come back after that for questions. So we will adjourn for 10 minutes.

[01:45:57]

PART II

[00:00:00]

Shawn Buckley

And Commissioners, the only person we have left is, you still had questions for retired Lieutenant Colonel David Redman. So we'll ask David if he could come back to the stand. Oh, and it's been a long day, so I appreciate that you'll have to go back in your notes.

So while the commissioners are looking at their notes, and in all fairness, they didn't know I was going to bring David back at this particular juncture. I'm going to invite everyone to come back, who are watching online and present here, tomorrow. I often said that you can't watch a day of the National Citizens Inquiry and not be changed. And I just think of, you know, Drue Taylor, who was a power yoga instructor, and just the suffering. That, you remember, she moved her camera briefly and we saw her walker that she can use in her home. But to go to a store, she has to be in a wheelchair. And if she makes the decision to walk around her house, that she's going to pay a physical price and have to lay down. And then when we see Regina here speaking about the experiences she had in Poland and how she's seen basically the same thing here, it's just very difficult.

So I'll just ask the commissioners—

David Redman

Shawn, can I just make a comment about Regina?

Shawn Buckley

Absolutely.

David Redman

A strange coincidence, in my career, in 1981, I was posted in Germany as part of 4 Mechanized Canadian Brigade Group, part of NATO [North Atlantic Treaty Organization]. And when solidarity broke— People don't understand that the Cold War was a real thing, especially for the people in Europe, and people where those two great nations decided to duke it out in the rest of the world.

But in Germany, you remember Germany was divided, and the inter-German-Czech border, the inter-German-German border, there was a— All the tactical plans said that if the Russians moved 10 divisions, and a division is 11,000 soldiers, so if they moved 10 divisions into the border areas, which included East Germany, Czechoslovakia, around Poland, that was the trigger. That's all they needed in order to take all of Europe. They would be able to roll straight through at the Fulda Gap and other areas, and they would march right to the sea.

So when Regina was taking her heroic actions, and solidarity stood up in the middle of December, on the other side of that border, every NATO soldier stood too, three times in the month of December, and the final stand too, we rolled with all our weapons, all our equipment, all our ammunition, and we stood on the East German and the Czechoslovakian border, and we were there for the month of December.

And it was because we thought the Soviets might come for us, but the real intent we knew at the time was to crush Solidarity. They chose not to, but the impact of that on all those nations and the heroic actions that they took meant that, by 1989, only eight years later, the wall came down. I was lucky enough to be on my second tour in Germany when the wall came down. The very night it came down, we were on a Canadian tour with the German Panzer Division at the Fulda Gap, and we saw it happen on the TV. And we rolled to that border and watched the people from East Germany roll in their Trabants across the border, completely shocked, and within hours, terrified, drove back.

But the actions of a person like Regina can never be underestimated. The wall came down because of what happened in Poland in the month of December 1981. The lessons she gave in her testimony today can never be overlooked. We are at a point of peril, and she's trying to warn you.

Shawn Buckley

David, thank you so much for sharing that and I believe the commissioners are now ready for their questions.

[00:05:00]

Commissioner Drysdale

Lieutenant Colonel Redman, I appreciate you brought that up because I was thinking about when, in your presentation, you talked about emergency planning, and how many years you've been involved in it.

You know, 40 years ago, I was involved in it too, and we were planning for a nuclear war. And just to show how far back that goes and how real that was, and I mentioned that for a couple of reasons: one, in regards to what your statement is just now, but secondly, since you were over there and because you're a lieutenant colonel, you've seen people in all kinds of situations, high-pressure situations, real situations. Is that correct?

David Redman

Absolutely sir, in particular in operations in Egypt after the '73 war and in Bosnia during the '95 war.

Commissioner Drysdale

Well, my question comes to the— And this is a similar question I've asked of the police, the judiciary, all levels of government, and industry that we've seen. You know, the emergency planning groups in Canada are long established, going back decades, very highly trained, very respected, very dedicated people. They're not in it to make a lot of money. They're in it to serve the country: highly trained, highly organized, tested and proven.

How did this happen? How did they get pushed aside, and maybe I'm wrong about this, but I didn't hear a peep from them. How did they get pushed aside by the politicians who then pushed aside their own responsibilities and gave them to bureaucrats? How did that happen?

David Redman

I have to tell you that you need to ask every premier in Canada that exact question. And I know you've called them and they've refused to come. I can tell you what happened in Alberta because it's my stomping ground, and because I still know people all through the Government of Alberta. So let's—

When a premier decided that instead of assigning a full task force to protect all of society and turned to the MOH, that was the first piece of incompetence. Once done, the MOH grabbed control, and I mean grabbed, and there was a power struggle. In my very first letter, I wrote only to the Premier of Alberta. All subsequent letters went to every premier in Canada, and I subsequently forwarded the first letter to the other premiers. I know they received them. I got automatic replies for them all, and there was a Freedom of Information request on the premier of Prince Edward Island, and before they could release everything I had sent to him, they had to ask me. And so I got a complete return of everything that I had sent to all the premiers. So I know they got it. It was all in the Premier's office.

So what happened was the MOH, at least in Alberta, and I'm sure exactly the same thing happened, was delighted that they could enact all of the things in the *Public Health Act*.

There had been a great discussion and I don't want to be too long, but there was a great discussion back after September 11th, 2001, that there should never be conflicting powers in any legislation. The *Public Health Act* and the *Emergency Management Act* were the only two acts in a very detailed two-year review of legislation, which I was part of working with the Minister of Justice because I was the director of counterterrorism, to go and get rid of all conflicting powers. And the only place where conflicting powers continued to exist after September 11th was in those two acts, the *Emergency Management Act* and the *Public Health Act*. And the powers, the extraordinary powers in the *Public Health Act* exactly mirror the extraordinary powers in the *Emergency Management Act*. The difference is a bureaucrat holds the powers in the *Public Health Act* and the governor general in council, which is the elected government, holds them in the *Emergency Management Act*.

So when the Premier handed the responsibility to coordinate the response to the Medical Officer of Health, they abrogated their responsibility to actually declare a state of emergency instead of a state of public health emergency, two completely different declarations.

If it was a state of emergency, it had to be reported to Parliament and had to be updated every 30 days and justified. That is not a requirement under the *Public Health Act*. So

clearly, the lesson that we had learned in 2003 when we did that review, that those conflicting powers needed to be removed, never happened.

And it was because the Public Health Agency at the time

[00:10:00]

guaranteed they would only be used for localized events, i.e., one municipality or smaller, and for a very short duration of time: clearly that became a lie.

So once you've handed that over, the Emergency Management Agency in Alberta was **sidelined completely**. And I can tell you, it's in my court testimony, just how badly it was sidelined, because the head of the Emergency Management Agency of Alberta was allowed, during the first wave, to apply for a lateral transfer to parks, to become an ADM [Assistant Deputy Minister] in parks.

So clearly, the Government of Alberta did not value their Emergency Management Agency and let the leader of it— In the middle of the worst disaster in the history of the province of Alberta (in their terms, I don't believe that, but in their terms), they let the head of their Emergency Management Agency wander away on a lateral transfer. They didn't even bother trying to rehire to the position until December 2020, and the position was ultimately filled in 2021. And, of course, the new individual didn't have the same background, hadn't worked all across with the private sector in the province.

So once you've made that decision, once you've decided, then that agency was removed. I was contacted by people both in the provincial agencies all across Canada, and in the municipal agencies, particularly in Alberta, and many of them simply walked away. They retired, if they could, they found other employment, because they were told, and I have emails from their supervisors, that if they spoke out one more time in terms of the fact that the provincial plan and the municipal plans were being ignored, they would have been fired. So the emergency management people weren't just sidelined, they were treated like everyone else.

The rules that were applied to them, long before the vaccine passports were applied to them, to keep their mouths shut or leave. So you have to realize that starting— Once I started to get those letters out, and people started to read them, I presented to political groups all across the country, both federal and provincial in many, many provinces and the Government. I presented to groups of media that were interested in listening and then became ghosted. I talked to doctors' groups all across Canada who knew what that was being done was wrong, and totally agreed with the presentation, and they were silenced or censored. To me, I can't get into the courts because I'm still involved in court cases, but I **believe that our four major institutions have been compromised. And emergency management—really well-trained—were being used for fires and floods, but completely ignored for the pandemic. And, in fact, suppressed.**

Commissioner Drysdale

You know, we talked to a witness earlier about the military, and they talked about how many people the military lost—3,000, 4,000, something like that. They testified that loss was probably the largest loss that our military has seen since World War II. What kind of loss has our emergency planning groups experienced, and are they ready now for something new, or have they been devastated like the military has, both from a morale standpoint and a personnel standpoint?

David Redman

I can't tell you in terms of numbers. I simply don't know. There's 13 of them. They're spread all across Canada and they're varying sizes, so I simply don't know. I certainly know that their morale has been devastated from the ones that I still talk to and those that left aren't ever going to come back. They believe that the profession is in severe jeopardy.

But this isn't new. I presented, two sides— I presented to the Senate Standing Committee in 2008 after I had retired from EMA. I was asked by the heads of emergency management all across Canada. The organization is called SOREM, the Senior Officials Responsible for Emergency Management, and it's the heads of each of the agencies from each of the provinces and territories. And emergency management needed to be taken seriously after September 11th, and I was asked to be their spokesperson because I couldn't be fired; I'd already retired. And so I presented a response to the Standing Committee on emergency preparedness in Canada, the Senate Standing Committee, and their report was scathing that we weren't taking the management of emergencies in our country seriously, and they listed a series of things and I came back and agreed but gave solutions. That committee was never listened to and ultimately was stood down.

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And then most recently, last October, I was asked to testify in front of the Standing Committee on National Defence because the Prime Minister of Canada had asked that committee, the committee Standing Committee on National Defence, to review whether or not portions or all of the Canadian Armed Forces should be rerolled for emergency management for disasters and emergencies in Canada. My testimony was extremely pointed. I said that the Armed Forces of Canada was to defend the national sovereignty of our country, period.

And then I put my emergency management hat on and said, "You already have an emergency management agency in every province and territory in Canada, why would you reroll the military to do it unless you have another agenda? You know you have EMOs in every province and territory and Public Safety Canada exists; why would you reroll the Military?"

So it was an hour of testimony, and we went back and forth. I have no idea what that will do, but our Armed Forces are in such a terrible state in terms of numbers, equipment, supplies, and I made that very clear in my testimony. And that the mere concept of taking a portion of that completely depleted organization— I would put it to the Canadian Army is under 17,000, the New York City Police Department has 35,000 police officers in uniform. So your army is less than half the size of the New York City Police Department.

So how and what's the status of emergency management in Canada? I think we need to take a real focus, and check its status and rebuild it, and give it back the role it should have had in this pandemic. Because we can never do this again, and those professionals are the one that will help us ensure it never is done this way again.

Commissioner Drysdale

Thank you, sir.

Commissioner Massie

I have two quick questions. First one is, I've seen the plan that you've elaborated and the rules that should be followed and everything, and I guess that, as you pointed out, people would look at that and agree in principle we should be doing it. But the reason why that we failed to do it; and it doesn't seem to be, at least in the short term, consequences for that. What would be the plan mid-term in order to make sure that these rules, that seems to be very reasonable, are actually being deployed when we need them?

David Redman

So for the past three years, I've been telling the public, I need one premier, and I'll explain that why. It takes one leader to break through the iceberg, and I don't want to believe in heroes. I don't believe that one person can solve it all because it takes a whole group, as I showed you, in order to manage any emergency.

But to walk this back, because health is a provincial jurisdiction, you need a premier who has the courage to say, "What we did was wrong," and then actually use that process to write that recovery plan, and to bring all the experts together, not to rewrite the pandemic plan, that's part of it, but to rewrite the plan on how we're going to overcome the massive damage we've done.

And in so doing, make the public aware, step by step, we should never have closed schools, and why. We should never have closed business, and why. We should never have closed movement and dedicated size of meetings. You could only have the people of one household.

Every one of those is in those NPIs, and the "why" is very clear. But it's going to take one Premier, very brave, to say "I'm going to do a complete investigation of what we did in this province," and that then will shine the light for the citizens of that province to maybe open up their eyes to every other province and territory in Canada.

I had given up on the premiers after the first year and thought maybe I could solve the problem in the courts, and that's why I wrote that position paper, which has now been used in many court cases, and the courts have abandoned us.

So I go back to what Jeff Rath said earlier today. We now have to change the legislation so they can't do it again, but we still need that one province to say "we did it wrong," because the public today still believes lockdowns work and vaccines were the only way out. And both those are lies.

[00:20:00]

Commissioner Massie

My last question is about all of the expertise that people have in this space, would it be for risk management or science or whatnot that you need in order to bring to bear, to come up with a plan in this given situation. One of the issues that I've seen is that a lot of people that are knowledgeable could actually very often find themselves with an institution which would put them in some sort of conflict of interest in order to speak up, fearing for their position, their grants or other type of pressure.

But there is a number of "senior" people that you would hope have some wisdom that could be available to set up some sort of a panel or commission of wise people that have no link,

no conflict of interest, and the only interest they would have is to bring to the table what's the best possible solution based on their recognized expertise that they've gathered over their long career.

So would there be a way to establish a panel like that as an advisory body that would not be as susceptible to all kinds of influence?

David Redman

Absolutely. In the other, one hour presentation I have that's on recovery, in my final conclusions I say that it is useless to hold a government-led inquiry until all the current leadership is gone. So we're talking five years because they'll never hold themselves accountable.

An independent agency, my only concern would be: Who do they report to and what is their power? Because if you can't enforce the findings of a commission, there is no need for a commission. It's an exercise in futility unless, like your commission, it's for public awareness.

And so public awareness is an admirable attribute. But to actually then take a group to rewrite the plans, first of all they need to be provincially based because a pandemic is a provincial government, and which province is going to host it and lead it? And that's why I have come all the way back in my circle after three years to saying, "Without a premier that panel will have no power."

If a premier appoints a panel like that that covers all areas of society, is prepared to admit what was done was wrong, they can then actually enact legislation like we've heard. And in my opinion, that's one of the key components is getting the legislation right. But legislation is only as good as the people that implement it.

And so you have to make sure that you separate the powers so that only the elected officials can hold the power because we can hold them responsible every election. Where bureaucrats can— And remember, I was a civil servant for my whole life, first in your army and secondly in a government institution. I understand the good that civil servants do, the ones who believe they are servants of the people, and there's many, many, many of them—but what we've seen is what happens when civil servants take their personal interests instead of those of the public. So yes, we can establish that type of a commission, but it has to have teeth, and it has to be able to actually implement the changes to show the people, number one why, and number two that there's a better outcome.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

We have heard testimony over the journey across this country about the military going door to door, and seeing who was inside if they were vaccinated, and also going into nursing homes. Do you have any thoughts on that?

David Redman

Number one, I don't believe the military did that. The police might have, but the military, to the best of my knowledge, was never used in that role.

The military's role is either aid to the civil power or aid to the civil authority in most, in two ways. For them to have done that, there would have had to been a request from the province, from their Attorney General to the Chief of the Defence Staff [CDS], to have aid to the civil power, authorities granted for the military to take a role like that. I am unaware of any request from any provincial Attorney General to the Chief of the Defence Staff, and I am unaware of the Chief of Defence Staff authorizing any aid to the civil power.

What was requested that we're well aware of is what happened in Quebec, an aid to the civil authority, which was made by Premier Legault, in order to get the medical staff to go into the long-term care facilities. A completely different task, aid to the civil authority for that type of use,

[00:25:00]

and we see that used for fires, floods, tornadoes, bagging sandbags on the Red River, that's a normal sort of role.

But an aid to the civil power is very specific, has to be made by an Attorney General directly to the Chief of the Defence Staff. It's very public approval. It does not go through the Prime Minister. It goes directly from the Province to the CDS [Chief of Defence Staff], and only the CDS can approve it. And the CDS can only approve it if he has the resources to meet that commitment while still meeting NORAD [North American Aerospace Defense Command] and NATO commitments. So I'm unaware that that ever happened.

I certainly know that on the internet there were many, many claims of the military building things and doing things. And I still have pretty good connections in the military—testified to the Standing Committee on Defence, as I've said—I am unaware of any request for an aid to the civil authority during the entire pandemic.

Commissioner Kaikkonen

Perhaps it was just more media propaganda. Thank you.

David Redman

I absolutely would believe that's possible. When I was the head of Emergency Management in Alberta, an aid for assistance during times of floods and fires and the rest of that went through EMA. But for civil authority, it went the other way through the Attorney General. And they're very rare: normally for prison riots.

Shawn Buckley

Lieutenant Colonel Redman, thank you for staying so that we could, at this late hour, ask you further questions. And on behalf of the National Citizens Inquiry, I sincerely, sincerely, thank you for coming and sharing. You've opened some eyes today and shared some very important information and thank you.

David Redman
Thank you.

[00:27:10]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 27, 2023

Day 2

EVIDENCE

Witness 2: Dr. Justin Chin (Parts I and II)

Full Day 2 Timestamp: 03:21:09–04:40:51/05:22:06–05:41:13

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

PART I

[00:00:00]

Allison Pejovic

I'd like to welcome everyone back to the National Citizens Inquiry. My name is Allison Pejovic, last name P-E-J-O-V-I-C. I am a lawyer called to the bar of Alberta, and I'll be asking questions of our witnesses today.

My first witness today is Dr. Justin Chin. Could you state and spell your name for the record, sir?

Dr. Justin Chin

That's Justin Chin, J-U-S-T-I-N C-H-I-N.

Allison Pejovic

And do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Justin Chin

I do.

Allison Pejovic

Thank you. Now, Dr. Chin, I believe you have something that you wanted to say before you begin in terms of disclosure?

Dr. Justin Chin

Yeah, I would just like to disclose that what I'm saying is my personal opinion. It doesn't necessarily reflect any opinions of the institutions that I represent or I am affiliated with. As you go through my speech, you'll see why I've been asked to make that clear.

Allison Pejovic

Thank you. And very briefly, Doctor, could you please provide us today with a brief overview of your qualifications?

Dr. Justin Chin

Sure. I'm a specialist emergency physician. I have a bachelor's degree in science, followed by a medical degree, and then a five-year specialty with the Royal College of Physicians and Surgeons of Canada in emergency medicine. And then I've been practicing full-time as an emergency physician, since 2013, so for almost a decade now.

In addition to that, I have disaster medicine training. I have my master's degree in that field, as well as field experience. I was a response coordinator for an NGO [Non-Government Organization], a disaster relief organization that deployed to multiple places. I helped coordinate a response to Nepal after the earthquakes. I was also the chair of that organization for a term and deployed myself to Haiti three times after the disaster there, as well as to Pakistan after floods. And in addition to that to the Philippines after Typhoon Haiyan.

I work as a full-time physician, as I mentioned, including an additional role as a trauma team lead for major traumas in our accredited trauma program. And even during the pandemic, there were shifts where I helped out and took evening coverage in the hospital, in the COVID ICU [Intensive Care Unit]. So I have experience in varied fields. That would sort of summarize my training and experience, though I know I'm listed as an expert witness. I myself don't like that term for various reasons, so I like to tell people to take that with a grain of salt, but we move on.

Allison Pejovic

Thank you and just for the commissioner's benefit, his CV [Curriculum Vitae] was provided to you as Exhibit RE-10.

Now to begin, Dr. Chin, I'd like to talk about your early role in the COVID pandemic. Can you provide us with an overview of early disaster response preparations that you were involved with during the COVID pandemic?

Dr. Justin Chin

I think it's very interesting that I'm following Lieutenant Colonel Redmond who spoke at length about this. And I'm someone who likes to keep informed on many different aspects of the world, from health to fitness to economics to finance to medicine, obviously. So I was aware of what was going on from various channels and all the reporting that was going on about this new emerging pathogen sort of in late 2019 and coming into early 2020. Thinking about it, and following along closely, I was wondering about preparations and starting to make them myself and in that way sort of felt myself a little bit ahead of the curve.

And so I began, obviously, making various preparations for myself, my family, as well as speaking to people in the hospital saying, you know, there seems to be something going on around the world, and if this escalates, then we should be prepared, and I have some training in this, and so I'd be a resource to help out.

And I must say that a part of that, when I think about it looking back, I almost feel a bit ashamed because I too was captured by some of that fear and some of the propaganda that was being disseminated out. It was even to the point where, you know, very early on, I think it was early February of 2020, I went to the Home Depot with a mask on and got some funny looks because this is well before anybody was even wearing masks.

But I was preparing quite ahead of time. It is even to the point where before we even had these lockdown restrictions, I had this zone director of emergency medicine at my dinner table, a friend of mine, because we'd prepared in the past,

[00:05:00]

our hospital, for different things. And we've had in services on how to put on the protective equipment for Ebola and where to separate patients and so on. But what seemed to be coming down the pipeline here was much worse than that, and it was portrayed as being something that would be, you know, massive numbers of patients. So how are we going to cope, and how are we going to manage that? And, so we were drawing up plans to help assist with things.

So I mention these things just to show that, like, I'm not someone who was reckless about health or didn't take risk seriously from the beginning. I was actually someone who— When we didn't know, we were trying to augment everything to the biggest capacity. And now, looking back, it seems a little bit foolish that, you know, I advocated for some measures in the name of safety because we obviously didn't consider the long-term harms if these measures were implemented, especially for a prolonged period of time. So I had this interesting role where I was preparing for the pandemic.

And just to give you a quick story here, I was the physician who was involved in caring for one of the first patients who came to the emergency department, before we had community spread. So we were being told by authorities that we were only having patients who were known connected to travelers, or travelers. And the patient that was triaged that came into the hospital, came in with the cardiac potential condition. So he got put in a room, and I examined this patient and was in there. And it was only later that it seemed more apparent that he was having breathing difficulties. And I was exposed to this patient. I wasn't wearing any protective equipment at the time. And you know, the next day, because we have access to all the records and different alerts from our emergency medicine systems, I got the notification that his test had come back positive for COVID.

And at the time, this was quite frightening. You know, being captured by that fear, there were reports and stories out of different parts of the world where young physicians were dying and were put on ventilators. And this was seemingly a big deal because we were talking about it all around the world and there seemed to be some rise in the curve in different places like Iran and in Italy and in Washington state.

And so, you know, it seems kind of a crazy memory to have now, but I remember that evening in the middle of the night saying well, if this is community spread—because this person that I spoke to, he reported to me that he had not travelled anywhere and was not in contact with anybody that was travelling—that this was a big deal. We should probably

have to get everybody that he's been in contact with, notified—everybody certainly in the hospital that I was working with, that are taking care of this patient—because now he was in the hospital and brought to the ICU, so all of them need to know sort of right away. And I got on the phone, and I actually woke up many people in the middle of the night that night: the medical officer of health, ICU doctors, the infectious disease doctor. I let them know that, “Listen, I was exposed to this patient and his test had just come back positive, just came along the way, and we should be starting to get things going.”

And in the middle of it, I hung up the phone and I looked at my wife and I said, “Well, I’ve been exposed. Now it’s been over a day since I saw this patient, and from what we’re hearing, this could be devastating. It could be that the virus is already replicating in my oropharynx, or in me and my respiratory tract. And so, you know, I need to isolate myself instantly. So I will lock myself up in the third floor—the bedroom floor of our house— and there’s a bathroom up there. But I won’t kind of get close to you right now to give you a hug goodbye, and I won’t say bye to the kids—I had a newborn as well as a three-year-old. I won’t say bye to them either because as devastating as it might be, maybe in two weeks from now I’m going to be admitted to ICU, and I might pass away. But I chose this and the last thing I would want is me saying goodbye to them for even a minute here, then two weeks later you’re dealing with, you know, our children being sick.”

So I say this just to point out that, you know, I too was captured by this fear and I took things seriously. There were risks that were perceived. And I think it’s some context of background that whenever the information comes in, you should evaluate it, and then see if it matches. And then over time my position changed. And so yeah, that’s my background from that.

Allison Pejovic

Thank you. I wanted to ask you about

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was there a difference between what you were hearing in the media in respect of the types of people who were being hospitalized and dying of COVID and the types of people that you were seeing firsthand. And what I mean by that are, Were the people that were being hospitalized and dying of COVID otherwise healthy people in your professional opinion? Could you describe for us that, some of their characteristics?

Dr. Justin Chin

Yeah, I sort of alluded to that my position changed over time because, you know, what I was seeing in the emergency department myself—and obviously I’m a single physician, not representative of everybody—, but it wasn’t as severe as what was being reported in the media. And so that to me was kind of a first thing that maybe started me to become skeptical of, you know, how much fear was being driven.

Even some specific cases. Like I was the physician who cared for a patient who was young who ended up getting quite sick and passing away. And it was reported that this was a mostly healthy individual who had died from COVID, and now even young people are dying that are healthy. But in reality, that wasn’t the case. The media didn’t get that right. They were inaccurate in that this patient had a very low injection fraction, which means he had pre-existing severe cardiac disease, and he also wasn’t on his medications for type 1 diabetes, which are necessary.

So his presentation was not consistent, quite, with COVID itself. It might have contributed to his presentation, and maybe even exacerbated, made it worse. But this patient himself— It was reported one way, but clearly, I won't give specific details of the patient more than that, but it wasn't accurate. And so the media reporting in my mind wasn't quite what we were seeing in the front lines. And even the numbers: We were seeing COVID patients, but it wasn't to the extent that it was being portrayed in the media.

You know, it was a time when my overall thinking on this changed. I was seeing other patients, too. So I recall vividly then seeing patients who appeared to be suffering from more mental illness, overdoses, things that I was wondering whether or not these could be attributed to the lockdown restrictions or non-pharmaceutical interventions, as Colonel Redmond puts it.

And I recall this one patient, he was in his late 30s, you know, very fit looking gentleman, and he came into the hospital with thoughts of wanting to end his life. And looking at this gentleman, I spoke to him, and I was wondering: What led to this? And he outlined to me that he used to work in the trades for about two years before the pandemic and had decided at one point that he no longer wanted to have that sort of a life. He was pretty much healthy, but thought he wanted to settle down, build a family, meet someone. So he moved to Edmonton. And he had made some money before that, so he had some savings, but he decided to stop his job, get his personal trainer certificate, and go from there. So that's what he did. He had moved to the city and started to work as a personal trainer. But very shortly, it was only a few weeks after he had just started working in that field that the lockdown restrictions had come down, and he was no longer allowed to work.

And so this patient, he outlined to me how he wasn't somebody who really— He did drink alcohol, but not a lot. And he told me that when he had nothing to do and nowhere to go, he couldn't make a living. He had no meaning in his life anymore. He was basically in tears and telling me that all he wanted to do was make a life for himself, and he was being restricted from doing that. He told me that he had tried to beat alcohol addiction and alcohol use disorder a couple of times through detoxification programs and rehabilitation and that it failed. And now he said to me, "You know, what is there left to live for? I can't work. I can't do anything." And he asked, you know, he was hopeless. He told me he wanted to end his life.

These were the type of patients I was seeing, and he asked me some directed questions. He said to me, "How does it make sense that people can go and there can be hundreds of people in Costco, but I can't go to a gym to teach people how to exercise?" And then he said, "How does it make sense that people can walk into the front of a restaurant wearing a mask, sit down and talk for two hours and eat dinner together? And you know, I can't socialize in other settings?" I didn't really have a good answer for him because, you know, things weren't matching what I was seeing.

At the same time, I was having these discussions with other physicians in the back office. And I had an environmental service worker come in

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and interrupt us and apologize and said to the doctors—and we were discussing the absurdity of some of the mask restrictions—and she said, "Oh, I, you know, I didn't know that the doctors felt this way. I thought you were all on the same page that we had to do everything, and mask all the time, and fully abide by all these restrictions." And I said, "Well, yeah, but everything should be questioned and debated, and we should look for

evidence towards it.” And she said, “Well, I just wanted to bring that up because my daughter,”—and I still get sad when I hear this—she said that her daughter used to come home from school every day crying and upset and didn’t want to go anymore. And we questioned her, “What was that all about?” And she said, “Well, she can’t play with her friends at recess. She can’t socialize. She’s told that during lunch hours, she has to sit straight forward at her desk and eat, but not—Pull the mask down, take a bite, and pull the mask back up. One day she turned over to talk to a friend while it was happening and she got yelled at by her teacher.”

And I was just thinking how devastating that was, that she mentioned that her child was an only child. And I have children of my own, and I was doing the best to ensure that they could still socialize. Thankfully they have siblings at home that they can interact with, but this child was an only child, and I couldn’t imagine that she couldn’t do her extracurricular activities. She couldn’t do so many different things. So I was seeing things and effects of the restrictions that were causing harm. And then I was seeing the fear that was being pushed on the other way, and I started to ask quite a few questions about what was going on, and really started to look more closely into whether or not we were causing more harm than good.

Allison Pejovic

So earlier you talked about a shift in your own thinking about COVID and the dangers of COVID, and you started to see— You just talked about potential harms. Is there anything further that you wanted to discuss in terms of what you saw could be potential harms of carrying down this path, towards citizens and society?

Dr. Justin Chin

Yeah, I mean, I think there’s numerous examples that I can provide. I think going into the details of each single one isn’t sort of necessary. But when people say that there is, you know, developmental deficits and damage to society from many different aspects from— I mean, people will say that, well it’s just the economy or just a business, but I mean that’s more than that. Businesses are people’s livelihoods; it’s how they provide for their families.

So I took this as something that— I took an oath in medicine to do no harm. And if we were doing things that were causing harm, I really thought that we needed to ask questions about things. I thought, as a scientist and as somebody— I don’t like the term when people say, “Well, trust the science” because clearly people quite understand that science isn’t something to be just trusted blindly as authority. It’s a process. It’s a method by which we evaluate the world. It’s a method by which people look at data and come up with the best actions to go forward. It’s a process. And so you know, in that way my opinion is that robust debate about the things that we were doing and evaluating: Both the benefits and the harms are necessary.

So I mean, that sort of leads into something that I really wanted to point out today is that, you know, I took to different venues to try to— I guess I was now differing from what was common narrative, but I was saying, “Well, we should question, we should ask these different things.” I spoke to colleagues over the course of the last couple of years. I’ve written letters to elected officials. And just like everybody else, I could see the messages being shared by other physicians, other people on what we should do for restrictions. And I was putting on posts on my social media mostly just questioning what was going on and asking some legitimate, I thought scientific, questions and generating hypotheses of whether or not these could cause harms.

I have a list of things here that I've printed off that I can share that are interesting because the next thing that happened was, because of those posts came a coordinated attack, what seemed to be a coordinated attack, against me from another activist physician in Alberta. It was one where it rapidly escalated, where that came on, and then there was a subsequent unfavourable piece in the CBC [Canadian Broadcasting Corporation] about me.

A CBC reporter emailed me one day, while I was on shift, and asked me

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if I wanted to respond to a piece he was doing on misinformation. And I actually emailed it back within a couple of minutes and said, "Absolutely." I was kind of questioning whether or not he was thinking I was spreading some misinformation, and I don't believe I ever was. But he then asked. I said, "Well, absolutely, I'm happy to respond. If there's something specific you'd like me to comment on, please send me, you know, what comments I can make," and then he responded, "No, we won't be doing that. We just want to get a comment on why you've been spreading misinformation."

So he clearly wasn't looking out for the truth or for unbiased reporting. He basically said, "Well, you're guilty of this crime, and we don't really want you to speak to any of the things we're accusing you of. We just want you to comment on why you're guilty." So it was quite amusing to me, and that escalated very shortly. I received an email a couple of days later from the chair of my department, the Dean at the University of Alberta, that I was being terminated.

So right away, it took me aback to think, wow, I'm a part of a sort of respected academic institution that's supposed to search for truth, ask questions, generate hypotheses, yet what I was doing in good faith with that violated their code of conduct.

And it's interesting because they write these codes of conduct, and they're not legal frameworks, they're just what they say, and they're very vague: how to be respectful or professional or maintain certain levels of conduct. But then after that, I guess they get to be the judge, jury, and executioner as well because when they first presented to me, I just got this email saying I was terminated. I didn't have a chance to defend myself. I wasn't even told which pieces of post they were concerned about. You know, there was no trial, there was no hearing, it was just, you're terminated.

And so it hit quite hard, because it was something that I didn't think would happen, clearly. And it speaks to the censorship of physicians because, I mean, I'll put it a couple of ways: One is that as soon as I get that, it makes me a bit more hesitant to continue to speak out because I lost one portion of my ability to work. Now, I hadn't lost yet the ability to work in Alberta Health Services as a practicing physician. So when I hadn't lost that ability to work yet I could still pay my mortgage and feed my children and earn an income. But if another institution, if the College or somebody else came after me for their same vague code of conduct violations, then 20 years of education and training would be gone, like I would no longer be allowed to work.

So that puts a bit of a hesitation on me to continue to spread truth, and my concerns with what we were doing. But it also makes other people hesitant too because my colleagues who know that happened to me might also say, "Well, if this could happen to Dr. Chin, then I won't speak either because I don't want to risk that same type of loss." Now thankfully, I didn't have a massive academic appointment, as some people do with research portfolios and everything else, but if it happened to them, it could be a huge loss.

And it was quite interesting that I was—for the social media posts that were very benign, or asking questions, really—that I was attacked for this in that way. When I asked my chair directly, I said “What was the specific post that you were concerned about, or what was it?” and he said “Well I—” He couldn’t tell me, first of all, and he said he had no choice. He said he had no choice but to sign off on this. So his superior told him that he had no choice but to terminate me.

So if you think about how that works in a hierarchical system, it just means that if he’s responsible for all of the academic emergency physicians, and he’s been told by one person. Well, that same person can tell the chair of medicine or the chair of surgery or the chair of any other department, and they can silence people, you know, in a systematic format and stop people from speaking because then they’ll be self-censored.

So it was quite devastating to me and disappointing that the academic institution would take this route. And it was quite comical too because at the same time because of this, I was getting threats on social media. Some were calling for, you know, violent assaults of me and attacks, and some of these threats were from other health care providers.

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And one of them called for me to be, if I would be seen on the street to be, let’s just say, injured or murdered.

And the person who commented on that same post said, who’s in support of that said that, I think if the words were actually, “I support this,” was another emergency physician, not in my hospital but in the same zone. So he would have been under the same academic umbrella as the chair. And to my knowledge, and I could be wrong on this, I don’t think that he suffered any consequences or had his academic appointment abruptly terminated for code of conduct violations. So the double standard is interesting, that somebody can wish harm on another person on social media and that’s all fair and games, but if I ask questions, then somehow I should be injured or hurt.

So you know these attacks, they certainly prevent other physicians from speaking out. And I know of other people who’ve asked, “Well, are you sure you want to attend this testimony and testify, and what risks will you have upon you?” and I said, “Well, I know people who’ve declined and not been interviewed, given their testimony. And it’s fully understandable because threats of harm can come to them, or even just the risk of loss of their employment or academic appointments.” That risk was definitely present.

Allison Pejovic

Thanks, Dr. Chin. Would we be able to get more of a specific idea of what was it that you said that you considered truth and it was deemed misinformation that was so bad that it got you fired and threats were made against your life? What did those posts say?

Dr. Justin Chin

I have a few of them here, so I can read them. One of them was, “Strong social connections improve health.” I said that, “I’m against the restrictions. There are scientific reasons why they are likely to make health outcomes worse.” I said, “Taking a calculated risk in the present includes the comparison with the future potential risk.” I mean, these are apparently very egregious. The next one was, “COVID is real,” so I wanted to make that clear. And then I said, “But there are serious questions with regards to the restriction

policies which need to be explored. Restrictions should be evaluated as an intervention considering potential harms and potential benefits.”

I mean, I have lots here, but some of them link to articles that people had said, so I would basically say something. There was one that I just said, “Time will tell,” and it would link to an article that was written that said, “Decision to lock down caused 228 times loss of years of life, as reported.”

Now, again, it’s just questioning. I wasn’t saying that necessarily I agree with everything in every article, but I had questions. And I thought that as a scientist or a health advocate or somebody who’s taken an oath to helping people, that these questions should be addressed, and we should have the freedom to speak about them.

Allison Pejovic

And was your academic appointment reinstated?

Dr. Justin Chin

Yeah, so there was an appeals process, and that’s how I eventually was able to obtain which posts they were concerned about. It’s kind of funny because when you look at the digital tracking of those, they all came from maybe two or three—it doesn’t seem like very many, however—people who would have complained. Because it said screenshot 834, screenshot 835, screenshot 836. So essentially, the same person went and screenshotted everything and sent them off. But it doesn’t matter. A mob, I guess in this sense, came after me and complained and then, yeah, I was promptly terminated.

Allison Pejovic

And now that we know more about COVID than we did before, and since your reinstatement, have you received an apology from those health care workers who you say threatened you physically?

Dr. Justin Chin

Uh, no. I have not. I know we know a lot more. It’s most of the things that I stated at the time are now quite well known, or at least we’re asking more questions about it, and it’s acceptable to, I guess, ask these questions. And no, nobody has apologized to me. I mean, I still have good relationships with the people I work with, and I’ve had discussions with them, and some of them have apologized about the way things went. But I haven’t received apologies from the people who put out threats of harm online.

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No.

Allison Pejovic

Okay. So I’d like to move into a different area. Now we’ve had other experts at this inquiry testify about adverse events resulting from the COVID-19 vaccines. Have you personally encountered or treated anyone who you believe was suffering an adverse event from a COVID-19 vaccine?

Dr. Justin Chin

Yes, I have. I think as a part of this testimony, I want to help provide, you know, fill in some of the pieces of different areas. I think many people have talked to different level data of what vaccine adverse events numbers might look like and how they might be quite a bit higher than what's being reported, or how the reporting systems are flawed in different ways. And I would fully agree with that.

And I think it's important from the front lines for me to relay exactly some specific examples again of how these adverse event reporting, or even acknowledgment, might be biased or even unrecognized. And the reason I say that is because I believe many physicians—and not intentionally, maybe just because of subconscious bias—are not aware of it. And maybe, and even patients may not even be aware that they're suffering from a vaccine adverse event because of how difficult it is to recognize them in some ways.

So the first is that, you know, I think there are very plausible mechanisms that we need to consider for why a vaccine adverse event may take longer than a few minutes or a few days to manifest in a patient, right? So if there's an ongoing antigen production or spike protein production that causes immune complexes, or if there's some way that different systems in the body have been altered, then that may not manifest in the first day or two days as like anaphylaxis would necessarily, or instantly, or it might manifest over time. So a patient might start to develop something a few weeks, two weeks after, for example, getting an injection, and then they're feeling something but don't realize it—don't tie it back—especially if they're being told over and over again that this is safe.

So you have to imagine what it's like to be a physician in the position where you're in an emergency room, and if you think about 2021, the early months, we had patients coming in just like they always did. So we have now patients that are coming into the hospital with maybe a new headache, and it's very severe. And maybe somebody comes in with palpitations, and you check and their blood pressure is a bit higher. And so you know, during those months that I'm referring to, you can have about 50 per cent, almost half, or maybe even more that would have had the injection in the recent preceding week, two weeks, four weeks, five weeks, because there was a massive uptake at that point in time.

So what do you do as an emergency physician when somebody comes in, you've worked them up, they don't have something that's very dangerous: You're going to send them home. Do you then go and report every headache that comes in? Every vague, arm weakness or neurologic complaint? Well, it's hard. It's hard to know. So that's why surveillance data afterwards doesn't capture nearly everything that we need to. But even if you think about severe diseases, so let's talk about something that's more pathological, more of a serious condition. And I'll give you a specific example.

So I had a patient who came in, in his fifties, who had some high blood pressure before. He was a smoker and had diabetes. So he wasn't in great health; he had some comorbidities, and he had gotten the injection a few days before. And so he comes in with chest pain and ends up having a heart attack and gets admitted. Well, I certainly would report that. But, you know, when I see my colleagues or I see other people look at that case, some of them don't even look back to see if he had a vaccine recently. And even if they did, they say, "Well, you know, this patient has a long-standing smoking history. You know, they probably would have gotten an MI [Myocardial Infarction] or a heart attack anyway. So how do we know if it's, you know, the vaccine caused it?" But the important point is that the surveillance isn't supposed to check for causation. It's supposed to look for correlation in a temporal relationship. So those ones don't get reported, or may not get reported.

And I had patients who I saw with sudden cardiac death soon after the vaccination.

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You know, the bias that I'm trying to point out here, I'll give you another story of a patient that I saw. And it was quite interesting because this patient came in with—was in their sixties, a female who had symptoms of a stroke—so the patient couldn't move one side of their body and their face was drooping. When you come to the emergency department where I work, you have a team that comes. So the paramedic reports to the nursing staff and the physician staff and there's an emergency team as well as a stroke team. So we're a very coordinated system that works together to rapidly assess this patient for what's going on. And this patient did have comorbidities. This patient had diabetes and had abnormal lipids. And so came in, and the paramedic is reporting to the nurses that the symptoms started at two hours ago, and the family noticed they couldn't move the one side and rushed in and reports all of the comorbidities to us. And funny enough, the paramedic says to the nurse as she's reporting, "Oh, but great news. The patient just got their third booster four days ago." And the nurse goes, "Oh, how awesome."

Like it was, when you don't even think that somebody with pre-existing vascular disease, and now gets an injection, that may exacerbate that in some way—and there are definitely mechanisms by which this could happen—that you're actually just cheering on that this injection is almost going to save us from the pandemic. You're not thinking that this patient might have contributed. In fact, that's the first thing I was thinking was, "Just had this a few days before?" This should be something that makes you stop and question and ask.

But those type of cases don't get reported because—I had certainly reported that one, but I don't believe that all physicians would do that. Because in that case, actually, what I did was I stood by and I listened to the stroke resident speak to the stroke staff who was admitting the patient and I listened in, I listened in as they were reporting the case, and the plan was to admit the patient for ongoing treatment in the hospital. And then as I listened in I was very careful to make sure it was told. And the stroke resident didn't report to the attending physician that they had a recent injection.

So I interrupted and I said, "You know, I see you guys are finished here, but uh, did you notice that the patient had this injection very recently?" "Oh, oh, no. Yeah, we didn't notice that," was the response I got. And I said, "Well, yeah, so you know, don't you think we should be reporting this as a possible, uh, you know adverse event, you know it's a quite serious condition. It's a debilitating stroke very soon after." And the stroke neurologist said to me "Well, no," and he made excuses. He said, "This patient does have abnormal lipids and high blood pressure and their age in their 60s, so this patient could have had a stroke anyway." But you know, that's not the point. The point is that at that level, you're not supposed to make subjective decisions on this.

I had a young patient in their 30s who had known high blood pressure and came in because he also was paralyzed. But not from the same clot in his brain; this patient had a bleed in his brain, and his blood pressure was very high. And on a CT [Computed Tomography] scan, the characteristic area where a high blood pressure bleed would occur, that's what we diagnosed. And when I got all the consultant reports back, none of the consultant reports mentioned that this patient had a recent vaccination.

Now, I'm not saying that that was the only factor in his permanent paralysis from a brain bleed. But because, again, I can only even look to correlation as well. The point is that if this patient maybe didn't have as high blood pressure, or his pressure brought up by a recent

injection, which could have happened. And maybe for the vast majority of healthy people who take an injection, their blood pressure goes up transiently for a week or two, and so they get some palpitations, and it goes away, and there's no problems. But for this patient with pre-existing high blood pressure, that was enough to push him up higher. But the consultant reports didn't mention that at all. They just said that this is a high blood pressure bleed and that's where the blame should lay, and that it doesn't get recorded.

So you know, taking adverse event reporting, as much as there's some great testimony beforehand about how the difficulties are, with even once you report it, to get it counted, we have to remember that this is not the way to look for events. There's people ask well, how do we tell? Well, you know, retrospective data or looking back and surveillance, it'll always be flawed. Because the question will always be there:

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Was there some other contributing factor that caused this? Maybe the lockdowns caused the person to be more stressed and his high blood pressure went up.

So you know, there's too many things. The only way you could really do that—well, there's a few ways—but more accurate ways of determining the cause would be tissue level, things like from a pathologist point of view which people have testified to how difficult that is. But then in science we use randomized control trials.

So when randomized control trials, you look beforehand and you say, okay, if we group certain patients and we control for other medications, we're blinded. What happens if we give 50 people an intervention, 50 people we don't? How many people on one get any sort of side effect, or not. And we look at the data.

Now, unfortunately, we're in a situation where even some of those trials are, you know, there's some flaws, but they're biased by who's running them, if it's run by the pharmaceutical company. But even with that, we don't have trials that are continuing to go into long term. The groups that were intervention versus placebo, the intervention group was unblinded, and we've lost that control group. So it is very difficult.

Allison Pejovic

Thank you and next question. How did your first-hand experience with possible vaccine adverse events that you saw in some patients shape your own opinion on the COVID vaccine?

Dr. Justin Chin

Well, certainly I had evidence first-hand of how I did not believe that safe and effective narrative because I could see with my own eyes deficiencies in safety, right? And as far as efficacy is concerned there is bias reporting when you use different tricks like reporting relative risk reduction and not absolute risk reduction. Other people have testified to that as well. So when I was seeing this, you know, I had my concerns.

Now, I'm not one that is in a position to recommend or dissuade anybody individually from vaccination because I'm not a primary care physician, I'm an emergency physician. But for myself, I had to make a decision. And so I had to come up with looking at all of the different potential benefits and the possible risks. And from a benefit point of view, I had to look at multiple factors.

So what was my risk of the disease? It was very, very low from the data at my age, but probably magnitudes lower than that because I had a complete absence of comorbidities. I was fit and healthy. You know, there's evidence that people didn't go to the ICU at the same proportions, depending on their vitamin D levels. And I had an optimal vitamin D level. So again, magnitudes lower risk of the disease. So the benefit is going to be much lower for me too.

And in addition to that, I checked my antibodies. So I had, at some point, had a small illness that must have been COVID. It wasn't that severe. And I knew that I was protected. So I guess I had natural immunity, lots of factors, and proof of concept, because now I know my body system could beat it. And then there were other treatments that were available, so I was willing to take them if I needed to. So the benefit was marginal. Any claims that this was going to prevent transmission or cause me to harm other people by not getting it, those were unfounded and weren't borne out in the data.

So then I had to take into account the risks. So I took into account the risks for myself, known ones. Younger males tend to have increased adverse events in myocarditis. I was fit and healthy and still performed active sports and competitive sports. And there's even long-term unknown risks. So I made the choice, my personal choice, to exercise my medical autonomy, and after becoming informed, I chose not to get vaccinated.

This led to quite a bit of absurdity in my perspective, because there was a time when I wasn't allowed to work. I was restricted from working in the hospital because of that choice at a time when supposedly we needed all hands on deck in an ongoing fashion. And up until that point, I was caring for a variety of patients, including COVID patients that I had intubated, including elderly, and all sorts of the variety that we see in the emergency department.

And, you know, when that happened, it was something that, it became absurd because, yeah, I was allowed to— Sorry, I'll correct myself here.

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I wasn't allowed for a certain period of time, but then I was allowed back. So just to be clear, thankfully, our provincial authorities, I guess, received enough pressure from various places to let people who were exercising their medical autonomy back to work. Other places still don't, which is shocking to me.

But we were allowed back. And so here I was going in to work daily, helping people with their illnesses, caring for people. And at the same time, I was being restricted, and I wasn't allowed to go to restaurants or some hotels. And when I tried to travel the country, I wasn't allowed to get on a plane to visit people. I wasn't allowed to do certain sports, and it wasn't just me. There were millions of other Canadians who were being restricted on certain aspects of their lives.

This included my children, who suffered from this too. Because you know people say, well, they missed one sports competition, or one dance competition, or this. These things, I coached and volunteered for youth sports and childhood sports, and missing one is maybe not a big deal, but missing a number of events over two, three years, these are developmental and very integral parts of children's lives to train for something like a dance competition or a national championships. This was stolen from them, and some of them weren't allowed to because of their informed personal choices.

And it was worse than that because the language that was used against us, it was hateful. We were marginalized, right? We were being portrayed as this small fringe group. Fringe. What does fringe mean—on the margins? We were being marginalized. The language that was being used towards myself and millions of other Canadians was that we were an enemy, right? They used language like, we were putting others at risk, we were dangerous, it was said that we were part of an angry mob, that we're lashing out.

These are words designed to divide, to make somebody seem like an enemy, right? That we were putting other children at risk, which we clearly weren't because of the characteristics of the inoculation, you know, didn't stop transmission. But we were labelled in this way. I was labelled as a racist or a misogynist. And these terms, I mean, it was appalling to me because I was going in to work every day helping people, and I wasn't allowed to do certain things. If I had a family member in the part of the country who got sick, I wasn't allowed to go visit them and help them.

I've lived in Canada for my whole life. I'm of a visible minority and a son of immigrant children—a son of, sorry, immigrant parents—a child of an immigrant. And, when this happened, I reflected upon what it meant to be Canadian, how I had never really faced that. I had never faced discrimination or anything here. I actually think that, and I'll defend that this country is probably one of the least racist countries. I mean, certainly there are flaws, and I don't want to take away from anybody else's personal experience that they have. But when I reflected upon, you know, decades of living in Canada, I thought maybe there's one or two times I've been in a new city and I go somewhere and somebody looks at you funny and you wonder, well, are they looking at you because you're different? Well, it's probably because they haven't seen you before. But I've never really had any overt discrimination against me my whole life.

Yet all of a sudden—and it wasn't just a person looking sideways at you or being rude to you—it was our elected officials who were supposed to represent us, putting in place policies and mandates that were preventing me from living, from freely engaging in activities. I mean, they say, well, it's a personal choice and there are consequences, but you know it wasn't right because of the characteristics of what they were proposing—you know, we violate our medical autonomy.

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I mean, the policies are in place that you need to show a certain card or something to get into a restaurant, or you stop showing up to work the day the mandates come in. It becomes quite obvious to the people around you that the reason you're not there is because you've chosen something. So you become an identifiable group. So an identifiable group was now being discriminated against. And we were— Hateful rhetoric was thrown at us.

So you know, to think that I could— I've represented my country on a small-scale stage and sports competitions internationally with the Canada flag proudly on my back. And I've had disaster relief missions where I had the Canada flag on my backpack as I went to Haiti and as a part of a charitable organization and volunteered to help other countries, representing our country. And I was proud of that. And then I had people who were elected to represent me imply that I was taking up space, and that questioned whether I and millions of other Canadians should be tolerated.

Allison Pejovic

And Dr. Chin, thank you for that explanation of what happened to you in a very factual way. Are you able to just go in a little bit more detail about how did that treatment affect you, if at all, mentally?

Dr. Justin Chin

I mean I have a strong support system, I have good family. It wasn't pleasant to face attacks in various ways as I had mentioned today, but you— It wasn't pleasant. I like to think of myself as a very resilient person, I like to stand up for my principles. And I knew that every night that what I was doing was because I was standing for my principles. And so as much as the attacks came, I think I was able to withstand them quite well. But again, I'm not going to speak for everybody on this. I'm sure some people had worse attacks, or also because of it, the impact that hit them could have been much, much worse as well.

Allison Pejovic

And do you believe that a false consensus amongst the medical community was obtained in respect of this response to COVID?

Dr. Justin Chin

Yeah, I think that, you know, I alluded to before that how when you censor or attack groups, or you vilify them, that a false sense of consensus might be obtained because you're not going to hear from the physicians that want to speak out, right? And so when you think about how that happens, those attacks, they serve a very deep psychological purpose, right? Like in our whole evolutionary history of humans, we have a lot of things that are very nice for us: running water and everything that's built up the infrastructure that we have. But for large parts of our evolution, being a part of a tribe and the safety of that tribe was very important. And if you were ostracized and kicked out of the tribe, I mean, that could mean starvation and the cold and dying. So in some ways it's a threat that can impact you very— Let's say it's very impactful.

And you know, those type of things certainly tell people, "Let's not speak out." So you know, it's interesting because people ask me this question every once in a while and they say, "Well, if all this data is true, that, you know, there are more adverse events, why aren't we hearing physicians speak out about it more, or why didn't we hear physicians speak out about it or other people say things?" And I say, "Well, obviously—," and I pointed to the ways where a physician might be biased and not even think to report something or not even understand that it might come up. But physicians, we're trained in medicine and evidence-based medicine in various ways. And so we like to think that we live in an ideal world where the evidence is great. The studies show this and we can follow our practice. But in reality, it's an applied science, and there's always new data coming in.

And so what the vast majority of physicians will do—and this heuristic is one that's understandable, right?

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So if you have a certain disease that you want a treatment for, and you have accumulated mountains of studies over many, many years that show that this treatment is the one you should use—treatment A is the one you should use—so what happens then is that so many studies accumulate that people start to write consensus statements, and different bodies

the urologic society might say that we should use this medication for it. So they put up their consensus statement.

And then so what do many of the physicians do? Well, they don't necessarily have the time to go through and look at all of the papers that made up that consensus statement. And they don't sit us down in a room and say, well, here's 50 papers on COVID and the harms of lockdowns or this, or the harms of this medication and the benefits of it. Spend five hours, come out, and see what you think. Well, no, physicians don't have time for that. We're working hard every day to see a variety of things. You have obstetricians going to deliver babies, you have pediatricians treating kids, you have surgeons operating. And so the heuristic is that you can follow that consensus statement. And it may be imperfect, but it works. What else do you have?

So and yes, some people do dig into the data more deeply and look at these things. But it's a good heuristic to follow because if you've worked all day long as a physician in your family medicine practice or your obstetrics practice or whatever, you want to come home and maybe see your family and enjoy the rest of the day. You don't want to go digging into tons of papers of the latest emerging evidence on COVID. So you just follow what is coming down from you from medical officers of health or from the Public Health Agency of Canada. It's not, you know, as ideal as we would think about how evidence-based medicine comes out.

Now you have to think of in COVID, the problem with COVID is that all of this evidence didn't have years to accumulate. It was a small amount. So following the consensus statement in this case, especially if there's political aspects that bias people from publishing or reporting or disseminating information, that is when the heuristic fails. And so you know, for many of the physicians out there, I don't necessarily blame them. I think that they were a little bit too naive and should be a little bit more skeptical to trust, sort of, just top-down authority in certain ways. And so that's how, I think, another way false consensus can be achieved because people are following these failed, these flawed heuristics.

And you know, then there's the other group of people that were skeptical, physicians who testified, physicians who were much more brave than I was, who spoke out in various different ways. And you know, I applaud those physicians because I hold them to the highest esteem. They risked a lot to speak out and try to inform the public about what they were concerned about. I mean, that's two of the groups: the people who were just kind of not skeptical enough, the people who were skeptical, and they spoke out even despite the attacks because being a martyr certainly or choosing that path is not easy.

You know, then there's a third group of people out there that I would really hope could have some self-reflection and maybe listen to all the testimony that they've heard, and **some of the things that they may not be aware of about how the world isn't as ideal as they think that they can maybe just trust authority or trust experts. Because there was a third group that went out of their way to attack the people who were asking questions. They slandered us; they mischaracterized us. Even if they had the best of intentions, they were censoring us and doing things. And they were part of the process that when they took those actions, they caused people not to be informed fully about what was going on.**

And when they took those actions, they contributed to the harms of prolonged non-pharmaceutical interventions or lockdowns. They contributed to the harms of people who are now suffering from vaccine adverse events, particularly for those who were coerced into taking a test they didn't want, or not informed fully—especially if for that individual patient the risk-benefit ratio was not in their favor and now they're suffering from the

consequences of it. For the people who were attacking us, I think they should take some self-reflection about how they contributed to harming others.

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And it disappoints me that it even still exists out there that I can see people being falsely mislabeled or mischaracterized when they're actually out there trying to help people and protect people.

Allison Pejovic

Thank you, Dr. Chin. Those are my questions today. I'm wondering if the commissioners have any questions.

Commissioner Massie

Good afternoon, Dr. Chin. I first want to acknowledge your courage in coming forward with this. We all know that we've had witnesses still talk about consequences to this day that are being hurled at them. So I just wanted to mention that first.

My first question is, and you mentioned that late in 2019, early 2020, you became aware of this COVID-19, or a potential pandemic. And my question to you is, at what time did you become aware, or what time were you trained in the pre-existing pandemic plan that was in place for the health sector in Alberta or in Canada?

Dr. Justin Chin

Yeah, so even though I had a disaster medicine masters and had worked in other areas with the charitable organization, I was not formally a part of our own disaster preparedness framework in Alberta. I knew we had one and I had seen it briefly, but I wasn't completely versed in that. So I knew it existed and I guess that's where, you know, I apologize too that by being captured by the fear and pushing some of the early interventions that the Lieutenant Colonel Redmond spoke about here. Because yes, a complete task force that encompassed all aspects of the pandemic should have been made up. Now obviously when you're in your silo from the medical aspect you're going to push for everything, and so well, we want more of this and more beds, and we need to augment it in these sort of ways. So but then you hope that there's a framework in place that restrains that and takes into account everything else.

Commissioner Massie

Well, I wasn't particularly speaking about the overall disaster plan. What I was speaking about is the influenza pandemic plan that existed in Canada overall, and it was authored by Theresa Tam. And I believe there was one in Alberta, as there were in many other provinces, which were specifically focused on what the health care sector should do in the case of a new influenza pandemic. So again, my question was, were you given training in that? Did your employer make that available to you?

Dr. Justin Chin

No, in general we have so many different aspects of our jobs that we're responsible for, but I wasn't and most physicians aren't.

Commissioner Massie

Okay, my second follow-up on that then is we were told that we were in an unprecedented pandemic and it was gripping the world and there were tremendous deaths going on. And you were trained as not just an emergency doctor, but I think you have training and experience in disasters. How often did your hospital scrum, or make meetings, or get the staff together to talk about what was going on, what they were experiencing, what they expected from the staff directly about the pandemic?

Dr. Justin Chin

There were meetings, and there were people that got together in various groups that reported to the zone structure, and it just seemed very disorganized. It wasn't one that met sort of a good and proper framework. And so early on I was asked to help in certain groups. "So can you make a recommendation on what we should do, how do we double the number of beds, or how do we put patients in this?" You know, as time went on and I started to ask questions about, "Do we still— Does it really make sense to have these plexiglass barriers, and is it really helping, or is it reducing the ventilation?" When you spoke on something that appeared to be looking at a more complex or more nuanced look at the intervention, but the other side might say, "Well, it's for— It's just for safety." I mean, somebody who spoke with that wasn't listening to—

Commissioner Massie

You know, that's an interesting answer because we had a witness testify in Saskatoon,

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and he owned a manufacturing facility; they manufactured tillage equipment. And every week, according to his testimony, he would bring out a newsletter, and he would have meetings with staff to describe to them what was going on, what were the reasons for it, what they were planning to do in the future. And he was manufacturing farm equipment. And if I understand properly, that same kind of thing, at least in your experience, wasn't going on in our hospital.

Dr. Justin Chin

Well, I want to state that it was going on, but not in a very clear and organized way. So we were getting briefings and memos from all different sorts of places, so to make sense of it all was challenging and almost nearly impossible. But to say it didn't happen is not quite characterizing. We were getting: "We're going to do with this today." and "These groups have decided," "Well, we're going to put a new triage process," "This is the route people are going to go."

But, most of it was all driven by, "Well, what is the maximal thing we can do more to this," and not, "Okay, well, if this is the intervention we're going to be proposing, do we really have good evidence for the benefits, and do we really have evidence for the harms?"

And sometimes there was. Sometimes there was a few studies or something cited. Well, the evidence for doing this is a theoretical paper on transmission, or some study that showed that COVID spread this way in a bus somewhere—a very small study. And so it was either limited evidence or poor evidence, and any evidence to the contrary would say, "Well, that might make things— We might as well be safe than sorry." It's that, sort of, pushing the safety-ism window farther.

Commissioner Massie

One of the things that I've been told over and over again by witnesses, particularly professional. No, not particularly, [inaudible] constantly professional witnesses. We had a retired judge on, and we had doctors and retired doctors, and we've had retired police officers. And I always ask the question, "How did this happen, and what kind of pressures were they under?" And each one of them has always said to me, "Well, you know, we judges and we doctors are part of the community, part of the society, so we feel those societal pressures."

So my question to you is this: You are a medical doctor—and I think I heard you say at one point that you had 20 years of training that were potentially going to be thrown away if you lost your position. So you're a trained doctor means you're a trained scientist to some degree. And yet, at the beginning of the pandemic, listening to the reports, with your training as a medical doctor—I don't know if you categorize it this way—but I think I heard you say that you were somewhat terrorized by this. And so my question is, with your significant training and experience, how do you think the general public were affected by the same things that you were hearing, despite the fact that you had this potential buffer of many, many years of training as a doctor?

Dr. Justin Chin

Yeah, so yeah, physicians or experts or whatever field, we're human. And I too can be captured by fear of death or disability, or death or disability of my loved ones. So obviously, it could happen to not just anyone, it could happen to everyone. And that's exactly why it's important to let people know exactly what I might have been seeing that might differ from the narrative. Because you frame that correctly in that, of course, they're going to have a much worse time, when behind the doors of the emergency department their impression might be that we're intubating every second patient that's coming in, and sending them to ICU, and body bags are rolling out. And if they had that impression, then the fear is going to be much worse in them. It can even happen to me, it can happen to everybody, and it's important to be able to speak freely about what you're seeing so that if accurate and valid information can come out, then it can alleviate those fears.

Commissioner Massie

You know, you talked a little bit about when you were in the emergency room, and you overheard some discussions, and you questioned about the possibility— Or sorry, you volunteered information to some other doctors that this patient had just recently received the injection. And they had dismissed the possibility that

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the injection may have contributed to or caused the issue on the basis that the patient was elderly or had these comorbidities.

And my question is: It doesn't sound like—could you comment on this for me—but to me it doesn't sound like they had the same reflectiveness when they were counting COVID deaths. In other words, I've heard statistics from witnesses that whatever the number is, 80 or 85 or whatever per cent of the people that deaths that were attributed to COVID had three or more comorbidities, and we had testimony I think yesterday, 90-some per cent had at least one comorbidity. So it almost sounds to me like there's a difference in the way they evaluated the two instances.

Dr. Justin Chin

The discrepancy that you're mentioning here, it's quite interesting because on the one hand you're under counting because of the biases of the vaccine adverse events, right?

And the reasons for undercounting I'll just say, you know, if you're in such fear, or you really want to get out of this pandemic, and you believe, or you've been sold the idea that it's safe and effective, then, you know, you're going to push this, and you're going to continue to believe that. And so it's a self-fulfilling prophecy, right? Like, so you don't see it because you're not looking. And then you don't think that anybody has strokes with it, so you just continue to ignore it over and over again.

But the other side is, what you're saying is that people will be overcounted the other way.

Because there's a subjective decision that's required to determine if you're going to recognize it, I guess, or report it if it's correlated. But there's not a subjective decision necessarily for a PCR [Polymerase Chain Reaction] test—and there are many reasons to talk about how it's flawed. But so yes, that patient who comes in with comorbidities and has an event. They have a heart attack and they say, "Well, you know, COVID is a pathogen that actually affects the vascular system too," and we swab them and the test was positive, so they get counted for sure.

So it'll be automatically counted that COVID is in there. Because you have a binary there; you have a one or a zero: COVID test positive or COVID test negative. If it's a positive, it's like, "Oh." And if they end up progressing to death within that time, they go, "Somebody who tested positive for COVID on day one, on day seven they died," because it pushed their comorbidities or their pre-existing health to this new place of damage, and they passed away.

So a specific example is, I had a patient who came in and they had a known blood disorder, and they were in their 60s or 50s—I can't remember, I think it was 50s—and this patient, because of their blood disorder, their platelets had gone down, and they had a devastating catastrophic internal brain bleed, okay? And their platelets had gone down only a few days after they had gotten the injection, right? So it's another one where I questioned, and I looked at the reports, and the thinking here from the doctors is, "Well, a patient with this type of blood disorder, it's very common for them to suddenly drop their platelets. And so it was their underlying disorder that caused the platelets to go down, and then just suffer and die."

Now again, I don't know that the injection— Maybe that would have happened. Maybe the patient would have had their platelets drop and this devastating outcome would have happened. So I'm not saying that the injection definitely caused it. I'm saying it's temporally correlated to it. But I can tell you this: is that what would have happened if that same patient had come in a few months prior and they had had a bit of a sore throat, or maybe even no symptoms, but they were swabbed and the test was positive, and their platelets had dropped. And if he noticed their platelets had dropped and their brain was bleeding, we would have said that this patient is suffering from one of the other vascular complications or other problems with this very variable pathogen, COVID. It caused them to drop their platelets, and then they ended up having a devastating outcome. So we'll count that in the count box of COVID. But they're not going to be counted on the other side because it takes this objective decision to report them.

So you have this imbalance. And you know what, for many people they may not even notice it. The patient might not even know because if they're admitted to the hospital or the patient's family asks multiple times, "Well, what happened?" "Oh, you know, this is what

happens during your known blood disorder, is your platelets go down; this is an unfortunate and sad known complication.” And the family might not even know, the patient might not know, the doctors don’t even know, and there’s biases that humans, we’re not perfect.

Commissioner Massie

Of course, I mean, if I understand part of what you were talking about, then, in your answer and previously, the reporting system is not intended to report absolute numbers. It’s intended to report trends.

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In other words, if you see something, you report it, and it goes into the system. And then later on when you evaluate the system, you might see a number of reports of such-and-such, but if it’s not an unusual raise in the numbers, then it’s not an indicator of a problem. But if you don’t report it, you can never get those indicators, those warning messages.

Dr. Justin Chin

Yeah, and I thought about this for a long time, and I mentioned it when I was saying earlier, is that even then, it will always be undercounted, subject to bias, and flawed by the retrospective nature of the study. So that’s why you need prospective, properly done science, randomized controlled trials that can evaluate this in a proper fashion. We just don’t have those.

Commissioner Massie

My last question, before the other commissioners pull me off the stage, is if you’re dealing with a highly infectious patient—I don’t know, HIV [Human Immunodeficiency Virus], something like that—and you give that person a needle, you inject them with something, what do you do with the syringe afterwards? Do you put it on the countertop? Do you hand it over to somebody?

Dr. Justin Chin

Yeah, so the proper procedure would be to place any sort of sharps in a specific sharp container so that nobody else can be injured by that, and any biohazard material needs to be placed in an appropriate biohazard container.

Commissioner Massie

So would that count for, let’s say you’ve got an infectious patient and you use gauze and you wipe the infection, and is that a biohazardous material as well that would be disposed of in some way?

Dr. Justin Chin

Yeah, the proper procedure would be that if you had a bodily fluid or any sort of vector of transmission, or potential vector of transmission, that that should be placed in the appropriate biohazard container.

Commissioner Massie

Then, given that—and I've been thinking about this for a while, and my apologies for putting you on the spot on this—but we were told that COVID-19 was deadly. We were told it was incredibly contagious, and we were told to wear cloth or paper masks. But I'm not aware of any instructions about those masks becoming biohazardous material and being disposed of in a way that wouldn't reinfect the person's hands, or the person touching the garbage can or whatever else. Is that an inconsistency, do you think?

Dr. Justin Chin

Well, it's hard to explain inconsistencies at that level because, overall, there were many levels of inconsistency with regards to the characteristics of a novel, what appears to be aerosol-spread virus that doesn't tend to infect from a contact drop—like from a direct contact of it—but needs to be exposed to certain mucous membranes of your respiratory oropharynx, you know, the certain ocular exposure.

So it's hard for me to give a quick, simple answer to that, other than to say that there are glaring inconsistencies in our attempted management of these through non-pharmaceutical interventions that, I believe, in some ways people who pushed for them had the best—Let's say, many people probably had the best intentions and may have been captured by fear or so on as well but don't realize the true nature of their intervention, or they may not have had any effect on preventing transmission or decreasing anybody from getting infected. And in addition to that, I would say that they almost certainly didn't calculate the second and third order harms of what those interventions might be.

Commissioner Massie

I appreciate your diplomacy and—

Dr. Justin Chin

And it's interesting, but I do think that many people did have good intentions. I don't necessarily want to attribute malice when you just don't know. But I think that the road to hell can be paved with good intentions in some ways.

Commissioner Massie

I appreciate that and—

Shawn Buckley

Can I break in and it's just I'm going to ask the doctor are you available later for questions? It's just the kitchen closes in half an hour. So if we're going to eat at all, then we have to take a break.

Dr. Justin Chin

I can take quick questions right after lunch. I have to work at an emergency shift this evening, but yeah, I'm available for that, yeah.

Shawn Buckley

Okay, so we will if it's okay with commissioners, because it's just there's a whole group that needs to eat and that will be impossible because the kitchen staff's already agreed to stay a little later for us. So we're going to adjourn for half an hour.

[01:19:42]

PART II

[00:00:00]

Allison Pejovic

Welcome back to the National Citizens Inquiry. We're still speaking with Dr. Justin Chin and he's going to take some follow-up questions from the commissioners.

Commissioner DiGregorio

Dr. Chin, thank you for staying to answer our questions. I just had one question. You spoke a little bit in your presentation today about concerns with using the adverse events reporting system to detect issues that may happen during the vaccine rollout. And we heard a similar concern from a doctor actually in some testimony in Truro, Nova Scotia. And whereas you've talked about really randomized control trials being the best way to get the data that's necessary, he spoke about the possibility of population-level studies following up and looking at population rates of things such as strokes, cardiac events. And is this the best thing that we can do in the absence of randomized control trials, which I've understood from other testimony that we don't have the ability to do anymore?

Dr. Justin Chin

Yeah, I think that as far as the process is going to be concerned regarding a scientific evaluation of what's going on, we should take into account all different types of evidence. From evidence that is, you know, specific patient level—an adverse event—and we can dig in deeply into that. We can take, I guess, pathology level data too where tissue samples can be evaluated under a microscope. We should take in levels of data that are retrospective that look back. We should take in levels of data that look at, you know, other metrics that might pop up and suggest things. And people are doing that in insurance data and in population level data.

Now, with each level of scientific evaluation, it'll have different potential limitations to it. So with a trial that looks at the population level, I alluded to you before, is you don't know if there was some other factor that changed in the population or over that time period that wasn't just, you know, an injection, right? It could be an effective and new environmental thing that we don't really know about, or it could be some other thing that confounded. That's why you need the prospective trials.

But, to answer your question, in a specific way, yes, we should be looking at everything. We should take into account the data at multiple different ways, understand their limitations, but still try to figure out the best way to move forward, and actionable items that we can do and make the best recommendations that we can as human beings trying to navigate this

world because it's challenging. The best process that I know of is the scientific process and method.

So clearly, I'm not anti-science. I advocate for doing these, but I think we need to be rigorous about the methodology of what we do. We also need to be skeptical of different things and ensure that we know that different things can confound studies and bias them in different directions. And those can be incentives from different ways, from how they get published or who has the funding to do a large study or what incentives that the intervention might bring profit to companies. And so we need to be aware of all of the different things that can influence what we're looking into.

Commissioner DiGregorio

Thank you.

Commissioner Kaikkonen

My question has to do with disclaimer that you offered at the beginning of your testimony and the code of conduct. Codes of conduct traditionally are just words on a page, and I don't think there's a whole lot of legal basis for having codes of conduct, but it seems that more workplaces do have them: organizations, health sector, education sector. So I'm just wondering, it's often used, the codes of conduct seem to be increasingly used—maybe that's a better way to put it—for discipline, suspension, you know, acts of contrary opinions, as in your case. And I'm just actually wondering, when did— So I understand why you use the disclaimer, I understand that totally. I'm just wondering, when did the academic and health care sectors move to this place where legitimate questioning, investigative thought processes, critical thinking, where do we move from this place, and when did it become a societal and workplace norm to the point where we are no longer able to ask the questions that just contribute to conversations across this country?

Dr. Justin Chin

I can comment on it.

[00:05:00]

I can't speak to, you know, a specific timeline when certain codes of conduct might have been introduced in different levels of institutions or academia. But you're certainly correct in that I see that it is used as a tool for enforcement or compliance. I mean, I think that it's challenging because, as an institution, you need to safeguard those institutions against certain things, right? Or you believe you need to. Like, you believe you, as an institution, as a university, that if somebody does something that's, you know, going to bring the institution into, or shed a bad light on it, or do something that's egregious and is going to reflect badly on them, that perhaps they need to find a way to have something in place where they can distance themselves from that. And they create these policies or codes such that, "Well, we have these in place so that, you know, if such an event occurs, then that person can face consequences."

Now, the thing about it is that in a proper, just society, you could probably not require that at every single given level. You could probably say that, well, we have an overarching legal system that is predicated on principles. And I'm not a lawyer here, but that they would tell you that it requires that evidence be presented. That a person has their right to defend themselves, that they're innocent until proven guilty, that there's due process involved,

right? And so that's the system under which people should be evaluated for their conduct. And we live in a society, so we need some sort of guiding principles by which we behave and we treat each other and we don't harm each other. So I can see the— I can give some, you know, understanding to why institutions might develop these.

But the problem is when they become vague and when they reach a point where they're used as a tool and the effects are unintended, I would assume, that stifles debate or diminishes progress, or in the worst cases, prevents accurate information from coming out. And that accurate information, had it come out, might have prevented people from being harmed for various reasons that I spoke to.

So how do we stop that? I think we have to, I think— I think it's a job for the lawyers. But the lawyers in Canada have to start going towards these institutions and saying, "Yes, you've disciplined or done something to this person in the name of your code and conduct. But your code of conduct does not really have any legal basis, or it is not following the due process. And therefore, we have to strike down this action that you took because—" Well, I mean, in the proper process too, like through a hearing or with the judge saying that, "Yeah, you can write whatever you want on a code of conduct that your employees have to do x, y, and z, but great that you put it down, but that's not valid legally. You can't force them to do this. You can't prevent them from speaking. You can't just subjectively decide that what they're saying is harmful, or unbecoming, or it's unprofessional because those terms are just too vague and you need more strict guidelines or how you're going to enforce this."

Because enforcement of these types of codes of conduct come with real action. So you enforce something because of a subjective interpretation, and the real action is somebody loses their job or they lose their ability to earn a living or provide for their family or the years of their training are now being, negated.

So it's a form of— I guess, it's a way of writing cancel culture on a piece of paper, and the words should be meaningless because they should be evaluated within the system of the proper, legal framework of the jurisdiction that you're in.

Commissioner Kaikkonen

Thank you very much for your testimony.

Commissioner Drysdale

Thank you very much, Dr. Chin, for your very courageous testimony. I have a couple of questions. I'd like to come back to the question about the side effects. Because you mentioned frequently during your testimony that when faced with some side effect, one way to examine whether it could actually be related to the vaccine was to examine other pre-existing conditions. And if so then you say, "Well, maybe it's not linked to the vaccine because there are some other conditions that could explain that." But what I'm thinking is that is it fair to say that in the population—people—don't display the same level, say, of propensity to have autoimmune disease?

[00:10:00]

Is it something that is widely distributed equally, or is it some people that are much more prone to that than others?

Dr. Justin Chin

Yeah, so I mean the answer is that it is very complex. And, you know, we try to generalize from studies or from report data, and so on, what certain effects might mean. But that's very different from at the individual level. At the individual level, one person might have a severe autoimmune reaction, but 999 of people don't, so it's a one in a thousand. It doesn't mean that there's only a small autoimmune reaction in a thousand people. It means that the one person is suffering severely, or one person already has some pre-existing condition and some new antigen in the body now causes an immune response. Or causes some other effect that tips them to the point where they experience something more severely. Whereas even that little extra injury or insult to a different person, they might have felt nothing.

So it is completely variable. And that's why, as I was stating before in the previous a couple of questions ago, is that population level data can give you one piece of the puzzle. Individual level that I can give you another piece of the puzzle. Pathologic data give you— All these pieces of puzzles need to be looked at and evaluated, and we can learn a lot from different levels of evidence.

Commissioner Drysdale

But given that it was very challenging, as we've heard from many people that had vaccine injury, to get medical exemption for a number of reasons, it was very often dismissed. Isn't that reasonable to expect that these people that had a condition that might then make them more susceptible to adverse event. If you refuse a medical exemption and after that they'll get vaxxed, and they will probably get the side effect that otherwise they would not have gotten because they knew that they were more prone to get it in the first place.

Dr. Justin Chin

Yeah, there are so many unknowns, and how do you guard against that? And how do you figure out the best plan of action for any new therapeutic? And there are some suggestions that I can make is that obviously you don't rush things. You evaluate things with proper randomized controlled trials. But some trials might not include every patient. They might have excluded people at the beginning because they had comorbidities. And so then there's no side effects. And then you rolled it out, this intervention, to people who did have comorbidities or were in different age demographics.

So you do as much evaluation of the data as you can and you try to generalize it; you might not be able to. You also try to do as many different studies and different populations and with different doses and you evaluate them in the proper methodologic fashion. At the end of the day, all of this will always lead to some unknown because that's life. We live in this world and there are tons of unknowns. So what do you need to do. You need to step back and say, "Okay, well what are the guiding principles."

The guiding principles are that as a physician, when you have an intervention, you don't as an authority tell them what to do. What you do is you say, "To the best of what we have available, there's this intervention or drug. And it looks like the benefit could be this, and the risk without getting it could be some certain thing that we think, based on these studies, and the side effects could be these. And some of the side effects we don't know, and we're going to give you the best data. And this study actually didn't really include you because you are older, and they didn't put people at your age in that study." Or, "You have these medical conditions, and they didn't put those people in the studies. But this is the best we have. I'm sorry, this is— Medicine can only— Humans can't be perfect." But that's as far as we go.

And then we say, "Now that we've given you all the proper information, I can maybe suggest what I think what I would do if I was you. But at the end of the day, I've tried my best to inform you fully."

And that's the principle of informed consent, right? We've given you all the information, and now you have the choice without coercion to make a decision. Do you grant the consent for this? Or do you withdraw your consent? And if you do that, then you leave it up to the individual to make the decision with imperfect data and some unknowns. But you leave, at the level of the individual, you have them decide what to do.

And that to me was a principle of medicine that I was taught, and that I truly believe in, and I follow. And even if a patient with malignant cancer tells me

[00:15:00]

that they don't want chemotherapy, and I think, well, at your age you might actually benefit from it, that's still not my position to impose my values or my choices onto that patient. It's for that patient to decide after I can inform them fully of what the risks, benefits, treatment of everything might be. And their values can help direct them, and their decision must be made without coercion or influence that is unbecoming.

Commissioner Drysdale

Maybe one last question about the bias you mentioned that you have seen from people that are very busy and may or may not have the time to do the in-depth research on every topic.

Is it fair to say that in the medical profession, and even for the public in general, vaccines are seen as a process, or a technology, that has really helped to improve the general health of people in many conditions, with several examples showing that these vaccines have contributed to improve the health? This is taught in medical school. Is it fair to say that?

Dr. Justin Chin

Yeah, I think that we have a history of other—I mean, you can't always compare things that have studies for many, many years to new things now. You know, the evidence that you have to go back and look towards, you need to always know that there could be flaws in everything. But to answer your question, like, I've been vaccinated for many things now, and I based that decision off the evidence I knew at the time. And when you come to something new, you have to say, "Well, it's not the exact same thing. Or is it similar enough?" But you can make your decision. And I think people just need to be educated about that. And you have to ultimately leave it to them to decide.

Commissioner Drysdale

Is it fair to say that based on that, I would say the benefit of the doubt would be given to the practice of vaccine. And even with the new technology, anybody who'd want to exercise some sort of questioning or critical thinking would have a very big case to put in order to raise the awareness and say, "Are you sure that in this particular case, this approach is the appropriate approach?"

Dr. Justin Chin

Yeah, how to comment on that is I think that there is a status quo, and if you have to challenge that in any way, in any field, it becomes difficult, and it becomes challenging. But the best way to do that is to have people express their opinions, present their data or their claims. So science is about falsifiable claims, right? So somebody makes a claim that's falsifiable. And it holds true until such time as somebody else can come along and falsify that in a way and say, "No, I've got evidence, and it's this." And if they're wrong and it's not actually falsifying it, then you discard it and you keep going on. But if something else comes along, it's different. Like, if you lived thousands of years ago and you thought that you had a different model of the way the solar system worked, but then somebody comes in and provides some other evidence, you change your mind, right? You can't just say, "Well, the status quo is everybody believes in this, so we're just going to exclude people from continuing." It's not the way to advance progress in my opinion.

Commissioner Drysdale

Thank you very much.

Allison Pejovic

I believe we're finished. Thank you very much, Dr. Chin, for attending today and telling us your professional opinions and views. And thank you very much.

[00:19:07]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 3: Scott Crawford

Full Day 2 Timestamp: 05:41:13–06:19:15

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Allison Pejovic

So our next witness this afternoon is Mr. Scott Crawford.

Good afternoon. Can you please state your name for the record and spell it?

Scott Crawford

Certainly. It's Scott Marshall Crawford S-C-O-T-T C-R-A-W-F-O-R-D.

Allison Pejovic

Thank you. Today, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Scott Crawford

I do.

Allison Pejovic

And I understand, Mr. Crawford, that you would like to say something in advance of your testimony today?

Scott Crawford

Yes, please. I'd like to preface my testimony with the understanding that the testimony I'm about to give is my personal account, my personal experience and observations, and I'm not representing any other individuals or agencies.

Allison Pejovic

Thank you. I understand that you are a paramedic with 30 years of experience. Can you briefly just go through where you work and a little bit about your background?

Scott Crawford

Certainly. I started in EMS [Emergency Medical Services] in 1990, started working on the ambulance with a small service just south of Calgary, a couple of small services, and went to school. I worked part-time and casual and became an advanced care paramedic in 1994. And so, at the advanced care level, I've been a paramedic now for 29 years. Started with the City of Calgary in 1998, and then in 2009 Alberta Health Services took over a number of the EMS services in Alberta and including Calgary.

Allison Pejovic

Thank you, and for the commissioners' benefit, we have provided Mr. Crawford's CV [Curriculum Vitae], which is entered as Exhibit RE-9D. So I'd like to take you back to the year 2020, and let's talk about what you saw in terms of people who were sick with COVID symptoms. Did you notice an increase in emergency calls in 2020 than what you had experienced years prior?

Scott Crawford

At the very beginning of COVID, we actually noticed the call volume seemed to dip. With a lot of the information that was coming out through the media and through health authorities, our call volume curiously diminished. It seemed that folks were perhaps a little hesitant to call.

Allison Pejovic

And in terms of the people who were needing emergency care, what were you seeing and what symptoms did they have?

Scott Crawford

Generally, most folks appeared to have flu-like symptoms: nausea, headaches, general malaise. Most of the folks that we typically encountered were healthy, and aside from feeling unwell, most actually didn't require transport. We would arrive at the scene, work through a pre-screening matrix, and most folks, we were actually able to assure them, give them some tips on what they could do to best manage their system at home, and so from that regard, it wasn't unlike any other flu-like symptoms or flu-like season that we might encounter.

Allison Pejovic

And did you encounter people who were very ill?

Scott Crawford

Yes, there was a small subset, typically folks that already had pre-existing medical conditions that— COVID virus seemed to exacerbate those.

Allison Pejovic

And were you, yourself, afraid of COVID when it first arrived in Canada?

Scott Crawford

Yes, we were watching, obviously, the information coming out from the origins of the COVID virus. Watching seemingly healthy people suddenly become very ill and realizing that we were going to be on the front lines dealing with that. So I became quite concerned and also concerned for my family and wanted to make sure that my family was provided for, so I actually made the decision to retire long enough just to commute my pension so that if anything happened to myself, that my family would be provided for. I was sidelined for about two weeks; long enough to satisfy my employer and LAPP [Local Authorities Pension Plan], and I went right back to work on a casual, albeit full-time, basis.

Allison Pejovic

Okay, so let's move forward to early 2021 which was when the vaccines were first being rolled out in Canada. At that time did you see a difference in the kinds of injuries or symptoms that you had with patients, as opposed to what you had seen during the early COVID days, people that you were transporting?

[00:05:00]

Scott Crawford

Yes, on a growing subset. Now, one thing, I guess, I need to make clear is that when I commuted my pension and retired and went back casually, I moved from the urban environment from the city of Calgary out to some of the local surrounding communities that were south of Calgary, so the population was somewhat different.

But one of the things that I noticed with a handful of patients was them experiencing very unexpected injuries and I'll give one example. I picked up an elderly lady and transporting her to hospital, and this is based on what she was telling me, that literally a few days after getting the vaccine, she got this terrible severe pain in her elbow, and she was convinced that it was the vaccine that had caused this and was just so full of regret. I remember her saying to me that "You know, I didn't feel right about this vaccine. I talked to my doctor about it, he said it was going to be fine. I took the vaccine and literally a few days later, I have this, this horrible pain and I've been to see my doctor. My doctor doesn't know what it is. They haven't been able to give me anything to help with this pain." The transport time was very short, literally a minute or two to the hospital, and certainly that was one concern that we had.

Allison Pejovic

And so, just in general, you said that you noticed an uptick in calls. Can you just compare the difference? You had said that early on you were seeing people with flu-like symptoms with COVID. Were you still seeing those kinds of symptoms in the same numbers in early 2021, or were the presenting symptoms different, and if so, how?

Scott Crawford

Yeah, a couple interesting, initially, with the first COVID variant, the symptoms seemed to be much more severe. But that said, typically, when folks first got sick— Usually, the crux

was, in my experience, between day 8–11 of the onset of symptoms and usually if something untoward was going to happen it would happen in that 8–11 day span. Once people got past that day 11, day 12, day 13, typically their symptoms would resolve.

And with the subsequent variants, in and throughout 2011, we noticed that more people seemed to be experiencing symptoms. It was as if the transmissibility, the infectiousness, increased but the symptoms were much more mild. The other thing, there were a number of instances that caught my attention when folks would suddenly have a very rapid and unexpected sequela.

I had occasion to transport one gentleman from a rural area that was previously healthy, had no medical issues, lived on an acreage, on a farm, and had a catastrophic stroke literally the day after he got the vaccine. I believe it was a second vaccine. STARS [Shock Trauma Air Rescue Service] was not available, so we transported this gentleman to Foothills Hospital. It was about an hour transport time, and when we brought that gentleman in, and we called ahead, they were expecting us, we went right back to the trauma room.

And while I was delivering the report to the physician, I mentioned at the very end, I said “Just so that you’re aware, this patient was vaccinated yesterday.” I was quite taken aback that the physician snapped at me and said, “Just a minute here, do you think this has anything to do with the vaccine?” and he asked me, “What vaccine did the patient get?” I mentioned it was the Moderna and he said “You know, it’s a perfectly fine vaccine. You know what, you can go now.”

And I think anyone within earshot, certainly, if anyone else had had concerns perhaps with another patient, I can understand where they would probably be a little bit reluctant to share that information. So that was another experience that I wanted to share with the commission.

Allison Pejovic

Were there any other instances where you responded to an emergency call, and you learned that the individual had a COVID vaccine within a day or two?

Scott Crawford

I can’t specifically think of any offhand right now. As I say, I moved from the urban to a suburban rural environment, so the dynamic was a little bit different. I can certainly speak to some anecdotal reports, but yeah. That’s—

[00:10:00]

Allison Pejovic

Okay, and so, let’s talk about AHS [Alberta Health Services] having a mandatory vaccine policy. Did AHS have a mandatory vaccination policy for you and your employment?

Scott Crawford

Yes, they did.

Allison Pejovic

And how did that policy affect you at your job?

Scott Crawford

Well, obviously, seeing some of these vaccine injuries, I was quite concerned that I myself might experience an untoward sequela, as a result. So I also—a long-time church attender—my family, we prayed and looked to God for direction. And I distinctly felt led not to get this vaccine, and so yeah, I made the decision not to get vaccinated.

Allison Pejovic

And as a result of that decision, was there ever a time when you were treated poorly by anyone that you worked with or in the community?

Scott Crawford

Yes. There was, a number of weeks before the vaccine, the initial vaccine mandate was rolled out, there was one particular individual, with a handful of others, that started an online campaign of bullying, harassment, and shaming. If any of us took a view that wasn't in line with the prevailing narrative, we were shamed and bullied online.

Allison Pejovic

And did you know that person, personally?

Scott Crawford

I did. The individual worked as a fellow practitioner. Not someone that I knew really well, but just enough to nod at one another when we were passing in the hallways.

Allison Pejovic

And can you loosely describe the online bullying?

Scott Crawford

Yeah, some of it was on Facebook and a couple of different platforms, Twitter. Some of the statements that were made: "If you aren't willing to get vaccinated, you don't deserve the privilege of caring for others. We don't want you. We don't need you." "If you're a health care worker that's joined an anti-vax group, this will stick with you with the rest of your career. It's worse than crossing a picket line. You're affecting the safety of patients and hurting the credibility of health care workers that actually care and follow the science. We're embarrassed to be associated with you." And see another one here: "It's very simple, if you work in health care, it's your duty to protect the vulnerable, If you're going to embarrass this profession by going to a rally or joining an anti-vax group, I'm going to publicly and personally shame you for the rest of your career."

At one point, I did appear at the *Western Standard* to express some concerns. Again, my screenshot was sent out online—my picture—and I was referenced specifically, and the individual said that he was disgusted by me, and that I embarrassed my profession, and this individual hated me for it.

Allison Pejovic

And what effect did this behavior that you experienced online have on you personally and upon your mental health?

Scott Crawford

Well, certainly, you feel very isolated and targeted. My kids, I've got two children, and typically when they were out and about and they'd see other paramedics in uniform, they would walk over and say "Hey, do you know my dad?" And it was always great to hear the words of positive exchange that would go on following that.

However, after this and the workplace turning quite toxic and hostile, I was concerned for my family and I had to caution my children that, "Listen, if you see somebody else in uniform, don't let them know that I'm your dad." I didn't want them to get caught with any hateful vitriol. And certainly, God forbid, if they ever needed to call the ambulance, I didn't want their care biased.

Allison Pejovic

And as a result of this bullying that you experienced within your own professional community, did you take any action?

Scott Crawford

Yes, on September 14th, just hours before AHS announced their vaccine mandate, I sent a 36- or 37-page notice of objection to my immediate supervisor, his supervisor, and all the way up the totem pole, to include AHS CEO [Chief Executive Officer], Dr. Verna Yiu. I also included the premier,

[00:15:00]

health minister, a number of other individuals that I thought should be aware of this. And in that, I described my concerns with the vaccine mandate. I asked them for the information that they were relying upon to make this decision.

I also provided some information that I had looked at, and seemed to counter the prevailing narrative and asked for some clarification on that. I also described the bullying and harassment that was going on, that moving forward with these mandates was causing a tremendously polarizing event within the rank and file.

I also touched on natural immunity. I was quite interested to know— It seemed the prevailing narrative was that natural immunity actually seemed to offer much more, better protection against the vaccine.

Allison Pejovic

And are you a member of a union?

Scott Crawford

I am, yes. I'm with the Health Sciences Association of Alberta [HSAA].

Allison Pejovic

And did your union respond or provide support in respect of your notice of objection and bullying complaint?

Scott Crawford

Unfortunately, they did not. I did not get any response back from the union. Not only did I copy the union president and one or two other like labour relation officers, much of that online vitriol that I expressed before, our union president and a number of our union executive endorsed some of this online vitriol with either thumbs up or heart signs.

I mentioned that in my notice of objection and obviously had concerns of— You know our union is supposed to be protecting us and here, it appears that they're endorsing some of this vitriol. And further to that, Alberta Health Services ignored the concerns that I had, that this bullying and harassment was going on. I find that particularly troublesome, especially as I raised concerns about my safety and my family's safety. Extremely disappointed that HSAA and AHS didn't take that more seriously.

Allison Pejovic

So what happened after you submitted that notice of objection, was there an investigation? What was the end result of it?

Scott Crawford

Eventually—I never did hear back from AHS. Eventually, I did get through putting in repeated complaints, and whatnot, in to my LRO [Labour Relations Officer] that was handling my case. On November 22nd, HSAA finally did acknowledge and accept my complaint. HSAA hired two investigators. Actually, one investigator to investigate the president and the other investigator, to interview or look at the actions of some of the union executive.

And not entirely surprising, the verdict came back that they both recommended that my complaint be dismissed. Some of the rationale for that included that these individuals were making the endorsements with some of this hateful vitriol, that they were doing it to just support or encourage folks to get the vaccine and not necessarily, the hateful aspects of it; and also that they were making these endorsements personally and not as with the union position.

Allison Pejovic

I wish to advise the commissioners that Mr. Crawford's notice of objection and its dismissal are entered as exhibit numbers 9, 9A, 9C and 9E [RE-9-Crawford-Decision Final – Ltr fr VP-IC; RE-9a-Crawford-HSAA Investigation Report Jan 12 2022-Jamie Dunn Final-IC; RE-9b-Crawford-Final Decision Ltr-Complain-4 Mbrs-Ltr fr VP-Jan 2022-IC-IC; RE-9c-Crawford-R Farmer Report to HSAA – Final Report – January 19 2022-IC; RE-9d-Crawford-CV-IC RE-9e-Crawford-AHS HSAA Ltr of Objection (Mandatory Vaccine) and Harassments Bullying Complaint[100]-IC].

And Mr. Crawford, at any time, did you ask AHS whether you could be tested for natural immunity?

Scott Crawford

What I did in the course of being in the hospitals and while this was going on, I had occasion to speak to a physician. With the vaccine mandate approaching, I was quite curious to know if I had natural immunity. And so, I asked this physician, I said "Hey, what would be involved with me, just getting a requisition so I could be tested?" And he advised me that they were not permitted to put that requisition in to be tested for COVID antibodies. And he also stated, furthermore, lab services are not permitted to test for that.

Allison Pejovic

Did he give you a reason why?

Scott Crawford

No, he didn't. I thought it was rather curious, but I learned more information down the road that I think will tie into this.

[00:20:00]

Allison Pejovic

At any time did you ask for a religious exemption to the vaccine requirement?

Scott Crawford

Yes, I did. We were advised, when this vaccine mandate was rolling out, that AHS would entertain medical and religious exemptions. I applied for a religious exemption, and subsequently, that was denied.

Allison Pejovic

And did they tell you the exact basis of that rejection?

Scott Crawford

They did. When they reviewed my application, they advised that they felt that these were personal reasons, and that precluded me. It's the one thing that I would state to that, you know, attending church for 40 years, family attend, or my wife and youngest daughter, attend Glenmore Christian Academy. We are very religiously ardent, and I was directed—divine direction—to not get vaccinated [sic]. And as God as my personal Savior, I align, naturally, I would align my personal beliefs in that that manner as well. So it just seemed to be a very convenient catch-22 that, because my personal beliefs align with the divine direction that I was getting, that my religious exemption would be precluded.

Allison Pejovic

And I understand, Mr. Crawford, that during COVID, a family member of yours had a serious medical emergency.

Scott Crawford

Yes, mid-October, I was working on the ambulance and transporting somebody to Children's Hospital, and I got a cell phone call from Life Alert. I learned that my mom was

having a medical emergency of her own, and it turns out that she had had an aortic aneurysm and required immediate surgery. So Mom went in and had the surgery, and although she survived the cardiac surgery, she'd had a catastrophic stroke while she was on the operating table.

A day later, once they were weaning her off the sedatives, we discovered that Mom had had this stroke. The doctors, their care, was exemplary. Very thankful to have the team working with Mom. And after a week's time, it became apparent that Mom was not going to recover. She was in a comatose, in a vegetative state, so we made the very difficult decision, my brother and I and extended family, as well as the health care team, to remove mom off life support. And in preparing for that, one of the things that the cardiac care unit asked is, they asked me if I'd had any close contacts.

Now, I work as a paramedic, so the reality is, is I do. In the regular commission of my duties, I have a number of close contacts on a very regular basis. It also just so happened that my youngest daughter had just tested positive for COVID, mildly symptomatic, and had isolated in her room. When I let, just in the interest of openness and transparency, when I let them know that, the response was very immediate and they said, "Well you can't be up here for 14 days now."

And suffice to say, this was the anvil that broke the camel's back. You know, we've had a very difficult two years here. You know, some of the hateful situations, the very difficult work environment that we're working, and you know I myself— It looks like I'm not going to be able to spend my mom's last day, you know, be with Mom as she transitions and joins my father who predeceased her five years ago.

In the exchange, they asked me if I was vaccinated, and I said "No, I'm not." And when I reviewed, I had gone and got a negative COVID test, I was asymptomatic, I got a negative COVID test. And I was looking at their compassionate exemption testation and there was no mention of any requirement to be vaxxed. And here's the real kicker: AHS, didn't matter if I had a close contact or not, as long as I was asymptomatic, I was still expected to report to work. Conceivably, I could have transferred another patient in and out of that unit, I could have transferred my mom in and out of that unit, but because I wasn't vaxxed, I was not going to be permitted to be with my mom when she transitioned.

Allison Pejovic

So just to confirm, you were not allowed to be with your mother the day that she passed away?

[00:25:00]

Scott Crawford

Well, I was, and I ended up sending a letter. They were not going to permit me to join my mom when she passed away, so I ended up writing a letter to the patient concerns folks and then I also cc'd [carbon copied] AHS CEO, Dr. Verna Yiu, the Chief Medical Officer, Dr. Deena Hinshaw, and the Health Minister and expressed my concern and angst and, I'm going to be quite honest, contempt for this decision. To AHS's credit, and I thank you very much for this, they came back and, "Oh, there's been a misunderstanding," and they allowed me to be with my mom. So I am thankful for that, but I don't think, had I not pushed back— Yeah, I wouldn't have been with her when she passed away.

Allison Pejovic

Okay, I'd like to move into one last area here. I'm going to call it, "EMS in Crisis." During the time of the COVID vaccine mandates, how well was the EMS system functioning?

Scott Crawford

EMS was already in a state of crisis. Days leading up to the vaccine mandate eventually being rolled out, I think it was December 12th, was the last day for us that were unvaxxed.

Then December 10th or 11th, Calgary, the HSAA were posting some of the stats and red alerts that EMS was in, and on the one, literally days before the vaccine was to take place, Calgary and Edmonton were both posting that Edmonton and Calgary were in a red alert. There were no ambulances available.

Sometime during the pandemic, it was made known that Alberta Health Services had 47 per cent of their staff on medical leave so we just didn't have the manpower. And then, in so far as myself, I was supposed to work a shift in Priddis on December 13th and 14th, but I was placed on unpaid leave, suspended, and the ambulance had to be shut down both on the 13th and the 14th.

Allison Pejovic

Sorry to interrupt, is this 2021?

Scott Crawford

This is 2021. Yup, December 13th and 14th, 2021. And there were a number of other dates that I was supposed to— I would have, otherwise, been working in the ambulance in High River, and the ambulance had to be shut down on a number of dates there, as well. One of them, they did manage to find another primary care paramedic that was able to operate at a basic life support level. But there can be no doubt that the introduction of this vaccine mandate diminished the amount of emergency care available to Albertans. And I find that very curious.

Allison Pejovic

And at that time, were the paramedics able to respond to all emergency calls or what would you say was the ability of EMS to respond; was it 50 per cent of the time, most of the time?

Scott Crawford

That is a very good question. I wouldn't be able— They would, technically, be able to respond to all of the calls; it would just be a delay until the next available ambulance. But just to give you an idea after the vaccine mandate, I think was December 27th, the union, HSAA, put on another graphic or a notice on Facebook that on December 27th, Calgary was in a deep red alert and for 20 of the surrounding communities, had no ambulances available. They call it, like, revolving red alert. So a very large swath where there were no ambulances available to respond.

Allison Pejovic

So just to be clear, were you suspended from your job because of your refusal to receive the COVID vaccines?

Scott Crawford

Yes.

Allison Pejovic

And for how long?

Scott Crawford

For three and a half months. My last shift was on December 12th, and I think I was back on beginning, first week of April, I believe. So three and a half months, roughly.

Allison Pejovic

And can you comment on how you feel your suspension affected emergency service delivery to Albertans?

Scott Crawford

Well, just with me not being available, they had to shut my truck down in a number of instances. So Priddis had to be shut down on two occasions, and my truck in High River had to be shut down on at least half a dozen times, because I was not there.

Allison Pejovic

And while you were suspended, did you apply for EI [Employment Insurance] benefits?

Scott Crawford

I did. I applied for EI. However, my suspension was coded as misconduct, and not going to lie, that was a— You know after two years in the trenches,

[00:30:00]

that was quite a hit. And consequently, I was not entitled to any EI despite having paid into that for well over 30 years. I did get it, and subsequent appeals were also unsuccessful.

Allison Pejovic

Thank you, and my last question to you today will be just to explain for the Inquiry the overall impact of everything that you've been through. Whether it's what happened with **your mom, the online bullying, and everything you've seen in terms of what you think might be going on with some of the vaccine's potential injury to people. How has that affected you and impacted your life and you mentally?**

Scott Crawford

Oh yeah, certainly. I mean, obviously, as you can appreciate, those were incredibly difficult times to have the dissension among the ranks, the bullying and harassment and seeing our union endorsing that behavior. You know, the expectation is that the union is going to be there to protect our rights and to support those. And with AHS ignoring— I sent a number of complaints into AHS and never received a response back.

I think it's inconceivable that in the midst of a pandemic that you would treat your staff like that, and that you would place your staff on unpaid leave when it reduces the capability of the healthcare system responding to that. I guess I'm also concerned, too, that in the face of information that was contrary to the prevailing narrative, that those concerns were not addressed or even acknowledged, for that matter. So that's also of concern.

And the way that it affected my family was with the situation with my mother, with my children. It was very unfair and yeah, I'm very disappointed. It's left me with a large measure of contempt with the way that things were handled.

Allison Pejovic

Thank you, Mr. Crawford. I'm going to turn it over to the commissioners for any questions.

Commissioner Massie

Thank you very much for your testimony. We've heard from a previous expert that during the pandemic, it seems that the aims shift from protecting people and society to protecting the medical system. Do you think that the vax mandate for people, in working as a paramedic, did actually contribute to protect the medical system?

Scott Crawford

I would say that there's an argument that pushing forward with this mandate actually diminished the capability of Alberta Health Services to provide care. That's my personal opinion.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

Prior to COVID, did you have anybody, on your performance reviews, say that you negatively affected the safety of patients?

Scott Crawford

No, never.

Commissioner Kaikkonen

And when it comes to your— You were given guidance to ask for a religious exemption, but you were denied. After they reviewed the application, they thought it was for personal reasons, and yet in your testimony you refer to your personal Saviour. It's obvious to everybody listening that you had deeply held convictions and beliefs, and that you were acting according to your conscience. So I'm just wondering, at any point did the employer or the union provide any assistance of how the religious exemption could be worded differently so that your religious exemption could be accepted?

Scott Crawford

No.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

Good afternoon. Were you provided with any specialized training, when the COVID pandemic was announced, with regard to how to deal with the COVID patients, that kind of thing?

Scott Crawford

Yes, we did receive some training with regard to wearing PPE [Personal Protective Equipment] masks, how best to manage these patients with a pre-screening tool that if patients met certain criteria, we could leave them at home and give them some tips on how to manage their situation.

Commissioner Drysdale

Was there regular planning meetings or strategy meetings as the pandemic progressed, updating you on procedures and methods?

[00:35:00]

Scott Crawford

There was. With the emails that we were getting. Most of the other extraneous emails stopped, and most of the information that we were getting had to do with COVID. So we were getting information from the higher-ups via email, and then occasionally, there'd be the odd discussion if you bumped into your supervisor as well.

Commissioner Drysdale

We've heard testimony in other places in Canada, from paramedics like yourself who were suspended or released or terminated, whatever the terminology is these days. Are you aware of the number of people in the paramedic service where you worked that were affected by this?

Scott Crawford

I know there was a number of us. I couldn't accurately state in terms of EMS. Yeah, I can't give an accurate number with that. I do know that when AHS was in the newspaper, that **when staff were coming back, there was only 750 folks that were coming back but I believe there was much more that went off on leave with the vaccine mandate.**

Commissioner Drysdale

Did you say that there were 750 coming back?

Scott Crawford

That was one of the newspaper's articles that I was reading. Yeah, there was 750 staff, I believe, returning, that were expected back here in early April of 2022.

Commissioner Drysdale

Have you got any idea how many people are in the service to begin with?

Scott Crawford

Well, I believe there's over—and I guess I just need to be careful here because I'm not entirely familiar with the stats—I know that there's some staff that were casual staff. There could be different subsets that were included and not included here. But AHS as a whole has over 100,000 staff.

Commissioner Drysdale

How many, sir?

Scott Crawford

Over 100,000.

Commissioner Drysdale

Okay. Thank you.

Commissioner DiGregorio

Just the last couple of questions for me. Do paramedics receive training in recognizing adverse effects from vaccines?

Scott Crawford

No, we did not.

Commissioner DiGregorio

And would paramedics participate in the reporting of adverse events?

Scott Crawford

We typically didn't. We weren't aware of the tools or the reporting platforms. And I suspect if other paramedics had similar encounters at the hospital as I did, that they may be reluctant to report those. And if they did, I'd be skeptical if they did get reported.

Commissioner DiGregorio

Thank you.

Allison Pejovic

Looks like that's it. Thanks very much for your participation today, Mr. Crawford.

Scott Crawford

Great. Thank you.

[00:38:17]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 4: Michelle Ellert

Full Day 2 Timestamp: 06:19:33–06:41:35

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is attending online, Michelle Ellert.

Michelle, can you hear me?

Michelle Ellert

Yes, I can hear you.

Shawn Buckley

Okay and we can hear you, so let me start by asking you to state your full name for the record, spelling your first and last name.

Michelle Ellert

Yes, my name is Michelle Ellert, and it's spelled M-I-C-H-E-L-L-E. My last name is spelled E-L-L-E-R-T.

Shawn Buckley

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

Michelle Ellert

Yes, I do.

Shawn Buckley

Now, I'm going to introduce you without saying what you do or mentioning who your employer is because my understanding is you don't want there to be any repercussions for your testimony today.

Michelle Ellert

Yes, that's correct.

Shawn Buckley

Okay, but your employer mandated vaccination.

Michelle Ellert

Yes, they did.

Shawn Buckley

Can you tell us about that? My understanding is that that came about in 2021. So can you share with us basically what happened?

Michelle Ellert

Yes, there was numerous communications that I received through email from my employer, and I was notified that I would need to be fully vaccinated to work in my workplace as of November 1st, 2021. So the mandate stated that if we were not fully vaccinated, it would be an unpaid leave or potentially termination of my employment. So the deadline for the first dose was September 21st, 2021.

Shawn Buckley

Now, were you apprehensive or hesitant about getting vaccinated?

Michelle Ellert

Yes. Absolutely.

Shawn Buckley

And can you share with us why?

Michelle Ellert

There's a few reasons why I did not want to take the vaccine. First of all, my mother, she's an elderly lady and lives in a care home. So they were mandated as well to take the vaccination or receive the vaccination. Pardon my words: they're maybe not mandated, but it was very encouraged. Since she did get her first vaccine and I noticed after that there was a lot of falls, and she was continually taking trips to the hospital for these falls. And then her blood pressure was quite out of whack after these shots.

So we're very similar: she's allergic to amoxicillin, so am I. She's allergic to sulfa drugs, so am I. So I was very concerned that if she was having any reactions to it, I might be in line for that as well. Secondly—

Shawn Buckley

Can I just, can I just stop? So had your mom ever been falling before the vaccine?

Michelle Ellert

No.

Shawn Buckley

What was she like before the vaccine? She was able to walk around and—?

Michelle Ellert

Yes, she was able to walk around and talk normally. And as times kind of progressed, she can't talk anymore, and she's no longer able to walk anymore. She's in a wheelchair at this point.

Shawn Buckley

Okay, sorry to hear that. I'm sorry, I interrupted you. You were giving another reason why you were hesitant.

Michelle Ellert

Yes, number two reason for not wanting it was just the timeline of things. I remember being in the hospital with my dad, who had passed away in December 2020, and I was watching the news and they came out with this brand-new novel Corona virus. The world's never seen this virus before. It was brand new. So then to think in a year and a half, and I'm not a logistics expert or anything like that, but how a new virus could be researched and developed a vaccine, and then tested and then produced and then distributed out to the world in a year and a half? It just seemed like a really short timeline, and I didn't feel comfortable with, Was there enough time for testing? Do they know what happens to people in five years from now after taking this vaccine?

Shawn Buckley

Right okay. So kind of your own research you were apprehensive, and yet you did eventually decide to take it. So what was it that overcame your hesitancy?

Michelle Ellert

Ultimately, I could live without going to a restaurant or a concert or any extracurricular activities, but when it came to threatening my employment of not being able to bring home a pay cheque to provide for my daughter and for my family. To be able to pay the mortgage and pay for food. I really didn't want it.

[00:05:00]

So I was looking at other jobs online, but the majority of those jobs were requiring the vaccination as well, so I kind of felt if I didn't do it, I didn't know what was going to happen. My employment was going to be threatened, and we have a house to pay for. How are we going to do that?

Shawn Buckley

So it was it was really economic necessity that led you to do it.

Michelle Ellert

Absolutely. Yes.

Shawn Buckley

Now, my understanding is that then you and your husband and your daughter, on September 24th, 2021, then all went together to get the first shot.

Michelle Ellert

Yes. That's correct.

Shawn Buckley

Okay, and can you tell us how you reacted to the shot?

Michelle Ellert

Well, they told me that I'd probably feel like flu-like symptoms and maybe not very well for a couple of days after the shot, which I did experience some of those symptoms. But I thought well, this is probably just what happens. I noticed that a few days after the shot when I used the bathroom, it was hard to urinate and I'm— I've never have this problem before. And I was like, what? What is happening here? So it wasn't burning. There wasn't any blood or anything like that. It was just kind of an odd feeling. Like, I couldn't use the bathroom like I usually did.

So days went by, October 5th came and it was the same kind of experience in the morning using the bathroom. But by the time 4:30 in the afternoon hit, I went to use the bathroom is like, wow, it feels normal again. Like things are moving here a little more freely. But by the time I hit the end of that, it was burning like fire. It was burning and then there was blood on the paper. So I thought, wow, this has to be like a bladder infection. This is the only kind of thing I could kind of relate this to.

So at that point, I needed to go get a rapid test done in order to continue on carrying on with my work, because I wasn't fully vaccinated at that point. And I went to the drug store where I was getting the rapid test. And here where I live, there's like 40,000 people who don't have a family doctor. So it's very hard to get in to see your family doctor. And being a urine infection, you're supposed to deal with those quite quickly. So I asked this pharmacist if she would be able to prescribe me some ciprofloxacin, because this is a drug that's normally prescribed for bladder infections for me due to being allergic to amoxicillin and sulfa drugs. So I went home. I took one of the ciprofloxacin and then by 6:30, I use the bathroom and now there was blood clots and my urine was bright red, blood red. It was something I'd never seen before.

So at that point, I went to the emergency department. They took some blood and they took urine samples and I was basically told at the end of that visit that, "Well, it was just a bladder infection. Just go home and keep taking the cipro." I've had a few bladder infections in my life, so I know that the drug does work, and by two days later, I'm like, "Why? I don't feel well. I just— things don't feel right. I don't feel good."

So I phoned my family doctor. Pardon me, not my family doctor, my kid's doctor. My family doctor was retiring at the time and they would not book an appointment to go in and have an appointment with her. So I begged and I pleaded with my kid's doctor, "Please, can somebody see me? There's blood in my urine and I'm not feeling well after taking this medication."

So at that point, I went to see the family doctor and he told me, "Well, I don't believe that the ciprofloxacin is working for you, so let's try a different drug. But if miraculously, you start to feel better by the end of the day, then just carry on with cipro."

So I went home from the appointment and I noticed like, I didn't really feel any worse. I didn't really feel any better, and I was quite confident that the drug I was taking would work for this bladder infection, I thought. So I didn't switch to the nitrofurantoin, and I kept taking the ciprofloxacin, and then it came to the end of my prescription. There was no more pills left and I still wasn't feeling well.

So I went to the emergency department again, and at that point, the doctor there in the emergency wouldn't allow me to explain what had happened to me in the last five days. I wasn't allowed to talk about anything prior to why I was in the hospital at that moment. And I said, "Well, it's my heart. My heart is like pounding out of my chest. It's running away from me." And so they did some heart tests, and he came back and he said: "Well, you have anxiety. You're fine. Just go home."

Shawn Buckley

Now my understanding, your blood pressure was really, really high.

Michelle Ellert

Yes, yes, it was. It was like 190 over 130 that day I believe. I have some notes here written about that. So yeah, it was quite high.

Shawn Buckley

So when they're telling you it's anxiety, this is anxiety with blood pressure through the roof.

[00:10:00]

Michelle Ellert

Yes, and he also informed me at that time that the urine sample I provided a few days before didn't grow a culture of a bladder infection. And he said, "Well, you don't have a bladder infection." And at that moment in time, being kind of overwhelmed with what was happening with my heart and the awkward feeling of being in the hospital, I didn't think about, "Well, if I don't have a bladder infection, then why am I peeing blood? Like what's happening here?"

So after that, I contacted my kid's doctor again, and I told her—told the nurse—about this experience at the hospital and how I was told that there wasn't a culture of a bladder infection. And so why would I be peeing blood? So she had told me that she was going to get a ultrasound or speak to Dr. Cunningham. And anyhow, they have arranged a ultrasound for me to go to. I went to that, and all the results of course came back normal.

With the blood test that I was given on the first trip to the emergency room, there was abnormal things in my blood work, and none of that was ever really discussed with me as to what that meant. But as the months kind of went by, I was put on a medical leave as of December 1st, 2021, and I haven't been able to return back to work.

I've had a barrage of symptoms that are somewhat softening at that point, but are really quite debilitating. I've got the chronic fatigue. Last year at this time, I was in bed 90 per cent of the day. I couldn't get out of bed. I was just chronically fatigued. There was muscle weakness and lots of pain in my hips and my knees. My vision is blurry. There's kind of a haze over the top. Like I said, some of these have kind of softened, but there's been just these symptoms have carried on from this point in October till today.

Shawn Buckley

Can I just back you up? When the ultrasound was done, am I correct that the doctor suggested that perhaps you were having an immune response to the vaccine?

Michelle Ellert

Yes, after that point of getting the normal results on the ultrasound, he did tell me he believed it was an immune response to the vaccine. And there's numerous paperwork that he filled out for the time off of work that stated that it was because of a vaccine injury and an immune response to the vaccine.

Shawn Buckley

Right. Okay. Now you've shared with us some of the symptoms that you've experienced since then. Can you tell us a little more about that brain fog? Because you were telling me about, you know, a manual that you had basically written and the fact that you couldn't go back and make amendments, that your mind was so affected at the time.

Michelle Ellert

Yes. So this would have been the last week that I worked. Because I wasn't fully vaccinated, I was sent home to work from home because I wasn't allowed to be at my place of employment. So we were about five days into the work week, and I just had a headache going on for five days constantly on this right-hand side of my head, and it wouldn't go away. I had written a manual. It was 425 pages, and it was a procedure manual for the unit that I work in. At that point, I had notes and things that I needed to add and things I needed to adjust, but by that end, last week, I was scrolling up the document and down the document. I couldn't figure out where to add things, how to word things. It would just take me forever to really complete any of my work at that point. Reading has been quite difficult for me since then. There was a point where I was having to read things out loud to understand things because as I read, it just doesn't seem to go in like it once did. You know, you just read it and you understand, but that's not how it seems to work for me now.

Shawn Buckley

So now it's been 13 months, or 13 months after you ended up seeing a specialist.

Michelle Ellert

Yes.

Shawn Buckley

And the specialist, what did the specialist tell you? At that point, you had basically been suffering for 13 months.

Michelle Ellert

Thirteen months. Yes, that's correct. And I went to see— I was told it was an internal medicine specialist, but at this point, I'm not sure if it was a cardiologist. Sorry. The brain fog and confusion over the last few months. So it was one or the other. I told him my story of what symptoms I had, and how things kind of went. And so we did some more urine tests and some more blood tests and all of that came back normal. And I'm still having these symptoms and he says, "Well, first of all, we can't call this a vaccine injury."

[00:15:00]

He says, "We don't have any proof." So for the first 13 months of going through all of these unexpected symptoms and being all of a sudden disabled, and being told it was an immune response to the vaccine, I was told that "No, we can't call it a vaccine injury anymore. We don't have any proof." So at that point, he referred me to a sleep study and the sleep study came back, was normal. And then he's now referred me on to a neurologist. That was January, and I still have not to this day received the phone call or a booking for the specialist with the neurologist.

Shawn Buckley

Right, my understanding is you also suffer from POTS [Postural Orthostatic Tachycardia Syndrome]. And can you explain what that is?

Michelle Ellert

So I have been seeing a doctor through the Canadian COVID Telehealth system. And also because of my long-term disability that I'm currently on, of course, they want me to return to work, so I've been seeing a physiotherapist to kind of assess when I'm able to return to work. So through these kind of assessments, they've talked about dysautonomia and POTS, Postural Orthostatic Tachycardia [Syndrome]. So it seems like when I stand or I do physical activity of any sort my blood pressure will skyrocket. I start to get weak in the knees, I start to feel nauseous, and basically at that point, I've got to sit down. The last time I went I was in with the physiotherapist for an assessment and they had me lifting a box with a 10-pound weight from my waist to over my shoulders. I did this a matter of four times, and my blood pressure had skyrocketed to 182 over 132. That's where the assessment kind of ended.

Shawn Buckley

Right, so they basically stopped that assessment because your blood pressure was at a dangerous level?

Michelle Ellert

Yes.

Shawn Buckley

Now can you tell us what happened to your daughter after she was vaccinated?

Michelle Ellert

Yes. I wish I could give you a lot more detail than I can, but given the circumstances, I was dealing with a lot of new features happening in my body, that I wasn't quite sure why things were happening to me. But my daughter, after her shot, came and it started with the burning in her mouth. Looking back through my notes today, I did note that she had like boils and kind of boils and white dots on her tongue, and this was kind of the first symptom, I guess, that she brought to my attention.

So we went to the doctor and he said, "Well, usually we only see this in patients who are lacking vitamins and minerals." My family eats fairly well, and so I don't know, we're eating the same diet. There shouldn't be kind of that issue of lacking vitamins and minerals, but he gave her a mouthwash after, to kind of deal with that burning. The burning stopped after that, but given a week or two later, we were back there again for the same reason: she had burning in her tongue.

Then she had an episode of burning in her scalp, which required a steroid shampoo. She's also been diagnosed with tachycardia as well, and I apologize, there was some words before the word tachycardia, and I just don't know if they said postural orthostatic tachycardia, or if it was a different type.

She's also been diagnosed with chronic fatigue syndrome. She's 14 years old. She should be full of life and energy, but she comes home from school and she's absolutely pale and white, and you can see she's completely exhausted. And this goes on week after week here. She missed a lot of school last year. This year she does seem to be somewhat improving, but it seems like it's hard for her to make it through a full week of school without having a nap between four and seven, for about three to four days a week.

Shawn Buckley

Okay, so your daughter when she comes home from school about three to four days a week, she'll actually nap when she gets home, from about four to seven. Now how does this compare with how she was before she got vaccinated?

Michelle Ellert

At that time, I had a happy 13-year-old kid. She was full of energy. She was healthy. She was happy. Like she would go to school. Things were normal, just like myself, things were normal. We would go to work and go to school, and it wasn't exhausting. We were still able to do things after a day of school or a day of work. So she's completely changed in that regard. She's just not, there's no life, there's no energy left in her, I feel anymore.

Shawn Buckley

And how do you feel that the medical system has treated you since you were vaccinated?

[00:20:00]

Michelle Ellert

I'm very thankful for my daughter's doctor who has put me on a medical leave because there is absolutely no way I would be able to work five days a week, eight hours a day. The fatigue and the headaches and things that I experienced in a day, there is no way. So I'm very appreciative of that.

But the only problem is there has not been, at this point—how many months were passed—no diagnosis. I was told in the beginning it was an immune response to the vaccine, and then I see a specialist, and then I'm told we don't have any proof. But I'm still sitting here this many months later, and I don't have diagnosis of what's wrong with me or how to treat what's happening to me.

Shawn Buckley

So I just want to be clear because you were vaccinated back in September of 2021, and we're now near the end of April 2023. You've been off work on disability leave since December 1st, 2021, and still no one has provided you with a diagnosis.

Michelle Ellert

Not from AHS, nope. There's been no diagnosis from them. I'm still sitting here waiting. I'm very thankful for Canadian COVID Telehealth at this point. I feel like if it wasn't for the doctor that I'm able to see that I would still be in bed 90 per cent of the day.

Shawn Buckley

Right. Now those are my questions. I'm going to ask if the commissioners have any questions of you. And there's no questions.

So Michelle, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Michelle Ellert

Thank you so much for having me. It's appreciated.

[00:22:02]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 5: Dianne Molstad

Full Day 2 Timestamp: 06:41:36–06:54:44

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness today is Dianne Molstad.

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

Dianne Molstad

Dianne Molstad, D-I-A-N-N-E M-O-L-S-T-A-D.

Shawn Buckley

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

Dianne Molstad

I do.

Shawn Buckley

Now, you worked for the Edmonton School District for roughly 30 years, and you're a retired counsellor and teacher. You've got several university degrees and graduate work that you've done. Is that correct?

Dianne Molstad

Yes.

Shawn Buckley

And you have had a long-term issue with high blood pressure.

Dianne Molstad

Yes, indeed. I came back to Canada from a cruise with my Toronto girlfriend in February of 2020, and I was still trying to maintain the hypertension. So the blood pressure would shoot up to 180, I was taking it at home. I knew that it was about time because of my obesity, that I needed to get on a medication.

So I went for my yearly checkup, and that was in February. I was still working out at the Y [YWCA/YMCA], although I had to quit that because they refused to allow their volunteers to work if they didn't have the COVID shot. And I refused to get that shot, and I still don't have it. So I went for my yearly checkup in May of '21, and I told Christine that I was ready to go on the medication because I didn't want to die of a stroke. I was really enjoying my grandchildren, who are wonderful, and I spend a lot of time with them. Although my son and his wife had the shots, they would never allow their children to have the shots, but they wanted to travel back and forth to Hawaii and whatnot. So I spent a lot of time with my grandchildren, three and four at the time, and then a new baby. And so I've continued to do that.

Shawn Buckley

Can I just slow you down here? My understanding is you call your doctor Christine. You had been seeing her as your doctor for 30 years.

Dianne Molstad

Yes, indeed. I'd gone to the Baker Clinic all my life and my obstetrician, my gynecologist, had my children through that clinic. My children went to pediatricians there and I maintained that clinic, although the doctors did change. I had Christine for a doctor for almost 30 years, give and take some periods of time when I was out of Canada and out of the city.

Shawn Buckley

Okay, so now you have this appointment. Does Christine write you the prescription you are after?

Dianne Molstad

No, when I went back after the medical and got the results, that was at the point where we were going to discuss the medication, but she told me at that appointment on June 2, that I would not be able to come back to her clinic again if I did not take the shot. So I was just in shock because I didn't know what to do or to say. I said, "What? How can you do that?" "Oh, I can do that." And I said, "Well, what about all of your other patients?"

Because I knew she had a lot of senior patients like me. I was, well, I'm almost 78 in May, but I was at that time a bit younger. I have to admit now, I guess I'm a senior. But, at any rate, I was in shock. A lot of her patients are a lot older than that, too, and I've seen them in the waiting room.

So at any rate, I couldn't do anything. I just left, and I went home very angry, and very upset. And my son said, "Mom, just get a new doctor. Forget it. Move forward. Get a new doctor." And so I started the process that day. I started to go on the—

Shawn Buckley

Can I just make sure everyone understands? Was it strictly because you would not take the vaccine that your doctor of 30 years basically fired you as a patient?

Dianne Molstad

Yeah.

Shawn Buckley

And she made it clear that any patient that she had that was not vaccinated was going to be fired.

Dianne Molstad

Could not go in her clinic.

Shawn Buckley

Regardless of how much the patient may have depended on her for assistance.

Dianne Molstad

Correct.

Shawn Buckley

Okay, and I'm sorry to interrupt, but I just think it's so important for people to understand what you're saying.

[00:05:00]

Dianne Molstad

And it was really shocking because people were being bullied. In retrospect, I didn't put in a complaint to the medical association because by that time I realized they wouldn't have done anything anyway because they were all in lockstep. It would have been futile.

So I didn't bother with that. I proceeded to try and make appointments, and although I was disappointed somewhat—she was a bit of a bully—but she had diagnosed things for me, like, you know, she wasn't involved in my cancer diagnosis, but she was involved in another diagnosis. She was excellent at some areas of medicine, and so I really liked her.

So at any rate, I started to phone around and I found out then, in Alberta at the time, you had to be approved by the doctor. So you were not allowed to just go and make an appointment. You had to go through what was called a meet-and-greet. And if you didn't meet the qualifications of that particular physician, then they wouldn't take you on.

Shawn Buckley

My understanding also was that you were actually on the phone for four days trying to even find doctors that would have an appointment with you.

Dianne Molstad

Absolutely. I used the internet, and you have to look up physicians that are taking new clients, new patients. And then you phone, and you find out, and you wait. So yeah, it was like two days, and then over the weekend, and then two more days. I set up a number of appointments, but I needed to see somebody fairly soon.

And the reason that you can't see someone soon is because it's a meet-and-greet. And so they extend the time to a week, two weeks, three weeks, a month, three months. So I was in a bit of a pickle because by this time my blood pressure is, of course, escalating. I finally found a clinic in North Edmonton that took mainly Aboriginal people, and they agreed to take me, at which I was thrilled.

I went to see a Dr. Prince, who was wonderful. He talked me through the process and helped me onto a medication. But he was only there temporarily, and he was going into administration. So I was kind of left again in the search in trying to acquire a regular physician that I could go to for the monitoring of the medication. He gave me some hints on how to monitor it. And talked to me about people that were in isolated areas that had to do this on their own, and don't be upset about it, and there are a lot of people that live in northern regions. I understood that because I—

Shawn Buckley

And you live in Edmonton.

Dianne Molstad

I live in Edmonton.

Shawn Buckley

So it's kind of a remote region of one million people. So don't worry, you might have to manage yourself. You can't get a doctor because you're not vaccinated.

Dianne Molstad

Exactly, yeah. So that was part of it. But I had worked up on the reserves in Fort McMurray during the stats census. So I sort of understood in part what he was saying. And there are some people in northern regions of the country that don't have access to doctors, regular physicians.

So at any rate, the process continued. And I went for the meet-and-greets. And I went for several. And then finally, I had one with a doctor in South Edmonton, a Dr. L—as I've been told that I might be sued. But at this point in my life, I say, bring it on. My son said, "Don't worry, Mother, you don't have any money anyway. They won't sue you."

Shawn Buckley

Right, so you'd like to mention the doctor's name, but we've kind of counselled you "let's not name." And we don't need to. But please share the story about what happened because that's the important part, is the encounter.

Dianne Molstad

It was awful because I pride myself in being a fairly smart, independent, strong, individual woman, and I was totally insulted. She told me that I wasn't very intelligent and then asked me for the regime of vitamins and things that I was taking. So I gave her a list, off the top of my head, of all of the vitamins I was on and the amounts. She said, "Oh, well, you're absolutely taking a toxic level of vitamin D," because I was taking 4,000 units, "and why are you taking zinc? You don't need to be taking that."

I was taking 25 milligrams only of zinc at the time. And then other medication, I take a Valtrex as a prophylaxis,

[00:10:00]

because like 95 per cent of the population I have herpes. No, okay, I'm not going to go into that.

Shawn Buckley

I don't think we need that list.

Dianne Molstad

I'm sorry, yeah, I do go on.

At any rate, she basically insulted me and demanded that I— bullied me again about the vaccine. And I said, "No, I'm sorry, I am not going to take that shot." And I didn't go into the reasons. I just stood firm and said, "I'm not going to take the shot." Then, she actually accepted me as a patient, and that kind of flabbergasted me because I thought for sure she would refuse. But after bullying me and insulting me and insulting my intelligence, she said that she would take me on as a patient.

So I thanked her very much, and of course, left thinking there's no way I would ever go back to her.

So I continued in my process and eventually found a wonderful doctor at another clinic in Edmonton, the Allen Clinic. She was a young woman who gave me the lecture that they had been instructed to give all of their patients: that I should have the vaccine and blah blah blah. And I said, "You know, Dr. Porth, I'm not going to have it, and I appreciate what you're saying." She said, "Well, I have to let you know, I can't give you any exemption." And I said, "No, I don't want anything. I just want a doctor." I was pleased that she accepted me. But she did actually move after a year. She had to go to Manitoba.

But I do have a wonderful doctor now who told me, "You can vent anytime." He said, "Don't get me going because if I start to vent—" He said he's horrified at what they did to doctors in Alberta, and how they were forced to not treat their patients who were ill. And so he's a great guy; he's originally from Trinidad, wonderful man. And just totally, totally upset about the fact that, you know, they couldn't treat—

Shawn Buckley

I'm going to stop you. I actually don't have any further questions for you. I'll ask the commissioners if they have any questions for you.

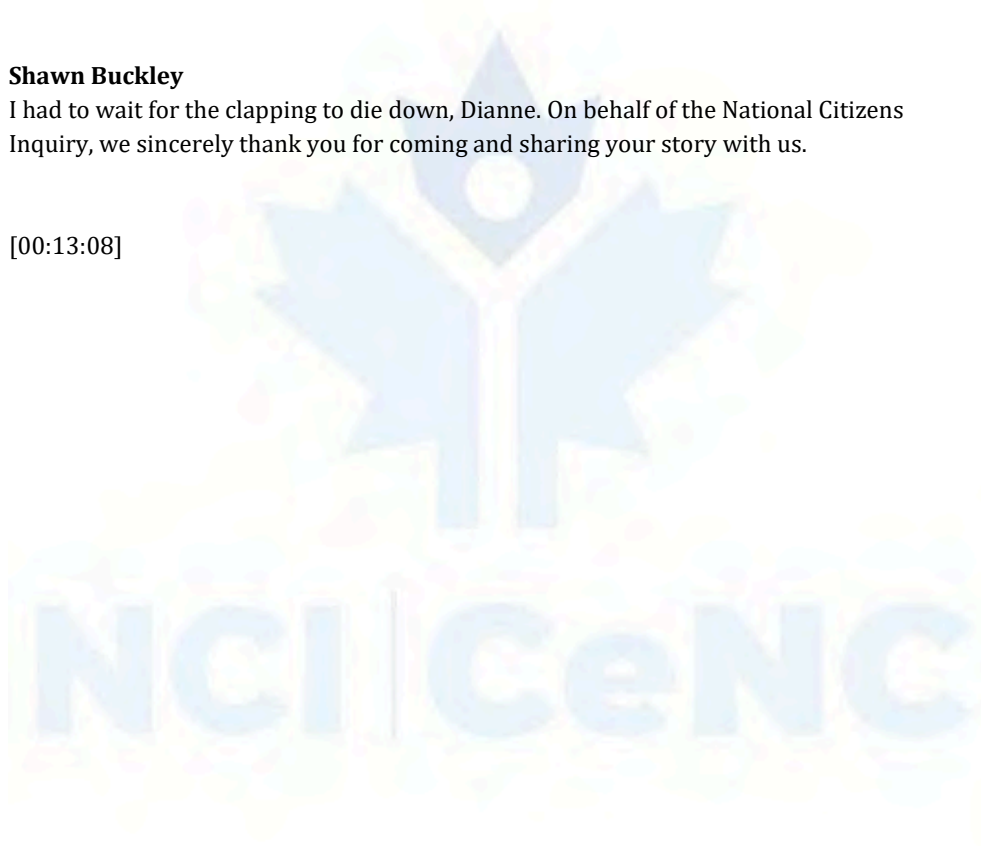
Dianne Molstad
No. No. Okay, great.

Shawn Buckley
And there being no further questions—

Dianne Molstad
Thank you. Oh, and I just want to say, thank you so much for allowing me to testify. I just am floored. There were so many people that had applied, and thank you so much for allowing me because mine is so minute compared to some of the testimonies I've seen online and I've listened to, that I just feel I'm in an elite club. Thank you very, very much.

Shawn Buckley
I had to wait for the clapping to die down, Dianne. On behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your story with us.

[00:13:08]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 6: Dr. Curtis Wall

Full Day 2 Timestamp: 06:54:44–07:19:45

Source URL: <https://rumble.com/v2kqsgcc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness, he is attending online. It's Dr. Curtis Wall. Curtis, can you hear me?

Dr. Curtis Wall

Yes, I can.

Shawn Buckley

Can you turn your camera on? There we go. So Curtis, can you state your full name for the record, spelling your first and last name?

Dr. Curtis Wall

Curtis Wall, C-U-R-T-I-S W-A-L-L.

Shawn Buckley

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

Dr. Curtis Wall

Yes, I do.

Shawn Buckley

Now, I guess I should call you Dr. Wall. You have been a chiropractor for 26 years.

Dr. Curtis Wall

That's correct.

Shawn Buckley

And in that 26 years—but for an incident you’re going to speak about involving COVID—you have not had a single issue with the college that licenses you as a chiropractic doctor.

Dr. Curtis Wall

That’s correct.

Shawn Buckley

So can you share with us what happened?

Dr. Curtis Wall

Yeah, so I’ve got several bullet points to share, just to keep me on track.

Shawn Buckley

Sure, do you want to share screen then and show us those?

Dr. Curtis Wall

No, they’re just kind of random.

Shawn Buckley

Okay. I’m sorry. I thought you meant slides. So carry on.

Dr. Curtis Wall

If you have any questions, please interject.

So the beginning of 2020, of course, a pandemic was called. I’ll say right up front that I was suspicious about what was being declared: call it a gut feeling, call it intuition or discernment, but I just felt like something wasn’t right. And then, if we head to April of 2020, our profession said that we had to keep our offices closed. They were closed except for emergency care. And so, that lasted for approximately one month. And then in May of 2020, we were allowed to reopen, but the profession had created a pandemic practice directive. And among many requirements in that directive, one of them was mandatory masking, which I did.

I did initially mask, but immediately after wearing a mask, I noticed that I didn’t feel great: I felt anxious. I felt claustrophobic. I felt shortness of breath. I couldn’t concentrate properly. And I couldn’t provide the right kind of patient care. So I did that for several weeks and decided after that, I just couldn’t wear a mask. So I took the mask off. And from approximately June of 2020 and going forward, I never wore a mask. And then if we had to fast forward to early December of 2020, I received a call from Alberta Health Services [AHS]. Health Inspector Heidi Ho said that they had received an anonymous patient complaint that I wasn’t wearing a mask or my staff wasn’t wearing a mask—and at the time, my staff was my son—and that I had no plexiglass barrier in the office.

Shawn Buckley

So can I just stop you because you hadn't been wearing a mask for some time. How were your patients reacting to that?

Dr. Curtis Wall

Really good. I had maybe one or two patients that would ask me why. And I would give my reasons, and they were quite fine with it. If anybody was not good with it, I would not have known. They may have left my practice, but 99 per cent of people were just fine.

Shawn Buckley

Okay, so as far as you knew everything was going fine.

Dr. Curtis Wall

Yes.

Shawn Buckley

And then you get this call from an AHS inspector.

Dr. Curtis Wall

Yeah, that's right. And so, I did confirm. I said, "Yes, I'm not wearing a mask. And I do not have a plexiglass barrier in the office." And she said, "Well, we're going to have to pass this information off to your college." And so the very next day, I received a phone call from the Registrar of the College [of Chiropractors of Alberta], Dr. Todd Halowski. And he asked me to fill him in on what transpired with the call with the Alberta Health Services inspector. So I told him some of the details. I told him that I was mask exempt and he stated that he wanted to know what was the reason behind my mask exemption. If I was coming within six feet of patients,

[00:05:00]

the pandemic practice directive stated that I had to be masked. I told him that I wasn't comfortable sharing personal health information with him just based on privacy laws. And so at that point, he said, well, he was going to have to pass this information on to the complaints director of the College, who was David Lawrence.

And so the very next day I received a call from David Lawrence. He asked me if I had not been wearing a mask and if I had no intention of doing so going forward. I said, "That's correct." And very nonchalantly, he said, "Well, I'm going to be initiating a process to have your licence suspended. And that will carry out very quickly." At that point I was quite shocked. I said, "Well, what about accommodation for me? I have an inability to wear a mask." And he stated that his primary responsibility was to protect the public, and that my not wearing a mask was putting my patients in danger, and that I was putting them at an unnecessary risk. To which I said, "How am I putting them at risk when I'm asymptomatic, and that if somebody gets COVID, they have a 99.9 per cent chance of surviving?" And so he said that he wasn't willing to— In fact, he disagreed with that information. He said he wasn't willing to debate me or discuss the issue further. So I told him I didn't want to lose my licence over this. And he said, "Well, I can't make you wear a mask. But if you're not going to wear a mask, you're going to have to sit out the rest of the pandemic and not

practise.” And so he said he was going to be passing this information on to a council-appointed member, who was going to look over his decision to suspend my practice, and that council-appointed member would either confirm or deny that.

Shawn Buckley

And so, you’ve got legal counsel involved. You hired James Kitchen who’s been a witness here.

Dr. Curtis Wall

So that’s my very next point. Because at that point, I realized I was definitely in over my head. I needed legal counsel, and so I actually contacted the JCCF [Justice Centre for Constitutional Freedoms]. They put me in touch with James Kitchen. I’ll be quite honest, James has been a lifesaver, and he has done such excellent work. And so I’m much indebted to his services. It’s very stressful, that time. Like I said, and like you mentioned, in 26 years of practice I have not ever had a complaint issued to the College from a patient. And I’ve never been in trouble with my regulatory board. So these were definitely stressful times.

So after that, James demonstrated to the College that traditionally, licensed suspensions are reserved for practitioners who commit sexual abuse, commit fraud, or come to work intoxicated; that, really, I had not demonstrated any threat to my patients by a perceived threat or perceived danger of COVID. But, on the same note, James recommended that I would try to get a medical mask exemption through my GP.

So I contacted my GP and the nurse on the phone said that I had become inactive and my doctor was not seeing new patients. And he was also not issuing mask exemptions. So at that point I was looking for a GP. I did eventually find one, somebody who was willing to see me in his office, who provided a consultation, and he also provided me a mask exemption, based on my mental concerns and limitations.

From there, the very second week of December of 2020, Alberta Health Services came to my office door, two health inspectors, Heidi Ho and another inspector, and they placed a closure notice on my door effectively barring me from practising. And so for one month James and I had to come up with a strategy to satisfy Alberta Health Services’ relaunch template.

[00:10:00]

Excuse me, I’m just going to have a drink of water here.

So for that next month, I was not working, and I had to create this relaunch template, which involved installing a Plexiglass barrier and also submitting various other pieces of information, including the fact that I had now a medical mask exemption letter. The College determined that they would not suspend my licence, but that they were going to place conditions on my practice. Two of those conditions were obtaining patient signatures. One form indicated that patients recognized I had a medical mask exemption, and they agreed to be treated by me without my wearing a mask. And then the second letter they had to sign indicating that they answered “no” to all the pre-screening COVID questions.

Shawn Buckley

These would be the typical questions that, if you went to the hospital, you'd get screened: I've been travelling. Do you have a fever? All of the set COVID screening questions.

Dr. Curtis Wall

That's correct.

Shawn Buckley

Now, when did they impose those two conditions on you?

Dr. Curtis Wall

That was in January of 2021.

Shawn Buckley

Now, we are in April of 2023, and there hasn't been a masking requirement, I think since the truckers' convoy in January of 2022. Are those conditions still in effect on your practice?

Dr. Curtis Wall

Yes they are. They said that the conditions would remain in effect. The initial declaration they made was that the conditions would stay in effect until there was a declared end of the pandemic. And to my knowledge, I don't think there has been a declared end.

Shawn Buckley

Okay, so I expect that you are the only chiropractor in the Province of Alberta that is screening all of their patients for COVID-19 in April of 2023. And you just smile because this is quite silly, isn't it?

Dr. Curtis Wall

Yup, you're right.

Shawn Buckley

So now my understanding is that, eventually, your hearing for misconduct did proceed, and it went on for a full eight days. And I want you to tell us about your four experts and about the one expert that was called for the College.

Dr. Curtis Wall

Yes. Can I interject just before that so I don't forget?

Shawn Buckley

You sure can. You sure can.

Dr. Curtis Wall

In the late spring—because I’m coming to that right away—but late spring of 2021, Liberty Coalition Canada heard about my case and decided to support me by covering my legal fees and media coverage. And that’s another organization I just want to recognize and say that I’m indebted to. So a big thanks to them.

So yes, the hearing was originally supposed to be four days, virtual, of course. And those four days of hearing started in September of 2021. Quite quickly, we realized that four days was not going to be enough time to cover all the expert witnesses. And so in the end, it ended up being eight days of hearing and they concluded in June of 2022. And so I had testifying for me, Dr. Byron Bridle, of course he’s a world-renowned immunologist and vaccinologist. I had Dr. Thomas Warren, a medical microbiologist. I had Dr. Bao Dang, who is a respirologist. And then I had Chris Schaeffer, who is an occupational health and safety specialist in mask fitting.

Shawn Buckley

And what expert did they have for the College?

Dr. Curtis Wall

Their expert witness was an Alberta Health Services doctor, Jia Hu, who was involved in the scale-up of testing vaccinations, communications, and policy development with all things related to COVID.

Shawn Buckley

And my understanding is that in February of this year, a verdict was released. Can you tell us what the verdict was?

[00:15:00]

Dr. Curtis Wall

Yes, the hearings tribunal is composed of two chiropractors and two public members. And, in January, the end of January this year, they released their 90-page verdict [Exhibit RE-7], declaring that I was guilty of professional misconduct. And so, currently, I’m waiting for the penalty phase. I’m waiting for them to determine what they’re going to do based on all the findings.

Shawn Buckley

As far as professional misconduct, did they actually make up a new word to describe you?

Dr. Curtis Wall

Well, one of the words they used was that I was “ungovernable.” They indicated that I had a constant theme of challenging authority and what they deemed to be proper government mandates and policies. That my challenging of authority and these mandates, on a repeated basis, indicated that I had an intention to defy the pandemic directive in the first place, and that made me ungovernable.

Shawn Buckley

Okay, so I actually think it's important for us to break down what you're saying. So you had called for esteemed experts into the issue of masking, actually dealing with the facts. And you were found to be ungovernable not because they had experts to dispute your experts but because you were not following, basically, the government guidelines. So it's ungovernable now for a health care practitioner or a chiropractor in the province of Alberta to challenge a public health guideline?

Dr. Curtis Wall

Well, that's what it would seem to indicate.

Shawn Buckley

But this is important because you basically are waiting to see what your sentence is going to be. You're telling us that, basically, what they're saying is you are ungovernable because you are not accepting the government narrative as far as what's going on with masking.

Dr. Curtis Wall

Yes.

Shawn Buckley

So it's arguably professional misconduct now to disagree with government narratives if you're a chiropractor in the province of Alberta.

Dr. Curtis Wall

Yes.

Shawn Buckley

Okay, and I'm sorry. So you're still now waiting for sanctions. My understanding is that you could be liable for the costs incurred by the College for these proceedings. Can you tell us roughly how much the College has spent in finding you ungovernable?

Dr. Curtis Wall

My understanding from my legal counsel is that the College has spent well over half a million dollars just on my case alone in the last two and a half years.

Shawn Buckley

How did this affect you going through this experience?

Dr. Curtis Wall

Well, again, quite stressful. I'm a person who keeps his head down: does his job. I do not like to make waves. So for me to be thrown into this type of situation is very uncharacteristic of me. People who know me, know me as a quiet person who works behind the scenes. And so it has definitely challenged me. It's challenged me to step up to say something when I see something is wrong. And it's been stressful for my whole family.

It's probably more stressful for somebody to watch a loved one that's going through a challenge than it is, maybe, for that person who's experiencing it. So yeah, definitely, it's been a challenging time.

Shawn Buckley

Have you felt supported by other chiropractic doctors in Alberta?

Dr. Curtis Wall

Very good question. For quite a long time, I never heard a word from a single chiropractor. And that's not to the detriment of any chiropractor because I believe my case was extremely downplayed. And unless, as a chiropractor, you were staying quite in touch with some of the disciplinary situations going on, you might completely not even know about my case.

[00:20:00]

In fact, I would not doubt that there are still chiropractors in the province who have no idea about my situation. So initially, I did not hear a whole lot from chiropractors. But one by one, they were starting to pop out, and I did start to connect with other people who I trusted. And now I have quite a few who are very supportive. I couldn't do it without their support, and so I'm very grateful.

Shawn Buckley

Now, going forward, is there anything that you think should have been done differently?

Dr. Curtis Wall

Yeah, so the question was posed to me that, what could Canada do differently based on my situation? Is that what you would—

Shawn Buckley

Really, it's an open question. As an inquiry the commissioners are tasked— one of their tasks is to try and come up with things, how we could have handled this whole situation differently. And yours is a very personal story. But I'm wondering if from that—because you would have been really thinking about this—what would you say we could have changed to have better outcomes going forward?

Dr. Curtis Wall

Yes, policies, I think. I've been looking at the whole topic of policies of late. I'm not an academic in the sense of a bureaucrat understanding all these things. But I think that we have policymakers and developers at the top of the food chain—if I would have to put it that way—that push these policies down to policy enforcers, which I would say would represent our governments, our military, our police, our regulatory bodies even. And so these policy enforcers, even my own regulatory body, seemed to really— It's like they had no choice.

I wish they could have stepped back, looked at more evidence instead of so quickly having rushed into making some of the decisions they did, especially when it comes to the topic of

informed consent. I would suggest that wearing a mask is a medical procedure because it carries a risk of producing physical or mental harm. And so any healthcare professional very well understands the process of informed consent. If you're going to do a treatment on a person, you have to fully explain what that treatment is, what are the risks and benefits of that treatment, and what, maybe, alternative treatments you could do instead of that treatment. And so in my mind, regulatory bodies did not exercise informed consent as significantly as they should have or as properly as they should have when it comes to whether masking or the shots.

And so I wish that going forward, some of our regulatory agencies would have seriously considered these policies. You had Lieutenant Colonel David Redmond on this morning. He's been one of the people I've looked up to and studied his writings. And I wish our governments and our regulatory boards would have looked at some of those studies and findings because they were already put in place. They were already recognized.

Shawn Buckley

I don't want you to go too much into what other people have said. But you did raise a very interesting point in saying that there's an informed consent part to the masks. I have to confess I hadn't thought of that before. But a mask would be considered a medical device under medical device regulations and that the rationale for us getting vaccinated was actually to protect others, which was the same rationale that we were given to use masks. So I think you've raised a very important point.

And I don't have any further questions. So I'll ask the commissioners if they have any questions for you. And there being no further questions, Dr. Wall, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving your evidence today.

Dr. Curtis Wall

Thank you very much.

[00:25:01]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 7: Angela Tabak

Full Day 2 Timestamp: 07:19:45–07:34:25

Source URL: <https://rumble.com/v2kqsgcc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

So our next witness is Angela Tabak. Angela, can you please state your full name for the record, spelling your first and last name.

Angela Tabak

Certainly. Angela Tabak, A-N-G-E-L-A T-A-B-A-K.

Shawn Buckley

I'm sorry for mispronouncing your last name. You know that I know your family, and so I think of you as having a different last name. You are a small business owner. But before we go any further, I'm going to ask if you promise to tell the truth, the whole truth, and nothing but the truth today.

Angela Tabak

I do.

Shawn Buckley

You're here today to basically share something that happened concerning your son, Kyle Quinton.

Angela Tabak

Yes

Shawn Buckley

Can you please share that story with us?

Angela Tabak

I can. The beginning of the COVID time or whatever we want to call it, March of 2020, my three children were all young adult age. My oldest had just given birth to my first grandchild, living in Virginia, in February of 2020. My son Kyle was 21 at the time. He was living on his own, working full-time. And my youngest was slated to graduate from high school in June of 2020. So we all know what happened with those kids at that time.

My son was of great concern because when he was in high school, he was involved in, I guess you could call it a freak accident, and sustained a massive head injury that really changed him and put him in a very precarious situation when it came to his mental health. We were dealing with anxiety, thoughts of depression, and those types of things. But in early 2020, he was doing pretty good. Like I said, he was living on his own and working full-time.

However, when COVID hit, he very much latched on to the fear and the messaging: the constant messaging that we were bombarded with, the daily case numbers that we were being shared with by our medical professionals, the media and the messaging that came with that. It was about mid or late April of 2020 when he first called me. He was extremely anxious. He was sick, he said. Pretty sure that he had COVID, and he had no food in the house, and he was asking me to go to the grocery store and get some groceries for him. So, of course, I did that. That happened a number of times over the next 18 months, where he would call me and ask me to bring him a meal or bring him some food.

Shawn Buckley

Can I just slow you down and make sure that this is sinking in?

Angela Tabak

Sure.

Shawn Buckley

So prior to COVID, he's living on his own, he's working full-time, and basically, he's managing well. But after COVID, you're having to bring him groceries because he's afraid to go out?

Angela Tabak

Pretty much, yes. Even though he worked in what was considered an essential service industry, he reduced his hours, reduced his hours, reduced his hours, and eventually completely quit his job.

Shawn Buckley

He was actually an agricultural lab field sampler, so he wouldn't be around people. He would be going out and taking samples in the field.

Angela Tabak

Right, he would be in a truck by himself taking samples and then bringing them to the lab.

Shawn Buckley

Okay, but he was so buying into the fear narrative that even that, he was afraid of.

Angela Tabak

Yeah, absolutely. So sometimes I'd bring him food. Sometimes he'd let me into the apartment. Sometimes he wouldn't; he would just ask me to leave it on the step. Sometimes he'd let me in, but he was extremely cautious and nervous and would look around to make sure that there was no neighbours watching for fear that he would be reported for having his mother over. So yeah, he just really, really bought into the narrative.

However, there was a little bit of a bright light for him in that he realized that the colleges were all online. He'd always had a dream of owning his own business.

[00:05:00]

So he decided that he was going to attend Lethbridge College online for the year starting in September of 2020, starting a two-year program. So he did that, and he did pretty well, except he failed one course, which wasn't a surprise to me. When he told me about it, I knew because of the cognitive issues that he had after his head injury and the struggles that he had to graduate from high school that that particular course would have been a challenge to him.

So this was April of 2021. And I remember us talking and discussing what had happened with the course, discussing his head injury, discussing the anxiety, and all those things that he was experiencing. And he decided that he was going to get help, that he was finally going to go get help and get on top of this. He was nervous about attending school in September without getting some answers and getting some help. So he went to our family doctor, who referred him to a counsellor, who then referred him to a psychiatrist.

Shawn Buckley

Can I just slow you down? When you say he was nervous about going back to school, that was because it would be in person and he's afraid because of COVID.

Angela Tabak

That was part of it. I mean, that was all up in the air right then. We didn't know whether it was going to be in person or whether it was going to be online again. He was hoping for online but also just nervous because he wanted to succeed. And he felt that there was something in the way of him being able to succeed, that he had failed this one course. He felt badly about that. So it was both those things.

Shawn Buckley

Okay.

Angela Tabak

So, yes, he was referred to a psychiatrist. Now this particular psychiatrist insisted that he would not have in-office visits with his patients. They were all to be telehealth because of the COVID mandates and requirements and whatever we were dealing with. And so my son was sent a questionnaire. It was 120 pages long. He and I spent a number of hours on the

phone going through this questionnaire. There were a lot of things that he needed help finding out about because it was all my family history of mental, physical, emotional health, and his father's, and his own, and whatever traumas he may have dealt with. And I remember going through this questionnaire with him—and I've gone to doctors and counsellors all my life—and being struck by the fact that a lot of the things on this questionnaire were things that you would normally cover in an in-person appointment with your doctor or your counsellor. I just assumed that it was because of COVID that this doctor was having the patients do this at home, and then later, he was going to do something with it.

There was about a five- or six-week period between the first telehealth appointment with this doctor and then his follow-up appointment, which going back through my text messages, it looks like it was probably July 27th was his follow-up appointment.

So the night before, my son called me and had a few more questions that we just had to finish up. And I could hear him stacking the papers. We're on the phone, him on the speakerphone, stacking the papers. He was so proud of himself that he was finally getting help, and that he had gone through this very difficult process of filling out this questionnaire and opening up every can of worms basically that this kid ever had. And dealing with the monsters, basically, including all this anxiety and stuff that he'd been experiencing the last year up to that point.

The next morning according to my son, he took the questionnaire to the doctor's office and dropped it off as he was instructed to do. That afternoon he had his telehealth appointment with the psychiatrist, and, according to him, when the psychiatrist came on, he said, "How are you doing? What can I do for you?" Kyle explained, "Well, I dropped off my questionnaire at the office." And the doctor said, "Oh, I'm sorry. I'm not working in the office today. I'm working from home. I don't have your questionnaire. So, we can't really go over it. So you will have to call the office and rebook your appointment."

Shawn Buckley

Can I just interject? Because it just seems to me that a psychiatrist is dealing with people that are mentally fragile and would likely be dealing with people that would need to be seen in person. This telehealth thing for a psychiatrist, I find interesting. Did you think that was strange?

Angela Tabak

I had major concerns about that,

[00:10:00]

major concerns. Because I knew how fragile he was and what had happened to him, how it had gotten even worse since COVID.

So when my son told me this three days later after the appointment, I said, "Well, when is your next appointment?" He said, "Well, the first one they could get me in was September 25th." And I was concerned about that because I knew the whole reason he's gone through this was because he wanted to be prepared to go to school whether it was in person or whether it was online. He was nervous about this. I even said to him, "Hey look it, if you want me to go all Mama Bear, I'll call up the office and we'll get this figured out." He said,

"No. No, no mom, don't worry. It's going to be okay. It's going to be alright." At that time, I recognized that there was some resignation in his voice that I was not too happy about.

So it was Labour Day, September 5th. It was a Sunday night. He called me, and he call me quite late, which was nothing out of the ordinary. We chatted for about 10 or 15 minutes. We talked about the fact that he was starting school on Wednesday. It was going to be in person. He was nervous about that, but he also said, "But I'm looking forward to getting back to school." Then, I was like, "Okay, great bud, like you've got it, you can do this. You're going to be all right."

The next morning his father called me about 6:30 in the morning to tell me that he was gone. He had called 911 and told them what he was about to do. He had given them his address. He lived in a building that had multiple units. He was concerned that they would damage the front door; so, he had gone down and unlocked it and propped it open for EMS [Emergency Medical Services] to be able to come in. He told them that he didn't want anybody to find him a few days later. He had written his two sisters and his dad and myself each a personal letter. Each letter began in the same way with an apology but also stating that the pains, the anxiety, and depression can no longer get to me. He had laid out his wallet and his ID so that the police officers would be able to find it easily. He had written a letter of apology to the police officers and to the EMS apologizing for what they were going to have to come in and see.

Because he had made that call, we were able to get him on life support quick enough that we were able to save a number of his organs and donate them. That was the kind of boy that he was, always tender-hearted and always looking out for everybody else. I feel that the standard of care for the mentally ill was extremely, extremely compromised through these COVID mandates and that singular focus on a respiratory illness took the lives of many, many other people.

Shawn Buckley

I don't think that there's a dry eye in the house. I don't have any further questions for you. Perhaps the commissioners will.

There will be no questions. Angela, on behalf of the National Citizens' Inquiry, I sincerely thank you for sharing that with us.

Angela Tabak

Thank you for the opportunity.

[00:14:40]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 8: Drue Taylor

Full Day 2 Timestamp: 07:49:15–08:27:57

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. As we continue on the second day in Red Deer, our next guest is attending virtually. Drue Taylor. Drue, can you hear me?

Drue Taylor

Yes, I can.

Shawn Buckley

Now, Drue, you are 33 years of age.

Drue Taylor

I am.

Shawn Buckley

I'm going to begin by asking if you can state your full name, spelling your first and last name for the record.

Drue Taylor

Sure. I'm Drue Taylor. D-R-U-E T-A-Y-L-O-R.

Shawn Buckley

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

Drue Taylor

I do.

Shawn Buckley

Now, I had pointed out that you're aged 33, just because I want people watching your testimony today to appreciate that you're a young person. Now, how would you describe yourself before you became vaccinated?

Drue Taylor

I was extremely active, very lively, and just tons of fun.

Shawn Buckley

Okay, and my understanding is, you were a yoga instructor, is one of the things that you did?

Drue Taylor

I was. And a professional massage therapist for humans and horses.

Shawn Buckley

Right, and going back to the yoga thing, though, you actually did a class that was termed as power yoga.

Drue Taylor

I did. And I also did weighted yoga where you do power— Different type of things with weights.

Shawn Buckley

Right, so when you tell us that you were very fit and you're very active, you were actually, basically, as a professional yoga trainer leading classes that fit people would find to be challenging.

Drue Taylor

They did.

Shawn Buckley

Okay. So can I ask you what led you to become vaccinated? What was going through your mind? What were the issues?

Drue Taylor

Well, as someone who loves science, and the medical community has saved me a couple of times with medications. At the same time, I've never had any reason to not trust a vaccine. I've never had a reaction from one. I've had all vaccinations that have been asked of me or

required for travels, and I've never had a reaction. So going into hearing about the COVID vaccines, honestly, I was actually kind of excited for protection of COVID.

Shawn Buckley

Okay. The mainstream messaging was telling us that it would be a protection and you were excited about that protection. Did you seek any advice before getting vaccinated?

Drue Taylor

Absolutely. I did. I have had a blood clot in my lung before. I have a condition called Leiden Factor V [V Leiden]. So it makes my blood 15 per cent thicker than the average person. So before vaccination, I did see my primary health care doctor, and he highly recommended the vaccination because COVID also causes blood clots. He just said not to take AstraZeneca because, at that time, there was already some things with blood clots related to that. He suggested I take Moderna.

Shawn Buckley

Okay, so this doctor that you consulted, was this your family doctor?

Drue Taylor

Yes, absolutely.

Shawn Buckley

So you specifically asked about it because of this pre-existing condition, and your doctor encouraged you. And just so that the people watching your testimony— You said your blood is 15 per cent thicker. The risk of that is you are more likely to form blood clots than other people.

Drue Taylor

Yes, that's correct.

Shawn Buckley

Okay. So the doctor is saying actually COVID causes blood clots, so that you need to be protected from COVID.

Drue Taylor

Yes, I was in the high-risk category.

Shawn Buckley

Okay. Now my understanding is that you got your first shot on April 24, 2021, and that was a Moderna shot.

Drue Taylor

That's correct.

Shawn Buckley

Can you share with us what happened?

Drue Taylor

The day we got the shot, honestly, I was relaxed. I was happy after the shot. We went home and within four to six hours, I did not feel okay. It felt like my heart was going to literally beat out of my chest. If you are a female, you've ever had pregnancy and a baby kicking in your uterus. It's exactly what it felt like, but in my chest. Just really hard kicks. And then whenever I stood up, I would just feel this immense pressure. I would get super dizzy, extremely nauseated. I could hear my heartbeat in my head. I didn't feel normal. I felt like I was going to just black out, whenever I stood up.

[00:05:00]

So I did end up going to the emergency room that night.

Shawn Buckley

And what happened at the emergency room?

Drue Taylor

They did testing, like EKGs [Electrocardiogram] and that came back normal. But when I was doing that, I was lying down. The nurse caught sinus tachycardia. So when I would stand up, my heart rate would go to 130 beats per minute. But all of their testing and blood work that they had done that night, they said came back normal. So I was sent home. The emergency doctor requested an emergency Holter to assess my heart further.

Shawn Buckley

And when you're telling us that when you stood up, your heart rate would be 130 beats a minute. That still is a resting heartbeat, right? You weren't doing any exercise or walking around. All you did was stand up.

Drue Taylor

That's correct.

Shawn Buckley

Okay. So you're sent home with the Holter. What do you do the next day? You contact your doctor.

Drue Taylor

So the emergency Holter didn't actually come right away. She requested it. It came a while later. But going home the next morning and into the next day, I actually received a phone call. No, before that I contacted my family care doctor, and I let him know what happened to me. He immediately said don't take the second vaccine. This is a reaction, and we need to figure this out. I want you to stay home and rest, and this is weird. We don't know what's going on, so rest and keep me updated.

Shawn Buckley

Now did your family doctor say anything about whether or not you should be taking the second shot?

Drue Taylor

Immediately. That was his first thing. He said, "Don't do it." He said, "This is a reaction. Don't take the second vaccine." That was his immediate response.

Shawn Buckley

Okay, and then my understanding is three days later you get a call from AHS [Alberta Health Services].

Drue Taylor

Yeah, so AHS—unknown to my doctor—they had their own doctor now on my case because the hospital had to put in that I had an adverse reaction because I was in the hospital in the ER within hours of taking a vaccination. But I got a phone call from a nurse named Karen, and she let me know that all my tests were coming back fine, and that it was not an adverse reaction. And I let her know that there was further testing going on.

Shawn Buckley

Now, so this is a nurse that's telling you that it wasn't an adverse reaction. My understanding is that she had reported that a Dr. Song had reviewed your case, and that she was just passing on that information?

Drue Taylor

That's true.

Shawn Buckley

Did you ever speak with Dr. Song? Or be examined by Dr. Song?

Drue Taylor

No, and she refused to let me speak to him about my case. And I asked her specifically to talk with the doctor because I wanted to understand his reasoning. And she said, "No."

Shawn Buckley

In your life, whenever you had—I assume you've been to the ER before—had you ever gotten a call from AHS following an emergency room visit before?

Drue Taylor

Never. I've never had doctors I didn't know contact me or be put on any kind of health case I've had, ever in my life.

Shawn Buckley

Okay, and did this Karen tell you anything else? Did she tell you about your symptoms and perhaps what you should do?

Drue Taylor

At this point no. Like I said, I let her know that further testing was going on. I wasn't willing— Like I didn't want to talk about the vaccines at that point, because I was pretty stubborn in that I definitely had some kind of reaction, because it was right after. So I was frustrated in talking with her.

Shawn Buckley

Now, you had a few conversations with her.

Drue Taylor

Three. She called me three times.

Shawn Buckley

Okay, can you tell us about the other calls that she made?

Drue Taylor

Sure. So after the Holter monitor came back normal, the cardiologist at the Sturgeon Hospital also asked for an echo of my heart—an ultrasound of my heart—and that came back normal as well. And then at that point, he referred me to another cardiologist, Dr. Gee, at the Royal Alex [Royal Alexandra Hospital]. And I had seen him, and he was suggesting that I might have POTS [Postural Orthostatic Tachycardia Syndrome]. And this is the first time I had heard about POTS, but I was going to have to wait for a testing. So to test for POTS, which is Postural Orthostatic Tachycardia Syndrome, you have to do a tilt table test. And it was COVID. That it was happening, there was a lot of different closures, and different things were being, you know—

Shawn Buckley

Drue, I'm just going to slow you down. And maybe just back up and ask

[00:10:00]

you about the second and third call a little later.

But she's communicated to you that it's not a vaccine reaction?

Drue Taylor

Yes.

Shawn Buckley

But your doctor thought you did have a reaction.

Drue Taylor

Yes.

Shawn Buckley

To the vaccine. And my understanding is you also spoke to the pharmacist.

Drue Taylor

Yes, I did. The pharmacist I called back, as well with my doctor, the day after I ended up in the hospital. And she said that she would file the paper works necessary.

Shawn Buckley

Right, so the pharmacist thought it was a reaction also.

Drue Taylor

Immediately, yeah.

Shawn Buckley

Okay. So after this first call from Karen at AHS, what symptoms were going on and continuing?

Drue Taylor

There were 15, 20 plus symptoms.

Presyncope: So, I felt like I was going to pass out any time I stood up. I would have to hold myself against the wall for a few minutes when I first stood up—and this is something I still do.

Blood pooling: So my blood would pool, and it was into my fingers, my tip of my nose and my feet really bad.

I would have numbness in my hands and my feet. Random extreme body pains.

My entire diet changed. Whenever I ate, I would feel like my heart was rushing. And I felt like I was going to pass out just from eating.

Someone coming to talk to me, whether they were really excited, or if one of my kids was having an issue or something like that, where it was a more stressful situation, I would immediately feel sick.

I was also getting sick daily, multiple times, daily. Basically, anytime I tried to ingest anything, I would either get sick or have horrible constipation. Basically, anything my body used to do, was not doing.

Shawn Buckley

Was there any shaking in your body?

Drue Taylor

I had extreme trembles, and I still do. But my hands will shake and my whole body just feels shaky. Yeah, I tremble, and I would tremble.

Shawn Buckley

Did this affect the way you had to shower?

Drue Taylor

Oh. Showering immediately made me feel like I was going to faint. There's no way I could be in a warm or hot shower without having a severe issue. And it just made me feel like I was, you know, in the middle of a storm on a ship and I couldn't see. It was horrible.

Shawn Buckley

Right, and what about your sleep?

Drue Taylor

I could only sleep about 20, 30 minutes at a time before my body would then wake me up with my heart racing. I felt like I was falling out of an airplane. And I would wake up feeling like, "I have to go now. Something is going on and the war was at my door." Only 20, 30 minutes of sleep is what I could manage before a massive cold sweat and waking up to feeling terrified.

Shawn Buckley

Right, and were you able to continue with your employment at this time?

Drue Taylor

No. At this time, I owned my own massage therapy company and was still teaching yoga. I could not see any clients.

Shawn Buckley

Now, how long did these symptoms that you've described go on?

Drue Taylor

They lasted pretty severely for five to seven weeks after the first vaccination. And they slowly started becoming manageable. But then all of a sudden summer hit—and the heat outside—I started having new symptoms like heat strokes, which I've never experienced. I used to teach hot yoga. So the symptoms lasted. I wasn't ever able to get back to my full normal work ethic or normal self.

Shawn Buckley

Okay, now you did start trying to work again. Can you tell us about how that went?

Drue Taylor

Sure. About after five to seven weeks, I slowly started taking on, one to three clients in a week. But after I tried to work— The way I've always done massage therapy is a very physical way. And I was drenched in sweat after a 60-minute massage, which is not typical for me. I had scrubs and two layers underneath, and everything was soaked, and I was just dripping. I felt like I had ran three marathons and like I, again, went to war yesterday. So after one massage, I was just drained for the whole day, and no one could even approach me. My head was just pounding, and symptoms were severe.

Shawn Buckley

Now prior to your vaccination, how many clients would you typically handle a day in your massage practice?

[00:15:00]

Drue Taylor

Anywhere from five to eight clients in a day. And if I was working with my horses, anywhere from one to four in a day.

Shawn Buckley

Okay, and again, you're also a massage therapist for horses.

Drue Taylor

Yes.

Shawn Buckley

Now, let's talk about your second call from AHS. Can you tell us about that?

Drue Taylor

Sure. So that was after I had seen the second cardiologist who had suggested POTS, but I was waiting on the tilt test. So this was between my tilt table test to determine POTS and the first vaccine—so it was around August—she called me. Then at this point, I was starting to, like I said, feel the symptoms of the heat and things were— I still wasn't right. But she called me, and she told me that based, again, on all of the information that she had—from the echo, from the original Holter—that I had nothing wrong with me, and that I should get the second vaccine. And at this point, she absolutely said that there was actually— Not only that I should get the second vaccine, but I needed to because I have had a blood clot in my lung before. So she told me I needed to get the second vaccine, even though my cardiologist at the Royal Alec was waiting for further testing. And he, at this point, did not recommend the second vaccine.

Shawn Buckley

And again, had any AHS doctor even spoke to you, let alone examine you?

Drue Taylor

No.

Shawn Buckley

And had AHS ever, prior to this vaccination, phoned you for anything?

Drue Taylor

No.

Shawn Buckley

And did you ask them to phone you? Did you engage in some process and ask them to contact you about this?

Drue Taylor

No. To be totally honest, I was probably pretty rude to her on the phone, because I was very frustrated that: a) she was calling me to tell me this without me talking to the doctor; and b) she was telling me to get the vaccine when at this point, I had several doctors telling me to wait.

Shawn Buckley

Right, and you would have communicated that to her, that your doctor was saying don't.

Drue Taylor

Oh, I did.

Shawn Buckley

Right. Now your symptoms continued. Can you tell us kind of how things progressed?

Drue Taylor

Sure. So like I said, in the summer, I was experiencing extreme heat issues. We normally go to BC, and I was—the entire time we were there—I just was sick. My head was screaming. I felt like I couldn't talk to people. Going out in the sun was just awful. I just basically cried and stayed downstairs trying to stay cool.

Towards the fall, I did end up getting the tilt test. I believe that ended up happening in November. So it was really late fall, beginning of—

Shawn Buckley

Now, this this is for POTS, right?

Drue Taylor

Yeah, so a tilt table test.

Shawn Buckley

Can you explain what the word, the acronym POTS stands for and what it is? Just so that people listening to your testimony understand what you're being tested for.

Drue Taylor

Sure. POTS is postural orthostatic tachycardia syndrome. So basically, when a person stands up and their heart rate reaches above 130 or higher, and it maintains that as they stand, that's POTS. It's postural tachycardia, so when you stand your heart rate goes crazy.

Shawn Buckley

Okay, so Dr. Gee had suggested that you take this test. And you do. And tell us what happened.

Drue Taylor

So I did take the tilt table test with Dr. Gee in November—by the time it was able to happen. And they told me it was inconclusive. When it was said and done—I didn't pass out—but again, at this point, I had never passed out. I had only felt pre-syncope, or like I was going to pass out. So when the test was concluded, Dr. Gee came in and he talked with me for a few minutes saying that I should get the second vaccine, and he was not going to be giving me an exemption. He believed it was a coincidence that I had symptoms so quickly after. He left the room then. Oh, sorry. He also told me that he would be referring me to a neurologist for my anxiety and he dismissed all other symptoms.

After he left the room, there was also a resident cardiologist who had been present for the tilt table test, and the nurse who had been there the whole time tracking my blood pressure. This resident cardiologist and nurse proceeded to then talk to me for 15 minutes, about why it was important for me to get the second vaccine. They talked about their personal experiences with it, and why they believed that I absolutely should. And the nurse's advice to me was just to simply have some pickles in reference to my symptoms.

[00:20:00]

Shawn Buckley

So you have basically largely been disabled. You have been seeing doctor after doctor. You're not actually passing out with this table test, but I imagine your heart rate is being measured and it's going through the roof, which is not normal. And the cardiologist tells you to get the second shot, and you probably weren't even asking about whether you should or shouldn't. Am I right?

Drue Taylor

That's correct. At that point, I just wanted to know what the heck was wrong with me.

Shawn Buckley

And then the resident doctor and the nurse—and I assume you didn't ask them about whether you should get vaccinated or not—lecture you for 15 minutes.

Drue Taylor
They did.

Shawn Buckley
How did you interpret that? I mean, what did you think was going on, with all this energy by two doctors and a nurse, for you to take your second shot?

Drue Taylor
To be totally honest, I was so lost. I felt like I was in the middle of just everyone. I felt like the doctors had no idea what was wrong with me because there was no information on this vaccine, and then they couldn't pinpoint or tell me. But they also didn't want to take any kind of— I don't know if I want to say blame as the correct word, but the doctors didn't say, "I don't know." They could have said, "I don't know what's going on with you. You need further investigation." But they didn't. They said, "You don't, and you need this vaccine."

And that, to me, didn't sit well. Because the science that I know and that I love, you continue testing. And then when you find something that, you know, makes the previous science null and void, you go with the new science. So it makes sense to me that people take this vaccine, that there's going to be reactions. But what didn't make sense is that they weren't acknowledging me at all about that reaction. Why not study me instead? They just pushed this other vaccine on me, and I didn't know what to do. I had no idea if I should take the second vaccine. Which I, at that point, I did feel like I should because I was scared to get a blood clot again. Because I've already had that and that was horrifying. So I was scared and confused and lost.

Shawn Buckley
And I'm just curious because this is December of 2021. Am I right?

Drue Taylor
Yes.

Shawn Buckley
And so COVID hit us in the beginning of 2020. So literally about two years in. Did anyone ever test you for antibodies to see if you had acquired COVID and then had obtained natural immunity?

Drue Taylor
No. I had voluntarily gone to get tested for COVID just because I was, you know, trying to take on clients in my home, and I wanted to be as careful as I could. So when they allowed it to be voluntary, I did go and get tested, and it was negative every time. And they never tested me further for any kind of antibodies.

Shawn Buckley
Right. Okay. So you go in to get your second dose on January 8th, 2022, when you get a shot of the Pfizer vaccine. Can you tell us what happened?

Drue Taylor

Right away it was okay. Honestly, I came home and hugged my husband, and I was like, oh my God, maybe I didn't react to it. But then, about 24 hours later, all of my symptoms came back—tenfold—and I actually did begin passing out. I couldn't stand without, just feeling like a bomb hit me. I couldn't reach, sitting up straight would just make my heart rate skyrocket. Everything was worse and there was a lot more symptoms and they were more severe.

Shawn Buckley

Can you tell us about those?

Drue Taylor

Well, passing out for one thing. Standing up, sitting down, if I got stressed, I would pass out. I couldn't watch screens at all, like reading things, texting, talking, watching a show, nothing. I could basically just sit there and exist and even then, the room would spin.

Throwing up was constant. Like I couldn't keep anything down.

Going to the bathroom, I actually passed out trying to go to the bathroom. And it happened to me consistently. Anytime I tried to go to the bathroom, I was pretty much just passing out.

Showers became impossible. Raising my hands to wash my hair or anything like that, that didn't work.

I couldn't communicate also. I was stumbling my words and I still do when my symptoms are high. I'm medicated right now, and I have lots of water in me—which I didn't know I needed as much as I do now. But I couldn't speak,

[00:25:00]

I couldn't walk, I couldn't do anything.

Shawn Buckley

Now it is 15 months after your second shot. Tell us about if you're able to walk now, 15 months after your second shot.

Drue Taylor

Kind of. I use my walker and I have a cane that I often use. And some days I can make it around my house just walking, but I'm holding on to my counter, my table, and I'm using my arm on the wall. Still, I need this, just because when I stand up, I just start to feel dizzy and nauseous.

Shawn Buckley

And my understanding is, if you do choose to walk around your house, that you pay a physical price for that.

Drue Taylor

Oh my gosh, yes. Every day, just any activity that I do, I need to rest after. I'm not like I was. Every little thing I do requires rest and thought. Like, you know, getting up to go to the restroom for a normal person isn't a thought. But for me, I have to get up, and then feel that rush a little bit. And then it just, I'm exhausted after something very simple. And it takes me some time to rest. Like even after this interview, I have to go lay down for probably two hours just to feel okay.

Shawn Buckley

Right, so for you sitting there doing this interview is going to exhaust you to the point where you're going to have to go lay down for a couple of hours.

Drue Taylor

Absolutely.

Shawn Buckley

Can you go to the store with your walker?

Drue Taylor

No, I need a wheelchair if I'm going to a store somewhere where I'm not sure if I'm going to be able to sit down right away, and I don't know how long I'll have to walk for. I absolutely can't go more than a block without an issue, so I take the wheelchair if I'm going to any kind of store. And I rarely go to a store because that usually takes me three, four days to just kind of recover from.

Shawn Buckley

Right, and are you able to reach above your head?

Drue Taylor

If I'm medicated and I have water in my system, I can do it. But still not without struggle. I still struggle to do that. I feel, again, this rush and I can hear my heart rate just in the back of my neck, and I get a massive headache.

Shawn Buckley

And how is showering today, 15 months after your second shot?

Drue Taylor

I still have to sit down. I generally take cold showers. Heat still is a massive trigger for a flare for me.

Shawn Buckley

Right, and I'm just thinking that, when you had seen Dr. Gee and done the table test, because you weren't passing out, he said that you didn't have POTS. Now there's no doubt in anyone's mind that you have POTS. Am I correct?

Drue Taylor

That's correct. I was diagnosed in April or May of last year. Dr. Raj diagnosed me with POTS and likelihood of hyper and genetic POTS, which is a sub-type.

Shawn Buckley

Okay, and there's also no doubt that it's the vaccine that caused it.

Drue Taylor

Yeah, it definitely triggered it.

Shawn Buckley

The doctors agree with that now.

Drue Taylor

Yes, they do.

Shawn Buckley

And has this affected your eating? So just again going to your experience now 15 months after your second shot.

Drue Taylor

Yeah, I can't handle gluten, dairy, soy. Anything with histamines I stay away from. My diet is basically the same things every day and for me to get in— I'm not getting in enough calories still. I can't eat enough in a day. I feel too sick. In fact, I feel better when I don't eat much because digestion is something your autonomic nervous system handles, and mine is not functioning.

Shawn Buckley

Now, you'd mentioned, Dr. Raj. So he's a new doctor that's helping you. Is he giving you any hope going forward? How is he describing what your likely future is?

Drue Taylor

Dr. Raj has said to me that there is no cure for what I have, and his job is to make me comfortable. He said that more than 70 per cent of his patients do not end up back at work.

[00:30:00]

So he's just trying to make me not as miserable in my day.

Shawn Buckley

So you're 33 years old and your doctor is basically saying his job at this point is to make you comfortable.

Drue Taylor

Yup.

Shawn Buckley

How does this experience make you feel?

Drue Taylor

There is nothing that could have prepared me for this. And I feel like my life is literally turned upside down. And every day I have to choose to look at my silver linings, like my cup of tea that tastes good. I have to really— You know that's my good thing. Where my friends are like, "I went to Mexico." And I'm like, holy crap, for me to fly—

I don't even know what to dream for right now for me, or to hope for because we're a year plus after and I still need my walker. And pressure changes suck with the weather. I can tell it makes me flare.

This whole process has been— It's devastating. It's extremely depressing. I really struggle right now to push through every single day. And to just listen to the comments from people who don't understand what I'm going through, like, "Why aren't you better yet?" It's like, because I have chronic illnesses now, and I have to explain this so many times—as does my husband—that nothing in our lives is normal right now.

Shawn Buckley

Can you tell us how this has affected your children?

Drue Taylor

They're such good kids. They were really used to me being the mom that would run next to them when they rode their bikes. We would go out multiple times a week to parks. I was so active with them. I would do yoga with them and guide them through it.

Now they know to leave me alone if my door is shut because I can't handle talking to them at that moment, or I'll puke, or I'll pass out. They know that if I'm dizzy, and my head is down on the table, that they can't approach me. They have to go to Dad. They know not to ask for things from me, and they just go to Mike—my husband—now a lot of the time for things. It's changed my parenting style completely.

Shawn Buckley

Finally, my understanding is that you filed for the vaccine injury program. And this June, it'll be a year. Has anything happened with that?

Drue Taylor

Oh, I just a couple days ago got an update. And they had said, "We're in the medical board phase," so phase two of three. So only half of the doctors have— They only have files and medical records from half of the doctors that I released them to get files from. And I have been in the medical board section, or phase two of this program for months now. And I figured, you know, I'd be moving along quicker than this.

Shawn Buckley

Thank you. Drue, I don't have any further questions for you, but the commissioners may have some questions. And they do.

Commissioner Drysdale

First, I thank you for your testimony. Can you tell me whether or not you requested or gave permission for an AHS doctor, who you did not know, to examine your personal medical files?

Drue Taylor

I never did. I never gave permission.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much for your testimony. So sad to see the situation you're in. I'm wondering, given the really sad experience you had after the first vaccine, was there anyone around you that would give you what we might consider a second opinion to really make you consider that this was not a wise move?

Drue Taylor

No. Every single doctor that I talked with beyond— No, every doctor after that tilt test told me that I needed the vaccine, not just to take it.

[00:35:00]

My personal health care doctor, he was reluctant to tell me to take the vaccine. But he too simply said, "You know, your cardiologists and your specialists are telling you to take the vaccine. Let me know when you do." There was not one doctor that looked at me or my file or talked to me and told me, "You know what, you had a reaction, and I think we need to do further investigating before you continue on to the second one." Every single doctor that I spoke with told me I needed the second vaccine because of my blood clot past.

Commissioner Massie

Did you have the chance to provide some feedback to these doctors that advise you, or lecture you to get the second shot as to whether, given your current situation, they would revise their medical advice?

Drue Taylor

Honestly, I hope one day I get the opportunity to see, at least Dr. Gee, the cardiologist who handled the tilt test, or at least to let him know how I'm doing because I hold him accountable to a certain extent, absolutely. He could have told me I needed further investigation and to see an autonomic specialist. And instead, he told me to get the second vaccine—that I needed it—and to see a neurologist. And he dismissed me.

I think that all of the medical professionals on my case telling me to get the second vaccine—especially Dr. Gee and the cardiologist present and the nurse, and the AHS nurse and Dr. Song—they all need to see me now. They need to look at my records now, and see how much suffering I have gone through in the last amount of time. I feel I'm owed more than an apology from them. There needs to be a change, this was not okay.

Commissioner Massie

Can they look at you straight in your eyes?

Drue Taylor

I would like them to. I would certainly look them in the eye and tell them that this was not okay. And do you think that your advice to me was okay? I would like to ask them that. Because I would not have gotten the second vaccine knowing what I know now. Absolutely not.

Commissioner Massie

Thank you.

Commissioner DiGregorio

Thank you so much for sharing with us today. You mentioned that you're taking part in the vaccine injury compensation program and that you're still in the middle of the process. How long have you been in the process?

Drue Taylor

June will have been a year.

Commissioner DiGregorio

Okay, and do you have any expectation of how long it will take for you to get some resolution in your case?

Drue Taylor

They originally told me the process would take anywhere from 12 to 16 or 18 months. Honestly, I forget if it was 16 or 18, but they did tell me it would take some time.

Commissioner DiGregorio

Okay, and what is your understanding of what type of compensation you will be available to get?

Drue Taylor

My understanding is that it's on a case-by-case basis, and when it gets to that point, we'll cross that bridge.

Commissioner DiGregorio

Thank you.

Shawn Buckley

Drue, the commissioners don't have any further questions. On behalf of the National Citizens Inquiry, I sincerely thank you for being willing to come and share with us today.

Drue Taylor

You're welcome. Thank you.

[00:38:42]



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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 9: Jeffrey Rath

Full Day 2 Timestamp: 08:27:57–09:20:23

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is going to be Jeffrey Rath. Jeffrey, can you come up to the stand, please?

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

Jeffrey Rath

My name is Jeffrey Ralph Wallace Rath, J-E-F-F-R-E-Y. Rath, R-A-T-H.

Shawn Buckley

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

Jeffrey Rath

I do.

Shawn Buckley

Now you've been a constitutional lawyer for 32 years. Can you briefly introduce yourself and the experience that you've had as a constitutional lawyer?

Jeffrey Rath

Certainly. My educational background, I hold honours degrees from the University of Alberta in political science. I have an honours degree in law from the London School of Economics and Political Science, which is a college of the University of London in England. I have been practising almost exclusively in the area of constitutional and administrative law for 32 years, winning a number of cases, including cases at the Supreme Court of Canada on behalf of Indigenous people of Canada.

And since the outset of the assault on our personal liberties and the liberties of my fellow Canadians, I've been engaged in COVID litigation since the fall of 2020, in cases involving the Alberta government and citizens whose rights, lives, and businesses were destroyed by the medical dictatorship presided over by Deena Hinshaw in this province.

Shawn Buckley

Now, we've had several lawyers come and speak on different issues concerning how the Courts have dealt with COVID. But you're here to share with us something different concerning administrative law reviews. I'm wondering if you can introduce that topic to us and then share your thoughts.

Jeffrey Rath

Certainly. As a result of my experience in the courts through COVID, and I would say my experience in the courts doing administrative law prior to COVID and then after COVID, it really became clear to me that the real problem that we face in terms of having the courts protect the rights of citizens in the context of administrative law and judicial review is one single word. It's a word that has a very subjective interpretation as it's applied by the courts and by the judges. And that word—its variations of the word—the word “reasonable” and the word “reasonableness” in an administrative law context.

And, of course, going back through the history of administrative law, the standard of reasonableness in administrative law has always been a tricky one. The English test was out of a case that then came to be known as the *Wednesbury Rule on Reasonableness*, which was: the decision of a bureaucrat or a bureaucratic or administrative decision-maker was only unreasonable if it could not have been made by any other reasonable decision-makers. So you can see how circular that is. And how easy it is for any decision-maker, having a particular will to not decide in favour of an applicant, could easily just use that definition to step out from underneath ruling in favour of the citizen or ruling in favour of actual judicial review.

Now in the Canadian context, I would submit, and my concern is two cases have created substantially even more mischief than the old *Wednesbury Rule* that was brought up through what's called the *Dunsmuir* case in Canada. But the two cases that I'm concerned with—and I think need to be legislated out of existence because there's no remedy in the Courts, and they're common law cases, so they can be legislated out of existence—is the *Doré* case or *Doré* versus the *Barreau du Québec* case, which was used by the British Columbia Court of Appeal in *Beaudoin et al* versus the Attorney General of British Columbia to deny rights in that case. And then the other case from the Supreme Court of Canada, which I say needs to be legislated out of existence, is the *Vavilov* case [*Canada (Minister of Citizenship and Immigration) v. Vavilov*] at the Supreme Court of Canada, which basically takes the *Wednesbury Rule* and then injects it with steroids and creates a situation where no citizen challenging an administrative decision has a hope of ever winning in the face of a decision that's made by an alleged expert in the context of their expertise.

Of course, that's what we've run into in the context of COVID. We have people that the courts defer to.

[00:05:00]

Deena Hinshaw—let's start with her—perfect example. She's afforded the deference of an expert, notwithstanding the fact that a number of statements that she's made publicly and

otherwise were negligent and delusional. I'll provide an example of what I would consider to be a negligent and delusional statement made by Deena Hinshaw.

That was the day that she stood up and encouraged everybody in this province to not worry about if they've been injected with AstraZeneca— To sign up for Dr. Hinshaw's magic vaccine buffet, and then go on and get injected with Moderna and get injected with Pfizer. It's all okay: that's what she did. She signed up for her own special vaccine buffet and encouraged other people in this province to sign up for this program of hers that had never been studied. We've looked for the studies. There aren't any.

There's no drug company in the world that expends millions of dollars to determine how their product, that they've already spent millions of dollars quasi-licensing—because we know these products aren't really licensed—to see how their products interact with other companies' quasi-licensed products from a safety perspective. So there's Deena Hinshaw, I think, delusionally and negligently, encouraging men and women in this province to sign up for her vaccine buffet.

We know from the news reports—that poor woman in Lethbridge and other reports—that the people that have signed up for her vaccine buffet have been horribly injured and have actually had recognized vaccine injuries through the vaccine injury program as a result of Dr. Hinshaw's negligence standing up publicly and encouraging people to sign up for her untested, scientifically unproven vaccine buffet. Which I would submit is completely unsafe, unregulated, and was completely inappropriate for her to recommend.

Notwithstanding this, however, according to the Vavilov decision at the Supreme Court of Canada, she is an expert. And the courts need to defer to her expertise in terms of all of her decisions because no judge should ever question a decision of an expert in their field of expertise. What I would suggest is that concept— And again, these are just common law concepts: This is judge-made law. This is not constitutional law; this is not law that's made by legislature. It's judge-made law. Within Canadian jurisprudence, the framework of our democracy and our legal system, it forms part of the common law; it's part of our constitutional order. But it's easily written and overwritten by a simple statute, which is what I'm focused on now.

We're never going to get our lives back; we're never going to recover what's happened to us. But we can all make sure this never happens again by insisting that the people that we elect and the legislators that we elect take concrete steps to amend our statutory framework to make sure that this never happens to us again.

One of the things that I would be recommending is statutory amendments to the *Alberta Interpretation Act* to start off with, to make it clear that the standard of reasonableness is to **no longer apply in cases where the rights of a citizen are at issue. And the test, in all of those instances, should be correctness, with the onus of proof on a balance of probabilities lying with the bureaucratic decision-maker seeking to infringe the rights of the citizen through their decisions. If those people were held accountable, I don't think we would have suffered the things that we've suffered over the course of COVID. Because the bureaucrats, like all of the people on the Scientific Advisory Group as an example, all of whom I believe should be sued into oblivion for the things that they did: making decisions to limit vaccine exemptions to the narrowest of circumstances.**

Testimony in the Ingram case proved that they had no psychiatrists or psychologists or anybody with psychiatric training on that panel. Obviously, we had psychiatric experts that we were consulting with throughout. We heard that heartbreaking testimony earlier today

with regard to the consequences of what these decisions were in the realm of the suicides that have occurred in this province because the Scientific Advisory Group was not considering the impacts of these mandates: be it a mask mandate where people are suffocated; or vaccine mandates where rape victims and other people, who have suffered horrible abuse, literally felt like

[00:10:00]

they were being held down and re-violated against their will, again. To the degree that drove suicides, none of that was considered by the Scientific Advisory Group, the College of Physicians & Surgeons [of Alberta], Deena Hinshaw.

Psychiatric exemptions were not available to people that didn't want to get vaccinated or were unable to get vaccinated for those reasons. We had the suicide rate going through the ceiling. To this day, we can't get anybody in Alberta Health, including the Chief Medical Examiner from the Province, to answer correspondence forwarded to his office by Leighton Gray and I, demanding from him the degree to which suicides were driven by these mandates and driven by these policies.

We asked that question of Dr. Hinshaw under oath. She would not answer the question. She said, "Oh, the person you have to ask is the Chief Medical Examiner." Of course, we asked the Chief Medical Examiner, and we don't even have the courtesy of a response to our correspondence. We all know that the impacts of all of these things have been real. The health and mental health of our children has been impaired as a result of these delusional decisions that the courts pay deference to. In that regard, I'd like to mark these documents as exhibits. I'm going to provide electronic links to them.

Shawn Buckley

Yeah, so Jeffrey, we've spoken about that. You're going to provide me electronic copies, and then we will enter them as exhibits. I don't have the exhibit numbers. I have to get that from the person that files them. Then they will be available online so that anyone watching your testimony will be able to access exactly what you're referring to today [exhibit number unavailable].

Jeffrey Rath

I'm just going to hold these documents up. Because these documents, I'm tendering as evidence of the delusional nature of the decision-making at the Public Health Agency of Canada by Theresa Tam, who was the one that was telling everybody, "Oh, it's safe and effective; everything's safe and effective," and to whom Deena Hinshaw swore under oath, **she was deferring. She didn't need to personally inquire into the safety and effectiveness of the vaccines because the great expert, Dr. Theresa Tam, has said they're safe and effective.**

Well, this same Dr. Theresa Tam, on October 25th of 2022, drafted a paper. I'm going to hold it up, and it's called *Mobilizing Public Health Action on Climate Change in Canada*. I think she's unhappy that her COVID powers have been stripped. So she's now declared that climate change is the largest single public health emergency facing Canadians and that we all need to know that climate change is caused by racism, colonialism, ableism, and heteronormativity: are the four causes of climate change.

And, of course, because it's the largest public health threat to Canadians—keep in mind what they did to us during COVID—they could theoretically lock us up in our homes again

so that we're not as heteronormative, able-bodied people wanting to go to work, who may or may not be racist or colonialist, or whatever other "ist" or "ism" they want to accuse us of, lock us in our homes, and then when we go to court to judicially review these decisions, either under the Charter or just straight administrative law principles, we run smack into Vavilov or Doré, which say that:

Oh well, this is a reasonable decision that is made within a range of reasonable decisions that can be made by a reasonable bureaucratic decision-maker. And we really can't get behind her decision because she's an expert, and we have to take judicial notice of her expertise.

Regardless of the fact that we're scratching our heads over the fact that heteronormativity may or may not have anything to do with climate change, or ableism may or may not have anything to do with climate change, she's an expert: we can't question these decisions to lock you back up in your homes. This is the law of Canada as it stands from the Supreme Court of Canada. Have a nice day.

So again, what I'm strongly advocating is that legislatures have to act. And I'm specifically requesting Daniel Smith consider immediately bringing bills to the legislature. I don't care that an election is a month away. The legislature is still in session, I think. I want to see amendments to the *Alberta Interpretation Act* to ensure that, in the future, all judicial reviews are on the basis of correctness, with the onus being on the bureaucrat to prove, on a balance of probabilities, that their decision is correct and demonstrably necessary to override the individual rights of the citizen.

I want to see amendments to the *Alberta Bill of Rights* to ensure

[00:15:00]

that property rights in this province are not governed by the Supreme Court of Canada's decision in *Authorson* [*Authorson v. Canada (Attorney General)*], which says that legislatures can override property rights decisions simply by running a bill that eliminates property rights through the legislative process.

I want the *Interpretation Act* to state specifically that businesses cannot be shut down by legislative fiat and that property cannot be taken away from Albertans, be it their firearms, their cars, their tractors, their combines, their fertilizer, whatever it is that the Trudeau dictatorship wants to take away from us next.

Shawn Buckley

Jeffrey, can I step in and just slow you down a little bit? The first thing is you've got some very specific ideas to bring about change to help ensure that our rights are protected and that the decisions of administrative people can be reviewed.

I'm wondering if—being that you're going to be sending us these two documents anyway—you could write those out for us because I think the commissioners in drafting the report and considering how things could be done differently could really benefit.

Jeffrey Rath

I'd be happy to do that. I'd actually meant to prepare a paper in advance of the hearing, but I was called into a two-day hearing on the Court of King's Bench on short notice. So I will prepare a paper with the appropriate citations and exhibits.

Shawn Buckley

Okay. Just to slow us down again because I want to make sure that people hearing your evidence understand. So we've already heard about how basically we've moved into an administrative state, and we have these public health officials making these decisions. And what you're saying is, "Well, if one of these decisions affects us as a citizen, maybe even if our life depends on it and we appeal, as citizens, we're going to expect the court to ask, 'Is this decision right or is it not right? Is it correct, or should it be overturned?'" But the court doesn't even have the right to see if it's correct because these appeal decisions say, "No, no, Judge, looking at this appeal, the issue is, could somebody have reasonably made this decision?" Which is such a big, grey, messy pool that we really don't have an effective review.

Jeffrey Rath

Well, I'd like to comment on that because I think we're all painfully aware of the horrible decision involving that poor woman in this province that needed a lung transplant. At the end of the day, the court simply deferred to the doctors on the transplant committee and found that the requirement that she be vaccinated in advance of the transplant was a reasonable one; you either go along with your reasonable doctors or prepare to die, right? Effectively, this woman was sentenced to death by administrative law from my perspective.

Keep in mind, in the context of that case, had the review been on the balance of correctness, that lawyer would have been able to call esteemed experts like Dr. Dennis Modry, who is the former head of the entire transplant program at the University of Alberta—who's actually a personal friend of mine; and who I spoke to about this case in particular. It was certainly Dr. Modry's opinion that the transplant was not contraindicated by not getting the COVID vaccine.

Dr. Modry was concerned that there were numerous studies floating around that indicated that the mRNA [Messenger Ribonucleic Acid] vaccine may, in fact, be a contraindication for transplants because of risks associated with organ rejection, and so on, with the vaccine. So had that decision been reviewed on a standard of correctness rather than reasonableness, that poor woman may, in fact, have been able to look forward to living and, instead, she ends up being sentenced to death by judicial review and administrative law, which I think is horrible.

Shawn Buckley

So that's the case that makes your point. So here it's a life and death decision for that lady. She appeals it. But she doesn't even have the right, even though it's life and death, for the court to say, "Yes, this is a correct decision, or this isn't a correct decision."

Jeffrey Rath

That's it exactly. And I think that that law— and again that's why I say quite strongly that the Vavilov decision and the Doré decision need to be legislated out of existence by the Alberta legislature. Certainly, the legislature has the authority to do that, and it needs to do

it sooner rather than later. But of course, the problem is— And if I could just speak to this quickly. I'm not sure where I'm at on my time.

Shawn Buckley

I was hoping you'd go 30 minutes, which gives us about seven. But I know the commissioners are going to have a bunch of questions for you.

Jeffrey Rath

Okay, well I just want to wrap up on this one point, and then I'll defer to the commissioners for questions.

[00:20:00]

Following along with that thought, in terms of needing to legislate an end to that type of deference to decision-makers, there needs to be real accountability for these people.

One of the things that's happened, at least from my perspective because I also represent a number of doctors who've been under attack by the College of Physicians and Surgeons, I was representing doctors that were on the verge of being fired by AHS [Alberta Health Services] because for health reasons or other personal reasons, they couldn't be vaccinated. The legislature needs to take an active role in making sure that this doesn't happen again. Because these are people's lives that are being destroyed by these decisions. People's lives are being put at risk by these decisions, and people are actually losing their lives because of these decisions. As far as I'm concerned, I don't think there's any better definition of the word "unreasonable" than for that circumstance to continue to prevail as a matter of jurisprudence in this province.

Shawn Buckley

Thank you, and on that note, I will ask the commissioners if they have any questions for you.

Commissioner DiGregorio

Thank you so much for sharing your testimony with us today. Can you help me understand a little bit about what your specific recommendation is in terms of legislating? I understand that under the common law, as it exists now, there are two standards of review that can be used to review a tribunal's decision or an administrative board's decision. So one is the one you're speaking about, the reasonableness, and the other is the correctness.

Jeffrey Rath

Correct.

Commissioner DiGregorio

And so when one of these decisions gets reviewed by a court, the court first determines, "Am I reviewing it on a standard of reasonableness, which is just, could this board have reasonably reached this decision? Or am I determining whether this decision was correct?"

Jeffrey Rath

No, the standard of review with regard to expert boards and tribunals, and now under Vavilov, is always reasonableness and not correctness and with the court giving a huge amount of deference—and I think it's undue deference—to so-called expert boards and tribunals.

You know, a discussion I was having with a colleague of mine is that judges make difficult decisions and complex commercial litigation all the time on the basis of expert testimony. So why is it in the context of administrative law when a citizen's rights are at issue— And we're talking serious rights: Your right to life. Your right to continue to operate your business, to earn a living. When you think of all the lives that were destroyed through COVID. I know business owners that committed suicide because they were bankrupted through COVID by having their restaurants shut down. So those types of decisions are being made on an ongoing basis, and the courts defer to the decision-maker. They defer to Deena Hinshaw. Notwithstanding the fact that we have actual evidence from her own mouth that she's not only unreasonable but she's negligent in the practice of medicine—but the courts still defer to her as an expert.

So that's what I want to legislate an end to, whether we do it through the *Interpretation Act* or we draft a new *Alberta Administrative Law and Procedures Act*, or whatever it is. On the property issue, we can make a simple amendment to the *Alberta Bill of Rights*, under section 1, to make it clear that property rights are not the rights spoken of under Authorson but our substantive rights, not procedural rights, to own property in this province. Those are the types of changes that I think need to be changed immediately to ensure that the type of abuse that we've all suffered never happens again. If that answers your question.

Commissioner DiGregorio

Well, it brings another question. So you're suggesting that we use these two concepts of standard of review that already exist. But simply legislate that— Because Vavilov has said, "It's reasonableness when you're dealing with an administrative board," we legislate that you have to use the alternative standard of correctness.

Jeffrey Rath

That's it, exactly. I'm saying that we outlaw the standard of reasonableness because, as far as I'm concerned, bureaucrats should not be given the benefit of the doubt over the rights of a citizen. So that's where I see the tension because keep in mind: The bureaucrats control Alberta Justice. They control the constitutional law branch of the Department of Justice in Ottawa. They literally control hundreds of millions of dollars worth of legal resources in this country, where they can litigate these cases against us on an ongoing and continual basis to maintain these abusive standards against us. The citizen really doesn't have a chance anymore. So what I'm saying is that the concept of reasonableness in judicial review needs to be outlawed and replaced with the standard of correctness to level the playing field between the bureaucrats and the citizen.

[00:25:00]

Because these people need to be reminded that they are public "servants." They are not our masters.

Commissioner DiGregorio

I know you have some thoughts, how you've expressed that this could maybe be done through the *Interpretation Act*, maybe the *Alberta [Law of] Property Act* or the Bill of Rights. But what about all of the statutes that contain specific privative clauses that ask the courts to pay deference? Do all of those need to be revisited?

Jeffrey Rath

As I said, I think that they should be outlawed across the board. One of the statutes that, I think, requires an immediate amendment is the *Public Health Act*, specifically section 66.1, that exempts people like Deena Hinshaw—who are making clearly negligent public statements with regard to public health—from being sued. Section 66.1 of the *Public Health Act* says that if they're acting in good faith, they're virtually immune from lawsuit. That's why the CM decision of Justice Dunlop's gave me such hope because Justice Dunlop flat-out said that Deena Hinshaw's decisions with regard to her so-called orders were not lawful decisions under section 29 of the *Public Health Act* because she didn't make the decisions as required under the *Public Health Act*. She, in effect, acted like a cocktail waitress: Took a list of drinks into the Sky Palace cabinet and said, "What beverage would you like today, boys?" They'd pick one from the list and then tell her what to do. And then, of course, what we saw, Cabinet would say, "Well don't blame us. Dr. Hinshaw made the decisions." And she'd throw them under the bus and say, "No, no, no, they made the decisions. I just gave them a list, and they picked what they were going to do to the citizens. I just told them what their options were."

But keep in mind, one of the options was no restrictions or limited restrictions. But they wouldn't pick that one. They picked the one in the middle because they didn't want to irritate the hard-core, let's-lock-everybody-down and mask-everybody-14-times people on one end of the spectrum. And they didn't want to make it appear that they were giving in to the people that thought all of this was hogwash at the other end of the spectrum. So they literally picked the "rights abuses" in the middle of the spectrum to equally offend both sides, which they seem to have well-achieved in doing.

I'm hopeful that Justice Dunlop's decision will prevail and that all of Deena Hinshaw's orders will be found to have been illegal because they were not issued under section 29 of the *Public Health Act*. As my friend Colonel Redmond has testified: They could have been issued under the *Emergencies Act*. But the Kenny Cabinet didn't have the courage to do that themselves. They wanted a scapegoat under Deena Hinshaw, which is what made her orders illegal. But as far as I'm concerned, I want section 66.1 of the *Public Health Act* gone so that Deena Hinshaw can be sued by all of the people that followed her advice and signed up for her vaccine buffet and took one of each. And have been horribly vaccine injured as a result.

Commissioner DiGregorio

We've heard from a number of other lawyer witnesses who testified about the concept of judicial notice, which is the idea that a judge can accept a fact without actually seeing evidence of it and that the courts may have been taking judicial notice of facts to support decisions in favour of the government. Do you have any thoughts on the concept of judicial notice?

Jeffrey Rath

Outlaw that, too, quite frankly. I mean, it's sort of a subset of the issues that we've been discussing. The problem that we have now is that this concept of judges being able to take judicial notice of decisions of the delusional—like Theresa Tam saying that capitalism causes climate change and heteronormativity causes climate change, et cetera—that needs to be stopped. Full-stop. But only the legislatures can do it now because that concept has been elevated to such a high appellate level in Canada that lower courts, within the Canadian system of *stare decisis*, would find themselves bound by it.

So we're not fixing the problem in court. The problem needs to be fixed in the legislatures. All of us here, collectively in this room, need to be encouraging all of our friends and neighbours not to vote for anybody or support any legislator that would not support this type of legislation.

Commissioner DiGregorio

Thank you.

Commissioner Massie

I have a question. You're proposing to pass a law at the level of the Province to outlaw these measures. What's going to happen at the higher court and the federal level? Can that be superseded?

Jeffrey Rath

Well, I guess we'll find out in six to eight years when it gets to the Supreme Court. But, at least, we'd enjoy our freedom

[00:30:00]

in the meantime, would be my answer. But that having been said, in all seriousness, I'll try not to be so tongue-in-cheek with my response. The Superior Courts, including the Supreme Court of Canada, routinely uphold provincial limitations legislation. And trust me, as somebody who's litigated against the Department of Justice for 32 years, they love raising provincial limitations legislation as bars to constitutional claims. So what's good for the goose is good for the gander. If the federal government can rely on limitations legislation to defeat the constitutional claims of citizens, I see no reason that valid provincial legislation that gives effect to section 92 of the *Canadian Constitution Act, 1867*, specifically the property and civil rights provision of that constitutional document, as superseding the federal criminal law.

A good example is gun legislation, where the Province could literally pass a law that said that any federal criminal legislation that sought to seize property in the province of Alberta offends property and civil rights in the province to the extent that the firearms restriction wasn't issued as a bail condition, or alternatively, following the conviction of somebody for an act of violence involving a firearm. I think it was Carol Conrad in our Court of Appeals who said it was massive overreach for the federal government under the criminal law to attempt to seize chattel property in a province. So these limitations are available. I would think that we'd have a reasonable shot at upholding that legislation on a going-forward basis.

As I said, in the interim, at the very least, the legislature passing legislation like that would put the judiciary on notice that the citizens of Canada and the citizens of Alberta are tired of judge-made law and people being sentenced to death by administrative law in this country. It's got to stop. I think the only way to stop it is through legislation.

Commissioner Massie

Can I ask a question that may be a little bit outside of your field of expertise because I know that this is common law.

Jeffrey Rath

I'm a lawyer. We'd never admit to that. I'm kidding. Sorry.

Commissioner Massie

In Quebec, it's not exactly common law, it's a—

Jeffrey Rath

No, no, je comprend.

Commissioner Massie

What I've seen in Quebec is that it seems that we've been through the same sort of issues in court. So do you think, what you're proposing to change at the provincial level across Canada, could that also be enacted in Quebec?

Jeffrey Rath

Oh, absolutely. I have to say the Government of Quebec has been very, very good at ousting federal jurisdiction through le code civil in Quebec. The civil code in Quebec, as you're well aware, is really just a form of legislation. It's a codification of the law in Quebec, and the Quebec legislature is very used to passing laws that limit or restrict the applications of federal law in Canada. What I'm suggesting is that the Government of Alberta needs to wake up and start aggressively adopting the same approach. Of course, they'll be labelled as extremists in the press, but so be it.

Commissioner Massie

Thank you.

Commissioner Drysdale

I just want to back up on this a little bit because, constantly, one of the themes I keep hearing from all kinds of people, doctors, lawyers, is that the fundamental tenets of our society have been challenged or destroyed or dismissed. And what you were talking about: you were talking about this reasonableness and judicial notice and these kinds of things. How is that consistent with the basic fundamental tenet of law that the two parties arrive in court on the same footing, that they are considered equal under the law, and the evidence will be weighed and a decision made on the basis of that evidence?

Jeffrey Rath

Well, from my perspective, it's not. When you look at the history of administrative law and administrative law cases, the scope of the bureaucracy to affect our lives was always a lot more limited. But because of this massive growth of the administrative state, bureaucrats now feel that they have the right to interpose themselves into virtually every single aspect of our lives. We saw that through COVID.

What I said very early on in COVID that, from a legal perspective,

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it's like after the crash of 2008, 2009: all the financial institutions were forced to go through what were called stress tests. From my perspective, our democracy and our fundamental system of justice in Canada underwent a massive stress test through people ordering things by fiat, through the medical dictatorships that were running across this country, et cetera. And we failed. We completely failed the stress test.

And I think that we need to take the lessons from that stress test in the same way that the banks and the financial institutions did. Governments need to do the same thing that they did post the crash of 2008 and 2009. They need to step in and legislate safeguards for the citizenry of this country as against the bureaucracy in the administrative state that now operates as a virtual dictatorship in this country. Don't think for a second that when Theresa Tam and her minions at the Public Health Agency of Canada are now saying that climate change is the largest public health threat to Canada that they're not going to start flexing their muscles and issuing dictates.

They want to end capitalism in Canada. And that's without considering for a minute Economics 101. If you're a government employee whose entire salary is paid by the taxpayers, how is it that you're going to be able to continue to be employed and have your salary paid when capitalism is magically abolished in Canada through the waving of a magic fairy wand? I mean, it's completely ludicrous. And these delusional people are the ones that the courts defer to under the doctrine of reasonableness. And it has to stop.

Commissioner Drysdale

Well, I listened to you and I listened to your passion. But it almost sounds like the old story about the little Dutch boy with his finger in the dam. I refer you to a bunch of different things. Lieutenant Colonel Redmond, this morning, talked about the deferral—and these are my words—the deferral from the legislature to the administrative state. In other words, **the mayors and the premiers, et cetera, were supposed to make these decisions, but they deferred to the public health officers. When I look at something like Bill C-11, and I see the legislature deferring their decisions to the CRTC [Canadian Radio-Television and Telecommunications Commission], and when I see the health legislation being considered, which is deferring Canadian decisions on health to the WHO— that's a trend. What you're talking about here is the same trend. So it seems like there's a lot of holes in the dam.**

Jeffrey Rath

No, I understand that. I think as long as we have the government we have in Ottawa, there's no fixing Ottawa. But I really believe in Alberta, we're at a tipping point. I personally and passionately believe that we have an opportunity here to fix things, at least in our little

corner of the world, by insisting that the Alberta legislature address these problems through legislation and fix these problems. I think the political will is there. We just have to insist that our leaders take a step back from the bureaucrats and the administrative state, and act on their own and advise the bureaucrats and the administrative state that the elected representatives are in charge, not the bureaucrats.

A recent example, and I'll just say this quickly. I have a friend that was speaking to a city councillor here in Red Deer. He said, "How the hell is Red Deer on the list of World Economic Forum 15-minute cities?" The councillor said, "I didn't know that. We didn't make that decision." The decision was made by bureaucrats within the City government. "Oh, well, there's federal money available to put up cameras to monitor people, and there's money available to restrict traffic flows and make people's lives more miserable. So we just thought we'd take the money. What's the problem?" But these decisions to restrict our rights and to drastically impact our rights are being made at the wrong level by people that shouldn't have that decision-making authority and, certainly, not without the supervision of the people that we elect to make sure that those types of decisions are not made without consulting the people.

Commissioner Drysdale

You're right. I believe you're right. What you're talking about is influencing the legislature, which means you need to influence the people who elect these people. But then, on top of it all, the fourth branch of government, which is the media, is completely on the other side. You still have to this day, in April of 2023— We've heard a lot of different testimony where these mandates and restrictions and all kinds of other things are still in place. You still have mask mandates.

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That is a consequence of the disconnect between the people and their media, which is now standing in the way between the people and the legislature. Which is kind of similar to what's happened in the courts. The courts are supposed to stand between the legislature and the population.

Jeffrey Rath

But again, that's why initiatives such as this one, I believe, are so important. I mean, the citizens have a voice and are being able to communicate through this wonderful forum that's been provided here to tell our legislators what we think. That's all we can do.

My background is actually in Treaty and Aboriginal rights or Indigenous law. And I've spent 30 years moving the needle by litigating cases in virtually every single jurisdiction in the country. But we can't give up. I mean, you just have to keep hammering on them and hammering on them and hammering on them. You have to be relentless because if you are not, the views of the bureaucrats will prevail. Let's face it, these same people that are talking about colonialism and white supremacy and racism, these are the same people that I've been litigating against for the last 32 years because they're colonialist, white supremacists, racists who despise the rights of Indigenous people. You'd think every time I get a new Indian added to the Indian list that I've committed some crime.

So don't think for a second when Theresa Tam and her people are decrying colonialism, racism and white supremacy, that that's an end to climate change, that they're not part of the problem. And they're not the problem. Because how many First Nations territories do

we have in Canada that still don't have clean drinking water yet damn near a trillion dollars was wasted over COVID. It's a national embarrassment.

Commissioner Drysdale

Yeah, I just want to point out that you sound to be in a similar situation that Mr. Buckley was talking about first thing this morning when he did his introduction. He was appealing to the people, not to the courts, not to the media, but he's appealing to the people of Canada to take responsibility. It sounds to me that that's really what you're asking for, and if you don't get that, your chance of success is much, much reduced.

Jeffrey Rath

I agree with that. But I mean, that's why I'm here, and that's why I do the things that I do from a public education perspective. All of us need to take a role, every single person here. If you're angry about what I've said, go home and write a letter to your MLA [Member of Legislative Assembly], send an email to your MLA, send an email to Danielle Smith. She'll listen. Don't bother sending one to Rachel Notley. She ain't going to pay attention. Keep in mind that Rachel was fine with the unions not grieving the claims of their members who were fired or laid off without pay for not being vaccinated.

So focus on the people that will listen and make them listen. They're your elected representatives. Everybody here has a duty. Every time you get mad, send an email. They do pay attention. There's a lot of people in this legislature that, even though they haven't been as brave as we'd like them to be, they care and they'll listen.

Commissioner Drysdale

Thank you, sir.

Shawn Buckley

Jeffrey, I'm just wanting to clarify for the audience because sometimes experts just assume that people know what is being said. I just wanted to clarify a couple of things. You were talking about Alberta passing amendments in the *Interpretation Act*, basically protecting civil rights. I think it's important for people to understand that under section 92 of the *British North America Act, 1867*, which is the first part of our Constitution, provinces have jurisdiction over property and civil rights. And that's why they would have the authority, and that's also why Quebec could do the same thing because all provinces have that right.

Jeffrey Rath

Absolutely. But again, the problem that we've had in Alberta is that the bureaucracy has convinced governments that the power of the administrative state should govern rather than our elected representatives. We need to force our legislators through the democratic process to re-tip the scales to at least an even playing field.

Shawn Buckley

And then the other thing that I was hoping people understood. You were talking about: we have to bring changes to the *Interpretation Act* to bring this test of correctness. So I'll just bring people back. So let's say the example you gave where the lady could not get a lung transplant because she's not vaccinated. This is a life-and-death decision for her. And

your one point you've explained: It shouldn't be reasonableness. It's just, "Is this a correct decision or not?" But you also want to change where the test is a balance of probabilities—where the bureaucrat has to justify. I want people to understand that this lady, when she did her appeal, she had the onus to show that the decision was unreasonable, let alone not correct. What you're suggesting is,

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no, when rights are at play—especially where somebody's life is at stake—no, the experts should have the onus, the burden of proof. I just wanted to make sure that people listening to your testimony understood you because that's a very important thing that you're suggesting. And I just wanted people to understand.

Jeffrey Rath

Yeah, that's exactly what my testimony is, and that's exactly what my recommendation is going forward. Thank you.

Shawn Buckley

Thank you. So Jeffrey, on behalf of the National Citizens Inquiry—

Jeffrey Rath

Oh, I think there's one more question.

Shawn Buckley

Oh I'm sorry. I didn't see that. I thought they were done.

Commissioner Kaikkonen

Good afternoon. I'm not a lawyer and I'm from Ontario. So I can tell you that most of us in Ontario that have lost our voice in many occasions are very thankful for you people in Alberta who do stand up. So that should be a help.

But as a non-lawyer, I'm just going to kind of go through a number of thoughts that I have because I can't really formulate a question right now. I need some thought and processing time, but I'm going to run through a number of thoughts that I have.

So in the raw milk decision that came down in the Supreme Court, I believe a year ago now, it was a week-long decision and the farmer had taken it all the way to the Supreme Court. He was regularly raided at his farm for providing raw milk to people who had health injuries or health sickness and were able to survive better or manage their health issues better through raw milk. Now, I watched the interveners in that Supreme Court case. And the interveners were the same ones that were the civil servants who raided the farm regularly, who made the decisions, who rejected the appeals, and were basically the ones who shut it down. And so the Supreme Court ended up saying, "The raw milk farmers, you've lost your case." That's my first point there because the judge, jury, and executioner at that time was the civil servants. It was the administrative state. That farmer took everything he had in terms of finances and resources and arguments to the Supreme Court level because he believed in fighting for the citizens.

My second point is how do we reconcile that CRA [Canada Revenue Agency] employees currently write the speeches for MPs [Members of Parliament], our federal MPs? How do we change that so that the bureaucrats or the civil servants are not running the show? My third point is the MPPs [Members of Provincial Parliament] in Ontario. When a private member's bill comes in, and it's 28 pages long, you know they're not going to read it. And it's going to go through the legislature for a second and third reading simply because they're not going to read it, and they're not going to have the arguments to argue against it. Even though people are writing to these MPPs and saying, "Oh wait a second. There's some serious issues with this potential legislation." And yet, they don't do it.

I also look at things like Elections Ontario, who is a silo unto itself, who is responsible and accountable to no one. You cannot get access to information; you cannot get anything from them whatsoever. They are a silo unto themselves. Whatever the CEO [Chief Electoral Officer] of Elections Ontario says, that's it, doesn't matter. He has undue influence, significant undue influence, over the Premier's office.

So although it's not a question, there are a number of thoughts I have: just how do we as ordinary people turn this around to a place where the citizens matter in this country, not only in the political level but the judicial level and from the head of state level? And how do we restore the fundamental rights and freedoms that we have in our democracy because I feel that we've been left as the people who pay the wages and no matter how many voices we have, we're not significant to any of those players? I thank you in advance for whatever you can answer.

Jeffrey Rath

Well, thank you for that. That's a lot to chew on. But again, I think, it just comes down to what I've been talking about today: all of us, as citizens, need to take responsibility for what's happening in our respective provinces and take responsibility for our respective governments and our respective legislatures. I think it's an old truism of democracy that we always get the government that we deserve. I think people need to start looking inward and then focusing their anger and energy outward to make sure that politicians understand how it is that we feel about rights restrictions and how it is that we feel about the growth of the administrative state.

I was horrified to hear today that AHS is back up to over 105,000 employees after having been trimmed back to 60 or 70,000. These bureaucracies just continue to grow and grow and grow. Maybe that's what Theresa Tam's so-called experts at PHAC [Public Health Agency of Canada] are talking about when they say, "let's bring an end to capitalism."

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They want everybody employed by the government as a government bureaucrat, and we can all join the administrative state. But God knows how we are going to pay for it if we don't actually produce anything or grow anything or have real jobs as working men and women in this country.

My hope is that all of us watching this process and taking part in this process will understand that, again, it's a bit of a cliché: But it starts with us. The responsibility lies with us to make sure that, on a regular basis, our legislators know what we're thinking and how we feel and how inappropriate so much of what's being done in their name, as our representatives, is in the context of just poor bureaucratic decision-making and needs to be questioned at every turn.

I think we need statutes that also hold bureaucrats accountable, to make it easier for individual citizens to sue individual bureaucrats, so that they're personally liable for the decisions that they make and they don't get to hide behind the government. Those are all things that should be considered, especially in light of what we've suffered in the last several years.

I personally believe that Deena Hinshaw should be held personally liable for recommending people sign up for her vaccine buffet. Anybody that's injured under that regime should be suing Deena Hinshaw personally. That advice can't be anything other than negligent: there isn't a single scientific study in the world that supports that prescription.

Those are the types of things that I worry about and that I think about. I don't know if that answers any of your questions. But even your raw milk decision, I think, would be cured by the changes to administrative law that I'm proposing.

Commissioner Kaikkonen

Just as a follow-up, the raw milk farmer is still being raided even after that decision, and he doesn't sell raw milk anymore. But thank you for your commentary.

Jeffrey Rath

Thank you all for listening. It's been a real honour and a pleasure to be here.

Shawn Buckley

So before everyone claps, let me thank him. So Jeffrey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing your thoughts. You've given us a different angle to think about on how we solve this, and we really appreciate you coming and sharing with us.

Jeffrey Rath

It's been a real privilege. Thank you.

[00:52:26]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 10: Regina Goman

Full Day 2 Timestamp: 09:20:40–09:59:36

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is Regina Goman. And Regina your first name could be [discussion on pronunciation of name].

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

Regina Goman

It is Regina Goman, R-E-G-I-N-A G-O-M-A-N.

Shawn Buckley

And Regina, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Regina Goman

I do.

Shawn Buckley

Now you have a very interesting history and I think people are going to be fascinated to hear your story. I'm just going to tell a little bit about it and then I'm going to have you share it, but all I'm going to say is that you basically were involved in the Solidarity movement in Poland at the beginning, and there were great personal consequences for your activity. And my understanding is you came to Canada as a political refugee in 1986.

Regina Goman

That's correct.

Shawn Buckley

And so can you share with us basically your involvement in the Solidarity movement and then kind of what happened to you personally because of your involvement?

Regina Goman

First, I'd like to apologize up front if I stumble words or become emotional. I've been still experiencing severe anxiety due to delayed post-traumatic stress disorder [PTSD], which was directly caused by my employer's actions in regards to COVID policies.

As a young woman back in the late 70s and early 80s, I was involved in freedom movement against the communists. In 1980, in August, our movement became legal and official under the Solidarity Union. I was involved in my company that I worked for. I was the president of the union, and I was also a secretary in our local union division.

Shawn Buckley

And I'll just say that you're referring to the Solidarity Union; so you were the president of the Solidarity Union in your company, and the solidarity group in your municipality.

Regina Goman

Yes, because at that time, during the communism, we did not really have unions. That was the whole movement, the whole freedom movement was called a union. That's how we became a union solidarity.

Shawn Buckley

Okay, so carry on. So you were talking about August 1980. Tell us what happened in December of 1981.

Regina Goman

On December 13, our government called the Martial Law, which deprived all of us of any rights. And just like it happened here, like I can see the analogies here in Canada when we got this *Emergencies Act*. That suddenly, there was a beautiful protest in Ottawa, and it became illegal, and people were being persecuted. The same thing happened back in Poland when our leaders, on December 13, were pulled out of their— At night they were pulled out of their homes by our military and the police, and they were put in isolation.

From that point on, we started helping out the families of those who were being isolated. And at that time, of course, there was no freedom of speech anymore, and our society relied on the mainstream media, just like here again, where is all lies. And people don't see the alternative news. So I got involved in editing, printing, and distribution of the literature, which included all the information: what was actually happening in the country, how people were being persecuted.

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And that led to me being arrested, and that happened on Good Friday in 1982.

And I was tried by the Navy Court that was during the martial law, and I was sentenced to three and a half years in jail just for doing— Every time when I go to rallies, and when I see

the people who are distributing *Druthers* or other information, that reminds me right away, that was my crime that I was actually sentenced for.

And I spent time with criminals, and they made sure that we supposed to get re-socialized. So the only source of anything to do was just, like, you had to ask to get a book to read when you were sitting in your cell and doing nothing. You were only allowed to go for half an hour walk, but that was only if you behaved. And because at that time during the communism, there was no political prisoners. The only political prisoner in that jail that I stayed in was the lady who was in charge of the camp for the children during the Second World War.

So all of us, we were treated worse than criminals. And we had to listen, all the hours we were awake, to the communist propaganda for the government, hoping that we'll get re-socialized.

And that's again— I can see what happens here when the mainstream media are keep on telling us what we're supposed to be thinking. And just like this COVID—when after the first few months, I thought yes; like, I was actually scared when I was watching those movies out of China, those videos when people were dropping dead. But it didn't take long just because we, during the communism, we learned how to critically think. We right away, we found something is wrong here in this picture. So, of course, I started seeking some alternative information, and sharing with others when I found out what is really happening.

Shawn Buckley

And I'm just going to refocus you because I want people to understand that you were sentenced to three and a half years in prison for distributing information that was not aligned with the government information. Is that correct?

Regina Goman

That's correct.

Shawn Buckley

So it wasn't that it was against the law to distribute information, but not information that went against the government narrative.

Regina Goman

Exactly, because there was the government narrative that the people who stood up were the outcasts, who were just causing the beautiful communist country to prosper.

Shawn Buckley

Okay, and so basically it was a crime to do what we're doing here: is sharing information that goes against the government narrative.

Regina Goman

Yes, exactly. And that's why I'm pleading to you all. Please take advantage of the time that we have left because the time is coming, with that Bill C-11 is just the beginning. But what you're seeing now when they call— For example, the other day I was listening about, I

think, Thailand where they're talking about the misinformation—how to stop it. And here in Canada, what to do to stop the misinformation, which means the truth.

We are to— We should be speaking when we still got that time. We shouldn't be actually looking for what others think because these are the precious moments. This will pass, and with all this propaganda happening right now, which scares me so much because, of course, first it's COVID. The Big Pharma, and even Trudeau, they're investing big money, so there will be lots more of this, this vaccines, this mandatory vaccines.

But then again, just like the previous witness said, the biggest is actually this climate change. That's what I'm worried about. What happened when I came a few years back—it was just when Greta Thunberg came to Edmonton—I took time to go downtown in Edmonton and just watch it. And it scared me totally because, just like you said Shawn, about the Nazi times— Those times— Like, of course, I lived through the communists. But we were witnessing people who survived the Holocaust, and those people were telling us what was happening.

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Actually, my diploma, I based on writing the interviews with people who survived. And I've seen those Hitler Jugend organizations, how the young generations was being brainwashed, and indoctrinated. And this is what's happening now in Canada. We are worried, of course, very much about this sexuality being taught in schools, and those poor children being indoctrinated.

But what I saw in Edmonton when Greta Thunberg came, it scared me so much. And I need to talk about it to warn you about. Because that day I went downtown and I saw those buses, and those were coaches coming from all over Alberta bringing those young kids. And they walk through Jasper Avenue towards the legislature in Edmonton. And when I saw this anger and hate in those little kids; how they were being programmed and indoctrinated: yelling, screaming— Right away, I thought this is just like Hitler Jugend operated. This is what our little kids are being programmed to, and they hated.

Since I was there, I, of course, counter-protested and stood by the one father. He took time off work, and he came with his two little children to counter-protest. There's this whole show of Greta and those kids. And we've been watching those big coaches, it was cold, I think it was spring, if I recall, and those are all diesel fuelled. They lined up those big coaches along 109 Street in Edmonton next to the legislature and burning that fossil fuels. Those kids were yelling they hate it, they say leave the planet for us. This is being— And sometimes when I'm watching, flipping through the channels, and seeing that advertisement—

Shawn Buckley

Regina, I don't want to stop you, and yet on the one hand, I want to focus you. I'm going to give you a lot of time to talk because you have some experience that we need to hear from.

I'm just wanting to refocus you more on the COVID issue and your experience, and then I will let you talk further. Because you have an experience that no one else in this room has, and for the people that will be watching your testimony online, both live and afterwards, you have some wisdom to give us. But I just want to kind of focus on the COVID stuff first.

So your sentence for three and a half years, my understanding is this is after a year, you were granted an amnesty and were released.

Regina Goman

Yes, that was about thirteen months.

Shawn Buckley

Okay, but after you were released, the Interior Ministry was going after people like you, so you came to Canada as a political refugee.

Regina Goman

Yes, because we still continue to believe in the cause, so I still was fighting. And at that time, we could see the corruption again, like even in all these organizations, just like it's happening here. The organizations that were supposed to be protecting us, of course, like they failed, and even churches failed. At that time, we had one priest who actually was murdered by our intelligence services, who actually had to admit to that.

The situation was getting worse, and some of my friends who decided to move on because we felt betrayed, and they started seeking asylum in other countries. At the point when even my family was indirectly, of course, persecuted, I listened to the advice of one of my colleagues who actually came first to Canada. He encouraged me to go to Canadian Embassy to get them promissory of the visa so I could be protected by the Canadian government before I leave.

Shawn Buckley

Can I just back you up though because somebody just has indicated to me that C-11 passed today. But I just want to ask because it's with some irony, I think, your answer. But why did you choose to come to Canada

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because you could have gone as a political refugee, you could have gone to pretty well any country because of treaty obligations. Why did you choose to come to Canada?

Regina Goman

Yes, and I actually would be much better to stay in any of Western European countries because I was close to home. And here in Canada, I have no ties, no relatives. But a friend of mine who actually immigrated to Ontario, he encouraged me to come to Canada because he says, "Here we're going to have freedom of rights and our religion. "

And again, ironically, this is the same friend who now, he practically sold everything he had in Canada and moved out to the Third World country in pursuing the freedom. Because we know there is no more freedom in Canada. And we all know it.

Shawn Buckley

So can you share with us, because you lost your job over this, the vaccine mandate. Can you just share with us what happened about that? And I will ask actually to do that briefly because I want us to get back to kind of you explaining some lessons to us.

Regina Goman

Yes, so from the very beginning, I knew that we're being lied to, and all this COVID is about stripping us of our rights and freedoms and replacing that with privileges.

And also, I've been Christian, and I've never in my life, adult life, I cannot say when I was just born in a hospital, but in my conscious life, I've never have taken a vaccine. And I believe that God never failed me because I've been working up north, walking through the office in minus 40, 50 degrees, and I've never, in all of my years with my employer, I've never taken a sick day. That's how my God protects me, and which is why I would never allow for any injection to be put into my body, and especially something that could corrupt my DNA, which I believe is God's signature on my body.

And that was my argument back to my company when I was saying there's all this billions of people in this world, and there's no two people with the same DNA. What does it say? When God creates you, he breathes his life into you, and gives you that gift, which I'm going to cherish, regardless of what's going to happen to me. I will never allow any treatment, regardless, if it's something that has been established, just like, for example, tetanus.

I've been a passionate gardener. I would never do that.

Shawn Buckley

I'm just going to focus again. Sorry. Now, you applied for a religious exemption, and I think you didn't want me to name your company, but the company you worked for is quite a large company. And my understanding is that a large group of people applied for a religious exemption, but not a single one was granted in the company. Is that right?

Regina Goman

That, I cannot say. From the group of people that I'm in touch with, which is about 70 of us, we all received the rejection, and that was exactly the same rejection letter. And it was sent on exactly the same date on November 23rd, regardless of when we submitted our requests. I submitted my request on September 30th, and I had to wait almost two months for the response, which, of course, caused me a lot of trauma. Because I loved my job. I loved what I was doing, and I was appreciated by my supervisors. And I was hoping to work there until I retire.

Shawn Buckley

So can I just point something out? So you apply for a religious exemption on September 30th, 2021. You have a performance review the following month in October 2021, where basically you were highly praised by the management for the excellent work,

[00:20:00]

and you were recognized for your achievements in your performance review. Am I right?

Regina Goman

That is correct.

Shawn Buckley

And then the following month, you basically learned that your application for religious exemption had been denied. And so basically you were forced out on— You were going to lose your job but something else happened. You went and you ended up on medical leave. Can you tell us about that?

Regina Goman

Yes. I felt that my rights were being abused by my employer. It started all back in 2020 December, when I knew things are not going to get any better. I wanted to go for visit with my family in Poland, and that was during my vacation.

At the time there was no government restriction to travel overseas; however, there came a memo from my senior management that any travel has to be approved by our vice president. I went and checked with my supervision to make sure that this is only for work related travel. However, my supervisor checked with the management and was told that no, it includes all travel, including personal. At that point because I truly always cherished my freedom, at that time, I felt like my rights are being infringed on since I did not see any reasonable explanation for trying to take away my right to freely travel. And that was during my vacation, and at that time we have already as non-essential employees, we've been working remotely from home, and so even if I did come back with COVID, I wouldn't pose any danger to my co-workers because you cannot get infected through your computer.

So I knew that my employer was actually going over the rights and taking away my freedoms. And that situation, because I kept on following up, the time was running out, and I wanted to go for my vacation. Of course, flights were being booked. And it came to a point where I kept on pushing my management to intervene with the senior management to obtain this approval. And that caused quite the tension that I should—I done something wrong because I wanted to use my right to freely travel.

Shawn Buckley

Yeah. Now a couple of things were going on, as I understand. So your employer, and I know we've skipped over some stuff like I mean, they were pressuring you guys to get vaccinated, and they were treating you unfairly with this travel. And my understanding is, in February, you ended up seeing a psychologist who diagnosed you with delayed post-traumatic stress disorder.

Regina Goman

Yes, because the main reason I took it really hard was when after waiting almost two months to receive the response to my request, and I was very sure because I did comply with all the requirements. So I was sure that I would get the religious exemption because at that time, I was already a member of the church where Pastor supported my views on keeping my body clean as the temple of the Holy Spirit, and I would not tamper. And I thought I will receive that approval. However, that letter, it was implied; there was not really a specific reason given at that time. It's only when we filed a statement of claim with the Court when, [inaudible], my employer actually responded and said that they believe that the letter from the spiritual leader has been taken off internet.

That hit me so hard because in this beautiful country, I've never been accused of any lies. I've never compromised my— I've never done anything to, to be told that I lied.

[00:25:00]

And so I responded to Human Resources, and I said that I can provide any supporting documentation including a statement from my pastor, again, that that letter was genuine, and I had fulfilled all the required conditions to receive this religious exemption.

Shawn Buckley

And they wouldn't let you basically provide that.

Regina Goman

No, they refused. They say that decision is final, it's not up to appeal.

Shawn Buckley

But that actually reminded you of your trial in Poland, didn't it, where you really weren't able to defend yourself.

Regina Goman

Yes.

Shawn Buckley

And your psychologist basically has found that your post-traumatic stress disorder is a combination of what you experienced with your persecution in Poland, and now you're experiencing the exact same thing in Canada, and that's creating this reaction.

Now, you came to Canada believing that this country would give you freedom, and you came after you had actually been imprisoned in Poland for standing up against communism.

My understanding is that in February of 2022, you were invited by the Polish government to a ceremony where you were to receive the Cross of Freedom and Solidarity for the contribution you had made to, really, what was a revolution in Poland. But ironically, in February of 2022, because of the Government of Canada travel mandates: here after coming to Canada to be free, you could not go back to Poland to receive the Cross of Freedom and Solidarity because you were of a class of citizens that was not allowed to fly in Canada. Is that right?

Regina Goman

Yes, that's correct. I was just told— Well the lady volunteer, when she did the interview with me, she asked a question, "Where is my cross?" And I followed up with the Polish Consulate in Vancouver and was told it is being kept safe in the Consulate.

Shawn Buckley

Well, I can also tell those watching, if you go to the Canada Gazette, which is basically the federal government's newspaper where they publish regulations and things like that, and you do a search under Regina's name, you will find that it's recorded in the Canada Gazette that the Polish government awarded her this Cross of Freedom and Solidarity. So now, I told you that I was going to give you the opportunity to basically share your thoughts on what we should do.

And so you've lived through a police state, and you come from experience that none of us in this room have, and so I'm asking you now: What is your advice for us? What should we do?

Regina Goman

Actually, just like the Bible states, you have to be either hot or cold. You cannot be lukewarm. This is the time now. This is the time to speak up. And I know because I come across my friends and when I ask them, "Please come to the rally, please support this when you still can. Because the day will come that anything, that it will be called misinformation, that's what we're going to go to jail to. And this is the time now. The time is precious. And we cannot come up with excuses." Because sometimes my friends say, "Well, I'm going to be with you in my spirit." I say, "No, your flesh is needed." And just like we were told by the previous witnesses, we have to get involved. We have to get involved in every level of politics.

I promised myself when I came to Canada— The Polish organization approached me and they asked me, "Do you still going to join us in the fight?" And I said, "If I was to fight, I would have stayed back in Poland." And I stayed out of the politics for over 30 years, building my life and providing for the family.

But now is the time. We cannot just pull back and say, "Well, I don't want to be involved in politics." Because the politics are going to shape what is going to happen to you tomorrow. And tomorrow it will be too late. Because our children, grandchildren, they're being indoctrinated.

[00:30:00]

Just like when I saw that group following Greta Thunberg, those kids, they were full of rage. And I was shocked. I was scared. These beautiful Canadian kids who never experienced any hardships in their life—where that rage comes from is indoctrination. That's what's happening in the schools. That's where they are being told that we are destroying their future.

Now is the time. It's the time to speak and teach them. And regardless, I became an outcast even within my own family. Because I was told that I shouldn't be speaking politics, I shouldn't be speaking religion, or COVID. I still do speak. Because just like when I accepted Jesus, and I knew I have to share that good news with people, I lost my friends. But this is something the same, we need to speak, regardless how they take it.

And if they don't want to accept, at least we'll know, we'll have a clean conscience. We've done what we possibly could have done. And we lived, we stood up till the very end. And we did not allow the evil to destroy us, to destroy our children. And this is the time. That time, just like we've heard that Bill C-11 that got passed, this is going to affect all of us.

And that kind of gathering, it will become illegal, and it can happen overnight. And we were told about that, and we saw it here in Canada, when this *Emergencies Act* was called. And that's exactly what happened back in Poland in 1981. It happened overnight.

So this is what I'm pleading with you. Don't push, don't feel like, well, I shouldn't do, I shouldn't, I should be gentle. Maybe they will listen to me, no. We need to speak truth, and we speak, have to speak very with power, and not pull back. And regardless of the cost. That's what I'm telling my friends. "Today you're telling me you're not going to come to the rally because you have extra, some work at home to do." Pretty soon, you will not have your work, saying, "Oh, well, I have to take my kid to the hockey game." Pretty soon, you will not be allowed to have a hockey game. And we have experienced that already, right? And the sad part is, the history repeats itself. Every single time, when you look at the pattern, when you look at the Hitler era, when you look at what Goebbels did, when you look what the communists did, and when you're seeing what the mainstream media are doing now.

The people who are apathetic, who are just sitting and saying, "Well, I'm not going to vote, I'm not, I'm not, I don't want to be involved." We know, we have to, we have to speak up, and we have to go to every single level. We have to go to the school boards. We have to. We have to go to all the political rallies, we have to. Because otherwise, one day, we're going to stand, and those kids are going to tell— "Where were you when those decisions were being made? Now it's too late." And your own children will hate you because they will be fed. That's what kids in schools during the communists, were fed with. That's why my neighbours, in my neighbourhood, they were laughing at me. They were saying, "What is she doing?" Because there was a handful of us. And suddenly, now, what the history says, "Well, yes, you've been a hero. You have been awarded the cross for what you stood up then." And the same thing is happening now.

We need to stand up. And regardless, again, regardless of the cost because pretty soon nothing will matter. They're going to implement this digital ID, and they're going to take all our rights. And then you will be at their mercy, begging them for the privilege to travel, for the privilege to go to a game, or to a restaurant. And I was being yelled at in stores because I refused to wear a mask. And even I went to the doctor to get that mask exemption, just so I have it. I've never shown to nobody. But I was still denied. My employer would not actually recognize my mask exemption when they called us for a couple of weeks because that was one of their trying to pressure us to take the vaccine.

You know, when we were getting those letters, and they were telling us, "You're not going to earn your yearly bonus." Many people went and got vaccinated. I got this outstanding review. And what happened? I never got my bonus. Do I care about it? No, because I know we have much higher principles than just money. And at some point, that money will mean nothing again anyways.

[00:35:00]

So this is the time.

Shawn Buckley

Regina, I'm going to let the commissioners, I'm going to ask them if they have any questions for you. And there are questions.

Commissioner Kaikkonen

Thank you for your testimony. When you speak of the indoctrination of our children and that we're told we're destroying our children's future, and that is what they're hearing in school, I can attest to that as a school trustee in my area that that's what they're doing.

But I know also there's a body of research that you may be able to speak to and you may not. It's called the coloured shirt movement, when some of us might remember the Brown Shirt movement in Nazi Germany. There's a Pink Shirt movement, how it's tied specifically to tyranny. You can go find that research. It's online. It's pretty available. And it talks about all of the different shirt movements that our youth do, and how it links with tyranny and the research is very solid. I'm just wondering if you could speak to that.

Did you see any youth that had colored shirt movements that were working through the school system that would lead to some of us to be informed about where tyranny would be the next step for those youth, those young people?

Regina Goman

For what I've been seeing was how those children were being indoctrinated and they've been rewarded. And to belong to a specific colour, you had to earn to that level.

When I was doing my research and writing based on those experiences from people who actually experienced that, and the ones who stood up to this propaganda, they were being beaten by those groups of youngsters because there was so much hate being planted in their minds, that they could not act in a human way. It was all about this propaganda machine.

And that's what I'm seeing here where the children are being— Because we taught them that about the authority, "Your teacher is an authority. And whatever the teacher is teaching you, you bring home." And actually, I've heard from my niece's little son came home from school and telling his dad that fossil fuels, that's evil, that we need to stop it. And the little children, like 10 years old, those are the kind of topics they're being taught in schools.

Commissioner Kaikkonen

Thank you.

Shawn Buckley

Regina, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for setting an example for us and coming and sharing your experiences with us at the National Citizens Inquiry.

Regina Goman

Actually, I thank you for the opportunity and for this great initiative when we can still record all the damage that had been done to this society. Because when I came here almost 40 years ago, that was a beautiful country and built on Christian values. And what happened to this country when we are looking for possibly just leaving it and going somewhere else in search of freedom. Thank you.

[00:38:56]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 11: Babita Rana

Full Day 2 Timestamp: 09:59:36–10:14:09

Source URL: <https://rumble.com/v2kqsgcc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is Babita Rana. Babita, can you please state your full name for the record spelling your first and last name?

Babita Rana

Babita Rana, B-A-B-I-T-A R-A-N-A.

Shawn Buckley

Babita, do you promise to tell the truth, the whole truth, and nothing but the truth?

Babita Rana

Yes.

Shawn Buckley

Now, you are a computer programmer at the University of Alberta.

Babita Rana

Yes.

Shawn Buckley

And you have worked there for over 20 years.

Babita Rana

Yes, I've been there for about 28 years as a student and staff.

Shawn Buckley

Right, right. Now, can you tell us what happened, what your experience was as an employee at the university when COVID came along?

Babita Rana

Okay, so March 2020, everything shifted to remote work. So ever since March 2020, I've been working from home. My whole team shifted to remote work and that transition went pretty smoothly, just given the nature of our jobs. It was all on computers online, so we found our groove pretty quickly. And yeah, we worked from home until September 2021.

Shawn Buckley

I'll just stop you. Because you're a computer programmer, you and your whole team can— You don't have to be on site; you can work from home.

Babita Rana

Exactly. I was able to perform 100 per cent of my duties remotely in that year. In those 18 months between March 2020 and September '21, I did not have to go into the office at any point to do my job.

Shawn Buckley

Okay. I just think it's important for people to understand that as your story goes forward. So I'm sorry, continue.

Babita Rana

Okay, so September 2021, that is when the university introduced the COVID-19 directive. Compliance was mandatory, and they had given us the options— Or they had told us that they would make accommodations for medical exemptions and religious exemptions. So I applied for a religious exemption early October 2021. That exemption was denied. I received an email late on a Friday night around 10 p.m. telling me that the exemption was denied, and I was given five days to appeal. So essentially, two business days to appeal. I managed to get in the appeal, and the appeal was also denied. And shortly thereafter, I was informed that I would be placed on leave without pay.

Shawn Buckley

Can I just back up and flesh out with you a few questions about the religious exemption? **Because my understanding is that a number of employees, over 100 applied for religious exemptions and that you're aware of this because of discussions with the union. Am I correct?**

Babita Rana

That's right. I'm told that the university received over 100 religious exemption requests from staff. That doesn't include students and that doesn't include the medical exemptions.

Shawn Buckley

Okay, we're just speaking about staff. But as far as religious exemptions, you were advised by the union that over 100 applied. And my understanding is that 100 per cent of those applications were denied.

Babita Rana

Yes, that's what I was told by the union.

Shawn Buckley

And that they were all denied on the same day.

Babita Rana

They were all denied in the same fashion. We were all given similar canned email responses that went out at the same day. I know this because I was in communication with other staff who were affected by this. We were sharing stories, and they had said that they had received the same email at the same time.

Shawn Buckley

Okay, now the University of Alberta actually has its own human rights office.

Babita Rana

Right.

Shawn Buckley

And so you made an application to the University of Alberta Human Rights Office. Can you tell us what happened?

Babita Rana

So yes, after my appeal was also denied, I submitted a formal application. The university has this office called, Office of Safe Disclosure and Human Rights. And through our union collective agreement, there's a process whereby you can submit a formal discrimination complaint. So I ended up submitting that complaint

[00:05:00]

after I received my notice that I was going to be placed on leave. There was also this work-from-home program that the university had introduced in mid-November of 2021. So that was basically just formalizing what we had already been doing, working from home. It was just paperwork. But that work-from-home program wasn't available to me because I wasn't vaccinated. The rest of my—

Shawn Buckley

I just want to get it clear. So first of all, you had a job that 100 per cent you could do from home, and you were doing from home.

Babita Rana

Yes.

Shawn Buckley

You weren't asked to come back to the campus.

Babita Rana

Yes.

Shawn Buckley

But notwithstanding that you were working from home, there was a program that you could apply for to be classed as working at home. But to qualify for that you had to be vaccinated.

Babita Rana

Right, so my entire team was approved to continue working from home, but I was excluded from that.

Shawn Buckley

So the university thought that because you were unvaccinated, you weren't safe to work at home, apparently.

Babita Rana

Yes.

Shawn Buckley

Okay. Did they explain that to you? Because I'm having a few cognitive difficulties.

Babita Rana

They would phrase it as I was non-compliant with the COVID mandate; therefore, I couldn't apply for the work-from-home program. And I would argue that I would try to be compliant with their COVID directive via this exemption route, but they kept denying that.

Shawn Buckley

So you filed under this safe disclosure and human rights process. My understanding is there was four of you that did this. There were four complaints that were submitted.

Babita Rana

Yes, four.

Shawn Buckley

And my understanding is that actually the University of Alberta then stepped in and just stopped those complaints, terminated them.

Babita Rana

Right. So I was checking in with my union. This would have been probably early February 2022. I was checking in on the status of my complaint, and my understanding was that they were trying to settle on an arbitrator. And then shortly thereafter, I received notice that the University had reviewed the complaint and decided that an investigation was not needed. So they closed it. Closed all four.

Shawn Buckley

So your union had to file a grievance about that process now.

Babita Rana

Right.

Shawn Buckley

And you've been waiting 14 months on that grievance and nothing has happened.

Babita Rana

That's right.

Shawn Buckley

And you also then filed an Alberta Human Rights complaint, and you've been waiting 14 months, and nothing's happened.

Babita Rana

That's right, yes. My human rights complaint was accepted by the intake officer pretty quickly. But it's been pending approval from the director.

Shawn Buckley

I'm wondering if you can share with us, how have you been affected by this experience that you've had?

Babita Rana

Well, I was under a lot of stress in late 2021 when I was trying to get the University to see my perspective. I'd emailed the president several times; I'd emailed the board of governors several times. I got no response from them. I emailed the minister of advanced education and that office eventually got back to me and said that it was out of their hands and that I should get vaccinated.

But yeah, I was under a lot of stress at that time. I was worried about how we were going to manage our family finances when we were missing an entire income. And that's when a lot

of my physical health issues started as well. I think that's all because of the stress. And I still deal with those physical health issues today. It's been a long recovery.

Shawn Buckley

Right, so now that we're in April of 2023, you're still affected with depression.

Babita Rana

Yeah, so January 2022, that's when I was on leave. And looking back at that time now, I realized I was depressed. I was depressed, I was frustrated, and I was confused. I couldn't understand. That first week, I literally just sat on the couch with my kid, and I watched cartoons. I thought about nothing. I did nothing.

[00:10:00]

And I couldn't understand why I was sitting here when I could have been sitting ten feet over there at my desk working. But somehow that was unsafe for me to be ten feet over there. I was confused. I was angry.

Shawn Buckley

I know you don't want to go into details, so we won't. But I did want to just confirm with you that when you're talking about physical health issues that you also experienced because of the stress, it literally affected your day-to-day life for some period of time.

Babita Rana

Yeah. Everything from my ability to sleep, to being able to do basic hygiene, to getting dressed, to cooking, to cleaning, to being able to play with my kid. Every single thing that I did in my day was affected. There was a lot of pain, and it was extremely debilitating. And I still am trying to recover from that. I'm told that it's possible that it may not be a 100 per cent recovery.

Shawn Buckley

Right. I wanted to bring that up, even though you didn't want to go into the details, just so that people understand that this is something that's been lasting and significant. We're just not going into the details.

Now, I don't have any further questions for you. I'll ask if the commissioners have any questions.

Commissioner Drysdale

One of the things I've been hearing from multiple witnesses is that they applied for religious exemptions. I've heard this from police; I've heard it from doctors. I've heard it from folks like yourself. Did the university explain to you how they judged whether or not you believed in whatever it was you believe in, in your religion? How were they the arbiters of that?

Babita Rana

In my requests, I had made it very clear to them that I felt very strongly about my position. I had made it very clear to them that there were elements, from like a Hindu and a Christian background, that supported my arguments. Because I have both in my background. So I thought that I had met the legal definition of a valid religious belief, a sincere belief that connects to a larger belief system.

And they said, "No." They said, "No, your beliefs are not sincere. Your beliefs do not connect to a larger system; therefore, you're denied." And I found that to be extremely offensive. I laid out my personal history, my religious background. I laid it all out for them in an attempt to convince them of how important this was to me. And then for them to come back and say, "No, your beliefs are not good enough." That was extremely offensive and degrading to go through that.

Commissioner Drysdale

How did you feel and how do you feel about your employer looking into and questioning probably one of the most personal aspects of your life?

Babita Rana

Yeah, it's wrong. I tried to express to them that this is something that I'm very passionate about. Who are they to judge my beliefs? I couldn't understand it. It made me very frustrated, very angry.

Commissioner Drysdale

Thank you.

Shawn Buckley

So there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Babita Rana

Thank you.

[00:14:33]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 12: Madison Lowe

Full Day 2 Timestamp: 10:14:12–10:24:27

Source URL: <https://rumble.com/v2kqsgcc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is Madison Lowe. Madison, can you please state your full name for the record, spelling your first and last name?

Madison Lowe

Madison Ragna Lowe, M-A-D-I-S-O-N L-O-W-E.

Shawn Buckley

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

Madison Lowe

Yes, I do.

Shawn Buckley

Now, you are a software developer, you've got a software engineering degree, and you've been working as a software developer for nine years.

Madison Lowe

That's correct.

Shawn Buckley

Now, you made a decision to get vaccinated with the COVID-19 vaccine. Can you share with us what led you to that decision?

Madison Lowe

Well, I felt pressured to get the vaccine to see people, to go to restaurants, to travel. And I went to a government website, a canada.ca website, that was displaying the number of adverse events and the number of shots distributed in Canada. And I used that website to determine if I was comfortable with the risk of the vaccine.

Shawn Buckley

Okay, so you're basically going to a Government of Canada site to get truthful information about adverse reactions so you can figure out, basically— Do a risk benefit analysis for yourself.

Madison Lowe

That's right.

Shawn Buckley

Did you also look at how they were collecting the data? Can you speak about that?

Madison Lowe

Yeah, the same canada.ca website, I was curious how adverse events were collected, how post-marketing surveillance was performed. And I found guidance on submitting an adverse event form on the website. The guidance included what constituted a serious adverse event. It had timelines for if a symptom shows up within a certain amount of time from getting a vaccine, then you should report an adverse event. It had this information for non-mRNA vaccines, but I made the assumption that the process would apply to mRNA vaccines as well.

Shawn Buckley

Is it fair to say that you felt assured that the data was being collected in a rigorous way and an unbiased way?

Madison Lowe

Yes, I made the assumption that it was collected in a rigorous and unbiased way, and also that new, bad side effects were being actively looked for.

Shawn Buckley

Right, and I use terms that actually you had brought up during an interview, just in case anyone thinks I'm leading this witness. You were actually basically doing due diligence to try and make an informed decision.

Madison Lowe

Yes, I was.

Shawn Buckley

And then you decided the risk was low, so you took the vaccine.

Madison Lowe

Yeah.

Shawn Buckley

So can you tell us what happened?

Madison Lowe

So I got two shots of Moderna, and three days after my second shot, I started getting new symptoms that I'd never had before. I had a high resting heart rate. I'm a runner, so my resting heart rate is usually around 60 beats per minute, and it was spiking over a hundred beats per minute and getting up to 130. Sometimes these episodes would come along with feelings of anxiety, but the worst part was that they would trigger pre-existing gastrointestinal issues, and that was really the debilitating part.

Shawn Buckley

Now, but when you say pre-existing gastrointestinal issue— Before the second shot, you managed that; you managed the symptoms of that pre-existing issue; you were able to, you know, live reasonably normal.

Madison Lowe

That's correct. I was able to participate in all aspects of life, fine.

Shawn Buckley

Okay, so you're speaking about something completely different than before.

Madison Lowe

Yeah.

Shawn Buckley

And how long did these symptoms persist?

Madison Lowe

Well, many months. Six months full on and then started getting better, and I am much better now, but still not 100 per cent.

Shawn Buckley

Okay, now you actually went to your doctor to see if you could get your adverse reaction reported. Can you tell us about that?

Madison Lowe

That's right. So I went on this canada.ca site that was showing how to submit an adverse event report. And I brought that site to the doctor I was seeing at the time and told her,

"Look, I meet the criteria for an adverse event. So we should report it so that it's tracked."
And she agreed, and she submitted the adverse event report, which is great.

[00:05:00]

Shawn Buckley

Okay, so your doctor was on side. Your doctor submitted the form. And what happened after that?

Madison Lowe

A little while later, AHS [Alberta Health Services] phoned me to tell me they weren't going to submit my report to the surveillance database because it was not a known side effect.

Shawn Buckley

I'm just going to stop you there. I think you need to repeat that and speak slowly.

Madison Lowe

AHS phoned me to tell me they were not going to submit my adverse event report to the surveillance database. This is the database that I believe was driving that webpage that I was using to make the decision because it was not a known side effect. So at that point in time, I knew that that webpage wasn't showing all the data that I cared about.

Shawn Buckley

Right, so basically the message is that they were not looking for new side effects.

Madison Lowe

That is what I concluded from that.

Shawn Buckley

How did you feel about that?

Madison Lowe

I was shocked. I had no idea that the post-marketing surveillance system was so broken, I guess.

Shawn Buckley

Right, so how would you recommend that we do things differently going forward?

Madison Lowe

To make an informed decision about a pharmaceutical, I would like data to be collected in a thorough, accurate, and unbiased way. I would like statistical analysis to be performed on all the data by experts. I would like the methods, results, and conflicts of interest to be publicly available. And I would like the risks and unknowns to be made public.

Since my report was tossed away, I don't trust that anyone is investigating whether or not my symptoms were caused by the vaccine. And to me, that's an unknown. And when I make a decision, the unknowns, matter as much to me, as the known risks.

Shawn Buckley

Thank you. And I actually thank you for those four points which I saw the commissioners writing down, because I know you actually you put in a lot of thought in making those recommendations. I'll ask the commissioners now if they have any questions of you.

Commissioner Drysdale

When you were given your two Moderna shots did whoever provided those injections, did they talk to you about what the unknowns were, what the side effects might be, what the risks were, what the benefits were, so you could make an informed decision?

Madison Lowe

No, certainly not. The only messaging I remember receiving about the shots was that they were safe. And that's basically it.

Commissioner Drysdale

And you reviewed the government website as well, you were saying in your testimony, prior to getting the shots?

Madison Lowe

Yes, I looked at the webpage that was showing the number of adverse events.

Commissioner Drysdale

And they didn't provide any information about adverse effects or the risks of having taken the vaccine, as well?

Madison Lowe

There was a lot of— There were some adverse events listed. The rate was quite low, so I thought it was acceptable for myself.

Commissioner Drysdale

Did the website tell you that death was a possible side effect?

Madison Lowe

I specifically remember looking that up. And that was really interesting for me because I was looking at— I looked for the criteria for how they figured out if death was associated, or death was caused by the vaccine. And what they reported was, they had a number of deaths that were reported as being caused by the vaccine, and then they decided that they weren't, and then several that were inconclusive. But none that they had determined were actually caused by the vaccine.

Commissioner Drysdale

Did you have any understanding before you went in for your shots what your risk of actually contracting and dying of COVID-19 was, given your age group?

Madison Lowe

No, I don't think I did.

Commissioner Drysdale

Thank you.

Shawn Buckley

There being no further questions, Madison, on behalf of the National Citizens Inquiry, we sincerely thank you for your testimony today.

Madison Lowe

Thank you for the opportunity.

[00:10:15]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Witness 13: Garry Bredeson

Full Day 2 Timestamp: 10:24:26–10:38:30

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

Is Garry Bredesen still here? Yes, Garry's coming to the stand.

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

Garry Bredeson

Garry Bredesen, G-A-R-R-Y B-R-E-D-E-S-O-N.

Shawn Buckley

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

Garry Bredeson

I do.

Shawn Buckley

Now, you are a small business owner in the area of freight logistics, and you've been doing that for 25 years.

Garry Bredeson

Yes.

Shawn Buckley

And I forget now, when I wrote down your kids' ages, whether it was at COVID time or now. But I wrote down your kids are 25, 23, and 21. So is that now or when COVID hit?

Garry Bredeson

That's approximately what it is now, yes.

Shawn Buckley

Okay. Now, when COVID hit, your oldest was at UBCO, which is the University of British Columbia University campus in the Okanagan.

Garry Bredeson

Correct.

Shawn Buckley

And your middle child was at the University of Alberta?

Garry Bredeson

Yes.

Shawn Buckley

And your youngest child was at the University of Victoria.

Garry Bredeson

Correct.

Shawn Buckley

So now you're here to testify in— One of the themes is about the impact of the lockdowns and the COVID measures on education, and I'm wondering if you can share with us what you saw and what your thoughts were.

Garry Bredeson

Well, all three boys were in university as of 2019, and we did hear of some rumblings coming out of China around Christmas time in 2019. And at that point, the boys were all home for Christmas, and then on their departure back to university, we told them to be careful not to expose themselves needlessly, and just to be careful.

And promptly, the oldest boy got sick with flu-like symptoms, very severe. He missed about 10 days of school. And then the youngest, he likewise got ill. Probably not as severe, but he did experience discomfort. And from that point on—later on in the school year—around March, we had heard that, I believe it was that year, that the universities were going to shut down and go online for the remainder of the year.

My wife and I were taken unawares of that edict coming down, so we had to scramble to get our youngest back from UVic [University of Victoria] and get him back into Alberta so that he could continue and finish off his year. So basically, we had to scramble, get the truck out, and load up all his stuff out of Res, and get him back to Alberta. So obviously, that was quite the undertaking on last-minute notice.

Shawn Buckley

Can you speak to us about the social impacts on your kids with the lockdowns and online and all of that?

Garry Bredeson

For sure. Obviously, all young people are very social, and them having to come home and learn from our basement online was, it was a definite negative. And it seemed like the universities, they made some effort to make it seamless, but obviously it's never the same when you have two young men in the same room trying to learn with labs and whatnot, online. It's practically impossible for them to absorb and to excel.

From what they accomplished, it's very impressive how they managed to make that happen despite what the government had put in front of them. And basically, it was done to them. It was not something that happened. It was done to them.

Shawn Buckley

Right, and I remember when we were talking, you were kind of just expounding on your first year of university.

[00:05:00]

So your youngest child at UVic, I mean that's when you make your connections, and that's when you meet people, and it's very social. And that, basically, it just didn't go that way for him.

Garry Bredeson

Correct, you know, he— For first year, you know, they want to be making those contacts where you might be in class with these people for the next four or five years. And he never had that opportunity. And next thing you know, everybody's hiding from each other. It was a matter of you're— If you get too close to somebody, you know you're impacting their health, and all of a sudden, you're being labelled a killer.

Shawn Buckley

So it's not just that the universities were shut down, that they weren't having the activities, but it's actually the university students, a lot of them were afraid of each other.

Garry Bredeson

Correct. They didn't know any better than the rest of us; what they were being fed was a continual diet of fear and admonishment for being social, or even just trying to be a regular student. The University of Alberta still has that up on their website. Stay away from each other. Get vaccinated. It's all— It just never stops. How they could ever get beyond that if they ever followed the edicts that the universities were putting out?

Shawn Buckley

Right. And how do you think the quality of education was when they had to switch to online? Clearly you'd already mentioned labs, and I can't see those being very effective. What are your thoughts on the quality of education?

Garry Bredeson

Well, in talking with our boys, obviously it was a clear travesty against their education. They clearly got a much lower level of instruction, and— But on the plus side, we got to pay more.

Shawn Buckley

There's always a silver lining.

Garry Bredeson

Yes.

Shawn Buckley

Now my understanding is that in 2021, in the Fall term—your youngest son was still at UVic—that UVic actually surprisingly did not have a vaccine mandate. So you—as long as you were getting weekly PCR [Polymerase Chain Reaction] testing—you didn't have to be vaccinated to attend. But something happened at Christmas. Tell us about getting them home at Christmas, because that was an interesting year for you.

Garry Bredeson

Yeah, well, during November of that year, we found out that all the roads got washed out of lower mainland BC. And our plane ticket that we had pre-purchased for our youngest coming out of UVic was not going to be honoured because our government deemed that we were unfit to fly with people that were vaccinated. So we were lowered to a lower status and were relegated to crawl on the ground with the bugs. So we had to find him travel, some sort of travel means to get back into Alberta.

We found a group of parents that were in the same position that we were, and we were looking at all options like chartering an airplane, or chartering a bus, or whatever. But what we found out was that even if we could get an airplane chartered for our kids, there was no airport that would accommodate them, because they were unclean.

Shawn Buckley

Right, so even if a chartered plane was there on the tarmac, the airport policy was you couldn't even go on a chartered plane just filled strictly with unvaccinated people. So that was a dead end.

Garry Bredeson

That was a dead end, and even going into a small airplane or airport such as— It was nearby Cochrane, which is just a small airport. But because it's federally funded or—

Shawn Buckley

I think it's constitutional jurisdiction.

Garry Bredeson

Yeah. We weren't able to even accommodate that. So we ended up renting him a car.

[00:10:00]

Thankfully, they allowed us to rent a car because he's only 21 years old. And so he had to navigate the highways, which were torn apart, and take goat trails back home into Alberta. And it was just a nightmare.

Shawn Buckley

Now, I just want to switch gears and ask you how you were personally affected by the mandates and the government measures.

Garry Bredeson

Well when the mandates came down, business stopped because all of our trucks were not allowed to go across a border. So we lost contracts that were pre-negotiated during the previous year. And by the time they opened the borders up again for truck traffic, we basically were squeezed out. And at that point, we had to find a different revenue stream.

And then for ourselves, socially, we couldn't go to restaurants. Friends and family that we normally had no issues with, all of a sudden we were being deemed social outcasts because we took a different mindset than what they did. And if you bring up any sort of evidence or websites, and evidence from revered vaccinologists and virus scientists, they were deemed as people we couldn't refer to because they had an alternative agenda. So therefore, we were effectively shut out.

Shawn Buckley

We're supposed to ask witnesses how they would do things differently. And I know when we were talking, I made a specific note to ask you about personal responsibility, so can you share your thoughts on that?

Garry Bredeson

Well, personal responsibility, we all have to make sure that we are looking into the reasoning behind these laws, or mandates that our government, our representatives are bringing forward to us, ensuring that we are seeing exactly what they are saying is true. We can't just go out and say, "Okay, it's our government. We elected them, so therefore they're telling us the truth." There's just no way that we can just rely on that. We need to go out there, find the truth, make sure that we spread the truth, and we are always asking questions of our elected officials.

It's always handy that they are not allowing us to talk to them directly anymore, because of the COVID issues of— Whenever there is an election, we cannot ask direct questions because we might be spreading death and destruction as far as the government is concerned.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions for you. There being no questions, Garry, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying.

Garry Bredeson
Thank you.

[00:14:04]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 2

April 27, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 2 Timestamp: 11:05:40–11:06:26

Source URL: <https://rumble.com/v2kqsc-national-citizens-inquiry-red-deer-day-2.html>

[00:00:00]

Shawn Buckley

And that will conclude the second day of hearings in Red Deer.

We invite you to share with us tomorrow as we start at 9 a.m. Mountain Time for the third days of hearings. Again, and I can't stop saying that you cannot attend a day of the National Citizens Inquiry and be the same person at the end of the day.

There's just something— I almost want to say therapeutic, but I don't have a word. There's just something about seeing these people tell their stories that is life changing and I invite you to participate.

[00:00:46]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE RED DEER HEARINGS

NCI | CeNC

**Red Deer, Alberta, Canada
April 26 to 28, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Opening Statement, Shawn Buckley

Full Day 3 Timestamp: 00:46:31–01:20:51

Source URL, <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.

As I say, this takes about \$35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

[00:05:00]

just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.

But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

[00:10:00]

then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

[00:15:00]

The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, “no you can't speak; you can't share your opinion.” Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can “prescribe.” So they can pass a regulation saying, “Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, ‘Well, you know, but this, this, this, this, it does apply too.’”

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

[00:20:00]

This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term “Orwellian” and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called “newspeak,”

where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."

Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.

I read that book when I was a young university student doing my first degree, and it never dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

So it's not a mistake.

[00:25:00]

And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.

I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is: Have you had enough? Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying. So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

[00:30:00]

and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.

You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to 10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

[00:34:20]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 1: Christopher Scott

Full Day 3 Timestamp: 01:20:51–02:12:52

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

Christopher Scott

Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

Shawn Buckley

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

Christopher Scott

I do.

Shawn Buckley

Now, as I understand it, you are the owner of the Whistle Stop Cafe.

Christopher Scott

That's correct.

Shawn Buckley

And what town is that in, and what's the population of this town?

Christopher Scott

The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

Shawn Buckley

Okay, hey, so it's growing.

Christopher Scott

Growing, like a weed.

Shawn Buckley

When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

Christopher Scott

That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

Shawn Buckley

And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

Christopher Scott

No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

Shawn Buckley

Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

Christopher Scott

I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

Shawn Buckley

Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

Christopher Scott

Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

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And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

Shawn Buckley

My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

Christopher Scott

That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

Shawn Buckley

Right, okay. Now, so you're complying, and how is that affecting your business economically?

Christopher Scott

Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.

Shawn Buckley

Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?

Christopher Scott

Sure. So as many people will likely remember— The election prior to this, we elected a government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about protecting people's health. This was not about keeping people safe. It was about control.

And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.

Shawn Buckley

And that happened on January 24th, 2021.

Christopher Scott

That's correct.

Shawn Buckley

So what happened after you opened in protest?

Christopher Scott

Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

[00:10:00]

We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."

Shawn Buckley

So I just want to make sure that I'm clear. This is the Chief of Police?

Christopher Scott

Yeah, Chief of Police.

Shawn Buckley

So it would be an RCMP officer?

Christopher Scott

Right.

Shawn Buckley

So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

Christopher Scott

That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want \$25,000 from you upfront, before they even do anything. It costs \$10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

[00:15:00]

in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

Shawn Buckley

Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

Christopher Scott

Yeah, we've had people from all over the country show up there. There were people driving 8-12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

Shawn Buckley

If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

Christopher Scott

Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

Shawn Buckley

Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

Christopher Scott

Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

Shawn Buckley

Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Health Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

Christopher Scott

I lost count when I ran out of fingers and toes, but I think it was 23.

Shawn Buckley

Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

Christopher Scott

They did, yeah.

Shawn Buckley

They got Occupational Health and Safety involved to come and visit you.

Christopher Scott

Yes.

Shawn Buckley

They seized liquor.

Christopher Scott

Yeah.

Shawn Buckley

They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

Christopher Scott

They did.

Shawn Buckley

So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

Christopher Scott

Yes, they did.

Shawn Buckley

So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

Christopher Scott

Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

Shawn Buckley

Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

Christopher Scott

It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

Shawn Buckley

And my understanding is you spent three days in jail.

Christopher Scott

I spent three days in jail. I was subject to sanctions of \$30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

Shawn Buckley

So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to \$30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

[00:25:00]

So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

Christopher Scott

That's correct.

Shawn Buckley

Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

Christopher Scott

Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

Shawn Buckley

Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

Christopher Scott

Yes, I do.

Shawn Buckley

I'm inviting you to share them.

Christopher Scott

I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer \$50 or a \$100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.

As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.

Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

[00:35:00]

or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put \$10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

Shawn Buckley

I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

Commissioner Drysdale

Good morning.

Christopher Scott

Good morning.

Commissioner Drysdale

Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

Christopher Scott

Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

Commissioner Drysdale

How were you treated by the alternative media in Canada?

Christopher Scott

Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.

Commissioner Drysdale

Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

Christopher Scott

Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.

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And it's not supposed to be that way. The legislation was supposed to protect Canadian content.

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

Commissioner Drysdale

You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.

Christopher Scott

Right.

Commissioner Drysdale

Did they handcuff you when they arrested you?

Christopher Scott

Of course.

Commissioner Drysdale

Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

Christopher Scott

No, they left me in the drunk tank for three days.

Commissioner Drysdale

Can you describe that room for me please?

Christopher Scott

Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

Commissioner Drysdale

Were you violent?

Christopher Scott

How so?

Commissioner Drysdale

I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

Christopher Scott

No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

Commissioner Drysdale

My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

Christopher Scott

Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

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is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

Commissioner Drysdale

You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

Christopher Scott

In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

Christopher Scott

Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

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So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 2: Dr. Misha Susoeff

Full Day 3 Timestamp: 02:12:52–02:52:37

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

Dr. Misha Susoeff

Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

Shawn Buckley

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

Dr. Misha Susoeff

Yes, sir, I do.

Shawn Buckley

Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

Dr. Misha Susoeff

Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

Shawn Buckley

Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

Dr. Misha Susoeff

Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

Shawn Buckley

Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

Dr. Misha Susoeff

Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

Shawn Buckley

I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

Dr. Misha Susoeff

Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

Shawn Buckley

In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

Dr. Misha Susoeff

Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

Shawn Buckley

So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

Dr. Misha Susoeff

Yes, sir, internal passport version two.

Shawn Buckley

And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

Dr. Misha Susoeff

Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

Shawn Buckley

It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

Dr. Misha Susoeff

As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

Shawn Buckley

So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

Dr. Misha Susoeff

Yes, sir, sadly.

Shawn Buckley

Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

Dr. Misha Susoeff

There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

Shawn Buckley

Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

Dr. Misha Susoeff

Prior to the pandemic, I don't recall that ever happening.

Shawn Buckley

Okay, now did that change after the vaccine rollout?

Dr. Misha Susoeff

Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

Shawn Buckley

Okay, and how often has that happened to you now?

Dr. Misha Susoeff

Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

Shawn Buckley

Seventeen.

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

Dr. Misha Susoeff

Yeah, exactly. To my recollection prior to the pandemic.

Shawn Buckley

Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

Dr. Misha Susoeff

Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

Shawn Buckley

And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

Dr. Misha Susoeff

Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

Shawn Buckley

Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

Dr. Misha Susoeff

Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

Shawn Buckley

Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

Dr. Misha Susoeff

They at least accepted the possibility.

Shawn Buckley

Right, and they're volunteering this, right?

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

And yet they they've made a comment how stupid people are who aren't vaccinated.

Dr. Misha Susoeff

It's unbelievable.

Shawn Buckley

But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

Dr. Misha Susoeff

In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

Shawn Buckley

Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

Dr. Misha Susoeff

Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

Shawn Buckley

And did anything happen?

Dr. Misha Susoeff

Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

Shawn Buckley

And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

Dr. Misha Susoeff

Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

Shawn Buckley

Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

Dr. Misha Susoeff

I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

Shawn Buckley

I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

Dr. Misha Susoeff

I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen

Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

Dr. Misha Susoeff

So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

Commissioner Kaikkonen

Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

Dr. Misha Susoeff

In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

Commissioner Kaikkonen

And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

Dr. Misha Susoeff

I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

Commissioner Kaikkonen

Thank you very much.

Dr. Misha Susoeff

Thank you.

Commissioner Drysdale

Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

Dr. Misha Susoeff

No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

Commissioner Drysdale

You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

Dr. Misha Susoeff

Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

Commissioner Drysdale

But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

Dr. Misha Susoeff

Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

Commissioner Drysdale

We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

Dr. Misha Susoeff

That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

Dr. Misha Susoeff

Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

Dr. Misha Susoeff

Yes, sir.

Commissioner Drysdale

But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

Dr. Misha Susoeff

I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

Commissioner Drysdale

Thank you.

Shawn Buckley

Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

Dr. Misha Susoeff

Thank you.

[00:39:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 3: James Coates

Full Day 3 Timestamp: 03:03:58–03:56:25

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

James Coates

Okay.

Wayne Lenhardt

There.

James Coates

I'm not sure how to mitigate that.

Wayne Lenhardt

I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

James Coates

Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

James Coates

Of course.

Wayne Lenhardt

Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

James Coates

Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

Wayne Lenhardt
Excuse me?

James Coates
Yeah.

Wayne Lenhardt

Do you recall exactly what the undertaking was?

James Coates

Well, it was an undertaking ordering me to comply with *the Public Health Act*.

Wayne Lenhardt

Oh, okay. Okay.

James Coates

That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

Wayne Lenhardt

Okay. Carry on.

James Coates

In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

Wayne Lenhardt

So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

James Coates

Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

Wayne Lenhardt

I don't exactly recall, either.

James Coates

So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

Wayne Lenhardt

Okay, so is there anything else still pending that you want to tell us about?

James Coates

You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a \$1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

Wayne Lenhardt

At this point, do the commissioners have any questions?

Commissioner Kaikkonen

I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

Wayne Lenhardt

I suppose we could, if we have a copy of it.

Commissioner Kaikkonen

Are you okay if we have a copy of those two sermons that went viral?

James Coates

Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

God vs. Government, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

Commissioner Kaikkonen

Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

James Coates

You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

Commissioner Kaikkonen

And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

James Coates

Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

Commissioner Kaikkonen

It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

James Coates

Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

Commissioner Kaikkonen

And churches are known for their good works in the community, is that right?

James Coates

Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

Commissioner Kaikkonen

And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members, where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

James Coates

Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

Commissioner Kaikkonen

Thank you very much for your testimony.

James Coates

You're welcome.

Commissioner Drysdale

Good morning, Pastor Coates.

James Coates

Good morning.

Commissioner Drysdale

Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

James Coates

Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

Commissioner Drysdale

What is the physical capacity of your facility?

James Coates

Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

Commissioner Drysdale

So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

James Coates

Yeah, I don't know how to answer that. I mean—

Commissioner Drysdale

Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

James Coates

Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

Commissioner Drysdale

The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

James Coates

Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

Commissioner Drysdale

I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

James Coates

Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

Commissioner Drysdale

One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

James Coates

Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

Commissioner Drysdale

Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

James Coates

Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

Commissioner Drysdale

Were you humiliated by that?

James Coates

Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

Commissioner Drysdale

Thank you, sir. That's all my questions.

Wayne Lenhardt

Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

James Coates

Thank you for having me. Appreciate it.

[00:52:27]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 4: Dr. Eric Payne

Full Day 3 Timestamp: 04:38:08–06:23:33

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

Dr. Eric Payne

Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Dr. Eric Payne

I sure do. So help me God.

Wayne Lenhardt

You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

Dr. Eric Payne

Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.

I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

Wayne Lenhardt

At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

Dr. Eric Payne

Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.

The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.

We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudence. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.

At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.

Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.

Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.

He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it was a defamatory

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sort of process that took place.

Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going to make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going to reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience discomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk-benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going to stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, **they deemed them well-written and justified.**

On January 6th, Alberta Health Services sent me a letter stating that they were not going to renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore. But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against COVID.

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

[VIDEO 1] Paul Offit

Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

[VIDEO 2] Paul Offit

Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

[VIDEO] Unnamed Speaker

And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

Dr. Eric Payne

They're not that interested.

[VIDEO 2] Paul Offit

—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

Dr. Eric Payne

And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

[VIDEO] Bill Gates

—they're not good at infection blocking.

Dr. Eric Payne

So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39–40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5–11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.

These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.

The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.

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This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.

Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.

What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.

Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study

that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.

I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.

Dr. Fauci was under oath and he couldn't name a single study in support of masking.

And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0-19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.

We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.

This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.

And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.

This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received \$800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost \$2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that \$2 million, the University of Calgary, the university that won't let me interact with trainees, took \$600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

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\$2 million is an enormous unconscious financial bias.

And when you're not willing to discuss things, that's when things get into trouble. And when Kenny came out and said the summer was going be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."

If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.

[VIDEO] Anthony Fauci Interview

[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]

Dr. Eric Payne

Somehow that was lost in history for a couple of years.

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it shows you that there's something else going on.

This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."

So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.

And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.

We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.

They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.

This is the most recent bio-distribution data

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that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

If you can play the one on the left first.

[VIDEO] Bill Gates Interview

[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]

Dr. Eric Payne

And then the one on the right please.

[VIDEO] Interviewer

... Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.

[VIDEO] Anthony Fauci

If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?

Dr. Eric Payne

I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to kids.

The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.

They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.

So we are actually slightly increasing a child's risk

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of getting RSV and influenza by giving them a COVID shot.

Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.

Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.

This is the last slide.

For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

Wayne Lenhardt

I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

Commissioner Massie

Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

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Dr. Eric Payne

Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was—I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

Journal of Medicine paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

Commissioner Massie

You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

Dr. Eric Payne

Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

Commissioner Massie

Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

Dr. Eric Payne

We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

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is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

Commissioner Massie

We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

Dr. Eric Payne

I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

Commissioner Massie

So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

Dr. Eric Payne

I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

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that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are—I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

Commissioner Massie

So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

Dr. Eric Payne

It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting. I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

Dr. Eric Payne

Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

Commissioner DiGregorio

So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

Dr. Eric Payne

Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

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when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

Commissioner DiGregorio

So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

Dr. Eric Payne

We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

Commissioner DiGregorio

Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

Dr. Eric Payne

Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

Commissioner DiGregorio

And he was emailing you at your Alberta Health Services account?

Dr. Eric Payne

Yeah. It was one of those things that was not an attorney/client—I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

Dr. Eric Payne

Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

Commissioner Drysdale

So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

Dr. Eric Payne

Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going to drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

Commissioner Drysdale

One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

Dr. Eric Payne

If I was getting a shot, I would go to see another doctor.

Commissioner Drysdale

Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

Dr. Eric Payne

Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

Commissioner Drysdale

Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

Dr. Eric Payne

It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

Commissioner Drysdale

How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

Dr. Eric Payne

No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

Commissioner Drysdale

From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

Dr. Eric Payne

I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called "western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

Commissioner Drysdale

My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

Dr. Eric Payne

And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

Commissioner Drysdale

Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

Dr. Eric Payne

Yeah, you'll learn that in nine months with thalidomide.

Commissioner Drysdale

And so we didn't wait nine months.

Dr. Eric Payne

No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick [News]*. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.

Dr. Eric Payne

You're absolutely right.

If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

Vitamin D is a hormone that is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."

In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

Wayne Lenhardt

My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

Dr. Eric Payne

I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

Wayne Lenhardt

Yes. And this entity was formed in the fall of 2019. It would have been just before—

Dr. Eric Payne

Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

Wayne Lenhardt

Have you seen that before and can you tell us anything about?

Dr. Eric Payne

Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030. So our leaders don't seem to be playing for our team sometimes.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 5: John Carpay

Full Day 3 Timestamp: 06:23:39–07:28:12

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness today is John Carpay.

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

John Carpay

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

Shawn Buckley

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

John Carpay

I do.

Shawn Buckley

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

John Carpay

That's correct.

Shawn Buckley

You have a law degree from the University of Calgary.

John Carpay
Correct.

Shawn Buckley

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

John Carpay

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

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

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

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

Shawn Buckley

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

John Carpay

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

Shawn Buckley

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

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

John Carpay

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

Shawn Buckley

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

John Carpay

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

[00:05:00]

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

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

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

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

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

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

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

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

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

[00:10:00]

Next slide, please.

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

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

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

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

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

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

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

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

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

[00:15:00]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Shawn Buckley

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

John Carpay

Exactly. Exactly.

Shawn Buckley

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

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

John Carpay

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

Shawn Buckley

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

John Carpay

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

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

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

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

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

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

Shawn Buckley

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

John Carpay

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

Shawn Buckley

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

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

John Carpay

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

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

Shawn Buckley

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

Commissioner DiGregorio

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

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

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

Commissioner DiGregorio

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

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

John Carpay

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

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

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

Commissioner DiGregorio

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

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

John Carpay

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

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

Commissioner DiGregorio

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

John Carpay

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

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

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

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

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

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

John Carpay

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

Commissioner Drysdale

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

John Carpay

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

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So they really lost their way.

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

Commissioner Drysdale

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

John Carpay

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

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

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

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

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

John Carpay

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

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

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

Commissioner Kaikkonen

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

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

John Carpay

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

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

Commissioner Kaikkonen

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

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

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

John Carpay

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

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

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

Commissioner Kaikkonen

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

John Carpay

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

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

Commissioner Kaikkonen

Thank you very much for your testimony.

John Carpay

Thank you.

Shawn Buckley

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

John Carpay

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

[01:04:33]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

EVIDENCE RED DEER HEARINGS

NCI | CeNC

**Red Deer, Alberta, Canada
April 26 to 28, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Opening Statement, Shawn Buckley

Full Day 3 Timestamp: 00:46:31–01:20:51

Source URL, <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry as we begin day three of three days of hearing in Red Deer, Alberta.

I'd like to always share just briefly what the NCI is. We're a group of volunteers that just came together with the vision of appointing independent counsellors and marching them across this country so that people could tell their stories: so that we could get down to the truth, and so that we could come together again.

And we're doing that, but the NCI has become something much bigger. Because along the way, just you watching people tell their stories and us encouraging you to take personal responsibility to actually start acting has made the NCI something completely different, where it's even hard to define. Because it's you and it's the actions that you take. And there's just wonderful things happening that we have nothing to do with, which is part of the NCI.

So every day it's evolving, but we're so thankful for all the little teams. There are whole teams of people volunteering on different projects. I don't even know who they are, and I don't need to know who they are. And you know, even an event like this here; we are in Red Deer, well, it was a local team that put this together. We don't have an administration where we can send people out and put an event like this on. We actually rely on just people that have said, "Hey, I will help. This is important. I'll put this together." And I mean, I can tell you it's just an incredible amount of work. And we owe gratitude and thanks to the local team that did this.

And I just cited as an example of how people can make a difference: You see a need do something. Think of just something you can do. There's a person that's going to be attending an event in Europe and wants to present about us, and asked, "Well you know I need a little, almost a commercial." And a Mr. Dahl just stepped up and did it, put it together for us. I don't even know who this gentleman is. But another volunteer, Peyman, had gotten this fellow involved, and it just happens, and it's very exciting.

Our social media team—because I always do an ask out—so first go to our website, sign the petition so that we kind of have a numbers count, to say, you know, people are behind this. And then also please donate.

As I say, this takes about \$35,000 every city that we stop in for three days. And you know, we just kind of keep up. But isn't it beautiful that we do? Because you know, we have discussions. Do we have enough to keep going? And then you guys come through and you donate and we have enough to keep going. And so here we are in Red Deer. You know when we had past discussions, "Are we going to get this far?" And next week we're in Vancouver. And the week after that we're in Quebec City. And then the week after that we are in our nation's capital, Ottawa. And it's all because you are participating, and so I thank you for that.

Our social media leader has asked—because our big problem is we don't have the media. "Where's the mainstream media here?" This should be front-page news because a group of citizens has gotten together. You have gotten together. You're here. People are online watching. We're creating this record that actually the entire world is watching what we're doing as an example. And I'd like to encourage those in every single country to band together and do the same thing. To create a record of your voices, of our voices, because we're all in this together. To create a forum where people are free to speak, to share their stories, so that we can hear them and come together. So we urge you to do that, but the media is not here.

And so we're relying on social media. The one forum that is the least censored is Twitter. Every time— And this is from my social media guy; I'm not on social media, so I hope I even say this correctly: Every time you tweet anything that is related to what the NCI is doing—COVID, censorship, mandates, freedom, Bill C-11, whatever it is—if it's anything that touches this movement,

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just go hashtag NCI because that affects the Twitter algorithm, that you're including us as relevant to what you're speaking about. So that's a specific ask that we had.

Now this morning before we begin, I want to get to Bill C-11, which passed the Senate yesterday, and then lightning fast, the Governor General in Council signed it. Lightning fast because for federal laws they have to pass the House of Commons, they have to pass the Senate. They can begin in either one of those houses, but they have to pass in both. And then they're not law because the Queen is our executive—read the Constitution. And so the Queen or her representative, who happens to be the Governor General in Council, actually has to sign it before its law.

And sometimes a law will pass Parliament and it'll sit for quite some time before—I said Queen and it's King. I'm sorry I'm having to adjust. And so please forgive me, it's just been all of my life it's been Queen. So but it's King. But you knew what I meant anyway.

But you know, sometimes it'll be quite some time until it gets to the Governor General for a signature. And I don't know why that is, but I certainly noticed with interest that Bill C-11 has to be so important that it was signed the very day that it passed. I think we all should be thankful at how Johnny-on-the-spot our government is in protecting us. I tried to say that with a straight face but I don't think I succeeded.

I want to talk about a principle about reaping what we sow. And language comes out of out of the New Testament in the Bible, and it's just a basic principle that, "Don't be fooled. You will reap what you sow." And it's an agricultural analogy, which basically is saying, "Listen, if you go and plant something in the field, you're going to get what you planted." And the analogy is the same for your life, right? So if you go into a field and you seed that field with Canadian thistle, what are you going to get at harvest time? You're going to get Canadian thistle. And if you plant that seed with oats, what are you going to get? You're going to get oats, so you are going to reap what you sow. That's what this means, but it's meant to be applied to our lives. So make no mistake, what you invest your life in is what is going to come back to you.

I spoke on Day 1 about the second commandment being the foundation of our legal system, both our criminal legal system and our civil legal system. And the second commandment is just basically, love your neighbour like yourself, which just means treat your neighbour exactly how you would like to be treated. Now if you sow love—if you follow the second commandment—so if you were to sow love, basically plant love all around you, that's what you're going to get.

And if you plant hatred—so if you live your life hating and you sow hatred—that's what you're going to get back. If you sow truth, you get truth. If you sow lies, you get lies. Now this applies to you personally, but this also applies to us as a nation. If we sow love, we're going to experience love as a nation, and just the commonsense application of that is, the logic is inescapable.

If we love each other we're going to experience love. If we hate each other we're going to experience hate. We are going to experience it if we hate. If we tell the truth and insist that others tell the truth, including government and media, we will experience truth. And if we are dishonest, and we sit back and allow our government and our media and others to be dishonest,

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then we are going to experience dishonesty. And if we censor, if we silence opinions that we disagree with, if we allow others to censor with all this online shaming, if we allow our government and media to censor, then we are going to experience censorship. And you can't escape the logic.

So this adage, this truth that you reap what you sow is the best—I can't say—the second best-argument that I can think of for why we have to follow the second commandment and get back to that fundamental bedrock principle that our society was based on. That we are to treat each other like we want to be treated ourselves, that we are to love each other because if we don't then we're going to be treated in a way we don't want to be treated. It's as simple as that. You have to do it for you. That's the second reason you should do it. There's a more important reason that I'm not going to speak about, but if you think about it it'll come to you.

Now I want to talk about Bill C-11, this bill that passed yesterday. Actually, I think I had Lieutenant Colonel David Redmond back on the stand, and then somebody holds up writing, "Bill C-11 passed," and so indeed it did, and I had announced it while I was up here. For those of you who aren't familiar with Bill C-11, and certainly people that are watching from other countries, and we are being watched by people in other countries: We have in Canada what's called the *Broadcasting Act*, which creates this Broadcasting Commission which has powers to basically control content. This has been around for a long time, and

we've been told for a long time that one of the prime drivers—and the purpose has changed over the years as our social values have changed, but—[is] to promote Canadian content.

Here we are, this little nation of 36 million people beside the United States which generates Hollywood, and all of that generates all this culture that's exported worldwide. And there was a concern—well, let's promote Canadian culture—but that's evolved to other things. I spoke yesterday about how dangerous it is to give the police and government powers.

What Bill C-11 does, is it brings into the control of the Commission online content. So here we've had the internet in theory, free of censorship. We all know that's not the case, and it's come out in the United States and the Twitter files—thank you Elon Musk for sharing the Twitter files with the world.

We've learned that actually in the United States, government agencies, including the White House, had been sending instruction to social media platforms to censor voices that they disagreed with. So we, literally, have evidence of government censorship in the United States.

Now, I don't think that there is a Canadian alive today—that has two neurons that are still connected so they can fire between each other—that can honestly say they believe that there has not been extreme censorship in Canada. I'm not aware of evidence of the Canadian government sending instructions, or our spy agency, or other agencies collaborating with social media platforms. But it's certainly interesting that the same types of voices that were Canadian that were being censored in the United States were being censored in Canada and the NCI experiences it.

I think we're off TikTok again; it just keeps happening, I'm not sure, but we've been pulled off; we are routinely being pulled off YouTube. It's kind of funny that in the freedom movement, I don't think you're legitimate or you've arrived unless you're censored. And we laugh because it's funny, but isn't that something, that in Canada in 2023 we come from this British legal tradition that prized freedom of expression. I mean, it's in section two of our *Charter of Rights and Freedoms* which is part of our Constitution that has become non-relevant anymore, but it was also in our common law.

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The courts used to protect freedom of expression, because we had learned historically that if people cannot share their voices, then tyranny follows.

Because we believe what we believe, because we have accepted information that we've heard. And if we can't hear new information and different information, we can't change our mind. And understand that changing your mind is actually something that physically happens. So the term "changing your mind" is a very important and accurate term. We've all been in this situation, like maybe we're mad at somebody because they did something and we're mad we've invested a lot of energy in it, and then we learn that actually they didn't do it. And all of a sudden we're not mad, and we actually change our mind, we will change how we feel. And your neurons, your brain actually gets rewired, it actually gets changed.

I think that one of our fundamental freedoms, what it means for us to be humans, for us to become better and improve, and to learn more, and to become wise, is we get to change our minds. Surely, we don't believe the same things we believed when we're children, and are

we going to believe different things in 10 years or 20 years? That's what wisdom is: the changing of your mind as you experience more.

But censorship halts that. If the government has a near-total control on information and just gives one side, one narrative, and other viewpoints or opinions are censored: first of all, you're going to believe the information. You won't have a choice at first because we just tend to accept information, and then we have to be critical about it later. But how can we be critical about it later if we don't have information that's critical, so that we find ourselves in a situation where we can change our mind. And changing our mind to something that happens consciously.

This is a war for our minds, and if we don't have access to a wide range of information then basically, we become slaves to the government that controls the information. And that's why police states control information, and that's why police states censor, and that's why it used to be—past tense—that countries that we would call liberal Western democracies would privilege free speech. And that's why we based our laws on the second commandment which privileges free speech. Because if we are to treat others as we want to be treated, we don't want others saying, "no you can't speak; you can't share your opinion." Could you imagine living in a world where you can't share your opinion? Oh, wait a minute; we're in there.

The government now has the ability to control the internet and the internet is the only place that we can get our voice out, and it's the only place that you can get your voice out. Unless we start, you out there start, becoming creative and holding events and doing other things like you're starting to do, and it does this kind of in an Orwellian way.

This morning I pulled up Bill C-11 to kind of look at some of the sections, and remember it's always about your safety; there's always a good reason to take away our freedom, and in here it's our freedom to hear dissenting opinions. On its face it looks like it doesn't do that. It says things like section 4.1: it starts by saying it doesn't apply to just people posting online—doesn't apply. But then we read on, and you combine section 4.1 and 4.2, and except that they can "prescribe." So they can pass a regulation saying, "Yes, but it applies even though generally it doesn't apply to just people posting stuff online. We can pass regulations saying, 'Well, you know, but this, this, this, this, it does apply too.'"

Now they say that they're only supposed to pass these regulations in a manner consistent with freedom of expression.

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This becomes Orwellian because wait a second: We're going to give bureaucrats the ability to censor our voices in a manner consistent with freedom of expression. Do you do you see how absolutely Orwellian that is?

I want you to understand the term "Orwellian" and if there's anyone out there and actually there's a lot who have not read George Orwell's book *1984*, which I think was written in 1949. You have to read it, and then first of all ask yourself, How did this guy write this book in 1949 trying to describe what things would be like in 1984? Because you are going to be spooked at how accurate it is. And one of the things, and it's written in a novel format; so it's an entertaining read in any event. It's a must-read.

But one of the things he talks about is this control of language. It's called "newspeak,"

where basically they're changing the definition of words because actually words are just concepts of meaning. If, let's say, a culture doesn't have a concept— Like there's cultures that don't have the concept of snow, because if you're a Polynesian tribe on an isolated island in the South Pacific you don't have a word for snow. But if you are Inuit, you have a whole number of words for snow. Some cultures didn't have the concept "zero."

Language matters; if we can get rid of words, we actually get rid of concepts, and then our minds and our belief systems get narrowed. And in this book, it speaks of newspeak; on how they're changing, the "Ministry of Truth" is changing language in an effort to control the population.

I read that book when I was a young university student doing my first degree, and it never dawned on me that I would ever see language being changed around us, but we're seeing it. We're seeing new definitions. We're seeing educational institutions banning certain words because they're racist or colonial, or like—this counterculture is a deliberate move. It's funny how, you know, in the name of inclusion, in the name of diversity, we have never hurt inclusion or diversity more; you see, it's newspeak. It doesn't mean what it pretends to mean.

And if you were to read Aldous Huxley's *Brave New World*, which was also written long ago about how society would be—you know, the parts and memes about open sexuality—and start comparing it to what's happening in our culture. And you see these two gentlemen, Orwell and Huxley, knew that there would be attack on the very foundations of our culture, which includes our sexual mores and values, and the family. Again, you have to ask yourself: how could they be so tremendously accurate?

But going back to Bill C-11, so bureaucrats now, the Commission—so we're back to bureaucrats—are going to have the right to pass regulations or to prescribe what areas they can regulate of our online speech. And so there'll be broad areas and then— These will be regulations passed in the regular format, so they'll be gazetted in the Canada Gazette twice and then they'll become law. And then some bureaucrat's going to make a decision that will be censoring because it's the whole purpose. You're prescribing areas of speech that they have the right to control.

And then we're right to where John Rath was talking about. So we have a bureaucrat that will censor speech. It's a bureaucratic decision made by a commission with expertise in these areas and if you were to appeal it, it will be on the basis of reasonableness, and you will have the onus of trying to prove it. And almost none of us have the resources legally to go against the government; because our system is deliberately designed to be expensive, so that the citizen can't have rule of law and can't be treated equally, it's all by design.

So it's not a mistake.

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And then the court will give deference to the commission that has expertise and that is how our voices are silenced, and so this is why Bill C-11 is dangerous because it basically is allowing bureaucrats to now tell us what speech is permissible and what speech isn't.

I think we have to think about what Regina told us yesterday. The lady that was part of the Solidarity movement in Poland, who was sentenced by a naval court to three and a half years of imprisonment for handing out pamphlets that contained information that went against the government narrative. So basically, she was in prison for doing what we're

doing here. We're allowing people to take the stand and give information that is inconsistent with the government narrative, and that is where censorship leads: is with witnesses that we're calling, with the people putting this on putting their lives on the line, being in prison. That's where we're going as a nation.

And she said yesterday, and she was quite adamant, she said, "You must act," and that "the time is now." So turn off the TV, get off the couch, and get going. And we cannot wait. We cannot wait because the government will not stop.

And the question is: Have you had enough? Have you had enough? Are you finally going to decide to stand up? And her point is, "while you still can." Because that cage door is almost shut and then you can stand up all you want and you can rage in your cage. But there's nothing you can do; the time is short. And the government is coming for you because they never stop until you stand up and they can't push you any further.

I have at the bottom of emails that I sent out in my law firm a quote by Frederick Douglass. Now he's been dead for well over a hundred years, but Frederick Douglass was a slave. He spent most of his life as a slave, and then he finally got his freedom, and he became an author. He wrote what I'm going to read to you, but it is a fundamental truth, and this is a man that understood. He studied governments. He was motivated because he spent most of his life as a slave. And he said, "Find out what any people will quietly submit to."

So I'm just going to stop there. You find out what any people will quietly submit to. So how much is a people going to take before they finally stand up? That's what he's saying. So find out what any people will quietly submit to, and you have found the exact measure of injustice and wrong which will be imposed upon them.

Governments will push until you stand, so you actually have to. If you're going to decide what is acceptable for me, how much freedom do I want for my kids, you can't sit on your ass and watch the government take them away, which is what's happening and has been happening writ-large for the last three years. It's been going on longer than that, but I mean, it's all visible to us now.

It's an eternal truth. You have to stand up, and if you wait until you just can't take it anymore— One thing I didn't pull out of Regina on the stand is, she said, "You know at the beginning of the Solidarity movement there's just a few of us and we're in danger, and we're trying to get this out, and we're all afraid and there's just a few of us, and the masses weren't there to support us." And I said, "Well, what changed? When did the masses support you?" And she said, "When the bread ran out. When people got hungry." That was their line in the sand: when people got hungry. So if their economy hadn't deteriorated to the point where the bread ran out, she would be rotting in jail right now. We would have never heard of the Solidarity movement and the wall wouldn't have fallen. Because they weren't willing to get off their ass and stand for freedom,

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and demand freedom, and demand an end of censorship, and demand a return to the second commandment, until they were hungry.

And you're not going to stand; most people have just been silent, even though they disagree because they don't want to lose anything. Well, you're going to lose it all, and then you're not going to be able to do anything. They want to put us in 15-minute cities, do you know what that is? You can walk a mile in 15 minutes. That's the average brisk walk, 15 minutes.

So they want to section our cities into 15-minute walks, so just think of circles that are, you know, where you could walk across the circle in 15 minutes. They want to then barricade the roads, so that we can't drive: all for climate change. And I live in St Albert, we've been selected as a 15-minute city; I believe Red Deer— I mean you can go into the World Economic Forum site and get a list of the 15-minute cities.

You know, what's my property value going to be worth once people figure that they can't drive their vehicle to my house? Is it going to be worth a dollar? Who's going to buy it that isn't in a 15-minute city? And why would you set up 15-minute cities and not allow us to go from point to point? Does the word "digital passport" mean something different to you now? This is coming, and it's an eternal truth that until we stand up, we are done.

I'm going to end by just sharing lessons my father taught me when I was a child. My father is an honest man to a fault, and he doesn't like bullies, and he has some wisdom. I had one older sibling that—for whatever reason, two years older—wasn't in the cool kid crowd. And you know how school kids are right? So you're not in the cool kid crowd. Then I show up at school and I'm not in the cool kid crowd, and there was a lot of bullying. And although it might sound offensive, what I'm going to share to you was actually the only way to solve the problem. My father's belief was: the only way to stop bullying is you got to fight back, and back then that meant physically fight.

I remember one day when my brother comes running into the back door and slams the door, and there's literally about 8 to 10 kids out there that had chased him home to beat him up, as a crowd. And my brother, he's home, he's thinking, "Phew, I'm safe," but my dad actually realized he wasn't safe because he had just run away from the bullies. So my dad drags my brother out there, and he goes like, "There's a whole crowd of you. Surely that's not fair, like you know 8 or 10 to 1. You pick one. Pick your biggest guy and that guy can fight Richard." And that's what happened. And then they didn't bully him again.

And there were times where I had to fight bigger people because they wanted to—you can only run so long. And dad said, "It doesn't matter that you're going to get beaten up. You plant a couple of good shots in the nose, and it's going to hurt them. They will never bully you again because they don't want it to get to a fight." And he was right.

You have to stand up, even if it hurts. And I'm sorry, that's just the way the world is. You have to stand up to bullies. And if you don't, they're just going to keep beating you up. So I just can't get over what Regina said to us yesterday. She pleaded with us, she came to Canada to be free. She pleaded with us to stand up. And the point she was making is, the time is short and your life depends on it. So I'm going to end there.

[00:34:20]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 1: Christopher Scott

Full Day 3 Timestamp: 01:20:51–02:12:52

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

We'll call our first witness. Chris, can you come and take the stand for us this morning? Just so those online know where I'm standing, I can hardly see the witness, you see a little tuft of hair there.

Chris, can you please state your full name for the record, spelling your first and last name.

Christopher Scott

Yeah, Christopher James Scott, C-H-R-I-S-T-O-P-H-E-R J-A-M-E-S S-C-O-T-T.

Shawn Buckley

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

Christopher Scott

I do.

Shawn Buckley

Now, as I understand it, you are the owner of the Whistle Stop Cafe.

Christopher Scott

That's correct.

Shawn Buckley

And what town is that in, and what's the population of this town?

Christopher Scott

The Whistle Stop Cafe is in Mirror, Alberta with a population of, last Census: 502. But I think we're about 520 now.

Shawn Buckley

Okay, hey, so it's growing.

Christopher Scott

Growing, like a weed.

Shawn Buckley

When COVID hit and the lockdowns started, my understanding is you had only owned this café for six months.

Christopher Scott

That's correct. I spent the previous close to 20 years in the energy industry as an oil field worker. And I decided that due to constant government interference in my industry, I was better off doing something like owning a restaurant where the government wouldn't abuse me as they had in the energy industry.

Shawn Buckley

And just so you guys know, there's some foreshadowing going on here. So tell us, did that work? Were you able to avoid bureaucratic interference in your business life?

Christopher Scott

No, as a matter of fact it put me on a collision course to meet the biggest bully I've ever faced.

Shawn Buckley

Okay, now my understanding is when they first locked us down and told businesses to close, like restaurants, that you actually did comply, and you did close the Whistle Stop Cafe.

Christopher Scott

I did. We complied with all the rules. I mean for the most part we went along to get along with the attitude that, you know, it's not going to be forever. We'll just get through it, and we'll just comply even though we knew it was wrong.

Shawn Buckley

Now, while locked down, while we had these restrictions, my understanding is that you started hearing stories in the community that mental health issues were on the rise. And you just made a personal decision that you should try and find something to do to help. And can you share with us what you did to try and kind of help the community that was suffering mentally because of the lockdowns and other conditions on us?

Christopher Scott

Of course. One of the blessings, and the curse, of being the hub of a community is that you hear a lot of stories and people share things with you. And one of the things that we heard very consistently was people were going stir-crazy, families were stuck without anything to do, like kids weren't doing sports, tensions were high, instances of domestic abuse were on the rise, mental health issues were on the rise, suicides were on the rise.

All of the things that don't generally take the spotlight because number one, it's uncomfortable to talk about or look at, and number two, it's just not prioritized in our society to deal with those things. But we're hearing them, and so I was thinking: well, how do we do something while following the rules—because nobody wants to get in trouble with the government, right—that will help people get out and do something with their family, have some sense of normalcy, and not get in trouble?

I don't know where the idea came from, but I ended up buying an inflatable drive-in movie screen and a projector—not much different than the one that's right there—and an FM transmitter. I set the inflatable movie screen on the roof of the Whistle Stop Cafe and then I invited everybody to come out, while following the rules. Like park six feet apart, and follow physical distancing, and wear the silly breathing barriers, and the whole nine yards. And we had hand sanitizer. We had enough hand sanitizer we could have run a Co-gen [Co-generation] plant on it.

And we offered free movies so that families could come out and do something. And the first night that we offered the movie, there was about five or six cars. I decided to do this five nights a week. We did a Monday, Wednesday, Friday, and Saturday. The second night there was 30 cars, and then the next week there was 100 cars.

[00:05:00]

And it became this tiny little bit of relief in this beautiful province of Alberta, where people could come and be kind of normal, and do something so that they could break the monotony of the mandates and restrictions. And it was all fine and dandy until we got on the radar of the bureaucracy. They actually shut us down because they didn't have a specific set of rules for that type of business.

Shawn Buckley

My understanding is eventually, after a large amount of bureaucratic effort, they came up with some rules and you were permitted to continue.

Christopher Scott

That's correct. We could offer drive-in movie services while following the rules, and people did. They were really good about that. I mean we had line-ups outside to come in and get popcorn. People were actually standing eight feet apart on their own without being asked, so it's not that people didn't want to follow the rules, they just wanted something to do. They did allow us, but one of the conditions was nobody was allowed to use the restrooms.

Shawn Buckley

Right, okay. Now, so you're complying, and how is that affecting your business economically?

Christopher Scott

Well, in a short period of time, just like most other businesses, it took me from a positive cash position to a negative and declining cash position.

Shawn Buckley

Okay, now you ended up opening on January 24th, 2021. And can you just share for us kind of what things were happening before then, that led you to open?

Christopher Scott

Sure. So as many people will likely remember— The election prior to this, we elected a government that we had a huge amount of faith in. And the premier, you know, we thought he was going to come and save us. It didn't turn out that way. In December, I watched him actually apologize to businesses for choosing which businesses were essential and which were not, basically choosing who lives and who dies in business. And they said they'd never do it again.

And I watched our premier say this, and I thought, yes, this is the guy that we elected. This is the guy that's going to get Alberta through this. And a few short days later, he returned to TV and said he was now locking us down again and closing businesses again. "But don't worry because this time it's only going to be 30 days (of a two weeks), and then we'll just get back to normal because we need to protect the healthcare system."

Now that phrase "protect the healthcare system," that struck me as odd right from the beginning, because as I looked around at all the healthy people around me, protecting the healthcare system seemed like a strange thing to ask for. If we wanted to protect people, we should be talking about protecting people's health. We should have been encouraging people to focus on their health, and make sure that they could handle sickness by focusing on their health.

But it was never about that. It was always about protecting the system. And I had a big problem with that. So the 30 days came and went. Deena Hinshaw, the Chief Medical Officer of Health, came on TV and she said, "Well, you know, we need another week. It's not quite working yet. We need you guys to stay closed for another week." And I was livid. I was livid, and I said to myself, when Jason Kenny shut us down again in December, that after this 30 days, I was going to protest this by opening.

Thirty days came and went. Another week came and went, and Deena Hinshaw returned to the airwaves. And she said, "Well, we can't let you open yet. And we really have no end in sight." And it was at that moment that I realized that number one, this was not about protecting people's health. This was not about keeping people safe. It was about control.

And if it had been about keeping people safe, the level of incompetence from our government to go on the air and say that they had no idea or no plan, that was not okay with me. At this point we had heard some devastating stories of what happened to people and their families; businesses were being lost; the damage was unbelievable. And so I decided that I was going to exercise my constitutionally protected Charter right to protest. And I opened my restaurant in protest of government policies that were not aligned with what our rights as Canadians are.

Shawn Buckley

And that happened on January 24th, 2021.

Christopher Scott

That's correct.

Shawn Buckley

So what happened after you opened in protest?

Christopher Scott

Well, I have got to say, being the only restaurant in Alberta open, you're very busy.

[00:10:00]

We had a lot of customers. We ran out of food consistently, but something else happened. I opened in protest partly because of what was going on around me and what was happening to other people. But to be perfectly honest, the motivations were more selfish because I was put in a position where it was either fight or flight. I was either going to lose my business or I was going to stand up and do something about it. And so I did that mostly for myself.

I protested mostly for myself. But as people started pouring into the café and they saw somebody standing up—they saw somebody protesting these mandates—they started sharing stories with me that completely changed the way I look at the world, the way I look at the government, and the way I looked at myself. I was forced into a position where I had to accept the fact that if we don't stand up and do something and be an example for other people that also need to stand up, nothing will be fixed. It'll never end. And so you know the authority, of course, tried to— They dropped the hammer of God on me.

Every agency in the province was on me: daily or every other: daily visit from the RCMP [Royal Canadian Mounted Police], and from environment to public health inspectors. Constant threats, constant intimidation: "Oh you're going to lose everything. We're going to take your business. We're going to take your food-handling permit. You're going to lose your liquor licence. You're probably going to lose your house."

As a matter of fact, the second time the Chief of Police, Sergeant Bruce Holliday— The second time he spoke to me, he came with the health inspector. And as the health inspector left Bruce and I, to go find some things to cite me on, which they didn't, Bruce leaned in close and he said to me, "You know, I admire you standing up for yourself, and I admire what you're trying to do, but you've already made your point. You should just close and follow the rules because you cannot win against the government."

Shawn Buckley

So I just want to make sure that I'm clear. This is the Chief of Police?

Christopher Scott

Yeah, Chief of Police.

Shawn Buckley

So it would be an RCMP officer?

Christopher Scott

Right.

Shawn Buckley

So the officer actually supports, ethically, what you're doing, but is communicating to you that as a citizen of Alberta, you don't have a chance of standing up against the government to basically have a right to protest.

Christopher Scott

That's right. And you know, the ironic thing is, he was right. A citizen cannot win against the government. I was put in a position where to fight the government, and to stand up for my rights—and after realizing what was happening, the rights of people around me—where the outlook is grim. I mean, you retain a lawyer in this province for something like this, and they want \$25,000 from you upfront, before they even do anything. It costs \$10,000 to prepare a piece of paper.

And somebody like me, there is not a snowball's chance in hell that I could stand up and do that on my own. But something amazing happened. A lady by the name of Sheila showed up at the Whistle Stop Cafe, and she's a reporter for *Rebel News*. And they had a program at the time called Fight the Fines, and they were crowdfunding so that people like me could actually stand up against the government.

So with their help, I went from a 100 per cent assured loss to, "We actually have a chance to do something now." Thousands of people, probably millions of people from all over Canada chipped in. And they stood up with people like me who were trying to stand up against the government. And all of a sudden that truth that Sergeant Bruce Holliday had said to me, that "you can't win against the government," that truth changed to "you can't win against the government, but 'we' can win against the government" if we stand together and start speaking some truth.

And we unify around the truth and move towards doing what's right; we can actually win against the government. Because that's the one thing that stands the test of time, is truth, and the truth is that what was done to us was wrong. The bureaucracy that did what they did to us did it in error, for whatever reason. It doesn't matter why they did it, but it was an incorrect path. And we're seeing that now.

I mean, we've heard testimony from everybody, from Lieutenant Colonel David Redman, who wrote the plan on how to deal with this, and watched it thrown out the window

[00:15:00]

in lieu of following Deena Hinshaw and Cabinet's advice. We heard from him. We've heard from people that have been devastated by this, to the point where they've lost family members to suicide because they couldn't see any hope in continuing on in this country.

In this free country with free healthcare, where if you have a mental health issue you should be able to phone a doctor and get some help before you fix it yourself by ending

your own life. But we lost those things because the bureaucrats failed to uphold our civil liberties, our rights and freedoms that are guaranteed to us under the Constitution. And now, as I hear people testifying at the NCI: these are stories that I've been hearing for two years. As people flooded into the café, it wasn't just a café and a gas station in a dusty little town, anymore. It became this place where people went to because it was a symbol of freedom and hope because somebody was doing something.

Shawn Buckley

Now, Chris, it's my understanding that not only people from Alberta came to the Whistle Stop Cafe because it was this signal of hope, it was this little beacon of light in the darkness, but actually people came from other provinces to the Whistle. Can you share with us that? Because that, I think it's important to understand, that just you taking a step created hope.

Christopher Scott

Yeah, we've had people from all over the country show up there. There were people driving 8-12 hours to come and have a burger at the Whistle Stop Cafe, because they believed in what we're doing. It wasn't what I was doing. This was a conscious decision that I made after speaking with my family, and my friends, and my staff.

It was never just me. If it was just me, I would have fallen flat on my face a week after it happened. This was a "we" thing. It was dozens of people, hundreds of people even, volunteering to help through the physical parts of it. And thousands and thousands of people helping with the financial part, it was never a "me." It's never going to be a "me." It's a "we" thing. And that's why I think it's so important that people pay attention to what's going on here.

Shawn Buckley

If I can focus, because I just think you're saying something here that is tremendously important. And before we move on— Because even just going back to you buying that inflatable drive-in screen and holding those drive-ins, you explained how maybe there were five cars the first time, and then more and more, and all of a sudden, it's an event. Because it gave people something to do. And it would have helped with mental health.

That was an example, Chris, of you doing something, just deciding to do something. Do you see? And I'm just making a point of this because you set an example of how you can make a difference. It's not just you, but other people could make a difference. If you just go, "Wait a second, we have a problem here, what can I do?" and you came up with this creative idea. And you pointed out *Rebel News* that had made this decision: we've got to have crowd-funding, so that people have an opportunity to stand together against the government.

Because, as you pointed out, it can't be done alone, and I think we're all very proud of *Rebel News* for doing that. But they made that decision to do that, and then you and your team made a decision: "No, we're going to protest because we have to," and you're giving us examples that I'm just emphasizing because small groups of people making decisions make a difference.

And I think there will be a lot of people participating in your testimony today that heard about the Whistle Stop Cafe, and it gave them a little glimmer of hope that somebody was standing up while the rest of us were all cowering in fear. And so I just wanted to

emphasize that you making the decision, because it's the point you're making now, isn't it, is just people making a decision can make a difference?

Christopher Scott

Yeah, and as much as it pains me to do so, I can steal a quote from Hillary Clinton, and say "We're stronger together," and I'm not talking about what she was talking about, when it comes to stuff like this. We are absolutely stronger together.

Shawn Buckley

Now, you said that the police officer told you one person can't stand against the government, and you've told us it's true, but we together can stand against the government. Can you share with us the efforts that the government went through and are still going through, because you're still facing proceedings?

[00:20:00]

So share with us basically all the steps that the Alberta government has taken to close a café in Mirror, Alberta, a town with a little over 500 people.

Christopher Scott

Well, as you mentioned, some of this stuff is currently before the court. So unfortunately, I have to decline to get into specifics. And that is out of respect for the proceedings that are still going on. But I will say in a more general statement that the government and bureaucracy: there is no limit to how far they will go to try and crush those who oppose them. I can say that I'm disappointed and, actually, I'm disgusted by some of the things that I've seen, some of the tools that have been used against me to try and get me to stop protesting.

Shawn Buckley

Now, do you mind if I go through some of them, just to kind of highlight for people? I know you don't want to go into details, but a lot of this is public. In addition to AHS [Alberta Health Services] visits and multiple tickets, how many tickets have you been— Or they weren't tickets, you were actually summonsed to court to face charges. How many times did that happen?

Christopher Scott

I lost count when I ran out of fingers and toes, but I think it was 23.

Shawn Buckley

Okay, so 23 separate summonses to attend at court. My understanding is that basically they got the liquor licensing authorities involved and pulled your liquor licence.

Christopher Scott

They did, yeah.

Shawn Buckley

They got Occupational Health and Safety involved to come and visit you.

Christopher Scott

Yes.

Shawn Buckley

They seized liquor.

Christopher Scott

Yeah.

Shawn Buckley

They went to the person that you had a contract [with] to allow you to even purchase the restaurant. So they went to a private person to try and get them to pull the café back from you.

Christopher Scott

They did.

Shawn Buckley

So they were trying to involve private sector people. They actually seized and chained the doors of the Whistle Stop Cafe to physically take it away from you.

Christopher Scott

Yes, they did.

Shawn Buckley

So that's just some of the things. That's not all, but just some of the things. They got an injunction against you. I think you can share with us the terms of the injunction and Jane and John Doe.

Christopher Scott

Oh, of course. So what's commonly known as the "Rook Order," was an injunction sought by Alberta Health Services against me, Glen Carritt, the previous owner of the Whistle Stop, and the Whistle Stop Corporation, in addition to John and Jane Doe in Alberta. And the Rook Order basically said that it was declared illegal to attend, organize, incite, or promote any illegal gatherings.

Shawn Buckley

Right. So because John and Jane Doe were included, that applied to every single resident of Alberta.

Christopher Scott

It did, yes. And that part of it was challenged in the courts. And it was challenged successfully, and that was removed. But the named individuals are still on there. Now, as a Canadian and as an Albertan I still believe in the Constitution. I believe in the Charter of Rights. I don't think it's perfect, but I think it was well intended, and as written, I think it should protect us.

And I stood on that, and I will always stand on the fact that my right to protest is literally my only recourse against government policy that I disagree with—aside from getting into politics and doing it myself. But that's my only recourse and that should never be taken away from me. So I engaged in a protest. As a matter of fact, I advertised it as the biggest protest Alberta has ever seen. It didn't turn out that way because the weather didn't cooperate, but there was a couple thousand people there. And I was arrested and incarcerated for exercising my Charter right to protest bad government policy.

Shawn Buckley

And my understanding is you spent three days in jail.

Christopher Scott

I spent three days in jail. I was subject to sanctions of \$30,000 in fines, 18-months-probation, a compelled speech portion where the courts ordered me to tell people what the government wanted them to hear before I spoke, and I wasn't allowed to leave the province of Alberta.

Shawn Buckley

So I want to make sure that people actually understand this compelled speech part of your sentence. When you were sentenced, in addition to \$30,000 and time served—and I understand you were also put on a year and a half of probation—but you were ordered to write text that the Court gave you publicly.

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So you were to make a public statement and basically read what the Court told you to read. So not only did you not have freedom of speech but you were compelled to give a speech that the Court dictated to you.

Christopher Scott

That's correct.

Shawn Buckley

Now, going forward, and I understand, and you've made clear, that there's things you can't talk about because there's still legal proceedings, you're still facing other sanctions that aren't finished. But going forward, what could you leave us with as kind of lessons learned and what we need to do, to do this better going forward?

Christopher Scott

Well, I see there's 10 minutes and 30 seconds left, I don't think that's enough, but I'll do my best.

Shawn Buckley

Well, no, and I think you've learned watching yesterday, that our time limits are not hard and fast, and I know the commissioners are going to have questions for you also. But you do have some lessons to share with us, and you do have some thoughts.

Christopher Scott

Yes, I do.

Shawn Buckley

I'm inviting you to share them.

Christopher Scott

I'll try and be quick. So during this little adventure that I found myself on, it's become necessary for me to read a lot. You know, we tell each other in the schoolyard when we're kids—when somebody asks, "Oh, can I use that?" or whatever. And we say, "Well it's a free country, isn't it?" We're conditioned to believe that we have these rights and freedoms. We're conditioned to believe that our forefathers fought and died for our freedom so that we wouldn't have to. And during the course of this adventure, I've realized that that's a lie.

Our forefathers didn't fight and die for freedom so that we wouldn't have to. They fought and died for our freedoms so that we would have the opportunity to keep them, and that comes with a hefty responsibility. And I learned this as I went through some legislation that was being used to try and stop me from earning a living, from exercising my civil liberties, including the right to protest; I learned that there is legislation out there right now, and Jeffrey Rath talked about it yesterday. I think Lieutenant Colonel David Redman, he alluded to it a little bit in his testimony.

There is legislation out there right now that allows the bureaucrats to strip our rights and freedoms away without justifying that they need to do it. And that's exactly what happened to me. Bureaucrats decided that it was unsafe for me to pour coffee and serve hamburgers, in a café with a capacity of 40 people that was generally maybe 10 to 15 people in there. They told me that it was unsafe for me to earn a living, and they did that without ever proving or justifying in a court of law, or with any scientific evidence presented in our province where this legislation exists.

And they used that legislation to strip away my rights. Now you might think, "Okay, well, we need that, so that if there's something that's going to harm the people of Alberta, we can step in and deal with it quickly, and I would agree with that. But if you look into legislation like the *Public Health Act* of Alberta, that is a very, very dangerous piece of legislation. And I'll explain why, better after this. But that legislation says that, and I'm going to paraphrase here; this is the best I can remember, "In fulfilling her duties to protect the health of the people of Alberta, the CMOH [Chief Medical Officer of Health] may at any time, as long as it's in good faith, take any steps necessary to do so, including seizing property, personal or private."

That means if the CMOH, or anyone acting under her orders to promote the health and safety of the people in Alberta, if they think that your house needs to be seized and used as a vaccination clinic, they can do that under the law. And you have no recourse except for to pay a lawyer \$50 or a \$100,000 and go to court. And two, or three, or ten years down the road prove that they shouldn't have done it. That's what that legislation allows. The wording is very specific in public or private; your private property is not off-limits.

As a matter of fact, we saw that during the pandemic. We saw people reporting their neighbours for having their grandkids over for Christmas dinner, on private property. We saw police showing up at people's houses and issuing them tickets for having their friends over. I don't mean to sound crass, but this can go anywhere from having a church service in your house, the police will be involved in that because it applies to private or public, to having a swinger's party in your bedroom.

The government can literally shut you down for anything that you do in your kitchen, in your bedroom, in your church, in your restaurant, in your café. Even more dangerous than this, now we have a federal government— We have Theresa Tam, the top doctor for Canada,

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alluding to the fact that climate change is one of the most serious risks to health.

Now, if climate change is a serious risk to health, and our health authority can take any steps necessary, any steps they think is reasonable, as Jeff Rath pointed out yesterday, in order to combat these things for our health, what does that tell you about what the federal government can do, going forward?

The federal government has said that, in their opinion, capitalism and liberties need to be dismantled for our health. And there's legislation that allows our provincial governments to do almost anything they want to us in the name of public health. Where does that put us as Canadians? There's another piece of legislation that can be used in the same manner, and Jeff talked about it yesterday. And that's the Civil Emergency Measures Act [*Emergency Management Act*], I think it's called.

Our government and our bureaucrats have unlimited power against us, and even worse than that, the judiciary that's supposed to protect us against these things has failed because that judiciary defers to those who are doing these things to us, as the experts, to justify their actions. The onus is on me to prove that my actions were justified in pouring a cup of coffee in my restaurant, and if I can't prove that, if I can't prove my innocence, I'll be fined into oblivion or maybe jailed.

Right now, we have four men who are jailed; they've been jailed for over 450 days. They haven't had a trial, they haven't had their day in court, they're innocent, and yet they sit in jail because they spoke against the government. They stood up for their rights. They're in jail because bureaucrats have decided that their civil liberties need to be removed to protect the bureaucracy. And this is the free country we live in, this is the free country of Canada, where Polish immigrants testify under oath and say that they're thinking of leaving this free country that they fled their home to—because they want freedom.

Well, I need to ask you folks, "Where are you going to flee to?" because I've thought about it. Where are we going to go as Canadians in the freest country on earth? Where are we going to go when our freedoms, and our liberties, and our rights get stripped away from us to the

point where we need to flee to live our lives as we choose? There is nowhere else to go, not one place on this planet. There might be places warmer where we can escape this for some time, but unfortunately these things catch up.

And Shawn, he asked how George Orwell knew in 1949 how these things would happen. How it could be so prophetic? These books that he wrote: *Animal Farm* where the animals looked in the window and they couldn't tell the difference anymore between the pigs and the humans. The bureaucracy, those who were standing up for them, became the bureaucracy they're fighting against. How did George Orwell know that?

George Orwell was a democratic socialist. He knew where that led. He also liked history. And the one thing I've learned—aside from we don't live in freedom, we're only free when the government says we are—the one thing I've learned is that history will repeat itself over, and over, and over again. And we are no more enlightened today than we were 5,000 years ago. We still are subject to the same things: greed, lust, gluttony, all those things. The same things have been used to control us for thousands of years.

And you know what the number one thing is? Fear. Number two is hunger. Civilizations all over the world have fallen to tyranny because of fear and hunger, and that's where we're at right now. I'm hungry for freedom. I'm hungry to live my life as I was intended, to exercise my God-given rights that no government gives me. And the only thing I fear is the apathy that I see in Canadians and the media—the apathy and the fear that prevents them from taking a stand and doing something to prevent the things that have happened in history from happening again.

And that brings up another point. We have to stop looking around and looking for someone to save us. Nobody is coming to save you. I'm not going to save you; Danielle Smith isn't going to save you. No politician's going to save you, the only person that's going to save you is you. So before you start condemning a politician,

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or asking someone to do something for you, you need to look in the mirror and ask yourself what you're willing to do to protect your rights and freedoms. What you're willing to do to ensure that the lives that were lost to gain you the freedom that you have today, remains for your kids.

What are you willing to do? Are you willing to put \$10 in a jar? That's great! Are you willing to put your business on the line? Amazing! Are you willing to support those who are taking a stand so that they can continue to do it? Do it; do something; do anything! Because, as you heard yesterday from somebody who has lived it, there will come a day when you either look back and you say, "I wish I did something," or you look back and you celebrate the decision you made to do the work to ensure that the rights and freedoms that we're born with remain with us and remain with our kids.

It's not about a restaurant. It's not about coffee. It's not even about a passport to go in a restaurant and have lunch. It's about standing up for what humanity is supposed to be.

So we've got some pretty difficult choices, and I really hope that this Inquiry, I really hope that people pay attention to it, and they start to think about these things, because you know with what we hear of coming from the federal government right now, and knowing what legislation is there that can be used to accomplish what they want to do, I really think we're in the endgame.

Shawn Buckley

I think those are very apposite words that you're sharing with us. I'm going to ask the commissioners if they have any questions of you.

Commissioner Drysdale

Good morning.

Christopher Scott

Good morning.

Commissioner Drysdale

Can you tell me how you were treated by the mainstream media or the government media in Canada? Did you get a fair and balanced analysis of what you were doing?

Christopher Scott

Early on, I would say that it was more balanced and fair than I anticipated. But after a little while, I mean, they're like a pack of wild dogs, and they feed off each other. So I am a rebel and a scofflaw. This is sarcasm, by the way. I've been called a rebel and a scofflaw and an anti-vaxxer and an anti-masker. And the media has framed me as someone that just doesn't care about the rules. They've made the public believe that I wouldn't force people to provide papers to eat a hamburger, so obviously, I must allow rats in the kitchen.

Well, sorry, folks, but the only rats in Alberta are the ones that called the cops on their neighbours over Christmas. You know, there are some good folks in the media. There's a CTV news reporter that I actually would call a friend. And he's on side about a lot of this stuff. But unfortunately, speaking up and doing the right thing in those institutions is a death sentence for your career. So we can't count on them.

Commissioner Drysdale

How were you treated by the alternative media in Canada?

Christopher Scott

Better. Much better. Sheila Gunn Reid spent a week at the Whistle Stop Cafe sitting on the floor, doing the rest of her work in the corner while the police badgered people. And now looking back, I don't know if it was because of the fight, or the burgers. Because the burgers would be worth sitting on the floor for five days, but you know, I'm not even going to call them the alternative media, I'm just going to call them the new media. They have been very good at actually telling the truth of what people like me are doing, where no other media would.

Commissioner Drysdale

Mr. Buckley made an announcement this morning in his opening remarks about the passage of Bill C-11, which is the amendments to the *Broadcasting Act*. Do you have any comments about how those changes may affect your ability to access the new media, in your words?

Christopher Scott

Well, this is one of the things where time will tell. They say that they're not going to use this piece of legislation to silence media, but I don't believe it for one second. I mean, all you've got to do is turn on the radio and you hear the woke mob saying whatever they want, but you don't hear any conservative voices.

[00:40:00]

And it's not supposed to be that way. The legislation was supposed to protect Canadian content.

And I was taught that as a kid. I remember going through that part of class and learning about how Canada protects Canadian music and the CRTC [Canadian Radio-television and Telecommunications Commission] is so great, and all that kind of thing, right? I think it might prove to make it more difficult to access that online. But one thing people have to remember is online isn't the only thing we have. The one thing that we lost over the last three years is the ability to gather in peaceful assembly. We still have that ability.

And Bill C-11 may just mean that we have to do more things like hold more events, and have more backyard barbecues, and get rid of that silly idea that it's impolite to talk about politics or religion. You know, the two things that affect everything. Politics affects everything in our life from before we're born, to after we die. Every single step of the way is politics. Religion affects everything else in our eternal lives. The two most important things in our lives. And yet it's considered impolite to talk about it.

So if we break down that stigma and start peacefully assembling, and having conversations again, we have the ability to share ideas similar to what they did in Poland with the Solidarity movement. I mean, it was all in people's houses and backyards. As a matter of fact, my great, great grandfather was one of the men who burned his guns, and he wouldn't fight for the Czar. And he was sentenced to hard labour in Siberia, and he wasn't released until, I think, the Czar had a son: he was so happy he released all the prisoners, whatever.

Anyway, he came to Canada and his stand against tyranny didn't stop here. He was issuing birth certificates and legal documents to people that the government said were second-class citizens and couldn't have them back then, you know? And it wasn't the media that changed things. It was people's willingness to peacefully assemble and do what they had to do, and share ideas that moved them and got them the rights that they were looking for at the time. And that may well be where we have to go in the future. And the bright side of that is there are places like, oh, I don't know, a little out of the way café where we love to have conversations with people and share those ideas.

Commissioner Drysdale

You mentioned in your testimony that you were arrested and that you were detained for, I think it was three and a half days.

Christopher Scott

Right.

Commissioner Drysdale

Did they handcuff you when they arrested you?

Christopher Scott

Of course.

Commissioner Drysdale

Can you describe what your experience was when you were detained, were you in the Remand Centre? Were you in a lockup? Were you in general population?

Christopher Scott

No, they left me in the drunk tank for three days.

Commissioner Drysdale

Can you describe that room for me please?

Christopher Scott

Oh, it was horrible! Well, there is a silver lining, and I'll talk about that in a minute. The drunk tank is a concrete room with a concrete bed, a stainless-steel toilet, which is also the sink, which is also where you get your drinking water from. The lights are on 24 hours a day. It's not a pleasant place to be. But they gave me a book, and I hadn't read a book in about two years, so that was nice. And the concrete bed straightened out my back, and I felt better when I got out. So there was a silver lining there. And I suppose if we're going to go through those things, we have to be able to find the silver linings in every tribulation. I was surprised to be stuck in the drunk tank for that long, because generally they bring you there, and then they move you to remand, and you have a bed, and whatever. But yeah, it wasn't pleasant.

Commissioner Drysdale

Were you violent?

Christopher Scott

How so?

Commissioner Drysdale

I'm just asking, if you were in handcuffs, did they put you in handcuffs because you were at risk of being violent?

Christopher Scott

No, they put me in handcuffs because they were scared of what I would do with my hands. But I think maybe next time they should probably muzzle me because my words are a lot more dangerous than what my hands will do.

Commissioner Drysdale

My last question has to do with your community of 500 or 520 people. What was their general impression? Were they supportive? Were they unsupportive? Was there a mixture? What was the general consensus there in the community about what you were doing because you were bringing attention to this small rural community?

Christopher Scott

Well, it was mixed. In the beginning, you know, it was exciting for most people, I think. There were of course those who had completely succumbed to fear, and they saw me as a vector of disease that had to be avoided at all costs because of what they were being told. In the end, after the dust settled, I think the community is probably split 50:50. Half seem to be supportive and agree with the position I took, and half don't.

Probably the line there

[00:45:00]

is the same as it would be provincially or nationally. We're divided, right? We heard things like "this is a problem of the unvaccinated." Lieutenant Colonel David Redman, he mentioned yesterday that the leadership, in this province and in this country, they did things that they should never do. They used fear as a tactic, and that fear has caused the division that we're seeing in towns like mine, and in the province of Alberta, and across the nation.

Commissioner Drysdale

You know, sorry, that was going to be my last question, but you mentioned terms and attitudes toward you, which were quite hateful. What was the source of that? Why did people think that? Why were they, in your opinion? What was feeding that in people?

Christopher Scott

In my very humble opinion, because I'm not a psychiatrist, there's a lot of reasons why people would not like me. Number one: I'm not likable. Number two: during this whole thing, a lot of people stood up, and they supported me. As a matter of fact, they supported me to the point where they helped me purchase the restaurant to remove the mechanism Alberta Health Services was trying to use to force me to stop protesting. They helped me buy it, so that that person was out of the equation. Some people didn't like that. They see me getting something that they don't believe I deserve, and they hate me for it.

Other people legitimately believe the narrative, in that I should have just followed the rules and done everything and protected everybody, and forced people to take a jab they didn't want to eat a hamburger in my restaurant—which I wouldn't do, by the way. My restaurant was open by then, and we were serving food again. I got my licences back, and the government decided they were going to bring in that vax passport. I shut down my dining room, because I was under bail conditions that said I had to follow the public health orders, and I wouldn't do it. I would never ask somebody for their papers so that I could pour them a coffee.

So I had to shut down my restaurant for that. And, you know, there are people, they don't understand that. Some people saw that as an inconvenience. "Oh, Chris, why wouldn't you just allow me to show you my vax passport so I can have a coffee here?" And the answer is

because it's not right. "Why would you not follow this part of the rules? You can be open, just only serve this select group of elite people that did what the government want." Because it's not right.

I'm not going to put my ability or potential to earn money over my principles, like that. And people didn't understand that. And so you know, they hate me for it. As a matter of fact, my friend Kerry, over there, and I, of all the things that could have happened to a guy that owns the Whistle Stop Cafe, we got hit by a train. Can you believe that? We got hit by a train, and on social media, the outpouring of concern was amazing. People were legitimately concerned for us and asking all the time how we're doing.

But there were some people that said things like, "I was so happy when I heard that. It's such a shame that you two free-dumbers didn't die." And that hit me like a freight train. The idea that in this country, where we're supposed to be free to disagree on certain issues, and our leadership is supposed to foster good relations between us, right? They're not supposed to divide us with fear. That we've come to a point where one side actually wants the other side to die because they don't have the same opinions. And it's no different in my town.

Commissioner Drysdale

Thank you.

Commissioner Kaikkonen

You alluded to the cost of court and what it costs for an ordinary citizen to fight against these kinds of government abuses. And I believe that there's a lot of people in this country who believe the same thing, that they'd like to fight on principle through the court system, but it's just unattainable, or they will lose all their assets.

What would you suggest in terms of recommendations? And yes, I'm aware that you're still in court, but what recommendations could you make, just from your own perspective that might make court more accessible to ordinary Canadians when they feel that they've been abused by government authorities?

Christopher Scott

Short of finding an organization that will help you crowd-fund, I really don't have any ideas. I mean, even a lawyer will tell their clients not to fight on principle because it's costly, it rarely wins, and in the end, you lose everything, and you gain nothing.

[00:50:00]

So standing on principle oftentimes means that you end up with nothing. One of the things that I don't talk about too much, but I'll mention it now, is part of the decision-making process for me to engage in protest, to use my Charter right to protest.

One of the decision-making process parts was that I had to ask myself, what am I willing to lose? Because it's very likely that I'll lose everything fighting the government. I've watched it happen around me numerous times. We've all seen it. And if you don't make peace with the reality that you will very likely lose the things that you find that you hold dear, like your property, for instance, you can't take on that kind of fight. So I had to very quickly have an internal conversation with myself and accept the fact that I would very likely lose the

things that I'd worked my life for. So short of doing that, and being okay with the negative outcome in that regard, and finding an organization that will help you with legal costs, there's really nothing else you can do that I'm aware of.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

Chris, there being no further questions, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

[00:52:01]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 2: Dr. Misha Susoeff

Full Day 3 Timestamp: 02:12:52–02:52:37

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Dr. Misha Susoeff. Misha, can you state your full name for the record, spelling your first and last name?

Dr. Misha Susoeff

Yes, sir. It's Misha Mooq Susoeff, M-I-S-H-A S-U-S-O-E-F-F.

Shawn Buckley

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

Dr. Misha Susoeff

Yes, sir, I do.

Shawn Buckley

Now, by profession, you are a dentist, and you've been practicing dentistry for the last 17 years.

Dr. Misha Susoeff

Yes. I'm a dentist, I'm an entrepreneur, I'm a father, and I'm a husband.

Shawn Buckley

Now, Misha, when we were having an interview earlier in the week, you brought up a kind of a different issue with informed consent, and I'm kind of excited about you to explain that. So can you explain the position you find yourself in, being legislated by the *Health Professions Act*, and then your thoughts on informed consent?

Dr. Misha Susoeff

Over the course of the last few weeks of following the National Citizens Inquiry, I think we've had a lot of good expert testimony regarding informed consent. But I'm finding myself— As a practitioner who lives in that world, I feel that I'm inhabiting a post-consent world. And I don't understand, as a practitioner, how I move forward from that. So as we've heard previously at the National Citizens Inquiry, consent is foundational. It's sacrosanct to the provision of any type of medical services. And in Alberta, we are the different health care professions legislated under the *Health Professions Act*. We are self-regulated, and we design our own regulations.

Now, every health profession in Alberta will have within their professional standards, guidelines surrounding consent. And consent is a multi-factorial, multi-layered concept, and if you remove one component of consent the entire pillar collapses. And what I've watched happen in my province, in my country, and frankly around the world, is that the concept of voluntary consent has been ignored. And voluntary consent is the concept that there can be no outside persuasion in the medical decision-making of any patient. So that means from their health care professional, their doctor, their chiropractor, their dentist, nor from a policeman, nor from a politician, nor from a hostess at a restaurant, and if at any point that the voluntary nature of that person's medical decision is violated, there is no consent. The consent is repudiated.

Shawn Buckley

Now, one thing that jumped out at me when we were having a conversation is: You said that you can't provide medical services to anyone if you think there's a third party in the decision. And it's the way you phrased it as "a third party in the decision" that I found so interesting. And I think that's what you're talking about: as a medical practitioner, if you think they're doing this because a spouse is forcing them so that they can travel, or an employer is forcing them just to keep in a job, that literally there's a third person in the room when you're trying to assess consent.

Dr. Misha Susoeff

Exactly. And at that moment when there's a third party involved making a decision for the patient, as a health care practitioner, you no longer have consent; it's been vitiated.

Shawn Buckley

I really appreciated that you brought a new term to the table. Because that is a different way of us thinking about it: that there's literally a third party in the room, and that that's something that healthcare practitioners need to be mindful of. Now, as this pandemic hit us, you were involved in doing some social posts. And I'm wondering if we can switch gears and have your thoughts— share with us kind of what happened with some social posts that you were involved with.

Dr. Misha Susoeff

Yes, sir.

[00:05:00]

I was watching in horror as the public discussion around mandatory vaccination was being tested in the media. And because of my background, a little bit, I was particularly sensitive

to this. So because of my familial history—my grandmother was raised in a residential school, and through other unrelated circumstances, I was raised on a First Nations reserve in interior British Columbia—and because of my familial history, and having had a front-row seat to the cruelty that Canadians were historically able to subject each other to, I saw what was coming as a really big error.

Now, this was at the time, if you'll recall, when we as a country were mourning the discovery of bodies at the residential school outside of Kamloops, and across the country the flags were at half-mast. So when I looked out the window of my office, I could see that we were currently mourning our last atrocity, and we were hurtling straight towards the next one. Now, to answer your question about social media, I made some public posts about this, and I tried to educate the people who followed me about— Canada holds a dubious distinction of being—before COVID—one of a few countries in the world who had an internal passport system. And by that I would mean like North Korea, for example, or East Germany, or Venezuela, where you have to show your papers to move.

Shawn Buckley

In fact, before you go on and explain who this applied to. My understanding is that before South Africa came out with their apartheid program, they came to Canada to see how we did it concerning this population, and I'll let you carry on.

Dr. Misha Susoeff

Yes, sir. Maybe a little-known fact: Canada, around 1880, instituted an internal passport system called the Indian Pass, which kept Native North Americans incarcerated upon their reserves. If they wanted to leave the reserve and trade, for example, they would have to beg a pass, a passport, to leave the reserve and move freely amongst the population. So I tried to bring this to the attention of people around me and I said, "Look this isn't the first time we've done this. And we're still mourning it now a hundred years later, and we're about to make the same mistake."

Now, it was around this time that we were starting to see some of the early physicians who had stood up publicly, some of them whom have testified at the Inquiry—Dr. Francis Christian comes to mind—who had asked a couple of simple questions and had been censored. Not just censored, but they had potentially lost their livelihoods because of it. And a lot of my social media following is employed within the medical community. And one thing that told me about the type of censorship that we were experiencing, what we're about to experience, is my social media post got zero traction: not one single "like," not anything. However, I got a lot of private messages. People who said, "Yes I totally agree with you," but were afraid to say it publicly. So already at that point the self-censorship within the medical community at large had begun.

Shawn Buckley

So and I just want to make sure people understand. So you're basically posting to draw the analogy of what we had done before with internal passports and the like.

Dr. Misha Susoeff

Yes, sir, internal passport version two.

Shawn Buckley

And people are afraid to like your post because they're afraid of being attacked. They'll tell you privately that they agree with you, but publicly they won't identify at all with what you're sharing.

Dr. Misha Susoeff

Exactly. And it was at that moment I realized that we were in big trouble.

[00:10:00]

Shawn Buckley

It's interesting. One of the things that came up in the Saskatoon hearings is we would have witness after witness speak against the current vaccine, but then volunteer that they're not anti-vax, and so it just seems that we're self-conditioned not to go against certain memes, and we have a fear to stand up. So I'll let you continue. I want you to talk about the economic harm that you experienced with the pandemic.

Dr. Misha Susoeff

As an entrepreneur, my wife and I run multiple businesses, and I feel almost guilty bringing this up. But the economic consequences for all of us were real. I'm blessed that we managed to skate through the pandemic response largely unscathed with our health, which is different than what a lot of the witnesses at NCI have attested to.

We did have a business that we had to close; it was no longer viable. The business was a seasonal business. It made most of its money over the Christmas season, and it was closed for two consecutive Christmases in a row, so that business was no longer viable. It had to be closed: the employees laid off.

Also, as an entrepreneur, we had deep roots within our community. And as Mr. Scott mentioned earlier, you didn't have to look too far across our borders to see jurisdictions that put value upon the individual sovereignties, or maintained the value of individual sovereignties, and their judicial systems were working for them. So we started to sell our assets in Canada, and we were looking across the border to find a different place to live.

Shawn Buckley

So you're actually so concerned with what was going on that you were selling assets with the view of potentially having to leave Canada.

Dr. Misha Susoeff

Yes, sir, sadly.

Shawn Buckley

Now, can you tell us about changes that you have seen in your dental practice after the vaccines were introduced?

Dr. Misha Susoeff

There have been many changes. I mean, frankly, dentistry was thought to be a very high-risk profession early in the pandemic. We were all very scared to go to work. We thought every patient interaction was going to lead us to hospitalization. So that was a challenging thing. As time went on, our sensitivity decreased, but we found that our patients were damaged. And I'm in an interesting position where I get to have 20 or 30 short social interactions a day. I get to know people. And I saw how badly damaged people were on both sides of the continuum. You know, regardless of how you felt about the pandemic response, there were people on both sides that were really being affected by it.

And I can think of, for example, some people—very lovely, intelligent, smart, high functioning people—who were so afraid to sit down in my chair. They'd come in covered with garbage bags and kitchen wash gloves, rubber gloves, sanitizing them with alcohol swabs, wearing an N95 mask over their nose and trying to hold their breath during a dental appointment. So the fear was palpable from those people. And it was sad to watch.

Shawn Buckley

Now, in the dental practice, there's some procedures that kind of go on for a while. So for example, if somebody was to get an implant, you've got to pull the tooth, wait for the bone to grow back, and then put in the implant and wait for it to set. And then put on the tooth that is going to sit on the implant.

So prior to vaccination, had you ever had a patient die mid-treatment? So you've got one of these types of treatments that is going to be stretched out over several months or a year.

Dr. Misha Susoeff

Prior to the pandemic, I don't recall that ever happening.

Shawn Buckley

Okay, now did that change after the vaccine rollout?

Dr. Misha Susoeff

Yes, sir, I would have patients disappear mid-treatment, not to return.

[00:15:00]

Shawn Buckley

Okay, and how often has that happened to you now?

Dr. Misha Susoeff

Sir, when we spoke on the phone the other night, I estimated three. Now, I'm hesitant to say this because I went into my database yesterday. My database isn't designed—you can't make any inferences from this statement—but in the past three years it's been 17.

Shawn Buckley

Seventeen.

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

So now you've been practising as a dentist for 17 years. Prior to the vaccine rollout there had never been a single patient that had died mid-treatment. And you've had 17 patients since the vaccine rollout.

Dr. Misha Susoeff

Yeah, exactly. To my recollection prior to the pandemic.

Shawn Buckley

Now, have you had patients who've— Basically, have you seen changes in their health conditions in a way that would be different than pre-vaccine?

Dr. Misha Susoeff

Yeah, and I'm going to corroborate the testimony of— We had a wonderful embalmer on. I think she was in Winnipeg. She described herself as the God's gift to embalming, so I thought she was really cute. And she testified how the people that she was seeing were not keeping up with their basic hygienic care of their bodies.

Shawn Buckley

And I think that was Laura Jeffries and she testified in Toronto. Just so if anyone wants to track down her evidence. It was Toronto. But I'm sorry to interrupt. You were sharing.

Dr. Misha Susoeff

Yeah, so it's difficult for me to attribute that to anything in particular other than the fact that the basics of these people's care for themselves was diminished. And then, also, a lot of people were absent for a long period of time; they just didn't come in and see us.

Shawn Buckley

Now, you are a medical practitioner, and as a dentist you have to know what's going on medically with your patients because some of the treatments of yours might be contraindicated. Were patients coming up with different diagnoses, and were any of them attributing causes?

Dr. Misha Susoeff

Yes, sir, and I'm going to contradict the testimony of Dr. Gregory Chan—I believe he was here on the first day of the Red Deer hearing—where he said that patients were hesitant to make a correlation between a vaccine injury and a new medical condition. So when I see a patient, every time I see a patient, we update their medical history. And I have been and still am, seeing patients with new medical issues. And it's surprising to me how readily, or how often, they will attribute it to their vaccination. And this is spontaneous. So they'll tell me, "Oh, yeah, well, I got a pacemaker after my second vaccination, and it was probably the

vaccine. But can you imagine how crazy those people are who don't get it?" So that was an interesting thing.

Shawn Buckley

Can you just say that again because that sounds almost unbelievable what you just explained? So you're saying that you actually had a person come in. They needed a pacemaker. They blamed it on the vaccine. So they recognized at least in their minds that it's a vaccine injury.

Dr. Misha Susoeff

They at least accepted the possibility.

Shawn Buckley

Right, and they're volunteering this, right?

Dr. Misha Susoeff

Yes, sir.

Shawn Buckley

And yet they they've made a comment how stupid people are who aren't vaccinated.

Dr. Misha Susoeff

It's unbelievable.

Shawn Buckley

But you are reporting to us that people are commonly telling you that their new medical conditions are associated with the vaccine. I am curious if people are more willing to do that now than perhaps a year ago. If you've seen kind of a change in attitude, or if that's been consistent throughout.

Dr. Misha Susoeff

In my recollection, I would say in my practice that was consistent throughout, and it just happened yesterday.

Shawn Buckley

Right.

So you've had basically—

[00:20:00]

You've observed staff members and family of staff members basically be negatively affected from the vaccine. What can you tell us about that, and we don't need to describe anything in any way that would identify people, but—

Dr. Misha Susoeff

Of course. Again, I'm hesitant to attribute any injuries to the vaccination. However, this is what people are telling me. I do have a very highly valued staff member, and her and her husband at the time, I believe, had a five-year-old daughter. And they were facing the same kind of pressures that we all faced, and they made a difficult decision as a family. So he was mandated through his work to become vaccinated, and she wanted to be able to continue to take her daughter to her dance lessons and it was very, very important. And they made a difficult decision as a family that they were going to go ahead with it, but they were going to mitigate their risk because they felt it was risky, and they didn't want to go ahead with it. So one of the couple took the Pfizer vaccine, one of the couple took the Moderna vaccine, just so there would be a parent left for the daughter, just in case something happened.

Shawn Buckley

And did anything happen?

Dr. Misha Susoeff

Yes, unfortunately, and again there's a temporal correlation—but I can't attribute this to vaccination—but the father almost immediately developed a fairly aggressive cancer and spent the rest of the year receiving treatment for that. And thank God, everything so far has turned out fine.

Shawn Buckley

And my understanding is that you've had a couple of other staff members develop medical conditions. Again, you can't attribute it, but one with diabetes and another with tinnitus.

Dr. Misha Susoeff

Yes, sir. And they both have their suspicions, or they will vocalize their suspicions that because of the temporal correlation that those injuries are due, or those new medical conditions, are due to vaccination.

Shawn Buckley

Before I open you up to questions by the commissioners, I wanted to ask you how you have been affected by this. How has this experience affected you personally?

Dr. Misha Susoeff

I'm really sad. I'm really angry; I don't recognize my profession, the medical profession. I think we've been let down. The concept of informed consent is beaten into our heads throughout our training. And I've spent maybe six years as a clinical professor, assistant clinical professor, at the University of Alberta, and I've trained students. And it's not optional. It's not an optional concept.

And I think we've really been abandoned by the medical profession. And as I saw the mandates— And don't get me wrong, I think that potentially, vaccination could have been a part of the mosaic of our response to COVID, not the only response, or else. But when I saw the concept of mandatory vaccination working its way through the media, I sat back smugly in my chair and I crossed my arms behind my head and I said that doctors will never let it happen. And they disappeared.

The first couple stuck their necks out and then their heads got chopped off. And I insist to this day that the streets of Ottawa should not have been packed with trucks, it should have been the Mercedes and the Escalades, and it should have been the doctors honking and waving flags. They should have been there to protect us. But I think what happened is those payments on those Mercedes and the Escalades were more important than standing up for the basic pillar of medical professionalism.

Shawn Buckley

I think you're sharing a really important point. And remember our last speaker, Scott. I mean, his point is: together we can do a lot. Remember, he said that one person can't stand up. And I wonder also—exactly as you said—a couple of doctors stood up, and to use your words, they had their heads chopped off. So basically, they got attacked in the media and their licences to practice taken away. But if all the doctors had stood up, what was the government going to do?

[00:25:00]

Fire all the doctors? Label all the doctors as misinformation spreaders? The thing that I think we forgot as a society is if we stand together, and we don't participate in the social shaming, if we stand together, we could do something, and you thought the doctors were going to stand up.

Dr. Misha Susoeff

I was convinced it couldn't happen, and I was floored, and I'm still floored that we've gone this far.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen

Good morning. Thank you for your testimony. You testified that dentists update their patients' medical records on every dental visit. So personal health records are current within your office. But would you also recommend that all healthcare stakeholders, for example, the ER physicians like Dr. Chin, do the same? Or do you see some issues emerging from extensive documentation by the bureaucrats within Alberta Health Services, for example, as we've also heard some negatives from testimony?

Dr. Misha Susoeff

So ma'am, let me see if I understand your question. Are you suggesting that the collection of personal medical information could be problematic?

Commissioner Kaikkonen

Just when it gets to the Alberta Health Services' online version. When they get to decide after the fact whether an adverse event reaction is valid, they look at somebody's personal records. So not from the perspective of you as a dentist, or from any doctor who's trying to stay current in a patient's medical history, but when it gets online and it's in the system.

And the bureaucrats, as you said before, get to make decisions as to whether that adverse event is valid or not based on what they see in the computer.

Dr. Misha Susoeff

In my opinion, the information should be collected solely for the provision of medical services for that individual, based on the relationship between the doctor and the patient. And I don't believe that information should be accessible by a bureaucracy—maybe if it were anonymized—but we are very heavily regulated as far as how we manage patient information.

It's even within our ethical guidelines for advertising. So say, for example, if my dental clinic makes an advertisement and somebody responds to it on a social media, I can't acknowledge that response because that would indicate that, yes, in fact, they are a patient of record in my office, which is unethical. I can't do that because that's disclosing some of their own personal information. So the maintenance of those records is very important and keeping them private.

Commissioner Kaikkonen

And my second question is about informed consent. I, personally, believe that everyone should complete the Tri-Council Research Ethics Certificate program online, if only to be informed. But do you believe, as a dentist, or just in your personal experiences with ordinary Canadians, that most hardworking Canadians either truly understand the tenets of informed consent, or how do we get them to learn?

Dr. Misha Susoeff

I don't know if it's up to the layperson to understand consent. It's up to the medical practitioners: our responsibility. We are proposing in many instances irreversible changes to a person's body. And you need their express permission. First of all, their understanding about what they're giving you permission to do, and like I mentioned earlier, that's a multi-factorial, multi-layered process. It's just not a one-time event.

Commissioner Kaikkonen

Thank you very much.

Dr. Misha Susoeff

Thank you.

Commissioner Drysdale

Good morning, Doctor. Thank you for your testimony. During your testimony, you talked about you had made certain social posts concerning vax passports and the passes that were issued to Aboriginal people in the earlier part of the century. My question is: Have you had any blowback? Have you had any issues with the professional association that governs your profession?

[00:30:00]

Dr. Misha Susoeff

No, sir. So far, I've managed to fly below the radar and God willing, I will continue to do so. Although this is my coming out, so to speak, publicly, and so it did take a lot of courage to sit in this chair today.

Commissioner Drysdale

You know, I'm a little confused with some things. I hear the term "guidelines." I hear the term "mandates." I hear the term "regulation." The term "law." Is informed consent, is a definition of that and the requirement for that, within the Act that governs dentistry?

Dr. Misha Susoeff

Yes sir. Within every health profession, within every self-regulated health profession, as legislated by *The Health Professions Act* in Alberta.

Commissioner Drysdale

But we hear a great deal of testimony from both patients and all kinds of doctors that that requirement has not been lived up to. And I'm wondering why I haven't seen any action by the professional organizations?

Dr. Misha Susoeff

Sir, the professional organizations are required by legislation, if they receive a patient complaint, to initiate an investigation into that event. And if there were to be justice done, I believe, in this country, everyone who sat down in that chair in front of their pharmacist, or their doctor, or their nurse, and said, "I'm here because of my work," or "I'm here because I want to travel," or "I'm here for any other reason," that consent was not obtained. And that individual who made that injection violated their professional standards. There should be a complaint made to the regulatory body of that profession. There should be millions of complaints made right now.

Commissioner Drysdale

We've heard from previous testimony, I think it was a pharmacist and I can't recall where, but they had sought out the insert, that's the informational booklet that would come along with a medication, for instance the vaccine. And that it was blank. Given that the inserts were blank, might that be a defence to a practitioner who didn't really give any information about side effects to a patient? Or is there a higher requirement for them to seek out that information independently?

Dr. Misha Susoeff

That's a complicated question. The products were approved for use on an emergency use authorization and I believe because of that fact the requirements for the package inserts were lessened. Now, that's something that, obviously, when a patient is making an informed decision that's probably something that they should know.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much, Doctor, for your testimony. I was wondering: Given the high risk of contamination in your profession, when you are seeing patients, you must have put in place some measures to minimize the risk of contamination. Did you track over the past three years the number of incidences where you could have had contamination during the practice in your business?

Dr. Misha Susoeff

Well, every day. So we treat people with universal precautions. So, for example, we don't turn away a patient who has HIV [Human Immunodeficiency Virus] or hepatitis. We treat everyone the same way. When the pandemic began, I mentioned that dentistry was thought to be the highest risk profession because we're bathed in oral aerosols all day long. Our regulatory bodies did put in place enhanced personal protection. So we donned disposable gowns, face visors, N95 masks. At the beginning of the pandemic, obviously, the PPE [Personal Protective Equipment] was hard to come by. So we were reusing masks. I had a couple of N95s that I just luckily happened to have in my garage, and we reused those masks for weeks at a time.

[00:35:00]

I read just recently in a publication from my regulatory body that as far as we know, however, there have been no documented cases of COVID transmission between patient and dental staff in Alberta. So the protection that we used was effective. And I was watching carefully as the pandemic progressed, within my office, and as far as I know there was not a single case of transmission not only between staff and patient, but between staff and staff.

So all of my staff got sick eventually, but we could always trace the infection from a daycare, for example. So I had lost my staff one at a time. I thought that if I had someone get sick, bring it into the office, that we'd all be out. It didn't happen that way. It happened gradually over the course of a year.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Something in your answer to Dr. Massie caused me to want to ask you this question, and that is: I believe you said that in your practice, regularly you treat all patients, whether they have HIV infection, whether they had any other kind of infectious condition, you treated them, and you took precautions for that.

Dr. Misha Susoeff

Yes, sir.

Commissioner Drysdale

But we heard a great deal of evidence that in the medical profession, as a matter of fact, I think we had evidence here in Red Deer, that someone was denied a lung transplant, a life and death operation, because they didn't have a vaccine. How do we square that you can provide dental care to patients that may be vaccinated or unvaccinated, or might have HIV

infection and you still provide that service, but on the other side of that medical profession, we have testimony that says that they were being denied service?

Dr. Misha Susoeff

I'm aware of that case and I'm not sure how somebody in a healing profession can rationalize that decision other than it being political.

Commissioner Drysdale

Thank you.

Shawn Buckley

Misha, before I thank you, I just think that it's appropriate to expand on something you had said.

So when you were explaining to us in your testimony that First Nations people needed, literally, a passport, they needed permission to leave the reserve, you spoke about when that started. But I think it's important for people to understand how recent it is that it ended. I recall I was at a gathering on the Poundmaker Reserve some years ago and listening to elders speak about how you had to get, yes, your written papers from the Indian agent, even if you wanted to go to the adjacent reserve to visit a relative. So you literally were prisoners in your reserve, and you had to get written permission to be able to leave. And that did not end until Prime Minister Diefenbaker brought in the [*Canadian*] *Bill of Rights*, and I forget now when that was, I think it was 1956 or something like that, which is very recent [The *Canadian Bill of Rights* received Royal Assent on August 10, 1960].

So you can still find First Nations elders who can explain to you that they were prisoners for most of their lives on the reserve and had to get written permission to leave, much like when they bring in the 15-minute cities, we will need to get permission to leave. So this is a recent part of Canada. When you're saying to yourself, well, it can't happen here, what do you mean? We've had it already. It's actually been a short period of time where it hasn't happened here.

So on behalf of the National Citizens Inquiry, we so thank you for coming and sharing your testimony and giving us actually a couple of new things to think about that haven't been presented.

Dr. Misha Susoeff

Thank you.

[00:39:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 3: James Coates

Full Day 3 Timestamp: 03:03:58–03:56:25

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good morning, Pastor Coates. Can you hear me?

I see your lips moving, but I can't hear any sound.

James Coates

Okay.

Wayne Lenhardt

There.

James Coates

I'm not sure how to mitigate that.

Wayne Lenhardt

I think we have you. We've got sound now. Okay, could you give us your full name, and then spell it for us, and then I'll do an oath with you.

James Coates

Yes, my name is James Coates, J-A-M-E-S C-O-A-T-E-S.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

James Coates

Of course.

Wayne Lenhardt

Okay, just for our audience who may not be aware, I do recall that at one point you were interviewed by Tucker Carlson on his show, and you've had a certain amount of publicity, so I think I'll just turn you loose. Let's start in March of 2020 and start telling your story, and I will intervene if I think of something relevant.

James Coates

Yeah, sure, and just a word of correction: it was actually my wife that was on Tucker Carlson. So I was in prison at the time, and she was on Tucker's show and interviewed by him. And we think that may have been instrumental in my release, but I can put that aside for a moment.

So when the pandemic began, like everyone, we didn't know the full extent of the severity of the virus. And we were in the same place everybody else was as far as the information that was being given and trying to, you know, anticipate the severity of this thing. So when churches were ordered to close, shut down, limit gatherings, we opted to comply. We did that reluctantly, but we complied with nearly all of the guidelines that were in place for services. So we went to live stream. We were limiting to the capacity number that was given. We were, for the most part, reasonably socially distanced and all of that.

So we were largely in compliance, and during that time, during that first public health emergency, we were gathering data. All of us in the leadership were assessing the severity of the virus, evaluating the government's handling of the pandemic and the lockdowns, and the effects of them. So when the premier at the time, Premier Kenney, announced the end of the public health emergency in June of 2020, we were at that point in time prepared to open our doors and let our people decide whether or not they were going to return to normal, in-service gatherings. So we did that, and our people to some degree came back—not everyone—and our doors were open at that point in time. There were still guidelines in place; because the emergency had lapsed there was really no teeth in the legislation to penalize us for that.

And for the most part we were smooth sailing, as far as our services were concerned. We had a couple of cases of individuals coming to our gatherings—who were mildly symptomatic and then subsequently tested positive for COVID-19—and then did our own, internal contact tracing to see to what extent there was spread. And we had no evidence of any spread in our gathering, in either case. And we opted for two Sundays. During that time that we had opened up, we decided to go just to live stream for two Sundays, just to make sure that we weren't in some sort of ongoing spread of the virus. And again, this was still pretty early, so we're back in the summer of 2020.

But after those two Sundays, we had determined there was no ongoing spread of the virus, and so we reopened again. And that would have been in July, as I recall—July 2020—and we were open all the way until we ultimately were locked out of our facility in April of 2021.

Now, when things really kind of got dicey was in the second declared health emergency that was announced in November. At that particular point, our gatherings were getting some scrutiny from the community around us. Complaints were being made to AHS

[Alberta Health Services]; AHS was then contacting us. And we knew, come Sunday, December 13th, 2020, that AHS would be coming to our facility, and we were anticipating that. It turned out that they came that day with the RCMP [Royal Canadian Mounted Police]. We were trying to be, just, very transparent with our people, to give them as much information as possible

[00:05:00]

to be able to navigate the very awkward circumstances that we were finding ourselves in. And so we sent an email ahead of December 13th and let our people know what they could expect. I found out later that that email was leaked to AHS, and so that's why AHS brought the RCMP to ensure they'd get entry into our facility.

So on December 13th, 2020, we had AHS and the RCMP in our services, standing on our balcony as we began our services. And we actually honour the RCMP; we actually believe that law enforcement is really important and realize that law enforcement officers are, you know, scrutinized pretty negatively—and especially with what was going on at that time in the U.S., south of the border of us. So we stood and gave a standing ovation to the RCMP, and honoured them and did that for multiple Sundays, in fact. And ultimately, we began our services, and they would kind of get the evidence that they needed and they would leave.

And so AHS, at that point in time, was driving the investigation. They came back on December 20th. I preached a sermon on that Sunday called, "The Time Has Come." In that sermon, I laid out a theological defense for why the church ought to be open. I also did get into some of the medical and legal aspects of the whole issue at play. And it was that sermon that really dialed things up because that sermon went viral. It made the six o'clock news on Monday, where they took an excerpt from that sermon, played it on live TV. And really, from my perspective, picked a phenomenal excerpt because the excerpt climaxes in the statement that Jesus Christ is Lord. And he is Lord! And so we were thrilled that they had selected that excerpt to use on the six o'clock news.

And so yeah, I mean, I spent that week wondering if I was going to get a knock on my door and whether I'd be with my family for Christmas. So things were dialing up. So I was already, at that point in time, concerned that there might be repercussions to me legally and that I could be potentially arrested for the fact that we were just opening our doors.

I mean, all we were doing as a leadership was opening our doors and letting our people decide whether or not they wanted to be there. They wanted to be there, and as shepherds of the flock, as shepherds of Christ, we're not going to tell people they can't come to the gathering. We knew, at that point in time, that the virus wasn't nearly as serious as they were making it out to be, that the measures that were in place were definitely government overreach. We knew at that particular point, in our obedience to Christ, that we had to stand and keep our doors open. That to capitulate at that point in time would have been born out of fear, would have been born out of any one of a number of motivations that would, ultimately, just be summed up as disobedience to Christ. We had to be obedient to Him, to honour Him, to glorify Him, so we took that stand.

And in the days and weeks subsequent to December 20th, I would say that the government utilized every possible tool they could to force us into submission. They used the court of public opinion through the media because we were severely treated in the media. They used the court system. The Court ordered us to comply with this health order that we had been given on December 17th.

And so at that particular point we had to decide what are we going to do? Are we going to appeal this? If we appeal it, then it's going to be, like, an eight-week wait for the appeal. And in theory, if you're going to appeal something, then you really ought to be complying with the legislation in place leading up to that appeal. We just did not feel we could do that. And so we opted to continue to meet—and could have been held in contempt of court, which can come with up to two years in imprisonment.

I mean, I can remember the Saturday where it was the Sunday before that Sunday that we would be in contempt of court, and I asked my lawyer at the time, James Kitchen, I said: "What's the likelihood of me doing jail time for this?" And he said, "Pretty likely." And I said, "How much?" He said, "Well, probably a couple of months." And that was a heavy Saturday. I mean, that was a really heavy Saturday. The pressure that was on me at that particular point was immense and difficult, in this moment, to describe.

[00:10:00]

But we're here wanting to obey Christ and willing to lose it all for Him. So by God's grace, I was able to settle that turmoil that I was in that day, complete my sermon. And we met that following Sunday and could have been held in contempt of court—which AHS never took us back to court to do—which, at that point in time, seemed to indicate that they weren't ready to jail a pastor.

And so they basically ordered us to close our building unless we were going to comply with the *Public Health Act*. We just thought, well, that's kind of a lateral move. I mean, we've been having that discussion all the way along. So we were expecting them, in the week following that one Sunday where we would have been in contempt of court for them to take us back to court, but they were just ordering us to shut our doors, which is kind of what they were doing anyway. So we just continued to meet.

Things changed on February 7th because, at that point, the RCMP came into our building without AHS, on a Sunday. So that was a significant change for me; I knew things were different at that particular point, and that meant that the RCMP was now driving the investigation. So we had the RCMP in our gathering, on our balcony, on February 7th. And following that service, I was informed by one of the members of our leadership that they were going to arrest me, and so sort of up to me to determine when that would be. Would I turn myself in, or how would that look? And I just said, "Well, let's just do it now. I mean, let's not wait." So the RCMP came back to our facility—within about 15 minutes actually—and we went into the office. I was read my rights; I was arrested. I was released in the same moment, but officially arrested and served with what's called an "undertaking." The undertaking was ordering me to comply with the *Public Health Act*. I indicated to the officers, at the time, that I could not agree to the terms of the undertaking, so they wrote "refused to sign" where my signature would have gone and then indicated they'd be back next week, which meant they knew I'd be back next week.

Which was an amazing week because that following week I was doing—

Wayne Lenhardt
Excuse me?

James Coates
Yeah.

Wayne Lenhardt

Do you recall exactly what the undertaking was?

James Coates

Well, it was an undertaking ordering me to comply with *the Public Health Act*.

Wayne Lenhardt

Oh, okay. Okay.

James Coates

That was the whole thing the whole way along, they were trying to utilize every tool they possibly could to get us to comply with *the Public Health Act* and we're saying we can't do that. And we can't do that because it's in violation of the Lordship of Christ. Christ is head of His church. He dictates to the church the terms of worship. You know, initially when the pandemic broke, given our ignorance around the virus and even the new circumstances that we were dealing with at that time and our call to be submissive to the governing authorities—Romans XIII—we complied initially. But by that point in time, compliance with the government would have been disobedience to Christ, and so we knew that we couldn't comply with the *Public Health Act*.

Wayne Lenhardt

Okay. Carry on.

James Coates

In that following week, I did a funeral. So I'm doing a funeral in the following week. So I've got the RCMP in my services, I'm doing funerals, and I'm just thinking to myself, does the government really want to jail a pastor who's just doing exactly what the Bible commands him to do?

So anyway, that following week we met, I preached a sermon called "Directing Government to Its Duty." That sermon went viral, as well. That sermon, I think, has over a hundred thousand views, if I'm not mistaken. And so that sermon went viral and it was on the heels of that sermon that I was going to be arrested again. I would need to turn myself in on the Tuesday because the Monday was Family Day. So I had two more sleeps in my bed and would turn myself in on Tuesday.

I turned myself in, and was brought before the justice of the peace. I had two hearings. The first was adjourned, and the second was going to result in my release. Ultimately, the Justice didn't think that it was necessary to imprison me, and he didn't think that imprisoning me would actually prevent our church from continuing to gather—and he was right, obviously—, and so I'd be released. So at that point in time, the question was for me at that point, I'm just in waiting: What kind of condition am I going to get?

[00:15:00]

Like, am I going to be released and given a condition or am I going to have to agree to my condition to be released? And I knew I wouldn't be able to agree with the condition to be

released. So both myself and the RCMP officer were just kind of waiting to see how the condition would be written.

And the release of my bail condition required that I agree to the terms and I just couldn't do that. I couldn't agree to the terms because that would— Basically, the bail condition was, any time that I set foot on Grace Life Church property, I would need to be in compliance with the *Public Health Act*; which would mean that I can't just open our doors and host church services because we wouldn't be socially distanced. I'm not going to mandate the people mask and so forth. We'd be over the capacity limits and everything. So I just said, "Well, I can't agree to that condition." And at that point in time, I therefore couldn't be released. And so I was going to be held overnight until the morning, when I'd be taken to a courthouse.

In the middle of the night as I recall, it was about 3 a.m., I was woken up to be printed and my mug shot to be taken; which I thought was very strange in light of the fact that all I had to do was sign my condition, I'd be home. So I thought that was unusual.

To get to the courthouse the following morning, I was shackled and cuffed. Again, seems a bit strange in light of the fact that I'm not a flight risk. I mean, all I have to do is sign my condition and I can go home, so I don't need to be shackled. But I was brought to the courthouse the following day on, I guess it would have been, the 17th, Wednesday, of 2021, and it was determined at that point in time that I'd be taken to Remand Centre. And we would obviously appeal the bail condition that I was given, but there would be a period of time between that day and when that bail hearing would take place.

So later that day, I was taken to the Edmonton Remand Center. I spent 35 days in Edmonton Remand and was released on, I believe, Monday, March 22nd, 2021. I was released because the Crown adjusted the terms of my release and gave me terms that I could agree to. And so there was a deal that was struck between my legal team and the Crown to give me terms that I could agree to. I agreed to those terms, was released, and then we had our first service now that I'm out.

What's very interesting is that, during the entire time that I was imprisoned, AHS did not attempt to get into the facility, nor did the RCMP, but on the first Sunday that I'm back, they wanted to come in again. And we had two gentlemen from our church—wonderful men—who used Section 176 of the Criminal Code to keep them from interrupting our worship service and they were successful. And so we had that gathering. And in the following week, would have been, now— I think it was April 7th when this happened, Wednesday, April 7th, 2021. In the following week after that service—my first service back—I believe it's the RCMP, they broke into our building, changed our locks, locked us out, put up three layers of fencing around our facility so we couldn't access the property at all. There was 24/7 security surveillance of the property. There was security staff that wouldn't let us on our facility, and we were locked out.

So at that point in time, we went underground, and were going from location to location in undisclosed service locations. And we were just continuing to do exactly what we're called to do in obedience to Christ, is worship Him, and we did that. And you know, on the one hand, that was a really sweet time of worship because we were truly just worshipping, in the hundreds, the Lord, under the blue sky and out enjoying the elements. What was not so wonderful about that is that the government, law enforcement was, you know, dogging our steps. So had we not moved at one point, very likely that our entire leadership would have been arrested, had we gone forward with that gathering. Because we know that they were where we were the week before and there was apparently a canine unit.

And so anyway, we were pretty sure that that would have resulted in an arrest. In fact, I think that would have been the same weekend that Tim Stephens got his first arrest. And that was all revolving around the court order that AHS got in conjunction with the Whistle Stop—

[00:20:00]

Is it Chris Scott, who was just on a moment ago? Anyway, so that's when AHS was using that dirty court order and using it very liberally. When it was for a particular purpose, they were using it for everyone. And of course, thankfully, the court system did rectify that. A higher court ruled that that was an unlawful use of that court order, which is wonderful.

And so we just basically were the underground church until we received our building back on July 1st—when everything opened up on Canada Day—and had our first service in our building on July 4th. And then just continued to meet.

And everything was, again, going along rather smoothly, until the third declared public health emergency took place. And you know, we just didn't know exactly how the government was going to handle it at that point in time. That was in September of 2021. And the question on our minds was, did the government want to have round two of that same battle or not? And it turns out that they didn't; they completely left us alone. There was no media coverage. AHS wasn't there, RCMP. We were left entirely alone at that point in time. There may have been an RCMP vehicle in the vicinity a couple of times during that period of time, but, for the most part, we were just entirely left alone and able to meet in peace as we had always intended.

Wayne Lenhardt

So at this point, you pretty much got back to normal, but it took until about September of 2021, am I right?

James Coates

Well, I mean— It's a good question because we were still meeting during a public health emergency. So is that normal? Like, we were meeting, but our government, on paper, wasn't permitting it. And I'm trying to recall now when that emergency ended. I can't even recall right now when the third one ended. I can't. So that would have been normal.

Wayne Lenhardt

I don't exactly recall, either.

James Coates

So normal would have been we're meeting, and we can't be penalized, arrested, fined for meeting. That's normal, and that didn't happen until later; probably into 2022 sometime.

Wayne Lenhardt

Okay, so is there anything else still pending that you want to tell us about?

James Coates

You know, the only thing that is still kind of pending would be the legal stuff. And everything is hinging on the Ingram case at this point in time, which is another case that's currently in the court system—and has been for over a year now—that we're waiting for a decision to be made on that. Once that decision falls, then a number of other dominoes will fall in lower courts, and we'll deal with my stuff personally. Which, at this point, the worst-case scenario is I'd be on the hook for a \$1,200 fine; which is really nothing at this point in time. The piece that remains for me personally is more symbolic, in the sense that I'm contesting the Charter right violation.

As far as our church is concerned, we could be on the hook for tens of thousands of dollars. But, again, you know, we'll just consider that money well spent because it was spent to worship our Lord and Saviour, Jesus Christ.

Wayne Lenhardt

At this point, do the commissioners have any questions?

Commissioner Kaikkonen

I'm going to feel like the mayor in Texas at the beginning of COVID, who demanded that they get all the sermons from the ministers in that town. I'm just asking if, the two sermons that went viral, if we can have it introduced as evidence?

Sorry, Wayne, can we have the two sermons that went viral introduced as evidence?

Wayne Lenhardt

I suppose we could, if we have a copy of it.

Commissioner Kaikkonen

Are you okay if we have a copy of those two sermons that went viral?

James Coates

Yeah, actually, there's two ways you can go about that. So the sermons are on our YouTube page. You can do that. I also have a book that I've co-authored, called *God vs. Government*. Both those sermons are in that book. They've been modified slightly for the nature of it being a book and not a sermon. But the record of those two sermons, in effect, is in that book,

[00:25:00]

God vs. Government, that I've co-authored with Nathan Busenitz. Otherwise, there might be a way to get a transcript of the sermon itself.

Commissioner Kaikkonen

Thank you. And I'm sure that when you were in the wilderness, you felt like the church in the wilderness in Moses' time. So when the government was dogging your steps, how did you feel as a person—as an individual and a pastor—but, also how did the congregation feel?

James Coates

You know, it's difficult for me to be able to speak to how the congregation felt because I think that there would have been a variety of different responses to what was taking place. In some cases, there might have been excitement. In some cases, there might have been more concern, more turmoil. I think at that particular point, the congregation wasn't experiencing the heat of the government oppression.

If there was any sort of heat they were experiencing at that point in time, it would have been more from co-workers, employers, family members. Because our church had been made so public, in terms of what we were doing, that it did impact the work environment for certain folks and, certainly, the family relationships that would have existed in extended family. So I don't know that the congregation would have been feeling much, in way of — There would have been certain congregants who might have been involved in actually making their location available, and so they would have felt a little bit of cost in all of that, for sure.

But I think, you know, in my case, I can remember one Sunday in particular that we were heading out to a location, and we were trying to be discreet and fly under the cover, which is hard to do when you're, you know, three, four, five-hundred people, and it just seemed like we were blowing it at every point. And so you know, when all was said and done—

I'll tell you this story. So we were driving into a particular location and we can see that there are residents in the area who are there and watching us drive in, on their phone, not looking happy at all. And I'm just going, "Oh, we're finished. We're toast. I mean, this is it." So I'm going in thinking we're done and this is during the time that AHS had that court order they were using. It's the same Sunday, as I recall, that Tim Stephens had his first arrest, and it's the same Sunday that we would have been arrested had we met at the other location.

So anyway, we had one of our members go and speak to this family and just say, "Hey, listen, we're a church and just let us know if you're going to call the cops and, you know, we'll leave." And they were thrilled! When they found out we were a church, they were thrilled. And then when they found out we were Grace Life Church, they were even more thrilled. And then they said they were going to phone all the neighbours and make sure all the neighbours knew everything was okay. Which was great in one sense, but probably gave that location away in another.

But, yeah, there were moments. It was hard. The whole time was hard. I mean, the level of intensity! There's no question, the government oppression, the intensity that we were experiencing on a, basically, daily basis was out of this world. I mean, our nerves were shot by the end of all of that. It was exhausting, but it was necessary because we believe there's a cost in following Christ and our desire is to bring honour and glory to His name.

Commissioner Kaikkonen

And in terms of AHS, they would have had all the legal resources at their fingertips, and financial resources, as well, to get proper legal opinions that they couldn't apply that court case to every single entity, being the churches and the restaurants. What do you think they were thinking? Was it just laziness, perhaps, on the part of AHS, seeking out legal opinions that would have dug deeper, rather than having to go to a higher court ruling?

James Coates

Yeah, I mean, I think at this point in time, if I were to comment on what I believe motivated that, it's not going to be flattering for AHS. I don't think it'd be profitable for me to presume on what was in their hearts. I think, yeah, it'd probably be better to ask someone like Leighton Grey that question because he was involved, as I recall, in dealing with that whole court order being modified—yeah, the JCCF [Justice Centre for Constitutional Freedoms]. So I'm reluctant to comment on that because I think it could get me into trouble.

Commissioner Kaikkonen

It might get me into trouble, too.

[00:30:00]

I actually have two more questions; theological. A lot of the churches in Ontario where I was, were arguing Romans XIII: I and II, as their basis for staying closed. And I asked this question of a minister in Truro, so I'm going to kind of put you on the spot a little bit here, as well. I'm just wondering, how did you respond, from a theological perspective, to that argument that Romans XIII: I and II applied, and that was justification for all churches being closed, while you were still open?

James Coates

Yeah, so I mean at the outset, it's typical. I don't know that there's any theological tradition that wouldn't acknowledge that there are limits on government authority. You see that in the context of the Apostles, in Acts 5, they declare, in no uncertain terms, "We must obey God, not man." So everyone agrees that there's a limitation on government authority. There's a point where they are beyond their authority, and so that would be a good place to kind of, like, frame everything.

But if you go to Romans XIII, this gets settled because all authority is from God. So He's the source of it. He delegates that authority to spheres of authority, the government being one. And anytime God delegates anything, it's always with a particular purpose and that purpose is outlined in the verses that follow. That the government is in place to bring law and order; they're in place to praise good behaviour. The Bible defines what is good. They're there to penalize evil conduct. The Bible defines what is evil.

And so the government doesn't have unilateral, total authority to do whatever it wants in the matters and affairs of a country. They have a very particular responsibility given to them. And when they're beyond that authority, we're not under obligation to obey.

Obviously, if you choose not to obey, there are consequences that can come from that, as is evident in our case. But there are clear limits that are placed on the governing authorities. And it's not their authority to tell the church when it can worship, how it can worship, how far apart people have to be, whether a mask is to be worn while one worships, whether you can sing or not. That is outside of their jurisdiction. That is entirely within the context of the Headship of Christ over his church, and it's our responsibility, as elders, to protect and guard that Headship. And so when the government is trying to infringe on the authority of Christ by telling the church when and how it can worship, we're going, "No, you can't do that." And it's our responsibility to say no.

So everyone agrees that there are limits on government authority. So appealing to Romans XIII to justify compliance in the context of COVID is just begging the question. It doesn't

answer anything. Romans XIII needs to be accurately handled and applied to particular circumstances.

Commissioner Kaikkonen

And churches are known for their good works in the community, is that right?

James Coates

Well, they certainly ought to be. I mean, I certainly can't speak for every church. But from my vantage point, as Grace Life continued to meet, the accusation would have been that we were not loving our neighbour when, in reality, we were. There's a beautiful—

Whenever you are obeying Christ—and we were obeying Him at the context of His Headship over the church. Whenever you are obeying Him on any level, you're obeying Him on every level. So once we settled that, no, this is clear overreach. The government doesn't have this authority. Romans XIII has limitations. Christ is head of His church. This is how our worship services are to be governed. Once we checked those boxes and worked all that out, then you can go to loving your neighbour.

We did the best thing possible to love our neighbour, whether they realize that or not. So whether an Albertan loves us or hates us, whether they support what we did or don't, it doesn't matter. We did the best possible thing for our province. And ultimately, it's the Lord's judgment, to either vindicate or otherwise, that claim. We actually loved Albertans, whether they liked us or not, through and through. And I think that is a testimony of good works in the community, for sure.

Commissioner Kaikkonen

And then my final question is a little bit heart-wrenching for me to ask, but I'm going to ask it anyway. When you think of the visual of the RCMP standing while the congregation may have been sitting—before the standing ovations, where they thanked and recognized and acknowledged the RCMP in the church service—I'm just wondering how the children felt.

[00:35:00]

Here's these authority figures standing. They have guns. They are authority figures within the community. And then we take that respect that the church gave to those RCMP officers and then we take it, fast forward to the point where you were being arrested and other pastors were being arrested and the children had to watch.

I'm just wondering, has there been any conversations, either within your family or within the congregation members, where their families would be standing by and watching this where authority figures are put into their rightful place? And what, actually, they were thinking as children when these authority figures, that you readily and willingly gave respect to, suddenly changed their perspective, and said that what you were doing was not something that they acknowledged or approved of?

James Coates

Well, let me say this, that the officers that we were engaged with were guys that respected us, they treated us well. You know, we can disagree. I can disagree. I might have approached it differently if I were in their shoes.

In my estimation, the responsibility of a law enforcement officer, when an unjust order comes in, is to tell their superior, "No, we're not going to do that." Now, the superior can do a few different things at that point in time: they can fire you; they could just say, "Okay, well, you won't, another guy will." And that guy might not be as kind and nice, you know, so obviously these officers had to kind of weigh the pros and cons of being the ones that were going to be the front men on this case. But I would just say they were respectful, they were kind and gracious. And so apart from: I wish more law enforcement officers would have just said "no" to the superior above them and in unison—that would have been phenomenal. The next best thing is that they would treat us with respect, and they honoured us because we honoured them, and so I would just say that.

I think as far as the kids are concerned: yeah, it was confusing for the kids. I mean, kids grow up wanting to be police officers, right? They love law enforcement. To be a policeman is cool. So when the police are coming into your gathering and are arresting your pastor, yeah, it's confusing for the kids. But the wonderful thing is this, though: Christ is a saviour of sinners. And we are all sinners; we have all sinned and have fallen short of the glory of God.

And so as parents who love Christ and who have been saved through His death and resurrection, we are shepherding the hearts of our children and we're wanting our children to receive the saving benefits of Christ and His work on the cross. And part of that is we're shepherding their hearts and helping them understand that they need to extend forgiveness and grace to law enforcement and to honour and respect them, even if they're not being honourable.

So there's no question that there would have been discussions that would have come up at that time, but we have all the tools in the scriptures to shepherd their hearts and to help them to think through that. And to ensure that their heart toward law enforcement is what it ought to be, which is one of honour and respect. And so though it was confusing for sure, you know, we've got what we need to navigate that.

Commissioner Kaikkonen

Thank you very much for your testimony.

James Coates

You're welcome.

Commissioner Drysdale

Good morning, Pastor Coates.

James Coates

Good morning.

Commissioner Drysdale

Can you tell me how many people were in your congregation prior to 2019, and how many are in your congregation today?

James Coates

Yeah, so on a strict average as we tracked our attendance, we would have been 350 on average, annually, in the years leading up to our whole saga with AHS. And at this point in time, now, it's hard to know what the annual average is, but we're often over 900. So it nearly tripled in size.

Commissioner Drysdale

What is the physical capacity of your facility?

James Coates

Yeah, so it's a little over 600, as far as the fire code occupancy, so we have two services now to accommodate that. And so yeah, we've got two services that we're currently running.

[00:40:00]

Commissioner Drysdale

So you have 900 congregants, plus or minus. Can you describe to me who makes up that congregation? What kind of people are in your congregation?

James Coates

Yeah, I don't know how to answer that. I mean—

Commissioner Drysdale

Well, are they all tall people? Are they all short people? Are they all plumbers? Are they carpenters? Are there doctors? Are there lawyers?

James Coates

Yeah, it's a wonderful cross section of Albertans. Yeah, doctors, professors. We've had law enforcement officers. We got mothers, widows. We've got a wonderful diversity of ethnicity. Yeah, it's exactly what you would expect the gospel to accomplish, where some from every tribe, tongue, and nation come together and worship the Lord, Jesus Christ.

Commissioner Drysdale

The reason I asked you that question is because I want to get a feel for whether this is an unusual group of people, or they're representative of the people of Alberta. You know, that it could be my neighbour, or they could be the person working with me at work. So having said all of that, can you can you describe for me how important it is for a believer to come to church and congregate? Is it a guideline? Is it a tenet? Why is that important?

James Coates

Well, and there's different ways to answer that question because, on the one hand, it's a command. I mean, we're commanded not to forsake the gathering of the Saints: Hebrews X. So on the one hand, we could go in the direction of the command. And there's all kinds of

commands in scripture that necessitate gathering corporately as the body of Christ, from all of the commands to one another: to love one another, to serve one another, and so forth. So we could just load up a grocery list of commands that necessitate gathering, but then we can go a different route and say, if something's commanded, there's a reason why it's commanded. And the reason why it's commanded that we gather is because the corporate gathering of the church is critical to the spiritual growth and development of the believer. And so it's in the corporate gathering that all of the means that the Holy Spirit uses to strengthen the believer, to grow the believer, to make the believer more like Christ, all of the different means that he uses, are most operative in that gathering: the preaching of the word, corporate prayer, corporate singing, the fellowship that takes place before and after the corporate gathering. All of that is absolutely critical to the spiritual growth and development of the Christian.

So when the government is saying that you can't meet, not only are they telling you can't do what God commands, but they're also keeping you from all that is critically necessary for your spiritual health. And I would make the case that your spiritual health is fundamentally more important than your physical health. Because look, if you don't know Christ— Let's just cut to the chase. If you don't know Christ savingly, then when you die, you enter everlasting hell. So that's problematic. That means that you could be the healthiest person today, get hit by a car, and enter eternal judgment. All of us need to be delivered from the consequences of sin.

I think, yesterday, the Ten Commandments were read. And the law is wonderful; it is good and holy and perfect. And yet, in reality, it makes us aware of our sinfulness. I mean, when you look at the commandments, you know you come short of them. Who hasn't lied? All of us have sinned and fallen short of the glory of God. And so the law condemns; it makes us aware of our sinfulness. And that's why we need a saviour, and Christ is the saviour. God, the Father, sent His son into the world to live the life that we couldn't: the perfect holy life, die the death we deserve. Where He suffered under God's wrath, upon the cross, for the sin of all who would ever believe in His name. He died, went into the grave, and rose again, proving He had conquered both sin and death. We need to believe that message in order to be saved. And if you've believed that message, then regardless of what happens to you in this life, your eternity is secure.

So we can go from the command—you are commanded to meet—but there's a reason why you're commanded to meet

[00:45:00]

and it ties into your spiritual health. And your spiritual health is far more important than your physical health. Far more important because it has consequences for eternity.

And I would just say that if there are any who are listening to this now, who have not received Christ by faith, that they would turn from their sin and believe on Him now. What an opportunity, in this moment, to hear the saving message of the gospel and to be reconciled—

Commissioner Drysdale

I appreciate that, sir, but we have limited time, and I needed to interrupt you a little bit.

The reason I asked you that question is—I'm going to try to condense, in my clumsy way, what you were saying—essentially, this is a fundamental tenet or a fundamental belief of being a Christian.

What I'm going to ask you now is that, I don't know how much of the testimony you've been watching, but over and over and over again with the testimony that I've been watching, I've heard as a matter of fact, a previous witness, Dr. Susoeff—I'm not good with names—anyway, a previous witness who's a doctor said that one of the basic, fundamental tenets of medicine is informed consent. I heard lawyers and judges testify what the basic, fundamental tenets of justice was, and that is that two parties can appear before the court and be treated equally, and that's been violated. And I can go on and on about all of these groups who have basic, fundamental tenets, and they violated those.

And you didn't, and you went to jail. As a matter of fact, you were handcuffed and shackled, which I might want to talk to you a little bit about. But can you comment on the fact that so many of these other groups that I've talked about actually violated their fundamental requirements, and some of them are written in law—like in civil law—which is a little different than you, and yet you were in jail, and they're not. Could you comment to me about that a little bit?

James Coates

Yeah. Let me just try and get into my headspace on that. Because I had a thought, even as I was thinking about the content of the testimony of the previous dentist. There's a couple of things that I could say about that. One is that when it comes to— Yeah, you know what? I'm thinking through this. So I want to say that the government was telling me that I can't do exactly what I'm supposed to do. And so if you're telling me that I can't do the thing that I'm on God's green earth to do, and that I'm commanded to do, then we have a problem. And I'm going to have to take a stand at that particular point.

Whereas I want to say that, in the context of the medical profession, there is room for more pragmatism. There's room for more, you know, trying to stickhandle through that whole situation and try and sort of protect yourself, while still, maybe, doing what you're supposed to be doing. And maybe there isn't. I don't know.

I mean, the stand that we took is directly connected to why we exist. Maybe the doctor's in the same boat, and that's the point that the previous witness was trying to make: that they were violating their responsibility at the most fundamental level. At which point, if that's the case, if they were in the same boat that I was in but just failed to take the stand, then they may lack—

You have to realize that I'm laying my life down for Christ and He's worthy to lose it all for. If you don't have Christ then you might not navigate the situation the same way that I did. Now, I realize that that brings the whole other issue into play, as far as other pastors keeping their churches closed. But, yeah, I don't know what to say except that we wanted to obey Christ, and it was all for Him, and it would have been disobedience to capitulate, and so we just couldn't.

Commissioner Drysdale

One last thing, I just want to get a better picture in my mind. When you were arraigned—I guess that's what they call it—you were brought in with handcuffs? When you came into court, I believe you said you were shackled and handcuffed.

[00:50:00]

James Coates

Well, yeah, I mean, definitely when I was transferred from the RCMP headquarters to the courthouse Wednesday morning, after having turned myself in and having been with the justice of the peace. Yes, I was cuffed and shackled. We have video footage of it. It's made it into a documentary.

Commissioner Drysdale

Can you describe what shackles are? I think most people know what handcuffs are, but I'm not sure everyone knows what shackles are.

James Coates

Yeah, shackles, it's like cuffing your ankles. So you know, you've got to take baby steps, because you can't take a full stride, because your ankles are cuffed. It's what you put on criminals who are a flight risk. And so yeah, to shackle me and even cuff me— Yeah, it was significant. I remember sharing with my wife they did that to me, over the phone, and it got to me. It affected me significantly, that they shackled me, for sure.

Commissioner Drysdale

Were you humiliated by that?

James Coates

Oh, that's a good question. Is it humiliation? There were tears, for sure. I wept. Could I call it humiliation? Maybe. I'm not sure.

Commissioner Drysdale

Thank you, sir. That's all my questions.

Wayne Lenhardt

Are there any more questions from the commissioners?

Pastor Coates, if you wouldn't mind providing us a copy of that sermon that was requested by one of the commissioners, I think it was called "The Time Has Come," and maybe email it in. We'll enter it in on the record for your testimony and we'll make sure that it's accurate that way.

So on behalf of the National Citizens Inquiry, thank you very, very much for your testimony today.

James Coates

Thank you for having me. Appreciate it.

[00:52:27]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 4: Dr. Eric Payne

Full Day 3 Timestamp: 04:38:08–06:23:33

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Good afternoon, Dr. Payne. If you could give us your full name and then spell it for us, and then I'll do an oath with you.

Dr. Eric Payne

Sure. My name is Eric, E-R-I-C, Thomas, Payne, P-A-Y-N-E.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Dr. Eric Payne

I sure do. So help me God.

Wayne Lenhardt

You have quite a number of credentials, so perhaps rather than me do this, could you just give us a quick snapshot of your expertise.

Dr. Eric Payne

Yeah, sure.

The first slide, actually, I put them all there on the bottom right so that they're there.

I grew up in Ottawa. I did a Bachelor of Science in Physical Education at Queen's, and then I did a Masters of Science at McMaster University with a view to start medical school here in Calgary.

I was in medical school from 2003– 2006. I stayed at the Children's Hospital here in Calgary to do pediatric neurology residency for five years. Then I went to SickKids Hospital [Hospital for Sick Children] in Toronto for three years to do a Neurocritical Care Fellowship and an Epilepsy Fellowship.

I did a Masters of Public Health during the summertime at Harvard during those years, and then I got recruited to Mayo Clinic for six. I was there from 2014–20, at which point I got recruited back to Calgary by the original crew. During that time, my wife and I had grown our family to three kids at that point. Two of them were born at Mayo Clinic and are American citizens.

But I got recruited back mainly because of my neuroinflammation and neurocritical care. I was given 50 per cent protected time for research. I was given three years' start-up funding, until it was removed. It really was the culmination of everything I'd worked for to get that job. I was very excited to be back here with my family. We moved back here February 2020, so it was a month before we all shut down.

Wayne Lenhardt

At a certain point COVID happened and some mandates occurred as well. So at a certain point that started to affect your job and your status as an MD. Can you tell us about that?

Dr. Eric Payne

Absolutely, there was an effect right away. I had one meeting face-to-face with the division where I saw my colleagues and then everything else was Zoom.

The Children's Hospital during that first year was empty. It really was not busy. What happened was that staff, like nursing, got moved around. We had clinic nurses in our epilepsy clinic, for instance, who had previously worked in the ICU [Intensive Care Unit], even if it had been 10 years ago, and they got pulled back into the ICU. Some of the nurses who were in the pediatric ICU, they got moved to the adult ICU.

Fortunately, COVID, and we knew this within the first month, it really doesn't affect children very much. I've got the numbers to show you what we actually ramped up here over the last three years, but we've been very lucky. It's not like kids don't get sick, but it's vulnerable kids that get sick.

That was the first year, and moving into the fall of 2021, as soon as, frankly, our politicians started telling us that they weren't going to mandate this, it was pretty much a guarantee that they were going to mandate this.

At the time that the College of Physicians & Surgeons of Alberta [CPSA] met to discuss whether or not they were going to tie our licences to the vaccine, they had a town hall meeting that I listened in. It was because of that meeting, and because they were actively discussing whether or not to prevent me from practising medicine without taking this experimental genetic vaccine, I wrote a letter to the College explaining, I guess, my reservations. Really, it was a call—

I think I can move some of these here, but this was the letter, and this letter is still the source of two open misinformation complaints against me, but I behoove anybody to find one major point in that paper that's inaccurate. Every single point was backed up by fact,

and the warnings that scientists that are much smarter than me were giving have all come true.

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It wasn't like you had to look up to space to figure this out. We had track records with animal models with respect to these respiratory vaccines and all, so on. Alberta Health Services [AHS] had decided at the end of August to make that part of my— In order to keep privileges and be able to continue at the hospital I had to take the shot.

We started with the letter, and frankly, that just exploded. It went everywhere at the same time. It was a very overwhelming few weeks, but that being said, the thesis was what's there in red. The medical evidence clearly demonstrated that these things were not 100 per cent or 90 per cent. They weren't showing 80, 90, 100 per cent effectiveness in the community, so we knew that that was decreasing over time.

I could cite studies, which I'll show in a second here, where Israel and the U.K., for instance, were two to three months ahead of us on the rollout. It was pretty easy to look to them to see what was going on. They were taking the same shots. They were dealing with the same virus, and it continuously seemed to predict itself.

In the fall, when our government was making this mandatory and coercing us into making a decision about whether or not you wanted to keep working or whatever, they didn't have the data to back that up, especially someone like myself—who is early 40s and otherwise healthy—my risk from COVID is basically zero.

At that point, we knew that these things didn't stop transmission. So if they don't stop transmission—they don't even really reduce transmission in a robust fashion—we've got real concerns that we could be inducing vaccine enhancement with time, with further variants. It seemed prudent to be using these therapies in a more focused way against the most vulnerable: sort out what happens.

We knew for sure by the fall these things didn't stop transmission, so it seemed ludicrous. The Canadian government just announced that they were aware that the viral load between a patient with and without the vaccine was the same. That means if you've got the same viral load, you have the same capacity to transmit that to somebody else. I was able to cite three papers at the time showing that the viral load was the same. It wasn't like it was a surprise that that was the case.

In fact, I even cited a report by the CDC [Centers for Disease Control and Prevention] director herself who acknowledged that they knew that there was no difference in viral load between vaccinated and unvaccinated. This was at the time that they were deciding to force these things onto us. We talked about the fact that— Where was the biodistribution data? Where does this thing go in the body? How does it get broken down? How long does it last? The basics. It wasn't in existence until Dr. Byron Bridle and a group, through an access to information, got the Japanese RAP [Risk Assessment Profile] data for the Pfizer study.

We had a couple other small clinical trials showing that the spike protein circulated and lasted. Given that it seemed that this thing was capable of causing clotting and inflammation wherever it landed, they were relying a lot on the fact that this thing was supposed to stay in the arm and not travel.

I've listened to ophthalmologists. How can you possibly have eye issues post-vaccine? This thing stays in the arm. Well, it doesn't. It travels everywhere. It travels to the eye as well.

The idea that they didn't know that when they chose to hide that to us, it seemed too far-fetched to me. It was clearly being hidden from us.

We were also using a vaccine that at that time, and I use that loosely because they changed the definition of a vaccine right at the time in order for this to qualify. Smart people like this group here that report in the *New England Journal of Medicine*: you're using a leaky vaccine that doesn't cause sterilizing immunity in the middle of a pandemic. You were putting enormous evolutionary pressure on the virus to evolve. These people were warning exactly what I just said: Consider targeting vaccine strategies focused.

I won't play this video just in the sake of time, but this video clip, and it will be available afterwards [Exhibit number unavailable], about two or three minutes, every single clip in this was available at the time that these things were being mandated onto us.

When Israel public health official here is saying that 60 per cent of the ICU admissions were in the double-vaxxed in the fall, that was a sign of where things were going to come,

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and so U.K. was acknowledging that, and everybody was sort of acknowledging that. This study up here on the right, that's one of the ones that had the same viral load between the vaccinated and unvaccinated.

I emailed that letter, that I just went through a little bit, directly to the Council at the College, about 15 Council members. Almost all of them are doctors, so it was written at a level to push some discussion with respect to the science, and it was really a cause for some prudence. Can we slow down here, especially with kids, because we knew so much about their risk at that time.

The College has yet to respond, so almost two years out I have not even received an email from them to acknowledge that they received that, with the exception that they've sent me two complaints for misinformation. The first one related directly to this letter still, and so Dr. Mark Joffe, this was before he was the chief medical officer in Alberta, he was the only person that responded. I sent my letter to the CEO of AHS, Dr. Verna Yiu, and she forwarded to Dr. Joffe, and he was the only one kind enough to respond.

I thought his response spoke volumes. He thanked me for my thoughts. He didn't say, "You're an anti-vaxxer, misogynistic, misinformation spreader." He said: "I appreciate your concerns. We're going to do this anyways. Do you want to take the AstraZeneca instead?" Obviously, that thing got pulled, so it was a great recommendation, but nonetheless, we got a response, and that was good.

At the same time, an enormous amount of pressure went on at the Children's Hospital. A friend of mine and someone I trained with, Dr. Mike Vila, he also wrote a letter. He's a pediatric hospitalist, and he's got four sons, and he wrote a letter at the same time.

Within a week later, there were 3,500 healthcare professionals in Alberta, including 80 physicians, who wrote a letter. A lot of the same science obviously overlapped, all saying the same thing. Those physicians who signed that letter got a phone call from the College asking if they still wanted to keep their name on that letter.

Then very shortly thereafter— My letter went out on the 15th. On September 24th, in the *Calgary Herald*, this gentleman, Tim Caulfield, who I mentioned during my testimony in Toronto, but I'm going to expand on because he's been busy the last month, suggested that questioning the safety and efficacy was like questioning the pull of gravity. That hasn't aged well for sure, and that's also not what I was saying. I was saying it was very clear time dependency.

He is an important person because I didn't realize who he was when I first read this article. But if you look at any mainstream media there are a few people whose name always comes up to beat doctors down or scientists down when they say something they're not supposed to.

So Mr. Caulfield is a member of the very ethically sound Pierre Elliot Trudeau Foundation. He is a Canada Research Chair in health and policy. And he, just at Christmas time, was awarded the Order of Canada for his work fighting health misinformation, specifically with respect to COVID.

Frankly, there are not too many people that spouted more misinformation than Mr. Caulfield. He was recruited to start giving talks throughout the province. And this photo here on the right with Dr. Verna Yiu happened, I think, in the spring in 2022.

Shortly after he came and gave a talk to the Children's Hospital, I received my second complaint for misinformation from a colleague who had attended that talk. So he's a very convincing individual, there's no doubt.

But what I mentioned last time is that he refuses to debate or discuss. So yeah, he's worried that he's going to denigrate their movement by even entertaining this. But the reality is, if you guys had facts and you showed them to me two years ago, you would have had an ally. But when you don't have facts, you've got to shut down the debate, you got to beat people down, and that's what's happening.

That same week, September 28th, essentially: the person I refer to as King COVID at the Children's Hospital, Dr. Jim Kellner, he spent 10 years as the department head just before I arrived. He's also a pediatric infectious disease doc, someone that I would have loved to have had a conversation with respect to my letter. And I certainly, as I said multiple times, if there was anything that was inconsistent in that letter, I was willing to retract it and change it or whatever.

But instead of that conversation, there was a town hall meeting with the Department of Pediatrics, so all my colleagues—it's virtual—and he started the town hall with this. So it was a defamatory

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sort of process that took place.

Immediately following this meeting, my pager was ringing off because everybody was like, "Are you okay?" It was no doubt who he was talking about. There were only two paediatricians at the Children's Hospital who had spoken out, myself and Dr. Vila. I'm fine with this. I have no animosity towards him about this myself. I'm angry about how this has affected the kids, and the unwillingness to discuss these things.

But what happened at the hospital within the next week of that was remarkable. It's my opinion that he gave permission to people at the hospital to be angry at the unvaccinated. He stoked division and hatred within the hospital. And I can tell you that with certainty because I had multiple people come into my office in tears, people who didn't want to take the shot, people who had been there for decades.

One of the ladies who came to my office, had been there for a long time in admin, she had just finished hearing a very senior surgeon at the Children's Hospital state that if he had an unvaccinated person in his OR, he wouldn't save them. This is the kind of stuff that was being said and permitted at that time. So it was definitely a whirlwind and it was difficult.

I've got that whole one-hour town hall on video. It's a pretty fascinating listen, but I'm not going to make you listen to that.

On October 1st, so three days after the town hall meeting, I received a letter at 3.05 p.m. on a Friday. This is the extent of it, this letter here on the left, telling me that as a result of concerns brought forth by several different learners at stages of training and after discussions between so and so, we have decided that we're going to reassign your learners until further notice. So attempts to figure out what was said, what caused that, to discuss that—nothing happened. They wouldn't meet with me.

I followed up with them recently in March and just asked to sit with the postgraduate medical education leader to say, "Can we sit down? Your decision to prevent trainees is affecting my ability to be an academic neurologist at this position. Can we sit and talk about this? Let's hear what you have to say." I got the email back from AHS lawyers (on the right) basically stating that a meeting is not required; that the impact on learners when I convey my COVID immunization during clinic interaction in the workplace, the learners experience discomfort [sic] in the inconsistency with this. And that I've got a duty to provide evidence-based medical information to patients.

You know, I agree. There is not a single statement that I've made that's not backed up by science. And I find that really remarkable, that an institution that—I spent the last eight years of medical school and training here—their decision is effectively ending my academic career here and they don't even have the decency to sit down and look you in the eye. And the best they can come up with is this nonsense.

This is informed consent, right? If multiple jurisdictions, including the World Health Organization recently, have all stated that the risk-benefit analysis is not there with respect to kids, and I go and I tell a family that; if that causes the learner discomfort, who's in the wrong?

The reason that learner probably feels discomfort is because they've been subject to the propaganda for two years and they believe it. But ultimately, I've got a responsibility to give the pros and cons to my patients, and I'm not going to stop doing that. They ultimately don't even have the ability, I think, to sit in the room for 5–10 minutes and discuss this because if they could, they would have.

We launched a lawsuit, four of us, against Alberta Health Services, stating that this was unconstitutional, and it was a pretty fascinating time for sure. There were four of us. There was an anesthesiologist, Dr. Joanna Moser; yesterday you had Gregory Chan testify, he was one of the individuals as well. And Dr. Loewen was the fourth.

There was a week after we'd all submitted our affidavits and people were testifying, and we got to read the affidavits and try to respond to them. Every single one of our immediate supervisors came up and said that we were immediately expendable. In my case, even though they had just recruited me and had thrown what they had thrown at me to recruit me here, still misrepresented those circumstances.

But what was really remarkable was, on the day that

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Dr. Joanna Moser— She's an anesthesiologist, she also has a PhD in mRNA [Messenger Ribonucleic Acid] technology, she's an extremely smart woman—she had two medical exemptions, one signed by a specialist, one by a family doctor, due to her previous allergic reaction, even. And she had a religious exemption letter signed. AHS refused to accept those.

At the time that her immediate supervisor was testifying that they didn't need Dr. Moser's anesthesiology street cred, they had several openings for full-time anesthesiologists in Red Deer. Literally later the night after their testimony—this was sent out at 10 o'clock— this urgent email was sent out diverting ambulances from Red Deer, specifically because they didn't have anesthesia coverage. So within 24 hours of testifying that we don't need anesthesia, they had to close down the trauma center because they didn't have anesthesia. And that stayed shut for a couple of days.

So this idea that they were enforcing these mandates to protect patients didn't seem to line up with what I was experiencing in real time. Just to fast forward here a little bit, Alberta Health Services ended up taking immediate action against anybody who refused to take the shot. And this got pushed back a couple times, but December 13th at midnight, I received an email, so did the other individuals who had at that point been non-compliant, stating that we were locked out.

If you look down here, this is from a complaint that was started because of concerns I was writing unwarranted COVID-19 vaccine exemption letters. They sent in two investigators at eight o'clock in the morning, eight hours after they locked me out. And they did this in front of all my colleagues, started pulling my charts.

It caused a lot of stress for some people at the hospital, for sure. And I obviously had a very guilty look on my face. Here I am locked out and now I've got two College investigators going through all my records. I didn't even know that that had happened until February when I got this complaint, and they stated that it was closed because they hadn't found any evidence to suggest I wasn't compliant. Even though I had written a few exemption letters, **they deemed them well-written and justified.**

On January 6th, Alberta Health Services sent me a letter stating that they were not going to renew my salaried contract. So this was two years into our three-year startup agreement. We had a three-year startup letter of intent offer signed. They had provided several hundred thousand dollars of startup funding to create a neuroinflammation clinic.

They just basically ended it there. Specifically, you can see in quotations, due to "non-compliance with the University of Calgary's vaccine directives," because they would "preclude me from meeting the future education and research deliverables necessary to remain" part of the salary contract.

I still was able to do a lot of teaching because I have a reputation internationally for some of these things. So I was still being requested to teach, but nonetheless, that mandate lasted until February 28th. So I was officially—six weeks, that was it—I was non-compliant with their COVID immunization policy.

By July 18th, AHS had dropped their mandate as well. February 9th, the College removed one of my unprofessional complaints because I agreed to go back with testing for a few months. As I said, I've still got two open complaints for misinformation, one from a colleague I've had for a long time.

Unfortunately, what I've experienced is there are a few colleagues that'll come talk to me. They generally will pull me aside and whisper, "I agree with you, but you can't say that out loud." But most have just not talked. Most will just turn the other way, for instance. And the complaint itself: I've never had any of that stuff brought to my attention. It was brought behind my back.

The College, they have recently mentioned to me—because these complaints are still open after a year and a half— They're supposed to resolve these things after a few months, six months, and then they've got to give you an update. They informed me recently that they've hired a third party. And the third party that they've used with other people recently has been a company out of Manitoba that is made up of about a dozen ex-RCMP [Royal Canadian Mounted Police] officers: no scientists. So a bunch of RCMP officers are going to decide whether or not my science letter was inaccurate.

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And so over the last couple of months they put out an offer for my job again, just before Christmas. I decided to apply for it. Because—why not?—I moved my family here. I wanted to be back. It's not like I'm leaving the Children's by choice right now.

I was told about a month ago that they weren't proceeding with my application. They weren't going to interview me. They've gone with four other applicants. Three of them are still fellows. They're still trainees. One of them is about two months out of fellowship. The other ones are still fellows. And then the fourth individual is a very good general child neurologist. But ultimately, that child neurologist was the person who wrote me the letter that I showed you, removing my trainees.

This is an interesting tidbit. Jeff Rath, who testified yesterday, represented the four of us. He had sent the four of us something, I can't remember what it was, something he had written as a complaint to the College or whatever. And then he got a response from an AHS lawyer telling him to cease and desist sending him stuff.

So he was like, "How did I add you to the email?" It turns out that AHS lawyers have been intercepting and monitoring our emails. So I decided, knowing that they were actually going to listen, I wrote them a letter about myocarditis and kids, stating that you're causing more harm than good. But we obviously were not dumb enough to be writing back and forth anything important. But it was remarkable that this lawyer unwittingly acknowledged that they've been monitoring our correspondence.

In the interest of time—and I spend a lot of time going through science—but I do want to highlight a few things with respect to the Alberta data.

The overall case hospitalization rate is under 4 per cent. Less than 1 per cent of patients who caught COVID died or were in the ICU, and this is an overinflated number because we don't have the real denominator. Ninety-six per cent of all COVID-related deaths have occurred in Albertans over the age of 50. So going back to my own case with respect to the mandate, I was not in the high-risk group.

Paediatric: there have been five kids who have died with and from COVID since the start. The first child reported, passed away in the fall of 2021 and Dr. Hinshaw had an announcement about that child's death. It was a couple of weeks before they were starting to push the vaccines in the 5–11-year-olds, and they stated this child had died from COVID—until a family member reported that this child actually had stage four brain cancer and had tested positive, had not died from COVID. She had to apologize for that. How the Chief Medical Officer of Health did not know the full medical record for the first child in Alberta who died, a year and a half in, when she made that announcement, is a bit of a mind-boggle to me.

If there's one graph that should have had us pulling these things, it's this one—and this is not available anymore. But this is the number of cases and it's relative to vaccine status. So per 100,000 vaccines, or not, you can see that as Omicron came around—this is January, February, Christmas in 2021, 2022, when the truckers were in Ottawa—you were twice as likely to get Omicron if you were double-vaxxed.

This continued. In fact, you were most likely to get COVID in Alberta if you had three doses. Alberta decided to take this data down March 13th and we haven't seen this again. Last testimony, I showed you similar data from Ontario, British Columbia, United Kingdom, United States. This negative vaccine effectiveness over time is pretty well-established. It's not a conspiracy.

We don't have the data here in Alberta publicly available to us anymore, but other places have still been publishing what's happened with Omicron.

This is across all age groups over time. This is vaccine effectiveness starting at around 60–80 per cent, and this is zero. So for all age groups, by the time you get to about six, seven months, you've got negative vaccine effectiveness.

This is a prospective study that was done at Cleveland Clinic, and they did their healthcare workers, 50,000 healthcare workers, to see who was going to get Omicron. Impressive dose response curve. This is greater than three doses was the most likely to get Omicron, then three doses, then two doses, then one dose, and then zero doses.

You are absolutely more likely to get infected with COVID if you've had vaccines against COVID.

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While I still face two misinformation complaints, we've had some doozies: "You won't get COVID if you take the jab." That was said by basically everybody until it wasn't true anymore.

This is a video and again in the interest of time, I won't show it, but basically, he's asking Pfizer's representative under oath: "Did Pfizer know that the vaccine stopped transmission?" Then she's like, "No, of course we didn't know that. We had to move at the speed of science."

It seems that they knew things that they weren't letting us know. I will ask you in a second here to play this video by Paul Offit. Paul Offit has been one of the most vocal individuals. I think he's a paediatric infectious disease doc from Children's Hospital of Philadelphia. He's been very pro-vaccine and yet did a complete 180 with respect to the Omicron. Listen to the end because he points out the fact that the FDA [Food and Drug Administration] is kind of a placeholder. They're not even asked to vote on this stuff anymore. So please play that video.

[VIDEO 1] Paul Offit

Do the benefits of this vaccine outweigh the risks. I don't see the benefits. We really need much better data before we move forward on this and I can only hope that it is coming. I feel very strongly about my no vote there. In fact, the only reason I voted no was because "hell no" was not a choice. And it just surprised me that we were willing to go forward with this with such scant evidence. I think the phrase I used was "uncomfortably scant."

So you just sort of felt like the fix was in a little bit here, maybe that's not the right phrase, but it was obviously something that they wanted. And I felt like we were being led here and with a critical lack of information.

[VIDEO 2] Paul Offit

Right now, they're saying that we should trust mouse data and I don't think that should ever be true. I don't think you should ever risk tens of millions of people to get a vaccine based on mouse data.

[VIDEO] Unnamed Speaker

And there's no public data on that yet. What's more, for these fall booster shots, the FDA is not consulting with Dr. Offit and the rest of the Independent Vaccine Advisory Committee.

Dr. Eric Payne

They're not that interested.

[VIDEO 2] Paul Offit

—because when you do that— So we'll get all the data from the two companies, which is then available to the public. By not doing that, by simply saying "we don't need that advice" what we're also saying is we're not going to be transparent about what we have to the American public and I just think that's not fair.

If you clearly have evidence of benefit, great. But if you clearly don't have evidence of this benefit, then say no.

Dr. Eric Payne

And then, shortly after this, Bill Gates. This is the individual who obviously told us that these things worked—and he made a lot of money on that. This is just a 20-second video:

[VIDEO] Bill Gates

—they're not good at infection blocking.

Dr. Eric Payne

So with respect to Paul Offit's comments, he's right. Some of the data that we have that was the most helpful was the actual data that Pfizer submitted to the FDA when these things were being released. And now that they don't have to submit those things, we never got that data for the boosters, for the Omicron.

And the other main point to make about the Omicron bivalent booster is that both of the spike proteins that they generate are extinct. They don't exist anymore.

Over the last six months, we've seen the French health authorities, we've had England, winding things down, Denmark has changed, Florida has changed things. Denmark even went so far as to say that vaccinating children with these experimental shots was wrong and we shouldn't have done it and we won't do it again. Recently, Quebec is no longer recommending this for those who aren't vulnerable, so its young kids are excluded. The World Health Organization, just a couple weeks, is no longer recommending these things.

And then Switzerland came out recently also. And the other thing about Switzerland is that it seems like they're going to put the onus on the family doctor themselves or whoever is going to give the injection. So if you want to get an injection now, you have to get a prescription from a family doctor. And if something happens, that family doctor is liable, which I think is a brilliant idea for Alberta.

You know, I just showed you getting the disease, but in the Alberta data itself, death and severe disease is overrepresented the more shots you get as well. I have this thing highlighted in red just to show you one of the ways that they've been playing with the numbers on us. If you look at the number of hospitalised cases and the number of deaths here, this was since January 2021. We didn't even get to 50 per cent

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vaccine uptake until the summer of 2021.

So everybody in the first six months who got, or died, or hospitalized from COVID would have been in the unvaccinated. So they were inflating these numbers.

And it took a while for these things to roll out and for us to catch up to what we were seeing in the U.K. and in Israel. You know, here's July 4th, 2022, 81 per cent hospitalizations had one shot, 78 per cent had two, 51 per cent had had three. That was the last time they showed us the hospitalization data. They've taken that away. For almost a year, we haven't seen it. And 54 per cent of deaths had had three doses, 19 [per cent] had had two. This vaccine outcome tab is gone.

But the important thing on this one, this is the COVID genetic vaccine uptake among Albertans. We only got to 39-40 per cent uptake on the third shot. And this plateaued right after Omicron at Christmas time. So when you have 55 per cent of patients dying with three shots, but only 39 per cent of patients who have taken three shots, you've got an over-representation there.

This is the two-shot data. You can see the older populations have been better at taking these jabs. But you can see, most age groups took two, right? The 5-11-year-olds, we haven't got up over 40 per cent with two. And then on the third dose, none of the younger kids have taken three doses. The teenagers who had very high uptake, 90 per cent, less than 20 per cent of teenagers have taken three shots.

And the timing is important because I think what happened was people had taken two, three shots and they got Omicron anyways. So why are you going to keep taking shots if you got the disease you were trying to prevent against? And I think that's what woke a lot of people up. I know I have friends that woke up and that was what prevented them from giving it to their kids.

These are the rainbow graphs that were sort of made famous. These have also been taken off the website. But what these things show, interestingly, is how many days after your shot, were you diagnosed with COVID? So you get the shot: how many days? And we know that you're considered unvaccinated if you have not had two shots and waited two weeks. What these graphs are actually showing is in the first two weeks, there's actually an increase. There's a slight increase in cases. It goes up before it goes down for whatever reason. And once that got made aware, Alberta took that data down.

A couple of questions, a few sentences on ICU capacity. And the reason this is important is because, "two weeks to flatten the curve" was all about protecting our resources, right? Everything we did was to not overwhelm the health system. So what was our capacity?

Here's an opinion piece that was written in the *Washington Post*. And this was October 2021. And they compared Alberta to Alabama because we both have similar populations, like 4.9 versus 4.4 million. But Alabama has 1,500 intensive care unit beds, and we had 370.

Because of that, Kenny's Government talked about ramping this up to something more reasonable, which never happened. And Dr. Yiu even went so far to say that we're only getting space in our ICU when somebody dies. So she's trying to make us feel good about not taking shots, but she's saying we're only opening up space when somebody else passes away.

And then very, very quickly we find out that the AHS CEO is actually spreading misinformation about ICU bed capacity. The AHS retroactively had to edit the ICU bed data. Here is Dr. Deena Hinshaw admitting they manipulated ICU numbers. And here's former Premier Kenny admitting that they were overstating Omicron hospitalizations by 60 per cent. So at the time that they're telling us hospitals filling up, hospitals filling up, they were playing with numbers and overstating cases.

These are the numbers that they had made available on their public website. So that's the best I have, ICU bed capacity. Here in the bottom is the COVID occupied beds. And keep in mind, half of those are with COVID and not from COVID. This in the orange is unoccupied. So if you look at the absolute, here's your 400 beds. They almost never got to the 400 beds.

If they had actually increased space to even 600 or 700 beds, the way that they had discussed— Based on this graph, while we were up against the wall for sure, there's a lot of questions about just how much we were at capacity, I think.

The fear factor: we've all felt that. It was incredible what we were dealing with. I'm going to point out just that you were not allowed to go to hockey and criminal acts, but you know, this type of stuff here. I did my own research Halloween joke. This came from a council member at the College.

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This is a doctor who wrote this and wrote it about five or six days after receiving my letter. This is another doctor stating that those of us who chose not to take the experimental jab were bad humans.

Recently, I think that the hate is sowed from the top down. There's no doubt about that. And as I say, the same as I said in my own hospital, it gives permission to people to act bad when the leader is acting bad.

What Canadians don't realize is that we were subject to a psyops[Psychological Operations(s)] operation. This is acknowledged in the CBC. The Canadian military ran a PSYOPS operation against us, and when they told us they were going to shut it down, they continue to do it. And that was to stoke fear and get us to be compliant.

Once our new premier came in, you start getting all these articles where they're gaslighting Premier Smith. Here's that gentleman, Tim Caulfield, again. "I find it horrifying sometimes when I see some of her comments, her being the premier." Then you've got this little hyperbole by the person writing it or not. I have to believe that most people realize that's nonsense, but nonetheless, that's what we see in our mainstream all the time.

Mr. Caulfield recently just published this lockdown revision[ism]. The reason that I have this here, is because it is the thesis of that paper that the reason that people are not trusting public health measures right now, the reason parents are not vaccinating their kids with their regular vaccine schedule anymore, is because of people who have spread misinformation.

So not acknowledging that if you coerce people into taking something that ultimately doesn't work, that might affect people's continued uptake on this. I think it's complete nonsense that a small group of people that have been pointing to data all the way through are responsible for the fact that our public health officials no longer have the trust they once had.

The masking misinformation has been personal. We masked our children like everybody else did at the beginning. It killed me because we knew it didn't work. But nonetheless, we're finally making some headway on this. This is again, when the premier came out and said we were not going to mask our kids anymore, there was this gaslighting of her in the mainstream media. Right away they started hitting her again,

Dr. Francescutti [Dr. Louis Hugo Francescutti], he used to be the head of the CPSA council. He was the chief CPSA doc in Alberta. And he states that she's not pointing out the science, "show us something that's not on Uncle Joe's website, show me the data, something."

Another article, this person from Zero Covid Canada, "this is strong misinformation" and so on and so forth. Another colleague at the Children's Hospital, Dr. Cora Constanetinescu. "masks do work. It's backed by science and common sense." Dr. Constanetinescu has got some interesting conflicts of interest with respect to Big Pharma as well. And I'd like to point out specifically her involvement with the COVID-19 Zero group.

Lots of people have written about masks, but Dr. Alexander was kind enough to join me for a paper we submitted to Brownstone. Jeffrey Tucker presented it recently. Brownstone is one of the only places that would publish this stuff. I would write my letter and he wouldn't even get a response. So to the doctors that say that the premier doesn't have any evidence, this letter has got 60 references showing you that there's not a single policy-grade study

that masks work for influenza or for COVID. All the policy-grade studies, randomized control trials, meta-analysis, all show that it does not work.

I emailed this to the new CMOH [Chief Medical Officer of Health] in November. I responded again in December because we had a new multi-center randomized trial done out here in Alberta.

Dr. Fauci was under oath and he couldn't name a single study in support of masking.

And then in the last month— What's interesting about this is the last author, Dr. John Connelly. He works for Alberta Health Services. He's a doctor here. So two of the best papers out there showing us that masks don't work are authored by somebody who works for AHS and yet we're still forced to mask ourselves at AHS.

Then about a week ago, we've got a really nice study, this is not the only one, showing you, not surprisingly, that there are side effects to these things.

The CDC, for the first time in 20 years, changed how many words kids are supposed to know by a certain age. They reduced the number of words by six months. That's enormous! I saw this with my own son. He's four and there were some articulation issues. He was offered some speech therapy and then they called us back to say, "We're so overwhelmed with the need for speech therapy,

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he's actually on the milder spectrum, we're not going to give it to him anymore."

I've talked to lots of speech therapists. This is a real issue. Kids learn by looking at faces and mimicking this, and we've prevented that. This is the reason for highlighting the 0-19 stuff—because this is the one-page propaganda piece that was plastered everywhere. It was in the emergency department, it was everywhere. And then it was first introduced to us physicians at the hospital in the summer of 2021.

Are there long-term effects caused by COVID-19 vaccines in children? "There have been no reported long-term effects after COVID-19 vaccination." I confirmed with the author of this, and I've got this on email, that they had two-month data in adults. That's it.

They go on to talk about long COVID. We know long COVID is extremely rare in kids and it's generally the kids that are in the ICU and very, very sick that get it. More fear mongering.

They sum it up with, "Okay, we've got a survey that shows that long COVID goes away if you take the shot." That was what they were presenting to patients. At the same time saying that these shots were 100 per cent safe and effective. That was what they were being told even when they didn't have the data to back that up.

We get into these crazy modelling madness, that somehow the people who are unvaccinated are getting more accidents. Trust me, it was nonsense.

This Fisman [Dr. David Fisman] guy is going to come up again in a second, but while we present data showing you the real-world data that you're more likely to get COVID, be hospitalized with or from COVID, and die with or from COVID, the more shots you have, they respond with modelling data.

And this one was incredible. This was written by Fisman, Fisman, I guess, maybe is how he pronounced his name. He was part of the Ontario COVID-19 Science Advisory Group and he quit because of political interference. Here's all of his Big Pharma—which is an incredible list of conflicts of interest there. If you just Google this, these are all articles on the same paper.

This thing went international. I was hearing this from people. I heard it from somebody in Italy. When you look at the model because he provided it—which was really nice of him to do—if you look at this one number, just one number, baseline immunity of the unvaccinated: How much of the population is vaccinated right now? He made an assumption. He didn't take a reference and he stated it was 20 per cent.

We knew, if you look at the serial COVID prevalence in the CDC at that same time, that 90 per cent of people had seen COVID. Almost 100 per cent of us have seen it now. If you put in 80 instead of 20, that whole model flips itself: now it's the vaccinated driving the pandemic.

Lots of people noticed this. Denis Rancourt, who testified here said it nicely: "main conclusion does not follow their model." Other people were more accurate: "using flawed inputs to vilify a minority." That paper is still up on the *Canadian Medical Association Journal*.

Theresa Tam: I still don't know how you can possibly think that we saved 800,000 lives. We've lost 20,000 patients in Canada in three years with or from COVID—40,000 deaths with or from, half of those, 20,000 only. The idea that these things helped saved lives, it's fanciful thinking.

The funding part, I'm going to say, we know that there's infiltration. How is it the FDA approved these things? Lots of evidence, peer-reviewed articles, showing that this is a real problem. Pfizer funds the Canadian Medical Association. Here's an article with a link to *Globe and Mail*. When you go to *The Globe and Mail* to link it's no longer available, but if you go to the "way back machine" you can read that the Canadian Medical Association received \$800,000 from Pfizer. This is back before the COVID pandemic: *True North*, their top 10 stories in 2021: number three was a professor in Toronto who didn't disclose his AstraZeneca funding.

Their number four story was Dr. Jim Kellner, the Children's Hospital physician I mentioned. It turns out that he had received almost \$2 million from Pfizer over the few years leading up to COVID. It's important for you guys to know that universities take 30 per cent indirect. On just that \$2 million, the University of Calgary, the university that won't let me interact with trainees, took \$600,000. And that's not the only grant that he took during that time. It's not like he pockets these things, this goes to his funding. But I would say, as someone—**These are people that dedicate their lives to taking care of kids. I genuinely believe there's no maliciousness, malintent, but**

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\$2 million is an enormous unconscious financial bias.

And when you're not willing to discuss things, that's when things get into trouble. And when Kenny came out and said the summer was going to be ours again, we've got enough people that have had COVID, we've got natural acquired immunity, Dr. Kellner and others were there to say, "Wait a second! Natural acquired immunity for COVID? I don't think so."

If you can play Fauci's video here, a short one. This is what we all expect, what we all understand from natural acquired immunity after you get a shot.

[VIDEO] Anthony Fauci Interview

[Video is largely inaudible. Dr. Fauci is asked whether someone who has the flu for 14 days should get a flu shot. He answers that the infection "is the most potent vaccination."]

Dr. Eric Payne

Somehow that was lost in history for a couple of years.

I won't go through these. Probably the last videos I'm going to show; but the mainstream media in February, this year—the papers are incontrovertible now. "Natural acquired immunity is much better than vaccine acquired immunity with respect to COVID." That's not surprising.

This summarizes a lot of the safety data that I went through last time. I'm not going to go through it again. But there is an absolute mountain of safety signal evidence that should have behooved us to look into it, especially with respect to kids.

If you take all vaccines over 40 years and you look at how many adverse events were reported into these systems, like the vaccine adverse reporting system VAERS or VigAccess access or whatever, the adverse events that were seen in the first six months after the COVID vaccine rolled out were more than all vaccines put together for 40 years.

They had removed the RotaShield vaccine after 15 cases of bowel obstruction. We've got 40,000 deaths in this system right now, which is an under-representation probably of a factor of 10.

This vaccine-induced immunity—Fauci explaining that they knew about it—it was a concern. We've got evidence that it's happening right now. Peter Hotez here on the right, he's at Texas Children's. He's a very pro-vaccine kind of guy. But he specifically states, a couple of months before the vaccines, that he had done research on coronaviruses specifically, and what they find that when you give the shots to animals—and even in kids because he mentions that there are two children that died in one of these programs—when they get exposed to the virus naturally, subsequently, there's a ramped up immune system and it can have a bad outcome.

So they were aware of this stuff. And the evidence that I showed you with respect to how many people have had the shots versus how many people have died in the population, it shows you that there's something else going on.

This just came out. I don't know how you can keep your job, frankly. I don't know how you sleep at night. The German Health Minister in March, 2023—you can watch this whole interview. In 2021, he claimed that COVID-19 vaccines had no side effects. But he states now that that was an exaggeration in "an ill-considered tweet. It did not represent my true position. Severe COVID-19 injuries? I've always been aware of their numbers. They have remained relatively stable at one in 10,000."

So we've got a child whose risk of dying from COVID is one in three million, but they've got a one in 10,000 risk of a serious adverse event. That equation doesn't make any sense.

And in fact, it's not one in 10,000. If you actually look at the best data, which is the clinical trial data as reported here by Dr. Doshi: Serious adverse events, these are life-threatening, death, hospitalization, significant disability or incapacity, congenital anomalies, birth defects. They were found to occur in about one in 800 in the clinical trials that were done.

We've talked about the bio-distribution. We know it goes everywhere. The Canadian government right now even acknowledges that "spike protein are degraded and excreted within days to weeks following immunization." They tell you it's there.

They still claim that this thing doesn't get into your DNA, your nuclear DNA. There is a study, I mentioned it last time, that at least opens up that possibility in some instances.

This is the most recent bio-distribution data

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that we finally had made available to us, Pfizer Australia. These are all the tissues where we see spike protein: reproductive organs, brain, everywhere, eyes. It gets everywhere—bone marrow.

We've got autopsy studies of people who have died post-vaccine because of myocarditis. We find spike protein on their pathology. We find circulating spike protein in patients with vaccine-induced myocarditis.

We've got kids. There are these two adolescents who lived apparently in the same neighborhood and died, within a few days of getting the shots, from a heart attack. And the histopathology shows that it was the vaccine that caused it.

We also know that it's not just the spike protein, but the lipid nanoparticle itself causes inflammation. It's a problem and it may explain things like the rainbow graph. Why are you more vulnerable to getting sick for two weeks? There may be something to do with your innate immune system.

Tons of neurological side effects. I say this as a neurologist: I'm begging my neurology colleagues to wake up on this. I have colleagues who don't even put Bell's Palsy on the differential on these things. It can happen post-COVID, it can happen post-vaccine.

We know that there's batch-dependent events, 71 per cent of suspected adverse events in 4 per cent of the batches. This is a production problem. We ramped up production really fast.

And so this will be the last video here. But the long-term side effects.

If you can play the one on the left first.

[VIDEO] Bill Gates Interview

[Video is largely inaudible. Mr. Gates alludes to the fact that long-term side effects data should not be a factor because it takes too long to obtain.]

Dr. Eric Payne

And then the one on the right please.

[VIDEO] Interviewer

... Many scientists are beginning to believe that a vaccine against AIDS may be impossible to make and too dangerous to test.

[VIDEO] Anthony Fauci

If you take it and then a year goes by and everybody's fine, then you say, okay, that's good. Now let's give it to about 500 people. Then a year goes by and everything's fine. You say, well then now let's give it to thousands of people. Then you find out that it takes 12 years for all hell to break loose and what have you done?

Dr. Eric Payne

I think those are wise words and, unfortunately, he didn't follow them.

These are the last few points and then I'll take questions.

I did not get into the paediatric data. I just didn't have time for all the details. But I was very involved in the Stop the Shots campaign with the Canadian COVID Care Alliance. There was a letter that a number of us on the Science Committee signed and we sent to physicians in Ontario warning them about the vaccine and kids. Those are available in the CCCA [Canadian COVID Care Alliance] website if you want to get 100 references on why these things are bad in kids.

This is the only piece of data you needed to know not to give these to kids. This was one of the pieces of data that we would not have got—Dr. Offit was saying that FDA is not going to get access. This is a Pfizer briefing document when they were trying to get approval for the 5–11-year-olds.

Because serious illness is so rare with COVID, even in the adult population: the 40,000 patient trials—nobody ended up in hospital. So they had to model out death. So based on Pfizer's modelling, 1 million fully vaccinated children—2 million COVID shots—was going to save maybe one life. And by their numbers, 34 excess cases of ICU myocarditis. And we know about 20–50 percent are going to die within five years.

So you were going to probably lose, based on this number, five kids because of excess myocarditis in the ICU, and you're going to save one life.

We know, because in Ontario the incidence of myocarditis is actually one in 5,000 overall, one in 3,000 for Moderna, one in 18,000 for Pfizer. They took away AstraZeneca because of a risk of clotting—one in 55,000—and yet the Pfizer vaccine is still being still being given to kids.

The risk–benefit was never there for children and at the time that this was approved in October we already knew it didn't stop transmission.

They keep talking to us about RSV [Respiratory Syncytial Virus]. There was an RSV and influenza surge. Here is again some of the data that was submitted to the FDA. I'm going to highlight the block in the clinical trials for kids. In both Pfizer and Moderna when they assessed it, children had an increased risk of getting RSV and getting influenza in the first 28 days after getting a COVID shot.

So we are actually slightly increasing a child's risk

[01:00:00]

of getting RSV and influenza by giving them a COVID shot.

Lo and behold, we've got nine clinical trials right now on www.clinicaltrials.gov where they're trying to use mRNA technology to produce a vaccine targeting RSV, including in kids.

Similarly in order to fix the hearts that they've damaged, Moderna is going to now start injecting an mRNA shot directly into the heart to repair the damage.

This was alluded to this morning, and this case really is upsetting. I really don't understand how you can be a physician, and with the data that I've gone through here, deny somebody a possible life-saving treatment—a person who is in that situation through no fault of her own. It wasn't bad lifestyle. It just happened.

We have the data that I showed you. We also have case studies showing that post-transplant you can end up rejecting these things.

Not only do we have differentiation between provinces on transplant teams; currently in Alberta there's a difference between the transplant teams in the same hospital. The transplant team who is refusing to provide the transplant despite the fact she's vaccinated for everything else, has another transplant team for another solid organ in the hospital that no longer is requesting the COVID shot.

So it's completely egregious that this woman is dying in Alberta right now. To the physicians who are involved with that: I don't know how you sleep at night. I would implore you, it's not too late to do the right thing.

We've got a pandemic of unknown deaths. You've probably heard about this, but just look at these numbers. Number one cause of death in Alberta in 2021 was unknown and ill-defined, 3,300 cases. For COVID, there were almost 2,000 cases with or from COVID, so about half of those.

So you know you're looking at three or four times more cases died for unknown reasons than from COVID in Alberta, and nobody's paying attention. We're not doing extra autopsies. We're not trying to figure this out at all. We're literally watching more people die for unknown reasons, and we're doing nothing about it. It makes absolutely no sense.

When you listen to these things, you know it's obviously multi-factorial. You've got lockdowns, you've got mental illness that crept up, you've got surveillance cancers that got missed, but the idea that the vaccine, when our Canadian government has already paid out for death, is not contributing to some of these deaths is completely nonsense. Dr. Rancourt's presentation just blows that out the window.

This is the last slide.

For those of you that don't understand or are not aware that the World Health Organization is attempting a power grab, this is the second time they've done this this year. Our Canadian government previously signed over our sovereignty to them. So did the U.S.

It gives the World Health Organization emergency powers to usurp what we would do in the case. What's worse is that they get to define emergency. These are the guys that changed the definition of vaccines, so we can't allow that to happen.

Leslyn Lewis is in my estimation one of the only politicians with a backbone and some real credibility and ethics. I encourage you to go and sign this petition. We cannot sign over our sovereignty to the World Health Organization.

And with that I'll take any questions.

Wayne Lenhardt

I have one minor matter left, but maybe at this point: Are there any questions from the commissioners on this testimony?

Commissioner Massie

Thank you very much Dr. Payne for your very thorough presentation. I mean, it's a lot of data to wrap around our heads.

One of the questions that I have is about the timing that the data becomes available and the lag we often see either from the medical community, sometimes even from scientists, and certainly from people in the health regulatory agencies. I was not aware that this lag was that important in the past because I didn't really pay attention to it.

Do you think, based on the study analysis you've done, that this lag between acknowledging the cutting-edge science information and I would say, proposing treatment or a solution or policy that are aligning with the cutting-edge science, has that increased during the COVID crisis, or was it there all along?

[01:05:00]

Dr. Eric Payne

Yeah, it's a very good question. I think it depends on the data.

If you're looking at the provincial data that I went through for Alberta, that stuff was remarkable. That was updated every week. Alberta's website for the data and what they were collecting was— I don't know if there was anybody who surpassed it. The data was there quickly with respect to that.

The decision-making on that data was another thing. There were also specific things they did to make it look worse for the unvaccinated, like changing the denominator over the course of a year. So the timing wasn't necessarily the problem sometimes. It was that they were obfuscating how they presented the data so that we didn't see it.

This was even more egregious with the academic published literature. Dozens and dozens of examples, including the Cochrane review on masking that was just done. If you talk to that author, it took them almost a year to get that published. They had to fight. Cochrane tried to fight back and not let that get published.

In the first six months when everybody was thinking "what could we do for treatment" what was one of the first things that happened? We had a *Lancet* paper and *New England*

Journal of Medicine paper saying that hydroxychloroquine killed patients. Those were totally fabricated. They got retracted, but the damage had been done.

It's not just the timing and how quickly this data gets to us. There's been blockades at getting this thing out, especially if it's hurtful data.

With respect, for instance, to natural acquired immunity, why all of a sudden, after thousands and thousands of years, is this not going to apply to COVID? At that time, if they acknowledged that natural acquired immunity was a thing with respect to COVID, that meant half the patients who were eligible for a shot wouldn't have got it.

So that was my impression as to why they were obfuscating that point. It is a problem. My biggest problem is the censorship as opposed to the timing of getting these data, I think.

Commissioner Massie

You mentioned in one of your slides that there seems to be an increase in other types of infection for people that got the COVID mRNA injection. It might sound a little counterintuitive that the vaccination against COVID would impact the susceptibility to other viral infections. In your research, have you found ways, or a potential mechanism, that could explain that?

Dr. Eric Payne

Yeah, absolutely. I mentioned some of them last talk. We've got multiple papers showing that the innate immune system in particular is affected. Innate: our automatic immune system, not the one that generates, remembers antibodies, and so on, and so forth, but specific cytokines like toll-like receptor have been impacted.

So we've got these proteins that circulate throughout our bodies looking for infections, looking for proteins that shouldn't be there. They're also keeping cancers at bay.

These jabs affect natural acquired immunity. So I think that does explain to some extent why we're seeing some people just get sick for all sorts of reasons. I think it also explains some of the very aggressive cancers that we're seeing because that surveillance system that's supposed to be in place to protect that from happening has been hijacked by these shots.

Commissioner Massie

Among the severe adverse effects that we've seen from people that testify at this Commission, we've often heard about a condition of autoimmunity with joint pain and all kinds of other issues like that. Do you have any hypothesis to explain how this type of vaccination could actually trigger that kind of inflammation?

Dr. Eric Payne

We know, and the Canadian government acknowledges now, that the spike protein, which is what is generated by these mRNA and DNA vaccines, can travel everywhere. And it is a protein that our bodies recognize as foreign. And sometimes our immune systems misdirect. So you get what's called antigenic mimicry.

We may have a protein in our body that looks very similar to the spike, for instance, so they may attack it. They also told us that the spike was going to be presented on a membrane surface. So you can imagine as your immune system is coming in, if you're presenting this on your heart muscle, and your immune system is coming in to recognize it and try to form antibodies, that there may be some casualties in the surrounding tissue.

That's part of it in terms of the inflammation,

[01:10:00]

is a misdirected immune system response. But as I also mentioned, the fat ball, the lipid nanoparticle, that in itself is inflammatory as well. So it's not just spike.

There's a video of Bancel [Stéphane Bancel], who is the Moderna CEO, and he was asked about this, in 2016-17 when they were working on this. Their main concern when they were working on this was the lipid nanoparticle. They were worried about repeated doses and what that effect would have. But as I pointed out, after six months in the trials—data that they went to court to try to prevent the release of—they then gave the vaccine to the placebo arm. So we do not have a comparison group at one year, two years. We don't have, even six-month data in the booster shot. We have zero idea of what the ramifications long term are from repeated lipid nanoparticle injections.

Commissioner Massie

We've heard from several testimonies that the people that had reported adverse effects were often turned down because it seems that people that have more frequent adverse events for whatever reason—medical conditions—also have, or you can identify, pre-existing conditions. You could then point out that it's not the vaccine, it's the pre-existing condition.

Do you think there is a link between people that are prone to autoimmune disease or other types of conditions that would make them more susceptible to vaccine adverse events?

Dr. Eric Payne

I think if your overall physical health is poor, you're going to be at the highest risk of having an injury to the vaccine as well, so that's not a stretch to me.

Commissioner Massie

So I guess that initially when people were deploying the vaccine, you would have expected that it would have made sense to target the vaccination to the more vulnerable people because they are more likely to have severe disease or to die from it.

But if at the same time these people are more susceptible to developing a severe adverse event, are you not doing something counter-productive?

Dr. Eric Payne

I've been scratching my head with that.

Everybody points to DeSantis in Florida for what he's done with respect to the shots, but they're still giving it to 50-year-olds and those who are vulnerable. Given the mechanism of

action of these vaccines, given the mountain of evidence with respect to short-term and long-term and medium-term events, these things should be pulled across all groups.

What benefit? We know that the more shots you take the more likely you are to get to that the virus and die from the virus. So why would we be giving this to the more vulnerable people? So I get that dichotomy. I agree with you 100 per cent.

One of the groups that they say is high-risk are those who do have chronic autoimmune diseases. I've got this email: I couldn't believe this: the Alberta Health Services, when they were giving guidance on the vaccine initially. Because the issue is, if you're on chronic immunosuppression, how is your body going to mount an immune response to the vaccine? Is it even going to help you? Because of that they recommended that doctors take their patients off the chronic immunosuppression, give them the shot for a couple of months, then restart it.

How many people on chronic immunosuppression can come off for a few months? In reality what happened is the doctors didn't take them off the medicine, but they gave them their shot anyway.

We don't have data. Those types of patients, just like pregnant women, were excluded from the original trials. We don't have data on those high-risk groups.

The other part, as you alluded to: patients coming to doctors and not being believed. The vaccine adverse event reporting system, with all of its limitations, 80 per cent of the injuries reported are in the first 48 hours after a shot. There's a temporal relationship to it. You can't explain it away.

The problem is because these shots can linger in your system for weeks and months. We've got evidence six-plus months that the spike protein is still circulating. Most doctors are not allowing their brains to think beyond the first week or two.

Even in the clinical trials

[01:15:00]

that Moderna and Pfizer conducted, they only looked at 28 days. So they stopped looking beyond. But we've got a product that we know is still being pumped out and circulating for months and months and months. So doctors need to open their minds up to what they typically would consider a temporal relationship to these things.

But it is really tough because, as you say, people have got multiple medical things. How do you sort that out? While we're talking about these vaccines other people are saying "Well it's all long COVID." It gets grey. But there is no doubt that there are— I mean I've heard these patients—really bad injuries.

Even in the paediatric trial, the 12–15-year-olds: There was a girl, Maddie De Garay, who ended up with the transverse myelitis—inflammation of her spinal cord—and she's in a wheelchair now. I gave a talk a couple months ago, there was a woman brought up on stage. She developed transverse myelitis within a week of the shot as well.

These are serious things, and for the most part what I'm observing is that my colleagues are not putting those two and two together.

Commissioner Massie

So on a more personal level, knowing everything that you don't know and learn through your research, and trying to communicate, and also being part of a community of other scientists and doctors that have come up with similar observations, how does it feel to work in a work environment where you're pretty alone, very often, in your everyday operation?

Dr. Eric Payne

It's a mix. There's pros and cons to it. I love my job. I really do. I like being at work. I like the acuity of the stuff that I do. And the Children's Hospital—the reason I came back is because the place is filled with really awesome people. These are people who dedicate their lives to looking after kids. So I would say there is still a cohort of people at that hospital that enjoy seeing me and will interact with me.

There are others that will come down the hallway and turn around. You know, overall, I wouldn't change the thing. I feel very fortunate that I was able to see what was going on, that I was able to articulate a defence in order to see what their response was, which was nonsense. And so I've known since very shortly after my letter came out that they didn't have data to combat that.

When you're standing with truth you just deal with the consequences. Otherwise, how do you sleep at night if you believe what I believe, and you're a dad, and you're a paediatric neurologist, and you don't say anything? You don't have a choice.

So that being said, I do feel awakened, like a lot of us here, to a lot of things beyond just COVID. And I'm very, very blessed and fortunate for that.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Thank you so much, Dr. Payne, for coming today and giving us your testimony.

I'm hoping you can help explore a little bit about the Alberta Health Data Reporting. I presume that these numbers that began to be published about COVID data on the Alberta website is new, since COVID was new, but was that based on a history of reporting respiratory virus information? Do you know anything about what Alberta has done?

Dr. Eric Payne

Yes, the system that was created, new specific to COVID, I've never followed a similar database in Alberta.

The infectious disease docs and paediatricians and family docs are the ones that report those surveillance-worthy illnesses to health officials. And I imagine there's some place online where these things are up. When they say higher increase of syphilis and chlamydia versus previous years, those are reportable viruses.

But I'm not aware of a database for RSV or such things. Clearly the influenza numbers get looked at, but not in a robust database the way that they created for COVID.

Commissioner DiGregorio

So then, in your opinion, what would have been the purpose of publishing the data in the way that it was published? Was it to help medical practitioners to get a better understanding? Was it to help the public?

What are your views on that?

Dr. Eric Payne

Well, I think they were generating the data in order to act on the data themselves, with the idea being that they were trying to minimize the impact on our resources. They were trying to anticipate

[01:20:00]

when the hospitals were going to fill up, when they weren't, trying to enact lockdowns and so on, according to those things.

Why the decision-making process to allow all of those data to be public so that people can look at it? I don't know what sort of decisions were made there. What I can tell you is not nearly enough Albertans looked at that database.

In clinic, you show it to people sometimes and their jaw drops—60 per cent of the people who died last month had three shots. They'd never heard that before, but it's right on the public database.

What's more concerning is that when it started to show that there was a clear signal that we should be concerned about, instead of joining other jurisdictions which have limited this availability, they pull the data off the website so we couldn't see it anymore. The last time we last saw the death data was July of last year. I guarantee you it's even worse now.

Commissioner DiGregorio

So when data began being removed, or disappearing, from the system, was there any explanation or acknowledgment that it was being removed or did it just disappear?

Dr. Eric Payne

We got that announcement. For instance, the vaccine outcomes was a specific tab. They just took the tab off so you can't click on the vaccine outcome tab. In terms of why—because they were not the only group doing this—BC, Ontario, everybody stopped showing the data at the same time.

I still cannot wrap my head around the fact that, given the signal that that data was showing, how is it that in Alberta we're still recommending these shots to children? When Quebec, the World Health Organization, Florida, all these other jurisdictions, some a year ago: Denmark, "We made a mistake giving this to kids. We will never do that again."

Where is that language here in Alberta, with the data that we have? I haven't heard it.

Commissioner DiGregorio

Thank you.

The other question I had come from something else you said, which as a lawyer, to me was very concerning. You mentioned that at some point there was an acknowledgment by the AHS that they were monitoring and intercepting emails between yourself and your lawyer.

I'm just wondering if you can give me a little bit more context around that.

Dr. Eric Payne

Yeah. The context that I have was essentially what I mentioned: Our lawyer sent the four of us something that was not that important, but he just said—but [inaudible] the AHS—he then was contacting us asking, did you get this? And none of us got the email. Then within hours he got an email from the AHS lawyer telling him to stop sending her stuff. And he's like, "Oh man, how did I not include Eric and Joanna and Greg, but the AHS lawyer?"

And so that's how we found out, because he did not include her. She was getting those things.

Commissioner DiGregorio

And he was emailing you at your Alberta Health Services account?

Dr. Eric Payne

Yeah. It was one of those things that was not an attorney/client—I would never have trusted AHS. I mean, when you log into the system, they're recording every stroke key on your computer. So I'm not going to discuss strategy through my AHS.

But it never even occurred to me. As I say, Jeff's reaction was, "I must have included the AHS lawyer by mistake." That is pretty shocking, right?

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

Good afternoon, Dr Payne. I have a couple of questions related to some of your testimony.

We've heard testimony in a number of places across Canada that citizens have been approaching police, RCMP, et cetera, in order to investigate some of the issues, and the RCMP have refused to investigate. But I thought I heard you say that the College of Physicians & Surgeons had hired a group of RCMP to investigate their claim against you.

Is that correct? Did I hear that correctly?

Dr. Eric Payne

Yeah. I don't know for sure if this is the same company that's doing my case, but I know for a fact that that company's been involved with similar physicians who have gotten in trouble with respect to COVID.

Commissioner Drysdale

So the RCMP, or retired, or ex-RCMP I hope, are investigating medical issues or concerns when they're being paid privately, but they won't for the citizens. Is that what you're saying?

Dr. Eric Payne

Yeah. One of the physicians I've come to know

[01:25:00]

was actually on the College's complaints, and in his experience he never saw them solicit a third opinion until this. This is new for them to be doing that stuff.

What we've also experienced is that I can have a two-sentence complaint saying "misinformation" without any specifics, and a year and a half later that's still open. But if I put in a complaint, or my lawyer puts in a complaint, with respect to Deena Hinshaw's comments on that child—and I know this because he did—and it got removed. The CPSA just kicks it back after a month saying "She didn't do anything wrong; we're not going to investigate her."

There's a doctor in Ontario. He was distributing, I think it was hundreds, but at least dozens of vaccines, to children before the vaccine was approved in Canada, and he got a slap on the wrist. And that's already settled.

There's definitely a two-tiered system. If the complaint jives with the propaganda and with the narrative then you're not going to get beaten down, but if you're speaking up then they're going to drag it out.

The reality is that because my training really lends itself to an ICU setting, I'd love to have a hybrid system where I'm doing some ICU stuff and also clinic. Saskatchewan has lost all their child neurologists and epilepsy doctors. I'd be happy to do some locums out there, do some remote stuff, but because there are open complaints against me, I'm locked down. So for a year and a half, the college is keeping this hammer over me, which is completely unfair. We'll see how this all resolves.

Commissioner Drysdale

One of the things we keep hearing about is basic tenets, whether it's in medicine or anything else. And I understand that one of the basic tenets in medicine is informed consent.

My question is, and this might sound silly, but if you need a shot of something, Doctor, who gives that to you? Do you give it to yourself or do you get another doctor to do it??

Dr. Eric Payne

If I was getting a shot, I would go to see another doctor.

Commissioner Drysdale

Does that other doctor owe you: to give you informed consent? In other words, do they talk to you and make sure you understand what the issues are around it?

Dr. Eric Payne

Well absolutely.

Every single clinic visit is a conversation in informed consent. A decision to start seizure meds is an informed consent decision.

If I'm having a conversation with my family doctor, he probably won't have to go through the same level of informed consent with me because I'm aware of the issues.

But there isn't a single person, I feel, that has received informed consent with respect to these COVID jabs. Not a single person.

Commissioner Drysdale

Well, does informed consent mean that I just tell you what I know about it and you just have to accept it, or does the doctor tell you what the pluses and minuses are and you get to say yes or no?

Dr. Eric Payne

It's supposed to be the latter because you can have the same clinical situation but a different family dynamic, and it's not going to be the same choice for the different families.

Commissioner Drysdale

How can a medical treatment, a vaccine, then be mandated? Doesn't that remove the informed consent? We heard testimony earlier today from a dentist who said that as a physician, when you are aware a third party might be influencing the decision, that you can't ethically do it. How is that possible?

Dr. Eric Payne

No, that's right. Absolutely, this is basic stuff.

One of the arguments in our case against AHS was that this is assault: "We're saying no to being injected and you're forcing that injection."

So there was also Charter violations from the perspective that "here you are forcing me to give up my vaccine status, which you're then going to use against me to fire me." It was a really interesting position to be in.

If you pull up the Nuremberg criteria, no, you're not allowed to coerce. I know the lawyers on the other side and some of the other people don't like when we say, "I was forced into taking the shot," but you were definitely extremely coerced, and coercion is not allowed either.

So that is how it's supposed to be. I explain the risk benefits as best as I know them, I answer any questions, and then we try to come to the right decision. There's not always a right decision. There's a lot of grey. So that's why you have to have that process.

With respect to the COVID jab there were a lot of instances—

[01:30:00]

our prime minister this week, he is now acknowledging that some people got seriously injured from the disease. He's also acknowledging that, he stated that, the shot's not going to be for everybody. People are going to have different medical reasons to take it or not to take it. If I had COVID twice, why would I take this? So he acknowledged it there this week. But that was completely removed across the board globally, generally speaking, to get compliance in the interest of avoiding vaccine hesitancy and not overwhelming our infrastructure.

Commissioner Drysdale

From your presentation, it looked like you'd done a fair bit of research on the process under which the vaccines were developed or approved. And we heard from other witnesses earlier concerning quality control issues in the manufacturing of these injections. And we also heard in problems related to the actual implementation of the shots; in other words, they were supposed to aspirate and they weren't aspirating. We also heard a few days ago how with the Pfizer shot, they were supposed to gently turn the bottle five times up and down before they gave it to them in order to mix the contents of it.

So my question on that is, have you considered the impacts of these other issues, these quality control issues in manufacture and the way the shots were actually implemented, in your analysis of what's going on with this?

Dr. Eric Payne

I have the benefit of listening to some extremely smart people on the science and medical advisory committee at the Canadian COVID Care Alliance. There are some people whose job is in patent assessment of exactly these types of things. So I have had the benefit of documents explaining all the issues on this stuff.

I mentioned at the end, in Denmark paper, 70 per cent of the adverse events were in 4 per cent of the vials. That suggests that there is inconsistency between vials, unless it's all at the same centre. We know that's going to be the case.

We know that mRNA in general, if you're talking about general mRNA, it's very hard to work with because it doesn't stick around very long. This is different a little bit because they change it. They added a pseudo-uridine and it's made it very persistent, so you can't just use your brain on previous mRNA stuff.

There's no doubt that if the vial thawed and you didn't get something that was still frozen, you probably got a dud, fortunately.

We know, and I mentioned this in my testimony to you last time, I think almost on a similar question afterwards, but we've got a recipe in the mRNA and the DNA to produce a spike protein. Part of the regulation process was that it's got to produce a proper-length spike protein, at least 50 per cent of the time, which is remarkable how low that is. Nonetheless,

they couldn't do it. When they produced the studies to show that protein through these things called "western blots," there's extremely convincing evidence that those things were fabricated. They were never even able to generate a consistent vaccine that was producing the spike at the proper length 50 per cent of the time.

They say they didn't skip any processes, but we obviously know that that can't be true. One of the main things was the distribution, ramping all that up. The people who I've listened to talk about this, they tend to favour just normal human problems, on the distribution side effect, than a malicious thing, where pharmaceutical companies are making bad vials and good vials. I think I would agree with that.

Commissioner Drysdale

My last question, and it may seem like an odd question, but I always need to put things in perspective for myself in order to understand them: I think in previous testimony we heard that in order to get the emergency use authorization—it's an American term rather than a Canadian term—that the Pfizer test process was two months long, and then they unblinded half of it, I don't know how long it went after that. You said six months I believe.

Dr. Eric Payne

And the EUA [Emergency Use Authorization] is there because of exactly what Gates said. You don't have two-year data until you have two years. And so you cannot get approval until that long-term data exists.

They've made an exception. They don't have that long-term data. We weren't supposed to get phase three long-term data for these trials until fall of 2022, and 2023.

[01:35:00]

Not even the initial stuff. We're not going to get that because, as I said, they unblinded: they gave everybody the jab.

So it's truly remarkable. We're flying blind here with the exception of these passive surveillance systems. And you guys have heard the problems with those things.

Commissioner Drysdale

Well, just to put that in perspective if you had a two or six-month test period and I was testing—I don't know? Cigarettes—would I detect that they caused cancer in two months?

What about thalidomide? If I had a pregnant woman who was two months pregnant and I gave her thalidomide, would I know after two months whether or not it was going to have a problem?

Dr. Eric Payne

Yeah, you'll learn that in nine months with thalidomide.

Commissioner Drysdale

And so we didn't wait nine months.

Dr. Eric Payne

No, not even close.

This is why when you're looking at a risk benefit that doesn't even favour children to begin with, and then you add this massive unknown, which is the long-term stuff, in the context of a mechanism, the injury and bio-distribution data suggests that this can cause trouble. I've had a hard time understanding why the Canadian officials and the U.S. officials have been approving these things.

The Canadians have basically been rubber stamping what the U.S. officials did. Paul Offit is now trying to get on the right side of history here. He did a lot of bad things in the first two years from my estimation, but that being said, he acknowledges that the booster data is so egregious that he can't go along with it.

I painted a picture where Big Pharma is this big bad wolf type of thing but there's this whole other level to this. I know you've had testimony to that effect, but for those people who are trying to get what that higher level is, I recommend sub-stacks by Sasha Latypova and *Bailiwick [News]*. Robert F. Kennedy has talked about this as well.

This is a military operation. They're talking about countermeasures. I mentioned a case last testimony: Brook Jackson, who's a whistleblower for Pfizer in the U.S., she took them to court and I mentioned that case. Just two weeks ago that case got dismissed. The reason it got dismissed was because the government stepped in and said that these were countermeasures not vaccines, and that Pfizer— It was not up to them; it was up to us.

So all of a sudden now you're starting to get a better picture of why these things were rolled out that way. I think Pfizer definitely has got a lot of culpability here but there is an enormous— When you look at the Twitter files release, for instance—we know that the U.S. government was specifically censoring scientists like Bhattacharya, whom you had here. "We don't like what he says, silence him." That was the level of integration that they had to keep that bubble closed.

And the sequelae to that, interestingly enough, with the FDA approvals, is that it's a dog and pony show. What the FDA approved didn't matter. It was going to get approved anyway.

I guess the data got so bad that eventually these guys were having trouble with it and stood up against the Omicron. But they had like 10 mice. They had literally injected 10 mice, and they were using the spike protein from the original Wuhan strain, which was two and a half years old, and they were using the Omicron 4 or 5 strain, at a time when we had already moved on. Yet that is still the shot that we're recommending to children.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

Hello, the time is moving on, so I think we should wrap up shortly, but I have one quick question.

We have some evidence that early treatment protocol worked. We had Donald Trump, we had Rudy Giuliani, so on and so forth.

Were there any studies done on whether safe and effective early treatment protocols worked during this period of time? Because if they did then the entire vaccine scenario becomes irrelevant. We should have been using the other.

Dr. Eric Payne

You're absolutely right.

If you have a repurposed drug, like a combination of ivermectin, hydroxychloroquine, and vitamin D, that works and keeps 80 to 90 per cent of people out of hospital, if it's used early, you don't have a reason for emergency use authorization.

There's clear evidence that they worked to demean those drugs. In France, for instance, hydroxychloroquine was available on the shelves. They started taking that down in the fall just before the pandemic started. All of a sudden something over-the-counter is not available.

Why is that relevant? Well, we had SARS-COV-1. I was at McMaster University in early 2000s when that came through. We know that hydroxychloroquine and chloroquine worked against SARS-COV-1. It was already on people's radar. So that treatment stuff has been one of the more egregious parts of the story.

With respect to your question on trials, there are prospective observational trials.

[01:40:00]

The best early treatment stuff was by McCullough and Alexander and Zelenko, their multifaceted treatment approach using all these repurposed drugs. They didn't claim that they knew the exact right order at the beginning, but they were at least willing to try. They've modified that given how these things have worked.

The FLCCC [Front Line COVID-19 Critical Care Alliance], Paul Marik, and Peter Kory, have done the same thing. They got outstanding protocols.

Our government here in Alberta started a trial to look at ivermectin, then they stopped the trial, and they never continued to do it.

So three years out we don't have any of these trials in Canada.

There was a slide that I did take down with respect to Fisman and the Ontario Science Table. They specifically, on that Table, have been recommending against vitamin D.

Vitamin D is a hormone that is extremely important not just with bone mineral density but to our immune systems. In Canada, in the winter, when you don't get sun, we're all vitamin D deficient. So our Ontario science committee, instead of saying, "Check vitamin D and if you're deficient, replace it" said, "Just don't give it."

In fact, we've got huge amounts of data that vitamin D can be beneficial. In that original multifaceted treatment trial that McCullough published, the table that always caught my eye listed about 15 different countries that had tried to give their people something. It was a combination pack: usually an antibiotic like azithromycin, hydroxychloroquine, vitamin D, zinc. These were third world countries that were doing it. Not just third world countries, some others.

But our government, at a time where other governments that don't have the means that our government has, were trying to treat this when we didn't know what was coming. And what did we get? I get a letter from my Canadian Medical Association telling me that I shouldn't be prescribing hydroxychloroquine—before I'd even thought of prescribing hydroxychloroquine. They were shutting down that access.

It's really, really sad that we haven't established any trials for the things that you're talking about three years in. Because the overall feeling from the people that know that data is that if you give the right stuff, you can prevent 80 to 90 per cent of the admissions.

Wayne Lenhardt

My last question, Doctor, is I have a document here that looks like it's a press release from Alberta Health Services. It's dated July 2nd of 2020, and it's entitled "Global Recognition Grows for AHS," and I would like to show you this and just see if you're familiar with it or if you can tell us anything about it.

Dr. Eric Payne

I know what you're talking about. Is there "World Economic Forum" on the title anywhere?

Wayne Lenhardt

Yes. And this entity was formed in the fall of 2019. It would have been just before—

Dr. Eric Payne

Yeah, that's right. And they announced it in the summer of 2020. They were very, very proud of that. So three months in, Alberta Health Services signed on to the World Economic Forum.

Wayne Lenhardt

Have you seen that before and can you tell us anything about?

Dr. Eric Payne

Yes. I remember seeing this.

I sent it to everybody who would listen to me. I remember thinking this was troubling news because when you're the rookie on the block, you want to prove yourself. So here we are three months, and AHS is now part of the World Economic Forum. Having said that, the Mayo Clinic that I used to work at is also part of this group. You obviously know about a lot of these people.

The idea that there's a global entity that can better control our health care in Alberta doesn't make any sense. We know that there were differences even within Alberta. Calgary and Edmonton during COVID were not the same as the rural province. So you're going to lose that if you defer to a global entity—especially one who wants to define "emergency" whatever way they want.

But I haven't seen anything more than this. I haven't seen further follow-up of that. But I find that concerning given the statements made by Klaus Schwab with respect to the World Economic Forum, and stating publicly that he knows—and this was years ago—that 50 per cent of the Liberal cabinet was for the World Economic Forum and for Agenda 2030. So our leaders don't seem to be playing for our team sometimes.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, I want to thank you very much for your testimony today.

[01:45:25]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 5: John Carpay

Full Day 3 Timestamp: 06:23:39–07:28:12

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness today is John Carpay.

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

John Carpay

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

Shawn Buckley

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

John Carpay

I do.

Shawn Buckley

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

John Carpay

That's correct.

Shawn Buckley

You have a law degree from the University of Calgary.

John Carpay

Correct.

Shawn Buckley

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

John Carpay

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

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

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

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

Shawn Buckley

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

John Carpay

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

Shawn Buckley

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

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

John Carpay

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

Shawn Buckley

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

John Carpay

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

[00:05:00]

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

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

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

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

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

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

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

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

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

[00:10:00]

Next slide, please.

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

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

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

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

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

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

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

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

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

[00:15:00]

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

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

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

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

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

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

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

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

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

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

[00:20:00]

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

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

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

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

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

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

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

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

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

[00:25:00]

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

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

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

Shawn Buckley

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

John Carpay

Exactly. Exactly.

Shawn Buckley

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

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

John Carpay

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

Shawn Buckley

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

John Carpay

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

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

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

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

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

[00:30:00]

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

Shawn Buckley

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

John Carpay

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

Shawn Buckley

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

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

John Carpay

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

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

Shawn Buckley

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

Commissioner DiGregorio

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

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

Commissioner DiGregorio

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

John Carpay

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

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

Commissioner DiGregorio

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

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

John Carpay

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

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

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

Commissioner DiGregorio

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

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

John Carpay

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

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

Commissioner DiGregorio

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

John Carpay

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

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

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

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

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

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

John Carpay

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

Commissioner Drysdale

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

John Carpay

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

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So they really lost their way.

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

Commissioner Drysdale

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

John Carpay

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

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

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

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

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

John Carpay

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

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

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

Commissioner Kaikkonen

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

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

John Carpay

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

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

Commissioner Kaikkonen

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

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

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

John Carpay

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

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

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

Commissioner Kaikkonen

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

John Carpay

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

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

Commissioner Kaikkonen

Thank you very much for your testimony.

John Carpay

Thank you.

Shawn Buckley

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

John Carpay

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

[01:04:33]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 6: Dr. Jonathan Couey

Full Day 3 Timestamp: 07:39:51–08:58:57

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

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Shawn Buckley

We welcome you back to the third day of hearings in Red Deer, Alberta, of the National Citizens Inquiry. Our next guest is Jay Couey. Jay, can you hear me?

Dr. Jonathan Couey

I can, yes, sir.

Shawn Buckley

And thank you for joining us today. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Dr. Jonathan Couey

My name is Jonathan Couey, J-O-N-A-T-H-A-N, last name Couey, C-O-U-E-Y.

Shawn Buckley

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

Dr. Jonathan Couey

I do.

Shawn Buckley

Now my understanding is you can be described as an academic neurobiologist, and you've been doing that for about 20 years before the pandemic.

Dr. Jonathan Couey

That's correct. I actually lost my position as an academic biologist as a result of taking a stand against the transfection and masking in 2020.

Shawn Buckley

Right, you went against the narrative and lost your teaching position at the School of Medicine at Pittsburgh University.

Dr. Jonathan Couey

Yeah, I was a research assistant professor, which means I was in the lab all the time. I taught only as an extra side thing.

Shawn Buckley

Right. Okay. And now you're teaching immunology and biology.

Dr. Jonathan Couey

Yes, just online, and I consult for a couple people as well, to make a little extra on the side.

Shawn Buckley

Okay, and we've entered your CV as Exhibit RE-11. And you've been invited here today because you've got a hypothesis to speak of, and my understanding is that you have a presentation, so I'm just going to invite you to launch into your presentation and share with us your hypothesis.

Dr. Jonathan Couey

Thank you very much.

I'm really pleased to hear previous witnesses pointing out so clearly that the principle of informed consent has been ignored for the duration of the pandemic. I want to point out that the last witness was very good at pointing out that you need to be able to say, "No." You do not have the possibility of exercising informed consent if no is not an option.

And the principle of informed consent from the perspective of me as a biologist, it requires that you understand. And I would argue that you can't really understand the coronavirus pandemic, given the biology that we have been provided with over the last three years on television and social media.

And because of the lack of the proper understanding of this biology across our medical communities in America and Canada and all over the world, doctors aren't even able to enable people to exercise informed consent because they themselves don't have the requisite knowledge. So these are the two topics I'd like to cover quickly tonight and then open for questions: the endemic hypothesis, and infectious clones defined.

I would like to put everybody on the same page by first just stating something that I want to justify through the rest of this talk.

The TV algorithms and NIH [National Institutes of Health] and CDC [Centers for Disease Control and Prevention] and all of these organizations like the WHO [World Health Organization] have convinced us that coronaviruses are a source of pandemic potential, and that this pandemic potential can be accessed through cell culture passage with a relatively benign virus being turned into a pandemic potential virus.

There's also the idea that you can passage it in animals and make it from a relatively safe virus to one that is pandemic potential. And the latest addition to this mythology is the idea that clever scientists can stitch together the right combination of genes and then these viruses can circle the globe for three years and do what we call pandemic. I believe that this mythology has been created over the last 20 or more years, especially with regard to coronavirus, with the idea of us having to surrender our individual sovereignty in a global inversion from freedom to some kind of fascism where you must have permission to do everything.

This mythology, I'm going to argue in this talk, is wholly unsupported by what we know about RNA [Ribonucleic Acid] versus DNA [Deoxyribonucleic Acid] replication possibilities and also just the behaviour of these entities that we are now calling RNA viruses in this talk. Not coronavirus, we're just saying RNA viruses, so we make that distinction.

So to put everybody on the same page, I just want to get everybody aware of where the endemic hypothesis fits in. Tony Fauci would have you to believe that in 2018—above my head—there was no coronavirus;

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2019 in September at some point, a coronavirus was released in Wuhan, and something like the fuse of a firecracker, it went around the earth and spread in many different directions: eventually became Alpha, Beta, Delta and eventually Omicron in South Africa, which then took over the globe, and now we are on some ancestral version or next ancestor of, or descendant of, rather, of Omicron.

In this model, the earth remains green because there were no health problems before the pandemic, and no health problems were caused by the lockdowns, the protocols, and the vaccines. Without those changes, many more millions of people would have died. In this scenario, we have defeated epidemics in the past with vaccination. Novel coronaviruses can jump from species and go around the world—they can pandemic. False positives are rare because PCR [Polymerase Chain Reaction] is good and specific, and variants are evidence of both spread and the continued evolution of a single pathogen. We spend money studying viruses using gain-of-function research. This is the basic TV narrative on one side.

And what they would like you to fight about, really, is whether or not it was a natural virus that just happened to fall out of a cave and get onto a train and a plane; or if it was a mistake made in a laboratory by some very arrogant scientist who either took a virus out of the wild and then infected his local town or a city; or that they, even worse, made something in a laboratory that otherwise wouldn't have existed. But again, green earth, there are no health problems, and then the pandemic comes along and here we are. Same difference.

The virus spreads. It changes to Omicron. It takes over the world and now we're at a new version of Omicron taking over the planet. In this scenario, again, the lockdowns don't have to have hurt anyone. Vaccines can have saved lives. The protocols were the best they could do, and the same thing holds true for all of these things. We used vaccination to defeat

epidemics in the past. Novel coronaviruses can jump from the wild. PCR works great. Variants are evidence of spread, and we spend money on gain-of-function research.

You can tweak this one a little bit if you want and say that the lockdowns and the EUAs [Emergency Use Authorization] caused some excess deaths, but the majority of people still died from a virus. And so there are many different ways to tweak this narrative.

Another way that this narrative has been tweaked is that there are no viruses at all. That measles doesn't exist, that there was never a coronavirus, that everything is a lie. This is, of course, not very— It's not very acknowledging of what we know of all of the molecular biological techniques and the synthetic viruses and clones that they can make. So there are these entities and we have studied them for a long time, and I think this scenario is one of those traps.

So you have three traps here. You have a natural virus, you have a lab leak virus, and you have absolutely no viruses at all.

And none of those three encompass the true biology that we knew already for basically the duration of modern medicine. If you go before the pandemic into a medical textbook and look up coronaviruses, they will tell you that between 25 and 35 per cent of all respiratory disease without a known cause is thought to be caused by coronaviruses, of which there may be up to 200 varieties which circulate in humans.

And now instead of this being the baseline, we start with a baseline where there are coronaviruses. And then in 2019, it doesn't even matter. Was there a release? Was it a natural one? Did a few people get sick in Wuhan? It doesn't matter because the PCR can't differentiate between any of these coronaviruses.

This is the illusion that they've placed on you because all they needed to do was accentuate different coronaviruses found in the background and claim a phylogenetic progression. Sounds wizardry, but it is one of the only ways in which this molecular signal will be shared so beautifully. The lockdowns, protocols, vaccines, account for the total excess deaths in the pandemic. There, nothing unusual happened until we stopped treating respiratory disease the usual way.

The interesting thing about this endemic background hypothesis is that the PCRs are not

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having false positives in the way that you think, all the time. Yes, you can over-cycle a PCR test, but if the background is hot for homologous genes from endemic coronaviruses that they are pretending are not there, you have a situation where a vast majority of the good positives are still picking up background coronavirus and not whatever they purport to have been released.

Shawn Buckley

Now, Jay, can I just interrupt you just to make sure that people understand what you're saying? What you're saying is that there are a number of coronaviruses that we just live with, and have lived with all of our lives. And that the PCR test is not specific to what governments call COVID-19. The PCR test is just testing for genetics that are already in this background of coronaviruses that we live with. Is that what you're saying?

Dr. Jonathan Couey

I'm saying that, yes, that is the scientific literature at this stage. The ability to pinpoint a particular coronavirus is not a level of fidelity that they had before the pandemic. And there's no reason to believe, from looking at any of the PCR tests and the primers that they've put forward, that they've come up with a unique and highly specific PCR test that can differentiate between one coronavirus and the hundreds of others that are in the background and rare.

Shawn Buckley

So sorry for interrupting. I just thought that was important for people to understand.

Dr. Jonathan Couey

Absolutely. It's not a problem at all.

Additional harms were also caused by the response and including the lockdown, including use of specific agents like midazolam and remdesivir. The point of this of this hypothesis is to remind everyone that your gut feeling that the PCR test was one of the primary ways that the hood was pulled over our eyes, you are absolutely correct.

And the one trick that they still have up their sleeve is the idea that there was a novel virus for which you had no previous immunity. Even in the worst-case scenario here, where there is a release from a laboratory, you still would have had previous T cell and B cell immunity from previous coronaviruses because of the homology between these genes had a great chance of overlapping. And so the concept of this being a novel virus is also cancelled out in this hypothesis. It's not possible.

And people were making that argument in 2020 from March on, and they were just ignored. Mike Yeadon is one of them. So if we move forward, then let's think about how this could be possible.

In the United States, the total number of deaths is in sky blue here behind my head. And the number of pneumonia deaths is in light blue down here on the bottom. And I hope you can see this arrow. The very yellow at the bottom here are identified flu virus deaths. And so what you see here at this part is the beginning of the pandemic. This is 2014 to the pandemic. And what you see is: Although year on year, it seems like we got pneumonia under control—remember, ladies and gentlemen, these are pneumonia deaths; many, many, many more people get pneumonia, but don't die—and then suddenly after 2014, '15, '16, '17, '18, '19, '20, '21, What? Up to three times as many people in the United States started dying of pneumonia in a way that they've never done before. And that is a number of deaths which correlates precisely with any possible excess deaths. It is extraordinary, really, that this correlation is so high, and people have still ignored it.

And I know everybody here is familiar with Denis Rancourt's work, and he has done an excellent job of dissecting how the all-cause mortality in America was organized in different places around different times. And John Bodeman [Note: Researcher's name cannot be confirmed] is another researcher in the United States, who's done excellent work correlating these new causes of death. And what happened during the beginning of the pandemic was simply a mismanagement of respiratory disease in hospitals.

And it's been done with one particular methodology, right? They said there was a dangerous novel virus. It could be detected by a PCR test. And they correlated that PCR test

with detrimental health protocols, where they took away antibiotics from people who probably should have just had antibiotics.

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They didn't allow people to be treated with repurposed drugs, and instead insisted on remdesivir. They ventilated people to prevent spread; and these detrimental health protocols were encouraged by giving hospitals \$35,000/a patient that got on a vent. That enabled a larger portion of all-cause mortality than PnI—that's pneumonia and influenza—to be prioritized as a national security threat. That's what you're referring to, your previous speakers are referring to, when they say that this is a military operation. This was identified as a national security threat caused by a novel virus. Therefore, we could execute a plan that we had, and it is still in motion.

My argument would be that if you need a molecular signature, which would have seeded this event around the world, it could not have been a point release of a coronavirus because its genetic signature would have changed sufficiently in different directions around the world so that none of this uniformity in variance could have ever occurred. And yet somehow or another, we are told this story of a clean progression of variants around the world, sweeping, sweeping, sweeping in these waves and colors. There's no precedence—none, zero precedence in biology—for any phenomenon of an RNA virus to do such a thing. And yet without any questioning at all, we just took it.

And I'm saying to you now that I think the only way this could have happened is if they purposefully planted these—these molecular signatures in the places that they were going to blame and call part of the pandemic because a natural coronavirus swarm cannot do this.

And then the goal again is a total surrender of individual sovereignty and removing these basic human rights granted permissions.

The way that they did it with four basic ideas: they did it by changing the way you think about respiratory disease. We just got through saying that there used to be hundreds of causes of respiratory disease, and now we have all basically saying it's either not that one or it's that one.

They also changed how we think about all-cause mortality. That's why I show you that picture with the blue and the blue, because in America, we never saw the light blue. Nobody ever looked at all-cause mortality and said, "Okay, let's put this in perspective. We're in America. Three million people die every year." Nobody said that. Nobody told us that every week, between 50 and 70,000 Americans die. So when they say that, "wow, a thousand people died of COVID," it sure sounds crazy.

Then they changed how we think about our immune response to disease. This was very diabolical because it was part of the way that they sold us on the shot. Antibodies are what you need. They had to change the way you think about your immune response to a respiratory disease.

And then they changed the way that you think about vaccination so that you don't question the applicability of transfection for immunization. That's what these are. These are transfections. Everybody should be calling them that because this technology has been around for more than two decades, and it's never been called anything else. That's why I originally got in trouble with my job and got too much attention was because of speaking out about transfection because I used it on mice for many, many years.

So after they changed their mind about these four basic biological principles, they were able to ventilate people to prevent spread. They used remdesivir and midazolam to kill old people and young. The untreated bacterial pneumonia went up by at least three to four times: shutting down schools; masking children; and social distancing, even people who were married for 50 years, and let them die apart.

And at the same time in *Scientific American*, the WHO just recently in March put out an article, which stated, of course, “mRNA vaccines are safe, powerful, and effective.” Those are exact words. Masks work; indoor air quality matters; wastewater tracking is useful; and genomic surveillance is key.

They are doing exactly what they planned. They are going in exactly the direction that they planned to go. So they haven’t wavered at all.

So how can we get them to— How can I help you, rather, to understand this endemic hypothesis and what it really means? I think you got to understand the infectious cycle and the infectious clone, and what it is. So that’s what we’re going to do here. And then I’ll be done.

The infectious cycle is depicted in this cartoon here. You have a viral particle, it binds to its receptor, it comes into the cell and releases its RNA,

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and then the RNA needs to get translated into proteins, and then those proteins start copying the RNA into different segments. And then this long genomic RNA gets packaged into new viruses and those new viruses go out into the wild to infect other people. You’ve seen lots of versions of this, this cartoon, in all of the news programs.

You may have even seen a cartoon where they show you in three dimensions, the RNA and the N protein and the invagination of the viral particle and the formation of the full variant inside of an endosome.

But this is a lot of hand waving in terms of what they know about what happens here, and they know about what the fidelity of this, it’s all hand waving; because up until now, these are RNA viruses. The only way to look at them is to use reverse transcriptase to turn them into DNA and then do PCR. And once you do that, you really only find what you’re looking for because your PCR is pulling up things that are specific for the primers. So if you don’t choose the primers correctly, you’re not going to see everything that’s here. So up until this stage, it was pretty hard for them to say, “What are these viruses that get produced look like? How many of them are there? How uniform are they? What is the genetic variation between the particle that you get infected with and the particles that get produced by supposedly the hundreds or the thousands during infection?”

And so if I simplify this a little bit, the TV and Fauci has told you that you get infected with the coronavirus. The coronavirus goes into your lungs. It makes copies of itself. And if it makes too many copies of itself, you start coughing those out on people around you, and then they also get sick from the variant that you’re sick with. That’s why all these virions are yellow. The question is, why do they have so much trouble culturing these viruses?

You’re going to hear a lot of people say, “Oh, they don’t have trouble culturing them.” But they do. They have to use a 96 well plate and they look for cytopathic effects and they

might find it in two wells. And then they call that a viral isolate. They can do a PCR test on that. Maybe find an E protein. “Oh, see, now there’s definitely a coronavirus there.” That’s the isolate; that’s culturing. It’s not like growing mushrooms, and then you grow some more, and give them to your friends so they can grow them, or give them a tomato cutting. Or, say, give them a couple of breeding pair of mice, so that they can have the same mice that your laboratory invented.

If you find a novel coronavirus, the only thing you can do to share it with somebody is to give them the sequence. Because you can never grow enough coronavirus from a magic bat swab to, let’s say, divide it between four labs and let them do their thing with it. That’s not how RNA viruses work.

Unfortunately, not very many virologists are adequately informed of the limitations of their work. A lot of them are not adequately informed about how this is a particular limitation in coronavirus. The reason why this is, is because a large majority, if not the vast majority, of the particles that are produced during a coronavirus infection are in fact replication incompetent. What that means is they have a mistake. They’re missing genes. Their genome did not get completely run, but it still got packaged. And so even though they look like a virus, when they bind to the next cell and release their contents in there, those contents won’t have all the doodads and gazoos ready to go, all the genes present in order to make copies of itself. Therefore, in the cartoon above my head, it now becomes more obvious why it’s difficult to culture coronaviruses; because not all the particles that you detect that might be PCR positive for an N protein are going to be infectious. Now you might think, where’d you learn that?

[The witness plays a brief video of Robert Malone stating that “in most cases, a large fraction, if not the majority, of the virus particles that are produced are defective. They’re not good for anything.”]

So I learned it from Robert Malone. Once you once you know this, you can go back into the literature before 2020, before they were trying to obfuscate all this lack of fidelity. And you can see them plainly complain about it. In fact, describe looking for coronaviruses using pan-coronavirus PCR primers because it’s very, very difficult to find a particular coronavirus.

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And so the people that have known this— Everybody knows this, but this all started way back in the 80s with Vincent Racaniello and David Baltimore, because they did this technique with the polio virus.

But since then, almost everybody that works on coronaviruses from coronaviruses in plants, in salmon, in mice, it doesn’t matter. They never start with a wild sample that they went deep into the forest to get. They start with a sample that they cloned. So what does that mean?

Well, as I explained, the wild virus here depicted as a cassette tape is lacking fidelity because DNA versus RNA. Basically, you can copy DNA because it’s double-stranded. You can also check and proofread it. And there are a whole host of secondary enzymes that are very good, optimized at doing that.

With RNA, because it’s single-stranded, although it is purported that there is proofreading in coronaviruses, the biology of coronaviruses requires them to be able to have a certain

mutation rate. And even more, it requires a regular recombination rate because of the subgenomic RNA production. Therefore, there is a great fraction because of errors in recombination, because of shortened genomes, which are called defective genomes in other viruses, where you get essentially a large portion that are replication incompetent.

But when you use PCR to sequence this group of viruses that you might find in a bat, you can get a consensus sequence. And that consensus sequence can be translated into DNA. And you can think of that as a CD [Compact Disc]. And you can make lots of copies of a CD because CDs are digital. And DNA can kind of be thought of high fidelity like that. You know, one in a million bases is a mistake, maybe even less than that. And so if you use bacteria, you can actually make a bunch of this CD. You can make a bunch of this CD in a bacterial culture.

And keep in mind, this is exactly how they make the RNA for the shot. They make a circular DNA that encodes the spike protein RNA. And they make lots of copies of that DNA in a bacterial culture. And then they add an RNA polymerase and that produces the genomic RNA, or for the shot, it would produce the spike RNA. And that spike RNA that needs to be separated from that plasmid DNA before they inject it in your kids. But apparently, they didn't do that very well.

Now, this process here, very similar, you use circular DNAs to encompass the entire genome of the coronavirus. You add RNA polymerase to make lots of RNA copies of that same clone. One sequence, that's it. It's not going to be perfect.

But let's say the RNA polymerase is pretty good. So most of these are going to be fairly long transcripts. And they're all going to be the transcript that you built out of this DNA. Then you take that, and you use electricity or a centrifuge or any other number of ways. You take that pure genomic RNA for that virus, and you put it in a cell culture. And then what that cell culture makes will make animals sick. What that cell culture makes will cause cytopathic effects. And you can do plaque assays and all that stuff.

But you can always send the DNA. You can always send the DNA to your friends. You can put the DNA in the freezer. You can print the DNA. You can order it from companies. You can order these five plasmids from companies, and they'll print them right up. And then you put them in your bacteria and grow as many litres as you want. And then convert that litres to as much RNA as you care to make over and over again. This is gain-of-function. Not the mixing and matching. Not going into bat caves. It's making pure versions of what they detect in the wild using PCR and sequencing. This is how they get around it. This is how RNA virology is done and especially coronavirus biology.

And Ralph Baric's lab is famous for the techniques that are necessary to assemble these long genomes and produce infectious clones that can be used in laboratories.

So the point is that if we could do that, right, we can look at this, we can ask ourselves what kind of viruses are produced? Can we look at that infectious versus non-infectious?

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Can we look at that fraction and see it?

Up until now, it's been very hard because we use PCR, which means we have to convert these RNAs to DNAs, and then we have to amplify them up. And then all the fractions and all of the relationships between which was more abundant, is lost. So they have recently

come up with a way of doing it where they can sequence the RNA directly, which means that they can just look at, well, are you going to take all the viruses that are supposed to be in this culture and we're going to dump them through a nanopore and we're going to see how many of these different RNAs we find.

So in a virus, when the virus makes copies of itself, it makes copies of the whole genome, which is 30,000 bases long, but it also makes skip copies with a leader sequence that then skip down to these TRSB [Tandem Repeat Sequence B] sequences and make what is called subgenomic RNA. And these subgenomic RNAs turn out to be several orders of magnitude more abundant than the genomic RNA, which should be the RNA that gets packaged in the new viruses and sent out to infect other cells. So if we use a clone of SARS-CoV-2 and we put it in a cell culture and we watch it replicate, what we see is 400–600,000 copies of the N protein.

I think I got one more click here. No, I don't. So I'm going back. Sorry about that. I thought this zoomed in a little bit, but it doesn't.

So here you can see on this map, they're doing coverage of the genome here on the bottom. You don't have to look at these two on the bottom. I should have covered these up. We're just looking at this one "B" figure right here. This is the genome on the bottom, nucleotide 0–30,000. And as this black line rises, they find more sequences of this part of the genome. And so it's way down here at under 1,000 over here. And it starts to rise. The S protein is above 50,000. And then we get up to 200,000 with the E and the M. And then we get up above 400–600,000 with the N protein. So 600,000 copies of the subgenomic RNA for the N protein.

And how many copies of the full genome did they find? The longest tags correspond to the full-length genomic RNA. And they found 111: 111 full genomes and about 600,000 copies of the N protein and thousands of copies of these other subgenomic RNAs. So interestingly, this breakdown, where you have hundreds of thousands of these subgenomic RNAs and only a handful of full genomes that are supposed to be the new infectious virus that you've been culturing: this has been known for decades.

Ever since they've been able to isolate the RNA from a picture like this, or purporting to isolate the RNA corresponding to a picture like this, when they try to isolate these viruses here, they don't find a pure— You know, these are all really long genomes, and we sort through them and sequence. There's never been an experiment done like that. When they do this, they find this crazy ratio of almost no genomes, and thousands and thousands of copies of these partial subgenomic RNAs.

Now, the argument that the virologist will make is that you need a lot more N protein and S protein and M protein in order to package new virus. And so that's why you need hundreds of thousands of those RNAs and only a handful of the full genome.

But that still doesn't jive with the known amount of non-infectious particles that the right side of virology often will acknowledge. So again, if you look at this and you think about what's really being packaged here, they have no—they have none—experimental evidence that it's only full genomes being packaged.

And in fact, by the abundance of the RNA, by what they found in all previous experiments, it's very likely that the vast majority of the particles that are produced are having incomplete genomes, if not even subgenomic RNA.

So just to be sure

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you don't think I'm crazy, right before the pandemic, they did this with a human coronavirus called 229E. They made a clone of it. They grew it in a cell culture. They did exactly the same measurement. Here's the entire genome on the bottom. Here's 10 to the fourth, 10 to the fifth, of N protein. And then all the way down here, if you look at the last figure of the paper, you find that they found two whole genomes in that clone. Two.

So we're not getting thousands of viral particles being produced when we do these culture experiments.

And I think coronavirus— People have known this for some time and they just kind of hand wave it. Because here's a paper from 2001 where you can see the full genome is barely a ghost. And the N protein and the E protein and the S—these guys are gigantic overexposed blots.

So they've known that this ratio occurs no matter how they set up these clones, no matter how they do it. They know that these partial genomes get packaged. Since before the 80s and 90s they've been looking at the replication and packaging of coronavirus infections, bronchitis, defective RNAs. It's essentially how come there's so many of these viruses that just have like junk or partial what we thought were the genome of these.

That's because that's the way this works. That's the best fidelity that these things are able to usurp from our own cell's machinery.

Here's a paper from 2023 acknowledging the generation and functional analysis of defective viral genomes during SARS-CoV-2 infection. Those are non-infectious particles. And if you read this paper here, right here in the importance, "Defective viral genomes are generated ubiquitously in many RNA viruses including SARS-CoV-2. Their interference activity to full-length viruses and interferon stimulation provide potential for them to be used in novel antiviral therapies and vaccines." This has been known for some time in flu, although the flu field seems to like to ignore this.

So infectious clones defined is, simply put, that RNA viruses are tricky. They've been very hard to understand and study, because they are often only observable as what is an indirect shadow of a genetic signature found through reverse transcriptase PCR. And that ability, or lack of ability, lack of fidelity, has opened this door for people to say that, "look, they haven't isolated the virus. The isolation doesn't work. These experiments are nonsense. Therefore, there are no viruses at all." And this is a very, very dangerous place for us to be.

We need to wake up and realize that we've never really understood coronaviruses with the fidelity portrayed on television. We've never been able to tractably manipulate them in the lab the way it's been portrayed on television. And they certainly do not travel the globe in the fidelity that has been portrayed on television.

So has it actually been cultured?

Just to address this quick before we stop, let's look at this paper. This paper actually became famous because a correlation between 3,790 quantitative polymerase chain reaction, positive samples, and positive cell cultures. It says here that, "up to the end of

May, 3,790 of these samples reported on a positive nasopharyngeal samples were inoculated and managed for culture as previously described."

Interesting. Let's go to where they're previously described.

This is the paper that they previously described it in. You can see that they're almost all the same authors, just in different order. A total of 183 samples tested positive by RT-PCR [Reverse Transcription Polymerase Chain Reaction], including nine sputum samples, 174 nasopharyngeal swabs from 155 patients were inoculated in cell cultures. SARS-CoV-2 RNA positivity in patient samples, was assessed by real-time PCR targeting the E gene. Not the S, not the RNA-dependent RNA polymerase, not the N protein, the E gene. That's it.

So listen carefully. This is culturing coronavirus at the beginning of the pandemic and showing 3,000 positives. All patients, 500 micro liters of that swab fluid, or sputum, were passed through a 0.22 micrometer pore filter. That's to remove bacteria. And then were inoculated in four wells of 96-well culture microplates

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containing Vero E6 cells. After centrifugation, that's to get the stuff to go into the cell culture.

After centrifugation at 4,000 Gs [Gravity], microplates were incubated at 37 degrees. They were observed daily for evidence of cytopathogenic effect. Two subcultures were performed weekly. That means every week they split them, so they moved, whatever was growing they moved it into a new fresh well with cells next to it. Two subcultures weekly, presumptive detection of virus in supernatant showing cytopathic effect was done in a scanning electron microscope. No images shown.

So if there was cytopathic effect, they assumed that there was a virus and they put it under the microscope to see, but they didn't show you anything. And they don't tell you how many of those they found anything in. There's no data from that. And then confirmed by specific PCR targeting the E gene. It's a loop. Don't you see? It's just a loop.

I tested positive for an E gene, then they made me cough into a dish. And then if any of those cells died, they said, wow, that's pretty cool. That's the coronavirus because he tested positive for the E gene.

Now they tested again in that culture and find the E gene again. The E gene is not proof of a coronavirus. The E gene doesn't prove that a coronavirus caused the cytopathic effects. These are the objections that the no virus people bring to the table.

And these objections are very solid for a vast majority of these papers, during the pandemic. It is just an insufficient level of scrutiny. It's an insufficient level of control. And it is a giant pile of assumption that is instead, interestingly enough in this paper, confusing people by saying hydroxychloroquine and azithromycin were effective at shortening the duration of this read. And so this is another aspect of the immune-mythology you've got to be very careful of. So many of these repurposed drugs were given in combination with other drugs and then over and over sold as the drug.

For example, this paper was pushed as evidence that hydroxychloroquine can work, without acknowledging that azithromycin is given with it. The games that they have been playing are many.

If we go back to before the pandemic to a guy like Marc Van Ranst, who was the flu commissioner for Belgium for the 2009 flu, and has got his own infectious disease lab where he works on testing for coronavirus. Here he is arguing why we need— Coronaviruses can't be found without using pancoronavirus primers. He's got a whole book chapter about how pancoronavirus RT-PCR assay for detection of all known— This is how they did it.

It's not specific, ladies and gentlemen, and these people have known that.

And so they tell you these stories about these imperfect genetic ghosts in the wild that have potential to become permanent circulating pathogens. They talk about how if you let the wrong guy like Peter Daszak into the wrong bat cave, he can passage those viruses in cell culture and pull out pandemic potential on the other side. They might also do it with ferrets someday. Or worse yet, somebody like Ralph Baric will stitch a bunch of things together that should have never been there, and we'll have a pandemic.

In reality, the only potential danger that could be used and weaponized against us is the production of RNA viruses using DNA clones. That is the danger.

That is the reason why they don't ever talk about it. They talk about gain-of-function as a way of making sure that you don't understand that that's not the danger. There was never a danger from coronavirus. Coronaviruses were always largely— If they are part of this causes of respiratory disease yearly, then they are part of a very benign set of somethings that float around. They are not part of this never-ending source of pandemic potential.

So this is what I think they did. They declared a pandemic of a

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dangerous novel virus for which the PCR was not specific, and yet they applied a unique and mostly detrimental protocol for respiratory disease to those people that tested positive; and they enforced that with financial incentives. This was all part of a military plan in the United States, which was ready to be executed when the excuse was given, and the excuse was given when these protocols were changed. It could have been an infectious clone.

You could have used a clone to see the same sequence in Iran and Wuhan and in Italy, and that unique and identical sequence around the world would have been a molecular selling point for there being an ongoing pandemic. And if it was required in order to fool these governments in Europe and in Italy (like Italy's not Europe), but to fool these governments around the world, if that was required, a clone of a wild coronavirus would have been more than sufficient for us to have seeded these things, and then let the plan roll on forward with just using this a-specific PCR test.

Again, I want to plug Denis Rancourt's data, because it's so important to understand how, if there was a novel respiratory disease for which no one had any immunity, then there would have been a predicted impact on all-cause mortality. And those predicted impacts were not seen at all, and his analysis is fantastic.

And then finally I just want to make sure I remind you one more time that nobody should be using "transfection." I was so excited to hear someone say that earlier today. There's no

debate. It should not be used in healthy humans, and up until the pandemic, it was only used on people who were likely going to die anyway.

So please stop transfection because they want to eliminate the control group. Once everybody's been transfected a few times, all of these ailments, all of these increases in illness and autoimmunity, will all just blend into a background of increasing public health problems, rather than being able to be identified as, "Wow, the people who have triple transfected themselves are having worse and worse outcomes, year on year." Which I think is the truth that has already emerged, and can only emerge in greater and greater numbers as we move forward.

Thank you for your patience. I hope that was okay. That was the end of my presentation.

Shawn Buckley

That was really interesting. I'm just hoping to clarify a couple of things with you and ask you something new. You use the term transfection, which for most of us is a new term. We think of mRNA [Messenger Ribonucleic Acid] technology, but that's a new term for transfection. You're saying transfection instead of mRNA vaccine, because transfection is the correct term.

Dr. Jonathan Couey

Yes, that's correct. So if I can add to that a little bit, for the academic bench biologist, that means somebody that plays with mice or monkeys in a laboratory, and they want to change the local protein expression, upregulate it, downregulate it, maybe even knock down a gene. There are ways that that's done, and that's ways that's been done for about 20 years.

One way to do it is to use an adenovirus, where you put the DNA of interest, encoding the protein that you want to express in that adenovirus, then you put that adenovirus in the brain of the mouse, and it will go where it's going to go and express that protein. Using DNA to express protein in a cell is called "transformation." And if you use mRNA to do the same thing, you can use electricity to put the mRNA in, you can use lipids like they're doing now, sometimes people use gold particles.

There's lots of different ways to do it, but regardless of how you do it, you use mRNA, it's called transfection. If you use DNA, it's called transformation.

And so if you go on the website of Sigma or Thermo Fisher and you just look for transfection products, they'll have a whole web page on it. And there's no difference between the mRNA shots that they're giving and any previous transfection technology, except for maybe the proprietary bubble that they put it in. But it's the same technique, with the same lack of tissue specificity and dose control that they've never been able to replicate in any other application of it.

Shawn Buckley

Now you've said that that we shouldn't use transfection in humans. And can you explain, give your reasons why we should not use transfection—

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or as most of us know, mRNA technology—in humans?

Dr. Jonathan Couey

The proof is in the use. So in a laboratory animal, for example, if you're using transfection, you're inevitably going to get autoimmunity. Animals that are transfected are not intended to live long, healthy lives. They're always sacrificed and then their tissue is used to look at the changes that you made. And so up until very recently, I don't think anybody's really thought about this as a very viable technique, except to use for somebody who's already going to die from, like, cancer or something like that.

And the trick is to realize, and I think that this is a very true statement, although this is more of a gut feeling to me—but it's a gut feeling that a lot of other people have had for a long time—it doesn't matter, really, if you expressed a particular toxic protein. It doesn't have to be the spike. If you've expressed a foreign protein in your cells, and it's random cells in your body, your immune system only can do one thing. It can unleash the neutrophils, destroy those cells, and clean them up.

Now if those are your heart cells, it's permanent damage. If it's endothelial cells, you have endothelial damage. If it's ovary cells, you have ovary damage.

And this is a known downside of transfection. It's a blunt tool. It's been used for a long time in academic medicine, and for 20 years, people have been dreaming about making it into a viable therapeutic methodology, but they've never even come close to getting it to work in single examples, never mind on a scale of billions. And there is no other conclusion to come to, that if you want to treat, beneficially, a mammalian, like a human that you want to live for 20 more years, transfection is not a therapeutic option. And anybody that has sold it as such has either been telling us lies or has been just really wrong. It's not to be done. It's not fit for purpose.

They would like you to believe that it is, but you cannot usefully augment someone's immune system by transfecting foreign proteins randomly in their body. It's just ridiculous.

Shawn Buckley

Okay, and your opinion on that is based on animal study after animal study after animal study after animal study, and some use in a very small subset of humans who are, you know, terminal with cancer and things like that.

Dr. Jonathan Couey

Yeah, and also very anecdotal personal experience: I can tell you one three-second story. I was asked to help do an experiment in squirrel monkeys where they wanted to express an algae protein. It's a long story about why they would do that, but they wanted to express this protein in the brain of the monkey so that they could manipulate some circuitry, and then go back to that brain region afterward and see what neurons they manipulated and see how they were connected anatomically, and maybe that was going to be a good idea.

But, when we started this experiment, I suggested to these primate neuroscientists that, look, when we transfect a mouse, I've got a window of, like, let's say three to four weeks where I can do my experiment and everything is okay; but if I wait any longer than that, the place where I initiated the transfection starts to have problems, and starts to have an immune reaction which leads to a lot of neuronal death. So I tried to tell these primate scientists that, like, if we do this experiment, we got to do it on an animal that you're all done with, and that's already scheduled to be sacrificed because otherwise, you might just lesion that area of the brain in four months and then you won't even know what you did.

Well, what did they do? Monkeys are expensive, so you can't just sacrifice them. So they let this experiment run—I think, for, I think they let it run for 12, but it might even have been 18 weeks—and then when we did the anatomy and we cut into that area, almost all the neurons were gone. And that's because, again, transfecting neurons and getting them to express foreign proteins is eventually a challenge that your immune system can't ignore.

[00:55:00]

And that is true no matter where transfection is done, and in any current application of it, it should be an expected outcome. And so yes, it's not fit for purpose.

Shawn Buckley

Right. Now, I wanted to go back. You've made the point, and I think it's important for people to understand, is, coronaviruses are part of, just basically the environment that we live in. There's a number, there's hundreds and hundreds of coronaviruses, and so many that the conventional wisdom is that—what did you say?—20 or 30 per cent of our flus, annual flus, are considered to be caused by one or another of these hundreds of corona viruses. That's— I've got that right?

Dr. Jonathan Couey

Yes, correct.

Shawn Buckley

So what my question is: this started with just a bang in the media in early 2020; and all of a sudden, we seem to be using the PCR test for a specific coronavirus that we're told is SARS-CoV-2, or named COVID-19. Is it possible that there was a specific PCR test for a specific new virus at that time?

Dr. Jonathan Couey

It's not. I don't think that it is possible for them to have had the fidelity to use the— The PCRs that they designed, were not designed, cannot be designed to be specific the way that they were designed. As far as I understand, for example, in Canada, after talking to Dr. David Spector, they didn't have nested primers for your PCR, which means that any overlap on the PCR sequences, or partial overlap, would likely result in amplification, which again makes them a-specific for the genes that they're amplifying. And because this was a national security issue, the goal would not have been to be as specific as possible, but of course, as you guys know in Canada, to rope in all possible suspected cases.

And so again, the more specific the test would be, I think the less appropriate it would be for the national security threat. So there's motivation for them to have not made a specific test. And more importantly, the background and lack of fidelity means that they could not have made such a specific test.

Shawn Buckley

So the technology of the PCR, would it be your opinion then, that they were basically, that PCR test would just be identifying a family of coronaviruses?

Dr. Jonathan Couey

At best. And again, remember, it's only identifying small fractions of the genome being present, which does not in any way, shape, or form indicate infectivity, or even the presence of a contiguous virus, but just the presence of these genes, which are homologous across lots of coronaviruses. So it's a very, very different lack of fidelity relative to what is portrayed.

Shawn Buckley

So you know, if we had a multivitamin with 100 different vitamins in it, this is really a test for one vitamin and then pretending that there's a multivitamin there.

Dr. Jonathan Couey

Uhhh...

Shawn Buckley

Just using an analogy that maybe people might understand, right? So think about that.

Dr. Jonathan Couey

It's a bit more like saying that there's a— That not telling anybody that there are any automobiles in the world, and then saying, "Oh, there's a pandemic of KIAs, and if we just test we can—" Lots of people end up having KIAs. And it's like wow, that's pretty crazy. And then, "Oh, yeah. Look, now we have Toyotas, and now we have Hondas," and as we change what we're identifying with the test, it seems like, wow, it's spreading all around the world. But those cars have always been there.

And so in this case, they told us, I guess, that there's an epidemic of Teslas, which can be tested for by looking for wheels and four doors and a windshield. And so when people tested their garage, they go wow, I guess I got a Tesla too.

And it's probably closer to something like that, where the specificity is implied, when in reality they're testing for things that all automobiles have. And so there is no pandemic of a particular kind of automobile. It's just that the test is confirming everybody's got a car, or there are a lot of cars around.

[01:00:00]

Shawn Buckley

So just so that we're clear: so if the test is non-specific, and even because it's just testing for a part that doesn't even tell us we have a whole genome, conceivably, then, they could just come up with another virus name, start running a bunch of PCR tests, and convince us that we're in the pandemic again.

Dr. Jonathan Couey

Absolutely. Absolutely. I think this is the one you should almost assume that's what's going to happen. That's their plan. That's what PCR has been established as, they can— That's what the WHO said in that article that I shared. Genomic surveillance is a good way of

following these things. So they would like to sequence the sewer all the time. They would like to, yeah, they would like to swab you monthly if they could. That's what they want. Definitely.

Shawn Buckley

Right, but it's really just a tempest in a teapot, it's a phantom.

Dr. Jonathan Couey

I mean, think of it this way, like rhinoviruses are a virus that we all know are very common, part of the common cold bouquet, and we're not sequencing and doing PCR for rhinoviruses right now, but they could. And as soon as they rolled those tests out at people that were asymptomatic and then cycled them too far, you'd get a lot of false positives right away. And if they told you it was one rhinovirus instead of a-specific for many, they could also convince you that, "look, it's changing." So it's very tricky game they played on us.

Shawn Buckley

Right, now do you have any information— We've heard about people taking antibody tests for SARS-CoV-2, and do you have any information on whether or not those are realistic tests, or whether, to use your term, they would have high fidelity?

Dr. Jonathan Couey

I think they're probably, if done correctly, they're actually probably very good identifying people with previous immunity and recent exposure. It's tricky, right, because they, I think, use the antibody test as a way of emphasizing the seroprevalence to the spike protein.

So they get to choose what they search for when they say that they're going to build this antibody test. If they were going to be honest with it, we would look at these papers that we looked at today, and we see that the N gene, or the N RNA, is produced in the most abundance. So the loudest signal to look for, if you were going to see if someone recently exposed to a coronavirus, would be that N protein. But there's almost no tests can find the N protein epitope immune response in people that are vaccinated because they don't have a natural response to the virus anymore, which would be to respond to the RNA that gets produced the most and the protein that gets produced the most.

They are responding to the protein that they were forced to respond to. And that illusion was partially seeded by the idea of saying, "here's an antibody test for the spike protein. It can show you if you've been infected."

And so people got it in their head that all the spike protein antibodies that tell if I'm infected, when in reality, you'll have T cells to the RNA dependent RNA polymerase and T cells to the N protein and B cells to the N protein, all from overlapping previous infections. So you could have tested positive before the pandemic, too, because you had natural immunity and were exposed.

Shawn Buckley

So I guess to refine my question. I mean, I'm just wondering if it's possible that there's an antibody test specific to what were called, this you know, COVID-19 or SARS-CoV-2, as opposed to an antibody test, really, for just this background group of coronaviruses that—

Dr. Jonathan Couey

I think we're really— I think you and I would be buying in to their simplified biology if we said that there was a SARS-CoV-2 to separate from all of these other viruses.

Shawn Buckley

No, it's just interesting, because I live in the drug approval world regulation part. In Canada, we didn't have an emergency order the government came out with, or rather, we don't have an emergency pathway that they could use. We hear in the U.S., this emergency approval. So we had an interim order that didn't define a specific virus. So they define COVID-19 as relating to something that was not a specific virus. And that got me very suspicious about our ability to identify a specific virus.

[01:05:00]

Dr. Jonathan Couey

I mean, much of the literature supporting this panoply of viruses that's circulating in the wild: if you look through this literature before the pandemic, you will find that entire papers are written about the diversity of coronaviruses in bat caves by looking for a 296 base length part of the RNA-dependent RNA polymerase. And if they find it, well, that's a coronavirus; they find another one, that's a coronavirus. And we find all these and then we make a little chart of how they're related. And this is a phylogenetic tree of bat coronaviruses: no spike proteins, no full sequences, and no viruses cultured, just genetic sequences found using pan-coronavirus primers for the RNA-dependent RNA polymerase.

And so to go from a literature which is so amorphous, to "now we can definitively tell you that this is the sequence and this is you, positive or negative," all this stuff is just smoke and mirrors, they do not have that fidelity.

Shawn Buckley

Thank you. Those are my questions. I'll ask if the commissioners have some questions for you.

Commissioner Massie

Thank you, Dr. Couey, for this very interesting presentation. I mean, you certainly did a lot of effort to make it somewhat accessible for a layperson, because I mean, what you're discussing is fairly complex. I have a background in biology, and I've developed adenovirus vaccines, and all kind of things, so I understand where you're coming from. But there's a few questions that popped in my mind. Do you have experience growing viruses, either small scale or large scale, or different type of viruses in your lab?

Dr. Jonathan Couey

I only have had the privilege of working with somebody who does it for me. So no, I've never enriched adenovirus, for example, or anything like that. It's stuff that I take for granted that has been commercially available since, I guess, since I had my first lab. For me, I take a lot of things, especially with adenovirus production and the transformation experiments that I've done, I just take it as very commercially accepted that adenovirus can be made, and it can be packaged with the DNA that I want in it.

Commissioner Massie

My question has to do with your very interesting concept of infectious clone. I mean, to me it's not a big surprise because I know that even DNA viruses based with adeno-AAV, when you actually go to the trouble of doing deep sequencing and you isolate clone based on plaque formation and you're very careful to make sure that it's clonal and you grow it just one cycle, you'll see variants immediately after one cycle of replication. And as you pointed out, the fidelity of replication for DNA is way higher than RNA. So I've always thought of RNA viruses from any source, would it be plant or bacteria or mammalian viruses, as kind of quasi-species, I mean the extreme being the HIV [Human Immunodeficiency Virus] where I mean, where hepatitis, I mean, you find a lot of variation, which makes the characterization of a clone that much more difficult.

Having said that, we now have tools to do that, and I've noticed that you were citing a paper from Didier Raoult's lab that has done—I've been following his work for more than three years now, and he has done a large number of clonal isolation and tried to characterize it, doing deep sequencing to confirm that it's not just PCR sequence that they were looking at; they were very thorough in order to do phylogenetic tree and so on.

Are you wondering whether when you actually isolate a clone from an individual that is sick—and now you're trying to identify within this individual a clone or variant, and now they've called it "variants of concern" and stuff like that—are you questioning that the moment you start to grow it in culture, after a few cycles, you might end up with something that has already started to evolve, or have differences in the overall sequence because it's a long genome and the fidelity of the replication is not so great?

Dr. Jonathan Couey

So I assume that that happens, and that's the argument that pervades my head when I think about the idea that we were told that

[01:10:00]

from Wuhan to Washington to California to New York and Italy, there were less than three amino acid differences for four months. And thousands of people, hundreds of thousands of asymptomatic infections, were supposedly spreading around the world, but the virus was keeping a fidelity of a ridiculous level. And the original SARS [Severe Acute Respiratory Syndrome] virus that was tracked in 2002 had an average of between 33 and 50 amino acid changes per patient for the first six months. And then this one changed 10 amino acids in the first six months.

So the stability of the portrayed sequences has no previous biological precedence. So the only way that this could have happened is if somebody seeded this level of fidelity around the world, like put a clone in, so that everybody that they tested would have a culturable virus for a little while, and it would be a sequence of very high homology with the ones they released elsewhere. And then they slowly drifted away. They slowly recombined with the background. I don't even think that they would have to do it with very many patients.

If you look through the literature, you will find a very large paucity of actual, and I'm talking about experiments now, like from 2020, where they really isolated the virus sequence and then said, "Wow, it's pretty much the same." It's not based on very many observations like that. America's entire pandemic is based on one sequence collected in Seattle from the Snohomish County man, and that's it. Every other sequencing reaction that was ever done was done behind CDC closed doors, and the sequences were reported only

after the CDC decided to report them. There's no open sequencing in America, and there never was.

And so if these sequences are real, as we are here now, the point is what happened in 2020 was a portrayal of something that couldn't have happened. Now we're talking about a background sequencing coronaviruses when we've never sequenced them with this rigor before 2022. It doesn't surprise me that we find all of this stuff. But to say that this is evidence of a pandemic is very, very different; and I don't think that that's evidence of a pandemic. It's evidence that those genetic sequences might be there. But he's got no data from 2019, so he doesn't know if he would find the exact same data set had he started looking then.

Commissioner Massie

So what we're seeing right now, though, I mean, in this Omicron era is that it seems that when you do a rigorous analysis, you do find other types of variants that seems to be more prevalent, in the sense that I understand there's going to be a very wide diversity of different sequences of the SARS-CoV-2 virus. But the one that seems to be growing better in a given population, in a given time, will eventually be, if you want, sampled more frequently, and in the end you will have an over-representation of this variant until another one will supersede that. So that's kind of a cycle. And it's probably, it has probably been like that before we started to analyze the coronavirus. I just didn't know about it.

Dr. Jonathan Couey

That's it. There you go. There you go. You just said it. If it was like this, and this pattern existed before the pandemic, and they just announced it now, then we are being bamboozled. It's like saying that, where there's a pandemic of automobiles, while forgetting that we've always had them.

Commissioner Massie

So your hypothesis in terms of the endemic state is that we have been, the human population, have been in an endemic state of coronavirus that could give respiratory infection as other viruses could, like rhino and even adeno and RSV [Respiratory Syncytial Virus], you name it. And somehow emerged, or decided, that these atypical respiratory infections was triggered by this particular new virus that has come in the environment, and now was spreading all over the world. And it was almost the same kind of virus everywhere.

[01:15:00]

And you find that difficult to fathom with the way normally coronaviruses will actually be in the environment. Is that your thesis in terms of a pandemic versus having local reproduction of coronaviruses in a population?

Dr. Jonathan Couey

Right. Remember, the pandemic definition is a virus that starts in a room and then spreads around the world without being able to be stopped. And that is a very, very specific set of biological claims. And so the idea that there are these many, many stories of people having an interesting respiratory disease is completely and wholly disconnected from the idea that

a pathogen, or a virus, is moving around the world with high fidelity, and is tracking with that disease. Because that is the illusion of the PCR.

If you assume that a PCR test identifies a case, knowing that the PCR can be false-negative, and also positive-negative, in the sense of a wrong coronavirus gene, then we have a really huge problem because the statement that a virus was released at a point and is still circulating the globe is not possible. And that requires an extraordinary amount of evidence. It's an extraordinary claim. It requires an extraordinary amount of evidence, way beyond doctors saying, "I've seen a few people with a new sickness. And so I decided not to give them antibiotics and throw them early on the ventilator and give them some remdesivir and they died." That's not an atypical respiratory disease.

And you can't differentiate from that, and mistreating it, if you changed your protocols across the entire nation. How can you call that a unique respiratory disease when you stop treating the respiratory disease the way you used to? And you started giving remdesivir, or midazolam, or not giving them steroids?

All of these changes that were made, and the autonomy taken away from doctors, caused unique respiratory symptoms. That's the more likely explanation than an RNA virus maintaining fidelity for three years, and now having a slightly different hat on that we call Omicron.

Commissioner Massie

So if I understand what your hypothesis is, is that the SARS coronavirus COV2 exists and it can potentially induce diseases, but it was this kind of disease—among all of the other disease you can find from respiratory viruses—was not the unique cause of this so-called pandemic. And what we see in excess mortality is more likely attributed to what we've done in terms of lack of treatment, and also all of the things that we've imposed to, quote-unquote, control the spread of the virus. Is that your working hypothesis?

Dr. Jonathan Couey

Absolutely. Because if you talk about how people died, you don't have to talk about very much virus. Absolutely.

Commissioner Massie

Thank you very much.

Dr. Jonathan Couey

You're welcome.

Shawn Buckley

Dr. Couey, those are the questions of the panel. This was very illuminating. On behalf of the National Citizens Inquiry, we sincerely thank you for attending today and providing your testimony.

Dr. Jonathan Couey

It was my honour, thank you very much. And I wish you guys the best of luck in this most important endeavor.

[01:19:06]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 7: Sierra Rotchford

Full Day 3 Timestamp: 08:59:19–09:22:57

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name and then spell it, and then I'll do an oath with you.

Sierra Rotchford

It's Sierra Rotchford, spelled S-I-E-R-R-A R-O-T-C-H-F-O-R-D.

Wayne Lenhardt

Do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Sierra Rotchford

I do promise that.

Wayne Lenhardt

You have been a paramedic for a number of years. Or is that the right term to use?

Sierra Rotchford

I've been a registered paramedic in Alberta for 10 years.

Wayne Lenhardt

Okay. Why don't you just lead us through what happened in your paramedic practice, if I can call it that, until you get to 2020 for us.

Sierra Rotchford

Sure. So it's pretty brief. Before 2020, I was registered in 2012 as a primary care paramedic in Alberta. I did start working on suburban-rural EMS [Emergency Medical Services] in areas surrounding Edmonton, so Stony Plain, Spruce Grove, Warburg, like all around. And then I ended up getting married, having babies, back-to-back to back. I don't recommend that. So I ended up working in between kids: doing remote clinics, drug and alcohol tester, some clinics around Edmonton in some big industrial areas. Then finally, I did return to ground ambulance in February of 2020.

Did you want me to continue from there?

Wayne Lenhardt

So you got a bit of a flavour for what was normal across the city of Edmonton. Correct?

Sierra Rotchford

That's right because suburban-rural, even if you do work in those surrounding areas outside of Edmonton, as soon as you bring a patient into a hospital like the Misericordia, you end up what's called, "being sucked into the vortex." And so the AI picks up that you're there and you get sent to a call in Edmonton. So I still did attend calls in Edmonton, previous to 2020.

Wayne Lenhardt

Okay. If I've got this right, I think you were off for a bit with some sort of an ailment. You went off about October of 2020, and then you came back in January of 2021.

Sierra Rotchford

That's right. So briefly, for 2020. I came back, was orientated to ground ambulance again in February. We weren't locked down yet. So I did see a bit of pre-pandemic call volume just in that single month before we were announced for lockdown. Calls were very normal, the usual stuff: some people experiencing homelessness, overdoses, maybe senior citizens who have some concerns about their health, calling an ambulance, that kind of thing.

I finished mentorship in the middle of the lockdown. So I actually saw very little high-acuity calls to prepare me to go back to work because there just wasn't any at the beginning of the lockdown.

So then, come April 2020, now we're into the normal swing of things. I'm off mentorship; I now work on a car with a single partner in the city centre of Edmonton. For the majority of 2020, if I sum it up without making it a long story: a lot of mental health calls; a lot of people calling with anxiety, thinking they'd contracted COVID or given COVID to someone; having those symptoms of anxiety, like tachycardia, pressure in the chest, those kinds of things. So we did those. We did quite a bit of overdoses, suicidal thoughts, some domestic abuse calls.

The only time I can really remember in 2020, between February and October, —there was quite a substantial rise in calls— Was the initial cool down after those first few weeks we were locked down, there was quite a rise in calls because what had happened is doctors stopped seeing their patients in person. So doctors were doing lung consultations with seniors over the phone while they're seated. Can't see if they were experiencing shortness

of breath if they were moving around exerting themselves, those kinds of things. Maybe someone was starting to have hypertension,

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put on blood pressure medication; maybe they were put on a beta blocker to control their heart rate with no follow-up. So we had this rise in calls where people who were put on new medications were suddenly experiencing medical crises, cardiac arrests, because of these new medications with no follow-ups. And that's the only rise that I can remember in that time that I attended.

And then, the duration of the rest of 2020 leading up to October, there was quite a few overdoses on the rise, as we know in the Alberta release statistics.

Then in October 2020, I ended up having emergency abdominal surgery. Then two weeks later, I contracted sepsis. And so yes, I was off. I ended up being hospitalized at the U of A [University of Alberta] for sepsis. I wasn't treated for 12 hours, despite being a health care provider and recognizing the signs of sepsis. I was tested for COVID in the hospital. I tested negative.

I had three different doctors come in over a 12-hour period and say, "Even though you've tested negative for COVID, that's probably what you have," despite having all of the symptoms of sepsis. I was sent home, called back later by a separate doctor once blood results had come in. They called me back and said, "You're going to die at home unless you come back."

So I ended up with a health condition, the effects of post-sepsis syndrome. After that, I was off work for the rest of 2020 and did return in January 2021.

Wayne Lenhardt

So was there anything different when you came back in 2021 than when you had left prior to the sepsis problem?

Sierra Rotchford

So the beginning of 2021, January to about March, coming close to April, there was more mental health calls than ever, more overdoses, especially narcotics-use overdoses. And then we were starting to see the beginning of a rise in MIs [Myocardial Infarctions], strokes, seizures, those kinds of things leading up to April 2021.

Wayne Lenhardt

I think during our previous discussion, you had said that there was a certain number of ambulances taken off the roads, I think in December of 2021?

Sierra Rotchford

Sure, I can finish the chronological order to end up there, if you'd like.

Wayne Lenhardt

Sure. Tell me that story.

Sierra Rotchford

So starting then, in April 2021 is when I started attending— I should be really clear about that, that I am just one ambulance out of between 40– 50 that is on the roads. So this is just my experience of the calls I personally attended. But we started going to many strokes in people my age demographic, the 30–40 range, as well as first-time seizures, in that same demographic. This is when the beginning of that first rollout of that category of age for AstraZeneca, Pfizer, and Moderna. I had taken people my age who were having a full stroke, full paralysis, drooling to the U of A. We were taking people with first-time, full tonic-clonic seizures to the U of A. I just spent a lot of time there with those types of acuity calls.

Wayne Lenhardt

Going back, you were a paramedic since 2012. So is this normal?

Sierra Rotchford

So in 2012, I maybe attended one single cardiac arrest in 2012, one deceased person in 2012. The rest are pretty normal-type calls: your various mental health; your various people who worry about their health, but maybe it's not an emergency, that kind of spread.

By the end of April 2021, we were now surged for calls. There is an EMS documentary that came out last year that won awards that was put on by CTV [CTV Television Network] News. They've quoted that we've had 30 per cent increased call volume since May 2021. On May 9th, after bringing in one of three seizures that day to the U of A, there was a very senior nurse at the U of A triage who asked me if we were asking if people had their shots recently.

[00:10:00]

If they had had AstraZeneca we needed to be asking because they were seeing this huge rise in blood clot injuries. She said to me that the U of A was going to be asking the government to stop the AstraZeneca shots. The very next day, the government had pulled those shots.

In addition to working emergency cars, I also worked facility-to-facility transfers within Edmonton. At that time, I was able to take one documented vaccine injury from AstraZeneca from one facility to stroke rehab. It was for a patient who was approximately 50 years old: full left-side paralysis; no major comorbidities in history; had experienced a deep brain stroke, which only accounts for 5–7 per cent of all strokes. It's a stroke that happens in the brainstem.

There was a sheet that was attached to his file. We get a transfer sheet with all of the information plus a medical. It's called a MAR, Medical Administration Record. And then there was this sheet attached also to this patient that said, "Is this a vaccine injury?" And it was checked off, "Yes." It was tracking which vaccines this patient had been given. And this patient had received AstraZeneca. It was not mentioned in report with the nurses. But when we went to get our patient and put him on the stretcher, he was already asking us, before we even took him out of the room: "When can I get my next shot?" So this patient was documented. But was not told he was a vaccine injury. We transferred him to the next facility, and he was asking, when can they give him his next shot.

At that time, that facility—even though the news and the media was saying that you could mix your shots—when we got there, they were very hesitant. They wouldn't explain to him

why he couldn't have a shot or where they were going to get his shot—if it was going to be Pfizer or Moderna. It was just very clear, at that time, that some things were being tracked but also not being passed on to the patients who suffered effects from them.

So May 2021, now AstraZeneca is pulled. We're still having this massive rise in calls. By the beginning of July 2021, the news reported what our average calls in EMS at that time, over Alberta, were 1,000 calls per day.

By the beginning of July 2021, there was a day I was at the hospital, one of the major trauma hospitals in Edmonton, and we had never seen it before. There were paramedics there who said they'd never seen this in their twenty years. Basically, every trauma room was full. Every recess room was full. There were ambulances lined up down the ramp out of the hospital with patients so acute they were already on their stretchers lined up down the ramp. There were people being told right in front of us in ER that their loved ones were dying. These were not expected deaths at that time. When that happened in that first week of July, we were at 1,700 calls per day in Alberta. That's a 70 per cent increased call volume that the news reported at that time.

For the summer of July 2021— Let me just be clear: I didn't respond to a single deceased person in Edmonton in 2020. But I ended up attending four sudden unexpected deaths in Edmonton between June and August 2021. And I only worked 12 shifts. The range of age for these sudden deaths was 50-70 years old. These were people who died so suddenly they were sitting up watching TV across from a loved one who did not realize they'd passed away. They passed away walking out of their house to go to their car, not found till the next morning. One of them that I attended had just been discharged from a hospital in Edmonton, was told to eat his lunch. When they came back to make sure he was leaving, he had already passed away. And that patient was in his 50s.

On top of that, we ended up with the mandate. So I worked through the mandate in Edmonton, pursued a medical exemption. If you don't know what can happen to you after you have sepsis, you can end up with something called elevated CRP [C-reactive protein], something they test in your blood; it's an inflammation marker in the liver. But at a CRP level above 10, you can end up at risk of an arrhythmia for your heart.

[00:15:00]

So I had been having these symptoms after having sepsis, pursued it with my doctor to get a medical exemption. I didn't think there would be a problem. My doctor refused to take blood tests to look at my CRP, refused to send me to a specialist. Just anything on my doctor's end to just prove that I might be healthy enough to take that shot.

AHS at the time, even though they were saying apply for medical exemption, they had put out the criteria for exemption from that shot. And so their criteria was you either had to have a reaction from a past shot that was anaphylaxis or you had to have an active case of myocarditis. I was very lucky not to end up with atrial fibrillation, which is an irregular heartbeat, after having sepsis, and I was at risk of myocarditis just from having tachycardia often, after having sepsis. I had supervisors calling me from Edmonton EMS. I had my manager call me asking me to apply for a medical exemption, even though my company that I worked for had already set the criteria for what my doctor could exempt me for. They still wanted me to just fill out the paperwork saying I pursued a medical exemption.

Throughout the mandate time, I saw a lot of discrimination against patients; a lot of harassment, bullying against co-workers, not only in the hospitals but also on ground ambulance. I saw it from staff towards patients, at that time.

What happened was, as the mandate deadline kept getting pushed back, some other paramedics and I had this idea that it was really hard to fight the information about the shot because we're not researchers, we're not medical scientists. But we do like answering questions with what we see because that's all we are, boots on the ground, on an ambulance.

So we decided that we were going to show visual impact. So Kate King, Todd Semko, and I all gathered in Edmonton. We coordinated with Alberta Health Services workers across Alberta and got them to drop off shoes and signs at my house in Edmonton so that we could build this picture of what that impact is. Because our question was, does a mandate further exacerbate an already short [-staffed] medical system? And so we ended up gathering all of these shoes.

We ended up doing this presentation at the legislature grounds in Edmonton with the permission of a government official. And we answered this question. So we kept track of everything, but again it's really hard. We don't know how many nurses are on a ward; we don't know how many it takes to run certain parts of health care. But we did know how many people it takes to run an ambulance. Of course, it's two. But we had enough evidence there to show and enough numbers that we were missing between 35 and 40 ambulances a day in Alberta. And so just from that number, we were able to take that to the government, not to AHS, but to the government official who was very supportive of that mandate being brought down. And they were able to show AHS that it was affecting health care, that a mandate was detrimental to patient care.

Wayne Lenhardt

Just to take you back for a second. When was it that they took 40 ambulances off the road, which amounted to 1,600 personnel? Was that during, supposedly, when people were getting sick from COVID?

Sierra Rotchford

So the number of 40 ambulances being taken off the road, those staff were off for various reasons. Some had gone off on stress leave before the end of the mandate. And to give you an idea of how many of those might have gone off, our stress-leave rate at EMS was 30 per cent, and that went up to 45 per cent in a single month from September to October. Some of those people were able to get medical exemptions from their doctors, maybe they went off for other reasons. But that was a number that just showed over time. It wasn't all overnight at once. But it was significant by the end there, in December.

Wayne Lenhardt

And the significant upturn in your activity,

[00:20:00]

when you were on, was after the blitz to get everybody vaccinated. Is that correct?

Sierra Rotchford

That's right. Yeah, the 70 per cent increase was just in that couple weeks of July [2021]. But that was four to six weeks after people had received their second shots. So that's where we saw the greatest rise.

Wayne Lenhardt

Okay. I think I'm going to stop there and ask the commissioners if they have any questions for you.

Commissioner Massie

Thank you very much for your testimony and lots of detail you're providing. I'm curious about the sepsis you suffered. It's very strange to come in the hospital and be turned back home because they were suspecting COVID with a PCR [Polymerase Chain Reaction] negative test. Sepsis can evolve very quickly. You could have passed away. When you came back to the hospital, what kind of treatment did you get? And did it work very rapidly, or did you take time to recover?

Sierra Rotchford

Oh no, it took time to recover. When I came back, they told me they didn't know how I was a GCS-15— which means fully cognitive, fully aware, can answer questions. Because I think my CRP level was 70 when I came back, which is when people start hallucinating. So immediately when I came back, I received IV [Intravenous] antibiotic treatment, anti-inflammatories. And then, I wasn't able to be hospitalized because they were saving space for COVID patients. So I ended up having to be an outpatient for over a week just for IV therapy at the U of A.

Commissioner Massie

Okay. My other question has to do with the medical exemption that you didn't manage to get. I have problems to understand why a doctor would not, given your medical condition, at least do a simple CRP test to see whether you would be at risk. What was the rationale that the doctor provided?

Sierra Rotchford

Not really much rationale, actually. The doctor said she had no concerns about my health at that time. That I wasn't going to meet criteria, anyways, for exemption. I was offered a medical exemption from a doctor that the government official, who gave us permission to use the legislature grounds, knew. But at that time, it was the only card I had where my co-workers would listen because for them, I had all this criteria that should meet an exemption, and I wanted to keep that bridge between my co-workers and I. There was opportunity for me to get one from a willing doctor, just not my own.

Commissioner Massie

Thank you.

Sierra Rotchford

You're welcome.

Wayne Lenhardt

Any other questions from the commissioners? Okay, I want to thank you very much for giving your testimony to us today. Thank you.

Sierra Rotchford

You're welcome.

[00:23:38]



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NATIONAL CITIZENS INQUIRY

Red Deer, AB

April 28, 2023

Day 3

EVIDENCE

Witness 8: Grace Neustaedter

Full Day 3 Timestamp: 09:23:15–09:41:19

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is Grace Neustaedter. Grace, can you state your full name for the record, spelling your first and last name, please?

Grace Neustaedter

Sure. My name is Grace Neustaedter. My first name, G-R-A-C-E. Last name, N-E-U-S-T-A-E-D-T-E-R. I challenge any of you to repeat that.

Shawn Buckley

And I thought it was just the usual spelling. Do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Grace Neustaedter

Yes, I do.

Shawn Buckley

Now, you worked as a nurse for a full 41 years.

Grace Neustaedter

Yes.

Shawn Buckley

In fact, it's not just that you have a degree in nursing; you had gone and gotten a master's degree in nursing.

Grace Neustaedter

That's correct.

Shawn Buckley

And your last 18 years of practice, you were what is called "a clinical nurse specialist," and you worked at a clinic that focused on pelvic health issues for women.

Grace Neustaedter

That's correct.

Shawn Buckley

So COVID comes along, and there start to be murmurs about a mandate for vaccines by AHS [Alberta Health Services]. Can you tell us what your experience was and what happened?

Grace Neustaedter

In the very early months of COVID, I thought a vaccine sounded like a reasonable idea. But because of the advanced research courses I had taken in my master's degree and also the research projects I'd been personally involved in, I knew that the process of especially a new medication would take many years. So I thought maybe 5, 10 years down the road, a vaccine would be, maybe, a good idea. But I didn't expect anything to happen soon.

So when it started to be talked about more and more, and I realized that the due process for informed consent and for the trial of putting a new medication on the market wasn't going to be happening, as it should be, I became more and more concerned about it.

Personally speaking, I was very in turmoil as well because I do have a strong personal faith, which affects every aspect of my life. And when I'm in turmoil and anxiety, I know that I'm not being directed by God. So I knew that I couldn't take part in this as well. So there's sort of the two things that were happening.

Shawn Buckley

Right. Can I just slow you down?

Grace Neustaedter

Sure.

Shawn Buckley

Because my understanding is that you really did a dive into whether this is a good vaccine or not. Am I right about that?

Grace Neustaedter

Yes, I did look around—what was happening around the world, and a lot of that has been covered with the previous testimonies. And I was very uneasy because of the death rates not really rising and all those kinds of things.

Shawn Buckley

I didn't need you to go into the details, but I just wanted to confirm, you're not a regular nurse. You've got a master's in nursing; you know how to research. It's part of what you do for your job, and you had a hard look at this and had concerns. Is that fair to say?

Grace Neustaedter

I definitely did.

Shawn Buckley

But what I wanted you to talk about— Because when we were discussing this earlier, you were talking about how you tried to talk to other doctors and nurses and just the— I wrote down “medical acceptance” of the government narrative. I want you to talk about that and what you thought of that.

Grace Neustaedter

Well, I was actually astounded because as time went on, in just casual discussion in the clinic, it seemed that everyone was gung-ho, including the highly trained physicians I worked side by side with, who should know better than accepting a medication that hasn't been done due process. The rigorous research that needs to be done before releasing a medication to the public wasn't done. And yet, they didn't seem to blink an eye. They were all gung-ho over, as the time progressed, to taking the vaccine as quickly as they could. And I was astounded. I basically kept my mouth shut a lot. But the conversations around me were swirling at the disgust that they felt for those who chose not to be vaccinated.

Shawn Buckley

So let me just stop you. So here you've looked into it and you've got serious concerns.

Grace Neustaedter

Yes.

Shawn Buckley

And this would be based on credible information that you've been trained to evaluate.

Grace Neustaedter

Yes.

Shawn Buckley

And so not only are you not able to talk about it with doctors and nurses, but they're just enthusiastically adhering to the government narrative. So you couldn't even have discussions.

Grace Neustaedter

I couldn't have discussions. I didn't want to get into arguments or big fights with my colleagues, my friends, peers I'd worked with for many years.

[00:05:00]

But it was becoming more and more vocal, to the point where there was this group of people at the front desk, physicians, clerical, all discussing— and I could hear it way down the hall in my office what they were discussing. And there was patients in the waiting room. And I walked up there and I looked at everyone. And I was thinking: You don't know if some of these patients waiting to see a doctor have been vaccinated or not. How can you be so vocal and so anti—so cruel in your words? It was astounding.

Shawn Buckley

So you mean they were running down unvaxxed people?

Grace Neustaedter

Yes.

Shawn Buckley

Okay. So my understanding is, eventually, you applied for a religious exemption.

Grace Neustaedter

I did. As I mentioned before, I felt no peace at all about going forward with this vaccination. When I make a decision and I know I'm in God's will, I do have peace. I'm well aware that partly due to all the medical stuff going on around and the research side of things, personally, I felt no peace about being forced to take a medication, even realizing it would cost me my job. It was take a job or take a hike. And all the work I had done: I had been deeply involved in many projects; I presented internationally. I've been on medical boards right up to and during COVID. I, actually, was very well known in my specific area. And just to throw it all away, I couldn't believe it was going to happen. I actually didn't believe it until it happened. They kept postponing the deadlines as well. But I just basically had to walk away from all the projects that I was in the middle of and my work and my career.

Shawn Buckley

Right. So basically, after 41 years, and that's an incredible amount of service as a nurse, you felt disposable. Is that fair to say?

Grace Neustaedter

Exactly. I was sharing with him previously— I hope it's okay. I received my 40-year award in the mail, a little plaque and a congratulations letter on my many, many years of faithful service and dedicated work, blah, blah, blah, on the very same day that I was no longer allowed to enter any AHS facility because I hadn't been vaccinated.

Shawn Buckley
December 15th, 2021.

Grace Neustaedter
That's right.

Shawn Buckley
Just so people understand: AHS sent you an award or a congratulation for 40 full years. So four decades of service, and by some ironic twist of fate, you receive that in the mail the very same day you are prohibited from continuing or basically attending on any AHS property?

Grace Neustaedter
That's exactly right.

Shawn Buckley
So what happened to your religious exemption? You applied.

Grace Neustaedter
I applied. I had been hearing by the grapevine that people who applied were not being granted any religious exemption. The same happened with me. I never heard back, one way or another, about it being received, acknowledged, or accepted. I again heard from a bit of a support group I was in that there was only one religious exemption of the many, many that were submitted, that was accepted. It was from someone, and I mean no prejudice here, but from a different culture and a different faith. So I didn't, yeah.

Shawn Buckley
And so a different faith, you mean a non-Christian faith.

Grace Neustaedter
That's right. Yeah.

Shawn Buckley
You also spoke, not just to the support group, but you spoke to your union about whether or not religious exemptions were being granted, and you were given the same information, were you not? That there was only one granted.

Grace Neustaedter
Exactly, that's exactly what I heard.

Shawn Buckley
And that was to a person of a non-Christian faith.

Grace Neustaedter
Mm-hmm. Yep.

Shawn Buckley
Now, my understanding also is that you are a nurse, that you had your own patients.

Grace Neustaedter
Yes.

Shawn Buckley
But you also did research.

Grace Neustaedter
Yes.

Shawn Buckley
And you did, basically, process projects and learning modules—that it was possible for you to work at home.

Grace Neustaedter
Yes, I had done so in the earlier months of COVID when our clinic was shut down for a period of time. I had an AHS laptop with all the programs needed. And we had reverted to doing a portion of our assessments of patients, the history part, over the phone. So when they eventually did arrive to the clinic, we could get on with business, so to speak. I could easily have continued with that with telephone reviews as well on how they were doing.

And I was, as I said before, in the middle of a variety of projects. I was very involved in creating educational programs, learning modules for all the new staff in our clinic. And I was hoping to revise them. We have videos that are on the AHS website that were used by patients across the province

[00:10:00]

and actually, internationally. And I was just revising and modifying them. We were probably 75 per cent of the way through the project, and I could have finished a lot of these projects at home. It would have probably been six months or so of work at home. But I was not allowed to work at home, at this point, at the end, as I was not vaccinated. Other staff members were, but there was no rationale or explanation for why I wasn't.

Shawn Buckley
Okay, so your manager wasn't going to allow you to work from home, although other people were allowed to work from home.

Grace Neustaedter
That's right.

Shawn Buckley

So you were forced off work as of December 15th, 2022. How did this affect you mentally and what happened with that?

Grace Neustaedter

I was blindsided in a way. I knew it was coming. But I couldn't believe it was really going to happen, that I wasn't allowed to continue my career. I was very distressed. I was very anxious. I had a new family doctor who I was seeing at that point who said, "You can't go back to work in this state of mind." So she put me on stress leave for a period of time. So I was. Then I ended up having a minor surgery, and I was off on medical leave for a bit, and then afterwards, I just couldn't go back. I had no idea what had happened to the work I was involved in. Who was doing it, or was anybody doing it? I couldn't stomach facing my colleagues after all that they had been saying. So I chose to just retire early and not go back. So a bit of a coward, perhaps, but I just couldn't do it.

Shawn Buckley

I'm just switching gears. My understanding is that you had been going to a church for 40 years. And can you tell us what your experience was with your church and COVID?

Grace Neustaedter

Me and my husband had been attending, our family had been attending this church. It was our faith community for over 40 years. We had lifelong friends there, basically. We were quite involved at various levels, including on the board. I was really astounded again at how many people there just seemed to say, "Okay, what the government says is what God wants us to do." They were entertaining the notion of vaccine passports to even enter the building. Masks were mandatory. My husband has a challenge with masks due to a genetic inherited condition of extra mucus. And so he would take it off, from time to time, when he was in the foyer, and people were swearing at him. People were complaining to the pastors, to the office.

It was a horrible situation. We felt like we were the only ones. And when he finally got a call from one of the leadership saying, "About the mask," the decision was made that we would just step aside for a period of time until this all calmed down. Our impression was people were far more concerned about their health and their comfort than actually doing what Jesus would want them to do. Jesus touched the lepers; he embraced them. He didn't shut out anyone.

And so we decided to step aside for a while, and we started attending a church that had remained open during COVID. There was many more like-minded people. It was a vibrant, growing community. We loved it. And so after a few months there, we finally decided that it was time to move on to this new church, that God had moved us somewhere else. So we left them all behind, unfortunately. Many of them are still friends, but it was very, very difficult for us.

Shawn Buckley

Now, my understanding is that you have four adult children.

Grace Neustaedter

Yes.

Shawn Buckley

Basically, there was a split in your family, at least with your children, in that half were vaccinated and half were not vaccinated.

Grace Neustaedter

Pretty much. Our oldest child decided not to be, along with her husband and their four children. Our second child decided to be vaccinated because they needed to keep their jobs. They didn't want to, but they felt they had no option. And then the third and the fourth embraced it. Because of that, there was quite a division. We weren't allowed to see our grandchildren for months at a time and only then, with a waste of money, with the PCR [Polymerase Chain Reaction] testing to prove we were negative.

We weren't allowed to see my husband's mother, who was in a seniors' complex. She was there alone. We would visit outside her window, basically, just to keep contact with her to some level. Thankfully, she was on a main floor. And then extended family as well. We would travel across provinces, and we weren't allowed in their homes.

[00:15:00]

We were, basically, shunned because we were about the only people, except for one of my nephews, who chose not to be vaccinated. People just thought we were crazy.

Shawn Buckley

Right. My understanding is your husband and you spent two Christmases, just the two of you.

Grace Neustaedter

Pretty much, yes. Exactly.

I also lost a relationship with my previous family doctor, who was very gung-ho. I think there had been some COVID issues in her family. But she was rude to me. She put me down; she wouldn't speak to me. She basically walked out of the room and slammed the door. So I had no recourse but to try and find a new family doctor, which isn't an easy process these days. But she was very, very angry with me. So that relationship was lost as well. As well as friends that were so gung-ho. They just couldn't tolerate the fact that we weren't doing the same thing that they thought we should do. So they've cut us out of their lives.

Shawn Buckley

Now, do you know anyone that has either died or been disabled from COVID?

Grace Neustaedter

Personally, no, I do not. You hear of somebody's mother or aunt or something. But, no, I don't.

Shawn Buckley

But within your circle, you don't.

Grace Neustaedter

No.

Shawn Buckley

Within your circle, are you familiar with anyone who has died from what you believe to be the vaccine, just because of the circumstances?

Grace Neustaedter

Yes, a close friend of my husband's who, to keep peace in his marriage, was going along with his wife's desire to have him vaccinated. A couple of days after a booster, he went down to work out, and he collapsed from a heart attack. Two weeks ago, our next-door neighbour collapsed.

Shawn Buckley

How old was that gentleman?

Grace Neustaedter

That gentleman was in his early 70s. But he was in very good health.

Shawn Buckley

Ok.

Grace Neustaedter

A couple of weeks ago our next-door neighbour basically died suddenly, while having a visit with his wife. He was in his 50s, healthy man. In January, the neighbour of very close friends of ours—in one of our church groups, and we knew him actually, as well—died in his sleep. He was in his 40s. No reason, healthy man. So personally we have been affected by that, and we know of many people who say, "My uncle, my brother, my brother-in-law," as well. So not people we know personally. And maybe there's more. I've forgotten. I'm not sure.

Shawn Buckley

Right okay. Those are the questions I have for you. I'll ask if the commissioners have any questions. And there being no questions, Grace, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Grace Neustaedter

Thank you.

[00:18:04]

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 9: Suzanne Brauti

Full Day 3 Timestamp: 09:41:36–09:59:22

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

I think I see Suzanne. Yeah, there you are. Can you say something so that we can be sure that we've got you on audio?

Suzanne Brauti

Hi. Is this Wayne?

Wayne Lenhardt

Yes.

Suzanne Brauti

Hi.

Wayne Lenhardt

Okay, I think we're on hookup. Could you give us your full name, and then spell it, and then I'll do an oath with you?

Suzanne Brauti

Okay, sure. My name is Suzanne Brauti. It's spelled S-U-Z-A-N-N-E. And my last name is spelled B-R-A-U-T-I.

Wayne Lenhardt

Do you promise that the evidence you'll give today is the truth, the whole truth, and nothing but the truth?

Suzanne Brauti

I do.

Wayne Lenhardt

Okay, perhaps let me just take you back to the beginning of the pandemic and just tell us the story of all the problems that you had. I'll prompt you if we need to.

Suzanne Brauti

Okay, well first if I could give you a little background about myself.

Wayne Lenhardt

Yes.

Suzanne Brauti

I've been a single mother of three children for the past 12 years. Prior to that, I was a stay-at-home mom for 11 years. After my separation and divorce, I struggled to find adequate work, so I decided to go back to school and get a college diploma in holistic nutrition. Unfortunately, one year later, I suffered a severe neck injury where I was paralyzed on my left side for seven months, and that took two full years to recover where I could actually work again. So during that time, I had to use all my savings to pay my bills and continue to support my family and myself.

Once I was able to, I applied for work with the federal government. I was very grateful when I was finally offered the position 18 months later, which was July of 2019. To me at that time, I felt it was just the best job I could have gotten as I was just starting over in career life again. And because it offered security and stability that I needed to support myself and my family and to hopefully put me in a decent retirement situation in 15 years' time.

When the COVID policy came into effect, well, I was working for the government since 2019. When the pandemic hit, I was still training in a new department. I had actually just started a month prior, when the pandemic was declared. So I did all my training through COVID. And because the office is shut down, shortly after, I did all my training from home. So it took longer than usual to get my training done. And then, I worked at home for about a year before the offices reopened.

Then this COVID policy came into effect on October 29, 2021, for all federal employees. I'd been working for the government, at this point, for two and a half years. I was just six months shy of becoming a permanent employee with them. I had also received a six-month performance review at that same time, in the same month, and it had been the best one that I had had. So I felt confident that my employer was happy with me and wanted to keep me.

But due to my spiritual beliefs, I requested an accommodation under this new policy, and I submitted all the required documents requested by my employer, including an eight-page affidavit explaining my background, my beliefs, and why I couldn't take the vaccine. However, that didn't seem enough for my employer, so they requested additional information. I had two additional meetings, and I provided a second affidavit a month later in November, further explaining why I couldn't get vaccinated based on my beliefs. Two months after that, they denied my request in January of 2022 but offered, under their Duty

to Accommodate policy, an opportunity to submit further information. So I did. A month later in February, I submitted a third statement offering additional information to support my beliefs.

[00:05:00]

I want to state, too, that I followed every rule, guideline, safety protocol and procedure, COVID training, and policies during the entire pandemic. Like I said, I was already set up and working from home for the past year.

When our offices reopened and I had to start working some shifts in the office again, I did the rapid testing three times a week, regardless of whether I was scheduled at home or not. So while I was still waiting for a final decision on my request, I got notice from my employer that they were putting me on leave without pay on February 25th of 2022. But I hadn't received their final decision. It was two weeks later, March 7th, when I finally got a decision that they denied my third submission.

Because of the timeline, though, this is how I ultimately, eventually, won my EI claim. I applied a week after I got put on leave and I was denied. So based on the fact they said I voluntarily left my employment, I requested a reconsideration. And then they changed their decision on my claim and accused me of misconduct under the *EI Act* [*Employment Insurance Act*]. I persisted and appealed that to the Social Security Tribunal. And finally won my case nine months later due to the fact that my employer did put me on leave without pay prior to any decision being made on my request. So in my opinion, it was their misconduct, not mine.

I was really curious, though, how and why my employer came to that conclusion that they could not accommodate my request. So I submitted a request through the *Privacy Act* to see all the correspondence regarding their decision-making process on my file around this new policy. I just didn't understand why or how I could have possibly been denied. And I finally received all that correspondence, 800 pages, six months later.

In the correspondence that I sifted through, I was quite disappointed to find a lack of due diligence, I thought, a lack of care and attention from my employer in considering my accommodation. They advised me one way, and then they would change it and advise me a different way. I was given misleading information about the timelines of my request being processed.

I was initially refused an extension from my director because I had been sick and couldn't submit on time. And only received an extension once I went up further to her supervisor and explained the situation. I also found an email in that correspondence from my manager dated less than a week after my original submission in October telling my team leader that I would likely be put on leave without pay. Yet it took them four months to make a final decision after three submissions of mine. But yet my manager already had a feeling I was going to be put on leave without pay. So I started really seeing that they didn't have, seemed to me, not good intention of giving me an accommodation. I also have reason to believe from these documents that I was discriminated against. So I have, therefore, filed a human rights complaint as well.

The reason I feel discriminated is because the documents for my privacy act request seem to reveal that although I stated in my affidavit that I am Métis, but since I didn't indicate to them that my relatives suffered from residential schools, my file did not progress for further consideration. I think that this is quite absurd since my family did indeed suffer

from the residential school system, as I would say, all, if not all, the majority of Indigenous people did. The employer proclaims to want reconciliation. But for some reason because I did not make mention of residential schools, my name was dropped off a list. While others who did state their family suffered

[00:10:00]

from residential schools got a checkmark by their name and processed further. At least, that's what it seems. So I'm requesting Human Rights to look into that.

I also have another obstacle to contend with. First, I was told I have to wait until my union process is complete before Human Rights looks into my complaint. Unfortunately, my union has not been completely on my side during this. And so, not surprisingly, my second-level hearing was unsupported. And I've not heard back from them since. So I reached out and asked what the next steps were. And now I've been told I have to wait for a third-level hearing, which could take another year or more.

And so on another note too, I'd like to mention that after the mandates were lifted for federal employees in July of 2022, I reached out to my team leader about getting rehired. And she said, personally, I would be welcome back. However, my manager told her that I have to go through the rehiring process all over again if I wanted to work there. So once again, my manager showed me that they didn't really care about me.

So when I think about how this has affected me, I have to say that since our Prime Minister Trudeau announced his intention to implement this policy in August of 2021, it's been very stressful on me. I've used up all my available sick days, vacation, and family days while waiting for their decision to be made. Four months is a long time to wait, wondering if I'm still going to have my job or not. I've had ongoing mental, emotional, physical, and financial burdens and repercussions from this. And it seems far from over, as everything I've done has been delayed and these processes take a long time. So it's been energy draining, to say the least.

That was the best paying job I have ever had. So I had to ultimately give up my property to lessen my expenses. I'm unable to afford extra health care that my daughter needs. And I continue to go into debt. I'm disappointed in my employer. And though I've never had much faith in the government to look out for my best interests because that is ultimately up to me, but I did expect a higher level of engagement and respect from them since that is all they expected from us.

And before I finish here, I just want to say thank you to everyone here volunteering at the National Citizens Inquiry for your time and your efforts, and to everyone else supporting this. Because I feel this is an opportunity for me to be heard and supported for standing up in truth, and for everyone else, including my Indigenous community and my fellow federal employees whose accommodations were also denied. So thank you.

Wayne Lenhardt

If there was one or two things that you could change, what would they be?

Suzanne Brauti

About my employer and the situation?

Wayne Lenhardt

About the whole situation.

Suzanne Brauti

Well, for one, they could have easily given me an accommodation to continue to work from home. I know co-workers of mine who at the beginning of the pandemic easily received accommodations for their health issues to work from home due to their fear of getting COVID. And they're still doing so, the last I heard, even after our offices reopened. I feel that they should have had to prove that it would have caused them undue hardship. Which is the only reason, I believe, under their own Duty to Accommodate policy for not accommodating my request.

Also, once they lifted the mandates, they should have easily offered me my job back. Especially since they still allowed me to work during the four months it took them to review my request. And after having all the time and money and resources spent into training me, it sure wasn't easy for me to get that job and to get trained and become proficient at it. And yet they willingly let me go and then turn around and hired a bunch of new staff just to repeat the whole process of training again. So, to me, that affects every Canadian

[00:15:00]

who relies on the government for good service and accountability, in my opinion, anyway.

They also could have set a better example of themselves for their own promotion of inclusivity, respect, and fairness for their staff. They promoted that daily in emails. And it's just so ironic to me that it was their actions that actually made me feel uncomfortable and labelled and discriminated, just for asking my beliefs to be respected, when I wasn't even putting anyone at risk by working from home and continuously testing when I was at the office.

Nothing makes sense to me at this point when it comes to dealing with them and the government. I feel rejected: I feel mistreated. I can't express enough the disappointment that I feel. Sadly, it has affected my family in many ways. The whole pandemic has affected my family. It's definitely caused division amongst friends, relatives, and family members.

Losing my job over this, it just puts an even darker light on that, with them, with my family, relatives. And puts them all into more worry and fear. I just refuse to stay quiet about it. And I'm grateful for this opportunity to speak my truth because I feel that so much injustice has been done, not only to me, but many, many others.

Wayne Lenhardt

At this point. I'm going to ask if the commissioners have any questions. No. I think there are no questions. So I want to thank you very much for your articulate testimony today. I thank you very much on behalf of the National Citizens Inquiry.

Suzanne Brauti

Thank you. You're welcome.

[00:17:46]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 10: Darcy Harsch

Full Day 3 Timestamp: 09:59:50–10:12:59

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Wayne Lenhardt

Could you give us your full name and then spell it for us? And then I'll swear an oath with you.

Darcy Harsch

Full name is Darcy Linden Richard Harsh. First name is D-A-R-C-Y, last name is H-A-R-S-C-H.

Wayne Lenhardt

During your testimony today, will you tell the truth, the whole truth, and nothing but the truth, so help you God?

Darcy Harsch

I so swear.

Wayne Lenhardt

You have been working in Kelowna with a government job since about 2018, which is prior to the COVID pandemic occurring. Can we start you at 2018, and tell us what you were doing and what had developed at that point when COVID came along?

Darcy Harsch

Sure. I had just reinvented myself and switched careers. I moved into working with adults with disabilities. I went from working directly with individuals, and then moving into management of the house. I was working as manager just before the pandemic began. I was, I guess, looking squarely in the eye of a lot of unknowns, a lot of fear, a lot of changes in what we were doing with the individuals. So I had to adjust.

Wayne Lenhardt

And you are at least mildly disabled yourself. I believe you had a stroke at some point. Am I correct?

Darcy Harsch

Well, it's late in the day. I am a storyteller. If you want me to put together the whole thing in a package, I can.

Wayne Lenhardt

No, I think we just want to get a snapshot of your life and your jobs.

Darcy Harsch

I had reinvented myself because I had had a stroke in 2016. I was landscaping. My stroke was caused by high blood pressure, and so it was an unknown, came out of the blue. I lost my landscaping business. I looked at what other skills I had, and I knew that I could work with people. And so I switched into a career working with adults with disabilities.

Wayne Lenhardt

Okay. So what happened as COVID came along in 2019, 2020?

Darcy Harsch

Lots of rumours about lots of fears: We didn't know exactly how to handle the whole situation, working so closely with individuals. Sometimes they were less than cooperative, and so we had to find ways to accommodate that.

We ended up hearing that there was a vaccine being developed, that it was going to be released. So many of my colleagues were looking at that. But because of my history with how I went through my stroke and was misdiagnosed, instead of getting appropriate treatment, I had gotten sent home, and that's where I lost the use of my left arm, my left leg, my speech was inhibited. And so I was very reluctant to go along with what was going on without an extreme amount of caution.

That's why I was watching how my co-workers were interacting with each other. How they seem to be motivated more by fear than common sense. And so I kept looking at the data. When they rolled out the vaccine initially, I was part of a training program. And some of the people who were part of that Zoom training program, as everything was back then, they told us that they were leaving for an hour to go get their shot and then come back. So I was able to witness what was going on. They took an hour break; they came back. They were all proud of getting the shot. And within the next hour after they returned,

[00:05:00]

they were both taken back to the hospital.

So I was seeing things like that. It was enough to make me investigate further. I didn't want to get the shot. But then the rumours began about— We were going to be mandated in our segment of that industry.

So I approached my employer, and I said, "I'd like to negotiate a different way for myself. Is there any way that I could do remote work from home? Is there any way I could do a different—" There was Novavax that was being tossed around. It was a different type of vaccine: one that I was more familiar with. So I tried numerous times to work with my employer. They just kept putting me off and saying they haven't made a decision yet. And so I continued working. And closer to November-ish, they said, "We are going to mandate." And then they did. And so the mandate came down.

We were told that we had to reveal our vaccination status by December 10th or be put on unpaid leave. I refused to disclose my medical information, and they assumed that it was because I was unvaccinated, which is indeed the case. So then, I was put on unpaid leave as of December 10th.

Wayne Lenhardt

Are you still on unpaid leave?

Darcy Harsch

Amazingly, yes. I don't know how that works. I have not been contacted directly by my employer, but I am still on unpaid leave. I still can access my payroll account and see nothing happening because they haven't paid me for over a year.

Wayne Lenhardt

In the meantime, you move from Kelowna to Alberta. Correct?

Darcy Harsch

I attempted once again to reinvent myself. My wife is actually highly trained as a cook, but that means that she could actually get jobs like cooking in a senior's residence or hospital or someplace else. She and I both struggled extremely, looking for work, trying to find gainful, meaningful, appropriate employment, and it just was not working. We were in financial dire straits. So we opened up the scope of where we were looking, and we ended finding something in Alberta. So that's why we moved.

Wayne Lenhardt

Did you try to apply for employment insurance?

Darcy Harsch

I had been told when I was put on unpaid leave by my employer that there was no employment insurance. I was unaware that two weeks after I was put on unpaid leave, they had submitted a ROE [Record of Employment]. They didn't inform me. They didn't send me a copy. They didn't do anything. I assumed—and because I'm somebody who gets up when I get knocked down—I just assumed that I had to go out and make my own way again. I didn't apply for EI [Employment Insurance] until I heard that others were successfully making claims, that were in the industry that I was in. That was late in September of 2022. I had to get it backdated to then, but I didn't apply until November of 2022.

Wayne Lenhardt
So you did get some EI?

Darcy Harsch
I did get some EI.

Wayne Lenhardt
Has your search for work been successful?

Darcy Harsch
I am presently employed in a totally different industry in Drumheller, Alberta.

Wayne Lenhardt
At this point, I think I'll ask the commissioners if anyone has any questions for you.

Commissioner Kaikkonen
I'm just wondering what kind of disabled adults? What were the issues that would put them in a group home?

[00:10:00]

Darcy Harsch
There was a wide spectrum of diagnosis. I was in a forensic home, so these were individuals that had extreme issues that would have resulted in run-ins with the law. They were not cooperative individuals, most of the time. But we learned how to work with them and how to find ways to help them understand what was going on.

The ironic part was that, as a worker there, one of my tasks was to continually teach them their rights and freedoms. That was something that I had to, on a regular basis, monthly record that I had actually gone over one of their rights, one of their freedoms. And then, I was denied that myself by my employer.

Commissioner Kaikkonen
Were they allowed to leave with those rights and freedoms, or did they have visitors? Just trying to get a feel for how the group home worked.

Darcy Harsch
They were accompanied everywhere they went. And so we, as staff, actually were able to take them out into the community, but they were accompanied by us at all times.

Commissioner Kaikkonen
And did they have visitors or family?

Darcy Harsch

The residents that did have family that were still connected were able to go visit their family, and they were able to have family come visit them. Yes.

Commissioner Kaikkonen

And do you miss that interaction with disabled adults?

Darcy Harsch

I am able to adjust to whatever, working with people. The job I have right now is managing an RV [Recreational Vehicle] resort. And so I'll be dealing with people all summer. I'll be happy to be around people. That's one thing that I like. So I can do that in a group home. I can do that where I am, even construction and owning my own landscaping business. It doesn't matter. But I like to be around people. This situation definitely cut me off of a lot of friends, a lot of family. Mean things were said. Done. It doesn't matter because I've got tomorrow and today.

Commissioner Kaikkonen

Thank you very much for your testimony.

Wayne Lenhardt

Are there any more questions? No. On behalf of the National Citizens Inquiry, thank you very much for coming and telling your story today. Good luck.

Darcy Harsch

Thank you.

[00:13:09]

Final Review and Approval: Anna Cairns, August 30, 2023.

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NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Witness 11: Jennifer Curry

Full Day 3 Timestamp: 10:13:15–10:41:05

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Our last witness of the day is Jennifer Curry. Jennifer, can you state your full name, spelling your first and last name?

Jennifer Curry

My name is Jennifer Curry, Jennifer Lynne Curry, J-E-N-N-I-F-E-R-C-U-R-R-Y.

Shawn Buckley

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

Jennifer Curry

I do.

Shawn Buckley

Jennifer, you are nervous on the stand today.

Jennifer Curry

Yeah.

Shawn Buckley

And the nervousness is part of your story isn't it.

Jennifer Curry

It is, yeah.

Shawn Buckley

You used to work in the oil patch, you were a safety representative, you would basically lecture up to 400 people at a time and not be nervous.

Jennifer Curry

No. I knew what my job was.

Shawn Buckley

Right, okay. So I just want people to understand that when you're nervous today, that's part of your story. You used to be able to present in front of people without being nervous.

Jennifer Curry

Yeah.

Sean Buckley

You are an assistant manager at a bar?

Jennifer Curry

Yeah.

Shawn Buckley

And you also have a cleaning contract for a building for Service Canada?

Jennifer Curry

I do.

Sean Buckley

And it's because you were a federal employee that was part of why you decided to get vaccinated.

Jennifer Curry

Yes.

Sean Buckley

Can you tell us what was going through your mind before you were vaccinated? Because my understanding is that you had a lot of anxiety about it.

Jennifer Curry

I did. I have a couple of nurse friends. One of them had tried to tell me not to take it, and she was scared for me. I had another friend that worked in the hospital and says, "Try to get it, Jen, because there's people that are hurt." I felt pulled from both sides. I didn't want to get the shots because I was scared. I'm not scared. I was terrified.

Shawn Buckley

Okay, and now at the end of the day, why did you get it then?

Jennifer Curry

I wanted to travel with my family. I couldn't think of another job that would pay as good as this job—that I had to get rid of—to keep that pay, I would have had to completely change my career. I would have had to find a babysitter for my daughter. This job allowed me to pay my bills and pick up my kid from school. And it was very important that that's a big part of my life, of spending time with my child.

Shawn Buckley

Okay, so that's the federal job with Service Canada.

Jennifer Curry

Yeah.

Sean Buckley

So it paid well, and it gave you a lot of flexibility as a mother.

Jennifer Curry

It sure did.

Sean Buckley

Okay, so really it was for employment purposes that you decided to get the shot.

Jennifer Curry

It is, yeah.

Shawn Buckley

So my understanding is it was in October of '21, October 23rd, you get your first dose of the Pfizer vaccine?

Jennifer Curry

I did, yeah.

Sean Buckley

Can you share with us what happened afterwards?

Jennifer Curry

We went through a drive-through centre in Swift Current, where you have a van: door pulls up, you pull your car in, and you don't even have to get out. And they come over. You sign your paper. Tell you what could happen. If you have problems, come back.

Shawn Buckley

So do you recall what they told you could happen?

Jennifer Curry

It could be an anaphylactic shock, allergy, or it could be— Some people have problems with anxiety, so it could have had variable issues that I could have been dealing with. And they let me know that to stick around for a bit afterwards.

Shawn Buckley

Okay, so carry on.

Jennifer Curry

My partner and I decided to leave about 15 minutes after I had the shot. We felt okay. I was driving home, and a couple blocks away from home, my face started to feel tingly and I slowed down. And my honey was, "What's going on?" I said "Something's wrong with my face," and I said, "I don't know." And I had such numbness by the time I got home. So within five blocks, my whole face went numb. And then it started to get itchy. And that night I had to tell myself that I'm going to be okay. And I was so scared because nobody could tell me what was going on.

Shawn Buckley

So when you say your face was numb, can you describe for us what that was like?

Jennifer Curry

Very much so. So you're at the dentist, and you get your shot. And you're coming out of the dentist and you sort of feel it a little bit, but it's still puffy and swollen. And you can touch it but it doesn't feel like you're touching your face. And it was itchy because it was tingling, kind of like you were sleeping on it with your foot.

Shawn Buckley

Right, okay. So you've got this face that's numb. Is there anything else going on that first night?

Jennifer Curry

I started to get itchy at about right after supper time. The itching started to be more all over the body. I started to feel tightness all over and fullness, like my body was puffy. I had a hard time sleeping that night because I felt like things were crawling on me. I thought there was a hair on me,

[00:05:00]

and I made people look to make sure that I didn't have a bug on me. The scratching gave me so much anxiety because I felt like I looked like a freak. And I lost work because I had to stay home because all I could do is scratch.

Shawn Buckley

So literally you're scratching yourself so much that you're marking yourself up.

Jennifer Curry

I did.

Sean Buckley

And so it would then be too embarrassing for you to leave the house.

Jennifer Curry

When I put on a facemask, it would activate the numbness more, and it would be itchy. So I couldn't even wear a mask to my bar. I couldn't wear a mask. It made me feel like I wanted to—pardon my saying—rip my face off. It was that bad.

Shawn Buckley

Okay. And when you're describing about things crawling on you, you use the word bug. So at times it literally feels like there's bugs crawling on your body?

Jennifer Curry

Yes.

Shawn Buckley

Was that just a single part of your body or was that—

Jennifer Curry

All over. There was one time at work, I couldn't get my gloves off, and I had a scratch. And I know that the scratches, if you do get them— They'll be okay, but if you don't, they'll start to crawl. And one of the scratches was on my eye. And I couldn't get my glove off and the scratch went behind my eye. And I almost wanted to stick my finger in there and rip it out because it was so, so much!

Shawn Buckley

I think we'll just slow this down a little bit because I think that some people don't understand what you mean that the scratch will move. So can you just kind of slow it down, and explain what you mean, and then go back to the story about the eye?

Jennifer Curry

Okay. So the itching that I would feel would make me think that there's something crawling, so I would start to scratch it. It would be in the same place mostly, but then it would move. Always though my face would be itchy all the time. So if I didn't try to stop scratching my face, and put socks on my hands, and took a lot of the allergy pills that I was given, but they weren't working. I didn't know if it was an allergy or not.

Shawn Buckley

Okay, so when you're telling us that story at the bar. So you're wearing gloves, and you start to get an itch close to your eye but it's moving. If you don't scratch before it moves, the itch will just keep moving.

Jennifer Curry

And grow, yeah.

Shawn Buckley

Okay, and so that itch goes behind your eye—

Jennifer Curry

Yeah, it did.

Shawn Buckley

—and so you can't scratch it. What was that experience like?

Jennifer Curry

My bosses were in the other side of the bar and they heard me crying. And I had to tell them what happened and if I could go home. They could tell that I was very distraught. I couldn't stop crying that day. It was pretty bad. That was the day I phoned 8-1-1.

Shawn Buckley

Right and that's about three days after your—

Jennifer Curry

Yeah.

Shawn Buckley

So you find that you're so distraught, you're crying at work in the bar.

Jennifer Curry

Mm-hmm.

Shawn Buckley

Had that type of thing ever happened to you before?

Jennifer Curry

No.

Shawn Buckley

Okay, and the reason I'm asking that question is just so that the commissioners understand that the mental anxiety is brand new.

Jennifer Curry

Yeah.

Shawn Buckley

So you didn't have anything like that before the first shot?

Jennifer Curry

No.

Sean Buckley

So that in itself is a new experience in reaction to the shot?

Jennifer Curry

Yeah.

Shawn Buckley

Okay. So you told us that you ended up calling for help. Tell us what happened.

Jennifer Curry

The ladies on 811 were very concerned. They asked me what shots that I took, what my symptoms were? And they were very concerned when I told them that my whole body was numb. And they said that I need to go to the emergency. And if I would like to go right away, that they would call an ambulance. And I said, "No, I'm okay. I can go." But it was them that told me to go. I wasn't sure.

Shawn Buckley

And I just want you to also share with us because you described your face being numb, but you would experience numbness over your entire body.

Jennifer Curry

Yeah, I had. When I'm cleaning sometimes, I'll put my phone up in my shirt so it doesn't fall out. And I had pinched the side of my breasts, and I didn't feel it. And that's how I knew that it was going down all the way to my feet. And I started touching my body everywhere and I got really scared because I thought it was going to go away and not get worse.

Shawn Buckley

At the hospital they basically told you that this was just an allergic response?

Jennifer Curry

They could see that my anxiety was very high. They assured me that some of this could be anxiety.

[00:10:00]

That I could be making myself numb, or I could be doing this. So I didn't know how to retaliate to someone telling me what's wrong with me, if they didn't listen to me. I just didn't feel like they were.

Shawn Buckley

Okay, and you're having an experience like you have never had before in your life.

Jennifer Curry

No.

Shawn Buckley

And somebody's telling you that it's just caused by anxiety. Right?

Jennifer Curry

Yeah.

Shawn Buckley

And you were feeling anxious, but you had never had an issue with anxiety before.

Jennifer Curry

Not like this. No.

Shawn Buckley

Right. Okay. So you'd felt that you weren't being listened to.

Jennifer Curry

No.

Shawn Buckley

So what happened? You did leave the hospital. Did the symptoms persist?

Jennifer Curry

Very much so. By day seven you could start to see the scratches all over my face. And the cognitive, the memory, started to get kind of shaky here and there. I wasn't able to remember things anymore. And it was a lot of stress, a lot of troubles.

Shawn Buckley

Can you give us some examples about the memory issues?

Jennifer Curry

As a waitress or a bartender at a bar, it is very essential to be able to remember prices and drinks, and how many in a row, and fancy frou-frou things on the cups and stuff. I would walk up to a table of ten people, not a problem, and write down, not even write down their drinks, but just put it in here. And now I walk up to a table of four with a pen and pad because I don't think I'm going to remember by the time I get back to the bar.

Shawn Buckley

So a significant change in your memory.

Jennifer Curry

Significantly.

Shawn Buckley

Right. You ended up getting your second shot on November 13th, 2021.

Jennifer Curry

Mm-hmm.

Shawn Buckley

Why did you get your second shot, being that you had had so much trouble after the first shot?

Jennifer Curry

Thank you for asking that question because a lot of people did. I was feeling so much stress, so much itchiness, so much anxiety, so much segregation from my family for making me feel that I was crazy, that if I took that second shot and it made me worse, that it would be okay if I died because I wouldn't be suffering anymore. And I wouldn't hate myself for wrecking my life. So if I had the shot, it didn't matter cause I was already hurt, and if I died then I wouldn't be scratching my face off anymore. Sorry to say that.

Shawn Buckley

So you're actually in— A part of you was hoping that the shot would kill you.

Jennifer Curry

Yeah. Everybody told me that it was in my head, and that I needed to just wait—calm down—it would get better. And it never did. And I had to deal with that, and people that made me feel less of myself.

Shawn Buckley

Now, what happened after the second shot?

Jennifer Curry

I had to take the second shot at the hospital, and I had a triage nurse ask me questions. It was crazy. She's like "Well, why are you getting your second shot?" She goes "You have symptoms or you had symptoms?" I say, "No, I'm having symptoms." I say, "My face is numb right now." And she was really "Why are you getting your second shot?" I said "No one will give me an exemption." So while I had the second shot sitting there, the effects didn't happen as fast as the first one.

Shawn Buckley

I'll just stop, because I realized that you had attended at a walk-in clinic, and Dr. Savoy would not give you an exemption.

Jennifer Curry

No, she didn't.

Shawn Buckley

So there was a couple of things going on. Part of you wanted an exemption, and part of you wanted to get the shot, basically to end your suffering.

Jennifer Curry

Yeah.

Shawn Buckley

Okay. And I'm sorry I interrupted. So you get the shot at the hospital and you're starting to describe for us what happened.

Jennifer Curry

They gave me a period of about 45 minutes to make sure that I didn't have any anaphylactic shock or any other troubles or get worse. I thanked them for their time, and I got out. As I was driving home, my body started to feel stiff and numb a little bit again. And then the anxiety set in. So how much was the anxiety? How much was the shot? Everything all happened all over again. A week of home from work. And I couldn't stop scratching again,

[00:15:00]

and I hoped that it would go away.

Shawn Buckley

Right, okay. So it's the same symptoms, but it's they're actually stronger this time aren't they?

Jennifer Curry

Yeah.

Shawn Buckley

So you had the numbness again?

Jennifer Curry

I did. It was right away. Stress can do a number on people's bodies. I didn't know if I did it to myself when I was struggling with the answers that I was getting.

Shawn Buckley

Right. Your itching is back.

Jennifer Curry

It was, yeah.

Shawn Buckley

It never really left, but it was stronger now.

Jennifer Curry

It was— I remember standing in the shower crying because the droplets of water were making me itch. And I didn't know what to do because I needed a shower. And my honey came in, and he twisted the things, it was less pressure and I could actually have a shower without crying. It was so detrimental to my soul that it was wrong. And I was having problems and nobody, nobody really listened. It was really hard. The scratching on my face. I wanted to rip my face off. I wanted to shave my head so I wouldn't feel any hair touch it. It's an immeasurable amount of— I don't know, it was awful. It still is.

Shawn Buckley

And what about your memory and your ability to think?

Jennifer Curry

My cognitive has slowed down big time. I will have a conversation sometimes with someone and then I'll forget where it was going to or what it was leading to. And I will have to get them to repeat themselves so I can remember what I was trying to tell them. I have to— I have missed my little girl's "muffin-read" thing at school because I forgot all about it. I have to have stuff, sticky notes, everywhere just to remind myself. And for my job right now, I worry that: Did I get all the garbage cans? Did I wash that one spot on the sink that I always forget? My memory has affected me now, very much so.

Shawn Buckley

And so you find you have to go like at work, go and check. Did you clean this? Because you can't remember even though you had.

Jennifer Curry

Yeah, yeah. I make lists now so that I don't forget things.

Shawn Buckley

So this has had a tremendous impact on your mental health: your mental stability.

Jennifer Curry

It is.

Shawn Buckley

And then, what about the anxiety that started after the first shot? How has that been after the second?

Jennifer Curry

I had a doctor. I think it was eight weeks after the November 13th shot. And I was crying when I went to him because it seems like there was a period of quietness. I've always been numb right from day one, but there were times where it wasn't so bad. But I had a flare or something. I didn't know what it was, and that's what sent me back to the doctor. And he was the one that was concerned, and "What do you mean your face is numb? Let me see. Are you okay?" And he's the one that sent me to the neurologist. It was at that point where if someone didn't listen to me, I was going to start screaming at everybody. I'm sorry if that was the wrong question. Did I answer that for you?

Shawn Buckley

No, no, you were answering it just fine. So you ended up going to the hospital.

Jennifer Curry

Yeah.

Shawn Buckley

And the doctor was surprised that you were describing having a numb face.

Jennifer Curry

Yeah, for that long as well. Because anxiety can make people have numbness. But I was numb for three months.

Shawn Buckley

How has this affected your energy levels?

Jennifer Curry

That's a big question for me because I am a very physical person. I'm a tomboy. I'm a farm kid. I used to work in the oil field picking up 200-pound men and dragging around the corner if they bugged me. I can't pick up a couple cases of beer now without stopping and

having a break. Every single step I take on a stair, I have to make sure I'm stepping right. And I have to stop, if there's many stairs. I'm tired a lot, and I like to sleep at home, and it's hard.

Shawn Buckley

Now, you're actually counting the days. Can you tell us how many days that you've been suffering?

Jennifer Curry

Five hundred and nineteen today.

Shawn Buckley

And why are you counting the days?

Jennifer Curry

That was the day that I changed my life. I had a choice. And I didn't say no. I didn't fight.

[00:20:00]

And that's when everything changed; it's never going to be the same again.

Shawn Buckley

Are the doctors giving you any hope?

Jennifer Curry

Yes. They have given me a couple of MRIs [Magnetic Resonance Imaging], which led me down to the road to more neurologists and a lumbar test. They weren't sure how to deal with me after several trips back to the hospital. They had put me in contact with an MS [Multiple Sclerosis] clinic because I was showing signs of MS. And I was waiting for them to investigate more and do some more tests.

Shawn Buckley

And can you describe for us the symptoms that they were thinking suggested MS?

Jennifer Curry

There's about eight symptoms that can be from MS. Cognitive is a big one, numbness, energy, loss of bowels, that's not fun, that one. Stiffness of the leg as well, double vision, blurry vision. Hot areas will make a person feel dizzy. So there's dizziness.

Shawn Buckley

But those aren't symptoms that you have.

Jennifer Curry

I have all of those.

Shawn Buckley

Oh, you have all of those, okay.

Jennifer Curry

I do. Yeah.

Shawn Buckley

So how has this experience made you feel?

Jennifer Curry

I have stopped hanging out with my family. Sometimes there's been a family reunion I missed because of this. Because I didn't want to talk about it. Because so many people would tell me that—this is very hard to talk about—so many people told me that it is just something—“You're going to be okay.” I tried to tell them I'm not.

Dealing with what I'm dealing now, I am very grateful to be here to share my story. So that the people that I couldn't talk to because I was scared, that you're going to find out this way what I'm dealing with. And I feel 100 percent better talking to you people in the last two weeks. You have made me feel so much better. Thank you.

Shawn Buckley

Those are the questions that I have here, Jennifer. I'll ask if the commissioners have any questions.

Commissioner Massie

Thank you very much for your very touching testimony.

Jennifer Curry

Thank you.

Commissioner Massie

Just to make sure I understand, you decided to get the second shot to convince yourself that you were not imagining things, that it was really due to the vaccine.

Jennifer Curry

I do.

Commissioner Massie

So you could actually make the case to people around you that were more or less saying that you're not really sick, you're just anxious, and you're making yourself sick.

Jennifer Curry

Yeah.

Commissioner Massie

Did you have an issue with anxiety before?

Jennifer Curry

No. I've seen a lot of things in my lifetime, and I've dealt with them very well. Dealing with something that was going against what I believed in broke me. And then when it did break me, it broke me because I knew.

Commissioner Massie

So why do you think that people around you had to really come up with the story in that? The reason why you were experiencing the symptoms was due to your anxiety; that it has nothing physical linked to the vaccine?

Jennifer Curry

Yeah. A lot of people in this whole world would say that the vaccines were good. That they believe there's not that many people that are getting hurt from it.

Can you repeat the question? I'm sorry.

Commissioner Massie

So yeah, my question is— Maybe I can rephrase what I was going to say because I'm trying to wrap my head around your situation. You were not anxious before. Now the situation creates a lot of anxiety because you experience physical symptoms. What do the physical symptoms or consequences of your anxiety, or they're coming from some other condition that we don't know— at the end of the day, because you didn't have these symptoms before—

[00:25:00]

why couldn't people see that there is a link with the vaccine?

Jennifer Curry

I believe that because people were scared to say the shot did it. That a lot of people like myself got pushed aside, so to speak. That we didn't get that recognition or validation that we were injured because the people that we were dealing with, doctors and nurses, weren't able to help us if they wanted to. I think their job was important, and they needed their job as well. So helping me out and telling me that this could be from the shot would make them have to write a report. And I think that that's why no one did. No one wanted to put their selves aside and say she was hurt because the symptoms were so all-over that they really weren't sure what it was.

Commissioner Massie

So are you improving a little bit, your health condition, or is it stable?

Jennifer Curry

On March 23rd, I was diagnosed with MS. And I know that many people listening and many people have told me that MS isn't caused by a shot. I would say that it never created it—but it did cause—the shot. I believe that I had anxiety, and I was so scared that I made my body go into a system of scaredness. I also looked into what the mRNA's [Messenger Ribonucleic Acid] job was, and it was to teach my immune system to fight. If you look up what MS is: your immune system is fighting itself. Maybe my connections got crossed. Certainly 17 minutes after my shot, I'm for sure going to think that it was a COVID shot that did it. I have to. I have never had any of these symptoms before in my life.

Commissioner Massie

Thank you very much for your testimony.

Jennifer Curry

Thank you.

Shawn Buckley

Jennifer there being no further questions from the commissioners, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying and sharing your story with us today.

Jennifer Curry

I'm honoured to be here and I'm happy to be a part of this. I appreciate your time. Thank you very much.

[00:27:36]

Final Review and Approval: Anna Cairns, August 30, 2023.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Red Deer, AB

Day 3

April 28, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 3 Timestamp: 10:41:07–10:44:27

Source URL: <https://rumble.com/v2kxc9w-national-citizens-inquiry-red-deer-day-3.html>

[00:00:00]

Shawn Buckley

Jennifer voiced, on the stand, her appreciation for being able to come and share her story. She also was very clear, off the stand, that she was extremely thankful to be able to share her story. She drove from Swift Current, Saskatchewan to be here and had made it clear that she would basically go to be in person at any one of our hearings because she just desperately wanted to be able to tell her story.

And we've heard that from person after person, and what that tells us is that they're not free to tell their stories at home. They're not free to tell their stories to their former friends, who have abandoned them. They're not free to tell their stories to their families. They're not free to tell their stories at work. And we all know exactly what I'm talking about, that we're still divided. But the problem is, if we pretend that the lies that we've been told are true, then these people are not free to tell their stories to us, and they're suffering. And so I've said many times, you cannot sit through a day of the National Citizens Inquiry and be the same, because you can't.

You know we're not alone, in that there are many of us, and the emperor has no clothes. And it doesn't matter how many times they repeat the lie, it doesn't make it true. And we have to stop pretending. We have to start being bold. I was thinking earlier because, and I pointed it out today, but it really came out at the Saskatoon hearings where we'd have people who understand that the world's upside down and the narrative we're being fed is not true. And yet they'd volunteer, but I'm not vaxxed, but I'm not vaxxed. One even said, you know, this group is a freedom group, but we're not an anti-vaccine group.

And it's like, why? I think we should start shaming people that are vaxxed. "Like, what? You're vaxxed? Like, don't you like science?" Like, why don't we turn it on them because the truth is, they've been lying. They've been lied to. Why are we ashamed of the truth? How can it be that we're ashamed of the truth—that we're afraid of being shamed and feeling humiliated from the truth? They're going to learn the truth, and then they're going to be mad at us. Why didn't we speak out sooner?

And for people like Jennifer, who drove from Swift Current to be able to tell her story, we have to free the other people to be able to share their stories. So it's time for us to be courageous, not for ourselves, but for the Jennifers out there. And on that note, we'll conclude the Red Deer Hearings of the National Citizens Inquiry. Thank you for joining us.

[00:03:20]

Final Review and Approval: Anna Cairns, August 30, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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VOLUME THREE



| Witness Transcripts

Part 6 of 9: **Vancouver, British Columbia**





NATIONAL CITIZENS INQUIRY

EVIDENCE VANCOUVER HEARINGS

**Vancouver, British Columbia, Canada
May 2 to 4, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 00:49:33–01:24:04

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Shawn Buckley

We welcome you to the National Citizens Inquiry as we begin Day 1 of three days of hearings in Vancouver, British Columbia. We have finally hit the West Coast. Commissioners, my name is Buckley, initial S. I'm attending as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I would like to begin by explaining to those who are not familiar with the National Citizens Inquiry that we are a citizen-organized, a citizen-led and a citizen-funded group that just decided to hold an independent inquiry into how all levels of government dealt with the COVID-19 pandemic.

Our hope is, by marching across the land and allowing people to have a voice to tell their stories—

And I am sorry, I should probably start that again. I am sorry, I forgot to put the mike on, so I am going to say that again so people online can catch what I just said.

Again, I welcome you to the National Citizens Inquiry as we begin our first of three days in Vancouver, British Columbia. Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

The National Citizens Inquiry is a citizen-organized, a citizen-run, and a citizen-funded group with a vision to have independent commissioners go across this land and discover what happened with the COVID-19 pandemic and to come up with recommendations to help us move forward in a better way. But just as important, we give a voice to Canadians who have been silenced for years. And we have been silenced. Whether you're vaccinated or unvaccinated, you're not allowed to tell your story. We're not allowed to have a discourse. And I guess I need to stop saying you're not allowed because you are allowed now to tell your story and you are telling your stories here. And we are now allowed to tell our stories outside of these hearings because we need to tell our stories.

Now I'm supposed to always do an ask before I go into my opening remarks. I do ask that you go to our website, nationalcitizenshearing.ca, and sign our petition. We want to have as many signatures on there as possible so that it's clear that citizens are demanding this honest inquiry into what happened.

We also ask that you donate. Every set of hearings costs us approximately \$35,000 to run. And we just kind of manage to pay our bills as they go along. We don't have a single big funder, so we actually rely on you to be donating every time we do this. And I actually feel quite humbled and proud to be part of something that really is a citizen-run event and that relies on the citizens. And the fact that the word is getting out is because you're getting the word out. We don't have any mainstream media here today, which is quite fantastic. When you think about the fact that never in history has a group of citizens gotten together and marched across the land, doing a fair and independent inquiry, and this COVID experience has been the most significant experience of our lives.

Even for those who lived through wartime in Canada, this has been more impactful and will be more impactful going forward. So the fact that this is happening itself should be front page news. This should be the leading story on every TV network, but it's crickets. And its crickets for a reason, and we know the reason is because the mainstream media doesn't want to tell the Canadian citizens the truth. They're not ready and we haven't demanded it yet, although we're demanding it now. So we've depended on you getting the word out for us, sharing all of our social media.

The only social media that I thought we were not being hindered on and censored was Twitter, and we've done fairly well on Twitter. And in an opening in the Red Deer hearings, I asked everyone, and I ask again, whenever you tweet anything at all connected to a subject matter of this Inquiry, add the hashtag #NCI so their algorithms pick us up.

[00:05:00]

But we have come to the conclusion, and I don't know if it's Twitter Canada, I suspect it must be, that we are being search banned on Twitter. So that if you search for us on Twitter, if you search for the National Citizens Inquiry— And we have screenshots where we don't show up and we have screenshots where we do show up, and that shouldn't be happening except for somebody is putting a brake on us.

And I have to confess that I know really nothing about whether governments in Canada have been involved with censorship with social media as the governments in the United States have. Because we know in the United States, and let's thank Elon Musk for releasing what are called the Twitter files, that literally government agencies were involved in censoring voices that went against the government narrative. Now because Canada acted **even in a more aggressive way on censorship than the United States, I would presume, but it's only an assumption, that perhaps the Canadian authorities were also involved in censoring.**

But in any event, I'm asking you to take action to stop this search banning on Twitter. I'm asking everyone who hears this to basically tweet out at Elon Musk, tag NCI, and you ask Elon Musk to do whatever he needs to do to help the NCI and to ensure that we are not searched banned. And if enough of you do this, he might get the word because likely he doesn't know. He has shown that he does not want censorship on Twitter, and we are being censored, which in itself is tremendously alarming, and it's a result of the Big Lie.

And the one thing that jumped out at me this week as I was having discussions with people, as I was interviewing witnesses, and some of my interviews were very unenjoyable, I got reminded of the Big Lie. And some of you know what the Big Lie is, what that term means. And most of you won't know what the Big Lie is, and I'll tell you in a little bit. I'll tell you because you must know what the Big Lie is. And you must know because it's an ingredient to this spell that our brothers and sisters have been put under, where they actually believe that a lie is truth: that they're living in a world that is not true, that they believe fundamental things that are not true. Literally, they're under a spell. And the Big Lie was one of the ingredients used to put them under this spell.

I've spoken in other openings of how we're herd animals, and there are very few things that we are more afraid of than being shamed, from being excluded from the herd. In fact, police states have learned that you don't have to torture people, just put them in solitary confinement for a long enough period of time and they break. We can't tolerate it.

Now it's been a theme that's come up in the past couple sets of hearings of people actually giving testimony about how awful this COVID-19 vaccine is and then volunteering: "But I'm not an anti-vaxxer, I'm not an anti-vaxxer, I'm not an anti-vaxxer," which just shows how conditioned we are to accept that as a pejorative term. And what I'm wondering is whether or not we should, in a manner consistent with the second commandment, start using that psychology to help wake the vaxxed up.

And when I say vaxxed, I'm meaning people that follow the government narrative because that's really where our divide went: Like overall, people that got vaccinated believed in the government narrative or were otherwise coerced. And people that didn't get vaccinated tend to be those that were skeptical of the government narrative. And I appreciate there's a whole range of other individuals in there, and I'm speaking very broadly. So understand that when I'm using the term vaxxed, I'm referring to those that accept the government narrative, but I want to contrast it with the unvaxxed or an anti-vaxxer. I think the vaxxed need to understand how we actually look down at them as deceived. I think that they would feel shame if they understood that now. And we're the majority now; we're the majority of people that don't buy the government narrative.

So they're now in a minority, where the majority are looking at them and thinking that they are downright silly and to be pitied. And I think that those of you that are vaxxed, that buy into the government narrative, need to understand we literally look at you like you're blind.

[00:10:00]

Aren't many of you in disbelief at how people can't see what's right before their eyes? And people in the crowd are shaking their heads. We look at you or vaxxed people as if you're ignorant. We look at you as if you've been tricked because you have been tricked. And when somebody's tricked, they can't see it. The hardest thing, psychologically, is to accept that you've been fooled, that you've been taken for a patsy. It's hard for us to get there, but we look at you and we look at you as Proles: as literally the unwashed masses in George Orwell's book *Nineteen Eighty-Four*, that were controlled by the authorities, that were controlled by the lies, that were controlled by the Ministry of Truth.

And so, I want you to understand—those that accept the government narrative, those that I'm calling vaxxed—that if you understood how the majority looks at you, you would feel shame. And you need to start opening your eyes and becoming reasonable, and you need to stop living a lie.

I'm going to use a phrase as I continue, because I can't resist. One of the people that I follow is a blogger, Greg Hunter, of usawatchdog.com, and I enjoy him for several reasons. But he has a phrase that he sometimes uses that I want to borrow, so I'm giving him credit for the phrase. But sometimes he'll be talking about something, and he'll say, "You know, that is too stupid to be stupid." And I just love that phrase. So there are so many things that we went through that are too stupid to be stupid. It's like—really—you couldn't think about this and realize how silly it was?

Let's talk about how people were forced and coerced to take the vaccine. We've never witnessed anything like it, and we've had witness after witness explain that they were coerced. Well, that meant a whole bunch of you—employers, family members, friends—were doing everything you could to convince people to take this vaccine. And you could only do that if you believed it worked, right? You're not going to coerce somebody; you're not going to stop being friends with your best friend; you're not going to alienate your family members just because they don't take a vaccine—if you didn't believe it worked, right? This is just common sense.

But the problem is, if it worked, if it protected you from COVID-19— And that's what they were telling us at the beginning, the reason for taking the vaccine changed over time. But let's not make any mistake about it: at the beginning, people were just assuming you wouldn't catch COVID-19. Even the word "vaccine," that's what it implies, right? Although the definition was changed by the Ministry of Truth. So if you believe it works, how can you get mad at somebody that doesn't take it? I mean, if you've taken it and your kid's taken it, they're safe.

Do you see the logical inconsistency? If it works, you don't have to coerce anyone. So the fact that we got worked into a frenzy over a vaccine that we believed worked—because you're not going to do all this pressure on coercion and hatred and division for something that doesn't work, that's meaningless. The fact that we got into this frenzy was too stupid to be stupid because it's logically indefensible.

One of my favourites is masks and restaurants. And I know people are watching us all around the world; this isn't just a Canadian thing. In the province that I live in, Alberta, and I think this was true across most of Canada, there was a period of time where we had to wear masks into restaurants. I'm smiling because, I mean, even the idea of wearing masks that don't stop viruses that are so small, it's crazy. And then you can just wear whatever mask you want. And even if you had an N95 or something that could work, if you read the instructions, you're supposed to stop using it after a couple of hours. And you're wearing it for weeks and pretending that it means something, but aside from all that silliness, which is also too stupid to be stupid.

So in Alberta, you'd have to wear your mask into the restaurant. Literally, there'd usually be somebody at the door: you're only getting in there if you can show your identity papers and if you're wearing a mask. But then, as soon as you sit down, you can take your mask off. If this was a deadly pandemic, if this was a deadly disease, and if masks worked—let's just assume all those things.

[00:15:00]

And we'd have to assume those things or we wouldn't be wearing masks. So let's understand that. We're not going to be wearing masks—we're not going to be accepting that, wearing masks in restaurants—unless we believe that there's a deadly virus

warranting a mask, and we believe that masks work. Or otherwise, we're too stupid to be stupid, right?

So if we believe those things, how can it possibly be—I mean truly, how can it possibly be that then, we could take our masks off as we sit at the table, which is most of the time we're in there, and that that's okay? So help me out: that's a little too stupid to be stupid.

And how the restrictions, they wouldn't be phased out. It wouldn't be like, "Oh actually, this part of the city is doing poorly, so you still need passports there and you need masks to wear. But these other areas, we're going to—" No, no. For us it was like a light switch going on and off. So you might be getting yelled at and kicked out of a store one day for not wearing a mask or not being able to go places because you don't have a passport. And then flick, the next day, you're able to go wherever you want: nobody's wearing a mask; nobody's upset about it; like, nobody's all of a sudden afraid.

We were having to put people under house arrest, a portion of the population, where they couldn't go out except for essential services because they didn't have their police-state identification papers. And we had to wear masks to protect ourselves from this daily virus on Monday. But on Tuesday, we don't need the masks. And on Tuesday, we can let everyone out of their houses regardless that they're in a social subclass that has less rights because the virus has decided to go on vacation. This is too stupid to be stupid.

Ignoring censorship. And I'm sorry, you had to be asleep to ignore the censorship. We had in Canada all of our media, both government-owned and private sector, our mainstream media speaking with one voice. And every single government at every level speaking of one voice, federal, provincial, municipal. And anyone who stepped out of the government narrative would be reported in the mainstream press as spreading misinformation, which Dr. Francis Christian told us, as an expert witness in Saskatoon, that that term was invented in Stalinist Russia. So it's appropriate that we're using it in Canada.

We had censorship. And it was supported by the public. We had censorship by people. We can't even talk with family members and friends that are still in this vaxxed category, that still buy the government narrative—although we can't believe that they do. But these people haven't thought this through. Could you imagine living in a society where there was agreement on important issues because you couldn't step out of the narrative because there was censorship? Do they want to live in that type of society? That's full-on police state.

If we were truly in a dangerous pandemic—is that not the time where we actually have to privilege every voice and say, "We're going to have open discussion, where any idea, we're not going to discount. We're going to treat people with respect. Obviously, as ideas don't pan out or don't seem reasonable, we'll focus on other ones." But if we were truly in a global pandemic—if this truly was a 1918 flu and we were in trouble—isn't the best public policy to have open and free debate and let provinces and countries try different things, not a one-solution-fits-all? That makes no common sense: it is too stupid to be stupid.

But the icing on the cake, and what led to literally the crime of the century, is this mantra of "safe and effective." If you go to Health Canada's website today and you find their Pfizer page, and I didn't check today, but they have a page for every single vaccine that they've approved. And every time I check—and I usually just go to the Pfizer page, at the top of the page, and this is on Health Canada's website—will be a sentence that reads something like: "All COVID-19 vaccines approved of by Health Canada have been proven to be safe,

[00:20:00]

effective and of the highest quality." And the safe, effective, and highest quality part is in bold. Now, we've had witnesses speak about the quality control problems. And to say that it wasn't an absolute lie that they were of the highest quality would be an understatement. But I want to focus on the safe and effective.

So we come out with a vaccine literally in a year for a novel coronavirus. We've never had a mass vaccine for a coronavirus ever, and we're told it is new technology. I mean, who had ever heard of mRNA being injected in us before? Who had ever heard of lipid nanoparticles prior to this? So we all know, they're being open about, this is new technology. This is rushed. We know it's rushed. We lived it. It happened in a year. And you're not critically thinking that maybe this hasn't been proven to be safe and effective? How could they prove it to be safe for three months or four months? And just so you know, it was a mean of two months. How would we know how this is going to affect us even in the short period, let alone the long term? We can't know. And so if you would believe that—and people would just, you know, the mantra, "safe and effective," "safe and effective." It's almost as nauseating as "follow the science." I mean, I'm sorry: that's just too stupid to be stupid, isn't it?

Now let's talk about the media and government, what I think is one of the biggest crimes of the century, which anyone, any one of you, could have uncovered in an afternoon. The beauty about this crime is, it's not hidden. It will be hidden. Some of the documents I expect will very soon be erased from the web, but they're still there. You can still find them today. You could find them in an hour. We all knew this was rushed. We all knew it. We were told it was rushed. We live the U.S. mainstream media and, you know, emergency authorization. And a whole bunch of Canadians believe ours was approved under emergency authorization, which is the wrong terminology. We don't have an emergency use authorization pathway. We did something worse.

We had the Minister of Health issue an order, basically, exempting these vaccines from our regular drug approval process, which requires proof of safety, which requires proof of efficacy. And once you understand the safety and efficacy profile, then you do a risk-benefit analysis. You can't do that unless you know the safety profile and the benefit profile. But an interim order was issued, which exempted the vaccines from the regular test. And again, anyone could have found this out in an hour. Anyone. And let's put this in context: We're in a global pandemic. We've lost our freedoms. We're becoming divided and hateful. We're afraid for our children. We're afraid for our parents. We're afraid for our very lives. We know a vaccine is rushed. I mean, you couldn't take an hour of your day and maybe do a little research about—was this proven safe or effective?

The test that the vaccines were approved under, the word "safety" isn't even mentioned. Let that sink in for a second. And I'll cite the test. I might get it off by a word or two, but I've read it enough times, I can, just from memory, tell it to you. But when I tell it to you, I challenge you to listen for the word "safety" as part of the test. And I also challenge you to listen to the word "efficacy," which is just—does it work? Because that word's not there also.

So the test that all COVID-19 vaccines were approved under, it begins with—"The Minister has sufficient evidence to support the conclusion." Now I'll stop there. Minister means Health Canada. So I'm going to say it again, and I'm going to substitute [for] Minister, Health Canada. So the test is—"Health Canada has sufficient evidence to support the conclusion." I need to stop because what follows, I want you to understand: Health Canada doesn't have

to be convinced of anything. There doesn't have to be objective proof to convince Health Canada. If Health Canada had to be satisfied that something needed to be proven, the test would read "Health Canada has sufficient evidence to conclude."

[00:25:00]

That's how we word it.

But our test for these COVID-19 vaccines is "The Minister has sufficient evidence to support the conclusion"—not Health Canada's conclusion, so just an argument needs to be made. I'll start at the beginning: "Health Canada has sufficient evidence to support the conclusion that the risks of the drug outweigh the benefits, having regard to the uncertainty concerning the risks and benefits and the urgent public health emergency presented by COVID-19." Did you hear the word "safety" in that test?

So we'll use Pfizer as an example. The Pfizer vaccine was approved under that test: Pfizer did not have to prove the vaccine was safe. Did you hear the word "efficacy" in that test? Pfizer did not have to prove that the vaccine worked. There's cost-benefit language in that test, but if you actually go to the order and study it, Pfizer doesn't even have to prove that the benefits outweigh the risks. They just have to have evidence to support—they basically just need to make the argument. They don't have to convince Health Canada.

And this wasn't hidden. The media actually reported that this was approved under an interim order. And I assure you, people looked: journalists looked; members of parliament and MLAs, they looked, some of them looked; some doctors looked; some nurses looked. They looked and they didn't tell you. They didn't speak out. But what's too stupid to be stupid is for the biggest event of your life, you didn't look.

And now let me get to the really shocking part about this interim order.

Under our regular drug approval law—and you can just go to our drug regulation C.08.002 and start reading there. They're not long provisions. It'll be a couple of pages. But keep going, and you'll see that the Minister has power after a market authorization is granted.

So what happens is the drug company applies: they have to prove safety and efficacy, and then—this is a good idea—benefits outweigh the risk. And a market authorization is granted. But sometimes, in fact, most of the time, we actually don't know how safe a drug is or how effective it is until we get it into the general population. And so that's why we do post-market authorization surveillance. And we have a power in our drug regulation so that if after market approval is granted, the Minister realizes, "Wait, it's not safe." Or "Wait, it doesn't work," then the Minister can withdraw it from the market. That makes pretty good sense, doesn't it? Can anyone argue that the Minister should have that power?

So here we are with the COVID-19 vaccines, and I challenge anyone to read that interim order. You're not going to sleep at night. So not only is this interim test granted, but the Minister's power to withdraw a COVID-19 vaccine after it's approved is withdrawn from the Minister for a year. Did you hear that? So normally, the Minister has the power to withdraw market authorization, to pull a drug off the market if subsequent evidence shows that it's unsafe or subsequent evidence shows it doesn't work, which then would change the risk-benefit profile. The COVID-19 vaccines were deliberately, by the Liberal Government, exempted. Basically, the Minister lost the power under this interim order to order the withdrawal from the Canadian market of COVID-19 vaccines if further evidence showed that they were unsafe and if further evidence showed that they were not effective.

And that lasted for about a year. It varied from vaccine to vaccine because of the way the order was written.

Now—how—how is this in the public interest by any metric? And that clearly has to be a rhetorical question. I've thought about this: You can only remove the power to protect us from an unsafe or an ineffective vaccine if your intention is to kill, steal, or destroy. This has nothing to do with the public interest. And anyone who has ears, let them hear.

[00:30:00]

And some of you just got a message that means you have to stand up and you can't sit down ever again.

But for those of you who didn't understand the message that I just gave, understand that we are in the eye of a hurricane. And we just went through three years of the first part. You understand a hurricane is circular, and when it hits you, it's just awful. The winds are blowing, things are flying through the air, you're lucky to get through, and then you hit the eye. And this is so all-encompassing that nobody would make up this lie. So people actually believe the lie because it is just so big and outrageous, and it's just a psychological thing.

So for example, I think most of you will be aware of this. We had Woody Harrelson, the comedian, on Saturday Night Live not long ago, and he's standing up and he's talking about, "Oh, yeah, I got this script for a movie," and he told us kind of how it went. And then he says, "You know, I wasn't going to follow this." So basically, he said about this script, "Well, hey, you know, we've got all these powerful and rich pharmaceutical companies that basically started buying off the regulatory agencies and the governments. And we found ourselves in this world where we're locked down and we can only leave our house if we'll take these, you know, drugs from these pharmaceutical companies." And he's going, "Well, that's a script that was just a little too outrageous, and so I didn't follow it."

That's an example of the Big Lie. Because do you understand that those people that are still buying into the government narrative, the idea that the pharmaceutical companies could collectively get together and they'd have so much power and wealth that they would basically buy the regulatory agencies and buy the government and control the colleges of doctors and physicians, and the like, and basically place us in a situation where we're locked in our homes and have to take a drug for money—that is so outrageous that you can't believe it.

But if the government pushed that narrative, and it likely will be a narrative that will be pushed, if the mainstream media started pushing that narrative, then we would believe it. Because it's just too outrageous. It's too big. Nobody could make that up. So if all of a sudden CBC is sharing that narrative with you—even though before you might consider it outrageous—you would believe it. We were told a lot of Big Lies. We're living the Big Lie now. And things like safe and effective are part of them. So how the spell was cast is the Big Lie, fear, which I've spoken about, and repetition. And I'm just going to end my opening comments because fear and repetition are essential for the Big Lies to stick.

I was thinking this morning as I was deciding what to speak about, and I just posed the question. And I don't know the answer to the question, but I'll just pose it to you. Because I can't watch TV anymore. We don't even subscribe. About a month into the COVID thing, my wife and I just made a decision. We have to turn off the TV because it creates so much fear. And it actually, I think it took us a full month to settle down. And I shared on another opening how I was watching Del Bigtree's show, "The High Wire," and one of his episodes—

I don't know if it was monkeypox or something else they're trying to get us scared of. And in his show, he literally showed five or six minutes about how the media was reporting this. And so now I'm watching on his show the mainstream media. And in that short period of time, I got scared. They're experts at manipulating your emotions and getting you in fear.

So the question that I leave you with is—is watching television consistent with you being alive in three years? That's the question that just came to my mind. I don't know the answer. But I do know that we are experiencing the Big Lie. We're living in a lie. And that if everyone turned off the television sets, we would have a completely different nation and a much better one.

[00:34:30]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 1: William Munroe

Full Day 1 Timestamp: 01:24:02–02:28:40

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Shawn Buckley

I'm going to end my opening remarks. We're going to invite our first guest, our witness, William Monroe, to join us. William is joining us virtually today. William, can you hear us?

William Munroe

Hi Shawn. Thank you very much for your message to us this morning.

Shawn Buckley

Well, thank you for joining us. I want to start by asking if you can state your full name for the record, spelling your first and last name.

William Munroe

Yes, my full name is William Warren Munroe. I go by Warren. My first name is spelled W-I-L-L-I-A-M and Munroe is M-U-N-R-O-E.

Shawn Buckley

Oh sorry, I'm going to swear you in now.

William Munroe

Yes, okay.

Shawn Buckley

Do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

William Munroe

Yes, I do.

Shawn Buckley

Now, I want to introduce you a little bit. If I don't do you justice, please feel free to share some more. But you have both a Bachelor of Arts and a Master of Arts dealing with analyzing population numbers and trends. Is that fair to say?

William Munroe

Yes.

Shawn Buckley

And part of your education, you actually studied with some people at Stats Can that were experts in this field. You didn't just go and get a professor. You actually worked with experts in the field. You worked for the BC Statistics Agency for four years.

William Munroe

Yes.

Shawn Buckley

Then you started what's called the Population Projections Project, which is basically doing similar work as the BC Statistics Agency. You've been doing that since 2007.

William Munroe

Yes.

Shawn Buckley

The point I'm trying to make is that you are an expert in the area of analyzing populations.

William Munroe

Yes.

Shawn Buckley

Did I miss out anything there that you think we should explain? Or should we just launch into this analysis that you wanted to share with us?

William Munro

No, I think that covers it. Yeah, I could jump into the presentation [Exhibit VA-2]

Shawn Buckley

We've invited you here to do a presentation on your findings, and so I would invite you to start.

William Munroe

Okay. So I think it's unusual for many people to say that there are people in the profession of population analysis. I was hired by the provincial Government of British Columbia straight out of university, having finished my Master's in Population Studies.

Yeah, the government has population analysts. I haven't heard one population analyst over the last three years. So part of my presentation is to show that there are people who are in government, and in other organizations, who do analyses of population. In particular, the description would be that a population analyst is versed in understanding the strengths and weaknesses of the methods, data, and modelling used to estimate and forecast the components of population change—which are births, deaths, in-migration and out-migration, by age and by sex.

With that in mind, since this is a discussion and an inquiry into mortality and lethality, a population analyst would be looking at the death data. The death data is first broken out for any particular area. We don't just use total deaths because that hides a lot of variation. We use population by age and sex as per the analyst's purview. It provides us with a bit of a macro way of looking at things quickly. So we would have had the data, if I was with the government.

I'm not with the government, just a little aside. The Population Projection Project was developed as an alternative to having to use government data, which can be manipulated.

[00:05:00]

The Population Projection Project is built entirely off of calculations right off the census of population. So it's cleanly laid out: it isn't interpretation; it's description.

So population analysts. It's not as though data is the best way to look at things. People had a sense that there was something wrong simply by going to the restaurant. You have to wear a mask to get in and then, once you're in and sit down, you take it off. This isn't an epidemic. So it's pretty clear to people.

But since I do the data side of things, I wanted to show people two things, mainly. How you can see at an early stage—let's say, in mid-March 2020—that people were being misled. It also shows that the government, itself, should not consider themselves above questioning. They should be questioned, just like anyone should be questioned. Any analyst or scientist versed in scientific techniques knows that you benefit from methodic doubt. Anybody who's putting forward findings must be able to show how they came up with those findings. Anything less is not science.

Shawn Buckley

Warren, can I just interject? Were you going to screen share and start with a slideshow to help explain this stuff?

William Munroe

Yes. There were two questions that I had when I was looking at doing a review. As a population analyst, what they do is look to see whether or not the deaths were evenly distributed across all age groups—in this case, it's 10-year age groups—or are they clustered or age specific? The deaths would be just for a small number of—

Shawn Buckley

I'm just going to interject because I just want those watching your testimony to understand.

What you're saying is, a population analyst is going to look at the different age groups. They're broken into groups of 10 years to see— "Well, just wait a second, there's no deaths in this group, and the deaths are clustering in this group." So for example, my understanding is early on, we learned with COVID, it really clusters in an older population and is pretty well non-existent in the younger population. This is the type of thing that you're saying a population analyst would look at.

William Munroe

Yes, exactly. So that's the first cut when you're looking at lethality, to see if there is any age-stratified or a particular age group.

I might interject a little bit here just to bring in Neil Ferguson—from the Imperial College in London, in March 16th, 2020—had said, in the very first sentence of his report, that we're looking at something as potentially as bad as the Spanish influenza, H1N1. It was obvious to anybody who looked at the data from British Columbia and also data from China from January and February that this was age-specific and the median age of death was as old—if not older—than life expectancy.

Shawn Buckley

Can I just stop you again, Warren, because you've just said something really important.

I think that the average person viewing, they don't know Neil Ferguson. But they will remember, very early on in the pandemic, the mainstream media citing these awful projections of how a large number of us were going to die. And one round of this media fearmongering was based on a model done by a man named Neil Ferguson in the United Kingdom.

William Munroe

Yes. And then his report— Right away, *Financial Times*, BBC, a number of the big media organizations

[00:10:00]

were ringing the alarm.

Shawn Buckley

Can I ask you if you're aware of Mr. Ferguson because he's been a forecaster for a long time and forecasted other things? Can you share with us your thoughts on the accuracy of his previous forecasts?

William Munroe

Yeah, he exaggerates. I think John Ioannidis from Stanford said it best and I can paraphrase: that it was below standard; it doesn't meet the basic requirements for statistical analysis. I don't know how better to say that. But, no, he's way off.

Shawn Buckley

Right, and yet the mainstream media covers him.

William Munroe

Yes, and yet they do. And also, I don't think it's non-related, but the Bill and Melinda Gates Foundation granted \$100 million to Imperial College in the year 2020.

Shawn Buckley

And that's the College where he works.

William Munroe

Yeah.

Shawn Buckley

Okay.

William Munroe

We could see early on that this was age-specific. The Spanish influenza was across all age groups and the median age of death would have been around 30, give or take a couple of years there. But for the data out of China—and I do have a slide at the end of this, if we have time to see it—it shows that in mid-February, we knew that the majority of people who are affected by the coronavirus were in the high mortality years—70-plus. So that's why we ask, right away, for an age/sex breakout; mostly, we're interested in age, of course.

And the second question that we would have as an analyst is whether or not people are dying—with—the disease or because of the disease itself, just by itself. And so, with those two questions in mind, I was then thinking— Okay, I better go take a look at what BC was using for its data and its tracking of the variables that were subject to the state of emergency.

Going back to the state of emergency—which in British Columbia was March 18th, 2020, the day after the public health emergency was declared by Bonnie Henry—the *Emergency [Program] Act* says that within seven days, you need to produce a report. That's what we will be looking at, the very first situation report that was from March 23rd.

So that launches me off here to share screen and it's there. And let's see if it— No, does that come across to you guys? Do you see this?

Shawn Buckley

No, we can't. So we're just going to check on our end whether or not our settings are—

William Munroe

Okay, I'm going to click this here. Oh yeah, here we go. Pardon me, I was mistaken. Just a sec. Here we go. And share.

Shawn Buckley

There, we can see your screen now [Exhibit VA-2].

William Munroe

Yes.

Shawn Buckley

We're showing a chart with the heading, Population Change by Five Year Age Groups, 2016 to 2021, BC [slide 1].

William Munroe

Yes. Okay, so we're in the presentation. The reason why it says "population change" is the total number of people estimated— Okay, I won't complicate things of how this is put together.

But we see a number of lines where they disperse, and then they cross each other and disperse again. So 2016 is the green line and then the interpolation is to 2021 when the next census came out.

[00:15:00]

The lines represent the counts for the youngest age group, zero to four, all the way through 50s, 60s, all the way to the age groups in the high mortality years. I'm pointing out 86 years old. I circled that to give a context here, that this is the median age of death as reported by the situation reports. So we knew that this was age specific. These people are usually dying with a life-threatening ailment, and the coronavirus was more like an irritant at the end of life rather than lethal in and of itself.

Sorry, I interrupted you.

Shawn Buckley

Well, I actually just wanted to make sure that people understand. When you're saying that 86 years is the median age of death— You mean of people dying of COVID-19, the median age of death is 86 years of age.

William Munroe

Yeah. A median value is—just to be a little bit user-friendly, I borrowed this from the internet [slide 10]—the middle number in a sequence. What we were looking at there is some people were older, in their 90s, dying with this, and some people into their 70s.

So I'll continue. We'll be able to take a closer look. But that does answer a couple of questions right away. And so here's where to go for the data, the BC's Centre of Disease Control data set [slide 2]. Then you climb into it [slide 3], and I'm looking for the archived situation reports. These are the dates for the situation reports, starting with March 23rd, as per the seven-day requirement of the Emergency Act [slide 4].

Let's take a look at that first situation report [slide 5]. I'm not going to dive into the detail right away; I'll just show you what the report looked like. There was just three pages: this is the first page; here is the second page [slide 6]; and here's the third page [slide 7].

Now, going back to the beginning [slide 5], do we see anything? We're looking for deaths. Although it's important to look at cases, hospitalization, ICU unit admissions, I'm focusing on deaths [slide 8]. So we see here that the deaths are in brackets as per this side of the equal sign. It says there were 12 deaths. Which is a small number, but it's a large number too. If there's anything you can do to save those 12 people from dying without harming anybody else and it was doable, then you could see that a response could be very helpful.

Then this is the table [slide 9, Table 1], also on the first page, and it shows us deaths. It gives a different number, in this case it's not in parenthesis. But it says 13. So it's 12 or 13. I'm going to lean, in this study, towards the 13 and not use the 12 so much; I just use 13.

Here's the 87: the median age was 87 at the time of this report. It was based on information from January 1st to March 23rd. So we're starting to get a little bit of information.

I'm going to slide down now to a closer look at the last page because the second page doesn't say anything about death. This is the third page [slide 11], and I'm going to focus in on this chart below [slide 12, Figure 4]: It's got lines for death. It's also got COVID cases,

[00:20:00]

hospitalization, IC unit admissions, as well as the general population. Now, that's not a term I'm familiar with: we would just call it population estimates. I'm going to focus in on the population estimates and the deaths because these very tall columns for deaths— How did we get that? That's a lot of deaths, it looks like to me. So it's problematic.

Cutting away the hospitalization, ICUs, and cases [slide 14]. Cases, by the way— Quickly, the definition of cases was mal-aligned with previous definitions of cases. Usually, to be a case, you would have to be sick and not healthy. So I just mention that.

Shawn Buckley

I'll just interrupt. Are you saying that that definition changed for COVID? That you didn't have to be sick?

William Munroe

Yeah, it's my understanding that you had to be sick if you were a case.

Shawn Buckley

Okay.

William Munroe

But that went out the window with a lot of other definitions. For example, the definition of a vaccine.

There's a lot of different— There's "confirmed." People were using the word "confirmed daily." The data that they were getting was "confirmed daily." And if you look up what they

were calling confirmed, it was information they've got off the internet, from the government, whatnot. So yeah, the definitions really took a hammering. "Pandemic."

Shawn Buckley

Okay, but this is important for us to understand. So the BC Statistics Agency, before COVID-19, if they were, saying, "Okay, we're having a bad influenza season," and they were reporting someone as an influenza case, that person would actually have to be sick. They'd have to be showing symptoms.

William Munroe

Yes.

Shawn Buckley

Did they apply the same approach to COVID cases? Because some of us have heard that to be a COVID case, you could be asymptomatic but just test positive on the PCR test and be considered a COVID case.

William Munroe

Yeah, that's new. It's hard to compare previous years' results with something that includes people who are healthy. So that was different and changed. I wasn't with the provincial Government of British Columbia at that time. I'm not sure how they are handling it, except that the reason why I started the Population Projection Project is because we should be verifying the information from the provincial government. So yeah, the definitions changed, including the definition of what is a case.

Shawn Buckley

Okay. And sorry for interrupting. I'll let you carry on with your chart here, showing deaths and population.

William Munroe

Yeah, okay. Super. As it turned out, I put in 12 deaths. That's me putting that in there. This is a chart [slide 14] I made up from the data that I got out of this chart [slide 12, Figure 4]. I just replicated in Excel and took out the other variables, just focusing on these two variables—the population and the number of COVID deaths. The reason why I did that will become apparent in a moment.

I'm kind of diving into a little bit of detail and it's somewhat incongruous. It's a mystery to me as to how it is that they did this. But nonetheless, I just want to show you the next steps here.

I put in the relative percentages for the total number of people per these 10-year age groups in estimated population [blue vertical bars]. So 10 per cent, or 9.6 per cent for the people under 10 years of age, is 10 per cent of 5 million people. That's what's going on here, right? All of these are just the portion of 5 million people—

[00:25:00]

an estimated, approximately, 5 million people. It's actually 498,9-something-something. So I'm just putting in 5 million. That's what we're seeing across here. The denominator is 5 million people. The denominator for the deaths is 12. The reason why it's 12 and not 13 will become apparent.

Let's go to the next one [slide 13]. I had to draw a line across to see where these figures came out: 42 per cent of the COVID deaths for the 80-year-olds; 29 per cent for the 70-year-olds and then 90-plus. Okay, by using that, I found that there had to be— This seems incongruous, but there's three and a half deaths. That's the only way that you get these percentages, which they came up with.

So back to their stuff [slide 12, Figure 4]. When you draw a line across, it's just under 30 [per cent] and it's about 40 [per cent]. And there's three and a half deaths [slide 13]. You can't have three and a half deaths. That's why we use median as a measure. Average, you can get a fraction. But this should be four deaths or three deaths. But it doesn't work unless you have three and a half deaths. Why? I don't know why they did this. I don't know.

Nonetheless, the idea here is that three and a half deaths are being compared to—what's the number here?—to just about half a million people who are 70 years of age in British Columbia in 2020 [slide 14]. So anyways, you can see how this is incongruous. It doesn't make sense to provide a percentage. We should be using the real numbers, the whole numbers. They call them the "absolute numbers." In that way, we would be better able to see what's going on.

Now, personally, this is not really a first cut for a population analyst. We would use case—sorry, the term slips my mind just now—case fatality rate. Sorry, not case fertility, which sometimes I say. So anyway, case fatality rates. That would make sense.

To put it against the whole population of the province when, really, the outbreak was in the Lower Mainland was— I think that they were wrong to do that in their title [slide 12]. In their title, we see, right here, "Percentage distribution of COVID-19," and I jumped to, "deaths by age, compared to the general population." That's not going to do us much good. Case fatality rates is a better way to go.

Anyway, I did the absolute numbers just because they did the percentage on what they call the general population [slide 16]. And this is what it looks like. These [blue] bars represent the estimated population, again, for the 10-year age groups. And over here we see an arrow— you can't see it because three and a half deaths is too small. This is the chart that, perhaps, they should have put up because this one works off the absolute numbers. Again, it's three and a half deaths; that doesn't make sense. It should be three or four, or whatever it was. But anyways, I just wanted to show you that relative to the total population of the province and for each of these 10-year age groups—the number of COVID deaths is very, very small.

If I wanted to rub it in, here's a table that shows the age groups that we're interested in [slide 17]. The estimated number of people per age group. The number of deaths was zero up until

[00:30:00]

the 70-plus and the percentage of the COVID deaths to the respective population estimates shows very, very low, right?

I thought that at first, this had to be a mistake: They did that chart rushed; this one here [slide 12, Figure 4]. You can't do that again without being called on it. Somebody, surely, must have called on it.

So I went in and looked at other situation reports. I looked at a lot. I'm just giving you the next two that I looked at. One from April [slide 18]. And do they have the similar kind of chart? Yes, they do [slide 19]. The black columns are deaths. We see that the range has expanded somewhat. There's one person died in their 40s, none in their 50s, about five in their 60s. And so it's spreading out. But still, we have the majority of people dying in the high mortality years. These people were said to have had other comorbidities, in the younger age groups.

I'm going to go over to a key message that was in this April 17th situation report [slide 20]. It recognized that the admission rates were dropping and case rates were dropping. They wanted to make sure that we understood that the difference between what could have been and what has happened is because of the collective action of British Columbian citizens: "This slowdown is due to public health action, not herd immunity." That statement is incorrect, I'll explain. "And what happens next will also be due to public health action," that is also incorrect, and "This is an important message." It's incorrect, except that it's good that they put that in there because then we can tell that they think it's an important message: the slowdown is due to public health. This was not proved.

When we do look at herd immunity, particularly looking at what was happening in China in late 2019 through into the first quarter of 2020, they closed the schools at the very tail end of the natural bell-curve-shape disease distribution. So I put that in there just because it's almost becoming ridiculous.

Then I jumped to May 4th [slide 21]. Do they have similar charts? They do [slide 22]. Here's the death one, down here [slide 23]. I'm going to focus in on that. And this, I don't understand. This lacks the necessary qualification to be understandable. I worked on these numbers for a while and it's tedious and exasperating at the same time. And do they have the chart? Yes, they have a chart in there, as well [slide 24].

So we can tell that the myth is being perpetuated. We're told that there's very nice goals, looking forward [slide 25]. Everybody would be happy. And the way to do it—this is another page from that May 4th write-up—is staying informed as a key principle, being prepared, and following public health advice [slide 26]. I think that would be okay if there was open discussion and no censorship and no coercion. But given the way that this was handled, that's suspect.

Here's the last one. I just jumped to the end of 2020 [slide 27]. I went into the December 18th— they say December 12th. It's actually the 18th; when you get into the report, you'll see that, if you want to look at this again later. Sure enough, on page 9, they have the same profile for using the per cent of the small numbers of people who are dying as a way of exaggerating small numbers [slide 28].

And just a little bit of a closer look.

[00:35:00]

And I want to put a "thank you" out to the people who I showed this to from the Students Against Mandates, S.A.M. The students were really helpful in going over this project with me. I'm just going to focus in on that chart [slide 31]. It's the same nonsense, is what I call

that, and we have 86 is the median age of death [slide 32]. Okay. I'll finish off, with the addition—focusing in on the young adults—there are no deaths below 30 at the end of 2020.

And that brings us back. I'm just going to end off with the same chart as I started with [slide 34]. I think that covers it.

What were the takeaways from the questions I had? The third question that arose was, were we being provided with reliable information to be able to participate in a constructive manner in addressing the disease?

We were being misled. And it was not just the authors of this. It was across more than just BC CDC that knew that we were being given information that was misleading. That's what I would say. So that concludes this, if there's any questions.

Shawn Buckley

Warren, I've got a couple of questions before I let the commissioners ask you questions. My understanding is we have an influenza season or a flu season every year, which coincides with low sunlight levels. Some call it a low vitamin-D season. But we have some influenza seasons where more of us die than others. Did COVID present a significant change or change at all from a bad influenza season?

William Munroe

I think the answer to that is that— The number of people who died with a median age of death at 86, it's very unlikely that none of them had comorbidities. The likelihood of all of them having comorbidities is high. I mean, that is a possibility. That makes sense. To have no comorbidities is unlikely. So COVID-19 itself can be seen as more of an irritant at the end of life rather than life threatening or lethal. Influenza, it can kill young and old. It's no comparison. I think Anthony Fauci was definitely wrong when he said it was 10 times worse than influenza. It's not. It's less.

Shawn Buckley

Right, and you're basing this on crunching the numbers as a professional population analyst. Literally, our regular influenza poses more of a danger than COVID presented to the population in general.

William Munroe

Yes.

Shawn Buckley

And the point you seem to be making—we've heard that adage, there's "lies, damn lies, and statistics"—is you're showing us that, basically, when they're putting on that chart "percentages of COVID deaths," we've got these tall bars because they're percentages. They have to add up to a 100. So they're the tallest bars there. But your evidence really is, well, the total numbers of deaths were so small that if we were just looking at them as a percentage of the population, they'd be completely meaningless. I think the word was "invisible" on your chart. That's the point you were trying to make. They were gaming us with the way they were presenting the data.

William Munroe

Yeah, definitely. And again, I wouldn't normally go down that route, comparing a small number of deaths to the estimated population per ten-year age group. That's presumptuous.

[00:40:00]

You use case fatality rate. So yeah, it was incongruous. There's a lot of incongruity in that first situation report. I know it's surprising that they continue to use that way of misrepresenting the data. Hopefully, next time around— It's not just things like this. I'm sure they'll come up with other ways.

I'm not sure, but it's possible that the CDC and the government in general will come up with numbers that are mostly designed to support their policies and directions. I didn't really want to use the general population—that's their term; it's actually estimated population—because it's so incongruous, as well. So yeah, the case fatality rates make more sense.

Shawn Buckley

Right. I think the last date you used was the end of December 2020. But my understanding is that you've been following the data, and, really, the misrepresentation has continued throughout.

William Munroe

Yeah, throughout 2020. Yes. I didn't go any further than that. What starts to climb into the data is the impact in 2021—the rollout for the so-called vaccine was well underway. It started in mid-December to be rolled out, but it really didn't get into full swing until the new year, 2021. And then, of course, that's an experiment, right? There's potential lethality there. It was a neat cut to just use 2020 for the COVID deaths.

Shawn Buckley

I'll ask the commissioners if they have any questions of you, and they do.

William Munroe

Okay, thank you.

Commissioner Drysdale

Good morning, Mr. Monroe.

William Munroe

Hello.

Commissioner Drysdale

I have a number of questions. The chart that you showed— The first chart showing the deaths. I think you said there was 12 deaths in the bar chart with the red lines on it. There

was 12 deaths, and this was in the end of March of 2020. You said there was five million people population, plus or minus, in British Columbia. My question to you is a statistical one. How statistically significant is the number of 12 compared to five million?

In other words, let me perhaps phrase that in another way. If you were studying 200,000 of an event in a population of 5 million, would you have more confidence that the data you were looking at was accurate as opposed to looking at 12 events in 5 million? Just a statistical question.

William Munroe

Yeah, okay, good. What you would want to check first is to make sure that everywhere in the province had an opportunity to be counted. The cases had an opportunity to be counted in the manner that meant that this was fully felt across the province.

The March 23rd situation report really is focusing on the Lower Mainland. It was long-term healthcare facilities. That was really where most of the numbers came from. And so statistically significant? As a sample set, statistically significant really is a term that we use to differentiate. We say, it is not statistically significantly different because stats builds in an opportunity for error because there's more of a probability—

Commissioner Drysdale

I guess you'd have to take into account things like how reliable the reporting on the 12 deaths out of 5 million were. For instance, you would have to examine the probability of error in those 12 deaths: the things like how many comorbidities were in that group; how was the testing done.

[00:45:00]

We've all heard the terms "asymptomatic" and "symptomatic" and whether or not the asymptomatic cases had to do with testing. I think what you're telling me is that you have to examine the risks within your monitoring or the reporting of the 12 deaths, as well, and then also compare it to the 5 million.

William Munroe

Yeah, for sure. Yeah, they tell us in this report that it was laboratory-confirmed. And so, I suspect what they mean there is that the deaths were laboratory-confirmed. I'm guessing, that is an autopsy, perhaps? I don't know. Also, they use what they call the gold standard for testing the RT-PCR.

Commissioner Drysdale

PCR test, yeah.

William Munroe

Yeah, the RT—reverse transcribe.

Commissioner Drysdale

Now—

William Munroe

No? Yeah, I'm not sure. Whatever they were using—

Commissioner Drysdale

I understand sir, sorry, but we're in short supply of time and my other commissioners have questions, so I'm going to have to push along on this. My apologies.

The charts that you presented here are dated March 23rd, 2020. So what that tells me is that the authorities knew—as early as March 2020—that this disease was focused in an older age group. Is that correct?

William Munroe

Yes. They had to have known it even before this. All I mean is, even before the declaration of the state of emergency.

Commissioner Drysdale

Did you happen to take a look at what the median age of death was in British Columbia at the same time? And I don't mean due to COVID. According to these charts, I think you've got the median age of death due to COVID at about 86 or 87. What was the median age of death overall in the population?

William Munroe

I don't know what it is. But what I would usually refer to is the life expectancy. Life expectancy was in the low 80s, a little bit longer for females. Males, in some parts of the province, are now into the 80s. There used to be a bigger disparity. But I would use the life expectancy as a reference. In this case, the median age of death from COVID-19 was well above.

Commissioner Drysdale

So are you saying that the median age of death, just overall in the population, and the median age of death due to COVID are in and around the same number?

William Munroe

No. I didn't look at the median age of death for the province. I just used life expectancy. Life expectancy was low 80s, 82, give or take, and the COVID deaths median age was 87.

Commissioner Drysdale

So the life expectancy in BC was lower than the median age of people dying from the disease.

William Munroe

Yes, which answers the question whether or not people were dying with other diseases or just from COVID by itself. It's obviously high mortality above life expectancy.

Commissioner Drysdale

Generally speaking, what do the officials use these statistical numbers that they collect for? That's a general question.

William Munroe

Yeah, so you would think that it would be to inform and therefore to guide policy development, application, and enforcement. These reports are used by the government to mislead people. That's what they are used for.

Commissioner Drysdale

Well, I guess I'm not speaking specifically about these reports. Just generally, I think what you're saying is that Statistics Canada or Health BC, or whoever the government agency is, collects statistics so that they can inform themselves on policy and decision, just generally speaking. And so, I ask you, is it important that that data collection and analysis

[00:50:00]

is timely with the situation that they're trying to create policies on?

William Munroe

Yes.

Commissioner Drysdale

Are you aware that Statistics Canada has not issued the final numbers for mortality rates in Canada for 2021. And this is now May 2nd, 2023?

William Munroe

Sorry, which data set was that from Stats Canada?

Commissioner Drysdale

Are you aware that Statistics Canada as of May 2nd, 2023, that's today, has not yet released their final mortality numbers for the year 2021?

William Munroe

Yeah, that's not surprising. That's normal. So 2021. Stats Canada has been changing a little bit. But with regards to population estimates, I actually did a study; it's online. I can give you the link to—

But for the first five years, those numbers are preliminary and open to change. So go back five years. Then, they go back another couple of years—pardon me, it slips my mind—goes from “preliminary” to something like, “accepted,” and then “final.” Finals come later. You need to get the birth certificates from the different provinces, all the information aggregated to the national level. It takes time, and there's error. In fact, when you do look at the population, including deaths—some people call it excess mortality—those are subject

to change, and you'll see them if you watch them. They do change in sometimes surprising ways. But that doesn't surprise me.

Commissioner Drysdale

With a lag of two years or five years, how could the Canadian population use those statistical numbers to understand the risks that they were under and make an informed decision on what they should do for themselves and their family?

William Munroe

At the provincial level, you can get those death certificates. Let's say, with this example, you get the death certificates, usually quarterly. You can get them monthly. But then there's more administrative error there; the data's spurious. If there's an emergency and people are having these laboratory-confirmed cases, you can get a little bit closer to the ground.

These situation reports were helpful a little bit. They showed us that the data was aggregated and stratified to the high mortality years and that the median age of the death that they confirmed in their labs was above the life expectancy. You can see that. And so you can make informed decisions in part from these. But you've got to be careful of accepting all the data because some of it does definitely misrepresent the data. Some of the charts, like in this case.

Commissioner Drysdale

Mr. Buckley, would it be possible for the Commission to send a summons for appearance to the officials of Statistics Canada, so we can hear from them directly?

Shawn Buckley

Yes, it is. So we can send a summons.

Commissioner Drysdale

Thank you, sir.

Commissioner Massie

Thank you, Mr. Monroe, for this presentation.

I have a question. You've been following data crunching and statistics for quite some time, and I'm wondering whether the way the data was represented— We can qualify it as misrepresented, depending on what perspective we have.

But how long have we been gathering data in BC where we could probably question whether the data was properly presented? Is it something that only happened during COVID or was it something that we could see before?

[00:55:00]

A trend that was emerging from data gathering and use of the statistic for all kinds of policy.

William Munroe

Yeah, are you talking about death specifically?

Commissioner Massie

I mean, you gather statistic to regulate on all kinds of issues. Health being one. But you could think of gathering data on businesses, on all kinds of other questions that could be useful to monitor in order for politician to make regulation and policy.

I mean, I've never looked at that before. In fact, I was not following these numbers at the beginning of the pandemic. I was just trying to understand what was going on. You trust, in general, that government would use these data to inform the public of what's going on, the severity of the epidemic and stuff like that. It seems that, based on what you presented there, that this was misleading, to say the least.

And so, I'm wondering whether this is a new event, or is it a trend that has been going on for quite some time within the government in BC?

William Munroe

Okay, a trend to misrepresent the data?

Commissioner Massie

Yep.

William Munroe

Here's a question that I think answers your question: Should correct methods and data accompany findings? Or is it acceptable that incorrect methods and data are accompanying unsupported numbers, not findings. Because then, they're not findings.

Because in British Columbia—this is documented since 2002, in fact, 2002 to 2010—the government statistical agency had changed their methods and data many times because they weren't getting numbers that were close enough to the population census in the postcensal years. So they would have to make changes to try to correct the errors in the models. And they didn't tell the public, so that's pretty fundamental.

There's no requirement that the government allows you to see the methods and data used to come up with the findings. There's no verification. This is all held in-house. Numbers can be used to support the policies and directions of the current government. So yeah, it's been going on, I'd say— I saw it, I was there. Yeah, it does happen. It's important to verify, let's say.

Commissioner Massie

My second question has to do with— If you look at the picture [where] we could actually look in terms of the severity or the potential danger of the pandemic in BC, you must have tried to compare that to other jurisdictions, either in Canada, in Europe, or other places.

How would you say that the numbers would compare in terms of raising a level of alarm from what you've seen in other jurisdictions? Because you could imagine that maybe this new virus that was creating disease and death was not necessarily happening at the same time all over the world.

Was BC an outlier: being low, medium, high? What would be your assessment on that?

William Munroe

Yeah, really good question. I'm glad you asked. I was thinking of adding a little bit to my presentation because there's the exogenous—outside of British Columbia is important to take into consideration.

Setting aside the misrepresentation of the data in this particular report, the actual low numbers of three and a half deaths for those two age groups and five deaths of the 80-year-olds, the government could say, "But there's this big wave coming. We see it coming out of China."

And so I looked a little bit at Alberta.

[01:00:00]

I don't think I looked at it anywhere else in Canada. I focused on BC data. I didn't use Stats Canada anymore. I just went to the European CDC reports. They had a really good way of storing their data and being able to make it accessible and downloadable. So I was using that data set to look at China, in particular, because I thought that China shouldn't be ignored; especially, since that's the place that, apparently, this disease spread started.

By looking at what was happening in China— As far as I'm concerned and the way I'd interpret the data, I think I'd do it more like two plus two is four, not five. There's no doubt that using an idealized bell curve and superimposing it over the actual case counts that herd immunity had already kicked in and already passed. If anybody's interested in this, go look at the data, and you'll see that schools are closed at the very tail end of the so-called pandemic. So it was over. It had reached its peak February 5th, according to the counts.

Now remember, the counts are, at first, more a count of how many tests there were because it's catching up to a bigger bell curve. Then it gets high and then it catches. Even though the number of tests continues to increase, the actual number of cases and deaths starts to drop. It peaked in February 5th of 2020. And they were specifically saying— I can even show you the chart because I did add it on to the end here just in case anybody was interested. Here it is. This is from Statista. "Percent of COVID-19 Deaths per Cases by Age Groups, China, February 11th." **They knew it was age specific, even the cases. And they still use the per cent, which is okay, in this case. Because it's just using it against the total number itself.**

So anyway, this was known. So when Neil Ferguson said that this was like the Spanish influenza, he couldn't have helped but know. How could he— It's astounding. The Spanish influenza: Again, the death was, median age was around 30 years old. It spread across all age groups. That's deadly. That's a deadly disease. This COVID-19 is a coronavirus. Dying of sniffles. So pardon me for getting emotional there, but I find it astounding. Anyways, it was bound to come out, right?

Commissioner Massie

Thank you very much.

Shawn Buckley

There being no further questions, first of all, I'll indicate that the slideshow is entered as Exhibit VA-2. So that'll be posted on the website and available to the public and commissioners for review.

Warren, on behalf of the National Citizens Inquiry, we sincerely thank you for attending and giving your evidence today.

William Munroe

Thank you. Thank you to everybody with the NCI and people who are helping out in whatever way they can. All the best.

Shawn Buckley

Thank you.

[01:04:43]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 2: Vanessa Rocchio

Full Day 1 Timestamp: 02:29:05–02:45:55

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Wayne Lenhardt

Our next witness is going to be Vanessa Rocchio. So Vanessa could you give us your full name and then spell it for us and then I'll do an oath.

Vanessa Rocchio

My name is Vanessa Rocchio, V-A-N-E-S-S-A R-O-C-C-H-I-O.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Vanessa Rocchio

Absolutely.

Wayne Lenhardt

Thank you.

Your testimony is going to revolve around an injury that you suffered from the vaccine. So could you give us a little bit of background to begin with? What type of work do you do? Have you ever had any health problems?

Vanessa Rocchio

I was a realtor until I had this issue. I didn't have any health issues as far as heart. I had a couple of knee replacements, but that didn't have anything to do with my heart. And then in May 2021, I had the Pfizer vaccine and 12 days later, I ended up in hospital with a heart attack.

Wayne Lenhardt

Okay. Were you required to have that shot for your work or you just decided to?

Vanessa Rocchio

It wasn't mandated, but I guess I was coerced. My partner had to have it for his work, and everyone in the office was seeming to get it. You couldn't go in the office without a mask, vaccinated or not, and I mean, you were even asked to stay out of the office. So I got the vaccine, and I know I shouldn't have, but lots of us did.

Wayne Lenhardt

So that happened May 4th of 2021, you had the first— Was it the Pfizer?

Vanessa Rocchio

It was the Pfizer.

Wayne Lenhardt

So you had your first shot, and then you had difficulty on May 14th. Correct?

Vanessa Rocchio

That's right. My partner took me to the ER after suffering— I had gone to the gym the day before this incident, and I worked out with a trainer. But I hadn't been at the gym for some time, and I didn't do a heavy workout with the trainer. It was a light workout. And I just talked to her before I came here, and she said, "Vanessa, it was a light workout." After the workout, I went home. The next morning, I got up and I ached everywhere. From head to toe, tips in my fingers, everything ached. And I blamed it on muscle pain because of my workout.

That afternoon, I went to visit a friend and we were talking about the aches. She's very fit. And she said, "Vanessa, this doesn't sound like an ache from a workout. I don't know what it sounds like, but it's too serious. You need to go to the hospital." As soon as she said that, I had a centred pain in my chest. It didn't radiate, but it didn't go away.

I went home and my breathing was very shallow. And I went home and said to my partner, there's something wrong. Maybe if I hadn't been to the gym, I would think I had COVID or pneumonia. And he immediately put me in the car and we went to the ER.

They put me on a halter monitor, an ECG, and they did a blood test. I waited in the ER and within 90 minutes of that centred pain coming, everything was gone. All the aching was gone, I could breathe properly, the centred pain was done. So when this test came back, I went into the ER doc and I said, "I'm fine, right?" He said, "Actually, you're not fine at all. Your troponin levels are off the charts and that says heart attack." I thought he had mixed up charts. He told me I shouldn't go home, so I didn't go home that night. I stayed there for four days. They left me on the halter monitor. There was no change to my blood pressure or my heart rate, nothing.

On the fourth day, they sent me to Royal Jubilee Hospital for an angiogram. The angiogram showed nothing. In fact, the cardiologist said it didn't even look like it happened. I went home, but they still had one more test they wanted to do.

[00:05:00]

Oh, and I couldn't drive. And I guess that's normal for what happened to me.

So I went home. Two weeks later, they did a cardiac MRI. And between the time I had the angiogram and the cardiogram, I still thought that there must be something wrong, even though the angiogram showed nothing. Because I had to have this other big test, I was worried. It showed nothing.

And through all of this, I found out that even the ambulance drivers weren't having the COVID shots. And it was an interesting ambulance ride because the young woman that was with me in the ambulance said, "I'm not telling you this to scare you." Sorry. A 68-year-old woman who had been under her care two weeks prior had had a stroke. She was fit. She had no comorbidities prior to the stroke, and neither of the ambulance drivers were getting that. And their story, although it didn't scare me then, it made me angry.

I don't think that I would have thought that this was— Maybe I wouldn't have even thought this was because of the vaccine, because I didn't think it was from the vaccine in the beginning. But I asked the internal medicine doctor whether this could be from the vaccine. And this was early on. He looked me straight in the eye and he said, "I wouldn't disagree with you." And I said, "Will this be reported?" And he said, "It will be reported, but it will be brushed under the rug. No one wants you talking about it. They don't want me talking about it, and everyone is brainwashed." And that was early on. He's a doctor that left the country because he refused to get vaccinated.

Wayne Lenhardt

Let me stop you and just fill in a few details. Where were you living at the time?

Vanessa Rocchio

I live on Vancouver Island in Duncan, so halfway between Victoria and Nanaimo.

Wayne Lenhardt

Correct. So that's where the first attack happened so you went to a hospital in Duncan and then after that you ended up going to a hospital in Victoria.

Vanessa Rocchio

Yes, because we don't have the equipment in Duncan to do angiograms.

Wayne Lenhardt

Correct. And was it the doctor in Victoria or in Duncan that said you're not supposed to talk about this?

Vanessa Rocchio

Duncan.

Wayne Lenhardt

Okay.

Vanessa Rocchio

Sorry.

Wayne Lenhardt

Okay. I'm sorry. Go ahead. I appreciate it.

Vanessa Rocchio

So I think had that doctor not said to me that he didn't disagree my issue could be from the vaccine, I may not have gone the route I've gone with all of the crazy people. But my GP, the day I asked my GP whether this could be from the COVID vaccine, he said absolutely not.

Wayne Lenhardt

And that's in Duncan, correct?

Vanessa Rocchio

Yes. And my thought is that's why more people haven't come forward. Because they were all told that it wasn't because of the vaccine. That was their directive, don't tell anybody.

Wayne Lenhardt

So have you had any problems since that first heart attack?

Vanessa Rocchio

It took me eight months to get over it. I've never had heart issues, as I said, and I've never had blood pressure issues. I've always had low, both rates. After that heart attack, it didn't seem to matter what I was doing, and I kept a blood pressure monitor on a lot.

[00:10:00]

It would go up to 190 over 70, and it was erratic all the time. Because I worked in a high-stress job, I couldn't go to work. And when you work alone, you have to be there.

Wayne Lenhardt

So you suffered some loss of income also during that first eight months. Fair?

Vanessa Rocchio

Huge, huge, and then I went back to work. And because it was real estate, the real estate market has changed, and everyone knows that there are a lot of realtors out there. The market changed, I hadn't been around for eight months and I just, I couldn't do it anymore.

Wayne Lenhardt

During our chat before you came on, you mentioned that you had asked for an exemption at some point. Could you tell us about that?

Vanessa Rocchio

The first person I asked for an exemption was my GP, and he gave me a dissertation about the very specific things that the Health Authority would give an exemption for, and he said, "You don't meet any of that criteria." So there was nothing I could do.

Six months after my attack, the cardiologist did a follow-up report. And I thought he was listening to me; I thought he believed what I said. And at the end of that conversation I said, "I want an exemption because I'm not doing any more vaccines," and he said, "I can't do that." I had asked him, so I didn't worry about it. I was, you know, six months in.

Wayne Lenhardt

You never did get the second Pfizer jab. Am I correct?

Vanessa Rocchio

Never.

Wayne Lenhardt

Okay.

Vanessa Rocchio

So the same afternoon, the cardiologist called me back. He said, "Vanessa, I've pulled your charts. I've looked at everything, I've looked at your history, and I'm going to fill in the adverse reaction report." I was elated because I thought I was getting an exemption. So I asked him for a report, for a copy of the report. He did send it to me, but the report said nothing. It didn't blame the vaccine; it didn't say it could even be possible. What it said was that he recommended that I ask my GP. Well, we already knew what my GP said and he said no.

I sent him a registered letter when I got that report, and I don't know— I had to send him a registered letter to tell him how angry I was. But I was never given an exemption. And two weeks after I got that call from the cardiologist and got that report, I got a letter from the Health Authority—I think it was Island Health Authority—telling me that I was due for another vaccine as soon as possible. I didn't go.

Wayne Lenhardt

Okay, so I believe you said you had symptoms for eight months Did they then subside?

Vanessa Rocchio

Yes.

Wayne Lenhardt

Do you still have issues?

Vanessa Rocchio

No. I did a full protocol that was given to me I think by the CARES [Community Action and Resources Empowering Seniors] team because they did an interview with me. And I'm still on it: I still take heart things. But I go to the gym and I feel like— I know I'm better. I believe I'm better.

Wayne Lenhardt

And have you gone back to the work you were doing?

Vanessa Rocchio

No, I couldn't go back to that.

Wayne Lenhardt

I think I'm going to stop there and ask the commissioners if they have any questions.

Commissioner Drysdale

Good morning and thank you for coming today.

Can you tell me, when you got your first shot, what did the doctor or the pharmacist tell you about potential adverse reactions?

Vanessa Rocchio

They didn't tell any. It was funny. In Duncan, they had it set up in the community centre early on and I went in with my partner. I looked around and I told him I felt like I was an extra in a Margaret Atwood movie because everything was so eerie. I sat down with the nurse and she— And I know this now,

[00:15:00]

but they didn't ask everyone whether they had any allergies. But they asked me. And when she got through the allergies, she said, "Oh, you're allergic to penicillin. We're going to ask you to stay for 20 minutes after the injection because we don't know the contraindications between that allergy and this vaccine." I looked at her and I had something playing in my head saying, "Don't do it, don't do it." But I didn't listen. But I looked at her and I said, "You don't know the contraindications between anything and this vaccine. So if you don't get it in my arm now, I'm leaving," and I left. I got the vaccine, whatever it is, and left. But they did not go over any contraindications, nothing.

Commissioner Drysdale

So you don't feel like you were given the opportunity to form informed consent?

Vanessa Rocchio

No, not there.

Commissioner Drysdale

I'm going to ask you one other question, and perhaps you do not remember but— With a lot of the witnesses that we've had in the past, they talked about how the shot was supposed to be administrated and they talk about aspiration. Do you know what aspiration means?

Vanessa Rocchio

Mm-hmm.

Commissioner Drysdale

Did they aspirate the needle for you? Do you remember?

Vanessa Rocchio

I think they did, but I wouldn't swear to that.

Commissioner Drysdale

Thank you.

Wayne Lenhardt

Are there any other questions from the Commissioners?

Thank you very much, Vanessa, for coming and giving your testimony today, on behalf of the National Citizens Inquiry.

[00:16:54]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 3: Philip Davidson

Full Day 1 Timestamp: 03:00:00–03:27:30

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[00:00:00]

Wayne Lenhardt

Welcome back everyone. Phil, I see you on my screen, so I'm assuming we're ready to go now. If you could give us your full name and then spell it, and then I'll make you swear an oath.

Philip Davidson

My name is Philip Davidson. It's P-H-I-L-I-P D-A-V-I-D-S-O-N

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Philip Davidson

I do.

Wayne Lenhardt

Could you start with a little background on yourself, and what you've done? I see that you are a 14-year employee of the BC Public Service so if we could just set the table here, and then we'll get into what happened to you. Can you give us a background?

Philip Davidson

Sure. Yeah, as you mentioned, I worked for 14 years for the BC Public Service in a variety of policy roles for different ministries: Ministry of Education, Ministry of Attorney General, Ministry of Health, and lastly, the Ministry of Advanced Education and Skills Training. My last position was as Director of Policy and Stakeholder Relations in the Ministry of Advanced Education and Skills Training in the Student Financial Assistance Program.

Wayne Lenhardt

So what happened from 2019 on, in your role, as far as the mandates went?

Philip Davidson

I'll begin around August of 2021. Well, maybe I'll go back a little further than that. From about March of 2020, the BC Public Service, many of us who worked in office roles, began to work from home remotely. And that was the case for the majority of my colleagues. I continued to go into the office periodically. It was close to my home. But by about August of 2021, with the provincial vaccination program having been well underway for nearly a year, I guess, by that time, there was rumblings of vaccine passports coming in. I remember discussing with my colleagues, as it had become commonplace to do, in the office about which vaccinations people had received and when they were getting it and when they had got it.

I indicated to my colleagues at that time that I wouldn't be discussing my vaccination status because I was concerned about vaccine passports. They had already been announced for Quebec at that time. And I was concerned about the possibilities of those being implemented in British Columbia because it was my understanding that the vaccine didn't prevent infection or transmission of COVID-19. And so, I didn't understand the basis for which they'd be used to essentially segregate people in society.

So that was in August of 2021. On August 24th, the provincial government announced that they would be introducing the BC Vaccine Card, so our version of the vaccine passport for British Columbia, for entry into places like restaurants, gyms, and such. And that was to be implemented on September 13th. And so that was happening.

For the BC Public Service, we had been told as employees, 38,000 employees approximately at the BC Public Service, that a vaccination requirement for the employees would not be implemented. This had been messaging from the BC Public Service and frequently asked questions going back to about March of 2021. But with the provincial government implementing the BC vaccine card for the public as of September 2021, it seemed likely and even possible to me that the provincial government would do it for BC Public Service employees. And I kind of knew that this was coming too because in my role, I could be called for briefings to the BC legislature, the Minister. And I remember being in a meeting with my assistant deputy minister one afternoon in late August.

[00:5:00]

I believe they had already implemented a vaccine passport requirement for entry into the BC legislature by that time. And so, we were being told to "make sure you have your vaccine passport ready if you're called to a briefing with the Minister at any point." And so that was the state of affairs in August and September. And then I can speak to what happened at beginning of October if you'd like me to.

Wayne Lenhardt

Okay, that was September of 2021, correct?

Philip Davidson

That's right.

Wayne Lenhardt

Yes. Okay. I'm sorry, proceed.

Philip Davidson

As I mentioned, I was concerned about the disclosure of vaccination status, private medical information in the workplace. And it appears the employer was, as well, because I recall reading in our ministry's communicable disease prevention plan that a person's health status is private information. I'm quoting now, it says, "this includes staff, clients, and the public. Public service staff do not have the right to inquire if someone has been vaccinated, or whether the person has or had a communicable disease infection."

And so this plan was part of the government's response to COVID-19 for its employees in the workplace, health and safety, protecting the health and safety of employees. And in this plan, which was last updated and dated October 4, 2021, it said that BC Public Service didn't have the right to inquire if someone had been vaccinated or not. But something had changed. Because on October 5, 2021, the head of the BC Public Service, Lori Wanamaker, at the time, sent an email to all BC Public Service employees, indicating that she had, quote, "decided that BC Public Service will require all employees to provide proof they are fully vaccinated beginning November 22, 2021."

So that was a bit of surprise to a number of BC Public Service employees. I think the vast majority had become vaccinated and was likely up around 80 per cent or more, consistent with the general population vaccination levels for British Columbia. But certainly, there was at that time a number of people who worked for the BC Public Service who hadn't become vaccinated. It was also interesting in this email that Ms. Wanamaker made the following comment saying, "We also know vaccination is the safest, most effective measure to reduce transmission of the virus in our communities." And she indicated that she had met with Dr. Bonnie Henry at the end of September and decided, following that conversation, to make vaccination against COVID-19 a requirement for all BC Public Service employees.

Wayne Lenhardt

So that would include you? You were unionized at this point, were you? You weren't exempt?

Philip Davidson

No, I'll clarify. I was actually an excluded non-union member of the BC Public Service, so it was excluded management. And the policy applied to all members, both non-union and unionized as well.

Wayne Lenhardt

So I assume that you didn't comply, is that correct?

Philip Davidson

Yeah, my position was that I wasn't going to disclose my vaccination status to the employer. I didn't see, frankly, the need to, especially as I had been working remotely quite a bit, although I had been going into the office. But I was perfectly able to work remotely as the majority of my colleagues were doing. The policy was ostensibly to protect the health and

safety of employees in the workplace. Since the majority of my colleagues and many across the public service had been working remotely from home for well over a year by that time, there was a desire to bring people back to the workplace, in-person work, and this was seen as a safety measure to ensure that 100 per cent of the people going into the office can prove their vaccination status. And so, I didn't feel comfortable doing that,

[00:10:00]

and later requested to be able to continue work remotely from home, but I was denied that request.

Wayne Lenhardt

So if you could give us a bit of a timeline then. I'm assuming they started laying on deadlines where you had to do this. When did that happen and what happened? Eventually, I gather you were put on leave without pay at some point. So tell us that story.

Philip Davidson

Yeah, absolutely. So the policy came into effect on November 1st, 2021. By November 22nd, all employees had to prove their vaccination status by showing their BC Vaccine Card to their supervisor, in many cases virtually online through the computer screen. And if they didn't do so, they would be placed on leave without pay, we were told, for three months. At the end of which time your employment could be terminated.

And on November 19th, 2021, the provincial government passed an Order in Council, creating a new regulation under the *Public Service Act*, the COVID-19 Vaccination Regulation. It made proof of COVID-19 vaccination a term and condition of employment. And it deemed dismissal for noncompliance with that requirement to be dismissal for just cause: so termination for misconduct, willful misconduct. And so that came in actually on the Friday before the Monday that the requirement to prove one's vaccination status came into effect.

Wayne Lenhardt

So did requests come in then that you do this? Did you get something in writing? I assume you didn't comply. Tell us the story here.

Philip Davidson

Yeah, in my particular case, I had a very cordial relationship with my executive director, and we waited to have this conversation to the last day, essentially. And I was just clear that I wouldn't be sharing that information with the employer, and he sort of apologetically said, "Well, there's not much I can do for you. And so, you know, you'll receive a letter." This policy and the implementation of it was administered centrally through the BC Public Service Agency. So while many members of the BC Public Service work in different ministries and have supervisors and bosses that they report to, those supervisors or bosses really didn't have any individual control over things. They were following a plan that was being implemented centrally.

Wayne Lenhardt

So when were you terminated or placed on leave without pay?

Philip Davidson

I was placed on leave without pay on November 24th, I believe, and continued in that status until June of 2022, for about seven months. And then I was terminated.

Wayne Lenhardt

And that was by a letter from someone. Who sent you the letter?

Philip Davidson

The process when one is deemed to have committed misconduct in the BC public services—there's a recommendation from your supervisor for termination to the deputy minister and then the deputy minister terminates the employee.

Wayne Lenhardt

Was that a termination or just a leave without pay?

Philip Davidson

It was a termination.

Wayne Lenhardt

Okay. So what did you do after that?

Philip Davidson

Well, I might rewind a little bit to say that when this was announced in October of 2021, it caught a lot of people by surprise in the public service. And there was a lot of activity amongst people who were opposed to such a heavy-handed policy. And so there emerged a group of people who found each other online and began to discuss and to see what could be done in terms of responding to this policy. I'll also add that for the majority of the BC Public Service,

[00:15:00]

the employees are required to be members of a union, in this case, the BC General Employees' Union [BCGEU], one of the largest unions in British Columbia, not the largest. And the union really, in my estimation, did nothing to represent its members regarding the employer's mandate and sided pretty much entirely with the employer on the mandate. I wasn't a unionized employee, but a lot of these employees weren't finding any assistance from the union regarding this mandate. And so, they began to organize themselves.

An online Telegram group that was created eventually grew very quickly to 1,700 members. And so out of that, a group was born that came to be called the BCPS Employees for Freedom. And in March of 2022, I and four other colleagues incorporated a not-for-profit society for this group in order to advocate on behalf of BC government employees

and to defend their medical privacy and bodily autonomy. We undertook some legal action to seek a petition for injunction and judicial review of the Government's Order in Council and COVID-19 Vaccination Regulation. And we did have a hearing for the injunction in March and April of 2022.

Wayne Lenhardt

Okay, and that was heard, correct?

Philip Davidson

It was heard, and our petition for injunction was denied. The judge in that ruling ruled essentially that we hadn't met the test for irreparable harm, and so we weren't able to stop the termination of employees. It is interesting that the provincial government on March 10, 2022, announced that it was withdrawing the BC Vaccine Card, the vaccine passport, as a requirement for entry into public spaces like restaurants and gyms, et cetera. On April 8, 2022, is when that happened. But that the BC Public Service maintained the requirement for the vaccine passport for employment for almost a full year after that. It was just rescinded on April 3, 2023.

So terminations began in March of 2022 and to date, my understanding is that over 300 BC Public Service employees have been terminated. Also understand that a significant number of BC Public Service employees retired early to avoid termination from the mandate and that number we understand to be somewhere between 2,000 and 3,000 people. There's been a large number of vacancies with the BC Public Service over the last year and a half or so. And I know, personally, a number of people who retired early because of this mandate.

Wayne Lenhardt

And that would have negative financial consequences, would it? If you retire early, you don't get your full pension usually. Is that fair?

Philip Davidson

Absolutely.

Wayne Lenhardt

Okay. Are any of your lawsuits still continuing? Because typically an injunction is a part of a general damages application. If the injunction is not successful, usually the damage claim continues. So are there any of these claims still outstanding before the courts?

Philip Davidson

Yes. I can confirm I'm part of a group of employees that are involved in legal act regarding the mandate. Those of us who are non-union excluded employees are involved in an action as well as members of our society who are unionized members have filed section 12 failure to represent claims with the BC Labour Relations Board against the BCGEU.

When in the fall of 2021 to the winter of 2022 this grassroots group of BC Public Service employees was forming, the leaders of it at the time—I wasn't involved until later on—were seeking legal representation, and it was very difficult to find lawyers in British Columbia,

[00:20:00]

or anywhere in Canada, willing to represent employees and to take forward an injunction action. We did find a lawyer initially, that relationship didn't continue. Then I had personally sought legal representation and found a lawyer and recommended it to this group. And so we're represented to this day by Omar Sheikh of Sheikh Law, Victoria.

Wayne Lenhardt

And so those lawsuits are still pending and still proceeding, are they?

Philip Davidson

Yes, they are.

Wayne Lenhardt

I'm going to stop and ask the commissioners if they have any questions for you.

Commissioner DiGregorio

Thank you so much for coming today and sharing your testimony with us. I wanted to explore a little bit more about the injunction that you applied for, to make sure I fully understand what the circumstances were. So this was a request to the court to stop the termination of employees for not complying with the employer mandate. Is that right?

Philip Davidson

That's correct.

Commissioner DiGregorio

Okay, and so you've mentioned that that injunction was denied. Just a step back, how long did it take between the application for the injunction, for it to be heard by the court?

Philip Davidson

The application was filed in about mid-February 2022, and we had a hearing in mid-March. So it was relatively quick.

Commissioner DiGregorio

During that time, did terminations occur or was there a pause? Or they were on hold during the time that the injunction had been applied for, but had not been heard yet in the court?

Philip Davidson

I can't say specifically, but it is my understanding that terminations did commence on or around that time. I myself was warned that I would be terminated by February 24th, 2022. That didn't happen. I ended up being terminated several months later, but I am aware of other individuals who were terminated in March.

Commissioner DiGregorio

Thank you. And so the other side of it, then, is what the analysis that was done by the court was. I think I heard you say that the reason the injunction was not granted was because the court did not find irreparable harm. And that, I think, is one of the requirements under the common law in Canada to grant injunctions.

How could the court say that there was no irreparable harm? What was advanced as the basis for the harm that would underlie the application for the injunction?

Philip Davidson

Well, I wish I could get into more specific detail about the legal specifics of our case. Being a non-expert in this area, I don't want to venture too far. But my takeaway from the ruling is that by ruling that there was no irreparable harm to allow the termination to continue that the justice was suggesting that the harm was reparable. In other words that we could proceed with legal action and, through the courts, obtain some sort of award or monetary compensation for the harm caused to us. That is yet to play out, but that's my takeaway from that.

Commissioner DiGregorio

So essentially, the argument being that there is still an opportunity for the employees to have compensation say if they lose their jobs—not finding that losing your job is irreparable harm. Was there also a reason given perhaps that employees could go and find other employment, or do you know if that was a piece of the reasoning? And I'm sorry if I'm asking you details that aren't at top of mind.

Philip Davidson

No, that's fine. I don't recall specifically, but I'm sure those details could be found in the judge's reasons themselves, which are available.

Commissioner DiGregorio

Okay, and perhaps our commission will be able to access the reasons to that because I'd very much like to read them.

Was the decision on the injunction appealed?

Philip Davidson

No. It was a two-part action, so it was a petition for injunction and judicial review. We haven't yet proceeded with the second part, and we're sort of determining the next steps on that.

Commissioner DiGregorio

Okay, thank you.

Commissioner Drysdale

Good morning. In your testimony, you discussed a certain policy that I believe came out in September or October of 2021, which talked about the public service did not have the legal ability to ask questions about vaccine status.

[00:25:00]

My question to you is do you have a copy of that that you can submit to the Commission for the record?

Philip Davidson

Yes, I do. Actually, I submitted it maybe a couple of weeks ago to the Commission [exhibit number unavailable]. But I'll just specify that that was a workplace policy specific to where I worked in my office. It wasn't a Public Service Agency policy, which would override an individual worksite, but it did state the following: "A person's health status is private information. This includes staff, clients, and the public. Public Service staff do not have the right to inquire if someone has been vaccinated or whether the person has had a communicable disease infection."

When I read that, I was a bit puzzled that the very next day, the head of the Public Service could come out with a communication to all staff saying that not only did the Public Service have a right to inquire, but it was a duty and obligation and a term and condition of employment for Public Service employees to prove their COVID-19 vaccination status.

Commissioner Drysdale

Thank you.

Philip Davidson

Sorry, to add to that. I think it's important to emphasize that the Government of British Columbia legislated this. They passed an Order in Council on November 19, 2021, and created a new regulation requiring this under the *Public Service Act*. I'm not aware of any other jurisdiction in Canada that did that. And that was the basis for our petition for judicial review as to the constitutionality of such a law.

Wayne Lenhardt

We have another question. Heather, go ahead.

Commissioner DiGregorio

Sorry, one more question. Actually, it was about that Order in Council. Do you know if that is still in effect, or has it been repealed? Or has it expired?

Philip Davidson

It's my understanding that it was rescinded on April 3rd, 2023.

Commissioner DiGregorio

Thank you.

Wayne Lenhardt

Are there any final questions? No. Okay, on behalf of the National Citizens Inquiry, I want to thank you for submitting your testimony today.

Philip Davidson

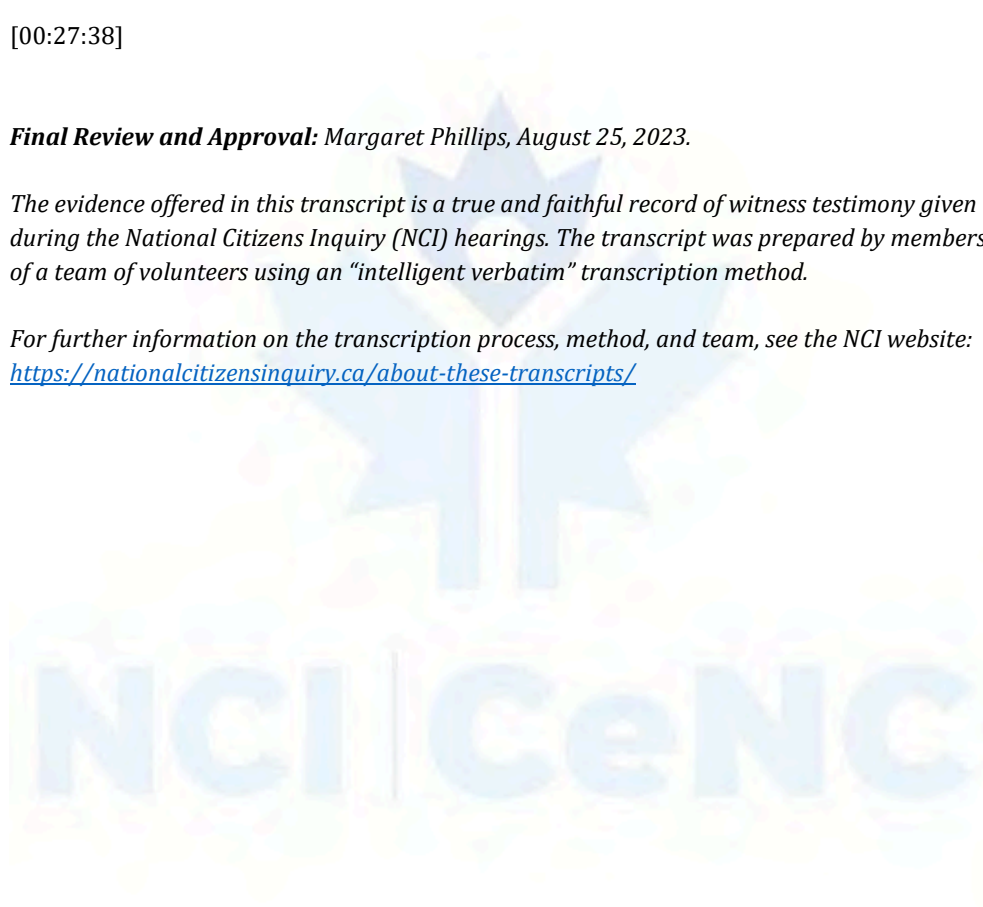
Thank you.

[00:27:38]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 4: Dr. Matthew Cockle

Full Day 1 Timestamp: 03:27:44–04:50:25

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Wayne Lenhardt

The next witness is going to be Dr. Matthew Cockle. Could you give us your full name and spell it for us and then I'll do an oath with you.

Dr. Matthew Cockle

Yes, my name is Matthew Evans Cockle, M-A-T-T-H-E-W, Evans, E-V-A-N-S, Cockle, C-O-C-K-L-E.

Wayne Lenhardt

You may have to get the microphone a little bit closer to you so that this can all be recorded.

Dr. Matthew Cockle

Better?

Wayne Lenhardt

Go ahead yes.

Dr. Matthew Cockle

Is that good?

Wayne Lenhardt

Good, okay. Dr. Matthew Cockle, do you swear that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. Matthew Cockle

I do.

Wayne Lenhardt

I gather you're a professor at the moment. Could you maybe give us a little background on what you do and your qualifications?

Dr. Matthew Cockle

I don't teach at a university. I teach kids privately. My PhD is from UBC. I'm a Renaissance and Reformation specialist, and my masters from the University of Paris and the École Pratique des attitudes in History of Religions. I've been working with the Canadian COVID Care Alliance for a year and a half, two years, with Deanna McCleod and Liam Sturgess and many others in the external communications committee.

Wayne Lenhardt

I gather you're going to talk about conflict of interest and advancing the public good. So I'm just going to perhaps let you proceed and turn you loose, and if I have anything that I think needs clarifying, I'll just pop in briefly.

Dr. Matthew Cockle

Sounds good. All right, so advancing the public good or promoting cultural barbarism. What are good schools for?

The other day, a friend and I were discussing the talk that I would give here at the National Citizens Inquiry and with her talent for powerfully concise formulations, she provided what I think is a perfect introduction to my topic. When we turned to discuss universities, she said something along these lines: when I think about our universities, I can't help thinking about their sad and harmful failure over the past three years.

Since March 2020, they have failed to provide public access to much-needed information, and they've failed to foster and host balanced debate about the decisions being taken and the policy measures being implemented in response to COVID-19. It's not like these decisions and policies were of no public significance and, therefore, somehow beneath academic discussion.

On the contrary, these decisions and policies threatened all aspects of society, economic and political, social and cultural, education and health. These decisions and policies **suspended and sometimes extinguished rights: They forced mass submission to medical experimentation; they destroyed small businesses; they mandated loss of employment and disentitlement to employment insurance; they denied timely access to medical diagnosis; they denied access to medical treatment, including access to early or effective COVID treatment; they criminalized non-compliance and lawful opposition; and they denied access to effective remedies and to due process.**

In relation both to COVID-19 and our national and provincial policy response to COVID, our universities could have provided public access to much-needed balanced evidence-based information. Our universities could have provided forums for balanced interdisciplinary public debate. Instead, our universities bullied, suspended, and fired faculty who questioned or criticized.

Wayne Lenhardt

Dr. Cockle, in the interest of partly our time, I think perhaps if you could maybe sort of summarize a bit rather than just reading from your script as to what your points are and that will give us an opportunity also to jump in.

Dr. Matthew Cockle

I can only read. I've done a great deal of work here to bring this together, and I absolutely can't just summarize on the fly.

[00:05:00]

It's hard. Okay. I can try.

Wayne Lenhardt

I understand. I've been an academic myself prior to going into law, but I think in this forum, I think it would work much better.

Dr. Matthew Cockle

So when we think about our universities, there are two things that spring to mind. First, we think that our universities are there to advance the public good. And second, they're there to make great strides forward by fostering specialized knowledge. We generally, as Canadians, we think of universities acting towards advancing the public welfare, towards promoting societal health and well-being. Now, few people will deny the incredible benefit that we've drawn from this, but there are harms associated with this specialization.

Wayne Lenhardt

Do you regard COVID as a scientific type of an issue or do you regard it as more of a cultural type of thing or both? What I'm trying to do is home in on your topic, advancing the public good. I'm an old analytic philosopher. What do we mean by that? How are we advancing the public good, and how have they not done that if that's the case here? And now you talk about conflicts of interest, and I'm sure there are tons of them involved in this.

Dr. Matthew Cockle

We can go right into conflicts of interest, but I'll have to follow some notes for this. So taking Dr. Shelly Deeks. She is the current chair of Canada's National Advisory Committee on Immunization [NACI] and very early on in the pandemic, she received a 3 point [sic][3.5] **million dollar grant as part of the Canadian Immunization Research Network's [CIRN] COVID-19 vaccine readiness program. The CIRN grant was issued several months before there was any randomized control data available, yet it seems to have presupposed that mRNA vaccines were the only viable answer to COVID-19. This was a precipitous conclusion aligned with the interests of global organizations involved in setting Canada's national research priorities.**

Now one such organization is GloPID-R, the Global Research Collaboration for Infectious Disease Preparedness, and in a promotional video, they refer to themselves as "GloPID-R, the global coalition of research funders." On the GloPID-R website, we read that members of our global coalition are funding organizations investing in research related to new or re-emerging infectious diseases that share the goal objectives and commitments of GloPID-R.

Now clearly, the primary investors in research related to new or re-emerging infectious diseases are likely to be pharmaceutical corporations, and indeed as one of its developmental milestones, GloPID-R created its industry stakeholder group in October 2017. In their own words, “GloPID-R members agreed on the importance to reach out to industrial pharmaceutical corporations to increase the efficiency of the global response to outbreaks.” In order to achieve this objective, they discussed the best way forward and decided to set up a specific industry stakeholder group.

So this organization, GloPID-R, played a key role in coordinating the pandemic response and research efforts internationally. It coordinates research funding that advances research and development of pharmaceutical products with a major focus on vaccine development.

In addition to its industry stakeholder group, the membership of GloPID-R includes both the World Health Organization, GAVI, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations, alongside 30 other private organizations and public institutions among which many national research councils and the Canadian Institutes of Health Research.

I think most Canadians would find it somewhat startling that the research priorities adopted for Canada’s COVID-19 response were largely set in the global COVID-19 research roadmap, developed and published in March 2020 as a collaboration between this global pharma-backed research organization that prioritized vaccine research and the WHO R&D blueprint team.

Fortunately, no one has to take my word for it. We can read the words of Charu Kaushic, the Scientific Director of the Canadian Institutes of Health Research,

[00:10:00]

Institute of Infection and Immunity [III].

She also happens to be at the same time, the chair of GloPID-R. She has written a letter published on the CIHR website entitled, Message from the Scientific Director: The CIHR response to the COVID-19 pandemic. In this letter, we read:

Since the beginning of this pandemic, Canadian science and scientists have shown tremendous leadership nationally and internationally. In February, CIHR, Canadian III researchers and leading health experts from around the world participated in a World Health Organization [WHO]–Global Research Collaboration for Infectious Disease Preparedness [GloPID-R] joint meeting in Geneva to assess knowledge, **identify gaps and work together to accelerate priority research to stop the outbreak. Shortly thereafter, CIHR and other federal agency partners launched a Government of Canada rapid research response, and the response from the Infection and Immunity community was remarkable. This resulted in a total investment of \$52.6M to support 96 research projects across the country to rapidly detect, manage and reduce the transmission of COVID-19**

As a result of working closely with GloPID-R and the ongoing coordination from WHO, we have seen [Charu Kaushic writes for the CIHR], unprecedented levels of international cooperation between

funding agencies and international researchers in the response to COVID-19.

So in this letter, Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, refers to CIHR Canadian III researchers.

Again, reading from CIHR's own website:

... these initiatives ... offer funding opportunities related to identified priority areas. Each of these initiatives involves collaboration between the Institutes and a wide range of partner organizations, including:

- other federal and provincial government ... [organizations]
- international, national and provincial funding organizations, and relevant territorial departments
- health charities
- non-governmental organizations [such as the WHO and]
- industry [such as Pfizer]

The purpose of these initiatives is to offer funding opportunities focusing on a specific research agenda.

The problem here is we're taking great strides to advance science without similar attention being taken to advance humane governance and to limit destructive excess.

The CIHR is deeply entrenched in a program of global public-private partnerships that allow extremely powerful private interest to play a major role in setting Canada's research agenda. The \$3.5 million grant received by NACI chair, Dr. Shelly Deeks, to encourage COVID-19 vaccine readiness, fits neatly into this larger framework of a research agenda set by global interests.

Again and again and again throughout the documents that I've read in preparing this talk, one sees the assumption that by quite simply continuing full speed ahead according to the research priorities identified and funded by global coalitions of research funders, one will be making significant contributions to the public good and that one's industry in advancing these select research priorities, provided by public-private global partnership organizations, is deserving of heartfelt thanks in and of itself.

As an example of such bizarrely naive assumptions of altruism, we can read the title of an article published on the CIHR website. The article appears to be written as an introduction to **Dr. Scott Halperin, nominated principal investigator with the Canadian Immunization Research Network and Director of the Canadian Centre for Vaccinology.**

The title reads, "Heralded as one of the greatest medical breakthroughs of modern times, why are proven-effective vaccines suddenly getting such a bad rap?" The title hyphenates the word proven and effective to create a compound word and the compound word then represents the conclusion that vaccines have indeed been proven effective.

On the face of it, this sounds absurd. How have all vaccines been proven effective? But then, too, if one wanted to argue that not all vaccines are effective, the author might counter by saying, "Yes, but here we're only referring to the ones that are proven effective, hence the hyphen."

So as we read the published material on these official Government of Canada websites, we might get the impression that there's considerable effort being made to obscure matters of importance and to present information in an intentionally misleading manner. By way of illustration, another bit of tricky phrasing can be found at the end of the first paragraph on the same page to which I've just referred.

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"Dr. Scott Halperin," we read, "has dedicated his career to inspiring confidence amongst Canadians, that the most effective way to prevent the spread of infectious diseases continues to be through vaccination. By demonstrating the judicious testing that each vaccine undergoes before being introduced into publicly funded immunization programs, Dr. Halperin is combating misinformation with fact, reassuring us that the decision to vaccinate ourselves and our children is a wise one."

In these two sentences we're confronted with just a barrage of assumptions.

First, that vaccination is the most effective way to prevent the spread of infectious diseases. Second, that as this continues to be the case, it has been so for a good long time and therefore is a settled matter of scientific fact not open to dispute. Third, that each and every vaccine introduced into publicly funded immunization programs is subject to judicious testing. Fourth, that the decision to vaccinate ourselves and our children is wise. And because there is no context given, the suggestion is that it is always wise, presumably because of the judicious testing upon which we can always rely. And fifth, that anything which might shake one's assurance in the wisdom of vaccinating oneself and one's children is misinformation.

So all across the board, we see that Canadian researchers are being encouraged to simply assume that whatever work they do, so long as they're advancing the research priorities set within the established global research agenda, they're doing the right thing.

We might reflect that it's not advisable to separate the pursuit of specialized knowledge from the service of the public good. But here we see that our researchers are not doing this—at least they don't think they are. They're encouraged at every possible turn to believe that they're altruistic agents whose industry is unquestionably being directed towards the general health and well-being of Canadians. And there's a powerful and familiar idea at work here.

When we say that we want our children to go to good schools, we mean we want them to flourish, we want them eventually to be esteemed by their fellows, we want them to be **valued in professions and in the roles they go on to play in their careers. And when we say good school, we tend to assume that the school in and of itself is already fulfilling such an important socially beneficial role, that the mere fact of entering the good school, you're already contributing, you're already doing good for your fellows, and this is a very common assumption.**

And I think we see a very similar assumption being promoted in relation to all those participating in Canadian Institutes of Health Research initiatives on these official government website pages. Now it's a wonderful assumption to make if it's true. So long as it's true, it's wonderful to be able to make the assumption that our good schools are doing good. And this is why we say good for you, worthy endeavors. And they are. They're worthy

so long as the good school isn't actually doing anything unlawful, unethical, or contrary to the public good.

So when I read Charu Kaushic, the Scientific Director within the CIHR Institute of Infection and Immunity, I might be inclined to take her at her word when she says, "I know each one of us is trying our hardest to contribute in every way we can, whether it is being a source of authentic information to counteract all the misinformation that is out there, providing sound advice on infection prevention and control, or discussing the scientific evidence on social distancing, latest therapeutics, testing, and vaccines."

When I read her saying these words, I'm tempted to believe her. I'm tempted to believe that she believes what she's saying. And I'm tempted to believe this, that she's in earnest, even though social distancing and masking recommendations were never anywhere near constituting sound evidence-based advice on infection prevention and control, even though there is no scientific evidence that social distancing was effective, even though relatively little and poorly designed research was done into therapeutic treatments for COVID-19, particularly those like hydroxychloroquine, even though it was manifestly clear from the beginning that the mRNA COVID-19 genetic vaccines hadn't even come close to meeting reasonable testing criteria.

So why am I inclined to believe that Charu Kaushic believes what she is writing, in spite of what might strike one as its manifest absurdity? Well, I think it's entirely possible that she believes the system as a whole because it is so wonderfully powerful and productive, because the sky is the limit when it comes to all that we can accomplish that she believes the system is necessarily and assuredly good.

When Charu Kaushic writes to the collective community of the CIHR,

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when she writes to every one of you, "my heartfelt thanks," she's giving clear expression, whether she really believes it or not, to the idea that their participation in any and all CIHR projects is itself an entirely unproblematic ethical good: something to be lauded, something worthy of spontaneous yet profound respect. What we're dealing with then is a rather sophisticated "get-out-of-responsibility-free" card.

If I am a Canadian researcher engaged in top-level research for initiatives funded by the Canadian Institutes of Health Research or if I am engaged in research with one of the network organizations under the umbrella of the Canadian Immunization Research Network, then I know in my heart that the work I'm doing is good. It has to be good because the CIHR and the CIRN are public institutions of the highest calibre. They aren't predatory corporations. They exist merely to serve the public good and advance the cutting edge of scientific research on behalf of all Canadians. Well, it feels good, but is it real?

What I do know is that Charu Kaushic can't quite use this line of reasoning to absolve herself of responsibility. And the reason is, in her role as the Scientific Director for CIHR III, and this is from a government website, Dr. Kaushic is responsible for making investment decisions nationally and internationally and representing "CIHR and the Government of Canada at various national and international forums related to infectious diseases," and at the same time, in this very same capacity, she serves as the Chair of GloPID-R, the global consortium of funders in pandemic preparedness and emergency response research.

So it's possible that a great many well-meaning Canadian researchers are operating under the impression that the work they're doing must be good because the CIHR and CIRN are public institutions that function altruistically. It might be possible for many such well-meaning Canadian researchers to imagine that the CIHR and CIRN are so constituted that they will not and perhaps even cannot function in the manner of predatory, profit-driven corporations.

If this is the case, if it's true that many Canadian researchers possess such a view of these powerful public institutions, Charu Kaushic is very unlikely to share their candy-coated illusions because as Scientific Director within the CIHR Institute of Infection and Immunity, Kaushic is involved with the CIHR's Global Governance Research on Infectious Disease initiative.

From the CIHR's own website, the CIHR Institute of Population and Public Health and Institute of Infection and Immunity have been leading efforts to build an international network for social science research on infectious diseases that will be supported by a central coordinating hub funded by the European Commission through its Horizon 2020 work program.

The intention of the international network is for participating funders to establish the support centres, initiatives, or networks within their own jurisdictions, which will then be networked internationally through the EC-funded central coordinating hub. This international network of networks will facilitate bigger and more robust scientific inquiries that respond to the needs of global policymakers. This international network is intended to facilitate policy relevant opportunities, networking, cross-country learning, bigger science, and knowledge transition opportunities.

The point that needs to be driven home here is that, given the state of our current national research bodies, it's very unlikely that they're representing anything like what the average Canadian imagines as the public good.

Not only are our Canadian national research bodies correlating their research with the priorities set out in the WHO and GloPID-R's coordinated global research roadmap, but our public CIHR is actively contributing to global governance programs that will facilitate the transfer of its national decision-making agency as a Canadian public institution into the hands of global public-private partnership organizations.

Rather heroically, the CIHR website refers to its leading efforts to build an international network of networks. Nowhere does the CIHR mention the goal of securing bigger profits for the corporate stakeholders who stand to gain from these publicly funded webworks.

No, according to the CIHR, the international network of networks just promises bigger science. There's similarly no mention of profits on the GloPID-R site. The overriding aim of our work, they say, "is to impact global health by saving lives.

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"To coordinate the work of funders, we are active on several fronts."

But as a reminder of the mode of operations one might expect from GloPID-R's industry stakeholder group, we could take a quick peek at the United States Department of Justice website under the heading, "Justice Department announces largest health care fraud settlement in its history: Pfizer to pay \$2.3 billion for fraudulent marketing." In this press

release, dated Wednesday, September 2nd, 2009, we read, “American pharmaceutical giant Pfizer Inc. and its subsidiary have agreed to pay \$2.3 billion, the largest health care fraud state settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products.”

The press release quotes Tony West, the Assistant Attorney General for the Civil Division, as saying that “illegal conduct and fraud by pharmaceutical companies puts the public health at risk, corrupts medical decisions by health care providers, and costs the government billions of dollars.”

It quotes Mike Loucks, then acting U.S. Attorney for the District of Massachusetts, as saying, “The size and seriousness of this resolution, including the huge criminal fine [of \$1.3 billion], reflect the seriousness and scope of Pfizer’s crimes. Pfizer violated the law over an extensive period of time. Furthermore, at the very same time Pfizer was in our office negotiating and resolving the allegations of criminal conduct by its then newly acquired subsidiary, [Warner-Lambert], Pfizer was itself in its other operations violating those very same laws. Today’s enormous fine demonstrates that such blatant and continued disregard of the law will not be tolerated.”

Now why would Canadian public institutions want to get into bed with corporations that demonstrate blatant and continued disregard of the law? Does the Canadian public believe it’s worthwhile to give up the autonomous governance of our national research programs and to partner with corporations that pay out billions in healthcare fraud settlements just for the sake of bigger science?

So over the course of the pandemic, it’s the declared pandemic, we’ve assumed that, well, at least our legacy media and our national public broadcaster have worked overtime to create the impression that the COVID-19 response in Canada has been led by independent scientists and elected representatives whose primary motivation has been to promote public welfare.

In reality, our COVID-19 response has been largely directed by individuals and corporations with ideological and financial interests independent of and in some cases contrary to public welfare. These individuals and corporations have guided pandemic policy in order to ensure outcomes in line with their own private interests with little regard to the general well-being of Canadians. And here, speaking generally, we’re talking about public-private partnerships.

Public institutions are rooted in the public sphere. They tend to have laudable goals, mission statements, and mandates clearly aligned with the constant underlying purpose of serving and protecting the public good. Increasingly, however, of the past decades and most acutely during this declared pandemic, leading figures within our public institutions, like Charu Kaushic, have chosen to engage in partnerships with private sector entities. And as a result of these choices, public institutions have become to greater or lesser degree dependent upon external and private sources of funding. In doing so, they’ve compromised the integrity of these public institutions whose intended purpose is to promote the public welfare. Additionally, though, they’ve normalized, they’re in the process of normalizing the public-private partnership model.

On the face of it, public-private partnerships sound good. It sounds like we’re all pulling together towards a common set of goals. But when it comes to the interests of powerful corporations capable of exerting influence on a global scale, there’s little evidence that their interests ever meaningfully intersect in positive, healthy, and peaceful ways with the interests of the average global citizen.

It should be an ever-present consideration for anyone advocating on behalf of the public good that it's absolutely essential that public institutions remain independent from the private sphere, particularly when one is dealing with public regulatory bodies. It's vital that the regulatory body remain independent of the private sector industries they regulate.

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But they must also remain independent of any overreaching state and federal bodies that might themselves be leveraged by private sector interests. Over the course of the declared pandemic, the most obvious and flagrant example of private sector influence upon the public regulatory bodies as well as upon public organizations more generally is the influence exerted by our pharmaceutical industry.

Pharmaceutical companies have a clear mandate to pursue financial gain. Their primary goal is to increase shareholder profit and investment. And it's not in their mandate, it's not a marketplace requirement, it's not even a marketplace expectation that they determine the nature of the public good, let alone promote or protect it.

The COVID-19 crisis presented global corporations, including pharmaceutical companies, with an unprecedented opportunity to consolidate their wealth and power. And the transfer of wealth that has taken place, a transfer from the working class to the global billionaire elite, has been measured in the trillions. According to a recent Oxfam report, the richest 1 per cent grabbed nearly two-thirds of all new wealth worth 42 trillion created since 2020, almost twice as much money as the bottom 99 per cent of the world's population. So it's worked for them. The pandemic has worked very well for them. It's gone off without a hitch.

At the same time, the COVID-19 crisis has presented the global public with an opportunity to see just how much power the corporate sector can wield. We've seen its ability to influence public organizations, including regulatory bodies. We've seen its ability to direct the emergency response, including the legislative processes of sovereign governments. And through the hold it has upon legacy media and the new social media platforms, we've seen the influence it's able to exert in shaping the understanding of and the reaction to these policies in populations around the globe.

In other words, we've observed that there are corporate power structures ready, willing, and entirely able to shape global government policies, and then to shape the global response to the policies they're promoting. Policies, ostensibly in service of the public welfare, but manifestly serving to increase the wealth, power, and finally control of these corporations over an increasingly captured public sphere.

So where does this lead?

Now I'd say that where this leads is a state of cultural barbarism as a new norm. But the word "barbarism" poses a problem just because we have two sort of definitions floating around. There's the language-based definition that refers to the Greek term barbarous. And the barbarian is someone who when they talk, it just sounds like bar, bar, bar. We don't understand what they're saying. It's a foreign tongue. But when we say barbarian, when we say barbarism, what we mean is someone who chooses domination over empathy. We mean the inclination to use violence and coercion to persuade others to do as we wish. But these two definitions, they're related. And this is really the crux of what I wanted to say here today. These two definitions of barbarism are related by the idea of specialization.

To illustrate, I'll very shortly have a look at scholastics in the Renaissance, if that's all right. So the term barbarism gets used in an interesting way by Erasmus around the end of the 1400s when he refers to the scholastic doctors of theology, the doctors of divinity in the theological schools. And he calls them barbarians because they don't speak Greek. And why is that important? Well, it's important because the New Testament, the Bible that they're interpreting, is written in Greek. And it's not written in Attic Greek. It's not written in a very high Greek for the educated. It's written in what's called Koine Greek,

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marketplace Greek: Greek that's accessible to anybody at all, anybody who can speak it. If they hear it, they understand it.

So the scholastic doctors of divinity, they're reading their Bible in the Latin translation and it's an ancient translation. So already, it's like how many of us read thousand-year-old English and just understand what we're reading? Not many of us. So it's an ancient text and then on top of this, they developed this really complicated Latin, and they bring in all kinds of new terms so nobody except for them can understand the interpretive process they're using, the interpretive method they're using. And so now, you've got a population that's cut off from the sacred text that apparently is the foundation and wellspring of their sense of what the public good is. And you've got a clique of specialists who can decide for them. And if you can control that clique of specialists, then you can shape expectations in relation to the public good. So that's one part, that's an important part of barbarism—when you have walled off domains of learning, domains of thinking that have real public significance, when you've walled it off from the public.

Now how does this contribute to sort of a cultural barbarism, where you're oppressing others, where this becomes the default mode?

Well, if every domain of learning—we take our universities—every domain has its specialists. So no matter what we're talking about, we're going to defer to the specialists: ask the experts, trust the experts. And maybe those experts will be helpful. But the specialization of all agency—the specialization of knowledge and agency in all domains of human activity—this is a signal for cultural barbarism. And the reason is that the default position now becomes, no matter what the question is, “there are experts who are dealing with it.” And the question should be given to them. And no matter what the problem, it's not my responsibility because I'm not the specialist. It's someone else's responsibility.

Now the universities saw incredibly high compliance with the mandates and with very little debate, which is really shocking to a lot of us. But we can understand it because **everybody's deferring to the next specialist. And so when you create a culture like that, you basically, you've laid the foundation. When you have domains of learning and activity that are specialized and you're encouraged to trust the experts rather than coming to your own determinations, then not only are you cut off from the learning and the skill involved in that domain, but you're also cut off from the possibility of taking responsibility in that domain.**

A specialized domain is not the responsibility of the non-specialist. What happens, however, when the entire network of human activity has become specialized is that for any given thing, the grand majority of people are not responsible. Not only are they not responsible, but they cannot take responsibility and taking responsibility becomes a question of accreditation.

By creating and legitimizing and normalizing the extraordinary authority of the expert, of the specialist, the university has legitimized the adoption in the general population of a very unhealthy default position: Whatever the matter at hand, it's not my responsibility and that's not a problem. If I trust in the good schools, then I know that whatever the problem, there are experts whose responsibility it is, there are specialists looking into these things, and the specialists looking into these things are the trustworthy product of our trusted universities.

So we have this uncritical acceptance of the idea that universities are a public good and that the specialization in all areas of human inquiry that they cultivate is public good. And as a result of this accepted notion, the default position for individuals is that they're not responsible. And once you've convinced the population that they are justified precisely when they do not take responsibility for important public issues,

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then you open the door to coercive policies and abuse.

You open the door because you've created the conditions for acquiescent acceptance of anything and everything in the general population. They will accept whatever policies are handed down, no matter how oppressive because they know they've been handed down by individuals accredited within a system they trust. They believe that the system is trustworthy because it goes without saying, it represents a public good.

So I think I can wrap up here.

In relation to these reflections, you know, we can all hear the voices of our friends and our family and the legacy media. And they're going to say things like, "Oh, come on, don't you think you're exaggerating a little? How bad can it be? Are you really telling me that we can't trust our universities now? What about our medical journals? Is that next? Are you going to try and tell me that not only our universities, but our public research agencies and the world's leading medical journals are somehow corrupt? Come on, kid, give your head a shake."

And unfortunately, that's exactly where we're at, but it's above my pay grade to say so.

But we don't need me. We've got Richard Horton, he's the Editor-in-Chief of *The Lancet*, one of the world's most highly respected medical journals. And he penned an article on April 11th, 2015. It appeared in *The Lancet*, and it was entitled "Offline: What is Medicine's 5 Sigma?" And it's kind of mind-blowing. It starts like this:

"A lot of what is published is incorrect." I'm not allowed to say who made this remark because we were asked to observe Chatham House rules. We were also asked not to take photographs of slides. Those who worked for government agencies pleaded that their comments especially remain unquoted, since the forthcoming UK election meant they were living in "purdah" —a chilling state where severe restrictions on freedom of speech are placed on anyone on the government's payroll. Why the paranoid concern for secrecy and non-attribution? Because this symposium—on the reproducibility and reliability of biomedical research held at the Wellcome Trust in London last week—touched on one of the most sensitive issues in science today: the idea

that something has gone fundamentally wrong with one of our greatest human creations.

Now in relation to the short series of excerpts that follow, remember that this is the Editor-in-Chief of *The Lancet* speaking about scientific literature. And as he makes no exception for *The Lancet*, we can assume that in writing this, he considers his own journal to be among the offending publications.

Wayne Lenhardt

Could I maybe stop you and just ask a couple of questions from, I think, our perspective?

As you're talking, I'm thinking to myself, you know, maybe the problem is that money is a source of all evil, okay? And universities have incentives built in the same way as corporations have incentives built in. And the incentives that are at the university, I mean, I saw this first time, is that if you're a young academic, the way to make your name and also make more money is to, number one, publish in respectable journals. And that's where you mentioned *The Lancet*, which is a very prestigious journal. So if you're able to get a paper, an academic paper published in *The Lancet*, that's a real feather in your cap and you're apt to go up from associate professor to full professor, your salary will go up, your prestige goes up, et cetera, et cetera, et cetera.

So if you have globalists behind some sort of a pandemic, it's useful for them to have academic credentials for their shot, whatever it is. So it's in their interest then to try to corrupt the system in some of the better universities. And it's not that difficult to do in the sciences, in the hard sciences: one of the ways you go up as a young professor is to attract a bunch of research grants. So all of a sudden, I've collected 20 million in research grants, but my little competitor,

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professor over here, has got 100 million. So he's going to go up faster than I will. And that leads to all kinds of abuses, some of which have been uncovered.

You know, there was a professor at Memorial University in Newfoundland that was falsifying results. It actually happened in Duke of all places where also they ended up retracting, I think, a dozen papers and firing this guy, who was actually making up his test results. But it happens everywhere. I mean, *The New York Times* had a guy 20 years ago, I recall, who had actually fabricated a news story about an eight-year-old drug addict in Atlanta. He sat in his apartment for a week, and it was pure fiction, and he passed it off as being real. These are all financial incentives. So I think as far as the university goes, it's **certainly not immune from that.**

Dr. Matthew Cockle

Richard Horton says poor methods get results.

Wayne Lenhardt

I'm sorry?

Dr. Matthew Cockle

Horton said poor methods get results: the case against science.

Wayne Lenhardt

Sure. Well, East Anglia University was one of the best universities for global warming at one point. Until there was no global warming for 19 years and they tried to hide the decline and somebody hacked their emails. So is this the problem with conflict of interest and advancing the public? But I'll stop. I'm not a witness here, but just trying to wrap your presentation.

Dr. Matthew Cockle

Alright so, okay, I think his comments are a good wrap-up for me if I just can finish that would be great.

Wayne Lenhardt

Maybe this is the good time to ask the commissioners if they have any questions so we can go off on that. Go ahead.

Commissioner Kaikkonen

Good morning. I have a number of questions, and probably not as many, or more than I can ask here. We've heard testimony, as we go across Canada, elaborating on how our institutions have failed Canadians.

And at the same time, we also recognize, or many of us recognize, that our universities have moved away from their original foundations of academic inquiry to this group-think mentality. And I'm thinking, in my own case, groupthink came in around early 2000s.

So where, in your opinion, did universities go off the rails? And this is where I'm going to ask a number of questions.

Do you think the unionization of faculty members has been a contributing factor, where it used to be tenure was a job for life, which allowed the professors to dissent or offer research that was dissenting from the public narrative? Or could it be that the funding agencies, which narrows the perspective as you alluded to, NSERC and SSHRC, where professors who apply for grant funding have to apply within the criteria offered by the federal government?

Or is it simply because the arts and social sciences and humanities have lost their way, as many of us who taught in the arts tried to warn as early as the early 2000s? Or is it because universities have climbed onto the skills-based academic programs and, by extension, given colleges that degree-granting status?

And the reason I ask this is because there's a number of parents right now who are looking at universities as an option for their children. And there are some plusses to universities in terms of academic inquiry and learning how to research and critically think and critically write. And I know it's getting harder to find them, but they still exist.

And I'm just wondering, they went off the rails, or collectively, stereotypically, we say they've gone off the rails as universities go— But at what point did they really go off the

rails that money, as Wayne has alluded to, is the root of all evil, or the love of money is actually the root of all evil? And to the point where we're going to discourage parents from sending their children to universities, when there are some positives there that we should be considering as well.

So just where did they go off the rails? At what point do you, in your opinion, do you think that they stepped out of being a university that included academic integrity,

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to where they are now?

Dr. Matthew Cockle

I think it's right that it's linked to the incentivization process and I think that the damage has been done at the university level and also at the federal and provincial funding levels. By starving universities of federal funding, you open them up to private funding and then by walling off the decision-making committees from the public, in terms of where funds are going to be allocated and for what reasons, you create this sort of culture of secrecy that allows terrible things to happen.

And so way back in the '90s when I was at SFU— Jerry Zasloff had created the Institute for the Humanities, and he created it in the first year, in the year of SFU's inception, I believe. And it was an independent body within the university that was not subject to administrative control. And what that allowed it to do was to operate as a kind of conscience for the university and thank goodness it did. And one of the things it did was that Jerry—and many others in collaboration with many others around Vancouver— organized a public forum, and it was on the persistence of the influences from fascist institutions and Nazi institutions and totalitarian institutions, the persistent influence into the modern day. And one of the panels was on SFU's involvement in Indonesia at the time. So federal funding was coming in to SFU, and SFU was sending engineers into Indonesia to train Indonesian engineers and to boost their engineering program. And at the very same time, Indonesia was in East Timor genociding the East Timorese. Now that's insane.

And while this is happening, the CBC is somehow being leveraged by the federal government, and they come out and they say that they don't think that what's happening in East Timor is newsworthy. So at this panel, there's an archbishop who's seen people slaughtered in the street in front of his church. And then there's John Stubbs, President of the University, who's trying to say, as long as we're advancing education, it's got to be good. And we're advancing engineering in Indonesia, and this is going to be good for the people of Indonesia. And therefore, it's going to be good for everybody that they have anything to do with.

And at one point, there are these two— They look like Indonesian military. They look absolutely terrifying. They're the most terrifying men I've ever seen. They're not sitting together. They're in different parts of the audience. And at different moments of people's testimony, they would get up and they would vociferously maintain that nothing was happening in East Timor. So then John Stubbs, President of SFU, is on their side?

And so what this illustrates is there's clearly a problem when money can be coming from the federal government, and it can be moving through a university, and it can be of such significance that the president of that university can't stop a program from happening even

when it's supporting a genocidal regime in the act of genociding another people. That's mind-boggling.

And I think that we're just further ahead into that process. And so that's why I think that the answer to a lot of this— We have people coming and saying, the problem is socialism. It's not. That's absurd. The problem is our public institutions, which are our bulwarks, they're the things that can protect us, they're the things we need to strengthen, they're being undermined by the private sphere. Of course, they are.

If we see that something is rotten to the core—whether it's the CBC or whatever it is, some public institution—the answer is not to defund it and dismantle it. The answer is to figure out what's wrong: which parties are trying to undermine it; if there are any such parties, what they stand to gain from it; and what we can do to fix it, to heal it, and to strengthen it and protect it from further corruption so that it can actually do a job for us.

Our public institutions are like guards at the gates. We've got a city. You've got seven gates. There are big guards there. And the corporate walls cannot get in. But they bribe the guards and every now and then, they make raids. And now they make more raids. But what they'd love is if they could convince the population in the city's walls to get rid of those guards completely: "The public institutions are the problem."

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"Just scrap them. The private sector will take care of you much better." Well, then you've got no guards and you've got no defence.

And the public owns the public sphere but needs to take it back. Because right now, it's in the hands of networks, coordinated networks, of corporate powers. And they pay a lot of very smart people to strategize how to best go about this process of undermining the public sphere and capturing it.

Commissioner Kaikkonen

So we are going to get a copy of your research paper as evidence, yes?

Dr. Matthew Cockle

I'm sorry. It was the wrong format.

Commissioner Kaikkonen

No, it's okay. I really like it when you speak from the cuff. It's actually very refreshing and enlightening to all of us because you're actually giving us your passion.

You mentioned the New Testament and I'm not sure which direction you were going, so I'm just going to say that "Tindale" or "Tyndale," depending on how people pronounce his name, translated the Greek to English in the New Testament, and he did so, so that every farm boy would have access to the Scriptures. He did it under threat of death. He moved from the U.K. to Europe. They killed him once and then his secretary, Matthew, took over, and they thought he had come back to life, so they dug up his ashes and re-killed him.

I'm just wondering, are we at that place in society where we don't have access to the Scriptures anymore? Are we at that place where censorship has taken such a direction and

influence in our lives that we don't have access to what was or what these people stood for in principles? Or is there still hope for this country?

Dr. Matthew Cockle

Okay. That's a really interesting question. So I don't think that there's any need to privilege one scripture or sacred text over another. I think that a lot of the time we look at some sort of—let's use Trudeau's term fringe—some fringe group whether it's the Wahhabis movement in Islam or some puritanical sect in Christianity, you can find bad people everywhere.

But if you've got a community of people who are using a sacred text and its traditions to try and create an integrated communal identity, and then within that community, you've got individuals who believe that the tradition they've inherited and the text that they're working with actually allow them to sort of own themselves. They are autonomous in their decision to adopt the structures of this tradition. So then, it allows them to become self-possessed. I think that's a very powerful thing.

And I think that what we see in the media now is a wonderfully cunning attack on faith communities of all kinds. And the reason is that whether or not you agree with the tenets or whether or not you're going to go out and buy yourself a Koran and spend a lot of time reading it, you can appreciate that if an entire community is clear on the ethical norms that they wish to live by, boy, it becomes hard to push them around when you've got a corporate agenda and you're pushing through the media and you just want it to go. And they keep getting in the way.

So you have to take measures: You've got to make sure that they're not getting together, so you better close the churches. You can leave Walmart open because the marketplace triumphs, and there's no problem with the marketplace. But you better close the churches. And maybe you close the Christian churches and maybe you leave the synagogues and mosques open so that the faith groups can fight amongst themselves instead of recognizing that what's happening is you've got to move by large corporate powers—they want to take over the public sphere. And they want to take away everything that protects people and allows them to make decisions for themselves because that population is a market and it's valuable as a market.

Commissioner Kaikkonen

And do you have any specific recommendations that will help ordinary hard-working Canadians to combat what is happening in our country?

[01:00:00]

Dr. Matthew Cockle

Well, I think that the direction things are going is very ugly and one of the reasons is what's happened throughout the declared pandemic is people have felt that it's okay to turn their back when other people are excluded and abused.

There are somewhere between 4,000 and 4,500 nurses in BC who have either been terminated or have left the profession because of the vaccine mandate. And one might wonder, why aren't all the other nurses standing with them and standing up for them? It seems ludicrous.

And then when you think about the Hippocratic Oath to do no harm and the sort of ethical investment that we expect of our physicians and then we see that the College of Physicians and Surgeons of BC is threatening to take away the licences of any physicians who speak out against the policies, even though it's their fiduciary duty to speak out. If they think that a policy is going to do harm to one of their patients, it's their lawful duty to speak out. And how is it that they're not?

How is it that we've come to this place where, en masse, precisely those professions that we've looked to as the most enlightened or the most ethical have completely failed us. Not that individuals within those professions have failed us because I work with amazing people. That's the great thing about the pandemic is I've met amazing people, and I'm constantly startled by all that they know and I absorb as much as I can. But en masse, this sort of abandonment of our fellows, that's a really dark turn.

Commissioner Kaikkonen

Thank you very much.

Wayne Lenhardt

Dr. Massie.

Commissioner Massie

Thank you very much for your testimony.

I think one of the points you raise in terms of the specialized knowledge and the big science, which from a technology point of view calls for the major investment in facility—if you are going to do, for example, genomic science, high-level sequencing, and that kind of activity, you really need to build infrastructure that not every scientist can actually have in his own lab, but at least would have the ability to access.

So that calls for some sort of governing system that would allow, I would say, a fair access to scientists to the facility in order for them to carry on their research. Somebody has to decide that this project should have more access to the facility than the other, and that's not an easy thing actually to equilibrate in some way in terms of resource allocation and so on. It's always been a struggle, and as you mentioned, the incentive is really driving what behaviour you're going to get from people.

So one of the things I've been struggling with as a scientist over my career is that I'm old enough to have had the pretty good, strong training in humanities. But the new scientists or the younger generation don't seem to have had that opportunity to have this training in humanities that would give them a perspective on ethical principle. That's one thing.

And the other one, which I think is very important is what I call, in this branch of philosophy called epistemology: How do we generate the knowledge that we have? And how does that evolve? And when you do it carefully, you realize that the driving force to get to the truth in science is debate. So any institution that is sort of suppressing debate, how can we think that they're doing that for common good?

So what's your perspective on the so-called common good as a sort of excuse to push a given agenda in those institutions? Isn't that something that will actually affect all of the activity we're doing in university, would it be in science, natural science,

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or other branches of knowledge in university? So what is your thought on that?

Dr. Matthew Cockle

Well, I think that it would be hard to find a department that didn't have ethical standards and that didn't insist that researchers and professors within the department met those standards.

The problem is that those standards aren't being applied to the funding or to the parameters being set by funders. Of course, your question has many parts. One part, the debate part: so how is it possible that universities that are the place of debate—there's no question we associate them with the debate of ideas—how can they not have done that and how can they have so openly and blatantly stifled anybody who wanted to?

I think that they would defer, in BC, UBC would defer to Bonnie Henry, would defer to Adrian Dix, would defer to David Eby and before him, John Horgan. And if John Horgan, if the premier of a province is up there saying these people who are vaccine-hesitant, "well, it's okay to call them covidiot." Well, if the premier says it, then certainly the university doesn't have to waste any time hearing what these people have to say.

And if Bonnie Henry is up there saying, "I have very little patience for health care workers who don't want to be vaccinated," she's setting the agenda from the top down. And people feel comfortable following the lead of these very important public figures.

How it's happened? I know university professors who simply refuse to think about these things at all in spite— They're brilliant. Some of them are Oxford-educated, there's no question that they're intelligent and capable of critical thinking, but they feel that they're authorized not to look at it. I think that leading by example has done that.

The question of how can we actually make research ethical?

Well, the one way to stop it from being ethical is to allow private stakeholders to meet in closed-door meetings and determine what the agendas are. And you know, GloPID-R and the WHO R&D blueprint team, that's what they did. They created a roadmap, they published it. And then as Charu Kaushic, who is the chair of GloPID and the head of one of our major initiatives within the CIHR, she says that most of the funding was correlated with that roadmap. And she's speaking globally. And you can watch her Cochrane Conveners' keynote speech, where she looks at— They're tracking. They have data tracking systems that not only track what the research priorities are but what research is being done and whether or not it corresponds with those research priorities. So clearly, the goal is control over as much research as possible.

Now you made a great point, it costs money, so we need the private sector to invest. But then pharmaceutical companies have always used that excuse. We spend so much in R&D, but they spend relatively little in R&D compared to their spending in public relations and marketing. The people who spend for the R&D, that's the public institutions. So what they're doing is they're getting help from the public sector, but they're still deciding how

that public sector money is being spent. And if we look at COVID, we spent a lot of money on incredibly costly technology, but perhaps it would have cost very little to work on effective therapeutics. Imagine if we had a national program that had actually followed through

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and done this and looked at maybe inexpensive and readily available generics in combination with vitamin D and other commonly available things that we would expect to use in the treatment of respiratory disease.

I think that we could have done a great deal better with far less investment. And the only difference, the one thing we needed to do to get that better outcome, is not allow the corporate sector to call the shots.

Commissioner Massie

Thank you.

Wayne Lenhardt

Yes, Ken.

Commissioner Drysdale

I want to make sure I understand what you were testifying. CIHR is the Canadian Institute of Health Research. CIRN is?

Dr. Matthew Cockle

Canadian Immunization Research Network.

Commissioner Drysdale

You talked about a number of grants, and just running a number in my mind, it was in 10s to 50 millions of dollars you were talking about that they had set out grants to. What I've heard in the testimony over the last number of weeks and months is that, essentially, the vaccines were researched by the manufacturers, the government was given the information, whenever it was, and within weeks they had somehow authorized the vaccines.

Given that the CIHR, the Canadian Institute of Health Research, was giving out so much money, how much money did they give towards research specifically related to proving the safety and efficacy of the vaccines before they were put out to the Canadian public?

Dr. Matthew Cockle

Well, I certainly don't know the answer, the specific answer, to the amount of money spent in that direction. I do know that there was a great deal of money spent on initiatives to encourage vaccine uptake and those initiatives began well before there was any randomized clinical trial data available.

So we were giving out public money for grants to encourage vaccine uptake before we had the basis to say that they might be safe and effective. It's a very odd thing.

Commissioner Drysdale

That's almost like having your house on fire, but instead of putting your efforts to putting the fire out, you put your efforts toward telling the neighbours about it. The monies that you talked about, the bursaries or grants that you were talking about, more had to do with exactly what you said, the propagandizing, the vaccines, combating vaccine hesitancy, which I hadn't really heard of as a term before now in Canada, which is interesting.

Can you comment on how they would have anticipated that they were going to have this vaccine hesitancy when I wasn't aware of it in Canada at all before now?

Dr. Matthew Cockle

Well there has been a lot of work in the decade leading up to the WHO's declaration of a pandemic. GAVI, the Vaccine Alliance, and WHO, I believe they called the past decade the decade of the vaccine.

And there were a tremendous number of global initiatives really pushing the idea that vaccines were the answer. And you can read on the CIHR, on the Government of Canada websites, that vaccines are absolutely the best way to prevent the transmission of infectious diseases.

I'm not sure that that is settled, but it's certainly—you can read it on these Canadian websites as though it is settled.

Commissioner Drysdale

Were you surprised with regard to the change in language? We heard in testimony, I think it was in Red Deer, that the vaccines, and I think they were talking about the Pfizer one, was really ruled a biologic. But they allowed it to be tested under the name vaccine.

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And that the term vaccine that people have come to trust in Canada, like when you think of the smallpox vaccines, that this particular vaccine didn't fall within the definition, so they changed it.

Dr. Matthew Cockle

I think this goes back to this question of who decides what the ethical parameters are for progress within a society and for business as usual. And then, what recourse does the population have?

What we've seen during the pandemic is it doesn't matter how many letters you send to the premier or to the public health officer, you're very unlikely to get a reply. And we have no recourse to challenge these things.

And what we've seen with the introduction of Bill 36, which is the *Health Professions and Occupations Act*, and then fewer people know about the Emergency Act that's been passed in BC, and together with this, the ATP, the Advanced Therapeutics Pathways Program.

Legislation is being introduced in BC that is unlawful and anti-democratic. And some of the things that this legislation does is, with the *Health Professions and Occupations Act*, it allows the minister to appoint people who aren't elected, who don't have to be competent. Competence isn't part of the appointment. And these people are then allowed to change the definitions of words, establish ethical guidelines for treating physicians. They are given the power to suspend a physician's licence, prior to launching an investigation.

There's this all-out attack on individual human rights, and it's blatant and it's ongoing. And one of the strangest aspects of that *Health Professions and Occupations Act* is it would allow under this portal, this public health portal, it would allow legislation to be brought in—like copied and pasted, essentially—brought in wholesale into the legislative framework of BC's laws from other jurisdictions: Switzerland and not only from other jurisdictions but from rule-making bodies.

So that opens it to the WEF, the WHO. Well, what this means is now these— And what is the WEF? It is the world's leading public-private partnership. So it's the public sector overwhelmed, captured, and directed by the private sector. And now they are going to be able to write laws, to have their laws packaged and introduced in BC with no over— They won't pass through the legislative assembly, they may change— Like the *Health Professions and Occupations Act*, it would affect something like 133,000 health care workers in BC. But the changes that this makes, those health care workers have not been consulted.

And that *Health Professions and Occupations Act* was pushed through by David Eby when he closed the legislative assembly one week early. They had only read through something like a fifth, I believe. It was something in the vicinity of 270 pages; it was maybe the largest bill ever introduced in BC. And what David Eby is doing and what Adrian Dix is going along with— Because when you look at Adrian Dix, it looks like this is a man plagued by his conscience. I don't know if that's true, I'm not sure.

When you look at Bonnie Henry, she's cool as a cucumber. I don't know what's going on there, but she's okay with what she's doing. Adrian Dix, maybe not so much. But David Eby, he's a lawyer. He knows what he's doing. I believe that they may even be firing their legal secretaries, their legal staff, the experienced legal staff, to avoid running into obstruction when they introduce things that are absolutely not in the public interest.

Well, that bill was not written in BC. That bill is coming in

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from legal teams. These are being packaged elsewhere.

And I don't think they're being packaged in Saskatchewan. It would look like, if we look at the research funding, it's been coordinated by these global research funding coalitions. And I would assume that these bills are being created also at the global level by interested parties.

And those parties, what are they interested in? Well, they're interested in gaining control over markets. And the markets, you know—we're the market. We think that the public, that that means people like us: people that we don't want bad things to happen to; people whose lives matter; and people we want to thrive as much as possible, we want to protect if we can.

But that's not the way that they're being seen from a global perspective. It's markets. And these markets need to be exploited. It doesn't matter what they're doing with their hair or what shoes they're wearing. None of that matters. And I believe that it's unprecedented in Canada, we've got something like— There are these secret orders in council that the prime minister is able to pass. And I believe that Harper was the one who had passed the most, you know, this walling off the processes, the laws that you're passing. And maybe he passed five or seven. And Trudeau has passed over 70, I believe.

So Canadians can't— We can't find out what is happening. And we can't even get our premier to allow the members of our legislative assembly to properly read and debate the largest bill that's ever been passed, or close to it, in BC's history.

It's ludicrous. And then we think, well, you know, they're good people. They'll fix it. Well, they won't because they're the offenders here.

Commissioner Drysdale

Thank you, sir.

Wayne Lenhardt

Are there any more questions from the Commissioners?

Okay. Dr. Cockle, I want to thank you on behalf of the National Citizens Enquiry for coming and giving your testimony today. Thank you very much.

[01:23:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 5: Deanna McLeod

Full Day 1 Timestamp: 05:34:45–06:41:30

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

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Wayne Lenhardt

Good afternoon. Our next presenter is Deanna McLeod. She's been on a couple of times before as an expert. Deanna, if you could give us your full name again and spell it for us and do the oath again, please.

Deanna McLeod

My name is Deanna McLeod, that's D-E-A-N-N-A, McLeod M-C-L-E-O-D.

Wayne Lenhardt

And do you promise that the evidence you give today is the truth, the whole truth, and nothing but the truth.

Deanna McLeod

Yes, I do.

Wayne Lenhardt

Thank you. I think I'm just going to let you launch into your presentation [Presentation exhibit number unavailable], but I gather that this time you're going to be talking about some of the Pfizer data, the six-month reports and the two-month reports, and then you're going to do some analysis for us.

Deanna McLeod

That's right.

Wayne Lenhardt

Okay, take it away.

Deanna McLeod

Thank you very much for having me today. My name is Deanna McLeod and I am the principal and founder of a medical research firm called Kaleidoscope Strategic. I've worked for about a decade in industry in many roles in medical marketing and sales. I have a background in immunology and cognitive psychology. And I founded my firm in 2000 because of what I came to perceive as undue industry influence on recommendations related to cancer therapy, and I wanted to create an opportunity for clinicians to basically make guidelines free of industry influence. And so my team and I have spent probably about 23 years now analyzing clinical data, especially relating to industry bias. And how they might, I guess, bias the information in their favour, which tends to include emphasis of benefits of a drug and minimizing safety issues.

Today what I'd like to do is I'd like to walk you through the cornerstone phase III trial used to support the use of the COVID-19 mRNA products that have been promoted by Pfizer as vaccines.

What I'd like to do is begin with the concept of Do No Harm, which is the Hippocratic Oath. It's the foundation of what we do: in the sense of medicine, meaning things that promote health, the very, very minimum needs to be that it's safe. We don't want to be doing additional harm when we're promoting a drug or recommending a drug for the general public. And that comes in direct conflict with industry's primary goal, which is to make profit. And so we're in a good place when we can balance the opportunity for innovation and profit against the— To ensure that they're also safe.

What I'm going to do today is I'm going to walk you through the phase III trial and the multiple stages of reporting that went on there. And I want to talk to you about how they manipulated the data to emphasize benefits and minimize safety issues in order to profit handsomely off of a world that was looking for a solution to the COVID-19 crisis.

So many of you may or may not be familiar with hierarchies of evidence, but in science not all science is the same. We've heard lots of people talk about how we need to follow the science. In my area, what we know is that not all science is the same: Some science, some trials are designed in a way that can prove something. And other science is meant to generate hypotheses that then go on to fuel the concept of phase III trials that then can prove things.

And so what you see on this slide set is hierarchies of evidence and the top of the hierarchy of evidence is the Level I evidence and that is a phase III randomized controlled trial, preferably placebo controlled. And the reason why that is so important is that there's all sorts of factors that can influence the outcomes in research. And by randomizing patients to one arm or the other, what you are able to do is control for baseline factors or factors that **might otherwise influence the outcomes. So we're generally confident at the end of a randomized controlled trial to see if there's a difference between the two arms that that's attributed to the actual product. The reason why we're looking at the phase III trial is because that is the Level I evidence that they used to promote this particular drug.**

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One of the things that I do whenever I'm doing an analysis, the first thing you look at is conflicts of interest. And a conflict of interest means that you want to be looking to make sure that the people who designed the trial didn't have other objectives or influences in mind. For instance, the most obvious conflict of interest would be a financial conflict of interest. If somebody were to gain or stand to gain a lot of money for a trial to have a

certain outcome—like for instance a pharmaceutical trial being positive, knowing that the whole world would take your drug—then you'd have high motivation to make sure that the benefits of the drug outweighed the risks. And so what I'd like to show you today is that the actual trial that was used by Pfizer was actually sponsored both by Pfizer and BioNTech, meaning that all the money and the resources that went into running that trial came from the pharmaceutical company. So right away there, we can see that if something's sponsored, it's not independent research: It's something that's been developed by the company that has a lot to gain. It stands to gain a lot from positive results.

What I also want to highlight is that the two founders of BioNTech were part of the author list and they went on to gain at least \$9 billion, their company went on to profit \$9 billion. So again, this is high stakes. This is probably the highest stake trial that's ever been done that I can recall. The other thing that we want to be aware of is that the lead author and the senior author, the two authors that are responsible for the research actually either had stocks or were employees of Pfizer. So again, the key roles and the founders of the trial that were responsible for designing, running, analyzing, and reporting these trials all were people who stood to gain by the actual trial. Now that doesn't actually say that it was biased, but I'm saying that it has a great potential for bias.

The other thing that we need to remember is that Pfizer has a long history of fraud. They've been convicted of fraud and they've also been convicted of manipulating the data and that's on the public record. And so when we start to analyze a trial, we basically want to be looking at the actors: who ran the trial, how much they stood to gain, and whether they have an actual record in that particular department.

The other thing I want to highlight is that on the record, *The BMJ* journal published a whistleblower report actually indicating that Ventavia, which was the clinical research organization that ran the trial, actually was fraudulently manipulating data. And there's a case in courts right now where they've been accused of that. So as it relates to previous trials, they've manipulated data. And as it relates to this particular trial, there's a court case ongoing presently looking into the falsification of data.

So this is a very, very busy slide, and the thing that I'd like you to understand when you're looking at this slide is the amount of red. So red are the people in the system related to recommendations that are made for COVID that stood to benefit from a positive outcome.

Now it's a very complicated slide, and I don't want to spend too much time working through it. But I do want you to know that generally speaking, a guideline, which is that blue bar that's in the middle, is produced based on a group of scientists—that in this case and for immunization it would be NACI [National Advisory Committee on Immunization]—and that group of independent scientists are supposed to review the published literature. If you look to the top of the chart, you can see a rectangle that says published literature. So these trial results were published, they were presented to Health Canada, and in conjunction and under the guidance of NACI, they reviewed this particular trial and then found that the benefits of this particular drug, the COVID-19 mRNA product, were worth approving in Canada. And what that means is that they felt that it was sufficiently safe and effective and that—

Generally speaking, the test is that it's safe and effective and that the benefits outweigh the risks. However, there has been a lot of global industry influence in various aspects of the system. And I'm just going to walk you through some of those influences: for instance, the World Health Organization, which was quarterbacking the pandemic response, is actually funded in large part by the Gates Foundation that has investments in pharmaceutical

companies; the NIAID and Anthony Fauci, who is quarterbacking the response in the U.S., the NIAID has a strong relationship with Gates as it relates to viruses and vaccines; and

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in addition, they hold a patent for the spike protein that was used in some of these mRNA products, and they are able to profit, because they have the patent, by recommendations related to this.

We also know that there has been a lot of activity on the part of our government. There is a Health and Biosciences, Economic Strategy Table, that's been at play for the last four or five years. And that group of people have recommended that we deregulate our regulations.

And they actually put a new test in for the mRNA product. And the new test was that it basically didn't have to approve safety anymore. All that it had to do was prove that there was sufficient evidence to conclude that the benefits outweighed the risks, which is a very loosey-goosey type thing. What they were able to do is push those products forward with preliminary data and in a way that made the public think that they'd been proven safe when they hadn't been.

I don't want to go on too much more. But I do want to say that these same global entities are directing the public resources that have directed the research related to COVID. And they've also made partnerships with our universities. So the experts that we rely on in order to be able to provide sound guidance to us are actually people who have partnerships with these companies that are producing these products. And then the media, the last thing, is also somebody that relies very heavily on these companies for advertising dollars.

So the long and the short of it is—almost through every channel that we have and check in our system to make independent analysis, there is some sort of financial interest in these particular mRNA products being put forward. And so when we go to look at the data, which we're going to do now, what I'd really like to have you think about is all of the motivation coming in from every sector of our guideline development process that was pushing for this particular product to be sold. And therefore the stakes and making sure that the benefits outweighed the risks of this particular trial, which was the cornerstone of the whole enterprise and all of the people involved, comes down to this particular study.

So let's just walk through the study. This is a chart, and I just want to take a brief moment to talk about this. Whenever you go to look at the design of a trial, the first thing you have to ask is, why are you making this product? And when we're going to look at the clinical trial, we're going to see if the trial was designed in a way that would tell us what we need to know and what we want to accomplish.

So this particular chart looks fairly complicated. And this is based on Stats Canada data from March 2020 to February 2021. It plots the number of cases, and that's the blue line that's floating along the top of a chart; the hospitalizations are the red line; the ICU admittances, which is a little blue line; and then the deaths, which is the red [sic] [dark blue] line. And it plots it for each of the age groups. So those less than 19 years to the left, moving forward to those that are 80 years and older on the very far right. And by looking at those lines, if we just were to follow, for instance, the red line, which indicates hospitalization, what we see is that the hospitalization for most of the segments is very, very low per 100,000. So within 100,000 people, it's not very high. But then when you get to 70 and older, and even the 80 and older, what we see is you have a lot of hospitalization. Also, you have an increased amount of death per 100,000 on that side of the thing.

And one of the things that is really interesting about that is that there's been two reports that have been written: one is the CIHI report that talked about the COVID response and long-term care homes, and the second one was an Ontario COVID Commission. And both of those reports basically indicated that the reason why you have high rates of hospitalization and death in the long-term care facilities is because they've been chronically underfunded. And, of course, you have susceptible individuals in there, and they were completely under-resourced, so they weren't able to stop the spread of the disease. So these long-term care residents were trapped, and the virus was circulating extensively through there. And so one of the things that we see when we're looking at that is that probably it means that the elderly are probably most susceptible to COVID-19. And then secondly, what it tells us is that there are physical reasons because of community spread

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that these elderly people were hardest hit.

And that is not something that can be solved by an mRNA product. However, that was used as the basis for creating the perception of a need for that product that we were then told that we needed to vaccinate everybody in order to protect these people. However, that actually probably wasn't based on the in-depth analysis that had been conducted, the reason; however, that's what was put forth.

This is another thing that I'd like to look at. This is Our World in Data, and it's basically a time analysis of the different variants. On the far left, you can see that there's a red patch, and the red patch there represents the original virus. And this particular trial that we're going to be looking at was conducted during the time when the original variant was circulating. And the very initiation of the vaccinations—the vaccine campaign occurred on December 2020 during the time that the original strain was circulating. However, what you can see very clearly by the change in colour moving to the right-hand side of the screen is that that original variant has been completely replaced in Canada. The original virus has been replaced by various variants, all the way to which we now have the Omicron variant, which is probably from about the middle part of the screen to the right. And the original mRNA product was not very effective, or it was considerably less effective, on these new variants than it was on the original product.

One of the things that we would say right away is that these results, before we even look at anything, are clinically irrelevant to a large degree because the pharmaceutical companies are arguing that you need boosters because the original injections are no longer beneficial. So if we're going to follow that line of argument that we need boosters, then that would mean that those products are no longer effective. And so therefore, the phase III trial that is the cornerstone of this whole campaign would be clinically irrelevant and should be **disregarded out of hand based on that alone.**

The other thing that we need to look at when we're looking at a clinical trial and whether it's been well-designed is the type of therapy that we're looking at. I work in the area of cancer, and so we work with biologics. And biologics are basically different human products that have been used for therapeutic purposes. And so this mRNA product is what the FDA would categorize as gene therapy and so would the Health Canada. And gene therapy, according to the FDA, has very many undesirable and unpredictable outcomes, and many of them can be very delayed. And so what that would mean is that we'd want to see a trial that extensively studies these products for a long period of time. The FDA recommends for many gene therapies that they be studied for 15 years.

What we're going to see when we look at this particular trial is that these products were put on the market after two months of phase III study. When we think about that compared to the amount of time that is recommended for this, we could, again, out of hand say that this trial was conducted— That the preliminary results should not have been sufficient for this type of product. And in our area of cancer, even when we're dealing with people who are end stages of life, we would never recommend a product that's been put on the market for two months. And yet what we did is we turned around and we gave these biologics to healthy people indiscriminately without exception. And right away, that should have never been done.

What we're going to look at now just very quickly, before we even get into the actual trial, is the phase I/II trials. Basically, before you conduct a phase III trial, you have a phase I trial. In the phase I trial, basically what they did was they wanted to see if the mRNA product could produce antibodies. So that chart on the right looks fairly complicated, but the two red bars are basically the reason why they felt that they should move forward with this product as a vaccine. So they chose the 30 microgram dose. And if you look at that after one dose of the mRNA product, you basically have some antibodies that are produced, and those are those little green dots. What they did right there in that phase I trial is they compared it to the antibodies of somebody who'd actually contracted and recovered from COVID, 14 days prior. And what you can see is that the number of antibodies and the level of antibodies is actually comparable between one dose of the mRNA product and one dose of natural acquired immunity.

So right out of the gate, we knew that these mRNA products were probably about as effective as natural acquired immunity.

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And yet throughout the pandemic, one of the main messages that we received was that natural acquired immunity was insufficient. And yet Pfizer actually published this trial that demonstrated that one dose of the mRNA product was equivalent to naturally acquired immunity. They went on to give a second dose and then argued that the level of antibodies produced by a second dose at a much later time frame was better than naturally acquired immunity. And they didn't go on to actually consider whether a person would naturally be infected again and also have the same stimulated antibodies.

The other thing that we need to remember is that antibodies at the time when they actually produced this trial were not considered a valid test for immunity. So they had no basis for thinking that these particular antibodies that were being produced would go on for immunity. And, in fact, the FDA and the CDC both indicate that antibody testing is not a proper measure for immunity. So they had no basis to move forward with this particular phase III trial.

Let's just take a look at the actual trial design. This is something that I look at all the time, which is a schematic of how the trial was run. And it's probably too complicated for most people in this audience, but I do want to underscore a lot of things about the trial design that were concerning for myself and my team. The first one: If you look on the far left, the blue box indicates who was involved in the trial. Now, if you recall that schematic that I showed you earlier—the only people who were really at risk of severe disease were people who were in long-term care facilities where the virus was circulating. These were people at high risk. And the people who were actually studied in this particular trial were healthy individuals. So this actual product was never tested within the phase III context in the

sense of being able to prove anything in people who were actually at risk for COVID-19. So that's the first thing.

The trial was run, as we looked at previously, in the pre-Omicron area. So we have questions as to whether the data is actually clinically relevant. And the other thing that's really important to note is that the study was run in people who had never had prior COVID. And yet the majority of people, even by the point when we started rolling out these vaccines, had been exposed to COVID-19. And, so again, this study would be clinically irrelevant and should never have been used as the basis for promoting these particular vaccines. What they did again was they compared two doses of the mRNA product to placebo. But again, as we looked at before, they'd already proven that natural acquired immunity was very active.

So what they should have done is they should have compared it to naturally acquired immunity or something along those lines or designed a study that would factor that in. So when you make a comparison that you know is never going to fail, that's called "stacking the deck." And that's one of the things that they did when they actually designed this particular trial.

The other thing that they did was they only measured immunity seven days after the second dose. So that's just one point in time. So when they were making their statements about this particular vaccine, what they really should have been saying is, "seven days after your second dose, you're protected." Because that's all that this particular trial was able to actually argue.

The other thing too is that they did minimal safety testing. When I say minimal safety testing, one would expect that you would want to do preclinical or subclinical as well as clinical testing, that you'd want to have these people in a clinical setting and monitor them very carefully. And yet what we find is that they really only monitored them very carefully for about seven days after each shot, and then allowed them to report on their own if they were experiencing any adverse events. And so that would be very concerning if using a biologic in cancer, and we would have never allowed that. And yet that's how this particular trial was designed.

And finally, the last point that I really want to make about this trial is that it was stopped two months after it began or after about two months of follow-up. So we never really understood anything long-term about this particular product. This is just looking at the actual design of the trial.

One of the last things that we want to remember is that this practice of mass vaccination is only reasonable if you have a product that is actually able to stop transmission. And in the **actual primary publication of this particular trial, they indicated that one of the unanswered questions or the limitation of this particular trial is that they don't know if it stops transmission. So there was never any basis for the practice or the recommendation of mass vaccination or any of the catchy tags that they had about**

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"the vaccine is the best way to protect you and your family" because they actually had no data to support that statement.

I'm just going to talk about the last point around trial design and that was that there were major groups of people, the high-risk people, who weren't included in this particular trial.

So I'm just going to walk you through— The immunocompromised, again, not studied; those with multiple comorbidities or non-controlled chronic illnesses, classified as high-risk, not studied; pregnant women, not studied, but recommended in there; the frail elderly, they weren't included in the trial either; and the COVID-recovered weren't included in the trial. And yet all of those people were told that they needed to take this particular product.

The first results of this particular trial were published in December 2020, and the trial was touted as being 95 per cent effective: "this is an incredible success; it's an incredibly effective trial." And the safety at two months, we were told, was similar to other viral vaccines. So they immediately approved these agents using this modified test that was an industry-derived test, a change in the regulatory status in Canada.

Then they basically did something where they said, "Now that we're giving this to everybody, it's unethical to allow the people on the placebo arm of the trial to continue. So what we'll do is we'll cross them over, and we'll give them the opportunity to receive the vaccine." And so, 89 per cent of the people who should have been on the control arm, which would have allowed us to prove harm, were actually put over onto the mRNA product arm. And what that did was that it erased the ability for us to show both that it was safe long-term but also any way of showing that it was harming anybody long-term.

And so one of the reasons why pharmaceutical companies like to cross over early is because then they can promote their drug, and there would be no recourse in the sense that nobody would be able to prove that the drug is harmful, and so they do very well in the courts.

Let's take a look at efficacy. We move on, and they published results six months later, and again, promoting it as highly effective with a 91.3 per cent efficacy for stopping COVID-19 and 97 per cent efficacy for stopping severe disease. That was going to go on as, you know, "I got COVID, but at least it wasn't as bad as it could have been," and that was based on this particular trial.

So there is the data, and I want to show you right now that there's different ways of reporting data. You can report the investigational agent relative to the placebo or you can just talk about absolute benefit. And one of the things that companies like to do is they like to talk about relative benefit because it makes the numbers seem really exciting and really big. And that's what they did with this particular product: they said that it was 91 per cent effective in terms of symptomatic cases and 97 per cent effective in terms of severe cases.

But if you actually look at the absolute risk change, which is the far-right corner of this particular table, only about 4 per cent of people actually benefited from this particular vaccine, and in terms of stopping severe disease it was 0.1 per cent. The numbers, for instance, 1 versus 22 [sic] [23] are very low. And if you actually look at the number of people that were lost to follow up just before they reported these results, it was in the hundreds, and so therefore, if you have that many people lost to follow up and an event rate that is at 23, you should have said, "The data is unreliable and we can't move forward with this particular thing." But instead, what they said was, "It's highly effective, let's keep going."

Another thing that they did to make this result seem a little bit more favourable than they were, is they combined two cohorts. They reported the adult cohort at six months with the younger cohort that had less than six months. And because the efficacy of this particular

vaccine wanes, by combining and rolling in the outcomes for the younger cohort, what they were able to do is bump up the efficacy and make it seem like it was being more beneficial in adults than it was. And in the subtext of that particular article, it talks about how the vaccine efficacy was dropping from about 6 per cent every two months. So they knew that the vaccine efficacy wasn't holding, and yet they continued to promote it.

This is a quick chart from another paper,

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and it's a matched retrospective cohort paper that's really complicated again. But what this particular study did was they did that trial where they compared the vaccine to natural infection. What they actually found was that when you compare natural immunity to vaccine-induced immunity, that you get a 50 per cent lower relative reduction in the chance of catching COVID if you have natural acquired immunity compared to the vaccine; so therefore, the natural acquired immunity is substantially better than the vaccine. And yet again, this has been published for a while now and hasn't been emphasized.

And again, this particular paper talks about severe COVID-19, and it shows that you're 80 per cent less likely to get COVID-19 if you have naturally acquired immunity compared to whether you're being vaccinated at one year. In my particular field, if you get something that has a hazard ratio of 0.24, it's a home run, and everybody— Practice should have changed immediately, and yet they continue to promote these particular drugs.

Let's just talk about safety. So I would say, if we were to summarize efficacy, they made the wrong comparison in order to be able to show that their drug is better. They used a metric for conveying the benefits of that drug that emphasized the thing, and then they combined cohorts in order to emphasize the benefits of this particular drug.

Let's just consider now what they did in terms of safety in manipulating those data. So here we have what they called reactogenicity, and that just means that seven days after you receive a vaccine, they measure how you react to it, the adverse reactions. And then they basically dismiss that as just a normal course of getting a vaccine.

But one of the things that I want to highlight in looking at this is that the little orange bars above each— Well, let's just start at the beginning: With each dose, at least 60 per cent of the people who received that dose actually experienced COVID-like symptoms. These vaccines are actually inducing the same type of illness that we were trying to prevent. Now, you can't call it COVID because the definition of COVID is these symptoms plus a positive PCR test. But of course, these people wouldn't have the code for the full virus because they weren't there. But if you actually did encode for the spike protein and tested that, then you would probably say that these people have the part of the virus that causes illness.

And so, what we're doing is we're inducing COVID-like illness in the people that we are giving these doses to. But we're calling it "not being infected," that wouldn't be technically correct. And the other thing too is that 3.8 per cent at the very least, and for some other things more, at least 3.8 per cent of the people are getting so sick with this COVID-like illness that they're not able to carry about their work. And yet the people who are promoting these mRNA products basically said that these vaccines were safe.

So we're causing 60 per cent of the people who get them—and this is based on their own data—to get ill, the illness that we're trying to prevent by actually giving these products. And we're causing 3.8 per cent of them—and I can use the word "cause" because this is a

randomized controlled trial—are getting so sick that they can't carry about their daily activities. And this is only because we're looking closely for the first seven days. And they don't look carefully after that. So it could be going on much longer, but we wouldn't know because they stopped looking.

And another way to minimize your safety issues is to not test for it. So the fact that they stopped testing at seven days is probably a clue right there. And the other thing to recall is that this happens with each dose. So we're causing people to be sick with each dose. And the other thing too is that the amount of adverse effects increases with each dose. And yet we recommend boosters without any further safety studies.

So what I would probably say here is that they managed to dismiss considerable adverse reactions or safety issues by calling it reactogenicity and dismissing it. And also, by only measuring for seven days, you have much fewer safety issues if you don't look for them.

But they did have one group of people, and they did look fairly carefully. And these were people who were able to report if they had an adverse effect at some point after

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they received the shots within the first month. For those who were reporting severe adverse events and serious adverse effects, they were able to follow those people for six months. And then after that, they stopped looking. So again, not long enough for a biologic, which should be studied for 15 years—at least gene therapy.

I'm just going to talk about severe adverse events. Now a severe adverse event as defined in this particular trial is something that interferes with your daily activity, requires medical care, an ER visit, or hospitalization. So this is not something to be taken lightly. And what we find when we actually look at the study is that there were 262 people who experienced severe adverse events in the mRNA product arm, and only 150 in the placebo arm. Even though the people in the placebo arm had more COVID documented, they actually had less adverse effects, one could assume, related to illness. They had less illness or less adverse reactions than the people who actually received the mRNA product. And that was an increase, a relative increase of 75 per cent.

So when they were telling you that it was 91 per cent effective at stopping COVID, that would mean mild COVID potentially. What they weren't telling you is that there was a 75 per cent increase in the number of people who are actually getting seriously ill from these shots. And they buried that data in the supplements of the actual trial so that it was very hard to see. And they didn't talk about it when they were making their conclusions.

And the other thing, too, is that if you look at serious adverse effects—which are basically those adverse effects that require in-patient hospitalization, are life-threatening, result in death, or permanent disability—this is serious. You actually have 127 people on the product arm and 116 on the placebo arm.

Finally, I just want to look at deaths. And what we see here is that there's 15 deaths that occurred on the mRNA product arm and only 14 on the placebo arm at the point before unblinding. And then we went on to have five additional deaths after those people who received the placebo went over and took the product. So at the end of the study, at six months, in the six months report, we had 20 people who had died after receiving the mRNA product and only 14 who had died after receiving the placebo. So again, that would have been a reason to pause and for sure not promote these vaccines as life-saving. There's

nothing in this data here that would support them being beneficial in terms of preventing death.

And if you look at the types of death that occurred, what you see is that only one less COVID death occurred because of the mRNA product, but you had four additional cardiovascular deaths that occurred on the product arm. And so, what I would say, and what our team would say immediately when we looked at that, is that that is a signal for causing death or it's probably fueling cardiovascular disease. What we would have wanted to see is all of these adverse reactions categorized and analyzed. But that was missing from the report. So we really didn't know why we had those deaths, but we would have definitely saw that as a signal and basically put the brakes on this particular product.

On the point of all-cause mortality, one of the things that we feared when we saw that particular chart way back in December 2020, and the reason why our firm started doing pro bono work in this particular area, was that we feared that when this was rolled out to healthy Canadians that this would actually end up causing harm and even being fatal to younger people who weren't even at risk of COVID-19.

This particular chart is data pulled from Health Canada. It's data that goes from about February 2020 to February 2022, and it basically maps out what we would call excess death from those 0 to 44 years: so it's the younger population that was not at risk of COVID-19 from that first graph. What you see is that the moment that the pandemic was declared and we went into lockdowns, it was excess death in the younger category or the younger group. And then again, when these little squiggly lines at the bottom of the graph after the second dose of the vaccine was administered, you see another spike in excess deaths.

So what that suggests then is what we feared: that these particular mRNA products may very well be causing death. And the little blue line at the bottom is the number of COVID-19 deaths that occurred in this particular cohort. And you can see that these people weren't dying from COVID-19,

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they were dying from something altogether different that was timed very closely with delivery of that particular vaccine.

This is the end of my presentation.

One of the things that I'd really like to highlight in all of this is that this would seem, at least based on our particular analysis, that there was a high likelihood of a biased representation and reporting—there was a lot on the line for these particular companies. And that they presented the data, although they went through the steps, they basically did not align their conclusions with the data: for instance, we weren't alerted to the fact that there was additional death; we weren't alerted to the fact that there were more serious and severe adverse effects that were proportional to the benefit of the product. And finally, I think that this is potentially what I would expect to see from manipulation on the part of a pharmaceutical company.

However, I would say that this is gross regulatory failure on the part of our government in protecting Canadians. This drug should have never been put on the market. This trial, if scrutinized carefully, one would have seen the biased reporting. And finally, if they had been looking carefully, they would have been able to see where the real-world outcomes

are lined up and would have been able to respond and pull this particular product appropriately. That's all that I have to say today. Thank you for giving me the time.

That's it.

Wayne Lenhardt

At this point do the Commissioners have any questions? Yes, Dr. Massie.

Commissioner Massie

Well thank you very much for this presentation.

I think we've seen part of that in previous testimony. I'm not even sure if I will come back with the same question, but let me know if you already answered my question. My first question has to do with looking at the pandemic as we were trying to look at the cases and hospitalizations and death.

One of the questions I have with that is, a lot of that is based on the PCR testing, very often without symptoms depending on how you qualify the symptoms. Do we have an issue with describing the extent or the severity of the cases by the attribution to COVID, in this case, because we've seen that from previous results that it's clearly affecting more elderly population, people with comorbidities. So to what extent can we actually be convinced that this is what we are trying to address with these measures, in this case with vaccine?

Deanna McLeod

So I think you raised a really excellent point: that clinically speaking, the primary role in diagnosing somebody should always be based on their symptoms. And up until now, you use a test, for instance a PCR test, to validate the symptoms. However, what we did was we flipped things on their head with this particular pandemic, and we led with the PCR test. And we would even consider somebody to have disease if they weren't symptomatic. So that's a very unusual arrangement; it's not something that we see anywhere else.

And the other thing, too, is that if you were to rely on a test like that, what you should have done is validate that test. That test was never clinically validated, to my knowledge, and therefore, it should never have been used. And to your point, if you hadn't been using that test, then they basically would have been causing symptoms that they were trying to prevent in the people that they would see, and it would have been obvious.

But by the use of a test that they could actually change the outcomes to—by either running the test more times or lower, based on the threshold that they used—they can game the results for that particular test. And on that note as well, they didn't actually report the threshold that they were using for positivity in that trial. So that was another way that they could have been manipulating things. And, of course, if I were a pharmaceutical company and I wanted to make sure that my product looked the best, then I would make sure that I used a test that I could manipulate for sure.

Commissioner Massie

One of the questions that was confusing at the beginning is that I guess everybody was hoping that vaccination would be one way to accelerate the way out of the pandemic,

presumably by reducing transmission. And there's been the admission that this was not formally tested.

Would there have been a way to somewhat come up with a surrogate marker for transmission? And I'm thinking now that if we agree that

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to some extent, the threshold of the PCR cycle is an indication of the viral load. I mean, if you have very low PCR cycle to get a positive result, you assume it's because the viral load was higher to begin with. Whereas if you have to really push it to a high level, maybe the viral load is very low. I'm thinking that if you have a very high viral load, maybe you're a good spreader because you have a lot of virus. If you have very low viral load, you're not a very good spreader. So would that not have been a way to measure that in fact you can suppress or reduce transmission following vaccination?

Deanna McLeod

For sure they could have done viral assays and assessed the level of virus in people. So I think it was feasible. However, I think that one of the things that seems to be clear to me now, after having looked at a lot of the conflicts of interest, that this was intended to go forward regardless of results. And therefore, there was a selective focus on certain results in order to push the ability to produce these products globally. Although I think that they probably could have devised a test, and in fact tests are validated all the time. I think that there was a lot of motivation not to do that so that they could continue with their narrative. That would be my thought on that one. But I'm not an expert in testings per se, but more in clinical trial analysis.

Commissioner Massie

The other thing I'd like to ask is about using the antibody titer as a surrogate marker, knowing that on the FDA side, it's clearly spelled out that this is not a reliable marker. It follows from there that other markers should or could have been used as a surrogate marker, like T cells and other markers of other immune cells. I suppose that, based on my knowledge of immunology, these kinds of assay are not that complicated to run if you have the resources to do it.

Why haven't they been deployed in this assay to really prove that the vaccine was very close to what you would expect from natural immunity, that is, it was mimicking the kind of immune response you were getting from natural immunity? Is it something that was too cumbersome or too difficult to run in a clinical trial?

Deanna McLeod

That's a really great question. I think you touched on something called a surrogate. A surrogate is something that you test right now that points to an outcome that you could get in the future. When you're running a clinical trial, it might take too long to figure out if it's going to stop hospitalization or death. So then you measure something up front in order to see, and you hope that it points to something in the distance, so for instance, hospitalization or death and that that would be lowered. So if the surrogate's lower, then that would be lower.

However, in order to use a surrogate marker in a clinical trial, you actually need to validate that surrogate, and it's called a correlative prevention when you're looking at vaccines, and that is not established. So the use of antibodies was completely out of bounds in terms of the surrogate for protection because even the *New England Journal of Medicine* recently indicated that it's not a correlative prevention, especially not now that we're in the post-Omicron era. And so, of course, that would have been good and they could have done it.

But again, I think that we need to really consider that the course of the disease is 14 days. So using clinical endpoints would have been the better thing, and you can figure out within two months or three months whether somebody's going to die from COVID. And so, the actual clinical endpoint was well within reach of this particular trial, but they didn't actually measure it.

And so my question then is why did they use a non-validated surrogate instead of something that could have been measured, which is the actual outcome? And I would again say that it's easier to game a trial and the results if you use surrogates, especially non-validated ones.

Commissioner Massie

I guess my last question has to do with the two-dose regimen that has been the standard. We've heard, I think, from some of the health public authorities that once you get the first dose, I mean, you're fairly well protected, even though it's not perfect, you have a very good protection. And this was probably used as a common message in some areas where, for some reason, the stock of vaccine were not coming as quickly as possible.

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I know in Quebec, they actually decided to space a little bit the second dose, which it seemed in retrospect was probably good in terms of boosting immune response. My question is, okay, you do a second dose and then you see an increase in antibody, it's not going to be a big surprise.

So what is the threshold that we can expect in these first or second or even third doses to establish as a baseline to match up natural immunity?

Deanna McLeod

I think you would probably have to devise studies like the Qatar study that actually compared the vaccines to natural acquired immunity. But again, as a company, if you want to promote your product, then you don't want to compare it to something that is actually effective. What you want to do is you want to compare it to something that's ineffective so that you look positive. You can't win a test whenever the candidates are well matched, right?

So as citizens, what we would want to see is compare it to the most clinically relevant outcome, which would be natural acquired immunity. You know, and I was even saying—I'm already immune. And even up until this point, if you had natural acquired immunity, nobody would expect that you would actually need a vaccine.

However, again, for this particular enterprise of vaccinating people and rolling out a vaccine in record time and proving that we are innovative and working together globally to do something together, we were part of this whole movement. That's inconvenient, I would

say. And therefore, even though I think I agree with you, it would be the best comparison, it certainly wasn't the best one to forward their agenda.

Commissioner Massie

Thank you.

Wayne Lenhardt

Are there any other questions from the Commissioners? Yeah, Ken.

Commissioner Drysdale

Hello again. Good afternoon. I recently read an article, and I'm just wondering whether you've heard of it or can validate it or not. But I recently read an article that a group in the United States has sued the FDA in order to find out what the placebo was that Pfizer or BioNTech used in their testing.

So my first question on that is, have you heard that? And secondly, how important is it in the selection of the placebo in a test?

Deanna McLeod

Generally, a placebo would have been considered saline, so I'm curious to know what this particular group is thinking it might have been.

Commissioner Drysdale

According to the article I read, the judge ruled that they would not reveal the placebo because it was a trade secret.

Deanna McLeod

A trade secret water or sugar water, that's interesting. So yeah, maybe it was the lipid nanoparticle product without the mRNA, but I'm not familiar with it.

I do know that it did cause side effects, potentially adverse effects, so it is possible that it wasn't inert, which is what you'd hope for in a placebo. But again, I think one of the things that I find concerning is all the secrecy surrounding this. Transparency is often a good sign for honest enterprise. And when you start to see contracts that can't be revealed and things that are cloaked in language of trade secrets, I think that that would be a good sign as consumers, or potential people who would be considering these things, to not take it based on that alone. They're not willing to share the results. If they're not willing to explain to you how it's done, if you don't see the quality control studies then I would probably say that it's something that shouldn't be considered.

Commissioner Drysdale

Did I also hear you right that they never tested this for cancer effects and carcinogenic effects?

Deanna McLeod

Yeah, so that's a very good question. There's this whole phase of clinical research that should occur before you go into clinical trials. So clinical trials is the testing that you do in humans. There's phase I, II, and III, and then there's preclinical. And if we were to think about it in broad strokes, you'd want to test it in cells, and then tissues, and then systems to make sure that it's safe.

What they did was they used an adaptive clinical trial design: the FDA and Health Canada allowed them to collapse all of those things and kind of do it in tandem. And part of that was they didn't do all of what they normally do. So what they normally do is tests about reprotoxicity. That's reproduction toxicity. You want to make sure that it's not going to hurt somebody's reproduction.

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Oncotoxicity, which is the one that you're talking about, that it's not going to cause cancer. Teratogenicity, which isn't going to cause defects, or genotoxicity, which isn't going to cause genetic harm. And they failed to do all of those tests, which would have normally been done. Again, that would be another reason why it would have been unethical to even enroll people to clinical trials without those tests done, but certainly not to give it to healthy people under the guise of a vaccine.

And as it relates to oncotoxicity, that's my particular area of specialty. So whenever you're dealing with biologics, they can either turn on pathways that lead to cancer or turn them off. We're hoping that we use biologics that turn them off. That's what I've been studying for 23 years, maybe not 23, but maybe about 15. And we immediately went and looked to see if they were turning on some of the pathways that lead to cancer and published a video on our YouTube channel stating that we were concerned about this, and our video was taken down as misinformation. But that is definitely an area that we're going to be pursuing more recently because there's certain databases that now are emerging where we can actually look at some data to see how this has had an effect on cancer rates. So more to come on that area.

Commissioner Drysdale

Throughout the pandemic I kept hearing criticisms of other potential treatments like hydroxychloroquine. And what they were saying about that was there weren't any independent peer-reviewed studies.

Would you consider this study done by Pfizer to be an independent peer-reviewed study?

Deanna McLeod

Certainly not independent, I think we could check that box off. Peer-reviewed, it did pass peer review. However, I think that what we really need to remember is that the *New England Journal of Medicine*, which is where they publish this, has partnerships with pharmaceutical companies and, at least in the area of cancer, they've signed a first priority deal. I don't know what it is. But the moment that breaking news comes out that they get first shakes at it. And they've been working with pharmaceutical companies for a long time to get ground-breaking publications out the same day that the results are presented, for instance at a conference or something along those lines. And that even some of the senior editors of the journal actually are the Principal Investigators of a lot

of the mRNA trials. So there's conflicts and, of course, the sponsorship of the journals is from pharmaceutical companies. So you know they're tainted, as well.

So it is peer-reviewed for sure. But the reviewers, I would have liked to see their conflicts of interest because I don't know if it was unbiased. How about that?

Commissioner Drysdale

I also want to be clear on something that you talked about. You showed a chart, and the chart was about adverse reactions, and I believe it showed that seven to fourteen days following injection that patients would develop symptoms that very much mimicked COVID-19 itself.

Deanna McLeod

That's correct.

Commissioner Drysdale

And I note from that, and from a previous testimony, that most jurisdictions I'm aware of said you were unvaccinated for 14 days following the shot, which was a period of time that you would be demonstrating, potentially demonstrating, side effects from the shot.

And do you have any opinion as to whether or not side effects following vaccine may have been counted as COVID-19 cases in what they defined to be "unvaccinated" people.

Deanna McLeod

It's a good question. I definitely think that the term of "unvaccinated" was such that anybody that was suffering from side effects from the shot that it wouldn't be counted. Or if they did have a strong reaction, whether it was confirmed via PCR test or not, would have been categorized as unvaccinated. So for instance, if receiving the shot would have caused you to be hospitalized immediately following the shot, then you would have been hospitalized, but you would have been considered unvaccinated. In those charts that they showed in Ontario, for instance, they said, "Oh, my goodness, it's a pandemic of the unvaccinated," that very well could have been based on that definition, people who were having reactions to the shots.

Commissioner Drysdale

Right. So the potential symptoms of the shot could have been mistaken as COVID, and I wonder whether even a PCR test would have detected that. On other testimony, we heard that

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the PCR tests weren't testing necessarily for the COVID virus but bits and pieces of material that could have been attributed to dozens, if not hundreds, of different viruses.

Deanna McLeod

I'm, again, not an expert in the testing. But I can say that if they hadn't tested and they assumed that it was COVID, then that definitely would have been attributed to somebody

that's unvaccinated, even though they were vaccinated because of that pause. I think that again if we were to be thinking about it— I'm always thinking about mode of action because that's how you think when you're developing cancer therapies as you always start at that point.

But if we knew that the component of the virus that caused illness was the spike protein, how could it possibly be logical that we would ask the body to produce the very pathogen that we know to be the issue, and in copious amounts, and not expect any outcome from that. You know, it's nonsensical just from a biological point of view or mode action point of view. So I think that what they really want to do is they like this mRNA technology and they want to use it in many different areas, and they needed a way to get it promoted, and so they used the crisis as an opportunity.

But the reason why they like mRNA technology is when you're developing a drug, there's a clinical development stage that is very expensive. And so, if you can collapse the clinical trial, do this adaptive trial design, then you can get it done much more quickly, and if you can use surrogates then you get it done more quickly, so the cost of producing your drug goes down.

The other part that's expensive, especially when it comes to vaccines, is the manufacturing of the drug. So there's a lot of living systems and isolation and testing and standards. But what if you could imagine, if you had a 3D printer, an mRNA printer, in the back shop, and all you had to do is hit a button and then it could produce something? It's very cost effective to produce the mRNA shots. And so, industry wins in the sense of low cost for development, and industry wins in the sense of low manufacturing capacity. And then if you can position it as a vaccine and give it to absolutely everybody, then the sky is limited in terms of your market.

So really what this is, it's a product that's been strategically positioned by global entities to make maximum profit. And again, I would argue, at the expense of the global citizenship because they certainly didn't prove that it was safe or do rigorous enough safety testing to ensure safety before it was pushed forward on global citizens.

Commissioner Drysdale

It is my understanding of the mRNA technology, at least to be used in humans large scale, because my friend Dr. Massie will tell me that the technology has been around for a long time but not to be used in humans. So you would think that something like this—that has never been used in a mass of humans before and the effects could not be known—would have taken a much longer time to evaluate and it would have many, many different studies to evaluate different things.

Would that not be a typical expectation for some new technology platform?

Deanna McLeod

Yeah, I think you're absolutely right that when you're looking at novel technology, it's novel because you don't know very much about how it works and, therefore, safety should be your primary concern. And thoughtful, careful testing over time would be the best way to move forward, unless you're a pharmaceutical company wanting to profit off of a crisis and then expedited testing would be better because that gets it out on the market. The argument is that people needed it, they were dying of COVID-19.

However, if you harm the masses in order to try and treat a group of people, it breaks the ethical principle of minimal intervention, which is you should always look for the intervention that is least invasive or intrusive. And it also does something that we call a morbidity transference: so basically, you're transferring the morbidity or the sickness from the elderly people and you're putting it on the backs of the healthy people of the world calling it vaccination. However, that would probably be an inappropriate term because a vaccine, although some could enhance immunity—immunomodulator would be the proper term—

[01:05:00]

there would be no basis for mass vaccination unless you can prove that it stopped transmission. And in their very first publication, they clearly stated that the study was not able to do that. So again, what I would say is that we've got capture from entities in our healthcare system. Our health authorities had other motivations or other interests at play other than our well-being in order to push these particular products.

Commissioner Drysdale

My last question is, based on your review of the testing protocols and data, in your opinion, is this a safe and effective vaccine?

Deanna McLeod

I would say that it fails the efficacy test. I would say that the trial is probably clinically irrelevant because it doesn't compare it to naturally acquired immunity and it's been done on a virus that's no longer circulating in the sense that other variants are circulating. So right away, I don't think that there's any evidence to say that it's beneficial to people who've got naturally acquired immunity, and there's no evidence.

And in terms of safety, I think that the studies prove that it's the opposite; I think it proves that it harms. And in terms of efficacy, at least based on the actual phase III trial, that I would probably say that there is negligible benefit.

Commissioner Drysdale

I have many more questions but thank you very much.

Deanna McLeod

Okay, thanks.

Wayne Lenhardt

Are there any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you for providing your testimony.

Deanna McLeod

Thank you very much.

[01:06:58]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 6: Serena Steven

Full Day 1 Timestamp: 06:42:04–07:16:15

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness is Serena Steven. Serena, can you hear me?

Serena Steven

Yes, I can. Can you hear me?

Shawn Buckley

I can hear you. So can I start by asking you to state your full name for the record, spelling your first and last names.

Serena Steven

Serena Dawn Steven, S-E-R-E-N-A S-T-E-V-E-N.

Shawn Buckley

Serena, do you swear to tell the truth, the whole truth, and nothing but the truth?

Serena Steven

I do and may it set us free.

Shawn Buckley

Now my understanding is that you were a nurse at the time that the COVID pandemic hit us.

Serena Steven

Yes.

Shawn Buckley

And my understanding also is that you are a little apprehensive about testifying today.

Serena Steven

Yeah. I am.

Shawn Buckley

Can you share with us why?

Serena Steven

Ah, fear of retribution on different levels.

Shawn Buckley

Okay, can you be any more specific than that?

Serena Steven

Well, one of the ones that hit me kind of hard today was Bill C-36 and the implications of being somebody who works in, or formerly worked in, healthcare who speaks out against anything that is being propagated—for fines and jail time. So that's one of them. And the other one, well there's a few, is the name-calling, as we all know, from people in our daily lives but also prime ministers, et cetera, for being "unacceptable."

Shawn Buckley

Okay. Many of the people that are going to be watching your testimony are not from the province of British Columbia and will not understand what you're speaking about when you say Bill C-36. So can you just briefly explain for them what Bill C-36 is and why that's a concern?

Serena Steven

It's a big concern for many reasons. I have yet to read the whole thing, portions of it that I am aware of— So Bill C-36 has been pushed through without being fully read. It's been pushed through our provincial government, and it is changing some of the healthcare implications. I was briefly reading some of it today. It's changing quite a few things.

But as far as I'm concerned, for the purposes of this testimony, if a health care worker, presently or formerly, speaks against what is being touted by our upper-ups in healthcare throughout the province, throughout Canada, health care workers can be fined. My understanding is that can be up to \$200,000 in fines and jail time or jail time. If I'm saying something that is, I think, spreading misinformation or hate speech, they could fine me, I suppose.

Shawn Buckley

You know it's interesting because we had a witness earlier today also speaking about that bill. I forget the page number but over 200 pages and that the legislative assembly was

really not given the time to read the bill and understand the bill and yet sweeping changes. So it's interesting that you brought that up as a specific concern today.

Now you were working as a nurse during the earlier parts of the pandemic, and my understanding is you saw some things that didn't fit with the official narrative. I'm curious if you can share your experience and your initial thoughts of what was going on in the hospital system at the beginning of the pandemic.

Serena Steven

Okay, so I'll just speak from my personal experience so that I don't spread any misinformation. So things that I was seeing, things that I was reading, things that I was experiencing at work were not matching up. So for example, I'm working in this healthcare system and it's quite regimented as a healthcare system ought to be for various reasons. I don't even know where, I feel a bit lost.

Shawn Buckley

We were being told that the hospitals were full and basically being overrun, and we all basically had to do our part, like don't go to the hospital because they can't handle it. What was your experience when that messaging was going on?

Serena Steven

So what I was told and what I had read from my hospital emails—when I was told by people who were upper-ups

[00:05:00]

in the health authority that I worked for—is within the Vancouver Island Health Authority [VIHA], there were two hospitals designated for COVID patients. So if someone was going to get admitted to the hospital and tested positive for COVID, they would be shuttled off. I worked in a small rural community hospital. So they would get shuttled off to one of these two hospitals that are designated for COVID-19.

Now, I was only working from the time of declared lockdown pandemic stuff until the time I left, for approximately four months, maybe a bit more. So I only saw the early days of that. So what was happening was our hospitals were emptied. We have 21 beds in the hospital, but we had sent a lot of people home. People do heal better at home. They heal faster. They have their own comforts, their own space, better food, all that stuff. People tend to heal better at home. So people were sent home before they may have been sent home prior to the pandemic and making space in the hospitals for maybe an onslaught of people that might have been coming in.

So we were as hospital staff, as nurses, I can speak for myself, we were being paid extra money for pandemic pay, I guess dangers. Yet our workload went down. And also, we were being directed to send people home if they came to the hospital seeking help. Basically not any words from anybody else, I'm just putting this into layman's terms. But if someone was blue in the lips or having a heart attack, bring them in. But if they were just coming for some minor complaints, which a lot of people do, send them home.

What I was seeing, as somebody who was on the front lines and going outside and greeting potential patients to come into the hospital, I was told to send them home after questioning

to make sure they didn't need proper medical attention, like emergency medical attention or not. People were coming in with a lot of fear. And as a health care person, that's part of healthcare. That's mental health, part of healthcare, and we were sending them home.

Shawn Buckley

My understanding is that you were starting to get stressed out by what you were seeing and also by the messaging that you were getting. I'm just wondering if you can speak about both your stress and the messaging you were getting.

Serena Steven

So I was getting emails, which I consider indoctrination-style wording, which was saying stuff such as, "These are your only sources of truth," and then they would list the WHO and VIHA, and there was one other. So these are your only sources of truth. With health sciences background, my experience is that there's not just one source of truth, and there's lots of avenues to look into in healthcare, in anything. And then I was seeing what was happening in the hospital with it being empty.

Shawn Buckley

Serena, can I just slow you down?

Serena Steven

Yes.

Shawn Buckley

Who were you getting these emails from?

Serena Steven

My health authority. So basically it gets filtered down. So then it comes down from management.

Shawn Buckley

Okay so these are actually emails; so they're work emails.

Serena Steven

Yes.

Shawn Buckley

So they're coming to you because you're a nurse employed in the hospital, and they're basically telling you what the trusted sources of information are for COVID.

Serena Steven

Mm-hmm.

Shawn Buckley

Had you ever experienced anything like that before, where your employer was sending you a barrage of emails telling you what are verified sources and what aren't on any health issue?

Serena Steven

No. No, not like this. There are sources that you're supposed to trust, like *The British Medical Journal* or certain sciences for certain papers for published studies and whatnot.

But this type of stuff was very bizarre because when I was reading it, I could tell that the language being used—it felt indoctrination-like. I would literally look to my left and my right and see doctors and nurses, and no one was batting an eye. Now, maybe they weren't reading the same email at the same time, but it felt weird.

Shawn Buckley

And how did you react to that personally?

Serena Steven

Well, between stuff like that, between what I was experiencing at the hospital being told to send people away, yet our hospitals were empty, the setups that were happening, policies changing sometimes,

[00:10:00]

literally, on an hourly basis. And then what I was doing, my own research, reading worldwide studies from other parts of the world and looking at worldwide data, information that wasn't available here in British Columbia; you had to go outside the province, the country really, to find what was happening.

Things weren't adding up and I guess, well I don't guess, I know I was having inner turmoil, inner arguments with where I was at with it. Because here I was doing everything I was supposed to in my profession, but everything I knew and learnt was not adding up. So I started having stress, a lot of stress to the point where I had my very first ever panic attack and another second anxiety attack a couple weeks later, which I both reported as workplace injuries because they were directly related to stuff that was happening at work around all of this.

Shawn Buckley

Okay, so had you ever had a panic attack before this?

Serena Steven

I've never experienced anything like that.

Shawn Buckley

Okay, so you basically started having work-related panic attacks because of what was happening at work.

Serena Steven

Yes.

Shawn Buckley

Now, my understanding is that you decided to get vaccinated.

Serena Steven

Yes.

Shawn Buckley

Okay. And can you tell us why?

Serena Steven

Basically, I can sum it up in a nutshell. It's a lot more than that. The coercion basically got me. It got to me even though I knew that I didn't want to. I knew that it wasn't working. I knew that people were having vaccine injuries. I don't call it a vaccine. Basically, I feel like I was inoculated. Even a specialist, who read my Holter monitor later on, acknowledged that my body does not respond well to this. He used the words, "the modified spike protein." So yeah, coercion, basically.

Shawn Buckley

Okay, and so did you just march down there and get your vaccine?

Serena Steven

No. I basically had to build myself up to it. I knew that I didn't want to do it. But then taking my hard-earned profession away from me, which was the coercive threats, would bring me fear, the fear tactics. So I would crumble a little bit and think, "Maybe I'll just get this, maybe I'll just take this inoculation and hope that I'll be okay." I'd get strong within myself again, knowing that it wasn't right. This went back and forth for quite some time, well over a month. Basically, it was like I desensitized myself by trying to drive myself several times to the health clinic to take this. So I didn't just march in and take it, no. When I went in, I went in fully aware that it was under coercion. I went in eyes wide open.

Shawn Buckley

I just want to make sure that people understand what you're sharing with us. So you literally would get in the car and start driving and then turn around and go back. And this happened a number of different days because of this inner turmoil. So you felt you had to get it. You used the word coercion and you had to keep your job. But at the same time you were so apprehensive and scared that you would turn around. Is that accurate?

Serena Steven

I would literally start shaking and crying, yeah. My body was telling me not to do it, literally, yeah.

Shawn Buckley

So when you went to get the vaccine, can you share with us where you basically give an informed consent? As a nurse, you'd understand what that is? Can you share the experience with us on the information that you were given?

Serena Steven

I wasn't given very much information. In fact, I gave the inoculating nurse, the nurse who I allowed to inoculate me, I gave her more information than she gave me. I told her why I didn't want to do it. I told her I'm just praying that I'll be one of the people that are okay.

Shawn Buckley

Okay.

Serena Steven

So she didn't tell me much, "a sore arm, you might feel some flu-like symptoms," type of information, but she didn't give me information.

Shawn Buckley

And to use your words, were you one of the people that were okay?

Serena Steven

No.

Shawn Buckley

So what happened?

Serena Steven

I'm going to try and make the story as short as possible. I know we're limited for time. Within an hour, I started having my first heart palpitations. I kind of brushed them off, thinking, "Oh, that wasn't the vaccine. That wasn't that inoculation. I'm just a bit anxious about having taken it," although I hadn't felt heart palpitations like that before.

[00:15:00]

And then that night, that evening, it was early evening, maybe late afternoon, I was sitting on the couch, and I started feeling extreme headache, very, very unwell. You know, I expect a sore arm, especially because I had the—I actually told the nurse I wouldn't take the injection unless she withdrew on the needle, which can make the arm more sore. So I did expect to have a sore arm. That's par for the course with taking a lot of intramuscular injections.

But I was having a bit of shortness of breath. Then when I was changing, I noticed the whole left side of my body, the corpse, was in a full rash. It was the side that I had been inoculated on. Through talking to someone else who I know on the phone, who's a nurse—

"Should I take some Benadryl tonight?" I took some Benadryl, and it knocked me out and then the rash went away.

But the next day I was on a hike and my heart started pounding so ferociously, I got really scared. I was up in the forest by myself. No one knew where I was. I thought, "Maybe this is it. This is one of the unlucky ones with this inoculation." I got really scared and I basically had to work my way out of the forest very slowly. I did some medical maneuvers on myself, like the Valsalva maneuver, to try and slow my heart rate and got out of the forest. My body started having, over the course of 10 days, I had several different physical reactions. And then on the 10th day, I finally brought myself to the hospital because I thought I was having a heart attack.

Shawn Buckley

And I'm just going to slow you down. My understanding is that for that 10 days, following what you're speaking about, you literally would write down passwords for your bank accounts, and the like, in case you didn't survive the night.

Serena Steven

Yeah, there's no tissues in here. Yeah, I was literally deathly scared on several occasions, and I didn't think I was going to wake up some mornings.

Shawn Buckley

Okay, so after 10 days, you end up going to the hospital. And my understanding is because when you go to the hospital, you're literally having typical heart attack symptoms.

Serena Steven

Yeah.

Shawn Buckley

And what happened at the hospital?

Serena Steven

They did an ultrasound on my heart. They did an echocardiogram. They did a lot of blood work and they sent me home with a prescription for a Holter monitor.

Shawn Buckley

Right, and what did the Holter monitor show?

Serena Steven

By the time I got my Holter monitor, it was over two weeks, maybe even three weeks, since I first took the inoculation. My heart rate had started to not be as severe as that first 10 to 12 days, although, it was still quite bad. It was showing heart rates up to almost 160 beats per minute while I was at rest, just sitting on the couch, thinking I was relaxing.

Shawn Buckley

Right, okay. So my understanding also is that this exacerbated your asthma. Can you share with us that and then how the tachycardia kind of complicated you treating your asthma?

Serena Steven

Right. So I have asthma, which is very, very mild. You know, it comes on with allergies. I maybe taken inhalers two to three times a year.

I basically had difficulty breathing, shortness of breath, and wheezy breathing every single day, almost all day long. But I wouldn't take my inhaler because one of the side effects of the inhalers is increased heart rate, which I experience when I take that inhaler the two to three times a year that I need it. I was so afraid already that I was going to have a heart attack and every time my heart pounded like crazy, I was very genuinely terrified. So I didn't take any inhalers to treat my respiratory system. And it's still not good. Yeah, it's been a year and a half.

Shawn Buckley

And you're still avoiding inhalers.

Serena Steven

Yes.

Shawn Buckley

Now something else happened that actually made it difficult for you to leave your house for a period of time. Can you share with us what happened?

Serena Steven

Yeah.

[00:20:00]

So I became incontinent of bowel. I'm a very healthy person. I've never had issues with my bowels in my life. And basically, yeah, incontinent of bowel. I wouldn't even feel anything. People, as humans, we know if you're going to pass gas; you know if something's going to happen. I wouldn't feel anything and I would be basically soiled. But it was so— And still is, it's very embarrassing to say this on a camera. It was so traumatizing for me that I started—and didn't realize I was doing it—but I was mentally blocking it out.

And then, I don't even know how long later it was, I decided I'm going to go on a walk. Fortunately, it was in the forest not far from where I live. It happened again. It kind of all came tumbling in from my subconscious back to my conscious that, "Oh, yes, this has been happening to my body. I've been putting it aside and ignoring it and pretending it wasn't happening and not saying anything." So once I acknowledged that, I got brave enough to slowly, slowly start telling people about that.

Shawn Buckley

Right, including your doctor.

Serena Steven

I didn't. No. I haven't seen my doctor since she gaslit me. But I did go back and see the specialist who read my Holter monitor. And I told him.

Shawn Buckley

I have to ask you about the gaslighting, just the way you introduced that. So can you share with us what happened?

Serena Steven

Well, I have a doctor who might fire me if she ever hears me saying this now. But she gaslit me on a couple of occasions. One time was over the phone, prior to taking the vaccination, when I tried to explain to her my concerns of taking the inoculation. She gaslit me on the phone and said, "Oh, it's just a little mRNA vaccine. I don't know what everyone's so worried about." And poo-pooed the fact that I was going to her with anxiety around this, which was the point of the doctor's appointment.

And then the second time she gaslit—well, I think she gaslit me more than twice—but another big time that she gaslit me was basically downplaying the results on my Holter monitor to me, in front of me, in her office, which surprised me because knowing full well that I'm a nurse and, in fact, worked alongside of her in the small hospital.

Basically, she said, "Well your heart rate was only up to 130 beats per minute. And really, we don't pay much attention to anyone whose heart rates are less than 35 beats per minute." Well, I know that that's not true. If someone comes in with excess heart rates, we're going to pay attention to that. And second of all, my heart rate was almost 160 beats per minute. So she just basically gaslit me, downplayed what was going on, and didn't even acknowledge that my condition was as bad as it is.

Shawn Buckley

I'll just ask you to speak about one more topic. And that is after you were injured by the vaccine, you tried to get an exemption so you wouldn't have to take a second dose. And can you share with us what happened and what steps you took?

Serena Steven

Yeah, I had to go to see my doctor. So the time that she gaslit me about my 130 beat per minute heart rate, during that appointment it came out that, yes, I do want to talk to the specialist who read my Holter monitor. So I had to push for that. She got me an appointment with him.

I got an appointment with him. And when I went in there it was about an hour-long appointment, and he was lovely and very gracious. And he agreed with me that I should not take any more of this inoculation. He, in fact, called it the "modified spike protein." He acknowledged that my body didn't respond well to it. And then he wrote a note to my doctor, which I later on got a hold of—I wanted my medical records. When I was talking to him, he was saying, "Oh, your heart rate was 150," which of course it was more than that. And then he sent the letter to my doctor saying that "Serena does not want to take any more of this.

[00:25:00]

"Her heart rate was up to 140 beats per minute." So it was a bit of a downplay, as well. So when I read this letter that he sent to her, I was kind of beside myself.

And then about a week later, I decided that this wasn't okay. So I sat down and hand-wrote a two-page letter to the specialist, typed it out and went and delivered it to his office, in person to make sure that it was there. The very next day, I got a phone call from his office saying that he would like to speak to me. He would like to have an appointment to follow up on that letter that I sent to him. So I was able to get an in-person appointment with him, which was about another week or so later, maybe even two weeks later.

I know that letter must have hit him or touched him because when I went into his office, he had all the paperwork laid out on his desk. He was, indeed, filling out all the paperwork to report my situation as a vaccine injury, and also, to start the process to request a medical exemption, which went to the medical health officer of VIHA, who then denied my medical exemptions, this is over the course of months.

So I insisted, through support from somebody in my community, to have a follow-up appointment with that medical health officer. I did. It was over the phone. He's never met me. He only had apparently read what the specialist had sent to him for the information. When I was talking to him on the phone, I asked him basically why he denied me a medical exemption when all the evidence is right there. And he said, "Oh, just a minute." He says, "Oh, I'm just reading this now. Oh, so yes, okay. Basically after this phone call, I think I will support you in pushing this medical exemption request up the chain of command." But the way he indicated that he's just reading it now, presented to me that perhaps he hadn't even read my whole medical record at the time for this. Because he admitted that he was just reading it or just seeing it at that time.

Shawn Buckley

I don't know which inference is worse: that he changed his mind now that you were calling on him or that he hadn't read it in the first place and denied your exemption.

Serena Steven

So it got sent up to the Public Health Office of British Columbia. And many, many, many months later, I think it was in February of this year, I finally got a letter from the provincial health office granting me what they call a temporary medical exemption that they can revoke at any time under specific conditions, you know, wear a mask, do this, do that.

Shawn Buckley

Okay, I know those are the questions I have for you. I'll ask if the commissioners have any questions of you.

Serena Steven

Okay, thank you.

Shawn Buckley
And there are questions.

Commissioner Drysdale

Good afternoon. Thank you for coming out and telling us your story. When you were talking about you were working in a hospital and the pandemic came and the hospitals were emptied out, and you were getting extra pay or pandemic pay, how much training did you get in the British Columbia emergency pandemic plan prior to that or during that?

Serena Steven

What training? The only education I have had on any type of pandemic training or anything like that was in nursing school, and it was touched on very, very briefly.

Commissioner Drysdale

You didn't mention how many years you have been a nurse.

Serena Steven

Yeah, not very long. I went to school late in life, so I graduated in 2016.

Commissioner Drysdale

Okay, did you get any training in the Canadian influenza pandemic plan?

Serena Steven

I didn't know there was one.

Commissioner Drysdale

We've heard testimony over the last several weeks about informed consent, and I'm curious about that. Nurses are trained in informed consent, are they not?

Serena Steven

Yep.

Commissioner Drysdale

It's legislated under the nursing regulations, isn't it?

Serena Steven

Mm-hmm. Yeah, yes, yes.

Commissioner Drysdale

We had testimony a day or two ago, I can't remember if it was in Saskatoon or in Red Deer, where, I think, it was a doctor testifying.

[00:30:00]

They said that part of informed consent on the part of the practitioner is that if they get a sense that their patient is being influenced by a third party, then they're obligated to know that they're not getting informed consent if they're influenced by a third party. Is that your understanding of that as well?

Serena Steven

No, no, no, basically for me, it's more like making sure— As a practising nurse, which I'm not allowed to call myself a nurse anymore, so I'm talking in past tense. If I'm going to be administering you a medication or a procedure or a treatment of some sort, I have to ensure that, let's say aspirin, I have to ensure that you are aware of potential major side effects of it. No nurse has time to go through every single side effect. So that's just one example. If I'm going to be doing wound care, I have to talk to you, tell you what the procedure is, what's going on, let you know this might sting. Are you okay with me doing this? That's basically the scope of my informed consent. Doctors would be very different, I imagine.

Commissioner Drysdale

Okay. Because I was really aiming at, and my follow-up question, too, after hearing your answer, was going to be, well, if you've got a patient there and you're going to give them an aspirin, and the patient says, "Well, I really don't want to take that aspirin, but the person outside in the hallway is telling me I have to take it."

Serena Steven

I would tell that patient that it's their choice.

Commissioner Drysdale

Okay. Okay. I was curious on some of the last things that you talked about. You talked about that you went to the specialist and through a process or other, as your doctor, he, in his opinion, wanted to give you an exemption, but it had to go through a third-party bureaucrat who was not your doctor.

Serena Steven

Two, two different bureaucrats.

Commissioner Drysdale

Two different bureaucrats? Doesn't that violate the sanctity relationship between a patient and a doctor when a third or fourth party is making the decision on your medical treatment?

Serena Steven

Well, there's a lot of my medical stuff that has been violated since this whole thing went down. Just like confidentiality.

Commissioner Drysdale

Thank you very much.

Shawn Buckley

And there are no further questions. I just want to make sure that people understand what you're meaning when you're speaking about confidentiality.

It's one thing to go to your doctor and speak to your doctor about your conditions. For example, one of your conditions you found extremely embarrassing. It's another thing for other people that you don't even know and aren't even aware of getting access to your medical records to make decisions about you without even speaking to you. That's what you're referring to, right?

Serena Steven

That is one of them. But the other one is, with this whole declaring what your status is in this day and age, a new manager at my place of employment has privy and is very aware of what my inoculation status is. He or she can go in and find out if I have taken one, two, three, four, five or however many boosters people take these days. Sorry, a little bit cynical about that at this point. Yeah, they have that information.

Shawn Buckley

Okay, and well those are our questions for you, Serena. On behalf of the National Citizens Inquiry we sincerely thank you for coming and testing.

Serena Steven

Thank you very much.

[00:34:18]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 7: Dr. Christopher Shaw

Full Day 1 Timestamp: 07:32:29–08:39:45

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[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue on our first day of the Vancouver hearings. Our next guest is Dr. Chris Shaw. Dr. Shaw, can I ask you to state your full name for the record, spelling your first and last name.

Dr. Christopher Shaw

My name is Christopher Ariel Shaw, C-H-R-I-S-T-O-P-H-E-R, last name Shaw, S-H-A-W.

Shawn Buckley

Dr. Shaw do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Christopher Shaw

I do.

Shawn Buckley

Now, you have a PhD in neuroscience, and you're a full professor of ophthalmology at the Faculty of Medicine at University of British Columbia.

Dr. Christopher Shaw

Yes.

Shawn Buckley

And you have been 35 years as a faculty member at the UBC Faculty of Medicine.

Dr. Christopher Shaw

Yes, correct.

Shawn Buckley

And in addition to being a full professor, you have a number of cross-appointments of significance, one at the Department of Pathology.

Dr. Christopher Shaw

Yes.

Shawn Buckley

One in the Program of Neuroscience.

Dr. Christopher Shaw

Correct.

Shawn Buckley

And one in the Program of Experimental Medicine.

Dr. Christopher Shaw

Also correct.

Shawn Buckley

And you've held those appointments since January of 1988.

Dr. Christopher Shaw

The one in pathology came about in 2014. But the other three have been there since 1988.

Shawn Buckley

And you're going to explain in a minute about being on unpaid leave, but you are also now co-chair of the Scientific and Medical Advisory Board of the Canadian Covid Care Alliance.

Dr. Christopher Shaw

That's correct.

Shawn Buckley

And Commissioners, I'll advise you that Dr. Shaw's CV is entered as Exhibit VA-6. It is 45 pages in length, so I didn't give you copies, but that would be available for you to review and it will also be available for the public to review.

Now, Dr. Shaw, I had mentioned that you're on unpaid leave. Do you mind sharing the story with us of what happened?

Dr. Christopher Shaw

Not at all. In the summer of 2021, Bonnie Henry put down one of her edicts, I think in August or September 2021, requiring that all people in the Coastal Health and other health regions be fully vaccinated no matter what they did. Whether they were faculty, staff, janitors, drywall layers, people delivering packages, whatever it was, you had to be fully vaccinated. And that came out from UBC. UBC took that and basically said, it was in September 2021, they said, "Okay, well, here are the new guidelines. We expect everyone to declare their vaccine status."

And we had three options. Option one: "Yes, I'm fully vaccinated." Option two: "No, I'm not fully vaccinated, but I will be." Number three: "I have no intention to get vaccinated."

Number four: "I'm not telling you." I chose the "I'm not telling you" option. My chairman at the time came back, he was an interim chairman, and said, "Well, you kind of have to disclose." And I said, "Well, kind of, I don't. It's personal medical information." And a few weeks later, he wrote to me and said, "Well, you know, we're coming up on a crunch here. We have to obey Bonnie Henry and moreover, Patricia Daly, who is the Vice President of Vancouver Coastal Health. We expect you to declare and then go get vaccinated if you want to keep your job." And since I didn't, and I explained to him the reasons I would not.

I said several reasons: One, "I don't think this is a legitimate health order." Number two, "I do not see patients. I'm not a medical doctor. I'm a PhD researcher. I'm in a building that has only one clinical site at the bottom floor, only one clinical laboratory. I don't go in that way. I don't have any connection with that laboratory. There's a back door I can use. My laboratory is on the third floor. I won't see patients. And I'm not going to. So that really is no danger. And I'm ready to go along with the weekly serology test. And I can move my laboratory up to UBC. Or you, my chairman, can move my laboratory up to UBC. And of course, we can do the various things that we need to do at UBC." And again, you'll hear from Professor Pelech tomorrow what he had to do at that time, which was essentially nothing. That wasn't good enough. My chairman said—

Shawn Buckley

Can I just interrupt because I also understand that you had had COVID.

Dr. Christopher Shaw

Yes.

Shawn Buckley

And that you developed natural immunity.

Dr. Christopher Shaw

Yes.

Shawn Buckley

And the reason I want to bring this up is, and we don't have to do it right away, but I want you to explain that there's actually a heightened risk for somebody who has natural immunity

Dr. Christopher Shaw
Absolutely.

Shawn Buckley
getting this vaccine.

Dr. Christopher Shaw
Yes. And that's true. Now, let me come to that.

So in December, my chairman said, "Well, okay, we've reached the deadline. You have to take the shots regardless or get an exemption." But as you probably realize from some of the hearings that the exemptions were almost impossible to get. And in my case, I went through the list of possible exemptions.

[00:05:00]

I didn't qualify for any of them.

And I tried to explain to my chair that I had had COVID-19. I know that from tests from Steve Pelech's serology laboratory. And you'll hear about that tomorrow. I probably had COVID in the summer of 2020. I had very, very robust antibody levels to almost everything in his test. Some of them had faded, which allowed him to put a timeline on it and say, "Okay, this probably was around here."

I told that to my chair. He didn't care. He said, "It doesn't matter what you've had. You have to get the vaccines or we're going to put you on unpaid leave probably in December followed by termination." So December came and on December 10th, I was put on unpaid leave. He didn't care in the slightest that I might be at risk for some of the complications that have been noticed. Something called antibody dependent enhancement in which the antibodies generated by the natural immunity can be compromised by antibodies from the vaccination. So I didn't want to go that route. I told him that. I told him the reasons for that. I actually had a letter written by Lee Turner, who is an attorney out of Kelowna. He wrote a very long detailed letter to my chair that explained this in enormous detail. And I can provide to the committee that letter. My chair did not respond at all. Nothing. I don't know what he did with it, but nothing happened. On December 10th I was notified by the university, by my chairman, that I was put on unpaid leave, followed by termination at some future point.

So that's kind of where it went. And I should stress that I offered to teach on campus. I offered to move my laboratory. I offered to teach in any form they wanted. I offered to continue teaching by Zoom because we'd been teaching by Zoom at the beginning of the pandemic. And I said, "Well if that doesn't work, I can do administrative stuff. And I want to fulfill my obligation to the university and I want to keep working. I want to do some research that I think is very important."

And we just had received a very large grant from a private neuroscience group in the United States to study early phase markers for Lou Gehrig's disease. I don't know if you know about Lou Gehrig's disease, but it is an absolutely horrible neurological disorder for which there is no cure. And there are very few treatment options, which are not very effective for very long. So the need in the field of ALS research has been to come up with an

early way to detect ALS when it's first starting, so we actually have a therapeutic window in which one, in principle, could do something.

We were well into that study when I was terminated. I was not allowed into my laboratory. The consequence of that is my two technicians— I wasn't allowed to distribute the funds I had. My two technicians, I had a technician and a postdoctoral fellow, they basically had to be let go. And the money that was still in the grant for research was grabbed by somebody at UBC, either research services or my department, and used to pay off the deficits of another researcher.

Shawn Buckley

I just want to be clear here. So you actually were in the process of running a study to look into the causes of Lou Gehrig's disease for early detection, and that study, which assuming that it fail or succeed, it would add to the science for Lou Gehrig's disease. So that now is a casualty of this COVID policy.

Dr. Christopher Shaw

Absolutely. As were the technician and postdoctoral fellow. They were casualties as well because they all had to go find other employment.

Shawn Buckley

And the grant money, which would have been specifically given for the purpose of your study, has disappeared.

Dr. Christopher Shaw

Not all of it, but a considerable fraction of it, yes.

Shawn Buckley

Okay. And the reason for this was basically because of the public health authorities and then, Patricia Daly, following—

Dr. Christopher Shaw

The reason for it was my chair, at the time, did not feel he could go against Patricia Daly's order, which, of course, came from Bonnie Henry.

Shawn Buckley

You wanted me to play a video.

Dr. Christopher Shaw

Please.

Shawn Buckley

And then to comment on it.

Dr. Christopher Shaw

Oh, by the way, I shared this with my chairman, he didn't care.

Shawn Buckley

Okay, so David, can you cue the video that we had for Dr. Shaw?

[Exhibit VA-6a: a video clip was played with Dr. Patricia Daly explaining the use of vaccine passports. Below is a transcript of the audio content.]

[VIDEO] Podcaster interviewing Dr. Patricia Daly, Vice President, Public Health and Chief Medical Officer for Vancouver Coastal Health

Podcaster

We aren't allowing unvaccinated people into restaurants, but they are still allowed to visit patients in acute care. Is this true? If so, what are the risks?

Dr. Patricia Daly

Maybe I can answer this just briefly. The vaccine passport requires people to be vaccinated to do certain discretionary activities, such as go to restaurants, movies, gyms. Not because these places are high risk. We're not actually seeing COVID transmission in these settings. It's really to create incentive to improve our vaccination coverage. But we still allow people to continue with essential things,

[00:10:00]

like going to the grocery store, going to the pharmacy, going to visit relatives in acute care, going to access healthcare services. And by the way, when those people come to our acute care, they're going to be screened and they're going to be given a medical mask. And we're not seeing transmission from visitors. We've seen occasionally visitors to health care facilities have been a source of COVID, but they're actually lower risk than staff because they tend to only visit one person, have contact with their relatives, and then leave. Whereas health care workers who may have had COVID and been in the infectious stage, unknowingly might have had contact with many more people. So visitors are actually low risk to introduce virus into a facility. They're screened, they're putting on a mask, but, you know, and again, most of them are going to be vaccinated, but the vaccine passport is for non-essential opportunities, and it's really to create an incentive to get higher vaccination.

And it's really to create an incentive to get higher vaccination.

Shawn Buckley

Dr. Shaw, there will be people watching this online that are not familiar with British Columbia and who Patricia Daly is.

Dr. Christopher Shaw

Patricia Daly, at the time, was Vice President of Vancouver Coastal Health and her immediate supervisor, I suppose, would have been Bonnie Henry who is the Provincial Health Officer.

Shawn Buckley

Right, so Patricia Daly was one of the people for her region that was basically issuing this dictate

Dr. Christopher Shaw

Yes.

Shawn Buckley

that we needed vaccine passports. And for those that are watching in countries that don't understand vaccine passports, you had to have a government identification paper showing you had had two doses of an approved vaccine to access many services. And she's saying in this video when we all heard her that this really wasn't about health, it was an incentive for vaccination.

Dr. Christopher Shaw

That's correct.

Shawn Buckley

And what are your thoughts on that as a medical doctor?

Dr. Christopher Shaw

Well, I'm not a medical doctor. I should stress that I am a PhD researcher. But as a PhD researcher who is familiar with, for example, the Nuremberg Code, and I can explain why that would be true, this is a violation of the Code. Because as Dr. McLeod was saying earlier, one cannot incentivize informed consent. In other words, informed consent is freely given with no incentives, either negative or positive. And of course, at the time, we know that throughout British Columbia and elsewhere, they were incentivizing people to take the shots either with punishments, which it was in my case, or with, for example, in Downtown Eastside with Tim Hortons donuts and five bucks. In either direction, incentivizing the use of a product that has not been fully explained to people and where the dangers and/or the benefits have not been fully explained, I think, is a violation of that Code. And that was one of the things I had pointed out to my chair and again, that didn't matter.

I should mention that since then, I don't know if you want to get into that now, but I've since been— We have a new chair person, who said in principle that I can, I might come back to work. They will move my laboratory, that's all good. But now, the new Bonnie Henry directive that came out about two weeks ago probably makes that impossible. Because again, anyone who works in any health setting, and at the university, has to be fully vaccinated. So that's taken me probably out of that possibility of re-employment.

And again, I should stress that was 18 months of unemployment where I've been living off a pension. Just as a sidebar, I used to do marine search and rescue here in the province, here in Victoria. And about the same time, I was told that unless I would get fully vaccinated, I shouldn't do that either. Because we all know that people on burning boats that are full of kittens do not want to be saved by anybody who's not vaccinated. So I was put out of search and rescue at the time.

The third thing is I've been trying to seek employment ever since UBC put me on unpaid leave. And I trained— Again, I maybe haven't explained it very well in my background material, I'm a trained medic. I was an army medic, and then I was trained to EMR, emergency medical responder level, which is kind of the lowest rung of the primary care paramedic system. But you can still go around, you can be licensed, and I am licensed, you can go around and ride in ambulances and help people, but I can't do that now, either. So basically, all sources of income of things I can do have been cut off.

Shawn Buckley

Before we switch gears, and again it's just because some of the people that are watching internationally will not understand that in Canada and the Province of British Columbia in May of 2023, that actually, Bonnie Henry the Chief Public Health Officer is still mandating full vaccination for all health care workers and health care facilities.

Dr. Christopher Shaw

And a booster now. The booster was added to her most recent proclamation.

[00:15:00]

Shawn Buckley

Right, right, so two shots and a booster. I just had to add that because in some countries, the pandemic is long over and they're not facing anything like this, so they may not actually understand.

Dr. Christopher Shaw

No, they may not and, for example, I would imagine in Denmark where they're not giving COVID shots anymore, they probably don't understand why we're still playing this game. And why British Columbia of all the provinces is probably far and away the most extreme in continuing with these mandates and enforcements and coercions. I don't understand it. Let's get Bonnie in here and find out. But right now, it is a bit of a mystery why BC is almost alone in this extreme level of response.

Shawn Buckley

I didn't check, but I expect that we issued a summons to Bonnie Henry and that she has respectively declined to attend.

Dr. Christopher Shaw

I'm sure she did, yeah.

Shawn Buckley

So now you know a lot of doctors. You are working in the Faculty of Medicine. Can you tell us how doctors have been reacting throughout the COVID crisis, and where they are now because the narrative is changing?

Dr. Christopher Shaw

Well, a few researchers at the beginning, when those orders came down from Bonnie Henry, basically contacted me and asked what I was going to do. And I said, "Well, I'm not doing it. I'm going to not disclose. And if I'm forced out, then I'm forced out."

One researcher I know about, a junior researcher, had come up from the United States. She had acquired a very, very large grant. And she was basically facing the same sort of thing. What was she going to do if she couldn't work? And she basically said, "Well, I'm going to take all my grant money, and I'm going to take all my lab stuff, and I'm going to the States. I have another offer there. I'm not going to stay and put up with this kind of stuff."

Another one actually got her lab moved. Her chair was sympathetic, moved her up to UBC, where she had another laboratory. I have a colleague in ophthalmology, I won't mention his name, who believes the same things I do, knows everything about the COVID vaccine, as well as I do, he's an MD. And he decided not to fight for whatever variety of reasons. He got the shots, and he has continued to work.

But a lot of people have approached me, other faculty, other students, a number of students, nurses, saying, "What can I do?" And a lot of them are certainly desperate as you've probably heard over the course of these commission hearings. A lot of people are desperate. They've been forced out of their jobs or coerced into taking the vaccines and running the risk, a very serious risk in my view, from my perspective from my work on COVID Care Alliance, that they can be vaccine-injured by these particular vaccines and there will be long term consequences, which I'd like to touch upon a little later.

Shawn Buckley

Actually, later or now. I mean we're on that topic because you came here with some thoughts about a bunch of things that could have been done differently and perhaps should have been done differently. And it matters not what order we go in. It's interesting you were talking about people coming to you. And I have to say I would get a lot of calls from health care practitioners from British Columbia to my law office, asking, "What do we do?" And judging the legal climate at the time I said, "Just find something else to do, but you're sure going to be needed in three or four years as a health care practitioner."

Dr. Christopher Shaw

Well, Dr. Henry very proudly put out some stats. I think it was last summer when she talked about the physicians in the province who had done the right thing, in her view, and gotten injected with these experimental vaccines. So she said, "98 per cent of surgeons are fully vaccinated now"—that was before the boosters—and whatever percentage of all the other specialties in medicine and so many of the paramedic specialties.

And for me, that actually— And we didn't really touch upon it today, at least what I've heard; Dr. McCloud has mentioned in brief, some of the adverse effects that have been occurring. And I'm sure you've probably heard from Dr. Makis, so you know that there are quite a number of things that are happening.

If Dr. Henry's estimates of how many health professionals have taken the shots are correct, I think we're looking at a lot of sick health professionals. And if that's true, I don't know where we're going to find the people who are going to do the surgeries, who are going to do the anesthesia, who are going to do the OBGYN and the child and pediatrics and all those

kinds of medical services. Because I think we're going to actually lose a lot of them to the health profession as they become sick. And I think they will become sick.

Shawn Buckley

Okay, do you want to speak about that or do you want to move on to a different topic?

Dr. Christopher Shaw

Pretty much at your call, Mr. Buckley, whatever works for you. I could address the questions that were posed to all witnesses. The first one was, what could have been done to mitigate the impact of the pandemic on citizens? So let me just put a few of those out there, if that's possible.

[00:20:00]

Shawn Buckley

Sure.

Dr. Christopher Shaw

So one of them was, a more appropriate response would have been that of Sweden. Sweden was heavily castigated for what they were doing, but basically what they decided— The chief epidemiologist of the country is a guy named Dr. Anders Tegnell. And he basically said, "Look, let's cocoon the most vulnerable. Let's make sure they are as best protected as they can be. Let's try and keep them away from sick people. If there are vaccines when they come out, let's use those on those people first and let's let everyone else live their lives."

And I think the recent data that I've seen from Sweden, and I can again provide a reference, seems to suggest they have weathered the pandemic vastly better than we have, and most of Canada has, both in terms of the number of people who were ill and/or died. And also in terms of the impact on society, whether it was education, children's health, and psychology. Whether it was in terms of almost anything across the board, they have weathered the pandemic far better because they didn't subject their population to the same source of mandates and restrictions. So that would have been one thing.

Why didn't we do that? Because we didn't have a government at any level in Canada that was being rational. Media sources were being irrational and essentially making the public panic. And I think we've all seen that. The fear mongering by media and government was out of control to the extent that a lot of people were terrified. And they were so terrified **that a lot of people did go out and get the vaccines voluntarily. And for those who did not, they had the punishments or the incentivization. And so again, we heard about the nurse who just spoke earlier; we'll hear about it and more this week, I'm sure. But again, those were the instances where both fear and coercion succeeded to get those numbers as high as they were.**

Shawn Buckley

And I'll just ask you to perhaps consider that if the media with the help of the government is stoking fear that that is coercion of a type.

Dr. Christopher Shaw

Absolutely, it is coercion. And the other, the more rational approach to have taken to any pandemic— And I should mention at the outset that we have known about the potential for infectious disease pandemics for a long time. Certainly since 1919, but of course in history we know there are many other pandemics that have occurred. The fact that we knew these could happen, the fact that people have predicted them, means that Bonnie Henry, who's the Public Health Officer who has been there for quite a while, should have been more prepared for the possibility of a pandemic, especially when they began to see things coming out of Wuhan. She didn't. She waited till it was full blown and then she launched into, you know, essentially, "mandates and vaccines are going to be the only way out of the pandemic," and our prime minister said the same thing.

So those kinds of things didn't have to happen in that way. You could have approached the pandemic from simple measures for infection control, hand washing, masks, if they were appropriate. And masks were not appropriate, as we know, because surgical masks do not stop the virus. The manufactured hysteria, hysteria that drove a lot of the response, was really based on—I hate to use the terms, but it's very appropriate in this case—misinformation and actual disinformation. They told the public things that were simply not true. And Bonnie Henry was one of the leaders in that.

Shawn Buckley

So can you share some examples of things that we were told that simply were not true.

Dr. Christopher Shaw

That basically herd immunity was inferior to vaccine-induced immunity, and that's not true. As we heard from Dr. McCloud, that's not correct. And it's never been correct. So that was a perfect example.

The idea that the people who were vaccinated could neither transmit nor catch the disease, that was not true. If you remember our prime minister saying at one point, "I will not allow unvaccinated people to sit on a bus or an airplane next to vaccinated people." Well, actually, that was totally irrelevant because now we know, and we knew then, actually, that the people who were vaccinated could be just as easily spreading the disease.

The level of deception, and again, coercion—those were the two hallmarks of the government and media response—was basically to instill enough fear into the population to force them to take the vaccine.

Shawn Buckley

Do you know we've had the Vice President of Pfizer being examined under oath in Europe saying that they never tested on the issue of transmissibility, which means their data set provided to Health Canada could not have shown that it prevented transmission if they're not even testing for that. Would you agree with me that that Health Canada would have had to have known then?

Dr. Christopher Shaw

Yes, I would.

Shawn Buckley

So really then you're speaking about the core messaging that was used by the government to basically totally infringe upon our lives.

[00:25:00]

So we were forced to stay in our homes waiting for a vaccine that would get us out of this by preventing us from catching COVID and preventing us from transmitting it. And that was a core message.

Dr. Christopher Shaw

That's right.

Shawn Buckley

And the issue of natural immunity— Because by the time the vaccine came around, we had been in the pandemic for a full year, if not longer, with data that we're finding now. And that is for a disease that's highly contagious. Can you estimate of what levels of natural immunity would have been in the Canadian population by the time the vaccine came out?

Dr. Christopher Shaw

By that time? I think Dr. Pelech will address that tomorrow. But his numbers, I suggest, are probably, at that point, something like 80 per cent of the population of BC had been exposed to the virus.

Shawn Buckley

Okay, so—

Dr. Christopher Shaw

The numbers may vary a little bit, but basically by that time, most people had been exposed to COVID-19, at least the original Wuhan version, and therefore, should have had natural immunity and should have been, therefore, largely immune.

Shawn Buckley

Right, and my understanding is that the vaccine was for the original Wuhan version when it came out in early 2021.

Dr. Christopher Shaw

That's correct.

Shawn Buckley

So I just want to be clear. Basically, if the BC numbers applied to all of Canada— So we're making that assumption, but one would wonder why that wouldn't be the case. There was 80 per cent natural immunity by the time the vaccine rolled out. Am I correct that would basically totally negate the need to vaccinate to get herd immunity anyway?

Dr. Christopher Shaw

Yes, based on the original statements by Teresa Tam and Bonnie Henry, you should have been at herd immunity already. So the need for vaccines on top of that as an emergency measure were, in my view, unjustified.

Shawn Buckley

Right. But even more importantly is, as you mentioned, that if you have natural immunity, which most of British Columbians did, that there's actually a danger then of getting vaccinated. So actually, on a cost-benefit analysis, the public health authority should have been saying, "We better test for natural immunity because there's a danger." Is that right?

Dr. Christopher Shaw

That is correct, in my view.

Shawn Buckley

Okay, and then basically, we're being locked down until enough are vaccinated so that we stopped spreading it. And that whole thing was a lie.

Dr. Christopher Shaw

And that whole thing, at the least, was misinformation. And of course, now we know that with the endless boosters— And I heard of someone today who's had five, at least it was in Quebec. But I'm sure that'll come here.

Every time you take a booster, you're giving yourself a trillion more spike protein. And the spike protein, whether it comes from the natural infection or from the vaccine, is one of the most pathological entities in the whole disease. And so, if you are giving repeated doses of spike protein through the mRNA injections, you're going to have people who are more chronically ill. And that seems to be what's emerging. And I think that was part of Dr. McLeod's presentation. I think you'll see something like that from Professor Pelech.

So you're actually not only damaging your ability to fight off COVID, as we've seen, because it was not the pandemic of the unvaccinated, certainly not in the last year. It was really the pandemic of the vaccinated who were catching COVID and going to hospitals and going to the ICU in greater numbers—to the extent that they were vastly outnumbering the people who were unvaccinated. So every time they do that, they get more of these spike proteins and the adverse effects increase. So you have now, potentially, a population of very chronically ill people who will always have damaged immune systems.

Shawn Buckley

And I'll just ask you to kind of slow it down a bit and give us an explanation. Because some people watching you might not understand that the spike protein is actually the part of the virus that causes damage in our bodies.

Dr. Christopher Shaw

Correct.

Shawn Buckley

I'm wondering if you can explain that and then after you explain that, kind of in a slower way, explain this issue of— How many do you get when you get your first shot, your second shot, your boosters? Why continuing to get more shots is a problem?

Dr. Christopher Shaw

Continuing to get more shots— And again I think as Dr. McLeod mentioned, all vaccines have to some extent, almost all have what's called secondary vaccine failure. In other words, the ability to stimulate immune response declines over time. Antibody levels, T cell levels, tend to go down, even for something as relatively effective as an mRNA vaccine. And we're not even talking about harms right now.

I remember one of my first interactions with Bonnie Henry back in 2019 when she was trying to instill a measles mandate,

[00:30:00]

based on fairly flaky premises.

And I remember asking her about that at the time because I was writing an article on the subject of the measles mandates. And she said, "Well, listen, measles vaccines, once you've had them, they're for life." And I said, "No, actually they're not. I mean they may be for a long time, but they're not for life, neither for antibodies nor T cells." And she just said, "No, it's impossible. That can't be possibly true." So she was even then pushing an agenda. I'm sorry, I've lost the thread of the rest of your question.

Shawn Buckley

Right, well, I was basically wanting you to explain that the spike protein is the dangerous part, that it's contained in the vaccine.

Dr. Christopher Shaw

It is.

Shawn Buckley

And then why additional shots are more and more problematic. Cause you started touching on that.

Dr. Christopher Shaw

Thank you for that.

So spike protein, as we know, binds to the ACE2 receptor and it gains ingress into the cell through that method. And in the case of a natural infection, that's what it'll do.

The mRNA does the same thing. It's got the mRNA. The lipid nanoparticles allow it to get into the cell. Lipids are a very good way to get things into cells. And we've used them before in a different context because it will actually cross different membrane barriers, including blood-brain barrier. So it can be a very effective way to get stuff in the brain.

So when I first saw this, I began to get concerned that what happens if you get this into your brain? And now we know from the very few biodistribution studies that have been done that both the spike protein and the mRNA go everywhere. There's no protected zone in your body that I know of. So if you're going to get a shot, the trillions of spike proteins will find their way, that your body is manufacturing, pretty much everywhere.

The mRNA shows up even in the brain in the animal studies. And there was an animal study that came out in 2012 by a sub company out of Moderna that actually clearly showed that. And they didn't pay attention to it, and apparently the regulators didn't either. And they didn't follow up. So until recently, there have been very few biodistribution studies. And you mentioned some anatomy pathology from Germany that highlights the fact that this stuff is getting in the brain. So if you want to know what it will do in the brain, I have a lot of speculation about that, but none of it's good. And none of it's good in the sense that I think it's going to do you any benefit, it's only going to do you harm.

Shawn Buckley

Right. But before we get there, I was still just wanting people to understand that the spike protein is toxic to the body.

Dr. Christopher Shaw

Spike protein is toxic. Yes.

Shawn Buckley

Anywhere it goes, it causes damage.

Dr. Christopher Shaw

Yes, yes.

Shawn Buckley

And the vaccines basically teach your body to make spike protein.

Dr. Christopher Shaw

That's true. So the mRNA that goes into the cells serves as the platform on which it binds to ribosomes and it causes the ribosome to make a lot of spike protein, which now decorates the surface of the cell. The idea is that your immune cells will see this, recognize it, and go, "Aha, let's now deal with it by making T cells, memory cells, antibodies," and that will then control it. Problem is they wander around.

Shawn Buckley

So—

Dr. Christopher Shaw

And when you have an infection, a viral infection and/or a vaccine-induced spike protein, you're killing that cell. That's just what's happening. That cell is dying. If you do that on the brain, you're going to have a bigger problem. Then if you do it and if it goes to your liver or

your left toe, it's just going to be that much more dramatic. We don't replace a lot of neurons in the brain over the span of a lifetime.

Shawn Buckley

Okay well let's go there. So the vaccine puts mRNA in our bodies which gets our cells making these spike proteins

Dr. Christopher Shaw

Yes.

Shawn Buckley

that are released from the cells, and they bind with other cells.

Dr. Christopher Shaw

The spike proteins combine with those cells.

Shawn Buckley

Right. And now if this happens in the brain then— So a cell has a spike protein in it, a brain cell. What happens to that brain cell once the immune system recognizes it?

Dr. Christopher Shaw

The immune system once it recognizes that there is a pathogen and/or a damaged cell either a microglial or a vascular cell or a neuron— And you know much of the literature, so far, has been on vascular cells and the spike protein is causing a kind of lesion in the vascular cells, which they do. What's going to happen is your innate immune system in your brain, which is largely composed of microglial cells that are derived from other glial cells in the periphery, are now going to attack that cell. Yeah, it's just no question that's going to happen. And when they attack that cell, they are going to destroy it. When they destroy it, not only have you lost a neuron that you're not going to replace, but you've also got a release of more spike protein, which was, of course, in the neurons that you just killed.

And, of course, if the mRNA has generated a lot of that throughout the brain, you're going to have neurological lesions in those regions of the brain where it's gone. So when you look at the brain fog in people who have the disease, probably spike protein. When you look at the brain fog in people who have the shots,

[00:35:00]

especially repeated shots, that's almost certainly spike protein that has migrated into the brain either through the mRNA or through the blood-brain barrier and is now breaking things. And the consequences of that, again, when you look at the number of people who have the shots and are experiencing neural consequences, you're going to have a problem.

Keep in mind that neurological diseases do not usually occur overnight. They are, especially when you're looking at things that I study, like Lou Gehrig's disease, Parkinson's, Alzheimer's disease, these take a long time to manifest. So you can't expect that you're going to see massive neural damage to the point where you're expressing a neurological

disease like ALS in a week. You know, it's not going to happen. But it will happen if you have enough damage to the nervous system, either the brain or the spinal cord. You will start to get those sorts of damages that will begin to resemble neurological disease.

My main concern, the thing that keeps me up at night, is what happens when that's happened to a lot of people? What do we do when we have a neurologically compromised population, whatever percentage that may be? Just think of Alzheimer's for what it is or ALS in the classical forms. When you have one of those diseases, not only is that person going to be sick for the rest of their lives—and these are progressive diseases, they get worse—but someone in the family, unless they have a lot of insurance money, someone in the family is coming out of the workforce to take care of them until they die. Now you've lost two people out of the workforce.

So this is not trivial, not to mention— So when we look at all the people that are not showing up for the ferries, all the people who are not showing up in their clinical rotations, all the people who are not showing up for police work, all the people who are actually not showing up at UBC. They are, in many cases, I suspect, damaged by the vaccines, whether these are all neural or myocarditis or the whole range of other things that we've been learning about. I think we have a chronically ill population now, if it's 80 per cent of the population, a certain fraction of that is going to have neural consequences. And I don't think we can realistically deny that that's possibly going to happen. And when it does, I think we have a huge societal problem that actually terrifies me.

Shawn Buckley

Okay, so you just said that you know 80 per cent of the population is basically sick.

Dr. Christopher Shaw

Well, if Theresa Tam's and Bonnie Henry's numbers are correct, yes, that's my opinion. They may not have expressed full dysfunction, but insofar as they've had spike protein and mRNA go into their brain, they have damaged brains.

Shawn Buckley

Right, and I just want to make sure that people understand. I mean, you're speaking about lesions in the brain. Other researchers have actually done brain slides and shown— When you say lesion, it's basically

Dr. Christopher Shaw

Dead cells.

Shawn Buckley

dead cells. So like parts of the brain that are dead.

Dr. Christopher Shaw

Parts of the brain are dead. And that's essentially what's happening in the major neurological diseases. Parts of the brain are dead. So for example, in Lou Gehrig's disease, you begin to show the symptoms of the disease, which is the lack of motor control, after you've lost about two-thirds of the motor neurons in different parts of your spinal cord.

Until then, you're compensating. The nervous system is very, very good at compensating for a long time. And then you hit a threshold. And then all of a sudden, it starts to go downhill very rapidly.

And so these diseases, once they start, it's what we call a cascading failure. And when you look at, for example, Lou Gehrig's disease, both in animal models and in the actual disease, people kind of keep at some sort of—it's a declining level of functionality. And then all of a sudden, it just drops off.

And the basis of the research I was trying to do with ALS was to find at that point when it's still kind of above the threshold for a neural function, get in there and be able to do something therapeutically useful before it totally crashes. And unfortunately, we don't know when that is. So again, when they took away the money and the research ability for that project, it took away the capacity to actually find an early phase place to begin treating ALS victims and the same would apply to Alzheimer's and Parkinson's.

We don't know where anybody is who's had the shots. The longer they've been, the more boosters they have, more neurologically compromised they are, I suspect.

Shawn Buckley

Okay, I'm wondering if I'm interpreting what you're saying correctly. Are you basically inferring, you are definitely saying, "Every time you get the shot, you could be doing more damage."

Dr. Christopher Shaw

Yes.

Shawn Buckley

Including damage to your brain.

Dr. Christopher Shaw

Yes. In so far as the stuff gets into the brain. And we know that blood-brain barrier gets more compromised as you get older. So older people have, and people with head injuries and people who've had any kind of head trauma, have leakier blood-brain barriers.

Shawn Buckley

And we also know that the lipid nanoparticles that surround the mRNA in the shots are actually specifically designed to cross the blood-brain barrier.

Dr. Christopher Shaw

Well, they're supposed to cross any cellular barrier,

[00:40:00]

and that's why they did it. Because when they were first coming up with the mRNA concept, originally what they were going to do is they were going to have two needles. One was going to inject the actual mRNA, and the second one was going to pass a current. And that

current would do something called electroporation. It would basically make membrane holes so the stuff could slide on in, the membrane was supposed to close. And I think they realized that no one was going to tolerate two needles at once. So then I think the companies at UBC that we know about, Arcturus and Arbutus, basically started to play with— Well they've been playing with the lipid nanoparticle technology for a while. And then they realized, well this is not the way to do it. We'll just use the lipid carriers that already exist in most cell membranes, and we'll get the stuff in that way. Which from that perspective was a clever idea.

Shawn Buckley

Before we get into too much detail, because I just wanted you to [agree] these lipid nanoparticles. So the vaccine basically is designed so that we're going to get this mRNA or we know it goes into the brain amongst other places. So for any given shot on any given person, we can't say where it's going to go. You use the term biodistribution. But you seem to be implying that people may not be manifesting brain injury now, but you are worried going forward that that's going to start to manifest and become apparent. Did I understand what you were saying?

Dr. Christopher Shaw

That is correct. I'm concerned that it will become apparent in many more people than it has so far. And again, like the progressive nature of neurological diseases, such as the age-dependent ones, ALS, Parkinson's, Alzheimer's, it will become progressively worse.

Shawn Buckley

Okay, so we have a trend where a lot of people don't show up at work. We have, I believe, an increase in accidents happening. And we have person after person describing brain fog. Could all of those things be connected to brain damage caused by these COVID injections?

Dr. Christopher Shaw

I think so.

Shawn Buckley

And not only do you think so, but you're personally worried about Canada going forward because of the number of shots that people get.

Dr. Christopher Shaw

Yes, I'm worried about the consequences overall for society from the perspective that we will have, I think, an awful lot of neurologically invalidated people in the course of the next few years, and I think we already have some. We just again, as you suggest, we don't know that they were all injured yet because they haven't fully expressed the disease, and again neurological diseases do not express overnight, as a rule.

Shawn Buckley

I wanted to ask you your thoughts on vaccinating children with these COVID-19 shots.

Dr. Christopher Shaw

Okay. I'm trying not to swear here. It's a poor idea. It's a poor idea for a number of perspectives. Number one is children do not routinely get sick at all or very sick with COVID-19. It has to do with the number of ACE receptors they display. And if it seems—

Shawn Buckley

Can I just slow you down. Because again people need to understand. So an ACE receptor is a type of receptor on a cell that a respiratory virus, like coronavirus, will attach to. And the reality is children actually don't develop these until they're older.

Dr. Christopher Shaw

That's correct, so the ACE2 receptor. Yeah.

Shawn Buckley

Yeah, so young children are basically, just by the way we grow, they're naturally immune without even being exposed to the disease.

Dr. Christopher Shaw

Yes, pretty much. Yeah.

Shawn Buckley

Okay. So I just wanted to make sure that the people watching you understood.

Dr. Christopher Shaw

Injecting children, strikes me again—without knowing whether or not they have the potential to get sick from the virus or get very sick from the virus—giving it to them, strikes me again as part of an agenda because there's really no need to do it. They are not likely to become severely ill. Again, you could make a case where some children may need to get some sort of vaccine under some circumstances. And if one had made the case that children are extremely vulnerable, leaving aside all the marketing and hysteria and the side effects in the general population, I think it would have been a hard case to make. But one could possibly make that case the children were as much at risk as 80-year-olds, and that's simply not true. It is definitely not true.

Shawn Buckley

Right, so they're at low risk.

Dr. Christopher Shaw

They're at low risk of getting it, they're at low risk of being severely compromised. And the only children that I know of who actually died in Canada, they had fairly serious comorbid and all other conditions that were contributing to their overall health status. Yes.

Shawn Buckley

Right, yeah, if a child's dying of other things and happens to test positive for COVID, it doesn't mean they died of COVID, is what you're saying.

Dr. Christopher Shaw

Precisely.

Shawn Buckley

Okay, when you were speaking earlier

[00:45:00]

about the fact that the vaccine basically gets our bodies making spike protein and the spike protein is the dangerous part— I wonder what your thoughts are because they could have created mRNA that would make a non-lethal part of the virus for our immune system to recognize. What are your thoughts of them actually choosing the part of the virus that causes the damage?

Dr. Christopher Shaw

Okay, the problem with that is, you're assuming that the only part of the virus you need to detect is the spike protein. And one thing that Dr. Pelech's work will touch upon, I suspect, is the numerous antigenic sites on the spike protein that you probably should really be looking at. So if you only test the spike protein, then you are going to be, I think, misled into thinking that that's all you need to do. And all you have to do now is run your PCR to look for a spike protein product or mRNA product. And I don't think that's correct.

I think that that's a very one-sided view of how viruses infect cells. I think as Dr. Byron Bridle said the other day, Bonnie Henry's understanding of immunology and vaccinology, let alone epidemiology, seems to be fairly rudimentary. And her last document was one that would have not, at least three years ago, survived a master's thesis defence. It's simply incorrect in almost everything it says. And not believing that natural immunity exists or is as effective as vaccine-induced immunity is kind of a fundamental flaw in understanding both vaccinology and immunology, as far as I know.

Shawn Buckley

Thank you. When we were speaking earlier, pre you taking the stand, you had spoken to me a little bit about the Eastside and kind of raised a question about that. Basically, why were people that, let's say they lived in a refugee camp or something like that, why didn't COVID basically sweep through? And you were going to use the Eastside of Vancouver.

Dr. Christopher Shaw

As a medic, I've been in Syria and Iraq and there are a lot of refugee camps there and refugee camps that are full of hungry, sick people with lots of different diseases. Downtown Eastside has the highest level of HIV, hep C, a huge range of infectious diseases. People are poor. They're malnourished. There are high levels of drug addiction in the area. People are quite sick. There are a lot of very sick people.

So the concern—and I think it was not an unwarranted concern at the very beginning when we knew very little—is that these people with comorbid conditions were going to be especially vulnerable and therefore there was an urgent need to get them all vaccinated. And they tried to incentivize it with donuts and cheques. But most of the people in the Downtown Eastside, I suspect, were not vaccinated. And to the best of my knowledge, there was no wave of deaths in the Downtown Eastside.

From fentanyl, yes. From other drugs, yes, but not from the disease. Same happened in Northeast Syria, where I've served as a medic, because they were also concerned. They have large refugee camps, full of people, again, malnourished, living in tents. One would have expected, and they did there. The Kurdish Red Crescent Society was terrified without the vaccines that the camps would be just devastated. The people would just all die. And it didn't happen. They never got the vaccines because no one would give them to them. And so they went through the whole pandemic with no vaccines, and there was no massive loss of life in the refugee camps.

So the idea that this was going to be—which should instruct us to what happened in the population at large—the possibility that this was going to kill everybody was never, never really realistic. And on top of which, it certainly wasn't true in the population that wasn't suffering those comorbid conditions: so in other words, the general population of western countries, in particular in Canada. So it was simply that fear was never realized because it was an unrealistic fear. The idea that this was such a deadly disease that it would kill everyone it touched, it was simply not correct.

Shawn Buckley

Right. So ironically, people like Syrian refugees living in a refugee camp going forward might have better health outcomes than Canadians.

Dr. Christopher Shaw

Almost certainly. Almost certainly. And you know, one of the things that we speculate about with the Downtown Eastside and with the refugee camps, these people are often chronically ill with other respiratory diseases. And they're living in tents in the winter in Syria. It's pretty hot there in the summer, but it's pretty wet in the winter. The people there, they all have some COVID virus. And the speculation has been that the other COVID viruses,

[00:50:00]

in those cases where people are chronically ill with some kind of COVID, provide some sort of cross-protection against COVID-19. And I think that's a pretty reasonable hypothesis.

Shawn Buckley

I'm about to turn you over to the commissioners for questions. Is there some point that we didn't go across that you were wanting to share with us before I do that?

Dr. Christopher Shaw

Yes, there were a couple. I think this comes back to kind of your second— What can we do differently in the future? I think we need to ask some questions about what happened.

So for example, do you remember that officially with COVID-19 vaccines, we needed cold storage? I know UBC went around and asked all the laboratories on campus, do you have a minus 80 freezer? Because that's how you had to store it. What happened to that? That turned out not to be correct. Because they were assuming that both the mRNA construct itself, not to mention the lipids, would break apart very quickly if they weren't under cold storage. Well, that's not true. The biodistribution studies that have been done demonstrated that's not true.

What happened to influenza? In 2021, where was influenza? Did it go away? Well, apparently it did. Or were they conflating it with COVID? And I don't know the answer to that question. But clearly, influenza in the Province of British Columbia, I think it normally kills a couple thousand people a year according to the official public health officer. In 2021, I think the numbers were numbers you could count on your fingers in one hand.

Shawn Buckley

Okay, and this is an important point, I think, for people to understand, and again, for the international community. So in Canada, we have what we call a flu season every winter, which is really just a low vitamin D season because being northern hemisphere, we don't get enough sun. And so we get the influenza sweep through our population. And you're saying in British Columbia, annually, there will be several thousand deaths caused by influenza or what we just colloquially call the flu.

Dr. Christopher Shaw

Correct.

Shawn Buckley

But in 2021 or 2020,

Dr. Christopher Shaw

And 2021.

Shawn Buckley

and 2021, we have just a handful, instead of thousands. And you're saying well, obviously those were counted as COVID deaths or COVID illnesses. I've heard—

Dr. Christopher Shaw

I don't know that they were, but again you have to wonder where all those other thousands of cases went. The official explanation was, "Well, there was more masking so the virus, the influenza virus couldn't get you." Well, okay, but they could still get COVID, which doesn't make a huge amount of sense. We can talk about the size of these particles, but it doesn't matter. A surgical mask is not going to stop either of them. As an explanation, it sort of fails. There's never been an explanation from Bonnie Henry or any other public health officer where influenza went that actually made sense.

Shawn Buckley

Okay. And in fact, you know, you just talked about masks and virus in relation to particle size. I saw a funny little picture and I just want to ask if it's true. So basically, there's the caption, a person wearing a mask, "I'm going to stop a virus with a mask." And then at the bottom half, there's a chain link fence. And it says, "I'm going to keep mosquitoes out with a chain link fence."

Dr. Christopher Shaw

Pretty much, yeah.

Shawn Buckley

So the viral particles are so small that the idea that the masks that we would wear, stopping us breathing them in or out, is really just science fiction.

Dr. Christopher Shaw

It is science fiction. And not only will the masks not do it, but also they're not even fitted properly. I've seen people walk around with masks under their nose, or kind of down, down over there. And in any case, I'm sure you've seen the demonstrations where people take a lung full of smoke and then they put on the mask and they blow out, and it comes out every place. Well, that's a surgical mask.

A surgical mask is not intended to stop viruses. It is not. It's intended to stop bacteria. You want to keep your surgical field clean, and if you're doing cell culture, you want to keep the inside of your cell culture chamber clean. You don't want to put your bacteria into it, and you don't want any messy, sloppy stuff coming out of the patient or the cell culture chamber to get on you. But they're not there to stop viruses. They're just not. There are masks that will, but those are not the ones in common use.

Shawn Buckley

Right, okay, and then is there another topic you wanted to touch on before we—

Dr. Christopher Shaw

So we talked about the refugee camps, we talked about that.

Biodistribution studies, we have not done them. We have really not done very good biodistribution. There's that German study that you mentioned. There was that study by the offshoot of Moderna that actually did a pretty good job of looking at— And it's a pretty much unknown study, but they did it and they found the mRNA everywhere. The mRNA will lead to spike protein, and so you have spike protein in brain and testes and liver and kidney and all that kind of stuff.

What's the other thing? Where was the government's— Where did they invest money into looking at alternative treatments?

[00:55:00]

Ivermectin and hydroxychloroquine, which have an enormously good track record, unless you misuse them. Was there any study on that? No. None of that, that I could tell. Yeah, I

think those are primarily the key points. What else did I want to mention? No, I think we've covered it, Mr. Buckley. I think we're good.

Shawn Buckley

Yeah, well and usually the commissioners bring out some pretty interesting points also. So I'll turn it over to the commissioners if they have any questions for you. And they do have questions.

Commissioner Massie

Thank you very much Professor Shaw. I'd like to focus my question on the neuropathology issue that has not been covered in many of our previous witnesses. Based on your experience what would be the hallmark of neuropathy induced by spike?

Dr. Christopher Shaw

I'm sorry, can you re-state that?

Commissioner Massie

How would we recognize that a neuropathology is developing based on the location of spike in the brain? Do you have any idea?

Dr. Christopher Shaw

Sure. I mean, spike proteins can be labelled. We could do tracer experiments, see where it goes. You could, of course, just do histology because there are antibodies for spike proteins, so some very good ones. I mean, Steve Pelech has them as well. You could do a detailed serology study of whole body. That would take some, you know, it's doable. It would be some work, but it's doable.

You'd basically go in there and you'd section and do thin sections of any organ in question and you would look for the antibody presence, and those are seen. And I think, again, the pathology reports that Mr. Buckley is talking to suggest, and they show, spike protein in various blood vessels, they show it in organs like brain, they show it in lung and in various tissues. So we would have done a comprehensive study on that. And we didn't, and we haven't done that since.

And as far as I know, the government has not funded any study to actually look at bio-distribution. Because that would suggest that if it's someplace other than just in your **deltoid muscle, that it could be doing things you don't want it to do. So I think there's no incentive for them pushing an agenda to actually go and look at the possibility that it could be doing brain damage or kidney damage. And look how they've tried to discount myocarditis, which we know is very real.**

So again, that would be something that you would have thought a government that really wanted to know the answer so you could design more rational therapeutics— If it only goes to your lungs, what are you going to do? If it's going to your brain, what are you going to do? If it goes to other body parts, what are you going to do? And they didn't do that, they've never done that. And they don't fund research to do that as far as I can tell.

Commissioner Massie

So the concern about the people that have received the vaccine, they might actually be very worried what's going to happen down the line.

Dr. Christopher Shaw

I am very worried.

Commissioner Massie

So until we develop these analyses, it's hard to propose any remedy because we just don't know exactly what's going to happen.

Dr. Christopher Shaw

It's very much impossible. There are various things that are being proposed. You could try and find a way to dismantle spike protein wherever it is. Various botanical and other compounds have been suggested. Would they work? We don't know.

You could try and target certain areas for more protection. You could say, "Well, if we're worried about brain, maybe we need to increase our antioxidant levels, maybe we need to do various other things." We don't know.

So in the absence of that knowledge, you cannot design any specific therapeutics. You could do maybe generic ones. Let's control antioxidants. Let's do something about mitochondrial function. Those are the kinds of things you could probably do. But you know, again, with a lot of drugs, they don't get into brain. And if you have brain issues and you're trying to put a drug into brain, it's really, really hard. And you could try, I guess you could put lipid particles on it and maybe do it that way. Or you could do what's called a prodrug. But otherwise, when you have brain damage, you're trying to get something into fix that or stop the process, it's pretty hard to do. But again, you don't know.

Commissioner Massie

So one of the things with neurological diseases, as you mentioned, they take time to develop

Dr. Christopher Shaw

Yes.

Commissioner Massie

before you can actually see that.

Dr. Christopher Shaw

Yes. Decades maybe.

Commissioner Massie

Yeah. So it's going to be hard to predict exactly what would be—

Dr. Christopher Shaw

Absolutely.

Commissioner Massie

But based on other diseases that are either induced by viruses or the type of toxin in the environment, what would be a good estimate in terms of lag time for the onset of serious disease?

Dr. Christopher Shaw

I guess it depends how you define serious. If you define serious as the earlier discussion, if you have to go into an ER because of something that's happening, if you have to seek specialized medical services, if you have a life-threatening event, those would be some of the things you would see.

[01:00:00]

And I would expect you would probably see them in the course of a couple of years because in neurological diseases, again, the traditional ones that I've mentioned can take decades, but we don't really know.

But I've also heard of cases of Lou Gehrig's disease. And there was a case, one of the diseases I studied, and it's in my CV, is a disease on Guam called ALS-PDC. And that's a disease that mimics the features of Parkinson's, Lou Gehrig's, and Alzheimer's. And you would get people as young as 19 with ALS-PDC, which is very unusual. You don't really see the presentation of Alzheimer's until people in their 60s, 70s. All ALS is a little bit younger. Parkinson's is somewhere in between. So you would see that probably in the course of— If it follows the timeframe of something like ALS-PDC, you'd be seeing something in a couple of years. And I think we are here. I think the brain fog people, if they don't miraculously recover, I think they're going to go on to a more acute neurological disease state, in my view.

Commissioner Massie

So one of the things that people have been trying to develop to really reduce transmission is this so-called nasal formulation in order to get the virus or the antigen in the right place.

Dr. Christopher Shaw

And you know where it's going when you do it nasal, right.

Commissioner Massie

Yeah, but as you do that, I mean, don't you risk, also, the possibility that they can actually get to the brain through the—

Dr. Christopher Shaw

Absolutely. That's exactly what it'll do. When you put a molecule like that, that has the capacity to pass the blood-brain barrier into your nasal sinuses, it's going right into your

olfactory bulb. It goes from your olfactory bulb to your piriform cortex, now you're in the brain. So yes, you've got the particles in your brain.

Commissioner Massie

So the fact that in natural infection, people do get some sort of issue.

Dr. Christopher Shaw

Yep, it can do.

Commissioner Massie

Do you think it's because the spike protein is expressed on the surface of the virus and the spike would have some ability to cross the blood-brain barrier? Or is it something else going on?

Dr. Christopher Shaw

Okay, I think I think there are two things happening. I think number one, the lipid nanoparticle is a big piece of what gets it into your brain or into any cell.

I think the second thing is, I think the damage done by the spike protein may be doing damage to your blood-brain barrier, which of course also happens as the course of aging. But when you do it to your blood-brain barrier, you've now made it leakier: So things, larger molecules of various kinds are going to get in. Larger proteins that should never get in, are going to get in, and something like an mRNA or a spike protein would probably find it fairly easy to get in if your blood-brain barrier is compromised.

We don't know if it is, no one's looked. But it is certainly something we know that happens, and we suspect it has a large part of what causes kind of the final stages of Alzheimer's, you're just letting a lot of crap in because your blood-brain barrier is definitely compromised.

Commissioner Massie

So for kids, for example, where the blood-brain barrier is in better condition, you would hope or you would think that the likelihood that spike or the mRNA liposome would get there is lower than for older people.

Dr. Christopher Shaw

I think it's more likely that it will get there, however your blood-brain barrier is compromised, either through your age in either direction or through other head damage over your lifetime. You know, for example, one of the strongest coincident factors that's possibly involved in Alzheimer's is head damage, head trauma. In other words, if you've had a concussion before, the incidence of people with concussions with Alzheimer's disease is vastly higher than people without. So that's one of the risk factors, one of the severe risk factors.

So yes, I would assume that if you have any way that stuff is going to get into your brain, it's going to do harm. Again, children don't have the ACE2 or don't have it in the same extent. So I think they're somewhat buffered from the fact that they have a leakier blood brain

barrier. But for elderly patients who do not have a robust blood brain barrier, I think a lot of that stuff is going to go straight in there.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Thank you, Dr. Shaw. I've been looking at the movement "quiet quitting" for some time now and wondering what has happened to all the people who are not showing up for work and volunteering. So I thank you for your testimony, but I also thank you for offering a very good insight into what is happening in this country.

[01:05:00]

It's very insightful.

Dr. Christopher Shaw

Thank you.

Commissioner Kaikkonen

But my questions go differently. Does BC have privacy legislation that prevents government agencies from sharing personal health information with other publicly funded institutions, and vice versa?

Dr. Christopher Shaw

It doesn't anymore with C-36. It's not C-36, but Bill 36—the government can take your private information from your physician, and we have no idea what they're going to do with it. They can presumably share it with anyone they want to, other health ministries, other agencies, maybe corporations. I don't think under these circumstances, your private health information is private any longer.

Commissioner Kaikkonen

And did UBC at any point rewrite your employment contract?

Dr. Christopher Shaw

Have I what? Sorry I didn't hear that.

Commissioner Kaikkonen

Oh, sorry. Did UBC, the University of British Columbia, at any point rewrite your employment contract?

Dr. Christopher Shaw

No.

Commissioner Kaikkonen

And going further, if BC Health authorities already have access to your personal health records, then why does UBC as your employer, and most particularly your chair, believe they are entitled as well to your personal health records? And if you disclose to UBC, would the university then send the same personal health information to BC Health who already has it? I know it's a rhetorical question.

Dr. Christopher Shaw

Well, it's a good question. You know, I don't know what, I guess you'd have to ask them. So it's a kind of limbo. I don't know where my health information is because I don't think there's anything to stop them from disclosing it.

Commissioner Kaikkonen

And my final question is, do you know if UBC, as an institution that's publicly funded, is provided with extra funding from government for strong-arming citizens into submission?

Dr. Christopher Shaw

I don't know, but if you told me it was true, I wouldn't be surprised.

Commissioner Kaikkonen

Thank you very much, I appreciate that.

Shawn Buckley

So there being no further questions Dr. Shaw on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying today.

Dr. Christopher Shaw

Thank you and thank you for having me here today.

[01:07:40]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 8: Alan Cassels (Parts I and II)

Full Day 1 Timestamp: 08:46:34–08:48:59/08:56:35-10:00:38

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PART I

[00:00:00]

Shawn Buckley

Now switching gears, I'd like to announce our next witness, Alan Cassels. Alan, can you please state your full name for the record, spelling your first and last name?

Alan Cassels

My name is Alan Kenneth Edward Cassels and it's spelled, A-L-A-N C-A-S-S-E-L-S.

Shawn Buckley

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

Alan Cassels

I do.

Shawn Buckley

Now just to introduce you, much of your professional experience has been in studying pharmaceutical policies and reporting on medical evidence [Exhibit VA-3, CV].

Alan Cassels

That's correct.

Shawn Buckley

You have a master's in Public Administration. You have worked on over twenty separate pharmaceutical policy studies over the last twenty-eight years and have published dozens of peer-reviewed publications on many aspects of drug marketing, evidence-based medicine, and rational prescribing. Is that correct?

Alan Cassels

That's correct.

Shawn Buckley

For the last four years, you worked for the BC UBC Therapeutics Initiative, and I'm wondering if you can explain for us what that is.

Alan Cassels

So the Therapeutics Initiative [TI] is a group at UBC that's funded by the provincial government, by the Ministry of Health. It's been in existence since 1994, and I've worked for this group on contract many times in the past. I was hired on salary in 2018. They produce probably the best and highest quality drug information of any agency of its kind in Canada and does so sometimes at great cost in terms of criticism from the pharmaceutical industry. When the NDP were campaigning in 2017, the then health critic, a guy named Adrian Dix, said if the NDP took power, they would double the funding of the Therapeutics Initiative, and that's exactly what happened. And that's how they got the money to hire me.

Shawn Buckley

Right, but I want people to understand. So this is an initiative that evaluates drugs without pharmaceutical industry influence?

[00:02:25]

PART II

[00:00:00]

Shawn Buckley

We welcome you back to the National Citizens Inquiry. We were starting with Alan Cassels, and we were discussing the UBC Therapeutics Initiative project, and then the power went out, and our systems went down, and we would have lost a bunch of people following us on the various platforms. We apologize for that. It was an item that was out of our control.

So we're going to pick up. Alan Cassels is still on the stand. Alan, I'll remind you that you're still under oath. Can I ask you again, because we're not sure where we cut off, if you can describe for us the UBC Therapeutics Initiative?

Alan Cassels

Yeah, so the Therapeutics Initiative was formed in 1994. It's funded by the provincial government, the Ministry of Health, through the pharmacare program. It does hard-hitting critical analyses of drug evidence and publishes that information in newsletters that's distributed to something like 9,000 doctors in British Columbia and pharmacists on a website. It does presentations and does basically pharmaceutical education for physicians and pharmacists.

Shawn Buckley

And just again, so that people fully understand. So this is an initiative that analyzes pharmaceutical drugs to determine their safety and efficacy and whether or not they should be used. And it's completely independent of the pharmaceutical industry.

Alan Cassels

Yes.

Shawn Buckley

And you have participated for four years. Which is just getting back to the fact that you are an expert in evaluating pharmaceutical interventions.

Alan Cassels

I've got a couple slides of my bio if you want me to throw it over.

Shawn Buckley

Oh, sure, sure. So yeah, let's launch into your slide presentation [Exhibit VA-3a], and then I'll just ask you questions as they arise.

Alan Cassels

Right. So are my slides up there? I can't see.

Shawn Buckley

Your slides are up.

Alan Cassels

Yeah, so the most important thing you need to know when someone's talking to you about drugs is where they get their money from. And it's very important to have a disclosure statement on any presentation. My disclosure: I'm a former employee for the Therapeutics Initiative, and in 29 years of doing this kind of work, I've never had any financial conflicts of interest with companies that manufacture pharmaceuticals or sell pharmaceuticals. Currently self-employed, and I do receive some money from the sale of books I've written.

Just to add to the brief bio: I graduated from the Royal Military College with a degree in English. I served for 12 years in the military as a Naval Lieutenant, did two peacekeeping tours. I've got a master's degree in Public Administration from the University of Victoria,

and I started doing drug policy research in 1994. I've probably been involved in more than 20 research studies in that area in Canada and BC independently, usually funded by either CIHR [Canadian Institutes of Health Research] or provincial funding bodies.

I've published quite a few pieces, including probably over 400 articles. I was a columnist for *Common Ground Magazine* for 12 years. And I've lectured to university classes in a variety of subjects in journalism, actuarial science. They had a really cool grant that I won about 15 years ago where I travelled to every single journalism school in Canada to give them a workshop on how to report on prescription drugs. And I'm sure those students have lost those lessons now.

One of the things I'm very proud of, in 2012, my Member of Parliament Denise Savoie awarded me the Queen Elizabeth II Diamond Jubilee Medal, and she cited my work as an author and a pharmaceutical policy researcher and a consumer advocate. And those are the books that I've written, including *The Cochrane Collaboration*, the last book.

Cochrane Collaboration, a very important organization, does what I would consider to be gold standard drug evaluation evidence, meta-analyses of high-quality evidence, and try to get the truth out. They've undergone a fair bit of controversy in the last few years, though the Cochrane Collaboration researchers, people like Dr. Tom Jefferson and Carl Hannigan, were people that formed part of that book, and they were the ones that were instrumental in doing the major analysis of the masks and determining that masks simply—there's no evidence that they have any effect.

I've written for *Reader's Digest*, there's just an example.

[00:05:00]

So the thing that I really focused on over the years has been kind of this gap between what the evidence says about drugs and what the marketing says. And usually there's a large gap.

And there's almost always controversy regardless of whether you're talking about a drug or a vaccine because those who create the product want as large a market as they can and those who use it want to be using it in the most appropriate way possible. And those two values conflict with each other.

Let me just say a little bit more about the Therapeutics Initiative. I told you that it critically evaluates drugs. The TI has a history of doing some really important things in British Columbia. For example, the COX-II inhibitors, drugs such as rofecoxib, also known as Vioxx, which came out in the late 1990s, was on the market a number of years. The BC Therapeutics Initiative was probably the first group in Canada to raise the alarm that there were problems with the trials. The trials were fraudulently reported. The BC government subsequently restricted the use of those drugs to a small population in BC, probably saving 500 to 1,000 lives. It's really important to get the evidence right because people's lives are at stake.

Again, I was hired as a communications director in the last four years. And I can tell you, not being able to say anything sitting at my desk while COVID was unrolling was very difficult. One thing that I really found personally quite difficult was the language that journalists and neighbours and friends would use against people that weren't vaccinated, using language that I would consider to be quite bigoted and discriminatory. And so I wrote a letter to the editor of *The Globe and Mail*, and this is part of my story because it might have been the reason why I got fired. It was 142 words long, and I'm going to read it to you,

and it goes like this. I was responding to an editorial that was entitled “Driven by Misinformation,” the thrust of that being that people who were vaccine hesitant or otherwise questioning the value of COVID vaccines were ignorant and moronic.

Responding to The Globe stance, I said:

I don’t see my unvaccinated friends, neighbours, or colleagues as misguided, misinformed ignoramuses who spout conspiracy theories and propagandistic clichés. Maybe I don’t get out enough.

They are mostly highly educated, a class that includes university professors, engineers, researchers, doctors, librarians and even some journalists. I find that these are intelligent people with nuanced interpretations of science who spend a lot of time reading the annoying small print of research studies and asking awkward questions. I therefore find it tiresome when they are labelled as misinformed ignoramuses who don’t “follow the science.”

And I end this by saying:

In the drug-safety world, there’s a truism: Drug safety never leads, it always follows. It is a sentiment that might be best summed up by a line from the singer Tom Waits [who said]: “the large print giveth and the small print taketh away.”

So that is the simple three paragraph letter to the editor where I was talking about how The Globe was characterizing our unvaccinated friends as being stupid ignoramuses.

This is what happened next to me. Several days later, I was called into the office of my bosses with very stern and dour looks on their faces, and they said, “You can’t be out there publishing letters like this critical of government policy.” To which I said, “Excuse me, but I don’t know if you’ve read my letter. I didn’t talk anything about government policy. I didn’t mention Adrian Dix or Bonnie Henry or anything about vaccine mandates or any other things. I mentioned The Globe stance, their bigotry against unvaccinated people, the same kind of bigotry that we see expressed by even politicians, such as our own prime minister.” And I was told specifically, “This could jeopardize our funding.” And I sat back and said, “Wow, these are crazy times we live in if that’s the case.”

Shawn Buckley

So the way that I read your reply, is really you were replying to what in normal times we would have considered hate speech, and you were saying, “No, this isn’t appropriate.”

Alan Cassels

Yeah.

Shawn Buckley

And you actually are getting sanctioned for that from your employer.

Alan Cassels

Yes.

[00:10:00]

And I don't know how they could have made the leap between me criticizing *The Globe and Mail* and me criticizing government drug policy, but you know this crazy world that we live in. Anyways, three months later I was told to pack up my desk, hand in my keys, hand in my computer, and I left the building. And so I've never worked for those guys again. Unfortunate. And I was never really given a proper reason why. Because this is called fired without cause: they don't have to tell you why.

So let's get on to my talk. What does the research say? And I realize that you've got some very smart people presenting here. I'm going to stick to a very specific thing that I know a little bit about, probably more than other people. And that is the regulatory requirements when it comes to information about a pharmaceutical that's granted a licence for sale in Canada. First of all, I'll talk about Health Canada's product monograph. This is a really important document.

So what is a product monograph? In a nutshell, a product monograph is like the owner's manual for your drug. When you buy a new car and you open the glove box, you get an owner's manual; it tells you everything about it. A product monograph does the same thing about your drug: It tells you the properties, the claims, and the indications. These are essentially the conditions of use that may be required for the optimal safe and effective use of the drug. Very important. We call it a product monograph in Canada; in the U.S., they call it the approved product label. It's a very hefty document. The approved product label for the Pfizer COVID vaccines is about 83 pages long, a significant document.

The most important word, in my opinion, in a product monograph is the word "indication": Indication means, what is the drug used for? What is the approved use of that drug for treating a particular disease? So if the regulator, Health Canada or the FDA, determines there's enough evidence to approve a drug for the indication, that is the treatment of the disease, the indication becomes a labelled indication. They've essentially determined that there's enough evidence to suggest that the indication will have some help in a particular type of patient and that the drug company is able to market their drug with that information. For example, if they say this drug is used to treat toenail fungus, that's the indication, toenail fungus. They cannot go on to say, "We think this drug is good for lowering cholesterol." That's a non-approved indication. That's a really important distinction.

So the manufacturers are not allowed to market their drugs for indications for which they have not been approved in Health Canada.

I'm going to give you an example. This drug—this also happens to be a Pfizer drug—but it's now generic, made by many generic manufacturers. And this drug, by the way, was probably the world's biggest blockbuster drug ever produced. As you know, Pfizer is the world's biggest drug company. This drug made the company billions of dollars over the years. It has a very, very specific indication, and I'm going to show it to you.

It looks like this. It's a 56-page document. This is on Health Canada's website, the "Product Monograph—Atorvastatin/Lipitor." So there's the three indications. Just to be clear, it's indicated to reduce the risk of myocar — Let me translate this. It'll reduce the risk of having

a heart attack in adults, not kids, that have high blood pressure, hypertension but not clinically evident coronary heart disease, but with at least three other additional risk factors for coronary heart disease: such as you're over 55; you're male; you have abnormalities on ECG, et cetera. And it's also indicated for patients with type 2 diabetes and hypertension, without clinically evident coronary heart disease. And it's indicated to reduce the risk of myocardial infarction in patients with clinically evident coronary heart disease.

One thing you should know is that high cholesterol is not a disease. High cholesterol may be a risk factor for a disease, but thanks to the marketing genius of the pharmaceutical industry, they've taken high cholesterol and turned it into a disease in and of itself. However, that does not mean that the company's able to market this drug

[00:15:00]

beyond the indications that are in the product monograph. So you've got an 85-year-old man with high cholesterol but no history of heart disease. Should he be able to take Lipitor? How about a 70-year-old woman who has normal blood pressure, smokes, and has high cholesterol? How about a 50-year-old male bricklayer who has a stent in his heart, et cetera? A 27-year-old pregnant woman or a 32-year-old woman who has toenail fungus? Again, the answer to this, this is one of my skill-testing questions, is that none of these patients are indicated to take that drug.

I can tell you if we have a hundred people in this room over the age of fifty, probably forty of you are going to be either on a cholesterol-lowering drug or have been offered a cholesterol-lowering drug in your life to reduce your risk of a future heart attack. And if you don't have coronary heart disease and never had a previous heart attack, the drug is doing nothing for you. You're wasting your money and you will have no effect of lowering your cholesterol. If you have had a heart attack and you fit the description in the indication, you might have a risk reduction of about three per cent. That's the best that we've seen cholesterol-lowering drugs perform, which is to say that of the 100 people that get prescribed the cholesterol-lowering drug, 97 of them will have no effect. They will have wasted their money. Three per cent might have a reduction in a future heart attack.

So most important point here, companies cannot market their drug for off-label purposes—purposes for which it hasn't been studied or approved. So why don't they market their drugs for off-label? You can imagine if you're a drug company, you want as much stuff in the label as possible. You want your drug not just for adults who have coronary heart disease and high cholesterol and hypertension. You want it to be used for everyone. That's where the market is. It's for everyone. You want it to be used in pregnant women, in kids, because that's what grows the market. And the way it was described to me, an official at a **pharmaceutical company once said to me, we go to war for the label, which means that's the make or break. We get as much stuff into the label as we can because that determines how big our market can be. Because if it's not in the label, they can't market for that, but they do.**

And here's an example of, okay, I'm not picking on Pfizer, but this just happens to be Pfizer again was caught illegally off-label marketing a number of drugs: Bextra, Geodon, an anti-psychotic, an antibiotic, and several other treatments. Ended up paying the largest healthcare fraud settlement in history. This is a criminal fine of more than two billion dollars. You might say, "Well, that's a pretty big fine for a drug company," but if you realize how much they made off even the sale of one of those drugs, it would be like getting a parking ticket for you.

So let's look at the vaccine. The product monograph, and I'm just going to use the example of the Pfizer vaccine because it happens to be handy here. Again, it's an 83-page document. Strange though, the product monograph didn't hit the streets until September of 2021. I'm not sure when they started actually injecting this drug into the arms of Canadians, but I'm pretty sure it was before September 2021. Which is to say, none of the physicians, nurses, or anybody administering this vaccine had actually read the product monograph, and certainly none of the patients getting injected could have read the product monograph to know what it was indicated for.

Shawn Buckley

So can I just interrupt? So for informed consent, physicians and nurses, if they're administering a treatment, are supposed to be able to tell the patient about risks and benefits and the like. And that's the information that would be in the product monograph.

Alan Cassels

Absolutely.

Shawn Buckley

And so basically, without that even being available, physicians and nurses administering this vaccine—

Alan Cassels

What were they administering, on the basis of what? I don't know. I can't answer that. But they certainly weren't doing it on the basis of the product monograph. They might have had an interim something that was provided by Health Canada, maybe. But let's look at what the actual product monograph for this vaccine says. By the way, if my slides are available, every document I'm talking about is linkable in the slides.

Shawn Buckley

I can tell you that the slides have been made an exhibit in these proceedings. So they'll be available to both the commissioners and the public.

[00:20:00]

And I believe it's [Exhibit] VA-3a, it will be your slide presentation.

Alan Cassels

Okay. So this vaccine—I don't even know how to pronounce this, this is weird. Comirnaty, something like that, is that how you pronounce it? Anyway, let's call it the Pfizer vaccine. It's "indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 [SARS- CoV-2] in individuals 6 months and older. Page five of the monograph sets out in black and white what this drug, and I'll call it a drug, is indicated for. So the primary endpoint, you have to actually go further into the product monograph to figure out what do they mean by "active immunization," what is the actual endpoint. And the primary endpoint on page 62 is defined as any symptomatic COVID-19 case confirmed by the PCR test. So you have to have

two things: You have to have a symptom, and the symptoms are listed in red, one of these symptoms—fever; new or increased cough; new or increased shortness of breath; chills, et cetera. And you have to have a positive PCR test. That's basically the case. And that is what the product is indicated for.

So my question to you is, if someone is out there saying this product is good for toenail fungus, what are you going to say? You're going to say, "Well, is it in the product monograph? Has it actually been tested to treat or prevent toenail fungus?" Well, no, it's not in the product monograph. "Does it prevent hospitalizations? Does it prevent deaths? Heart attacks, strokes, cancer? Does it prevent viral transmission?" And the answer, of course, is no. It did none of those things. The product monograph states that all it does is reduce symptomatic COVID with these kinds of symptoms and a positive PCR test.

And this is what drives me crazy because the public health people are saying things that the pharmaceutical companies are not allowed to say. They would get criminally charged for saying those things. But yet, you've got people telling me, "This vaccine is going to keep you out of hospitals; it's going to prevent deaths; it's going to prevent heart attacks, strokes, et cetera; and it's going to prevent viral transmission." And I really want to focus on the viral transmission because I think that's probably the most important part of my talk. And it's the most important part of what transpired in COVID. It has to do with transmission.

You know, I looked at the flu vaccine more than 15 years ago. And I can tell you, if the flu is any indication of what this disease became, none of the flu vaccines are approved to prevent transmission. To actually prove that your vaccine prevents transmission, you would have to have a massive trial, enroll hundreds of thousands of people and take several years. It's just not going to happen. It's way too costly. You're never going to be able to do it. So transmission is definitely a non-starter.

Here's a skill-testing question for the crowd. So how many of the six federally approved COVID-19 vaccines in Canada are indicated to prevent viral transmission? The man at the back has it right with the big goose egg. None are approved to prevent viral transmission. So, in fact, I've read through every single one of these product monographs. And it's a lot of reading. And the word transmission does not even appear in the product monograph or any of its correlates. Did they say viral conveyance or passing it on or anything like that? No, not in the product monograph. Therefore, again, I'm reiterating the point: the manufacturer is prevented by law from claiming that their vaccine prevents viral transmission to other people.

So you ask me, why are you focusing on transmission, Alan? Because I think the key marketing strategy for the vaccine, and I would call it a marketing strategy, the fear was a big thing. My first book, *Selling Sickness*, was really about the marketing of fear: It wasn't a marketing of fear for pandemics, it was a marketing of fear of the lipids in your blood; the level of your blood pressure; the score on a test that can test whether you've got early signs of Alzheimer's and so on. Fear is a very important motivator.

[00:25:00]

As the marketers like to say, "You don't sell the steak, you sell the sizzle," in the sense of, if you want to drive your market as big as possible, you have to get people motivated. And one of the main ways that we motivated people to get vaccinated other than— I won't say this was evil but genuine appealing to people say, "This might actually save you from getting COVID." You might say, "Well, I don't care if I get COVID." "Well, that's fair enough. Oh, but it's going to help you protect your grandma because you will not be able to transmit

it to grandma.” And it’s like, “Wow, okay, that’s a reason for taking it because it’s going to save grandma.” It’s not true though. None of the vaccines have been studied to prevent transmission and none of them have been approved. So whether you were vaccinated or not made no difference to grandma.

And so we said, “Let’s follow the science: where are the research studies indicating that the COVID vaccines prevent viral transmission?” They’re not available. They don’t exist. Again, why is this important? I think the mandates and the force pressure on the public really caused very deep rifts in our society. I refuse to get a vaccine passport just on the principle of the thing. Because allowing this kind of discrimination in facilities seemed to me just so wrong on so many levels. As I explained to some of my friends: if you lived in Victoria a hundred years ago, they would have signs in restaurants or in saloons that would say “No Indians or dogs allowed.” It was perfectly allowable at the time, a discrimination of a certain class of people. And that’s exactly what I saw the vaccine passport as. There’s a sign of the royal Simba Club: “No Dogs or Indians” allowed.

So the vaccine passport became a very harmful thing to do. I mean sure, encourage people to get vaccinated, do that, but to say that they can no longer go in to see their parents in a hospital or to go to a movie theatre or go out. In the case of British Columbia, we couldn’t go to restaurants for what was it, seven months, or something like that?

Further on, not just the science that didn’t go into the product monograph, this was kind of reinforced by epidemiological studies. A number of epidemiological studies were done in the U.S. and Germany and Vietnam and Israel, and they basically found that the vaccinated people are equally able to carry the virus as well as the unvaccinated, or should I say that there was no difference whether you had been vaccinated or not. You could still be a vector for the disease. And when I argue with my fiercest critic on this, who happens to be my wife, she says “Yes, but wouldn’t the people who, if the vaccine reduces your symptoms, then wouldn’t you be less likely to pass it on?” And I said, “Yeah, show me the study.” No, there’s no studies. Sounds good in theory, but I’d like to flip that over. What if getting the vaccine is more likely that you pass it on because you can go out into the community and you have no symptoms, and you become the vector for the disease? So this is kind of my main thesis: anything that can help you, can also harm you.

And any theoretical idea such as “the vaccine might prevent some level of illness in the person, therefore it’s going to prevent them from transmitting to others,” that’s a leap in logic that hasn’t been studied. And when we have looked at it through epidemiological study, there’s no difference. My summary: based on my review of the studies of the approved COVID vaccines, there are zero randomized trials that have shown any effect on viral transmission. And this is the kind of thing that I think good journalists would have asked right at the beginning: “Show us the evidence, show us the beef. Where is the research that shows that these vaccines are preventing viral transmission? Because your whole vaccine coercion apparatus—your passports and so on—is based on it preventing viral transmission.”

Something really interesting, I just had to add this in the last few days or so.

[00:30:00]

This group in the U.S., they call themselves The Coalition Advocating for Adequately Labeled Medicines. They’re concerned that products are on the market, but the regulator, in this case it’s the FDA or Health Canada, don’t actually go back and revisit the label. When you get new information, you should be rewriting the label, so people can stay up to date if

they use the product label as something to guide their behaviour. This group, CAALM, had a petition that they sent to the FDA about three months ago, I think it was the end of December—no, in January. And they asked the FDA, “Can you make these amendments to the product monographs of some of the vaccines?” They said, for example, can you “add language clarifying that phase III trials were not designed to determine and failed to provide substantial evidence of vaccine efficacy against SARS-CoV-2 transmission or death?” They’re just being nice and say, “Can you just re-write the—because we know this is a true statement and that should be reflected in the label.”

The response from the FDA is hilarious. This guy Peter Marks responds, and this was in the letter that he responds. He basically told this group—he kind of told them in a sense to piss off, “we’re not going to change the label very much.” But he did say, to that point about “Can you add something in there about the vaccine doesn’t prevent viral transmission?” He says, “The vaccines are not licensed or authorized for prevention of infection with the SARS-CoV-2 virus or for the prevention of transmission of the virus, nor were the clinical trials supporting the approvals and authorizations designed to assess whether the vaccines prevent infection or transmission of the virus.”

So he’s essentially saying what I’m saying: there’s no evidence—“We didn’t actually approve these treatments to prevent transmission of the virus.” And he’s right. They didn’t approve. But everyone else from Bonnie Henry all the way up to Joe Biden was telling you, they’re making this claim that these vaccines were preventing transmission.

So another way to say this: They basically said, “Could you revise the label stating that it doesn’t prevent infection?” The guy says, “We never said it. The FDA is not making that claim that the vaccine prevents transmission, but others, you know, high officials in the U.S. health establishment, politicians, media pundits, and so on. So we’re off the hook here.” I found that really interesting because it’s kind of like— Who is doing the marketing for these vaccines? I mean, imagine making a product, and the pharmaceutical industry spends more than a third of its budget on marketing, communications and marketing. It’s very important. They have to sell the drug to the physicians and the pharmacists; they have to spend a lot of time convincing people of the value of the drug.

But in this case, they just have to stand back because all the politicians, the pundits, and the public health people are going out there making claims about their products that aren’t true. So they’re off the hook. They’re not going to face three-billion-dollar fines, and they can stand back and be perfectly innocent. I mean, it’s so crass and savvy at the same time.

Just a little bit about—and I think other speakers are going to go into this in great detail—about the post-market adverse reactions and so on. This is actually in the label, and I don’t think you would have seen it in the earlier versions of the label. This is now in the label that **the following adverse reactions have been identified: cardiac disorders, immune system disorders, musculoskeletal conditions, et cetera. Knowing that that’s in the Health Canada approved product label, could you make the statement that these treatments are effective and safe? Well, you would have to have a very interesting concept of the word safe in order to make that statement, given the list of potential serious adverse reactions.**

But probably the most important study, and I hope others will be talking about this at your hearing, was this study that was published online in August 2022. They looked at the two mRNA vaccines, so the Pfizer one and the Moderna one, and they combined the results of them and looked at what was the likelihood— Now these are big trials by the way, there’s 40,000 people in the Pfizer trial, and the Moderna trial is equally as big. When the trial is that big,

[00:35:00]

you know that the risk of the condition is very small and the likelihood of any benefit from the treatment is also very small.

Anyway, they looked at these very closely and found something that we have suspected for quite a while. We suspected this when we first saw the first published trial of the Pfizer vaccine, which was spoken about earlier today, that the adverse events outnumbered the reductions in hospitalizations. For example, in the Moderna trial, they were two and a half times more likely to suffer a serious adverse event from the vaccine than being hospitalized with COVID. **This is not Alan Cassels speaking; this is published data in *Vaccine*, probably the world's premier peer-reviewed journal in vaccine research.** Has anyone ever seen any report in the mainstream media about this? And the Pfizer harm: serious adverse events, 10/10,000 [subjects]; hospitalizations, -2/10,000 [subjects]. So the Pfizer vaccine harm was four times higher than the reduction in hospitalizations.

Shawn Buckley

Can I just stop you there because you're making a really important point. You're basically pointing out that Pfizer and Moderna's own clinical trial data shows that the vaccine caused more hospitalizations than COVID would. But my question is, what was the age population? Could we— And then I want to move to kids because my understanding is that children have basically a zero risk of being hospitalized. And so can you kind of explain how much worse the situation is for us vaccinating children?

Alan Cassels

Yeah, I don't know exactly how many children would have been included in this trial. I think it was mostly adults, depending on your definition of child whether it's five to sixteen, or five to seventeen, so I don't know the actual answer to that. The principle here is—the only reason you would take a treatment that might have a risk is that you're at high risk of having the condition in the first place. And we know that children were at very low risk of developing any complications and serious adverse effects related to COVID. Therefore, your risk reduction changes.

So if I'm a 50-year-old guy with high cholesterol, high blood pressure, diabetes, and a bunch of other things, my risk of having a heart attack in the next ten years might be ten per cent, whereas someone who's my age but is a super-fit cyclist and doesn't have any of those things might only have a risk of three per cent. So the likelihood of any benefit from whether it's a drug or a vaccine is different. For the guy who's got a ten per cent risk, you can reduce that: you might even reduce it down to five; you could cut it in half. Well, the guy whose risk is three per cent or two per cent to start with, he has a very low chance of benefit. And that's the same principle with children: that if you've got a low chance of being harmed by the disease in question, you have an even more infinitesimally smaller chance of having any benefit from the treatment.

Shawn Buckley

And just my last thing, and then I'll let you carry on. What struck me with that is that the Nuremberg Code does not address just consent. But one of the provisions is that once you are aware that a treatment that you're testing is causing more harm than benefit,

then you're violating the Nuremberg Code; you have to stop immediately. So it seems odd that this product wouldn't have been withdrawn from the market.

Alan Cassels

Oh, any other product would have been torn off the market in a heartbeat. Because this is not a vaccine. It's like a whole different sacred territory. I can tell you that there are many drugs that have been taken off the market for much less harm than this, let's put it that way, okay. Though it's very difficult to get a drug taken off the market. Often what happens is that they will change the label, and they'll say, "Well don't use it in this population; don't use it in kids anymore." So they'll change the label. But actually to withdraw a product off the market, it's time-consuming. You got to be dedicated to it. And the fact that there are still public health people promoting the life-saving benefits of these vaccines in light of published research like this is, frankly, part of these crazy times we live in.

Shawn Buckley

So I have to comment, and then I'll let you go on, because you say it's really hard to take a drug off the market.

[00:40:00]

I've spent 29 years as a lawyer where roughly half of my practice is standing up to Health Canada on behalf of manufacturers and vendors of natural health products, which are drugs and regulated as drugs. And any complaint, however minor, and that drug is off the market immediately with the full force of Health Canada.

Alan Cassels

That's because it's not a level playing field, as you know. Natural health products get treated way differently than pharmaceuticals. Because the pharmaceutical companies will say, "We have double-blind randomized controlled trial evidence that proves the effectiveness of our treatments. Plus, we have lots of money that we give to Health Canada to keep their operation running, whereas you natural health people, you can't patent your product and you're a threat to our business model."

Shawn Buckley

I think you've hit the nail on the head in so many ways. And when you say, you can't patent the product because the new drug approval process is about protecting intellectual property rights.

Alan Cassels

Yeah. I remember a Health Canada employee once saying, I said something like, "Well, what about the patients at the end of the day?" And her response was, "Well, we're not in the patient-safety business; we're in the patent-protection business." It's like, oh my God, the truth comes out.

Shawn Buckley

I know and let me tell you a funny story. I'm not supposed to give evidence, but I just, I can't resist. So I'm running a trial where Health Canada has charged a company for selling a natural health product without a drug identification number. And this was before 2004 when we had the NHP [Natural Health Products] regs, so you really couldn't. And I'll tell you that the client was found to have contravened the law, but the court acquitted the client, saying it was legally necessary or more people would have died. Because people died, and the court found as a matter of fact that Health Canada restricting this product caused deaths. And in fact, the Canadian Mental Health Association would hold a press conference every time there was a death to shame Health Canada.

But I have a Health Canada inspector on the stand; I think her name was Sheila Wheelock.

And I think I'm setting her up for a trap question down the road. And one of the questions, my setup—and I just thought it was “a gimme” because I didn't understand that it's not about health at Health Canada—is I said something like, “Well, you know, as a Health Canada inspector, you're there to protect our health.”

“No.” Like what? And I keep trying to circle around and get her to agree, and she explained to me, quite rightly, “No, we're there to enforce the law, which is the *Food and Drugs Act* and Regulations.” And I challenge anyone to find in the *Food and Drugs Act* or Regulations anything that puts an onus on Health Canada to protect health or actually even the public interest or to have good health outcomes. And would you agree with that statement?

Alan Cassels

Yes, I think the regulatory capture of our drug regulators, as I can only speak of that with some insight, has been almost complete. When I say regulatory capture, you say to Health Canada, in the drug regulatory side of things, “Who is your client?” You know, anybody in this room—if you ask Health Canada, “Who's your client?” you say “It's the population of Canada. The government pays for us to regulate products to keep Canadians safe.” That's what everyone in this room would say; everyone watching this online is going to agree to that. But no, that's not the case. Their self-proclaimed purpose is to ensure that the people who are paying them, in this case the pharmaceutical industry, is getting what they want. The pharmaceutical industry is “the client,” right? When you've got more than, say, 60 to 70 per cent of the regulator getting its funding from the companies that it is actually regulating—this is an ass-backward situation.

It would be like saying, let's fund an organization with the major oil companies and we'll put them in charge of Canada's climate science regime. That would be great. Or let's get all the tobacco manufacturers and let them decide which cigarettes should be sold in Canada and how they should be sold. It's absurd. There's no way in the world we'd stand for that. **But drugs is part of the crazy world.**

Anyways, just very briefly, and I'm almost finished here. So there was a very interesting briefing document. This came to light actually this week, but the briefing document, which was released under a FOI,

[00:45:00]

acknowledged that the rationale for imposing mandates, back in August 2021, [was] kind of questionable. Why? Because there's emerging evidence that COVID-19 cases, in this case the Delta variant, this was three or four variants ago, in “fully vaccinated people may have similar viral loads than unvaccinated cases.” So I'll just summarize here: The vaccine

mandates were premised on what I would consider to be a faulty and unscientific, untested, and ultimately non-approved indication for the COVID vaccines, and that was the ability to stop transmission.

The pharmaceutical manufacturers were also quite savvy not to promote their vaccine stopping transmission because they could have faced criminal fines for doing so. They just allowed the public health people to do that kind of promotion. And so the public health people took up this banner of “the vaccine will protect your grandma” language, and thus massively deceiving the public. And I believe continue to do so, especially in this province. I guess the point that I would make to all consumers is that if you’re going to take any drug, any drug, read the product monograph. If you don’t understand it, email me or phone; talk to your doctor, say, “Who is this drug indicated for? Am I the patient that is mentioned in this indication for this drug?”

And the other thing you should ask is, “Who is this drug contraindicated for?” Many drugs are contraindicated for use in pregnancy, for example, which is to say they should not be used in pregnant women, though this happens all the time, where either the prescriber or the consumer doesn’t know that the drug is contraindicated, and they use it in an unsafe manner.

So speaking of grandma—that’s my mom. Claiming that the COVID-19 vaccine stopped transmission was unscientific and ultimately damaging. And it affects many people, including a lot of the older people in our lives who were denied the ability to be seen by their family in care facilities and so on.

And I’ll just leave it with a quote from Gandhi here, which is “An unjust law is itself a species of violence. Arrest for its breach is more so.” And I would say that in many ways, citizens in our country who’ve made personal decisions that might have been different than what the public health people wanted them to make, in many ways, have been arrested either through sanctions, through discrimination, really based on an unscientific and a non-evidence-based statement of things.

Shawn Buckley

Before I turn you over to the commissioners for questions, I actually felt optimistic because here we have, you know, these COVID-19 vaccines. So this is the biggest public health issue in our lifetime, and I’m confident that the Therapeutic Initiative at UBC would be evaluating these without pharmaceutical influence. Can you comment on that?

Alan Cassels

Because I don’t work there anymore, I’m not sure, but we did nothing about the vaccines. Colleagues of ours that work for similar organizations—there’s a group in Spain, there’s one in France—they did some pretty deep dive analyses of the COVID-19 vaccines, very reliable and very respectable. Our group didn’t, and I think the last that I saw, they did an evaluation of the Pfizer drug treatment Paxlovid, which is an expensive, mostly useless drug to treat COVID. I say mostly useless, it’s not completely useless, I’d make that distinction. It might have some use in some patients for some small reasons, but you always have to ask, “compared to what?” So no, the Therapeutic Initiative has not been doing vaccine-related analyses.

Shawn Buckley

And I was being facetious because I knew that they hadn't, and my understanding was they were even discouraged from doing so.

Alan Cassels

Yeah, it's a very interesting question. I can only hypothesize. Yeah, I don't really know. What bothers me at the moment is that we could do some really weapons-grade research in BC. We have linkable data sets. We have individual personal health numbers that can be linked to— So you have a PHN, that's your own personal health number: it can be linked to hospitalizations, doctor visits, drugs dispensed, vaccinations,

[00:50:00]

and then ICD codes, codes for the type of illness you have. All this data is linkable. If we wanted to do a vaccine-harm study, we could do it overnight. We have the resources in place. I know the people that would be working on that study. If the Minister of Health said, "It's time to release the dam, we could do that research overnight." Is it being done? I don't think so. Nobody would touch it.

But we could do it. In fact, the people at the Therapeutics Initiative, the people I worked with for more than 25 years off and on, those people are the experts in doing this kind of drug analysis research. They could do it. They would have to get the call from the Minister, though.

Shawn Buckley

Right. Well, thank you. I'll ask if the commissioners have any questions of you.

Commissioner Massie

Thank you very much for this very interesting presentation. I have a question about this indication that you mentioned in the description of the Pfizer vaccine, for example. Do we find that indication would specify a certain category of age, or is it something that is usually not specified?

Alan Cassels

Age, did you say? Yes. In fact, in that monograph, it was for anyone age five and older. So it wasn't for babies. Though oftentimes it will state the age that the drug is indicated for.

Commissioner Massie

And it's my understanding, and subsequently, some sort of additional trial has been done to expand the indication.

Alan Cassels

Yes.

Commissioner Massie

And this was approved by FDA as an indication—to have it offered to smaller —

Alan Cassels

I would say, and I don't know for sure, I would say that if the vaccine is actually being administered to babies, and I don't know if it is, then that would have to be mentioned in the product monograph, that the vaccine is approved for that age.

Commissioner Massie

So what about contraindication? As you mentioned, some drugs are not recommended for pregnant women. Was that specified on this particular product?

Alan Cassels

No.

Commissioner Massie

No contraindication?

Alan Cassels

I didn't see any contraindications. I'm confusing both the Lipitor product monograph and the Vaccine monograph. The Lipitor product monograph is contraindicated for pregnant women. It says it right specifically, and it's also contraindicated in children. You don't give children cholesterol-oriented drugs. I mean, children meaning under, I think, the age of sixteen or seventeen. I don't know about the vaccine. I don't think it's mentioned. Does anyone know? No.

Commissioner Massie

So what about the use of any treatment off-label? My understanding from talking to doctors is that a large quantity of drugs are actually prescribed off-label. So why is it that the health authority had made some special policy to prevent the off-label use of some drug, based on what?

Alan Cassels

Sorry, why didn't they make—?

Commissioner Massie

In this case, I'm talking about the generic drugs, for example, that have been used in other countries freely, and sometimes encouraged by the government. In Canada, it was prohibited.

Alan Cassels

Yeah, well, it's who's calling the shots here. Let's say that you wanted to prescribe hydroxychloroquine off-label, which is approved to treat arthritis, but you're using it to try

to prevent a person from having a worse case of COVID. That would be an off-label use. Doctors can prescribe that perfectly legally; they can do that. Though the companies could not market the treatment as being a sort of COVID preventative. So, yeah, you're right, off-label prescribing happens all the time. I was hoping somebody was going to ask me about this.

Off-label prescribing happens all the time: that doesn't mean it's safe, and that doesn't mean it's wise. I mean I would prefer that my drug got tested in the kind of patient that I am, for the reasons that I'm taking that drug. If the doctor's using a drug off-label, saying to me, "Oh, you've got toenail fungus,

[00:55:00]

so I'm going to give you a cholesterol-lowering drug," you might want to ask some questions. Because if the companies could have got the drug approved to treat toenail fungus, they would have. They go to war over the product label. They want as much stuff in there as they can get.

Sometimes—and this happened when Pfizer faced that huge fine. They were promoting things that the FDA specifically told them not to do. For example, it was about a dosage size, saying this drug is approved, say, in a three hundred and a five hundred milligram dose. Then the company is out there in the community, promoting thousand milligram doses, even though the FDA said to them specifically, you cannot; it's contraindicated to give a higher dose. Again off-label is a very complicated thing, but I think that most people— So much of prescribing is not evidence-based, the least we can do is to make sure that the treatments that we're getting is as close to the labelled use as possible. And sure, your doctor might prescribe you a drug for an off-label use. You have to ask some deep questions though—"Where did that information come from? Who's promoting it as an off-label use? And is there really any evidence of benefit?" Because if there was good evidence of benefit, it wouldn't be an off-label use. It would be on the label and the company would be marketing for that purpose.

I know I sound a little religious on this topic, but you see so many people harmed by the injudicious use of drugs for stupid reasons. It happens all the time.

Commissioner Massie

So about marketing, you demonstrated that any marketing of a drug off-label can actually be punished by law. But that requires, I guess, that somebody will find a case against that, otherwise it won't happen automatically.

Alan Cassels

Yes. That's right.

Commissioner Massie

So during the COVID vaccination campaign, it seems to me that, at least in Canada, that the company maybe have not formally advertised their product off-label, but it seems that the Health Agency or a lot of people have done it, but they're not liable for that?

Alan Cassels

They're not liable for it, which is amazing. They're not covered by the same law that the pharmaceutical company is covered by.

Commissioner Massie

Should they be?

Alan Cassels

Shawn probably knows this better than I do. But what law is there to prevent public health people from saying drugs are good for some purpose when there is no evidence that that's true? Where is the law that prevents them from basically lying to the public? I don't know if there is such a law, is there?

Shawn Buckley

Yeah, actually section 9 of the *Food and Drugs Act* would prevent any fraudulent advertising, and that's what they would use to go after a pharmaceutical company if they were to go criminally. And you know, the thing that jumped out at me, like we had this relative risk advertising by Health Canada. "The drug is 95 per cent effective," which conveyed to the public, "Oh, I've got a 95 per cent chance of not catching COVID," is what people would think. Where the absolute risk—the chance that it would do anything for you at all was less than 1 per cent.

Alan Cassels

It was 0.048 per cent.

Shawn Buckley

If I had a client ever advertising relative risk, I mean Health Canada would be all over them saying, "You know, you stop this or we're going to charge you." So it was just ironic to see Health Canada basically violating their own rules.

Alan Cassels

Talk about a double standard, huh?

Commissioner Massie

Thank you.

Commissioner Kaikkonen

I liked how you tied our journalists, our mainstream media, with public health authorities. And I'm just wondering about the bias and inaccurate and false, misleading comments that have been made. And I know there's a section in the Criminal Code that talks about publishing. If you publish harm, it is against the law. And I'm going to go a little bit further, but my notes are not very good: So he or she who publishes something that "is false and

that causes or is likely to cause injury or mischief to a public interest is guilty of an indictable offence and liable to imprisonment" and fines.

So I'm just wondering, we've sent out summonses to the politicians and I believe also to the chief medical officers: they're not here. Mainstream media: we've been going across the country and they're not here. So I'm just wondering how does that work? They've been publishing for the last three years all these false and misleading statements.

[01:00:00]

They've obviously been biased in their presentation.

What are your thoughts on how we get some accountability towards both of those industries or both of those professions because at this point, here we are in Vancouver, we've travelled across the country, all of us, making this point and yet neither are here. Even the politicians who have received summons, the chief medical officers who received summons have not come to tell us their story. What are your thoughts?

Alan Cassels

Yeah, that's probably a legal question, not a sort of drug policy question. But you know, policing misinformation to me seems like a very, very slippery kind of slope. Whose misinformation and in whose interest? What I noticed during the pandemic is those who were proclaiming, you know, pointing the finger at misinformation were the misinformers: people who hadn't actually read the product monograph, people that were making statements that were easily, factually wrong. So I don't know what remedy there is to try to ensure that, say, politicians or public health people or the media should generally conform to statements of truth. It's a really tough business. I don't know. Do you know, Shawn?

Shawn Buckley

I have no comment.

Alan Cassels

Sorry. Bad answer.

Commissioner Kaikkonen

That's a good answer. Thank you.

Shawn Buckley

So before I thank you, you had indicated, and you showed some books that you've written, and you also indicated that you had been writing for several years for *Common Ground Magazine*. And so for people watching that aren't from British Columbia, or not even from Canada, won't understand that *Common Ground Magazine* is a magazine that's published in the Lower Mainland that would allow somebody like you to have a forum, and it's been strong on environmental issues and social justice issues and health freedom. And I just wanted people to understand, when you mentioned *Common Ground Magazine*, that it's kind of a gem that would allow somebody like you to have a regular column, and we just don't find that, very rarely. And I note that the editor, Joseph Roberts, is in the house today so I wanted to do a shout-out for him.

Alan Cassels

Absolutely. I mean, *Common Ground* is a real resource and a fabulous sort of thing, Joseph's labour of love. And yeah, I had a column every month for 12 years. So I've got 150, 145 columns, and they're like mini essays. I mean, I've written about— If you went back into *Common Ground* ten years ago, you'd read all the stuff they wrote about the flu and the stupid policies that were being brought in to protect us from H1N1, the nasty, the last pandemic. You remember that one? Yeah, it was a very good gig and good, strong journalism, independent journalism, and we need more of that in this country.

Shawn Buckley

So Alan, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing with us today.

[01:04:03]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Witness 9: Sean Taylor

Full Day 1 Timestamp: 10:00:54–10:27:38

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Wayne Lenhardt

The next witness is going to be Sean Taylor. Sean, can you give us your full name and then spell it for me, and then I'll do an oath with you.

Sean Taylor

Roger that. Sean Taylor, S-E-A-N T-A-Y-L-O-R.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Sean Taylor

I do. And like Serena, I think it will set us free as well.

Wayne Lenhardt

I think I may move you through this a little more quickly because we're getting fairly late, but you were enrolled in the military services for Canada, I think somewhere in the early 2000s. Can you just give us a quick snapshot of what you did and how you proceeded through the ranks?

Sean Taylor

Sure. Listening to the excellent testimony here today, I've been thinking about what it is that I'm going say, and if it's cool with you, I'll just— I've got kind of a unique experience through this, given my background.

A bit of my resume for the last 25 years: I've been a paramedic, a firefighter, an emergency nurse for 16 years. I served 19 years in the Canadian Armed Forces, 17 of that in the

infantry, and I finished the last two years as a nursing officer to work for 12 Field Ambulance, here in Vancouver. In 2009–2010, I deployed to Afghanistan where I was second in command of a tactical psychological operations team. I signed up as a lay witness, but I am an expert. My psyops background gives me— I'm an expert in BS, and being a lifelong learner, I find the last three years, I've done subspecialties in bat and chicken shit, as well.

Before most people, I was paying attention; COVID-19 was on my right radar in December and—

Wayne Lenhardt

December of what year?

Sean Taylor

In December 2019.

Wayne Lenhardt

Okay.

Sean Taylor

We were looking at this atypical pneumonia that was over in China and all the stuff that was coming out, and my initial response was, yeah this is a nothing burger. And people that I trusted were putting out information that was quite alarming, and it made me re-evaluate and I'm like, maybe there's something to this.

And it was funny because I was working in the emergency at the time. I was completely out of sync with my co-workers. I was steeling my mind, getting ready for chaos and death, as a frontline health care worker, right? Like, this is what you play for, when everyone else was, you know, joking about their run on toilet paper and all the ridiculousness that we were experiencing, None of it made sense: the numbers didn't make sense; the way they were presenting the story didn't make sense. And within a couple weeks I was like, no, this is a nothing burger, just as everyone that I worked with was starting to become really afraid of this.

We've heard a lot of testimony today, and the fact that we're still calling things mistakes that obviously aren't mistakes, you know. We talk about truth. They lied about everything and witnessing that and the negative impact on patient care— There was one day, they **were starting to ramp things up big time. I was working in Kelowna at the time, and sometimes we'd have changes in policy and procedure two, three times a day. Clinical instructors are running around; it's changed on the change. I got dragged up to triage one day. And we were talking about how if we have a pre-hospital arrest, when the people are brought in by EMS, we stop: we stop CPR, we stop respirations, we cover them with a tarp and then we move them to the COVID room while everyone dons their PPE and carry on.**

Wayne Lenhardt

Let me stop you for a second. At some point here, you moved from the army into doing civilian work.

Sean Taylor

Yeah, I was a reservist.

Wayne Lenhardt

Okay. And when did that happen?

Sean Taylor

From 2002 to 2021.

Wayne Lenhardt

Okay.

[00:05:00]

Sean Taylor

So I was a reservist, but I was working as a civilian nurse during this. We started Operation LASER, which was the pandemic response for the Canadian Armed Forces. I volunteered to deploy to the long-term care facilities in Quebec and Ontario, but they didn't have any roles for me. And I said "I'm good to go if there's a mission, but right now I'm serving the community that I live in. And if you're going to have me sit in an office, like if you have a mission, I'm good to go, but I don't want to be sitting in an office counting paper clips when I could be doing something in my own community."

Wayne Lenhardt

So you were working in a civilian

Sean Taylor

In a civilian hospital.

Wayne Lenhardt

office in BC, but you still had some ties to the military.

Sean Taylor

Yes. So I'm watching these changes to policies and procedures that were completely incongruent with good patient outcomes. And I was like, why are we stopping resuscitation on patients? Because they might have a cold with a 99.97 per cent survival rating? It wasn't conducive with good patient outcomes, and I was quite vocal about it. Medical professionals have professional responsibilities to question questionable practice and to advocate for the best patient care possible.

Wayne Lenhardt

And how were you vocal about it? What were you doing?

Sean Taylor

I said, "This is insane."

Wayne Lenhardt

You said that to who?

Sean Taylor

The clinical instructors. A little ways in, I confronted one of our— He was a former chief of staff and had moved up a couple rungs, Devon Harrison, Kelowna. He was working a minor treatment one day and I approached him and I'm like, "This is crazy, what's going on. We're absolutely terrifying the public, the hospital."

This is the thing: we keep talking about this pandemic. I never saw a pandemic. I've been an emergency nurse for 16 years, right? This massive global pandemic was the best cold and flu season I'd ever seen: 2017 was a really bad year; 2015 was rough, there was an increase in pediatric mortality in 2015; 2017, yeah, we had 25 patients in the hallway, people were dying in the hallways, the ICUs were full. It was crazy. Not a single news story about it.

During the pandemic, everyone was too scared to come to the hospital. We were seeing cardiac patients that instead of coming in as soon as they had chest pain, they'd sit on their couch for three days and come in in cardiogenic shock and die.

Wayne Lenhardt

At this point, you were licensed with the College of Nurses in BC, correct?

Sean Taylor

Yes, I was.

Wayne Lenhardt

When did you first get that licence?

Sean Taylor

2015.

Wayne Lenhardt

Okay.

Sean Taylor

Most of my practice has been in Alberta. I practised all over. I did three years pediatric emerge. nursing at Calgary Children's, Alberta Children's. I've been a contract nurse all over Western Canada. I worked in Vernon, Kelowna, briefly in Penticton, and Grand Forks.

Wayne Lenhardt

And you got your training through the military, is that correct?

Sean Taylor

No. I did a component transfer after I came back from Afghanistan. I put in a component transfer to switch over to a nursing officer and it took them nine years to get the paperwork through, but I finally switched over in 2018.

Wayne Lenhardt

Okay. So what happened then, in December 2019? COVID came along— No, that's prior to COVID. But you were still doing your nursing.

Sean Taylor

Well, COVID—

Wayne Lenhardt

Sorry.

Sean Taylor

COVID was happening, they were talking about it over in China, right? And I was just saying that the incongruencies between what they were saying and what appeared reasonable was overwhelming. And I dismissed it as something not to worry about. So when we started to ramp up in Kelowna, they emptied the hospital. I've never seen the hospital so empty. Yet the narrative on the news was completely different.

I remember, I was working—

Wayne Lenhardt

When was this, when did this happen? When did they start this ramping up, you're talking about?

Sean Taylor

March of 2020.

Wayne Lenhardt

Okay. And were you asked to take this job, at some point?

[00:10:00]

Sean Taylor

No.

Wayne Lenhardt

No, but did you see it coming?

Sean Taylor

Yes.

Wayne Lenhardt

Okay.

Sean Taylor

I made my thoughts very clear about that, that I would not be taking that.

Wayne Lenhardt

Okay. So after being fairly vocal about it, you actually terminated your employment, you quit prior to the mandate?

Sean Taylor

No. I got involved politically in 2018, and I was the PPC candidate for South Okanagan–West Kootenay. And I was fired five days after the last federal election for the things that I said during the campaign.

Wayne Lenhardt

And you were fired by?

Sean Taylor

Interior Health.

Wayne Lenhardt

Interior Health.

Sean Taylor

Yeah, and I was retired by the army.

Wayne Lenhardt

At the same time?

Sean Taylor

A little previous.

Wayne Lenhardt

Very close.

Sean Taylor

Yeah.

Wayne Lenhardt

Okay.

Sean Taylor

Can I just discuss the evolution of what—

Wayne Lenhardt

Sure.

Sean Taylor

Okay. I was down in Grand Forks, and we were doing the drive-by swabbings where people would drive up to the hospital, we'd swab them, and they go away. We're swabbing all these young healthy people and I'm like, "Why are you doing this?" And they're like, "Well, we were in Kelowna." "So?" "There's a massive outbreak in Kelowna." "Okay, I didn't hear about that." So I watched the news that night and Dr. Bonnie Henry was on the news, and there was a massive outbreak in Kelowna, hundreds of new cases. Several health care workers had gone down, and I believe her words were, "We are on the edge here."

Wayne Lenhardt

What year is this again?

Sean Taylor

That would have been 2020.

Wayne Lenhardt

2020. Okay.

Sean Taylor

On my days off, I went up to help out in Kelowna. And yeah, the hospital was very quiet. I worked in the COVID zone. I jump around a lot; I worked in all the areas of the hospital. And when I was working triage, the people were so terrified. And I've got people in triage, they're crying, they're apologizing: "I'm so sorry," "I'm just so sick," "I've been in my basement for the last three months," "I'm so sorry to be here." And it's just like, there's no COVID here. We didn't have a single patient in the hospital at that time admitted with COVID.

The amount of people that— The relapses. While they extended all the hours to the liquor stores, they cancelled all Narcotics Anonymous and Alcoholics Anonymous meetings. And people with long-term sobriety that had their support systems completely cut out from underneath them, relapsing. It was, yeah, the suicides, the OD, it was insane. And the health care workers that went down. There were actually five nurses nailed for contact tracing from the Cactus Club. They were all asymptomatic.

Throughout this thing— Like I said, coming from a psyops background, I look at things a little differently. When you see the lies— Like we all saw the videos from New York where they had the drone shots of those mass graves. Well, they've been doing that for 300 years.

It's called Potter's Field. They were just wearing costumes at the time. Everyone was done up in PPE. So the misrepresentation that we were seeing consistently in the news. And the fear. You had a witness in Red Deer, Lieutenant Colonel Redman, and he talks about, you don't use fear. That's trauma-based mind control. You don't try to scare your population. You inspire confidence, you're saying "Hey, we got this, Canada," you know. "We got some bumpy road ahead, but we're going to do fine."

One of the key indicators too was the changing of the definitions of words. In 2008–2009, just before the last fake pandemic, the WHO changed the definition of pandemic, taking out "morbidity" and "mortality" and changed it to "caseload," So anytime that you're seeing people changing definitions of words, it's a key indicator that they're lying to you. Just like they called this mRNA gene therapy a vaccine. So putting all this together, I was quite vocal at work.

When I approached a former chief of staff in the department and said,

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"Why are we locked down? This is summertime in the Okanagan. We should be aiming for the highest transmission possible right now, given the elderly population within the Okanagan Valley. As contagious as this thing is, it could whip through here like a California wildfire. We should be doing this now, so we don't get completely hammered come cold and flu season." And the response I got was "You're absolutely right. I hope we start making better clinical decisions."

At that point, I realized that my shark-infested mouth was going to get me to lose my licence. So I took a job in Grand Forks and left tertiary care. The silliness soon followed us into the rural, but it was consistent. The consistent lies in the news, at work, after they rolled out the vaccines. We were seeing an incredible amount of vaccine injuries at work.

One of the co-workers, she worked in the facility that I worked with, she had a vaccine injury and was paralyzed after her first Pfizer dose. I heard about it in the community and I asked, and they denied it. It was just, from the very beginning, they lied about everything. You look at the testimonies and the punishment that people have received. You see the amount of people that are telling lies and they don't seem to be punished, but the people that are telling the truth, they're the ones that are being punished.

Moving forward, the lack of recognition, it was really incredible. We'd been fractured into these different realities where I'd be standing at the bedside, we'd be watching an acute vaccine injury: respiratory, neurological, persistent tachycardias, all these things, end stage COPD presentation with no history of asthma or COPD. We're seeing these things and **doctors that I've worked with for a while now, and they're good doctors, just scratching their head like "I don't know, we're going to have to send them to Kelowna for a neuro consult."** They just seemed incapable of being able to see it. It was really a remarkable thing to witness and the lack of ability to question anything. Like policies and procedures rolling out that were obviously bad for patient outcomes and just going along with it.

Wayne Lenhardt

Okay. Let's stop and ask the commissioners if they have any questions at this point. Yes, Dr. Massie.

Commissioner Massie

Thank you very much for your testimony. It seems to be a common theme, from what we've heard from the other witnesses, that there's been a lot of deception, let's put it this way. It's still quite surprising that people that are highly trained professionals in the medical system would not be able to exercise critical thinking in this particular time.

So because you've been in the system for quite some time, is this something that you have experienced only during COVID or is it something that was kind of there already, but was just revealed during the COVID period?

Sean Taylor

I think the latter. Like the doctors that we've listened to today, I find they're defective. They've gone through their education. The point of education is to educate you out of the capacity or impair your ability to be able to question authority. And those that did that, you look at the instant retaliation, anyone who spoke out against this. And the amount of the people that actually did, it's such a small number.

So I haven't nursed in two years. They fired me September 25th, 2021. I've got a disciplinary hearing coming up in July because it turns out that out of the several thousand nurses that were fired in the Province of British Columbia, I was the one guy that was fired for my mouth, and they're going out of their way to punish me for it.

[00:20:00]

I think I've been pretty consistent in a life of service. I take my oath seriously. I advocated for better patient care, and I've been punished since. Even after not working for the last two years, they still feel the need to come after me. I've had two careers blown up. I've been kicked out of the army. I served for 19 years. I've been fired from nursing. Both jobs that I love, that I was good at and to try to get us to do a better job.

The consistent theme though, is when you look at the amount of deception, I don't see "accident." Don't get me wrong. I spent a long time in the army. No one does stupid like army stupid. Healthcare is a pretty close second, but I always, throughout my career, I've always defaulted to incompetence rather than actual malice. And I don't think we can do that anymore. This whole experience has been revelatory. It's shown us what's going on. I believe we're witnessing the beginning of the collapse of allopathic medicine, and it can't happen quick enough, I think. It's an interesting time, but I think this has brought a light on it.

Commissioner Massie

Thank you.

Sean Taylor

Yeah.

Wayne Lenhardt

Are there any other questions? No. Okay. On behalf of the National Citizens—

Sean Taylor

Can I just finish with one thing?

Wayne Lenhardt

Sure.

Sean Taylor

Alright.

A nation can survive its fools and even the ambitious, but it cannot survive treason from within. An enemy at the gates is less formidable, for he is known, and he carries his banner openly. But the traitor moves amongst those freely within the gate. His sly whispers rustling through all the alleys, heard in the very halls of government itself, for the traitor appears not a traitor. He speaks in accents familiar to his victims, and he wears their face and their arguments. He appeals to the baseness that lies deep in the hearts of all men. He rots the soul of a nation. He works secretly and unknown of the night to undermine the pillars of the city. He infects the body politic so it can no longer resist. A murderer is less to fear.

This has shone a light on where we are as a nation, and the testimony that we've heard so far today is alarming. I think we're in for a rough patch. But I'm also full of hope because they say sunshine's the best disinfectant, and things like this are so important, especially with the pass of Bill C-11. They're shutting down dialogue in this nation. They're controlling the narrative like nothing else. We're preaching to the choir here. I'm sure you've all seen *Died Suddenly*. You can watch that on Netflix in the States. The ability for our state to control the passage of information in this country is appalling, and we're about to experience the results of this subversion that has occurred for a long time. We're at war, we have been for a long time, but we're just figuring it out.

But I thank you. I feel honoured to be able to speak here today, and I congratulate you on the effort that you're bringing light to the situation because it is dire. But we'll make it through. We've been here before, and we'll do this again.

Wayne Lenhardt

Does this remind you of any of your experiences in the military in any way? And I don't want a lot of detail.

Sean Taylor

In Afghanistan, we were mostly intimidation, intelligence gathering, and working with electronic warfare. You look at what's happened to our military, and previous people that have testified in these hearings and what they're saying, it's alarming. The reason why I got in so much trouble, I was reported to the College and when I received the paperwork for it, it turned out it was from my own chain of command.

[00:25:00]

So a person who represented himself as a concerned member of the public actually was my captain in the military and a director of operations for the health authority that I work for.

You couldn't be further from the public than this guy, and the information that he was provided was all in military memo-style format; it was transcripts of stuff you can't even access on the internet.

So you look at what's going on and this isn't just in healthcare. We've gone through chief of defence staff after chief of defence staff. Is every general in the Canadian Armed Forces a rapist or is there a purge going on? We have to start having better discernment about what's going on in our country because it's going to take us to bad places. And from the testimony that was given today, it looks like a lot of these bad places are unavoidable at this point.

But like I said, endeavors like this NCI, they're shining a light on things, and the accretion of the people that see what's going on is gaining momentum. I've been travelling, and this is the first time I've ever actually talked about my own experience, but I've been travelling this country for the last few years, screaming this stuff at the top of my lungs and we are seeing movement. I am hopeful. So yeah, just keep up the good work and thanks again for inviting me to come down.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, we thank you for your testimony and thank you for your military service to the country as well. Thank you.

[00:26:57]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 1

May 2, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 1 Timestamp: 10:27:50–10:30:19

Source URL: <https://rumble.com/v2ln3p0-national-citizens-inquiry-vancouver-day-1.html>

[00:00:00]

Shawn Buckley

So that just about concludes our first day of hearings in Vancouver, British Columbia. It's certainly nice for the National Citizens Inquiry to be on the West Coast.

I think the last three witnesses have been very interesting, and there's a bit of a theme. We just have basically heard that we need to take action from this gentleman. Mr. Cassels, who was before, Alan Cassels, I found it very interesting when he's talking about how the issue about infection and transmission were not indications in the product monograph for the vaccine, meaning that the vaccine was not approved to prevent you from catching COVID, and it was not approved to prevent you from transmitting COVID. Yet those clearly were the two messages that were used to drive us in fear to do this. And then, we had Dr. Shaw, preceding Mr. Cassels, who was basically telling us that as a consequence of what we've done, he is anticipating some bad outcomes for us going forward.

One of the themes that we've had in our openings is that we have to stop living the lie because if we can just admit that we have a problem— It's almost like an Alcoholics Anonymous, we're like, you just can't admit you have a problem. We can't go on. In Red Deer we had retired Lieutenant Colonel Redmond who was adamant that we have to stop pretending. And the first step is we have to admit we made a mistake because if we don't admit we made a mistake, then we can't come together and mitigate the damage. Because **we basically have a broken country, we have a divided country, and we have a number of people that are severely injured and need help. They need help physically, they need help emotionally, they need help economically, and we can't help them and we can't talk and we can't come together.**

So I just want to close this first day. I'm very encouraged by the bravery of the witnesses and the willingness of people to share. And just implore you that it's time to come together and stand up and make this country great again.

[00:02:29]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE VANCOUVER HEARINGS

**Vancouver, British Columbia, Canada
May 2 to 4, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 01:26:58–01:57:53

Source URL: <https://rumble.com/v2ltiw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Shawn Buckley

We'd like to welcome you back to the National Citizens Inquiry as we begin Day 2 of our hearings in Vancouver, British Columbia. Commissioners, for the record, my name is Buckley, initial S. I'm attending as agent this morning for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to introduce what the NCI is for those that are participating who have not heard about us. We are a citizen-organized and -run group of volunteers that have decided to put together an independent inquiry to literally travel across the country. Here we are on the West Coast to inquire independently what happened in the last three years and how can we do this better but more importantly to give Canadians a voice.

One interesting thing is that as we've travelled across, we've run across witness after witness after witness who has dropped out at the very last minute because they're afraid. They're afraid of economic repercussions at work. They're afraid of social consequences from their friends and family. They're afraid of shaming online because their story does not go in line with the government narrative. We had a doctor at our last set of hearings in Red Deer who said, on the stand, "I expect there's going to be repercussions. I'm stepping out to tell the truth." Because there's actually a cost for not telling the truth. There's a cost to us—inside—for staying silent and pretending that a lie is truth.

I'm just stating this so that you understand that the witnesses that are testifying, many of them are afraid. But it's so important to them to tell their stories and it's so important for you to hear their stories. We're getting thank you, after thank you, after thank you from these witnesses because they feel relieved that they've been heard. Because we need to be heard. It's part of the human condition to have a voice. So we are thankful that you're participating. Understand that your participation is important because it gives the people testifying a voice.

I'm always asked by our organization to please, please, please go to our website, National Citizens Inquiry; sign our petition. We want that to have a large number of signatures so that it shows that the public is behind this. We also ask that you would donate, and there's

ways of donating online on our website because this is citizen-funded. We don't have a single large donor. Every set of hearings of three days costs us roughly about \$35,000, and it's truly amazing that we're here. We just stay ahead of paying our bills. At our last meeting earlier this week, it's like, well, we don't have enough to finish; we really do need people to keep funding. But it's happening and it's exciting. I feel honoured and grateful to be a part of what's happening here. I'm volunteering. And it's just exciting to be a part of, really, what's become a movement.

Now I'm going to start with a little bit of comedy today, but it's real-life comedy. I am very, very pleased to announce that today is the United Nations World Press Freedom Day. And the United Nations reports, about this Freedom Day, that freedom of expression is the driver of all human rights. Now the sad part about that is that it's true. Freedom of expression is the driver of all human rights. Whenever we experience censorship, we should be trained: we should be trained to resist and to stand up and not allow it to happen. Every single citizen of Canada has a responsibility to stand against censorship of all types. It doesn't matter if the voice is a voice you support or whether it's a voice that you don't support—so the part of you that goes, "Well, I'm glad that person's being censored." No. Because censorship leads to slavery. If we don't have a voice, which is what the NCI is all about,

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we end up in tyranny. Time after time after time, history has shown us that. You are going to really appreciate our first witness this morning, who's going to have some things to say on tyranny and police states and where Canada is.

But you laughed when I said this was United Nations World Press Freedom Day because it is somewhat ironic. We could ask, for the last three years, where was the United Nations when in Canada voice after voice that went against the government narrative was being censored as misinformation and professionals like doctors and nurses were losing their credentials for speaking out? Where, literally, we had corporatism—corporatism—in our media.

We have government-funded media, the CBC. But we have mainstream media that in the private sector should be competing amongst themselves and should be competing with the government broadcaster CBC. We would think we would then have different voices. This was the most important and impactful experience of our lives as Canadians, this COVID experience. We would have expected to have different viewpoints and debate and scientific debate in our media. But we had one voice. We had one voice and that was the government voice. And we had the media actually participating in censorship. That, in my opinion, happened because of corporatism.

Just so you understand the word corporatism. That is a word to describe where the interests of corporations and the interests of governments become intertwined so that they basically start working together. So the word is corporatism. Now when that happens, when government and industry start working together—which would explain why the media spoke basically just with one voice and that was the government's voice—when that happens, there's another term for it. For those of you who are aware of the Italian dictator, Mussolini, he would correct people and say, "Don't use the word corporatism; a better word to describe that state of affairs is fascism." It's interesting because fascism is now one of the buzzwords that to censor people, you're labelled a fascist. So we label people with that term. But the term is just meant to describe the state of affairs where corporate and government interests merge, and it creates a situation where the public interest isn't served.

It's with some irony that we have World Press Freedom Day this week, when last week the Senate passed and the Governor General signed into law Bill C-11, which would allow the government for the first time to censor the internet. So we truly are in a Brave New World. I wonder if this adventure— Here we are, the National Citizens Inquiry, allowing people, allowing ordinary Canadians to take the stand, allowing expert witnesses to take the stand and give a voice to opinions that go against the government narrative. We know the trajectory is for this to become illegal, for there actually to be sanctions. I wonder if even a year from now, if in May of 2024, if it will be legal to do what we're doing today because we have a clear trajectory. And as I shared with you yesterday, we are being censored.

This is an incredible adventure. Nowhere in history has a group of citizens gotten together in any country, appointed independent commissioners, and somehow managed to march them across the land, having the world's best experts testify and having ordinary citizens share heart-wrenching stories. This should be front-page news. Every single day that we have a hearing day like today, this should be front-page news. We should have three or four camera crews in here. Instead of the two media tables we have that are empty, we should have five or six media tables. But they're not here, and they're not here for a reason. And we know what that reason is—because they're not allowed to go against the government narrative.

[00:10:00]

I shared with you how we're being censored on social media. And even how Twitter, which is supposed to be now the one platform that is not censored, that we seem to be search censored. People have sent us screenshots where they have done a search for the NCI on Twitter and we're not coming up. Yet other people do the search and we do come up. So I would ask again—I think it's appropriate—let us celebrate World Press Freedom Day by continuing to contact Elon Musk on Twitter and asking him to take off all restrictions on the National Citizens Inquiry and to start promoting the National Citizens Inquiry. Let us all celebrate World Press Freedom Day by tweeting out anything that you do remotely related to us and tagging NCI, hashtag NCI. And use your other social media programs. We have to get it out there. This is totally reliant on you. If we can get the country watching this—and we're getting more and more and more, it's incredible—then we can come together as a country.

Because there's a real problem with the truth. There's just a fundamental problem and there's nothing we can do about it. The reality is that truth resonates. And you can't stop it. It's a problem for the government, which is why we have censorship. If we can get people watching this, watching the truth, it's going to resonate.

Now I want to segue. We had Alan Cassels on the stand yesterday, and he's an expert in evaluating pharmaceutical drugs with the *Food and Drugs Act* and the drug approval process. I quite enjoyed him because I practise in that area or have practised in that area extensively in my legal career, and he and I had a bit of a dialogue. He made it very clear our drug laws are to protect intellectual property rights. Let that sink in. So Health Canada that manages our drug laws, they are there to protect intellectual property rights. I've lectured on that also. They're not there to protect our health. You cannot find in the *Food and Drugs Act* or regulations anything telling Health Canada that they are there to protect your health. There's not even a duty on them to act in the public interest. It is not there.

He explained how they are largely funded by the pharmaceutical industry. So they know where their bread is buttered. They refer to the pharmaceutical industry—and I've seen it in Health Canada emails that I've had disclosed to me during files—they refer to the

pharmaceutical industry as their “client.” There’s an absolute conflict of interest with Health Canada approving drugs that are to be used by the Canadian public. It’s literally the fox guarding the hen house and it is corporatism. So we basically have a situation where the interests of the pharmaceutical corporations and the interests of the government regulator, Health Canada, are aligned. Because the government regulator, most of their money, their salaries, comes from the pharmaceutical companies.

Health Canada is the organization that you have relied on, that you have trusted, when they told you that the COVID-19 vaccines were safe and effective. When they weren’t telling you, well, actually, the approval test didn’t even mention the word safe and effective. So your health and the health of your family, for those of you that chose to get the vaccine, basically depended on your trust of an organization that is not there to protect your health—that is not there in the public interest—but is there to protect intellectual property rights and has a conflict of interest with the pharmaceutical companies.

He is deceased now, but he was a champion of truth, Dr. Shiv Chopra. He was a drug approval scientist for Health Canada for 30 years. For a period of time, he ran the veterinary branch of their drug approval process. But he worked most of his career on human drug applications.

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He became a whistleblower over adding growth hormones to our dairy and into our dairy herd. He forced the Senate to call—I think it was four—drug approval scientists that worked at Health Canada to speak about conflict of interest in Health Canada. He wrote a book about this called *Corrupt to the Core*, which you can access. You can still get copies online, used copies.

But I remember one of the drug approval scientists, Dr. Margaret Hayden, gave an interview at the CBC after she was forced to testify. And it was chilling. She said after you’ve been a drug approval scientist at Health Canada for a period of time, you get to learn how they’re going to get around your recommendation that it’s not in the public interest to approve a drug—so, basically, the risks outweigh the benefits. And she says, “Well, what happens is that the management who are not doctors and who are not scientists, they will appoint an outside panel of experts.” So panel of experts outside of Health Canada. “This panel of experts will then review the drug approval submission. They will recommend that the drug get approved and then the management will approve it based on these expert recommendations.” And so these poor drug approval scientists in Health Canada. Can you imagine the moral distress because they’re seeing that it’s not in the public interest to approve a drug? Yet then, as soon as they say no, there’s this pattern that they anticipate will happen: because it happens enough that she describes it as a pattern. This is the organization that, basically, you put your trust in.

I wanted to share with you my experience with Health Canada. It’s really my road to Damascus experience. It’s funny. I used to lecture and I would use that phrase, “It was my road to Damascus experience.” Twenty-five years ago, I could use that phrase and everyone in the audience knew what I was talking about. But I’ve recently learned—because our education system has deliberately excluded our Christian history and the Christian values that support our legal system upon which our society is based—it’s been deliberately excluded. This isn’t about whether you believe in God or don’t believe in God. Our society is based on principles that flow from the Christian experience. And if you want to undermine our society, you don’t teach our history; you don’t teach why we have that.

I had given an opening in Red Deer explaining how the second commandment is the foundation of our legal system. The second commandment is simply that you love your neighbour like yourself. In other words that you treat your neighbour, you treat other people, in the exact same way that you want to be treated. It's only societies based on that principle that are free. You can go and watch that opening, and I might explain it a little later. But I feel the need to explain "road to Damascus." We have these cultural references. When you hear, "Oh, that's my road to Damascus experience," or "I saw the light." That's another phrase that we hear, "Oh, yeah, I saw the light." You know it means somebody changed their mind.

But I'll share the story with you just so that you understand. So Christ had been crucified and He'd risen from the grave, and He'd been on earth interacting with people for about 40 days and He ascends to heaven. But the disciples and the Christians that were left behind, they were on fire. They were going all over the place preaching about Jesus. This posed a real problem for the religious authorities because they were rule-based. Their religious system was rule after rule after rule, starting with the Ten Commandments. And the religious authorities used it as a tool, really. It became oppressive, much like we're experiencing today.

I was out for supper last night and two different people at the table live rurally, one in British Columbia and one in Quebec. And they're both sharing with me how every animal now has to be reported. So you have to get every chicken, every chicken registered, and they're actually limiting how many animals you can have. This is to take control of our food supply and to ensure that people can't be self-sufficient. But it's just an example of how these rules are coming down on us and being oppressive.

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Well, in Jesus' day, it was the same thing; it was just downright oppressive. He became a huge threat because He's basically speaking about the rules; they called it the law, although they're religious rules. He's speaking about them in such a way that was freeing. And so the second commandment, He's saying, ignore all these rules. Well, not ignore them, but He's saying if you love God and you love your neighbour like yourself, that is all the rules. It's as simple as that. All these rules are just really specifics on how to love your neighbour. That's all it is. And that's a much more freeing way. Because if our rules are just to love our neighbour, then we end up in a free society. Because societies that are based on treating others as you would treat yourself, first of all—they're not murdering each other; they're not stealing; they're not sleeping with somebody else's spouse because they don't want their spouse sleeping with somebody else. They're treating others as they would treat themselves, and it creates a free society.

So Jesus was this upstart, and that's why they killed Him, to get rid of Him. It didn't work. They had the same problem with the disciples and new converts; they were going about saying the same thing. So they had to stamp out these Christians. One of the leaders doing this was a man named Saul. He had just participated in persecuting Christians in one place—they had stoned Stephen to death. He's now on the road to Damascus to find the Christians in Damascus and basically persecute them and put them in line. Killing people—like stoning Stephen—that sends a strong message to others. "Don't you dare convert to this." It's fear. "Don't you convert."

So he's on his way to Damascus to find and kill Christians, and he's blinded by light. There's this bright light and he's literally blinded by it. And out of the light comes a voice, "Saul, Saul, why are you persecuting me?" And he's like, "Who are you?" And He says, "Well, I'm

Jesus who you're persecuting." And now he's converted because he realizes he's on the wrong side. He has to change his mind.

Changing your mind actually is a physical thing. When you have your mind made up strongly about something, you actually have neurons wired in your brain. A belief you don't even have to think about. It's a belief: just bang, it's there. No, I believe this. There's no thought; there's no decision.

But when you change your mind on a belief, your mind actually changes: it takes physical energy; you have to rewire different neurons. So he changed his mind. That was his—it's a conversion. When you hear the phrase "road to Damascus experience," or "I've seen the light," it's referring to this story. So it's a social reference.

Now my road to Damascus experience with Health Canada involved an herbalist named Jim Strauss. In 1994, I was working at a law firm that had the federal contract in the area; it was in the interior British Columbia. An herbalist named Jim Strauss was suing Health Canada—he was importing herbs from the United States—and Health Canada hated this guy because he was selling unapproved products. But the whole natural health product industry was illegal. Back in 1984, if you walked into a health food store, 100 per cent illegal, literally, because our drug regulations didn't allow for it. So he's importing these herbs, perfectly legal for him to import. But because Health Canada hated this guy, they seized the herbs at the border and took them. Now there's a very technical legal term to describe what just happened and that's theft.

So Jim Strauss was suing Health Canada to get his herbs back. I get the file, and I'm talking to Health Canada. I'll let you know I got permission from Health Canada before I left that firm to actually talk about this. So I'm not violating solicitor-client privilege. But I mean, basically, their position was, "Can you believe how dangerous it is to have a rogue herbalist?" That was the term, basically selling treatments that people would come to rely on. Well, I'm a young pup; I'm just soaking all this in: "Yeah, this is dangerous as can be, what a rogue." I go to court and I have this case thrown out because he's in the wrong court. But he and I got along like really well.

[00:25:00]

Actually, he took me out for lunch after I had his case thrown out of court, which speaks to his character.

I leave that firm and I start my own firm. And then he gets charged with practising medicine without a licence. And so he hired me to defend him. There's a provincial law that says only doctors can practise medicine, and it defines medicine as including treatment claims. He claimed to be able to treat heart disease. In fact, he drove around with a white van, red letters across the whole side, "We cure heart disease." And the story is, just so you know his age, he flew for the German Air Force in the Second World War. His family—he's from Austria—his family had been traditional healers for four centuries. So he was trained by his grandparents to be a traditional healer.

Now he's working for BC Hydro as an electrical engineer. He has a heart attack. He's rushed to the hospital. He's told that he has one artery completely blocked, another one, three-quarters blocked, and he has to have a double bypass or he's going to die. And he thought—he didn't like that idea. So he went home, and he developed the Strauss heart drops and he treated himself—thirty years later, never having had bypass surgery, he died in an old folks home and not of heart disease.

So then he went into the family business and he's selling these heart drops. And this is why Health Canada was so mad. Then he hires me to defend him. I'm thinking, "Well, the law says you can't make health claims unless you're a doctor, you're making health claims." If I put him on the stand—back then all the judges in Kamloops were older men—I know what would have happened. He would have been on the stand, and he would have looked at the judge: He would have peered. And then he would have pointed. He would have seen the crow's feet, the judge's ears, a sure sign of heart disease. And he would have said, in this Austrian voice, "Your Honour, you have heart disease. You need my heart drops."

So I mean, there's no way—how am I going to defend this guy? And then I reminded myself, "Well, I am a constitutional lawyer. Why don't I attack the law for being unconstitutional?" We were basically going to attack the law for violating freedom of expression. Now this law had been on the books for almost 100 years. If I'm going to convince a judge to strike down a law on freedom of expression—although freedom of expression protects lies—psychologically, I'm going to do better if I can convince the judge that there's truth here. So I go to his little herb shop and I say, "Jim, obviously we don't have any clinical trial evidence. But is there any way we can show that you're telling the truth?" And he literally gives me, I think it was three or four boxes filled of letters that people wrote to him.

I take these back to my office. We're talking thousands and thousands of letters, and they're all the same: I had heart disease. I was sick. I was dying. I took your heart drops. I got well. Now I can't enter that in court; that's pure hearsay. But I can call the authors of those letters. That's the best type of evidence, strongest type of evidence there is. So on the day of trial, I had five middle-class professional witnesses, who had all had heart disease, who had all had at least one open heart bypass surgery—one of them had had two—who had all then continued to have heart disease. And so, they needed another bypass surgery.

Here's where they differed. Some of them were too weak to survive the surgery. So they weren't candidates. They were basically sent home to die. And one way or another, they come across the Strauss heart drops, and they get well. A couple of them, they'd had so many complications from the previous surgery that just to buy another year or two, it wasn't worth it. So they declined the surgery and then they find these heart drops. The most telling thing was—is for years and years and years, none of these people had been able to work. At the day of trial, they were all working full-time. And that was my road to Damascus experience.

You see, because before, when I was working for Health Canada against this man, my belief was it was dangerous to allow people to choose to take a treatment that Health Canada hadn't approved of. That's what it boiled down to. The government hadn't approved it. But after preparing for that trial, my belief was, no—the danger was actually taking away this treatment from people. I could have given you, at that time, the names, phone numbers, and addresses of thousands of people who were only alive because of this product. It just illustrates how dangerous it is for us to give our power to the government and not be allowed to make our own choice. Because the law in Canada is you can't treat a serious health condition like heart disease with something that isn't a chemical pharmaceutical. It's basically the effect of our law. And Health Canada has been taking and taking and taking away products that we would otherwise have the right to choose to use: it violates a very fundamental freedom. So I'll leave us with that.

But most importantly, it violates the second commandment. The second commandment that I talked to you about—treat your neighbour like yourself—that is a touchstone. For you can judge laws: are they valid laws or are they not valid laws? It's not a valid law to say to your neighbour that your neighbour does not have the right to choose how they're going

to treat themselves when they're sick. Or that they don't have the right to choose to take something to prevent themselves from getting sick. That violates fundamental freedom.

[00:30:56]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 1: Dr. Greg Passey (Parts I and II)

Full Day 2 Timestamp: 01:57:54–02:53:57/03:11:34–04:00:15

Source URL: <https://rumble.com/v2ltiw4-national-citizens-inquiry-vancouver-day-2.html>

PART I

[00:00:00]

Shawn Buckley

I'd like to introduce our first witness. Dr. Greg Passey is here today. Dr. Passey, can we start by asking you to state your full name for the record, spelling your first and last name.

Dr. Greg Passey

Dr. Donald Gregory Passey. D-O-N-A-L-D, first name. Last name, P-A-S-S-E-Y, but I go by Greg.

Shawn Buckley

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

Dr. Greg Passey

I do.

Shawn Buckley

Now I'm going to introduce some of your bona fides, but I know I can't do them justice. So if I don't, please feel free to fill in. You are a physician for 22 years in the Canadian Armed Forces. And now you've been a physician for over 42 years.

Dr. Greg Passey

Correct.

Shawn Buckley

You have practised in family medicine, emergency medicine, PTSD [post-traumatic stress disorder] and associated medical health assessment and treatment. You've also trained in nuclear, biological, and chemical warfare (NBCW) as a senior officer in the Canadian Armed Forces.

Dr. Greg Passey

Yes.

Shawn Buckley

You actually were deployed in Iraq for the first Iraq war when there was a real concern that Iraq would be using chemical and biological weapons. So you were trained, and trained quite seriously, in the proper use of PPE.

Dr. Greg Passey

The first part is not correct. I didn't deploy to Iraq, but I was trained. I had advanced training in nuclear, biological, and chemical warfare and the preparation of our troops that were going overseas at that time. And yes, I do have very good knowledge in regards to the type of equipment that's necessary to protect a person under, especially, chemical and biological warfare conditions.

Shawn Buckley

Okay. Then the next thing I want to stress is your expertise in post-traumatic stress disorder. You're actually recognized internationally as an expert. You have received an American College of Psychiatrists' Laughlin Fellowship in 1995 and the International Society for Traumatic Stress Studies' Sarah Haley Memorial Award for Clinical Excellence in PTSD in 2004. The point being, you are recognized internationally as an expert in post-traumatic stress studies.

Dr. Greg Passey

Yes.

Shawn Buckley

You're here today to share various thoughts, including on PTSD, later. But I'll just ask you if you want to start your presentation.

Dr. Greg Passey

Yes. Is it up now?

Shawn Buckley

Yeah. Your slides are on; we see a slide, The "Ascent" of Man.

Dr. Greg Passey

[Ascent of Man]

If I'd had more time, the next piece of this would have been this last gentleman huddled in a cave, wearing a mask, and having a needle stuck out of his arm.

[CV]

We've gone through my CV [Exhibit VA-1].

[Disclosure]

Disclosure. So I actually contracted COVID in March of 2020, coming out of Africa when I went through London. I had it for about eight to ten days. At that point, I started doing research in regards to the virus, potential treatment, et cetera. I received articles from all over the world, and I have maintained that. A number of my patients are continuing to forward me stuff. So I'm inundated with articles in regards to COVID, vaccinations, masks, et cetera.

I was vaccinated with the AstraZeneca vaccine. I refused to have the mRNA vaccine because it was experimental in my view. My plan had been to wait for two years to see what the safety features looked like at that time. I have not been boosted since that time.

Despite my vaccination, I got reinfected in January of 2022. On day three, I decided I didn't want to go through another week or so of being sick. I treated myself with ivermectin, in addition to zinc, quercetin, vitamin B6, vitamin C, D3, K2, and PQQ10, as well as low-dose aspirin. I was improved 90 per cent,

[00:05:00]

within 24 hours and rapidly recovered.

It was interesting because, at the same time, there was a group in the United States that developed this Frontline COVID-19 Critical Care Alliance protocol, which basically included those types of compounds, supplements, et cetera. We were suppressed; we were censored. I was not allowed to talk about my experience. I was not allowed to talk publicly about potential treatment. The U.S., Canada, and other countries spent billions, billions of dollars rapidly developing an experimental gene-therapy treatment. Period.

Now when we had HIV and AIDS, we attempted to develop a vaccine. We never were able to because we could not develop a vaccine that was effective. The virus mutated too quickly, just like COVID does. So what did we do? We spent billions of dollars on treatment. Not on a vaccine. Treatment. And guess what, AIDS went from almost 100 per cent fatality rate to now you can live a full life. You need three different medications from two different **types of categories, and you will live a full life.**

I have absolutely no idea why our government and our public health people did not pursue a treatment research regime while they were attempting to do vaccines. Makes no sense, at all.

I consider myself part of the outraged, moderate majority in Canada. I also consider myself a defender of Canada. Not the Canada that we have today. The Canada that "was," where there was freedom of speech. You could share medical ideas. You took care of your neighbours. You didn't ostracize; you didn't point fingers. You didn't attempt to segregate people.

Our Canada has changed. This Canada was not the country I spent almost 43 years taking care of its citizens and 22 years of my life in the military, including overseas duties. That's not the Canada that I spent my time on. I sacrificed my time on.

[CV]

We've already covered that, don't need to do— I'm going the wrong way, that's my problem.

[Change of Definitions]

One of the things that was really interesting is that the original definition of immunization was "the act of introducing a vaccine into the body to produce immunity to a specific disease." Once COVID arrived, they changed the definition. It's no longer immunity: it's been switched to protection.

The term "vaccine" also got a makeover. The CDC's definition changed from "a product that stimulates a person's immune system to produce immunity to a specific disease," to the current, "a preparation that is used to stimulate the body's immune response against diseases." I can inject anything into your body, and it will cause an immune response. But that doesn't mean it's going to help you with a disease. So basically, in order to accommodate the RNA injections, the definitions were changed in regards to vaccines versus gene treatment.

[Topical Quote]

A member of the European Parliament, Rob Roos, I saw in an interview. He stated that he's really scared with the state of the world, the state of his country. He said that "science that can't be questioned is just propaganda." And I agree.

[00:10:00]

The propaganda or the authority narrative or the government narrative can also be called "political science." It's usually interlaced with lies. When Trudeau said, "Follow the science," when Bonnie Henry said, "We're following the science," what they didn't tell you was that they're following the political science, not the medical science. The evidence is clear; it's out there. They've been offered debates. Our experts will debate your experts. Let's do this. Let's televise it. Let's inform the public. Never happened, nor will it.

Coupled with the authority narrative is the loss or suppression of critical thinking. So I was taught in medical school and certainly in the military to be a critical thinker. I have the ability to look at two sides of every situation and come to an informed decision about what is factual. With this government public health narrative, it's been suppressed. We're not allowed to do that. I hate to say it, but our education system is not training critical thinkers. **They're being taught narratives, and they're being taught to accept whatever that narrative is.**

When I'm doing treatment with my patients, I always say to them, you know what, it's easy to judge. It's easy to judge anyone. A three-year-old can judge you. But it takes time, energy, and intelligence to understand. The authoritative narrative depends on people just judging. They don't allow you to see both sides of any issue. They present one: Trust me. It's correct. And you're supposed to accept that.

I've been in countries where if you accepted the government narrative, people died. Rwanda, 800,000 people died because of the Hutu government narrative. I don't trust any governments. I don't know any person who served in the Canadian military that trusts any

government. We've seen what absolute power can do. It will corrupt people, and they will use that power.

[Masks]

I'm going to talk briefly about masks. I'm sure it's been done. But with my background, I just want to put this to rest. So the CDC back in 2020 said that they didn't find "any evidence that surgical-type masks are effective in reducing laboratory-confirmed influenza" And that doesn't matter if it was worn by the infected person or people in the general community to reduce their susceptibility. They affirmed that "surgical masks are worn in the health-care settings not to prevent transmission of respiratory infections but rather to protect accidental contamination of patient wounds and to protect the wearer against splashes and sprays of bodily fluids." Period.

CDC furthermore specified that the SARS-CoV-2-type specimens must be processed in a Biological Safety Level 3 lab space using biological safety level 3 procedures. Very, very particular. This typically requires a Tyvek full-body suit, gloves, and a HEPA-filtered, powered air-purifying respirator. Not an N95, not a surgical mask. You will not find people wearing those in there for their primary protection.

Shawn Buckley

Before you go on, can I just clarify? So the CDC quote refers to influenza. But your opinion would be, that's equally applicable to coronavirus.

Dr. Greg Passey

Any respiratory virus.

Shawn Buckley

Right.

Dr. Greg Passey

So anything that's— So the respiratory viruses are airborne. They may be spread by droplets, but they're airborne also. So yes.

Shawn Buckley

Then your other point, in pointing out that it's a Level 3 as a biological hazard. Literally, if you are trying not to catch it, you have to be in a full bodysuit and a respirator with— So your point is, this was just meaningless, the masks.

Dr. Greg Passey

[BSL 3 PPE]

Here's a photo. If they wanted us not to catch or spread it,

[00:15:00]

that photo, that's what we needed to dress as. I was absolutely astounded that the Canadian military— You know, good on them. The Ontario government asked them to go in and help

out in the chronic care facilities, right? So we're going to send all our medics in there, and I thought, great.

Then they sent them in with surgical masks and N95. We've got full-on NBCW suits and we got gas masks. We trained to use those; it's like, wow, that would have been a great training exercise. Instead, we've put them into a hazardous area without the appropriate equipment. A number of those medics got sick. Not necessary.

I still see people, it blows me away. People are driving by themselves in their car and a mask on. That's fear. Are they afraid that the car is going to give them COVID? It's fear. It's lack of information. It's the government narrative.

[Beginning of the COVID Narrative]

I want to talk briefly about Dr. Bonnie Henry. She served with me in the military. I was her superior officer at that time. She served for, I believe, it was 10 years. She would have been trained in nuclear, biological, and chemical warfare because she was in the military through the Gulf War. So she knew about what was necessary in regards to respirators and safety equipment.

We had a procedure where it didn't matter what the patient was contaminated with. We could decontaminate them, and then we could treat them in a safe manner. We never brought the contaminated person into our medical facility. Why do you want to contaminate your facility? It made no sense.

And she's worked on other things: polio, Ebola, SARS, et cetera. So she's knowledgeable.

[Beginning of the COVID Narrative, #2]

She should have known about the designation for masks, that they aren't effective for COVID. She should have known about the Spanish flu pandemic. Back in Boston, for instance, they used to take patients out of the hospital, expose them to sunlight and fresh air or they treated them in tent facilities. They called this open-air therapy. It decreased the mortality from 40 per cent to 13 per cent, just doing that.

So despite the knowledge of the medical science, she and other public health officials in Canada recommended mask mandates and indoor lockdowns—when we know fresh air is good for you: it's unlikely to be spread in fresh air. We know exercise helps counter illness, and yet, we told people, "Don't exercise. Lock down. Isolate. You can shop in the big-box stores with all those people in there. But you're not allowed to shop in a mom-and-pop grocery store," that I've shopped in 20 years. That gets closed down.

Shawn Buckley

Or go to the gym, or other

Dr. Greg Passey

Or the gym.

Shawn Buckley

exercise activities.

Dr. Greg Passey
Absolutely.

So why did they do this? Knowing what the medical science stated, why? The government narrative. They followed the political science. Well, how did that happen?

[Be Kind]

Okay, so Bonnie Henry, in her spare time during the pandemic, writes a book, *Be Kind, Be Calm, Be Safe*. My opinion: she left out “tell the truth, be ethical, and do no harm.” Page 41, quote: “I was fully aware, however, that if I were wildly offside with what the provincial health minister and government believed” Not what the science showed, but what the government believed: what the government’s narrative was. “. . . it could make my position challenging, and that if I was too far off the mark, too often, the government would render me ineffective or fire me altogether,” from my \$340,000 a year job.

She goes on to say, “It’s a fine balance to be effective in the protection of the public’s health and to promote that larger goal in a way that encourages without alienating.”

[00:20:00]

Alienating who? The government? Why do I care if I alienate the government if I’m protecting my patients?

“Or, as my mentor often said in reference to the challenge and delicacy of this role, ‘You can make a point or you can make a difference.’ What this meant in practice was that, as much as we may wish to, we didn’t have to immediately take on the cause of every injustice.”

So—“Let’s not look at medical science if it’s going to be a problem. We’ll deal with that later.” So this public health officer surrendered to the government’s narrative.

Shawn Buckley

Can I just expand on that? Because you’re making a really important point. Because people in British Columbia would have seen her on TV, time and time again, making these orders and believed that the government—the premier and the cabinet—was not dictating what was happening but that she was in control. And what you’re sharing with us is, no, actually this was political. So it was smoke and mirrors: So we can blame her and say, “The premier and cabinet aren’t dictating to her.” But actually, what she’s telling us is, “No, these were political decisions that I was following.”

Why this is important is we learned the same thing for Alberta. So there, Deena Hinshaw on cross-examination, I think the lawyer—either Leighton Gray or James Kitchen—was saying, “Well, on cross-examination, basically explained, ‘No, these weren’t my public health orders, only in name.’” Basically, she would attend at the cabinet and be dictated. I think the point you’re making— I think it’s important for Canadians to appreciate that although the appearance was the government wasn’t making the decisions—and we may have all been frustrated; why did you give up your power?—the reality was these were political decisions made by the government.

Dr. Greg Passey
Absolutely.

Shawn Buckley

Okay, thank you.

Dr. Greg Passey

In her words, she admits it right there.

So it's interesting, too, because in the military, as a doctor and as a specialist, I can make recommendations. But the chain of command can override me. But when they override me, I get them to sign. I'm not accepting any medical responsibility for your decision. She was aware of that. She could have done that. But she sacrificed medical evidence for the political science, in my estimation.

Shawn Buckley

And despite the cost to the populace for her doing so.

Dr. Greg Passey

Correct. What a difference it would have made, had she said, "Let's put some money into treatment because there's other countries who are doing it with actually reasonable outcomes equivalent to the vaccine." But nobody—nobody—not the federal government, the provincial government, the public health officers. Nobody except a few brave doctors would talk about treatment. Total censorship.

Shawn Buckley

What a difference it would have made if she had stood up for science and stood up for the most competent medical decisions that could be made in the science, even if she publicly lost her job over it.

Dr. Greg Passey

I think part of what we're taught in the military is integrity and responsibility and accountability, and she is a total disappointment in regard to the medical officer corps. Sorry to say that, but truth bears it out. So basically, this public health officer surrendered to the government's narrative, and the political science overshadowed and suppressed the medical science.

Not just there. But the colleges, the colleges of physicians and surgeons. Now doctors treat people with medication off-label all the time. What does that mean? That means they're using a medication— So for instance, there's certain types of antipsychotics that are used for PTSD. There's no research on it. But the college allows it to occur. So doctors will prescribe off-label.

But we weren't allowed to talk about or prescribe ivermectin. Ivermectin received a Nobel Prize. It's an antiparasitic, antiviral, anti-inflammatory medication.

[00:25:00]

And it's cheap, probably costs \$20, \$25 to treat somebody. And it's safer. I remember CDC and FDA, "Oh, it's veterinarian medicine, you're going to die." Why would you use the veterinarian medicine? There's ivermectin pills for people. It's safer than Tylenol or

ibuprofen. That's how safe it is. Nobody's ever died of an ivermectin overdose, ever. But people have died from Tylenol and ibuprofen. Yeah, it continues to astound me.

[Trudeau and Canadian Narrative]

I just want to talk about Trudeau and the Canadian narrative. So this is written by Andrew Chan. So Trudeau explained that misinformation is sometimes used interchangeably with "disinformation," though the former involves a "deliberate choice to spread and share falsehoods for a particular purpose, whether it's political, personal, or to create chaos."

Translated to me, disinformation, misinformation is a lie. You're lying. Let's not call it anything else. It can be hard snow, powder snow, wet snow. It's snow. Period. So misinformation, disinformation: they're talking about lies. The question is, who's lying?

[Trudeau and Canadian Narrative, #2]

April 26, 2023. Trudeau said that scientists and medical experts "understood that vaccination was going to be the way through the COVID-19 pandemic."

Which doctors? Which scientists? Because there's a lot of us that thought treatment would be the way through. But we weren't allowed to talk.

Furthermore, it goes on: "And therefore, while not forcing anyone to get vaccinated. . . ." Really? Really? Do you want to work? Do you want to go to the store? Do you want to do anything? You had to be vaccinated.

"... I chose to make sure that all the incentives," or coercion or punishment, "and all of the protections were there to encourage Canadians to get vaccinated. And that's exactly what they did."

You can call this misinformation or disinformation: I simply call it a lie. There was no funding for treatment research, no informed consent, and extreme coercion. I've already mentioned HIV. We never developed a vaccine, but we developed successful treatment. And we were never given the chance with COVID.

There's been studies where they have compared — So the treatment of choice, it used to be Remdesivir. And now, they're talking about Paxlovid. It costs hundreds, if not thousands of dollars, right? They did a study with ivermectin. And ivermectin turned out to be more effective than either of these. Part of the reason was it hits four different protein areas, enzyme areas, on the virus. Whereas these other two very expensive, patented medications only hit one. With Paxlovid, you can get treatment. And you may have a relapse when you stop it.

[The Evolution of an Authority's Narrative]

The other thing, I'm a history buff. I used to read and watch a lot of stuff about Second World War. Joseph Goebbels: "If you repeat a lie often enough, people will believe it, and you will even come to believe it yourself." Have a look at our news agencies. Have a look at Twitter. Have a look at Facebook. Have a look at what they're doing.

Elon Musk on Friday with Bill Maher, it was pretty funny. He said, "Part of our problem is we have a woke brain virus." I thought, well, that's kind of cool. But then I thought about it. Well, what would my definition of that be? Well, woke brain virus is caused by a specific "authoritative" narrative founded on an emotional belief, usually fear, lacking substantial proof that then causes specific brain dysfunction that accepts the narrative without question. It drives censorship behaviour, which attempts to cancel, suppress, ostracize, and

vilify any voice or opposing view, even when those views are clearly supported by evidence to disprove the narrative.

[The Evolution of an Authority's Narrative, #2]

So part of our problem— A lot of beliefs are based on emotion. So part of the belief system around COVID,

[00:30:00]

the government generated and public health generated this story of great danger, which made us all afraid. So we start to believe that it's dangerous. The problem is, when a belief is based on emotions, it's very difficult, if not impossible, to change. The research is really clear on this phenomenon. A person will look for anything to reinforce their belief and will dismiss any evidence to the contrary. We're hardwired to do that.

That's why you have to train someone to be a critical thinker. A critical thinker can change their mind on something. I've changed my mind on many things. I used to think fats were bad for you. I've changed my mind on that. Sugar is bad for you. I didn't get taught that.

So basically, it came to—I choose to believe Dr. Henry and our government. This is a quote from one of my patients. "I choose to believe Dr. Henry and our government, not your so-called medical evidence." What do I do with that?

So here's some other examples of authority narrative: Once upon a time, the narrative was the Earth is flat. If you attempted to say it was round, you could be convicted of heresy and killed. The universe, the sun, the planets revolve around the Earth. Well, the scientist that actually developed that theory, it's only a theory until you can prove it, he had to retract what he knew was clear science evidence.

Shawn Buckley

Copernicus.

Dr. Greg Passey

Yes. "Change your belief or we're going to kill you. I changed my belief." Right?

Thalidomide, so here's a good one: I lived through this error. Government and the drug company said, "Thalidomide is safe for pregnant women to treat morning sickness." And lo and behold, what happened? A whole lot of babies got born without arms and legs and it got pulled from the market. Trust the pharmaceuticals? Trust the government? I **don't think so.**

So the other narratives: "Masks are effective." "Lockdowns are supported by science." There's no science that supports lockdowns. There's science that will support segregating people that are sick until they're better and treated. There's no science that supports locking down a healthy population. The healthy population are going to do fine. They've caught something called natural immunity.

So—"Injections are safe and effective." "Trust your government."

[Real Danger]

Let's talk about real danger versus the narrative danger.

Case fatality rate [CFR]: that's a proportion of people diagnosed with a disease who end up dying from it, expressed as a percentage. So if you caught smallpox, 30 per cent of the people would die. Thirty people out of 100 would die. Were there lockdowns with smallpox? No.

Polio, CFR for kids: 2 to 5 per cent of kids would die with polio. Fifteen to 30 per cent of adults would die of polio. I lived through that era. I remember that. Were there lockdowns? Did we close the Canadian society during polio? No. Pretty high death rates, though. Three adults out of ten are dying? Or out of a hundred, I should say. No. Three out of ten, yes.

1918-19, influenza pandemic: CFR was 2 per cent, described as a horrific pandemic, and it was. But the case fatality rate was only 2 per cent. Did they lock down? No.

Canada COVID, up to March of 2023: This is done by John Hopkins University. The case fatality rate, or risk,

[00:35:00]

was 1.1 per cent. What did we do with that? We had extreme lockdowns and suppression of Charter rights. Why? We didn't do [it] with all these other infections, epidemics within the country, far more lethal. So why?

Shawn Buckley

Well, I think you could also add that with COVID, we had learned that as far as case fatality rates, they were almost exclusively people that are very elderly. Whereas with things like smallpox and the Spanish flu, the case fatality rate would include younger people. So even less of an argument for COVID for locking down the population.

Dr. Greg Passey

Yes, actually, I'm coming to that.

Shawn Buckley

Oh, sorry.

Dr. Greg Passey

[Real Danger, #2]

So let's look at the real danger versus the narrative danger. So in Canada, as of January of this year, there were 8,195,791 people, 19 and under. How many people died over the last three years in this age group that we had to lock them all down? We had 72 people aged 19 and under die in three years with COVID. That averages out to 24 young people dying per year. The odds of you dying as a young person is 0.00003 per cent, right? Or odds are one person out of about 113,000 people would die with COVID. Do you know how many people, young kids, die of accidents every year? Far exceeds this.

Where is the real danger? It wasn't with the kids. It wasn't with the young adults. It was people over 80. There's a little over 1,760,000 people, age 80 and above. And there was over 20,000 deaths in three years, which means one death for every 86 people. Well, okay, that's a risk. That's a real risk. That's a real danger. So we need to do something with that population. But it worked out about a 1.14 per cent chance of dying.

The other thing that no doctor can explain to me that follows the government narrative— If you're vaccinated, why would you worry about anyone that's unvaccinated? When I got polio vaccine as a young kid, I didn't worry about my neighbour that had polio. I had a vaccine. I'm immune. That's what vaccines do. So why was the government and public health narrative, why was it that vaccinated people should worry about the unvaccinated if the vaccine's effective? Oh. Maybe it's not effective. Maybe they knew it wasn't effective and they didn't tell us that. That would make sense then.

So the other thing I was very concerned about, and I actually wrote my college, is they were pushing to get everyone vaccinated. They want a 100 per cent vaccination, okay? This is still an experimental vaccine. Well, it's not a vaccine; it's an inoculation. It's still experimental. If everyone's vaccinated, you have no control group. You then cannot determine what are the side effects, short-term and long-term, if you don't have a control group.

Not only that. The other thing that blows me away— Doctors were discouraged and, at times, outright told not to report the side effects. I got a family member, I got a spouse of a patient, and I got a patient that had a stroke after getting the Pfizer vaccine. All three of them after the vaccine. How many of those were reported by their doctor? None. Why? Well, I said, "Ask your doctor to report it."

[00:40:00]

"I asked my doctor, but he said it had nothing to do with the vaccine."

Well, how would he know that? It's still in the safety range, right? We're still looking at safety. You record everything as possible side effect. That's what happens when we actually go through drug regulations and we do all the safety stuff, everything. Let's say you took Ativan. You got a cold after Ativan: that's a potential side effect. It gets listed. But not with COVID vaccines. Discouraged.

Shawn Buckley

Before you move on, I just want to emphasize your last point, so can you put that slide back up, David. Can you go back to the slide you just had up?

Dr. Greg Passey

Which one?

Shawn Buckley

[Real Danger, #2]

The one about the no control group because you've made a point that I don't think any other witness has yet made. You say here, public health organizations and governments knew it was not—meaning—knew it wasn't effective. And they wanted 100 per cent vaccinated, so no control group. I think people watching your testimony might not understand what you're saying. I just want to make sure that I understand, and so that it's emphasized.

Because we'd heard evidence actually yesterday from a doctor that by the time the vaccines came out in British Columbia, there was roughly about 80 per cent natural immunity already. So COVID had marched through us. And you don't need anywhere near a 100

percent vaccination rate. Let's say there's zero human herd immunity: to have herd immunity, the percentage is much lower.

And so you couldn't get your head around, why are they pushing for a 100 per cent? Because they were: they were pushing for every man, woman, and child. But if they know it doesn't work, and they get 100 per cent of us vaccinated, then we can't blame the bad results—any side effects—on the vaccine. Because we have no control group to say, "See, it really is the vaccine." And that's an important point.

I didn't want us to jump over that without people understanding what you're saying.

Dr. Greg Passey

Yes. It's very important that you do have— Here's all the people that took the drug. Here's similar people, similar health, similar age: they didn't take the drug. Oh, all these people are having heart attacks, double the heart attack of these guys. Well, heart attack's probably a side effect of that drug, right? So without a control group, we have no idea. Trudeau and Bonnie Henry and the other public, they were pushing for 100 per cent. That's unethical. It's unethical.

Shawn Buckley

The other interesting thing is we've had other witnesses tell us— So Pfizer, and most of the shots in Canada have been Pfizer shots, actually took away their control group after a short period of time and vaccinated them. Which, again, robs us of the ability to determine whether side effects are created by the vaccine. So we really are flying blind so to speak.

Dr. Greg Passey

Yes. Yes. It's interesting, too, so there's good data out of the States. The life insurance companies, they've seen a huge increase in unexplained deaths. So taking into account COVID, okay, take that off the table. Anywhere from 20 to 40 per cent increase in unexplained deaths. And when did it start? January 2021. When did we really roll out the vaccinations? January 2021. So that data is being looked at now with what's going on there. Someone said, "Oh, it's because of the lockdowns." No. No, I don't think so. We need to look at that data. There's a smoking gun in there.

[Real Danger, #3]

Just quick, and I'm going to move on. Real danger versus narrative. So we got this narrative right now, carbon dioxide is a pollutant and we've got to get rid of it. It's not a pollutant. Plants need it, okay? It's a narrative pollution.

Carbon monoxide, that's a real pollutant and that's real dangerous. I got a carbon monoxide warning device in my house. I've travelled in Africa and I've travelled around this country. The real danger, not the narrative, the real danger: Herbicides. Pesticides. Plastics. I've seen a river in Africa you could almost walk across, it was so choked full of plastics. Industrial waste. Everyone in this room has got microplastics in their body now.

[00:45:00]

I'm not going to die from carbon dioxide. I may die from the microparticles and the other types of pollution.

We need to look in a different direction. Sorry, that's off topic, but it just bugs me.

[Use of fear]

So how do you get these narratives to go? You utilize fear: fear of punishment, sexual abuse, physical abuse, psychological abuse. They use fear. They use danger. You do the same thing with populations. Fear, punishment. I got bullied as a kid. I still remember the three guys' names, but I outgrew them and that stopped. But I remember the fear, and I remember my friends being afraid to be around me because they didn't want to be punished like I was. So the narrative: the bully uses the fear narrative to affect the people around. The government does the same thing: it uses fear, the fear narrative.

Anti-vaxxers. What's that about? Why are you afraid of that? You got vaccinated; why are you afraid? Because the government says you need to be afraid.

[Use of fear, #2]

I want to talk about this because this fear narrative— They use fear, punishment, dehumanization. They make them a threat.

Mao Zedong basically identified a large subpopulation in China as being enemies of the revolution. And he killed the most people in all of history. Everyone talks about Hitler. Hitler was in the minor leagues compared to this guy. I'm going to get in trouble for this, having said that.

Number two, Stalin: Enemy of the proletariat revolution, enemy of the state. There's the gulags. He killed anywhere from three million plus Ukrainians in the early 1930s by starvation. He continued to kill. He wiped out the officer corps. Killed them all. Didn't trust them.

And then, we get into Hitler, and he identified Jews, Communists, the infirm, even war veterans that were crippled: "We don't want them around. They're taking up space. They're taking up food. They spread disease. They take away jobs."

They demonize: the states, the government, demonizes.

[Use of fear, #3]

Pol Pot, in Cambodia: I would have been killed. I don't have calluses on my hand. Well, I'm an intellectual: "You're a danger to the proletariat. You're not a farmer. You're gone."

Rwanda: The Hutu government demonized the Tutsis, and most of that genocide occurred with machetes. Brutal, brutal.

Yugoslavia: Interesting, it was the Serbs versus the Croats versus the Muslims. And they all blamed the other, demonized and didn't think twice about killing them.

[Canada]

Why did I go there? Because I want to talk about our prime minister.

He basically told a Quebec audience that people that do not get vaccinated against COVID-19 are often racist and misogynist extremists. This is the head of our country. There we go—well, they must be dangerous then, so we should be afraid of them. People of Quebec are not the problem. But he questioned whether the rest of Canada needs to "tolerate the unvaccinated." Well, in Stalin's Soviet Union, "We didn't tolerate people. We got rid of them."

I don't like that language. It's dangerous language. It's scary language.

Shawn Buckley

You see a parallel to what's happened historically that you're sharing with us.

Dr. Greg Passey

Absolutely. Absolutely. He's using the same language, different terms, same process. The authoritative narrative. And he goes on to say, "We all know people who are deciding whether or not they are willing to get vaccinated and we'll do our very best to try to convince them." "They don't believe in science, progress, and are very often misogynist and racist." Well, that's a lie. "It's a very small group of people, but that doesn't shy away from the fact that they take up some space."

[00:50:00]

Jews took up space in Germany, and the Nazis got rid of them.

We take up space. "This leads us, as a leader and as a country, to make a choice. Do we tolerate these people?" What? If you don't tolerate them, then what? Are you going to send them someplace? Are you going to kill them?

This language is dangerous. It's scary. You all should be afraid in this country right now because of what our leader is talking about. The language he's using, he's dividing people based on a political narrative, not based on real danger. The unvaccinated were never a danger to vaccinated people if the vaccine was safe and effective, as he was saying.

[Psychiatric Impact]

Let's talk about the psychiatric impact of all this. So for the individual adult. People that had anxiety disorders; people that had depression, depressive disorders; people that had fear of germs—all of those got worse. The sense of fear because there was not effective treatment for the virus, and it was difficult to continue being treated for their mental health issues.

I was able to switch over so I could do pretty much everything by phone or by video. But a lot of people didn't have that option. The social isolation, the lockdowns. Solitary confinement has been declared by our Supreme Court as being cruel and unusual punishment.

There were tens of thousands of single people that basically, because of the lockdown, ended up in solitary confinement: Stuck in their basement suite. Stuck in their apartment. **No ability to talk with people, face to face. It increased fear. There was anger, loss of jobs, loss of finances, forced to shop in big-box stores. All of these things, these are all costs.**

It's bad enough for the adults. What about our kids? So especially the very young, they have to listen and see to learn. In order to develop appropriate social cues, be able to understand communication, you need to be able to see an individual's eyes, face, and their body language. So now you isolate the kids from other kids. Now they're not getting that ability to interact, learn, develop appropriate communication and social skill sets. That's all been taken away. Throw them in masks, even when they do go to school. Again, you're probably losing up to 40 per cent of the communication that's occurring.

Communication is not just by language. I seldom listen. When I say listen, I seldom believe what a person says, let me put it that way. I believe what they do and how they behave. So you can say to me, I like you. But if you're throwing rocks at me and stuff, it's like, you don't like me. So you need the ability to see and watch. And this was taken away from the kids.

We know that nervous parents, anxious parents, they can pass that on to their kids. And so, I'm expecting an upswing in mental health disorders in adults but also in children. And it'll be anxiety issues; it'll be behavioural issues; it'll be mood disorder issues. There'll be drug problems. The drug usage, alcohol usage shot way up because of the lockdowns or during the lockdowns.

You have to think about all these things. What is the cost? Did anyone do a cost-risk benefit analysis on lockdowns?

[00:55:00]

Kids didn't need to be locked down. You already saw what their risk was of dying. There was no need to lock the kids down. And the thing was, "Well, if you don't get vaccinated, you could pass it on to my grandmother." Well, first off, I'm not going to visit your grandmother if I'm sick. And secondly, if she's vaccinated, why are you worried about me?

The narrative, it's a lie. It's been a lie. They fed us this thing. We believed it because of fear. There's still people that believe it because of the fear. They use this narrative, and they use it to ostracize. They use it to segregate, to generate fear, anger against other people.

[Fire Alarm]

That's just my college saying they want to talk to me now.

[00:56:01]

[A false fire alarm went off interrupting witness testimony. There is a separate two-minute commentary with Shawn Buckley making some observations about the interruption.

Moderator comments, Full Day 2 Timestamp: 03:09:34-03:11:33

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>]

PART II

[00:00:00]

Shawn Buckley

I would like to get back to our witness, and I do apologize, Dr. Passey, for the interruption. But I think you were near the end of your presentation. I'd like to invite you to continue and then allow the commissioners to ask you questions.

Dr. Greg Passey

Yes.

[Psychiatric Impact]

The other psychiatric impact, particularly on the medical staff, was the lack of trust. Again, even within my medical community there's ostracization, and the College came after people. Not based on necessarily any incompetence, but again based on the narrative. The College bought right into the narrative.

[Vaccine Evolution]

I'm just going to touch briefly on a couple more things and I'll stop. I just wanted to talk about the vaccine evolution. So Pfizer's actually really a three-party R&D alliance. There's Fosun, Pfizer, and BioNTech. One of the three is the Chinese Communist Party. Fosun is a huge Chinese conglomerate that owns a large number of global companies. Its chairman, Guo Guangchang, is a very high-ranking member of the CCP.

[Virus Evolution]

I was asked, and I wasn't sure if I wanted to talk about this, but I'm going to. I was asked about the virus evolution. So the narrative has been that the virus was a natural mutation into an animal population. I was receiving information back early in 2000, March, April, May, where there was certainly a different narrative. There was a high probability that the virus resulted from a gain-of-function research that was funded in Wuhan. And this was partly funded by the U.S.

Now the question is— If it was actually developed in the lab, was it accidentally released or was it an intentional release? I can't answer that question, but I'm going to give you some food for thought in the next couple of slides.

Shawn Buckley

[Vaccine Evolution]

Can I just have you back up to the previous slide to that one? Because you glossed over something that I don't think we're aware of. So you're saying that three parties got together to jointly participate in the development of mRNA vaccine technology, and that is Fosun Pharmaceuticals, Pfizer, and BioNTech. Because we hear about Pfizer and BioNTech, but we don't hear about Fosun Pharmaceuticals. But you're telling us Fosun Pharmaceuticals is basically an arm, or owned by, the Chinese Communist Party.

Dr. Greg Passey

This is information from Sasha Latypova. So yes, that's basically what's being stated.

Shawn Buckley

Did he [sic] [she] relate when this agreement between these three parties was entered into?

Dr. Greg Passey

I don't have that. Unfortunately, I didn't copy out the whole article.

Shawn Buckley

Okay, thank you. I'm sorry to interrupt. But it's just that I'm not sure that that sunk in with people. That Pfizer and BioNTech were participating with a company controlled, or potentially controlled, by the Chinese Communist Party and that the contract is excluding

the use of the mRNA vaccine in China. Your slide also says that. So it's curious that a company that is potentially connected with the Chinese Communist Party is participating in developing a vaccine that would not be used in China.

Dr. Greg Passey

Yes.

Shawn Buckley

That's what you're reporting. But this is based on somebody else's presentation.

Dr. Greg Passey

Correct.

Shawn Buckley

Do you have any thoughts about whether or not this is reliable information?

Dr. Greg Passey

I believe it to be reliable, but it needs to be checked.

Shawn Buckley

Okay, thank you.

Dr. Greg Passey

So, just going back. Virus—was it accidentally released? Was it intentional?

[Unrestricted Warfare]

That's to be determined. I'm not sure a) if we will be able to determine that. And b) even if we were, would it be released?

So I just wanted to talk briefly, *Unrestricted Warfare: China's Master Plan to Destroy America*.

[00:05:00]

This was co-authored by a major general in 1999. It's required reading at West Point in the U.S. West Point is the army facility that trains all the army officers. Basically, it's the People's Liberation Army manual for asymmetrical warfare. Asymmetrical warfare is not limited to things like bombs and bullets and nuclear weapons.

They talk about it not being an overnight victory, that it should be very slow, such that the enemy's knowledge—they don't even have knowledge, that the enemy is being attacked.

The strategy set forth in the book: You wage war on an adversary with methods so covert at first and seemingly so benign that the party being attacked does not realize it's being attacked. In the age of the internet, what seems like free flow of information is also an open-door policy for one country to insert its propaganda into the thinking and belief

systems of its enemies. So a country can do that: could be China; could be Russia. Could be a number of things: could be Facebook; could be Twitter; could be the Canadian government doing such things to the population.

[Asymmetrical Warfare]

I think about asymmetrical warfare: That can take the form of taking over financial institutions, taking over mining and critical mineral facilities. It can be taking over the broadcasting system, the news system. So that could be done by a big company. It could be done by a government, like Canada has done with our news industry. So there's many ways that you can insert propaganda or a narrative and cause harm.

It's sort of interesting because when I think about the Canadian population— I'm a Lord of the Rings fan. And the hobbits in the Lord of the Rings, there's all this turmoil and fighting going all around. And the hobbits are absolutely— They have no idea, nor do they care. I feel a good percentage of our population is like that. They haven't gone anywhere; they haven't really done anything in the big world. They're not aware of what's going on around them.

There's constant threats. There's constant threats from companies, from countries. It's always around us. So again, it can occur from outside. For instance, the World Health Organization, they want to take over and determine all sorts of health initiatives in regard to pandemics. So they'll tell us—they'll tell our government—they'll tell our population—if we have to lock down. That's not good. It's not good to have an external organization. Or Bill Gates, computer genius: What does he know about medicine? Why is he one of the top people with the World Health Organization? Why is he driving the vaccine initiatives? Why is that? And he's so big. They're so big; they can influence all aspects of our community and our society. I see this all the time: Big Pharma, news agencies, federal government, provincial government. It's scary stuff.

I wanted to talk about just a couple more things and I'm going to stop. General Eisenhower, President Eisenhower back in the '50s, he warned us about the military-industrial complex and that this could threaten democracy. It could threaten our country, all countries. What he failed to discuss was— What happens when the military-industrial complex forms a bond with the government? So now the threat is not the industrial-military complex, now the threat is the government and the military complex.

[00:10:00]

So that's something to be aware of. In Russia, you can't even talk against the "special action." You can't call it a war. If you call it a war, you can go to jail.

The last thing I wanted to talk about is the illusion. I always thought that Canada was the greatest democracy in the world. I thought we were way better than the Americans and the Australians and the British. I always thought that. What I've come to realize is it's all an illusion. We don't have democracy here: what we have is a dictatorship.

You all get to vote. The closest thing to democracy in Canada are the city or the municipal elections because a councillor can still go rogue and it's not a big deal. We vote for our MLAs and our MPs. It's the illusion of a vote. We get to put people in, let's say, Parliament. They don't get to vote freely. They don't represent me. They represent the party, and they are dictated in how they vote by the head of the party.

Unless we as citizens change this, we will be stuck in this dictatorship. We'll be stuck in the political narratives, and it's only going to get worse from here. It's only going to get worse. So until such time as it's illegal for any individual to coerce or force a person as to how they vote, until that happens, including in Parliament, we will not be a free and democratic country. That has to change.

I'll end my presentation there.

Shawn Buckley

So before I turn you over to the commissioners, I just wanted to suggest one thing. You were speaking about President Eisenhower and his farewell address where he warned about the strength of the military-industrial complex. Then you took it a step further and said, "Well, but what happens then when that military-industrial complex forms a bond with their government?" I'm wondering if you would be of the opinion that perhaps we should also be concerned about the military-industrial complex forming a bond with non-government agencies or foreign governments.

Dr. Greg Passey

Yes, absolutely. I could spend a lot of time on this. Basically, there are two very large corporations that we don't actually know all the shareholders. One is BlackRock and the other is Vanguard. I'm not going to go into it here but research them. Vanguard and BlackRock. You'll see that they have their fingers in pretty much every news agency, pretty much every other publicly owned company in the world. I didn't know about this. It's absolutely scary. They can dictate; they can change the market. They can do all sorts of things. Part of the problem is a lot of our politicians, they're not independent.

Shawn Buckley

I'm just going to slow you down because I need to open it up for commissioner questions, due to time.

Dr. Greg Passey

Yes.

Shawn Buckley

Are there any questions? And there are.

Commissioner Massie

Thank you very much, Dr Passey. I have a few more scientific questions or medical questions.

I'm curious as to the rationale that you use in your analysis to get vaccinated with the antiviral vaccine, knowing that you had been infected before. So my question is probably twofold. First, is it that you were confused with the messaging that natural immunity was not good enough? Or is it because you had suffered a severe COVID infection and you thought that given that, it would be wise to boost your immune system? And the second part of my question: why did you specifically and knowingly refuse the mRNA vaccine?

Dr. Greg Passey

Good questions. Thank you. Here's my experience.

When I grew up, I got the tetanus vaccine,

[00:15:00]

and I got the polio vaccine. All those other communicable diseases back then, there were not vaccinations for. I got measles. I got mumps. I got red measles or rubella. I got chicken pox. I got rheumatic fever. I got mononucleosis. My mom was a nurse. She brought everything home. Thank you very much, mom.

But it created for me a very strong natural immunity. And so, when I got COVID— To be honest with you, I had H1N1 coming out of Egypt in 2010. That's the closest I ever thought I've ever been to dying. That was brutal. COVID wasn't that bad in comparison.

So I knew I had natural immunity, but I have a company in Africa. We're trying to help African veterans and their families and child soldiers, et cetera. So I needed to be able to travel. The only reason I got vaccinated is because I needed to be able to travel back and forth to Africa at that time. I chose AstraZeneca because it was based on the more known and old-style vaccination production.

The messenger RNA. I looked at a lot of research in regards to animals and stuff, and there's been a lot of problems. So no, I wasn't going to get mRNA shots. That was my rationale for it.

Commissioner Massie

What we've learned from many other witnesses is that—would it be from the vaccine or the infection—one part of the virus that seems to be very involved in many pathologies is the spike protein. So at the time you got the vaccine, were you already aware of the potential toxicity associated with spike or was that something that was not well known?

Dr. Greg Passey

I'm trying to think back. Here's my rationale on this. We're injecting a product into the body that causes our cells to produce a toxin that can have pathological effects on pretty much every organ system. So my concern was, yeah, you may develop antibodies against that spike protein, but it's still circulating. You're not going to clean it up all at once. And in the meantime, you can get damage from that. And there's subsequent— I didn't know it at the time. But that was my concern. It's like, I'm going to produce something that potentially **could make me sick regardless of if I develop antibodies. And I didn't want to take the chance.**

The other thing I didn't reveal, but I'm a cancer survivor. I had serious cancer in 2020 and major surgery, and I survived that. My other concern was what effect will that vaccine or that inoculation have on my immune system? Subsequently, I've read and seen studies that indicate it potentially can block one of the enzymes that protects you against cancer. So I'm actually quite happy that I did not get the Pfizer vaccine.

Commissioner Massie

I have another question about the number that we heard officially from the John Hopkins analysis of the case fatality rate. Based on subsequent analysis of these attribution of death to COVID, do we still think that the case fatality rate that is officially reported is as important as it is, even in older people? Or is it, part of that, maybe, that's partially COVID, but the other part could be attributed to other reasons?

Dr. Greg Passey

Yes, excellent question also. Part of the problem is that the PCR test that we've used to attempt to diagnose and identify people that have the COVID virus was never developed, nor meant to do diagnoses.

[00:20:00]

I don't think I need to get into all of that piece today. Part of the problem, though, was individuals, especially if they were admitted to hospital for anything, they were tested. If they were positive then they're identified as COVID patients.

Now a person that is a terminal cancer patient and is likely to die in the next month, testing them and saying, "Oh, they've got COVID; they've died from COVID." Well, that's not appropriate. I think we weren't strict enough when we were looking. And again, because it goes against the narrative. Ideally, the medical community would have been very, very strict in regards to diagnosing somebody with COVID versus dying from COVID. They're two very, very different things, right? I don't think, anywhere in the world, we did a good job of actually being able to specify that.

Part of the reason was, there was suppression of any attempts to do that. It did not follow the public health and government narrative. So it looked better. In the States, the hospitals were monetized. If they diagnosed somebody with COVID, they got extra money. Then if they got the person with COVID into the ICU, they got extra money. If they intubated them, they got extra money. So out of the States, I don't think you can believe anything. We weren't like that here in Canada. But it's a problem. Did they die with or die from?

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning, Dr. Passey. You mentioned, along with other witnesses as well, the damage to our children from the education perspective. More and more provinces of late are increasing the amount of mental health services that are going into the school and the amount of funding that is going into curriculum, specifically. It's sold under the guise, no health without mental health.

There's things like coping strategies, which sounds all well and good, and how to identify our early warning signs of mental health within your peer groups. These programs are going into Grades 7 and 8, and the rollout is going to be earlier grades as well. And I'm just wondering, because we spent so much money focusing on the mental health of children, I'm wondering when it will be turned around—that we look at the mental health of the people who were perpetrators in damaging our children—where we can get to that point, where the millions of dollars are spent looking at what actions they took that damaged.

As one witness said, earlier, "Sixty years before our children will be able to get past what they have done." If we add to that the learning deficits these children have now had to endure, they will never catch up from the last three years.

How do we turn it around and say, "The mental health of the perpetrators, all the way down to the lesser magistrates, school boards as well, should be examined and looked at"? Given your background, I think you might be able to answer that question.

Dr. Greg Passey

If I had a lot of money. Truth. Truth. This forum is part of it. I'll get to the question in a second here. My concern is the belief systems are so ingrained. We can produce all of this evidence, all of this truth. And there's going to be a percentage of the population, probably including the perpetrators, that aren't going to buy it. It's like my patient says, "I trust Bonnie Henry and the government. I don't trust your medical science." How do I break through that? I think it's partly— We need to look at the studies.

I didn't talk about PTSD in kids. I mean, this has been very traumatic, very traumatic, right? You're ripped away from your friends. Your mom and dad are scared out of their skulls. I mean, there's a bunch of things going on there. It's a matter of bringing forward the truth. But there was a trial, once upon a time, the Nuremberg trial. Part of what came out of that is the necessity for informed consent and that governments and other agencies

[00:25:00]

are not allowed to experiment or use experimental drugs or treatment on us without our consent.

I believe laws have been broken. And so the way we address the perpetrators, the people that put together these narratives, is we need to go after them legally. I'm not sure I trust our judicial system a hundred per cent. A lot of the judges are political appointees, and a lot of them already have their belief system in place. So again, how do we deal with that?

We have to continue to show the truth. We have to continue to look at all the outcomes, all the side effects. The learning disorders. The maturation, I didn't talk about. Part of kids, they have to learn how to modulate and control their emotional state, especially important in teenagers. That's one of their primary goals. This took that away. You need to be able to have bad times, tolerate it, and then recover from it. We just had bad times. We're still trying to recover from it.

So I think the short answer: truth and legal action. I've been involved in class-action lawsuits against the RCMP. There's another one coming, a couple more coming against them. Also with the Canadian Forces. Civilians need to come forward; we need to document all of that. We need to sue. Part of the problem is the government has signed this immunity: No liability for the drug companies, right, unless there's fraud. And then, it's not there anymore.

Did you know Pfizer had to pay \$2.6 billion in 2006 because they suppressed negative research outcomes, and they fraudulently marketed their product? And they just, this year, I think it's another \$1.5 or \$2 billion. And we trust this company?

Shawn Buckley

Dr. Passey, I'll just ask you to stay focused on the questions, just because we have some other guests that need to testify.

Dr. Greg Passey

Sorry, I'm famous for that. So basically, legal action, civil and criminal.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

Good morning, Dr. Passey. I have a number of questions that span across a bunch of different areas. So bear with me, please.

Dr. Greg Passey

No problem.

Commissioner Drysdale

In one of your slides, you talked about PPE, personal protective equipment, and you showed pictures of what kind of personal protective equipment would normally be expected to prevent the spread or reduce the spread.

We've heard from other witnesses that part of the use of that personal protective equipment is also the disposal of it. And since the public were using these masks that they would wear for eight hours a day or more, I personally saw, and I'm sure everyone in Canada saw, these things blowing in the wind. They're in garbage cans. Kids were taking them off their faces like this.

Can you comment on how that lack of training or procedure in disposing of these biologically contaminated items may have affected the spread of this COVID-19?

Dr. Greg Passey

Well, the virus, for the most part, spreads because it's airborne and not because it's sitting on a surface. Although it can reside on a surface—I think the latest thing I saw—for two days. But you're not going to get it from the surface unless you touch that and then you start touching around your face, your mouth, and stuff. So I think it was a very poor job in regards to how do you handle masks, how do you dispose masks.

For people that use cloth masks, they should have been washed every day. Anyone using a N95 or a surgical mask, they should have been disposed of every day. In theory, it's a biohazard, right? I see them all around my neighborhood and it's like, what are people doing? So it is a problem, but it's also a problem from pollution perspective.

[00:30:00]

We haven't talked at all about the microparticles that get deposited in your lungs when you're breathing through these things all day. So I think the problem was, we shouldn't have gone that route to begin with, period. If you're sick, you're coughing, you're sneezing, wear a mask, yeah, fair enough. I'm good with that.

Commissioner Drysdale

I don't quite remember what your words were—about a different kind of warfare where the opposing side isn't even aware that they're under attack.

Dr. Greg Passey

Yes.

Commissioner Drysdale

But even if they're not aware they're under attack, would you agree with me that the goal of the opposing side would be to reduce your capabilities? If you're doing this against an army, it would be to reduce the capability of the opposing army, would it not?

Dr. Greg Passey

Yes.

Commissioner Drysdale

Were you aware that we had testimony from a Catherine Christian who said that as the result of the mandates that we imposed upon our military that we lost between 3,000 and 4,000 members out of a 17,000 force?

Dr. Greg Passey

I was not aware of the percentage. I am aware that there are a lot of veterans, individuals that left the force. I'm talking high level, like Canadian Special Ops Regiment, JTF2, that people left because of the mandate. And then, let's throw in side effects from the vaccines. Some of these people had severe side effects, and they were no longer able to remain within the military. Ideally, if I was going to attack the U.S. or us, I'd want to come up with a biological agent that knocked out the military.

Commissioner Drysdale

But a biological agent. Would it not be as effective to use a psyop against these people, where they would voluntarily reduce their effective army by 3,000 to 4,000 people out of a total of 17,000? Wouldn't that be more safe for you, for the perpetrator?

Dr. Greg Passey

Way less likely to be detected. Absolutely.

Commissioner Drysdale

You know, listening to your testimony, I learned a lot of things that I didn't know before. One particular one was that Bonnie Henry was in the military at one time.

Dr. Greg Passey

Yes.

Commissioner Drysdale

And you were in the military for over 40 years, were you not?

Dr. Greg Passey

Twenty-two years.

Commissioner Drysdale

Forty-two years.

Dr. Greg Passey

Twenty-two.

Commissioner Drysdale

Twenty-two years, sorry. What happens when the military or army, the people who are out there protecting Canada, our soldiers— If they're out and they're facing an army, and they turn around and leave the field? Is that a legal act? Is that an act that's justifiable because they were scared?

Dr. Greg Passey

In a war zone?

Commissioner Drysdale

Sure.

Dr. Greg Passey

If you leave the battlefield, you will be arrested at the very least. Potentially, you could be shot.

Commissioner Drysdale

So Bonnie Henry wrote a book. Her responsibility, at least in the minds of Canadians, was to protect Canadians' health and lead them through this. And she wrote in her book that she effectively left the field because she was afraid of opposing the premier and the political part of her party. Is that correct?

Dr. Greg Passey

That's my interpretation of what she's written, yes.

Commissioner Drysdale

I have another question. It pains me to ask this question, it really does.

Some of the most dedicated and brave people in this country, our police, our judiciary.

We've heard testimony of our medical people. Our judicial system, we had testimony from a retired judge. It seemed that when they were facing a challenge, they were facing the enemy—where in judges' case, they were supposed to stand between the people and the government; in the police state, they were supposed to protect the people; in the medical system, they were supposed to treat you, despite whether or not you had a vax. All of these groups, all of these protective groups in our country, seem to have left the field of battle. Can you comment on that. What you think happened there?

Dr. Greg Passey

Well, first off, we haven't all left. Again, the narrative.

[00:35:00]

Tell a lie big enough, long enough, people believe it. Lack of integrity, I don't understand it. You know, a Hippocratic Oath to serve and protect, to defend my country. What happened to honour and integrity? Where did cowardice come from? Why does this narrative eliminate or attempt to eliminate the critical thinkers?

They used to talk about the thin blue line or the thin green line. It's not a line anymore; it's little pieces of people trying to stand up. A lot of people are afraid. I've got colleagues, I can't believe, they're so afraid. They won't say a thing; they won't go— I can show them the evidence. "Oh, well, that's, no, no, no" I don't know how to explain it. They're so brainwashed. The narrative at this point has won. We are the only thing that stands between the narrative and complete disaster. Truth, integrity, honour.

Commissioner Drysdale

You talked about a quote by our Prime Minister with regard to there was no forcing of people to take the vaccines. Can you comment on the case of the Alberta woman who was waiting for a lung transplant and was denied a life-saving lung transplant because she had not been vaccinated? Would you consider that forcing someone to get the vaccine?

Dr. Greg Passey

Your choice is you can die or you can have the vaccine, and maybe we will do the procedure for you. You might as well hold a gun to the person's head. There's no evidence to support that position. They'll tell you there is. They'll tell you there is. I'm absolutely abhorred by that. Not only that, but the fact that the judiciary system upheld that. That is wrong. That's why I say, I don't trust government; I don't trust public health. I don't trust my colleagues, anymore. I certainly don't trust my College, and I don't trust our judiciary system. It's not about justice. I don't know where justice went. It's about little legal technicalities. This is just wrong. I know right and wrong. You all should know right and wrong. This is wrong in this country.

Commissioner Drysdale

Although you didn't speak about informed consent, I believe you did talk about the way the government was recording case fatality rates. It's my understanding that case fatality rates

are actually the ratio of people the government reported or knew were infected versus the number of them that they reported or knew died.

I'm wondering how that would inform the public about their risk of COVID, considering that if, for instance, they only reported two people with COVID and one died, that would be a 50 per cent case fatality rate. As opposed to there were three infections and one person died, out of 5 million or 20, 38 million. So is that number useful to an ordinary Canadian like myself to understand what my risk to COVID was?

Dr. Greg Passey

That's why on that particular slide, I looked at people over 80, the percentage. But one out of 86 would die. That's important to know, rather than— You can play with percentages, right? All the COVID numbers, they doubled this week. Well, they went from one to two. Okay, double. Big deal.

That's why I also put the kids, the young under 19. One out of, I think it was 186,000 died. Okay, I'm willing to take that risk, right? I'm in a risk category here now. I'm getting there: one out of 86, I'd want to do something about that; I don't particularly like those odds. But one out of 80-some-thousand?

[00:40:00]

My grandson's not vaccinated, and he won't be. Not against COVID.

Commissioner Drysdale

One other number that I was curious that you didn't include in your numbers, and I don't know what the number is, and I'm asking if you do. I think you talked about 80-year-olds, and their chance was one in 86 or something like that. Do you know what an 80-year-old and above's chance of just dying from any cause, any year is?

Dr. Greg Passey

No, I didn't look that up. But I can tell you the difference between the expected life span versus being shortened by COVID is not really statistically significant. So what that means is most of the people that were dying of COVID were going to die anyway.

Commissioner Drysdale

They were beyond the expected life expectancy in Canada?

Dr. Greg Passey

Yeah, yeah. Or they're right at that. That doesn't negate— I mean, they're humans. They deserve to live, and it's usually the frail, comorbid, et cetera, are most at risk. Same with the kids. Healthy kids don't typically die of COVID, but diabetes, cancer, immune compromise, et cetera. Yes, they do.

Commissioner Drysdale

I have one last question. It's something that I puzzled about for years, even beyond this pandemic. I think in your testimony, you talked about how the Canada you believe in

and/or wanted to live in was one of educated people, of justice, of logical thinkers, et cetera.

You also mentioned, I believe, that you are a student of history, and I am as well. And I can think of another people that were considered the most advanced, most accepting people in the world in the 1930s and what happened to them in Europe and Germany. I'm wondering if you can comment on any parallels or concerns that you see between what happened to these two groups of people who were considered to believe in justice, to be educated, to be scientific. Do you have any comments on any parallels you see there, sir?

Dr. Greg Passey

Well, that's part of why I quoted our Prime Minister. He's using the same process that allowed the Nazis, the Stalinists, the Chinese to basically segregate a subpopulation. And to villainize them, to dehumanize them.

It only took about 33 per cent of the population in Germany to cause that narrative to become reality and for people to be killed. The Liberals were elected with 32 per cent of the population. They're running this very strong narrative, and he's using language that vilifies, ostracizes, dehumanizes. "They take up space." "Should we really tolerate them?" That's not too far from some of the speeches I heard Hitler. And now I'm going to get crap because I've compared my prime minister with Hitler. What I'm comparing is the process, and his words, although slightly different, are very similar.

Commissioner Drysdale

Do you have any comment about how our hate speech laws protected us from those words?

Dr. Greg Passey

Our hate speech laws didn't protect us at all from his words, at all. I believe in free speech. I believe as long as you're not attempting to hurt me, you can say what you want, and I'll counter it not by censoring you but by giving you—here's the truth. The truth is what's important. It's not hate laws. It's not censorship. Truth. Truth. Hate laws don't apply to politicians, apparently, at least not prime ministers.

Commissioner Drysdale

I have many other questions, but I feel a hook coming up behind my chair.

[00:45:00]

Thank you, sir, and thank you for your service to our country.

Dr. Greg Passey

Thank you.

Shawn Buckley

Dr. Passey. Oh, I'm sorry there are further questions.

Commissioner DiGregorio

Thank you so much. My commissioners have asked many of my questions already, but there's still one thing I'm hoping you can help me understand a little bit better. So you spoke quite a bit today about part of the problem being the way that Canadians are thinking: how their beliefs are formed on emotions; how that can be very difficult to change, particularly when you're trying to seek the truth; and that people may discard it if it disagrees with their beliefs. You said that the only way to really defeat that is to encourage critical thinking in people. And I'm just wondering if you have any comments on how we can encourage, support, and develop more critical thinking in Canada within the population.

Dr. Greg Passey

So two things.

First off, until we get the government to change the narrative, it may be impossible to change the beliefs. So this government that's in power now and our political system will not change the narrative. There's no reason for them to. They've basically proven who they are. Period.

Critical thinking has to be developed in elementary school, reinforced up through high school, and then again in university. Censoring speakers on a university campus is absolutely the opposite of what you need. Let the person speak. You don't like what they're saying, don't go. Or go, and then counter them. But you have to start in elementary school. I know teachers. Critical thinking is not being taught. Narratives are. They're being taught stuff. Why are they being taught that? That's things they can learn later.

Critical thinking: Here's a problem. These people say this; those people say that. Argue on that side, and once you finish that, go and argue on the other side. Or have debates within the school system. You're not allowed to debate: Oh, you're this; you're that. Oh, you're discriminating.

Shawn Buckley

And Dr. Passey, I'll ask you to stay focused to the question again.

Dr. Greg Passey

But that's it, right? You're not allowed to have the critical thinking because you're ostracized, you're called names, you're discriminated against.

Commissioner DiGregorio

Thank you.

Dr. Greg Passey

Thank you.

Shawn Buckley

I think that those are the questions. Dr. Passey, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying. You've brought up some points that no other witnesses have brought up, and you've served this Inquiry well. We thank you.

Dr. Greg Passey

Thank you.

[00:49:02]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

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[00:00:00]

Stephen Price

Good morning. My name is Stephen Price. I am a lawyer, locally, and a volunteer to try and assist in this process today. We have a witness. The lady is Ms. Hunter, Kim Hunter.

Kim Hunter

Correct, yes.

Stephen Price

Excuse me?

Kim Hunter

Yes.

Stephen Price

Okay. Ms. Hunter, you're here to provide, I guess, an outline of your background and why you think this is important to testify today?

Kim Hunter

Yes. That's right.

Stephen Price

Okay. We'll try to keep it short, obviously, but you're here to testify and to tell the truth as you understand it.

Kim Hunter

Yes.

Stephen Price

Okay. What is your background, ma'am?

Kim Hunter

I'm an early childhood teacher. I taught in the classroom for over 20 years.

Stephen Price

Okay.

Kim Hunter

I now teach teachers and mentor, and I've had practicum students in my class for the last 15 years prior to my stepping out of the classroom.

Stephen Price

Maybe a sensitive question, but how long have you been doing that, ma'am? How long have you been doing that?

Kim Hunter

I've been teaching children, I did— Do you mean teaching teachers or teaching children?

Stephen Price

Both.

Kim Hunter

I've been working in early childhood since 1998, so that's 25 years.

Stephen Price

Okay. And what brings you to see the Commission today? What's your understanding of your input?

Kim Hunter

My input is to look at mask use on children and the implications of that.

Stephen Price

Okay. Can you explain why it's important to you and what your observations were?

Kim Hunter

Absolutely. When I was a child, I had a personal problem with masks. I couldn't even wear a Halloween mask without passing out. So when masking became something that I noticed in Canada, I became concerned about it because I thought, "Well, am I really at risk of getting this disease? Is there any validity to this?" And I started looking at the research, and the research all said masks did not work to prevent the spread of viruses. And as there was a change in the direction, we saw people starting to wear masks and eventually I could see the mandates were going to come into place. I started to get very concerned and speak out on it. And I was ostracized in my community for that. But I started to look at the broader context of mask use, specifically as it was oriented to children.

Stephen Price

Okay. In terms of the ostracization, how was that affecting to you? What happened to you that you could tell us about?

Kim Hunter

Oh, I was thrown out of my grocery store. I live in a small island community. And on the first day of the mask mandates in the Province of British Columbia, I didn't know that the mandates had taken effect in our region. I had heard they were going to be implemented in parts of British Columbia that I didn't live in. And I just went into the grocery store, and I was surrounded by employees and asked to get a note from my doctor. Took me a week to get to see my doctor. I did get a note.

I had written letters to the paper that were published. And it was pretty interesting to see how the local media dealt with that. So, for example, they printed only letters in response to mine that opposed my perspective. And over time, I came to find out that many people had written letters that were actually supporting my position. And some of those people were medical nurses and doctors and scientists.

Stephen Price

[Inaudible: 00:03:46] in regards to children.

Kim Hunter

Well, I'd like to bring in my testimony. Can I move to my slides at this point? [Presentation exhibit number unavailable.]

Stephen Price

Yes.

Kim Hunter

So there's just three basic points I'm going to make. The human rights protections that are in place to protect children from mandates is the first thing that I'll cover. And then I'll look at the impacts of children being obliged to wear masks, and also the impacts on children when people in their environment are wearing masks.

Stephen Price

Carry on.

Kim Hunter

So children's human rights are covered under the United Nations Convention on the Rights of the Child [CRC]. These are all things that are in this convention: The best interest of the child is a primary consideration; the right to survival and development; the right to express their views on matters that affect them; and the right of all children to enjoy all of the rights of the CRC without discrimination.

So the UN Declaration on the Rights of the Child

[00:05:00]

endorses in its preamble to the CRC— This is a quote, it says, "The child, by reason of his physical and mental immaturity, needs special safeguards and care."

For me that was really significant because I knew that as a child, I myself would not have been able to wear a mask. And for me, that's an indication that I'm not going to be the only person like that.

So it's our duty to abide by the strict legal obligations to protect children from harm. The WHO and UNICEF supposedly advocate the do-no-harm principle with regard to mask use for children by prioritizing the best interest, health, and well-being of the child. The health and well-being are really significant with long-term mask use in either way: either the child using the masks or there being masked people in their environment.

There are liability implications for decision makers. Making mandates for children must be supported by durable evidence that mandates do not impair children's physical, psychological, and psychosocial well-being. That has not been proven for mask use or other mandates.

The impacts on the young child being made to wear a mask, many of them are very similar to what adults would say we experience. There's strong evidence of the relationship between mask use wearing and difficulty breathing; hypoxia, which is low oxygen levels; high levels of carbon dioxide; increased heart rate and humidity; high systolic blood pressure, which is typical in activities that are anxiety-raising, such as speaking in front of this Commission, but also in terms of cardio exercise. That's particularly important for children because children have to move. In order for their brain and their physiology to develop, they have to be able to move, to run, to play, to move. So additional issues include **high bacterial, viral, and fungal infections such as pneumonia.**

These are some examples. This is in my classroom. The children lining up to climb up onto a stool and jump off. The children running. They just wanted to run all the time. Pulling a toboggan up the hill would be much harder with mask on.

Clinical symptoms of mask wearing include headaches, fatigue, shortness of breath, skin conditions, psychological effects, cognitive difficulties, and dizziness. High levels of CO2 reduce blood pH, which may lead to long-term disorders such as cancer, diabetes, dental issues and neurological disorders. [Exhibit VA-14]

A person wearing a mask isn't supposed to touch it. A previous speaker spoke on that. The mask is then considered to be contaminated and it's supposed to be thrown away. Children cannot be expected to control themselves in this regard. It's unreasonable, especially young children.

So what happens to the child's development when the child is largely exposed to people who are wearing masks? And again, our last speaker spoke on this a little. He alluded to it. But the significance of bonding and attachment is diminished or not possible if the adults are nursing or bottle feeding a child, for instance. And this starts at infancy. It is the eye contact, the voice recognition—and that's especially for the mother—but also for other people, the father and other family members. Their voices are heard in utero, but when they're heard in real life, they make this connection. And this is really the foundation of social and emotional growth and both active and passive communication.

Mother nature, it's very clever. The best way—distance—for a child to be able to take in the facial expressions is in breastfeeding. And bottle feeding, if it's being done in the arms of a person, will provide that same experience.

So young children learn through imitation, and they need to see people's facial expressions to learn the nuances of human communication.

[00:10:00]

This is pivotal. I don't think we can really just brush over this. If you watch children play, you will see that their play is dictated by what they see and experience in their environment.

When people wear masks, communication cues are quashed and learning by osmosis is not possible. The mouth can't be seen. The sound is muffled, making learning language more difficult. I'm sure as adults we can also experience this. I mean, I've certainly had to ask people and—sort of embarrassed from time to time—I've had to say, "Can you please speak louder? I'm not understanding you." But I have a grasp of the language. Infants and toddlers are trying to grasp a language. When that process is blocked—and especially with something like masks—we're actively inhibiting that possibility. The neural pathways are formed for language very early in life. This is why people who have not learned a second language often have an accent. It's very hard to get rid of an accent later in life. But for a child, they have to develop their own language, their own mother tongue, and that's inhibited when they don't see the face of the people around them.

Unfortunately, this is kind of scary, but studies are showing a 20-point drop in the IQ of toddlers who were born in the first three months of the lockdowns in 2020. That's huge. **That's a substantial drop. And I think a lot of it is because of the mandates—and probably most pointedly, the mask mandates—when we're looking at toddlers.**

It is my position that masks should be voluntary and that ideally children aren't exposed to people wearing face masks. And a mask should never, in my opinion, be put on a child. That's the end of my testimony, and I'd be happy to take questions.

Stephen Price

Are there any questions from the Commissioners?

Commissioner Drysdale

Ms. Hunter, thank you for coming by this morning. Can you tell me, have you ever testified in front of a Commission like this before?

Kim Hunter

I've never even heard of another Commission like this before. I have been in court before.

Commissioner Drysdale

Do you feel nervous and uncomfortable sitting in front of us for the first time?

Kim Hunter

I feel a little edgy, especially because we're running late.

Commissioner Drysdale

Then why did you come and put yourself through this? Why would you sit before Canada, because this is being carried in social media across the country? Why would you come and put yourself through this uncomfortable and nerve-wracking situation?

Kim Hunter

For children. I haven't really heard a lot of people presenting on children. I'm not talking about it at the National Citizens Inquiry, but in general. I heard our public health officer—in fact, there's a fabulous clip that I could show you that the tech crew has, that's a two-minute clip of basic times when Bonnie Henry said masks don't work. They're all logged by date. And then there is a clip of her saying the opposite. And in fact, she actually said that she "never said that masks don't work. Masks do work." And they don't. There is no evidence that masks work for this brand of viruses.

Commissioner Drysdale

Did you listen to the testimony of the previous witness, who was before us?

Kim Hunter

Yes.

Commissioner Drysdale

How did it make you feel when he read the passage in her book where she said that well, she didn't really stand up and that she did what her political bosses told her to do, as my paraphrase?

Kim Hunter

That's probably true. That's probably exactly what she's doing. She's not standing up and she's definitely following orders from someone.

Commissioner Drysdale

What would your message be to all of those people out there—those teachers, those doctors, those lawyers—who are too nervous, who are thinking I would like to testify at the NCI, but they have not. What would be your message to them?

Kim Hunter

We need to testify. We have a committee called the Truth and Reconciliation for the horrible things that happened to Indigenous Peoples in this land. And I feel like this is the truth component of the horrors

[00:15:00]

that happened to the Canadian population because of COVID mandates. What we're going to need coming forward is reconciliation.

Commissioner Drysdale

Thank you very much.

Commissioner Massie

Thank you very much for your testimony. I'd like to turn it around and maybe put a challenging statement. Masks do work: they do harm people. And it seems to me that we have not really take that into consideration. I've often heard people say that "children are flexible, they will adapt to anything," and so on and so forth. In my own experience, the one thing that really connects people, and turns them on or off, is a smile. How can you see people smile under a mask? What kind of impact could that have on the overall being of a children that is put in an environment where they have to be connected in order to learn from each other and from the teacher? What do you think the impact of not seeing a smile, day in and day out, could have as an impact?

Kim Hunter

I think this is a question, again, it goes back to the broader context of learning communication. Smiling is one thing—and it's probably the best part of being an early childhood teacher—the fun of being with children and watching them, see them grow and develop. Facial expression also teaches children about when things aren't good and that's important for them to know too. It's important for them to know when somebody's sad and how to work with that, when somebody's afraid and how to calm them.

But there is a specific thing called mirror neurons, and it's to do with the mirroring that they see in their environment. And I think all of us are subject to this in one way or another, but young children are particularly so. And so you'll see a baby who is pre-verbal: they might be babbling, but if you go and smile at them, they're going to smile back. Sometimes you'll see an adult cry and they're crying for joy, but the child will cry. And they don't understand that distinction: It's just an imitative force in them as they learn what that is, what communication is. And so then it has to be explained, "Oh no, mommy's crying because she's so happy that—" whatever the story is. But you know, this is how we learn communication. So I think not being exposed to full opportunities to receive communication at a very early age is extraordinarily detrimental.

Commissioner Massie

My second question is, how is it possible that people—a lot of people working in education—would ignore that by thinking that magically depriving children from this very important aspect of communication would probably be okay?

Kim Hunter

You know at the beginning of the pandemic when I looked up the mask research, everything said that they didn't work. And that changed. Like they took the old studies down—the studies that were tried and true—and they replaced them with studies that said that they worked. So I think probably by the time average teachers looked into mask use in classrooms or tried to find data, it would have been reflecting something that was put there, in my opinion, by the government narrative, in a direct or indirect way. Because it doesn't— There's no explanation for why there could be 30 years or more of mask research that exemplified that masks do not work for the spread of viruses and then have all of that research thrown away and replaced.

Commissioner Massie

Thank you very much.

Stephen Price

Thank you, ma'am. Thank you for taking the time to come and testify and provide your views to this Inquiry.

Kim Hunter

Thank you.

[00:20:13]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Commentary: Shawn Buckley

Full Day 2 Timestamp: 03:09:34–03:11:33

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry in Vancouver. For those of you who are online, I'll explain what just happened. I'll begin by reminding you that in our proceedings here yesterday, while we were in the middle of a witness, we had a power outage and we had to stop our proceedings. Today we were in the middle of a witness this morning, and we had a fire alarm. There was no fire. Somebody in a different part of the building pulled the fire alarm, and we had to stand down and wait for the fire department to attend to reset the alarm.

Now something very interesting happened that I noticed when the fire alarm went off. There's likely over 200 people in this room. In normal times if we're grouped together in a room in a large building and a fire alarm goes off, we quietly and efficiently leave the building to ensure that we're not caught in a fire.

But that didn't happen here. The alarm went off, and I don't think a single person left the building, except later when we learned that we would have to wait for some period of time for the fire department to arrive. So some people left just because it was really loud in here.

That speaks to a change in psychology. It speaks to the fact that the people in this room actually didn't trust the fire alarm and interpreted this as a deliberate interruption.

Because these are live proceedings and this is a historical event, I just wanted that to be catalogued for the record, what happened in this room as we were disrupted.

[00:02:00]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 3: Caroline Hennig

Full Day 2 Timestamp: 04:21:45–04:40:05

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Marion Randall

So good morning. Good morning, Commission. I'm Marion Randall. I'm local council and will be assisting the next witness who is virtual. I can see her name on the screen, but not her picture yet. There we go.

Ms. Hennig, can you see and hear me? Okay. So could you please state— I can't hear you. Are you muted?

Caroline Hennig

I shouldn't be.

Marion Randall

There we go. Okay. Thank you. So can you state your name for the record and spell your first and last name, please?

Caroline Hennig

Okay, my name is Caroline Hennig, C-A-R-O-L-I-N-E, and Hennig is H-E-double N-I-G.

Marion Randall

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Caroline Hennig

So help me God, yes, I do.

Marion Randall

Thank you. So just to give some background to you. You moved from British Columbia—or I think British Columbia, but at least Canada—in 2007 to Costa Rica. You have five children. The testimony that you want to give to the Inquiry concerns sort of a back-and-forth thing and because your father and your other family, not your children, are here resident in British Columbia. Is that sort of correct summary of where you're going to start?

Caroline Hennig

Yes, I've got some children going to university in Vancouver, and my husband and I live here, but my husband works around Canada. But I'm usually here on my own.

Marion Randall

In Costa Rica?

Caroline Hennig

In Costa Rica.

Marion Randall

And that's where you're testifying from today, you're giving your story.

Caroline Hennig

That's right.

Marion Randall

So you can give us your presentation as to what happened with your father and particularly how the mandates impacted your care for him and the care he got.

Caroline Hennig

Okay, so quick background. We moved here in 2007, so we were well established. In 2016, my mom was ill with cancer and she died. That was the year I actually moved back to Vancouver to support my father. I was straddling two countries because we still had our home here. But we started the girls in school in North Vancouver and basically got my father back on his feet. And things went along really well. I just nipped back and forth to keep an eye on the house. We didn't have it rented.

And then in 2020, the beginning of the pandemic, my father was diagnosed with prostate cancer, and it had metastasized. So we began the whole medical treatment, a lot of doctors' appointments, and laboratory tests, and to-ing and fro-ing. And I basically moved in with him. He had a little studio flat just above his garage. And that was in 2020, let me just think, yeah, the beginning of the COVID, so that was January 2020. And I just stuck close to him, got him through his tests, got his pain under control and nipped back and forth to Costa Rica. And then I had to go back for Christmas to Costa Rica, and my dad didn't want to come; it was too much travelling. And then we had family here, and there was a lot of work to do in the house because it had basically been abandoned.

Marion Randall

If you could just slow down a little bit. I know I've told you there's time constraints, but you were moving back and forth.

Caroline Hennig

Sure.

Marion Randall

Thank you.

Caroline Hennig

Okay, so basically, by the time 2021 came along, I was now back in Costa Rica. My father was managing well. My mother had been gone for a number of years. The pain was under control. He had established a relationship with various doctors, and I was able to stay a little bit longer in Costa Rica and get things sorted out. Then my daughter, I found out my daughter was expecting a baby and she was living in Abu Dhabi. So I went to Abu Dhabi in, it was June 2021. She had a difficult birth. But my father and I stayed in very close contact. We were always writing, always phoning, always Zooming funnily enough, which is why I've got this set up.

And I didn't hear from him for a few days, maybe for a week. And I just thought he was giving me a bit of space because this new baby and my daughter was in quite a bit of pain. And then I got a call from him. And all he said was, "I'm really not well." And I knew what that meant. He was very stoic and he wasn't dramatic. So I knew that something really bad was happening. I had to go through a lot of rigamarole—understandably, this is not a criticism, but to get back to Canada and not have to go directly into quarantine. I was allowed to go directly to my father under compassionate grounds, which is what I did. And I arrived at my father's house, on Bowen Island, I should add, on July the 22nd, 2021.

Now I do have some photographs. There's only eight of them. They kind of speak a thousand words. I think my words will be inadequate. I don't know if the panel would like me—I've got them all set up.

Marion Randall

If you know how to set them out and can get them on the screen somehow.

[00:05:00]

I have no idea.

Caroline Hennig

Yeah, let's try it. I'm going to try it. So I'm going to share my screen and I've got to put my reading glasses on. And I've got it. There we go. Now I don't know if you can see anything. You should be able to see my father.

Marion Randall

Yes, we can. Yes.

Caroline Hennig

Okay, perfect. So this is just to let you know, just a terrible state he was in. This is after I've been there for almost a week and I have changed his bed. I've bathed him, but he's dying. And actually, this weekend that this picture was taken, the district nurse who my father actually arranged— There's a lot of protocol to get a district nurse to do a home visit. But she called out Squamish, a funeral home in Squamish, to alert them to an expected death that weekend. That's how ill he was.

But I persevered. It was around-the-clock nursing. I didn't leave his side and I gradually managed to get food into him because he'd been living on ice chips. And as you can see, he's got pain au chocolat and mango. Suddenly his appetite just started picking up. And he was clean. And you can see he's looking better already, but he's still bedridden.

And then here, he starts to do exercises in bed. He's determined to live. I really want to emphasize that. I'm still nursing him. I'm still at home and the district nurse is still making a visit, I think three times a week at this point.

Now he's out of bed. He cannot walk, but he's able to crawl and he's taking an interest in all the things that he loves. He's actually making his way there to his computer. He was a professor of computer science and psychology. He was a professor emeritus at Calgary University at this stage. So off he goes.

And then suddenly he's asking for his, what I call a Zimmerman. I think it's called a walker. He's just doing a daily constitutional up and down his driveway. So he's really making progress. And I've only been here maybe about two or three weeks.

And then the next picture, he's not able to drive and you can tell he's still very ill. The bruise on his face is actually where he had a terrible, terrible cut there. We weren't able to suture it because it was found too late. But he's healing and I drive him into town. We do some shopping and he visits his hospital, Lionsgate, to get blood tests done and all that sort of thing.

And then I think only maybe a week later, he's driving me, maybe 10 days. And he's still very thin, but he's completely, he's rallying in a really amazing way. And I have to tell you that, when I arrived, when I said the nurse called for an expected death, he was having terminal agitation. He was having visitors that no one else could see. He was having strange things like, they call it terminal lucidity. He was almost completely deaf. And he used, well, he didn't use a hearing aid, he used a modern-day version of it, ear trumpet. But his hearing came back. So he really was on death's doorstep, literally. So off we go. He drives me in.

And then in the middle of all of this—this enormous change for the better in his health—**Trudeau announced his election for that September. So that's 2021, I think. And it was clear by Trudeau's rhetoric that he was going to make the unvaccinated a wedge issue for his campaigning. And that's exactly what he did. And I mean, all this talk about not being able to take an airplane, not being able to take the train. I mean, I was living on Bowen Island with my father. That's public transport. Suddenly I don't even know if we're going to be able to get off to see the doctor on the ferry. Never mind the fact that he kept changing the date. It ended up being November the 28th, 2021, that travel for the unvaccinated was cut off.**

So once I got that date firmly pinned down, I had to pack up my father's house. I got some help from a wonderful woman called Sam on Bowen Island. And we managed to get my dad's entire house packed up. I mean, he had so much stuff. And we found him a retirement

home, not a care home. He was fit and ambulatory, as you can see in this picture. And he moved in on November the 15th. The house is now up for sale. It's empty.

And this is the state I left my father in. He was ambulatory, happy, and looking forward to life. But the truth is over the next four months, between then and when he employed MAID [Medical Assistance in Dying] to, I call it suicide. He used MAID to die. Basically, the isolation that Trudeau's vaccine mandates imposed on him extinguished all of his happiness and will to live. Which is why it's important for me to show you that he really wanted to live until the isolation got to him.

[00:10:00]

And then there's just the last picture is actually my dad's obituary.

So I'm just going to exit the screen.

Marion Randall

And then can you describe for us what you think happened, or you know happened, in the nursing home in the four months when you couldn't come back to visit.

Caroline Hennig

Well, basically there was no one anymore to take him shopping. He never once went out for dinner. If he went shopping, he got his own little scooter and managed to get there, to Whole Foods in West Van because Hollyburn retirement home was near to the Whole Foods. He seemed cheerful enough when I was talking to him. And actually, we talked about him coming down because he wasn't vaccinated either and couldn't come down with me. There just wasn't time to get that put in place. But he had asked if he could come and live with me. We had talked about it when I was living with him. And I was, "absolutely wonderful, daddy, come on down." And he even bought a really marvelous scooter—mobility scooter—that's Israeli made. It's really fantastic because it's so clever you can take it apart and take it on as carry-on. So he bought that. It cost a bomb. So he was really planning to come down.

What happened between— That was about at the end of February. I don't know what happened in that month, but I didn't get any signs. I mean he was sad and he still couldn't say my mother's name without crying. So there was grief still that he was dealing with. But he wanted to live and he wanted to come down to Costa Rica. But I don't know what changed. I think it was the isolation. I think it was the hopelessness because I kept saying, "Daddy just hold on. I know these mandates, I know the vaccine mandates are going to be lifted, just hold on."

And of course, it was at the end of June that year, they lifted it. But he gave up. I think I got an email from him on the Friday telling me that he had called MAID to come in and they were going to perform this—I call it mercy killing or euthanasia—on Tuesday. What was really difficult for me was that I couldn't call him. It was so psychological. I was so scared that if I said, if I called him, then my words were going to be clumsy. And I felt like I was in the position where I was trying to talk somebody off the ledge. I really regret that. But we did email each other because I'm more careful with my words when I write.

I did everything. I mean my daughter works for quite a world-renowned physicist at MIT, and she talked to him. And he said, "Get your dad's CV down here right away." He didn't

know that my father was thinking of MAID. But he said, "We'd love to have him." He was Cambridge educated, he was a mathematician, computer scientist. He was smart. And this physicist at MIT said, "We'd love to have him on board," on this project that my daughter's involved in. And I told my dad. And I think this is quite telling because his reply to my email, which said, "Daddy, we've got this wonderful opportunity with MIT, this wonderful professor, it would be such a great thing for you." He said, "You know sweetheart, in happier times I would jump at this opportunity." And that just told me all I needed to know. I couldn't— You can't support someone adequately from a great distance. Not like I could when I was with him. We used to go for walks.

Marion Randall

Ms. Hennig, if I could ask a question. You have brothers who lived here in Vancouver, and you did tell me in our discussion—and perhaps you could tell this Inquiry—about sort of a division between the vaxxed and the unvaxxed in your family. And why your brothers were unable to help him, although they were here in Vancouver?

Caroline Hennig

Yes, my brothers were very pro, especially my youngest. And that had some conflict with it—not so much my middle brother. But I don't really understand why. Maybe it's that little ditty that says, you know, "Your daughter is your daughter for all of your life. Your son is your son until he gets a new wife." And the fact of the matter was, I was just closer to my dad than my brothers and that's not to criticize my brothers. It's just the way it was. They weren't able to provide the emotional support that my dad needed.

My dad's nickname for me was Meg because Margaret was the daughter of St. Thomas More. And she's famous for apparently climbing up the trestle of London Bridge to bring her father's head down after Henry VIII executed him. I mean, a small detail, but my father and I were very, very close. I adored him. We were very philosophically in line and politically in line, and that just made it easier for me.

Marion Randall

And I think we're nearing the end, Ms. Hennig. But you had one final comment I know you told me you wanted to make regarding our efforts to remember an informed consent, you talked to me about. That you felt that we had learned nothing from our past.

Caroline Hennig

Yeah.

[00:15:00]

I think it's to Trudeau's enormous discredit that he failed to grasp the moral and ethical concepts encapsulated in the Nuremberg Code, the primary one being informed consent. And he completely failed to grasp that many people who declined the mRNA vaccines were, in fact, standing up at great personal cost for the human rights legacy that's not just simply laid out in the Nuremberg Code but was paid for with the blood of medical experiment victims of the Jewish Holocaust. I think that for the Liberal government to have betrayed—and it betrayed, that's the word I want to use—this ethical concept of informed consent by its coercion of Canadians to submit to a novel mRNA injection with all its unknown risks, I

think it betrayed not just the concept itself of informed consent but the Jewish people themselves who paid for it with their lives.

And I don't say that lightly. I think it was horrifying how casually informed consent was dismissed. And in my mind, it was a betrayal of such magnitude that I don't believe that those who are guilty of committing that betrayal have any moral authority to speak on anti-Semitism with any genuine legitimacy. I mean, the truth is the Liberal government failed at the very first opportunity to show solidarity, true solidarity with the Jewish people. January the 27th is the International Day of Holocaust Remembrance, and Trudeau had all the right words and platitudes. But actions speak louder. And I really feel that— I think the Jewish victims of the Holocaust that we pay homage to, they were failed. I think the government failed to align themselves, particularly with those victims of medical experimentation that was conducted by Nazi physicians. Because it's a huge legacy that we owe, that we're indebted to these people.

Marion Randall

So Ms. Hennig. Thank you for your testimony. Is there anything else you wish to say? Because if it's not, I'll put it over to the commissioners to ask you some questions, if they have any.

Caroline Hennig

There's one thing I will just finish on, and that is that I think Trudeau allowed, his government allowed, the sacred act of exercising one's humanity, whether it be devotedly caring for, showing compassion, or even just simply showing, you know, giving moral responsibility towards a loved one— I think to have reduced such humanity down to a government-issued privilege, to me, it just reveals a single most defining aspect of Trudeau's character and the government's undiluted moral weakness. I'll finish on that.

Marion Randall

Thank you. Thank you, Ms. Hennig. I'm told by the powers that be, there's a hard start for a witness at one, and I have to stop you. But thank you for your testimony.

Caroline Hennig

Don't you worry.

Marion Randall

Thank you very much, and that's from Costa Rica, so thank you.

Caroline Hennig

That's lovely. Thank you very much.

[00:18:20]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 4: Edward Dowd

Full Day 2 Timestamp: 05:22:43–06:18:15

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we commence day two of three days of hearings in Vancouver, British Columbia. I'm pleased to announce our next witness, Mr. Edward Dowd. Ed, can you hear us?

Edward Dowd

Yes, can you hear me?

Shawn Buckley

Yes, we can hear you fine. Edward, I'm going to ask, first, if you can state your full name for the record, spelling your first and last name.

Edward Dowd

Edward Pierce Dowd. Edward, E-D-W-A-R-D, Dowd, D-O-W-D.

Shawn Buckley

And Edward, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Edward Dowd

I swear.

Shawn Buckley

So by way of introduction, because a lot of people participating in the testimony will not know your background, so I'm going to introduce you, and if I get it wrong, feel free to correct me at the end. But my understanding is you've worked on Wall Street most of your

career. For 10 years, you managed a \$14 billion growth equity portfolio at BlackRock. You are currently a founding partner of Phinance Technologies, which is a global macro alternative investment firm. Did I get most of that right?

Edward Dowd

You did.

Shawn Buckley

I appreciate you've worked at other firms. Now the interesting thing about Phinance Technologies is although you guys are an investment firm, you have what's called the Humanity Projects where you guys have undertaken to look into, basically, investigate total damage caused by the global COVID vaccine programs, both the human impacts, be they injuries, disabilities, or deaths, or the economic impacts. And you've also written a book called "*Cause Unknown: The Epidemic of Sudden Deaths in 2001 and 2002* [sic] [*Cause Unknown: The Epidemic of Sudden Deaths in 2021 and 2022*]. Is that correct?

Edward Dowd

That is correct.

Shawn Buckley

So my understanding is that you are going to speak about some of the things involved with the Humanity Projects, and I'm going to ask you to just launch into wherever you want. But before you do that, I was curious if you could just share with us how you became interested in participating in those projects.

Edward Dowd

I was early on a skeptic of the vaccine. Personally, I didn't take it because my background on Wall Street afforded me some insights and just my discernment of being skeptical of most things. And I knew three things about the vaccine that made me skeptical.

One was Operation Warp Speed. That sounded like a disaster. I know how manufacturing processes actually work. When you go from a small tiny lab to scaling up to billions of doses, mistakes and errors will happen. That was my first concern.

Second concern was it was a novel technology that had never been tested on humans. And there had been animal trials, and they didn't end up working out so well.

I also knew that it takes, from my experience on Wall Street, seven to ten years for proper safety vetting of a vaccine before it's put into the arms of humans.

And one of the fourth things I knew was that Moderna, one of the winners in this awarding of the vaccine, had never had a public product that produced revenues. This was a speculative company that was focused on mRNA technology. I knew that the CEO, personally, it's my humble opinion, was a pathological liar.

So with those four facts, I said to myself, I would wait and see what happens with the vaccine. And then I was obviously very surprised in the early days of the launch when I saw the propaganda and the misinformation that they were spouting here on Maui, there in

early days before it was authorized under EUA, but the radio address saying it was approved by the FDA.

So there was just all sorts of warning signs for me. Then when the mandates came, I became very activated in protests on Maui. I certainly am a believer in medical autonomy, freedom, and I was not going to take the jab under any circumstances. I also, by this point in the summer of 2021, had multiple anecdotes from friend groups about injuries and people that they knew that had died mysteriously. So my statistical background would suggest that if it was truly safe and effective, I shouldn't be hearing any anecdotal stories, but I was.

So through my mandate protests, I met Dr. Malone, and I told him I would investigate the insurance company results and funeral home results to see if my thesis that the vaccine was causing damage was correct. And as time has rolled on, we've collected a body of evidence that I believe is overwhelming,

[00:05:00]

that something is going on in the populations of the globe, especially the Western nations. And if it's not the vaccine, what is it? And why aren't we talking about it? Because the numbers right now are horrific.

But that's why I got interested in this. I hooked up with Carlos Alegria and Yuri Nunes, my partners, in June of 2022. We tackled and started the Humanity Projects. We also have day jobs, which is raising capital for a hedge fund. We put that on hold because the Humanity Projects was so important. We needed to get the data out there. We also made a decision, ethically, not to be tied to any money so anybody could say we're doing this for any other reason, other than that it's a concern of ours. So the work we've done has all been pro bono and we've not received money or funds from anybody. This is done for free.

Shawn Buckley

And what have your investigations uncovered? What we're hoping you can share with us today—you've already made some comments to suggest that there's evidence that this is a disaster. And I'm just wondering if you can share with us the data you relied on and what your findings have been.

Edward Dowd

There's a lot of data on our website at phinancetechnologies.com, spelled with a Ph instead of an F. Just to give you an idea of the amount of data we looked at, we looked at excess mortality in all of Europe, the U.K., Germany, Ireland, as well. We looked at Australia and the U.S. We have not done Canada because there's data issues with Canada; they're not releasing the mortality numbers that we need to make any sense of it.

So we've done excess mortality. We've examined disabilities in the U.S. using the U.S. Bureau of Labor Statistics. We've also examined some peer-reviewed papers on the Pfizer mRNA and Moderna mRNA clinical trials, and we've been able to come up with interesting conclusions. We think we have what's called the "analyst mosaic" that points to the vaccine.

But to keep it simple, there's two things in my mind, and I'm going to focus on the U.S. because that's where we have the best data so far. There's two things in my mind that are

the smoking gun. I'm going to make a statement, and the statement is this: In the U.S. in '21 and '22 and continues in 2023, it's been detrimental to your health to be employed.

Now what do I mean by that? Well, the employed of the U.S., generally speaking, have much healthier health profiles by the mere fact that they are showing up to work and performing tasks. And traditionally, their health profile: you know, they tend to be young, working-age people between the ages of 18 and 64. And then they're in the labour pool, which in the U.S. is about 100, 110 million people. They tend to have the best health. So something happened in '21 and '22. And I'm going to talk about two data sets that point to the fact that something shifted, and that shift was, in my humble opinion, vaccines and mandates.

So I'd like to start with the first piece of evidence, which comes from the Society of Actuaries. These are not our numbers. This is a society, an industry group for the insurance companies, and they do surveys. And one of the surveys they do is for group life insurance policies. That's not the chart. It's the first chart. The other one with the heat map. It's the other, yeah, that's it. So let's just leave that up while I talk.

So the Society of Actuaries—

Shawn Buckley

Just hang on, Mr. Dowd.

David, we can't see the chart you have up. I'm sorry? Right, but that doesn't help the commissioners.

So Edward, our AV guy is saying the people on line can see your chart, but the people here, including the commissioners, cannot see your chart, which is going to make your presentation a little difficult. Okay, so we're going to get them printed off for the commissioners.

I'm just wondering if, while we wait for that to happen, you were talking that, traditionally, the working population in the United States is healthier. My understanding is what you were trying to communicate is, look, the people that are actually showing up for work every day tend to be a healthier subset of the population than people that are unemployed.

Edward Dowd

Correct. Let me provide some data for that that's in my book.

[00:10:00]

The Society of Actuaries issues what's called group life policies. The policies are basically a benefit to employees of Fortune 500 and mid-sized level companies. And when you onboard to one of these companies, you get offered a healthcare plan and you pick a PPO [Preferred Provider Organization] or an HMO [Health Management Organization], and you sign that. Then you're also offered a group life disability and death benefit, which, if you're employed at the time—you have to be employed to get this, to get paid a claim on death or disability—usually for death, you get one to two times your base salary.

And this is a great business for insurance companies. In 2016, they did a study to prove what they already knew: this subset, known as group life policy holders, dies at one-third the rate of the general U.S. population in any given year. Makes perfect sense—their age,

their ability to go to work. And so they're not retired yet. And this study was done in 2016. It's in my book; it's QR coded.

So the industry knew this is a good business. That's why they make a lot of money on it because they know how to predict the death rates. They're very stable. And this is an easy, profitable business for them. Well, it went off the rails in 2021. And the chart that I show there, you'll see, in 2021. For all of 2021—

Shawn Buckley

And if we can just hold off. We're just waiting for those to be printed.

Edward Dowd

We don't need the chart. I'm going to keep talking. We don't need it. This is simple stuff here.

For 2021, the group life policyholders—80 per cent of the revenue surveyed of the whole U.S. industry—experienced 40 per cent excess mortality between the ages of 25 and 64. Forty per cent. Just to give some perspective: 10 per cent, as stated by the CEO of One America, Scott Davison, for this working age cohort is a once in a 200-year flood and a three standard deviation event. Which in my world on Wall Street, it only happens 0.03 per cent of the time—it's way out of the range of normal. Forty per cent is incalculable. It's off the charts. This group experienced 40 per cent excess mortality.

What you need to know, also, is the general U.S. population experienced in 2021, 32 per cent excess mortality.

So something happened in 2021 to flip the traditional relationship between these healthy people and the general U.S. population; it became inverted. The health of those elite amongst us in the U.S. working at these companies were dying more than the general U.S. population.

It gets even worse when you look at— And when the chart becomes available, you'll see this. The age group 25 through 44, we call millennials, their excess mortality pre-mandates was running around 30 per cent. And then, in a very quick temporal time period, the rate of change went up to 84 per cent. August, September, October, it went up to 84 per cent. That was what we call an event—the rapid rise, the increase was so startling.

What was the event? Well, you don't have to think too long and hard to surmise. Maybe it was the vaccine. But then the job mandates forced what I would call vaccine-hesitant **millennials into taking the jab or losing their job. That's why we had such a sudden slope increase in that death rate. So there was an event: the event was mandates.**

Shawn Buckley

So can I just slow you down because I just want to make sure that the people watching your testimony understand. So this subset of the U.S. population that is the working age 16 to 64, I think, 18 to 64, are traditionally the healthiest subset of the population and they would traditionally, at least, according to 2016 data, die at one-third of the rate of the non-working population. But as soon as the vaccine mandate is imposed, they start dying at much higher numbers than the general population. And this is group life data. So it's big companies that would have imposed a vaccine mandate. It seems the variable you're

suggesting is this subset of the U.S. population that's traditionally the most healthy is also now the most vaccinated.

Edward Dowd

Correct.

[00:15:00]

And let me also say that you said that this group dies at one-third the rate of those not in the workforce. That's not true. It's the whole population. So it includes workers and other non-group life policies. So you have to understand, these folks have access to the best healthcare and tend to be the most highly educated in the U.S.—Fortune 500 and mid-sized companies. So that's why their health profile is so good versus the whole U.S. population.

Shawn Buckley

And just so you aware, the commissioners now have copies of your two charts.

Edward Dowd

Yeah, so I was talking about the event, and it's a heat map and these are claims [Table 5.7]. These are not dollars. A hundred is normal, what is expected. Anything above a hundred is excess. So you can see in the third quarter of 2021, again, they were running around 27 to 30 per cent excess mortality. I'm focusing on the age groups, 25 to 44: there happen to be two boxes here. One group rose to 79 per cent excess mortality, the other group 100 per cent: call it 84 per cent. We also verified this with CDC numbers in the general U.S. population. But these are the Society of Actuaries numbers. These are not our numbers; these are claims. And this is an event. And the event, I believe, were forced vaccine mandates at larger companies and mid-sized companies.

And the naysayers, the argument, the pushback that I get are the three following: there were a lot of suicides due to lockdowns; there were drug overdoses; and there were missed cancer-screening appointments. Let's go through each one of those quickly.

You can't convince me that the most elite amongst us in the U.S. with the best jobs decided to all commit suicide in a very short period of time in the third quarter of 2021.

You can't convince me that this group of people had fentanyl and heroin habits where they overdosed because, again, I want to remind people to get this claim, you need to be employed. So people who have opioid and heroin drug addictions tend not to stay employed very long.

And then, third, the missed cancer-screening appointment all clustering in the same three-month period, makes no sense. And traditionally, cancer-screening appointments really only happen if you present to the doctor with some sort of underlying condition. I've never in my life—I'm 56—had a pre-cancer-screening appointment, and that's not something you do when you're in your 20s, 30s and 40s. So that argument doesn't hold water, and for all three to simultaneously occur in such a rapid period makes no sense to me.

So I've been saying and pounding the table, this is the smoking gun, at least in the U.S. On our website, we have reams of other data that suggests that this is occurring in all major Western countries where there was a mix shift in 2020 for mostly old people who died of

COVID due to comorbidities to a mix shift to younger people dying of COVID. And this Society of Actuaries data points to that.

So that's number one, that's excess deaths. Let's look at a second data set, the U.S. Bureau of Labor Statistics [BLS]. And I don't know if you need to print that out as well to hand to the commissioners.

Shawn Buckley

We do have that.

Edward Dowd

Okay. Great. I'm going to speak to this data. So focus on the disability rate increases in the third line up. What I want to point out is prior to COVID vaccines in February of 2021, disability as measured by this U.S. Bureau of Labor Statistics—which, if you don't know what that department does, they give us the employment numbers in the U.S. every month. This is monthly data as determined by a telephone survey of about 60,000 individuals. So this is statistically imputed by the Bureau as a survey done every month. And it's self-identification of you having a disability; it's not tied to a doctor's claim or note or a social security application. This is someone self-identifying as disabled. And this number was running around 29 to 30 million for the prior four years, with up-down, up-down, up-down.

Then starting in February of '21, and with this data, we have runs to November of '22. It took off and by September of 2022, we had an additional 3.2 million disabled or an increase of 10 per cent in the U.S.

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The rate of change was so fast, we calculated a four standard deviation event, meaning it's a trend change; something had happened. It was well above normal.

So again, this happened not in 2020, but in 2021, in 2022 with the introduction of the vaccines. The thing we want to note is we were able to break down the data because the data set allows you to do this. You can look at the employed disability rate change, and the employed disability rate change between February of '21 and November of '22 was 31 per cent increase in their disabilities. The general U.S. population had a disability increase of only 9 per cent.

Interestingly enough, there's something called "Not in Labor Force," which are people that are currently in transition. They're willing to work and able to work, and they're seeking **other employment. This group, we suspect, were those who were fired for not taking the vaccine during the mandates and/or quit because they refused to take the vaccine. Their disability rate only went up 4 per cent.**

And, again, this is another smoking gun—different database. Something happened to the employed in our country where not only are they dying more excessively, they're getting disabled more quickly than the general U.S. population, which generally speaking, does not happen. This again is a healthier group. The other thing that should be noted is of the 3.2 million in disabled that were added beginning in February of '21, 1.7 million were in the employed group.

So this is for me evidence that something has gone on in the U.S., and the employed of our nation have had worse health outcomes beginning in '21, '22, and continues in '23. I testified in front of Senator Ron Johnson in December. I gave exactly the same data to him that I'm talking about to you today, and I said, "This is not supposed to happen: If I'm wrong, let's pretend I'm wrong and it's not the vaccine, what is it? And why aren't we talking about it?"

And additionally, I believe we have a national security issue in the U.S. that something's going on with the employed of our country. I'm 150 per cent convinced it's the vaccine. I'm willing to be wrong, but no one's offered me a better explanation as to what's occurring to the employed of our country. I suspect, if we had the numbers in Canada, we could probably show the same thing, if there was data that we could analyze. Unfortunately, there's not.

Shawn Buckley

Right, I understand the Canadian data is quite poor, and we're hearing many witnesses tell us about that.

So just going back. So you're using, then, two different data sets and you're sharing now with us the BLS data. They're both showing such deviations that you actually wouldn't normally expect to see this in your entire lifetime what you're seeing.

Edward Dowd

Correct.

Shawn Buckley

My understanding is that it basically correlates, if you put it on a chart—which I know that your group has done—the disabilities in the working population ages 16 to 64 basically tracks, almost perfectly, the vaccine uptake.

Edward Dowd

Correct. I just wanted to keep things simple for this Inquiry. I could talk for hours about all the data that we put on our website, and it would take a long time. But you're correct: There is correlation. It's a .9 correlation, which in my world, is almost a perfect fit. You'll hear from people saying correlation is not causation. Fair enough, but we have other parts of our analyses, that we get at the correlation from different sources.

We looked at the mRNA clinical trials. They had a severe adverse event rate that was of the same order of magnitude that we're seeing in the U.S. population. We showed those numbers. What we proved in looking at the mRNA trials is the safety signals, even by their very narrow standard of what a severe adverse event was, was enough for them to halt the trials and stop, and to claim that the safety signal had been breached. They ignored it and they rolled it out anyway.

Eventually, what will come to light is that they knew this was going to do this. Or at least if they didn't know, they're the dumbest people on the planet because simple math, you can model this out, and it closely resembles what we're seeing in the US. It's a problem. We just have what we call the "analyst mosaic"

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that suggests that there's so much evidence from different angles of this that the correlation versus causation argument doesn't hold water. Because you look at one thing, sure, but then you have multiple different ways of looking at this, and we think we've proved it.

The newest data we found was on injuries. Injuries were harder to calculate until we found the BLS data provides absence data in the U.S. and work-time loss data. It's only annual. And we were able to get the number of what we believe is 26.6 million people injured, meaning that they're chronically ill. They're missing a lot of work.

We got that number from the adverse event incidents from the Pfizer clinical trial. That's the number we came up with, and it's expressing itself in lost work time and absence, which went off the rails in 2022, well after the COVID pandemic, with the variance of the COVID-19 virus getting less virulent. Omicron is a cold at this point.

What we saw is there was a rise in 2020 of work-time loss. That's understandable, a lot of confusion; a lot of things going on, lockdowns. Then it went up again in '21. Then in 2022, it went off the rails: it's 13 standard deviations above normal 20-year history of lost work time. Regardless of whether I'm right on the vaccine, something has definitely occurred in the U.S. where our workforce is not showing up as much, and they're losing lots of time. We have a chronically sick workforce. Obviously, I blame the vaccines because it started happening in '21 and '22. But what my concern is that there's long-term damage and immune systems may have been compromised.

We can just look at this at a whole host of different areas. There was definitely, across the globe, a mix shift from old to young in '21 and '22 from 2020. Carlos, Yuri, and I, my two partners, we're of the opinion that it is the vaccine. We're incorporating it into our economic analysis, and we believe the matter is done. We're just waiting for the regulators and the scientists to catch up because that's what we do on Wall Street. We don't wait for authority figures to tell us what to do. We have to be ahead of the curve and the news flow. So we've proven it out, as far as we're concerned, and we're acting as if this is reality, which I believe it is, and we're making business decisions based on this reality.

Shawn Buckley

Right. And I just want to make sure that the people watching your testimony today are following. So my understanding is when you're talking about injuries, not severe, but the mild to moderate, where people are still working, you guys looked at the Pfizer clinical data. My understanding is also you looked at the CDC V-safe data, which would be people **self-reporting disabilities and that you guys basically concluded, you made some assumptions, that there was about an 18 per cent mild to moderate disability caused by the vaccine?**

Edward Dowd

Correct. Then we imputed that to the general U.S. population and that's how we come up with the number.

Shawn Buckley

Right.

Edward Dowd

And then that's being expressed in loss. So that's a theory: okay, how would it express itself? When we found the BLS work-time loss data, that was the missing piece. So you marry the two together. The BLS data is just data showing work-time lost is exploding. The Pfizer clinical trials, as reported by their own severe adverse events, mild to moderate: that's where we got the 18 per cent right out of their trial. And it makes sense. It makes total sense. And anecdotally, in the U.S., everyone is talking about people constantly getting ill and missing work, coming down with whatever it is.

Shawn Buckley

Right. Yeah, I know that's interesting. And again, just so that people understand what you're saying: we've got these two data sets showing a disability rate and then what you're saying is, "Well, people are disabled; they're going to be going off work, they're going to be calling in sick." And the Bureau of Labor Statistics data basically bears that out. I think you said the increase is a 13 standard deviation from the norm, which is just profound.

Edward Dowd

Yeah, that's what we call on Wall Street, a "black swan event." The 40 per cent excess mortality in the group life policy holders in 2021 is what we call a "black swan event."

[00:30:00]

So in two different databases, we have black swan events.

Now the question is, if it's not the vaccines, what is it? Well, what I find very interesting is no one wants to talk about it: the mainstream media, the global health authorities, and our governments. I would suggest the numbers we're seeing now in terms of excess deaths since the vaccine's been rolled out, this disability data, and now the injured data—if I was a health official, I would declare a pandemic right now. There's something going on mysterious with our population, essentially across the globe, but obviously, it's expressed from my U.S. data.

So the mere fact that there's silence on what's going on is, in my humble opinion, a cover up of what is the true cause, which I believe is the vaccine.

Shawn Buckley

I had another question. When I was reviewing the Humanity Project data, I noticed that for severe outcomes, disabilities, that you guys broke down a difference in sex. And I wrote down the figures. So after May of 2021, for the 16 to 64 age group in the labour force, the change in disability rates for women was 36.4 per cent and for men was 15 per cent. And I'm not where I want to go yet. But I found that interesting.

One of the things that happened earlier at this Inquiry is, first of all, as we started exploding on social media, we were told by our social media team that slightly over 70 per cent of the people following the Inquiry are women aged roughly 30 to 55. And I was trying to think, "Well, why is that? Is it mothers concerned about their kids?" And then we had a witness, and I forget the person's name, but he's connected with the group that is analyzing the Pfizer data, the same group that Naomi Wolf was part of. And he was sharing with us that the injury profile, it's the women aged 30 to 55, it's roughly over 70 per cent.

So it seems that our viewership is correlating with what we're being told is the demographics of vaccine injury. And that might be another consideration. I wonder if you guys have looked into that as another potential correlation. In the BLS data, does it break it down with people taking sick days: How many are men? How many are women?

Edward Dowd

Well, so I think we did. What I can say about the disabilities, we've known for a while that women, according to the disability data and rates—the difference between employed men and employed women—women are getting more adversely impacted than men for whatever reason. Then Dr. Naomi Wolf, her team is analyzing the clinical trial data, and that's the same thing she's seeing: seventy per cent of the adverse events were occurring for women.

Isn't it curious that what was happening in the clinical trials in Pfizer are also occurring out in the real-world population? Again, this is another piece: two different datasets, BLS and Dr. Naomi Wolf's team's work on what's going on with the adverse events in the trials.

Again, we're looking at this from so many different angles, it just begs the question: why are we not looking at the vaccines from a regulatory standpoint and a global health authority standpoint? I think I know the answer to that. This is the greatest cover-up I've ever seen in my financial career.

You're correct. Your audience mimicking the disabilities might suggest that people who are not feeling well are watching this Inquiry or people who know people aren't feeling well are watching this Inquiry. I've made a comment on Twitter and on other podcasts that I would love to see the feminists join us in coming after this question. Because if I'm a feminist, I would ask myself, "Why are women being more adversely impacted in the BLS data?" I would want to find out. We'd love the feminists to join our fight in finding out what's going on.

Obviously, I'm 150 per cent convinced it's the vaccine. But women are definitely taking the brunt of it and that's what the numbers are saying.

Shawn Buckley

Now the data you've given us is based on actuarial data and the CDC v-safe and the BLS data that's been available. Are you seeing in data, are we kind of out of the woods? Or are we able to say from the data, is the disability rate continuing to be high? Is the death rate continuing to be high?

Edward Dowd

So in the group life actuary,

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I've got early looks at the numbers, so I'll tell you what I'm being told. The actual report won't come out until later this year to talk about what happened in '22 and what's going on in '23.

What I do know is that for millennials—I choose this group because these people should not die because by the very nature of their age—the excess mortality is still running around

23 per cent for millennials, and that's still way too high. That was the run rate going around into the second quarter of 2022. So we seem to be stabilizing at 23 per cent excess mortality, and that's bad. That's very bad. And the reason why I say that's bad is because a booster uptake is way down. So there may be some medium-term effects lingering.

The other thing that has me concerned, there's good news and bad news. On the U.S. disability data, the overall disability number is off from the highs, but it's still near the highs. And when we break it down by women, women went through a new high last month in terms of disabilities. So the rate of change has slowed, but the trend isn't broken, and it's not going back to normal. So that's alarming.

And this work-time loss data that we found, really, I've got to be honest, threw me for a personal loop when we put out that report about four weeks ago because the brunt of the acceleration came in 2022. So I'm concerned that even though some people are not disabled or dead, they are compromised, and these buckets that we've identified—injured, disabled, and dead—are not static. And my worry is that the injured can move into those two pockets.

And again, this is a devastating impact on the economy of the U.S. and the globe because it's a productivity decline that we're going to see. So those who are showing up to work when they aren't sick but are chronically ill are probably working at 50 to 75 per cent capacity. The workers who are healthy have to make up for their absence, have to do extra work for the absences of those who are chronically sick. And then as more and more people get disabled, then the economy has to divert resources to taking care of them.

So the trends, while off the highs from the initial mandates, are not improving. And that has me alarmed.

Shawn Buckley

Right. And as you say, the vaccine intake in the United States has dropped. So I just want to recap some of the things you said, just to make sure that those participating and watching your evidence understand. So the workplace loss data, the BLS data, is not showing a slowdown. And I think you said for females, it actually just recently peaked. It hit a new high.

Edward Dowd

Correct.

Shawn Buckley

And what you're saying is, "Well, okay, these are minor injuries. These people are still working, but they're taking sick time off work, but they might move to the more severely disabled group, and people in the more severely disabled group could end up in the death group." So they're not static categories, and the fact that the numbers are still historically off the charts suggests that we're going to be continuing to have difficulties going forward.

Edward Dowd

Correct. And again, I want to really emphasize this point. These numbers are so off the charts statistically that if there wasn't an establishment cover-up, they would be screaming

from the rooftops about these events, these statistical anomalies. They're so off the charts that we should be hearing everybody raising alarm bells, and the mere fact we're not—

I watch what people do, not what they say. And this data that I've presented today, they see the data. Everyone sees this data: this is not hard to get at. So the mere fact that this is silence, deafening silence from the CDC, the NIH, the politicians, and the media is all I need to know that this is a cover-up in process. Lately, we've seen from some of the people who were involved in the lockdowns and the policies start to backtrack and pull 180s and claim they never said they forced anybody to do anything.

So we're in the early days of this becoming, I think, a general public awareness. And inquiries like yours are a great benefit to wake up people because I'm just mortified that the agencies that were developed to protect us from profiteering from corporations seem to have been, over the decades,

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bought and compromised, in my humble opinion.

Shawn Buckley

I can tell you that you're not alone. There's many witnesses that have attended in this Inquiry that would not say it that softly.

I'm going to turn you over to questions for the commissioners shortly, but you've talked about economic costs and I know that you guys have looked into figures for the U.S. economy. Basically, you've quantified how much injuries are costing in the U.S. economy and disabilities and death. Can you just briefly share that with us and then I'll open you up to the commissioners' questions?

Edward Dowd

Sure. I'll go through the human cost. We've calculated 300,000 excess deaths, we believe, due to the vaccine in '21 and '22. We think that number is probably conservative. We estimate 1.36 million disabilities due to the vaccine. We think that's conservative. And then 26.6 million injured, we believe that's conservative for about 28 to 29 million in total. So 10 per cent of the U.S. population but 30 per cent of the employed workforce if all those people are employed, which probably are not, but it's still devastating to the employed of the country.

The numbers we calculated for the economic costs were from the National Accounts, salaries and wages. So we took the average salary and imputed the following numbers: Deaths amounted to 5.2 billion in damages in '22. Obviously, we use '21 and '22. The disabled, cumulative disabled, we estimate at 52 billion. And the injured through lost wages and work time and productivity—which we can't calculate, we just calculate what the actual salaries were—is about 89 billion for a sum total close to approximately 150 billion.

That's what we can measure. What we can't measure is lost productivity, which has a multiplier effect on wealth in the economy. So that number could be anywhere from 2 to 10 times the number we just gave you.

Shawn Buckley

Right. Okay, thanks for sharing that limitation. I'll ask the commissioners if they have any questions and they do.

Commissioner Massie

Thank you very much, Mr. Dowd, for this presentation. I have a couple of questions.

My first question has to do with—your analysis is really thorough and really well done and I know you have a lot of expertise to do that. But I'm just thinking, there must be a lot of people with your knowledge and expertise in the States and the world, so why is it that we don't see much of it from other people?

Edward Dowd

Well, this took a lot of time and effort to put together. So it's myself, Carlos Alegri, who's a PhD physicist in physics and finance, and Yuri Nunes, who's a PhD in physics. We then got some volunteers to this effort, two data scientists. We have a new physicist that just joined and we have two editors. This took a long time to put together in a coherent fashion and we've done it for free.

So I think our agencies see this data, and these people are paid to look at data. They refuse to put it out.

Why are other professionals not doing it? Well, they are. We referenced a peer-reviewed paper that got our mRNA analysis. That's done by some scientists. So we've cobbled together the work of others in our own work to come up with our analysis.

So it's just that we're investors and so we're creating a thesis in a mosaic. So we've done what we call the hard work of presenting the case to everyone. And in each country, I suspect the U.K. excess data, the Euro excess data, these individual countries see this. And you're starting to see signs of capitulation.

Denmark, which had some of the worst excess mortality in Europe, they had worse excess mortality, year on year. So 2022 was above '21, '21 was above '20, and each age category had the same profile. Denmark, finally, just kind of stopped offering the vaccines to under age 50. You're seeing this starting to happen. Switzerland has now done the same thing. They've totally banned the vaccine. The U.K., I think, has stopped offering boosters for those under 50. So they see it; they're doing it. But they're not telling the reason why.

Commissioner Massie

My other question is— Now I understand that this could be a lot of effort to assemble that and what we're living through right now is kind of a unique event.

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Should we think, moving forward, to establish some sort of metric that government or other institutions could look on a more real-time to really look at early signs that something that is occurring, should actually be addressed?

Edward Dowd

Well, according to a lot of the frontline doctors—again, I’m not a doctor, don’t pretend to be one—we have systems in place. We have VAERS databases. These systems were created, and the safety signals, according to many of the frontline doctors, started flaring in January and February of 2021. And if you remember the swine flu in the U.S., we had 25 deaths in the U.S. and they pulled the vaccine. So whatever happened went off the rails from a regulatory standpoint. And again, I wasn’t in the room, but what should have happened in the early days of this vaccine—that system was broken.

So I can’t tell you why. To be honest, I’ve said this to many, many people before on many different interviews, my mere existence here baffles me. I should not be doing this work. This work should have been done by the regulatory bodies. And the fact that I had to come along after the damage was done—because at this point, the damage is so obvious, it’s in what we call the metadata, and we’re seeing these black swan events. This should have been stopped at the get-go. But is this something that could have been prevented? Well, if we had proper regulatory authorities that weren’t captured by what we believe are financial interests, this would have ended before it started.

So there’s something wrong with the system, in my mind, that something’s happened to a lot of regulatory agencies across the globe where they’ve been captured by financial interests.

Commissioner Massie

My last question has to do with the population you’ve analyzed in the States and in other countries in Europe where you could access some of the basic data from which you could complete the analysis. When I look at the overall casualties, if you want, from the pandemic, would it be from the COVID or the other measures, it seems that the States has been doing much worse than many of other countries.

Do you see in your analysis a reflection of that in terms of having more casualties, more of death and injuries? It’s a little strange, for example, that you see that in a working age population that, in theory, should be healthier than the other category of population.

First of all, do you see the difference between the States and the other countries? Do you think there is something underlying in the States in terms of the general health of the population that makes these data or these events even more important or higher than what you would see in other countries?

Edward Dowd

Well, you know, the U.S. population has been, for years, criticized for the weight problem we have here. When you travel abroad, people snicker at the size of some of the Americans. And I would say that there could have been a situation where we do have from a total population standpoint, a weight problem. And there’s studies that have come out that have suggested that obesity and COVID and the COVID vaccines and the spike protein were not good for us. So it could have been the general ill health of the U.S.

I also think there’s some policies, some early treatment policies that weren’t allowed in the U.S. There was Remdesivir, and whatever we did as a nation resulted in more death and destruction than a lot of the other countries, although the signals of excess mortality occurring in the young in ’21 and ’22 are readily apparent in all the other countries.

So there's a whole host of things going on. But the vaccine, we believe, is the biggest single contributor to death, at least amongst the employed younger age populations, which should not happen. It just shouldn't happen.

Commissioner Massie

Thank you very much.

Commissioner DiGregorio

Good afternoon. Thank you for coming today. My first question has to do with data. You've spoken about the number of various data sources you've pulled together to analyze to come to your conclusions and corroborate your results.

[00:50:00]

You've also mentioned a few times during your presentation that Canada's data is poor. I'm just wondering if you can comment on what deficiencies you see in the Canadian public data and what we might need to have on this side of the border to enable this type of analysis.

Edward Dowd

Well, you know, we haven't looked at Canada in a while. We tried. There was a Wall Street professional in Canada doing the work. The problem we found is just the severe lag time of the data. So when we want to compare it to other countries, it creates noise because, for whatever reason, your country doesn't seem to be able to get death certificates and enter them into a system to basically do what any—

I mean, bottom line is this: a job of a First World country is to keep records. And if you can't count the dead, you're not a First World country, in my humble opinion. And I'm not saying that Canada isn't. The government's acting as if it's not. And the government, I suspect, could release these numbers as quickly as everyone else, but they've chosen not to because Canada, in my humble opinion, is not a Third World nation. It's a First World nation. And so, the mere fact that this data is not updated, there's no excuse in my humble opinion. I can't fathom why there would be a problem unless they want there to be a problem.

Commissioner DiGregorio

Thank you. And my second question revolves around the insurance companies. I think you mentioned that one of your big sources of information was from the Society of Actuaries who do the research to help insurance companies predict, basically, I think, how much to sell their policies for to run their business. If there's been such a major event occur in their industry, why aren't they standing up and screaming about it?

Edward Dowd

Yes, very curious. The good news is that's starting to change. One of my early partners in this research, Josh Sterling, former sell-side equity analyst on Wall Street for Sanford Bernstein, for seven years, he was No. 1 Institutional Investor ranked. What he did is he sold research to the big investment houses that manage money. So he knows the insurance industry. He's created the Coalition to Save Lives [sic] [Insurance

Collaboration to Save Lives]. They are now looking at everything under the sun, including the vaccine.

And it's a slow process. Unfortunately, there's a lot of cognitive dissonance in the insurance industry. A lot of the CEOs mandated their workforce to get jabbed. And early days when they saw this excess mortality, their decision was to blame COVID. But as COVID has waned, it's becoming increasingly clear that this excess mortality is not getting more normal. A couple of quarters ago, they were projecting that excess mortality would trend back towards normal. It's not. So they're going to take on a lot of losses.

With the group life policies, it was an easy fix; they just raised prices. But with their whole life policies, which is a different accounting method, they're going to start taking on losses the longer this excess mortality stays elevated. So it's imperative that this industry wake up. It's happening slowly. I have whistleblowers who are beside themselves talking about how, still, people don't make the connections and/or are scared to utter those words. There's still a lot of fear in speaking against consensus.

So the good news is the worm is turning. The bad news is they should have woken up a year ago. And I'm very frustrated they haven't.

Commissioner DiGregorio

Thank you.

Shawn Buckley

Mr. Dowd, those are all the questions that the commissioners have. On behalf of the National Citizens Inquiry, I sincerely thank you for attending today. Your contribution has been quite valuable and thought-provoking.

Edward Dowd

Thank you so much and I'm very honoured to be part of this and thank you for taking up the mantle of figuring out what's going on. I have my conclusions and I think you do as well, but as time rolls on, the evidence becomes more overwhelming, in my humble opinion.

Shawn Buckley

Yeah, I hope you're following us. I think you'll find some of the witnesses and even just the ordinary people— I know that you've produced in your book ordinary stories and it's just compelling. We're having people drop out at the last minute. It's a trend because they're still afraid in Canada of economic consequences at work and they're still afraid of social shaming by family and friends. So it's just quite interesting that here we are in May of 2023 and that Canadians are still afraid to share their stories and just speak freely.

Edward Dowd

I understand. Censorship has killed, in my humble opinion. And self-censorship is something that everyone has to think of internally. But the more that we all speak out, the more brave we've become, the quicker this ends. So if you're hesitant or scared of repercussions, just remember, if this is allowed to continue, then we won't have much of a society in five to ten years.

Shawn Buckley

Well said. Thank you very much, Mr. Dowd.

Edward Dowd

Take care.

[00:55:34]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 5: Aurora Bisson-Montpetit

Full Day 2 Timestamp: 06:18:33–06:50:10

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[00:00:00]

Marion Randall

For the record, Marion Randall, I'm a local counsel assisting this witness. The witness here is Aurora Bisson-Montpetit, and I would ask you, Ms. Bisson-Montpetit, to state your name and spell it for the record, please.

Aurora Bisson-Montpetit

Yes, Aurora, first name A-U-R-O-R-A, last name B-I-S-S-O-N-hyphen-M-O-N-T-P-E-T-I-T

Marion Randall

And do you promise in the presentation that you give today, that you're going to tell the whole truth and nothing but the truth?

Aurora Bisson-Montpetit

Yes, I do.

Marion Randall

All right, if we can first go over a little bit about your qualifications. I'll just run through them, and you can then correct me if I'm wrong.

Aurora Bisson-Montpetit

Yeah. Just before we start, I just want to ask if I can just take a minute to settle myself? This is a lot for me to come here today.

Marion Randall

Okay, well if I do the speaking for the time being, you can settle yourself.

Aurora Bisson-Montpetit

It'll just take me a minute. So just aside from coming here as a nurse to share my experience, I'm also a somatic therapist, and I've spent years studying the nervous system and what trauma does to the nervous system, and so for me, while I'm certain about coming here to speak up, and I hope this inspires others to speak up as you were just talking about. Public speaking creates a flight impulse in me, so it just takes a couple of minutes to settle so that I can be more present and give the best recollection of my experience that I can and contribute to what we're doing here today. So thank you, yeah, if you want to continue while I just take a moment.

Marion Randall

Okay, thank you. In your first part of your career, you trained as a registered nurse and you worked as a registered nurse for a number of years. You had extra training in your work as a nurse and worked as a nurse in cardiology. You worked at St. Paul's in both medical and surgical cardiology. Am I correct in saying you're quite familiar with heart conditions?

Aurora Bisson-Montpetit

Yes.

Marion Randall

And then subsequent to that, and I think this will be the biggest part of your presentation, you worked as an 8-1-1 nurse, and you could explain in your testimony what that is, an emergency line.

Aurora Bisson-Montpetit

Yes.

Marion Randall

And then that led you to some research which ultimately led you to a board meeting with the PHSA [Provincial Health Services Authority] in BC. I'll let you give your presentation starting with when you began at 8-1-1.

Aurora Bisson-Montpetit

Sure. So for anyone who's not familiar with 8-1-1, it's a service we have here in British Columbia where anybody can call in and ask for health advice. The line I worked on was the nurse's line. This has been a long-standing service for British Columbians, and they expanded it during COVID. So I worked there from about November 2020 until June 2021, and people are able to call in to get health education information. They can also go through essentially an assessment triage process and say, "These are my symptoms or somebody with me having these symptoms. Should I make a follow-up? Should I go to the clinic today? Should I call an ambulance?" So that's a large part of what I did there.

During this date, what you might notice is I was there during what we'll call the vaccine rollout. That's not really what they are, but I'll use that for ease of wording. So I was there during the rollout. And it's hard to describe how unsettling it was: the amount and nature of calls we started getting of adverse reactions. It would be just one call after another after another. And I started noticing a lot of patterns: a lot of cardiac issues; a lot of neurological

issues; autoimmune underlying conditions that were flaring up. And one of the things that really struck me was that there were a lot of people who described themselves as otherwise healthy, or previously healthy.

Marion Randall

Would you get that information because of the kinds of questions that you ask at 8-1-1?

What sort of questions do you ask of people that call in?

Aurora Bisson-Montpetit

Yeah, so initially when people call in, I do a very quick assessment to see if there's anything life-threatening going on. If there is, then we quickly transfer it to 9-1-1. Once I'm beyond that initial assessment, we go a bit further into their health history, ask if they have any other underlying conditions: What are their symptoms? When did they start? Things like that.

Marion Randall

Did you keep a written record of those things, or is there some sort of record kept when you get these calls?

Aurora Bisson-Montpetit

There is. It's typed in the computer. Yeah, so it's an electronic record.

[00:05:00]

Marion Randall

Did you notice a pattern of some kind when you were— Did you review your previous calls? Can you explain?

Aurora Bisson-Montpetit

Not that I had a written record myself. But in my mind, I was noticing certain patterns coming up. I mean, that's a big part of nursing that I did, was all these little sorts of precursors to bigger issues that come up, where you're noticing these little things and it's like, huh, okay, I'm seeing this again and again and again.

Marion Randall

And can you give a specific example of the sort of things you heard? I think you may have some information about a teenager, you said?

Aurora Bisson-Montpetit

Yeah, I could give a couple of examples. One of them was a young gentleman in his late teens, and he was having symptoms of a heart attack. He was otherwise previously healthy. And you know, as we've all heard, there are a lot of cardiac issues with the injections. So my recommendation was for him to call 9-1-1 and get checked out at the hospital. Unfortunately, I don't get to hear the follow-up of what happens with people, but I just give my advice over the phone.

Marion Randall

So would you specifically ask these individuals that called with symptoms that concerned you whether they had been vaccinated? Did you ask for the information about the batch number, for example?

Aurora Bisson-Montpetit

I did ask if they had been vaccinated. In something like an emergency like that, I wouldn't ask for the batch number. But for any of the people who did have other symptoms that weren't needing to be addressed urgently, after a short period of time— What I'll say is that before we got into asking about the batch number, I started noticing these patterns and I was very concerned. I approached my manager to bring up my concerns and I was like, "What's going on here? The volume and the nature of the adverse reaction calls we're getting is not what's being reported to the public."

Because I was watching the BCCDC dashboards and it was a vast difference. And this was just 8-1-1; this isn't the people who were having reactions, say, in the vaccine clinics, with their family doctors, at the hospitals, right? We were just one sector. So I was really concerned, and I brought it up.

Unfortunately, my concerns were dismissed. So I carried on with the calls, noticing these patterns. I asked other nurses that I was working with, "Is anybody else noticing this? I'm recommending a lot more people go to emerge. or call 9-1-1, a lot of neurological issues." And there were other nurses who acknowledged the same. After that happened, it wasn't too long after, they had us start tracking. And we would go into a different database.

So this all exists: 8-1-1 is within HealthLink BC, which is under Provincial Health Services Authority. They have this database of information we were collecting, where every time someone called in, we were collecting—there's no patient identifying information, so it's not a privacy breach—the manufacturer of the injection, the lot number, the date they received the injection, when the symptoms started, what the symptoms were, and what level of care they needed. So there is a huge database of information that I'm hoping someone will be able to access because it's at HealthLink BC.

Marion Randall

And can you explain the relationship between you as a nurse or other medical professionals and what the PHSA is for us, please?

Aurora Bisson-Montpetit

Sure. PHSA or Provincial Health Services Authority is one of the main health authorities within British Columbia. They run a number of province-wide services. HealthLink BC is one of them, and 8-1-1 is part of HealthLink BC. BC Women and Children's Hospital is another part of that. BC Children's Hospital is where I was working at the time, I was fired due to the injection mandates. They run the cancer agencies, things like that. It's province-wide services.

Marion Randall

I was going to ask you how long were you with the 8-1-1 line? You said you started in November of 2020?

Aurora Bisson-Montpetit

I was there from November 2020 to about June 2021.

Marion Randall

And why did you leave?

Aurora Bisson-Montpetit

I left for personal reasons, just scheduling with my children.

Marion Randall

Okay, and when you got dismissed by your manager with your concerns, what did you do? Did you do research at that time?

Aurora Bisson-Montpetit

I did. I started looking into— BCCDC has an immunization guide, so I started looking into that, specifically Part 5 is the adverse event following immunization. It's maybe a 40-page document, something like that.

[00:10:00]

They have outlined previously, from all other vaccines, some of the common side effects, the reporting criteria. And then there's a specific form for health care practitioners to fill out whenever they suspect that there might be an adverse reaction.

So I think it's really important to note that it doesn't have to be diagnosed and that it was definitively caused by the vaccine. The whole point of having this system in place and these forms is to say this person got vaccinated: there's nothing else to very definitively say this was related to something else, so let's start collecting this and saying, maybe, this was the vaccine. It goes into the database, and that's how we're able to get the early warning signals, noticing these patterns.

Marion Randall

Did you fill out any adverse reports? Or did you have any discussion with your manager about doing so?

Aurora Bisson-Montpetit

It's very disturbing, so it's hard for me to talk about. I asked about it. I asked one of my shift leaders. I asked my nurse educator why we weren't filling these out, and I asked if I was able to because I know the importance of them. And I was explicitly told that no, I was not allowed to fill these out.

Marion Randall

Now then you were at Children's Hospital, and you mentioned that because you didn't reveal your vaccination status, you were fired. But you continued your research, as I understand it, and we will have marked for the Commission as an exhibit this report you're

going to talk about [Exhibit VA-11a]. It's not going to be something we're going to refer to; she's going to give us an outline of it, but you can have a copy of it.

Can you tell us about the research you did and how that ultimately led you to the PHSA regular board meetings and to submitting questions to the PHSA?

Aurora Bisson-Montpetit

Sure. So as I was seeing what was happening in my experience working at 8-1-1, obviously it was very disturbing and unsettling. I started looking into who is making these decisions. Obviously, we saw Bonnie Henry's face everywhere, but I was like, who's allowing this? Who's taking part in this? And what I was able to trace back, by looking at this, is that the Provincial Health Services Authority is also Bonnie Henry's employer. It is the province that decides who the PHO [Provincial Health Officer] is, but her employment contract is with Provincial Health Services Authority, and there is a copy of her employment contract in what will be submitted as part of my evidence.

As an employee, she is subject to all their policies as far as employee conduct goes. So that was one part. I saw that they are her employer, as well as that the BCCDC operates under the Provincial Health Services Authority. So all of the guidance they are giving, all of the information they are giving out, all the signs that are posted everywhere, all of that is the BCCDC, so again, it goes back to Provincial Health Services Authority.

So after I was fired, I started doing a lot of research. Obviously, I had a lot more time on my hands. I spent months at the library doing hours of research, collecting resources, scientific papers, many from the expert witnesses you guys have already heard and will hear from. And I began to put together what I labelled an investigation summary of how the Provincial Health Services Authority has handled COVID management in this province. It took me many months to write. I think it's about a 15-page document; there is a little over 50 resources that back up everything that I'm saying in this document [Exhibit VA-11b].

Marion Randall

You managed to find out who the members of the PHSA Board were. Did you provide them with copies of this investigation summary?

Aurora Bisson-Montpetit

I did. Going back to a little before the investigation summary, November 2021, I submitted my first question. They regularly have open board meetings, I think about four or five times a year, and this is back well before COVID. They're supposed to be open, but they said, you know, due to COVID, nobody's allowed to come in, email in your questions. So in November 2021, I submitted my first questions. They have a live web recording, so it is broadcast, anybody can view it, and they publish it on their website. From this one, they answered some of my questions, but not really and not fully for sure. I continued pursuing that. I did have a bunch of back-and-forth conversations through email with the board office.

[00:15:00]

And then one of their directors of patient and quality care, I had about a half an hour conversation with her, provided her with a bunch of information and resources. I was meant to have a meeting with, I don't know if I'm allowed to say people's names, but the President and CEO, and he cancelled that and sent a non-answer answer to my questions.

Marion Randall

So I think that ultimately your frustration with the non-answers that you've been getting led you to go to a board meeting in November of 2022?

Aurora Bisson-Montpetit

Yes.

Marion Randall

And this is something where you've created a video that we also can provide to the Commission [Exhibit VA-11]. We're not going to play it here because it's quite lengthy. Can you explain what happened?

Aurora Bisson-Montpetit

Sure. Going to November 2022, I emailed every member of the executive and the Board of Directors of PHSA with the investigation summary, and about a week later was their next board meeting. I chose to go in person. Allegedly they are still open board meetings, but nobody's been able to go during COVID. I entered the meeting room where some of the Board and executives were, some were there via Zoom. I sat down and—

Marion Randall

At the table, did you not, at the table with the board members?

Aurora Bisson-Montpetit

Yes. I sat down at the table with the board members. The video that you guys will see is just under 10 minutes. What you don't see before this is me off-screen and I believe it was maybe an administrative assistant attempting to get me to leave.

Marion Randall

And when you were in that meeting, Ms. Bisson-Montpetit, I believe that you asked the question of all the board members sitting all at a table whether they had received your document. They indicated by their silence—because you said, "Is there anyone who has not received the document?"—that they had.

You said, did you not—and I don't want to cross-examine you—but you did say, "I take it then that all of you received my investigation summary?"

Aurora Bisson-Montpetit

Yes.

Marion Randall

And then, did you touch on any points from your investigation summary—this is kind of a yes or no because we are getting close to our time—about the concerns you had about the vaccines?

Aurora Bisson-Montpetit

Yes, I did touch on a number of points that were in my investigation summary. Some of the statistics that we've just heard about, like the all-cause mortality and the decreased live birth rate, things like that. One of the things I started with was just asking a very simple logical question: "You guys asked sick nurses who were COVID-positive to continue working in the healthcare system while you banned healthy non-vaccinated nurses. Where's the logic in that?"

Marion Randall

At the time I think you were unemployed because of having had to leave your job. And I believe you made a comment, if you perhaps want to repeat it for the commissioners, as to what you were doing in order to survive at that time. You were a registered nurse.

Aurora Bisson-Montpetit

Yeah, not something I would ever think I would have to say as a registered nurse, but I've had to go on welfare, go to the food bank.

Marion Randall

And then at the end of the day, was there any response to your questions "Have any of you looked at this? Do you have concerns about it, about the vaccine?" What was the response of anyone or everyone on the Board?

Aurora Bisson-Montpetit

The only person who responded to my question was the President and CEO, as he was sitting next to me. And I asked him, "Has this information been looked into, to 100 per cent certainty that you can say I'm making stuff up?" And he said "Yes, we are absolutely confident in what the Province is doing."

Marion Randall

And one other thing, we still have time for you to repeat what you did say, I believe, to the Board regarding either you were crazy or they were crazy.

Aurora Bisson-Montpetit

Well, I said, "You know, if I'm just making all this up, then I'm just one crazy person, right?" But if they're continuing to ignore all these safety signals that I've sent them, they're continuing to contribute to the harm and the murder of people in this province. And I truly believe that's what's happening because they have the power to make the changes that will stop what's happening. And they're not.

Marion Randall

Is there anything further you want to say before the commissioners are invited to ask you questions? Or would you just like to take some questions?

[00:20:00]

Aurora Bisson-Montpetit

I just want to say thank you for conducting this Inquiry and allowing me the opportunity to come and share my experience. It means a lot to have people standing up and speaking the truth.

Marion Randall

So if there are any questions from the Commissioners? Please.

Commissioner Massie

Thank you very much. I'm very sorry for all of the hurt you've been through. I hope your life is going a little better now.

So you were there sitting with these people and you were really confronting them on the situation. Lots of silence. What was your read on their non-verbal communication? Were they completely mystified by what you were trying to say, or were they somewhat aware that maybe there was something wrong going on?

Aurora Bisson-Montpetit

The sense I got from the people in the room was complete disconnect. There was no recognition, no horror on their faces. Some of the statistics I shared would horrify most people. So to see just like a non-expression, like someone dusting a muffin off their shirt, it was just—

I wasn't surprised given how much I had tried to raise my concerns over the previous year. I wasn't shocked that I didn't really get a response, but it's very disheartening when you have this group of people who is in charge of so much, not being like, "Well what are you talking about?" There wasn't a single question from anybody: "What are you talking about? What do you mean? Can you tell me more about that? I don't understand." There was none of that.

Commissioner Massie

So there was no attempt to really explain to you that you're being misled in your analysis?

Aurora Bisson-Montpetit

No. None. Nothing.

Commissioner Massie

I'm a little curious about what happened before you sat down to this table. It seems that you were tolerated, not welcome? So how did you end it up at this table? It's very curious.

Aurora Bisson-Montpetit

I knew when their board meetings were; they published the dates of their board meetings. I felt very called to go there. As I said, it's not comfortable for me to do public speaking, but I felt in my heart and in my soul that it was something that I had to do. So I did what I could to overcome my challenges. And if I wasn't able to get in, then I wasn't. But I was like, I have

to at least try. And I was able to sit down, and everyone was looking at me. They're like, "Who is this? What is she doing here?" I could see the puzzled look on their faces. And yeah, it was interesting to notice them try to get me to leave a few times.

Commissioner Massie

My last question would be, what gives you that strength to do that? Do you have support from friends or family to help you going through that?

Aurora Bisson-Montpetit

Yes, I do. I have immense support, which I'm so grateful for. One of my dear friends, who brought me here today, has helped me to stay calm and grounded, and I have a lot of support in my life that's helping me through this.

Commissioner Massie

Thank you very much.

Aurora Bisson-Montpetit

Thank you.

Commissioner DiGregorio

Thank you so much for coming down today and sharing your testimony. We've heard from nurses in other provinces who lost their jobs due to the injection mandates in those provinces. But we've also heard that those mandates have been rescinded or dropped, and I'm just wondering if there is still a mandate for injections for nurses in the Province of British Columbia?

Aurora Bisson-Montpetit

Yes, there is.

Commissioner DiGregorio

And is it just for two, or is it also requiring a booster?

Aurora Bisson-Montpetit

To be honest, I haven't even looked back into seeing if it's required for a booster. I don't believe it is. But, yeah, it's still for the two. I submitted another question and attempted to go to their last open board meeting in February, and they had security guards waiting for me. And a note that said for security purposes only these people are allowed in, on the receptionist desk. So again, the censoring and the silence when people are trying to speak up and get answers.

Commissioner DiGregorio

Thank you.

Aurora Bisson-Montpetit

Thank you.

Commissioner Drysdale

Good afternoon. With regard to the PHSA Board, and I'm not asking for names, but do you know anything about the specific qualifications

[00:25:00]

of those people that sit on the Board? Were they practising doctors? Were they bureaucrats? Any idea?

Aurora Bisson-Montpetit

Some of them were practising; some of them were retired. They weren't all doctors. Some of them are lawyers, accountants, things like that, so dealing with various aspects of a large corporation obviously. But yeah, some of them are retired and some of them were active. The President and CEO was a registered nurse.

Commissioner Drysdale

We've heard testimony from some of the other locations we've been at, from nurses like yourself, who raised questions and perhaps, at least in my opinion, raised questions in a more mild way than you did. And they were disciplined by their nursing associations. Have you had any retribution from the nursing association?

Aurora Bisson-Montpetit

I actually chose to not renew my nursing licence last March, so as of right now I'm not even a registered nurse anymore. It doesn't align with me to be in this healthcare system, even if they took back the injection mandate. I suppose technically they could, but I haven't received any communication from the nursing college.

Commissioner Drysdale

How long, including your study time, did it take you to become a nurse?

Aurora Bisson-Montpetit

Years, several years. I initially went to nursing school in New York for about four years and then upgraded here. I'm from here and I moved back and did more nursing. And I've done a lot of other studies. As I mentioned, I'm now a somatic therapist, so I spent about three years learning about the nervous system.

So when we see what's happened to the collective and how everyone's nervous system has essentially been hijacked— From my perspective, I can see what has happened a lot in terms of how people are responding from their go-to fight, flight, or freeze, rather than responding to what's actually happening. And I feel that it's been intentional to put people into such a state of fear that they would react this way.

Commissioner Drysdale

Certainly, with dedication to becoming a nurse and practising for a long time, that must have been an extremely difficult decision for you to quit nursing. Can you tell us a little bit about how you came to that?

Aurora Bisson-Montpetit

Yeah, that was a really, really difficult decision. I remember even as a child, I wanted to be a nurse. I've always loved helping people and supporting people and taking care of them. It's something that comes really naturally to me, and I find it fulfilling. I really enjoyed the challenge of how much I got to learn as a nurse and always learning something new and getting to connect with people. So it was a huge blow when I was fired. I was in disbelief for quite a while that it was actually happening, especially knowing that our healthcare system is already short-staffed. I was like, how are they even going to function with less nurses and other health care practitioners? So yeah, I went through quite a process mentally over the last couple of years and had to sort of surrender to what is true for me. And what that is, working in the system as it is, as a nurse, no longer aligns with me.

Commissioner Drysdale

I may have missed that point in your testimony, but I recall that you quit your job at 8-1-1 for personal reasons, but I didn't pick up on where you started working, and where and why you were terminated from the next nursing job.

Aurora Bisson-Montpetit

Right. I quit working at 8-1-1 in June of 2021 and then July 2021, I started at BC Children's Hospital in adolescent inpatient mental health. We heard from the earlier testimony the impact that we've seen on our kids. Maybe one thing I will share— And that is where I was fired from for not giving my personal private medical information, which my manager violated and accessed my personal health records without my consent. But before I was fired, there was a site-wide town hall at Children's and some of the leadership were talking about how even up to that date, so it was maybe October, the rate of self-harm visits to the emergency room was already triple that of the previous years.

[00:30:00]

Commissioner Drysdale

So you were terminated from that job for not revealing your vaccine status under their mandate policy?

Aurora Bisson-Montpetit

Yes.

Commissioner Drysdale

And did you also say earlier that they were letting go or suspending nurses who were not vaccinated, and then at the same time asking nurses who were ill with COVID to keep working?

Aurora Bisson-Montpetit

Yes. I was fired in November. After that—I don't know if it was December or January—they had less nurses in the workplace and they were asking nurses with active COVID infections to continue in the workplace. I confirmed this with old colleagues, and they were like, "Yes, so-and-so has COVID and they're at work."

Commissioner Drysdale

Are you familiar with the infection prevention protocols as a nurse?

Aurora Bisson-Montpetit

Yes.

Commissioner Drysdale

With regard to the disposal of bio-contaminated PPE, were they following appropriate disposal and handling methodologies where you were?

Aurora Bisson-Montpetit

I don't think I would like to comment on that very much.

Commissioner Drysdale

That is a comment.

Aurora Bisson-Montpetit

Yes.

Commissioner Drysdale

Thank you very much.

Aurora Bisson-Montpetit

Thank you.

Marion Randall

Are those all the questions? No further questions. Thank you so much for your presentation to this inquiry.

Aurora Bisson-Montpetit

Thank you.

[00:31:35]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 6: Dr. Charles Hoffe

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[00:00:00]

Stephen Price

Good afternoon. My name, again, is Stephen Price. I'm a local lawyer who is a volunteer to assist. We have as a witness this afternoon, Dr. Charles Hoffe. Dr. Hoffe is a medical doctor practising in the Province of British Columbia who has had serious impact on himself due to COVID.

Dr. Hoffe, you're appearing today, do you promise to tell the truth and explain what your story is to us?

Dr. Charles Hoffe

I swear to tell the truth, the whole truth, and nothing but the truth, so help me God.

Stephen Price

There's a bible somewhere. Don't worry about it. Dr Hoffe, could you please give us a quick outline of your education and qualifications, please.

Dr. Charles Hoffe

Yes. I'm a family practitioner and trained emergency room physician. I did my medical training in South Africa. I have worked in South Africa, in the United Kingdom and in Canada as a family doctor and as a rural emergency room physician. I've been in Canada since 1990 and in British Columbia since 1993.

Stephen Price

I gather when COVID started, you were working in Lytton?

Dr. Charles Hoffe

Yes.

Stephen Price

What were your duties or occupation there?

Dr. Charles Hoffe

I was the town's only resident doctor. I have been the town's only resident doctor since 2004. So I'm a hardcore rural GP and emergency room doctor, and so I did more emergency room shifts than anyone else. I did have other doctors that would come and assist me to give me a break, but I was very dedicated to the protection and the healthcare of our community.

Stephen Price

I understand you're no longer working as an emergency room doctor.

Dr. Charles Hoffe

That is correct.

Stephen Price

What happened?

Dr. Charles Hoffe

Let me go back to the beginning and weave that into the story because I think my testimony of what happened to me and my patients in this pandemic reveals a great deal of what has gone so seriously wrong.

Stephen Price

It is your testimony, sir. Please proceed.

Dr. Charles Hoffe

People need to know that there has never been any successful vaccine made against coronaviruses. And so when the first dangerous coronavirus appeared in 2002—which came out of Wuhan in China, which was called the SARS virus—following that, scientists tried to make a gene-based vaccine against it because all previous conventional vaccines against coronaviruses had failed to either be safe or effective. So they tested this on laboratory animals: ferrets and mink and other animals that are very susceptible to coronaviruses. And so they developed a gene-based vaccine, which they tested on these laboratory animals. And when they took blood from these laboratory animals that had been vaccinated, they found they had antibodies to the coronavirus. And they realized that they had discovered a brilliant, new, cheap and effective way of making vaccines.

However, several months later, when they challenged these laboratory animals with the infectious organism that they had been vaccinated against, they found that these laboratory animals became extremely sick and many of them died. So this new type of vaccine turned

out to be a complete failure. In fact, what they had created was not a vaccine but an anti-vaccine because instead of protecting those animals against this new virus, it actually made them more vulnerable than if they had not been vaccinated. And the reason why I'm telling you that is that I'm going to show you what has happened to Canada, and exactly the same thing has happened here.

So when I heard that they were again using gene-based vaccines against SARS-CoV-2—the second SARS virus—I was not filled with hope or confidence because I knew that the previous efforts had been a disastrous failure. And when I heard that with the new vaccines, they weren't even doing animal trials, I was even more concerned. When I realized that they were rolling this out with no long-term safety data—The shots had only been tested on a select group of relatively healthy adults: no children, no pregnant people, no frail elderly, no First Nations people, a lot of demographic groups that had literally not been tested on at all. And it was warp speed technology, which is a disaster for any vaccine and, particularly, for a brand-new technology

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that had no history of safety or effectiveness. So two and a half months into the vaxx rollout, when 12 countries in Europe had already shut down the AstraZeneca vaccine because of life-threatening blood clots—and Canada was continuing to barrel on with it because Trudeau said, even though it wasn't safe for the people of Europe, it was fine for Canadians—I thought that this was a significant safety signal that we could not afford to ignore.

And so I sent an email to a group of medical colleagues—doctors, nurses, and pharmacists—in the Lytton-Lillooet area of southern British Columbia saying, “We have reached a turning point in this vaccine rollout. There is a serious safety signal in Europe, and for any health care practitioner to administer these shots without informing the people of the risk of harm, there is a serious liability issue for those people because there is no informed consent.” I sent this as a private email to 18 colleagues. One of those people sent this to the regional health authorities. And three days later, I was in a meeting with my superiors there who told me that I was guilty of causing vaccine hesitancy and that that private email was being sent to the College of Physicians and Surgeons as a complaint because I was putting people at risk by creating vaccine hesitancy: I was told that I was not allowed to say anything negative about these vaccines in the course of my work as an emergency room doctor. And I was told that if I had any questions about them, the questions were not to be directed to my colleagues but to the medical health officer in charge of the vaccine rollout for our area. So I accepted my reprimand.

I then began to see very serious neurological problems arising in my own patients. I had been these people's family doctor for 29 years. I knew them very well. And when I saw new disease processes initiated in these people that I had no explanation with—that all started anywhere up to 72 hours after their shot in every case—I sent a letter to this medical health officer that I had been told to direct my questions. And I asked them, “What disease process was being initiated by this gene-based therapy and how, as these people's doctor, should I be treating it?” And I asked, “whether it was ethical to continue this vaccine rollout in the light of the evidence of harm?” And the silence was deafening. That letter was sent as a complaint to the College of Physicians and Surgeons.

So I then drafted a letter to Dr Bonnie Henry, where I essentially set out the number of people that been vaccinated and the number of people from that group that had neurological problems, and I gave an exact breakdown of the risk of neurological harm. And

it might interest you to notice that the CAERS data, which is the Canadian Adverse Event Reporting System, records neurological injuries as the top category of injury, and that is exactly what I was seeing. I was also seeing lung and heart problems and skin problems and other issues. But neurological problems was number one.

So I sent a letter to Dr Bonnie Henry where I asked many of the same questions. And because I was warned that she doesn't reply to letters, I was told that I had better make it an open letter because it was just going to go straight into the shredder if it just went to her. So it went as an open letter and attracted international attention because at that point, the Moderna vaccine had not been incriminated for causing neurological harm and all of my initial problems that I was seeing were all from Moderna.

So the matter was referred to a vaccine safety specialist, and I was offered a telephone meeting with this top vaccine safety specialist appointed by Dr. Bonnie Henry. And I asked this vaccine safety specialist all the same questions, "What disease process has been initiated in my patients to cause all these problems?" And she assured me that these were not from the vaccine: that these were all coincidences or if they weren't coincidences, were from poor injection technique. In other words, the needle was incorrectly positioned in the deltoid muscle. And I said, "But these symptoms are all over the rest of their body. It cannot be from a misplaced needle. That is logically and scientifically and medically absurd."

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But she assured me that these were not from the shot; these shots did not cause neurological problems. So I said, "Well, there is a crisis because my patients didn't have these problems before. Please, would you assist me to investigate what is causing this?" And she said, no, she could not. The only thing she could do was to send me the link for the vaccine injury reporting form—that they should be reported. And I said "Well, I've already got the vaccine injury reporting form. I want this investigated." So she said that she could not assist me with that. So I said, "Okay, if I submit vaccine injury reporting forms, will those trigger an investigation?" She said, "No, they will simply become statistics." So I realized that at the highest level, there was a denial of these safety signals—that they did not want to know about safety signals. Because this made absolutely no medical sense. Every doctor's highest priority should be the safety of their own patients. So I realized that I was essentially going to be on my own trying to figure this out.

About five weeks after I'd received my gag order that I was not allowed to say anything negative about these shots in the course of my work, a vaccine-injured patient came into the emergency room. It was a Saturday evening. I was on call for the emergency room. The nurse phoned me at home and explained that this patient had come in and what their symptoms were. And I said to her, "I know that patient very well. She had COVID; she and her whole family had COVID five weeks ago, and it was a very minor illness for all of them." And now she is far more sick from the vaccine than she'd been from COVID. "Please, will you tell her she doesn't need her second shot. She has natural immunity, and the evidence for that is that when she got COVID, it was very mild. That means she has natural immunity. Please tell her she doesn't need her second shot." And I explained to that nurse the evidence from Duke University in Singapore that was done in the first year of this pandemic. That was very important research, and I'm going to go through it quickly now because everyone needs to know.

When this new virus appeared, no one knew how long natural immunity would last. And the health authorities tell us it's a couple of months. Well, these researchers realized that when you've got a brand-new virus, you can't know how long natural immunity is going to

last because it's a new virus. So the best shot at finding out would be to look for natural immunity to the first SARS virus that came out in 2002 because that was 17 years before and would tell us how long natural immunity to a SARS virus would last. And so in Singapore, where there was a lot of that first SARS virus in the Far East, they recruited people who had recovered from that first SARS virus and asked them if they could take blood from them to see if they were still immune. And they found that they were still immune 17 years later. It was not antibody immunity; it was T cell immunity. So looking for antibodies is the tip of an iceberg; this is T cell immunity.

And then they tested members of the general population there to see— So if these people that had this first SARS virus were still immune to it 17 years later, what about the rest of the population that never had it? And they found that 50 per cent of them—this was near the beginning of this pandemic—had natural immunity to it from the other coronaviruses that circulate every flu season: it was cross-immunity. And then they tested those people who had natural immunity to the first SARS virus to see if they were immune to COVID and they found that the natural immunity covered COVID. And so the relevance of that—the two viruses, the first SARS virus and the second SARS virus, were 20 per cent different genetically. And so the importance of this is that if your natural immunity is good enough to defend you against a variant that is 20 per cent different, it will protect you against every variant of SARS-CoV-2 because even Omicron—which has 30 mutations making it different—is only 3 per cent different.

I explained this all to this nurse and I said, "On the basis of this, please will you tell this patient that she doesn't need her second shot?" And the nurse told me that she was not allowed to tell anyone that they didn't need a shot. So I said, "Okay, I'll tell the patient."

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On the basis of that, I was fired from the emergency room. On the basis of that conversation—to say that somebody who was vaccine-injured and had proven natural immunity didn't need a COVID injection—I was fired. After 31 years as an emergency room physician with not one single patient complaint against me in those 31 years, I was fired for saying that somebody who had natural immunity didn't need to be vaccinated against a disease to which they were already immune. Fortunately, I still have my medical licence, even though I lost a significant part, at least 50 per cent of my income, and I couldn't work as an emergency room doctor anymore. I still had my private practice. So I continued on. But I realized that I needed to try and find out how to help my patients.

So when I discovered from the biodistribution studies that Pfizer had hidden—that we knew that these vaccines go around your entire body, they do not just stay in your arm. Pfizer's biodistribution studies on the lipid nanoparticles show that they literally take those messenger RNA strands into every part of your body: they go into your brain and your lungs and your heart and your liver and your reproductive organs and your bone marrow, and everywhere. Which is, by the way, why these COVID shots have caused a greater array of side effects than any other medical treatment in history because this toxic spike protein ends up in literally every part of your body without exception. It has broken all records for the most unbelievable variety of disease processes that it causes.

So when I discovered that this vaccine doesn't just stay in your arm—it goes everywhere, into your brain and everywhere—I realized that because most of the absorption from your vascular system occurs in capillary networks, that's where most of the spikes are going to be. Those spikes are going to be manufactured in your body in the cells that surround your blood vessels and mostly the capillaries because that's where the blood slows right down

and that's where absorption happens in our bodies. Knowing that those spike proteins are now going to make the surface of your cells rough and spiky—because that's what the spike protein is. It is the cells that make up the viral capsule of a COVID virus: that's what gives the coronavirus its characteristic shape—these little spikes that stick out all around. And so I realized that the lining of your blood vessels in your capillaries is now going to be rough and spiky. And so I thought, well, as sure as smoking causes cancer, these spikes in the vascular endothelium are going to trigger clots. But most of the clots are going to be in the tiniest vessels where you may not even know they're there.

So I realized that the only way to discover whether or not this clotting was occurring was to do a blood test called a D-dimer test, which is frequently done in the emergency room on any patients that a doctor thinks may have a blood clot somewhere in their body. So as my patients would come in for their appointment, for whatever it was, I would ask them if they'd had their COVID shot and how was it going? Because I was trying to figure out how many people were being harmed by this. And so I was asking everyone that came in, "Have you had your shot? And if so, how did it go?" And I was trying to find people who would be willing to have this D-dimer test before their COVID shot and then one week later: so that I had a baseline; so that I had a control on every patient. And when I had literally got the first eight people's blood work back, and five out of the eight had a positive D-dimer, I could not keep silent.

And I had an interview coming up with Laura-Lynn Tyler Thompson, and she asked me what I want to talk about. And I said, "I want to tell you what's happening to my patients." And I told her that at that point—it was only eight people's results I'd got back—that 62 per cent had evidence of clotting from these vaccines. And these were not vaccine-injured people: These were people who thought their shot did no harm. These were people who thought this shot was keeping them safe, and five out of eight had positive D-dimers. That interview took off like wildfire around the world.

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It's now been subtitled into many languages that I do not recognize. But it created—it sort of blew the lid off this rare clotting thing.

So, tragically, shortly over a week later, our town and my medical practice and the lab where all these tests were done was burned to the ground in the Lytton fire. So that was the end of my research: I was in my office seeing patients and I literally just folded my laptop, I grabbed my D-dimer research, grabbed a few other things, and we ran out of the building and everything burned to the ground. Including the emergency room where I'd worked for all these decades.

So of course, the College of Physicians and Surgeons claims that my statement that this causes microclotting is misinformation. And I should just tell you that in total, I only ended up with 15 people, of which eight out of the 15 had positive D-dimers, which makes 53 per cent. In other words, more than half of people that I tested with a D-dimer one week after their shot— And there's no point in doing it months later, the D-dimer has gone back to normal. I did it, maximum of eight days was the cutoff, and more than half had the clotting.

And my concern with the clotting is that this is permanent damage. A clotted vessel never goes back to normal. It is permanently damaged, and the damage will accumulate with every shot. And the worst part was that these people had no idea that they had been damaged. So of course, the College claims that this is misinformation.

So I don't know if these slides are working. Can you see a slide on your screens?

David (Audio/Visual)

Which slide are you wanting presented?

Dr. Charles Hoffe

The third slide. It says, "Expression of spike protein detected in capillaries." Can you see that?

Stephen Price

Yes.

Dr. Charles Hoffe

Okay. As people have been dying after their vaccines, many pathologists have said they don't know why they died. And that was simply because they had no way of identifying these spike proteins. Spike proteins are not supposed to be in our bodies; they are not a human protein. So pathologists had no way of identifying them when they took tissue samples from people. They had no way of knowing if the spikes were even there.

[Expression of the spike protein detected in capillaries]

So a brilliant pathologist from Germany called Professor Arne Burkhardt figured out how to stain for a spike protein. And in this slide, if you can see it: the dark brown that you can see are spike proteins. So the slide on the left: you can see that is a small vessel where the lining is completely impregnated with spike proteins. And the slide on the right: you can see those parts of that vessel where the lining is smooth, where there are no spike proteins; that's what it's supposed to look like. And you can see wherever there are spikes—it is rough. And so it is absolutely inevitable that these clots will form.

Do you remember that we were told that the way out of this pandemic was to get everyone vaccinated? That was what was going to keep us safe. But what I want to show you next was that literally what has happened to Canada is exactly what happened to those laboratory animals that were tested with the vaccine against the very first SARS virus, where it literally— That so-called vaccine ended up working as an anti-vaccine and made them more vulnerable to the disease than if they had not been vaccinated. So what we now have is a pandemic of the vaccinated.

Is that slide working? What have you got on your slide? Is it good?

[The COVID "vaccine" is an Anti-Vaccine]

We literally have the pandemic of the vaccinated. So I'm going to show you the evidence that this so-called vaccine is actually an anti-vaccine and that it has increased people's risk: It increases your chance of getting COVID; it increases your chance of spreading COVID; and it damages your immune system to such a degree that you have a higher risk of hospitalization and death. And of course, the narrative that the public health keep telling us—that even though they now admit it doesn't stop you getting COVID, it doesn't stop you spreading COVID—they say,

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“It’ll keep you out of hospital, at least you won’t die.” And I’m going to show you the evidence for why that is absolutely false.

[Cleveland clinic study]

So this is a very important study that came out a few months ago from Cleveland, Ohio. This was a study done on health care workers: 51,000 health care workers that had had various numbers of COVID injections. And if you can see, there are five lines there. The bottom of the graph is the passage of time and they followed these people for three months to see who was getting COVID, and of course, the people that are getting COVID are the people who are spreading COVID. So the black line at the bottom is the people that were unvaccinated, zero doses of the vaccine: they were getting less COVID than anyone else. The next line up, the red line, is those that had had one dose of the vaccine. The green line, two doses. The blue line, three doses. And the top line, the brown one, were the people that had had the bivalent booster, the one that’s supposed to keep you the safest: they were getting COVID more than anyone else. There was an absolute direct linear correlation that the more shots you got, the more likely you would get COVID, and the more likely you would spread COVID.

[NSW Australia Hospital ICU Admissions and ICU Admissions]

So what about severe injury and death? This is from New South Wales, Australia, looking at hospitals. This is two bar graphs. The one on the left is a bar graph with four bars showing, again, the number of vaccine doses. The graph on the left: those columns are people in hospital. The graph on the right is people in ICU. So just for the sake of time and simplicity, let’s look at the one of ICU: the graph on the right. You can see the people that had zero doses—in other words, the unvaccinated—they were absolutely none of them in ICU. Zero. And literally, of the people that had one shot, very few in ICU. And literally, the more shots they had, the more likely they would end up in ICU. It was an exact linear relationship. The more accumulated damage to your immune system from these boosters, the more harm that you would have from this disease. This was functioning as an anti-vaccine, making you even more vulnerable.

[Canada’s Pandemic Curve to March 2023]

So what about Canada? So this is a graph from the Government of Canada that actually goes up to mid-March of this year. By mid-March, there had been 97 million doses of COVID vaccines administered to the population of Canada. We had 86 per cent of the population double-vaxed, and 56 per cent vaxxed and boosted. These are not COVID cases, these are hospitalizations: The yellow part of that graph are people in hospital with COVID; the pink or the plum-coloured part at the bottom is ICU. I’ve marked on there where the vaccine rollout began in mid-December 2020. And I’ve marked on there exactly one year later when—because of all of the fear propaganda—they had persuaded over 80 per cent of the population to have at least two shots. You can see what happened to the number of people in hospital with COVID once we had most people double-vaxxed. And you can see it’s never gone back down to what it was before.

Previously, before there were any vaccines at all, in between the waves we’d have almost nobody in hospital with COVID. It never goes back to that. This means that COVID is here to stay. We will never achieve herd immunity because of the damage done to people’s immune systems from these shots, and this graph is the proof of it. You can see that literally, it’s now endemic. This is not a pandemic; this is endemic because we will never— So many people have had their immune systems so damaged. And we know it’s not just COVID. People that have had these shots are constantly sick with almost everything because it goes to every part of their body.

[COVID Deaths in South Africa]

So let's compare Canada, which is a largely vaccinated country, to South Africa, which was where I did my medical training and where I was born. In South Africa, 70 per cent of the population refused these vaccines: 70 per cent unvaccinated. I've marked on that, 31st of March 2022,

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the pandemic essentially ended in Africa over a year ago—they had achieved herd immunity. Now, this is not COVID cases; this is COVID deaths. You can see that COVID deaths basically flatlined a year ago and has never gone back up. It continues.

[COVID deaths in Africa]

The next one is the whole of Africa. If you take the whole of Africa, that is almost the same as South Africa: This is a largely unvaccinated people. They're done with COVID; they're back to normal because they didn't take the shots.

This has been a public health disaster, like never before. And so I hope that this has been helpful just in terms of showing, tragically, what has happened to this country due to the rollout of what has turned out to be an anti-vaccine.

I'm open to questions if anybody has any.

Stephen Price

I did have one question. What happened in terms of the complaints to the College? If you don't mind me asking.

Dr. Charles Hoffer

No, not at all. I think I seem to hold the record for the most complaints that have all come from the doctors in the Interior Health and various others. Not a single patient complaint. The patient complaints are all from public health doctors who feel that I have put people at risk by creating vaccine hesitancy. I have a disciplinary hearing that is scheduled, that will be a ten-day trial. It was supposed to have occurred in February, but it was adjourned and a new date hasn't been set. It will probably be in November or December of this year. The fact that they have planned a ten-day trial I think is wonderful because I'm hopefully going to be able to show them a lot of very good scientific evidence and maybe help them to understand this. The evidence is overwhelming.

They have said, for example: that it is misinformation to say that these shots cause neurological injuries; that it is misinformation to say that these shots have killed a lot of people; that it is misinformation to say that they affect fertility. And the evidence from all around the world is enormous. And part of the tragedy with fertility is that, as I mentioned, the delivery system to get this spike protein into every part of your body was designed to, literally, take it to your reproductive organs as well. And we know that these spikes cause clotting and bleeding and gene editing. And they're highly toxic and highly inflammatory.

And so the evidence that so many women have menstrual irregularities after these shots; that the live birth rate in every highly vaccinated country has significantly declined since the vaccine rollout; that midwives and doctors have seen unprecedented numbers of miscarriages and stillbirths is huge evidence that this has affected fertility. But they've said that that is misinformation that this affects fertility. And Pfizer's own biodistribution study

showed that the ovaries were one of the top four organs where the spike proteins ended up. So the fact that they have wanted to give this to our children for whom COVID poses almost no risk. You know that there has not been one single healthy child under the age of 16 in Canada that has died of COVID. Not one. And yet they have been determined to vaccinate our children with this thing where so much of it ends up in the ovaries. To me, that is very sinister because it makes no logical or scientific sense. These children are not at risk from COVID. This is very sinister.

Stephen Price

Thank you, doctor. Do the Commission members have any questions?

Commissioner Massie

Well, thank you very much, Dr Hoffe, for this very enlightening presentation. Can you comment a little bit about the types or nature of neurological damage or injuries you've seen in your patients? And how does that compare to what is seen in other places in the world? Is it a similar pattern, or do you find differences?

Dr. Charles Hoffe

Yeah, I think the commonest neurological problems

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that people hear about are, firstly, the strokes. And strokes are also a vascular injury where you block a vessel or rupture a vessel and get bleeding in your brain. But of the neurological injuries—I only have two patients that had strokes after their shot. The commonest neurological symptom in my patients is actually pain—chronic pain. So for some people it's headaches; for some people it's pain in other parts of their body, in strange parts. I have one person who says the bottom of her feet has been incredibly painful since her COVID shot. But as I said, this was designed to literally go everywhere. I have three people in my practice where both hands are extremely weak: they cannot open a jar anymore. One of them had to change the door handles in her house from a round doorknob because even using both hands, she couldn't open her doors anymore, her hands were both so weak. And so for it to cause symmetrical weakness both sides, that means that this has affected your spinal cord. If it was your brain, it wouldn't be symmetrical. So these are spinal cord injuries in three of my patients. In some, it's light sensitivity. I had a 38-year-old lady who developed five cranial nerve neuropathies. The cranial nerves are nerves that control your face and your head that come directly out of your brain, not out of your spinal cord.

As I mentioned, when I had asked this vaccine safety specialist if she would assist me to find a neurologist that would investigate these people, and she told me she could not. And I said, "But I have phoned three tertiary hospitals to try and find a neurologist that I can send"—and at that point I had six neurologically injured people—I said, "These six people need to be investigated urgently." And she said she couldn't help me. And I said, "But I have phoned Royal Inland Hospital in Kamloops; I phoned St. Paul's; I phoned Vancouver General, where I speak to the neurologists. They all say, 'Sorry, we can't help you.'" And the key thing was, as soon as they heard this was from the vaccine, they go dead quiet on the phone and they said, "I'm sorry, this is not my field." And so I said to her, "What am I supposed to do?" And she said, "Don't tell them it's from the vaccine." Can you believe it? This is the top vaccine safety specialist in BC. And they had no interest in investigating what

disease process was caused. No interest at all. Their only interest was to get me to shut up. And I won't.

Commissioner Massie

And my other question has to do with the— You mentioned initially in your research that when similar types of vaccine were tested with SARS-CoV-1, and maybe there's been some also with MERS [Middle East Respiratory Syndrome], that there's been issues with injuries when the animal were challenged with the virus. In your practice, have you noticed that the injuries were following in patients that had previous COVID infection and then were vaxxed? Or is it unrelated?

Dr. Charles Hoffe

No, they are related. For example, that patient that I told the nurse to tell her she didn't need her second shot—she got way more sick from the shot than she did from COVID. And the reason why the two work together, it's the same poison in both: the poison is the spike protein; that is the toxin. I mean, the lipid nanocapsules are very toxic on their own. And the fact that they want to use those lipid nanocapsules as a delivery system for all these other mRNA-based vaccines that they've got coming—that is a very toxic delivery system because those lipid nanocapsules on their own cause a lot of pathology.

But what happens when a person has had COVID, they get exposed to some of those spike proteins. Then they get the vaccine and they get a whole ton more, which means they're getting more of the same poison. And that's why people who have had COVID who get vaccinated have worse vaccine injuries. They're getting more of the same poison. So the fact that they forced people who knew they had natural immunity—and the way you know you've got natural immunity is you get COVID and it's mild, your body had natural immunity.

There was very good research done by Dr. Steven Pelech, and others were involved in it, here in BC and here in Canada that showed one year into this pandemic, that 90 per cent of the population had natural immunity,

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to some degree, of COVID-19. Before there was any vaccine rollout at all, we knew that 90 per cent had natural immunity. In other words, for 90 per cent of the population, this was not a risk and yet they forced these people to be vaccinated. And now their immune systems are seriously damaged. And you've seen what that graph looked like of Canada's desperate situation now, where we have a pandemic of the vaccinated because all of these people who had natural immunity have had their natural immunity ruined.

Commissioner Massie

Was there an indication of these types of pathologies in the animals that were actually tested previously? Was there a hint that you could anticipate—that with the new vaccine when we would rollout the vaccine in human population?

Dr. Charles Hoffe

No. What they saw in those early laboratory animals was simply what's called antigenic enhancement or pathogenic priming where basically your body gets primed against this

thing, so when you then get exposed to it, it overreacts. And they went into a massive inflammatory state called a cytokine storm that basically either killed them or made them very sick. And so, that's slightly different from the spike proteins in the brain.

For example, the patients that I have that had ringing in the ears, dizziness— So these would be symptoms of spike proteins in your brain if you got this shot: headache, unusual tiredness, nausea, dizziness, light hypersensitivity, sound hypersensitivity, all of those would be evidence of spike proteins in your brain. And of course, now that some pathologists know how to stain for spike protein, we know it goes into the brain. It goes everywhere because they've got autopsy samples literally from almost every part of the body showing that these spikes go there. So this is very ominous that they chose a delivery system that took these spikes into literally every part of your body. You don't need that for a vaccine. For a vaccine, it should stay in your arm and that's where the antibodies should be produced. It doesn't need to get into your brain or into your heart or your lungs.

Commissioner Massie

I'm curious about your D-dimer that you've been doing to get a sense of what would be the frequency of these type of damages, even when people don't show any symptoms following the vaccination. I haven't seemed to be able to pursue these kind of D-dimer studies, but are you aware of other labs, either in Canada or across the world, that have tested or followed up on this D-dimer analysis?

Dr. Charles Hoffe

Yes, after I exposed what I had found with my patients, many other doctors around the world started doing the same thing, and particularly in emergency rooms. Where people would go into emergency rooms with vaccine injuries, they would then do D-dimers and find massively high D-dimer levels on vaccine-injured people. I was doing it on non-vaccine injured people; I was doing this on people who thought their shot did no harm. Because I was trying to find out— I was looking for hidden damage because that's what the capillary clots would be. They're hidden damage which will accumulate. It's permanent damage, but it will accumulate. Because we knew, very early on, we knew Trudeau had ordered enough shots, six for every Canadian—now apparently, it's nine—but they clearly were planning to give us a lot. And so I was trying to find out whether the damage was cumulative and of course, blood clotting damage is cumulative.

Commissioner Massie

So this could trigger different types of pathologies, depending on what capillaries would be affected and what organs?

Dr. Charles Hoffe

Yes.

Commissioner Massie

So it means that when you try to monitor the side effects, you will find different descriptions because it really depends on where it lands, right?

Dr. Charles Hoffe

Correct, yeah. So for example, I had one of my patients—he was a patient who had rheumatoid arthritis—who would walk three kilometres to my office every Wednesday for an injection that he would get for his arthritis, and that was part of his routine. Once a week, he'd walk three kilometres there and three kilometres home, and as soon as he had his first COVID shot, he literally could go a few hundred metres and he was done. He literally said he couldn't even do a quarter of a mile, and so I strongly suspect he got all the microclots in his lungs. And lung and brain and heart doesn't regenerate. Once you get clotted scar tissue in those organs,

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it is permanent damage, and it will accumulate with every shot.

I should mention to you just the other thing that I think is a really important thing. This vaccine safety specialist that told me the only thing she was willing to advise me was that I needed to submit vaccine injury reports. So the first six that I sent in— Literally the public health were putting out notices to our community saying that my allegations that anyone had vaccine injuries were false and that there was no evidence of harm. And one month after my letter to Dr Bonnie Henry, the College of Physicians put out a notification to all doctors, warning doctors that anyone that contradicted the public health narrative would be investigated and, if necessary, disciplined. This was their response to me revealing the evidence of harm—was to tell doctors that they were not allowed to reveal evidence of harm. You were not allowed to contradict the safe and effective narrative, otherwise you would be investigated and disciplined.

And so when people wonder why those people have believed what the media have told us, it's because doctors have been warned that they're not allowed to question the narrative. They're not allowed. They're too afraid. They have to feed their family. They don't want to lose their medical licence. They don't want to end up like me: under investigation. And so, this has helped push the narrative that “well, doctors seem to be all on board because they don't say anything.” Well, they've been warned not to say anything.

So I ultimately submitted 14 vaccine injury reporting forms, and out of those, every single one was denied by public health. Every single one. They would send a report back to me saying these are not vaccine injuries, these are all coincidences, and this person needs their next shot. And they would phone up the patient and tell them that this is not from your shot, you need to get your next shot. So I discovered that it was impossible to report the vaccine injuries because they literally get censored by public health so that they can carry on telling everyone that the side effects are incredibly rare.

Commissioner Massie

Maybe one last question. You said that the investigation has been—well, the trial has been postponed. We can only speculate of the reason for that, but in your assessment, given that it's going to be months down the line, do you think that this will allow you to build a stronger case and the outcome will be more favourable?

Dr. Charles Hoffe

I don't think so because unfortunately they're not following the science. It is clearly apparent. The fact that they completely ignore all the safety signals means that they're not

interested in evidence. And you have to say, “Well, why does Health Canada completely ignore the safety signals?” You only have to look at, for example, the VAERS or the open VAERS in the United States. Because as I mentioned, the Canadian vaccine injury reporting system is a joke: you can’t even report, I mean, it’s a joke. But if you look at the American, the VAERS and the open VAERS, the vast number—I think it’s now over 33,000 people dead. And by the way, 50 per cent of those would have died within 48 hours of their shot, 33,000 dead. I think it’s about 65,000 people permanently disabled. If any other medical treatment had ever done that, there would have been an absolute— The media would have been all over it; public health would have been all over. It would have been shut down. Yet there’s literally crickets. They look the other way.

And if you want to know why they look the other way? Well the FDA gets 50 per cent of its funding from the pharmaceutical industry. Health Canada, over 80 per cent of the funding for Health Canada comes from the pharmaceutical industry. So guess whose tune they’re dancing to? This is a massive conflict of interest. No wonder they will conceal the evidence of harm. The pharmaceutical industry has done that for years. Pfizer holds the record for the biggest fine for scientific fraud and covering up evidence of harm in history: \$2.3 billion. The pharmaceutical industry, as a whole, has paid, I think I’m correct in saying, \$30 billion since the year 2000 for scientific fraud in court settlements and fines for scientific fraud.

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They are the most dishonest industry on earth. And yet Health Canada gets most of their funding from them. So if you want to know why does Health Canada ignore all the safety signals? Well, just follow the money. Guess who’s paying them?

Commissioner Massie
Thank you very much.

Commissioner Kaikkonen
Good afternoon. Thank you for your testimony. I’m just wondering if you can provide some insight into why the people of South Africa, 70 per cent of them, decided not to get the vax?

Dr. Charles Hoffe
People in Africa have known that their governments have been dishonest for many generations. In Africa, people don’t trust the governments, I don’t think in any African countries. They know that the government— The people go into politics for power and wealth, not because they want to be public servants and protecting the people. And so when the government tells them something, they, I think, have a bit more critical thinking and don’t just accept it at face value. I think perhaps that’s the reason.

Commissioner Kaikkonen
Thank you very much.

Commissioner Drysdale
Good afternoon. There’s a couple of terms that we’ve been using—and we hear it in a lot of the testimony—and there’s VAERS, which is a reporting system in the United States. As I

understand it, the government reporting system in Canada is called CAEFISS [Canadian Adverse Events Following Immunization Surveillance System]. And then you talked about a system called CAERS [Canadian Adverse Event Reporting System]. Now CAERS is not the same as the government reporting system, is it?

Dr. Charles Hoffe

No. It's one where patients can report their vaccine injuries. Because there are a lot of doctors that are very reluctant to report vaccine injuries because they don't want to be seen as an anti-vaxxer. My understanding is—and I would need to validate this—that CAERS is where patients can literally report their injuries.

Commissioner Drysdale

So CAERS is then a non-governmental system of reporting, and CAEFISS—the system that you tried to report to, where your reports were unvalidated, if you will, or said that they weren't true—that was the government reporting system that Health Canada told us was a strong reporting system to monitor the vaccine. Is that correct?

Dr. Charles Hoffe

Yeah. They kept quoting that that was the evidence that this was so safe. Because they'd given out so many doses with so few reported injuries.

Commissioner Drysdale

I have another curiosity about that. It's my understanding—or I grew up understanding—that when I came to your office and told you something about my medical condition that it was sacred: it was between the doctor and the patient. Is that correct?

Dr. Charles Hoffe

Yes, that is correct.

Commissioner Drysdale

Then how did the people from the CAEFISS system, or the government reporting system, review your patients' files and then talk to the patient outside of your relationship and tell them that they need to go get their vaccine? Isn't that a violation of that sanctity between patient and doctor?

Dr. Charles Hoffe

Well, on the forms, one had to put the patient's contact details. So in other words, a telephone number, and the idea was so that public health could look into it and deal with it appropriately. But their way of dealing with it was literally to just deny that it was from the vaccine.

Commissioner Drysdale

So are you telling us that public health has access to, and reviews, personal medical information of patients?

Dr. Charles Hoffe

Yeah, they wouldn't have access to that person's family doctor's medical records. But I would imagine that if you went into an emergency room or if you had some in-hospital treatment that they would probably have access to that. That goes into a database of what happens in government hospitals that I would expect that they would have access to.

Commissioner Drysdale

I wonder if patients are aware of that—that they don't have that

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sacred secrecy between the doctor and the emergency room and themselves, where they may or may not in the doctor's office.

Dr. Charles Hoffe

Yeah, so normally, public health wouldn't be able to access their family doctor's medical records. I still had paper files and I had paper charts in my office. I was mistrustful of electronic medical records. I couldn't understand why the government was paying doctors to change to electronic medical records. I didn't know how that was going to improve patient care or be in the patient's best interests. And so when all of my patients' records went up in smoke, a lot of my patients came to me and said they were very glad that their medical records went up in smoke because there were things in their past that they would like to leave in the past.

Commissioner Drysdale

In the charts that you showed that were showing the infection rates, and you showed the graph, and I think it started late in 2020 and it proceeded through to 2023. Now in my understanding from previous testimony that COVID-19 reportedly showed up in the world in the late part of 2019, was in Canada, the first reported cases, I think, January 2020. And then the government declared a pandemic in March of 2020.

Now it would seem to me—and I'm asking this question of you—that there was no vaccines in 2020, at least until December 15th or 18th, and the population most at risk had not been exposed to COVID-19 until 2020. I would have expected that there would have been a very quick rising peak in 2020 with no protection, no therapeutics, nothing else. But it seems from your graphs that there was no peak in 2020, and then the peak came out in in 2021 following the vaccines. Can you comment on that a little bit?

Dr. Charles Hoffe

Yeah, well, early on in this pandemic, we knew that the average age in Canada of people who were dying with COVID was 83. And that in the very first part of this pandemic, I think in BC, at least, about 80 per cent of all the people that were dying were in long-term care facilities or the old age homes. So the fact that they were shutting down schools when most of the people who were dying were already beyond normal life expectancy showed the absurdity of the mandates.

But I guess what I was just trying to show in that graph about— That we're much worse off since the vaccines were rolled out, that things were much better before there were any

vaccines at all. And in fact, if you can see the graph again, the tallest peak in that graph was the first Omicron wave. Now Omicron was only one-third as dangerous as the original Wuhan strain. One-third. And yet, in Canada, we had more people in hospital with Omicron than ever before, once most people were vaccinated, even though it was much less dangerous. If you compare it to the graph in South Africa, for example, you'll see that their last wave, that shortest one, was Omicron because they had herd immunity. Omicron wasn't an issue and that was at the end of it. Canada had lost its immunity; South Africa retained it.

Commissioner Drysdale

You know, I tend to ask this question all the time, or perhaps too much, but it's something that really bothers me or that I'm curious about. And that is, and I understand this, you said that doctors were warned not to say anything. And by and large they didn't—those last words are mine. We've heard this about our police; we've heard this about our ministers; we've heard this about our judiciary. We've heard this about almost every aspect of society which was supposed to protect us from something like this. Although I can't ask this—I would ask the crowd, how many sitting here have been threatened or warned not to say anything, but they still have? And so, my question to you is, how is it that a people, some of the groups that we've talked about, who we give such an elevated position in our society—

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lawyers, doctors, judges—we hold them in reverence, we always have. And yet it only took a warning for them to be silent. Can you comment a little bit about that?

Dr. Charles Hoffe

I think this entire pandemic has been a moral integrity test: for doctors, for our politicians, for the police, for lawmakers, for judges, right across the board. It has been a moral integrity test. There are some people who will do what they're told, no matter what. And there are some people who will do what is right, no matter what. And that is the difference. That is the moral integrity test: Will you do what is right, no matter what risk it is to you? Or will you put yourself first and do whatever it takes to protect you, even if it puts other people at harm? And we've seen it. This has been a great revealer of moral integrity. And unfortunately, we've seen it in the law courts, we've seen it with the politicians, we've seen it in the media: of those people who will do what is right, no matter what, compared to those who will just do what they're told, no matter what. I think it comes down to that.

Commissioner Drysdale

I wonder if that's why we didn't see a lot of doctors, and lawyers, and police officers in Ottawa, but we saw truckers there.

Dr. Charles Hoffe

Yes, yes, yes.

Commissioner Drysdale

Thank you, sir.

Dr. Charles Hoffe
You're very welcome.

Stephen Price
No further questions. Thank you very much, doctor, for your attendance and evidence.

Dr. Charles Hoffe
You are most welcome.

Shawn Buckley
David, can you mic me? Thank you. So before we take a break, I just wanted to clarify.

When Dr. Hoffe is referring to CAERS, that is C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System, and he's absolutely correct. You don't need to be a doctor. You can go there and apply yourself. So it's a non-governmental initiative to be documenting adverse reactions, and it's very easy to access, and it's very easy to fill in the form. So I just wanted everyone to understand that when Dr. Hoffe was referring to CAERS, it's spelled C-A-E-R-S, and it stands for the Canadian Adverse Event Reporting System.

[01:03:13]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 7: Jeff Sandes

Full Day 2 Timestamp: 08:19:22–09:05:55

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Marion Randall

Marion Randall, again, for the record, a local lawyer assisting your next witness, who is Jeff Sandes. Can I have you, Mr. Sandes, to please state your name and spell both your first and your last name, please?

Jeff Sandes

Jeff Sandes, J-E-F-F S-A-N-D-E-S.

Marion Randall

And do you promise to tell the truth, the whole truth, and nothing but the truth, when you give your presentation here?

Jeff Sandes

Yes.

Marion Randall

So I'll just go through quickly who you are, a little bit, and you can add to it if I've made a mistake. You originally studied journalism about 35 years ago when you were still young. Then you subsequently worked in journalism as a reporter for United Press for three years and then freelanced in a community newspaper for about five years in Surrey. Then you did leave journalism for a bit for other work that you undertook. And presently, you do work in trucking, but you're also a freelance journalist for *The Epoch Times*, is that correct? Have I summarized that correctly?

Jeff Sandes

Yes, you have.

Marion Randall

Okay, so I think what you were going to address us here today with was, sort of, the changes in journalism. So if I could begin with, perhaps you could tell a little bit about when you were trained as a journalist 35 years ago and how that differs from colleagues in journalism that you've met now, what they're training was like.

Jeff Sandes

Okay, there's a lot to discuss, I suppose, that has changed. But back then, the industry seemed to attract people that, I guess, wanted to get into writing. They felt there was a noble call to it. There's people who are just kind of looking for a career that might, I don't know— They were still looking for something to do full time. And the program I was a part of, I thought, trained us all incredibly well. It was at Langara College, the province, BC. The graduates were all over British Columbia, community newspapers, dailies, all kinds of media.

Marion Randall

Would the word objective come anywhere into your training?

Jeff Sandes

Yeah, we were trained to take any issue, any story we were dispatched, and to consider as many different viewpoints that might come into this particular situation. So if you're covering city council or you're covering a press conference for somebody closing down a business in the city, even athletes, there's more than one position, typically, on whatever the story is that you're dispatched to.

And back then, we usually had a little more freedom to determine what actually might be the story that we would end up writing about. You'd go out into the field; you would gather your interviews, do your research, and you have mostly all day to kind of follow your story. And nowadays, we're mostly behind a computer, writing on something on the other side of the country, trying to find somebody to get as far as quotes go, maybe a little bit of data. But for the most part, we don't have the same effort into building a story like we once used to.

Marion Randall

Okay, so if I could, about 2010, I think, you began to notice a change in the way media was produced—and you're sort of getting into that area now—and it was in terms of the covering of the issues: one-sided or more-sided, and a reason why it wasn't multifaceted anymore.

Jeff Sandes

Oh, okay, sorry. Yeah, I'd say a dozen years or so ago, that's when I started to recognize the way stories were covered, they were produced, the way we were starting to take them in. We were losing some of the quality that I felt I was trained to do as a journalist. Of course, I wasn't in the industry anymore at that time, but I always scrutinized it.

What became a lot more evident was— It's almost as if there was going to be sides being chosen. There was less balance as far as bringing in other viewpoints. And that's sort of the approach that journalists seem to be moving toward. Once, I think, Donald Trump became a

politician, it became clear that every media outlet virtually decided to pick a side on whatever issue, and they just went off the rails.

Now, I will say though, even if I point my finger at a media outlet or a reporter and say that they're not doing their job professionally, they would still point their finger back at me,

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or at the outlets I work for, and say the same thing. So everybody, I think, still believes they're doing a professional job, but I would argue that we've kind of lost some of that structure.

Marion Randall

So is part of what you would say, is that people who are in journalism now are more motivated by ideology than they are about reporting on the incidents that are important to Canadians?

Jeff Sandes

I would argue that. In talking to some of the people I went to school with, and a couple of other long-time people in journalism before this testimony, the younger people that are coming into the industry seem to be coming in more with kind of political and social ambition as opposed to professional obligation. And we don't have a network to develop them, to mentor them. The system, one of these journalists told me, has been corrupted now. So you find maybe the market that you want to report in and you're kind of given a little more free reign to do that on one side of an issue.

Marion Randall

So can you also comment—you were observing the media and from your inside knowledge of the profession—about the influence of advertisers in terms of journalism?

Jeff Sandes

Right. One of the people I did study with, she was just telling me, before she left, her publisher told her to pull a story because it framed their biggest advertiser in a negative light. And that was the threat that was given to the newspaper. Another fellow I know, more locally, he was given the same directive to change a story based on their newspaper's biggest advertiser.

It is a reality when you have a low budget and if you're a community newspaper, in particular, you depend on whatever resources you can get as far as advertising goes. And so if your biggest customer is going to say, "We're pulling our ads," then it's partly going to influence, perhaps, the way it's covered. Of course, we have corporations and government initiatives to try and also, I guess, help journalism, but when you're getting money from the government, you seem to be also influenced.

One fellow I talked to in the Kootenays, Sean Arthur Joyce, who's been freelancing for years, decades, had his first stories not published because he feels the newspaper was getting money from the National Journalism Initiative [Local Journalism Initiative]. Forget what it was exactly called, but basically, it allowed underserved journalism communities to hire somebody for a year and allow them to sort of develop and work in the community and

learn the ropes. But now, if he had something critical or seemingly critical about the government, those stories weren't getting published.

Marion Randall

Now you mentioned advertising resources. Have there been other— From your inside knowledge of the profession and what you've noticed with your colleagues now and your previous colleagues, in terms of staff, for example, copy editors, if you can talk about that. And fact-checking.

Jeff Sandes

Yeah, so a lot of newsrooms are going to be operating on sort of a thinner staff. You have the reporter, which most of us end up seeing on TV or reading from their byline. But behind the scenes, you'll have others that are involved in laying out the product on the website or the newspaper, producing it for TV or radio. In a lot of cases, you're going to cut corners, or they have had to save money by having fewer copy editors and some of those production staff. Therefore, if you have a story that would have been considered maybe investigative journalism where you have a lot of research, a lot of data, a lot of interviews, it's a lot more cumbersome to vet and fact-check those stories. It takes a lot of time as opposed to, maybe, taking three other stories and getting those out on the internet or ready for primetime viewing. And so with that being one of the restrictions, it does have an impact on how fast a story could go or whether it's even approved because of how in-depth it may need to be.

And I'll say one other thing, too, that comes into play with this. While I'm being critical of journalism overall today compared to in the past,

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a challenge that a lot of reporters will have in today's real time is based on the media outlet you represent. There are people in government, in police, in business that won't talk to you. And even if you're trying to give balance, which is what your editor or your copy editor may be looking for, if you don't get a reply or response and you're ghosted, then the rest of your story may look like it's biased or imbalanced. And that's part of the reason why we'll have these accusations that we have. Yeah, like I say, biased outlets, biased reporters.

Marion Randall

Now, I wonder if you can just comment a bit on censorship, and especially in respect to the COVID era, you wanted to tell the Commission about that. About what happened in COVID and government regulation, censorship.

Jeff Sandes

That's a little more difficult one for me to comment on with accuracy. I mean, when Dr. Hoffe was here, he talked about a lot of deaths and injuries that have not been reported, and it reminded me— I think there was a child that likely died from eating tainted baby food and they immediately covered it in our media in North America. Largely, they shut the plants down; they ended up recalling all the product. And we have somebody, or a population, that may be damaged: We need to cover it. We need to let everybody know, and so, we did that with the baby food. Then we have another population that is being damaged and being injured, and yet we're not covering that.

The censorship—we know now, since Elon Musk bought Twitter—at least extended into social media. There is the Trusted News Initiative, started in 2019, of a lot of different media outlets and social media companies that look to try and, I'll say, censor information on fair elections and eventually on COVID and vaccines. And so when you have a conglomerate of different media outlets that are working to make sure a particular talking point is produced, then you're limiting the professionalism we're supposed to do. And you know, with the Ukraine war, search engines—I think all of them or most of them—decided to suppress information that might have something to do from a Russian perspective. And so, this is another example of how we're getting limits on what we can intake as news consumers.

Marion Randall

Now do you have any information about whether journalists are dictated, in any way, as to words they can use, like say, let's take "protest" versus "riot."

Jeff Sandes

Yeah. So we have— In Canada, it's called the CP Style; in America, it's called the AP Stylebook. And essentially, there's some conformity that all media outlets in the country are supposed to adhere to for certain things. And the example I would usually give would be when there was a military coup in Burma, they renamed the country Myanmar. Well, what do we call it? Is it Burma? Is it Myanmar? And the stylebooks would determine that for us.

So the way that those usually go, they move more in one direction than another. So an example back when I was studying journalism or first in it, if it was the abortion debate, and you are on one side or the other, you would be pro-choice or pro-life. Today, if we are to write on that, you would be pro-abortion rights or anti-abortion rights. And so the language is manipulated so that it's as if you have somebody that's in favour and somebody that's against. And then of course you throw the "rights" in there. We're skewing the way that it could be a balanced approach, in my opinion.

So during the unrest that happened following the George Floyd death, one of the things that changed was rather than, at least in America, being able to call the unrest a "riot," it was supposed to be called a "protest." There was a change at around the same time, I believe, where you couldn't refer to somebody as "a mistress," but rather as "a companion." Anyways, those are some of the examples of how we have guidelines on how we're supposed to follow, as a country,

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in all media outlets, and they come up with their own standards for that.

Marion Randall

Can you tell us a little bit about— I think that communities are increasingly served by news agencies or people that work for the news that don't even live in their community. It's more and more centralized, is that the case?

Jeff Sandes

Well, in rural BC at least, and it's probably throughout the country, you used to have a staff. You would have your editor and you would have your reporters. You would have your advertising workers. You would have people that would work on all of the public comments, so obituaries and weddings and other announcements. But now what's occurring is, in order to save money, you have a skeleton reporting staff and you'll have an editor that will be serving two or three different newspapers in communities that he may not even live in. And that's a reality in order to try and budget to still have a viable newspaper in a community that depends on it.

Marion Randall

And then, we saw with the Trucker Convoy, that there was only limited media coverage and did you have a comment about that?

Jeff Sandes

So this goes back into kind of picking sides that I was saying. As news consumers, I would argue, we've been part of that problem because if we believed mask mandates and vaccines save lives, there's these media outlets that will tell us that. And if we believed it was about control and oppression, these ones will tell us that. And whatever one we wanted to migrate to, we would go to. And they're going to keep feeding us, or I would say, the industry feels we have to keep supplying that red meat to our demographic.

And in the Trucker's Convoy, this was an example of people affected by the mandates that felt they had no other choice. They organized this. It left from British Columbia. We covered it with *The Epoch Times* from the beginning and through the entire journey. And even as it was gaining tens of thousands of people at the different stops and gaining more notoriety and notice, there were still outlets that were pretending it didn't exist. And that would be an example of a news story, especially in Canada, that should be covered or it used to be covered by everybody.

I remember one day listening to—I won't say the name—but I would always listen to a certain radio station for my Canadian news on satellite at 4 a.m. And a few hours earlier, there was a terror attack in Spain where Canadians died. And that should be the lead story in every outlet that we have, every newspaper, every radio broadcast, everywhere. Yet this particular host spent the opening segment talking about Donald Trump. This is the type of thing that, I'm arguing, is probably generating more attention, more clicks, more opportunity to keep your base that's coming to you for news happy. And this is a sliding scale of what constitutes news nowadays in how we approach that.

Marion Randall

So would you characterize news today as lacking balance compared to decades ago?

Jeff Sandes

Yeah, 100 per cent. What we were supposed to do is—take the Trucker's Convoy as an example—report what's happened. And there's people that are going to support it; people that don't. And then there may be other things that are going on, such as potentially traffic jams or environmental impacts or who knows; there's all kinds of things we could probably think about. And then the objective would be to bring all of that into a story and allow the consumer to decide what they think about it. They're informed, and whether they support

it, don't, or are indifferent, that would be what our job was supposed to be. But instead, what we end up having is creating an environment where we either put these people on a pedestal or taint them as a dredge to society and that's not for us to do. We're supposed to be reporting it.

Marion Randall

Okay, is there anything further that you have to tell us or can I open it up for the commissioners for questions?

[00:20:00]

Jeff Sandes

Well, the one other thing that I just wanted to mention is I'll read something or I will notice something when I'm doing research that sometimes gets me interested. And I'm not sure exactly where it's going, but I have a suspicion that we may be moving into an era in Canada where our governments are looking to control our speech.

So we all know what "fake news" is—but what it's being rebranded as now by our governments is "misinformation," "disinformation," and "hate speech." And these are very broad definitions based on what they once used to mean. And so we've already seen our government starting to move into legislation that will restrict what people might say about the Holocaust or gender identity. And recently, I saw two clips where our Prime Minister was condemning people who believe in flat earth theory. And my sense is the potential for further legislation and the opportunity of Bill C-11 to allow more regulation on what we can say could be on the horizon. And if they determine that something that's misinformation or disinformation comes from your media outlet, your podcast, then maybe they're going to move into restricting that or censoring it.

So that's something I would argue all journalists should be paying attention to because we used to advocate that— The saying was, "I hate what you're saying, but I'll die for your right to say it." And that was something that was what we all embraced in journalism. But today: "I hate what you say, and I don't want you influencing anybody else with what your opinion is." And we're doing that in media too, largely. So that's something, I think, we should pay attention to.

Marion Randall

Thank you. Any questions from the commissioners?

Commissioner Massie

Thank you very much for your testimony. I was wondering, I think, because of the technology, journalism is going through a very probably serious, rapid evolution, if you want. And is the problem due to the fact that now, with the new technology, that there is a strong competition from what I would consider citizen journalism as compared to the big companies or organization that would have the resources to forecast their news previously? And now it can be done by just a small team of people that are well organized and disseminate or share a message that people want to listen to, that resonate with people. So that's a kind of challenge that makes it very difficult for professional journalism to find their niche. Because very often, the citizen journalism don't necessarily have all of

the means or the costs associated with big diffusion, but sometimes they manage to make a living out of it.

Is that a new model, the transition that we're going into?

Jeff Sandes

Well, the rise of the internet certainly has given entrepreneurs the opportunity to create their own media landscape, and a lot of them are one-person functions. I'm not sure that there's too many that are there to compete. Certainly, the traditional approach to journalism when we used to watch news at 6 p.m., it's about retaining your viewers.

One of the people I went to school with—he has created his own little mini-empire by himself—he used to do TV. And if he had a great story that was in everybody's interest, but if he couldn't get an image, like a mugshot or something like that, then it's irrelevant to TV. And the citizen journalist has, I think, a lot of ambition like you say, and they may be motivated by something pure and noble. But there's a lot that will also be looking to support themselves.

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And so, if they're going to get an audience that's going to be all anti-Trudeau or pro-Trudeau, then they might focus only on stuff that would kind of broadcast that.

The bigger thing that could impact this might be artificial intelligence, which could allow people to create content that you can't tell is phony or not. And if you want to lie or create something that is going to truly mislead, but you can't tell, that could be coming as well.

I just wish we had some of the opportunities to do it in the old way, where we would be dispatched to the story in the field, we'd have all day to produce it and put it together. But that doesn't really exist anymore. You don't get paid very much in this industry. If you file a couple of stories a day, then you can make a good living, but otherwise, you are going to have to cut corners here and there a little bit.

And I will emphasize again that our media outlets will all say we have journalism integrity. We have high standards. I'm not sure that's necessarily true, but they'll say it, and a lot of times, they'll believe it. I mean, there is one here in BC that on their website, they talk about their social activism as being part of what their mission is, and they have really high journalism integrity. I don't think you can merge the two with that. You should just have journalism integrity. Tell the truth; report the facts as best you can.

Commissioner Massie

The other issue also is—you need to make a living. And if these large institutions become more and more dependent on government subsidies, how is it possible that they can actually raise questions about what the government is doing? Isn't that some sort of conflict of interest built into the way it's operating?

Jeff Sandes

Right. So everybody will say that doesn't influence us. But, like I said, the fellow in the Kootenays who I was talking to, he'd been submitting copy for 20, 30 years, and until he submitted something that did not make the government approach to COVID look good. All

of a sudden, he wasn't getting his story published. And that was an outlet that was receiving money from the government to pay for somebody to report for them for a year, and his suspicion was the two were tied. The editor might dispute that, I never talked to them. But when you look at the advertisers trying to say "Hey, I don't want this story out there because it makes me look bad," and if you put it out there, that's the end of our advertising. If the government's not going to give you your money either, maybe you're going to be influenced as well.

Commissioner Massie
Thank you.

Marion Randall
Yes, please.

Commissioner DiGregorio
Good afternoon. Thank you so much for coming down and sharing with us today. You spoke a little bit about something I'd never heard of before today, the CP Guide, which I think you described as guidelines for media outlets in terms of which words to use. And I'm just wondering if you can help me understand a little bit more about this, like who is creating these guidelines and how our media outlets [inaudible: 00:28:34]?

Jeff Sandes
Right. So, CP stands for Canadian Press and it goes just beyond a choice of words. There's things with grammar. It covers a lot of different areas. I haven't read it for many years. I used to buy the book, every edition, back early in my career. But what they're doing is trying to make sure that you as a consumer, if you read this newspaper today and then you watch this news program tomorrow and then you catch a podcast or something on the internet the next day, all on the same issue, there's uniformity so you won't be confused. And that's why I mentioned Burma and Myanmar. If you'd never heard of Myanmar before and that's what they're reporting, you may be confused. And that's why they're trying to make sure that we have some method to make our consumers have less confusion when they're daily, or multiple times in a day, looking to access the story.

Commissioner DiGregorio
And who is producing? Is there a particular organization that produces these guidelines?

Jeff Sandes
Well, it would be people in the Canadian press. I've never met any of them; I was never introduced to anybody, but that was just the guideline that we were always given and they still are there today.

[00:30:00]

So there might be a committee or a panel, but I can't speak to that.

Commissioner DiGregorio

Okay, and so it's something that, as part of journalism training, you would become made aware of and would adopt as part of your learning.

Jeff Sandes

Yes. Well, you're supposed to be.

Commissioner DiGregorio

Right. My second question relates to— I really would like your comments on, there's been some recent instances, particularly in Alberta, of politicians who are simply refusing to answer questions of journalists based on the particular media outlet that they report for. I'm just wondering what your thoughts are on that.

Jeff Sandes

It's happened to me here as well, in BC. It's the reality now. Depending on who you work for determines whether or not you'll get a comment often. And they all have gatekeepers to sort of protect the layer before you get that comment or that data. This is why I mentioned, you may have the initiative to do a balanced story on something that you need political comment on, but because of who you work for, they're expecting you to give them a hit piece or make them look bad, so why should they even bother? And like I say, I've experienced that dozens of times: so virtually every story has reached out to such and such and did not receive a comment. We see that in every story, virtually, that you would read, probably.

Commissioner DiGregorio

Thank you.

Jeff Sandes

And by the way, I'll say I don't like that that happens. But if it's a product of how we've failed as media outlets, then in a way I can't really blame people for being cautious on who they talk to.

Commissioner DiGregorio

Thank you.

Marion Randall

I think there's another question there.

Commissioner Kaikkonen

Have you seen an increase in editors censoring opinion letters from people who write contrary to the government narrative?

Jeff Sandes

I wouldn't say that I have. The one fellow I told you about who had his copy rejected, the one thing he mentioned is, that newspaper has a vibrant letters-to-the-editor page and all points of view are always published. So while his stories were not produced, they still showed some balance by allowing the public or the community to say things.

In my experience, they've got to balance a whole lot in making a decision, whether to approve me to do a story that I pitch. But a lot of what he has to decide is—how much copy is Jeff going to supply here? How much research and fact-checking and vetting are we going to have to do? Because he's got limited resources, and it's a tough one to make those decisions.

Commissioner Kaikkonen

And in terms of Ontario—I'll try to sit back a bit, I don't know what's going on, I'm getting the bounce back.

In Ontario, the MPs sent out a card, and I'm going to say probably around 2018, that talked about the fundamental freedoms in the *Charter of Rights and Freedoms*. And they had section 2(b), they listed freedom of thought, belief, opinions and expression. And they dropped the part that said, "including freedom of the press and other media of communications." So I'm just wondering, if the MPs are not aware of that latter part of section 2(b), if that might be why they were so willing to push through the federal censorship law that will affect the industry going forward.

Jeff Sandes

Are you talking about Bill C-11?

Commissioner Kaikkonen

I am.

Jeff Sandes

I'm going to say no. One, I think we've seen in Canada, our Charter doesn't really hold up. I mean, in British Columbia, the churches that went to the BC Supreme Court, they agreed that their constitutional rights were violated, but they were going to let those fines stand. When the provinces went to the Supreme Court of Canada arguing against the carbon tax, again, agreed that this was a violation of the constitution, but climate change is so important that we have to let this stand. I don't think we have people that value that **constitution here in our country. And if our media maybe put more effort into illustrating parts like what you brought up there**

[00:35:00]

and let everybody know that this was happening, then we might have greater pushback against our government. But right now, you can kind of do what you want in your position of authority, and there's not really any repercussions to it. And our job as media was really to hold government to account. I'm not sure we do that anymore, collectively anyways.

Commissioner Kaikkonen

And then my last question is about—you mentioned skeleton staff and resources of community and daily newspapers to be able to put out their message. Now we know they all get subsidized, and I believe the last figure I heard was 500 million, but it doesn't actually include the number of advertisements that were put in as well. And then when you add situations where you have the government, who has unlimited resources—and I'm going to give you an example—to send out news releases, is it easier for journalists to just accept the news release and print it verbatim?

And I'm going to give you the example, and I believe it is—I hope this is right—Ludwig versus the RCMP. The RCMP had, in that case, unlimited resources to continuously send out news releases against the Ludwig family. And regardless of what side we sit on, the newspapers were picking up those releases from the RCMP side and not necessarily getting the story from the Ludwig family. That was back early 2000s, maybe. I'm just wondering how that has changed, or has it changed? Or has it just become worse that the federal government can, with their unlimited resources, continue to spin stories in their favour? And how does that work in the newspaper industry?

Jeff Sandes

I don't recall the circumstance that you just described. But I can tell when a press release has maybe had a few words changed and has been published, and that does happen a lot. You know, there's less people, I think, that get into journalism with actual journalism training. If you're limited on how much time you have and you're given a press release, "Can you rewrite this so we can put it out?" it's easy to just—I'll change this word, that word, and that word, and away we go. That's completely lazy, but it does happen.

The resources, if the government has them— They're not breaking the law, I guess they might as well keep doing it. And if the media companies are going to put out, verbatim, what they're wanting you to say, then it's in their advantage to keep putting those out and sending them out.

Commissioner Kaikkonen

Thank you very much.

Commissioner Drysdale

You know, we often hear that the press is a fourth level of government to protect the public. In other words, how can the public make decisions about what their leaders are doing if they're not being informed? And we tolerate the press in order to be informed about what the government's doing. I think what I've heard you say in your testimony is that they aren't necessarily reporting for the sake of the people's education anymore: that they're reporting to get advertising; they're reporting to get funding from the government; they're reporting for everything else almost, seems to me, from your testimony, rather than informing the people. Can you comment on that?

Jeff Sandes

Yeah, I was also saying that the demographic that comes to your outlet, they have an expectation that you're going to keep telling them what they want to hear. That's our fault, today. And as social media has become a part of all of our lives, I imagine virtually all of us will surround ourselves on social media and our mainstream media with voices that are

going to reinforce what we already believe or what we want to believe. And so this is the tricky part.

I'm not in a newsroom, so I don't know the behind the scenes of how you make decisions. But in talking to people I went to school with and hearing that these are real-life decisions a publisher or an editor has to make in order to still get revenue, it never was something that we were willing to accept 30 years ago: "Well, fire me then! I'm publishing this! If we lose our advertiser, so what?" It matters today.

[00:40:00]

I know with the outlet I'm with, there was an opinion piece on central bank digital currencies. It was published in America. But if you subscribe, you had access to it here. And the expert who was putting it together, he endorsed them. And the comments section were, "How can *The Epoch Times* have this guy write a story? I'm cancelling my subscription." This was pretty much the entire thing. I mean, I put some examples down here, too, but there was a headline after a Donald Trump speech and it said, in *The New York Times*, "Unity." Anyways, they ended up changing it in order to make sure that the newsroom and the people that wanted something bad about him said. So they would change that from the internal pressure.

We have an audience that will come to our outlets—and they're expecting to get more information on the Trucker's Convoy, on vaccines saving lives, or the harm they're doing, what Trudeau said here or there or everywhere. And when we don't give it to them, I think that is where— We used to always see the same stories as important, and then we'd cover them with a little different sort of angle, perhaps. But now, our audience makes those decisions for us largely, I think. And I'm trying to say that in the old days, we were there to merge the different viewpoints and that was what we, as a public, expected. But it's not like that much anymore.

Commissioner Drysdale

The public always had an expectation to hear or see what they wanted to see, and that's a human condition. But the media—and I'm not just talking about the press media or I'm not talking about *The Epoch Times* necessarily—has changed. And one of the things you kept saying, or you kept referring to, is "save money, save money, save money." They don't have the reporters anymore, save money.

And for perhaps an organization like *The Epoch Times*, it is different than an organization like CBC or CTV or Fox News. You know, these are the richest corporations that I can think of. They can afford to pay 800-million-dollar settlements. CBC reported incredible bonuses **to their upper management, and yet I believe what your testimony is, is that they just keep paring down the resources available to the reporters, taking out editorial staff, taking out all kinds of staff, not going out to a scene to get the story anymore, and yet they're paying these enormous bonuses. How can these two things be?**

Jeff Sandes

Yeah, I can't speak to some of the bigger corporations. I can say *The Epoch Times* has grown in readership and subscription rates during my time there. I'm not saying it's because I'm there. But there's people that have found the stories that they were interested in. The Trucker's Convoy is a great example because it got such little attention across the

traditional Canadian landscape in our media that we had stuff in there that people were looking to read, as an example.

The CBC is unique because they get a lot of government funding in order to exist, and a lot of that will go into the news portion of them. Other networks I can't speak to, although one news director I did talk to did talk about the collapse in the newsroom here in Vancouver once mandates became a reality.

Marion Randall

Mr. Sandes, I'm just thinking, to try to stay focused. I think you're responding to a comment. In the interest of time, perhaps, I'm not sure where you're going with all this.

Jeff Sandes

Okay, I've gone off the track there. Sorry, where should I get back on track? I am in the media.

Marion Randall

I think the commissioner made a comment and have you finished responding to it? I'm just saying, I'm not sure where we got with all this; I just know that the clock's ticking. I can see it. So did I interrupt? Did you get an answer to what you were sort of looking at?

Commissioner Drysdale

No, but that's fine.

Marion Randall

Yeah, I think we got off track because your question really, sir, was, are they influenced by the money?

[00:45:00]

And you're not really able to answer that, is that correct, Mr. Sandes?

Jeff Sandes

Oh, no. Okay, my apologies. Definitely, the money is a big issue. I can't speak though with CBC getting big bonuses. I know that the government does fund CBC; they've done it for years.

Marion Randall

So with respect, I think what you're saying, yes, money influences, but you can't speak to specific situations. Would that be accurate?

Jeff Sandes

Mostly, yeah.

Marion Randall

Okay, thank you. So are there any more questions?

Commissioner Drysdale

Just one last one.

Marion Randall

Thank you.

Commissioner Drysdale

I can't remember who it was this morning, it may have been Mr. Buckley who talked about corporatization. I've often referred to that as monopoly; some people refer to fascism.

What is the effect that so many of our media companies, not just newspapers, but media companies are conglomerates and they're owned by, you know— There's very little diversity of ownership in the media. And what effect do you think that's had on people?

Jeff Sandes

I would argue that it has had an effect. But in order to be viable, you buy everybody up that can't afford it and then you try to figure out how to make it work. I would probably say I can't really comment on that.

Marion Randall

Is this, perhaps, beyond what you can comment on?

Commissioner Drysdale

Yeah, that's a valid answer. Thank you.

Marion Randall

That's valid. Thank you.

So are there any further questions? Thank you. So thank you very much for your presentation, Mr. Sandes.

[00:46:32]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 8: James Jones

Full Day 2 Timestamp: 09:06:20–09:18:35

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Stephen Price

We have with us now Mr. James Jones.

James Jones

Yes, sir.

Stephen Price

Mr. Jones, you're going to be giving some testimony today about personal effects. Will you tell us the truth, the whole truth, and nothing about the truth?

James Jones

Yes, sir.

Stephen Price

Mr. Jones, I understand that you're here today because of the impact effectively on your family and, more particularly, on your wife of the mandates. Is that correct?

James Jones

Yes, sir.

Stephen Price

Can you give me a bit of a history about yourself and your family life as it was?

James Jones

Yeah, I live on Vancouver Island in Victoria; I came there about 13 years ago or so. I met my wife probably seven years ago. We started hanging out. We were friends at first and kind of got to know one another, and over the course of our relationship, it led to a marriage. So we were married probably about four or four and a half years ago. She was a BC Transit worker. She'd been so ever since I'd known her. Before, she worked for BC Transit in Victoria for about 13 years. So yeah, I met her as a transit worker through another transit worker who was a mutual friend. That's how we developed our relationship.

Stephen Price

You're using the past tense when you refer to your wife.

James Jones

Yes, sir. She passed away. She was mandated to take the COVID shot. We were looking at potentially having a child. I was 40 and she was 38. So it was kind of towards the later time of what we would really have to make that decision. It was something we talked about for a couple of years, and she was open to the concept, but she was more the holdout in it. I thought she would make a beautiful mother, just like she was a beautiful wife to me.

She was mandated to take the shot. She was concerned perhaps about— Because there wasn't a lot of information about it concerning how it might affect a pregnancy; or how it might affect to take it and then to get pregnant, soon after having taken it, and that kind of thing; or how it might affect the term of the pregnancy. We knew another woman who was pregnant who took the shot, and she had a miscarriage relatively shortly after. And there was a gentleman who she worked with who also took it because they were mandated. From what she told me, that gentleman had a serious heart issue having to do with, what they believed, was related to the shot.

So at that point, she was really against it. She was really hesitant to do so. And she felt that there wasn't enough information concerning it. Treating it like a one-size-fits-all solution was something she wasn't supportive of. So she endeavored to try to achieve informed consent through her workplace because from what I understand, BC Transit was not provincially mandated to enforce the vaccine mandates. They privately chose to engage in the mandates themselves for their employees.

And so through the course of it all, through trying to search for solutions and answers to all of this— My wife was a bus driver, and at the time, I had left a job. I actually took a night shift job so that I would be able to listen to various different scientists and people who were experts who were discussing this: listen to both sides of the argument kind of thing as much as possible, the kind of pro-vaccine side and the people who also maybe had seen some of the early safety signals concerning it. Because I was trying to either put her at ease and try to find, like to think that this might be something that would be safe to do, or to say, yeah, this is definitely something we shouldn't move ahead with.

So over the course of about six or seven months from when they actually gave the mandate to the point in time when they put the workers off who would not take the shot, it was basically our entire life. Our entire life was trying to research this thing to try to understand whether it would be safe for her to take in her position and also researching what sort of form of exemption a person could look to get concerning the COVID vaccine as well. That was the other thing she attempted to do through her work, she attempted to apply for an exemption to the mandate itself.

Stephen Price

Was she receiving support from her employer, the supervisors, and the other workers in terms of her desire not to have the shot and to investigate it?

James Jones

No, if I may just offer a little bit of information, I think that gives context to it. So my wife was the only person in Victoria, like on the Island, through BC Transit— When new hires come in, there's a bunch of courses that a new BC Transit worker has to go through,

[00:05:00]

and one of them is the anti-bullying and anti-harassment training. And my wife was actually the teacher of that course, so she was the only person certified through BC Transit. Because it's important that the transit workers aren't bullying each other and there's not that kind of environment in the workplace and that they're supportive of one another.

But my wife actually received the opposite treatment. She was essentially bullied and coerced and intimidated. She left a 40-page log of the experience she had. And in my opinion, upon reading all of that, which was only available to me posthumously, I didn't know she was writing it—the treatment she received was abhorrent. As opposed to trying to understand her position or provide informed consent or a framework for that to exist, she was instead bullied and coerced from all angles, from colleagues she'd had for years and people within her union and this kind of thing. It's my opinion and upon reading this paperwork that is essentially the experience she had.

November 31st, it was her last day of work. And eleven days later, she took her own life. I was working night shift, so I was asleep. She had told me she was going out before I went to sleep; she had a few things to take care of. I woke up that night, maybe 8 pm or something. I hadn't gone to sleep till late, till two or three or four. I woke up after a couple hours of sleep just to see if she was back and go to the bathroom. She wasn't back. I sent her a text and I just went back to sleep. And in many ways, that's the greatest regret I have in my life because when I woke up later, it was much later, like one or two in the morning. So I went around the house, and I looked for her. I noticed she hadn't even received my text. Normally on the phone, you can see when it pings to their phone and when a person receives your text. She still hadn't even received it, which means she hadn't even looked at her phone. So I tried to look everywhere for her. I couldn't find her.

I messaged her brother to try to see if maybe she'd spoken to them or if they knew where she might be. They live in Gatineau, Quebec. It's three hours later there, so it would have been maybe six or seven a.m. They would have been just getting up. They actually were just as worried about her as I was, so they did a welfare check and the police came by. I let them come in and search the apartment just to show she wasn't there. I didn't know what was going on, and they asked if she had a vehicle and I said, "Yes, I believe it's down in the parkade." So we went down to the parkade.

She was in her vehicle, and she was just lying there in the back seat. I just couldn't understand it. I really couldn't wrap my mind around it on any level. I started trying to shake the vehicle to try to rouse her, to try to get her up. She didn't move or anything. The police asked me if there was a spare set of keys, to run upstairs and grab the keys. I told them to smash the windows in the vehicle, smash out the window and get in there because I'd done emergency response for years before that. And I knew if there was something going on with her that she needed help and she needed it immediately. So they smashed the

back passenger window, and they were unable to get the door open. So I had them smash the front window, and they smashed that too, and then they were able to get into the vehicle. I was a few feet away at the time, but I saw her lying there. They reached for her, I guess they must have grabbed her, she was either cold or something because they told me she's gone. And in that moment, I lost my mind. I don't even know if I've recovered to this day or if I ever will, to tell you the honest truth. I'm sorry.

Stephen Price

Thank you, sir. Very hard for you obviously. Were you able to get any help from BC Transit or from her employers as to recover from this?

James Jones

No, I mean, it's been difficult for me. Even her union obstructed her, in my opinion. They obstructed her from being able to redress the grievance or whatever. They actually backed the employer when it came to the mandates. So in that sense, she didn't have her union to rely on. She didn't have the employer. She wasn't provided with informed consent. There was no framework for them to provide informed consent. To me, it's not a credible position that anyone within BC Transit—

[00:10:00]

I'm sure they're great bus drivers and there are people there that can maintain those buses and they do so confidently. I mean, we can see that because the buses are on the road. And there are people, obviously, who can plan routes and work together, and plan the hours and the scheduling and these things. But the idea that someone within BC Transit would also have the degree of medical training and understanding in vaccinology and biology, that they would be able to provide her with informed consent, is not a credible position to me. So I've always, to this day, I wonder, I want to know who in that corporation signed off on those mandates and what their training was, what education level they had.

And I would also like to know the people through the union who supported it. Same thing, what would be their education level because there was no framework established for informed consent. It was a loose framework where they engaged in bullying and coercion. They believed that the vaccine was important.

At that point in time, it was still being said by people in the medical establishment and in the government that the COVID vaccine was our way out of the pandemic. And they were portraying it as if you got the vaccine, you would not be able to get COVID and you would therefore not be able to spread COVID. So my wife died while that was still the sort of **prevalent media perspective and news perspective, the prevalent government and medical establishment perspective. My wife also died a couple of weeks before the Trucker Convoy took place. So it was probably the darkest time in Canada in many ways and definitely, the darkest time in my life.**

Stephen Price

Thank you, sir.

James Jones

Thank you.

Stephen Price

I don't know if the commissioners have any questions for you.

Commissioner Kaikkonen

I'm truly sorry for your loss, and I'm sure my fellow commissioners feel the same way.

James Jones

Thank you.

Commissioner Kaikkonen

Can you just tell me what your wife's name was?

James Jones

Her name was Sandra. Her birth name was Sandra Veldhousen, and her married name was Sandra Jones.

Commissioner Kaikkonen

Thank you very much.

James Jones

Thank you.

Stephen Price

No further questions. Thank you for taking the time to be here. Obviously, a very emotional impact on you, sir. My condolences.

James Jones

Thank you for taking the time to hear me. I appreciate that and thank you for your kind words about my wife. I really respect all of you and thank you for all the good work you're doing here. Thank you.

[00:12:17]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 9: Lisa Bernard

Full Day 2 Timestamp: 09:19:25–09:40:00

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[00:00:00]

Lisa Bernard

Sorry, I'm a little bit affected by that.

Stephen Price

I think we all are.

Stephen Price

Lisa Bernard, is that correct?

Lisa Bernard

That's correct.

Stephen Price

How do you spell your last name, ma'am?

Lisa Bernard

B-E-R-N-A-R-D.

Stephen Price

Okay, and ma'am you're here to tell us about how this COVID matter has affected you. You're prepared to tell the truth and promise to tell the truth?

Lisa Bernard

I do.

Stephen Price

Okay. My understanding is that you were trained as a nurse?

Lisa Bernard

Yes. I was a registered nurse for 31 years with my specialty as a certified nurse who is in wound, ostomy, and incontinence. And I worked in four different health authorities within BC during my career.

Stephen Price

Okay. You're not doing that now.

Lisa Bernard

No, I'm not.

Stephen Price

What are you doing now?

Lisa Bernard

Well, just to give you a little bit of background that brought me to what I'm doing now. I did have an injection. I started to have a lot of physical problems where I had pain in my arm, where they said that that would be gone in a couple of days, and it never did. It went on for months and months and months. I lost range of motion in my shoulder. I lost my fine motor skills in my hands.

With my specialty, I need my fine motor skills. Because I do a lot of wound care, a lot of ostomy care, which is very small, finicky work. I have, what's to the best of my ability to describe, "trigger finger" in both of my middle fingers, on both of my hands. And after hearing what Dr. Hoffe had to say today, I got more information than I have gotten all along, especially from my own GP.

I find it very difficult to put on my bra. I can't wear sports bras because I get tangled up in them with my arms. I have trouble reaching. When I try to open up boxes, I have no strength in my hands. I took a lot of pride that I had very strong hands. My dad always said you should have the hands of a masseuse because you have a lot of strength in them, and now I don't.

When I got this injection— And it was new, and I had asked my co-workers and I had asked my manager about this new technology: I was basically dismissed. I had one co-worker who was, like, all for it. She even stuck her arm out, slapped her arm, and said, "Give me more." I had the other one that said, "Well, what can we do about it?" I had friends that were in the health care profession that had their stories of people who died of COVID. So when you're looking for anecdotal information at that time, what I was hearing is two of their friends had died from COVID.

So when all the information was going around, which was really a lack of information. And what I was seeing on TV wasn't really what my reality was in the hospital, where you were seeing people dying in the hallways.

People in the hallways are unfortunately the norm. So they've normalized the abnormal. Over my 31 years of nursing, I have seen the gradual progression of overflowing of hospitals. We basically have the staffing levels from the 1970s or the 1980s, and we're dealing with giving care to people who have 15 to 20 comorbidities—at least the clientele I work with—and the population is quite huge.

So when we had the lockdowns, and to go like a ghost town, I was quite amazed from what I was seeing on TV and what my reality was—it was a ghost town. This wasn't computing; it wasn't making sense for me. We were giving care to people over the phone—over Zoom. Which for me, my patients, I need to have hands on.

I found that when we did open up—and we had a flood of people coming that had to be seen—I was having patients repeatedly say to me, "Please do whatever you can." Because I take care of people in acute as well as outpatient in my former job. And they would say, "Do whatever you need to do for me to keep me from being admitted to the hospital because when I leave the hospital, I'm worse than when I arrived." Now this isn't just one patient telling me this. In a day, I see at least 10 to 12 people inpatient, and for outpatient, I see anywhere from 4 to 10 people.

[00:05:00]

So when you repeatedly hear this over and over and over, it takes a toll. I'm a very feeling person. I feel people's pain. I've always wanted to help people. When people are telling me this repeatedly— We now have a huge flood of patients after the lockdown that we had. I don't know where they went. Because the need is always there. I don't know where these people went to, but as soon as they were able to come back, it was more than double.

So when I'm having the demand of my patients and I'm doing the best that I can to my ability—I'm the only full-time person in my department—there is a lot of demand on that. During COVID, I was told nothing could be done for our frontline nurses, for giving them the supplies that they needed to do wound care because it was COVID. Nobody is doing anything; everything is on hold. But that wasn't true. Because in the fall of 2021, I was informed—because I am the full-time person—even though I have this outrageous clientele that I have to see, I am now going to be the full-time person that is going to be learning the electronic documentation system and will be training everyone in my department.

So during this time, I actually sent an email to my manager saying, "I'm having moral distress in maintaining my standards of nursing practice. I need help." And I was told that I need to prioritize. I have to say to you, with the background that I've had where I've been with provincial programs—I've developed wound programs—I know how to prioritize after 31 years in positions of leadership. So for me to be gaslit like that, being told that I have to learn how to prioritize—

You tell me who I decide to see: Do I see a diabetic that has a stage four pressure wound to bone that could die from their infection? Or do I see a fresh ileostomy patient that has to now learn how to manage their fecal material on their abdomen in a pouch? I can't make that decision. So I would miss breaks; I would stay late. And I had to be pre-approved to do overtime.

The paperwork that was involved in that—I just said, "I'm done with that." I'm frazzled because I'm going through physical changes from my injection. The demands to my job. I can't get help. So I have had the maximum banked sick time because I rarely ever take sick

time. I now got from my doctor a leave to be on, as it turned out, to be with PTSD from all the demands of my job.

While I was on leave, on a weekly basis I was harassed by my—it's called my disability manager—because I was on stress leave. And you can appreciate that I had about eight months' worth of sick time. And they did not want to pay that out. They wanted me to go on long-term disability. And I didn't want to go on long-term disability because I wanted to see what was happening to me.

I suffered from fatigue—extreme fatigue. I had my doctor do blood work. There was nothing that could be seen. I actually had to say to my husband, as everything was crashing down on me, I said, "I am not getting the second injection. So we have to figure out very quickly what we are going to do."

I had a young daughter who was still going to college. I had a mortgage, but I wasn't willing to sacrifice any more of my health. So my husband, incredibly supportive, he said, "Okay, what do we need to do?" So we sold our place. We moved to a community up North Island where we could afford to live.

And I said, "I have to leave my profession"—because while I was on stress leave with PTSD, my manager sent me a notice because of Bonnie Henry saying it was mandated now that health care workers had to have two injections—if I wasn't willing to have my second injection. Now remember, I'm trying to heal myself. I'm not even returning back to work yet. And she felt it necessary to call me and to let me know Bonnie Henry's mandate.

Sorry, I'm a little bit nervous.

I was getting, as I said, weekly harassment. It felt like harassment to me because, in the way when I spoke with the counsellor, she said, "You are being gaslit." She said, "You're trying to heal and every time they contact you, it sets you back in your healing,

[00:10:00]

and you're having a lot of anxiety."

So what I had to do was, I had to speak to my doctor, and he had to write a prescription—a notice—to let them know to not call me anymore. Not to contact them anymore. He would give them updates monthly as to how I was doing and how I was proceeding.

Oh, and I have to tell you, my manager thought it was wonderful to send me— "Also they had this new drug, the Janssen one, and you could just take that." And I couldn't talk to anybody at work to let them know that I was going through all these physical symptoms. I couldn't speak to anyone. I felt isolated, alone, abandoned.

I tried to speak to my physician about what was going on with my hands. And to this day I'm still waiting for a referral to a plastic surgeon. His silence spoke more to me than anything he said to me. He was very supportive of me being taken care of with my PTSD. But anything of my physical symptoms, if I said— This all happened after my shot because my health before this, I have nothing wrong with me. I am on no medications.

So what this has taught me is to never doubt myself. I didn't want the shot. I felt coerced. I felt overwhelmed. I was exhausted with my job. I didn't think I had any options. Everything

was rushed. Everything was pressured. And I have to say if there could be a silver lining with what happened to me, is to never doubt myself again, and I never will.

Stephen Price

As part of your medical training and expertise, you would have been cognizant in terms of reporting, observing symptoms. So you were able to observe and comment on the symptoms that you were suffering yourself. And accurately describe them to your doctor and to your staff.

Lisa Bernard

Yeah. I mean, I've lived in this body for 54 years. I know it pretty well. When I was on stress leave, just to let you know as well, if I'm still a registered nurse anymore—I'm not. And the reason was I had monthly withdrawals for payments to go towards my registration, but they had my work email. And when I was off on leave, they didn't send a letter in the mail saying, "Are you going to renew?" You can appreciate that when you're trying to heal yourself, you're not thinking about that I have to fill in paperwork and pay a registration fee.

I can't call myself a registered nurse anymore. I can be reprimanded by my College if I call myself a registered nurse. I have a degree that says in nursing; I have the training, the skills as a nurse. But I cannot call myself a nurse or a registered nurse or I will be fined. And I find that very interesting that if you don't register your car, is it still called a car?

Stephen Price

The first shot that you had, the one shot you did have, was that fully voluntary, fully informed? Or did you feel coerced into it?

Lisa Bernard

No, it was feeling pressured. Colleagues: "Did you get your shot yet? Did you get your shot yet?" My manager: "Did you get your shot?" I find that interesting, the language of shot, jab, injection—they're all violent words. But no, it wasn't free. It wasn't from free will. It was feeling that I didn't have an option at that time.

Stephen Price

And you stopped after the first?

Lisa Bernard

Oh, yes. And it did take me about two years to forgive myself for taking that shot.

Stephen Price

What are you doing now?

Lisa Bernard

So now that I've moved up North Island, I am now a farmer. I am a part-time cashier. I am a student in herbology. Because I don't trust the healthcare that I come from. I know there

are other ways to heal people. I know there are better ways to heal people: herbology has been around for 5,000 years. Allopathic medicine that I come from has only been around over 100 years.

I am a part-time cashier—so what I made, over \$100,000 that I grossed—I grossed last year \$9,000 as a part-time cashier. I have made a lot of sacrifices, but they are good in the way that I'm about health now. And I'm helping others in other ways.

[00:15:00]

I am growing good nutritional food.

And I do want to let you know that I filed a grievance immediately when I was fired. I did send my manager a notice of liability by registered mail. I cannot do anything legally because I have to exhaust all of my union options. I am in a holding pattern. I last heard from my union on December 13th of 2022 that it should be going to the next step, which is arbitration. I have not heard anything since. I have sent emails, and I have not heard back any response. So therefore, I have no option for lost wages. I have worked for 31 years for severance. I get a week for every two years that I've worked. That's all gone. And I've just learned to make do. I live in an incredibly supportive, awake community. And I couldn't ask for a better group of people around me.

Stephen Price

Thank you. Is there anything else you wish to add for the Committee?

Lisa Bernard

No, I just find it very interesting in my 31 years of having vaccinations or immunizations, this is the first time I've ever seen people being basically bribed with a Krispy Kreme donut. Being guilty to protect grandmother. If that didn't work, then being coerced that you're going to lose your job. Then having a digital ID that you can only be part of society if you show that digital ID to get into restaurants, to get into gyms.

I went from a hero for that first year of not having a vaccination and taking care of people to an absolute zero. I just want to say that this is not like any other vaccine. In my opinion, it's not a vaccine. It is genetic modification. I find it very interesting that we spend more time looking at the GMO foods that we eat, but not so much about what we get injected into us.

Stephen Price

Thank you. Do you have questions?

Commissioner Massie

Thank you very much for your very touching story. I'm sorry for all the things you've been through. I'm wondering, I see that you've almost started a new life. You were obliged to start anew. And you're moving into farming and probably your healthy food and all these things. I'm wondering, is it something that was in you before you were confronted with this crisis? Or is it the crisis that really made you change your way of living?

Lisa Bernard

Thank you for that question. I think it's a little bit of both. I think back after I finished my basic training as a nurse, I was always interested in herbology. But you get busy with getting married, mortgage, children, that sort of thing.

It was trying to remember what my dreams were. Trying to redefine who I am. And I came to the conclusion that I don't have to keep reinventing the same reality that I've lived for 31 years. That there is more to me. I took a leap of faith. I went into the unknown. I don't come from farmers—not even close. And I learn. And I make mistakes.

But I have to say there is something grounding and healing with working with the earth and knowing that I'm making the best nutritional food, which is the best medicine for my body. And that is how I'm trying to heal, and I share that with anybody who needs help from me. Without hesitation, I help them.

Commissioner Massie

I'm wondering—your former colleagues or people that you used to work with, who knew you before—did your new way of living influence them to maybe think about what the system is doing to their health? And maybe think about a different way of living their life? And coming to terms with more healthy habits and the food and exercise? And go away from the running around all the time and being very stressed?

Lisa Bernard

Yes. I've heard from four of my friends now that have said they are looking to retire; they're done with the rat race. And they're not in nursing. They're from many different walks of life. They do come up to see what I'm doing. And they do see, like, you know—I don't quite know. But I have the heart and the enthusiasm, and I've been reading tons because that's what I do.

I have to also tell you that, with what I left behind, we weren't making people better. And I saw that before COVID happened. Being in health care is like being in an abusive relationship: You're told that it's your fault. You're told you're not doing enough. You're not making it work. And it's very one-sided.

And you have to make a decision whether you want to continue in that toxicity and having forever customers—and that's what they are, they're forever customers that keep coming back. And I have to honestly say, when I started nursing back in 1991—very different from what it is now. I don't even recognize it.

Commissioner Massie

Thank you very much.

Lisa Bernard

Thank you.

Stephen Price

Any other questions? No further questions. Thank you very much for your time and your submissions, ma'am.

[00:20:56]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 10: Dr. Steven Pelech

Full Day 2 Timestamp: 09:40:48–11:15:45

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Marion Randall

So it's Marion Randall, again, appearing to assist this witness. The witness that we have before you is Dr. Steven Pelech. Doctor, could you please state your name and spell it for the record? And, well, that first please.

Dr. Steven Pelech

Yes, I'm Dr. Steven Pelech. My last name is spelled P-E-L-E-C-H.

Marion Randall

And do you swear to tell the truth, the whole truth, or promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Steven Pelech

Yes, I will.

Marion Randall

Thank you. So Dr. Pelech, first we just could go over your qualifications a bit [Exhibit VA-7b]. I know you have a presentation for the Board, but you've been an expert witness in our courts six times already and are probably very familiar with that process. This is a bit less formal. You are Dr. Steven Pelech, but I understand that's from your PhD in biochemistry?

Dr. Steven Pelech

That's correct.

Marion Randall

And after that you did a doctorate, a fellow doctorate, in three different labs. Can you just describe what that was?

Dr. Steven Pelech

That's called a postdoctoral fellowship.

Marion Randall

Postdoctoral, thank you. And what were those labs?

Dr. Steven Pelech

In the lab that I had gotten my PhD, I stayed on for an extra four months. And then I went to Scotland, and I worked in the lab of Dr. Philip Cohen, who actually became Sir Philip Cohen, for probably the best funded lab in the United Kingdom, and actually Europe, for the kind of research I was interested in. And then I went and spent three years at the University of Washington in Seattle working with Dr. Edwin Krebs, who got the Nobel Prize for the discovery of protein kinases, which I've been working on ever since.

Marion Randall

And you also have a research background at least in immunology and virology. Is that correct?

Dr. Steven Pelech

Yes. I'm a native of British Columbia, and I got my PhD at UBC, and I'm a professor at UBC. But when I was first hired back, I worked in an immunology institute. It's the Biomedical Research Centre where I was based for six years as a principal investigator.

Marion Randall

And you have published articles in the area of immunology and virology as well?

Dr. Steven Pelech

That's correct. Several different journals. I've published about 250-plus scientific papers in my career.

Marion Randall

And I understand that presently you're on the faculty of the Medical Department, that's probably not right.

Dr. Steven Pelech

It's the Department of Medicine in the Division of Neurology, where I've been on faculty for 35 years.

Marion Randall

And you do teaching in the medical school as well?

Dr. Steven Pelech

I have taught medical students both in lectures, earlier in my career, and then for a while problem-based learning with medical students. But most of my activity is actually teaching graduate students for PhDs and master's degrees.

Marion Randall

Then I understand also that you have two biotech companies. Can you describe for us what those are that you're operating?

Dr. Steven Pelech

Yes, I was the founder of Kinetek Pharmaceuticals and was the President and CEO for six years. And then I stepped aside. And a year later I started Kinexus Bioinformatics Corporation, which has been in operation for 22 years now. And in that company, we conduct research, we've been working for about 2,000 industrial and academic and hospital laboratories in 35 countries around the world.

Marion Randall

And then I understand, you mentioned the word "cytokines," you're an expert in that field. Can you explain what that is, please?

Dr. Steven Pelech

Yes, sure. Cytokines are proteins usually that are produced by cells that are involved in cell-to-cell communication. And in particular, cytokines are involved in the activation of immune cells. And so when we have receptors on target cells for those cytokines—"cyto" means basically cell, and "kine" means to move—so these basically cause these cells to respond in a way that's going to aid the immune system or other cell types.

Marion Randall

And then I understand, you haven't mentioned this, but I know from speaking with you, another area that you've talked about is cell signaling. I think that may come up. If you can explain what that is, please?

Dr. Steven Pelech

Yeah, so cell signaling is once a hormone or some sort of a toxin or a virus binds to the surface of a cell, it initiates a series of changes inside that cell so that the cell can respond in a way that protects the cell and also protects the body—the colony of cells that we call our human body.

Marion Randall

And just in terms of what you're doing these days, you're also a Senator at the University of British Columbia?

Dr. Steven Pelech

Yes, I'm on the Senate for the last three years at the University of British Columbia, Representative for the Faculty of Graduate and Postdoctoral Studies,

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and I've been reappointed to Senate for another three years.

Marion Randall

And I did mention earlier that you had been an expert in our courts and in the country. I'm not sure if it's just British Columbia, but you were qualified as an expert in certain areas?

Dr. Steven Pelech

That's correct.

Marion Randall

Can you just go over what those were that you were actually received as a qualified expert?

Dr. Steven Pelech

I've been asked to speak on subjects that relate to immunology, virology, vaccinology, and that's what I'll be talking about today. And I've been involved in about pretty close to at least 18 court cases, not only in Canada but also in Ireland and South Africa.

Marion Randall

Thank you. So perhaps this is the time if I've adequately covered your qualifications that you could enter into your presentation that you prepared for today.

Dr. Steven Pelech

Yes. And again I hope—it's going to be a little lengthy, I apologize—I'm a scientist and I am asked to talk about these subjects. But I'm going to make you a little bit more acquainted about viruses. And also, about how these vaccines actually work and the dangers of these vaccines that I've come to learn both from my own research and also very extensive analysis of literature [Exhibit VA-7a].

I'm also involved with the Canadian Covid Care Alliance. I'm one of the founders and the Vice President and a Co-Chair of the Scientific and Medical Advisory Committee. And so much of what I also know has been informed by my interactions with other members on that committee, which is about 36 scientists from across Canada [Exhibit VA-7].

Marion Randall

So we've got your first slide up. Perhaps you could begin.

Dr. Steven Pelech

[Conflict of Interest Disclosure]

So as a requirement, any professor that's presenting work at UBC, we have to give a conflict of interest disclosure. So I'll remind you that I am a major shareholder of Kinexus Bioinformatics Corporation, which I'll present a little bit of that work to a large clinical study that we've undertaken, that I'll talk about. And I have to emphasize that the views that I'm going to express are my own views. They may not be necessarily carried by those at the University of British Columbia or Kinexus or the Canadian Covid Care Alliance. Although I have to admit, I think most of the people at the Canadian Covid Care Alliance agree with what I have to say.

[The COVID-19 Pandemic in Canada, Daily Cases and Daily Deaths]

So I want to bring you back to look at the situation with the COVID-19 pandemic, and I have two figures here. The upper figure is showing the incidence of COVID-19 as recorded, based on usually what we call PCR tests. And then the bottom is the deaths that have been attributed, or at least, with COVID-19. Now I have to emphasize that these are deaths "with" COVID-19, but not necessarily "from" COVID-19. I think the data that we have to date is indicating about half of the deaths with COVID-19 were not due necessarily to COVID-19 but the comorbidities that these people had. The average person who's died from COVID-19 has four comorbidities.

So the point of this slide is to really pay attention to wave one. You'll notice that there's almost no incidence recorded. BC had the lowest rates of testing with the PCR test for COVID-19 in all the provinces in Canada. But you can see there's definitely a very large death peak that's associated with this period of time. And what I will be presenting to you is that, in fact, that peak that looks like a low incidence peak at the beginning of the pandemic, is actually when most of the infections with COVID-19, with the agent of that SARS-CoV-2 virus, actually transpired.

[The COVID-19 Pandemic in Canada, % Deaths/Cases]

So if we look at the pandemic in terms of the total number of deaths over the last few years in the pandemic, initially, we can see that for the number of recorded cases, and this is now Canada-wide, it's about 2.7 per cent of the recorded cases appear to be lethal cases. You have to understand that the total number of people who were infected was actually a magnitude greater than that. So the actual death rate from COVID-19 in the general population in the first year was less than 0.3 per cent. Quite different from the values that we were hearing earlier, and I'll show you a little bit later in that. But since then, you can see that the rate, based on the number of testing,

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has improved for COVID-19, but the rate has actually been going down—until recently, when you calculate for the last four months, the rate of deaths per cases is actually going up. There's far fewer cases, but if you have COVID, it seems to be coming back to what we saw before.

Now, the vaccines were introduced into Canada in December of 2020, after a real crash period, Operation Warp Speed, where, basically, from knowing the structure of the virus that causes this disease, we had within nine months a vaccine that was being given to the general public—and that was based on data from clinical studies that, at that point, only had transpired for about two months. And we call these phase III clinical studies. But in reality, they weren't really phase III clinical studies: they were what we call phase I clinical studies. If you have a drug and you're testing it, the first thing you do is give it to healthy

people. And then in the second phase, you adjust the dose of the drug. And in the third phase, now you're giving it to people who actually need that drug: they're at high risk, they have a disease. And in this case, we're talking about a vaccine as opposed to a drug. But actually, this vaccine is a bit more like a drug than any other vaccine that we've ever had before.

So this phase III studies with the vaccine, in fact, were probably more like the situation where less than about 15 per cent of the people that were tested were actually over age 70 years of age—and they are at the highest risk and those with comorbidities are at the highest risk of dying from this virus. And they, in fact, were very underrepresented in the clinical trials.

[COVID-19 Morbidity and Mortality in Canada]

So this is a chart that basically shows the rates of hospitalizations, ICU admissions, and deaths by age. What's really apparent from this is that the risks of death for our children was actually extremely low, likewise for hospitalizations. So to put that for those that can't see the chart, typically maybe during the entire pandemic in Canada, we were looking at a death rate that was about in the order of 10 per million for children in Canada. Now for elderly and the adults, the rates go up more dramatically. So up to 6 per cent of those that are actually over 80 years of age died from it. So it's a virus that actually has been targeting really the sick and the elderly. Our children were never at risk, and this was quite apparent very early on in the pandemic itself.

[The COVID-19 Pathogen – SARS-CoV-2]

Well, the actual agent, of course, is this virus. We all know it fairly well, but I'm going to introduce you to it a little bit more. The SARS-CoV-2 virus: It's very small. A micron is a millionth of a metre, and this is about 150 microns in size, and to put that in perspective, the influenza virus is about the same size. And it's a respiratory virus like the influenza virus, and you acquire it and many of your symptoms are very similar as if you have been infected with influenza. Except influenza tends to be a little bit more deadly in children, where, in fact, the SARS-CoV-2 virus is less deadly in children. Slightly.

Now the thing is the way you acquire this virus is that you breathe it in the air: it's an aerosol virus. And what happens is it gets into your airways and then your upper lungs, and then the virus will spread. This is the same way that influenza does. And what we know from decades of research with influenza, masks are ineffective in preventing the infection and transmission of this virus. It's simple as that. And there have been numerous studies that show this. This was the guidelines from Health Canada even 20 years ago about the ineffectiveness of masks,

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including N95s for influenza. And since then, that's been borne out by additional studies. The most recent of which I've given a reference here is a Cochrane study, which is considered kind of like the "Humble Bible" when it comes to advice on how to handle treatments and disease treatments.

[The SARS-CoV-2 Virus Structure]

So this virus. We knew that there was something going around in China, in Wuhan, in even November, and probably earlier, of 2019. And the virus was isolated, and it turns out to be what we call a coronavirus. As I showed in the previous picture, you can see in an electron micrograph, it has little spikes sticking out of it. It's actually more spherical, the spikes sticking out in all these different directions. But looking down on it, it kind of looks like a

crown-like appearance, and that's why they're called coronaviruses, the crown virus. These are very common viruses. The common cold is caused in part by this family of viruses. There's other viruses, too, that can cause colds. But it's very infectious, the cold coronaviruses. But they do not make you seriously sick that you need to go to the hospital, and you recover.

Now this particular coronavirus, SARS-CoV-2, it actually has a single genome that is made up of nucleic acids; we call this an RNA. This is a single-stranded RNA genome: so within that, genetic material has all the proteins that are required to remake that virus after it gets inside a cell. And the virus itself is a relatively simple structure. It has 29 proteins: These proteins are largely not actually in the virus, but they're produced after the virus gets inside cells to allow the reproduction of the virus. But the key proteins that are on the surface of the virus is the famous spike protein that really sticks out and two other proteins, a membrane and an envelope protein. And within it, there is other proteins we call nucleocapsid proteins that stick to the genetic material, the RNA, that's inside the virus. That little package, which is small, that can easily penetrate through masks, is actually all you need to get infected and have the virus allow itself to replicate.

Now in the genome, which I'm showing in the bottom of the structure, there's actually separate genes within that large piece of RNA that encodes up to 29 different proteins. And so I've just described four of those 29 proteins.

Now what's interesting is the structure of this virus is actually 97 per cent identical to a bat coronavirus. But what you may not be aware of, this SARS-CoV-2 virus does not infect bats: it's evolved from a bat virus, but it's lost its ability to actually infect bats. There may have been additional mutations since the original Wuhan strain, but it doesn't infect rats either—many of the rats that we would have normally used to do safety testing of the vaccines. So it's very similar to, as we heard earlier, about 80 per cent identical to the SARS-CoV-1. And SARS-CoV-2 has sequences that are, again, 97 per cent identical in its structure to the bat virus.

But it has features that are not in the bat virus—including the incorporation of a cleavage site that allows it to be more infectious, that does not occur in the MERS or the SARS-CoV-1, the original 20-year-ago virus. And it has additional sequences that are in the genetic structure of this that basically tells someone who's informed in molecular biology, that does genetic engineering, that it's actually a virus that—it's not possible naturally for it to have these sites, that are key sites put in to allow genetic engineers to do work on the virus.

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So this virus is most likely, and I think most scientists now would agree, that this is actually a genetically engineered virus that was released from a lab, which appears to be the Wuhan lab.

[The SARS-CoV-2 Spike Protein Structure]

The key protein that's in that virus—the spike protein that sticks out—it's very well mapped out, its structure. It actually has, at the back end of the protein, a patch that allows it to stick to membranes on the surface of cells: this does not float away from cells. Normally, the intact structure is that it's anchored through what's called the CT—sorry, near the C-terminus, that transmembrane domain, TM, and it sticks out. And the part that's the top, the beginning, we call the RBD—just near what we call the N-terminus, the front of this. This receptor binding domain, RBD, allows the protein to interact with a natural protein found in your body called ACE2, angiotensin-converting enzyme 2. So basically, the

more ACE2 you have, the easier it is for the virus to attach to your cells and get in. And I think that's all I need to say about that right now.

[SARS-CoV-2 Mutation and Variants of Concern]

So what has become clear is that from gene sequencing studies—looking and sequencing the genome of this virus repeatedly in people who've been infected—is that there's over 27,000 mutant forms of this virus that have actually been sequenced. Over 27,000 different forms. But the forms that we call "variants of concern," have a mutation structure that gives them a special advantage to out-compete all of the other variants that exist and those include from the original Wuhan strain, these Alpha, Beta, and Gamma, and Delta, and we've gotten now to Omicron. And it turns out that there's a whole proliferation of these Omicron variants.

Now this arises because in the replication of the virus, the protein—the enzyme that allows the duplication of the RNA—is error-prone, and it introduces mutations as it actually works. And what's interesting is that if we look at the Omicron variants that we have today, they are just as different from the original Wuhan strain as the bat coronavirus that we think the Wuhan strain came from. But it's still 97 per cent identical. So when you are making antibodies against this protein, 97 per cent of that immune system is just as effective. And I'll come back to that.

[SARS-CoV-2 Variants of Concern, June 1, 2021 – September 10, 2022]

So these variants of concern, they replace each other every few months with new variants. This very colourful chart is data from the BC Centre for Disease Control that tracks these different variants of concern that have emerged. The Wuhan strain isn't even shown on this slide, but it might be at the beginning here. What we can see, for example, with the emergence of the Omicron variants is that in November of 2021, the dominant strain in British Columbia was the Delta strain of this virus. And within a month, it was the Omicron strain. And so, you can have one of these strains displace another strain, a variant, within a month's period. This will turn out to be relevant as I'll come back.

[SARS-CoV-2 Variants of Concern, June 1, 2022 – January 7, 2023]

But what you'll notice in these colours—as you're getting new variants replacing the other variants that are dominant in our population—as you start coming to now more recently, we have a proliferation of different variants. A whole list of over 30 different variants that are all present in our community now. There is no real domination of any one variant. And the reason for that is that the virus has evolved to a point where it's about as infectious as it can be: any change in that will make it less infectious. And it's also more benign. In order for a virus to spread, it's necessary for it to be very infectious and not to hurt the host: so the host does not get sick, and so they will go out into the community

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and spread that virus much easier. And so those variants are the ones that dominate.

[The Innate and Adaptive Immune Systems]

Okay, I want to express just how— And I'm sure you would agree with me that these immune systems, though, are very effective, evolved over millions of years for us to cope in an environment that's completely non-sterile, with parasites in our drinking water and bacteria and viruses and fungi all around us. And so this is a very sophisticated system. This is your defence system against infectious diseases and parasites, and it evolves from hemopoietic stem cells that have the capacity to differentiate into all these different cell types. And while this is a very complicated slide, the main point of me presenting this to

you is to introduce you to the cells that are outlined in the blue area: the monocytes, natural killer cells, dendritic cells, macrophages, basophils, eosinophils, mast cells, and neutrophils. These are all part of your innate immune system, primarily.

Your innate immune system is very strong in young children, and it continues to work as we are adults. But in children, they do not have what we call an adaptive immune system. They haven't been around long enough to become educated to what kind of viruses and bacteria are out there. So they have a very, very active innate immune system. However, as we get infected, we start to have cells produced—T cells and B cells—that specifically recognize these foreign invaders. And the first time that you're infected, your innate immune system is providing you with your best protection. But eventually, after you've recovered and you've educated these B cells and T cells, they can then protect you from future infections. And in particular, the B cells produce antibodies. And those B cells, when the threat is gone, those will differentiate into what we call plasma cells and memory cells: this is your immune memory; this will protect you in the future. We know people that, for example, had the 1918 pandemic influenza—tested even 80 years later—still had these cells in their body that would produce antibodies against the original 1918 influenza flu. So this is really where, eventually, as we get older and our immune systems are working well, we will be able to have a very fast response to the infection by an agent we've seen before, in this case a virus.

[B-cells Produce Antibodies]

So as I said, these produce what we call antibodies. Antibodies are proteins: they are one of the most abundant proteins that you find in blood, in fact. They're composed of two chains that are what we call "heavy chains" and two "light chains." And the important thing to understand from this is that you have one side of it here—the larger end—is what we call the Fab portion: this is what's going to recognize a structure that's going to be in a virus or a bacteria or some sort of foreign protein. And the back end is what we call the Fc portion. Both portions turn out to be very, very important in antibodies. And I'll come back to that in just a moment.

[Natural Immunity with Adaptive Immune System]

However, when you do get infected, and in the case of a respiratory virus, it's going to come in through your upper airways and your upper lungs. And in those zones, the immune cells you have, the B cells, they will secrete a kind of an antibody that we call IgA or IgM antibodies. These are short-lived, maybe about five, six days, and then they have to be replaced by more antibodies. But they're very, very effective. They're secreted into those airway spaces, and they provide very strong protection. And as you'll see, what they do is they bind to the target proteins that are on those viruses. And the back end, that Fc portion, then becomes recognized by cells of your innate immune system, and they recognize it easier and they take it out. So the antibodies are assisting the innate immune system to **work even more effectively.**

The problem is that the other type of antibodies that you get from an injection in your arm are what we call the IgG class antibodies. These are very good antibodies. They last about 21 days, but they're very low concentrations in the upper lungs and the airway spaces.

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So as a consequence, you don't have a very good response against an infection with the vaccine-induced antibodies because of the nature of the kind of antibodies that are made. They do make some IgA and IgM antibodies, too, from these vaccines, but the predominant one is IgG. And so we know that when you have that production and you get these memory

B cells and plasma cells, the immunity that you have in terms of your antibody levels will remain elevated. And we knew this from SARS-CoV-1, that even people three years later still had antibodies in their blood against the virus. And I can tell you today that this is true also for SARS-CoV-2. That the antibody levels have remained elevated in the blood of people. And the reason for that is when you're getting constantly re-exposed to the virus, it's naturally boosting your immune system. You don't require a vaccine if you've already recovered from an infection because you're naturally going to get exposed to the virus again. It's endemic in the environment, and as a consequence, you have protection.

[Kinexus SARS-CoV-2 Antibodies]

Now I'm going to provide some information on a clinical study that was undertaken at Kinexus. It's a three-year study. We were able to do this because we had unique technology at Kinexus that allowed us to remake any proteins of interest artificially in pieces on membranes. So in mid-January of 2020, the structure of the SARS-CoV-2 virus was actually published. The Chinese government released it. With that information, we could remake all 29 proteins in the virus artificially, in pieces on membranes. And Dr. Winkler has been really instrumental in allowing us to do that at Kinexus and has been involved in a lot of the testing. So I want to acknowledge the incredible amount of hard work he's done in this at Kinexus.

Over three years, we've looked at about 4,500 people for the levels of SARS-CoV-2 antibodies, looking not just at the spike and the nucleocapsid proteins, which is what other research labs have done, but we've actually looked at all of the proteins as potential markers for portions that are very immunogenic—that would provide a strong immune response in the body. Half of the people in our study are female, the other half are male, approximately. And then, we've looked at everything from six-month-old babies through to 90-year-olds in our study. And about 1,500 of them actually have had COVID-19. We know that confirmed from PCR studies.

[ID of Most Immunogenic; Regions with mutations highlighted in yellow]

To give you a sense of how we honed in on the most immunogenic parts of the SARS-CoV-2 virus, here you can see a membrane, and you see a series of a lot of spots. And each spot corresponds to a different portion of the SARS-CoV-2 virus's proteins. In this case, we're only showing the spike protein in the upper portion; the middle portion is the nucleocapsid protein, and the bottom portion, in this case, is the membrane protein. This is three of the 29 proteins that we looked at. We looked at them all.

And you can already see in this particular figure, if you have antibodies against one of those portions, it appears as a strong spot. And this is an overlay from nine different people: their patterns overlay to get a good sense of the overall regions that are the most immunogenic. And you'll notice that I've coloured them, also, on this in yellow. Those are the zones where **the mutations occurred in the Omicron virus. And with a few exceptions, almost all the regions where the mutations occurred in the virus are not the regions where people tend to make antibodies.**

So your immune response is largely intact against Omicron because it's 97 percent identical to the original Wuhan strain and where the mutations occur it is not, in the regions where you actually have the mutations. And that's very important to understand because again and again, we hear that "the Omicron strain is very different and so, that's why we have more infections with the Omicron because our immune system, including the vaccine-induced immunity we have,

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doesn't work against Omicron." And that's actually incorrect.

[ID of Most Immunogenic]

Now this is, again, a very dense slide, but you'll notice on the right side of the slide that there's what appears to be dot patterns. And basically, every column is a different person. This is a small subset of people that we looked at. So every column is a different person. But every row is a different part of the virus that we looked at. And you'll notice that there's certain regions, like this one here, that's a very strong black line across. All these people we tested—whether they were control, uninfected, which included people from 2018; non-symptomatic individuals that never knew that they had antibodies; through to those that were symptomatic but we didn't have PCR tests, to PCR-confirmed—shown here. You can see that there's some increases that we see in some of these spots. But even people that are non-symptomatic and to a certain extent even in 2018, they already had antibodies in their body that recognized the SARS-CoV-2 virus itself. And they would provide protection against this virus if you were infected.

[SARS-CoV-2 Antibody Pattern]

Now when we tested all these different people— And this is showing a test where we had around 110 different markers that we selected out of the 6,000 that we originally started with. And each membrane here on the one side, on the left, each membrane is a different person. And you can see that the pattern, apart from the control spot that we have here, is different in every person: everybody has a unique immune response to the same virus. On the right side here is the same person tested 10 months later: so the pattern that they have is exactly the same, almost a year later. But from one person to another person, it differs the pattern that you will have.

[SARS-CoV-2 Antibodies, with 41 markers]

And we then went on with that test and narrowed it down to about 41 markers. And here we can see a person who has not been infected. And here we can see five other people as examples of where they've been infected, but the patterns are different. And what's striking is, this D1, D2, D3, D4 spots correspond to the nucleocapsid spot. So our test is based on these peptides that are making parts of the virus. And what happens is that we have concentrations that are at least 100 times higher than what you could get with a recombinant protein—let's say the nucleocapsid protein—put in the tests that are commonly used to do research in this area: so we have a higher level of sensitivity. And because we're tracking more proteins, not just the nucleocapsid and the spike protein, we can actually get better confirmation for specificity because we're looking at other proteins as markers.

And this is just showing you the layout on the bottom here. But the key point is where the nucleocapsid protein is: about half the people that we test that have had SARS-CoV-2 do not make antibodies very well against the nucleocapsid protein. So if you have a test and you're trying to see—are we getting antibodies against a vaccine? The vaccine is delivering the spike protein only, none of the other 28 proteins. So antibodies that you detect against the spike protein could be due to the vaccine or it could be due to natural immunity. But anything that you see with the nucleocapsid protein can only be from actual natural immunity. But we can see in our tests, half the people that have COVID-19 don't make antibodies against the nucleocapsid protein.

So in our country, our health officials have been advised, based on detection of nucleocapsid protein antibodies. Which means that we may be underestimating very early

on the degree of natural immunity in our populations: One, because the tests they're using are very insensitive. And two, about half the people don't really make antibodies very strongly against the nucleocapsid protein.

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[Clinical Study: JCI Insight]

Okay, so when did SARS-CoV-2 come to British Columbia? is the real question. And if you look at the BC Centre for Disease Control value, they finally got their act together and started sequencing the genomes of the virus that came in and infected people in BC. And they noticed that it looked more like the genome of the SARS-CoV-2 virus that came via Europe. And so the official narrative is that this virus did not hit British Columbia until really the beginning of March. Now think about that. Here we are in British Columbia in the Vancouver area. We are the gateway to the Orient. You have a virus that has been spreading through the population in China for months before. And the first reported case in North America is in Snohomish County, just south of the border, in a nursing home. And the official narrative is that it really didn't hit British Columbia until really the beginning of March of 2020.

Well, that's not right. And here's why. Firstly, we did a study with the BC Women's and Children's Hospital, and the BC Centre for Disease Control are also co-authors on this paper [Exhibit VA-7c]. And we found that with 276 healthy workers—adults, half of them were hospital workers—that they all had antibodies that would recognize the SARS-CoV-2 virus, not just using our test but using a test from another company Meso Scale Devices [Meso Scale Diagnostics] that showed that 90 per cent of them had antibodies against either/or, either with both or one of the nucleocapsid protein or the spike protein with their test. Then we went in with our test and tested for other proteins, and we confirmed their results and showed that they had antibodies against the other proteins in the virus as well.

This study was done in mid-May to mid-June of 2020. So at least 90 per cent of our population already had been infected—already had immunity—and then later got vaccinated the year following. The question is not really what is the effect of the vaccine on a person who is naïve, who's never been infected with the virus—but what is the effect of the vaccine on someone who's already got immunity?

[Clinical Study – Participants]

Interestingly, in the 1500 people that we tested that said that they actually had the symptoms of COVID-19, we asked them, when did you first have those symptoms? And what we found was that three-quarters of the people in our entire study from the last three years reported first having COVID-19-like symptoms in December of 2019, January, February, and March of 2020: three-quarters of all the people that we tested before **“officially” we had the pandemic in BC. During that period of time, there was no restrictions—there was certainly no vaccines—but no restrictions. And so this virus really spread quite prevalent throughout our population. That accounts for why we saw one of the highest death peaks was actually the first wave. We find in our participants that have not been vaccinated that about a quarter of them did get COVID again about two years later. And it was milder for them.**

[Natural Immunity Based on Nucleocapsid Antibody]

This natural immunity based on the nucleocapsid detection—even though it's not a great test—we do have data. And one of the things for the panel here, I've been asked, is to make sure that I can provide primary references, so I'm sorry that these slides are very busy.

I've just tried to make the key points here: 75 per cent of the children in the United States, basically, by mid-2020-'22,

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all had antibodies against the SARS-CoV-2 virus, against the nucleocapsid protein. And in England up to 97 per cent of secondary school kids also had it in January to February of 2022. And the BC Centre for Disease Control with their most recent data, where they looked in August of 2022, already reported that 70 to 80 per cent of children here in BC already had antibodies, that they were under 19 years of age, and adults, 60 to 70 per cent of them. And again, this is based on the nucleocapsid antibody reactivity, which is again missing most of the actual infections.

So we were advocating vaccination of our children actually at a time where they already had natural immunity. And the latest data that has come up from the Stats Canada and Health Canada is that we figure now that over 40 per cent of all adults that were infected with the SARS-CoV-2 virus were asymptomatic: they had no symptoms. And we know for children that are under 18, and young adults, that actually most of them were infected and were asymptomatic. So they actually handled it quite well.

Well so, what's the deal? What's the problem then if we vaccinate them anyways? Won't we have "hybrid immunity" that's supposedly superior to our natural immunity?

[COVID-19 RNA Vaccine Mechanism Action]

Well, here's how the vaccine, the genetic vaccines, actually work. And I'll focus on the RNA vaccines because these are the most commonly used. So you have these lipid nanoparticles that are basically like little soap bubbles: very tiny, about the same size as the virus. And within it, it has this genetically modified RNA that has not the whole virus but just that spike protein gene. And it gets inside the cell, and it will be released when there's a fusion of the membrane here. The RNA is released, and that spike RNA is going to be translated into protein, creating spike protein inside the cell. Now this cartoon's not ideal because they're actually in a membrane, which then fuses with the surface of the cell to present the spike protein on the surface of the cell—the same way we presented on the surface of the SARS-CoV-2 virus itself. Except instead of being on a virus particle, it's on your own body cells.

And when you have antibodies that are in your system—I should point out, too, that as you have this foreign structure inside your cell, what we call toll-like receptors [TLR] signaling can tell there's something foreign here, and it actually causes the release of cytokines. And again, cytokines are hormones essentially released into your circulation to signal to your immune system—there's a problem here, you better come and take care of it.

So those immune cells are attracted. And so you can get immune cells—it could be macrophages and neutrophils, dendritic cells, as examples—and those cells will have what we call Fc receptors that recognize the back end of the antibody. So the antibodies are going to stick to this spike protein, and the back end is going to allow the sticking of this immune cell to, in fact, the cell that's producing the spike protein. Now that antibody can also allow the binding of proteins in blood called complement proteins. And you get all these complement proteins—they're what we call proteases—and they create a hole so it actually kills the cell. So your immune cells are there; they're going to be gobbling up the pieces, which includes the spike protein. It goes inside these antigen-presenting cells, presented with what we call major histocompatibility antigens to T cells and B cells that are in your lymph nodes. And then you get your immune response. Okay, so that's how it

works. So the key point here is, in order to get an effective immune response, you have to actually attack and potentially destroy the cell that's producing the spike protein.

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[COVID-19 Vaccine Issues – Poor Lasting Efficacy]

Now, again, as it's been emphasized before, and I think Dr. Hoffe spoke eloquently about all the problems, and I can confirm everything that he said. I'm just actually presenting some of the references for those statements and expanding on them a little bit deeper. But there's complete agreement now: These vaccines do not prevent infection. No one's going to argue that, no health professional. It does not prevent transmission. That is absolutely clear now, too. The argument has been that it reduces your symptoms; you're not going to die, at least, if you've been vaccinated. That has never been proven in any clinical study: there were never really endpoints in those clinical studies. But there is no data that actually supports that statement.

What we do know is that people are dying less from the virus now. But again, the virus is mutated to a more benign form, and natural immunity is very prevalent in our population. So it's not surprising that we're seeing this. So when we look and adjust it for the population that's been vaccinated versus the population that's been unvaccinated— And I'm sure you've heard from the media for the longest time that 99 per cent of the people in the hospital in the summer of 2021 were actually unvaccinated. Well, a lot of the population wasn't vaccinated, and there's very few people who were actually ill at that time. So when you look back, most of the deaths that we had in unvaccinated people was actually during the period of time when hardly anybody was vaccinated in the first place. Okay, so that's playing with the numbers.

The other thing that's been done with playing with the numbers is that if you've been vaccinated and you get COVID within the first three weeks in British Columbia, you are considered "unvaccinated," and that data was lumped in with the unvaccinated. Even though they got COVID and they were vaccinated, they were considered unvaccinated. I'll show you that's a problem. So even now, when we adjust per capita—because over 87 per cent of the population of BC has been double vaccinated, 13 per cent is unvaccinated— when we adjust for the difference in numbers, there really isn't that much difference in the hospitalization rates now and the ICU admissions and the deaths in this respect. Except I'll show you that's not quite exactly right.

[COVID-19 Vaccine Issues – Increased Risk of Infection]

But the key thing here is this data came from Alberta in 2021 that they published on their website up to January 11, and then I guess they finally removed it because it was too embarrassing. So what it shows you is that these are people—this is total case numbers— **that if you were vaccinated on day zero here, your chances of getting COVID-19 increased right after vaccination. And this is different age groups here in terms of the colours: these are children down here [red] and these are elderly people in the blue up here, and this is age. But for the first seven days your risk of getting COVID goes up when you get vaccinated; it stays high for about up to day nine, and then it declines as you get an immune response in your body. And now you get that protection, but it's fairly temporary. In the first shot and second shot with the booster, around five, six months. But with each booster shot, the duration period of protection has been getting shorter and shorter. So it's really just a few months, maybe two months now with the fourth shot for the booster in adults. But it's much worse in children.**

[COVID-19 Vaccine Issues – Increased Risk of Infection, Quebec data]

Here you can see also that with the third shot, in looking at hospitalization in Quebec data here, that if you were triple vaccinated here, three doses in the purple, you were more likely to be hospitalized than someone who was not vaccinated. Now all of these slides will be available, I'm providing them to the Committee, and you'll be able to have copies of this. We'll probably post them on the Canadian Covid Care Alliance website.

[COVID-19 Vaccine Issues in Children – U.S. Data]

So what about children? Well, these vaccines were especially ineffective in children. One study they've done out of the U.S. looked at 74,000 children,

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5 to 11 years of age at about 6,800 sites across the United States. And basically, what they found was that by four and a half months after vaccination of 5- to 11-year-olds, they actually had a negative efficacy: these children were more likely to get infected than if they had not been vaccinated. And the efficacy after only one month post-vaccination was 60 per cent. This is relative risk reduction, not absolute risk reduction, which is a fraction of a per cent. But by two months, it was down to about 28.9 per cent efficacy. So 70 per cent of the kids by two months, there was no protection from the actual vaccine.

[COVID-19 Vaccine Issues in Children – New York State Data]

When we also look at other studies, here was one done with about 365,000 kids in New York State during the Omicron peak. After five weeks, it was only about 12 per cent effective. So what is happening is in these children, normally, their innate immune systems are very protective. But when you're looking at the boost from these vaccines, it doesn't seem to be working very well.

[COVID-19 Vaccine Issues in Children – Pfizer Report to FDA]

Nonetheless, we've gone ahead and vaccinated children, and we started doing it more recently in 2022 for under five-year-olds. And initially looking at two- to five-year-olds, this study was actually done with the Pfizer vaccine. They had about, I believe around 1,500— Well, they actually had about 1,000 that were unvaccinated, about 2,000 that were vaccinated. And then you run the numbers, and at the end of this study— By the way, none of the kids went to hospital, they just turned out to have COVID as confirmed with a PCR test, which again, at 35 cycles is actually 90 per cent false positives.

But the difference between the vaccinated children and the placebo children was two of them were positives in the vaccinated group and five of them in the unvaccinated group. So the difference of three kids: that's determining whether or not this was an effective vaccine to inject in all these children.

And by the way, this efficacy was only measured after one month. And I would also point out that in that trial, it was originally designed for two shots, and they had negative efficacy after two shots. So they went to three shots, and this is only after that one month after three shots. So that's why these vaccines for children are three shots.

[COVID-19 Vaccine Issues in Infants – Pfizer Report to FDA]

And when they did the babies, six-months-old to two-months-old, the difference between the two groups, very similar study, was a single child. One that was infected in the vaccinated group and two in the unvaccinated group. Again, none of them were hospitalized.

[COVID-19 Vaccine Issues in Children – Reduced Natural Immunity]

Okay. So well, it may not be effective, but is it safe? And again, since most of these children will already have been infected certainly well within the pandemic after two years, and as it would seem even within the first year.

What we do know is that if you have people that were negative from serological tests from being infected, and now you gave them the Moderna vaccine, and then they got infected—because they all do at some point—it turns out that the natural immune response was 40 per cent. Whereas, normally, the natural immune response was 93 per cent after infection with people who had not been vaccinated, these people that are 18 years and older. So you actually downregulate your natural immunity if you're actually pre-vaccinated. And even for a non-vaccinated person with a mild case of COVID-19, there was a 71 per cent chance of having antibodies against the nucleocapsid protein, again, reflecting an immune response. But if you were previously vaccinated, your nucleocapsid response is only 15 per cent. So you have a blunted immune response if you've been previously vaccinated without being infected beforehand.

Well, what's the problem if you're infected, you have an antibody response, and now you get vaccinated?

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[COVID-19 Vaccine Safety Issues]

You might be surprised to learn that if you have a Moderna vaccination on your arm, you're typically getting trillions of these lipid nanoparticles that contain the RNA. And you're going to have between 5 to 10 copies of that RNA in each lipid nanoparticle. And that RNA has been genetically modified, is non-natural, to have what we call methylpseudouridine, replacing the uridine that would normally be in the structure of the RNA, that makes it more stable and less likely to be degraded: so each RNA can be used repeated times to make copies of the spike protein. So what happens is, you can potentially have hundreds of copies of spike protein made from each RNA gene—again, 5 to 10 per lipid nanoparticle. And you have tens of trillions of lipid nanoparticles with each injection. So you're literally producing quadrillions of spike proteins in your body with a single injection.

Now, how does that relate to, let's say, a virus infection or a normal vaccine? Which would be an attenuated virus. You might get 50 to a few thousand copies of that attenuated virus injected in you. As opposed to, like I say, trillions of lipid nanoparticles. Now, again, these are like little soap bubbles; they have no targeting proteins on their surface. So they will travel anywhere in the body, including the blood brain barrier. And they'll fuse with any cell that they're close to and then, in those cells, produce the spike protein.

So this to me—as I showed you earlier, how these vaccines work—if it requires the destruction of these cells that take up the lipid nanoparticles and produce the spike protein, and you're attracting your immune system to those sites, then you're going to get injury at those sites. So imagine that you already have natural immunity and you have a strong immune system, and now you're putting quadrillions of these spike proteins throughout your body: you're going to have a very strong immune response and more damage to your tissues than you would normally have if you weren't vaccinated in the first place.

This is accounting for some of the injuries that we're seeing. But to me, this is a recipe for autoimmune diseases. And we have many cases where an overactive immune system is actually attacking your own body cells. And basically, this is what these vaccines are doing.

[COVID-19 Vaccine Safety Issues – VAERS]

And we know this for a fact because the VAERS system that we talked about earlier, when we look at the total number of reports of vaccine injury, it turns out that actually over 79 per cent of all deaths from all vaccines in the VAERS system—there's over 80 other vaccines—79 per cent of it is from the three approved COVID-19 vaccines in the U.S. You have more reports of injury in general from these three vaccines in the space of two years than all the other vaccines put together for the last 31 years. It's very hard to ignore that.

[COVID-19 Vaccine Safety Issues – VAERS, U.K., EMA]

And it's not just the VAERS system; there's the U.K. Yellow Card system, the EudraVigilance system from the European Medicines Agency, they track this. As pointed out earlier, the CAEFISS system in Canada, only a doctor can report it. They filter it out so that even when doctors do report it, they tend to ignore it in many cases. And what we know with that system is three-quarters of all the reports in that system are from women. And that's true for the VAERS system as well. And it's true also for the VigiAccess system, which is what the World Health Organization has been tracking vaccine injury with for the last 30 years.

[COVID-19 Vaccine Safety Issues – WHO, VigiAccess]

So if we take a look at the VigiAccess system from the World Health, and we look at the total number of reports of adverse events, AEs, there's over four million that are documented, since reporting for that. And if we take a look at all the other vaccines, the closest that we get for adverse events is influenza,

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going back to actually 1968 when you started tracking this.

But in the space of the same time period of a year, you have over 500 times more reports. Well actually, 148 times more reports of vaccine injury from the COVID-19 vaccines than from the influenza vaccines. And there was a period there in 2020 where we had very few cases, apparently, of influenza in the country, barely 100, and most of those were caused by vaccination with the influenza vaccine because it's a weak strain and there'll be some people that will actually respond to it. But you can see here that these are clearly the highest rates of vaccine injury we've ever seen. And one has to wonder: We set up these systems in the first place to identify where we had problematic vaccines. And we've seen signals we've never seen before, and we've totally ignored them. We've actually talked about how poorly these systems actually seem to be working, and it's just nonsense.

[COVID-19 Vaccine Safety Issues – Original 6-Month Pfizer Trial]

Because we can go back to the original six-month Pfizer trial, for example, and there we have a placebo group along with the vaccinated group. And what we could see is that there is 300 per cent more reports of adverse events in the vaccinated group than in the unvaccinated group and a 75 per cent increase in "severe," that's hospitalization, basically, and death. Now, when we look at the actual number of deaths, there was 20 that was in the vaccinated group and 16 in the non-vaccinated group. So to argue with a controlled study, even here: there's no evidence that the vaccines actually reduced the likelihood that you would be hospitalized or that you would die; in fact, it's the opposite.

And a lot of this information was suppressed. Finally, through a court case in the U.S., a lot of the post-release of the vaccine—Again remember, the vaccine was released after only two months of study. This six-month study came out in the summer after people

had already—it had been in the general public. So what happens is they already had in two months, 1,223 deaths that were reported directly to Pfizer related to the vaccines.

[COVID-19 Vaccine Safety Issues – Fertility]

So the question has come up about fertility. And it's been pointed out these lipid nanoparticles travel throughout the entire body. They do concentrate, as pointed out by Dr. Hoffe: about the fourth major organ after the liver, the adrenal glands, and the spleen was the ovaries. And we know that over 40 per cent, in multiple studies now, of women that are vaccinated have menstrual issues: heavier bleeding or prolonged bleeding and including, also, in post-menopausal women that they would have bleeding. So the control of the period is through the hypothalamus, the pituitary, and the ovaries. It's hormonally regulated. So we can tell that those organs are being affected by those lipid nanoparticles.

And likewise in men, what we do know is that sperm counts drop. And those drops is about 15 per cent. They do recover in about three to six months. But it does show you that the gonads are affected by these. And in the case of women, my personal concern, because I do research on oocyte maturation and conversion of oocyte into eggs—that's what happens with every period—is that a young baby girl is born with all the oocytes she's going to have for the rest of her life. If there's inflammation and damage to those ovaries, she may very well end up with fewer oocytes; even though there may be a healing process, she'll have less oocytes, which increases the risks that she will go into menopause sooner and will become infertile. Overall fertility rates have dropped over 10 per cent since vaccination started. But there's a variety of reasons that that that could be, but I think this is potentially one of them.

[COVID-19 Vaccine Safety Issues – Myocarditis and Myopericarditis]

One of the biggest risks that's been identified is myocarditis and myopericarditis, the muscle around the heart, that we are seeing a very high risk of vaccine injury, particularly in males after their second shot of the Moderna and the Pfizer RNA vaccines. And the risk seems to be, well,

[01:10:00]

Ontario actually calculated the risk fairly early on: it was about 1 in 5000 with the Pfizer vaccine. The BC Centre for Disease Control actually did a study, which they published. They see with the Pfizer vaccine after the second shot about 1 in 7800 for symptomatic, and I emphasize "symptomatic myocarditis." But in the same study, they show that with the Moderna vaccine, the risk in 18- to 29-year-olds is about 1 in 1900. That's incredibly unacceptable—even though the publication felt that from their data, these vaccines were safe from a standpoint of myocarditis.

Now that same publication showed data from 12- to 18-year-olds with the Pfizer, and the risk was very similar to the 18- to 24-year-olds. But we know from other publications that for the Moderna, the risk is greater and especially greater for the 12- to 18-year-olds. And that data was omitted or certainly was not recorded in the study that the BC Centre for Disease Control published, which is where I would expect there to be the greatest amount of problem with these vaccines.

And the reason why we know these people have myocarditis is because they go to the hospital. If you have symptomatic myocarditis, you will be in the hospital—about 98 per cent of the cases. But we do know that many people can have the same damage, but if they don't exert themselves, they are asymptomatic myocarditis. And from what I've been able to see from the literature, it seems that for every symptomatic case, there's about 3 cases

that are asymptomatic. So that means those numbers that I gave you, you can divide them by 4—that the actual damage is occurring in these young men.

One of the few studies that was done was a Thailand study with 301, 13- to 18-year-olds. They had about 201 males and 100 females. And what they found was they actually looked at each person in that study for damage to the heart. And 29 per cent of them had damage to the heart that they could see either biochemically through the production of a troponin protein—a heart protein that isn't normally in your circulation—or actually MRI imaging. And when you calculate out the cases they found that were “asymptomatic” pericarditis or myocarditis, it was mainly asymptomatic here, there was 1 in 29 of the males—1 in 29.

[COVID-19 Vaccine Safety Issues – Case Study]

So well, how is this possible? Why do we see this? Why would the heart be attacked by the immune system when you've been vaccinated? And as pointed out earlier, we're finally now starting to see immunohistochemistry studies of where people have died and the tissues are examined and stained to see whether or not they have spike protein produced or nucleocapsid protein produced. If you had both, you could argue that well, that's from the virus. But if you have again just the spike protein and haven't had COVID recently, then you start to think well, it could be the vaccine.

So here I'm showing you data from Dr. Motz; he's a pathologist and here's the staining. Now this person died from Parkinson's disease 3 weeks after they were vaccinated. So there was extensive spike protein in the brain. But this is the heart of that person. So in their heart, you can see the production in the orange here that's indicating the presence of spike protein. And again this is produced by the vaccine. And these little dark blue, these are cells of the immune system that are here.

And I've seen extensive work, and we talked earlier with Dr. Hoffe about Dr. Burkhart's data. At the Canadian Covid Care Alliance, we had an interview with him, which is actually posted on the Canadian Covid Care Alliance. And for about an hour, he showed us all these tissue slices from autopsy, people who died

[01:15:00]

not as vaccine injuries: but 70 per cent of those people, after their analysis, they interpret them as vaccine-injury deaths. And the spike protein production here in those slices often shows infiltration of immune cells like we see here. And by the way, this is the nucleocapsid protein here; there's no staining of the nucleocapsid protein. What we see is that there's also extensive tissue damage in those zones where, in fact, the immune cells have come, where the spike protein is being produced. So the mechanism for the myocarditis is pretty plainly evident.

[COVID-19 Vaccine Safety issues – Myocarditis]

And people have argued, well, you know, COVID-19, the vaccines: if they get myocarditis, it's a mild case of myocarditis. I have to emphasize to you that myocarditis, the damage is permanent: It's not reversible. It only gets worse. The infiltration of immune cells, as shown in this figure here to illustrate the heart muscle cells, kills those muscle cells. And those dead muscle cells are replaced by scar tissue. And the surrounding muscle cells have to get bigger to carry that load to pump the blood. Sometimes in myocarditis, it may be that there's certain zones that are affected with the inflammation—that you get arrhythmia happening when the person is exerting themselves—and then they can get a heart attack.

So when you have a bigger heart, when you're exerting yourself, you have more blood pressure in the future, and you're more predisposed to cardiovascular disease, which is almost the major cause of death for people next to cancer. They only differ by a few per cent from each other in Canada.

[Athlete Collapses and Deaths – January 2021 – December 2022]

So we've seen this, over the last few years, we see more and more reports of athletes collapsing on the field. And what's kind of disconcerting is that about three-quarters of them that have been recorded, they've died from that collapse. So it's about ten times the average of what we normally saw prior to the release of the vaccines.

[COVID-19 Vaccine Safety Issues – Reported Deaths for Major Drug Recalls]

And so one wonders: well, look, if you got these deaths, and it's about 35,000 deaths reported in the VAERS system now, how many deaths does it take before you actually terminate the programs for these vaccines with the COVID-19, especially genetic vaccines?

And to illustrate this, the closest that we have for any drug or any vaccine to where the decision was made to suspend that particular treatment was Vioxx with 6,000 deaths. And as pointed out earlier, where we have some vaccine deaths, even after ten, we stopped those programs. But what we're doing instead, now, is we're going to use this technology for influenza vaccines and other vaccines that we plan in the future to give to our children. Because they're amongst the most heavily vaccinated in terms of [life.]

[COVID-19 Vaccine Safety Issues – All Cause Mortality, Ages 0–44]

So we've talked a little bit earlier in some of the presentations about all-cause mortality. All-cause mortality, you can't fudge the data. I mean, whatever they died from, the increased amount of death, you can try to correlate that. Here we can see for under 44-year-olds in Canada, there is an increase in all-cause mortality that actually is coincident with the lockdowns. And again, that's probably dealing in part with suicide. And also depression, anxiety, these reduce your immunity, and with reduced immune system, you're more likely to get cancer and other diseases. And then, it was starting to kind of come down, and then we started introducing vaccines and it went back up again.

[COVID-19 Vaccine Safety Issues – All Cause Mortality in BC]

Now I looked in British Columbia, and we can go back to 2010. So look at the scale here, 6,500. So starting from here, so this is really excess mortality above historic averages annually. What's shown in the yellow is the component—so it goes right to the top—but the component that's due to illicit drug deaths. So we can see illicit drug deaths accounted for more deaths than COVID

[01:20:00]

in 2021, in BC.

Likewise, even more so compared to COVID in 2022. Interestingly, in 2021, we don't see as many deaths per million people in BC. We have about 5.3 million people in BC. So you can take these numbers and multiply them by about five. Here, we can see the heat wave in 2021 has actually killed a lot of people in one week from the heat wave, in comparison. So in BC, about 110 people die every day from all causes. And of that component, even at the peak, only about three and a half deaths per day average from COVID-19. And in terms of all-cause mortality, it's more than 90 per cent of it, at any stage, was due to other diseases rather than COVID-19.

[COVID-19 Vaccine Safety Issues – All Cause Mortality, England, 2021–2022]

Now I'm coming close to the end of my presentation. This data is the cleanest data that I've been able to see. It was recently published on the website for the healthcare system in the United Kingdom. The reason why I like this data is because it completely separates people who have been vaccinated from unvaccinated and those that are in that short window of two weeks where they're vaccinated, but they would normally be counted as unvaccinated. They did not do this in this data set, and they also, at the same time, had the different gender and they had different age groups. And so this is all age groups being shown here. Now this is starting when they began this study in April of 2021, so soon after the release of the vaccine.

Marion Randall

Dr. Pelech, just given it's getting very late, I'm just wondering if you would consider wrapping it up so we can move to questions?

Dr. Steven Pelech

We're just about done.

Marion Randall

Yes, please. Thank you.

Dr. Steven Pelech

Yeah. So what we find is that the risk, and this is adjusted per population, so it's age adjusted as well. If you were vaccinated prior to Omicron—this is this period here in December of 2021—you were more likely to die by four- to five-fold than if you were completely unvaccinated, in the blue. And once Omicron came along, if you were double vaccinated, you were about two to three times more likely to die if you were vaccinated than if you were unvaccinated. And since then, the risks have declined. With triple vaccination, there seems to be a protection during this period, but the difference between the unvaccinated disappears by about March of 2022. But you remain more likely to die of all causes if you've been vaccinated. Okay, so that's what the data is showing us.

[Canadian Reaction to COVID-19 Vaccines]

So the reaction of Canadians to this has been that we have a very high degree of compliance: in this case, depending on the age group, certainly the elderly over 90 per cent, and they completed their vaccination series. But in the last six months, we see less than 5 per cent of zero to four-year-olds have been vaccinated, 7 per cent of five- to 11-year-olds. **And if we look at the elderly, 60 years and older, there's been a high degree of noncompliance with the government. So thankfully, I think people are getting the message that these vaccines are not only not that efficacious, but they're also not safe.**

[International Reaction to COVID-19 Vaccines]

And this has been recognized by countries around the world with their regulatory agencies that have decided that they will not vaccinate children, and in many cases, they will not vaccinate anybody unless it's recommended by a doctor. And for example, in Switzerland, the doctor assumes the liability.

So that's the end of my presentation. And thank you for your patience.

Marion Randall

Questions from the Commissioners, please.

Commissioner Massie

Thank you very much, Dr. Pelech, for this presentation. I have a couple of quick questions. The first one is the study you've done in following the infection, using your method for in the clinical trial.

[01:25:00]

My first question is that given the importance of this pandemic, I mean, this kind of research should have been probably prioritized by the government in order to get a good picture of what's going on. So what kind of support did you get to carry on with this research?

Dr. Steven Pelech

Yes. Really none from government. We applied for several grants early on and we didn't even make the stage of letter of intent/acceptance to submit a grant application. There has been some funding given to other organizations, like Ab-C in Toronto using the nucleocapsid and the spike protein assays. Again, they're very insensitive. And I believe what happened is they're claiming that no children really got infected in Canada until Omicron hit. They're assuming that really for two years, children evaded getting infected with the virus, only 5 per cent of the population. And it's because of the inadequacy of the tests. So in fact, serological testing should have done early: it should have been recognized that if you have an antibody response already, you've been infected, and you should not have had to be vaccinated. And health care workers in BC should have been able to be tested. They were the most likely to be infected early, and no nurse or doctor or any other health professionals should have been fired because they refused to be vaccinated.

Marion Randall

So if there are further questions and answers, can we keep them focused? Further questions?

Commissioner Massie

Yeah, well just to continue on that. Now that your data is out from the study, I know you probably continue to accumulate more data. So your data is available someplace so it can be consulted by government agencies?

Dr. Steven Pelech

Yes. Some of the work has already been published, as I've shown, in *JCI Insight*. We just finished the study. So it takes a while to put all the documents together, but our intent is to publish it in a peer-review journal.

Commissioner Massie

So did you get any feedback from the preliminary data that you put on your site?

Dr. Steven Pelech

Yes, I mentioned the data to a lot of people that are scientists across the country. But it's been kind of ignored at this point. But that's why it's so important to make sure that the study is very well documented and that the data is irrefutable and published in a peer-reviewed journal, and then we'll see, probably a better acceptance.

Commissionaire Massie

My other question has to do with the liposome and the mRNA. You've shown on your cartoon that the liposome will actually through the TLR system, trigger some sort of interferon response, which in a way could be good in order to prime the innate immune system. But there are a few studies showing that the structure of the mRNA with the pseudouridine in fact dampens the interferon response. So is there some sort of a—

Dr. Steven Pelech

Right. Yes. There's different reports in this regard. But we certainly are getting an immune response. And I think the production of these cytokines is thought, at least, to be part of the mechanism of how these vaccines are supposed to work: that's what the manufacturers of the vaccines have argued. So I think it's likely that it does happen because it is a very foreign situation inside the cell. And the cells have evolved to recognize when something's coming in that's non-natural. So it's probably the lipids, that are non-natural lipids, that may be triggering that kind of a response with the TLR receptors.

Commissioner Massie

So how would you explain the spike of infection following vaccination? Do we have any hypothesis?

Dr. Steven Pelech

Oh yeah, it's very simple. My interpretation is you've got quadrillions of spike proteins expressed throughout your body. Your immune system has only certain capacity and it's very mobile. So what's happening is it's going to fight the spike protein on the surface of your body cells, and it's less available to take the virus that's coming in through your airway passages, and so it's a competition for attention. And so that's why I think you're more susceptible to getting infected, especially when you're being vaccinated in the midst of a wave—that that's what's happened.

Commissioner Massie

So what seems to be happening throughout the pandemic to come to the stage where we seem to be in the Omicron-era

[01:30:00]

with a virus that is not that pathogenic. But normally, this is what happens in this type of infection if we don't intervene: that is, it will subside because, eventually, the immune system will control it and it will become less and less pathogenic. But because we have intervened very systematically with this vaccination and the vaccination seems to somewhat affect the equilibrium of the immune system—is that the reason why the infection or pandemic seems to be prolonged in our country and not in other countries where the vaccination was much lower?

Dr. Steven Pelech

Yeah, I think a lot of people would argue that the vaccination has prolonged it. What we know with SARS-CoV-1 back 21 years ago, there was no vaccine. The virus seemed to disappear. And it was a more deadly virus than SARS-CoV-2. It never disappeared. I suspect what happened was the population had developed immunity. That there was variants that started to be produced. We didn't have the PCR technology to really track it in those days. So I think the virus has evolved, and we were continually probably being re-exposed to SARS-CoV-like viruses for the last 20 years. And that's why even young children have antibodies against this virus, pre the COVID-19 pandemic. And it's evolving to becoming more like a common cold.

Commissioner Massie

So if the vaccination, aggressive vaccination campaign seems to make things worse and prolongs the pandemic, what would be your prediction if we rapidly stop vaccination? Would the evolution of the pandemic subside like it happened in countries where there was less vaccination? Or we will still be struggling with the side effects that the vaccination has done to the immune system?

Dr. Steven Pelech

Yeah, well, I think what happens is most of the people who have been vaccinated, they will have been initially harmed, but they will recover. We're probably talking about one in 400 or that range that maybe have permanent damage. In terms of exposure to the virus, they're constantly going to be exposed to it probably seasonally, and most of them will have no symptoms. And it will just spread in the environment and early on, again, being a more benign virus, I think it's no longer a threat to our society. Those that are really elderly, fortunately, we do have drugs now, Paxlovid and others, strategies that we could help those people if they do get infected.

It's not the point of my presentation today, but certainly we could have better treated the people who originally got COVID-19. Most people that have died of COVID-19 didn't really die from the virus—they died from pneumonia. And treatment with antibiotics probably would have been very helpful but was not generally applied early in the pandemic.

Commissioner Massie

So if I summarize what you said about the natural immunity and the vaccination. Should people get their booster next time?

Dr. Steven Pelech

No, no, I don't think anybody should get a booster at this point.

Commissioner Massie

Even the vulnerable, people—

Dr. Steven Pelech

Even people that are vulnerable. Because I think what's happening is they're developing tolerance. When you're repeatedly exposed to an immunogen in high doses, your immune system has learned to recognize what's in the environment normally and what's really

strange. And so when you constantly are boosting yourself, especially expressing this spike protein on the surface of your own body cells, the immune system develops tolerance. And we can see this already with the third shot, the class of antibodies, IgG antibodies that are created, they're converting to what we call Ig4 class antibodies. And these are important in the development of tolerance, which means that those people will be more likely to be susceptible to infection. Their immune system won't work as well in the future if they get re-exposed to the virus, which they will.

Commissioner Massie
Thank you.

Marion Randall
Are there any other questions? Thank you so much Dr. Pelech. That was very enlightening.

Dr. Steven Pelech
Thank you.

[01:35:10]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Witness 11: Dr. Ben Sutherland

Full Day 2 Timestamp: 11:16:10–11:42:25

Source URL: <https://rumble.com/v2ltjw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Marion Randall

So again, this new witness is Dr. Ben Sutherland and it's Marian Randall for the record, the lawyer assisting in this case.

Dr. Sutherland, can you please say your name for the record and spell your first and last name, please?

Dr. Ben Sutherland

Sure. It's Ben Sutherland, B-E-N S-U-T-H-E-R-L-A-N-D.

Marion Randall

And do you promise to tell the truth, and all the truth, while you're giving your presentation here?

Dr. Ben Sutherland

I do, yes.

Marion Randall

Okay, and I'll just begin with, I think I'll run through it myself, and you note if there's any corrections. You did an undergraduate degree at Thompson Rivers University with an Honours in Biology, and you did some postdoctoral work. Actually, maybe I'll get you to do it because I think I'm a bit confused here with what I've written. You did more than one post-doctorate? You took a doctorate.

Dr. Ben Sutherland

I don't mind running through it really quickly.

Marion Randall

Yeah, I think you should actually, I'm botching it up. So go ahead.

Dr. Ben Sutherland

Yeah, I did a doctorate at University of Victoria between 2008 and 2014. Then I went and did a postdoc in Quebec City between 2014 to 2017. And then, I came back to BC and did another postdoc with UBC and Fisheries and Oceans Canada, unofficially with Fisheries and Oceans. And then, I started as a biologist at Fisheries and Oceans and then moved into a research scientist position in 2019, I believe. And then was made a permanent research scientist at Fisheries and Oceans in 2020 and worked towards taking over a lab, a very large lab in the Pacific region, and eventually became co-program head with a retiring scientist, and that was up to 2021.

Marion Randall

And then what happened in 2021? I think we're in the midst of COVID then where you started having troubles.

Dr. Ben Sutherland

Yeah, so well, we were dealing with the pandemic effectively in the lab. We were being very cautious and careful, following all the rules, and many of us were working from home, myself included for much of the time. And then, yeah, I guess the vaccine mandate was announced.

Marion Randall

And just before you get there, Dr. Sutherland, would you tell the Commission, I think you've got a leadership award for your leadership in enforcing COVID mandates.

Dr. Ben Sutherland

That was after the—

Marion Randall

After the mandates.

Dr. Ben Sutherland

August 6th was when we heard in the media, the mandate was being announced, August 6, 2021. And I was very concerned about that. It was a shock to me because the organization was very respectful before that about diversity of opinions and all kinds of different people respecting diversity.

So I was really shocked and upset in August when I heard that, and I actually went to my specialist. I have a genetic disorder that has an iron accumulation disorder called hereditary hemochromatosis, and in 2016, I found out I had this. I had actually put off testing for it for so long because I was just too focused on my career. And I found out I had it in 2016 and my levels of iron were very high, and I had to go through all this testing to make sure that I hadn't done permanent damage to my organs. It was really scary. That was

when I was in Quebec. And I swore after that I would never put my career in front of my health again.

So I went to my specialist after hearing about the mandate, and I said, "Have they done testing on people with hereditary hemochromatosis and chronic low platelets?" which I had. And he said, "Well, not exactly, but I don't have any reason to think that you shouldn't be safe to take this procedure."

And so he wouldn't give me an exemption letter, which, you know, he had no reason to think that I was in danger, so I respect that opinion. And so I was not able to obtain an exemption letter. So a few days later, I was indeed provided a leadership award as I mentioned. We had a— It still is a large lab, it's a great lab. I had five direct reports, and I was co-managing five other reports while my mentor was getting ready to retire. A lot of effort went in to training me up to run this lab. It was a very— It was an honour to work there.

So I was given a leadership award

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during the COVID-19 pandemic for making sure the lab operated effectively, and we got our job done. And then, of course, the election came in September, and that went the way it did. And October the 6th, the mandate was officially implemented. And at this time, I—

Marion Randall

And just to ask you, Dr. Sutherland, is that the federal? There was a federal mandate on October 6th for all federal workers?

Dr. Ben Sutherland

That's correct yeah, the policy on COVID vaccine, the policy went in on October the 6th. That's correct.

Marion Randall

Thank you.

Dr. Ben Sutherland

So October the 12th, I had to attest as to my status, and I decided to not request an exemption because I couldn't get the exemption letter. And I didn't have a religious affiliation at the time, and it was very clear that exemptions were going to be very difficult to obtain. It also didn't sit right with me to request an exemption: like, why should I be exempt because of hemochromatosis or something when the person beside me who just doesn't want to take this medical procedure has to take it? So it didn't sit right with me requesting an exemption.

So I attested as an unvaccinated person and not requesting an exemption. And then that's when I started reaching out to everybody I could. I tried reaching out to the union. They fully supported the mandate, so it was clear I wasn't going to get any movement there. They spoke with me, but they wouldn't debate with me about any of the topics. But in any case, they fully supported the mandate, the union, and then I went to my management and they

did what they did. I mean my direct supervisor absolutely did not— I can't speak for him, but they didn't want to lose me there. It was just, that was how things work.

So it was clear to me that I was going to be removed from my position, so I started planning my departure. I just want to underscore, I'm an early career researcher. This was my dream job. I was going to do 30, 35 years. I was doing genetic stock ID in salmon across the whole coast. That's a specialty I've been working on my whole career. So this was the hardest decision, but also, I would not have made it any other way, and I still wouldn't today.

Marion Randall

So Dr. Sutherland, there was a period, October 12th, you had to make the attestation for your

Dr. Ben Sutherland

That's correct.

Marion Randall

vaccine status, and then, as you're saying, you prepared to leave. But you are also required to take a course, I believe.

Dr. Ben Sutherland

That was a little bit later. So I was preparing to leave. I was getting all my files ready for my replacement, who was a good scientist, and I gave all of my documents to him and sorted out all my emails because I knew that I would be removed from my position and locked out of my computer and email within 24 hours. So I needed to make sure that the lab could continue the important work that they were doing. And then, yes, I had to take the mandated course. As an unvaccinated individual, I was mandated to take a course called Building Vaccine Confidence.

And yeah, they actually asked me in my— Well, I don't know if it would be called an exit interview, but when I was removed on November the 15th, they wanted to make sure that I had taken that course, which I told them I took it and I had some serious concerns with the course and some issues. And I had comments for them if they wanted it. But they didn't want my suggestions on the course.

Marion Randall

So you were removed on November 15th of 2020, is that right?

Dr. Ben Sutherland

2021.

Marion Randall

2021. So were you fired at that time, or did you expect to go back to your work?

Dr. Ben Sutherland

That's a matter of debate, I believe. I was put on administrative leave without pay. My record of employment was Code M, and it says dismissed/suspended, but I was told that I was not dismissed. It said due to COVID vaccine mandate. So I guess I was not dismissed, but I was placed on this leave without pay against my will.

And yeah, that kind of started a period of— I would describe it as traumatic. I basically had to drop all of my projects with all of my collaborators,

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some of whom I'd been working with before I was at that job. And when you're in a research field like mine, marine genomics, you really build— Like it's a small group. It's not as big as human genetics or anything, so you build a network, and I had all these tens of projects that were really exciting that I was driving forward. And I just had to drop all of them.

Marion Randall

Are these projects that were with Fisheries and Oceans, and you couldn't continue with them because they were part of that work?

Dr. Ben Sutherland

That's correct, yeah.

Marion Randall

And how did you make out financially during this period?

Dr. Ben Sutherland

I don't know if scary is the right word; it was really anxiety-inducing. My wife, she works in a private organization, and we were concerned she was going to also get mandated. It was actually one of the harder moments when she said that she was going to go and get the shot so that we could keep our house. And that really frustrated me because it took away my ability to take care of my family with my wife; you know, we are partners. And I said, "Absolutely not; we're not doing that," and she agreed with me. But they didn't implement the mandate in the private sector; they're too smart. They don't want to lose good employees, of course; they have to make good money, well some of the private sector anyways. But they didn't in her job, so we were able to get through there.

I wasn't able to sit in front of a computer for about a month or so, through December. That was that dark period. I was really touched by the testimony earlier. It was a very difficult time in Canada during the fall of 2021.

I applied for EI. It was so frustrating. I was, you know, I'm this specialized scientist, and I am walking my dog at 8:30 in the morning on Tuesday morning watching all these cars going to work, and I'm thinking, "Why can't I just go into the other room?" I work from home and do all— Like there's never enough hours in the day for a researcher to get their work done. And now I just have to sit back and do nothing.

So I applied for EI and eventually heard back in February, and I managed to get EI. So I was on employment insurance, which was interesting to me because one of the notes on the website for eligibility says you lost your job due to no fault of your own. So someone in the EI department thought it wasn't due to my own fault.

But at that point, as a researcher, as an academic, you have to keep publishing papers, you have to keep working in the field. And I needed to find some money. And I needed to get back on my feet, rebuild my confidence. So I decided, okay if that's how it's going to be, I'm going to start my own company. And I did. And so as soon as the EI started, it ended. And I started my own company in late February 2022. And I was rebuilding my confidence. It was yeah, like I said, it was a tough time.

Marion Randall

So during the period that you worked for Fisheries, you knew the mandate was coming down, you'd made your attestation before you left. Were you working remotely that entire time?

Dr. Ben Sutherland

I was.

Marion Randall

From home?

Dr. Ben Sutherland

I was working remotely, I believe, the entire time when the mandates came in. I was one of— I wanted to get back to be with my team. I didn't have to be there, but I wanted to be around. But yeah, a lot of the time during the COVID period, I was working from home.

Marion Randall

So you weren't interacting with other people where you could possibly transmit something is what I'm thinking?

Dr. Ben Sutherland

No, after the mandate came up, I was basically, I had a really good setup at home and I just kept working from there. I wasn't actually doing lab work, so yeah, I was just working from home.

Marion Randall

So when you developed your own company and you're doing your research to keep up your skills

Dr. Ben Sutherland

Yes.

Marion Randall

was there sort of ramifications to do with not being able to speak to any of these collaborators or have any access to your projects at work that affected you trying to start your business?

Dr. Ben Sutherland

Absolutely, yes. You know, it was hard to drop everything. I couldn't really reach out to people and explain, "Hey, sorry, I can't fulfill my commitments to this project because I've been put on leave,

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because I'm an unvaccinated person." We know the stigma around unvaccinated people at that time, and I don't want to share my private medical information with collaborators that I really respect.

This is actually the first time I've publicly spoken about this issue. But just to answer your question more directly, I worked with the values and ethics division at Fisheries and Oceans. And it turned out that I couldn't take on any projects related to salmon, which I had been working on since 2008 because it was a risk of a conflict of interest. Which I think makes sense if I actually went on my own leave, like if I actually wanted to go on leave. You don't want me mixing with clients that maybe want to sway my opinion when I'm back in the position. But when you're forced on leave without pay and then told that it's a high risk of conflict of interest to work in your field, yeah, it's very difficult.

Marion Randall

So do you work in a different field than salmon now?

Dr. Ben Sutherland

I switched fields. I did a bit of work on shellfish in 2017. So I jumped into that field and learned a bunch of new things. It took me a little while to get up and running, but I got there and I had some really nice opportunities come up. I'm pretty good at what I do, so people were happy to get me involved. So yes, I switched fields and I'm actually still working in shellfish genomics now. I haven't gone back to salmon.

Marion Randall

Is it fair to say that you had this dream job and you've gone on a completely different trajectory than you had hoped or planned to or dreamt about?

Dr. Ben Sutherland

Yeah, I mean, that was my first real job. I had like a pension; I had a reasonable salary. We just had bought a house, my wife and I, and this derailed that entire thing. Now I do contract work and I'm very thankful for that, but it's a completely different direction than where I was going. But yeah, we have to make the best of what happens.

Marion Randall

So at some point in here, did Department of Fisheries and Oceans ask you to come back? Because you were on unpaid leave but still technically employed?

Dr. Ben Sutherland

Yes, okay, and that comes back to the question about was I fired or was I dismissed or— So in March, I started getting more anxious again because I knew the six-month period was coming up.

Marion Randall

Is that March of this year, 2023?

Dr. Ben Sutherland

Sorry, March of 2022.

Marion Randall

Okay, thank you.

Dr. Ben Sutherland

I started to get more anxious because I knew May 15th was coming around. And I expected six months after they implemented this policy that we'd hear back about our jobs. And I still didn't know, like am I able to go back? This was a traumatic situation. How can I trust this organization, like the policy, you know? The people that I worked around were wonderful but policy in the organization, I was just— Can I even go back at this point? I also had all these commitments that I'd made because I'd started these contracts that I needed to fulfill, all of which I got approval through values and ethics and from management that I could finish those projects.

So anyways, April came around. At the end of March, I contacted the office of the president of the union and said—well there was a few things that I was talking to them about. And then April 6th, the union decided that it was now unjust, and I believe, unjustified and punitive. You can check the wording of that please in the press releases from the union. But they said that it's only unjustified as of April 6th, not as of November, so I disagreed completely.

It was in my view, November was when the problem, or maybe even August was when the problem started. So the union started pushing back against the employer as of April 6th but not before. And then May 15th came around, and there was still no word. And I was very anxious at this time, waking up in the middle of the night, like, what am I going to do? Can I even go back there? I couldn't even think about it; it was just, it was too, it was too much.

Marion Randall

Were there consequences of your union saying it was as of April 6th that they thought it was justified? If they had gone back to the November date, would you have expected to have the money for which you were not paid and put on unpaid leave? Like, if your union had taken a different approach, would it have been likely that you could have been paid for that time you were forced off the job?

[00:20:00]

Dr. Ben Sutherland

I have no idea.

Marion Randall

Okay.

Dr. Ben Sutherland

I have no idea. In any case, they absolutely, they specifically said to me, we will not—

November 15th, we approve of the policy. And it wasn't until April that it was not approved anymore. So I'm not sure.

Marion Randall

So basically what we have here, and what you're telling the Commission here, is that you were in your dream job, you were forced off into a trajectory you didn't want, and this gave you a great deal to have to redo. You were devastated. Maybe you can describe it a bit and anything else you might have to say.

Dr. Ben Sutherland

Well, sorry, I know it's late in the day. So yeah, I'm just looking for the date. Okay, so after seven months on leave, I decided enough is enough, and there's no way I can go back to this job. And they still hadn't told us what was happening. This was June 6th or early June 2022, and so I hired a lawyer, and I went to defend myself. I was tired of looking for help from people who didn't want to help me. So I hired a lawyer. And that was on June 9th, I believe. And then on June 14th, they announced the suspension of the policy. And they wanted everybody back to work on June 20th.

However, they only suspended the policy. They did not rescind the policy. The policy is still there. It's just in a suspended form. And it specifically states that they can reintroduce it if they deem it necessary. So that would be hanging over one's head if they were back in that job. So I had already committed to the legal route. By that point, I realized, no, you lost your job in November.

Marion Randall

Did the steps you took for legal action, did they produce any fruit? What happened?

Dr. Ben Sutherland

We filed in federal court and that filing is there right now.

Marion Randall

It's ongoing?

Dr. Ben Sutherland

I believe so. I don't know if I can talk much about that, but yeah, it's not ended.

Marion Randall

So is there anything else you need to add to your testimony here?

Dr. Ben Sutherland

Yeah, just the one thing I would say is, if you think about where I was, I was working from home with no contact. I was winning awards while working from home. My peers were still working from home during the whole period that I was on leave without pay. My colleagues, other research scientists, they were still working from home. So it leads me to think that the only reason— Like, there was no contact between me and the workforce. I can't speak for the people putting in the policy, but they would probably say something like, "Well, you might have needed to go into the workplace." That's not the case for my position. And that's why I think my case is interesting to provide as testimony here because the objectives of the policy that they put into place, the second objective is basically to improve the vaccination rate in the federal public service. And that, to me, is the only objective that was met by removing me from my job.

I was asked about suggestions for the Commission. And I just have the question: Is that what we're doing now as a country, is specifically to increase vaccination rate where we're removing people from their jobs? And yeah, I think that's all I have to say.

Marion Randall

Thank you. So any questions from the Commissioners? Yes, please. I think, is that okay? And then you after.

Commissioner Kaikkonen

I just have a quick question. Given the Prime Minister's statement this week, earlier this week, where he doesn't think the vaccination policy was forced on employees that are within the federal government, do you feel that you were forced?

Dr. Ben Sutherland

That's a very difficult question. I think that's a legal question. And I think that's above my—I chose to not take the shots.

[00:25:00]

I faced serious consequences for not taking the shots: those consequences were emotional; they were financial; they were reputational; and they were career-impacting consequences. **And that was specifically for not taking something that I did not— For saying no to a medical procedure. That's all I can say to that. But thank you for that question.**

Commissioner Kaikkonen

That works. Thank you.

Marion Randall

And the next question, please.

Commissioner DiGregorio

Thank you so much for staying and testifying at this late hour.

Dr. Ben Sutherland

Thank you.

Commissioner DiGregorio

You referred to the policy and I think you might have even had a copy of it there and how one of its purposes was to increase vaccine uptake. And I'm just wondering if you can provide a copy of that policy to the Commission.

Dr. Ben Sutherland

Absolutely and it's all public information and I'd be happy to provide that policy or yes that document [Exhibit VA-13].

Commissioner DiGregorio

Thank you.

Dr. Ben Sutherland

Thank you.

Marion Randall

Any further questions? No? Okay. Thank you very much. Thank you for your testimony, Dr. Sutherland.

[00:26:25]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 2

May 3, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 2 Timestamp: 11:42:40–11:43:18

Source URL: <https://rumble.com/v2ltiw4-national-citizens-inquiry-vancouver-day-2.html>

[00:00:00]

Shawn Buckley

So just for those in different time zones, where it is just about twenty after seven on our second day of hearings in Vancouver, and I say that because I want to extend my thanks to the Commissioners who are always willing to wait and allow witnesses to testify. We don't know when we're scheduling these witnesses how long they're going to take, and we want them to be able to tell their stories. And so, I thank the Commissioners for their patience.

And this will end our second day of hearings in Vancouver. We commence again tomorrow for the third day of hearings at 9 a.m. Pacific Standard Time. Thanks for joining us.

[00:00:40]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE VANCOUVER HEARINGS

**Vancouver, British Columbia, Canada
May 2 to 4, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 00:45:32–01:11:30

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we commence Day 3 of our hearings in Vancouver, British Columbia, as we've literally marched across the land. Commissioners, for the record, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I like to always share at the beginning for those online that aren't familiar with the NCI that we are a volunteer organization. We've just come together, decided that an independent inquiry needs to be held, and so we've appointed commissioners and we're marching them across the land. More importantly, and if you spend the day with us, you'll understand how important this is. We're giving ordinary Canadians, we're giving you a voice, an opportunity to tell your story in a safe environment.

We're finding actually that for each hearing we have witnesses drop out because they're afraid to speak. Some are afraid of economic consequences. Some are afraid of social consequences. And so understand that those that do speak, many are afraid and many have said so on the stand. When you watch them, you can see some are just terribly nervous. So we thank you for honouring them by participating in what they have to say.

I do ask, every time, if you would go to our website, nationalcitizensinquiry.ca, and sign our petition so that we have this appearance of momentum. Most of you are signing the petition. We've got momentum. This is turning into a movement because you understand that you can't stay silent anymore. But we still ask you to do that and also to donate. Each set of three days of hearings costs us about \$35,000. It's just terribly exciting that we're able to keep marching across the land because you're participating with us.

And then I also continue to ask—because we seem to be search banned on Twitter. So somebody searches NCI. We get screenshots where we're not coming up, and then on other people's phones, we do come up. Something's happening with Twitter Canada, and we're asking you to contact Elon Musk, and tag #NCI when you do it, to ask and make sure that there's no censorship of us.

Before I go into my opening comments this morning, I want you to know that I feel very honoured to be able to give opening comments in these proceedings. Sometimes we just find ourselves in a place we didn't expect to be, and I want you to appreciate that I feel honoured being able to share with you the thoughts that come to me, to share with you.

Today, I want to speak about choosing life and not death. We have been totally surprised by how many people followed this uniform narrative that was put out by the government and followed by the media. Witness after witness has spoken to us about how surprised they were and just how relentless this was. Equally surprising, we are in May of 2023. It's not like this is May of 2020, and we've only had two months of relentless fear on the television, where we've learned through these witnesses that we're being manipulated with statistics and figures and percentages that were totally misleading and designed to put us in fear. We're not there right now. It's years since that happened. We are in May of 2023. And still, the single largest problem that we're facing is that a sizable minority of us, including our governments and media, are still following a narrative that we have learned here in this Inquiry already is completely false.

There is a silent majority, and somebody challenged me—are we really a majority? And so, I was pleased that some of the other witnesses have been saying, “No, we're a majority.” Because we are a majority. But we're a silent majority and that word silence is an abomination. We're a silent majority who know the world is messed up, but we're silent. And that's why that word is an abomination to us and we should be shamed. We know that the vaccine is harmful and that program should be stopped. We know that the measures did not make sense—lockdowns, maskings, all of that.

[00:05:00]

We know.

Even those of you that don't know, those of you that still believe in the government narrative, in your gut— You know that phrase gut feeling? Follow your gut. We all have it. We have this intuition that tells us when something is wrong. And it doesn't matter where you are in the COVID narrative today, you know something is wrong. Your gut is telling you there is something wrong. When these mandates, when we were having to give identification papers in restaurants and you business owners and you employees, you were enforcing it, you knew in your gut it was wrong. You understood that, but you went along with it.

You were in a state of fear and you were in a state of panic. But you're still in a state of fear and panic. Understand the world is upside down. Government leaders are telling us what is coming and we're experiencing what is coming. I shared with you yesterday that we'd gone out for supper the night before and two different people that live rurally in different provinces were sharing with me that literally the government is telling them how many animals they can have on their land and animals need to be registered, right down to a chicken—total control of our food supply. Are you not aware that, what is it, 1,200 food processing plants have been burned down this year? Our leaders speak about starvation. They're speaking about 15-minute cities.

I live in St. Albert and, apparently, we're designated to be a 15-minute city. So basically, they're going to block off the roads, and we'll be in a mile city. Like, we're blocked off—we can't drive in or out—but we'll be able to walk anywhere in 15 minutes. That's why it's called a 15-minute city: you can walk a mile in 15 minutes. They're signalling to us that we will have climate lockdowns, which is why we'll have 15-minute cities, so we can all be

locked down in our districts. It's almost like the Hunger Games. And it will be like the Hunger Games because we will be hungry unless we like the crickets that they're telling us they're going to be feeding us. They're signalling to us another pandemic is coming, and people are aware that they're signalling this.

Parents are aware that kids are being taught things in school that are undermining the families. We still have censorship. We still have hatred. We still have division. We understand that the world has gone sideways and is upside down.

The question is—why have a large number of us gone along with this tyranny and why are we still going along with this tyranny? I use the word tyranny deliberately. Tyranny just means unfettered discretion. That's all it means. If we follow a single narrative to the exclusion of all other voices, that's tyranny. That's unfettered discretion. We're not even allowed to have a different voice. The media isn't allowed to report on anything else. We have to do exactly what the government says. That's participating in tyranny. Now why? Why have we done this?

Well, some of the witnesses have told us clearly, job security. We had a doctor yesterday on the stand saying, he's got a doctor friend who got jabbed. He knew all about this. He knew everything. But listen, he's got a million-dollar house and he's got kids in private school. We've had vaccine-injured persons tell us, "I had to for economic purposes. I have a mortgage. I have kids. I have to feed them." Some people say, "I want to travel. I wanted to go to restaurants. I just wanted things to be back to normal." And some, some want to be good citizens.

In Manitoba—you know how we're playing these clips of what the government was saying on TV in the particular province that we're in—the government was using the word "ambassador." They set up programs in Manitoba, snitch lines for you to be a good ambassador and tell on your neighbour. A lot of people bought into that and they actually thought that they were doing a social service. Many just did it because they were so afraid, and many did it because they chose to hate. At what cost—at what cost have we done this?

I want to share with you my journey in this COVID experience. I've mentioned it before. I'm not going to go into a lot of detail. But I didn't start the pandemic in a place of personal strength.

[00:10:00]

When they started with their fear porn, we literally had to make a decision in our house to turn the TV off after about a month because we just found ourselves in an absolute state of fear. It took about a month for the spell from the TV to wear off. It doesn't happen right away. And as I saw my country and the world basically becoming a police state and police states across the world, I really fell into a state of despair. I've spent my entire life trying to slow the machine down, trying to eke out whatever little rights that the courts would tolerate us having. I felt despair over watching us fall into tyranny. I felt helpless. I felt helpless to do anything, which is an awful state of mind.

I didn't believe that I could stand up. I actually didn't believe that I could stand up. So I'm not even getting at a point in my mind where I'm willing to accept a cost. I found myself in the situation where I was not free to be the man that I believed that I should be. I had shared at an earlier opening that all of us have felt at some point in our life that we were here for something important, that we were here, we had a purpose. I was definitely not feeling that I was living my purpose. I was in a situation where I was imprisoned by my

fear. And it is my fear. When you're afraid, it's your fear; it's just an emotional state that you actually choose to be in. And you can choose to leave that state.

And then, for me, it was the truckers.

They started driving across the land. As they drove, people would just line the highways and the bridges and encourage them. I saw that it can be done. It's possible to stand up. They set an example. Now they've paid the cost. Some of them are under strict court restrictions. Some are in jail. We basically have political prisoners and political trials in Canada because you and I are allowing that to happen. Let's make no mistake. We have political prisoners and political criminal proceedings occurring in Canada right now because you and I are allowing it to continue in May of 2023. We're responsible, you and I. So the truckers have paid the cost.

But what you need to understand is you're going to pay the cost, too. There's a bill that needs to be paid. And you're going to pay it. You have a choice which bill you're going to get: You can pay the cost of standing up and being the person that you're here to be, and there will be a cost, it's gone too far. So you can pay that cost. Or you can pay the cost of doing nothing, of not acting. Now the cost of not acting is, now, going to be larger than the cost of acting.

But make no mistake. I shared this biblical phrase at an earlier opening. Don't be fooled, God's not mocked: "You will reap what you sow."

For those that didn't hear that opening, let me just explain the meaning. It's just using an agricultural analogy to point out that what you invest your life in, is what you get back. So you reap what you sow. If you plant wheat in the field, if you sow wheat, you're going to harvest wheat. You're going to reap wheat. If you sow Canadian thistles in a field, if you plant them, then at harvest time, that's what you're going to get. You're going to reap what you sow. So when I said at the opening that this is about choosing life, not death, I just want to take that analogy a little further.

Where that phrase comes from, and again it's a fundamental story in the Bible. I shouldn't say it's a story.

[00:15:00]

It's a recording of what happened. After God had led the children of Israel out of Egypt—And you've got to read the story. It'll blow your mind what happened, like miracle, after miracle, after miracle to get them into the wilderness. And Moses goes up Mount Sinai to get the Ten Commandments from God, and he comes down and the children of Israel have already rebelled. And so it comes down to decision time. God through Moses—everyone sits down and they're instructed: "You have a choice, God's putting before you. You can choose life and follow his commandments or you can choose death." They're not even talking about spiritual life or death. They're talking about literal life and death.

I've shared with you how the second commandment really is a summary of all these rules and regulations that they refer to as the law. The second commandment simply is that you are to love your neighbour like yourself. Basically, you are to treat others in the exact same way that you want to be treated—that's the basis of our entire law. And so they were faced with this decision: You choose life or you choose death. So basically, you love God and follow the second commandment and enjoy life. I've explained to you how societies that are based on the second commandment, and our society was based on the second

commandment, it's the only way to structure a society to have maximum freedom. With this choice in front of us, what is the cost of following tyranny—of not following the second commandment, of not basing our lives on the second commandment?

What is the cost of living hate? Because the opposite of love, if you're not going to love your neighbour, then you hate your neighbour. You're going to reap what you sow. And so what is it like right now for that silent minority that is continuing to pretend and believe the government narrative? What's the cost to you of living a lie?

Those of us that don't believe the narrative, there's a cost to us for living a lie. What's the cost of living in hatred? What's the cost of us not standing up against what's happening politically? Are we really willing to tolerate our children being undermined in schools and the consequences of that? Are we willing to tolerate 15-minute cities, climate lockdowns, more pandemic lockdowns, digital currencies, digital IDs? What's the cost of this? Because there is going to be cost. We're going to pay it.

What's the cost of accepting the principle that the government can force us to take a medical treatment, be it a vaccine or anything else? We've set the precedent. I've explained to you that there's only two groups that don't have the right to choose to refuse a medical treatment: those are slaves and livestock. What's the cost of this? What's the social costs of us continuing to live in hatred and fear? If we think the last three years is as bad as it can get on a social cost, I think we're mistaken.

The thing that gets me is that here we are in May of 2023, and in every province across Canada today, we are going to inject children with a COVID-19 vaccine.

I've learned at this Inquiry that children basically have a zero risk of dying or being hospitalized by COVID-19. Literally, they're more likely to be struck by lightning than to die of COVID. There's no justification at all. But I've also learned at this Inquiry quite clearly that the vaccine is harming and killing children. I've never in my life witnessed children dropping dead at sports activities—basketball games and volleyball games and soccer games. This is murder. This is culpable homicide that we're participating in, and we have blood on our hands. All of us have blood on our hands.

[00:20:00]

It causes us moral distress when we participate, and we're participating by our silence. It causes us moral distress when we do harm to others and when we allow harm to be done to others. It causes us moral distress when we don't follow the second commandment and treat others like we want to be treated. It literally eats our soul.

Now your actions show who you are. You can say whatever you want, but your actions show who you are. And I have a question for you: Who are you right now if you were to go look in the mirror? Who are you? Are you a slave to fear like I was?

Every single one of us, we leave this life exactly who we are when we leave. So when you die, you are exactly who you are when you die. You're not a person that you were the day before. You're not a person that you were 10 years before. You're not the person you were when you were a child. You are exactly who you are when you die. And you will be weighed on the scales for exactly who you are when you die. I think time is short for us to turn this around. So I want to share a story I shared at an earlier opening, not in this city, and close with it.

When I was, I'm guessing, 12 or 13, I was at the public library in Saskatoon and witnessed the viewing of a war film. It was a Second World War film, black and white, no sound and all scratchy and old. It was taken by the German army in Eastern Europe. So it would be an army cameraman. It wasn't a propaganda film. It was just— Armies record what happens for their own records.

What the film depicted was, a group of civilians were lined up against a wall for a firing squad. And then a group of German soldiers were lined up to do the firing squad. Apparently, what had happened is there was partisan activity against the German army. And so civilians had been rounded up for execution in retribution for partisan attacks. It's not that these people had participated in it. This was just a terror campaign against the civilian population. It was murder. And again, there's no sound. So you don't hear the order. But there had to be an order to raise the rifles because in this line of soldiers, all the soldiers raised the rifles, except—except for one.

One soldier didn't raise his rifle. There had to be an order to lower the rifles because the officer wanted to go talk to this guy and didn't want to walk in front of rifles. You see there's a conversation. And again, there's no sound. You don't know what's being said. But what happens next is the soldier lays his rifle on the ground—and he walks to the wall with the civilians. And then, the rifles are raised again. The rifles are fired. And everyone at the wall falls down.

Now there were a number of German soldiers there. There was the one that made the decision that he was not going to participate in murdering civilians. And then, there were the soldiers that made the decision that they were going to participate in murdering civilians. I have two questions about this because we have two groups of soldiers.

Who's doing better now? You see, the soldiers that fired and murdered, they did that out of fear.

[00:25:00]

But who's doing better now? All of those soldiers would be dead; that would be 80 years ago. Literally, it'll be 80 years ago that that happened. Who died free? Which soldiers died as free men?

So it's interesting as that's a video that is 80 years old, and it's affecting us today: that that soldier—who wouldn't have any inkling about us or the type of society that we live in or what we're facing—is speaking to us now. We have to make a decision, like that soldier had to make a decision, of who we are. I'm just going to stop there.

[00:26:00]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 1: Patricia Leidl

Full Day 3 Timestamp: 01:11:35–01:39:35

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

Our first witness is Patricia Leidl. I'm sorry, Leidl. And names are important, so I apologize Patricia. Patricia, can you please state your full name for the record, spelling your first and last name.

Patricia Leidl

My first name is Patricia, and my last name is Leidl and it's spelled L-E-I-D-L.

Shawn Buckley

And Patricia, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Patricia Leidl

So help me God.

Shawn Buckley

You actually have a very interesting background. You are a former director of communications at the World Health Organization. You were their international communications advisor as I understand it?

Patricia Leidl

I was actually a chief of communications with the HIV branch at WHO. I was also a writer there and a media advisor, a managing editor at the United Nations Population Fund in New York. So I've had quite a long UN career. Then after I left WHO, I started to do work in the field for various U.S. aid organizations or projects. I worked in the field in Afghanistan and Yemen, and that's what I've been doing for the last 13 years, or until I became vaccine-injured.

Shawn Buckley

Now you haven't been called here today to speak about the World Health Organization or the United Nations. You're actually here to tell your personal story, and that involves vaccination. My first question for you is, why did you decide to get vaccinated?

Patricia Leidl

Well, as mentioned earlier, I worked in international relations. I was living in Victoria. I was between contracts, and I desperately wanted to work again. I was up for a job in Europe, which I was shortlisted for, and the requirement of that was that in order to fly, I had to be double-vaxxed.

Shawn Buckley

Okay, and my understanding is that in April and June of 2021, you received two shots of the Pfizer-BioNTech vaccine.

Patricia Leidl

That's correct.

Shawn Buckley

Can you tell us what happened?

Patricia Leidl

Well, the first shot was uneventful. I received a letter from the BC Ministry of Health stating that because I'm a vulnerable person, i.e., I have a few pre-existing autoimmune problems and some high blood pressure problems, but, lucky me, I could go down and get my first dose. So I did, at the Conference Centre in Victoria.

Shawn Buckley

I'm just going to slow you down. So actually, before your first dose, you get a letter from the government advising you that you should get vaccinated even though you have some pre-existing conditions.

Patricia Leidl

Well, it was because I have pre-existing conditions that they deemed me to be a "vulnerable" person. Think about that.

Shawn Buckley

And yet the message was to get vaccinated.

Patricia Leidl

Yeah.

Shawn Buckley

Had you ever gotten a letter from the government before, just unsolicited to basically give you medical advice?

Patricia Leidl

Only with pap smear screening.

Shawn Buckley

Okay.

Patricia Leidl

That's fairly routine. Anyhow, so I dutifully trotted down, and I got my first jab, and it was completely uneventful: no swelling arm, no headaches, no nothing. And then I received a second letter about four weeks later giving me a date to go down to the same conference centre and get my second jab. Again, I went down. I did notice that the nurse practitioner did not aspirate the needle in both cases. So I went home, and I did expect—

Shawn Buckley

Can I actually ask you— I mean you're being videoed, and you put a computer screen up in front of you. Can I actually ask you to move that out of the way and not follow notes, but just share with us. Is that okay?

Patricia Leidl

Okay. Sure.

Shawn Buckley

So can you carry on?

Patricia Leidl

Yeah, so I had the second jab and went home and felt a little bit poorly, but not too bad. On the ninth morning after, I got out of bed and I fell over. I noticed that both Achilles tendons were incredibly painful. I was stiff all over my body. I had a pounding headache, and I am not prone to headaches. I don't get migraines. I've maybe had them, you know, once or twice in my life before. And I had become very sensitive to light. It was quite bright.

[00:05:00]

I thought, well, this is strange. And I just spent a day or two sort of wandering around and really not thinking about it.

But then the symptoms started to get more and more acute. I couldn't breathe; I was coughing. I didn't have a GP at the time, so I contacted a walk-in clinic. But of course, there were no walk-in clinics at the time. Everything was by phone. I spoke to a doctor at this clinic, and he said, "Oh, it sounds like you're having a reaction to the vaccine." I thought, well, that actually makes sense because I do have pre-existing autoimmune problems that have been controlled. So he prescribed some gabapentin, and I picked it up at the

pharmacist. I proceeded to take it and my conditions continued to worsen. I developed tremors in my arms. This is a bit personal, but my breasts became very swollen, and within a few days, I had begun a period. Now, I'm 60 years old, and I went through menopause early at the age of 47. So this was very, very strange.

Shawn Buckley

Sorry about being personal, but you actually went through a couple of menstrual cycles.

Patricia Leidl

I did.

Shawn Buckley

After not having one for twelve years.

Patricia Leidl

That's correct. So the splitting headache. I also became almost insensate with pain throughout my body. And I ended up going to Victoria General Hospital. I was just beside myself. I thought I was having a—something serious was going on. My heart was racing, tachycardia. I had what eventually was diagnosed as postural orthostatic syndrome, POTS.

Anyhow, I went to Royal Jubilee, and they did a workup and they said that my blood was normal. The assisting physician told me that he believed it was in my head, even though my heart was actually racing. And if you looked at my tendons, which nobody bothered to do, they were very abnormal looking. So I went home. And the condition worsened.

Shawn Buckley

Can I just slow you down. Because I imagine when you were at the hospital and they're dealing with the tachycardia at the time, but you would have been explaining all of the other symptoms that you had been experiencing, I expect. Am I right about that?

Patricia Leidl

Yeah.

Shawn Buckley

So like right down to, you're 60 and you just had a menstrual cycle after 12 years of not having one, and you have an internist tell you that this is in your head?

Patricia Leidl

That's right.

Shawn Buckley

How did that make you feel?

Patricia Leidl

I felt furious and at the same time, somewhat abject because you can't really fight against physicians in an emergency context. They tend to punish you. They tend to withhold treatment.

Anyhow, they did go ahead with the blood test, but I was sent home with Tylenol. The symptoms continued and at the point where I really thought I was going to die. My heart felt like a squirrel in my chest cavity. I'd stand up, I'd almost faint. I couldn't walk very far. Just previous to the second jab I had done a 26 km hike with no problem. I was very fit.

Shawn Buckley

I think I want to put this into context. My understanding is that your practice was to walk about 15 to 20 kilometres a day.

Patricia Leidl

Yes.

Shawn Buckley

And now you're telling us you could hardly walk.

Patricia Leidl

I could hardly walk.

Shawn Buckley

And even today you can only walk a couple of blocks.

Patricia Leidl

Yes, without having difficulty breathing. I had developed a cough. I'd walk a block or two and have to sit down because the pain was so acute. I was given painkillers, Tramacet, which did nothing. So I started to forage for medical care. I didn't have a GP. I visited friends in Whistler, and I went to urgent care there, hoping that I'd get some sort of answers. The admitting doctor there, I said to her, "I believe I have a vaccine injury." And she said, "Well, you probably do, but there's nothing we can do about it. We don't know anything about the virus. We don't know what's in the vaccine."

[00:10:00]

And basically, you know, "Suck it up, buttercup, but go to St. Paul's where they might be able to help you with the pain."

So I drove down to St. Paul's. And very hard to drive because my head was pounding and I had become very photo sensitive. I checked myself into St. Paul's, and they sat me on a chair after doing a work-up, which again showed completely normal blood work. They put me on a dose of IV hydromorphone, which again did nothing. It did nothing to alleviate the pain.

In the meantime, I had swollen up. I inflated like a toad with edema. My hands were like sausages. My face was like a balloon. My skin was tight and scratchy. I was manifesting all of the indications of a severe allergic autoimmune reaction.

I left Vancouver, returned back to Canada, and started to experience severe gut pain, and again checked myself into a hospital. You'll have to forgive me because I can't remember all the times that I tried to go to emergency. However, every time was accompanied by an 8-12 hour wait. Finally, I saw one emergency room physician who diagnosed me with gastric reflux, which of course didn't explain the swollen breasts, the period, the edema, the pain, the strange Achilles tendons. But he did ask me, he said, "Are you planning to get a booster?" And I said, "No." And he said, "That's good." That was really the only indication I had from any physician that this might be real or something that they were going to acknowledge in any way, shape, or form.

Shawn Buckley

Now I just want to pull a few details out of you. So you're talking about this edema. My understanding is, literally, you were not recognizable,

Patricia Leidl

I was not recognizable.

Shawn Buckley

as yourself. You'd gone from 120 pounds to 180 pounds.

Patricia Leidl

125 to 180.

Shawn Buckley

Right.

Patricia Leidl

I'm still very swollen.

Shawn Buckley

When you're talking about light sensitivity, you're literally talking about wearing sunglasses inside the house.

Patricia Leidl

I was wearing sunglasses inside the house even on overcast days.

Shawn Buckley

And it's just because it was too painful to have that light.

Patricia Leidl

It was too painful.

Shawn Buckley

And you speak about pain, but my understanding, like literally, you've had constant pain.

Patricia Leidl

Constant pain. Unrelenting constant pain.

Shawn Buckley

Now I also understand that there's been some mental effects. And I don't mean emotional, but more like a brain fog thing. Can you talk about that?

Patricia Leidl

Yes, you read out the bare bones of my CV, but I'm a professional writer. I've worked for many of the top international organizations in the world. I've reached a pretty high level. I did a lot of work doing analysis and running campaigns and editing these huge, technical UN books that would come out every year: the *State of World Population*, the *State of the World's Vaccines [and Immunization]*, Test and Treat. I've considered myself fairly intellectually adroit.

However, since the vaccine, I have noticed that I cannot remember anything. I feel it's very difficult to describe. I had not known what brain fog was, but I do now. It's a sense of being neither here nor there, not being present in your body and not being present anywhere else. It's sort of this strange kind of literal—littoral, I should say—between being and non-being. It's like there's a scrim around you at all times, and it's very disconcerting. My memory has definitely suffered. I cannot find the words that I used to find. It's ongoing.

And now, I've lost hearing in my right ear. That just happened two weeks ago. I haven't gone into emergency because every time I go into emergency, I feel humiliated and degraded. Every time, with maybe one exception. And now my left ear is starting to go as well.

Shawn Buckley

And I understand that, actually, you've had some other symptoms related to ears,

[00:15:00]

like vertigo and nausea.

Patricia Leidl

Vertigo.

Shawn Buckley

Can you share with us about that?

Patricia Leidl

Yes, prior to this, I was an avid hiker, and now I can't. I can go uphill, but I can't go downhill without a stick because I'm not able to measure or gauge the distance between my feet and the ground. I've become very wobbly. I've given up my bike. If I go down, even a short incline, I need a stick.

Shawn Buckley

How is your energy level?

Patricia Leidl

Non-existent.

Shawn Buckley

Okay, so how do you generally feel?

Patricia Leidl

Terrible.

Shawn Buckley

Are you able to work?

Patricia Leidl

No.

Shawn Buckley

What's your current prognosis? So has any doctor basically given you hope that, "Hey, you've got this, and we can treat it."

Patricia Leidl

Yes, I've been quite persistent about trying to obtain some sort of care or some acknowledgement. I've consulted with CHANGE Pain in Vancouver. I now have a GP in Cobble Hill, which is about an hour and 15 drive from where I live. I have seen an internist in Vancouver. I was very adamant that I had a vaccine injury, and he has reported back to me, just two days ago, he cc'd one of the doctors I've been dealing with. He maintains that I have long COVID. Except there's only one problem with that, which is that I've never had COVID.

Shawn Buckley

I just want to stop. So in your mind, there's no question this is caused by the vaccine. And I can just tell hearing your story, I can't get my head around the menopause one. You'd not had a period for 12 years and then you have two. And here you're telling us you haven't even had COVID, but they're trying to blame some of your troubles on what they're calling long COVID.

Patricia Leidl

Yes, in the last three years almost everyone I know has had COVID, except for myself. I haven't even had the sniffles. The symptoms started ten days after the second vax, so in temporal terms it makes sense that that would have been the causative agent. But this internist is insisting that I have long COVID and I have never had COVID.

Shawn Buckley

Now my understanding is that you wanted to put in a vaccine-injury claim. Can you tell us what's happened with that?

Patricia Leidl

Well, it took a year for— I spoke to one of the walk-in clinic doctors who had been speaking on the phone with me. I personally put in a report to Pfizer, and then Pfizer, after several months, got back to the doctor who I had referred to. He very grumbly put out a report back to Pfizer going into details. Then I asked for him to put in a report to Health Canada, and he refused. We had never met in person. He said it cost too much money, and it took too much time, and he just wasn't going to do it. So I stopped seeing him.

Through a friend, I was able to find another doctor who was taking patients in Chemainus, or pardon me, Cobble Hill. We met, and he put in the report to Health Canada, and many, many months down the road, I received a call from the public health nurse asking me questions about my vaccine injury. Then a few weeks later, I received a call from Dr. Benusic who is the Island Health Officer. We chatted for a bit, and he said, "Well, you have to speak to a rheumatologist. We're only really accepting vaccine claims that are written by rheumatologists."

So I went to see a rheumatologist who confirmed that I had bilateral tendonitis, bilateral meaning it's likely to be autoimmune. I had an ultrasound that showed bilateral tendonitis. But the lumps, the swellings, were in the wrong place for rheumatoid arthritis. So I asked her, "Well, what is it then?" And she said, "I don't know." And that was it. So there we were again. I've continued to work with CHANGE Pain.

[00:20:00]

Then in October, I started to become so sick that again, I thought I was dying. At that point, I thought, well, maybe I'll just die at home because there's absolutely no point in going to the hospital to be humiliated again. Because it was just happening over and over again. As soon as I mentioned vaccine injury, they treated me like I was saying that "Mars had come down to Earth" or that it was just a preposterous notion that a vaccine could cause an injury. And because I've suffered from depression in my life, that was used to dismiss me—that this was all in my head—even though there were physical manifestations that something was wrong.

Shawn Buckley

Just before you go on—because you've said something really important here that I think we need to understand, and I might want you to explain in a little more detail. So you're at a point around October where you're actually worried you're going to die, your condition is so poor. Have I got that right?

Patricia Leidl

Yes.

Shawn Buckley

But you actually made a decision: I'm not going to go to the hospital because my experience is I'm so mistreated, I'm not willing to do that. Which means that you were more willing to take the risk of just dying than facing humiliating treatment at the hospital. Is that basically what you're telling us?

Patricia Leidl

Yes, I'd rather die at home than be humiliated at the hospital and probably die anyhow. Because it would have taken too much work to go to the hospital, I would have waited too long, and I would have been sent home with acetaminophen and another dose of contempt.

Shawn Buckley

And the humiliation is being told things like, "It's in your head."

Patricia Leidl

Yeah, and contempt.

Shawn Buckley

Can you tell us about the contempt?

Patricia Leidl

Well, there was just so much of it. I don't know how much of it was because I was female. Because I do understand, based on a lot of research, that women tend to be treated differently when they enter emergency wards. But essentially, I was treated like I was a minor or that I was off my rocker or that I was being hysterical. This was at Royal Jubilee, in particular, that their MO was to try and get people out as quickly as possible without actually dealing with their symptoms.

I did get a CT scan. I did get an abdominal scan that, the next day, my GP, very kindly, phoned me up and he said, "You know, your gallbladder's about to burst. They should have kept you in, and they didn't." So then I had to wait a couple of weeks to get my gallbladder removed. But I had hoped that with my gallbladder removed that some of these symptoms would subside, and they didn't.

This just kept on going on. And like I said, it seems to be one thing or another. At one point I broke out in a rash from my knees to my neck, with full pustules. That was mysterious, didn't know what caused that. There was never any positive test. It was just this thing. It eventually went away. And then just as I'm starting to feel marginally better, now I'm losing my hearing. And again, I haven't had that looked at because I feel like it's pointless. I will when I get home, but if you so much as mentioned vaccine injury, then you will be dismissed.

Shawn Buckley

Next month it will be two years

Patricia Leidl

Yeah.

Shawn Buckley

since you were injured and basically, you're disabled: You can't work. You're suffering daily. You've gone from where you've walked 15 to 20 kilometres a day, where now you're lucky to go a couple of blocks. Your life's turned upside down. Has the medical system addressed even one of your issues in this two-year period?

Patricia Leidl

Well, I've been taking cortisone because I now have been diagnosed with Addison's disease, which is very rare. I've also been diagnosed with Ménière's disease, which is very rare. I've been put on cortisone. I have a disabled sticker for my vehicle. And that's it.

Shawn Buckley

Right, so how does all of this make you feel—not physically but I mean emotionally—just having the experience you've had with the vaccine and the medical system?

Patricia Leidl

Pretty distraught.

[00:25:00]

I'm pretty distraught. Socially it's been very difficult. I've been ostracized by people who I formerly counted as friends who've actually witnessed the change in me because it was quite dramatic. Not all of them by any means, but some of them, they're just so invested in the narrative that anyone who expresses an alternative, even presentation of being, is somehow the enemy. And they don't believe me. Now I've also met other people, who are total strangers, who've never met me in my unbroken state, and they've been a wonderful support. And coming to this Inquiry has been very useful, I've learned a lot.

Shawn Buckley

Thank you. Is there anything you want to add before I ask the commissioners if they have any questions?

Patricia Leidl

No, not really. Maybe after the questions I'd like to add one thing.

Shawn Buckley

Okay. So I'll ask the commissioners if they have any questions. No, there are no questions from the commissioners.

Patricia Leidl

Okay. I just would like to read out one statement. Just for all of us.

We are witnessing the most well-planned, widespread case of medicide ever experienced in our human history. All levels of government, business, and so-called healthcare system have colluded to bully, gaslight, and coerce us into taking inoculations that they knew were unsafe. And then, when they caused harm, failed in their duty of care to first acknowledge, treat, and support those whose lives have been devastated from this poison. Who were our so-called authorities pandering to? Why did our respective governments unleash fear instead of reassurance? And finally, who are the puppet masters behind this global atrocity? In the words of Nelson Mandela, there can be no forgiveness without justice. And I would add, no reconciliation without redress. So thank you very much.

Shawn Buckley

Before you go, I just want to follow up on that because I think actually even just the fact that you felt that it was important to write out a statement and share that with us actually speaks about your journey. Do you understand what I'm suggesting? You've had such a terrible experience that it's important for you to be asking these questions and telling us that we need to get answers and have some justice.

Patricia Leidl

Yeah.

Shawn Buckley

Yeah, so thank you for that.

Patricia Leidl

Thank you.

Shawn Buckley

Patricia before we go to the next witness, can you email me that paragraph? Do you mind if we make it a part of the record [Exhibit VA-10], that paragraph?

Okay. Thank you.

[00:28:23]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 2: James Kitchen

Full Day 3 Timestamp: 01:40:05–02:47:05

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is joining us online, a lawyer by the name of James Kitchen who has visited us before. James, can you hear me this morning?

James Kitchen

Yes, can you hear me?

Shawn Buckley

We can hear you. So we can hear you and we can see you. I want to first ask if you could state your full name for the record, spelling your first and last name.

James Kitchen

My name is James Kitchen, J-A-M-E-S. Last name Kitchen, K-I-T-C-H-E-N.

Shawn Buckley

James, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

James Kitchen

Yes, I do.

Shawn Buckley

You are a member of the Law Society of Alberta. You practise in the area of constitutional law, trying to protect our Charter rights. You practise in the area of administrative law and criminal law. You have been involved in a number of challenges at the Justice Centre

concerning issues like passports and churches being shut down and people losing their jobs. You've literally been out in the trenches for this entire COVID pandemic.

James Kitchen

Yes, yes, I have.

Shawn Buckley

I can tell by your expression that it's been tiring. Because what some people don't appreciate is that these cases, especially important ones involving rights and people that are suffering, they take their toll on counsel, don't they?

James Kitchen

They do. Because it's hard to continue going when you feel like the system is unfair. It's not what it represents itself to be. It's not what your clients thought it was before they came to you because they thought they lived in a country that wasn't entirely corrupt. So that takes its toll. There's a physical toll of the work. But that takes its "morale" toll. My morale is not shot; I'm going to keep going. But that is tough at times.

Shawn Buckley

I think I can speak for many that people are very thankful for all the work that you're doing.

You're here today to talk about a couple of issues, and one is about the oppression of the Christian community. I'm wondering if you can share with us your thoughts about that.

James Kitchen

Sure. I just want to give a couple of stories of some of the stuff that I've done. Some of it might not be known to people who even follow the stories. And just give my thoughts, not an analysis, but just my thoughts on the significance of that.

First, obviously, temporally, would be the James Coates case and the GraceLife Church case. I had the pleasure of being the first person to speak to Pastor Coates, who researched the Justice Centre. We started talking in October/November 2020, and he was trying to figure out what he was going to do. Very intelligent man, so he asked me questions like, "Could I get arrested? Could the Church be seized? Could we get hundreds of thousands of dollars in fines? What can happen to me?" And I said, "Yes, you could be arrested; yes, you could rot in jail; yes, the Church could be seized."

I was always very, I think, pessimistic compared to most people, even amongst the civil liberties lawyers and the people who were awake to what was going on. I was considered a Debbie Downer, especially. But actually one of my predictions, I think, have come to be true, as dire as they were. And so, that was really shocking for him. But I think it was really, really good. In fact, I think he would have had a much harder time being as resolute as he was if I had not prepared him.

I tried to explain, you are looking at what it's like to be a pastor in China and if you're not prepared for that, then when it hits you, you might not be able to withstand it as much as you want to. For every week, we talked about this leading up to when me and him, all of a sudden, became famous in February because he got ticketed and arrested. So I prepared

him for that and we went through that process. And then when the time came, he was ready. God bless him, such a man of conviction. When it was time to sign those conditions that he would basically prioritize the State over Jesus Christ, he said, "No, I'd rather rot in jail for Christ."

Shawn Buckley

So James, can I just slow you down. Just so that people listening to you can understand. Basically, it had gotten to the point where James had been arrested and for him to be released from jail, he would have to sign bail conditions that would prevent him from preaching Jesus Christ. I'm just wanting people to understand. He's actually been arrested, and a condition of his release would be to agree to these conditions you're speaking about.

James Kitchen

Yeah. Just as a little bit of background: He's holding church at GraceLife. At this point in time, you're not allowed to have church unless you're maybe 20 or something people in the sanctuary, which is, compared to churches like GraceLife that have hundreds of members, it's sort of practically pointless.

[00:05:00]

But it's also violative of commanded scripture for the entire church to meet; at least, this is what biblical Christians believe. Obviously, liberal Christians maybe not. So he's continuing to hold church. It's a deliberative decision. He's made that in counsel with me; he's made that in talking to his elders of the church. He's going to hold church.

So the conditions are basically, if I can put it in plain language, you must not hold church anymore. So some other pastor could hold church at GraceLife. But he wouldn't be allowed to. If he signed that condition, then he did, he'd be facing criminal charges for contempt and not following conditions. So he decided, "Well, I'm not going to sign that condition because I know I will not do it. In fact, I cannot do it. Like Peter, I must obey the Lord, and the Lord's command is to hold church right now, regardless of your fearmongering about COVID."

So, yeah, those were the conditions. Don't hold church, essentially. So that's what put him in jail, I think it was for about 35 days. You have to think about this. At any point, he could sign that condition and then he could come out. And so, it really was—at any point, you can just bow down to the statute and you won't have to remain in jail. I'm referencing here, Nebuchadnezzar's gold statue. It was literally a choice for him. Who is my God, the State or Jesus Christ? All you got to do is bow down to the State just once: I just got to sign that condition and go off and not hold church and I'm free. I can be back with my wife. I could be back with my 18-year-old son. I just missed his 18th birthday. I can be out of here. And so, for 35 days he said, "No," and, eventually, there was a resolution with the Crown and we got things figured out. We got different conditions and he got out and that's when Leighton Grey got involved at that point.

I just wanted to remind people of that story and give them details maybe they haven't heard about before. He was, in fact, in shackles around his feet. So not just around his hands, which could be normal. But around his feet, as if he was going to run away. Obviously, he wasn't. The people who made the decision to put him in shackles did it knowing he was not a flight risk. So you have to ask yourself, "Why did they do it?"

Here's another part that I want to comment on this story. As we know, he came out of jail. GraceLife continued to meet. And then in March, the Church was seized, physically, literally, seized. There was three layers of fence put up around it. Various law enforcement, I think, the RCMP and Edmonton Police Service were involved in taking the Church, taking physical control. Nobody could get in; nobody could get out. It was locked down by the state, by police forces. Which is shocking, of course. This is, again, Canada, not China. Or at least it used to be. So, this is unprecedented in the literal meaning of the word.

So then what happens? Well, I have to sit down with the leadership of GraceLife every week and talk about the secret meetings that they're going to do. So they immediately decide, "Well, we have to keep meeting; we're going to keep meeting; we're going to go underground." And so every week, I'm sitting down literally advising this church, helping this church to meet secretly, to evade the authorities. As if I'm a civil liberties lawyer in China. So they move around from week to week to week to week. And there's like 500, 800 of these people. So an enormous effort to hide that many cars, to hide that many people. So they're finding all these locations way out in the middle of nowhere in rural Alberta and some barn somewhere, and they're holding church services. They did this Sunday, after Sunday, after Sunday, I think for six or seven Sundays. Every week I'm meeting with them; we're talking about it; we're strategizing.

What you have to understand: technically, I am helping this church break the law. I'm aware of what I'm doing. I know that what I'm doing is—depending on how you look at it—unprofessional conduct because I am helping the church break the law. But I fundamentally fully believe the law is unjust, and it is my moral and ethical duty to help this church break this unjust law. So I'm doing that. I'm not reckless; I know what I'm doing. It was a really surreal experience for me, and I was very honoured to do it. In fact, they were able to successfully meet, I think, every week or almost every week during those periods of Sundays when they did not have their church building and they were being sought out. They met two times in a row in one location. And there was a van and a canine unit that showed up on the third Sunday that they would have been in that location had they not switched to a new location. So it was real.

Shawn Buckley

Did you say a canine unit?

James Kitchen

Yeah, there were some images of— When I say canine, I just mean the dogs. They had these German Shepard dogs.

Shawn Buckley

No, but were they supposed to track down the church members hiding in the fields?

James Kitchen

You know, when I was at Tim Stephens' church, and that's the next example, we met out in the open. It wasn't really so secret. We met out in the open in a provincial park, right beside the city of Calgary. I wasn't able to attend every Sunday at the time I lived in Calgary. But, unfortunately, on the Sunday I wasn't able to make it,

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I got reports from everybody that there was a helicopter that was circling around the congregation quite low and for almost the entirety of the service, watching them as they were sitting in this field. There's a little tent. Tim Stephens is there preaching and the 400 people are just sitting on lawn chairs in the field. They're having this church service, and there's this helicopter circling overhead, quite obviously surveying them.

It's something we can't forget about as a nation—the persecution of these churches and how unjust it was. How silly it was because it was motivated by this supposed public health crisis. It's really quite phenomenal because the funny thing is, is that we do actually have a constitutional structure that is supposed to, or was designed to, protect against that. And it completely failed. And, of course, I talked last time a little bit why that happened, why the courts failed. But it really, really failed in a very practical way.

Pastor Stephens got arrested twice. This is Tim Stephens of Fairview Baptist in Calgary. Once, right after church, in front of his kids, in front of people at the church. A second time at his house, again in front of his kids.

An interesting story about the second time he was arrested. I was his lawyer at the time. The police called me to tell me they were going to be at his house to arrest him in approximately an hour. They did not tell me why they told me that. It doesn't make any sense that they called me to tell me that. They have no obligation to call me to tell me that. They weren't calling me to tell me to tell him to stay put. In fact, that's one of the reasons why you wouldn't call the lawyer, so the lawyer wouldn't tell his client to run. I still, to this day, have no idea why that conversation happened. But it immediately occurred to me, well, the thing I have to immediately do is call all the media I can to get them down there.

I immediately called Sheila Gunn Reid and thank goodness they had a cameraman in Calgary, and he was able to get down there. He got down there a few minutes before the police showed up. Which is the only reason, I think, today that we have the footage of that second arrest at his house. It was the Rebel cameraman who was able to get down there because I called Sheila, because the police called me to warn me they were coming. No idea why that happened, but I just thought I should share that as an interesting tidbit. I'm glad it happened; that needed to be exposed. We needed to catch that on film, as gruelling as it was to watch.

The last story I just want to talk about briefly is the story of Church in the Vine in Edmonton. This story didn't get as much coverage, but this is with Pastors Tracy and Rodney. They kept out a public health inspector who wanted to come in during the actual ongoing active service. She didn't just want to come into the church; she wanted to come into the sanctuary. This is more of a charismatic church and when they have a worship service, it's a big deal. For them, the Spirit of the Lord is there, and it's not something to mess around with. It's a joyous time, but it's a divine, sacred, serious time. And to have somebody in there who's in there for the purposes of gathering information to shut down that service, that's disruptive on a practical level but also on a spiritual level. Clearly, somebody who's coming in there to do that does not have the right spirit to be in there, if you believe in that sort of thing. I mean, I do.

So I can understand where my clients are coming from. You go to a church service; the last thing you want is a government official who's basically your enemy, ideologically and spiritually your enemy, who wants to come in and prevent your ability to worship the Holy God in that sanctuary. That person is obviously carrying a bad spirit into the sanctuary. You don't want that person in there, obviously. This was the position of the pastors at this church.

We go to trial on this. What I do is I tell the Court—the church was ticketed for not letting the inspector in; they were ticketed with obstruction—so I say, “I’m going to make arguments about how this is a breach of 2(a),” which is pretty well religion in the Charter, section 2(a). What happened is the prosecutor said, “We’re going to apply to the Court to not let you even make that argument. Because even making that argument is a waste of court time.” So it’s one thing to make the argument and have the Court say, “No, it’s not a breach.” Or “No, it is a breach, but we’re still going to allow the ticket to proceed for whatever reason.” In that case, section 1 doesn’t apply, so it would have to be some other reason. I actually expected that.

What I didn’t expect was the Court to say, “You know what, it’s a waste of our time for you to even argue that freedom of religion may have been violated in this case. It’s so obvious that it isn’t violated that we’re not even going to let you waste the Court’s time by making that argument.” Even for somebody as cynical as me, I found that really shocking. I’m actually at the Court of Appeal of Alberta next week

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to ask for that decision to be appealed. I have to ask for permission to appeal it to the Court of Appeal—to then ask the Court of Appeal to send it back for us to have a real trial where I can actually argue section 2(a) of the Charter.

I think it’s a real travesty that really goes to show just how hollow and empty and meaningless section 2(a) of the Charter has become. How useless freedom of religion is in this country. It’s not that you can argue it and then lose. You’re not even allowed to argue it anymore. I need people to realize that’s how bad it’s gotten. I know it’s a bit technical. But you have to understand that there’s a problem when the Court says, “Look, you have a constitutional right, sure, on paper. But not only are we probably going to rule against it. We are so certain, even before hearing the facts and the arguments that we’re going to rule against it, we’re not even going to allow you to waste our time to rule against it.” We’re in a dark spot when it happens.

The last thing I’ll say is two last things. One, I don’t care how non-Christian you are. You have to care about this if you want to have a hope to have any type of freedom at all in this country. Maybe freedom of religion is irrelevant to you because you’re just never going to have any kind of belief. Well, let me tell you, you don’t keep free speech if you don’t also have freedom of religion. They go together, okay? You’re not going to keep your right to protest, freedom of assembly, if there’s no freedom of religion. They go together.

The reason we have section 2 of the Charter subdivided up into four separate sections—2(a) is religion, 2(b) is freedom of expression—is because they are interwoven fundamental freedoms. You cannot keep one and get rid of the other. It just will not happen. I mean, you can theorize about it, sort of how you can theorize that socialism means we’re going to have utopia. But in reality, it’s never going to happen. You’re not going to keep your free speech as an atheist if meanwhile the Christian doesn’t have the freedom to practise religion. It’s just not going to happen. You can look at history. You can look at totalitarian societies around the world. So you need to care about what happened with COVID and Christians in particular.

The last thing I’ll say is this, just to give you a comparative example of what this should have looked like if we had a functioning legal system.

Some of you may be familiar with John MacArthur. He's a famous preacher in the U.S. His church is in California. So you're talking one of the darkest places of the U.S. when it comes to the rule of law and tyranny and the oppression of rights and freedoms, et cetera. Probably the most Canadian area in America is California, maybe New York, as well. So there's these threats to John MacArthur's church because, like GraceLife, they wouldn't shut down.

But notice what happened. John MacArthur is not arrested; the church is not seized. The church goes to court to get the public health authorities in California off their back and they win. Because the legal system still somewhat functions in America. There is tyranny there but less so because the forces that hold it at bay still have some power. There are still some judges with moral integrity and moral courage and conviction about the rule of law, and the system itself, although broken, still functions. The state down there still has some regard for their limitations. And so, they don't just randomly arrest pastors and seize churches. They actually have some healthy fear that they may not be able to get away with that.

There is no healthy fear amongst governments in Canada. There was no fear that they would not get away with seizing GraceLife and arresting Pastor Coates. Sure enough, the courts were all over—Judge Shaigec and the judge that gave Pastor Coates a tongue-lashing and increased the fine from what even the prosecution suggested. These judges had nothing but contempt and loathing for this church and this pastor. And nothing but admiration for the government. And so, all that does is tell the government you can get away with whatever you want. It's not like that in the States. We need to keep that in mind as a comparison.

Again lots of things about America are broken. But we need to keep that in mind as a comparison, where there is a place in the world that's not as unfree as Canada is. We need to use that to remind us just how unfree we've become. Because it's easy to forget. It's easy to acclimatize. It's easy to get used to it. There was a huge uproar about the arrest of Pastor Coates. It was much smaller about the arrest of Tim Stephens, even though it was publicized. Why? We acclimatized. It was now normal: it became normalized for pastors to get arrested in Canada. Now Derek Reimer is arrested and he's thrown in jail. We're upset about it, but we are not freaking out like we should be, like we did with Pastor Coates because we've acclimatized to it. That's dangerous. Sorry, that was a bit long.

Shawn Buckley

Well, no, it's interesting. You're talking about Pastor Stephens and how you're showing up in court. What people don't understand is to succeed on a Charter breach, the side alleging there's a breach has the onus to prove the breach. And then, the onus switches to the government for that abomination, section 1 of the Charter,

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which then allows the government to argue, "Well, the right was breached, but it was demonstrably justified in a free and democratic society."

The thing that surprises me, James, is that for shutting down a church, I would assume that the opposite would have happened—that the Court would have said to you, "Okay, clearly freedom of religion has been breached. Let's determine now what we do under section 1." That's what I find so shocking as a fellow lawyer. I think it speaks volumes of where the court is. But what also speaks volumes is this issue of the Department of Justice that always

argues against Charter rights. I expect that the Department of Justice lawyers attended, ready to argue that freedom of religion was not violated, am I correct?

James Kitchen

Yes. It's a rare thing that they concede that. They conceded that in the main BC case, the Beaudoin case, if I'm saying it right. They actually conceded it there. That's rare. They usually come in arguing that the breach was trivial or insubstantial, which is just part of the language, in two ways, internal limitation in it.

Yeah, it is disheartening to see that because it's hard to think that this lawyer doesn't have contempt for Christianity. Reading the argument, the facts are so obvious that there is a breach. And you think, how does this lawyer not hate freedom of religion, at least, and maybe Christianity itself? The contempt in the written submissions from the Crown prosecution lawyers is palpable for someone like me reading it. Yeah, they're constantly arguing that. It's really sad.

Shawn Buckley

Right. It's quite spectacular for us to hear you describe, basically, Canada to China. Because there was a time, I think, when Canadians were shocked hearing that pastors would be arrested in China. And here, they're being arrested in Canada and nobody's reacting.

James Kitchen

That's what happens, right? That's the boiling of the frog. That's where we're at now. It's so much harder to get the freedom back after COVID because we've just gotten so much used to it. With each passing decade, a generation of Canadians who lived so much more free than we can even imagine dies off. It's hard for us to even conceptualize what it was like to not just be a little bit more free but a lot more free 25, 45 years ago. Because we just get used to the temperature being turned up on us.

Shawn Buckley

Right, the boiling frog analogy. Now you're also invited to speak to us about Christians being declined religious exemptions from the mandates. Can you share with us your thoughts on that?

James Kitchen

Yes, so this goes to the heart of whether or not Canada is actually a tolerant society that actually cares about diversity and actually honours equality or equity, pick your word. Because it doesn't.

The human rights law, if you will, is if you fall into a protected ground, a characteristic, right—the famous ones are sexual orientation, gender identity, race, but there's a few others. Obviously, religion is one of them; in fact, religion was one of the original ones. The motivation originally for human rights, a lot of it across the country, was the terrible persecution of blacks and Jehovah's Witnesses, particularly in Quebec. That was part of the motivation back in the '60s and '70s when these laws came out.

And so, if you fall into one of these protected grounds, if you make a complaint to the Human Rights Commission, whatever the body would be, you have to show that you were

discriminated against. The other side then has an opportunity to show that that didn't happen, or it did happen and they can justify it.

So part of the section 1 thing—it's different terminology—we use undue hardship. So if it's undue hardship to accommodate somebody, then you're actually permitted to discriminate. So a buddy on the oil field gets his hand cut off and says, "I still want to work there." The oil patch can say, "Well, we'd like you to work here, but look, you need two hands." And he says, "Well, you need to accommodate me; that's a physical disability." And the oil patch would say, "It's undue hardship. We can't accommodate you. It would be too unsafe. You have to have two hands to operate this equipment if you don't . . ." Et cetera, et cetera. So it's actually permissible to discriminate on the basis of physical disability against that oil worker.

So what happened in COVID is you have a large number of Christians, not only Christians. I had a couple Jewish clients; I had a Baha'i client. But mostly Christians who said, "Because of my religious beliefs, I cannot take this. It would be a sin before God Almighty. Abortion is implicated; I can't take it because of that. It's a dangerous, synthetic manmade substance that's going harm my body, which is the temple of the Holy Spirit. I'm called to not harm this. It's why I don't have extramarital sex. It's why I don't drink excessively. It's why I don't smoke. It's why I don't do hard drugs," et cetera.

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And various other reasons. Christians are very much about resisting tyranny, being free. They're supposed to live in the freedom of Christ, not in fear of man. That's part of the reason why Shadrach, Meshach, and Abednego said no to King Nebuchadnezzar. I know they were Jews, but it's the same idea. So that's very big for Christianity.

So the shot itself, Christians said, "Well, I can't participate in the shot itself, but I also can't participate in it now, even if I was okay with the shot, because now it's mandated. So now there's tyranny; now there's coercion; now there's violation of bodily autonomy and human rights. As a Christian, I cannot participate in that." And actually, my one Baha'i client, that was her issue: "I can't participate in this because now you've mandated it. If it wasn't mandated, I'd take it. If you gave me the choice, I'd take it. If you've taken the choice away, my beliefs say I cannot participate in that coercion and tyranny."

Here's where it gets interesting. What you would expect, as a lawyer who knows this area of the law, is for everybody to say, "Look, I'm so sorry. I know you have these religious beliefs. And you know what, we would accommodate you if we could. We don't want to discriminate against you. We want to be tolerant of Christians and inclusive. You're part of the diverse part of Canadian society. But look, if we accommodated you, grandmas would die. There'd be undue hardship; everybody would get sick. You'd spread COVID and everybody would die. It would be terrible and that would be unsafe. We just can't do that."

I never heard that argument. That's what the rational lawyer expects to hear in this case. I didn't hear that. One part of it makes absolutely no sense: why in the world wouldn't I hear that?

The other part of it makes complete sense: well, if the darn things don't work, which they don't, then you can't make that argument and get away with it. I mean, probably you can, because the courts are just going to rule in your favour anyways because they subscribe to the narrative. But let's assume you have an unbiased decision-maker. You're not going to win on that argument because the darn things don't work. So there is no undue hardship.

Because if there's no difference between the vaccinated and the unvaccinated, it's not undue hardship to accommodate an unvaccinated person: We can't take it because of a protected ground in the Human Rights Code.

What I heard invariably— I had scores of these cases, I probably had around a 100 throughout 2021 and 2022. Some of them are in litigation now; a lot of them got resolved. What I heard was “Your beliefs are not Christian enough. We don't believe that you actually believe them. We think you're just an anti-vaxxer who is scared of the shot, and so you're putting up all these Christian beliefs as sort of a shield of that.” That's what I got. It was eerie how similar all the responses were. Everybody seemed to be playing from the same playbook. It actually seemed to be driven by the lawyers.

Now, at first, I thought, this is a coincidence. Now I have to wonder how much the lawyers were actually running this. I'll give an example.

I sued a hospital in Ontario that refused to accommodate a Christian woman there, who had been there for almost 20 years. She was an occupational therapist in the hospital, non-unionized. You can read about this case, by the way, on the Liberty Coalition Canada website. This is a public case. I'm publicly litigating this case.

I was in discoveries on Tuesday. I discovered that everything was being driven by the lawyer. The HR person who seemed to be making the decisions and who I was questioning in discovery, she was doing everything at the direction of the lawyer for the hospital. I found that disturbing, interesting but disturbing. All the language that I asked, “Why did you choose this language?” “Well, that's what counsel gave to me.” All the decisions were made for her. It was all given to her by counsel. Then she told me—this is interesting, I don't have a copy of this yet, I've asked for it—she said the hospitals in the Toronto area, they had a bit of a cheat sheet for religions for all the people that asked for accommodations, various religious beliefs. This cheat sheet would list a bunch of religions, and there'd be a box beside it: Does this religion support vaccination? Yes or No. The decision-makers would actually use that to make their decision.

So this is a complete violation of the law. I don't have time to explain Amselem, which is the 2004 Supreme Court of Canada case. But it's an utter violation of that Supreme Court of Canada case for freedom of religion. You are supposed to judge people's beliefs on the beliefs that they give you, not on what you think the religion is or what it should be. So she said that in that cheat sheet or that checklist, Christianity would have a check “Yes” beside it for supporting vaccination. It didn't even break it down into COVID vaccination, just vaccination. And then, she said, she had to go to a committee to make a final decision on whether not to deny or grant the accommodation request.

By the way, the request was drafted by me. It was a request that definitely triggered the duty to accommodate. Her and I worked together. She gave me her beliefs, and I put it into a legal framework and it was solid.

The committee decided to deny her accommodation request because some guy came in, who was the spiritual care adviser for the hospital, who said Christianity believes that vaccination is good and it believes in caring for the sick and, so, we should deny her request. They didn't even consider her beliefs.

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It's a blatant disregard of the law. That's the exact opposite of what the law says to do. I believe that's what happened all across the country, tens of thousands of times, for the Christians that were denied accommodation. It's a complete rejection of the Supreme Court of Canada on freedom of religion. It's a complete rejection of what the human rights commissions have paraded for years about how they're diverse and tolerant, and they want to fight against discrimination and they want to support all religions.

Shawn Buckley

James, can I just slow you down for a second? So you're explaining to us, basically, what they communicated to deny these claims. I do want to touch on those.

But I'm just curious if you have any thoughts as to why they did it. Because they're not giving you the health reason: you're expecting them to say, no, we're buying into this being really dangerous, and we don't want to accommodate.

So that people understand—it's not enough for them to just say it's dangerous. They have to explain, "Well, yes, but it's going to put other people in harm." But they have a duty to reasonably accommodate—so maybe it's not a lab class that a student could attend virtually, type thing. So they're not giving you what you're expecting. They're basically saying, "No, this isn't a valid belief." And you're saying this was virtually in every case.

Do you have any thoughts as to why this happened? Because it seems to be almost the same message from different institutions in different provinces, which itself is very surprising.

James Kitchen

Yes, yes, the consistency was astounding. And because I had so many cases, I was able to confirm this consistency across all kinds of different areas. I can only speculate that the personal contempt for both the unvaccinated and for Christians in general was driving this. Maybe there's some sinister force behind it, telling everybody what to do. I don't know. Because it does make sense to me. I saw the contempt for the unvaccinated and I was familiar with the contempt for Christians because, of course, I've been doing freedom of religion litigation for years now.

I don't know what else to chalk it up to other than personal contempt, amongst elites, amongst a lot of typical Canadians in positions of power. I'm sorry to say it, but I think it's just true. I mean, it's not the typical Canadian that's at the NCI right now; sadly, they are reflective of the better part of Canadian society. I know that's probably offensive and depressing. But Canadian society, I think, is really in bad shape. It's the personal contempt for the unvaccinated and the Christians together. So now you have extreme personal contempt.

They have some awareness of the law and you have to think before COVID, they had some respect for the law. They weren't completely morally depraved people. I mean, most people are not completely morally depraved. So what would drive them to do something so hateful and so destructive? What would drive them to tell somebody that you're going to lose your job because I don't believe you're a good enough Christian. There has to be an extreme level of contempt for somebody to rise to that level. Your story in the beginning, it almost brought me to tears, too, because the level of contempt that you have to have harboured in your soul to be able to pull the trigger on that gun.

This is different. We're not talking people dying here, except for the suicides. We're talking people losing their jobs. But that is how it starts. So it's one thing and then the next, eventually. But you have to have—growing on that level of contempt towards unvaccinated people and Christian people—be able to say to them, "I don't think you're Christian enough and you're fired over this whole thing." That's all I can chalk it up to is just moral depravity in all the people making these decisions. Maybe it's fear. I don't know. It could just be that they're so scared of getting COVID and dying themselves that they're not rational anymore. Could be that as well. I don't know. You'd have to ask Peterson because this is beyond me as a lawyer to understand how people psychologically get themselves to a point where they can be this cruel to other human beings.

Shawn Buckley

Now, can I ask James, did you have a single client that you were able to get an exemption after the initial refusal?

James Kitchen

Very few, except for one good story I have is the University of Calgary. There's a large Christian student community there and maybe around 200 or so asked for religious accommodation. They were all universally denied. They were all given the same form letter, no reasons, no explanation; just one line, you were denied. All given the exact same letter, I know because I saw it. So a dozen of them found me, and I don't know what happened to the ones who didn't. I think a lot of them got kicked out, it's really sad. But a dozen of them, or maybe a little more, found me in the fall of 2021.

What I would do is I would appeal these initial denials of religious accommodation to the Provost's Office, and every single one of the appeals I made was granted. So initially denied, but when I appealed it, it was granted. No reasons, but immediately granted

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every single time with every single case I had, which of course is completely arbitrary. That is the archetype of arbitrariness. I had one client, a grad student, who had paid over \$6,000 to another lawyer who had fought for weeks and weeks and weeks and weeks to try to get her accommodation. She found me because they all found me; they got talking to each other.

I put in the same appeal request to the Provost's Office that I'd done for all the other ones, and it was immediately granted. Even though she'd been fighting for weeks with another lawyer, it was immediately granted. I'm not saying this to say, "Oohh, I'm amazing." I think it was just completely arbitrary. Nobody cared about the law. All they cared about was, will Mr. Kitchen make me have a bad day? And he probably will. I don't want to deal with him. So fine. I'll grant his 12 clients accommodation because I can get away with denying the rest.

And so I guess it's both a good and a bad story. It's good that my 12 clients were able to get through them. I'm in touch with a couple of them still now. They graduated. I mean, praise the Lord, they graduated. My goal when I did all this in the fall of 2021 was how many Canadians can I save from taking the shot and still keep their job and go to school. I didn't get very many, but I got those students. And that meant a lot to me to be able to save them. I had several clients who, they lost friends. Their spouses took the shot and they were crying on the phone with me about it. That was hard. And I was happy to at least help those 12

students. It was arbitrary. It was cruel. They didn't grant it to me because they wanted to follow the law, just because apparently, I—

Shawn Buckley

James, I'm just going to rein you in because we've got some time constraints.

James Kitchen

Sorry.

Shawn Buckley

I'm going to ask Commissioners if they have questions for you.

James Kitchen

Sure.

Shawn Buckley

And there are questions.

Commissioner Drysdale

Good morning, Mr. Kitchen.

James Kitchen

Good morning.

Commissioner Drysdale

Can you tell me what role, if any, the press played in the case with James Coates and initially how the press reacted to what he was doing? What were the commentary when he went to jail? And was there any assistance there?

James Kitchen

I don't tend to watch much mainstream media. I watched and listened to enough to know that certainly amongst the more hard-left media, there was a lot of slime-balling him. A lot of "He's dangerous. He's endangering people. GraceLife is endangering people; they're just these religious wackos."

I was encouraged that there was some moderate mainstream media that— Because I think they were just shocked that he was arrested and still put in jail and the church were arrested. Not so much that they disagreed with the narrative but just shocked that it went that far. They gave some coverage. I know that he was listening to the radio in jail at times and some of the media coverage was actually decent. But at least, it was covered. I'll say this: it was covered a lot and that was actually part of our goal, and even though the coverage was bad, that's to be expected. I was encouraged that it was covered a lot, a lot more than the Tim Stephens one.

So no, I wouldn't say the media was holding the government accountable to what happened. The alternative media was, but the government doesn't care for those. They ignore the Western Standards and the Rebel News. No, the mainstream media, they don't care about freedom of religion; they don't care about holding the government accountable. None of that's on their radar.

Commissioner Drysdale

So was there much coverage or any assistance from the media when he was— How did the media describe it when he was refusing his bail condition? Was that fairly represented? Did they offer any assistance or anything?

James Kitchen

No, I certainly can't say they offered any assistance. I think there was a lot of confusion around that, so I don't think it was fairly covered most of the time. But I don't know if that was intentional. There's so much confusion around this; there's just so much ignorance of how the law works. And the media is all about the shazam—so what's fascinating is this picture of him in shackles, not so much his principle of resistance to the conditions.

Commissioner Drysdale

Are you aware of any other cases where the court refused to hear a Charter argument?

James Kitchen

Yes, it happens all the time. In normal situations where somebody is driving drunk and they want to allege section 7, 8, or 9, which is privacy or liberty or unlawful detention, these are the criminal rights in the Charter. There's thousands and thousands of these cases every year. So there'll be applications to argue Charter rights in defending these very standard charges. A lot of times those are actually dismissed without even being argued by the Court

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because they've heard it a hundred times. So at that point, you really are actually wasting judicial resources because we know what the outcome's going to be. We've just done it a hundred times, and we're just not going to do that. That's why that whole process exists. It can be good. Like anything, it can be abused, but it can be good.

So of course, in this case, this was completely unprecedented because I was making a 2(a), making a freedom of religion application. There are no cases where people were ticketed for something—were alleging a breach of freedom of religion, actually had a reason for it—and then had that dismissed. There were no precedents for that: that doesn't happen. Because we just typically don't go around arresting pastors in Canada prior to 2020, there are no cases on that. So the Court decided to do that, in my case, without the benefit of any precedent that would indicate that that's actually appropriate to do so.

Commissioner Drysdale

In your testimony, I thought I heard you mention that someone asked you about your clients, and you said that you had certain other religions represented in your client base. Are those synagogues or mosques or whatever else they might be, were they closed down and attacked and their rabbis or their imams arrested?

James Kitchen

I know the Jewish church faced some persecution in Ontario. The only Jewish clients I had were clients who didn't want to take a shot. So they were individual clients and it was about trying to stay in school or keep their job. I didn't have any Jewish synagogues as clients. I just know that they did face some persecution from the Ford government in Ontario.

I never heard any stories of any persecution of the Muslim church or the Muslim faith. That may have happened. I'd be one of the ones to hear about it if it did. So I have to guess it probably didn't, but I can't confirm that. There certainly did seem to be a disproportionate persecution of the Christians, which I think is somewhat likely because of the fact that Christians are very out there. Not for the sake of being out there, they're called to be public about their faith. Muslims tend to be, in my experience, a little more, I guess, smarter about that in the sense that they're very devout, but they're just a little bit quieter. They're paying attention a little more about when to be quiet and when not to be quiet. They tend to have a better relationship with governments. Whereas Christians were fighting up against governments because they believe in limited government. That's just part of the theological heritage.

So I'm sure there's all kinds of reasons why it tended to be the Muslim churches were just— Governments just kind of looked away, and then, there was this unspoken truce. Because they get along. Whereas Christians, the government can't stand Christians because Christians hold them accountable publicly all the time. So naturally there's going to be that ire. I'm sure there's more reasons, but I think that's part of the reason. I think that's predictable. If we have something like this happen again, I think it'll be a similar thing. It'll be the Christians that take the brunt of it. And then, some of the other religions will get hit a little bit.

Commissioner Drysdale

I'm going to put you on the spot here a little bit. Can you tell me what the Charter actually says about freedom of religion? Do you know the words? Have you got them handy or do you know them off the top of your head, what it actually says?

James Kitchen

It protects freedom of religion and conscience. It's quite short. 2(a) is very short, whereas 29(b) is a bit longer because it's freedom of expression, thought, opinion, media, et cetera. Within 2(a), there's what we call an internal limitation, which is to say that 2(a) doesn't protect absolutely any religious belief in being infringed at all. The breach has to be significant. It can't be trivial and insubstantial. So in other words, the government is allowed to say to the church, "Okay, you have to get a permit to serve food on Sunday mornings." "Okay, that's not freedom of religious expression. It's annoying. We have to pay money; we have to go through the process." It is a small infringement, really. It is saying you have to get approval from the government to do this thing. But the way the law is designed is to say, "No, it's not a breach because it's trivial and it's insubstantial." And so there's that line between what's trivial and insubstantial and what's significant.

So stuff like, interfering with the connection with God, causing you to sin. Obviously, that's serious and significant. But what the prosecution always does is argues that even those most serious violations are merely trivial and insubstantial. They demean the religion in order to do that: Sin, what's the big deal? What? There's nothing going on in the sanctuary. It's just a bunch of hoodoo with these weird people that believe in this God.

Because we live in this sort of post-Christian, post-religious society, we're able to chalk these people up to being spiritual, crazy people.

[00:45:00]

And then what happens is that you're able to import actual serious breaches into this—"Well, it's just trivial and insubstantial because we think it is." Again, that goes against what the Supreme Court of Canada said in 2004 when there was still some respect in our society for religious beliefs. So that's what it says. It doesn't really matter what it says. It's all about what the Supreme Court does with it. Because the Supreme Court has given so much latitude to interpret a right and then to violate it with section 1, it comes down a lot more to what judges have to say.

This is the whole living-tree doctrine in Canada. We have a living-tree Constitution—not one that's stable—which means it grows the way the judges and the politicians want it to grow. In the U.S., it's set: the job of the judge is simply to interpret the Constitution and to apply it, not to guide the way it's going to grow. That's the fundamental problem with this doctrine in Canada of living-tree. The better doctrine of the Constitution is what it is in the United States. We're seeing the practical impacts of that. This living-tree doctrine means that churches can be seized. It takes 40 years, but that's what it actually means. That's why this idea about what constitutionalism means is not just some ivory-tower thing. When the crap hits the fan and COVID, it's going to matter because pastors are going to get arrested if you don't figure out how your society should run.

Commissioner Drysdale

The reason I ask that is because I believe you said it has freedom of religion and conscience. So what you're telling me is we have government officials now judging what your conscience is. I'm asking, isn't that completely—make the whole provision useless?

James Kitchen

Yes, yes, it does. Yes, exactly, it does. It is useless in Canada. Freedom of religion is essentially useless.

Commissioner Drysdale

Can you also comment on the practicality of all of this? What I mean is we've heard testimony that whether you have a right written down in the Charter or not, and you get arrested, you have to spend money and you go to court. And you lose, you have to spend money. And you go to appeal, if you can get appeal, and you spend money. And then, if you go to the Supreme Court, you spend money. And 10 years has gone by, and you've spent how many millions of dollars. Isn't that also an impediment against a regular Canadian from standing up for any right, just because they have limited resources and the government has unlimited resources?

James Kitchen

Yes, it's a serious problem. That's why, if you don't have a small army of civil liberties lawyers who are supported by donations, you can say goodbye to your rights and freedoms in a matter of years. One of the reasons that civil liberties are more robust in the United States isn't just because they have a good constitution, isn't just because they have better judges with more moral integrity. It's also because they have a small army of civil liberties

lawyers who are funded through organizations like Alliance Defending Freedom, Liberty Council, et cetera, who have million-dollar budgets because people donate to them. And so they're able to litigate these cases that wouldn't otherwise be litigated. That's exactly why the Justice Centre exists. That's exactly why the organization I work for, Liberty Coalition Canada, exists. Because of the obvious thing that you just said.

If there are not lawyers who know what they're doing and who are funded, crowdfunded, and therefore independent from government, none of these rights will ever be defended. None of these cases will ever be litigated. And just by mere atrophy, just merely by not exercising the muscle, you will lose the muscle. If you don't exercise the rights and then litigate over them, you will lose them. That's a serious problem in Canada because I can fit in my living room the number of lawyers in this country who do what I do on a regular daily basis, and there is very little funding.

There's the Justice Centre, there's Liberty Coalition Canada, there's the Democracy Fund. That's about it. And maybe a couple of other small organizations. That's it. It's a country of 40 million people, and there's maybe a 100, on a good day, of people that are doing what I'm doing. I think probably 50 is a more accurate number. That's not enough. I mean, how are you going to hold the line? The movie *300* comes to mind. You're just outnumbered. I'm outnumbered and outgunned: I mean, 50:1, and I know that. And the other side knows that. That's part of the problem.

If people want people like me and if you want more people like me and you want people like me to keep going, they're going to have to donate. A lot of people have done that, I know. But I'm just saying that's a call to donate to all organizations, not just mine, but to all organizations because they are the thin line between you and tyranny. People don't have the money to do it on their own. And even if they did, why would they sacrifice all their savings? Because in the end when you defend rights and freedoms you don't get any money back. You might get the court to agree with you and uphold your rights. You're not going to get damages. You're not going to get the 80 grand you just spent back. It's a huge practical problem.

[00:50:00]

Commissioner Drysdale

Historically, what happens in a society where the people can't get justice in the courts? Have you got an opinion on this?

James Kitchen

Violence. Well, violence and/or tyranny. The only way that we peacefully resolve disputes in a way that practically matters is through the courts. So what will happen as the courts continue to fail us in that regard— They're deluding themselves if they think they can continue to do that and, eventually, we don't end up in violence and/or tyranny. We could just get tyranny and skip the violent stage. Or we could get a violent revolution from people who have spent decades and millions of dollars peacefully following the rules and trying to uphold their rights through this peaceful resolution system we call the justice system, and they say, "I've had enough, I'm getting my gun."

So you could get a quiet revolution into tyranny, or you could get a violent one. Or you could get some sort of civil war where the tyrants aren't able to take over and now you just have unbridled violence because this nonviolent adjudicative system we have, has failed. I

don't think people usually talk in terms that stark, and we're not there yet. But that's where we're going. If our justice system continues to fail at upholding the rights of regular, everyday Canadians who are trying to defend themselves against their tyrannical government, it will end in violence and/or tyranny. It has to. That's just human history.

Commissioner Drysdale

Thank you, sir.

Commissioner Massie

Thank you very much, Mr. Kitchen. I have two questions. Just to understand what you mentioned about the story when the pastor was arrested, and you were warned ahead of time that this was going to happen in an hour, and you didn't quite know what to make of it. I'm just trying to understand one possibility you have not mentioned—whether you think it's a hypothesis to explain what actually happened, which is the following. As soon as you learn about it, you had an hour. You called the media, and then this thing was actually known, which on one hand, with aware people, that this can happen. But on the other hand, it also makes people aware that this can happen and it could send a chilling message to anybody who might want to do the same thing.

So what's your thought on that?

James Kitchen

Who knows, maybe it was a trap. Police all know who I am. Maybe they called me because they wanted me to do, precisely, that. Because, okay, "Mr. Kitchen's going to call the media. The media will capture the arrest of Tim Stephens. It'll scare people. It'll have a chilling effect. That's exactly what we want." Could have been that. Maybe it was a trap and I fell for it. I made the decision I made, hoping that it would cause more uproar and people to actually take a stand than it would scaring them into compliance. Maybe I was wrong. I hope I wasn't, but it's an interesting analysis. It could be bang on, could have been a trap.

Commissioner Massie

My other question has to do with the religious exemption that failed one after the other, and you are very happy after fighting them that one was finally successful. And again, I'm wondering there, based on what you've said, that it was unclear to you what process would actually involve you being successful. I'm just wondering whether having one religious exemption accepted was not to send a message to the population: In theory, you can get it. And see, we give it once in a while. Therefore, we are following a due process. The one that was not successful is because they were not qualified according to our due process.

So what do you think of that?

James Kitchen

I think it's a possibility. I personally don't think that's what happened. I think it's a possibility. But I do think you've hit on a true point.

There was a really strong public messaging effort that I noticed. All these employers and these organizations and these public bodies and these universities, they were all constantly saying in their policies and in their oral discussions—"We will give accommodations; we

will follow human rights; if you can't take the shot because of your religious beliefs or some other protected ground in the *Human Rights Act*, we will accommodate you." In every single one of my cases, that's in the record somewhere that somebody had said that. So there was a lot of lip service to human rights, as there is in this country.

There's a lot of lip service to human rights. But unless you're one of those favoured groups, it doesn't really exist. It was just manifested in COVID in a more extreme way. We're going to pay lip service to human rights and diversity and inclusion and equity and all that. Meanwhile, we're going to kick the Christians in the unvaccinated face because we don't like them. That's how this works in this uncandid society. So I think that's an important point to keep in mind: There was this public face of, "Hey, we're going to follow the law."

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But, privately, they didn't.

Again, usually, you can get away with that because it's not like you have lawyers like me going around and publicizing their cases. I'm very, very unusual in that. Of course, a large number of my cases haven't been publicized. But the fact that I'm even publicizing some of them is very unusual. So normally, if you put on your good public face and you go and then kick somebody in the teeth privately, you can get away with it. Because it's not being publicized and the media is not going to cover it. Nobody's going to know. Nobody's going to care. That's part of the reason why I do what I do with publicizing my cases. And why I talk about them publicly here is because otherwise, there's no accountability.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

Good morning, Mr. Kitchen. Thank you for your testimony. I have several questions. When the Government of Canada, our authorities, violates the Constitution; violates the supremacy of God in our nation; violates the rule of law; violates hard-working Canadians' freedom of religion, opinion, thought, conscience, belief; violates the underlying principles of justice as we presume to be our Canadian roots and historical foundations as the framers and founders of Canada believed, can we consider those mandates to be unlawful orders?

James Kitchen

It depends how you define unlawful. Unjust, immoral, unethical, yes. As a lawyer though, if I'm giving a technical answer, well, unfortunately, what defines lawful or unlawful is the courts. So if the courts find them lawful, then they're lawful. But as we know from the Germany of the 1930s and '40s, you can have lawful laws that are unjust, immoral, unethical, and destructive and murderous. That's what I think a lot of the COVID laws were. They were unethical, they were unjust, they were immoral. They caused human suffering; they caused human death. I certainly regarded it as a moral imperative for me to knowingly disobey some of those laws, the ones that I was confident were, in fact, just—I didn't care whether they were lawful or not because the authority that decided that was an authority that I morally and ethically often disagreed with.

Commissioner Kaikkonen

If I go beyond constitutional law, when the church is set up as non-profit in Canada, the federal government provides them with choices. For example, they can advance education or advance religion. I think there's two others, which essentially means that the proposed organization, in this case, churches wanting to advance religion, government approves that application. Once it's confirmed, no man can disannul that application other than the church themselves. But if I think of this as a contract, it wasn't the church who closed the church, but government who closed the churches across Canada. And then fined ministers for defying mandates, and as you allude, jailed ministers as well. Government did not just alter the contract and sever the contractual agreement, but didn't they also break the contractual agreement that they had allowed for that non-profit to be set up? This may not be your forte, but I just thought—

James Kitchen

Well, I guess, I don't think of it in those terms. You're referring to the requirement to get charitable status.

Commissioner Kaikkonen

Yes.

James Kitchen

Right. Which some courts explicitly reject because they want to be so pure in their allegiance to Christ only and not to muddy it with an allegiance to the State. So I guess I don't think of it in those terms.

Is there a breaking of the social contract? Yes. Is there a breaking of the constitutional and the democratic contract with all parts of society but particularly the Christian community and the churches? Yes. I think there's a lot of breaking of contracts, written and unwritten. I just didn't think of it in that way.

I think the removal of charitable status is a problem in the country, and I see that happening. So for example, you're going to get churches over the next five years that are going to say no to the transgender narrative. And you will see, I think, eventually, arrests and fines but also the removal of charitable status from those churches. That's work I expect to be doing over the next five years.

Commissioner Kaikkonen

If I take that same argument a little bit further to businesses that were bankrupted because of the government mandates. So government, in my sense, would be breaking the contract. Do these businesses have judicial recourse when agencies like CRA, for example, come knocking, looking for funds that they assume should have been paid over the last three years, but it was the government who broke that contract?

James Kitchen

No, I did some work in this area.

[01:00:00]

One of the problems with our socialist mindset in the country is that we regard property rights as not a good thing. We regard them as somehow bad because it makes rich people more rich and will oppress the poor and all that Marxist nonsense. So we don't protect property rights. Section 7 of the Charter protects the life, liberty, and security of the person. That the Supreme Court of Canada has said.

I think they were quite smug and proud about saying that that does not protect property rights. Which means there is no constitutional protection for property rights in Canada. There's some due process protections, so the government has to check off some boxes before they can take people's property away. But that doesn't really mean anything in practical reality, which is what you saw: a lot of livelihoods and businesses completely destroyed by idiotic government policies, and there really is no legal recourse because, unfortunately, in Canada, laws are allowed to be stupid. They can't be unconstitutional, but they can be stupid.

Of course, now what we've seen over the last three years is what counts as unconstitutional is exceedingly small; it's exceedingly narrow. The government can almost impose just about any idiotic law they want, wreak havoc with people's lives. There's no legal recourse because there's no freedom of religion; there's no protection for property rights in the Constitution. And, of course, you lack the moral integrity and courage amongst judges to enforce what is left. So, no, there is no legal recourse. A lot of businesses, I think, have tried to sue the government, and it just hasn't gone anywhere. A lot of them, I think, have known that they can't do anything. So they don't sue, and they just have to somehow get on with their lives. Meanwhile, their lives have been ruined by the government. There's no recourse.

Commissioner Kaikkonen

When I think of, in 2015, Trudeau categorized Christians; he said Christians need not apply. He did not define Christianity. You spoke a little bit about this, about how Christianity is a broad stereotype across this country. He didn't define it. We look down to the lesser magistrates who are saying that Christian materials cannot be disseminated—through their policies, they're saying this—on school property. Yet the lesser magistrates, so I'm thinking specifically school boards here, are not defining Christianity, either. It just seems to be everybody has this anti-Christian view, but they don't actually define. How do we re-educate the public that Christianity is broad and also that our country was founded on Judeo-Christian principles?

James Kitchen

Oh, that's a tall order. I only have time for one thing. I've said this ever since people started listening to me publicly. Don't self-censor. The biggest harm we do to the inability to communicate things to our fellow human beings is we do this [puts his hand over his mouth] because we're scared. Don't self-censor. Talk.

You can't change the world on your own. Not all of us have this big media platform, and not all of us are like me and have people that want to listen to them publicly. But you all have a sphere of influence; you all have people that will listen to you and you need to speak your mind. If you have hundreds of thousands of Canadians that individually speak their mind, they'll do more than any other force can for communicating ideas, for encouraging morality, for the pursuit of truth.

Individuals need to stop self-censoring. That's a cultural cancer amongst Canadians, the fear to speak out. If you want to know what this looks like, go spend a month in Texas or South Dakota or Idaho and see what it's like. It's completely culturally different. People are just speaking their mind all the time, and you might be offended once in a while. But trust me, that's a better price to pay than all the self-censorship.

Commissioner Kaikkonen

My last question is, do you have any recommendations on how we can re-educate the Canadian public that this country was founded and reaffirmed in 1982, founded under the supremacy of God and the rule of law and that those are the primary underlying principles that founded this nation? It's not just the Canadian public, I guess. We should extend that to our judicial system, as well, that they should be re-informed on what they have let lax over the last, say, 20 years.

James Kitchen

Two things. The protection of parental choice in education. The public system will never do that. The public education system cannot be saved, the primary education system. So the more you protect parental rights and choice in education, the more people will have the ability and the courage and the confidence to pull their kids out of the public system and educate themselves or send them to a private school where they will maybe receive that education. So that's one. That's big in the long term in this country.

The other thing, I think, is developing and funding and supporting

[01:05:00]

organizations that try to reach people where they're at, at that cultural level. Regular university is an example. They make all these videos with regular people, trying to reach regular people. Some of those are very, very effective. I've even seen it. I've seen normal people get—I think the cultural term is “red-pilled” because they get exposed to these different ideas in a way that they find accessible from an organization that's trying to reach them where they're at. Instead of this super intellectual way that I might, for example.

Those organizations are very, very important, and I think we undervalue those. They need to be independent and well-funded, and they need to be able to reach the populace. Now, of course, we've got new legislation that is intended to prevent that kind of thing, so it's going to get increasingly hard as we slide further down this path towards tyranny in Canada. But theoretically, that, I think, is one of the ways that we do it.

We have to take the reins ourselves as individual Canadians, take what's left to us and completely cut out government from the picture and on our own initiative develop our own organizations and fund them and try to reach other normal people in a sort of normal way. Try to sort of unplug them from all the government propaganda and all the crap that they believe. Because what the government and the mainstream media tells them, it does work. There's lots of people running around, I've met a lot of them. They believed in COVID for the first year and a half, that somehow—

Shawn Buckley

I'll ask you to focus just because of time.

James Kitchen

Sorry. These are broad questions. That's my suggestion. Those are my two suggestions for your question. Choice in education and organizations to reach people that are completely unplugged from government.

Commissioner Kaikkonen

So a parallel community of some form. Thank you very much. I really do appreciate your testimony.

Shawn Buckley

And, James, there being no further questions on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

James Kitchen

You're very welcome. I really do appreciate your indulgence with my time.

[01:07:11]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 3: Liam Sturgess

Full Day 3 Timestamp: 03:00:10–03:21:20

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

Okay, welcome back everyone. Our next witness is going to be Liam Sturgess. If you could just give us your full name and then spell it, and then I will do an oath with you.

Liam Sturgess

Okay, my name is Liam, L-I-A-M. But my full name is William Sturgess, W-I-L-L-I-A-M S-T-U-R-G-E-S-S.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony?

Liam Sturgess

I do.

Wayne Lenhardt

You got involved doing something fairly interesting and novel. Can you tell us how you got involved in doing something with COVID?

Liam Sturgess

Sure. So I want to be clear, I have stories of my own to tell, perhaps another day. I'm going to be focusing on the stories of others. But to get there, just a bit of background. I'm a musician. I grew up in West Vancouver. When COVID hit, I was very afraid. I thought a lot of people were going to die and over time noticed that didn't seem to be the case, thankfully.

Fast forward to just about two years ago, in May 2021, I happened upon a video on YouTube by a group called PANDA or Pandata. It was a presentation by a gentleman named

Nick Hudson where he was simply going through a number of things about the premise behind the declared pandemic that didn't make sense or were unanswered questions. Then that video disappeared.

I had never seen censorship in action so that clued me in that there were perhaps other things going on. Very shortly after, I learned about a group called the Canadian Covid Care Alliance [CCCA] and attended one of their first meetings. I learned that this was a group started by doctors, medical professionals, who were trying to make a difference in the fight against COVID by sharing accurate, honest, easy to access information to keep people healthy. They were working very hard and needed help. A call for volunteers was put out and I applied.

As a musician, not a trained doctor or lawyer or anything, I offered my services in media. So that's how I came to work with the Canadian Covid Care Alliance. I've done lots with various subcommittees and people from all walks of life, like the people you've heard from throughout the NCI, including people I got the chance to watch live here on Tuesday—Matthew Evans Cockle and Deanna McLeod, and many others.

One of the projects that came about became known as A Citizens' Hearing. The premise is very similar to the National Citizens Inquiry; in fact, I think, it was essentially a predecessor to this event. It took place June 22nd to 24th of 2022, in Toronto. I was asked to come to the event and act as secretary. That was the first flight I took after the travel mandates were suspended. So that was what led us to that event.

Wayne Lenhardt

You ended up producing a book if I'm not mistaken. So tell us how that developed.

Liam Sturgess

Sure. This is the book. I know it looks like I'm coming here to sell you all copies, that's not quite the focus of why I'm here. But as secretary, I got to sit alongside the panelists, which was that event's version of the Commission: Preston Manning, David Ross, and Susan Natsheh. And I got to take notes the whole time.

I wasn't specifically asked to write a book about it. But it was the clear, logical step as a way to collect as much of the information as possible into a format that was easy to give to friends and family or elected officials who maybe wouldn't open an email. So I benefited from the excellent note-taking, not just my own notes but others: Maximilian Forte, who is a professor out of Quebec, and Dale Anderson, another volunteer with the CCCA. Combining those with the video footage from the testimonies, I created this written form of the three-day event.

[00:05:00]

Wayne Lenhardt

Were these just random accounts that you produced or did you have some criteria for choosing which ones you did?

Liam Sturgess

In terms of who testified?

Wayne Lenhardt

Well, you've got case studies in your book. I gather there's 60 of them.

Liam Sturgess

Yeah. I wasn't part of planning the event and I wasn't part of the process of choosing who would testify. Now everyone who testified, 100 per cent of their testimony are in the book, so no one was sifted out. And again, the range of people and the range of testimonies at the NCI, I think most would agree, none of them would be worth excluding. So that was very much the same process here.

Wayne Lenhardt

Could you give us a snapshot of what's in the book?

Liam Sturgess

Sure. I'm not sure if I'll be allowed, I'm hoping to read the names of the participants, maybe at the end. But interestingly, some of the people who testified at A Citizens' Hearing have now come and also testified here, which is very cool. But I did pick out a couple of stories that, as I heard them live, were particularly impactful to me, and I won't be able to fully represent them.

Wayne Lenhardt

You're going to leave us a copy of what you have for the commissioners so they can read it or look at it at their leisure, I'm assuming.

Liam Sturgess

Oh, yes.

Wayne Lenhardt

But just give us now a brief overview of what you have.

Liam Sturgess

Sure. The range of people who testified, just like the NCI, there were professionals, experts in scientific fields and law. And then there were the people who were impacted either health-wise or career-wise, socially, by the various policies that have been implemented during COVID.

Wayne Lenhardt

Okay. Were they just harms that were catalogued or did you have any experts like we do?

Liam Sturgess

Yes. Well, in terms of harm, there were certainly not a lot of benefits catalogued. But yeah, lots of expert testimony.

Wayne Lenhardt

Okay, carry on.

Liam Sturgess

So like I said, I picked a couple that I thought were interesting. One was related to injury from frequent mask wearing. Do you mind if I summarize very quickly?

Wayne Lenhardt

Sure.

Liam Sturgess

This was a story of Janina Krienke and her husband Brian who shared the story of their daughter, Chloe, who, 14 years old, had just started in competitive cheer. Now my sister was a cheerleader, so I know from personal experience, cheers is tremendously intense, physically. It's quite dangerous as well, I think.

But basically, she was entering cheers during COVID. There were mask mandates in place, and she was made to wear a mask for the entirety of her high-intensity training. What happened is she started to develop tics that quickly grew into quite intense tics, like Tourette-like symptoms, and then extreme fatigue, sensitivity to light and noise, severe arm tremors. Then she began having seizures and then multiple seizures every day, began passing out. Long story short, it turns out that this non-stop wearing of the masks through this high-intensity training caused her body to completely retrain how it breathes.

She wound up with critically low CO2 in her tissues, and it was rapidly causing her to deteriorate. She wound up being able to learn how to breathe again once they identified this was the source of the issue. And happily, Chloe is now on her way to what seems to be a full recovery. I wanted to highlight that because I think the efficacy of masks is talked about a lot, or lack thereof. But the actual risks to health and to injury are real and significant and probably have not yet seen the full light of day. So I thought that was an interesting one to share.

[00:10:00]

The second one I wanted to share was the story of a wonderful woman named Kelly-Sue Overlay. The way the event was set up, we had a common area with food set out, plenty of tables and chairs, very friendly, like a communal space to meet and talk. And so I had sat down and this woman was there. We introduced ourselves to each other and this was **Kelly-Sue. I didn't know why she was there. People were there for various reasons—simply to attend, to testify, to volunteer. We just identified the things we had in common. We had fun getting to know each other, and then I learned, she was there to testify about her severe vaccine injury.**

She had taken the first dose, lost feeling in her leg, figured it was just her shoes being too tight. So she would frequently change her shoes, but it didn't get any better. Turns out she had a series of blood clots in that leg and then started experiencing strokes—it seems every two weeks or so, she would have a stroke, which is intense. And as I've heard others say, even in their older age, in their 70s, very active people who suddenly can no longer do the things they love, like running, or even driving in the case of Kelly-Sue.

But concluding her testimony, she had shared that she had one instance where she woke up on her couch at home and couldn't remember who she was, where she was, or as she put it, if she belonged to anybody. Luckily, a friend of hers came for some reason and found her and saved her from being trapped on the couch forever. But now she carries a note in her pocket that says you are Kelly-Sue Overley, followed by her address and phone number and the message: "I belong to somebody and I matter." I was struck by how—not clear—it was that she was suffering. I didn't know until she shared.

Wayne Lenhardt

Maybe at this point, I'll ask the commissioners if they have any questions, and then we'll come back. No questions? Okay. If you have one more interesting one for us, and I think then, we'll wrap up and we'll let the commissioners have a look at your book afterwards.

Liam Sturgess

Wonderful. So yeah, I do have one more that I'll share. And then I have one or two thoughts that I want to introduce.

The last one and it is upsetting. This was the story shared by Tania and Nicole Minnikin. Nicole, her sister Deana had taken the shot in 2021 and within, I think, a week suffered her first seizure. They then kept getting worse, and she wound up dying. But then Nicole, the second of the two sisters, she was pregnant at the time that she took the shot and that was on advice by her doctor. I won't go into the details. They're pretty upsetting of what happened to her body, and her son, Connor, wound up being stillborn. Very upset by this, she came to her doctor looking for support. But her doctor told her that—and everyone she talked to told her—it was simply not possible for the COVID-19 vaccines to have any effect at all on pregnancy. That was what she was told.

When Nicole brought this to her doctor specifically, he accused her of aggressive behaviour and told her that she had earned one strike.

[00:15:00]

Which is just an odd thing to say to somebody, especially in such a dire circumstance. And furthermore, that she would need to take a second dose of the COVID vaccine in order to continue as a patient of this particular doctor. She did manage to get pregnant again, which is excellent. I have heard that perhaps that pregnancy also didn't work out, which is very upsetting.

I wanted to offer that the reason it was suggested that I come and present this report to the NCI was this event was sort of a predecessor to this one. And there will be, I assume, more events like this, maybe put on by some of the same people, maybe different people, hopefully, many different groups of people. What will happen, I think, is more and more of these stories will come out. And simply because of lack of time, just practically, not every story will always be able to be included again. I'm not sure a database of stories is strictly the solution. But I wanted to use this opportunity to keep some of the names of these people on the official record of the NCI to the extent I can be an ambassador for the 60 testimonies we had here and hope they can contribute to the NCI's larger mission.

Wayne Lenhardt

Are there any final questions from the Commissioners? Yeah, Dr. Massie.

Commissioner Massie

Well, thank you very much for your involvement in the CCCA and putting together all these stories. You've witnessed all of the testimony at the first hearing of the CCCA, and you must have spent a little bit of time listening at some of the testimony from the NCI.

My first question is what kind of impact can you measure from the first hearing that took place in Toronto last year? Have you seen something coming out of it that had made an impact around you or in society?

Liam Sturgess

Well, just strictly from my perspective, the fact that this National Citizens Inquiry is on right now is a tremendous sign that this worked at some level. Again, some of the same people who at least supported one, in principle, are supporting this as well. I think we may be successfully— This was a proof of concept. That's not all it was, but I think it had that effect. So in that sense, this is testament to this having been worthwhile.

I'm happy to say some of the people who testified have now gone on to, once again, tell their story in other formats, more direct interviews that have been widely shared and pushed out through the CCCA's media networks, for example. But I think more conversations are happening now, and I like to think we helped contribute to that.

Commissioner Massie

I guess my other question has to do with, when you look at the kind of testimony that people were willing—this was the first hearing if you want—were willing to come up with, we've heard from previous hearings that some of the witnesses would withdraw at the last minute because they were still afraid.

So do you sense now that the hearings we're having with the NCI has evolved in the sense that this kind of testimony, people are more willing to come up and are more willing to share their story because there was some precedent, if you want? Do you see a difference between the two types of hearings that are going on right now?

Liam Sturgess

I think so. It makes me think of something I've learned about called "the first follower effect." I can't speak to it much. But there's a video that's used as an example of this where you have—in a much more light-hearted context, it's at a music festival—and you have one guy who's dancing, and he looks like a fool. But he's having a blast, and everyone's not sure what to do. Then the first person gets up and starts dancing with him. And then, the next person, and the next person, and the next person, and then, very quickly, you have a flood of people. There's the festival, now.

So I think probably something like that is the case. You see somebody who becomes,

[00:20:00]

then, a role model. Well, if that person was brave enough to do this, then I certainly am as well. Or even if I'm not sure if I am, perhaps now I'm willing to take that risk. And you see the narrative, the acceptable narrative, what you can talk about to larger audiences is, as well, becoming slightly more friendly. So it may be both of those things.

Commissioner Massie

Thank you.

Wayne Lenhardt

I think you are an example of exactly how just about anybody can get involved in this type of a problem and how they should. So on behalf of the National Citizens Inquiry, I want to thank you very much for your testimony and for your work.

Liam Sturgess

Thank you. I have one request before I go. Would it be acceptable for me to simply read the list, the names of the people who participated in the first one?

Wayne Lenhardt

I think we have a limited amount of time, so I think we'll just enter it and allow the commissioners to read your work.

Liam Sturgess

Fantastic. Thank you so much.

Wayne Lenhardt

Thank you.

[00:21:22]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 4: Kristin Ditzel

Full Day 3 Timestamp: 03:21:40–03:32:50

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Kristin Ditzel and she's going to be on screen for us. Kristin, can you hear me?

Kristin Ditzel

I can.

Wayne Lenhardt

Okay, you're fairly low in volume.

Kristin Ditzel

How's that? Is that better?

Wayne Lenhardt

Yep, I think that's better.

Kristin Ditzel

Great.

Wayne Lenhardt

Okay. Could you give us your full name and then spell it for us, and then I will do an oath with you.

Kristin Ditzel

Kristin Ditzel, K-R-I-S-T-I-N D-I-T-Z-E-L

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Kristin Ditzel

I do.

Wayne Lenhardt

Thank you. This is going to be about your personal problems after taking the jab, so could you set us a timeline? When and why did you take the vaccine, or the fake vaccine, whatever we want to call it? When did your story start?

Kristin Ditzel

March 16th, 2021. And I took it due to pressure in the health profession.

Wayne Lenhardt

And you live in Nelson BC, correct?

Kristin Ditzel

I do.

Wayne Lenhardt

Okay, and you got your shot in Nelson?

Kristin Ditzel

Yes.

Wayne Lenhardt

Okay. So what happened after you got your shot?

Kristin Ditzel

Twenty-five minutes after, I was still on site, and I started having anaphylactic-like symptoms and lost full control of my limbs and dropped to the ground.

Wayne Lenhardt

Okay. So was this still in the facility? I gather it was a community college where they were having this vaccination event?

Kristin Ditzel

It was, yes.

Wayne Lenhardt

Okay. So were you still there when you had this reaction?

Kristin Ditzel

I was. I had left and went to drive away and started getting my symptoms really dramatically. So I just pulled back into the parking lot, walked in, and found the nurses. Sat down, and then they kind of helped me to the ground because I couldn't control my limbs.

Wayne Lenhardt

Okay, so you basically couldn't walk at that point?

Kristin Ditzel

No, yeah, I couldn't walk. I couldn't lift my head. I couldn't use my arms. I went fully limp. Then they gave me Epi [EpiPen] on site and brought me up to the hospital.

Wayne Lenhardt

And the hospital is also in Nelson?

Kristin Ditzel

It is.

Wayne Lenhardt

Okay, so what happened at the hospital?

Kristin Ditzel

They were great. After the Epi, I regained function again. They gave me some Benadryl, and they sent me home and said take Benadryl every 12 hours. And then the next day, my symptoms returned, and I went back up there. I was there for the night; they kept me for the night, and then they sent me home the next day. My symptoms progressed into neurological symptoms: I started losing functioning in my neck and some cognitive functioning, so I went back up on the Sunday a few days later, and I stayed for a week. And then we figured it crossed my blood-brain barrier and attacked multiple regions of my brain.

Wayne Lenhardt

Did the doctors tell you that?

Kristin Ditzel

No, they did not.

Wayne Lenhardt

Okay, how did you come to that conclusion?

Kristin Ditzel

Through my GP that I ended up getting once I was injured, that's how we came to that conclusion. But the neurologist that kept me in the hospital, she knew that it had caused a neurological decline, but she didn't use that terminology.

Wayne Lenhardt

Okay, so this started in March, middle of March, March 16th, and so what happened over, let's say, the next six months?

Kristin Ditzel

I slowly got worse. I started developing drop foot. I couldn't lift my head. I couldn't make eye contact with people. I started losing the ability to speak. I had convulsions, tremors, sometimes to the point where I would dislocate bones. I just shut down, completely.

Wayne Lenhardt

And were you at home for part of this time, or were you in hospital fairly continuously?

[00:05:00]

Kristin Ditzel

They only had me in hospital for that week, and then they said, "We don't really know what to do with you," and I was sent home. They did send me to a neurologist in Kelowna, which is about four hours away. But that wasn't a very good experience. So I was pretty much left in the hands of my GP.

Wayne Lenhardt

Okay, how was that not a good experience?

Kristin Ditzel

She refused to say that it was connected to the vaccine. And she diagnosed me with a functional neurological disorder and just said, "You might get better; you might not get better." That's it.

Wayne Lenhardt

Right. So we really don't know what you're suffering. Is that fair?

Kristin Ditzel

Pretty much. Yeah.

Wayne Lenhardt

So did you get better at some point?

Kristin Ditzel

I have improved. I'm still not working, and still what I would classify as severely disabled. I get a good couple hours a day where I could do things like maybe cook a dinner for my kids, maybe go for a walk, do some laundry, perform some household tasks, but I am not better. No.

Wayne Lenhardt

So at the time of the shot, you did have your own business, correct?

Kristin Ditzel

I was a Chinese medical doctor and I had a full thriving practice.

Wayne Lenhardt

Okay, and so what happened to that practice over the next six months?

Kristin Ditzel

It dissolved. Yeah, that's a really difficult thing to talk about. I just had to shut it down. I couldn't even communicate very well, so I wasn't even sending out messages to patients or anything along those lines. My colleagues took control of the situation, and they dealt with it.

Wayne Lenhardt

Okay, and so you haven't practised in your clinic since this incident then?

Kristin Ditzel

No, I had to give up my clinic.

Wayne Lenhardt

Did you have a source of income after this event?

Kristin Ditzel

No, not at all. I was lucky that I had a GoFundMe set up through the community, and the community ensured that I didn't lose my house and I could feed my kids.

Wayne Lenhardt

And you're still not working, correct?

Kristin Ditzel

I'm not.

Wayne Lenhardt

Okay. Did you get any sort of money coming in? Did you apply for EI or any sort of assistance?

Kristin Ditzel

Because my first disability, well, my first disability claim was denied. I finally got disability close to a year ago, so I do get just over \$1,000 a month.

Wayne Lenhardt

Okay, that's a federal program?

Kristin Ditzel

That is a federal program.

Wayne Lenhardt

So you've had that since what, six months?

Kristin Ditzel

Close to a year, I think.

Wayne Lenhardt

Is there any prognosis that you're going to recover or what are the doctors saying at the moment?

Kristin Ditzel

They don't really know, to be honest. A lot of people that are diagnosed with functional neurological disorder get better rapidly, and that hasn't happened for me or any of the other vaccine-injured that I know in my neurological groups. So we don't really know.

Wayne Lenhardt

There is a vaccine compensation program of some sort that the federal government has set up, have you applied to that?

Kristin Ditzel

I applied immediately. That is the instigator in why the neurologist in Kelowna was so angry. She didn't want to have anything to do with that program. My local neurologist no longer has anything to do with my case file, and I was denied. So I'm in the appeal process right now.

Wayne Lenhardt

Do you have any actions or appeals pending at the moment?

Kristin Ditzel

I've been waiting day by day, hour by hour. My appeal's happening right now, so I'm hopeful.

Wayne Lenhardt

At this point I'd like to ask the commissioners if they have any questions for you. Dr. Massie.

Commissioner Massie

Well, thank you very much for your testimony. I'm wondering, given the rapidity of occurrence of your symptoms after the injection, I was wondering whether you had COVID previously?

Kristin Ditzel

I did not.

Commissioner Massie

Not to your knowledge. Did you have an antibody test to confirm that?

Kristin Ditzel

No, I did not. But we were very protected, and there was no COVID, locally, in our region. I got COVID after my injury,

[00:10:00]

about five months after, and that made my symptoms obviously worse.

Commissioner Massie

Thank you.

Wayne Lenhardt

Are there any other questions from the Commissioners?

Commissioner Kaikkonen

Good morning. I just wondered, when you were 25 minutes on site, what was the reaction of the people around you?

Kristin Ditzel

They were wonderful, actually. The nurses were incredible. We all just kind of assumed it was a normal anaphylactic reaction. I wasn't nervous at the time. I thought my body would recover, so did they. I kind of felt bad for the people on site that had to watch me go down and be taken away. But the nursing staff was wonderful.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Any other questions, Commissioners? I think that's a no, so on behalf of the National Citizens Inquiry, I want to thank you very much for presenting your story and your testimony to us. Thank you again.

Kristin Ditzel

Thank you.

[00:11:16]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 5: Lindsay Kenny

Full Day 3 Timestamp: 03:33:27–03:57:20

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

The next witness is virtual, and we have Lindsay Kenny. Lindsay, can you hear me?

Lindsay Kenny

Yes. I can hear you; can you hear me?

Wayne Lenhardt

Yes, I think we're set up. Could you give us your full name and spell it for us, and then I'll do an oath with you.

Lindsay Kenny

Lindsay Kenny, L-I-N-D-S-A-Y K-E-N-N-Y.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony today?

Lindsay Kenny

Yes.

Wayne Lenhardt

You're an elected councillor for the village of Fruitvale, am I correct?

Lindsay Kenny

A former elected official. I was elected in 2018 to 2022. It was my first term.

Wayne Lenhardt

Okay. And you got involved with checking things via Freedom of Information, so could you tell me how that first developed?

Lindsay Kenny

Yeah, so in 2020, the Prime Minister said that we don't go back to normal until there's a vaccine. And I thought that was kind of odd because we didn't even know where it came from. So when the public health orders started coming out, I started reading them quite carefully. And I noticed there was a provision under the *[Public] Health Act*, section 43: You may ask for reconsideration if there's something that the health officer may have missed or wasn't available at the time; if you're an affected group, you may ask for reconsideration. You may only do that once. So that prompted me to make a Freedom of Information request directly relating to the government's active response to COVID-19 in these public health orders. So I made quite a few Freedom of Information requests. There's just a couple that I would like to speak to today and that would be regarding the mask orders.

Wayne Lenhardt

Your first one, I think, involved the order relating to children wearing masks for extended periods in school.

Lindsay Kenny

Okay, so the first one in British Columbia was November of 2021, and the Public Safety Minister, which is Mike Farnsworth in our province, mandated the use of masks. I quickly made a Freedom of Information request regarding that order and the response. So under the Freedom of Information request, they have 30 days to release the information, and I was given that information in 60 days. I provided that in my package to the commissioners and the public so the public can review that, but I'll just speak to it a little bit [Exhibit number unavailable].

So there was a comparison between Ontario's mask mandate and Saskatchewan's mask mandate. It wasn't scientifically if we could mask people; it was how much we're going to charge them and where they're going to have to wear them. There was some redacted sections in there regarding law enforcement conversations and that sort of thing. But that was a reasonable response to my request, 60 days, no problem.

You were saying about the children. So a year later, the provincial health officer, Dr. Bonnie Henry, made an order that included children in schools ages five and up. They would be required to wear masks for six hours a day inside schools. And I thought, well, it's time to do an FOI request, and I did an FOI request immediately. I asked for any and all information available to the health officer when making the mask order. And at the same time, I started a petition on Change.org for the information to be released to the public immediately. Under the *Freedom of Information [and Protection of Privacy] Act*, anything that's in the public's interest must be disclosed,

[00:05:00]

despite any other provision on this Act and despite making a Freedom of Information request.

When I spoke with the analyst that was taking my Freedom of Information request, I made this very clear to them that I wanted it under public interest. When they responded back to me, they wanted me to narrow my request because they felt that, or the Ministry of Health, rather, felt that it was too broad. So I said, "Well, if that's too much to reasonably ask for, I would like the information used in line K of the order, which shows that masks suppress SARS-CoV-2."

A couple of days later, I got a fee estimate. The first 30 hours of a Freedom of Information request are free. When I got the fee estimate back, they wanted \$1,300 for this information. And, of course, I tell the analyst that I will be making a fee waiver request and I want this under public interest, and I provided my petition and I waited to hear back.

In the meantime, I reached out to the school district for their help. I asked the superintendent to help, and the superintendent for School District 20 said that I should delegate to the Board and tell them this information I found with Mike Farnsworth, Public Safety Officer's Mask Order, and to delegate to them. So I put in a request to delegate to the school district, and I had informed them that children are not covered by WCB and as a parent, I have concerns for children wearing these masks for six hours-plus a day. I would like to know the efficacy of this medical intervention. And I got a letter back: they denied my request to delegate. At the same time, I heard back from the FOI analyst that my fee waiver was declined, that they were not going to waive the fees. I thought that was quite odd.

I immediately made a complaint to the privacy commissioner's office [Office of the Information and Privacy Commissioner], and an investigation had started. My investigator suggested that I narrow my request once again. I narrowed my request, she suggested that I did, so I agreed. And we narrowed it to the transmission portion and what the efficacy is, and I've provided that in my documents. And at the same time, I thought, well, that's really odd that they denied my fee waiver because this is clearly in the public's interest: It should be on their website. This is hot off the press. It should be readily available for everyone to review.

So what I did was I made a subsequent FOI request, and I asked for all the information regarding my fee waiver between the analyst and the Ministry of Health. And when I received that back, it appeared that when you're making requests under public interest, the head of the public body must consider it. And it appeared on my form that someone other than the head of the public body had reviewed my fee waiver. So we move on with this inquiry through the Office of the Information [and] Privacy Commissioner with my complaint for the fee. And a Fact Draft Report was completed, and we served the Ministry with this inquiry.

A couple days later—this is now 20 months later, I should say, since I made my FOI request—I receive a letter that my inquiry is cancelled because they have waived the fees. And I informed them, "Well, that's well and good, but how can I be sure I'm going to get this information?" They said, "Well, your complaint is based on the fees. The fees are waived, so we're cancelling it." So it was cancelled.

On April the 4th, 2023—

[00:10:00]

20 months later, since I made this FOI request, and remember they have 30 days—I get my package. And the package release for the mask order was totally irrelevant to what I asked

for. There's a bunch of ProMED articles related to anthrax, booster shots, lettuce infectious yellow virus, syphilis, and salmonellosis. Nothing pertained to masks whatsoever. So now I have another complaint in that they did not fulfill their duties to give me the information that I requested. Funny enough, a week later, I go to my doctor's office. And the masks, you had to wear them in the doctor's office, and they proceed to tell me that I don't need to wear a mask anymore. And I thought, well, that's pretty strange. And I said, "Since when?" And they said, "Well, since last week, April the 6th." I thought, well, that's kind of funny. I received my package on April the 4th. So maybe coincidence, maybe not. I don't know how much time we have left, but I've got another FOI I'd like to speak to. Will I have time to speak to that?

Wayne Lenhardt

Sure, we'll try to be brief. In other words, I mean, you've gone through all kinds of gyrations and gotten anything but the information that you've asked for, is that fair?

Lindsay Kenny

Correct, yes.

Wayne Lenhardt

Sure. Give us a quick snapshot of your other FOI.

Lindsay Kenny

So during the time that I started making Freedom of Information requests, I wasn't getting anywhere. It was quite similar to this mask order. But I started researching some of the information that was coming out of the public health office, and I came across this "anonymized residual sero" blood sampling snapshot. Dr. Bonnie Henry is one of the authors on this article. The funding was provided in part by the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research], and I thought well who is that? So I started researching the Michael Smith Foundation.

A year later, I realized that they had come out with what's called the knowledge gaps relevant to the COVID-19 vaccine rollout in BC. And the Strategic Research Advisory Committee reports to the BC Ministry of Health, Associate Deputy Minister, and the Provincial Health Officer through the chairs. And in this report, I'll just read the themes and questions.

Number one: What is the effectiveness of the vaccine at preventing illness and infection?
Under that header, they want to know what the effectiveness is in populations not represented in clinical trials, including pregnant women and children and immune compromised.

Number two: What is the effectiveness of the vaccine at reducing transmission?

Well, this is January 2021, folks. So I thought, it's August at the time. I'm going to FOI the conclusions to this study. So that's exactly what I did, and I provided that in my documents. I was promptly told that the information I was asking for was with the Michael Smith for Health and Research Foundation [sic] [Michael Smith Foundation for Health Research]. And I said, "No, it's not. If there's information, they must have reported it to the BC Ministry of Health and the Provincial Health Officer, it says so on their website. They proceeded to vaccinate children and the population; meanwhile, this Strategic Research Advisory

Committee is asking questions directly relating to the efficacy of the vaccine. I want this information.” Well, they proceed to tell me in an email that the report is not yet complete. So now you’re studying the population without their knowledge. Dr. Bonnie Henry was going on TV saying that the only side effect is hope, optimism, and a brighter future; meanwhile, she has appointed this committee. Now, this is all on their website, folks.

I would encourage everybody to go read the Michael Smith for Health and Research Foundation’s [sic] [Michael Smith Foundation for Health Research] website and search COVID-19 studies. I find this very concerning. They finally responded to my request and they promptly said that, although a thorough search was conducted,

[00:15:00]

no records are with the Ministry of Health. And yeah, I would encourage everybody to look at their website.

Wayne Lenhardt

Just as an aside here, I think we got evidence in Saskatoon, I think it was, that an individual had a factory, was told the workers had to wear masks in this factory. So he proceeded to do a test on the masks within his factory and found out that the levels of, I think it was CO₂ or CO or both, were high enough that it amounted to a hazardous workplace if the workers were to wear the masks and be subjected to that level of CO₂ and CO. So, but, you know, not everybody has access to that kind of a testing facility.

Lindsay Kenny

No, and imagine young children wearing those all day in school. Very inappropriate.

Wayne Lenhardt

Anyway, are there any questions from the Commissioners, yes, Heather.

Commissioner DiGregorio

Thank you so much for coming and sharing your testimony with us today. I’m just wondering, in your opinion, what is the purpose of the Freedom of Information legislation that we have in this country?

Lindsay Kenny

So the Freedom of Information, it’s a very powerful tool to keep your government in check. And a lot of people don’t realize it’s there, but it also creates a public record. When you ask for this information, it gets published so anyone can use this information. Part of my reason for doing this was understanding what exactly the information that they were using in their response, but also to show people that this is the information that’s actually coming out of these authorities. And it’s really important for us to ask these questions. It’s a very powerful tool because we’ve all been silenced, and it’s a great way to make these requests and have them on the public record.

Commissioner DiGregorio

And I'm gathering from your testimony, and we've heard this from other witnesses across the country who've also done Freedom of Information requests that the system isn't exactly user friendly and that you ran into a number of obstacles. I'm just wondering what thoughts you have on how it could be improved.

Lindsay Kenny

That's funny because I have experience making Freedom of Information requests, and the only problems that I've had in my experience are with the Ministry of Health.

Commissioner DiGregorio

So sorry, you're saying that you've made Freedom of Information requests in other areas, non-Covid related as just in pursuit of other goals, and where you really run into the problems has been in this particular subject matter.

Lindsay Kenny

Yes, and especially if I ask for the information directly relating to public health orders. Because again, they must demonstrably show that they have evidence to put these orders in. They can't just make them on belief. In my opinion, they have to have evidence.

Commissioner DiGregorio

Thank you. Those are my questions.

Wayne Lenhardt

Yes, Dr. Massie.

Commissioner Massie

Thank you very much. I have a question. I want to make sure I understand about the report that was asked to the Michael Smith Foundation. So they set up a panel of experts, I suppose, to look at all of the issues surrounding this particular technology, the vaccination, and the report is not yet completed, but we have fragments of information. I mean, I'm not sure I understand. You have a few questions that the panel was addressing but were left unanswered, is that what you're saying?

Lindsay Kenny

According to their website, the Strategic Research Advisory Committee was established to serve as a bridge between the Provincial Health Officer and government decision makers and the BC Health and Research Community. The committee was appointed by, how I understand it off their website, by the Provincial Health Officer and the Ministry. They had several reports, but this one in particular—

[00:20:00]

the knowledge gap study relevant to the COVID-19 vaccine rollout in BC—the questions were put a month after they had started administering this product. I provided it in my documents there. I'm not a scientist, but I was just looking through the Michael Smith

Foundation and I came across this. Another thing that they had touted on their website was that they created the first sequencing ID for the SARS coronavirus in 2006, I believe, so they were part of, I believe, with UBC and the Genome Science Centre of Canada. The way I understand it is, they're actually a cancer research facility, but they do dabble in some genome science stuff.

Commissioner Massie

My point is to understand the report or the questions in the report was made public on their website after it rolled out of the vaccine, not before?

Lindsay Kenny

Yes. In BC, December, they started giving the vaccine out. This report is dated January 29th, 2021, where they asked these questions relating to the efficacy. So studying the population without their knowledge.

Commissioner Massie

So is this fair to say that the questions that were put in the report were not properly addressed before the rollout of the vaccine?

Lindsay Kenny

I would say so, in my opinion, yes.

Commissioner Massie

And the report is still not completed, so is it an ongoing process, or what's the situation with this committee?

Lindsay Kenny

I haven't followed up. When I made my FOI request for the conclusions to that study, it was August 17th of 2021, I made that request. This report asking these questions came out in January [2021]. When I got my response back, it was probably September, they said that there were no records with the Ministry of Health. The FOI analyst that was speaking to the Ministry of Health said to me in an email that the Michael Smith for Health and Research [sic] [Michael Smith Foundation for Health Research] are still working on this study, so their work would not yet be complete. There would be nothing with the Ministry. They would not be reporting anything because their work isn't complete.

Commissioner Massie

Thank you.

Wayne Lenhardt

We have another question, yes.

Commissioner Kaikkonen

You mentioned that the school board refused your request to delegate. Do you have children in that school board?

Lindsay Kenny

Yes.

Commissioner Kaikkonen

And did they give you a reason why they refused to let you delegate?

Lindsay Kenny

Not really. They just basically said that they're following public health orders and that they don't need to hear from me.

Commissioner Kaikkonen

And did you appeal that process?

Lindsay Kenny

No, I did not.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Are there any other questions? I think that's a no. So on behalf of the National Citizens Inquiry, I want to thank you for giving us your testimony today. Thanks again.

Lindsay Kenny

Thank you so much to everyone, the Citizens Inquiry and the Commissioners and the whole team. Thank you very much for having me.

[00:23:55]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 6: Ted Kuntz

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[00:00:00]

Shawn Buckley

So our next witness is Mr. Ted Kuntz. Ted, can you state your full name for the record, spelling your first and last name?

Ted Kuntz

My name is Theodore Joseph Kuntz. Theodore's T-H-E-O-D-O-R-E. Joseph is J-O-S-E-P-H. And Kuntz is K-U-N-T-Z.

Shawn Buckley

And Ted, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Ted Kuntz

I do.

Shawn Buckley

Now my understanding is that you are the parent of a vaccine-injured child.

Ted Kuntz

That's correct.

Shawn Buckley

And that you're also now president of Vaccine Choice Canada.

Ted Kuntz

Yes.

Shawn Buckley

Can you share with us briefly what Vaccine Choice Canada is?

Ted Kuntz

Vaccine Choice Canada is an association of parents, primarily parents of vaccine-injured children. It's a group that came together in Ontario in 1982 when the government of Ontario instituted new legislation that removed the right to informed consent.

The Ontario government introduced legislation that made it mandatory for children to be fully vaccinated in order to attend public school. The original legislation did not have provision for personal belief or religious exemptions, and so a group of parents lobbied the government for two years. And in 1984 they were successful in having those exemptions included in new legislation.

And so that group of parents represent those that firmly believe in the right to informed consent and the right to dissent. But it's also a group of parents that experienced vaccine injury and knew that we had to protect children from the harms that vaccines can cause.

And so I'd just like to add,

Shawn Buckley

You can take a minute.

Ted Kuntz

that I am one father sitting here. But I want you to know that behind me are thousands of parents of vaccine-injured children, and I feel like I'm speaking on their behalf. I just want to add that we heard James Kitchen this morning talk about contempt for the unvaccinated. And we also have contempt for the vaccine-injured. And so I have to say that it feels very emotional to be here today because our voices have been censored and silenced for over 40 years.

Shawn Buckley

And that's why you're coming here today, is actually to share with us that much of what **we're experiencing is not new by any stretch of the imagination. But that there's been similar efforts in the past.**

Ted Kuntz

Yes, and so my testimony would be different than the testimony that I've heard over the last number of days. I'm not speaking about what happened in the last three years. I'm speaking about what's happened prior. And my position is that, while what we're experiencing in the last three years is more intense, it's not new. And so I'd like to walk the commissioners through an understanding of how what we're experiencing is actually a continuation of practices and policies that we've seen in this country for 40 years.

So the first point I'd like to make is—so what's happening here today is not new. If I can move on to my next slide. I just want to make clear that Vaccine Choice Canada is about choice: it's about protecting the right to informed consent. The media would have you believe that we're anti-vaxxers—and I have worked very hard trying to correct that misunderstanding. And they don't seem able to recognize the distinction between being an anti-vaxxer and being somebody who is pro informed consent.

So I want to start at something fairly basic. You've heard the language of informed consent many times in the days that I've been here. And what I want to suggest to you is that the lack of informed consent is not new. So let's begin with what informed consent is. And this slide—if you look at the second paragraph of the slide—actually comes from the Canadian Medical Protective Association

[00:05:00]

in their guidance to physicians in Canada. And this is their words: "According to the Canadian Medical Protective Association for consent to serve as a defence against allegations of either negligence or assault and battery, the consent must have been voluntary, meaning, free of coercion or any threats of reprisal. Also, the patient must have the capacity to consent, and the patient must have been properly informed on the purported benefits, significant risks and alternative treatment options."

Now, given the testimony that we've heard about what's happened over the last three years, I don't think anyone would disagree that no one in this country gave informed consent to the COVID vaccination. And the reason I say that is that the significant risks were not known and that alternative treatment options were not permitted. But I would suggest to you that, in this country, that the number of parents who actually gave informed consent to any of the childhood vaccinations was probably very few, if any.

And just to give you why I think that to be true. Any of you that have gone to your pharmacy for a prescription will get a product that has a product information insert in it. And I brought one to give you an example of what one looks like. This here is a product information insert for a sleep aid. Do you have any idea what the product information insert for a vaccine looks like? Let me show you.

This is a slide that shows the product information insert for the HPV vaccine that is given to our adolescent boys and girls in this country. In my experience, unless a parent is absolutely committed to getting the product information insert, it is denied them. And so the number of medical consumers, the number of patients who've actually read the information that outlines the ingredients, what the vaccine is indicated for, what it's contraindicated for, the recognized adverse events, is very few, if any.

And so what most people don't understand is that vaccines are treated very different from pharmaceutical products. They undergo a different level of safety testing. And the lack of informed consent, I would suggest, is part of the systemic way that we respond to vaccination in this country.

We're in a very strange time where, with this product, the way we determine safety is by giving the vaccine. So this is a slide that has the words of Dr. Eric Rubin, who's with the Vaccines and Related Biological Products Advisory Committee. And he said, "We are never going to learn about how safe a vaccine is unless we start giving it."

The reality is that the amount of safety testing that is done to a vaccine before it is licensed for use is diminishing small. It would appear that the agenda of our governments and our health industry is not safety: it's about vaccination. And I provide this slide as an example of the perspective that is being held by governments. This is a slide that comes from the *Federal Register*, which is the official journal of the U.S. government that contains agency rules and public notices. And this statement was delivered in 1984 in response to increasing concerns about the safety of the polio vaccine. And the response of the government was this, "Any possible doubts, whether or not well-founded, about the safety of the vaccine cannot be allowed to exist in view of the need to ensure that the vaccine will continue to be used to the maximum extent consistent with the nation's public health objectives." How I read that is, "It's our goal to vaccinate everybody. Safety be damned."

Shawn Buckley

Ted, if I might interrupt you. I think that it's somewhat apposite that the date, the year of that is 1984.

[00:10:00]

The same year as George Orwell's book, novel.

Ted Kuntz

Yes, and the same year that my son was injured.

There are a number of concerns about vaccine safety, and these are just a few. First of all, none of the vaccines on Health Canada's recommended childhood vaccination schedule were tested against a neutral placebo.

Shawn Buckley

Just wait a second. Did you just say that none, not a single vaccine in Canada's childhood vaccine schedule, has been tested against a placebo?

Ted Kuntz

Yes. The only exception to that was there was a very small cohort in the testing of the HPV vaccine. And just like they did with COVID, they very quickly moved that into a vaccinated population and so the data from there got lost. All of the other vaccines, none of them were tested against a neutral placebo.

Shawn Buckley

How many childhood vaccines are in the Canadian vaccine schedule?

Ted Kuntz

Seventeen different vaccines.

Shawn Buckley

Okay. So there's 17 different vaccines. And we've learned from medical experts that really the only way to understand both safety and efficacy is a sizable, double-blind clinical trial where the intervention—in this case a vaccine—is being tested against a placebo.

Ted Kuntz

That's correct.

Shawn Buckley

But you're telling us that for 16 out of the 17 vaccines that are injected into our children, there's actually never been a sizable, or any type of double-blind clinical trial, let alone a sizable one that would be statistically significant.

Ted Kuntz

That's correct. So their claims that the vaccine is safe are unproven. And again, the way they determine safety is by the amount of adverse events that are reported after vaccination. And I wonder if parents in this country know that. So to me that's the most egregious violation of what we would understand is robust safety testing.

The second is that childhood vaccines are actively monitored for safety for only a few days, or at most a few weeks, before they are licensed for use. As a matter of fact, the range of active monitoring is between 48 hours and four weeks. And I have a chart that will explain that in more detail.

Shawn Buckley

Right, but you just told us that they're not subject to double-blind clinical trials, which would reveal safety concerns. That the only way we're testing for safety is we're putting them on the market and looking for safety signals. And now you're telling us that we're only looking for safety signals for a short period of time, up to four weeks?

Ted Kuntz

At the longest, yes. And some for as short as 48 hours.

Shawn Buckley

Okay, I'm sorry, continue.

Ted Kuntz

And then finally—and there's many more, but these are the key ones—there's not enough time to show whether a vaccine causes autoimmune, neurological, or developmental conditions and other chronic conditions.

So this is a chart that's taken from Richard Moskowitz's book *Vaccinations: A Reappraisal* [sic] [*Vaccines: A Reappraisal*]. And if you look at this chart—I don't know, the writing is small—but let me just read it to you. This lists a number of the childhood vaccines and the active monitoring period. So for Hep B [Merck], it was actively monitored for five days and included 147 participants. DTaP for eight days, polio for three days, pneumococcus for

seven days, meningococcal for seven days, MMR for 42 days, Hepatitis B [GSK] for four days, Hib for three days, rotavirus for eight days, and influenza for four days.

Shawn Buckley

So just so that I understand, and I'll just speak to the first one. So can you put that slide back up for a second, David? So for hepatitis B. So first of all, hepatitis, my understanding is—and correct me if I'm wrong—tends to be a disease that one obtains through having sex with somebody who's infected. Or sharing an intravenous needle—so if you were a drug user—with somebody who is infected. Is that correct?

Ted Kuntz

Yes.

Shawn Buckley

And that children by and large don't fit into that category. They tend not to be, especially prepubescent, having sex. And they're not sharing, as a group, dirty needles.

Ted Kuntz

That's correct.

Shawn Buckley

Okay. I just raise that because one questions why

[00:15:00]

that vaccine wouldn't just be available to adults. But you're saying they didn't run a double-blind clinical trial for safety and efficacy. Is that correct?

Ted Kuntz

That's correct.

Shawn Buckley

And as far as for measuring for safety, they only measured for five days.

Ted Kuntz

Actively monitored for five days.

Shawn Buckley

And what do you mean by actively monitored?

Ted Kuntz

They contact the person who has received the vaccine and ask if they've had any adverse effects.

Shawn Buckley

Okay, so the passive monitoring system, people can still—or medical professionals—can still file an adverse reaction report.

Ted Kuntz

Theoretically.

Shawn Buckley

But the active—and the number of that, I think it was just 147 participants.

Ted Kuntz

Yes.

Shawn Buckley

So a sample size that would be statistically meaningless.

Ted Kuntz

Yes. And if I can just add to your question about Hep B and understanding what it's indicated for. The Hep B is given to our babies on their first day of life.

Shawn Buckley

I'm sorry. I thought you must have misspoke. You said that the hepatitis B vaccine is given to children on their first day of life, for babies.

Ted Kuntz

That's correct.

Shawn Buckley

Okay. We're learning new things. Please continue.

Ted Kuntz

So I want to continue on with some of the safety concerns. If you read the vaccine safety insert—the monograph—it clearly says that vaccines have not been tested for the following conditions: their ability to cause cancer; damage to an organism; damage to genetic information within a cell, to change the genetic information of an organism; to impair fertility; or for long-term adverse events. That's what the product information insert says.

Shawn Buckley

Which vaccine is that for?

Ted Kuntz

All of them.

Shawn Buckley

All of them. Meaning, the 17 on the childhood schedule.

Ted Kuntz

Correct. So then as we talked about, there's a voluntary reporting period after that which relies upon physicians to report an adverse event to a vaccination. And in my experience, what I've learned is that physicians are not trained to recognize vaccine injury. They're discouraged from reporting vaccine injury. They believe that vaccines are safe. The reporting is voluntary and there's no accountability when professionals fail to report a vaccine injury.

When parents like myself report a vaccine injury this is what we're told: It's just a coincidence. This is normal. It would have happened anyways. You have poor genes. You're looking for somebody to blame. It couldn't have been the vaccine. And I know this because all of these excuses were given to me when I insisted that my son was vaccine-injured.

To me, if Health Canada was very concerned about vaccine safety, they would have conducted vaccinated versus unvaccinated studies. And the testimony that we heard yesterday from Alan Cassels talked about how we actually have digital medical records and if they put in the proper conditions, they could have the results of those records literally within 24 hours. But the government refuses to do so in spite of many efforts to request that they conduct vaccinated versus unvaccinated studies. Their response is that it would be unethical to have an unvaccinated population. And my response, and many others, is that there already is an unvaccinated population. You simply have to look for that data. But the government refused to do so.

But there has been two studies that have been done in recent years that compare vaccinated versus unvaccinated. So this chart shows the results of a study that was conducted looking at vax versus unvaccinated 12- to 17-year-olds in the United States. It was conducted by the Children's Medical Safety Research Institute, and the size of the figures indicates their likelihood of having a chronic medical condition: So the littlest person that's on the left is an unvaccinated population. The next one is chronic illness; so 2.4 times the likelihood of a chronic illness if you're vaccinated. Eczema, 2.9 times. Neurological disorders, 3.7 times. Autism, 4.2 times,

[00:20:00]

and I would suggest it's much higher now. ADHD, 4.2 times. Learning disabilities, 5.2 times. And allergic rhinitis—which we often call hay fever—is 30 times. So this gives you some representation of the increased likelihood of having a chronic condition if you're vaccinated.

Shawn Buckley

Can I ask you, what is the measurement of vaccination there? So how many vaccines would the participants typically have had, just so that we have some measure of the meaning of that chart.

Ted Kuntz

Well, I'll show you a chart that shows the shift of the change in the number of recommended vaccines from 1950 until the present. What I can tell you is that the

recommended schedule in Canada today, before the age of 18, would be 72 vaccines, not including COVID. And if you add COVID to that schedule and assume that they are receiving one or two vaccines a year, we could have well over 100 vaccines in our children before the age of 18.

Shawn Buckley

Right. No, all I'm asking is this study is done in the United States?

Ted Kuntz

Yes.

Shawn Buckley

Do you recall how many vaccines the average child had that was participating in study?

Ted Kuntz

I don't know that number. But the vaccine schedule in the United States is almost identical to what we have in Canada.

Shawn Buckley

Okay, and so you're telling us that in Canada—because you had said on the vaccine schedule earlier for children it's 17—but by the time basically someone is a teenager in Canada, if they're getting all the vaccines that they're supposed to, they're getting a full 72?

Ted Kuntz

Yes, so the way you get to 72 is there are 17 different vaccines. But you have to understand that some of those vaccines have three and four vaccines in one shot. So the MMR is actually three. DPT is three. So when you factor in all of those, you're actually getting 72.

Shawn Buckley

Not including the COVID vaccine.

Ted Kuntz

Not including COVID.

So this next chart comes out of the safety studies that were conducted by Dr. Paul Thomas, who's a pediatrician in Oregon in the United States. And Dr. Thomas shares the testimony that he was a typical family physician—pediatrician—giving vaccinations to virtually all of his patients. Until he began to recognize that some of his patients were being harmed by the vaccines, particularly regressing into autism. And so he began to do homework he said he should have done before. He began to recognize that vaccines are not as safe as he was led to believe. He started taking informed consent seriously with his patients.

And, as a result of that, he ended up having the largest unvaccinated and partially vaccinated population of children in America. The Oregon Public Health got wind of the fact that he was not fully vaccinating most of his patients. And they challenged him and said,

“What makes you think that your recommendations to your patients are better than the CDC’s?” And he said, “Well, first of all, they’re not my recommendations. I simply give parents information, and many choose to opt out of some or all of them.” But he said, “I’m willing to take up the challenge.” And so he hired a statistician to go over his patient files and compare that to the standards in America.

This is what the chart looks like. This is just a sampling of the chronic conditions. And so the blue line is the unvaccinated population, and the red line is the vaccinated population. And this is the number of office visits for the various medical conditions over a length of time. So the bottom axis is length of time, and the vertical axis is the number of office visits. And you’ll see that the vaccinated population has significantly more need for medical services than the unvaccinated population. So the point of what I’ve just shared with you is that inadequate safety testing of vaccines is not new.

I’d like to just move on to the next topic. That the censorship that we experience today is not new. And I’d like to continue on with Dr. Thomas’s story. When he came out with the data that showed that an unvaccinated population was significantly healthier than a vaccinated population, the Oregon Board of Health had an emergency meeting two days after the release of his data and they took away his medical licence.

The reason I’m showing this slide is that Vaccine Choice Canada in 2019 contracted with a billboard company in Toronto, Ontario,

[00:25:00]

to put up some billboards. This is one of them and this is the second one. We actually had four billboards and they basically asked very basic questions, and we were contracted to put them up for 30 days. Within four days the Ontario government forced the billboards to come down.

Another example of censorship is that I was with an organization called Health Action Network Society. I was actually president of the board. In 2018, there was increasing concern about vaccine hesitancy. And this is when the measles outbreak was in Disneyland, and it was being blamed on misinformation and vaccine hesitancy. And so I wrote an article that I’ve submitted as part of my testimony about how to reduce vaccine hesitancy [Exhibit VA-5]. And it had very basic information: do good science, be transparent, give informed consent, be independent, monitoring, accountability. And as a result of that article that was published in our *Health Action Network* journal, a CBC reporter did quite an attack on the organization and then lobbied the government to have the charitable gaming funding removed from the organization. And she was successful in that endeavor and the organization was forced to close because they had no money.

Shawn Buckley

And my understanding is that the Health Action Network Society had been around for decades, like 30 plus years.

Ted Kuntz

Since 1982.

Shawn Buckley

Right, and had really been instrumental in basically providing health information on a wide range of subjects to people in the lower mainland. And they had a library people could visit and that their mandate was to educate.

Ted Kuntz

That's right, and they were involved in everything from fluoridation of water to mercury levels in water, to pesticide use and herbicide use in school playgrounds, et cetera. And an illustrious organization with more than three decades of service was shut down within six months because of this one article that I wrote.

Shawn Buckley

And just so that everyone is aware, this article will be made an exhibit in these proceedings so the public and the commissioners can review it.

Ted Kuntz

So I'd like to move on—that the efforts to vaccinate children without parental consent is not new. If you go online, you will see articles like this: “How to Get Vaccinated Without Parental Consent.” And if I can read the words to you there, it says, “There's a lot of misinformation about vaccines online, and sometimes well-meaning parents fall into rabbit holes of conspiracy theories and made-up ‘facts.’ While they often intend to protect their children, not vaccinating has the opposite effect, and leaves kids more vulnerable to dangerous and even deadly diseases.”

There are significant efforts to undermine a parent's, what I would say is their right and their responsibility to make medical decisions for their children. We witnessed that over the last couple of years. What I can tell you is that every province in Canada has either what's called a mature minor doctrine or an *Infants Act* that allows medical authorities to dispense medical treatments to young people without the knowledge or the consent of the parents. That legislation was initially brought in to allow the giving of birth control and abortion services to teenagers without the parent knowledge and has been extended to vaccinations. And so we see now where they're putting vaccine clinics in schools and they will—I can tell you that this is what happens—is that they will say, “All Grade 7s, please report to the gym.” And by the very fact that you report to the gym and you stand in line, and when they ask you to roll up your sleeve and you roll up your sleeve, they deem that informed consent. Even though the parent doesn't know.

Shawn Buckley

And the Grade 7 kids, not knowing what's going on, are just going to generally do what they're told, and then there's the peer pressure. They wouldn't even know whether or not they should be asking questions.

Ted Kuntz

Exactly. They don't know their family history of vaccinations. They don't know the medical history. They don't know the complications that might have been there for other family members. We hear reports over and over again of children coming home from school and saying, “Mom I got two needles today.” “What was that for?” “I don't know, we just did it.”

Shawn Buckley

So you know what's interesting about that—at what age are kids able to consent?

Ted Kuntz

Well, some of the provinces have a set age. It's been getting lower and lower, in some provinces, like British Columbia—

Shawn Buckley

Can you give us some examples?

Ted Kuntz

Most provinces, it's 12 years of age.

Shawn Buckley

Okay, so 12 years of age.

[00:30:00]

So the interesting thing there is that, for adults, we're aware that in some cases, we can get the right to make medical decisions for other people. So I had, at one point, the right to make medical decisions for one of my family members. Could any of us imagine giving a 12-year-old the right to make medical decisions for another person? And even just me saying that sounds so ridiculous. And yet we have provinces in Canada giving 12-year-olds the right to make medical decisions for themselves. That's basically what you're telling us.

Ted Kuntz

That's exactly what I'm telling you. And in provinces like British Columbia, there is no designated age of consent of what they call a mature minor. And I am aware of children as young as nine being deemed to be mature enough to make a medical decision about vaccination. Now, I also want to point out—

Shawn Buckley

These are children whose parents are available to make the decisions for them. This isn't like an emergency situation where the parents can't be reached, and yet they're asking the child for the child's consent.

Ted Kuntz

That's correct. The other twist to this, that I'll point out, is that it's been deemed that a child as young as nine has the maturity to consent to a vaccine but doesn't have the maturity to refuse a vaccine.

Shawn Buckley

Well, that's interesting, isn't it? Because that's completely, inconsistent logically.

Ted Kuntz

So this is the situation we're in today. And I just want to point out that Pfizer in particular, but others, are marketing to our children. And so this is children's cartoons that are being sponsored by Pfizer and BioNTech.

I want to talk about vaccine coercion. And that's not new either. And so let me point out that Ontario, as I said, introduced legislation in 1982 to make vaccines mandatory. The other provinces—there's only two provinces in Canada with vaccine legislation. The other one is New Brunswick. And New Brunswick in 2019, though they had legislation that allowed for personal belief and religious exemption, in 2019 introduced legislation to remove personal belief and religious exemption, allowing only for medical exemption. Which in our experience is exceedingly difficult to secure.

Ontario, in 2019, introduced new policies that said if a parent did not fully vaccinate with every available recommended vaccine, that they were required to take an education session. And then, if they still insisted on not receiving every available vaccine, that they had to sign an affidavit saying that they are knowingly putting their child's life at risk.

Shawn Buckley

So basically, knowingly signing an affidavit that they could be criminally liable for failing to provide the necessities of life—assuming that a court would accept that vaccines are safe and effective.

Ted Kuntz

That's right. And let me just point out, when New Brunswick introduced their legislation in 2019, they formed a subcommittee to hear testimony over three days. Vaccine Choice Canada attended that subcommittee and made testimony. And we also secured international experts to fly to New Brunswick to also give testimony. And the experience I had—because I testified on behalf of Vaccine Choice Canada—that this felt like an exercise in making it appear to do the right thing. Because it seemed like no matter what the expert said, the legislators didn't seem to be moved by the testimony. Until the last day.

And on the last day, the public health officer was asked to testify. And they asked her why she was bringing in this legislation, and she said, "Well, we have to bring it in because there's been 11 cases of measles in the last year." And so the astute legislator said, "Okay, and of those 11 children that got measles, how many of them were vaccinated?" And the public health officer said, "I refuse to give you that information." And the legislator said, "I'm not looking for the names of the children. I'm looking for a number between zero and 11. How many of those 11 cases were vaccinated?" And the public health officer refused to answer. And I would suggest that's when the committee shifted its energy, and they realized that they were being misled by the public health officer, and that bill was defeated.

We did a Freedom of Information request. We did a Freedom of Information request, and we learned—it took a year to get the results—that nine of the 11 were fully vaccinated, one was partially vaccinated, and only one was unvaccinated.

[00:35:00]

That government, three months later, reintroduced the legislation that had failed, but this time they included the notwithstanding clause that basically declared that they knew they were violating the *Charter of Rights and Freedoms*, but they were going to do it anyways.

Shawn Buckley

And just so that people listening to your evidence understand that section 33 of the *Constitution Act, 1982*—which includes our *Charter of Rights and Freedoms*—permits a government to pass a law that violates a list of freedoms that are set out in the Charter, providing they put a clause in the bill saying, “notwithstanding the Charter, we’re passing this law.” So we know we’re deliberately violating your Charter rights. And the safety valve is that law only lasts for five years, and they would have to repass it and do it again. So just so that you understand what Mr. Kuntz is speaking about.

Ted Kuntz

And the reason they introduced that legislation—that addition to the legislation—is when I gave my testimony, I used all 30 minutes to talk about safety concerns, much of what I’ve shared here. And when it came time for questions, they didn’t ask me about safety. The question they asked me was, “If we pass this bill, will Vaccine Choice Canada take us to the Supreme Court of Canada?” And I said “Yes.”

The other deception that I want to speak to—which is part of the coercion—is this idea that those that are unvaccinated are a danger to the public health. And the impression that most people have is that all vaccines prevent infection and transmission. And what we learned around the COVID vaccine is it doesn’t do that. Well, there are five vaccines that actually don’t prevent infection or transmission. They’re not designed to. They’re designed to reduce the severity of symptoms. And those vaccines are the polio vaccine, diphtheria, influenza, pertussis, and tetanus. The public doesn’t understand that these vaccines aren’t all designed to prevent infection or transmission.

Shawn Buckley

In fact, if I can stop you. I probably speak for most Canadians in saying that, prior to COVID—where this is called a vaccine—but prior to the COVID experience, my expectation would be that literally 100 per cent of Canadians would believe, because of the word vaccine, that a vaccine is something that gives you immunity

Ted Kuntz

That’s correct.

Shawn Buckley

from a disease, that prevents a disease. But you’re indicating to us that for five vaccines—or what are called vaccines—that they don’t give us immunity. That the indication is to reduce symptoms.

Ted Kuntz

That’s correct.

Shawn Buckley

And these would be vaccines—I presume based on your earlier testimony—in which there has not been a double-blind clinical trial to determine whether or not they even reduce symptoms compared to a placebo.

Ted Kuntz

That's correct.

And let me just give an example of some of that coercion. When they were promoting the DPT shot—which is pertussis, which is whooping cough. Some people here may remember that there were commercials on TV that showed a grandmother and a grandfather greeting a newborn grandchild. And then the head of the parent would turn into a wolf. And what was being said was, is that you could be passing on pertussis to your grandchild—get the vaccine. So that was the advertisement. The truth is that the pertussis vaccine does not prevent infection or transmission. It reduces symptoms. And so the grandparent, it would not stop infection or transmission. But by being vaccinated, your symptoms might be reduced sufficiently that you didn't even know you had pertussis. And so you could possibly be visiting your grandchild and have pertussis, but not know because the vaccine prevented symptoms. And so what I'm suggesting is that the truth is actually the opposite. That the vaccine could actually get in the way of your efforts to keep your grandchild safe.

The slide that I've got up here is a slide that talks about mortality rates that have declined significantly over the last century. And the vaccine industry would like to take credit for that. And what this slide shows is the arrows indicate where vaccines were introduced. And it also shows two conditions, scarlet fever and typhoid that declined at the same time without vaccines. And what you'll see is there's a significant decline in mortality over the last century. And it's not due to vaccination. It's due to sanitation measures like clean drinking water, closed sewage sanitation, better nutrition, refrigeration. Those kinds of conditions, better housing.

[00:40:00]

There's been studies that have been done that have suggested that the benefits of vaccination to the reduction in mortality rates is between one and 3 per cent. But that's not what the public is led to believe.

I want to talk a little bit here about the lack of accountability. And I'm sorry I'm taking so long. Vaccines are the only product—medical or otherwise—where a manufacturer is not legally responsible for injury or death caused by their products. What this means is that no one is held responsible for vaccine injury. So there's no legal or financial incentive for a vaccine manufacturer to make their product safer, even when there's clear evidence that vaccines can be made safer. I think it's very dangerous to have an industry that they're not held accountable when their products cause injury.

Shawn Buckley

So I just want to make sure that we're clear. To your understanding, vaccines are the only drugs where we don't have sizable double-blind clinical trials—let alone double-blind clinical trials that are not sizable—and yet they're the only drugs that also are exempted from liability.

Ted Kuntz

For harm caused by their products. So this came about in 1986 in the United States under the *National Childhood Vaccine [Injury] Act*. And the reason that this was enacted is that by 1985, vaccine manufacturers in the United States had difficulty obtaining liability insurance because there were so many claims against the vaccine industry for injury. And so the purpose—and this is what I actually pulled off the internet today—the purpose of the

National Childhood Vaccine [Injury] Act was to eliminate the potential financial liability of vaccine manufacturers due to vaccine injury claims, to ensure a stable market supply of vaccines. So again, my reading of it is, “We want to have the vaccines. We’re not concerned if they’re not safe.”

Shawn Buckley

I mean, indeed, one could argue that the life insurance companies are basically the world experts in assessing product risk because their existence depends on getting that right. And so they’re not willing to insure pharmaceutical companies for vaccines and so, the government’s action is to exempt them from liability.

Ted Kuntz

That’s correct. I know I’m running out of time, so let me just quickly run through these slides, and then I’ll take some questions.

So this is a chart that we developed at Vaccine Choice Canada that shows the growth of recommended vaccines from 1950 to 2022. And the significant increase, again, was after 1983. That legislation in 1986, which exempted liability to manufacturers, really opened up the opportunity for them to produce products that didn’t need to be safe.

This is the new childhood condition in America, and the numbers are very similar to Canada: So one in three is overweight. One in six has learning disabilities. One in nine has asthma. One in 10 has ADHD. One in 12 has food allergies. One in 20 has seizures. One in 54 males has autism—that is actually closer to one in 30 now today—one in 54 males have autism, and one in 88 has autism. So we have a condition. Fifty-four per cent of American children have a lifelong chronic condition. And it seems like we’re more concerned about acute illnesses that have a very short impact on children, and instead, we have a chronic condition of chronic disease in Canada and America. So I would suggest the science is not settled, as we’ve been led to believe.

So I want to go back to my opening statement about what we’re seeing is not new. And my concluding comments are that I believe that if we had vigilantly upheld the right to informed consent back in 1982, we wouldn’t be in the place that we’re in today. Thank you.

Shawn Buckley

And I’ll ask the commissioners if they have any questions.

Commissioner Massie

Thank you very much for your presentation. I have a couple of questions concerning the clinical trials that are done in order to assess a new vaccine. I suppose that if, in those clinical trials, the placebo arm is not inactive—is not saline, let’s say—then the goal of this particular vaccine would be—of this trial—would be to say the new vaccine we’re trying to put in the market is equally safe as this other vaccine that is already in the market.

Ted Kuntz

That’s correct.

Commissioner Massie

And I know that in cancer treatment,

[00:45:00]

it's a common practice when you come up with a new treatment to compare it very often to what we call the standard of care. Because it's considered unethical to not treat the other patients that are affected with cancer with the placebo. So in this case, they take the best possible drug or treatment and compare the new one to see whether it's better, basically. So they're using the same kind of approach for the vaccine. Is that what you're saying?

Ted Kuntz

That's true. They're often, the control group for a new vaccine— All of the vaccines that were given when I was a child are no longer on the market; they've been replaced. But they were all deemed to be safe and effective when they were marketed initially. But yes, what happens is the new vaccine, in many cases, is compared to an old vaccine, and they will say that it is as safe as the old vaccine. The problem is the old vaccine was not compared with a placebo. The old vaccine was often compared to another vaccine or the ingredients in the vaccine minus the antigen: So it still had mercury. It still had aluminum in it. It still had polysorbate-80. It had a number of other ingredients. And the bottom line is that none of the vaccines on the childhood schedule were initially tested against a neutral placebo.

The other thing is, it's different when you're talking about cancer treatment and you're looking at somebody who's at late-stage cancer and without treatment, they have a high possibility of mortality. We're dealing with healthy children at the beginning stages of life. And the standard of safety testing ought to be significantly higher for that population.

Commissioner Massie

So in terms of safety, efficacy evaluation of these— Because some of them are not replacements of old vaccine, they're totally new vaccines. So in terms of assessing the efficiency, are most of those new vaccines that are coming on the market tested in animals or systems with surrogate markers that would actually be a direct indication of safety? Because we've heard from some of the witnesses that using—in the case of the COVID vaccines—antibody levels, it was specifying on the FDA website that this is not enough to indicate the efficiency of the vaccines, and you need something else in order to confirm the efficiency. So is it the same sort of approach that is used for the other vaccines? They would just run clinical trials in humans and look for antibody levels and assume that this is a surrogate marker for protection?

Ted Kuntz

That's right. You're absolutely correct there. They use a surrogate marker for effectiveness, for efficacy, and it's antibody levels. And as you heard from Alan Cassels yesterday, that's a very poor indicator of the actual performance of the product.

Commissioner Massie

So just one last question on HPV, which is a vaccine that in theory would protect against cancer that will come tens of years down the line.

Ted Kuntz
That's right.

Commissioner Massie
So how do you actually demonstrate

Ted Kuntz
Efficacy.

Commissioner Massie
the efficiency of such a vaccine. What's the kind of model you use to show that?

Ted Kuntz
So that's a good question. Because you're right, that they're putting out a product that the benefit may not be known for 30 or 40 years. And so how do you test whether it's actually efficacious? And so they pick a marker. The question is, have they picked a marker that has integrity?

Commissioner Massie
And how do you then measure the risk-benefit

Ted Kuntz
Yes.

Commissioner Massie
of such a vaccine? Is there any consideration for that?

Ted Kuntz
You're asking the right question.

Commissioner Massie
So my last question in terms of the vaccine schedule and the school system. Does it vary quite a bit from province to province?

Ted Kuntz
No, the provinces are very similar, and Canada is very similar to the United States. But what most people don't know is that our vaccine schedule is the highest level of vaccination in the world. And when you look at what the schedules are in places like Norway and Scandinavian countries, in Japan, it is a half to a third of what we give to our children.

Commissioner Massie

And if you don't follow the schedule, you're not allowed to enter school, or is it something that is mandatory?

Ted Kuntz

Are you talking about in Canada?

Commissioner Massie

Yeah, in Canada, yeah.

Ted Kuntz

Well, the truth is, in Canada, all vaccines are voluntary.

Commissioner Massie

Okay.

Ted Kuntz

But if you ask, if you were to survey the parent population

[00:50:00]

in Canada about whether vaccines are required to go to school, I would suggest that more than 90 per cent are of the understanding that they have to have their child vaccinated to go to school. And the government and the media—I've worked very hard to get the media to be honest about this—and they prefer that people have that misunderstanding.

Commissioner Massie

Thank you.

Commissioner Kaikkonen

There's an increasing number of children being identified in the school systems as special needs and needing individual education plans to follow them from kindergarten all the way through to Grade 12. I'm just wondering, when you say that our babies are being injected with Hep B on their first day of life, when did that start? And is there a correlation between what is happening in the school systems to what is that date that they would start being injected?

Ted Kuntz

Yeah. I don't know the exact date when that policy came in as a standard of practice to start to give the Hep B shot. I would say it's two to three years ago that happened. But the question you're asking is a good question about, what is the correlation between the increase in vaccination rate of our children and the increase in— Well, you see all of those neurological conditions: ADHD, autism, behavioural disorders. You know, our schools are very different places now than they were 30 years ago. And if you speak to an educator

who's been in the school system that long, they'll tell you the number of children whose ability to learn is compromised is significant.

Commissioner Kaikkonen

And my second question is, a lot of people don't understand what coercion is, but they do understand the analogy of the bully in the schoolyard. Who is the bully, in your opinion, in the schoolyard?

Ted Kuntz

Boy, that's a good question. I would say the bully is our medical system, right down to our family physicians. When I made a decision after my son was injured— He was injured by his very first vaccine, it's the DPT shot. And I was continually being harassed to have him vaccinated with further vaccines. And so there's a complete lack of understanding that our children can be injured. But the messaging put out by our government and public health is that parents who don't fully vaccinate their children are a danger to society. And that's bullying.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

Mr. Kuntz, when you were describing Vaccine Choice Canada earlier, you referred specifically to the fact that the media refers to your organization as anti-vaxxer. And that term just keeps coming up, where we have witness after witness who have experienced awful vaccine injuries will say, well, they're "not anti-vaxxer." Or we'll have even representatives of organizations say, "We're not anti-vaxxer." And so it's interesting because the information that you've just shown us would be, you know, considered anti-vaxxer information. This is strictly forbidden information. This is the type of thing that the government doesn't want you to read.

Now, my understanding is there's a couple of books, and you and I haven't spoken about this. I'm guessing you'll be aware of them, written by esteemed doctors or scientists basically outlining research behind vaccination. Could you share those with us? Even though, it's forbidden knowledge, it's forbidden for us to even have a discussion on this. I think it would be helpful for the record for you to share some resources.

Ted Kuntz

Well, Mr. Buckley, I can tell you that I've got a wall of books in my home of vaccine books. I mean, the number of materials, the number of resources out there are considerable. But you're right. I would suggest the book that I find the most clear in going through all of the vaccines and the disease conditions and evaluating benefit and risk is, as I said, Richard Moskowitz's book. He's a pediatrician. He's in his 80s, 50 years of clinical practice. It's called *Vaccines: A Reappraisal*.

A recent book that came out is called *Turtles All the Way Down*. And that book specifically looks at the fact that none of the vaccines on the childhood schedule were tested against a neutral placebo and it goes into each vaccine in detail and exposes that reality. It's a very compelling book. It just came out last year.

Dr. Chris Shaw that you've had on as a guest on our first day—or as a witness on our first day—completed a mammoth investigation

[00:55:00]

into vaccines called *Dispatches from the Vaccine Wars*. It's very well-researched. I think over a thousand references in his book.

Shawn Buckley

And just before we take the break— Because this is, I think, one of the most important points that we can recognize. I've spoken in some of my openings about how, when these labels are put on us, they are to close your mind, right? So Holocaust denier—there's nobody wants to be termed as a Holocaust denier because then you're some whack job; I'm not saying there's any truth or not to that. And anti-vax is one, a climate denier: these are just labels that are coming to my mind. And none of us want a label because then we're not part of the tribe; we're a kook that is not to be taken seriously.

But I would just wonder, is there any area, is there any area in society where we should insist on having an open mind, where we should actually get angry if there's any labels, other than childhood health and medication, including vaccines? Because here's our most precious resource, our most vulnerable population, and yet the government and the media throw this anti-vax label, which closes our mind. You see, if you are part of the mainstream culture, as soon as somebody's labeled as an anti-vaxxer, you are conditioned to turn your mind off, to close your mind so that you don't listen to the information that they have. And that prevents you from actually having an open dialogue and changing your mind.

And so I just, before we take the lunch break, just wanted to emphasize that the most dangerous area for us to have a closed mind is any health discussion for children. And yet we're experiencing in this Commission that we as a population have been conditioned to refuse to have an open and honest discussion about childhood vaccination. Full stop. We can't deny it. It's part of the evidence that's coming out on the record, although we don't have a single witness stating it.

[00:57:20]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 7: Gail Davidson

Full Day 3 Timestamp: 05:33:40–07:02:30

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we begin our final afternoon in the city of Vancouver, province of British Columbia. I'm pleased to announce our first guest for the afternoon, Gail Davidson. Gail, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Gail Davidson

Certainly. My name is Gail Davidson. That's G-A-I-L D-A-V-I-D-S-O-N.

Shawn Buckley

And Gail, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Gail Davidson

I do. I will relate to you international human rights law and Canada's obligations to what I believe to be true, and I will be also giving you opinions and analyses that I believe are properly centred on my knowledge of that law.

Shawn Buckley

I'll take that as a yes, and I'm sorry, you wanted to affirm, and I didn't notice my note. I apologize for that.

You are a retired lawyer who has worked for the past 20 years in international human rights law, advocacy, research, and education. Is that right?

Gail Davidson

Correct.

Shawn Buckley

Would you add to that, or is that a good introduction? I think it's important for people to understand that you're an expert in international human rights law.

Gail Davidson

Sorry, what was your question, Shawn?

Shawn Buckley

Well, I'm just wondering if you wanted me to add to that because I think it's important that—

Gail Davidson

No, I think that's an ample description unless you want me to add to it or you want to add to it.

Shawn Buckley

I just want the people that are participating and watching your evidence to understand that you truly are an expert in international human rights law. So 20 years of experience as a lawyer is pretty good in that field.

So we'll go on. I will advise, you've written the article called "The Right to Say No to COVID-19 Vaccines," and Commissioners that is entered as Exhibit VA-4, and that'll be available to the public online also as an exhibit.

So Gail, I'll just let you launch in because you've come in to give us a presentation [Exhibit VA-4b] on your thoughts with COVID and international law, and I know that actually you're going to need most of the time to get through that, so I'm just going to invite you to start.

Gail Davidson

Thank you very much, Shawn.

The reason why I didn't want to be introduced as an expert, if I can just briefly say to the people that are watching and the Commissioners, is that I'm going to be talking about international human rights law and Canada's obligations under that law, specifically with respect to the panoply of rights that were restricted with mandates and measures and policies introduced since March of 2020.

My opinion about the law is that it only works if it belongs to everybody, and increasingly it is something that is only known by experts. So my hope that I want to do today is to run through some particulars of international human rights law as it relates to the restrictions of rights. So here we go.

[Index]

I've just got a little bit of an index of the things I'm going to run through: the rights violated since the World Health Organization declaration that COVID-19 was a virus; Canada's international human rights law obligations; the rights to informed consent, and I really appreciate what Mr. Kuntz said about there not being any rights, and I want to talk about the possibility of there being rights.

I want to talk about what are rights that can be restricted and rights that cannot ever be lawfully restricted. Then I want to say a few things about what should have happened. And then the right of all of us, individuals and society, to remedies for the violations. And then I want to talk briefly about what can be done now.

[A. Importance of IHRL]

So the importance of international human rights law [IHRL]: I want to emphasize that to you—to the maintenance of democracy, rights, and the rule of law in Canada; the seriousness of the violations; what the state duties are to ensure remedies and the fact of truth, accountability, redress and measures to prevent recurrence and my opinion that you definitely cannot rely on the state to invoke those remedies, as one of the commissioners, Mr. Drysdale, well knows from his own efforts;

[00:05:00]

and lastly, the need for individuals and groups to work towards ensuring those remedies, restoring rights, re-establishing democracy, and the rule of law, which is a process, obviously, by this Inquiry that has already begun.

[A.1 Restrictions of Rights Unlawful]

I'm of the opinion that virtually all of the restriction of rights were unlawful in this way: they were non-compliant with requirements of restrictions under international human rights law of lawfulness, legitimacy, proportionality, and temporariness.

They were not—this is the next point I think is very important to understand—the restrictions were not supported by the information and debate that was necessary, absolutely necessary, to assess or contest the risk or the lawfulness of the mandates or to allow any kind of periodic review or to allow even a judicial review. And also, some of the restrictions were unlawful because they applied to rights that can never be lawfully restricted.

And then I'm going to talk about they were unlawful because they effectively denied access to remedies and a little bit of that was profiled by Lindsay Kenny's testimony this morning, where—one of the cases of her doing an FOI—she referenced waiting 20 months to hear that there basically wasn't anything, long past the 30 days.

[A.2 Democracy to Despotism]

So basically after the WHO Declaration, governments all across Canada engaged in widespread and systemic violation of rights and imposed measures that caused a good deal of harm to everybody. These restrictions paved the way for further measures to destroy democratic governments and entrench authoritarian rule.

Some examples of that are the federal Agile Nations Charter that heralds easing of laws and procedures to speed up marketing and public consumption of corporate products, thereby, although increasing profits for corporations, definitely increasing harm to consumers.

Another example is the *Health Professions and Occupations Act* in British Columbia, which has already been passed but is not yet enforced. And that Act will criminalize the delivery of personalized health care; entrench despotic lawmaking; create involuntary pharma markets through mandatory vaccination for health care workers; violate freedom from ex post facto laws; and allow laws and rules adopted by any organization or any government anywhere to become law in BC.

This, of course, would allow adoption of things like the controversial amendments to the International Health Regulations and the WHO Pandemic Treaty [WHO Pandemic Preparedness Treaty], I'm just forgetting what it's called. So that's two examples of the way this is not over.

So when people used to talk about getting back to normal, what normal is, we're not getting—back—to normal. We're staying in normal: what normal is, is despotic lawmaking and authoritarian rule. That's what's been put in place. That's the normal.

[A.3 Rights to Informed Consent]

So I want to talk about rights to informed consent, and there's three of them I want to talk about. The first one is informed consent to medical treatment and the right to refuse treatment and the right to revoke consent, and I'm just going to refer to that as "informed consent."

And the second one is freedom from coercion or force to accept a medical treatment not voluntarily chosen, and I'm just going to refer to that as "freedom from coercion."

And the third one is freedom from non-consensual medical or scientific experimentation, and I'm just going to refer to that as "freedom from experimentation."

And of course, I'm saying that all of those were— They weren't just violated, they were actually extinguished because, of course, once people went ahead and got an injection to which they hadn't consented, then basically their freedom had been extinguished.

[A.4 Some IHRL Guarantees of Rights Violated by Mandates]

Now, some of the international law guarantees of rights violated by mandates are the Universal Declaration of Human Rights [UDHR];

[00:10:00]

the United Nations International Covenant on Civil and Political Rights [ICCPR]; the International Covenant on Economic, Social, and Cultural Rights [ICESCR]; the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [UNCAT]—and I'm going to refer to those prohibitions under the Committee Against Torture, to make it shorter, the Convention Against Torture and Other Ill Treatment, and by that I'm including the other cruel, inhuman, degrading; and also the American Declaration on the Rights of Duties of Man [ADRDM].

[B. Rights Violated by Mandates and Policies, UDHR Rights]

Now if I can just shock you or trouble you to go through this list of rights that were violated **by mandates and policies, and I won't read them all out because it's too long a list. But you can see how long, and I've divided them up according to what instrument guaranteed them.**

So you can see they start off with the big one, equality and non-discrimination; freedom from torture and ill treatment; equality before and the equal protection of the law; access to effective remedies for rights violations, that's a very big one. Another big one, access to independent impartial competent tribunals to determine rights; privacy and movement; freedom of belief; freedom of opinion and expression, that's a huge one. Assembly and association to take part in governance; work and free choice of employment; adequate standard of living; education to participate in cultural affairs, and so on.

[B. Rights Violated by Mandates and Policies, ICCPR Rights]

And then there's another two pages: right to life, liberty and security of the person; freedom from ex post facto laws; due process, fair trial and access to judicial review; freedom from coercion to adopt a belief other than by choice, that's one of the freedom of belief, freedom of religion rights—that's what we call, never subject to any kind of lawful restriction.

[B. Rights Violated by Mandates and Policies, ICESCR Rights]

And ending up with the rights under the International Covenant of Economic, Social and Cultural Rights [ICESCR] of the rights to health and the rights to work.

[B. Rights Violated by Mandates and Policies, UNICAT and ADRDM]

Now, the rights under the UN Convention Against Torture and the American Declaration on the Rights and Duties of Man.

[C. Canada's IHRL Obligations: Sources]

If I can talk for a few minutes, just so you'll have an understanding that when the Canadian government or the BC government or any kind of non-state actor, where the restrictions have been promoted by the state and allowed by the state, when they sweep away the rights and there's not even a mention of— I'm wanting to tell you these things because I want you to know that the rights are protected. But the situation is such that we're going to have to work together to take back the law because obviously, otherwise, there's just more rights, terrible violations ahead.

Okay, so some of the sources of Canadians' international law obligations are its membership in the United Nations and the Organization of American States [OAS] and the charters and declarations that Canada's accepted when they became a member of those.

Customary International Law [CIL], and that's just a body of law that it's rules and standards that our states have accepted over the years and are considered to be part of law, even if they're not protected by treaty. And those include obvious things like slavery and non-refoulement to torture and so on. Peremptory norms: those are norms that are accepted and recognized by the international community as norms from which there can never be any limitation and also treaties to which Canada is a state party.

[C.1 The Rule of Law]

So I'd also like to briefly mention the rule of law and the reason why I want to mention that is because I've just heard people that we think of as being responsible using the term the "rule of law" as if it meant the "rule by law." In other words, meaning if it's a law, if it's made by anybody like Bonnie Henry or if it's made by the federal government or whoever it's made of, then you have to obey that law otherwise you're violating the rule of law.

So Canada has a legal duty to uphold the rule of law, which is described by the Universal Declaration on Human Rights,

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as essential to avoid, quote, "recourse is a last resort to rebellion against tyranny and oppression." And that was certainly something that Mr. Kitchen referred to in his very capable presentation. Instead of reading to you what the United Nations describes the rule of law is, I'm just going to paraphrase it and say that the rule of law requires that laws be properly purposed; properly passed; equally applicable to all people; and that there be

measures in place to ensure equality, accountability, and access to an independent judiciary to determine rights and to prevent and remedy the arbitrary abuse of power.

So obviously none of those things are happening at all in Canada or even properly understood even though the Canadian Charter, as another person has just said, starts out applauding the supremacy of the rule of law as a governing principle in Canada.

Shawn Buckley

I'm just going to jump in because the way you first said that, I think, will leave some of the audience people participating in your testimony confused. Because you used the rule of law, and then you're talking about any law Bonnie Henry made, which is exactly your opposite point. So the rule of law really is governments being held to the same law that every party—whether they be a person or an organization—are all subject to the same laws. The laws are transparent.

Gail Davidson

That's right.

Shawn Buckley

And that we have access to a fair judicial process to enforce those laws. Okay, so I just wanted, I knew that's what you're trying to communicate, and I just didn't want there to be any confusion, so thank you.

Gail Davidson

Thank you, Shawn.

[C.2 IHRL Binding on Canada]

The international human rights law—you could be asking, is that really binding on Canada? And I just want to briefly tell you that the Supreme Court of Canada has confirmed, first of all, with respect to the source of customary international law that that's automatically adopted into Canadian law without any need for legislative action.

With respect to treaty law, the treaties that I mentioned, the Supreme Court of Canada has determined on many occasions that the *Charter of Rights and Freedoms* must be interpreted to provide at least as much protection as that provided by the treaty laws, the treaties that Canada has signed or ratified.

[C.3 Obligations to Protect Rights/Remedy Violations]

And now the obligations, international human rights obligations to protect rights include the duty, of course, to respect, protect and ensure rights for all without discrimination; to prevent violations; to investigate allegations of violations and take appropriate action against those determined to be responsible; and to provide victims with access to effective remedies.

[D. Informed Consent, Freedom from Coercion: Freedom from Experimentation]

The three rights of all the rights that I've listed in those earlier slides that I'm going to concentrate on are the rights to informed consent, and these rights— The right to informed consent is protected by several treaties: all three of those big treaties that I mentioned, and

it's also protected as an essential right. A right considered essential has special status, and that's a right that is necessary to protect other rights.

So for example, I'll just used the right to freedom from torture. The access to effective remedies is an essential right and access to judicial review of complaints of torture are essential rights to the recognition, protection, and maintenance of torture—because obviously, if those two rights weren't there, then any state or non-state actor could commit torture and get away with it, which is what one of our concerns is here.

Freedom from coercion is protected as a prohibited ill treatment under the Convention Against Torture, and arguably in my view, is also a peremptory norm and protected by measures under the International Covenant on Civil and Political Rights.

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Freedom from experimentation was defined and established by the Nuremberg Code, and that's a freedom that can legally never be restricted or suspended or tampered with in any way. It's also considered a peremptory norm of international law. And so in my view, and probably in the view of a lot of the people giving testimony before the Commission, of course, the vaccines that were the products—the pharma products, I should say that were marketed as vaccines—were and still are reasonably considered in the experimental stage, and as there still is no long-term data available on the long-term efficacy and harm of them. And the intermediate data indicates that the benefit is much more temporary than ever thought in the beginning and the harms appear to vastly outstrip any possible kind of benefit.

[D.1 Informed Consent]

Okay, so just to talk a little bit about informed consent, not too much because Mr. Kunz covered that very well. But to be valid there has to be capacity; there has to be access to information about the health risk; about the treatment, the benefits and risks of the treatment; about alternatives, the benefits and risks of alternatives; about the benefit or risk of no treatment.

And the law requires that this information be given to the person by— The next thing that it requires is information about the particular consequences for the patient, in other words, things particular to the person who's going to accept or not accept the treatment. And so that has to obviously be provided by somebody with knowledge of that, and as you know, the injections were held in all kinds of places, in gymnasiums and on buses and in pharmacies. And in BC, the list of people authorized to give the vaccinations is quite long, and they were virtually never given by people's personal physicians. And the personal physicians, in any case, turned out to be risking their right to practise medicine were they to **caution a patient or express caution to the public in the acceptance of the injections.**

[D.2 Freedom from Experimentation]

Now freedom from experimentation, of course, that's a huge one. That is an absolute right that can never be restricted at any time, under any conditions, and it's considered essential, also as being essential to the right to life, security of the person, and [freedom from] torture.

[D.3 Informed Consent, Freedom from Coercion]

I wanted to let you know—what in April of 2020—what Canada said the law was at that time in Canada with respect to freedom from coercion. What happened is that somebody had made a complaint to the Committee Against Torture about Canada using coercion to

sterilize First Nations females. And the Committee of Torture reviewed their report in Canada's defence and so on and said that the coerced sterilization was a violation of Canada's obligation under the Convention Against Torture.

So one of the things Canada then filed with the Committee Against Torture was what consent was in Canada. And it's interesting to look at because one of the things that they say in their report is consent must "be informed, meaning that certain issues must be discussed with the patient prior to consent being obtained,

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"such as material, expected consequences of the proposed treatment, special or unusual risks of the treatment, alternatives to treatment (and their risks), the likely consequences if no treatment [is undertaken, and] the success rates of different/alternative methods of treatment," and so on. You get the idea that they're saying, that's a protected right and that's the scope of the right that's protected in Canada.

[D.4 Informed Consent: Nuremberg Code]

Freedom from experimentation was of course recognized and codified in the Nuremberg Code, after the Nuremberg trials following the Second World War. And the duties with respect to the type of consent, the scope of consent, is quite similar to what Canada said is the law in Canada—including that the information must be given by the person that is going to administer the treatment and the consent must be witnessed and be in writing.

[E. Derogable and Non-Derogable Rights, Derogable rights]

Now I just want to talk a bit about derogable and non-derogable rights, and if you don't mind me using those words, I'll just tell you what they mean at first.

So a derogable right is a right that under international human rights law that can be conditionally subject to restriction under certain conditions. And the two conditions are this: some of the treaties specify that certain rights—like, their right to freedom of expression; the right to association; the right to assembly; the right to movement, no movement is not included; the right to security of the person—can be restricted in certain circumstances.

However, the rights have to apply with those conditions that I mentioned before—of lawfulness, necessity, proportionality, legitimacy and temporariness. Also, the risk has to be established, and there has to be available to the parties that are affected by this, the information required to assess whether or not each of those things—so whether or not it's necessary; whether or not it's legitimate—that says, would the restriction address the risk? Whether it's proportional: like, is the restriction causing more harm than the harm that it's reducing? And also, it always has to be temporary and subject to assessment.

The second category of rights that are derogable—they can be restricted—are rights that are where the restriction is necessary during an emergency to protect other rights and/or to maintain the rule of law. Again, they have to fulfill those conditions.

[E.1 Non-Derogability of Rights]

So let's talk a minute about non-derogable rights because that's a really important category. And non-derogable rights are rights that can never be lawfully restricted under any conditions, including war or public health crises.

And so categories of those is if it's a peremptory norm: like, freedom from torture is a peremptory norm; freedom from experimentation is a peremptory norm; equality and non-discrimination are peremptory norms; access to effective remedies are peremptory norms.

The second category is, as I mentioned before, rights that are essential to the maintenance of other rights. And the third category is identified by treaty as non-derogable.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]

So peremptory norms, I've just listed some of the rights there that are peremptory norms: crimes against humanity; equality and non-discrimination; and so on, ones that are essential rights.

[E.3 Absolute/Non-Derogable Rights – Treaty Rights and Jurisprudence]

I'm just going to hop to the next slide. The rights that are the most non-derogable, the rights where it's not controversial—it's not controversial, can this right be restricted or can it not?

[00:30:00]

Those are the rights where the treaty says that they can't be ever restricted and rights that are peremptory norms.

Now rights where they're essential rights and rights where the jurisprudence—in other words, the decisions of treaty-monitoring bodies and special procedures, and so on, say this right has got to be considered as non-derogable—that's more controversial, so that's arguable. So for instance, with the right to education and the right to work, the various UN bodies have said those should be considered to be rights that can never be subject to restrictions.

[E.2 Absolute/Non-Derogable Rights – Peremptory Norms and Essential Rights]

So just to back up, the ones where you really can't argue about it at all are freedom from torture; equality and non-discrimination; right to effective remedies; right to judicial review; freedom from experimentation; freedom from ex post facto laws. And what that means, that's freedom from being convicted or punished for something that was not a law before you did the act, and so that includes things where the offence was created after the person committed the act. But it also includes things where the offence or the misconduct, or whatever it is, was so ill-defined that you couldn't possibly know it before you did it, and you couldn't even possibly know it enough to defend it.

So for instance, under the new *Health Professions and Occupations Act*, it's both a crime and a misconduct to promulgate false or misleading information, and of course, there's no definition of false or misleading information. So you'd find that out like at the end of your trial, I guess.

So that's an absolute right—freedom from ex post facto and illegitimate charges actually.

[F. What Should Have Happened?]

So just talking about what should have happened. All governments at every level should have provided and ensured disclosure of all relevant information, and widened opportunities for debate because they were imposing measures that had been decided upon in secret. They hadn't been decided upon under the scrutiny of elected representatives in parliaments or legislative assemblies; they had never been subjected to the kind of notice that lawmaking in a democracy requires.

In British Columbia, they were announced at press conferences if you can believe it. But they weren't really press conferences because there was no questions allowed or answers given, one or the other. And if you didn't know that there was going to be a press conference, then how would you know about the law.

And also, as Ms. Kenny said, she's still not able to get any information from the Ministry of Health in British Columbia as to the information that went into informing the myriad of public health orders and guidances that have been issued since. I think the first one was March the 15th; I think it was four days after the WHO declaration.

So there should have been adherence by state and non-state actors with Canada's international law obligations—and possibly they just don't know them—and the prohibitions against restrictions of the absolute or non-derogable rights and adherence to the conditions for the restriction of rights that can be restricted.

There should have been parliamentary oversight of the mandates and the policies. The information, debate, and oversight necessary for assessment of risks and mandates and policies should have been made available. And there should have been some provisions made for equal access or any access to judicial review of the mandates.

Now the access to the judicial review: I'm separating that differently from [access] to an impartial judiciary. Because, of course, the judiciary, they're just people so they're subjected to the same kind of propaganda and censorship,

[00:35:00]

and so, obviously, many judges are going to want to just do what Mr. Kitchen said—reduce the Charter argument without hearing it.

But as far as the equal access to judicial review: you see, people were stripped of their employment income and stripped of their business income, and there was no provision made to say, "Well, we'll give those people legal aid. So we'll make a new category of legal aid." That would have made a huge difference because not only would it have enabled people who had been robbed of their income to go to lawyers, it would have encouraged a lot of lawyers to take on challenges to the mandates and policies, both the ones by state and non-state actors.

[G. Duty to Investigate Serious & Gross Violations of Rights]

Now I want to talk a bit about the state duties to provide remedies because that's very important. And so all of those treaties, the three big treaties—human rights treaties I mentioned—they all impose mandatory duties on states to ensure investigation of serious or particularly of serious or gross rights violations. And the investigations have to fulfill a whole raft of conditions, but I'm just going to mention some of them.

The investigations have to be independent, competent, transparent, and capable of leading to proceedings to determine facts, identify perpetrators, impose accountability, and grant reparations for victims. And that's like a truism of law in general.

If you don't have remedies and, of course, in this current situation where the complaints would be saying that the violations were either imposed or promoted or allowed by state authorities, then a) the state is just not going to investigate them, but b) the state isn't competent to investigate them. Because, as for instance, as happened with the Emergencies

Act Inquiry, that was— I saw that from the get-go as a sham because of the procedure for appointing the commissioner and then the control that the Liberal caucus had over changing the Commission's mandate to not comply with the statute but to look into the circumstances of leading up to the emergency measures.

Now I just want to refer briefly to the basic principles and guidelines on the right to a remedy for victims of gross violations of international human rights law and serious violations of international humanitarian law.

[G.1 Duty to Investigate]

So I just wanted to say, looking at all the case law from international tribunals and so on, there's no one definition of what constitutes gross. Like if we're going say, "Okay these were violations of international human rights law," there's no one definition of what is considered gross or serious. But determinations of those qualities of the very serious human rights violations include reviewing the quantity of victims; the planning of the violations; the nature of the violations; and the denial of effective access to measures to prevent, punish, and redress violations.

So I think it's pretty clear to me, that's my opinion, that these violations of rights are correctly considered gross violations and, therefore, triggering the highest level, to the full rights to investigation and so on.

[G.2 IHRL Rights and Duties to Ensure Remedies]

The next slide, the human rights slide, it's just laying out some of the things to which victims and society is entitled in the case of these kind of violations. They're entitled to the truth,

[00:40:00]

establishment of the truth. They're entitled to know what was done by whom, to who, and what was the harm and what can be done to prevent it in the future. And that includes redress for victims and accountability for perpetrators, which there's a wide range of things that can be considered as accountability. And the last thing that is included in their rights to redress is measures of determining and ensuring measures to prevent recurrence.

[H. What Can Be Done Now?]

So what can be done now? As I say, history certainly proves time and time and time again that when the state has been involved in a significant, certainly a serious or gross violations of human rights, the state is never going to be willing and is never going to be competent to do investigations.

If I could just tell you a tiny story about Patrick Finucane. Now this was just one violation. Patrick Finucane was murdered in 1989 while he was having dinner with his family, his young family. And his wife was Geraldine, and she believed—this was in Northern Ireland—that he was murdered by the Royal Irish Constabulary working with the Secret Service arm of the United Kingdom Armed Forces. So she kept peppering them with pleas for an investigation that was independent. She made so much fuss that the United Kingdom held six investigations, and she finally took the matter to the European Court of Human Rights. And of course, the U.K. government was saying, "What is she on about, we've had six investigations." And the Court said, "No, there's never been an investigation." All of the investigations were controlled and carried out by state authorities, who were the very authorities that Geraldine Finucane believed on reasonable evidence were—so anyway, that was just an example.

So what can we do?

I think that we have to do everything in our power: we have to submit reports and complaints to international authorities, to the United Nations and the Organization of American States and authorities monitoring bodies, identifying the unlawfulness of the mandates, the bit-by-bit evidence of what the mandates were, how they were imposed, and the injuries that abounded from the mandates.

Domestically, I think that we have to ensure the widest possible public access to information about the illegality and unlawfulness of the measures and about the right and the importance of gaining redress. And there have to be widened opportunities for public conversation and public debate. I liked what Mr. Kitchen said in his submissions: He said he tells his clients, “don’t muzzle yourself”; those weren’t his words, these are mine. “Don’t censor yourself,” those were his words. He said, “have conversations, talk about it.” And this, very important in my view, Commission is fueling that need for public conversation.

And also, I think we have to ensure that people have information about the initiation of civil and criminal proceedings by individuals and groups within Canada.

[Conclusion]

We have to pursue all avenues. In order to sort of take back the law—and that is, take back law that is rights-based—then we have to continue to work together to re-establish democratic lawmaking, access to information, and dialogue at all levels in order to restore and protect the rights of all.

In my view, we have to keep working to gather and preserve evidence.

[00:45:00]

That’s one thing that’s very important about the Canadian COVID Care Alliance hearings, in my view, because they are gathering and preserving evidence. And pursue tribunals at all levels, then to take that evidence and determine and expose facts and recommend measures for accountability for perpetrators and reparation for victims and measures to prevent recurrence.

And that is so critically important in my view, and it’s up to individuals and groups—because states certainly will block anything—to find peaceful ways to work together: to take back the law and re-establish democracy, re-establish democratic lawmaking; re-establish the right to access to information and dialogue; and to ensure that wrongdoing is exposed and held accountable, victims are redressed, and there’s appropriate measures put in place.

In my view, the National Citizens Inquiry is doing just that—giving voice to people that previously didn’t have a voice; giving public access to information that was previously suppressed about the virus, the risk of the virus, whether or not there was a pandemic or not a pandemic; the products marketed as vaccines treatment, and prophylaxis not provided or denied, and the injuries suffered. One of the hopeful signs is that in Victoria today, BC health care workers have gathered from all over the province to go to attend the Legislative Assembly and support a petition being presented that opposes the *Health Professions and Occupations Act* that I referred to.

In closing, I just wanted to say a few words about the importance of information, and so if you don't mind, I'm just going to read from this.

In a climate of censorship and propaganda, there can be no such thing as informed consent to experimentation or to any kind of informed consent because the information necessary to understand the relevant issues is not provided or available. Informed consent requires access to comprehensible information, reliable information about the risks and benefits of treatment, the risk and benefit of alternatives, the risk and benefit of no treatment, the consequences for the particular person.

Since March of 2020, instead of information and instead of encouraged or even allowed debate, there was censorship and propaganda: propaganda designed to compel and coerce acceptance; information and debate questioning the risk of the virus, the existence of the pandemic, the safety or efficacy of the mandates themselves and policies was effectively censored.

Doctors bold enough to ask questions or caution against the use of the pharmaceutical product marketed as vaccines, whether they did that to patients or to the public, were suspended from practice and cited for misconduct.

There was no informed consent. There could be no informed consent because there was no information, information was suppressed.

[The need to combat impunity]

And in ending, I just wanted to say a word about the brutality of impunity, so why it's so important to insist,

[00:50:00]

to increase our peaceful efforts to have all these matters redressed. I just want to cite the names really, I won't bother saying what they said, of two people who so passionately believed in the necessity for accountability.

One of them is Baltazar Garzón. He's probably, as you know, the Spanish judge who issued the international arrest warrant against Augusto Pinochet for torture. And the other one is Ben Ferencz, who recently died. He was the chief Nuremberg trials U.S. prosecutor, and he worked all his life to ensure that there would be accountability for grave violations of domestic and international human rights law.

Those are my submissions, thank you.

Shawn Buckley

Gail, thank you for that presentation.

It seems to me that based on your presentation, that you would be of the opinion that the way Canada handled this pandemic, even just administering the vaccine, the way that we did it, would be a violation on many fronts of international law obligations that Canada is a party to.

Gail Davidson

Sorry, what did you say?

Shawn Buckley

I'm asking, based on your presentation, I'm presuming that you're of the opinion that Canada violated international law and how we went about administering the vaccine.

Gail Davidson

Oh, completely.

Shawn Buckley

Right, yeah. I mean, so obviously even just on informed consent—I think you made it absolutely clear that there couldn't be an informed consent—even included things like options to other treatment options as part of that. And you presented a slide to us on Canada's response to the finding about sterilizing Native women, and it included the information about other treatments. And so, on many levels, we've violated international law on how we've proceeded it.

Gail Davidson

Oh yes, absolutely on many levels, yeah on every level. You see, because rights are all interdependent: so very often when one right is restricted, suspended, or extinguished, then that creates a kind of a waterfall of restrictions of other rights.

I can't think of an instance during the imposition of policies that restricted people's rights to privacy, movement, work, equality, the right to refuse medical treatment—I can't think of a lawful instance where that was lawfully done.

It was as if, overnight, the democracy collapsed. And even though many could argue it had been very shoddily operating prior to that or it had already been, you know, in the ICU unit. But overnight, lawmaking moved from Parliament to—we didn't know where it moved—we didn't know where it moved: it was to decisions made in secret on the basis of still unknown information and then announced at press conferences.

Shawn Buckley

If I can emphasize, sorry.

Gail Davidson

One of the things I think people might want to do now, is to go, sort of what Lindsay Kenney's doing or join on to her work: to take specific public health orders and then go through the order. So, for instance, the public health order made in BC most recently on April the 6th is 28 pages long—and to go through page by page, paragraph by paragraph, and say, "How is this unlawful, illegitimate, disproportionate? How is this unlawful, this order?"

But then I guess you have to go to a tribunal or court with that because I'm sure that everybody that's testified before you will have told you the same story,

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that when they tried to communicate with the federal government or the provincial government about these issues, they never received any response other than perhaps an automatic bounce back.

Shawn Buckley

Well, it's interesting because you've raised 2 points. What we've heard at this Commission, and we've had many days of hearings, is that basically you would never receive actual information back. And it's something that you just raised.

So we're being subject to these orders, but we're actually not being given the scientific basis: we're just being asked to follow the science without it being provided. And not one single public health officer—not one single person that would be cited by the media to support these—would debate any other scientist who had an opposite view. And the calls for debate were made, and they were made publicly. So we've been subjected to this three years of this single narrative, and anyone correct me: is there a single example of a public health official or somebody who is cited by the mainstream media to support the government narrative who has actually accepted an invitation and debated a scientist that disagreed? There is none.

And so the second thing you touched on is, well, maybe we have to go to the courts. But the difficulty is we've had lawyer, after lawyer, after lawyer attend these proceedings, and I ask the lawyer, every lawyer that attends, I ask the exact same question: I basically say, "Look, we have experienced the most serious intrusions into our rights, into the civil liberties that Canadians have ever experienced, including in wartime. And can you identify a single case, a single case that would act as a brake or a check on similar government action going forward?" And the answer from every lawyer is no. And if I'm asked that question, the answer is no, I'm not familiar with a single case.

So I was going to actually ask you, is there any redress for Canadians in international courts or international forums, being that our courts have not put a single brake or check on government action going forward?

Gail Davidson

Yeah, that's a wonderful question Shawn, and I would say the answer to that is yes and no. I would say no, there's no opportunity for effective remedial action, and yet I would say, yes, there is because one of the big remedial actions that's needed is information and megaphoning that information.

So for instance, if in June, that's the next session of the Human Rights Council, if people wanting to make a human rights statement about the situation, a) got a space to speak and had accreditation, and then you're in the UN Human Rights Council room, and if you can make a statement, there's people from 190 countries that hear your statement. And not all statements are very well presented so if you have a really good statement and a good presenter, you do make a noise. If you make a report to the Human Rights Council or the report to the Committee Against Torture or a report to the Special Rapporteur on Health and so on, those things all do get attention, and they're all part of the evidence-gathering and evidence-preserving process.

Now having said that, certainly if we look at history, there's a very long list of unremediated, terrible crimes. But I feel that with this situation, there is a real opportunity for success that would be unprecedented simply because the violations occurred over so

many countries. And there's people from all of those countries popping up more and more and more and more of them saying, "This wasn't right, something has to be done." So I think that yes, it is. Sorry for giving such a long answer: yes, it is useful to go to international bodies;

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no, you can't look to them for a solution.

Shawn Buckley

Right, for an actual remedy.

Gail Davidson

Yeah.

Shawn Buckley

Those are my questions. I'll ask the commissioners if they have any questions for you.

Commissioner Kaikkonen

Thank you for your testimony. I have a number of questions. I'm not sure I can get them all out because my head's just spinning right now, but I'm going to try.

You said Canada violated its own laws, and it did. But how do ordinary, hardworking Canadians get access to those who actually violated the laws? Allowed for this to happen? So access to the judiciary, the cost is prohibitive. We've heard that from testimony. Ordinary people can't get a judiciary that is fair and transparent.

We have a photo that circulated of our Supreme Court judges announcing that they were all vaccinated. How does that work in favour of the person, who is standing in front of a judge, who is opposing these mandates? They keep going on and on and on. How do we get a fair trial, justice, due process that works, where the cost is not prohibitive?

You had suggested here a new category of legal aid. Well, anybody who's been in the legal aid system or tried to get through the legal aid system knows that it's one-sided, and yes, it helps the legal profession, but it doesn't help ordinary, vulnerable populations who are trying to get justice or access to justice.

And then just to take it one step further: when it comes to just the judiciary, it is an independent arm of government, and yet we're not getting judicial decisions that respect that people with principles have decided to stand for their rights and are willing to take on government and get a fair decision.

We're looking at what was alluded to earlier about some of our truckers who are still in prison or under restrictions on what they're allowed to say. Politicians who have been ousted from the legislatures in this country who are not allowed to speak freely. So where do we start? As ordinary Canadians, just to get that judiciary to listen, and I don't think it's the international bodies that are going to help. It's in Canada. Canada violated its laws.

Can you speak to that please?

Gail Davidson

Okay, so basically, can I just paraphrase what you're saying?

Commissioner Kaikkonen

Sure can.

Gail Davidson

If I've read you right, you're basically saying, "Look, how on earth would you get a fair hearing of any of these issues? And how would you know the actual perpetrators?" Does that kind of fairly say what you're asking?

Commissioner Kaikkonen

Well, we talk about the judicial system, and we believe it to be fair and that there's due process and that anybody who has to access the judiciary will get their concerns and voices heard.

And yet we heard from James Kitchen that the Charter violations that we've all endured over the last three years, the court can say, "Yes, we'll listen to this court argument or this Charter challenge, but we're not going to listen to this."

And yet the courts, the judiciary, as I understand it, is supposed to be totally independent from government and yet they followed suit, and they all became one mind. And I think that that's the bigger picture: every nation in this world followed this COVID narrative and they were all one mind. They were all doing the same lockdowns and mandates. Primarily, we saw it in the Western nations, but certainly in other nations that were not considered the Western nations, this was happening too. So these lockdowns go bigger than just Canada, but we can't reach to those international bodies to get heard.

What we can do is reach the municipality that's around the corner in our jurisdictions. We can reach the provincial government and our federal government in this nation, that's under the supremacy of God and rule of law. And yet even with that closeness, that proximity of government to us, we have not had access. And then you think of the judiciary who's picking and choosing which Canadians' rights or voices are eligible to be heard and which ones aren't. Where is the fairness?

What would you recommend in Canada that stops the violation of laws so that ordinary, hardworking Canadians can have their voice heard, they can speak freely, they can put their money into a pot and go in front of the judiciary and fully expect a decision that is fair or at least heard, their voices heard?

Gail Davidson

So one of the things that you're saying is that the judiciary is not impartial, it may be not even independent at the present time. And

[01:05:00]

certainly, it'd be fair for you to say that because one of the things that happened,

let me see now, it was last year the Chief Justice of the Supreme Court of Canada decided to actually express his personal opinion about the lawfulness of the Ottawa protests. And he characterized the Ottawa protesters as the beginning of anarchy and that their actions had to be denounced by force. And this was maybe in support of Mr. Trudeau calling the Ottawa protesters—with whom he refused to have any kind of debate whatsoever—vilifying them as having unacceptable views, posing a threat to Canadians, and championing hate, abuse, racism, flying racist flags, and stealing food from homeless and various things. Those are all things that Mr. Trudeau said. So it's true, that's what will definitely lead to things like the judge that Mr. Kitchen was in front of saying, "No, I don't want to even hear that argument. I'm not interested; I'm dismissing it without hearing that."

And I imagine, that's going to happen many times, and if the abuses had only occurred in Canada, probably there wouldn't be a very big chance of any remediation, of any effect of pushback. But the human rights abuses have occurred in many countries with many different legal systems, and by legal systems I mean they have different legal cultures, you know what I mean? The legal culture in Canada is, perhaps, except maybe for the criminal bar, they're a very kind of a compliant culture, less so in the United States, different again in the U.K. And so there's definitely court actions coming up in many countries, even in Canada.

There's a decision that's under appeal right now, the judge's name is Bennett, I can't tell you the name of the case because it's letters, because it has to do with children. But it was a wonderful decision where it was a family matter whether or not children should be forced to be vaccinated, and the judge said, "No, all of these issues" — When he was asked by one side, to say, "Look obviously, they have to get vaccinated; this is what all the public," this is an Ontario case, "this is what the public health officer said." The judge said, "No, these are all controversial issues."

So that's just an example of one judge. So I don't think it's an easy thing to push back or get any eventual remedies, but I think it's a very necessary thing. Because in my view, what we're looking at is, if we don't do that and if we don't persist in taking hopeless cases to deaf tribunals—until there's a tribunal that hears the issues and is willing to consider them impartially—then we're facing a kind of authoritarian rule where rights won't have to be stripped because we just won't have any. There will just be privileges for people who demonstrate that they're compliant and who demonstrate that they're willing to be compliant to the extent of turning in people who are not. So for instance under the BC Act that I've talked about a couple of times, doctors are compelled to report on one another.

Shawn Buckley

Before the commissioners ask another question, I just want to clarify the case, were you referring to the Ontario Court of Appeal decision that overturned the lower court decision on vaccination?

Gail Davidson

No, one that was made at the same time.

Shawn Buckley

Oh, like a week following?

Gail Davidson

Yeah, and the judge's name I know is Bennett.

Shawn Buckley

Okay.

Gail Davidson

But that's, yeah.

Shawn Buckley

Sorry, Commissioners.

Commissioner Kaikkonen

I'm just going to leave it at that. Thank you.

Commissioner Drysdale

Hello, and thank you for coming.

You know, when you were doing your presentation, I couldn't help but thinking about the Charter of Rights, and you know, you read the Charter of Rights and if you're not a lawyer, you think that they mean something.

[01:10:00]

And in the Charter of Rights, there's a notwithstanding clause, which has been used to the peril of all Canadians.

So when I was listening to your presentation, I was thinking, is there a notwithstanding clause? And there appeared to be a notwithstanding clause. And your slide E talked about rights that could be abrogated and rights that couldn't be. But when I read the language there, it's a notwithstanding clause, you know, they can manipulate that into anything they want it to be, can they not?

Gail Davidson

Not at all, no, but I can see where you would think that.

But let's take freedom of expression, for instance, just as an example. Now, in a lot of situations, the freedom of expression was just completely extinguished. And we had doctors having their licences summarily suspended, not after a hearing even, before the hearing. And then the hearing doesn't take place for years. So basically, their whole career is ruined, their whole—it's incredible.

But in international human law and Canadian law, freedom of expression is one of those rights that can be restricted. And it can be restricted in order to protect other rights that would be restricted if the freedom of expression wasn't restricted. But the restrictions have to comply with certain conditions. They can't be just things that—somebody waltzes out at a press conference and tells you that it's all over.

Commissioner Drysdale

I understand that, but I'm looking at, I'm looking at slide E right now; could you put it back up, Dave? Sorry.

Gail Davidson

Slide D?

Commissioner Drysdale

Okay and it says, no, E. Sorry, E as in elephant. Yeah. There we go.

Gail Davidson

I got it.

Commissioner Drysdale

And it says "specifically allowed" is to be abrogated or derogable, whatever that word is. Legitimacy, temporary, movement, expression, lawfulness, necessary, proportionality. And it says, "necessary during an emergency to protect other rights and maintain the rule of law."

Gail Davidson

Yes.

Commissioner Drysdale

The Canadian one is really the same wording. It says, "Well, these are your rights unless we figure they're not."

Gail Davidson

Yeah.

Commissioner Drysdale

And that seems to me that's what that's saying. And you get into things like Mr. Clinton arguing about what the definition of the word "it" is.

Gail Davidson

Yes. Right. Well, the difference between, I think one of the differences between— I think the Canadian Charter is a very weak constitution. And the weaknesses is exemplified by section 1 that allows restrictions and just has that vague, you know, necessary and a democratic society, kind of thing, without any other conditions on it. And of course, the notwithstanding clause.

But one thing that I like about international human rights laws is Canada is also a party to the Vienna Convention on Human Rights. And one of the things that that convention says is that a state can never use domestic law as a justification for overriding their international human rights law obligations. But nobody's ever argued that at the Supreme Court of

Canada, as far as I know. Do you want me to just really quickly explain legitimacy, lawfulness, and necessity, and so on, what those conditions refer to?

Like to be lawful, it doesn't mean to say it would be lawful just because there was a law. So let's say Bonnie Henry or David Eby or anybody else made a law that restricted rights in British Columbia, that doesn't mean the restriction is lawful because lawfulness contains a lot more qualities.

So to be lawful, a provision has to be, first of all, it has to be clear and precise enough to be known: both what the prohibition or allowance is; what the consequences of it are; and then it also has to be reasonable. And so,

[01:15:00]

it has to be in relation to something that can reasonably be understood and known beforehand.

And legitimacy means that the restriction has to be capable of addressing the risk to the other rights. And proportionality, that's kind of the same thing, there has to be a balance there and temporariness.

But the thing that's missing from people even being able to assess these things was information because the mandates and policies imposed since March of 2020, they weren't like normal laws.

So they weren't like, let's say, we're going to have a law restricting the speed limit on Highway 1 or something, or around schools. The information and the concerns that that was based on would be well-known. The risk that was being addressed would be well-known.

With respect to the closure of businesses, the masking, the distancing, the compulsory vaccination, all of those things were in reference to a risk that the public didn't know anything about. They didn't know anything about the regional or demographic risk of the virus. They didn't know anything about what's the information that says, if we restrict indoor numbers to 50 or 25 or 4, how does that address the risk? What is the risk to the people that are going there and how does that address it?

Whereas if you said, "Well, we're reducing the speed limit in front of the schools," like we could debate that and the reason why we could debate it because we know the information it's based on. I think that the measures are unlawful—before you even look at those conditions—because of the absence and suppression of the information that was necessary to understand and assess the restrictions.

Commissioner Drysdale

My last thing that I want to talk to you about is, I think you just made a kind of off-hand statement when you were talking about judges. And you said, "You know, judges are subject to the same biases and propaganda, the rest of the Canadians are." And I have to tell you that really bothers me. Let me frame that a little bit better.

When you go into a court, how do you address a judge?

Gail Davidson

Well, you know, it depends what level of court they're in, but you have honorifics like Your Honour and Milord and Milady, and so on.

Commissioner Drysdale

Certainly. What's the reason for that? Why when you go to court or King's Court and you say Your Honour, why do you address the judge or why do I as a citizen address a judge with Your Honour?

Gail Davidson

Well, you know, gosh, I don't think I could answer that for you adequately, but I assume that it's so that people in court will give the decision-maker a certain kind of reverence.

Commissioner Drysdale

Doesn't it also, I agree with that, but doesn't it also work the other way, too? That when a lawyer or a citizen stands in front of the judge and says, "Your Honour," they're reminding the judge of their duty, which is higher than an ordinary person's duty. They're addressing them with "Your Honour" and they're saying, "sir, I honour you because I know you're going to be unbiased, and I know you're going to be honest, and I know we're holding you as a society above the others." Isn't that another?

Gail Davidson

I agree with you, I like your characterisation. Yes.

Commissioner Drysdale

And furthermore, now this is a question that's going to get us into trouble, and I may decide not to ask it. My question is, and I've heard testimony about this over and over and over again where our judicial—and from a retired judge, I'm not going to try to paraphrase what he said. But it appears that there's a tool, and I hope I get the term right, there's a tool called judicial notice where a judge can just say, "Well, there's a climate emergency, therefore carbon taxes are constitutional."

[01:20:00]

Or "I can't hear your constitutional challenge because judicial notice: we just accept that the vaccines are—" And so I asked on a number of occasions in these hearings to various witnesses—has the judiciary failed us? And have they protected Canadians' human rights?

Gail Davidson

I would say, no. I mean, I'm sure we can find cases where they have; the two cases that come to mind are both family law cases. The one that I referred to in an earlier family law case, both in Ontario, but I'm sure we could find cases in Canada. I know we can find cases in other jurisdictions, but how can I respond to that?

When I say the judges are just people, even though we call them the Lord, Milady, Your Honour, and we even bow a little bit when we do that, they are just people, you know what I mean? And the other thing: they're not ordinary people because they've usually come

from a socio-economic elite group, right? And maybe they live a bit of a cloistered life, so that's a disadvantage.

But whenever there's a political controversy, and certainly COVID is a huge political controversy, and the proof of that is the propaganda and censorship. If it had just been another flu or something, but there was obviously something else afoot. And so, whenever there's a political controversy—like a war is a good example—the judiciary is always going to defer to the politicians. That's the way it always goes, so there has to be a period of time before there's any opportunity for real impartiality in assessing the actual evidence. That's one of the reasons why I say it takes time. And also, I wanted to say this about judges, not everybody would agree with me, but judges aren't revolutionaries.

The changes always come from the people that are coming to the court, and change takes a long time. And so, I really take my hat off to all the lawyers that have been taking cases for the enormous amount of work; sometimes they have had absolutely no advantage. But I see that they, to me, they do have an advantage because they're climbing up that hill where they're opening the door to information and knowledge. That has to be done in the judiciary same way as it has to be done in your apartment block or your street, or whatever.

Commissioner Drysdale

Well, you know, that is true. But isn't there different levels of responsibility in society? In other words, if I pay you a dollar and a half to cut my grass, you have a certain duty, and if I say, you're a judge and pay you \$350,000 a year and call you Your Honour, isn't there different duties there, different levels of duty and responsibility?

Gail Davidson

Well, yeah, I do. That's the ideal, and I certainly subscribe to the ideal. But then, just to go back to the statements of the Chief Justice of the Supreme Court of Canada, you know, he's undoubtedly a person who's very, very familiar with his duties for impartiality and independence and competence, and yet he came out and spoke—he didn't have to do that.

He came out and spoke as the Supreme Court of Canada against the Truckers' Convoy when there hadn't been any court in Canada who had said that what they were doing was illegal. In my view, it wasn't illegal. The only court that had considered the legality of what they were doing, not in their actual decision but just in aside to comment, was the injunction brought against the honking, right?

And so he had to hear all the evidence from both sides and so it was all by affidavit. And he said, I'm paraphrasing, he said, "if they abide by my injunction to restrict their honking,

[01:25:00]

they can carry on with their lawful protest." That was the only judicial— And Chief Justice Wagner must have known that, but that's just an example of the court protecting the state in a time of political crisis or controversy. I'm not sure what you'd want to call it. I think that just always happens.

Commissioner Drysdale

You used the word—you were describing the judges and I'm not meaning to put you on the spot with this—but you said the “upper classes” or the “elite,” I can't remember exactly what words you used. And it dawned on me when you said that, isn't it interesting that the elite and the honourable have done less to protect our rights than the truckers?

Gail Davidson

You mean generally speaking?

Commissioner Drysdale

Generally speaking.

Gail Davidson

Yeah.

Commissioner Drysdale

There are always exceptions to every rule.

Gail Davidson

I think that's very, very understandable. And I know that wasn't really a question, it was a comment, if you don't mind me saying that the people who are the privileged people—I mean, I'm a privileged person myself, but so this doesn't apply across the board ever—but privileged people are people who have been rewarded by their society. So of course, they would be much more likely to comply, even with something that was not only unreasonable but obviously unacceptable, than would people who had had less privileges and had been more stomped on.

Commissioner Drysdale

That is extremely enlightening. Thank you for that.

Gail Davidson

Yeah, because the extent to which people believed the unbelievable, i.e., that Pfizer was going to, I mean, really, come on, that was so incredible that anyway, like everybody knew that whatever—

And then, but what was even worse for me was that so many people accepted the unacceptable, of people being summarily overnight stripped of their essential rights, just stripped of them, just like that.

Shawn Buckley

Gail, you have phrased things in a wonderful way. And you have enlightened us today in a profound way. And your comment that the courts were protecting the state, I think, is going to haunt us. But you've given us some insights into the psychology of the courts as you see it. And I'm just saying, I think we owe you a debt of gratitude for sharing with us.

Now, for those who were watching the earlier dialogue between Commissioner Drysdale and Gail when section 1 was being mentioned, the text of that is that the “*Canadian Charter of Rights and Freedoms* guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.” And that’s the section that’s been the mischief for us.

So Gail, on behalf of the National Citizens Inquiry, we sincerely thank you for attending today.

Gail Davidson
Thank you for inviting me.

[01:29:12]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 8: Douglas Allen

Full Day 3 Timestamp: 07:11:07–08:22:45

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

I'd like to introduce our next witness, Douglas Allen. Douglas, welcome to the National Citizens Inquiry.

Douglas Allen

Thank you very much.

Shawn Buckley

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

Douglas Allen

Douglas Allen, D-O-U-G-L-A-S A-L-L-E-N.

Shawn Buckley

Douglas, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Douglas Allen

I do.

Shawn Buckley

Now you, by way of introduction, you are an economist; you have been teaching economics for 41 years, 35 of those years as a full professor. You are at Simon Fraser University and you are one of two—and there's only two allowed as I understand it—Burnaby Mountain

instructors, and you get that designation based on research and academic contributions that are basically at a highest order.

Douglas Allen

Correct.

Shawn Buckley

You've written five books, two of which are textbooks, and you have published over 100 peer-reviewed articles.

Douglas Allen

That's correct.

Shawn Buckley

Commissioners, Mr. Allen's CV will be entered as an exhibit [Exhibit number unavailable], as will some of his written materials that he's provided to us, just to form part of the record. Now you're here today to share with us your thoughts on basically how this COVID pandemic was handled and with an economic lens, and I'll just let you start your presentation [Exhibit VA-9].

Douglas Allen

Thank you very much. I'm going to talk about lockdowns. I'm going to use that term very generically to refer to all forms of non-pharmaceutical interventions from school closures, stay-at-home orders, mask mandates, et cetera. There may be some specific contexts where I'll talk about specific ones. I've titled my talk "COVID Lockdown Mistakes," and I think there are some fundamental mistakes that were made, mistakes that we knew better and, unfortunately, not only made them but repeated them over and over again. I want to explain why and what happened.

[What Authority Does an Economist Have Regarding COVID19 Lockdown?]

First, let me just say, what kind of authority does an economist have to speak on COVID-19?

And I would just say the following: that I'm deeply trained in mathematics and mathematical models. In my own research, I build mathematical models. I'm deeply trained in statistics and econometrics—econometrics being the study of how to deal with real-world data—data that's not generated by some random process but generated by some **either physical or behavioural process, such as the spread of the virus in a community. And sort of critical to the discussion of any kind of policy is that, of course, as an economist, I'm deeply trained in cost-benefit analysis: how to do it, how to identify costs, how to identify benefits, et cetera.**

And I will also say that I became interested, like most people, very immediately in March of 2020, about what was going on, and I have published three papers on lockdown and lockdown policy. The first paper was one of the first ones that sort of was critical of lockdown policy. And I think perhaps because of that, it went viral. I wish my other research went viral, but this one did. It was published late in the fall of 2021, and the journal, it has 60,000 downloads already and had already been circulating for five or six months. Twitter ranked it as the #32 most discussed paper of Twitter in 2021.

[Mistake #1: TOTAL Costs and Benefits were miscalculated or not included]

I've read literally hundreds of studies dealing with lockdown and COVID and analyzed them. The fundamental mistake, policy mistake—and it's sort of an Economics 101 mistake—is that any type of policy should be decided on the total costs and total benefits of that action. And not only from the beginning, but repeatedly, those costs and benefits were either miscalculated or various costs and benefits were ignored. And I'm going to use this as my framework for what I'm going to talk about today.

I'm going to very briefly discuss these epidemiological models called SIR models or SIRS models, depending on the equations, and show you why they overestimated the benefits of lockdown. I'm going to focus on a particular equation or structure of the model. Don't worry, I'm not going to show you the equation,

[00:05:00]

but it's an assumption about human behaviour. And when I tell you what it is, you'll be shocked and wonder how you could have a model like this. But it characterized virtually all of the SIR models, and my understanding is in British Columbia, it's still the characteristic of the models being used.

I'm going to show you a problem in the value-of-life calculation that was used, and it's kind of a sneaky little problem that an average person might not be aware of, but it sort of biased the way it was looked at. I'm going to analyze the actual number of lives that were saved by lockdown, and I'm going to look at a problem with some various cost calculations. I'm going to focus in on a specific type of cost, namely what are known as "collateral deaths": these are deaths that were directly caused by the lockdown activity.

Shawn Buckley

And Douglas, can I actually just ask you, because this is being recorded, you're hitting the table with your hand and getting [a boom] every time you do that. Thank you.

Douglas Allen

Sorry. You know, when an economist doesn't have much of an argument, he starts pounding the table, so I'll try to watch that. It's a bad signal.

If I have time, I'd like to talk about the economic reasoning behind the vaccine mandates. We just heard a nice discussion on the legal issues of the mandates. However, I wouldn't mind making a few comments on the economic rationale for the mandates and why there was a problem with the economic reasoning behind them as well.

[Simple SIR models failed to predict COVID19 deaths]

So the simple SIR models and their failure to predict COVID-19 deaths. Epidemiologists use a model, and the model is just a series of equations, that's all it is. The equations are a little complicated because they include what are called derivatives, and so they're called differential equations. But essentially what these models do is they just make predictions about how a few things are going to change over time: they're going to make a prediction about how many people are susceptible to the virus over time; how many people get infected over time; and how many people recover over time.

And like all models in epidemiology or in economics or in physics or whatever, their success depends on two things. One, what we might call the structure of the model: Does

the model include equations on all the dimensions that you would be worried about? And I'm going to argue that these models did not. And the second thing is, like all models, they depend on the parameter values that are in the models. These models have variables in there that you need to assign values to before you can make them run. And I'm going to argue that they used incorrect ones.

The importance of these models is that these were what were used to declare what would be the benefits of lockdown. Lockdown presumably was going to either delay infection and help the overrunning of the hospitals or delay infection long enough that a vaccine might arrive and save lives. And for today's talk, I might as well talk about it in the context of saving lives. These were models that were used to predict how many lives would be saved by lockdown.

[SIRS models (susceptible, infected, recovered)]

Everybody was exposed to graphs like this in the news media from the get-go, and they take on all kinds of different forms depending on what's on the vertical axis, but they all have the same basic idea. And first off, to note: they're sort of intimidating because they're very non-linear and they're multiple colours, and usually what's on the vertical axis is something we don't quite understand. So there's almost immediately a deference to the science of these things, but they're actually quite simple.

On the horizontal axis is usually time, starting with some date and moving through. On the vertical axis here is hospital capacity, critical bed capacity. The big black line is what's going to happen if we do nothing: And so if we do nothing, the virus is going to enter into the community. Everybody's going to get infected. There's going to be this massive surge of infected people. Hospitals will become overrun or deaths will skyrocket and then, eventually, everybody becomes infected, and then we have this collapse and we reach some endemic state.

Everybody was forced to learn the phrase, "flatten the curve." Flatten the curve meant that if we intervened in some way and imposed some sort of lockdown, then we could delay either the infections, the deaths, or whatever. And if you look at this graph, they all work the same way. The stronger the lockdown, the more restrictions we put on people, the flatter the curve gets.

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And so the more we push out things into the future when, presumably, we can handle them.

Now, some of the assumptions that were made in these models was—one was that 100 per cent of us were susceptible to infection. Now that turned out to be grossly overestimated: **that anywhere between 40 to maybe 60, 70 per cent of us had some sort of T-cell memories from previous coronavirus infections and were not susceptible.**

There's a number that I want to spend a little time on, and it's called the reproduction number and it's absolutely critical in these models. The reproduction number, all it means is that if I get infected, how many people do I infect? And then those people will infect the same number. These models assume that I would infect 2.4 people and those people then would infect 2.4 people. And each one of those, subsequently, would infect 2.4 people. If the reproduction number was 2—so every person that gets infected infects two other people—and if the Province of British Columbia was a single social network, then it only takes 21 days for 5 million people to become infected. So at a 2.4 number, I actually didn't work this out, but it would be much less than that. If that number was correct, within a month, and

again, if we were one single social network, the entire province would have been infected. That number is not only wrong, but these models assume that this number was constant. And that turns out to be the real big problem. It is not a constant number.

The other thing is there's something called the infection fatality rate [IFR]. So if you take all of the people infected, if you take the number of people who died that were infected divided by the total number of people that were infected, you get what's called the infection fatality rate. It's a number that's difficult to calculate because we often don't know how many people were infected because we don't know the infections of the asymptomatic people. Anyway, these models assumed that it was 0.9 per cent. That turned out to be seven times too high. So again, these are the parameters that are too high and are incorrect.

And then the structural problem: I'm going to call it the "zombie assumption." And this is the hard thing to believe, and for an economist, somebody who studies human behaviour, it's really hard to believe. When I started looking at these models, I kept thinking, well, maybe the next one will have corrected this obvious problem. These models assume—and it's an implicit assumption because the equation is just missing—it assumes that humans behave as zombies. The zombie is walking towards somebody with a rifle and he's shooting and he just keeps walking. Or you might think it assumes that human beings are just rocks, that they fall off a cliff and they fall at some rate of descent, and that's just the way it is, that the human being never changes their behaviour.

It's as if these models were saying something like the following: Let's put a \$100 bill outside this hotel and we'll lay it on the sidewalk. And these models would predict, by the laws of inertia, that \$100 bill is just going to sit there. Well, by the laws of common sense and economics, it's going to disappear pretty quickly, right? The models are missing the human component, the fact that human beings actually respond to the environment around them.

[RESULT: These Models Failed Miserably]

Now, the result of the failure of these models to include a structural equation or multiple equations that deal with human behaviour, the failure to have accurate and proper parameters meant that they were grossly incorrect in their predictions of how many people would die.

This is a table from a paper that I published all around the world. That model predicted in March of 2020 that 266,000 Canadians were going to die in the next three months if we did nothing. And that's a pretty horrifying number. Then it predicted that if we had absolute and total lockdown that there would still be 132,000 people that would die in the next three months. The reality was that by July 30th, 3 months later, there were just over 9,000 people dead of COVID-19 in Canada. That means that the model was off by a factor of **almost 15. Everyone should say that a model that is off by a factor of 15 is false and wrong, and you shouldn't listen to it anymore. It's been refuted, right? If you really are believing in the science,**

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you would say you made a prediction and it was the opposite of what actually happened. Even today, at the end of April, there have been 52,000 people that have been declared, have died from COVID-19. We're still, after three years, not even close to the predictions of this model. The model was wrong because it ignored the way humans behaved.

[Fatal Error: The Exogenous Behaviour Assumption]

Now, I want to show you something that's really quite interesting. Here, I'm going to focus in on this structural equation.

Unlike the model's predictions, human beings actually aren't zombies and we're not like rocks, and if you know there's a threat, you behave accordingly. So if there's a virus that's entered the community, and last week before it entered the community you were going to the store every day and you were shaking hands with people and hugging your friends and all the rest of it, and now there's a virus around and you don't know much about it, but you know that it's potentially, maybe serious, guess what? You don't go to the store as often. If you do go to the store, you're a little more careful. Maybe you don't hug strangers or anything like that.

So it's of no surprise to economists that reproduction number is not going to stay at 2.4. It's going to change very quickly. Now, a group of economists in UCLA, led by a fellow by the name of Andrew Atkinson, in the summer of 2020, took the data that was available from every jurisdiction in the world where there had been more than 30 COVID deaths. And they measured a whole bunch of things. But one of the things they looked at is what happens to this reproduction number after a jurisdiction has experienced 30 COVID deaths. So the virus has entered into a community, maybe it's the Province of British Columbia, maybe it's the State of California, maybe it's France, whatever. And they found something to the world was remarkable; to an economist, it's not remarkable at all. In fact, it's just exactly what you would have predicted.

Initially, the reproduction number is all over the place. In some jurisdictions, it's as high as 4 or 5; in other jurisdictions it's maybe around 1.5. But initially, it's all over the map. But it very quickly, if you look at this graph here, the black line is this estimated reproduction number. The red line and the blue lines are just the confidence intervals of the bands. And so between the blue lines, essentially 99 per cent of all of the estimates fall in there. So you can see it's a very narrow band. But you see that within 20 days, you end up in what's called an endemic state. The pandemic is not around. A pandemic is when the reproduction number is greater than one and the virus is exploding. That's not what happened. Within 20 days of every single jurisdiction, the virus starts to reach this endemic state.

Now, why is that? It's not that we had reached a herd immunity. There was no biological endemic state. This is what's called a behavioural endemic state, that people were responding and behaving in a way that drives it down into the endemic state. Now, the interesting thing about this is that these different places had different lockdown policies: Some were unlockdowned still; some had really strict lockdowns; some had different lockdowns, minor lockdowns. They had different timings in which they imposed.

The thing that Andrew Atkinson, the question he posed at the end of summer is, "Maybe if every jurisdiction, regardless of their lockdown policy, the virus is behaving exactly the same way, then maybe the lockdown policies are having no effect on the virus." Now, keep in mind, this is August of 2020. And this result in the academic community, again, went viral. Everybody in the academic community knew it, which meant every person in public health had to also know this result. It wasn't like this was some secret.

[Estimate of the effective reproduction rate (R) of COVID-19: Canada and United States]

For the people that are watching, the people that are not academic, may be wondering, how do I ever find out all these numbers? There is a fantastic resource available online. It's a data repository at the University of Maryland. It's called Our World in Data. And you can go

there to look up all kinds of things. If you're worried about inflation right now, go look up inflation data or whatever. If you go to this site, there's a coronavirus webpage. You can go to there. It's extremely easy to use. You can look up any country, all kinds of different variables, and you can find out what's been going on. And here, I'm just showing you, this is with the raw data—so not estimating what Atkinson did—just looking at the raw data of this reproduction number for Canada and the United States. And you can see what happens. In March of 2020,

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we hit 1. We entered an endemic state within 20 or 30 days of the virus spreading around. And we basically have stayed there.

Now, these big bumps here were the Omicron thing, but I don't think I need to go into why there's more variants there. But essentially, we have been in an endemic state since the spring of 2020. Now, the endemic state that we're in now is a biological one. British Columbia has 80 per cent of us are vaccinated, but probably close to 100 per cent of us have had COVID-19, right? I mean, we've reached a herd immunity, and the virus really has very little place to go other than animals and people that have not been infected yet. But the point is this, is that we were in a behavioural endemic state almost from the beginning.

Now again, think back to the logic of lockdowns. Logic of lockdowns was "No, no, no, no, no, the virus is exploding all around us." It was not exploding all around us. Almost immediately, it was not exploding all around us.

[Estimate of the effective reproduction rate (R) of COVID-19: World Data]

You can look at the world, the same thing. You can look at any country, go to Our World in Data, look at any country, and it always looks the same. The virus behaved the same regardless of the lockdown policies once it entered the community.

[Mistake #2: Value of Lives Saved was Mismeasured]

Okay, so the models were wrong in estimating how many people were going to die. But what the early studies did when they said, "Okay, well, what's the benefit of lockdown? We want to get the value of the lives that we're saving." So here they made a really sneaky thing.

Economists and other people in the social sciences, whenever lives are involved and you have to get an estimate of the value of human life, we use something called the "value of a statistical life." And what this does is we look at real human behaviour, and we watch you and we say, "Okay, you took a job for an extra \$10 an hour, but that job is actually going to increase the chance that you're going to be killed on work because it's dangerous. And so **you have demonstrated to me how much you're willing to trade off dollars for a chance that you're going to die. And so we can use that information to calculate, what are you saying the value of your life is?"** That's what this idea of the value of a human life.

And it's actually not a bad way of measuring the value of human life because it's actually saying, "You tell me what the value of your life is." And it's not based on your income; it's based on what we might call the "utility" that you get of living. You get satisfaction, maybe of seeing your grandchildren like I do. There's no GDP change in that; it's just utility that you get. And this is a measure of that.

Now, we've been making these calculations for 60 years. And the one fact that we know is that this number is not constant, it declines over your life: that the value of the life of

somebody who's 90 years old is lower than the value of life of a child. And if you don't believe that, go to a funeral of a child versus the funeral of a 90-year-old. And everybody in the funeral of the child knows this is a terrible tragedy, right?

In this particular example I've got here, just the numbers, the numbers really don't matter, but it just demonstrates this. This is sort of typical of a North American value of life calculation. It says the value of the life of a child is around \$14 million in North America. The value of an 85-year-old is about \$2 million. Now, that's all fine. But here's what the sneaky part was, one of the sneaky parts.

[Most of the 2020 studies assumed VSL = \$10M for everyone]

Every cost-benefit study that I could find in the early part of 2020 that was generating the justification for these lockdowns assumed that every human being had a value of life of \$10 million. Now, that's not just wrong, we know that it's wrong—it's also absurd. Because to say that the value of life is constant would be to say that it doesn't matter if you live one more day or another 40 years. Those extra 40 years added nothing to the value of your life. The value of your life is \$10 million, whether you live one more day or not.

So it's not just wrong, but it's also absurd. But here's the thing. The majority of people who died of COVID-19 were over 70, and in fact, you were really vulnerable if you were over 80. If you're 85 the value of your life was \$2 million, but we're assigning a value of \$10 million. So not only are we overestimating the number of people that were going to be saved by lockdown, but we're then multiplying them by a number that's probably five times too large.

So just to give you an example:

[00:25:00]

In Canada, we were told that we were going to lose over a quarter million people. We were told that if we had full lockdown, we would still lose 132,000 people. So that meant that lockdown in Canada, if we had a complete and utter lockdown in Canada, we would have saved 134,000 lives. If you multiply 134,000 lives by \$10 million, you get \$1.3 trillion. That is an enormous number. That's almost half the GDP of Canada. Now again, if you think back to March and April of 2020, essentially there was about an \$80 billion drop in the stock market value of the country. Eighty billion is nothing compared to \$1.34 trillion, right? I mean, when you come up with a number of \$1.34 trillion, you can steamroll over just about anybody when you got a number that big. But that number is that big because they completely miscalculated the number of people and miscalculated the value of the life.

[Mistake #3: Don't Ignore the Data]

So this is what happened in the spring of 2020 in this calculation. I mentioned that even by the summer of 2020, Andrew Atkinson had figured out that lockdown was sort of in trouble by the data. But in my academic experience, I've been doing this my whole life, I don't think I've ever known a time when more academics studied a single topic immediately and persistently. The amount of research that was done was really quite phenomenal. Probably in the order of 40,000 or 50,000 studies were done on COVID-19. And they were done immediately. No human being could really keep up with all of the research. And yet, it was, for the most part, completely ignored.

I just want to show you something that's really quite staggering when you look back at this. Look at the date here. This is an opinion piece in *The New York Times*. The date is March 20th of 2020. This is nine days after the World Health Organization has declared a

pandemic. This opinion piece is written by Dr. David Katz. He's an epidemiologist. He's already got his hands on data from South Korea, which turned out to be fantastic data set. He's got his hands on data from the United Kingdom. He's got data from the Netherlands, a little bit of data from the United States. And he's also got the data from the Diamond Princess. Remember, that was the cruise ship that people got held hostage on.

What's interesting about the Diamond Princess was we knew the total number of people that were infected and we knew how many people died. So that was a very reliable source of the infection fatality rate because we knew what the denominator was. And generally speaking, we don't know that for a long time. Now, we also knew that that population was older than the community, but we could still get a very good benchmark of what the infection fatality rate was.

What did Dr. Katz conclude in March '20? He said the following. He said "A pivot right now from trying to protect all people to focusing on the most vulnerable remains entirely plausible. With each passing day, however, it becomes more difficult. The path we are on may well lead to uncontained viral contagion." That's exactly what happened, wasn't it? "And monumental collateral damage." That's also what happened. "To our society and economy, more surgical approach is what we need." If you go and look this article up, you'll see in the beginning, he's saying, "Oh, my gosh, you know, we thought we were dealing with smallpox, but we're not. This is a standard coronavirus and we know how to deal with this. And we're going about it all wrong."

And so if somebody says to you, "Well, you know, we made these mistakes in March of 2020, in April of 2020, well, we made them because we didn't know what was going on." We actually knew what was going on. Right? Dr. Katz knew what was going on. On May 5th of 2020, Ioannidis, an epidemiologist in California came out again with a major study looking at the infection fatality rate and saying, "You know, we're way off on this." So we did know early on what was going on.

Shawn Buckley

Was that Dr. Bhattacharya?

Douglas Allen

No, not Jay Bhattacharya, it's Ioannidis, thank you, Ioannidis, Dr. Ioannidis.

[Nine days after the Pandemic was declared, we had information]
So what did Dr. Katz discover especially in the South Korean data?

[00:30:00]

He discovered this, and basically all this is, is just showing that the infection fatality rate was a function of age. And everybody knew this very quickly, right, that if you were 70 years old, you're about 1,000 times more likely to die from the COVID-19 than you were if you were 20 years old. That COVID-19 was never a serious threat to people under the age of 60. Of course, people under the age of 60 died of COVID-19, but, you know, we die of all kinds of things. The point is that the probability of dying was incredibly small. When you've got this dramatic age profile of the infection fatality rate, it immediately tells you where you should be devoting your resources and your attention, and it's not to people under 40.

He also figured out, again, using the Princess data, that the infection fatality rate was not 0.9 of per cent. We learned in the Ioannidis study, et cetera, that the infection fatality rate was on average about 0.15 of per cent, which meant that 99.85 per cent of the population was going to survive the thing. So we knew almost immediately, we're not dealing with the Grim Reaper; we're not dealing with something that was equivalent of smallpox in the 18th century. We were dealing with something that was serious, but not of the magnitude that we were led to believe it was.

[My 2021 study]

My own 2021 study. So what I did, throughout the fall of 2020 and the early spring of 2020, again, massive amounts of studies that were done. I surveyed all this literature, and I concluded the following. I said, **"A reasonable conclusion to draw from the sum of** lockdown findings on mortality is that a small reduction cannot be ruled out for early and light levels of lockdown restrictions." Not that you could find evidence, but there was still a lot of noise in the data, and you couldn't rule out the fact that there might have been one, but there was "no consistent evidence that strong levels of lockdown have any beneficial effect . . . Maybe lockdowns had a marginal effect, but maybe they do not; a reasonable range of decline in COVID-19 is between 0 and 20 per cent."

[Studies in Applied Economics]

Now, maybe the Commissioners have heard of this study, but if you haven't, I would direct your attention to it. It's a study by Jonas Herby and a few co-authors. It was published in January of 2022. They came out with a subsequent update, I think, in May of '22. In my opinion, this is the best article that is written about describing the various issues related to the costs and benefits of lockdown. It's mostly focused on the benefit side but deals with costs a little bit as well.

This study screened over 18,000 studies on COVID lockdown. What they did was they did a meta-analysis; a meta-analysis is a type of statistical analysis that allows you to amalgamate various studies. They amalgamated only what are called causal studies: these are studies that say, did lockdowns cause a reduction in the mortality? As opposed to just studies that are correlative or just trying to show an association. So they're looking at the very best of studies. They collect mostly what are called difference-in-difference studies. The lockdown gets rolled out in different locations at different times and in different ways and in different intensities. You can exploit this difference across these jurisdictions to get at, what's the actual effect of the lockdown? The actual effect of a stronger lockdown? et cetera.

They look at these things and here's what they conclude: that all of these lockdowns had about a 3 per cent reduction in mortality. All of this effort that we went through basically had almost no effect. "An analysis of each of these three groups," they look at three **different types of lockdowns, "support the conclusion that lockdowns have had little to no effect on COVID-19 mortality."** The reason why they have no effect goes back to that behavioural assumption. If you're in a jurisdiction that has no lockdown and you think you're a vulnerable person, guess what? You lock down yourself, you behave carefully. If you're in a jurisdiction that has a lockdown, guess what? People that aren't vulnerable, they're non-compliant with the lockdown. And so you end up having it not make much of a difference.

[00:35:00]

[On the Benefit of the Lockdown Side]

On the lockdown side of the equation, we knew that early on, very early on, the models were wrong. We knew. We had empirical evidence in the summer of 2020 that they were ineffective. By the spring of 2021, we had many empirical studies showing that there was no effect. And by the fall of 2021, when the Herby study became available, we had a massive meta-analysis that confirmed that lockdowns and other non-pharmaceutical interventions had almost no effect on mortality. I'll just point out also in the Herby paper, and the paper is about 150 pages long, they break down each non-pharmaceutical intervention on its own. They look at school closures, stay-at-home orders, masking, social distancing. And one of the ironies is, of course, you probably have heard this many times, is that some of these things actually increase mortality. You tell people they can't play in parks, they have to stay at home. Stay-at-home orders generally increased mortality. So bottom line: there was no benefit to locking down the population, none.

[Mistake #4: Mismeasure of the Costs of Lockdown]

Now, mismeasure of the cost of lockdowns. Here's another really sneaky thing that happened in 2020. Initially, the only costs that were considered was the lost GDP. We're going to take a human being that's working and we're going to tell them to go stay home for two weeks and you're not going to be able to work: Of course, that's going to reduce the amount of goods and services that are available. And of course, that is a cost. And like I mentioned earlier, that cost was about \$80 billion in the first few months of COVID-19. Now humans are ingenious and resilient, and we all know that we discovered quickly ways of working from home and adapting and all the rest of it. And so this kind of cost sort of faded away. But it was still a cost in the early period. But it was the only cost that was considered.

Now the interesting thing is that this is sort of a fundamental economic mistake, something that you would fail a "100" student for making. Because what it turned out they were doing, was the units that they were comparing the benefits to was different than the units they were comparing the cost to: they were comparing apples to oranges. Now what do I mean by that? If you remember when I talked about how they valued human lives, they valued them based on the utility you get from life. You want to visit your grandchildren, that's a value to you and we'll take that into account in the value of life, even though it has no consequence on GDP. But when it comes to costs, we're not going to count the utility of taking your life away from you, we're just going to count the lost GDP of having to stay at home. On the one hand, we're counting utility; on the other hand, we're counting GDP: we're comparing apples to oranges.

Now if you want to turn it around, we could have done the calculation— It would have been probably not correct, I mean, at least it's comparing apples to apples. But suppose we wanted to measure the benefits in terms of GDP: We're going to lock you down. And oh, you're going to die of COVID, but you're 85. You weren't producing any GDP, so the value of your life is zero. So we lost nothing, I guess the locking down was terribly inefficient, right? We lost GDP, but we didn't lose any value of life. Everybody would think that was absurd, but at least you're comparing apples to apples. So by comparing apples to oranges, by comparing the utility of life to just GDP, again, you're biasing: you're saying the benefits of lockdown are enormous, but the costs really aren't that big of a deal. It was just the lost GDP. Sorry.

In my 2021 study, I used a methodology to get at an estimate of the utility loss of lockdown. And I concluded that the cost-benefit ratio was 141. And so to put that into context, that would mean that for every 80-year-old that had a death that was averted because of lockdown, we ended up killing 141 80-year-olds. You save one life, but it costs you 141. It was based on that cost-benefit calculation that I declared that we committed the greatest

peacetime policy disaster in our history. If you were a British Columbian, you might remember 25 years ago, we had the fast-ferry fiasco that brought down the government, and everybody knew about it. The cost-benefit ratio of that fiasco was just three, just three. The cost-benefit ratio here was 141,

[00:40:00]

that the costs were greater than the benefits.

[Additional Costs Include]

Everybody knows, and I'm sure you've heard much testimony on this. I'm not going to spend any time on most of these issues, but we know that there was lost educational opportunities. I just read a study the other day showing that the catch up, we have not recovered from these lost educational opportunities. I can speak as a professor that there were incredible lost opportunities at the university level, and these have long consequences. Lower education means that your wages are going to be lower over your lifetime. Lower wages means that your health outcomes are going to be lower. It means that your life expectancy is shorter and so that there are going to be lost lives because of the lost education opportunities.

There are increased deaths and reduced life expectancy due to spells of unemployment. Unemployment reduces lifetime earnings, reduction in lifetime earnings reduces health outcomes, increases probability of death, et cetera. And again, in both of these categories, if you calculate the value of lost life, they swamp any estimate of the benefits of the lockdown. Increased deaths of despair, increased suicides, increased drug overdoses, addictions, all kinds of things, increased domestic violence, increased family breakdown, supply chains disruptions, and costs and consequences. Now maybe you had to wait an extra three months for a new oven for your kitchen, but around the world, the supply chain interruptions have been devastating in terms of mortality.

Direct deaths caused by lockdowns, and these are deaths that are called collateral deaths; so you actually lock down, and this actually caused a death. Now how could that be? If you remember, who can forget, hospitals were shut down, only for COVID patients, and we were terrified. We thought that if we even went to a hospital, it was sort of signing your death warrant. Lots of people missed cancer appointments, screenings, all sorts of things like this, and these people later died or died before their time.

One thing for the Commission to realize is that the costs are going to take a generation to figure out. We know these costs exist; we're trying to estimate them. People are making estimates, but the actual answer is going to take a generation. What does it mean to have a child that was born during COVID and never saw a human face for two years? You know, **the consequences of that will take 20, 30 years to find out. But we know they exist, and we are making estimates, and like I said, if you took any category of these costs and convert them to the value of lives lost, it swamps, swamps any benefit of lockdown.**

[Collateral Deaths]

I just want to focus in on this collateral death issue because it's something that we can get numbers at and can get estimates on. And again, if the Commissioners are unaware of Casey Mulligan, he's at the University of Chicago in the economics department. He's done lots of work with his students on this, and he's been working on collateral deaths, and he estimates for the United States that about 170,000 people died as a consequence of lockdown. In one of my papers that's submitted to you, I look into a study done in England that again looks at collateral deaths. And there, they go really deeply into what caused

people to die, and again, come up with a very large number of collateral deaths. Far more people died these collateral deaths than died of COVID.

Now I just want to show you on this category alone what this means. In the United States, up to December 2021, about 825,000 people died of COVID. If we take the Herby value of 3.2 per cent, if lockdown reduces mortality by 3.2 per cent, then that means only 27,000 deaths in the United States were averted. The other 800,000 people would have died anyway. That means that if we take the 171,000 people that were killed because of lockdown—that's the cost—and divide by the benefit of saving 27,000 lives, you still end up with a cost-benefit ratio of six. Remember again, the fast-ferry fiasco that brought down a government, the cost-benefit ratio was three. This is twice as worse. On this one category, you could reject lockdown just based on that alone.

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]
Just a few numbers going back to Our World in Data.

[00:45:00]

If you look at Canada, now here I'm being speculative. But if you look at Canada, the dark line is the line of excess deaths attributed to COVID in our country; the red line is the excess deaths not attributed to COVID. And you see that since the spring of '21, our excess deaths—I should define excess deaths: So for any given day, for any given week, for any given month, or any given year, there's an expected number of people that are going to die. In Canada, we expect on any given week of the year, about 800 people are going to die. If 900 people die in that week, we call the 100, excess deaths. The reason why we use excess deaths because it doesn't rely on some government agent categorizing you died of COVID-19 just because you tested positive. You got a bullet wound in your head, but I mean, we count you as COVID-19 because you tested positive. So it's a more accurate way of measuring excess deaths.

And so the red line: if there were 100 excess deaths in a week, the red line might say there was 90 of them were non-COVID related, and only 10 were COVID related. So we see since the spring of '21, there are excess deaths that are not COVID related—are high. Now, again, this is evidence you'd want to look into it, but there's evidence of these collateral deaths, people that were dying. It's more deaths than we think, and they're not COVID related. And so you'd want to investigate that.

[Estimated daily excess deaths per 100,000 people during COVID-19, World]
I was mentioning on the world scene, if you look at the world, excess deaths on the world, you see the COVID deaths on the bottom, you see the dark red line is the excess deaths that were not COVID. From the get-go, there have been massive excess deaths around the world. **And again, this is probably, it's entirely speculative on my part, but it's probably very much related to supply chain issues. You're in a country where you're close to subsistence and suddenly food supply chains get disrupted and you start to starve to death, right? And again, this is just one of the consequences of lockdown. We worry about what happened in our own country, but what we did had consequences to people that are far worse off than we are.**

[Estimated daily excess deaths per 100,000 people during COVID-19, Sweden]
If you look at Sweden, it doesn't seem like there's much evidence of excess deaths outside of COVID at all. And, of course, we know now that if you look at excess deaths in Sweden, Sweden, which experienced absolute minimal amounts of lockdown, had the lowest excess deaths of all European nations, even lower than Norway, its Nordic neighbour that got so

much positive review. And of course, they didn't suffer all of the cost consequences from lockdown. So they had none of the costs of lockdown, and they had the benefits of a low [thing.]

[Bottom Line: Cost/Benefit practically infinite]

So again, my conclusion from April '21, it hasn't changed. Lockdowns are not just an inefficient policy, but they must rank as one of the greatest peacetime policy disasters of all time.

Am I okay to go on and talk about just some economic logic of the mandates? It won't take long.

Shawn Buckley

Yeah, you absolutely are.

Douglas Allen

[Mistake #5: Vaccine Mandates]

Again, I'm not talking about the legal aspects of mandates, I'm talking about the economic rationale about them. They were illogical from an economic point of view. Things that you obviously know about the coronavirus: So you cannot isolate a coronavirus; it's not like smallpox that you can isolate and remove from a population. It exists in animals and birds and as well as humans, and so it's never going to be eliminated. It's constantly mutating, we all know that by now, and so even though you vaccinate against one strain, it's going to mutate and those mutations are often going to be able to avoid the vaccine. It's not like measles that you can get a shot when you're young and it's good for the rest of your life. There's no single vaccine that is going to protect you.

We also know from the vaccine literature that there are many non-responders for one reason or another. They get the vaccine, but they're not immune because they did not respond to the vaccine. What this means is that with our vaccines for COVID-19 is there was always large, what is called "leakage": that people who are vaccinated could get infected and they shed the virus and therefore can infect others.

[Vaccine Mandates, Problem 1]

These facts present problems for the logic of mandates, and I'll just point out two. The purpose of the mandate—the stated purpose of the mandates—was that the vaccinated person could be assured that the person sitting beside them in the movie theatre or the dining restaurant was also vaccinated.

[00:50:00]

And therefore, they were safe around that person. But the problem is, of course, just because you're vaccinated does not mean that you don't get infected. And probably most of us have been infected multiple times by COVID-19, even when we've been vaccinated.

I reveal some of my personal health information: I got COVID-19 in the fall of '21; I had received two of the vaccinations. At the time, we didn't know the different infection rates, but we did know that people with the vaccine were getting infected. Conditional on getting an infection, the vaccinated person still sheds the virus at the same rate as the unvaccinated person. So if I'm sitting beside somebody who's vaccinated, but they're infected, they're going to shed the virus as if they were unvaccinated. But here's the

dilemma: The person who is vaccinated will have fewer symptoms and is more likely to be asymptomatic, and so I can't tell that the vaccinated person beside me is infected. If they're unvaccinated, they may have sniffles or something like that, and I have a guess that they're actually infected, and I'll stay away. They probably know themselves that they're infected and they'll probably stay away as well.

The fact that the vaccine masks the infection actually makes it more dangerous to be around vaccinated people than unvaccinated people. And so the logic behind the mandate was faulty. I may have been in more danger, not less danger. It's really an empirical question.

[Vaccine Mandates, Problem 2]

Now, the second problem with mandates is this. The chief benefit of the vaccine, and we learned this in 2021, was that it reduced the severity in most people. I'm not saying there were not negative consequences.

[The Chief benefit of the vaccine is drastic reduction in severity of illness]

I'm saying for most people, it reduced the severity of illness, and we can see this. Here is the week-by-week death count in Canada, and this little bubble here, that's the delta variant. The delta variant had an infection fatality rate that was sort of similar to the beta variant and the alpha variant. But when the delta variant came along, a large fraction of the population was vaccinated. And unlike the earlier two waves, there was not the spike in deaths. The big spike that came after, that's Omicron. The reason why, even though Omicron was less lethal, why there was still a large death count was because it was so transmissible. A massive amount of people got infected.

[This means that vaccines were mostly a PRIVATE GOOD]

But my point here is that the benefit of the vaccine was that it reduced the severity of an illness. Now here's the point. That means that the vaccine is what we call a private good: if I get vaccinated, it benefits me. It really has nothing to do with you, nothing to do with you. The purpose of the mandate was because, presumably, this is a "public good" and that my vaccination is actually serving some public purpose. But it's not serving a public purpose: I can get infected and I shed the virus like anybody else. And so it's a private good and a fundamental core tenet, I think, on human rights and freedom is that you get to decide your private goods. Nobody tells you what colour of a car to buy. Nobody tells you whether you can get a driver's licence or not. We don't tell people what they have to eat at night. These are your choices because it's really nobody else's business. And your decision to get vaccinated or not is really an individual's private business because it only confers a private benefit. And so the whole argument that there's some "public good" nature of the vaccine, I think, is completely wrong.

[A core tenet of human rights is the freedom to decide PRIVATE GOODS]

And here's another thing from Our World in Data. We can look at the lockdown measures that were placed on people and you see what happened. We all know what happened in 2021, we put stronger measures of restrictions on unvaccinated people. And I think this is going to go down as one of the shameful episodes in the history of our country that we discriminated against people like that. Yeah, I'm sorry for getting emotional because there are people in my family that decided on their own to not get vaccinated, and they were told you couldn't travel, you couldn't go to a restaurant, you couldn't go to a theatre. We convinced everybody that the unvaccinated were going to kill everyone else, and so they were shunned and not invited places, et cetera. I think that's just a tragedy.

[How to Prevent a Future Relapse]

So how do we prevent a future relapse? I only have a few ideas and not solutions.

Shawn Buckley

And I'm just wondering, you know, we're getting close to the 60 minutes

[00:55:00]

and I am confident there's going to be a lot of—

Douglas Allen

I can stop there.

Shawn Buckley

questions for you, so I'll turn you over to the commissioners.

Commissioner Massie

Well, I have a couple of more technical questions. I really like the model you presented. But one of the things that always puzzles me with all of these models, like flattening the curve, it's not clear to me that the assumption that was made with any measure you take to flatten the curve was going to reduce the total number or just spread it in time. Because when I look at the curve we're showing in your model, the area under the curve is not the same.

Douglas Allen

Is the same, yes. So this is, again, another one of these sort of things, it was an evolving lie. So it's absolutely right. Those different curves that I showed you, the area under the curves are exactly the same. And what that means is, if you're looking at mortality, flattening the curve, according to those models, does not change the number of people who die. It just spreads them out. That's why the initial argument was, "Oh, we're just trying to not overrun the hospitals." Which was another red herring because a fundamental idea in economics is that the amount of goods available is never fixed. There's no such thing as a fixed hospital capacity. We can change hospital capacity like that. And of course, if you remember, we did. We set up hospitals all over the place and they just remained empty. Central Park in New York City was converted to a hospital. If you remember, President Trump brought in a naval ship with a hospital; it was never used, nor was the Central Park one. So, yes, exactly right. The initial thing was, "Oh, we're just worried about hospital capacity." You could make the argument that, look, if we defer infection, maybe a vaccine will come along and then we may avert a death. But you're absolutely right—flattening the curve only delayed infection.

The other thing—sorry if I could evolve—the idea became eventually the idea of zero COVID, that somehow for the first time in human history, we could take a virus that's spread throughout the population and somehow create a zero COVID. I mean, that's the extent of that sort of reasoning where it went.

Commissioner Massie

Yeah, I don't want to go to the zero COVID illusion. That's another story.

Douglas Allen

Yes, that's another story altogether.

Commissioner Massie

The other thing I'd like to ask you is a lot of these models and data we're getting from public sources, and I agree with you, Our World in Data is very good. But in all of these models, it's based on when you estimate—would it be COVID case or COVID hospitalization or COVID death—it's based on attribution. And if the attribution is biased, for whatever reason, technical, political, whatever reason—the calculation we're doing based on that is not that reliable.

Douglas Allen

Absolutely, you're talking about—I have to define what's a COVID death. Yes exactly, and, of course, I'm sure you've heard the average number of comorbidities is four: so these are people that are extremely sick anyway, and you've got dementia and heart disease, but you tested positive for COVID. But we know now, and especially in the U.S., that hospitals were given dollars for every COVID patient, the extra dollars for every COVID death, so there's a strong incentive to write COVID-19 down for everything. That's right, and so this is the academic's job to take into account for that, to try to work around it, and one of the ways you work around it is you use excess death numbers. Or in that British study that I cite in my paper, I mean, to actually dig deep into the medical records and find out what was the actual cause of death, what were the comorbidities, et cetera. But you're absolutely right, if you can't trust the cause of death, well, then, you're in trouble.

Commissioner Massie

My other question has to do with when we look at excess death. I mean, it seems to me that given the numbers that we know now are probably the best numbers we can estimate for COVID, real COVID death—it seems to me that very often these numbers are kind of close to the noise to what you can measure in actual excess deaths that varies according to the season and all kinds of other factors. So it makes the calculation or estimation of the real impact a little bit difficult. Like the three per cent reduction that was estimated, it was estimated based on taking for granted that the COVID deaths were what they were. But if they're not, then the three per cent could even be an excess or an exaggeration.

[01:00:00]

Douglas Allen

That could be zero.

Commissioner Massie

That could be zero.

Douglas Allen

Yeah, yeah, yeah, yeah, no, absolutely. So again, this is why I sort of stress, take a look at that Herby study. I mean, they sort of extensively consider these issues, and how can we handle them? And which studies actually controlled or tried to get at these issues, and which ones did not? I mean, they make an enormous effort to go through these studies and say, "What are the good ones and what are the bad ones? And let's throw out the ones that are kind of meaningless and look at the good ones."

[Estimated daily excess deaths per 100,000 people during COVID-19, Canada]

But again, even in this graph, I don't know if you can see it here, but I mean, you know, there is a confidence band and you can see over time the confidence band is growing because we don't have as good of a data. But yeah, these are all issues that a good academic is going to want to consider. And I guess the point I'd like to get out to the Commission is, there really are good studies out and there's lots of them, maybe hundreds or thousands of them. There are people like the Herby studies that are pulling them together and allowing people to look at them and write them up in a way that ordinary people can understand. And part of the reason for me being here today is that I think, just to even tell people about Our World in Data, that there are resources available right at everybody's fingertips to find out the truth.

Commissioner Massie

My last question would have to do with the fact that when you look at these curves up and down— And let's say we go all-cause mortality, we don't try to attribute. As we rolled out other measures than the lockdowns— Or other measures like the vaccine, especially the vaccine mandates that can create these very interesting short time, in terms of deployment of the vaccine in some areas, we went from zero to a very high number. In some of the cases, it was more defined in the area where they had the special mandates to really—like vaccine equity programs and stuff like that.

So when we look at the overall excess death mortality, people have examined whether when vaccines were rolled out, overall, was it beneficial in terms of excess death or not? Is that another additional factor that needs to be taken into account? Because we've seen that other non-pharmaceutical measures like lockdowns or masks and other things like that or smaller gathering were superimposed on the vaccine, so it makes the analysis of that very tricky in order to—

Douglas Allen

Very tricky. So these are all what are called confounding issues, right. There's all sorts of things going on at the same time, which again, not to get technical, but there are ways of dealing with it properly. Again, you know, using that difference-in-difference technique. Because I can find out there are two jurisdictions, maybe they're virtually identical except there's one difference, and so I can get an estimate to identify the effect of that one thing. And yeah, it takes a lot of work. And you've got to be really cautious when you just look at a correlation between this thing and that thing. It really can mean almost nothing.

But again, there has been lots of work to try to narrow in on what we call and identify the "causal effect" of— Like I said, there's lots of studies looking at each one of these things: What's the causal effect of a mask mandate? What's the causal effect of actually wearing the mask? Because you can put a mandate on and nobody watches it, so you know, there's that distinction. There's all kinds of distinctions. What happens when you put a lockdown on

and a vaccine mandate on at the same time? Again, it's a very tricky issue, but we do have ways of trying to identify the causal.

Commissioner Massie

Maybe just one last question, because I understand that there's a lot of data, you have to sort out the best studies in order to get the understanding. But it seems to me that when you show the data that was available very early on, that's pretty much what we ended up getting. So this data was pretty accurate. Why is it been ignored, even nowadays, by the health agencies?

Douglas Allen

Yeah, this is an interesting issue. One of the papers I submitted is on this. Why did we make the mistake not once, not twice, but five times? We continually made the mistake. And I think what's going on here is, it was not a conspiracy around the world. It was that every public health officer and politician had an incentive to basically double down. That they panicked in March of 2020—they knew, at least by the end of April if not earlier, that they made a tremendous mistake. But what are you going to do? Are you going to announce to the Canadian public that you just lost \$80 billion of their pension funds and all the rest of it? No. You're going to kind of hope that, well, maybe this thing will just go away.

[01:05:00]

And you remember at the time, it was two weeks to flatten the curve, but it got extended. Well, let's just extend it a little bit. Summer comes along; things settle down and you're kind of hoping that's the end of it. The last thing you want to do is admit you made a mistake. You're victorious. In fact, we re-elected a government on that victory in the fall. But now the virus comes back. Well, now what do you do? You can't admit you were wrong because you just got elected on your performance. So you double down. You say, "No, it's even more dangerous. We're going to have a real serious lockdown now because we think the vaccines are about to come."

And then when it comes back in the spring, you do it again. And just like in Blackjack, when you double down, the stakes get larger and larger. And so even in the spring of '22, when everybody had had Omicron, Omicron taught us all that it wasn't death that was at the door, it was Omicron that was at the door, and we were all going to survive it. And so even then, we almost had the Emergencies Act invoked. Why? Because the stakes were so high. You locked down people five times in a row, and now you admit that you've made a mistake? Not going to happen.

This is one of the things— Somehow, we have to be able to allow politicians and health officers, if they acted in good faith, they have to be allowed to admit they made a mistake. We can punish them at the ballot box. Now if they acted in bad faith, and if they broke the law, then of course that's another story. But somehow, if the politicians had known, if they could have said in May of 2020, "Oh my gosh, we panicked, sorry about that. And maybe you'll kick us out of office, but we're not going to be held liable for these things." Maybe we could have avoided it. That's a tough one.

Commissioner Massie

Thank you.

Commissioner Drysdale

I've got just a few short questions. You mentioned that some of the original models that were relied on by the Canadian government were by a particular researcher by the name of Neil Ferguson. With the unlimited resources the Canadian government seems to have, you think they would have gone and did go to the very best researchers in the world. Do you have any feeling for how Mr. Ferguson had done in the past with his predictions?

Douglas Allen

He had actually an abysmal track record. He's a physicist, he's not even an epidemiologist. And his physicist training probably led him naturally to conclude that there's no point in modelling human behaviour. But yeah, he had a very bad track record with the swine flu and SARS, the original SARS virus, et cetera.

I do know in the province of British Columbia that they relied on other modellers, two of them are at SFU. And I was just speaking to one of them two weeks ago. And they still have not added any kind of behavioural equations to the model. Still. It's three years later, right? And part of the reason is because an applied mathematician or an epidemiologist who has sort of this physics background, they're not trained in human behaviour. It's not like there's an equation that they just pull off the shelf and put in. They have to come up with the equation, right? They have to have some sort of training in, how do human beings respond?

There's lots of actual models out there. They're called SIRB models, the Susceptible Infected Recovered Behavioural. And these models are mostly developed by social scientists, including economists. And again, Andrew Atkinson and his team in UCLA were developing these models in 2020, and they're far more accurate in predicting the number of deaths. And in fact, one of the things I still have not had time to do— Atkinson has a model in the spring of '21 that is making forecasts all the way out to 2023. And he's pretty accurate. He has to guess at when people are going to get vaccinated and all the other kind of things. But it's not like these things are not done. It's just that I think a lot of the people that government is relying on have not been trained in human behaviour; they don't know what equation to throw into their model.

Commissioner Drysdale

With regard to your comment to Dr. Massie. I'm not sure if you saw a video that was played in this Commission of Theresa Tam in 2010 in a documentary that was done for the National Film Board where she said, "It's better to overreact at the beginning and then apologize for the mistake and move on." So I suggest to you that at least Ms. Tam knew that she could have changed direction, as she quoted herself in the National Film Board film.

[01:10:00]

Douglas Allen

I was unaware of that.

Commissioner Drysdale

Thank you.

Shawn Buckley

It looks like there are no further questions.

I just, on your point that you seem actually very forgiving of public health officials. And yet your evidence shows that as early as of March 2020, it was really clear that the models that our behaviour was being relied on were wrong. And that data never changed. It just kept getting confirmed and confirmed. So I believe your evidence is as of March 2020, we knew we shouldn't be locking down and there was no justification. And we also knew that they would be causing harm.

Douglas Allen

No. I agree. I mean, of course, the sooner they could have admitted a mistake, the better for them, better for everybody. And the longer that they delay that, the harder it is to admit your mistake. And the more likely it's bad faith, and as soon as it becomes bad faith, then you really have no incentive to admit that you're wrong.

Shawn Buckley

Now, I would like to thank you because first of all, I see why you've been named a Burnaby Mountain instructor. You're a very good teacher, and you have shared with us some information we didn't have and given us some understanding into modelling that hasn't been presented here, and so you've done us a real service. And on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for coming and sharing with us.

Douglas Allen

You're welcome. Thank you.

Shawn Buckley

I'll just wait. Dr. Allen is getting a standing ovation.

[01:11:55]

Final Review and Approval: Margaret Phillips, August 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 9: Zoran Boskovic

Full Day 3 Timestamp: 08:37:29–09:00:10

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

Welcome back. Our next witness is Zoran Boskovic. I hope I got that right. So if you would please give us your full name, spell it for us, and then I'll do an oath with you.

Zoran Boskovic

My name is Zoran Boskovic. First name Z-O-R-A-N. Last name B-O-S-K-O-V-I-C.

Wayne Lenhardt

And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Zoran Boskovic

I do.

Wayne Lenhardt

Thank you. Given the time constraints today, I think what I'll do just to shorten things up a little bit, let me give your bio, and you can correct me if I get anything wrong. You were born in Bosnia and Herzegovina, and you and your wife have forestry degrees from the university there.

Zoran Boskovic

Correct.

Wayne Lenhardt

Due to strife in the country, in 1994, you immigrated to Canada, and I'm quoting here, "with an 18-month-old baby and two suitcases," back in 1994. So at that point, you got work in

New Brunswick briefly; '96 you moved across the country to BC, and you got work with the Ministry of Forests there. In 2004, you moved to Kamloops. Your wife became operations manager with Kamloops Forest District and you were senior manager with Mountain Resorts Branch. So you took care of some ski resorts.

Zoran Boskovic

Correct, that was my last position with the Ministry of Forests with the Mountain Resorts Branch.

Wayne Lenhardt

So tell us what happened as COVID came along.

Zoran Boskovic

Well, we all heard through different testimonies and the expert witnesses that 2020 was the year where we didn't know a lot. There was some information out there, but the overall operations and the occupational health and safety within my workplace were put in place, and we followed those protocols and, more or less, there was no single incident within the workplace that I know of in 2020. Plus the government, at that time, introduced a gradual opening, and the Phase 3 was supposed to kick in sometime during the summer of 2021, and then Delta hit. I got infected in mid-August of 2021.

I should say during that period of time during 2020 and early 2021, there was a very limited number of people in the office. I was, due to my family circumstances: I didn't have extended family around me or kids of school age. Both my wife and I opted to be present in the office, and we worked from the office. My office environment was a small one, twenty people overall. But only five of us were present consistently throughout the summer of 2020 and the summer 2021. As I said, when I got infected with COVID, so did my wife. And I can only surmise or speculate that given the presentation and the context that was given by the expert witnesses, I got infected actually from the vaccinated people—I contracted the virus.

Wayne Lenhardt

Yeah, and at a certain point, they made having the vaccine a term of employment, is that right?

Zoran Boskovic

That's correct. Shortly after I got infected, I decided to leave the country and go and visit family. I had visited the family doctor and tested positive, and I asked if I can obtain the letter that I recovered from COVID. That was September of 2021. And the doctor asked why would I require something like that and I said, "natural immunity." If you recovered from COVID, it is actually recognized in most European countries. And even if some of them had any of the vaccine requirements or something like that, the equivalent of obtaining the post-infection, natural immunity would count.

[00:05:00]

Wayne Lenhardt

So you and your wife both applied for an exemption after you had gotten it, but you were both denied, correct?

Zoran Boskovic

That's correct. Sometime in October, a head of a public service agency announced that there will be a vaccine policy introduced mandating vaccines. We didn't know what exactly we would have and whether there will be any flexibility within the policy itself. That policy came into effect on November 1st, I believe. On the first day of the witness testimony, Mr. Philip Davidson provided very good review and overview of the mandate that was introduced with one stroke of a pen by the head of a public service agency.

So from November 1st when we had the opportunity to take a look at the policy—what it takes, what the requirements are—we had until November 22nd to comply with the policy. For the government or anyone else to make the medical treatment compulsory, it was a red line for us. We always believed in the informed consent. I tried to work with the family doctor to obtain that kind of informed consent; I shared a number of studies and information that confirmed the effectiveness of the natural immunity. That was in November, and there was silence and no response.

In December I followed up with an email with my family doctor too, and no response. By that time it was November 22nd. I had to disclose whether I'm vaccinated or submit the exemption request, which I did. I wrote the exemption request and while I was awaiting the response, I was directed to work from home. I was working basically throughout the month of December from home and in the month of January until I got the letter denying the exemption request on January 17. Effective January 19, I was placed on leave without pay, and if I don't comply within three months then I may be terminated.

Wayne Lenhardt

Yeah, so you were put on leave without pay for six months. Is that correct?

Zoran Boskovic

The three months past. Within the three months— I believe what is important for the Commission to know, and the people as well, was that I felt that I'm participating in a Kafka's Trial: You're communicating by a letter with someone; you don't know who that is. You send a letter providing more information. They respond basically dismissing, "Those are your subjective, you didn't provide any objective information," although I forwarded a link to over 50 different studies. It was everything dismissed. Beyond that three months, on leave without pay, they didn't communicate anything until sometime in June, seven days before they would terminate me.

It was June 23rd, I believe, I received one letter that the recommendations went to the assistant deputy minister for my termination, and I was terminated on June 20th, which coincidentally was the same date that the federal government lifted the vaccine pass and mandates for the federally employed workers. I thought throughout all this time, I was hopeful that there would be some common sense and logic returning to provincial government, but to no avail. So I was terminated June 20th and so was my wife. Whether it's a coincidence or not, within the same ministry, everything that happened to us, happened at the very same day. So we were placed on leave without pay the same day, and we are terminated the same day.

Wayne Lenhardt

So just to emphasize, you were suspended without pay

[00:10:00]

and then eventually terminated on the exact same day that the federal government lifted the restrictions saying that you had to get vaccinated.

Zoran Boskovic

Correct.

Wayne Lenhardt

Did you bring that to their attention?

Zoran Boskovic

I didn't have anyone to bring to attention. I mean, the letter was signed by the assistant deputy minister, but throughout that time I had never received a single phone call from my employer asking me about the situation or to explain why I'm going to be terminated or disciplined, for that matter.

Wayne Lenhardt

At that point, how old were you?

Zoran Boskovic

Sorry, can you repeat the question?

Wayne Lenhardt

Fifty-eight or how old were you?

Zoran Boskovic

I was, when I was terminated, 59.

Wayne Lenhardt

Okay. And you had put in over something like 25 years in the same department, correct?

Zoran Boskovic

I wouldn't say the same department but within the same ministry. I worked more than 20 years as a professional forester in various capacities and the last four years as a senior manager within the Mountain Resorts Branch. The same Ministry of Forests and Range.

Wayne Lenhardt

Okay. You had some other difficulties around this time as well. You were going to go back to your parents, and your wife's parents had some health problems back home. Tell us about that.

Zoran Boskovic

Yes, as I mentioned before, shortly after I recovered from COVID, I obtained that letter and I went to visit the family in a fear that perhaps the borders may be closed, and I just wanted to see my family before things perhaps got worse, after the Delta variant. My wife as well had the plan to go back home sometime in November because her father was suffering from stroke effects. He was immobile in a nursing home, and she promised to come and visit him. Because of the vaccine mandate and everything else, she decided not to go in the month of November, before the vaccine passports were put in place, fighting under a fear that she's going to lose a job and ability to support him in a nursing home.

She obtained the same letter, and we were determined to board the plane on the eve of December 31st of 2021. After a three hours ordeal at the airport in Vancouver at the boarding entrance, it was denied. There were multiple phone calls with some people somewhere, no one knows where to, to determine that basically she is not able to board the plane. The agent, to put further insult, commented that we should do our duty as the other Canadians did and get vaccinated. And shortly after that, my father-in-law passed away on January 10, 2022.

Wayne Lenhardt

At the time you went on leave without pay, your wife and you both ended up going on leave without pay, correct?

Zoran Boskovic

Correct. We were deprived of any income. We survived on some of the savings that we had and with no family support. We did apply for employment insurance the moment we were put on leave without pay—we knew that it is not in my contract and that it is contrary to the employment contract that I have signed with the government. They unilaterally changed the terms and the conditions. There is nothing within that contract that exists that the employer can actually put the employee on leave without pay, only on the request of the employee.

Wayne Lenhardt

You tried to apply for EI, did you not?

Zoran Boskovic

I tried to apply for the EI. I requested the record of employment to be sent to the federal government, to the Service Canada Agency, Employment Insurance and there was no communication for months.

[00:15:00]

I tried to follow up over the several months, and eventually in the month of May, I got a letter that my application for the employment insurance benefits was rejected based on the

assessment that a leave without pay is deemed suspension, and the suspension means misconduct. That was one ground. And the second ground that they put is that I didn't prove availability for work.

Wayne Lenhardt

But your wife also applied for EI at this point.

Zoran Boskovic

She did apply at the same time and, just like me, didn't hear anything until the month of May, and through the good fortune or whatnot, she actually was approved.

Wayne Lenhardt

She got approved, but you didn't.

Zoran Boskovic

It's just the arbitrary nature of who you're dealing with. And that's the state of the administrative justice that we have and the bureaucrats that decide who can or cannot get the support. So after 26 years of paying for the employment insurance benefits, I was denied the opportunity to get the social assistance when it was most needed.

Wayne Lenhardt

I believe you retired in September of '22, though, and then you would get a pension. Is that correct?

Zoran Boskovic

As I was terminated on June 20th, I know from that point on, I received that capital punishment in the employment law that my career with the public service was over.

Wayne Lenhardt

So you did get a pension at some point, did you not?

Zoran Boskovic

Because of my age and the length of service, I was eligible for the early retirement. So I applied for the early retirement and effective September, I am in retirement but, with that step, I've taken the financial hit of approximately \$900 a month in my pension income. So for the rest of my life, I'm going to be paying penalties every month. Nine hundred dollars for not obeying the employer's and the government mandate, and that will be a reminder for me for the rest of my life.

Wayne Lenhardt

And you're still just living on your pension. You haven't been re-employed, am I right?

Zoran Boskovic

I haven't been re-employed. We're still trying, as Mr. Phil Davidson in his testimony— We tried to put in a petition for the injunction to stop the firing of the public service employees. We were supported through the crowdfunding of the BC public. We formed a society called BC Public Service for Freedom Employees Society that crowdfunded the legal actions and, unfortunately, our petition for the injunction was rejected as we couldn't prove two of the three grounds for the petition. The judge agreed that there is a serious issue to be tried, but on a balance of convenience and the irreparable damage, we couldn't. According to a judge, we didn't prove it.

Wayne Lenhardt

Do you still have any ongoing court cases?

Zoran Boskovic

The second step of that proceeding was meant to be the petition for judicial review and that step hasn't happened yet.

Wayne Lenhardt

Okay, at this point I think I'll ask the commissioners if they have any questions they'd like to ask.

Commissioner Kaikkonen

Thank you for your testimony. I'm just wondering if we can get a copy of the original contract. You can redact your names, and also the letters for both you and your wife from EI. Just redact your names so we have that as evidence.

Zoran Boskovic

Absolutely, I believe those are public documents. So I am currently— I should add and explain that I went through all the levels of the appeal up to the leave to appeal that was refused with the Social Security Tribunal, and at the moment, from a few days ago, I submitted, as a self-represented litigant, the notice of application for judicial review with the federal court.

Again, self-represented as you can imagine, I'm not a legal expert. I'm trying to navigate. But we talked about access to justice a lot today,

[00:20:00]

and I did approach several lawyers and asked for representation and what would it cost. I got the estimate of anywhere up to \$50,000 to recover \$25,000, but it's absolutely out of reach for me. Access to justice is not available and that's what the public needs to know. I think through the testimonies of the expert witnesses, we learned that today and over the past several months.

Wayne Lenhardt

Just for the Commissioners, there are a number of documents that are attached to this file that you can find in your materials [Exhibits VA-12, VA-12a, VA-12b, VA-12c, VA-12d, VA-

12e, VA-12f, VA-12g, VA-12h, VA-12i, VA-12j, VA-12k]. But keep in mind that this gentleman worked, he started his employment some 26 years before, so some of the documents will be quite old.

Zoran Boskovic

Perhaps for the public, if I have enough time. When the Social Security Tribunal argued why I didn't meet the test and the criteria to receive, the Tribunal member at the general division altered the decision. Which the first reason to deny the benefits was I didn't prove the, I believe, it's reasonable— It wasn't a misconduct, but I think it revolved around reasonable alternatives.

Sorry, I can't remember exactly the reason for rejecting, and they altered and switched. The Tribunal member says it's not this criteria, but now it's a misconduct. And when it comes to the availability for work, they said that I set personal conditions—which is, I didn't get vaccinated and I couldn't get employed. Using that logic, not a single person who didn't get vaccinated would be eligible to receive the—

Wayne Lenhardt

I think our allotted time is very close to up. So are there any other quick questions from the Commissioners? No. Okay. I want to thank you very much for coming and giving your testimony today, Zoran.

Zoran Boskovic

Thank you for the opportunity.

[00:22:43]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 10: Wayne Llewellyn

Full Day 3 Timestamp: 09:00:25–09:16:40

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

Good afternoon. Next witness is Wayne Llewellyn, so if you could give us your full name, and then spell it for us, and then I'll do an oath with you.

Wayne Llewellyn

My name is Wayne Llewellyn, W-A-Y-N-E. My last name is spelled, L-L-E-W-E-L-L-Y-N.

Wayne Lenhardt

Do you promise that the evidence you're going to give today will be the truth, the whole truth, and nothing but the truth?

Wayne Llewellyn

I do swear.

Wayne Lenhardt

Thank you.

I'm going to bring you really quickly up to March of 2020. You had spent 35 years working for a major municipality and you retired in 2011, is that correct?

Wayne Llewellyn

That's correct.

Wayne Lenhardt

You presently live in Penticton?

Wayne Llewellyn

Yes.

Wayne Lenhardt

And you're starting to enjoy some of the hobbies that you wanted to explore during your retirement. So as 2020 came, tell us what happened.

Wayne Llewellyn

Well, March of 2020, I was on track to supplement my income by playing guitar in wineries, as well as serving in wineries and stuff like that. It was actually a dream job and that added up to about 10 per cent over top of my pension income, so I thought it was pretty good, living the right life.

I was walking home in March of 2020, walking up the hill, and I heard about these lockdowns and so on, and I said something just does not feel right here. Two weeks turned into two months, so I started to do my own research.

Before I get into all of the other stuff that I've done, what is really driving me in all of this is, I believe that I've got one family member for sure that's been vaccine-injured. She's a sister-in-law that lives in Ontario. She got both injections and ended up in hospital for about six weeks. She was initially diagnosed as having multiple sclerosis. They ran every test under the sun and eventually admitted that it was the vaccines that caused the injury. Now she can barely walk without a cane, and her children have to help her do basic things like get groceries.

Another family member, the dearest person in the world to me, got an injection in May of 2021 and six weeks later had to have their appendix out. I've also got three grandchildren and I can't see them living in the type of world that we're currently in today. Even starting back then, I said I have to do something.

I initially filed a complaint against Bonnie Henry with the College of Physicians and Surgeons in November of 2020, questioning whether or not she had the evidence that was needed, that there weren't more harms being done than good. What's interesting, shortly after that, I did receive a call from a member of her office, her name was Allison. She wouldn't give me her last name, but she asked me what my concerns were, and I think it was a follow-up of a fairly pointed email that I had written to Dr. Henry. I said, "You know, there's no evidence to support what's going on. There aren't dead people in body bags piling up everywhere." All this lady by the name of Allison could tell me was, "Well, there's a global pandemic, you know." I said, "Where's the evidence to support what's going on?" **She wouldn't tell me. That was on Christmas Eve of 2020, and as a public servant of 35 years, I would have never called somebody on Christmas Eve to talk about issues like that.**

By the time June of 2021 rolled around, I filed the second complaint against Bonnie Henry for violation of privacy. People in British Columbia had received an envelope from Dr. Henry that had a window on it with their name and then in bold blue letters across the top of it, it said, "A COVID-19 vaccine has been reserved for you" and to me, that's the same as saying your next colonoscopy has been scheduled. I filed a complaint on the basis of violation of privacy, again, expressing my concerns that there is no evidence. It was an experimental gene therapy that was being rolled out that has some evidence of it causing harm, up to and including,

[00:05:00]

death, and the communications that were sent along with that envelope were not factual. They did not meet the duty of confidentiality and, in fact, they were totally inappropriate and more coercive than anything.

I also, at the same time, filed a complaint with the privacy office and I got a reply from them. They investigated it and I eventually got a letter saying that the provincial government didn't have the authority to do what it did under both the *Public Health Act* as well as the *Freedom of Information and Protection of Privacy Act*.

Eventually the College of Physicians and Surgeons bounced out both of my complaints on the same grounds that they didn't have jurisdiction to hear the complaint, and my only options were to go to a second level of appeal, which is the Health Professions Review Board and/or go to the Supreme Court of British Columbia. Not being a lawyer, I don't know how to do complaints to the Supreme Court of British Columbia, so I pursued the Health Professions Review Board. I submitted every case that I could find that was previously decided by the Health Professions Review Board and included about 90 pages of information, and it was bounced out.

By the time September rolled around, John Horgan was on the news, and he was likening the unvaccinated wanting to enter into pubs and restaurants to be equivalent to unruly patrons and that if a business owner found that the unvaccinated were wanting to get in, they should call law enforcement.

To me, that totally violated the principles and the purpose behind the *BC Human Rights Code*, and it's predicated on three principles that I would like to share right now. The first one is to foster a society in which there are no impediments to full and free participation in the economic, social, political, and cultural life in the province. The second purpose of that Code is to promote a climate of understanding and mutual respect where all are equal in dignity and rights. The third is to prevent discrimination. That complaint went nowhere. I did receive one reply from the Human Rights Office saying would I like to have a conversation about it? And I said absolutely, I can't wait for a hearing date. I have heard nothing back since. In December, I'd also filed concerns with the BC ombuds person's office and that was also totally brushed off.

One of the more significant initiatives that I undertook started in October and November of 2021. A lady in the Maritimes had filed a criminal complaint with one of the local police forces down there. I got the information from her and made a template up using her information, as well as gathered all the information that I could. Along with three other people, we eventually did submit a criminal complaint to the Penticton detachment of the RCMP.

Before we got to actually submitting that complaint, I was able to get the signatures of just over 200 people that were also interested in the following areas that we believe should have been investigated by the police. They include assault, extortion, intimidation, breach of trust by a public official, criminal negligence, and administering a noxious thing. I included other information with that, probably one of the most significant pieces of information that I can recall—that I know that this Commission has already heard about—is the Pfizer post-marketing reports. In that report, there were 1,227 people that had died out of a total sample size of 42,086 people. And within three days, that complaint was bounced out of the Penticton RCMP detachment, saying that what we had submitted didn't mean a thing.

What is also interesting is, I know a gentleman in Victoria that went through the exact same process of gathering other people. He used the same information that I did. He went down to the Victoria detachment of the RCMP, and they told him there that they don't take criminal complaints.

[00:10:00]

In addition to that, he then decided he would go over to the Victoria Police Department, and he was able to sit down with one of their officers for about an hour and a half with three other gentlemen. In about 10 days, that was bounced out, for the same reason as the Penticton detachment individual had bounced out our complaint there.

Around the winter of 2021, I heard from Brian Peckford that said we have to learn how to start to hold our politicians accountable. So we started an MP accountability project. What I've done with that is, I've been able to collect the contact information of roughly 300 people that I know regularly write our Member of Parliament asking him to do things like safeguard our democracy and human rights; to serve the public's interest above all else; to ensure that he does things like act with integrity and avoid conflicts of interest—advising him of his duty to inform and educate citizens on the activities of Parliament and how citizens can actually engage in legislative processes. So far, I've been totally ignored over writing him probably 25 to 50 times, except for once, last month, where I received a one-line reply saying that our Member of Parliament was going to be in Parliament speaking about the issue that I've raised a concern about. He ended up not addressing it at all.

Another thing that I did was, by the time May of 2022 rolled around, I said, "Okay, filing complaints against Dr. Bonnie Henry is not working, what else can I do?" So I filed a complaint, along with four other people, against one of the individuals that work at the College of Physicians and Surgeons on the basis of them not doing their job. The title of the complaint is really that it's a failure to superintend the profession, which is one of the requirements of individuals under the *Health Professions Act*, as it existed at that time. The duties of all colleges are to protect the public and act in the public's interest. Even things like you heard from Dr. Charles Hoffe yesterday, how he tried to report vaccine injuries—which could be as a result of some sort of hazardous agent—and there is a section in the *Public Health Act* that requires doctors, or they call them prescribed persons, to report if they find that there is an adverse agent that's going around.

Another part of the complaint relates to the lack of the College enforcing things like the *BC Health Care (Consent) and Care Facilities (Admissions) Act*. Section 2 of that Act, the title of it is called Consent; Part 2 is Consent. I read the Nuremberg Code and then looked at Part 2 of the *BC Health Care (Consent) and Care Facilities (Admissions) Act*, and it basically codifies the principles associated with informed consent and so on. There are seven parts to that complaint. I don't want to go into them in too much detail because it's still under consideration by the College, and we haven't received the decision back.

But the seven parts are first is a failure to superintend the profession; a failure to enforce standards of practice and reduce unethical practice; a failure to enforce professional ethics; a failure to employ inquiry procedures that are transparent, objective, impartial and fair; a failure to observe practice standards guidelines, legislative guidance, such as the *BC Health Care (Consent) and Care Facilities (Admissions) Act*, as well as the codes of ethics and violation of public trust, as well as professional incompetence.

Wayne Lenhardt

Have any of these complaints been successful and, secondly, are any still outstanding?

Wayne Llewellyn

This one that I'm talking about right now is still outstanding and none of the others have been successful. Even when I filed a complaint for the violation of my privacy and I got that letter from the privacy office saying that the provincial government didn't have the authority to do what it did under those two pieces of legislation, I thought for sure there would have been some kind of sanction put against Dr. Henry, but there wasn't.

[00:15:00]

Wayne Lenhardt

Okay, and I presume that, while these lockdowns and whatnot were going on, you were unable to do your music.

Wayne Llewellyn

Absolutely.

Wayne Lenhardt

And also, you were unable get your other part-time income that you had with the winery companies.

Wayne Llewellyn

That's right. I refused to wear a mask. I did wear a shield for about two days, at one time, but, other than that, I said, "No, I'm not playing this game." I was going to be going to a new winery. I was really excited about it and that all evaporated.

Wayne Lenhardt

Is all of that employment back to normal now?

Wayne Llewellyn

No.

Wayne Lenhardt

No, okay.

Wayne Llewellyn

It could be. I might be able to get a job again, but I haven't been pursuing that. I've been trying to fight these battles instead.

Wayne Lenhardt

Okay, I'm going to ask the commissioners at this point if they have any questions for the witness? Going once. Going twice. Okay.

I think, in the interest of keeping our facility here from turning into a pumpkin, I'm going to let you go. Thank you very much for coming to the National Citizens Inquiry and giving us your evidence. Thank you. Good luck with the music.

Wayne Llewellyn

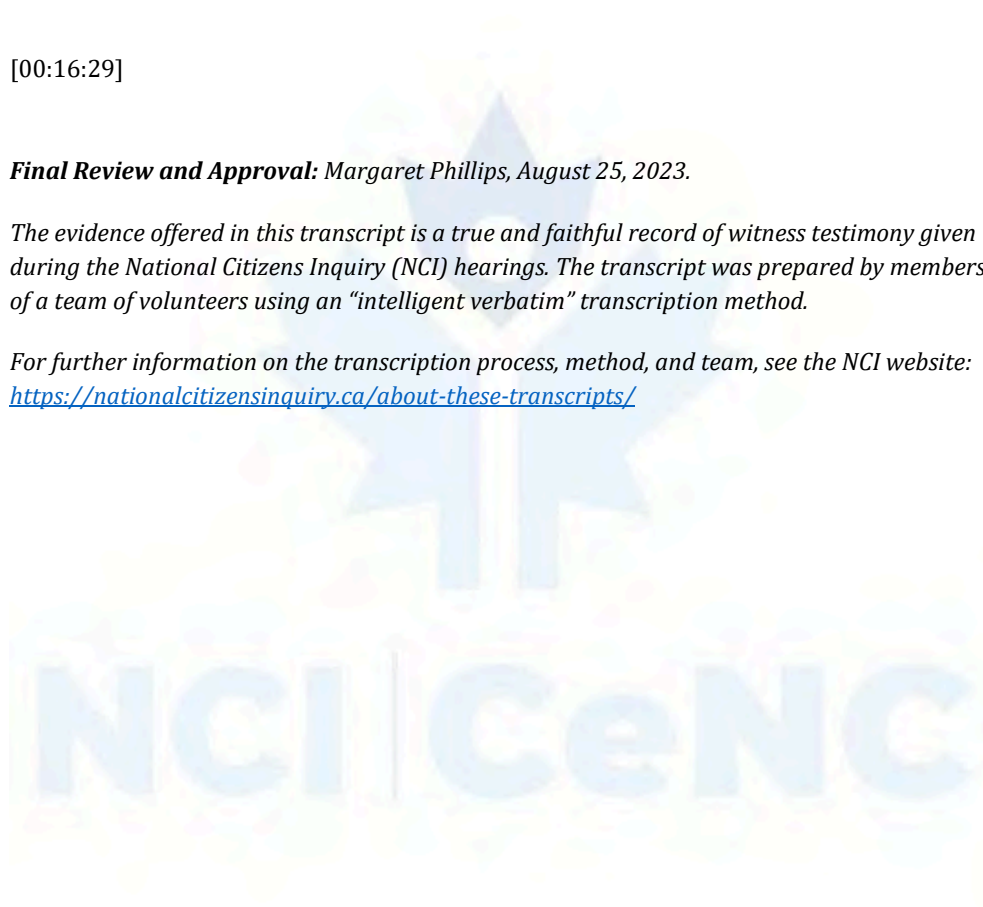
Thank you.

[00:16:29]

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 11: Paul Hollyoak

Full Day 3 Timestamp: 09:20:22–09:37:00

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

So I'd like to introduce our next witness, Paul Hollyoak. Paul, can you hear me?

Paul Hollyoak

Yes, I can.

Shawn Buckley

And do you have video on your computer or phone there?

Paul Hollyoak

Yes, it was showing. I'm just looking.

Shawn Buckley

Because we're just seeing your name. So I think there's, there we go.

Paul Hollyoak

There we go.

Shawn Buckley

There we go. That's much better. We can see you. Thank you.

Can you please state your full name for the record? Spelling you first and last name.

Paul Hollyoak

Full name is Paul Hollyoak, spelled P-A-U-L H-O-L-L-Y-O-A-K. No middle name.

Shawn Buckley

And, Paul, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Paul Hollyoak

I do.

Shawn Buckley

Now, my understanding is that you have worked twenty-eight years with the Coast Guard, eighteen of those years as a rescue specialist. Can you share with us briefly what a rescue specialist is?

Paul Hollyoak

A rescue specialist is a certification that a Coast Guard individual can get, and it involves operating a fast response vessel. There's some medical training involved. The placement is usually on a ship or a lifeboat, and the rescue specialist is usually responsible for deck duties.

Shawn Buckley

Okay. I just want people to understand you were one of those guys for eighteen years that went out there when no one should be out there to save lives.

Paul Hollyoak

That's correct.

Shawn Buckley

Okay. Now you ended up, because you're a government employee, being subject to these mandates for vaccination. And my understanding is that mandate for you came in, in the fall of 2021. You put things off as long as you could, but you ended up getting vaccinated in November and then December of 2021. Is that right?

Paul Hollyoak

That is correct, yeah.

Shawn Buckley

Can you share with us what happened after you became vaccinated?

Paul Hollyoak

Within the first couple of months after being vaccinated, I started to have low energy levels and difficulty breathing. Some of this I attributed to the fact that I was now in a desk job, rather than being as active on the water as I usually am. And so the energy level and breathing decreased over a period of time. I'm still having trouble with both of those situations. By May of 2022, I started to develop inflammation in my joints. So my hands

were first to the point where there was a time when I could not use my hands at all. My knees—

Shawn Buckley

So let me just stop you there and have you flesh that out. So what do you mean you couldn't use your hands at all?

Paul Hollyoak

It was extremely painful from my wrist all the way out to my fingers. So gripping things. I couldn't lift anything of any significance. And we're talking about not even being able to lift something that's like, being able to grip it: it was the grip, at that point, which was a problem, not even something that was like a 20-pound object.

Shawn Buckley

Okay, so basically, you can't lift things. So that's pretty well disabling you as a person at that point.

Paul Hollyoak

Yes, yeah, definitely. It's extremely frustrating—when I've been on the water saving lives and fixing problems for people—and not being able to open a jam jar,

[00:05:00]

or sometimes even a plastic wrapper could present problems for me at home.

Shawn Buckley

Right, okay. And you were also talking about inflammation in your knees and feet. Can you share with us about that?

Paul Hollyoak

Yep, so the inflammation in my knees makes it extremely difficult to be up on my feet for any length of time. It's also, even right now, I can feel my knees. If I sit in one spot for too long, then being able to switch to a different position can be extremely painful as well.

Shawn Buckley

Are you able to walk far?

Paul Hollyoak

Not extremely far, no. Not compared to what I used to do, prior to vaccination. I was a skier; I was on ski patrol and I used to hike a lot. That's not possible now. I can take the dog for a fifteen- to twenty-minute walk. That's about my ability to get out and about.

Shawn Buckley

Right, okay, so carry on. My understanding is that some other things suffered after the vaccination. So for example, can you tell us about your cognitive abilities?

Paul Hollyoak

Yeah, by August anyway, if not July of 2022, I started to find it difficult to be able to handle tasks like troubleshooting, also being able to juggle multiple things. As a program manager for the Coast Guard running the Inshore Rescue Boat program, there was often, I know, half a dozen things on my desk at any given point that I would be able to figure out. And then something would fall through the cracks, and I'd have to rethink the whole thing. Now, I have trouble sometimes formulating sentences. And if I have to troubleshoot something, it takes me a lot longer to figure that out, something at home that needs to be fixed or whatever.

Shawn Buckley

Yeah, and I didn't mean to cut you off. I want you to expand on that a little more. So I want people to understand. You're talking about this period in the summer of 2022, you were a program manager for the Coast Guard at that time. So you had some pretty heavy responsibilities, and you had to be keeping track of a lot of things.

Paul Hollyoak

That's correct.

Shawn Buckley

Yeah, so by the time September 2022 came around, you actually were no longer able to do your job as program manager because of the cognitive difficulties. Is that right?

Paul Hollyoak

That is correct, yeah. I was handing a lot of my responsibilities off to a subordinate that was taking care of things. And I even took the last two weeks of September off on leave, hoping that I would be able to have a break from work and regain some of that stuff. Whether you know, I thought maybe it was stress at work that was causing it or whatever. But after a couple weeks of leave in September, it was obvious that this isn't what was going to be solving the issue.

Shawn Buckley

Right. So my understanding is you then in the fall of 2022 went on sick leave. Basically, you had a whole bunch of sick time booked because you had just never been off sick before.

Paul Hollyoak

That's correct, yeah. Yeah. I had maybe six months off prior for an injury to my hand, but other than that I have not been sick. And so October 1st, I went on sick leave and that is going to carry me through until mid-June of this year.

[00:10:00]

Shawn Buckley

Right. And then in May, June of this year, when your sick time runs out, you're going to be placed on long-term disability.

Paul Hollyoak

That is correct, through my health program or whatever it is. That will be 70 per cent salary starting in June.

Shawn Buckley

Right. Are you in any pain on a day-to-day basis?

Paul Hollyoak

It fluctuates from day to day. And my knees are probably the worst culprit. And also, the fact that I'm not getting out and about as much. I'm not exactly bedridden; I have been at times. But, you know, you lose some of the ability to get into a comfortable spot, and so other things start to hurt. Like if I'm leaning on my elbows more because my hands are hurting or whatever, the position that I'm in, then my elbows start hurting. And so it can be a general achy feeling in my whole body. Other days it might be just my knees that are causing the issues.

Shawn Buckley

Now, you had told us earlier that you had had some real difficulties with your hands. How are your hands now?

Paul Hollyoak

My hands still present a fair bit of problem. A rheumatologist put me on hydroxychloroquine to bring down the inflammation, and that's held to a large degree. Making a fist and applying any pressure to anything causes pain. It almost feels like my fingers are too fat, and it's the only way I can kind of explain it. But yeah, I've not been able to play guitar or do anything that requires significant strength in my hands, probably for eight months anyway.

Shawn Buckley

Right, and my understanding is that you're also now on oxygen two or three hours a day.

Paul Hollyoak

That is correct. A doctor that I'm seeing actually wanted me to attend a hyperbaric chamber on a regular basis.

Shawn Buckley

Now, I don't know if you're still there because your screen froze, so we'll just wait a second to see if it unfreezes. And Paul, you're still frozen. So if you can still hear me, we'll cut off and go into a live witness. And if you can still hear me, I can tell you we were getting close to, oh there, you're back. I don't know if you could hear me during that time. It's funny how Zoom will freeze sometimes. And now you're frozen again. If it comes back, I—

Paul Hollyoak

Yeah, my apologies.

Shawn Buckley

There you go. Yeah, so what I was hoping to, and I was getting close to the end of my questions.

But you'd spoken about having breathing problems and you're on oxygen on a daily basis, and I'm just wondering if you can share with us a little more detail about the breathing problems and why you're on oxygen.

Paul Hollyoak

It's related not only to the breathing problems, but it's oxygen perfusion as well. So the breathing, the pulmonologist is calling a form of pneumonia, which is related to the inflammation kind of generally happening in my body. So it's inflammation in the lungs that is causing that and makes it difficult at times to do anything for a period of time because of the fact that I get short of breath. The other part is that we're trying to increase the oxygen

[00:15:00]

in my blood cells. My hemoglobin count is down, and so we're trying to monopolize on the ability to get oxygen throughout my body—and breathing concentrated oxygen allows that to happen more effectively.

Shawn Buckley

Okay, Paul those are the questions I had. I'll ask the commissioners if they have any questions, and they do.

Commissioner Massie

Thank you very much, Mr. Hollyoak, for your testimony. I was wondering whether the side effect from your vax has been properly reported to the Health Authority.

Paul Hollyoak

No. Basically because the specialists that I've been seeing are reluctant to use those words. The closest they get is calling it a significant multi-systemic disease. Even though I've used the words vaccine, they've been reluctant to do the same.

Commissioner Massie

Thank you.

Shawn Buckley

Thank you. Those are the questions. Paul, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing with us today your story.

Paul Hollyoak

Thank you for the opportunity to share.

[00:17:47]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 12: Shaun Muldoon

Full Day 3 Timestamp: 09:40:13–10:02:05

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

So we'll move on to a different witness, Shaun Muldoon. Shaun, can you state your full name for the record, spelling your first and last name?

Shaun Muldoon

Shaun Muldoon, S-H-A-U-N M-U-L-L-D-O-O-N.

Shawn Buckley

Shaun, do you swear to tell the truth, the whole truth, and nothing but the truth, so help you God?

Shaun Muldoon

I do.

Shawn Buckley

Now, by profession, you are a quality manager, and I think you are the only witness we've had here today that's born and raised in Langley.

Shaun Muldoon

That's correct.

Shawn Buckley

Okay. Now, you're here to speak about a vaccine injury, but I wanted to ask you first why you chose to get vaccinated.

Shaun Muldoon

I chose to get vaccinated. It wasn't out of fear of COVID per se. At the time, all the social activities had all been closed. My parents, being elderly, were very concerned about COVID. I wanted to make sure that I wasn't going to spread COVID to them, and I also just kind of wanted normal life back so we could start having events and activities. Sporting events were cancelled. You couldn't go to the movies. You couldn't have parties over. And I just wanted normal life back, and I also wanted to do it to protect my parents as well.

Shawn Buckley

Right. And so, you got your first dose of the AstraZeneca vaccine. Can you share with us what happened?

Shaun Muldoon

April 22nd, 2021, relatively, I guess, early in the vaccine rollout, I went and got AstraZeneca. It was the only vaccine available to me at the time. I actually didn't know anything about the vaccines. I hadn't done any research. I didn't even know the name of the vaccine that I'd gotten. I knew there was Pfizer and a couple other ones. I really didn't care which one I got. I wasn't concerned about it. I had no hesitation. I wasn't worried about them whatsoever.

About, I guess, a week later, I hadn't had any ill effects whatsoever, but I went to bed on a Sunday night feeling absolutely fine. I woke up in the middle of the night with some stomach pain and it persisted throughout the night. It was quite intense. In the morning, I threw up a couple times and I called in sick to work. And I don't throw up. I'm a very bad thrower-upper, as my wife says. It sounds like I'm screaming at the toilet and so it's very uncommon for me to throw up.

So I decided to call the doctor and just talk to him, and he basically said, "Well, you don't have any COVID symptoms. It's probably just a stomach bug. Maybe call 8-1-1 just to make sure." And he said, "We'll kind of worry about it if it doesn't improve over the next few days." 8-1-1 wasn't concerned about it at all: I had no COVID symptoms. They said just carry on.

A couple days later, I did have a fever, so I went for COVID tests. It came back negative. And then on Friday, it had been a long week: I'd barely eaten. I'd been in a lot of pain. I hadn't been vomiting throughout the week. On Friday, I called my doctor and said, "I'm not getting better. I'm still in a lot of pain." And he said, "well, give it a couple more days," and I did mention, I said I was vaccinated.

Shawn Buckley

So when you call your doctor on Friday, I mean, you've been sick since Monday.

Shaun Muldoon

Since Monday. So I spoke to him on Monday morning and again on Friday. And he said on Friday that if my condition didn't improve that, you know, "give it a couple more days," and then we'd investigate it further. I did mention that being vaccinated, a couple weeks earlier at this point, and he said, "Oh, it's very unlikely that it could be from that; there is no concern in that regard." Then that night, I deteriorated very rapidly. The pain went from tolerable to just excruciating. In the morning, I started throwing up and passing blood.

Shawn Buckley

And then you went to the hospital.

Shaun Muldoon

Yeah, um, sorry.

Shawn Buckley

No, take your time.

Shaun Muldoon

Yeah, when I started passing blood, at that point, I immediately called my wife and said, "I need to go to hospital; something is wrong." And so she was out; she ran home and grabbed me.

We live five minutes from Langley Memorial, so we got to emergency and I kind of charged past the security man that was there who was asking me if I had any COVID symptoms. I actually said, "Yes, but I tested negative. Where's your bathroom?" And he sent me to the corner of the emergency ward there, and I went to the bathroom and just started— nah, I'm sorry. I've told this story a hundred times. I don't normally get too upset. But I just started vomiting profusely in the bathroom. Just between, like, the pain and the exhaustion, just in a ball on the floor, I couldn't get up.

[00:05:00]

I actually texted my wife from the floor, and said, "I don't think I can come out." She just replied and said she was checking me in. And after about five minutes or so, I did kind of pull myself together—which I'm going to try to do here today as well—and I made my way out to emergency where she was checking me in at that point.

They got me into the room pretty quickly. There was kind of like a dentist chair in the room. I don't know if that makes any sense, but that was the room I ended up in, in emergency. I couldn't even sit in the chair. I was still on the floor; I kept having nurses tell me I had to get off the floor. And I'd try; I'd sit back in the chair. But the pain was just like nothing I'd ever experienced. I actually don't remember much from the rest of the day. I think I was just kind of oblivious to what was going on around me. I don't remember the doctors. I don't remember the nurses. I was sent for quite a few tests. I don't even recall what tests I was sent for, if it was CTs or MRIs.

The next kind of vivid memory I have was heading down a hall and through a set of doors into an incredibly bright room and asking the nurse, I said, "Am I going for surgery?" And she said, "Yes." I said, "So this isn't a stomach bug?" And she kind of laughed and she said, "No, this isn't a stomach bug." And I just kind of asked, "What time is it?" I'd gotten to the hospital around 11:30 or noon that afternoon, and the one doctor—it turned out was my surgeon—said, "It's just after three." And I said, "Oh, like in the afternoon?" And he said, "No, it's just after 3 a.m." And at that point I became very scared because I was trying to figure out why I was getting ran down a hallway and into a surgery at three in the morning. But then they just, they knocked me out, and, you know, the room goes black. And then the next day I woke up in the ICU.

Shawn Buckley

And did they explain to you the next day what had happened?

Shaun Muldoon

Yeah, the surgeon came to visit me, and I woke up and I was full of tubes, as you do. And I had these two compression leggings on that would inflate and go back and forth, and I had a heart rate monitor on. And the surgeon came to visit me and kind of exposed— I had a big, huge spacer in my stomach, and he explained that I had a blood clot in my portal vein and that I'd lost about six feet of my small intestine.

Shawn Buckley

So can you explain to us what vein that is?

Shaun Muldoon

Not specifically, not having a medical degree. But the portal vein, it feeds blood to your internal organs, and so it had cut off blood supply to my intestines, the clot that was there.

Shawn Buckley

Right, so your intestine actually had died, a portion of it had died.

Shaun Muldoon

Yeah, I had lost just over two metres of my small intestine; I lost what's called your ileum. And the surgeon explained, basically, that the reason that I was still open and they hadn't stitched me up is because they'd taken as much intestine as they could for me to ever, kind of, have hope to have a normal life again. It wasn't recoverable: the intestine was gone. But they left some intestine in place that was very unhealthy, hoping it would recover because at this point, he wanted to make sure I retained every inch that I could.

A couple days later, they did a second surgery and about 10 centimetres of intestine had died. So they removed that, but the rest was recovering. So at that point, they gave me a stoma, so I had an ostomy bag, and they closed me up. So that was, I think, maybe day three in the ICU, or day four.

They didn't know what had caused my blood clot. I didn't have any of the traditional markers for blood clotting. But on the next day, they told me that they had found blood clots in both my lungs, and then the day after that, they'd found blood clot in my spleen, my abdomen. And they said there were five that they were watching quite carefully and they were very concerned about.

Shawn Buckley

And I just want to back up. My understanding is they did a CT scan of you. So when they're telling you, you have blood clots and where, I mean, you actually have these blood clots you're describing.

Shaun Muldoon

Oh, absolutely. I'd had many CTs. I make jokes that I should glow in the dark. I had two in one day, which, apparently, you're not supposed to have, and it was actually initially refused, but the surgeon said I had to go for it. This was before they knew what was happening.

My surgery was exploratory surgery, which I've been told doesn't happen anymore. It was an emergency exploratory surgery. The ER doctor had called the surgeon at one in the morning and said, "put a team together and come to Langley." And I guess the surgeon had initially asked if they could do it the next day and was told, "No, we can't wait till tomorrow." Because of that scenario, even being an emergency surgery and exploratory surgery, they didn't know what they'd find.

When I asked the surgeon, I said, "Am I going to live through this?" He hesitated long enough to make me very uncomfortable. And he just said that when they first opened me up and found all my intestines were dead that they didn't know if I was going to survive the surgery or not.

Shawn Buckley

So what happened next?

[00:10:00]

Shaun Muldoon

About day four, I guess, in the ICU, what was happening to me, they still didn't really know. They knew I was filling with blood clots. I'd been given an IVIG treatment, which is kind of supposed to shut down your immune system because I was clearly causing more clotting. And they'd also sent my blood work off, kind of all across North America and Canada for various tests. I think it was day four, I had a group of doctors, maybe half a dozen or a dozen doctors and specialists, they set up a table beside my bed in the ICU. And one of them came up and said, "We've concluded the investigation. It was done by McMaster University out in Ontario"—that's like a leading vaccine research centre in Canada—and he said, "This was caused by your vaccination."

Shawn Buckley

Okay, so they conclusively came back at that point and said it was caused by your vaccination.

Shaun Muldoon

Yes, I'm diagnosed with vaccine-induced immune thrombocytopenia, they call it VITT. And basically, when my body started to produce antibodies to fight the vaccine—the antibodies it produces are called platelet factor 4 antibodies or PF4 antibodies—and they activate your platelets, and your platelets clot. That's what they're supposed to do. But this is severe, aggressive clotting, and it actually kills you very, very, quickly if it's not treated.

Shawn Buckley

Right, and now my understanding is you had some particularly bad experiences in the hospital, and one involved your colostomy bag kept falling off. Can you share with us that event and then also mentally how you were doing?

Shaun Muldoon

Yeah, the time in the ICU, obviously it was in the peak of COVID when there was no visitors. They were quite good about letting my wife visit me just because at that point, I was kind of on, you know, deathwatch to some degree. I've never seen doctors that just looked so confused and concerned and scared. Because my surgery wasn't planned, normally when you have a stoma in an ostomy bag, they kind of plot it, where they want to have it. They get you to move and bend and make sure it's in a convenient spot. Well, we didn't have that opportunity. And so, my ostomy is right beside my belly button.

Unfortunately, I've got kind of a roll of chub right there. And so an ostomy bag is like a big band-aid, they just stick it to you. But every time I bent over or moved, it would crease it and then my output would leak out of the ostomy bag. Because my intestine was so short, I had a very high-output ostomy. It needed emptying like 10, 12 times a day. And so once it starts to leak the fluid—and like, it's not vomit, it's not diarrhea either; it's kind of somewhere in between the two—it leaks out and then the absorbent lets go. And so, my ostomy bags would just fall off my body relentlessly.

And the one nurse, she was really good. And she came up the third time it had broke open that day and I was soaked again. And they changed my bed and my clothes. And she said, "Is it me?" And I'm like, "No, you're one of the good ones." Like she was very confident, she knew what she was doing. And she patched me up and 15 minutes later, it fell off again. I'd just gone to bed and I was soaked again. So I had two nurses, they kind of stripped me naked and they got me cleaned up again. And I had one of these moments. I've had a lot of these moments.

It's finally after, I'd say, I spent three weeks in the ICU. I got moved to Surrey Memorial because that's where my hematology team was. And I'd say week four or five, they finally found a product that worked for my stoma. And I ended up using that product for the duration of the time that I had my stoma for—before my reversal was done to get reconnected.

So yeah, getting the colostomy bag or an ostomy bag was an absolute nightmare. I've been soaked in ostomy fluid more times than I care to admit. After I was discharged from hospital, it still happened repeatedly because we still hadn't found the ideal product yet. So I mean, losing the intestine and getting the ostomy bag, it was, like I said, it was a pretty upsetting aspect of this.

But what was actually the scarier aspect was the fact that they couldn't figure out why my blood was clotting, and they didn't know how to treat me. And I had a doctor who approached me—had many doctors that just came to visit me out of curiosity—and he said, "We know very little about the adverse events from these vaccines and we know even less about treating them." And he told me that he thought they had jumped the gun to some degree with these vaccines. When I asked my doctor, "How come we weren't warned about VITT? How come nobody had told me about the possibility of VITT?" The doctor said, "Well, we didn't know."

[00:15:00]

Shawn Buckley

And my understanding is you're going to be on blood thinners for the rest of your life?

Shaun Muldoon

At this point, yes. I'm still producing the PF4 antibodies, so I'm still a blood clot risk at this point. They wanted to reverse my ostomy sooner, but they were very reluctant to because they didn't want to take me off blood thinners even for two days to do the surgery. So at one point, they said it'll be three months and then it was six months. At the nine-month mark, I was hospitalized again. I'd gotten incredibly weak and malnourished and dehydrated. I've been told at this point I probably should have been on parental nutrition. I should have been on TPN [total parental nutrition], but they were hoping I could just eat my way healthy and I spent six months failing at doing that.

And so in January of last year, my health had deteriorated to a point that they said, "We can't wait any longer; we just need to reconnect what's left of your"—You know, I had no colon at this point, and there was a bit of ileum still attached to my colon, so when they reconnected that, I got a bit of my small intestine back as well.

Shawn Buckley

Okay. Now, can you speak about your mental health and how that was affected?

Shaun Muldoon

I stayed—well, I tried to stay—positive initially. Actually, I had a lot of nurses comment on that, that I seemed to be in pretty good point, and I said I just want to focus on recovery, that's all I can really do. I wasn't bitter or upset about what had happened. I just kind of thought I was an unfortunate one in the process until the vaccine passport got introduced because I wasn't considered vaccinated. I'd only had one. The doctor in internal medicine and my hematologist come and spoke to me and said, "No more jabs, no more pokes, at least not until you make a full recovery, then we can discuss it at that point." And then a couple months later, the passports came in, and so I asked for an exemption [Exhibit VA-8a]. And my hematologist called me back and said, "You're not eligible for an exemption from further vaccine."

Shawn Buckley

So a team of doctors has agreed that you were injured by a vaccine that has literally almost killed you and destroyed your life, but even in those circumstances, you were not eligible for a vaccine [exemption].

Now, we're running short on time, so I'm going to have to lead you a little bit. But my understanding is that the effect on your family life from this has just been tremendous: that for about a year and a half you were—just using your words when we had a conversation earlier—useless as a father and husband. That, basically, your wife kind of felt kicked to the curb because of all the attention that was having to be focused on you. And you're not sure how your marriage is going to do, going forward.

Shaun Muldoon

It was almost, like I had lost my intestines and I spent almost a year recovering, and I had a second surgery when they reconnected my intestine. I was incredibly weak, and it was a long, slow, recovery from there as well. I spent a lot of time incredibly weak, exhausted, fatigued, and I was, as a father and as a husband, pretty useless, to be honest. At one point, I felt like I was a third child for my wife to take care of.

We already had a lot going on, both the kids are in sports and coaching and everything else. It was incredibly difficult on my relationship, even just our family life. It was incredibly trying, and I feel like we're still recovering from just trying to fight our way through this.

I've never known true fatigue before when you can barely get out of bed. I had to deal with some depression as well because my body wasn't working very well. And then just the anger and the bitterness that the fact that the province didn't seem to want to help, the federal government wasn't going to help. I was medicated. I was very angry at the world for a period of time and so obviously, that contributes to a struggling relationship as well.

Shawn Buckley

Thank you for sharing that. I don't have any further questions and I'll ask if the commissioners have some questions of you. And there is a question.

Commissioner Massie

Thank you very much for sharing this incredibly sad, sad story. What's the prognostic for your health moving forward?

Shaun Muldoon

I have short bowel syndrome now, having lost a considerable amount of my digestive tract. So I have bowel issues, digestion issues, and absorption issues. So I kind of have my staples I have to stick to or else I have bowel issues. Even sticking to my staples, I still tend to have them. I'm on Vitamin B12 injections. I'm still on a blood thinner, and I'm on like a whole slew of supplements trying to ensure that I'm not malnourished. For some reason I still seem to struggle with dehydration issues as well. When I got my colon back that helped significantly.

My hematologist wants to just leave me on blood thinners for the time being. When I had COVID last year, I finally tested positive for COVID about a year later.

[00:20:00]

I called her and said, "Should I be concerned about blood clots because COVID can potentially cause blood clots?" And she says, "Well, no, you're on blood thinners at this point, I'm not concerned about that."

So I'd say even in the last few months I've noticed my energy levels have started to improve. I don't want to say I had brain fog, but my cognitive ability was just decimated. I was on 100 milligrams of prednisone a day, my whole body just trembled. I was told 70 is kind of the max, and I was on 100 for quite some time. And so I feel like I'm still going

through my recovery at this point, and so I'm not sure I'm going to make a 100 per cent recovery. I'd like to have my intestines back, but I think the last few months has been pretty positive.

Commissioner Massie

Do you know of other people that had similar vaccine injury?

Shaun Muldoon

Yeah, I know of a few. There's a woman in Squamish that also has VITT. And then I'm in a VITT support group with mostly people in the U.K. because they gave out AstraZeneca for the duration, so they have lots of cases of VITT. And then there's also some people from Australia in the group as well. And so, you know, it's a support group for people that are kind of going through the thrombosis and thrombocytopenia.

Commissioner Massie

Did any of these doctors come up with some sort of explanation why you were more affected than other people by this condition?

Shaun Muldoon

No, they don't know. I'm part of numerous studies trying to determine what causes some people to produce these antibodies and not others. At this point, there's no answers.

Commissioner Massie

Thank you very much.

Shawn Buckley

Thank you, Shaun. There being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story with us.

Shaun Muldoon

No problem.

[00:22:09]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Witness 13: Camille Mitchell

Full Day 3 Timestamp: 10:02:27–10:14:08

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Wayne Lenhardt

Can you hear me now, Camille?

Camille Mitchell

Hi, yes. Sorry about that.

Wayne Lenhardt

I can relate. I have the same problems with this equipment every once in a while. Okay, could you give us your full name, spell it for us, and then I'll do an oath.

Camille Mitchell

Yes, it's Camille Mitchell, C-A-M-I-L-L-E, Mitchell, M-I-T-C-H-E-L-L.

Wayne Lenhardt

Do you promise that the evidence you give us today will be the truth, the whole truth, and nothing but the truth?

Camille Mitchell

Yes, I do.

Wayne Lenhardt

Okay. You currently live in Shawnigan Lake, BC. Am I right?

Camille Mitchell

Yes, that's correct.

Wayne Lenhardt

Let me lead you through a couple of things and then you can tell us your story. You have been a pharmacist for 26 years. Am I right? And the last nine years you had a position in a hospital?

Camille Mitchell

Yes, that's correct, in Duncan.

Wayne Lenhardt

Okay. It looks as if you've gone through the typical scenario here. The mandates came in, and I guess you said you're not going to take this jab. Maybe you could just give us a quick run-through of what happened at that point.

Camille Mitchell

Well, I just wanted to briefly touch on my history into why I didn't want to take the jab. In my experience as a pharmacist in community pharmacy for 15 years, I had observed many things that made me very cautious about new substances: things like, black box warnings, medication recalls, and watching things like Paxil-withdrawal side effects disappear. So I knew right away that I wasn't going to take it.

I'm not sure what you want to hear about the termination. After I got terminated, I went back into community pharmacy from the hospital. To proceed with that, I had to recertify to administer injections because that's what most of the pharmacies wanted you to be able to do. I had received that certification before I went into hospital. But because I was in hospital, I didn't maintain that certification. So I had to start over doing that and in the process, I had to do a course called the Immunization Competency Course. Obviously, I had done it in the past, but I was redoing it.

I noticed one particular module entitled Immunization Communication Principles. It was something that was new to me; I don't recall doing that the first time around. And I found that the information in there was really pushing people into getting vaccinations. I was just second-guessing myself and, maybe, I just didn't recall doing it the first time around. But when I actually looked into it, this particular module was done in 2008, was redone in 2014 and then, it was done again in 2021, specifically to address vaccine hesitancy. It was very leading, very nudging. They wanted you to use presumptive statements to assume vaccination. It just really stood out to me that that's what their goal was, to just push, push, push the vaccines.

Wayne Lenhardt

Okay. Let me just pick up the trail of timeline here. You're fired from your hospital pharmacist position you'd had for nine years because you didn't want to take the injection. You tried to get an exemption with a declaration of faith and that didn't work. They didn't even reply to you. Am I right?

Camille Mitchell

Yeah, that's right. I had submitted it up a chain of command. In registered mail, I sent a declaration of faith

[00:05:00]

in addition to a notice of liability [NOL] to the President of Island Health and to the President of the Health Sciences Association [HSA]. I did actually get a response from a legal representative of HSA saying that they wouldn't acknowledge the NOL. They didn't say anything whatsoever about the declaration of faith; so it was just completely ignored.

Wayne Lenhardt

So you were unemployed for a little while I'm assuming. Were you?

Camille Mitchell

Yeah. I think I was out of work completely for maybe a few months because it took me some time to get that recertification. I did a little bit of casual work in Victoria.

Wayne Lenhardt

Okay. My notes say you have a job in community pharmacy at the moment, but you're under repeated threat of job loss under BC's new Bill 36. Could you explain that to us?

Camille Mitchell

Well, part of Bill 36, from my understanding, is that they want to amalgamate all of the health colleges in BC. I think it's around 25 and includes everything from Chinese medicine, massage therapy, pharmacy, physicians, everybody with any relation to health. They want to amalgamate these approximately 25 colleges into six. And instead of being self-regulated colleges, they want to government-appoint people to regulate these colleges. So you are having people who know nothing about your profession telling you what to do.

Another part of this stipulation is that they have the ability to tell you if and whatever kind of immunizations they decide you should get. As someone who has taken an active role in my personal health and as a pharmacist, I feel that I have the ability to make those kinds of decisions on my own. I don't need some government-appointed official to tell me what I should and should not do with my health.

Wayne Lenhardt

Are you able to prescribe by yourself for patients?

Camille Mitchell

Coming up in June of this year, in BC, they are granting us the ability to prescribe for minor ailments. To a certain degree, I think I already do: someone who comes in with a sore throat or something. There's a certain amount. But they're kind of expanding that scope. So that's up and coming.

Wayne Lenhardt

Okay. I'm going to just skip over now. You had suffered some other detriments because of this. You had family in Alberta and Saskatchewan that you couldn't fly to visit, that type of thing. Is all of that pretty much behind you now?

Camille Mitchell

Well, for the time being, yes. I've been able to go and visit family on the airplane.

Wayne Lenhardt

Okay. Did you suffer any major loss of income?

Camille Mitchell

No, not really. I got a huge payout because I had a whole pile of holiday pay. So I had a huge payout. So between that time, where I was able to start working again, I wouldn't say I suffered a huge loss. And personally, I'm in a reasonable place. I don't have any debt other than helping my youngest daughter through her post-secondary education.

Wayne Lenhardt

You never did take any of the shots. Am I right?

Camille Mitchell

Absolutely not. I told my current employer before they hired me, I said, "I'm not jabbed, I'm not getting the jab, and I'm not giving the jab." They were fine with that, and I'm gracious for that.

Wayne Lenhardt

I'm going to ask the commissioners at this point if they have any anything they would like to explore with you.

[00:10:00]

Okay. Related to your file, the Commission has a document relating to vaccine hesitancy. Now, I'm not sure if that came from you. I'm assuming it did.

Camille Mitchell

Yeah, that was from the Immunization Communication Principles module from the BCCDC [British Columbia Centre for Disease Control] Immunization Competency Course that I had to do. So that came from that course and that was part of it.

Wayne Lenhardt

That was part of the course you took, okay. It's headed up Immunization Communication Tool 2021.

Camille Mitchell

That was the one that they specifically modified.

Wayne Lenhardt

Yeah, it basically talks about vaccine hesitancy and how to deal with it. But it looks like a psychological recipe as to how to get people to agree to take the shot.

Camille Mitchell

Exactly, exactly. That's how I saw it.

Wayne Lenhardt

Time is running short, so I'm going to ask the Commissioners one last time, are there any questions on this? Okay, thank you very much on behalf of the National Citizens Inquiry for giving your testimony, and I hope all the things go well for you. Thank you.

Camille Mitchell

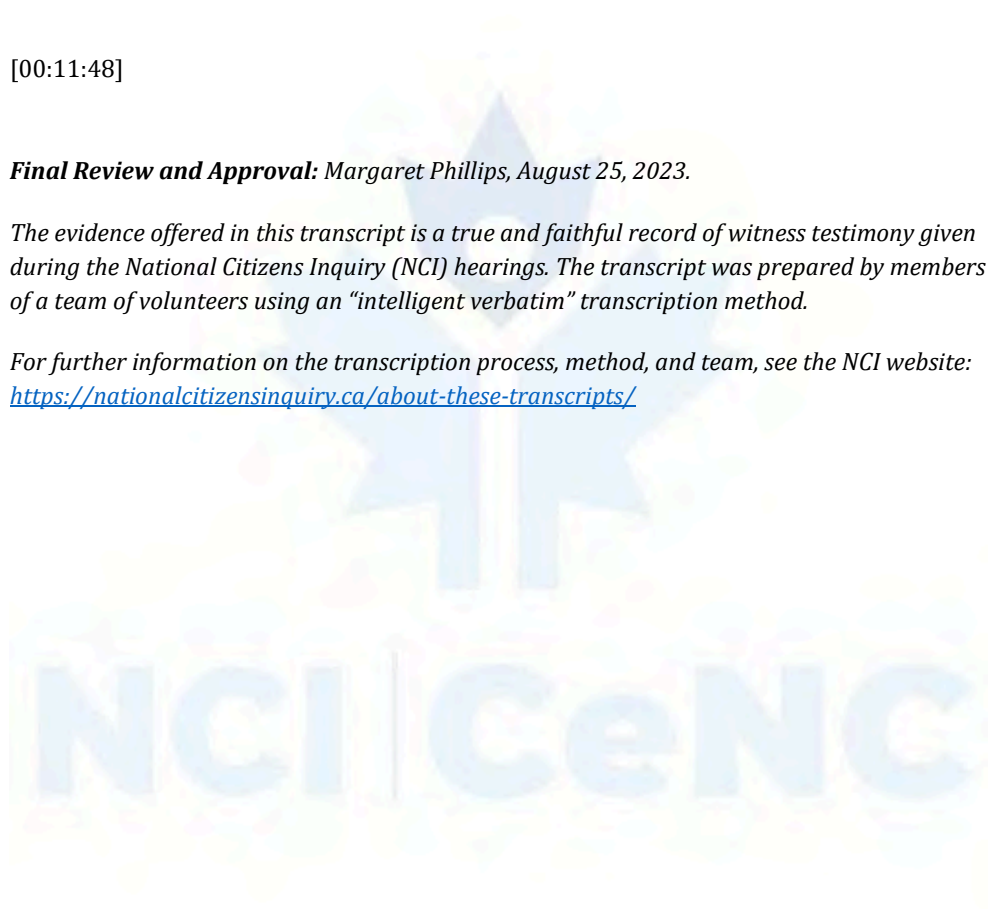
Thank you.

[00:11:48]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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NATIONAL CITIZENS INQUIRY

Vancouver, BC

Day 3

May 4, 2023

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 3 Timestamp: 10:14:19–10:16:20

Source URL: <https://rumble.com/v2m0b6q-national-citizens-inquiry-vancouver-day-3.html>

[00:00:00]

Shawn Buckley

So that is our last witness and the third day of hearings in Vancouver, British Columbia. It's interesting that every time we go to a different province, we learn kind of how—I almost want to say the flavour was different and how the province handled things. There's some subtle differences and some not-so-subtle differences. So for example, one of the provinces actually had required vaccine passports to go to a liquor store—that was in Saskatchewan—which basically ensured that anyone that was an alcoholic would get a vaccine passport as a form of coercion.

So we've learned different things and it's been an absolute pleasure for the National Citizens Inquiry to be in Vancouver and British Columbia and learning about the unique experience here. I always say that you cannot attend for a full day at the National Citizens Inquiry and not have your life changed.

We pick up next week in Montreal, or I'm sorry, I keep saying Montreal. We had been scheduled there and we decided to move to Quebec City. So we pick up there, and then we go to Ottawa the week following that. So we're going to invite all of you to join us for that. If you can't attend in person, please watch online.

And just sincerely thank you for participating in, witnessing, and experiencing people sharing their stories. And you can tell that they're just desperate to get them out. And we can tell you on the back end that they're very thankful and grateful, and I'm just thanking you because it's important that you participate. So until we meet again next week in Montreal, we will be signing off here in Vancouver for the National Citizens Inquiry.

[00:02:03]

Final Review and Approval: Margaret Phillips, August 25, 2023.

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VOLUME THREE

| Witness Transcripts

Part 7 of 9: **Quebec City, Québec**





NATIONAL CITIZENS INQUIRY

EVIDENCE QUEBEC HEARINGS

**Quebec City, Quebec, Canada
May 11 to 13, 2023**

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). Hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni

Full Day 1 Timestamp: 01:17:02–01:29:35

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Philippe Meloni

Hello everyone, I'm Philippe Meloni, President of the National Citizens Inquiry for Quebec. So, welcome to this first day of the National Citizens Inquiry into the management of COVID in Quebec's capital. This inquiry is the fruit of the commitment of hundreds of people who have been working for months, on a voluntary basis, giving of their time freely. I'm not going to name anyone, not that they don't deserve it—they all deserve it a thousand times over. Unfortunately, I won't be able to name them all. So without exception, thank you everyone. It's thanks to you that we're here.

What is this Inquiry? From my point of view, it's the quintessential citizen act. During this crisis, which has affected everyone to varying degrees, governments at all levels and the mainstream media have delivered a single message, a single vision of the situation.

Many citizens have tried to take their cases to court. Unfortunately, the response has essentially been: "We can't judge the substance of the case because this court does not have the requisite expertise in this subject area; we have to assume that the government is acting in good faith and is, in its view, doing what's best for its citizens." So it's not a question of justice; it's a question of politics. The judicial follow-up was, "Prepare complete case files." But when it came time to talk about the substance, the ruling was: "The measures are no longer in place. The case is now moot. We can therefore no longer process it."

However, for many the damage is irreparable: side effects, broken families, children with impaired development, businesses—sometimes generations-old—bankrupt, dreams shattered. For all these people, moving on is not an option. They can't accept: "It's behind us. No one could have done a better job anyway. Get over it and look to the future". All these citizens need to have their suffering acknowledged and their legitimate questions answered.

They say there are four powers: the legislative, the executive, the judiciary, and the much-vaunted fourth power, the media. But when all four speak with one voice—when even the

opposition parties join in the chorus—what’s left for citizens who aren’t satisfied? We are, according to all levels of government, in a democracy. And what is democracy? It’s government of the people, by the people and for the people. If that’s the case, this Inquiry is the finest example of democracy we can dream of. Hundreds of men and women have come together across the country, despite differences of political opinion, culture, and language, to peacefully set up the tool they need, financed solely by citizens’ donations, to answer their questions.

From the outset, long before I became part of this adventure, it was decided to look at every angle of this crisis. Not having the power of subpoena, we therefore invited all the government players who took part in the decisions to speak in addition to all those who haven’t had a voice for all these years. Unfortunately, so far, unlike all the specialists who have already testified as well as all those you will hear from here in Quebec and next week in Ottawa, none of them have come here to explain their point of view. I find this deplorable.

Our work will be remembered for posterity. A hundred years from now, historians who want to understand how this crisis took shape, how it was managed, and what the consequences were for the population will have access to over 150 hours of testimony, provided by eminent specialists and ordinary citizens alike. Everything will be brought together in one place, with all the evidence and documents that have been recorded. And they’ll be able to see—with evidence to back it up—that governments have preferred to ignore all this work. This work will also be of use to any lawyers who want to start proceedings. They will have at their disposal exceptional raw material to prepare their cases.

[00:05:00]

The mainstream media, too, have so far chosen to ignore us. Only the CBC, in a Manitoba regional broadcast, did its job by reporting on the Winnipeg hearing. They noted the seriousness of our work, without bias: journalism that reminded us that it’s still possible to do honest work. Fortunately, nature abhors a vacuum. Independent journalists have taken up the baton. Several of them are here, and I thank them warmly. It’s thanks to them that many of you are here in the room, and even more of you are listening to us live or recorded around the world. It’s also thanks to them that, for the past three years, we’ve been able to hear different points of view.

“You have to believe the science”: we’ve been hearing this phrase ad nauseam for years. But it makes no sense. We don’t believe in science; at most, we believe in the relevance of the scientific method. Belief is a matter of spirituality. We’ve also been told repeatedly that there is a scientific consensus. You’ve already been able to verify, by listening to the six previous hearings, that this is far from the actual situation. Over the next three days, you will be able to hear internationally renowned specialists explain their point of view in French. You will observe that, contrary to what has been repeated, the truth is not so simple. As responsible citizens, you can make up your own minds. We invite you to do so. I’d also like to point out that it won’t all be about science. We’ll also hear from ordinary people who have had to face difficulties that were, and for some still are, far from ordinary. Like many of us, I’m sure you’ll come away changed by the experience on many levels.

Finally, from all this testimony, the four commissioners here today will produce a report. I have the utmost respect for the colossal amount of work they will have to do to distill the essence of everything they have heard. Let me introduce these commissioners.

First of all, who will be the spokesperson for the commissioners in Quebec City? Bernard Massie. Bernard Massie has a PhD. He graduated in microbiology and immunology from the Université de Montréal in 1982 and completed a three-year postdoctoral fellowship on studying DNA tumour viruses at McGill University. He worked at the [National] Research Council of Canada, NRC, from 1985 to 2019 as a biotechnology researcher and held various management positions, including the position of Acting Director General of the Therapeutics in Human Health Centre from 2016 to 2019. He has devoted a significant part of his career to the development of integrated bioprocesses for the industrial production of therapeutic antibodies and adenovirus vaccines. He was also an associate professor in the department of microbiology and immunology at Université de Montréal from 1998 to 2019. He is currently an independent consultant in biotechnology.

Next, who is the spokesperson for the commissioners in the rest of Canada? Ken Drysdale. Ken is a professional engineer with over 40 years of experience as a Professional Engineer, which includes 29 years in the development and management of national and regional engineering businesses. Ken is currently retired from full time practice as a consulting engineer, but continues to be active in the area of forensic engineering, investigations, preparation of expert reports, and expert testimony in trial, arbitrations, and mediations. He has testified as an expert witness at trials in Manitoba and Ontario. He has also acted as arbitrator and mediator in disputes.

We will continue with Janice Kaikkonen. Janice's passion is community outreach. She works primarily with vulnerable populations and youth. Janice holds degrees in Island Studies, English and Political Science, as well as in Public Administration. Janice has taught at the elementary, secondary, and post-secondary levels (in the Faculty of Arts, Education, Journalism and Pre-Med). Her research specialization concerns the intersection of public policy and the social fabric, which led Janice to pursue a Doctorate in Theology and Discipleship.

[00:10:00]

Professionally, Janice has been a researcher with the PEI Task Force on Student Achievement, a coordinator with Canadian Blood Services, and a contributing member of the Supply Chain Management Sector Council. At one point, Janice established a transportation service for adults with special needs, and owned and operated a summer day camp for youth. In her spare time, Janice enjoys reading and writing and facilitating workshops on effective communications and media.

Currently, Janice is a school trustee in the Bluewater District. Janice and her husband Reima have 7 children and 17 grandchildren, and live on a farm in Southgate, Ontario.

Last but not least, Heather DiGregorio. Heather is a senior partner in a regional law firm based in Calgary, Alberta. Heather has nearly 20 years' experience in tax planning and dispute resolution, which involves assisting her clients navigate Canada's complex and constantly evolving tax landscape. She is a past executive member of each of the Canadian Bar Association (Taxation) and the Canadian Petroleum Tax Society. She continues to be a frequent speaker and presenter at these organizations, as well as the Canadian Tax Foundation and the Tax Executives Institute. Repeatedly recognized in the legal community as an expert and leading lawyer, Heather has represented clients at all levels of court, notably the Alberta Court of King's Bench, the Tax Court of Canada, the Federal Court of Appeal and the Supreme Court of Canada.

To conclude, I'd like to say that the world is watching. Those of you who have, or will have, taken part in this project in one way or another—whether by financing it, working on it, sharing the information, or honouring us with your presence; whether here, online, or in rebroadcast—I thank you from the bottom of my heart. We couldn't have done it without you. You are making history.

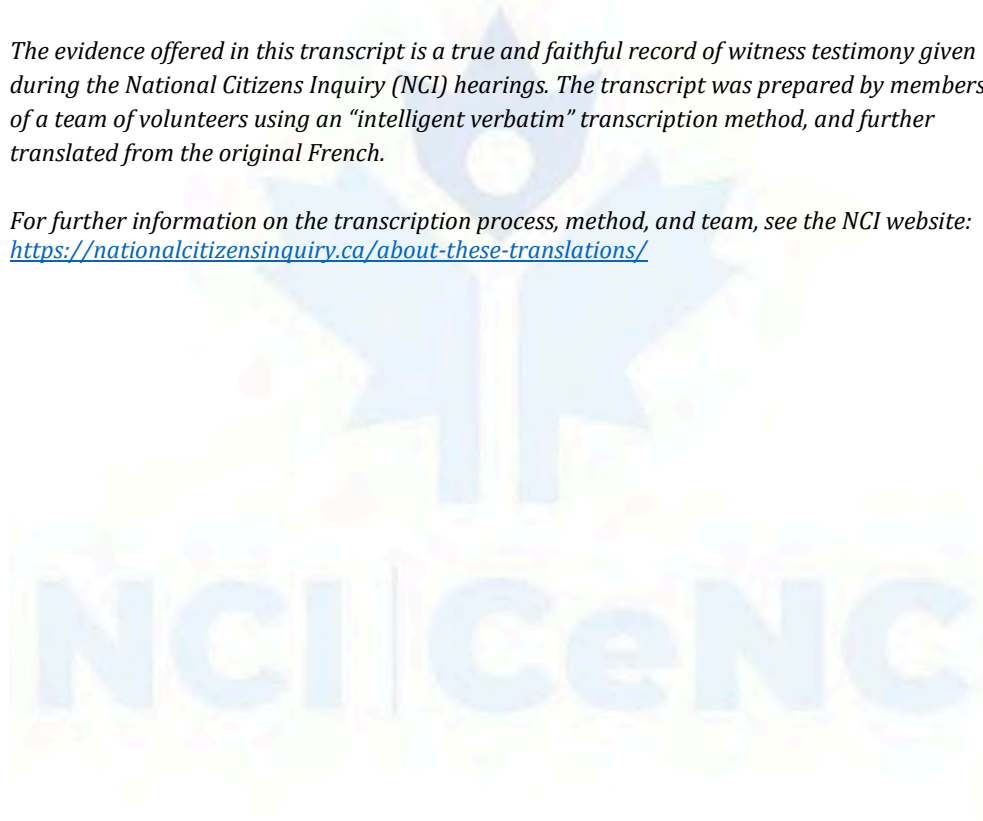
Without further ado, you can now listen to a man whose courage was admirable and whose name will undoubtedly be associated with this crisis throughout the French-speaking world and beyond: a man for whom I have the utmost respect, Professor Raoult.

[00:12:33]

Final Review and Approval: Erin Thiessen, October 26, 2023.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

Day 1

May 11, 2023

EVIDENCE

(Translated from the French)

Witness 1: Dr. Didier Raoult

Full Day 1 Timestamp: 01:29:40–03:16:45

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Jean Dury

Good morning, Doctor Raoult. My name is Jean Dury, I'm a lawyer in private practice and I've been working in the field of human rights for over forty years, and I'm the one who's going to be questioning you today. I'd like to begin by thanking you on behalf of the Commission for your presence here today, and above all, for all the work you've done, which in Quebec has been followed by many, I can tell you!

So, without further ado, I'm going to touch on certain subjects that you know well, and as a preamble, I noticed that you've said on certain occasions that your job is to find therapeutic solutions for new diseases. And I found it important to emphasize this in the preamble today since it will be a path on which we'll travel today because we were contending with a new disease. Now you have to understand that I'm a novice, so I'm not a scientist at all, and if I make mistakes, you can correct me. I have no problem with that.

So let's go back to March 2020, when we were informed that there was what we called a pandemic. I would like to know, for your part, if you are able to explain to the Commission your thoughts on this notion of a pandemic that had just been determined in March 2020. Can you answer this: specifically, was there a pandemic?

Dr. Didier Raoult

First, permit me—forgive me if this appears pretentious or arrogant—to tell you in a few words what I have done previously in my life. I’m talking about it because we’re discussing scientific consensus—I am not at all a fringe thinker. I’m the microbiology man. There are probably people here who know that I have been the most quoted in the world over the past 20 years. Twenty years ago, I was tasked with a report by my Ministry to manage the issue of bioterrorism, which I thought at that point wasn’t that serious. I have no regrets. So of course, I took the opportunity to write a report, that is still available online, on how to manage future epidemics, right?

So you could say I had a report that’s 20 years old, and I therefore had a very well-defined vision, particularly regarding organization, which led me to set up an institute for research and care on infectious diseases, which is the biggest medical research project contract that France has ever had. So I’m not someone marginal. Maybe my attitude, my hair style appears like that of a weirdo to you, but I’m not a misfit. I’ve published more in all the infectious disease journals than anyone else in the world. So it’s not true that the idea of what was put in place represented a consensus.

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It’s a very interesting way that will explain—of course, it has to do with what I’m going to explain to you.

For the past thirty years, infectious diseases specialists have essentially played a crucial, even exclusive, role in testing drugs for chronic infections such as AIDS and chronic hepatitis. As a result, the links between infectious diseases specialists and the pharmaceutical industry that was developing those drugs became essential, and a very large proportion of infectious diseases specialists no longer did anything else in terms of research—which isn’t proper research: trying to provide patients with protocols that were written by the pharmaceutical industry, with all the results analyzed by the pharmaceutical industry, which “ghost writers” published in the *New England [Journal of Medicine]* or *The Lancet* or *BMJ*.

So, if you like, that was the situation. And so, in most states we turned towards people who were known to deal with infectious diseases and who, in reality, had no experience at all in epidemics but in the management of chronic infections—like, for example, Fauci in the United States who has done just that for forty years.

You see, emerging diseases and epidemics are very, very different in nature. AIDS was like that in the beginning. I worked on AIDS at the beginning, in the early '80s, and it subsequently became the management of chronic infections with the development of therapeutic optimization by the pharmaceutical industry. It's a different nature. So the consensus we've been talking about in terms of infectious diseases is, from the outset, a consensus achieved by relying on practitioners who, for decades, have been working to develop or evaluate drugs that have been bought—not developed. They are actually developed by start-ups, bought by pharmaceutical companies, by Big Pharma, and who then put them on the market, and then promote them, including in the biggest newspapers.

All this data, it's data that's very well known, it's not paranoid data. You know, three out of four of the last editors-in-chief of the *New England [Journal of Medicine]* wrote this, the current editor-in-chief of *The Lancet* published this, he also wrote this: that the pharmaceutical industry's weight in scientific production has become colossal, since they are the indirect employers or associated employers, people who do and who have become advisors, experts, et cetera. We are in a situation that is not one of consensus, or of reflection on epidemics, but a reflection that will integrate people who have a very particular way of working on infectious diseases, since the infectious diseases on which most people have worked in Western countries are AIDS and chronic hepatitis.

Secondly, the question of the definition of a pandemic: like all definitions, it is a question of the words used. A pandemic means that it is an epidemic that spreads across the entire planet. Now we can see things a little more clearly. At first, it's an epidemic that struck China, with secondary cases in Europe, Germany and Italy, before becoming widespread. What I'm thinking at the moment, after an analysis we're currently carrying out online which is now in preprint, is that a very important phenomenon happened somewhere after the virus entered France— I don't believe at all that the pandemic virus was manufactured in a laboratory, because that doesn't make sense virologically. Two mutations appeared; one mutation in the mechanism that reproduces the virus, which will multiply the number of errors by a hundred. As a result, this virus will become hyper-mutagenic, whereas coronaviruses had the reputation of not being mutagenic.

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And so, the two previous virus outbreaks that were very similar, SARS in China and MERS-corona—you were unlucky in Canada to have a hospital outbreak of SARS, but it hasn't been reproduced elsewhere—the epidemic was quickly exhausted since the adaptive capacity of this virus, due to its low mutations, was very weak. So this virus which was close to MERS-corona or to SARS, people predicted at the outset that it would develop in

the same way: in other words, that it would disappear on its own. And these two mutations that we will find in almost all the viruses that you've had here and that we've had in Europe—which are in the RNA polymerase and the spike that you've heard a lot about—one has allowed a better adhesion of the virus, the other has allowed a greater speed of mutation—a quite exceptional adaptability, meaning that this virus has given rise to children, grandchildren, and great-grandchildren who each play their role one after the other.

And so this is the point at which we're going to be able to see that this virus is likely to become much more epidemic and change quickly. And so you have a single episode that looks like a normal epidemic, which is the first episode that we have in the world, which gives the typical shape of an epidemic with an acute infection—that is a bell curve—but then new epidemic episodes will appear. I was the first to talk about variants, and people were denying the very idea that there are mutations or variants. It was only when people in England, at the Wellcome Trust, said that there were variants, that the idea of variants was accepted, although this happened three months after I spoke about it.

So we are faced with multiple viruses, and which will have— The meaning of your question is even deeper than you imagine. We have conducted considerable analysis of the variants: that's 60,000 genomes in my centre alone. And what's really interesting is some of the variants have gone pandemic; what we called Alpha, Delta, now Omicron are pandemic, meaning they're found all over the world, while some variants have remained epidemic in particular areas. For example, the one that killed the most people in France is called Marseille-4. It developed in Mink and spread to parts of Europe, but did not invade the whole world. Another variant has been detected in Spain and England, and has not become a pandemic but produced a limited epidemic. And why some of these variants became pandemic and other variants caused limited epidemics is quite incomprehensible at the moment.

So a pandemic is simply the observation that a virus is taking hold everywhere, but we don't know why. We're starting to get data, but it's a bit technical. Viruses exhaust themselves if there is not a new fertile mutation, meaning one that restarts the story. Otherwise, the mutations that accumulate spontaneously lead to the end of the epidemic.

Jean Dury

Thank you, Doctor. Before continuing, I have to swear you in. I didn't do it initially, but we can do it retroactively. So everything you said will be under oath, so, well, it's called a solemn oath. So do you swear to tell the truth, the whole truth? Say, "I swear."

Dr. Didier Raoult

Yes, I swear. I would like to add my conflicts of interest, I usually do. I have been working for the development of an electron microscope for Hitachi for several years, and since the beginning of the year, I have been scientific adviser for Orofa, which is a company that does biological diagnostics.

Jean Dury

So I'm going to ask you a question that has gone around the world: we're going to talk about hydroxychloroquine. You found a therapeutic solution, and can you tell us briefly about this episode in your life where you were confronted by your peers and many other doctors around the world, when you advocated for hydroxychloroquine? Can you tell us about this therapeutic strategy that you undertook at that time?

Dr. Didier Raoult

So hydroxychloroquine is part of a group of molecules that was studied in the '80s for their role in the cell.

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Hydroxychloroquine is a weak base, meaning it is basic and not acidic like amantadine. All basic products, which are relatively small in size, enter the cell easily, by diffusion, and concentrate in a very acidic area of the cell called the lysosome. And they modify the pH, the acidity of this lysosome, by changing it from pH 4.7, which is an acid pH, to pH 5.6, which is a little less acidic. And by doing this, they change the physiology of how the cells fight against microbes.

So I analyzed the role of hydroxychloroquine. All of these things were measured first by another team, an American team that was working on Q fever. And so, I was a specialist in Q fever, which we couldn't manage to treat effectively. I analyzed this drug in the context of Q fever. For 30 years now, Q fever has been treated with hydroxychloroquine coupled with an antibiotic, because the antibiotic in an acidic pH doesn't manage to kill the bacteria, whereas if you raise the pH a little, then the antibiotic kills the bacteria. So it's a molecule that I know very well, that I have prescribed myself—I'm also a medical practitioner.

I've treated thousands of people with intracellular bacterial diseases—Q fever, Whipple's disease—and I've been requested to consult around the world, including in Canada, for advice on how to treat them. And by using this phenomenon, which is that by raising the pH

level of the vacuole, that is, the little sac in which the microbe is found, you change the life of the microbe in the cell. So if bacteria, viruses or parasites enter the cell through a vacuole, which we call phagocytosis or endocytosis, in most cases, the lysosome sticks against this vacuole; they fuse together; they pour enzymes into it, and these enzymes are only active at acidic pH.

So you change the nature of what is happening, and that includes with viruses. And so, long before us, there were people who had written a paper in *The Lancet* saying, “Look, we need to evaluate the antiviral activity of hydroxychloroquine because some viruses enter by endocytosis, including one of the two influenza viruses.” And so when SARS arrived, hydroxychloroquine was tested for SARS. At the time, Fauci said: “It’s likely that the only drug for SARS-1 is hydroxychloroquine.” And the Chinese had tested hydroxychloroquine, just as the Koreans had tested hydroxychloroquine when they had problems with MERS. So it was a phenomenon that was not at all unexplained nor inexplicable.

Simply put, it’s not a classic antiviral. Antivirals generally act on the enzymes of the virus itself, or on exchanges, or on the mutation of viruses. In this case, it’s a general phenomenon which affects the ability of the virus to leave the vacuole it’s entered through fusion with the lysosome. And in preventing this activity, you prevent the virus from multiplying. So it’s a well-known phenomenon.

Furthermore, I chose hydroxychloroquine because it was an extremely well-known drug. There have been billions and billions of prescriptions that contain chloroquine or hydroxychloroquine. There was a year, I believe it was 2006, six billion treatments with chloroquine were carried out in countries around the world, since it was the standard treatment for malaria at the time. We used hydroxychloroquine for a year or two. I treated more than 4,000 people; we never had an accident, either cardiac or ocular. Hydroxychloroquine is used constantly by rheumatologists to treat the common disease of rheumatoid arthritis and also lupus, which is also a disease due to antibodies, specifically the same antiphospholipid antibodies that we sometimes see in SARS, and which cause heart damage.

Globally, it’s the drug we use to combat autoantibodies, autoimmunity antibodies. It’s a very well-known drug, and we know—I did thousands of tests before this adventure—that if you give 600 mg a day of hydroxychloroquine, after a few days you’ll have 1 µg/ml of hydroxychloroquine, which is sufficient, according to the first in vitro tests we did, to neutralize the virus.

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So all of this is very basic and understandable science. It's not mysterious, it's just mysterious to people who haven't looked at the literature, who don't know what they're talking about. It's all understandable science. In fact, I immediately reacted to the first statement made by the Chinese, who were the first and only ones to say at the start of the epidemic— The man who managed the first episode of SARS in China said: "There are only two drugs we've tested that are effective: Remdesivir and hydroxychloroquine. And because we know hydroxychloroquine, we know it's not toxic, we know the dosage, we're going to start treating people with hydroxychloroquine." And they announced preliminary results that said there was some efficacy.

So all this was knowledge, there's no improvisation here. So we quickly applied for authorization to carry out a therapeutic trial. As luck would have it, we were able to do a comparative trial with people whom we were able to diagnose, but couldn't treat with our protocol, which wasn't yet ready. Because they weren't included, they served as a control group where we simply measured viral load. That is, did the virus decrease more rapidly with or without our protocol? This was our finding, and it's a paper that's caused quite a stir. In fact, I didn't think that you could unleash such astonishing passions by doing science.

Jean Dury

Yes, in this vein, you often said that most of your detractors knew nothing about science. And I can tell you that it reached a lot of people when you said that because you mentioned that the majority of those making policy regarding COVID came from the National School of Administration. Could you please speak a little to a subject about which so much ink was spilled?

Dr. Didier Raoult

To tell you to what extent science is not what is explained in administration schools—but I understand. The reason why I didn't want to participate in the French Scientific Council is that the politicians wanted to say that they were making political decisions in the name of science, but it wasn't in the name of science, it was in the name of political strategies, which were not scientifically validated.

So for example, we now know that there was no evidence to suggest that wearing masks in the street would reduce the epidemic. We have shown that to be false. The lockdowns had no scientific substance. And besides, the Swedes, who have had no change in their life expectancy, never applied lockdowns. So all of this wasn't science, it was politics. It's all

very well, people have to be political. But, as for me, I didn't want to be exploited as a scientist, to be said to be the one who did it. So I wouldn't have wanted to play the role that Fauci was doing, or what Delfassy was doing: to say that we make political decisions in the name of science. I don't agree, and it's not my role. My role is to talk about science, it's not to make political decisions. I never wanted to do politics. Besides, no one is able to say what my political opinions are. If anyone knew, I'd be interested in knowing what they are, because they vary depending on the situation.

Jean Dury

We are going to talk about a subject that has shaken the planet. It's the subject of vaccines. So it's a big topic. I would like if you could give us at the Commission an opinion on the effectiveness of vaccines, if you would.

Dr. Didier Raoult

You are talking about the COVID vaccine.

Jean Dury

Yes, which have been offered.

Dr. Didier Raoult

Not to advertise, but I wrote a book on vaccines five or six years ago, long before this, and I agree with everything I wrote about vaccines at the time. So on the question of vaccines, we have to try not to get caught up in binary arguments of "I'm for vaccines or against vaccines," which are idiotic.

Jean Dury

With that, I agree. That's not what I'm asking you. I agree with what you've said.

[00:25:00]

Dr. Didier Raoult

There are vaccines that work very well, that have made it possible, at least in the one case of smallpox, to eradicate a disease; and others that have made it possible to reduce the

incidence of disease very, very dramatically. There are at least a dozen that work very, very well, that are indispensable. And in France, I played a political role in getting two of these vaccines reimbursed. There are so many. One for the *Hæmophilus influenzae* vaccine, the other for the hepatitis B vaccine which were not subject to reimbursement in France for ideological reasons. Since then, the ideology has changed. In the '90s, the people who were hostile to vaccines were rather "New Age," rather left-wing; and now, those who are in favour of vaccines at all costs are rather left-wing.

So the tide turned as to those who were against vaccines. You know that in California, there's a huge drop in vaccination, which was due to left-wing hostility. And at the time, they were teaching at the national health training school that vaccination policy was directed by the pharmaceutical industry, and that the tragedy of the imputed link between hepatitis B and multiple sclerosis was an error linked to pharmaceutical lobbying. When I asked for the science to be re-examined, I was accused of being an ally of the pharmaceutical lobby, which is a laughable accusation—as you can see, times are changing—because it's all a kind of ideological simplification.

Now, to come back to the vaccination for COVID, we are in a situation in which we have over-dramatized an epidemic by making people believe that everyone was going to die from this epidemic. I will remind you that in most countries— apart from the United States, which is the country that has had the most singular management of all for reasons which I believe I know and will share with you—of the people who died, half of them were over 85 years old. Ninety per cent of them were over 70 years old.

So we were in a group of diseases that we know—that is, in the elderly or those who have associated pathologies, immunocompromised, Down syndrome—with a very, very high mortality. Well, with these people, you have to have protective measures, and you had to have them as soon as possible in the EHPADs. EHPADs are what we call nursing homes. Well, we had to take care of these people right away, so we immediately tried to put protocols in place. We reduced mortality by 50 per cent with therapy, but we were forbidden to continue. So the immediate targeting of this disease was therefore essential.

The over-dramatization caused the government to say, "We're not going to require the scientific validation that we normally require for a vaccine." And all of this was pushed very, very, very hard by, in particular—I'm sorry, but it's the reality—by Bill Gates for years. He proclaimed: "We will have to have vaccines in six months." However, it's not possible to validate a vaccine and its effectiveness in six months. It's impossible. So if you want to validate it in six months, well, you can't really assess its action against— That's what happened, we never tested for contagiousness.

So this vaccine was sold as a solution to a panic-stricken population, saying, “Listen, when the vaccine arrives, we are going to have a magic wand and this magic wand is going to be to vaccinate everyone. And then the disease will be over.” But if you consider the results now, it’s terrible by the way. As nobody remembers, and they remember less and less, nobody sees. You just have to look. You know, there was a very good site, which I looked at very, very regularly: the Johns Hopkins COVID. You only have to look at it to see that the vaccine did not change the impact of the disease. It has not changed; the impact is the same.

So secondly, regarding its effectiveness, we saw this very quickly because we asked people who came for testing. We did 1.2 million tests in my Institute and we asked the people we tested: “Have you been vaccinated or not?” And we quickly realized that vaccinated people were just as infected as unvaccinated people. So we knew there was no protection against infection. Everyone knows that now. So the eradication or elimination of COVID was something that we very quickly knew was not true, despite the fact that every time I talked about it, people tried to say: “It’s not true.”

But you only had to look at the vaccination coverage in England and the rebound immediately after, and you only had to see what was happening in Israel. This is all on Johns Hopkins COVID, you have to just look. Or look at South Korea. There was no COVID before the vaccination, and after the vaccination we see COVID exploding at a time when there was a considerable vaccination rate. So we know very well that it will not protect against the disease.

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The second question is—okay, if we come back to a proposal that is reasonable, at least at first glance—which is one we know about for other respiratory viral infections. We should bear in mind that for respiratory viral infections, we currently have no vaccine that can ensure lasting immunity. There are none. And the diseases themselves, like COVID, you know well that there are people who have had COVID three or four times, so it’s not protective. You cannot envision a protective vaccine when the disease itself is not protective because the immune response during a disease is considerable. And there are no examples of non-immunizing diseases for which we have vaccines that provide lasting immunity. That’s basic. It is a basic scientific concept. It’s because people are ignorant that they don’t know that.

We well know that what happens with the flu is the same problem. One, it mutates. Two, it rearranges itself. There is a lot of rearrangement with COVID also. And it’s a viral respiratory illness that’s not immunizing. You have a flu and then you have another one the

following year, or you don't have it, for reasons that we don't understand. And so the flu continues. And every year, we make vaccines for the flu. And fine, all it does is lessen the severity a little bit in those most at risk. That's the efficacy.

And unfortunately, the subjects most at risk are those who have the poorest immune response. This is one reason why it decreases the mortality a little. It's not totally ineffective, but it's not terribly effective. Even so, the flu vaccine provides some protection against contagiousness for three to four months. And so, this is one of the reasons why it is recommended by most countries for healthcare personnel in direct contact with patients during the seasonal epidemic. This isn't extreme, it's just knowledge.

So this vaccine has been produced under conditions that make it impossible to evaluate all the groups. In other words, you can't test its safety and efficacy in pregnant women so quickly. You don't have time to test it on children. You don't have time to test its efficacy against transmission. So those three major elements. And the only thing you can test—and that has been tested—is whether there are more or fewer symptomatic forms in people who are not vaccinated compared to people who are vaccinated. There were preliminary results within three months showing that—and again, we can't assess the efficacy of this vaccine at six months because it hasn't been tested for six months.

All this is being done in real time in the general population, even though it hasn't been tested. And, of course, it hasn't been tested, so we don't know the results. And when we see the results, well, there's a certain number that don't work. So in terms of effectiveness against contagion, we know that we can't eradicate it. We've got the simple and absolute proof. We've really seen it. This disease cannot be eradicated by vaccination. Afterwards, if you want to prove it, you know, there's always someone who'll make you a mathematical model paid for by a famous foundation to show that it works. And if you simply look at the variations on Johns Hopkins COVID, you'll clearly see that the efficacy surrounding transmission isn't great. We've just published a study on 30,000 people we've treated here. Regarding the efficacy for high-risk subjects, there's a certain efficacy on the severity for the oldest subjects, those over the age of 75. They have fewer severe forms.

Then there are the side effects. I was the first to speak up about this in France. We had a very young care worker who was vaccinated and lost an eye because she suffered a deep retinal vein thrombosis. Then, of course, there was a great reluctance on the part of staff to seek treatment. People say it's because I was the one expressing reservations, which wasn't the case. It's because people were talking. When you have a 25-year-old girl who loses an eye, all her caregiver friends in the hospital find out very quickly, and then people get suspicious. The facts were in. And so that was with the AstraZeneca vaccine. Very quickly, I

announced on my channel when I was doing my shows that I recommended that women under 50 shouldn't be vaccinated with this because they were the people most at risk. They shouldn't.

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Afterwards, England itself banned it, and everyone dropped it. Everyone forgets that I'm the one who said it in the first place, because afterwards, everyone interpreted it as a general position against the COVID vaccine, a general position against vaccines in general, which is stupid. Sorry but I don't want anyone to think I'm stupid. I'm not stupid at all. Well, if I am, I don't realize it.

All that. Then we saw the story of myocarditis in Israel. The proportion of myocarditis is currently unknown, especially because there is a proportion of sudden deaths in young subjects, and particularly in athletes, which has not been explored. For a long time, people denied that it causes myocarditis, but now nobody denies that. There are people for who it's not important.

But we have to assess all vaccines, if you like. That's why I can't answer your question directly as to whether I'm for or against it: all vaccines need to be examined in a balance of the risks and benefits involved. We have the same results as, for example, the Swedish government, which has just published a very well done, intelligent study on the mortality rate of people under the age of 45 with COVID, specifically, from the moment they are sick. We must treat them. In France, we did a terrible thing at the beginning, when we said: "Don't treat the sick, stay at home, don't bother your doctor." Doctors didn't respond. "Just take some Doliprane [an analgesic] and if you're out of breath, go to the emergency room or phone the SAMU [emergency services in France]." This was a huge mistake because if you don't know anything about a disease, you have to start by studying it.

That's what we did, we started by looking at the patients. And so we realized, as the Chinese had written, that the disease presented itself on the respiratory level initially as a drop in oxygen that exhausted the patients, without any increase in carbon dioxide. It's carbon dioxide that leaves you out of breath. In influenza, you have both a drop in oxygen and an increase in carbon dioxide. It's all about gas exchange. And so, when things aren't right, you realize it because you're out of breath. Whereas in this disease, when you're out of breath, it's very late, it's time for resuscitation. For a long time, you've had very low oxygen, you've exhausted yourself fighting to get oxygen, and when you can't fight any more and you're suffocating, it's extremely late.

And so in this disease, you have to measure oxygen concentration very, very early on with pulse oximeters. Everyone ended up buying pulse oximeters. The Ministry finally recommended it, three months after I recommended it. So you have to measure oxygen at home. It's medicine; it's science; it's the experts versus the administrators. It's different worlds, you see. And so if you oxygenate them, you lower mortality in the youngest subjects, because they will recover if they don't have to struggle for ten days to be able to oxygenate themselves. Otherwise, they won't get to intensive care—they will die.

And we know this too because we had our aircraft carrier on which there was an epidemic of 700 people with zero deaths. We had an epidemic on a cruise ship in China, and with those under the age of 70, there were zero deaths. And so in Sweden, when they assessed this, they determined that there was one death for every 10,000 infected people under 45 years old. So if you want to know what the relative risk of dying is when you're under 45, you have to multiply that by the frequency of the disease, and the frequency of the disease during this observation period in Sweden was of the order of 10 to 15 per cent. This means that between the ages of zero and 45, there was perhaps one death per 100,000 people who would die from COVID-19.

So when you introduce a vaccine into this population, if you know from the very beginning that it doesn't play a role in controlling the epidemic, then you have to tell yourself that the vaccine must have less than one death per 100,000 people. And this, of course, you can't test yet. And that's what benefit/risk is all about. There's been devastation in 85-year-olds, so, if you were to say, "Look, if there's one death per 1,000 or per 10,000 in people vaccinated," next to the risk of dying from COVID, well, my God, we can take the risk. The expected benefit is reasonable. But when you have no expected benefit, well, no risk is tolerable. Is that clear?

Jean Dury

Yes. In fact, I just wanted to add that you can be sure I didn't get into a question about whether you were for or against vaccines because I know we've tried to catch you with that on several occasions.

[00:40:00]

You answered well. We were talking about the vaccine's effectiveness, not whether you're for or against it.

Now, I'm going to address a subject that, for me personally, is very important, and that's censorship. Just to put it in context, Professor Raoult, in Quebec we have around 400,000 professionals who are subject to 42 or 44 professional orders, and each professional order has an employee who, during the pandemic, monitored social networks to see if there was any deviation, or to see if there was any professional who thought differently from the way the government wanted them to think. When this happened, the professionals would suffer the wrath of these overseers, and often it ended in disciplinary complaints. It wasn't just medical disciplinary complaints, or those who belonged to professional orders related to public health, but it could be a surveyor, an engineer, or any other professional order.

So there was a lot of censorship, and of course, I mentioned that this was something I'd been working on since I was very young. And now that I've given you a bit of a context on what's going on in Quebec, I'd like to get your opinion on what's going on in your circle and what you think of the benefits—that is, not the benefits, the opposite—of censorship in Europe at the moment.

Dr. Didier Raoult

I wasn't expecting, if you will, this degree of censorship. I could see it coming because I was doing a whole series of seminars very regularly in my Institute, and I had already compared, if you will, the information provided by the traditional media, the newspapers, in this case, therefore, *The New York Times*, *The Washington Post*, *The Guardian*. At the time, this had been analyzed by *Our World in Data*. And I compared this to information from Google and social networks. We could see that the traditional media focused on two or three areas, if you will, whereas the social networks were much broader in terms of causes of death.

So if you look at the mainstream media reports covering three causes of death, that is, terrorism, suicide, and homicide—that was before the COVID era because after, it became all about COVID—in 70 per cent of articles talking about death, they were about these three types, while these three kinds of death represented perhaps less than 5 per cent of causes of death depending on the country. On the other hand, the social networks only talked about them 20 to 30 per cent of the time. So the understanding of mortality in social networks was much closer to reality than that of the mainstream media. So the bias of the mainstream media was extremely clear to me after this discovery, and that bias has absolutely incredible power—the same in France.

But what was really interesting, and something I wasn't aware of, was indeed censorship on social networks. My first intervention on hydroxychloroquine in China, reporting on

what was happening in China, was labelled “fake news” on Facebook and “fake news” on the Ministry of Health website. Afterwards, I said, “Wait, I’m reporting something that was officially said in China. You can’t say it’s fake news. You can say the Chinese are lying if you want,”—that was the big thing—“but you can’t say it’s fake news.” So, everything that has been instituted over the last few years by fact-checkers, fake news, et cetera, in reality is information control. It’s censorship.

And then, as we’ve seen on social networks, people regularly have their videos deleted on YouTube. That wasn’t the case for me because I was a bit too big for them to really do that to me. Besides, every time I talked about something, I was careful to rely on texts that were written and known. I expressed very few personal opinions. In reality, I was explaining what I believed we knew based on information that was published. But it was absolutely enormous. Moreover, since he bought the Twitter network, we can see this more clearly now with Elon Musk’s willingness to remove and report on efforts that have been made to censor communication on networks. So this is a very striking development.

[00:45:00]

I can tell you I’d only read about this evolution in Hannah Arendt’s work on totalitarianism, and I recommend that you read it because it’s extremely disturbing. She explains totalitarianism very well; it’s very different from dictatorship. In a dictatorship, they force you to obey, but in totalitarianism, they want to force you to think the way they tell you to think. I feel that we’ve entered a phase in the West which, in my opinion, is very, very close to totalitarianism, and which can be very, very well studied with respect to the establishment of Communism. If you read [Arthur] Koestler’s *Darkness at Noon* or you read about Nazis, that’s how it’s done, it’s propaganda. “You’ve got to think like that, you’ve got to recognize when you’ve said something else, that you’ve got it wrong, you’ve got to be self-critical.” But we know all this, we just didn’t think the world we lived in was going to become like this.

As such, we need an extremely strong democratic reaction to prevent what was described in 1984, in other words, the establishment of the Ministry of Truth. We also had the Ministry of Truth, and it’s interesting because the Ministry of Scientific Truth, if you like, has its own ways of measuring things. Among scientists, our measure is the number of citations we have or a construction based on the number of citations called the “h-index.” So, I had visits organized with the intention of destroying the Institute and the work I was doing, by eight people who are senior civil servants of the Republic, mandated by two ministers, as well as upper management of the equivalent of the FDA, and I had fun taking all their scientific output and letting them know that, “There are months when I published

or was cited more than all of you combined. So, you can't tell me that this is science, that isn't science. It's ridiculous, it's ridiculous." So clearly, it's not in the name of science.

But there are other things I've discovered. So, there's a site called PubPeer, which is an online denunciation site which analyzes your studies, including analyses done by anonymous people who have no scientific knowledge, and then bombards the newspapers in which you've published to say that you've cheated, that you broke the rules. So you see, there wasn't just censorship, there was an absolutely incredible aggression that I'd never imagined possible.

And then there was cheating, really, because "Lancet-gate" is nothing other than cheating. In other words, that unknown people managed to get 80,000 medical files of patients treated with hydroxychloroquine and that 10 per cent of them died, and published this in *The Lancet*. I can tell you, and you can mark my words, I was *The Lancet*'s only editorial consultant. Once again, I'm not a minor figure; I've been *The Lancet*'s only French editorial consultant for some 15 years.

So I sent a paper to *The Lancet* in which we report 3,000 cases, and okay, the paper isn't reviewed because it was about chloroquine. I receive for review a paper by rheumatologists from a world association of rheumatologists, reporting a million treatments with hydroxychloroquine over several months or years, in rheumatic patients, and showing that there are no cardiac incidents. They reject both papers and at the same time publish a paper in which they say that there are 10 per cent deaths out of 80,000, whereas they had in their hands the rheumatologists' paper with one million without deaths.

So, if you will, this is extraordinary. This means that censorship was exercised not only at the level of the press, but at the level of the scientific press like I'd never seen before. What happened was unheard of—and therefore, that led me to have a political reflection on how to clarify this? How do we deal with this? You're a lawyer.

Personally, I'm struck by all the drama we've seen in recent years with the pharmaceutical industry. Maybe that will change with Purdue. In the United States, an estimated 100,000 deaths a year have been caused by OxyContin: Purdue, advised by the pharmaceutical industry's top consulting firm. Perhaps some people will go to prison. But for Vioxx, which is estimated to have killed 60,000 people, there hasn't been a month's imprisonment.

So, if you will, our society needs to reflect. The only penalty there is—and in the United States, they still penalize them—they take money from them, they take billions from them. In France, they don't even go this far, or only take extremely small amounts.

[00:50:00]

I don't know if they penalize them in Canada when they realize that they lied, concealed the results.

This is all happening. Again, you have to stop saying it's conspiracy or paranoia. You just have to look. There are lots of sites that measure the number of—I don't know how many, Pfizer must have had 20 billion in fines in recent years, Merck, the same. So these are fines for cheating, fraud, bribery, illegal financing of doctors for prescriptions. All this is perfectly well known. So quite simply, society hasn't taken measures that are commensurate with the deaths that have been identified. These are indirect homicides and should be treated as indirect homicides, okay?

And they are not, because there's a false naiveté that suggests that the pharmaceutical industry is not like all other industries. Yet, it is an industry just like the car industry, which cheats with diesel, or like tobacco. It's all the same. The aim of an industrialist and an industry leader is to make money so as not to go bankrupt because otherwise he's obliged to put people out of work. States protect them. And all this has to be regulated because the pharmaceutical industry is no different from any other industry. There's no conspiracy or paranoia here.

It's hard to see how we could regulate Pfizer's sales in 2022. It's \$80 billion, including \$22 billion in profits. You can't let that go unchecked. You just can't. It's a challenge to all human intelligence. The whole thing has to be contained. You can't imagine: in Europe, we have not been able to get the status of the European Commission's negotiations to spend 41 billion dollars. There's no visible trace of it. It's a world that shouldn't exist. In a regulated world, such things don't exist. So there's a real fundamental problem here, which is that first we say "but it's for the good of mankind," so, we agree that it's for the good of mankind and therefore, we throw out all the rules.

I'll give you another rule to which I'm very attached. In my Institute, from the outset, one of the major undertakings was to create our own professional conduct and ethics committee, because I think this is one of a number of things that has been hijacked. We've ended up distorting ethics, which is never more than the morality of the doctor-patient relationship, into something that is purely regulatory and administrative.

Let me tell you something. We do not accept so-called non-inferiority trials, meaning trials in which a molecule is tested that cannot be of any benefit to the patient. It's meant to show that the new molecule or strategy is no worse. In Quebec, we would have said, "It's no worse than the molecule that already exists," alright? But in reality, patients are never informed that they are taking a risk because what we're testing is whether the new molecule is less risky than the old one. We decided that in our Institute, we wouldn't do or take part in any non-inferiority studies, unless on the paper that we give the patient we say: "You're taking an unknown risk." That's one thing.

Secondly, we're very concerned by these developments: normally, the Declaration of Helsinki, which hasn't been followed here—I don't know if it's been followed in Canada—stipulates that if a doctor earns money by prescribing a new treatment that hasn't been evaluated—which was the case for all vaccinations, we were in a phase III trial, it was still in the field of research—the patient has to provide consent. And so if we ask a patient to accept, we have to tell them whether or not we're getting money. I can tell you that in France at least, when it comes to therapeutic experimentation, there's no doctor or principal investigator who says: "I'm being paid and I'll earn more money if you say 'yes' than if you say 'no.'" It's not clear in the files we give them.

And the third thing, which is something that is absolutely terrible: I don't know if it happened in Canada, but back home, there were a number of professions for which vaccination became compulsory. But this collided with the fact that people were being asked for their consent since we were in an experimental period. But it's stipulated, including in the Declaration of Helsinki, that you can't ask someone to consent if saying "no" penalizes them in comparison with saying "yes."

[00:55:00]

You know very well that when a therapeutic experiment is carried out, you have to write on the consent form—and we didn't say this for the vaccine, it's an exception to all ethical rules—"Listen, you won't have any sanctions, penalties, or problems with your care if you say 'no'." So it's genuine consent, not an obligation. From the moment it ceases to be risk-free consent if you say "no," it's an obligation; and so this obligation, theoretically, in an experimental phase cannot be imposed.

There's a real problem here that's been generalized worldwide. In other words, in a product that hasn't been fully evaluated, that's going to be evaluated on prescriptions as a whole, well firstly, the states have assured the pharmaceutical industry that it won't be

prosecuted. So on the one hand, the states will assume the dangers and penalties if there are prosecutions. And on the other hand, well, the study wasn't finished. Volunteers would have been found because there was considerable initial appetite for the vaccine.

We were the first vaccination center in Marseille so once more, we had to put things in place and stop the “for or against vaccines” nonsense. There were people crying to be vaccinated. At the beginning, we started by vaccinating the oldest people, but there were people who were ten years younger than the initial vaccination age, which was over 70, so there were people in their 60s or 50s who were crying to be vaccinated, so there was an appetite for this vaccine. There were people who didn't want it, but there were people who really wanted it. There was considerable emotion involved because once more, this calm analysis of benefit and risk—for benefits that were not known—could not be carried out. All the benefits were hypothetical.

Jean Dury

You mentioned a subject that captures everyone's imagination: conspiracy theorists. I'd just like to say that, in Quebec, in cases where I've personally acted and the subject has been raised, I've always objected, saying, “There is no definition.” It's a journalistic discourse and it's impossible to frame the term “conspiracy theorist” in a court of law and have a judge say what a conspiracy theorist is. So, I'll just mention that I'm going through this right now in Quebec.

Dr. Didier Raoult

The Minister of Employment too, I assure you!

Jean Dury

I speak of in court. For me, the courthouse is where I act. I've always objected, I've always won, I've always challenged. And I'm against the idea of going to court to define the word “conspiracy,” and it's very difficult to define, by the way. You mentioned consent, and we're very concerned about that too because the Supreme Court of Canada ruled that no one can be treated without consent. And I can tell you that this principle has been unfortunately disregarded in the case of the vaccine.

I'll close by telling you what I heard on social networks, that in May—around May 23, I believe—at the World Health Organization, there's going to be a meeting to establish laws

that will oblige countries to follow all WHO recommendations when next there's a pandemic. Are you aware of the current situation?

Dr. Didier Raoult

No, no, no, I don't follow that closely. Once again, I'm very, very concerned about the financial power in the 21st century—and I'd like to make a comment about this—and the considerable conflict of interest that Bill Gates has in this affair. Bill Gates, through his two foundations, Gavi and Bill & Melinda Gates, is the leading funder of the WHO, ahead of the United States. He has a policy that he has always declared and he has personal investments in those stated goals, which make this the biggest conflict of interest in the world. So here's a real question and one day it will have to become clear. Here too, I agree with you: in 10- or 20-years' time, when people look at this, they'll be laughing at us. We can't have healthcare run by a billionaire who thinks he's God and invests in the areas he predicted we should invest in.

[01:00:00]

I think we have arrived at a problem which is staggering, I find it so big.

Now there's something I'm going to tell you that I find very interesting and fascinating. Doesn't it all come full circle? You probably know, because you're neighbours, that in the United States, there has been the biggest drop in life expectancy of any country in the entire 20th century since the beginning of the COVID episode; but it started even before that, about ten years ago. So at present, life expectancy in the United States, which is like the blink of an eye in terms of history, is lower than in Cuba, lower than in the Maghreb countries, and lower than in China. Yet it is the country that spends the most on healthcare. And it's the country with the most pharmaceutical companies.

So I don't know what conclusion you draw from this. But what's very interesting is to see that countries which only use generic drugs—none of the molecules invented during the 21st century—have a life expectancy that hasn't stopped increasing. And the countries in which this disease has taken its heaviest toll are the countries in which the pharmaceutical industry is most powerful: in Western countries, and in particular, the United States. But I will never wager anything on the United States because it's so multifaceted that anything is possible.

I think they need to reinvent the law against Rockefeller for the pharmaceutical industry and for GAFA [Google, Apple, Facebook, Amazon]. I don't think we can let monopolies get to

be this size without breaking them up because they're becoming too powerful and too dangerous for democracy. The Americans invented that. The same goes for white collar crime and conflicts of interest. I learned all this when I did my post-doc at Bethesda. That's when I became aware. How could we have ignored that? You know, the chap who during this crisis became editor-in-chief of *Clinical Infectious Disease*, which was the *American Journal of Infectious Disease*: he was on Gilead's board. How is it possible to have been so negligent about conflicts of interest? It's a terrible thing.

So I believe that a certain number of basic principles of liberal democracy have been bypassed or forgotten in the name of "we're doing all this for your own good." I don't believe that. Just as I don't think there's such a thing as a free lunch, but that was also something a great American economist said.

So I think we need to return to a controlled liberal democracy, that is, with checks and balances that are commensurate with the powers that be and with transparency. For example, we've just done a study that I am having difficulty getting published in the major journals, but which is original in terms of a study. In it we've included 100 per cent of all the patients we've treated in the Institute, just over 30,000, whose therapeutic data is external to the IHU [l'Institut Hospitalo-Universitaire], that is, external to hospital pharmacies. The phenomenon we're studying—mortality—is external to us. We used national statistics where we examined name by name and then, according to the treatment, we compared the mortality. And all this data is already available on a data bank that anyone can view, 100 per cent. Our analysis is our own, but raw data are raw data.

Until now, we've never been able to get the raw data from all those analyses claiming that this works or that doesn't, particularly from the pharmaceutical industry. As you can see, it's a first to get Pfizer's results because the Texas court required Pfizer to make them public. Otherwise, I believe—I may be talking nonsense, you know better than I do—that in the United States, as this is considered a trade secret: the results of these expert reports can remain undisclosed to anyone—apart from the FDA—for ten years. This means that other researchers cannot look at them, see what has been removed, what has been eliminated. If it hadn't been for this situation, a story like Vioxx, again with an estimated 60,000 deaths, would never have happened. So the fact that there's no transparency about therapeutic trials is totally immature.

So we cannot simply live as if, we cannot do, we cannot believe that the role of the pharmaceutical industry is to do good for humanity. I know one of your commissioners is a theologian, but I'm sorry, this isn't about the goodness of God or humanity. It's about money.

[01:05:00]

So we need to get back to figuring out how to control, what controls are possible so that there are no attempts to buy each other off, no special rights, no financing. How do we control this? We need to be adults and consider that this is the same thing as “Dieselgate,” it’s the same thing as tobacco, it’s always the same thing. And so we have the impression that these lessons are totally forgotten or simply that we act like they don’t exist.

Jean Dury

So as far as I’m concerned, Doctor, these are the questions I had to ask you today. Thank you very much for being here and for being questioned. Are there any questions? Please remain at the disposal of the Commission, which may have questions for you, Doctor. Thank you for your time.

Commissioner Massie

Hello, Professor Raoult. My name is Bernard Massie. I’d like to thank you very much for taking the trouble to come and give us these absolutely detailed explanations, which allow us to really understand the situation we’re in. I’ve been personally following you since February 2020, and I’d like to thank you personally for being a voice of reason and serenity in this madness, and for enabling us, through rigorous science, to really come to grips with what we’re dealing with. That’s my comment.

I’d like to ask you a few clarifying questions. I’ve followed a lot of your conferences, and among other things, I’ve noticed that you regularly cite the data available on the Johns Hopkins site and *Our World in Data*. I’ve always had a certain, well, we follow this data and assume that it’s collated as rigorously as possible. I’ve always had a certain reserve in view of the work you’ve done at the IHU [l’Institut Hospitalo-Universitaire] with Bernard La Scola, in particular, to demonstrate that the presence of an active or infectious viral load obviously depends on the number of PCR cycles performed to detect the presence of an active virus. And I know that in Quebec and in other parts of the world, PCR replication cycles have perhaps been exaggerated, let’s say, to such an extent that I’ve always wondered a little about the famous epidemic curves, which are essentially based on the presence of positive signals, the accuracy of which is ultimately questionable.

How do you analyze this data, given that, well, it’s the data we have access to? I know you’ve been very rigorous doing this in your Institute, which gives you perhaps a much

more accurate picture of what happened in the epidemic phases. How do you work with these sites to extract information that can be useful in understanding the broader picture?

Dr. Didier Raoult

I agree with you. I can tell you one thing, though: this, too, may be something to think about. When I started, we had an Institute that was over-equipped, probably the best-equipped microbiology laboratory in the world. Our equipment was exceptional. And so, when things started happening, we were already doing 300,000 PCR tests a year. All we had to do was add PCRs for COVID at the start, which wasn't a particularly difficult thing to do, and we managed to do up to 5,000 a day. In France, the policy was created by people who didn't even know what a PCR was, or who performed very few of them. It was based on the fact that "we don't do testing." Instead, we tested those who were identified as highly likely—predictive value—of having a significant positive test, and this became absolutely ridiculous. I pointed this out three times. It provides an almost magical illustration of this crisis. Listen carefully, because it's so big, it's like a novel.

So in the beginning, the Ministry said: "Since there are so few tests, we can't do any tests. In my lab, I was told, "We can already do 200, 300, 400." You know, when we repatriated people from Wuhan and there were no cases in France yet, there were 300 people needing testing and we returned 300 results in two hours, so we knew how to do it. But at the time, people were saying: "In France, we can't do tests, we can't do more than 30 tests." And in Paris, we couldn't do more than 30 tests, which led to hostility. And so, the public health authorities said: "For the time being, the only people who need to be tested are the Chinese from Wuhan who have a fever. The others don't need to be tested."

[01:10:00]

And so, an 80-year-old Chinese man presented himself at a Parisian hospital with a fever, illness and cough, but he wasn't from Wuhan itself, he was from the Hubei region. And they didn't test him; they sent him home. He came back. When he came back, same thing, he still didn't fit the criteria of people to be tested, and he was sent back home. And he came back in respiratory failure. He ended up going to Bichat, where he was treated by the team of Yazdan Yazdanpanah, who was responsible for managing this crisis in France, and who is a specialist in AIDS and hepatitis of course, and who gave him Remdesivir. He died of kidney failure as a result of the Remdesivir. And, icing on the cake, this case was published three times: once in *New England*, once as a case report, once in *Lancet Infectious Diseases*, and once in the *International Journal of Infectious Diseases*. That says it all about the ineptitude, ignorance, and cynicism of having published. I would be ashamed to mention it. Listen, it's

such a considerable medical error, it's such stupidity to have this man who died without treatment, without anything, who was sent home even though he came from the area where the epidemic was taking place. It leaves you wondering if you are dreaming.

And so, it's true that we've moved on from that—in the end, I was the one who convinced the President of the Republic that we had to do tests. This was one of the things I was able to convince him of. We had to do testing because that's how infectious diseases are diagnosed. But, you know, with the tests, you now see the opposite extreme. But if you look at the two major studies that were supposedly used to evaluate hydroxychloroquine—*Recovery* by the English and *Discovery* by France—within the framework of the WHO . . . Have you read them? —maybe it's not your job to do so, but it's my job. Well, in these two studies, as in many studies that were done at the outset, there are people who never had confirmatory diagnostic tests. And yet these people have become the world's reference.

I would never in my life have dared to say that someone had been diagnosed with an infectious disease without having had a test. If you look at the criteria, they were like, "Look, does the doctor think he has this?" And they didn't even know what the major signs of COVID were at the time, which were loss of smell and loss of taste, which had really significant predictive value. But at the time, they didn't know that. And so, they included people who were coughing and said, "There, they've got COVID." And so, those were the two big studies that everyone relied on. It's such a huge mistake. You see, this isn't methodology, this is medicine.

So we didn't even have the diagnoses. In most cases, people didn't know how to make the diagnosis, especially in big cities where there were too many cases for them to take action. And then in the second part, when this started to spread in France, we did millions of tests. People came to us to have their positive tests confirmed. And in 25 per cent of cases, we found that the test was actually negative. The rates that had been reported were the result of—you know, PCR contamination. That's one of the reasons why you can get titres with distilled water. You can have a positive PCR for COVID if you're not working in conditions that prevent you from doing so, and you obtain PCR titres that are not reasonable. So, I agree that this is unreliable. The only thing that is reliable, and interesting, is kinetics. And it's always like that, when you do scientific studies, and the means of inclusion aren't satisfactory, the only thing you can interpret are the movements, all other things being equal. So, the tests may be as bad as ever, which is speculation, I agree with you. However, an increase reflects an increase in cases. Am I making myself clear?

Commissioner Massie

Yes, it's very clear. Thank you very much. I had another question about the famous definition of a pandemic. And, well, you mentioned, quite rightly, that it's a definition, it's a question of words. And my concern, in listening to the lectures you've given, is that, basically, an infectious agent like a coronavirus won't necessarily evolve in the same way depending on the specific environment in which it's found, in terms of animal reservoirs, climate, or the level of health of the population.

[01:15:00]

So how can we have the illusion of managing this kind of infectious disease situation on a global scale without taking into account the local particularities that are probably decisive for the evolution of the pandemic, and which should normally call for more localized management based on each of the cases that will occur locally? So epidemic versus pandemic, isn't there a confusion here that makes us dream of magic wands, for example?

Dr. Didier Raoult

Yes, there's no doubt that the WHO uses the word pandemic as if to wave a red flag and say, "This is very dangerous." I agree with you. From my point of view, one of the major problems we've had in France is that we've neglected the zoonotic role of what we call mustelids, that is, mink farms. Taking this into perspective is one of the reasons why I don't believe in the Wuhan [laboratory virus] escape at all. Anything is possible. If, in fact, there's proof of that, I'll change my mind because I'm a scientist. But, on the whole, emerging diseases are born when there is a very, very large concentration of a possible target animal, either man-made concentrations like farms or the only ones that have such natural extraordinary concentrations, which are bats and murids (rodents).

So rats: there are huge colonies of rats and bats, you've seen that; there are caves in which you have a million bats rubbing their wings on each other. And in there, we find hundreds of strains of coronavirus, and the fact that at some point, one of them recombines—because everything recombines and modifies itself constantly—and causes a virus to emerge is quite possible. That's what happened with mink. Now, there are plenty of strains that have been brought in from mink, with, incidentally, a selection process. Mink have a number of specific characteristics. And it's true that it was neglected in France, although it had been acknowledged in Holland and Denmark. For once, the WHO was on the ball because in May/June 2020, the WHO said: "Be careful with mink farms because there are a lot of mink in close proximity." There are also people who think that it emerged from mink farms in China—the Chinese are among the biggest mink breeders. And so in Denmark, they killed

17 million minks to prevent spread. France was a long way behind in this field and didn't control mink farms at all for a very long time.

And I asked all levels, including the highest, to access the samples from the mink farm from which developed the second part of the epidemic, creating a virus specific to France: the biggest killer in France. And it took six months for me to get a sequence from the Pasteur Institute, without us ever receiving the samples to do the sequencing ourselves. And it was this sequence that was the very root of the epidemic which started up again in the summer of 2020. So we know it came from there, because epidemiologically it was the place, it was the time, and the strain was the same. So we know it's true. So mustelids and minks in general have been neglected. Now, it's becoming increasingly likely that Omicron has a real specificity, that is sensitivity to rats and murids, whereas the others were not. So the idea of Omicron goes back a long way. It took at least a year to emerge in humans, if we look at the genesis of the sequences. And so for a year it was floating around without being diagnosed. And for the moment, the most plausible hypothesis is that it was a mutation that appeared in African murids, which is very possible.

So in any case, it's true that these zoonoses and epidemic rebounds were unpredictable because we didn't really know how sensitive the different animals were, although among mustelids, there's the ferret, and the ferret is the experimental model for all pandemic respiratory viral infections. So it's no surprise that the ferret is sensitive to this. In fact, ferrets had already been tested with previous coronaviruses, so it's no surprise that minks were susceptible. And when you have several million minks in a farm, the speed at which viruses advance and mutate is considerably colossal. It creates an absolutely extraordinary biodiversity.

[01:20:00]

It was known from the outset that keepers on mink farms were infected and that keepers could infect someone in their family when they came home with an infection acquired from mink.

So all this was knowledge. It was simply politically unmanageable. And on top of that, when I started saying about the vaccine, "You're not going to eliminate a disease that's epidemic in mustelids by vaccinating humans, it doesn't make sense." What's more, we knew that felines were susceptible, and then we knew that rats were susceptible. So you can't eradicate a zoonosis that has so many different targets, it's not possible. So accepting that it was a zoonosis and not a one-off event called into question the strategy of eradicating or eliminating the virus, which suddenly became laughable. If you say to people, "You realize

that with all the animals that are capable of getting this, you're not going to vaccinate all the mustelids and catch the badgers, the ferrets to vaccinate them, it's not possible," nor will everyone hide from dogs. We don't know if dogs can then become vectors, but there are dogs that have caught it from their owners, you see. So the possibility of animal reservoirs is considerable.

Commissioner Massie

Perhaps I will allow myself one last question. I know you don't like making predictions. You have said it frequently. But in your opinion, at what stage of the pandemic do we find ourselves at the moment? There is, for example, Geert Vanden Bossche, who raises a terrible possibility that we would not only have a more transmissible variant, but possibly a more pathogenic one. Well, it's disputed, it's debatable, it's not impossible because, well, his hypothesis is that there is a very targeted immunological selective pressure with these vaccines that we used on the only target, which is the spike protein. It creates an immune pressure that can ultimately lead to an adaptation that will bypass the more global immune response of natural immunity. But it would seem from what we are observing at the moment that Omicron, although it is very transmissible and we have a whole series of variants, it seems, in any case, to balance out; or, in any case, we do not seem to see any emergence of variants which would be particularly more pathogenic, as you had with Marseille-4, for example.

Dr. Didier Raoult

I never predict anything, it's not part of my nature. I observe, if you like. Therefore, the only reflections one can have, at least that I am likely to have, are comparative reflections. So I watch what goes on.

So there are works that you probably don't know, and others that you certainly won't know, that have been done by my great friend and collaborator. He's my first student, you see; it's hardly new, it's been forty years. He's Michel Drancourt, who still works with me, because I don't have as bad a temper as people say. Pretty much everyone who was able to stay with me has stayed with me.

So together, we invented a field called paleomicrobiology, that is to say, the study of past epidemics. This also brought me terrible conflict, albeit scientific battles, because we were the first to use these techniques. And we used them to show that the plague of the Middle Ages was due to *Yersinia pestis*, at a time when there was the same fantastical thinking: "There's going to be something even more serious, even more deadly." So there was NSF

[National Science Foundation] funding that was attempting to demonstrate that the Black Death of the Middle Ages was due to a hemorrhagic fever virus and not the plague at all, and this had a lot to do with ignorance. And, I'm pleased to say in a French-speaking country, this ignorance was due to the fact that around 80 per cent of the epidemiological studies carried out on the plague in the 19th century were done by French speakers and published exclusively in French, so English speakers were unaware of them. So, of course, Yersin was a French speaker. Balthazar, who discovered the whole plague cycle, was French; Montlaré, who worked all his life on the plague, especially Garmontrand, who made telluric reservoirs, was French and wrote only in French. And so this literature was only known by French people, people who had studied in France or who read French. Still, it caused a lot of conflict.

So we invented a technique based on the dental pulp. Dental pulp is vascularized like the spleen, it's full of blood. And so, when people die, it clogs up, and dust remains inside, which is a kind of blood culture, if you like, preserved by time. So we were the first to use this. Everyone uses it now, even for genetics. It had been incredibly criticized on the grounds that, theoretically, DNA couldn't be preserved for so long. So once again, it was theory versus practice. But Michel continues. Michel continued with proteins. But now he's doing that all by himself. We did the plague together. The first evidence he had through protein analysis and serology of an infection by this group of coronaviruses, the betas, dates back to the 16th century.

[01:25:00]

That's published, okay? And he's just finished a paper that's in the process of being accepted; in the infirmaries of Napoleon's armies in 1804, he has found another infection.

So this is to tell you one thing. Epidemics used to stop on their own. So we're in a megalomania of human scientific power, which means that it won't stop unless we decide that it will stop. It'll stop anyway. If it does stop, then we begin to understand: In reality, the mutations we see in organisms end up exhausting them. There are many mutations that have no use, that are not mutations that kill microbes or viruses. And we've been able to show that for SARS, for example, there's one mutation maintained every fortnight [two weeks] on average. And when there's an average of seven mutations, the SARS clone disappears. It has lost its energy and disappears. This explains why most epidemics last two or three months: because they accumulate mutations which, over time, prevent them from being effective.

And there's an extremely well-known model for people interested in epistemology, in the history of science, and that's the story of myxomatosis. I advise you to read this, because—as for Wikipedia, it's incredibly rigged, there too is censorship. It's incredible, it's become a propaganda tool. If it's become about propaganda, it's over. It's all bought by the industry or influencers. But myxomatosis was imported into Australia to kill rabbits—there were too many rabbits—and then it killed so many rabbits that it killed all the rabbits. We wondered what had happened. And what happened was that, spontaneously, the myxomatosis virus became less and less lethal, meaning that there's a reverse selection process known as “laziest selection,” which means that the least aggressive viruses are the ones that come to the forefront after a while. So we get the impression that there are alternating cycles between priority for the most aggressive, which is the start of the epidemic, and priority for the least aggressive, which is the continuation and installation of the cycle.

That's what we saw, for example, with the flu. For example, the Spanish flu was a monstrous thing that killed young people, devastated the world, and is still used as a reference by catastrophists. Yes, but the flu doesn't do that anymore. So from time to time there's a new major variant that's deadly, but it's never been deadly like the Spanish flu. So the natural evolution of viral cycles is to disappear.

So in terms of the plague, which we've studied a great deal in particular because we've done a lot of work on old plague samples, we can see that it's not exactly the same variants that arrive, and then, for one reason or another, they disappear. On this point, I disagree with the immunologists and the idea of “herd immunity,” which would mean the end of the epidemic. As long as there are cases, there are cases. As long as there are still susceptible cases, there may still be human cases. So I believe that the end of the epidemic is not due to population immunity, but to the end of the viral cycle. The virus exhausts itself, if you like, through the accumulation of useless mutations; and it either has a new favorable mutation, bounces back, and refashions another epidemic with a unique variant which is itself another virus, or on the contrary, it exhausts itself and then eventually disappears, or becomes like the rhinoviruses.

This may be the future of coronaviruses because there are four endemic coronaviruses circulating everywhere, which more frequently give rise to a total absence of **manifestations than to manifestations. In Africa, we didn't work on coronaviruses, but others did. There are areas where eight per cent of people carry coronaviruses in their nose all year round. They're not sick. Some of these coronaviruses are believed to have been the cause of epidemics, of a whole host of epidemics, particularly in the 19th century, and also what we found in the 16th century.**

[01:30:00]

Little by little, these viruses became viruses of the upper respiratory tract, that is, rhinoviruses—rhinitis viruses, if you like—and then they stopped being very aggressive. Nevertheless, if you catch a rhinovirus at the age of 85, you now have, I don't know, a three per cent chance of dying in Marseilles hospitals—these are a few of the things I know. It's not totally harmless, but in cases that are very, very fragile, it can still kill people; but in the general population, these are common infections that don't kill. So it's possible that the natural evolution of these viruses is gradually to have, on the contrary, a decline in their pathogenicity, but it is then something that can be reawakened by a mutation on another occasion.

Commissioner Massie

Thank you sincerely. I'm going to ask my colleagues if they can address any questions to you in English because they don't speak French. I think you'll be able to answer them and we'll do the translation. Do you have any questions?

Dr. Didier Raoult

No problem; although in Quebec, I know it's frowned upon to speak English. Anyway, I will make an effort.

Commissioner Massie

We'll forgive you. Do you have any questions you'd like to ask, Janice?

Commissioner Kaikkonen

Good morning, bonjour. I'm going to speak in English because my French has really lapsed, but I'm going to pass my question on to Bernard, Doctor Massie, who might be able to translate it for me if you don't understand what I'm trying to say. So you mentioned the financially powerful in the context of transparency and who is controlling who, kind of like the old cliché, "follow the money." But as we know, it's very difficult for people to make good decisions about their health and well-being when authorities are oppressing the populace through lockdowns and mandates. So how do we prepare now, should governments try these same measures again in the future?

Dr. Didier Raoult

Well, I don't know. One more time, you're trying to ask me to make predictions. I would not. What I'm seeing here is that people don't believe now, so it's going to be more difficult. Many, many people have been really, really, disappointed by the fact that there was a lot of decisions that were not supported by anything. For example, because you speak in English, you may have been aware of this, because it is probably one of the most important documents in this story: it is the Johnson leaks. So we have now the conversation between the equivalent of the Ministry of Health in the U.K. and Boris Johnson on the political decisions they took for lockdowns, for restrictions. And they discuss together, and I wonder if you have read that. It is really fascinating. And the reason why they decided is, finally, Boris Johnson says, "Well, the Prime Minister of Scotland has done that, I don't want to hurt her so we are going to do that in England as well." So this was the rationale, the scientific.

These people are clowns! This is not serious, they're clowns, the head clown is followed by all the clowns. So the main thing is that people are following one another; and one of the reasons is because finally, two years after, everybody understands that it was not a good decision, they can always say: "but everybody was doing this," so they don't need to think. I don't know if they can think, but they don't want to think. Only Sweden, in Europe, had a different position. I don't know why they are so good but they get their own decision, based on their own analysis. All the others just followed the first clown that starts to walk, the first clown was mainly in the U.K. because the U.K. gets the reputation to be the very best in medical research.

Commissioner Kaikkonen

Thank you, merci.

Commissioner Drysdale

Good morning, sir. You have commented about a wide variety of topics, from medical to censorship to government actions, so I want to talk to you overall about them.

[01:35:00]

So first, can you explain to me—in layman's terms "in short" because we're short for time—what is the definition of a pandemic?

Dr. Didier Raoult

Well, there is no definition of the pandemic. Theoretically, “pan” will say “everywhere,” an “everywhere epidemic,” so this is the definition. So as I told you, it’s kind of a red signal to say, “well, it’s terrible.” This is how the WHO uses it, but if there is a definition, “pandemic” is a disease that is epidemic everywhere. This could be your definition.

Commissioner Massie

Professor, can I ask you to answer in French for the audience? And they will have the translation. I know it’s complicated.

Dr. Didier Raoult

The first question is: how will the public react to the next display by governments and the press in a comparable situation? I can’t predict that, but in any case, what I see is that people are a lot less gullible now than they were three years ago. And there is something that is very, very, very important. I hope that this will be part of your analysis and your comments: the leaked emails from Boris Johnson and his Department of Health about the measures taken, crisis management policies, and in particular, lockdowns. They discuss, and there is no scientific basis for this, but they say: “Since the First Minister of Scotland said that lockdowns were necessary, so as not to offend her, we will lockdown too.” So, when people say it’s in the name of science, that tells you the nature of the reasons why they’ve made these decisions. And the nature of the reason is for following, sorry, that’s a neologism. They follow each other, and when one has started, the others say, “If we’re accused or have a trial tomorrow, we can always say, ‘We did what the others did, you can’t say we decided that.’” So the decision not to do as the others do is potentially more damaging, and requires thought and decision-making based on established data, as opposed to saying, “Look, there’s no reason; they’re doing it, so we’re doing it.” And since the leaders in medical research were the English and the Americans, as soon as this decision was made, everyone followed them, except the Swedes. The other question is about the pandemic, which I think I’ve already answered in French. There’s no real definition, apart from the fact that it’s a signal that something is very serious. But theoretically, a pandemic is an epidemic that occurs in every part of the world.

Commissioner Drysdale

Then, to follow along and continue on that, again, you discussed many things in your presentation and you talked about the COVID-19 pandemic; and Doctor Massie and yourself talked about PCR testing, you know, the variability or the unreliability of the PCR

test. You talked about that the average age of death of a victim of COVID is actually higher than the life expectation age. You talked about that often COVID-19 was called the cause of the death and it was not sure whether that was the cause of the death. We heard testimony—as a matter of fact, in Toronto—from a paramedic who said someone jumped off of an eight-storey building and they swabbed the remains and said it was a COVID death. So when I think about COVID-19 and I think about the definition of a pandemic, and I think about the variability across the world, you know, Sweden you mentioned, France you mentioned, United States, et cetera. So there's a lot of variability, there's a lot of questioning about how they diagnosed it, and I want you to compare that to something else you talked to. And I want you to talk a little about pandemic. The other thing you talked about is government response. You talked about censorship, and that's universal around the world, as I understand it. It happened in France, in England, in the United States; it happened all over the world.

[01:40:00]

We have heard significant testimony from across Canada about how our institutions failed. You know, basic fundamental beliefs in our institutions, informed consent failed. You talked about that yourself. You talked about the courts failing us. And with all of that, here comes the question. Was the real pandemic COVID-19 or was it the effect that it had in ripping apart the fabric of our society—because that was universal across the world?

Dr. Didier Raoult

I don't know. I cannot write the story. What I can tell you is that the trouble that we get here is that, first, I agree with you: some of the deaths have nothing to do with—the only young person that died of COVID-19 in Buffalo died of an overdose.

Commissioner Massie

Professor Raoult, I'm going to ask you to answer in French. And I've been asked to translate my colleague's question for the audience here, so I'm going to summarize the long preamble of Ken, who apparently speaks more than I do. To put the question, with what has been deployed around the world to manage this pandemic, do we really consider it to be a pandemic in terms of an infectious disease occurring everywhere at the same time? Or is what we've witnessed merely a response from our institutions that has caused a major disruption in the organization of society?

Dr. Didier Raoult

There are two things we can say because there are examples of countries—Scandinavian countries, certain African countries—where there has been no decline in life expectancy. These countries have managed effectively. As you know, the greatest loss of life expectancy has been in certain Eastern European countries, such as Bulgaria, and in the United States. There are two phenomena that seem very important to me. Firstly, the way in which the epidemic was handled, that is, calmly focusing on those at risk, learning how to treat it as the disease unfolded. As I said, we used oxygenation and anticoagulants because there was substantial deep vein thrombosis. So we had to detect people with coagulation anomalies. So we had to practise medicine.

So what's happening, and this is a real general issue, is that more and more administrators—in our case, it's the ENA [École nationale d'administration], in your case, I don't know what it is—think that, in the end, medical practice isn't that important anymore: "We don't really need doctors." In fact, we've been putting the brakes on the training of doctors for the last 30 years in an incredible way. There are plenty of places where there are no more doctors. So I think it's likely to get even worse because the state is in danger of thinking that artificial intelligence is going to replace even more doctors. The state ended up thinking—in France, this was very clear—for example, it was the Director General of Health who spoke directly to the population to tell them how they should look after themselves, to tell them what they should do, and not go through the doctor.

And so the whole relationship that was built up— So whenever there's medicine involved—for example, I have a lot of links with Africa; the Africans understand very, very well what I'm saying because in Africa, you can't leave someone who's ill without care. It could be someone who practises traditional medicine or it could be a health officer or a doctor, but when someone is sick, you have to take care of them. It's the first time I've heard ministerial instructions saying that you shouldn't look after the sick. It's something completely new, and it's indicative of a deterioration in our perception of medicine. That's one thing.

The second thing is, of course, what's happening in America; and I don't know what your figures are in Canada, and I apologize for that, but you have an obesity epidemic which is the cause of excess mortality in young people. Obesity is a considerable cause of excess mortality for all respiratory infections, and it's very easy to understand if you ever look at a cross-sectional drawing of an obese person on his back and you look at his respiratory capacity.

[01:45:00]

Just from that, you'll be able to understand that his tolerance level to a respiratory infection is much lower, and on top of that, there are immunological phenomena. And so, the decline in life expectancy in the United States began ten years ago with two phenomena: obesity and drugs. And drugs, for reasons that were favoured by the U.S. government saying, "You've got to be happy right away." They polled patients to see whether they had immediate relief, and for immediate pain relief, you give opiates. And when you are given opiates, a certain number of you become drug addicts, and the mortality rate from opiates in the United States is terrifying. So I agree, there's a fundamental problem in society, meaning that not everyone is equal when it comes to disease. In other words, there are people in our country who are essentially over 85, and I think it's the same in Sweden. In the United States, it's not at all the case because, of course, obesity in the United States today is not at all the same as it is in France. But here too, it's the same thing: what are the countermeasures against drinks? We all know that obesity is caused by sugary drinks. What are the restrictions against sweetened beverages? There are no countermeasures against sweetened beverages, as far as I can see.

Jean Dury

That's the end of the questions, Doctor. We'd like to thank you very much for the information you've provided, which will undoubtedly help us prepare a brief containing a number of recommendations. In fact, that's the purpose of this Commission. So thank you very much.

Dr. Didier Raoult

You're welcome. Goodbye.

[01:47:05]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 2: Mélissa Sansfaçon

Full Day 1 Timestamp: 03:17:08–03:54:17

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Louis Olivier Fontaine

So good morning, everyone. Let me introduce myself: my name is Louis Olivier Fontaine. I am a lawyer and today I am acting as a prosecutor for the National Citizens Inquiry. Hello, Madame Sansfaçon. Can you hear me well?

Mélissa Sansfaçon

Yes

Louis Olivier Fontaine

So, Madame Sansfaçon, I'm going to start by identifying you. I would ask you to state, please, your first and last name.

Mélissa Sansfaçon

Mélissa Sansfaçon.

Louis Olivier Fontaine

All right. And another formality to start: I'm going to ask you to take an oath. Do you solemnly affirm to speak the truth, the whole truth and nothing but the truth? Say: I affirm.

Mélissa Sansfaçon

I affirm.

Louis Olivier Fontaine

So today, Madame Sansfaçon, you have been invited by the National Citizens Inquiry to testify about the consequences you suffered as a result of the COVID injections. On behalf of

the Commission, I would like to thank you for your availability and your courage to testify today. To begin I would ask you, just briefly, to tell us what your occupation is, Madame Sansfaçon.

Mélissa Sansfaçon

I am an information management consultant. But I can name my employer. I work for Hydro-Quebec. So it's basically office work with meetings and things like that.

Louis Olivier Fontaine

All right. As has been said, you received the COVID injections and suffered consequences. I would like to know what are the reasons that led you to receive these injections.

Mélissa Sansfaçon

Mainly, I went because, since his birth—basically, the first two years of his life—my son has been hospitalized twice each winter. So we suspected that it was to continue. We were a little afraid that if, say, he was to catch COVID, he would have to be hospitalized too. And at that time, you had to be vaccinated to accompany someone to the emergency room. So the main reason I went was that. It's that I didn't want to leave my two-year-old child alone in the emergency room. And at my work, there was talk about making it, let's say, strongly suggested. But the main cause is really my son.

Louis Olivier Fontaine

All right. In fact, I would like to know; before having received the COVID injections, what was your state of health, in general, without going into details. But what was your state of health?

Mélissa Sansfaçon

Still good. I just had irritable bowel, basically, since the 2000s, but otherwise I was mostly healthy.

Louis Olivier Fontaine

All right. So we are now going to talk about the first injection you received. Could you tell us what state of mind you were in before receiving the first injection, and what happened during and after that first injection?

Mélissa Sansfaçon

I definitely went there in a somewhat resigned state of mind because I didn't feel I needed to have the vaccine. I saw it a bit like the flu vaccine. If you are more likely to get sick if you catch the flu, you would take the flu shot. I saw it somewhat the same with COVID. But, you know, at the same time, it gave me a certain peace of mind because I thought to myself, "If my guy ever has to be hospitalized, at least I can go with him." Once the injection happened, in fact during my 15-minute wait, I started having symptoms. Basically, at that time, at the site of the first dose, it was the feeling of a heavy and swollen arm that started during my 15-minute wait and which lasted for four days following that.

Louis Olivier Fontaine

Do you remember the approximate date?

Mélissa Sansfaçon

Yes, it was May 23, 2021.

Louis Olivier Fontaine

Perfect. Do you remember the brand of product you received?

Mélissa Sansfaçon

Pfizer.

Louis Olivier Fontaine

Okay. So I understand that you felt some effects. What happened next?

Mélissa Sansfaçon

I'm not sure I understand your question. After what?

Louis Olivier Fontaine

Yes, so I believe that, in reading your file, we saw that you also received a second injection.

[00:05:00]

Mélissa Sansfaçon

Yes. Yes, I got my second injection on July 25, 2021. Then when I got there the nurse asked me what side effects I had on my first dose— Excuse me, I'm just going to drink some water. I explained to her, basically, what I just told you, that I had had the sensation of a heavy and swollen arm for four days. To which she replied: "Well, expect worse, because people really react more strongly to the second dose." So once I had my injection and was in my 15-minute wait, my arm started to feel numb. So I just said to myself: "Well, well, this time, it's not the heavy and swollen arm, it's going to be numbness." Then I left after the 15-minute wait.

Louis Olivier Fontaine

All right. Regarding that, could you talk about the symptoms you had or the consequences you had following that second injection? What steps you took in relation to your health?

Mélissa Sansfaçon

Briefly, because I really had a lot. Basically, we can say that I still have numbness present in my right arm today. I have it in my right leg too. In fact, it's at different intensities. Sometimes it goes as far as needle sensations that are painful, both in my arm and in my leg. Sometimes the numbness goes up along the neck, in the face, the lips. Sometimes on the left side, but that's rarer. It's really more concentrated in the right arm and leg. We can also add to that all the burning sensations. The way I explain it best is that it's like having a full

body sunburn. When you have a sunburn, you don't realize that you are in pain; we scratch and then it becomes painful. It's rather the same principle here, but I have it from the roots of my hair to the soles of my feet. The burning sensations—I'm sorry, but my meds are making my mouth dry—have basically resulted in a hypersensitivity of most of my right side. Hypersensitivity to heat first; it developed this winter in response to the cold as well. Humidity, fabrics, heat, so admittedly the skin, the water, the shower—all these are things that I have to manage—that's the term I have, but that's not quite it. Basically, I now shower in lukewarm water, things like that. The heat: as soon as the sun touches me, it is the same feeling as with a sunburn, as I was saying earlier. So as soon as the sun touches me, I react strongly: it's as if it were burning me right now. The direct consequences following the injection are these: the numbness, the needle sensations, and the hypersensitivity with the burning sensations.

Louis Olivier Fontaine

All right. And did you receive any formal diagnoses during your dealings with healthcare personnel? What diagnoses have you received, if any?

Mélissa Sansfaçon

I have not yet. I went through countless tests, if you count my three visits to the emergency room in a month and a half. In fact, the first time I went to the emergency room after my second injection was for ten days. They gave me countless blood tests. I had a brain scan, electrocardiogram, head to spine MRI. I also had an—I want to say this correctly—EMG, the test for the central nervous system. And lately, I've had two skin biopsies. I had a first biopsy in mid-October which turned out to be voided, if I may say so, in the sense that the skin specimen was poorly preserved. So I had to do another one, this time at the end of January, for which I am still officially awaiting the results from my neurologist—we have an appointment at the end of the month—but which seems to indicate the same result as the first, according to what is in my Quebec Health file. So my skin specimen would have been poorly preserved again this time, and theoretically, I will have to do a third one.

[00:10:00]

I don't know if I can take two minutes to explain because the reason I'm discouraged is that the first biopsy aggravated my symptoms enormously. Excuse me . . .

Louis Olivier Fontaine

Take your time, no problem.

Mélissa Sansfaçon

It's a very incapacitating disability, if I may say so, in the sense that I'm constantly looking for ways to improve my daily life. Hypersensitivity means I can't cuddle my own daughter anymore because she's too hot. Her skin is too hot. I can't hug my spouse either for the same reason. Even with a layer of clothing, I have to be careful because it ends up burning me. You can imagine how "comfortable" it is to sleep or even just sitting up surrounded by pillows.

But the biggest impact is really regarding the clothing because clothing burns me. There are clothes that are okay one day and not okay the next day. I've completely reoutfitted my wardrobe twice. And each time something gets worse, I have to redo the whole process. I'm

on the verge of doing it all over again for a third time. And it's always that I have to think two steps ahead. I will give an example: earlier I mentioned the sun, the heat, with temperatures like those today. Last year I had to teach my daughter—she was seven years old at the time—to take the car key, put the car on “accessory mode” to open the windows because I can't get into the car to lower them myself, because it's as if I'm putting my whole self into an oven. It's super painful. Always having to think about different ways to try to go about my daily life is what exhausts me.

And the biopsy happened between the death of a person I considered to be as a grandfather and the death of my grandmother. Both happened very suddenly, and then the biopsy added physical stress to the emotional stress I was experiencing at the time. From the moment of the biopsy, my body overreacted because that's how hypersensitive it is—it overreacted. I couldn't lean on the side of my leg, in fact where the biopsy is, where they took the piece of skin. This is exactly where my sock elastic touches. So I absolutely had to fold my sock, fold my winter boot. Then, I constantly had to keep a plaster on it to prevent any fabric, whether my leggings or whatever, from falling on it. And that went on even up to the week I had to go for my second biopsy.

For the second biopsy, my body reacted less strongly than the first time, but there was an additional layer of symptoms that was added on top. Even today, although the two wounds have healed, it feels as if they were raw. I can't touch them. I can't lean on them. Just sitting cross-legged is impossible for me. I have to always fold my sock. And the other example that I can give you is that my feet—I'm a girl, I have lots of kinds of shoes—my feet, at present, only tolerate one pair of shoes: my Converse. Even though the back of the Converse sits below where my wound is, when I drive, I feel like it's pushing right on the wound, even though there's still a lot of space before you get to the wound site. So it's the fact of having constant pain, which is very mentally tiring. But it's also having to constantly think of solutions to be able to live my daily life, which should be super simple, but adds an additional level of effort.

[00:15:00]

Not knowing what it is, that it has almost been two years—I have a hard time accepting that I may be stuck with it for life.

Louis Olivier Fontaine

Tell me, Madame Sansfaçon, how did you perceive the reaction of the healthcare personnel during all the steps you took to identify the cause of your symptoms?

Mélissa Sansfaçon

I consider myself lucky because I've spoken with other people who have had side effects who were told it was all in their heads. Except the first time I went to the ER; the ER doctor looked at me really hard and then said, “No, no, that's okay. It's only been ten days. It's normal, go home. It will disappear.” Then despite me asking him, “Okay, let's say it doesn't go away, what should I do?” “No, no, no, it will go away. Good day.” But the last two times I went to the ER, people believed me. They made me take tests. They saw that there was something wrong, even though I had no obvious physical traces.

After that, when I went to the emergency room, I was referred to neurology. The neurologist also ordered tests. It doesn't matter what they do because I've seen so many people. Right now, I'm being followed by a psychologist in chronic pain management, and

also by an occupational therapist for managing chronic pain. I'm going to start physio soon. I am followed for medical cannabis, neurology, I saw a dermatologist, all that. And while I don't want to point fingers, generally what they tell me is that maybe it was something that I had that was dormant, which the vaccine would have triggered. Others tell me: "No, no, no, it really is the vaccine. We see the cause because your symptoms started during your 15-minute wait. So, it's hard not to make the connection with the vaccine."

But these people who say "yes, it really is the vaccine" are rare. More of them want to say that it is something dormant that I had awakened, for whatever reason. But these are symptoms I've never had. It's hard to say, "Okay, maybe, yeah, something was dormant in my system." But one way or the other, whether it's something dormant or not, well, the trigger is still the vaccine. So, in my opinion, I see the link. It's there. It started in my 15-minute wait. They aren't symptoms that I had before, so it's the vaccine.

Louis Olivier Fontaine

And how do you present the situation when you approach these healthcare personnel? Do you have a way of approaching them, presenting your symptoms? For example, do you suggest that link? How do you present your situation to healthcare personnel?

Mélissa Sansfaçon

I never hid anything. I've always said it started in my 15-minute waiting period. And that it has only gotten worse. Basically, the three times I went to the emergency room at the beginning—I went to the emergency room three times within a month and a half—I always told them that it was in relation to the vaccine. I always told them it kept getting worse. And by then it was getting worse every two weeks. Every two weeks, I had a new symptom that popped up, which appeared intermittently and then took hold permanently.

Now, almost two years later, the development is, let's say, slower, in the sense that it's not every two weeks that I have a new symptom, it's maybe every month, month-and-a-half. It's just that it's added to an already overwhelming situation. So it always seems a bit like the end of the world when a new symptom sets in, because no one really knows what it is. Nobody is able to really put it into words. What I'm being told is that, with a disease like mine, it's difficult to have a sure and precise diagnosis in the sense that they go by process of elimination.

[00:20:00]

Okay, I understand. Currently, I have two probable diagnoses: sensitive Small Fibre Neuropathy, which is, in essence, a malfunction of the nervous system of the skin. That's a first diagnosis that should, one day, if a valid biopsy comes back, be confirmed by that. And I would have to take another test to confirm another diagnosis, which would be Reflex Sympathetic Dystrophy. Then we add to that something I learned recently, which is allodynia, which is basically, from what I understand, a feeling that's not supposed to be painful and that becomes painful. The same idea as, you know, having my sweater feel like it currently burns me, but it is not supposed to burn me. A kind of, as I was saying earlier, hypersensitivity of the skin, things like that.

But the delays are extremely long. You know, being told twice that my skin specimen was poorly preserved, when each time it [the biopsy process] made my symptoms worse, then being told, "You really should—we need this—you really should have it done a third time." Let's say, I don't really feel like it.

Louis Olivier Fontaine

And perhaps, in a few words, what were the consequences for you at the professional level?

Mélissa Sansfaçon

Actually, the first time I went to the emergency room, the first time I was examined, it was my office colleagues who pushed me to do so. We were, well, for sure we were in a pandemic; we were working from home. The arm in which I got vaccinated is my arm, what do you call it, the main arm in any case, my right arm, my dominant side, in short. The reason why I chose this arm, again, comes down to my son; I still needed to be able to hold him since he was young. I have always held my children with my left arm. So what I wanted was that if ever there was some pain in my arm at the injection site, well, I would still be able to hold my son.

The reason why my colleagues pushed me to get checked out is that they saw me using the computer mouse on the right at the level of the screen. Then they said to me, "Hey, Melissa, what's going on?" I then said to them: "Well, I don't know. My arm is more numb than usual. It's not pleasant, so I'm using my left hand." I didn't make a big deal of it, in that I told myself that it's going to end eventually and then it's going to be okay. Then they said to me: "No, no, no, you are going to see a doctor." So I went for an examination. And after the third time I went to the emergency room, I saw my family doctor, who acted, basically, as an orchestra conductor. She was somewhat the coordinator: "Okay, we should try returning to the emergency room, have fewer delays, see a neurologist," things like that. But when it came to all the medical paperwork, all that, she was the central core. Then, in the weekend that followed my last visit to the emergency room and the appointment I had with her, I had the burning sensations begin to appear. And when I told her about it, she said, "Okay, I think we're going to put you on sick leave for two or three weeks while you see the neurologist; we find out the results of the tests you've just taken; we see what's going on, all that, then after that, we'll reevaluate."

Finally, after much paperwork, the doctor reevaluated me and gave me an indeterminate leave of absence. So I've been off work for over a year and a half, mainly because my burning sensations are so much stronger on the right side.

[00:25:00]

So the whole outer side down to the fingers, with which I use the keyboard, mouse, all that: it's the side that hurts me the most. And I also have trouble remaining in the same position for long. Whether it's standing or sitting. If I sit too long, my right leg becomes extremely numb. If I stand too long, my biopsy wounds begin to, I just have the term in English, "throb." In any case, in short, they hurt. Which means that I often joke a bit by saying that I adopt the stance of a pink flamingo: I have to lift on one leg because it hurts too much. So for all these reasons, the work stoppage remains indefinite, at least until we find a medication that helps me in my daily life. Then again, it's been a failure so far because I've tried six drugs, and I haven't yet found one that works for me.

Louis Olivier Fontaine

Madame Sansfaçon, I can see that you are wearing something on your right forearm. Could you say a few words about that?

Mélissa Sansfaçon

Yes, basically, since the holiday season, my hypersensitivity symptoms have gotten so bad that I constantly have to have my right forearm bandaged, which is where my hypersensitivity is most acute. It's not tight, it's really just to make a kind of sleeve. Besides, if it is too tight, it increases the numbness. So that's a good indicator. It's really just to create a sort of crutch against the elements because a sweater that may be okay one day, as I was saying earlier, may not be okay another day. But it's the same between my two arms. It can be fine on the left, but not fine on the right because on the right side I'm always overreacting. So putting this on allows me to—I don't like the term—be more efficient in trying to get through my daily life. Because, as I was saying earlier, if, let's say, we break a foot, we're going to use crutches to be able to keep walking. Well, for me, this is my crutch. It's putting a bandage on my forearm and my hand to be able to go about my business.

It's a bit the same principle as, you know, on my desk, I have a homemade "ice pack" because ice is the only thing that allows me to reduce the burning sensations. So I constantly have ice packs that I had to make at home—I know it's not good, but with food transport ice packs because those from the pharmacy didn't stay cold long enough for me. I really needed something that could last me more than an hour. Not that I need it constantly. It's just that when my hand gets too hot, at least just being able to lean on the ice helps me keep going.

Louis Olivier Fontaine

So we are now coming to the end of your testimony, Madame Sansfaçon. The Commission suggested that we ask a question: how things could have been done to make things better for you. I understand that your case is extremely difficult and you have very serious symptoms, but is there anything, ultimately, that could be done or could have been done to make you better?

Mélissa Sansfaçon

In relation to vaccination or in relation to what I am currently experiencing?

Louis Olivier Fontaine

In general, whether it's regarding vaccination or it's just in general.

Mélissa Sansfaçon

You know, even though the term "compulsory" was never used, we can agree that the rights of the non-vaccinated were so violated that we did not really have a choice. As I said earlier, I'm not hiding anything. The main reason I went was for my son. Because I wanted to be present with him if ever he had to have something done, or if he had to be hospitalized. If it hadn't been compulsory—because here, it was basically compulsory to accompany someone to the hospital—I would have followed the other measures: to stay two meters away from everyone, to wear a mask, it doesn't matter, the Purell [hand sanitizer], whatever. I would have followed all the measures. I wouldn't have been vaccinated. And of course, I think about it.

[00:30:00]

Of course, I say to myself, "Why did I go? Why did I do this?" But, again, it's always about my son.

But what really exhausts me is the fact that medical personnel, in general, do not want to make the connection with the vaccine in the first place. As I said earlier, I never hid the fact that, for me, it was connected to the vaccine. They always try to sideline me by saying, “well, maybe that, maybe this, maybe that.” No, no, no, it started in my 15-minute waiting period. I’ve never had symptoms like this before, so in my mind, the connection is clear. But it doesn’t seem like medical personnel want to recognize this, no matter the specialization or whatever. That’s something I also hear from people I’ve spoken with who have side effects that are different from mine. We’re not really supported because we feel misunderstood, in the sense that since people don’t want to make the connection to the vaccine, it’s kind of like, in a way, saying it’s a bit in our heads. But that’s false. It’s completely physical, even if I have no obvious physical signs.

I talk about it a lot. When I talk about my case, I always say that it’s as if they don’t consider it urgent because I’m not bleeding out. But my quality of life suffers enormously and increasingly, whether it’s just time passing or, as I was saying earlier, the biopsies that have made my condition worse. And regardless, the delays are always endless. I understand that we are lacking people in the health sector. I understand that there are many people who are sick. I don’t want to jump ahead in the queue for anything. It’s just that I really feel that because I have no physical traces, because I’m not bleeding out, it’s not seen as urgent, whereas I see it as urgent.

Maybe it’s silly, my daughter compares me to a vampire. Honestly, that’s pretty much it. I can’t go outside without being in pain. I must be in the shade. If we go to the park with my children, I have to hide under the play structures. Of course the other parents look at me and think I’m weird. Except those who know me, they know why. But, you know, the other parents at the park, they wonder why the lady, she practically runs under the play structure. It’s mentally exhausting, it’s physically exhausting. But just minimally—because we certainly can’t change anything; we’ve had the injection; look, what’s done is done, we look ahead—to be recognized, to be told: “Yes, it’s okay, I know it’s the vaccine. Do not worry. We will take the appropriate steps accordingly because we know that’s it.” Just that, it’s worth all the gold in the world. But it is difficult.

Louis Olivier Fontaine

Okay, thank you very much for your testimony, Madame Sansfaçon. Now, maybe the commissioners will have some questions for you. So I will now give the floor to the commissioners if they have any questions.

Commissioner Massie

Do you understand English or do you need me to translate the question?

Mélissa Sansfaçon

No, no, I understand English.

Commissioner Massie

All right.

Commissioner DiGregorio

Thank you for your testimony. Excuse me, I will ask my question in English, but if you can answer in French— Has your injury been reported to a vaccine adverse injury reporting system such as CAEFISS [Canadian Adverse Events Following Immunization Surveillance System] in Quebec or in Canada?

Mélissa Sansfaçon

It's a good question. I know I have a doctor who has—

Commissioner Massie

I'm going to have to translate the question into French first for the audience here. So my colleague's question is whether your vaccine injury was properly reported to the health authorities.

Mélissa Sansfaçon

I have a doctor who has reported to the public health level. We are talking about January last year here, so January 2022. This was the first person who spoke to me about that. I didn't even know there was a system to report this to public health. Yet I've seen many people between July and December.

[00:35:00]

So she took the steps for the report to, in short, reach the level of public health in Quebec. And the public health nurses followed me for one year from the date of vaccination. That's what they do, they told me. But my file remains open at the level of public health in Quebec, since it is not settled, and it continues to get worse. So I no longer have occasional follow-ups, as I did for the first year following vaccination. But if I need information or have things to add to my file, I have a phone number that I call and there is someone who calls me back, who speaks with me in fact. Also, this same doctor is taking steps to fill out the Quebec form for the victim compensation program. But we haven't finished yet because we wanted the results of the biopsy, which we don't have. So I'm not sure when it's going to be ready.

Commissioner DiGregorio

Thank you.

Louis Olivier Fontaine

So that would be complete for the commissioners' questions. So, it only remains for me to thank you, Madame Sansfaçon, for having testified today before the National Citizens Inquiry. Allow me to congratulate you on your courage and availability. So thank you and have a nice day.

Mélissa Sansfaçon

Thanks, you too.

[00:37:07]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:

<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 3: Pierre Chaillot

Full Day 1 Timestamp: 03:54:29–04:57:10

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Chantale Collard

Yes, so, hello; my name is Chantale Collard. I am the acting prosecutor for the National Citizens Inquiry today. And Monsieur Chaillot, I don't know if you're online. So hello, Monsieur Chaillot.

Pierre Chaillot

Hello!

Chantale Collard

So first of all, we are going to proceed with identification. Please state your name.

Pierre Chaillot

My name is Pierre Chaillot.

Chantale Collard

All right. And also, for the purposes of the Commission, I must swear you in. Do you solemnly declare to tell the truth, the whole truth? Simply say, I do affirm.

Pierre Chaillot

I do affirm.

Chantale Collard

Perfect. So Monsieur Pierre Chaillot, if you don't mind, I'm going to introduce you briefly. And if I make any errors, don't hesitate to correct me. So you have training as a statistician at ENSAI, the National School of Statistics and Information Analysis. You have also obtained

a degree in mathematics from the University of Rennes 2 and you have been a statistician since the start of the COVID crisis.

Every week, you have scrupulously collected all the official data available from the Eurostat, INSEE [National Institute of Statistics and Economic Studies], the DREES [Directorate for Research, Studies, Evaluation and Statistics], and various ministry websites. You also won the 2007 INSEE public statistician competition. You have attended engineering school and worked for ten years at the National Institute of Statistics and Economic Studies. On the INSEE website, there are posted around 20 studies in which you have participated. But since 2020, you became interested in this COVID crisis as an ordinary citizen.

You have also anonymously written many articles transcribed into video, notably on your YouTube channel, without claiming authorship. It's also important to mention that you're not making money with this civic activity, neither from your YouTube channel, where there is no publicity, nor from your articles, which you offer freely on internet platforms. And you are the author of the book: *COVID-19, ce que révèlent les chiffres officiels: Mortalité, tests, vaccins, hôpitaux, la vérité émerge* [COVID-19, What the Official Figures Reveal: Mortality, Tests, Vaccines, Hospitals, the Truth is Emerging] with the royalties being paid to the association: Où est mon cycle? [Where is my period?] Correct?

Pierre Chaillot

That's right.

Chantale Collard

So Monsieur Chaillot, you are going to tell us about the results of your research. I believe you also have a PowerPoint that we can share on the screen.

Pierre Chaillot

It's shared.

Chantale Collard

Yes. So first of all, you are going to tell us about the deaths. So to the effect that there was no mass mortality event [hecatomb], can you explain this to us?

Pierre Chaillot

Yes. For my purpose, what I would like to explain to you today is that statistics are of no interest in themselves. A statistical figure means nothing. A statistic is a tally, and to understand the statistic, the number doesn't matter. We must first understand what we have counted. What is most important in statistics is to know what has been counted and how it has been counted.

And so it is the person who decides what we are going to count and how we are going to count it who has already determined what the final statistic will be. And what I show in my book is that all of the statistics labelled COVID-19 are not scientific at all. They are nothing more than the result of bureaucratic counting decisions. Therefore, anyone who uses statistics labelled COVID-19—whether it be of cases, hospitalizations, or deaths—to make it look like they are doing science are not, in fact, doing science, and are creating nonsense,

producing nothing usable. And so the book tells how we experienced statistical fraud throughout this period.

And indeed, I start with the deaths because it's the most important element. It's important to show that, statistically, absolutely nothing has happened from the perspective of deaths, since the whole world has forgotten that it is necessary to take into account the age of people before starting to speak of deaths. Obviously, the number of deaths in a country corresponds first to the size of the population. The larger the population, the more deaths there are; and after that, it is the age of the people that counts.

And for example, here you have the number of deaths in metropolitan France, which says—and I carried out this exercise for all the European countries for which I had data—where we have seen the number of deaths each year since 1962. And we have institutions that cried in horror when, in 2020—which we see here—there was an increase in deaths, saying that it broke the record number for deaths, which was true. But the previous record was set in 2019, before that in 2018, et cetera. There are more and more old people in France, and it is normal that more and more of the population is dying. And to illustrate this, you have to look at what is called the age pyramid.

[00:05:00]

The age pyramid represents the population in a country according to age. Here we are in the year 2000 in France: 20 years ago. The age pyramid is this. Each bar represents a share of the population in France, and it is by age group. There are the 0- to 4-year-olds below, 5- to 9-year-olds above that, 10- to 14- year-olds, et cetera. We go up to the over-90s and we put the men on the left in blue and the women on the right in red. And we see that in the year 2000, there is a big gap that begins at around 55 years; and we see this hole which represents the people who died or who were not born during the Second World War. The Second World War left a lasting impression on history in a very marked way for more than a century. And below that gap there are those under 50 who were called baby-boomers—the baby-boomers born from 1946 in France, Europe and Western countries. There were a lot of births; and therefore, that makes up the people who were under 55 years old in 2000.

And therefore, in 2000 in France, there were 9.5 million French people who are 65 years old and over. And 20 years later, quite inevitably, people are 20 years older, and so are our baby boomers. And so in the graph on the right, our baby boomers have shifted 20 years upwards and they are now approaching 75; and at 75, many more people die than at 55. And it's not just a little more: it's a lot more. Death by age follows a curve that we call exponential, so there is a multiplication of the number of deaths for each year that passes. And so you have to take that into account—the continuous evolution of the age pyramid—whenever we make calculations on mortality. And there are official calculations that allow us to do this, such as the standardized mortality rate by age, the “age-standardized mortality rate,” which we can find at the WHO, at Eurostat, as well as at Stats Canada.

And so when we take this into account and calculate the age-standardized mortality rate, we obtain this curve in France, and we realize that 2020 is the sixth least fatal year in all of the history of France. So this is the case for all the countries of Europe where we see variations. Sometimes the year 2020 is the least deadly year in history and sometimes it's the tenth, something like that. Well, it depends on the country, but there is nothing exceptional, and we are not able to find the slightest mass mortality event anywhere in the world for which we have data. That is about totals.

And it's even worse for those under 65, since some have said that there was, after all, an increase compared to 2019 but of course for those under 65, we see nothing. So anyway, those under 65, who represent 80 per cent of the population, have absolutely never shown the slightest sign of any danger or any increase in mortality, and have never been affected by anything whatsoever. And the over-80s, of course, died more in 2020 than in 2019 in some countries, but their mortality rates remain among the lowest ever recorded in all of history.

So the mass mortality event didn't happen in the way it was promoted. So we cannot defend any measure that has been put in place on any justification of reducing mortality, especially not among young people, nor even among the oldest. And so as I was saying, I did this for all the countries in Europe. And on this map, I represented where the year 2020 is in terms of mortality compared to all the past years. And we see that—for example, here we have Iceland at the top, Ireland, here we have Norway, Denmark—2020 is the least lethal year in history for these countries. Absolutely nothing happened. It's even a record low mortality. For Germany, Finland or Sweden, well, it's the second least deadly year in all of history, so only 2019 is less deadly. For countries like France, this is normal for the decade. And for the worst in black, the year 2020 remains the tenth least deadly year in all of history.

So it is important to look at age and stop pretending that a mass mortality event has happened anywhere since 2020. This is completely false. In Europe, I downloaded all the data from Eurostat, but you can also look for it on a site called Statista, data on the United States or even China to realize that—even in China in 2020—there is no trace of a mass mortality event. So that is the first thing we should completely refute: there was no mass mortality whatsoever.

Chantale Collard

Basically, you confirm that there was no mass mortality event in terms of deaths. Now what about hospitalizations?

Pierre Chaillot

Exactly, this is the second level. We have to ask ourselves the question of hospitalizations. And in France, as in many countries, we had propaganda that was extremely strong—numerous images on television saying that French hospitals were completely overwhelmed by what was called the first wave (we will come back to this) in March-April 2020. Therefore, everyone was persuaded. Since then, there are official reports that show that here in France during the 2020s, the total number of registered COVID-19 patients in the hospital—that is, the burden of COVID-19 patients—was 2 per cent. Therefore, the suggestion that it was COVID that caused hospitals to be overcrowded in 2020 is perfectly ridiculous. It is completely impossible with a figure as small as 2 per cent.

[00:10:00]

Ninety-eight per cent of patients had nothing to do with any kind of respiratory infection that could have been labelled COVID. So it was something insignificant.

It's even worse than that, since, here on this graph, I have shown the evolution of the number of hospital stays in 2020 compared to other years. And we can see very clearly that these are the months of the year, and we see the number of stays from previous years. In red are the numbers of hospital stays for the year 2020. The yellow bars represent the

decline, and we see that there was a huge decline in hospital activity in 2020. Why? Because with the panic that had been unleashed, the French government decided to put in place a *plan blanc* [general emergency plan] from February onwards which was used to throw out all of the sick people who needed to be in the hospital saying, “COVID patients will take up all the space.”

In the end, this story of COVID in hospitals was totally insignificant, and the hospitals remained empty. And up to 50 per cent empty in April, while all the TVs were telling us that they were overwhelmed and that the hospitals were full of COVID patients. So not only were they half empty, but there were hardly any sick people labelled COVID inside. So that’s the hospital aspect.

Chantale Collard

Now let’s talk about diseases. So is an epidemic apparent?

Pierre Chaillot

This is the third level, in fact. And in France and elsewhere in the world too, there is a network called the Sentinelles Network, where doctors report patient cases via a network that makes it possible to count and track what are called outbreaks. And in particular, it works well for the flu. That’s what I’m going to show on this graph.

So here we have the results of what is called the incidence, in other words, the number of patients per 100,000 inhabitants as reported by the network of doctors called Sentinelles. And so here we see the black curve, which is what was recorded during the winter flu season in 2014-2015—so up to 800 new patients per 100,000 inhabitants—and here, 2015-2016, in yellow; and 2016-2017 in blue, where we had reached 400 patients per 100,000 inhabitants. And all the red curves on the right represent patients whom doctors have diagnosed with COVID-19, and who had consulted doctors. And we have never exceeded 150 patients per 100,000 inhabitants in France since the start of this crisis.

In other words, according to the usual definition of what constitutes an epidemic, there has never been an epidemic of COVID-19 in France. It’s quite simple: doctors did not see enough patients to declare that there was an epidemic.

So in other words, there has been no mass mortality event anywhere. There has been no overwhelming of hospitals as was promised. There was a total disorganization of the hospital system. There was a lot of fear. We turned people away from the hospitals, saying that COVID-19 was going to overwhelm everything; and in the end, there were very few hospitalized cases. And even regarding disease, doctors did not see patients in sufficient numbers to declare any epidemic. So there is something wrong. And these are the three ideas to sort through first in order to ask the question: What have we counted from the start?

Chantale Collard

And here I have a question for you. The famous tests, the tests: is there a link between the so-called COVID tests and any disease?

Pierre Chaillot

That is the whole question, since we have changed the definition. This is what we have just seen, since there were no patients. We never should have been able to initiate any kind of hysteria, and especially not for medical reasons. But the definition was changed. I recall that there were reports that criticized the WHO in 2009 for having launched an H1N1 panic by changing the perception of severity. In other words, in the past, before declaring a pandemic, large numbers of serious patients had to be found in countries. Since 2009, the WHO changed its definition to say that the severity criterion no longer applied and that you only needed to find patients. By the way, the WHO was strongly criticized for having participated in trying to launch a panic in 2009, but in 2020, it's much worse, because it's no longer a question of counting sick people but of counting cases. And so, in effect, rather than having an epidemic of sick patients, we have epidemics of cases based on testing. And so, we don't have an epidemic with these famous tests, we have a simultaneous count everywhere.

Here is a screenshot of the site called "Our World in Data," where you can look at new confirmed COVID-19 cases, and these are the deaths per million confirmed COVID-19 deaths. And therefore, you see there's an almost synchronized count starting all over the world at the same time. We are not yet necessarily at the testing stage because the tests are not necessarily provided everywhere, but we still have a count that starts everywhere at the same time. And besides, this simultaneous count everywhere demolishes the idea that it would be due to a communicable disease—we will come back to that later. What people need to know is the way in which patients are registered in hospitals—this applies to all hospitals in all countries affiliated with the WHO—is done on the basis of a nomenclature called ICD-10 [CIM-10 in French], the International Classification of Diseases.

[00:15:00]

Soon we will see version 11, but at the time, it was ICD-10. A new code was put in place by the WHO beginning on January 31, 2020, and so all WHO-affiliated hospitals around the world were asked to start counting COVID-19 from February 2020 onward. And this start is indeed the beginning of the count, which takes place almost everywhere in the world at the same time. Indeed, the WHO memo specified that there were two codes: code U07.1 for confirmed COVID-19 and U07.2 for unconfirmed COVID-19 virus, but it also said not to use the second code. Everything was to be registered as virus confirmed.

And what we see in the French hospital statistics, available on a site called ScanSanté, is that the introduction of the COVID-19 code—this COVID-19 code of the ICD-10—is then used to determine the price at which the hospital will be reimbursed. Then, there is a passage from the ICD-10 code to another price, another code, which is called the GHM. And the COVID-19 code allows you to enter information into the different boxes, seen in yellow. **But almost all have been entered into this yellow box according to age: "respiratory infection and inflammation, age over 17 years."**

So we see that there was an explosion of these codes in France from the year 2020: an explosion of more than 400 per cent, then 500 per cent in 2021 compared to 2019. So we had 50,000 people per year pass through the hospitals under these codes, and we went to 250 [250,000], and then to even more than 300,000. And we see that the use of these codes was made at the expense of all the others. So in other words, at first reading, one would have the impression that COVID-19 is a disease that cures bronchitis, even asthma, pneumonia, bronchopneumonia, pulmonary edema, interstitial lung diseases, all other diagnoses on the respiratory system: bronchiolitis, tuberculosis, chronic bronchopneumonia and flu. In other words, all other respiratory diseases seem to have

disappeared in favour of COVID-19. And what we understand very well by looking at this table is that we are only dealing with a transfer of coding. What has been called COVID-19 is the synthesis and sum of virtually all other respiratory diseases that existed until then, and which are now placed under the same banner.

It's a story of transfers and codes. I also specified that these codes correspond to a reimbursement price for the hospital, and "respiratory inflammation infection," for example, is much more highly reimbursed than flu. So there is greater interest in entering a patient in this box rather than in the flu box, thereby improving hospital reimbursement. So in the hospital, we only see a transfer of coding and that's it: there is no new disease.

And indeed, you are right to talk about the tests. Perhaps before speaking about the tests, which are the key to all this, we should go back to what people died from.

Chantale Collard

The cause. Indeed, you are also going to talk to us, Monsieur Pierre Chaillot, about the effectiveness of vaccines.

Pierre Chaillot

We are going to talk about effectiveness and the cause of death. This is a question that I would like to raise now, since we said there was no mass mortality event, there were no overloaded hospitals. There was no visible pandemic, no epidemic in terms of the number of patients. We had a transfer of hospital coding, but we did have increases in deaths. Here, I will show you two different neighboring countries.

So here are the weekly deaths that occurred in France since 2013. So you see variations. Every winter, there are increases in deaths throughout the northern hemisphere at the same time, simultaneously. And we see here, in 2020, I put in yellow the period of strict lockdown in France in March–April 2020 and we can clearly see a peak in deaths which only affected the oldest people. I put here the different age groups, and it really affected the older people. And we have the neighboring country, which is Germany, in which during the same period absolutely nothing happened. There was no strict lockdown at all. There were rules that were put in place, of course, which closed certain public places, but there was no strict lockdown.

So we have a country which strictly locks down, which has too many deaths over this short period—at the end of the year, it was not that much, but over this period it shows up—and then Germany, where absolutely nothing happens. So it does not make sense to have countries like that, which behave so differently in terms of the level of deaths. And I have included a map here which highlights in red the countries where we observe an increase in deaths that is significantly higher than usual. This uses the Eurostat data, the official data. I have 9 out of 33 countries, which is a minority.

[00:20:00]

So the idea of the pandemic and the first wave is completely wrong. It's a minority of countries that are seeing an unusual increase in mortality. And if we dig a little deeper and look within each country, for example here in France, it's the French departments—there are 100 of them—and so in France, there are only 14 French departments which have an abnormal increase in mortality. So, it's the same, it makes no sense in terms of geographical

distribution. They are not even neighboring territories. We have all of Île-de-France, that is to say around Paris, and then we have a few territories scattered all over the place.

So we really have completely incoherent distribution zones, with a story that does not hold water, about a virus which is spreading and which would cause a mass mortality event from a geographic point of view. There are— Once again I repeat, the deaths labelled COVID, which we saw is mostly counting—well, they are almost simultaneous everywhere.

This can be seen when we look at the death peaks among the different countries. Here we go from the United States, to Spain, to England, which is an island, to Germany which is in the middle of Europe, et cetera. And we must have a maximum of 10 days of lag between any two peaks, which makes it perfectly impossible for us to accept that something is spreading. If there was something spreading in the population, we would have quite notable differences among the different waves, among the different countries. So there are far too many inconsistencies to validate this story, and that just shows that we are dealing with a simultaneous count everywhere and not a spreading epidemic at all.

What I showed for France is that, in France, we know where people die. We know if people died at home, in hospital, or in what are called retirement homes, nursing homes for the elderly, or EHPADs [residential establishments for dependent elderly people]. Here, we see the number of deaths at home; so in other words, these are people who were found dead at home, whose death was confirmed by a doctor at home postmortem. Therefore, these are people who have never been registered as COVID of any kind, otherwise they would have been taken to the hospital. If they had been in care homes, they would have been counted as COVID. As such, these people were really discovered afterwards at home.

Even so, there are doctors who said that the excess mortality which took place in March–April was due to COVID deaths. But no one can know, there were no autopsies. The institutes had fun attributing this increase in mortality from March–April 2020 to COVID-19 without there being the slightest proof of that, apart from death certificates—I repeat—issued by doctors who were convinced that COVID kills and who wrote that on the certificate, but without completing any autopsy.

And this excess mortality corresponds to 5,200 people over the period of the first French lockdown: March–April 2020. But we have an official report from Public Health France on May 7, 2020, which sounded the alarm over the fact that there had been a huge decline in the use of stroke and cardiac emergency care provided over this period—a deficit which was estimated at 4,800 untreated people, and therefore, possible deaths—because if we don't treat strokes and heart attacks, it is not COVID that will kill them; rather it's that we have deaths by neglect.

This figure was confirmed by another report, that of the ATIH [Technical Agency for Hospital Information], which said 3,000 for only one of the two pathologies—I believe it was heart attacks—and consequently, 3,000 times two: that's 6,000. So we are between 4,800 and 6,000 possible deaths from lack of care, as established by official authorities, to cover an excess mortality of 5,200. In other words, the entire bump that we see from deaths at home during this first French wave has nothing to do with a virus, even in the slightest, but only with neglect.

It's the same for EHPADs, in other words, the retirement homes I talked about. Here, I put the number of daily non-COVID deaths in blue, and in orange, those labelled COVID. So we see that from the moment we have the right to count COVID, all other types of mortality disappear. It's an obvious scam. Nevertheless, there is excess mortality over the period,

which corresponds to 5,000 people. And I would remind you that in France, like many other countries, the government was being advised by consultants, and decided that there was a new deadly disease—COVID-19—which was going to infect everyone, and that there would be no room in hospitals for the elderly because they would be full of COVID patients. We saw that this wasn't actually the case.

And so the only thing that was proposed was to offer them a palliative: a double injection of a palliative drug. In many countries, it was Midazolam. On the other hand, there was a worldwide shortage of Midazolam because of the Canadians, the English, the Americans who had taken all the world stock. And therefore, in France, there was a special decree called, "the Rivotril decree," which authorised Rivotril.

And so on the graph below, we see the sale of injectable Rivotril in French pharmacies. And consequently, we can estimate the number of beneficiaries of the palliative Rivotril, which is estimated at 5,000, and which corresponds exactly to the excess mortality in that period. In fact, with Rivotril, we can clearly see the first so-called wave of COVID-19 from March–April 2020 here and the second so-called wave of COVID from October that we see there, and which is again perfectly reflected in this policy, which says "we no longer treat"—no doctors, no treatment for the elderly—"and we go straight to the palliative." This seems to cause deaths in a perfectly logical way, without the need for a virus at all: it's just a change of protocol.

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Now for illustration purposes, we also have the data in England. So here is the excess mortality that can be calculated from the English ONS [Office for National Statistics] data—so the excess mortality in the over-90s, and below that, the distribution of Midazolam over the period, that's it. So as I said, there was no longer a stock of Midazolam in France, but there was in England. It was used to do the same thing in England and therefore, we also have perfect correlations in England for the same protocol.

The last place you are when you die is in the hospital. In fact, the hospital is even the primary place of death in France, since the majority of people who die, die in the hospital. It's 1,000 people every day, and we see the same thing: the blue curve of the number of daily deaths in hospital—I should say the blue curve excluding COVID, which goes down from the moment we have the right to register patients as COVID.

So here we are registering those who have just died as COVID patients, but there is still an increase in mortality over the period of March–April 2020, which we can estimate to be around 7,000 people, as I said. And we have an official report. Members of the Scientific Council published a report in *Nature* which shows this rather exceptional curve where we see, over this period, among the patients labelled COVID—the orange curve, here. It's the time between their admission to the hospital and their death. And we see a huge death rate on day one and also very, very strong on days two and three, knowing that we are apparently talking about a disease that is supposed to make you sick in a few weeks, and then you die from it several weeks later. So dying on the day of admission to the hospital, or within three days, is not normal.

I remind you that the protocol in France at that time was not to consult a doctor, but to self-medicate with the antipyretic Doliprane, to wait it out, and only when you could no longer breathe to go to the hospital. So in terms of patient survival, it's not great because we have patients who arrive at the hospital in the emergency room in a very advanced state of distress.

Second thing, I showed for the retirement homes that I could calculate the number of people who benefited from the protocol called Rivotril, but I have no idea of the number of people who benefited from a palliative treatment instead of care at the hospital, which can very well explain why we have people who die on day one.

And the third thing is that the protocol, seeing that we said that there was no treatment in the hospital, the only thing they claimed was going to save people was to intubate people deeply, put them on a ventilator, and put them in an induced coma. Well, this practice has been shown in many ways to be harmful and to cause people to lose their chance to recover, since it's not easy to survive it.

And therefore, if we add these three causes—so, the iatrogenic effect, in other words, people who are put on a respirator and who do not survive whereas if we had done otherwise, they could have survived; if we add palliative treatment replacing care; and if we add the non-care in early stages—well then we can explain 100 per cent of the excess mortality, which is just that we didn't do what we normally do, and we implemented deleterious decisions that harmed patients. And there is no need at all to bring in even the most minor new virus to explain this excess mortality. You just need avoid doing what you normally would have done.

Now we are going to get to what you spoke about earlier, that is the tests, which are indeed the engine of statistical fraud. In effect, in statistics, as you mentioned, the tests are indeed the engine of fraud since tests don't normally reflect reality. Take the example of a pregnancy test. So a pregnancy test is when a woman pees on a pregnancy test and there's an indicator that tells her if she's pregnant or not pregnant. But that's not the reality. The reality is to be pregnant or not pregnant. Pregnancy tests are more than 99.9 per cent reliable, and that's okay. If we imagine that we make all the little 5-year-old boys on the planet pee on pregnancy tests, we will probably have some that will be positive. Well, should we have a 5-year-old boy checked for pregnancy because he has a positive test? That is not the reality. The reality is to be either pregnant or not pregnant, and not simply to have a positive test.

However, for this idea of COVID-19, that's what we did. That is to say, a person who had absolutely no symptoms could, on the basis of a simple test, be considered sick. So being sick with a non-disease: in other words, a disease without symptoms. Even being considered contagious: that is, that they could transmit their non-disease to someone else and their non-symptoms to someone else. After 15 days, they were administratively considered cured of their non-disease and even immune to their non-disease.

Therefore, this is a complete absence of reality. And it explains why the doctors did not see any sick patients yet still cried pandemic, as a result of these famous cases and these famous tests—famous tests, moreover, the worth of which we absolutely cannot know. For our famous pregnancy tests, to determine how often they are wrong, all that is needed is to have pregnant women pee on them and then all the tests that show “negative” when the woman is pregnant, well, we know right away it's a false negative. This allows you to test the sensitivity of the test. And conversely, if we have non-pregnant women pee on the test, we look at everyone who shows “positive,” and that allows us to test the specificity of the test.

[00:30:00]

And so the fact of being pregnant or not pregnant, which is reality, is called a “gold standard.” For this COVID-19 story, there is no “gold standard,” simply because there is no precise definition of the disease. We have a set of symptoms that has been stated, which include headaches, cough, fever, chills, fatigue, stomach aches, nausea, diarrhea, and all that could fit into the COVID-19 box. With any of these symptoms, and based on a test, you could say, “Oh well, it’s COVID-19 disease.” That’s why there are a great number of scientists who say that it’s a disease, which is specific, which is multifactorial, which is diabolical—quite simply because we are including anything. We are counting a test without being able to measure it against something concrete, and there is no “gold standard.”

With the French data, we can even verify that this test has absolutely no meaning. That’s what I’m going to show you now. Well, if we imagine that the test is 95 per cent reliable, we can say to ourselves, “Well that means that if I test everyone, and the sequence of the virus I am looking for does not exist, well, I’ll find 5 per cent positive.” Well, right there we have a problem. Because for a good part of the year 2020 in France, there were less than 5 per cent positive tests. That’s the Ministry of Health telling us whether we have a positive test, a negative test, a person who is symptomatic, and a person who is asymptomatic—that’s 4 boxes. If we add symptomatic positive tests and asymptomatic positive tests, we are less than 5 per cent for a large part of the year, which means that we are possibly in the process of locking people up for something that does not exist. In the end, we are just talking about a test which is too sensitive, which is not specific enough, and therefore, in fact, we can’t do anything with this data.

Second thing: Let’s assume that the test is not entirely bogus, that it is very reliable, above 95 per cent. Well, one can ask the question: is it coherent? For example, we can look at whether our positive tests indicate any actual disease and you can see that over the whole of 2021—well, among my positive tests—I have a lot more asymptomatic ones, that is people who have nothing at all, than people who are symptomatic, that is people who have symptoms. In other words, the test is absolutely inconsistent, and when you have a positive test, you are not actually sick. And so that’s a huge problem, which means the test is bogus.

We can check in the other direction: We can look at people who are symptomatic, that is, they are said to have the symptoms of COVID-19. We make them do a test and what do we notice? We notice that the overwhelming majority of the tests, three-quarters, are negative.

So for the sick, the tests are mostly negative; and when you have a positive test, you’re likely not sick, which means that the test has never had anything to do with the disease in the slightest. It is therefore— well, I don’t know what you can call it, a scam, in any case, scientific nonsense; and therefore, it is above all not a statistical tool since it’s nonsensical.

Chantale Collard

It is rather an epidemic of cases. So we have an epidemic of positive cases, but without disease. That’s what you are telling us, Monsieur Chaillot?

Pierre Chaillot

Exactly. Absolutely. If we go to 2022, then I can show you that the positivity rate increased in 2022. It has nothing to do with the fact that the virus arrived. It would be somewhat unfortunate to say that it arrived just when everyone has been vaccinated. These statistics don’t even make sense over time, since gradually, as virology laboratories did not find the SARS-CoV-2 virus, but started finding other sequences, they called them variants.

And we suddenly increased the sensitivity of the test by looking for more and more variants—the record having been established from the end of the year 2021 to the beginning of 2022 with the alleged Omicron variant, which skyrocketed test positivity rates all over the world. In France, we reached 30 per cent positivity; and there was, I believe, 70 per cent positivity in Sweden at that time, so all the Swedes were positive. It was remarkable.

So that still doesn't make sense. It's just that we're changing the protocol all the time and so we do anything at all. And then we even changed the protocol in the opposite direction. But in addition, it's winter, and therefore in winter, the number of symptomatic people increases among the negative cases as well as among the positive cases, and that's all. Fortunately, there is science for that, to enable us to count. In winter, people get sick, and then if you increase the sensitivity of the test, there are more positives, and that's it.

Therefore, there's no consistency. There's never been the slightest consistency in the positivity rates of these famous RT-PCR tests. There wasn't the slightest consistency with any disease. And we've been forever changing administrative rules that made no sense all along—and that's very clear if we allow ourselves to analyze the statistics.

Chantale Collard

So we now come to the question of vaccines. So the tests have no efficacy according to your research results, but they do have an efficacy to promote the vaccine. Do the vaccines provide protection?

[00:35:00]

Pierre Chaillot

There are very few people who know that indeed, the vaccines— So neither Pfizer nor Moderna have ever promised people who were vaccinated that they would be protected against any disease. By disease, I mean symptoms. Personally, that's how I define the word "disease": to be sick, to have symptoms. Neither Pfizer nor Moderna promises that people will have fewer symptoms or be less sick once they are vaccinated. They promise that people will have fewer positive tests, that's all. It's supposed to play on the positivity of the test. The two phase III studies are very clear on this: they are based on positive tests.

An additional small thing is that when the trials come in, you're supposed to say that COVID-19 is dangerous for people over 65 years old. But the study protocols for the two tests here from Pfizer and Moderna have three-quarters of the test population be candidates under 65, which means that the two studies should have ended up in the trash just because, quite simply, the population doesn't correspond to the target. And there you go.

We're going to dwell a little on the fact that it is based on the positive tests. We say an "output" means that the patient has symptoms, whatever they are: so we said fever, we said difficulty breathing, chills, muscle pain, loss of smell, diarrhea, vomiting, et cetera, there are plenty of them. As soon as we have one, then we get tested. Here we have a problem: it's that in the protocol—I'll take the example of Pfizer—it's not mentioned at all that each person must be tested the same number of times. This means that if we tested those who received the placebo more often than those who received the vaccine, consequently, we'll find vaccine efficacy simply through test bias. And so there is nothing at all in the study that

guarantees that the two cohorts were tested in the same manner, and we have clues instead that tell us this wasn't the case.

Finally, I will remind you that the alleged 95 per cent vaccine efficacy of Pfizer is eight cases—that is, in six months, out of the 40,000 people tested, they found eight positive people in the vaccinated group and 162 in the placebo group. So the first Pfizer result—even after six months of study—is that there is no pandemic. Eight versus 162, when we study 40,000 people for six months, means that this pandemic story does not exist. They haven't found enough people to say that. And it's on this eight to 162 which leads to 95 per cent efficacy. These are figures that are so ridiculous that the biases required to arrive at this result can be colossal.

I remind you that there is a testimony in the *BMJ* [*British Medical Journal*] of a researcher who was head of the laboratory at Pfizer denouncing the number of breaches of the usual protocol that had happened in the laboratory. And in particular, there are doubts about the secrecy being properly maintained throughout, because once again, if people know who is in the placebo group and who is vaccinated, well, then they simply need to test only the placebo candidates and not the vaccinated.

Again, in the Pfizer study, there is this particular table, which is interesting, which shows that for people who have been vaccinated, here, we see many more cases of fever, chills, muscle pain—that is, sick people—than in the placebo group. So what the Pfizer study shows very clearly is that their vaccine makes you sick. It's written down very clearly with these statistics: the only thing we can be sure of is that it makes you sick. And besides, people are therefore forced to take anti-fever medications or painkillers such as, for example, paracetamol, which will have a great impact because it will suddenly mask their symptoms. So the population that is the sickest and that takes the most medication to mask these symptoms, well, that's the vaccinated population—and by far.

So, there's some doubt about the fact that they tested the right number of people and that, as we look at the study, they didn't just decide that for the same type of symptoms—Because you see that the symptoms that are written down are the same symptoms of what is called COVID, they're the same—but when we talk about vaccination, we're going to consider that they are adverse effects to the drug, whereas when we talk about people in this placebo group, we can consider that they are the effects of COVID-19.

Many of these undesirable side effects happen within the first seven days, by the way, and the first seven days aren't included in the study results. So that is again a possible bias. In other words, if the vaccine, for example, makes you really sick for the first seven days, so you take antipyretics and painkillers, you won't feel anything afterwards—well, you won't test positive afterwards. Whereas if the placebo doesn't make you sick, then there's a better chance of testing positive.

And then one last thing is that at the end of the study, you have to look at the number of people who were excluded from the study, which is the primary method for Big Pharma to get rid of the embarrassing results. And here, we see that of the 40,000 initial people, there are 1,800 vaccinated who were removed from the study before the end and only 1,600 among the placebos. That's a difference of 200. That's not normal, and those numbers are colossal in relation to the efficacy.

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So that is, the efficacy we see is 8 against 162, even though 3,000 people were removed in all, and 200 more people were removed from the vaccinated group than from the placebo group. So the bias can be colossal, to be certain that they haven't kicked out people who would have had positive tests if they hadn't been removed from the study. This is a very typical way to succeed in promoting any medication on the basis of supposedly scientific studies—by making these kinds of small statistical adjustments.

So Pfizer is not showing at all that you will be less sick after the vaccine. You are sicker after being vaccinated. And as for the alleged effectiveness in relation to the test, we have a whole host of reservations—even more than reservations—with regard to the study when we see all the figures put forward, when we see the shortcomings, and furthermore, when we know the track record of this brand. So what we can say then is that everything is based on the tests—and knowing that the tests are a scam, all we have to do is not test the vaccinated and only test the unvaccinated to get the results that suit us.

If I take France as an example, well, we can show—thanks to this simple graph which is available on the internet, which was produced by a person who, by the way, received the Legion of Honour from the French President for all his work during the crisis—this graph shows the entire scam. In other words, the link between test, health passport [*pass sanitaire*], and vaccination. Since in fact, when we set up a health passport, we arranged it so that only the unvaccinated are tested.

And so here is the graph for France. It's the positive cases reported for the population, so it's a positivity rate, if you will, according to vaccination status. And so, orange shows the unvaccinated; blue are the vaccinated, two doses; and black are the vaccinated, three doses. There is a small data error that comes from the site. And what we see is that when the health passport was introduced in France on July 12, people were forced to go and test themselves because they were on summer vacation. So they went to the campsite, to the restaurant, they tested themselves all the time.

And so, there was a wave in the middle of summer, a wave of positive tests, no sick people at all. There is no wave of sick people at that time. We have a wave of positive tests in the middle of summer which begins from the moment the health passport is introduced. And as long as there is a health passport, it is the non-vaccinated who are required to test themselves the most. Therefore, we have vaccine effectiveness, since the effectiveness of the vaccine comes from not having to test yourself.

And so it works very well, and the wave stops exactly on August 15, which is the usual date for the return of vacationing people in France. And so there you go: we have a virus that starts with the health passport and stops exactly when people come back from vacation. It lines up perfectly. The positivity rate, then, when people are at work, is relatively low because they don't need to go to restaurants and camping. And we see that when the All-Saints holidays begin in November, there is a new increase, there, in the positivity rate among the unvaccinated. That has nothing to do with a virus; it's a new administrative rule. Well, the French state decided at that time that all college students would have to test themselves every day to go to college. It was to encourage them to be vaccinated.

And so, that's it; that's why it's going up. And it's not a new virus at all, but as long as there is a health passport the unvaccinated are more positive than the others.

And a new administrative rule change took place just before the start of 2021. The Minister of Health decided that all people who have two doses will now have to take a third, otherwise their health passport would be deactivated—it's a "vaccination passport" and it

could be deactivated. And so rather than rushing for a third dose, everyone, especially those who had had side effects—you have seen testimonies—instead rushed to get themselves tested: it was free. To get this lauded positive test: it was in winter, you had symptoms, and you had a chance of avoiding the trap of having to get a third dose. And so people with two doses rushed to get tested so much, so that more of them will be positive than those with zero doses.

And so here we are, at the beginning of the end of the scam, as we realize that by modifying the administrative rule, well, then we modify the vaccine effectiveness. From now on, not having a vaccine, not getting vaccinated, is more protective because we're not subject to an administrative rule that is worse than any other. We had those with three doses who still got tested and the results were quite positive. That's pretty odd. I mean, people who think they're protected, who still go to test themselves and find themselves to be positive.

And here, the most interesting thing is in March. It's the end of the scam, in other words, we have the end of the health passport. And on the very day of the end of the health passport, the curves are reversed. That is, the least positive are those who test themselves the least: these are the unvaccinated. A little above that are those with two doses, and the most positive of the bunch are those with three doses, simply because what you see is a perfect reflection of people's levels of fear—that is, the more we are vaccinated, the more we are afraid and the more we test ourselves—and it works perfectly.

So this graphic—all by itself—definitely destroys this scam that has been the “test, vaccine, passport” triptych. We set up a health passport so that the vaccine protects against having to be tested, and it artificially creates vaccine efficacy.

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Chantale Collard

It's quite clear, Monsieur Pierre Chaillot. I don't know if you also had a follow-up to talk about post-vaccination deaths. So you claim that there were no deaths, no mass mortality event, in the COVID period in 2020. But after vaccination, do you have any figures to show us the statistics of deaths or hospitalizations?

Pierre Chaillot

Yes, I downloaded the deaths. There was no mass mortality event of any kind in either 2021 or 2022. There was no mass mortality from the vaccine either, otherwise we would see stronger statistical indicators, but we do see statistical signals. So I'm not going to say mass mortality event either, but we see signals. I'm just going to remind you—I think it's in a screenshot I made in July 2022 for the release of my book—the numbers have increased. There it is. In European Pharmacovigilance [part of European Medicines Agency], the number of adverse effects have been entered according to category, reported by professionals or not. So proven cancers, cardiac arrests, myocarditis, pericarditis: these were already in large numbers in Europe. And then, the number of results that ended in the death of the patient reached 28,000 last July, and we must be at 33,000 in Europe today.

I remind you that the pharmaceutical industry says two things. The first thing they say is that none of these cases can ever be attributed to the corresponding drugs. Why? Because the industry tells us: “Myocarditis existed before vaccination. Therefore, you can't prove that in a vaccinated person the myocarditis occurred due to the vaccine.” This is the primary spiel of the pharmaceutical industry—it serves to protect itself. This is one of the

legal reasons why in France, in particular, it is almost impossible to win any lawsuit against Big Pharma, and moreover, what is said is true statistically and is further asserted by all the health, drug, and government agencies.

Except that the drug industry is saying a second thing: it says they are fully aware that there is a total underestimation of the number of adverse effects since people don't report them. Almost no one knows that there is pharmacovigilance, and even when they do, it's very complicated to make a report, so no one does it. So according to the drug industry, these numbers have to be multiplied by 10 to find out what happens in real life. It's taken from the drug industry documents that say, "It reflects only 10 per cent, you have to multiply it by 10." There are professionals who say that we should rather multiply by 20 or 100, but even if we take the figures of the drug industry, we still have to multiply by 10, which is quite interesting and impressive when we look at these numbers.

What I did to give myself some insight is that I looked at the evolution of weekly deaths in France and in all the countries of Europe from Eurostat. Here, for example, I took Portugal. I made a model for calculating excess mortality, the details of which I wrote in my book, and all my programs are online. I have a red bar when I see a weekly excess mortality compared to the past, compared to the expected, and green when it is a lower mortality. Blue is the average of what happens and below I put the number of doses received.

So here, for example, is for 15- to 24-year-olds in Portugal, and what do I see? I see that there is an increase in mortality right during the vaccination campaign for 15- to 24-year-olds in Portugal. It lines up perfectly. And I also notice that for the 60- to 69-year-olds in Austria, I also have increases in mortality at each dose in a perfectly synchronized way. I didn't make calculations just for these countries; I put two examples per age bracket in the book and I did all the examples, I did everything, for all the age brackets that were available.

Thus, to run my programs, I have absolutely everything, if you will. And I even did statistical calculations to find out if the vaccination peaks were close to the death peaks that we see in the excess mortality. And the statistics tell me that it can't be due to chance—it's too close too often. So I tried all kinds of things to see if it worked every time, and it works way too often. So I have real traces of increased mortality occurring exactly during the vaccination campaigns.

There are also details on births. That is, we have data in Denmark and in other countries such as France, Germany, Slovenia as well. We notice that since the vaccination of women of childbearing age, indeed, nine months later, we have a collapse in the number of births. In Denmark, we can see it very well: we are below the low significance curve, whereas births in Denmark were very regular. These are the numbers of births month-by-month. **There it is from 2022. Therefore, nine months after the vaccination of women of childbearing age, it collapses and it does not go back up.**

Here, in France, is a graph that was made by Christine McCoy, which I also checked. So by downloading data from France on mortality, representing the rate of children who died between 0 and 6 days—that is, neonatal mortality, which most often corresponds to children who are born too early, very premature—

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we note that the vaccination of pregnant women officially started in France in May 2021, but rather it's in June 2021 that we have the peak of vaccination of pregnant women, and

we have a peak of neonatal deaths the like of which has never been recorded, that we therefore see here. And for the red dotted lines, it's the very, very high excess mortality. Therefore, there is less than a one in 1,000,000,000 chance that this spike is natural. So we also have a record of the deaths of premature babies.

So from all that we've seen, what I'm showing is that we've been through a statistical scam from start to finish based on testing, and they created fear based on statistics of deaths, hospitalizations, and sick people who were never there at all. And the tests, with the health passport, have made it possible to set up a "test, vaccine, passport" triptych, which has made it possible to build perfectly, artificially, a vaccine effectiveness that does not exist. And then what we observe, and what is silenced by all the media and many institutes, is that right during the vaccination campaigns, we have unexplained increases in deaths, we have a drop in fertility that comes afterwards. Therefore, there are far too many traces, far too many signals not to worry about them.

Chantale Collard

Monsieur Pierre Chaillot, I have one last question for you. In fact, with regard to all these statistics, with regard to all your figures, the figures speak for themselves. You have done a very thorough and very, very, clear study. What could have been done differently or not done—I can go negative too—during this period?

Pierre Chaillot

For France, it's quite simple since, as I said, there is a report from the Senate which chronicles the H1N1 scam. So the report is from 2010 on the 2009 H1N1 scam, which made it very clear that if this scam didn't catch on—and which implicates the WHO by the way—but if it didn't take, it's because we behaved as usual. Meaning that when people got sick in the winter, well, they went to see their doctor as usual, who cared for them as usual. Each doctor treated his patients differently, incidentally, but it doesn't matter. In all good conscience, each doctor treats in a different way and as a result, it worked; that is, nothing happened at all. In fact, a report was issued after this episode saying that this is what works in the event of a pandemic: we don't panic, people go to see their doctor when they are sick, and when the doctor decides that they are very, very, sick, they go to the hospital.

So that is what should have been done. But there's another report that came out in France in 2019 that broke these rules and now said: "In the event of a big pandemic, the first thing you have to do is tell people not to go see the doctor, to send them only to certain authorized hospitals." So, no congestion of the hospitals occurred in France, but some hospitals were overwhelmed if they were among the ones called to the front lines. There were only 38 qualified to receive COVID-19 patients, and I remind you, it was anything and everything: it was headaches, fever, chills, nausea, diarrhea, et cetera. So all the French patients were sent to 38 hospitals, whereas there are 3,000 health centres in France, public, private—and they hadn't seen the doctor before either, so we created a gigantic bottleneck for sick patients.

So, that's what the report laid out. And the report also said something else: that a sick person was no longer defined as being symptomatic—that is to say, as having symptoms, knowing he is sick from it—but it was these famous tests. And that's also what the WHO did, was to stop and say, "We have a pandemic because we have found a sequence of a virus from a sick person in China, and now that we have tests, we are going to launch this great hysteria." So that's what was new.

What should have been done was to stay within common sense, to stay pragmatic. What is a sick person? It's not someone who is dangerous; it's not someone we identify with a pseudo-test and who we consider dangerous. A sick person is someone who has symptoms who we must take care of, and that's it. And there are doctors for that who must act in good conscience to receive all the sick and to treat them, and that's all.

Therefore, what shouldn't have been done was changing rules that work: rules that don't permit launching a hysteria and that don't make some people rich, whether it's by way of tests or pseudo-vaccines that protect against testing.

Chantale Collard

Pierre Chaillot, thank you very much for your testimony. As far as I'm concerned, the questions are over. In addition, it's quite possible there will be questions from the Commissioners. Thank you very much again for your collaboration during the Citizens Inquiry.

Pierre Chaillot

Thank you.

Commissioner Massie

Hello, Monsieur Chaillot. Thank you very much for your very exhaustive presentation, which really sheds light on a lot of things. I won't have a lot of questions, but there is one that bothers me. You have presented comparisons between different jurisdictions, for example, France and Germany, which had not deployed, in any case, lockdowns with the same intensity, so to speak, at a similar time. And we make the assumption that, well, if there is a virus circulating, it doesn't know that there is a border between France and Germany, so we should normally have the same kinds of effects in the population in Germany.

[00:55:00]

And so you mentioned that in France, when you look in more details at the department level, it would seem that there would have been a greater concentration in certain departments in terms of the effects that we saw associated with this pandemic. Would the explanation for this be that the administrative measures or directives to deploy lockdowns would vary depending on the size of the departments, or because there is a big difference in certain departments at the geographic level, at the population level, and it wouldn't have had the same impact on the populations at that time?

Pierre Chaillot

So from what I have shown of the two main causes that led to more deaths than usual, the first was to say that the elderly in rehabilitative nursing homes should no longer be treated, but instead just be injected with a palliative. There is a French report on the COVID crisis where we have testimony from a trade unionist doctor who says that for hospitals in Paris—that is, around the Paris region—there was a special group which was called the rapid response group. You had doctors who went around, based on a simple phone call, to provide a double injection of this product to the elderly, and who then left. And so this practice, that is, this idea—which was to say that the elderly were doomed and that we just had to inject them with palliative—was industrialised in Île-de-France, the area covered by

AP-HP [Public Assistance for Paris Hospitals], and it is right there that we see a significant increase in mortality. So there you have it, there is a particular measure that hasn't affected everyone but is part of the initiative that was taken there, and which is perfectly correlated.

The second thing is that we have to look at the practices of the hospitals that panicked and in particular, as I was saying, at intubation. Intubation and artificial coma. And in Marseille, they didn't hide the fact that they did not want to do this practice because it was harmful for the patient. And so, it turns out that it's likely that what we're observing are the hospitals that panicked and implemented this protocol—that was probably promoted by ministry, that had also been done by the Italians at the beginning, and that everyone gave up on afterwards—and the hospitals who were the most relentless in their use of this method are where we see an increase in mortality. You would need access to the figures of the various implemented protocols to make a determination, which I don't have. But that is quite enough to explain the differences in mortality between the territories: the level of panic, the orders that are given, and the way in which they are executed. And it has nothing to do with any virus from start to finish. It's just administrative rules put in place, protocol choices, and iatrogenic effects [the effects of those treatment decisions].

Commissioner Massie

My other question is about, well, the idea that there would have been a virus circulating, which would have caused major illnesses or hospitalizations or deaths. Do you deny the existence of the virus having the ability to cause disease in a certain number, or do you vigorously question the alleged effect on a large population? In other words, does this virus, in fact, exist in the population? Is there a new virus circulating which can cause illness in a certain number of particularly fragile people, but overall, is no more important than what we would see in other respiratory infections?

Pierre Chaillot

I am not a doctor, nor a chemist, nor a virologist, nor a microbiologist, and I have never observed even the smallest cell. So I can't tell you if something exists or doesn't exist based on actual observation. On the other hand, I can tell you that there are no traces: there are no statistical traces that there was any virus anywhere. And I told you that the curves were synchronous, which is to say that we have evidence that we can discuss scientifically, that it is impossible that the deaths, or even the sick people that have been attributed to this COVID, have anything to do with something that has spread. It's just physically impossible. It is impossible for the curves to be synchronous with something that spreads in space and time. It's not possible. Therefore, there are too many inconsistencies regarding this subject.

Personally, I am asking for scientific proof. That is, that we find existing proof—something in the order of an RNA sequence—that would arrive, that would spread, that would also be responsible for a disease. What evidence can we provide on this subject before it is possible to make a determination? I call on everyone to ask themselves that question.

As for me, I just maintain my point on the statistical aspect of things. The story that's been told on this subject doesn't hold water for two seconds when we look at the statistics that we have. And the only things we observe are a new method of counting, transfers of codification and iatrogenic effects, abandonment of people, and then, voilà, a change in behavior that explains the whole thing. I don't know if the virus exists, but there's no need at all to bring it into the equation to explain anything. So, in my opinion, you don't even have to worry about it. If it exists, it's perfectly insignificant and it has no influence whatsoever in what we have experienced.

[01:00:00]

Commissioner Massie

My last question concerns, ultimately, trying to answer the question: To what extent has the deployment of the vaccine in fact resulted in either hospitalizations due to side effects or deaths? The challenge we have, of course, is that it doesn't seem to be a high enough frequency in general for us to be able to detect a clear signal. Sometimes you can see it over time, when there's a fairly synchronous aggressive campaign, but otherwise it's pretty hard to detect in the general population. There's the whole story of the doses: when we're going to get them, second dose, third dose, et cetera.

And in the end, the best way to find out would be to have solid numbers on the vaccination status of people who are hospitalized and/or who are going to die, for all kinds of reasons, but who are vaccinated. So these figures must exist in the official statistics. How is it that we are not able to extract this information from the official figures?

Pierre Chaillot

It exists. It exists in France; it exists in all the countries of the world. There are very few countries that have attempted to circulate this information. Scotland did it at one time and stopped right away when it showed vaccinations unfavourably. We have England continuing to do so, and we have Norman Fenton doing exceptional work to show that the so-called vaccine effectiveness comes just from the fact that there is a time lag between when you get vaccinated and the moment when you are registered as vaccinated. And so we place the vaccine deaths of those who have just been vaccinated among the non-vaccinated. His presentation is very, very, clear.

In France, we've been asking for the data for months. We shouldn't have to ask to see these figures when they are normally accessible, and even are—and have been—the subject of preliminary studies on the topic. There is nothing coming through at the moment. Maybe by insisting, by complaining, by demanding things we'll get them. And once again, even if we're given figures, we shouldn't take them at face value. We have to look at where they come from, what their quality is, what we can infer from them first.

In the end, in any case, you have to do real statistical work. Demand it at least, but also have the raw data, and verify everything that's inside and its quality before deducing anything.

Thank you. I'm sorry, I have another meeting now. I'm going to have to leave you.

Commissioner Massie

Thank you so much. I'll leave you with the lawyer.

Chantale Collard

Thank you very much. Thank you very much for your time. I know you have other commitments. Thank you again.

Here's hoping that the recommendations of the Commission will go in the direction of your statistics. Thank you very much, Pierre Chaillot.

Pierre Chaillot

Thank you.

[01:02:39]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 4: Dr. Jean-Marc Sabatier

Full Day 1 Timestamp: 06:05:46–07:00:07

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Konstantinos Merakos

So hello again everyone. We had a little dinner break. So thank you for being here. We have our next witness with us, but before that, I'll start by introducing myself. It's good to know the lawyers are here today to help the situation. So my name is Konstantinos Merakos. I am a lawyer in Canada for the firm Bergman & Associés. A brief word about our experience. In 2020, our firm represented members of the public service in a legal action against the federal government on the basis of violations against the Constitution of the Charter of Rights and Freedoms and Human Rights. This was after the federal government expelled public servants over their right to privacy, bodily integrity and their medical choices. So I would quickly like to thank the forum for its professionalism and respectful exchanges, and I want to emphasize that it is not only important but crucial in a free and democratic society to have forums like this.

So thank you and congratulations. Without further ado, we'll move on to the next witness, Monsieur Sabatier, who is on Zoom with us right now. Monsieur Sabatier, can you hear us?

Dr. Jean-Marc Sabatier

Yes, hello.

Konstantinos Merakos

Are you doing well?

Dr. Jean-Marc Sabatier

Yes, very well, thank you.

Konstantinos Merakos

Thank you for being with us. So I'm going to start by having you sworn in. So do you swear or solemnly affirm to tell the truth, the whole truth and nothing but the truth? Say "yes" or "I solemnly affirm it."

Dr. Jean-Marc Sabatier

Yes, I solemnly affirm it.

Konstantinos Merakos

Good. Your full name, please?

Dr. Jean-Marc Sabatier

Jean-Marc Sabatier.

Konstantinos Merakos

Ok, and where are you currently located?

Dr. Jean-Marc Sabatier

Pardon?

Konstantinos Merakos

Where do you currently live?

Dr. Jean-Marc Sabatier

I live in Rousset, so in the south of France.

Konstantinos Merakos

Okay.

Dr. Jean-Marc Sabatier

It's near Marseille.

Konstantinos Merakos

And are you alone in the room or is there someone else?

Dr. Jean-Marc Sabatier

Yes, yes, yes, yes, I am alone.

Konstantinos Merakos

Okay. So Monsieur Sabatier, today, we will first of all speak about you, your CV and— I have here the message that you sent and essentially, it will be before the committee here, with

whom you spoke. So I'd like to start by discussing your CV, your background and your expertise. So briefly, in a few sentences, your expertise, please.

Dr. Jean-Marc Sabatier

Yes. In fact, I am a research director at the CNRS: the National Center for Scientific Research. It is the French research body. My educational background is a doctorate in cell biology and microbiology, and I have a Habilitation to Direct Research, therefore an HDR in biochemistry. And so I've been working in a research lab since 1985. I've worked in different fields, but my specialty is toxins, microbes, and protein engineering. And in particular, I have worked on vaccines since I joined the CNRS in 1989 on the topic of vaccines. At the time, they were HIV vaccines. On that occasion, I worked on the subject with Professor Montagnier, since we had a partnership with the Institut Pasteur in Paris.

Konstantinos Merakos

Perfect, thank you very much. And currently, you are still working in the field. What is your present employment?

Dr. Jean-Marc Sabatier

Yes, so I currently work at the Institute of Neurophysiopathology in Marseille, and I research COVID. Among other things, I am editor-in-chief of infectious disease journals, in particular a journal called *Coronaviruses*, which is really specialized in coronaviruses, and another journal that is more specialized in germs, let's say, and then diseases associated with germs. It's a journal called *IDDT*. Both are peer-reviewed international journals.

Konstantinos Merakos

Excellent. Thanks. In a few words, I see your résumé here, which is very extraordinary. Can you say a few words about patents? There are quite a few pages on the subject here. Can you say a word or two? Are these patents that you participated in creating? Is it something that is under your name? We will perhaps identify one or two patents which would be important for today.

Dr. Jean-Marc Sabatier

Yes. I was the co-author of 55 patents, there are joint patents with the Institut Pasteur— moreover, old patents signed by Professor Montagnier, so in virology on HIV.

[00:05:00]

And then, more recently, there are also patents on toxins and on microbes, on antibacterials, for example; and in particular, we filed a patent on a molecule that I had designed and produced chemically, which has been tested in an FDA protocol against HIV, the human immunodeficiency virus. I've worked quite a bit on microbes. I'm also editor-in-chief of another journal which specializes in antibiotics, in other words, molecules that are active against bacteria.

Konstantinos Merakos

Excellent. Thank you. I know that here, if possible, we will talk about the virus's mode of operation and the pathological problems associated with vaccine injections, but I will leave

the floor to our commissioners to ask you questions. So I thank you and I will leave you to it.

Dr. Jean-Marc Sabatier

Thank you.

Konstantinos Merakos

Thank you.

Commissioner Massie

Hello, Dr. Sabatier, my name is Bernard Massie. I am also a researcher, but I finished my career a few years ago. I was in biotechnology so I know the whole history of patents. I know that during this pandemic, there was a lot of work that was done around the axis of the ACE2, I don't know how to say it in French. . .

Dr. Jean-Marc Sabatier

Yes, the ECA2 [in French].

Commissioner Massie

. . . which regulates an extremely important function, and that you have particularly focused on trying to perhaps explain both the pathology that could be detected with the infection—with SARS-CoV-2—but also with pathologies that arise from, or rather, the undesirable effects that result from the injection and the abundant expression of the spike protein following the gene injections. Can you briefly describe to us the problems that can be detected, and perhaps draw a parallel between being in a condition of infection versus injecting these coding sequences to produce, or overproduce, the spike protein?

Dr. Jean-Marc Sabatier

All right. So first of all, to describe the virus's mode of infection, I must remind you of how the renin-angiotensin system works. In fact, it is a system that I must explain in some detail for you beforehand in order to understand precisely how the virus works on this system, and how current vaccines—which are essentially based on the spike protein—can act. More specifically, messenger RNA vaccines. First of all, this renin-angiotensin system is extremely important because it is the number one system for the functioning of the human body. It really allows the functioning of all our organs and tissues; and it is in this capacity, therefore, that it has a truly essential role for our body to function. In particular, it is responsible for renal, pulmonary, and cardiovascular functions. It also controls innate immunity, and it controls the different microbiota, therefore: the intestinal microbiota, which is the second brain, and also the vaginal, cutaneous, and oral microbiota. So you see that it is a very important system.

So to outline in a few steps how this system is affected by the virus, as well as the vaccine spike protein works. First of all, in some cases, you have a substance in the liver that will be produced which is called angiotensinogen, and then you also have the kidney which will produce an enzyme called renin. And in fact, this renin will degrade angiotensinogen to give angiotensin 1, which is a hormone. This angiotensin 1, in turn, will be degraded by another receptor called ACE1, which is the angiotensin-converting enzyme 1. And when this molecule is degraded, it will produce angiotensin 2, which is another hormone. This

angiotensin 2 is the key to COVID diseases. If you will, this angiotensin 2 normally recognizes a receptor called ACE2, which is the angiotensin-converting enzyme 2. Now, this ACE2 receptor is the target of the spike protein, either of the virus during a natural infection or, in certain cases, of the vaccine spike protein—in other words, the one which will be produced by the vaccines, in particular messenger RNA ones. Since messenger RNA vaccines are vaccines in which RNA is injected into the deltoid muscle, and is coupled to lipid nanoparticles which allow penetration into the cell, these RNAs will be translated into spike proteins, which are actually the vaccine spike proteins.

[00:10:00]

So what happens, if you will, is that this spike protein—whether viral or vaccine-induced—will be able to recognize the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. And in fact, by binding to this ACE2 receptor, they will interfere with the degradation of angiotensin 2 because normally angiotensin 2 is degraded by the ACE2 receptor to give another hormone called angiotensin 1-7. And so when you have a natural infection or when you receive a vaccine injection, at least in certain cases, you can hinder the degradation of angiotensin 2, which will then end up in excess and which will over-activate its own receptor. Its own receptor is called AT1R, and it is a receptor that can be extremely harmful. That means it is a receptor that is completely essential for the human organism to function because it just so happens that it pilots all these renal, pulmonary and cardiovascular functions. It controls innate immunity and it controls the different microbial flora, so it has a very, very important function. But on the other hand, when it is overactivated—and that is precisely the case when there is an infection of the SARS-CoV-2 virus, like when we have COVID or when we receive a vaccine injection or a vaccine booster injection—at that time, this receptor can be overactivated, which can be very harmful because it is capable of launching a host of cellular signalling pathways since it is an extremely complex receptor. It's one of the most complex receptors that we know of—one of the seven-transmembrane segment G protein-coupled receptors—and it can do a lot of things because it activates pathways, or cellular signaling cascades.

So I won't go into details, but the best known are JAK/STAT, p38 MAP kinases, NF-kB. There are many more. And in fact, what this receptor does when it is overactivated—Because you have to know that we find the renin-angiotensin system on which this receptor depends in all the organs of the human body: in the heart, in the lungs, in the liver, in the spleen, in the intestines, in the adrenal glands, in the thyroid. We even find it in the brain, we find it in the gonads, in the reproductive organs. So it really is absolutely everywhere. And so this AT1R receptor, when it is overactivated—which just happens to be a consequence of the attachment of the spike protein to the ACE2 receptor, and therefore, of the overactivation of the AT1R receptor—can cause vasoconstriction. In other words, it will be pro-hypertensive. It will also be pro-inflammatory, which means it will launch a storm of pro-inflammatory cytokines, for example, a production of interleukin-1, interleukin-1 beta, interleukin-6, TNF alpha, interferon gamma, so it's very harmful because it can start a lot of inflammation. At the same time, it is pro-oxidant, which means it will generate oxidative stress at the cellular level. And this is very harmful since, in fact, oxidative stress can kill cells because it can put them into apoptosis—in other words, into programmed cell death—and then that can also put them into autophagic dysfunction. In any case, it is very harmful.

So the AT1R receptor has this pro-oxidant effect because it activates an enzyme called NADPH oxidase, whose nickname is NOX. This enzyme will release reactive oxygen particles which are very harmful because they can kill mitochondria, which are the energy centers of the cell; and so when they kill the mitochondria, they also kill the cells. So this

AT1R receptor is also pro-angiogenic; that means it will promote the growth of blood vessels, and so, among other things, it will be able to grow tumors, even launch tumors. It has a pro-cancer effect too, which is also problematic. The overactivated AT1R is a receptor as well, which is prothrombotic; in other words, it can initiate thrombosis. We know how serious this is since the majority of people who die from severe COVID die from thrombosis. It is also pro-hypoxemic; that is to say, it will reduce the oxygen load of red blood cells—the red blood cells that carry oxygen to our cells, tissues, and organs so that they can work. So it decreases this dioxygen load since it, in fact, hinders the incorporation of dioxygen on the iron, which is present at the level of the hemoglobin of the red blood cells. At the same time, you also have this receptor which is also pro-hypoxic. In other words, being pro-hypoxemic by causing the blood saturation to drop suddenly, it causes a deficit in the supply of oxygen to our tissues and organs. We consider it hypoxia when we are at a saturation level of less than 95 per cent oxygen in the blood.

[00:15:00]

You also have a pro-fibrotic receptor, which means it will be able to induce fibrosis of organs, which is also very harmful because it is often completely irreversible. It could be fibrosis of the heart; it could be fibrosis of the lungs. And it's a receptor that's also pro-hypertrophic, meaning it causes organs like the heart and lungs to swell, simply because the renin-angiotensin system is actually involved in cell differentiation and multiplication, and that's why it can make organs grow and enlarge. And that's also why it can have a pro-cancerous effect since cancers are in fact an anarchic proliferation of cells. So alongside all that, this AT1R receptor can also lower the production of nitric oxide, which is a very important substance because it is involved in all the inflammatory, immune and memory phenomena, all the cognitive problems. That's why people who have long COVID often have memory problems or cognitive problems. So it's due to this drop in nitric oxide or NO. You see, therefore, that this overactivated AT1R receptor, either by the viral spike protein, or by the vaccine spike protein, can be very harmful. Because it is, to sum up: pro-hypertensive, pro-inflammatory, pro-thrombotic, pro-hypoxic, pro-hypoxemic, pro-fibrotic, pro-hypertrophic, and lowers nitric oxide.

And besides this, the essential problem with current vaccines—for the messenger RNA vaccines—is the toxicity of lipid nanoparticles. So just as a reminder, lipid nanoparticles are what allow these messenger RNAs to enter the cells. In fact, there are four types in vaccines: so Spikevax from Moderna, and the Pfizer vaccines, Pfizer BioNTech and Comirnaty. Actually, these lipid particles are cholesterol and phospholipids, so they are not a problem. And the ones that are problematic are the other two types of lipids because they are pegylated lipids and cationic lipids, which are not natural. And so these smaller-sized substances can be picked up by the different organs, and then, what is even more concerning, they can cross barriers: in particular the placental, blood-brain barrier, et cetera. And so these messenger RNAs which cause the spike protein to be produced are simultaneously harmful precisely because this spike protein was badly chosen from the start; that is to say, it was slightly modified. You know, actually, the spike protein is like a string of pearls made up of 1,273 pearls, with the pearls being amino acids. And you have twenty different types of pearls. In fact, the designers, that is, the designers of these messenger RNA vaccines, have modified two pearls: one bead at position 986 and one bead at position 987. They actually replaced them with two proline residues. However, prolines are amino acids, which are somewhat special because they can make a connection with the amino acid that is upstream, in either cis or in trans [configuration]. In fact, that means that at the level of these two modified prolines in the messenger RNA vaccines, we can have several types of configurations, so a trans/trans, cis/cis, cis/trans, or trans/cis configuration.

So what does this actually mean for our listeners? This means that at the level where the beads were modified, the peptic chain can have four different orientations. In other words, at that level, the pearl necklace's spike protein can be oriented in four directions. And in fact, these four orientations enhance or increase the probability that the S protein—or the spike protein, which is actually produced by the translation of these vaccine messenger RNAs, or RNA vaccines— This means that it can, in fact, adopt different shapes in space, and that enhances the possibility that these S proteins, or spike proteins, combine into a trimer. And when it associates in threes—in other words, when it is an association of three spike proteins—at that moment, it looks like the spike protein of the virus: it looks like the spicule, which is, in fact, an association of three S proteins. And when it looks like the spicule, these vaccine proteins in trimeric form have the ability to recognize the ACE2 receptor. And once attached to the ACE2 receiver, what do they do? They do exactly what the virus does, which is to interfere with the breakdown of angiotensin 2.

[00:20:00]

This angiotensin 2 will therefore be in excess. It will over-activate the AT1R receptor, which will produce all these harmful effects—which I spoke to you about five minutes ago—and it will trigger a lot of more or less severe diseases, and will be able to affect many organs. This is why the COVID diseases that we find in long COVID are very varied. Because this renin-angiotensin system is pervasive and is, in fact, connected to all the organs since it is found on the surface of many cell types—in particular all the endothelial and epithelial cells, as well as all of the nerve cells. On nerve cells, you have neurons and oligodendrocytes. In the immune system in the brain, you have astrocytes and microglial cells. All of these cells have ACE2 receptors.

Also at the level of the reproductive organs, you find these ACE2 receptors in the prostate, the penis, and the testicles; and in women, in the endometrium and the ovaries. So it really is present everywhere. And it also lines the entire vascular system, and that is precisely why we can have cardiovascular problems since it covers the entire internal lining of the blood vessels. And it's really pervasive because we find it even at the level of mitochondrial membranes, as well as inside cells. So it's not only on the exterior of cells. There's also a renin-angiotensin system which is intracrine and which, in fact, controls all the functioning of the cell. And we find it particularly in all the cell membranes: on the internal membrane of the mitochondria, which are the energy centers of the cell and allows the cells to live. But we also find it in the membranes of cell organelles such as the endoplasmic reticulum and the sarcoplasmic reticulum, even the nuclear membrane, so they are found in the endosomes, exosomes, and lysosomes.

Well, they are really present everywhere, and that means, in fact, that this renin-angiotensin system that controls our organs can be extremely harmful precisely because it is present everywhere. And the problem with the current vaccines is that they are all based on the spike protein, and this spike protein is, in fact, to a certain extent able to recognize this ACE2 receptor and to make the system malfunction. And by causing this system to malfunction, well, these vaccine spike proteins effectively do the same thing as the virus, which is to say they disrupt the renin-angiotensin system, they over-activate the AT1R receptor, and they cause all the pathologies that we know today.

Commissioner Massie

If I can take the liberty of summarizing what you are saying— If I correctly understand what you are saying, it is that the spike protein found on the coronavirus will engage this

system and can potentially cause any series of dysfunctions at the cellular level, and even at the organ level. And similarly, the spike protein, which is expressed as a result of gene injections, can do the same thing. So can I ask you a question regarding, I would say— Well, in the case of coronavirus infections, with SARS-CoV-2, based on the recent epidemiology that we have, we can practically conclude that a very large majority of people have been infected, exposed to the virus. But that a large number of these people would not present symptoms, or at least not easily detectable ones. Is it like this because people's immune systems have stopped the virus from spreading to enough places in the body to cause these malfunctions? Or, at the same time, are there people who, in terms of this system—which seems extremely complex, with enormous ramifications in all sorts of cellular pathways and in all sorts of different organs—are there people who would have a better capacity to manage this kind of dysfunction?

Dr. Jean-Marc Sabatier

Yes, absolutely. So in my opinion, it is precisely the people with relatively severe forms of COVID—even fatal forms—who are essentially the people who are vitamin D deficient. Vitamin D plays a very important role in this system because it acts upstream of the system, as it is a renin inhibitor. And renin is the enzyme that transforms angiotensinogen into angiotensin 1. And this angiotensin 1 is the precursor of angiotensin 2, which over-activates when it is in excess because of the presence of viral or vaccine spike protein, which over-activates the AT1R receptors. So you should know that indeed, people who are vitamin D deficient or insufficient—that is to say with levels lower than 30 nanograms of calcidiol per ml; for people who are deficient, it is lower than 12 nanograms of calcidiol per ml—at this point, there is a very harmful effect, precisely because the spike protein, viral or vaccinal, will over-activate the AT1R receptors, which will go into overdrive.

[00:25:00]

So there will be a disruption, an overactivation of the renin-angiotensin system, and vitamin D will not be there to thwart this system since it would have a braking effect on this system.

And we should be aware, of course, that there is a genetic polymorphism, if you will, of the renin-angiotensin system. We don't all have the same renin-angiotensin system. If someone is Caucasian, Indian, Asian, African, they will have different renin-angiotensin systems. In other words, globally, we all have the same elements of the renin-angiotensin system, but there is a biodistribution of the receptors that is not the same. And then there are also variants at the level of the receptors and of the molecules as well. Now, for example, 35 variants of the AT1R receptor are known. So there is a polymorphism which is very important at the level of the RAS [renin-angiotensin system] that can actually also explain the differences in the occurrences which can be observed in people. We should be aware that this renin-angiotensin system is also not the same in the same person throughout his life. In other words, when you are a baby, you do not have the same renin-angiotensin system as when you are a child, a teenager, an adult, or a very old person. It constantly evolves throughout your life. And then, we should also be aware that a woman does not have the same renin-angiotensin system as a man. Why? Because, among other things, the ACE2 receptor, is encoded by a gene which is located on the X chromosome, which is the common sex chromosome. The AT1R receptor, which is responsible for COVID diseases, is encoded by another chromosome, which is chromosome 3.

But, in any case, what is certain is that there are comorbidities which make us more sensitive to an over-activation of the renin-angiotensin system when we have this system

that is already out of order. In other words, when you have comorbidities—for example, when you are hypertensive, when you have an autoimmune disease, when you have cancer—that means you already have a problematic renin-angiotensin that is dysregulated. And therefore, the vaccine injection can have a much more harmful effect on such a person. Likewise, a SARS-CoV-2 infection can cause a much more severe case of COVID precisely because these people are susceptible. We also know of genes that make someone more susceptible to developing serious forms of COVID. For example, there is a gene called HLA-B27. We know that people who have this gene have a greater risk of having a severe form of COVID.

So you have other genes that are involved. For people who have this HLA-B27 gene, it is interesting to know that, in the situation of infection with HIV or the hepatitis virus, it has a protective effect. Who knows why, but it does not behave the same depending on the microbes. Anyway, there are genes which strongly affect outcomes. Of course, in this gene polymorphism, that is very important. There are other diseases, you know, in people who have problems like Marfan's disease, for example, with a defect in the production of fibrillin-1, or people who have Ehlers-Danlos disease, for example, who have a problem producing collagen since they have a collagen-deficient gene. When they are infected with the virus or receive a vaccine injection, these people develop more severe forms precisely because they have a problem.

Commissioner Massie

Monsieur Sabatier, I will try to focus the discussion a little with a question for you, which has to do with the fact that, well, this spike protein— According to your knowledge of coronaviruses, and given its preferred target with the ACE2 receptor, is it unique in the coronavirus family or does it exist in many other coronaviruses?

Dr. Jean-Marc Sabatier

No, it's found in coronaviruses. It's not unique at all. For example, you know that SARS-CoV-2 is a beta-coronavirus, from the sarbecovirus family. So it's an enveloped virus with spike protein and then you have a single-stranded arm positive-sense ribonucleic acid.

Commissioner Massie

My question, more specifically, is this: Is the interaction of this spike with this receptor new?

Dr. Jean-Marc Sabatier

So it recognizes the ACE2 receptor. We need to be aware that the 2002 epidemic was also an infection with a coronavirus. It's SARS-CoV, now called SARS-CoV-1. So the target of this coronavirus was also the ACE2 receptor, in other words, the angiotensin-converting enzyme 2. The MERS-CoV of the 2012 epidemic, on the other hand, was different.

[00:30:00]

It's also a coronavirus, but it was targeting another receptor, which is CD26; it's a DPP4—a dipeptidyl peptidase-4—which is another receptor. So we are aware of different types of receptors.

But you also have, for example, the cat FIP [feline infectious peritonitis] virus, which also disrupts the renin-angiotensin system, and which, in fact, causes exactly the same diseases

in cats that we see as COVID diseases in humans. It also disrupts the renin-angiotensin system, but it recognizes another receptor: it recognizes the spike protein of the cat coronavirus, of the cat FIP virus, and it recognizes another receptor called CD13, that is aminopeptidase N; and in fact, in this case, it will hinder the degradation of angiotensin 3. This angiotensin 3 will be found in excess since the spike protein of this coronavirus has fixed on the APN receptor, on the CD13 receptor. And so this excess of angiotensin 3 will also over-activate the cat's AT1R receptor and will cause COVID-type diseases in cats. We find exactly the same pathologies with hypertension, thrombosis, and pleural effusions. So if you will, you have a whole family of receptors, and obviously, there are other receptors that are targeted by coronaviruses.

Commissioner Massie

Going back to the treatment of COVID with this alleged magic wand, which was the gene injection for the expression of the spike protein, you mentioned briefly that you thought it was probably not very wise to choose this antigen in the platform, notwithstanding the quality of the gene platform that was chosen. The choice of this protein was misguided. My question is, how long have we had sufficient knowledge to conclude that—when we made the choice to use this protein—we should have known that there would be problems in choosing this target for vaccine platforms?

Dr. Jean-Marc Sabatier

As early as 2002, in fact, because the 2002 SARS-CoV virus also targeted the ACE2 receptor, so we already knew that it was a receptor that was harmful. In addition, there has been work done since 2002 on SARS-CoV. There were facilitating epitopes that had been highlighted: that is to say, regions of the spike protein that contain facilitating epitopes; in other words, regions that will stimulate the immune system—in particular the production of antibodies which will, in fact, not neutralize the virus, but on the contrary, facilitate infection by the virus SARS-CoV. However, these domains are also found on the spike protein of SARS-CoV-2. So the vaccine designers could have already known that these regions were potentially harmful in the case of vaccination with a messenger RNA that codes for the spike protein of SARS-CoV-2.

In addition, this spike protein has other problems. The spike protein of SARS-CoV-2 has an RGD motif. It has isotypes that the SARS-CoV-1 spike protein does not have. And we know that this RGD motif is a small piece of the protein which is made up of three beads; these three amino acid residues make up RGD, or arginine-glycine-aspartic acid. We know that it can be very dangerous because it is a motif that recognizes membrane integrins. It has been shown that the spike protein of SARS-CoV-2 is capable of recognizing membrane integrins, among other things: in other words, capable of triggering activity in the cell. And it recognizes, among other things— And this was described experimentally—this spike protein of SARS-CoV-2 is able to recognize membrane integrins which are called alpha v beta 3 and alpha 5 beta 1. And this is serious because these integrins can also be recognized by collagen. But hey, these critical sites are hidden within the collagen, and also happen to have these RGD motifs which are hidden, and these are critical motifs. In fact, when the spike protein, if you will, binds to these membrane integrins, it activates a system called caspase-3 and induces cell death, or apoptosis.

Additionally, we know that there is another danger. In this spike protein of SARS-CoV-2, there is a furin site which happens to have a particular affinity for human cells. And so we knew that compared to SARS-CoV, it was going to increase the infectious capacity of SARS-CoV-2 and the harmful effects of this spike protein. And further, concerning your question

on the vaccine platform, it is bad because, you know, at the level of this messenger RNA, this vaccine messenger RNA has also been completely modified to be very stable. It received, for example, a polyadenylation tail in order to stabilize it.

[00:35:00]

The nucleotides have also been changed. You know, you have as a basis ATGC: adenine, thymine, guanine, cytosine. They modified uracil because, when it has ribose on it, it becomes uridine. They modified it to be a pseudouridine. And that's serious all on its own. It's playing sorcerer's apprentice because we only have a decade of hindsight regarding this pseudouridine. And above all, we don't really know what it does because we don't really understand all the enzymatic systems that process the pseudouridine found in these messenger RNA vaccines, especially when the uridine is replaced at the stop: UAA, UAG and UGA codons. When they are replaced, there are no stop codons—which means, if you will, that the system is unable to adequately recognize pseudouridines.

This means that when these vaccine messenger RNAs are translated, there is the possibility that the ribosomes are also capable of making mistakes: that the transfer RNAs are capable of making mistakes and of introducing a different amino acid than the amino acid found in the primary structure of the spike protein of SARS-CoV-2. This has been demonstrated experimentally. And furthermore, if ever the messenger RNA could, in one way or another, integrate into the genome of the host cell—which has not been completely ruled out either since there are systems that could apparently do this, such as a system called SINE-1 LINE-1—you would have a system that is, in fact, an RNA-dependent DNA polymerase activity that could actually make DNA from RNA. At the moment, these polymerases—DNA polymerase, RNA-dependent and RNA polymerase, RNA-dependent—we know that they are also not capable of correctly reverse transcribing a pseudouridine. This means that they can make a mistake. And if indeed the gene that codes, for example, for the spike protein or for the virus genome is effectively incorporated into the human genome, at that point, there may be mutations. So this platform is not ready. In other words, it is too stable. And the fact that it is too stable also leads to the fact that it is capable of producing a lot of spike proteins whereas, normally, a natural messenger RNA would quickly degrade.

Commissioner Massie

Monsieur Sabatier, can I interrupt you here? Because the explanations you give are excellent for a scientist like me. That's fantastic, but I suspect there are a lot of people in the room for whom these explanations are perhaps a bit too sophisticated. I would like to perhaps underline two points concerning vaccine strategy.

You have experience in vaccine development. What you said, in many words, is that this vaccine approach with the messenger RNA platform and the choice of target, which is the spike protein, is very misguided for a large number of reasons that you have listed. I am going to ask you a question that will go one step forward. From what we know about coronaviruses, is even hoping to develop a vaccine that could control the infection like the one we had a possible approach? And if it is possible, what would you suggest as a vaccine strategy?

Konstantinos Merakos

Excuse me, Monsieur Sabatier. Just a moment, sorry to interrupt you. Can you just speak a little slower for the translator, just speak a little slower? That's all. Thank you so much. You can continue, sorry.

Dr. Jean-Marc Sabatier

Yes, absolutely. It is quite possible to produce a vaccine against SARS-CoV-2, one that is a real vaccine and not a pseudo-vaccine. In fact, a vaccine must meet two demands, two essential criteria: It must first be effective, and then it must be innocuous to a certain degree for the people who receive these vaccine injections. However, the current vaccines that we are offered meet neither criterion. In other words, they are ineffective since they do not prevent the infection of the individual who is going to be “vaccinated,” in quotation marks, and then in the event of infection, they do not prevent transmission from the person who has been vaccinated to the person who is not vaccinated.

[00:40:00]

So there is already a lack of effectiveness. And furthermore, it is not harmless precisely because this vaccine spike protein is capable of causing the renin-angiotensin system to over-react, thus triggering COVID diseases. So what should have been done, and what the designers should have done when producing this spike protein that they modified— Just to remind you, at the level of two beads out of the 1,273 beads, the beads in a 986-987 position, they did that for a very simple reason actually; it was because they wanted to maintain this spike protein in a prefusion conformation. In other words, they wanted to expose a domain which is called the RBD, or the “Binding Domain” receptor, which is the domain of the spike protein that is able to recognize the receptor ACE2. So they wanted to expose this domain of the spike protein so that the immune system would be able to mobilize against it, and in particular, to produce neutralizing antibodies against it. Except that there is still a problem, since the spike protein is able to recognize this receptor, and that is why it is very harmful.

So in order to make a vaccine that is not harmful, it would be necessary to produce a spike protein analogue and to make sure that this structural analogue, modified on one, or even several beads— It would be necessary to make sure that this analogue of the spike protein was unable to recognize the ACE2 receptor—and that way, the spike protein would be somewhat safe. It is not certain, but at least it would not be as toxic as it is at present. Why? Quite simply because this spike protein analogue would not be able to bind to the ACE2 receptor. So there would actually be no disturbance at the level of the degradation of angiotensin 2 or angiotensin 1-7; and that way, there would be no dysregulation of the renin-angiotensin system, and there would be no overactivation of the AT1R receptor, which is the cause of COVID diseases. So that would be important. At the same time, they should have already removed the domains from this spike protein, in other words, the portions of the spike protein which are known to contain facilitating epitopes.

So just to remind you, the facilitating epitopes are the regions of the spike protein that stimulate the immune system—in particular the B lymphocytes, which, when they differentiate into plasma cells, will produce antibodies directed against this region. But these antibodies will not be neutralizing. They will do the opposite of neutralizing antibodies. In other words, they will not have the expected effect; they will have the opposite effect. That is to say, they will facilitate the infection of the host by the SARS-CoV-2 virus, quite simply because these antibodies will bind to the spike protein of the virus. And there are innate immune cells—especially macrophages and dendritic cells—which have a receptor on the surface that is called the Fc Gamma R2A receptor. These will, in fact, recognize the antibody-virus complex.

Commissioner Massie

Monsieur Sabatier, if I may interrupt you. Your explanations are once again very detailed. And my question was, well, actually, you answered it. This is not the type of vaccine that we should have developed. We could have potentially chosen a better target by modifying it. And the second step is the delivery platform. Do you think it's safe to use a genetic platform rather than a protein platform, as is suggested in some of the vaccines that exist at this moment? Do you think it would be safer or more effective to favour these protein platforms rather than genetics?

Dr. Jean-Marc Sabatier

So in a few words: without a lot of data as at the beginning, it was already somewhat logical and normal to choose the envelope glycoprotein of a microbe because that is what is usually done. But let's say that given the history of SARS-CoV, they could have already seen that there were problems with this spike protein. They could perhaps have targeted another antigen of the virus, in particular the N protein—an internal protein, the nucleocapsid protein—since that one is highly conserved, and can produce neutralizing antibodies or stimulate a cellular response that is neutralizing. So that's another antigen that could have been targeted.

To me, the current messenger RNA vaccines are not at all good. In my opinion, it would take at least another decade for them to be perfected because we have no perspective on them. We have no perspective at all. We may say that these vaccines, these messenger RNAs, these vaccine platforms have been studied since the '80s—which is true, they have been studied since the '80s—but the work that has been done on them is not all conclusive since we don't know much. It is not known how stable these messenger RNAs really are.

[00:45:00]

We do not know if they are able to produce 5, 10, 20, 100 spike proteins, et cetera, since they are very stabilized. We don't know what their biodistribution will be. We don't even know exactly how they will be translated. We don't even know, in fact, which amino acids are really going to be found in the spike proteins produced due to the presence of these pseudouridines, among other things. The lipid nanoparticles, too, which are used precisely in order to allow the penetration of these messenger RNAs, are not ready either because we know that they are also toxic in themselves, that they are picked up by the various organs, including the reproductive organs. They can be picked up by the brain, by the lymph nodes, by the liver, by the spleen—in fact, by many organs.

Commissioner Massie

If you allow me once again, if I may summarize your thoughts, you are saying that what we have at the moment are prototypes which are ineffective and dangerous.

Dr. Jean-Marc Sabatier

Yes, absolutely.

Commissioner Massie

That there would potentially be—

Dr. Jean-Marc Sabatier

We are lacking sober reflection.

Commissioner Massie

—the possibility of developing something better, but we are far from the mark.

Dr. Jean-Marc Sabatier

Yes, we should have taken inspiration from vaccination trials that have been carried out in cats. Because the cat FIP coronavirus—which is an alpha coronavirus, but is made exactly the same, is an enveloped virus with a spike protein, which disrupts the renin-angiotensin system—there were vaccination trials that were done on it, and those vaccination trials were not successful. So we know already that coronaviruses are not very easy targets. And as for messenger RNA vaccines, in my opinion, we don't have enough perspective on them at all. And I think that, personally, it was madness to vaccinate billions of people with a platform that is, in fact, still experimental; that is to say, we don't have years of hindsight on it.

Therefore, the other “anti-COVID” vaccines, in quotes— Whether they are: attenuated virus vaccines; adenoviruses like Sputnik, Janssen, AstraZeneca; or inactivated virus vaccines, Sinopharm, Sinovac, Chinese vaccines; or even vaccines with recombinant spike proteins like Novavax, the Sanofi vaccine, they also pose a problem because the spike protein is, in fact, there. And the problem is that the spike protein, in itself, is harmful. It should have been modified so as to not be harmful because it might eventually no longer be harmful. But that would be the first thing to study before launching large-scale vaccination trials, especially for a disease that is not very lethal. It would have been better to carry out early outpatient treatments, for example, by treating with an active form of vitamin D.

Commissioner Massie

So as we speak, in the situation we are in, you advise against vaccination with the vaccines we currently have. Does that sum it up a bit?

Dr. Jean-Marc Sabatier

Yes, these vaccines are harmful in themselves. They can cause COVID pathologies for the reasons I have given you. And then, it goes beyond that. There are a certain number of booster vaccine injections which are planned, up to ten, I believe. There is a strong push for booster vaccines. But that's madness because this spike protein affects immunity; because by disrupting the renin-angiotensin system, it affects innate immunity, since the renin-angiotensin system drives innate immunity. So that means the monocytes, the macrophages, the dendritic cells, the granulocytes and eosinophils, basophils, neutrophils, and the “natural killer” cells with the mast cells.

And so the dysregulation of the RAS affects innate immunity, and this innate immunity is what launches the specific adaptive immunity—which is based on the B lymphocytes and the T lymphocytes—and it therefore also disrupts the adaptive immunity that launches itself about four days later. And by disrupting innate immunity, what happens is that it induces a complete disruption of the immune system—since innate immunity launches adaptive immunity. And when we disturb the two, at that moment, it provokes an immunodeficiency, that is to say that it induces AIDS: an acquired immunodeficiency syndrome. And it's a type of AIDS which has nothing to do, of course, with HIV; it's an

immunodeficiency. And this immunodeficiency is accentuated by booster vaccinations since we exceed the immune system's threshold of organized criticality by injecting too many antigens—that is to say, too many spike proteins—either in the form of messenger RNA, indirectly, which produces the spike protein, or by directly injecting the spike protein— well, we induce this deficiency of the immune system.

[00:50:00]

And it goes beyond that, since we can provoke the triggering of autoimmune diseases. Because innate immunity commands the recognition of self and non-self proteins, and therefore, when it is dysfunctional, it can recognize a self-protein as foreign—for example, as microbial—and can then initiate autoimmune diseases.

Commissioner Massie

Thank you very much, Monsieur Sabatier. In the interest of time, I will ask my colleagues and commissioners here if they have any questions for you. We have to move on to our next witness soon, who is waiting in line. Do you have any questions you'd like to ask, Ken? I'm going to translate and then if you could answer in French afterwards because the translator will make it possible to give the answer to the Commissioner and the audience will be able to hear. What's your question?

Commissioner Drysdale

Good afternoon. What you've been talking about so far has to do with a properly manufactured theoretical vaccine. Can you comment? We've had a lot of testimony about manufacturing issues with the vaccine. Can you comment on what additional effects manufacturing errors or manufacturing defects might have?

Dr. Jean-Marc Sabatier

Yes, absolutely, because, apparently, the vaccine batches—in particular for messenger RNA vaccines—do not appear homogeneous. That is to say, we can find messenger RNAs which are truncated, with batches that are not equivalent. And of course, when we inject messenger RNAs that are truncated, we also produce spike proteins that are truncated. So that means that we produce different types of spike proteins and that can be problematic, precisely because we know that the spike protein has harmful effects. And it can also be problematic to present fragments of spike protein since certain fragments of this spike protein can perhaps bind to specific receptors. Because in fact, we always talk about the ACE2 receptor when it comes to the spike protein, but there are also other receptors that have been described. For example, DC-SIGN, neuropilin-1: there are a number of receptors that are potentially targeted by this vaccine spike protein. This means that fragments can affect cellular functioning or can affect the functioning of physiological pathways. And so it's problematic. Normally, there should be very homogeneous batches of vaccines.

Commissioner Massie

Thank you for your reply. Do you have any other questions, Ken? Janice? Okay.

We thank you very much, Monsieur Sabatier, for this testimony and, indeed, for having contributed to enlightening us on this whole issue of vaccines. It will help us in our reflection and in the recommendations that the Commission will try to make for the future. We thank you very much.

Dr. Jean-Marc Sabatier

It is I who thanks you. Sorry for being a bit long.

Commissioner Massie

I will pass you on to our attorney, who will conclude this testimony.

Konstantinos Merakos

So Monsieur Sabatier, thank you once again for your testimony and for all the valuable information you have given us today. And, on that note, the Commission wishes you a good day. But I think it's an evening at home because you are six hours ahead of us.

Dr. Jean-Marc Sabatier

That's right, it's 9 p.m.

Konstantinos Merakos

So we thank you and wish you a wonderful evening.

Dr. Jean-Marc Sabatier

Thank you and I wish you success.

Konstantinos Merakos

Thank you so much.

[00:54:21]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 5: Dr. Christian Perronne

Full Day 1 Timestamp: 07:01:30–07:51:33

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Louis Olivier Fontaine

Hello again everyone, I'm going to re-introduce myself for those who weren't here for the previous presentation. My name is Louis Olivier Fontaine. I'm a lawyer and today I'm here as a prosecutor for the National Citizens Inquiry, taking place here in Quebec City.

Hello, Professor Perronne, can you hear us clearly?

Dr. Christian Perronne

Hello, I can hear you very well, thank you.

Louis Olivier Fontaine

So to begin, Professor Perronne, I'm going to ask you to formally identify yourself by asking you to state your first and last name please.

Dr. Christian Perronne

Christian Perronne.

Louis Olivier Fontaine

Very good, and on another formality, we're going to ask you to—

Dr. Christian Perronne

I had been a professor of infectious and tropical diseases since 1994 and I was head of the infectious and tropical diseases department at the Raymond-Poincaré Hospital in Garches, in the suburbs of Paris. It is a university hospital which is associated with the large group Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals].

Louis Olivier Fontaine

Pardon me, Professor Perronne. Forgive me, you beat me to it. I was just asking you to state your first and last name, and now the next formality is to be sworn in. I'm going to ask you to solemnly declare that you're going to speak the truth, the whole truth, and nothing but the truth. Just say "I affirm it" please.

Dr. Christian Perronne

Yes, I will tell the whole truth, and nothing but the truth, I swear.

Louis Olivier Fontaine

Very well, thank you, Professor. So excuse me for interrupting you, it's just the order of formalities required.

So I was going to introduce you briefly and you can correct me. There are so many elements in your CV I apologize beforehand if I forget some. You are a university professor, a hospital practitioner specializing in infectious and tropical diseases. You are also a medical doctor. You hold a doctorate in human biology. You're also an author since the crisis, or maybe even before, with a book on Lyme disease. In 2020, you wrote a book published by Albin Michel which is titled, *Y a-t-il une erreur qu'ils n'ont pas commise* [Is There an Error They Did Not Commit?]. You also published in 2021, under the same publisher, a book titled: *Décidément, ils n'ont toujours rien compris* [Definitely, They still Haven't Understood Anything]. And finally, in 2022, you published a book called *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]. So has my presentation about you been correct so far?

Dr. Christian Perronne

Yes, that is correct.

Louis Olivier Fontaine

Very good. And are there any other qualifications you think are important to mention in this introduction?

Dr. Christian Perronne

Just to say, for 26 years, I was department head of a university hospital. For 15 years I also worked part-time acting as president for the highest French authorities in public health and in vaccination, advising the Ministry of Health on health crises, epidemics, and vaccination. I was president of the official committee for vaccination policy in France for several years. And for nine years at the WHO on the international level, I was a member of the group of experts called ETAGE [European Technical Advisory Group of Experts on Immunization], which is the vaccine expert group for the WHO European region, a region that is much larger than the European Union. For six years, I was vice-president of this committee of experts. So I have national and international experience in crisis management and vaccination. I think it's important to remember this when we see what happened with this crisis.

Louis Olivier Fontaine

All right. So there was Professor Perronne from before the crisis who was, if I understood correctly, invited on French television platforms and probably also those in other countries; and then, the [COVID] crisis arrived.

The first subject I would like to discuss with you would be, in general, the subject of censorship.

[00:05:00]

I would like you to explain to the Commission all the different maneuvers that were carried out, in a way, to exclude your voice, to censor you in the media. Could you please elaborate on this subject?

Dr. Christian Perronne

The epidemic arrived in France in March 2020, and from the start, I was invited to all television platforms. Sometimes it was a bit tiring because I was invited several times a week on all the main TV channels because the journalists had known me for a very long time. When I worked in these official bodies, they always invited me whenever there was an epidemic, an infectious disease problem, or a public health issue. They were, therefore, familiar with me, invited me, and liked me.

And I was able to express myself. And from the start, as early as March 2020, I expressed my surprise and had diverging opinions from the government's recommendations. Well, at the beginning, it didn't bother the journalists too much. They kept inviting me for several months, but it ended up irritating—I would say—those in high places. In the fall of 2020, what was called in France the CSA, Conseil supérieur de l'audiovisuel [Higher Audiovisual Council]—responsible for controlling audiovisual communications and which has since changed its name to Arcom—made a statement to all the media providers that I was not to be invited to comment anymore because my opinions were a deviation. Alternately, I would be put in front of a lot of opponents to engage in a contradictory debate, supposedly for the purpose of freedom of expression.

But what shocked me was that people who had opinions not based on scientific evidence, who completely followed government policy, had the right to be invited without opponents, and I no longer had that right. While I had been constantly present in the media for several months, overnight I was no longer invited, save for a few exceptions. This was my personal experience. It surprised me; but at the same time, I was not too surprised, seeing all that was happening.

Louis Olivier Fontaine

Okay, thank you. Were other steps taken against you—for example, in connection with your status as a professional or as a doctor?

Dr. Christian Perronne

Yes. So in the fall of 2020, a few months after I took my public position, the director of the Assistance Publique – Hôpitaux de Paris [Public Assistance – Paris Hospitals] group asked that I be summoned by the Order of Physicians to be struck off as a physician. He called me in December 2020, a bit at the last minute. His secretary called me the day before: "You must be in the managing director's office tomorrow morning." He handed me a letter to the effect that he was dismissing me from my duties as department head, which I had held for

26 years. Everyone had been very happy with my leadership; there had never been any problems. And in the letter, what really shocked me was that it stated that I was unworthy of my position because I had made, shall we say, deviant comments in the media.

I also found it very difficult to accept that there was a young doctor at the time who had, in the summer of 2020, started a national petition for me to be called before the Council of the College of Physicians to be struck off. He was an intern at the time, and he had dared to tell the authorities that I was responsible for death threats against him, even though I didn't even know this person when the events took place. And I was able to prove—fortunately, because I was attacked on this—that though he had received death threats, it was several months before I knew him.

Fortunately, I had proof and was able to defend myself on this because all of a sudden, I found myself attacked. The director of the largest hospital group in the Paris region said, "You are unworthy of your duties since you are responsible for death threats." And even the president of the Conference of Deans of Île-de-France, that is the Paris region, wrote the same thing to me: "You are unworthy of supervising students because you are responsible for making death threats." Fortunately, I was able to prove that it was false. Even the Council of the Order of Physicians—because I was summoned to the disciplinary chamber long afterwards—recognized that it was false. This young doctor received a warning. He could have received a harsher sentence, but he publicly apologized in court, so he benefited from mitigating circumstances.

But in fact, this removal from my title of department head was purely symbolic since I voluntarily chose to step down from the position three months later because I already intended to retire later that year. I retired in March 2022. I was 67 years old; I'm 68 today.

[00:10:00]

I told my successor: "I leave you the department head," because opening an application file for a new department head is a huge file. Doing a service project for several years, I said: "Well, now I'm about to voluntarily step down. It was independent of any attack against me. I don't see the point of doing the file, I prefer that it be you." And besides, I got along very well with him.

So the directors of the Public Assistance knew perfectly well that I was leaving the department head position voluntarily. But since they had no power to remove me or act against me in any way, they performed what I would call a publicity stunt in the media by announcing, "We removed Professor Perronne from his leadership position." It didn't change anything for me. Besides, I continued to practice. I'm still a doctor, I'm still recognized by the Council of the Order of Physicians because I won my case against them afterwards. So that was an attack I suffered that I didn't find very nice, and I found a little shabby on their part because they had no really serious argument against me.

Louis Olivier Fontaine

I understand. So the process you talked about at the level of the College of Physicians is now over. No, sorry, there is another.

Dr. Christian Perronne

There was a so-called fraternal meeting, and the official procedure was the disciplinary chamber of the Regional Order of Île-de-France, in the Paris region. It was in September 2022. The verdict came down in October and they said in their verdict—it's written down,

it's public, you can find it on the Internet—that in the end I was one of the rare people in France to be able to understand what was at stake in the crisis and that, given my national and international CV, not only did I have the right to express a dissenting opinion from the authorities, but I even had the obligation to do so, which was very strong. They completely cleared me of all attacks.

Louis Olivier Fontaine

All right. Has an appeal been lodged against this decision?

Dr. Christian Perronne

Yes. An appeal was launched for the process, but an appeal to the Council of the Order can last a year, two years, three years. I'm not very worried because anyway, they have no argument against me. What bothers them a lot is that everything I said has been proven. I have written three books, as you said. When the first book came out, a lot of people were screaming in the media saying, "Perronne is going to be immediately sued for libel; he libels everyone." I defamed nobody, you can read the book. In addition, there are dozens of pages of scientific and media references for everything I say. There was proof for everything I said. Meanwhile I know they hired law firms against me to try to find a flaw and they found nothing. I have never been sued for libel regarding my books. Everything I said was proven, so I'm very confident.

Louis Olivier Fontaine

All right. So if I understood correctly, again, no legal action following the publication of your three books. Is that right?

Dr. Christian Perronne

Yes. There is a colleague who sued me for defamation, but I never defamed her, I never quoted her. This will be a long process, but I'm not worried because I never cited this person who felt offended. I was saying things scientifically contrary to what she was saying, so she felt defamed. But all the lawyers or jurists I've consulted say, "There won't be any consequences since you never defamed this person." You see, there have been a lot of attacks like that, but it doesn't bother me because everything I said was sourced, based on my experience, based on scientific evidence, and based on the official figures for this epidemic.

Louis Olivier Fontaine

So still talking about your first book called *Y a-t-il une erreur qu'ils n'ont pas commise?* [Is There an Error They Did Not Commit?] could you elaborate a bit on that? What are the mistakes that have been made by the authorities, whether French or international?

Dr. Christian Perronne

I already have experienced a long fight for the recognition of chronic Lyme disease because it is recognized now—even the House of Representatives of the United States voted on this—that it is a bacterium that was modified for military purposes; therefore, it is a disease that ought not to exist. But I had been fighting for the recognition of this disease for 20 years in France. I didn't dare talk about it too much, but now that there is the evidence, as well as the vote of the United States House of Representatives, I can totally talk about it.

So even if I was in the institution, I was very well regarded by the Ministry: I was president of all the commissions, I advised many ministers, I had already opposed them a little on the Lyme disease. Well, I'm not going to go into details—it's not today's subject—but I had already seen how we could manipulate public health data, et cetera, with regards to a disease.

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And when the epidemic arrived in France in March 2020, from the very beginning, I saw that all the directions given were contrary to common sense. What shocked me was that the Minister of Health at the time, Agnès Buzyn, even before the virus arrived in France—You know that in France, chloroquine/hydroxychloroquine had been available over-the-counter in pharmacies for decades. There were never any problems. No one had complained about a nasty side effect. It was over-the-counter. And, all of a sudden, before the epidemic arrived in France, as an emergency measure, it was registered on the list of poisonous substances. You realize, a substance that was over-the-counter, that we bought like chewing gum in the pharmacy, became a poisonous substance. So I said, "Well, that's bizarre."

And then, from the start in France, there were no masks. In the hospital, when I was a young assistant a long time ago, at the beginning of AIDS, there were epidemics of so-called nosocomial tuberculosis—that is to say tuberculosis which was transmitted in hospitals among the immunocompromised, including people who had AIDS at the time. It was before the tritherapies. And I had fought for the isolation of tuberculosis patients in their rooms, for a mask to be worn when entering the room, for the patient to wear a mask. The mask is very useful when you are in the same room as a patient who has respiratory symptoms, who coughs, who spits. I have always defended masking.

And when I saw that the masking was useful in the hospital or at home to protect the family, there were no masks in France in March. It was strange because they closed the last factory making masks in France just before the pandemic. So now all the masks were made in China. They had burned the last remaining masks saying, "They are expired." They told general practitioners: "You have the right to have free masks at the pharmacy, you are entitled to one box per week," but then they also said to change the mask every four hours. So anyway, it was not possible to do this. Besides, there were zero masks in pharmacies.

And we saw the President of the Republic, the Prime Minister, the Minister of Health, the spokesperson for the Élysée: "Now the masks are useless, stop getting upset. There's no evidence that they do anything." Even the Director General of Health said so. So for months they repeated this continuously on TV every night, and the day the masks finally arrived from China, several months later in June, then masks immediately became mandatory, including when in outdoor spaces, which makes no sense. The mask is useful in a closed space, when you are in direct contact with a sick person who has symptoms, who coughs, who spits, but it makes no sense in the street, on a beach—and with very heavy fines. I said, "This is not medicine, this is not public health."

And when there were lockdowns, we had never had a lockdown before. If I had been entrusted with the management of the epidemic, it would have been settled in three months. In an epidemic with respiratory transmission, we isolate the sick—diagnosed or presumed—preferably at home if they are in a state of health which is not too bad, and possibly in hospital if they are more severe. And we must focus on basic medicine, general practitioners, who are hyper-organized.

For me, around a good hospital, all the general practitioners were ready, had organized themselves in their offices, but they were suddenly told, “No, no, you are not competent.” Everywhere on television, people in France were told: “Don’t call your doctor. You take paracetamol, and if you ever have trouble breathing, you call the emergency number to get to the hospital.” And once there, the hospital had orders not to treat patients.

And watching this, I said, “But how can we manage an epidemic like this?” Especially since we knew from the start of the epidemic in France that hydroxychloroquine worked well. There was even a randomized study evaluating hydroxychloroquine versus placebo conducted on patients in China who had pneumonia due to COVID; it had shown that hydroxychloroquine worked very well. Afterwards, there were Raoult’s studies and then, we demonized hydroxychloroquine in France.

And then this fraudulent *Lancet* article that everyone knows came out, where there were 95,000 patients springing out of a hat—like that—in a few weeks. I thought I was hallucinating when I read it. There were no names given of doctors who had participated, no names of hospitals. Even the Australian government was surprised that there were more sick patients in the study than there were in Australia at the time. When you know that there is a very small proportion of patients in a country who agree to enter a study, you can see that it is preposterous. Well, in France, the Minister of Health relied on this fraudulent study to ban hydroxychloroquine for doctors in town. And when, a fortnight later, *The Lancet* recognized that the article was fraudulent, it was not retracted.

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All that shocked me deeply, and afterwards, what shocked me a lot more was the summer. So the first wave had passed, which was the only serious wave. Afterwards, there was a second, less serious wave; then afterwards, it was wavelets without consequences. And in addition, there were deaths, unfortunately; but most of the deaths were people over 80, 85, who had major risk factors. We could treat them and if they died, unfortunately for a lot of them, it’s because we banned treatments.

So the epidemic had mostly passed by the summer of 2020. But to scare people, we created the second, third, up to the twelfth wave with PCR tests. PCR is gene amplification. We amplify small bits of RNA from the virus, but normally PCR should never be used in the general population to screen healthy people. Kary Mullis, the brilliant American from California who won the Nobel Prize for the invention of PCR, had always said so. Sadly, he died just before COVID, otherwise I think he would have been screaming in the media. He had said, “Never use my test for mass screening of healthy people. There are always false positives.”

And in addition to this, they intentionally used a number of cycles of amplification that was much too high. Eventually, a lot of people who were in perfect health had a positive test; and that made it possible to artificially create epidemic waves, which were waves of positive tests in people who were healthy. So there you go: it all piled up. We’ll talk about the vaccine later, but already, all of this made me understand that all the decisions were contrary to common sense and the normal management of an epidemic.

Louis Olivier Fontaine

Yes, I understand. Well, you say: is there an error that they did not commit? I would like to ask you, is there anything they did correctly?

Dr. Christian Perronne

I honestly cannot find anything because—whether it was the isolation of the sick, the tests, the masks, the PCR, the treatment, and later, the vaccines—everything was done backwards from what should have been done. That saddened me a lot. Especially because I knew personally, and I was friends with, many of these players. And what bothered me a lot about this story is that we didn't have the opportunity to have an honest public scientific debate. For example, Professor Jean-François Delfraissy, who was the President of the Scientific Council at the Élysée Palace until last summer—well, they ousted him a little bit because he was starting to rebel. He admitted publicly on leaving his post that, in the end, everything they had done had produced no good results: that they had bet on a vaccine that did not work; that they should never have forced the population into lockdowns which had not been effective; and that they should have listened to the population.

When he said that as he left, I said, "Oh dear, he's opening his eyes." I think he said that maybe a bit to protect himself. But Monsieur Jean-François Delfraissy, whom I knew as an intern in 1978—so a very long time ago—I called him several times because I knew him well, we had worked together in other areas. I said to him: "Listen, Jean-François, we don't agree, but accept an open scientific debate in the media." He always refused. The same with journalists who have attacked me, experts who have attacked me. I say: "But I would be delighted to have an open debate of all the scientific data." They have always refused.

Personally, I was attacked by the media saying, "Perronne is talking rubbish, he's a conspiracy theorist." It's a catch-all word when they have no argument. They have always refused adversarial debate, but in their articles, there was never any scientific data. Well, I was very shocked by that. I agree that not everyone accepts what I say. I am ready to hear contradictory data, but at the very least, science is also the confrontation of ideas and that was refused.

Louis Olivier Fontaine

I would like us to come back a bit to your experience within the WHO. So I would like you to briefly describe: What was your role at the WHO?

Dr. Christian Perronne

So I was a member of the WHO Euro Region Expert Group. The WHO Euro Region is much larger than the European Union.

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It actually includes all of Eurasia, all of Russia up to Vladivostok, all the Russian-speaking republics of Central Asia, Eastern Europe, Northern Europe which is not in the European Union, Turkey, Israel. So it's a very big Europe. I was a member of that group for nine years. I was vice-president for six years. It was a big responsibility. Sometimes I hosted meetings and there were a thousand people in the room with people from all countries. It was an advisory group for vaccination policy in this large region of WHO Europe. As such, I was able to see a little bit of what was happening in the WHO as it was ongoing.

Louis Olivier Fontaine

Yes, well, precisely, I would like to know: What were your findings? What is your opinion of the World Health Organization today?

Dr. Christian Perronne

The first thing I saw was that, in the WHO, there were excellent top-level doctors and scientists from all countries. I very much enjoyed working with them: really remarkable, motivated people, who probably earned very little, but were very good civil servants. Afterwards, what bothered me— it was the people at the WHO themselves who told me—that the WHO was sometimes on the verge of bankruptcy because the member states did not always pay their dues, and then there may not be enough money to run this huge building with its many officials and a lot of activities carried out in the four corners of the world. So they happily accepted funding from the pharmaceutical industry.

As such, the pharmaceutical industry is a very big funder of the WHO. And the icing on the cake is the GAVI foundation, which is the vaccines foundation created by Bill and Melinda Gates, which is the biggest funder of the WHO. That is to say that Bill Gates now has a major influence on WHO policy and that is not normal. So it's true that when I started at the WHO at the beginning, there were two or three GAVI representatives in the meetings. By the end, there were 10 or 15. I saw the increase in their presence.

What also shocked me: I am not talking about the group for Europe, which often met in Copenhagen, where the pharmaceutical industry was not present, but when I went to the global plenary meetings in Geneva; there, representatives of all the global pharmaceutical industry were present at all meetings. They were in the hallways; they were lobbying all over the place to all the members. And I was shocked because they heard everything that was said and then they influenced the decisions. And all that was profoundly wrong to me.

I didn't think we were going to get to this particular crisis, but as I was well regarded by the elite, I had been invited twice by Bill Gates' foundation to their international economic forum. I found out, because I attended their program for days, how they financed vaccines. And I realized that, ultimately, Bill Gates never spent a penny: he always collected. That's why he always gets richer, but he makes the states pay. It's a very well-oiled machine.

When someone at the WHO warned me about this a long time ago in Geneva, I didn't really believe it. One day, when Laurent Fabius was Minister of Foreign Affairs in Paris, I had been invited because I was part of the elite, if you will, at the Ministry. There were the Republican Guards, sabers drawn, the red carpet, gilded salons. I was next to the director of the Institut Pasteur; there were a lot of very important people. And in front of me, Laurent Fabius, minister, presented Bill Gates with a huge check on behalf of France. And at the same time, the Africans were saying: "Bah, you French are abandoning us, you are no longer funding vaccines, you are no longer helping us. Fortunately, Mr. Gates is there to help us." But who was paying Mr. Gates? It's France. And besides, recently, Emmanuel Macron announced again that he is giving absolutely exorbitant sums to Bill Gates. I found it odd how it works.

Again, the WHO is a fantastic institution, but I think it has been infiltrated. And what scares me today is the new draft international treaty on pandemics, where the WHO would be in authority above the states. When we see how they changed the definitions—before, a pandemic, there had to be deaths—now they have changed the definition: an epidemic that spreads somewhat across the world, even if there are no deaths, could be a pandemic. And the WHO will have the right to impose on all states the worst measures of lockdowns, compulsory vaccination, and all that.

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And the states will no longer even have a say. It is very dangerous when I see this divergence being taken by the WHO, which was a fine institution created by the United Nations, and which is currently, in my opinion, a little adrift.

Louis Olivier Fontaine

Okay. Now, Professor Perronne, I would like to address another subject which we had briefly discussed during the preparation, a subject which you told me was one of the most important subjects at present. It is the topic of side effects and deaths from COVID injections. Could you talk to us about that?

Dr. Christian Perronne

Absolutely. So by the end of 2021, I published a letter which was distributed in France, which had been translated into English, and which had gone somewhat around the world. I said: "Caution! These experimental products are still in the experimental phase."

I remind you that a vaccine normally takes ten years to develop. To inject it into a pregnant woman, it takes 20 years. All that was eliminated, I would say. In a few months, they gave us a product and said, "It's safe, it's effective." There was no data. In addition, we now know that the studies published by the manufacturers were rigged. There is even a very shocked American scientist who had written an article in the *British Medical Journal* in 2021. So here we are; we were sold a product. They even skipped the animal phase of development because 80 per cent of the rodents were dead. There were also skeletal abnormalities in the baby rodents. They said: "The rodent is not a good model, so we go directly to humans."

In addition, the fact that we have imposed an obligation of an experimental product in France on professions such as caregivers, firefighters, soldiers, police officers, is contrary to all national laws, to all international treaties, the Oviedo Convention, the Nuremberg Code. So it's like a crime against humanity. It's the law, it's not me inventing anything.

At the beginning, I said, "Careful, these are not vaccines; RNA can transcribe itself backward into the DNA." I know, I took courses at the Institut Pasteur when I was younger. We had lessons on retroviruses. And we know that our human chromosome is partly made up—I don't know the exact figure, but it's around 20 per cent—of DNA that comes from animal retroviruses that have integrated in the human genome millennia or centuries ago. So we have in our genetic heritage something which codes for an enzyme that goes backwards from RNA to DNA. Well, this is recognized by the greatest scientists. Right away I said, "Be careful, you are playing the sorcerer's apprentice. You inject so-called messenger RNA to make this state-of-the-art protein called the 'spike' protein; but beware, nothing says that the RNA will not go into the DNA." So I was insulted everywhere, but some time went by and then there was *PNAS*, *Proceedings of the National Academy of Sciences*, and then other articles after that, which proved that I had spoken the truth. Indeed, from time to time, the RNA can go into the DNA; therefore, it is very worrying.

At the time, I didn't yet know the side effects we were going to see. I was a little worried, but now all the countries that have vaccinated massively all have excess mortality, including in young populations between 20 and 50 years old. Because, ultimately, when we look at COVID itself—in any case, when we read Pierre Chaillot's book; I know that you have interviewed him—we see that there has been practically no increase in mortality, except in the very old at high risk. But now, since the vaccination, depending on the country, the increase in mortality can go from 20 to 40 per cent. And this is recognized, even officially.

The first country to recognize this was Portugal last summer, and after that, the United States, Great Britain. Even *Le Parisien*, which is a French daily that has been quite supportive of government policy, wrote an article last December saying, "In France, 20 per cent increase in mortality among the youngest." But each time, the argument is: "We don't know the cause." So it's strange that we don't know the cause. They say: "It's global warming, it's the stress of the war in Ukraine," it's any kind of nonsense.

Above all, if we compare the countries that have not vaccinated or vaccinated for a certain period and not others, we see that each time we have carried out major vaccination campaigns, there is a "boom" in the epidemic; there is a "boom" in the mortality. Fortunately, some government authorities stopped the vaccines and the numbers came down again. We saw it in Vietnam, we saw it in India. So now there is proof of these major side effects. And even if we look at all the North American and European databases, we see— If we stay with side effects without talking about deaths, in less than two years, we see a gigantic peak in side effects unlike any of the surrounding noise we have had with all the other vaccines over the last 20 years.

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So we can't say it's a coincidence.

And when we now see the death data, it's terrible. And above all, it is now confirmed in France and in many countries that nine months after the massive launch of vaccination campaigns, we began to see a drop in the birth rate. The other day, I was at the European Parliament in Brussels for the International COVID Summit. There were international scientific experts who made presentations. There was a lot of data that was published in the referenced medical journals. It wasn't just convention waffling. It was solid data that shows the impact of this state-of-the-art protein on the ovaries, on the testicles, on male and female fertility. And what is happening is tragic.

And I'm not talking about the cancers that are flaring up. Now doctors are talking about "turbo cancers." We see people who were cured of their cancer, or had a cancer that was very moderate, which flared up in a few weeks after the inoculation of these pseudo-vaccines. And that is extremely serious. Right now, it's being suppressed, of course, by the media and all that; but I think this all will come to light anyway because you can't hide the dead under the rug. It may take a while, but not very long.

Louis Olivier Fontaine

Thank you. So the commissioners will possibly have questions to ask you; they will want to take advantage of all your expertise and your generous availability. But maybe, to conclude, it was suggested that we ask the question: How could things have been done better? So do you have any suggestions? What could have been done?

Dr. Christian Perronne

Well, for me, it was very simple: if I had been entrusted with the management, it could have been finished in three months. By isolating the patients, treating them as quickly as possible. We had treatments that worked. Even if some grumpy people said: "We don't have complete proof that it works," I remind people that the WHO had written texts several years ago saying, "In a crisis situation, this is not the time to set up long-term scientific studies," these famous randomized studies where you had to wait several months to know if a particular drug was effective.

No, when you have assertions that a drug can work, when you know it is not toxic— This was the case with hydroxychloroquine because even the Chinese had shown at the time of SARS that it worked. Even Anthony Fauci, who was director of the infectious diseases branch of the NIH in the United States, had written in a major international medical journal a few years ago, “If, one day, there is an epidemic of coronavirus, hydroxychloroquine is the best treatment.”

So we had assertions, yet we weren’t certain, even if there was, as I was saying earlier, a study that had come from China. We could very well, and without doing randomized studies, say, “We will treat and evaluate along the way.” And if 100 patients had been followed in France, Germany, Great Britain, Canada, and other countries: after a month or two months, we would have had the answer that it was working. There was no need to look for these very complicated studies which were white elephants.

So here we are. We would have isolated quickly, brought forward the general practitioners by entrusting them with the responsibility of treating as soon as possible at home rather than overwhelming the hospitals. There was no point in developing a vaccine for an epidemic with such a low mortality. Mortality has always been zero point zero something, or zero point zero, zero something per cent. This is an extremely low mortality. So in fact, people were scared in order to impose the massive inoculation of billions of people with experimental products.

You had to treat people early. According to published studies, if you waited a week or more until people were suffocating to give them hydroxychloroquine, then it was too late. There was the example of the flu. You know, there’s a drug that works very well for the flu called Tamiflu. It works very well if given within the first 48 hours, and then the effectiveness is remarkable. If you wait three or four days, it works less well. If you wait a week, it doesn’t work at all. We were in the same situation here.

So there you go: I would have asked the doctors to be on the front line. I would have recommended to all pharmacies to facilitate the delivery of the medication, recommended to the manufacturers to provide these drugs to everyone—which the Indian government has done, moreover, several times.

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There are a few states in India that have strayed into vaccination. And it was easily fixed. In fact, when you look back, it was not a very dangerous epidemic. But simply, I think that all that was manipulated to create fear.

Louis Olivier Fontaine

Thank you very much, Professor Perronne. So I will now give the floor to the commissioners, who may have questions for you.

Commissioner Massie

Good evening to you, Professor Perronne. For us, it’s still “good afternoon” here. Thank you very much for your testimony. I have a few questions for you. Given the experience you had in managing health crises, both nationally and internationally, when it happened, you were able to realize before others that there was something which was unusual. But aren’t you a little surprised to see to what extent all the institutions in France, as in many industrialized countries, rushed to follow a narrative that was at odds with what was done in the past for managing pandemics? And what had been codified, if I’m not mistaken, in pandemic

preparation manuals, which were practically relegated to oblivion at the time of this pandemic? Weren't you a little surprised to see with what enthusiasm people and institutions fallen into this narrative?

Dr. Christian Perronne

Sure, I was surprised, but not so surprised as that, given my experience. In my book on Lyme disease, I had already spoken a little about the corruption, about the influence over the major international medical journals like *The Lancet*, the *New England Journal of Medicine*. It was not me who attacked them, it was the editors of these journals themselves who publicly said so in the media.

I think there has been major corruption of key opinion leaders, what Anglo-Saxons call KOLs: "Key Opinion Leaders." I know this because, I have had young doctors in my service for a long time, with whom I have maintained friendly relations, who have risen to the highest levels of the global pharmaceutical industry, including in the United States. They all told me that what these major opinion "leaders" declared on the official databases— In France, there is a database called Transparence-Santé, where they declare ten thousand Euros, one hundred thousand Euros. It was before COVID, they told me: "You know, that's the gratuity" because some people receive millions of Euros or dollars in offshore accounts.

There was even one who gave me the address in Chicago, in New York, where one of my colleagues received a lot of money; I won't mention a name, but I have known this for a very long time. So already, there are opinion leaders who go on television, who will influence everyone because the vast majority of doctors is not at all corrupt. They are under pressure, they say: "If Professor What's-his-Name, who is very famous, says that, it must be true." So there is some kind of a stranglehold.

In addition, then, there is a great global manipulation going on through private consulting firms. Much has been said in France about McKinsey, which is the main one, but there are others. And again, it's not me saying it. There was an official report from the French Senate a few months ago, which analyzed all this and which said, "It's not normal." The French government has given more than a billion Euros to these consulting firms since the start of the crisis. And I wrote it in my last book, *Les 33 questions auxquelles ils n'ont toujours pas répondu* [The 33 Questions They Still Haven't Answered]: there's a chapter dedicated to that. I had proof of it, so I was never attacked for any of my books.

There are employees of McKinsey or other consulting firms who sit in ministries, in offices, sometimes in important positions, who write with letterhead "French Republic – Ministry of Health"—so, I think that if it is true in health, it must be true in other ministries—who have email addresses, "Monsieur X or Y @sante.gouv.fr," therefore, official addresses of the ministry. They are not ministry employees; they are private employees of consulting firms. And personally, what struck me was we saw that all of this was coordinated at the global level because the same decisions were made in the same weeks in Canada, Belgium, Australia, Argentina, and everywhere.

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And indeed, it really shocked me, this kind of coordination—and in my opinion, this corruption because, obviously, it's also an epidemic of corruption. I'm not afraid to say it. So I agree with what you say.

Commissioner Massie

My next question is: Given now that there are a lot of studies and a lot of revelations—in particular with the “Twitter Files” and also, there have been revelations in England, exchanges between Boris Johnson and his minister—given that these revelations are coming out more and more for the public, not in the traditional media, but at least on social networks, do you think that these kinds of revelations will end up making the public aware that they must demand changes at the level of institutions or governments?

Dr. Christian Perronne

I hope so. I said it publicly, but it wasn't me who said it, it was Emmanuel Macron himself. My source is Emmanuel Macron, so I think it's reliable. He gave three envelopes to mainstream media, who were at his command. He gave them three billion Euros in a year-and-a-half, then recently, as they didn't have much money left, he again gave them a nice sum on top of that. With three billion Euros, we could build several hospitals, pay nurses for years, while he says he has no money. So you see, the pressure that there was on the media, it's unbelievable, the mainstream media. That's why many French people who watch television every day, who read the usual big newspapers, swallowed the official story without asking questions.

As such, what really worries the government and Europe today are social networks. Because, ultimately, the truth has always come out on social networks over time. And I thought I was hallucinating because in October, I had been invited to give a conference in front of the European Parliament in Strasbourg. And then in the afternoon, I was in the Parliament when finally, someone said to me: “Here, come, there is a meeting there on freedom of expression”. So there were Members of the European Parliament. I was surprised because there were two Americans who were there by videoconference. I don't know what they were doing there to monitor what was happening in Europe. And then, the theme was: “It's very dangerous right now; there's a lot of false information circulating, we urgently need to strengthen censorship in all the media.” So their argument made me laugh a lot. It was to protect our freedoms, to protect our democracies. So that made me smile.

But I see that the European Union has a bill to censor the media. A few days after this meeting in Strasbourg, Macron banned Rumble in France. Well, of course, it's a Russian-influenced channel that is starting to compete with YouTube. In France, there is a project to censor Twitter. So we see that these alternative media very much scare them. I recognize that there is a lot of false information on social networks. I've been tricked many times into believing things that were totally untrue. You need to be careful. There are still a lot of real things that come out. And unfortunately, it only comes out on these alternative networks. And it's a shame because, you know, in a democracy, the media and justice are normally the firewalls to guarantee freedom of expression, democracy and all that.

I see that the media does not work. Nor does justice work. I am vice-president of an association of activists in France. We have filed more than 60 complaints in court, administrative and criminal justice, but also the Constitutional Council, the Council of State. And all of them were dismissed out of hand, although each time we had all the evidence in the files. So I say to myself: “A society where neither the media nor justice play the game, in the end, we move away from the idea of democracy.” That frightens me for my children, my grandchildren. That's why I'm still fighting.

Commissioner Massie

Thank you so much. I will ask the Commissioners if they have any questions for you. Questions? It's good.

Louis Olivier Fontaine

So Professor Perronne, in conclusion, we thank you very much for your generosity. It's been a pleasure talking to you today, and thank you very much. Good bye.

Dr. Christian Perronne

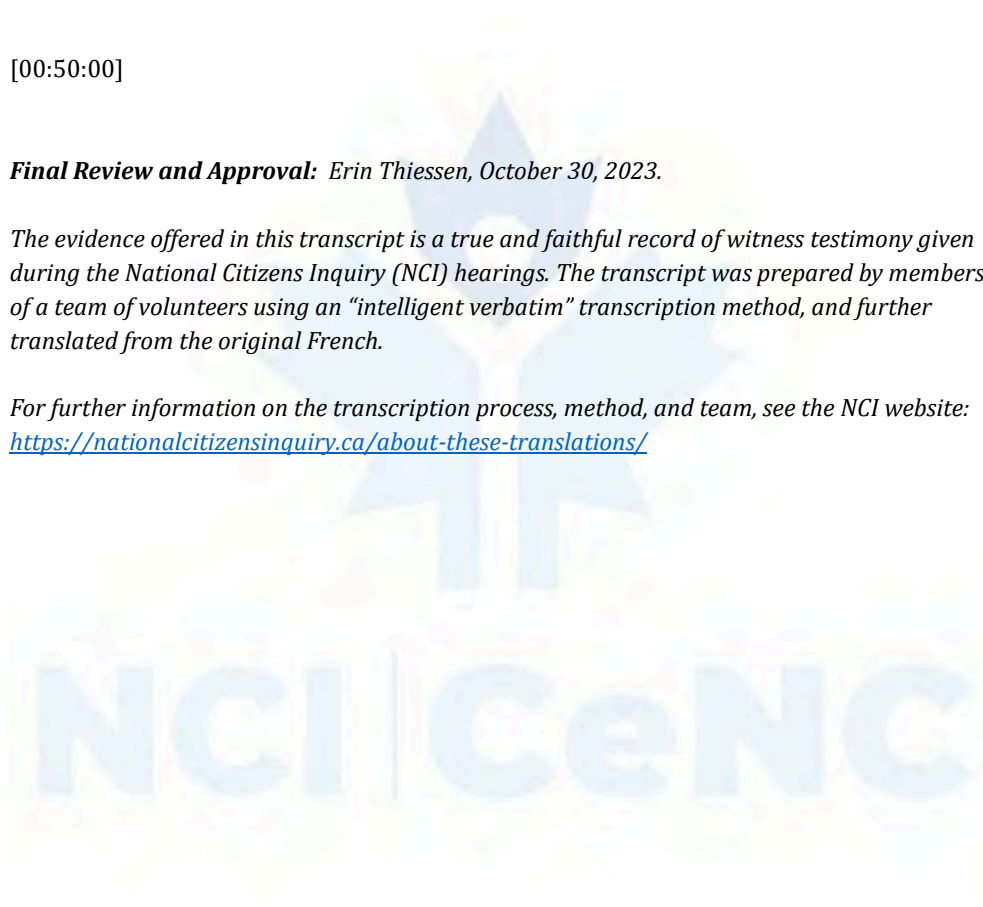
Thank you very much.

[00:50:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

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<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 6: Caroline Foucault

Full Day 1 Timestamp: 08:08:43–08:35:55

Source URL: <https://rumble.com/v2sijn2-quebec-jour-1-commission-dengute-nationale-citoyenne-franais.html>

[00:00:00]

Konstantinos Merakos

Hello again. We had a short break due to a technical problem and now we are back. Without further ado, we will continue with our next witness. So I have here with me in person Madame Caroline Foucault. Hello, Caroline. Say “hello.”

Caroline Foucault

Hello.

Konstantinos Merakos

Okay. Madame Foucault, I’m going to swear you in. Do you swear or solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

Caroline Foucault

I swear.

Konstantinos Merakos

Thank you. Madame Foucault, we’ll briefly start with finding out a little more about you, and who you are. Can you talk about your field of work, and if you live in Quebec or elsewhere?

Caroline Foucault

Yes. I work in the hospitality industry, and I live in the Greater Montreal metropolitan area.

Konstantinos Merakos

Okay. And we'll start with a general question. Why are you here today? What brings you to testify before us today?

Caroline Foucault

Um . . .

Konstantinos Merakos

We can start, for example, after the date of vaccination. If there were any side effects, we can start there. Did something shocking happen to you that led you to be here today?

Caroline Foucault

Well, I come from an older generation who trusted our governments and believed in our media. So when my government asked me to go get vaccinated, I trusted my government because they told me, "If you get vaccinated, you will regain your freedom, and you will protect others." So I listened and went to get vaccinated.

And on September 9th, 2021, I had my second dose of Pfizer and immediately my next menstrual cycle was completely thrown off balance. After all, I'm a woman of a certain age, so I was left with periods only a few days a month. And then, all of a sudden, it was like I was hemorrhaging; I was bleeding intensely for seven days with lots and lots and lots of pain. I connected it to the vaccines because that's the only thing that was different about me.

Konstantinos Merakos

And following what you've just described, did you talk to your doctor or a health professional to relate these facts and ask for an opinion as to whether or not they were related?

Caroline Foucault

Yes, I spoke with my family doctor. He was already preparing for his retirement. He left a few months later. When I told him about what had happened, I said, "Listen, I think the vaccine affected me negatively because I have very painful and heavy menstrual bleeding, it's not normal for me to have that." And he said to me, "Oh, don't worry about that, it's all good, you're going back to being like a young girl of 13."

Konstantinos Merakos

Okay. And I imagine your day-to-day life after that was difficult. Can you describe in a few sentences how your days went after that? Did you often have to go to the hospital? Did you have to stay home from work, for example?

Caroline Foucault

Yes, obviously, working in hospitality, I have been affected by closings, openings, closings, openings. Then I went to Ottawa. And that was a great disappointment to me because I went to Ottawa several times in person to see what was going on, and when I returned home, I watched the media and I saw that the media was not telling the truth. It was a huge

shock to us. My [common-law] partner also accompanied me to Ottawa, and when he returned, he watched the television. He was in shock for two weeks. It took two weeks to get over it because he saw that it was lies.

Konstantinos Merakos

In other words, there was a difference between what you witnessed and what you observed on the television, what they were talking about.

Caroline Foucault

Yes. So if they're capable of lying about that—

Konstantinos Merakos

Okay. For example, you spoke about trust in the government; and now you are speaking about the media. In what way has the present situation made you have a certain distrust towards our institutions?

Caroline Foucault

Well, like I told you at the beginning, I am a very normal citizen: I work, I have children, I have always trusted my governments and my media. I never asked myself any questions. I think most Canadians don't ask questions about their rights and freedoms.

With everything that's happened since COVID, I've learned that normally, before receiving treatment, they're supposed to explain what it consists of to us, and they didn't give me that option for the injection because I trusted my government.

So they injected me without explaining the risks and benefits of the injection. So when I understood that this had been done to me, it was another breach of trust that I felt toward the government.

Konstantinos Merakos

Okay. Has your family physician or any other physician ever pointed out to you the risks and benefits of the medical procedure of vaccination before?

Caroline Foucault

No, never.

Konstantinos Merakos

Okay. So clearly, we see a lack of trust; we see that you weren't really informed. So if, in the future, in the event that there is another similar situation, would that be something you would continue— Would you go get vaccinated or not?

Caroline Foucault

There's no denying it: no. I no longer have any inclination to do so. I no longer have any trust. I feel betrayed, abused, and. . . No.

Konstantinos Merakos

Okay. So I would like, even if they are not here with you today, to talk a little about your family. Your husband also suffered consequences [from the vaccination], as well as your son. Could we start by talking about your husband and his side effects?

Caroline Foucault

He's my partner. So my partner and I were confident about what was said on television, "go get vaccinated." He went to get vaccinated around the same time as me, in the fall of 2020–2021. And in April 2022, eight months later, he was unwell for a few weeks. Stomach discomfort, chest discomfort. It wasn't going very well.

And then, during the night, at the beginning of April 2022, he woke up and said to me, "I have really bad chest pain." So right away I said, "We're going to the hospital," and I took him to the hospital. And the doctor told him, "It's a good thing your wife brought you to the hospital because, otherwise, you wouldn't have made it through the night."

So he was diagnosed with severe myocarditis and pericarditis. He had troponin levels—I don't know if it's relevant—but at 4,000 instead of 50. We transferred him to Sacré-Coeur Hospital by emergency ambulance. He called me from the ambulance and we said our goodbyes because I didn't know if I was going to see him again. It was very difficult.

Then he was hospitalized for a week with myocarditis and pericarditis, but it took months to get back on his feet. By then, it was fairly well known that it was one of the side effects of the vaccines. At that point, it was starting to circulate. Obviously, it was not our governments that informed us of this, nor our media. So I started communicating with specialists.

[00:10:00]

I contacted a specialist in Sweden who had done some research. I can transfer it to you. The research is research that he has done. Evidently, there was myocarditis present in healthy young men. And that's it. We're both disillusioned because, again, we weren't told that there were risks. Myocarditis is severe. He almost died and could still die. Not soon, but there is a risk of myocarditis recurrence. So that's it for him.

Konstantinos Merakos

And if it's all right, if it's okay with you, to mention your age and your husband's age.

Caroline Foucault

Yes. My partner is 46 and I am 48.

Konstantinos Merakos

Thank you. Let's continue with your son. Has he gone through some of the same ordeals as you? Has he gone through other problems, be it remote learning?

Caroline Foucault

No, my son didn't want to be injected. He was starting CEGEP [Collège d'enseignement général et professionnel – General and Professional Teaching College]—his pre-university courses at CEGEP—in September 2020, online. So it was very difficult to start a new

program online, at home, all alone. And then, when the QR code came out, all his friends were getting vaccinated except him. He refused all along and he was isolated.

Over the course of months and months, he fell into depression. He no longer wanted to study. He no longer wanted to live. He said to me, “Maman, if it continues like this, I want to kill myself. I want to kill myself, what’s the point of living?” So there, that’s it. I no longer knew what to do. Obviously, the QR code was dropped. But—

Konstantinos Merakos

Did you do any suicide prevention intervention? Did it get to that point?

Caroline Foucault

Yes. I let his friends visit him. We were not allowed to visit each other because the regulations prevented us from seeing other people. But I let my son receive friends at home because that’s what he needed to help him with his depression, and it worked.

Konstantinos Merakos

And I would like to know, for instance— You say that he is not here today but he refused the vaccines. I suppose that was a question between him and his doctor? I suppose, is it—

Caroline Foucault

A personal choice.

Konstantinos Merakos

A personal choice. Okay.

So I would also like to know, was your financial situation very difficult for you after all these personal experiences? I am thinking, for example, of taking care of each other, missing days of work: Did that cause financial problems for you?

Caroline Foucault

No, fortunately for us, no. It didn’t impact us that much. We had access to the PCU [CERB – Canada Emergency Response Benefit], I don’t really know, I don’t remember what it’s called—government aid, so no.

Konstantinos Merakos

Okay. So I’m going to return to the subject of your current personal health. Are you still living with health issues, even today?

Caroline Foucault

I have the same symptoms. They are a little less strong, but they are still more intense than before the vaccination. By the way, I was advised to go for a test. I don’t know the name: adrio-something.

Konstantinos Merakos

While we were preparing, you talked about problems or fear of reprisals or repercussions. Can we talk a bit about that? Is it in relation to work? Is it in relation to—

Caroline Foucault

Of course, you are all aware of the strategies of intimidation and segregation that the media and our governments have used against the unvaccinated. I am vaccinated. On the other hand, I am now speaking against the vaccines and against the measures.

Konstantinos Merakos

Yes, that's right, against the measures.

Caroline Foucault

Also.

Konstantinos Merakos

Because you had been vaccinated, you believed—according to the information they gave you—that it was going to work. But according to your lived experience after the fact, now you say to yourself that maybe it was not the best solution for you.

[00:15:00]

And basically, it creates fear, and then essentially, that creates mistrust, a lack of confidence in institutions.

Caroline Foucault

Yes.

Konstantinos Merakos

Yes, go ahead, excuse me.

Caroline Foucault

But listen, right now, if you watch all the Commission's videos, if you take the time to listen to all the videos, you will realize that the proof is there. It's overwhelming. People my age and younger are not at risk for COVID if they're healthy. It's not me who says so, it's the evidence that says so. Therefore, I don't see why we were injected with products that were riskier than the virus. So just because of that, I no longer have confidence in my institutions, and, yes, we are considering leaving the country for this reason.

Konstantinos Merakos

Before asking you about the consequences of what you experienced here, we were talking about reprisals, repercussions—

Caroline Foucault

Yes, judgement.

Konstantinos Merakos

—not only in terms of the government's treatment of you, and the media, but I imagine that, despite the fact that you were vaccinated, among those around you also; there were people who made harsh or discriminatory remarks towards other people whether they were vaccinated or not. That is to say that there has been, one could say, a social, societal decay between people. Have you experienced anything like that in your social circles or people who have made mean or discriminatory remarks?

Caroline Foucault

No, I didn't experience any malice. What I got was mainly indifference.

Konstantinos Merakos

Okay.

Caroline Foucault

So when you tell people your partner almost died of a heart attack and you tell them that it was probably because of the vaccine: no reaction. Their faces are blank, no reaction, no empathy. As soon as you mention the vaccine, they look at you like you're an alien. Yes, so, I lost some friends but I made new ones.

Konstantinos Merakos

Okay. And so before getting into the consequences, as you wanted to leave [soon], can you give us, in your opinion—your opinion, as a human being—some suggestions, as to what we could have done better in society to prevent the situation we find ourselves in today, where families have been torn apart, et cetera? In your opinion, one or two suggestions to improve the situation.

Caroline Foucault

I would start by removing government funding to the media because I believe there is a conflict of interest there. Secondly, I don't know who in the government dropped the ball, but someone dropped the ball. There's someone who didn't do their job to properly inform the leaders making decisions and to protect the population. There is someone who has not protected the population because I believe that the vaccines and the measures have been more harmful than the virus itself. So I don't know who to ask for help.

This here is like the last chance I'm giving to Canada—this Inquiry. This, for me, is my last hope. I hope there is someone who will come and bring truth and justice to my country.

Konstantinos Merakos

Okay. And basically, I will end with the consequences. One of the consequences of what you have experienced is that you now want to leave Quebec. You were taxpayers in Quebec, you have contributed to society, and everything. And now we see ourselves possibly losing you.

Why do you want to leave Quebec? We just talked about it, but in one or two words, why do you want to leave? And what would allow you to stay, to change your mind about staying in Quebec?

Caroline Foucault

Okay. Well, I would leave Canada. I'm leaving Canada. Why would I leave? It's because I realize that there are now laws which have been passed to censor information, to censor the truth. That makes me very scared because I don't want to live in a country where we don't have access to the truth, like we didn't have access to the truth during the pandemic. Right now, there are people who are suffering. My spouse is still suffering from his injury, and no one is looking after it.

[00:20:00]

There's no one who knows; there was no one to call about his suffering. So no, I no longer recognize myself here. I'm afraid, I'm even afraid of reprisals after my testimony here. There are people who are having their bank accounts closed right now because they are speaking out against the government. You don't see it in the media but it's true.

Konstantinos Merakos

So in your opinion, there are direct or indirect consequences just for talking about it. To you, having this civilized dialogue between people is a risk.

Caroline Foucault

Yes, it has now become risky to speak against governments in Canada.

Konstantinos Merakos

Okay. And the second part of my question: Is there anything that would lead you to stay in Quebec—for example, if there were any changes, be it in terms of laws, transparency, communication, or better communication from the media or the government towards you? Give maybe one or two examples.

Caroline Foucault

As I said earlier, for me the NCI Inquiry is my last hope for Canada. If, after all the testimonies that you will see, all the evidence that has been submitted, there is no one in our institutions who is restoring order, justice, and truth to Canada— After all that, no, I'm not staying. If the truth does come out, let the media admit their mistakes, let our governments also admit their mistakes.

Konstantinos Merakos

So in other words—

Caroline Foucault

We start by admitting mistakes. That alone would be a big step.

Konstantinos Merakos

Okay. So according to you, a sort of reconciliation in society with what happened: the people, the government, the media.

Caroline Foucault

Yes.

Konstantinos Merakos

Okay. Thank you very much, Madame Foucault. Before closing, I would like to ask the commissioners if they have any questions.

Commissioner Massie

Hello, Madame Foucault. Thank you for your courageous testimony. I was wondering about your husband's vaccine injury: How long exactly was the time between the last injection and the development of his heart problems? I didn't quite get that.

Caroline Foucault

Yes, so we're talking about seven to eight months.

Commissioner Massie

Seven to eight months.

Caroline Foucault

Yes.

Commissioner Massie

And when you consulted, it was quite a particularly serious situation. Did you or your husband suggest that it could be due to the vaccination? And if so, what was the reception of people in the medical profession regarding this suggestion?

Caroline Foucault

So obviously, we slipped in a word to the cardiologist. When we told the cardiologist, "We think it's the vaccine," she said, "No, we take no note of anything that happens later than six weeks after having received the vaccine: nothing after six weeks." So she immediately said that it couldn't be that.

Commissioner Massie

Do you know what vaccine he had? Is it a messenger RNA vaccine or an adeno vaccine, AstraZeneca?

Caroline Foucault

He received the Pfizer vaccine both times.

Commissioner Massie

Pfizer. Okay. My other question is about your son. You mentioned that he had decided on his own that he would refuse this vaccination despite social pressure from his friends who had agreed to take part in the exercise. Was your son made aware of the problems you had following vaccination? Could that have influenced his thinking a little?

Caroline Foucault

No, because, well, I didn't necessarily talk about my periods with my son—we women don't necessarily do that with our sons—then my partner had his crisis eight months later. My son had already decided from the start, so no. And then, we are very free to choose at home. I'm vaccinated but I was the first to denounce the segregation of the non-vaccinated. I am against that; I am for free choice—free and informed consent—obviously.

Commissioner Massie

And getting back to your son, how is he now? How does he feel in this situation?

Caroline Foucault

Well, for now, life is back to normal. He continued his studies. He's going to university. He's doing very well.

[00:25:00]

Of course, on the other hand, we are always afraid—we had this conversation last week—that if the measures with the vaccines ever start again, we are leaving immediately. I'm not going to relive that here.

Commissioner Massie

And now the question: Was your son affected by your husband's vaccine injury? Was he made aware that that's potentially what it was?

Caroline Foucault

Well, it certainly was a pretty serious heart attack that required several months of convalescence. Yes, he saw all that, and you know, it's sad to say but he said to me, "I told you so." He knew the vaccine was no good after six months of development.

Commissioner Massie

Thank you immensely. I will ask my colleagues if they have any questions for you. Do you have questions? Thank you, I'm done.

Konstantinos Merakos

Thank you, Madame Foucault. I think you wanted to say one last thing on this forum?

Caroline Foucault

Oh yes, thank you. I would like to invite all the people who are currently listening and all the people who will be listening to the recording to please take the time to listen to at least

one day of hearings to learn about the truth and share it. It is important. If you love your children, if you love your grandchildren, it's important that you know the truth and that you demand justice. Thank you.

Konstantinos Merakos

So Madame Foucault, thank you. Thank you for your courage. I know it's very difficult to talk about different opinions these days on a platform like this on the internet. So thank you for being here. I thank you for your courage, and your words, and I wish you a lovely evening. Thank you very much.

Caroline Foucault

Merci.

Thank you.

[00:27:10]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 7: Christian Linard

Full Day 1 Timestamp: 08:36:57–09:27:55

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Jean Dury

So hello, Monsieur Linard. Before starting, if you could describe your CV, so that the Commission can have the necessary information to make its recommendations.

Christian Linard

Yes. I did my biochemistry, so a baccalaureate, a master's degree. In fact, before, I had done a bachelor's degree in biomedical technology. I ended up with the equivalent of two baccalaureates, two master's degrees, a doctorate in biochemistry. Then, I went to MIT [Massachusetts Institute of Technology] in Boston to do molecular biology, specifically regarding plants. From there, I returned to Quebec and did another postdoc, this time in clinical biochemistry at Hôpital Saint-Luc. After that, I had a job offer at the University of Quebec at Trois-Rivières, and as such, I am a teaching professor, essentially in clinical biochemistry, at the University of Quebec at Trois-Rivières.

Jean Dury

So can I swear you in as a doctor?

Christian Linard

No. As a PhD, yes, but I'm not a medical doctor.

Jean Dury

Since you have a doctorate in biochemistry, we can say doctor.

Christian Linard

Thank you, I would rather say it's a PhD.

Jean Dury

Okay. But it sounds bad to say, "PhD Linard." In any case, we're going to swear you in. You swear to tell the truth, nothing but the truth. Do you so swear?

Christian Linard

Yes.

Jean Dury

Do you solemnly affirm?

Christian Linard

I solemnly affirm.

Jean Dury

Good. So can you speak to us as an expert on the quality of the messenger RNA in the vaccine?

Christian Linard

Yes. I became interested in this very early on. I am going to present to you three important pieces of information, three important paragraphs. First: I'm going to talk about messenger RNA. Why? Because as a biochemist, and I had done molecular biology, I already knew what was going on in biochemistry. So I'm going to explain that to you now, if I can get access to the slides.

The first thing I'd like to look at interested me because I did it in clinical biochemistry—a specialization—and that is to see what this messenger RNA is, its structure, if it is intact, et cetera. And then from that, to look at the messenger RNA product that is to be expressed by our cells. Okay? That's what I'm going to introduce to you first. I drew a quick diagram that shows you the structure of the SARS-CoV-2 virus. To vaccinate people, we somehow encoded the spike protein in messenger RNA. That is important to know. I point out here that there are also proteins that will surround the viral RNA, which is called the nucleocapsid. This is going to be important for what I am going to tell you later.

So the principle of vaccination with messenger RNA is to take the information coded by the virus, and to stabilize that messenger RNA of the virus. The messenger RNA is synthesized in a completely artificial way and encapsulated in a lipid nanoparticle as a vehicle, like a saucer in a way. And once injected, this nanoparticle that contains the "vaccine RNA" will be absorbed by our cells. And once absorbed, it will enter the cytoplasm of the cell, and then this vehicle will release the vaccine RNA.

[00:05:00]

The cellular machinery will be fully mobilized through what is called translation to produce proteins. So in this case, normally it will produce the spike protein. This protein can remain inside the cell; it can be found in the membrane therefore exposed to the surface of the cell or it can end up completely outside the cell. And so there is an important implication. Obviously, what we hope for is that the modified spike protein that is produced can be recognized by the immune system. It will then produce antibodies against the spike

protein, and not only the viral spike protein, but also the spike protein that has been synthesized by our cells. So right away there is a problem, which is that if the spike protein or pieces of spike protein remain on the surface of the cell, it can promote autoimmune diseases. That's one factor.

For the rest of what I am going to present to you, it is important to know a little bit about the structure of the spike protein. The spike protein, basically, looks like a mushroom, so you have the stem which is the S2 subunit of spike, then you have the cap at the top, which is the S1 subunit. Then you have parts of that cap that can be recognized, which are called the "recognition domain" of that protein.

So the first thing that interested me—since I like quality controls—was to see whether the vaccine RNA being administered is always 100 per cent the right size. There is a length to this vaccine RNA. Let's imagine it's 1,000 nucleotides, so 1,000 small pearls on a necklace, for example; and normally, when the RNA is manufactured for use in humans, it should always have 100 per cent of the length of 1000 nucleotides. Very quickly, I realized from looking at the scientific literature: that was not, in fact, the case. As a limit, up to five per cent of [non-]integral RNA could be tolerated. But even this is too much given that we know that small pieces of RNA can have important interactions with the transcription or the translation machinery of the cell. So this was already problematic. And then by digging a little more, I realized that the variation was not limited to five per cent, but in fact, in certain cases, only 55 per cent of the vaccine RNA was whole. So it was problematic right there.

After that, I looked very quickly— And according to the tenets of molecular biology, the cellular DNA in the nucleus will produce a messenger RNA; this process is called transcription. And then this messenger RNA leaves the nucleus, arrives in the cytoplasm, and will be translated into proteins. And so by searching the literature, I realized that, in fact, the vaccine RNA might be able not only to enter the cytoplasm of cells, but also could make its way into the nucleus. So that is problematic. Whereas if you looked at the NIH [National Institutes of Health] claims, they said: "No, that messenger RNA cannot enter the nucleus."

[00:10:00]

However, the NIH is an authority, I would say, a scientific authority. So that was the first thing that worried me.

After that, what I wanted to look at was the expression of the spike protein by the vaccine RNA. This slide shows four people. So at the top, we are going to look at the expression of the spike protein; at the bottom, we will look at the production of antibodies, in particular on the RBD [Receptor-Binding Domain] that I showed you earlier, as part of the mushroom.

This slide shows data for four patients; the vertical lines indicate the first dose, and here, the second dose. Here is the detection of background noise, and here the different days. Of the four patients, there is only one patient where we see an expression of the spike protein for a certain time and then, afterwards, a decrease: and that is completely normal. Then at the second injection, we see for some an expression of the spike protein, and there are some where it lasted—that is to say that this expression perpetuated—for more than 60 days, so two months. There are others where it has fallen sharply; and there are some, if we look in detail, we see that there was nothing. So they did not express protein. That's important. So we see, depending on the patient—and it must be the same depending on the cell—that the translation and production of spike protein in patients can vary. Either there

is none at all, or there is still a certain quantity, and we will see that there can be much larger quantities.

So what we can conclude here with this slide is that from one patient to another there are great variations in the quantity of the vaccine spike protein produced. So it is not controlled. Normally, when you are given a drug, we know the precise dose that is given to an individual—for example 50 milligrams, and it is always 50 milligrams, there is no variation. Here we see that the amount of spike protein produced will vary, not only from one patient to another, but we can suspect that it will also be from one cell to another as I'm going to show later. And that is problematic, since our body becomes an industrial machine to produce the spike protein; and we do this because we want the individual's immune system to produce antibodies. So this poses a problem in that the concentrations of spike protein vary greatly.

Building on that, we can see it was the same thing for the antibodies. At the bottom, we see that some patients produced antibodies and others did not produce any at all. So again, quantities of antibodies that have been produced by the cells of the individual who is injected with this vaccine range widely. Here, I'm showing pretty much the same thing: this is another study by Ogata that looks at the expression of the spike protein in plasma and also investigates the spike protein produced by our cells. This is called the antigen. Ogata looks at the production of antibodies. I'm going to show a few patients, the others are just for illustration. So here, the x-axis shows the number of days after vaccination. We have the first dose here, and then the second dose, where we have solid blue circles. If I look here, we see that patient number three, after the first injection, produces spike protein.

[00:15:00]

With the second injection, there is no production of spike protein; you can't see anything. We also look at the S1 subunit, which is the cap of the mushroom structure in a way, we can't see anything here either. If I now look at the antibodies that have been produced, we see, here in particular, in red, the S1 protein, therefore the anti-S1 antibody that is produced. So we see that there is a production of antibodies. We also see the proteins of the IgA and IgM antibodies in lower quantity.

If I look at another participant in the study, we discover an entirely different pattern. We see production of the S1 protein but also production of the spike protein. I think I made a small mistake earlier: it's only a part [subunit] that has been produced, not the whole spike protein, it's only the cap. Here, we see that it will produce the protein, therefore the cap, and it will also produce the spike protein. We will see that it will also produce IgG, IgA, IgM antibodies.

Here is a patient who hardly produces anything: neither the S1 subunit nor the spike protein. But nevertheless, he will produce IgG, IgA, IgM antibodies. This is problematic because if we don't detect any in his blood, in his plasma, that means that the protein has been produced and has remained either inside the cell or on the surface since there was production of antibodies.

It is also important to look at—depending on the different individuals—the production of antigens. Therefore, the spike protein or the S1 subunits or, ultimately, S2. But it was S1 that we were looking at and the production of antibodies, and we saw that it is extremely variable. If I look at the S1 subunit, we see that it is extremely variable depending on the individuals since we have the number of days. And then here we have the variation in the quantities found in the plasma of the individuals, which also varies greatly. And it's the

same thing for the spike protein, it varies greatly. So depending on the individual, there are people who will produce no spike protein at all; there are some who will produce a few antibodies; there are some who will produce an adequate quantity; and there are some who will produce quantities that are too large.

And when we produce too many, we see here: this is a case of a woman who produced too many—it was a hundred times more than what we saw in the previous study—and who had massive thrombocytopenia. If we look at the quantity of platelets, we see that there were no platelets at all. Therefore, she was given an anti-inflammatory, antibodies to try to shut it down, and to get the body to again produce adequate amounts of platelets. After treatment, we see that the platelet levels have returned to a normal value.

What I also wanted to emphasize is that we see that we can produce a little bit of the spike protein or subunits, none at all, or produce too much. And so when you have too much, it may be toxic; and again, you don't control the amount of protein that is produced, whereas normally, when you give a drug, you always give the same amount. We all know that.

When we give a drug, it's always the same and there is always precise quality control. And so I wanted to know: Is the spike protein that will be produced by our cells always going to be the same? And I realized, in fact, that this is not the case. I'm not going to present the technologies that have been used: it's the Southern blot, but that doesn't matter. Here we have beta-actin, it is a natural protein that we produce constantly, and we can see that there is only one protein which is produced constantly.

[00:20:00]

If we look at the spike protein, we realize that, because it has glycosylation sites, whether in the O or N position doesn't matter, we don't have a single protein; we have isoforms. That's what we produced. But we wanted to look at what happens to a human when injected. Here, we took mouse cells and brought them into contact with these vaccine nanoparticles. In the first hours, there is not much that is produced. This is what is called a molecular point scale; we don't need to look at that. After here we look at time. And so after six hours in these mouse culture cells, there is already a trace, a production of the spike protein. After 24 hours, what's a bit surprising is that we see different spike proteins. They are isoforms. And then, third day, it's the same thing. Fourth day, we see different ones. Five days later, you can still see some.

So what is interesting to see here is that we have taken a type of cell, and we see that this cell does not produce a well-defined spike protein. So we have different isoforms of the spike protein. If we look at human cells, we will see that it is the same thing. Here, we took cultured human cells and brought them into contact with the lipid nanoparticles containing the vaccine RNA, and it produces the same result. We can already see through the Southern blot that the production varies. Earlier, we saw that it was an expression that was very strong. And here we see that it is a much less strong expression, but we see that there are still protein isoform spike proteins that are produced. And here, it can go on for some time.

Next, I wanted to check the lifespan of this RNA, and I discovered that this lifespan could be very long, up to two months. And after further exploration, I realized that it could live up to six months. So this is problematic as it was generally thought that this RNA had to be naturally degraded quickly. However, I realized that is not the case.

After that, I wanted to look, as did many others, at the distribution of this vaccine RNA, where it was going in the body. In this regard, I very quickly realized that the vaccine RNA

was found everywhere: in the blood, the bone marrow, the heart, the liver, and even in the testicles. Later, we showed that it even goes into milk, which is problematic because it is then the breastfed child who is at risk for problems. So that worried me a lot.

After that, I became interested in the vehicle: the lipid nanoparticle. I realized that it was an extremely inflammatory vehicle. Earlier, I talked about inflammatory processes. And in this scientific article, the inflammatory interleukins IL1 and IL6 were measured and we observed that there was a very important inflammatory process.

I wanted to know: What happens with more doses? That's a preprint, so not yet fully peer-reviewed. We realized that the more we injected, the more the person was at high risk of being infected, whereas we did not see this in the case of the unvaccinated: they had the disease once.

After that, I wanted to know: Can this vaccine RNA prevent mortality, the risk of all-cause mortality? I realized it could not. I asked myself the question: Can this stop COVID mortality?

[00:25:00]

The answer is no, there is no marked sensitivity.

Can it then prevent mortality from cardiovascular disease? The answer is no. And there it seems that we are seeing an increase. Then I looked at the effect on mortality other than from COVID or accidents. It didn't protect here either.

For DNA vaccines, the picture is quite different. Here is the first part.

Jean Dury

Can I ask you a question: Is what you have expressed to us today why it is called an "experimental vaccine" in the first place?

Christian Linard

Yes. I don't know all the ways a drug is put on the market. I know the main phases, but to say that it's experimental means that we have studies that are in progress. And moreover, it has just been shown to you: what we see is that studies have continually been carried out, and the more studies we did, the more peculiar things we saw, and that is what I wanted to show you.

Jean Dury

We often saw conveyed in social networks, especially among laypeople who were talking about this, that it was not a vaccine. Do you have anything to say to that?

Christian Linard

Traditionally, a vaccine is either a protein that is injected into the individual with adjuvants to stimulate the immune system, or it is a virus or a bacterium that is dead, therefore an infectious agent that is dead, or alive but with reduced pathogenicity. And so that, to me, is the true definition of a vaccine.

This is different. That's why I don't like to use the term "vaccine" but rather an injection of messenger RNA. Why? Because it is our body that will be used as a factory to manufacture the spike protein so that this protein is made visible to our immune system to stimulate the production of antibodies. So we normally use an industrially produced vaccine that is injected. In this case, we used our cells to produce the molecule. So we used our body, we transformed it in a way, and some of our cells became a GMO, meaning a genetically modified organism.

In addition to that, what happens is that we can imagine that there are cells which have naturally agreed to produce the spike protein or subunits of the spike protein, but some others did not produce this protein. And so we still have normal cells that belong to us and cells that have become foreign, even to our own immune system. And so we become a chimera. So a chimera—I don't know if you've ever seen the sphinx? It's a lion's body with a human head—that's it: a chimera. So I found that peculiar.

Jean Dury

And finally, we have often heard, since the beginning of vaccination or what has been called vaccination, that vaccine messenger RNA could have an effect on DNA. We have heard that often. We also saw the responses from pharmaceutical companies or specialists who said that it has no effect on DNA. Do you have any thoughts on that? Can you talk a little bit about that, briefly?

[00:30:00]

Christian Linard

Yes. This has quite a history. First, it used to be a tenet of molecular biology that DNA is transcribed into RNA in the nucleus and then this RNA exits the nucleus and is translated into proteins. This was until the day when a researcher showed that this RNA could be retranscribed somehow to DNA. And this was particularly the case with viruses, in particular, retroviruses. A good example is HIV.

But afterwards, researchers also looked in the cell and realized that we have the capacity in our cells to produce DNA from RNA. So it follows that it must be possible for this DNA to be inserted into the genome. So theoretically, it is possible. Obviously, the chances of this happening will be very, very, very low, but as we have been doing billions of injections, we cannot say that it could not happen.

Jean Dury

I have no more questions, but I'm pretty sure our commissioners might have some questions for you.

Commissioner Massie

I had understood that you had another section that you wanted to present to us.

Christian Linard

Yes, I will introduce you to another section. I have two: a small one and then a more important one.

Commissioner Massie

I would prefer that we go to questions after you have finished your presentation.

Christian Linard

All right. So the other thing that has always surprised me is that an individual is only considered vaccinated 14 days later. Now, I'm not a mathematician, but I realized that by doing that, we could say anything, to the point that we are somehow corrupting the data. In my opinion, the instant someone is injected, that person is already vaccinated. Of course, it will take some time for the immune system to produce antibodies, but for me, at that point, he is already vaccinated. This is important. I realized that if you wait 14 days or even 21 days, well, then you corrupt all the data. And, if the data is corrupted, the conclusions are going to be quite wrong.

Following that, I was really worried by the statements made by the prime ministers of Canada and Quebec. Personally, I was shocked when I heard Prime Minister Trudeau on *La Semaine des 4 Julie* [a talk show]. Personally, I didn't worry about being called, for example, a misogynist or a racist, because that's not the case. But to hear it from someone who was non-scientific, that really disturbed me. But one thing that scared me was to hear him pose the question when he spoke about it on television: "Are these people to be tolerated?" So that is to say, those who were somewhat reluctant, or who wanted to think about this vaccination procedure—either who were backing out or who wanted to debate it, to know a little more—to see that these people, who wanted to have more information and even to oppose it, the question that he asked: "Do we tolerate these people?" I was shocked to hear that. Afterwards, I saw Premier Legault of Quebec, who asked the question: "If I'm in the hospital and I'm patient, I won't be approached by someone who is not vaccinated." That raised huge questions for me.

[00:35:00]

But above all else is the first question that Prime Minister Trudeau asked: "What are we going to do with these people?" It raised a lot of questions for me. Around me, I saw all this suffering. Furthermore, we also had, in particular, Pierre Chaillot who published his book and who showed that in fact all this suffering had no reason to exist since there wasn't really an epidemic. That was problematic. And by the way, several top scientists have said we've been lied to about absolutely everything: lockdowns, mass testing, social distancing, masks, et cetera.

One thing that surprised me even more, and I will end with this, is to see that we are in the process of installing mechanisms, laws almost everywhere in the industrialized countries. In particular, what I am watching, since I have part of my family in Europe, is that Europe has introduced a law which will be applicable in 2024: the *Digital Services Act*, the DSA. This act obviously has good intentions, but as you could say, the road to hell is paved with good intentions. It is intended to constrain hate speech and misinformation using algorithms. To understand what is happening in Europe, there is a website that provides a three-minute explanation of what this *Digital Services Act* consists of. And we see that, in fact, it is to control the information that is put into circulation by the platforms, for example, the Internet, et cetera. For example, they say: "It is to protect the citizens, because there are some who refuse vaccination because of supposed harmfulness." Personally, this worries me a lot. And they also say: "It is to safeguard the future of humanity." They say: "We don't want people to start questioning. Climate skeptics who say that climate change has always existed, there has always been climate change." So in a way, its purpose is to

shut down those who would question the methods for acting on climate change, for example.

Well, that was it.

And I find that really— Because the laws are already in place; they are ready to go. It's the same thing for the law in Canada: C-11, which will allow the CRTC [Canadian Radio-television and Telecommunications Commission] to control and regulate online companies, as well as providers of video and music broadcasting services, as well as social media platforms. And that worries me greatly, since the speech that I have now and the ability the internet provides to broadcast one's thoughts, well, all that is at risk. And for me, that provokes a lot of anxiety.

Jean Dury

Thank you.

Christian Linard

I have finished.

Commissioner Massie

So I have a question about what you presented in terms of the heterogeneity of vaccine production. If I correctly understood what you were outlining, it is that this heterogeneity that we find as much at the level of the quality of the spike protein and then, possibly, of the lipoparticles because we do not know to what extent these particles have the same quality from one batch to another: What is the consequence in terms of the injection of these products which do not have a homogeneous quality when they are injected on a large scale in a whole population?

[00:40:00]

Christian Linard

So there are several consequences. On the one hand, we do not control the dosage. Since the length of the RNA is not always the same, the drug is altered in some way. Already that's not normally what we should have. Quality control is very important. When you are given aspirin, it is always aspirin in a well-defined quantity. Here, we realize that, intrinsically, what we give you has no quality. What was most shocking was that the health authorities reduced this quality to 50 per cent. They said to themselves, "If it's at least 50 per cent, it's eligible. Below, it will not be eligible, but beyond 50 per cent, it will be eligible."

Building on that, we see that our bodies, our cells will produce more or less quantities of spike protein or subunits. And there again, we don't have all the studies: Will it stay inside the cell, on the surface, or go into the systemic circulation, therefore into the blood? And we realize we don't even produce quite the same protein, since there are some that will produce the whole protein and others that will only produce subunits, and we still haven't reviewed everything.

And there will be another impact with respect to the reaction of our immune system. So if the protein stays inside, the immune system doesn't see anything at all. If it stays on the

surface, it's problematic because the immune system will recognize our cells which express on their surface an antigen which is not human, which is not "self" and will attack, therefore creating autoimmune diseases. And if it's outside, there are things to consider: Are the quantities produced always the same? Are we going to have a protein? We saw that was not the case. If nothing is produced, the immune system is not stimulated. If there is a certain amount, the immune system is stimulated. If there is too much, then it becomes toxic. The article I presented showed that there was thrombocytopenia, so the platelets collapse.

Commissioner Massie

So this poor quality may be responsible for many of the side effects that occur when people have the vaccination?

Christian Linard

Yes, we can have completely different reactions from one person to another and even from one cell to another.

Commissioner Massie

My second question concerns the importance of being able to discuss these issues in an open manner as we normally do in scientific forums. You mentioned that there are laws underway almost everywhere to ensure that this free distribution in social media—because we know that the mainstream media is relatively controlled—but this censorship can prevent this kind of discourse. Do you already see signs of this? Have you, for example, had the opportunity to express your concerns with respect to vaccines or other elements of management responses in different forums?

Christian Linard

Yes, I have already spoken out and it has caused me a lot of problems, legal problems. Yes, I asked myself a lot of questions about it; and I realized that from the moment you are a professional and you think, you talk openly and you talk to others, well, as soon as you do that, you can be attacked. So we have seen here in Quebec, we can be attacked by our university, by our professional associations. There are a lot of people who have been attacked by their professional associations. And so yes, it worries me greatly to see that now there is a machine already in place, and I think that this machine has been perfected.

[00:45:00]

As I showed you earlier with the DSA, in the future, all this machinery has already been so well perfected that they will only have to press a button; and therefore, I will no longer be able to have even the interventions that I have currently. Now, I am attacked personally. But in the future, it will be even less possible to have a discourse such as the one I have just shown you now. That is to say that I will not be able to do this kind of analysis. When you're a teacher the most important thing is to teach critical thinking to one's students, and to disseminate information since, in fact, the teacher's task is to clarify and to know: to try to reach the truth and to transmit this truth. And I realize that everything is being done to extinguish this truth. There are those who do not want this truth to be revealed. And furthermore, I realize that everything is now in place so that we have to think like those who want us to think in a certain way, and that scares me.

Commissioner Massie
Do you have any questions?

Jean Dury
Just one in closing.

Doctor Linard, can you tell us if artificial intelligence will play a role in listening to everything that happens on the Net—whether it's YouTube, Facebook, whatever—that it will no longer be humans? And, according to what you presented regarding the laws in France, the DSA, and Bill C-11 in Canada, will it instead be artificial intelligence that will analyze everything? And as soon as the artificial intelligence finds something that is not in conformity with the official speech, the laws will be in place to repress it?

Christian Linard

The tools we develop are like a knife. You can use a knife to feed yourself, but you can also use this knife to kill another. What I have seen looking at the newspapers is that, for example, there was a case where a person was sick and he had been to see his doctors and his doctors had not diagnosed him correctly, so he remained ill. So he then asked ChatGPT questions and he saw that ChatGPT could give him a diagnosis which he then went to confirm with his doctors and it was correct. So he was saved by ChatGPT. There was another case with a pet where the owner went to ChatGPT providing all the signs and symptoms of his cat, and, apparently, the newspapers reported that the cat was somehow cured thanks to that.

But what worries me is that artificial intelligence can be useful, but it can also be harmful if we are not in control. So it's kind of like a knife: when it's used well, I think it's progress. I am not a specialist in artificial intelligence, but there are more and more specialists who are worried about these artificial intelligences.

I tested ChatGPT in biochemistry to see what it said when I asked fundamental questions, for example. I realized that it gives generalities whereas the science is much more complex. I realized that I couldn't use ChatGPT to get correct information because, for example, if I asked ChatGPT about everything that I have just demonstrated to you today, ChatGPT would not deliver the same information.

[00:50:00]

Jean Dury

Finally, I would like to express a personal opinion. I believe that the laws that are going to be put in place soon or in the very near future, for artificial intelligence to analyze everything that is written on the net—it's vast, billions of posts per day—because it is beyond human capability. And this instrument will be at the service of these new laws to prevent us from speaking.

Christian Linard

That is going to really worry me.

Jean Dury
It is worrying.

Christian Linard
The day it passes will worry me because it means that there will be a machine that will decide for us.

Jean Dury
Effectively.

Christian Linard
A machine that does not live, but which will decide the fate of the living.

Jean Dury
Absolutely.

Christian Linard
It worries me.

Jean Dury
Well, that's a personal opinion, but I strongly believe that's what's coming. So thank you, Doctor Linard, unless there are other questions.

Commissioner Massie
Any questions from here? Fine? Okay, thank you.

[00:50:58]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 8: Josée Belleville

Full Day 1 Timestamp: 09:28:26–09:58:11

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-denquete-nationale-citoyenne-franais.html>

[00:00:00]

Jean Dury

So hello, Madame Belleville, we're going to swear you in.

Josée Belleville

Hello.

Jean Dury

So do you swear to tell the truth? Do you solemnly affirm that you will tell the whole truth and only the truth? Say, "I swear."

Josée Belleville

I swear.

Jean Dury

In your case, we are dealing with a very particular situation. I had the benefit of watching a little of what happened in your life. So could you tell the Commission about your history in the Canadian Armed Forces, to begin?

Josée Belleville

I served my country for 13 years in the Canadian Armed Forces. My job was ACOP, which is: aerospace operator. Excuse me, I'm an English speaker, so I have a slight accent. Yes, I refused the vaccine, so I was kicked out by the Forces. When COVID started, I was living in Nova Scotia. Then by the time I got kicked out, I was living in Ontario. It's like living in two different realms because the reality that I experienced in Nova Scotia, when COVID started and everything, was totally different when we moved to Ontario. And yet, we are in Canada. The rules should remain the rules, but it was totally different.

If I start with 2020, I was working at the base operations center in CFB Shearwater. Essentially, my job with COVID was debriefing. I don't know how to put it, the commander came, then the rest of us. We had all the COVID figures from all the bases: how many soldiers had caught COVID. I told myself that there was nothing alarming for me. I saw that the number of people who had caught COVID compared to the number of people who were recovering and returning to work was appropriate. While I was in Nova Scotia, it wasn't mandated yet; it was our free choice. Like with all vaccines, it wasn't something that was mandatory. So life went on in Nova Scotia. We were really in our bubble, the Maritime Bubble. We lived in that. The stores were still open and the children had been taken out of school. I have two small children at home. Everything was fine.

At one point, the base closed, but I continued to work at the Operations Center. One situation that I found odd was that at one point we had a vaccination parade where everyone had to go get vaccinated, but we still had a choice. We were like— Me and another co-worker of mine—we didn't want to get the vaccine. We had to go; it was a parade. We had to go to the mess where the military usually eat—excuse me, there are military words sometimes. It was at the mess; we had to pass in front of everyone and I felt manipulated. When you are a group of people, you will follow the group of people who get vaccinated. I didn't like the feeling of everyone being together with our colleagues, the whole base, all going to get vaccinated. Personally, I found it weird. But I refused, I continued to work. Everything is beautiful. That's it.

In the summer, June 2021, the whole family gets transferred to Ontario. I was then working for NORAD in Ontario. We were transferred to Ontario, to North Bay. Day and night, everything was closed, no more access to Walmart. It was weird. I was in Nova Scotia, everything was open and we had access to Walmart, and in Ontario: no more access. Then, I started to have a little anxiety and to think to myself, it's a lot different compared to Nova Scotia.

[00:05:00]

I started asking my chain of command, "Is it going to be mandatory? What's happening?" And then my chain of command would tell me, "Don't worry, Josée, it's going to be okay. It won't get to that point." I thought, "Okay, I'll continue to work my job."

Subsequently, in October with the Prime Minister who was starting— You heard the federal employees on what was about to happen. It's very formal in the army. We have to follow the rules and so on. So in October, I started to be afraid. So I wrote a memorandum to my chain of command explaining that I would like to have information on the vaccine; I would like to have confirmation. In the past, being in the military, we know that there have already been consequences from [mefloquine], anthrax. I know my history, so it was something that stressed me out. I didn't want to have to take something in a situation when nobody is being held responsible, as is often the case today, like we've been living. So I started writing a memo.

The first memorandum that I wrote, there were three pages with all my questions: What is in the vaccine? My chain of command refused my memo. They said, "Make it shorter." I redid my memo. I wrote two pages. I gave it back. It wasn't accepted either. He said it has to be one page. I seized on the most important questions. I tried to make it nice. I gave it to the wing commander.

Finally, he said, "I'm not a doctor, I can't help you." But in the army, if you have questions, you ask them higher up, and then the higher ups are supposed to find the answer for you. It

has always been this way. So I was a master corporal. It didn't work. He didn't want to respond to my memo.

Subsequently, the Prime Minister passed the law saying that all federal employees had to be vaccinated before November 15. It was really hard. It was not an easy decision because I really liked my job. I'm a person who was dedicated, who loved the army. It was my career. I was considering 25 years in the army. My father was a soldier. It was a life that I have always known. But when someone says to me: "Why didn't you take the vaccine? If you're vaccinated, you've already taken vaccines!" When you enter basic training, you line up and you take them! But this one, I don't know. There was something stronger than me telling me: "Josée, don't take it, don't take it." That's it. Right then I decided not to take it. I met with my chain of command. They said, "Okay, here's the procedure." It's very administrative. Every month, I went to meet my chief and my commander. Yes, then a lot of paperwork.

I will always remember my last day. The last day I was supposed to work in uniform was November 11, 2021. I was ready to go to work, then I bawled my eyes out. That day I called in and I said I was sick. I couldn't believe the last day of my career was November 11, Remembrance Day. Therefore, I didn't return. From November 15, we were no longer allowed to enter our building. My husband, my two children, are not vaccinated either. We stayed on the military base all alone. No support, no one called us. I became the base reject. Everyone knew it. There were several incidents. I also remember one time on the schedule, when we had a schedule, when we were working, our boss had written my name in red for being unvaccinated. There were things that would never have been allowed in the past.

[00:10:00]

These are medical matters that are supposed to be confidential. It's all the rules that we had learned in the 13 years of service, they were, like, pushed aside. It was madness by then.

I decided not to take it. I started the procedures in November. I started seeing a psychologist. I was like, "Maybe I'm making the worst mistake of my life." I didn't know what I was doing. The psychologist started telling me—the social worker, sorry, he said, "Write a little personal diary," you know, like, "to vent your emotions and all." I said, "Yeah, but I'm not very good at writing. That's not my thing." He said, "What do you like?" I said, "I like TikTok." He said to me: "Do TikTok." I was like, "Okay, perfect." I started doing TikTok as a way to have a bit of a personal diary for myself. There I documented what was happening, what I was doing, how I was living.

The social worker said, "It's going to be like a bereavement. It's going to be like you're going to go through the same stages of bereavement, from frustration to grief, to everything." Yeah, TikTok was my vehicle to express myself, to speak. Subsequently, wonderful TikTok, there were a lot of people who started following my channel. Because—I don't know why—they were following me. It seems they found me interesting. They were following me. Anyway, I gained great popularity on TikTok with 40,000 followers and so on. Yeah.

The process took from November 15 through to June; that was my last day. I had to stay at home. I couldn't go back, except for the times I went to see my commander and my chief. In June, I had my last day. It's like the military. I can tell you that monetarily, it had a big impact, because when I called in November to find out about my pension fund, it was X, then I returned in June— Every month, I was calling to find out, "Okay, when are you going to kick me out?" Then I saw my pension fund go down, down, down, down, down. It had a big impact. The fact is that we don't have unemployment either. I didn't have the right to

unemployment, since I had refused, so I didn't have the right to unemployment. At that time, I was the breadwinner. Since we had just moved, my husband was unemployed because he hadn't found a job. It was huge. It was not an easy decision that I made lightly, but yeah.

Then also, like the lady who testified earlier, in the month of January, I went to the Convoy. I took part in the Freedom Convoy. They came through North Bay and I just followed. I was there, I had the chance to experience this euphoria, which was super wonderful. Then, like the lady said, when I watched the news, what I had been through, and what was being said on CBC, it didn't make sense.

I had my mother too. When I was at the Convoy, I managed to go see my mother. My mother was not doing well following the vaccine. Then in March, she passed away. She had a clot in her heart, kind of like that, randomly. Then she died. That's when we found out my eldest was pregnant. Then I said to myself, in all this sadness, in all that was happening in my life, I said to myself, there's something beautiful coming. Excuse me. That's when I said to myself: my mother died, my daughter is pregnant. You know, one spirit leaves, a new one arrives.

Then we moved to Chicoutimi. We had a house in Chicoutimi, so I waited for my two children to finish school.

[00:15:00]

At the end of June, we moved to Saguenay—in July, right after school. And then everything was wonderful. There, I continued to work on my little TikTok channel as if nothing had happened. And then I said to myself, "Ah, I'm going to be grandma." I couldn't wait—excuse me. In December, my daughter gave birth to her daughter. My granddaughter was born. Then the DYP [Department of Youth Protection] came; they issued a "baby alert" and then they stole her baby. They entrusted the baby to me. They said, "Okay, Madame Belleville, we will leave the baby with you." But that never happened. The reason they won't let me have the little baby is because of my TikTok activity, because of my views, my values and everything. They say I'm anti-government, I'm anti-organization, and that I'm anti-vax.

So they are using that against me. Because of all this, it's been five months since I've seen my granddaughter. Because I expressed myself. I never said anything mean, but I've always presented my life. Here, they are taking all these facts, they are using them against me, my husband, my daughter, my two children, so that we don't have a right to my granddaughter.

Jean Dury

For the benefit of the Commission, can you explain why your daughter's daughter was taken away because you expressed your opinions, but why was your daughter taken away?

Josée Belleville

Long story short, in the past—here we're getting into another matter—my daughter, my eldest, was placed in the Youth Center, where horrible things happened in the Youth Center, the most horrible things you can imagine. We're talking about nearly five years ago because my daughter is 20 years old, so it happened when she was like 14 or 15 years old. In the past I sued the Youth Centre and we were in the middle of disputing it in court. So I think they did it a bit out of revenge because they're mad at me. Then they took exception

to the fact that I expressed myself on social media, that I didn't hide. They took it out on me by keeping the little one, although I have two other children at home and I have a husband.

I wanted someone to help me. I asked Jordan Peterson. I asked all the politicians everywhere to help me investigate. The safety of my children is the most important thing for me. I couldn't believe that this organization didn't know what they had done to my daughter. So I don't want this to happen to my granddaughter. Now they take that from me, they're going to be angry because I denounce them, but it's because at some point, Quebeckers, mothers— If they are capable of doing that to someone who has served her country, someone who is kind, someone who has always defended the rights of her daughter, what have we come to? We're really going down a super, super dangerous track.

Jean Dury

Have you had any, we call that a compromise—a security and development of the compromised child? This is how we can . . .

Josée Belleville

In the beginning, the social worker in question had said that it was a conflict between the couple. So I said: "But, she's not in a relationship." Then they said, "Yes, but maybe she could hurt her child." Well, that's when I said: "Well, do your investigation, leave the little one with me." The fact that they prevent me from taking care of my granddaughter is the problem.

Jean Dury

But in any case, what I'm telling you is that, definitively, they have to go through the Court and have it declared that—we call that a compromise—namely that the developmental security of the child is compromised. So custody is removed. It's necessary. It's impossible not to have done that.

Josée Belleville

I ask you to verify, to investigate. I'm asking everyone, please do whatever because, what's happening to my daughter is one thing, but I'm a grandma, okay.

[00:20:00]

Personally, I can take care of my granddaughter, okay. I can take good care of her. The fact that they take me for a criminal, as a person who is anti-government, like against me, what has Quebec become? This is serious. I protected my country, I protected my children, I protected my daughter. At some point, I'm asking the people: please help me get my granddaughter out of the DYP ordeal. It really doesn't look good. We all know it's another organization that's based on lies. As the lady said earlier, this is her last chance. Me too, this is my last chance. I need someone to get my granddaughter out of there.

Jean Dury

In any case, no doubt your testimony makes one think. I can't give you legal advice in a Commission, but definitely. . . .

Josée Belleville

Plus at some point, it's like, they know I don't have any money. I don't work anymore. I don't have unemployment. It seems like they're picking on me. At some point, a lawyer costs money. Personally, I just wanted to live my life as a granny, to have peace. I also would like to be able to see my mother in my granddaughter. I can guarantee you that they will be in a rage against me and they are going to come after me for everything I say; they'll do anything, but I just want my granddaughter. I am able to take care of my granddaughter, and I ask everyone in the world to help me, that's all.

Jean Dury

We understand. And your message will get through. I can tell you that if you have concerns that the DYP

Josée Belleville

There have been three foster families. That's three placements already in five months. This little girl is five months old, and that's three different placements. If they had just put her in my house, it would have been over.

Jean Dury

So as I told you, I can tell you straight away that, regarding what you are saying here today, I would be very surprised if you had repercussions in Saguenay through the DYP. I would be very surprised. Anyway, thank you for your testimony, which will be heard.

Josée Belleville

Thank you for giving me the opportunity to say it because I no longer knew where, how, what. I no longer knew what to do. Thank you for this opportunity. But even if we don't talk about COVID, it still has a whole anti-government impact, the judgment of others, misogyny and racism, like, I'm not able to raise my granddaughter. It's all part of the global dialogue.

Jean Dury

I would point out to you that we say anti-government, but in my opinion, it is not anti-government at all. It is simply an opposition to official government thinking. It's not anti-government, after all. That's why

Josée Belleville

I know, but they've gone so far. They even filed a complaint with the DYP in Charlevoix—the DYP in Saguenay filed a complaint in Charlevoix. That's why I say anti-government, anti-social, anti-organization. The complaint—they wanted to take my two other children from home. Then she removed it. She said, "No, your house is beautiful, your children are okay." We have gotten to this point in society. We have to watch out for our children.

Jean Dury

Do you have anything else to say? Say it, go with your feelings.

[00:25:00]

Josée Belleville

It's related. Let's come back to COVID. I really have no regrets for not having taken the COVID vaccine; I see the people who have had a lot of secondary effects. I just want to tell the world to beware, and always listen to your little inner voice. If something is wrong, listen to it, because it's something. . . . Listen to yourself. Please just pray, pray, pray hard for my granddaughter, for her to be safe, to come home. That's the only thing I have to say.

Jean Dury

You are an extreme situation because we have been trying to be aware of what's been going on in Quebec since the beginning, since March 2020. I had heard that in certain circumstances, the DYP could knock on the door of a family who refused the vaccine. I've heard of that, but I've never heard anyone tell me that a child was taken because they were against a vaccine. You are the first; maybe there are others, but I personally try to be aware—

Josée Belleville

But unfortunately, we have so many parents who are struggling with the DYP—they are so afraid. It's again fear. You don't want to speak out. My daughter, she doesn't want to talk because she's afraid. I was there, too, five years ago when it happened. This is yet another form of manipulation. Then the number of mothers or grandmothers who wrote to me to tell me that it had happened to them too—it breaks my heart.

Finally, I am here as a voice, as a grandmother, saying that it has to stop. Because it's not just me, I'm not the only one in this; there are many like little Alice. You know, there are a lot of them and it's something that Quebecers— I think they were saying that one in four families in Quebec was visited by the DYP. It's just that, somewhere, people still think so wrongly. That's another thing people think about: "Ah, your child went to the DYP, you must have been a bad mother." Again, the manipulation: "You weren't vaccinated, you're going to kill everyone."

Jean Dury

In any case, I can assure you that a search is easy to do at the DYP in Saguenay, to find out if there's a judgment from a judge of the Court of Quebec in Youth Matters who made a decision that said: "We removed a child to put him in a foster family because the parents did not want to be vaccinated." That can be verified because if that's what is written, if such a judgment is rendered—

Josée Belleville

They don't even want to see us. We asked to speak with them and they don't want to. I made complaints. I followed all the protocols. I lodged a complaint with the Users' Commission, I lodged a complaint with Citizen Protection, I lodged a complaint with the Youth Protection Rights Office, I went through all the procedures. I tried to call the mayor, I called the MP, I called the MPP, I contacted Jordan Peterson, I contacted the PPC, I told everyone on TikTok, I tried to ask for help, but it seems that because it's the DYP, oops. . . .

Jean Dury

Not easy. So thank you for your testimony, Ms. Belleville, which will not go unheeded, I can assure you.

[00:29:45]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 9: Dr. Denis Rancourt

Full Day 1 Timestamp: 09:59:00–11:10:37

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-d'enquete-nationale-citoyenne-franais.html>

[00:00:00]

Chantale Collard

Good morning, Professor Denis Rancourt. For those of you who have just joined us, I'm Chantale Collard, a lawyer who is now a prosecutor for the Citizens Commission of Inquiry. Monsieur Rancourt, first of all, please identify yourself by first and last name.

Dr. Denis Rancourt

My name is Denis Rancourt.

Chantale Collard

All right, then. And I'll swear you in. Do you declare that you are telling the truth, the whole truth, and nothing but the truth? Say, "I do."

Dr. Denis Rancourt

Absolutely. I do.

Chantale Collard

Perfect. So Professor Denis Rancourt, I'll provide a brief description [Exhibit QU-1a]. If, however, you have anything to add, please feel free to do so. So Professor Denis Rancourt, you have a BSc, an MSc, a Diploma in Physics and a PhD in Physics from the University of Toronto. You were an international postdoctoral fellow at the Natural Sciences and Engineering Research Council of Canada (NSERC), working in scientific laboratories in France and the Netherlands. You went on to become an NSERC University Research Fellow in Canada and a full professor of physics at the University of Ottawa, where you were principal investigator and professor for 23 years. You were also an interdisciplinary research scientist, publishing over one hundred papers in peer-reviewed scientific journals in many different scientific fields. Since the very beginning of 2020, you have published over 30 reports on COVID-related issues, and much earlier even, on masks.

Today, we're going to focus on the results of your research. I believe you also have a PowerPoint presentation to make it easier for the audience to follow.

So first of all, can you tell us about the results of your research in relation to excess mortality during the COVID period, and subsequently, following COVID-19 injections?

Dr. Denis Rancourt

Yes, of course. I'm not going to show my slides just yet. I'm going to say a few words first. I'm going to tell you that if we'd done nothing—that is, if the government hadn't reacted at all; if there had been no talk of a pandemic; if there had been absolutely no reaction, either in institutions or hospitals or in terms of government action—there wouldn't have been any excess mortality anywhere. If we had done what we normally do, there would have been seasonal mortality as we're used to seeing for over a hundred years of taking detailed measures. Nothing would have happened. That's the conclusion I draw after three years of detailed study of mortality statistics, all causes combined.

Chantale Collard

Basically, you're going to talk about excess mortality in connection with the measures. So there have been excess deaths.

Dr. Denis Rancourt

Yes, of course.

Chantale Collard

But it was not due to COVID, but instead due to the measures, as I understand it.

Dr. Denis Rancourt

So what I'm doing is studying all-cause mortality statistics. This means that we count the dead, we count the presence of a person who dies, we know their age, we know the place where they died and we know the date on which they died. And we compile these statistics on the scale of a nation or a province or a region or a city, and so on. And it's this type of data that I analyze across several countries and around the world. We collect all the data we can, wherever we can, and analyze it. And on the basis of this analysis, which I've been doing in detail for a long time—and I can't explain it all to you because there are too many of them, and they're scientific reports of a hundred pages with lots of graphs, and so on—I've come to the following conclusion: The data prove that it couldn't have been mortality due to a transmissible respiratory disease.

[00:05:00]

It's inconsistent with a viral respiratory disease because a viral respiratory disease—and this includes what's known as COVID—when tested clinically, kills people with a risk that increases exponentially with age, with a doubling time of ten years. This is well known, as detailed studies show.

I'm not saying it's not true. I'm saying that if we accept that the virus kills in this way, well, the excess mortality that we measure in detail and quantify, for example in the United States, is not correlated with age at all. So if I show you—and I'm going to show you later—

the excess mortality in the United States, for example, by state; and I plot this mortality as a function of the number of people over 80 or the number of people over 65 or the median age of the state's population, there is no correlation. Which is strictly impossible if this excess mortality were due to a respiratory viral disease, period—and above all, COVID, where clinical studies have shown that the risk of death is exponential with age. So we can demonstrate that mortality is not due to the transmission of a viral respiratory disease. No doubt about it. And I'm going to show you other types of data which establish this, which are really striking: maps on a European scale, and so on. That's the first point.

Second point: The excess mortality we see, which occurs suddenly in mortality peaks following certain events, is directly associated and synchronous with measures taken by the government. So for example, at the very start of the pandemic, as soon as the pandemic was declared, there was a demonstrable spike in mortality as a result of treatment protocols in hospitals in the early months of the pandemic.

Chantale Collard

You are talking about March–April 2020. To situate us in time.

Dr. Denis Rancourt

Yes. So the pandemic was declared on March 11, 2020, and immediately from then on—I'll show you some graphs—there was a very large excess mortality in certain hotspots. And this is further proof that it wasn't a virus. It only happens in certain hotspots and is synchronous across the world wherever it occurs, which is strictly impossible for a virus that is spreading. It's strictly impossible. I also do modeling research. Epidemiological theory shows that the time between the "seed," as we call it, the first cases, and the rise in mortality, is a time that depends very much on the circumstances in the country, the cultural and institutional structure, and so on. It can't be synchronous everywhere in the world; it's strictly impossible if we accept what we know about the epidemiology of respiratory viral diseases. So there's plenty of evidence that excess mortality is associated with things we can see directly. I'm going to show you some very striking examples.

And finally, my other important conclusion is that vaccine deployment directly caused immediate excess mortality. As soon as you deploy a dose of vaccine, there's an excess mortality that can be measured and quantified. So we are, I think, the first research group to quantify this on the basis of all-cause mortality. And I'm going to tell you the result of this quantification; I'm going to show you the mortality risk per injection. And this risk increases exponentially with age. We're the first to demonstrate this, and I'll show you that we've proved it for several countries. And this means that we absolutely should not have given priority to vaccinating the oldest people. It's the opposite of what should be done. **The basic presupposition of those who want to inject us is that the risk of side effects doesn't depend on age, it's simply a risk, whereas we've shown that the risk of mortality increases exponentially with age.**

[00:10:00]

It's very, very significant, and rises to very high values per injection when it comes to the elderly.

So now that I've told you my conclusions after three years of research, I'm going to show you some graphs that illustrate these points. I've prepared some slides that we can put on the screen now. So there you have it. This is to show that my detailed scientific expertise is

in several fields that are relevant to the COVID study. For example, I'm an expert in environmental nanoparticles, nanoparticle synthesis, nanoparticle properties and nanoparticle characterization. This is very relevant because we say that viruses are nanoparticles, and these nanoparticles are the basis of vaccines. I'm an expert in molecular science, molecular reactions, theoretical and experimental molecular dynamics. I'm an expert in statistical analysis, error propagation, advanced Bayes-type statistical analysis. These are fields in which I have published scientific papers.

I'm an expert in theoretical modelling. I've modelled environmental phenomena and I'm now modelling epidemiology to show how classical epidemiology, as it's promoted, can't explain the phenomena we observe. So I'm an expert in modelling and I'm an expert in scientific measurement methods. So I've written articles to develop and advance techniques such as diffraction, different kinds of spectroscopy, magnetic measurements, measurements of all kinds, calorimetric, et cetera, and microscopy methods. And in my laboratory, I had an electron microscope, I had a nuclear spectrometer, I had these instruments; and I was the head of a laboratory that used these instruments to do detailed research on environmental substances, et cetera.

So all that to say that I have a lot of expertise that is directly relevant to these issues. I have a group; I work in collaboration with people I really like, including Christian Linard who joined us recently, and then there's Marine Baudin, Joseph Hickey, Jeremy Mercier, John Johnson, who is a professor at Harvard University with whom we recently wrote an article comparing the effect of lockdowns in the United States. So those are my collaborators. The articles I base my work on are on my website, denisrancourt.ca. There are more than 30 articles in this field; they're big reports and you can find them all. The vast majority of these articles have been translated into French. The translation is on the article page of my website, where you can find a link. I've prepared a book of evidence that's almost 900 pages long, containing 20 of the articles most relevant to the conclusions I'm drawing today, which I'm making available to you as evidence [Exhibit QU-1].

Chantale Collard

Also available on the web.

Dr. Denis Rancourt

I've also made this book of evidence available on the web, yes, but I want it to be tabled before this Commission too. So those are the conclusions I've already described. I'm sorry, the slides are in English. The fact that there was no pandemic, et cetera, I've already explained.

Here, I'll show you what all-cause mortality data can look like. Here we see mortality by month in the United States from the year 2000 until recently, and we can follow the seasonal variations of this mortality. We can see that there's a dip in February, and that's simply because there are 28 days in February. There are fewer days, so there's less mortality. You can spot the Februarys here. This is to show you what it looks like when we do mortality by month for an entire nation like the United States. And you can see that the last group, in this sort of mauve, is mortality during the COVID period.

[00:15:00]

So from the moment a pandemic was declared, mortality was much higher in the United States. And the mortality has a structure—has peaks—that is completely unusual.

Normally, you can't have peaks of mortality in the summer in a country in the northern hemisphere, but there were in the United States during the COVID period. We've explained and shown that this is only true in poor states, where there are lots of poor people, where people were killed in the summer, and we try to explain this in our articles. But that's to show how mortality appears. And the black dots are the sum of all mortality over a period such as the COVID period versus the period just before that, but of the same duration, versus the period just before that of the same duration. So we can see the black spots: it's the total mortality for a period that would be equivalent to the COVID period. We can see that there's a big jump in mortality in the United States when we enter the COVID period. This is a very precise quantification of total mortality over the COVID period.

Chantale Collard

Professor Rancourt, I know you're going to give us a very elaborate answer, but in general, the arguments one might say we hear are: "The population is aging, maybe that's why it happened." I hope you'll respond to that.

Dr. Denis Rancourt

There isn't a sudden spike in the number of elderly people who will die during the COVID period. There isn't a bulge in the elderly population that, as time progresses, reaches the age at which they're going to die, and then die suddenly. So the effect of age, for example, the aging of the population, will cause a gradual increase in this integral, this total mortality. But when there are sudden jumps, it can't be, for example, the baby boomers or things like that. It has to be a sudden event that happens in the population when you do this kind of study.

Now, this is just to give you a sense of what all-cause mortality looks like. This is the same mortality for the United States, but seen by week and where the same integral is used. Here, the black dots have the same meaning, but here, we see in greater detail the mortality per week and we see the peaks I was talking about, which are very abnormal, and which I'll describe in a few moments. And you should also know that this relatively gigantic mortality in the United States corresponds to 1.3 million deaths that would not have occurred had we not done everything we did during the COVID period: in the United States, 1.3 million more deaths!

Well, in Canada, there was almost none. The excess mortality during the COVID period in Canada is so small that it's almost impossible to measure. We've quantified it and I'll show you in a moment: it's very small, and much smaller in proportion to the population. It's not because there are fewer people. And so we would have to conclude that the virus refused to cross the border between the United States and Canada, which is completely absurd if we want to believe that it's due to a virus.

This is further proof that it's not a respiratory disease: because the border is several thousand kilometers long, with constant economic exchanges. It's strictly impossible for there to have been a virus in the United States that killed 1.3 million people and virtually nothing in Canada. It's strictly impossible in the context of respiratory viral disease theories.

So for the United States, there was this excess mortality, and it can be calculated on the scale of the 50 states of the United States. This is a graph of excess mortality in y for the entire COVID period as a function of the percentage of the U.S. population living in poverty. And here, we see that there's a correlation: in science, we say that it's a very strong

correlation. There's a coefficient called "the Pearson correlation coefficient," which has a value of +0.86. A strong correlation like that is unheard of.

[00:20:00]

And it's not just a correlation, it's a proportionality. That is, those who are used to looking at graphs like this will notice that it passes through the origin, meaning that in a state where nobody lived in poverty, nobody would have died due to the measures that were involved. And so this is another demonstration that it can't be a respiratory viral disease. Respiratory viruses don't attack poor people. They attack people who are old, vulnerable and have comorbidities, and that's how they cause death. They don't choose to kill people who are poor.

Chantale Collard

By the way, I'm sure you'll be talking about the African continent, if we are considering poor people.

Dr. Denis Rancourt

That would be another topic, but not right now. So poverty has a very strong correlation in the United States with this excess death, as well as the number of people who are "disabled," who are not functional due to severe mental illness. In the United States, there are 13 million people suffering from severe mental illness to the point where they can't function in society on their own, and who have to be cared for by various institutions, and who are heavily medicated. So we have a correlation graph with the number of people per state in this condition, and there's a very strong correlation there too. So the correlations we find between excess mortality and societal factors are: poverty, the number of people in this type of extreme misery—mental illness, et cetera—and average family income. If you make more than a \$130,000 a year per family in the United States, you don't die from COVID, period, according to the statistics we've studied.

So I'm not showing all these graphs but I just wanted to show this one, which speaks directly about poverty. So in the United States, there are a lot of people living in poverty and misery, I would say, caused by a medical system that gives psychiatric drugs to a lot of people on a large scale. There are many, many people who are in this misery, who are in very poor health, and that's why there's a very high mortality rate in the United States and almost none in Canada. This is the excess mortality for the ten most populous states in the U.S. by age group. So you see, age groups 0- to 24-years, 25- to 44-years, and so on.

And here we show the excess mortality expressed as a percentage of what the mortality would normally be. This is the period before we started vaccinating, so, this is the COVID period but before the vaccine was deployed. We can see that, even in that period, excess deaths by age group were of the order of 20, 30, 40 per cent in excess of normal mortality in those ten states, to give an example. And then, in the period when we started vaccinating, the same graph looks like this: we see that for the youngest, it goes up to 60 per cent for the 25- to 44-age group. So we see a change in the structure by age group when we start vaccinating people in the United States. It's very measurable.

Chantale Collard

So this is the first dose.

Dr. Denis Rancourt

Here, we're including mortality over the entire period from vaccine deployment to the final days of this study. So we were still vaccinating. This is the result.

But what's surprising is that we've just explained the United States, but now we're going to look at Canada. And what we see in Canada is the light blue curve. The light blue curve shows all-cause mortality per week in Canada from around 2010 to the present, essentially. You can see that there's virtually no change.

[00:25:00]

We're entering the COVID period and there's not really a big change. And what I've highlighted in red, and this will surprise you, is what the Canadian government is telling us, what Theresa Tam wrote in a scientific article: she said that if the government hadn't done everything they did—the vaccines, the masks, the distancing, the lockdowns—then there would have been about a million more deaths in Canada. This graph shows the absurdity told to us by Theresa Tam and her co-authors. They claim that if nothing had been done, the mortality rate would have been this high. And the mortality you see on the screen, because the scale starts at zero in y , is an absurd mortality. There hasn't been a world war, there hasn't been an earthquake on a time scale that could be normalized, there hasn't been any known phenomenon in history since these data were first measured that could produce such a high mortality.

Chantale Collard

Purely hypothetical.

Dr. Denis Rancourt

And Theresa Tam claims that, because of these measures, this great mortality we would have had is down to the level that is exactly what it would have been had we done nothing. In other words, they didn't bring it down to half, they didn't bring it down by 90 per cent to get to ten per cent. No, they lowered it to a level as if there hadn't been a particularly virulent pathogen. We're in this absurd situation. It's what they're telling us, what they want us to believe. And for a scientist like me, it is the realm of the absurd.

Here I'm taking the data for Canada and putting it on a scale where we look at it in a little more detail. And now, I'm doing this integral for a year-cycle; so I'm going from one summer to another to capture the mortality that tends to be higher in winter, to show the extent of the small increase that is nevertheless seen in integrated mortality for Canada when we get into the COVID period, and in the cycle after that too. So there is a small increase that we can quantify. On a larger scale, we can still see this small increase. And in Canada, we can also compare all-cause mortality with vaccine deployment. So in Canada, we can see that there's a peak at a time in the seasonal mortality cycle when there shouldn't be a peak, which coincides with the start of deployment of the first doses. And then, when the third dose takes place, that is, when there's an acceleration in the cumulative number of administered doses, we see a peak in the winter of 2022 that's much greater than all the other peaks on this graph. So we're really seeing correlations in Canada of vaccination affecting mortality. We've analyzed this in more detail, but it's just to give you an idea of what we're doing.

This is an enlargement of what we've just seen: the correlation between mortality and vaccine deployment. The peak I've marked as C is a very strong peak in Ontario, especially

for people aged between 50 and 65, and it's exactly when vaccines were deployed in this age group. The peak referred to as *D* is a very thin peak due to a heat wave that took place in British Columbia at exactly that time. It's well known that heat waves cause very thin peaks that last little more than a week. So we can analyze each of these mortality peaks. But the peak I'd like to illustrate in greater detail now, and you'll be really struck by the result, is the peak I call *Peak A*: because the arrow pointing upwards, that's the date on which the pandemic was announced, and immediately afterwards, there was this huge rise in mortality. So I want to analyze it and show you what this peak looks like. And I'm going to show you that there was such a peak, which was very, very strong in certain states of the United States, especially in New York.

[00:30:00]

So here we see this very, very strong peak. Here I have all-cause mortality per week for the states of Connecticut, Maryland, Massachusetts, New Jersey, and New York all combined. And you can see that seasonal mortality, when normalized by population, is always about the same, but this peak is very different from state to state. There were 30 states in the United States that didn't have this peak. So it's a virus that was attacking just some states, and very strongly.

The same peak occurred at the same time on the other side of the world, in Europe. And so here we see the same peak taking place in Lombardy in Italy, similar places in Spain, and so on. There's also one in France. There are hotspots like this, where very thin peaks in mortality occur immediately after the pandemic is announced. And so when I wrote my first article about this peak, in June 2020, I said: "This is not a viral respiratory disease pandemic. It's not possible for something like this to be caused by a virus. It must be caused by what you're doing in the big hospitals in those jurisdictions." And so, we're going to look at what's happening on maps, what's happened in Europe with this peak, and you're going to be amazed.

So I've got a map here, just to remind you where the European countries are. I've also marked in blue certain borders that I want you to look at—because these are borders that the virus has absolutely refused to cross. So from Portugal to Spain, it was impossible for the virus to cross; from Spain to the south of France, it was impossible; Germany was protected in its entirety and the virus didn't penetrate Germany at all; the north of Italy was hit hard but it didn't spread further north, and so on. Just like that, there were hot spots. In Sweden, there was a hot spot in Stockholm that never spread. So they killed a lot of people during the first two months of the declared pandemic, which didn't spread. So that's to show you where to look on the maps I'm going to show you.

So here it is. This is the first map: excess mortality in Europe for January 2020. And you see, **the map is white because there's virtually no excess mortality, everything's normal.** Everything is normal this January 2020 compared to all other Januarys in the past. If we extrapolate the historical trend, it's the same mortality we've always seen. And now I'm going to February: same thing, no excess mortality for February 2020 in Europe. And here's the mortality for March, the month in which the pandemic was announced. As you can see, the boundaries I pointed out have been respected. The mortality supposedly due to the virus has not crossed into Germany. Germany is a jurisdiction with a very low mortality rate, and you can see that the borders have not been crossed. And if I go another month, to April, we're still in that early mortality peak and it's still pretty much the same places; and the borders are respected, the virus isn't crossing. And then, in May, it's over. It's a very thin peak that ends in May and in June, there's none.

So this famous peak in the first few months of the pandemic did occur in Quebec, the province with the strongest early peak, and it occurred in hot spots. We were able to go to the regional level in France and identified counties where there were large hospitals where people died. So this mortality cannot be due to a virus. We think it's due to what was done in the hospitals. Mechanical respirators in hospitals were very important because in Lombardy, Italy, they invented a way of putting two patients on one respirator machine. They were very proud of this: "We're going to save everyone; we're putting them all on respirators." This partly explains the very high mortality rate in Italy at the time.

[00:35:00]

I'm going to shock some people in the audience a little. But hydroxychloroquine, HCQ, is a very interesting molecule with beneficial effects but with a therapeutic window that is very well defined and relatively narrow. And when you go beyond a certain dose, it becomes lethal. And at the start of the pandemic—because a lot of researchers like Didier Raoult said, "Look, it's useful"—well, people who didn't know how to use it in hospitals in the territories used it a lot, but in a less supervised way, I think, than what happened in Marseille. There is a correlation between a peak in the use of hydroxychloroquine and this high mortality. And this peak can be seen in European countries where there are these mortality hotspots.

Chantale Collard

The places related to hydroxychloroquine are where the protocol had not been followed.

Dr. Denis Rancourt

Exactly, it happened where a protocol had been invented which was way too high by dosage and it certainly poisoned a lot of people. So there's this correlation. A German researcher, Dr. Claus Köhnlein, was one of the first to suggest that: "Look, in Germany, we didn't do that and there were no deaths. Wherever two grams or more has been used, there have been many deaths." He had suggested this, and so we went into the statistics to see if there were any peaks in the prescription of these molecules. In fact, we're in the process of identifying many molecules used in aggressive treatments at the start—because everyone was in a panic and so on—which are correlated with this high mortality.

And the final theme of my presentation is the high toxicity of vaccines in terms of actual mortality. So I'm going to talk about that. I'll start by saying that there can be no doubt that vaccines are killers. Vaccines can kill people, can cause death. There are many lines of evidence. There are very detailed autopsy studies that demonstrate this and I quote from those studies. There are adverse event monitoring systems that show spikes in adverse events, including death, at the very beginning immediately after vaccination, and then up to two months later. The statistics show this very clearly and we've written an article on the subject. There is a study that was done in the United States by Mark Skidmore which showed that, on the basis of scientific survey questions in the United States, he had calculated 300,000 deaths due to the vaccine in the United States. We quantified the figure using our own methods and came up with the same figure. So that would mean that in the United States, there were 1.3 million excess deaths; and in that figure, there are more than 300,000 people whose deaths were caused by vaccines.

So that is one line of evidence. There are plenty of articles on pathologies that are induced by vaccines and there are more than 1,250 articles in scientific journals that speak about the damage that can be caused by vaccines. So I think, when you look at all of this, you have

to conclude that it's possible that the vaccine could kill people. Our task is to quantify that. How often does it kill people? And so that's the autopsy studies. Now, we're going to see if we can use mortality to quantify the risk of dying from the vaccine.

So the first article we wrote was on India because in India, it's very difficult to get good data on all-cause mortality. Some researchers had published data but hadn't noticed that there was a peak—but a huge one!—of mortality in India which, coincidentally, was exactly when they deployed the vaccine in India. All right? So in India, we were able to quantify that the vaccine definitely killed 3.7 million people. There was no excess mortality in India until they deployed the vaccine. There was no COVID in India; the data are clear, there was no excess mortality. And in India, they had what they called a “vaccine festival”.

[00:40:00]

The Prime Minister said, “Go vaccinate the most vulnerable people.” They made a list of 12 comorbidities and said, “Go get these people and vaccinate them.” Essentially, they encouraged people to vaccinate the oldest, most vulnerable people; and in a very short space of time, they killed 3.7 million people in India with their vaccine. We wrote a whole article about it.

Here, the graph shows Australia. We chose to study Australia because it's another country where nothing happened in terms of excess mortality until the vaccine was deployed. They don't say that in the media. There is no excess mortality in Australia except when the vaccine is deployed. And so, we enlarge this for Australia and you see the seasonal mortality and you see the deployment of the vaccine: you see that we're entering a higher degree of mortality. You can see that there's a peak. You'll notice that in Australia, because they're in the southern hemisphere, seasonal peaks in mortality occur during our summer, which is their winter. So it's reversed. And then, during their summer, which is our winter, there's a peak in mortality right in the middle, which you see here, which is very large, coinciding with the third dose of the vaccine, deployed very rapidly at that time. Without any doubt. Here, I have a graph showing the deployment of the vaccine, the number of doses administered per week, in black, compared with the peak in mortality at a place which holds the historical record for mortality in Australia, but where there has never been an excess of mortality or a peak in mortality—never in history.

And in Australia, people don't die from a heat wave; it's not due to a heat wave. I've traced all the heat waves in Australia and I've found that the most intense one caused a very small peak because in Australia, they're used to being hot. So this spike is definitely due to the vaccine and it's happening in every state in Australia. We can go through the states here: Victoria, New South Wales, Queensland, et cetera. So we have very clear data where we have mortality. There was no excess mortality until we deployed. When we deploy, we have a new scale of high mortality; and when we bring in yet another dose, we have a spike on top of that. So we can use this data to quantify how many people died per dose of vaccine administered. That's what we're going to do.

And so this is to show that it's not just in Australia. This is Mississippi in the United States. You'll notice that in Mississippi, there's a huge peak in mortality—again in the middle of summer, that is, our summer, when there shouldn't be any mortality in the seasonal cycle. Well, there is a huge peak, and it coincides with an acceleration in vaccination. But it's not just any acceleration: it's what was called in the United States “the vaccine equity campaign.” So “vaccine equity” was a vaccination campaign paid for by very influential financiers who spent tens and tens of thousands to hire lots of people to go and vaccinate vulnerable people who hadn't yet been vaccinated. They caused this spike in mortality, but

only in the poor states of the USA. People died in this vaccine equity campaign in states where there was a lot of fragility and a lot of poverty. So we spotted this peak, which coincided with an acceleration in vaccination due to the vaccine equity campaign in all the poor states of the United States. And that's a phenomenon that has to be attributed to the vaccine.

And here again, we can quantify what this represents in terms of mortality. The mortality that took place in the poor states of the United States at that time has an equivalent risk to the mortality that took place in India, which killed 3.7 million people. This is the same risk of mortality in the poor states of the USA as in India. Here we see Michigan, a state in the north of the United States. In Michigan, there is an excess peak that occurs at the beginning, when the first doses of vaccine are deployed—a completely abnormal peak that is very similar to the same peak that occurred in Ontario.

[00:45:00]

So this is to show another example where the deployment caused sudden large mortality in an unexpected place.

So to sum up the question of vaccines, we—and we were the first to do so—wanted to quantify the risk of mortality due to the vaccine by age of the person receiving the vaccine. But to do this, we need to find data in the jurisdiction in question where they give us mortality by age group as a function of time, and also, vaccination for that same age group as a function of time. And when we find jurisdictions where we can find these data, we can make the calculation shown here.

So Israel and Australia have very good data, and that enabled us to make this graph. So this graph represents the risk of mortality per injection. It's what we call the "vaccine dose fatality rate" as a percentage, as a function of a person's age. We can see that there's an exponential rise for older people, and we can see that the mortality risk reaches almost one per cent on this graph. This means that one dose in a hundred will kill a person of that age when injected—one dose in a hundred! That's enormous. So we were able to prove this for the first time. We're the first to have done this quantification.

Here, I'm showing on an enlarged scale what's happening to young people. We can see that young people have also been killed by vaccines, the younger age groups, and that this mortality risk is higher than the exponential curve deduced for other ages. So young people have a mortality rate that is independent of age and higher than the exponential trend found for other ages. For those who are more used to looking at this type of graph, I've put the same data in semi-log and you can really see the exponential trend, the straight line. We can see, for young people, that we're deviating significantly and that we're remaining constant in the mortality risk. So there they are, the young people affected by the vaccine: that's where we see them.

Finally, this is just to show what the data in Israel typically looks like. In black is the deployment of any given vaccine dose and in purple is all-cause mortality. We can see that when the vaccine is initiated, there is a mortality peak that is larger than the vaccination peak. When another vaccine is introduced, there's another mortality peak and so on. But as the doses progress, mortality per injection is higher. And so there are a lot of curves like this for different age groups in Israel. That is the 80-year-olds and over, 70- to 79-year-olds. It's just to show the shape of the type of data we're analyzing. In the end, this enabled us to produce a summary graph showing the risk of death by injection as a function of age, but for the different doses received. So we can see that the first doses are not as lethal as the

next ones and those after. Doses three and four are particularly lethal; and we can see that for the elderly, the higher the dose, the greater the risk.

Chantale Collard

And here, you have effectively stopped at four doses but there are others who have gone up to six or seven.

Dr. Denis Rancourt

At the time we wrote this article, that's the data we had.

Chantale Collard

It can be inferred that—

Dr. Denis Rancourt

Ah yes, our studies continue in all directions. Many countries are now being studied. I will conclude with this last slide. To date, India, Australia, Canada, Chile, Germany, Israel, New Zealand, and the United States have been studied in detail. Many of these results have not yet been published but we are just about to publish them. The average risk of death following vaccination in Western countries, all ages combined, ranges from 0.05 per cent to—in the case of advanced doses—as much as three per cent for the most elderly.

[00:50:00]

That's the kind of mortality risk you find. And when you use average values for all ages, you can calculate how many people would have died from the vaccine. So on a global scale, it's 13 million people. In India, as we've demonstrated in detail, it's 3.7 million people. In the United States, we've calculated—and we're quite confident of this calculation—that 330,000 people would have died as a result of the vaccine. In Canada, we're currently estimating and we're in the process of refining our error calculation, et cetera. It's more difficult in Canada because there's less mortality, but we think that around 30,000 people have died from the vaccine. These are mostly very old people. We have the excuse of not thinking about the vaccine because we expect them to be frail and elderly. So it's easy, perhaps, not to talk about it. These are deaths that are less visible, but which are nonetheless due to the fact that these people were vaccinated. And so vaccine-induced mortality is much higher than governments are prepared to admit.

Well, that concludes my presentation.

Chantale Collard

Professor Rancourt, I may have one last question. In fact, you have autopsy results. But on the other hand, we can see that the capacity to have autopsies conducted was rather hindered; people weren't able to go that far. So what can we infer from the autopsy results?

Dr. Denis Rancourt

I'm not a pathologist; I'm not the person who does autopsies. I'm in contact with the researchers who do the autopsies. I talk to them and I look at their results and I ask for their help in interpreting what they see under the microscope and the tests they do, et

cetera. But I know that, yes, we didn't do as many autopsies as we should have; we should have done a lot more. But there are dozens and dozens of papers reporting very detailed autopsies which conclude that death was due to the vaccine—and more and more are coming out. So it's typically family members looking for someone to do the autopsy. There's a great German doctor who's done several for family members and these data are starting to come in. Every month, there are new articles reporting autopsies.

Chantale Collard

They'll keep coming out. And at the very beginning you answered the question we're asking here for the benefit of the National Citizens Inquiry: So what could have been done differently? You answered, "We shouldn't have done anything."

Dr. Denis Rancourt

Exactly. What we had to do differently was to do nothing. If we hadn't invented this pandemic— I mean, sure, there are always pathogens present; sure, there's a whole ecology of pathogens; sure, people get sick and get better all the time, that's not the question. The question is: Has there been excess mortality due to a particularly virulent pathogen? And my answer is: absolutely not.

And one thing I haven't said is that in the United States, where there have been so many deaths, the CDC admits that, of the deaths they attribute to COVID, more than half of these people also had bacterial pneumonia, which is noted on the death certificate, in a country where they stopped prescribing antibiotics, okay? You need to know that in Western countries, antibiotic prescriptions dropped by 50 per cent during the COVID period and it's stayed that way. I would argue that this is certainly not an accident. There have been suggestions from agencies to stop prescribing antibiotics; and so the poor people who have died in the United States are also the same populations who are normally prescribed a lot of antibiotics because they have a high susceptibility to suffering from bacterial lung infections. And so this same population that— Normally, when you look at a map of the antibiotic prescriptions in the United States, it's red in the poor southern states. Well, we stopped prescribing antibiotics to these same people. They had bacterial pneumonia, and it's largely this population in the United States that has died.

[00:55:00]

So in terms of mechanisms, we've been able to identify this in our articles.

Chantale Collard

Professor Rancourt, I will let the commissioners ask you questions, if they have any.

Commissioner Massie

Thank you very much, Professor Rancourt, for your brilliant presentation, which is rather frighteningly dense. Fortunately, I had read a little of it beforehand, which helps, but I still have several questions. I'll start with the last one so as not to forget it. When you extrapolate the deaths due to vaccination in Canada, you're estimating, on the basis of averages that have yet to be refined, around 30,000. I note that in the United States, you estimated around 330,000?

Dr. Denis Rancourt

Yes, our estimate for the United States is more refined and better. So from one country to another, the error in this estimate may be greater or lesser. For India, we're absolutely certain of 3.7 million. In Australia and Israel, we know in such detail that we can talk as a function of age and of dose. So there's a great deal of certainty there. But what's astonishing is that, when you go from one country to another—and now we've done a lot of countries, I'd say over 50—you always find the same risk per injection, more or less; we're always in the same range. And when you take particular peaks, if you don't just take the vaccination period, but if you take peaks and associate that with doses given at the time, you still get the same mortality risk. Do you see what I mean?

Commissioner Massie

Yes.

Dr. Denis Rancourt

So we're very confident that's a robust number.

Commissioner Massie

My question was that you had presented earlier that the excess mortality, all causes combined before vaccination— Well, when we looked at the measures that had been deployed before vaccination, what we observed in the United States compared to Canada was that the difference was not proportional to the population. And here, you put forward the idea that, in fact, the population or the proportion of poor and vulnerable people in the United States being much greater, it's probably these target populations that have suffered more. And I thought I understood from your presentation that the more vulnerable people are also going to be the same people who are going to suffer more from vaccine injuries in any case—are likely to die from vaccination. And here, the ratio seems in any case to be within the margin of about one in ten, which corresponds to the proportion.

Dr. Denis Rancourt

Yes. I'd say, at this stage, looking at the data and all that: I gave 30,000 to give an idea for Canada. But in our final analysis, there's going to be a margin of error, and it's going to fall, I'd say, between 10,000 and 35,000. It's going to be in that range. So there's a lot of uncertainty about the estimate for Canada because we're still in the early stages of analyzing the data, but it was to give an idea for the Canadian audience.

But, you see, when we went looking for the vulnerable in the United States with the vaccine equity campaign, the injection mortality rate was as high as in India. So we were in the one per cent range in those age groups, which aren't even the oldest. But when we look at Australia and Israel for all ages, we find exactly the same figure—0.05 per cent—and our first estimate for Canada is still in the same ballpark. So I tend to use that figure to make this calculation, and that's the figure I used for the United States, so I used the same proportion.

Commissioner Massie

My other question is that an all-cause analysis requires fairly precise figures on fairly large populations if we want to arrive at estimates. For example, in the case of vaccine-related deaths, there was at one point an episode in Quebec when the government wanted to

launch vaccination campaigns in senior citizens' residences in a rather, I'd say, sustained manner. And there were even articles about it in *La Presse*.

[01:00:00]

I saw a scientific article published almost a year later that recounted this episode and mentioned that they had slowed the pace a little because they found it was particularly aggressive. Can we do any studies on this, given the population and the event or incidence that happened?

Dr. Denis Rancourt

With the methods I use, all-cause mortality, I can't quantify these things, but these are cases of specific institutions and we can get precise figures. And there are European countries that have noticed the same thing and have issued warnings not to vaccinate the elderly without a thorough clinical analysis. So they went too far at first in several countries, but we can see from what they said publicly that they then made adjustments. Some countries have noticed that the risk increases exponentially with age. They've noticed it; they've seen the consequences of vaccination in the elderly, there's no doubt about it; we can see it in these governments' communications.

Commissioner Massie

Finally, my other question concerns certain environmental factors. I'm sure that your studies have tried to make other correlations apart from those you've shown—and in particular, when we look at the period in which we deploy, for example, the second or third or fourth dose. Given that we know from studies carried out by people involved in vaccination that it is contraindicated to administer a vaccine to a person who is infected or who has just been infected, so as not to cause overstimulation, when we see the increases in toxicity as a function of dose, isn't there a part of this that could be explained by the fact that we know that the Omicron wave was particularly abundant, according to the studies we've seen? Wouldn't vaccinating a third or fourth dose at that point increase the problem?

Dr. Denis Rancourt

Here, we cross into the realm of immunology theory. So I've made a conscious effort to avoid venturing into that territory. I've always adhered to all-cause mortality data, to the mathematical correlations I can establish, and to a calculation of error in making this statistical analysis. And I've refused to go into that territory, to talk about the mechanisms, what could cause it. But, for example, when I find that more advanced doses are more lethal, we have to be careful because often, it's in jurisdictions where advanced doses have been more directed at the elderly. So when we don't distinguish by age group, we can, in the all-ages data, be wrong in a certain sense. It may appear that the dose is more lethal, but in fact, this is because more vulnerable people have been vaccinated.

And so when the data allow it, I can discern things. When I can't, I have to admit that it's a possibility. But I understand your question and to answer it, I'd need to have data on the level of infection of people who are injected, and I'd have to believe that these data are reliable. And so, as I'm not ready to have data by age groups at the level of the jurisdictions I'm interested in, and as I have absolutely no confidence in the assessments as to whether the person is infected or not, because we're in the dark—are we talking about symptoms, which symptom, et cetera? Are we talking about PCR tests? That doesn't mean anything. So my approach was: "I don't want to know anything about all that."

I mean, when they announced the pandemic, you'd see people lying dead in China, then you'd see people falling down, and they'd say the same thing: "The hospitals are full." But personally, the first thing I did was to go outside, then I looked to see if there were any dead people in the street and I didn't see any. Okay? And in other words, what I did was I immediately went and looked for all-cause mortality data to see if there was any increased mortality. And there wasn't!

[01:05:00]

There were just hot spots with peaks, like in Quebec, New York, London, Paris, and northern Italy. That's what there was, but there was nothing elsewhere. In a study we did with John Johnson of Harvard, we compared states in the U.S. that were next to each other, that shared a border, that were very similar. One state did a lockdown and the other didn't, and we found 12 pairs of states that we could compare directly like that. And we systematically found that the state that imposed a lockdown had a much higher all-cause mortality than the other.

And so all this to say that there was no excess mortality where we didn't attack people and we didn't kill people in hospital at the beginning and we didn't do the lockdowns later. There weren't any. That was the response I got to the suggestion that people were going to die everywhere, et cetera.

All-cause mortality is very powerful. I can look at mortality in Chile and tell you what day there was an earthquake. I can tell you what day there was a heat wave in northern latitude countries. I can tell you about the aging of the population, I can tell you about the wars that have happened. Do you know, I studied all-cause mortality in detail, and I looked for the pandemics that were announced by the CDC to see if I could find the number of deaths they said had occurred: Will I see them in all-cause mortality? I couldn't find them.

None of the modern pandemics since World War II has produced a signal that can be detected in all-cause mortality. I'm not talking about COVID; I'm talking about the pandemics that have been announced since the Second World War. There haven't been any. As far as I'm concerned, there's no excess mortality. So what are we talking about? Why are we making such a fuss and showing people how to blow their noses and telling them to wear masks and do tests, when on the scale of a country like the United States and in all the countries we can study, these pandemics have not caused excess mortality. What are we talking about? While on the other hand there are real phenomena that cause mortality: war in particular. You can see the Dust Bowl in the United States in the 1930s, economic crashes: you immediately see the mortality. There are major social phenomena and structural changes that cause mortality. And I say that what happened during COVID was exactly this kind of attack on the population, as if there had been a meltdown in the economy. The population was affected in the same way; and in the United States, that's what caused the deaths.

Commissioner Massie

I'd like to ask you, given the power of this approach: How many people are there who have the capacity to carry out analyses like you do and like Pierre Chaillot does, who recognize that it should be a practice that should be widespread in all governments so that we can precisely understand the phenomena we face? Is there a desire to move towards this kind of analysis or do we prefer, for the time being, not to practise it?

Dr. Denis Rancourt

Statistics Canada does analyses of mortality, birth rates and all that sort of thing. There are many experts who do this. There is no lack of technical knowledge to do so. What's lacking is the motivation to really be honest and report what we see, what the data want to tell us. Mortality is very simple to understand. Once you get used to it and you can spot the kind of things that can cause mortality, you get used to it very quickly.

But you know, since I started working in all-cause mortality, my biggest job and my biggest frustration has been trying to get my scientific colleagues to understand that we have to look at all-cause mortality and stop talking in circles about all kinds of things and start by seeing if people are dying. Who's dying, where are they dying, and why are they dying? And let's leave aside all the theories and all that.

Personally, I get frustrated with my colleagues because I'm in several discussion groups with researchers and I've had all the trouble in the world getting them to understand. It took me three years, and now they're starting to understand. They say, "Okay, so we're going to analyze all-cause mortality; Denis, could you do it?"

[01:10:00]

Well, that's where we're at. But, you know, the education system is very faulty. We train very specialized people and we don't place any importance on clear, robust, direct thinking.

So the scientific researcher wants to apply his theories and his way of seeing things to his field but doesn't ask himself the question: What would be the best way to tackle this problem? Which expert should be called in? What do I need to learn to understand this phenomenon? They don't ask themselves that question. Instead, they ask themselves: How am I going to apply the theory I've learned to say something about this phenomenon? And that's a big problem in our society. There's a shortage of thinkers.

Commissioner Massie

I will ask my colleagues: Ken, you have any questions you want to ask? Anyone else? Okay. I have more, but we will move on.

Chantale Collard

Professor Denis Rancourt, thank you. Your testimony is truly invaluable. You're talking about major issues; you're talking about all-cause mortality as much as post-vaccination mortality. And let's hope that your research will be widely disseminated. Thank you.

Dr. Denis Rancourt

Thank you.

[01:11:37]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members

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*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>*





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Witness 10: Christian Leray

Full Day 1 Timestamp: 11:11:33–12:00:55

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-dengute-nationale-citoyenne-franais.html>

[00:00:00]

Jean Dury

So good evening, Monsieur Leray.

Christian Leray

Good evening.

Jean Dury

We'll start, if you don't mind, by swearing you in. Do you solemnly swear to tell the truth, the whole truth, and nothing but the truth. Say, "I swear."

Christian Leray

I swear.

Jean Dury

Thank you. So without further ado, for the benefit of this commission, could you tell us a little about your curriculum vitae?

Christian Leray

Yes, I'm a graduate of a business school in France. The accent gives me away, I'm of French origin. I arrived in Canada and Quebec in 2000. I was an exchange student finishing with a Master's degree in Communications at UQAM [Université du Québec à Montréal]. So there you have it: I'm a double graduate, in fact, in management and communications.

To sum up quickly, I could say that I wrote a book on content analysis—so media analysis so to speak, in 2008, which was published by PUQ, the Presses de l'Université du Québec. Because I was also working at the Laboratoire d'analyse de presse de l'UQAM [l'Université

du Québec a Montréal] at the same time, which I directed for a few years. This makes me a media analysis specialist in a way.

And I also contributed to the book, *Crise Sanitaire et régime sanitariste*, which was published in 2022, I believe, and was a bit of an assessment of COVID in Quebec; what had happened. I wrote a chapter on the vaccine passport. And since 2009, I've been self-employed, which allows me to be independent. I'd like to make it clear right away that I have no conflicts of interest and that I can speak freely.

Jean Dury

So without further ado, let's address the three parts that are going to be interesting this evening. We'll start with the authorities' lack of transparency. What do you have to say on this subject?

Christian Leray

So if you like, I've even got a PowerPoint I could share. Otherwise, I can get straight to it. First of all, there's definitely a huge transparency problem in Quebec. I'm really interested in Quebec.

By the way, I forgot to mention that I'm a member of Réinfo Covid Québec, which has now become Réinfo Québec. It's a collective that was created in July 2021; and for this collective, I did a lot of work on data in Quebec. In fact, I was behind the dashboard we published every week, which included data published by health authorities.

As a first assessment, we can mention that there is an incredible lack of transparency on the part of the authorities. We can take several examples: the first, for example, is data as a function of comorbidities. So what are comorbidities? They are the serious illnesses that people can have, for example: cancers, heart problems, diabetes, and so on.

So the INSPQ [Institut national de santé publique du Québec] put together a very interesting table up to May 2022, I believe, showing deaths according to comorbidity and also age. What this table showed was that people with at least two comorbidities accounted for 92 per cent of COVID deaths. It also showed that if we added people with just one comorbidity, the figure rose to over 97 per cent. So in fact, we could see that COVID was not a dangerous disease for the vast majority of the population. Only those at risk—that is, those with comorbidities—were really at risk of death.

There was another factor we knew about and that was age. We could really see that the people at risk were those over 70, not to mention 80 and 90. So in fact, this was a very specific category of the population, one that could have been protected. This completely contradicted the idea that the virus was a new plague and that, in the end, everyone had to be confined.

[00:05:00]

So this data was really disturbing. And the INSPQ stopped publishing it as of May 2022 because it was becoming untenable.

Other data were also gradually withdrawn: I'm thinking, for example, of data on cases and hospitalizations according to vaccination status. So in fact, from July 2021, Santé Québec [Quebec Health] wanted to show that vaccination was working. To do this, they started

publishing data on people who had a positive PCR test and were hospitalized for COVID according to vaccination status. So on the one hand, we had the people who were vaccinated—and we could see the number of people who had a positive PCR test or who were hospitalized—versus the unvaccinated, about whom we saw the same information. As I'll show in the next section, this data became disturbing and was simply withdrawn as of July 2022.

Even more important than cases and hospitalizations, of course, are deaths by vaccination status. And this is even worse because it has simply never been shared. This data has never been made public by the authorities. Why? We have to ask ourselves why—because if the vaccine is effective, why not put up a comparison showing people's deaths according to whether they've had one dose, two doses, or no dose at all? So there's no way of knowing; it's hidden from the public.

And finally, the last and perhaps most important point is the data on all-cause mortality according to vaccination status. These data should obviously be made available, as we discussed earlier. Monsieur Rancourt and Monsieur Chaillot talked about it. I made an Access to Information request to obtain these data and Santé Québec replied that it didn't exist. I'll quote you pretty much what they told me, in fact. It's quite extraordinary. They told us that, "The Ministry of Health and Social Services cannot provide you with data on deaths from all causes, because to do so would require the production of a document as well as work such as data extraction, compilation, and comparison." So if the Ministry has to carry out extraction, compilation, and so on to answer this question, that means they're saying they don't have the data. It seems absolutely unimaginable, in fact; because right now, even the Institut de la statistique du Québec acknowledges that there is an unexplained 10 per cent rise in mortality. And this data should be watched as carefully as milk on a stove, it's obvious.

So it seems pretty obvious to me that it does exist. It exists in other countries, as Monsieur Chaillot said, notably in England, it exists in Scotland, and so it certainly exists here. So I've come to the conclusion that the truth is being hidden from us and that there's a very clear desire on the part of the authorities to hide the data. We have to ask why. How come they're hiding all this from us? The explanation—we'll get to that later—I imagine is that it has to be hidden because the vaccines aren't producing the expected results.

Jean Dury

So let's move on to the second part: you talk about data manipulation.

Christian Leray

Exactly. So first of all, we've seen that the authorities are hiding as much as possible. That is already an admission that there's a very big problem. But what's more, for everything that's actually been made public, we realize that there have been manipulations to the data. So we can make a list of many examples.

[00:10:00]

We can start with PCR tests, for example. As we learned from Monsieur Chaillot, who spoke at length about this subject, PCR tests can, after all, almost create a pandemic if they're adjusted too tightly. So how does a PCR test work? It's based on a number of cycles, and I'll make it very short: the higher the number of cycles, the more acute the test. The problem is that if you do too many cycles, you'll end up with a test that's so intense that it may declare

people as being positive when they aren't necessarily so. In fact, this was the title of an article in *The New York Times* as early as, I think, August 2020, which said, "Your PCR test is positive; maybe you're not." And the reason would be that the number of cycles is too high. And this number of cycles should be known, in fact. Yet it's not known; it seems to be hidden.

I made an Access to Information request to obtain this information. I finally got it after two or three tries because when you make an Access to Information request, you have to be very specific. They do everything they can to skirt around the issue, to avoid answering the question; and then every time you make a request, it's going to take you at least 20 days before you get an answer. So you make the request, 20–30 days go by, and then they tell you it's not a good question, it's not clear enough. It can take up to three months to get an answer. So I sense a clear willingness to conceal information.

Finally, I learned that in Quebec, these PCR tests are set at between 40 and 45 cycles. So you need to know that, generally speaking, we estimate that a normal rate of cycles for the PCR test is roughly between 28 and 32 cycles. If we exceed 32 cycles, we run the risk of having a test that's too acute, which will declare people with bits of dead virus as being positive. In any case, this can create a feeling of panic because more people will be declared positive than is actually the case. And this may also partly explain why so many people are asymptomatic: quite simply because our tests are far too sensitive. So already we can see here that there's a huge problem of transparency and obvious manipulation because: Why test between 40 and 45 cycles when the scientific literature talks about 28 to 32? It's quite problematic.

There's also everything to do with COVID hospitalizations. So we heard a lot, especially during the first wave, about hospitals being overwhelmed. But here too, I think there was some manipulation. Why? In France, the ATIH [Technical Agency for Information on Hospital Care], a public institute, published a figure that made a big impact: namely, that the hospital occupancy rate for people suffering from COVID was two per cent. So it caused quite a stir. We thought, "What's going on, how can this be?" And I wanted to verify what was going on in Quebec.

So I searched for the data. It wasn't easy but I finally found the hospitalization data. On the INSPQ site, you can find data on people hospitalized with COVID. So on the Santé Québec site, we have the overall hospitalization rates; and by doing the ratio, I came up with a total of 2.1 per cent, meaning that in 2020, the percentage of people hospitalized for COVID was 2.1 per cent of total hospitalizations. This means that 97.9 per cent of hospitalizations were for other causes. So in fact, people hospitalized for COVID never really jeopardized the healthcare system, especially when we consider that hospitals were transformed at the same time: special units were set up for COVID and many operations were postponed. In fact, hospital activity plummeted in 2020.

If I could share my screen, I could show you all the data. It speaks for itself.

[00:15:00]

And we can see that, in the end, maybe there were a few hospitals that were indeed overwhelmed at certain times. But you have to realize that the heaviest traffic, let's call it, in hospitals because of COVID was I think on April 16, 2020, and we reached five per cent. So in fact, there hasn't really been a hospital crisis. The data show that there weren't really any overcrowded emergencies or departments and, by 2021, it was 2.3 per cent. So here again, we see that there was some fabrication; there was a narrative to make us panic, to

tell us that this was a catastrophe and to encourage us to isolate ourselves and then to accept the health measures we were ordered to follow. There were other manipulations too and one that particularly strikes me as extremely serious.

Commissioner Massie

Christian, can you share your presentation? It would be easier to follow your numbers. Is that possible?

Christian Leray

Yes. No problem. Can you see that?

Commissioner Massie

Yes, that's good.

Christian Leray

If I can show you here, it was the INSPQ table on comorbidities. So we found that 92 per cent of people who died from COVID had, in fact, at least two comorbidities; the INSPQ talks about pre-existing conditions. And if we add the people who had one pre-existing condition, we arrive at 97.3 per cent. So this table showed that the general population had virtually nothing to fear from COVID, despite what we were led to believe.

If I go a little further, here, this was my Access to Information request, which showed that in Quebec, PCR test cycles were between 40 and 45. Here is the famous graph showing the drop in hospital activity in 2020, when hospitals were supposedly overwhelmed. This is due to the fact that hospitals actually delayed operations and transformed the units into COVID units, which were probably not as full as we were led to believe. These are the raw figures. Here we see the total number of operations in 2020 and 2021. In fact, we see that the COVID proportion is very low and cannot have had seriously jeopardized hospital activity. But that's what we were led to believe.

This brings me to my next point, which seems to me to be a very important one, which is that there is some doubt as to how vaccinated people were classified for the 14 days following their vaccination. Because during the 14 days following vaccination—especially the first dose, because for subsequent doses, it was 7 days—during the 14 days following the first dose, they were considered not yet protected. So in fact, they were considered unvaccinated. However, what the data show, and this is a table taken from Ontario Public Health, is that people who receive a dose of vaccine—here it's the first dose, I believe—tend to manifest the symptoms of COVID during the 14 days that follow, essentially. We can see that here, up to 12 days, we still have a lot of cases and then it drops off quickly. So vaccines tend to create COVID cases.

Incidentally, in one of her recent lectures, Naomi Wolf said that this was the third-most common side effect of vaccination. This is absolutely incredible. She based this statement on data from the Pfizer files. So what it looks like, in fact, is that people develop COVID within 14 days of being vaccinated. The question is knowing how they're classified because if they're classified as unvaccinated because they're still considered unprotected, then the weight of those numbers falls into the unvaccinated category. And we've made requests for Access to Information and haven't had a clear answer.

[00:20:00]

So there's a major uncertainty hanging over whether people who have been vaccinated for less than 14 days, and who tend to develop COVID, have been classified with the unvaccinated, which could explain the famous epidemic of unvaccinated people. As you'll recall, the epidemic of the unvaccinated in 2021 may in fact have been an epidemic of the vaccinated. In fact, Patrick Provost and I talked about this, and we wrote an article about it that was published in *Libre Média*. So if this turns out to be true, it would be an absolutely gigantic manipulation because it would really mean that the unvaccinated were blamed for the contaminations and the hospital occupancy, whereas it was, in fact, the vaccination that caused it— So a way of hiding the data that is absolutely—I do not think this can even be put into words.

There were also other methods of manipulation. I've written articles about this on the Réinfo Québec website. So a fairly classic method was to present the raw data of the day. For instance, every day on Santé Québec's dashboard, they presented the data: the numbers of cases and people hospitalized. But it's important to know that this data was polished over the following days, even weeks or months. When you look at the data, Santé Québec very quickly modifies it all.

And what's important to know is that, generally speaking, this is to the advantage of the vaccinated. Let's take an example: at the beginning the dashboard showed 100 vaccinated in hospital versus 120 unvaccinated in hospital. But if we revisit the site a week later, we'll perhaps see 90 unvaccinated versus 110 vaccinated, and the more time passes, the more it increases, in fact.

Sometimes it's the other way around. Sometimes, it's the [un]vaccinated who are increasing, but overall, and in a fairly major way as we refine the data, I'd say it's more the vaccinated. It depends on your point of view, of course, but let's just say that they look much better on the day it's posted—on the day itself—rather than in reality, in the actual facts. Yet we only see the actual facts a week or a month later and that's too late because we've moved on to another day and it's been forgotten; it's been erased.

And so this too is an absolutely unacceptable way of presenting things, and that's why, in our dashboard—we'll come to that later—we did what the English did: we presented an overview that didn't take into account that day's data. We let ten days go by, and once the ten days had passed, we went back over the previous four weeks. So that gave us a more dependable idea of things because if you look at the current day's data, it's raw and it favours the vaccinated, and so it gives the impression that we actually have an epidemic of unvaccinated people.

Then there were other manipulations. I'll be brief about these. For example, we had an absolutely incredible testimonial from the field: a person told us that his 95-year-old father had died. He was in a CHSLD, a retirement home, and the doctor classified him as a "COVID death" and unvaccinated. So why COVID? Primarily, because he had had a positive PCR test two days before. So we pretty much know the value of the PCR tests today but that was reason enough to classify him as COVID. And he was 95 years old; he was at the end of his life and his son who testified told us that it was probably his time, unfortunately; he was at the end of his life. And if he had COVID, he actually didn't die of COVID: he died with COVID. But he was classified as a COVID death.

Beyond all that, he had been vaccinated. In fact, he'd received two doses. Yet the doctor classified him as unvaccinated. Why? According to our witness, it was because he had received his two doses more than six months earlier. Now that's extraordinary.

[00:25:00]

This means that six months after having multiple doses, the authorities may— Is it the whole of Santé Québec, or just individual doctors? We don't know. But in any case, after six months—and we know that in France, it's like that. In France, there actually was a directive that said that after six months, you were considered unvaccinated. Your vaccination health pass no longer worked. So that's what this doctor applied. He considered that after six months, you were no longer vaccinated, and so the effect fell into the unvaccinated category. And how many cases were there like that? I believe there have been many and a thorough investigation could reveal this.

Then there was survivor bias. I think it's also been touched on by other speakers before me, so I don't want to go over it again, but it's a way of calculating statistics that ultimately overexposes the unvaccinated, giving the impression that they're more affected than the vaccinated, when that's not the case. Fenton spoke of survivor bias using a placebo as an example. Both groups had received a placebo, in fact. The victim or survivor group was over-represented, even though it was a placebo, so you're at 50/50.

I also wanted to come back to transmission, which was quite interesting. So this employed a slightly different manipulation: it's about the establishment of the vaccine passport, which was based on the idea that it would protect us from the transmission of viruses, given the understanding that the vaccinated were no longer transmitting the virus while the unvaccinated were. This justified the vaccine passport, so that the unvaccinated could no longer go spread the virus in restaurants, bars, and so on.

Except that what Madame Small from Pfizer informed us—in fact, we already knew about this earlier, but she made it official, so to speak—was that Pfizer's initial trial never demonstrated that the vaccines prevented transmission. All it could show was that they prevented infection. But then again, as Pierre Chaillot has shown, it involved 170 people: 162 unvaccinated people infected, 8 vaccinated people infected, out of a total of 40,000 people. And based on these 170 people, they were able to say that they had 95 per cent efficacy against infection. This is absolutely incredible, but in any case, the trial could not demonstrate that it prevented transmission. That's what Madame Small belatedly said at the end of 2022.

So the question is, what did the authorities know about transmission before the introduction of the vaccine passport? Well in fact, as it turns out, they knew virtually **nothing because there were two, quote-unquote, "studies" that came out. I did some research on this. There's a study that was done in Israel. As you know, Israel was the "Pfizer nation." That's where there was an agreement between Israel and Pfizer for Israel to get more vaccines more quickly. In exchange, they would transmit all their data to the company. So they were able to do an initial study on transmission, but it was Pfizer's study, so there was already a conflict of interest from the beginning. Then there were other problems that I've listed in other articles as well. So it wasn't very solid, let's say.**

And the second study—on which Monsieur Macron particularly relied—claiming that vaccines reduce the risk of transmission by a factor of 12, is in fact a model from the Pasteur Institute. The two studies, Pasteur and Israeli, came out in June, and they are modelling studies. There are many limitations to this, because everything depends on what

you input into the model. For example, if the model uses a 90 per cent vaccine effectiveness, well, you're bound to get a model that tells you that it will reduce transmission, that's certain. And in fact, that's pretty much all the authorities had.

But what do we realize, in fact, as early as July? It's that there are outbreaks in places where there were only vaccinated people.

[00:30:00]

The British aircraft carrier, *Queen Elizabeth*, for example: all were vaccinated and there was an outbreak. There were other cases in hospitals where virtually all the patients were vaccinated, and then studies started coming out. At the end of July, I think it was *The Washington Post* that published a study quoting the CDC to the effect that vaccines no longer prevent transmission—well, we've never really known that they did. On July 31 or 30, 2021, *Le Monde* published an article citing an Israeli study already showing that vaccines were only 39 per cent effective. At that point, the mandates hadn't yet been put in place; and all the studies that would follow would only reinforce this, showing that vaccine efficacy declines over time and so on.

And despite all this, they would succeed in imposing a mandate as discriminatory and undemocratic as the vaccine passport. It succeeded despite the obvious evidence; the manipulations are gigantic. That's what I wanted to show you: we realize that the authorities manipulate the data to their advantage and that we can't trust the data, but it was enough to make us panic and to succeed in applying the lockdown measures, the masking, the vaccine passport, et cetera.

Jean Dury

And finally, you talk about the negative effects of the mandates.

Christian Leray

That's right. So after presenting my many situations—in other words, showing that the authorities hide what bothers them, and of the little that they do reveal, they manipulate the data—what's quite extraordinary is that, in spite of all this, their own data shows a negative efficacy.

I've been very interested in vaccination, of course. Now, we already know that lockdowns are probably negatively effective. There was the "Mr. Vaccine" from Israel, Monsieur Cohen, who admitted this on the French TV channel CNEWS. We now know that masks are ineffective, and even that they have negative effects when we consider the psychological damage to children as well as the chemicals in the masks. But I'm really going to come back to the vaccines.

So the first thing that's interesting to see is that in Quebec in 2022, despite an 85 per cent vaccination uptake, we had more deaths than in 2021. This is absolutely incredible. I'll show you right now. This is data taken from the INSPQ website: you can really see that hospitalizations are higher in 2022; they're exploding.

And for deaths, at the bottom, it's the same thing; and in fact, it is certainly higher than in 2020. That's because in 2020, as Monsieur Chaillot said and as previous speakers have said, there was particularly—excuse me, but the way they counted in 2020 was absolutely absurd—In particular, there was the Arruda directive in Quebec, which stated that people

who had COVID in a building—so it could be, for example, someone without a test who had a runny nose or a sore throat or whatever—and if there was one person in a building who had such a symptom, it was said to be COVID. Then, all the people in that building who died were classified as COVID.

So as a result, the number of COVID deaths exploded. And Monsieur Arruda, who was Director of Public Health at the time, admitted on several occasions that many people who were classified as COVID had never actually been tested. They were classified, no doubt hastily, as COVID. Not to mention the problems that arose with the abandonment of the elderly. There were doctors who testified that many elderly people had died of thirst or starvation.

[00:35:00]

Anyhow, in short, all this is to say: that when it comes to COVID deaths in 2020, there's most certainly been a lot of exaggeration; and that we're seeing an astonishing rise in 2022 compared to 2021, even though we have a population that's 85 per cent vaccinated. So it's quite astonishing, let's put it that way.

So the next important point to note is that we used Santé Québec data. As I said earlier, to prove that vaccination was effective, Santé Québec shared data on cases and hospitalizations, and we used these data. So what was it actually? It was an Excel table showing, for each day, how many hospitalized people were unvaccinated, vaccinated "one dose," vaccinated "two doses," "three doses." So for example, on May 3, 2022, we could have five unvaccinated, three "one-dose," four "two-dose," and so on.

And ultimately, with some very simple Excel calculations, we arrived at the following table which, in fact, showed that people who had received three doses were largely over-represented in hospitals, since at the time they actually represented around 50 per cent of the population—51.2 per cent—but accounted for 70 per cent of COVID hospitalizations. So there was a negative differential of minus 18.8 per cent, which is absolutely absurd. If vaccines work, we absolutely shouldn't have that. When you see that, you're just speechless.

I'd like to remind you that this is Santé Québec data; nothing was made up. It was published every week on our site because we did what we called a counter-dashboard. And the fact checkers, the media, were perfectly aware of it, and I can tell you that they followed us closely. We had a few instances where they, quote-unquote, "came down hard on us." We were "debunked" by Radio-Canada. At one point, they did a 20-minute report on "The Multiple Faces of Réinfo Covid." Thus, they claimed to be tracking us closely, and I can tell you that if we had been wrong, we'd have known about it straight away. I don't think it would have taken long, a few hours at most, before we'd have had articles saying that we were talking nonsense. So I think these data are very reliable and, in fact, show the ineffectiveness, at least of the third dose, which has very deleterious effects.

So that was for the mandates. It was so bad here in July 2022 that the authorities had no choice but to withdraw them. At first, it was very good for them because I think, since there was this way of actually classifying the vaccinated during the first 14 days as -unvaccinated, it created an epidemic of the unvaccinated, so it was fantastic. They could show the data. It was magnificent. It was wonderful for them. But as time went on, there were in fact fewer and fewer people receiving a first dose. Therefore, fewer and fewer unvaccinated people developed COVID symptoms, and so, little by little, the reservoir dried up and the reality

became more and more obvious. And that's what led to this result. And there was no other choice: they had to be withdrawn.

So we've seen hospitalizations, but now we know that there was also a piece of data that was never shared: deaths. Why aren't we sharing data on deaths? We tell ourselves that the explanation is no doubt because we shouldn't show them because the results aren't very favorable. And that's effectively what we got, since we applied for Access to Information. It was complicated; we had to do three of them because each time, they gave incomplete data, so we had to specify exactly what we wanted.

[00:40:00]

And we obtained a document showing the number of people who had died from COVID according to vaccination status. And what did it show? It showed that 95 per cent of people who die of COVID are, in fact, vaccinated.

It's absolutely outrageous. We mustn't forget that nearly 85 per cent of the population is vaccinated, so this is gigantic. In fact, it is a ten-point difference. This is rather extraordinary for a vaccine that is supposed to protect against disease. This is based on Santé Québec's own data, which is known to be manipulated. The data is not very good. It's understandable why they hide it. It's even quite catastrophic. So that's the current situation in Quebec. And then what do we notice? We notice that there is an unexplained increase in the number of deaths. The ISQ, the Institut de la statistique du Québec, recognized that there has been an unexplained 18 per cent rise in mortality among young people.

You can see it here, in fact: so, this is taken from the ISQ website. We can see that from mid-2022, there's actually an upward trend towards midsummer. And this trend of increasing mortality continues on, which is not normal if we look at the summers of 2021 and 2020, when there was no excess mortality. Here, we can see that there is excess mortality; it's well explained. But when we see this table here, we get a rough idea; and in fact, at least we have a hypothesis, so to speak. And the way to verify this hypothesis would be to have deaths from all causes according to vaccination status but, as I told you, Santé Québec tells us it doesn't have this data, so we can't verify it.

That's more or less the situation in Quebec today. So we can see that based on public health's own data, vaccines seem to have negative effectiveness. There is an unexplained rise in mortality. Could the vaccines be part of the explanation for this unexplained rise? In any case, the authorities are making no connection whatsoever. They're certain that the vaccines are safe and effective, and that's where we're at today.

Jean Dury

Thank you very much, Monsieur Leray. Do we have any questions for you?

Commissioner Massie

I understand it's getting late now. We've all had a very long day. I'll limit myself to just one question for Monsieur Leray. You've done a colossal job compiling all these data and I would be interested to have you comment on the evolution of your mindset regarding data collection and the questions you had when seeing those discrepancies from your observations that seemed to materialize every time you did a study. Has this led you personally to take a firmer stance regarding what seems to be a fabricated narrative that, in any case, does not seem to want to be dismantled by government authorities? So what is

the evolution of your approach and where are you now after all the analysis you've been doing for at least the past two years?

Christian Leray

Clearly, this can only reinforce the idea that there's a problem with vaccines. Moreover, that was the idea behind one of my articles for *Libre Média*, where I said the vaccines are not the solution.

[00:45:00]

All this happened step by step: first we had the INSPQ table on comorbidities, then we had the data on hospitalizations, then we had the data on deaths according to vaccination status. It's clear that at each stage, the idea that vaccination has a negative effect is only reinforced. What's shocking is that this is something we're even questioning. As I say, everything we do is public, it's detailed on our website. In our articles, I do explain the methodology; and we know perfectly well that all the media and fact-checkers are watching us and they have nothing to say. So it's an admission that what we're saying is true, that we're not too far off the mark, and that they're extremely embarrassed. We find ourselves asking, if the public knew all this, what would they think and how would they react? It's unbelievable.

So in fact, in the end, the authorities and the media—I call them subsidized media because they receive subsidies, which obviously doesn't make them free; they're not independent—but they're stuck in their discourse of safe and effective vaccines and they can't go back. I mean, it would be extraordinary; they're capable of anything, but it would nevertheless be quite extraordinary to suddenly be able to tell us, "Oh, you told us that vaccines were ineffective and that we shouldn't be vaccinated." So they're forced to continue with this discourse that vaccines are safe and effective. And that's worrisome for the future because the future is more or less what other speakers before me have been talking about. What has happened, in fact, is social engineering. We succeeded in scaring people, making them conform, locking them up, and injecting them with a product that was still being tested. It was a great success, and this success has been analyzed by the people who organized it all, and it's still going on.

So now we're going to have the sequel, perhaps with global warming. They're talking about "15-minute cities," where we'll have to accept cameras in the streets for these "15-minute cities," where we'll be filmed all the time because we won't be able to take our cars anymore because they pollute and because they heat up the planet. We're approaching a world of Chinese-style control; that's what I fear. And the media, who have committed themselves, are somehow trapped in the chain of events. Occasionally, they'll publish a few articles by a few researchers warning, "Hey, you know what, we've gone too far with artificial intelligence, and we need to reflect." But maybe that should have been done earlier. Now, we're well on the way, and it's high time to reach out to the public and make them aware of what has happened, what is happening, and where we are going. It's very, very important.

Commissioner Massie

Thank you. I'll ask my colleagues. Do you have any questions to ask Monsieur Leray? Okay then, thank you very much. I'll let you and the host finish here.

Jean Dury

So we'd like to thank you very much, Monsieur Leray, for steering us on in this matter.

Christian Leray

Thank you very much.

Jean Dury

Thank you. Good evening.

Christian Leray

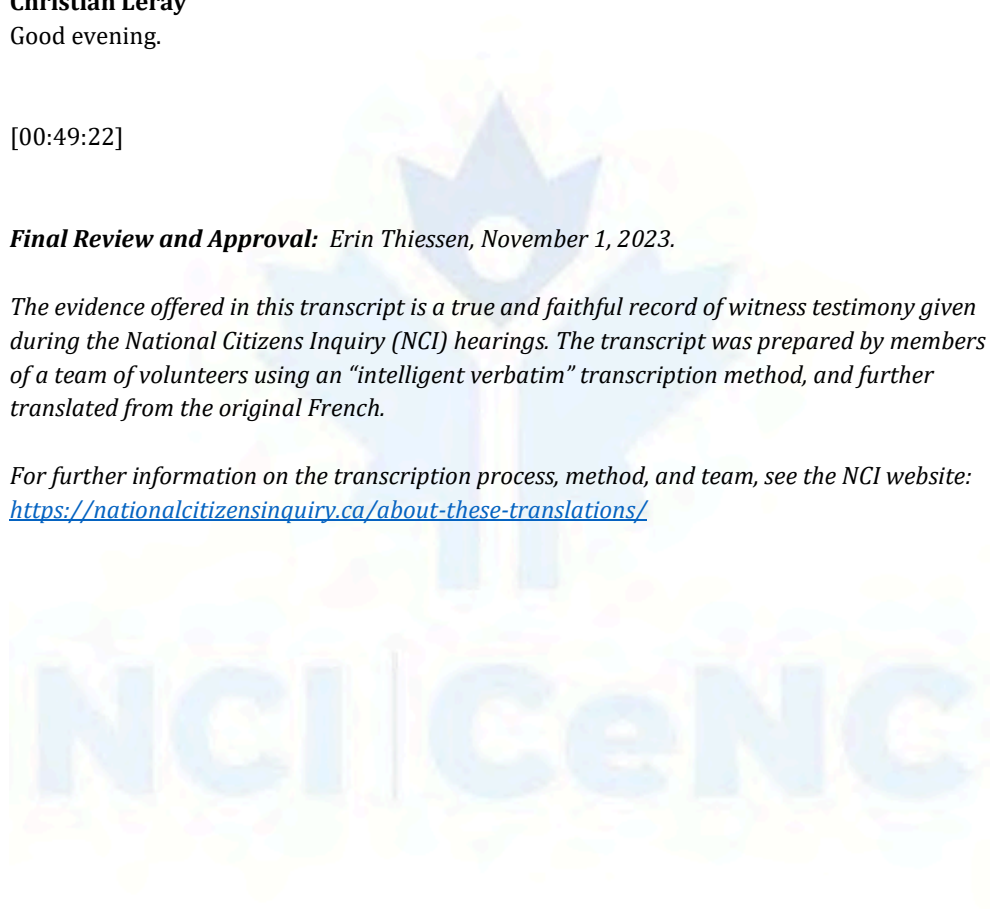
Good evening.

[00:49:22]

Final Review and Approval: Erin Thiessen, November 1, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 11, 2023

Day 1

EVIDENCE

(Translated from the French)

Closing Statement: Philippe Meloni

Full Day 1 Timestamp: 12:00:55–12:01:24

Source URL: <https://rumble.com/v2sjzn2-quebec-jour-1-commission-dengute-nationale-citoyenne-franais.html>

[00:00:00]

Philippe Meloni

Thank you, everyone, for surviving all this information and emotion for so long. It's been a long day, and tomorrow is likely to be just as long. Rest up, and we'll be back in the morning.

Thank you all very much and have a good evening.

[00:01:29]

Final Review and Approval: Erin Thiessen, November 7, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

EVIDENCE QUEBEC HEARINGS

**Quebec City, Quebec, Canada
May 11 to 13, 2023**

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). Hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Opening Statement: Philippe Meloni

Full Day 2 Timestamp: 00:00:00–00:04:45

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Philippe Meloni

Good morning, everyone. We're back for the second day of the National Citizens Inquiry. For those of you who were here yesterday, you know it's going to be a long day. I hope you had your cereal this morning because it's going to be intense. For those of you who weren't attending yesterday, you will see and hear some science, figures, and data, but you will also experience some very, very strong emotions. Many of you ended up with wet handkerchiefs yesterday and I'm guessing it'll be the same today.

I'm not going to talk for too long this morning. The first thing I'd like to say is that we are here at something that was undertaken by citizens—and so, it has been accomplished through the efforts of citizens at every level, from funding it to the actual work of putting it together.

So we have a first request: We need bilingual people. And I don't just mean the people in the room: I mean the people who are listening to us live and the people who are listening to the recorded version. We need people who are good at social media and who are bilingual. If that's you and you'd like to be part of this great adventure, please go to the Inquiry's website—nationalcitizensinquiry.ca—and sign up as a volunteer, specifying your skills: media and bilingual.

There is also the financial aspect. Those who are here can see the amount of equipment we have here and the quality of the place we're in. It's not free, and not a cent of it comes from the government or from taxes: it is all from citizens who help out, each in their own way. To put it into perspective, we estimate that these three days will cost around \$35,000. You might say, "Compared to the same thing done by the government, that's almost [like the amount given for] a tip," but it's still a lot of money.

So if you have the means, there are various ways to donate. On the website, when you register on Eventbrite, you'll also be given the opportunity to donate some money according to your own means. For all three days, we've also had paintings donated for a silent auction. And we have clothing you can purchase in the next room. So at the end of the

three days, we will take those who have donated the most. Anyway, we also take cash and cheques. Unfortunately, money is the lifeblood of the battle and we need it to carry on. So if you are able, please give a little.

I won't talk much longer. I'll hand it over to Samuel Bachand, who will begin Carole Avoine's testimony. This first testimony will show you that not everyone has emerged unscathed from this pandemic. And as I said yesterday, I've heard a lot of people say, "It's over. Get over it. Move on." I don't think those who have paid a high price in this pandemic will ever be able to think like that. Those who were here yesterday heard from people who will pay for the rest of their lives. We could give them all the money in the world. We have a young woman who can no longer hold her child in her arms, who can no longer touch her husband because she's in so much pain. I can't imagine any amount of money that could compensate for that. When we talk in law about irreparable damage, I think there's a lot of that. Today we're going to talk about it again. So I'll let you hear what people have really experienced.

Good day to you all.

[00:04:45]

Final Review and Approval: Erin Thiessen, November 14, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 1: Carole Avoine

Full Day 2 Timestamp: 00:04:52–00:22:00

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html?mref=1sktjm&mc=2l88w>

[00:00:00]

Samuel Bachand

Hello, Samuel Bachand. I am acting as counsel for the Commission. Madame Avoine, if you could just say your name and spell it for us first, please.

Carole Avoine

My name is Carole Avoine, C-A-R-O-L-E A-V-O-I-N-E.

Samuel Bachand

I will swear you in. Do you take an oath to tell this Commission only the truth?

Carole Avoine

Yes.

Samuel Bachand

So you're here to tell us about your experience with the AstraZeneca vaccination.

Carole Avoine

Yes.

Samuel Bachand

And its consequences with respect to your diagnosis of Bell's palsy. So I would ask you to relate all of this to us in chronological order, quite calmly; and then, if necessary, I will stop you to ask for clarification.

Carole Avoine

Perfect. On April 22, 2021, I received a dose of AstraZeneca. On the twentieth day after my vaccine, I started feeling a pull in my ear. I felt it start to tug in my mouth. In any case, I went to bed since it was late at night. I went to bed thinking it was stress because I had just started a new job. I wasn't sure: "I'm going to go to sleep, maybe it will pass." The next morning when I woke up, half of my face was paralyzed. I went to the hospital. I saw an emergency doctor who confirmed that I had Bell's palsy. She pointed out to me that I had the same paralysis as Jean Chrétien and that, basically, I could cope. I could nevertheless have a good life because he had had a good career despite his condition. When I asked her for a note for my work because I had just started a new job, she told me she couldn't do anything for me because it was a possibility that I would stay like this my whole life. And then, that was that. And she told me that she was referring me to an ENT [ear, nose, and throat physician] and that I was to wait for news from the ENT.

Samuel Bachand

When was the intensity of the paralysis described or diagnosed, under what circumstances?

Carole Avoine

At that time, my paralysis was not yet at its "top" level. It was when I went to see the ENT a few days later, she was the one who told me that I had a grade six.

Samuel Bachand

What does that mean?

Carole Avoine

Well, with Bell's palsy, you've got seven grades, I was a grade six. Grade seven is when your face sags. Fortunately, I didn't have a sagging face. That's the only criteria I didn't get for Bell's palsy. To confirm my grade six paralysis, I had to have an electromyogram, for which the doctor puts little needles in your face and administers electric shocks to see if a current runs through your face, through your nerves. And I had nothing going on. Nothing was moving. It was then that they told me my recovery would be long and that I would be left with sequelae.

Samuel Bachand

I want to come back to your first consultation with the emergency doctor. Can you just elaborate a bit on what she told you about the permanence or impermanence of the problem?

Carole Avoine

She basically didn't tell me anything about it. I asked her if there was a link to the vaccine that I had received. I took out my paper to show her that I had received a dose of vaccine.

Samuel Bachand

Which vaccine?

Carole Avoine
AstraZeneca.

Samuel Bachand
Against?

Carole Avoine
COVID. All she did was wave her hand, "No, that's not it, there's no connection to that." And she never took my paper, she never wrote in my medical file. And she sent me home.

Samuel Bachand
Did you ask her, or did she otherwise tell you why she felt there was no connection between your paralysis and the vaccine you received? We're looking at you receiving it approximately two weeks prior?

Carole Avoine
Twenty days. No, no. No reason. When I met the ENT again, I again asked if there was a link, a possible link. She replied that all flu shots can cause Bell's palsy but that wasn't the case for me, for no other reason than that.

[00:05:00]

Samuel Bachand
Did you check with the ENT to find out why she felt there was no link between your AstraZeneca COVID vaccine and your paralysis?

Carole Avoine
Yes, I asked her but I never got an answer, other than her saying that in my case, it wasn't that. So basically, the only answer she gave me was that I was better off with this than with COVID.

Samuel Bachand
Can you describe any other symptoms that you have endured or experienced as a result of your COVID vaccination?

Carole Avoine
I lost hearing in my left ear. It took seven months before I managed to close my left eye. Of course everything else, with my mouth and all that. When you have paralysis, you have no more strength in the corner of your mouth. That was definitely part of my symptoms.

Samuel Bachand
From the preliminary documents that I received from you, it seems there were also apparent impacts, or in any case, somewhat unexpected endocrinal or hormonal phenomena, if you could tell us about them?

Carole Avoine

Yes. I had my dose in April—on April 22. Then in June, I had my period for two weeks despite the fact that I had been postmenopausal for seven years. I had no periods for seven years, then I had two weeks with heavy bleeding.

Samuel Bachand

Where there any medication changes, related to your hormonal status at that time?

Carole Avoine

The only medicine I took was hormones for the hot flashes, so that's the only medicine I took. I didn't take any other medicine.

Samuel Bachand

Okay, so how long have you been taking it?

Carole Avoine

Since 2015.

Samuel Bachand

Okay, in April, May, June, what modification did you make to your intake of this medication?

Carole Avoine

I had no changes. The only change I had in my medication intake was the AstraZeneca vaccine.

Samuel Bachand

Have you expressed the desire—and if so, how—to file a claim with the compensation plan for vaccinated persons in Quebec, the public plan?

Carole Avoine

I tried to file a claim myself.

Samuel Bachand

How?

Carole Avoine

By the internet. But it was impossible to do so because it took a signature from a doctor who linked the vaccine to my paralysis.

Samuel Bachand

When you saw that, did you go back to see a doctor to ask for such a document or such a declaration?

Carole Avoine

I met another ENT. He also told me that he wouldn't fill in the forms, that he didn't make declarations, that, basically, there was no connection.

Samuel Bachand

Did he give you a reason other than that for not filing a return?

Carole Avoine

No.

Samuel Bachand

Okay.

Carole Avoine

After my first appointment with the ENT, when I saw that no one wanted to report my side effect, I went online and filled in a statement myself, submitting directly to AstraZeneca. They sent a form to my ENT but I don't know if she filled out the form and then returned it because it needs my vaccine batch. But I had nothing in my file that said I had had a vaccine, which meant that she didn't have the information for it.

Samuel Bachand

Give us a bit more background on this voluntary statement you made to AstraZeneca. How was it done in practice?

Carole Avoine

Well, I went online and said I had Bell's palsy after I got a shot. And then they sent the form directly on the internet.

Samuel Bachand

On the internet, where was it on the internet? The internet is vast.

Carole Avoine

Well, it was on the AstraZeneca site.

Samuel Bachand

So what did it look like, in terms of the form, other than what you told us?

Carole Avoine

I couldn't tell you; I haven't seen the form. The only thing I know is that my doctor received the form.

Samuel Bachand

How do you know?

Carole Avoine

She was the one who told me about it because she had an obligation to fill it out since it came from AstraZeneca. Then she told me that she had received the form because it needed my vaccine batch. Since it wasn't in my file, she didn't know anything about my vaccine. So she wanted to have my sheet which described my vaccine.

Samuel Bachand

Are we talking about the first ENT in the timeline?

Carole Avoine

Yes. Basically, I saw just one. I saw the other ENT only once because I needed a follow-up for a neurologist, since today with my sequelae, I have lots of spasms that cause speech problems. So basically, the only treatment I can receive is Botox injections that I may have to receive until the end of my days.

[00:10:00]

Samuel Bachand

What kind of access to your medical records have you requested from the various specialists mentioned?

Carole Avoine

Currently, I have not yet requested my medical records. This is my next step because I want to have my side effects acknowledged.

Samuel Bachand

If the commissioners have any other questions, I invite them to ask.

Commissioner Massie

Good morning, Madame Avoine.

Carole Avoine

Hello.

Commissioner Massie

I have a question concerning the difficulties you encountered in having your adverse effects recognized. What do you think the possibility is of meeting enough doctors until you find one who might be more receptive? Is it difficult to get these appointments?

Carole Avoine

It's super difficult. To date, I have one doctor who offered me his help, and this just happened very recently. I've been looking for a doctor who is willing to help me for two years.

Commissioner Massie

And for the escalation of your adverse effects, you absolutely need to have a doctor's signature. And here, you have indeed succeeded in taking this step.

Carole Avoine

Yes.

Commissioner Massie

What follow-up are you expecting? Are you waiting for recognition by the health authorities or is it not necessarily automatic?

Carole Avoine

I would appreciate recognition because I am one of those who have succeeded, according to Mr. Dubé. When it happened, the lottery of the 400-some thousand who were entitled to a dose of AstraZeneca, which was available in April—there were 400-some thousand doses. According to the government, I won the lottery because I managed to get an appointment for that dose.

Commissioner Massie

Following this unfortunate incident, did you immediately make the decision that there's no question of you taking other doses?

Carole Avoine

Well, at the time, I was asking myself that question. I asked my ENT if it was safe to take the second dose. What she told me was that basically the second dose would be safer because I wouldn't be getting the same vaccine. I would get Pfizer which, according to her, would be safer. Following my first appointment with the emergency doctor, I filed a complaint with the CIUSSS [Centre intégré universitaire de santé et de services sociaux/integrated university health and social services centre] of the hospital that I went to, because I didn't exactly understand the service that I had gotten. And then I received a Letter of Finding about my complaint from the CIUSSS, and the person who wrote to me referred me to public health for my second dose.

So from there, I was like, "As for my second dose, Public Health doesn't have any of my medical records." As I had no answers to my questions, I made the decision that I wanted

no more doses. I was done. I didn't wait for the doctor's approval. I told myself, no, I was not taking the next dose.

Commissioner Massie

Do you know of other people around you who have had the same type of side effects as yours?

Carole Avoine

No. Yes, I know one, excuse me. I know one at my work who had it, but she recovered. She wasn't left with sequelae.

Commissioner Massie

And so, what is the current prognosis for your recovery from your sequelae?

[00:15:00]

Carole Avoine

Today, I received confirmation that I would have to live with a grade three, that I had no possibility of it improving. It's been two years today that I've been paralyzed. Yeah, it's been confirmed that I would have to live with a grade three. A grade three means that I have to tape my eye shut to sleep every night—because when I close my eye, I get so many cramps that it becomes difficult the next day. The only way I'm able to drink is from a bottle. A glass is also very difficult. Often, I will have to drink with a straw. When I go outside, if it is sunny, my eye waters all the time. Every time I eat, my eye waters all the time. It's all part of my sequelae, which I have to learn to live with. Eating at a restaurant is over. I can no longer go to a restaurant because, when I eat—since I have no more strength on that side—I either drool or my food can come out of my mouth. So that's it.

Commissioner Massie

I'm also curious to know, did the dysregulation of your cycle finally recover?

Carole Avoine

Yes.

Commissioner Massie

So it was a relatively short episode?

Carole Avoine

Two weeks, yes.

Commissioner Massie

Very well. You have any questions?

Commissioner Massie
Thank you very much.

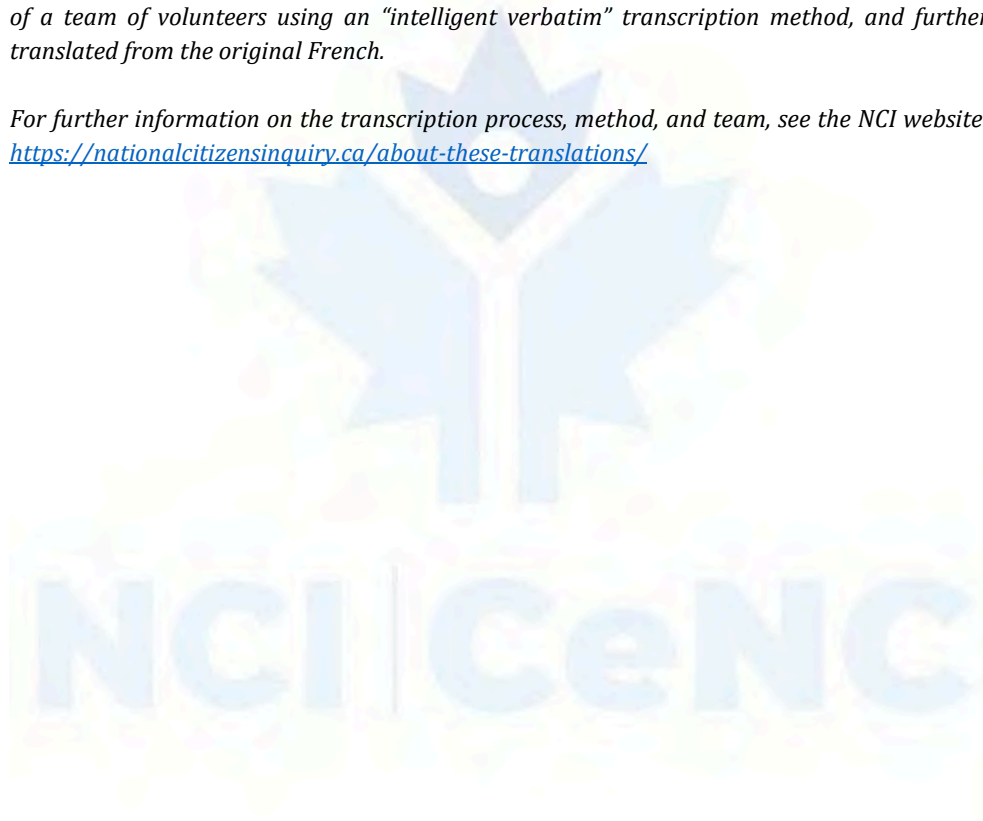
Carole Avoine
Thank you.

[00:21:48]

Final Review and Approval: Erin Thiessen, November 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 2: H       Banoun

Full Day 2 Timestamp: 00:32:27  01:25:45

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

So hello again. We  ve solved the little technical problem with the PowerPoint and now we  ll continue with our next witness, Madame H       Banoun. Madame H       Banoun, can you hear us?

H       Banoun

Yes.

Konstantinos Merakos

Perfect. We have the PowerPoint here on the screen for people to see. I  m going to be the one manually changing the pages, so just let me know when; we  re going to be working as a team on your PowerPoint.

I  m going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say "yes" or "I do."

H       Banoun

Yes, I swear, with the comment that when it comes to science, there  s no such thing as truth. I can give the state of science that seems correct to me today. All this can change.

Konstantinos Merakos

Fine, but the answer is yes?

H       Banoun

Yes, of course.

Konstantinos Merakos

Excellent. So I'm going to ask you for your full name and to spell your last name, please.

Hélène Banoun

My family name is Banoun, B-A-N-O-U-N.

Konstantinos Merakos

And your complete name is. . .

Hélène Banoun

My first name is Hélène, H-É-L-È-N-E.

Konstantinos Merakos

Perfect. And where are you currently located?

Hélène Banoun

I'm in Marseille, in the south of France.

Konstantinos Merakos

Perfect, and are you alone in the room or with someone else?

Hélène Banoun

No, I'm alone in the room.

Konstantinos Merakos

Excellent. So Madame Banoun, I have your CV in front of me. I'd like to start by talking a little about your expertise. We'll start with this. Tell us a little about yourself.

Hélène Banoun

I'm a pharmacist-biologist. I was a researcher at Inserm, the French National Institute for Health and Medical Research, a very long time ago. I worked in anti-cancer molecular pharmacology and I started working intensively in virology a few years ago, and particularly since the pandemic. I've published bibliographical reviews in international journals, in particular a review on the evolution of the virus, and various scientific articles in international peer-reviewed journals. So I think I have some expertise as an independent scientist. That's what I can say.

Konstantinos Merakos

Excellent.

Hélène Banoun

I should add that I have been a member of the French Independent Scientific Council since its creation in April 2021.

Konstantinos Merakos

Excellent. So where do you currently work?

Hélène Banoun

I work from home since I'm retired. I'm an independent researcher, a volunteer.

Konstantinos Merakos

And in your CV, could we talk about at least one or two themes, namely the work in progress, an independent analysis in English?

Hélène Banoun

I work with Dr. Maria Gutschi, who presented her work to the National Citizens Inquiry in English a few days ago. There's also Dr. David Wiseman, David Asher. So we're working on the analysis of the European Medicines Agency's report on vaccines and on pre-clinical trials of RNA vaccines, among other things. I work in collaboration with these people. By the way, I'd like to thank Dr Maria Gutschi and David Wiseman for some of the things I'm going to say in my presentation.

Konstantinos Merakos

Excellent.

Hélène Banoun

I've also worked with Professor Patrick Provost at Laval University, and together we published an article on the necessary observation period for adverse effects of RNA vaccines.

Konstantinos Merakos

Perfect. Thank you very much. So without further ado, let's start with your PowerPoint. Is that okay with you?

Hélène Banoun

I'm not going to repeat what I've said about myself, so we'll move on to the second slide. I'm going to talk about the problem of regulating these RNA vaccines. Are they gene therapies or are they vaccines—or both, if possible? I'm just going to give a quick introduction to help you understand the problem, that is, the way these vaccines work. So on the first slide, I'll quickly remind you what a virus is. So it's a complete parasite made up of nucleic acid. You can see in the center of the diagram: everything in orange is nucleic acid. In this case, for coronaviruses, it's RNA. Then, in green, you have an envelope to which surface proteins are attached, including the famous spike protein, which is an antigen of the virus and which is very abundant, and which will therefore be recognized by the attacked organism, by the person who is ill, as an antigen.

[00:05:00]

This person will produce antibodies against these antigens and some of these antibodies are capable of neutralizing the virus. That's why vaccine manufacturers have chosen the spike as the antigen for the vaccine.

On the next slide, I'm going to say a few words about the immune system. The immune system is divided into several branches. There is innate immunity, which is non-specific and has no memory of pathogens, and adaptive immunity, which is pathogen-specific and retains a memory via cells. This adaptive immunity is divided into two branches: cellular immunity, whose effectors are cells, in particular T-lymphocytes; and humoral immunity, whose effectors are antibody molecules produced by B-lymphocytes.

So I've got a little diagram here, where, on the bottom right, you can see the virus with these little spikes on the surface in red and the antibodies in pink-white that bind to them. But what needs to be explained is that all these systems cooperate with each other and cannot act alone. For example, the macrophages you see at the top right, the kind of purple cell, play a role in innate immunity, but also in adaptive immunity through cooperation with lymphocytes. In fact, we'll see that with conventional vaccines, and especially with RNA vaccines, we focus solely on antibodies and one virus antigen. That's a pretty limited mode of action.

On the next slide, we can see the different types of classic and new vaccines that we're accustomed to using. So historically, we've gone from live attenuated vaccines to RNA vaccines. In other words, the first vaccines were made with live attenuated viruses—in other words, empirically, as was the case for smallpox. They were attenuated using very empirical, very crude methods. Then we developed more refined methods. These were the first viruses.

We've also tried to make chemically inactivated viruses. We've tried to make particles that look like viruses. We've used virus vectors, such as DNA vaccines from AstraZeneca and Janssen. Historically, we have also used antigens. We chose an antigen, a part of the virus, and we made recombinant proteins, meaning that we synthesized, either chemically or by biological recombination, proteins that serve as antigens.

And then more recently of course we have DNA vaccines, in which the vaccinated individual synthesizes the antigen, and then, finally, the famous mRNA vaccines, in which the vaccinated individual is injected with part of the virus's genetic code and is expected to produce the antigen himself. And so we focus on a specific antigen and antibodies.

Regarding the next slide, I'd just like to make a brief comment about this WHO [World Health Organization] diagram, which tells us that only antibodies are represented: since the beginning of the history of vaccinology and immunology, only antibodies have been taken into account in the immune response. We see on this diagram that viruses are depicted and then these small kind of Y-shaped molecules are the antibodies that are supposed to bind to the virus and neutralize it. And particularly for coronaviruses, which are respiratory viruses with a nasal entry point, innate immunity is essential: the innate immunity found in the nose has little to do with antibodies, in fact. And so with this idea of focusing on the antibody response, we forget about the T-cell response, cellular immunity, and innate immunity. And that's a problem for vaccines.

So on the next slide, let me remind you of the same thing. In actuality, we've forgotten that the organism reacts to a living, whole pathogen, introduced via a natural pathway: in this

case, the upper respiratory tract in the case of a coronavirus. And here, with mRNA vaccines, we're going to inject only a genetic code into the muscle. So it has very little to do with the attack of a real, natural, living pathogen.

[00:10:00]

For the next slide, I'd like to say a few words about the phenomenon of the facilitation of viral infections by antibodies, known in English as "antibody-dependent enhancement." This phenomenon contradicts the protective role of antibodies asserted by classical immunology, since immunology tells us that antibodies are there to protect us. But in fact, this phenomenon of facilitating viral infections has again recently been discussed in relation to the clinical aspect of COVID-19. Actually, in some cases, antibodies are harmful and, in fact, antibody levels are correlated with disease severity. So it's not necessarily a causal relationship, but it can't be easily ruled out.

Incidentally, I published a theoretical article on this subject in relation to the theory of evolution. You'll find the reference at the top of the slide. So antibody-dependent reinforcement of infection is the accepted mechanism to explain severe reinfections due to dengue virus—among others, because it happens with other viruses—and also the higher occurrence of severe dengue in vaccinated people. Vaccine antibodies are capable of aggravating an infection that subsequently occurs with a dengue virus similar to the one with which we vaccinated. And so this antibody effect seems to contradict the immunological theory. This is another criticism that can be levelled at these vaccines, which focus on the production of antibodies: more and more antibodies to fight the disease, when in fact they can sometimes work against a patient.

On the next slide, I'm going to quickly remind you of the principle behind the design and synthesis of these messenger RNA vaccines. So they comprise synthetic messenger RNA molecules which direct the production of the antigen that will provoke an immune response. You're injected with part of the genetic code of an antigen that you'll manufacture, and against which you'll produce an immune response in the form of antibodies. Now, I'm not going to go into detail about how this is done because it's very complicated. RNA is transcribed in vitro from a DNA matrix. This may explain the recent discovery that there is contaminating DNA in vaccine vials that shouldn't be there. There are also a number of stages in the manufacture of these messenger RNAs that are poorly handled because they are completely new; and above all, there have been many subcontractors in the manufacturing process to produce billions of doses, so we can expect problems with this manufacturing process. All this was detailed by Maria Gutschi in a previous presentation to the National Citizens Inquiry.

For the next slide, I've put together a diagram showing the theoretical mode of action of messenger RNA vaccines. Now, I'm not going to go into detail because it's very complicated, but I will remind you that the designers of these vaccines are only interested in the fate of these products in specialized immune cells, which are known as antigen-presenting cells, APC cells. But we now know that RNA circulates throughout the body and can be translated into this famous spike protein by numerous cell types. And we also know that this spike is toxic, not to mention the toxicity of nanoparticles, because messenger RNA is wrapped in nanoparticles that serve to protect it and act as vectors to deliver it to the site of action. So there you have it. The official site of action is immune cells but in reality, this RNA goes everywhere and is possibly translated into spike by different cell types in virtually every organ.

So on the next slide I've just taken a screenshot from Professor Frajese, who spoke at the International COVID Summit in Brussels last week, where he reminds us that these vaccines are, in fact, prodrugs; in other words, they are pharmacologically inactive in themselves. This is important to understand from a legal and scientific point of view, and even for politicians. They are pharmacologically inactive and must undergo metabolic transformation by the body to achieve their supposed activity. And so if you like, it's difficult to subject them to the regulation of conventional vaccines or conventional drugs; it's something completely new.

On the next slide, the same Professor Frajese reminded us that we don't know how this product works. We don't know where it is biodistributed or how it is excreted. And he also reminded us that we don't know on what scientific research the authorization of these RNA vaccines for pregnant women is based.

[00:15:00]

So how are they supposed to work officially? On the next slide, I've taken a diagram from the Finnish Health Institute because I thought it was very educational, where they show the official mode of action of RNA vaccines, according to the official narrative. So the messenger RNA contains the genetic instruction to make the spike; it penetrates the muscle; the muscle cell produces this spike, which is recognized as foreign by the body, which protects itself against it by making antibodies. That's the official mode of action, but it's not so simple because on the next slide you'll see that, in fact, this messenger RNA contains the modified code of the virus' spike protein, which is itself modified.

So all this is not natural RNA and it's not the spike of the virus which circulated around the world. And let me remind you that almost all the pathogenic effects of the COVID-19 virus, SARS-CoV-2, are due to this toxicity of the spike, the surface protein. And moreover, the vaccine spike is apparently more toxic than the viral spike, precisely because it has been modified to be more stable.

On the next slide, we see that lipid nanoparticles, or LNPs, which act as vectors and protection for messenger RNA, penetrate the whole body and many cell types. And these nanoparticles are also toxic. This seems to be becoming clearer now. So we now know that the modified RNA of the vaccine and the modified spike of the vaccine produced by the vaccinated individual can persist for months in the body. I've also published—you'll find the reference on the bottom left—a summary of the bibliography on what was known before and since the anti-COVID RNA vaccines were marketed regarding the biodistribution and, possibly, excretion. But that's another matter, and we won't go into it here.

On the next slide, we see that transfected cells—meaning those in which the RNA has penetrated and been translated into spike proteins—well, these cells will express the protein on their surface. They will induce the synthesis of anti-spike protein antibodies. But they can also be destroyed because they will be recognized as foreign by the immune system, since they carry a foreign protein on their surface. This can explain the undesirable side effects as cells necessary to the proper functioning of the human body are destroyed.

And so on the next slide, we come to the heart of the matter. According to this principle of action, RNA vaccines are gene therapy products. In fact, according to the FDA [Food and Drug Administration]: "Gene therapy products are any products whose effects are mediated by," here I summarize, "the translation of genetic material," which happens—a

transfer—”and which are administered in the form of nucleic acids,” which happens. So this corresponds exactly to the mode of action of gene therapy products.

The next slide shows the European Medicines Agency’s definition of gene therapy products. A gene therapy product “contains an active substance consisting of a nucleic acid, with a view,” in particular here, “to adding a genetic sequence,” which is exactly the case. “Its effect, whether therapeutic or prophylactic,” which is the case here, “is directly linked to the sequence of this nucleic acid” that is injected. This is exactly the case here. But what you need to know is that the European Medicines Agency was already telling us in 2009 that gene therapy medicinal products do not include vaccines against infectious diseases. So through a simple regulation, we decided that these products, which were objectively gene therapy products, would be excluded from the regulation of vaccines against infectious diseases. We’ll look at the chronology of this exclusion in a moment.

I’ll perhaps move on quickly over the next slides on vaccine clinical trials, because I don’t want to take up too much time, so as to allow questions to be asked. It was just to remind you, chronologically speaking, that the sequence of the first official SARS-CoV-2 virus was officially published in January 2020 and that the complete genome was officially published on January 11, 2020. Despite this, it’s worth noting that the first vaccine candidate entered human clinical trials with unprecedented speed on March 16.

[00:20:00]

On the next slide, we’ll look specifically at the Pfizer clinical trial. Development began on January 10, 2020, the day before the virus genome was fully published. And from what I’ve been able to understand by researching official documents, phase I on humans began before the phase on animals. Since the rat studies were approved on December 17, 2020, they would have started in June 2020, and they would have started after phase I on humans. So all these stories coincided, which explains why these products couldn’t undergo the usual testing. In particular—again, from what I understand because maybe I’m wrong; it’s not very clear in the documents—it seems that phases I, II and III were conducted simultaneously. And I will remind you that phase I is used to decide the optimal dose. In phase I, there were three dose levels, but if phase I is carried out at the same time as phase II and phase III, they won’t be able to choose the optimal dose for phase III, which is the pre-commercialization phase. And this seems to have been what happened.

The next slide on the continuation of the Pfizer trial, is just to point out that a whistleblower, Brook Jackson, had published an article in *The British Medical Journal* which reported integrity problems in the clinical trial data. So we need to look at this clinical trial with circumspection. There may have been problems. I wouldn’t say fraud, but integrity problems.

Concerning the Moderna trial and again the chronology of this trial: Moderna officially began work on the vaccine on January 13, 2020. I remind you that the genome was published on January 11. But in fact, we later learned from a journal—you have the reference below—that Moderna had started trials as early as 2019, so before the official start of the pandemic. And in fact, these data were so encouraging that the CEO had announced in 2019 that the company would double its vaccine development program in 2020.

The next slide shows the continuation of the Moderna trial. Likewise, here we can say that the preclinical studies on non-human primates were conducted in collaboration with the American Institute of Health, and they published about monkeys in July 2020, while the

phase III on humans began on July 27, 2020. In other words, phases I and II—if they took place because I haven't found a reference to phase II—well, they began at the same time as, or perhaps even before, the animal studies. So there really is a problem with the clinical trials.

So for the next slide, I'm going to talk about the history of gene therapy regulation in relation to vaccine regulation. In 2005, the WHO granted nucleic acid-based vaccines—which, I remind you, is the case for RNA vaccines—the status of vaccines. They are vaccines. In 2007, the European Medicines Agency defined nucleic acids for prophylactic use—and vaccines fall within this framework—as GTPs, in other words, gene therapy products. Similarly, in 2007, the FDA defined DNA plasmid-based vaccines as gene therapy products. So at that time, there was no talk of RNA vaccines because they weren't yet a reality. We hadn't even imagined making them yet. And in 2008, the European Medicines Agency confirmed that DNA vaccines were subject to the regulations governing gene therapy products.

On the next slide: What happens in September 2009? Well, the European Medicines Agency decides that vaccines against infectious diseases cannot be classified as gene therapy products. Suddenly, they're no longer subject to regulations, and the same thing was decided by the FDA in 2013. The regulation of gene therapy products does not apply to infectious disease vaccines.

And we'll see on the next slide: what happened between 2008 and 2009? Since up until 2008, nucleic acid-based vaccines, including RNA vaccines, had to comply with these regulations? Well, in 2009-2010, we had the H1N1 flu pandemic and Dr. Anthony Fauci was looking for solutions for a universal flu vaccine.

[00:25:00]

And in November 2010, talk began of a DNA vaccine, but not yet of an RNA vaccine. And in 2011, two European companies, CureVac and Sanofi, began collaborating with DARPA, the U.S. Army Research Agency, to develop RNA vaccines. And in 2013, DARPA awarded Moderna a grant of up to \$25 million to develop a messenger RNA vaccine-based therapy against infectious diseases. So there seems to be a temporal concordance between this regulatory change and the decision by U.S. medical authorities to focus everything on RNA vaccine research against infectious diseases, but most specifically against influenza.

So just to let you know that all the references for everything I'm telling you here are in a preprint that I've uploaded to Qeios [since published and available as Exhibit QU-11 in the French and QU-11a in English]. It's really a preprint because I've modified it a lot. I'm going to modify it again in order to resubmit it to other journals because it's been rejected due to it being a very sensitive subject. I've been told that the regulation of RNAs is an important subject. All the people who criticized me told me it's very delicate. So in this preprint, I remind you of something very important: that RNA vaccines should follow the regulations for gene therapy products because objectively, they are gene therapy products. But what's important to note is that an RNA molecule, virtually the same molecule that targets tumors—that is, one used to combat cancer—is considered a gene therapy product. But as a vaccine against an infectious disease, it is no longer considered a gene therapy. And this exclusion is scientifically unjustified.

So on the next slide, I confirm the bizarre nature of this exclusion by the fact that Moderna and Pfizer expected their product to be subject to the regulation of gene therapy products. This came out in a press release from 2020, you have the references here for Moderna, and

from 2014 for Pfizer. So according to the CEO of BioNTech, who worked with Pfizer, they really expected messenger RNAs against infectious diseases to be considered gene therapy products. So even the manufacturers expected it. That's why they've produced trials that correspond in part to those for gene therapy products.

On the next slide, we see that whether RNA vaccines are considered vaccines or gene therapy products, they must in either case comply with the rules applicable to human medicinal products according to the European Medicines Agency. And so, as I said, if it's a cancer therapy or a vaccine, they won't undergo the same controls.

Now, it's worth noting that the European Medicines Agency requires additional studies for vaccines that use new formulations—and we'll see that not all these studies have been carried out. Vaccines in general have long been exempted from pharmacokinetic controls without any real scientific justification. Why exempt products that are administered to the entire human population, as opposed to drugs that are only administered to a few patients? But it should be noted that, as RNA vaccines represent a new class of drugs, they should rightly be subject to more controls than conventional vaccines because they are based on new technologies.

In fact, the European Medicines Agency wrote, before the arrival of RNA vaccines of course: "Vaccines are in most cases administered to a large number of healthy individuals. A robust non-clinical safety evaluation is required." So there you have it. It's a real problem, as the European Medicines Agency itself acknowledges.

On the next slide, we can see which regulations apply to these RNA vaccines. They are obviously subject to the control of new vaccines by regulatory agencies. So like all vaccines, like all human products, we have to demonstrate the purity and quality of the raw material. For this, I must refer you to the presentation by Maria Gutschi, who is currently analyzing the European Medicines Agency's report on product purity and quality. In the case of a new formulation, which is the case here, with both a new excipient and a new product, pharmacokinetic studies—meaning biodistribution in the body—are normally required for new vaccines.

[00:30:00]

We can see that they've only been partially done. Toxicological study of the new additive must also be carried out. These studies have been very incomplete. And so above all, I'm going to emphasize pharmacokinetics. In other words, this concerns vaccine absorption, distribution and biotransformation in the body, and possible excretion. And this must be studied for new vaccines.

On the next slide regarding product quality, please refer to Maria Gutschi's presentation. In fact, as I told you, when RNA vaccines came onto the market, there were no specific regulations for RNA vaccines because it was a new product. So in fact, what we can gather from the pre-clinical trial reports is that the regulatory agencies, particularly those of the European Union, adapted the regulations. They asked for specific controls—which were inspired, in fact, by the controls for gene therapy products—to be applied to these RNA products.

And so one control for gene therapy products requires genetic identity: that is, the exact nucleotide sequence of the product. This has not been provided. There is a requirement to study the interaction of the nucleic acid with the vector. This was not provided. In fact, stability studies were underway when the vaccine was approved. There is a very technical

condition that must be demonstrated: the presence or absence of CpG dinucleotides. This has not been provided. This is always the requirement for gene therapy products, I remind you—to which RNA vaccines are not officially subject, even though they are, in fact, gene therapy products. For these gene therapy products, research and quantification of product-related impurities is required. So it's very technical: sequences that have been deleted, rearranged, hybridized, oxidized, or depolymerized. This was not provided in the preclinical trials. The presence of antibiotic resistance genes found on the RNA vaccines must also be justified. This hasn't been done either.

For the next slide, I'd like to talk about another point that has come to our attention very recently. Independent researchers, several independent teams, have found the promoter of the SV40 oncogenic virus in the DNA matrix used to synthesize RNA. And this promoter is known to amplify translation into proteins and to facilitate integration into the genome. This is a worrying problem, since DNA contaminants have also been found in vaccine vials. So these vials contain this promoter, which could facilitate the integration of DNA and/or RNA into the genome.

On the next slide, I'd like to remind you of the controls that were thus avoided for these RNA vaccines, as they were not subject to the same controls as gene therapy products. So for example, the route of administration. We have to study the route of administration, study the worst-case scenario. For example, we know that for these vaccines, there was no requirement to aspirate once the needle was inserted into the muscle. Aspiration before injection ensures that the needle is not in a capillary, a blood vessel. If you don't do this, it's possible that you're injecting into a blood vessel. And for gene therapy products, study is required to verify what happens when the most unfavourable route is used, and this has not been done.

What hasn't been done either is biodistribution [study]. We'll talk about that on the next slide. Biodistribution in the human body is very important, as you'll see. The characterization of the presumed mode of action has not been given. In fact, the European Medicines Agency has pointed this out: The mode of action has not been described. As I said earlier, it was difficult to determine the optimal dose, since phase I was conducted at the same time as phase II and III. In terms of potential toxicity targets, it was not specifically determined as to where it could be toxic in the body. Research was not conducted regarding integration in the genome. The European Medicines Agency requires that this be looked into for gene therapy products, even when such integration is unlikely, which is the case for RNA vaccines, but it must still be investigated. Transmission in the germ line has not been researched either, even though there are signals in the gonads, both the ovaries and the testes. It is known that the vaccine goes there, but it has not been investigated.

[00:35:00]

There is also a need to carry out sperm fractionation studies and integration analyses. This has not been done. There is also a need to investigate the toxicity of structurally modified proteins; that is, it is possible that the vaccine may cause a vaccinated individual to synthesize proteins other than those investigated. This has not been researched. For gene therapy products, it is also required to study toxicity on embryo-fetal reproduction and therefore go as far as human trials. There should also be study into repeated toxicity, since vaccine manufacturers initially thought there would only be two doses, but in the end, they went as far as five/six successive doses for certain populations, and the toxicity of five or six doses has not been studied.

On the next slide, I focus on the biodistribution and excretion of messenger RNA and the RNA product, in other words, the spike. As I showed you earlier, I have published a review of the literature. We now know that RNA and the spike are found throughout the body, in all organs, and persist for at least several weeks. For gene therapy products, regulatory agencies require study of this biodistribution, especially if the synthesized protein, the spike, is excreted into the bloodstream, which is indeed the case here. I've provided two references here, but there are others that show that spike is indeed found in the blood.

Regulatory agencies also demand that the duration and expression of the spike be determined by PCR. This has not been done. They also require identification of the target organ and confirmation that the product actually reaches the target organ or tissue. This hasn't been done either. They also ask for the study of excretion into the environment in animal models, and also, eventually, for excretion studies for humans. This has not been done. For gene therapy products, they also ask for excretion via semen. This has not been studied.

The next slide presents the continuation of biodistribution problems: the FDA specifically requests that aberrant localization in non-target tissues and cells be studied for gene therapy products. They ask for a determination of exactly how many copies of the vector are present in the cells. This has not been done. They ask for study into the potential horizontal transmission from the patient to family members. This request is made exclusively for viral vectors, but as we are dealing with RNA—which is not a viral vector—and spikes which are known to be distributed throughout the body, these excretion studies should also have been carried out. The FDA also asks for a study of transplacental passage and in breast milk, as well as toxicological study based on the duration of persistence of the product in the animal model. This has not been done.

So just a word—I think I'll speed things up a little because, on the next slide, I'm going to take too much time. Recently, there was an article published on the problem of nanoparticle regulations as well. They are asking for toxicity and biodistribution studies on the complete particle injected: in other words, the lipid nanoparticle with the vaccine RNA inside. This has not been done. It's been done with related products or separate ingredients but it hasn't been done on animals. The actual biodistribution of the vaccine as injected into humans has not been studied.

Next slide: so if messenger RNAs had been classified as gene therapy products, they would have had to undergo all these controls, and then the ambiguity would have been removed. The biodistribution study should have been carried out on the actual particle injected, and not on products of that particle or similar products.

On the next slide, I'd like to emphasize two points. Since we now know from preclinical studies carried out before these RNA vaccines that when lipid nanoparticles equivalent to those in RNA vaccines reach the liver—which is the case and has been verified for COVID RNA vaccines—well, they are able to pass the placental barrier and be delivered to the fetus, and express the gene encoded by the RNA.

[00:40:00]

If a woman is vaccinated while she is pregnant, it is possible that the vaccine passes the transplacental barrier. This should have been studied if the vaccine had been classified as a gene therapy product. Moreover, in a declassified FDA document on adverse reactions, it talks about exposure of babies through breastfeeding and of fetuses through the transplacental route. The FDA does not deny this but confirms that it is possible.

In the next slide, we're going to talk specifically about the passage of RNA vaccine into breast milk, which should have been studied if these vaccines had been classified as gene therapy products, which was not done. There are now four independent studies showing that it is possible that the vaccine RNA in a woman injected while breast-feeding her baby can pass into breast milk for at least the first week following injection. This has been proven.

And in fact, on the next slide, in the adverse reactions reported in the first two months after the vaccines were marketed, adverse reactions were noted in breast-fed babies within seven days of vaccination, which corresponds exactly to what was found in the passage of the vaccine into the milk. Moreover, in a response to a citizen's petition, the FDA does not question the detection of RNA in milk. It acknowledges the absence of functional studies demonstrating whether the vaccine RNA detected is translationally active, which should have been studied. And so it would have been very prudent to require RNA excretion studies in milk before commercial release and, above all, before approval was given to inject it into breast-feeding women.

On the next slide, I'd like to remind you that genotoxicity and immune suppression studies are necessary for gene therapy products. But either they haven't been carried out for immune suppression, immunotolerance, or they have been only partially carried out for genotoxicity since they were only done in vitro—that is, on cultured cells. And, in fact, they were carried out with messenger RNAs coding for proteins other than the spike, meaning not actually with the vaccine products. There are no studies of carcinogenicity, mutational insertion, or tumorigenicity in vivo, which are required for gene therapy products. And there are no studies on immunotolerance and immunosuppression, which have now been proven, as I've put here, by two publications that appeared after commercial release.

And on the next slide, I show you that the FDA requires long-term follow-up for gene therapy products, long-term follow-up of adverse effects over five to fifteen years, and this long-term follow-up does not apply to vaccines. So RNA vaccines escape this long-term monitoring because they are not considered gene therapy products. For gene therapy products in particular, they require long-term monitoring of cancers, new neurological diseases, autoimmune diseases, new hematological diseases, and infections. It should be noted that all these diseases are reported after RNA vaccines in peer-reviewed scientific publications. So this should have been studied before commercial release.

And finally, the next slide: RNA vaccines have escaped all these checks on gene therapy products, which are, however, essential for a new formulation and a new principle of action. So why did the European Medicines Agency give emergency approval when specific obligations in the requirements were not met? Why didn't the FDA actually evaluate these vaccines, unlike the European Medicines Agency? We know that in 2021, senior FDA officials resigned because they felt excluded from key vaccine decisions. All the references for this are in the preprint I pointed out. And according to documents leaked from the European Medicines Agency, it was learned that in late 2020, U.S. and E.U. government officials pressured European authorities to quickly approve the vaccine, despite safety concerns.

And so in conclusion, on the next slide, I'd like to ask that in future, we consider whether or not all messenger RNA products should be subject to the same regulations and controls, whether or not they are considered vaccines against infectious diseases.

[00:45:00]

There is no justification for subjecting therapeutic RNAs to strict controls when they are intended for patients who ultimately represent a small proportion of the world's population—because people with genetic defects or cancers are numerous, obviously too numerous, but they represent a small proportion of the population—whereas RNA vaccines are intended for the vast majority of the world's population, and a healthy one at that. Why exclude them from such regulation? That's the question I'm asking; and I think everyone should understand that it's very important, even though it's a rather onerous subject.

That's it, I'm done. Thank you for your attention. I hope I haven't taken too long.

Konstantinos Merakos

Yes, excellent. Thank you, Madame Banoun; thank you very much. We'll now go to our commissioners for questions. Please, go ahead.

Commissioner Massie

Hello, Madame Banoun, and thank you very much for this very exhaustive overview of the historical development of these products, which were made available to the public very quickly. My first question concerns your analysis, which to me looks like a literature review or a review of available government documents. And you have the expertise as a researcher that enables you to do this kind of reading and ask the related questions, and then try to find the documents that will make it possible to document the whole narrative you've presented to us.

My question for you is this: You know the research community—you have other colleagues in France and abroad. How many researchers would have this kind of expertise and could have done an analysis somewhat similar to the one you've presented to us? Does what you've done require such unique expertise that only a few people in the field can do it?

Hélène Banoun

No, I don't think so because I haven't been an expert in vaccines or regulations for very long. I looked into the problem because I thought it was important. In fact, I've already submitted my preprint twice to international journals. It was probably rejected because there were some inaccuracies as I'm not an expert. So what I'm giving you here is the result of the corrections I made following the comments of the experts who judged me. They're anonymous experts, but I'm guessing they must be part of official regulatory bodies. So I've been working on it; it just takes a lot of time and precision, but it's not that complicated. You need to attend to it, but I think this problem can't elude scientists, especially those who are regulatory experts. Besides, all those who criticized my preprint said that I was right to pose this problem, that it was a real problem: this problem of contradictory regulation between vaccines and gene therapy products. So I think it's within the grasp of a lot of people.

Commissioner Massie

My next question concerns the quality of these products. We've had other experts come and testify before the Commission, and they've raised a whole series of problems similar to those you mentioned in terms of product quality. Maria Gutschi was here and other experts also made presentations. And when we analyze all the questions raised about product

quality—and above all, the fact that when we go into clinical trials, certainly in phase II, we should have products of absolutely impeccable quality, so that the conclusions we draw about product efficacy, and eventually safety, cannot be called into question given the heterogeneity of product quality. This poses a problem for the conclusions of clinical trials.

And here's the question: Given that we've rushed through a lot of stages—in both evaluation and production, in manufacturing—based on the analyses you've carried out, do you think that we currently have technologies that are sufficiently robust to ensure the large-scale commercial production of these products to the right manufacturing standards? To ensure that the product, once marketed, will really have all the attributes we're looking for from the regulatory bodies?

[00:50:00]

Hélène Banoun

So there are two ways of answering. There's the way Maria Gutschi answered your question, by analyzing the reports of the European Medicines Agency, which itself specifies that there is product heterogeneity. And then there's the clinical result we've been observing, since a study recently appeared—I believe from Denmark—which points out something we've been noticing for a long time but which hadn't been officially published in a peer-reviewed journal: that is, there's great heterogeneity in batch toxicity. Since some batches are highly toxic, they have led to many reports of adverse events; and for some other batches, there are very few. So in fact, what was noted in the analysis of product quality, namely product heterogeneity, is found in the clinical effects. In other words, we find heterogeneity in batch toxicity. Therefore, it seems that the manufacturing process is poorly controlled.

Commissioner Massie

And from your experience examining other biological products—for example, therapeutic antibodies that are widely used in cancer therapy—do the technologies that lead to the production of these commercial products have the same kind of problems—in terms of the heterogeneity or quality—as the products that are available on the market?

Hélène Banoun

Well, I can't answer that because I haven't studied these products. I don't know if Maria Gutschi has. Well, I'm sorry, but I can't give you an answer.

Commissioner Massie

Okay, thank you. Do my colleagues have any questions for Madame Banoun? Do you have any questions? No?

Konstantinos Merakos

Madame Banoun, the National Citizens Inquiry would like to thank you most sincerely for your valuable information, and for your very educational PowerPoint. So we thank you very much and wish you, since you're in France, a good afternoon or good evening.

Hélène Banoun

Well, thank you for inviting me. And I'd just like to add a few words. I think it's very important to tackle this problem of regulation and to try to make it understood to lawyers and politicians because it's the politicians who ultimately decide on official regulations. I think it's very important to make everyone—scientists, lawyers, and politicians—understand that messenger RNAs are gene therapy products and must undergo all the controls required for gene therapy products. This is important for the future because there is now talk of generalizing this technology to other vaccines. This is already underway, with plans to build factories.

So where are we going with this technology? This is very important and we must quickly address the problem. The time to do it is now. Thank you very much.

Konstantinos Merakos

Excellent. Thank you once again.

[00:53:18]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 3: Christine Cotton

Full Day 2 Timestamp: 01:26:04–02:12:40

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Chantale Collard

Yes, so hello. I'm going to lower the microphone a little. So, Chantale Collard. I'm acting as a lawyer for the National Citizens Inquiry today. I'm going to look at the camera. So good morning, Madame Cotton. Can you hear me?

Christine Cotton

Hello Chantal.

Chantale Collard

Yes, hello. So first of all, on behalf of the Inquiry, I'd like to thank you for agreeing to testify today. It is very important to us.

Christine Cotton

Thank you.

Chantale Collard

So let's proceed with the identification, if you don't mind. Simply give us your first and last name.

Christine Cotton

Christine Cotton.

Chantale Collard

Perfect. I'll also swear you in for formality's sake. Do you solemnly declare to tell the truth, just the truth? Say "I do."

Christine Cotton

I do.

Chantale Collard

That's perfect. So, Christine Cotton, I'm going to introduce you very briefly—but of course you'll then be able to add to it everything you've done as well as your work. So you're a biostatistician with 23 years' experience in the pharmaceutical industry. You were CEO of your own company for 22 years in a clinical research organization [CRO]: a subcontractor in charge of monitoring, data management, statistics. Your customers have included AstraZeneca, Pfizer, Sanofi, App Science, Bayer, Aventis, and many others, as well as various hospitals, to name but a few.

And you have experience with all types of trials in a variety of therapeutic fields: oncology, central nervous system, gastrointestinal system, autoimmune diseases, osteoarticular system, odontology, pneumology, ophthalmology, nutrition. You have a really wide range of skills. Notably you've also done phase I, II, III, and IV clinical trials and observational studies. Is that a good summary? But I can see that you really have a very specialized field.

Christine Cotton

Yes, I've worked in a huge number of pathologies, including viral diseases, hepatitis C. I worked in tuberculosis, in renal transplantation—well, when you're a subcontractor, you have a lot of clients—so in diabetes. So I've effectively participated in nearly 500 clinical trials.

And what you need to know is that it's not at all a doctor's job to carry out a statistical analysis of a clinical trial; it's a biostatistician's job. And I've been doing it for a very long time.

Chantale Collard

So Christine Cotton, we're very curious to hear the results of your research and clinical trials, particularly the poor efficacy assessment. I don't know if you have a PowerPoint with you.

Christine Cotton

Maybe I can share my screen.

Chantale Collard

Yes, please do.

Christine Cotton

So here we are. I don't know if you can see it clearly?

Chantale Collard

Yes.

Christine Cotton

So I examined all the documents from the Pfizer clinical trial. A clinical trial involves dozens, if not hundreds of people. I've drawn up a small document. In summary, there are those who recruit the participants. Then of course there's the sponsor: the one who launches the study. We have the data management team, which creates the system for recording the data. There's the statistics team. We have the monitoring team, which views the sites that recruit patients in order to verify their documents. There's the pharmacovigilance team of course. We may have laboratory services to analyze a whole range of parameters. We have the quality assurance team, which makes sure that all these people are working correctly.

So the statistician comes in at the beginning, since he writes the methodology for a clinical trial.

[00:05:00]

He guarantees the validity of a clinical trial. And he intervenes at the end when we have all the data, and sometimes during intermediate analyses, since he's the one who plans and validates the trial—there is often a group of us, depending on the importance of the trial—and ensures that accurate results are delivered. Because in this business we can't afford to make mistakes.

So he delivers the results and a medical writer writes up the clinical reports. So obviously, as a biostatistician, I know how to read all the clinical reports, since I was the one who wrote them—or at least half of each report—in collaboration with the doctor who wrote them.

So what we know about COVID clinical trials—that's COVID clinical trials in general: we know that it usually takes around 15 years from molecule discovery and so on to obtaining marketing authorization. These trials benefited from what is known as accelerated development, meaning that each phase began before the previous one was completed. So obviously we didn't have all the results each time. A phase would begin without having the results [from the previous phase].

So the Pfizer clinical trial—since that's the one I've been looking at in great detail—basically should have lasted about two years. A certain number of visits were planned at which the participants—those who had been recruited, who had volunteered, and who signed an informed consent form—would go to the site that recruited them to undergo a series of tests. Obviously, if they had COVID before visiting the site, they would come forward to say they have such-and-such symptoms. In that case, they would be given an appointment for a PCR test.

What we've known since December 2020 is that pregnant or breast-feeding women are never included in clinical trials, as they are part of the protected population. We also know that immunocompromised patients were not included; patients with comorbidities—diabetes, pulmonary pathologies, et cetera—were not included; and patients with autoimmune diseases or inflammatory problems were not included. In other words, the most fragile patients.

We also know that interaction with other vaccines has not been studied. Neither has transmission been studied. While there's been a lot of fuss about this uninvestigated transmission, it is quite usual. The main problem with the Pfizer clinical trial is not at all

that transmission wasn't studied— that was playing to the crowd. Symptomatic cases were not studied.

So what did they do? Since the study lasted two years, they proceeded with interim analyses in order to provide results before the end of the trial. So at each interim analysis, each time they provided results on a population—whether adults over 16, teenagers 12-15, the 5-11-year-olds, babies, and so on—we systematically had a maximum of three months' follow-up for the participants. So in other words, we count COVID cases over these three months; and therefore we also examine tolerance over these three months. So it's a short period of time and obviously we can't draw any conclusions about medium- or long-term tolerance when our hindsight each time is of three months max, or even less than two months 50 per cent [of the time].

Chantale Collard

That's very quick.

Christine Cotton

Yes. On this basis, we can't say that it's safe. I mean, when we say "It's safe," yes, it's safe according to the results over the examined period. So, as you can see, it changes quite a few things.

So what is very, very important? This famous efficacy criterion. We've been told, "We have 95 per cent efficacy. That's fantastic," and so on. So in fact, when we look at this efficacy criterion, the famous 95 per cent is an efficacy calculated on mild or moderate COVID cases confirmed by PCR. And how you eventually know if you're a COVID case is whether you have a certain number of symptoms: fever, aches and pains, diarrhea, vomiting, and so on. Yet the vaccine induces these symptoms. So there are a certain number of symptoms that the patient will eventually have; and instead of going for a COVID test because it may potentially be COVID, we record it as a reaction to the vaccine.

[00:10:00]

So what we know from the documents made public by court decisions. Thanks to Aaron Siri in the United States, we can retrieve the database—that is, the tables, what's called SAS, that is, the software on which the statistical analyses are carried out and which was used to analyze this trial— We know, in fact, that there were fewer PCR tests done for the vaccine [group] than for the placebo. So we realize that if we don't do PCR tests, there's no risk of being a PCR-confirmed COVID case, since we didn't do the test. And we also know— If you don't understand, if you have any questions, please interrupt me because I'm running on!

Chantale Collard

In fact, you are comparing what is typically done in clinical trials with what has happened since 2020. We can really see that there's a difference with the protocol.

Christine Cotton

Exactly. In other words, clinical trials involve methods, regulations, and a heap of rules to be followed, which have been in place for years and are known as good clinical practice. And if my trial doesn't respect good clinical practice in the choice of its efficacy criteria, in the analyses carried out—it's worthless.

Chantale Collard

There we have it.

Christine Cotton

There you are. So that's why you have to understand what clinical trials usually look like in order to know whether this one is valid or not. You have to know all these good practices, for which there are hundreds of documents governing all the tasks of all the people that I mentioned earlier. And if the tasks are poorly performed, then I have deviations from good clinical practice. So I have some that are very serious and others that are less serious.

What we also know from this trial is that participants were allowed to take antipyretics.

That's for fever. It's going to suppress certain symptoms. And we see that many more participants took these antipyretics in the vaccine group. So if I suppress symptoms, I'm not likely to do PCR tests, so that's called a methodological bias: a statistical bias that prevents me from correctly assessing my efficacy.

So in fact, what we know for sure is that this choice of efficacy criterion only measures part of the disease. To really measure the disease in its entirety, there they should have used a criterion which they did in fact measure, that is, the antinucleocapsid serology. This tells us who and how many had COVID during the trial. And when we calculate efficacy on this basis, we no longer have 95 per cent; we have around 55 per cent.

Chantale Collard

There was no measure of antibodies if I understand correctly, Madame Cotton?

Christine Cotton

Well, that's another matter. We'll get around to antibodies. This is really about who's had COVID and who hasn't. And we're no longer talking about mild to moderate COVID confirmed by PCR test. Now it's: Who has had COVID?

So the goal is really to prevent you from catching COVID! It's not to prevent catching mild or moderate COVID confirmed by a PCR test. So the choice of efficacy criterion is clearly wrong. Do you understand the problem? So this 95 per cent efficacy measures an efficacy that doesn't exist in reality, and which never existed!

Chantale Collard

Based on erroneous results and based on an erroneous method.

Christine Cotton

Precisely.

Chantale Collard

But later, it was said that 95 per cent had dropped to 85, then 70, and then more frequent downgrades.

Christine Cotton

Yes. Because we've seen that in real life, people catch COVID. In real life, it's not just mild or moderate. What was also very important at each interim analysis was that they never demonstrated an effect on severe cases. There was never any statistically demonstrated efficacy on severe cases in any of the reports that led to authorization: none. In adults, there is no efficacy on severe cases. For example, you see this table. We're told, "Oh well, there had been one severe case for the vaccine and three for the placebo, so efficacy is 66 per cent." But statistics is more than that. Statistics means looking at the validity of my results. And as it turns out, I've found no difference between the vaccine and the placebo groups in terms of efficacy on severe cases. Therefore, there was no proven efficacy, neither in 12-15-year-olds—since there were zero severe cases—nor in 5-11-year-olds, nor in babies aged 6 months to 4 years.

[00:15:00]

There has never been any proven efficacy in severe cases.

Chantale Collard

Incredible.

Christine Cotton

Then we have an imbalance in recruitment among centres. We have five centres that have recruited almost 10,000 patients among them. So when we have that, what do we normally do? We do a centre-by-centre analysis. So why wasn't this done? Anti-nucleocapsid serology with its 55 per cent efficacy rate was never included in the report. Why? It was never submitted. In other words, it's a criterion for which we've never had the results.

So when they did the analysis at six months, we had a little more hindsight on the tolerance. And now we had a table. So this is a publication they released, not after three months' follow-up, but after six months. And after six months, we had the deaths from COVID, for example. And there was one COVID death for the vaccine and two in the placebo. So we have no proven efficacy on COVID mortality.

Chantale Collard

None.

Christine Cotton

In addition, more people died in the vaccine group than with the placebo. So where is my actual effectiveness for mortality? It hasn't been proven in the studies.

Chantale Collard

There's a negative efficacy, you could say.

Christine Cotton

Not really.

Chantale Collard

There are more deaths following the vaccines.

Christine Cotton

Yes, that's it. There is no proven efficacy for mortality.

Now the real scam, so to speak, of the Pfizer clinical trial are levels of this famous neutralizing antibody. Here, on the left, are the results on monkeys. And here, at the bottom, you can see the time showing the antibodies being measured on day 21, day 28—so after the doses [were administered]—and day 56, that is, at two months. And here, you can see that the antibodies start to drop.

Now, this graph on the right is the result in the 18-55 age group. And there, we see that on day 28—so one month after the second dose—it's a little higher than at two months after the second dose. And yet, it's pretty convenient that we don't have a measurement of the levels. And why don't we have this measurement? Because we did an intermediate analysis at three months. Can you see the trick? And who authorized an interim analysis at three months? The FDA [Food and Drug Administration], in writing specific guidelines for COVID vaccines, authorized an analysis at three months. That's why there was no six-month measurement. And when they released the report regarding boosters, here are the six-month level measurements! Can you see them? It's the red arrow.

Chantale Collard

Absolutely. There's a big difference.

Christine Cotton

So if we'd had this first analysis at six months, would a health agency have given an authorization based on this drop in antibodies? I don't think so.

Chantale Collard

And why did they?

Christine Cotton

They gave it because at the time, this red arrow showing the neutralizing antibodies, which are supposed to represent immunity against the disease: well, we didn't have this result because we did an analysis after three months, not six! And the laboratory didn't schedule any visits between two months after the second dose and six months after the second dose. Why didn't they schedule any visits? In other words, you don't measure what you don't want to show.

Chantale Collard

There you are.

Christine Cotton

So how did they know it was going to drop? They knew it from the publication on the monkeys because we could already see it there. And they knew it because in the documents

submitted by the agencies in France—the ANSM [National Agency for the Safety of Medicines and Health Products], et cetera, or the HAS, Haute Autorité de Santé [National Authority for Health]—they already told us in December 2020 that a booster was being investigated. Ah, how convenient!

Therefore, not measuring the antibodies is how they hid the fact that they were decreasing. That way they received an authorization with a completely bogus efficacy since it doesn't measure the disease in its entirety. So they didn't measure the antibodies but they knew very well that they were going to decrease, so they prepared a booster. Then six months later—on December 22, 2021—they said, "Aw, that's too bad, we just noticed that the antibodies are decreasing. It's annoying, but we're going to need a booster."

Chantale Collard

Another booster.

Christine Cotton

So we needed a booster. After that, we needed a fourth dose, then a fifth— But this is inevitable since it only lasts three months. But we've known from the beginning that it lasts three months.

[00:20:00]

So let me summarize. Efficacy being 95 per cent: false. No proven efficacy in severe cases with each authorization. Antibody levels: they didn't measure them because they knew they were decreasing and that's why they were studying a booster. So protection and efficacy are zero! In terms of methodology: zero. So it's worthless.

If I move on to tolerance— When I read the reports, I don't have any major problems regarding tolerance. However, in the adult clinical trials, I know about the well-known Augusto German Roux, who contacted me from Argentina. He took part in the clinical trial and almost died. So he sent me all the letters he'd sent to all the health agencies to point out that he'd almost died and that it wasn't in the clinical report; that it wasn't reported as a serious life-threatening adverse event. It's not there. So that means that the tolerance is incorrect. As for teenagers: I'm thinking of the well-known Maddie de Garay case in the United States where the mother moved heaven and earth to have her daughter treated, but to no avail. So if these serious effects had been reported, it would have been much less safe than it was made out to be. So obviously, the tolerance is incorrect.

And then there are the risks. So what are the risks? Well obviously, it's having adverse reactions, but it's also all the unknowns. So as we saw at the start— Use in pregnant women since December 2020: unknown; it was not measured in clinical trials. Immunocompromised patients: unknown. For fragile patients with diabetes, chronic illnesses or cardiovascular problems: unknown. Use in people with autoimmune diseases with inflammatory problems: unknown. Interactions with other vaccines: unknown. How could we offer a flu vaccine on the same day if we didn't have any studies at the time of authorization? And we say, "Oh sure, we can do that." We don't have any studies that say it's safe! So obviously, long-term tolerance is indeed: unknown.

Chantale Collard

But pregnant women, Madame Cotton, I don't understand. I'm sure you'll tell me. Usually, they can't take any medication at all. It's always pregnant women who are prevented from taking even a simple aspirin or Tylenol, sometimes even food. How did we get pregnant women to take this injection when we know the risks?

Christine Cotton

Pregnant women have been classified as an at-risk population.

Chantale Collard

At risk of contracting the virus, and not at risk of vaccine side effects.

Christine Cotton

Exactly. So they classified them as at-risk and proceeded to vaccinate them without any clinical trial results. There was one clinical trial on pregnant women but it was stopped. Three hundred or so women were recruited out of the four thousand planned, and we never saw the results.

What's more, the laboratory isn't hiding anything from us—or nothing much—since in the results for the 12- to 15-year-olds, there's even a chapter written in plain English with links and everything you need. I retrieved everything. It's available; anyone could retrieve them. Every time there's an authorization, it's put online. It's not hidden. And in this report, there's a chapter called "Unknown Benefits and Risks." And in it they tell us point-blank that the unknowns for teenagers are the same as for people over 16: duration of protection, unknown; efficacy in certain populations at high risk of COVID, unknown; efficacy in those who have already had COVID, unknown—since in the clinical trial, these are people who have never had the disease; effect of illness on future vaccine efficacy, unknown; efficacy on asymptomatic infections, unknown; efficacy on the long-term effects of COVID, unknown; efficacy on mortality, unknown; efficacy on transmission, unknown.

They're not hiding anything; it's all there in black and white! So when health agencies see this, they should normally be alerted to exercise a little caution. So no, obviously it doesn't bother anyone that there are all these unknowns at the moment when authorizations are given. Then of course, because there are so many unknowns, they say, "Oh well, we'll study the occurrence of myocarditis and pericarditis. We'll study pregnant women. We'll do real-world studies or more clinical trials."

[00:25:00]

There you go. But in the meantime, authorizations are granted. So there was indeed a trial on immunocompromised patients and one on pregnant women. There you go.

And what has been known since October 2020— Since we had a presentation by Steve Anderson, who's not just anyone, as he's one of the people in charge of biostatistics [at the FDA] and also in charge of adverse reactions in this situation—what was known? Well, that possible events following vaccination had to be monitored. These could include Guillain-Barré, disseminated encephalomyelitis, transverse myelitis, convulsions, cardiac arrest, anaphylaxis, myocarditis and pericarditis, autoimmune diseases, death, pregnancy and birth problems, thrombocytopenia, et cetera. And something very important that we've known all along: what they call "vaccine enhanced disease." So instead of preventing us

from catching the disease, the antibodies we create aggravate it or cause us to catch it. This has been known since October 2020. It's online! If you click, there it is: it's not hidden.

In fact, the real problem is that with a file like this, the health agencies should theoretically have countered with: "You must add three months of follow-up; the data is insufficient," and then not rushed to give authorization. So why did the health agencies rush to give this authorization?

And then the last point concerns the quality of the data, following these notably good clinical practices. And we know from Brook Jackson in the United States that there have been problems at certain sites, that patients were not properly monitored. We know this with Augusto Roux in Argentina because that was tragic. So we have doubts about the data's quality. When you have doubts about the quality of the data, how can you not have doubts about the quality of the results? So clearly, this clinical trial is the worst I've seen in my career. Therefore, the efficacy is false.

Immunogenicity and antibodies [measurements] are incomplete. The tolerance is false, so the benefit-risk ratio is obviously false. And the FDA tells us that they audited the centres, but due to complications during the pandemic, they say they didn't in fact check the integrity of the data. So this clinical trial is a sham in every aspect.

Chantale Collard

A monumental fraud.

Christine Cotton

You bet! Frankly, at this stage, it's unprecedented. And it was done with the agencies' blessing.

Chantale Collard

There you are.

Christine Cotton

So the question is: Why? I can't answer that question.

Chantale Collard

I think people will draw their own conclusions from your presentation—which is crystal clear—and from your support[ing information]. It leaves me speechless to see that it was all false. We suspected it, but now you've proven it.

Christine Cotton

That is, it's all there in writing. But in order to reveal it, you need to know something about clinical trial methodology.

Chantale Collard

And you know what you're talking about, so there may be questions from the commissioners to complete your testimony.

Christine Cotton

Of course.

Commissioner Massie

Thank you, Madame Cotton, for that very enlightening presentation. You mentioned that in order to recognize the shortcomings that may have been present in this case, we need to have knowledge—among other things—of good clinical practices to understand whether we are really in a position to generate data on which we can draw reliable conclusions. Unless I'm mistaken, I assume that people who work in regulatory agencies—whether it's the EMA [European Medicines Agency], the FDA or Health Canada—in principle should have this kind of knowledge of good clinical practice.

Christine Cotton

Absolutely. So I've been involved in several FDA filings for laboratory projects of varying sizes and in those cases, we have [to answer] questions.

[00:30:00]

They ask us to explain why, and how we were able to prove this. So obviously, they [ask] about good clinical practice. I'm all the more familiar with it as I used to be my company's quality assurance manager. So we have standard operating procedures that we have to follow; we have standardized methods. So obviously all these people are perfectly familiar with them.

So have these files been reviewed by biostatisticians? Because when I talk to you about statistical bias, you have to know a little bit about statistics. But even so, I think an experienced examiner has to see that there are biases. If I don't dose and I do fewer [PCR tests] for the vaccinated [group] than for the placebo [group], obviously that's a bias because if people weren't tested, I can't know whether or not they have COVID. So I mean, you don't even have to be a biostatistician to figure that out. So it's incomprehensible. I mean, when I read all that, it's incomprehensible that the health agencies have accepted this file as it stands.

Commissioner Massie

My next question is a little technical: it's about PCR tests—because this was one of the key elements in the so-called claim for vaccine efficacy. Do we have any details in these files on the number of cycles used for the PCR tests?

Christine Cotton

I didn't find anything. So personally, it doesn't bother me too much because there's no reason in biostatistics for it to create a bias since there's no reason for me to have, for example, more false positives for the placebo [group] than for the vaccine [group]. So that's why I don't really bother mentioning the PCR test result in this analysis in terms of methodological bias since there's no reason to. If, for example, I have 10 per cent false positives or false negatives depending on the test or the number of cycles used, there's no reason for the methods to be different, or for there to be a difference between my groups. So it's not a bias for me. Do you understand?

Commissioner Massie

Yes, I understand. My next question concerns the evaluation of the populations: where we measured the number of weak symptoms in the placebo group and in the vaccine group. When I do the rough calculations, I think the challenge we're facing is: Will we have a chance of having enough events to be statistically significant? Roughly speaking, out of 40,000, with the number we have here, that's about one case of infection in four hundred. The first question is: Is one case of infection in four hundred—in a population in the midst of a pandemic—a good indication that we're in an important phase in terms of infecting people?

Christine Cotton

I was thinking about this when I looked at the calculation of the number of subjects. They had predicted that 1.3 per cent of people on placebo would contract COVID, which—in the middle of a global pandemic with lockdowns everywhere—is very few. I said to myself, “Well, for something so infectious, in the midst of a pandemic, if we calculate the number of subjects and see that only 1.3 percent of those receiving placebos—that is, salt water injections—will [contract COVID], in the end, this COVID isn't so infectious after all.” Well then.

Commissioner Massie

And so the next question is: With the numbers we had available to assess this relative effectiveness, is it actually statistically convincing, let's say?

Christine Cotton

Yes—because it's a calculation. In any clinical trial, there is an assumption of efficacy, or in this case, percentages of sick people in each group. That's how we calculated that 44,000 subjects were needed for the trial. So that's not the problem. But this is calculated on mild or moderate, PCR-confirmed COVID cases. However, if we had said, “We want to use severe cases as an efficacy criterion,” we would have needed many more patients in the trial, since they are rare. As you can see, I have zero teenagers [in the placebo group] and zero [in the vaccine group]. So I'm not likely to show a difference between the placebo [group] and the vaccine [group] because I don't have any cases.

[00:35:00]

So this is an unproven efficacy due to a lack of cases. I believe the choice was discussed well beforehand at meetings—WHO [World Health Organization], agencies, et cetera. And so they said that for severe cases, which would have been much more relevant—since it's the severe cases that lead to hospitalizations and deaths, and that's what we wanted to avoid—well, we would have needed far too many patients. So that's why they chose this one, which is totally unrepresentative of reality. They could have chosen to use antinucleocapsid serology, but that wouldn't have suited them because 55 per cent efficacy—as opposed to 95 per cent efficacy—is harder to sell.

Commissioner Massie

My next question concerns the deployment of the vaccine. In the early months that followed, there was a certain amount of data to which we didn't have immediate access, but to which we ended up gaining access a little later through requests for Access to Information. And initially and for a very long time, the idea was hammered home that

vaccination was actually significantly reducing the number of cases. It was even better than what was observed in clinical trials. So everyone had to be vaccinated if we were to emerge from this pandemic. Then suddenly, the Delta variant arrived and the vaccine no longer seemed to have the capacity to reduce infection and transmission.

Is there anything fundamentally different between the Delta variant and the other variants on which the vaccine had been tested? Or is it simply because the greater number of cases made it more difficult to demonstrate this in the figures we were accumulating as we went along?

Christine Cotton

So I don't agree that we didn't have access to the documents. I retrieved the documents as early as December 2020. In April 2021, I gave my first broadcast on the results of the four vaccines that had been released up to that point: Janssen, AstraZeneca, Moderna, and Pfizer. We had access to the clinical reports. I retrieved them all.

Commissioner Massie

What I mean is the documents that followed the rollout of the vaccines that Pfizer and the FDA didn't want to be made public for 75 years.

Christine Cotton

Yes, that is, they didn't want to make internal documents public. But the clinical reports were available. All the deliberations were available on the FDA's YouTube channel. You could have eight hours of deliberations with all the presentations from the CDC and Pfizer staff in particular. So we had everything. It's just that people don't know it exists and obviously, very few know how to read clinical trial reports. But I had already collected everything, so I already knew that there was no known efficacy for severe cases and that there were lots of populations that hadn't been analyzed. As early as April 2021, I did a broadcast to warn people that if they were immunocompromised, there were no results proving that it was effective.

So the second point is about the results we were getting, which kept being released: the efficacy of this and of that, and so many percentages. Well, these are real-world studies based on retrospective databases. In other words, we take databases and analyze cases on the basis of that. In my 23 years in the pharmaceutical industry, I've never carried out analyses on retrospective databases. Because in terms of the validity of the conclusions and the proof of the conclusions, it's at the lowest level. In other words, the conclusions drawn from them should be taken with great caution because, in terms of method, they're not worth much. So they could always bring up whatever they wanted because it was worthless, really.

Commissioner Massie

But when the health authorities tell us, for example, that this vaccine can no longer prevent transmission, it is implicitly suggesting that it did at the beginning.

Christine Cotton

They had drawn conclusions from a real-world study which tended to prove that it slowed down transmission. But then, we don't give marketing authorizations on the basis of real-world studies. We give authorizations on the basis of clinical trials.

[00:40:00]

That shows the point. In other words, that in terms of methodology, I can't give authorization based on a real-world study method. Why? Because it's not valid, or it's much less valid. And my conclusions are to be taken with much more caution than a clinical trial, which is randomized, where we've selected people who meet inclusion criteria, et cetera, who are followed in a certain way, all in the same manner. So otherwise, if real-world studies were all that it took to bring a product to market, we'd have stopped doing clinical trials a long time ago. See what I mean? I'll prove whatever you want with a real-world study. You choose your database well; you choose the methods that suit you; and then you prove whatever you want. Some people have managed to prove that Nutella reduces hypertension or the like. So from here on—

Commissioner Massie

Isn't one of the problems with the clinical trial that the inspections we should normally have had from the regulatory bodies were insufficient to ensure good clinical practices? Is this unusual? Or is this how it's usually done, or did we do less than usual?

Christine Cotton

So if you look at the number of audits carried out by the FDA, it has actually dropped. But it was a rather special period. So the real problem is, when they tell us they're going to audit: What does auditing mean? It means checking all the patients' source files. So I take out the medical file and I check what had been reported in the database— via a system called eCRF, "e" for "electronic", CRF, "case report form." I check that the data that is in there is indeed what is in my source file. It's the integrity, the validity of the data. Has it been entered correctly? Does it match? That is, I have to take data at random; I have to validate all the circuits and PCR tests and how soon they are sent out. All this is recorded in a centre that recruits patients. It's all part of good clinical practice. Did the people who called in saying, "I'm ill, I have such-and-such a symptom" get a call back from the centre staff? There are logs, tracking systems. Everything is recorded.

So that's why, when I wrote a report on this trial in January 2022, I asked for a full audit of all the centres' documents. So now we know who wasn't called back when they should have been tested on account of being ill. From this we know everything. And the FDA tells us, "Oh yes, but the integrity of the data has not been verified." If the integrity of the data hasn't been verified, then I don't know if my data is reliable and therefore, all the more so, my results.

Commissioner Massie

We had another witness who mentioned that during the clinical trial, a certain number of people had been excluded from the compilation and that this number of people was much higher in the vaccine side than in the placebo side. Have you seen any data to that effect, and how would you explain it?

Christine Cotton

So I think it's a question of defining the populations. That is, when we define the analysis populations, when we write the protocol—which was my job—we define the analysis populations and we exclude a certain number of people that we've defined as unable to fit into these populations. But that's a complicated subject to talk about because the reasons for exclusion are defined beforehand. And when we exclude patients, we're supposed to do so blindly; this is known as blind review. So to say there are more exclusions in the vaccine group, okay. But I don't have this blind review document, so I don't know how it was done. So I didn't talk about it because I don't think it's the main issue. There are so many other problems. So when we say, "We're excluding so-and-so, so-and-so, so-and-so," we're not supposed to know who got the vaccine or who got the placebo. And we do that before we do the analysis.

[00:45:00]

It's a document that's drawn up beforehand and then, when we do the analysis, we know what the product is because it's blinded. And we mustn't forget that in the Pfizer clinical trial, the only one who knows what the patient has received is the one who prepares the product and injects it. He's the only one who knows; the others don't. So, *a priori*, when we hold this data review meeting where we say, "So-and-so, so-and-so, so-and-so, and such-and-such number have deviations, and so we will exclude them from the analysis population," we're not supposed to know whether they had taken the vaccine or the placebo.

Commissioner Massie

Okay, thank you. You have any questions? Are you okay?

Chantale Collard

Madame Christine Cotton, listen: thank you for your truly enlightening testimony, in terms of both methodology and analysis of clinical trials. In any case, I've personally learned a great deal, even if I already knew a bit about it. So listen, thank you and I invite you to spread your message far and wide.

Christine Cotton

Oh well, I made quite a bit of noise with it, didn't I? I did go to the Parliamentary Office.

Chantale Collard

Keep making noise.

Christine Cotton

I'm not finished.

Chantale Collard

Thank you very much.

Christine Cotton

Thank you.

[00:46:36]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 4: Lynette Tremblay

Full Day 2 Timestamp: 02:13:05–02:34:34

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Samuel Bachand

Good day. Samuel Bachand. I will be acting as the attorney for the Commission for the purpose of your testimony. Madame Lynette Tremblay, could you please spell your name in full?

Lynette Tremblay

My first name, L-Y-N-E-T-T-E, Tremblay, T-R-E-M-B-L-A-Y.

Samuel Bachand

I'll swear you in. Madame Tremblay, do you swear to tell the Commission nothing but the truth?

Lynette Tremblay

I vow to tell only the truth. Moreover, I can add right from the start that I've already been part of two documentaries in Quebec, *COVIDENCES* and *CHSLD: je me souviens*, in which I talk about the same subject: the death of my father, then my reaction toward the way governments treat seniors, which I find absolutely, unbelievably awful.

Samuel Bachand

So the skeptics will be able to compare testimonials.

Lynette Tremblay

They'll even be able to see photos because I could have brought photos, but they're already available in the two documentaries.

Samuel Bachand

Very well. So I don't need to tell you to speak slowly to help the translation.

Lynette Tremblay

Yes.

Samuel Bachand

You're here to tell us about the circumstances surrounding your father's last days in CHSLD [a nursing home or long-term care home]. So what I suggest you do, as we did on the phone in preparation, is tell us all about it: date by date or period by period, chronologically, very calmly. And then where I need further clarification, I'll interrupt you.

Lynette Tremblay

Excellent. So listen, it was at the beginning of the pandemic in 2020 and my father was in a CHSLD. In this CHSLD in Montreal, there were no cases of COVID. It had even been mentioned in the media. And then overnight, I think it was in March, the COVID alert was triggered. And then I was informed by the director of the centre—

Samuel Bachand

Who triggered the COVID alert?

Lynette Tremblay

The government.

Samuel Bachand

What COVID alert?

Lynette Tremblay

They were saying, "We can't see our elderly anymore, it's dangerous." I didn't see my father for two months.

Samuel Bachand

Just a moment. When you say, "The government says 'you can't see them,'" how were you given this message? What form did it take? Did you receive a written document? Did you watch a press briefing, et cetera?

Lynette Tremblay

For me, it was because I used to visit my father regularly and then I was denied access. There was an employee I paid to accompany my father, to take him out. He was no longer allowed entrance. And then, from one day to the next, I was told that "from now on, starting Monday, Public Health is going to be in charge. They're going to go into the CHSLDs," and they were going to test people.

Samuel Bachand

To the best of your recollection, approximately what date is this?

Lynette Tremblay

March 2020.

Samuel Bachand

Okay. When you say: "I was denied access," who was denying you access? On what terms? In what way?

Lynette Tremblay

Well, on the phone, because I called often. I remember coming back from vacation and wanting to go see my father, but it was on the exact day I got back that the measures were implemented and access was denied. They were doing Zoom, WhatsApp, so we could see our parents and talk to them, and then we were forbidden access.

Samuel Bachand

Who were you talking to on the phone when you got the message that you were barred from the CHSLD?

Lynette Tremblay

Well as I said, it was in March, maybe the end of March. The director of the centre herself said to me, "Listen, Public Health will be coming tomorrow." But I said, "There are no cases; why are they going there?" Then she said, "Well, that's it; they're coming to check." And then she said, "Tonight, I'm doing rounds." I thought it was weird that she was working on a Sunday night. She said to me, "I think your father has a fever." I said, "Oh really!" Then she said, "I'm going to test him for COVID." But I said, "No one had anything last week." It was a centre that had apparently been completely free of infection.

[00:05:00]

So she said to me, "Well, I'm going to test him; he has a fever." I didn't say much, but the next day, she told me, "Ah, your father's been tested, and he's got COVID but he's asymptomatic." I thought, "That's impossible!" Look, this is a virus that's supposed to kill, that suffocates you, that knocks you off your feet, that makes you contagious. How can you be asymptomatic?

Samuel Bachand

Okay. Was it the director who told you, in the first conversation you mentioned, not the second, that you couldn't access the facility, or was it someone else?

Lynette Tremblay

Well it was the centre's rules. I can't say exactly.

Samuel Bachand

Who told you? I'm trying to find out who told you that you couldn't go. You told me approximately when.

Lynette Tremblay

There was a ban that applied to all CHSLDs in Quebec starting on a set date.

Samuel Bachand

Who at your father's CHSLD told you about the ban? Who told you, "You can't come to visit"?

Lynette Tremblay

It could have been the administration or the person who answered the phone. It could have been reception because everyone had the same message.

Samuel Bachand

So it wasn't the director in the first conversation. It was another employee you can't identify.

Lynette Tremblay

I can't say exactly. Except that, when we got there, there was a policeman. And I'm telling you, even if we had tried to get through, it would have been impossible.

Samuel Bachand

I understand.

Lynette Tremblay

So that was my experience. She told me, "We've done COVID tests, and your father is positive but asymptomatic." And then I called every day, and I realized that every day, there was a different doctor on my father's floor and on every floor. Every day, they changed doctors with the result that none of them knew the patients.

Samuel Bachand

How exactly do you know that?

Lynette Tremblay

Because I phoned every day and asked, "It's a new doctor! Why isn't the regular doctor answering?"

Samuel Bachand

When you called every day to find out who the doctor was, did you talk to a nurse? To an attendant? Who were you talking to?

Lynette Tremblay

No, I talked to the doctor! Because I demanded to speak to the doctor.

Samuel Bachand

All right.

Lynette Tremblay

And then, I didn't believe it. I even asked the doctor, "Are you going to give me the proof of the positive test; I want to see it." He never gave it to me but he said, "Ask the nurse, ask someone else," and then that person over there— It was like something out of *Asterix*.

Samuel Bachand

The house that drives you mad in *Asterix*.

Lynette Tremblay

Yes, *The Twelve Tasks [of Asterix]*. So everyone passed the buck. I never got the test. And then they told me that patients who are COVID positive are going to be put in the cafeteria. I found that absolutely absurd.

Samuel Bachand

Was it still a doctor who was telling you that?

Lynette Tremblay

Yes, was the doctor. He said to me, "Public Health is in charge of all that." Then I was told, "The patients will go to the cafeteria for two weeks and then we'll check on their condition." I called every day. I'd say, "Is my dad okay?" He'd say, "Yes, he's fine, he's eating well, he's asymptomatic." And I'd say to myself, "So he's not . . ." Then what I realized was that because it was new—there was no vaccine yet and the tests were new—they were practising on the seniors. Because he told me that he kept testing them until the test was positive.

Samuel Bachand

A doctor told you he was testing patients.

Lynette Tremblay

Yes, he said, "We tested several times." Also I was friends with people there, we knew each other, and the daughter of another patient told me, "My father had some kind of pneumonia and then they tested him three times until the test came back positive."

Samuel Bachand

Over what period did they test it three times?

Lynette Tremblay

Oh, they were testing either the same day or within a few days—very, very quickly.

Samuel Bachand

Okay. Have you heard from other people, for example medical staff, that it's common practice to test as often as necessary over a short period of time until a positive test is obtained?

Lynette Tremblay

I know that some people have been tested three times before testing positive. I've been told that. But listen, it's been a while.

Samuel Bachand

I know, I'm trying to . . .

Lynette Tremblay

I can't say who or when.

Samuel Bachand

You're sure.

Lynette Tremblay

That's what was needed. When a patient tested COVID positive, all treatments were halted. In my father's case, he had a large bed sore and needed to sleep on an elderly care air mattress. The sore had been caused by neglect because they left him lying down too long.

[00:10:00]

So when treatments were halted, they said they didn't have that bed. The patients weren't even given vitamins C or D. When I demanded they at least give my dad vitamins C and D, the doctor said, "Oh, that doesn't work, it's not necessary." I said, "Well, I want you to give him some and I'm going to come and check. If you don't, I'm going to take it to him. Then I want you to give it to him." And that's what I did. I brought in a little box of vitamins which they never gave him. They put the box aside and gave it back to me after my father died. The box was intact.

In the end, the patients apparently didn't stay down there for two weeks. I think it was because the system did not work. I was told, "We're moving them back up to the bedrooms; your father is okay." And then, I wanted to see him, I wanted to see him. He said to me, "He's fine, he's fine."

I'll just take a look at my notes, in case I've missed anything.

And then, at some point, a new doctor phoned me. He said, "Ah, your father's a bit weak, maybe you could come and see him." So I rushed off to see my father and went to his room. There was a woman lying in his room and it was all converted and identified by the lady's name. We paid for this room; it was ours; it was like his home. And I arrived and saw a

woman lying in the bed. Then I said, "It's not an air bed, it's all decorated, it has photos." It was clear that this woman had been there for a while. Then she said, "No, your father's not here; he's in that room." Then I went to see him but I said, "What kind of room is this? It's a hard bed, it's empty, there's no name with his picture! Where are his clothes, his TV, his personal belongings? Where are his things?"

They didn't answer me. When I went in, I can't even tell you the protocols I had to go through! We had to enter through new access corridors and dress up in face shields and a mask. I thought, "Is this theater, vaudeville, or what?" It was incredible to me. I thought, "They can't be serious, they're trying to scare everyone!" I was outraged by the circus. What's more, they'd brought the military into the centres. I said, "What on earth are you doing, bringing in the military? People are already scared! They're going to see the military come in. What you're doing is appalling!"

Samuel Bachand

Who summoned the military—or the possible presence of the military?

Lynette Tremblay

Ah, it wasn't just possible, it was credible: the military was there. The military was there apparently because the employees were so scared of COVID. They [the employees] were paid—I think they got the CSP [Canadian Emergency Benefit] which paid more than their salary—and they all left.

Samuel Bachand

Okay. Did you see the military with your own eyes?

Lynette Tremblay

Yes, I saw them. Fortunately, they weren't dressed in military garb. Then I realized they were there to help.

Samuel Bachand

How did you determine that they were military personnel?

Lynette Tremblay

I asked them.

Samuel Bachand

Okay, then what kind of response did you get to the best of your recollection?

Lynette Tremblay

They were all nice.

Samuel Bachand

What words did they use? Did they say, "I'm Sergeant what's-his-name"?

Lynette Tremblay

No, I didn't go into detail about that. All I cared about was seeing my father. I didn't ask any questions.

Samuel Bachand

But you're certain that these people told you they were members of the Canadian Armed Forces.

Lynette Tremblay

Yes.

Samuel Bachand

On what date did your father die?

Lynette Tremblay

May 5, 2020.

Samuel Bachand

What was the cause of death?

Lynette Tremblay

Well, that's just it! Because, when I went in on May 4, 2020—the day I realized they had changed his room—I realized he was being given some kind of solution; apparently, they were giving additional medications to patients who tested positive for COVID. And so I took some photos, then I said to my dad, "Dad," and it seemed that he heard me. I thought, "He's completely drugged." I still didn't know what was wrong with him.

So that's how it all happened from my perspective: the room; how he was treated; how he looked; his hair was all dirty! It was as if they'd abandoned him. When I saw the director I said, "How can people be treated this way? My father's hair is all greasy and dirty! I don't even know whether you are changing his—" It's unbelievable!

[00:15:00]

When I returned the next day, they told me, "You can't stay longer than five minutes." I replied, "Listen, I haven't seen my father in two months; I'm going to spend as much time as I want with him." Then one of the nurses freaked out at the doctor when she saw I was taking photos. She shouted, "She's taking photos! She's taking photos!" And I'm thinking, "What on earth is this charade?" So what? I was taking photos. Next he said, "You have to leave right now." So I left.

The next morning, I came back and the director took me into her office with some employees I didn't know. She said to me, "You know, you had no right to go in there yesterday. Your father's not in mortal danger." I said, "Why did you move my father to another room? Why did you do this, and what's wrong with his arm? What did you do to him?" No answer. She said, "Oh, he's not dying, he's not in danger of dying. You have to leave." And then in the evening, at four o'clock, he died.

Samuel Bachand

During the period you've described, about how many doctors in total had you spoken to regarding your father's case?

Lynette Tremblay

For two weeks, let's say, there was a doctor every day.

Samuel Bachand

Okay. Before this COVID situation, what was the physician turnover like?

Lynette Tremblay

It was the same doctor every week. And he would visit patients who needed to see him and treat those who needed it.

Samuel Bachand

Before COVID, how frequently would you call and talk to the doctor? Once a week?

Lynette Tremblay

My father had no issues. He didn't suffer from anything. I used to go in person because it wasn't far from my house. I preferred meeting face-to-face.

Samuel Bachand

I understand. At this point, I'll leave it to the commissioners to complete this interview, if needed.

Commissioner Massie

Thank you very much for your testimony. I have a question about your father's health. How long had your father been in the CHSLD?

Lynette Tremblay

I think it had been two or three years.

Commissioner Massie

And you mentioned earlier in your testimony that he had bed sores, perhaps because he had difficulty getting around.

Lynette Tremblay

A person who's been lying in bed for a long time will develop bed sores. And they hadn't healed properly. When he went to the hospital because of this, she said, "Ah, he's going to die from that bed sore." I said, "What do you mean, a bed sore? You don't die from that!" She said, "Yes, you can die." But I said, "Bed sores are caused by mistreatment." At the hospital they agreed with me. It is necessary to use special dressings. After that was done, all went well. They put in drains but my father wasn't supposed to have any pressure on

the sore, so they prescribed an air bed. It's like water; it doesn't put pressure on the wound. And it healed very, very, very well.

Commissioner Massie

Was your father mobile? Could he get up, move around, or was he always bedridden?

Lynette Tremblay

At first he could. When he went in there, he was moving just fine. And then—you know, I don't wish to make an issue of it—they had given him a tranquilizer that I had cancelled. I ordered them to stop giving it to him because he didn't need it. But it caused him to lose mobility: his legs had gone limp. It was a very powerful drug that put him in hospital. The doctor thought he was going to die from it.

Commissioner Massie

Concerning your first visit in two months [of being denied entry], when you noticed that your father wasn't in his old room: Did you ever get any satisfactory explanation?

Lynette Tremblay

None at all. When I asked, "What is he doing there? Why did they change it?" None! It seems to me that my father was chosen, selected. In any case, I'll let you draw your own conclusions. Apparently, they put him there because they thought they'd only call me when he died. In my opinion, I wasn't supposed to see him like that, in another room and all that.

[00:20:00]

Commissioner Massie

And I'm curious: When you mentioned the day you went to the CHSLD to see your father and the director told you that your father was doing quite well, that it wasn't necessary for him to stay in that room for very long—what was it in her judgment, based on the doctors' examinations, that would allow her to tell you that?

Lynette Tremblay

When I went there, it was because the doctor for that day had said to me: "Ah, I think you should come see your father," except that I don't think the management had been informed.

Commissioner Massie

Okay.

Lynette Tremblay

And the next day, when I wanted to go back, it was the management who took me to their office to tell me, "You shouldn't have gone there; you shouldn't have seen your father; your father is in good health." Then the next day, when I saw him dead, well, I saw that they had rushed to wash his hair; it was clean. I know they declared him a COVID death. I'm sure my father didn't have COVID. We did not have the right to request an autopsy because when

someone died of COVID, autopsies weren't allowed. And that's that. It's unfortunate but he died in an atrocious way.

Commissioner Massie

Thank you.

Samuel Bachand

Thank you for your testimony.

Lynette Tremblay

Thank you.

Samuel Bachand

You are free to go.

[00:21:29]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 5: Marylaine Bélair

Full Day 2 Timestamp: 02:35:19–02:54:19

Source URL: <https://rumble.com/v2v90b6-quebecIII-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

So hello again everyone. It's my turn to share another difficult testimony. Up until now, I know that the lawyers have had some very, very difficult testimonies on their plates during preparation period. When we talk about preparation, we mean calming the witnesses down, reassuring them, and helping them to organize their ideas a little. But what you will see here is all of their own free will; it's their own emotions. And sometimes we too have our own emotions and we need to remain strong during this process. So I'd like to thank our team here and all the witnesses of yesterday, today and tomorrow.

So without further ado, we'll continue with another difficult testimony—with Madame Marylaine Bélair. Hello Madame Marylaine.

Marylaine Bélair

Hello.

Konstantinos Merakos

So I'll start with your oath. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say: "Yes, I solemnly affirm" or "I swear."

Marylaine Bélair

Yes, I swear.

Konstantinos Merakos

Excellent. Can you say your full name and spell your surname?

Marylaine Bélair
Marylaine Bélair, B-É-L-A-I-R.

Konstantinos Merakos

Excellent, thank you. So for our viewers, Madame Bélair is here with us in person in front of me. So Madame Bélair, take your time with your testimony. We're going to start from the date when the chaos started for you: March 2020. Does it make sense to start with that date?

Marylaine Bélair
Yes.

Konstantinos Merakos
Excellent. Go ahead.

Marylaine Bélair

Actually, I want to testify on the impact of government measures on my life. In March 2020, more and more measures were being introduced every day. On March 13, schools were closed. At the time, my husband had been studying with the APCHQ [Association provinciale des constructeurs d'habitation du Québec] to get his RBQ [Régie du bâtiment du Québec - for construction management] licences. So his studies were stopped. He had the choice of taking the CERB [Canada Emergency Response Benefit] because at that time, the government was offering students the choice of being paid or of finding a job and going to work.

My husband thought, "We're in a crisis in Quebec; I can't just stay home and get paid for doing nothing." So there was a call from the government for security guards to enforce the measures in public places. My husband got a job on March 29, 2020, as a security guard at Walmart. At that time, one of the measures in place at Walmart was to let in only one person per family; you couldn't bring in more than one person. It was his job to enforce those measures.

Konstantinos Merakos

Perfect. So because of lockdown, measures, and mandates, your husband was forced to find this type of work.

Marylaine Bélair
Yes.

Konstantinos Merakos

So the next date that's important to your story is April 4, 2020: What happened on April 4, 2020?

Marylaine Bélair

Well, my husband was on duty as a security guard at the Walmart in Fleurimont. While my husband was making the rounds inside the Walmart, a customer arrived with his girlfriend and wanted to get in and, well, he was prevented from doing so by the other security guard on site—it was a woman—so he got into an altercation with her. Finally, he withdrew with his girlfriend to the parking lot. My husband rejoined his colleague outside the store and she explained the situation to him. Then the customer returned in his car to the front of the Walmart. My husband was there and, being a man, he didn't want the woman to be annoyed by this customer again. So he got into an altercation with the customer. They ended it a little further down the Walmart parking lot. And the customer got into his car—he was still in his car, in fact—and drove straight into my husband. My husband got onto the car to protect himself. After that, the customer maneuvered to get him off, so my husband fell directly on his head. He was taken away in an ambulance with a skull fracture and internal bleeding.

I was called and I went to the hospital. As soon as I entered the hospital, they looked at me and said, "Madame, you need to leave. You have no business here." I said, "My husband just arrived by ambulance." She said, "Yes, but that doesn't matter. You must leave." A nurse who heard me, and knew what had just happened, took me to the sixth floor. And I didn't understand because my husband worked in a parking lot.

[00:05:00]

I was like, "Okay, it can't be that bad an accident. He must have been in his car." Then the nurse started explaining to me what really happened, and that my husband was in emergency surgery at that point. And then she looked at me and said, "But you can't stay in the hospital." I said, "What do I do?" She says, "You can wait in the parking lot; we'll call you with an update on the surgery." So I spent six hours in the parking lot with my parents-in-law waiting for a call that came around eleven o'clock in the evening.

Konstantinos Merakos

In the hospital parking lot, excuse me.

Marylaine Bélair

In the hospital parking lot, yes, waiting for a call. The surgeon told me that the operation had gone well. He was still in critical condition but I wouldn't be able to see him unless he died.

Konstantinos Merakos

Before we talk about the hospital, I just want to make it clear to the viewers and to the audience that the situation that happened at Walmart was because of—what? Explain a little about what was going on at Walmart that evoked such emotional reactions from customers towards your husband, who was there as a security guard.

Marylaine Bélair

Well, it was dissatisfaction and misunderstanding of the measures that the government had put in place. In the early days of COVID, no one understood what was going on and the measures made no sense. Everyone was in a state of panic. So it wasn't easy to keep people calm and enforce the rules.

Konstantinos Merakos

Perfect. So we can say that the person went haywire in this situation because of the measures, because of his anger. He potentially unleashed it on your spouse.

Marylaine Bélair

On my spouse, yes.

Konstantinos Merakos

So coming back to the hospital, were you allowed to be next to his bed or not?

Marylaine Bélair

The next morning, I called to ask for an update and I then spoke to someone else who gave me permission to go and see him that day. He apologized for the call I'd had the day before, and told me: "You can come and see him, but only with your spouse's father." So my mother-in-law wasn't allowed to see her son for a month and a half.

My husband was in a coma for four-and-a-half months. I was often in and out: at times I could go to the hospital at times I wasn't allowed to go there for two weeks. I had to take it day by day. My own children and my spouse's siblings—there are six of them—were only able to see their brother and father once in the hospital. It was very restricted. I wasn't even able to see my parents who lived in another district for the first two months because they were afraid to cross a district, because fines were being imposed.

Also, there was a regime of fear everywhere—even in the hospital. They were still understanding but it quickly became other patients saying, "Why does he have the right to have his family?" It quickly turned into chaos. It wasn't easy.

Konstantinos Merakos

And can you just mention, because you talked about your children, how many children you have, without necessarily mentioning their ages? We'll keep this a little confidential for you. Are they teenagers or are they in elementary school?

Marylaine Bélair

I have five children, and at the time of the accident they were all elementary school age.

Konstantinos Merakos

Excellent. Okay, and these five children weren't allowed to see their father during treatment.

Marylaine Bélair

They were only allowed once.

Konstantinos Merakos

Once. Okay. After the operation, after the treatment, there was palliative care.

Marylaine Bélair

Yes. After four-and-a-half months in a coma it became clear that my husband was dying, so he was transferred to palliative care. Again, once in palliative care, I was told that there was a maximum of two visitors a day. We're talking about someone who's at the end of his life. Two visitors a day, I said, "That's all? I have five children. He's got six brothers and sisters, there's his parents, there's my parents." As I said, the hospital was a little understanding, but it didn't take long for things to get out of hand on the floor. In the end, we had to manage who was allowed to come and see Philippe and who wasn't.

Konstantinos Merakos

Your situation has been publicized. Anyone can do a Google search to see what happened. Did the media have a positive or negative impact on your situation? Tell us a little about the effect of the media, about the pressure in your private life.

Marylaine Bélair

There was a positive effect in the sense that—among other things—that's why the hospital gave us a little more leeway. Because having heard the story, knowing that there were five children behind it who were perhaps about to lose their father, it had a positive effect all the same. I had a lot of help; there was a donation platform.

[00:10:00]

As far as I'm concerned, it's not easy having your story on TV! We agree that it's not something you want in your life, but still something positive came out of it.

Konstantinos Merakos

Like it or not, in spite of the pressure—the fear, as you said earlier—the media in this case created the pressure to act. Do you think that if the media hadn't been there, the situation would have been different?

Marylaine Bélair

Probably, yes.

Konstantinos Merakos

For the worse? Can you say?

Marylaine Bélair

Yes.

Konstantinos Merakos

Okay. So what happened after palliative care?

Marylaine Bélair

After my husband passed away it was time for the funeral. I never thought I'd have to choose who could attend a funeral. Again, you had to make a list of who could and couldn't

attend. Within the funeral complex, we again weren't allowed to hug, weren't allowed to shake hands; we had to wear masks.

Then even during the ceremony, there was the two-meter distance between family bubbles. I was all alone, sitting at the end of the row, really far from the other people around me. At one point, my best friend took my chair and said, "This doesn't make any sense; you come sit next to the rest of us." But it was very cold; it was dehumanizing to live like that! That's the word that comes to mind. It just didn't make sense.

Konstantinos Merakos

Did you, the parents, and the children have a last hug, a last goodbye to their father? Were they able to touch him to say a final goodbye?

Marylaine Bélair

I made arrangements with the hospital. Given the measures and all that, I said, "I'll just take fifteen minutes, I'll bring my five kids all at once."

Konstantinos Merakos

Take your time, no problem.

Marylaine Bélair

So they allowed it. Yes, they were able to say goodbye to their father.

Konstantinos Merakos

Take a minute, there's no problem. Take a Kleenex. We're here for you.

So following this unfortunate death, I imagine it was also financially difficult because now you find yourself a single mother with five children. And I salute the courage of the rest of the family, which I imagine helped you through this difficult situation. Have you received any suggestions—whether from doctors, the government, or whoever—related to bereavement support? What resources are available to you following such a tragedy?

Marylaine Bélair

Well, I really didn't get any help. There wasn't anyone to help me. I had to do the research myself because you're not born with the resources to say, "I'm going to mourn the death of my spouse and the father of my children at 35." So I did a bit of research. Then ironically, I came across the Quebec government's website, which gives a few guidelines for when you're going through a bereavement. And one of the first things is to avoid isolation. Okay, that was pretty ironic.

Konstantinos Merakos

So just a quick note, what were their suggestions—according to the government—in order to recover from a bereavement?

Marylaine Bélair

Firstly, to avoid isolation.

Konstantinos Merakos

Okay.

Marylaine Bélair

Secondly, to meet people who have been through the same thing as you. But you realize that you're in a lockdown and nothing was happening at the time: sports activities, meeting new people. That was the sort of thing I was reading. I was like, "Okay, I'm not entitled to any of that right now." Another was to find professional help—but then realizing that psychologists and other counsellors were already overloaded with all that was going on. So I found my own ways to help myself.

Konstantinos Merakos

Okay. So you tried to get resources and not only were they unavailable, they were contradictory based on the environment you found yourself in.

Marylaine Bélair

Yes.

Konstantinos Merakos

Perfect. I don't want to take more of your time. I know it's a difficult situation to replay because I imagine there's been a lot of media coverage, plus a criminal court case.

Marylaine Bélair

Yes.

Konstantinos Merakos

So I'd like to bring this to a close. In your opinion, as a human being, what could have been done better? What are your recommendations for humanizing what happened? Please give us your suggestions.

Marylaine Bélair

In my opinion, a prime minister's role—whether federal or even provincial—is to serve the people. He's not there to enslave people.

[00:15:00]

As for the vaccine— I didn't take it, but I didn't mind them making it available. But you can't impose a vaccination. Then if you make it available, at the very least you should say: it's experimental. Then when there are side effects, you should mention them, so that people can make the best decision for themselves because it comes down to your personal decision whether you choose to risk taking the vaccine versus risking the virus. That's the first recommendation.

The second concerns the other measures. I think isolating people who were at risk was a good thing to do, but again, with free choice. Some grandparents would rather see their grandchildren and die of the virus than be locked up in a nursing home. So they should recommend these things but let others live their lives. I mean, I could go out; I was ready to live with catching it. If someone was afraid, then it was up to them to isolate themselves. Don't bully others on behalf of someone who's scared or in danger.

Then, my last recommendation is this: I'm a mother of five, I'm a company director. A person experiences crisis situations on many levels. When faced with a crisis situation, you have to weigh the pros and cons in order to see the positive effects of the decision you're about to make, of course, but also to consider the negative effects—and there are always negative effects whether you like it or not. Then when you know what they are, you work with the people who are going to have to live with them.

The government has completely ignored us as a people. And the way I see it, the National Citizens Inquiry is doing is what our authorities should have done. They should have asked themselves more questions, then seen the impact it was having. Even François Legault, when it happened to my husband, said at the press conference, "Oh, it's unfortunate, it shouldn't happen." No alarms were set off—not a single one—about what he was doing to our society.

Konstantinos Merakos

Okay, excellent. And I also want to remind you that—you already disclosed it, but—vaccination status or any other medical procedure is personal, it's confidential. So just a reminder—and to other people too—that you mentioned it here, but you didn't have to.

Marylaine Bélair

No, but I don't mind.

Konstantinos Merakos

Yes, it's your choice. Excellent. So thank you very much. I'll now open the floor to questions from the commissioners.

Commissioner Massie

Thank you, Madame Bélair, for your touching testimony. We appreciate you sharing it with us so that we can understand the reality of this pain. My question is this: Looking back, where are you now? Despite the obstacles, have you managed to find a way to grieve? And if so, was it really that much harder to get through those stages given the circumstances you were in?

Marylaine Bélair

It was extremely complicated. That's when I learned how important mental health management is. Then—as I was saying earlier—I had to find my own ways to keep my mental health as strong as possible, while also supporting my five children. Today, I'm still able to see the positive despite everything. I mean, that's when you discover the strength that's inside you.

Commissioner Massie

Thank you.

Konstantinos Merakos

Will there be any other questions? No? Madame Bélair thank you very much. You're very brave. We thank you. You're a role model for your children. We congratulate you. Thank you for being here today and for your testimony. Thank you very much.

Marylaine Bélair

Thank you.

[00:19:00]

Final Review and Approval: Erin Thiessen, November 15, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 7: Amélie Paul

Full Day 2 Timestamp: 03:57:00–04:38:35

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[00:00:00]

Louis Olivier Fontaine

I welcome you all. My name is Louis Olivier Fontaine. I'm a lawyer and I'm acting today as prosecutor for the National Citizens Inquiry. And we are resuming after the lunch break with the testimony of Madame Amélie Paul.

Good day, Madame Amélie Paul.

Amélie Paul

Good day.

Louis Olivier Fontaine

We'll start with your formal identification. So I'll just ask you to state your first and last name, please.

Amélie Paul

Amélie Paul.

Louis Olivier Fontaine

Now I'm going to ask you to take an oath. So I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I swear."

Amélie Paul

I swear.

Louis Olivier Fontaine

Madame Paul, let me introduce you in a few words. You can tell me if my presentation is adequate. So Madame Paul, you are a singer, actress, producer, content creator—an example of which are the comedy news bulletins, *La vérité brutale*—and you are also co-host of the podcast, *En toute franchise*.

Amélie Paul

That's right.

Louis Olivier Fontaine

Is that right? Thank you. So today, Madame Paul, you've been invited by the Commission to testify about the consequences you personally suffered during the COVID crisis. From reading your file we understand that there are questions that will be addressed in terms of the consequences you've had, and the censorship to which you've been subjected. So that will be the subject of your testimony this afternoon.

I suggest we simply go in chronological order. So I'd like to know: What were you doing before the start of the declared pandemic?

Amélie Paul

I had started a booking company to book cover bands for festivals and corporate events and such. I had spent most of the winter working on that, notably to book my own two bands. So I had a good summer ahead of me just before the lockdown was announced—on March 13, I think. So that's what I was doing.

Louis Olivier Fontaine

Okay. So when this pandemic was declared, what happened to you personally and professionally? In your own words, how did it go?

Amélie Paul

Well at the time I was scared—not about what was declared, not about the virus—but about all my shows. I was afraid. And indeed, everything was cancelled. So of course, it was very insecure as an artist. You find yourself without a contract before you.

But it didn't last long compared to what I saw unfolding before me. I thought the press conferences and all that were like theatre.

In my opinion, I've never bought into it. And that's why—very quickly—I wanted to highlight the absurdity of it all through video clips. It simply came to me. I like editing a lot; I studied communications so it is of course my area of expertise.

Louis Olivier Fontaine

Okay. Yes, let's talk about those video clips. Why did you do that? What did you do?

Amélie Paul

I found what they were telling us in the press conferences interesting: what we had to do to avoid catching COVID. And I had just finished my studies in naturopathy. So I thought it was really odd that it was practically the opposite of stimulating an immune system. So for me, that's when I came up with the idea of doing a video called *Les onze façons d'affaiblir son système immunitaire* [Eleven Ways to Weaken your Immune System], to approach it in a humorous and sarcastic way, pointing out that practically everything they told us to do actually weakened an immune system.

It turned out that I'd done it quite naively—for my own amusement, in fact—but then it went viral and was very successful. So after that, I decided to continue with that view of pointing out the inconsistencies and absurdities that I saw.

[00:05:00]

Louis Olivier Fontaine

Can you give a few more specific examples of what these videos are about?

Amélie Paul

For example, I could talk about masks: how it was good for our health to constantly breathe in the waste we expel, like our CO₂ and so on. I had made a video that asked 80 questions, I think. They were just questions, but it was to get people thinking and to show what was going on. Not just in relation to COVID, but I felt that there were a lot of things going on in society that didn't make sense any more. So I wanted to make people think, but in a humorous way because if you talk about it seriously, people often don't agree.

In Quebec, I think humour really reaches people: it's part of our culture. I'm not a comedian at all but I didn't need to be a great comedian to point out society's inconsistencies. It was just funny!

Louis Olivier Fontaine

All right, thank you. And what happened after that? Did you keep doing that for a while? What happened next?

Amélie Paul

I continued with the comedic videos. At one point I interviewed a biologist and she said, "You're good at this. You should keep doing it." So I continued to interview people who inspired me and those who I found had an important message to bring because I wasn't a specialist in anything in particular. So I wanted to get interesting people to share their message. That's it. So I continued to do comedy, conducting interviews, discovering such little gems on social networks: people I found inspiring and that I wanted to put forward.

Louis Olivier Fontaine

Perfect. So if I'm hearing you correctly, things had been going relatively well for you up to this point. What's the time frame here if you remember?

Amélie Paul

It went well. Right from the start, with the first video I made. Of course I was getting attacks on social networks but it was things like “conspiracy theorist” or “you’re a public menace” or things like that, but it didn’t get to me any more than that. So as with everyone else who was called a conspiracy theorist, it went on like that for about a year. Of course, I had comedic videos that were regularly censored. I thought it was strange when it got to the point where you couldn’t even do comedy anymore. But nothing terrible happened to me, I think, until a CBC article was published on June 2.

Louis Olivier Fontaine

If you don’t mind Madame Paul, before moving on to this other subject, I’d like you to elaborate a little. You say, if I’ve understood correctly, just online attacks by “trolls.” Could you go into a little more detail on that part?

You also mentioned the censorship aspect: that is, videos that have been censored if I’ve understood correctly. I’d like you to go into a little more detail on these two aspects. So firstly, the attacks you mentioned and, secondly, the video takedowns or censorship you mentioned.

Amélie Paul

The videos where I made fun of masks were definitely censored. Some of the interviews I’ve done—I did one with Guylaine Lanctôt so of course that was very controversial—it was censored too. Usually anything that talked about naturopathy or attacked health measures would be an area that shouldn’t be touched. Otherwise, the attacks I received were on social networks. The media hadn’t started talking about me. As long as it stayed on social networks, it didn’t bother me much.

But it was stuff like— I remember I made a video as a joke telling people, “Wear a mask and make a hole in it, then paint your face on it, so it doesn’t show.” A doctor actually attacked me, saying I was a danger for suggesting people do that. But people aren’t so stupid as to do that. Sometimes I couldn’t believe the attacks I was getting. At the same time, I had a naive side in all of this because it was total absurdity to me. It seems that I didn’t realize that for some people it was very serious and they were afraid.

[00:10:00]

In a way, I was ridiculing their fear. I don’t think I was aware of that.

Louis Olivier Fontaine

When you say, “I was attacked by a doctor,” you have to be very specific: How does that actually happen?

Amélie Paul

I think it was on Facebook. It’s been a long time because it’s been three years, but I used to get a lot of comments, especially on Facebook. You don’t see that as much now. But at the time, it was new and people were still afraid; and it wasn’t popular to criticize the measures so I got a lot of criticism. At one point, a woman on Facebook said, “I’m a doctor at such-and-such a place. You’re a public menace telling people to put holes in their masks.” And attacks like that.

Louis Olivier Fontaine

Okay, I understand. And again, when you say, “The videos were censored,” I understand what you’re saying, but in practical terms, who does that?

Amélie Paul

It was mostly YouTube shutting down a video and then saying, “You’re not respecting the community guidelines.” And that’s it. They often don’t really explain. At that point, they’d say, “You’re criticizing the health measures.” It was a little more specific but you were able to assume the reason. But I say “were able” because the more it went on, the more obscure the reasons became for censoring the videos.

Louis Olivier Fontaine

Okay. And when that happened? Did you do anything to appeal that decision?

Amélie Paul

Yes. There’s always a way to appeal but it rarely worked. It worked sometimes. I did appeal and videos came back. You just have to say, “Yes, I’m being funny and I would never criticize health measures!” Then you faked sympathy, and sometimes it worked.

Louis Olivier Fontaine

Okay. Thank you very much, Madame Paul, for those clarifications. So if you don’t mind, we’ll move on. You mentioned an article if I understood correctly. Perhaps I could ask you to elaborate and continue on this subject.

Amélie Paul

Yes. In fact, my first official experience with the media was in January 2021. A journalist from Québecor contacted me that time. I spoke to him, quite naively, and we talked for a long time, like in a kind of pre-interview or whatever. Then finally, he said, “Listen, I’m not putting you in the article I want to publish tomorrow. I’ll get back to you in three days.”

He actually published an article in the *Journal de Montréal*. The next day, I saw: “Des complotistes qui menacent nos”—I don’t remember the title: “*Les complotistes menacent nos structures*” [“Conspiracy theorists menacing our structures”] or something. And three days later he got in touch with me and then he rather implied that if I pushed the health measures on my platforms— Saying, “If you say: ‘We had a good laugh but we still have to respect the health measures, avoid clogging up the hospitals, it’s important.’ If you include this, you’ll have your moment of glory and I will promote your career.” And I went, “Well, that’s because you don’t understand how it works. Firstly, I can’t do that, and secondly, even if I did, nobody would believe me. It’s ridiculous! And even if I did, they wouldn’t listen to Amélie Paul. They don’t care, I’m not a guru. You know, people use their brains.”

In short, I refused and then I got scared. I said, “When’s this article going to be published?” It was either I accept [his demand] or he was going to write the unflattering article he wanted to publish in the first place. He told me it was going to come out on Monday. But in the end, nothing came out.

So there I was, at peace, and then I said to myself, “My God, I’m never going to deal with the media again. I don’t want anything to do with journalists.” Until, it had to be May 2021, Brigitte Noël, after the death of my friend Bernard Lachance—

Louis Olivier Fontaine

Sorry to interrupt you again, Madame Paul. Could you please tell us which media outlet contacted you?

Amélie Paul

At first it was a guy from Québecor.

Louis Olivier Fontaine

Okay, from Québecor. And it’s your decision, but would you like to mention this person’s name?

Amélie Paul

I’d rather not mention it. I don’t know; I’m a little afraid of the potential consequences it might cause.

[00:15:00]

Louis Olivier Fontaine

Yes, you’re ahead of me. So why do you want to avoid it?

Amélie Paul

Yes, that’s right, it’s due to fear. That’s why—although I did talk a little about it—I never took any further action. The media scare me. I’m traumatized, you might say. It’s just my opinion but I know they can go to great lengths to write things that can harm someone.

So there you go.

Louis Olivier Fontaine

Could you give us some examples of things that have been written about you? I know we’ve been going chronologically here. We can either continue chronologically or if there are examples that you’d like to mention now.

Amélie Paul

Well, my friend Bernard Lachance passed away on May 11, 2021. That was exactly two years ago yesterday. Of course, the media made a big deal out of it—because he’s a conspiracy theorist who died of AIDS—to show that he was in the wrong. So it was wonderful for them.

And then a few weeks later, Brigitte Noël from CBC contacted me for an interview and I didn’t even reply. I didn’t even reply to decline because I also know that she has a

reputation of destroying people. Her work isn't very constructive. So out of fear, I just ignored it, very naively thinking, "Maybe she won't talk about it if I don't respond."

And finally, she wrote to me again a few days later and said, "You know, Madame Paul, I'm going to do my story no matter what, even if you don't write me back. But I'll give you another chance. So here are the points I'm going to cover." Then she made a list. And she mentioned private conversations I'd had with my friend in the bullet points. I thought to myself, "It can't be legal to do that, to publish conversations between two friends. She'll never publish that!"

Well, no! Finally, on June 2 an article was published on the CBC website. Then on the CBC news at six o'clock, there was also a little report talking about me in particular. It implied that I was his naturopath. Because I had studied naturopathy, they sort of made the association that I was his naturopath, which wasn't true. He was my friend and he never paid me for consultations or anything. I've hardly done any consulting since I got my diploma. I wasn't really interested in one-on-one consultations. It was more for myself, to cure a health problem I had.

So there you have it. I was in no way Bernard's naturopath. They also implied that I was selling him natural products to cure his AIDS. But Bernard—whether you agree with him or not—was campaigning to say that HIV didn't give you AIDS. And as far as he was concerned, he didn't have HIV. So it makes no sense to say that he was taking natural products to cure HIV.

And he took natural products like me. We took the same thing for daily maintenance because he was a bit like me. We liked to talk about health, naturopathy, and all that. And we had a mutual friend who sold us these products.

Louis Olivier Fontaine

Okay. Once again, let me interrupt you. So you're talking about an article that was written by Madame Noël in June but on a completely different subject. So why do you think they suddenly decided to write about Amélie Paul and one of her friends? Do you have a hypothesis? Why do you think this article was written?

Amélie Paul

Well, as with all the other so-called "conspiracy theorists," to demolish their public reputation. So that we don't have any credibility. So that people don't come and listen to us in our videos, on our platforms, I imagine. I can only assume that's the case.

Louis Olivier Fontaine

And how did it make you feel? How did the publication of this article and this report affect you?

Amélie Paul

I was definitely devastated. Not only was I ashamed because I said to myself, "I'm a disgrace to my whole family, to those around me. I'm hurting my mother," who was fighting cancer and it was very difficult for her at the time.

[00:20:00]

People boycotted my boyfriend's restaurant. So it caused a lot of problems in my circle of friends. But on a personal level, I had become bad company. I felt like I had leprosy. No one could associate with me. It was like a social death sentence if you like. I was blamed for Bernard Lachance's death and even today—two years later—I still get attacks from people who say, "You've got blood on your hands, you're responsible for his death, you belong in prison." It's never really stopped.

Beyond that, from a professional point of view, a few days after this article appeared, my two YouTube channels were shut down. They were my bread-and-butter. Then my music shows— because in the summer of 2021 shows were starting up again. I had a few shows booked. It was starting up again, I was happy; and then in the end, they were cancelled.

From a naturopathic point of view as well, I was really too scared. I was already hardly doing any consulting. At that point, I didn't want to do any more at all. It wasn't worth doing consultations for the small amount money I was making, and then potentially saying the wrong thing and getting sued by the College of Physicians. Because after Bernard's death—this is just me guessing, maybe they were real people, but I found it very suspicious—I received maybe three requests from people who said to me, "I'm HIV-positive. Could you recommend some natural products to stop my tritherapy?" In any case, I thought it wasn't very subtle. I said to myself, "Well, I quit." And I know that many naturopaths and holistic health practitioners have stopped practising because of this witch-hunt.

Louis Olivier Fontaine

So if we're talking about your professional income: For example, we're talking about YouTube channels that were closed that were a source of income for you. We've talked about the shows. We've talked about the naturopathic practice which has been greatly reduced.

Amélie Paul

Stopped outright.

Louis Olivier Fontaine

Stopped, all right. Did your band continue? How did it go?

Amélie Paul

At some point, I'm not sure—two months after this saga, maybe a little before—I was starting to feel better— Because I had disappeared for maybe a month or two. And then I had a show coming up with my band in Repentigny. I was happy. I said, "Here, I'll post this on my social networks. It will be a nice change of scenery and I can't be attacked for having a show."

Louis Olivier Fontaine

Sorry. When was this, if you remember?

Amélie Paul

I think it was maybe the end of July if I remember correctly. Because the other thing had happened on June 2 and then I left it for a while. It was, I'd say, at the end of July that I announced on social networks that I had this show.

And then there are the little soldiers of the celebrity pages, the haters who are on our backs all the time. I don't know if you want examples: Xavier Camus, *Les Illuminés du Québec*, that whole gang. They called the sponsors of the event where I was going to play to scare them, to tell them, "You're hiring a conspiracy theorist." So they had to issue a statement saying, "Calm down. We don't endorse Amélie Paul's comments. She won't be coming here."

So that show was cancelled, and immediately afterwards there was an article about it in *Le Soleil*. And then I guess these people did some research because I hadn't announced it anywhere, but I had a show in Gaspésie opening for Éric Lapointe, which is all the more ironic. Éric Lapointe is no choirboy! But anyway.

[00:25:00]

So there, same thing: the event organizer received calls to say, well, probably the same thing. I can't say exactly what they said. But at least he called me to say, "Amélie, I'm obliged to cancel you. My board of directors is on my back; they're getting calls." So they cancelled that show. And from then on my musicians said, "Listen, we won't play with you anymore because we're risking our careers." So they booted me out of my own band that I had launched: my own company. And after that, well obviously, the other shows planned for that summer were cancelled.

Louis Olivier Fontaine

And—feel free to answer or not to answer—but I understand that many sources of income had disappeared. How are you doing today?

Amélie Paul

Well, people give me donations. I get a bit of advertising revenue from YouTube because I've opened another channel, but it's not the same as before because now there's a lot of shadow banning. I don't have any proof but that's what I think.

Louis Olivier Fontaine

Can you explain to the Commission what this is?

Amélie Paul

Yes. The shadow ban—on Facebook especially, and on YouTube—is when they allow you to exist, if you will, but they're going to promote you to a lesser degree in people's news feeds. You'll have a little less visibility. So I have a bit of income from YouTube and Facebook, but it's mainly public donations that keep me alive. So when I make videos, I ask for donations and people encourage me. So this shows that you have to stay honest and true when your income depends on the people who listen to you.

Louis Olivier Fontaine

So in the chronology, we talked about Madame Noël's article. We've talked about a number of subjects. Are there any other topics further down the chronology that you'd like to mention to the Commission? And in a few minutes, we'll have to give the floor to the commissioners, who may also have some questions for you.

Amélie Paul

Well, I think that about covers it. There's also the music. I don't have concrete proof of this but at the time, when my manager was trying to track my music on the radio—that is, to contact radio stations to try to get them to play my songs. Let's say, of the two big radio stations in Montreal, one said, "We don't play Amélie Paul." For the other, the musical director had agreed to play my song but then he said, "My hands are tied, I'm not allowed to play it." So you could argue: "But it wasn't a good song." But it had reached number one on iTunes Canada, so it must have been not bad.

So basically, it was thanks to people on social networks because I didn't get any support, obviously, from the radio or the mainstream. Of course, nobody wants to play me and nobody's going to talk about me.

Louis Olivier Fontaine

A question we often ask at the end of interviews is: How could things have been done differently to make things go better for you? I know it was difficult for you, but is there a thought or reflection that comes to mind? How could things have been done better?

Amélie Paul

After the Radio-Canada [CBC] article, I tried to contact journalists. And my manager at that time had also tried to reach someone with his contacts who would allow me to give my version because Bernard and I spoke every day. So I knew the truth. I would have told it and there would have been no problem. But nobody ever wanted to interview me or get my side of the story, whereas Bernard's sisters were in the media with Paul Arcand, with Denis Lévesque, but Bernard hadn't spoken to them for six years, I think. So that's where it was suspicious. I mean, they should have given me the right to speak in my own defence, but I was never able to defend myself in that story.

Louis Olivier Fontaine

If you could have had the right to reply, the right to speak, things would have gone better.

Amélie Paul

Well, I think for all the subjects that we deal with, what is missing is the debate in the media. I think that's the key. Both sides should be represented in the media but they are not. Even if someone comes across as a conspiracy nut and has outlandish theories, let him express himself. He'll discredit himself. Lies discredit themselves.

[00:30:00]

Louis Olivier Fontaine

I think that's a very good conclusion to your testimony, Madame Paul. I'll turn the floor over to the commissioners if they have any questions for you.

Commissioner Massie

Thank you very much, Madame Paul, for your testimony. It's touching and disturbing. In a society, we would expect our artists to explore new avenues, be creative, and lead us away from political correctness, let's say. At least, when I was young, that's what was most popular. Well, I admit I haven't kept up with it all that much lately—I've been a bit out of touch—but I did notice that, whether in music or theater or other forms of artistic expression, it seemed pretty restricted.

In your artistic milieu, are there many other artists like you who have taken this risk or had this naiveté — I don't know, you mentioned naiveté — to express themselves because they found this situation absurd?

Amélie Paul

There are very few. At the very beginning of the pandemic, Lucie Laurier spoke out against it. She talked about it but it wasn't far-fetched—what she was saying was very logical—and then she was cancelled immediately. But she was already established and well known so she had a lot to lose. Perhaps she served as an example because after that, very few people spoke out.

Guillaume Lemay Thivierge just said, "No, I'm not vaccinated yet; I'm waiting for a Quebec vaccine." I think it was Medicago at the time. Just because he wanted to wait, he was also mistreated by the media. He lost a big sponsorship.

So I think that all these people served as an example to say, "Don't say anything if you don't want to lose your career and your gains." And artists who were known for speaking out against the government, for being rebels and non-conformists, suddenly became the ultimate conformists. It was pretty special.

Commissioner Massie

Does this suggest, finally, that the artistic community is somewhat limited in its ability to express itself, given the forms of remuneration to which it has access, which perhaps go through government channels or firms that may somewhat control the messages?

Amélie Paul

Well, given that Quebec is a small market, whether in film or music—I'm not certain of what I'm saying—but I think it also works largely through subsidies, even for artists. So yes, it's difficult. I imagine they'd rather keep quiet and not risk losing everything. Or even if it wasn't subsidies, if you no longer have the support of radio stations and the media, it's the end of your career or, at any rate it's more difficult. It's not the end, but it's a lot harder.

Commissioner Massie

To pick up on Mr. Meloni's opening comment this morning, a lot of people are now saying, "Well, it's over, we're moving on." Do you now feel the freedom to express yourself quite well within different art forms? Is it all over?

Amélie Paul

Absolutely not. In any case, from an artistic point of view, there may be an opening. So the organizers, maybe they have an opening and they don't mind, but it's a risk taken at the corporate level. Event sponsors run the risk of being attacked. Nobody wants to take the risk. So I have the impression that it's the code of silence. Everyone knows that everyone else knows, but we just pretend. That's just my impression.

Commissioner Massie

And how long do you think it will last? Will we get out of it soon?

Amélie Paul

I have no idea. Naively, I hope so. I hope the truth will come out, and we'll get through this, and justice will be done, but I have no idea.

Commissioner Massie

And what do you think it would take for the voice of this artistic community to be liberated? What would have to happen in our society?

[00:35:00]

Amélie Paul

Well, since you can't do anything about the media—which is obviously controlled by the government—all the artists would have to get together. But it's like in any milieu—I'm talking about artists here—but in any milieu, if everyone had stuck together, all these stories would have fallen. But there was a division into two camps. So as long as we're not all together, I think that's the problem.

Commissioner Massie

Now the question is: You mentioned that at the beginning, when you observed what was happening with the launch of measures to counter the pandemic, that from your point of view, it didn't seem credible. And you commented that, perhaps, you were a little naive at the time. After three years, have you come out of the age of innocence?

Amélie Paul

I've had some wonderful evolving gifts in three years. Yes. I'm just as naive but deep down, my naivety at the time was that I didn't think what I was doing was serious. I wasn't aware that it wouldn't go down well with society.

Commissioner Massie

Thank you very much.

[Addressing the other commissioners in English] You have any questions? Okay.

Commissioner Drysdale

[In English] Good afternoon. Given the treatment that you got from the social media and the media, have you got any kind of an opinion as to what the recent amendments to the Broadcasting Act through Bill C-11 might have on your future?

Amélie Paul

My opinion on Bill C [11], the consequences it may have for my future as an artist, right? As a content creator on social networks—I think that's it, if I've understood correctly?

I think it's a law that is a bit disguised, and will eventually have even more control over the content of social networks, and then control "disinformation." So when what you say is not in line with the government—that is, not in line with the accepted narrative—I assume it's disinformation. So is this going to open the door to more censorship? That's what I think, but I could be wrong. I don't think it's necessarily for the good of Canadian content creators. Only my naive side would believe that.

Commissioner Drysdale

[In English] The second part to that question might be with regard to new music in Canada. Most of the new music coming out by emerging artists is funded by the government through grants and assistance, and most of the festivals have government funding in them. Can you comment on what kind of an effect that has on artists like yourself, and making a decision whether or not they're going to have protest music? You know, they used to have protest music when I was about your age, and there isn't any of that anymore.

Amélie Paul

So the question was: Given that most artists are funded by government subsidies, what impact will this have on protesting artists? Is that it, if I understood correctly?

Personally, I have no hope of getting a grant anyway, and I wouldn't want one so it doesn't affect me. There are those who make their way on social networks, and you can still denounce things through music. I think that the best way is in fact to denounce through song lyrics. I think it gets across a lot better.

I was going to say, the mistake I made—it's not a mistake—but to denounce through comedic videos or by speaking directly, saying "It's a fraud," doesn't make it through. But on a canvas or through a song, I think it can still make it through. But the idea is to use new media, social networks, and travel your path by yourself. I also think that is the future. We can't go on forever. I don't think subsidies are going to continue. People are awakening and detaching themselves from this falsehood.

[00:40:00]

Artists who didn't do anything during all that time, who didn't even raise maybe a few questions, who didn't denounce anything? I don't know. I can't say. But personally, I don't want subsidies. I'm not in this. I don't want government help. I'd just like, maybe, to have permission to play on the radio or to do shows. At least to be able to play in places where sponsors are not called and harassed. So that's that. That's my situation. As for the others, they just have to be docile and they'll be fine.

Commissioner Drysdale

Thank you.

Louis Olivier Fontaine

So in closing, Madame Paul, it only remains for me to thank you on behalf of the National Citizens Inquiry for your testimony.

Amélie Paul

Thank you.

Louis Olivier Fontaine

I'm aware that coming to talk about your personal experience can generate a lot of stress and anxiety. So I congratulate you on your courage and integrity.

Amélie Paul

Thank you so much for giving me this opportunity.

[00:41:35]

Final Review and Approval: Erin Thiessen, November 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 8: Stéphane Hamel

Full Day 2 Timestamp: 04:39:16–05:21:27

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[00:00:00]

Chantale Collard

So good morning. For those just joining us, my name is Chantale Collard. I'm a lawyer and I'm acting as prosecutor for the National Citizens Inquiry here in Quebec City.

So Monsieur Hamel.

Stéphane Hamel

Hello.

Chantale Collard

Hello. First of all, thank you very much for agreeing to testify here at the Inquiry.

Stéphane Hamel

Thank you for participating in this exercise: it is overdue.

Chantale Collard

First, we'll proceed with your identification. So simply state your full name.

Stéphane Hamel

My name is Stéphane Hamel.

Chantale Collard

And I'll swear you in. So do you solemnly declare to tell the truth, only the truth? Say: "I do" or "I swear."

Stéphane Hamel

Yes, I swear.

Chantale Collard

Perfect. So Monsieur Stéphane Hamel, I'll let you introduce yourself. But first, I should mention that you've had major political involvement, including being a founding member of the CAQ [Coalition Avenir Québec].

Stéphane Hamel

Yes.

Chantale Collard

So you've had a close relationship with Monsieur Legault and you can tell us all about that. And so the question today is, first of all, your motivation for coming here to testify before the Commission, your primary motivation. And to begin, I'll let you talk briefly about your occupation because you're not just in politics. You also have another career path: you're in business, you've also studied computer science, and so on. So you can tell us about your professional career.

Stéphane Hamel

Yes, but not anymore because it's extremely difficult for me to find work. Usually, I work in very large companies. And since I had my episode with the CAQ—which became very public—I no longer have any possibility of getting contracts because I'm a contract worker and large companies and the government seem to have flagged me. So it's been very, very difficult for me over the last three years.

As for my career path, at heart, I'm mostly a computer scientist. I got my first computer when I was twelve and I was making my own games at the time. I enjoyed making them, not playing with them. So I also trained in computer science and accounting at UQAM [Université du Québec à Montréal].

At the start of my career, I was Operations Manager for a small company in Montreal, and that's where I practised my accounting. I also had my first attempt in business management and all the processes they can have for companies.

Then I designed a computer system for the major oil companies in Canada. So with my father, I started a company called Les logiciels Infosys. And I was the architect and coder, more or less, of this system which is used for the global management of major companies such as Ultramar, Petro Canada, Shell, and many others with whom I worked in the United States, Canada, and many other countries.

I had a few partners when I bought the company and I was defrauded by my co-shareholders. So I spent about seven years fighting with the justice system and I know the justice system from that experience; in my opinion, it is a disaster for ordinary citizens.

Chantale Collard

Monsieur Hamel, thank you for giving us a brief overview of your background; we will yet see a link. Maybe we can't see the link between IT, politics, the pandemic—what we call a

pandemic. So one of the first questions is, of course, your political involvement. So we're talking within the party, so as not to confuse the two: the government and the party are two different entities.

[00:05:00]

Stéphane Hamel

Yes. I was an activist with the CAQ from the very beginning; there weren't many of us.

Chantale Collard

What year?

Stéphane Hamel

It was the end of 2011–2012.

Chantale Collard

More than 10 years.

Stéphane Hamel

So really at the very beginning of the CAQ. I'm a founding member of the CAQ. I took part in the first campaign in Terrebonne with Monsieur Gaétan Barrette, who was my MNA [Member of the (Quebec) National Assembly] at the time, my candidate in the riding of Terrebonne. It was a campaign full of developments. Monsieur Barrette is very talkative.

From then on, I took part in all the CAQ conventions. I've really cut my teeth in politics; and I'm particularly interested in the philosophy of politics, sociology, and all that.

So I did my homework; and my goal was to enter parliament in Quebec one day because in computer systems or government ways of doing things, they spend billions and billions of dollars on systems and nothing ever works. And even today, there's nothing that works, especially in the healthcare system. And we saw the disasters with the Société de l'assurance automobile du Québec [Quebec Automobile Insurance Company]. They don't seem to be able to come up with a system that works, whereas in all my years in the private sector, I've never seen such disasters. Of course, we're no angels: sometimes there may be things that don't work, but I've never seen projects cancelled and restarted *ad vitam æternam* [to life everlasting].

Chantale Collard

All right. So Monsieur Hamel, we're going to start in 2020. There's a link between the pandemic and politics. I'd like you to tell us about that link and how it affected you.

Stéphane Hamel

Starting in 2018, I participated in two campaigns: in Vimont and in Laval-des-Rapides. And at that time, I became president of the Laval-des-Rapides riding [association] for the CAQ. When the pandemic started, we had a lot of Zoom meetings. And what kept bugging me was

that no one was talking about the elephant in the room. In all the meetings, I tried to bring the subject to the table, and it was as if I had eyes looking at me with—!

Chantale Collard

How did you bring up the subject?

Stéphane Hamel

I brought up the subject as: What's the point of all this? What did the CAQ, as a party, do to try and smooth things over? Because what I was seeing at the time was that the government was doing everything it could to stir up fear. I expect politics to bring people together, not try to scare them in ways that I've never seen. So that's what it was all about at the beginning because at the beginning we hadn't even had any discussions yet.

Chantale Collard

Of what point in time are we speaking?

Stéphane Hamel

Really early in the pandemic.

Chantale Collard

So April 2020, around then?

Stéphane Hamel

Late March, early April 2020 when everyone was like deer on the highway facing the high beams. Everyone was wondering what was going on. My first observation was that nobody was talking about it.

Chantale Collard

Very true. By the way, when you broached the subject, what was their reaction? How did they respond? Were the words clear? Or was it something hinted at when you talked to the party?

[00:10:00]

Stéphane Hamel

People on the party executive, in particular, were saying, "We mustn't ask questions because it's absolutely essential that the whole population be on the same wavelength—because it could be dangerous to have people leading others elsewhere." And I could understand at some level saying, "We've got a pandemic, an extremely dangerous virus, so don't disseminate information that could lead people to disregard health measures."

Chantale Collard

Which, at the time, had just been imposed.

Stéphane Hamel

Which had just been imposed. We remember, at the very beginning it was, “Stay at home.” Then there was a crescendo in the measures. That was at the beginning. As time went on—over the next few months—it became increasingly clear that it was people who were already at the end of their lives who were succumbing to COVID. So I asked these questions at meetings. And we were just speaking among ourselves; we were not in the public eye.

Chantale Collard

Yes, that’s right.

Stéphane Hamel

We were speaking among ourselves, the executives and all that. “Aren’t you being a little too alarmist?” And it wasn’t—

Chantale Collard

That was the wrong question.

Stéphane Hamel

These were not questions to ask, even between us. We were not to talk about such things, absolutely not. It was an *omertà* [a code of silence], already at the start.

Chantale Collard

Already at the start? Within the party itself?

Stéphane Hamel

Within the party itself. So for me—someone interested in politics for a long time—I said: “But that’s not democracy. We should debate this.” On the other hand, I can understand that in the beginning, we wanted to be reassuring. But we weren’t reassuring people, we were leading them into fear—increasingly so!

Chantale Collard

At the time, you were wondering about the narrative that the people were led to believe. So it was very well orchestrated. That’s what I understand.

Stéphane Hamel

It was made clear that we were not to discuss government decisions.

Chantale Collard

So it was very clear.

Stéphane Hamel

That’s right. At the time, I was president of Laval-des-Rapides, and Monsieur Legault came up with an initiative which he called: “Je contribue” [“I contribute”].

Chantale Collard

So “Je contribue” was an initiative to get people to donate their time in CHSLDs, RPAs and so on [long-term care and seniors’ residences].

Stéphane Hamel

Yes. And I wanted to give a bit of my professional background at the outset—precisely to put into context the fact that I’m someone who asks a lot of questions due to my work. It’s part of my job to ask questions in order to find solutions and computerize processes. So you need to ask a lot of questions to understand.

At the time, I was also very naive, as Amélie [Paul] would say: I was naive too. I decided to go and work in a CHSLD to lend a hand.

Chantale Collard

What was your main occupation in the CHSLDs?

Stéphane Hamel

I was a service assistant, so a bit of a jack-of-all-trades. We fed the residents, helped them get dressed, emptied the garbage cans: it was really a little bit of everything.

Chantale Collard

But you were in direct contact with the residents?

Stéphane Hamel

I was in direct contact with the residents, yes.

Chantale Collard

So you were able to observe things?

Stéphane Hamel

Yes.

Chantale Collard

Can you tell us about it?

Stéphane Hamel

Yes, absolutely.

[00:15:00]

At the very start, I was greeted with suspicion by the establishment’s management because I was president of the CAQ, the party in power. But that had nothing to do with it. I could see what was going on; we heard, “the lack of staff.” I was naive enough to say, “I’ll go and help.”

Chantale Collard

You wanted to do a good deed?

Stéphane Hamel

Well, not just a good deed.

Chantale Collard

But for the community?

Stéphane Hamel

It was really: "I can't stand seeing people left to fend for themselves like that!"

Chantale Collard

Absolutely.

Stéphane Hamel

I think there are a lot of people who were there, like me, who worked for "Je contribue" for the same reason. They can't stand to see people die like that.

Chantale Collard

Absolutely.

Stéphane Hamel

All alone in their excrement, not being fed. And I was hired at CHSLD St. Jude in Laval.

Chantale Collard

What exactly did you observe at this CHSLD?

Stéphane Hamel

I have a few anecdotes. There's a big corridor on the first floor. There was a lady who was constantly going out because the lady smoked. So the door was right next to her room. Then there was a gentleman in a room just across from her, and the door was right next to him. He wanted to go outside. The gentleman was no longer capable but he was a gentleman with all his faculties. He was a very fine gentleman. I even had conversations with him. He said, "Can you help me? Let's go for a stroll." On top of this, it was a beautiful spring day in May; the first really beautiful, sunny day of 23-24 degrees. The gentleman said to me, "I can't take it anymore, I want to go outside."

Chantale Collard

Ah yes.

Stéphane Hamel

So I went out of my way. I went to see the management. I said, "The gentleman wants to go out, so I'll go with him." This was just as I'd done with the lady going out for a smoke. "I can take them both out at the same time. It's outside: there's no danger. I'll keep them away from each other." I got an answer like, "Yes, maybe" from a nurse. Then he passed it on to management and suddenly they said, "No, we can't do that." I said, "But the lady can already go out!"

Chantale Collard

So you were denied.

Stéphane Hamel

And it stayed that way. When I arrived at the CHSLD the next morning, they'd put bars on the gentleman's door!

Chantale Collard

No.

Stéphane Hamel

To make sure he didn't go outside. His bedroom door! And I found that absolutely terrible.

Another anecdote which took place a few weeks later: there was a gentleman I had become very attached to. He was Monsieur Labbé. We'd had several conversations and he was in his right mind. Then at a certain point, I heard some confusion: a problem had come up, but I was so busy taking care of a number of residents that I didn't see it. It happened around 7:30 in the morning.

Then I let it go. At half past one or one in the afternoon, I went to see the gentleman. I didn't know what had happened. Since the very beginning of the day, the gentleman had needed his diaper changed. And supposedly he had been aggressive in his request, but I know the gentleman and he's not an aggressive man. And at one o'clock, he exploded. And they'd been putting off changing him since early in the morning because they said he was aggressive.

So I talked about it with some of my colleagues who were there as helpers like me. Because I didn't have the skills or the strength to do that job—to change a diaper—one of the others took it upon himself to do it.

[00:20:00]

So all the employees were supposedly forbidden to do so. At that point, I escalated the situation up to management and told them that the gentleman wanted to lodge a complaint. I was immediately, forcibly thrown out.

Chantale Collard

Okay. So basically, you were there as a helper. You wanted to help this person.

Stéphane Hamel

Yes.

Chantale Collard

The complaint process is something to which we are entitled.

Stéphane Hamel

Yes.

Chantale Collard

Was there a link—and you'll get to this—between your ouster from the CAQ and what happened?

Stéphane Hamel

That was my first strike. I've had three strikes with the CAQ.

Chantale Collard

Okay.

Stéphane Hamel

When it happened, I asked for the phone number or e-mail address of the director of the CISSS [Integrated health and social services centres] in Laval and I wrote a complaint for Monsieur Labbé. I sent the complaint directly to him. And then the director of the CISSS called a minister—I don't remember which—and complained that I had made a complaint for the gentleman.

Chantale Collard

So he complained that you had made a complaint.

Stéphane Hamel

So the minister called the CAQ leadership and I then received calls telling me that I had no right to file a complaint on behalf of this gentleman.

Chantale Collard

Did they elaborate on the reasons? Did they send you a letter? What happened next?

Stéphane Hamel

No. Once again, there was no debate.

Chantale Collard

Okay.

Stéphane Hamel

And I was told that I was going too far and that I wasn't in solidarity with the CAQ and the CAQ executive. And I was told very, very clearly that I had to keep quiet.

Chantale Collard

It was clear.

Stéphane Hamel

It was clear.

Chantale Collard

But it wasn't in writing, if I understand correctly?

Stéphane Hamel

No, it was all verbal. I got a lot of phone calls, and the word went around: "What are you doing?" Well, I was naive. I complained, which is the man's right. The gentleman didn't have the capacity to do that. So there you have it.

Chantale Collard

You say this was your first strike. There have been two. Now we'll come to the second strike.

Stéphane Hamel

The second strike was the CAQ blitz in every riding to call its citizens because everyone was still in shock. So they said, "We'll call citizens to see how they're doing," which seemed fine until the directive was to call them, but also to offer them a free membership card for a year. So I said, "No, I won't do that." But it looks like everyone cooperated and did it. And there were even lists of who performed the best and sold the most membership cards.

Chantale Collard

Sold, given.

Stéphane Hamel

So if it would have been a matter of calling citizens to encourage them, "Are you doing well?" and all that. But to be judged by the number of membership cards we sell! Because that's automatically renewable.

Chantale Collard

Absolutely.

Stéphane Hamel

I thought it was utterly unscrupulous. And I said so.

Chantale Collard
You've made it known.

Stéphane Hamel
That was my second strike. They made it clear that they weren't happy with me.

Chantale Collard
Still verbally?

Stéphane Hamel
Verbally, yes.

Chantale Collard
And your third strike?

Stéphane Hamel
The third strike was, I think, at the beginning of July 2021. A lot of water had passed under the bridge by then.

[00:25:00]

So I stayed pretty quiet and observed. I still attended all the meetings and they never ever had any discussions about the pandemic.

Chantale Collard
A taboo subject.

Stéphane Hamel
An absolutely taboo subject until the government began to set its sights on a health passport.

Chantale Collard
We are now in 2021?

Stéphane Hamel
I think these discussions started in April 2021 and intensified until it became almost official in July 2021.

Chantale Collard
Yes, just before the passport.

Stéphane Hamel

And then I made a post on my Facebook, which is private. On which I have, of course, friends who are in the CAQ—I have MNAs; people on the executive committee; all sorts of people—but above all, it's private.

Chantale Collard

It's not accessible to the general public.

Stéphane Hamel

It's not accessible to the general public. So I wrote a note. I can't remember the wording. I think I gave it to you yesterday.

Chantale Collard

You had the letter. I have the letter.

Stéphane Hamel

No, the Facebook post?

Chantale Collard

No, I don't have it. Tell us about it.

Stéphane Hamel

I'll try to paraphrase. I said, "I don't agree with a health passport, and if the government decides to go ahead with it, I'm going to oppose it." It was as simple as that. So it wasn't public; I didn't make a public statement.

Chantale Collard

But you did say it was clear that you were going to oppose it?

Stéphane Hamel

Yes.

Chantale Collard

It was always private, but it became known.

Stéphane Hamel

Yes, because I had a lot of CAQ people on my Facebook, so they all saw it. So that was the third strike and that was the final one. And then I received a letter from the party executive telling me that I didn't support the constitution of the CAQ party and that I wasn't in solidarity with the party. And that for that reason—I'm paraphrasing because I don't have the letter with me—

Chantale Collard

Yes, I have it right in front of me.

Stéphane Hamel

They immediately removed me from my position as president. And the executive voted for that unanimously.

Chantale Collard

By the way, I can [read] this part for everyone's benefit: "However, we have become aware of the publications and comments you have shared on numerous platforms or social networks—" You mentioned Facebook.

Stéphane Hamel

Only on one.

Chantale Collard

"—and we are of the unanimous opinion that you are openly opposed to the principle of the constitution and are in breach of the requirements described above." So as a result, your mandate came to an end, et cetera, et cetera.

Stéphane Hamel

Well, there's a problem with this letter, which is: I opposed the government—I opposed a government decision—

Chantale Collard

Not a party decision.

Stéphane Hamel

—which is not the party. The party and the government are two separate entities. So I wasn't opposing the constitution of the party. I was opposing a directive or decree from the government, which was then formed mainly by CAQ MNAs. But as soon as the government is formed, the notion of party no longer exists: the MNAs are there to represent the public. So they're no longer members of political parties. In all the training we've had as party members, we've always been told to be extremely careful to distinguish between government functions and partisan party functions.

[00:30:00]

And they ignored that, simply because I was criticizing a government directive.

Chantale Collard

Monsieur Hamel, we're running out of time, but first I'd like to know if you'd like us to submit this letter signed by Céline Tessier?

Stéphane Hamel

Yes. It is already very public.

Chantale Collard

Okay, but to the Inquiry?

Stéphane Hamel

Yes, absolutely [no exhibit number available].

Chantale Collard

So listen, I know we could have talked about—you mentioned it briefly—computers and all that, but time's running out.

What I'd really like to ask you is this: Basically, what conclusions can we draw from this, and what could have been done differently in relation to your own situation?

Stéphane Hamel

Well, what could have been done differently is to have what is supposed to happen in any democracy: debate. But obviously, there was no debate; and debate was shunned like the plague. So the obvious conclusion to draw is that we are no longer in a democracy. There is no more democracy. The basis of democracy is freedom of expression and the exchange of ideas. As a group we will find solutions.

What I saw was that it had now become a single party. Even the opposition was no longer opposed. So what else could we do? Calling people conspiracy theorists— If there are people who don't see a conspiracy, I think they're asleep. At first, I thought, "Okay, they want us all to speak with one voice so that people will respect the health measures." But as we eventually realized that it wasn't such a dangerous virus, that the vaccine didn't work— Because even Dr. Fauci in the United States said—just before I opposed it, and this is one of the reasons why I opposed the health passport—that the viral load of an unvaccinated person and a vaccinated person is the same, which makes a health passport obsolete.

So what could we have done differently? I say: nothing, because it was a conspiracy, a plan. But the word conspiracy has been distorted. It's clear now that there was an agenda. What was the agenda? Speculating, well that's where you may become a conspiracy theorist. But those who don't see a conspiracy or an agenda, well—

Chantale Collard

Based on verifiable data.

Stéphane Hamel

Wow! I also see that there's no media here.

Chantale Collard

Mainstream media, you might say.

Stéphane Hamel

Mainstream. And I haven't heard any media coverage of this Inquiry. And we're in Quebec City, where Radio X is supposedly trash radio. Even they didn't talk about it, even in Quebec City!

Chantale Collard

That's right.

Stéphane Hamel

They didn't mention the Inquiry. So what's going on? Why is everyone so quiet? You asked Amélie [Paul] earlier, "Is it going to stop?" No. It's still going on, as you can see. There's no openness on the part of the media or the government to have a debate. We've had three years of extraordinary drama and all of a sudden, nobody's talking about it anymore. The drama is over, the pandemic is over.

Chantale Collard

As if it was nothing; as if nothing had happened.

Stéphane Hamel

And what they want: "Don't talk about it anymore; move on."

Chantale Collard

No. We're going to keep talking about it.

Stéphane Hamel

That's it. What else can we do? In fact, it is what you are doing.

[00:35:00]

Then perhaps, continue to hammer home the message that, "Hang on, we've got things to say!"

Chantale Collard

To pass on the message. Thank you. I'll leave you with the commissioners, who probably have a few questions.

Commissioner Massie

Thank you, Monsieur Hamel, for your testimony. So if I may summarize the core of your testimony, it's that: In your experience with the CAQ, at the beginning you were relatively motivated to participate, to debate, to propose new ways of doing things so that we could improve. You were mainly motivated to improve, for example, the government's IT processes, which is no small task. But to make any kind of change or reform, there has to be discussion. And here, I think you were disappointed—that's what I understood from your message—that there wasn't that kind of openness.

What is surprising, however, is that a party takes power and then falls into a certain unanimity that is perhaps partly dictated by our British parliamentary system where— Well, it's very tight around the Premier and ministers, and even the MNAs don't seem to have much say, if anything. What's surprising though, is that during the pandemic, there wasn't much of an outcry from the opposition, who seemed to be in the same unanimous frame of mind.

What do you think is at the root of this state of affairs among the political and ruling classes? During this pandemic, I'd say there's been a kind of crystallization of a position that we can't seem to get out of. We're still caught up in it. And so from your political experience, how do you try to understand what's going on right now in the political institutions we have in Quebec?

Stéphane Hamel

It's certainly the same thing that happened among MNAs in caucus that I experienced with the executive. I think the watchword was, "We all have to get the same message across." And I think they did the same thing within the other parties. So the government had to be unified and that's what we saw. They were a single party. There no longer was any difference between the parties. They were all saying the same thing. And the Parti Québécois, the Québec solidaire party, and especially the Liberal Party: their opposition consisted of asking for more than the government was doing. So they weren't criticizing the government's decisions but were notably asking for even more restrictions.

So the MNAs and all the party executives saw what happened to me when I opposed. So I was the naive one of the bunch and I served as an example. Just as they did with Amélie [Paul], it was the same thing. So when the artists saw Amélie being treated like that: zip, they shut up. And the same goes for the political class: when they saw my treatment: zip. So they don't need to make many examples. Just a few, and everyone shuts up.

Commissioner Massie

No, but my question, to try and open up a few other avenues: Do you think there's any possibility of a renewal in this mentality that is closed to debate, at least at the level of the political class?

Stéphane Hamel

What's astonishing today—now that the pandemic is over—is that there's no such openness to debate. So yes, we're going to have to make a complete change in the political culture because it has been like this now for quite a few years.

[00:40:00]

And how can we do that when we don't have a voice in the media because the media censors us? Every time we try to talk about those three years, the media won't let us. So how do we get our message across? Because people are also getting a single message from the media: "Everything's fine now; let's stop talking about it and move on."

So that's a good question. I think we need to have a collective debate on the following: Our democracy no longer exists, how can we reinvigorate it? And that's what Amélie Paul and I have been doing for the past eight months. The aim of the podcast we've started—we stream it every week—is to launch this debate. And all the invitations we've sent out to

people have been turned down outright. Nobody wants to come and talk to us—apart from people who are already well known, and who have already spoken out publicly against all this, and tried to find solutions. But we're still under that *omertà* [culture of silence]. So I'd like us to find some solutions but it seems that the agenda isn't finished yet.

Commissioner Massie

Thank you, sir.

Chantale Collard

Stéphane Hamel, thank you so much for your honesty and authenticity. We often don't know what goes on behind the scenes. As the Premier himself said, "It's not health, it's politics," and I think your testimony bears this out.

So thank you very much, and I hope that all this will be widely disseminated.

Stéphane Hamel

Thank you.

Chantale Collard

Thank you.

[00:42:11]

Final Review and Approval: Erin Thiessen, November 8, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)*

Witness 8: Dr. Barry Breger

Full Day 2 Timestamp: 05:21:54–06:24:56

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[00:00:00]

Konstantinos Merakos

So good afternoon. This is Konstantinos Merakos, with the law firm of Bergman and Associates, and I will proceed with the next testimony. Today we have Monsieur Barry Breger on Zoom. Monsieur Breger, can you hear us?

Dr. Barry Breger

Yes, I can hear you.

Konstantinos Merakos

Excellent. So Monsieur Breger, or Breger [pronounced with a French accent], do you have a preference?

Dr. Barry Breger

My name is Breger, but in French we often say Breger [pronounced with a French accent]. But I answer to anything.

Konstantinos Merakos

Perfect, excellent. Then whether you prefer French or English, it's up to you. We are comfortable with either. We have fabulous translators backing us up, so don't hesitate.

Dr. Barry Breger

Very good.

* This witness spoke predominantly in English; the NCI lawyer spoke in French. French passages were translated to produce a document that reads seamlessly in the English – editor.

Konstantinos Merakos

I will begin by swearing you in. So Monsieur Breger, do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say yes, I solemnly affirm it or I swear it.

Dr. Barry Breger

I swear it.

Konstantinos Merakos

Excellent. Can you please state your full name?

Dr. Barry Breger

Barry Breger.

Konstantinos Merakos

And where are you located right now?

Dr. Barry Breger

I am currently in Morin Heights, in the Laurentians, north of Montreal.

Konstantinos Merakos

Perfect. And are you alone in the room?

Dr. Barry Breger

I am alone in the room.

Konstantinos Merakos

Perfect. So we're going to spend the next 15 minutes together. I would like to start, Monsieur Breger, by talking a little about you. So based on your CV, can you please briefly tell us about your expertise and who you are?

Dr. Barry Breger

Yes. I am a doctor by training and I have worked as a general practitioner for 42 years. I was born in Montreal, raised in English, but appreciating the French-speaking reality in Quebec. I studied at McGill for science and at the l'Université médicale de Grenoble [Université Grenoble Alpes] for medicine. So I live in both languages: in the office and with individual patients, we speak English and French; and at home too we move from one language to another freely. So I prefer to do most of my testimony in English because it is my mother tongue. I feel more comfortable in English, and when I speak to four commissioners, all four understand English well, whereas I don't think that is the case for French.

So I was born in Montreal, as I said, and studied medicine in France, at the Université médicale de Grenoble, after doing an undergraduate degree at McGill University. My

experience: I spent six years in France, came back to do my family practice in Newfoundland and became a certificant to the College of Family [Physicians of Canada]; I did three years of internship and residency in Newfoundland. Subsequently, I worked doing emergency room shifts in locums, replacing other doctors in remote areas in Newfoundland. In the middle of all that, I worked in the Far North, both in northern Manitoba and in northern Ontario, working in nursing stations as a GP obstetrician. In one of the nursing stations, I was the only doctor; there were three-four hours flights from any help, so I was quite isolated.

[00:05:00]

In between, I did a long trip trekking in Nepal and across Asia for six months, and it was a big part of my learning experience, especially for high-altitude medicine. The trekking to Everest Base Camp, which interested me as well—high-altitude medicine. I've been doing complementary medicine since the beginning. I've been interested in nutritional medicine since I was a teenager actually, and continued in that line as I became a doctor.

I did integrative medicine; it's now called nutritional medicine, integrative medicine, functional medicine, or, according to Linus Pauling, two-time Nobel Prize winner, for chemistry and peace: orthomolecular medicine. "Orthomolecular" means, "ortho" is the right molecule, so it is trying to use the right molecule to address whatever the underlying metabolic problem is that leads to the symptoms of a disease. So if you are dehydrated, the right molecule is water, H₂O. It's not beer, it's not wine, and it's not a fizzy drink: it's water. That's a simple example. So orthomolecular medicine treats all diseases that way: we try to use the right molecule to deal with the problem. Of course, you know, if you need to treat the symptoms or you need an antibiotic for a severe infection, you use modern medicine, but otherwise you try to use natural molecules.

My particular interest over the years had become chronic diseases. Modern medicine is actually quite excellent at treating acute diseases, sometimes miraculously so. For chronic diseases, it's not so good. Modern medicine tends to treat chronic diseases symptomatically, with medication. My goal is to treat the underlying problem, using medication only when absolutely necessary. So I became interested because people who came into my office had these problems; they couldn't find another doctor quite often to take care of it, so I did: chronic fatigue syndrome, fibromyalgia, environmental hypersensitivity, both chemical and electromagnetic. Both of those are not, by the way, recognized in my province of Quebec: electromagnetic hypersensitivity and chemical hypersensitivity.

Hypersensitivity is when people develop various debilitating reactions when they are exposed to whatever they are hypersensitive to. So somebody who is chemically hypersensitive will get really sick when they are exposed to perfume, or aftershave, or the smell of soaps, or renovation products, or all sorts of common things that we smell all the time; the smell of a new car, that will make them very sick. And the ones who are really hypersensitive are isolated and lead lives that are very difficult: oftentimes, they can't go outside easily; they have to be careful; people can't come over wearing anything that can have the smell of soap on them. So it's a fragile population, which is the relevance to what we're talking about. My population that I saw was fragile.

Konstantinos Merakos

Right, thank you.

So I will continue the questions in French to help the translators a little. So you have spent 42 years as a doctor. You have experience in emergency, intensive care, hospital care, in several regions in Quebec.

I'll proceed with my second question, Monsieur Breger. As a doctor in the field, what would you say were your experiences and observations as a doctor both at the beginning and during the pandemic?

[00:10:00]

Dr. Barry Breger

Well, at the beginning, I was in a multidisciplinary office working as part of a team. But at the start of the pandemic, I was in a private office, meaning people had to pay to see me. In Quebec, we have the right to do this. In other provinces, to my knowledge, it is not allowed. So people were motivated. I had patients who were—as we called ourselves—awake. They knew what was happening; they saw exactly what was happening.

What struck me the most were things that the two previous witnesses—and I'm sure there have been others—talked about. It was the fear factor—

Ah, I am switching from French to English, I am not even realizing.

Konstantinos Merakos

No problem. Don't worry. It's not a problem.

Dr. Barry Breger

The fear factor. It seemed that everything that was done at the beginning was to increase the fear of the population.

Konstantinos Merakos

To create an overarching fear. I'm just translating. In other words, to frighten the world.

Dr. Barry Breger

Yes, yes. To create fear; the fear factor.

Konstantinos Merakos

Yes. Please continue.

Dr. Barry Breger

And it seemed to be a goal, and it was done by everybody. I had read a book called *La pandémie du mensonge et de la peur* [The Pandemic of Lies and Fear], by Dr. Jean Stevens. And he actually quoted—I think it was the assistant director of the WHO—that their protocol for pandemics is to “keep calm and keep the population calm” because oftentimes fear could cause more collateral damage than the infection, as we're seeing now actually.

So how did it start? Well, the first thing we were told was that it was a novel virus: it wasn't known; this was the first time; and that we didn't have immune function that was adequate to fight this novel virus. First of all, it wasn't a novel virus. It was a coronavirus that we all know and love, and our immune function— Well, I don't think in any of our lifetimes, anything invented by man will get better than our immune function. Our immune function is superb, but we have to support it. So that was the first— Without being insulting, but to me, they were lies.

And then we learned that in 2009, the definition of a pandemic was subtly changed, without any fanfare. Instead of being many, many deaths and disease, we started to define a pandemic according to cases. So cases were put into the definition. Now disease is pretty easy to define: people are sick, they have symptoms. Death is really easy to define: we can recognize death immediately. Cases are more complicated. So then we have to define what a case is. They decided with this so-called novel virus, which it seems more and more likely was a man-made gain of function virus— Well, I'm pretty sure that's what it was. The virus was produced, according to Luc Montagnier, who observed that there were more than a thousand peptides in the proper order that come from the HIV virus; Luc Montagnier won the Nobel Prize for discovering HIV, so he's a pretty credible witness. When interviewed, he said: "Look, I have nothing to lose. I'm an old man." He was well into his 80s. "I have my Nobel Prize. I have no reason to not speak about what I find." And in his laboratory, he discovered that this novel virus had many peptides: a thousand—those were his words—in the same order they were in HIV and also malaria. So in other words, man had altered the structure.

So we had this new virus, and the pandemic definition was changed. And how do you define cases? Well, you define it with the PCR test. The PCR test was invented by Kary Mullis, who won the Nobel Prize for it. And he repeatedly said before his death, during the pandemic—as Luc Montagnier died during the pandemic—that this was not a diagnostic test. It was not developed to be a diagnostic test and it was not a good diagnostic test. But we started to use it as a diagnostic test to such an extent that even one of my patients coming back from outside the country with a positive antibody test—which is a blood test, which is much more reliable—was told that no, she had to get a PCR test. So she had to get the inferior test in order to prove that she was actually resistant to the virus.

[00:15:00]

In any case, so we were using the PCR test, which should not be a diagnostic test. The PCR test multiplies the amount of viral particles so that they become visible. I use the word visible to cover lab tests detection: probably a better word. During the pandemic, I learned that 25 cycles— Because you have to do cycles to get enough of the expansion of the viral particles in order for us to detect it. Usually it's 25 cycles, approximately. Once you get over 35 to 40 cycles, you get a lot of false positives. And in one estimate that I read, there was as much as 90 plus per cent of false positives. So if you did 35 to 40 cycles, you would get many more cases; and there would be more of an argument to declare a pandemic because cases are now part of the declaration of a pandemic.

To what end? One might ask: To what end is this happening? Also, we were using a modelling from out of Oxford University in England to show how serious this pandemic was. They use models now to predict what will happen. And this was from a serially false modeller; the modelling that this person, this university, had used, had been wrong on multiple occasions. But for some reason, the World Health Organization and all the public health bodies signed on for this model. To what end? So here we had a virus that we could not defend ourselves from; we had modelling that was inaccurate; we had a PCR test that

was not accurate also; and we were able to declare a pandemic by this simplified version of a pandemic. So suddenly, it was a big pandemic and tens of millions, if not hundreds of millions, of people would die according to the models.

Along comes the next step. Now, this caused a lot of fear in everybody. And that fear was on the news, on the mainstream media, in social media, repeatedly: how we should be afraid. At the beginning, when we didn't know what was going on, fair enough: we had to be safe. But then we started seeing and people started reporting and the fear factor continued.

Subsequently, or at about the same time, there was a lot of censorship going on and suppression of information. I'm part of a whole network of people, an informal army of people that share information. I'm now part of more formal organizations that share information, but at the time, it was informal. So somebody would come across a video or a blog from Professor Didier Raoult in France—who was the foremost infectious disease person at the time—or other epidemiologists or immunologists or virologists. And we started seeing what was going on and we shared information. Well, we knew that within 24 to 72 hours, it would be removed from the internet, with oftentimes a warning—that Amélie Paul talked about—that said we were going against community standards, whatever that means. I don't know who decided what the community standards were and who enforced. It was called misinformation or disinformation.

Eventually, the people that were spreading the word—renowned doctors and scientists and professors and all sorts of people who I knew before who were credible—were called the Dirty [sic] [Disinformation] Dozen. So that was a nice little catchy phrase: “Don't believe anything the Dirty Dozen says.” For me, the Dirty Dozen were the people to listen to. So we were all waiting for the vaccine because we were told that our own immunity would not be adequate, and we needed the vaccine that would protect us. It was going to be safe; it was going to be effective; and it was going to end the pandemic like that. And it was being developed at “warp speed” according to President Trump. A little Trekkie Star Trek term, another Dirty Dozen Star Trek catchy phrase, so we know that it's coming along fast.

[00:20:00]

And then the vaccine came along: the so-called vaccine. Of course it's not a vaccine, it's gene therapy. It's an experimental technology that had never been used for what it was being used. It had failed all the animal tests; the tests that the companies did were being kept secret. We didn't know what was in the product. At least one of the companies declared that they would keep it secret for 55 years. Now if it was so wonderful and it was so miraculous, why keep it secret? Anybody who starts keeping secrets, I get very suspicious.

Eventually, they had to release the data—and I'm sure there were other people who testified who are much more confident at interpreting the data than I am—that showed that it was not miraculous. We learned that the vaccine was neither safe nor effective; it did not prevent carriage; it did not prevent transmission. It was so safe and effective that after the first two doses, we had to have a third, then we had to have a fourth, then we had to have a fifth, and I think they're up to the sixth dose now. So effective that we need six doses. And we still don't know what's inside of it. On top of it all, in order to release the vaccine in the limited time with the inadequate testing, it had to be given emergency use authorization by the FDA, and everybody followed suit. To get emergency use authorization, one of the criteria is that there's no safe and effective treatment.

Which brings me to the most important point of this particular part of my testimony. There are many safe and effective treatments. There are many protocols that work—and worked

for COVID—that we found out early on. Paul Marik, Pierre Kory, and the [Front Line COVID-19] Critical Care Alliance were publishing them. These are renowned American doctors, published doctors. Paul Marik is probably the top intensive care doctor in the world, and his team. Kory went in front of the Senate Committee and begged them. He said, “The evidence is overwhelming that ivermectin works. Please recognize it as a treatment.” He literally was begging. And it was publicized; I saw it on the internet. Ignored. Not only was it ignored, but anybody who put forth an alternative treatment suffered the same fate as the two previous witnesses. That is, they were shamed, they lost whatever they could lose. So they lose their licence, they lose their hospital privileges, they lose their professorship, they lost their *gagne-pain* [livelihood], their way of making money. And this went on and on and on.

Eventually, it was also greatly encouraged—I wrote down “pushed”—for pregnant women and children; and there were no adequate studies at all for pregnant women. You’ve got to realize that for pregnant women the fetuses are particularly sensitive, especially during the first trimester. There was one study that I tried to find—and I could find it if the inquest requires—that was done on pregnant women and found a 17 per cent miscarriage rate in those who were vaccinated. And that’s bad enough. However, what was not said in the conclusion, when you look at the data, was that of the women who were in the first trimester—the first three months when the fetus is developing into a human being and all the organs are developing—those women had an 80 per cent miscarriage rate. In other words, of the 17 per cent that all the women had of miscarriages, the first trimester represented the great majority. And you’d think that in a proper society—a free and democratic society—they would tell women this; this is their babies. But no, they left it out of even the publication: you had to go searching for it. And then subsequently, we found out that— We now know that it’s dangerous. Children: they were in no danger from the virus; no child died from the virus. And if they did, they were dying from cancer or some other terrible disease; they weren’t dying from the virus. They had very, very mild symptoms.

[00:25:00]

We learned that in Quebec, 70 per cent to 75 per cent of those who died from the virus in the first wave were in CHSLD, which are the long-term care centres for the elderly and infirm in Quebec. The average age of those who died was over 80 years old, somewhere around 85 years old, and they had at least two comorbidities. Comorbidities are two other diseases: diabetes, hypertension, cancer, renal failure, whatever. So these were not healthy people that were dying. We also learned that of those who were dying, in one study, they checked their vitamin D status and the vitamin D levels were really low: alarmingly low. Yet we weren’t told; the word wasn’t given out that everybody should be on a supplement of vitamin D. There were those who treated with vitamin C—IV and orally— successfully, adding zinc, quercetin, and a whole bunch of other things. There were many, many protocols but all those protocols were suppressed. Towards what end? Is it a coincidence that emergency use authorization could not be declared if there was a viable treatment?

That’s it for this section.

Konstantinos Merakos

So thank you Dr. Breger. The translators have informed me that they have to play with several buttons to do the translation. So for the next question— I understand that your mother tongue is English, but would you be comfortable trying to do it in French for the sake of the translators?

Dr. Barry Breger

Do I speak to the translators or do I speak to the commissioners and the population?

Konstantinos Merakos

To everyone, myself as well. But I want you to be comfortable. I understand that the information is important to you but I want you to tell me what makes you comfortable. If you want to stay in English because there are medical terms, I will communicate with the translators and they will do a “one-way” translation.

Dr. Barry Breger

Yes, but when it is broadcast across Canada, to the United States, will there be subtitles? Will there be? You see, what I want is for people—as many people as possible and especially the commissioners—to understand exactly what I mean. I know exactly what I mean. I can easily say it in French but I’m not here to please the translators; I’m here to disseminate information to the general population.

Konstantinos Merakos

Yes, it’s whatever you want; I want you to be comfortable.

Dr. Barry Breger

English.

Konstantinos Merakos

Okay, no problem. It’s just a request that they made to me because I know that they are doing a very, very strong and very, very good job. So I want you to be comfortable because we appreciate your efforts and your information.

Dr. Barry Breger,

Oh, I appreciate them; I’m not mocking them. No, no, I’m very respectful.

Konstantinos Merakos

Perfect, absolutely. So I will continue with my question. The third section relates to your experience in your office. So here I would like you—while respecting your professional secrecy, client confidentiality—to tell us about stories that you have personally dealt with or experienced in the medical field as a doctor, especially during the pandemic. Can you tell us a little about this?

Dr. Barry Breger

Okay, I’m going to speak in generalities. Of course, I’m going to respect people’s confidentiality—that goes without saying of course—but thank you for reminding everybody that that’s what I am doing.

This brings me— What I didn’t discuss was the masks and the mandates. Because people were forced to wear masks when they went out in public. This was apparently for public

health reasons but there were no studies that showed that masks would help prevent transmission of respiratory infections among a healthy population. None. It was quite the opposite. And as time went on, there were other studies that came out; and there were meta-analyses done recently by the Cochrane collaborative, a very well-respected group. Their conclusion was that there is little or no benefit. But we knew that before.

[00:30:00]

Actually, they had even done studies in masking surgeons and unmasking surgeons. And there was no increase in infection in the patients that were operated on by unmasked surgeons. And plus, the masks were not adequate: the holes in the masks were 100 times greater than the size of a virus for the regular paper masks that we were using. People touched their masks; people adjusted their masks. The masks, in my view and my reading, were virtually useless. But people had to wear masks. Now I dealt with a vulnerable population, so I was having patients coming to me saying: "I can't breathe when I have the mask on" and "I started to get pimples all over and then my eyes water." "My daughter put on her mask and two minutes later her eyes started to water." There are chemicals in the masks, there are microplastics in the paper masks; and plus, they don't work. So I would have to issue mask exemptions, which were generally respected actually.

However, you had to be very brave to use a mask exemption to go out without a mask. I personally put on my mask whenever I went anywhere when I was being observed because I didn't want to get into a confrontation. You know, there is some person loading the shelves, working in a store, telling me that I had to wear my mask. Am I going to get into a discussion with them and start to say, "I'm a doctor and I read the studies"? No. I just wanted to be able to buy my stuff and get out of there. But some people couldn't wear their mask: it was really difficult for them. So I issued mask exemptions. Theoretically we did not have to show, in Quebec, the mask exemption; all we had to do was say that we had a mask exemption. But people were talking about how difficult it was to go shopping, to circulate in public without a mask just because of the social separation, of the disapprobation that they had. People frowning, metaphorically, at them or criticizing them or aggressing them.

The other thing was the vaccines of course: the so-called vaccines. Of course we knew the vaccines were experimental and that they had nothing to do with a regular vaccine; the mechanism of action is completely different. We were told that the material would stay in the arm like a regular vaccine and, in fact, when it was examined in the animal model, it was in every tissue that they examined. The messenger RNA got into every tissue in the body that was examined. So it hijacked our own cells to produce the spike protein, which was the toxin—which actually is a toxin. So our own cells were hijacked to produce the toxin. The logic being that our immune system would recognize this toxin, produce antibodies to attack the toxins that our own cells were producing. And where would that end? What was going to happen? Were our own cells going to stop producing it? I never quite understood the logic behind it but we were told by the experts that this was perfect despite the fact that the animal models failed terribly.

In one study all the animals died after getting a messenger RNA vaccine and in other studies they just failed. And of course in the human trials that were eventually released because of freedom of information, it didn't do very well either. So people were forced to take the vaccine. I say forced, well, they weren't forced: they could stay home. Of course they'd lose their job; they'd lose their business; they'd lose their status. So they were forced; they were coerced, which went against the Nuremberg Code. The Nuremberg Code, I think it's the first paragraph—I haven't read the Nuremberg Code but I know this about it—it said that we could not force anybody to undergo an experimental therapy without

free and informed consent. Of course this was a reaction to the Nazis and Dr. Mengele, and every country in the world signed onto the Nuremberg Code. And yet we were now forcing people—coercing people, without free and informed consent—to take an experimental vaccine. Because it was “safe and effective,” we were told.

Konstantinos Merakos

Yes. So I know that, for example in Canada and Quebec, we have Charters of Rights and Freedoms. Because you have just broached the subject of human rights, can you—in your experience, whether in the hospital or in your office—talk a little, give examples of these violations that you have observed in terms of human rights here in Quebec?

Dr. Barry Breger

Yes. In Quebec and everywhere, doctors are supposed to get free and informed consent for any treatment. “Free” means that the person is giving their consent without any force, without any coercion. So they do it freely, not because we’re going to shoot their family members if they don’t follow along or put them in prison; or lose their jobs. It has to be free. “Informed” means they get all the information, otherwise it’s not informed. And I’m sure the inquest has heard countless testimonies of where we were not being informed. There was censorship going on: whenever any information came out that was not following the mainstream narrative, it was censored. So there was no informed consent.

It went against our Constitution, it went against the Quebec Constitution, it went against the American Constitution, and people went along with it. It was absolutely mind-boggling! And the reason they went along with it was because it was “for their own good.” So children were vaccinated by parents because it was a safe and effective vaccine: as young as 12 months. And they were going to protect their grandparents because those kids: if they got sick, they would be asymptomatic because they didn’t get sick very much from COVID; and then they would pass it on to their grandparents, who were fragile; and the kid would be responsible for the death of his grandma or grandpa.

That doesn’t sound informed to me. That was also the myth of asymptomatic transmission, which I haven’t mentioned as well. It was the other thing to put fear. Even if you didn’t have symptoms, you were going to potentially pass on the virus to somebody else. Well, that means we’re all walking time bombs; we’re all a danger to everybody else. I suppose it could happen, you know it does happen, but it’s relatively rare, very rare, just like it is all the time. So yes, I think that *en français, on dit que les droits constitutionnels ont été bafoués* [in French, we say that the constitutional rights were violated].

And on top of it all, our own Collège des Médecins [College of Physicians] told us doctors that it was an ethical obligation to take the jab—to be injected with this experimental vaccine—in order to protect our patients. So we were being unethical if we didn’t take the jab. As a matter of fact, healthcare practitioners would not be able to work if they weren’t jabbed. The deadline was October 15th: we had to all be injected. I was not going to do it; there was no way that I was going to put my life in danger because the Collège des médecins said it was my ethical obligation. They sort of made it up. I mean, there’s no ethical obligation to be treated with an experimental vaccine. I mean, it goes against the Nuremberg Code! So there’s certainly no ethical obligation. And if that’s what’s in the Code of Ethics then they better change the Code of Ethics.

[00:40:00]

In any case, I decided I was going to just stop working for the time that it took for all this to blow over. So what I had to do was cancel three months of appointments. These are people who are waiting to see me: people I'm following; people who are waiting for follow-ups; people who are having their yearly exam, et cetera, et cetera. So I just had to cancel everything. A lot of work for the staff to cancel three months of appointments, to renew all the medications—because who knew how long it was going to take? And for somebody who was making an appointment to get a medication that they needed and their appointment was in two months and I might be off work for a year or two years: I had to write a prescription. So we had to go through all the charts and renew all the medications.

Come along to October 15th, I can't remember whether it was 2021 or 2022—I'm not very good with dates—we were then told: "We're getting a two-week extension; we have another two weeks to vaccinate ourselves." So we get back to the patients, tell them, "Listen, I'm working for two weeks. We can fill up the schedule. I could work extra days, but I'm going to be stopping on November 1st." I remember it was October 15th and November 1st, probably 2021. And then—we'd already cancelled everything. I think 24 hours before November 1st, we were told that, no, that was cancelled. We could continue working even if we were not jabbed. However, there were restrictions: we had to put a plastic barrier between us and the patients; we had to stay six feet apart; and we had to wear masks. All of which were useless in a viral infection. You know there are billions of viruses in the room; they're all over the place. And there was no information given about how to do—except for doctors like me, who gave our patients information.

Now we couldn't get ivermectin. As a matter of fact, I was told that the Order of Pharmacists in Quebec forbade pharmacists from serving ivermectin to patients who had a proper prescription unless that patient said it was for parasites. And it was dissed, everybody was criticized: "It's a horse parasite medication!" No, it's an anti-COVID medication as well. But we couldn't get it. It was impossible to get: stocks were low, they wouldn't release it. So the safe and effective treatment, which did exist, was not released. Hydroxychloroquine: there must have been over a billion doses given over time. It's sold over the counter in all of Africa, India, Indonesia. But it's no good. And even though Dr. Didier Raoult in France showed in the statistics in his hospital that his patients were doing a lot better than the rest of France and than the rest of the Western world, we were told not to give hydroxychloroquine as well. And of course, in Quebec, it's not allowed to give IV vitamin C. Because that is not done in Quebec—that's the reason that we're not allowed to give IV vitamin C. It's given in Ontario, for example, in Alberta, in BC, and in most states in the United States—certainly, many states in the United States. For the last 30, 40 years. It's very safe and very effective for all infectious diseases. But in Quebec, it's not done.

Konstantinos Merakos

So Dr. Breger, I apologize for interrupting you but time is running out. I would like to ask you two questions and after that, we will move on to the conclusion. The first: In your experience, and with your patients, have you understood that—or have people testified to you that—they were forced either indirectly or directly to proceed with this medical procedure?

Dr. Barry Breger

Absolutely, people were forced. There were many ways to force people. First, people were socially isolated because there was so much fear, everyone was afraid that people—

I had a patient who lived in the countryside with her husband, who was vaccinated. There was no way she was going to take the injection. There was a neighbour who called this woman's house after a snowstorm to ask her husband to come help her free her car from the snow. So she said, "Okay I'll tell him and I'll come and help too." She said, "No, no, no, no. You're not coming. You are not vaccinated." So she couldn't even meet other people outside. It was not a question of masking; it was that she wasn't vaccinated. She shouldn't be around anyone. That was the level of fear.

People were losing their jobs even if they worked remotely. I had a patient who worked for the federal government, on Zoom, with her colleagues and with the public, and she was going to lose her job if she didn't get vaccinated.

[00:45:00]

Konstantinos Merakos

Yes. Excellent.

Dr. Barry Breger

Wait. There's just one more thing if I'm not losing track.

Konstantinos Merakos

Yes, go ahead. No problem.

Dr. Barry Breger

No, it will come back to me; I've lost track.

Konstantinos Merakos

Okay, but my second question is related to that because you're talking about employees. So essentially, it's clear that for work there are requirements: for people in the construction field, you need a helmet, you need a coat, et cetera. For your part, can you confirm that this medical product—that is vaccination—was a permanent medical procedure that could not be reversed once it had been carried out? In other words, once it's done, it's not like a coat that, once the job is completed, you can take off and come back home without having gone through this medical procedure.

Dr. Barry Breger

Okay, so you're asking if it's irreversible.

Konstantinos Merakos

Exactly.

Dr. Barry Breger

It is irreversible or it's not irreversible: Who knows? It's experimental. It's experimental. We are guinea pigs, we are rats; they're experimenting on us. We don't know, it's never been studied. So is it irreversible? I certainly hope not. So far it is. People are still getting

sick; there's an excess of deaths around the world. That's measurable. And people can't get it out of their body. But that's probably formally true. But I believe that the default of the body is to heal. So I think that virtually anything is reversible, in my mind, with my type of approach. However, we really don't know.

Konstantinos Merakos

Okay. You confirm that because of the permanence of the medical procedure, in your opinion, there should have been a little more transparency regarding all the questions and all the subjects that you spoke to today?

Dr. Barry Breger

Oh absolutely. People need information and we were hiding the information. It wasn't as if the information wasn't there: we were hiding it. The company wanted to keep its secrets for 55 years; the mainstream media were not talking about it. I've lost complete faith in mainstream media so for the last three years I've not watched television news, I've not bought newspapers. Over the last three weeks, with the National Citizens Inquiry, I've started buying newspapers—the *Journal de Montréal*, a local Quebec “journal” that is read all across the province, the most sold newspaper in the province; and also the *National Post* which I can get in my village—and no mention of the National Citizens Inquiry. It's omertà, just like the previous witness mentioned.

Konstantinos Merakos

So Dr. Breger, thank you. Can you conclude everything for us in one sentence and after that I will pass you on to the commissioners for their questions? In one sentence please, or in two.

Dr. Barry Breger

Okay, I'll do my best.

Konstantinos Merakos

Please go ahead.

Dr. Barry Breger

For me, COVID was the great reveal. So in fact, COVID has brought front and centre the fact that we are not living in a free democracy. Our information is being censored; the information is being suppressed. The people who try to get out there and have a discussion and talk, and put forward another narrative, are being punished. And we are seeing the corruption that exists. We have to start asking ourselves why different levels—whether it be public health, international, national and provincial public health, politicians, the mainstream media—why they are doing what they're doing. There is a reason. It is organized.

Konstantinos Merakos

Excellent. Thank you very much. So now we'll go to the commissioners for their questions. Go ahead.

[00:50:00]

Commissioner Drysdale

Good afternoon doctor. Thank you for your testimony. You know, when we've been going across the country, I keep hearing time and time again about a principle in medicine that's supposed to be sacrosanct, and that is informed consent. How could the public give informed consent for a vaccine which they don't know is experimental, which they've been told it's safe and effective? And they haven't been told that it wasn't tested on pregnant women; it wasn't tested on children; it wasn't all kinds of things. How can you achieve informed consent as a medical practitioner if you're not providing information?

Dr. Barry Breger

Well, it's an interesting question. The answer simply is: you can't, it's impossible. The mystery is how doctors bought into this. Now there is a series of videos on the Children's Health Defense [website], five one-hour videos directed by Vera Sharav, who is a Holocaust survivor. She makes the argument that it's the Nazi playbook from the '30s. Now, this might sound extreme; watch the videos, you'll see it's the same thing. It's being done for our own good. So people do things, they obey because it's for the good, the greater good. And the people who are telling us that are supposedly respected and credible people. But no, there was no way that there could be informed consent. There was no information so it couldn't be informed consent.

And we went against the Hippocratic Oath— which I hadn't mentioned as well. The Hippocratic Oath, which could be summarized, for me, in two major— It's a bit more complicated but these are the two biggest things. Above all, first, do no harm. And number two, the patient comes first. So public health doesn't come first. Our medical boards, which have way too much power, they're now telling doctors how to— It felt to me as if, metaphorically, these institutions have come and sat down between me and my patient and are now directing me. Me—with my 40 years of experience, my curiosity, always reading stuff—they're now telling me; these nebulous figures are now telling me what's the best thing to do. When in fact, that is a sacred place between doctor and patient. It's so sacred that it has to be kept secret. So no, they couldn't get informed consent, impossible.

Commissioner Drysdale

Well, I want to stick to informed consent just a little while. We had a witness—he or she was a doctor, I think a professor and policy analyst—and they said that even if the medical practitioner informs the patient of what the risks are, if the medical practitioner is aware of a third party influencing that decision then they're obligated not to provide the procedure. In other words, if they know there's coercion or they know there's some kind of blackmail that's forcing the patient to do this then that's not informed consent either. Is that concept also familiar to you, sir?

Dr. Barry Breger

In other words, if that person has been threatened by whomever that if they don't do this treatment— No, that's not free. It's free and informed consent; that's not free. It's the "free" part that they're going against there.

Commissioner Drysdale

The other thing that you said in your testimony, you talked about fear. And you said that in the beginning, it seemed that they were creating fear in the population. And we also had testimony from a lady—I believe it was in Red Deer or in Saskatoon. And I thought this was incredible and that maybe you want to comment on this: this lady told the story about how her mother, I think she did it in secret, went to the corner drug store to get the vaccine. And she stood in a long line to get her vaccine, and she sat down and she got the vaccine, and she dropped dead on the spot. And not a single soul in the line moved; they just stood there. Is that something you've seen before? Is that something that might be out of fear? Is there any comment you can make on that?

[00:55:00]

Dr. Barry Breger

Mattias Desmet, a psychologist, talked about this notion of mass hypnosis. We've been [under] some sort of mass hypnosis. You probably have not seen it but there are videos that show the number of sports figures, on the field, who have dropped dead; people giving lectures who have dropped dead; there's "sudden death" pilots who have dropped dead. There is one Canadian doctor, I don't know if he testified, but he has documented 150, or whatever, Canadian doctors who died post-vaccine.

Now the argument is that we don't know it's from the vaccine. So this is a very important point; it's interesting that you bring this up.

We have been as doctors discouraged from reporting—generally speaking, with any vaccine—what we think is a vaccine side effect, whether it be death or disease, but especially in this case, death. So what we should be doing—and what it was initially designed for, the reporting systems—is that we should be reporting any suspicion and we should be encouraged to report any suspicion.

So if this woman dropped dead within ten minutes of receiving the vaccine, it should be reported. Now if she's the only woman out of 1,000,000 that dropped dead immediately after the vaccine, well statistically, probably not due to the vaccine or she had a particular reaction to the vaccine and other people don't have to fear it. But if there are 20 others, and maybe there's 500 who dropped dead within a week, and another 2,000 who dropped dead within two months, then you statistically look at it and say, "Well, the statistics are such that you can calculate there's a 90 per cent chance it's because of the vaccine." But if you discourage from the get-go people from reporting side effects, people from reporting death, then we'll never find out. And then we say, "Well, there's no reports." And that's been what's going on for decades and decades and decades.

And of course the great reveal: COVID. It so happens they overplayed their hand. And sooner or later—what's the expression?—they'll come home to roost because now we're seeing people dropping dead. So no, I've not heard of anybody dropping dead immediately. I've had reports. They're second-hand reports because of course very few of my patients were vaccinated: second-hand reports that they know of somebody. This woman that I was telling you about, one of her neighbours just dropped dead post-vaccine within weeks of the vaccine; and she was perfectly healthy. And of course, the sports figures that dropped dead: well, they were perfectly healthy, people on the soccer field dropping dead.

Commissioner Drysdale

Thank you, sir.

Commissioner Kaikkonen

Thank you, Dr. Breger, for your testimony. I'd like to just go back to censorship for a minute. Disinformation has been described as one of the most pressing and harmful forms of malicious behaviors online. And by their silence, the legacy media has condoned the government narrative. And sadly, this one-mind perspective is not just confined to Canada but it has encroached in all the other countries around the world.

So what recommendations would you make going forward that would encourage free discourse and dissenting voices within the public space? Or more pointedly, what can hardworking Canadians do in their circle of friends to reverse this trend?

Dr. Barry Breger

Woah. That second part of the question is really hard because people are— The hardest person to convince is an ignorant person who thinks they know. So once you're convinced you know, once you're convinced that you know the truth, very hard to change minds. You know, I've not succeeded in my family yet. Not my immediate family: my immediate family understood.

But what we could do? I think the first thing we could do is allow information to flow. We're all thinking human beings. Who has the right to say: "This is misinformation or disinformation—"? Nobody has that right. There are hate laws so if you say: "The Holocaust doesn't exist," that's taken care of by criminal law. If you say: "You should go around and kill everybody who's under five foot eight," there are rules [against] inciting criminality. But in terms of misinformation and disinformation, that was just, you know— That's a Donald Trump presidency: it was sort of made up.

[01:00:00]

So now everybody's taking advantage of it. Then anything you say that doesn't follow the narrative— This is *1984* you know, the book *1984*. This is group speak: you can't think differently; you can't speak differently; you can't have another opinion. Well, read Mattias Desmet, how that happens; it happens when people— I mean, it's way beyond what I have to say but this is something that has been planned for a long time. Doctor David Fleming, I think that's his name [sic] [Dr. David Martin]: he's an expert on patent law. He goes through the patent history that led up to this. The trial runs with H1N1 with declaring a pandemic. I mean, this has been planned for a long time. Judy Mikovits has written two books; one is called *The Plandemic*.

So this is long, long— Somebody was playing the long game. So what we have to do is we have to have our constitutional rights respected. And anybody who was complicit, any politician who was complicit in not allowing freedom of information— Robert F. Kennedy said that the first and most important part of all our freedoms is freedom of information; it's the First Amendment in the States. So if we don't have freedom of information, there's no way anybody is going to change their minds. So I guess the first job to do is go after mainstream media and find out why the heck the journalists are not being journalists. We know why of course: they're being bought. They're being bought. In the States they depend on ads. I saw one video where we saw CNN news, MSNBC news, CBS news, all sponsored by

Pfizer. So you know, that's where you have to follow the money. Age-old truth: follow the money.

Commissioner Kaikonnen

Thank you very much.

Dr. Barry Breger

I don't know if that helps.

Konstantinos Merakos

So Dr. Breger, the National Citizens Inquiry thanks you wholeheartedly for your testimony. We thank you sincerely for your testimony.

Dr. Barry Breger

You're very welcome. And I thank you all, the commissioners, and all of you who have volunteered to help with this Commission. All your hard work—and I'm very pleased to be part of it. I thank you for listening to me.

Konstantinos Merakos

Thank you.

Dr. Barry Breger

Goodbye.

[01:02:53]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 9: Évelyne Therrien

Full Day 2 Timestamp: 06:40:54–07:07:30

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Chantale Collard

Hello. Chantale Collard, lawyer and prosecutor at the National Citizens Inquiry. I see you on the screen, but I'm going to look towards the camera. So we have Madame Évelyne Therrien. Hello, Madame Therrien.

Évelyne Therrien

Hello, Madame Collard.

Chantale Collard

Can you hear me well?

Évelyne Therrien

Yes, I hear you well. Do you hear me?

Chantale Collard

Yes, very well, Évelyne Therrien.

Évelyne Therrien

Do you see me well or am I cut off anywhere?

Chantale Collard

No, I see you very well and I think the audience can see you very well too.

Évelyne Therrien

Okay, good.

Chantale Collard

So first of all, we will proceed with your identification. Can you state your first and last names?

Évelyne Therrien

Évelyne Therrien.

Chantale Collard

We're going to take the oath, the solemn declaration. Do you solemnly declare that you are going to tell the truth, the whole truth, nothing but the truth? Say, "I affirm it."

Évelyne Therrien

I affirm it.

Chantale Collard

So Évelyne Therrien, first of all, thank you on behalf of the Commission for coming to testify. I know these are not things that are easy to say but by sharing them, other people will surely recognize themselves in your testimony and will feel less alone. So thank you, Évelyne Therrien.

First of all, can you tell us about your occupation? What are you doing right now?

Évelyne Therrien

As of now, I've been on long-term disability for six years. In March 2020, I was on disability and living in my dad's house. My mother was in intermediate residence because of her Alzheimer's. So that's both my current situation and my situation as it was in 2020.

Chantale Collard

So if I understand correctly, Madame Therrien, you were already on disability. And at that time, did you have a job? And for whom did you work at the time of your disability?

Évelyne Therrien

Before my disability?

Chantale Collard

Yes, we could say around 2020, I imagine that you were on disability from an employer? You worked before? Who was your employer?

Évelyne Therrien

It is TD Bank. And the TD Bank insurer that pays me the disability pension is Manulife.

Chantale Collard

All right. Can you tell us your primary motivation for coming to testify here, at the Citizens Inquiry?

Évelyne Therrien

I would like people who are searching to have access to information about what has really happened since 2020 and the real consequences of what governments have done, so that when people search for it the information is available.

Chantale Collard

Regarding this information, we will talk about your experience. We'll go in chronological order. You are vaccinated. How many doses of COVID vaccine do you have?

Évelyne Therrien

Two doses.

Chantale Collard

You have two doses. Can you tell us about your first injection? What state were you in? And were you open to that first dose? Tell us about the context of the first injection.

Évelyne Therrien

All right. I would like to say one thing first because it is important to me.

Chantale Collard

Yes, go ahead.

[00:05:00]

Évelyne Therrien

I found that in 2019, I was more spiritually and religiously empty. I felt that there was something wrong, that I was vulnerable to falling into fear, panic, manipulation in 2020. So I took the first dose voluntarily on May 4, 2021.

Chantale Collard

Okay.

Évelyne Therrien

For a very long time, I also had a very fragile immune system. So that played into my initial decision too. I had experienced a lot of infections, bronchitis, pneumonia.

Chantale Collard

What we call comorbidities, if you will. You had other previous problems.

Évelyne Therrien

Yes, that's it. The stroke was caused by celiac disease; and if it's not treated for a long time, if it's undiagnosed, well, it causes a great deal of damage to the immune system.

Chantale Collard

All right. There is a question. Before your first injection, at the time when you had said, "Okay, I'm going to do it," were you afraid of the virus?

Évelyne Therrien

I would say that at the beginning of 2020, I was scared. But by 2021, I wasn't as scared anymore. It was more blindness, overconfidence in the government. Because in 2021, little by little, I had started to do my own research. I hadn't done any research in 2020 but I started doing my own research in 2021.

Chantale Collard

When you say you did your own research, did you do your research before or after your first injection?

Évelyne Therrien

A little before my first injection.

Chantale Collard

A little before. You still went to get injected.

Évelyne Therrien

Yes. I hadn't done much research. It was little by little.

Chantale Collard

All right. But not enough to—

Évelyne Therrien

I was less fit and less healthy at that time. I didn't have much time to research either.

Chantale Collard

Did you have any side effects after your first injection?

Évelyne Therrien

No, I did not have any side effects.

Chantale Collard

Okay. And after that, you went on with your daily life. And you had your second injection. Can you tell us about your second injection? How did it go, what state were you in?

Évelyne Therrien

Well, I continued my research between the first and the second injection and I changed my mind. I didn't want to take the second injection anymore. I took it anyway out of desperation because I knew what my dad's reaction was going to be and how he was going to treat me if I didn't take it. Well, I suspected that it was going to be terrible and that probably I was going to be forced to move [out of my house].

Chantale Collard

At that time, were you living with your father, Madame Therrien?

Évelyne Therrien

Yes.

Chantale Collard

All right. So you didn't want to take it because you had learned some information, but you went to take it anyway. What was your main reason?

Évelyne Therrien

There are no good reasons. I think I could have fought it. I think it would have been very, very painful. It would have taken me a long time to move out of the house because I'm slow; I was slower then, I was in worse shape.

Chantale Collard

Can we say that you took it out of social pressure and not because, well, "I am immunosuppressed," or—

Évelyne Therrien

At that point, no. By the second injection, I was no longer worried about the virus or my health— Well, up to a point, but I understood that the injection was not a solution, but the opposite.

Chantale Collard

Okay, but you went anyway. On what date did you receive the second injection?

Évelyne Therrien

July 1, 2021.

Chantale Collard

So as of July 2021, you had received two doses. Following this second dose, did you have any side effects?

Évelyne Therrien

Yes. For three weeks following the first day of the injection, it was: diarrhea, a lot of muscle pain, headaches, very great fatigue, and a lot of sweating, chills, hot/cold.

[00:10:00]

I couldn't sleep much and I couldn't do all my daily activities and my father had to take over the cooking more during that period. I couldn't do my daily chores.

Chantale Collard

How long after the injection did these effects begin?

Évelyne Therrien

It started on the first day.

Chantale Collard

The first day.

Évelyne Therrien

Yes. Then it seemed to calm down; it was better. Then, perhaps one or two weeks later, I experienced an esophagitis—in any case, the doctor calls it esophagitis. It is pain in the throat and the top of the digestive system, which makes it difficult to eat and swallow. So after a few days of that, I went to consult my doctor.

Chantale Collard

Your family doctor?

Évelyne Therrien

It wasn't my family doctor but it was my family doctor's clinic. They gave me antacids for two months and I can't remember if they gave me an antibiotic or not. Anyway, I took the antacids for two months and after that I was able to stop them and never took them again.

Chantale Collard

What I am hearing is that you started having side effects the day after [the injection]; they continued; you went to the medical clinic. Did you ask the attending physician to report these side effects?

Évelyne Therrien

I only did six months later, in the winter of 2022. Because initially, in the summer of 2021, I was convinced that no doctor was going to give credence to it. I knew the context; and also, I have had a long and difficult medical journey. I know doctors. In my twenties and early thirties, it was very, very difficult. So I didn't expect any doctor to take me seriously. And I saw the context of the television news too: even at places like Radio-Canada [the CBC], it was announced that the second dose had more side or unpleasant effects. So I pretty much

thought that nobody cared about me or nobody would care about me. Six months later, I decided it was my duty to try. My family doctor reacted exactly as I expected.

Chantale Collard

What was her reaction?

Évelyne Therrien

That was in the winter of 2022; it was January 2022, I believe. She told me that it was not the doctor but the patient who had to fill out the form. So I looked for the form on the internet. I don't believe it was the correct form because it was just a form for general drug side effects. So I posted this to the Government of Canada, the CAEFISS [Canadian Adverse Event Following Immunization Surveillance System], I think it's called.

She also told me—because I had asked her for an exemption for the third dose—to go and take the third dose and that she had had no unpleasant effects aside from the first day. Then she also told me that there were several other patients of hers who had come to her asking for exemptions—because things had happened to family members due to the injections—but that, no, she wouldn't give an exemption and she couldn't give an exemption.

Chantale Collard

Basically, you wanted an exemption for the third dose.

Évelyne Therrien

Yes.

Chantale Collard

Now, what will also be important to know is— You spoke of your father.

[00:15:00]

At that time, you were at your father's house: between the second [dose] and your request for a waiver of the third dose. What happened? Explain that to us.

Évelyne Therrien

In December 2021, they started pushing the third dose really hard in TV media. I refused to take it. It caused huge conflicts. My father was extremely angry; he called me every name in the book. And he was really extremely angry on a daily basis, and extremely insulting and unpleasant. In December 2021, I considered moving out. But I changed my mind in the end because I saw that it was submitting to the government's strategy of divide and conquer, in order to cause the most possible destruction. But then, in January and February—

Chantale Collard

That was in January 2022.

Évelyne Therrien

Yes, that's it: January–February 2022. I started taking all sorts of actions and made a credit card donation to the Freedom Convoy because I wasn't able to get to the demonstrations. I can't drive such long distances since the stroke.

Chantale Collard

When you donated to the Freedom Convoy, you were still at your father's house?

Évelyne Therrien

Yes. When he found out, he was very angry and he told me to leave his house.

Chantale Collard

He kicked you out.

Évelyne Therrien

Yes, that's it, he kicked me out. So as I am slow because of the stroke, it took me four months in total to move. So I moved in July 2022. It was four months between when he told me to leave and when I was able to move. During that period, there were times when he was rather explosive, when he was quite hateful. I was relieved to finally move.

Chantale Collard

Has your relationship with your father ended since you moved, or have you reconnected?

Évelyne Therrien

It is at the bare minimum. I go to see my mother once a week in a CHSLD and, since he goes to see her every day, of course I see him when I go to see my mother. Apart from that, it is very rare to see him and I've decided that I will never invite him to my house again. In any case, at the very beginning, I had invited him once or twice and I really thought he was too—I don't know what adjective to use. But his personality didn't change with the onset of COVID, he was already like that and it got worse over the years. It causes a lot of problems in general, even outside of the COVID situation, and it continues to this day. I still had conflicts by telephone with him: twice in the winter of 2023. So I will distance myself even more, I will withdraw as mandatory and as executor because I will not be able to work with him—or with my brother. My brother is really similar to my father. Less aggressive but it doesn't work at all, so I'm going to distance myself more.

[00:20:00]

Chantale Collard

Madame Therrien, I see that time is running out. But there is an important message: If your father is listening—currently, your testimony is being broadcast across Canada, around the world—what would you say to him?

Évelyne Therrien

I don't think I would have anything to say to him because I've tried everything and I know he doesn't believe in doing research on the internet.

Chantale Collard

If you spoke to him directly? Talk to him directly.

Évelyne Therrien

[Long silence.]

Chantale Collard

It's not easy.

Évelyne Therrien

What I would say would be really nasty and they would sound like insults even though they are true. I would tell him that I find him cowardly for not even being able to care enough about the side effects of my second dose to realize that there is something wrong; that the reality does not match what the government says; that what happened to me is not what the government says and what the government does. So I find him cowardly, and I find him insensitive, and I find him cruel.

Chantale Collard

Madame Therrien, you talk about yourself, you feel hurt.

Évelyne Therrien

Yes, certainly.

Chantale Collard

You feel rejected.

Évelyne Therrien

However, he didn't behave that way only with me. I found that, during COVID in general, his behaviour has been abominable.

Chantale Collard

It has affected you immensely, that's what I can see from your testimony. It takes a lot of courage to speak here at the Commission today. And as a final word, do you feel that there is a lesson to be learned and whether things could have been done differently?

Évelyne Therrien

One must not sacrifice one's freedom and integrity for an illusion of security.

Chantale Collard

Very good final words: "You should not sacrifice your freedom for an illusion of security."
We will remember these words, Évelyne Therrien. Thank you.

There may be questions from the commissioners, so stay online.

Commissioner Massie

Hello, Madame Therrien. Thank you for your testimony.

Évelyne Therrien

Hello. Thank you.

Commissioner Massie

My question is— I understand that it is a very tense situation, which is caused by your incapacity; you are something of a prisoner of your disability, which makes you less able to go out of your immediate family circle. Do you have people around you who can support you in this difficult tense situation, finding yourself perhaps without the support that you could have had from your father?

Évelyne Therrien

Since my move, I have been involved in support groups and in volunteering. So it allowed me to create some new links and new contacts. I'm in the Solaris groups. I volunteered for Réinfo COVID Québec. And then, what else was there? The Universal Exchange Garden. It allowed me to make a few new connections. I also have an unvaccinated sister who lives in Coaticook. She is very far away but it is at least moral support to know that she is aware. She also has a lot of difficulties.

[00:25:00]

She also has health issues. She has a job but is struggling. She's not someone I can see on a daily basis, but she supported me a lot in the process with my father before my move—cheered me up, encouraged me. I also have a friend who is one of the few friends I have kept over the years. She too was very understanding. She did not want to be vaccinated and she got vaccinated under the threat of losing her job from her employer. She helped me through it all too, and I still see her. My abilities continue to improve over time. This allows me to see more people a little more frequently than before. That helps me too. I managed to see a lot more people in the winter of 2023 than in the fall of 2022. In that respect, it continues to improve. It's not as bad as it could have been or could be.

Commissioner Massie

Thank you very much.

Chantale Collard

Thank you very much, Évelyne Therrien. I know that this testimony was not easy. You have a lot of courage. That's also freedom: it's having courage. Rest assured that your testimony will have echoes, hopefully, throughout the world. Thank you so much.

Évelyne Therrien

It was a pleasure. Thank you very much for the work you do. Thank you.

[00:26:36]

Final Review and Approval: Erin Thiessen, November 8, 2023.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 10: Dr. Sabine Hazan

Full Day 2 Timestamp: 07:08:08–07:50:45

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Louis Olivier Fontaine

Hello everyone. My name is Louis Olivier Fontaine. I'm a lawyer, and today I'm acting as prosecutor for the National Citizens Inquiry Commission, which is currently being held in Quebec City. So this afternoon, we're honoured to have with us Dr. Sabine Hazan, who joins us from California. So Madame Hazan, can you hear me?

Dr. Sabine Hazan

Yes. Yes, can you hear me?

Louis Olivier Fontaine

Yes, very well. Thank you.

Dr. Sabine Hazan

Okay, great.

Louis Olivier Fontaine

So to begin, just as a formality, I'm going to ask you, Dr. Hazan, to state your first and last name please.

Dr. Sabine Hazan

Sabine Hazan.

Louis Olivier Fontaine

Very well. Now I'm going to ask you to take an oath, so another small formality. So if you don't mind, I'm going to ask you to solemnly swear that you are going to tell the truth, the whole truth, and nothing but the truth. Say: "I do."

Dr. Sabine Hazan

I do.

Louis Olivier Fontaine

Good. Now Dr. Hazan, I'm going to make a brief presentation of your professional profile. So you'll let me know if everything is in order—and I apologize in advance if I leave out any details of your very comprehensive CV. So Dr. Hazan, you're a medical doctor specializing in gastroenterology. You're also an expert on the intestinal microbiome. You are president and founder of ProgenaBiome, a genetic sequencing research laboratory.

Dr. Sabine Hazan

Yes.

Louis Olivier Fontaine

You've been conducting clinical trials for pharmaceutical companies for around three decades. And you've also authored several scientific publications, notably in connection with COVID. Is all this true, Dr. Hazan?

Dr. Sabine Hazan

Yes, that's right. That is correct.

Louis Olivier Fontaine

Are there any other qualifications you'd like to add to your CV?

Dr. Sabine Hazan

I have numerous qualifications, but that's fine. It's enough I think.

Louis Olivier Fontaine

All right. So during the short briefing we had today in preparation for your testimony, you mentioned a subject that was important to you. And if I understood correctly, it was about the publication mechanism of scientific research and the difficulties you encounter in publishing these studies.

So if it's all right with you, we could start with that subject. And after that, if you have any other important subjects you'd like to cover— Obviously, you understand that in fact the subject is, let's say, the consequences and management of the COVID-19 crisis in Canada, but also world-wide. So that's it.

If you have any other topics you'd like to raise afterwards, we have about 45 minutes, including any questions our commissioners may have for you. So about 30 minutes to allow time for questions from the commissioners.

Dr. Sabine Hazan

I have to finish in 30 minutes because, unfortunately, I have a very important meeting afterwards. So you only have me for 30 minutes.

Louis Olivier Fontaine

Very well. Then we'll reserve a few minutes for questions from the commissioners, so maybe 20 to 25 minutes for you. Thank you. I'll leave you to elaborate.

Dr. Sabine Hazan

As I've done clinical trials for pharmaceutical companies, I'm in the field so I know how to do things: how to register patients for trials; how to write a protocol; how to submit a protocol to the FDA [Food and Drug Administration]. So when COVID started, I had already developed a laboratory that was starting to look at the microbiome.

In clinical terms, the microbiome means— What do Parkinson's patients have in their microbiome? And the microbiome is the bacteria and viruses in the intestines. So if someone has Parkinson's [disease], which microbes do they have in their intestines that could perhaps predict Parkinson's, and would it be possible to treat Parkinson's by changing the bacteria through knowledge of this bacteria? The same goes for Alzheimer's disease, autism, and so on. So I had written protocols to actually look at the microbiome in the clinical field.

[00:05:00]

When COVID came along, I was obviously involved in clinical trials. I've helped many pharmaceutical companies over the years bring products to market, and I've helped in the research of these pharmaceutical products. That's been my role as a doctor, especially in the last 15 to 16 years. I've done a lot of research for pharmaceutical companies.

There was a bacterium called *Clostridium difficile*, and I brought a lot of patients into this research because in the end, when the patient wasn't doing well, when the medication wasn't working, I did stool transplants. And it was really the stool transplants that somewhat awakened me, that led me to discover the world of the microbiome. And not only me, but a lot of doctors that were doing stool transplants.

When you see a patient with no hair, with the disease alopecia areata, as the cases of Dr. Colleen Kelly at Brown University where suddenly they grew hair, the hair grew— I apologize for my French, it's been a long time since I spoke French; I speak mostly in English— So when you see that the hair has grown, there's something going on when all you've done is manipulate the stool, wouldn't you agree?

And when you see a person with Alzheimer's—in fact I had a case of someone with Alzheimer's. I gave him his wife's stool. He had *C. diff*, and suddenly, he remembered his wife's name. Well.

As a doctor, as a scientist, as a researcher, this raises questions: What's going on in the microbiome? So when COVID arrived, the first thing I did was start looking at and reviewing all the documents, and I came across Dr. Raoult's document. Before COVID arrived in the U.S., I looked at his research—and I speak French—so I looked and said, "Well, this is research that's done quite well." Hydroxychloroquine makes sense; it changes the pH of the cell, so maybe when the virus gets into the cell, it gets killed by the change in pH. Azithromycin, the same thing: maybe the virus gets killed by the azithromycin. And zinc blocked the virus. So the idea started to grow in my head that maybe this was a pathway.

What really impressed me about Dr. Raoult was the fact that he treated all his patients and he survived. He never had COVID, he never went to hospital, yet he was exposed to all his patients. You could see the rows of patients who had COVID!

And you have to remember that in March 2020, we didn't yet have COVID. COVID had just started, so we were getting ready. I started writing the protocols to submit to the FDA in America. So we hadn't really received any patients. It's when the first patients arrived that the doctors became quite frightened. What really gave us the courage as doctors to treat was the efforts of the doctors before us. In Italy, as well as the doctors in France who started to treat, and they themselves survived.

So when I saw Dr. Raoult—who is quite an elderly gentleman—I said, "Well, if he survived, I'll be okay. I'm a little bit younger than him. So fine, I can go and start treating patients." Because when COVID arrived in America, there were no masks; we were hindered. We were told, "Well, you have to go to work and treat the patients." Fear took over. So if there hadn't been doctors before us who had treated patients and were okay, maybe we wouldn't have had the courage to go and see all those patients.

So the first thing I thought was: I'm sure that COVID must appear in the stool. So I said, "Well, I have a microbiome lab that analyzes the microbiome. I have a lab that does studies for pharmaceutical companies. I'm going to write a protocol, and I'm going to add Dr. Raoult's protocol. And I'll add vitamin C and vitamin D" because I'd seen that vitamin C and vitamin D increases the good bacteria in the microbiome.

So that was my protocol. I wrote it, I gave it to the FDA. The FDA said, "Dr. Hazan, you can start treating patients, there's no need for a clinical trial." That was the first letter we received. The second letter, the next day, we get a letter: "I'm sorry, you have to do a full phase I study."

[00:10:00]

So I said, "Well, since these drugs are safe, can we go from phase I to phase II?" Well, the FDA let us go to phase II. We started doing clinical trials. So then there were patients in the phase II clinical trials who were taking hydroxychloroquine, azithromycin, zinc, vitamin C, and vitamin D.

At the same time, I collected stool samples. And at the same time, I analyzed the stools of the first COVID patients I had in California. And I said to my scientist, "We have to find COVID. I'm sure that COVID is in the stool." And that's when we discovered that in the patients who actually had COVID, 100 per cent of the those who had the positive PCR nasal test were found to have the whole genome of the virus in their stool. And we didn't find one copy; we found thousands of copies of the virus in the stools. So when I saw that, I said, "What's the virus doing to the microbiome?"

And when I treated patients, I noticed that there were patients in the same family. And in fact, we published the document about finding COVID in the stool. And I was in communication with the government, the National Institute of Standards, and I told them from the start, “You have to look at the stools because I’m sure you’re going to discover COVID.” And then the government started looking in the sewers to see if the virus had mutated, et cetera.

While they were looking in the sewers, I was looking at the patients. I would say, “Well, what’s the mutation? Is this mutation serious? Is the patient seriously ill?” So I started looking and saying, “Well, some people have COVID in their stools and they’re severely ill. What’s the difference? Does their microbiome protect them or not?”

So what I did was look at the families and I said, “Okay, I’m going to take the families where some have severe COVID and some don’t get COVID. What’s the difference between their stools?” And what I discovered was that some people have a microbiome with bacteria called “bifidobacteria.” These are the bacteria that are in the realm of probiotics, right? We know that probiotics are good for us; it’s a trillion dollar business.

So I said, “Well bifidobacteria must be important because people who are severely affected by COVID don’t have bifidobacteria; and people who are exposed to COVID and haven’t had COVID have a lot of bifidobacteria. So maybe that’s what I should be looking at.”

After that we discovered that vitamin C increases bifidobacteria. And we discovered, in fact, that even ivermectin—which has the same type of secretions [fermentation product] as a bacterium called *Streptomyces*—and with this bacteria being in the same group of bacteria, perhaps it feeds the bifidobacteria while the patients’ oxygen levels are really low. Because one thing I had noticed was: when I was treating patients with hydroxychloroquine or the treatment protocols I was following—because I was blinded, I didn’t know which—there were patients whose oxygen had gone down. So when their oxygen came down, I said: “Well, I’m going to change protocols because I don’t know if they’ve had the hydroxychloroquine. I’m going to give them the ivermectin off-label.”

And that’s when I discovered that when I give them ivermectin while their oxygen is low, two hours later, the oxygen increases. So when I realized that maybe the oxygen was increasing, I said to myself, “Maybe the oxygen is increasing because we’re decreasing the cytokines that are in the lungs with the circulation, and maybe the bifidobacteria are increasing, and taking those cytokines and releasing them into the sewer.”

So that’s how my research got into the microbiome. It was really looking at bifidobacteria.

What we’ve discovered about bifidobacteria is that people with Lyme disease don’t have bifidobacteria. People who have Crohn’s disease and haven’t been treated—they’re naive, it’s their first time having Crohn’s disease—they don’t have bifidobacteria.

[00:15:00]

Even recently, we presented at Digestive Disease Week that people with advanced cancers have no bifidobacteria. Now is it the cancer that has destroyed the bifidobacteria or is it the missing bifidobacteria that causes the cancer? We don’t know; it’s the chicken or the egg. But in the end, when you look at the research, you really have to see all the evidence and look at the research properly.

So bifidobacteria was my domain for looking at the microbiome. And what I discovered was that when we looked at the before and after of patients who had been vaccinated—we had a baseline of microbiomes in the patients, and then we tested one month after vaccination—we found that bifidobacteria levels dropped by 50 per cent in these patients. Not all patients, but it was quite significant. And we continued to monitor four patients and we found that in all four patients, bifidobacteria continued to decline. So we asked ourselves: Is there something in the vaccine that kills bifidobacteria? And maybe if we go down this path of science, wouldn't it be a new opportunity, a new frontier? If we look at bifidobacteria, maybe that's why people who had the vaccine, and developed COVID after the vaccine, actually demolished the bacteria that protected them.

So obviously, it's all a hypothesis. It's my hypothesis; it is science. But that's how I treated everybody and I didn't lose anyone. Nobody that I treated died on my watch, even though they were in my FDA clinical trials. But I monitored them very closely to see if their oxygen went down; and if so, they were off protocol and I treated them off-label, so to speak.

So that's it. In my experience treating patients, I've learned a lot. I learned that a little girl who had been exposed to her parents who had COVID developed Tourette's disease. And we discovered COVID in her stools after six months of Tourette's disease. And when we gave her a little bit of hydroxychloroquine and we gave her ivermectin and vitamin C, her Tourette's symptoms disappeared and she felt better. So there's something there. There's something that I observe in the manipulation of the microbiome. It's evident; it's all research. But we achieved success in that I didn't lose anybody—nobody died from my treatment.

Louis Olivier Fontaine

You say you haven't lost any patients.

Dr. Sabine Hazan

My frustration— I want to say, my frustration is that there was interference in the research. I didn't even want to speak to this committee because nothing is being done! They don't listen to doctors anymore. There is no science anymore! When a hypothesis has been retracted from a journal, there's no more science, okay? We can't even treat patients. We can no longer ask a patient's consent. We can't even tell them, "You have to be careful, there may be problems with this vaccine." No, we can't even tell them that! So where's the science? Where are we with this?

The whole pandemic made me want to retire to Noah's Ark because all I discovered was that there was a lot of corruption. When you see politicians talking about hydroxychloroquine: they have no experience. Or actors talking about ivermectin: they have no experience. They interfered with the research I was doing because when patients came to my clinical trials, they didn't want to go into the clinical trials. So there was interference in the research that was being done.

Louis Olivier Fontaine

All right. I wanted to ask you, Dr. Hazan, how many patients have you treated with these protocols?

Dr. Sabine Hazan

That's difficult. Everyone asks me how many patients. In terms of protocols, I've treated roughly— With hydroxychloroquine, azithromycin—I was blinded—there were about 200 patients. As for prophylaxis, we had about 200 or 300 patients. With the ivermectin, doxycycline, we treated 30 patients. And there were another 1,000 patients that I treated off-label because I wasn't going to let them die. The patients who called me didn't want to enter the FDA protocol. So I said, "Okay, I'll treat them." And then on top of that, I shared my protocol and helped doctors; that's evident. Because we all wanted to help patients.

[00:20:00]

And then the patients saw for themselves. I have complete videos of the patient who couldn't breathe. And then, suddenly, the patient is breathing after we give him the ivermectin: the oxygen was low and the oxygen went up. So something happened, did it not? It's not magic, where suddenly the patient was going to die with an oxygen [saturation level] of 63 [per cent] and then all of a sudden, five days later, he's cured. It's not magic.

Louis Olivier Fontaine

So I am clearly hearing that you have the impression that you have not been heard as a doctor, as a scientist. I'd like to know: You obviously went against what might be called a certain consensus; did this lead to any consequences or reprisals? Could you elaborate on that? For example, how did the media react to your, shall we say, rather unorthodox approach?

Dr. Sabine Hazan

Well, I'm not really in the media. All I've really done in the media are two interviews that went quite viral. There's an interview I did in *The Epoch Times*, and it was on TikTok. And we actually got about 1.4 million views on this TikTok video that wasn't even posted by me; someone else posted it. And then, suddenly, it was completely removed.

I did an interview with a farmer because I discovered that people who work on farms have a pretty superior microbiome. So I made a YouTube video with the farmer. We didn't really talk about medicine or COVID. We just talked about the farm, the fertilizers, the fact that the microbiome is really like the farm, it's like the fertilizers. And this video was retracted. Why? Because in the video, the farmer was married to a woman who was a professor and the woman had had COVID. And he took . . . saliva . . . [inaudible] . . . and he never got COVID. And when we looked at his microbiome and his wife's microbiome, we discovered that he had a microbiome that was quite superior to that of his wife. And that's why he didn't get COVID. In my opinion anyway.

Again, it's science. Science isn't something that— It's not black and white; it's in colour. And there are a lot of interpretations in science, and a lot of bias in science. So it's clearly a vision. If someone else wants to prove something else to me, well, they have to— Science is everything. Prove me right and prove me wrong. That's it.

Louis Olivier Fontaine

And have you experienced any pressure or reprisals among your medical and scientific colleagues? How did it go with your colleagues?

Dr. Sabine Hazan

My colleagues know me. They know that, first of all, it's my money that I spent; it's my savings, okay? I didn't get a grant. So when I did the research to find COVID in the stools, it was my savings. Obviously, at the time, I wanted to develop a lab test to actually help doctors. And we couldn't. We really had a lot of problems developing this test to look at the stools.

Personally, I think that the biggest loss— There were two big losses; there were several big losses. First, the research interference, the interference of politicians, of the media, that destroyed the research. Secondly, we can't publish; it's very difficult to publish. We have a lot of problems with publication. And then thirdly, we had a lot of problems recruiting patients. There was a lot of interference with Facebook, Instagram and at the time, Twitter. When I published something on Twitter before Elon Musk, it was removed.

So a lot of things are removed, a lot of things are retracted. It's like we're following a narrative. And if people don't wake up and see that we're being manipulated— we are being manipulating through our thoughts, we're being manipulated with everything they give us. All the drugs are now all publicized. There's a publication—I should say, an advertisement. You can't turn on the radio without hearing about taking this drug or to taking that drug. There's no longer doctor-patient relationships. It's definitely in the news. There's definitely a direction in medicine that's removing the doctor and directing patients towards the narrative being marketed.

[00:25:00]

And that's what we're seeing. That's what we've seen with COVID and what we'll continue to see in medicine and research. There's no more room for innovation, in my opinion.

Louis Olivier Fontaine

Yes, that's very interesting. Before turning the floor over to the commissioners, who will perhaps have more in-depth questions—we have some commissioners with scientific backgrounds—I'd like to ask you: Is there anything else you'd like to talk about before we turn the floor over to our commissioners?

Dr. Sabine Hazan

I think I've touched on interference. I think I've touched on the fact that, ultimately, there are retractions. In fact, in my view, it's all about interference in medicine and research.

Louis Olivier Fontaine

Thank you very much, Dr. Hazan. I'll turn the floor over to our commissioners, if they have any questions for you.

Commissioner Massie

Good day, Dr. Hazan. Thank you very much for your presentation. I've been following quite a bit of your work. I'm a microbiologist by training and I've really appreciated all the work you've done in the field of microbiota. I had a question for you. You mentioned that, if we have a good microbiome composition, especially with bifidobacteria, we seem to have a much better ability to resist the effects of infection. Have you considered, or are you

currently using, a protocol that would replicate what's been done in the case of fecal transplants with *C. difficile* for the treatment of SARS-CoV-2 infections?

Dr. Sabine Hazan

Yes, that's been my interest. I've written a protocol for long-haulers that I think is going to help, and also for people who have had problems with vaccines. Because, what we discovered with the vaccine problem is that with people who have been vaccinated and have problems, it's as if their microbiome is naked/denuded. They have one phylum—you're a microbiologist, so you know what a phylum is—they have one phylum. How do you survive with a single phylum? How could a phylum of actinobacteria have been completely removed, and then the loss of bacteroides, or the loss of firmicutes?

So that's what I see: I see a lack of microbes. And I think that in medicine, we've always been in a way—I'm always a bit of a rebel because I'm always the kind of person that, if someone tells me to go right, I'll go left, just because that's the way I think as a scientist, don't you agree? A scientist is always someone who doesn't want to follow the given path and will seek a new direction.

The microbiome was a new direction for me because I think what I've seen in 30 years of solely pharmaceutical research is that we haven't cured anything. We've cured nothing! Maybe two diseases. But Crohn's disease isn't cured. Patients have to be given medication every month. Parkinson's disease is not cured. Autism. And Crohn's, Parkinson's, and Alzheimer's are increasing. In 30 years of autism—There was 1 in 2,000 patients with autism in 1982. Now, in 2030, they say there will be 1 child in 16. If we don't stop and look at what's happened, we'll lose medicine; we'll lose science!

What I think is happening is that we're losing our microbes. Now that COVID has opened the door, we're at the point of showing that the problem is a lack of microbes. It wasn't necessarily COVID that was the problem; maybe it was the lack of microbes. And I have a lot of documentation that I need to write up, for that matter. And I have proof for that, which will impress everyone. But the problem is that every time I try to advance my research, I'm stuck fighting, defending something. And I'm used to it. People have always tried to attack me because I go one way and the other. So I'm used to defending myself and going to war with these people. But the problem is that it doesn't help me advance my research.

If I discover something—that there's a lack of bacteria—we have to look at that. And it's evident that, yes, if there's a microbiome that's a super donor, a microbiome that I call the resilient microbiome, then we need to learn about that microbiome, don't we? We can't just say, "Well, let's put everyone in the same box; let's say all humans are the same." We're not the same! And that's that. I survived COVID. How did I survive? Why? What's in my microbiome? How did Dr. Raoult survive?

[00:30:00]

There are people who survived, and there are people who survive COVID. And there are people who survived the vaccine too: who didn't have any problems because it didn't affect them. We have to learn to look at the resilience of these people. We have to learn what this resilience is all about. So we're at the beginning of this science, but I think we need to start looking at the difference between a healthy person and an unhealthy person. And in my opinion, that starts with the microbiome.

Commissioner Massie

Thank you. My next question would be to know: What interaction can the microbiome actually have with the immune system to perhaps provide this resilience or resistance? Not just to COVID, but to many other ailments that basically involve a poorly balanced immune system?

Dr. Sabine Hazan

What we've noticed and what we call an imbalance in the microbiome, gut dysbiosis, is really an imbalance between microbes, correct? So if we look at the microbiome and say, "Well, there's a phylum of good bacteria and a phylum of bad bacteria, yes? And there's an imbalance between the bad and the good; maybe viruses get in because there's an imbalance."

So this is what we call "leaky gut." How does leaky gut happen? Perhaps because there's an imbalance in the microbiome. Maybe the stools themselves—this microbiome of actinobacteria, firmicutes, and all that, very diverse—maybe that's what protects us in the first place, especially when we eat a hamburger that has *E. coli*. Maybe the *E. coli* enters, goes into the colon and suddenly there's a war between the microbes to try to remove it. So the way you get diarrhea and vomiting is really the microbiome working to remove the bad bacteria, in my opinion. And the good bacteria hold out.

But when a person has lost all their good bacteria, it's obvious that they're going to get caught with germs that they can't shake off. Let me put it this way: It's like a city, there's a war going on, there's the enemy on the other side of the fence, and then there are the people on this side. If there's no one to defend the fence, the enemies will get inside. So I believe it's the same thing for the microbiome. The microbiome is really the balance between good bacteria and bad bacteria. According to me, if we alter this balance, the viruses will get in.

So that's the microbiome. That's microbiome-thinking. Except that we've always thought that it's always a single microbe that causes disease. We have strep pneumonia: it causes pneumonia. So we administer an antibiotic and it cures the pneumonia. Clearly, it helps against pneumonia. But now, what does this antibiotic do in the colon? Does this antibiotic kill other bacteria that perhaps help with other things, like digesting milk, digesting B vitamins, helping metabolism, helping immunity?

So we need to start understanding more about the loss of microbes, more than the increase of a microbe. Because it's never a single microbe. In the microbiome, there are trillions and trillions of bacteria and at the end of our lives, when we die, these bacteria take over the colon and decompose us in the soil. So it's clear that it's the bad bacteria that decompose the body. I can see this. Babies are born with a lot of bifidobacteria and elderly people die with no bifidobacteria at all. So maybe the loss of bifidobacteria is doing something, increasing the bad bacteria, and that's what's making people die. We just don't know. We need to start investigating and researching it. So that's it.

Commissioner Massie

Last question: To maintain a healthy microbiota, is a particular diet important? What kind of diet should we try to use? With vitamins and other kinds of fibre—for example, dietary fibre, that nourish the microbiome?

Dr. Sabine Hazan

There are a lot of studies on fibre. One hundred per cent, fibre. The problem with probiotics is that some probiotics aren't real. If you look at the studies, there's a study that showed that 16 of the 17 probiotics that were tested didn't have any bifidobacteria in them. They were actually bacteria, or dead bacteria, or no bacteria.

[00:35:00]

So firstly, there's very little control in the probiotic field, and secondly, if you look at foods like yoghurt— One of the things I did during the pandemic was kill my bifidobacteria as an experiment, just to see. And I discovered that if I drank kefir from California—because I live in Malibu, I bought kefir—I was just drinking kefir to try to increase my bifidobacteria, and in fact, it didn't go up. So when I tested the kefir, I discovered, "Ah, there's no bifidobacteria in this kefir." But it says bifidobacteria on the bottle. So that's what it's all about: doing the research.

You do your research, you think you're on the right track, that you're increasing your microbiome, that you're doing the right things. And then you find out, well, there's no bacteria in this kefir. It's evident that one thing we've proven is vitamin C and vitamin D: we've seen that they increase bifidobacteria. So in my opinion, immunity starts with vitamins.

The fact that people weren't told during the pandemic to make sure they were taking vitamin D was really a crime, in my opinion. Because people were quarantined for a month, two months, three months, and then they were told, "Okay, go outside." But it's obvious that they're deficient in vitamin D because they were in their homes, not exposed to microbes, not exposed to the sun. So there's a lack of vitamin D in these people. So we should have told them right from the start: "You have to take your vitamin D."

So vitamin D increases bifidobacteria, vitamin C increases bifidobacteria. Now, you have to be sure of the quality of these products. Precisely because I was involved in clinical trials and working with patients, when we tested products, I had to make sure that my vitamin D was rigorously made in a clean factory. I even had to know who the manufacturer was. I studied until I found out what the manufacturer was all about: What is their procedure for making vitamins? Even with probiotic companies, I had to investigate with the owner to find out: Did he do the research properly?

That's what research is all about. In the end, you're like a detective; as a scientist you become a detective who examines. So to answer your question: food, yes; if the vitamins are well made and good, yes, that should help; if the food is well made, there's no bacteria in your meat or yoghurt, or the yoghurt has been properly processed, that should help.

But I think the most important thing is to understand that research into the microbiome is really in its infancy. We're trying to understand it all. It's obvious that I did this research quickly because I wanted to see. So I saw the first 20, 30, 40, 50, 60 patients who had severe COVID and I noticed that there were no bifidobacteria. And then I saw the patients who were long-haulers and I saw the patients who had problems with the vaccines. So all this takes time to analyze, to write up. But it gave me a good outlook on the microbiome, the power of the microbiome.

Moreover, why did I see that my role during the "pandemic" was really to be in this research? Because I had a lab that did clinical trials for pharmaceutical companies. And I had a lab that was doing genetic stool analysis and we were starting the research. At the

outset, I had samples from patients before COVID. So it gave me a really good perspective on: What is the microbiome of a healthy child? What's the microbiome of a healthy young teenager? And why did the teenager who got COVID get COVID when he was expected to be like any other healthy person?

So we're at the beginning of this research and we really need to support it. But if we argue as scientists and if we argue as doctors to advance research, to treat our patients, there really is a problem. And I think that the Good Lord, in a way, put me here. Because I think that my whole life, my whole career, has been about arguing, about presenting my point of view.

[00:40:00]

So that's why I'm here today and that's why, even without make-up or anything, I said: "Well, I'm going to show up" because I think what I have to say is more important than what I look like, what's in it for me. I have no interest in this. I want peace, and if I'm told to take a drug, I want the research to be have been done properly. And what I've seen is that the research hasn't been done properly on vaccines. I saw that no microbiome analysis had been done. I saw that no one had done the analyses on the p53 gene to see if this vaccine was a danger to some people. No one has done the analyses. Even the animal research took one week. They gave the vaccine to six monkeys, killed them in a week and then said, "Okay, the vaccine works." But that's not research! Come on! It was necessary for the animal research to be done properly.

Why didn't we do research on animals for an extended time, at the same time as we did the analysis on humans? It was necessary to do all that. So what I saw was research that was poorly done. There was no consent from patients. Patients went to the pharmacy and were vaccinated without knowing whether or not there were risks, without knowing if they were part of a research study. It wasn't even approved for children, and children were already going to the pharmacy. So I believe there was even a certain movement that pushed all these children and pushed the whole world to get vaccinated and to follow like Panurge's sheep. That's it. And now, unfortunately, we're going to start seeing problems, and I hope that scientists and doctors will at least open their eyes to the possibility that there is a problem with this vaccine.

Commissioner Massie

Thank you very much, Dr. Hazan.

Louis Olivier Fontaine

So in closing, Dr. Hazan, it only remains for me, on behalf of the National Citizens Inquiry, to thank you very much for your testimony. You have shed a unique light on a field that is in full development, so your testimony was very much appreciated. Thank you very much and goodbye.

Dr. Sabine Hazan

Thank you. Thank you very much. Good bye.

[00:42:37]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 11: Stéphane Blais

Full Day 2 Timestamp: 07:51:36–08:18:20

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Samuel Bachand

Hello, my name is Samuel Bachand. I'm acting as prosecutor for the Inquiry in connection with your testimony, Monsieur Blais. So Monsieur Stéphane Blais, please spell your name in full.

Stéphane Blais

S-T-E-P-H-A-N-E-B-L-A-I-S.

Samuel Bachand

I'll swear you in. Do you swear to tell only the truth to the Inquiry?

Stéphane Blais

I do. I vow to tell the whole truth.

Samuel Bachand

First of all, Monsieur Blais: with your help, I have extracted from the public registers of Canadian jurisprudence on CanLII [Canadian Legal Information Institute] the disciplinary decisions concerning you, which you are about to discuss. I've given you a hard copy of these documents, which are listed jointly as Exhibits QU-3 through QU-3d. Do you have them in front of you?

Stéphane Blais

Yes.

Samuel Bachand

Do you recognize these documents?

Stéphane Blais

I recognize these documents.

Samuel Bachand

Can you tell us what they are?

Stéphane Blais

It's a decision: a disciplinary decision against me, revoking my [chartered accountant] licence for life plus 18 months—because they were afraid I could be reinstated—plus a \$20,000 fine.

Samuel Bachand

Proceed document by document—because there isn't just one decision, is there?

Stéphane Blais

There are so many documents here: "Decision on the respondent's motion to obtain the information necessary to hold an impartial public hearing," as I felt that the committee was biased; then "Decision on guilt," which means expulsion; and then "Decision on sanction," which means that I was guilty. And the penalty was expulsion for life plus eighteen months, plus a \$20,000 fine.

Samuel Bachand

Right. So with that established, you're here to testify about your personal experience with the disciplinary system of the Ordre des comptables [professionnels] agréés [CPA] du Québec [the Quebec CPA Order covering Chartered Professional Accountants], following public statements you had made about COVID governance. Is that correct?

Stéphane Blais

Of course.

Samuel Bachand

Take us to the beginning of all this. Then we'll go chronologically. Then, as you know, if you get lost or if I need clarification, I'll jump in.

Stéphane Blais

Yes, I understood that I wasn't permitted to promote la Fondation pour la défense des droits et libertés du peuple [Foundation for the defence of people's rights and freedoms]; that's what you told me. So here I am: President of the Foundation.

Samuel Bachand

That's not exactly what I told you, but that's okay. It's not about us. Just go ahead.

Stéphane Blais

So what I'm being accused of is having undermined the dignity of the profession of chartered professional accountants—despite the fact, Monsieur Bachand, that in my career and my life, I've never been to a civil, criminal, or disciplinary ethics court. So since this was a health crisis, I'll put it in context for you. I received an email on June 12, 2020: four days after I filed an appeal for judicial review seeking to have Bill 61 declared null and inoperable as well as the decrees that violated our fundamental rights and freedoms guaranteed by the Charter. So to put it in context, four days after filing this appeal for judicial review—which was a bit of a bombshell in legal and political circles, we talked about it—I . . .

Samuel Bachand

So we're saying June 12, 2020?

Stéphane Blais

On June 8, the appeal was filed. On June 12, I received an e-mail from the *syndic* [representative] of the Quebec CPA Order asking me 76 questions, many of which—most of which—related to the content of the appeal for judicial review. So I told him to get lost. I told him that they were a creation of the Quebec government, which was being sued, and that there was no question of them interfering in a public prosecution since they were in a conflict of interest.

Samuel Bachand

Allow me to take you back to the list of 76 questions.

Stéphane Blais

Yes.

Samuel Bachand

Can you tell us a little more about the type of questions that were there, because we don't have the benefit of reading the document here?

Stéphane Blais

Yes, well for example: "Why do you say that what's happening in terms of the health crisis is nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world?"

Samuel Bachand

That's what you had said, and that's the basis on which they eventually accused you?

[00:05:00]

Stéphane Blais

I've said it before and I stand by it today. And the more that time goes by, the more we are proven right.

Also: “Why do you promote civil disobedience?” Well, my friend, André Pitre, and I met Rocco Galati in Toronto—who’s a constitutional expert by the way—and he explained to us the importance of defying unjust laws. And it was also based on the ideas taught at university, such as those of Henry David Thoreau and Martin Luther King, who is celebrated every third Monday in January.

Samuel Bachand

What other questions were you asked?

Stéphane Blais

Several other questions. Listen, they wanted to know if we were registered with the Registraire des entreprises [REQ –Business Register], who the directors were—the total inquisition.

Samuel Bachand

When you say: “If we were registered with the Registraire des entreprises du Québec,” with the REQ, you say “we.” “We” meaning the Foundation?

Stéphane Blais

The Foundation indeed.

Samuel Bachand

So you were already the head of this organization at the time?

Stéphane Blais

Yes. It was founded on May 7, 2020, and was duly registered.

Samuel Bachand

Okay. Do you remember any other questions you were asked in this list of 76 questions?

Stéphane Blais

No, I don’t remember.

Samuel Bachand

Or any other topics that were brought up?

Stéphane Blais

These were scientific themes. Then during the inquisition that followed, we provided reports from international experts who became the Foundation’s experts. So these were given to the Disciplinary Committee.

Samuel Bachand

Now, as for what you were asked to do in this 76-question letter of inquiry—

Stéphane Blais

I'm sorry?

Samuel Bachand

In the letter from the *syndic* [of the Quebec CPA Order].

Stéphane Blais

Yes.

Samuel Bachand

In the letter of inquiry, sorry— You mentioned scientific aspects that you had raised. Can you tell us which scientific elements were covered at that time? Not what came after; we'll get to that.

Stéphane Blais

Well we were asking questions about excess mortality. We had carried out analyses of what was happening in Sweden—where there were no mandates—versus Quebec: so the mortality rate. We already had statistics. So we brought up statistics; and then we justified the statistics with reports submitted in 2021 by our experts, including Laurent Toubiana, an expert at Inserm [Institut national de la santé et de la recherche médicale] in France, who corroborated our allegations.

Samuel Bachand

Now when you say, "We subsequently filed them," you didn't file them with the disciplinary authorities, did you?

Stéphane Blais

No, of course it was filed in the appeal for judicial review which is currently under deliberation. But it was also submitted to the disciplinary committee to demonstrate and corroborate our positions at the time.

Samuel Bachand

So ultimately it was also filed with the disciplinary tribunal, called the Disciplinary Board or the Disciplinary Committee?

Stéphane Blais

Yes.

Samuel Bachand

Before the ruling on whether or not you were guilty?

Stéphane Blais
Yes.

Samuel Bachand

All right. Now I'll come back to your response: You said you had sent the Order's representative packing.

Stéphane Blais
The *syndic*, yes.

Samuel Bachand

The *syndic*, yes, sorry. Is there anything else about your response you'd like to tell us?

Stéphane Blais

What I told them was that freedom of expression rights were guaranteed by the Charter of Rights and Freedoms. And that if we compare a prior decision—that of René Fortin, CPA, which I texted to you; the guy was banned for four months for watching children being raped on his cell phone—I felt that saying that what was happening with COVID 19 was nothing more than an international coup d'état by a clique of powerful thugs against the peoples of the world was far less offensive to the dignity of the profession than watching children being raped on a cell phone.

Samuel Bachand

Now are you referring to the Fortin decision?

Stéphane Blais
Yes.

Samuel Bachand

Okay. I believe you've taken the trouble to find the reference to this disciplinary decision?

Stéphane Blais

Yes. The decision was November 2019. I texted it to you.

Samuel Bachand

But you're the witness. Can you give me the reference for the benefit of the Inquiry?

Stéphane Blais

Of course. Would you like the decision number?

Samuel Bachand

Absolutely.

Stéphane Blais

My pleasure. So the decision number is 47-1900321. The decision was made on November 11, 2019. The *syndic* was the same one who investigated me: Claude Maurer.

Samuel Bachand

Now, following your reply to the *syndic's* letter, which included many items, what happened?

[00:10:00]

Stéphane Blais

The complaints were subsequently upheld by the Disciplinary Committee. I appeared before the Disciplinary Committee and told them that they were a creation of the Quebec government; and I asked the Chair of the Committee to tell me if she had sworn allegiance to protect the institutions. She refused to do so. I also demanded the immediate withdrawal of the *syndic*, Claude Maurer, because he was restricting my freedom of expression since I had never committed any professional misconduct as an accountant. So he was interfering with an appeal for judicial review, with legal proceedings, and also with my freedom of expression. At the time, I was the leader of a political party called Citoyens au pouvoir du Québec. So it was quite absurd not to be able to criticize the Legault government and then, additionally, to see them interfering in legal proceedings.

Samuel Bachand

You were the leader of a registered party? Provincial?

Stéphane Blais

Yes. Absolutely.

Samuel Bachand

For how long?

Stéphane Blais

I've been leader since January 2018. It is a party that already existed.

Samuel Bachand

What's it called?

Stéphane Blais

Citoyens au pouvoir du Québec.

Samuel Bachand

Very good. Continue your chronology.

Stéphane Blais

So I was brought before the Disciplinary Committee, and I asked the committee chairperson to tell me whether she had sworn allegiance, and she refused to do so. So I simply said that under the International Covenant on Civil and Political Rights, I had the right to be tried before an impartial committee; and I demand to appear before a panel where I would be able to have my say and they would have their say. They refused. So I told them this wasn't Communist China and to go fuck themselves. That sums it up. And after that, I never showed up for any hearings. I let them deliberate and then I got the result we're seeing today. And if I had to do it all over again, I'd do it a hundred times over.

Samuel Bachand

The result we're seeing today is what?

Stéphane Blais

It's a lifetime licence revocation.

Samuel Bachand

And you were the object of a decision *in absentia*.

Stéphane Blais

Yes, absolutely.

Samuel Bachand

Can you tell us about your experience of this process *in absentia*?

Stéphane Blais

Well, you wait for a bailiff to bring you the result of the decision. And after that, you put it in the archives. It's as simple as that. So I have no interest in being part of a professional order—especially accountants who are supposed to understand numbers, analyze the numbers— They were available at the INSPQ [Institut national de santé publique du Québec]: there were several expert reports coming out and yet everyone kept their mouth shut. In fact, I blame the experts in Quebec for not coming to the rescue of Quebecers in that crisis. We had to go abroad to find experts to defend Quebecers. So that says a lot about courage.

Samuel Bachand

Let me take you back to the subject of your testimony. I have reason to believe that in the Disciplinary Committee hearings, you raised constitutional and Charter arguments at the outset. What were they, roughly speaking? What is your understanding of your own arguments?

Stéphane Blais

Yes, it was simply that it infringed on my freedom of expression that is guaranteed by the Charter. And that the "dignity of the profession" was not an argument: it's an undefined

Trojan horse that's a catch-all. When you want to trap someone, you invoke dignity. But what is dignity?

Samuel Bachand

What you're telling me here are arguments that you, or your attorney, brought to the Committee's attention?

Stéphane Blais

That's right. But then I gave up. Because I have bigger fish to fry than a professional order that I no longer want to be part of. So I defended myself on my own and then I gave up. And then I appealed the decision but there were procedural issues and— Well, they weren't the correct procedures. So case closed. My licence was revoked for life plus 18 months.

Samuel Bachand

Let's come back to the decision on guilt before talking about the penalty. Obviously, the commissioners have access to the entire text, but the commissioners have access to a lot of texts. So I'd like you to offer them a summary of this decision and its conclusions. What offence were you charged with exactly? And of what were you found guilty?

Stéphane Blais

Yes, well in fact, it's: an affront to the dignity of the profession and an obstruction to the work of a *syndic*. I can read the conclusion.

[00:15:00]

Consequently, under the first count—Offence to Dignity—the Board: “finds the respondent guilty with regard to the offence based on section 5 of the Code of Ethics of Chartered Professional Accountants and section 59.2 of the Professional Code: “orders the conditional suspension of proceedings with regard to section 59.2 of the Professional Code.” Under the second count—Obstruction of the *Syndic's* Work—it “finds the respondent guilty of the offence based on Section 60 of the Code of Ethics of Chartered Professional Accountants and Section 114 of the Professional Code.”

Samuel Bachand

What conduct was alleged to be obstructive? What had you done that was called obstructive?

Stéphane Blais

Well, I was criticized for not having cooperated in a timely fashion. In fact, the *syndic's* questions were answered some 20 days after I had initially refused to do so—on the recommendation of Monsieur Bertrand, my lawyer at the time. At the committee meeting later, I upset the *syndic* a little by telling him it was a real disgrace to the profession and that he should resign on the spot, and then I gave him 15 minutes to think about resigning. They didn't like that.

Samuel Bachand

Is that why you've been accused—correct me if I'm wrong—of trying to intimidate the *syndic*?

Stéphane Blais

That time, yes, I did intimidate the *syndic*.

Samuel Bachand

All right, then. Now, the sanction decision.

Stéphane Blais

Yes, so it's a lifetime licence revocation plus 18 months. I had trouble understanding—

Samuel Bachand

There's a legal principle behind it.

Stéphane Blais

But, you never know; maybe it'll get reinstated, I don't know. And there's a \$20,000 fine. And a bailiff comes every month or so to bring me my payment notice, which I haven't paid. I don't have any money left; I can't pay it. I won't pay it either.

Samuel Bachand

By way of comparison, in relation to the sanction you've suffered or are subjected to, I think you were speaking earlier about the Fortin affair— Fortin, was it?

Stéphane Blais

Yes.

Samuel Bachand

Right, in which the defendant was sentenced to a suspension of how long?

Stéphane Blais

Four months, for using a cell phone to watch children being raped.

Samuel Bachand

All right. For my part, that concludes your testimony. I'll leave the floor open for any further questions from the commissioners.

Commissioner Massie

Good day, Monsieur Blais.

Stéphane Blais
Hello.

Commissioner Massie

My first question is— Well, I understand from your testimony that your case is still being reviewed. Or is it completely over?

Stéphane Blais
It's over.

Commissioner Massie

And the representations you made concerning the challenge to the law on health measures—is that also settled?

Stéphane Blais

Actually, the judicial review appeals are still alive. We have a judicial review appeal regarding the curfew which is on stand-by; the same goes for the masks. And we have a general appeal covering all measures which is currently under deliberation: it's been four months. So we had the hearing on the government's request to dismiss for theoretical reasons. We had another hearing on March 13 because we found a document that had been hidden from us, by either the lawyers or the government.

Right now, they're still trying to figure out who hid the document from us. It was a directive from the Deputy Minister of Health to the effect that masks were mandatory in the health sector. So as for the argument that it was theoretical, until very recently everyone who went to the hospital had to wear a mask, otherwise they were removed by security guards or police officers. The judge is still deliberating on this point. The three appeals for judicial review are still alive. So there you have it.

Commissioner Massie

Obviously, as it's underway at the moment, we can't—

Stéphane Blais

We won't go into too much detail. I know that Lili Monier is coming to testify and she'll probably talk in a little more detail about the appeal for general judicial review, which is under deliberation.

Commissioner Massie

Are there any cases like this? In Quebec, I don't think there are any others—but in Canada or in other jurisdictions?

Stéphane Blais

I don't know of any appeals for judicial review that cover all of the measures and that are still pending, other than the ones we filed. Other appeals have been filed. For example, the Foundation helped Mr. Rocco Galati via Vaccine Choice Canada but the case was dismissed.

[00:20:00]

So as far as I can tell, only we remain to cover all aspects of the health crisis, both legally and scientifically.

Commissioner Massie

Thank you very much.

Stéphane Blais

It's my pleasure.

Commissioner Massie

Any questions?

Commissioner Kaikkonen

[In English] Thank you for your testimony. I did try to follow as much as I could, so if I missed something, I'm sorry. But you did mention at one point there about the barriers: that the procedures were what held you back as a barrier. Is there something that would help other people as well?

Stéphane Blais

I don't understand— The barrier . . . of what?

Samuel Bachand

The procedural hurdles that have been placed before you.

Stéphane Blais

Ah, the barriers. Okay, sorry. Sorry, okay. I don't understand the sense of your question. Could you repeat please?

Commissioner Kaikkonen

So you'd mentioned that the procedures were one of the barriers. You didn't actually use the word "barriers," but the procedures kind of stopped you because there's so many procedures in going into either a tribunal or the courts.

And I'm just wondering if you have any recommendations?

Stéphane Blais

Well, actually, it always comes to the same point. Okay. So yes, it always comes to the same point: that the narrative for the general public is given by the mainstream media. As long as the mainstream media continues to hammer home the narrative of those who own them, it's going to be very difficult for the people to move forward. So what's really needed is for people to realize that the media are, as Tucker Carlson used to say, the Praetorian Guard of—

Samuel Bachand

With the Commissioner's permission, sorry: I'd just like to refocus the witness and then maybe make sure he answers the question about procedural hurdles, not the question of media.

Stéphane Blais

Okay, well, the court is the court. So we followed the procedures, which are very, very long. If we're talking about my professional order— I hope that the professional orders will regain their power because I'd like to digress here to talk about the Quebec government's interference in the professional orders. This is very important because I forgot to mention that two days after Guy Bertrand's lawsuit was filed, Madame Marie-Josée Corriveau [a lawyer], who was already president of all the disciplinary committees, was made president; and then two days later, there was the *syndic*'s investigation. But you have to understand that from that moment on, there was a witch hunt in Quebec. Daniel Pilon, an accountant, was also disbarred for life. And well, we know what's going on with Gloriane Blais.

Samuel Bachand

So listen, since you mentioned Monsieur Pilon, can you just tell the court a little bit about the accusations against him?

Stéphane Blais

It's the same thing. Once again, it's the fact of being on social networks and speaking out against the government narrative that earned him the same sanction as me. He had his licence revoked for life plus a \$10,000 fine.

Samuel Bachand

Now, to better answer Commissioner Kaikkonen's question, I have a suggestion to make to you: Tell us about the response deadlines imposed on you or given in the *syndic*'s letter asking you 76 questions.

Stéphane Blais

Yes, excellent. On Friday June 12, I received an e-mail at 2 p.m., which I didn't read. At 9 p.m., I opened my e-mails and saw that a second e-mail from the *syndic* had arrived. It was 8 p.m. on a Friday, and he said, "I require answers immediately." So he was in a hurry to get answers. And we knew very well that it had something to do with the lawsuits that had been filed against the Quebec government. So what I said was, "You're interfering, and this is a political request."

Samuel Bachand

Okay, just to make sure that your testimony is extremely clear on the subject: What was the deadline given to you in the letter of the 12th?

Stéphane Blais

It was immediate.

Samuel Bachand

It said immediately? In the letter?

Stéphane Blais

At 2 p.m., he demands an immediate response.

Samuel Bachand

And there are 76 questions.

Stéphane Blais

There are 76 questions. So it was completely ridiculous. I spoke to Monsieur Bertrand. He said, "Well, listen, answer the questions." At the time, I refused to answer the questions. Then, about 20 days later, he convinced me to write to the *syndic* to say that we were going to answer the questions.

[00:25:00]

Samuel Bachand

What happened after you answered?

Stéphane Blais

Well as you know, I replied; they put it in the archives; and following that, I had the Disciplinary Committee which accepted the *syndic's* complaints; and we proceeded.

Samuel Bachand

To be precise, could we say that the Disciplinary Committee was occupied with a complaint from the *syndic*?

Stéphane Blais

Oh yes.

Samuel Bachand

At this stage?

Stéphane Blais

Yes, yes.

Samuel Bachand

Then between the time you first send them packing and the time you responded on the advice of your attorney, what happened during those 20 days?

Stéphane Blais

It depends. Are we talking about the global environment?

Samuel Bachand

No, no. In the disciplinary process?

Stéphane Blais

In the process, I didn't have—

Samuel Bachand

Didn't you get a reminder from the *syndic* or whatever?

Stéphane Blais

No. Not that I can remember. I simply replied with a little “get lost,”— If I recall, it was “go fuck yourself.” So I think he got the message. And Guy Bertrand told me to be gentler and answer the questions, which is what I did later.

Samuel Bachand

Writing is always easier than speaking, isn't it?

Stéphane Blais

Yes, yes. But I'd still like to mention that Marie-Josée Corriveau—lawyer Marie Josée Corriveau—was the subject of a complaint for interference—

Samuel Bachand

Well, listen, I'm going to stop you there. It's off topic. So if the commissioners want even more—

Commissioner Kaikkonen

Thank you.

Stéphane Blais

It's a pleasure, always a pleasure.

Samuel Bachand

On behalf of the Inquiry, I'd like to thank you for your testimony. You are free to go.

Stéphane Blais

Thank you, Samuel. Thank you.

[00:26:44]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:

<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 12: Dr. René Lavigueur

Full Day 2 Timestamp: 08:19:13–09:10:07

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

Good evening. I am Konstantinos Merakos from Bergman & Associates. It's my pleasure to introduce a medical doctor, René Lavigueur, who is with us in person today. Good day, Monsieur Lavigueur. How are you?

Dr. René Lavigueur

Yes, I'm fine. A little nervous.

Konstantinos Merakos

That's normal. You'll be fine. We're here for you. Take your time, I'm not in a hurry and I don't think anyone else here is either. We're here to hear what you have to say. I'm going to start by swearing you in: Do you solemnly affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say "I solemnly affirm" or "I swear."

Dr. René Lavigueur

I affirm.

Konstantinos Merakos

Perfect. Can you spell your full name, please?

Dr. René Lavigueur

René, R-E-N-É, Lavigueur, L-A-V-I-G-U-E-U-R.

Konstantinos Merakos

Thank you. And do you live in Quebec?

Dr. René Lavigueur

Yes.

Konstantinos Merakos

Very good. Thank you. We will start with you simply saying a few words about yourself, your expertise, and your CV. Go ahead.

Dr. René Lavigueur

Well, I've been a practising doctor for over 40 years. I've worked mainly in general practice. Over the last few years, I became interested in philanthropy. I founded a social pediatrics center. I should say, I'm in Gaspésie so I'm in a remote region. And I do general medicine, which involves a lot of office work, a lot of house calls. That's about it.

Konstantinos Merakos

Perfect. And today, are you still practising? Do you have your own office? What do you do for a living?

Dr. René Lavigueur

In fact, I'm part of an FMG—a family medicine group—so I work with several doctors. I should also mention that I have some administrative experience as I was a director of professional services.

Konstantinos Merakos

Okay, that's fine. We're going to proceed with the main topics I have in front of me. The first one is: as a practising physician, you see a lot of things in the field. Can you tell us a little about what you have observed as a family doctor?

Dr. René Lavigueur

Family doctors have certainly been at the heart of it because people consult us, so we really are at the center of the matter. Most people accepted the usual narrative and didn't question us about whether they should be vaccinated. But the few who did ask us, well, that's where we got caught. There is a conflict between our code of ethics . . . Pardon me . . .

Konstantinos Merakos

Take your time. Continue when you're comfortable.

Dr. René Lavigueur

I don't know why this affects me like this, but it does.

Konstantinos Merakos

No, that's okay. Just take your time.

Dr. René Lavigueur

The theme I want to address is the dilemma of a family doctor. On the one hand we have orders from Public Health, on the other we have a code of ethics and the Hippocratic oath. That's our duty to our patients. And the conflict is daily because if we tell our patient the truth about the vaccine in question, then we're in conflict with Public Health. So the doctor has to make a choice: Do I betray my code of ethics—my Hippocratic oath—or do I listen to what Public Health tells me to do? If I listen to my duty as a doctor, I often find myself in conflict with my colleagues. And that's what happened. Because the easiest thing to do is to do what you're told. It's simpler and doesn't lead to conflict.

So in my practice, one thing I do is go to a CHSLD [a nursing home or long-term care facility]. And, in fact, this ties in with some of the things that have been said today.

[00:05:00]

I remember a gentleman from . . . Excuse me . . .

Konstantinos Merakos

No, there's no problem. We can go into the examples when you're ready. That would be perfectly acceptable.

Dr. René Lavigueur

I remember an 84-year-old gentleman who had been a mine foreman. He was at home, he was confused, and a decision was made to send him to the CHSLD. The rule was that when someone arrived at the CHSLD, they were isolated. So a gentleman who had moved from his private home, where he had taken care of all his own affairs, was placed in a room where he was isolated for two weeks: locked in. Someone wearing a mask opened the door half-way to give him his food and then closed it again. The gentleman became very agitated, and I was asked—as his doctor—to give him a drug to calm him down. This is interesting because it shows the dilemma for the doctor: the demand made to give a medication that the patient should never have received! That's all I have to say about that.

Konstantinos Merakos

Okay. Do you have any other examples to share with us? Perhaps about nurses? I'll give you a second.

Dr. René Lavigueur

I have another example of an 82-year-old lady who was mourning the death of her husband, and who went into a private seniors' center and rediscovered her zest for life through contact with several people she knew. Two or three months later, COVID arrived—she had been in a deep depression and so it's clear that contact with others had revived her. She was confined and fell back into a deep depression, from which she has never recovered.

Well, I talked to my colleagues about it because I had spoken out publicly and said that it was a gene therapy. And right away there was a bit of a chill because the young doctors talked amongst themselves and they disagreed with me, stating that, "No, it's a vaccine like any other; it's not a gene therapy." I had also said that side effects had not been reported, and that offended several colleagues. So many doctors have lived with their colleagues—That's the law of clans or groups: you belong to a community, so it's very hard to walk in

the hallways and get— You know, ultimately when you believe in something, you go ahead anyway.

Also, as a doctor, I find it interesting that no one wants to fill out injury compensation reports. I filled out several of them. People knew about me because I spoke out publicly. So a patient from Ottawa came to Montreal and I met him there—I had to go to Montreal anyway—and I filled out an injury form. Then I . . . It will pass . . .

Konstantinos Merakos

Yes, yes. Yes, yes.

Dr. René Lavigueur

I'll get used to it.

Konstantinos Merakos

Yes.

Dr. René Lavigueur

So I filled out three injury compensation forms that nobody wanted to fill out. But it leaves me wondering: why would a doctor be afraid to fill out an injury compensation form? There's no risk there. Instead the fear is so great that they don't want to talk about it. They stay away from anything to do with it. A gentleman had a skin disease and it was clear that it had been caused by vaccines. I filled out the form even though I know the injury compensation program isn't very generous. Another gentleman had very severe strokes. Yes, well— Shall we move on to the second point?

Konstantinos Merakos

Yes, but I have a question about that. Speaking of filling out forms, I'd like to know a little about your observation regarding filling out exemption certificates for vaccination. What happened in that area?

Dr. René Lavigueur

Well, yes. In fact, people ask me for exemptions. Nobody wants to give them. Well, now I'm making a name for myself.

Konstantinos Merakos

Why do you think the others would refuse?

Dr. René Lavigueur

They don't want to touch anything. They know that there are three exemptions defined by the Ministry, by Public Health, and that almost no one fits into these criteria, so they don't want to touch that. That's interesting because it means that the doctor is betraying his profession—because his first duty is to his patient.

[00:10:00]

Konstantinos Merakos

Did you fill out exemption certificates?

Dr. René Lavigueur

Yes.

Konstantinos Merakos

And they were, of course, all justified and meeting the criteria?

Dr. René Lavigueur

Well it's easy to justify. I wrote: "This is an experimental vaccine. By definition, the patient has a choice; and there is no evidence of efficacy. Therefore, I recommend that this vaccine not be given to such-and-such a child or adult." I have never been blamed for exemption certificates.

Konstantinos Merakos

Because they were justified.

Dr. René Lavigueur

I would have liked to have been blamed because then we would at least have been discussing the real issues. I knew that this technology— It was known by the FDA [Food and Drug Administration] in February 2021, and then it was revealed in documents that Pfizer was forced to— But there was an advisory committee to the FDA that detailed that there were 28 classes of side effects that were all already apparent on VAERS: the American vaccine adverse effects reporting system.

So it's easy. Because when you know a person with an autoimmune disease, a chronic illness, someone who's already had cancer: all these people fit into categories where they were eligible for exemptions. It wasn't complicated. It was based on the principle that free and informed consent had to be given and that the person was free to choose the vaccine. So if someone says they don't want to have it and on top of that, they have a chronic illness, I don't see why the doctors would be afraid [to provide them with an exemption]. It was their duty to do so.

Konstantinos Merakos

Perfect. And could we hear you maybe provide an example of a young person or an older person that you treated as a result of a side effect or other problems. What happened after the medical procedure?

Dr. René Lavigueur

Yes. In fact, there are several. I was making house calls, and I arrived to find a person with Bell's palsy. Actually, it was at a foster home where I went to see the residents. However, I saw that the proprietor, who had just returned from hospitalization, had permanent facial paralysis. So I said, "Has this been reported?" "No." So I reported it. Then after that—

Konstantinos Merakos

I beg your pardon. Resulting from what? Had he had the medical procedure, that is to say, the vaccine?

Dr. René Lavigueur

Following a vaccine.

Konstantinos Merakos

Okay. So that's the cause according to you.

Dr. René Lavigueur

Yes, it was three weeks after a Pfizer vaccine. And even if I don't think that the vaccine was responsible, it doesn't matter. You have to understand that I asked my local public health department to investigate because I observed that a vaccine had been administered at a certain time, and then there was an event a few months later. It's not up to me to decide on a causal link, but I know that anything can happen, so I report it.

Konstantinos Merakos

Very good. So you want to do your duty as a doctor. You want to report the facts, to find the cause, to study, to get an answer. What happened? Because you live in a small town and you have statistics with you, can you tell us a little about what happened when you tried to report all the anomalies that occurred? Can you tell us briefly about your experience?

Dr. René Lavigueur

Well, I've done 16 reports. We need the MCI, *manifestations cliniques inhabituelles [la suite d'une immunisation]*/adverse events following immunization]. It's a six-page report, but it doesn't take that long to fill out. So I'd get referrals. For example, a patient would say to me, "My brother had something like this and his doctor doesn't want to report it." I'd say, "Well, he can come and see me, I'll do it." Among the sixteen [reported cases], six died within three months of the vaccine. We're talking about a population of 12,000. Six deaths, all elderly people, including two or three—I think it was three—one month after the vaccine. So I reported all this to Public Health. Among the sixteen, there were other things: menstrual bleeding, that's very common; Bell's palsy.

[00:15:00]

So twice, I called Yv Bonnier-Viger, the director of Santé publique de la Gaspésie [Gaspésie-Iles-de-la-Madeleine Regional Public Health Department], and told him, "Listen, I see that there are deaths in long-term care hospitals." There weren't many in Gaspésie— four or five. "So you should go and see and then try to count the deaths; find out if there are more than before, if there's a difference." Another thing I said to him, "No one is filling in the reports despite the fact that they are obligatory, so Health Canada will receive very few." Then the second time I called him because a report I sent in had been returned to me with the following note: "Your claim is rejected because the event occurred more than 30 days following vaccination."

Consequently, I wrote a letter; and then I phoned my director of public health and told him, "The Dr. Leblanc who wrote this to me is not well informed. I think she considers the

COVID 19 vaccine to be like any other vaccine.” And that’s interesting because, in the grand scheme of things, the great success of this marketing was to say: “a vaccine like any other.” But what’s most astonishing is that this slogan was swallowed whole—believed and accepted—by doctors. But I can’t believe that a doctor—taking even a cursory look at how messenger RNA works—would not say: “No. This is not a vaccine like the others.” And yet even the doctor who analyzes the Public Health reports considers it to be a vaccine like any other and then fits it into her analysis grid. Her analysis grid for vaccines—for measles or anything else—is 30 days and after that the event is irrelevant. So no wonder the statistics we see from Health Canada are excellent regarding reports of side effects but are completely inconsistent with those we see from more credible reporting around the world, in England, the United States, or elsewhere.

Konstantinos Merakos

Perfect. So we’ve talked a little bit about some seniors who have had side effects, who have died from this. On the subject of young people, if I understood correctly during our preparation, you spoke about young people being locked up in a room for 40 days, or at school, having high pressure surrounding vaccination from non-medical people. Parents reported these facts to you, asking for help. Can you tell us a little about what happened with the young people?

Dr. René Lavigueur

Yes. A mother told me about her 14-year-old son who is depressed because he can’t be in his ski club anymore. Other employees—nurses—are really torn because they don’t want to be vaccinated. Another striking example, I think, is a mother who told me, “Well, my 9-year-old child at school had the teacher ask the students who were vaccinated to raise their hands.” She was the only one not vaccinated. It’s easy to imagine the trauma a child goes through.

Konstantinos Merakos

Perfect. I want to talk with you about one last subject. Earlier we discussed the forms and how some doctors were reluctant to fill them out. You’ve travelled all over Quebec to consult with people to see if they’re victims of side effects or not. You said that no other doctor would do what you did. Why is that? Is there fear? Is there pressure? Are there reprisals? Why did you do what you did?

Dr. René Lavigueur

Well, I find it very interesting because it’s a worldwide phenomenon. It sheds light on the psychology of people, the behaviour of colleagues, allegiances. And to what extent doctors believe or don’t believe in their profession, that they are ready to act contrary to articles of their code of ethics without saying anything at all. Later, if I visit the Collège des médecins [College of Physicians], it’s even worse— My explanation is all the pressure doctors have been under. I think a lot of doctors did what Public Health asked them to do, but it was gut-wrenching for them. They knew they were in trouble.

[00:20:00]

And if speech becomes free one day, we’ll find out how many doctors were actually torn.

But most of them live their daily lives, rely on their income, and don't want to have to deal with the College. They're afraid of the College. There's a visceral fear of the College of Physicians of Quebec which is their professional organization. So all these factors lead people to resign: it is the simplest, easiest solution. The entire context certainly provides fertile ground for this, which is that medical practice is very difficult. Statistics show that 50 per cent of doctors are depressed or on the verge of depression. I see this among the young doctors around me. There's a work context of obligations and pressures that makes resignation an easy choice. When up against a conflict like this one—regarding orders—a doctor can decide, “Oh no, no, no. The simplest thing is to obey what Public Health tells me to do, so that's what I'll do.”

Konstantinos Merakos

Okay. Thank you very much. The next topic is one that I think a lot of people will be familiar with. It's about your letter in *La Presse*. You published a letter in *La Presse* which was removed, censored the next day. And *La Presse* even issued an apology—excuse me—a clarification: not an apology to you for removing your medical letter, but an apology for daring to publish your professional medical opinion. So can you tell us a little bit about that?

Dr. René Lavigueur

It's a fantastic episode because it's a letter that I was really careful to ensure was accurate, precise, factual, and scientifically verifiable. But it's also a letter that involved some very sensitive issues. Among other things, in the letter I suggested wording that could be used when seeking free and informed consent. We could say to the person: “Madame, do you agree that your child should receive a vaccine? It's an experimental vaccine. We don't know the short- or long-term side effects. We don't know the risk-benefit ratio for your child. They say it's to protect the elderly. Do you agree to receive the vaccine?” These are very basic, very verifiable things, but I think they were unacceptable in the context of Quebec at that the time. I don't know. So in less than 24 hours, it was removed, with apologies from the chief editor.

Konstantinos Merakos

Excuse me, just to clarify: apologies?

Dr. René Lavigueur

An apology to the public, to readers, from the editor-in-chief, for daring to publish this.

Then there was a letter from Nicholas De Rosa in *Le Soleil de Québec*, with the aim to really tear me down, which called on a Health Canada official as a witness who said: “It's not true that side effects aren't reported. There's a law requiring doctors to do so. There's even a penalty if the reports aren't submitted.” Then a virologist was questioned; there were two university specialists—researchers—who said things that were really— I don't remember. I can't tell you exactly, but if I had them in front of me today, I'd debate them. I know I am right. And what's interesting is that these are people who had conflicts of interest.

Researchers in a university are under influence: 90 per cent of those doing medical research in Quebec are under the influence of pharmaceutical companies because 90 per cent of research is funded by the pharmaceutical industry. In fact, one of the ways of explaining what has happened—which is the primary concern—is the gradual control, year

over year, of medicine in general by the pharmaceutical industry in medical schools. What never ceases to amaze me is how uncritical the young doctors I know and work with are. They take recipes and they apply them. And because that's what they were taught to do at university, they feel good because they think they've done their job as doctors.

Konstantinos Merakos

Yes. What was the reaction of the media or the people around you? Has there been an online smear campaign?

[00:25:00]

How have people on the internet and other media reacted to you?

Dr. René Lavigueur

I confess I didn't even read them. I read them several months later; I didn't want to know anything. I was at a friend's house cutting up firewood when I heard Radio-Canada [CBC] calling me something, and then talking about me. It was pretty violent; it was hurtful. But there you go. I knew that the media were completely— That's it.

Konstantinos Merakos

Before we move on to the next topic, I'd like you to tell us how your professional organization reacted to this letter. Have there been any consequences? Yes, go ahead.

Dr. René Lavigueur

We're talking about the letter here but I've also spoken out in several media platforms. I've been asked to comment on the radio, on social media, and I've given my opinion. I've always agreed to do so. So there were several reports to the College of Physicians of Quebec: "Dr. Lavigueur is telling lies, he's saying things that are contrary to—" So they reported it; it's very easy. You can do it online or you can phone. A few months later, I received a letter from the College of Physicians of Quebec, which basically said: "Dr. Lavigueur, we've looked at all your public statements. We have carefully examined everything you have written and said, and we wish to emphasize that you must respect your code of ethics with regard to the expression of physicians in the media." Period. It was an intimidating letter but it said nothing. There was no mention of anything I had said that was contrary to science. It was simply an intimidating letter: a reminder of my code of ethics. So I continued to say what I had to say.

Konstantinos Merakos

Okay. Were there any threats of you being struck off, dismissed, or losing your qualification?

Dr. René Lavigueur

No. No. No.

Konstantinos Merakos

Anything at all? Do you know of any other doctors who have potentially been threatened with this, or who have lost their licence?

Dr. René Lavigueur

Personally, I don't know of any doctor in Quebec who has had their license revoked for speaking out about the pandemic. I do know of one doctor who was dragged through the mud—I don't know how that's going to be translated into English—in a really shameful way. He was forced to apologize publicly for a question regarding masking. And I think it was a simple matter of making examples of one or two doctors to intimidate the rest of the 20,000 doctors in Quebec.

Konstantinos Merakos

Warnings, basically. There were warnings for you and others but at least, according to you, there were no—

Dr. René Lavigueur

To my knowledge, no one has lost their certification.

Konstantinos Merakos

Okay, excellent. The last topic: I'd like to talk about your intervention with the College of Physicians, if you would talk a little about that.

Dr. René Lavigueur

So we wrote to the College of Physicians of Quebec on two or three occasions. In the last letter, we reminded the president of the College of Physicians of Quebec that every month he swears in doctors to the Hippocratic oath, and that he himself had to respect it. Then we asked for a meeting. There was a lot in the letter. We talked about the scientific side, but above all we talked about the ethical side. Our intervention with the College focused on medical ethics and deontology, and also on the vaccination of children and pregnant women.

We avoided thorny issues such as ivermectin and hydroxychloroquine, even though I think—I've got a lot to say about that right now. But we were diplomatic.

[00:30:00]

But we did mention in the letter that COVID-19 vaccination—with its virtual absence of animal testing—was akin to the thalidomide and diethylstilbestrol events of the 1960s with all the disasters they caused. That's what I wrote in my letter to the College. And I also wrote that there was evidence in animals of the presence of the spike protein in the gonads of rats, and that we should therefore be concerned about the fertility of the children we inject with the vaccine.

We also said that the proof—basically because everything is upside down—the proof of safety belongs to those who promoted the vaccine. It's not up to us to defend ourselves. So normally, we have the right to speak out publicly. But a lot of people were suppressed because they talked about the risk of infertility. I spoke about it publicly. A colleague talked

about it publicly and was severely reprimanded by the College. But in reality, the world is the opposite of common sense. You're entitled to ask all the questions about something experimental that is being given to an entire population, and then there's a duty of transparency.

Konstantinos Merakos

Perfect. So one last question. We've talked about your care and concern for seniors, young people and parents. We've talked about how the media treated you. One last question: Just from asking questions to finally get an answer—if I understand correctly, that's your job—what has been your quality of life after asking questions, after the media, after all this? How is it financially, at home, mental health-wise? Tell us a bit about you personally. What's been going on?

Dr. René Lavigueur

Well, let's just say that I'm a little emotional today, but I think that during this whole adventure, I said to myself: "It's an awakening," because what we're seeing today was present before the pandemic. The mechanisms were in place. The ability of human beings to make each other believe things, to take the easy way out, is human; it's been there since the dawn of time. So I prefer to be in the camp of those who are trying to understand, and then move on to the most difficult camp, which is that of trying to make it all make sense and repairing the broken links. The next step requires a lot of inner work. So all in all, to answer your question, to me it's all positive.

Konstantinos Merakos

Excellent. But you are very strong. So do you have any last words before I hand things over to the commissioners?

Dr. René Lavigueur

I'm fine.

Konstantinos Merakos

All's well? So ladies and gentlemen of the Commission, go ahead.

Commissioner Massie

Hello, Dr Lavigueur. Thank you for your testimony. I'd like to ask you a question. You mentioned—in a somewhat offhand way, I'd say—that all the epithets you've been called didn't affect you too much. But you were undoubtedly aware that they could still affect your willingness to continue to speak out in this way. So how did you cope with that part? Nobody likes to be denigrated and basically called a liar when you put forward facts, when you ask questions, and no one comes to you to start a dialogue, to answer you. How did you keep your motivation?

Dr. René Lavigueur

I don't really know, but I can give you some clues. It's all very interesting. There are two children I take care of, children of Africans who live in the community. I frequently take care of them—12 and 15 years old—and then they heard the criticism of me on television.

The kids, well, they had absorbed the standard narrative. You know, for a child, a teenager, everything that's said on television they get caught up in too; they can't distinguish.

[00:35:00]

Then they look at me, who's very close to them, and they understand— So the lesson I've learned is that, in bringing up children, perhaps the best thing to teach them is critical thinking. So in answer to your question, I think it's great because this adventure teaches us how to prepare for what's to come.

Commissioner Massie

I have another question about what impact you expect to see in the medium term—because in the short term, things remain at a standstill—as a result of all the actions you've taken? In particular, there was the meeting with the College of Physicians; there was a second letter that you submitted to it; ultimately, if I remember correctly, you received a relatively brief response. And after that, you continued to try to put in place actions to advance the cause.

What do you expect in the medium term, let's say, from all these initiatives?

Dr. René Lavigueur

Briefly, the College of Physicians of Quebec is deemed independent and non-political. Quebec's Director of Public Health is the Deputy Minister of Health, so he's politicized. We have institutions, the INESSS, the Institut d'[excellence en santé et services sociaux], that are politicized. So the College's approach is to say, "We are the last bastion of public protection." The College of Physicians boasts, and writes everywhere, and always says that they're there to protect the public. Here was an extraordinary opportunity to do just that. But they became completely obedient: they submitted to the Public Health Department. And that's a major weakness of our College of Physicians of Quebec. I hold them culpable for that. Then I think that the institution itself—I often say "the institution"; I believe in it because you need a college to protect the public—but the administrators of that institution failed in their task. That helped me identify these things.

And I think that the extraordinary and abusive power of the College of Physicians of Quebec is one of the problems identified in this adventure. And I think we can work in the future, in particular by getting the College of Physicians of Quebec to bend on alternative therapies. Abuse of power leads to situations like that. Does that answer your question?

Commissioner Massie

Yes, that answers my question. Thank you so much for your testimony.

Commissioner Drysdale

[In English] Good afternoon. Were you not able to talk to any of your colleagues, other doctors? I mean, it's hard to stand in the storm alone. But if you approached them with 30 other doctors, perhaps the outcome may have been different.

Commissioner Massie

I'll translate for the crowd. So the question my colleague asked was: Given that it's quite difficult to face this, would it be appropriate to join forces with other medical colleagues to give a little more cohesion to his approach?

Dr. René Lavigueur

At the approach of—?

Commissioner Massie

The process of taking on the whole of—

Dr. René Lavigueur

Ah yes, okay. I don't know if I'm going to answer correctly. It wasn't possible to join forces with any of my colleagues because none of them was critical enough about what was going on. I have two or three colleagues with whom I can exchange e-mails quite— Progress is possible, but it can't go too far because they're specialists— So it was impossible. There's a doctor who deals with childbirths and once I asked her, "Can you talk to me? What do you think about this vaccine for children?" She said, "I don't want to hear about that," and afterwards it was really brutal. So I never mentioned it again. But that just goes to show how taboo these subjects can be between doctors.

[00:40:00]

Commissioner Drysdale

[In English] That's shocking. My next question is: the people who run the College of Physicians in Quebec, are they all practising doctors?

Commissioner Massie

So the question is: Are the leaders of the College of Physicians in Quebec still practising physicians, or are they administrators?

Dr. René Lavigueur

As far as I know, they are administrators. But they often have a background as practitioners. The president, Dr. Mauril Gaudreault, is a family doctor who has spent his entire career as a family doctor. It's interesting. At the meeting we had with them, the directors—there were four of them. The president was very uncomfortable and couldn't wait for the meeting to end. He didn't want to hear us. I was accompanied by specialists who know messenger RNA, qualified people. And the directors didn't answer any of our questions, even though we challenged them on the most sensitive subjects. We told them they were in breach of the code of ethics. And we got no comment except that afterwards we heard the president say, "The College of Physicians in Quebec is not a scholarly society." I don't know if that's going to be translated. Is it understood in English? I don't know how you say it: "Société savant." How's that? But it's interesting because it's a College of Physicians in Quebec that advocates for even more measures than the government is asking for, and yet is incapable of justifying these measures scientifically!

Commissioner Drysdale

[In English] My understanding is that the sole purpose of the College of Physicians is to regulate the safe practice of medicine in the province in which it acts. Is that correct?

Dr. René Lavigueur

[In English] Yes.

Commissioner Massie

The question is whether the *raison d'être* of the College of Physicians is really to regulate medical practice to ensure that it's done in the best possible manner.

Dr. René Lavigueur

—in its goal to protect the public. But when the College punishes a family doctor who has been doing his job for 30 years or a specialist who—one time—receives a report that isn't correct and then ignores it, he's going to be punished with a three-month suspension. So the College is like a police force that refuses to go beyond its mandate simply to punish. So if it is true that the College's proper role is to protect the public, it should get involved in public affairs. And here was a golden opportunity to say: "We have a code of ethics, we have an event, we can provide an opinion." What we were asking for was a moratorium on the vaccination of pregnant women and children. It was an extraordinary opportunity for a college to fulfill its function. I think perhaps we're the only ones in Canada to have challenged our College of Physicians; maybe there were others, I don't know. We challenged it on a deontological, scientific, and ethical level. And I wonder why it hasn't been done elsewhere in Canada.

Commissioner Drysdale

[In English] I'm waiting for the translation, sorry. I'm not totally familiar with the College of Physicians. I am with other professional organizations in Canada. So don't they also have a function to educate their membership? Don't they issue practice notes or warnings to the membership?

Commissioner Massie

The question is: besides controlling medical practice, doesn't the College of Physicians also have an important role to play in educating the profession's physicians and bringing them up to date on best practices?

Dr. René Lavigueur

I can't really answer that, I don't know. I think so, but not in an extensive way.

[00:45:00]

Rather, it's our federation of physicians, our professional unions, who ensure the quality of and then education: continuing professional development. The College will punish people who practise outside the norms or who make professional mistakes according to recognized and established standards, but they are not very involved in education as such, as far as I know.

Commissioner Drysdale

[In English] So the College of Physicians does not have an ongoing educational requirement for its membership?

Dr. René Lavigueur

Ah yes, oh yes. Are you translating the question?

Commissioner Massie

The question is whether there is an obligation to have continuing education for the training of doctors.

Dr. René Lavigueur

Yes. There are a certain number of hours per year of continuing medical education that are mandatory over a five-year period; and this is very closely monitored by the College on an annual basis, yes. At the age of 70, I've just received a whole questionnaire on my practice; and then they can go on to examine my practice. So yes, the College has a role to play in monitoring doctors' practice and methods according to standards.

Commissioner Drysdale

[In English] It would just seem to me that if they're taking a role in policing continuing education that— The media and the government presented the pandemic to the world as if it was the most threatening event that had ever happened. And so you would have thought that the College of Physicians would have educated their doctors about the Canadian influenza pandemic plan which they had prepared in advance of the pandemic. So were you made aware of the Canadian influenza pandemic plan by any of the professional organizations?

Dr. René Lavigueur

No.

Commissioner Massie

So the question that was asked was whether the College of Physicians has a function to update physicians' knowledge to ensure better practice. Since the pandemic represented an extraordinary public health event based on plans that existed before the start, which were pandemic preparedness plans, are physicians receiving ongoing training on these pandemic preparedness plans?

Dr. René Lavigueur

In fact, it's not the College that does this. It's the Public Health Department, to answer your question.

Commissioner Drysdale

[In English] Did Public Health do it? Did Public Health provide you with the influenza pandemic plan so you'd know what they wanted you to do?

Commissioner Massie

Did you receive the Public Health preparedness plan? Have physicians had access to this information?

Dr. René Lavigueur

They surely have access. I confess that I haven't seen or read it.

Commissioner Drysdale

[In English] Given the information that we now have around the world, has the College apologized to you yet?

Commissioner Massie

I have to repeat that one. Given all the information available now, has the College of Physicians acknowledged or updated its understanding of the pandemic, and apologized for the vision that was shared at the beginning of the pandemic?

Dr. René Lavigueur

I think that the College of Physicians of Quebec, and not only the College of Physicians, but also the health authorities—the Department of Public Health, the Minister of Health, the politicians, the specialists who influence, the influencers—are hardening their position at the moment and are far from apologizing because the consequences are too great. In fact, we can draw a parallel with the silence after the Second World War, when we weren't supposed to talk about anything that had happened because too many people were complicit. Too many people favoured the measures. Then when they learn that it's being contested—that there are scientific studies showing excess mortality—it bothers them too much.

[00:50:00]

When you've been involved in promoting the vaccination of women and then children, and you see the consequences everywhere, it's too big a step to take. There's going to be a hardening of positions and that's what we're seeing. I don't know if it's going to explode or how it's going to end.

Commissioner Drysdale

[In English] Thank you, sir. Thank you for your testimony and your courage.

Konstantinos Merakos

So Monsieur Lavigueur, thank you very much for your testimony. Yes, thank you, and that's all. Beautiful. They're getting ahead of us, but thank you very much. A nice round of applause. Thank you, Monsieur Lavigueur.

[00:50:54]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE

(Translated from the French)

Witness 13: François Amalega

Full Day 2 Timestamp: 09:10:20–09:56:00

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Chantale Collard

Yes, hello. Chantale Collard, lawyer and prosecutor for today's National Citizens Inquiry. So today we have as a witness François Amalega. First of all, thank you, Monsieur Amalega, for coming to testify here at the National Citizens Inquiry. Your testimony is important. As a matter of formality, we're going to proceed with your identification, so simply state your first and last names.

François Amalega

My surname is Amalega Bitondo, and my first name is François.

Chantale Collard

All right. And now we'll proceed with the swearing-in. So Monsieur Amalega, do you affirm or swear to tell the whole truth, the whole truth, and nothing but the truth? Say "I do" or "I swear."

François Amalega

I do.

Chantale Collard

So Amalega François, maybe there are some of us here who know you, maybe others not so well. In any event, we'd like to know more about you. So perhaps first of all, a brief presentation of your main occupation, your professional career, and then from there, what brought you to where you are now. So regarding your professional career, what is your formal education?

François Amalega

First of all, I'd like to thank you for the honour of being here. It means a lot to me.

I immigrated to Quebec in 2012. Before that, I studied mathematics. I got the equivalent of a bachelor's degree in Mathematics in Cameroon in 2000, and also a secondary school teaching diploma. Then I also got a master's degree in teaching Mathematics in Cameroon, and I emigrated to Quebec after teaching mathematics in high school. So in Quebec, I studied for a master's degree in Mathematics at the Université de Montréal. I obtained a master's degree in Algebra. Then I went on to doctoral studies, where I studied arithmetic geometry. I didn't finish, I didn't submit my thesis, but I completed all the coursework. Then I started working at Collège Jean-de-Brébeuf as a mathematics professor. I taught for five years. After three years, I got tenure and became a permanent math professor at Collège Jean-de-Brébeuf. At the same time, I gave courses at UQAM [Université du Québec à Montréal], specifically at the École de technologie supérieure.

Chantale Collard

At the same time, you were teaching at UQAM, at the university.

François Amalega

Yes, and at HEC [HEC Montréal, the graduate business school of the Université de Montréal], but my permanent position, my job, was as a mathematics professor at Collège Jean-de-Brébeuf.

Chantale Collard

All right. So at Collège Jean-de-Brébeuf, you were there. We'll begin in 2019 or 2020.

François Amalega

Yes.

Chantale Collard

What happened? Basically, you were teaching, and what happened? Now, you're not teaching anymore, if I understand correctly?

François Amalega

Yes, on February 5, 2021, I submitted my resignation in the face of all the pressure I received at my school. What happened was that on March 13, we were in lockdown and were told that there was a very dangerous virus spreading around the world. I believed the story; I believed and trusted the Prime Minister. But since we were in lockdown—because we had been busy at work and suddenly we had nothing to do—I was at home. And they were talking about COVID, so I went all over the internet: YouTube, Google. I typed in "COVID-19" to find out what it was all about. That's how I came across Professor Raoult, who said that with hydroxychloroquine, it was all over. I said to myself, "Okay, that's it, we've panicked for nothing." But I was surprised to realize that he was challenged, insulted in France, and despised by many people. That's when I said to myself, "When I see his CV and I see that he's not being given any consideration, I understand that this is messed up."

And then I started to follow the press conferences with fresh eyes; and you could see that there were contradictions in mandates that changed at every turn. There was a strong contradiction between the certainties that were presented—because they said “we’re building the plane in flight, and we don’t really know what’s happening”—and the simultaneous authority which accompanied the issue of these mandates. Now these are two contradictory attitudes. One cannot be in the process of learning something and at the same time be authoritative in the way one dictates things. So it showed that this uncertainty had a single objective: to create confusion. But the real agenda had been pushed through by the authorities.

But that didn’t fit with my role as a professor. Because when I teach mathematics to students, we have activities before presenting a concept.

[00:05:00]

The aim of these activities is to lead the student to an impasse so that he or she understands the necessity of the new mathematical object about to be introduced. And to do that, students need to reflect and realize they’re stuck. And then you can tell them, “Okay, I’m going to show you this theorem that will solve the problem.” So to do that, you need him to critique you, to challenge you. And when they don’t, you challenge them. So it creates a critical mind, but that’s not what the government was proposing. The government was proposing that we believe, that we submit. And that didn’t work, so I started going to demonstrations, posting photos on my Facebook account, and so on.

Chantale Collard

I don’t mean to interrupt, but when are we?

François Amalega

We’re in the summer of 2020.

Chantale Collard

Okay, it’s not April. In April, you confirmed about the lockdown. It’s a bit later. In other words, in April, you’re in fact still technically working online for the school.

François Amalega

I worked for the school; until February 5, I still worked.

Chantale Collard

February 5, 2021.

François Amalega

In April, we restart the interrupted winter session online. And I already know that the government is talking nonsense, so I post about it. At this point, I’m not yet going to the demonstrations because my Facebook is a bit restricted, but I become more informed and my contacts keep growing. I still post about the virus and all the mandates. It’s clear to me that it’s all nonsense, and I publish along these lines. There are indeed a number of facts that show that everything we’re being told makes no sense. Facts that are easily verifiable.

For example, Ferguson's article that predicted—and scared everyone—ends up being false because the data doesn't work. In midsummer there's, for example, "Lancet-gate," and then a lot of other things that are obvious. But what's happening now is that in the fall I take a photo of myself because it's becoming clear, very clear to me that the people who are supposed to be protecting us are out to destroy us. And for me, civil disobedience becomes evident. There's no possibility of negotiating at this stage. I take a photo of myself and I put it on my Facebook page.

Chantale Collard

And when are we exactly?

François Amalega

We're at the end of September 2020.

Chantale Collard

2020.

François Amalega

So I film myself without a mask in the subway and I write: "Civil disobedience is a duty." That photo gets me called in. I'm called in by the human resources department of Collège Jean-de-Brébeuf, and the director of human resources has a very stern look in her eye, but it's online. And she asks me to remove the photo, to comply, to submit, and I tell her right from the start that it's a waste of time.

Chantale Collard

Your photo was on social networks? Probably Facebook?

François Amalega

Well, at that time, the social network where I was most active was essentially Facebook because, before COVID-19, I really wasn't too much of a social networker. I used it but not very much. But with COVID-19, we were locked down. It was almost the only means of communication, so I became very much a social networker from then on. So I put the photo on Facebook and I called for civil disobedience. In any case, that's what I could do in my own small way. But this photo posed a problem. The school wanted me to remove the photo and I refused, so they backed down. In fact, they backed off and left me alone.

But things continued on because the mandates were absurd. For example, when we were doing exams— Because the studies were online, we had a problem with the way the children were assessed. So when you did a math homework assignment, each child was at home doing the exam. You had no way of monitoring them. So they would do the exam on the sheets, take a photo, and send that to us. So you had no way of knowing whether the photo sent to you by the strongest student might also have been sent to his classmates and girlfriends. There was no way of knowing. So as with all the other colleagues, the idea was to at least have in-person exams.

So we managed to have the exams in person, except that during the in-person exams, the main exam room was a large separate room, but the students had to wait in a small

adjoining room where they were crammed against one another. You'd go there and get them and bring them back to the big room, and it was in the big room that the students were spaced out—such ridiculous things. And then, even among the teaching staff, people would wonder, "Did the virus stop being active in the small room?" Things like that.

Chantale Collard

Okay, among your colleagues, you were all talking about the absurdity of it.

François Amalega

Well, some colleagues didn't have the courage to criticize the government directly, but with little measures like that, even they could see that there was a problem.

[00:10:00]

And I was very vocal among my colleagues, but for them, it was the school management that was confused. But it was François Legault that was the problem, at least at the Quebec level, and they didn't want to go there. There were so many things. I encountered problems. I was suspended for three days because I had my mask under my chin. I didn't want to put it under my nose. I was suspended for three days without pay. The final straw came on January 9: it was the first curfew in Quebec.

Chantale Collard

2020?

François Amalega

2021. So it was the first curfew in Quebec, and we went to defy the curfew at the Mont-Royal metro station. There were only about 20 of us and there were a lot of police and a lot of media. So since there weren't many of us, we were filmed by TV cameras and so on. And then a journalist asked me questions. He asked almost all the demonstrators questions because there weren't many of us. And there were a few seconds of footage of me, and that's when I got the impression that the school authorities had been rapped on the knuckles. This time they summoned me and suspended me for two weeks. They told me, "Now you're not just on Facebook, you're going to the media networks." Because I think it was LCN, TVA, and all that.

Chantale Collard

In the mainstream media.

François Amalega

In the mainstream media. They told me, "No, you've gone too far now." And then I told them that there was no way I was backing down. They realized that—for me—it was clear. I told them I was waiting for them to chase me out because no matter what, there was no way I would back down.

Chantale Collard

You are going to go all the way. You were ready.

François Amalega

At one point, they told me that Brébeuf has resources. Do I need some help?

Chantale Collard

Ah, okay, psychological help.

François Amalega

Yes. I said, "But that's just what I'm waiting for." So they decided to have me meet a biology teacher who's well-known at Brébeuf, who's a grandfather, in the sense that his students' students are CEGEP biology teachers. So he was a reference in the matter. When they said I was going to meet a biology teacher, I smiled because I said to myself, "My opposition to health measures doesn't come from the fact that I've mastered biology. That's not my argument. My argument is the inconsistency of everything we're saying."

Chantale Collard

The incoherence.

François Amalega

And what happened was that I had prepared my presentation: I had nine points. And in the first point, I started to talk about mathematics. I talked about the Ferguson paper, which had made predictions about the number of deaths. He had said that in Sweden there would be 100,000 deaths by the first of May if they didn't comply with health measures; however there weren't even 10,000 deaths after the first of May.

So when we met that day, there were three of us: the president of the union, who was supposed to be defending me, but who was there to tell me to back down; and the biology professor in question. And the union president asked the biology professor to explain COVID and everything to me so that I'd understand that I was going astray. But the biology teacher said he'd rather I did the talking, so that he could help me.

So I started talking. I had nine points—but when I started the first point, he wanted to stop me to say, "No, these are just little probability problems, François, you'll have to come back." I told him: "No, no, no, no, listen, you're a prof, I'm a prof." And among the three of us, the president of the union is also a biology prof. I said, "Of the three of us here, the one who knows the most math is me. So you can't just wave your hand at me and say, 'It's a question of probability.' If I made a mistake in what I said, you have to point it out." Voices began to rise and the union president calmed us down. Then, he told the biology professor to tell me what he says to his students. And so he presented Raoult; he presented me and everything; but in the end, the report was so— In fact, he had nothing to say.

Chantale Collard

There was nothing he could say.

François Amalega

He had nothing to say and he fled the meeting. He fled because he couldn't cope. At the end, he said that he told me such and such a thing, to which I replied, "You tell me that, but Didier Raoult tells me this. You're a CEGEP biology professor; Didier Raoult is a professor of

medicine, director of one of the largest centres in Europe, if not the world. If it's just a matter of faith, who do you want me to believe in?" He himself understood that it wasn't working. And then, well, it ended there; and he left, he disappeared.

But I remained for two weeks. I was surprised that at the end of two weeks, I received my salary because I was getting paid every two weeks. When I spoke to the human resources manager, I said, "But I'm getting my salary. That's rather interesting, because if you suspend me and pay me, I'll carry on." And then they took back the two-week suspension, they took back the salary and everything.

I'll perhaps come back to that in relation to the last question. So they said to me, "Okay, well, at this point, you're going to resume your classes and so on, but we're asking you just to make sure your Facebook is private. We're not prohibiting you from demonstrating and all."

[00:15:00]

Except that I was producing certain publications—videos that I was posting, articles and so on—where some of my Facebook friends were telling me, "François, we can't share," and so I made some of my posts public. This publication was visible. And afterwards, the human resources manager called me back and said, "You've got to make it private, there are things that can be seen." I told her, "No, no, I've made my Facebook private, but there are publications that are public. Those will stay that way." And then she scheduled another meeting. This time it was with the director of Brébeuf himself, asking me to close my account. If I didn't, there would be severe penalties and so on.

Chantale Collard

Did they tell you, Monsieur Amalega, about the penalties? Was it a veiled threat or was it clear?

François Amalega

No. He didn't say exactly what the penalty would be, but after taking a three-day suspension without pay, and a two-week suspension without pay, and a withdrawal from my classes, he said that a heavier penalty was on the way. So from that point on, I had the option of staying and waiting for him to penalize me. But that's a choice I made because I realized that they themselves knew they had no argument, since the first thing they said to me was, "You're entitled to your opinions, but we ask you to keep them to yourself." Opinions are expressed. Something that remains in the mind is not an opinion. You give your opinion.

Now as far as I'm concerned, it was unbelievable when I realized that they knew they were wrong, yet they wanted to keep me quiet. And that's because they wanted to preserve their social status. Because social death is more painful than biological death. When you die physically, you're gone: it's the people who love you who cry over you and you're no longer there. But to die socially is to see yourself and feel sorry for yourself—and that's even more painful. And that's why so many people do everything they can so as not to die socially.

My resignation was intended to send them a message and to tell them that, "I think you're the equivalent of prostitutes if you're genuinely prepared to go against your conscience to protect your gains." And that attitude was the reason for my resignation. I handed in my resignation on that same day. And I told them, "You're the ones who should be encouraging

me to think critically, but you're simply reciting what the government says." And I told them how disappointed I was. I submitted my resignation at that point.

Chantale Collard

Basically, you submitted your resignation but you continued to speak; you continued to demonstrate. What happened? After you resigned, was there no more teaching?

François Amalega

After resigning, there was no more teaching, and then all that remained for me was to demonstrate.

Chantale Collard

Your main occupation.

François Amalega

It was practically my main occupation.

Chantale Collard

Tell us about your main occupation after you resigned. There were demonstrations for a number of reasons, correct? I suppose it was the mandates?

François Amalega

My dream was to see 10,000 people out on the streets at curfew time. Personally, it was something I felt so strongly about defying. Because the problem is, there are people who fill themselves with anger. But when you fill yourself with anger and you show up in front of the police, it's nothing. And they're trained to inflict repression, so when you're violent, you prove them right; you give them the moral high ground. But if during curfew, 10,000 happy, gentle, calm people take to the streets and do no harm, the police have no moral ground; they are confronted. For example, mothers with walkers, people in wheelchairs, who do no violence, take to the streets. But the police are confronted because these gladiators don't have the moral backing to strike people who are acting peacefully. So that's why I, personally, have started going to police stations with other people.

Chantale Collard

For the benefit of the audience: you went to the police yourself. You were going to the police station yourself.

François Amalega

On February 14, 2021—I had chosen this day because it was the day of love—and I went to the nearest police station in my neighborhood. I went to tell the policemen that I was looking for my love who was freedom, who was locked up in the police station. And I told them I wasn't going home—I don't respect curfew—and I made it clear that it was out of the question. They fined me.

Chantale Collard

Okay, so you went deliberately to be fined.

François Amalega

Yes.

Chantale Collard

Have you accumulated many of these fines?

[00:20:00]

François Amalega

I have \$98,329.87 in fines.

Chantale Collard

So close to \$100,000.

François Amalega

My only regret is that I didn't reach the \$100,000. So the objective was that the more people don't comply, the more they're unable to act. And that's what happened because there are examples in Quebec. For example, they imposed masks on us during demonstrations, but when people refused to wear them, the police stopped issuing tickets. Because when 20,000 people march without masks, who are they going to start with? And then the nurses also provided an example. The nurses brought Dubé and Legault to their knees because they refused en masse to be vaccinated, and they understood what a disaster it was going to be.

So with peaceful civil disobedience: as soon as you take away the peaceful character, you give the police the moral backing to act. That's just what they're waiting for. And that makes the others happy. But the problem is, when it's peaceful, they have no moral ground. In other words, they have none when an 80-year-old mother with a walker tells a policeman, "I'm not going home" with a smile on her face. What can this seven-foot man do? If he hits her, then he acts to destroy that, so he is himself defeated. In fact, that's the idea. So I continued to protest. I was issued several tickets for it. I'm currently being prosecuted for that.

Chantale Collard

Basically, Monsieur Amalega, you've participated in many demonstrations. Have they always been peaceful?

François Amalega

Absolutely.

Chantale Collard

And you've always continued your efforts in a peaceful way. On the other hand, you have been penalized and sent to prison. Would you like to tell us about that?

François Amalega

Yes, I've been imprisoned several times. In fact, I've been in prison four times. I can't count the number of times I've spent nights in a cell.

Chantale Collard

That's one single night?

François Amalega

Yes, a single night in a cell. I'm not sure how many; it's several times. I have to stop to figure it out. But prison itself: I've been to prison four times. And I'd like to point out that I did seven days in prison because I refused to wear a mask at the municipal court. That's the only reason. That is, I went to the municipal court for a trial I had and I refused to wear a mask. Since I was being tried for a mask-related offence, it was clear to me that, in order for there to be any chance of a fair trial, the judge had to at least allow me to proceed through my trial without a mask. If it was impossible for me to participate in my trial without a mask, then I was already convicted. And the judge made the mistake of holding me for seven days. And that's it, I was in prison for the seven days of my whole trial because I didn't wear a mask. I spent three months, three weeks in prison.

Chantale Collard

Can we say it was for this offence?

François Amalega

No, because I went to prison four times, the fourth time being three months, three weeks. And that time, it was because I'd been arrested: they'd given me a condition not to be within 300 metres of the Prime Minister.

Chantale Collard

Okay.

François Amalega

But on January 16, 2022, the Prime Minister was supposed to go on "*Tout le monde en parle*," [a Radio-Canada program] and we organized a demonstration around that appearance because he had to pass by that way. And the police arrested me, saying I hadn't respected my condition. They put me in prison and then wanted to release me a few days later with other conditions so that I would have to wait. At that point, I told them I wasn't a criminal. If they think I'm a criminal, they should keep me in prison but if not, release me unconditionally. So that's how I spent all that time in prison, by refusing the conditions. In the end, I was released unconditionally.

Chantale Collard
You were released?

François Amalega
May 9th.

Chantale Collard
May 9, 2022?

François Amalega
Yes, I was arrested on January 16, 2022 and released on May 9, 2022.

Chantale Collard
Released or acquitted?

François Amalega
I had four trials, of which two trials were in prison, both of which I won.

Chantale Collard
So won: we're talking acquittal.

François Amalega
Acquitted, yes. But the verdicts for my other two trials came after my release from prison.

Chantale Collard
What were the verdicts?

François Amalega
This is what demonstrates the political aspect. Because the first two trials, at which I was acquitted, were much more delicate than the other two, which were very easy to prove. Except that when I got out of prison, I had interviews with several influencers where I said that: "I won the trials, I was right." And I think that, to teach me a lesson, they had me lose the other two trials. Because in one of the trials I had four counts against me: I was acquitted for three and convicted for one. And with the other last trial, I was also convicted and sentenced to probation.

Chantale Collard
Okay. Were there any convictions other than probation?

François Amalega
So far, all I've had is probation.

Chantale Collard

Probation for what? Keeping the peace?

François Amalega

I was told: You have to keep the peace; you cannot disturb the public order.

[00:25:00]

Yes, generally, that's the probation they gave me for most of these trials. But I'd still like to say that, when I was in prison, those were times— I didn't always have access to all the privileges of other prisoners. For example, in prison, the quality of the food and all isn't good. For example, there's a canteen you can order from. And I was ordering from the canteen but my orders only started coming through towards the end of my time there. I had the same outfit for maybe 40 days. I had the same clothes on my body, meaning it was the same garment I had on my body, and the conditions were really humiliating.

Chantale Collard

Discriminatory, would you say?

François Amalega

Yes.

Chantale Collard

Compared to other inmates?

François Amalega

For example, one day— Because it happens that prisoners hide drugs, they hide weapons, they hide telephones; there's a lot of trafficking going on in prison. And to catch the prisoners, what they do is sometimes—since there are the cells and there is the common area—they make unannounced raids. So when we're in the communal area, they just turn up and pick out four or five cells and search them. And it's random searches like that, which allow them to find things. And there was a day when they went into the prison—that day, I was watching a chess match; and that's one of the positive things I've learned, my chess level has improved a lot— So that day, I was watching a chess match and they came. They went around and they entered a single cell: one single cell. And just when they were entering the cell, a prisoner there said, "But why are they in the cell of the conspiracy theorist?" Because he knew. So they went into my cell—just my cell—they turned everything upside down. And then they ransacked everything. Just my cell. They didn't ransack any other cell.

Chantale Collard

How did you get through that period? Because it's really difficult: you're in prison, you're already getting unfavorable treatment, but now, on top of that, they're only ransacking your— How did you get through that? It's undoubtedly a struggle.

François Amalega

It's a huge struggle, but the problem is that I knew I had exposed myself to all these attacks. And the problem is that we mustn't give them the chance to think they're winning because in reality, they're not; because in all they are doing, they're exposing themselves. And I'd like to take this opportunity to say that, for example, at the beginning of this month, I received a letter from a bailiff for the \$98,000 I owe—because I've already been sentenced for \$69,121.69—and for that they're proposing that I do 817 hours of community service. And if I don't, they're going to put me in prison.

Chantale Collard

What are you going to do?

François Amalega

As far as I'm concerned, I'm not going to help them sweep their crime under the rug. Because it's important to know that on May 12, 2023—today—the Quebec government is still prosecuting people for non-compliance with health measures, so it's not over yet. Because right now there's a possibility of arrest, and not only that: there are other people who have, for example, made agreements with the government. I'm not condemning them—people live in different situations—but the government is collecting money. In other words, there are people who have decided to pay \$50 every month for this. So that means that COVID-19 isn't finished: because they haven't stepped back from it.

And I can't wait to see the judge who's going to sign my arrest warrant. Because the judge who's going to sign the arrest warrant is definitely condemning himself. I have fully forgiven all the people who, in their confusion, committed acts in 2020 and even in 2021. But the judge who, in 2023, signs my arrest warrant—of course, I will surrender peacefully—but that judge, Quebec should clearly remember that this man has written his name among the greatest criminals of all time. This is not a game, because when he signs my arrest warrant, it's not because I was driving 120 kilometers an hour and hit a pregnant woman. No, no, he's going to sign an arrest warrant because I didn't wear a mask in the demonstrations, because I didn't respect the curfew, and so on. So that means that, in 2023, this judge will be saying that the government was right to do what it did. So it's important to know, and even those who are collecting the \$10 and \$20: they're condemning themselves now because things can't stay the way they are.

[00:30:00]

So by refusing to take a step back and instead continuing to commit their crimes, they are definitely proving that they don't regret what they're doing. So I'm eagerly awaiting my arrest warrant and the first thing I'm going to get is the name of that judge. It's clear that Legault has been condemned, but that judge is also writing his name among the guilty, so it's very important that he knows that. And I think that before he picks up his pencil and signs, he should tremble and step back because it's not just Amalega François he is attacking.

I say this because there is, for example, the trial of Professor Patrick Provost which, for me, is not the trial of Patrick Provost: it's the professor against the science. In other words, someone doesn't even have to say things accurately, but the discussion must take place. Meaning that it's through the confrontation of ideas that the collective intelligence creates something that none of us would have achieved otherwise. That's why whoever signs my arrest warrant will be saying that he approves it.

But I think that if a judge is pressured to sign my arrest warrant—if he thinks there should be a debate on COVID, I'm not even saying if he thinks I'm right, no; if he thinks that, in 2023, we should take a step back and look at what's going on—if a judge is pressured, I think he should resign. So if a judge signs my arrest warrant, he should know that he has no excuse. We're going to forgive him in our hearts but we're going to make sure that he's judged to the full extent of the signature he's provided—because what he's about to do is very serious.

Chantale Collard

Absolutely. Listening to you, there aren't many people like that who follow through to the end. You're a man of principle and you've been called a lot of names, but today you have a chance to answer them, and you've largely answered. But there is one question: what do you say to all those who have called you a conspiracy theorist? What do you say to them today, on May 12, 2023?

François Amalega

I think that if a man refuses to let his wife look at his phone and his wife finds odd pictures of him, finds him acting strangely and such, and then he doesn't want to give his wife any explanation—he instead says she's crazy, he talks nonsense and so on, while his wife pieces together a puzzle, and it shows on her face that she knows something's wrong—I think this is just someone avoiding confrontation because he knows he's in the wrong. That's exactly the situation we're in right now and there are so many factors.

And I say this: COVID-19 is a medical issue, but then there is the “Lancet-gate.” In other words, you see an article appearing in the world's biggest academic journal saying that hydroxychloroquine doesn't cure it, for the purpose of discrediting Raoult and all the people who are with him. But afterwards, we realize that the data are false and it is retracted; and we even realize that the director of human resources is a porn actress. And *The Lancet* writes afterwards that they made a mistake. Meaning: I don't need to be a doctor to see that it's a commissioned article.

I don't need a mistake to see that the article from someone like Ferguson—who encouraged compliance with health measures— was later found to be false. And you find that during the health measures, he committed adultery twice with a married woman, disregarding the health measures. I mean, when you see that, you think, “These people don't believe in it. They're talking nonsense.”

So when we gather all this evidence to say, “Look, your mandates are contradictory, there's no truth, and all that,” and then I'm told that I'm a conspiracy theorist— But as soon as you refuse to have a debate, a discussion, as soon as you create murkiness in a subject, it's clear you favour the other. So among us who contest the measures, some are moderate, others are a little less moderate, others go far. But all this happens because of the lack of transparency. So if someone believes even very serious things, that is much more excusable than the government making things deliberately opaque. So no, I think the word “conspiracy” is just a word created by weak people to discredit solid arguments against them.

Chantale Collard

The argument of the weak: labelling.

François Amalega

Absolutely. It is the argument of the weak. In fact, they're the weak ones. We're much stronger than they are because we're in the truth. Listen, if you do something bad, the look in a five-year-old's eyes will make you tremble because you're wondering, "Did he see what I did?" So that's the situation we're in right now.

[00:35:00]

They can have all the weapons they want but I don't think they have that many. They mostly operate through intimidation. And one of the lessons I've learned from this is that in the fight for justice, you can't be moderate. You can't be moderate because it's with the use of microaggressions that they just keep gaining ground.

Personally, I think that perhaps I ought to have been a lot more vocal from September 2020 onwards because I was only posting on my Facebook and chatting with friends and such. But the issue is that when you don't allow microaggressions and you stop things early on, these people will also have difficulty moving forward. They're nothing but people who work through intimidation, lies, that's all. They don't have any more power than that.

Chantale Collard

Thank you.

François Amalega

Thank you very much.

Chantale Collard

Thank you. Listen, maybe I'm like many others. I listen attentively and your words carry an air of truth and authenticity that we very rarely see in people. Perhaps our commissioners will have a few questions for you.

Commissioner Massie

Thank you, Monsieur Amalega, for your testimony. My question, in fact I only have one, is: Where does your inner strength come from? Does it come from your culture? Does it come from your personal journey? What gives you the courage to express your opinions with such firmness and kindness?

François Amalega

I think there are two main things: there's my faith in God, and there's also the fact that I've been exposed, in a way, to untruths. In fact, I've been convinced that certain things that are officially said are not true. That did predispose me. Personally, I followed things like the Kennedy assassination. When I was growing up, we were told that the ozone layer was going to disappear and that the world was going to burn and all, and September 11th and all that. There were a number of things that made it clear to me that what we were being told wasn't true.

And then, I remember when I was at Brébeuf, I asked a colleague—since I had had discussions with this colleague on a number of subjects—and one day I said to him, “What is the unfinished pyramid doing with the little eye on top of it on the one-dollar bill?” One day, I asked him, “I want you to explain that to me.” I don’t have an explanation but I said to him, “How do you explain that?” So I mean, there is the fact that I’m exposed to these things that have no explanation.

And the biggest problem is telling people there are bad questions. When I go into a class as a prof, I tell my students that there are no bad questions because I hope that when the student leaves the class, he won’t say Monsieur Amalega told him such and such. No. But rather, that he’ll say, “This is true because I can prove it.” So the fact is that I had been exposed and it was clear to me that there were a lot of things being said that weren’t true.

And then, the second thing too: I believe in God. And for me, human authorities are very important: I believe they are appointed by God. They are very important and must be obeyed, but they themselves are answerable. So that means there’s an authority above human authorities; and for me, that’s a very important thing.

Commissioner Massie

Thank you very much.

Chantale Collard

Thank you again on behalf of the Commission. There is one question.

Commissioner DiGregorio

Pardon me, I’m going to ask my question in English; Doctor Massie will translate. You spoke about your time in jail and how you were treated differently from the other inmates. And I’m just wondering if you know what crimes those other inmates would have been in for, what types of crimes?

Commissioner Massie

So the question is, you spent time in prison and, according to your testimony, you were treated differently from the other prisoners who were there.

[00:40:00]

And the question is: What kind of crimes did the other prisoners who were in the same place commit compared to your crime?

François Amalega

So Bordeaux prison, one of the prisons that I was in for three months and three weeks, has two types of prisoners. There are prisoners who received sentences of two years less a day. Generally, it’s theft, things like that, or someone who was perhaps violent towards his wife, arrested, and then sentenced. And there are those who are awaiting trial. So they’ve been deemed dangerous; they can’t release them, they’re waiting.

And there, I met people who had committed murders, who had killed several people. So there are people who have committed murders. I remember once talking to a guy who was

very big, very strong. He was there because he had hit a gentleman who ended up in a coma. So he had hit him; he was very violent and everything. Listen, it's really— There are several people who committed horrible crimes inside. They dealt drugs, they did things. And all these people are there, in prison, and you have to be there with them because you refused to submit to health measures.

I believe that the government and all these people have committed crimes. We all want to turn the page, including me, but the problem is that if the page is turned without having resolved the issue, that means more harm can be done in the future. So we mustn't turn the page without really— That's why I think a commission like this is so important. Crimes must be identified. Things have to be stated clearly.

Commissioner DiGregorio

Thank you. Merci.

Commissioner Kaikkonen

Thank you for your testimony. I'm just wondering if you think there's a spiritual climate change that needs to be addressed in this country?

Commissioner Massie

So the question is, should the spiritual crisis we're currently experiencing in our society be examined, or at any rate, should we try to find solutions to this spiritual crisis?

François Amalega

Honestly, I do. I believe that creating a purely material world in which people have no hope is brutal. And I think this is sustained. It's sustained because—at least when I arrived in Quebec—when I wanted to talk, people told me that we don't discuss politics and religion. But this is quite extreme because politics and religion are the most important subjects in society.

When we don't discuss politics and religion, we can talk about hockey, we can have fun, we can do anything and everything. Yet politics and religion are still the main subjects because, even when someone says that they don't believe in God and they're an atheist, that is a religious subject. I mean, when you exclude all that, it means you're excluding very important subjects: politics, religion. The rest are low-grade subjects. We're just having fun, laughing with each other and all that, but it separates people.

And what really happens is that the government takes God's place. As a result, some people have nothing else because there's nothing beyond the government. So without necessarily having one religion—because I think it would be a bad thing for one religion to dominate; it would be pointless—but I think that driving faith and religion out of the public square is a job that has been and continues to be carried out methodically. And I think it produces people who put all their hope in the material world and in their lives. And I think they'll do anything to keep that, because they've lost all hope. And I think it's something important.

Commissioner Kaikkonen

Thank you, merci.

Chantale Collard

François Amalega, thank you sincerely, from the bottom of my heart. Your testimony has touched many, including myself. We understand that it's a spiritual battle—I wouldn't say that you're fighting but that you are firmly rooted in your values, in your convictions—and the truth will most certainly come out.

[00:45:00]

I won't tell you: "Let's keep going." I'm going to tell you, "Carry on, carry on!" And by all means, you've given us hope today. Thank you.

François Amalega

Thank you very much.

[00:45:50]

Final Review and Approval: Erin Thiessen, November 12, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE*

Witness 14: Shawn Buckley

Full Day 2 Timestamp: 11:03:24–12:01:45

Source URL: <https://rumble.com/embed/v2ktd8s/>

[00:00:00]

[inaudible to 00:00:18]

Louis Olivier Fontaine

So tonight, we will have a testimony by Mr. Shawn Buckley. So good evening, Mr. Buckley.

Shawn Buckley

Good evening.

Louis Olivier Fontaine

First of all, I will ask you to identify yourself by stating your full name.

Shawn Buckley

Yes, my name is Shawn Patrick Buckley.

Louis Olivier Fontaine

Okay. Now, I will swear you in. So I will ask you to swear to say the truth, the whole truth, and nothing but the truth.

Shawn Buckley

I do.

Louis Olivier Fontaine

Tonight, the object of your testimony will be the changes to the drug approval test for COVID vaccines.

* Because the testimony took place entirely in English, the transcript is drawn from the English language video, which can be heard without a French voice-over – editor.

Maybe first of all, I will ask you to explain how your background is relevant to this testimony, this presentation.

Shawn Buckley

Okay. Before I do that, can I just deal with a bias issue?

Louis Olivier Fontaine

Yes, of course.

Shawn Buckley

Yeah. The Commissioners and some people that will be watching will know that I've been counsel on these matters at some of the hearings, and also that I've been involved in some of the organization of the National Citizens Inquiry.

And so the bias issue is that when you know somebody, and especially if you might have positive feelings or work with them, you're more inclined to find them believable. So it's kind of like a positive bias that we need to guard against. I wanted to get that out in the open, both for the commissioners and anyone watching, to basically be aware that there is that bias. It kind of forces you to take the position where you're not going to find me credible, but you have to apply your critical thought before you accept my testimony.

Now, the one saving grace is that I'm really just talking about: What does the law say? So I'm going to throw some slides up saying, "Well, here's the drug approval test normally and here's the test that was substituted." And this is very easy for anyone to verify.

So my testimony is going to be very technical. And then also, we have entered—as Exhibits QU-2 and QU-2a—a French and English version of a discussion paper that I had written on this subject for a non-profit association called the Natural Health Products Protection Association. And at the end of that discussion paper, there are links that make it very easy for people to follow to the drug regulations, to this interim order that I'm going to discuss.

We wanted to have another lawyer who is a drug approval expert come and testify but they're far and few between, and none of them have actually looked into the interim order that we had contacted. So here I am as the only one I know of in Canada that's looked at this issue. But it's so pressing that we felt the need to put this evidence in front of the commissioners and the public, but have those caveats in place.

To my background: I was called to the bar of British Columbia in February of 1995 and I've been a member in good standing ever since. Very early on, so probably starting about 1995, I started to have clients dealing with *Food and Drugs Act* matters. And probably 40 to 50 per cent of my entire career has involved dealing with the *Food and Drugs Act* and Regulations, largely defending companies and practitioners that practice alternative medicine and, specifically, manufacture or sell natural health products. I think there was about a seven-year period where I defended everyone that had charges in Canada that would fit into that description, so I've got extensive experience. I've been called as an expert in food and drug regulation on the Standing Committee of Health; I've been called as an expert in constitutional law in the Senate, so I've got a lot of experience in the area.

Louis Olivier Fontaine

So how many lawyers would have that kind of experience in Canada, according to you?

Shawn Buckley

Well, as far as defending people, I probably stand alone.

[00:05:00]

With my level of expertise in the *Food and Drugs Act* and Regulations in the area of natural health, I'm probably number one. But generally, if we were to move more into the new drug approval process, I would guess about ten.

Louis Olivier Fontaine

Okay. So the first question I would be asking you would be: What are the normal regulatory requirements for the approval of drugs such as the COVID vaccines?

Shawn Buckley

Well, okay. So now, assuming that nothing happened— Because the approval of the COVID vaccines became a political issue, not a health issue. So if that hadn't happened, we have new drug approval regulations. For a condition like COVID, you would fall under the new drug approval process, and anyone wanting to look at the drug regs you'd look at C.08.001 and just go from there. As long as you're at C.08, you're in the zone.

And they're very simple. What you basically need to approve generally, to get market approval to introduce into the human population a new drug, is you have to prove it's safe. So you have to establish its risk profile. So how safe is this? You've got to completely satisfy the Minister that the drug is safe. And then you have to deal with its benefit profile. Is it effective? Does it work? Because there's no point introducing in the human population a drug that doesn't work for the purpose you're trying to use it for.

And then, although it's not written into the regulations, the third thing that happens—and it happens as a matter of common sense—is: now that we understand the risk profile, and now that we understand the benefits profile, do the benefits outweigh the risk? Because, again, there's no point allowing a drug onto the market if the benefits don't outweigh the risk. Now, one thing that people need to understand: you cannot get to the risk-benefit analysis unless you've established the safety profile and unless you've established whether it works. If you haven't gotten there, you can't do a risk-benefit analysis, and pretending that you can is a fraud. I just point that out because these three things are the minimal requirements for a health decision for drug approval.

So if the purpose is deciding, "Do we allow a drug onto the market or not?" the minimum requirements, if you're actually making a health decision, is establishing whether it's safe, establishing whether it's effective, and then doing that cost-benefit analysis where the benefits outweigh the risk. Anything shy of that and you can't call it a health decision. It's how we know that— it's one of the things we know that tells us this was a political decision to approve the vaccines.

And I'll just go on and explain. Here, I've just set out what the regular process is, but the Trudeau government made a political decision that they wanted all of Canadians to become vaccinated. And I say this with— And I'm going to use this interim order as an example but

I mean, we lived through mandates. So we had the federal government tell us that we couldn't fly or go on a train unless we had a vaccine. They told us that we could not be federal civil servants or contractors for the federal government unless we took the vaccine. They used fiscal and other means to encourage provinces to follow suit and to encourage private industry to follow suit. And we've had public health officers, both provincially and federally, say the mandates were in place to encourage people to get vaccinated. So we know there's a political decision to try and get every Canadian vaccinated. Well, we have a problem with our regular drug test, because if we're going to apply the regular drug tests to the COVID vaccines, they have to be able to pass that test. But if you're making a political decision, then you've got to come up with another test.

So on September 16th, 2021, an interim order was made. Now, our *Food and Drugs Act*, section 31.1 has a provision that allows the Minister of Health, in certain conditions, to exempt a drug or a class of drugs from the application of parts of the Act and Regulations. And so the Minister of Health made an interim order under section 31.1 of the *Food and Drugs Act*,

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basically setting out that COVID-19 drugs, which includes the vaccines, don't have to go through the regular drug approval process. And it actually then created a different process— so a different set of laws— that applied only to COVID-19 drugs. Now, the Minister of Health can make the order, but it's only good for 30 days unless it's approved by the Governor General in Council. Now for those of us that aren't lawyers, when you read "Governor General in Council," you know that means the federal cabinet. So the Prime Minister and the other ministers: Minister of Health, Minister of Finance. That's for colloquial terms: the Governor General in Council. So the Trudeau government, the Cabinet, made a decision to approve this order and it was approved and it was published in the Gazette, so it's good for a year.

Now, basically, the order tells us that this is a political decision. Because what the test is— And I'm going to put it up on the screen and show you in detail, but it doesn't require proof of safety. In fact, the word "safety" isn't even mentioned in the test. It doesn't even mention safety in the test, which we'll all find interesting from our messaging, right? Because we've been told the vaccines have been proven to be safe and effective. I'll explain that that's political messaging. So there's not a requirement for the drug companies to prove that the vaccine works. In fact, the word "efficacy" or "works," that type of language, isn't in the interim order at all.

A couple of other interesting things happen that tell us this is a political decision to get Canadians vaccinated. The interim order exempts the application of certain parts of the drug regulations. Now, in Canada, you cannot import a drug unless it's been approved of by Health Canada. So if you're making the drug in Canada, you've got to get it approved before you can sell it, but you can't import finished drugs for human consumption unless they've already been granted market approval. Well, this interim order exempted the federal government from this so that the federal government could purchase, import these vaccines, and distribute these vaccines before they're approved.

Understand what happened is: the federal government imports COVID-19 vaccines; the Canadian government distributes them to the provinces; and they're not approved. And this is written into the interim order before anyone has filed a submission to have the vaccines approved. So the federal government, the Cabinet—when they're writing this, they have no idea whether these are safe. They have no idea whether they're effective. They

have no idea whether this is a good idea or a bad idea when they write this law, and they wrote themselves into a conflict of interest. It's a bit of a conflict of interest to import a whole bunch of drugs, distribute them through the provinces, and then wait for yourself to approve them. But if it's a political decision, then this makes perfect sense.

The one that really I find interesting is, in our regular drug approval world—and its regulation C.08.006—the Minister of Health has a really, really important power that should never, ever be taken away. And the problem we face is that the Minister can approve a drug for the market. But what if we learn after it enters the market that it's unsafe? I mean, Vioxx comes up as an example where we learned after the drug was approved that it was causing deaths and it was eventually withdrawn from the market. So this regulation C.08.006 allows the Minister to withdraw from the market a drug that's already approved for several reasons. So for example, let's say subsequent evidence shows it's not safe. What if subsequent evidence shows that it's not effective? What if it comes up that fraud was used to get the drug approval? The Minister can withdraw the market authorization. But curiously—and listen carefully, because you have to ask yourself how this is in the public interest—for COVID-19 vaccines, this interim order, this new way that they're going to be approved, took away from the Minister for a year the power to withdraw the vaccines from the market if subsequent safety concerns arose, or if evidence came to light that they didn't work,

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or if evidence came to light that the application was based on fraud. Now, that's not a health decision, to remove that power from the market. It tells us that the decision to approve the vaccines was a political decision, not a health decision. Now, if you don't mind, I'll just walk through and actually show people the law because it's quite shocking.

Louis Olivier Fontaine

Go ahead.

Shawn Buckley

David, now if you could throw the slides up [Exhibit QU-2b].

So the first slide, all this is, is every time Health Canada approves a vaccine, they create a webpage for it, where they put the information about the approval and other information. And I've just taken the French and English first page of the Pfizer vaccine to use as an example and I've highlighted the first sentence. Now, I can tell you— I mean, I took these screenshots maybe last week. The date will be on the bottom of there, so it's in this month. But if you had looked last month or a year ago or two years ago— As long as the Pfizer page has been up, it starts with the same sentence. And that sentence is: "All COVID-19 vaccines authorized in Canada are proven safe, effective, and of high quality." And that bold is Health Canada's bold. I put the highlighting on, but they've put this in bold.

Now, I've already told you that these vaccines are approved under a test where you don't prove safety and you don't prove efficacy. So you might wonder why that language is there, but that language is political messaging. And it's essential political messaging. Because if you made the political decision that you are going to try and get every Canadian possible vaccinated, you have to have political messaging that supports the decision. And this is the minimal political messaging that will support Canadians getting vaccinated.

Could you imagine if Health Canada communicated the truth that the vaccines are unsafe? Or what if they said, "We don't know if the vaccines are safe?" That is not messaging that is consistent with getting your population to take the vaccine. What if the messaging had been "Well, the vaccine isn't effective." Or "We don't know that the vaccine is effective." That's not messaging that is consistent with the political decision to have people vaccinated. A lot of us have been confused, within the drug approval world, with messaging like this. And it's just simply a failure to realize that this is political messaging that is absolutely necessary. It's essential for the political goal, which was to have us vaccinated. And I'm not second-guessing the political goal. I'm just pointing out that that's what this messaging supports.

Now, the next photo: I want you to pay close attention to that rabbit. Because when I'm done this presentation, that's going to be your expression. You're going to— Your mouth is going to be open. And if you had paws, they are going to be grabbing the ground in sheer terror.

So this I've already said, I've pulled this out of the discussion paper. But it's just where I point out and I've highlighted what I've already explained to you. But there's maybe a couple of other points I can make before we go on to the actual text of the legislation. So I've said, "Listen, you've got to prove something safe. You've got to prove it's effective and you have to prove the benefits outweigh the risks." But where I could strengthen this is I've put in here the word, "objective." So they've got to objectively be proven to be safe. And we will go into the legislation where this is very clear, and there's got to be objective evidence that they work. And I think I've already explained the cost-benefit. You cannot— You just simply can't do that analysis unless you've proved safety, unless the risk profile is known, unless the benefits profile is known.

So this is the test. We just have the French test— This is straight out of the drug regulations, the French test on the left and the English test on the right. So C.08.002(2): "A new drug submission shall contain sufficient information and material to enable the Minister"—and this is the important part—"to assess the safety and effectiveness of the new drug, including the following—" and then there is a long list. You know, right down to ingredients and brand name and things like this.

Now, I'm going to get to— I've reproduced g) and h), which are two parts.

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But that red part is really the important part. You have to understand that in the regular drug approval process, you've got to do all these things, but they are to help the Minister assess the safety and effectiveness of the drug. That's what the Minister's looking at: safety and effectiveness. Everything you do in the new drug approval process is to give the Minister sufficient information to enable the Minister to assess safety and efficacy. I put ellipses there because, like I say, there's a), b), c), and a whole list of things, but when we get to g), remember the word "detailed reports." So this is our regular process: "detailed reports of the tests made to establish the safety of the new drug."

So in the regular process, to enable the Minister to assess safety and efficacy, which is what it's all about, you've got to have detailed reports about safety and h) substantial evidence of the clinical effectiveness. So "substantial evidence," and this is, again, to help the Minister assess safety and efficacy. The point I'm trying to make is: in the regular test, it's all about safety, it's all about efficacy, and it's robust evidence. We're talking detailed reports, substantial evidence.

So I've told you, "Okay, but wait a second. This doesn't apply to COVID-19 vaccines. We have a new test." I'm just going to jump it. So back—remember we see this C.08.02? I'm jumping up two slides and I've just moved it to the bottom left, okay? So bottom left, that's what we just looked at. And if we move to the bottom right, we are now looking at the interim order and what it's supposed to focus on. And I put in red what's important here.

So on the left, our regular drug approval test, it's all about "sufficient evidence and information materials to enable the Minister to assess the safety and effectiveness of the new drug." Under the interim order, "contains sufficient information and material to enable the Minister to determine whether to issue an authorization." Do you see the word "safety" or "efficacy" there? So safety and efficacy is the focus under the regular test. But for COVID-19 drugs under this interim order, the focus is just: can we enable the Minister to issue the authorization?

Now remember, this is a political decision. And there's a long list of things to provide here. The only thing in that list concerning safety and efficacy is this o): "the known information in relation to the quality, safety, and effectiveness of the drug." Compare that over to the other side, g) detailed reports, substantial evidence. So instead of detailed reports on safety, instead of substantial evidence of effectiveness, the only requirement is to give the known information in relation to the quality, safety, and effectiveness of the drug.

It gets worse. Because you don't even have to provide the known information. Under the interim order, section 3(2): "If, at the time an application is initially submitted to the Minister, the applicant is unable to provide information or material referred to—" And then there's a list and I've highlighted (o). You basically don't have to. You just have to, in your application, explain to the Minister how you're going to get it to the Minister later on.

It's shocking.

Now, the next slide: this is the test. And I've highlighted the words "must issue," because this is really important. Remember, the focus isn't safety and efficacy, it's whether or not the Minister can grant an authorization. Now 5, it says: "The Minister must issue an authorization" basically, if these a), b), and c) are met. It's not "may." And the Minister's Health Canada. It's not like the Minister of Health sits down and does this, it's the Health Canada bureaucracy that does this.

So Health Canada must issue an authorization if this test is met. Now what's important about this is: Health Canada could believe it's not safe. Health Canada could believe the vaccine doesn't work. Health Canada could believe this is a bad idea, that the benefits do not outweigh the risk. And yet if this test is met, Health Canada has to, by law,

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issue a market authorization for a COVID-19 vaccine.

Now, the first one, a), just basically refers to—we've already looked at 3, you've got to do this submission. So that doesn't really concern us. The second one is, there's some sections where the Minister can ask for some more information. The real test is c). So c) at the bottom, I'm just going to bounce ahead two slides where that's bigger. But c) begins "the Minister has sufficient evidence to support the conclusion—" That's the test. This is the wording that the COVID-19 vaccines are approved under.

So I'm just going to skip ahead to where I have that bigger. We've got the French wording on the left and the English on the right. I should just say that the French wording in the interim order is different. And it's a little different than that, and if you look at the French discussion paper, it will become apparent. In Canadian law, if you're trying to figure out what the meaning of a law is you look at both the French and the English versions because they're of equal value. And you're supposed to use both to inform yourself of what the meaning is, and that's what courts do. I'm going to show you later on that Health Canada, for the purposes of approving COVID-19 drugs, have full stop used the English wording—so the test as it's set out in English. I'll show you a piece from an affidavit where that is crystal clear. But I just wanted, for the purpose of the presentation, how anyone pulling up the French version will see that it's a little different than the first point I make in English.

This test begins: "the Minister has sufficient evidence to support the conclusion—" And I'll just stop there because this is really clever language. And this is language meant to deceive us and this is language that tells us this is a political, not a health, test. Because if you were— and remember, the Minister is Health Canada— if you were supposed to prove something to the Minister, it would read, "The Minister has sufficient evidence to conclude." So do you understand this? Let's say Pfizer's making an application under this test. If Pfizer has to convince Health Canada of anything, it would read: "The Minister has sufficient evidence to conclude."

I put this on the next slide. You see on the indenting there, the English side is on the right. The wording in the test is, "The Minister has sufficient evidence to support the conclusion." That doesn't mean that Pfizer has to convince Health Canada of anything. If Health Canada had to conclude this, if it was an objective test, it would read where I have that indented below: "the Minister has sufficient evidence to conclude." And this is important. Because if Pfizer has to prove something to Health Canada, if it read, "the Minister has sufficient evidence to conclude," we may still be in an objective test. We may. But what does "sufficient evidence to support the conclusion" mean? I went to a dictionary; I went to a thesaurus. I mean, "conclusion" is synonymous with "argument." Like, I think we're in a pure subjective test here: the Minister has sufficient evidence to support the conclusion, not even their conclusion. So it means Pfizer just has to make the argument for what follows.

Let's go back to the test. So what follows then? "The Minister has sufficient evidence to support the conclusion that the benefits associated with the drug outweigh the risks, having regard to the uncertainties relating to the benefits and risks and the necessity of addressing the urgent public health need related to COVID-19."

Whoa, that's clear, isn't it?

I'm just going to jump ahead. One thing that's really interesting to note there— And like I say, this is the test. Not only does it not require there to be proof that the vaccine is safe, the word "safety" doesn't even appear in the test. The text is there for you to read. The word "safety" doesn't appear at all.

Jump to the next slide. We can say the same with "efficacy." So not only does the test not require proof that the vaccine works,

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it doesn't even have language. It doesn't have the word "efficacy," or "works," or "effectiveness."

Now, I'll just stay at this slide. It uses risk-benefit language, which is again clever— whoever drafted this spent a lot of time. So it uses risk-benefit language without actually requiring there to be proof that the benefits outweigh the risks. And it's subtle, you have to look at it for a while. And remember I was pointing out, you actually can't do a risk-benefit analysis if you haven't established the risk profile, you haven't proven safety, and you haven't proven efficacy. You haven't set out the benefit profile. It's impossible to do a risk-benefit analysis without establishing the risk profile and the benefit profile, which is what you do in the regular test. But again, it's not that the Minister has to conclude; there just has to be an argument that the benefits outweigh the risk. Now, I'll stop.

In the regular drug approval world, if Health Canada's not sure: "Wait, I don't know if this is safe. I've got evidence suggesting it's safe, but I'm really unsure," it stops there. You're not going to get a drug approved if Health Canada isn't confident, reasonably confident, about what the safety profile is. And the same with efficacy. In the regular drug approval world, if Health Canada finds itself after reviewing an application: "Well wait, there's some evidence that shows it works, but it's really not clear, I'm not sure." If there's any doubt, it stops there. They're not going to let a drug into the human population when they're unsure. And yet here, because this is a political test— Remember I told you the bare minimum for a health test? Understanding safety, understanding efficacy, and then doing a risk-benefit analysis: that's the bare minimum. I mean, I could sit here for two or three hours and explain how that's really even insufficient for good health outcomes, but that's the bare minimum for a health decision.

But this test tells us this isn't about health. So after it tells us, "support the conclusion that the benefits associated with the drug outweigh the risks," listen to this next part: "having regard to the uncertainties relating to the benefits and risks." In the regular world, if there's any uncertainty about benefits and risks, there's no way there's approval. But here, Health Canada is being told. And if Pfizer meets this test, they have to approve. Remember, there's no discretion here—this is mandatory. There has to be an argument that benefits outweigh the risks and, by law, you have to take into account that you might not know the benefits and risks. It's, "having regard to the uncertainties." And then it's kind of like— It's almost an impetus to approve because, by law, they have to take into consideration "the necessity of addressing the urgent public health need related to COVID-19."

Now, how does that end up in a drug approval test? Basically, telling us we have an urgent need. So you mean: we don't look at safety, we don't look at efficacy, we don't actually have to have proof the benefits outweigh the risks, and you're telling us to approve anyway? This is a totally subjective test. It's not objective at all. It can in no way be described as a health test, a test that's supposed to help us health-wise.

And this slide just explains what I just said. It uses risk-benefit analysis without actually requiring proof of benefit and risk. And logically, you can't do that. I mean, I basically call it a fallacious test because it is. The test is logically inconsistent with itself, if you understand drug approval regulation at all. So any lawyer that's a drug approval expert looking at this will go, "Okay, this has nothing to do with health. This is a political test." And I've already told you that the Minister had to approve if unsure.

Now, this slide is important because remember I told you, the French version is a little different than the English version. There was a Federal— There actually were a number of Federal Court decisions. And the Health Canada employee, Celia Lourenco, who was the final approval on every COVID-19 vaccine in Canada, she swore an affidavit that ended up in the Federal Court and filed T-145-22.

[00:35:00]

And in it, she discusses her approval of two of the vaccines. And this is her paragraph for the Pfizer vaccine. But her paragraph for the other vaccine is very similar. And I kind of cut out the first part, where she's given us the dates and stuff like that, and got to the juicy bit and put it in red—just to emphasize that she's clearly telling us she's using this test in the interim order.

“The evidence supports the conclusion”—oh, that’s our wording, isn’t it? —“that the benefits associated”—the test says, “with the drug,” well, they’ve just thrown in the name of the drug. So “the evidence supports the conclusion that the benefits associated with the Pfizer BioNTech COVID-19 vaccine outweigh the risks, having regard to—” Remember, the test is “the uncertainties concerning the benefits and risks,” which she tells us what the uncertainties are now: “having regard to a shorter term (median of 2 months) follow up of safety and efficacy at authorization.” That is a shamelessly small period of time, a median of two months, to assess safety and efficacy. And she carries on, “and the necessity of addressing the urgent public health needs related to COVID-19.”

So her affidavit is the smoking gun that tells the world clearly that Health Canada approved the COVID-19 vaccines using the interim order test. Because, make no mistake, Pfizer and the other companies could have applied under the regular test, but they didn't.

Now, there was a little bit of a shell game played. Remember in the United States, there was the Comirnaty kind of thing, where they applied under the regular test with a vaccine with that name but then they never made that vaccine available. So if you were getting the Pfizer vaccine in the States it was the one under the emergency order, but you might think that it was the one approved under the regular test.

We did it a little differently. We approved it under this interim order. But the way our law works is, if Cabinet approves an interim order within the 30 days and then it's gazetted, it only lasts for a year. So before the year ran out, what the Trudeau government did is they actually took the test in the interim order, they took most of the provisions—not all of them—and they moved them into our regular drug regulations. And they tweaked it a little bit, but the slight tweaking of wording really is of no consequence. So now, in our regular drug regulations—that's C.08.001 and onwards—we have the regular test that applies to every other drug. And then we have this test from this interim order that applies to COVID-19 drugs.

And once these were added into the regular drug regulations, Pfizer and the other companies reapplied for a regular DIN, a regular Drug Identification Number, and it was reported in the media, “Well, they've reapplied under the regular drug regulations.” And so **everyone thinks they've gone through the regular testing when they just basically relied on having passed the same test that they were applying under before. So our smoke and mirrors on the Canadian public was a little different.**

This last slide is just again emphasizing the one point I made earlier. Because it truly is amazing to think that here the Minister—in our regular drug regulations—has the power, if a safety concern comes up or an efficacy concern comes up, to withdraw a drug from the market. But for a year that power was taken away from the Minister for the purposes of COVID-19 drugs. Now, that power's back now, that time period has expired. But if this was about health you'd go, “Well, that's not consistent with health, withdrawing that power.” But if you understand, no, this was a political decision where we wanted Canadians to get the vaccine, and it wasn't a health decision, then it makes perfect sense.

So that's really all I wanted to say. I didn't need to be long or anything like that. And I think I stuck to what the law said.

[00:40:00]

So people can verify and go and check out that this really is the wording and what I'm saying really is in there.

Louis Olivier Fontaine

So thank you, Mr. Buckley. Maybe the Commissioners have questions for you.

Okay, no questions, so— Oh, sorry.

Commissioner DiGregorio

Thank you, Mr. Buckley, for giving us that presentation.

As a lawyer and as a tax lawyer, I read legislation all the time and so I'm very familiar with the tricks that can be played with words and how important every single piece of word in a legislative test is. You mentioned having to prove something versus just having an argument for something. You discussed having a requirement for the Minister to approve something versus just giving the discretion to the Minister to approve something, and so what you've demonstrated to us here is really quite shocking to me. Sorry, that's not a question, that's just my first comment on what you've said to us.

So, if I can just take you back a little bit to the regular drug test and the three requirements that you talked about—which is, proving safety, proving efficacy, and then doing a risk versus benefits weighing—who is it that those things have to be proven to? I know you said Health Canada, but is there a board established that does that or what does that look like?

Shawn Buckley

I think it depends on the drug and kind of the severity and ranking. Health Canada has a number of drug-approval scientists. For a regular application, it would just go to one of those scientists. I mean, it might be a collaborative effort. The COVID-19 vaccines, my understanding from Cecilia Lourenco's affidavit was, I think there was a team of 23 people—it was 20-something, I think it was 23— that she said her team was. And then they also seem to rely on recommendations outside of Health Canada.

Now, the interesting thing is, it depends— Again, because drug approval has been political for a long time— I don't know if you're aware of a former Health Canada drug approval scientist Shiv Chopra. He and I became friends. He's deceased now, but he wrote a book called *Corrupt to the Core* about Health Canada and he had become a whistleblower and forced the Senate to call himself and three other drug approval scientists to the Senate about, basically, corruption at Health Canada. One of the drug approval scientists, Dr. Margaret Hayden, gave an interview to the CBC after testifying in the Senate. And she said something that should concern all Canadians. She basically said, "Look, after you've been at Health Canada long enough as a drug approval scientist, you basically learn how they're going to get around your decision not to approve a drug."

Understand, this is a drug approval scientist that's hired by Health Canada to basically apply this test about safety and efficacy. And that person concludes the benefits don't

outweigh the risks, this is a bad idea, we shouldn't do this. And then what happens is the management, who invariably are not doctors or scientists, will appoint an outside counsel—so outside of Health Canada—a panel of experts to reassess. And then that panel will approve the drug and you won't know who voted "yes," who voted "no," so there's no liability on this panel. There's no liability on the management, who doesn't make the decision, but based on the panel recommending that Health Canada will approve the drug. And she was saying, after you've been at Health Canada long enough, you know that's how they're going to get around their own people's decision that it's not a good idea to approve a drug. So we've been facing political decisions for a long time. This just went to a different level.

Commissioner DiGregorio

So perhaps that panel isn't necessary when you have an interim order.

I wanted to take you to the language on the website, the Health Canada webpage you showed us, and that particular bolded language about all COVID-19 vaccines are proven to be safe, effective, and of high quality.

[00:45:00]

And how you've shown us that that is inconsistent with even the language under which they've been approved in Canada. Should the website say that they've all been— What is the language, "there's sufficient evidence to support a conclusion that the benefits outweigh the risks," yada yada yada? Would that be a better statement to have on those websites?

Shawn Buckley

It would depend on the purpose of the website. So, if the purpose on the website is to support the political decision to have Canadians vaccinated, I think the language they have there is the minimal political language. If the purpose on the website is to communicate truthfully—basically, what was and what was not proven—then yeah, I agree that they should follow the language in Ms. Lourenco's affidavit.

Commissioner DiGregorio

Yeah, I'm not sure that all of the "safe and effective" messaging that we heard across the country in 2021 would have flown quite as nicely over the tongue if you had to repeat that entire giant test.

Shawn Buckley

Well, that's why I say this is the minimal, what's there is the minimal language for the political goal. Regardless of where you are in the conversation on COVID, who would support all these restrictions—which are premised on the vaccine being safe and effective? I mean, we're not going to accept restrictions on not being able to fly because someone didn't eat cornflakes. Nor would we because someone didn't take a vaccine that Health Canada is saying, "Well, we don't know if it works, and we don't know if it's safe." We wouldn't support any of these restrictions without the messaging.

So that's why, in my opinion, that messaging is the minimal messaging that's necessary to support the political decision.

Commissioner DiGregorio

My final question relates to the power that the Minister of Health has to make these interim orders to exempt drugs from the normal approval process. In your opinion, is there ever a reason that the Minister should have this power, or should the safety and efficacy tests that are in the Act or in the Regulations always need to be met when a new drug is introduced in Canada?

Shawn Buckley

Remember when Bruce Pardy was testifying in Toronto about how we've moved to an administrative state? And this is a relatively new section, so I'm guessing it's maybe been there 20 years. It was used similarly during this swine flu period and the interim order that kind of showed the way for COVID.

But no, in my opinion, if we are going to have a government that's responsible for things, then this should be done in Parliament. And if we really actually did have a crisis and Parliament was informed with the truth, I'm confident that we could handle things like we've handled things in the past. I mean, we've gone through pandemics and we've gone through wars and we didn't have the administrative having these types of powers.

If I can just segue: the Minister of Health now, and this happened in my career, was given the power to exempt any food or drug from any part of the Food and Drug Regulations. But there used to be safeguards. So when the power first came in— And this is administrative state creed. So the power first comes in, and the Minister can only do it if the Minister determines it's safe, and it has to be published in the Canada Gazette so that everyone can see. So let's say you were concerned about some food or some drug you are taking. Is this compliant with the Food and Drug Regulations? You could at least hire a lawyer like myself and I could go through the Gazette and see whether it's been exempted. But then they went further and basically permitted the Minister to exempt any food or drug, and the safety requirement was taken out, and the requirement to publish it was taken out. So now you couldn't even hire me to tell you whether any given food or drug complies with our Food and Drug Regulations.

And especially in the area of food regulations—I mean, it's basically accumulated wisdom. So let's say we want to introduce orange popsicles for the first time. Well, they have to be what we call "ultrasafe." And ultrasafe is just one death per million per year. So if there's 36 million of us, as long as only 36 children die with a certain level of orange dye in our popsicles, then that's ultrasafe and we'll approve it and we'll put that level in our food regulation. So it's kind of accumulated wisdom: we can't increase the amount of that dye or we'll kill 37 kids instead of 36 and that's not permissible.

[00:50:00]

But when you create a situation where you can't even tell if a food or drug complies with this accumulated wisdom, it becomes quite problematic. I have to tell you that, when they took that power away, the publishing requirement, I thought, what are they hiding? So I went back, and just on my own, okay, well, what are they exempting? And they were exempting all this—like, beer and wine and spirits and all of this allowing genetic stuff in, so I just I switched to European or organic beer. Yeah, because you just don't know what's in this stuff anymore.

So it's interesting. From a lawyer that's practised in the area of mostly drugs but also in food, because they interlace, it's troubling when you feel that the law no longer serves the populace—that it's actually become adversarial.

Commissioner DiGregorio

Thank you.

Commissioner Drysdale

You know, you talked about how the regulations were changed and the tests were changed within the regulation, but one thing I don't think you spoke about I'd like you to comment on, is that fundamental definitions and words changed. You said in one of your statements that words are important. And we've heard through days of testimony that the word "vaccine," the meaning was changed; the word, "pandemic," the meaning was changed; the word "biologic," the meaning was changed, because they took a genetic treatment, which was the mRNA biological treatment and said it was a vaccine, so it could skip certain requirements of revision. One of the favorite ones I've heard you say before is how they changed the word "snitch" to "ambassador" and the last one was "safe and effective."

They seem to have changed the fundamental meanings of these fundamental words. How do you account for that? Is that a lead-up to what happened?

Shawn Buckley

Well, I mean, the problem is— I think what we're experiencing truly is what Bruce Parry, or Professor Parry, described as the administrative state. And you can't just have a law that just on its face says something, or people will wake up, right? Which is why I'm suggesting that this political language is necessary. So when the state became adversarial against us, they started just passing, you know, playing these tricks.

Equally disturbing, and I can speak about it in the *Food and Drugs Act* area but it applies everywhere, is we've basically put the administrative bodies in the position where they can destroy any company or any person for perceived administrative wrongs without you ever seeing the inside of a court. So for example, in the *Food and Drugs Act*, they created a new term, "therapeutic product" because the populace wasn't willing to accept these penalties for natural health product manufacturers. But I mean, the Minister can make an order just saying that you're to do this or that and it's literally a million-dollar-a-day fines for violation. And I mean, they could destroy any small business and you never have the right to go to court, and it's never adjudicated.

I know years ago during the Harper administration, when Tony Clement introduced Bill C-51, An Act to amend the Food and Drugs Act, and then Harper introduced Bill C-52, this Consumer Product Safety Act, both of them had basically the same language to introduce all these huge penalties. And it's always in the name of safety. But when you give bureaucrats the ability to destroy businesses and people in the name of safety without there being a neutral arbitrator, there's a problem. And when I say, "safety is used as a weapon," because I'm involved in the natural health community, I campaigned on Bill C-51. And we got that where that has only come back in pieces over the last years, but an election was called and Harper reintroduced Bill C-52 and I wasn't fighting that. I vicariously fought that when the two bills were together and I remember— I don't know if it was Irwin Toy, it was some big manufacturer of children's carriages and toys and all of this called me and said, "Are you going to fight this?" And I was like, "No, I'm the natural health product guy."

[00:55:00]

Why aren't you guys fighting?" And he says, "The industry can't fight this. It's safety. We'd just get slaughtered in the press."

It's another example where it's this kind of, like— People have to understand that whenever the word "safety" is used by the government, they're being duped. I mean, if we were to back up 20 years and say, "What laws did we not have that we have now that we really needed?" Were we less safe 20 years ago? I'd argue we were more safe. And were we less safe 30 years ago? I'd argue we were more safe. And so the law isn't the answer. It's the application of the law. And we cannot be moving ourselves and—well, we're already there. We're in a full-on administrative state, where in pretty well every sector you can be completely destroyed if you tick off a bureaucrat. Yeah, and the rent-seeking is just outrageous, so.

Commissioner Drysdale

Well, that seems to be a trend and just— Because we've had this testimony earlier with regard to the *Broadcasting Act*, they've now given even broader powers to a regulatory agency, the CRTC, which they never had before. So that they now have the ability to crush individual content-makers. And in that instance, it's safety. They don't use the word "safety," they use "disinformation," "misinformation," and "Canadian content."

So is that another example of what we're talking about where, rather than writing a specific law, they're handing it over to a bureaucratic board?

Shawn Buckley

Now, I have to confess that I don't recall if they were changing penalties, but I do know that they were giving the CRTC authority over online content now and that the justification is to protect Canadian content and Canadian values. Obviously, I find that extremely threatening to give the government any more control over speech because, without free speech, you have tyranny. And it's one of the biggest problems. I mean, is an inquiry like this going to be legal in a year? Or are we going to be streaming online things that go against government values? I don't know.

It is funny, I often wonder. Pre-COVID, I used to lecture fairly regularly at health shows. I would just wonder, well, at what point is what I say going to become illegal?

Commissioner Drysdale

Perhaps we'll go back to the way it was in the 1950s when they set up those giant radio transmitters offshore or in Mexico and broadcast in North America.

Shawn Buckley

I'm game.

Commissioner Drysdale

Thank you, sir.

Louis Olivier Fontaine

Okay. So that was a very interesting presentation, Mr. Buckley, so thank you very much for your testimony.

Shawn Buckley

Thank you.

[00:58:39]



Final Review and Approval: Jodi Bruhn, August 20, 2023 (updated to include a missing exhibit number and clarify the testimony's language and URL source on November 25, 2023).

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 12, 2023

Day 2

EVIDENCE*

(Translated from the French)

Closing Statement: Philippe Meloni and Ches Crosbie

Full Day 2 Timestamp: 11:52:27–11:56:45

Source URL: <https://rumble.com/v2v90b6-quebec-jour-2-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Philippe Meloni

Hello everyone. To end the day, I asked Ches, who—along with Shawn, who you just heard—is one of the lawyers without whom all you have seen here today would not have taken place. Unfortunately, he does not speak French, but I thought we could arrange something together. So he prepared a little statement in English and I will repeat it in French at the same time as him—one after the other, of course.

So these are the words of Ches.

Ches Crosbie

Merci mon ami, Philippe. [Thank you, Phillippe, my friend.]

[In English] Philippe invited me to say a few words. I'm the Administrator of the Inquiry. I'm honoured by Philippe to say a few words in summation: a very few. One of the founders of Western philosophy said: the price good men pay for indifference to public affairs is to be ruled by evil men.

No one in this room, nobody watching, no volunteer, no witness in these hearings is indifferent to the events of the last three years. And none of us want to be ruled by evil, although we know that evil abounds.

I'm referring now to the slide that you should see in front of you. The antidote to evil is courage: the courage to speak your truth and to support those who speak their truth. Every National Citizens Inquiry volunteer and every witness has that courage.

A wise English novelist, C.S. Lewis, said: "Since it is so likely that children will meet cruel enemies, let them at least have heard of brave knights and heroic courage."

* Presented by Ches Crosbie in English. Philippe Meloni provided line-by-line translation into French.

You are those knights and heroes. For the future of Quebec and the Canada we love, inspire your children to be like you. And remember, evil knows how to divide and conquer. Courage knows how to unite and build.

Thank you all.

[00:04:18]

Final Review and Approval: Erin Thiessen, November 14, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

EVIDENCE QUEBEC HEARINGS

**Quebec City, Quebec, Canada
May 11 to 13, 2023**

ABOUT THESE TRANSLATIONS

The evidence offered in these translated transcripts is a true and faithful record of witness testimony given during the Quebec City hearings of the National Citizens Inquiry (NCI). Hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From July to November 2023, a team of volunteers assessed the French AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcriptions.

The testimonies in Quebec City were presented primarily in French. To provide greater public access, a small and dedicated team translated the transcripts into English, employing human resources with the aid of digital translation tools.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the translated transcripts would be as clear, accurate, and accessible as possible.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE*

(Translated from the French)

Opening Statement: Shawn Buckley and Philippe Meloni

Full Day 3 Timestamp: 00:00:23–00:15:25

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Shawn Buckley

[In English] Welcome to Day Three of the National Citizens Inquiry in Quebec City. My name is Shawn Buckley. I'm a lawyer that has been volunteering with the National Citizens Inquiry.

I'm from Alberta, and coming from Alberta is important at this time because there's a synergy between Alberta and Quebec. Quebec and Alberta have been the two provinces that have traditionally been most concerned about provincial rights. Flowing from that, Quebec and Alberta have been the two provinces most concerned about freedom generally. And because the cultures of Quebec and Alberta have been freedom-loving cultures, Quebec and Alberta now bear the largest shame for allowing what has happened to happen.

I want to speak about the example—the bad example—we have set for our children. Three years ago, before COVID, our children were witnessing us acting like free citizens. We were free to go where we wanted to go. We were not told by anyone that we had to basically be under house arrest in our own homes. We did not have to show identity papers to be granted privileges from the state. And most importantly of all, our children did not witness us prior to COVID being afraid of our government.

But that all changed because we were not prepared for what we experienced. Our children watched us stand by silently while we were told that we were confined to our homes. Our children watched us stand by silently as our schools and economy were shut down. Our children watched their parents, for the very first time, being afraid of their government. And how is that generation—how are our children—going to stand up against the government and stand for freedom when they face their challenges, when they've seen their parents cower in fear?

[00:05:00]

* Shawn Buckley made his opening statement in English with line-by-line interpretation by a volunteer. For ease of reading, the French interpretation has been omitted. Mr. Meloni spoke in French – editor.

I want to speak about a police state ritual that our children watched us participate in. And what I specifically want to talk about are the vaccine passports. But I'm going to refer to them as what they are: they're identity papers. Before the passports, we were free to go wherever we wanted to go. If you wanted to go to your kid's hockey game, you could go. If you wanted to go to a restaurant, you could go. And we knew we were free to do these things because we did not have to ask permission from our government. We just were free to do them.

But all of a sudden, we found ourselves in a situation where we had to participate in a police state ritual of showing identity papers to do things we were once free to do. I need you to understand that the act of showing identity papers for permission to enter a place or be part of an activity is actually a police state ritual that conditions your mind. When you have to show your identity papers to be able to enter a restaurant, psychologically the message from the police state is that you are not free to enter the restaurant, but you must perform a ritual to be granted permission from your master, the government. Every single time you show your papers, you are subconsciously reinforcing the message that you are no longer free to do something you were free to do before, but you must perform the ritual to be granted permission by your master.

Traditional police states like Nazi Germany or Stalinist Russia: when they set up roadblocks in cities, they really didn't care where you were going because they knew where you lived and they knew where you were going home at night. The real purpose of the roadblock is to reinforce in the citizen that the citizen is a servant to the state which is a master that controls the citizen's movement.

[00:10:00]

And we need to understand that our children have just watched us participate as servants in a police state ritual of providing identity papers to do things we were once free to do. And how do we come back from that? How do we undo the damage that we have done in the minds of our children? How do our children have any chance of being free after the example we've set of cowering before our governments?

And that's the decision that you have today because we're in a situation where you need to make some choices. We are at a crossroads in Canada where if the citizens do not start standing up for freedom, our children will find that they have no freedom. I'm going to urge all of you to basically understand that you can no longer sit on the couch. You can no longer just watch other people stand up and try to protect your freedom. This is the time that you must take personal responsibility.

But I also want you to understand that you no longer need to be afraid because you are no longer alone. We are many and we are beginning to stand together. And so I'm very proud to be in Quebec, which is essential. This nation will not become free again without Quebec demanding freedom. So I'm proud to be here standing with you.

And I'll end by just saying that I'm praying that this generation will undo what it's done and set an example that our children will be proud of going forward.

Philippe Meloni

Hello everybody. After these profound words, I will talk to you about more practical things. As you know, this Commission is financed solely by citizen donations. Among the things we

have set up today is a silent auction. You may have seen it in the room on the other side; we have paintings and we have clothing with the commission logos. Quite simply, it began with the start of these commission hearings in Quebec. If you like an article, you write down your telephone number and the article number that interests you. And this afternoon, at 4 o'clock in the afternoon, we're going to take a little break. And at this time, we're just going to pull out all the ballots and see who won the different prizes. So it will be done at 4 o'clock this afternoon.

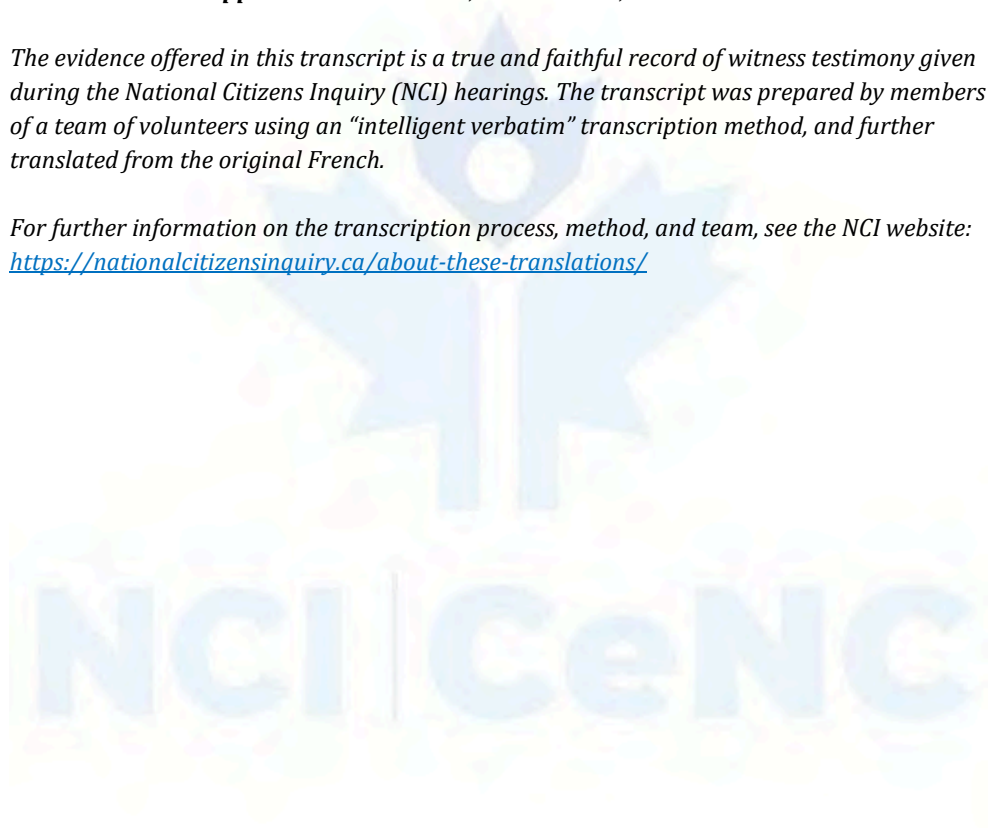
I wish you a good day, which will probably be as intense as the previous two.

[00:15:02]

Final Review and Approval: Erin Thiessen, November 13, 2023.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 1: Jérémie Miller

Full Day 3 Timestamp: 00:15:59–00:49:45

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

So good morning, everyone, to our third marathon day. I'd like to thank everyone for their patience: the online viewers, the audience, the team, the commissioners, the lawyers and the technicians. So if you'll excuse me, I'm going to present myself for the third time, but it's for new people, new viewers who don't know us.

My name is Konstantinos Merakos. I'm a lawyer in Canada with Bergman & Associates. And just a little bit about us to explain why we're here: In 2020 and 2021 our firm, Bergman & Associates, on behalf of federal public service employees, took the federal government to court for having violated its employees' constitutional rights—rights under the Charter of Rights and Freedoms—and human rights, on grounds of the choice of bodily integrity, medical choice, and the right to privacy.

I'd like to congratulate the Inquiry first, for having offered its professionalism, for having offered a level of transparency and willingness to listen and learn among citizens, and for having an exchange that is respectful and conducted with honour among people. All this is extremely important for a free and democratic society, especially in today's world. I'd also like to congratulate you because there have been many testimonies so far from different people with different experiences, different cultures, and different backgrounds.

Today we have testimony from another unique perspective. I'd like to welcome Jérémie Miller, who is with us in person today. Hello, Jérémie.

Jérémie Miller

Hello.

Konstantinos Merakos

Do you prefer Jérémie or Monsieur Miller?

Jérémie Miller
It doesn't matter.

Konstantinos Merakos

It doesn't matter, okay. We'll say Jérémie, as we would among friends. Okay. I hope it'll be easier for you, for your testimony. I want you to be calm, don't worry. If you need a minute, don't hesitate to ask. I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say, "I do" or "I solemnly swear."

Jérémie Miller
I solemnly affirm.

Konstantinos Merakos

Excellent. Your name, please, and would you spell it?

Jérémie Miller
Jérémie Miller. J-E-R-E-M-I-E M-I-L-L-E-R.

Konstantinos Merakos

Okay. So Jérémie, let's start at the beginning of the story, around the vaccination. According to you, it was from that day onwards that you started to have questions. So go ahead.

Jérémie Miller

Yes, well, I'd had questions even before the vaccination but when it came time to decide whether I was going to get vaccinated—so we're talking about the end of May, the beginning of June in 2021—my wife and I were talking. And I said to her, "Well, listen, I don't really mind getting vaccinated. I don't see the importance of getting vaccinated, but I don't mind. I just don't think mass vaccination will ultimately have much effect on the continuation of the pandemic."

I was basing my opinion on the statistics available from Israel, which had a much higher vaccination rate at the time. And I won't go into the details, but I told her, "In six months' time, we'll be back to square one even if we have mass vaccinations." And indeed, three, four months later, the Delta variant arrived; about six months later, there was Omicron. Seven months later, in Quebec, we had serial closures around the holiday season in 2021 and even a second curfew.

My decision to take the vaccine was, in fact, because I was strongly against compulsory vaccination. I could see that this was what was coming, and I wanted to be able to speak from a position that would be accepted by the people around me, and not be categorized as a "whacko" who believes that vaccination is dangerous or bad or whatever. And at that time, people weren't listening at all to what I had to say.

[00:05:00]

That was really the only reason I wanted to be vaccinated, so “I’m going to get vaccinated.”
The first dose I got—

Konstantinos Merakos

How did it go after the first dose?

Jérémie Miller

After the first dose—in fact, 24 hours later—I was in the office working quietly when suddenly, I began to have difficulty breathing. I had a pain in my chest. It lasted about two to three hours, so it wasn’t very long. It was long enough to be worrisome, but I didn’t go straight to hospital because eventually it passed on its own.

Konstantinos Merakos

Excuse me, how long after?

Jérémie Miller

Twenty-four hours after the first dose.

Konstantinos Merakos

Twenty-four hours later. Thank you.

Jérémie Miller

And I didn’t think about it again until the next dose—the second dose—which was a month later. And I arrived to get vaccinated and the nurses looked at me, and there were four or five nurses around me saying, “No, you should see a doctor before you have your second dose. With the side effects you had from the first dose, it could actually be quite serious.”

At that point, I made an appointment to see a family doctor. My question at the time was, “What’s the risk of taking the second dose in my situation, given that I had these effects with the first dose?” And we know that it can be up to ten times more serious after the second dose. So I wanted a rough idea: “What are the risks? Have you seen other cases like this? And how should I proceed with this?” The doctor’s response to this question was, “Well, there are more benefits than side effects or problems with vaccination.” And I wasn’t really satisfied with that. I’m a safety officer. I work in risk management. My question was to determine the level of risk, not to determine whether there are more benefits than side effects in the general population; it was in my personal situation.

Then I heard stories of two other contacts—not close friends but contacts—who were also told by their doctor, or by certain doctors, that they should receive the COVID vaccine, even though in one case she’d been told for a decade not to take any more vaccinations because she’d had an autoimmune disease triggered by another vaccination that I can’t recall. Then the second friend: this woman tended to have a lot of thrombosis and a doctor told her to take this vaccine anyway. She took it and of course she suffered from thrombosis as a result.

Konstantinos Merakos

So there were concerns. You went to the doctor looking for an answer because you were open, but you wanted to balance the risks and benefits. And in your opinion, were you satisfied that you'd been given free and informed consent, that you'd been given all the information, and that you could say, "Well, I got the answer I wanted: clear, neat and precise"?

Jérémie Miller

In fact, no. The answer I got was more or less the public health message. It wasn't an informed medical opinion on my situation based on my medical history, which is what I was really trying to get. It was just a very generic message, and I decided not to have the second dose because of that.

Konstantinos Merakos

Allow me to interrupt you. You mentioned history; Do you have a pre-existing history of problems here at this level [gestures targeting the heart and lungs]?

Jérémie Miller

No, actually, it's more the case history of the first dose.

Konstantinos Merakos

Okay, but in general—

Jérémie Miller

In general, no, I didn't have any problems. But I did know that I was in the population most at risk of heart problems following vaccination because I'm a relatively healthy young man. I already had this information before I went for the vaccination, after the effects of the first dose. But I wanted a clearer answer.

Konstantinos Merakos

What do you think were the effects for a young, healthy man? What do you think the risks are? What would your doctor have told you, for example?

Jérémie Miller

Well, I knew there were risks; it wasn't the doctor who told me about them: risks of pericarditis, myocarditis, among other risks for young men. And even my wife met a perfectly healthy young man in his early twenties who, for several months after his vaccination, couldn't even walk a long distance because he had heart problems. So I wasn't prepared to put that on the line.

Konstantinos Merakos

One last question before the next topic: Is this doctor a family doctor you've had for a long time, or is it someone you found because you previously didn't have a family doctor?

Jérémie Miller

It was a family doctor who was replacing my family doctor who was on leave, but even then, I'd only seen my family doctor once.

Konstantinos Merakos

Okay. Even then, there was something missing.

Jérémie Miller

Yes, I didn't have a relationship with that doctor.

Konstantinos Merakos

Okay. So the next step is for you to talk about your social experiences with the health measures in general.

Jérémie Miller

Yes, more broadly. I work in the aviation industry, so from the first days of the state of emergency, I lost my job within the first two weeks.

[00:10:00]

Then for six months, it was impossible to find another job. I was too qualified for unskilled jobs; they knew it was dangerous to hire me because I'd leave if other opportunities opened up in aviation. So I lost my job for six months. I got through it relatively well financially because I didn't have many expenses, but it's clear that my financial situation right now is much worse than it would have been if I'd kept that job and worked those six months. I wouldn't be in the same place at all in my life right now.

Konstantinos Merakos

And Jérémie, do you have a family? Do you have any children?

Jérémie Miller

I have gotten married and had children, but that was later.

Konstantinos Merakos

Okay. Excellent.

Jérémie Miller

As for the vaccine passport, well, I couldn't get one. I'd had only one dose. What I found most damaging wasn't necessarily not being allowed to go to certain places—although to me that seemed unjustified on the part of the government, and very questionable to say the least—but it was above all the message coming from the government, the message we were getting from everyone around us, saying, "It's your fault we're still in a pandemic; it's the fault of the unvaccinated."

In fact, since the first wave, the government has been looking for scapegoats. So at first it was the spring break, which was earlier in Quebec than elsewhere, that made the situation worse in Quebec. Then it was the fault of the “covidiot.” Then after mass vaccination, it was the fault of the unvaccinated.

And when I’d talk about my particular situation, a lot of people would say, “Oh yeah, you’re different,” but I’m no different. People don’t get vaccinated for many reasons. Some of them are really valid. And in implementing these requirements on a large scale, the government completely forgot about this impact: that there were people who had valid reasons, who were just completely forgotten in all of this, and who then suffered the consequences for something that was beyond their control.

Konstantinos Merakos

Some had medical exemptions, religious exemptions.

Jérémie Miller

Personally, I had to be vaccinated because I worked in the aviation industry. I managed to get a vaccination exemption, not for medical reasons because I didn’t have a precise diagnosis—I went to the doctor too late and I would have had to go straight away when I developed symptoms. But I managed to get it for religious reasons.

In fact, it’s a conscientious objection because at the federal level, the religious exemption is also a conscientious exemption. I was against compulsory vaccination; and I submitted this request for exemption, which was accepted because—among other things—the general manager of my company, the owner of the company, and several other people in the company were also against compulsory vaccination and were not vaccinated either. And the airport manager had no interest in playing police officer when it came to vaccinating employees at her airport.

So at that time, we had these exemptions that were authorized quite easily, but I know that’s not the case for everyone. I know I fell in with a company that accepted this kind of thing. It isn’t the case for everyone.

Konstantinos Merakos

Yes, so here we could talk about exemptions based on freedom of religion, for example. So you offer an interesting perspective because in society, there are different cultures and there are different religions. And I imagine that for some people who don’t frequent religious venues, they haven’t had the experience of what happened, whether it be in a church, a mosque, a synagogue. So if you like, can you talk about what happened in the religious sphere?

Jérémie Miller

So in fact, at the religious level it’s an interesting question. Because the right to practice one’s faith is a right that is protected by the Constitution with good reason, because someone who isn’t religious himself doesn’t have many conceptual tools to understand the religious phenomenon. And so there is constitutional protection to ensure that these values, which are central to the lives of believers, are protected from a government that might override certain elements that are important to someone who is religious.

What I found deplorable was that we had a government that is secular—that wants to be secular, that seeks to be secular, to be perceived as secular—that is generally also made up of atheists and agnostics at about probably the same ratio as the general population.

[00:15:00]

They were the ones who assumed the right to decide whether the Church was essential or not, even though they didn't necessarily have the requisite religious knowledge to have an enlightened perspective on the matter. They went so far as to decide where, when, how, why we could practise our faith—and even beyond that, who could practice their faith—at the outset. They did it by limiting the number of people in places of worship, which was problematic enough: in the churches I attended, we were obligated to hold two different services and to split the church in two, which is unheard of in a liberal democratic society. And then, by eventually imposing the vaccine passport, which is absolutely immoral from a theological point of view.

The government has no place deciding who has the right to come to church. And church leaders were put in a position where they were forced to say to believers, to the faithful who had been in their church for decades, “No, you—you don't have the right to come in.” There are many churches that decided to simply close and wait it out. Unfortunately, there are a few churches that decided to implement it. The church I grew up in—it's no longer the church I attend—decided to implement it. It led to a division in the church that is still present.

So the government, by interfering where it had neither the knowledge nor the right from a constitutional point of view, has caused damage that is potentially irreparable. They've inflicted it on families, but they've also inflicted it on religious families—on families of faith—and I find that irresponsible. Irresponsible.

Konstantinos Merakos

Which means that in your opinion, according to the government's statements and actions, there's a division not only in the church or religious center, but in society as a whole. Would you agree that this would constitute a “divide and conquer” in society? What was your understanding of why the government was using such a divisive tactic in society?

Jérémie Miller

I think it's mostly ignorance. I think it's ignorance, among other things you know. Because, well— Between the curfew issue that would not have impacted the homeless in Montreal and the Prime Minister saying, “Ah, there are plenty of resources for all the homeless,” that just demonstrated an ignorance of certain segments of society. It's because they were too small a group—just the executives—to be making all the decisions unilaterally as a crisis unit—even smaller than just the executives. I think that it's the same reason at the religious level too: it was just ignorance of the religious reality. That's how I understand it. I don't think it was deliberate.

Konstantinos Merakos

Okay, excellent. Jérémie, do you have one last thing to add, something you'd like to say to the world here right now, or to our viewers?

Jérémie Miller

Well, there was only one subject I would have liked to cover, but I don't have the time.

Konstantinos Merakos

Go ahead in one sentence.

Jérémie Miller

As a safety officer in an airline company, I work in risk management and emergency measures management. And there are some really basic, conceptual elements that I have some really serious questions about in terms of how the pandemic was managed at the governmental level, mainly in terms of assessing the effects of the health measures and the long-term effects of the measures that were put in place: something that the government to this day systematically refuses to do at all levels of government. They don't want to hold investigations that question their decisions, either at the parliamentary level or even at the civil level—even though that's the basis of risk management: you want to learn from the past to prepare for the future. Governments systematically refuse and that, to me, is incomprehensible.

Konstantinos Merakos

Okay. So last comment: in your opinion, because you work in risk management, could things have been done better over the last three years? Would you agree that the approach could have been more humane?

Jérémie Miller

Well, first I think that the risk analysis of the health measures was botched and not well explained, and secondly that the analysis of long-term effects was not carried out. There was a refusal to do so and that's inexcusable. It's really inexcusable.

Konstantinos Merakos

Okay. Thank you, Jérémie. I'll now open the floor to questions from the commissioners. Go ahead.

Jérémie Miller

[In English] I can take questions in English also.

Commissioner Massie

But we will start in French.

Jérémie Miller

Excellent.

Commissioner Massie

First of all, I'd like to thank you, Monsieur Miller, for your testimony.

[00:20:00]

I have to admit, I was very impressed by the depth of your reflection and the range of elements you covered in terms of the dimensions of the health crisis; it is not just societal, but has a spiritual dimension that you brought into the discussion which is very interesting. In fact, when I closed my eyes, I wondered whether I was dealing with a young man or a very wise, mature man. And I have to admit that when I opened my eyes, I was always surprised, every time, to hear you. It's very refreshing to see young people like you expressing themselves so well and taking a stand.

I'd like to ask you a few questions about the various aspects you've covered. The first is about your approach. You mentioned that you carried out relatively rigorous analyses; and since you're in risk management, I think you have the mental framework to carry out analyses that will lead you to draw certain conclusions. And based on these analyses, you concluded that, in your case, vaccination was not indicated. But you decided to vaccinate anyway. I understand that where you worked, it was strongly recommended even if it wasn't yet compulsory at the time you decided to be vaccinated. Is this the case?

Jérémie Miller

Well, actually, there were a lot of dissenting voices at work even so. But more generally it was within society that made me—

Commissioner Massie

Within society.

Jérémie Miller

Within society in general.

Commissioner Massie

And your position was to say, "I'm not ideologically opposed to vaccination, but in this case, I want to express my opposition. I want to show that I'm not ideologically opposed by getting vaccinated." If I've understood you correctly, that's what you did?

Jérémie Miller

Well in today's world, image is more important than content. It's the reality of the matter and that's very unfortunate. But I knew that image. If I wasn't vaccinated, people would say, "Ah, but that's because you're just thinking about yourself, you just want your own freedoms and you don't want care about the rest of society." There are a lot of people I knew who weren't vaccinated. They were the most supportive people I've known, who gave a lot of their time to society. It wasn't a question of that at all. In fact, I wanted to get that image completely out of the way so I could speak out against compulsory vaccination. Because that's really what I found problematic. I knew it was coming too.

Commissioner Massie

So in the sequence of events, when you go back to get the second dose, what I understand is that you had a conversation with the people who were there to vaccinate; and in the course of that conversation you told them that you had had some adverse effects and that worried

you. What did they say when they advised you: “Well, maybe, in your case, it would be a good idea to seek consultation before getting the vaccine”? From all the testimonies we’ve heard to date in the Inquiry, it’s very rare that people who have been confronted with these situations have had this kind of advice.

Could you tell me a little more about the kind of conversation you had at the time when you were advised to see a doctor?

Jérémie Miller

Yes. In fact, when I went to get my second dose, I just wanted to get it over with and move on. So when the nurse stopped me and said, “Wait, I’m going to see my superiors”—they were other nurses but they were in charge of the vaccination center, which was pretty big—I was more concerned about it because I’d never made the connection to myocarditis or pericarditis either. In fact, the thing that really struck me was that I had a metallic taste in my mouth. I thought it was strange, and so I researched it, but I didn’t find anything about myocarditis or pericarditis. But when she told me, I questioned myself a bit more: “Ah, okay, maybe it’s more serious than I thought.”

And then there were four or five nurses, including those in charge of the vaccination site, who said, “No, that really doesn’t sound good, and we don’t feel comfortable giving it to you before getting a doctor’s opinion.” Because they didn’t want anything to happen at that time and to have to deal with a serious situation. They wanted to make sure they had a doctor’s opinion because they weren’t able to assess the risk at that level.

Commissioner Massie

So what you experienced was a clear indication that this kind of questioning could be done in the vaccination centres, even if many people told us that they were vaccinated without being asked many questions?

[00:25:00]

Jérémie Miller

Well for the first dose, there weren’t many questions; they were very generic. I’m in good health, I’ve never had any problems, so I was cleared to get vaccinated as a matter of course. For the second vaccination you had to go through another nurse who asked you what your side effects were from the first dose, so that’s when it was caught. What I found deplorable was that the nurses seemed much more worried than the doctor. As for the doctor, it seemed to be absolutely nothing because he didn’t examine me for another month.

Commissioner Massie

Finally, my other question concerns what I would call your conscientious objection to compulsory vaccination which, according to your analyses, you found to be unsupported, and also the element of social discrimination that this implies. And you made a comment that I find quite rare in people of your age, which was: “How can a society run by people who, for the most part, are non-believers or agnostics understand what religious practice means for people who practise religion?”

And when you made this comment, I was reminded of a phrase by [Alexis de] Tocqueville who wrote extensively on democracy. He said that in a democracy, firewalls or institutions have to be put in place to protect minorities from the tyranny of the majority. Isn't this what we experienced in this lockdown, particularly in terms of religious practice? As I travelled across Canada, I sensed that in other parts of the country, religious practice was, perhaps, more frequent than in Quebec. In Quebec, it seems to me that religious practice is rather low compared to the rest of Canada.

Jérémie Miller

Well, that's one of the reasons I wanted to talk about it: because in Quebec, there are fewer of us. Well, historically, there are reasons for that too.

And what I deplore is the fact that—if we go back to March 2020—we see that at the start of the crisis, it was as if the government had touched a “panic” button. And all of a sudden, there were no more safeguards. All the institutions that were in place to protect minorities were completely sidelined in favor of a crisis unit run by a tiny group of people with a very, very, very limited perspective that would not allow the justifiable protection of minorities. As we've seen from a number of health measures, this had a disproportionate impact on marginal populations: the poorest, the most religious, and so on.

And for me, that's inexcusable because we have parliamentary institutions for a reason. But it's as if we had a government that—because it was quicker and simpler—just decided to say, “No, we'll put that aside and go ahead pragmatically.” This goes against the very basis of a liberal democracy. I was already of this opinion long before the vaccination campaign, and it's one of the factors that informed my decision in this respect.

Commissioner Massie

My last question concerns the question put to you by Monsieur Konstantinos: What is your position on what happened during the crisis and on what we currently face? And I think that your attitude towards this is relatively Christian or benevolent, in the sense that your main explanation is ignorance, which is a perfectly plausible explanation. But with the accumulation of all the information available, how far can ignorance be pleaded today?

Jérémie Miller

I have already said what I could be confident in saying. And further, in a society where there's no longer any trust in our fellow man, dialogue actually becomes impossible. That's part of our Judeo-Christian heritage. I think you need to have at least an inkling of the good faith of people who are of a contrary opinion in order to be able to work together constructively.

[00:30:00]

And this is another reason that I wanted to speak publicly. Because in my opinion, everything I said during the pandemic privately to the people around me—I think it is important in a democracy that it's said, that it's heard, so that we can work constructively. I don't think it's constructive or useful in the long term to simply repudiate the institutions that are in place. It's important to reaffirm their foundation and solidify the foundations that have been shaken, I believe, by ignorance; some might say by malfeasance but I'd only go so far as to say by ignorance.

Commissioner Massie

Thank you very much for your testimony.

[In English] Any questions, Ken?

Commissioner Drysdale

[In English] Good morning. In your testimony, you talked about government messaging that seemed to target—or not tolerate—the unvaxxed. And my question is: How did the messaging that you heard from Mr. Trudeau and Mr. Legault make you feel?

Jérémie Miller

Okay. In my testimony, I spoke about the messages from the governments. And the question is how I felt about the way Monsieur Trudeau and Monsieur Legault communicated with the public. I felt a lack of respect, a lack of listening, which was surprising at first. But eventually, after two-and-a-half years of this kind of situation, you get used to it. But it showed me that there was no possible way to make a government listen to reason when it had decided to distance itself from its parliamentary base, and that there was really no will to listen to the citizens they were supposed to serve at the grassroots level. And that's certainly deplorable.

Konstantinos Merakos

Jérémie, be a little more specific, especially towards the word that the commissioner used: the word 'tolerate,' especially the phrase that it was used in.

Jérémie Miller

[In English] "Do we tolerate these people?" [In French] That question, yes?

Konstantinos Merakos

Yes, just a clarification on exactly that question.

Jérémie Miller

If a prime minister doesn't even tolerate a significant portion of his population, how can we move forward as a country? Really, my reaction as a citizen was to say, "It's impossible to recover from this. Well, it's possible, but it takes a lot of work at the level—"

It doesn't demonstrate the integrity of our Prime Minister or the ability to listen that's necessary for someone in that position in order to move forward as a society together. The language is "exclusionary" [in English]; I'm not sure of the French word.

Konstantinos Merakos

That's perfect, yes.

Jérémie Miller

And these types of comments destroy our society in my opinion.

Konstantinos Merakos

Excellent. So Commissioners, thank you so much for your questions. Jérémie Miller, once again, thank you sincerely for your testimony today. You're a brilliant young man. Thank you very much and we wish you every success in the future. Once again, thank you, thank you.

Jérémie Miller

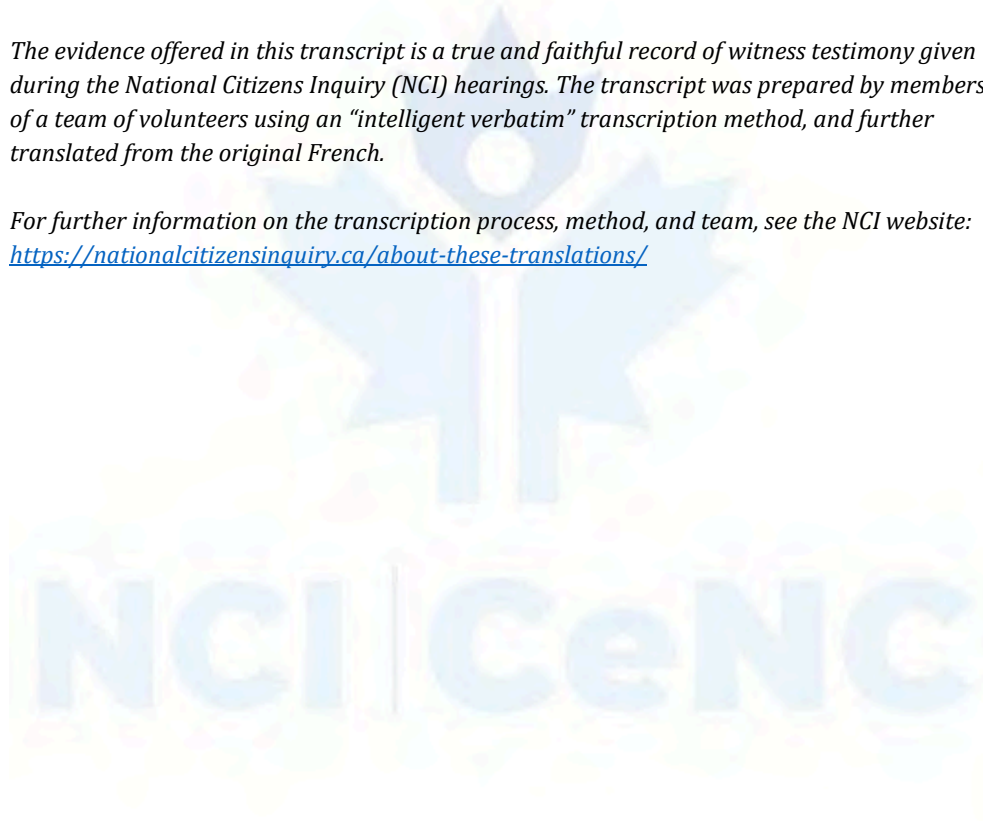
Thank you.

[00:33:46]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 2: Dr. Jérôme Sainton

Full Day 3 Timestamp: 00:49:50–02:05:58

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Chantale Collard

Hello. Chantale Collard, lawyer and attorney for the National Citizens Inquiry today, May 13. I see on the screen Dr. Jérôme Sainton. Hello. Dr. Sainton, can you hear me?

Dr. Jérôme Sainton

Hello.

Chantale Collard

Yes, good morning. First of all, on behalf of the Inquiry, I'd like to thank you for agreeing to testify as an expert witness. I'm going to identify you. All you have to do is state your first and last name.

Dr. Jérôme Sainton

My name: Sainton, S-A-I-N-T-O-N; Jerome, J-É-R-Ô-M-E.

Chantale Collard

Okay. We'll now swear you in. Jérôme Sainton, do you affirm to tell the truth, the whole truth and nothing but the truth? Say, "I do."

Dr. Jérôme Sainton

I do.

Chantale Collard

So thank you. Dr. Jérôme Sainton, I'm going to give a brief description of your background and then you can add to it. Then we'll move on to more technical questions, which you'll be

able to answer. So you're very versatile, Dr. Sainton. You were originally trained as a scientist with a degree in agricultural engineering. You also studied computer science and statistics. You then changed direction to study medicine and at the same time epistemological and ethical philosophy. You are currently a general practitioner with your own practice and patients. You are also a bioethicist working in the field of palliative care and, more generally, on the relationship between ethics and technology.

During the COVID period, you were a doctor in the field during the pandemic. You worked for SOS Médecins [SOS Doctors in France], both in the office and in patients' homes. Can you tell us about that period as a doctor in the field?

Dr. Jérôme Sainton

Well, we were perhaps the doctors closest to the wave that was arriving, and so we were confronting the unknown virus with few—or even no—resources. And I was able to measure the extent to which a certain pattern was repeated: namely, that the serious patients who ended up hospitalized or even in critical care were always rather elderly patients who had stayed home alone with no medical consultation and were always on Doliprane [acetaminophen] and no other treatment. That was kind of the recurring theme.

And what was disturbing quite early on—and this may link in with the previous testimony—was that medicine was governed by press releases. This had already been the case before, but it became much more pronounced and acute. Authorities would say: “You have to do it this way, you have to do it that way.” And medical deliberation, moral deliberation—which had already been cut back to a mere pittance with the modern functioning of medicine—now disappeared completely. That's a brief summary. It would take a very long time to describe, but this is what I can say were my first impressions of the experience.

Chantale Collard

Thank you. You've done a lot of assessments. You say you did the safety assessment of the Comirnaty vaccine. Can you tell us what that involved?

Dr. Jérôme Sainton

So you may be referring to the fact that—

Chantale Collard

How the risk management plan—

Dr. Jérôme Sainton

This may complement the presentation I just gave.

[00:05:00]

Very early on, things were out of balance and disproportionate to what seemed to be good medical and moral sense. This prompted me to do my own research in conjunction with other colleagues. In medicine, we learn to reread scientific and medical literature, to do our own research, and to read and deconstruct articles to understand them, criticize them, summarize and compare them, and to corroborate sources. And so this was a project that I

undertook very early on. And so if you're talking about Comirnaty, you may be referring to one of the research projects I carried out—

Chantale Collard

Yes.

Dr. Jérôme Sainton

—which I recently published in an international peer-reviewed journal [Exhibit QU-4]. It's about the evaluation of the safety of COVID vaccination by Comirnaty—that's Pfizer's vaccine—in pregnant women.

Chantale Collard

Exactly.

Dr. Jérôme Sainton

This is one of the research projects I've done that I can tell you about.

Chantale Collard

Yes, so how does the manufacturer's risk management plan assess vaccine safety?

Dr. Jérôme Sainton

Yes, that is typically one of the questions I've been working on. I'm going to share my screen with you because I have some slides that may help. There, I think you can see it clearly?

Chantale Collard

Yes.

Dr. Jérôme Sainton

Pfizer's risk management plan for assessing the safety of its product in pregnant women has gone through several versions: nine in all. We're currently on the ninth version. The first version that came out with the vaccine said, "The safety profile of this vaccination is not known in pregnant or breast-feeding women." And they specified that there are pregnant women who might want to be vaccinated and they added: "despite the lack of safety data." Elsewhere in the same document, they stated that it was not known whether vaccinating pregnant women with Pfizer's vaccine could have unexpected adverse effects on the embryo and fetus.

So that's the version that came out with the product. Pregnant women were in fact excluded from the pivotal study: the one that gave marketing authorization. This remained the case for quite some time, until early 2022. And I note that in September 2021, there was a statement came out specifying— Here we are at the end of 2021, so almost a year later, we're still in the same vein—Pfizer still said: "The safety profile is not known." And they specified: "Administering Comirnaty to pregnant women should only be considered if the potential benefits outweigh the potential risks to the mother and fetus." That's stating the

obvious but perhaps they saw fit to put it in writing. And by the way—we can talk about this later—it wasn't really possible to know both the potential benefits and the potential risks, but that's a detail.

It's not until February 2022—you'll see later why this is important—that Pfizer began to change the language in its risk management plan. Pfizer said: "The safety profile is not completely known in pregnant or lactating women. However, 'post-marketing' studies are now available." So Pfizer still admitted its lack of knowledge, but this lack was now partial. That's February 2022. This would be the pivotal month when different recommendations around the world started to change noticeably.

I won't go into it in detail—I explained things well in the article I published. But the post-marketing study spoken of here is methodologically rather a poor study. It was extremely limited and also flawed, and had to be corrected three months after publication. Among other things, it had to be corrected for the fact that, at the outset, the study could be used to claim: "There is no risk of miscarriage." That was precisely the point that had to be corrected three months later: to say that they actually knew nothing of the sort.

[00:10:00]

Well, I won't go into statistical detail. Here is shown memo 94—about the risk management plan—and it refers to a very weak study which was not sufficiently reassuring. But Pfizer remained cautious, saying the safety profile was "not completely known." I'll end on this comment. Not only since February 2022, but since the very beginning—we saw the small variation in 2022—the safety profile is "not completely known." There are terms that have always been used and that you'll still find online today. Meaning that the manufacturer's risk management plan today—the first line I've highlighted, page 93—at one point talks about trials and the fact that pregnant women were excluded from the pivotal study. Why? To avoid its use in a vulnerable population. We're reminded of a fact that has always been known, especially in medicine: pregnant women are a vulnerable population. It's a key word to remember.

Chantale Collard

At risk.

Dr. Jérôme Sainton

The MAH [Market Authorization Holder]—some component of the manufacturer—agrees that monitoring the safety of vaccination in pregnant women is critical. It's something that remains [in place] from beginning to end. In the same vein, they tell us, "It is important to obtain long-term follow-up on women who may be pregnant or who are of child-bearing age who come to be vaccinated, so that possible negative consequences on pregnancy can be estimated." These are all terms that are still present in the current risk management plan. And finally, from the outset and to the current date, the manufacturer has said: "We anticipate that use during pregnancy will be submitted to the regulatory authorities. We expect that there is likely to be little intentional vaccination of pregnant women." I think this is important to know because—I could elaborate later if you wish—that's not what happened.

Chantale Collard

Yes, and Dr. Sainton, I'd like to ask you: How has this assessment been integrated by the European and French regulatory agencies?

Dr. Jérôme Sainton

I'll tell you about that in a moment. I'll just mention that Pfizer even planned a clinical trial dedicated to pregnant women. You can see it in version [2.0] of their risk management plan: a study on 4,000 pregnant women in the last trimester of pregnancy. And in February 2022, we learned that since almost all the pregnant women had been vaccinated, the study could not be continued. It ended with results from less than 400 pregnant women and only in the third trimester. And even 4,000 people wasn't going to be a robust enough study to see anything. The strength of a study comes from being able to highlight what's interesting. The pivotal study—the one that provided the authorization—involved 40,000 adults; and even with 40,000 adults, the study wasn't robust enough to show anything interesting. So if ten times the number was insufficient, then starting a study with 4,000 wasn't robust enough. And in the end, they had less than 400 people.

So Pfizer's study of pregnant women—planned from the outset—collapsed. And in any case, it was never of the right size.

To answer your question, how has this risk management plan been integrated by the agencies? Here in Europe, it goes through the European Medicines Agency [EMA]. Well basically, as of the end of December 2020, the European Medicines Agency's online fact sheet read: "Data on the use of Comirnaty during pregnancy are very limited." And that's all they said. They continued by saying: "A decision to vaccinate a pregnant woman should be made in close consultation [with] the healthcare professional after considering the benefits and risks." So it's very cautious.

[00:15:00]

At the end of November 2021, the European Medicines Agency softened its stance and said, "The data are no longer 'very' limited; they are limited." That's the only thing that changes. And from February-March 2022—those pivotal months—that's when the European Medicines Agency said: "Comirnaty can be used during pregnancy." We can see that the European Medicines Agency is much bolder than Pfizer, which remained extremely cautious. As far as the EMA is concerned, from March 2022, it's good to go.

And to answer your question completely: in France we saw a further deterioration in caution. What I'd like to remind you is that whether it's Pfizer or the European Medicines Agency, from February-March 2022 onwards we see a change in narrative. Pfizer remains very cautious. Then, in March 2022, it is the European Medicines Agency that says: "It's all good. Pregnant women can be vaccinated." But in France, our Conseil d'orientation de la stratégie vaccinale [vaccination strategy orientation council] said in April 2021: "All pregnant women must be vaccinated." And then at that point they even said: "Maybe we should wait until the second trimester." I think it's a month later they said: "Even in the first trimester, you're good to go."

And a few months later in France, in July 2021, we had the government's decision in conjunction with what's known as the Haute Autorité de santé [French National Authority for Health]. They decided to make vaccination compulsory for caregivers. And at that time, the Haute Autorité de santé made absolutely no mention of the issue of pregnant women.

And so, implicitly—and this is indeed what happened—pregnant women were obliged to be vaccinated. In this case, it was absolutely compulsory.

Chantale Collard
Obligatory.

Dr. Jérôme Sainton

And that's as early as July 2021. So when you place these dates in relation to what we've seen in risk management by the manufacturer and the European Medicines Agency, there's something shocking; and we really have a progressive deterioration in caution. That's all I can say to answer your question.

Chantale Collard

You've answered the question very well. But do you have any idea what should have been done to properly assess the benefit-risk balance so that this vaccination is only considered when the potential benefits outweigh the potential risks to mother and fetus?

Dr. Jérôme Sainton

Yes, according to the terms in the risk management plan itself. So the answer is yes and no. I also have a few slides related to this question.

Yes and no. In the long term, by definition, no. There's no way of knowing. Firstly, we don't really know if COVID absolutely must be avoided in the long term. But mostly, the new technology—I'd like to remind you that this vaccination isn't just about mRNA. There are many new elements to this vaccination. It's virtually experimental. For one thing, a more conventional product requires at least five years of data, if not ten, to be able to talk about long-term risks. Even more so for this completely new technological configuration. So we can't give a correct assessment of the benefit-risk balance. We just can't.

I can suggest something here. In a pinch, they could have done something to try to properly calibrate a short-term benefit-risk balance. At least, they could have put things in place to know what they were doing in the short term. Let me put it this way. It's a little technical, but I've tried to be clear in this slide, to explain a little how a benefit-risk balance works in medicine and medical research.

I'm simplifying a little— On one side, you have the benefits. What are the benefits? It's the product. It will reduce the risk of a serious event linked to the problem, namely, COVID. In this case, what is the reduction in the risk of a serious event for the mother or child in utero, linked to COVID?

[00:20:00]

And I'm talking about a reduction in absolute risk—it's a little statistician's detail; perhaps we'll have time to talk about it later—and not a reduction in relative risk, which is very sellable, with big figures that say nothing about the real benefit. So absolute risk.

This reduction in true, real, absolute risk is—if you like—one side of the scale: the benefits side (a). And on the other side, the side of risks, is the product—in this case vaccination—which itself may induce a risk of a serious event for the mother or child. Again, it may

induce an absolute risk. We'll call it (b). And then in order to have a favourable benefit-risk balance, the first must be much greater than the second. And I mean far superior. You don't want simply "superior" or "equal," unless you're a utilitarian and you're willing to kill as many people as you save. We need a balance that is substantially in surplus, especially for pregnant women.

I remember a class in which our professor—the chair of pharmacology at the faculty where we were taught medicine—said that he did not even give paracetamol [acetaminophen] to his pregnant wife. So in the case of pregnant women, we normally don't mess around. For pregnant women, the right medication for every illness is childbirth. I'm joking a little, but it's a reminder that for a vulnerable population, Pfizer's terms are fair. We don't treat them the same way we do other populations.

Chantale Collard

Dr. Sainton, I'd like to ask you a quick question. You say that the benefits must far outweigh the risks. We're not talking about 50 per cent plus one here. What percentage are we talking about?

Dr. Jérôme Sainton

Well, that's it. So for our benefits to be well in excess of the risks, we'd first need to have an idea of the benefits. What risks could we reduce? So we first had to properly analyze the risk posed by COVID to pregnant women and small children, and then determine how much that could be reduced by vaccination.

Well, I chose a study; I didn't look for a study that suited me, but I found this one very interesting. This study happened in England, but the official data were based on a study carried out in Scotland, to demonstrate the benefits of vaccination for pregnant women. It was a forward study that followed all pregnant women in Scotland during the ten months of vaccine deployment. They looked at all those who were vaccinated and those who were not. I'll skip the details; everything is explained in detail in my article.

So this study was biased. It was highly questionable and you could reject it. I've explained why but it doesn't matter. I take it with its biases, as less is often more, if you will. Even if it were perfectly accurate—which I don't think it is but I'm really taking the highest possible view of this study—well, at best, it reduced the absolute risk of a serious event linked to COVID in pregnant women and their unborn babies by between 0.01 per cent and 0.001 per cent. So these are really super-low reductions in incidence. Basically, to give you an idea, vaccination may have saved the life of one pregnant woman in those ten months, but this is for an entire country. And even then, we're not sure. I won't go into the statistical details, it doesn't matter. The point is, we're certain about actual things. This study had shown vaccine efficacy, et cetera, but in the end, when you try to see its benefit and measure it, to size it up, it was really very, very, very, very modest. That's the least we can say.

[00:25:00]

With an estimate of risk reduction, we are able to design a trial. It will enable us to establish our short-term benefit-risk balance. I'll skip the calculations; we know how to do them. Mathematically, it's very simple.

We know that to have a 95 per cent chance of detecting an event that occurs at a frequency of 0.01 per cent—Ninety-five per cent is the risk we use in statistical science when we say,

"This is not due to chance. We're measuring something real." It is already very lax. Normally, we have to be more demanding in medicine. But basically, let's accept this. We are very favourable to the vaccine hypothesis. We are not really being very demanding. So to detect a single occurrence of a frequency of the order of 0.01 per cent, we'd need a randomized trial of 60,000 subjects. Well, a trial of 60,000 subjects hasn't been done.

That's what they should have done. And even that wouldn't have been enough because if you detect only one occurrence, that's not enough. You need a few more occurrences to be able to start making statistical tests. So not even 60,000 subjects; you would need more. Yet everything that's been done in randomized trials has been less. I remind you that Pfizer's pivotal study involved 44,000 subjects, and with only that, it was not robust enough to see certain things: the benefit in severe cases; the risk of poor tolerance and of serious adverse effects. Likewise, we were borderline. Our statisticians are obliged to cumulate several studies with Moderna, et cetera, to begin gathering some statistics. So in this case, when Pfizer tells us: "We're going to do a special trial on pregnant women with 4,000 subjects," and at the end they say, "We didn't succeed; we only have 300 pregnant women left"—

Chantale Collard

Very little.

Dr. Jérôme Sainton

That's what we should have done. But to answer your question, even then, we would only have touched on the basis of a short-term benefit-risk balance. Again, that would have given us an idea of the benefit possibly being a little greater than the risk. It would have been modest, but at least we would have had something rigorous. I'm not saying it would have been satisfactory, but at least we would have had something rigorous. So much for answering your question.

Chantale Collard

Dr. Sainton, you've come to talk to us mainly about pregnant women. Have you looked at other specific populations besides pregnant women?

Dr. Jérôme Sainton

Yes, there are two other specific problems with this vaccination, two other specific populations. Pregnant women were a special population that needed to be treated separately and this was not done in practice. There were two other specific populations: children, in which I didn't take much interest; on the other hand, I did take a great deal of interest in the population of COVID convalescents—those who had already had COVID. And today this concerns just about everyone. Well, has it broken through the media filter?

And finally, there was a meta-analysis published in *Lancet*. A meta-analysis is what brings together the analyses of several studies, and in fact allows us to approach a degree of certainty. A few weeks ago, *Lancet* published an article telling us—well, they mainly studied what had happened before the Omicron variant but it gives us a good idea—that convalescence, the fact of having been infected with COVID, protected very well against reinfection. It protected well over time and was at least equivalent to, if not better than, what the vaccine regimen of the time produced. In simple terms, it was two doses before Omicron, three doses after Omicron. I'm simplifying, it's not exactly that. The schedule at the time was two doses.

And so the effectiveness of natural immunity was better. Well, I'm sorry to say, we knew that back in 2021.

[00:30:00]

The first meta-analysis was carried out in 2021 by Mahesh Shenai, with whom I was able to speak, and was published— but not in a journal as prestigious as the *Lancet*. As early as the autumn of 2021, they had shown— Here is a table, but I'm perhaps not going to comment too much, it's a bit technical. But basically, you have this [vertical] line, and what stands out on the right of the line indicates a true difference. Statistically, we can see the difference. In short, natural immunity, compared to vaccination, was always either better or at least equivalent. So this shows that we already knew about the [relationship in 2021].

And here [the second vertical line] is something very interesting. They also looked at whether there was any benefit in vaccinating COVID convalescents. The answer is yes, but with the naked eye, you can't distinguish things; you see, it stands out. You can't see it with the naked eye; you have to actually calculate. This shows that the benefit was in fact weak, modest, an understatement— it was three times nothing.

When we put this in relation to the risks of vaccination, well, obviously, the balance was not *a priori* positive. Addressing vaccine politicians, Shenai and colleagues concluded: "In conclusion, an automatic exemption from vaccination, based on history of infection or serological evidence of immunity, should be urgently considered until the benefit-risk balance is better defined." This call for caution, which seemed to be the most elementary form of rigour, went completely unheeded.

And for the record, I said exactly the same thing myself. And I did a mini-review of the literature at the same time as Shenai and his colleagues—there were dozens of references, which is quite substantial—which I forwarded to the Haute Autorité de santé in France, where I concluded the same: that the most elementary rigour dictated that convalescents should not be systematically vaccinated. It was common sense.

Chantale Collard

That's right.

Dr. Jérôme Sainton

I sent this work to the Haute Autorité de santé: I didn't get a reply. Some colleagues tried again; they asked my permission and I gave it. They took over my work. With a syndicate, they sent this file to each of the Haute Autorité de santé committees in France. There was never any response. Never.

Chantale Collard

No response, never.

Dr. Jérôme Sainton

I sent it in December 2021. I'm still waiting for a reply.

Chantale Collard

You're still waiting for an answer? You still haven't received it?

Dr. Jérôme Sainton

Yes, not even a polite reply. I didn't even get, "We received your mail, it doesn't correspond to our request. Thank you for your participation." No, no, I received nothing.

Chantale Collard

Radio silence.

Dr. Jérôme Sainton

All I got was an acknowledgement of receipt of the registered letter. I don't know if it's like that in Canada, but in France, you can request an acknowledgement of receipt by mail. The post office only replied that receipt acknowledgements had been received, but that's all.

Chantale Collard

Hopefully you'll have an answer very soon, Dr. Sainton. Finally, in conclusion, are you interested in any other aspects of COVID vaccination?

Dr. Jérôme Sainton

Yes, the big project—what I'm presenting to you now—is thousands of hours of work. Something that immediately became apparent as the work progressed was that there were some pretty impressive biases that tended, in all the studies, to systematically overestimate vaccine efficacy. And so this was one of my projects. While the first work I showed you on pregnant women was peer-reviewed and published, this work is more in the pre-publication stage and under review, and I've had excellent feedback on it. It's not published yet; it should be shortly, but the reviewers approve.

[00:35:00]

I'll just give three examples of bias. So what is a bias? In science, a bias is a systematic error. So systematically, we're no longer going to be on target. Systematically, we're going to miss the target. It's not a question of imprecision; you can be very precise. It's like rifle shooting. If you're very precise in all your shots but you're off target, being precise won't help in the slightest. If you have a bias, there's a systematic error, and you don't hit the target. This is more serious than the problem of imprecision. A first problem is a bias that can be called **extra-methodological**—a colleague, Michel Cucchi, on the Independent Scientific Council in France has done a lot of work on this—an example being that all publications over the last three years, with the exception of Mahesh Shenai, have only communicated relative efficacy instead of absolute efficacy.

So it's hard to explain what this means in statistical terms. To imperfectly illustrate the difference between relative and absolute efficacy, relative efficacy is a little like testing the strength of a bicycle helmet at the factory: you measure its strength, but absolute efficacy is a little like its usefulness in the real world. And the problem with the pharmaceutical industry in general—which was already too biased beforehand but was always biased during the COVID crisis—calculates the strength of the helmet at the factory and says, "Oh, everyone must wear it, even those who don't ride a bike." That's the bias from talking only

about relative risk reduction rather than absolute risk reduction. It's about making even non-bikers wear helmets. That's the problem.

And what's rather embarrassing in this story is that ten years ago, the FDA, the Food and Drug Administration, had clearly written in black and white ten points identified for improvement for studies in the general area of evidence-based medicine, particularly when it came to establishing risks and benefits. We're right on topic. The FDA had ten priority points for researchers to consider. The first, which I haven't included here, was to put a cost on things. That goes without saying. The second priority was to stop communicating only relative efficacies but also to communicate absolute efficacies. Because they said—and they wrote it down in black and white—that patients are “unduly influenced” when risk information is presented only in terms of relative efficacy or relative risk.

But in fact, as we can see from the FDA document, it's not just patients, it's prescribers too. Studies have been carried out on doctors showing that if doctors are only given terms of relative efficacy, we tend to prescribe all the time. If reports are substantially adjusted by absolute efficacy, we won't have the same enthusiasm to prescribe. And I get the impression that the [regulators] didn't follow their own recommendations when they did their job. That's the first bias. It's fundamental; it alone can change everything. Now that's a bias; in fact, it's enough all on its own to change everything.

[00:40:00]

The second bias is a multiple bias. There are several types of methodological biases involved. Here, I've expressed vaccine efficacy in terms of relative efficacy; so the y-axis is relative efficacy, and the x-axis is time. Well, look at what vaccine efficacy does, in blue. And in general—if you can see my mouse pointer—it's almost always been identified there, especially at the beginning. It is always identified here. It's very rare that it's been identified before [in pink]. It's almost never identified within two, three, four weeks after the first injection, and never within the first week or two after the second injection. The same goes for after the third, et cetera.

And it's very rare to see efficacy beyond four months—five, six months at most—after injection [in pink]. But more and more studies are showing that, in fact, in the very first weeks after injection, efficacy is not only very mediocre, it's even negative. We now have enough studies to think that this is not just a coincidence. And just after vaccination, we have several studies showing negative vaccine efficacy. This means that vaccinated people are more likely to become infected than non-vaccinated people during, say, the first two weeks after the first injection, for example. This was particularly the case with Omicron.

There's undoubtedly an immune imprinting phenomenon, even if there are other possibilities behind it. Immune imprinting, in fact, means that the vaccine has targeted the peak protein of the Wuhan variant, but Omicron had deviated so much, evaded so much, that the immunity acquired by vaccination of the actual Wuhan variant lost its footing against Omicron, to such an extent that it can even facilitate infection. So there you have it. Here again, we're in an area where it could be that the vaccinated infect more, and therefore transmit more, than the unvaccinated.

In green, I've shown you what the effectiveness of natural immunity would look like. All this is a schematic. I don't claim that the scales are perfect. It's just to give you an idea.

Chantale Collard
It presents the idea well.

Dr. Jérôme Sainton
That's it.

Chantale Collard
So we understand that people who have been vaccinated are more likely to transmit the disease—contrary to what we were told, which is that this was an epidemic of the unvaccinated. You've just demonstrated this, Dr. Sainton.

Dr. Jérôme Sainton
Absolutely. So for many reasons, we can't prove it one way or the other. On the one hand, the question of transmission is very complex—much more complex than just knowing whether you're infected or not, that sort of thing. It's more methodologically complex to set up. The second thing is that I'm speaking in the conditional tense because we have several studies which can be summarized in this diagram; we must remain cautious. But if in fact it were confirmed then we have vaccinated people who, at the start of their vaccination period, served to cause the epidemic's explosion rather than its containment.

Chantale Collard
That's what we're seeing.

Dr. Jérôme Sainton
And when the Delta variant appeared in India, for example, we know that it exploded at the same time as the vaccination campaign was launched. And everyone said, "Oh yes, but that's because those who have been vaccinated have risky behaviours. They've just been vaccinated, so they have risky behaviors." That's not an acceptable justification, especially since there are studies showing that— In fact, it was found when we reworked the raw data from the Pfizer and Moderna double-blind trials. I'd like to know how—in the Pfizer and Moderna trials—risky behavior was observed after the injection but not when the placebo was given. Anyway, no. If ever this were to be confirmed—and there's a growing body of evidence to support this—we may well have had epidemics of the vaccinated. It's entirely possible.

Chantale Collard
Listen, Dr. Jérôme Sainton, thank you very much. There will probably be questions from the commissioners, so please remain at their disposal.

[00:45:00]

Commissioner Massie
Thank you very much, Dr. Sainton, for your overview of an analysis that is quite complex if we want to understand the phenomena. Unfortunately, we can't measure everything. I'd like to come back to the studies from 2021, where there were indications—actually, where we were trying to determine whether there was a benefit to be gained from vaccination,

either for people who were not cured, not convalescing from COVID, or for people who were convalescing. And as you mentioned, these studies—the meta-analyses—showed that the benefits were very slim.

From what you presented in your last diagram, what I think is extremely important is the temporal dimension of those studies. In a meta-analysis, we take data collated in each of the studies. If those analyses were made in the most favourable or the most positive conditions for demonstrating a benefit of vaccination, aren't we precisely in the process of having a very significant methodological bias, which casts many doubts on the conclusions we can draw, from even these meta-analyses?

Dr. Jérôme Sainton

Absolutely. However, this is mitigated by the fact that, fortunately, some studies have gone beyond four or six months. And so these studies, as they appear in the meta-analyses, will be expressed. But as they are few in number, there will be a certain imprecision in the later temporal window. And so in particular, this decline in vaccine efficacy may appear, but with such a problem of precision that we can't allow ourselves to draw a definite conclusion. I don't know if I've answered the question.

Commissioner Massie

Yes, that's a very good answer.

Dr. Jérôme Sainton

Yes, of course, by selecting small windows each time, we bias the measurements. We're more interested in taking photographs that suit the situation rather than tracking them with a time-lapse camera. But this bias is tempered by the fact that, since there have been sufficiently long studies, the data will appear—but with too little precision because there won't be enough studies measuring things over the long term.

Commissioner Massie

Finally, my other question concerns: in so-called real-life analyses of the claimed efficacy of gene injections, when we try to compile the benefit, we're always somewhat confronted with the problem of following up—to say the least—an approximation of the benefits we can measure. We tend rather to rely on indicators such as: "What type of antibodies can I measure?" and "When I take booster doses, will more antibodies give me the benefit I hope to obtain from vaccination?" However, we know that it's not just the quantity of antibodies, but also the quality—the kind of antibodies generated by these booster doses—that can ultimately affect the profile of protection we hope to obtain from vaccination.

And you mentioned that in the Omicron phase—and with all the booster doses that were recommended based on meta-analyses that suggest a benefit of protection—there was this somewhat vague notion of hybrid immunity that I'd never heard of before COVID.

Regarding the type of antibodies, there are studies which show that repeated doses generate antibodies such as the IgG4 type [immunoglobulin type G4], which are not very beneficial and are known to induce what we might call tolerance when we want to, for example, reduce allergic reactions.

[00:50:00]

Doesn't this phenomenon practically nullify the validity of measuring antibodies or antibody types in booster doses? Which gives us the illusion that we could have protection when in fact this protection wouldn't really be based on solid data showing that the antibodies or antibody types, which increase following vaccination, will indeed be beneficial? For the time being at least, this is mainly what is being used as a marker, if you like, for potential vaccine efficacy in booster doses.

So this approach is focused solely on antibodies. We don't look at cellular immunity; there are lots of things we don't measure. To what extent is this also an additional bias in these analyses?

Dr. Jérôme Sainton

Of course. I've only shown you a few biases, and I'm not going to answer your question as an immunologist: I'm not one. Already, IgG4-induced tolerance is one of the possible explanations for the negative vaccine efficacy I've shown you. There isn't only immune imprinting. There are other phenomena. That one is probable. But to answer your question, yes, very little has been done to distinguish between the quantity and quality of antibodies. Very little has been done to correlate antibody measurements with what would be measured in the field. So it's all very well to have antibody figures, but is there a clinical interpretation?

We've talked almost exclusively about antibodies, but immunity isn't just about antibodies: immunity is much broader than that. For acquired immunity alone, it requires consideration of cellular immunity and of passive immunity; in short, it's much broader. And finally, to go even further, you talk about indicators, but perhaps my colleague from the CSI [Conseil Scientifique Indépendant], Pierre Chaillot, told you about this. We've also worked with antibodies to measure vaccine efficacy by measuring indicators of hospitalization, intensive care unit occupancy, beds, and so on.

All this can be summed up by the disease of modelling. Whether it's for public health or even immunology, it's clear that a model is much more comfortable because you have complete control over things. The problem is that the model isn't reality—and the gap between the model and reality is a problem we've known about for years. It's really a phenomenon of our time which could be covered in philosophy more than anything else, in the philosophy of science. But during COVID management, we reached the acme through using only indicators, only modelling, and a decoupling from reality.

Immunity has been reduced to humoral immunity, which has been reduced to antibodies, which has been reduced to titration, and without ever considering what this means in the field. As a small example—and this ties in with COVID convalescents—we have a study which looked at COVID convalescents in whom no antibodies were found. It turns out their cellular immunity was so robust that they were nevertheless very well protected against reinfections of COVID. It's a detail, but shows the problem of decoupling the model from the reality. But of course, it's much easier to manipulate indicators and models. We are in a bit of an omnipotent state: if we're careless or clumsy, we can do as we please. Because a model will output what we put into it, it will show up in the end result: a model that has no connection to reality.

Commissioner Massie

I'd like to come back to the question of mass vaccination at a time in the pandemic when more and more people are likely to have had a first infection. So there's a temporal

deployment that can vary from one place to another, and it's very difficult to make comparisons between different countries or geographical areas if the deployment of vaccines or infections isn't done in the same way. In your opinion, would it have been prudent and rigorous to systematically test people for the presence of a previous infection at the time of vaccination?

[00:55:00]

Dr. Jérôme Sainton

Ah yes. For me, that would have been the most elementary rigour. In fact, when faced with the compulsory COVID vaccination of caregivers, some people would say, "Oh, caregivers, they already have other compulsory vaccinations so why don't they want to?" No, the other vaccinations aren't compulsory. They have to provide proof of immunity and, for example, if someone is already immunized against hepatitis B, we're not going to vaccinate him against hepatitis B. Yes, that would have been the most elementary rigour. It would have been the bare minimum of prudence. Yes.

Commissioner Massie

And I'm perhaps going to take you into another area, which is your philosophical and epistemological training, to ask you to propose an explanation for this apparent confusion— or at least this contradiction—in the case of this disease or new virus that has come upon us. We've essentially set aside all the elementary notions we knew about respiratory viruses; non-pharmacological measures; the fact that we're not treating this new disease because it's new; the fact that we're totally discrediting natural immunity.

It's clear that scientifically—at least from my point of view—it doesn't hold water. And yet this mental framework has been used absolutely systematically throughout our Western democracies, for reasons that I find hard to comprehend. Could you speculate, from your more epistemological or philosophical knowledge, why we've ended up in such a surreal situation?

Dr. Jérôme Sainton

So for me, there are two complementary elements. More or less, there is a decision-making sphere and the sphere of the common citizen to whom this is generally applied. In the first sphere, we've arrived at our current era which is, after all, the culmination of modernity. Modernity was founded on a Copernican revolution in our understanding of science. To put it more simply, before Descartes and Galileo, science meant observing and trying to understand reality. Since the start of modern times, we have had the preconception that reality can be mathematically measured. This is super-important, because from then on—and the fathers of modernity saw this plainly, and Descartes already spoke of this very clearly, as did Bacon—when nature is able to be mathematically measured, you'll be able to assert control. And that's what Descartes famously said: we can "render ourselves masters and possessors of nature."

So we're in a state of mind where the scientific spirit has suddenly been confused with the spirit of power. I'm simplifying; I'm not saying that the spirit of power is only modernity, et cetera. I'm simplifying, but we are, after all, the descendants of this technocratic epic. And we've arrived in the present with such great power—we were talking about the power of models and the ease of relying on models—that it's much easier, much more comfortable, and much less tiring for those in decision-making positions to rely on and favour

techniques of control and power. And as Tolkien said would happen, especially in a fallen world where evil and the love of money exist.

We will depend on models and set up tools of control. In other words, we'll manage the pandemic like a computer program: if you get a virus, you apply your antivirus, and then subscribe to that antivirus software.

[01:00:00]

It's much easier and much less costly intellectually, and it's obviously much more profitable and much easier to make money by following this logic.

Philosophically speaking, it's not neutral. And for the average citizen who's going to follow, he's not unharmed by all this. He's grown up in a technocratic society where there is a cult of science. So yes, on a scientific level I agree that what we've been through is absurd, but it's not at all contradictory because of what we might call the technological morality: "Vaccines are scientific," and "Those who don't vaccinate are anti-science," yada yada. It's not a scientific discourse; it's a religious discourse, where science is not quite deified but where technological power has become sacred.

There's an author in France—I don't know if he's well known on the other side of the Atlantic—named Jacques Ellul. He's been ostracized in France but he's made a good study of the technological system. He says, "It is becoming religious." Technology has captured the sacred and science is like a myth. It's the new discourse. So symbolically, there's an image of science on which our rulers have based themselves, and so on. So they are not relying on science itself, but on the representation of science—a religious representation. And those who don't follow are automatically excommunicated. And it's very difficult to set oneself apart from the common morality. Today's common morality is technocratic. Anyone who doesn't accept the alleged technological efficiency, the alleged rigour, is anathema.

So this all comes together quite easily. The evolution of mindsets, the way in which we have philosophically decided to understand the world and our relationship to the world—a relationship of mastery—means that in the end, things fall into place quite easily. So that we arrive at this aporia, if you like, this scientific contradiction. In other words, in the name of science we do something that is completely aberrant scientifically—and with this contempt for nature, for natural immunity, and other things.

And indeed, masks were glued to everyone as if it were natural to live and confront a virus by masking everyone, all the time, as if we had to live with these prostheses.

So there you have it. There's also a bit of a transhumanist perspective behind it, which is simply an extension of the technocratic epic we've been living through for centuries and which has accelerated in recent decades. I don't know if I've answered your question.

Commissioner Massie

Yes, you've answered my question very, very well. I think my colleague Ken would like to ask you a question too.

Commissioner Drysdale

[In English] Thank you very much for your testimony, Doctor. I have a few questions, and I have to rely on my colleague to translate for me.

Commissioner Massie

Ken has a few questions, then I'll do the translation for him.

Commissioner Drysdale

[In English] Being here in Quebec reminds me of how important communication is.

Commissioner Massie

Being here in Quebec reminds me of the importance of communication. Ken doesn't speak French very well.

Commissioner Drysdale

[In English] And I am a professional engineer, so I have training as you do in mathematics.

Commissioner Massie

As a professional engineer, I also have a background in mathematics.

Commissioner Drysdale

[In English] But I find perspective is very important for people who are not engineers and scientists to understand.

Commissioner Massie

But I think that for people who are not scientists or engineers, it's extremely important to have the right perspective.

Commissioner Drysdale

[In English] So when I listen to your presentation concerning risk and risk-benefit analysis—

Commissioner Massie

So when I listen to your presentation, you make a very pertinent analysis of the risk-benefit ratio—

Commissioner Drysdale

[In English] And I understand what something like 0.01 per cent means.

[01:05:00]

That means one in ten thousand.

Commissioner Massie

And I fully understand the figures presented and their relatively modest significance.

Commissioner Drysdale

[In English] And so, my question, again, with regard to perspective is: When you're thinking about risk to pregnant women—

Commissioner Massie

And my question concerning the outlook for pregnant women and the risks that have been analyzed—

Commissioner Drysdale

[In English] We have heard testimony previously that a person in the childbearing range in Canada had a chance of all mortality—of dying for any reason—of about 1 in 3,000 or 4,000.

Commissioner Massie

We heard from several other witnesses at the Inquiry who told us that the risk of a pregnant woman dying from any [cause] was relatively modest, on the order of about 1 in 3,000 or 4,000.

Commissioner Drysdale

[In English] And that same woman's chance of dying from COVID was 1 in 250,000.

Commissioner Massie

And these women's risk [of dying from COVID] was much lower, on the order of 1 in a 250,000.

Commissioner Drysdale

[In English] And in 2020, the risk of a woman dying just because she was pregnant was about 1 in 16,000, I believe. I'm going by memory.

Commissioner Massie

And to die as a result of pregnancy was about 1 in 16,000.

Commissioner Drysdale

[In English] So would you consider speaking in those types of terms to the public? In other words, a person's risk of dying in a certain age group was, say, 1 in 3,000. A person's risk of dying of COVID was 1 in 250,000. And a person's risk of being pregnant and dying from being pregnant was 1 in 16,000.

Commissioner Massie

So to put things in perspective, can you consider that the relative risks range from 1 in 3,000-4,000, 1 in 16,000, or 1 in 250,000 in the case of [women] who are pregnant and can die from COVID? Does this perspective—

Commissioner Drysdale

[In English] My point being that if we communicate to the public that their chance of dying of COVID is a number—whatever that number is—but they don't understand what the everyday risks of death are to them, then they have no ability to evaluate that risk.

Commissioner Massie

So the question is: To what extent do people have the capacity to assess the real risk if we don't put it in perspective or in relation to other risks?

[In English] So your question is—?

Commissioner Drysdale

[In English] I know your report is being submitted to the scientific societies but it's very important, the information that you're bringing forward. And my question is: Would you consider wording some of your information in that way so that the general public can understand the relative risks?

Commissioner Massie

So the question is: Are you ready to present your analyses in a way so that people can understand what they represent in a more concrete way—for people who don't necessarily have the capacity to assess risks in terms of numbers—because they're not generally accustomed to doing this kind of analysis? That's your question.

Dr. Jérôme Sainton

Yes and no. Yes, because I'm going to give an answer, but the no, I'll explain right away. In the work I did on risk assessment in pregnant women, I didn't assess the risk in pregnant women myself. The core of my work was to evaluate the risk assessment carried out by Pfizer, then by the European Medicines Agency, and then by the French authorities. It's not quite the same thing. But incidentally—and I've included it as an appendix to my article—I've given precisely this perspective you're talking about in order to make a proposal.

So I'm not qualified to give a definitive answer but I'll try anyway. Let me remind you that my work has been a critique, a re-reading of the risk assessment [done] first by the manufacturer itself, then by the European Medicines Agency, and also by our supervisory agencies in France. Having said that, I came across a study in Scotland—the prospective study I mentioned earlier—by Stock and his colleagues.

[01:10:00]

And to answer your question, I'll repeat here what I said earlier. Over the ten months following the roll-out of vaccination in Scotland—when pregnant women started to be vaccinated, they started here and then tracked what happened over the ten months. According to this study, which is open to criticism: roughly speaking, there was one

unvaccinated pregnant woman who lost her life to COVID who might not have lost her life if she'd been vaccinated. Out of the whole population of Scotland. I think this is something that can help put things into perspective: in the ten months following the roll-out of vaccination, particularly among pregnant women in Scotland, at the time when the variants were most dangerous—the first variants, Wuhan, Alpha, Delta—out of all the pregnant women in Scotland who could be followed up—that's just about all of them—there was one unvaccinated woman who died of COVID during her pregnancy. And we can perhaps imagine that she would not have died if she had been vaccinated.

I hope this answers your question. It may give you an idea of the low risk they had to be protected from. It's always difficult to put things into layman's terms—and maybe that's not my particular talent either—but there are still a lot of things in biostatistics that need to be put into perspective, such as the size of groups. At that time, there were pregnant women who had been vaccinated and none of them died from COVID during this study. There was one death, an unvaccinated pregnant woman who died from COVID: that is very, very few. That's one person, and we can't even be certain that vaccination would have saved her. We can suspect it from the study, but it is not certain.

Commissioner Drysdale

[In English] That's true, and we don't know whether or not she died with COVID or because of COVID, because of the testing.

Commissioner Massie

It's true. And what's more, given the nature of the tests that have often been used, we can't even know whether that person who died died with COVID or from COVID.

Dr. Jérôme Sainton

Absolutely. And this study was typical of one of the biases. I didn't have time to show you, but one of the biases that can change everything in a study: it's the classification bias linked to vaccination status. For example, vaccinated women between zero and three weeks after their first dose were considered unvaccinated. So who's to say that the unvaccinated woman who died wasn't a woman who caught COVID two weeks after her first dose? It's entirely possible given the size of the study, which makes for a completely biased methodology. We can't rule it out.

Commissioner Drysdale

[In English] Just my one last point— Sorry that there's a bit of a delay in the translation, so sometimes I have to wait for it. With regard to pregnant women, if I understand this correctly, pregnancy takes nine months: It would be possible then for a woman to get a first jab when she first becomes pregnant, a second jab a month later, and then get a booster before she's completed her pregnancy, is it not?

Commissioner Massie

So if I've understood correctly, since pregnancy lasts nine months, theoretically it's possible for a woman to have her first dose at the beginning, a second dose during pregnancy, and even a booster dose before the end of pregnancy?

Dr. Jérôme Sainton

Exactly.

Commissioner Drysdale

[In English] Did you look at any effects of multiple injections to people, pregnant or not?

Commissioner Massie

Have you looked at the effect of multiple injections, whether pregnant or not?

Dr. Jérôme Sainton

No, that's not one of the things I looked at in detail.

Commissioner Drysdale

Thank you, Doctor.

[01:15:00]

Commissioner Massie

Okay. Any further questions, colleagues? No? Okay.

Chantale Collard

So Dr. Jérôme Sainton, your analyses and research speak volumes. And on behalf of the Inquiry, I'd like to thank you very much for appearing before us. Thank you very much.

Dr. Jérôme Sainton

Thank you. And thank you very much, in fact, for allowing me to integrate my work and contribute my mark to a collective work. As researchers and analysts, we often have our shoulder to the grindstone. It's an expression in France. Thank you for integrating this work and connecting it, making links. Thank you very much.

Chantale Collard

Thank you again. We'll now take a ten-minute break before the next testimony.

[01:16:08]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 3: Dr. Michel Chossudovsky

Full Day 3 Timestamp: 02:24:53–03:33:58

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Louis Olivier Fontaine

Hello everyone. My name is Louis Olivier Fontaine. I'm a lawyer and I'm acting today as an attorney for the National Citizens Inquiry. And now for our next witness: we have the privilege of speaking with Professor Michel Chossudovsky. Professor, good morning.

Dr. Michel Chossudovsky

Yes, hello.

Louis Olivier Fontaine

So to begin with a quick formality, I'm going to ask you to identify yourself by stating your first and last names, please.

Dr. Michel Chossudovsky

Michel Chossudovsky.

Louis Olivier Fontaine

Now we're going to take an oath. I'm going to ask you to make a solemn affirmation to tell the truth, the whole truth, and nothing but the truth. Say: "I do."

Dr. Michel Chossudovsky

I do.

Louis Olivier Fontaine

Very well. So I'll start with a short presentation. You can tell me if everything I say is correct. Professor Michel Chossudovsky is an award-winning author of 13 books. He is also Professor Emeritus of Economics at the University of Ottawa. He is founder and director of

the Montreal-based Centre de recherche sur la mondialisation [Centre for Research on Globalization]. He is also editor of *Global Research*. His latest book, available free in PDF format, is titled, *The Worldwide Corona Crisis: Global Coup d'État Against Humanity*. And on the cover, the title continues: *Destroying Civil Society, Engineered Economic Depression*.

So with such a hard-hitting title, Professor, I'm going to ask you to elaborate and explain to us the research that led you to write this book—and to these, as I said, very hard-hitting conclusions. During our preliminary discussion, you proposed to summarize by explaining the four main pillars of the crisis as you see them. So may I suggest that you start your explanations with these four pillars.

Dr. Michel Chossudovsky

I'd like to thank the organizers for this initiative, which is absolutely fundamental. It's also an opportunity to share opinions. I think we need to confront the lies at both the scientific and the political levels. We experience this crisis on an individual level, but we also experience it on a collective and global level because it's a crisis that affects more than 190 countries where measures are being applied simultaneously. And there is a series of lies. I will start with the pandemic.

The PCR [polymerase chain reaction] test was used to measure the incidence of COVID. For the moment, I won't revisit the legitimacy of the PCR test. But I should say that at the starting point, in January 2020—and I've been following this for the last few years—there was a WHO [World Health Organization] initiative supported by the World Economic Forum that was meeting in Davos, also in January. And on January 30, the Director General of the WHO made a historic declaration that we must remember.

[00:05:00]

He declared a global public health emergency of international concern. He gave his press conference: global emergency, 83 cases outside China, which are the COVID-19 cases confirmed by means of PCR.

The PCR is another problem. But 83 cases led to the declaration of a global emergency. This is a lie. This is the beginning of the lie. So here you have the data corresponding, you might say, to this first phase of the pandemic. And a few weeks later, there was a new press conference by the illustrious Director General of the WHO, Dr. Tedros. This was on February 20. What Tedros was saying was that the pandemic was imminent: "The windows are closing." He made a very dramatic speech based on what? On 1,076 positive PCR cases, or positive COVID-19, out of a world population of around 6.4 billion outside China.

Once more, it's an element of falsehood—a conflict of interest—because after his statement, the financial markets collapsed. It's catalogued as the most serious financial crisis in history since 1929. So it's the collapse of the stock markets on a planetary scale based on a fraudulent declaration by the Director General of the World Health Organization, who is also obviously in collusion with Bill Gates and company.

Now just to put it into perspective, it wasn't 1,076 cases: it was 452 cases. Let me explain. If you look at the graph below, you have different categorizations of where these cases are located; and the majority are from people who got sick on the *Diamond Princess* because they were confined to their rooms and then given PCR testing. They were all sick; they were coughing. And anyway, the PCR test doesn't detect the virus. You have to understand that. It's fundamental. The PCR test doesn't detect the virus; it detects genetic sequences.

These genetic sequences can be attributed to other viruses such as other coronaviruses like the common cold, for example, or to seasonal flu. I'll come back to this later, but I should also mention that the PCR test was discontinued by the CDC [Centers for Disease Control] in the U.S. as of December 31, already with warnings saying they [the PCR results] were invalid.

[00:10:00]

Similarly, the WHO didn't withdraw it but said, "If you've applied the PCR test as required with a magnification threshold greater than 35, you must redo the test." And that was a year later, in January 2021. So the two key organizations in this debate were questioning this PCR test. At that time, I was not questioning it because these figures were so ridiculous that we came to the conclusion that there was no pandemic.

I'll proceed to the third [pillar]. So it caused a financial crisis. For those of you who know a bit about economics: when you have foreknowledge of what Tedros is going to say—insider information—when you also have foreknowledge of where you can manipulate information, then you can make billions on the stock market. And that's exactly what happened. I'd now like to turn to the month of March. It was on March 11 that the WHO officially declared the pandemic. Once again, there was a stock market crash—Black Thursday.

There were 44,279 positive cases catalogued as of March 11. These are cumulative cases. In other words, if people are recovering, well, they're no longer active cases, but they represent cumulative cases counting from the start of the crisis in January. And 44,279 cases were catalogued by the WHO to justify draconian measures. In English, this was called lockdown; in French, it's confinement. And this occurred on a planetary scale.

So we have to ask the question: How is it that 190 governments implemented this simultaneously—albeit with intervals—and in such a way as to essentially paralyze their economies? Because when you lock down the workforce and freeze the workplace, what happens? I can ask my first-year students that. With all the workers at home and the workplace frozen, it's obvious: It's a global and social economic crisis that affects the foundations of civil society from one day to the next. And we've experienced it.

And then there's the masking. It's social distancing. We were unable to gather together. We were unable to debate. This decision was based on stupid numbers. These are the numbers. Read carefully what's on the screen now: 125 confirmed cases in Canada on March 9. Is this the basis for declaring a national and global pandemic, accompanied by a campaign of fear and intimidation and draconian measures to paralyze not only the economy, but civil society as a whole?

So as an economist, I'll tell you what my interpretation is because I have several chapters in the book that deal with the economic dimension. But I have to say that I don't know a single one of my colleagues who has examined the issues at stake in this crisis. They said, "Oh no, it was the virus that caused the economic collapse." Frankly, it's very convenient to blame this crisis on the virus, okay? But we must say: the collapse was a product of engineering. And the collapse, the lockdown of the workforce, and the work freeze—we know very well what's going on.

[00:15:00]

First of all, it's bankruptcy processes at the level of production entities, but it's also impoverishment on a planetary scale. I followed this economic and social crisis in several countries. I contacted people in India and China.

In India, lockdown was decreed, while 45 per cent of the urban workforce was made homeless. These were migrant workers from different regions who travel to Delhi, Mumbai, and so on. They were told, "Go back to your villages." They died. There was no transport. Look at the incidences of famine in all parts of the world— not just in the so-called Global South. I tried to document the famines. The data is generally incomplete but what I can say is that this lockdown is an economic and social crisis. And probably the most serious in human history because it was generalized to 190 countries.

It's not necessarily a matter of creditors from the [International] Monetary Fund, for example, interfering and saying, "Ah, you've got to do this, you've got to do that." But look at the economic landscape around you: the fact is that SMEs [small and medium-sized enterprises], restaurants, and stores were going bankrupt, and it's not over. And that's where we come to the next steps. Governments have given handouts, as you say: subsidies for different sectors. This is essentially to silence them and to sustain them during a very complex phase.

But the legitimacy of this pandemic was not even confirmed by the PCR test from the very beginning. So that's 125 cases in Canada on March 9. That's 44,279 cases worldwide for a population outside of China of 6.4 billion. It's the height of ridiculousness.

And then I have to say one thing: the mortality and morbidity figures have been manipulated from the start. This brings me to something that's very important in the Quebec context. This is a directive from the Ministry of Health. Read it carefully. The probable cause of death in Quebec is COVID-19, test or no test; no autopsy allowed. I would like to ask the health workers if this really means anything. This directive was sent out in April 2020 when there were virtually no cases of COVID-19 in Quebec and Canada. Well, if there were any, there was certainly no underlying mortality because— Well, anyway, look at the WHO definition of COVID-19: it's something similar to the seasonal flu—they're the ones who say this—and there can be complications for a certain percentage [of the population], on the order of 10 to 20 per cent.

[00:20:00]

But anyway, they say probable cause of death—you don't die from COVID-19; you die from the vaccine, yes—but probable cause of death is COVID-19, test or no test, no autopsy allowed. That's a tad bit of a governmental diagnosis, François Legault. But for now, I'll proceed to the Canadian press's interpretation.

I believe that this date came just one week after the government directive was issued. And then overnight, at the beginning of April, 44.9 per cent of deaths in Quebec were attributed to COVID-19! The leading cause of death in Quebec: COVID-19! Look at the graph. I think it was *La Presse* that published it. They didn't even ask themselves where this kind of analysis came from. And nobody saw that it was a lie, but it is the pinnacle of lies: 44.9 per cent when in reality, just a few weeks earlier, there were practically no cases. We're not talking here about recorded deaths in Quebec or in Canada.

So that's the beginning of this fundamental crisis affecting us. And I conclude that there has never been a pandemic. And those people who refer to the virus should ask themselves: the PCR test doesn't detect viruses—especially if you do it at a magnification threshold of 35, at

which point you see absolutely nothing—and the results of this PCR test are invalid, and this is recognized at the official level by the WHO and the CDC.

But there's another element. Initially, it was called 2019-nCoV. That's right, the name of the virus was 2019-nCoV which, it turns out, is exactly the same name that was used in the [Event] 201 simulation that was held in October, which included participants from intelligence services, health executives, virologists, et cetera. And they ran a simulation of a pandemic two/three months before the actual event. And by the way, many people were at that Event 201, including the director of China's CDC, George Gao Fu.

Well, firstly, it's called 2019 nCoV—the “n” stands for “new coronavirus”—and later, it was changed to SARS-CoV-2. The name of the virus changed completely. Where did this SARS-CoV-2 come from? Has anyone asked? But I'll tell you— And it invalidates virtually every statement made by the governments from the start.

SARS-CoV-2 is modelled on the SARS virus of 2003.

[00:25:00]

And the Berlin Institute of Virology, which was commissioned by the Gates Foundation, recommended this to the WHO and it was done. The WHO declared, “We haven't isolated the new virus, but we do have a virus that's virtually identical, and we're going to use that as a term of reference.” That's right. And then they took the 2003 SARS-1 virus as a point of reference and inserted it into the PCR test. So when you get a PCR test, although they're genetic sequences, they're genetic sequences that relate to a virus dating back to 2003.

And I wonder why and how they were able to say that the new one was similar to the one from 2003 while at the same time saying: “We've never done an isolation.” You can read all about it in the Drosten Report from the Berlin Institute of Virology. It was very generously paid for by Gates, and then it was integrated. There are patenting issues. I can't say anything precise about it, but it's certain there's fraud behind it, that SARS-CoV-2 is there for a particular reason related to intellectual property, and so on.

Please note that all statements about variants, whether Delta or Omicron, et cetera, are based on PCR test results. And the PCR test can't detect either the virus or the variants, so all these statements—as far as I'm concerned—are totally false. They're part of the fear campaign. So I think first of all, of course, that there's a trajectory, but what's absolutely fundamental is that this PCR test is what we would call a “smoking gun.”

And the number of positive cases is increasing because we've ordered billions of tests from China, and so on. We have all the equipment but, in fact, China is collaborating at the level of the pharmaceutical companies—the Chinese “Big Pharma”—because they are able to produce. Take the case of Canada: we've bought 290 million antigen and home-antigen tests for a population of 38 million. That's about seven antigen tests per person. Inevitably, this leads to an increase in testing, et cetera. I won't go into the details of this but it's important to realize: initially, the statistics were falsified, the fear campaign was pushed, and also this virus is undetectable with a PCR test—impossible. I should mention that the inventor of the test died mysteriously in August 2019 but the causes of his death remain unknown.

But there's a new development. I've already talked about the economic crisis and the third pillar. I won't go into detail but the economic and social consequences are on an

unprecedented scale. It's not strictly a public health crisis and I think doctors should appreciate that. There's a lot at stake.

[00:30:00]

I must say that what concerns me as an economist—and I've been working with doctors for the last 30 or 40 years—is that when someone loses their job, is isolated, or driven to starvation as a result of global lockdown measures, it inevitably has repercussions on mortality and morbidity. That's clear. And therefore, it's not just the virus that causes this or that consequence. It's the fact that, for example, people are isolated; they're wearing masks; they're not allowed to talk to their neighbors. And what does that create? Mortality, morbidity, and mental health [issues].

I've tried to document mental health as well—so drug-related deaths, alcoholism, and so on. We already had these figures in 2020 but they gradually became distorted and we no longer know exactly what's going on. I'd now like to move on to the third stage.

Louis Olivier Fontaine

Professor, allow me to interrupt you. You talk a lot about the economic consequences and I'd like to ask you a question. You certainly have colleagues who are economists: What has been the reaction of your economist colleagues? Because what you're telling us today before the Inquiry is enormous and I'd like to know what they think, according to your knowledge, if you have this knowledge.

Dr. Michel Chossudovsky

I have people in my profession whom I respect enormously. But I haven't seen a single economist who has said that lockdowns—which were presented as a solution to the pandemic; shutting down the world economy isn't a solution— So anyway, I haven't seen a single economist who has really addressed the issue, so far as I know. As such, the profession itself will deal with the crisis in the aftermath. The fact that financial analysts have said, "Ah, it's the virus that caused the stock markets to crash," is nonsense. I know how stock markets work. Firstly, they're manipulated, and the enrichment that was triggered in the wake of this lockdown is documented. It's in the book. But there are studies done by an institute in Washington that have documented the impacts on the concentration of wealth, on the multi-billionaires, et cetera. It's clear that this crisis favours the financial class. There's no doubt about it.

Louis Olivier Fontaine

For people who don't have this knowledge of the markets, of the stock market, could you provide just a few more specifics on how someone with this prior knowledge would achieve the enrichment you're talking about, just to be a little more concrete?

Dr. Michel Chossudovsky

Well okay, without getting into the intricacies of these transactions, let's just say that Bill Gates had prior knowledge of what Tedros was going to say—and I'm sure it's probably him who told [Tedros] what to say—and he has 60 per cent of his assets on the New York Stock Exchange, and the derivatives market is known, so you speculate. But those who make money from speculation are those who have prior knowledge; we use the term

“insider information” or “prior knowledge.” He had prior knowledge of what Tedros was going to say: that’s clear.

That day, he made a fortune. But it’s not just him: it’s the whole apparatus. And so you have institutions like BlackRock, which is dominated by the Rothschilds, the Rockefellers, and so on. Well, they’re involved in these financial operations. In derivatives trading, for example, we talk about “naked short-selling,” okay? It’s a technical term.

[00:35:00]

For those of you who lost money on the stock markets on February 20, you will know. It’s clear. If you had prior knowledge of what Tedros was going to say—which was based on a 1,076-case imbecility: “the windows are closing, we’re very close to disaster,” et cetera—you would have made a fortune!

Louis Olivier Fontaine

This is what is known as short-selling, if I understood correctly?

Dr. Michel Chossudovsky

Yes. There are very sophisticated mechanisms and no regulation. And that was the product of changes made at the end of the Clinton administration in 1999. Major reforms were made to the banking system allowing large financial institutions to integrate speculative operations with commercial operations. In short, there’s a whole debate about this, but I have to say that, for sure, my colleagues haven’t pointed it out. They come up with the imbecility of saying: “Ah, it’s the virus that caused the stock market crash.” That’s a fraudulent statement; it’s propaganda and it’s false. I said that because— Well, maybe I’m wrong too, I don’t know.

Louis Olivier Fontaine

Professor, what do you think would be the likely explanation for your colleagues’ silence, if I were to ask you to speculate on probable causes?

Dr. Michel Chossudovsky

Well, listen, economics is a field with all kinds of contradictions in terms of comprehension. You could say that a market mechanism exists, it certainly does, but so do the actions of the players and that’s how I’ve always analyzed it. For example, people who actively comprehend financial issues are much more likely to say, “No, it was so-and-so who caused the disaster.”

I’ve been studying these financial operations for a number of years: For example how, in Asian countries, the so-called Asian crisis led to the collapse of national currencies— But that’s a bit off topic. What I can say is that the lockdown itself was certainly not a solution to a pandemic that did not exist. But neither was it a solution if you suppose that it [the pandemic] did exist. It became existent with the fear campaign, et cetera. So in a way, in facing a pandemic, it becomes necessary to ensure that the economy is not affected because it is the very foundation of our resources, et cetera.

Right now in Montreal, we can look at the infrastructure situation: the entire urban landscape is being altered, farmers are going bankrupt, and so on. All this started on March

11, 2020. It's a part of our lives and something that preceded the vaccine. I'll try not to be too long, but this is the next stage in this crisis: the vaccine is presented as a solution. It's presented as a solution to a pandemic that never happened.

You may argue with me but, in my view, there are two smoking guns. One is the PCR test that doesn't validate. I'm not questioning the existence of the virus; I'm saying it [the PCR test] doesn't detect the virus: it detects anything at all.

[00:40:00]

And secondly, the vaccine has absolutely nothing to do with the virus. It's mRNA: it's a vaccine that modifies the genetic make-up, which has consequences. I won't go into the medical details but I'd like to point out a number of things on this subject. This is also the second smoking gun.

December 2020 was the launch of the vaccine. The Pfizer company undertook an internal study, a confidential report with a sampling of about forty-something thousand in different countries; and they looked at the period between the middle of December and the end of February. And please note that in most cases, the effects of the vaccine are felt much later, not immediately.

Pfizer's report was confidential. It was shared with government bodies and the FDA [Food and Drug Administration] in the United States. But if you look at this report—and many doctors and medical officials have looked at this report in detail—1,200 adverse effects are categorized therein. There are mortality and morbidity rates associated with the incidence that they collected during a relatively short period—between December 15, let's say, and February 28. That's what they indicate in the report.

And they now have a report that has been made public thanks to a legal procedure in the United States, namely the *Freedom of Information Act*. It has been made public. It's never been mentioned in the media and it seems that many doctors don't know about it. But in short, for me, this report is what you might call "from the horse's mouth," and it provides documentation in a coherent and scientific way. There's subcontracting there but it's the Pfizer report, so they can't say, "Oh no, it's peer-reviewed" or "it's not quite that" or "they're conspirators." No, it's their report.

So here you have the accounting: it's just an extract from a graph. We have it in several of our texts on Global Research and the Centre for Research on Globalization. If you look at this report in detail, you'll come to the conclusion that—based on the numbers between the middle of December 2020 and February 28, 2021, certainly—all the data is there to state this vaccine is dangerous and leads to mortality.

[00:45:00]

And insofar as it's applied on a planetary scale, it is inevitably a crime against humanity. There's no other way to put it.

But I'd like to make the distinction that by February 28, 2021, Pfizer had a document in its possession demonstrating that this vaccine was certainly not a solution against the alleged virus. Rather, through the adverse effects and underlying mortality, it constituted a drug that was dangerous and deadly. I call it the "killer vaccine." It's a killer vaccine, and that is a label based on Pfizer's report. So in early March, Pfizer knew the results of this confidential report and should have said, "We won't go ahead with marketing because our own data tell

us that this is going to have mortality and morbidity consequences.” In other words, up until February 28, it’s involuntary manslaughter. But when this vaccine is imposed on the whole of humanity, it becomes a crime. It’s the transition from manslaughter to murder from a legal standpoint.

Louis Olivier Fontaine

So Professor Chossudovsky, those are your conclusions. That’s your interpretation of this report, if I’ve understood correctly.

Dr. Michel Chossudovsky

Yes. I’m not a medical doctor but I can certainly read; and I’m in contact with a lot of doctors and scientists and we catalog individual cases. We know because we live in communities; we know that so-and-so has been affected. But think about it.

The next step in my reflection is twofold. One is that Pfizer has just released its annual report for 2022 and they made, after paying all the—well, they have to fund all kinds of people—but they made \$100 billion in profit in one year. One hundred billion dollars profit in one year! And then if we look at the consequences of this vaccine, you could say that the killer vaccine allowed them to make an absolutely phenomenal amount of money. First of all, it’s a crime against humanity. It’s profit-driven, so it’s all about making money.

And I have to speak because no government and no media in Canada or elsewhere has had the courage to point out that Pfizer had criminal, not civil, action against them. Lawyers are very aware of what a civil class action is but when it’s criminal, in the U.S., it involves the Department of Justice. And similarly in Canada, it would be His Majesty’s government, so I’m talking about King Charles.

[00:50:00]

So it was a Department of Justice action against Pfizer. And there was also a provisional clause in there. They weren’t put in jail but were told that for four years, “We’ll be watching you.” But in reality, it was Pfizer that was watching the American state entities.

So first, we have a company that is aware of the impact of its vaccine because it conducted this confidential study. The confidential study should be on François Legault’s desk or Trudeau’s desk by now, but in any case, they should know about it. So anyway, and I’ll end on this: When we extrapolate all the individual cases we receive, that we’re aware of—mainly in Quebec, in Canada, but we have friends everywhere—and they tell us, “There’s so-and-so who died unexpectedly.” We’re currently looking at Dr. William Makis’ reports on an almost daily basis as well as those of Dr. McCullough. They report these cases: pilots, health care workers, all sectors of the population, infants. This graph shows the number of vaccine doses over a period ending in September 2021. Now, I’ve extrapolated this graph. By March 2023, 14 billion doses had been administered worldwide for a world population of 8 billion which means an average of 1.75 doses per person.

It’s a question of finding out or analyzing what this implies at a global level [in terms of] the impact on mortality and morbidity. And here—and I’ll end on this point—we now have another trend because of the vast sums of money involved. The distinguished President of the European Commission, Madame von der Leyen, formerly Germany’s Finance Minister, is now negotiating 4.5 billion doses for the European Union! 4.5 billion doses for the

European Union for around 450 million people, so we multiply by ten: that's ten per person. It's never-ending.

And then, of course, there's the debate on the pandemic protocol that will be debated at the WHO in the next few weeks to establish a mandatory vaccine system, and so on. But I'd like to leave the "what's the future" question for later because this crisis isn't over yet.

The fifth pillar is debt. There is excessive debt at all levels of society and on a global scale, and creditors are essentially able to dictate national policy.

[00:55:00]

There's the question of the welfare state, health services, privatization and societal projects, and the move towards a state that would appear to be totalitarian on a national and international scale.

So there you have it. My book is available for free as a PDF. I'm sorry, it's in English. It's been translated into Japanese. The Japanese translated it and released it last April. And I hope to release it in French soon, but I'm having a lot of trouble. I haven't had any offers from publishing houses because they don't like the content. But that's another subject for debate. But I'm offering it as evidence for the Inquiry.

Louis Olivier Fontaine

Thank you very much, Professor. I'd now like to give the floor to the commissioners, who may have some questions for you.

Commissioner Massie

Thank you very much for your testimony. I had a question about the graph you presented, which I had missed: at the start of the pandemic, that COVID was the leading cause of death in Quebec, accounting for 44 per cent of cases. My question for you is this: This graph was based on figures that aggregated mortality on what basis? Daily, monthly, annualized? What do we know?

Dr. Michel Chossudovsky

Look, coming back to the Ministry of Health directive. It's based on lies, okay? Probable cause of death: COVID, no test required, no autopsy allowed. So what is it? They say, "The person died of COVID." Anyway, it's not— A death from COVID: how do you establish that? You have to make a medical diagnosis. You can't just say "probable cause, blah, blah, blah," okay? This directive comes from the Ministry of Health, ask them.

But it's clear that from one day to the next, it can't be 44.9 per cent. In one week, the mortality rate went from zero to 44.9 per cent [COVID deaths]. I didn't invent this, *La Presse* did. Where do these figures come from? They come from a lie told by the Ministry of Health. Now I'm going to tell you that in the United States—because I looked at the United States situation—they say "underlying." I'm going to say this in English because these are medical terms: "the underlying cause of death, COVID-19, more often than not." This is the directive given to doctors and institutions. So these figures are totally invented. They're totally made up. Overnight, 44.9 per cent of [deaths in] the Quebec population dies of COVID?

Well, of course, it's temporal. It's not going to stay like that forever, but at the time they published it— And ask *La Presse*: *La Presse* got the data from the Ministry of Health.

Commissioner Massie

Thank you for your clarification. Any questions, Janice? You can probably translate it yourself since you're completely bilingual.

Dr. Michel Chossudovsky

Okay, it's fine. I'm an Anglophone.

Commissioner Kaikkonen

[In English] Okay, it's a big translation.

[01:00:00]

It's been repeatedly stated during testimony that liberal democracy cannot survive if the law is weaponized against its citizens to persecute citizens with dissenting voices and dissenting views, but what you have described goes a little bit further. It reminds me of the story of *Doctor Faustus*, when those in privileged places of power made a deal with the devil—or could have made a deal with the devil in this case. But in this case, exasperated by corruption, incompetence, and greed. I'd like to believe—and I may be naive in this—that there is a place where this country can come together to restore constitutional foundations under the supremacy of God and rule of law. And you have stated it is not finished, so that's kind of my concerning point. Have you given any thought as to how hard-working citizens in this country can engage in peaceful civil disobedience that can reverse what many see as being destructive for our country going forward?

Dr. Michel Chossudovsky

As I understand it, in the final analysis, this crisis isn't over. And the question is: How do we act to reverse the process? If I have to answer that question, first of all, freedom of expression is absolutely fundamental— freedom of debate, as we're doing here. There are certainly different visions, as we've seen. But I also think that truth is absolutely a fundamental instrument, that is, truth that is corroborated, not opinions about truth.

But I believe that the first step is to understand that some of these decisions are criminal in nature. And it's about civil society retaking possession of state institutions. We see this in various government bodies. I personally believe that demonstrations and protests are not the solution. Because instead of protesting, we should question. That is what matters. And you can have healthcare workers or pensioners in France holding demonstrations, but that doesn't solve the problem.

What we need to do is question the legitimacy of the decision-makers: the legitimacy of those who made these decisions. Madame von der Leyen, for example. It's also our own governments. I gave you the mortality figures that Quebec published, didn't I? It's obvious that this was to create a fear campaign. And so they attributed mortality to COVID-19. We can't even do that kind of tabulation because we're not able to differentiate with PCR testing. We can't; it could be something else.

But right now, we have governments that are waging a campaign of fear. They're forcing us to take the vaccine, so it's not a matter of protesting. It's not a question of constitutional law either. We're beyond that. The vaccine must be stopped immediately. That has to be clear. And it has to be clear based on the data inside this Pfizer document. And we have all the data. In Europe, it's the EMA [European Medicines Agency] and in the United States, it's VAERS [Vaccine Adverse Event Reporting System]. We have a huge number of documents: peer-reviewed studies, specific studies, et cetera, to say this vaccine is dangerous and must be stopped immediately.

[01:05:00]

And it's not a question of saying, "We're going to give people the right to accept it or reject it." And furthermore, we have an economic and social shift that's based on supporting the pharmaceutical industry rather than emphasizing maintenance of services, et cetera. Healthcare is clearly being privatized. The state is so indebted; and it's indebted to creditors; and it's indebted to Pfizer too because they operate together. So I think we necessarily need to target the legitimacy of the decision-makers. And protesting says, "We don't agree with you but we don't question your legitimacy."

So the legitimacy of decision-makers—whether in government, high finance, or the pharmaceutical industry—is what needs to be targeted. And of course, everything behind this project—and here I'm speaking as an economist—is based on the concentration of economic power on an unprecedented scale. There is a concentration of economic power; and this financial and banking power is taking over the real economy. And that means that even big corporations like Air Canada are bankrupt and they will be taken over.

And we're seeing the whole economic landscape now: SMEs being liquidated; a desire to consolidate farmers' land; and there are other agendas in there but I won't go into those complexities. But I think if we formulate it with an understanding of what's at stake in this crisis, then we're able to confront them and to not accept their legitimacy.

We're not going to say, "Monsieur Legault, could you do this and that?" No, we don't accept their legitimacy because they're such liars. Okay, I know this is controversial—but anyway, that's my opinion.

Commissioner Kaikkonen

Thank you very much.

Louis Olivier Fontaine

So Professor Chossudovsky, on behalf of the Inquiry, I'd like to thank you very much for your testimony as an economist. You brought a unique perspective that, to my knowledge, had not been brought to the Inquiry's attention. So we thank you very much and wish you every success in the future. Thank you very much.

Dr. Michel Chossudovsky

Thank you.

[01:09:03]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:

<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 4: Gary Lalancette

Full Day 3 Timestamp: 03:35:06–03:59:49

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Samuel Bachand

Hello, Monsieur Lalancette, can you hear us?

Gary Lalancette

Fine, and you?

Samuel Bachand

The same. My name is Samuel Bachand. I'm acting as attorney for the Inquiry in connection with your testimony. I would ask you, Gary Lalancette, to spell your name in full.

Gary Lalancette

G-A-R-Y L-A-L-A-N-C-E-T-T-E.

Samuel Bachand

I will now swear you in. Do you swear to tell only the truth to the Inquiry?

Gary Lalancette

I do.

Samuel Bachand

Very good. You are here, Monsieur Lalancette, to tell us about your experience of losing your job and claiming unemployment benefits related to COVID or COVID policies. To facilitate the Inquiry's administration of your case, I would like us to begin by introducing the bundle of documents you intend to present to us. Ladies and Gentlemen of the Inquiry, the witness's bundle is numbered [Exhibit] QU-5. It includes documents QU-5a to QU-5l in

chronological order. So Monsieur Lalancette, I'd like to ask you, do you have access to these documents? I've sent you the bundle.

Gary Lalancette

Yes.

Samuel Bachand

Okay, now open this on your computer and very briefly—because we'll go into detail later—but simply identify the procedural and other documents that appear in this bundle so that the commissioners can make notes and refer to them quickly.

Gary Lalancette

All right. So the QU-5a: that's the vaccination policy that's been established at the company, with all the details.

Next, the QU-5b is my note stating that my employment would be terminated if I didn't comply with this policy.

Next, QU-5c is the reference letter I received from my immediate superior.

Next is the QU-5d: this is the notice that they want everyone to return to working in the office and are extending the vaccination requirement by one month in order for us to provide proof [of vaccination].

Then you have a QU-5e, which is the code for my dismissal.

Then [QU-5]f, which is a screen shot of my employment record showing the reason for dismissal.

Then you have document QU-5g. This is the confirmation of my complaint to the CNESST [Commission des normes, de l'équité, de la santé et de la sécurité du travail – Standards, Equity and Occupational Health and Safety Commission] for dismissal without just cause.

Then document [QU-5]h: this is the document I provided to Employment Insurance showing all my reasons for refusing to comply with this policy, which were supported by sections of the law.

Then [QU-5]i, which is the refusal of my benefits, in other words, the decision of **Employment Insurance to refuse my request.**

Then [QU-5]j shows that I appealed and they still refused to give me benefits.

Then, [QU-5]k is my filing at the hearing: in other words, what was done by my lawyer, which proves that I made an additional appeal.

And [QU-5]l is the document which attests to the notice of hearing for the CNESST, which is coming up on June 19.

Samuel Bachand

Right. I don't want to cut you off. Were you about to say something?

Gary Lalancette

No. That concluded the description of the documents.

[00:05:00]

Samuel Bachand

So just to set the context for the commissioners and to avoid explanations that would interrupt your story, am I right, Monsieur Lalancette, to say that you were fired by your former employer for failing to comply with the mandatory vaccination policy?

Gary Lalancette

That's correct.

Samuel Bachand

You then filed an Employment Insurance claim which was denied. You challenged it administratively without success and are now taking the case to the Federal Court. I checked and it is indeed the Federal Court.

Gary Lalancette

The Federal Court, yes.

Samuel Bachand

In another case you're making a claim related to your dismissal in its own right, so it's not Employment Insurance. You have lodged a complaint with the CNESST, the Standards Commission, for short, and you are awaiting your hearing on this matter before the Tribunal administratif du travail [Labour Administrative Tribunal], a provincial authority.

Gary Lalancette

Correct.

Samuel Bachand

Very well. So now, start from the beginning and tell us what happened to you.

Gary Lalancette

Well, just as a preamble, I'm a career computer scientist. I have about 30 years' experience in IT in several jobs prior to this one. I was in my second-last position for seven-and-a-half years, and left it only because they closed the IT department and repatriated it to Toronto. As I wasn't among those who wanted to move to Toronto, my employment ended right there.

Let's start again with my former employer: February 23, 2018 was the date I got my confirmation of employment as an analyst, and March 12 was my first day of work.

Samuel Bachand

Sorry, I'm going to interrupt you from time to time. Could you tell us very briefly, as to an outside observer, what your tasks were like on a normal day?

Gary Lalancette

Yes, that's what I was just about to describe. At the beginning of my employment, we did office work; and mostly my job was to take remote posts and solve computer problems for the company's internal employees. Sometimes, when it's a hardware problem, we would go to people's offices to remedy it, but most of the time it was done from our workstation in the office using remote access. So under this system, we had an employee regulation that included working two days a week from home. So I was officially telecommuting two days a week for a while.

Samuel Bachand

So this was happening before the declaration of a health state of emergency.

Gary Lalancette

Yes, correct.

Samuel Bachand

Continue.

Gary Lalancette

And indeed, that lasted until the declaration on March 13, 2020. Following the declaration of a health emergency, I worked remotely all the time. In other words, I was working remotely full time. One of my main tasks was to provide technical support to employees, which I did remotely by connecting to their computers. So the operating process wasn't really any different; it was the same thing, except that instead of being in the office, I was at home.

Then on August 19, 2021, my employer adopted a vaccination policy—which is document QU-5a—that required all employees to provide proof of full vaccination—which at that time was two doses—between August 23 and September 30, 2021. Did I get the date right? Yes.

Okay, so between August 23 and September 30, 2021. So I had to show my vaccination status and hand it over to the company so they could record all of that. The only possible exemptions were medical or religious. Testing wasn't a part of that, so it wasn't even possible to take a test to be able to do this. The goal of their policy was to have us return to the office gradually and that's why they asked for this.

[00:10:00]

By then, we knew that the vaccine had already been shown to be not all that effective and also that it didn't prevent spreading or having the disease.

Samuel Bachand

I would simply ask you to continue with the history.

Gary Lalancette

So on the following September 15, I notified my employer that I had no plans to be vaccinated against COVID 19 and that I wasn't invoking any exemptions, either religious or health-related, because they didn't apply to my situation.

I then received a letter from Human Resources on the 21st, which is document QU-5b, stating that if I did not provide proof of vaccination that I was fully vaccinated by September 30, or proof by September 23 of my intention to make an appointment to receive the series of vaccinations, my employment would be terminated as of September 30. On the 23rd, two days later, I replied to the letter by e-mail advising that I stood by my decision, and that I wanted to continue my employment but with the conditions agreed upon in my employment contract. In other words, this was a policy that came into effect after I was hired and I didn't agree to it. I also made it clear that I refused to be vaccinated as it was still an experimental vaccine at that time, and that it contravened my fundamental rights—that is, my free and informed consent before accepting a medical treatment that infringed upon my bodily integrity.

Samuel Bachand

Did you express these arguments to your employer?

Gary Lalancette

Yes, I told my employer.

Samuel Bachand

Continue.

Gary Lalancette

On September 26, I received an e-mail from the head of human resources stating that the vaccination policy was reasonable and necessary to protect the health and safety of employees and that it complied with applicable laws. I question all that but I'm not going to discuss it right now. Seeing that my employment was heading towards an end, on September 28 I asked my immediate superior for a reference letter, which is under Exhibit QU-5c. I'm going to read this one because it'll show you what kind of employee I was with the firm.

Samuel Bachand

Yes, and if I may, this will also allow the Inquiry to bridge the gap with Service Canada's decision on your unemployment insurance claim. Please go ahead.

Gary Lalancette

Correct. So dated September 28, addressed to me, reference letter:

To whom it may concern,

This is to certify that Gary Lalancette has done an excellent job at—my employer—for the entire duration of his employment since March 2018. The main qualities I have noted in Gary are his courtesy, his organizational skills, and his ingenuity in improving some of our processes. During his time with us, Gary has been a pillar of our service center. He has also been in charge of our mobile device fleet and iPhones for the Montreal office and has taken part in a number of deployments and other tasks involving the firm's mobile devices. He is therefore a great asset to any IT department. Please do not hesitate to contact me for any further information. I'll be happy to recommend him to you in person.

And this was from my DTI manager.

Samuel Bachand

Continue.

Gary Lalancette

So you can see from this letter that it wasn't due to my work that they wanted to fire me but it really was about policy. The same day, September 28, as seen in Exhibit QU-5d, the return-to-work plan was postponed to November 1, 2021. So the plan to vaccinate and to provide proof of vaccination was pushed back another month. However, the company did not take the extension into account, and on September 30, they terminated my employment.

Samuel Bachand

When you say return to work, what you mean is the return-to-work deadline that had been postponed or delayed, right?

Gary Lalancette

Correct.

Samuel Bachand

Okay, continue.

Gary Lalancette

So following my dismissal—as anyone would—I tried to limit the damage. I made an application at the employment centre. That happened on October 3, 2021.

[00:15:00]

I filed my application at that time and on October 14, under Exhibit QU-5g, I also filed my complaint with the CNESST, and I received my confirmation notice on that date. On

December 19, as Exhibit QU-5h, you'll find the reasons for my refusal. We could go on at length about that but I'll try to keep it brief.

Samuel Bachand

Okay, just tell us who refused what and why. Because it's central; explain it to us.

Gary Lalancette

Okay, this is my refusal to comply with the company's vaccination policy. The Employment Insurance office asked for justifications for my actions, and in response to that I provided this letter, which I've put under the Exhibit I've just mentioned: 5h. In it, I refer to several articles of law, including under the theme that I have the right to refuse any medical treatment, under the Civil Code articles 3, 4, 10, 11.

Samuel Bachand

Monsieur Lalancette, I'm going to stop you there. We have access to the document, and I would ask you to explain to the Inquiry rather than referring to sections of the law, to tell us perhaps the four or five fundamental rights that you feel are the most important among those that you invoked against Service Canada in this letter dated December 19, 2021, labelled QU-5h.

Gary Lalancette

Yes, that's exactly what I wanted to do. Article 1 [sic] [3] of the Civil Code clearly states that "Every person is the holder of personality rights, such as the right to life, the right to the inviolability and integrity of his person, and the right to the respect of his name, reputation and privacy." So that's a very important point. And the next one, Article 4 [sic] [11]: "No one may be made to undergo care of any nature, whether for examination, specimen-taking, removal of tissue, treatment or any other act, except with his consent. Except as otherwise provided by law, the consent is subject to no other formal requirement and may be withdrawn at any time, even verbally." So I had the right to refuse this one.

Samuel Bachand

So for the other rights invoked, I'll refer the Inquiry to document QU-5h. We don't have much time left, but I want you to be able to explain what happened procedurally, so let's say in about ten minutes, please.

Gary Lalancette

Yes, all right. So as a result, Service Canada denied my application for benefits, which is under QU-5i. I appealed this decision on January 18, 2022.

Samuel Bachand

Let me stop you right there. The Service Canada decision—

Gary Lalancette

Yes, for Employment Insurance.

Samuel Bachand

—which denies you unemployment insurance, to use a good Québécois expression, is based on what grounds? What is the reason for denying you this benefit?

Gary Lalancette

This was refused on the grounds of misconduct because I didn't follow company policy which was, in short, vaccination.

Samuel Bachand

Is any other information provided? Does Service Canada elaborate on the meaning of this reason, which is your, quote, "misconduct"?

Gary Lalancette

That's the only thing. My disobedience of the policy in effect led to my misconduct. So my dismissal was my responsibility and not that of the employer.

Samuel Bachand

Am I right in saying that what you've just mentioned doesn't appear in document QU-5i? Are these things you were told afterwards?

Gary Lalancette

Yes, yes, that's part of the discussions with the employment center, yes. These are discussions I've had.

Samuel Bachand

All right. Continue.

Gary Lalancette

So as I was saying, on January 18, I appealed this decision, which in turn was rejected on February 4, 2022. One of the main reasons for this was that everything to do with constitutional laws and so on is not a part of their mandate. They follow Employment Insurance laws and have no authority or competence to deliberate on this.

Samuel Bachand

Okay, let's stay on that for a moment. I assume you're referring to document QU-5j?

Gary Lalancette

Correct.

Samuel Bachand

Entitled "Objet : demande de révision de décision d'assurance emploi" ["Subject: request for review of Employment Insurance decision"], this appears to be a mechanism for

administrative review of the initial decision denying you the benefit of unemployment insurance.

[00:20:00]

In the context of this administrative review, I'm guessing that you raised constitutional arguments or certain fundamental rights; and then you told us that, well, the tribunal felt it didn't have jurisdiction. Tell us a little about how that happened, how you raised those arguments, and then how the decision came about.

Gary Lalancette

Okay. It was recorded in the document I mentioned, the QU-5h, which I had given to the employment center with all the articles of law that protected my decision. And it was as a result of these documents that they—at the hearing, as soon as I brought up one of these points—said that it wasn't something they had the competence and the possibility to deliberate on.

Samuel Bachand

Help me out here: I don't see any references to your fundamental rights arguments in the QU-5j review decision.

Gary Lalancette

No, they didn't really stipulate that in the decision. They only said that they were keeping the misconduct decision on file. And that's why I'm still appealing, to be able to go to the Federal Court of Appeal to debate these issues.

Samuel Bachand

Okay, help me out once more. You seem to be saying that Service Canada, or the Employment Insurance Review authority, has told you that it has no jurisdiction to rule on constitutional issues. I don't see it here in the file; maybe I'm mistaken. How was this communicated to you?

Gary Lalancette

At the hearing I attended to argue my case.

Samuel Bachand

Okay. Your case under review or initially?

Gary Lalancette

Under review.

Samuel Bachand

All right. Around what date?

Gary Lalancette

I don't have the date in front of me right now.

Samuel Bachand

Okay. We can always refer to your timeline with the notes anyhow.

Gary Lalancette

Yes.

Samuel Bachand

Very well. So you're now before the Federal Court to contest this decision. Now what happened with the CNESST and the TAT [Tribunal administratif du travail - Administrative Tribunal of Labour]?

Gary Lalancette

Okay. For the CNESST, it's the [Exhibit] 5k. This is the notice of hearing I filed. So this is my appeal that I filed with the help of my lawyer, to once again appeal the decision that had been refused twice to that date. Because, as I was saying, they didn't have the expertise for the constitutional debate. So I'm taking it to the federal level to do just that.

On August 23, 2022, the Social Security Tribunal, in other words the CNESST, allowed my appeal in this regard. Basically, that's the essence of this story. Right now, as far as Employment Insurance is concerned, I'm waiting for a date for the next Federal Court hearing. And as for the CNESST, I've submitted it and I've got a hearing date of June 19 coming up for this. So I'm at that stage right now.

Samuel Bachand

Well, thank you for your conciseness. We still have a bit of time. I'll give the floor to commissioners who would like to ask questions. It's all good? There won't be any. So the Inquiry thanks you for your testimony, Monsieur Lalancette. You're free to go.

Gary Lalancette

Thank you very much.

Samuel Bachand

Thank you.

Gary Lalancette

Enjoy the rest of your day.

[00:24:43]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 5: Lily Monier

Full Day 3 Timestamp: 04:51:13–05:35:06

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

So good afternoon once again. I hope everyone had a good lunch. We're going to proceed with our next witness. Her name is Lily Monier and she's with us in person today. Hello, Madame Monier. Are you well?

Lily Monier

Yes, yourself?

Konstantinos Merakos

Yes, thank you very much. If there's any point when you're not feeling well, take your time. We're here for you; we want to make your testimony as comfortable as possible for you. So I'm going to start by swearing you in. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Please say "I do" or "I solemnly swear."

Lily Monier

I solemnly swear.

Konstantinos Merakos

Thank you. Could you please spell your full name?

Lily Monier

Lily, L-I-L-Y, Monier, M-O-N-I-E-R.

Konstantinos Merakos

Excellent. So Madame Monier, I'd like to start with you. Tell us about your CV and who you are. And after that, my second question is: Why are you here today? So starting from the beginning, go ahead.

Lily Monier

I have a bachelor's degree in Industrial Relations. I also did my first year of law school, and then I chose to be self-employed and work from home. I transcribed court cases. When people go to court, it's recorded, and when they need an official transcript— So I worked with a stenographer's office. For 26 years I listened to trials. I'm also trained in crisis intervention, particularly with people who are suicidal, and I'm trained in mediation using Nonviolent Communication.

Konstantinos Merakos

Excellent. So we can see that you have an interest in the vulnerable in our society.

Lily Monier

Exactly. I wanted to be a lawyer to defend the poor, the oppressed, the orphans.

Konstantinos Merakos

But you're not at the moment, but maybe one day.

Lily Monier

But I work closely with people who are, and that gives me great joy.

Konstantinos Merakos

Okay, so from your perspective—as you see here, we're trying to get different perspectives from different ages, different regions—and I'm kind of answering my own question: Why are you here today? What's your perspective on what happened during the last few years regarding health measures?

And maybe we could start with your story, which is that at first you went along with the measures that were in place despite having questions, but later you started having doubts.

Lily Monier

In fact, I have a bit of a hypochondriac side, so initially I was a little scared in case there really was a pandemic. I may have been a little scared but I'm also someone who thinks, who questions, who looks at herself. So I faced my fear. I finally said to myself, "Look, if there's a dangerous virus and a major pandemic and if I die, well then I'll die and that's that, and we'll move on to other things." So I sort of made peace with that part of me that was afraid and I observed what was going on.

At one point, I had friends who said to me, "Ah, Lily, the pandemic: there's no pandemic here," and they started telling me things. It made me wonder but I didn't really want to hear it at first. I wasn't sure. I wanted to give it a chance. I watched and waited for

something to happen to confirm or deny the situation. Also, I live in a village of 5,000 inhabitants. If there's a pandemic, we're going to know about it.

For me, a dangerous pandemic means death: lots of people dying, no more room in the cemeteries, the need to make a mass grave. And you take notice. You go to the grocery store, and there—a village of 5,000 people, everyone knows everyone else—you meet someone and the person says, "Did you know that so-and-so is in intensive care or whatnot?"

[00:05:00]

So, I waited to see. What finally happened in June was that—

Konstantinos Merakos

June of what year, please?

Lily Monier

2020.

Konstantinos Merakos

Thank you.

Lily Monier

In June 2020, transcription stopped because the courthouses were closed. I had some time for myself; and in a way, I appreciated having a little more time for myself, to slow down for a while.

Then along came Bill 61. Of course, I have a legal background. I've often read legislation; it interests me. I read Bill 61 and was outraged: outraged that my government—I won't say "my" government, but "the" government—was abusive. For me, it was an attempt to abuse. Well, there were several elements in that bill that I won't mention, but there was the aspect where it [the government] gave itself the right to indefinitely renew the state of health emergency. That was unacceptable to me. For me, that was abusive overreach. People are down, they're vulnerable, and you want to do that? To me, that was a big X. *[She traces an X in the air with her hand.]* That was it, the case was settled.

And then from that point on— Two women from Val-David organized a demonstration two days later because things were moving fast at the start. We had to do something quickly. So we got together in our little village and I gave a speech. There were about 300 people in front of the church, and people were giving each other big hugs because they could no longer bear not being allowed to do it.

Konstantinos Merakos

And did you participate in—

Lily Monier

I gave a speech and hosted the protest. I didn't know I was going to host it. I spontaneously offered to give a speech. Afterwards, I regretted it. I said to myself, "My God, I've got a day-and-a-half to prepare," but I did it and it was a great pleasure. And I quoted Gandhi's phrase: "Civil disobedience is a sacred duty when the state becomes lawless or corrupt." Well, I've become an expert in civil disobedience. I've decided to not obey unjust laws.

And I'd also like to mention Rosa Parks, the black lady who got on the bus. Apparently, she was too tired that evening so she didn't go all the way to the back of the bus. She decided to sit at the front and that was prohibited. And that woman changed the course of events because she chose not to obey that day.

Konstantinos Merakos

So despite the fact that the details are different in each situation, what matters to you is the principle or the idea behind the act. In other words, depending on the situation that arises with the laws that the government decides to pass, you feel that the citizen's role is to ask questions. And one way of asking questions is through, for example, a demonstration or civil disobedience, et cetera. Do you agree?

Lily Monier

Yes. And that's also what I did when they imposed masking. It just didn't work for me. Then Dr. Arruda held a conference, and he said, "Ah well, it's useless in a community setting. People are going to wear it crooked; they're going to play with it; they're not going to use it properly, it's absolutely useless. Wash your hands." Then two weeks later, it was the opposite. I don't like that. It doesn't make me feel respected. I'm an intelligent person. You can't tell me the opposite two weeks later and expect me to trust you.

Since I always see things from a legal point of view: I read the decree, and then I saw the exemption: "Unless they have a medical condition." So I said, "Well it doesn't say 'unless they prove they have a medical condition.'" And I did some research. I went and looked at all kinds of things, and I printed out the decree. I called the owner of the Metro [grocery store] in my village and said, "Monsieur Vincent, I have a medical condition that means I can't wear the mask." I asked, "What are you going to do?" He was in a panic, "Can you put on a veil or a scarf?" I said, "No, nothing."

[00:10:00]

So he says, "What's your medical condition?" I said, "I don't think you've read the decree and that you don't know the law because medical records are confidential. Would you like me to send you the decree?" Then he said, "Yes, I'd like that." I knew he was going to forward it to Metro's legal department because I'd worked in big law firms in Montreal, I knew how these things worked. And that's what he did. And the next day, he called me.

Konstantinos Merakos

Sorry to interrupt, but were you working as a secretary?

Lily Monier

Yes.

Konstantinos Merakos

Thank you.

Lily Monier

He got back to me the next day and said, “Well, you were right.” I knew that I was. And then I suggested that, like at Costco, customers with a medical condition had a little something on the basket. And then I said, “Maybe that could make your life easier.” Because I’m not a confrontational person. I refuse to allow my fundamental rights to be restricted unless it is justified and justifiable, but all the while I will behave with respect for those around me.

You know, the Metro owner wasn’t responsible for what was happening, and I understood his panic regarding the other customers. And that’s what was really problematic. What also struck me was that I could go to the Metro without a mask, but the other customers were— Anyway, it was an intense experience. I felt the inner satisfaction of having respected myself. But it took a lot of courage to do that. And afterwards, I took part in a lot of demonstrations.

Konstantinos Merakos

That’s the subject I’d like to pursue a little. On the subject of demonstrations, you’ve been a witness and you’ve taken part. I’d like to get your perspective on the ground. Was it peaceful? Was it done with love? Was there any violence? I’d like you to relate the facts you observed.

Lily Monier

That’s right. I’ve spoken several times as well, given speeches. And I often talked about the legal aspect and what I knew about it because I have lots of lawyer friends to whom I asked questions. And I took part in many demonstrations which were completely peaceful. I didn’t meet a lot of “anti-vaxx” people. I met a lot of pro-choice people. What’s important to me is that people should be able to give free and informed consent. And that we should give them the right information, explain the risks involved in experimental injections, and let them decide for themselves.

Konstantinos Merakos

What was the atmosphere like at the demonstrations? The people, the families—were there any families? What were the reactions like? Because earlier you talked about hugs.

Lily Monier

It was wonderful. It’s like I have a new family. I have lots of new friends, and they’re people with the same values as me. And we got together and it was like a party. Our goal was to be seen and heard in peace and harmony. But they were opportunities to meet each other and to give each other support. And then to see that there were so many of us with the same point of view that something wasn’t quite right.

It wasn’t the protesters who were the problem. I observed police brutality. I even talked to police officers and told them, “Listen, there is no sense in what you are doing. People are super peaceful. You pick someone up and he’s ready to follow you, yet you put their hand up behind their back like this.” I say, “If you use more force than necessary—you are

subject to the Criminal Code—don't you think that could be considered assault? And you're going to have an ethics complaint." It hurt me deeply.

Konstantinos Merakos

Yes. Were these questions you asked the police?

Lily Monier

Yes.

Konstantinos Merakos

But one very important subject: Can you tell us about one or two incidents of police brutality that you observed as a witness? You mentioned, for example, people who wanted to follow the policeman but were handcuffed behind the back. Were there any other—

Lily Monier

And, you know, it was quite hard. For two years I— You have to understand that from the moment I got involved, I was incapable of sitting back and doing nothing.

[00:15:00]

I chose to get involved. I started doing Facebook Live videos, explaining, "Okay, here's the decree. Here's how I work within it." I wasn't giving advice because you aren't allowed to if you're not a lawyer. But I was saying what I did when I wanted to go without a mask. Then I'd talk about the demonstrations and about police brutality, and then people would call me. When people saw that there was someone who could be a point of reference, who knew lawyers, who was looking for answers, well listen, for two years it was 24/7.

Konstantinos Merakos

Basically, you were helping people.

Lily Monier

Distress calls . . . It was very difficult: difficult because what should have functioned normally—I'm a person of action, of solutions—and what should have worked, didn't. It was as if the ceiling had become the floor and the floor, the ceiling. The government wasn't respecting its own regulations and was maintaining a state of confusion. That's the feeling I got.

They frightened shopkeepers with fines if they let people in without masks. Yes, but if you had a medical condition, you wouldn't be fined. It was extremely difficult for people to assert their fundamental rights.

Starting on December 20, 2020, the police brutality began. And in La Fontaine Park, there was a woman on that day—I don't remember if it was December 2020—who phoned me following a demonstration where she had been dragged off by the police. A 72-year-old man was dragged off by the police. These people were not resisting. It was like intimidation.

I spoke at a demonstration in Val-David and told people, "If you see someone being arrested and being led away by a policeman, please follow him. Follow him and yell, 'We're with you, and we'll stay with you until it's over.' And take note of the policeman's badge number. Write it down, and then exchange contact details. And when you get home, talk to others and make several police ethics complaints." I said this because I was speaking with a policeman who told me, "You know, one complaint doesn't bother the police officer, but four or five complaints start to become tiring." So I passed this on during a demonstration and I knew that the police were there, listening to me. I was sending a message to the police. I'm a vigilante at heart. It follows me everywhere and stays with me all the time.

Konstantinos Merakos

I have one last question about the demonstrations. Before the police started arresting people, were there any warnings? Were there any warnings to say, "If you don't leave this place, we're going to start arresting you"?

Lily Monier

This happened in Rimouski. They did it in Rimouski. It was like a recording. I was supposed to speak at a demonstration in Rimouski. I think it was in October 2020. And then I sensed that we were heading in that direction. I'm a courageous person in general, okay, but not one to take a beating. It scares the hell out of me. I don't want to go through that.

I was ready to demonstrate. I was ready to talk to the cops. I was ready to do a lot of things. The fact is, I feared for Rimouski. I sensed where it was going and chose not to go after all. And that's what happened, in the sense that the police were there in huge numbers and they did warn the demonstrators. They gave a warning and the people were forced to disperse. But as far as I know they didn't do that again at the other demonstrations I've been to.

Konstantinos Merakos

Yes, there were no warnings at your demonstrations, just immediate arrests.

Lily Monier

Well, there were times when there were arrests. Listen, we were in Montreal and we were demonstrating. There were a lot of us; we took up the whole street. And I managed to get in the middle. I tried to get close to certain influencers who sometimes had bodyguards. I was careful. I'm careful.

[00:20:00]

So it happened that I saw people being taken away by the police to a side street. This was getting serious. If you're going to arrest someone, arrest them there. Why are you taking them off by themselves, what's the deal? Because these people were just walking down the street. I mean, no criminal acts were being committed. Maybe they didn't have a mask, but then issue a ticket—which I consider illegal—but at most, leave it at that.

Konstantinos Merakos

Another important point I'd like to make: we spoke earlier about your interest in helping vulnerable people, or helping the world in general. I know that some people see you as a

mother, as a grandmother; you're very approachable. And I saw that in our brief preparation when we introduced ourselves.

Lily Monier

I'm not a mom.

Konstantinos Merakos

Okay, no, but I mean you are perceived as being approachable. You're—

Lily Monier

Kind.

Konstantinos Merakos

Yes, you're very calm. It's been very easy to communicate with you for this purpose, and I can see you're doing very well here. But then there are some people, for example, for whom what you're doing right now is very difficult.

So some people have called you. While respecting the confidentiality of these people, has there been talk of suicide, depression, or other hard subjects that have been discussed with you during these phone calls?

Lily Monier

A case that particularly touches me . . . I'm telling you, it does me good to cry. I allow myself to cry because it's a release. This man couldn't wear a mask, but it wasn't a physical condition, it was psychological: his father had tried to suffocate him when he was a child. Do you think that a rag on his face—? He wanted to kill himself. He couldn't take it anymore; he wasn't being heard. I suppose that sounds a bit out of proportion, but I think there's an element of post-traumatic stress. It was huge and he couldn't get anyone to listen to him, and then he couldn't get a note from his doctor. There is that too: the doctors followed the narrative. And then there's the Collège des médecins [College of Physicians]—we're not going to put them on trial here, but I can tell you that it wasn't easy. He finally convinced his doctor to give him a note because it didn't make sense for him to continually go through all that. This touched me deeply.

I have a lot of stories, a lot of people who phoned me were about to lose their jobs. This just floored me. A person in a very large law firm in Montreal—impressively large. I won't name them, that's not the point. But it just floors me. It's like: "Hello? What's going on? You're a lawyer." If I am able, I have an obligation as a citizen to know my rights and responsibilities. I can't go before a judge and say, "Oh, Judge, I didn't know about that law." He'll tell me, "No one is supposed to ignore the law." Well, a very large law firm sends messages to its employee: "When you come back, everyone must be vaccinated." The person working from home said, "Hey, I'll be returning soon, and [suddenly] they are demanding vaccination."

Konstantinos Merakos

And in several industries, but we'll come back to that subject.

Lily Monier

I've heard from people from all kinds of industries: unionized and non-unionized. I was referring them [to lawyers]. At one time I arrived with a group of lawyers, of which there weren't many. The group wasn't very big because it's too risky—it's too risky to stand up both as a citizen and as a lawyer, to be crucified in the public square, as a professional.

Konstantinos Merakos

Excuse me for interrupting. When you say, "crucify," with respect to the media and the image that they could— Define this word.

Lily Monier

All the words used: for example, "conspiracy theorist," "covidiot"—

Konstantinos Merakos

Do you have any experiences like that with the media where you have been placed in a negative, derogatory category?

Lily Monier

They didn't dare. On Facebook, I experienced something from a group that attacks influencers, that searches for things in order to attack people who do a bit of what I do.

[00:25:00]

And they searched for a really long time because I'm very careful when I speak, as I'm sure you've realized. Having listened to court proceedings for 26 years, I'm rather conscientious of what I can and can't say. So I was very careful and they could hardly pick up on anything, but they found something in my past and they broadcast it publicly. They didn't dare use the "c" word, which I detest, and the day it happens to me—I'm saying it publicly—I'll sue for defamation and have that word defined, and then they'll have to say how it applies to me.

I haven't taken that action yet. It wouldn't be very difficult for me using a procedural model. It hasn't happened and I hope it doesn't because I wouldn't tolerate it. Some people accept it and then say, "Oh, that's okay with me," but not me. Not me. I don't label others and I don't want it done to me.

Konstantinos Merakos

So we were talking about actions, and we'll move into the next subject with that word. In the beginning, we said that you were reading decrees, consulting lawyers, and taking part in peaceful demonstrations in keeping with democracy, as is your right in a democracy: it's one of the fundamental rights. And after that, you undertook other legal activities since you wanted to get some answers to your questions. So what was one of the questions you posed to the government through the—?

Lily Monier

A legal action in which I am a plaintiff. There are five plaintiffs.

Konstantinos Merakos

And we're about to discuss this. Excuse me for interrupting, but unfortunately, we won't be able to go into details. We'll just stick to the general themes of the conversation. But go ahead, excuse me.

Lily Monier

I have been with the Fondation pour la défense des droits et libertés du peuple [Foundation for the Defence of the Rights and Freedoms of the People] since October 2020. An appeal was filed: an appeal for judicial review. A lawyer had written it, but eventually withdrew from the case for all kinds of reasons. At that point, we had five expert reports from world leaders. A lot of money had been spent: about \$700,000. Then, the lawyer withdrew. I said, "Well, listen, could we represent ourselves?" I suggested we represent ourselves. At the same time, I thought that was very fitting.

What I've been longing to do for the past two years is to help people regain their power. That's what it's all about. And so I became like a spokesperson. Our procedure, our objective, was to say that there wasn't really a pandemic. They exceeded their authority with these measures. We're asking that the decrees be annulled, and that we talk about the Charter of Rights and Freedoms. And we'd like the government to show us that it has met the Oakes test because, while there is a right to infringe fundamental rights in an exceptional situation, a crisis situation, there is also an obligation to show that those four criteria are met. And I'd like to name them, if possible, so that people are aware.

Konstantinos Merakos

In a word, briefly, because the point I want people to understand, is that you have questions for the government. You've taken the legal route. And in essence—confirm to me if this is correct—you've asked a judge: whether a pandemic existed; if so, what are the reasonable limits of invasion on private life; and whether these measures are proportionate to the situation at hand?

Lily Monier

Exactly.

Konstantinos Merakos

I'm summarizing some of the technical elements because it is easy for people to get lost in the details. What are the criteria?

[00:30:00]

Lily Monier

We tell the judge, "As far as we're concerned, there was no pandemic, as is demonstrated by our experts in their report. And if you decide that there was a pandemic, we would at least like to be able to examine the measures in the light of these criteria: Was it reasonable? Was it effective? Was it a minimal impact? Were there alternatives to a curfew?"

Personally, I don't call them measures; I call them outrageous and totally incoherent. You're allowed to walk a dog after eight in the evening but no more than a kilometer. I could name plenty of examples here, but I think people know them. It's probably not necessary.

And I'm very proud. The Attorney General's lawyers filed a motion to dismiss our proceedings, saying the usual thing: that it had become theoretical because there were no more measures. But we countered, and I pleaded on January 4.

Konstantinos Merakos

It's under advisement, so we'll stop here as we are awaiting that decision.

Lily Monier

We're waiting for the decision. That's what "under advisement" means.

Konstantinos Merakos

Exactly.

Lily Monier

I'm very proud. It took a lot of courage. I was a little stressed, but I had great support. It's the most extraordinary thing I've done in my life, honestly, and I'm so very proud. I believe that everyone should use their skills to make a difference in their own way. I have skills in this area, so I put them to good use.

Konstantinos Merakos

Okay. So for you, it was essentially an exercise in democratic citizenship in order to receive answers in a reasonable fashion. And you mentioned earlier that you might want to slow down the machine.

Lily Monier

The bulldozer. It is a big bulldozer. Like in the cartoons, you have to throw wrenches or something into the wheels to slow it down. And me having legal recourse is no fun for them, to have this hanging over their heads. And it sends a message that: "You can't just do anything you want."

Konstantinos Merakos

The government.

Lily Monier

Yes. It's important that I do that, and to disobey. For me, civil disobedience is a relatively easy approach. It doesn't take a formal lesson: you just don't obey.

Konstantinos Merakos

One last question: I'd like to get your perspective because there are words that have been spoken in political speeches by the top ministers from different levels of government. What

is your opinion on these words that have been said? If we're talking about the words, I think you know.

Lily Monier

Yes, well, one thing that really struck me—and I couldn't believe it; I fell out of my chair—was when I heard Monsieur Legault say, "If you have employees who haven't been vaccinated, you can fire them." I thought, "Wow!"

Konstantinos Merakos

Can you tell us exactly if you've heard this on TV or radio?

Lily Monier

I don't know if it was at a press conference or— In any case, I definitely envision a photo of Monsieur Legault and a newspaper article. I think it was at a press conference but I'm not absolutely sure. That really blew me away.

Konstantinos Merakos

But you can confirm that it was negative?

Lily Monier

First of all, he's not a lawyer. If I'm not allowed to practice law illegally, I guess he's not either. And how can he say such a thing? They say that vaccination is not mandatory, but that's contradictory.

And then Monsieur Trudeau— What particularly struck me lately is that he seems to be saying that, well no, he didn't force people to get vaccinated. But there were all the threats. There were job losses. Well now, you didn't force them? That's nonsense. It's all nonsense. It's black and white, white and black. It changes from week to week. I just don't get it.

Konstantinos Merakos

Thank you, Madame Monier. We'll now continue with questions from the commissioners. Commissioners, go ahead.

Commissioner Massie

Hello, Madame Monier. Thank you for your testimony.

[00:35:00]

I see that during this health crisis, you've evolved on a personal level. You've faced up to your fears—which isn't the case for everyone. Because even today there are still people who are somewhat in the grip of fear, which isn't easy to manage because they lose their capacity for discernment at that point. But you've managed to do it, and it's a fine model to follow.

I see that you have basically pursued two paths: civil disobedience—which according to your testimony is based on ethical and moral principles inspired by Gandhi and many

others who have followed this path—and also you said to yourself, “Well, as I have expertise in legal procedures, why don’t I go this route?” And indeed, it’s a big adventure and it requires expertise to bring it to a successful conclusion.

But it may be that civil disobedience or demonstrations have their limits in terms of what they can achieve. The same goes for legal proceedings, which I think we’re approaching rather timidly in Canada, including in Quebec. When I hear about the procedures currently underway in the United States, it is not remotely the same. And I think that in the United States, this approach will probably end up having an impact.

My question is: If they rule against you—we know that it isn’t over yet and it is good to keep up the pressure for as long as possible, that sword of Damocles is good—do you envisage any other way of specifically changing the situation? Because at the political level, politicians who feel they have sufficient support from the population to continue along this path are not going to change; they’re going to continue along the same path. So how do you see this situation evolving? How do you see breaking the deadlock if your legal approach doesn’t produce the desired results?

Lily Monier

I don’t know. Sometimes I come up with other ideas, other plans for action. It’s in my nature. But I think what we’re doing here today is fabulous. And for me, what we’re doing today may not produce results next week, but the results are now. And I believe there’s more than the eye can see. I also believe in energy. Words resonate.

I’d like to thank everyone who has come here and all those who are taking part. I believe deeply in what we’re doing here. I think of the repetitions. You know, I think of the very old movies when I was little in which there was a castle gate and a group of people who got together and took a battering ram to that gate. And then, after 72 or perhaps 36 blows, the door gave way— I believe in that.

I often have ideas for other ways to proceed. I also think about the number of times you try again, when you don’t let go. When your child pulls on your sleeve and won’t let go, at some point you’re going to give in. I think it takes a lot of perseverance.

There are times when I’m disgusted. You know, I said to myself this morning, or yesterday, that if I weren’t involved in concrete action, participating and doing what I’m doing today—I’ve been accompanying Myriam, who will be testifying later, all week—I don’t know what other form it would take, but I need to be involved. And if I weren’t, I think I’d be in a depression with the world being as it is today. I need hope. What gives me hope is concrete action. I have ideas as I go along. Maybe I’ll have some tomorrow. I’ll say, “Ah, I could have answered that.” Right now, I’m waiting for the decision. That will tell me what to do next.

Commissioner Massie

Thank you very much. Do you have any questions here?

[00:40:00]

Lily Monier

I understand English well.

Commissioner Massie

No, it's for the people in the audience.

Commissioner Kaikkonen

Hello. [In English] The Charter of Rights and Freedoms in Canada includes the right of accommodation. And for me, what that means is accommodation for persons considered to be vulnerable within our society. So I'm going to ask you a question.

Commissioner Massie

[In English] Allow me to translate, otherwise I'll have to remember. I'm getting at the lower level of functioning.

What Janice has just said is that the rights of our society include the right to make accommodations in order to take into account the condition of people who are more vulnerable.

Commissioner Kaikkonen

[In English] So what recommendations would you make or suggest as to how we, as a society, can bridge reconciliation and compassion between the needs of people who are without against authorities—for example, the policing, the legislatures, the judges, the public service—who may not, for example, necessarily understand how eight o'clock curfews might impact someone who's already living on the streets?

Commissioner Massie

So the question is, how can we suggest ways of operating that will enable police, judiciary, and institutional authorities to implement or seriously deploy measures that will reconcile the specific needs of vulnerable people, including the homeless, for example? What can we do?

Lily Monier

People who were already suicidal before this crisis and who experienced lockdown—When I spoke to a police officer at one point, I asked, "Are there many more suicides?" He said, "There is no end to them." And listen, I'd like to give you an encouraging answer, but I get the impression that for our government, these people aren't important. I don't know if it's because these people don't contribute. I don't know what we can do about it.

I think we could stop the anxiety-provoking messages because I look on the internet, or even on MétéoMédia [The Weather Channel], when you look for the weather forecast and they announce that the summer is going to be horrible so don't think all is well. It's everywhere. It's in everything. It seems like these continual anxiety-provoking messages are to keep people in fear. I think that would be the first step. I find it criminal to do this because you cannot ignore the impact it's going to have, and it's your responsibility as a manager. You have no right to not know.

Commissioner Kaikkonen

[In English] You answered the question very well. Thank you. Merci.

Commissioner Massie
[In English] Are we okay?

Konstantinos Merakos

So Madame Monier, the Inquiry would like to thank you from the bottom of our hearts for your testimony, and we wish you a pleasant evening. Thank you very much.

Lily Monier

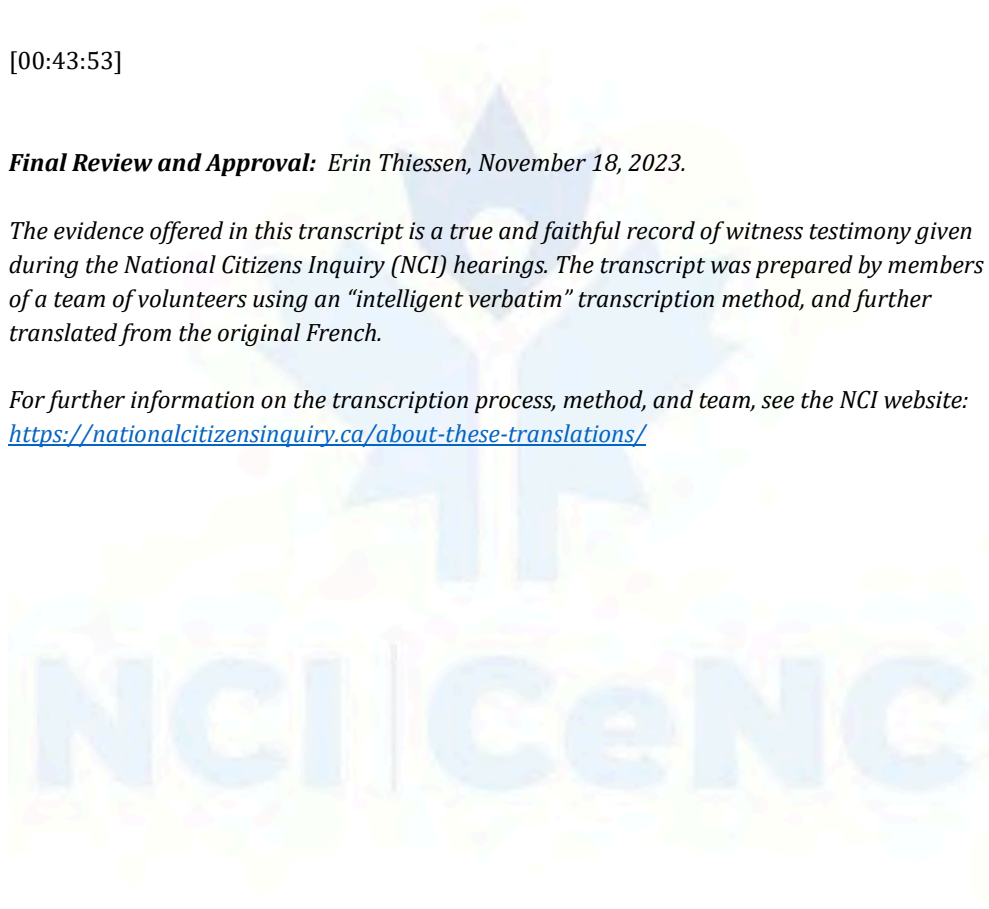
Thank you, and I thank you from the bottom of my heart for what you are doing. Thank you very much.

[00:43:53]

Final Review and Approval: Erin Thiessen, November 18, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 6: Vincent Cantin

Full Day 3 Timestamp: 05:35:58–06:00:25

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Louis Olivier Fontaine

Hello everyone. My name is Louis Olivier Fontaine, lawyer. I'm acting today as prosecutor for the National Citizens Inquiry. We will now hear from Monsieur Vincent Cantin, who will testify about the consequences of the COVID injections he received.

Good morning, Monsieur Cantin.

Vincent Cantin

Hello.

Louis Olivier Fontaine

To begin with, I would ask you to simply state your first and last name, please.

Vincent Cantin

Vincent Cantin.

Louis Olivier Fontaine

Very well. And now I will ask you to solemnly swear to tell the truth. So, do you solemnly swear to tell the truth, the whole truth and nothing but the truth? Say, "I do."

Vincent Cantin

Yes, I do.

Louis Olivier Fontaine

To begin with, I'd like to ask you, Monsieur Cantin, what do you do for a living?

Vincent Cantin

What did I do for a living? I was a senior civil engineering technician for a consulting engineering firm.

Louis Olivier Fontaine

Okay, and can you explain a little more about what you do for a living?

Vincent Cantin

I was a site supervisor, and during the winter, I was a draftsman at the office. That's what I did: roadwork. I was on Henri IV, here [in Quebec City]. That's what I did.

Louis Olivier Fontaine

Okay, so you say what your occupation "was." So I understand there's been a change. What's going on professionally now?

Vincent Cantin

The pension plan has recognized me as disabled.

Louis Olivier Fontaine

Okay, I understand.

Vincent Cantin

So I'm still on workman's compensation but, I mean, I got my answer recently: I have been recognized as disabled.

Louis Olivier Fontaine

All right. To try to explain this situation, we can perhaps proceed chronologically, if you don't mind. So we said that you had consequences following the COVID injections. I'd like you to first explain what led you to receive one of these injections.

Vincent Cantin

Well, it was strongly encouraged to protect the vulnerable, the elderly, and then to protect oneself, supposedly. They called it a civic duty, which I did. My first dose was AstraZeneca, and 20 days later, I went into hospital with a stroke.

Louis Olivier Fontaine

Just before you go on, do you remember roughly what date, what period of time it was at that point?

Vincent Cantin

My first dose was on April 15, 2021.

Louis Olivier Fontaine

April 15, 2021. And tell me, Monsieur Cantin: Before receiving this first AstraZeneca injection, what was your state of health?

Vincent Cantin

I was super healthy: no drugs, no Tylenol, nothing. I was in great shape.

Louis Olivier Fontaine

Okay.

Vincent Cantin

I had a demanding job in the summer working 50 hours a week. I mean, I was working. I was in good shape.

Louis Olivier Fontaine

Okay, so now we're back to April 15, 2021. So what happened after this intervention?

Vincent Cantin

Well, I got vaccinated. Then 20 days later, I started to experience dizziness and numbness, then headaches and nausea. That's why I called my brother to come and take me to the hospital. For me to call someone to come and take me to the hospital, I really have to be feeling bad. It seems like I went in on my own, but I don't remember anything after that. Luckily, I had my stroke in the hospital so they treated me quickly.

Louis Olivier Fontaine

Sorry to interrupt but if I understand correctly, what happened was a stroke, right?

Vincent Cantin

Yes.

Louis Olivier Fontaine

Okay.

Vincent Cantin

A thrombosis of the basilar [artery], or I don't know what— An ischemic stroke.

Louis Olivier Fontaine

Okay. So now you're talking about hospitalization. How long did that last?

Vincent Cantin

Well, all in all, I spent 80 days in hospital and at the rehabilitation centre. But after that, I had several [strokes]: I eventually had five strokes, then five TIAs.

Louis Olivier Fontaine

Can you explain what this is?

Vincent Cantin

Well, TIA stands for “transient ischemic attack.” Basically, it’s a seed in the carburetor. That means it leaves no after-effects, unlike a stroke.

[00:05:00]

A stroke leaves bruises; it leaves marks. They see them when they do scans. It was 80 days before I could return home. Because there were occupational therapists and all these people who came to see me at home, to see if I was capable of not burning myself and living on my own. Luckily— Otherwise, if they had said I couldn’t go home, well, then I wasn’t going home.

But anyway, it’s been two years since then.

Louis Olivier Fontaine

So you say you spent a total of 80 days either in the hospital or in a rehabilitation centre. Which one was it?

Vincent Cantin

It was the IRDPQ [Institut de réadaptation en déficience physique de Québec] here, not far away.

Louis Olivier Fontaine

Okay. So in your file, we see that you received a total of three injections. When did you receive the second and then the third?

Vincent Cantin

The second was at the rehabilitation centre: they vaccinated people at the rehabilitation centre. They told me that in my case—given my state of health—it was preferable not to have COVID, and they strongly advised me to get vaccinated. Then I had my third dose as well; I was back home by then.

Louis Olivier Fontaine

Forgive me for interrupting. We’re talking about the second injection. Was it the same product?

Vincent Cantin

No, it was the Moderna because the other one had been withdrawn. AstraZeneca had been discontinued in Europe and then they discontinued it here. The FDA [Food and Drug Administration] in the United States never accepted this vaccine. As a result, they immediately stopped giving it. In fact, I was one of the first to get it here; and after that, they stopped giving it because it was causing too many cases, I imagine.

Louis Olivier Fontaine

Okay, so at this point, you're on your second dose of the product. In fact, your first dose of the Moderna product, but your second dose of COVID products. You're in a rehabilitation centre and it's strongly suggested that you receive this—

Vincent Cantin

That I receive it. Then they would go out and vaccinate people, just as they did in RPAs [seniors' residences]. I was vaccinated the second time at the rehabilitation centre.

Louis Olivier Fontaine

And at this point, when it was suggested that you take this second injection, what was your state of mind? I understand that you were in a rehabilitation centre but how did you feel about receiving this other injection?

Vincent Cantin

Well, back then, I wasn't like I am today. I could hardly eat on my own, and I couldn't take a shower standing up. I was really— So anyway, I didn't want to. But like I said, the doctors strongly advised me to get vaccinated given my condition because they thought that if I got COVID, it would be dangerous for me.

Louis Olivier Fontaine

So it was the doctors who told you that?

Vincent Cantin

Yes, doctors. There are several of them. Basically, it's the same doctors who are at the hospitals all over Quebec City; they also work at the rehabilitation centres. And that's it.

Louis Olivier Fontaine

Okay. And in your file, you mentioned a third injection. Do you remember when that was?

Vincent Cantin

This was when I was at home; that was my family doctor. He didn't want to see me if I wasn't vaccinated and I couldn't see my mother if I wasn't vaccinated. That's why I got vaccinated.

Louis Olivier Fontaine

So if I understand correctly, the recommendation to receive this third injection was made by your family doctor based on the fact that—?

Vincent Cantin

That in my condition, it was preferable; that if I had COVID, it would be dangerous for my health. Although I got it anyway, after the third dose.

Louis Olivier Fontaine

So once again, if I understand correctly, you were also sick.

Vincent Cantin

I had COVID.

Louis Olivier Fontaine

All right. So, you returned home. What was daily life like when you got back from the rehabilitation centre?

Vincent Cantin

Well, it was difficult. I was ordering myself ready-made meals because I found it hard to cook and on top of that, I no longer have a driver's licence—nor will I ever again. So mobility is tougher. And in winter it's complicated, so I have to walk.

In the end, as I said, I don't have a driver's license, but I can't ride a bike anymore either.

[00:10:00]

Like right now, I can't see you. I have to do this to see you *[turns body to the right side]*. Like here *[turns body to the left side and indicates the whole right half of the audience]*, I can't see that whole part of the room. And this is just one of the things I've had, apart from amnesia.

Louis Olivier Fontaine

Okay, yes, that might permit us to move on to this subject. You mentioned some consequences. Would you like to share, for example, if you have been medically diagnosed with anything?

Vincent Cantin

Yes.

Louis Olivier Fontaine

Okay. Would you like to talk about these diagnoses?

Vincent Cantin

Well, I've got them here; I can't remember them all. I have hemianopia: I can't see on one side. My eyes are fine; it's in my brain. Then I have anterograde amnesia: I forget events as they happen but my long-term memory is still there.

Louis Olivier Fontaine

Okay.

Vincent Cantin

So when you're feeling nostalgic, it's not so bad. But when you want to live in the moment, on the other hand, I would have been better off with the other [kind of amnesia]. But that's another story.

Apart from that, well, I have hemiplegia: it's like body-wide paresthesia, from my fingertips to my toes—the entire half of my body. I have dyschromatopsia, that's a kind of acquired colour blindness. For me, the sky is no longer blue, it's gray; I can't see blue in the sky anymore. The colours came back. At first, I spent two months not seeing any colors: it was brown and gray. Now it's coming back a little: like I'm able to distinguish the lines on the ground [here]—they're green—but the sky is permanently grey.

I have high blood pressure, which I never had before. I have visuospatial disorders: I have trouble finding my way around places even when they're places I know. In fact, when they took me home the first time, I went past it three times; I didn't recognize the place. Then, just like when I came here—I came by paratransit—well, I don't recognize the place. And since I won't remember anyone here, I have prosopagnosia: I forget faces; I can't recognize faces. The faces of people I knew before remain, but new faces, well, that's it: I meet someone in the morning and in the afternoon, it's as if I'd never seen them. That's pretty much it. I don't have a driver's licence anymore. I don't work, and that's that.

Louis Olivier Fontaine

How did you get here, Monsieur Cantin?

Vincent Cantin

Pardon?

Louis Olivier Fontaine

What means did you use to get here today?

Vincent Cantin

Paratransit; and that's the Société de transport adapté du Québec [Capital Paratransit Service]. It's a service they offer to people with mobility problems or people who need it. At least I have that, which is always good.

Louis Olivier Fontaine

And you mentioned earlier having a family doctor and you also mentioned [medical] diagnoses. What does your family doctor—or what do the doctors you see or the health personnel you see now—give you as a prognosis? Or what do they tell you about the future?

Vincent Cantin

Well, they don't want to say too much, but for me personally, my prognosis is life-threatening. There aren't many studies here, but I've read studies—maybe I shouldn't have but anyway, it doesn't matter—studies in Switzerland that have followed over time, let's say, 1,500 people who've had strokes like mine. In any case, they're talking about between 6 and 15 years. That's about right.

Louis Olivier Fontaine

Have you sought a doctor's opinion on this—

Vincent Cantin

They don't talk to me about it but they nod yes; you can tell my research was right. In other words, I'm not going to make it to 75 [years old], that's for sure. But anyway, that's it.

Louis Olivier Fontaine

And how did the doctors react when you— In fact, did you talk to them about a possible link between the injections you received and the consequences on your health? Is this something you talked about?

Vincent Cantin

Yes.

Louis Olivier Fontaine

What was their reaction?

Vincent Cantin

Ah, well, nobody wants to wear this one. One of the "gang" told me, "It looks like that."

Louis Olivier Fontaine

A doctor?

Vincent Cantin

Yes.

Louis Olivier Fontaine

Okay, a doctor.

Vincent Cantin

Yes.

Louis Olivier Fontaine

Is it your family doctor?

Vincent Cantin

No. It's a doctor who was at the Hôpital de l'Enfant-Jésus.

Louis Olivier Fontaine
And what did he tell you?

Vincent Cantin
“It looks that way.” Without saying anything, basically.

[00:15:00]

Louis Olivier Fontaine
Do you know if this doctor or another doctor would have reported these vaccination consequences?

Vincent Cantin
No. I think they’re obliged to report adverse events, but the doctors didn’t do it during COVID. They’re obliged to: it’s a legal requirement for adverse events following vaccinations. But they didn’t do it.

Louis Olivier Fontaine
And how do you know they haven’t?

Vincent Cantin
Because I asked them.

Louis Olivier Fontaine
You raised the question?

Vincent Cantin
Yes.

Louis Olivier Fontaine
Okay. Now, I know there’s an injury compensation program in Quebec. Is it a program you’re familiar with?

Vincent Cantin
Yes, yes. I saw it; I’ve applied.

Louis Olivier Fontaine
How did that go?

Vincent Cantin
Well, that’s it, no one wanted to. I asked eight doctors, including my family doctor, the neurologist at Enfant-Jésus [Hospital], all those who have been following me, plus doctors

who make inquiries. And then I found one, but I had to talk to eight others first. Nobody wants to go there. It would have been better if I had been a leper.

This injury program is pan-Canadian but it is managed by the provinces. All across Canada, they study your claim on the spot except in Quebec, where they require a medical representative. Then, of course, the doctors don't want to get involved. Anything to do with COVID and the doctors don't want to have anything to do with it; they'll be punished. It's as simple as that. But in any case, that's it.

Louis Olivier Fontaine

And do you have people around you—either family or friends—who understand what you're going through right now?

Vincent Cantin

Yes, yes, I'm well supported.

Louis Olivier Fontaine

Monsieur Cantin, is there anything we haven't yet discussed that you'd like to share with the Inquiry?

Vincent Cantin

No, I don't think so. It's okay, we've covered everything.

Louis Olivier Fontaine

Okay. So if you don't mind, could we see if the commissioners have any questions for you?

Vincent Cantin

All right.

Commissioner Massie

Thank you, Monsieur Cantin, for your very moving and disturbing testimony. The first thing I'd like to make sure I understand is that, well, you went [to get vaccinated] the first time out of civic duty; we did it to save the vulnerable. And obviously, there may be the fact that you're thinking at your age, "Well, maybe it will be beneficial to me." You end up with quite severe medical consequences. And then you were strongly recommended to take a second dose?

Vincent Cantin

A second, then a third.

Commissioner Massie

How capable were you—I would say, emotionally, psychologically, and physically—of questioning that or resisting that on your own?

Vincent Cantin

I didn't want to have any subsequent doses but it was the doctor. I was at the IRDPQ. I was in bed with an IV. At some point they said that in my case, I'd be better off getting vaccinated. They're more "knowledgeable" than I am on the subject, so I agreed, that's all.

Commissioner Massie

And in these discussions, did they even raise the possibility that if you found yourself in this precarious condition—from a medical point of view—it was probably the consequence of the first vaccination you'd had?

Vincent Cantin

No, nobody said that.

Commissioner Massie

But what were you thinking at the time?

Vincent Cantin

Maybe I misunderstood.

Commissioner Massie

For the first vaccination that led to your rather severe medical conditions, did you make the connection in your mind that it could be due to the vaccination?

Vincent Cantin

It's officially certain. I went back in time to look at the sequence; I asked around. Then one way or another they stopped that vaccine: it was causing thrombosis. Back then, I read the literature on the internet—just about everywhere—that people were having thrombosis in the first few days, in the first month, let's say.

Commissioner Massie

And when you accepted the dose of Moderna, which isn't AstraZeneca—so it's not "adeno" [an adenovirus vaccine]—were you reassured that this time, it wouldn't be too serious because it wasn't AstraZeneca?

Vincent Cantin

Not necessarily, but in my condition, I nodded automatically.

[00:20:00]

It was in the first few months, so I wasn't quite there yet. And then it was recommended by the doctors; there was a whole panoply of them. Three or four of them came to see me and they all advised me to get vaccinated. So that's it.

Commissioner Massie

And did you observe that the adverse effects were more pronounced or less pronounced following this second vaccination, or did you not really see any difference?

Vincent Cantin

I didn't see any difference.

Commissioner Massie

So it's possible that this second vaccination didn't necessarily make things worse.

Vincent Cantin

No, it didn't make things worse.

Commissioner Massie

Okay. But the third vaccination surprises me a bit because it looks like your family doctor indicated that if you were not up to date in your vaccination record for COVID, he'd rather not see you?

Vincent Cantin

Yes, exactly: not see me at his office.

Commissioner Massie

Was this a widespread practice for doctors, or was your doctor an exception?

Vincent Cantin

No idea. I think my doctor is about to stop practising because he's going to be 70. I think he's retiring soon; he was very scared!

Commissioner Massie

He was afraid.

Vincent Cantin

Hey, he practically raised his voice. So, yeah, he recommended it to me. Also, I was often going to see my mother, and well, the RPA [seniors' residence] she was staying at was requesting vaccine passports.

Commissioner Massie

And you were no longer up-to-date with your vaccine passport given the date of the second dose?

Vincent Cantin

Yes, I needed a third.

Commissioner Massie

And following this third dose, did you find that your state of health was stable?

Vincent Cantin

It was stable. Yes, the last two doses didn't make any difference.

Commissioner Massie

It didn't make a difference, okay. Another question, perhaps, which is a little more personal. I noticed during your testimony that you were constantly making, I'd say, comments that show you have a way of handling this particularly difficult situation with a certain philosophy, or a certain serenity.

Vincent Cantin

Ah, thank you.

Commissioner Massie

How do you feel at the moment about the future?

Vincent Cantin

Well, I don't really know what to say, in that there are stages of grief. There are five stages of grief, and I haven't arrived at the first one yet; I haven't accepted it yet. So that's it. Like I often say, "When I sleep, I dream; it's when I get up that the nightmare begins."

Commissioner Massie

So what you're going through is very difficult.

Vincent Cantin

Well, I like to say, "I'm like an old oak tree losing my branches one by one but instead of light, it's darkness that passes through."

Commissioner Massie

Do you have the support of friends and family or professional help to get you through these difficult times?

Vincent Cantin

Not really. Well, I mean, I have an employee assistance program; they've never called me. I put my name on lists to see psychologists—these people, those people, other people. And no, I don't get any help. Then all the doctors who were treating me, well, they let me go. But I'm good; I'll get through it.

Commissioner Massie

Thank you very much for your testimonial.

Vincent Cantin

Okay, thank you.

Louis Olivier Fontaine

Monsieur Cantin, on behalf of the Inquiry, I'd like to thank you very much for taking the time to come and tell your story.

Vincent Cantin

My pleasure.

Louis Olivier Fontaine

I think this is a story that will be heard. And I salute your courage in coming to testify before us, for which I thank you very much.

Vincent Cantin

My pleasure, thank you.

Louis Olivier Fontaine

Good bye.

Vincent Cantin

Many thanks to all of you.

[00:24:27]

Final Review and Approval: Erin Thiessen, November 21, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:

<https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 7: Myriam Bohémier

Full Day 3 Timestamp: 06:01:50–07:13:50

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Samuel Bachand

Hello, my name is Samuel Bachand. I'm acting as Inquiry counsel for your testimony, Myriam Bohémier. First, I'd like you to spell your full name.

Myriam Bohémier

Myriam M-Y-R-I-A-M, Bohémier B-O-H-É-M-I-E-R, like Richard.

Samuel Bachand

I'm going to swear you in. Do you swear to tell the Inquiry nothing but the truth?

Myriam Bohémier

I do.

Samuel Bachand

As a first step, Madame Bohémier, I would ask you to provide us with something of an overview of your CV, which will be filed for the Inquiry's benefit at a later date. I don't have the file number yet, but I'll let you know as soon as I have it [no exhibit number available]. Please go ahead.

Myriam Bohémier

I've been a lawyer since 2000, so for 23 years, and an accredited mediator since 2015. My practice has always involved medico-legal issues. I did my internship at the Société d'Assurance Automobile du Québec [Quebec Automobile Insurance Company] in legal damages, so I have 23 years of experience in medical forensics. I also have a great deal of experience in all matters of harassment—both psychological and sexual—and domestic violence; and I've touched in a general way on social and labour law—in fact a lot of things

that concern people in the face of big entities such as governments, institutions, insurers, and government agencies. So this has always been my practice for the past 23 years. Since October 2021, I've been concentrating more on cases involving government measures.

Samuel Bachand

I offer the witness to the court as an expert witness with the qualifications of a jurist.

Myriam Bohémier

Yes.

Samuel Bachand

Myriam Bohémier, I believe you have some opening comments to make.

Myriam Bohémier

Since I'm testifying as a lawyer, my speech is limited to what I can say under the attorney-client privilege. So everything I say here has either been: authorized by my clients or disclosed by them; or the information has become public through judgments; or it concerns me personally in my capacity as a lawyer.

Samuel Bachand

Myriam Bohémier, you've shared with me a rough outline of your presentation, which you have in front of you, as do I. I don't think it's necessary to submit it as an exhibit. However, if the commissioners would like to see it to assess credibility or something of that nature, they can simply glance at it; otherwise, we can just carry on. Is that okay? So first of all, you wanted to talk about constitutional rights in the context of COVID.

Myriam Bohémier

Well actually, I'm going to tell you about my involvement with the measures from October 2021 to the present day. I've been immersed in this subject for a year and a half now, let's put it that way. So my involvement covers a lot of subjects. Firstly, I'm involved in the Foundation's appeal, the power of judicial review concerning the constitutionality of all government measures. I'm also involved in certain tickets, where the right to demonstrate was so restricted that to demonstrate against wearing a mask— There was an obligation to wear a mask in order to demonstrate against wearing a mask.

Samuel Bachand

Let me stop you there for a moment. When you talk about "tickets" you're talking about penal charges or statutory offences which are penal but not criminal.

Myriam Bohémier

Exactly. Contraventions based on the various decrees that have been issued in relation to the *Public Health Act*. So I'm involved in this type of file. I'm involved in labour law—labour law for unionized employees.

[00:05:00]

My role is limited since unionized employees have a union; except that in certain contexts, I act to protect the divergent interests that these employees may have with their unions, as in the case of Professor Patrick Provost. A portion of my work is labour law as related to labour standards—so for people who have lost their jobs for refusing to comply with a vaccination policy, that is, people who had refused to comply with the vaccination policy and then lost their jobs after two years' continuous service. So these people can appeal to the Tribunal administratif du travail [Administrative Labour Tribunal], and I have files of this type. I've defended and advised university professors against their university who, let's say, were censuring them for having sounded the alarm about the COVID-19 vaccination, or rather injection, for children.

I'm also involved in employment insurance [EI]. I have a federal appeal pending. Because you have to understand that people who refused to follow an employer's policy on vaccination lost out—either because they fell into a no-man's land, with an indefinite suspension, where they couldn't even get their vacation or their accumulated days off. You know, they had nothing at all. They were left with nothing but they weren't fired either. Alternatively, people were fired outright. But when these people applied for EI, they were told that they had committed misconduct by refusing to comply with a company policy. EI decided that it wouldn't get into the legality of the policy. They're interested in the reasonableness, but not the legality of vaccination policies. As a result, many people found themselves not only unemployed but without employment insurance.

Samuel Bachand

Okay, in one minute, elaborate a little on the distinction between reasonableness and legality. These are things that are familiar to us as jurists but for others, it may not be so clear.

Myriam Bohémier

Legality means that if you want to challenge the legality of an employer's policy on a constitutional or charter level, the social security court refuses to go there. So we are at the federal appeals court because we have to be, I mean— You know, we could make this caricature: let's say the employer had a policy that said everybody had to come to the office naked. I think it would have been pretty clear that the social security court would not have declared noncompliance with that policy as misconduct. But the mandatory vaccination policy was considered reasonable by the social security court. When I looked into it, I came across only one case that was successful. There are questions of [systemic] delays, but on the fundamental question of refusing the vaccination policy, only one case to my knowledge was successful, and that was last December. But otherwise, it was considered that the pandemic was real.

You know, it's like we don't question the seriousness of the situation or the pandemic as such. So therefore, the vaccination policy becomes completely reasonable in such a serious situation. So that's how I would sum it up.

Next, I've done a lot of disciplinary work, and I still do a lot. These are professionals, members of professional orders who have criticized government measures and who have either been intimidated by the *syndics* [representatives] of their organization, or have been brought before their professional organization for having sounded the alarm on masks or on the COVID-19 injection.

[00:10:00]

There have been police officers and firefighters as well among the people I've advised.

Right now, I'm preparing a criminal law file based on section 9 of the *Food and Drugs Act*, which states that you can't engage in misleading advertising. I consider that what was said regarding the COVID-19 injection was misleading to the public. So I'm working on a file like that.

And the cases that have kept me the busiest were the family law cases in which a parent who wanted a child to receive the COVID-19 injection was required to go to court when the other parent was opposed, and this ended up before the courts. But I'll come back to that in the second part, as I think it's important to outline the legislative history in Quebec because Quebec has its own distinctions. I won't go into all the technical details, but it's something that could eventually be submitted to the Inquiry.

I'll just explain that on March 13, 2020, a health emergency under the *Public Health Act* was declared which gave the government special powers. Under this law, the government could adopt decrees that lasted a maximum of ten days, if I'm not mistaken. And at the end of ten days, the decree either had to be renewed or, at some point, the National Assembly had to make a decision. To avoid going before the National Assembly, the government chose to renew every ten days. It renewed the health emergency and at the same time, it changed the measures more or less regularly every ten days—which made it very, very, very difficult to follow.

Not to mention that in law, we have a code of civil procedure for court proceedings. We have rules of evidence and procedure before the courts as well: the Superior Court, the Court of Quebec, all the various courts, not to mention the administrative tribunals. And on top of that: with the pandemic, they started issuing directives, but directives for each district, each courthouse, each tribunal. It became like *The 12 Tasks of Asterix*—extremely difficult to follow. Then, in addition to the usual procedures, you had to fill out form X, then send it in so many days in advance—because it had to be captured by the digital registry so that it would appear on the roll. And then the roll calls were no longer made the same day and you had to be available the day before. And then the roll call could be made by phone. In any case, it became extremely complex and in a certain sense, very anxiety-provoking.

Samuel Bachand

What you've just described is your personal experience as a practitioner using regulatory tools, guidelines and so on, correct?

Myriam Bohémier

Yes, tools were imposed on us that were outside the usual rules: outside the law and outside the regulations. We started getting directives from chief justices, from every courthouse, and from the Ministry of Justice. You know, it was hard to keep up. It's still going on today. There are forms and then things change.

Samuel Bachand

When you say outside the law and regulations: Does your statement mean to say that the courts' COVID directives were not authorized, not statutorily founded, or simply that they were in addition to—

[00:15:00]

Myriam Bohémier

Ah, they were additional, yes.

Samuel Bachand

All right. My other question. Earlier you mentioned the decrees and, I suppose, the related ministerial orders and the fact that they change very often—on a weekly basis, perhaps?

Myriam Bohémier

Pretty much, yes.

Samuel Bachand

Good. What kind of administrative codification or consolidation was made available to jurists and the general public, so that they would know exactly where they stood?

Myriam Bohémier

Well normally it's published in the official gazette, so I don't know if that's your question.

Samuel Bachand

No, I mean was there ultimately a summary in the same manner as in—?

Myriam Bohémier

No, no, no.

Samuel Bachand

You know, in reality, a municipal by-law—and here I put the question to you—my understanding is that a municipal by-law is often a sedimentation of various amendments. Except that we make available to the public, and to lawyers, what we call an administrative codification or consolidation, which enables people to see where things currently stand. To your knowledge, was the equivalent of this type of tool made available to lawyers or the general public?

Myriam Bohémier

To my knowledge: no. I'd say it's also that we're lawyers here and it's our job. But it was also difficult for us to keep up with the measures, what was going on, and where we were at. It was *The 12 Tasks of Asterix*. It was complex.

Samuel Bachand

You can go back to your outline. I've diverted you from it.

Myriam Bohémier

Yes, it changed frequently. Then what increasingly happened was that when we wanted to challenge certain measures, the government backed down or changed the measure. And then we ended up in a lot of decisions where the courts said, "Well, it has become a theoretical debate because the measure no longer exists."

So the government changed their measures before the hearing—

Samuel Bachand

Let me stop you there. The courts said it had become theoretical, and so what happened with the files?

Myriam Bohémier

They were rejected. The files were rejected.

Samuel Bachand

The challenges to the COVID measures were rejected because, according to the judges in question—

Myriam Bohémier

It had become theoretical. The debate had become theoretical, so—

Samuel Bachand

Because the measure in question has ceased to have effect?

Myriam Bohémier

Yes, and we talked about the Foundation's appeal for judicial review. They spent \$700,000 to travel there, put together this file, obtain expert assessments and all that—only to have the case dismissed because it had become theoretical. I mean, that's an incredible amount of resources invested. And just when the trials are about to take place— And that's been done too with Madame Manole's file, which had the health care workers, the caregivers, and the transportation files because we couldn't travel any more.

To date, there is only the vaccination passport case, and that of the Foundation for which we are awaiting decisions. But only the vaccination passport has escaped the [label of] theoretical debate. The other appeals that were launched to contest the measures and determine whether or not they were constitutional were deemed by the judges to be theoretical. Furthermore, they said that considering the lack of judicial resources, these had to be assigned for purposes other than discussing something that had been terminated.

So if I come back to the chronology, there was the declaration of a health emergency. Then there was an attempt to introduce Bill 61, which caused a great deal of indignation because the government was clearly going too far. But the fact is that it was never actually put into place.

Samuel Bachand

You'll have to tell us something about it because we're not all aware of Bill 61.

Myriam Bohémier

Yes, well I won't go into detail because I don't remember much about it. But what I understood from Bill 61 was that it maintained a state of health emergency for two years, if I am remembering correctly. They could expropriate without compensation—and it was like nothing ever seen before. There was no more need to repeat the decree process; the government was on a roll.

[00:20:00]

[The government] said that it would make things easier—with construction projects, for instance—to get Quebec back on track after being on hold when things stopped, when we went into lockdown. So the intent was to promote the economic situation by depriving, well, you know, by expropriating, and—

Samuel Bachand

Okay, we've got 40 minutes left. I'll let you evaluate where you want to put the emphasis because you have several points.

Myriam Bohémier

Yes, yes. Okay. So in May 2021, we began vaccinating children aged 12 to 17. In Quebec, children aged 14 and over have the right to decide on their own health care. As a result, children at school could be offered vaccination and put under a form of peer pressure to be vaccinated. Then came the introduction of the vaccine passport on September 1, 2021.

Samuel Bachand

Which consisted of?

Myriam Bohémier

Which meant that people needed to be double vaccinated to be able to go to the movies, to go to restaurants, even for children to participate in activities. If teenagers over the age of 12 wanted to play hockey, if they wanted to do all kinds of extracurricular activities, they were forbidden to do so unless they were double vaccinated. Then—and this is an important point I'd like to highlight—on September 7, 2021, an article was published. It wasn't in the usual newspapers but in specialized legal journals. In it, the Chief Justice of the Supreme Court of Canada said that there was a vaccination policy at the Supreme Court of Canada and that all Supreme Court of Canada judges were vaccinated. In the same article, the Chief Justice of the Federal Court of Appeal refused to talk about a vaccination policy at the Federal Court of Appeal, saying it raised a reasonable apprehension of bias. I fully agree with this view.

Samuel Bachand

Myriam Bohémier, which publication was it?

Myriam Bohémier

It's an article that appeared in *LexisNexis* or something, but I would be able to provide it to the court [sic].

Samuel Bachand

What date again?

Myriam Bohémier

That was September 7, 2021—so even before Prime Minister Trudeau was re-elected on September 19 and imposed vaccination on federal workers. So on October 15, 2021, compulsory vaccination was introduced for healthcare workers; and it was the day before, I believe, because Madame Manole had taken steps in a legal action to prevent this compulsory vaccination. So two days before, the government backed down, saying, ah well it's going to cause a break in services. They then pushed it back to November 15. And on November 15, the government again backed down on the vaccination requirement but imposed a testing requirement. What's very important to understand is that these decrees stated that professionals who didn't respect the vaccination requirement, and later the testing requirement, were automatically undermining the dignity of their profession.

So it's like creating a presumption that they've breached their ethical obligations and may therefore have problems with their professional order. It was also indicated that the professional order could, as it were, denounce doctors by reporting matters to the Ministère de la santé des services sociaux [Ministry of Health and Social Services] and the Régie de l'assurance-maladie du Québec [Quebec's Health Insurance] in order to prevent doctors from being able to bill for services. And it's worth noting that even telemedicine doctors were obliged to be vaccinated or later, tested. So it was really a deliberate attack on the incomes and even the rights to practise of healthcare workers and professionals.

[00:25:00]

Then, around the same time, an injunction was issued that workers, federal employees, and government suppliers had to be vaccinated by November 30, 2021. Failing this, they would be suspended without pay. For his part, Monsieur Hans Mercier brought an action to try to have the vaccine passport suspended. This too was rejected.

It's also important to understand that on November 18, 2021, we began vaccinating children aged 5 to 11. And what was said was that we recommended that parents be offered vaccination. It was an offer, but not mandatory; it was not a compulsory vaccination. On the other hand, it did say that doctors could impose contraindications. But it was never said that the contraindications—which I believe were set out by the INSPQ [public health] at the Ministry of Health and Social Services—were really limited to three things. I can't remember the three things off by heart but one of them was allergies.

I had a case of a pregnant woman with a neurological condition whose job required her to get vaccinated. And she produced a medical certificate but that was at the federal level. And Transport Canada wouldn't accept her certificate because it didn't meet one of the three criteria—the three recognized contraindications. So she was suspended without pay while she was pregnant.

Then as of November 30, 2021, the federal government prevented unvaccinated people from travelling by train and by plane. And there was also a ban on unvaccinated caregivers

visiting their loved ones, helping out in healthcare facilities. I believe that was in December 2021.

And on December 30-31, 2021, a new lockdown was introduced saying that the unvaccinated were to blame. This was followed by multiple draconian measures to prevent unvaccinated people from going to the Société des alcools du Québec [liquor store], the SQDC, the Société Québécoise du cannabis [cannabis store]. Nor could they go into big box stores larger than 1,500 square feet. They couldn't go to the garage to change their tires. And they couldn't go to Costco, Bureau en gros [Staples], Canadian Tire—those places were off-limits. And they were threatening to impose a health tax on people who hadn't been vaccinated. And I know from having seen a lot of information circulating that, for example, people who were waiting for a transplant and who had reached the point of receiving a lung, for instance, were refused a transplant if they weren't vaccinated.

Then followed the truckers' convoy and the *Emergencies Act*, where bank accounts were seized without going through a judicial process. And people were jailed too. At that time, I got involved with Réinfo Covid; and several lawyers signed a letter dated February 16, 2022 to the Bâtonnière du Québec [the President of the Bar of Quebec] to say, well listen, as the Quebec Bar, you are responsible for the respect of the rule of law, for the enforcement of the rule of law, and for the protection of the public. So what's going on? What are you doing about it? We never got a reply to our letter; no reply at all.

[00:30:00]

And also in May 2022, we had several lawyers from the CCLC. It's another association of lawyers I'm involved with. We wrote a letter—

Samuel Bachand

An association called CCLC, Canadian Covid Lawyers Coalition, if I'm not mistaken?

Myriam Bohémier

Yes, that's it. Yes, exactly. So it was a former judge who wrote a letter, a complaint against the Chief Justice of the Supreme Court of Canada for his comments on the truckers' convoy, which he had called anarchic, et cetera, et cetera. But there were several cases already before the courts that were likely to go all the way to the Supreme Court of Canada. So this departure from the Chief Justice's duty of discretion—when he spoke of misinformation, anarchy, et cetera—raised a reasonable fear, in our view, among the public of not being judged impartially if ever one of these cases were to end up before the Supreme Court of Canada. And in June 2022, this complaint was ruled inadmissible.

Samuel Bachand

Can you explain to us what the concept of inadmissibility is and what it meant in this context?

Myriam Bohémier

Well, what that meant was that it was considered frivolous, you know: obviously unfounded, that it wasn't even worth the board's consideration.

Samuel Bachand

Were you given the terms of, how shall I put it, the reasons for inadmissibility?

Myriam Bohémier

Yes, we had a letter on the subject. And in short, it was basically that the Chief Justice of the Supreme Court of Canada had greater room to maneuver with regard to his duty of discretion.

Samuel Bachand

All right, then. You're halfway through your time, or a little less. I invite you to perhaps take a quick look at what all you still have to tackle, so as to touch on what's most important to you.

Myriam Bohémier

So my desire to really get involved in children's COVID-19 injection cases began with a judgment handed down on December 23, 2021, which ruled that communication between an unvaccinated father and his child would be cut off. In my opinion, the child was penalized, not the parent. Well, of course the parent was penalized, but I mean we always look at the child as having rights and parents as having obligations towards their children. That's kind of the philosophy when it comes to children's rights. And in this case, I felt that the child had been mistreated. I felt that we were preventing a parent from being who he is with his child. For me, this was important.

And remember that at that time, children had to wear masks to school. There were a lot of measures that seriously affected children. So I decided to get involved—especially as we were making decisions on COVID-19 vaccinations, injections, for children on the basis of protection orders. You have to understand that a protection order is used to deal with emergencies, okay? Let's say you separate and you want to know who's going to get custody, who's going [to get] alimony, quick, quick. You know, the things that need to be settled quickly in order to establish a status quo right at the start. But these are things that can be re-established later when we hear the evidence. Because a protection order is just sworn statements. There is no proof at that point.

But we're talking about an injection here. The injection can't be removed. Once a person has been injected, it's over: it's in their body. So I said for this, we needed decisions on merit. For me, that constitutes consent to care under the Quebec Civil Code. So it requires hearings on the merits. And I've had some success in getting hearings on the merits. But you have to understand that in the middle of a major pandemic health emergency, it was considered a question of urgency. So we had to put together files in a week or ten days: in-depth files on such a complex issue.

[00:35:00]

How did the case law develop? It was to say, "well, look, the court won't go against public health recommendations. If a parent wants to follow what public health recommends, well, that's what will happen." So the notion of the child's best interests was not really taken into account. Nor was the question of free and informed consent. I saw the documents given to parents at school and they didn't really talk about side effects. Well, they were already saying firstly, that COVID is like having a cold. Good grief, even if it's serious, it will pass.

And then they specified the risks of catching COVID-19: the systemic syndrome, the pericardial and myocardial problems were all indicated as possibilities with COVID-19.

But when it came to the side effects of the injection, they talked about possible reactions, mentioning rashes, fever, chills—you know, fairly benign things. And on the consent form, there was a question about existing clotting disorders. But nowhere did it explain why that question was asked. Still, it was important. So I made a first attempt. In the course of a few days, on a Friday, I had to proceed with a case on the merits by the following Friday. And then fortunately I had the cooperation of Dr. Lavigueur to come and attend the hearing. They refused to recognize him as an expert because he hadn't produced an expert report. Okay, I'll try again. I said—

Samuel Bachand

Madame Bohémier, I'm really sorry, but at this rate, you won't make it. So what I'm suggesting—and you're free to accept it or not—is to propose to the commissioners the placement of your summary outline in the file, along with stable hyperlinked references to the judgments you intend to comment on in the next few minutes. May I suggest that you move on to the question of your disciplinary experience and then to the practical recommendations you wish to make to the Inquiry.

Myriam Bohémier

Okay, well, briefly, on the question of vaccinating children, I tried to get a doctor to testify but it didn't work. I tried to get a vaccine expert to testify but it didn't work. I tried to submit medical certificates from a doctor who did not recommend vaccinating children but it didn't work. Invoking the fact that there were hereditary heart problems in the family didn't work. At one point, I said, well, I'm going to contact Dr. Quach, who's the president of the Comité d'immunisation du Québec [Quebec Immunization Committee], to ask her some questions since we could only take into account public health recommendations. Well, the subpoena was quashed on the grounds that this is a case between two parents on a question of parental authority. So it was not relevant. So that's it: the notion of free and informed consent was eliminated and we couldn't allow the parents to hear anything other than what the government was saying.

Samuel Bachand

This is your summary of the relevant case law?

Myriam Bohémier

Yes, effectively it is.

Samuel Bachand

Okay. Continue.

Myriam Bohémier

And here I come to my own situation, which is that during this year, or 2022, I had three requests for investigation by the *syndic's* office.

[00:40:00]

The first was following a video I made with Monsieur Stéphane Blais of the Fondation pour la défense des droits et libertés du peuple [Foundation for the defence of people's rights and freedoms]. I was questioning whether parents have the right to ask questions, to challenge public health recommendations, to disagree. And I had mentioned the name of an article which said that vaccinated people were a few weeks away from acquired immunodeficiency syndrome. I had just mentioned the name of an article. This earned me a request for investigation, and the *syndic* concluded with a simple warning. But he told me that I had no right to talk about science and that he was sure to win if he went before the disciplinary board. Because what I had said was like saying that the earth was flat, that was my—

Samuel Bachand

Is what you've just recounted the content of a written document or the content of a verbal exchange?

Myriam Bohémier

A verbal exchange.

Samuel Bachand

Can you also place it in time?

Myriam Bohémier

I made my video on February 10 and I read the response on February 25. Then, on July 14, 2022, I received a second request for an investigation. This was the result of, let's say, an emotional reaction I had to a judge who refused to recognize Commissioner Massie, present here, as an expert and his expert's report as an expert's report. As far as she was concerned, once the children's pediatrician had said that she recommended vaccination against COVID-19—that she recommended it and declared that there was no contraindication—the case was actually settled.

So I had an emotional reaction, but afterwards— At any rate one thing led to another: I asked for her recusal; I went to appeal; I filed a notice of appeal and a presentation. And the *syndic* criticized me outright for doing my job. I didn't even know what the problem was with my notice of appeal. He kept quoting me in bits and pieces but I asked him— Like, on September 29, 2022, when I spoke to him—I asked, "Listen, without admitting that I committed a fault, how could I change my notice of appeal to satisfy you?" And he never answered me. He referred me to a decision that had nothing to do with my situation.

Samuel Bachand

Do you remember what the decision was?

Myriam Bohémier

I'd rather not name it.

Samuel Bachand

Okay.

Myriam Bohémier

Following this, I have a good friend who's a lawyer and university professor—a full university professor in civil law—and as part of his teaching duties he organizes moot court competitions for his students in appeal courts. So I submitted my presentation to him; I submitted my notice of appeal to him, which I had modified; and he saw no problem.

Samuel Bachand

Listen, I think that for obvious reasons of admissibility and reliability, we should avoid invoking the expertise of a third party who cannot be questioned. Let's continue.

Myriam Bohémier

So anyway, all that to say that I had no intention of violating my code of ethics. And on November 15, the same day I did a video with Maître Fontaine on *Sam en direct*, I was served with a disciplinary complaint. Then on November 18, I received a third request for an investigation into the video I had made with Maître Fontaine.

Samuel Bachand

Excuse me, maybe I just had a moment of distraction, but the *Sam en direct* video, what exactly is that?

Myriam Bohémier

Well actually, Maître Fontaine and I represented a nursing assistant in front of his professional association because he had criticized government measures, and we went to *Sam en direct* to talk about the case and to ask for funding.

[00:45:00]

And on that show, we announced that we were subpoenaing Pfizer and McKinsey. I also announced that I intended to ask the board about their vaccination status. Because, in my experience, there are two camps now: there is no middle road. So I felt that for the sake of impartiality, it was a fair question to ask. And then just before the interview, which was about to begin, we got a warning from the *syndic* that he was keeping an eye on us. In fact, it was the *syndic* against our client, who had complained to our *syndic*. So I didn't—

Samuel Bachand

I just want to come back to this. I'm not sure I'm following you, there are several *syndics*, et cetera. Just—

Myriam Bohémier

Yes. Well, actually our client's *syndic*—representing the Ordre des infirmiers et infirmières auxiliaires du Québec [Order of nurses and nursing assistants]—he followed the video, he saw the video. So he forwarded it to our *syndic* for the Bar, who then warned us about the hearing, which was coming up on November 28. So we were under a lot of pressure.

I should also mention that before I made my presentation to the Court of Appeal for my other case, where I had had a disciplinary complaint, I had also been warned in advance to be careful about what I was going to say in my presentation. It was a lot of pressure to receive when you haven't even done anything and they are telling you, "Hey, I'm watching you because—"

Samuel Bachand

Were those written warnings?

Myriam Bohémier

No, it was verbal. Well, the one for my presentation was verbal, but the one for the nursing assistant's trial was in writing.

Samuel Bachand

In the case with verbal warnings, did you ask for a written version?

Myriam Bohémier

No, I didn't, but it [the warning] wasn't denied because I proceeded with the inquiry request just last week, the week of the 20th, from Tuesday to Friday of last week. And the *syndic* didn't deny it.

Samuel Bachand

All right. You have about five minutes left for everything.

Myriam Bohémier

Yes, okay. Anyway, all that to say that the nursing assistant's case, where we experienced the intimidation, was closed on January 10. On the other hand, I had to appear before my order this past week. I can't comment because it's under deliberation. But the members did have some interesting questions about what was derogatory about requesting a recusal or raising a reasonable apprehension of bias—because this is provided for in our *Code of Civil Procedure*. It's something you can do. It's even a fundamental right under section 23 of the Quebec Charter. So they were wondering where we draw the line between what we can do as lawyers in our job and the point at which it becomes derogatory. So there were some interesting questions, but the answer was rather weak.

Samuel Bachand

Whose answer?

Myriam Bohémier

The *syndic's*.

Samuel Bachand

Right.

Myriam Bohémier

Now for the recommendations. I'm going to dare to address a taboo that bothers a lot of people. I've noticed that I'm naturally disturbing, I have red hair and I have a way of being. I mean, in one case, there was a journalist who attended the hearing; and since she was present at the hearing, I could summon her to testify, which I did.

[00:50:00]

I've sent formal notices to journalists about Patrick Provost's treatment and media coverage. I subpoenaed Pfizer, McKinsey, and they have tried to have the subpoenas quashed: I'm awaiting that judgment. I subpoenaed Dr. Caroline Quach, President of the Quebec Immunization Committee, to answer questions. In short, you could say I've got a lot of nerve. But I see it as part of my job. In front of my own disciplinary board, I asked about their conflict of interest and also their vaccination status. And the answer was: "It's a confidential medical act." I replied, "Can you please write that into your decision as there are an impressive number of people who have lost their jobs because that wasn't accepted." It's such a simple answer. And we're still debating the issue of the vaccination passport in the courts. And yet, before my disciplinary board, it didn't even take two-and-a-quarter minutes to reach that conclusion.

So, I am coming to the practical issues, and I dare to address the following taboo: money. Nobody has the means that the government, Pfizer, McKinsey, whatever, have. I defend people who have no money. And the financing of claims is a major concern. Also, we've had appeals rejected after considerable expense because they became theoretical debates after the measures were changed. We also have many, many appeals—for example, on tickets where the value in dispute is perhaps \$1,500: we can't ask people to pay more than the value of the ticket. So it's complex because I have to eat too. I also have to live. I have to pay my rent. And people who lose their jobs, who don't have any money, finally have their means cut off.

So, how? How are we going to defend these people? It takes funding; it takes money. And, you know, for example: just to give you a written overview of all the measures, given the number of decrees, orders, and case law decisions, I could do that. But then again, I'm a full-time lawyer, one hundred per cent. It would again be pro bono work. And while I'm doing this, I'm not making any money. I'm self-employed. I don't have a job other than being a lawyer. And I'm not retired, I don't have a pension, I don't have anything else. So that's an important question because I want to help these people; and I don't want money to be an obstacle to helping them.

There are also legal notions that take precedence over human rights, such as the concept of the greater good. We have a decision on caregivers where Justice Brossard recognizes that caregivers and those being cared for are in great difficulty, that there is real damage, even potential death—but that the government is presumed to be acting for the greater good. Well, the problem is that the courts take so long to hand down decisions that, in the meantime, the debate has time to become theoretical. And people die and children are vaccinated and suffer side effects. The Court of Appeal has said that child vaccination is a matter of public law.

[00:55:00]

As for a public law debate today: None of them are heard on the merits, and it's 2023. On the other hand, I barely had ten days to prepare a trial on the children's injection issues. Neither works.

There's also the idea of unions. When a union agrees with the employer to apply measures and doesn't want to defend the employees, well then, the employees have no recourse.

There are charters. The notion of discrimination is limited to what is indicated in the charters. So vaccination status is not in the charters. On the other hand, gender identity is. So there's no protection against the discrimination we've experienced in relation to vaccination status. As for the notion of hate propaganda, which is contained in our criminal code, gender identity is there, but not vaccination status. So all the talk—

Samuel Bachand

Why, exactly, are you referring to hate speech?

Myriam Bohémier

Hate propaganda. Well, we've had such unparalleled media beating from—

Samuel Bachand

Okay, I know it's not an easy exercise but can you recollect an example of this kind of talk?

Myriam Bohémier

"Covidiot, ignoramus, selfish, toothless, imbeciles; we should starve them."

Samuel Bachand

Who carried or relayed these words?

Myriam Bohémier

Journalists and columnists.

Samuel Bachand

Okay.

Myriam Bohémier

And, yes, you could say that even our government leaders in their press conferences didn't have very complimentary things to say about the unvaccinated.

Samuel Bachand

It's time to wrap things up, as you're running out of time.

Myriam Bohémier

Yes, and now I have a few fundamental and philosophical points. First is the issue of fear. I'm a lawyer who decided to be on the front lines. This has caused me difficulties, pressures from my professional order. And there are a lot of people and lawyers who don't dare to do what I do. A lot of professionals too. So fear is an issue. It's a very big issue. If we want a

different world, we're going to have to examine that and examine also the judgments that we make about each other. Because we're on the same team here, but some people fight people on the same team. It is not easy. But judgment is what kills. They are only ideas, not reality. They're just projections of one person's own thoughts onto someone else. So indeed, that has to change.

So we have to get out of the victim-persecutor-rescuer space and look at ourselves. Because change has got to come from each and every one of us. Love yourself first of all, as you are, then accept yourself. That way we leave others free to be who they are. Because the fundamental question here is: Why is this still important today? Our right to breathe has been attacked—our right to breathe. To breathe is to live. Our right to decide what happens to our own bodies has been attacked.

Samuel Bachand

Excuse me, how was the right to breathe attacked?

Myriam Bohémier

Through masking.

Samuel Bachand

Ah, right.

Myriam Bohémier

Through masking. They attacked our right to decide for our own bodies regarding the COVID-19 injection by attacking our very survival. You know, we were given the choice between our physical integrity or our survival through our work. We're essentially fighting for humanity—

Samuel Bachand

What you mean is subsistence.

Myriam Bohémier

Subsistence, yes. We're also fighting for our humanity, for life. And what direction can we follow in a world that has lost its bearings? Everyone has to make life choices. Life choices imply solidarity and loyalty to self-love and accepting that others are the way they are, that they have the right to be, without that affecting us in any way because we are in solidarity with that right to be.

[01:00:00]

Samuel Bachand

Thank you for your time. We'll stop now.

Myriam Bohémier

Yes.

Samuel Bachand

So if the Commissioners have any further questions.

Commissioner DiGregorio

Thank you for your testimony. I'll ask my questions in English and Dr. Massie will translate for people.

[In English] Across the country, we have heard other lawyers talk also about how the Charter of Rights has not protected people.

Commissioner Massie

Across the country, we also heard a lot of testimony from other lawyers who mentioned being disappointed that the Charter of Rights didn't seem to have adequately protected people.

Commissioner DiGregorio

[In English] And we've heard suggestions that perhaps the Charter needs to be amended to provide better protections.

Commissioner Massie

Discussions were held to suggest amendments to the Charter of Rights to provide better protection.

Commissioner DiGregorio

[In English] But because amending the Charter is such a difficult thing to do, some of the other suggestions we've had are to change some of the laws.

Commissioner Massie

But since changes to the Charter could be quite complex to achieve in our confederation, people suggested perhaps trying to amend other laws that would be less difficult to change.

Commissioner DiGregorio

[In English] And so I'm interested in your thoughts on which changes might be most effective. For instance, you have spoken today about government measures being removed before you get to court. And then when the court, it comes before the court, the court says it's moot or theoretical.

Commissioner Massie

So for example, what suggestions would you have on more accessible changes, such as the comments about the reasons that are presented and become obsolete when measures are no longer active.

Commissioner DiGregorio
[In English] Your thoughts.

Myriam Bohémier

Well, I think that in this type of case, the government should have to demonstrate the measure first, rather than us having to challenge it. That would reverse the burden of proof on the government to justify its measure before putting it in place.

Samuel Bachand

What does this mean in practice? The Commissioners have been told about the Oakes test before, but in practice, the burden of proof of the state or the public prosecutor does not operate in the same way, as I understand it. So perhaps you'd like to explain to the Commissioner what you mean procedurally.

Myriam Bohémier

Procedurally it would mean that before adopting an infringing measure, human rights must be discussed. Not just any rights. We're talking about physical and psychological integrity, the right to life. These are rights to which you are entitled simply by being born, they are intrinsic human rights. It's written in the Quebec Charter.

Samuel Bachand

The practical side?

Myriam Bohémier

Yes. To infringe these rights, the government would have to justify that the measure it wanted to put in place was justified within the framework of a free and democratic society. And it would have to meet the criteria of proportionality and reasonableness before imposing the measure; and then, I tell you, it would go to court very quickly.

Commissioner DiGregorio

Thank you.

Commissioner Kaikkonen

[In English] The Prime Minister rejected truckers as anarchists while actively supporting Black Lives Matter.

Commissioner Massie

The Prime Minister called the truckers anarchists and protesters on the same level as people who protest in militant groups like Black Lives Matters.

[01:05:00]

Commissioner Kaikkonen

[In English] At the same time, the federal court is posturing, signalling to the populace that they are vaxxed.

Commissioner Massie

At the same time, the— [In English] Can you repeat with me?

Commissioner Kaikkonen

[In English] At the same time, the federal court is posturing, signalling to the populace that they are vaxxed.

Commissioner Massie

At the same time, the government is reporting that there are people who are recognized as vaccinated.

Commissioner Kaikkonen

[In English] The censorship bill C-11 was signed into law by the Governor General in record time.

Commissioner Massie

Bill C-11 came into force in record time and was quickly approved by the Governor [General].

Commissioner Kaikkonen

[In English] The lesser magistrates have climbed on board, deferring their decision-making power to public health.

Commissioner Massie

The judicial authorities quickly delegated their judicial functions to the government health authorities.

Commissioner Kaikkonen

[In English] We've heard testimony that our institutions are weaponizing the law to suit their own ideological agendas.

Commissioner Massie

Across Canada, we've heard testimony that institutions have used the law to implement their ideology.

Commissioner Kaikkonen

[In English] Particularly when they consider their own institutional view as the only acceptable view.

Commissioner Massie

Particularly when these institutions considered their vision or ideology to be the only acceptable one.

Commissioner Kaikkonen

[In English] And that the dissenting views of the citizenry are not accepted.

Commissioner Massie

And that any other vision of the world or other ideologies of citizens were perceived as unacceptable.

Commissioner Kaikkonen

[In English] So given where we are and your own experiences as a lawyer: Are we already living in a police state? And what constructive recourse do hard-working Canadians who love this country need to do to restore their God-given inherent rights and freedoms and, as you suggest, their birthright?

Commissioner Massie

So given the situation we find ourselves in, which is documented by a whole series of court cases that were quickly evaluated, as we've seen, as you've testified: Are we finding ourselves more and more in an authoritarian police state—one that is in fact eroding citizens' rights, fundamental rights, rights that are given at birth? And what can we do to try and re-establish the exercise of these essential rights, the fundamental rights of citizens?

Myriam Bohémier

Yes, in my opinion we are now in a totalitarian state. The last three years have shown that the courts have been powerless to prevent the infringement of people's fundamental rights, whether by delays or by strategy under the *Public Health Act*, where measures are changed a few days before the hearing. So there's no doubt that everything that's in the *Public Health Act*—those measures can't continue. And what's worrying—very worrying—is that the Charter statute is supposed to be higher than the measures and decrees of the *Public Health Act*. But that's not what we've seen in recent years.

So all the tools exist—they are there—but they're illusory. We haven't been able to use them. We've invoked them. We've gone to court to claim them. But there are concepts like judicial notice; it's a concept where it has been said that— Well, it's now judicial knowledge that there's a pandemic.

[01:10:00]

But it's never been proven that there was a pandemic. It was the government and the media that said there was a pandemic. But no demonstration has ever been made in a court of law that there was in fact a pandemic. So this concept: from the moment that everyone believes there has indeed been a pandemic and this premise goes unchallenged, well then, all else follows. The measures become justified, and everything can be explained on that basis. But that's why—particularly in a disciplinary case involving one of my clients—I questioned the notion of a pandemic because there was no excess mortality at that time. But since the COVID-19 injection, yes, now there has been excess mortality.

So in my opinion, you have to dare to question these false premises. And if we don't go that far for fear that the courts won't accept us going that far, or for fear of losing our credibility as a lawyer, well I mean, we won't succeed that's for sure. Because the basic premise isn't true. So you have to challenge it; you have to work through it; and then you have to dare to do it. I haven't seen much of that being done because it was deemed too difficult to question that premise.

Commissioner Kaikkonen

Thank you very much.

Samuel Bachand

Myriam Bohémier, thank you for your testimony on behalf of the Inquiry. You've always been free, but now you are free to go. Thank you.

[01:12:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>

NCI | CeNC



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 8: Éloïse Boies

Full Day 3 Timestamp: 07:15:08–07:52:14

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Konstantinos Merakos

Hello again everyone. I am Konstantinos Merakos from the firm Bergman & Associates. So we have our next witness. This next one is about social media. As you know, there has been a lot of debate between citizens and governments about the COVID measures. And these debates, or battles, have taken place not only in the street—through peaceful demonstrations, through courts of law—but also, and I would even say mainly, on the internet and more specifically, social networks.

I have with me on Zoom Madame Éloïse Boies. Madame Éloïse Boies, can you hear us?

Éloïse Boies

Yes.

Konstantinos Merakos

Okay. I'll swear you in, Madame Boies. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Say: "I do" or "I do solemnly swear."

Éloïse Boies

I do.

Konstantinos Merakos

Could you please spell your name?

Éloïse Boies

É-L-O-Ï-S-E B-O-I-E-S.

Konstantinos Merakos

Okay. Thank you. Are you alone in the room?

Éloïse Boies

Yes.

Konstantinos Merakos

Okay. So Madame Boies—or if I have your permission, I'll call you Éloïse. Is that all right?

Éloïse Boies

Yes.

Konstantinos Merakos

Okay. So Madame Éloïse, I'd like to start by talking a little about you, your current career, your work, and so on.

Éloïse Boies

I'll be fairly concise. My career right now is paused because I'm on maternity leave for the whole of 2023. I just had my second baby in January. My career is actually in television. I was an actress before the pandemic, then I became increasingly involved in production as a production coordinator. Then I was production manager for a documentary just before I went on maternity leave. So I won't go into the details of how complicated it can be to work right now in our field, the television industry, which requires a whole lot of— In any case, during the peak of the pandemic, it was really very difficult to work. So that's it, I was an actress for a long time.

And now I've started my YouTube channel—which isn't just on YouTube, but it's simpler to say so. I'm very present on the social network platforms and I've tried to do journalism as professionally as possible. In fact, I don't consider myself a journalist but rather I create entertainment. I get people with expertise to give their opinions, whether they're scientists, lawyers or psychologists. I felt it was important to give a voice to people who weren't being heard in the mass media, to bring nuance back into the public sphere. And since I'd been in the entertainment business for a long time—as an actress and I'm also a singer, so in the communications field—I knew I had the expertise to do it. My partner also works in the same field—he's a director and cameraman—so we started out doing something really professional together and it proved to be successful.

Konstantinos Merakos

Okay. Thank you. You said it was difficult to work in the media industry during the pandemic. Can you share a few details or experiences that explain this difficulty?

Éloïse Boies

Yes. Well in fact, at the peak of the requirements, or mandates as we say in English, the Union des artistes [Artists Union] required three doses of vaccines, even though everywhere else it was two doses for the vaccination passport. In our field, in order to work in front of the camera, you needed three doses. And children—even children who

dubbed or worked on sets—needed two doses. I don't know, as of today, what it is. I just quit, and I don't work anymore, I don't audition anymore. Anyway, I quickly became an outcast. So that's it, I don't work in front of the camera anymore.

And even behind the cameras on set, masks and all that were required. The working conditions were really difficult. My partner experienced this because he continued to work during the pandemic; it was really peculiar. Suppose the actors had to do a scene where they had to get close and it was less than two meters, well there was someone on the set to time them. During the day, they were allowed just 15 minutes. If it was more than 15 minutes, they couldn't do the scene: it was postponed to another day. It was totally crazy. It wasn't about "stopping the spread of a virus" at all. It was just creating endless rules and rules and rules.

[00:05:00]

So working under conditions like that can be extremely anxiety-inducing. And I really had no appetite for it. I was a new mother; I had my daughter in 2020 at the start of the pandemic. So my priorities were my family and continuing to make online content to keep people as informed as possible.

Konstantinos Merakos

Excellent. Before moving on to the theme of the content, you talked about rules, rules, rules. Were there any exemptions to be made in your field, either religious or medical?

Éloïse Boies

No, not to my knowledge, with reservations. But I'm in contact with many people in the industry who don't dare say publicly that they're against the mandates, but who do tell me privately because I'm publicly opposed to what we've been through. At least I have a lot of reservations about what the government has done. Really well-known actors write me to say— I know one actress who got an exemption to return home in order to avoid getting her second dose because she had extremely serious side effects after her first dose. And she's one of the very, very few in the country who managed to get an exemption. In the industry, it's definitely talked about. I don't think it's interesting or relevant to bring it up because it's rumour, but exemptions were exceedingly rare.

Konstantinos Merakos

Yes, and just as an example of practice, I would be bound to ask you if you've applied for exemptions. But since your medical records are private, I'm not going to ask questions like that, just as an example to the world, because you didn't mention your vaccination status. **That's between you and your doctor. So just as an example, to show the world.**

Éloïse Boies

Exactly. But if I may just digress for a moment.

Konstantinos Merakos

Yes, go ahead.

Éloïse Boies

Because of my positions, people assumed my vaccination status, but I never mentioned it publicly. So in making assumptions about me, people also assumed my spouse's vaccination status. Then my spouse found out from people who usually hire him that they hadn't called him for contracts because, "Ah well, you're not vaccinated!" In principle, nobody knows that. Nobody knows that. They surely cannot know for certain: they just assumed. So my husband lost some work because of it and me too—because I publicly asserted my reservations. I've hosted scientists who criticized the injection. So people assume that we're not vaccinated; they stop calling and they don't give us work anymore. And so we're self-employed.

Konstantinos Merakos

Excellent. Thank you for this. Let's go with the content of your videos. Tell us briefly: What was the specific content during the pandemic? If you made any videos, what were they about? What were the themes and topics?

Éloïse Boies

I launched my channel by making two videos that had nothing to do with the pandemic—because I come from the entertainment field and already had expertise therein. I observed the presence of paedophilic themes in Hollywood or that sort of thing, where in entertainment we saw the normalization of the hypersexualization of young people, et cetera. Then I decided to do one on media misinformation, which was my first video that had more to do with the pandemic. I started explaining propaganda techniques, things I knew about because I'd done a lot of research on it before. As I say, I come from a background in entertainment. It's important for me to understand how the means of entertainment are also used to control people to think in a certain way, to create social currents, et cetera, so I made videos on that.

I made a video on censorship because I realized that people around me went about their lives with their little daily routine; people went to work—"commute-work-sleep"—and weren't really aware of the extent of the rampant censorship, the extent to which so-called "dissident" discourse was being stifled. So I made a video giving examples of the extent to which the media reported news in a very biased way, already telling us how to think about it. It was very pragmatic because I try to make all my videos in a very pragmatic way, and so my video on censorship was censored by YouTube. YouTube completely deleted it. And I have several videos that have been deleted—most recently, one of Louis Fouché that I had just put online privately because I wanted to publish it later, and then YouTube deleted that.

Konstantinos Merakos

Yes, excuse me. You're ahead of me. That's exactly the next question. Has the censorship video been censored, as well as other videos you've published? So tell us a bit about that. Which videos have been censored and why?

Éloïse Boies

Okay. Well, the censorship video was the first one. Then I made one that went viral called "Why Refuse Vaccination?" It was online for 16 minutes before it was suddenly deleted by YouTube, creating a wave of frustration.

[00:10:00]

And it went even more viral on Facebook; Facebook didn't delete it. And in my video, I used excerpts from scientists who explained details about vaccination—renowned people like Dr. Zelenko, Dr. Malone, people with international reputations who had the expertise to at least give their opinion—in order to bring a plurality of points of view into the public sphere so we could have a clearer opinion. If you want to receive medical treatment, you should have free and informed information. And that video was censored. And then I've just been through it more recently with Alexandra Henrion Caude, a geneticist I hosted last week. I'd reached 40,000 views after two days on Facebook, when Facebook deleted it saying it could cause physical injury.

So there's been a wave of censorship that is obviously not over yet. Right now, we're well into 2023, and I am still facing a lot of censorship. But basically, it was YouTube and Facebook. That's pretty much where I experienced the most censorship.

Konstantinos Merakos

Okay. And what reasons or justifications did they give you for censoring these videos? What messages did YouTube and Facebook send you after censoring you?

Éloïse Boies

Well, the lamest excuse, if you ask me, is probably algorithms that detect content and keywords. So I don't think there are actually humans who sit down and watch our videos before handling the request. So generally, they say it goes against YouTube Community Guidelines or Facebook Community Guidelines. I even had a comment deleted on a group that I manage. I'd said, "Thank you so much for this." I was replying to someone and said, "Thank you for taking the time to reply to me." It was just like a thank you, yet it was judged as "against." So you can see that algorithms sometimes get a bit mixed up. But if we appeal, it falls through the cracks.

As for Facebook, I usually don't get any feedback. And with YouTube, they usually respond in minutes to say, "We've reviewed your request but unfortunately, we're maintaining our position." And it often comes with sanctions: either they threaten to shut down your channel after three warnings or the algorithms completely stop us from working, which is what happened with my channel. For a year or two, I had no growth at all on YouTube. Now, I'm earning—I don't want to say my income because I'm not really making any money with "Élo veut savoir" ["Élo wants to know"]—but it's still my job and I invest a lot in this project. So it's important for me to reach a lot of people and to have a lot of subscribers. And when there's censorship like that, it also hurts my ability to have what I do be seen by people and perhaps affects my chances to partner with sponsors, that sort of thing. So I can tell from the developments surrounding my project that it's actually enormously detrimental to my career.

Konstantinos Merakos

Excellent. Have you received any personal or hateful attacks from other people on the internet for posting these videos, in your private messages, et cetera?

Éloïse Boies

Yes, all the time, that's for sure. Trolls are everywhere on social networks.

Konstantinos Merakos

And another question, perhaps more important: Have you been discredited or attacked, either by government agents or by the media?

Éloïse Boies

Yes, that's it; that's even more disturbing.

Konstantinos Merakos

Okay. Go on.

Éloïse Boies

Because whether you're on one side or the other, there'll be trolls. At some point, you learn to live with the hatred that's out there. But in fact, the problem arose when I was present in Ottawa during the Freedom Convoy: I went with my phone, I met truckers, I went live. Then it went super-viral because people were hungry for information that was neutral. I was just a normal person interviewing people. My goal wasn't to tell people how to think, as the mainstream media was doing when reporting the news by demonizing the Convoy. So at that time—it was January 2022—I exploded on Facebook.

It also goes back to what I wanted to say earlier. My other video that went viral was "Why Refuse the Vaccine?" When videos go super-viral on the internet, what I've noticed— I had the same thing happen with scientists I interviewed on a talk show I created called "Juste pour savoir" ["Just To Know"]. I had three scientists on: Bernard Massie, who is here today, Patrick Provost, and Christian Linard. They came to explain, to give another point of view, to give nuances contrary to what we always hear in the mass media. That video went extremely viral. I think we were up to half a million views.

[00:15:00]

That's when the media started attacking me regularly. The first time was the vaccine video. *Le Soleil* did an article on me to say that ultimately, it was a pack of lies. "Fact-check": it's become the most-used word in the last three years. But what I do is more or less 'fact-checking' because I give the floor to internationally renowned scientists who have the right to their opinions which are based on facts. And then we have a journalist straight out of journalism school who feels he can tell internationally renowned scientists that they don't know what they're talking about. And I experienced the same thing with my video featuring the scientists I've just named. This time it was more difficult, because Radio-Canada [CBC] actually did a program on *Décodeurs*. Then came an article in which they debunked my video. Excuse the Anglicism but, hey, they "fact-checked" it and "debunked" it.

I was more or less attacked personally. I was just seen as this terrible conspiracy theorist. They didn't use the word "conspiracy theorist" though because I don't think anyone could label me that way when I'm just a host who interviews people. But in the article, they took the statements of the scientists I interviewed, one by one. In fact, I think they were the ones who received the tsunami of criticism. But what happened when Radio-Canada—which in the eyes of the general public is seen as a recognized, credible institution—attacked me, well afterwards, I definitely felt the repercussions in my private life.

Konstantinos Merakos

Thank you. So we are talking about censored videos, about the media trying to discredit you. In your opinion, is this an attack on your freedom of expression?

Éloïse Boies

Yes, it is crystal clear.

Konstantinos Merakos

Tell us about freedom of expression.

Éloïse Boies

You want me to talk about it?

Konstantinos Merakos

Yes, feel free to go ahead.

Éloïse Boies

Well, for me, it's the most important thing. That's why I'm suing Google and YouTube with my lawyer, William Desrochers, who contacted me during the pandemic. Because we were saying to each other, "This is serious, you know. We have a Charter that's supposed to protect our freedom of expression." My comments do not incite hatred nor do they incite anyone to commit a crime. I'm just trying to give a voice to scientists who have something else to say, and I get censored repeatedly. There's something extremely alarming—

Konstantinos Merakos

Excuse me, I'm just going to interrupt just to warn you not to talk about the court case with your lawyer. You can mention the theme, et cetera, but we won't go into detail. Politely, I ask you this.

Éloïse Boies

No problem. Anyway, I can't give you the details; it's not my expertise.

Konstantinos Merakos

Excellent. My apologies. Please continue.

Éloïse Boies

In fact, the point is quite simply that I think many of us felt that our fundamental rights were really being trampled underfoot during the pandemic. We even found a way of ridiculing a word that should never be ridiculed: namely "freedom." And, no, it's not all raving lunatics who say the word "freedom." It's so incredible that we've reached this point as a society. So for me, the battle is here: I'm a mom now, and we're in the process of creating a world. And when we bring children into that world, well, of course we ask ourselves what we're going to leave to that future generation. It involves me in a completely different way in society; to me, this is important.

I'm lucky to have a voice. I already had experience; I wanted to be an entertainer for a long time in my life. I had the opportunity to express myself publicly, to host people, to ask questions. What's more, as I said, I was also lucky enough to have the technical resources around me. A lot of people put their shoulders to the wheel for free, in the shadows, to make sure that our productions were really aesthetic, beautiful, and professional. But just to see the extent to which people didn't want their names mentioned in my projects shows just how much fear there was, as Madame Bohémier referred to earlier: that fear of expressing oneself publicly; that self-censorship; that fear of losing one's job; that fear of being judged; of losing friends. The social climate is really—I never thought I'd go through this in my life. And I intend to continue fighting as peacefully as possible, but as I see it, what we're going through as a society is extremely serious.

Konstantinos Merakos

Thank you. The next topic is more personal in tone, and you're free to answer as you feel comfortable. I'd like to talk a little about your family. You have a husband and a son and daughter? You have a young child?

Éloïse Boies

Two children: one boy, one girl.

[00:20:00]

Konstantinos Merakos

Okay. Congratulations.

Éloïse Boies

Thank you.

Konstantinos Merakos

So I'd like to talk about your family's situation, your family's quality of life. Did you suffer social rejection, ostracism, financial hardship? Tell us a little about what you and your family went through during this very, very difficult period.

Éloïse Boies

Yes, well, we've certainly been through the same thing as everyone else, you know. I'm here to talk about it today, but I have the impression— So many people wrote to me to share what they were going through, and so many of us went through it: it was violent. Let's say for example, Patrick Lagacé's article calling us toothless—that's where the term "toothless" began—making totally meaningless associations, like we were less educated if we opposed vaccination. If we went to Ottawa, we were transphobic, misogynistic—really, just denigrating labels that mean absolutely nothing in this context. It has nothing to do with anything but it's just repeating the rhetoric over and over: denigrating, degrading people who have chosen use their critical spirit to position themselves differently from what those in power want. So yes, we've been through it, and in my partner's case, a lot of friends have stopped talking to us. Some of his friends even took him aside because they were worried about his mental health after seeing the report about me on Radio-Canada—because they thought that he was probably under the influence of a conspiracy theorist—which is extremely hurtful when these are childhood friends you thought you knew well.

And where I personally really experienced— As I said, in February 2022, last year, Radio-Canada wrote the article about me right after—really, immediately after—my videos had gone viral. I had videos in Ottawa that had reached 300,000, 400,000 views. And I also had the video on the scientists, which was rolling at the same time that Radio-Canada ran the program on *Décodeurs*, right afterwards. That's when my daycare called my partner to say that we no longer had a space at that daycare. It's a family daycare. It's extremely difficult to find a daycare centre. And we never found out why; she simply said she didn't like the way I talked to her, even though I'd never had any conflicts with her. So for sure, the timing of events was rather dubious. We'll never know for sure why we lost our daycare centre in February 2022, but it came at a time when I was very publicly exposed, when social pressure was enormous.

As I said, I never talked about my [vaccination] status, but just as a reminder: those who opposed mandatory vaccinations, those who opposed all of that, couldn't go to the SAQ [Société des alcools du Québec – provincial liquor store] anymore. If I wanted to go to my pharmacy, for instance, which was in a Walmart, I had to be escorted by a person to ensure I didn't go anywhere else in the big-box store—because I wasn't allowed to pick up my little prescription [alone]—and then return home. So the social climate made it okay for people to hate us. Monsieur Legault even talked about depriving us of healthcare if we weren't vaccinated, and this was picked up by the media. At the time, Denise Bombardier was repeatedly calling for war against the unvaccinated in the *Journal de Montréal*. I published her articles two or three times; she used that terminology, which is extremely violent, yet can be interpreted more or less positively by the people who receive it. So in my opinion, her freedom of expression should have been stopped right there.

And that's when it became really alarming. The day we lost our daycare centre, we had to downsize. My husband turned down contracts because we were now working full-time with one child. At the time, my channel was doing really well so I was trying to expand. I was also starting an independent media company called Libre Média. So everything was happening at the same time. My partner stayed home more to allow me to continue working. But to this day, I'm still pretty sure that we lost our daycare centre because some people must have reported that I was in Ottawa, and that *Décodeurs* had done a show about me.

Konstantinos Merakos

Thank you. These attacks—or this situation between you and your husband: Did it affect or touch your children's lives or quality of life, whether at school or elsewhere? What was their reaction to what they saw Mom and Dad go through in the media or through friends, in the community, et cetera?

Éloïse Boies

Well, my daughter was born in 2020, so you could say she was protected because she was so young.

[00:25:00]

And I had my son in January. We were lucky enough to have grandparents around. And I make no secret of it, my parents were extremely present in the early years. I don't know how it's possible for those who followed the recommendations to not have their parents' help. That is why it is always said that it takes a village [to raise a child], especially for

young children. I thought it was important for my daughter to see faces; I thought it was important for her language. There are plenty of scientists, plenty of studies around the world, that have come out saying that when children do not see faces, it delays their language. In any case, we know that, but I won't go into that now.

But for me, putting my daughter through that was out of the question, so I made sure she kept seeing people. Of course, we didn't go out in public much. I wasn't really going to the grocery store with her; I didn't want her to see people wearing masks. It was important for me to protect her from that. So I think we did a good job of protecting our children. We succeeded: my daughter is almost three years old, and she speaks extremely well. And I'm very pleased about that because at the daycare centre, there are actually children who speak very, very little. In fact, I think it's my daughter who speaks the best. Even four-year-olds have problems with language delay. So you can see it all around us: where the mask mandates have been applied, well, the kids have paid the price.

Konstantinos Merakos

Okay. Then it's a good thing they were still too young to understand what was going on around you.

Éloïse Boies

Truly.

Konstantinos Merakos

Okay. I'd like to give you a minute to add anything if you want before we go to the commissioners for their questions.

Éloïse Boie

Well, I think we've skimmed through the most important part of what I had to say today. We can go straight to questions if you like.

Konstantinos Merakos

Excellent. So Commissioners, it's your turn. Oh, yes, before I proceed: they told me we need to swear in each individual. So we'll do it again if it hasn't already been done. They gave me the go-ahead, so I'll do it. Do you solemnly swear or affirm to tell the truth, the whole truth, and nothing but the truth? Please say, "I do."

Éloïse Boies

I do.

Konstantinos Merakos

So if it's [already] been done, it's been done now a second time.

Éloïse Boies

We did it.

Konstantinos Merakos

Okay, excellent. They gave me the signal. And when they give me the signal, then I clearly do it. I'd rather be 100 per cent sure than have a little doubt. So thank you very much for the gesture. We'll continue with the commissioners and their questions. So go ahead.

Commissioner Massie

Hello, Éloïse. I'd like to thank you very much for your testimonial. I understand that in your current situation it's not easy to free yourself up for this, so we really appreciate it—especially as your testimony was quite special, as it concerned both your professional and personal life and where the two are a somewhat intertwined. And as circumstances have it, you've been at the forefront of many phenomena, including censorship. It's quite paradoxical to have a video about censorship censored: it's a lesson in absurdity. And I'd like to ask a question about censorship in social media. I'm not young so I don't know much about social media. In fact, I'm a bit confused about it. And I find it hard to understand, let's say, the consistency of censorship assessments where a video is removed, not removed, put back. What's the mechanism whereby, for example, YouTube and Facebook decide that such and such content is okay or not? How does that work? I find it a bit anarchic.

Éloïse Boies

Yes, it is indeed anarchic and it is totally incoherent, as with absolutely all the rules we've had for the last three years. Don't look for coherence, you won't find any.

However, what I do understand is that they respect the WHO [World Health Organization] recommendations. This was stated by the CEO of YouTube, who said at the start of the pandemic: "Anything that doesn't respect WHO recommendations," for example, taking vitamin C, "will be removed," so deleted from YouTube. I included it in my video on censorship, by the way.

[00:30:00]

So unlike Facebook, which adds a banner— You can see it on Spotify too now, where it says "COVID-19: for WHO recommendations," and then there's a hyperlink you can click on— YouTube, on the other hand, removes it altogether; it's a much more aggressive approach. But then what I experienced this week was that Facebook became just as aggressive and decided to delete my video about the vaccine with geneticist Alexandra Henrion Caude. However, it's also hard for me to understand, because Alexandra Henrion Caude has been interviewed on Sud Radio, by André Bercoff, on several occasions. All the interviews are available on YouTube; none are censored. So I can't quite understand it, it's really multifaceted. I can't explain it because I don't even think they'd be able to give us a logical explanation; there isn't one.

Commissioner Massie

My other question has to do with all these stories of denigration and mud-slinging by social media, trolls, and institutions. You mentioned in your testimony that you were quite affected by being very vigorously targeted by Radio-Canada with *Décodeurs*. Does it bother you on an emotional level to be attacked like that, or are you disturbed because an institution like Radio-Canada, which has an aura of respectability, seems to have lost its moral compass?

Éloïse Boies

Yes. Well actually, I don't think I've been personally affected from an emotional point of view. On the contrary, I expected it, I knew it. It happened on February 19; I remember because it was the last day in Ottawa and the trucks were leaving. Then I woke up in the morning and I had lots and lots and lots of messages. Everyone was saying, "Did you see it? Did you see it? *Décodeurs* wrote an article about you." Then I just went, "I knew it was coming." Because I was too successful; it's called character assassination. It was only a matter of time before someone came after me. They had to destroy my credibility to make sure no one was going to take me seriously.

So as you say, Bernard, it's more disturbing to see an institution—that we also pay for, as taxpayers, with our taxes—that hasn't represented us, that hasn't given us a plurality of points of view, even though that was their mandate. And even today, as I said— Well, of course I'm changing, it was Facebook that censored me. But anything that goes against vaccination, no matter how watertight, factual, or evidence-based the argument, if it leads you to doubt about getting that injection, it's considered disinformation and shouldn't be broadcast in the mass media. In my view, that's the big red flag. It's absolutely abnormal. It's like listening to only one person in a conflict. It's totally illogical. Our parents taught us, as brothers and sisters, to at least listen to both points of view before making up our minds about a conflict or taking a stand.

So I can't understand why we're only allowed to hear "Oh, the vaccine, it's wonderful! It's absolutely fantastic!" But we can't hear about all the women who've lost their menstrual cycles. You can't hear all the other arguments that might make you doubt, especially as in my case where I wanted to have a second child. So there you have it. Basically, I think that Radio-Canada, like all journalists in the mainstream media—with few exceptions—have failed us. And I think people just wanted to keep their jobs. I know people who worked for Québecor who managed to write articles that gave the floor to pediatricians who had reservations, "In the case of children, is it okay to wear masks to school?" And then he was told, "You're not writing about the pandemic anymore." So that's how it was during the pandemic.

Commissioner Massie

My last question may be a little more personal, but anyway: How does someone like you find the strength to get through this? Not only are you weathering the storm, but it seems like you are even proactive.

Éloïse Boies

Thank you.

Commissioner Massie

What gives you this energy?

Éloïse Boies

Well, we've already talked about it together, Bernard, but we certainly have a sense of community. It's good to feel that we're not alone. And when I was on the front lines, I was lucky enough to have a lot of people writing me to share their distress—a lot of distress—and to share their appreciation of what I was doing. Because they were telling me that thanks to me, "I feel less crazy because at work, there's no one who thinks like me," and so

on. So it kind of gave me the feeling that someone was needed in the public sphere who was articulate, who had a command of French.

[00:35:00]

It sounds a bit corny but, for me, it's important to do it in a professional manner. It takes someone to do it, and I can see that not that many people have had the courage to go to the battle front because some people are afraid of losing their careers. As I was saying, I'm very close to the cultural milieu. Artists have been criticized for not speaking out but I can understand why they didn't want to, when you see how Guillaume Lemay-Thivierge was treated when he finally spoke publicly. We were getting our heads chopped off.

So to answer your question, Bernard, I think I've always had a very strong sense of injustice or justice; I'm very sensitive to injustice. For me, what we are experiencing is profoundly unjust. So given my personality, I couldn't just sit back knowing that I had the tools to do something in the battle. So I decided to go to the battle front. And also, I enjoy the interviews I do. I enjoy the human contact. It's intellectually stimulating. I was lucky enough to meet Oliver Stone, who invited me to his home in Los Angeles. So there are people who appreciate the work I do and who appreciate the work of searching for the truth.

Commissioner Massie

Thank you so much for your testimonial, Élo.

Éloïse Boies

Thank you.

Commissioner Massie

Questions?

Konstantinos Merakos

Any other questions? No? So Eloïse, by chance, you're my last witness. And we end on a good note, an important note for the future. These days, everything happens on social networks, on social media.

Before I say goodbye to this adventure, I'd like to thank you from the bottom of my heart for your testimony and your courage, on behalf of the National Citizen Inquiry. So thank you very much and good evening to you and your family.

Éloïse Boies

Thank you for doing what you are doing too. Have a nice evening.

[00:37:06]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 9: Luc Harvey

Full Day 3 Timestamp: 08:17:55–08:52:07

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Samuel Bachand

Hello, my name is Samuel Bachand. I've been appointed to act as Inquiry counsel for your examination, Monsieur Luc Harvey. Please spell your name in full.

Luc Harvey

Luc L-U-C, Harvey H-A-R-V-E-Y.

Samuel Bachand

I will now swear you in. Monsieur Harvey, do you swear to tell the Inquiry nothing but the truth?

Luc Harvey

As usual, yes.

Samuel Bachand

So Monsieur Harvey, you're here to tell us about your experience and research in a legal case that began before the Court of Quebec in connection with the application of the *Youth Protection Act*. One of the parties called on you at the appeal stage, is this correct?

Luc Harvey

Exactly.

Samuel Bachand

So that you could help him gather evidence—new evidence— in this case, both as a researcher and thanks to your skills and experience as an investigator, correct? For the purposes of the court case?

Luc Harvey

Exactly.

Samuel Bachand

So you're here with us to explain a little bit about your career path, the obstacles you've encountered along the way, and what you've found.

Luc Harvey

Okay. Quite simply, to begin with, when you go before a judge, you have to have evidence. Part of the evidence is often based on documents or reports produced by specialists—or expert witnesses, as they say. The difficulty was that my friend had something like ten days to accumulate or find expert witnesses. In fact, he had found Dr. René Lavigneur, who had been willing to work with him; and two days later, René Lavigneur informed him that he could no longer speak to him and that he would not even be responding to emails. So my friend was left with no one to back him up in court.

This is where I came in. Yes, I'm an investigator for an international organization, but I'm also a former federal MP so I have a pan-Canadian network. I've also worked with international organizations based mainly in Europe and Eastern Europe; I've been working in Eastern Europe, the Middle East, and Africa for almost six years. So I have a relatively interesting and extensive international network.

In this instance, I quickly managed to recruit Monsieur Steven Pelech at the University of British Columbia, who was willing to become an expert witness in the case. He was the first expert witness. The second expert witness who was willing to come on board was Monsieur Eric Flaim from the University of Alberta.

Samuel Bachand

I'm going to stop you there. In fact, I'm going to slow you down a little, asking you for the contribution you envisaged for each of these experts.

Luc Harvey

Pardon?

Samuel Bachand

The contribution you had in mind: What were these experts you're listing going to say, one by one?

Luc Harvey

Well, it was about finding someone who had the capacity to ask, "Was vaccinating a child worthwhile? Were there any real gains?"

Samuel Bachand

Okay.

Luc Harvey

Because there are advantages and there are disadvantages. And what the governments of Quebec and Canada had produced via the INSPQ [Institut national de santé publique du Québec – public health] was too simplistic for making such a decision. So we went looking for international specialists, people who were indisputable in the debate. So Dr. Flaim's and Dr. Pelech's objective was to define: "Was the vaccination of a child valid and safe?" and "Was there a benefit?" That's what's in the document here in front of me; it's over 150 pages long.

Samuel Bachand

Do you perhaps have a reference, a title, anything that could direct the commissioners to these documents or to these experts when they consult the case you've just told us about if necessary?

[00:05:00]

Luc Harvey

Yes, of course. I could give it to you privately but I can't make it public. Given that the child has a disability, there are restrictions on publishing information publicly; it can be given to specialists or commissioners but I won't be able to share it publicly.

Samuel Bachand

I understand. So we'll see to that later. Continue.

Luc Harvey

But I have documents here. I can confirm that they're original and there's no doubt about that.

Samuel Bachand

Okay, continue.

Luc Harvey

The third specialist we've brought on board is Alexandra Henrion-Caude. Madame Caude is a specialist in clinical studies. So Madame Caude pointed out the biases surrounding how the COVID vaccine had been given special authorization for use in the population. There were in fact 15 major biases that would have forced the study to be repeated: just one would have been enough. And the study published by Pfizer alone had 15 of them. In spite of this, the vaccine was authorized for use in the general population. So that's what Madame Henrion-Caude's report says.

Other specialists we went looking for later—who are not a part of the proceedings filed with the Supreme Court—were added: people like Christian Perronne and Astrid Stuckelberger. They were participants in the case filed with the Supreme Court, should it be heard by the Supreme Court.

Samuel Bachand

And what contribution are they expected to make in terms of themes and subjects?

Luc Harvey

So it was a matter of finding the specialists and getting their consent to participate and debate the appropriateness of vaccination at the Supreme Court. And the basis on which the report was submitted to the Supreme Court was very simple: the ability to ask questions, the ability to get answers, the ability to have a debate; in other words, a full and complete defence and a fair and equitable trial.

Samuel Bachand

Very good. So just for future reference, perhaps when you say “to the Supreme Court,” it is that there would have been an application for leave to appeal to the Supreme Court in this case file?

Luc Harvey

Exactly.

Samuel Bachand

Okay. That was ultimately denied?

Luc Harvey

That was eventually denied. The debate was denied.

Samuel Bachand

All right. Could you take a look at the proceedings and give us the number of the case you intervened in, I mean the docket number?

Luc Harvey

I'll give you that at the end, too. I won't make it public for the sake of protecting the identity of the child and the father, but I'll be able to provide it without any problem. I have the document here.

Samuel Bachand

Very good. So at this point, I'll let the commissioners ask any questions they may have.

Luc Harvey

I've got a copy of the document here, so I'll be able to supply it, no problem.

Samuel Bachand

From a distance, I'm guessing it's the Supreme Court decision—

Luc Harvey

Refusal.

Samuel Bachand

—dismissing the application for leave to appeal, correct?

Luc Harvey

The rejection, yes.

Samuel Bachand

Very well. Do the Commissioners have any questions?

Commissioner Massie

Hello, Monsieur Harvey. If you can shed some light on this case: Did you take any previous steps before ending up in the Supreme Court?

Luc Harvey

Yes.

Commissioner Massie

And now that you're basically blocked from filing or arguing your case in the Supreme Court—I don't know the judicial system—are there any other appeals, or is this the end of the road?

Luc Harvey

Well, we reached the end with a question we sent to CIUSSS [Centre intégré universitaire de santé et de services sociaux – Integrated university health and social services centre], which was simple: “Do you still intend to [vaccinate the child]?” Because in the entire proceeding, when we submitted our documents, CIUSSS responded with a two-page document.

[00:10:00]

CIUSSS's two main arguments were that, since the child had already been vaccinated once, the debate was moot, despite the fact that the vaccination had been given during the proceedings. So there was an issue of contempt of court over the child's vaccination; but it was secondary. And the second reason—

Samuel Bachand

When you simply say “there was contempt of court,” was there a request for a declaration of contempt of court?

Luc Harvey

Yes. It was during the proceedings.

Samuel Bachand

Was there already a pronouncement or notice of contempt of court?

Luc Harvey

Yes because when we went to appeal—rather anecdotally—they didn't expect us to have specialists and expert witnesses. So we arrived with our three witnesses: Pelech, Flaim, and Henrion-Caude. And they said, "Oh, listen, can you give us a week to look at all of this and then come back?" We were pleased and said: "Okay, no problem." And two days later, our lawyer told us that they had already vaccinated the child. That was the first vaccination, and that was during the procedure. And after that—

Samuel Bachand

So just to make sure we understand, at that point you had already indicated to your opponent and to the court that you intended to ask for permission to produce new evidence at the appeal stage, right?

Luc Harvey

Yes. Well, yes, that's right. We were arriving for the first time with specialists.

Samuel Bachand

Which once again means that when you introduce new evidence on appeal, you need permission?

Luc Harvey

Yes.

Samuel Bachand

Because normally on appeal, no [new] evidence is presented. We use the evidence that was presented in the first hearing, right?

Luc Harvey

Yes.

Samuel Bachand

So you were taking steps to reopen and improve the evidence.

Luc Harvey

To enhance the evidence.

Samuel Bachand

So when you signalled this intention with the names of experts to back it up, the result was as you've just described?

Luc Harvey

They asked for a seven-day delay to analyze what we had, which we granted: no problem, no stress. And two days later the lawyer—I don't know, he was from the Centre jeunesse

[Youth Centre] or the CIUSSS—informed our lawyer that the child had been vaccinated after all. That had happened during the process. And well, then there were debates and everything. We decided to go to the Supreme Court too to resubmit the file. What was filed with the Supreme Court, here, was our complete file, with the questions I mentioned earlier: the right to debate, right to question, right to answer, and everything. It was denied. So that's it.

Commissioner Massie

So my question is: Is this the end of the line? From this point on, is there no other recourse?

Luc Harvey

They said that since the child had already been vaccinated once, the debate was moot; that's the argument they sent to the Supreme Court. The question we asked the Centre jeunesse and the CIUSSS: "Do you still intend to vaccinate the child?" So they were stuck. If they replied: "No, we have no intention of vaccinating the child," we win without being flashy, but we win all the same and without debate because the child is not vaccinated.

And if they answer "yes," well, we'll be able to go back to the Supreme Court and say that they lied to the Supreme Court by saying that the debate was moot because the child was already vaccinated. So they're in a bit of a catch-22 situation. Whether they answer "yes" or "no," it's pretty much the same thing for us. And so to date, we still haven't had an answer and I don't think we're going to get one either.

Samuel Bachand

I understand that what you're revealing or disclosing to us today, up to a point, has been authorized in full by the party you've been working with, has it not?

Luc Harvey

I don't understand your question.

Samuel Bachand

What you're telling us about the file and the party you helped, did they give you permission to tell us about it?

Luc Harvey

Yes, of course.

Samuel Bachand

Okay, that's good.

Luc Harvey

There's no problem with that, we're working very closely on this. The boy isn't my son but emotionally, he's really special to me. I always want to say his name because to say "the child" or whatever— But I can't. So it's not easy.

[00:15:00]

Listen, I have seven children, so I'm someone who's very open to children and all that. I understand the energy. I understand emotionally what it can mean to be a father in this circumstance. And the other thing is that to put pressure on the father, to take revenge on him—today, he doesn't even have the right to see his son. All his rights have been taken away.

Samuel Bachand

Perhaps you could go back a bit and tell us what happened initially, and then afterwards?

Luc Harvey

Okay. I have to tell you that before we met, I had planned to provide a history, but then we changed things a little bit.

So during the proceedings, they even sent a letter to the Supreme Court saying, "Listen, wait before you make a decision because the father is going to lose his rights over his child." They sent that to the Supreme Court! The institution itself is sending this to the Supreme Court in collaboration with the mother. So you understand the level of malice, the level of sentiment—

Samuel Bachand

I don't think it's necessary to lend intentions.

Luc Harvey

No, but that's the level— To have believed in the government—

Samuel Bachand

Go ahead, be factual. The Commission is capable of noting for itself.

Luc Harvey

Yes. So I'm going to avoid giving opinions. And this withdrawal of his relationship with his son gradually [worsened]. At first he could go out, but not out of the parking lot. Imagine, the child is in a youth center with children much more severely behaviourally challenged than him, so it's very noisy. For him, getting time away from the youth center is a moment of respite. So the child was allowed to walk around the parking lot. He likes to drive around in the car, so the father parked the car, backed up, drove ten meters, parked the car again, backed up, parked the car again, backed up, parked the car again. Imagine a child with the mental age of five or six saying to his father, "Dad, what's going on?" He himself found the situation so crazy that he couldn't understand what his father was doing, continually parking and moving the car.

After that, he was limited to visiting his son only in the Youth Center, under supervision. And now all his visits have been taken away. He cannot see him anymore; they just talk on the phone. That's the situation. Emotionally, imagine that you love your son, you love your daughter, that you're doing everything legally possible. And one of the things my friend is being criticized for is having questioned his son's vaccination against COVID—having

questioned it, raising questions about it, wanting to debate the subject. Emotionally, it's very heavy, even for me, even if it's not my son. And that's terrible. It's terrible that a government would do that to its citizens. I'm sorry, I'm a former politician and I'm ashamed to see what's happened today. I'm ashamed, deeply ashamed and disappointed to watch all these institutions. In the national anthem, where it says, "*protégera nos foyers et nos droits*" ["will protect our homes and our rights"], and in English, "on guard for thee," — Okay, they've taken that away from us.

Samuel Bachand

Do the Commissioners have any further questions?

Commissioner Massie

Well, I'm still a little confused about what comes next. You seem to be at an impasse in terms of the development of legal remedies. But you mentioned that if there was a clear expression from the organization where the child lives not to proceed with further vaccinations, at that point, would that satisfy your friend given the circumstances?

[00:20:00]

Luc Harvey

We would win by default.

Commissioner Massie

But you have reservations about this eventuality? You don't know what's going to happen?

Luc Harvey

We don't have the answer. They could just as well vaccinate him without telling us. We don't know. My friend isn't even allowed to see his son anymore. You have to understand, they have gone too far; they have gone very, very, very far.

Commissioner Massie

And you wonder that if ever there were other vaccines administered—?

Luc Harvey

Other versions or a new wave, or whatever.

Commissioner Massie

The argument that the Supreme Court uses to say that it's moot would be null and void at that point?

Luc Harvey

Listen, even the child's lawyer— Since the child is in the DPJ [Direction de la protection de la jeunesse – Youth Protection], he can't make decisions for himself. He has a lawyer who is paid by the state, who is hyper pro-vaccine. And everyone's holding hands and saying:

“Yahoo, let’s vaccinate!” So that’s what’s been happening all along. They’ve been vaccinating everyone with enthusiasm. So today, we’re waiting to see how they respond. And so after all, we now have other information; we would have another way of going about things. But I have to tell you that the average success rate of anyone who wanted a debate on COVID is an absolutely zero. Despite the fact that we arrive with concrete evidence, no one wants to listen.

And I have a document here that might be of interest. It comes from the Ministère de la Santé et des Services sociaux [Ministry of Health and Social Services]: a letter addressed to Monsieur Mauril Gaudreault, President of the Collège des médecins [College of Physicians]. This was posted on the Ministry of Health website—I have the proof here—on September 17, 2021. The Ministry of Health informs the Collège des médecins that if any person in the health field requests an exemption, it will be thoroughly analyzed to ensure that no one is able to request a, quote, “unnecessary” exemption. So I have this document here with the screenshot. The Collège des médecins has been informed by the Ministry of Health that there will be no exemptions.

Samuel Bachand

Would the Commissioners like the document to be quoted separately?

Commissioner Massie

I think it would be easier to locate that way.

Samuel Bachand

So we’ll assume it’s QU-7: Exhibit QU-7. QU, capitalized, dash 7. We’ll set it aside.

Luc Harvey

So I’ve got that here. And here’s another document I’d like to share with you. This is from my good friend, Daniel Brisson, who works with me on this file: it’s a coroner investigator’s report. It’s an autopsy report where the coroner clearly says, “There is a substance detected in the blood. However, given that the results must be taken with circumspection as there may be an appearance or overestimation of the substance in the case of death, it will therefore not be mentioned in this report.” So a substance has been found; we don’t know which one; we don’t know if that’s what killed him, but we won’t talk about it all the same.

Commissioner Massie

Which case are we talking about here?

Luc Harvey

The deceased is Monsieur Pierre Paquette.

[00:25:00]

Samuel Bachand

The Paquette family gave you permission, is that right?

Luc Harvey

The Paquette family didn't just authorize us, they asked us—in memory of their father, brother, and husband—to file this so that if his death serves any purpose, it will serve the Inquiry or whomever. So an unknown substance appears in his blood, we don't know if it's what killed him or not, but we won't talk about it. Whereas a spectrometer can tell us what a flower from Brazil is made of.

Samuel Bachand

I propose to the Inquiry that this document be quoted separately.

Luc Harvey

[Exhibit] QU-8. Okay, it's done.

Samuel Bachand

In the course of your research, you came across information about a person involved in some of the work of the World Economic Forum, did you not?

Luc Harvey

Yes.

Samuel Bachand

I don't know if it's displayed on the screen or if you have it on your computer?

Luc Harvey

Of course. It's Madame Renée Maria Tremblay, Deputy Executive Legal Officer to the Chief of Justice of Canada, Supreme Court of Canada. I would like you to take note of this and read all the good things that are written about this lady, her influence with the Supreme Court and, above all, the arrogance that these people can indulge in.

Samuel Bachand

Listen, I'd like you to stay on the facts. So you're establishing a link, I believe, between a person and an institution, or two institutions.

Luc Harvey

Let's just say that Madame Tremblay is someone the [World] Economic Forum prides itself on having very close to them. As you'll read the whole thing, I won't comment further. But Madame Tremblay is perhaps just the tip of the iceberg of the meddling that a group like the World Economic Forum does within our institutions.

Our institutions have failed—and I'm speaking as a politician here—our institutions have failed.

Samuel Bachand

Does the Commission wish to mark the document separately? Yes, so it will be [Exhibit] QU-9.

Luc Harvey

Well, I don't mind, but this is on the computer.

Samuel Bachand

We'll print it together. That's not too much to ask. Any further questions?

Commissioner Kaikkonen

Bonjour. [In English] I'm not sure I have a question, I just have an observation, but maybe I can turn it into a question. When we think of the Supreme Court, we think of people with dissenting voices or various voices or diverse perspectives— Kind of like if you put seven people in a room and you have a bowl of jelly beans. As to which colour they're going to go take, some people might take two and some people might take different colours. And I'm sitting here wondering about family law. That's been an increasingly large industry for a long time over the years. I can go back in decades to see where family law has gone to.

But how does anybody get a fair and objective judicial decision if everybody is taking the same colour of jelly bean, or they're coming from the very same one-mind perspective that we've already seen across the world? I just wonder, even if you get into the Supreme Court, how does somebody, getting to that point, going through all the levels of law, finally get a decision that is fair and objective? Maybe that's my question.

Commissioner Massie

I'll try to summarize the question.

[00:30:00]

Janice mentioned that, to take an example, if you had [seven people in a room with a bowl filled with] "jelly beans"—I don't know how to say it in French; we understand each other— in the end, the people in the same room are concentrating on just one colour. No other colours are allowed. This raises the question of whether we won't have unanimity when examining the cases, which will mean that if we don't look at the different perspectives in the end, isn't there a risk that justice won't be exercised as wisely?

And so, I think if we return to the question: Do we have a challenge or an issue in terms of the practice of justice, starting from the level of the lower courts all the way to the Superior Court, if we systematically use the same approach—the same colour—without leaving room for other versions, if I've understood correctly?

Luc Harvey

If I understand the question correctly, as I said at the beginning: yes, I'm a former politician, a former federal MP. I'm an investigator, but I'm also on the UNF [United Nations Foundation], which is a small organization recognized by the United Nations for the protection of human rights. So when the question was filed with the Supreme Court for debate, I, on the other hand, sent a letter to the Supreme Court as UNF's ambassador to

Canada, saying: “What is your view on the loss of rights and freedoms, on COVID, on everything that’s been done, the truckers, the right to demonstrate, all that? What is your point of view on that?”

To my great surprise—because in total, I had sent some twenty letters and only got three replies—the Supreme Court responded by saying: “Please note that all decisions regarding measures and precautions with regard to COVID-19 in Canada are made by the federal and provincial governments. The Supreme Court of Canada can only consider appeals of decisions made by the highest courts of the provinces and territories, as well as by the Federal Court of Appeal and the Court Martial Appeal Court of Canada. To date, the Supreme Court has not rendered any decisions related to COVID or its vaccines.” That suggests that they had not had any questions, so they didn’t have to answer. Here, I have proof that there was a question; and here, they tell me they didn’t have any questions. [The witness shows the two documents that constitute evidence].

If you want, I can enter this as [Exhibit] QU-9.

Samuel Bachand

Well, I just want to make sure, I think we’re at QU-10 at this point, because we started at [Exhibit QU-]07, which was the letter from the CMQ [Collège des médecins du Québec – College of Physicians]; [Exhibit QU-]08 is the coroner’s report; [Exhibit QU-]09 was the excerpt from the WEF [World Economic Forum] website; and [Exhibit] QU-10 happens to be the Supreme Court response dated—?

Luc Harvey

Reply to myself, because it’s sent to Monsieur Luc Harvey, UNF Canada, at my personal address, of course.

Samuel Bachand

Dated—?

Luc Harvey

Dated July 20, 2022. Because there’s something special about the Supreme Court. You can send them questions, but they can accept or reject the question and they don’t even have to justify their answer. And under normal circumstances, we were informed that the Supreme Court’s response takes between four and five months but in the end, it took practically eight months.

Samuel Bachand

We are out of time. So on behalf of the Inquiry, I’d like to thank you for your testimony. You’re free to go.

[00:34:12]

Final Review and Approval: Erin Thiessen, November 24, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

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<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 10: Marc-André Paquette

Full Day 3 Timestamp: 08:53:03–09:32:10

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[0:00:00]

Samuel Bachand

Hello. My name is Samuel Bachand. I have been appointed by the Inquiry to act as prosecutor in this examination. Monsieur Marc André Paquette, please spell your name in full.

Marc-André Paquette

Paquette P-A-Q-U-E-T-T-E, Marc-André M-A-R-C A-N-D-R-É.

Samuel Bachand

I'm going to swear you in. Do you swear to tell the Inquiry nothing but the truth?

Marc-André Paquette

Yes.

Samuel Bachand

In a few words, what would you like to talk to the Inquiry about today?

Marc-André Paquette

As a kindergarten teacher and former medical student, I have had many email communications with pediatricians, public health physicians, and others. As such, my email communications reveal several elements that can help us understand what we've experienced.

Samuel Bachand

I would like to ask you in advance: Is there anything in your career path related to this theme that might be of interest?

Marc-André Paquette

Yes, from 1994 to 1999, I studied medicine at the Université de Sherbrooke, after which I obtained my bachelor's degree in elementary and preschool teaching. I've been teaching kindergarten since 2003.

Samuel Bachand

Just to make your testimony clearer—I'm not saying it's not clear, but to make it easier to understand—could you tell us what the main themes or sections of your testimony will be?

Marc-André Paquette

Yes, I'd like to touch on six aspects. Firstly, my e-mail communications with pediatricians, which clearly show at what point pediatricians were silenced or chose to remain publicly silent. Secondly, my e-mail communications with experts in pediatrics and public health—I had contacted 16 experts—show that they had no answers to basic questions about RNA vaccination, nor did they seek or find the answers. These communications also show that they had enough information to raise questions but they choose not to publicly defend the precautionary principle for children.

My third theme is about the APQ's [Association des pédiatres du Québec – Association of Paediatricians of Quebec] notice for the start of the 2021 school year. It's an announcement that was ignored and stifled by public health and the government. I'm the one who made it public and I'll talk about it in my testimony. And despite the fact that I made it public and sent it to 500 candidates in the 2022 provincial election, not one political party mentioned it. Nor did the vast majority of the media deem it necessary to inform the public. This is an important point. For my fourth point, I'd like to talk about how the media silence of pediatricians and other Quebec experts in the media has had a disastrous impact on all childhood environments. This is related to my expertise as a teacher.

As point five, I'd like to touch lightly, but with important references, on how the measures were excessive for children and detrimental to their development. Then I'd also like to present some documents for point six, which will help us better understand how misused data in Quebec created an exaggerated fear in the population; how this allowed the population to accept measures that were excessive and unjustified for the population as a whole, which included children; and how this exaggerated fear allowed the government and public health—this is the important point—to temporarily dismiss the concept of immunity that could be acquired by children and could serve as a shield for the entire population. This opened the door to the mass vaccination of children.

Samuel Bachand

Earlier, we added a voluminous, composite document to the Inquiry's electronic file: [Exhibit] QU-6.

Marc-André Paquette

Yes.

Samuel Bachand

In order to enable the commissioners to refer to it effectively, I'd like you to tell us what the primary structure of this dossier is.

Marc-André Paquette

Certainly. There are two documents, three folders. The first document explains how the folders work. I'm going to talk about the three folders first.

Folder A is my testimony folder. This folder is subdivided into other folders; and each deals with separate aspects and provides references. Each subfolder is independent, so if there's an aspect that's important to you, all the references are there.

Folder B consists of all the documents because, as you'll see, I've collected an enormous amount of paperwork over the last three years.

[00:05:00]

It's all the information that I have collected and referred to.

And folder C contains all my e-mail exchanges because I've had numerous exchanges with the media, with public health doctors, and also with a many other contributors. All my e-mail exchanges are there.

Then my second document is the authorization to use and share these documents if needed, to help understand what we experienced.

Samuel Bachand

Sorry, just a reminder not to speak too fast for the simultaneous translation.

Marc-André Paquette

Of course.

Samuel Bachand

So now that the plan has been announced and the documentation is available, you can go ahead with the first item.

Marc-André Paquette

Perfect. As a kindergarten teacher, I was already extremely worried about the impact of the measures that were being imposed on children at the very beginning of the crisis. I was also worried about possible excesses that we were already seeing. I felt it was important for people to speak out publicly and that's what I did. I wrote an article and then I was lucky. It was the only article that I published in the mainstream media, in *Le Devoir* and *La Tribune*; and I did an interview on Radio-Canada [CBC]. Both the article and the interview were on social distancing and its impact on the development of interpersonal relations in children.

I'm a kindergarten teacher and in my classroom, I work extensively on group cohesiveness by developing the children's interpersonal skills. In my classroom I had 27 images: 27 pictograms of relational gestures. There are many relational gestures, like inviting a friend to play, including a friend—as we saw during the crisis, everything was forbidden—consoling a friend, congratulating a friend, encouraging a friend, helping a friend: these are relational gestures. So I worked extensively on this with my students. When I returned from the first lockdown in May 2020, I went back to my classroom and found that 21 of the

27 relational gestures that I'd been encouraging in my students were now prohibited, impossible, or difficult to work on: 21 out of 27. That was sort of the trigger for me.

Samuel Bachand

Let's slow down.

Marc-André Paquette

Okay. So at the start of the 2020 school year, the mandates weren't in place yet and I went on sick leave. I was incapable of imposing measures on children that I felt were detrimental to their development. Then for the next two years, I opted for an unpaid leave of absence, so I'm on unpaid leave this year in terms of teaching. I chose an unpaid leave so that I could continue to speak freely: that's what I'm doing today. So I really have no conflict of interest. I've sacrificed a lot to be able to keep this freedom of expression.

For you to be able to assess the relevance of my interventions today, you need to know that as early as May 2020, I was contacting all the pediatricians, scientists, and others who were speaking out publicly and whose contact details I found: those who were speaking out publicly to question the public health discourse and the government discourse, the measures imposed, and the consequences of the measures on children.

In my opinion, what was being done to children was unacceptable. I invested energy and time—a lot of it—to encourage others to band together to speak out publicly and better defend children. It's later in my presentation, but it's important for the points you're about to see. In a sense, I have participated in the development of three collectives: the first was a collective of parents, grandparents, and caregivers concerned for the children; the second is the collective for fairer media coverage about the health crisis; and the third is the school staff collective for a return to normalcy in the schools.

This gives you an idea of how the other aspects came about. Can I move on to aspect 1? Okay. Regarding my e-mail exchanges with pediatricians: at the start of the crisis, I was really worried about what was being inflicted on children. As a teacher and a medical student—maybe that's what made me unique—I was aware of what was happening elsewhere in the world and I could see that children weren't vulnerable to COVID. That's why I immediately tried to get in touch with the pediatricians who were sounding the alarm because there were pediatricians sounding the alarm at the start of the crisis.

[00:10:00]

Through my personal e-mail exchanges and my involvement in the three collectives I mentioned earlier, I've had many e-mail exchanges with pediatricians who have spoken out, including the three APQ spokespersons: Dr. Marie Claude Roy, Dr. Jean François Chicoine, and Dr. Marc Lebel.

Samuel Bachand

What is APQ?

Marc-André Paquette

Association des pédiatres du Québec [Association of Pediatricians of Quebec]. It's going to come up a lot. I also had e-mail exchanges with Dr. Annie Janvier, Dr. Gilles Julien, and

several other pediatricians, but especially the pediatricians who really spoke up. I've made my e-mail exchanges public in a compilation document. My compilation document is entitled: *Abandon des pédiatres québécois: protection des enfants à l'égard des effets dévastateurs des mesures sanitaires* [Abandonment by Quebec Pediatricians: Protecting Children from the Devastating Effects of Health Measures]. You'll also find the e-mail exchanges on the USB key I gave you.

Samuel Bachand

Which folder will it be in?

Marc-André Paquette

Well now we're at aspect 1, so in the testimonial "Aspect 1" is where all my elements for this aspect are to be found. In this document, I've placed a chronology of the positions that the pediatricians were defending at the start of the crisis. I've also included the e-mails I exchanged with the pediatricians which show their support for those same positions. My e-mail exchanges make it possible to illustrate—and this is where I felt my participation was important in the Inquiry— My e-mails make it possible to see precisely when pediatricians stopped supporting and publicly defending children.

In the beginning, pediatricians were pleased with the support provided by our first collective of parents, grandparents, and caregivers concerned about children. Our collective supported the position that pediatricians and the APQ, had set out on October 5, 2020. This position was expressed in the letter, *[Deuxième vague:] la rentrée scolaire n'est pas coupable* [[Second wave:] Back-to-school is Not the Culprit], which became the APQ's official position and which was posted on their website. In this letter, the three APQ spokespersons talked about a "generational sacrifice." Our collective supported this letter; we had collected 402 testimonials by then. On November 25 and 26, 2020, we received an e-mail from Dr. Marc Lebel, president of the APQ, and an email from Dr. Annie Janvier, who were really speaking out publicly at the time. We also received an e-mail from Dr. Catherine Dea, a doctor specializing in public health.

The pediatricians were really happy with the actions taken by our collective— You'll see the emails on the USB stick. But the pediatricians' support for our collective fell off abruptly between November 26 and December 9, 2020. At that point, the pediatricians stopped defending the positions they had been defending publicly until then. Let me explain how it happened.

On December 7, we sent our open letter and the 402 testimonials in support of the pediatricians—these were the 402 testimonials from parents, grandparents, and caregivers who were concerned about the children—to 180 members of the media and all the MNAs [Members of the Assemblée nationale]. There was no media coverage at all: absolutely none. But that was to be expected given the single guideline that was imposed rather quickly at the media and political level.

I had already invited pediatricians to sign a second collective statement that I was working on; I was really active. I had worked with others in the previous collective—I wasn't alone—but this collective statement was about fairer media coverage of the health crisis. I had already invited them to sign this statement.

The day we sent out our open letter in support of the pediatricians, the APQ contacted me to ask me to retransmit the open letter about the other collective statement about fairer

media coverage. I did so. They wrote back to me and asked me to pass on the list of signatories that we had and would publish. Once again, I invited all the pediatricians with whom I was in contact to sign the collective statement.

Despite the pediatricians' initial enthusiasm for our approach with the first collective statement and the interest they showed—or seemed to show—in our second collective statement, not a single pediatrician signed this second statement. That's fine. But what's surprising and worrying is the response we received from Dr. Marie Claude Roy, who was a signatory to the pediatricians' position which our collective supported. Despite the fact that the 402 testimonials from concerned parents, grandparents, and caregivers were ignored by the 180 members of the media, Dr. Marie Claude Roy wrote to us, "On the contrary, I consider the media to have shown great objectivity and have made room for all points of view supported by science, whatever those may be."

[00:15:00]

Our collective was in support of pediatricians; we received no media coverage. This response is reminiscent of the June 3, 2020 opinion of the Collège des médecins du Québec [College of Physicians of Quebec]. My compilation document, which I mentioned earlier, clearly shows that pediatricians had abandoned the positions they previously defended. Between November 26 and December 9, 2020, the pediatricians quite clearly chose to remain silent or were forced to remain silent. I continued to write to the group of pediatricians because I wanted to encourage them to keep thinking, even though they were no longer replying to me. But in March, I sent them a paper that must have upset them—it's a French article called "*Impacts traumatiques de la politique sanitaire actuelle sur les enfants: un constat clinique alarmant*" ["The traumatic impact of current health policy on children: alarming clinical findings"]—because three of them wrote back to me, including Dr. Gilles Julien.

Dr. Gilles Julien passed on his reply to me and to the eleven other pediatricians I had contacted, including the three APQ spokespersons. Everything I say is important because you'll see the connection. Dr. Julien ended his e-mail this way: "We have a duty to bear witness and to act together as much as possible." It may be a coincidence but, the very next day, the APQ chose to no longer take a public stand in defence of children. And without fanfare—and this is important—without clearly informing the public of this reversal in the APQ's public position, the APQ discreetly published its new official position on its page: *Pandémie et mesures sanitaires chez les élèves du primaire – Position de l'APQ -2021*[03]11 [Pandemic and Health Measures for Elementary School Children - APQ Position -2021 [03] 11]. The APQ chose to dissociate itself from the parent pressure groups that were denouncing the recent imposition of masks in primary schools.

If you look at my document where I set out all the positions of the pediatricians and see the e-mails, the pediatricians were initially fighting against the imposition of masks on daycare providers. When I spoke with them, they were concerned about the imposition of masks on preschool children; there were no masks for preschoolers, but there were for all the teachers. And at this moment, they disassociated themselves from that. Furthermore, in their letter on the position of pediatricians, the APQ specified that its role was "limited to maintaining the quality of its members' workplace conditions."

I've compiled another document entitled *Censure et autocensure des pédiatres et autres professionnels québécois* [Censorship and Self-censorship among Quebec Pediatricians and other Professionals]. In this document, there are several parts, but among them are my e-mails with Dr. Mathieu Bernier. Dr. Mathieu Bernier was one of the doctors who spoke out

publicly at the start of the crisis, denouncing the measures being applied to children and adolescents. He found himself under investigation by the Collège des médecins [College of Physicians], retracted his statement, and then stopped defending what he had originally defended. My e-mails are on my USB key. Maybe that concludes my aspect 1. How's that?

Samuel Bachand

We have about twelve minutes left. I know your first two points are longer, but just to let you know.

Marc-André Paquette

Okay. As a former medical student and father of three, I had questions about RNA vaccination for children. I wrote down my questions and passed them on to doctors. My questions were basic ones because I'd only been in medicine for five years and it's been 25 years since then. I wrote these questions with my teenagers. I forwarded these questions to 17 Quebec doctors, including 16 experts in pediatrics and public health. Most of these doctors held key [positions] in their institutions. Several of them had already spoken out in the public arena. I don't know if it's important—I know time is limited—but perhaps quickly, I'll name a few: Dr. Mélissa Généreux, specialist in public health and preventive medicine, director of public health in the Estrie region from 2013 to 2020, medical advisor to the public health department [of the CIUSSS] de l'Estrie and to the Institut national de santé publique [du Québec], professor at the Faculty of Medicine—

Samuel Bachand

You're going too fast. I'm sorry, but it's just not possible to translate at that speed.

Marc-André Paquette

Okay. Maybe I'll pass, but they were real experts in pediatrics: people who had spoken publicly or had roles in their institutions.

[00:20:00]

My article, "*Les médecins québécois 'experts' en pédiatrie et en santé publique ne semblent pas avoir de réponse au sujet des injections ARN des enfants*" ["Quebec's 'expert' doctors in pediatrics and public health don't seem to have any answers on the subject of children's RNA injections"], and my compilation document, *Mes questionnements sur les injections ARN* [My Questions About RNA Injections], both explained my approach to these experts. My exchanges clearly show that these experts in pediatrics and public health had no answers to my questions and that they did not seek and/or find answers to even basic questions.

I also have another document, *Vaccination ARN des enfants : les pédiatres québécois ont choisi d'ignorer le principe de précaution* [RNA Vaccination for Children: Quebec Pediatricians Choose to Ignore the Precautionary Principle].

In this document, I provide all the information that I've passed on to pediatricians and public health doctors. This one is for pediatricians and it shows that pediatricians had enough information to have doubts, but they did not defend the precautionary principle. If they were aware of the unanswered concerns—if there was any doubt—they too should have questioned the authorities in order to protect children. In the document I had sent them, there was an open letter—there were three open letters on child vaccination—but

there was one with 1,441 signatories. The pediatricians not only failed to defend the precautionary principle, but worse, one of the three APQ spokespersons, Dr. Jean François Chicoine, appeared on television in the presence of children to promote RNA vaccination of children on November 18, 2021.

On my USB key, I've filed all my communications with pediatricians, but I've also filed my communications with three public health physicians and my open letters to two of them: Dr. Mélissa Gagnéux and Dr. Yv Bonnier Viger. These two public health physicians ran in the 2022 provincial election under the banner of an opposition party. Despite the responsibilities incumbent on them—in terms of their considerable expertise in public health and also of the role of political representation they wished to exercise—they too did not answer questions. Nor did they seek out or find answers to our questions. They didn't publicly question the government and medical authorities. They didn't choose to assume this responsibility.

As for the principle of informed consent: well, it was completely swept aside during the RNA vaccination. While a vaccine passport was being imposed, fingers were pointed, people were publicly denigrated, and all those who questioned it were socially excluded—even if pediatricians and public health experts had no answers to the questions. And without answers to basic questions, when the experts have no answers, we can't talk about informed consent for the population, especially if the population doesn't know that the experts have no answers.

The public seems to have put their trust in doctors, perhaps believing that they had a responsibility to ensure the benefits and safety of vaccines. But my research shows that those who were questioned did not feel this responsibility. Doctors seem to have placed absolute trust in their institutions: the Collège des Médecins [College of Physicians], the public health department, the pharmaceutical companies, the government. It appears they didn't question themselves; it appears they didn't seek to validate the accuracy and validity of the information they were given; it appears they didn't question the sources of this information, or the presence or absence of conflicts of interest.

Samuel Bachand

Let me briefly interrupt. What you're telling us are opinions. And I understand that it's a summary of the lessons you've learned from your interactions with the medical profession.

Marc-André Paquette

That's why I also linked all the e-mail exchanges in easy-to-see documents, but they really have a lot of information. And I received several responses. But one of the open letters that was forwarded to many people was the open letter sent to Dr. Mélissa Gagnéux and Dr. Yv Bonnier Viger: *Demande d'intervention au sujet de la vaccination ARN des enfants dans un contexte où le questionnement et les inquiétudes des médecins, des scientifiques et des citoyens semblent interdits, ridiculisés, banalisés et censurés* [Request to intervene on the subject of RNA Vaccination of children in a context where the questioning and concerns of doctors, scientists and citizens seem to be banned, ridiculed, trivialized, and censored]. But Dr. Mélissa Gagnéux's answer to this question—we don't have much time—but to answer that—

Samuel Bachand

Yes, but even if we don't have much time, if you talk too fast, we're no further ahead. You're caught between a rock and a hard place. Just talk slower.

Marc-André Paquette

Okay. Well, she answered me. It was really a question about vaccination. It was the third open letter. I'd already sent in my questions.

[00:25:00]

I put her in touch with the scientists and doctors from all the exchanges that I submitted to you. These weren't inconsequential; these were issues where there were genuine questions raised by people other than myself. She replied to this last open letter, "On returning to the office this morning, I can confirm that my mandate as a public health physician is in Estrie and that decisions regarding the Quebec immunization program are made at the provincial level. I think you'd get more answers if you were to address the proper authority, such as the Minister of Health, Dr. Luc Boileau, the INSPQ [Quebec Public Health] or the Comité d'immunisation du Québec [Committee on Immunization of Quebec]." So looking through everything I have, you can see that there was never a response. It's not just supposition. There was no response. There was no feedback.

Aspect 3?

Samuel Bachand

We have five minutes.

Marc-André Paquette

Okay. In August 2022, I published an article entitled "*Les pédiatres doivent briser le silence*" ["Pediatricians must break the silence"] on the *Nous Citoyens* platform. Following the publication of the article, a citizen sent me photos of the APQ's notice for the start of the 2021 school year—a notice that had been sent to the government and public health by the APQ on August 9, 2021. The notice didn't seem to have been made public. It didn't appear—and it still doesn't appear—on the APQ website. The only reference to the notice was in an article in *Le Soleil*: "*Les pédiatres du Québec réclament une rentrée 'normale' pour les écoliers*" ["Quebec pediatricians call for 'normal' back-to-school for schoolchildren"] published the following day: August 10, 2021. But one day later, on August 11, there was a new article published in the same newspaper, which presented a totally different position: "*Les pédiatres 'globalement satisfaits' du plan de rentrée scolaire*" ["Pediatricians 'generally satisfied' with back-to-school plan"]. The APQ's opinion on the start of the 2021 school year is extremely important; the two spokespersons—Dr. Marie Claude Roy and Dr. Marc Lebel—signed this opinion. They didn't want primary school children to have masks on their faces, and they questioned the RNA vaccination of primary school children. The opinion was completely ignored, dismissed, and kept under wraps by the government and public health; it was I who made it public.

Samuel Bachand

I think at this point it's worth explaining how it was that you're the one who released the document.

Marc-André Paquette

Okay. I published my article, "*Les pédiatres doivent [briser le silence]*" ["Pediatricians must break the silence"]. A citizen sent me the photos. This citizen had obtained the photos because, following the article—

Samuel Bachand

Photos of what?

Marc-André Paquette

The notice. Following the August 10 article in *Le Soleil* which talked about this notice—it's the only reference we found—he contacted the newspaper because he was in proceedings with his ex-wife and children. He wanted to have the notice, so the journalist or the newspaper sent him the photos of the notice. When he saw my publication, he passed them on to me. With all the actions I had taken since the beginning of COVID, I got myself organized to make it public.

Samuel Bachand

What did you do afterwards to validate, or attempt to validate, the authenticity of this document, which is ultimately an image of a print?

Marc-André Paquette

Yes, well, every time I published something like this, I'd pass it on to the pediatricians involved—so to the two signatories and all the other pediatricians. I no longer get replies from the pediatricians but they never disagreed. This notice was widely circulated. The pediatricians knew about it because I had put them in touch with other people. So if it hadn't been a true announcement, they probably would have said so. Is that okay?

Samuel Bachand

I'm just going to interrupt you for a moment. You have one-and-a-half minutes left on the clock. The witnesses are of course entirely at the Inquiry's disposal. We still have two major topics to discuss.

Marc-André Paquette

Yes, but I think this point is more important than the other two.

Samuel Bachand

Okay.

Would you like to hear the witness for five minutes, let's say, so that he can finish his presentation? [This question is addressed to the commissioners, who give their assent]. Okay, go ahead.

Marc-André Paquette

To make the notice public, I sent it to the media. The mass media didn't publish it. I wrote an article, again on *Nous Citoyens*, which is an alternative platform. Then I was contacted by

Radio X, which is a somewhat alternative radio station; I did an interview. I was contacted by 107.7 FM, which is a more traditional radio station; I did an interview. I did a video testimonial that was seen by just over 10,000 people, but I also sent the notice to the 500 candidates in the Quebec elections—there were five main parties—that’s almost all the candidates; we forwarded it to the candidates whose e-mail or Facebook address we had. Despite the fact that the notice had been kept under wraps for a year, no opposition party, in the middle of an election campaign, felt it important to inform the public.

[00:30:00]

And the content of the notice is quite crucial. For almost a year, the children were masked, and then vaccination began in November 2021. The existence of the notice also shows that contrary to what the media, public health, and the government have always said—that there was a scientific consensus—there wasn’t one, even within the APQ. The three APQ spokespersons had signed the initial position which spoke of a generational sacrifice on October 5, 2020. But when it came to vaccination, Dr. Jean François Chicoine went on television to encourage vaccination, while Dr. Lebel and Dr. Roy signed this notice questioning vaccination.

As far as the scientific community is concerned, this has certainly had an impact. Because if the notice had been made public, more scientists or stakeholders probably would have spoken out publicly or would have had the courage to do so. In the case of Patrick Provost—indeed an expert researcher on RNA who was sanctioned by his university; he’s still an expert researcher on RNA—he expressed reservations about vaccinating primary school children, as did the two pediatricians who spoke on behalf of [the APQ], except that he did so publicly, while they did so discreetly. When scientists, pediatricians, or doctors have questions, it’s important for the public to know so that we are able to give informed consent.

I don’t know whether I can go on to the other two points or whether I’ll drop the other two.

Samuel Bachand

Ah, you have three minutes left. Use them!

Marc-André Paquette

Okay. This notice also shows that a public silencing had been imposed on pediatricians. Nonetheless, a number of pediatricians continued to defend the children in the political arena and in their institutions, as did Dr. Roy and Dr. Lebel in signing this notice. But the media silencing of Quebec pediatricians and experts has had a disastrous impact on childhood environments.

Let me explain. There’s an open letter in which I explain this too. In childhood environments, educators, teachers, and caregivers who wanted to minimize the impact of the measures—who wanted to create a more humane environment for children—had no credibility. They were called out, dismissed, and ignored because they were few in number and because there were no public experts to back them up. On the flipside, managers and public speakers who were afraid of the virus, or afraid of public health measures such as closing classes and schools, had every possible latitude to impose their vision. Some managers and public speakers—probably thinking they were doing the right thing—even went beyond what was required in terms of measures. In this way, unknowingly and

unconsciously, they probably contributed to a vicious circle of fear in the childhood environment, which led to more drastic measures for children. So it had an impact.

Before I quit teaching, I was starting to see it. A letter had been written in the newspaper and I passed it on to the other teachers; I had started to be a little lax with the children. But with 18 or 19 students, you have 30 or so parents in front of you, and you can't afford to deviate when everyone is pointing the finger at those who do. You need experts to back you up and you need a dialogue, and there was none of that. So it was disastrous for the childhood environment. And in my e-mail exchanges, I challenged a lot of people by saying, "You've got to speak up; you have to because, in the childhood environment, there's nothing else we can do."

Is that okay?

Samuel Bachand

You have 30 seconds left.

Marc-André Paquette

Okay. About the impact of the harmful measures imposed on children, I'm just going to make one comment. I hope that my comment will help you to grasp the extent of the mistreatment that we've inflicted upon children. Five years before the crisis, in a time when there was no pandemic, if—and this is five years before the crisis— out of a personal and perhaps irrational fear of viruses, I had decided to impose the same measures on the students in my classroom and my children at home, I'm sure I'd have lost my job and probably the custody of my children. It's not because public health suggested the measures, or that the measures were imposed by the government, or that the media trivialized them that the measures suddenly overnight became less harmful to children's development.

[00:35:00]

The mistreatment inflicted upon youngsters was imposed on us—but as adults, we contributed to it for two whole years by participating in it. And then we made it even worse by agreeing to systematically insert it into our society and into every corner of our children's lives.

Samuel Bachand

We need to close on this.

Marc-André Paquette

That's fine.

Samuel Bachand

Marc André Paquette, thank you for your testimony on behalf of the Inquiry. You're free to go. Ah, there's one question, sorry.

Commissioner Massie

I'd like to ask you two quick questions as I know we're running out of time. First of all, I'd like to thank you for all the massive amount of work you've done documenting and trying to publicize all these exchanges to try and raise people's awareness. You've had some successes and then we've shut off your mic, if you like.

On a personal note, I understand you're no longer an active teacher. What's the reason you're still in this frame of mind of not returning to teaching, given that now, for all intents and purposes, the measures have been eliminated? Do you intend to go back to your milieu and do the job you used to love?

Marc-André Paquette

Yes, I intend to probably go back in August. I didn't return this year because we have to decide beforehand whether or not to take a leave of absence. So I took my unpaid leave last year when I knew there was an election as I was afraid the measures would return. I didn't want to find myself in a position where I'd have to resign. I wanted to keep the option of maybe returning, so because I had the right to a second year without pay, I chose that. I couldn't go back and impose the measures.

So now I'm going to return to teaching but if the measures come back, I'll leave again. During the two years I was without pay, I did other training. I became a carpenter-joiner; I'm an apprentice. That's the way I work now; I'll go back to being a carpenter-joiner. But I love my job as a teacher; otherwise I wouldn't have become involved like this.

Commissioner Massie

My second question is: Do you hope that with all the actions you're taking right now, you'll be able to see an impact, at least in the area where you intend to return next fall? Do you think that the teaching milieu, the parents, and students will be more receptive to the position you've tried to defend?

Marc-André Paquette

I don't think so. I don't have a lot of ties to that community. Some communities were a little more open than others. But I don't think so. Rather, I think they're going to pretend it didn't happen. And I'm going to be the best teacher I can be with my students. But above all, I hope that what we're doing today will have an impact.

Anyway, we haven't had the impact I would have liked to benefit my children, who were unvaccinated, discriminated against, and excluded. It made them grow up. But I hope that we'll have an impact at least for their grandchildren and that the next time—I don't think it'll necessarily be viruses—but the next time there is going to be malfeasance—whether ecological, health, or political—that there will be people able to stop them early on, and that more interveners speak up. We see a lot of people at the Inquiry speaking up. I think the people who are talking today are going to keep on talking every time there's something that's not appropriate for society and for human beings.

Commissioner Massie

Thank you very much, Monsieur Paquette, for your involvement.

Marc-André Paquette

Thank you.

[00:39:07]

Final Review and Approval: Erin Thiessen, November 13, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-translations/>





NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 11: Dr. Jean St-Arnaud

Full Day 3 Timestamp: 09:33:12–10:04:30

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Chantale Collard

Hello. Chantale Collard: lawyer and attorney for the National Citizens Inquiry today, Saturday, May 13. Today we have with us Dr. Jean St-Arnaud. First of all, Dr. St-Arnaud, I'm going to ask you to identify yourself by your first and last name, if you could spell that too.

Dr. Jean St-Arnaud

Jean St-Arnaud, J-E-A-N S-T-A-R-N-A-U-D.

Chantale Collard

And I'll swear you in. Do you affirm or swear to tell the truth, the whole truth, and nothing but the truth? Say, "I affirm," or "I do."

Dr. Jean St-Arnaud

I affirm.

Chantale Collard

So first of all, thank you very much for agreeing to testify at the Inquiry. We've had the chance to talk together, and I think that what you're going to tell us will benefit us all. First of all, yes, you're an expert, but you're also a father and a grandfather. And of course, you studied medicine in Sherbrooke some years ago. You were a family doctor but you also had a specialty with an obstetrics component. After that, well, there's even a book that was written, I think, jointly with your wife: *Le médecin accoucheur que les femmes ont fait naître* [The obstetrician that women gave birth to]. You're going to tell us all about it. And as I was saying, you're a father of three, grandfather of seven grandchildren, and retired family doctor—but only for the past three years. Is that correct?

Dr. Jean St-Arnaud

Yes.

Chantale Collard

And I know how difficult it is for you to come and testify at the Inquiry. It involves a lot of emotions, one might say. So I'm going to ask you first: What motivated you to come and testify here today, your primary motivation?

Dr. Jean St-Arnaud

Before answering your question, if I may, I'd like to add that social medicine has been a key element in my professional development. During the years when I was doing my residency in family medicine, the Université de Sherbrooke was developing the social medicine approach, and this has been a common thread running through my entire practice. The essential thread was that, for me, the doctor is at the service of the patient and not the other way around.

So I was very reluctant to testify before you because I feel very small, vulnerable, enervated, and often powerless. What motivated me to testify is that I don't think I'm alone in Quebec in experiencing such feelings. My journey began in 2020.

Chantale Collard

I was also going to ask you, Dr. St-Arnaud, about your underlying motivation, which is to ensure that people don't feel alone. That's one of the reasons why you're here before the Inquiry. So tell us about your journey in 2020. When the pandemic broke out in March or April 2020, did you buy into the narrative? Tell us about that. What happened, and how did you get there?

Dr. Jean St-Arnaud

So yes, I did buy into the "scientific consensus" that I now put in quotation marks, and I've been vaccinated three times.

Chantale Collard

So three doses.

Dr. Jean St-Arnaud

Three doses. And then, oh surprise, I got COVID after that.

Chantale Collard

Oh, you did not have it before?

Dr. Jean St-Arnaud

That's it.

Chantale Collard
You had it afterwards.

Dr. Jean St-Arnaud
Fortunately, it was an Omicron episode, and a harmless one that lasted five or six days with few symptoms.

[00:05:00]

Chantale Collard
Didn't you have any symptoms after the first, second, or third?

Dr. Jean St-Arnaud
No, I was spared. I've had no negative or adverse reactions to any of the vaccines I've received.

Chantale Collard
And I want to ask you: Why wasn't there a fourth dose?

Dr. Jean St-Arnaud
Ah well, then there was a major change in my journey. One of my children, my daughter, had made the medically justified choice not to be vaccinated. My wife, Lise, and I were very supportive of our daughter's decision. Except that it was she who questioned us, who led us to change, who shared with us her convictions—and she has some solid ones—that led us to realize that vaccination was not as safe and effective as we'd been told. And that's when Lise and I went to the demonstration in front of the Collège des médecins [College of Physicians] organized by Réinfo Covid at the time.

Chantale Collard
So this was after the discussion you had with your daughter?

Dr. Jean St-Arnaud
Yes.

Chantale Collard
Essentially, you supported her choice not to be vaccinated; and in the end, she supported you in your choice to be vaccinated. But in the end, the roles were reversed, so to speak.

Dr. Jean St-Arnaud
Exactly. I remember my daughter's reaction when I told her I wouldn't be going for the fourth dose: "Yippee!"

Chantale Collard

Ah, okay, that's what we wanted to know; so your daughter's reaction was one of relief.

Dr. Jean St-Arnaud

She was very happy and relieved, yes.

Chantale Collard

Then you understood a little later why she was relieved? You went to a demonstration?

Dr. Jean St-Arnaud

Exactly. So there was a demonstration in front of the Collège des médecins and I had the chance to meet several people: René Lavigueur, Patrick Provost, Bernard Massie. And Lise and I allowed ourselves to be challenged by their message. I learned that René Lavigueur is a competent family doctor, and I learned that Patrick Provost is a recognized, competent scientist. I still don't understand why he's been deemed a conspiracy theorist all of a sudden.

Chantale Collard

Did you know them beforehand?

Dr. Jean St-Arnaud

No, not at all. They were new to me. And then I got a call from René Lavigueur who said, "Jean, would you agree to come and testify with us at the Collège des médecins?" This was following the two letters that had been sent—one in October, I think, and the other in February—asking the Collège des médecins to impose a moratorium, to stop vaccinating pregnant women and children.

Chantale Collard

So you sent this letter following your meeting with Dr. Lavigueur and Patrick Provost. Have you had any feedback on this letter? Did you receive an answer? In what year were the first letters written?

Dr. Jean St-Arnaud

That was last February.

Chantale Collard

That you sent this letter?

Dr. Jean St-Arnaud

No, the first letter was sent in October. I was not a signatory to that first letter.

Chantale Collard

What year, Dr. St-Arnaud? 2021?

Dr. Jean St-Arnaud

I'm having a bit of trouble with dates at my age.

Chantale Collard

Was it during the pandemic?

Dr. Jean St-Arnaud

Oh yes, it's October.

Chantale Collard

Probably 2021 or 2020.

Dr. Jean St-Arnaud

2022. And the second letter, which I co-signed with over a hundred others, led to a meeting with the Collège, which agreed to meet with us.

[00:10:00]

And so the aim of our action at the Collège des médecins was to ask that the precautionary principle be respected, and to call for a halt to the vaccination of pregnant women and children. And as this was an area in which I'd been involved all my professional life, I was interested. So I spontaneously replied to Dr. Lavigneur, "Yes, I'll gladly go along with you."

Chantale Collard

You were going to testify before the Collège des médecins directly?

Dr. Jean St-Arnaud

That's right.

Chantale Collard

Okay.

Dr. Jean St-Arnaud

We were received in a very structured way, with very limited time. And the main thrust of my testimony to the Collège des médecins was to talk about the scientific consensus that had been debunked during my 45 years of practice. I'm not going to talk about the four consensus I told them about. I'm just going to quickly tell you about the one that, for me, was the most important.

When I started work as a young doctor in 1975, there was only one way to give birth. It was called the surgical model: mom on her back on an operating table, legs in stirrups, sterile drapes, all the actors, including dad, who had only recently been admitted to the delivery room—before that, he couldn't go—disguised, excuse me, dressed up as if for surgery.

Chantale Collard

Okay.

Dr. Jean St-Arnaud

After that, I got a lot of requests from moms and dads saying, "Is there any other way to give birth?"

And then I went to train with Murray Enkin at McMaster University and I also went to train with Michel Odent in Pithiviers near Paris, to see how they managed requests for a different model, which we called the birth room. At that time, the big argument against abandoning the surgical model was: "You're going to have infections; it's going to be dreadful."

Chantale Collard

That was back when?

Dr. Jean St-Arnaud

Yes, in 1975, during the years '75-'80.

Chantale Collard

Okay.

Dr. Jean St-Arnaud

So we developed the concept of the birthing room, and it spread to many hospitals in Quebec. And there were no infections.

Chantale Collard

There were no infections.

Dr. Jean St-Arnaud

The big difference was that, while the medical authorities imposed a particular way of giving birth, which was always the same, we took this power and handed it over to the couples. And in the birthing room, it was the couples who decided how they wanted to give birth.

Chantale Collard

And now I imagine you're going to draw a parallel with the COVID period from what you're saying.

Dr. Jean St-Arnaud

Yes. I think I'll go there straight away, actually, because time's running out.

Chantale Collard

How did the Collège des médecins respond? Because, basically, what you're saying is that there had always been a certain way of giving birth, which no one had questioned. At that time, you asked questions; and in the end, it's just another way of doing things and there are no infections. So it's more or less the same thought process that's been going on here. In the end, maybe science is all about asking questions.

Dr. Jean St-Arnaud

That's right. Of course, faced with the facts that women died in childbirth and that premature babies died or remained disabled for life, certainly the surgical model—the medical model—had its place and so much the better. The problem was that the model was generalized to all women in childbirth, whereas it only applied to, what? Ten, fifteen, twenty per cent of all women giving birth.

Chantale Collard

I'm going to ask you, Dr. St-Arnaud: I understand the framework, time is flying, and so I'd really like us to get to the point. Did you have a response from the Collège des médecins after your testimony? You've talked a bit about the gist of your testimony—but was there any response?

Dr. Jean St-Arnaud

Well, we've had a recent response that isn't an answer.

Chantale Collard

So the response was—?

[00:15:00]

Dr. Jean St-Arnaud

We were told that the Collège des médecins was not a scholarly society and that they deferred to Public Health.

Chantale Collard

Meaning to the INSPQ [Institut national de santé publique du Québec]?

Dr. Jean St-Arnaud

Yes, that's it.

Chantale Collard

So in the end, it took a long time to get an answer, and the answer was no answer. That's where you are now. You personally haven't had any side effects, but do you see people around you who have?

Dr. Jean St-Arnaud

So yes, that's it. I came back from testifying at the Collège des médecins and I met people in my own circles who had.

The first news about this came the day after I returned from the Collège des médecins: it was that four women were suffering from severe menstrual disorders.

Chantale Collard

Did you learn that the next day?

Dr. Jean St-Arnaud

I found out the next day.

A mother told me that her 12-year-old daughter asked her on the way home from school, "Is it true, Mom, that I won't be able to have children later on because of my vaccine?" So here, there are two possible answers. If we believe the narrative, we'll say, "Don't worry, my daughter, there's no problem." But the real answer is that we don't know.

Chantale Collard

Exactly.

Dr. Jean St-Arnaud

And with the information that has been shared with us over the past three days, there are some serious questions to be asked. All the more if some women have experienced menstrual problems because this means that the vaccine is to be found in the ovaries. We also know that it can be found in the testicles. And, as has been shared here in great detail, Pfizer advised against vaccinating pregnant women even before the vaccines were put on the market.

I learned that two people in my circle had experienced shingles after the vaccines.

Chantale Collard

After the vaccines.

Dr. Jean St-Arnaud

Three people reported problems related to blood clots.

And here's one I can't quite grasp: an immunosuppressed person was advised by his cardiologist—because he'd just undergone surgery to change a heart valve—to get vaccinated, which was contradicted by his oncologist because this same person was being treated for two cancers. So the oncologist told him, "It doesn't make sense for you to have a vaccine, you're immunosuppressed. Your body can't make antibodies in response to a vaccine. You're immunosuppressed." And then, a few weeks ago, when I heard the WHO [World Health Organization] is still maintaining that immunosuppressed people are prioritized to receive the vaccine, I started to wonder.

Chantale Collard

You've seen a lot of people with side effects.

Dr. Jean St-Arnaud

That's it.

Chantale Collard

So roughly speaking, what you're telling us here is that the people you're talking about are all ordinary people that you know, people in your circles.

Dr. Jean St-Arnaud

That's right, they're people in my circle.

Chantale Collard

That's a lot of them.

Dr. Jean St-Arnaud

And maybe I can add another one here. Because when I went to get my hair cut on Tuesday to come here and look presentable, my hairdresser told me that she knew three people in Coaticook—the town where I live—who had died after the vaccine. And I'm sure it'll continue like that when I return home.

Chantale Collard

What do you think of the traditional media? You name it, we've heard about it throughout the Inquiry. What do you think of mainstream media?

[00:20:00]

Dr. Jean St-Arnaud

Well, the media aren't present. It's as simple as that. I forgot to say: what really shook me was the lack of acknowledgement from the Collège des médecins. Added to that, the media don't really inform people. And so I lost trust in our journalists—knowing that they can't talk about it because their management forces them not to, knowing that they are sometimes even dismissed if they do.

Chantale Collard

Dr. St-Arnaud, we often think that vaccinated people—at least from what we've heard—see a wall between themselves and the unvaccinated. They don't understand how the reality changes whether people are vaccinated or unvaccinated. What do you think of unvaccinated people? You are triple-vaccinated.

Dr. Jean St-Arnaud

Sorry, I misheard the end of that sentence.

Chantale Collard

You have been vaccinated three times.

Dr. Jean St-Arnaud

Yes.

Chantale Collard

I think you're sensitive— You have your daughter who is unvaccinated: How do you see them? Explain that to us. What were the consequences of your daughter not being vaccinated? Were there any activities she couldn't participate in?

Dr. Jean St-Arnaud

Ah yes, I understand. I'll give you an anecdote.

Chantale Collard

Go on.

Dr. Jean St-Arnaud

At one point, my daughter called me and said, "Dad, would you go with my son"—who is seven—"to the hockey game? I can't go with him because I'm not vaccinated." At my age, 81, I was asked and then I did it—I accompanied my grandson because his unvaccinated mother couldn't.

Chantale Collard

How did you feel?

Dr. Jean St-Arnaud

Angry.

Chantale Collard

Angry.

Dr. Jean St-Arnaud

What's more, in the reactions of the people I mentioned earlier and others, there was so much anger—I'd even say rage—in some people about the situation of the unvaccinated. And what we're learning about the side effects, it's worrying.

Chantale Collard

You have a lot of support. You can feel it, you can see it, and that's why you're here too. You're here before the Inquiry to show your solidarity with everyone. And this kind of split between the unvaccinated [and the vaccinated] should never have happened. And I'd like to ask you: If this could be done all over again, what could have been done differently?

Dr. Jean St-Arnaud

Well, to that question, I'd like to propose a ceasefire.

Chantale Collard

Go on.

Dr. Jean St-Arnaud

Let's bury the hatchet, get out of the trenches that were dug at the dawn of our absolute certainties, and spark a real scientific debate. But after three days here, I find myself saying, "Not just yet. The truth has to come out first." And that's why I'm so grateful for the work our commissioners and all the people here and across Canada who are doing at this Inquiry.

Chantale Collard

And you, Dr. St-Arnaud, how did you manage to get through this period of crisis? What was your best support?

[00:25:00]

Dr. Jean St-Arnaud

There were several. The first was my wife because Lise and I have been through this whole journey together. There are my children; I mentioned Paula earlier. And my grandchildren were also a motivating factor. And maybe I'll venture into the spiritual dimension—even though I know I'm on thin ice.

Chantale Collard

Go on.

Dr. Jean St-Arnaud

Every birth in my life has helped me to understand the Paschal mystery. How many mothers have I tended to who told me: "The pain is so intense that if the baby isn't born, I'm going to die"? And this suffering, this fear of death, gave life.

Chantale Collard

Was it also your faith that sustained you?

Dr. Jean St-Arnaud

The couples who allowed me to accompany them through childbirth revealed to me this central element of my faith.

Chantale Collard

Thank you very much. I think the main point has been made. I know you may have a chart if you need to present it following questions from the commissioners.

Dr. Jean St-Arnaud

Well maybe I can just put it up quickly.

Chantale Collard

You can put it up right now.

Dr. Jean St-Arnaud

I don't even know how to put it up. I have it here on the screen and I'd like it there. I don't know if there's anyone who can help me. Ah, here it is.

Chantale Collard

It's already there.

Dr. Jean St-Arnaud

So if there's anything I'd like to see done differently from what's been done, it's to choose the learning approach over the blame approach. And I've characterized what the blame approach is.

The blame approach assumes that everyone must be perfect. The learning approach assumes that no one is perfect.

In the blame approach: one mistake, one blame. In the learning approach: recognizing the possibility of a mistake.

In the blame approach: blame creates a feeling of guilt. In learning: make it a learning opportunity for yourself and others by checking the facts.

Reaction to blame: attempt to deny or find someone else to blame. Doctors are pretty good at this with nurses. And in the learning approach: find a way to fix the mistake if necessary.

When approaching blame, defence mechanism: discredit the person formulating the blame instead of looking at the content of the blame.

Chantale Collard

"Conspiracy theorist," for example.

Dr. Jean St-Arnaud

Yes, it's a trendy word.

Chantale Collard

Discrediting.

Dr. Jean St-Arnaud

Whereas learning reinforces the feeling of belonging to a group.

Consequences of blaming: injury, isolation, rejection, division, and conflict. Consequences of learning: avoids injury, isolation, rejection, division and conflict.

An eye for an eye, a tooth for a tooth on the blame side. Requires great strength—called humility—on the learning side.

And finally, a quote from one of our favorite poets: “Everybody’s unhappy all the time” in the blame approach. Whereas in the learning approach, you never lose: either you win or you learn.

Chantale Collard

That sums it up very well. It couldn’t have ended better. Are there any questions? No? I think everything’s been said.

[00:30:00]

Dr. St-Arnaud, you have given us food for thought. You came here despite finding it difficult. You weren’t sure, you hesitated, but you did the right thing and I thank you. And I would tell you that, yes, a doctor heals the body, but he also heals the soul. What we call a good doctor does both. And not too long ago, I was in my car and I heard a song that I had never heard before. And I will share part of it with you: “The body is the workshop of soul.” So for the two to be united, you have to take care of both.

Thank you very much, Dr. St-Arnaud.

Dr. Jean St-Arnaud

Thank you for allowing me to speak.

[00:31:18]

Final Review and Approval: Erin Thiessen, November 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method, and further translated from the original French.

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NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Witness 12: Dr. Patrick Provost

Full Day 3 Timestamp: 10:06:10–11:23:27

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Louis Olivier Fontaine

Good evening, everyone. My name is Louis Olivier Fontaine, lawyer. I'm acting today as attorney for the National Citizens Inquiry. And to conclude today's testimonies, we have Professor Patrick Provost. Good evening, Professor Patrick Provost.

Dr. Patrick Provost

Good evening.

Louis Olivier Fontaine

To begin, I'm going to ask you to identify yourself by saying your first and last name, please.

Dr. Patrick Provost

Patrick Provost.

Louis Olivier Fontaine

Now for the solemn affirmation. I'm going to ask you to solemnly affirm that you are going to tell the truth, the whole truth, and nothing but the truth. Say, "I do."

Dr. Patrick Provost

I do.

Louis Olivier Fontaine

So Professor Patrick Provost, I'm going to introduce you briefly, and you can tell me if all this is in order. Professor Provost, you are a full professor in the Department of Microbiology-Infectious Diseases and Immunology in the Faculty of Medicine at Université

Laval. You are also an academic researcher at the research centre within CHU [hospital affiliated with university] in Québec, and have been for the past 21 years.

Dr. Patrick Provost

That's correct.

Louis Olivier Fontaine

You run a research laboratory on RNA [ribonucleic acid] and on lipid nanoparticles.

Dr. Patrick Provost

Exactly.

Louis Olivier Fontaine

So Professor Provost, I know you have a presentation that will help you with your testimony. I would ask you to describe any additional personal experience that is relevant to your talk today.

Dr. Patrick Provost

Okay, if I can have the presentation on the screen, please. Thank you. So just to let you know that throughout my research career, I've been able to benefit from financial support from governments—to the tune of about six million dollars in the form of salary awards and grants of all kinds. So maybe this is the best way I become like *The Six Million Dollar Man*.

In terms of scientific contributions throughout my career, I have published a total of 97 scientific articles in 45 different peer-reviewed scientific journals. My articles have been cited more than 15,000 times with an h-index of 45. So 45 of my articles have been cited at least 45 times. I've been invited to six countries to give more than 61 presentations, and I've trained more than 60 people in research. And more specifically, since 2019, I have carried out more than 208 communication activities for the general public. And my research work in 2003, 2014, and 2021 earned the distinction of "Discovery of the Year."

So perhaps I'll present the next five slides, which I've taken from the slide sets of the presentations that I usually give, to give you an idea of why I believe I hold some legitimacy to speak.

This slide shows the nature of my research activities over the last 20 years, which have been aimed at understanding the regulation of messenger RNA function by smaller RNAs called microRNAs. And my first discovery of the year was that of the ribonuclease dicer: an original discovery at the time. In this slide, you can see in the left-hand box a bunch of dark squares: they show that the new RNA type that we discovered is much more abundant than the family of micro RNAs shown in the red box on the right, which earned their discoverer a Nobel Prize.

Next, on this slide I'd like to show you that we've developed a new PCR [polymerase chain reaction] method in the laboratory to quantify and detect these new RNA types, which are the shortest ever discovered.

[00:05:00]

Next to show you is that when we do PCR, we don't consider results where the CT [cycle threshold] is higher than 30 because of a sensitivity limit. Above 30 there is too much risk of false positives, whereas public health has recommended up to 45 cycles to detect whether a COVID-19 test was positive or not.

And finally, this slide summarizes our research activities over the past ten years, which have focused on lipid nanoparticles found naturally in the cow's milk we drink. So our particles look like the image on the top right—this is a cow's milk nanoparticle—and it's schematized on the left. We see the ball, which is the nanoparticle, and in its center is a kind of RNA.

So that's the nature of our research projects in the laboratory. And that's why I put forward the idea that I have a certain legitimacy to express myself publicly.

Louis Olivier Fontaine

Thank you for those explanations, Professor Provost. We'll now move on to another topic. I'd like you to tell us about your personal experience with COVID injections.

Dr. Patrick Provost

On July 5, 2021, I received my first dose of Pfizer-BioNTech's COVID-19 vaccine. And following this injection, I experienced five unusual side effects that I had never experienced before, including a disturbance in my diabetes.

I informed my doctor of these effects but he never agreed to report them to the public health authorities. And that really made me question not only my own situation, but the whole crisis we were going through. Obviously, it also shook my confidence not only in my doctor, but also in the institutions.

Louis Olivier Fontaine

Now as we all know: you've spoken out publicly about the COVID crisis. I'd like you to explain to the Inquiry why you decided to speak out publicly like that.

Dr. Patrick Provost

It was clearly the government's decision in the fall of 2021 to massively vaccinate children aged 5 to 11. I felt that this was going too far and that, in the case of this age group, the risk-benefit balance was not in favour of vaccination. So that's when I took action. I actually participated in a conference of doctors and scientists on December 7, 2021 to speak out about the risks or side effects that may be caused by COVID-19 vaccines in children, and to effectively sound the alarm.

Louis Olivier Fontaine

Have you spoken out in other ways?

Dr. Patrick Provost

Yes. It was my first public appearance—and that first appearance led to a few problems with my institution. At the time, our society was going through a great upheaval; and I took the initiative of sending an e-mail message to a list that I had put together of 1,750 professors at Université Laval. I appealed for reflection and mobilization so that they could speak out publicly; and as an example I presented my participation in the conference of doctors and scientists.

And then, out of all these professors, only one—who doesn't like me, by the way—decided to lodge a complaint with Université Laval.

[00:10:00]

And Université Laval—rather than trying to reconcile us or invite us to a meeting, a discussion, or an exchange—decided to polarize the debate and said, “Okay, we have an accused person and we have an accuser, so we'll have to decide.” Even then I felt that Université Laval was deviating from its mission where, it seems to me, ideas should be debated and not sanctioned.

Louis Olivier Fontaine

Among the other professors—so you mentioned 1,750—what were the other reactions?

Dr. Patrick Provost

I had a few opposing reactions, but I had three or four times as many sympathetic reactions and support for my initiative. So that first complaint led to an investigation process in which Université Laval placed university professors in a position of authority over me. They were able to impose their opinion over mine; and the Université Laval then used this to suspend me without pay for two months.

After this, on July 14, 2022, I was invited to appear on CHOI 98.1 Radio X. And after my talk, in which I criticized some of the health measures on air, one listener of the tens of thousands filed a complaint. And once again, instead of inviting the listener to come and meet me so that we could discuss and explain, Université Laval chose to use a “cut and paste” process leading to another suspension, this time of four months without pay.

Then at the beginning of the year, in January 2023, I received the third complaint that would lead to my dismissal. It concerned an article I had published as a preprint in *Research Square* magazine. The complainant used several labels that I won't mention to denigrate our work, but this time Université Laval decided to reject the complaint. And why? Because the day before, Université Laval had received a letter supporting me, signed by 281 fellow professors at Université Laval. And I'd like to mention that several professors confided in me that they didn't want to sign the letter—which was only addressed to the Rector—for fear of reprisals. So that is simply to illustrate the atmosphere inside the University.

My career as a professor and researcher is now seriously compromised because of all this. At present, my two main suspensions are being contested by the union and myself; and now it's up to an arbitrator to decide whether the University was right to sanction me or not. This is a very lengthy process, with 19 days of hearings scheduled until December 2023 and the arbitrator's decision due in March 2024—some two-and-a-half years after the events. There have been two favourable decisions so far: the arbitrator refused

Université Laval's request for *in camera* proceedings to protect the identity and testimony of its witnesses; and the arbitrator also refused to grant expert status to the four university professors recruited by Université Laval to act as investigators on the inquiry committee. So that is all going on right now, and we'll see what happens.

Louis Olivier Fontaine

Another question I'd like to ask you is: What impact have these processes had on your life, your personal life, your family life?

Dr. Patrick Provost

The impact is major. My life has been turned completely upside down—well, notwithstanding a certain financial insecurity; obviously, anyone who would lose six months' salary is still losing a lot of money—but my whole life has been turned upside down.

[00:15:00]

My research—I no longer have access to my office. I can't get in touch with my students, who have been abandoned for months on end.

Louis Olivier Fontaine

What's stopping you from getting in touch with your students?

Dr. Patrick Provost

Well, because I'm suspended, I'm not allowed to report to my workplace. So if I did show up, I'd be violating the conditions of the suspension, and then I could be subject to other sanctions. So I have to respect the conditions.

Louis Olivier Fontaine

Any other impacts you would like to mention?

Dr. Patrick Provost

On a personal level, it's clear that the whole situation I've been through has led to a reshuffling, so to speak, of my circle of friends. Obviously, I've lost a number of friends. But I've also made a lot of new ones, and I see this as a positive change. You have to find the positive in such an unfortunate situation.

Louis Olivier Fontaine

Now, I'd like you to explain to the Inquiry the accusations made by your employer, Université Laval.

Dr. Patrick Provost

So as you can see on the screen, Université Laval is essentially accusing me of five things: demonstrating a deliberate confirmation bias in the choice of information; presenting biased interpretations or quotations used in a targeted manner; not treating the data with

all the necessary rigour, making a biased or partial collection, a non-objective presentation; delivering polarizing information; lacking responsibility towards the general public and not presenting the full body of scientific knowledge of the time.

So when you look at it from my perspective, all I can say is that it's a little like when children mirror everything. That's exactly what I feel inclined to do: tell them, "Look, all your accusations towards me can also be directed to the government, the professional orders, the professionals themselves, the experts, the journalists, and the media—all of whom have promoted vaccines in a quasi-advertising fashion without mentioning the risks of side-effects, which are furthermore poorly documented and grossly underestimated." But we'll get to this a little later.

So all these criticisms make me think that my academic freedom is in fact constrained by a doctrine. And that goes against Bill 32, which is supposed to protect academic freedom in universities. So if I can follow up on—

Louis Olivier Fontaine

Yes, so explain to us what the concept of academic freedom actually is.

Dr. Patrick Provost

Yes, okay. So you see on the screen: Bill 32 was passed on June 7, 2022. I had taken part in the public consultations on this bill, where I had spoken of my concerns about the influence of private interests on the university's mission. And in this law, article 3 defines the right to academic freedom in the university environment without doctrinal, ideological or moral constraint. And article 6 gives the Minister the power to intervene with an institution that fails to comply with Bill 32. So it's quite worrying to see that as things stand, the Minister has decided not to intervene in my case.

Louis Olivier Fontaine

So no intervention from the Minister?

Dr. Patrick Provost

None at present. She's decided to let the arbitration process run its course; except that in the meantime—for the two-and-a-half years it will have taken—well, the situation hasn't been resolved.

[00:20:00]

Other university professors see the way I'm treated and of course it totally discourages them from speaking out publicly. And so, academic freedom is in serious trouble here in Quebec and is clearly under threat, in my opinion.

Louis Olivier Fontaine

And tell us, Professor Provost, have there been any reactions at the political level, for example?

Dr. Patrick Provost

On the political front, not a single party represented in the National Assembly wanted to speak out. It's like a hot potato. Only Éric Duhaime showed support and put pressure on the Minister of Education to intervene, but she refused. *Québec solidaire* had dissociated itself from me as I was an ex-candidate myself.

So anyway, I'm very disappointed with politicians, who I don't believe really understand the importance of academic freedom for our society.

Louis Olivier Fontaine

And have there been other groups that expressed support for you, for example?

Dr. Patrick Provost

As a matter of fact, yes. La Fédération québécoise des professeures et professeurs d'université, the FQPPU [the Quebec federation of university professors]: it has a committee called COPLA, the Standing Committee on Academic Freedom, which looked into my situation. They analyzed my file; and in December 2022, they came back with the results of their analysis, which you can see here on the screen. You can enlarge the text in the box here.

And so the COPLA committee, which is made up of three jurists—so expert university professors—believes that academic freedom protects the right of any university professor to express ideas. They don't protect only those opinions with which everyone agrees. And so, an institution cannot start imposing sanctions on an academic for comments he or she has expressed if they do not contravene a law applicable in Quebec. As such, they mention that it's not necessary to conform to the consensus to be able to express oneself but rather, that academics have the right and duty to expose the pitfalls and falsehoods of a statement. And it is through refutation that professors involved in teaching and research must combat the statements of other professors according to recognized methods.

So clearly, it's the mission of the universities to let ideas circulate and to allow professors to debate, so as to gain the best possible comprehension of what's at stake in our society. And when we prevent these debates, obviously we no longer have the best picture possible. All we have is a distorted picture, which was distorted through the absence of the censored voices. And that leads us to confront Université Laval with its own contradictions.

So in February 2021, Université Laval adopted an institutional statement on the protection and development of freedom of expression at Université Laval. The text at the top of the red box is an extract I've taken from this statement. So the university talks about its essential role in the development of critical thinking in individuals; that any subject can be tackled; and in the face of controversial subjects, the establishment avoids censorship and encourages people to speak out. And as an institution, Université Laval is committed to: protecting the free flow of ideas—even controversial ones—in compliance with the law, collective agreements, and regulations; and providing an environment conducive to exchange, debate, and dialogue. So I didn't invent this.

And evidently, in my situation, Université Laval is doing just the opposite.

[00:25:00]

Université Laval does not respect Bill 32. It does not respect the collective agreement. It does not promote free speech and the free flow of ideas. It does not encourage discussion or debate. It does not foster the development of critical thinking. In short, it no longer fulfills its public-interest mission.

And of course you might ask yourself why Université Laval is doing this to me. Because we have a government that doesn't enforce Bill 32; the minister doesn't intervene; the media doesn't cover it. So why?

In response, I would put forward three hypotheses. One is that the current government wants to impose its political agenda by censoring academic scientists. So that's one possibility. The other is the influence of private interests. So at Université Laval, we know that pharmaceutical companies contribute to the Foundation and also to the funding of the university through research chairs, for example. And unfortunately—but curiously—the list of private donors to the Fondation de l'Université Laval was deleted from their website in July 2022.

Louis Olivier Fontaine

Excuse me, Professor Provost. What might we find on that list?

Dr. Patrick Provost

Well, you could actually see the identities of the pharmaceutical companies that contributed large sums of money to the Foundation. So the Foundation decided to hide this information to avoid becoming even more embroiled in controversy. And the information is also very difficult to access, even in the annual report. And as a third point, I wonder if there isn't some kind of retaliation behind this. Because in the summer of 2021, I published not one or two, but four opinion letters that were critical of the Université Laval administration because of the influence of private interests it was subject to. And it's quite plausible that they didn't appreciate my opinion letters published in the mainstream media.

Louis Olivier Fontaine

Okay, could you give the Inquiry more details about these opinion pieces?

Dr. Patrick Provost

Yes. By the way, my submission has been filed with the Inquiry—but I can do an overview of the four letters. So the first one is dated May 26, 2021, which I entitled *L'Université Laval et le Port de Québec: l'Absolugate* [Laval University and the Port of Quebec: Absolugate].

Why? Because there was an absolute confidentiality agreement between the two organizations, the very existence of which had to be confidential. And for a public institution, I found that unacceptable.

Then on June 4, I followed up with a letter to the *Journal de Montréal* about private interests and public universities, giving all kinds of examples of how private interests are interfering in our public institutions, including by way of research chairs.

Next, on July 29, *La Presse* finally published the letter I had submitted to them a month earlier, which I had entitled *Institution universitaire à vendre* [University Institution for Sale], in which I deplored the fact that Université Laval was actually selling the names of their buildings. That is why, on the Université Laval campus, there are buildings named in

honour of people, but now there is a Desjardins pavilion, there is a La Laurentienne pavilion. So we can clearly see who the sponsors are.

And then, in *Le Soleil*, I published an article on August 8, 2021 asking the question: Why don't we recruit Professor Alain Deneault to Université Laval? I should just mention that Alain Deneault wrote a book, *Noir Canada*, which was very critical of Canadian mining. And curiously, there's a research chair at the Faculty of Law that's funded by a mining company.

And so we see how private interests can influence the mission and decisions that can be made within a group of professors or within an institution, and thus compromise its mission.

Louis Olivier Fontaine

Okay, so you're not shy about voicing your opinion against your employer.

[00:30:00]

You also chose to write, again in the media, on the famous COVID subject. Could you explain to the Inquiry what you wrote on this subject and how it came about?

Dr. Patrick Provost

First of all, I'd just like to correct the fact that when I express myself publicly, it can be perceived as being against Université Laval: in fact, it's constructive. What I deplore about this situation is that I feel it needs to be corrected so that Université Laval can better fulfill its mission. But I did speak out publicly on COVID-19.

On June 22, I was under my first suspension, so instead of being at the lab, I was at home and started writing. And what I did was simply draw up what I considered to be the true portrait of COVID-19 in Quebec at that time. And what I did was simply an objective analysis of official government data, mainly from the Institut de la statistique du Québec and the INSPQ [Institut national de santé publique du Québec]. And in that article, I raised 17 questions that remain unanswered today. And why? Because the article was censored some 40 hours later and removed from all Québecor platforms. And, well, it can only be found on the Wayback Machine or in *Libre Média*, which agreed to republish my text. This followed a protest by Doctor TikTok and investigative journalist, André Noël, who demanded that my article be withdrawn.

Louis Olivier Fontaine

Sorry, did you say Doctor TikTok? For those who aren't familiar—

Dr. Patrick Provost

Mathieu Nadeau-Vallée. So these two people wanted Québecor to withdraw my article, but instead they were invited to write a review of my article. And two hours later, well, the text was finally withdrawn, so obviously— And in fact I was extremely disappointed, deeply disappointed by this censorship, because when I saw that my article was going to be published in the *Journal de Montréal*, I was hopeful. I said to myself, "This is it, we're finally ready to debate the issue in Quebec." And unfortunately, when I saw the censorship, I said—excuse me, but: "Shit, we've just turned the wrong way. And now we're headed down the road of censorship rather than debate."

And I wrote to the editor in charge of the *Faites la différence* column, the opinion column in the *Journal de Montréal*, Sébastien Ménard, whom I know. And I asked him, “But why did you remove my text?” If you look at the red box, he wrote back to me, “As I wrote on Twitter: ‘after verification, we found that this text contained inaccuracies that could mislead the public.’ I will not argue with you on this matter.” So you can see that my article was withdrawn and I was given no explanation. So what I take from this is that debate is no longer allowed, that critical thinking must be conformed, and I see here the imposition of a single mindset.

Louis Olivier Fontaine

Tell me, Professor Provost, have there been other forms of censorship, other ways of preventing you from writing or expressing yourself that have affected you?

Dr. Patrick Provost

Yes. So you should know that in September 2019, I co-founded the Regroupement Des Universitaires, a coalition aimed to mobilize or inform the public about climate change, the environment, and biodiversity. And I succeeded in setting up a coalition that today includes 630 university graduates, mainly in Quebec. And we had a “*Tribune Des Universitaires*” that consisted of a full-page article every Saturday in *Le Soleil* and other newspapers in the *Coops de l’information* [a regional chain of daily newspapers].

[00:35:00]

And so, after 121 consecutive columns, Valérie Gaudreau, the editor-in-chief of *Le Soleil*, decided to end the column—suspend it actually—for the summer of 2022. But I’m still waiting to hear from her about a possible resumption.

So as you can see, for my initiative that was carried out in good faith, I was once again penalized in the media even though it was in the public interest. And I’d just like to add here that there were five of us coordinating the coalition and the other four left because of my public criticism of the management of the health crisis. And just to illustrate the division this has created, this coalition is currently on life support.

Louis Olivier Fontaine

Okay. Let’s move on to another subject, which is the media’s treatment, you might say, of the Patrick Provost case. How has the media reacted to this whole affair, this whole saga?

Dr. Patrick Provost

So I was the subject of media coverage. And I’d just like to remind you that journalists are bound by the *Guide de déontologie journalistique du Conseil de presse du Québec* [Guide to Ethics of the Press Council of Quebec]. So I’ve put together a few statements for you to read, and I don’t want to go into too much detail. But what I’ve noticed over the past three years is that there have been many departures from good conduct and journalistic ethics, leading to media treatment that isn’t entirely respectful of the people or the information conveyed.

Let me give you a few examples. So first of all, in *Le Soleil* on December 30, 2021, Jean François Cliche reported on our laboratory discovery of a new form of RNA—a glowing article, all in all. It was a “Discovery of the Year” in Quebec City. But six months later, after I

had spoken out critically against COVID-19 vaccines, Monsieur Cliche changed his tune and made certain assertions in his June 26, 2022 article reporting on my eight-week suspension without pay.

I had criticized the lack of an active monitoring system for side effects, which is true because the current system is passive and we can see that there are many problems, whereas Monsieur Cliche said that this was patently false. Then I said that we don't know anything about the long-term side effects of vaccines, whereas Monsieur Cliche said that was not quite true. Monsieur Cliche claimed that messenger RNA didn't persist for long in our bodies, whereas vaccine messenger RNA has been detected several months after injection in human body organs. So what did he mean by "not long"? And furthermore, this makes the possibility of long-term effects highly implausible.

So he's showing a biased reassurance that everything's going to be fine, whereas when there are unknown factors such as these, it requires caution and moderation in what is put forward so as not to close the door on possible major side effects.

Louis Olivier Fontaine

Professor Provost, when you see these answers in the media that you consider to be false information, what do you do?

Dr. Patrick Provost

There's very little we can do. The newspapers and journalists have the last word over us. No matter how much we write, e-mail, call, or demonstrate, they simply have the last word. It's really frustrating. And above all, we can't intervene, we can't correct. A journalist has the last word.

[00:40:00]

And if I decide, for example, to lodge a complaint with the Press Council, the Press Council can simply give a friendly slap on the wrist and say, "Don't do that again." But there is no sanction that can be imposed on a journalist who deviates from the Code of Ethics. So in the end, there's nothing we can do about it except contain our frustration.

Then on February 22, 2023, Monsieur Cliche repeated his disparaging remarks, calling me "Prof. Provost," a bit like Doc Mailloux. He attributed to me "ill-founded remarks" about messenger RNA vaccines, when in fact they were well-founded. He claimed that my methodological basis has convinced essentially no one in the scientific community. So I'd like to know where he gets his information from. Next, he attributed to me a largely erroneous position on messenger RNA vaccines.

I published three scientific articles in *IJVTPR* [*International Journal of Vaccine Theory, Practice, and Research*]*—* we will come to that*—* and instead of criticizing the content of my articles, he criticized the journal. So he had the audacity to call himself a science journalist. And so, anyway*—* He ended by talking about scientific consensus and when I hear people talk about scientific consensus, it makes my skin crawl. You can't reach a scientific consensus when you censor and vilify scientists who express dissenting opinions. You have to invite these people to the table and debate with them on the basis of scientific arguments; and that's how a consensus can emerge, there is no other way.

Then there is Québecor journalist, Dominique Scali, who doesn't actually reproach me with anything in the content, but rather in the titles of her articles—although she may not be the one writing them— Here, for example, where she says that I'm one of the professors feeding the disinformation. Again, "disinformation" here is a media label and is also used for political purposes. And Madame Scali keeps calling me a dubious expert. So if I may use her term, it's rather dubious to use such terminology when it is coming from someone who is much less qualified than I am on the subject. It's pretty frustrating.

Next, I'll conclude my examples with Isabelle Hachey of *La Presse* in an article from June 28, 2022, where she departed from journalistic ethics in several places in her text. So here she says that the effectiveness of Pfizer and Moderna vaccines based on messenger RNA no longer needs to be proven. This is quite astonishing coming from a journalist. So you have to wonder where she gets her sources. Then she says that the arguments I put forward have no scientific value and in fact that the scientific value is low, if not nil. So that's a nice way of saying that I'm talking rubbish. Then she says I've completely gone off the rails. And then she attributes her thoughts to others. So in her own words, she says, "You'll tell me: too bad for this researcher. After all, he is defending not a scientific point of view, but a lie." So she accuses me of telling lies and that I deserve what I get, and then she calls me irresponsible. Well.

So you can see how journalists handle the news. And given that I'm a critic of the health measures, they are much harsher; and they use arguments or terms to denigrate me and in fact disqualify me, to disqualify my remarks, because the people who know me don't recognize me in these articles. And the shame is that, unfortunately, I can't go out and meet the 8.5 million people in Quebec. But clearly, when those who know me read these articles, the treatment I am receiving allows them to see for themselves the bias of the media.

[00:45:00]

The question then arises as to why journalists and commentators deviate from their journalistic code. And the main reason is probably the government funding of the traditional media. Obviously in the crisis we were experiencing, the government wanted to control the message conveyed to the public—and it did so by heavily funding the media with advertising to generate and maintain support for the COVID-19 measures and vaccines. But at the same time, all those who expressed criticism or took a stand against the government's measures or decisions were discredited or censored in the media so as to once again promote a single mindset and avoid any debate. And so, in my opinion, this is not healthy. It's not the sign of a free and democratic society, and it's not the way to reach the best decisions.

Louis Olivier Fontaine

Earlier, Professor Provost, you mentioned the scientific publications you produced during the crisis.

Dr. Patrick Provost

Yes.

Louis Olivier Fontaine

Would you like to briefly present them to the Inquiry?

Dr. Patrick Provost

Yes, certainly. So the first scientific publication was published in August 2022 in the journal *IJVT* [International Journal of Vaccine Theory, Practice, and Research]. In fact, all three publications are in the same journal. This is a journal where you can submit and publish scientific observations and analyses that are critical of the management of COVID-19. In this publication, my co-authors and I presented a conscientious objection to using messenger RNA technology as a preventive treatment for COVID-19. The objection is based on two principles that are flouted by the COVID-19 messenger RNA vaccines, which are not genetic vaccines.

It is a pro-drug since the active ingredient is not in the vaccine. The active ingredient is produced by our body's own cells. And therefore, the dose of active ingredient and the biodistribution of the active ingredient are unknown. Whereas when you take a 325 mg aspirin, you know exactly what you're taking, when you receive a COVID-19 injection, you don't know which cells in your body will express the spike protein, or at what levels. And there can be more than a hundred-fold difference in the expression levels of the protein, which is the antigen that will stimulate the immune response. And there are studies that have correlated that a high level of spike protein is associated with myocarditis. So there are concerns here that justify a conscientious objection.

The second publication is a retrospective study using pharmacy records: patients' pharmacological records. In fact, what's interesting to know is that at the INSPQ, which analyzes side effects following COVID-19 vaccines, they use a window of only six weeks following injection. So if there are symptoms or manifestations that occur beyond this period, they are not considered. I got confirmation of this from a nurse who called me personally about my own side-effects. So in this article, we observed that three-quarters of the complications in patients' pharmacological records occurred beyond the six-week period following their last injection of COVID-19 vaccine. So what this suggests is that vaccine-related adverse events are underestimated by a factor of four. All right?

And finally, I published this article. The message here is that the under-reporting of adverse reactions to COVID-19 vaccines represents the pandemic's blind spot.

[00:50:00]

It was based on the study of two clinical cases in which we were able to list some 40 constraints on the reporting and analysis of adverse effects, and these were of a clinical, systemic, political, and media nature. Obviously, even before COVID-19 we knew that side effects were under-reported by a factor of at least ten. And with the testimonies we heard a little earlier during the Inquiry, we can see that doctors or healthcare personnel are not reporting side effects. And so in my opinion, this factor of ten—which had been estimated before the crisis—is even higher since COVID-19. And combined with the factor of four that I put forward: we can think that the undesirable effects following COVID-19 vaccination are perhaps underestimated by about a hundred times.

And so when the authorities assess the risk-benefit ratio of a vaccine, it is absolutely essential to know not only the benefits but also the risks as accurately as possible—in order to arrive at an assessment that is also as fair as possible. What I'm saying is that the risks associated with vaccination are grossly underestimated, which leads to a significant bias in the risk-benefit assessment. So at present, the authorities may have recommended vaccination or judged this balance to be beneficial and favourable to vaccination, whereas if they had had the real figures, these vaccines probably shouldn't have been authorized.

Now, this slide summarizes the messages of the three publications. So that brings me to a conclusion—I think there are three or four slides left— So the whole saga that I've been living since I went public on December 7, 2021 has enabled me to analyze the pandemic from a rather unique perspective. What I've been able to observe is that differences of opinion are now subject to legal proceedings, even within universities, which is quite incredible. Debates are forbidden. I asked the University to meet with the plaintiffs and they never granted it. So they're really going against their mission. And if we can no longer debate or even express our ideas in our universities, well, where will we be able to do so? So I think that the current fight for academic freedom is crucial because if we lose it, the freedom of an entire population is at stake.

Of course, we can go along with these interpretations depending on our values, our knowledge, and our intentions, good or bad. But what I'm experiencing at the moment leads me to see the situation in the following way: I have the impression that it is private interests that are attacking the last bastion of democracy and public protection, which academics represent. Because, in fact, university professors have that freedom; they have a unique function within society that enables them to express themselves on social issues and raise problems when no one else can do so.

And when this last bulwark falls—as it has in the past in other political regimes in other countries—then it gives free rein to private interests, who will be able to impose their agenda. And we can see that the level of capture and corruption of our institutions is at such a level that it's shaking the foundations of our society and our democratic life. And, well, I don't want to say any more than that because we heard quite a lot during the Inquiry. But I'd like to end with a few recommendations for the Inquiry members.

I think it's very, very important to defend academic freedom.

[00:55:00]

And to do that, we need to ensure the immunity of the professors who exercise this freedom, and not allow for them to have their heads chopped off as soon as they exercise it or speak out. So we need to encourage public speaking. And that's always in the public interest.

We must ensure compliance with the rules of ethics and good conduct in research. At Université Laval, I've been criticized for failing to comply with the policy of responsible conduct in research. But what I've done are public interventions for the general public; that's not research. In short, we have to apply the principles and rules of ethics and deontology in research and clinical practice, and not depart from them because of an emergency. Because these principles and rules were established precisely so that when a situation like this arises, these rules can help us remain respectful and not lose our minds. And that's what we heard earlier at the Inquiry: that emotions make us lose rationality, rational thinking, and then thinking becomes emotional. And that's when we allow ourselves to blow up our reference points, skip over the markers, and impose measures that are no longer in line with the ethical and deontological principles that otherwise have always guided our activities.

Personally, I'd like to be able to analyze the contents of COVID-19 vaccine vials. Okay? We have the expertise to do it. We have protocols already in place in the lab to analyze lipid nanoparticle and RNA content; and we can collaborate with other teams to evaluate other aspects of vaccine content. And above all, when you consider that these vaccines have been

repeatedly administered to billions of people all over the planet, to be at all responsible or accountable, these vials must be analyzed. And this has to be done by independent university scientists, free of any conflict of interest and influence, and also free of any reprisals for what they report from their analyses. I think this is absolutely critical. I appeal to the government to give me the money and the freedom to do this, as well as access to the samples.

Well, I've used the term "whistleblower." It's not a term we usually apply to university professors because they have academic freedom; we don't need whistleblower status. On the other hand, in my situation where my academic freedom is constrained, I claim whistleblower status because that's what I've done. Since December 7, 2021 my public interventions have been aimed at sounding the alarm, at saying, "Just a moment, these injections must be stopped because in my opinion, the risks outweigh the benefits for a larger part of the population." I will continue to maintain this position; and I demand to be able to debate it publicly with the experts, the people in positions of authority and decision-making. And it's thanks to these confrontations that we'll get to the truth, or at least to the best understanding of the situation. And it is essential that public interests be defended.

So if I speak publicly, it's because I truly have the public's best interests at heart. I have four children. I care deeply about their future and want to be able to defend their interests; and to do that, we have to allow public debate. Otherwise, we can't do it. And if we're not allowed to have public debates or speak out, then we're talking about censorship and decisions that aren't necessarily in the public interest. And I'm always going to speak out against that kind of behaviour. So really, I'm here to defend the public interest at the very cost of my career, which I know is currently in jeopardy. But anyway, I think I'll stop here. Thank you.

[01:00:00]

Louis Olivier Fontaine

Thank you, Professor Provost, for that excellent presentation. Now I'll leave the floor to the commissioners if they have any questions for you.

Commissioner Massie

I realize it's getting very late but I can't resist asking Professor Provost a few questions. My first question has to do with the climate we're in. Your description is so detailed, so accurate of all the steps that have been taken. What we're seeing in Quebec is not unique. We've seen the same thing in every other city in Canada. We've seen similar censorship in Europe, in the United States.

And my question is: When you mention, for example, Bill 32—which clearly states what the protection should be for academic freedom—and we see this discrepancy in what's happening in your case and others who are perhaps self-censoring to avoid having the problems you're facing, how can we imagine that the accountability necessary to enforce the law might eventually manifest itself? The institutions don't seem so willing to do it, even the justice system. Do you think it's going to take political reforms with a real willingness to enforce the laws? Because we seem to have the regulations in place.

Dr. Patrick Provost

Well first of all, Bill 32 has no teeth, okay? So Bill 32 is toothless, to use the term. So there's no penalty if an institution doesn't comply with Bill 32. And the fact that Bill 32 doesn't take precedence over a distorted disciplinary process is extremely worrying. I've always seen laws as taking precedence over administrative processes.

And that's when a political decision was made not to intervene with Université Laval. And I know that the Minister herself says that she is in contact with the university rectors, but I tried to contact the Minister to no avail. I went to see my MNA [Member of the National Assembly]. I wanted to meet the Minister of Higher Education but it's impossible. I've never heard back. So how can a minister be in contact with the management of Université Laval but not with me? We have to be able to talk to each other. I get the impression that the Minister of Higher Education doesn't understand the scope of Bill 32 and the importance of academic freedom for society, for our democratic life, and that's really deplorable.

Commissioner Massie

The other question has to do with the hope you had when you published your article in the summer of 2022, which seemed to show a certain openness that closed, I'd say, violently given all the backlash that followed. Today or yesterday—I can't remember, I'm tired—Monsieur Hamel came to testify about his career. I was surprised to learn from him that even radio stations that were more open to criticism of health measures—for example Radio X, where I know you are associated because you do weekly columns—hardly seem to be motivated or interested in talking about the Inquiry, for example. As you have contacts there, what is your assessment of this state of affairs?

Dr. Patrick Provost

It's really disappointing the way the traditional media—even media like Radio X—cover events. I think the National Citizens Inquiry is extremely legitimate and essential. It should have been a government-initiated public inquiry. Unfortunately, in Quebec, there has never been the will to do so and I deeply regret that. The fact that it's a citizens' initiative doesn't disqualify it at all; the Inquiry is highly relevant.

[01:05:00]

And I don't understand why any self-respecting media outlet doesn't cover your work because what we've been through over the past three years is really quite unique. It's going to go down in history. There has not been such a devastating event in our society for a very long time. And so, the fact that we don't even want to do a kind of *post mortem* to review everything that's been done—in order to draw lessons and establish recommendations or change our policies; so that if a similar crisis occurs in the future, we can react in a much more appropriate way—it's very worrying that the media aren't interested in this. And we can see it from the testimonies and from the people who attend the hearings: this crisis has had a major impact on all spheres of activity in our society.

So why aren't mainstream media covering this? For me, it's a mystery; and I'm outraged by it. I am outraged because, as a citizen, I ask to have access to complete information about what is happening in our society. And the work of the Commission is unique in that sense; and it should have filled the room with traditional media. And the fact that we simply want to pass over the Commission and the work of the Commission in silence, well, that says a lot to me. But what it tells me is that, ultimately, the traditional media don't really seek to

know the truth because that's what we are doing here. That's what the Commission's work is for: it serves to [reveal] all the truths that we no longer see in the traditional media.

And in any event, hat's off to the Inquiry's commissioners and organizers because it's really essential. Your mission is essential and I hope that people will take an interest in listening to all the witnesses who have testified before the Inquiry, and that the recommendations you make in your report can be widely disseminated in the media or to the public. Because given the way governments have handled the situation over the past three years, there are clearly many things that need to be changed and improved.

Commissioner Massie

As it's getting late, I'll limit myself to one last question. I think there's a landmark event in your journey during the COVID crisis, which is the famous conference organized by Réinfo Covid on December 7 [2021]. And I realize from your presentation that you had a bit of an obstacle course before that. And I must admit, I was surprised to see your participation in that conference because I anticipated that it might cause problems. I don't think you went in there innocently either but did you expect such a reaction?

Dr. Patrick Provost

Not at all. Maybe I was a bit naive but I never thought it would result in all the consequences that followed. It's all a bit beyond belief. But if you were to ask me if I'd do it again, yes. Yes, I would do it again; and all the months that followed proved me right. Today it's clear that I was right to sound the alarm and I'm going to continue to sound it wherever I can. Even if the decision-makers don't listen, that won't stop me from intervening whenever I see fit. But it's not just a responsibility, it's a duty for someone in my position to intervene publicly when I deem it necessary.

[01:10:00]

And I find odious the fact that I'm being punished for doing so. especially the way it's being done: where I'm being deprived of the chance to debate.

So if I can take advantage of this opportunity, I'd like to call for a public debate in front of the cameras. Bring in the experts, we'll bring in as many from my side: we'll debate and the public will be able to form an opinion. But until that happens, we're going to have this one-track thinking imposed on us, along with a very worrying future for society and for our children.

Louis Olivier Fontaine

Thank you very much, Dr. Provost, for your testimony to the Inquiry.

Commissioner Drysdale

[In English] Dr. Provost, thank you for your testimony. Isn't what you've experienced here at the university really the crescendo of a wave that's been coming for decades? You know, in the social sciences, for years now they've been imposing certain thought processes on students and professors. This has been going on for years at the university, has it not?

Commissioner Massie
Do you want to translate?

Dr. Patrick Provost

Quite simply, is what I'm experiencing right now in fact the result and culmination of a whole succession of changes that have occurred in our university education system over the past few years or decades?

I wasn't necessarily aware of this possibility, because I thought these changes weren't going to affect me. I thought it was restricted to the use of words like "nigger" or words that are very loaded, but I didn't think they would attack hard science and censor scientists and prevent them from making their concerns known to the public. I didn't think it would go that far.

Commissioner Drysdale

[In English] The other item I would like you to comment on is: You were expressing concern and surprise that law 32 had no teeth. What we seem to have heard across the country in testimony is that the Charter of Rights and Freedoms has no teeth, that the Ethics Commissioner has no teeth, that the courts have no teeth. So I guess I'm not giving you a lot of hope here, but do you want to comment on that in comparison to what you're experiencing?

Commissioner Massie
Can you translate the question?

Dr. Patrick Provost

I don't remember the wording.

Commissioner Massie

Okay, well, I'll do it then. Our colleague mentioned that, yes, according to your comment, Bill 32 didn't have any teeth. We also see that the courts don't seem to have many teeth either; the Charter of Rights doesn't seem to have many teeth; and under these conditions, obviously, it presents a rather bleak picture. But he would still like to hear your comment on this situation.

Dr. Patrick Provost

Actually, if I had just one comment to make, well, it would be that toothless people aren't who you think they are. Unfortunately, it does take teeth to assert our rights. And that's why a lion roars: it's to bare its teeth and really claim its rights.

Commissioner Drysdale

[In English] This just seems to be a lesson to us all in that when we think that we're immune because it's not knocking on our door, it's knocking on our neighbor's door, but it will soon be knocking on ours.

Dr. Patrick Provost

The point is, if we don't pay attention to what's going on around us, sooner or later it's going to affect us.

[01:15:00]

So yes. But again, in the current situation most people will only be inclined to act if they're directly affected. And personally, I was motivated by what I experienced after my first injection. I dare not think, for example, that if I hadn't had any side effects, would I still be asleep today? It's possible. So it's hard to blame people who aren't awake yet, but it's up to us to go and find them. But to do that, we have to open up, not resent them, and be positive in our approach, urging them to join us in building a society that's much more cohesive than the prospects we're presented with.

Commissioner Drysdale

[In English] Thank you, Professor.

Dr. Patrick Provost

Thank you.

Louis Olivier Fontaine

Professor Provost, in conclusion: on behalf of the National Citizens Inquiry, I would like to thank you for your testimony. Professor Provost, you belong to a very, very select club of Quebec scientists who have spoken out and demonstrated their integrity. So I recognize you for that and I thank you once again.

Dr. Patrick Provost

Thank you. Thank you to the Inquiry.

[01:17:17]

Final Review and Approval: Erin Thiessen, November 19, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-translations/>



NATIONAL CITIZENS INQUIRY

Quebec, QC

May 13, 2023

Day 3

EVIDENCE

(Translated from the French)

Closing Statement: Dr. Robert Béliveau

Full Day 3 Timestamp: 11:23:40–11:41:41

Source URL: <https://rumble.com/v2vbsoc-quebec-jour-3-commission-denquete-nationale-citoyenne.html>

[00:00:00]

Dr. Robert Béliveau

Why don't you do a little stretching? I was tempted to inundate you with— but it's 8:28 p.m., so— I've called the title of my speech: A Call for Ordinary Heroism. But I think that we have some people here who are already extraordinary heroes. So first of all, I'd like to start by thanking the committee and the commissioners from the bottom of my heart for this initiative, which is absolutely essential to the survival of freedom of thought and freedom of speech too. And also for the inspiration I've found through the contacts and the testimonies, which have all been so very rich.

There was nothing futile; the three days were a great success. For my own part, I'm leaving tired but full of hope that there are still people out there who are caring, honest, generous, intelligent, and committed.

I talk a lot about commitment. We're all interested in what's going on and there are a few who get involved, but rarely are there those who fully commit themselves. So I'd like to invite everyone to embrace heroism: to bring to life the heroes and heroines within us. This is a golden opportunity and we must not miss it.

And I'm going to start with a little quote from Pierre Dac, a French comedian who died quite some time ago. He said: "Predictions are difficult, especially when they concern the future." I thought it was brilliant. And here I am: retired, dreaming of a life of tranquility, calm, and serenity. And now we are plunged into a crisis that is also a gift—a gift for everyone, a gift that we can perhaps pass on to our children and grandchildren—which is to stand up against the ignoble, against things that are unbearable, that are no way to live.

The table that has been set for us over the past three years is something that should outrage us—in fact, more than outrage us. Stéphane Hessel, who said, "Indignez-vous!" ["Time for Outrage!"] when he was 93 years old, long before the COVID crisis, also said, "Engagez-vous!" ["Get Involved!"] And for me, that's what makes all the difference!

And for three days, we were lucky enough to see through a kaleidoscope: lawyers, statisticians, some doctors, a variety of brilliant people. People who have been affected in

one way or another by the crisis and who came to testify courageously, to speak out, to dare to speak out. And it moved me on every level. I shed tears, many tears. If you haven't shed a tear in the past three days, you haven't witnessed the same thing that I have and you're not as sensitive as I am. Maybe I am hypersensitive, I am getting older. I'm an aging being; it seems that as we age, we become different, men and women are more alike. So maybe I'm becoming more feminine, more feminist even.

[00:05:00]

So I'm going to ask you to make a little effort. I'm going to start at the end because I never get to it. And the end— I have picture in my mind that you can't see. It's a picture I took in the neighbourhood I grew up in: in Hochelaga Maisonneuve. I'm from Hochelaga Maisonneuve, and we used to walk down Ontario Street, past a funeral home that's still there today. And funeral homes don't die: people die, but they always have business. And it was called T. Sansregret. As little boys, we thought it was absolutely hilarious. T. Sansregret, you know: "You're going to display your father or your mother and—'you're without regret.'" Then, as I got older, I asked myself: But isn't that exactly how you should die? Without regret? Knowing that I lived my life: I committed myself to it; I gave what I had to give; I took what I had to take; I lived it intensely; I lived it with awareness and with dignity. And I'm leaving a legacy. They won't get much, but they will perhaps receive a little wisdom that I will have bequeathed to them.

Anyway, I hope I won't bequeath to them the world we've been living in for the past three years, which is being established. You can see the threats. You know as well as I do that they don't always come to pass, thank God. I have a few words of advice.

I know that our Premier, Monsieur Legault, is an intellectual so he likes to read. I have a book to recommend to him: Alan Watts' *The Wisdom of Insecurity: A Message for an Age of Anxiety*. He is a man who is relentlessly generating fear and security as a means to an end instead of accepting that in life, there is something called risk. Wall-to-wall security is death: the death of life, of that which is important in life, of what gives value to life—namely the connections. Connections, encounters, trust, awareness, creativity: all of these are suppressed in his fear-generating thought system.

What I also want to leave him with is a little quote because I know he's someone who's very fond of vaccination: "With the vaccine, you still die, but without the vaccine, it would be worse." When I read that, I thought, "That sounds exactly like what's going on." So what are we left with? Fear. And what, do you suppose, is the way out of fear? I feel that if we face our fears, they will no longer be able to direct and control us. I was listening to François Amalega. What makes it that he is not afraid but we are? It's an extremely important question and I think it's food for thought.

And by the way, if you want to think about it a bit more—because I'm going through this very quickly; I won't go through all my seven pages because you'll go to sleep—we'll get together again near here on Sunday, [May] 28. Anyway, on May 28 at the Domaine des Maizerets—somewhere near Quebec City—there will be something going on with the Réinfo Québec group, which used to be called Réinfo Covid, and you're invited to join in. And it will be an opportunity to share, and to be out in nature too. We'll be doing meditative walking, lots of practices that will help us nourish what's been forgotten, which is called the inner life, or living.

And for me, it's something that's absolutely essential. [Blaise] Pascal said, "All human evil comes from a single cause—man's inability to sit still in a room." So maybe that's the first

thing we need to master: to be at ease with ourselves and to know that there's a place of rejuvenation. If we've learned to be at ease with ourselves, to welcome what's going on inside us— And it can sometimes be anger or sometimes all kinds of energies, because we're connected with a complex reality which is not always pleasant, not always easy, and sometimes warlike. We're not the ones who've provoked a warlike state but we have suffered and experienced it; and it affects us and our relationships, as we saw.

[00:10:00]

Everyone was hurt during this episode. Our bonds were damaged. Some of the bonds we had were completely dislocated, if not completely fractured. We'll have to work on convalescing and getting back to— In any case, because everything needs to be revised, there may be relationships we'd do well to keep and there may be others we'd do well to let go. So we have to be very careful not to get hung up on the relationships that can be a source of distress rather than a source of satisfaction and gratification. We need to see what we're paying attention to, who we're paying attention to, and be aware of what we need in the here and now.

I just wanted to share a little: in a crisis, you have to know that there is both danger and opportunity, occasion. And if we're going to live through a crisis, let's live through a fruitful one. We need to determine what is in my interest to change within myself and what is in our interest to change collectively: in our organizations, in our professional orders, and so on. We need to clean house. The healthcare system is completely sick: it's a healthy system of sickness. So we have to change that. And it won't be changed by the people in charge; the people on the outside will change it. Some people have too much interest in keeping things as they are. So the change will come from you; it will come from me; it will come from each and every one of us. And what I've heard over the past three days is a fabulous collective wisdom. And what makes it so wise is that we're able to welcome everyone and let everyone speak.

And my spiritual father, Thich Nhat Hạnh, who died at 95 years of age, used to say the next Buddha will be a collective Buddha. What does that mean? It means we will learn with others. Doctors will learn from their patients, who will sometimes learn from their doctors, but that's rarer. And patients need to be patient with their doctors, but active too to get them to change, to make the type of relationship we have—which is often a complementary relationship, but completely asymmetrical—a little more symmetrical. May patients stop being patients and become architects of their own lives and health, and take back their power; and may doctors let go of some of that power. And so I think it's important to regain a little power when we've been powerless for three years. Power belongs to us, and will always belong to us.

We have to realize that the decisions we make affect us. And it's up to us to make decisions based on what's right for us. Society and the individual make up an environment that can sometimes have extremes. The individual can crush society, as we're seeing at the moment: some individuals are trying to impose their own agenda on society as a whole. Society can also crush the individual. Both are unhealthy. So what we need to do is find the centre again—that's the individual—and take care of him so that he can then take care of the community. It's not one against the other, it's one with the other; and one depends on the other. So I think it's important to recognize this, and to simply participate in it. In fact, be what you need to be in order to live. "Be the change that you wish to see in the world." You want to see honesty and integrity? Be honest. Have integrity. It's already a full-time job.

So it's on ourselves. And I invite everyone to work first and foremost to rediscover that power to achieve something called "celebrating life." So for those who want to know a little more, we're going to give you some meeting places. Personally, I think being together is essential: it's sharing, it's creating bonds, it's breaking the isolation. It's the only way to get through this—and it's not over yet.

[00:15:00]

I'm reminded of Mark Twain's words: "I'm an old man—" Where I'm at— It's: "I am an old man and have known a great many troubles, but most of them never happened." So we have to be careful about our tendency to sometimes demonize the future, to see only the troubles and not the changes, the transitions, or the transformations. There can be difficult moments of transition, moments of turbulence: that's inevitable. But eventually, they may lead to a more satisfying balance, and that's something we can work on.

How will this happen? One day at a time. Well, I'll stop here; it won't take long. You have to be able to commit without locking yourself in; you have to be able to have roots without neglecting your wings. Wings are extremely important. So stay fluid: fluid in both your mind and your habits. Don't cling to your habits. Be open to what life has to offer, and come back to immortal values. [Johann Wolfgang von] Goethe said, "Whatever you can do, or dream you can do, begin it. Boldness has genius, power, and magic in it."

I'd like to invite my other half to come, and then I'd like you to stand up. There's something about standing up! We'll close our eyes and then assume a posture of strength, dignity, and courage. And there are people around you, so take the hand of the person around you. I've got my other half, Chantal, with me. Nineteenth-century poet Alfred de Musset said, "I don't know where my road is going, but I know that I walk better when I hold your hand." . . .

[audio cut off]

[00:18:01]

Final Review and Approval: Erin Thiessen, November 25, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method, and further translated from the original French.

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VOLUME THREE

| Witness Transcripts

Part 8 of 9: **Ottawa, Ontario**





NATIONAL CITIZENS INQUIRY

EVIDENCE OTTAWA HEARINGS

**Ottawa, Ontario, Canada
May 17 to 19, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 17, 2023

Day 1

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 1 Timestamp: 00:13:40–00:40:20

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we begin Day 1 of three days of hearing in the nation's capital, Ottawa, Ontario. Commissioners, for the record, my name is Buckley, initial S. I am attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

I'd like to begin, for those that are watching online that are not familiar with the NCI, to give a brief description. We are a volunteer-organized and -run group that really just decided that there had to be an independent inquiry into how all levels of government dealt with COVID-19. And so with this ambitious goal of appointing commissioners and marching them across the land, we now find ourselves in our eighth city and our twenty-second day of hearings. I think we've heard over 250 witnesses, both expert and lay witnesses.

And I have to say that we're quite amazed that this has happened; because it's happened only because you have volunteered. You have poured yourselves out in many ways to make this happen. And you've supported us financially. Each set of three-day hearings costs us approximately \$35,000. I'm always instructed, because of the necessity, to encourage you to go to our website, nationalcitizensinquiry.ca. Sign our petition. We want you to sign our petition, so that it's obvious that we have public support for this initiative. And we also want you to donate to help participate in funding these hearings, as we've been marching forward and basically taking action.

I have also been encouraging all of you— We have had literally crickets from the mainstream media. We've had one CBC story. And even media that we would expect to be extremely friendly and covering what is an historic event have been obvious by their absence in most cases. And yet the word is getting out, and it's getting out solely because you have been taking the initiative. You've been sharing our tweets. You've been sharing us on social media. And we're still being, as far as I can tell— Excuse me, I always get a frog in my throat in the morning just before I do my morning opening. And today is no exception, but we'll power through.

We've actually had just an incredible reach on social media. And it's solely because you have been sharing us. We're still being search-banned on Twitter. So most of us, because of the Twitter files, have just assumed that Twitter is not censored; but I don't know about Twitter Canada. So we're still inviting you to tweet Elon Musk and hashtag #NCI and ask why, when searches are done, basically, we're not always showing up. And we ask, every single time you send a tweet on anything connected to COVID or government response to COVID, that you add the hashtag #NCI so that we rise in the algorithms. Together we can get the word out.

And I can share that within my own family, there have been members who, it wouldn't matter who it was—Robert McCullough, whatever, like big names, credible people — there's no way I could get them watching a video or anything like that if I was to send it or share a paper. But there's willingness to watch these proceedings. And there's willingness because witnesses being put under oath, led by lawyers that have volunteered but are professional counsel done in a professional way, before commissioners that are independent and who also question the witnesses, resonate. And it resonates because of what judges refer to as the "ring of truth." If a judge believes a witness, sometimes you'll hear in a decision, "that witness had the ring of truth." And the NCI is about getting to the truth and promoting the truth. So I thank you for participating.

Now, I wanted to talk this morning. I actually wanted to share something with you. I'm not going to share it yet. I'm going to hold you in suspense.

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But I want to give you a different understanding about something that you've experienced. Everyone hearing this will have experienced what I'm going to refer to. And defining it differently, naming it for what it is, will change you. Because when we understand something differently, our mind actually changes. Our neurons are wired differently. We change our mind. And language, and how we define things, is extremely important.

I don't know if everyone has read George Orwell's book *1984*, which I think was written in '49. It's quite prescient. But if you haven't read it, you should read it. One of the things that comes out in that book, in his uncanny prediction of how we would move into an authoritative state, is the control of language with the Ministry of Truth and what's called "newspeak." Where new terms are used and—listen carefully—old words are erased from the language because we communicate our ideas and we hold our beliefs in language. You think in language. And so, if the government can control our language, they literally can control how we think. And so, for generations going forward that will not have the use of words that we are now banning, they will not be able to think the same way we think. And so, when I define something for you differently today, understand that that's important. **And when you read news stories about universities and other institutions banning words from use, understand what is happening as it's part of this movement to gain control of our minds and how we think. And we need to take that very seriously.**

Now before I continue, I wanted to thank everyone. We had a bit of a scare at the NCI earlier this week. We had one of our team members fall ill and the NCI family became very concerned. This person doesn't know, but— I was getting emails from even the commissioners like, "How is this person doing?" All of this. There was extreme worry. And the NCI is not a religious organization, it's a group of volunteers of different beliefs. But I want to thank the NCI because I asked for a call for prayer to go out, and the NCI allowed that to happen. And people did pray and God responded.

And what touched me is, a lot of you communicated to us. And it was touching actually—I'm choking up, sorry. But it was touching to hear that you were praying and that you were concerned. And it was a beautiful experience. And I'm sharing this because all of us can call to mind times where we've basically experienced love. Because that's what this was. It was a collective expression of love towards one of our team members. And what we experience when we experience love is we have a sense of joy. And you all know what I'm talking about. And we have a sense of peace.

I want you to call that feeling to mind right now. Because we've all had those feelings where we have felt touched, where we have been literally choked up because we've experienced somebody else loving or we've participated in loving someone else. And I want you to understand that that is a state of freedom. That is a state of mental freedom when you're experiencing peace,

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and when you're experiencing joy. And I want to contrast that to a different state.

And to illustrate part of that, I want to speak about a witness that testified last week in Quebec City: François Amalega. And for those of you who are not familiar with François, he resisted the mandates. All of the mandates—masking, curfew, vaccination—he resisted. Quebec was under a curfew; I think it was an 8 o'clock curfew. That's what the government called it. Remember, language is important. We could use other terms, like "martial law." Because what's the difference if, at a certain time, you have to be in your homes or face the consequences of the state?

So I'm told, on Valentine's Day, when Quebec was under martial law and had a mask mandate, that he went to the police station after the curfew, not wearing a mask: basically, announcing that his love, Freedom, was being held in the jail. And he was clearly making a political protest. So understand, he's attending at the police station after the curfew, not wearing a mask. Now the police at this point have a decision. They have a choice. Because they could have made the choice, they could have said, "Okay, this guy's making a political statement. We're just going to ignore him. We're just going to carry on our business. And sooner or later, he's going to get tired, and he's going to go home." They could have made that choice. But rather they made a choice to exercise power and to arrest him. And I don't know how long through all of his mandate resistance he spent in jail. But my understanding is it was a number of months. And I view him as—and he was—a political prisoner. There's no question he was resisting to make a political statement because he disagreed.

François was a political prisoner. And we have political prosecutions in Canada in 2023. I just expected, growing up, that they would be few and far between. I mean even liberal **Western democracies, which I thought we were, has the odd political criminal proceeding.**

But I hadn't anticipated that I would watch truckers, who were clearly engaging in a constitutional right to protest, being subject to criminal proceedings and civil proceedings, and having bank accounts frozen with the intent of setting an example for the rest of us: so that we will not do what they did and put ourselves on the line and subject ourselves to political prosecutions—basically criminal charges, civil proceedings, and having our bank accounts frozen.

And I have to say that it's really starting to bother me: that we are not supporting the truckers; that we are not creating a political uproar over what's happened. That we are not ensuring that their defences are financed. That we're basically not ensuring that they're

taken care of. I'm mindful of— We had a witness in Red Deer, Regina, who had come from Poland, and she had been at the start of the Solidarity movement. And they were small in numbers. And their leadership was— I keep forgetting the words she used. It wasn't "arrested," it was some other term which basically communicated that the state had separated them from their families. And they were no longer able to be leaders in the movement. And what the remnant did was took care of the families.

And we need to take care of our truckers. I'm having trouble today, so forgive me.

So let's get back to François Amalega

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because a couple of days ago, he was attacked on the street in Quebec City. And after he was attacked, he started the video on his phone. And the video he took you can see: he was kind of basically attacked a second time. He just made an attempt to catch the people who had attacked him on camera. And what you see is, is you see around five, it looks like males all in black, hooded, wearing masks so you can't see their faces. So you can't tell who the attackers are in any way. Now, this would not be a race attack upon François. We can't speculate about the motivation. My understanding is, he's thinking that this particular attack might be because of his activities in resisting having transvestites attend at schools and do story time. But that's just speculation.

And isn't it curious that he has been a visible, basically freedom fighter, standing up to challenge the government narrative peacefully. He attended as a witness at the NCI in Quebec City last week. And this week there is a rather alarming video of him being physically attacked, in Canada. And if that happened to any of us, we would be afraid. We would truly be afraid to have five or six hooded and masked people physically assault us. And as I was thinking about how I would be afraid, something else happened in Quebec City.

So basically, we got visited by somebody that I knew personally, and that person brought a friend with them. I was having a conversation with them, and they were talking about the very beginning of the pandemic. And they were talking about part of the experience I had forgotten about, where at the very beginning, literally it was changing so fast, you didn't know day to day what was happening. I remember I was living in Alberta and I happened to be in B.C. at the time. And I was wondering: Do I have to get back soon? Are they going to close the border? And they were saying, "Oh yeah, well, the announcement would be at noon every day." That's when you would learn what new restrictions were being imposed because it was just happening so fast. We were just, you know, "What freedom am I losing today?" And that got me kind of back into the experience.

And I want to take you back there because I actually want you to get back into that emotional fear and confusion that we experienced because we did cower in our houses. Do you remember that? Do you remember being told to stay home? And we stayed home. In the audience, I see people nodding their heads. We wore masks when we didn't want to, after we realized that they were of no benefit. We closed down schools, and dramatically, dramatically, affected our children in a negative way — and in ways that, for some of them, they will carry for the rest of their lives as a burden. We participated in police state rituals such as showing identity papers to be granted permission to participate in privileges being granted to us by our master, the state. We were in actual fear of our government. And you remember that. And worst of all—and our true shame—was our children watched this.

Our children watched us react in fear, live in fear, and participate.

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And we did it because we were afraid. I was afraid. I felt real fear.

You know, at one point I was worried—and this was before Rachel Notley in Alberta was talking about sending people to the doors of the unvaccinated—but I was concerned that the government was going to go door to door. And I see people nodding their heads. They understand. And we felt helpless. We felt like we had completely lost control over our lives. Now, do you feel that again? I want you to feel that again. I want you to feel that darkness again. And the reason why is I want to name it. Because you will call it fear. And I call it the “spirit of slavery,” which is a very different thing. Because that feeling that you felt, that is what slavery feels like.

I’ll say that again: that feeling that you felt is what slavery feels like. Because it is slavery. When you have the experience of slavery, you can’t go against the wishes of your master. Because in your mind you’re enslaved, you’re afraid to go against your master.

So let’s call a spade a spade. Let’s call slavery, “slavery.” And do you understand? Even just me now naming it differently, it should have a different feeling. Because when it’s fear, you feel afraid. When it’s slavery, you feel angry.

Now, you consented and you participated because you were afraid of the cost of freedom. And most of us are still consenting and we’re still participating because we are afraid to pay the price for our freedom. So we cower in obedience, even now. I mean, we don’t have mandates now. We’re not told to wear a mask. We don’t have a curfew. There’s still vaccine mandates. There are still places where you have to wear a mask if you have to go into a hospital or a medical clinic. And why are we allowing that? Why are we allowing that lie to continue? We’re still cowering. We’re not taking care of our people subject to political prosecutions. We are still cowering in fear.

So let’s go back to François Amalega. Because remember, he spent months and months in jail because he refused to cower in fear. I want to read to you something he wrote. And I think I’m going to read it to you twice, because it’s too important not to sink in. He said, “I feel more free within the four walls of a jail cell, with a clean conscience, than I would standing outside while respecting the measures and collaborating with the lie.”

I’m going to read that again: “I feel more free within the four walls of a jail cell, with a clean conscience, than I would standing outside while respecting the measures and collaborating with the lie.”

François, in a cell, actually experiences freedom because he has peace of mind. He is freeing his mind. He does not have the spirit of slavery in his mind. So he actually will willingly take a jail cell to have that peace that comes from standing for your convictions in your mind, because he’s going to reject the spirit of slavery.

Let’s contrast that with you and me submitting to a curfew, wearing a mask,

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while showing our ID papers with a mind of fear and slavery. So who is freer in that scenario: François in a jail cell or you eating caviar after you show your identification papers at a fancy restaurant?

And more importantly, whose children are seeing the example that is going to enable them to live like free and dignified human beings going forward? And I hope for all those listening that that is a rhetorical question.

Now, I will advise the audience, or those participating online, that at the present time we are still waiting for one of our four commissioners to arrive, and she should be here shortly. Our rules permit us to proceed with three commissioners and then there will be a responsibility on the commissioner that is not yet here to watch the evidence.

[00:26:38]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 1: Dr. Denis Rancourt

Full Day 1 Timestamp: 00:40:18–02:17:39

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

I'm pleased to announce our first witness this morning, Dr. Denis Rancourt. Denis, can you state your full name for the record, spelling your first and last name?

Dr. Denis Rancourt

Yes, Denis Rancourt. Denis is D-E-N-I-S. Rancourt is R-A-N-C-O-U-R-T, and if you say Rancourt, that's fine.

Shawn Buckley

I'm so sorry. I mean no offence by getting your name wrong there. Denis, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Denis Rancourt

I do.

Shawn Buckley

Now, by way of introduction, you have a Bachelor of Science, a Master of Science, and a PhD from the University of Toronto. These are degrees in physics.

Dr. Denis Rancourt

Yes.

Shawn Buckley

You have been a Natural Sciences and Engineering Research Council of Canada [NSERC] international postdoctoral candidate in prestigious research laboratories in both France and the Netherlands.

Dr. Denis Rancourt

Yes.

Shawn Buckley

You became, and I'll just use their anachronism [sic], a national NSERC university research fellow in Canada.

Dr. Denis Rancourt

Yes.

Shawn Buckley

You were a professor of physics at the University of Ottawa for 23 years, attaining the highest academic rank of tenured full professor.

Dr. Denis Rancourt

Yes.

Shawn Buckley

But more importantly, and I will ask you to explain this point, as a researcher at the university you were a researcher in interdisciplinary research. So you weren't just tied to physics, and I'm wondering if you can please explain that for the audience. After that, you've been invited here today to speak about some things that flow from all-cause mortality data, and I'm going to ask you to launch into your presentation.

Dr. Denis Rancourt

Okay. It's very common for physicists to be more interdisciplinary than some other areas of science. I ran a large laboratory that did interdisciplinary research, meaning that we use the methods of physics and mathematics to analyze problems in everything from environmental science to planetary science to theoretical physics to biogeochemistry, including interactions between bacteria and minerals, in the environment. Those kinds of things. So I was the head; I was the lead researcher in a laboratory that developed techniques to study these problems. We wrote more than a hundred articles, in scientific journals, about these questions.

Shawn Buckley

Thank you. I'll ask you to go into your presentation.

Dr. Denis Rancourt

Okay. Well, before I put the slides up, I'd like to say a few things. And I want to start by giving you my conclusions.

I've been working on all-cause mortality in its analysis for more than three years. I've written more than 30 reports about it, detailed scientific reports; some of them are more than 100 pages long with many figures and graphs and detailed interpretations. I've come

to the following conclusions, and I will try to demonstrate how you must come to these conclusions by my material here that I brought today.

The conclusions are as follows: First of all, if governments had done nothing out of the ordinary, if they had not announced a pandemic, had not responded to a presumed pathogen, had done nothing other than what we normally do when we have a high season of mortality in the winter, then there would have been no excess mortality. Nothing special would have happened. That is a conclusion that I hold firmly from analyzing the data. So, in that sense, there was no pandemic that caused excess mortality. None at all. There was the usual ecology of pathogens: viral, bacterial, whatever you want to imagine. There's a huge ecology of pathogens that we live with. They're always there. We get sick. We recover. Sometimes we die. That's all true. But there would have been no excess mortality beyond the historic trend if we had just left things alone. So there was no pandemic in that sense.

The second point I'm going to be making is that the measures that governments applied,

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which I would think of as an assault: there were many different kinds of assaults against people. And those assaults definitely and quantitatively caused excess mortality in many jurisdictions and at various times during the pandemic period. Very significant deaths. In some jurisdictions, relatively little. And so on.

And the final point is that the vaccination campaign, the COVID-19 vaccination campaign itself, definitely caused excess mortality in definite peaks that are seen—that are directly associated with various vaccine rollouts of different doses to different age groups and in different jurisdictions. And you can see those excess mortalities immediately. There is no way to escape the conclusion that the vaccines definitely caused death in a significant number. And I'll give you what those numbers are in my presentation.

Shawn Buckley

Just before you start, I will advise the commissioners and the public that your CV has been entered as Exhibit OT-1a. I think it's 50 pages long. And you spoke about papers that you wrote that we have entered as Exhibit OT-1. The papers that you provided to us: those are available to both the commissioners and the public.

I'm going to ask if you are adopting those papers as true, as part of your evidence today.

Dr. Denis Rancourt

Absolutely. Those are all papers that I authored and co-authored, and everything in them is from me and is true to the best of my knowledge.

Shawn Buckley

Thank you.

Dr. Denis Rancourt

So I could move on to my slides now. That's just the header. I want to say a little bit more about my background. There are five areas of science that I'm an expert in as a result of studying these various questions.

One is nanoparticles, small particles in nature and in the environment. Even the new vaccines, the mRNA vaccines, are nanoparticles, surrounded lipids, and so on. I'm an expert in nanoparticles: their stability, their chemical reactions, how they form, how they disperse in a fluid, and so on. I've written scientific papers about this.

I'm an expert in molecular science, and by that, I mean chemical reactions of molecules. I worked in a prestigious national chemistry laboratory when I was a postdoctoral fellow, in France. I have done theoretical work on molecular dynamics. I know how molecules bind to various surfaces, to each other, and so on. I know a lot about the intimate details of molecules and atoms.

I know about statistical analysis. I've written scientific papers on advanced statistical analysis methods, such as Bayesian inference theory. I know about error propagation. I've written about that. I've taught it at the graduate level. All of these are areas of science I have taught to graduate students in every department I'm in. In science and engineering departments, I used to do a graduate course on scientific methodology which I had developed.

I'm an expert in modelling—meaning theoretical modelling. I've done modelling of the dynamics of environmental systems. And now I'm doing modelling with co-author Joseph Hickey on epidemiology: the classic theories of how things spread, the dynamics of that through a population. We have written two papers on that recently, and in both cases, the editors refused to even review them. We appealed one, and we won that appeal, and both have now been peer reviewed. And so I'm a modelling expert.

And finally, and not least, I'm an expert in measurement methods. I mean by that: How can we know things in science? There are a whole bunch of important measurement methods. They include diffraction; spectroscopies; microscopies, including electron microscopy; and various bulk property measurements. I have taught all of these methods at the graduate level. I had an electron microscope and several spectrometers in my laboratory when I was a lead researcher at the university.

That's my background. That's why I feel I can read a scientific paper and really understand what it's about. I do this work with several collaborators; we work closely. I want to name them here:

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Marine Baudin; Joseph Hickey; Jérémie Mercier; John Johnson, who is a professor at Harvard University; and Christian Linard, who joined us in our discussions and in our work, very recently.

I have written more than 30 articles about COVID-related matters, large reports and articles. They are on my website. My website is very complete. It's organized by section: denisrancourt.ca. I prepared a book of exhibits for this testimony, which you have and is now entered as an exhibit. It contains almost 900 pages and many of the key articles for the conclusions of today. So this is just the index of that book of exhibits. The last one there, article number 87, is actually an article written in 2019 which is a very thorough analysis of geoeconomics and geopolitics since the Second World War. I think that gives the proper context to really understand, from a social point of view, what was going on here.

As I said earlier, these are my main points: There was no pandemic in the sense of causing excess mortality. It's the measures and the assaults that caused mortality during the COVID

period before vaccination. And then when they rolled out the vaccines, that caused definite excess mortality as well. All of this is based on all-cause mortality data, and I wanted to show you what that looks like.

This is all-cause mortality by month. You can do it by week, by day, and so on. But this is by month for the USA since the year 2000. Now, we've had this kind of data for more than 100 years in many Western countries. Because February has only 28 days, there's a little dip in February that you can see there, and that allows you to see where February is. You can see that the mortality is seasonal. In the northern latitude countries, it's always higher in the winter and then you come down to a trough of mortality in the summer. The y-scale here doesn't start at zero. You have to notice that; it's expanded. This goes right into the COVID period. So you can see that in the United States, that last one of a bluish colour there is the mortality in the entire COVID period, which is significantly higher than the mortality before, if you look at the historic mortality.

When the pandemic was announced on the 11th of March 2020, we start the COVID period there and we put that in a certain colour. Then you can add all the deaths per month for all the months of the COVID period, and you get the total deaths for the COVID period: that's the black dot that's higher than the others there. You can take the same duration period and move backwards in time and do that sum: that's the other black dots.

So the black dots allow you to see the historic trend of the mortality on the timescale of a COVID period, if you like. You can see that it increases very gradually. That's because the age structure of the population is changing. The baby boomers are coming of age to be older and are dying more, and you see those kinds of effects. But what you see also in the United States, this is for the entire U.S., is a stepwise dramatic increase right in the COVID period. That's the kind of data that we analyze. We can look at it by state (50 different states), by city, and by age group. That's the mortality.

This data cannot be biased. You're simply counting deaths irrespective of what people died from. There's no bias here. This is all-cause mortality. You've got that extra filter, which is by age, by sex, by jurisdiction, and as a function of time.

So it is very, very powerful data. This is the kind of data that allows you to spot heat waves, earthquakes, wars. Anything that will perturb the population to the degree that it will cause mortality is immediately seen in this kind of data. Just as a note, I want to make it clear that the various pandemics that were announced between the Second World War and before COVID, by the CDC, in Canada, where they estimated the number of deaths—none of those deaths are detected in all-cause mortality. In other words, there was no excess mortality related to the past so-called pandemics. That's clearly described in our papers.

We're still in the United States,

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and now we're going to blow it up on the time scale. We're going to go from 2016 to the present. Now the data instead of being by month, is by week. There's a higher resolution there. You can see in detail the evolution of the all-cause mortality as a function of time, there. You can do that quantification. Just to show that you can go higher resolution here.

One of the very strange things in the United States is that for the first time in the historic record, there were peaks of excess death in mid-summer in the United States. In the southern states where it's very hot and where people's lives were basically dissolved and

they were dramatically perturbed in how they normally deal with poverty and heat, there were actual deaths—extra deaths—in the summer.

Now in the United States, when you integrate that all-cause mortality in the COVID period and then you look for social factors that correlate to that on a by state basis, this is the strongest correlation that we found for a single social factor. We looked at many, many. It shows a correlation of all-cause mortality integrated over the COVID period on the y-axis as a function of the fraction of the population that is living in poverty. This is what we call in science “technically a very strong correlation.” The Pearson correlation coefficient is plus 0.86, which is unheard of in the social sciences.

And it's not just a correlation; it goes through the origin, which means it's proportionality. Which means that in a state that would have had no poverty there would have been no excess deaths during the COVID period. So there's a strong correlation to poverty, which is one of the pieces of evidence that allows you to say that this is not a virus. Because a virus, and COVID in particular, is said from clinical studies to kill mainly elderly people—and it's even exponential with age. We find instead that we correlate the things like poverty. But if you did this kind of a map, which I didn't bring, as a function of age—median age, or number of people living in the state, the fraction of the population that is over 80 or over 65, and so on—no matter how you slice it, there is absolutely no correlation with age, which is a definitive proof that this cannot be COVID as studied in clinical studies.

Shawn Buckley

Can I just stop you, Denis? So you're basically sharing with us that this chart is showing that people that had more poverty were more likely to die. And that's not a function then of a virus, it's a function of something else?

Dr. Denis Rancourt

That's right. Not just “more likely,” as you would say, in a weak sense, if you were a scientist. This is the strongest correlation you'll generally see between a socioeconomic factor and something happening in the population. This is an incredible graph. This shows an absolute, not just correlation, but proportionality to the size of the population living in poverty. This shows that the COVID period, on the scale of the nation in the United States, killed the poor in proportion to how many poor there were.

The other strong population correlation factors are, for example, how many people are living with disability: are certified disabled, cannot function in society, and need to be supported by the state. The number of people with those programs in the United States is also a very strong correlation to whether or not you died.

And so the United States is a very special jurisdiction that has large amounts of both disabled, poor, obese, and people suffering from diabetes. All of these things correlate to whether or not you were going to survive the COVID period. And that is why the United States, in proportion to its population, had a much higher mortality than Canada did. So even if you take the population into account, taking the population into account, Canada had five times less excess mortality than the United States. Five times less.

In other words: if this was a virus, it refused to cross the Canadian/American border. It was presumably causing death in the U.S. to this degree but would not cross the border into Canada. That virulent pathogen did not act in Canada. So that is impossible,

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in terms of epidemiological theory. That is strictly impossible if you want to believe that theory. It's thousands of kilometres of border, two of the biggest economic exchange partners in the world. That cannot happen. So that's yet another line of evidence that this was not a viral respiratory disease pandemic.

Shawn Buckley

Can I just ask you one more question, and I'm sorry. But do we know what factors of poverty might have played in? Like might it have been that the poor do not have as good nutrition or don't access treatment or things like that? Like, are there any others?

Dr. Denis Rancourt

Yes. We tried to answer those questions in our large papers, and we concluded— Well, that's a very interesting and deep question. What we found was that this death was occurring mainly in the poor states in the south of the United States, where it's also very hot. And those are populations that normally get many, many prescriptions of antibiotics in the winter. So they have a high susceptibility to bacterial pneumonia infection, and they normally get treated. But during the COVID period, all Western countries cut antibiotic prescriptions by 50 per cent or more, including the United States. So they were not treating bacterial pneumonia. And these people always get them, always have this problem, and were not being treated.

And so we believe— And the CDC [Centers for Disease Control and Prevention] has agreed based on death certificates that a co-cause of death in the great majority of the so-called COVID-19 deaths is bacterial pneumonia. So we know that there was a massive epidemic of bacterial pneumonia. We know that it was not being treated up to standards whatsoever, and we believe that mechanistically, this is what killed the poor, obese, and so on. There were other factors as well, and we discuss them in detail in our papers.

Now, we're still in the United States here, and this is the per cent increase in mortality. It's the excess mortality expressed as a percentage of what the mortality would normally be by age group. This is now by age group, and this is before vaccination was implemented in the COVID period. So we're starting at 11th of March 2020 and going up to the end of 2020 before we start vaccinating.

We can see that excess mortality expressed as a per cent for the 10 most populous states in the United States here—the different colours—goes from something like 5 or 10 per cent for these zero to 24-year-olds and up to something like 20, all the way up to 40 per cent for the other age groups. So it's very, very high, and it's high across the board in relative amounts, expressed this way for all the age groups of young adults all the way to the elderly.

Then, if we keep those 10 populous states and look at what happens in the period where you were vaccinating, because the rollout was very rapid, you get a very different pattern like this, where the 25- to 44-year-olds are affected up to 60 per cent excess mortality on a relative basis. So the age structure of the mortality has changed now as you move into the vaccination period. That's the kind of analysis that you can do. This is just to illustrate.

So that's the United States. So remember, in the United States, you have this massive increase of mortality in the COVID period, there at the end. Remember this mortality versus

time. And remember that step where you have a regime of higher mortality at the end in the COVID period. Now let's compare to Canada.

Here's Canada in blue. Forget the red line for now. The blue is the all-cause mortality by week in Canada from 2010 to the present. What you notice is that there is no stepwise increase. There's virtually—nothing happened relative to the summer trough baseline, if you like. There's nothing special happening that's visible in the mortality. This is in heavy contrast to what you would see if something real and important happened like a war or, for example, the Great Depression, the Dust Bowl in the United States. These give large mortality increases. There's nothing like that in Canada.

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So nothing special happened in terms of mortality in Canada. At first look, coarse-grain looking. But now if we look at the details, we will see things.

Now I want to contrast that with what Theresa Tam and her co-authors said in a scientific paper. They actually said from a modelling study, a bogus model, that if they had not applied all the measures—masking, distancing, vaccination, and so on—that there would have been approximately one million extra deaths in the COVID period in Canada. So I represented what that would look like in red here in the COVID period. I distributed those million deaths uniformly, just a simple model to show what it looks like. And that's what the million extra deaths that they're saying they prevented would have looked like.

Now I have to explain: that is absurd. Nothing known historically can cause that kind of mortality. And to affirm something like this is absolutely ludicrous. For example, if that is true, then why did the measures not reduce it by only half? Why did the measures not reduce it by only 80 per cent? Why did we come down to a mortality that happens to be approximately exactly what you would expect historically? It makes no sense. There's one universe in a million where this could happen by accident. So this is absurd. This is the level of scientific propaganda that our government scientists are putting out these days.

Now we'll take a closer look at the mortality in Canada. I have now shown this on a scale where Y starts at zero, and we're seeing the all-cause mortality again. And now what I'm doing is I'm integrating over what we call a cycle year. So we go from summer trough to summer trough and we integrate the mortality. It's total mortality per cycle year, if you like. The integral points are there. And you can see a small increase relative to the linear historic trend in the COVID period for those two cycle years. Very small, but you can quantify it. And there's also details, of course. We'll look at those.

This is the same, but now it's on a different Y scale. So you blow it up a little more, and you can see it more clearly where the excess mortality is at the end. This is by cycle year again.

And now I'm showing it by calendar year. So actually, the last point there is the total number of deaths in 2022. This data for Canada just came out a few days ago and we made this graph. This shows that the excess mortality since the COVID period started in 2020, did not decrease whatsoever because of this huge vaccination campaign.

Remember, the vaccines were supposed to prevent serious illness—and that means prevent death. And there is no indication that this military-style vaccination of everyone reduced deaths whatsoever in Canada. In fact, 2022 has significantly higher deaths than the previous two years, one where you were vaccinating and one where you were basically not

vaccinating. So the deaths are higher now in Canada. That's the situation in Canada. They've created circumstances where the deaths are higher in 2022.

Now we can compare the all-cause mortality for Canada to the vaccine rollout in this graph. So the dark blue line is the cumulative number of vaccine doses administered to the population. You can see that when the rollout starts, you get an extra peak on the shoulder of that winter peak at the beginning of 2021. And that is a very strong peak, especially in Ontario, for people that are 59 years of age and older. And then you can see that the third dose rollout, which is this significant increase, gives you the highest winter peak we've seen in a long, long time. And there are other details.

So we can blow that region up and look at it again and label some of the peaks so that I can discuss them. That vertical line arrow pointing up is the start of the pandemic. That's when it was announced, the 11th of March, 2020.

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What I call peak A is a very important peak because it is a surge in mortality that occurred immediately after the pandemic was announced. But you have to understand this peak. We're going to look at it in some detail. It is very heterogeneous from jurisdiction to jurisdiction. It did not occur in several Canadian provinces. It was very prominent in Quebec. And so it depended what you were doing in those jurisdictions to fragile people who were in hospital and ICUs and care homes, whether you were going to cause deaths during that peak. We're going to look at that peak some more.

I can point some things out. That peak C is the one that arises because of doses one and two rollout. Peak E is the very high peak related to the third dose rollout. Peak F is a peak that occurs when they rolled out a booster to the elderly. And some of these peaks come out more significantly when you look at different age groups. But this is just to give you a broad view. And D is an example of a heatwave peak. This was a heatwave that occurred in southern British Columbia at that time.

Now we're going to look at peak A, what we've been calling the COVID peak, that arises immediately after the pandemic was announced. And that peak is absolutely huge in the United States. We're showing some of the states where it is the largest. And this time, all-cause mortality by time by week in fact is normalized by the population of the state. So you see that you get this complete overlap normally and the seasonal variations. So we're looking at Connecticut, Maryland, Massachusetts, New Jersey, and New York. We see that that peak that fires up right after you announce the pandemic is massively different from state to state. There were about 30 states in the United States that did not have such a feature. It's exactly at the same time whenever it occurs. And it's very, very different in magnitude.

That same kind of peak happens at the same time in different parts of the world. So there are hot spots when, just after you announce the pandemic, you get these massive peaks. They're shown here for Lombardy, Italy, and the region of Madrid, and an area in France, and so on. These peaks occur in very specific hot spots, but synchronously around the world.

Now, I want to insist on this: that—from an epidemiological standpoint—is strictly impossible. Because the time from seeding of an infection to the sudden and measurable rise of mortality is completely uncertain. It is a factor that is extremely sensitive to the details of the population, the institutional structure, and so on. It cannot be the same

everywhere; even if you fly seeds out by airplanes at the same time to everyone on the same day, you will not get peaks of mortality that occur synchronously. It is impossible. That time between seeding—depending on the size of the seed—and the maximum in mortality varies by many, many months; it can even be years. So that's impossible.

The first thing I said when I saw these peaks, as I said: this is not a viral respiratory pandemic. This has to be peaks that were caused in those jurisdictions that were hot spots. And in fact, in Lombardy, Italy, in that region in particular, they said, "Don't stay home, come straight into the hospital, we'll treat you." And they were putting two people per mechanical ventilator when they were sick enough. And they were doing horrible things, and there was a massive killing of people, I believe, in that peak.

Now, we're going to study that peak in some detail across Europe. I'm going to show you some maps. This first map is just to remind you where the countries are when you look at the other maps. But also, I put in blue here some borders. Those borders are interesting because you'll notice in the maps I will show you of the magnitude of that mortality peak mapped on Europe, that the virus—if it was a virus—absolutely refused to cross these borders. Absolutely refused. There's no crossing of these borders.

Of course, that's absurd. A viral respiratory disease is believed

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to spread, and it does not need a passport, and it does not respect borders. So that's yet another proof that this was not a viral respiratory disease pandemic.

Let's look at these maps. We're going to start in January 2020, before the pandemic was announced. What I'm representing here with the different colours is the intensity of the excess mortality integrated for January. So basically, January was an ordinary month and you're around zero for all of Europe. February, same scenario, nothing special is happening. Now we hit March, which was when the pandemic was announced and when this peak arose. And there you go. Those are the hotspots.

So you can see: northern Italy, large regions around Madrid and Spain, and so on. And what you'll notice is that you do not cross the border between Portugal and Spain. You do not cross the border between Spain and the south of France. You do not cross the border whatsoever into Germany: Germany was completely protected from this excess mortality at that time in the pandemic. Germany did not have these excess deaths whatsoever. And then as we go down off this peak, March into April, we're still on the tail of that large peak. Those regions are the same, basically, and those borders are not crossed whatsoever. And then we get into May and June and the peak is over. And you have to ask yourself, what caused that peak?

Well, we've talked about it somewhat. We are now looking at everything that was done in that period specifically that could have caused this excess mortality. What we're finding in many jurisdictions is that hydroxychloroquine, HCQ, had many, many prescriptions—a super-prescription of that drug in the jurisdictions that had this peak. Germany was not doing this and they did not have the peak. Spots that were doing it—counties, and so on, that had high prescriptions—had a lot of deaths. Now, this is not the only drug that had that peak.

So what basically was happening is: emergency MDs were told, "This is a pandemic, we don't know what it is. It's a new virus, do what you can." At the same time, there had been

the suggestion that hydroxychloroquine could be very effective. I'm not saying that's wrong, but I think that some people were very reckless in prescribing it to their seriously ill patients. And this drug has the property that it has a very narrow and well-defined window of utility for treating people. And if you go in excess of that, it becomes a toxic chemical. It is quite possible that in the jurisdictions that did not know how to use this drug— And we know they overprescribed it as much as two grams, so we believe that that's one of the drugs that would have caused this peak. Another one is various sedatives that were used often in combination with the mechanical ventilators. This is ongoing research that we're looking at.

Hopefully by now, I've convinced you that at least there exists evidence that there was no pandemic, and that it was the measures that were killing people before vaccination.

Now we want to look at vaccination. The first thing I want to say is that there is absolutely no doubt that the vaccines cause significant death. There are now dozens and dozens of autopsy studies that show a causal relationship between the vaccination and its effect on the cells and organs of the body, and that that would have caused death. There are many autopsy studies that show this.

Adverse-effect monitoring is showing a peak of death immediately following vaccination, in the first few days: a very definite peak of death, followed by an exponential decay of death that lasts at least two months. We showed this in detail in one of our papers.

There was a survey study done by Professor Mark Skidmore that just asked people, "Do you know anyone close who died that would have been due to the vaccine, just immediately after vaccination?" And on the basis of that scientifically-performed survey, they found that in the United States about 300,000 people would have been killed by the vaccine. There are many, many studies now showing that there are induced pathologies: meaning sicknesses, disease,

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related to having been injected. There are more than 1,250 peer-reviewed scientific studies analyzing and showing vaccine harm. And our work is to look at all-cause mortality, and we calculate what is called the "vaccine-dose fatality rate," meaning: What is the risk that you will die from being injected on a per-injection basis? That's what we're going to look at now.

This is a list of some of the recent autopsy studies, and there's some more there. Now we're going to look at the vaccine period.

Shawn Buckley

Doctor Rancourt, we will make your slides an exhibit [Exhibit OT-1b] so that the public and commissioners can access and actually see the references.

Dr. Denis Rancourt

Perfect. Thank you.

When we started looking at the vaccines and whether or not the rollouts could cause death, one of the first things that drew my attention to this is: four studies came out in various scientific journals about India. India is a difficult case because they don't publish national

high-quality all-cause mortality data. So you have to actually go on site and go into the various provinces and the various institutions and gather the data yourself to some degree. So there were four studies that did this, and they all found the same thing. They found that there was no excess mortality when the pandemic was announced. Absolutely everything was normal. And then all of a sudden, many, many months later, there was a huge surge, a massive surge of deaths. So they showed this and they explained that India had this huge peak in mortality. And none of the four groups of researchers mentioned that that surge in mortality was occurring exactly when the vaccine was rolled out, military style. And I said, how is this possible? How could they not even mention it? So I wrote an article critiquing them and pointing out that this is exactly when the rollout occurred. And therefore, it allowed me to calculate that those deaths were due to the vaccine.

I showed, I single-authored that one: 3.7 million people were killed in India by the vaccine, 3.7 million. And this is because they targeted elderly and sick people. India actually put out a list of 12 comorbidities of very sick people: if you had those, you should be vaccinated right away. They did something that was called a “vaccine festival.” That’s what the prime minister called it. And they said, “Go and get your sick and elderly everywhere and make sure everyone gets vaccinated.” And they killed 3.7 million people. The vaccine fatality rate that I calculated for India was 1 per cent, which means that one out of every hundred injections caused a death in India.

Then we said, “Let’s look at this for Western countries and for other jurisdictions.” We looked at all the data we could from the UN [United Nations] and tried to identify countries that would be easiest to study at first. Australia jumped out at us because Australia is a country that had no excess mortality whatsoever during the pre-vaccination period and then a huge increase in mortality, a new regime of mortality, when they rolled out the vaccine. So we said, “Let’s target Australia and see what’s happened there.” And you can see the integral value in the vaccination period jump up for Australia there on this graph.

And this is a blow up of it. You see mortality by week in Australia. You see the vaccine rollout. And you see that as a consequence of the vaccine rollout, there’s the higher regime of mortality right there. We also see a peak in their summer, our winter. Remember, mortality is higher in the experienced winter. So in the Southern Hemisphere, mortality is higher during the period that is our summer, but it’s their winter. And there’s seasonality like we normally have. But here in the middle of their summer, they have a sharp peak right there. You can see it. And that coincides exactly with the very sudden rollout of the third dose of the vaccine.

I’ll show that in detail now. Here’s the rollout of the third dose superimposed on that peak of mortality for all of Australia. It is the same thing for each of the states in Australia. This is Victoria, New South Wales, Queensland, and so on.

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You get this rollout of the third dose and a peak in mortality that accompanies it. On that basis, we can calculate things—which I’ll show you in a minute. But first I want to do a little bit of around-the-world of these kinds of correlations.

So this is Mississippi. Something happened that was very unusual and very sad in the United States: They decided that they needed to have vaccine equity. So large financiers and companies and pharma-tied interests decided that people were not being vaccinated enough in certain states in the United States, so they will have a vaccine equity program, which was highly funded.

They hired thousands of people and they went and vaccinated the most vulnerable people living in various homes. So in the poor states, you can see that vaccine rollout. You can see that increase in the cumulative doses being given there. That is the vaccine equity program. And then you can see that huge peak that is coincident with that in mortality for the 25- to 64-year-olds. Now we see that large peak, which is bigger than anything else, that coincides with vaccine equity in basically all of the poor states in the United States—so Alabama, and so on. In those jurisdictions where you get that state, you have the same vaccine-dose fatality rate as they had in India, so 1 per cent. It's massive for that peak.

This is a peak that occurred in Michigan coinciding with the initial rollout of doses one and two. And that same peak occurs, meaning the same properties occur, in Ontario, where it's very important.

Now, this is a summary of all this data. I'm getting to the end now. This is vaccine-dose fatality rate expressed as a percentage by age group. You can see that for the most elderly, it goes up to almost 1 per cent—even in Western countries. This is Australia and Israel, where they have really good data on a "by age group" basis, of both doses and mortality. We were the first to do this. This is the first data that was produced that shows that the risk of dying from the injection goes exponentially with the age of the person being injected. And the doubling time of that exponential is about five years. So for every five years in age, your risk of dying from the injection doubles.

And this proves that it was absolutely the opposite of what you should do, from a public health basis, to go and vaccinate the most vulnerable in terms of being elderly. The risk-to-benefit ratio is completely out of whack. You are injecting people that are at high risk of dying from the injection when you inject the elderly. And this is the first quantitative demonstration of that for Australia and Israel, where we were able to do it. You can blow up the bottom of that exponential, and you can see that the young adults are above the exponential, that holds for the more elderly adults, starting at around age 40. There is a plateau of risk of dying from the injection for young adults that is maintained.

And you see it if you do a semi-log. For those of you used to looking at these graphs on a semi-log basis, you can see that plateau in the mortality risk from the injection for the young adults there relative to— The linear part is the exponential part on this kind of graph. So you can see what people are talking about in terms of sudden deaths of athletes and young people in this kind of data.

This is just to show you for Israel, the coincidence between the various dose rollouts and peaks in mortality. Now, this graph here is for all ages. But it is even more noticeable when you do it by age group, you see? Look at the relationship here for the 80-plus-year-olds between when you roll out the doses and when there is a peak in mortality.

And this is for 70- to 79-year-olds.

And this is 60- to 69-year-olds.

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So you vaccinate and that starts a whole period of induced deaths as a result of that.

And this is 50- to 59-year-olds.

We summarized that data for Israel by calculating the vaccine-dose fatality rate by age group, by dose number. We showed that as you go to further and further doses, the risk of dying is higher and higher—even when you discriminate by age group like this. So again, that particular graph is not published yet, but that's coming out in one of our next publications.

And that's on a semi-log basis, what it looks like.

So this is my conclusion: Every jurisdiction that we've looked at—India, Australia, Canada, Chile, Germany, Israel, New Zealand, USA, and many others, including all the European countries that you saw—always gives us the same result. There is a risk from dying from the injection on a per-injection basis that is between 0.05 per cent—that's for all ages in a Western country—all the way up to almost 3 per cent for the most elderly people that are fragile. So we always fall in that range in terms of the risk of dying from these injections. Consequently, we can calculate that that must be a property of the vaccines. And therefore, on the scale of the entire world, given the number of doses that were administered, the vaccine must have killed approximately 13 million people worldwide.

In India, we know for sure. We quantified it: 3.7 million people were killed in India. In the USA, we now have good reason to believe—and different methods giving the same results, the surveys that I mentioned, our method, and so on—about 300,000 deaths in the U.S., compared to 1.3 million deaths for the entire COVID period. So a large fraction of the COVID-period deaths in the U.S. can be directly associated with the injections.

In Canada, we're still quantifying, but the number's going to fall between about 10,000 and 35,000 deaths that were directly induced by the vaccine. And remember, I showed you the graph for that. Those deaths are larger [in number], they're not smaller, when you vaccinate. That concludes my presentation.

Shawn Buckley

Now, this is looking at deaths. I'm just curious. So it doesn't show whether there's any benefits, it just shows that we have excess deaths. I know that sounds like an odd question, but it's just that the public messaging has been: the purpose of the vaccine, the benefits, were that it would reduce our symptoms or make the experience of having COVID less severe. I'm wondering if you can give us your thoughts on that public messaging.

Dr. Denis Rancourt

Well, I have been concentrating on data that is robust, that is bias-free— and that data is mortality, all-cause mortality. So I confine myself to saying everything I can say about **mortality**. However, I note that they are claiming many times that the vaccination would have caused less severe illness. Well, if that's not related to death, I don't know what is.

Shawn Buckley

Right, death follows severe illness, generally speaking.

I understand that this is just speculation, but your speculation is that the public claim about reducing severity of illness is likely not—

Dr. Denis Rancourt

Well, as a scientist who reads the literature extensively, I can tell you that the trials, the pharmaceutical industry trials that would have looked at safety and efficiency of the vaccines, are highly flawed. They're completely rigged. I think rigged is not an exaggeration. They exclude vulnerable groups, which are exactly the groups that are being killed by these injections. They exclude them from the trials. So you cannot know if particularly fragile, very elderly people would have been killed by the injection because it was never tested.

Shawn Buckley

My other question is, and I appreciate you have to wait for the data to be published.

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My understanding is vaccination intake has dropped, so fewer people, for example, are taking the boosters. Are you seeing any reflection in all-cause mortality with a less robust uptake of boosters?

Dr. Denis Rancourt

In most countries, excess mortality is now dropping and is coming back to normal. There's a subgroup of countries like Canada where, in 2022, the mortality is higher than it was even before. Those are countries of concern for us that we're studying now in detail.

Boosters, generally most of the population is refusing the more advanced boosters. Therefore, they're targeting the elderly more, supposedly to protect them. So that's part of the reason that we measure on average that the booster doses are more lethal—because they're also being given predominantly more to elderly people. But they appear to be even more lethal when you take age into account, as I showed today with these graphs, where there's somewhat higher risk of mortality with the higher doses. But all of this is occurring together, and sometimes we can't unpack the data enough to really answer some of these detailed questions.

Shawn Buckley

Thank you. Those are the questions I have. I'll see if the commissioners have any questions for you. And they do.

Commissioner Massie

Thank you very much, Dr. Rancourt, for this very comprehensive analysis. You did point to a number of conclusions that I think are pretty well-founded based on your analysis. But there are still more questions to be examined. For example, without getting into too much speculation, I was wondering whether you've examined causes for the targeted population of disabled, especially in the south of the United States, like Mississippi or other places, that also happen to be areas where the industrial agriculture is very, very active.

We know from many studies that industrial agriculture extensively uses glyphosate, which is in theory helping the yield, but that's something we can debate. But what we've learned from many studies that are coming in the last decade or so is that glyphosate is a very toxic component for the microbiota. We had a scientist presenting in Quebec City who was mentioning that there was a pretty good correlation with respect to sensitivity to all kinds

of infection, including COVID, as well as a propensity for people that had a bad microbiota to be more susceptible to vaccine toxicity.

I don't know whether you've explored that in terms of big numbers, and if you could at this point draw some sort of correlation between the exposure to glyphosate making the population much more susceptible to infection that if you don't treat, as you pointed out, will result in death.

Dr. Denis Rancourt

We did look in detail into glyphosate use on the U.S. territory. And we looked at maps of that, and we compared those maps to excess mortality maps and to poverty maps, and so on. So we did examine that in some detail. It's difficult because we're talking about correlations. We don't really know. We don't have specific patients where the presence of that toxic substance was analyzed in their blood, and we know that they died, and we know that they were injected. We don't have those things that you would have in clinical studies. So we're looking at correlations.

And what I can say is that it's difficult because there is heavy glyphosate use in some states that are very poor. So the two are together. But there is also heavy glyphosate use in agricultural regions which are not particularly poor and don't have a

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high prescription of antibiotics, for example. So it's very difficult to unravel. But I would say that we did not find clear evidence of a glyphosate effect. Let's put it that way. On the scale of the nation, looking for correlations, we did not find that.

Commissioner Massie

My other question has to do with the number of, I would say, disabled population in the States that, according to your analysis, seems to be much higher than what we have in Canada.

Dr. Denis Rancourt

Oh, yeah.

Commissioner Massie

And that could explain one of the differences we see between the two countries. But do we have in Canada a population that, even though low in number, could be in that category and that suffer more from the measures?

Dr. Denis Rancourt

Absolutely, absolutely. Oh, absolutely. I didn't say everything we've done. There are 30 articles. But in Canada, it's clear, just to give you a few examples. Even though the mortality is much lower than the U.S., still, quantitatively, there is excess mortality.

So for example, in Alberta, young men at the beginning of the pandemic, when the energy sector was closed down, have a very high excess mortality—above anything else. So there was huge suffering among young men in Alberta that is directly seen in the excess

mortality. This correlates with an increase in homicides, suicides, drug deaths, and so on. So there's tremendous suffering that can be induced from the all-cause mortality in Canada, young men.

Now, there were also many Aboriginal working in that sector. And so we looked at Aboriginals. We found that the highest mortalities among young men were in provinces where there were many Aboriginal people. And not just young men. So there is definitely a correlation in Canada between the fraction of the population that is Aboriginal and the excess mortality. We definitely see that. It's going to be in our next paper about Canada. So that is certainly a fragile group in the same way that disabled people in the United States are a fragile group. Absolutely. I'm sure it's co-correlated with things like diabetes, obesity, and so on. But yes, that's an identifiable fragile group in Canada. So young men whose lives were devastated by losing their jobs in the energy sector and Aboriginal are the two in Canada that we found that were most striking, let's say.

Commissioner Massie

Another question I'd like to try to put in perspective: the magnitude of deaths that are correlating with the vaccines rolled out in the States. And you and other people are coming with numbers in the range of 300,000 over a fairly short period of time. If you put that in perspective with the significant excess deaths measured in the States from the opioid crisis that took place over a much longer period of time— But clearly, that was so important, according to some analyses, that it did decrease the life expectancy in the United States.

So what would be your assessment of the death toll deriving from the vaccine in terms of life expectancy? And how would you compare that to the opioid crisis in terms of death toll?

Dr. Denis Rancourt

When we identify mortality that we conclude is due to injections, due to the vaccine, we actually see peaks that are synchronous with vaccine rollouts, whether it's different doses, and so on. Like I showed you. And that includes in the United States. We see peaks that are synchronous with the rollouts. That's one thing.

Now in order to see that, it has to be strong enough. So there have to be enough elderly people or fragile people that are injected, and so on. The equity program was just shocking in the United States where you really see the peak associated with that. So that's one proof, if you like—even in Canada and in the United States—that the vaccines are definitely killing people.

But the other argument is we always see the same death risk by injection. So we tend to believe that even though the United States is very complex in terms of its mortality—peaks in the summer, all kinds of things,

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and certainly, these other factors that you mentioned—that we expect that the risk of death by injection would be the same in the U.S. That's how we obtain our global number, our global estimate.

Now to be clear, we studied the U.S. in great detail before we first quantified in so many countries this vaccine-death fatality rate. So now, we're more certain than ever that this is a

real number and that it is a given for these types of vaccines. So that's how we estimate our 300,000.

So when I say that the vaccine has caused death, I mean that the death occurred soon after the injection and gave rise to a statistical feature that cannot be there by accident. But that doesn't mean there were not comorbidity conditions. Of course there were. There's age and many different illnesses and if someone is highly exposed to glyphosate, and so on, a clinician would be able to tell you.

So you're basically challenging, I think, the number for vaccine deaths in the U.S. on the basis that there are other cofactors. Yeah, it's true, there are other cofactors. But I have become convinced that this vaccine-dose fatality rate between 0.05 per cent, all ages combined, all the way to 3 per cent for the most elderly, including in Western nations, is a hard number. Every time we do it. And remember: we're doing it for peaks that should never occur there, that are exactly coincident with vaccine rollouts.

Just to give you an example of how much resistance we're getting in this work: The four articles on India that didn't even mention the vaccine rollout. There was a fifth article on India that looked at Bombay, I believe, in more detail, the large urban centre. And they saw the same peak again, but they argued that it was due to the Delta variant.

Now, we looked at that. We were critical of it because when you look at what they actually did, they adjusted the virulence of the so-called presumed Delta variant in order to get the mortality that they were observing. So it was not an *ab initio* determination of the virulence of the pathogen they were proposing; it was adjusted virulence in order to explain the death. That's the level that they are pushing these variants. When I read the literature on variants, I think, wow, this is incredible because they're very small populations that are being analyzed and not selected at random whatsoever. They go to clinics. They're analyzed. And from this they use computer models to, they claim, tell us what fraction of the infections are due to a particular variant. And they make these wonderful graphs with computers. It's completely unreliable.

When you read the methodology that they're using, they admit in all the footnotes how unreliable it is. I am shocked to see scientists reproducing those graphs of how many variants there are and which variants are arising and the proportion of— Making these beautiful graphs straight from these websites that are funded by pharma. I'm shocked to see scientists using them and believing them and interpreting their own studies in terms of the prevalence of these variants. I think it is garbage science. That's my impression. It's not my direct area of expertise. You asked me a question, so I'm overflowing a bit. But I think that the variants stories are garbage. That's me. And I have direct experience of that with India.

Now, there were peaks in Australia. At the same time— If you believe the scientific literature, at the same time that the Delta variant was causing this peak in India, it was the Omicron variant that was causing something in Australia. But really, the peaks in Australia that they were concerned about were exactly coincident with the rollouts of the vaccine. So I did a deep dive into how they determined these variants and decided for myself that it was garbage, and that every time I needed to challenge it, I would: I would look at what they did, and I would point out the errors and the incorrect assumptions.

[01:10:00]

So we did that for India. And I could go on about— Every time I read scientific articles claiming things about COVID-19, I find huge errors. This is bias. It's not science. It's bias. Sorry, I'm going overboard here. I'm stepping outside of my all-cause mortality expertise, but I'm shocked at the degradation of science in general.

Commissioner Massie

Maybe a last question. I mean, your analysis is very thorough, but you're using methods that are pretty standard methods, right? So how is it that no other team has done similar analysis and generated data that would either confirm or challenge your data in a meaningful way?

Dr. Denis Rancourt

Well, there's not a lot in the peer-reviewed scientific literature. A lot of our work is also not peer-reviewed. But there are people looking. There are more and more ad hoc scientists, if you like, looking at all-cause mortality data. And some of them are making very useful comments.

Now, with my statistics background our group was able to develop statistical analysis methods that go far beyond classic epidemiology. Because the classic epidemiological view before COVID was to simply put, essentially, a sinusoidal curve through the seasonal variations and to try to extract something from that. It's not a sinusoidal curve; there's big problems with that. So we had to, in a sense, reinvent the wheel to develop more robust methods that include error propagation and everything. So we've done that.

But any trained scientists of the government or an academic researcher who knows about statistics and understands data can do this. And Statistics Canada does do good work on mortality and does quantitative work and error propagation, so they can all do it. But for some reason they don't want to see it. They don't want to— It leads you— The data leads you to concluding things like, "There was no pandemic," and "The vaccines caused death." And they don't want to see that.

Commissioner Massie

Thank you very much.

Commissioner Drysdale

Good morning, Doctor. I have a couple of questions. You were, in your discussion, talking about different age stratifications and the effects of the vaccines and the peaks and what not. But you didn't specifically talk about probably two of the most helpless—two of the most at-risk age groups—at least, not specifically. And that is babies, both prior to birth and after birth. Did you look at the incidence of death in the womb and death of babies throughout that time period?

Dr. Denis Rancourt

No, we didn't look at it. We confined ourselves to all-cause mortality data that could be obtained on a per age group basis. For example, we have many countries where we can look at the zero to five-year-olds and things like that. But these are small numbers of deaths, relative deaths. You will remember one of the graphs I showed that the relative

increase in all-cause mortality for the youngest group was fairly small compared to the other age groups. So it's hard to detect quantitatively from this kind of method.

However, it's the kind of thing that's easy to do from clinical observations, right? All deaths are recorded and premature deaths, and so on. So other researchers using other methods should be able to do this very well.

Commissioner Drysdale

Yes. We heard testimony, I think it was in Quebec City, from one of the experts with regard to pregnant women getting the vaccines. I believe under questioning one of the witnesses said that it was conceivable that a pregnant woman through the course of her pregnancy could get three shots. The first one in the first trimester, the second one a month or so later, and the third booster just before delivery. They also talked about the correlation: I think it was a statistical correlation between the number of vaccine injections you got compared to the risks. Again, I'm guessing that you haven't looked at those numbers.

[01:15:00]

Dr. Denis Rancourt

Every time I read the safety evaluations done by the pharmaceutical industry in order to get these vaccines approved on an emergency basis, it's like I'm in a nightmare. It's incredible. That's all I can say.

Commissioner Drysdale

Well, one of the other things that came out in previous testimony was that doctors were seriously promoting the vaccines to pregnant women. We also heard that one of the reasons for that is they said pregnant women were susceptible to COVID. We also heard there were no or few studies confirming that pregnant women were. I'm wondering if you looked at the reported mortality rate of women in pregnancy. There are statistics available from Statistics Canada that report—I think the incidence of death prior to COVID in pregnant women was one in 15,000.

I was wondering if you looked at whether there was any kind of increase in that.

Dr. Denis Rancourt

Well, again, that's a specific area of mortality, if you like. Very targeted. And the numbers are small compared to an entire jurisdiction or by a whole age group. So I don't have the resolution to look into those things by the methods that we're using. But I have to say the following thing: When they justify these dangerous medical interventions on the basis that you may get COVID or that you're susceptible to getting the so-called COVID, you have to ask yourself, what the heck are they talking about? Because my all-cause mortality data, which is absolutely robust, suggests that there was no particularly virulent pathogen on the planet. It did not happen.

Now, clinicians and emergency people are wearing glasses where they look for it because they've been told. And they're seeing all kinds of things that they would see at other times if they'd been told the same kind of thing. So they're wearing their COVID glasses; everyone's getting kind of crazy. But in the end, there were not people dying in the street in most

places. There was no particularly virulent pathogen. People have to grasp that. There is no fundamental reason to do anything special. And this is now a completely firm conclusion.

I mean, if mortality cannot be used to draw this kind of conclusion, then we're living in a mad world where whatever they say is true. It's all about whether there was something that happened on the planet that killed people. I can look at all-cause mortality and I can see an earthquake in Chile. I can see a heat wave that lasted three days in Paris. I can see a World War. I can see the Vietnam War. I can see an economic downturn as causing an increased mortality. I cannot see any of the previously declared pandemics after the Second World War. They're not there.

So we have to reset our thinking and start to recognize that the virologists have been exploiting us and have been screaming fire where there's not really anything present, as far as I can see. If we can't go back and look at the actual data of who's dying, where, and when, and what does it correlate to, then we can't do anything.

Commissioner Drysdale

That kind of leads me into my next question. And that is, you were talking about estimated vaccine deaths in Canada and you put that number—estimated around 30,000 people. Being a statistician and interested in history, can you tell me when was the last time something happened in Canada that caused 30,000 deaths?

Dr. Denis Rancourt

Well, it sounds like a lot, but it's not a lot when you look from the perspective of all-cause mortality. In the sense that there's a seasonal variation and every winter far more people die than in the summer. So on that scale—and also the amplitude of that seasonal variation has been decreasing historically since the Second World War. It was much higher and it's been decreasing. It follows the health status of the population, the age of the population, but also the living conditions of the population.

It is dramatic to see in European countries, for example, how big it was just after the war and the very gradual decrease.

[01:20:00]

And then, beyond just the age structure changes, you can actually see large economic downturns and a shift in economics if you like: you can see that as a gradual increase in all-cause mortality. These are big effects. And so even though 30,000— From a forensic point of view, they killed maybe approximately 30,000 people. We're refining that number. They **definitely killed people. This was a huge crime. But in terms of the scale of the mortality for the whole nation, it's maybe not that great.**

Commissioner Drysdale

Well, perhaps I asked that question in the wrong way. Because you have an overall excess in mortality. And a portion of that in your presentation you said would have been caused by some of the measures, some of the other effects of the measures, and some of the vaccines. So in an all-cause excess mortality over that period of time, what was that number, plus or minus?

Dr. Denis Rancourt

Yeah, I think the mortality in Canada— Roughly speaking, because we're still doing the analysis for Canada in detail, I think even though the mortality on a per capita basis in Canada is much smaller than the U.S.—factor five, okay—the situation is similar to the U.S. in that there was a lot of mortality before the vaccine rollout. And then there's a lot of mortality that continues after the vaccine rollout, and there's a good portion of that mortality that's directly due to the injections.

I think that is generally true in Canada, as well. Like the mortality of young men in Alberta happened before the vaccine rollout. And the higher mortality in certain provinces is before the vaccine rollout. And that continues, there's still that trend. So the strongest evidence we have is when you get an actual peak in an unusual place that is directly synchronous with a rollout of a booster or a dose or something like that. It's similar in that sense to the U.S. But Canada is unique in that 2022 is a high mortality year compared to the previous two years. And there are only about 10 or 20 countries that are like that. Canada is one of them.

Commissioner Drysdale

You talked a little bit about Statistics Canada and we had witnesses in previous hearings that didn't use Canadian numbers. They talked about Australia, they talked about United States, they talked about Germany. And what they said was that the statistics available in Canada are not there and they are delayed significantly. For instance, Statistics Canada still has not released final numbers on mortality for 2021.

Did you experience issues with getting the detailed mortality numbers in Canada that this other researcher had?

Dr. Denis Rancourt

Yes. At the beginning of the pandemic, where I wanted to get to work as soon as possible, it was very hard to get good mortality data for Canada—even though many other Western countries, including the U.S., were putting them out very quickly. We wrote to the people responsible in Canada and basically, we shamed them. We said, "Look, here are the other jurisdictions. This is what they're doing. We're supposedly in a pandemic here; you cannot not put this data out." Within a month, we started getting data. I'm not saying we directly caused that, but we were among those that voiced very serious concern about their slowness. But they remain slow and behind many European countries and the U.S.

For example, I showed today the year 2022 for Canada. Well, that came out a few days ago, but it's been out for quite a while in most other places. So it's slow. And there are certain provinces on a by-province basis that really lag behind others. Manitoba is a good example. **They're very slow. We still don't have Manitoba's data. That should be up to date. It's far from it. So when we make comparisons between provinces, we have to leave Manitoba out just because it's so darn slow to get the data. But the national data is reliable and it has just come out for 2022.**

But most other jurisdictions in the Western world have many months more data. So Canada has been slow and I don't understand why that is.

Commissioner Drysdale

Mr. Buckley, after testimony previously, did we not send out an invitation to the head of Statistics Canada or a responsible person in Statistics Canada to attend these meetings and discuss this with us?

[01:25:00]

Shawn Buckley

Commissioner, I can't say from memory if we specifically sent one out to a Statistics Canada person, but I can get that over the break and report back.

Commissioner Drysdale

I appreciate that. Also, Doctor, your statistics deal with what has happened. And when we're talking about vaccine deaths, is it not reasonable to assume that if you're giving vaccines that are causing immediate death, there is a strong possibility, or a possibility that long-term deaths will continue to accrue because of that? And of course, we have no idea what that will be in the future.

Dr. Denis Rancourt

Yeah. In terms of answering that specific question, a more powerful approach is to look at adverse-effect monitoring. In one of our papers, we analyzed the VAERS [Vaccine Adverse Events Reporting System] database. In that study, which is among the studies that I've given you, we showed that there is an immediate peak that lasts a few days right after injection. And then we showed that there's an exponential decay, from the time of injection, of death that lasts at least two months. You cannot have an exponential decay with such an unusual decay time if it's not causally connected to the injection. We're sure of that.

Now, there are probably all kinds of other physiological effects and they may last a long time, and people are talking about accelerated cancers, and so on. What I can tell you from all-cause mortality is that there are many jurisdictions that from the time of the initial vaccine rollout, and where they're maintaining the vaccines, you enter a regime of higher mortality. It's a very definite regime of higher mortality. The summer troughs don't come back down to where they should be. It stays high. That is the case in Australia, Israel, many jurisdictions. So there are clean countries like that that allow you to conclude that there's probably a long-term resistant effect on the death.

And you have to appreciate that from jurisdiction to jurisdiction, it's extremely complex. The populations are different, the treatments are different, the pathogens are different, everything's different. For example, it was a nightmare— We spent years analyzing the U.S. data just trying to understand why each state is so different. Finding the correlations that we did was a lot of work. It's going to be almost impossible from all-cause mortality to say that there are deaths induced by the injections that are a year later, for example. I think that's going to be impossible to say from all-cause mortality.

So I think there, you have to rely on autopsies and things like that.

Commissioner Drysdale

I guess what we're saying is we're never going to know because, as we've heard from testimony, certain jurisdictions have forbidden autopsies on COVID-19 death patients.

When deaths go up in the long term in different areas— Of course, it wouldn't be a year later if there were rapid cancers or something else. You see that happening now, they wouldn't necessarily relate it to the vaccine. You would think that that would still be reflected in an increase in all-cause mortality, but I guess, due to the complexity overall between jurisdiction and jurisdiction and province to province and city to city, we're never going to know the answer to that.

Dr. Denis Rancourt

That's true, but I would add something else. When you study all-cause mortality, you quickly realize that it's a very robust feature of a population. It's really hard to get more deaths than usual. You have to have an earthquake or something really special. So you generally have a certain amount of death per population given the culture and the health status and everything. And that's very robust.

So any of these excess mortalities that we measure, that means something very dramatic is going on. And like I said, we've seen economic depressions, wars. We've seen those things directly. Everything that we see related to COVID looks like a societal transformation that was imposed. That's what we're seeing. It's really about the measures, including vaccines.

This was an assault against people, and it killed many people. That's really the conclusion.

[01:30:00]

I can't see how to get around that.

And the other big thing, which a lot of scientists have a hard time wrapping their heads around, is there was no especially virulent pathogen. There is no evidence of the spread of a viral respiratory disease. In fact, there is counterevidence that disproves that that could be the cause.

Scientists have got to look at our data and wrap their heads around that because many of their sentences start with, "They got COVID, we had to do something." "There is a high probability of being infected." "Which are the populations that are most at risk from getting COVID?" This kind of thing.

That thinking has to be reset. Otherwise, we're never getting out of this and they will keep doing this whenever they want. They will declare pandemics whenever they want. And they will assault the population in these kinds of ways anytime they want, if we don't start resetting it. The way to reset it is to use hard data that cannot be disputed— And that is mortality data.

Commissioner Drysdale

My last question. I wouldn't ask this of any other witness. And the reason I ask you this, Doctor, is because you are not only a statistician, you are a physicist, and that means a particular thing. Physics is a very fuzzy thing and you need to ask all kinds of basic questions and understand where you are going. You are a professor of business, as I understand as well, so you look at a broad range of things and causes.

And so my question to you is this: Why? Why did they do this? Why did they potentially cause the deaths of millions and millions of people worldwide? And I know the statistics numbers don't give you this answer, so I'm boxing you into a corner here, Professor.

But I'm asking: when you were looking at these numbers and you were seeing these conclusions, you must have asked yourself, or your team must have asked, "Why?" I would like to know what those discussions may have been. If you're comfortable—

Dr. Denis Rancourt

I don't know if I'll let you into that room.

One of the articles I included in my book of exhibits is an article I wrote in 2019, which is about geoeconomics and geopolitics since the Second World War. I believe that that really gives the proper analysis framework to answer a question like that. I believe that this was a military rollout of an injection. I believe that it was— They wanted to be able to practise and demonstrate that they could inject everyone. Many commentators have said, "Why would they want to inject people?" And injections are the most powerful bioweapon in the sense that you don't have to rely on transmission of a disease which could affect your own people and this kind of thing.

You're directly injecting the body of a person with something. That is a very powerful thing to be able to do. For the military to be able to roll out injections of an entire population is a very powerful thing. You can target certain groups, you can target certain jurisdictions, you can do whatever you want if you have a way of injecting everybody, in a military rollout, very quickly.

Now, therefore the injection itself can be a weapon. But also, it can be the antidote to a bioweapon. So it can be a way of providing an antidote to your population of a bioweapon that you have released. We're talking about biowarfare. In my view, this was an exercise in biowarfare. And the Russians have said that plainly. They have talked about the bio labs that are in Ukraine that they have now taken and have all the data for. They have talked about what's going on here. And they have given historic examples of bioweapons and what it looks like when they're used.

So this has been analyzed by other countries. Our media don't talk about it. But in my view, geopolitics did not disappear like they'd like us to believe. Geopolitics has been continuous and is the biggest wheel that drives the world. When you analyze it, you see what happened when the Bretton Woods Agreement was withdrawn from by the U.S. unilaterally. You see what happens when the USSR dissolved. You see huge tectonic shifts

[01:35:00]

in the economic structure of the planet and how populations are affected by that in Africa, Latin America, elsewhere—including Europe, Japan, and Canada. Canada had many social economic transformations as a direct consequence of the dissolution of the Soviet Union, and the accelerated so-called globalization that occurred immediately afterwards.

So these are the big trends and war is a big part of it. The Pentagon has said it is going to destroy China in the next 10 years. The biggest part of the Pentagon budget right now is to encase and encircle and isolate China. There's a military base and naval presence like we've never seen before around a country that is thinking, what do we do and how do we defend against this? And can we sign an agreement with Russia to have these supersonic weapons that destroy ships? This is the level that these people are thinking at right now. So, COVID is just part of that. It's just part of that. In my view. That is my view. I've dared to talk about it. I've analyzed it from my perspective, but it's just an opinion.

Commissioner Drysdale

Dr. Rancourt, I'd like to thank you for that testimony, your courage to give that testimony. It gives a perspective to this whole thing.

Folks sitting in the audience, including myself, when you're watching the numbers—and I have a numerical background, it has a certain meaning. But when you put it into human terms the way you just did: that's probably the first- or second-most chilling thing I've heard in the last 20-some odd days of testimony. Thank you, sir.

Dr. Denis Rancourt

My pleasure.

Shawn Buckley

Denis, there are no further questions from the commissioners. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

Dr. Denis Rancourt

It was my pleasure. It was my honour.

[01:37:30]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 2: Natasha Gonek

Full Day 1 Timestamp: 02:17:50–02:59:45

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

So our next witness today is attending virtually, Natasha Gonek. Natasha, can you hear me?

Natasha Gonek

Yes, I can hear you. Can you hear me?

Shawn Buckley

Yes, we can hear you fine. I know that you have a slide presentation that also introduces you. But I want to, after I swear you in, introduce you a little bit. But can we start just by having you state your full name for the record, spelling your first and last name?

Natasha Gonek

My name is Natasha Marie Gonek. First name is N-A-T-A-S-H-A. Last name is Gonek, G-O-N-E-K.

Shawn Buckley

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

Natasha Gonek

I do.

Shawn Buckley

So my understanding is you have a lot of experience in investigation and regulatory colleges. You have been a workplace health and safety advisor. You have worked at the Office of the Chief Medical Examiner as an investigator. You have worked at the Alberta

College of Paramedics as a senior advisor, complaints, and investigations person. You have worked at the College of Registered Nurses of Alberta as an investigations officer [Exhibit OT-6].

You are currently a consultant, advisor, and advocate, and you are here to share with us some of your thoughts and findings concerning colleges and changes in their disciplinary procedures. So I think I will just ask you to start explaining that to us.

Natasha Gonek

Great. Thank you very much. All right, so I'm going to share my presentation [Exhibit OT-6q], and I do have some additional appendices, so hopefully they'll move smoothly as I go through them. Can you see my screen now?

Shawn Buckley

We can see your screen, although— Yes, now we see your slide.

Natasha Gonek

So you went through some of my background. And I'd just like to add a little bit to what I've been doing since the end of my employment, for not consenting to providing my personal medical information, as an investigations officer.

I have been consulting, advising, and advocating for professionals, patients, and their families. You know, this has included advising in relation to regulatory complaints, union issues, patient care concerns, and other employment-related issues. The level of harm that I'm witnessing due to everything from the COVID measures— It ranges from patient death, neglect, refusal of care for not submitting to either testing or masking. You know, it's abuse. There are suicides, alienation, inappropriate care from regulated professionals, and refusal of care because of vaccine injury. And then disciplinary action by employers and regulators, and this is what I want to get into today.

Okay, so like many others have testified here, I've been gathering information and evidence since COVID came into the picture. As an investigations officer at the time, I really looked at what our role in the investigation is—

Shawn Buckley

Natasha, can I just stop for a second? Can you turn your volume down a little bit on your side? Because we're getting an echo coming back.

Natasha Gonek

Sure. Hopefully that helps.

Shawn Buckley

No, I think we wanted your volume turned down a little bit.

Natasha Gonek

Yeah, I did turn it down on here.

Shawn Buckley

That is a little better, I'm sorry to interrupt.

Natasha Gonek

No, that's quite all right.

The first thing I want to talk about is the actual role of a regulator because I'm not sure that the public is well aware of what these regulatory colleges are. So just a brief little outline of what the colleges do.

So the colleges are private, not-for-profit corporations. It does vary with the setup a little bit, province to province. I'm just going to speak in some generalities. They are designated to self-govern the profession in their province. In Alberta we have the *Health Professions Act*. And the very number one mandate and role of the college,

[00:05:00]

probably the most important thing for people to understand as I share information, is that "the college must carry out activities and govern its regulated members in a manner that protects and serves the public interest." It's for this purpose that the colleges are 100 per cent membership funded. They do not receive any government funding, and the regulators are to be independent from the employers in the industry, any stakeholders, and are not to operate as an extension of the government. They are actually there to provide the oversight of the professionals that they regulate.

And so the oversight during the pandemic as this started to roll out, when, as an investigator, I looked at it: we had more obligation to protect the public at that time and even more obligation to ensure that the public was properly informed and that members were properly instructed to continue with open discussions—to discuss what they were seeing on the front lines. And number one, to make sure they were still acting in the best interests of their patients no matter what direction they were being given.

So I have a slide here to bring up first, and it is from the Canadian Nurses Association. In Canada, the Canadian Nurses Association sets the code of ethics and standards of practice. And these are adopted across Canada by most of the provinces to ensure consistency. This organization has put out a document called "Nurses' Ethical Considerations During a Pandemic." And for the purposes of this presentation, I have just cut and pasted page eight of this, and I have highlighted some sections on it that are extremely important.

I want people to keep in mind some of the previous testimony that they have heard, **especially from nurses who are being disciplined by their college, when I read these highlighted sections.**

The Canadian Nurses Association code of ethics establishes dignity as a primary nursing value. They go on to say here:

While nurses and nursing students are the primary whistleblowers in the healthcare system, too often they face negative consequences for speaking up about ethical issues in their practice. This potential for negative reprisal has a silencing effect on nurses' voices.

And yet, when we look further, there was a final report after the Ontario SARS Commission and they stated that:

Ethical practice is supported when health system administrators and governments listen to and act on the concerns raised by nurses, other care providers, and the unions that represent them. Nurses' voices are an essential resource in preventing and mitigating the harms a pandemic will cause to the dignity of people in their care.

We've heard a lot about the actions and the harm of vulnerable people and this ethical consideration actually addresses this as well. It says:

Vulnerable people, such as residents in long-term care, do not lose their right to be treated with dignity and respect, even in pandemic circumstances. In all situations, especially during a pandemic, it's essential that the health-care environments encourage nurses to use their voice. Such an environment "sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns."

They specifically identified the COVID-19 pandemic and said that "some nurses are speaking out through the media."

Nurses must not be made to fear using their voice in this way. Because nursing is one of society's most trusted professions, nursing administrators, regulators, and professional associations all share the responsibility to support nurses in speaking the truth about what's happening at the forefront of the pandemic response.

I think that document probably echoes quite heavily with a lot of the people listening who've heard the stories and witnessed,

[00:10:00]

even in their own groups of people, the practitioners that are being disciplined for following the guidelines of those who write their code of ethics for their profession.

So the big question is: Why are the regulators choosing to operate in a manner that actually questions their ability to self-govern the profession in accordance with their legislative requirements? I've been asking this question from the beginning: Where's the direction coming from? And why are they just going along with that instead of properly advising the profession?

So when looking at the regulatory structure, the thing I'm actually going to address right now is some information that hasn't been presented, as far as I'm aware, before. I haven't seen it in any other testimony. And it's related to fees. The regulatory structure specifically keeps the colleges and the regulators out of setting fees. They must not set fees and negotiate for any of those treatments for service or act as an agent for that.

And so at this point, we're going to move into the first of the examples that I have on that.

This was a document put out by the Alberta Healthcare Insurance Program [Exhibit OT-6c]. So just a little bit of a background: healthcare professionals in many fields have billing codes and they're able to charge fees and that's how they're reimbursed for their services. Nobody's saying that there's anything wrong with that. These professionals, however, are

very aware of their obligation to ensure that they're only performing and billing for care that the patient requires and has consented to.

So the regulatory bodies in this case are responsible for ensuring that the regulated members are following proper billing practices and that they're investigating complaints related to improper billing or fraudulent billing. And the regulatory bodies would also be responsible for cautioning their members should the government put out a fee for service that may put their members into a position of a potential ethics or practice violation.

And there's an overarching principle that we look at when doing an investigation when there's a fee for service involved: just because you have a billing code, just because one is provided and you can charge a fee for that service, does this mean you should? Does this mean they should have? And so when we look at, from an investigative standpoint, that being provided, it does raise flags here in relation to the fees I'm putting up now.

The Alberta Health Care Insurance Plan put out this COVID-19 Vaccine Awareness Program. Now, just prior to this coming out, our Chief Medical Officer of Health had publicly discussed the need to identify low vaccine uptake areas. And also, please remember: The Alberta government was offering in June of 2021, \$3 million in a lottery, so three prizes of \$1 million to uptake more vaccines into people. Later, in September of '21, it offered a \$100 gift certificate for anybody who took the shots. So there was a lot of incentivization going on at the time.

This bulletin went out to physicians. Hopefully it's easy for people to read, but this came out July 2nd, 2021. And I would like to scroll down to the "Physicians in Targeted Areas." So this is where local geographical areas were identified by the Alberta Health Care Plan and the officials. And I'd like people to take note of who was being targeted directly with this billing code.

And I'll go into what the criteria was for the physicians. So the detailed notes of this were: "telephone advice and counselling to a patient or their agent regarding COVID-19 vaccine."

[00:15:00]

And the billing code allowed them to bill \$20 for that telephone advice. It was a temporary code to support COVID-19 vaccine uptake in local geographical areas where vaccine uptake is lower than 50 per cent. And those are those previously identified in the table above.

There were some criteria that the physicians had to follow: that this [fee] could only be claimed for a patient who had not yet received a first dose of the COVID-19 vaccine; and it could only be claimed when the physician provided the counselling or education to the patient or their agent regarding COVID-19 vaccine, and that the physician or a qualified health care professional determined the eligibility of patients for the COVID-19 vaccine by accessing their immunization status, and that would be on Netcare.

Now, when I saw this information come out—and it's not easy to find—it raised a significant flag in the process that was involved in being able to access and call these patients. So this is a position already where there's an imbalance of power between a physician and a patient. These are patients who are not asking to have their doctor look into their COVID vaccination record; they're not consenting to that. They're not consenting to the nurse accessing that record, or whoever that other agent might be with access permissions to determine their eligibility.

And then the phone call from the physician, where the patient hasn't asked for that to occur. Those are all very significant patient/doctor issues that really could lead to some pretty heavy coercion or the inability for a patient to feel like they can say no. It really does damage that physician/patient relationship if that individual did not want that consultation and did not want to be assessed in that manner.

Shawn Buckley

Can I just stop you for a second, Natasha? So this billing code is also for promoting the vaccination, not for giving advice as to whether or not you should be vaccinated. Am I right about that?

Natasha Gonek

That's correct—and this was not for providing the vaccination. This was simply for calling and providing education. It was their awareness program. It was for them to call and provide education to that patient.

Shawn Buckley

Okay, thank you. Go on.

Natasha Gonek

Then there were two other bulletins that came out from Alberta Health Care. One was July 16th [Exhibit OT-6a], opening it up, and it was also relaying information, and opened it up to all physicians in the province. These were also allowed to be retroactively claimed. And then I did find one more bulletin, August 17th, 2021, again related to the same program. And then they were allowing an extended time to be able to bill for that service. So the criteria did not change.

Now, the other billing code that I want to address is in relation to pharmacists. I'm not sure if pharmacists themselves actually had a code for calling people. However, I have spoken to many seniors who did inform me that they received a call from their pharmacy. They were told they were eligible to book their COVID-19 vaccine, and they had said they didn't ask for that phone call.

It would be interesting to be able to go in and see all the billing codes that were provided. And in that, it would probably be the easiest investigation to complete because anybody who was participating in doing this would be tracked based on all their billing, plus all their access to the system,

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where they're inappropriately looking into a patient's medical record without being asked for that assessment.

In relation to the pharmacies, the pharmacies had a program set up. And I will apologize for the look of this document [Exhibit OT-6j], but every time I open it, the document seems to degrade more. I'm not sure what that's about, but I've tried saving it about six times now.

This is a bulletin put out by Alberta Blue Cross. And there was a program set up in Alberta, Alberta COVID-19 Pharmacy Immunization Program. And there were a bunch of bulletins

coming out. And this one was from March of 2021, where the pharmacies could enroll to participate in this program. And they actually had to fill out a form and sign up, and there was some training involved for them and their staff to be able to be considered for expansion into providing vaccines. This document did not talk about any of the fees involved; however, when we moved forward into April of 2021, the next bulletin did indicate the fees that were coming [OT-6g].

And I'll just briefly say that pharmacies do administer publicly-funded vaccines and they are compensated for that. So that's not uncommon, that's not inappropriate; it is part of what they do. In Alberta, the publicly funded vaccines are influenza, pneumococcal, and DTaP, and the fees for those had just been increased to \$15. There was a ministerial order in March 22nd of 2022 for the increase—a couple dollar increase for those vaccines. However, when we roll out to this pharmacy immunization program, we now go down and there's codes for everything, for every age group eventually, that were added. But here's the claims process. And it's first mentioned in this April publication that claims for COVID-19 immunization will be eligible for a \$25 per service fee. There's a question here as to why, when pharmacies are already provided with the ability to provide these publicly-funded vaccinations, and they already had a fee schedule in place: Why was there a \$25 fee added for pharmacies that actually provided the COVID vaccine? And only related to the COVID vaccine, there wasn't an increase across the board.

In May of 2021, there was an update to this [Exhibit OT-6p] and this update is quite interesting. Because here, they announced that Alberta Health has applied a premium of \$10 per dose, increasing the fee from \$25 to \$35 for COVID-19 vaccination administration on a Saturday, Sunday, or statutory holiday. And they were able to retroactively bill for that increased fee. And you can see that these are Blue Cross documents.

Again, I haven't edited them; they're degrading on me for some reason. So there's not an issue with being reimbursed when they're providing care. But when you're looking at fees, you're looking at incentivization. And when you're personally witnessing advertising in your community and on social media for clinics: "this weekend we're going to have a clinic related to COVID-19 vaccine at such-and-such pharmacy." There were signs all over our neighbourhoods, there were signs on our social media pages, and there really needs to be a fulsome look at why. Why was this occurring? Why was the incentivization there? And why was there no oversight on this?

[00:25:00]

And doctors and nurses and pharmacists who were giving vaccinations: What other incentives were they potentially receiving? I think that's also something that needs to be looked at quite heavily. When healthcare providers are given a code by the government, **when a professional is given that opportunity to charge for their service, they are then knowingly making a choice to participate and follow whatever the steps are in order to obtain that.**

I want to make that really clear: these aren't people doing this without the knowledge of what they're doing; without knowing that they should be considering whether what they're doing to access patient records and cold-call patients, or put in for those extra fees and run extra clinics on a weekend. They have knowledge of what they're doing. So I believe that there really does need to be an investigation that traces that flow of money.

And we didn't just see that in healthcare; we saw it with governments, with service providers, with foundations, institutes, employers. Were the professionals actually cautioned over their ethical violations by their regulators?

There's a federal document I'm going to share that actually links into some of this [OT-6t]. And I encourage everybody to go to their regulator's website and look at the communications that went out. There were very specific communications going out, directing physicians, directing patients, telling them there's very few exemptions for any of these mandates, and really giving inappropriate communication about what should be discussed, and that other members should report somebody if they see that they're discussing something outside of the given speaking points of their health agencies.

Now, this fund actually gives some overarching look at where some of this information and where some of these programs might have come from. And I'm not sure if anybody's ever looked at this page, but it was actually kind of stomach-turning to go through and see all of the agencies, the institutions, the educational institutes, and who they're targeting.

I wanted to bring this in because it might close some of the gap on what we're seeing here. And I'm going to identify just a couple of lines out of here: "Through the Immunization Partnership Fund [IPF], the Government of Canada is helping close the gap among populations with lower vaccine uptake by enabling informed vaccination choices." So that's the purpose of this fund. And I'm only going to highlight the first point on here because it states that "This funding is designed to protect Canadians from COVID-19 and other vaccine preventable diseases by supporting our health partners in three [priority] areas." And again, the first one is the most significant. It says to: "Build capacity of healthcare providers as vaccinators and vaccination promoters."

Now, let that sink in for a minute. I mean, this directly undermines the duty of care that healthcare providers have when handling their patients. This type of statement looks to the grooming, the funding of education programs for professionals, so that they're pushing pharmaceuticals and government messaging. And again, I encourage every Canadian to go look and see where their \$45.5 million in funding went to. And I mean, you can just look at some of the first ones: Alberta International Medical Graduates Association. And they were targeting improving COVID-19 vaccine literacy acceptance among newcomers.

There are specific groups identified in here: native communities, black individuals. They have newcomers, they have long-term care targeted. They have youth targeted, pregnant women. The list goes on for pages and pages. Please go and look at your regulator's site

[00:30:00]

and to some of these documents that I'm pointing out. I'm not sharing anything that isn't publicly available. Some of it's just really, really hard to find.

When we look at all of this, the biggest part here is: How did our regulators fail? The biggest part, the biggest question, and the biggest thing that I've seen in the people I've been helping, the patients that I've been helping, and helping guide in the system is: Whose interest did these regulators act on when they were directing their members to only convey the government and health authorities' messaging? And that is very clear on the regulator site.

And there are a few that didn't put out communications to their members. Well, your silence as a regulator there, if you weren't saying anything and thought that that was okay as well, it's not.

Shawn Buckley

Natasha we're getting a little tight on time. I'm just going to ask you to focus as we move along.

Natasha Gonek

Yeah, most definitely. So you know, there was interference in the physicians and in their ability to treat their patients and direct their care—as well as in other caregivers. These regulated colleges have a check and balance [function] for our system and that completely failed here.

The disciplinary processes have been compromised, and there hasn't been procedural fairness awarded to those who have complaints against them—and I've been a direct witness to that. So every complaint that comes into a college needs to be addressed. But it needs to be addressed from the merit of the complaint, the risks to the public, and the violations of that professional's obligations.

But the regulator's role really must come before the parroting of the health authorities, those medical officers, the government, and media messaging. Because if they're not providing a check and balance, who then is watching over and making sure that they're following their first mandate: to protect the public?

I'd like to just close by saying that government regulators and health officials as well as the media "armed" medical professionals—and professionals in other fields and employers as well—with messaging that convinced them that it was acceptable for them to violate their code of ethics, standards of practice, and the laws of our province and our country. And they did it all under the guise of public safety.

Those people then used their free will to choose to act as agents to inflict that harm—whether it was mental, physical, social, psychological, or financial—on their patients, families, employees, customers, or their friends.

The level of harm that I've witnessed in our population could and should have been stopped, had the governance part been doing their job. I think the public should really seek to have some independent multidisciplinary investigation teams assigned to conduct some audits and to conduct in-full, wholesome investigations. You know, if we're going to hold some accountability. And everybody's seeking accountability—

Shawn Buckley

Natasha, I'm just going to ask you to focus again, just because we're tight on time. Can I turn you over to the commissioners for questions?

Natasha Gonek

Most definitely.

Shawn Buckley

And the commissioners do have some questions.

Commissioner Drysdale

Good morning, how are you?

Natasha Gonek

Not too bad, how are you.

Commissioner Drysdale

I want to make sure that I understood what you said. Did you say that a normal vaccine, like when they give you something that wasn't the COVID vaccine, they get about \$15, \$14, \$15 for that?

Natasha Gonek

Yes, that's correct. It was \$13 and that was changed, in Alberta, to \$15.

Commissioner Drysdale

Okay, so if a doctor was to give us whatever vaccine apart from the COVID, it was \$15.

Now if I understood you correctly that in Alberta, if they gave you a COVID-19 vaccine on a Sunday, they got \$35. And if they phoned you the day before, they got another \$20. So they were making \$55 a vax in Alberta under that program. Is that correct?

Natasha Gonek

So the \$35 was for the pharmacy fee. That \$20: there may be a fee for the pharmacist. I have yet to be able to find any fee schedules,

[00:35:00]

they're really hard to find. However, that \$20 fee was for the physician to contact a patient in relation to going for their first shot.

Commissioner Drysdale

So the doctor gets paid something for giving a vax, we just don't know what it is. And the \$20 for the phone call is above and beyond that, is that correct?

Natasha Gonek

That is correct.

Commissioner Drysdale

You also talked about this federal program, and you showed one organization in Alberta—at least when I was looking at the slide—they got, whatever it was, \$499,000. Did you look into the ownership of those organizations that were receiving the money?

Natasha Gonek

I have very briefly. But if you go to that site, you can see it's pages and pages and pages of organizations. And that's, again, one of those things as an investigator that I know I'm going to deep dive on when I have a few moments to do it. There's a very important link that, once I start diving into some of these documents, you see some of the organizations that are linked to it or people that are linked to it. And you see where that funding goes, you get that "COVID-19 to zero" kind of group. And you see there's pretty consistent funding when you start looking at the agencies. So yes, I haven't looked at it, but it is on my list to do.

Commissioner Drysdale

You also talked about programs. Generally speaking, we're talking about programs that were either from the Alberta government or the federal government, which were focused on promoting the vaccine. Did you find any programs, financing for doctors, to educate themselves about what was in the vax, what were the side effects of the vax, so that they could properly inform their patients, so they could make an informed consent?

Natasha Gonek

No, I did not see that. The only thing that I have found is, often on the regulator's websites or the associations' websites, they are linking back to Canadian government forms and documents. And it'll be deeply embedded in there.

Some of them are actually providing that link to the adverse event reporting system within Canada. I know the surveillance in Alberta has significant lists. I mean, it's probably 20 plus pages of adverse events that they're looking at, but nothing specific that educated doctors that I've found so far. It really is bumping them back to the Canadian guides that have been put out by Health Canada.

Commissioner Drysdale

In your words then, they were promoting— They were spending lots of money to promote it. They were spending money to inject it, but they weren't really promoting the—I don't know what you would call it—the owner's manual about the vax?

Natasha Gonek

Not that I've seen.

Commissioner Drysdale

Thank you.

Commissioner Massie

Thank you very much for your presentation. I'd like to summarize what I think I've heard from your talk, which is to some extent: If one agreed on the premise that we were in a very dangerous pandemic that needed to be contained using this unique approach, which is the massive vaccination, if one puts the right incentive in place—both positive to reward people that are going to engage in vaccination and to some extent negative for people that would do anything to undermine the vaccination—you end up with pretty good scores in terms of numbers of people being vaccinated.

My question is: To what extent does the regulatory framework call people to question the premise of this major social engineering that took place? And that to some extent on the positive side can show that a good collaboration between government and private sector can actually yield some very, I would say, positive results if your goal is really to deploy the vaccine rolled out?

[00:40:00]

But on the other hand, at the get-go, what's the countermeasure that could actually question the premise of the whole enterprise? Is it something in the framework of the regulator or in the culture of people that are working in these environments that could or should actually question the premise?

Natasha Gonek

Well, in the regulatory framework, these regulators had the responsibility to question what was coming out from government, right? Their mandate to protect the public and regulate their members isn't just to adopt the government message and adopt the government programs and to push the implementation of them.

The only way that the regulatory framework works is if those regulators are able to critique and criticize and push back when there is, number one, the potential for harm, or if the messaging puts their members into the position where it may create harm. So, you know, the regulatory function in this case just completely imploded.

Commissioner Massie

Thank you.

Shawn Buckley

And Natasha, that being all the questions from the commissioners on behalf of the National Citizens Inquiry, I sincerely thank you for attending and giving evidence today.

Natasha Gonek

Thank you for having me.

[00:41:59]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 3: Cathy Jones

Full Day 1 Timestamp: 03:10:07–03:33:33

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. As we recommence Day 1 of the Ottawa hearings, I'm pleased to announce our next witness, Cathy Jones. Cathy, can you please state your full name for the record, spelling your first and last name?

Cathy Jones

Catherine Frederica Jones; Cathy, C-A-T-H-Y J-O-N-E-S.

Shawn Buckley

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

Cathy Jones

Yes.

Shawn Buckley

Now you're a fairly well-known media personality. Can you share with us a little bit about your career?

Cathy Jones

Yes, I'm from Newfoundland; and, as an actor and comedian and satirist and writer, I worked on CBC [Canadian Broadcasting Corporation] from 1986 in a show called "CODCO," where it wasn't strictly about the news. And then in '93, we started doing "This Hour has 22 Minutes." And I spent 28 years on that show—because I don't know when to quit, I guess.

Shawn Buckley

Right, so for people watching internationally, “This Hour has 22 Minutes” was a syndicated comedy program. You worked on that for 28 full years. Now, you were still there when COVID hit. You weren’t there for that long. Can you tell us what happened to “This Hour has 22 Minutes” and, I guess, basically the CBC that you experienced when COVID started to hit?

Cathy Jones

Yes, well, 22 Minutes was just basically trying to comply with the mandates and the protocols that came down with the pandemic. In March, as we were leaving work in 2020, we were off for the summer. I heard talk of a pandemic that was happening. And I was like, “Really? Okay.” I went back to work in the fall 2020, and I was a complete rebel with all of the rules and all of the stuff that was happening. It struck me as completely crazy-making that they would take my temperature to go into work. I fought this every day. I had a really rough time those last six months, and not because these people weren’t trying to be kind and wonderful to me, but because these protocols— I found them insane.

First of all, I’m a person who comes from a background of natural health and working with my own body. And I would be a person that wouldn’t take a flu shot because I’d be looking at the ingredients and stuff like that. So when I started investigating what was going on with the shots and what the PCR test was and all that, I was a pretty difficult person to deal with. Watching an audience watching comedy wearing masks was just like— I think there’s an emoji on my phone of a giraffe with its brain exploding, and that was me.

I found it really, really challenging. Just before that I had been reading a book by James Nestor called *Breath*, about how it’s important to breathe through your nose. The nose actually has all of these great qualities of having nitric oxide in it and these little hairs and everything, and the nose would block viruses. If we just breathe more through our noses, everything would be okay. The whole dismissal of the human body as capable of handling itself if it was healthy really jarred me. And I found it particularly offensive when people say, “Would you put that mask up over your nose please?” And I was like, “But the nose works!” You know, “The nose works for humans.”

So the whole thing just really— I hung in. I really was not fired for not taking a shot or any of that stuff. I was going to be leaving anyway. I just left a couple of weeks early because I was just breaking down. When they would say, “It’s time for your test,” I would start to like, look around. At some points I would actually look at the vent in the ceiling and think, “Maybe I can go out through that vent!”

I was really finding it very irritating. I was shocked. I realized how many people have spent their lives thinking “the doctor is right” and “the government is good.”

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And I was like, “the government has never made any decisions except for based on profit.” And if you think this neighborhood should be preserved, if a guy comes in with money, they’re going to build condos there. And your beautiful buildings are going to be gone. The government— All of a sudden people who should have a healthy— You know, we used to make fun of the government. But suddenly it was like, “They’re right this time.”

And you know, I think it’s because of the fear, I think they made people afraid. I was listening to Robert Kennedy early on and he was like, “As long as people are afraid, they

will do anything. If they think they're doing the right thing, they will do anything. And a man will never believe a fact if his salary depends on not believing it."

There are all of these things that happened that I was insanely aware of. Of course, I was whipped up into somewhat of a frenzy. A lot of us, when we realized what was happening in this country, went into a complete overdrive that made our children get some help or something. Over the last three years, I think we've integrated the information and we've found a way to be within it. But it was a rough, rough couple of years realizing what was happening in this country. And being so shocked that more people—

It takes a long time to adjust to the fact that many people that previously I was intimidated by because they were "intellectuals," really didn't understand what was happening at all. It was really shocking to me.

Shawn Buckley

Right. You left the CBC early and you were very frustrated with the attitude they were taking. Now, after you left the CBC, what was your experience of the pandemic? You went back to Newfoundland.

Cathy Jones

No, no, I live in Halifax.

My experience was—and is today—that healthcare is in shambles. You only have to look at the documentary about Bernie Madoff to talk about regulatory boards. The regulatory boards have been asleep at the wheel forever, and everybody seems to be bought and owned. And I'm completely devastated by— Anytime that I turn on CBC and hear them whipping up the fear, it was just— The whole thing was crazy-making.

And then in 2021 finding out who was taking the shots, people that I loved, and being really scared for them. It's been a rough ride for many of us who saw what was going on. I feel like the media is complicit in a very disastrous scenario in this country.

Shawn Buckley

I just want to follow up on that because I understand your career was as a comedian, and yet you were at the state broadcaster for 28 years. So I imagine there was a culture there, and you kind of just vicariously would have known about their approach to journalism. We've heard from Mr. Rodney Palmer about a change, and I know we're going to be hearing from another witness tomorrow about a change.

And I'm just wondering, first of all, did you see a change in the culture with COVID at the CBC both when you were there and afterwards? And if so, what you thought about that?

Cathy Jones

Yeah, you know, we were free to be satirical. We were free to mock what was happening. I don't think a lot of people see what's happening in this country. What kind of country do we live in, and what is Canada becoming, when we can't— It gets pretty serious if people have been cancelled.

I mean, I'm pretty exasperated with the lack of coverage of what's really going on in this country. I wasn't part of the journalistic side of things, and I prided myself on not listening to the news. Which was kind of like, that's just my style. It's pretty disgusting what's happening:

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that doctors who have dedicated their entire careers to science have lost their jobs and been disciplined for speaking up about things that make sense; that doctors whose patients maybe have a better outcome but they aren't adhering to the rules are doing okay. But doctors who actually have better patient outcomes are losing their jobs because they actually want to be healers.

There's never been a more crazy-making time in the history of the world, I don't think. And I'm shocked that CBC is still— You know, I listen every now and then to see what they're saying, and I hear them being sort of chirpy and kind of podcasty when they say things like, "Hey, the battery for the electric vehicle is going to weigh as much as the world!" And then they're like, "But, I guess that's just the way she's going." I don't understand why we aren't going, "Hey wait a minute, let's do some journalism here, and let's figure out what's really going on here." We're not really doing any investigative journalism in this country anymore.

If Mr. Johnson gives a lot of money to the country club, you don't get up at the talk and go, "Look at that guy!" You don't make fun of your sponsors. And unfortunately, that's the way we've gone. And I've been horrified— If your brother did a B&E [breaking & entering], he wouldn't be able to get a job in this country. But criminal pharmaceutical companies who have paid the biggest fines in history are able to offer anything. I don't inject things from criminals, I just don't. And these people shouldn't be able to walk the streets let alone tell us, mandate their product.

This is a dangerous situation that we're in. And it freaks me out, yeah.

Shawn Buckley

You're starting to become active. You're starting to do things to kind of try and wake people up, reluctantly. But just tell us what's going on with your mind and the journey that you're experiencing there.

Cathy Jones

You mean, am I becoming an activist?

Shawn Buckley

Yes.

Cathy Jones

I don't know! Obviously, you can tell that I'm a neurodiverse person. I have severe ADHD. I find it hard to be concise. But you know, there's nothing else to do. What I feel is that a lot of people who have an intuitive sense of what's going on, we're not the typical intellectual "straight people" as I used to call them. We're actually kind of the rebels and the black

sheep. A lot of us who meet each other realize that we are— We're not the people in the family who would do things in a very sensible way.

What we need, I feel, is to come back with simple messages. Like the messages people are getting through the narrative, "Do the right thing," kind of thing. I think we need to come back with a campaign of advertising to battle the advertising like, we've got, "DuMaurier is the best cigarette for pregnant people." We need to come back with, "Hey, have you thought about this?" We need messaging. And I would like to connect with other activists in the East Coast and start these campaigns of information.

And I think we need to work locally. I think that there are so many things that our government does without consultation. They need to be brought up short on what they're doing. City councils and local governments, we need to start locally. They put smart meters on our house and interfered with our electrical system; they never asked anyone. They don't ask us when they've increased the electromagnetic fields with small cell microwaves. They haven't asked us in this country for a long time.

There's nothing to trust about this government. And I'm on board with— Everyone feels like, "What are you going to do? What are you going to do?" The truth is this government has never been our friend really, and they've just been pretending. Now their true colours have come out. They really don't care as long as they're making a ton of money. And as far as I'm concerned, the money is in vaccines and the money is in telecommunications. And the people's health can just—who cares?

So, I'm crazy, as you can tell. But the government made me that way. Two years before this happened, it was worse than smoking for old people to be alone, to be isolated.

[00:15:00]

Two years before this happened, children should eat more dirt. Suddenly, everybody's taking the microbiome off their hands, everybody's not breathing properly, and they're not allowed to express themselves. The whole thing horrifies me on such a level. The isolation of old people, all of it goes against human life. We need each other. We need to breathe each other in. We need to smell each other. We need to be with each other.

And Canada is proving to be full of classist, ignorant people. And I'm worried for Canada unless these people wake up. The only way they wake up is when they have somebody in their family who they can quite clearly see was injured.

And people think that they're in with these guys, I think Canadians think they're "friendsy-wiendsy" with these people. But the fact is in a totalitarian regime, which this is quickly becoming, you're nobody's friend, really. There's no play there. You'll never please a psychopath, right? No matter how fast you dance, there's nothing you can do. Eventually they come for you. And there's no way to win in this situation. They really need to be, like, knocked back a couple notches. And the Members of Parliament, I don't know where they are but, if they'd stand up for the people, they'd still have a job in the future.

They're not going to have a job in the future sticking with this guy. The guy who's the prime minister up there? That guy—he's approximating human behavior.

Now I said bad things about the prime minister, so I won't have much of a future.

Shawn Buckley

Well, thank you. Those are my questions. I'll see if the commissioners have any questions for you. And there are.

Cathy Jones

Oh, hi.

Commissioner Massie

Thank you very much, Mrs. Jones.

Cathy Jones

Yeah. Thanks.

Commissioner Massie

My question is— I kind of relate to what you comment on. My question is, there's going to be a next time. So how do we prepare for that?

Cathy Jones

Well, if the people that are starting to wake up now know that we are here. And we have studied protocols. I think that we need to come back together, you know? People need to trust—trust the black sheep of the family. Trust us. We're here.

I don't know what we do next time, but I hope—gosh, don't tell me there's a next time. Oh, God. You know, that's the crazy-making part of all this, is that, there didn't seem to be— I think you wear yourself out trying to talk sense into people. If we can turn the tide so that people do become aware that they're being messed with then we'll have more people going, "Oh, gosh." I mean, there are people in this country who really think that because of the false flag thing in Ottawa, all of those blue-collar workers and wonderful people that came together were actually—

This is crazy. It's crazy, so I don't know. What do you think we should do? What do you think? I know you're supposed to answer the questions too. What should we do?

I think we need to have a campaign that shows people that we humans can survive this. We don't have to roll over for these people. We need to work locally. We need to say "All the people who live on Whiteway Street will not have a 5G tower on our street." We need to go **neighbourhood by neighbourhood and say to our city council, "by the way, you're not doing that over here."** We need to work locally and we need to let people know what's really going on—that masking is really obedience training.

I don't know. I really think people want it to be over so badly that they don't want to even watch the National Citizens Inquiry because they think, "Oh, for God's sake, that's over." It is not over for so many people who worked so hard in this country on their careers—fire chiefs, paramedics, nurses, teachers. All these people who worked so hard in good faith in this country, to be shocked out of their minds at what happened to them.

[00:20:00]

I don't think people understand the fallout and the effect on the healthcare system and what's being dismantled here. And for what? This is not the world we want to live in. They're trying to digitize humanity, and we need to fight back, fight for being allowed to be in this world. We need to be little tiny rebels every day.

A woman told me to put on a mask the other day and I said, "Yeah sure, and you promise to get your head examined, okay?" And my friend was like, "Cathy!" You got to fight every day. I mean, what else are you going to do? What do you think we should do?

Okay, you guys ask the questions. "Ve vill ask ze questions." Okay. I don't know.

Commissioner Massie

Thank you.

Cathy Jones

Anybody else?

Shawn Buckley

So one last question and then we'll take a break.

Commissioner Kaikkonen

I'll make this an easy one for you. In terms of the smart meters, are you saying the smart meters are not so smart? Wink, wink.

Cathy Jones

Wink, wink.

Commissioner Kaikkonen

You mentioned those who are owned and those who have sold their soul in some regard, or they're bought. I'm just wondering: you're free. I wonder how we can take your freedom and liberty and be an example to those who are bought and owned and change their perspective that being a slave is not the answer?

Cathy Jones

Yeah, you know, I am free. But all of us who have spoken up are— Luckily, I have \$100 in the bank to last me, hopefully, from saving. In this country when you're on TV you don't get royalties, you get bought out. But like a lot of people, I'll never do another comedy festival from CBC or another "Debaters," you know what I mean? I don't have a lot of sources of what I can do. I need to be independent, you're right.

I don't know. Yeah, I don't understand how I would convey that because I don't think people see it that way; because it comes down to security and feeding your family. But I do feel that a lot of people who refuse to see what's going on have been fooled into thinking that credentials really mean something. They don't know how to let go of what they think is their right in this country to have everything that they have. I think that the water is rising

and it has been for years. It used to be that only very poor people were treated very badly by this government. And then the water started rising, right?

It's going to rise so much that there'll be more people joining, and there'll be more people named "Karen" on our team.

Commissioner Kaikkonen

Thank you very much.

Cathy Jones

Thank you.

Shawn Buckley

Thank you. And we do have to take a break.

Cathy, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing with us today.

Cathy Jones

Thank you. Thank you.

[00:23:25]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 4: Catherine Austin Fitts

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[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue day one of three days in the nation's capital, Ottawa, Ontario. I'm pleased to announce our next witness, who is attending virtually, Catherine Austin Fitts. Catherine, can you hear me?

Catherine Austin Fitts

Yes, I can. Can you hear me?

Shawn Buckley

We can hear you fine. Catherine can we begin, I'd like to ask you to state your full name spelling your first and last name for the record.

Catherine Austin Fitts

Yes, my full name is Catherine with a C, Catherine Austin Fitts, F as in Frank-I-T-T-S.

Shawn Buckley

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

Catherine Austin Fitts

I do.

Shawn Buckley

Now, I want to introduce you and feel free to fill in after I'm done. It's just, the commissioners and many of the people that will be watching your testimony will not

understand that you operate in circles that are very high, and I want to stress that today. Right now, you are in the Netherlands, as I understand it.

Catherine Austin Fitts

Actually, today I'm in Switzerland.

Shawn Buckley

Okay well, thank you for correcting me.

You are currently president of Solari Incorporated, publisher of the Solari Report, and managing member of Solari Investment Screens LLC. You have served as managing director and member of the board of directors of the Wall Street investment bank Dillon Read & Co. You were the Assistant Secretary of Housing, and Federal Housing Commissioner at the United States Department of Housing and Urban Development in the first Bush Administration. My understanding is that the annual originations were roughly \$50 to \$100 billion of mortgage insurance servicing at the time, 320 billion of mortgage insurance, mortgages and property portfolio analysis, and pricing for 63,000 communities.

I'm just stressing that you're accustomed to dealing with big numbers and big organizations. You were president of Hamilton Securities Group. You designed and closed over \$25 billion of transactions and investments to-date and led the portfolio investment strategy for \$300 billion of financial assets and liabilities.

And basically, the point I'm trying to make is you travel in macroeconomic and political circles of the elite political class. Would that be fair to say?

Catherine Austin Fitts

Well, I would say I've certainly functioned in those circles. I would say that I function much more, not so much at a grassroots, but both at high and grassroots levels at the same time now. So I have a very wide breadth.

Shawn Buckley

Right. And it's interesting: we had a witness on before lunch who was stressing the need to find solutions locally and I thought of you immediately. So when we get to kind of solutions at the end, I'm hoping that you can share with us perhaps how getting involved at the local level can make a difference.

But my understanding—and I'll just ask you to give an explanation—but you basically see the COVID pandemic, not as a health event, but as a political and economic event. Can you share with us your thoughts on that?

Catherine Austin Fitts

Yes. So in 2019 the G7 central bankers voted on a plan called The Going Direct Reset. And what we've seen for centuries now, is every 75 or 100 years or so when the currency system gets long in the tooth, you get a reset.

And a reset is a reset of sort of the governance and management systems as well as the currency. So think of it as an economic event. And they voted on The Going Direct Reset, and we went into a reset.

If you want to do a radical re-engineering of how the financial system operates, both in governments and the private sector, obviously you can announce it and try and insist on everybody doing it, but that's not the effective way to implement. I think, part of what the reset was presented as was a health care crisis, which helped to drive and engineer many aspects of that reset, including significant centralization of the economy and much more assertion by the bankers of control of the national government. So I saw the pandemic as really, part of an operation to implement that reset.

Shawn Buckley

Okay, so just so that I understand: basically, the COVID pandemic had a purpose that was not a health purpose, but it was to facilitate the type of financial reset that we see every 75 to 100 years.

Catherine Austin Fitts

Right. And control system,

[00:05:00]

because what's very unique about the current reset is digital technology now permits for phenomenal central control. And we see the central bankers literally announce that they plan on changing us from a currency system to— They're basically talking about ending currencies and converting to a financial transaction control grid that will allow them to make the rules centrally and control centrally by controlling financial transactions.

So they are planning and have said so—that they're planning on essentially ending financial transaction freedom. And the pandemic, and whether it helps implement digital IDs or vaccine passports, is part of creating that financial transaction control grid.

Shawn Buckley

Now, many that will be watching your evidence today may not even understand what a digital currency is, and certainly would not understand the ramifications on their freedom and their privacy that a digital currency presents. And I'm wondering if you can give an explanation both of what a digital currency is and then the ramifications for both our freedom and privacy.

Catherine Austin Fitts

Sure. And I have to say I believe everybody in Canada knows what happened to the truckers, so they know what can happen with the digital currency. It's where government in that case asserts rules that say certain people can't transact, or certain people can't transact except with limits, or even bank accounts and assets get seized.

We have digital currency now. If you use a credit card, you're using a digital currency. If you make a bank transfer, you're using a digital currency. If you're not using cash, you're probably using digital currency. But what we see is an effort globally to implement something called central bank digital currencies [CBDCs], which according to the central

bankers, will allow them to have much tighter control of individual accounts and set the rules as to how money in an account can be used.

They insist that any money in your bank account is not only— It's not your money, it's theirs. They call it their expression, "central bank liability," so they think of it as theirs. And we've seen examples. For example, the nominee for the control of the currency several years ago in the United States had just published an article in the *Vanderbilt Law Review* saying: the great thing about central bank digital currencies, commonly known as CBDCs, is if we're concerned about inflation, you can just freeze everybody's bank accounts.

So one of the issues— The most important issue that comes out in your financial transaction is, we in the Western world practice a policy of taxation with representation. So the bankers may manage the monetary policy but our legislative representatives manage our tax proceeds and federal and national credit. And now you're talking about creating a financial transaction system where taxes can just be taken out of your account and you can't stop it, so you can have taxation without representation.

You're talking about— Think of it, if you're a Canadian, "We're all truckers now." You're putting together a system that can police and micromanage what you spend money on. So if they don't want you going more than five miles from your home, your money won't work more than five miles from your home. Or if they want to turn off the electricity on your car, if they want to turn off your bank account, they can and they can do it centrally.

Shawn Buckley

Right, so without there actually being physical cash, it all being digital. They'll have complete control—and basically be able to move us almost into a social credit-style system like the Chinese have?

Catherine Austin Fitts

Yes. So now what you do need is you need a smart grid in place. So they need the energy and electrical system components to make that work. And part of that is having satellites.

Whether it's the smart grid infrastructure in place or the payment systems and— Transformation of the central banks and the large banks and the Bank for International Settlements, which is the central bank of central banks. They need both a digital transaction system in place and a smart grid in place. And they've made extraordinary efforts in building that out during the pandemic.

Shawn Buckley

Now, one thing that you and I had discussed earlier, and so you've indicated that the COVID pandemic is really a political and economic event—

[00:10:00]

But really for people to understand that, I think they need to have you explain that there's kind of political systems and what's gone on with the money supply. And certainly, I expect that you'll be speaking to the U.S. experience.

Catherine Austin Fitts

Right. I'm much more knowledgeable about the U.S. I'm not knowledgeable about Canada, but I think a lot of what's happened in the U.S. has very much influenced and driven what's happening in Canada. So we're neighbours and we influence each other.

What happened in the United States in the pandemic is you had an explosion of wealth moving upward. When we started the pandemic in the United States, or if we go back to 1990 say, there were approximately 60 billionaires in the United States. By the start of the pandemic, there were 614. Within, I think, the first 12 months, the number of billionaires grew by 56 billion and wealth of the billionaire class grew by over a trillion dollars, estimated in the U.S. to be \$1.3 trillion.

Some of that came from the fact that, as part of going direct reset, the central bank injected approximately \$5 trillion into the economy. It was notable the way it was done, because it was injected— Instead of doing it through the reserve circuit, which is normally the way a central bank would inject money, it injected it directly into the economy. And what that did was that bubbled certain aspects of the economy at the same time the pandemic shut down others.

I'm going to grossly oversimplify just to help you understand how this worked conceptually. When I inject an enormous amount of money printed by the central bank into one group of people and, at the same time, I shut down all the businesses and the income of another group of people— I think, the estimate the first year was 75 million people lost their jobs— So if I inject a lot of capital available to the big companies and shut down all the small companies, then of course the big companies are in a position to significantly increase their market share by taking it from the small companies, and easily being able to pick up assets cheap. Because now people whose income has been lost or shut down or limited have reason to sell assets to generate money to survive.

So there was one fabulous moment on one of the popular media news shows where Rick Santelli, who covers the financial markets, was complaining that, in one shopping mall, all the little businesses were shut down on the theory that it wasn't safe, but in the meantime Costco was going gangbusters and everybody of course was going to Costco because all the small businesses were closed. And the other commentators were saying, "Well, yes that's science." It's science that it's dangerous to be in the small businesses but it's safe to be in Costco.

So you saw a double standard applied to the large publicly traded companies represented on Wall Street and small business. And it was devastating. I think the average after the first two years, with 34 percent of U.S. small businesses shut down and in San Francisco was as high as 49 percent. That's an extraordinary number of jobs—because small business is the job engine in the United States. So it set up two classes of characters and advantaged one very much and very much disadvantaged the other. And we saw an enormous shift in market share accordingly.

Shawn Buckley

Right, so we basically saw an incredibly large concentration of wealth at the top. And your position is that this was by design, not just some consequence of a health pandemic that hit the economy.

Catherine Austin Fitts

That's what I believe. If you look at all the efforts to implement pandemics in the past and you look at all the different steps made to plan them out, as well as the centralized control, it's very difficult to come up with a theory of most of the restrictions as relating to health as opposed to relating to re-engineering of the political and economic landscape.

Shawn Buckley

My understanding is you've done some research on basically— How there's a parallel political system in the West and basically there's not even an accounting of monies in the United States. And you've published—or there's a 2019 publication on missing money that we're going to make an exhibit in these proceedings [exhibit number unavailable].

[00:15:00]

Can you just share with us a little bit about that?

Catherine Austin Fitts

Yes. I was very concerned when I was Assistant Secretary of Housing with the extent of the mortgage fraud. And I was tasked with trying to clean up the Department of Housing and Urban Development and the mortgage insurance funds there after the S&L [Savings and Loans] Crisis and extraordinary losses in the mortgage funds. I became convinced that there was a form of systemic fraud going on.

And when I left the Administration, I went to work—having discovered GIS software—trying to map out how federal credit worked at a county-by-county level. What I discovered was there was an enormous gap between the official picture of what was happening with federal, whether it's spending or credit, and what was really happening in neighbourhoods on the ground. And it caused me to go back and look at the history of what's called the Black Budget.

From World War II on, we've had in the United States a series of laws and executive orders that make it possible for more and more of the federal budget to be kept on a quasi-secret or completely secret basis. And as that has happened, and also executive orders have made it possible to use those monies to fund corporations doing what used to be thought of as governmental—things that only highly secure military and intelligence could do—we've made more and more of this secret money accessible to corporations. And what I saw was that this money and this part of the economy was growing. I initially called it the Black Budget. And the Black Budget had grown and grown. And as it grew, more and more laws and regulations were changed to make that legal to do.

So, for example, one of the most important inflection points came in 2018, in October. During the Kavanaugh hearings, while everybody was very entertained about sort of the background check of our Supreme Court nominee, the House and the Senate—both Republican and Democrat—and the White House, who you thought at the time were fighting with each other, all got together and agreed to a new policy called Federal Accounting Standards Advisory Board Statement [FASB] 56, which basically said as an administrative policy that they could ignore the constitutional provisions, the legal provisions, and the regulatory provisions of financial management law.

If you look at our Constitution, there are two aspects of financial management described in the Constitution. One is that no money shall be spent unless it is approved by the people's

representatives, the Congress, number one. And number two, after it's spent, there shall be proper financial disclosure. And FASB 56 basically said a small secret group of people, by a secret process, can move as much of the federal budget and financial statements as they want private and secret—and no one can know what that is. So it basically meant non-appropriated money could be spent and there would be no disclosure.

And part of the problem is, if you look at how that is extended to corporations who do a large amount of business with the government and banks, so banks and corporations; if you combine that with the classification laws and some of the waivers available to private corporations through the government: essentially a vast amount of the U.S. securities market, in my opinion, does not have adequate disclosure to understand what the financial circumstances of those companies or those securities are.

We're really in a situation where progressively, particularly since starting with World War II but then a big change leap up in the 80s, we've seen less and less financial disclosure and more and more secrecy. And at this point, it's exceptionally hard for a citizen to understand how their tax dollar is being used or the money that's being borrowed in their name and where it's going.

Starting in 1998, I started to track— Again, I was tracking the mortgage fraud for the fact that large amounts of money started to go missing from the U.S. federal government. I had been told by one of the largest pension fund investors that spring, in the spring of 1997: he said they've given up on the country, they're moving all the money out starting in the fall.

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And I thought he meant they're reallocating the equity investment in the pension funds to the emerging markets. I didn't understand. He meant, no, literally we're going to have a financial coup. Because at the beginning of the next fiscal year, which was October 1st, 1997, which is the beginning of the 1998 federal fiscal year, huge amounts of money started to go missing. And it got worse and worse and worse.

There was a real effort before 9-11 to get to the bottom of what was happening and stop it. 9-11 changed all of that and money continued to disappear, with the largest amount that we know of disappearing in fiscal 2015: \$6.5 trillion. And it was at that point that I was speaking publicly about the fact that the Department of Defense was missing \$6.5 trillion in one year, which is many times its budget. And, you know, a little bit less than 10 times its budget at that point. And Dr. Mark Skidmore, who's a full professor at Michigan State University and does government and government budgets, heard me and thought I must be making a mistake. He went out and checked the financial statements and discovered, no, I was right, and called me and said, "What can I do to help?" And I said, "If you and your students would do a survey, it would help tremendously."

The two agencies where money was going missing was HUD [Housing and Urban Development], which was my old housing agency, and the Department of Defense, who has run the pandemic. If you look at who really ran Operation Warp Speed and the pandemic in the United States, it was the Department of Defense. So he went out and did a survey and discovered that \$21 trillion was missing as of 2015. His study was published: it's up on our website. We have a whole website just dedicated to tracking the missing money. At that point, 21 trillion was missing from the federal budget. And interestingly enough, the official number of outstanding treasury securities on the federal balance sheet at that time was 21 trillion: same amount, which we thought was remarkable. It's up to about \$31 trillion and the federal finances since then have continued to deteriorate. We just saw the interest

payments on the federal debt have now risen and are matching and passing the total defence spending for the year.

Shawn Buckley

I'm sorry, what figure was that?

Catherine Austin Fitts

The U.S. interest payments on the debt has now just crossed the total amount of defence spending each year. So with higher interest rates, the interest rate payments are exploding.

Shawn Buckley

And I just want to recap so that the people listening to your testimony can understand some of this. So actually, under the U.S. Constitution, there is not supposed to be money spent by the government without Congress approving the budget. And that there's also then supposed to be accounting of the funds that are spent. So, right in the Constitution are requirements basically for elected officials to control the money that's being spent and there to be an accounting to the people, am I right about that?

Catherine Austin Fitts

Correct.

Shawn Buckley

But basically, so much money has gone into the black budgets or parallel system of government that it's—I just want to call it nosebleed—there's just so much money and it's not being accounted for. So no one can actually know what's happening with the finances of the nation.

Catherine Austin Fitts

Right. I would call it a financial coup d'état. So that's a change of governance system by, you know, the "just do it" method. It's a coup but it's by financial means. I liken it to: you get fed up with the old system, so you start a new system; you move all the money, the assets into the new system and you leave the liabilities in the old system.

And then, you know, from 1998 on, whenever I would talk with anybody about why the missing money story was so important, I kept saying, "Look, if the way they deal with the retirement obligations and the health care obligations of the society is by not funding them, but moving the assets out of the system where the obligations exist, then ultimately, if you don't fully fund your obligations, you're going to have to extend the retirement age, drain or dilute away the benefits with inflation or depopulate or some combination. You have to abrogate your contracts, inflate the money away or, you know, lower life expectancy."

And if you look at what has been happening since the money started to go missing, if you look at all the policies—I call it in the United States, the "Great Poisoning."

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We have seen a steady diminution of the life expectancy. And now that is accelerated during the pandemic. And I hate to sound as— I don't mean to sound callous but if you look at the decisions of how we were going to fund the retirement obligations, if you don't fully fund them financially and you move the assets out in a coup, then it is a mathematical formula that you have to lower retirement age or extend retirement eligibility or abrogate the contracts, which is just a mathematical requirement.

Shawn Buckley

Great. Or depopulate, I think you said.

Catherine Austin Fitts

Yeah, or depopulate. So if you do not fund your obligations then how are you going to explain to the people that you're going to abrogate them or change them, or—? Funding retirement obligations, including health care, is a mathematical formula and if you don't fund it financially then you need to change them or change the population.

Shawn Buckley

Now, you had spoken— You used the word "Great Poisoning" and you've indicated that started some time ago. Can you just give us some examples of the types of government policies that have made up this Great Poisoning that you're speaking about?

Catherine Austin Fitts

So, in the United States, there's been a steady debasement of the food supply. Food has become steadily less nutritious. Part of this, I think, is a combination of things, whether it's genetically modified food or pesticides. We've seen a steady deterioration in the quality of the food. We've seen a significant rise in environmental pollution and toxicity. We've seen a deterioration in many parts of the country in the quality of the water and sewer systems.

And with it, we've also seen inflation and monetary policy by the central bank squeeze many of the retirees and elderly in a way that, I think, reduces their quality of life and lowers life expectancy.

Shawn Buckley

Right, there's a correlation between poverty and lower life expectancy.

It's interesting, we just had a witness, Denis Rancourt, who is a physicist by trade, but interdisciplinary researcher, who just using excess mortality figures— Oh now I just lost my train of thought, so what were we just discussing?

Catherine Austin Fitts

Denis, I've seen several of his presentations recently and I think they're extraordinary. What he's shown is the really extraordinary rise in all-cause mortality in many areas of the world, including—he's done a breakdown of all the states in the United States.

Shawn Buckley

I recall where I was going, is that he was showing a correlation between poverty in the U.S. States and basically excess mortality during the COVID pandemic.

It's interesting, we had a different witness, Dr. Magda Havas, who was showing with U.S. data a perfect correlation between worse COVID outcomes and high areas of 5G. And she was postulating that that could be a stressor on the immune system, so another factor. So you're kind of listing these types of things as the Great Poisoning.

Catherine Austin Fitts

If you look at what I consider to be the Great Poisoning, I consider it to be lots of different things. But one of the ways to significantly reduce the populations on a slow and steady basis is to increase toxicity levels and lower immune system. And then each person dies of their own individual weakness, but it's really, it's almost a pandemic of toxicity.

I would say one thing. When I explained to you that the president of the largest pension fund in the country said they've given up on the country, they're moving out all the money starting in the fall, I believe what he was referring to was the effort by the financial establishment to get a budget deal in 1995 and their inability to do that. You had a shutdown and a very messy political system. I think that's when they decided that this balance of power between the banks and the Congress— So Congress running the fiscal house

[00:30:00]

and then the bankers running the monetary house and that, in essence, democracy doesn't work. Because in the democratic process, the guy who hands out the most money wins and it's impossible to get a financially responsible solution.

I think the conclusion was, "Okay, let's move the assets into a new system. We'll move the liabilities back, then when we're basically in a position to reset the old, we've protected the assets; the bankers will take control and run both houses." And so it literally is a financial—it is a coup d'état because you are ending national sovereignty and putting the world under a dictatorship of the bankers, so to speak. And I think that was the plan.

Now, what's interesting is the deal, the budget deal in 1995, did a crash and burn. It was literally the next month that the predatory lending took off like a rocket and the FDA approved oxycontin and if you look at the extent to which the pill mills and the predatory lending targeted the same neighbourhoods; we also saw the private prison effort target the same neighbourhoods. I think what I call the Great Poisoning was off and running and I think it was intentional.

Shawn Buckley

Right, so at the same time you see three policies that are very destructive: predatory lending, oxycontin basically starting the opioid pandemic, and private prisons being established within the United States.

Catherine Austin Fitts

Yes, I have an online book called *Dillon Read & the Aristocracy of Stock Profits* about the extraordinary increases of narcotics trafficking in those communities. At the same time,

enforcement efforts to round people up often put them in private prison, where they would work at low cost for big corporations. So, you know, I describe a whole wave. At that time, it was targeted in the poor neighbourhoods. If you look at what happened, the pandemic— It basically was a way of rolling up a very similar process into the middle and upper middle class.

When I was a child, I grew up in an African-American neighbourhood in West Philadelphia. And we used to call it the “beatdown.” And literally what we saw with the pandemic was the “beatdown” simply move upscale.

Shawn Buckley

Right. My understanding is that you view the pandemic basically as an exercise in depopulating to cancel the contract to fund pension and health care.

Catherine Austin Fitts

I see the pandemic as an exercise in re-engineering the economy out of small business and concentrated into large corporations—mostly publicly traded companies. So one, a consolidation of business market share and employment under central control and a consolidation of capital. So whether it’s centralization of business market share, centralization of capital, but also enormous centralization of political powers.

And unfortunately, it comes with both an extraordinary amount of monetary or central banking largesse combined with extraordinary criminal conduct. For many, many years, if you read my online book, the one I just referred to, *Dillon Read & the Aristocracy of Stock Profits*, I’m talking about criminality by Wall Street and Washington that is supported in every county in America. So the corruption is deep. And I’ve always said crime that pays is crime that stays.

And unfortunately, we have now built globally in the financial system an extraordinary dependency on war and on organized crime. And you have way too many people making money from helping other people fail, as opposed to making money on helping other people succeed.

Shawn Buckley

Now, the description you just gave about economic matters: that could occur without them having to vaccinate us. They could have done a pandemic, they could have shut down the small businesses and kept the large businesses open without necessarily vaccinating us.

What are your thoughts on what we consider to be in Canada vaccine mandates and pushing this vaccine?

Catherine Austin Fitts

I looked at the vaccine mandates from a different point of view because, for many years, I worked as an investment advisor. And many of my clients came to me because they had been touched by

[00:35:00]

what I would describe as healthcare fraud, a lot of it associated with vaccinations. So they had had their finances terribly harmed by vaccine injury and the cost of vaccine injury. You can see a vaccine injury in a family can literally wipe out generations of savings; that can be very, very destructive.

And I had spent a lot of time researching and trying to understand why we wanted to inject poisons and why pharmaceutical companies were being allowed to do so much harm with less and less liability over time. And I have come to the conclusion, and this is a personal opinion— At one point, the chief financial officer at Moderna described the mRNA technology, because these are not really vaccinations, they're gene therapy. He described the mRNA technology in the Moderna and Pfizer injections as an operating system.

Just as the tech billionaires rose to great wealth by putting an operating system in your computer and then getting you to update it regularly with viruses and then presumably giving intelligence and military a back door so that they could do complete surveillance, this is the basis of much power and much wealth. I truly believe that there is a good possibility that the leadership believes that they can use gene and mRNA technology to literally install an operating system in all of us and use viruses to get us to update them just like they do on our computer.

Shawn Buckley

Right, so another mechanism of both finances and control, ultimately.

Catherine Austin Fitts

Right. Here's the question: If you've promised throughout the G7 nations, several generations, if you've promised them retirement savings, if you've promised them health care and they're watching billionaires lead more and more and more luxurious lives, how are you going to inform them that you've abrogated, you're going to abrogate your obligations to them? Right?

And so putting in a system of financial and physical controls, including using mind control technology to influence how they feel. So when the World Economic Forum says it's 2030 and you have no assets and you're happy, how are they going to make you feel happy when they've stripped you of your assets? Quite a trick.

But there is a reason to have complete control. And, one of the reasons to have complete control is digital technology allows you to do that. You know, it's very hard for people who feel empathy to fathom that anybody would want that kind of control. But make no mistake about it, the single most financially successful business in the history of the world, in my opinion, is slavery. Slavery is an enormously profitable business and has been.

And if you look at the problems that, you know, the risks that came with slavery that caused us to cancel the African slave trade, I think digital technology has solved those risk issues. And I absolutely believe they believe they can load an operating system into our bodies. If you go to Solari, my website at Solari.com, and you look at an article— Just do a search for CBDCs and you'll get an article called, "I Want to Stop CBDCs—What Can I Do?"

And your number 11 action is "bring transparency." And I list four or five of my favourite videos that show you what the central bankers say about what they're going to do with CBDCs and how much control they have. Because they are saying this openly and explaining it.

One of the videos is a speech by Richard Werner, who's the top academic scholar in the world on central banking and banking in Malmo, Sweden in May in 2020—describing one of the top central bankers in Europe, explaining to him that CBDC would be a chip and they would put it in your hand. They are talking openly about chipping humans to make them both, it solves the problems they ran into before slavery. So you have a digital ID for everybody who's implanted and then you can turn their money off and on.

Shawn Buckley

Right. And actually, this is central bankers saying that this is the plan.

Catherine Austin Fitts

This is Richard explaining that a central banker,

[00:40:00]

who's one of the top central bankers of Europe, telling him this. Now, there's another video that is my favourite, it's 56 seconds. It's Agustín Carstens, who is the general manager of the Bank of International Settlements [BIS], which is leading globally the push for BIS all around the world. They have innovation centres that they place all around the world in a partnership with the Fed. What he explains, and this was in October 2020 in an IMF [International Monetary Fund] payment panel, the fact that they will be able to make the rules of how you can use your money and they will be able to control and enforce them centrally.

Shawn Buckley

So basically speaking about what we see as the Chinese social credit system. If you're not, you make the wrong post on the internet, then all of a sudden you can't take the subway to work in the morning, type thing.

Catherine Austin Fitts

Correct.

Shawn Buckley

It's interesting, I don't know if you're aware, but when the federal government was seizing people [bank accounts] that donated to the truckers, it put an incredible chill on Canadians and their trust on the banks. And I think it's probably done irreparable harm for our international banking sector.

Catherine Austin Fitts

Right. And the same is now happening in the United States given what's going on with the banks right now.

Shawn Buckley

Now as bleak as this sounds, my understanding is that you are optimistic. And one of the roles of this inquiry is for the commissioners to come up with positive recommendations on changes that need to be made. And I'm wondering if you can share with us why you're

optimistic and the types of things that can be done to try and get our institutions and freedoms back?

Catherine Austin Fitts

I'm optimistic because if you look, clearly our economy and our financial system need a reset. One of my favourite performance artists is Tina Turner and she starts one of her songs saying, "We can do this nice or rough." And I would describe the current reset as rough. And I can see why the people who run the system find it to be safer for them. But I also think there are ways of doing a reset which can be much more market-oriented in solutions and much more decentralizing.

The problem with a decentralized reset, although it has the potential to create far more wealth than the current reset, it's going to require our system be governed by meritocracy. And it is going to require transparency. So if you look at the extraordinary secrecy that the, you know, sort of the governance system on the planet has enjoyed for the last 50 years, that secrecy is going to have to go away. So, we need a lot less secrecy and a lot more transparency, and that's going to lead to more meritocracy.

Having really studied the economy bottom up, community by community, I know it is possible to do a reset that is much more wealth-building and can result in a very human society. So it is possible. What it's going to require is basically rejecting the current reset. And that means, if you look at all the centralization that's occurring, the building of the smart grid, the creation of CBDCs, the institution of all the different digital payment system controls— If you look at who is doing that, we're doing that. The people who will end up as the slaves in the digital concentration camp, we're the ones who are building it. And we have the power to stop building it. We have the power to just say "no" and pull out of the control grid.

We can throw out our smartphones, we can refuse to adopt the digital ID. If you saw what happened with vaccine passports, there was an extraordinary effort to not comply and to not adopt. Because we're building the digital concentration camp and we have the power to see where this is going and to stop and pull out. And that's one of the reasons I wanted to come today. Because I think what you are doing is so important; you're showing people where this is going. And if every one of us can say, "You know something? I don't want to be in the control grid and I don't want to help build the control grid and I'm going to back out."

So if you read our article, "I Want to Stop CBDCs," there are lots of things to do. But one of the things we love to recommend is everybody use cash. So let's walk back the digital systems and start to rebuild some health into the analog systems.

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What we're watching in our networks is an explosion of people using cash and sort of rebalancing and saying, "Well, wait a minute, a healthy system is part digital and part analog, let's rebuild and protect the analog because we need both." So that's one thing everybody can do.

The other thing you can do is start—everybody reach 10 other people and start talking about local solutions. Because a healthy reset rebuilds our decentralized economy. Look around you in your local area. Where are the opportunities to build great relationships with other people and start to build, whether it's food, energy, shelter, alternatives both for bartering real assets but then also making financial transactions locally without your

national currency. And finally, where are the opportunities with your local and regional governance to start protecting sovereignty? If you can't protect it at a national level, there is a great deal you can do at a regional or local level.

We have a wonderful new article by Richard Werner called "Why Tennessee Should Start a State Sovereign Bank." We have one of the states in the United States, North Dakota, that has a sovereign state bank and protects the citizens and businesses and banks in North Dakota to a much greater degree than any one of the other 49 states. I would encourage you to take a look at it. We wrote it about Tennessee, but it applies to any regional area.

There's a great deal— We have a whole wealth of materials. I do one interview with Senator Frank Nicely of Tennessee on sovereign state banks and protecting financial transaction freedom at the state level. You see several of the states moving to do this. Texas has started a buoyant depository. Tennessee has just authorized the treasurer to buy \$100 million of precious metals.

Anyway, there are hundreds of actions and we describe them in all of these interviews and in, "I Want to Stop CBDCs—What Can I Do?" But I assure you, for everybody listening to this, there are many, many things you can do to protect yourself and your family. Because remember, each person who backs out of the control grid and becomes more free makes it easier for the rest of us. So start with you and your family and start by protecting yourself from the incremental steps. Just remember, one of my favourite quotes is from Bobby Kennedy who says, "Nobody ever stopped tyranny by complying."

Shawn Buckley

Now, just so that I'm sure that I've understood you correctly, so there's a section at Solari.com "What can you do?" that basically lists these things. Some of the things that you've suggested are, let's get out of the control grid, so start operating with cash as an example. Basically, create local networks of wealth and then also find out at the local level, how you can take control of things.

I know one thing that's happening in Canada is the rural municipalities are imposing strict control of how many animals you can have. That you have to put a fence around your rain barrel and crazy things. And it's actually having the positive effect of getting rural people enraged and finally involved in their local government. And that's the type of thing you're speaking about, is we can no longer sit back and not be involved in our local governments. And try and find local financial institutions that are independent. So in the province I'm at in Alberta, there is in Calgary one that it's gold and silver backed, for example. This is the type of thing that you're talking about is get out of the control grid.

Catherine Austin Fitts

Well, here's the thing: the middle of the road is going away. And you have the most powerful people in the world who want to centralize complete control. And throughout society they have allies who see it in their best interest to help them. And then we have other people who are busy, they're raising kids, they're running businesses, they don't have time for politics.

And now what they're starting to realize is, "Wait a minute, I can't stay in the middle of the road. The road is parting and I've got to go with freedom or I've got to go with slavery." Which is it going to be? And I am going to have to get involved because this is going to be

trench warfare at our local and regional governments and national governments and we need to find our allies and do everything we can to protect our freedom.

[00:50:00]

Shawn Buckley

Thank you. I'm going to just ask you one more question and then I'll turn you over to the commissioners. But you had indicated that you were thinking that a decentralized economy has much more opportunity to create more wealth than a centralized economy. And I'm just wondering if you can explain your thoughts on why that is?

Catherine Austin Fitts

Sure. If we had an economy where we were simply trying to optimize economic performance, some things would be centralized and some things would be decentralized. It's not an either/or. But if you look at many of the economies around the world—but certainly at the United States economy—a lot is centralized in a way that is not economic. And you see this primarily through the use of the federal credit and budget.

I would regularly find neighbourhoods where, for example, HUD was spending \$250,000 per unit to build public housing. But \$50,000 could rehab a defaulted property in the HUD foreclosure property. And if you simply took five of the defaulted properties and rebuilt them, you get five homes for the price of one.

Or we were doing something in a community. We were paying somebody essentially what would cost us \$55,000 a year to have them in HUD housing on food stamps and welfare. But in fact, we could teleport jobs digitally into that community and have them working as taxpayers for relatively minor investment in their education. We were paying people to not work while we were paying contractors in Washington \$125 per hour to do things that somebody in that community would love to do and could be trained to do at \$20 to \$25 an hour.

So you had these enormous arbitrages where it would be highly economic to decentralize. But the problem was that, that centralization was great for throwing contracts into large companies, which helped their stock go up and that helped political contributions or simply facilitated central control.

If you go throughout—for example, in the United States—the federal credit and the federal budgets, what you'll find is there's extraordinary opportunities, particularly given the blessings of technology, to decentralize to make things much more economic.

But again, I just have to share one story. When I was Assistant Secretary of Housing, I'd been asked to bring in some of the people who'd been working on housing policy, who were sort of leaders in the industry. And they were meeting with the new secretary and some of his assistants. And finally, one of them is Jim Rouse—wonderful housing developer who started the Enterprise Foundation—turned and said to the Secretary, "But you're Republicans. I thought you wanted to decentralize; why are you proposing all highly centralized solutions?" And one of the assistants said to him, "Yeah well, we're here now." Meaning, "if we control the money centrally, then we have more political power."

Shawn Buckley
That speaks volumes.

Catherine Austin Fitts

Well, one of the great solutions for all of us is if we could have financial statements. Everybody who buys a publicly traded stock is required to get an annual report of financial statements, saying here's what we did with your money.

If we could have financial statements and there's no reason why we can't, other than secrecy and how desirable and profitable it is. If we could have financial statements for the areas for which we vote for political representation.

In America, if I could have a financial statement that showed all the sources and uses—essentially financial statements for government taxes and expenditures contiguous to my congressional district or contiguous to where I vote for county representation. To hold our representatives accountable, we need to see how the money works contiguous to the area that we vote for. And there's no reason we can't have that other than, of course, it would end a lot of the secrecy.

But if you could make it available, the opportunity to improve and re-engineer the money for a much more environmentally healthy world— Make no mistake about it, whatever our environmental problems, the number one cause of our environmental problems is a debt-based fiat currency. Now, a well-managed fiat currency can be fine,

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but the debt is a killer. And we've run the monetary policy in a way that is destined to destroy the environment.

The idea that putting on more controls solves the environmental problems is ridiculous. That's just another excuse for more central control. If you want to solve our environmental problems and the secrecy; and start making governmental disclosure available; and kill the debt system and move to an equity system: not only will you solve our environmental problems, but you'll make money solving our environmental problems.

Shawn Buckley

Okay. Catherine, I'm going to turn you over to the commissioners to see if they have questions, and they do have questions.

Catherine Austin Fitts
Okay.

Commissioner Drysdale

Good afternoon, and thank you for your testimony. When you were talking about the government reducing population in order to reduce their financial obligations, when you were talking about that, I was thinking about what's going on in the United States and Canada from an immigration standpoint. Canada is now immigrating about a million people a year into a country of 38 million. If that was the United States, it would be 10 million. I

don't know what the numbers are in this United States. And the United States has an open border and we don't know how many people are coming across—millions.

How does that square with the seeming policy to reduce our obligations when they're bringing in millions of people—and very often unskilled people—into the country? How does that work into that strategy?

Catherine Austin Fitts

Those people are not the people that they have retirement obligations to necessarily. You have to look at it on a person-by-person scale. But if you have a person who has a pension fund and certain kinds of insurance policies and obligations for lifetime health care and also has the right to vote, you are replacing them with someone—particularly if they're young—who you haven't had to educate and is ready to go to work in a variety of ways and for which you have significantly less liabilities. So as a matter of solving a series of different problems, it's a very different profile than the person whose life expectancy is diminishing.

Commissioner Drysdale

Taking that answer and listening to one of the other testimonies we had this morning, they were talking about the actions during the COVID pandemic— The actions of the governments, the vaccines had killed millions and millions of people.

When I listened to that and I listened to what we're talking about now—about replacement of entire populations—and when I listened to what you were talking about a little earlier, and what you were saying was that the government was picking winners and losers and essentially eliminating small business and centralizing power and giant corporations, monopolizing it: Aren't we talking about fascism? You know, when the government colludes with big business, they eliminate areas of the population, they murder millions of people—potentially, at least according to some of our testimonies— isn't that what we are talking about, global fascism?

Catherine Austin Fitts

We are talking about global fascism. I think that is correct except when I think of fascism, I think of examples of fascism historically. And if you look at the powers that the fascists had—so for example in World War II or the communists in China—they did not begin to have the invasive technology that this group has.

Some people call it a technocracy, and a technocracy is implementing control at a much more invasive level. So I call entrainment technology and subliminal programming a form of mind control technology. The ability to do surveillance on people's thoughts and inside their homes with all the different surveillance systems. So we're talking about something much more high-tech and invasive. Fascism used force to control people physically, now you're talking about using invasive technology to brainwash them in ways that was inconceivable 20 years ago.

[01:00:00]

I think of this as something far worse than fascism. I literally believe where they're going is slavery.

Commissioner Drysdale

What happens to populations historically and particularly in the 20th century—what happened to populations of civilians when these types of systems took over countries?

Catherine Austin Fitts

There's a wonderful chart. And I have it—I'm trying to remember where I have it linked, I have it linked several places on my website. But if you go, there's a wonderful group in the United States called Jews for the Preservation of the Ownership of Firearms. And they have a genocide chart on their website. I'm sure if you go to their website and do a search for genocide, you'll find it. And it shows you throughout history the many, many times they were able to basically confiscate the guns or achieve gun control, and then the genocide that followed.

And there's an author who studied a lot of genocide named Rommel who I would recommend to you. But what you find is when you can implement these extraordinary central controls, you then get impoverishment and genocide.

And I just was watching—I don't know if you've seen it—there's a scandal in the United States. It was a story broken by several people, but I think one of them was "60 Minutes," about the fact that the largest private equity firm owns a company that does cleaning of slaughterhouses and is using young children who appear to be illegal immigrants. But they're using 13/14-year-olds to clean slaughterhouses, including at night, in a way that's sort of burning their hands because of the acid and cleaning products and the kids are falling asleep in school and being reported by the teachers. And they're basically using child labor in a way that looks to me almost like slave labour. And this is a practice that's going on in the United States and it's clearly an institutionalized practice by a company owned by the largest private equity firm in the country, in the world.

So this is— I hate to say this, this is darker than just fascism.

Commissioner Drysdale

We see there's a number of other things going on in Canada that you may or may not be aware of either: state-sponsored euthanasia is here in Canada.

Catherine Austin Fitts

Yes, I've seen some of the information about that and somebody just sent me one of the songs that's promoting it.

Commissioner Drysdale

I mean, when we were still in lockdown in Canada and many of us could not travel, the Canadian government announced the highest quarterly rate of immigration into this country since World War II.

All of these things are— I guess my question is, and I'm thinking out loud here because you really made me think about a lot of things: Is there any limit to the atrocities that a government with overarching power and control, particularly of a hypnotized mass, is there any limit historically to what they'll do?

Catherine Austin Fitts

Yes. But that limit is coming off thanks to technology. The digital technology is giving them powers that they've never had before, and the invasive technology like mRNA and the other kinds of biotech technologies.

But I will say, first of all: I'm a Christian and I believe there's a spiritual component to this. But I also believe that one of the reasons that things have gotten so bad is for many decades— So I first started to warn people in 1998. It's basically 25 years that I've been working on warning people. And it's only been recently, in the last year or two, that I'm starting to see very capable professional people—the kind of people who have the skills to do something about this—finally recognize how absolutely psychopathic the current secret governance system is. And I used to have a wonderful pastor who'd say, "If we can face it, God can fix it." And I assure you, because there's so many of us who are building the control grid, we have the power to do something about this and really change the trajectory and move this into a completely different reset.

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But it requires enough people facing it and saying something. Because I never worry about where these guys are going—because I'm not going to live in that world. I'm going to die fighting for a human civilization. I don't want to live in their world. And that was the decision I made in 1998 and I'm perfectly happy with it. And you can see why.

But you don't want to live in their world either. I think it's time for as many of us as possible to dedicate ourselves to building a human civilization, because there's no point. People always say to me, "Well, what are the chances we can win?" And I say, "Well, if we go with the flow, we have zero chance. If we commit to building a human civilization, I don't know if the chance is 1 per cent or 50 per cent, but it's better than zero."

I think there's a tremendous advantage in facing how absolutely dark we have allowed it to get and then proceed to say, "Okay, where do we go?" If you look at how centralized this is, it's what the English poet said, "They are few and we are many."

Commissioner Drysdale

Thank you for your wisdom and perspective.

Shawn Buckley

And there are further questions.

Commissioner Massie

Thank you very much for your very, I would say, lucid analysis of the whole situation we're in. You still want to provide us with some hope. And my understanding is you based it on the awareness that some people are growing to really appreciate the dire situation we're in and we have to get our act together and build community and thrive for sovereignty at the whole level.

But the world being what it is and the technology being so powerful, as you pointed out: one would hope that at some higher level we create some powerful institutions for resistance. I'm old enough to have seen the assassinations of John Kennedy and Robert Kennedy live on TV. At the time I was a kid, I didn't know what it meant. And it seems that

the United States and the world has not completely come to terms with the meaning of these tragic events.

And I'm wondering why now, if through maybe Robert Kennedy Jr., the spirit of the American freedom that has made this country such a great country could actually attract enough support from the population in order to make a difference at that level. What is your thought on that?

Catherine Austin Fitts

I would say two things and then let me talk about RFK's campaign. If you study the economy, one of the reasons for my profound optimism is words cannot express to you how expensive tyranny is. Our economy is so poor compared to what it could be if we were free to just optimize economically. The wealth potential of freedom combined with new technology, if we get the risk management right, is extraordinary.

And centralizing this way is very, very destructive of wealth. I'm an investment banker, I love to create wealth, and the opportunity—the thought of building a society where you could let that wealth really grow and happen is very exciting to me. I know, I have a sort of mathematically conceptual understanding of what is possible in terms of wealth creation. And that's one of my reasons for optimism.

Tyranny is just fantastically expensive, as is secrecy. I mean, it's very profitable for the billionaires but it's very wealth-destructing.

The other thing is, I think the closer and closer the people running the centralized systems get, the more and more they're going to risk killing each other. It's the only thing I can say. You're not creating a culture— You're creating a very psychopathic culture and it's not the kind of culture that holds together through thick and thin over long periods of time.

My favourite Bible story is the story of Gideon. And if you come to Solari, I have a great interview with Thomas Meyer about the story of Gideon.

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It's a story where Gideon and his army attack and throw the Midianites out of Israel. The Midianites are so hateful and suspicious and so competitive, they kill each other. So I'm not so convinced we're going to win as the people trying to centralize control are going to end up kind of killing each other.

I think that RFK's candidacy in the United States can do extraordinary things, so I'm very hopeful, because I think it can resurrect the excitement and the love for the kind of values that you were talking about. He has a great book called *American Values* about his family values and he does do a good job, I think, of trying to live according to those values and teach them. So that's one thing I think he also has done, he and his colleagues, because he has a very deep and very talented team. I think they can do a lot to help people understand what's going on and why it doesn't have to be this way. So just as a way of bringing transparency, it can be very powerful.

He has built many workarounds the corporate media over the last 10 years. And now we're seeing the market share shift out of the corporate media and into those workarounds. And if you look at his market penetration, just through media, it's extraordinary and I think will be very good.

Now where does that go as a political matter? I don't know, but simply at a minimum bringing the kind of transparency and reminding us of the potential that we have if we resurrect our values and we don't let the lawlessness cause us to lose our love, has the potential to make an incredible contribution. If you look at the polls, it already has. And it's completely shifting the narrative to a real conversation about real problems and real corruption and real lawlessness and what are we all going to do about it?

So, I think it's going to be a very— At a minimum it's going to be a very positive contribution. And among other things we'll finally face the fact of what happened. You know, in the 60s there were four assassinations that basically shut down a lot of political discourse in the United States. And going back and looking at what happened healing from those, I think would be incredibly valuable to the American people.

Commissioner Massie

Thank you very much, Madam.

Commissioner Kaikkonen

Thank you for your testimony. I have a comment and then I have a quick question. For the last three years, a number of businesses in Canada have been shut down by oppressive government legislation and mandates and lockdown measures. And many of those people who ran those businesses have lost their life savings, their family investment for years. And now, three years later, we have Canada Revenue, the equivalent of IRS in the States, sending demand letters for taxes that the CRA has assessed them and says that they owe. And yet they don't have a business; their business was shut down.

I'm just kind of thinking about that in the context of what you have said here. And I'm just wondering, in terms of fighting back something that Canadians can do: a week and a half ago, CRA, Canada Revenue Agency, said that they're not going to accept any cheques. I'm going to assume that if everybody in Canada sent cheques next year when they're filing their income tax, that would be a way of fighting back in terms of peaceful civil disobedience.

But my question is, you have really great ideas and I love the idea of building a local community and networking with one another, but I'm just wondering: How do we filter that down to our education system where our students are being taught everything but how to work within a community and to strive for the best that they can be?

Catherine Austin Fitts

So, what you've brought up is the importance of the taxation system. If you go to Solari.com/taxation, we have at ourmoney.solari.com/taxation, my general counsel and I wrote a very long piece on the fact that we're going to have to find a way to re-engineer our taxes. If we continue to pay taxes to governments that send out IRS agents to target the people who've been destroyed by their mandates, there are no solutions.

If we continue to fund school boards that destroy the educational opportunities for our kids,

[01:15:00]

that can never work. So the question is: How do we, within jurisdictions, whether regional or local, assert control of the taxes and make sure the tax money is spent in both lawful ways but also productive ways. And that's the toughest nut we have to crack. And it takes real organization at the local level and at the regional level to do it. But that's what we're going to have to do.

Now there are many tactics that we can use short of organizing. One of the things we propose is organizing escrows to make sure our money is spent lawfully. But short of that there are other ways to do it. I always tell everybody who's trying to deal with their local school board to think of this as asymmetrical warfare. And instead of trying to debate with them on the issue upon which you've gotten involved over just simply do an audit and find out, where they're breaking the rules on the money and go there. There are all sorts of ways to get power and leverage over a local government institution if it's not obeying the law. But it takes real work, and that's the challenge.

I don't see any way— I would really encourage anybody who's interested in these very important questions to go to ourmoney.solari.com/taxation and look at our analysis of what can be done now. It's U.S. centric, but you'll be able to translate some of those ideas into ideas for Canada.

I would also say there's a wonderful book called *Harvest of Rage* by an author named Joel Dyer. It describes the same exact game that they did to the farmers in the United States after the 1980, sort of [bulker] slam on the economy. And he describes the same thing. They got these businesses to take on all sorts of debt and they pulled their subsidies. They had a recession then they default on their debt and then they send the IRS in to go after them on taxes for writing down the indebtedness. It was the same exact game.

And what's important is a broad-based coalition of citizens realize that these business owners have been targeted and this is not a legitimate enforcement. This is what we call an "op," it's an operation, and we need to organize to help protect them.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

And there being no further questions. Catherine, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and assisting us today. Your testimony has been very helpful.

Catherine Austin Fitts

Well, thank you and thank you for all your efforts. Just remember, transparency can make an enormous, enormous difference. So what you're doing is very important, and I'm very grateful for the opportunity to know you and be part of it. So you have a wonderful day.

Shawn Buckley

You too.

[01:18:23]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 5: Dr. Stephen Malthouse

Full Day 1 Timestamp: 05:25:38–06:08:20

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Dr. Stephen Malthouse and I see him on the screen. So hello, Dr. Malthouse. There, you're on our screen as well. If you could give us your full name and spell it for us and then I'll do an oath with you.

Dr. Stephen Malthouse

Stephen Malthouse, S-T-E-P-H-E-N M-A-L-T-H-O-U-S-E.

Wayne Lenhardt

And do you promise that the testimony you will give today will be the truth, the whole truth, and nothing but the truth?

Dr. Stephen Malthouse

I do.

Wayne Lenhardt

Okay. You've been active in all sorts of ways. I think you've been a practitioner on Vancouver Island. Before we get into that, we've just heard Catherine Austin-Fitts give us a talk. I understand that you have just come back from Europe, where you've attended many functions over there. So I think it would be very appropriate if you could give us at least a small snapshot of what you're seeing over in Europe. And I'll leave it to you to either do it after your main testimony or do it now, but I think we'd find that very interesting.

Dr. Stephen Malthouse

Well, this was the third International COVID Summit, which was held in Brussels, in Belgium, and it was a three-day conference. Doctors, experts of every field, were invited from around the world to attend. And it was really focused around a presentation in the

European Union, which occurred on Day 2, in which 30 physicians and experts of other fields all spoke to the European Parliament, to the members there, but it was livestreamed out to the world. And in fact, my understanding is that there were more views of that livestream than had ever happened in the European Parliament in its history.

And what it was designed to do was to really present the whole COVID story from beginning to end. There were no holds barred. By that I mean that the speakers were invited to tell it as it is, and it was coming from personal experience and expertise and knowledge of the science. And it told quite a different story than what we're hearing as the general narrative about COVID-19 and what happened. So really, it was an attempt to tell the truth and get it out there. The conference was three days long. The first day was, in fact, a closed session among doctors and, again, experts from all over the world.

We had quite a few coming from Canada and the topics ranged from anything from the science of COVID, to vaccinations, to geoengineering. Many topics were discussed and we had some lively discussions among the people that were attending. It was a lot of fun.

And then the third day was dedicated to the media. There was the opportunity for media to ask questions, to have individual interviews with the speakers, the people that were attendees. And we had three panels at that time. And interestingly enough, those three panels, which contained about eight people at the front table, were very engaging in working over different topics, including how to prevent this from happening again.

So it was an excellent opportunity in many ways for doctors and epidemiologists, scientists, experts in many fields of life to come together to meet each other and to work over things. But also, to try to get the word out through the European Parliament, and to let those members in the Parliament themselves know what, I would say, the real scientific community knows about what's happened the last three years.

Wayne Lenhardt

Perhaps I'll just stop for two seconds and just say to the commissioners: do you have any questions for Dr. Malthouse relating to that? If not, we'll move on to his presentation.

The two groups that I think you've been associated with, or perhaps even had a hand at starting were, called Educate Before You Vax [Vaccinate] and also Justice for the Vaxxed. I think on that note you have a presentation with slides, so I'm going to let you launch into it and proceed [Exhibits OT-13, OT-13a].

Dr. Stephen Malthouse

Thank you very much. Well, first I'd like to perhaps introduce myself because many people may not know me. I'm a family physician from the west coast of Canada. I've been in the practice of medicine for 45 years in Canada. And I've worked in many different situations. I've worked in urban and rural situations. I've worked in emergency departments. I've done some palliative care. I've done some overseas research, particularly in the field of pediatrics.

[00:05:00]

And I do have a special interest in integrative medicine, which is the sort of seamless combination of both conventional and alternative medicine. I was a founding president of the Canadian Integrative Medicine Association; and also during these last few years, I was a

founding president of the Canada Health Alliance, which is a group of practitioners across Canada, including also volunteers. We have about 5,000 members. The Canada Health Alliance's mandate is really to help create a better medical system in Canada.

I've worked here on Denman Island, which is a small island off the coast of Canada, for about 13 years and I took a sabbatical in January 2020. I didn't really realize what was coming our way but I soon found out. And like most doctors, I was planning on being called back to work in some capacity, expecting a tsunami of death and suffering from the COVID-19 illness, which was coming out of China. But it didn't take long before we realized that that was not going to be the case exactly.

Before that, even in the early days—in February, actually in March and April—it became clear that our public health was not doing all that they could, particularly with regard to vitamin D, that we should have supplements to vitamin D for all our long-term care facilities. And in fact, Canadians should be taking vitamin D to prevent respiratory illness, which is what we thought COVID was.

So I sent letters up to different places trying to get some attention to the fact that we could give people vitamin D, and we could reduce the risks of infection. Also looking at what was coming out of China, we had vitamin C being used intravenously. So I called around to our local hospital and a few other people to see if, in fact, we had stocks of vitamin C for intravenous use in the hospitals, which we didn't.

I made some inquiries about vitamin D. In fact, I sent a letter to our public health and long-term care with evidence of the research on vitamin D and respiratory illnesses and how vitamin D supplements, at least to attain a healthy level of vitamin D in the blood, could be beneficial. That was ignored. In fact, the message was passed up the line and, essentially, they laughed at it, saying that people in the Comox Valley—not just doctors—think that vitamins can cure everything. So that's where that ended.

I also at the time was the president of the Canadian Integrated Medicine Association or CIMA. And if I could share my screen, I'll show you a few things which I think you'll find interesting [Exhibit OT-13]. I hope you can see this. Here we go.

When we saw this coming, actually in May, the Canadian Integrated Medicine Association created a statement policy on this. And I put it up here because it showed that vitamin D, which we subsequently learned was very helpful for treating COVID, at least preventing it from becoming serious: We knew this way in advance, and we put this out as not just a policy, but we put out a media press release.

There was no pickup of this in the media whatsoever, which was not entirely surprising because it was still considered alternative medicine. But the evidence in [using] this for deficiencies and people's nutrition was documented with studies and so forth. And I think if we had done this in the early days, we would have prevented a lot of the problems that came along.

The evidence became more and more clear that all these public health policies that were being pushed on us were not really valid; they were not based on any science. And that would include masking, social distancing, isolation, asymptomatic spread of a disease: all these things plus the subsequent effects of the policies that were being mandated that were causing overdoses and suicides. Increasingly, we were seeing the psychological effects on people—particularly on children, who were supposed to mask themselves so they didn't kill their grandparents. I mean, we started seeing this, and so I actually wrote some

material in our local newspaper called *The Grapevine*, and telling it how it was, and trying to get some community meetings together so we could discuss these things.

As you may know, across the country, whether you were living— In whatever province you were in or even if you were traveling in a car across the country, the number of people that were allowed to congregate in one location varied from province to province and this does not make any sense.

[00:10:00]

And so I tried to get the people together on Denman Island, where I live, to talk in an outside situation. And as soon as I put an invitation into our local newspaper for this, I found that I was getting a call from the College, from Dr. Puddester, who was in charge of complaints. And he said, "Yeah, you can do it, but you got to be careful. You don't say you're representing the College, that sort of thing." And he'd already had two complaints just from my insert into the local newspaper.

So we had two meetings. It was quite interesting, and a lot of people had questions. We tried to answer as many of them as we could.

And before I come to this, I'd just like to say that we also had some things by public health put in our local newspaper which were really not based on any science whatsoever. One was that the vaccines, which were coming along, were going to put us back into good health and protect this virus from spreading; and we were going to return to normal; and they were safe and effective. None of that had been shown, of course, in any of the studies, which as I'm sure everybody in the audience knows, were abbreviated and lacked appropriate animal studies.

When I saw this in our local newspaper, I wrote a letter saying that this doesn't make sense. It's not based on anything. And in response to that, I had 15 doctors—not all of them even actually worked on our island, but on the two islands, one, ours, Denman Island, and Hornby Island nearby me—write a letter saying essentially that all 15 of them did not agree with me. Essentially, that was all the doctors other than me on the island. And that they themselves were waiting to get their shot when it came around. And that they trusted the CDC [Centers for Disease Control and Prevention] and Dr. Bonnie Henry, who was our chief public health officer here in British Columbia; that they trusted her and they thought that the vaccine was going to get us all back to normal—and that it was the best way of preventing spread.

Of course, you know, a vaccine that does not prevent transmission cannot get herd immunity at all. So time went on and then we had masking in the summer. And then I wrote this letter in October 2020, to Dr. Bonnie Henry, our chief public health officer. By that time we knew— We knew quite clearly that all the measures that they had been using were fraudulent. In other words, when I say fraudulent, I mean they were not based on any real science. And I wrote this letter to her pointing out that the evidence, that contradicted all her policies.

This was in October 2020. And that's when the proverbial you-know-what hit the fan. I started getting complaints from the College asking me to defend what I'd said, and that I shouldn't be speaking about a colleague like this and so on. It was— I thought it was a pleasant letter but it just really asked her to reverse her policies because none of them were based on science. And that's kind of how it started with me in terms of the way my career went.

We did some further things after that. I think that that letter was important because I got a lot of things back from people saying that it actually validated what they were thinking despite everyone telling them they were crazy. And I think for that point it really did some good in that I got quite a few letters like that. But also, after that, a group of people on the Island—Vancouver Island—decided to send out my letter to Bonnie Henry with a cover letter from me. It was sent out to maybe a third of the doctors in British Columbia, mostly in the lower mainland of British Columbia. And the cover letter said to doctors that, “if you think something’s a bit fishy here, please reach out and contact me.” And some did. There’s how I met quite a few really good doctors, including Dr. Hoffe, Dr. Kindy, and many others in fact—who I’ll talk about later when I talk about the tours that we did.

But I just wanted to read you a letter that I got back from one of my colleagues. This is from a Dr. Michael Vance, who, I believe, lives in the Okanagan in British Columbia. And this is what he said after he received a copy of that letter from me. I think this will give you maybe an impression of the pushback that we have from our own colleagues.

He said, “Attention Mr. Malthouse,” he didn’t call me Doctor: “First of all, please do not refer to me as your colleague ever again. Secondly, I will be lodging a formal complaint to the CPSBC,” which is the College of Physicians and Surgeons of British Columbia, “and state that you constitute a danger to the public. I’ve also begun to reach out to the rest of my colleagues to do the same. I know you are close to retiring. Thank heavens for that.

[00:15:00]

So this may not matter to you but it is my professional duty.”

And then he went on to give me a psychological assessment of why I was doing this. He said:

You have traveled along in this life looking for validation and respect, and my guess is that it never quite came to you. My suspicion is that you’ve always been a bit inadequate, probably stemming from childhood experiences or inadequacies as a young adult. You’re near the end of your career and one might imagine you sitting down to rest, and you suddenly get divine inspiration and hope that you can change the course of your mediocrity. You wanted to change the world—or your world at least—and make a difference for once. You imagine that a letter reflecting YouTube videos, blogs, and alternative media sources to the person who actually has authority and respect, i.e., Dr. Henry, would change her mind, and, if not hers, your letter would influence the public enough that it would change something about our COVID-19 response. But then when nothing happened, you followed up with a **letter to your colleagues with the same wishful thinking that finally, this time, you will be able to make an impact in this world, and make a name for yourself.**

Alas, it would be so hilarious if this was in a comedy sketch, if it weren’t so sad.

It goes on in that sort of vein. But I think this gives sort of an impression of how this letter to Dr. Henry had an effect on other doctors in our province. I would say that this is evidence that these doctors are not doing their homework. In fact, they’re not doing proper research. They’ve all come to believe that any vaccine is safe and effective no matter what, so they don’t do their homework and they’re just following the guidelines without thinking it through. But it also shows a bit of a knee-jerk reaction that doctors had towards their

colleagues who were stepping out and speaking up about what they found to be inaccurate in the science that the public health people were calling upon to make their decisions.

Other things that I did, I got involved in creating these “Canadian Doctors Speak Out” videos. I think this was the first time that any doctors put out a video here in Canada, where there were quite a few of us on these videos. And we really each took a part in talking about how COVID is not something you need to be frightened of. Here’s a way to treat it, prevent it. And then when it came to the injections—particularly when they were going after our children with injections and masks and isolation—we spoke out against that. I think I was the first person in British Columbia, with my letter to Dr. Henry, to actually stand up and say that things were going awry in public health. It was a danger to its own citizens.

And of course, there were lots of things happening. The College called me up, and I had to have an interview with them. I had the Canadian Medical Protective Association, which is kind of like our insurance for most doctors against malpractice. I asked them to help me out, but I did not find that their lawyers were actually aggressive enough. By that I mean they seem to know all the secretaries of the College by first names, and you know what that means. And so I ended up essentially letting them go and hiring Rocco Galati. Many of you may be familiar with him; he’s a lawyer based in Toronto. And we actually had our few minutes with the College.

Normally, they invite a doctor to come to the College to have an interview to explain what they’ve been doing. And it really—it’s been like being led out over the quicksand unless you know what you’re doing. And when we had our 10-minute visit, which was supposed to be longer of course, but we asked that it be recorded. The College said, “We don’t record these meetings.” And the reason again is that the doctors don’t like it, which I found hard to believe. Mr. Galati, who was representing me, said that, well, even the highest courts in the land say that, with today’s technology, there’s no excuse for not recording these meetings. They said, “Well, we’re not going to record it, and you’re not cooperating.” We said, “We’re here, we’re cooperating. We just want it recorded.” And they said, “Well, we have nothing further to say,” and we were done. I think that’s a good example of a lawyer showing his teeth.

Then after that, I had no further meetings with the College. Although things are still in process. I did have to put in a suit against them regarding free speech because, as you know, both colleges—the Ontario college and the British Columbia college—were saying that doctors could not speak against public health at risk of having their licences revoked.

And of course, there were hit pieces as well against me and some of my colleagues in the press. Personally, I feel it was good advertising for what we were trying to get out to the public because there’s no other way of getting things out through the mainstream media.

[00:20:00]

And in fact, I was de-banked by the RBC, Royal Bank of Canada. The reason was unknown. In fact, they would not tell me the reason, but they gave me two months to take all my accounts out of the Royal Bank of Canada, the RBC.

Excuse me. I have a bit of a cold. That’s why I’m not in Ottawa. I would have preferred to be there to be able to testify in person, but it wasn’t meant to be.

Then there came a time where they were starting to push these vaccinations, these COVID shots, down onto our children, taking it down as far as five-year-olds. And we knew that it

was going to go down to the six-month-olds; we could see that in the wind. It was pretty obvious to those of us that were searching to look. But this is what Bonnie Henry said. She said— I'm not able to quite read it on my screen because it's blocked, give me one second here.

This is verbatim: "Like all COVID-19 vaccines in Canada, vaccines for children are free, safe and effective. When you get your child vaccinated, you protect them from severe illness from COVID-19 and reduce the spread and infection in your community."

Well, this was completely against what all the science showed. If we look at the children, we call them children between zero and 19. And in fact, only 15 children had died during the entire pandemic—so-called pandemic because, you know, there was no increased all-cause mortality during 2020. It wasn't until the vaccinations, so-called COVID shots, were rolled out that we started seeing the death toll mount, and the amount of suffering and adverse events from those shots were causing so much harm.

But before that, there actually was no pandemic. And in fact, you could hardly even find any children that didn't have serious comorbidities or pre-existing medical conditions that had died with a positive PCR test—which we all knew by that time was completely fraudulent. Because the number of cycle thresholds that they had used for this was about between 40 and 45 right across the country. And we know that anything above 25 was not going to give you accurate results. So we had so many false positive tests that it completely made the test useless. But even the founder of the test, the person that created the test, stated before he died in 2019 that this test was not designed to diagnose viral illnesses.

But as you can see from this chart here: the number of children that died across Canada with a positive PCR test was so small that statistically, it was zero. Also, we knew that this was not a safe shot. If we look at this, there were more injuries— This is just 2021 after the COVID jab was rolled out. We started to see this incredible increase in deaths reported to the Vaccine Adverse Events Reporting System [VAERS] in the United States, which really only collects between probably about 1 per cent—maybe a little bit more, maybe up to 5 per cent—of the injuries that are caused by the vaccinations.

And look at this rise in vaccine injuries. We knew it wasn't safe. So "safe and effective" really was kind of going out the window. And we'd already known about all these young adults who have been killed by the shots, and so we felt that something needed to be done about this. What I did is I kind of thought we needed to get on the road. And so I spoke to Kari Simpson of Canadian Voters Association, who helped to organize a series of doctors' tours. We went ahead and did six tours: three tours to talk about the vaccines and children, and three tours to talk about the vaccine injuries which had already occurred and for which people were being gaslit.

This is a map of the places that we went in our tours. We went to about 30 cities, some of them a couple of times. And this is what we spoke about in the first part of the touring. We started in December of 2021 going out there—and it was a little cold in a lot of places. You know, some places were really pleasant. And these are some of my colleagues that joined us on the tour. And this is an example of some of the places we stood outside in minus eight degrees temperature and talked to the public. But the public also came. They were desperate for information.

[00:25:00]

They would come and stay for two to three hours outside in the freezing cold, standing there listening to us talk. And we've got to hand it to them. That's Canadian spirit for you.

We had a lot of people who were out there supporting us. We actually had a bunch of trucks that gave us a little convoy on a couple of occasions, in fact—into the towns, and so on. So as we were talking to the audiences, we noticed that, over a bit of time, the audiences started changing. Not so much changing as we started noticing the questions were starting to change a little bit—because more and more people had the shots and they were wondering how they could take care of themselves or their family members who had been injured.

And they also seemed to be grieving deaths of many people in the family. We had one young woman who spoke who was crying in front of the audience telling us that she'd had six family members who had died from the shot. It seemed that some communities have been more affected than others.

I should just mention that getting into hot water was pretty easy for doctors. And I just want to put a shout out to those doctors that came on this tour because most of them, they knew what was going to happen to them if they joined us out there speaking to the public. But we knew that the government was not doing the job. They were not doing what they're supposed to do. And the College was fighting—well, persecuting—doctors who spoke out. Instead of protecting the public, they seemed intent on harming the public by not allowing them to be informed and to make informed decisions about what they were going to do for their health.

Informed consent is really impossible if you don't know what the contents of the vaccine are. Because not knowing that, you can't really make a proper judgment whether to get it or not. So everyone was really was being coerced into getting these shots. Or they were being, I would say "brainwashed" is a good term—but at least misinformed to the extent that they thought these shots were good for them, good for their families, and would protect other people.

We started seeing this come up pretty soon after we had started our first tour. So we changed the tour. And in September 2022, we decided to go out and try to give some hope to people and also to tell them that they were not wrong—that actually their injuries were stemming from this COVID shot. Because many people would get the shot then they would go to their family doctor, who would say, "No, it's not the vaccine, the vaccine is safe and effective." And then they would be told, "I don't know what's wrong with you, go home and let's see what happens later."

If they tried to get referrals to a neurologist for example for a neurological injury, sometimes when they heard that it occurred after the vaccine had been given to the patient, they would not be accepted into the specialist's list. It's as though nobody wanted to touch this hot potato of vaccine injury. And still, the slogan of "safe and effective" was being bandied about by our public health.

So what we did is we branded a big bus like this, "Justice for the Vaccinated," and we started going to the different communities. This is our team here, the first team anyway. And then the team changed as we went along. We had this on the back of the bus.

The bus really became like a museum, I would say, or a tribute to people who had had the shot and those that had died. We put posters on it like this, and people were asked to come and sign on behalf of people they knew or family members—or they themselves if they had

been injured after the COVID shot. And when we started driving along with this, between communities, we noticed we'd get lots of thumbs up from other drivers; people would start honking their horns to us, even truck drivers would give us a toot.

We became quite known. Whenever we pulled into a parking lot, people would come to the bus to talk to us and about what had happened to them and to tell their stories—because they were finding that there was no place else that they could do that.

This is Dr. Hoffe. I'm sure many of you know him. Dr. Hoffe, who was on most of the tours with me: we're putting up pictures of people who had been injured severely or died from having had the COVID shots.

[00:30:00]

And this is Kari Simpson. I think she needs a special shout-out because she was one of the main organizers of this through Canadian Voters Association. And without her, we would not have been able to do these tours.

But you can see we had packed audiences everywhere we went, pretty much. As the word got out, the bus became covered in signatures and stories. And we had a lot to tell people; we had a lot to tell them. We had the opportunity. We spoke for two to three hours usually per night. We spoke every night, and we had lots of discussion afterwards. People would come up— I think Dr. Hoffe, we used to drag him out of the venue in the end because he had so many people who wanted to ask him questions.

And we also had guests come. We had different people, doctors speak. We had doctors in the audience but often they would not want to be recognized, and they might come in and leave early. But we did have some doctors locally who spoke up. And you can recognize Dr. William Makis there on the right. And there's also a woman there, right next to the sign, who came up and spoke as a vaccine-injured person and told her story.

We had people come on the stage who would tell us what had happened to them after they'd been given the COVID-19 shot, and the injuries they had sustained, and what their experience was when they went to talk to their doctors about it. How many of them were just told to go home and suck it up, or, "it wasn't the vaccine, and I don't know what's wrong with you." And "It's all in your head." It was a common story. As I mentioned, we had lots of people come and attend, and I just wanted to show a little brief video here. Hopefully it will work. I will see.

[Speaker on the video Dr. Malthouse shows asks how many people know someone who was vaccine injured, requests that they give a show of hands.]

Dr. Stephen Malthouse

I'm not sure you could hear the video very well but those were people who knew one or more people that had been injured by the COVID shots, and a lot of people had two hands up. And because of that our audience was getting quite large. Before that question, we also asked how many people knew someone who had been injured or died from COVID itself—and only a few hands were put up in the audience. So it was becoming very obvious that the COVID shot was much worse than the disease itself.

And we travelled all over the place—we went to 30 different locations. We had quite a time on the bus. It was tiring. Here's a little picture of our support squad, trying to get revived.

And no, that's not an intravenous line running across there. But it was tiring. We went to someplace every night to put on this presentation.

This is the last tour. Just as we were ready to finish up our fifth tour, three for the "Educate Before You Vaccinate" and two of the "Justice for the Vaccinated"— Because, you see, "Justice for the Vaccinated" was the idea that everybody was a victim, whether you were vaccinated or unvaccinated. Our enemy was not each other. We were trying to bring people together and to give them solutions, but the first step is they had to recognize that they were a victim whether they've been vaxed or not. And that their enemy was somebody else; that essentially, it was the government and public health that seemed really intent as far as I can tell, on trying to kill and maim people. And still seem to be intent on doing that. That's my personal opinion.

But then we heard that in Regina, they were going to have the Grey Cup and we thought this was a great opportunity for us to go to Regina and to talk to people about athlete collapse after having the COVID shots. You can see that, after the shots were rolled out in 2021, December 2020 and onward actually, a lot of athletes around the world had dropped dead suddenly on the field. And no one was really paying attention to this. And this was true for little kids as well: children were dying as well on the fields. People were dying in football practice all over the show.

In fact, my licence was suspended in March 2022. And the reason it was suspended by my college

[00:35:00]

was because I was writing vaccine and mask exemptions for people across Canada and allegedly attempting to bypass public health policies.

Well, you know the public health policies were such that, unless you had two shots from two different manufacturers and had near death experiences from both, you would not be exempt. It was pretty much like that. And if you had an allergy to one of the ingredients— even an anaphylactic reaction, in other words, to something like polyethylene glycol (PEG)— then doctors were informed that we were to send you on an urgent basis to an allergist, and that allergist was supposed to assess you and determine whether you could have the shot or not. And invariably they assessed you that, "Yes, you could," and they would send you back to the doctor and say, "Yeah, go ahead and give the shot but divide into five parts and give five different little shots of the same substance and stand by with adrenaline just in case."

So you know, I have no regrets in signing those exemptions. In fact, I think there may be a small hockey league that was created in Ontario because of those. I'm actually quite proud that I probably saved some lives. Particularly when kids were forced to get these shots just to go out and play sports. And you know what it's like for teenagers, they want to be part of the crowd or even teens looking to make some athletic endeavor their career. I feel proud that actually I was able to protect them to some extent.

But we decided, "Hey, we're going to go to the Grey Cup." And so we got the bus rolling and we headed out from Vancouver. We were joined by the team as we went along. And, as you know, we were actually, it was a bit prophetic: we went out there to tell people about athletes dropping dead, and subsequently we did see Damar Hamlin of the Buffalo Bills, who did die twice on the field and was resuscitated. It's interesting when they interviewed him as to what his doctors told him the cause of it was. He said, "um, that's something I

want to stay away from.” In other words, he was not willing to discuss the reason that his heart stopped beating.

And I’m just going to show a little video because it tells you a little bit about how we approach this issue.

[Dr. Malthouse plays a skit of Dr. Hoffs and Dr. Malthouse on their Grey Cup tour, restarts after 35 seconds due to poor audio.]

[Video skit] Dr. Charles Hoffs
Hey, Steve.

[Video skit] Dr. Stephen Malthouse
Hi, Charles! How are you doing?

Dr. Charles Hoffs
I’m doing well.

Dr. Stephen Malthouse
What are you doing?

Dr. Charles Hoffs
I’m just playing a bit of football.

Dr. Stephen Malthouse
Me, too! Me, too.

Dr. Charles Hoffs
No, but your football is looking a little strange.

Dr. Stephen Malthouse
What do you mean? It looks okay to me.

Dr. Charles Hoffs
No, no, no, no. This looks a bit swollen, I’d say.

Dr. Stephen Malthouse
Well, I never noticed any difference. Let’s compare.

Dr. Charles Hoffs
Yeah, yeah, look.

Dr. Stephen Malthouse
Well, what’s— What do you think? Wait a minute! I think my football has got myo-football-itis.

Dr. Charles Hoffs
Did it get a jab?

Dr. Stephen Malthouse
Yeah, it had two COVID-19 jabs and a booster.

Dr. Charles Hoffe

No wonder it's swollen.

Dr. Stephen Malthouse

Yeah. Whoa, I never knew that. And you know, it's amazing how you can play football and you don't even know you've got a swollen one.

Dr. Charles Hoffe

That's—that is very dangerous. Well, I think we should tell some people about this.

Dr. Stephen Malthouse

I think we should. You know what? We're doing this little skit because we're showing how people can get inflamed hearts after the COVID-19 shot and not even know about it. And it's kind of like the football is an analogy. You know, those COVID-19 shots cause inflammation of the heart or myocarditis, pericarditis. And you know, more than 50 per cent of the people that get it don't even know they have this disease going on in the body.

Dr. Charles Hoffe

And that's very dangerous because that inflammation, that swelling of the heart, causes scarring in the heart. And when they get out on the field and the adrenaline and the noradrenaline is going, it puts them into a fatal arrhythmia and they drop dead.

Dr. Stephen Malthouse

Yes. And you know what? The ones that die, even when they try to resuscitate them, more than 75 per cent cannot be resuscitated because of the severity of the disease in their hearts. And the thing is they don't even know it.

Dr. Charles Hoffe

And you didn't even know that your ball was swollen.

Dr. Stephen Malthouse

I had no idea. Well, I'm not going to get another one of those boosters.

Dr. Charles Hoffe

I don't think you should. I'm glad you've woken up.

Dr. Stephen Malthouse

Yeah.

Dr. Charles Hoffe

Yeah, yeah.

Dr. Stephen Malthouse

Thanks, Charles. Nice to see you.

Dr. Charles Hoffe

Thanks, Steve.

Dr. Stephen Malthouse

Ciao!

Dr. Charles Hoffe

Yeah, take care!

Wayne Lenhardt

Perhaps that's a good time to stop and ask the commissioners if they have any questions.

[00:40:00]

Okay. Sorry, Dr. Malthouse, is there anything you wanted to wrap up with before I interrupted you?

Dr. Stephen Malthouse

Yes, first of all, I want to thank the doctors. In fact, I want to name the doctors that came on the tour. I'm sorry if I'm a little bit over time but I think this is important. I wanted to thank Dr. Charles HOFFE, Dr. Daniel Nagase, Dr. Anna Kindy, Dr. Rachel Maurice, Dr. Sofia Bayfield, Dr. Kevin Sclater, Dr. Biz Bastian, Dr. Eric Payne, and Dr. William Makis, who all presented on our tours; and also, our organizers, Kari Simpson, Shelly Semmler, Dennice Pearce, Elizabeth Chapman, and Cris Vleck.

I just also want to thank the communities and the hosts that organized our events and put us up. It took a lot of effort. I want to thank the pastors, because many of them opened their churches to us. I think in the beginning, when we weren't allowed to congregate anywhere, we had a lot of public health people trying to shut down the venues, phoning them up and threatening them. And I want to thank those people that gave testimony.

I'd just like it to be known that those doctors that talked on our tour, they knew what they were getting into. In other words, they knew the risks that the colleges would be after them, and they were willing to risk their livelihoods to be able to speak out on behalf of their patients. And what else? I just wanted to say, just briefly, that really there were two pandemics: there was the fake pandemic, which is really the psyop, and then there was a real one, which was caused by the public health issues. Similarly, there are really two wars going on here. One is the war that we see on the surface, in which we're being attacked in many different fields with the full court press, whether it's food or whether it's the shots or whether it's lockdowns, or finances, religion, education in our schools.

But also, there's an inner battle, too. And that inner battle is really what we call an integrity test. It's where people are being asked to stand up. And I just hope that— I just want to speak to my colleagues, other doctors that know what's going on and haven't really stood up for their patients. I just want to say that when your opportunity comes, I hope that you take it and not choose to sit down, and rather that you choose to stand up.

Thank you very much for having me.

Wayne Lenhardt

On behalf of the National Citizens Inquiry, I want to thank you for your testimony and for all that you've done with your colleagues. Thank you.

[00:42:49]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 6: Sheila Lewis

Full Day 1 Timestamp: 06:08:43–06:54:50

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness is attending virtually: Sheila Lewis. Sheila, can you hear me? If you can, I can't hear you because your mic is muted. Now I can see you. And can you talk just so I can see? Oh, there we go. Sheila, thanks for joining us. I'd like to start by asking if you could state your full name for the record, spelling your first and last name.

Sheila Lewis

My full name is Sheila Annette Lewis, and my first name is spelled S-H-E-I-L-A. Last name Lewis, L-E-W-I-S.

Shawn Buckley

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

Sheila Lewis

I do, so help me God.

Shawn Buckley

Now, Sheila, I have to explain to people that you and I need to proceed with caution because you're under a court order, aren't you?

Sheila Lewis

Correct.

Shawn Buckley

In fact, you're basically under a gag order.

Sheila Lewis

Correct.

Shawn Buckley

So you can't mention the name of an organ, that you're going to not mention but kind of talk about today, is that right?

Sheila Lewis

Yes.

Shawn Buckley

And you can't mention the names of doctors?

Sheila Lewis

Correct.

Shawn Buckley

And you can't mention the location of hospitals.

Sheila Lewis

Correct. Or the name of the hospital.

Shawn Buckley

Right. Or the location, too, or its name. So we have to be very careful because actually you and I could be violating that order if we don't. But I want to be clear. And when you're giving your testimony, that basically, you have truthful information about your health condition, and what specific treatments you need, but you are under a court order preventing you from telling your whole story with us.

Sheila Lewis

Correct.

Shawn Buckley

Now can you tell us, as best you understand it, how this court order came about, basically gagging you from speaking about some things?

Sheila Lewis

One of the doctors in the transplant team—in the lower court, the first court case I had—mentioned and stated to the judge that she had received a threatening email. I didn't see it. She didn't have it to show the court. But anyway, she stated she had got a threatening email, and she was scared for her life, as she stated. And I guess they asked the courts to put a gag order—to hide their names, and location, and what we mentioned—against me in order to protect them.

Shawn Buckley

How many doctors are involved in this lawsuit?

Sheila Lewis

I believe there's five or six.

Shawn Buckley

Okay. So one out of five claims to have received an email that's not produced to you or the court, and there's a gag order covering all five?

Sheila Lewis

Correct.

Shawn Buckley

Without violating the order, I'm going to lead you a little bit. And just so that the people watching your testimony understand, leading is where the question kind of suggests the answer. And we're just doing that so that we don't inadvertently violate the court order. It's a severe restriction on Sheila's ability to testify, but we don't want to violate the court order.

You have a life-threatening condition?

Sheila Lewis

Yes, I do.

Shawn Buckley

When did that develop?

Sheila Lewis

It started in June of 2019, when I found out.

Shawn Buckley

Okay. And because of this life-threatening condition, you were told that you needed something. Don't mention the organ, but tell us what you needed.

Sheila Lewis

I needed a transplant. A double organ transplant, that's what I needed.

Shawn Buckley

Okay. And I will just indicate for the commissioners that a copy of the court order has been entered as Exhibit OT-5. When you need an organ transplant how do you get on the list?

Sheila Lewis

By doing a very thorough series of tests from head to toe. When they say head to toe,

[00:05:00]

believe me it's head to toe: there's a lot of testing.

They go through, they test all your organs to make sure they're healthy and in good working order. They test everything: your bones, your blood, your bone density, CT [Computed Tomography] scans. They do everything you can imagine. They test to make sure that you will pass and be able to get through this organ transplant, which usually takes, they said, eight to ten hours for this transplant.

Shawn Buckley

Okay. And I just want to make sure that I understand. So you basically have to go through an entire range of tests to make sure that your other organs are all good and you're strong enough so that you a) survive the surgery and then also, it wouldn't be a waste of time: you would survive it.

Sheila Lewis

And your heart is a big one too. They test that, make sure there's no blockage. You've got to go into day surgery for that. If there's a blockage, they have to put a stint in. And I was told, if there is blockage, I probably wouldn't get the transplant.

I had absolutely no blockage and they said my heart is very strong. So yeah, I was really, really happy when I heard that. I went through a lot of testing; I redid all the vaccinations as well, the childhood vaccinations.

Shawn Buckley

And how long did this testing take?

Sheila Lewis

The testing for my organs and whatnot and to make sure my body was in very healthy condition: it took pretty much the year. By the time they did them all, spread them out and did everything, it took a long time.

Shawn Buckley

Okay, so you basically went through a year of testing to be able to qualify to get on the organ transplant list and the testing went well.

Sheila Lewis

Very well. Yes, very well.

Shawn Buckley

Okay. Did you smoke, drink, or do any drugs, or anything like that?

Sheila Lewis

I've never done drugs in my life, I've never drank, I think maybe when I was 16 or something like that, I drank beer or something, and I didn't like the taste of it. And I tasted—I think back then it was Kelly's wine or something, and it was absolutely atrocious. So that kind of just threw me right off the alcohol. And then I had alcohol in my past—not by me—and that put a big damper on it. So I just never got into the alcohol.

Then I had children. I dedicated my life to my kids and my work and whatever. And smoking, yes, I did. I smoked cigarettes, but I quit smoking in 2015. I was just tired of smoking, didn't want to do it anymore, so I just quit in 2015.

Shawn Buckley

My understanding is that you were considered to be a very good candidate for transplant.

Sheila Lewis

Yes, they told me I was ideal—that's the word they used. One of the doctors looked at me in one of the meetings that I had with them in Alberta here. She had mentioned that I was an ideal candidate for a transplant. They said they actually looked forward to transplanting me because I was in such good health other than the organ that I need, and they said they couldn't wait to get it done.

I was happy. I was so excited. It meant if I got the transplant, a gift of life, that I was going to live, possibly; and further my life; and go on. And I was really happy.

Shawn Buckley

Now, my understanding is that, in going through this process to get on the organ transplant list, they wanted to know if you had completed your childhood vaccination schedule.

Sheila Lewis

Yes, they did. They couldn't find my records.

Shawn Buckley

Okay, so tell us what happened. Because that was one of the requirements, so tell us what happened and what you did.

Sheila Lewis

They couldn't find my vaccination records from my childhood. So they called me up and told me I would have to get all my childhood vaccinations. And I'm, "Oh my gosh, that's a lot of vaccinations again." They said, "Yes, but it needs to be done if you want to transplant." And I said, "Oh, definitely." I said, "Well, just schedule them up and get them to call me, and I'll go get them done."

It's exactly what I did but it took a year: it took a full year. I remember we started it in January—I believe it was January 2021.

[00:10:00]

And in December, I got the very last. There was one needle that took three—there was three parts to it. Something telling me it's hepatitis B maybe. Or one of the, I think, hepatitis C or hepatitis B. But any way, I got the last one in December of that year. Because they had to span them out every three months, it took a year to get all my vaccinations from childhood, again. I got them all done.

Shawn Buckley

Right. My understanding is you were vaccinated as a child, but because they couldn't find the records of that, you consented to go through all those vaccinations again.

Sheila Lewis

Yeah, because I wanted my transplant.

Shawn Buckley

Okay. Then the COVID vaccine came along. And can you tell us what occurred with the COVID vaccine?

Sheila Lewis

COVID vaccine, COVID-19. They called me up one day and they said— It was just after it was rolled out. And they said they would have to have a meeting because at that point they weren't sure if transplant patients needed to get the COVID vaccine.

Shawn Buckley

Can I back you up and just ask you kind of the position you took towards whether you were willing to get the vaccine, and why you made the decision that you did?

Sheila Lewis

Well, that goes with what they said to me when I get in the office. When they called me up and told me they would have to sit around the table and make a decision whether transplant patients that needed organ transplants would need to get this COVID vaccine. So I said, "Okay." In a couple weeks they called me back, and they said I would have to get it.

When I was in the next visit in the office, I asked one of the doctors—he's actually the top doctor that I see a lot, or seen a lot of. And I asked him, when he spoke about how I would have to get it if I wanted to continue on with a transplant I said, "How safe is this vaccine?" And he looked at me, and he didn't even blink. He said, "One hundred per cent safe." And I said, "There's no data. Hasn't even been out very long, there's nothing on it, we don't know anything about it. How could it be 100 per cent safe?" He said, "It's 100 per cent safe." He said he'd bet his life on it. I said, "Okay."

I went home; I thought about it. I told him I'd get back to him. But when I did get back to him— I got searching in the meantime online, there wasn't a whole lot out about it. And I just kept putting it off and putting it off. The more I put it off, the more I found out, the more I didn't feel good about it. It was just a gut feeling, just something— I don't know, because I've never ever said no; I wanted this transplant so bad; I've never said no to them.

It was a hard, hard decision. It was either, “Well, you either take it or you’re going to die.” That’s basically what it come down to. And I knew it was no good. They didn’t even do the testing on it— They stopped all testing. It’s supposed to go through a series of tests. And not only that, a vaccine takes years to come up with—a safe and effective vaccine. They certainly didn’t take years, unless it was done long before.

Shawn Buckley

Okay, so you had looked into it and first of all, you became suspicious when the head doctor just assured you, “100 per cent safe,” and that made you suspicious. And then as you looked into it more, you became more concerned.

What happened? They’re telling you that you need this to stay on the list and you weren’t willing to do it. So what happened?

Sheila Lewis

I kind of guess at one point I said, “Yeah I will, I’ll take it” because I was terrified not to get the transplant. And then I wouldn’t go get it, and then when he called again in a couple weeks, he said, “Did you make your decision?” And I said, “I just can’t take it, it’s not safe.

[00:15:00]

I know it’s not. And there’s so much coming out now.”

It was at the point then when Pfizer was told by the Supreme Court of Canada [sic] that they couldn’t hide the secrets for 75 years—or the data for 75 years, which they wanted to. That they would have to do a dump every month. And that’s when it started coming out. I was researching the heck out of it all, and that’s when I started finding things out.

And I just said, “No way.”

And then in the lower courts— But I guess that’s down after; I won’t get into that yet. But anyway, yeah.

Shawn Buckley

They weren’t willing to bend at all?

Sheila Lewis

No, not at all. It’s either I take it or I die. That’s exactly what they told me.

Shawn Buckley

Okay. Now, was basically the problem, if you refused to take it they would take you off the list?

Sheila Lewis

Correct. They said, “no transplant.”

Shawn Buckley

Okay, now this is an important question. Tell us, what happens if you're taken off the list?

Sheila Lewis

When I'm taken off the list, I go to Status 0. And what happens when you get on the list first, you go to Status 1, that's the first step of getting on the list. They called me; they said I'm on the list. It was like heaven opened up. I was so happy when they told me that. Then they put me up to Status 2. Status 2 is the highest you go on a donor list. And it means that you progressed and you need one right away—a transplant as soon as possible. When they take you off the list, they take you from Status 2, to the top of the tier, right down to the bottom, which means 0, and you're inactive. They are no longer looking for an organ for you.

Shawn Buckley

Do you know if it is possible to really get back on the list again once you're taken off?

Sheila Lewis

It is if you're at Status 0, but it's not if they remove you all together. And the only reason I'm not moved, in a sense, is because I have court action—like, going through court.

Shawn Buckley

Right, okay. Before we go into the court proceedings— Because they just made these rules themselves, right? This wasn't a provincial rule. This was just a local hospital rule. Am I right about that?

Sheila Lewis

As far as they tell me, yes.

Shawn Buckley

Okay. And am I also right that some hospitals don't require hospitalization for organ transplants?

Sheila Lewis

Correct. There's only two major cities in Canada—and that's Alberta and Toronto—that perform the organ transplant that I need. Other hospitals perform other transplants but not the organ that I need.

Shawn Buckley

Okay.

Sheila Lewis

I was told by my transplant doctors in 2019 or early 2020 that there's only two hospitals that does this. And that's Toronto and Alberta.

Shawn Buckley

Okay. You're now facing a life and death situation because, if they take you off the list and you go to a zero, likely you're going to die. Am I correct about that?

Sheila Lewis

Yes, I'm at zero now. I have been for a long time, two years.

Shawn Buckley

But you started court proceedings to try and get your ranking back. Am I right about that?

Sheila Lewis

Correct. Two years ago, yes.

Shawn Buckley

So your life basically depends on the court proceedings.

Sheila Lewis

Correct.

Shawn Buckley

My understanding is that the Justice Centre for Constitutional Freedoms basically stepped in to help you.

Sheila Lewis

Thank goodness, yes.

Shawn Buckley

Do you recall your lawyer's name?

Sheila Lewis

Allison Pejovic. Forgive me if I'm saying it wrong, Allison, I know you're watching, but forgive me if I said your last name wrong.

Shawn Buckley

I think it might be Pejovic, right?

Sheila Lewis

Yeah.

Shawn Buckley

Right. And Allison was a volunteer at our Red Deer hearings, so the NCI knows Allison. The JCCF basically stepped in to help you, likely without charge. Am I right about that?

Sheila Lewis

That is very correct, yes.

Shawn Buckley

I just bring that up for those watching because it's important to support groups like that.

Sheila Lewis

Yes.

Shawn Buckley

So that people like you have a chance.

[00:20:00]

Sheila Lewis

Yes. They gather donations in order to help people like myself and other people that need legal proceedings, need a lawyer. They step in and help, and society donates to the JCCF in order for them to do this, to help people like me.

Shawn Buckley

Right, because you didn't have the resources to hire a lawyer yourself.

Sheila Lewis

No, definitely not. It costs a lot, a lot, a lot of money.

Shawn Buckley

Okay. My understanding is you brought a constitutional case basically arguing— I haven't looked at the pleadings, but I know you would have argued your section 7 right for life, liberty, and security of the person, amongst other things.

So you guys brought a constitutional argument. What happened in the Court of (now) King's Bench?

Sheila Lewis

Basically, what it came down to was that they went with the Bill of Rights, and they agreed with the doctors that I should get the vaccine in order to get a transplant. They also agreed with the doctors to put a gag order on me. And I lost. It didn't matter. It was no longer my choice, my body. I lost, plain and simple. They went with the Charter.

Shawn Buckley

Okay. So you're basically going to court saying, "My life depends on this transplant, and the only reason they're saying I can't do it is because I won't take a vaccine." And you would have been pointing out that the vaccine is very new. And the court basically said, "Too bad." You can literally— I mean, the effect is, you can die or take the vaccine. Am I right about that?

Sheila Lewis

That's correct.

Shawn Buckley

And if you took the vaccine, you still would be at zero and have to work your way back up?

Sheila Lewis

No, they would reinstate me, they would have to reinstate me. That is true.

Shawn Buckley

It's the lower court that then also issued the gag order, am I right about that?

Sheila Lewis

Yes.

Shawn Buckley

Your life depends on this. So you did the only thing you could do, you appealed.

Sheila Lewis

That's correct.

Shawn Buckley

What happened in the Alberta Court of Appeal?

Sheila Lewis

Pretty much the same thing, but in the Court of Appeal the judges had stated that they didn't know if they could or should intervene—that's what was stated—in a medical procedure, from the lower courts. So they stayed with the decision that the lower courts made and dismissed, but kept the gag order in place.

Shawn Buckley

Okay. So your life depends on them actually looking at this on the merits. And the Alberta Court of Appeal would have known that, am I right?

Sheila Lewis

Correct.

Shawn Buckley

But rather than choose to look at it on the merits, they said, “Well, we shouldn’t interfere,” and just upheld the lower court’s decision.

Sheila Lewis

That’s right.

Shawn Buckley

How did you feel about that?

Sheila Lewis

I really had a lot of hope in the appeal court, I really did—the Court of Appeals, I guess. I was hoping upon hope that somebody had a heart and some kind of, I was going to say “brain.” But some kind of compassion or something. But I guess not.

I was angry; I was very angry. But I also was angry when I’d seen the Minister of Health from Alberta. When the decision come down from the Court of Appeals, the Minister of Health stated on Twitter that he agreed with the Court of Appeals’ decision to stay with the Charter for the doctors and say I had to get the vaccine if I wanted the transplant. Jason Copping agreed with him. I was really angry about it; I was hurt; I was scared. I didn’t know what my next move was.

All I wanted to do was to live. I didn’t want to hurt anybody.

[00:25:00]

And I didn’t want to go to court. I never went to court in my life. All I wanted to do was be able to breathe. And I did everything that the doctors asked me to do.

I’m sorry.

Shawn Buckley

Take your time.

Sheila Lewis

I did everything in my power to do what I was supposed to do. And I didn’t drink and I didn’t smoke and I didn’t do drugs and I took all my vaccinations. I ate healthy. I’ve lost some weight. I didn’t need to lose hardly any; they said I didn’t need to lose any. But you know I did my exercises; I went to the programs; I did everything. All I want to do is live. I want to see my grand babies raised. But it’s not going to happen now; they just won’t bend. For no reason at all they won’t bend. It doesn’t matter what I do or how hard I try or if I have natural immunity. It doesn’t matter; they just won’t bend.

Shawn Buckley

So even if you had natural immunity.

Sheila Lewis

Which I do.

Shawn Buckley

Oh, so you've been tested? You've already had COVID. And you have natural immunity and they still will not bend.

Sheila Lewis

That's correct. They wouldn't do the test. I asked the head doctor in the transplant team to do a natural immunity test on me twice. And he refused. He said they don't do it anymore. And I said, "Well, can you just file the paperwork with the lab, the requisition? And I'll pay for it, I'll do whatever." He said, "I'll see what I can do." So I waited again. And in a couple weeks he did a Zoom call with me and I asked him about it. He said, "No, we don't do it anymore." I said, "Okay."

Then a lady I know; the name is Tanya Rollins; she's a wonderful lady from BC. She knew who Steven Pelech was. He is the one who does the natural immunity test from Kinexus, and she got a hold of him. He reached out to me. Long story short, he sent me the test. We did the test. I sent it back in. They did the testing. Three weeks later come back that I have high—he said extreme—antibodies to COVID-19. So yes, I've had COVID twice.

Shawn Buckley

But I just want to make sure I understand. So you have been tested. There's no doubt in anyone's mind that you have had COVID, you beat COVID. You have natural immunity. You have antibodies to COVID in your blood.

Sheila Lewis

Extreme high levels. He said more so than most people—that's what he said on the report. And he said I should not ever get a vaccine. Because I have such extreme high levels of antibodies to COVID-19, he said I should never get the COVID-19 vaccine of any kind. Because of the millions and millions of nanoparticles that will go through my cells and damage my cells. He said it would do a lot of damage to me. And another scientist told me about a spike protein in the vaccine that will do a lot of damage as well because I already have a damaged organ.

Shawn Buckley

Now, how long does this gag order last?

Sheila Lewis

As far as I know— I don't really know a lot about the gag order, but I know it lasts until I'm gone, I guess. I can never, ever mention.

Shawn Buckley

So it goes on until you're dead or something else happens at a different court. Because you've done the only thing—

Sheila Lewis

Pretty much. I guess if I have a new case with a different lawyer altogether and a different case altogether,

[00:30:00]

I guess the new lawyer wouldn't have the gag order on him. But I have the gag order on me until I'm gone.

Shawn Buckley

So because your life depends on it, my understanding is you have applied for leave to the Supreme Court of Canada.

Sheila Lewis

Yes.

Shawn Buckley

And my understanding is that the Court of Appeal, all three judges ruled against you.

Sheila Lewis

Yes.

Shawn Buckley

So you don't have a right to appeal; you have to actually ask the Supreme Court of Canada if they would accept your case.

Sheila Lewis

Correct. And that's the process we're in now. And I guess— My lawyer mentioned to me last evening that they are looking at the case now but have not made a decision.

Shawn Buckley

So you guys have applied for leave to the Supreme Court of Canada, and you have not yet heard from the court whether or not they will choose to hear your case.

Sheila Lewis

No, not yet.

Shawn Buckley

And if they don't choose to hear your case, that's the end, isn't it?

Sheila Lewis

That's the end. And I'm taken off the list altogether. And if, like you mentioned before, if I'm taken off the list altogether, I'll never get back on. Because they won't put me back on.

Shawn Buckley

Okay. So they've left you on the list solely because you have court proceedings going. But if the Supreme Court of Canada refuses to hear your appeal, you will be taken off the transplant list. Is that right?

Sheila Lewis

That's correct. Yeah.

Shawn Buckley

What is your life expectancy right now without the transplant?

Sheila Lewis

It ain't long. It's not long now. I'm on about 25 liters per minute of oxygen. I have three machines, oxygen machines going. Each one is at 10. I wear two hoses 90 per cent of the time. If I just walk a few steps, go to do the dishes, I have to have a face mask on with a bag and hold oxygen so I can press it every so often to get a little bit extra. I can never finish a pan of dishes or whatever. I can't cook anymore. Can't make a bed. I really can't do anything anymore.

I'm sorry. You just feel useless.

Shawn Buckley

Don't be sorry.

Sheila Lewis

Like you're just here, and there's nothing— It's like nothing nobody can do to help you.

When you can't breathe it's one of the most scariest, scariest things in the world—when you can't breathe. If you laugh you lose your oxygen, and if you cry you lose your oxygen, and if you move you lose your oxygen. So you have to be void of emotion of any kind because you're scared to lose that oxygen. And it's an awful way to be, an awful way to be. **Because one time when you laughed, or you cried, or you reached out for a hug, you could do all them things. You no longer can do it because you're going to not be able to breathe if you do.**

So help me God, that's all I wanted—was just a transplant. I was hoping to get the gift of life and be blessed to get one. I didn't do anything wrong. I just couldn't take that vaccine because it was going to do a lot more damage. And I know it was going to when the scientists, or the science tells you that it's going to.

[00:35:00]

Why take it? It's going to do you in before the transplant is going to do you in. At least without the vaccine you got to live a little bit longer, but with the vaccine, you're not going at all. The science tells us that. Because my organs already critically damaged and the vaccine is going to do the rest in. So why take it?

Shawn Buckley

We sure appreciate you sharing with us, Sheila, so that we can understand what you've gone through. How has this been for your family?

Sheila Lewis

It's really hard. It's really hard on my boys, especially because they're the ones that see it every day. They go through it every day with me. They rearranged their life so one of them could be at home at all the time: one in the daytime, one in the evening. They do everything. They've learned to do dishes and cook, make beds, everything I can't do. They vacuum, they scrub. They're actually wonderful, wonderful, wonderful young men.

For them to go through every day and watch me. Because basically what they're doing is watching me die. And it's got to be tough. And they never say anything. And they never complain. And they never, you know, give up, and they never get angry. They're there 100 per cent of the time for me. And what better children can you ask for than that?

Unfortunately, I didn't have any girls. I had all boys. I had four boys and they're great boys. I'm blessed in that area. Anybody that has children, hang on tight, and don't forget to tell them that you love them every day because they're pretty precious people. Because you never know when the day is going to come that you can't, so make sure you hang on tight to them.

Shawn Buckley

Sheila, before I ask the commissioners if they have any questions, is there anything else you'd like to say?

Sheila Lewis

Yeah, these doctors: there's no reason why they can't give me the transplant, there's none. I have natural immunity, very high levels of natural immunity, as I stated. There's no reason why they can't. Natural immunity is much better than any vaccine ever out there. So there's no—to me, and it's just my opinion on it—there's no other reason. And everybody has stated: scientists, there's doctors that state it in courts. There's, you know, the doctor that **does the testing for natural immunity: they've all stated I cannot have this vaccine.**

So what's stopping them? Your guess is good as mine. But there's something evil in this world or in this country even, that's happening. And I know a lot of people don't agree with me, and I'm sorry if you don't. But for the love of God, look at the science. But these doctors, for whatever reason, they won't bend. And I've pleaded with them, and I've asked them to please give me this transplant—or at least try to look for the organ that I need. I always said they were great people; they really were. They were great doctors. And what happened I don't know, surrounding this vaccine. I have lots of questions. But there's no reason why they won't give it, so why won't they?

[00:40:00]

There's no science surrounding the fact that they won't give it to me. There's something else wrong here, and it comes from the top. And I know it does. I mean, doctors and nurses are losing their licence[s] if they speak out about it. I mean, when does that ever happen in history? You know something's wrong and something's got to be fixed—fast.

There's a lot of people dying and it's not just me. I'm not the only one that was refused the transplant because they chose not to get a vaccine. There's a lot of people in Canada, and I always said I was fighting for them. Because they deserve to get their transplant just as much as I do. It doesn't matter what organ it is, dear God, there's a lot of people that need help. And I feel for every one of them because I know what I'm going through, and they're going through the same damn thing. They need help and they need a lot of prayers.

Whatever these doctors are doing: they're evil. There's no other word for it. You're evil to let people die for no reason. I always thought a doctor took their oath, the Hippocratic oath: Do No Harm. Well, there's an awful lot of harms going on. And I'm going to plead with you: please, please, for the love of God, give people their transplants. They're not asking for anything else; they just want the gift of life. If it's there and it's possible, please give it.

I don't want to die, God help me. I'm so sorry.

Shawn Buckley

Don't be sorry.

Sheila Lewis

One thing I said I wasn't going to do was this when I come on. But I guess when you talk about it, emotions unfortunately get in the way.

Shawn Buckley

We appreciate your honesty. I'll ask the commissioners if they have any questions.

Commissioner Kaikkonen

Sheila, you have a purpose. And as difficult as this may seem right now, you are standing in the gap for every other Canadian who is experiencing the same—and standing up and fighting for justice and compassion in our country. Your testimony is a reminder that our government has lost— has forgotten how to govern. Your testimony is a reminder that our courts have lost their way in terms of justice. I don't know if you heard the woman here, **but she's in the audience. And she said that we are praying for you in the name of the Lord Jesus, and we are. Keep looking up. And know that your testimony has given us a further purpose at the National Citizens Inquiry to continue to share the real-life experiences of Canadians. You matter.**

Thank you for your testimony.

Sheila Lewis

Thank you. And thank you for your prayers.

Shawn Buckley

Sheila, there aren't any more questions. And the room is full, and there's people watching you live online. And I think I could safely say that every Canadian watching is very ashamed to be a Canadian right now. And on behalf of the National Citizens Inquiry,

[00:45:00]

we sincerely thank you for testifying, and you will be in our prayers.

Sheila Lewis

Thank you. Thank you for giving me the opportunity to speak on the National Citizens Inquiry, Shawn. And thank you for everything you guys have done. I appreciate it. And stay safe. Go home and hug your family.

Shawn Buckley

You can't see, but there's a standing ovation for you, Sheila.

Sheila Lewis

Thank you. I appreciate it.

Shawn Buckley

Thanks again, Sheila.

Sheila Lewis

God bless the people in Canada.

Shawn Buckley

God bless you.

[00:46:12]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 7: Kristen Nagle

Full Day 1 Timestamp: 06:55:30–07:17:37

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Kristen Nagle, and I think I have you on my screen. Kristen, can you hear me?

Kristen Nagle

Yes, I can.

Wayne Lenhardt

Okay, thank you. Oh, I was also told to say my name up here. I'm Wayne Lenhardt. So just as long as the commissioners don't make me take an oath!

Anyway, if you could say your name, please Kristen, and spell it for us. And then I'll make you take an oath.

Kristen Nagle

It's Kristen Nagel, K-R-I-S-T-E-N N-A-G-L-E.

Wayne Lenhardt

And do you promise that the testimony you'll give will be the truth, the whole truth, and nothing but the truth, so help you?

Kristen Nagle

Yes.

Wayne Lenhardt

Just to do a quick intro, you got your nursing degree in 2006, and your nursing licence. And you've been a nurse ever since. And things were going fine.

One item that should be mentioned is that, in 2018—interesting fact—the nurses union actually won a challenge to the wearing of masks during your employment, to the point you didn't have to do that anymore. Which is interesting as to what they did when COVID came along. Could you perhaps pick it up at 2018 and tell us what happened after that?

Kristen Nagle

Sure. It was several years of fighting with—our union fought for us—and it was because during flu season, from November till April, if you did not receive the flu shot you would have to wear a mask throughout your whole shift, whether you had symptoms or not.

So we fought for years. And finally in 2018, through our nurse's union, we won. The union proved that the masks were discriminatory and did not stop transmission of viruses. And we no longer had to wear a mask during flu season if we did not receive the flu shot.

Wayne Lenhardt

Two years later, what happened?

Kristen Nagle

Two years later I was shocked to see when they mandated the masks—not just masks but now goggles for virus that we had to wear throughout our entire 12-hour shift. We were handed four masks total for the shift to rotate through and everyone complied. After years of fighting to not have to wear a mask for this very purpose, right on the unit, everyone was back to putting on masks and this time, no end in sight.

Wayne Lenhardt

Okay, so what happened in your employment as the mandates came into force? Which would have been, what, 2020, 2021 in there? Just perhaps give us a timeline as you go.

Kristen Nagle

Yeah. March 2020 is when really things kind of got really heavy, I think—around the world, in Ontario, and in the workplace where I was working. I worked as a neonatal intensive care nurse. And yes, we had to wear the PPE—so the masks, the goggles—and a lot of restrictions were put in place on visitors.

Working in a neonatal intensive care unit, we have premature babies that are 23 weeks old. And sometimes they're in our unit up to 100 days or more. Parents had to wear a mask the entire time they were with their baby at their bedside. And we know from the 1960s Still Face Experiment that that's detrimental for a baby's development for anyone.

Parents were also— Only one parent was allowed at the bedside in 24 hours. A premature baby is a very scary, detrimental time, and they had to take in all that information by themselves and be alone and isolated at the bedside. They weren't allowed to share that with a partner.

If a mother had to have a C-section, even though there is a whole bunch of personnel in the room, the husband was not allowed to be in the room with his wife during the C-section. He was not allowed to witness the birth of his baby or support his wife. If the mother was put under general anesthetic, both parents missed the birth of their baby.

Sometimes we would have antenatal mothers and pregnant women that were in high risk, that were there for weeks, if not months at a time. They were only allowed one individual the entire time. They had to choose one individual that could come in and out of the hospital to see them, to visit them. And so that would mean going without seeing family, friends, loved ones, sometimes even their own children for that time.

[00:05:00]

It was quite sad, what was happening. I was speaking out about it. I'm also a holistic nutritionist and a mother myself. And I was seeing the harms that was happening. And being a holistic nutritionist, I knew that there was preventative measures. You know, there's things that you could do. You could—there's vitamin D and C and, you know, a whole bunch of things you can do through nutrition and things like that on a holistic approach.

I was speaking out about this to my colleagues. I was living life normally outside of work. I was not living in fear because I knew that the measures that they had in place—the lockdowns, the masks, the isolation—were actually causing more harm than good. My colleagues did not like that I was living my life this way and would put in complaints about me to management, saying that I was not wearing proper PPE. Because when I was sitting at a desk by myself, I'd put the goggles on my head to do charting, so that I could see. Apparently, that was scary for them.

I ended up being suspended from work in November of 2020 for being insubordinate for not wearing proper PPE. Prior to that, I had spoken out in September of 2020 at City Hall as a delegate about the harms of masks on children. After doing that, I received a flood of emails from parents about how their children were coping, which they were not, through this. Remember, the schools were shut down. They closed down the playgrounds, they closed programs and activities, and completely isolated children. And I was getting floods of emails from parents—of some as young as six years old, talking about how they hate their life and they were using parents credit cards to try and pretend to cut their wrists.

So I continue to speak out. And I'm feeling very emotional from that last testimony. It just reminded me of why we were speaking out, as well for the children and for all Canadians. I ended up hosting a freedom rally in my hometown in November of 2020. And CBC News picked up on that and completely defamed me. It was "LHSC NICU nurse Kristen Nagle puts premature babies in danger." Said I was a reckless nurse and of course, you can just imagine the slander that came from that.

My entire reputation and character was destroyed in my community. I was put under indefinite suspension at this time and then placed under investigation by the College of Nurses of Ontario. By this point, it was a 600-page disclosure of social media posts, things I had said, talks, and then reports from colleagues and people in my community that had written in about me after I'd spoke at City Hall in the rally.

So from then—no longer working, under investigation—I found another nurse, Sarah Choujounian, who was speaking out in Toronto. Her and I connected with six other nurses from the United States. We formed Global Frontline Nurses and we traveled to Washington,

D.C. in 2021 to speak at a health and freedom rally at the Supreme Court. This just so happened to be January 6th. I will admit that I was politically naïve. We just wanted to share what we were seeing: the harms that were happening from lockdowns and public health measures and what I was seeing in the community with children. We just wanted to do what nurses do, which is advocate for the public and to protect them.

When we flew home from Washington, D.C., Sarah, and I were both deemed domestic terrorists for the storming and rioting of the Capitol. We were terminated from our jobs and we were internationally defamed at this point. We received incredible amount of hate through social media, through other avenues that could reach us. And it was quite—it was a really hard, dark time. The RCMP even came to our house to ask about our involvement in the storming and rioting of the Capitol. I had nursing colleges teaching their students about me, about accountability and what not to do. “Don’t do what Kris Nagle did in storming and rioting at the Capitol.” So it was— Yeah, it was pretty dark.

However, after all the hate, a bunch of love and support came in. And many from nurses from around the world supporting us and wanting to speak out. But I think what a lot of people don’t realize is that on December 16th, 2020, the College of Nurses of Ontario put out a statement

[00:10:00]

saying that nurses were not allowed to speak out about masks, social distancing, anti-vaccination, or anything to do with public health measures or they will be reprimanded and their licence revoked. This silenced nurses from speaking out and coming out and saying what they saw wrong.

We had this flood of support come in, anonymous, and so we decided to host a press release on January 25th of 2021. It was the first virtual press release that we had nurses, doctors, and other healthcare professionals come in. And we got testimonies from all across Canada: from nurses and PSWs [personal support workers] and healthcare professionals about what they saw happening in 2020 and 2021, the start of it. Empty hospitals, the emergency not busy, very slow, and then the harms that were happening to elderly patients.

I should say that, even in my unit, they told our respiratory therapists that they would have to float down to adult ICU because it was going to get so busy that they were going to need the extra help. And they never left our unit. They never had to float down—because ICU never got busy. They closed down an entire gynecology wing outside our unit as well for COVID overflow. And we did not see one single patient on that floor, it just remained empty the whole time.

So that was after January 6th, where we were defamed and we created Canadian Frontline Nurses. We kept going. Another nurse, Kristal Pitter, she was the first one to be defamed in the media and was put under investigation as well and terminated from her job. We held a rally, a protest in front of the College of Nurses of Ontario, to let them know that they would not silence us. We would not be bullied. We would not be scared from protecting the public and doing our job, which is advocating and protecting and doing what was right. So we held our rally on April 14th of 2021.

Sorry. She was doing good [the witness is tending to her baby]. She slept throughout the whole process. I’m trying to kind of continue on as best as I can, so I’m sitting on the floor.

Wayne Lenhardt
Okay, take your time.

Kristen Nagle
So we held that rally in front of the College of Nurses. It was the first ever regulatory body protest to take place.

Wayne Lenhardt
You got to participate with the truckers I think at some point, did you not?

Kristen Nagle
Yes. Yes, we did. We spoke across Canada, bringing awareness to what was happening all throughout 2021. We held the national hospital rallies September 1st and September 13th, which was all across Canada. It was in support of healthcare workers about the mandates because it was job or job. We wanted to bring awareness to what was happening to the healthcare workers and that many were going to be terminated. And tens of thousands across Canada had been, whether it was termination, sick leave, mental health, or early retirement.

Yes—after the hospital rallies, we were again defamed, put under another investigation. So three investigations by our college at this point. We were defamed by the media. This time we actually were concerned for our lives and our children's. We were doxed: the threats were quite vile at this point and even threatening our children. All across Canada, it was the same statement: that we interfered with ambulance access; we stopped cancer treatments from happening; and we assaulted healthcare workers. Which was not the case, because we were there in support of healthcare workers.

So yes, after that, you're right, I was involved. We had a Canadian Frontline Nurses truck there. I was there personally every day at the convoy: boots on the ground, interviewing truckers, people that were there, listening to their stories about why they came, what brought them there, what motivated them. And I was there right till the very end when the police violently removed all the peaceful protesters from the streets. I myself was pushed down to the ground by an officer at that time.

Canadian Frontline Nurses and myself, we did put forward a lawsuit at that time too. We were the first one to put forward a case against the federal government for wrongfully invoking the Emergency Measures Act.

Wayne Lenhardt
I suppose the pinnacle for all of this was when you attended the rally at the Capitol in the U.S.

Kristen Nagle
Absolutely.

Wayne Lenhardt

And then you were labeled a domestic terrorist and you had a visit from a couple of RCMP, if I recall our discussion.

Kristen Nagle

Yes.

Wayne Lenhardt

And then did anything come of that?

Kristen Nagle

It did not,

[00:15:00]

because there was no involvement, so there was nothing to come of it.

Wayne Lenhardt

So as far as your job goes, you basically have had no income from 2020. Am I correct?

Kristen Nagle

Yes, you're correct.

Wayne Lenhardt

And you were terminated in early 2021 for that incident in Washington D.C.

Have you gotten any tickets along the way for this activity of yours?

Kristen Nagle

Yes. I received 11 summonses throughout 2021 as well as one \$880 fine. The summonses were for going against the *Reopening Ontario Act*, speaking at protests and rallies. One of them so happened to be Easter service mass April 25th, 2021. I was attending the Church of God in Aylmer. And that case, that summons has since gone to trial. And I was found guilty and fined \$10,000 plus court costs of \$2,500 for attending church at that time.

We are appealing it. The judge would not allow the appeal to go forward without the fine being paid, so I have to pay the full amount of the fine before the appeal will be heard. Four others of those events are going to trial, so they're still pending four trials coming up. And then, yes, we have three ongoing lawsuits with our Canadian Frontline Nurses organization, which are quite large.

Wayne Lenhardt

I think I'm going to stop at that point and ask the commissioners if they would like to explore anything via questions. Yes, Ken.

Commissioner Drysdale

Good afternoon.

Kristen Nagle

Hi.

Commissioner Drysdale

When I was listening to your testimony and—obviously it's still very much in my mind, the previous person's testimony.

Kristen Nagle

Yes.

Commissioner Drysdale

And I think you said that the CBC had done an attack piece on you. Various media groups did, and then you were getting threats.

Kristen Nagle

Yes.

Commissioner Drysdale

You were getting hate email and threats.

Did no court intervene on your behalf and issue a gag order to the CBC or to any of the media outlets that slandered you? I ask that question because in listening to Ms. Lewis's testimony, one of her doctors claimed that they got one piece of email, a hate email, but didn't produce it in court. And yet she got the protection of a gag order.

Did you get the protection of our courts against this hate mail or this threatening mail you got?

Kristen Nagle

No. At one point I was scared. Especially after the hospital rallies, because they painted us, they actually stated— People believed that we had blood on our hands. That we, you know, **hurt people. And I did actually think people were going to come after us. They posted our home addresses; they told people to show up. And it became scary about where I could go in public and where it would feel safe to go out, where I'd be welcomed or not.**

But interesting enough— We unfortunately did not have a legal team when CBC put out that hit piece, that original one about me in 2020. But we did have a legal team in '21 with the hospital rallies. And we did put out a libel defamation lawsuit against Canadian Nurses Association as well as Together News Media, and they turned it against us. They used the slap-motion, the anti-slap, and they put that against us. And we lost. So it worked in their favour—to protect their voice and not ours.

Commissioner Drysdale

Were you surprised when the RCMP showed up on your doorstep? I'm assuming you thought they were there for your protection and they were accusing you of terrorism? Is that what they were accusing you of?

Kristen Nagle

Yes. Because they had reports that we were domestic terrorists and we were involved in the Capitol event, and so they were investigating who we were. And yes, I was surprised. I had two young boys at that time; they would have been five and two, I think. And yeah, we were all there together. And it was scary and very off-putting, absolutely.

Commissioner Drysdale

So obviously right now, you're making it known that you've been threatened and you've got hate mail and people are threatening you and you're afraid.

Do you expect that the law enforcement will come to protect you and offer you protection?

Kristen Nagle

I don't expect that of them, no. I used to have an officer that would—I got to know his first name and he'd knock on our door 8:00 in the morning to hand me my summonses that I got throughout '21. And after what I experienced in Ottawa, with looking directly at some of the officers in their eyes and filming them,

[00:20:00]

I was very close to them. I don't expect to have the same protection. No, I don't expect that.

Commissioner Drysdale

How much confidence do you now have in our legal system?

Kristen Nagle

Very little at this point. Very little. I've seen— Yeah, with even my one appeal—I'm trying not to say too much about our current legal cases. The one appeal, we put in an application for the appeal to be heard without the fine being paid. The Crown prosecutor suggested I pay \$5,000, my lawyer suggested \$500, and the judge came back and said he wanted all of it paid—the full amount. So \$12,500 before the appeal will be heard. Still disciplining many of us.

There's a case going on right now with Sarah Choujounian where she's in disciplinary hearing with the regulatory body. And this is about social media posts that were put up. We're fighting for this under Canadian Frontline Nurses as well. We're fighting to get nurses back their voice because they've been silenced. We're supposed to be the last line of defense for the public; we're supposed to stand up to doctors; we're supposed to ask questions; we're supposed to critically think. This is what we're trained to do and they've taken that away. And if nurses can't speak out, if nurses can't advocate for you, then I don't know who will anymore in that system.

Commissioner Drysdale

Thank you very much.

Wayne Lenhardt

Are there any more questions from the commissioners?

I think that's a no. So on behalf of National Citizens Inquiry, I want to thank you very much for giving us your testimony today. And good luck with the tickets in the future. Thank you again.

Kristen Nagle

Thank you very much. Thank you. Bye.

[00:22:40]



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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 17, 2023

Day 1

EVIDENCE

Witness 8: Madison Peake (Parts I and II)

Full Day 1 Timestamp: 07:17:52–07:25:05/07:44:31–07:46:09

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

PART I

[00:00:00]

Wayne Lenhardt

Next up, we have Madison Peake. So Madison, if you could give us your full name and spell it for us, and then I'll do an oath with you.

Madison Peake

My name is Madison Peake, M-A-D-I-S-O-N P-E-A-K-E.

Wayne Lenhardt

And do you promise that the evidence you'll give will be the truth, the whole truth, and nothing but the truth, so help you God?

Madison Peake

I do.

Wayne Lenhardt

Okay, a little bit of background. You're 21 now, and you've just gotten your degree this year, a Bachelor of Science in Psychology. But you were at Nipissing College when the mandates came out and you were still working on that degree. Is that correct?

Madison Peake

That's correct.

Wayne Lenhardt

Maybe I'll just let you start and tell me what developed as the mandates came into force in—I think that would have been in, what—2020, '21? Tell us what happened, and I'll bother you if I need to.

Madison Peake

Okay. So in 2020, when the pandemic started, I was 19 years old.

I have three younger siblings and I'm testifying today to speak on behalf of my family in terms of the psychological turmoil that we were under throughout the past few years. So at 19, I was home alone when the pandemic was declared.

Wayne Lenhardt

The vaccine mandate didn't come in right away, but it did come in for students at some point. Am I right?

Madison Peake

Yes.

Wayne Lenhardt

You would have been forced to take the vaccine, but you applied for an exemption, correct? Tell us about that.

Madison Peake

Yes. My post-secondary institution required that all students be vaccinated to be on campus. I immediately applied for an exemption under religious reasons.

And I felt really guilty about even doing that because I knew that so many others were not being accommodated. I still don't know to this day why I was granted the accommodation, but I was granted the exemption while many others weren't. My institution constantly put out emails that were—

Wayne Lenhardt

Your exemption was on religious grounds, correct?

Madison Peake

That's right.

Wayne Lenhardt

And although you were concerned you wouldn't get it, they did give it to you at some point, did they not?

Madison Peake

They did.

Wayne Lenhardt

But also, your mother and father were employed, so what was happening to them?

Madison Peake

Yeah. My father worked for a private company full-time from home. His company put into place a mandate that all employees be vaccinated, regardless of where they were working. He was told he should apply for an exemption. He did and it was denied. He applied for the same religious exemption that I had applied with to my post-secondary institution. And so he was left from November of 2021 to March of 2022 wondering if he would be let off, but in the end he wasn't. Our whole family was struggling at that point with severe mental health issues. This was the first time my siblings and I had to face possible financial issues.

And especially I'd like to speak to what happened with my mom. She was able to keep her job, but she underwent a severe mental break in January 2022.

Wayne Lenhardt

And there are three younger siblings as well as you in the family, correct?

Madison Peake

Yeah. So my mother had a major anxiety attack.

Wayne Lenhardt

Did anyone end up on medication during all of this stress?

Madison Peake

Yes. I ended up on anxiety—anti-depressants. And my mother was dysfunctional at this point because she was concerned for her kids in the face of the mandates. So I escorted her to the doctor. I really didn't know what to do. We tried telehealth. And we ended up fighting to get her in an in-person appointment at our family doctor.

[00:05:00]

And at that point, she was prescribed medication and also given leave from work for two months.

Wayne Lenhardt

And you dropped out for a semester, correct, so you could look after parts of the family?

Madison Peake

Yeah. I made the decision at that point that I needed to drop out, so I withdrew from my courses for that term.

Wayne Lenhardt

What about church services? What can you tell us there?

Madison Peake

Part of the complication, mentally, for all of us: our faith community was stripped away. As many people were, we were barred from attending our church. My teen brothers weren't able to play badminton at the club anymore. My younger sister and my brother were no longer welcome at the volunteer symphony locally because they were unvaccinated.

Just without these community supports we all were just crumbling. And we still describe it to this day as some of the darkest times, our darkest days. The only thing that brought us through it was that our family unit was very strong. One of my brothers, at 17, lost 30 pounds at this time. I ended up taking him to the doctor to assess his mental health.

Wayne Lenhardt

And for a good while there, it looked as if your father was going to lose his job. Although it turned out that he didn't, but if that had happened, it would have been pretty catastrophic for the family, correct?

Madison Peake

Yeah. We weren't sure what we were going to do. Earlier on in the pandemic, we were debating whether at least the breadwinners should get vaccinated. The culture at school was so intense in terms of pushing the government's— We were silenced.

And the university did not give scientific sources for their reasoning for the mandates that they put in place.

[00:07:13]

PART II

[00:00:00]

Wayne Lenhardt

We're back. Just so everybody knows, we were off air just because we lost our internet connection.

So Madison, I'm going to start you back where I asked you the question as to what we could easily do to have made that situation of yours better?

Madison Peake

I would have hoped that our leaders and our institutions would have allowed for discourse. Allowed for conversation without silencing. Allowed for us students to critically think and investigate, and to not treat us as dumb by just giving us slogans—but giving us scientific reasoning, scientific studies, to back up what they were saying and what they were forcing us to do.

And I'd also— I think, for the future, it'd be important for all of us to self-reflect on how we've treated people the last few years. Whether that was actively treating people, saying things, or just passively watching as it unfolded.

If we can have compassion for the individual rather than some abstract greater good, that would probably go a long way. It would make us feel more supported as youth and as young adults.

Wayne Lenhardt

Any last questions from the commissioners? No.

Okay. So Madison—

[Livestream cut off again].

[00:01:36]



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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 17, 2023

Day 1

EVIDENCE

Witness 9: Mallory Flank

Full Day 1 Timestamp: 07:49:07–08:38:00

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry. We apologize: the internet has gone down now, I think, three times in the last half hour, so please be patient with us. Hopefully things will go okay from here on.

Our next witness is Mallory Flank. Mallory, I can see you. Can you hear me?

Mallory Flank

I can hear you.

Shawn Buckley

And I can hear you also. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Mallory Flank

It's Mallory Flank: Mike, Alpha, Lima, Lima, Oscar, Romeo, Yankee, and then Foxtrot, Lima, Alpha, November, Kilo.

Shawn Buckley

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

Mallory Flank

I do, yes.

Shawn Buckley

Now, Mallory, you're here to share about your experience with the vaccine. I'd like to start by asking why you chose to get vaccinated.

Mallory Flank

I was actually mandated for the vaccine in Alberta. It was required for all healthcare professionals. So in order to work, I had to be vaccinated.

Shawn Buckley

And I'll just back up. I forgot to introduce that. So you were a critical care paramedic deployed overseas. You were also a medical student.

Mallory Flank

Yes.

Shawn Buckley

Yeah, so when you say it was mandated, you mean as a health care worker it was mandated for you.

Mallory Flank

Yes, it was mandated for me.

Shawn Buckley

Okay, so that's why you chose to get vaccinated. Can you tell us when? Or I can lead you on that if you want. I know it's May 14th, 2021.

Mallory Flank

It's been just over two years now. It was definitely May 14th 2021.

Shawn Buckley

Tell us what happened.

Mallory Flank

Within ten minutes of getting the vaccine, I had an anaphylactic reaction to the vaccine. I started off with hives, hoarse voice, started coughing, had some stridor, which is that nice high-pitched squeal that comes out when your throat starts to swell. My tongue was swollen, face was swollen.

Thankfully, we had some medication and stuff with us, so we were able to mitigate most of the reaction right away. Following that point, I ended up having more reactions. The following day, I ended up going into the ER, utilizing epinephrine.

Shawn Buckley

I'm just going to slow you down. So the first day you're having these reactions. What, in addition, started happening the second day?

Mallory Flank

The second day the reaction was worse, so in that sense— We kind of weren't really expecting it to go like that but the reaction was infinitely worse, to the point where I had to use an EpiPen. After that happened, we went to the hospital.

Upon getting into the hospital—I was kind of rushed in on that one—I was given more epinephrine, a bunch of antihistamines, some steroids, and then watched for a bit and then sent home.

Shawn Buckley

Okay, so you end up in the hospital that day, so that's May 15th. Now my understanding is basically you were in the hospital every day until you were admitted, like May 15th to May 20th. Can you kind of walk us through those days and tell us what happened?

Mallory Flank

For sure. So essentially the same things was happening, except they were just randomly coming on. We weren't really understanding what was going on. On a daily basis, I was ending up having to use EpiPens. Because of course I was sent home with epinephrine from the first time I went to the hospital. So the Sunday, same thing happened again, ended up back in the hospital, ended up getting kind of the same roll, with the steroids, the antihistamines, more epinephrine, sent home. That happened every single day.

And then we switched up hospitals because we were told to avoid our community hospital because they weren't well-equipped for airway issues. So they said if there are any airway issues, try to go past and go to a bigger facility. So that's what we did. And on that one, I think it was three EpiPens on the way into the hospital.

Shawn Buckley

So I'm just going to slow you down. Prior to being vaccinated, would you be using EpiPens?

Mallory Flank

No.

Shawn Buckley

Did you even have EpiPens?

Mallory Flank

No.

Shawn Buckley

Okay, so the hospital is sending you home with a lot of EpiPens.

Mallory Flank

A prescription for unlimited.

Shawn Buckley

Okay. Just for those that would be watching your testimony that aren't familiar with what an EpiPen is, can you explain to them what an EpiPen is and why it's so important?

Mallory Flank

For sure. So this is what it looks like.

[00:05:00]

But the EpiPens are set with a specific dose amount of epinephrine. The epinephrine is designed to kind of help take down the swelling. That way your airway—like, if you can't breathe, it should take it away enough that you're able to get some air in. It's not an end-all be-all, though. Like, I've had to use upwards of six plus. There was one day I think it had ten. So it's equipped to stop reactions but at the same time, it is a very limited time frame that it does it in.

Shawn Buckley

I'm just going to slow you down again. Like, if somebody— We hear about people that are allergic to bees, where they're going to die if they get— That's what they have to carry with them every day in case they get stung. And if they don't get that in, they're not going to be able to breathe.

Mallory Flank

Yes, that's exactly it.

Shawn Buckley

You were experiencing this up to ten times a day, where you wouldn't be able to breathe unless you used an EpiPen?

Mallory Flank

Yes.

Shawn Buckley

Yes, okay. I just wanted people to understand how serious what you're going through is. I'm sorry, I'll let you carry on, but I think it's important that people understand. This is actually life and death if you don't have an EpiPen.

Mallory Flank

Yeah, I would have died if I hadn't had an EpiPen with me. Even now, I have to carry six with me at any given time. So it's very important to have around. In that first week, we ended up bypassing and going to a different facility. Same thing kind of happened there. Same medications given, several rounds of Epi, discharged again. I went back the next day,

actually by ambulance—because I had a massive reaction trying to get a prescription for antihistamines that was given to me the previous day. And when we went in there, the poor pharmacist: she was actually on the phone with the GP that was assisting with what was going on with me, and getting orders, and then throwing us medication that could be injected. So like, injectable Benadryl, several EpiPens, then called EMS, went in by EMS; they gave, I think, two rounds of Epi in the ambulance, went back once we got to the hospital, another round of epinephrine, more IV antihistamines.

And then at that point, I had a scope that was done about three hours past being treated. So of course, they just saw redness and whatnot in there, but I was supposed to be admitted on that one. I was told by the ER physician, who was the same one as the previous day: unfortunately, this time when he saw me when I came in, he's like, "Oh, it's you again." And kind of rolled his eyes and then didn't treat the situation as seriously as the previous day. Which I don't understand what happened, with this change in mentality for it. However, in there again, the nurses were advocating for me. I kind of hung out in there. Reactions happened a couple of times. I was treated for two of them and then another one happened and they were kind of hemming and hawing about actually doing any treatment. We ended up being treated for it eventually, but again, then discharged afterwards. He changed his mind, so he discharged me again. And then finally on the Friday, I was admitted to the University Hospital.

Shawn Buckley

So that that would be May 21st by my count.

Mallory Flank

Yes.

Shawn Buckley

And your vaccination was on May 14th. So basically, for seven days you were having to go to the hospital every single day and then finally they just admit you.

Mallory Flank

Yeah, my partner injected me with Epi in the middle of the night because I didn't wake up to my airway being compromised. The high-pitched squeal from the stridor woke him up.

Shawn Buckley

How long were you in the hospital before you were released?

Mallory Flank

I was in the hospital for seven days, five of which were in the ICU.

Shawn Buckley

Okay, so tell us about that. I mean, ICU, that means you're on death's door with like a one-on-one nurse.

Mallory Flank

Yes. I had initially been put into what they call iCare, which is like an intermediate version of it where I'm completely monitored, but the nurses aren't one-to-one. But I had so many calls with the medical emergency team because I needed epinephrine and immediate intervention for reactions that it got to the point where I was too unstable to be able to sit there in that area. Because that team was called, I think, six times prior to me being put into the ICU.

So they brought me down to the ICU so that I could have that close monitoring. So when a reaction happened, they could be right there and they had everything available to them instead of being locked up in cabinets.

[00:10:00]

My partner did have to come and treat me a couple of times. He had medication with him. Because in ICU they don't have the stuff immediately available. And because of that, any delay of course causes bigger issues. When they weren't able to source the medication, they weren't giving me the medication I required on time, that kind of stuff: it all kind of compounded and then reactions would start to happen. And then of course, the med team would be called, the team would come in, and then they would treat according to what they had; or just watch, whichever, because most of the time we had it treated with Epi by the time they got there. And then finally, after having to tell one of the physicians exactly what our background was and what my background was, he finally went, "Oh, she's like me, just without the certificate." And this is coming from an ICU physician. And he said, okay.

Shawn Buckley

I'm just going to slow you down there for a second. So what are you reacting to? Because it's your throat that's swelling, am I right?

Mallory Flank

Yeah.

Shawn Buckley

What are you reacting to where you're needing this constant epinephrine?

Mallory Flank

We did find out a couple of months later that I do have a severe allergy to the S1 protein. That is what was causing the reactions.

Shawn Buckley

I'm going to slow you down. This protein is in the vaccine, right?

Mallory Flank

It is. And it's what is developed by the mRNA vaccine so that you can create the antibodies to attack it, which means your antibodies also have a component of it. So as long as there is even a tiny version of the S1 protein in my body, I will react to it.

Shawn Buckley

So for two weeks, you could die at any time, except you're getting these EpiPens. And it's death by suffocation. What was that experience like for you emotionally and mentally?

Mallory Flank

It's scary. I mean, I've transported really sick patients. I've been a part of people with anaphylactic reactions and that kind of stuff. But I was not ever anticipating to be someone to experience something like this. To have it happen so frequently, on a daily basis, is scary. I don't know what's going to happen. Even now, I don't know what's going to happen. When it does happen, you fear for your life. I hate to say this: I've kind of gotten used to it a little bit. It's not as right in your face, but that initial phase is so scary. I didn't think I would ever see my children grow up. I thought the last time that I spoke to them, prior to going into the ICU, was the last time I would ever see them again.

It's just, it's a horrible, horrible experience. It's so incredibly difficult to put into words what it's like. I guess, to showcase it would be the equivalent of, you know, in the movies where mobsters and stuff like that, they'll put a plastic bag over somebody's face and then you can see them trying to suck in the air and there's nothing there and they're panicking and scratching at their neck? That's what it's like. Even now, I have to do this to pull my shirt and stuff away from my neck as it swells. Like, you can probably see now my neck has actually swollen a little bit. But it's very, very scary. And it's scary for people around you that know you too, especially when your hands are tied and you can't do anything to help.

Shawn Buckley

Do you mind us discussing the email you sent me earlier today?

Mallory Flank

Not at all.

Shawn Buckley

Okay, so basically, you knew you were going to be testifying. And you basically were communicating that you're having a bad day and you might actually have an attack while you're testifying, which is why you have an EpiPen right there. It's just because otherwise, you could die in front of us.

Mallory Flank

So yeah, I thought I would give you the heads up just in case. You hear my voice is changing a little bit. I've got an EpiPen, I've got even IV Benadryl and I have half bag of fluid that's behind me that's still running.

Shawn Buckley

I'm sorry, I didn't even notice. So you have an IV bag behind you that's running, so it's dripping into you. What's in the bag?

Mallory Flank

It's just a saline at the moment, but I have drawn up medication, Benadryl—

[00:15:00]

the injectable version—because I have a central line still in.

Shawn Buckley

Okay, so can you just show us that again for the camera? So this is normal for you, right? To have an IV line into your arm so that you can inject Benadryl directly into your system rather than have to ingest it because your throat will be constricting.

Mallory Flank

Yes, and to provide fluids and whatnot. After a reaction, most often I'm not able to eat or digest stuff. And the more reactions that happen, the worse that gets. I can't break down pill capsules, I drink a lot of the medication. The IV stuff works infinitely faster as well, because I don't have time with some of them where I've gone unconscious in less than thirty seconds. Even the other day, somebody was smoking outside and the door was partially open, and the smoke came in. I ran to the door to close it, managed to close the door, and then just collapsed down because I was so dizzy. My dog had brought me an EpiPen and helped me with its administration. So it is dangerous. Like, it's scary and dangerous and little things set it off. So it's difficult to live with.

I'm thankful for having the central line in right now because it's what is saving my life when it comes to having to administer medication quickly.

Shawn Buckley

And I just want people to understand: it has been a full two years since your single shot.

Mallory Flank

Yes, two years. Now it caused autoimmune disorders. So essentially, it's a secondary mast cell activation syndrome where my body attacks itself. It also causes me to be reactive to pretty much everything in my environment. They call it being allergic to life. Prior to this, I had three allergies to medications. Now—

Shawn Buckley

Right, okay. So when you say three allergies, you mean you were allergic to three drugs?

Mallory Flank

Yes.

Shawn Buckley

So you weren't allergic to cats or dogs or pollen or anything like that. You were able to go out and do whatever you wanted?

Mallory Flank

Yes.

Shawn Buckley
Until May 14th, 2021.

Mallory Flank
Yes.

Shawn Buckley
And then you haven't had a single day off?

Mallory Flank
That single day. And now, every single day, I have reactions. It doesn't stop. I'm on a lot of high-dose antihistamines and medications to try to suppress the mast cell response; lots of supplements, specialized diet. I get exercise-induced anaphylaxis, so I have to be careful. My heart rate can't go above 110, otherwise it causes a reaction. Stress will cause it, environmental stuff. Like, the smoke right now is predominantly what the issue is. And even yesterday, the smoke in general has been pretty bad. But it causes, again, reactions that require epinephrine and Benadryl.

Shawn Buckley
I'll just slow you down. Because you live in Alberta and people here in Ottawa and people online may not understand that there are forest fires happening in Alberta, and so there's smoke in the city you live in?

Mallory Flank
Yes, almost the whole province is on fire. We're well coated in smoke and ash across the province. It's pretty bad here at this point. I think we're on, "very severe" is the risk level for us. It's a ten plus.

Shawn Buckley
Now, you've told us that you've got mast cell activation syndrome, which basically makes you allergic to life. I wanted to just, before we go on: you had an episode where you actually became allergic to your own hair?

Mallory Flank
Yes.

Shawn Buckley
Can you tell us about that and then I'm going to pull up some photos from your website.

Mallory Flank
For sure. It was August 2021. I had been progressively becoming more allergic to stuff as we went along, so I would all of a sudden have reactions to random things that I had never been allergic to ever in my life. And then at one point, something weird was going on. I was

developing, like, sores and stuff on my head around my hair follicle. And it turned out that the mast cells were actually attacking my hair follicle,

[00:20:00]

so I still have some bald spots from it. But because of that my hair would fall out. We just kind of went to the point where, like, "Well, we'll just shave your head and see what happens," which helped exponentially because even my hair touching my neck or my face would cause swelling in that area. It was completely out of the blue. Now I use shampoo that has Benadryl in it to kind of mitigate that aspect, but it was, again, something that we didn't even consider and something that's so odd, right; it's the epitome of your body attacking itself.

Shawn Buckley

Okay, I'm going to pull up some pictures. David, if you want to put the exhibit up that I have on the computer at the lawyers table up. So now you have a website because you want to share your story with people. And we've entered your web page as Exhibit OT-12. And can you just explain to us these two pictures here? And then I'll scroll down to the next two pictures.

Mallory Flank

For sure. The first picture is my daughter and I. This is before getting the vaccine, so it is in early 2021. And the following picture is partially of a reaction. So that's some of the swelling that's from a reaction. And it is after my head was shaved. From the looks at the back, I was in the hospital at that time. So that is a photo of me in the hospital having a reaction with my face swelling up completely.

Shawn Buckley

Okay.

Mallory Flank

And at this time frame, my weight can fluctuate up to 30 pounds in 24 hours from just swelling alone. This is, again, one of those incidents that—I had been put on steroids as well, so it didn't help. This actually makes that part infinitely worse. So that is—yes, just a lot of swelling.

Shawn Buckley

Okay, so I'm going to scroll down. And I'm thankful that you had sense of humour, even doing the Dr. Evil pose.

Mallory Flank

I had to.

Shawn Buckley

So share with us these two pictures.

Mallory Flank

The first one is a picture towards the end of my time frame when I was working overseas, so that is late 2020.

Shawn Buckley

And that's when you're working basically as an emergency paramedic overseas.

Mallory Flank

Yes.

Shawn Buckley

A critical care paramedic.

Mallory Flank

Yes. And then, the next picture is two days after we had shaved my head, when all the swelling had gone down out of my face. So we had taken a picture that just had a "before" and "after" of what had happened. We're joking around because, I mean, it's weird having a shaved head when you've never had one before.

Shawn Buckley

Right. And so for the swelling, I'll just scroll up so people can compare. So everyone, just have a look at the Dr. Evil shot, and again, it's important to have a sense of humour. So you see the difference there in swelling. That's why you put those pictures on your website, as you wanted us to understand—or just anyone to understand—what you were experiencing. So David, you can take that down so we can see Mallory again.

So Mallory, you told us about mast cell activation syndrome. My understanding is you also have POTS, and can you tell us about that and what that stands for?

Mallory Flank

Sure. So POTS is, again, an autoimmune disorder. It is a disorder where your nervous system, its automatic functions don't function as well. So it's Postural Orthostatic Tachycardia Syndrome. So postural, meaning changes in position make my heart rate go extremely high. If I go from laying down to sitting or standing, my heart rate could go, say, from fifty to one hundred and thirty. The blood doesn't return as easily back to my heart to be able to get to my brain. So then of course, it causes a lot of dizziness. You get a lot of kind of pressure in your head. Sometimes I've passed out from it. You get, like, a tinnitus sound afterwards. So you get that high-pitched, like, whistle for quite a while in your ears. It can cause extreme pain in your head with that pressure. And then finally, say, if I were to sit down or return to the previous position, it would go away within about thirty seconds.

[00:25:00]

But again, each time I have to get up I now have to get into a position and wait in that position in order to be able to get up into another position. So if I'm laying in bed, I have to sit up and wait, and then I have to stand up and wait, and then I can go and walk around. So it's very frustrating, but—

Shawn Buckley

Okay. I want to now talk about your interaction with the Alberta health care system. Because my understanding is that for the first time in your life, you got calls from AHS, which stands for Alberta Health Services. They never call you for any other purpose, but they call you for the purpose of your vaccination. And can you tell us about those calls? And then I also want you to tell us about doctors filling out reports and whether you found those reports to be veracious.

Mallory Flank

Okay. So the calls that I got, the first two were from a nurse who was calling in regards to the vaccine reaction. So she got all the information down. She found out that I was still having reactions on a daily basis and that we were kind of trying to find help to deal with it. She called a second time just to see if I was still having reactions and then to see if anything else had progressed. She was lovely. She did say that the immunologist would potentially call if they thought it was an important aspect for them to make contact on.

The immunologist did call several months later. And at the time, I was in really bad condition. I was having multiple reactions per day. Even when she called, I had just had a reaction, so I was exhausted in speaking with her. And on that phone call, she, as I was speaking, she'd be like, "mm-hmm, mm-hmm, mm-hmm," and then I would get interrupted and she would say— One of the comments was, "Well, there was a woman in ICU that had a reaction to the first shot, but she received her second shot successfully." Which to me, at that time, that didn't really pertain to the situation. Also, everybody's different. Chances are that woman and I do not have the same physiology or had the same response. We don't know why she was in ICU, the whole nine yards.

Shawn Buckley

Right. So just to be clear: she actually told you to get the second shot, didn't she?

Mallory Flank

She did, yeah. She told me that I needed to get the second shot. She wanted me to schedule a second shot with her right there. She said, "Well, if you are that so scared about this, I can have the pharmacist split the dose in half and I can stand there and watch while they give it."

Shawn Buckley

I just want to make sure that I understand what you're telling us: so you've basically become completely disabled, where you're only alive on a daily basis because you're jabbing EpiPens into yourself, and the immunologist is telling you to go and get a second shot?

Mallory Flank

Yes.

Shawn Buckley

Had this immunologist ever seen you as a patient?

Mallory Flank

No.

Shawn Buckley

Just phoning from AHS and telling you to get a second shot?

Mallory Flank

Yes, and then she phoned my GP at the time as well.

Shawn Buckley

To tell your GP to tell you to get a second shot?

Mallory Flank

Yeah.

Shawn Buckley

Now, my understanding is that you have concerns about some of the reports the doctors have written. Can you share with us that?

Mallory Flank

Yes, so when I was admitted into the hospital for a month, the majority of the time, the physicians wouldn't be around when reactions happened. However, the reports that went in said that, "Oh, yeah, she had all these reactions. We didn't see anything happen on our full assessment. So we think that, we don't know exactly what's going on and she's administering EPI three times a day all of the time. She's administering Benadryl all of the time. So we think that she has an addiction to Benadryl. We have concerns that this is psychiatric in nature." And essentially, it was a lot of, "We saw nothing happen."

Now, when you look at the nurses' notes, the nurses' notes document all of the swelling and documents that they were unable to get a hold of the physicians. It was documented that they were not able to get medication orders because the doctors refused to give them. There were times that it was documented that I didn't have a reaction,

[00:30:00]

and yet because medication was withheld for so long for the reaction, I was out—vomiting everywhere in the room, not able to breathe, and just everything is coming out. It was ridiculous. Completely swollen, my eyes swollen shut.

The reports that went, those are the progress notes that the physicians do. And those are the notes that go to the specialists. Those were sent to the specialists. They didn't include the fact that psychiatric evaluations had been done and we had been told that everything was fine, that the reactions were actually happening, that they couldn't have been induced in any other manner. Like, it's not psychiatric in nature. So it was really frustrating to see that they had actually changed everything, hadn't assessed me.

None of the physicians actually did a full assessment, barring one: one out of the nine did a head-to-toe assessment. The others, even if they came up to talk to me and they would document that they did a full assessment and what they found, but there was no assessment actually completed.

Shawn Buckley

We're getting a little short on time. But I want a full answer on this next question, and then I'm going to lead you on some financial stuff. I want you to take your time on explaining the impact on your children and on you because it's affected your ability to care for them, and I want you to share that with us.

Mallory Flank

Yes. So my daughters— Starting off, we didn't really know what was going on. I unfortunately was unable to look after them because of how sick I was, so I lost a lot of parenting time. Plus, some of the reactions happened in front of my kids. One was because my daughters had cats at the time and I, all of a sudden, was a little bit deathly allergic to cats. And her jacket was in the bathroom and I had gone into the washroom for maybe ten seconds and had a massive reaction, came out, and I was having a hard time breathing, I was turning grey, my lips were blue, and my daughters were right there in front of me. So my partner of course explained what was going on. He put an IV and treated me and we asked them to go in the other room and then he went and he spoke to them afterwards.

We've had to try to normalize what's going on with me because of the number of times I've had reactions. So they're very well-versed now with EpiPens and stuff like that. And that's just— I mean, general knowledge-wise, it's wonderful. But I have been kind of pushed on by the court system and by my ex—in the sense that me being the way that I am, they don't want to deem it as being normal—that if I have to treat something, the kids can't ever see anything that's happening. I can't show them when I'm sick. I can't show them that I'm having a reaction, all because it shouldn't ever be normalized that this is happening.

These are permanent issues.

Shawn Buckley

I just want to stop. So you're in family court and the family court's basically telling you: you can't live the life that you have now been dealt in front of your kids?

Mallory Flank

And if I have to go away for treatment if it's for an extended period of time, I would have to reapply for things like parenting and whatnot when I come back.

I've lost so much time with them, the more I react, the sicker I get, and then I can't look after them. It's horrible to know that they're so close yet I can't be with them because I'm too sick to be able to facilitate what they need.

Shawn Buckley

Just hang on a second. We've lost sound, so just hang on a second. Can you talk again? I think we've got it back. There we go.

Mallory Flank

Like even this week, I've had to give up parenting time because of the smoke and I can't leave the house, so I can't facilitate anything for them. If people come in and out,

[00:35:00]

it brings smoke into the house and then I have anaphylactic reactions, so it's a very difficult balance. My daughters want, like, to bring friends over and they love animals and whatnot. Of course, we have parameters in place for safety purposes. We're able to mitigate a lot of the stuff so that they have some normalcy for everything.

But again, at the same time, things like wildfires and stuff like that, things that I can't predict, I end up losing parenting time because of it because I can't facilitate being a parent. I miss that time. I can't advocate for what they need. And then it goes into the court system as, "She's too sick to do this and do that, is she well enough to make decisions, is she well enough to actually be a parent?" And it's hard to hear that because this isn't something that I asked for to begin with. Like, nobody would ask for something like that. But it came off of me doing what I thought was right at the time I'm mandated so that I could facilitate bringing income to support our family.

And then all of this stuff happening and me not being able to see my daughters, having to go and stay with my parents in a different province, having to seek out-of-province care—again, time frame away from my kids. And my partner has lost jobs; my parents have had difficulty with this as well. And then to see what happens on top of that? Like, my daughters saw me almost die a couple of times. They're eleven and thirteen, so they were nine and eleven at the time that this started. And that's not something a kid should ever have to see. They should never have to see their parents go through something like that in front of them over and over again.

At that time, of course, we didn't have control over it. The reactions were much worse and we couldn't anticipate when they were coming. Now it's easier and it's trackable. But to have them see that and have to deal with that and not know. When I talk to them on the phone, they can see one of the reactions happening or, if I'm not feeling well, have them worried. Because they don't know if they get to see me again even in the hospital. There was one really bad reaction that wasn't treated properly to begin with. I thought that was the last one that I was going to have. I thought that the conversation I had with them three days prior to that was the last one I would ever have. It's horrible.

Shawn Buckley

I'm just going to rush through the financial stuff, just so that it makes it into the record. But you had been employed by the U.S. government in casualty evacuations for a special evacuations medical team—basically, you know, war zone stuff. And you were also a medical student. And because of this you can't work and you couldn't be a medical student. Your parents have basically used up an enormous amount of their savings to help you out. You've paid over \$200,000 out-of-pocket for treatments and you're still extremely sick. And it's really too expensive for you to live on the small disability pension that you're now on. So this has just been a financial disaster for you and your family.

Mallory Flank

Yes, absolutely. It's destroyed everything; we've lost all that we have. We used all of my pension that I had built for years, used all of that to pay for medical. Like you said, my

parents' retirement fund, again, used all that for medical. I still have to pay out-of-pocket for stuff; like I need to see a specialist in the States, that again comes out of pocket. Nothing has really been covered. Only recently— So it's only been a few weeks that I was actually approved for the provincial disability. Then this is two years later and it's off of course, the diagnosis overarching being post-vaccine reaction syndrome. And like,

[00:40:00]

how do you expect to function? My costs for medication alone: we're sitting over \$8,000 a month.

Now of course, a lot of it is covered. It's not all covered. But I require specialized purification systems, specialized water treatment systems, all of the stuff that can be used in the house for cleaning: that stuff has to be specially ordered. When it comes to clothing, shampoo, conditioner, that kind of stuff, personal care items: all has to be specially ordered. There's nothing in our life that I can use that is commercial. And we've tried and tried over and over again to be able to find ways around it that were cheaper, easier, that kind of stuff, and we can't, so life—

Shawn Buckley

And Mallory, I'm just going to, for time, cut that short. And I'm going to ask the commissioners if they have any questions for you. And they do.

Commissioner Massie

Good afternoon, Ms. Flank. Thank you very much for sharing with us your very touching horror story with a touch of humour. I mean, I appreciate that you still struggle to keep up with that.

My first question is: Did I understand well from your testimony that they were asking you to get a second shot? Does that imply that they didn't appreciate the seriousness of the side effect from the first shot? Did they acknowledge it at all?

Mallory Flank

There is no acknowledgement whatsoever on what I said and what was documented for what was going on. It was just a blatant "uh-huh, uh-huh." You could hear kind of writing down a few things. And then, "Okay, so we're going to schedule your second shot." And there was no ask or no follow-up of, "Hey, maybe we need to get you in to see her," whoever, as an immunologist, to kind of nail down what was going on; or go to one of the **adverse vaccine reaction clinics. There was none of that. After that conversation with her my report was removed from the provincial system. And that's when nobody can find it anymore. No physicians have been able to access it since that point. It was like I didn't exist. So the reaction didn't exist. Moderna didn't find out, actually, until a couple of months ago when I contacted them.**

It was a blatant, "You're getting the second shot." And any way to get it done was how it was going to happen.

Commissioner Massie

So does that follow that the healthcare system will never compensate for vaccine injury in your case?

Mallory Flank

I'm not sure. I mean, vaccine reactions happen all the time. They've happened with every vaccine. We should have been learning from this one, not just blockading what was going on with it. There was a huge stigma attached to it. There still is. It's not as bad as it was before but during that time frame, as soon as anyone found out that this came from the vaccine, I wouldn't get treated or I would be treated completely differently. And it became really frustrating. And the fact that we couldn't actually get proper treatment was also a big component of it. It has, I guess, assisted in making me permanently like this.

But the Alberta government, of course, is who approves the disability stuff. And when my application went into H, which is the disability component, it went in as post-vaccine reaction syndrome, and that is what I was approved on. So I think the acceptance is there from that side of things. But it'll be a matter of still working through and it's practitioner-dependent. So it's a little bit difficult, it's hit or miss if I end up going into the hospital. But now I carry out a wad of paperwork and assigned protocol and stuff like that so I'm treated properly. Versus having to explain everything over and over again and then getting the dodgy, "Oh, maybe we'll get psych down and we'll get them to talk to her first" and whatnot.

But yeah, I don't know if it'll change anybody's mind. I'm hoping that the province takes it into consideration as to what's going on, that there are a lot of people that have had issues. So that recognition, I'm hoping, will come fully—like come full loop—but it is up to those who are in charge and those who want to encompass and learn.

[00:45:00]

But you can't learn unless you accept and acknowledge, so—

Commissioner Massie

What's the prognostic for your current situation? Is there any hope that this will improve over time with any specific treatment? Or is it something that is completely, for the time being, not well-understood?

Mallory Flank

Right now, they're saying it's not well-understood because I have a kind of an off-variant of mast cell. It's a very multi-level immune response, so they don't really know what's going to happen. They do know: now that it's been like this for two years, we haven't really seen improvement unless I can live completely free of any type of allergen or trigger. Not exacerbated in any way, the symptoms can kind of resolve. I still have reactions, but they don't escalate as quickly.

But then if I'm exposed over and over again, it starts getting back to the way it was right at the beginning. So it's very hit or miss right now. There are treatments. If I had actually been treated in hospital properly in the first month, I would have been completely fine. This wouldn't have escalated to the point that it is right now and become permanent. There are treatments that will suppress my immune system. I still haven't been able to get access to them because no one will take my case.

It's a little hard when you can't get someone who's actually willing to look at the fact that it did come from the vaccine. And that it is a huge problem and that there are tons and tons of symptoms and it's dangerous. Still waiting on that fact to be able to access the proper testing and the treatment to go with it. With that treatment, it could potentially allow me to come off of some of the medications, live a little bit more normally. I still have to be well aware of the allergens and triggers and still have a lot of safety mechanisms in place, but it could have a better effect for me. Outside of that, there isn't anything else. I will be like this for the rest of my life. And we don't know how long that actually is.

Commissioner Massie

I'm wondering: When you took the decision to get vaccinated because of your work that you didn't want to lose, but you had already allergy conditions before the vaccination. So were you specifically warned that under those conditions, you might experience more side effects because of your previous condition?

Mallory Flank

No, not at all. There is no warning of it. We did a ton of research on the vaccines. The reason I used Moderna was because Pfizer couldn't guarantee that there wasn't penicillin or sulfonamides in their vaccine. And I had allergies to both of those. So we stepped away from that one and utilized Moderna.

But not once was anything ever said that that would cause any extra reactivity. We did find a study afterwards that showcased people with those types of allergies. Especially female had a higher incidence of severe reactions to the vaccine, which would have been nice to know ahead of time. But again, it was a small group of individuals off of one of the primary studies. But nobody said anything here. It was actually, in the U.K., it was part of their algorithm where it was one of those, "Yeah, you need to see somebody before you get it." Here it was just, "Get vaccinated."

Commissioner Massie

Thank you very much.

Mallory Flank

Thank you.

Shawn Buckley

So Mallory, there being no further questions on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing your story today. It's been very valuable.

Mallory Flank

Thank you very much. I appreciate your time.

[00:49:19]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 10: Adam Zimpel

Full Day 1 Timestamp: 08:39:00–09:03:50

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Wayne Lenhardt

Our next witness is going to be quite unusual; let me explain what's going to happen first. This is a fellow who is severely disabled. He is in a wheelchair and we're going to put his picture up on the screen. And what he does is: I can ask him a question, he will hear it, and then he types into his computer. The computer then becomes a person and takes the typed message and gives it to us audibly. So I'm going to be leading him more than I normally would. I'll try to give a question with some information in it that he can answer "yes" or "no."

So that's what's going to happen now. I believe he is on the feed right now. There's a picture of him up there. So let me do an oath with him first.

Adam, your name is Adam Zimpel, spelled A-D-A-M Z-I-M-P-E-L. Do you promise that the testimony you will give today will be the truth, the whole truth, and nothing but the truth, so help you?

Adam Zimpel

Yes.

Wayne Lenhardt

That was a yes into the phone. Okay, let me just explain who you are to the commissioners and then we'll see how we can do this. You're a 39-year-old man who's severely disabled. And in early 2020, you got a job working as a travel agent, which was your dream job. Is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

Thank you. The clicking that you hear, by the way, is his typing on his computer. Because of the COVID in 2020, there was a declaration of a state of emergency in Ontario. And at that point, you basically lost this job as a travel agent, is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

Thank you. At that point, your life routine significantly altered in the sense that you lost all of your personal support workers and your mother had to become your primary caregiver. Is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

Because you would work from home as a travel agent, in the evenings you normally would like to go out and socialize. But once the mandates came in, that was taken away from you. Is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

You never did get the so-called vaccination and you refused to take it. And at this point, you are still not so-called vaccinated. Is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

As the lockdown continued and the passport system was rolled out, not having taken the jab, you would not have been able to do much in the evenings even if you had been able to go out. Is that correct?

Adam Zimpel

Yes.

Wayne Lenhardt

I think it's pretty obvious that you've been impacted far more than most people would have been impacted by this, these mandates and whatnot.

At this point, I think I will let you tell us anything else that you would like. We will listen for the computer clicks. At this point also perhaps,

[00:05:00]

the commissioners could be thinking of any questions they might have. Perhaps you could do that for us. And if you have your mother or someone there, perhaps she could indicate to us when you're done.

Adam Zimpel

I like to eat at a local restaurant—like, neighbourhood. That was brutally taken away. Even McDonald's was deemed dangerous. During the weekend I like to go downtown, that was

[00:10:00]

deemed unhealthy. While altering routines is hard for any person, in the disabled, it is especially unbearable.

Wayne Lenhardt

How do we get the question? Did you get what he said?

Adam Zimpel

My mother and I were never afraid of the virus. We even drove to

[00:15:00]

empty hospitals at the height of the supposed pandemic. No ambulances to it. Nowadays, there are a lot of ambulances because of the safe and effective vaccine.

Wayne Lenhardt

Okay. I have three questions from the commissioners.

So let me ask the first one and then we'll stop and get your response. Did your support workers stop coming because they were afraid of the virus? I'll say that again: Did your support workers stop coming because they were afraid of the virus? Okay, go ahead.

Adam Zimpel

Yes. I asked who is

[00:20:00]

the doctor from [inaudible] strategy ordered them. I made the mistake of letting them go. I think it is the biggest mistake of my life.

Wayne Lenhardt

Okay. Thank you for that. Okay, I think we have your answers here.

So given the lateness of the hour, thank you very much for your testimony on behalf of the National Citizens Inquiry. And we wish you the very best in the future with your job search and all the rest of your situation. Thank you again.

[00:24:53]



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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 17, 2023

Day 1

EVIDENCE

Witness 11: M Tisir Otahbachi

Full Day 1 Timestamp: 09:04:13–09:25:27

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Wayne Lenhardt

Mr. Tisir Otahbachi. I hope I didn't mangle that too badly. I'm Wayne Lenhardt and I'll be asking you the questions today. Could you spell your name, your full name, and then I'll do an oath with you.

M Tisir Otahbachi

First of all, hello everyone. My full name is Mohammed Tisir Otahbachi.

Wayne Lenhardt

Okay, and could you spell that for us?

M Tisir Otahbachi

Yes. So it's written, my first name is M, space, T-I-S-I-R, and my last name is O-T-A-H-B-A-C-H-I.

Wayne Lenhardt

And do you promise to tell the truth, the whole truth, and nothing but truth?

M Tisir Otahbachi

I will tell you one trillion billion per cent the truth and exactly what I've been through and what happened with me so far.

Wayne Lenhardt

Thank you. Maybe I'll just start you in 2021, where I think your issues happened after the vaccine. So maybe just tell your story and I'll stop you if I need to.

M Tisir Otahbachi

Since the Government of Canada put many restrictions on everybody, on Canadians, preventing us going to grocery shopping, going to hospitals, working, and doing many things, so we had to take the vaccine. And they were pushing us indirectly or directly to take the vaccine. And as soon as my wife—she was pregnant at that time—has regular visits to her doctor and the hospital, we had to take the vaccine. So on 15 of July 2021, I took the first shot of the COVID vaccine, Moderna. Ten days later exactly, there is a tiny, small bubble that started on my right hand, and that bubble has a yellow liquid.

At the beginning, I never recognized or thought that that bubble is because of the COVID vaccine at all. I went to the pharmacy because I don't have any family doctor or any other doctor—either in Quebec or any other province. I went to the pharmacy and then I saw the pharmacist and then they gave me, like, a syrupy cream to apply three times daily on it. I was doing that but unfortunately, that bubble was getting bigger and bigger every day.

Until 13 of August 2021, I got my second shot of the Moderna COVID vaccine. Then 48 hours later exactly the whole of my body—almost the whole of my body—got the same reaction. And my body was feeling: if you take your body, your full body, and just throw it out on the fire, that's the feeling of my body, how it was.

At that time actually, I went to the hospital to get in a hospital. And I waited for almost 23 hours without seeing any doctor. They asked me just to wait outside on the seat and there's no doctors to see at all. When we asked the receptionist over there, she said, "Now, 9.5 hours left to see a doctor." If we like, if I like, I can go to any walk-in clinic or to any other clinic to see a doctor.

So I gave up. I went back to the pharmacy again. And then the pharmacist checked on my body, my hands. They gave me different creams from over the shelf and the pharmacist told me, "You have to see a doctor as soon as possible, because there is something wrong going on in your body".

Then here, my journey started. I was looking for a doctor, for any family doctor or any doctor in Quebec. And I think it's much easier to win a lotto of \$20 million than to find any family doctor or any doctor in Quebec.

[00:05:00]

So for eight months, I was looking for any doctor in Quebec, with the help of some people that are working at the government in Quebec. But nothing happened. It was with negative results.

In September 2021, I was unable to work. I used to work as a mover, like moving furniture, and a Uber driver. At that time actually my body was burning. I was unable to take a shower, wash my hands, my body, for more than 18 months so far.

So tell me please: Who is in the world can handle that? But I did handle it.

Wayne Lenhardt

Okay, so to summarize then. The problem was you had some sort of a skin reaction. Were you able to shower and take baths and that type of thing?

M Tisir Otahbachi

I was using water wipes, 99.9 per cent for the babies, to clean my body.

Wayne Lenhardt

Have any of those symptoms resolved yet? Are they still bothering you?

M Tisir Otahbachi

They are still bothering me. Because right now, I'm living on an injection, it's called Dupixent. And I have to take this injection for the rest of my life. I have to take it twice a month. So once I take an injection, it gives me some relief for 10 to 12 days. And then after that, if I don't take the second or the next one, the reaction—it gets back exactly as the beginning. Like, I feel I never get anything or any improvement.

Wayne Lenhardt

Do they know when the symptoms will resolve, or do they think it will be for four or five years but they're not sure?

M Tisir Otahbachi

So, this is— Actually after that, after I gave up in Quebec to find any doctor, I started borrowing money from my dad to go and see doctors in Ontario: Ottawa city exactly. I've seen many doctors in Ottawa. Once I was going there and I was telling every doctor that I got that reaction after the COVID vaccine, most of the doctors were saying like, "No, this is not because of the COVID vaccine; don't say it's because of the COVID vaccine, the COVID vaccine is very safe." And I was telling them "I got it after the COVID vaccine." They said, "No. Just take this prescription." And every doctor was giving a different reason for my condition and gave me different prescription and I was buying all that from my pocket.

Then one of the doctors I've been to in Ottawa: she was yelling at me once I told her I got this after the COVID vaccine, 10 days after the first shot. Her face turned, like, aggressively and she looked at me like this and then she said, "Don't say that it's because of the COVID vaccine! No, it's not because of the COVID vaccine!" That day, actually, I was crying. I got back home and I was crying. I was super frustrated.

Then in 2022, one of the people working at the Government of Quebec, she arranged for me an appointment with a doctor in Quebec, just to sign a paper for the compensation and for the treatment of Dupixent, to start getting that. I went to him. It was a walk-in for only a one-time visit. I went to him. I told him my story. He looked at me, he told me— I'm going to say exactly what he said and that's the truth, one million per cent. He told me, "I'm so sorry to say that that topic is very sensitive for me and I cannot sign any paper because I might lose my license."

[00:10:00]

And I told him: "This is my life." Then he said, "I cannot do anything, I'm so sorry. But leave the paper that you have right now, I'm going to go over just to read what you have."

Here, I give up. Then after my baby daughter was born, they found a family doctor for her very far away from where we live, in Ontario. It's around 100 kilometres. The doctor that we've been to, the family doctor of my daughter: the first visit, he looked at my hand. I

never told him anything. He told me, "What you have in your hand, did you get it after the COVID vaccine?" I told him, "Yes." I was crying at that moment. And then he told me, "Okay, I'm going to refer you to a doctor here in Ottawa. Hopefully he would help you."

He referred me to a doctor here in Ottawa. And then that doctor, he checked my body, everything. After he's seen all the medications, ointments, capsules, creams, tablets, all the prescriptions I've been taking, he told me: "Look, I'm going to tell you something very honest and you have to accept it and I'm very sorry for that. I strongly suggest that what you have of the symptoms, it's because of the COVID vaccine, Moderna. And right now, the only option that we have: you have to take a Dupixent injection twice a month until we see what could happen."

And then after many months, they send a request to the government. Nobody was responding at all, nobody was listening. I was trying to contact with many people at the Government of Canada, Government of Quebec. Nobody was listening to me. I went to the media. Because that's my health. I was suffering, I was dying.

Then after that, from nowhere, I have no idea. There's, like, something that's called Freedom Support. They called me and they asked me to give me the injection of Dupixent. So right now, I'm taking that injection. He said, "For now, I can say you have to take it at least, minimum, four or five years. You could take it more—for the rest of your life. We have no idea." And that's it, that's what happened with the doctor here in Ottawa.

Then after that, I found a doctor in Quebec who was far away from me—a 13-hour drive—to sign the paper for me of the compensation. He told me: "Even this case, it's a permanent case. And for the Dupixent injection, it's the best option to have it right now because there is no final treatment."

I gave up at that time. The only option was—or the plan B—was for me to just finish or final my disaster. My wife, she's originally from Morocco. So we made the decision to travel there to Morocco and to try to find any final treatment for my injury.

I went there, I've seen three different doctors. And then they told me the same thing, after they gave me different medications—medical medications and natural treatments as well. Nothing worked at all. And then they told me: "Your condition, it's a lifetime condition. Dupixent, it's a good option for now. It gives you some relief. Yes, it doesn't end the problem at all." They gave me a very big example. One of them, he said, "You know, the person who was addicted to drugs and every day they have to take like a special quantity? Your body should be addicted to Dupixent every two weeks. You have to take it right now for the rest of your life. Because there's no options unless Moderna or Pfizer or those companies who made the vaccine, they make or invent a special treatment for the side effects that happened because of the vaccine."

Wayne Lenhardt

I'm going to ask the commissioners if they have any questions for you now.

[00:15:00]

Anyone?

Commissioner Kaikkonen

Thank you for your testimony. I just wondered: the reaction that you got from the doctor when she yelled at you. Do you think maybe she's been hearing a lot that it is because of the COVID vaccines and that was why she reacted the way she did?

M Tisir Otahbachi

She was reacting like this because I was mentioning that I got that reaction after the COVID vaccine. And once I mentioned that, she stopped me. She said, "You have to listen to me. I'm not going to listen to you anymore."

And she started yelling at me. She said, "Don't! You have genetic problems. You have allergic—" something else. She started making many excuses and many reasons without giving me any test. She just wanted to make different excuses. And just the reason of the COVID vaccine, she just wanted to take it away from my case. And I never had any skin problem in the whole of my life. You can check that with my medical history with RAMQ [Régie de l'assurance maladie du Québec].

Commissioner Kaikkonen

And then my other question is, do you think that the healthcare system is broken, given the number of doctors or the doctors that you tried to seek out, and maybe that the public health authority should have been focusing on that part of life? Because you're not the only one in Canada without a doctor. They should have prioritized differently and gone after looking for doctors for people.

M Tisir Otahbachi

I would like to say something, but I hope from everybody not being upset with me. In Canada, we have the worst healthcare system in the world. To find any doctor, if you are sick— I've never seen, I never expected that to happen in Canada, like, one of the best countries in the world.

We're going back home. Like, for me, I gave up here. I went to Morocco. A lot of people, they go back to their homes to have treatments even if they are sick from something simple as a virus. Here the healthcare system, it's super, super, super, super, super negative. It needs a lot of improvements. There is no doctors. It's impossible. Like when I told, like, everybody about my wait at the hospital for almost 23 hours, nobody believed that. It's a disaster.

I don't know how we going to continue our life and our future like this if there is not any kind of improvements. And I know that's in not only in Quebec, even in other provinces like Ontario or like many, many, like almost everywhere around Canada.

So yes, Canada has the worst healthcare system. And actually, after what I've been through right now, I'm super disappointed. I'm super frustrated because I never expected that to happen in such a country like Canada. I never. I'm so sorry to say that.

Commissioner Kaikkonen

Thank you very much.

M Tisir Otahbachi
You're very welcome.

Commissioner Kaikkonen
Thank you.

Commissioner Massie

Thank you, sir, for your testimony. I had a question about the symptoms that you experienced, that you couldn't get serious consideration that it could actually result from the vax. And then out of the blue you come across a doctor that seems to acknowledge that. So my question is: Do you know whether this doctor had seen similar kind of symptoms before associated with the vaccine? And do you know of other people that would have a similar condition, like yours?

M Tisir Otahbachi

The doctor that said, "I strongly suggest what you have of the symptoms, that it's because of the COVID vaccine," he told me, "I've seen different people have this kind of reactions because of the vaccine, but yours is the worst so far I've seen."

And after my story was posted in the media, there is thousands,

[00:20:00]

thousands, thousands of people around Canada: they did contact with me via social media and by emails. They are talking about the same reactions. But unfortunately, and that's the worst part, their doctors— Even some of them, they have family doctors for more than 20 years, 15, 16 years. When they went back to them to say that we got this because, after the COVID vaccine, that reaction, their doctors cancelled their files after 15, 16, 20 years of being their patients. Just because they said this was after we got that reaction, after the COVID vaccines.

I got shocked of what's happening. It's unbelievable. It's totally unbelievable that Canada: something happening like this in our country here.

Commissioner Massie
Thank you, sir.

M Tisir Otahbachi
You're very welcome.

Wayne Lenhardt

Any other questions? No? Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and giving your testimony today.

M Tisir Otahbachi

Thank you so much. Thanks. Have a good afternoon.

[00:21:21]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Witness 12: Louise MacDonald

Full Day 1 Timestamp: 09:25:48–10:17:15

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Shawn Buckley

Our next witness is attending virtually, Louise MacDonald. Louise, can you hear me? So Louise, if you can turn your camera and your mic on, that would be great. There you go. I can see you. Can you speak so I can see if I can hear you? Okay, so can you speak again?

Louise MacDonald

I can hear you now.

Shawn Buckley

Okay and I can hear you. I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Louise MacDonald

Louise MacDonald, L-O-U-I-S-E M-A-C-D-O-N-A-L-D.

Shawn Buckley

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

Louise MacDonald

Yes, I do.

Shawn Buckley

Now, you're here to actually share with us your analysis of government data. But I want to give a bit of your background, so just to introduce you. You were a manager at Sobeys for 25 years.

Louise MacDonald

Yes.

Shawn Buckley

And you managed the deli department, which did, yearly, a million dollars in sales.

Louise MacDonald

Approximately, yeah.

Shawn Buckley

Yeah. And you had to reconcile the accounts.

Louise MacDonald

Yes.

Shawn Buckley

So basically, you had to track all the money going in and out, to reconcile them.

Louise MacDonald

Yeah.

Shawn Buckley

Through that experience for a quarter century, you developed very strong analytical skills.

Louise MacDonald

I had to.

Shawn Buckley

Right, and you smile.

Louise MacDonald

Yeah.

Shawn Buckley

Okay. Also you had the misfortune, in 2015, to have acute kidney failure caused by a medication, and—

Louise MacDonald

Yes.

Shawn Buckley

That then set you on the path to researching medications because you had to be extremely careful.

Louise MacDonald

Correct.

Shawn Buckley

Okay. So you became familiar with researching medications. When the vaccine came along, you noticed that it contained polyethylene glycol, and that's something you need to avoid.

Louise MacDonald

Yes, it was in the medication that caused my acute kidney failure.

Shawn Buckley

So because of your background in analyzing things and your interest in the medications, you started collecting and collating government data on adverse reactions.

Louise MacDonald

Yes.

Shawn Buckley

You prepared a little presentation for us. I'm wondering if you can just launch into that and share your findings and your thoughts.

Louise MacDonald

Okay, so when I was doing the research, I came across Canada's website. What better place to find out the ingredients of the vaccines and as much information as possible. All the screenshots I'm going to share today are from the Canadian government website. They are from the case by vaccination status report, the vaccine adverse event reports, and a lot of screenshots are from NACI [National Advisory Committee on Immunization] statements.

I'm just trying to find where everything is. I know we're short for time, so I'm going to start not where I'd originally planned. Actually, no I will. Just bear with me.

Shawn Buckley

You're just looking for the screen share, I presume. And while you do that . . .

Louise MacDonald

Sorry, yeah.

Shawn Buckley

I'll just indicate that Louise had shared with me that she took an entire year documenting what she's synthesized for us as a presentation today [Exhibits OT-7 to OT-71. Slide names are included in square brackets throughout this transcript as a guide to the exhibits].

Louise MacDonald

Sorry, I'm not very good with Zoom and technical stuff.

Shawn Buckley

Now, there you go. We've got screen sharing.

Louise MacDonald

Yeah.

Shawn Buckley

And we've got a slide that says "Since Dec. 14, 2020."

Louise MacDonald

[Government of Canada (GoC), Health InfoBase, Case by vaccination status report, as of December 25, 2021]

This is the case by vaccination status report and it's the report for December 25th 2021, at the top.

Now this is how the government reports the case by vaccination status, and they used data collected since December 14th, 2020. Now that immediately raised a bell because in December 14th, 2020, next to no Canadians were fully vaccinated. Down at the bottom where there's the yellow #2— I just want to make a point that there's only one fully vaccinated category. And then,

[00:05:00]

when I saw #3, the gray columns—those are the number of unvaccinated cases, hospitalizations, and deaths compared to the fully vaccinated, not yet protected, and partially vaccinated. That almost had me second guessing whether I should get the vaccine.

[GoC, Health InfoBase, archived page, Percent of people vaccinated, as of May 29, 2021]

So I did a little bit more research. And up until May 27th, 95 to 100 per cent Canadians weren't vaccinated. So it overinflated the unvaccinated numbers.

[GoC, Health InfoBase, Case by vaccination status report, 12 months of data, up to December 25, 2021]

This is how the Government of Canada reports it. So the top one is 12 months of data. If you look at the graph down below, the unvaccinated cases were counted for the full 12 months. Fully vaccinated was only counted for about five, five-and-a-half months. So it made me think "Well, it's not really the same playing field that you're comparing 12 months to 6 months."

[GoC, Health InfoBase, Case by vaccination status report, for Dec 18 to Dec. 25, 2021]
So this screenshot is the same report. So the week of December 18th to December 25th, 2021. Now this chart shows only one week of data, which is highlighted in the [vertical] red line below.

[GoC, Health InfoBase, Case by vaccination status reports, comparing charts of 12-month data with 1-week data]

Now when you look at the charts together and compare them together, it's totally different. So the top graphs [#1] show the unvaccinated cases to appear to be so much higher than the fully vaccinated. But when you just show one week of data [#2] where 75 per cent of Canadians were fully vaccinated and 25 per cent weren't, that week 97 per cent of cases were in fully vaccinated Canadians.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of January 30, 2022]
So because the fully vaccinated were getting really high, they divided the fully vaccinated into two categories on January 30th [2022].

[GoC, Health InfoBase, Vaccination Coverage, Figure 2. Cumulative number of people who have received COVID-19 vaccine, as of May 22, 2022]

And then, they started comparing unvaccinated to fully vaccinated and boosted. So again, they're comparing 17 months of unvaccinated cases to only five months worth of data for fully vaccinated and boosted because they were only just fully vaccinated and boosted for five months.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of June 5, 2022]
And then again on June 5th 2022, they split the fully vaccinated categories into three again. This also divides the numbers, divides the percentages, and grossly overinflates the unvaccinated numbers.

Shawn Buckley

Just so we're clear. The unvaccinated would include people that are not fully vaccinated. So they could have had one shot. Or they could have had two shots but not cleared the 14 or 21 days or whatever after the second shot.

Louise MacDonald

Oh, sorry. I'm just going back.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of January 30, 2022]
In January [2022], they reported cases not yet protected and partially. If you look down at the bottom left corner.

Shawn Buckley

Okay, so it is broken up at that point.

Louise MacDonald

It is broken up at that point.

[GoC, Health InfoBase, Case by vaccination status report, Figure 5, as of June 5, 2022]

But when they split it into three [fully vaccinated], they stopped reporting the cases not yet protected and the partially vaccinated. But they still counted the numbers. So from here on in, any of my numbers are excluding the partially vaccinated and the not yet protected.

[GoC, Health InfoBase, Vaccination Coverage, Figure 2. Cumulative percent of people who have received a COVID-19 vaccine, as of September 11, 2022]

When they did this, they started comparing the unvaccinated, which is 21 months worth of data, to people that had the primary series completed and one booster, in the red—only six months worth of data. And when they were compared against people that had the primary series completed plus two additional doses, that's only four months worth of data.

[GoC, Health InfoBase, Case by vaccination status reports, Comparing 20 months of data with 4 weeks of data, as of September 25, 2022]

This is the last updated case by vaccination status report on the government website. The top one shows how the government reports it since December 14th, 2020. They're using 20 months worth of data,

[00:10:00]

and it makes the unvaccinated look like a big problem. Now in the middle graphs, this is just four weeks of data. From August 28th to September 25th, this is how it looks and this is with the three primary-series-completed categories separate. Now when you go down to the bottom graphs, this is the same four weeks, August 28, 2022, to September 25th, 2022. This is the unvaccinated compared to the three primary-series-completed all together. It's quite a different picture from the top one.

Shawn Buckley

Now can I ask you a question? I appreciate that the government . . . [connection lost] thousand or anything like that so that we could compare between the categories for a specific population size.

Louise MacDonald

No, not on any of the reports that I've seen.

Shawn Buckley

Okay.

Louise MacDonald

[GoC, Health InfoBase, Case by vaccination status report, Figure 1, as of September 25, 2022]

When they did divide it into the primary-series-completed categories and they stopped reporting the part-vaxxed and the not yet protected, they still counted those numbers. So just to give you an idea: of the cases, 6.2 per cent of the cases were not yet protected or partially vaccinated; 7.7 per cent of the hospitalizations were not yet protected or partially vaccinated; and in the deaths, 8.1 per cent. Just to give you an idea of the amount of cases that are missing. I could only do percentages because they didn't give the numbers.

Okay, so I'm going to go back to the next presentation. It's going to be on the safe and effective vaccines. I've got to go back. Sorry about this. I'm really not good with . . .

Shawn Buckley

Actually, we understand and appreciate that. When you were showing us the COVID cases, did they change how they were classifying COVID cases? Because some witnesses have told us that early on, if you had a list of symptoms, you would be classed as a COVID case; then later, when PCR tests became available, you would be a case. Some have suggested that they would run more cycles on an unvaccinated person than a vaccinated person, which would change the numbers again. I'm just wondering if you ran across any information there or did they not clarify things like that?

Louise MacDonald

Over the two-and-a-half years that I dabbled in this, I heard a lot of other people saying that the cycles are that and all these other things. But I only ever concentrated on case by vaccination status and the serious adverse events. Any of the data that I'm going to show you and the numbers are regarding serious adverse events only.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, AstraZeneca]
So this is the little presentation on safe and effective. So AstraZeneca Vaxzevria COVID vaccine was, I believe, approved around September 2021. They say, "All COVID-19 vaccines . . . are proven safe, effective and of high quality."

[GoC, Health Canada Statement, March 24, 2021]
Again, on March 24th, 2021, Health Canada issued a label change and guidance on the AstraZeneca COVID vaccine. They state, "Health Canada reassures . . . that the AstraZeneca COVID-19 vaccine continues to be safe and effective . . ."

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2022]
This is the vaccine safety report from March 3rd, 2023. It's the last one they updated. On the bottom [connection lost] . . . and that equals one serious adverse event

[00:15:00]

in every—on average—every 2,923 doses administered [AstraZeneca]. Now I don't know what's classed safe and effective, but I don't think I would be wanting to put that into my body.

Now in the middle there, where it says 841 and 1,782, the original report has "Not applicable."

[GoC, Health InfoBase, Table 1. Cumulative number of COVID-19 vaccines doses administered by vaccine product and dose number, as of March 2023]
Now, they did have those numbers and where I got the 1,782 is on this report on a different page on the Canadian government website. This is where I got the number of doses administered.

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2022]
So I calculated it, and on dose three, there was one serious adverse event in every 118 doses administered. There were only 1,782 third doses administered. I still think that's 1,782 too many. Thank God, there was only 28 fourth and fifth doses because they were

one serious adverse event in 14. So for the 28 doses administered, there was two serious adverse events.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, Moderna]

So this is the Moderna Spikevax COVID vaccine. And again, approved by Health Canada: "All COVID-19 vaccines . . . are proven safe, effective, and of high quality." Now this includes, on the right-hand side, the Spikevax Bivalent, the original/Omicron BA1 and the original/Omicron BA4(5). So these are proven safe and effective and of high quality.

[GoC, archived page, Public Health Agency of Canada, NACI Statement]

This is the NACI statement. NACI is the National Advisory Committee on Immunization, and they advise the Public Health Agency of Canada (PHAC) on everything to do with COVID.

This was released at the same time, and it states, "There are currently no data on the efficacy, immunogenicity or safety of the Moderna Spikevax Bivalent . . . COVID-19 vaccine . . ." Then they go on to say that the benefit "may outweigh any potential risks that are unknown . . ." If you don't know the efficacy or immunogenicity, then how do you know the benefit? And how can you determine that the benefit outweighs the risk if the risk is unknown?

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2023]

This is the vaccine safety report, and this one gives the serious reporting rates for vaccine, dose numbers, and for the Moderna Bivalent. The serious reporting rate is 32.96 serious adverse events for every 100,000 doses administered. That equals one serious adverse event for every 3,033 doses administered.

[GoC, Health Canada, COVID-19 Vaccines: Authorized vaccines, Janssen Johnson & Johnson COVID-19 vaccine]

The Janssen Johnson & Johnson COVID-19 vaccine. Now this one, "All COVID-19 vaccines . . . are proven safe, effective and of high quality." Approved for Health Canada.

[GoC, Health InfoBase, Vaccine Safety Report, March 3, 2023]

Now this one, again, is at the top, March 3rd, 2023. All this data is still on the internet. For all Johnson & Johnson's Janssen COVID vaccine, the serious reporting rate was 148.05 per 100,000 doses administered. That equals one serious adverse event in every 675 doses administered. I don't see how that could be proven safe.

[GoC, Health Canada Statement, September 1, 2022]

And again, so "Health Canada authorizes first bivalent COVID-19 booster" dose, September 1st, "safe and effective."

[GoC, Health Canada, News Release, October 7, 2022]

Again, October 7th, COVID vaccine booster with the bivalent vaccine, Omicron vaccine, "safe and effective."

[GoC, PHAC, Summary of NCAI's Updates, November 3, 2022]

On November 3rd, 2022,

[00:20:00]

the update says, "Vaccine effectiveness has not yet been established for the bivalent booster products."

[GoC, PHAC, NACI Statement, Safety and Ethics, November 2022]

Now the next few screenshots are all on the NACI statements. So this one is "The risk of myocarditis and . . . pericarditis associated with additional doses is currently unknown."

[GoC, PHAC, NACI Statement, Efficacy]

"Currently, there are no estimates of vaccine efficacy available for the Pfizer-BioNTech Comirnaty . . . Bivalent [vaccine]."

[GoC, PHAC, NACI statement, Summary of evidence on Pfizer-BioNTech Comirnaty]

"There [is] currently no clinical evidence on the safety, immunogenicity or efficacy of the Pfizer-BioNTech Comirnaty . . . Bivalent . . . vaccine in children 5 to 11 years . . ." And these kids were recommended to get the dose.

[GoC, PHAC, NACI Statement, Fertility, Pregnant Women]

Now, this one is on the Vaxzevria, which is AstraZeneca's. It states, "It is unknown whether VAXZEVRIA may impact fertility in humans. No data are available in humans." Below that, "The safety and efficacy of VAXZEVRIA in pregnant women have not yet been established." They were advised to get vaccinated.

[GoC, PHAC, NACI Statement, Additional Considerations and Rationale]

"There are currently no data available on the efficacy, immunogenicity or safety of [the] bivalent Omicron-containing mRNA . . . vaccines in adolescents 12 to 17 years of age."

I have thousands of screenshots like this.

[GoC, PHAC, NACI Statement, Currently authorized vaccine: Pfizer, December 12, 2020]

"There[']s currently insufficient evidence on the duration of protection and on the efficacy of [the] vaccine in preventing death, hospitalization, infection and reducing transmission . . . although studies are ongoing."

[GoC, PHAC, NACI archived page]

"Summary of evidence [of] an additional dose of COVID-19 vaccine following a 2-dose [primary] series." "There[']s currently no data on the efficacy [or] effectiveness . . ."

[GoC, PHAC, NACI, The risk of myocarditis]

"Currently, the risk of myocarditis/pericarditis in children following immunization with the . . . Pfizer . . . vaccine is unknown."

[GoC, Health InfoBase, Approved vaccines]

These vaccines [AstraZeneca, Janssen, Moderna] are still approved for use in Canada, and these vaccines are still being mandated to government workers.

The last little presentation I have, I will cut some of them out because I know we are very behind.

Shawn Buckley

Before you jump to the next presentation.

Louise MacDonald

Yeah.

Shawn Buckley

You're giving us the numbers that are reported as serious adverse reactions. Do you know how robust that data is? So for example, in the United States, there have been estimates done of how inadequate the VAERS [Vaccine Adverse Event Reporting] system is, in that hardly any get reported out of the total number of deaths and serious adverse reactions.

Do you have any idea in Canada how many adverse reactions or what percentage of adverse reactions actually make it into that database?

Louise MacDonald

Well, I'm not an expert. I don't know that answer. I've heard lots of stories. I've heard doctors say less than 2 per cent. But I'm not an expert. I don't know the answer to that.

Shawn Buckley

Okay.

Louise MacDonald

These numbers that I'm giving you are the numbers that have been reported. So they're at least this high. Again, I said all the numbers that I'm giving are for only the serious adverse events.

[GoC, Health InfoBase, Vaccine Safety, Definitions, February 11, 2022]

Now on the Canada Health InfoBase website, "An event is considered serious if it results in death; is life-threatening, an event or reaction in which the patient was at real, rather than hypothetical, risk of death at the time of the event or reaction; or requires in-patient hospitalization or prolongation of an existing hospitalization; it [could result] in persistent or significant disability . . ." [connection lost]

[GoC, Health InfoBase, Vaccines for COVID-19, Reported side effects following COVID-19 vaccination, up to and including March 3, 2023]

This is the report that I stumbled on when I was researching what were in the vaccines. This is the beginning of the webpage. When you go down further,

[00:25:00]

you get a summary of the data for that report. I just want to make a little note. It says there was a signal of ischemic stroke in people 65 years of age and over. And it says—and I'm make a note of this—"The signal has not been found in other vaccine safety monitoring systems in the [U.S.], nor in other countries, including Canada." That'll come in handy later.

[GoC, Health InfoBase, Vaccines for COVID-19, Figure 1. Number of COVID-19 adverse events reports received and total doses administered in a 4-week reporting period, up to and including March 3, 2023]

So down further, this shows all the historical reports. So each column represents a report. Then down below that, it says, "Figure 1: Text Description."

[GoC, Health InfoBase, Vaccines for COVID-19, Figure 1. Text Description]

When you click on that, it takes you to this report. This is basically all the historical reports. So each line here represents a column in this chart here [previous slide].

Now, I went over this data every day for two years. And every time they update the new report, they say that these numbers can change to reflect any delays in reporting serious adverse events. This might be a little bit hard to explain. So the middle column that's highlighted in red is for cumulative serious adverse events only.

So every week or every month this report comes out, I noticed that these changed. I started having a really hard time tracking because I could say, "Well, if I remember correctly, it wasn't that the week before." And I would go back the week before and sure enough, I was correct. It wasn't that. So this was updated every report.

So the column in the middle here highlighted in red, I put it in a spreadsheet.

[Louise's spreadsheet, Monthly serious adverse event reports]

March 3rd, 2023. In the black highlighted one, those are all the numbers. So here in this one [previous slide, Figure 1] is January, February, March, April, and May down—and the numbers. The box in red [Figure 1] is this box in black [spreadsheet]. So every column in this spreadsheet represents an updated report.

[Louise's spreadsheet, Weekly serious adverse event reports]

From January 2021 to April 8th, 2022, these reports were weekly. Now, each column represents the updated numbers and the [yellow] coloured columns represent the number that changed from the week before. So it was pretty consistent from January 1st, 2021, to April 8th—all except for those three red columns—serious adverse events were updated to include these numbers. And some of them were quite high: 200 added in one report.

[Louise's spreadsheet, Breakdown of the monthly serious adverse event reports]

Then they went to monthly reports, and this is a breakdown of the monthly reports. Now on the left-hand side is April 1st [2022], and these are the first monthly reports. Again, each column represents one month's updated data, the historical data. Now from April 1st, May, June, July and August 19th, those numbers continued. Those are serious adverse events that were added or updated in the historical reports.

On August 19th, something really strange happened.

[Louise's spreadsheet, Enlarged monthly vaccine serious adverse event reports, red columns]

From August 19th [2022] to March 3rd [2023], most recently, these numbers started to be updated and these are the numbers [red columns] of serious adverse events that were—removed—from these historical reports.

[00:30:00]

[GoC, Health InfoBase, Vaccine Safety Report, Figure 2. Serious adverse events, up to and including March 3, 2023]

This one here is a little bit further down on the same report. This is the breakdown of the vaccine doses: the serious adverse events by vaccine and dose number.

[GoC, Health InfoBase, Vaccine Safety Report, Figure 1. Text Description, Serious adverse events, up to and including March 3, 2023]

This is the last vaccine adverse event report that was updated March 3rd, 2023. Now for all doses administered that month, the serious adverse event reporting rate was 36.83 per 100,000 doses administered. That equals one serious adverse event for every 2,715 doses administered. That was for the most recent month. I'm not an expert; I'm not a

vaccinologist or a doctor. I don't know what "safe" is. But one serious adverse event in 2,715 doses administered. I'm not getting that.

That wasn't a one-time event either.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events up to and including November 11, 2022]

So this is the report for November 11th [2022] and these are the updated historical numbers for January 8th [2021]. And that's even more. So the reporting rate of 37.57 per 100,000 doses administered, that equates to one . . . [connection lost] [in] 1,715. The first month of the report of the vaccine rollout was one in 2,661.

Now these aren't the original numbers reported.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events reported for January 8, 2021]

So for January 8th, 2021, these are the original numbers that were reported. So 10 serious adverse events in the middle in the top chart, and 338,423 doses administered. This equates to one serious adverse event for every 33,842 doses administered. That could be "safe," I'm not sure.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events reported up to and including November 11, 2022]

But one year and 44 weeks later, the number of serious adverse events, the first arrow, tripled to 31, and the cumulative number of doses administered dropped by, I believe it was around 255,000 doses. So we went from one serious adverse event every 33,842 doses administered to one serious adverse event for every 2,661 doses administered.

Shawn Buckley

For the same reporting period.

Louise MacDonald

Yeah. So this goes back to how many were added since the original report. And, like I said, basically, it took one year and 44 weeks to have the last serious adverse event that happened on the first month of the vaccine rollout to be documented. This again, is not a one-time event.

Shawn Buckley

Can I ask—

Louise MacDonald

Sorry?

Shawn Buckley

You had spoken earlier and showed us some charts. You've told us how numbers get added. So let's say for January 2021. If they're reporting in February of 2021, let's say they have—I'm just making figures up—they have a hundred cases. I can understand that as the year goes by that cases that haven't been processed or were held up in the provincial side trickle

in and so that the number goes up. But what I don't understand is you've been talking about some numbers going down and that doesn't make sense. How do reports get pulled out that had been . . .? [connection lost]

Louise MacDonald

Subtracted? All I know is that this is the data.

[00:35:00]

Up until August 19th [2022], they were added. And then, after August 19th, the cumulative number of serious adverse events started to decline, right up until the last report.

Shawn Buckley

Right, so the total number was higher in August of 2022 than it is in March of 2023.

Louise MacDonald

That's right, yeah.

Shawn Buckley

And no explanation by Health Canada as to why they removed reports.

Louise MacDonald

No, no. Why they were added— Well, obviously, they said that the numbers in the historic reports will change to reflect any delays in reporting in the previous weeks, but there's been delays. . .

Shawn Buckley

Well, like I say, I can understand the numbers going up because of delay. But I can't see the numbers going down because of delay. That's what's confusing me.

Louise MacDonald

Well, it confuses me, too. I don't know why. I don't know why it is. But these are just the numbers. I'm just reporting what the Canadian government is releasing. So how they're subtracting them, I don't know. Again, like I said, it's not a one-time event.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events for Feb 12, 2021, up to and including March 12, 2021]

These are the original numbers reported for February, which is the second month of the vaccine rollout. The serious adverse event reporting rate was 22.86. Now, that still to me seems a little bit high. It equals one serious adverse event on average for every 4,374 doses administered.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events for Feb 12, 2021, up to and including February 11, 2022]

Now, one year later, the serious adverse event reporting rate more than doubled. It is now 50.83. So these were added on to the original reports. A reporting rate of 50.83 is the

equivalent of, on average, one serious adverse event in every 1,967 doses administered. That's all vaccines.

[GoC, Health InfoBase, Vaccine Safety Report, archived page, Serious adverse events up to and including July 23, 2021]

This will be the last one for the change. So July 23rd, 2021, the original cumulative total of serious adverse events was 2,672.

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events, up to and including August 19, 2022]

And one year and four weeks later, on August 19th, 2022, that number is now 4,283. That's an additional 1,6[11]. . . . [connection lost]

Shawn Buckley

Louise, you just froze. We'll just give a sec to see if Zoom catches up with us. So we've actually had our technical difficulties today, and usually they begin in the morning. So today, at the end of the day.

I'll just ask David, Do we still have internet? For those watching, we're just doing a reconnect. We're almost done with this witness, but we'll see if we can log her back in and finish her evidence.

Okay, so are we still online? Okay, so we've lost the ability to have Wi-Fi, so we've lost this witness. I think, fortunately, we were close to the end, but we'll just wait another moment to see if we can get her back as the commissioners might have had some questions.

And there we go. Louise, we had some internet problems at our end and you had just frozen. We lost you for a little bit. Now, we've run out of time, so I'm wondering if there's something important for you to sum up. And then I'll see if the commissioners have some questions for you.

Louise MacDonald

Yeah, I'm almost done.

Shawn Buckley

Okay.

Louise MacDonald

[Louise's Chart, Time it took to document last serious adverse event (AEFI)]

Okay, this shows how long it took to document serious adverse events. So from January to August [2021], it was over a year,

[00:40:00]

up to one year and 44 weeks, to document a serious adverse event. If it's taking that long to document them, how can any safety issue be triggered that they're unsafe?

[GoC, List of authorized drugs, vaccines and expanded indications for COVID-19]

May 11, 2022, the Janssen, Johnson & Johnson's vaccine, was authorized for a first booster dose . . . [connection lost]

[GoC, Health InfoBase, Vaccine Safety Report, Serious adverse events, up to and including April 29, 2022]

. . . 888 doses administered. Two weeks later, that vaccine's authorized as a booster dose [See previous slide, List, May 11, 2022]. Like I said, if it's taking a year to document serious adverse events, then it's just mind-blowing. I'll pass that one; we don't need that.

[Louise's spreadsheet, Updated adverse events before and after August 19, 2022]

So this is the last screenshot. This is from January 2021 up until March 3rd, 2023. It shows the numbers that were updated that are yellow to August 19th. And then after that [a decline in numbers in red]. These are still on the website. If you want to, you can check all this stuff.

[Louise's spreadsheet, enlarged, blue column, November 11 and December 9]

And the last thing. November 11th and December 9th was the only report where there was no serious adverse events added or removed [blue column].

Shawn Buckley

Okay. So thank you for that presentation. I'll ask the commissioners if they have any questions.

Louise MacDonald

You're welcome. Yeah.

Shawn Buckley

And there are questions.

Louise MacDonald

I would imagine.

Commissioner Massie

Well, where to start? Thank you very much for your presentation. I will have to probably go back to it in order to get a better picture. But one of the things that I notice in your analysis is, well, first there's a lag in reporting. Sometimes, it goes up and down. We don't know why.

Louise MacDonald

Yep.

Commissioner Massie

Do you expect to get a final picture on what the number will be or do you see lately that it's still fluctuating?

Louise MacDonald

I could give you my opinion. But this is two-and-a-half years of 8 hours to 12 hours a day of studying these. I have tens of thousands of screenshots of this data. Like I said, I'm not an expert. But to me, it shows that they underreported serious adverse events and delayed up to one year. It took one year and 44 weeks to document a serious adverse event. How can any serious adverse event be triggered if it's taking a year to document them? Obviously with these numbers, approving a vaccine for a booster dose when you get one serious adverse event for every 888 doses administered, I just don't know what to say.

How can they be approving them with that safety record? If they're taking one year, 44 weeks to document, how can a safety issue be triggered?

Commissioner Massie

My other question has to do with the AstraZeneca vaccine that has been removed in many places because the serious adverse event was deemed to be too high.

Louise MacDonald

Yeah.

Commissioner Massie

It's very difficult to pinpoint the exact number, but I thought the number that I've seen, at least from Europe, was like much, much higher than this one in 888 that you're mentioning for J&J, so—

Louise MacDonald

No, no, that was Janssen's, the 188.

Commissioner Massie

Yeah, but I'm talking about, if that's the number that they are using to recommend a booster for J&J, and the number for AstraZeneca was way lower than that when they removed it...

[00:45:00]

Louise MacDonald

Yeah.

Commissioner Massie

I fail to see the rationale or the scientific basis to make that kind of a recommendation.

Louise MacDonald

Well, if they're making the recommendation and the serious adverse events haven't been reported yet because it's taking a year to report them, then— I seriously, I just don't know what to say. It shouldn't be taking over a year to document serious adverse events. . . [connection lost] . . . so this is administered.

But the Janssen's vaccine, which is one serious adverse event in 888 doses administered: there never should have been a second, third, fourth or fifth dose administered. But because the delay in documenting these serious adverse events is up to a year and 44 weeks, that's why it's being allowed or being approved. They're not documenting the serious adverse events when they happen.

Commissioner Massie

We've seen from another presentation that there's been, I would say, measures put in place to increase the rate of vaccination by partnering with pharmacy and giving bonuses to doctors in order to accelerate that. If we measure the rate of vaccination we accomplish in Canada, we can see it's a success. I mean, we get a fairly high rate of vaccination in Canada, probably due to the—I would say—efficient deployment of all of these measures that have been put in place to accelerate that.

In order to get the number that you spend thousands of hours to compute and maybe get a more on-time, I would say, assessment of the safety of the vaccine: Could you recommend something that could have been done in order to get to these numbers on a more regular basis?

Louise MacDonald

Well, yeah. Don't threaten doctors with their jobs for speaking out about vaccine injuries. If a vaccine injury comes through, put it through. They should all go through. One hundred per cent of vaccine injuries should be recorded. And apparently, if I'm not mistaken, do they not have to be—a serious adverse event has to be reported... [connection lost]... Story after story of doctors being fired for reporting adverse events. If these are the numbers that they are reporting, I would hate to see if 100 per cent of the vaccine injuries were documented.

Commissioner Massie

Thank you very much.

Louise MacDonald

You're welcome.

Shawn Buckley

Louise, I'll just indicate before any other questions that you live—for the commissioners and people watching—in the Maritimes. When you're talking about hearing reports of doctors being fired for submitting adverse reports, that's in the Maritimes area.

Louise MacDonald

Yeah, well, I know Chris Milburn was... [lost connection]...

Shawn Buckley

[Missing words]... have any other questions.

Louise MacDonald

Thank you.

Shawn Buckley

You know, Louise, they don't have any further questions. But you've spent a lot of time and you've screen-captured a lot of information. I'm going to suggest that you maybe—you and somebody else—figure out some way of collating and making that available for other researchers.

Louise MacDonald

Oh, I will. I actually have every vaccine safety report,

[00:50:00]

every number, every vaccine by dose number, every case by vaccination status report, all in Excel spreadsheets.

Shawn Buckley

That's quite incredible. I'm just suggesting that you could be of great service to making a point of making that public and available.

Louise MacDonald

I've been trying to make it public and available. But I keep getting my social media accounts shut down for misinformation for reporting the Canadian government reports on vaccine injuries.

Shawn Buckley

Well, now we know what to think of government reports.

Louise, there'll be no further questions. On behalf of the National Citizens Inquiry, I want to thank you dearly for attending and—

Louise MacDonald

Thank you very much for having me.

Shawn Buckley

And thank you for all the research you've done. One of the things that we've been trying to do is to encourage people to take action. And you, for the last two years, have wanted to dig down and discover some truth. You've been of great service, so I just want to thank you for that.

Louise MacDonald

Okay, thank you, and I will. It's literally tens of thousands of data that I will have to find a way to have—

I will send them to you. And somehow, I'll get them documented on the NCI website [Exhibits OT-7 to OT-7I].

Shawn Buckley
Thank you.

Louise MacDonald
Thank you very much for giving me the opportunity to share this.

Shawn Buckley
Thank you, Louise.

Louise MacDonald
Okay.

[00:51:35]



Final Review and Approval: Jodi Bruhn, September 6, 2023.

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For further information on the transcription process, method, and team, see the NCI website: <https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 1

May 17, 2023

EVIDENCE

Closing Statement: Ches Crosbie

Full Day 1 Timestamp: 10:17:23–10:21:12

Source URL: <https://rumble.com/v2oackw-national-citizens-inquiry-ottawa-day-1.html>

[00:00:00]

Ches Crosbie

Thank you, Shawn. Thank you, Commissioners. Shawn has asked me to close off today, and those who have watched my closings on prior days would know that I don't take long, and I also like cartoons and memes. So, David, if you would put up the meme of the day.

Through the course of these hearings, we've been turning up the heat on those who would like to keep their activities shrouded in darkness: government, government figures of authority, and Pharma. You can go on down the list of suspects. If you know anything about *The Lord of the Rings* trilogy and Tolkien— the Ring of Power, you can only see the coded script on it when you heat the ring and then you can decode what's there. The script, according to this translation, is one lie to rule them all— fear, possibly? Be afraid. One lie to find them— the vaccine passport. One lie to scare them all and in their terror bind them— mass psychosis?

This is not finished. This is not finished. I think what I sensed—and perhaps all of us sensed who paid attention to the testimony, in particular, of Denis Rancourt and Catherine Austin Fitts earlier today—we could sense that there was more script not yet visible, yet to be decoded, on that ring that has to do with vast underlying geopolitical forces and vast movement of tectonic plates in the world of finance, where, we were told by Catherine Austin Fitts, they are busy denuding the real economy, the visible economy, and leaving us **with debts and transferring assets into the criminal economy.**

Somewhere the truth lies when we stitch together that kind of analysis of what we're seeing in the financial system that Catherine has been documenting for 25 years now and what Denis Rancourt, a brilliant scientist, is able to detect applying his techniques to the world scene. I won't try and stitch it together any further right now.

But what we've achieved in these hearings is we've been turning up the heat, turning up the heat, and turning up the heat on those who want to keep the truth hidden from us. Eventually, we will fully decode the evil behind the script by turning up the heat. But in order to keep turning up that heat, we need the help of all the volunteers out there and all of those brave citizens who've helped us by funding the efforts of the National Citizens

Inquiry. We exist only because of your generosity. Please continue with that generosity.
Thank you.

Shawn Buckley

Before we adjourn for the day, I'll just indicate for those present and those watching online that we are starting earlier tomorrow. So, we're going to start at 8:30 AM EDT instead of our usual start time of 9 AM, so we'll see everyone at 8:30 EDT.

[00:04:22]



Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

EVIDENCE OTTAWA HEARINGS

**Ottawa, Ontario, Canada
May 17 to 19, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:33:43–01:09:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we commence the second day of proceedings in the nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-led, and a citizen-financed group that have decided to appoint independent commissioners and march them across the country.

We had no idea how ambitious that vision was and soon learned that it was something that we couldn't do. But it's happening, and it's happening because you're participating: you have volunteered, you have encouraged, you have donated. You have allowed this to happen. And if you have been watching the NCI proceedings, I've been saying—and everyone agrees who's done it—that if you watch a single full day of the National Citizens Inquiry, you will never be the same again. It changes you. Yesterday was no exception. The witnesses that we had, some of them, will be with us—their testimony—for the rest of our lives.

I'd like to start this morning, Commissioners, by stating my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. Before we move to our first witness, I'd like to share some opening remarks. I ask that you bear with me today.

We're having to interview witnesses, and we're having to see them testify day after day. And it's frankly emotionally exhausting at times. All of us that have been following these proceedings are aware of that. I was particularly touched yesterday by the testimony of Sheila Lewis. If you recall, Sheila is the one who needs an organ transplant, is under a gag order, so she can't tell us what organs she needs transplanted, nor can she identify the doctors or the hospitals involved. But she was on the stand yesterday, literally sobbing. She was just saying she wants to live. Her life is in the hands of a group of doctors that made a policy—and it's just their policy; they can change it. But they made a policy decision that she could only have the organ transplant that her life depends on if she gets vaccinated for COVID-19.

The irony is that she has had COVID. She has had her blood tested and she is filled with antibodies to the COVID-19 virus. She has strong natural immunity. We have had doctors explain to this Commission how actually someone in her position shouldn't be vaccinated because the vaccine would not be helpful, and, in fact, could be dangerous for somebody in her position. Any concern that she would get COVID-19 is non-existent. Because we've also had witnesses tell us that natural immunity is more robust, and we've seen government data to support that.

So she asked, and I asked, how can people do this? How can they basically be making decisions and taking actions that are leading to the deaths and the suffering of a large number of people? We had a gentleman on the stand yesterday who could not find a doctor to admit that it was vaccine injury. We've had witness after witness basically giving shameful testimony about how people that are vaccine-injured are being treated in our healthcare system.

When I ask the question—how can we do this?—I'm asking it as a rhetorical question because I know the answer. It comes down to personal responsibility and fear. The fear one is interesting because I've indicated in other openings how fear is a weapon used against us.

[00:05:00]

The minute you start to feel fear and you start to have that chemical reaction that you have no control over, you have to start training yourselves to keep that link to your logical mind and understand that you're having a physical reaction, that you can't control it. But you can keep connection to your logical and rational thinking.

But what I thought of this morning, we've had doctors explain that their colleagues, some of them, have gotten vaccinated knowing they shouldn't for health reasons but saying things like, "I've got kids in private school, I've got a mortgage, like I've got to do it." There's financial fear. We've had witnesses back out because they're concerned about economic repercussions. And so the thought came to me this morning that we need to understand that our debt model is part of our slavery framework.

We live in a society that is self-based and greed-based. The phrase—keeping up with the Joneses—we all know what that means. If you drive an old rusty car, you're going to feel self-conscious. Why? Because we're taught to privilege people that display wealth, and we have been encouraged. The system is designed for us to pursue things and to have a lifestyle that we can't afford, so we go into debt. And then we find ourselves in a situation where we actually have no room to move when we're placed in that ethical dilemma: where to do the right thing would actually put our family and our children at risk economically. **And so, going forward, I think we have to understand that we cannot allow ourselves to be dependent upon not just government but also institutions like banks for our well-being. I just want you to understand that our debt-based model is deliberate. We have participated in it, and we've participated in this drive to look like we have wealth, to fit in, to not be "less than."**

I've spoken before about personal responsibility, that people will do terrible things to other people—in the Second World War, rounding up Jewish people, locking them into a church, and lighting the church on fire, or lining them up in front of a pit and executing them. We will do those things—the authorities know—things that we would never do on our own if our personal responsibility is taken away. I spoke about this in Toronto.

I first became aware of this idea in the Dostoevsky novel, *The Brothers Karamazov*. There's a chapter about the Grand Inquisitor—so the Spanish Inquisition, and Christ had returned. So the Grand Inquisitor is having a conversation with Jesus. And the idea comes up that people will do atrocious things if someone else takes the responsibility for their actions. Himmler, who was the head of the SS, understood this and in one of his speeches—I think it was before the Night of the Long Knives—but it was a speech before they were being sent out to murder people. And he literally said, "You're not pulling the trigger. I am." He understood that if he took the personal responsibility from them that they would follow his orders. It's why when we got to the Nuremberg Trials after the Second World War—when people were saying, who did atrocious things, "I was just following orders, I was just following orders"—we had to, from a legal principle, establish that following orders is not an excuse for harming and murdering people, as if that had to become some new legal principle.

In fact, I wonder going forward when we get our institutions back, if anyone who has committed a heinous crime, who says, "I was following orders," if the maximum penalty should be double in that case. Because as a society, our worst problem that we're facing right now—

[00:10:00]

the most harm is being caused by people following orders. And we structure our laws actually to protect ourselves.

The doctors in Alberta, I'll take them as an example; it's the province I live in. Their college told them you are not to treat early-COVID. I know of one doctor who volunteers with the NCI who voluntarily gave up his licence to practise because, for ethical reasons, this person was not willing to be part of an organization that would tell physicians that you cannot treat early-COVID—because it is unethical and it is going to lead to death and it's going to lead to harm. But it's an example of personal responsibility being taken away from the doctors. They're being told by their college that they "can't." So now, they're just following orders and well, "I'm helpless. I will lose my licence." These are lies. But it explains how we find ourselves in a situation where people that we have entrusted with our very lives and health have turned against us.

And it's still happening. I can't think of a single institution in Canada that is now working for the people again. Name me one institution in Canada that has stood up during this COVID experience to protect us: to act as a shield between us and the government; to act in the public interest. And it's still happening. Here we are in May 2023 and vaccine-injured people are being treated as lepers and second-class citizens and shamed and humiliated and left to suffer by our medical system. Their existence is being denied. It's like we can't admit they're there. They're an inconvenience to us because we can't admit that the vaccine caused injuries. Because we're still pushing it on children. We're still murdering children. The attack is still happening. We're still censoring doctors. They're still afraid. Professionals are afraid to follow their ethics and do their job.

So we know that this spell that we've been under, it's literally like people are asleep. And language is deliberate; when we use language, the truth sneaks out. I've done a lot of criminal law and I think of statement analysis where most people lie by omission. There are simple things that people can't hide. When they're lying, things happen: they drop personal pronouns like clockwork. We cannot—you know the word, Freudian slip—we can't hide the truth. It comes out in different ways. We can obscure it. But our language speaks volumes.

And isn't it interesting that in the freedom movement if you don't know somebody or where they're at, but you're starting to think, "Oh, just wait a second, maybe they do know what's going on," you ask them, "Oh, are you awake?" We ask each other when we're feeling each other out: "Are you awake?" That's not an accident. It tells us that there are people among us, and we know that, that are asleep. They're literally asleep: They're having a dream. Their eyes are not open. They do not see what is going on. So that tells us the spell is still in force.

There's two problems that these people who are asleep are having. First of all, they still believe. Many of them actually still believe the lie. The other problem they have—and we need to pity them for this, but many people who are awake still have this problem too; denial is a great self-protection mechanism—is they just want it to get back to normal. "Don't hold this Inquiry." "Don't reveal the truth about what happened." "We don't need to figure out how not to do this again." "Just stop. We just want to get back to normal. We just want to forget this happened and go back to normal."

That is a delusion because there is no normal to get back to.

[00:15:00]

That is a complete failure to understand that we are in right now "the Great Reset." Now, what the Great Reset looks like at the end depends on us. But we know when we hear people like Klaus Schwab saying, the Great Reset—the leaders are using the term the Great Reset—it's not something that's going to happen in the future. It's something we're in right now; we are experiencing. There is no going back to the way we were. Our past is done. It's finished.

Just on the vaccine alone. From the evidence we've heard, we can predict that there will be more people becoming disabled. I recall Ed Dowd using the data of the working population in the United States, traditionally, the healthiest people, that the number becoming disabled—well, the percentage isn't rising, although it's dramatically higher than it was pre-vaccination and alarmingly high. It's levelled off, but it's still there. We're experiencing more and more people at a very high rate of what should be our most healthy population becoming disabled and the deaths will follow. So we'll peak with disabilities first and then we'll peak with deaths. But we're still facing it. These people that we heard from yesterday with their lives literally—literally—being destroyed. It was hard to believe what it would be like to have their experience. We're going to have more of those.

The problem of sterilization caused by the vaccines has not been dealt with much in these proceedings. We were hoping to have Naomi Wolf testify, but she wasn't available for the date of the Ottawa hearings that we had wanted. But it appears that's another issue going forward that we're going to have to face. It's interesting, I have a friend in Alberta who is a health care practitioner who's been reporting to me that if a child dies *in utero*—so while the mother's carrying the child—it used to be that the hospital would take care of that and get the dead fetus out, and then it would be recorded in our statistics. But the mothers are now being sent to abortion clinics for that to be done, so it will not be included in our statistics. So we're hiding information.

I saw a disturbing billboard about a month ago in Alberta. There's a support line for mothers who have miscarried to phone. So it's now, obviously, enough of an issue. This is happening in large enough numbers that there are now billboards telling mothers that they can get support for this. I've never seen anything like that in my life and it tells us that we're still there.

Catherine Austin Fitts testifying yesterday, and we've heard it from other people, telling us this isn't an accident. This is planned, what we're going through, this Great Reset. The world leaders tell us. Google the term. Well, no, don't Google it; DuckDuckGo it because you'll get different results because of the censorship. That in itself should tell you volumes. This isn't an accident; it's an attack.

It came up during her testimony, one of the commissioners said, "Well, we've had more immigration than since the Second World War." We're going to have a witness testify today about seeing, during the pandemic, just tons of immigrants arriving while we were all locked down. It's almost like the population is being replaced as part of the Reset. So we've been taken down. We have been judged. And understand that they can't stop—you can't pull that trigger and call the bullet back. You can't stop because otherwise, we will get control of our institutions again and we will hold them accountable.

So we have to expect that what we're experiencing will continue.

[00:20:00]

And what we're experiencing is that our government and our institutions have become the weapons against us. Catherine Austin Fitts referred to it yesterday as "the great poisoning." She spoke about our food supply and how it's basically become a weapon against us. She spoke about 5G and cell towers. We've had Dr. Magda Havas speak about that. But understand that our wireless technology, it could be done safely, but it's not done safely. It's done in such a way that reduces our health and reduces our lifespan, and this is deliberate. We are facing economic collapse. We're in it now. It is likely because they're telling us that we're going to have starvation.

We've already seen religious prosecution in Canada. We have called some of the pastors who have been jailed as witnesses, and that is not going to stop. We're literally in a situation where you need to prepare both physically and spiritually. Physically, I think you need to get out of debt, you need to have extra food, you need to have currency. I'm not here to give advice on that, but you need to be prepared because we are entering the next phase of this information war, and you need to act accordingly. We also need to prepare ourselves spiritually, and I'm going to go back to the evidence of Sheila Lewis yesterday.

Again, she was the one whose life depends on an organ transplant, and she's going to die. She's the one that was sobbing and telling us she just wants to live: she wants to see her grandchildren grow up. That's all she wants. She told us that this was evil, that what was happening to her was evil. As if evil is a tangible thing. And the thing is, evil is a tangible thing. If you open your eyes and look around, you will see it. We've seen it in these proceedings. You can hear it. You can taste it.

I've spoken several times about my opinion that the way back for us are what's called the first and second commandments in the Bible. I've explained that they're not just the basis of our legal system. But it's important for us to understand as we find ourselves in a situation where our government is adversarial to us, where institutions have become adversarial to us—that's because we actually moved away from the principles upon which our society and our legal system is based. When you move away from your foundations, your society falls. And I've explained to you how the second commandment, basically, is the foundation of freedom. Both of those commandments are intended for freedom. I'm going to explain that a little differently, and I think some of you are going to be shocked by how I end this.

There was a deliberate decision to remove God from our society. We all know that we can't speak about God. That it's almost like a conspiracy theory that you're a climate denier or you're an anti-vaxxer. God needs to be separated from our society: He needs to be removed from the schools. He needs to be removed from our institutions. This was deliberate. We have been taught to put ourselves first, and we live our lives to put ourselves first. We all do it; we've all been taught to do that. Our society is based on greed. I have two trucks. I have an old truck with 447,000 kilometres on it that's rusting, and I have a 2012 truck. Well, if I'm going to pick somebody up from the airport, I'm not using my old truck. Why? Oh, because I'm worried about being judged. I'm just using that as an example, and you all know what I'm talking about. Our society is based on greed, which is putting ourselves first.

[00:25:00]

We also view God's law or following God as restrictive. And that is the greatest lie. I'm going to explain that to you, and you're going to go, "Oh, my gosh. I see it; it's our greatest lie."

For those of you who have no idea what I'm talking about when I say first and second commandment, I'll just tell the story. It comes up in different ways. But when Jesus was on the earth in Israel, it was a rules-based society and it had become oppressive. It was a religious rules-based society. They actually referred to it as The Law. It wasn't meant to be restrictive. It was meant to be helpful. We're all aware of the Ten Commandments: don't murder, don't steal, don't commit adultery. Well, that was the beginning. But there was just rule after rule, and it actually had been turned against the people. So it was extremely, extremely restrictive. But it gave the religious leaders power over the people.

Then this Jesus comes along. He's talking about the law but in a way that's freeing—in a way that actually serves the people—literally that becomes so popular, he can't move around. He has to, at times, get into a boat and cross a water body just so that he's not surrounded by people. And the religious leaders are going crazy: "We've got to stamp this guy out." He's a political threat to them. So they plot several ways to try and get rid of this guy. But one of the ways was, they were going to ask Him a question. They were going to get Him tied up in a legal argument.

So they decide, "Well, let's ask him what the greatest commandment is, and it almost doesn't matter how he answers. Then we can argue with him and just show people he's not as clever as he thinks he is." Because they knew the law; they were the lawyers, so to speak. So they ask Him, "Teacher, what's the greatest commandment?" And He gives them an answer. He says, "Well the greatest commandment is to love the Lord your God with all your heart, all your strength, and all your mind." Now Jesus was out of the trap. He was out of the trap. That first commandment comes up in other places in the Bible but basically love God first, not self. You see, we're a self-based society now. But you're not supposed to put **self first; you're supposed to put God first.**

Now understand, Jesus was out of the trap. But he continued, and he didn't have to continue. He said, "And the second commandment is to love your neighbour like yourself." Basically, to treat others like you would like to be treated but further than that because he used the word "love." Now that is following the second commandment and the reason why every single Western liberal democracy—which have been the freest societies that we are aware of in history—they're based on the second commandment. Because if you teach your people and base your laws on the principle that you treat others like yourself and you don't put yourself first—God goes first—then you're not murdering each other. You're not stealing from each other; you're not sleeping with your neighbour's wife because you don't

want your wife sleeping with another neighbour. Basically, you have a freer and more civilized society if you are putting other people first.

So understand—because remember, I told you the greatest lie is that following God is restrictive. Well, if you believe that you have to be first, then—“Oh jeez, I don’t want any restrictions on myself”—you misunderstand, completely, that actually you are more free. When you love God with all that you are, you’re no longer putting yourself first. That’s how it works: you’re not number one anymore. And then, you’re forced to realize that you’re just one of His children. We are the same; we’re together. Do you see how, all of a sudden, it’s not adversarial? So when you’re not first and you’re just one person following God, we’re just all His kids. We’re all together; we’re all the same. It’s not about us anymore. That’s why the first commandment serves us,

[00:30:00]

and I’ve already explained how the second commandment leads to our freedom.

Now here’s where it gets interesting. Because one of the popular myths to get people to hate God and think that the first and second commandments are just crazy is—“Well, this is all fire and brimstone and judgment.” So I want to describe how the New Testament refers to judgment. What are we going to be judged on if this is fire and brimstone? I probably can’t go through this without choking up. It’s just so touching.

So you would think if God’s real— Because in the New Testament, it says that at the end of time, Jesus is basically going to separate the sheep from the goats, much like a shepherd which separates the sheep from the goats. The sheep are the people that lived right, and the goats are the people that lived wrong. You’d think the touchstone would be, “Well, you murdered and you stole and you’re totally unethical.” No, no, no. That’s not how He’s going to judge us.

You know what He said? Well, He’s going to turn to the sheep and He’s going say:

When I was hungry, you fed me; when I was thirsty, you gave me something to drink; when I was a stranger, you took me in; when I was naked, you clothed me; and when I was sick, you took care of me.

And the Bible says:

Well, these sheep are going to say, Lord, we never, ever saw you. When did we feed you or clothe you or take care of you? And Jesus will say, when you did it to the least of these—meaning anyone else—when you did it to the least of these, you did it to me. And then, He’s going to turn to the goats and He’s going to say, when I was hungry, you didn’t feed me; when I was thirsty, you didn’t give me anything to drink; when I was a stranger, you didn’t take me in; when I was naked, you didn’t clothe me; and when I was sick, you didn’t take care of me. And they’re going to say, well, Jesus, we never saw you, so what are you talking about? Obviously, we couldn’t have fed you or given you something to drink or clothed you or taken care of you when you were sick. And He’s going to say to them, well, when you didn’t do it to the least of these, you didn’t do it to me.

So the whole point—the whole point—of these commandments and our basis of our society, is to take care of each other. So when we have Sheila Lewis on the stand, sobbing

and begging the unnamed doctors—that she can't name because she's under a gag order—saying, “I just want to live. I just want to see my grandchildren grow up, that's all I want,” she doesn't understand why they will not reverse their decision. They're not feeding her when she's hungry. They're not giving her a drink of water when she's thirsty. They're not taking her in. They're not clothing her. And they're definitely not treating her when she's sick. Do you see how this serves us?

We can use these as the basis for understanding how we are to proceed going forward because it's all about standing together. You have no choice. We're in this together. You are not alone. You're not alone. And we have a task. You can't avoid it. We're in the Great Reset. And we're going to decide whether those that have pushed us into this get to decide the outcome or whether the outcome is going to be one based upon the first and second commandments. You have a choice. This is a historical moment.

There are times when a generation is asked to define who they're going to be. What are the history books going to write about this generation? I think of Churchill, remembering how he was so stirring in his oratory. In the darkest days of the Second World War, when he's saying,

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“We'll fight on the beaches, we'll fight on the streets,” he had a phrase. He said, “If the British Empire lasts for a thousand years, they'll look back and say that this generation was their finest hour out of a thousand years.”

We're there. It's this hour. It's this hour for Canadians. Our actions will define whether this will be referred to as our finest hour or will we be a footnote in history of a civilization that fell to its knees without a whimper. I'm participating. I'm volunteering. I'm putting my neck on the line because I want the history books to say this was our finest hour.

[00:36:13]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 1: James Corbett

Full Day 2 Timestamp: 01:09:56–02:25:20

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

I'd like to call our first witness of the day, who is joining us virtually from Japan. So, James, can you hear me?

James Corbett

I can hear you. Can you hear me?

Shawn Buckley

Yeah, I can hear you. I'll ask our AV person to turn your volume up a little bit. I'd like to begin today by asking you to state your full name for the record, spelling your first and last name.

James Corbett

My name is James Corbett, that's J-A-M-E-S, Corbett, C-O-R-B-E-T-T.

Shawn Buckley

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

James Corbett

I do.

Shawn Buckley

Now, James, you are an independent journalist. You have the Corbett Report, which is an independent, listener-supported, alternative news source, and it operates on the principle of open-source intelligence. You've got a different history in your background, and I have to

tell you that I've heard from several people comments about you that are just full of respect for the work that you do and the integrity of your research. So you come to us with a very good reputation, and we're pleased to have you join us today.

And you are here to discuss with us some kind of global issues, like the Global Pandemic Treaty, the International Health Regulations, and One Health. And I'm just going to let you march into the presentation that you've prepared, and then we may have questions along the way and certainly afterwards.

James Corbett

Okay, excellent. Thank you for that. Thank you for inviting me here to talk about this. I think this is incredibly important and, in fact, in some ways goes to the heart of what all of the craziness of the past few years has really been about. So I hope I can do it justice. I do have a presentation prepared, but obviously please do interrupt and ask for clarification at any point you need to.

In order to start in on these subjects, I think we need to establish some ground facts. And so, it would help probably to know what is the World Health Organization [WHO]. And for those who don't know, the World Health Organization was founded as a specialized agency of the United Nations in 1948 specifically to promote, quote, "the attainment by all peoples of the highest possible level of health." And it proposes to achieve this task by acting as, quote, "the directing and coordinating authority on international health" work. All right, excellent. That sounds noble. It sounds like something that people could get behind. But as always, the devil is in the details.

So some questions that might arise, as we hear these words that come from the founding Charter of the World Health Organization: What is health? And who determines the highest possible level of health, let alone how to attain it? These aren't idle questions, as I know you know from the very impactful harrowing testimony that you have heard over the course of this Inquiry.

The answers to those questions really do go to the heart of what we are facing: what we have seen over the past three years, certainly, and what we might see again in the future if we allow this to continue—lockdowns, mandates, travel restrictions, forced medical interventions and procedures, and rule by decree of governmental or presumed health authorities.

So this is an extremely important subject. And I just want to lay that out before we start diving into the details. Because although the worst of the COVID hysteria may or may not be behind us, I think the real battle is only now beginning. And that battle is a battle over **the definition of, and the declaration of, and the ability to govern over the next, quote-unquote, "the next pandemic," which we are constantly assured is right around the corner.** So this is an incredibly important issue.

So today I want to talk about two separate but related processes that are taking place under the auspices of the World Health Organization. One is, well, it's being referred to officially as the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response [WHO CA+], which is a very, very long roundabout way of not saying Global Pandemic Treaty. But they, I think, specifically do not call this a Pandemic Treaty because the word "treaty" brings with it certain legal obligations and would require ratification by legislatures, at least in those states where they have constitutional procedures for governing the signing treaties.

[00:05:00]

But conventions and agreements are covered under the WHO Constitution itself, which grants the governing body of the World Health Organization, the World Health Assembly, the power to, quote, “adopt conventions or agreements with respect to any matter within the competence of the organization,” which when ratified, will oblige each member of the WHO—which for the record is almost every nation-state on earth, of course, Canada, no exception there—would oblige them to adopt those conventions or to notify the WHO’s Director-General of rejection of those, or reservations to those, stipulations within 18 months.

So that’s kind of the framework for why it is not being called a Global Pandemic Treaty. But at any rate, this treaty, in all but name, is being drafted behind closed doors right now. This process has been going on for the better part of a year now and is expected to be unveiled with an agreement or other instrument at the 77th World Health Assembly, which will be taking place next May.

In the meantime, they are having closed door briefings and sessions that are not open to the public in which they are negotiating the text of this document. There is an entire bureaucracy that has been set up to handle this process of the drafting of this not-a-treaty called the INB, the Intergovernmental Negotiating Body. And that has held, I believe, a couple of hearings now for public input into this process. But all that means is that accredited institutions and organizations that get permission can Zoom in and basically make a short presentation about their feelings about what the treaty should include. Very few people given a chance, of course, to speak out against the process itself, and I think that’s instructive in and of itself. But the meat of the negotiations of this draft treaty are taking place behind closed doors, and there is very little transparency on this process.

We do have a zero draft of this treaty that was unveiled earlier this year [February 1, 2023] and that we can at least see the text that they started with from ground zero, which gives us some insight into this process. It includes increased tools for epidemiological genomic surveillance and integrated One Health surveillance systems, which might raise the question, what does any of that mean? And those are good questions, but unfortunately not ones you will find the answers to in this zero draft of the treaty. Because in the definitions section of the zero draft, you will note that, for example, it says, under definitions, “‘One Health surveillance’ means . . .” And then, of course, that’s left blank because they have not come up with a definition of One Health surveillance yet, but it is included in the text of this zero draft [February 1, 2023]. They talk about the need for integrated One Health surveillance systems without telling you what One Health surveillance means.

Other such things like that abound in this document. There are obligations for member states to, quote, “tackle false, misleading, misinformation or disinformation.” And I think given the events of the past few years, we know exactly what that looks like and what form that takes. As someone who had his YouTube channel of nearly 600,000 subscribers scrubbed for daring to talk about such things as the philosophy of science and other things related to the events that are going on, I know firsthand what that legalese text implies.

The zero draft also includes verbiage about control over when, where, and how a pandemic is declared within each member state’s borders. So it says, quote, “the INB is encouraged to conduct discussions on the matter of the declaration of a ‘pandemic’ by the WHO Director-General under the WHO CA+ . . .”—which is what they’re calling this not-a-treaty— “. . . and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments.”

So yes, even the process by which a pandemic will be declared by the World Health Organization under this new treaty, or whatever they're calling it, is left open to negotiation. And again, negotiations which we do not have access to as lowly members of the public who will simply be subjected to whatever rules end up getting forced into this document.

I think that should be concerning in and of itself. But actually, it's in some ways, maybe even worse than most people realize. Because at least at this point,

[00:10:00]

the World Health Organization does not officially declare a pandemic to have started or over. There is no official declaration of pandemic. There is an official declaration of a public health emergency of international concern (PHEIC), which is a different declaration altogether.

People might have heard recently that the WHO has declared the pandemic over. But that's not quite true, as even the fact checkers will, in this case, correctly tell you, "No, they declared the end of the public health emergency of international concern," but they did not say that the pandemic is over. So this document is at least putting on the table the possibility of literally a declaration of pandemic by the WHO Director-General, in particular, which is interesting for reasons that relate to that PHEIC.

But let's delve into the other side of this. Because as it says in that text, talking about this rule of the WHO Director-General declaring a pandemic, it says, "including interactions with the International Health Regulations." And that is the other document that I want to talk about. One is this treaty, which they are not calling a treaty. The other is amendments to the International Health Regulation.

Shawn Buckley

James, can I just slow you down for a sec before you go to the International Health Regulations. Because to some of the people that will be watching your testimony today, this will be brand new. So you're basically saying that we should be calling this a "Global Pandemic Treaty," what they're negotiating. But even the title—they're using words to kind of confuse so that we don't understand what it is. And that this is being negotiated behind closed doors, so it's not a public process. Is that right?

James Corbett

That is correct in substance. Obviously, it's my supposition that the unwieldy title **contributes to the confusion around this process. But it is not supposition that the word "treaty," specifically brings with it certain legal obligations that I think are being obviously avoided in this lengthy appellation.**

Shawn Buckley

And then I just want people to understand. So when you're saying definitions are left blank—when laws are drafted or treaties are drafted, they'll actually put a definition in and then start using those words. So the definition is very, very, very important. So when James is saying, "One Health surveillance"—which sounds very Orwellian—or "One Health surveillance systems," saying these terms are being used, so they have a specific meaning. But the text that's been released, they're not telling us what the meaning is.

So I just want people to understand how important that point is that James has brought up. It makes it impossible for us reviewing the text that has been released to really understand the significance. And I can tell you, having drafted legislation for government, that when you actually already have a term, you have a definition in mind. You know what that term means; you're not throwing it in there for good measure. So to me that's quite concerning what you brought up.

And also, just slow this down before you move on. You're telling us there's actually provisions in there to deal with misinformation. So they're already anticipating censoring information that goes against what they say?

James Corbett

That is the certainly the implication. There is no language, at least in the zero draft, that's been provided to the public to specifically say how member states are committing to tackling false, misleading, misinformation or disinformation. But I think we've seen exactly how that has been done over the past few years, including direct governmental interference in social media. For example, trying to censor—not trying, but actively censoring people who go against the pronouncements of any declared public health authority. So I think that's essentially what is being declared.

But specifically, it's from Article 17, paragraph 1 [zero draft, February 1, 2023]: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation," which is an interesting addition.

And just to clarify, yes, Chapter I, the Introduction, Article 1, Definitions and use of terms. They do have in the zero draft [February 1, 2023], four of the terms defined. But they leave "pathogen with pandemic potential," "One Health approach," "One Health surveillance," "infodemic," "inter-pandemic," "current health expenditure," "universal health coverage," and "recovery" are all left undefined at this point.

Shawn Buckley

Interesting. Okay, sorry for interrupting, please continue.

James Corbett

Valuable things to elaborate on.

[00:15:00]

All right, so let's talk about the other process that is going on. And I think, again, supposition, this is another part of the deliberately confusing nature of this process. In addition to this treaty, or whatever they're calling it, there is a proposal to amend the International Health Regulations. So what are the International Health Regulations?

Back in 1951, the World Health Assembly, the governing body of the WHO, adopted the International Sanitary Regulations, which was an attempt to consolidate the multiple and overlapping international agreements that then pertained governing quarantine procedures and other international health controls—that were, at that time, a series of bilateral deals between various countries and that was quite confusing, obviously, for an

increasingly globalized society, international trade, et cetera. So that was consolidated into this International Sanitary Regulations. And that was ultimately turned into the International Health Regulations in 1969. And those IHR, International Health Regulations, were amended in 1973 and 1981.

At that time, the entirety of the International Health Regulations covered specifically six diseases, but specifically focused on three of them: cholera, yellow fever, and plague. But after the SARS-1 hysteria of 2003, there was a push for amendment and sweeping reform of these IHR, International Health Regulations, to take into account the new and novel diseases that could appear in the future. So that push led to the adoption of the last round of amendments to the IHR in 2005. So that is the most recent edition of the International Health Regulations. And that was the addition of the International Health Regulations that introduced that aforementioned public health emergency of international concern, which is a specific declaration that is made ultimately by the Director-General of the World Health Organization.

Although, supposedly, theoretically, there is an independent advisory board that advises the Director-General whether or not to declare a public health emergency of international concern for any emerging virus or pandemic, or what have you. And that independent advisory board, really—according to what I think the drafters or, at least, what was presented to the public—it was the advisory board that's ultimately making this decision, and the Director-General just gives the rubber stamp to their recommendation.

Of course, that turned out not to be the case with the declaration of the monkeypox public health emergency of international concern last year, in which, according to reports, apparently, the Director-General Tedros broke the deadlock in the advisory panel by declaring that it was a public health emergency of international concern. And it's interesting that it's even portrayed as a deadlock when, in fact, the majority of the independent advisory board recommended against declaring a PHEIC.

But what is a PHEIC? Why is it important? What does it do?

Essentially, the declaration of public health emergency of international concern opens up a number of powers for the World Health Organization up to and including—as was reported back in the mid-2000 “teens” during the *Ebola* public health emergency of international concern; it was reported even in Newsweek and other places—that the powers that are unlocked by such a declaration could even include, conceivably, NATO boots on the ground in order to enforce quarantines or deliver medical aid or intervention, or what have you.

So this is a significant declaration. And of course, it also brings into effect a number of contracts that are signed for various governments that ultimately obligate them to **purchase prophylactics, including vaccines or whatever else may be available for the declared health emergency. And that became a significant factor in the first ever declaration of a PHEIC back in 2009, during the swine flu pandemic, which ultimately ended up being a less deadly flu season than regular. But that being what it is, the declaration of PHEIC obligated countries around the world, including, of course, in Canada, to purchase swine flu vaccines that, ultimately, a lot of them ended up getting destroyed, unused. But whatever, at any rate, it was there. And an awful lot of money was made on the back of those vaccines.**

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And an independent investigation from the Council of Europe the following year, as well as a British Medical Journal investigation, found that there were serious conflicts of interest between the independent advisory board that advised then WHO Director-General Margaret Chan to declare that PHEIC and the very pharmaceutical manufacturers who ended up benefiting from that declaration. So that's kind of the context of this International Health Regulations and what's on the table.

This current round of negotiations for further amendments to those IHR include a grab bag of proposals of potential amendments. Some of the ones that pop out immediately include the idea of striking out the words, quote, "full respect for the dignity, human rights, and fundamental freedoms of persons," from the IHR principles, giving WHO greater authority over surveillance monitoring and control of health threats—including greatly expanding the PHEIC power with proposals suggesting giving the Director-General the authority to declare not a public health emergency of international concern but an "intermediate public health alert" where a public health event does not actually reach the threshold of declaration of PHEIC but "requires heightened international awareness" and preparedness activity.

So, whatever that means.

Granting the WHO the power of a global emergency health legislature, including proposals to potentially change the currently "non-binding" and "standing recommendations" on medical and/or non-medical countermeasures to address a PHEIC that the Director-General shall issue to WHO member states after a consultation into binding recommendations. So they are actually proposing to change that wording from non-binding to binding, which ultimately does make the WHO into a de facto government, at least, public health emergency legislature.

It includes proposals for working with partners to establish a Global Digital Health Certification Network, which is intended to enable member states to verify the authenticity of vaccination certificates issued under IHR, as well as other health documents. And proposals to expand the scope of the International Health Regulations to cover not just demonstrable ongoing public health emergencies, but all risks with a potential to impact public health.

In other words, this is an astounding power grab that is, again, represented in these two parallel processes: the treaty that they're not calling a treaty and the International Health Regulations amendments that are separate processes, that are being run by separate governing bodies, but that, as the WHO states, could overlap. And there are meetings that again are going on behind closed doors as to whether or how these two processes should merge. Or maybe there should be two separate processes. Maybe they should continue with one of them, but not the other. It's all left completely opaque at the moment.

So those are the two processes. And in order to understand, I think, what's really on the table, we have to understand the overall idea behind the concept of public health in general and where it is going in the future. I'll pause for a moment in case you need any further clarification on anything I've presented so far, though.

Shawn Buckley

And actually, that's a perfect time for pause. It's interesting. We had a witness yesterday, Denis Rancourt. I don't know if you're familiar with him. He's a physicist by training but had been a full professor for years at the University of Ottawa and an interdisciplinary

researcher. He's presented on all-cause mortality using Canadian and U.S. data. And one of the points he brought up a couple of times was, in the past when pandemics were declared be that avian flu or swine flu or whatever, there was no indication in all-cause mortality that there was ever a pandemic. So, in other words, you couldn't see it. But he says you could see a heat wave for three days; that would show up, other things would show up.

But actually, every single time a pandemic had been declared, there was no rise in all-cause mortality. So basically, the implication is that these pandemics are declared when there is no public health emergency. And here you are telling us that basically, countries like Canada would lose their sovereignty so that if a pandemic was declared by the World Health Organization, we would have no choice but to allow them to basically counter some pandemic. Are we hearing you correctly about that?

James Corbett

Member states are already obligated to do a number of things under the WHO Constitution,

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including implementing the conventions and agreements that are decided upon by the World Health Assembly. So really, there are already obligations that are in place for Canada, as we've seen, I think, through the course of the past few years, let alone decades. That in fact, for example, there is a stipulation in the existing International Health Regulations that all countries have to comply and actively assess their compliance with the International Health Regulations and pandemic preparedness generally. And Canada, as you may or may not know, actually, the Government of Canada posts on their website, occasionally, their updates as to their self-assessment of their compliance with the International Health Regulations. So there are already stipulations in place. I think the proposed amendments just give the potential for these obligations to expand.

Shawn Buckley

It's interesting. So that explains why, I mean, it seems that most of the world, certainly the Western world, followed kind of one plan. And James, what I've always found interesting—and this is just my thinking—but let's say we were facing a serious threat by a virus and we've got to figure out what to do. It would seem to me you'd actually want different countries trying different things so that you could see what works and allow different theories to be tested.

But we basically have entered a world where one organization has the power to decide how we deal with a serious threat. And if they get it wrong, then the whole world will face the consequences of that. Because that's the flip side. But if they get it right, well, great; all's well and off we go. But if they get it wrong, it means the catastrophe is magnified. But basically, that's where we're at legally.

James Corbett

I concur wholeheartedly. I think that gets actually to the real heart of the philosophical issue, let alone the legal issue, that we're facing here—which is the question of the centralization of power over “public health” in fewer and fewer hands. And, in fact, that's kind of how I'm planning to end this presentation. But perhaps we should cover One Health before wrapping up with that.

Shawn Buckley

Sure, can I just ask one more thing? Because you just went over it quickly. You were saying they were striking out some principle. Can you just read that text slower for us? I think it's important for us to understand.

So there's principles in the current International Health Regulations. So it means, principles—just so that people hearing your testimony understand—they're supposed to be what guides the interpretation and application of these regulations. So they're kind of fundamental to what our goals are. But please share with us what is being removed or being proposed to be removed as a principle.

James Corbett

Yes. So the text that is being proposed to be struck out from Article 3, which is the principles of the IHR document, is "... with full respect for the dignity, human rights and fundamental freedoms of persons." And the proposed alternate text—again, people can find this on the WHO's own website; they have a post of the proposed amendments [IHR proposed amendments, WHA75(9) (2022)]. The proposed alternate text: instead of "... with full respect for the dignity, human rights and fundamental freedoms of persons" is "... based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." I will let you parse that for yourself. But, anyway, that's what they want to replace the text with.

Shawn Buckley

I think George Orwell would be proud of that one.

James Corbett

I concur.

Shawn Buckley

Yeah, please continue this. And I can just share with you that I believe everyone is finding this very interesting and we haven't had somebody speak to us about these issues. So we certainly appreciate you sharing with us.

James Corbett

All right, so what we have heard, so far, I think is fairly concerning. But actually, where I think this is going demonstrably is even more concerning. And what this is raising the spectre of, is the concept of the One Health approach or One Health agenda, which is being adopted by many different health authorities in many different countries. The CDC in the United States, the World Health Organization is talking about it. In fact, there's an entire institutional framework that's taking place, taking shape around it.

One Health: that phrase was apparently coined in the wake of the SARS-1 events,

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back in 2003–2004, to discuss the threat of emerging diseases—diseases emerging from animal populations and the contact of animal and human populations, so zoonotic diseases.

And that concept started to come on board that public health is not just about your individual health as a human being, it is about the health of nature, including animals. So the CDC, for example, defines the One Health approach as “a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.”

So again, I think like the founding principles and definitions in the World Health Organization Charter, this is language that is designed to sound very appealing. But I think quite quickly starts to get into some very interesting philosophical areas, shall we say.

So I think we have to recognize what is being done here is a rhetorical move to essentially make every corner of the globe, every natural resource, every plant, every animal, including every person, as part of an interconnected web that forms this new definition of public health: One Health. And so, embedded within this idea, within this concept, is if we have a centralized, specialized agency of the UN, like the World Health Organization, which is in charge of coordinating international public health, we need some sort of centralized control that will have jurisdiction essentially over every one of these constituent elements—every habitat, every resource, every animal, every plant, and every person—in order to coordinate not public health but international One Health.

So I think we see where this is starting to go. And of course, it doesn't just involve the World Health Organization. Again, by its very nature, this is such a broad concept that it applies to every nook and cranny of every bureaucratic infrastructure in at least the UN panoply, as evidenced by the fact that the World Health Organization has just joined a quadripartite coalition—consisting of the Food and Agriculture Organization [FAO] of the United Nations, bringing in that food concept that was referred to by Catherine Austen Fitts; the United Nations Environment Programme [UNEP], bringing in the spectre of Rio Summit and UNFCCC [United Nations Framework Convention on Climate Change] and the IPCC [Intergovernmental Panel on Climate Change], et cetera. The World Organization for Animal Health [WOAH] and the World Health Organization have now combined forces to tackle this One Health approach idea. And they have set up a new “high-level expert panel,” to coordinate activities on One Health, which is defined as “an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems.”

So again, this sounds laudable. But it is predicated on a devaluing of human life in order [inaudible: 0:33: 19] equity, which I guess we're supposed to assume is always, in every context, a wonderful word—equity with nature. So humans have to be devalued to the point where we do not prioritize human health over the health of, say, an animal species or something along those lines. And I think people understand where that concept is going or where it could go. But at any rate, that is the One Health approach that is now being fostered under the auspices of not just the WHO but a number of international organizations.

Shawn Buckley

So that's how we end up locked down in 15-minute cities and eating crickets.

James Corbett

Unfortunately so, or at least I believe that is part of the plan. So yes, as you indicate there, this is not just about the concept of health as we tend to think of it—as in you feel sick and

you go to the doctor and you get some medicine, or something along those lines. It has to do with every aspect of your life: where you live, how you live, what you eat, et cetera, et cetera. It would be difficult to think of any aspect of your life that would not come under the purview of this One Health idea.

Shawn Buckley

That's quite striking actually. So did you have more to share?

James Corbett

I can talk about the next steps in this process.

So with regards specifically to the International Health Regulations, again, they are being proposed to be adopted at the 77th World Health Assembly next May by a simple majority vote.

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And so, given the scope of the Constitution of the WHO and specifically Article 21, the amendments of the IHR—when and if they are adopted—will come into force within all member states within 12 months of adoption unless a state proactively files rejections or reservations within a 10-month period after the adoption. At any rate, this is a very, very short timetable and I think, again, the momentum is on the side of the bureaucratic meddlers here, shall we say.

As regards to the treaty, that they're not calling a treaty, that would require—I think there are different interpretations of this—but I have read that it would require a two-thirds majority vote in the World Health Assembly with each member state being able to sign and ratify the treaty in accordance with their own domestic laws.

But, as I say, I think overall, the World Health Organization Constitution, as it is written, is interpretable in ways that would suggest that any World Health Organization member state is obligated to enact whatever convention or agreement is signed. So, again, I think that there are different legal opinions of what this is. But I think we have a very narrow window in which to act. And I guess the question for Canadians is, what can be done or what should be done?

So I guess on the most basic legal/political level—obviously, given the fact that a formal registration of concern is required to at least stop this from being automatically implemented in Canada within one year of its adoption—then obviously, I think, politically, **people's energy should be directed in that direction, at least at this moment. And there are movements afoot in a number of different countries right now not only attempting to preventatively get their member states out of this process for the negotiation but actually to withdraw from the WHO altogether. And I note that there was a press conference on the steps of the U.S. Capitol just this week involving several U.S. congressmen, I hear 21 of them, actually, were there demanding a complete withdrawal of the United States from the World Health Organization.**

So that is, I think, at least a sign of the type of political movement that could be happening if people were engaged and aware on these issues. Although, obviously, the Canadian political context may be a little bit different than the American context. And I think one thing that we could be assured of is that the establishment media would ignore or denigrate such a

political movement, to the extent that they acknowledged it at all, in the exact same way as they did with the Freedom Convoy.

But more to the point, I think, perhaps more hopefully, I see the formation of communities of interest—public and private membership associations and other organizations—forming on the basis of the principle that human beings have natural bodily autonomy, and medical interventions cannot be enforced or forced upon anyone against their will. And so, I think the idea of people coming together on that basis, including doctors and other medical professionals and regular people, coming together on that basis to form their own sort of splinter medical system, to me, seems the more thoroughgoing approach here, not recognizing the diktats of centralized health authorities.

However, obviously, nothing is going to change unless and until there is a widespread recognition among Canadians, and people all over the world, of the fundamental underlying issue: What is “health”? And who gets to define that word? Who gets to describe what a health crisis is, and what states, let alone individuals, must do in the event of a declared health crisis?

These are the fundamental questions. And who controls those powers? Which really raises, I think, the fundamental underlying question of all of this. Because what I’ve been describing with regards to these powers that are coming into view might raise the spectre of medical martial law—essentially times of suspension of regular law in which health authorities essentially act as martial authorities, being able to dictate law into law just by saying it. Which is exactly what we saw over the past few years.

But I think it’s even worse than that. What we are seeing is the erection of an infrastructure

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for a new paradigm of governance: the biosecurity state. And if you are unfamiliar with the writings of Giorgio Agamben, he is a famed and noted Italian philosopher who has been writing about this subject for the past few years. I highly recommend his work, including an article he wrote in March of 2020 called “Biosecurity and Politics,” where he identified this as the crux of the issue. He wrote, “the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity).” And I think that is the spectre of what we are facing: the imposition of medical interventions in the name of health but essentially as a new paradigm of governance that we are looking at.

And so, I think we need to fundamentally question the need for health authorities’ centralized control over the medical system rather than the idea that people can choose for themselves what medical interventions and what medical precautions they are willing to take or not take. And also, the acknowledgement that with our fundamental right of bodily autonomy comes with it our right to essentially ignore and to go against the outward imposition of dictates and obligations by any presumed health authority. So, any treaty, any convention—International Health Regulations—that are signed that do not recognise, fundamentally, informed medical consent and the right to bodily autonomy, it’s null and void.

Shawn Buckley

James, I'm just going to step in if you'll let me. It's interesting. So you're telling us stuff. And I've just, when I do have time to see non-mainstream media, you hear about International Health Regulations and that this is going on. But I can tell you personally, I've not heard this type of detail that you're providing. So basically, Canada is walking into the situation where really our entire sovereignty could be given up in the name of this One Health initiative where everything from our food supply to our complete medical system to our freedoms could be dictated from an outside source. That's basically what's happening and we're not hearing anything about it.

James Corbett

Yes, I think it is already happening and yes, we are not hearing about it.

Shawn Buckley

Are you aware of a single group or anyone that is on this issue in Canada that should be given some support, or we could be directed to?

James Corbett

There are a number of individuals and independent media that are talking about these issues. But in terms of actual coordinated political movement on this front, I don't know. As I say, I live in Japan, so I am not in touch with any particular group.

Shawn Buckley

No, I was just asking because if you're not aware of one, then perhaps that there's a need that needs to be filled here and that's important for us to know.

Also, it's interesting, just as the National Citizens Inquiry has been moving about province to province, I ended up being out for dinner with some of the people involved in the NCI, including local organizers in Vancouver. And sitting to my left was a person from Quebec that lives on a fairly sizable acreage, he is telling me that his chickens have to be registered and he's only allowed three chickens. And then somebody living on a farm in BC is saying, "Oh, I have to register every cow, every sheep, every chicken," like, the amount of control. And then I have a personal friend in Alberta who's being told that, well, any water body, they have to have a fence this size and that would include their rain barrel. Like, it's just, all of a sudden, this micromanagement of rural properties and animals being imposed from above, which makes zero sense unless there is an effort to basically have total control over food supply and animals and rural properties. And it sounds like this would be connected.

James Corbett

I think it is. But on that note, I think that the pushback that we're seeing from Alberta, from Saskatchewan, the Alberta Sovereignty Act [*Alberta Sovereignty within a United Canada Act*], or whatever these things are being called—which I'm not following the passage of these bills closely—but I understand would essentially be a declaration of the provincial government's right to exclude federal authorities from butting in on their jurisdiction,

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which, of course, health is actually a provincial jurisdiction not federal.

Shawn Buckley

Right, okay. I'm going to turn you over to the commissioners to see if the commissioners have questions. And they do.

Commissioner Drysdale

Good morning and thank you for coming and providing your testimony.

You know, we've completed 22 days of testimony across the country at the NCI right now, and it's like a large jigsaw puzzle that seems to be coming together. And when I was listening to your testimony, it reminded me of some testimony I think we had in Vancouver, and one of the witnesses held up a document that they said was prepared by Theresa Tam. And what it was is that the climate emergency was the biggest threat to human health in Canada. And I kind of wondered about that. But are you aware of that document? And does that kind of fit in with this whole WHO control and pandemics that you're talking about?

James Corbett

I am not familiar with that document in particular, but I am certainly aware of many pronouncements along those lines that have been made over the past few years. And I certainly do see that as absolutely a fundamental part of the One Health agenda. I think the preparation of the public for the idea of a climate crisis, climate emergency, and ultimately lockdowns on the basis of such an emergency has been foreseen, has been talked about, has been openly written about by a number of people and institutions, the World Economic Forum and others, for years now. And so I definitely see that as part of the unfolding One Health agenda.

Commissioner Drysdale

And I forgot to mention, and I don't know whether she still is, but I know Theresa Tam was the head of one of the WHO health committees. I can't quite recall which one it was, but I believe it just started a few years ago, and again, I don't recall whether she's still the head of that or not. But it certainly, it goes right along with what you're saying.

We had another witness in, I think it was Vancouver, and she was an expert in international law and human rights. And in her testimony, she had demonstrated how Canada, during the pandemic, had violated, or allegedly violated, a number of the human rights, which are guaranteed under the UN treaties, underneath a number of health treaties. And it's just interesting, then, how these human rights guaranteed under similar documentation by the UN are being trampled on by the health care directives that are being contemplated or being implemented by the WHO through the UN. Are you aware of that contradiction between human rights treaties and what you're talking about here, the proposed WHO?

James Corbett

Yes, in a sense. But I think that the legal documents and constitutions and other things that presumably we are ruled by, or that constitute the rule of law, are not really worth the paper that they're written on, generally speaking. And in fact, that's, of course, I would say, exactly what we've seen over the evisceration of the *Canadian Charter of Rights and Freedoms* over the past few years. In fact, Giorgio Agamben, who I mentioned earlier, wrote an entire book about *State of Exception*, talking about that issue and exploring it from the philosophical and jurisprudence and historical angle, that there is always a moment of

aporia in these constitutional documents that essentially allow for the declaration of some sort of emergency that says all the rules are aside.

And I would note specifically with regards to the United Nations and the *Universal Declaration of Human Rights* that it propounds, they all sound wonderful and woolly until you get to Article 29, paragraph 3, which says, “these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.” Essentially, yes, you can have all these wonderful rights unless and until the United Nations says you can’t, and then you can’t. So I think those are the types of legal trickery that are played in these documents.

Commissioner Drysdale

Well, I think that’s why you rightly pointed out definitions and the grab bag of words that were in definitions. And Canadians, if they aren’t, should be very much aware of how their constitutional rights or their *Charter of Rights and Freedoms* was completely neutralized by what seemed to be innocuous words,

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high-minded words.

I mean, if we’re not aware of those things now and scared to death about these definitions that go on and on and on and could mean anything. But it seems, to me, that you’re saying that this is a common practice, that they put in these kinds of words they can manipulate any way they wish.

James Corbett

I think that is the case. As I say, I would definitely direct you to Agamben on that issue. He has written extensively about this, and it is demonstrable in a number of documents. And there is, generally speaking, some sort of emergency clause or an emergency act, a public order emergency, for example, that can be declared that will suspend basic constitutional rights.

Commissioner Drysdale

The last thing. You know, when I was listening to your presentation and also listening to some comments made by Mr. Buckley, it reminded me of what’s happened so many times in the past. I mean, in Soviet Russia, they got a hold of the food production and they murdered or starved to death 20 million Ukrainians, I can’t remember what the number is; **they argue about what that number is. In China, they did the same thing during the late 1950s and early 1960s, and they took control of all of the food production. Are we seeing that same thing happening today in Canada and in the Western world, but more importantly, at least to me, in Canada?**

James Corbett

I would say, anyone who isn’t paying attention to the consolidation of the food supply in the hands of fewer and fewer corporate interests—but also governed over by an international institutional infrastructure, the Food and Agricultural Organization and other associated institutions—if you’re not concerned by that process, then you’re probably not paying attention.

And in fact, the consolidation is getting worse and worse as we step forward into the Great Food Reset, which has been declared. And that involves such things as lab-grown meat to try to cut down on the horrible pollution that we know that actual regular farming and ranching are wreaking on our environment. Except for a recent report—that may or may not throw any kind of spanner in those works—that apparently, the lab-grown meat will be 25 times more energy- and resource-intensive than regular farming. I wonder if that will in any way derail the plans.

But at any rate, this is definitely a part, again, of that One Health agenda and that One Health approach. And the consolidation of the food supply in the hands of a few corporations cannot be ultimately for the benefit of all humanity. There is, at the most basic level, a very obvious financial incentive for corporations to do this. But from the perspective of people who are literally thinking about trying to manage the human population in general, there could be no greater choke point for doing that than by controlling and manipulating and rationing the food supply.

Commissioner Drysdale

You know, historically speaking—except for a handful of people at the top, some of those names that we know—central planning, state Soviet-style planning, has never been successful. I mean, have we not learned our lesson in history? I mean, the 20th century was predicted to be the century of the masses, mass control; there were a number of books written in the late 1800s about that. And have we not learned our lesson?

We had a witness yesterday, we talked about the definition of fascism, and these are not their words, these are my words. They were talking about us going into fascism on steroids because, you know, in the past, they never had the technological and electronic control and brainwashing that we have today. I mean, have we not—will we not—learn our lessons from history?

James Corbett

Unfortunately, it doesn't seem so. And, actually, history would give us the proper terminology for this because people are grasping around for historical precedents and political analogues—and they talk about fascism; they talk about communism. What they should be talking about is technocracy, and that was a movement that was quite popular in the United States and in Canada in the 1930s. In fact, Elon Musk's Canadian grandfather was a prominent member in the Canadian technocratic political movement who ultimately ended up fleeing Canada and going to South Africa, but that's another story.

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But technocracy was an idea that was predicated on the idea, not of a fascist system, not a communist system, but the control of society, the engineering of society, at a scientific and technical level by technical experts who would decide—who would calculate—the entire energy inputs and outputs of the entire economy and base the economy around that calculation. And they would issue energy credits to the people who would then use those energy credits to purchase items. And that was a truly bizarre and crazy idea in the 1930s because it would have required systems for continuously monitoring and surveilling every transaction in the entire economy in real time, which, of course, didn't exist in the 1930s.

That technology exists now. And although the historical technocratic movement and Technocracy Inc., which was one of its products, has not exactly disappeared, but it's

certainly not a prominent political part. But I think that ideology is still around and that really starts to explain some of the directions that we're heading.

For example, the concept of carbon rationing and the concept of universal basic income, and some of these other concepts that are floating around, are at base technocratic ideas that have been adapted and adopted for the terminology that appeals to us in the 21st century. But I think if we don't understand that history and where that idea developed from, I think we will not truly be able to understand what is happening until it's too late.

Commissioner Drysdale

Well, yeah, I mean, we now have state-sponsored euthanasia. We have the state holding back life-saving medical procedures from a lady who testified yesterday because she wouldn't comply with something, you know, a procedure that had nothing to do with the transplant. We have state-based racism, where they're pitting every different group of people against each other, regardless of what measure you want to look at. We have unprecedented propaganda, 24 hours a day. People are acting like cyborgs where they carry a device in their pocket and they think because it's not under their skin, they're not a cyborg. But even in this room, we hear the phones ringing and beeping and clinking and clanging. I mean, from what I understand from you, and I understand from some of the other witnesses, this is at an unprecedented level of control. And therefore, we as a human race are at an unprecedented risk to their will. Can you comment on that statement?

James Corbett

Yes, let me underline and underscore exactly what you're saying there. For any of the Commissioners who do not know about it, I would wholeheartedly exhort you to look into Policy Horizons Canada, which is an arm of Canadian government that a few years ago produced a document on biodigital convergence, which talks exactly about what you're talking about: ultimately towards the creation of that cyborg-intermediate species, whatever we are becoming with this increasing adoption of technology, where they actually talk about the ways that at the medical level, we will be more and more merged with machines. And again, you have to read this document in its own words; don't take my word for it.

But one of the things that they talk about in the document is the breakdown of the philosophy of vitalism, which is the idea that there is actually a real and meaningful distinction between organic life and inorganic matter. And they say that those lines are blurring because now people and animals and plants are engineerable, and we can put various biomechanical devices inside of them, and we can tinker and alter them. So the actual distinction between life and nonlife is beginning to break down. And they, I believe, frame that in a positive context in their documents. So yes, these are some very fundamental questions that we're facing.

This agenda is really about much more than simply public health. I think this is about the real question of the definition of human: What does it mean to be human? What is the value of human life itself? And obviously, it does raise the spectre of eugenics and other really terrible ideas from history. Ultimately, I think you could trace it back to Malthus and the fundamental Malthusian idea that there are too many people and that we must get rid of some portion of the population so that we can continue to live. Those fundamental philosophical wrong turns, I would say, continue to haunt humanity.

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And that is the direction in which I think all of this institutional momentum is heading.

Commissioner Drysdale

Thank you, sir.

Commissioner DiGregorio

Thank you so much for your testimony today. It's been a while since I studied international law, a number of decades, I guess, back in law school. But my understanding was always that international law isn't really a set of rules that are imposed on countries, but it's more a set of agreements that countries reach with each other about how they're going to behave both with each other and internally.

And so, I guess with that framework in mind and thinking about the treaty that you've talked about today and the International Health Regulations—should we be thinking about these documents, and these amendments to these, as things that really Canada is signing up to be binding and to be bound by? Or should we really be looking at these as something that maybe just will give our politicians legal cover: if they want to implement things that maybe aren't in the best interests of Canadians, but they can then turn to and say, "Well, but it's the law, we've signed up to this"?

James Corbett

There is absolutely an element of that. And I think the underlying principle that we have to understand here is that, exactly right: there is nothing that would stop Canada from tomorrow declaring we are not part of the World Health Organization and making it so by fiat. It can be done. And of course, there is actually a process for withdrawing from the World Health Organization, et cetera. But what would happen if Canada just simply declared themselves to be out of the World Health Organization? Well, then by decree, it could essentially be manifested in reality. Because as you say, there is no international courts that could adjudicate this in a way that they could impose rules from the outside. It has to be done to some extent willingly.

So yes, it is important to keep that in mind because I think that is part of what I'm gesturing towards: not just with the political solution, but the political solution as a manifestation of that change in public perception and public consciousness—that, in fact, actually, it is what we are deciding.

Now, of course, there could be and presumably would be many different knock-on effects in terms of Canada's relation with the United Nations, and with various other states, et cetera, **if they were to make such a declaration. But at the end of the day, it is essentially a choice that each member state makes.**

Commissioner DiGregorio

Thank you.

Commissioner Massie

Thank you very much for your root cut analysis of this very, very complex situation. It actually goes in many different dimensions in terms of the definitions, as you mentioned. The One Health, to me, evoked immediately this notion by a lot of technocrats that they

really dream of a one-size-fits-all solution because they think they know it all, right? And if we just listen, then everything would be fine.

It seems, to me, as you pointed out, that we are living a paradigm shift in terms of governance. But to some extent, it seems to me that since the dawn of civilization, there's been a kind of a dream by rulers to control everything. It was not possible sometime if they had more control by fiat with soldiers and stuff. But nowadays, the main way to control is information and the connection of people across the world. And because it seems to be able to connect in a virtual world with internet and stuff, I think that people in the ruling class, the technocrats, think that it's now possible to actually control the world because they have technology that will allow them to do that.

So we are sort of back to the same sort of conflicts between what I would call the subsidiarity principle as a model of governance versus a top-down governance with wise people that know it all and will do it for our own good. The issue I found in terms of fighting that, and you've mentioned a few areas where we could actually be more active and combat it, is that human beings, being what they are, no human being is infallible and can actually fall prey to corruption. Some people are more susceptible to that than others, but in the end, if you have good institutions,

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this will actually keep that under control to some extent.

So as you move the control or the regulation or the exercise of power in any area higher and higher, what is going to be the control mechanism to ensure that the wise people on those boards are smart enough and, I would say, honest enough to do the right thing? And if they don't, then what? Who's going to be the arbiter that says, "Guys, you're not doing the right thing. We need to change you. We need to take care of your conflict of interest." Who's going to rule that? That to me seems to be the issue. And I don't see any solution to do that in a really high-level, international governance where the people there are not elected. Where's the accountability in this system? And is it possible to do it effectively?

James Corbett

It has always struck me as a kind of a strange conundrum that we can recognize that people are inherently fallible at the very least and corrupt, corruptible at any rate. And yet, those from that very same pool of fallible and corrupt people, we should be able to pick people who will then rule over vast swaths of humanity for the best interest of all. It's always struck me as a strange contradiction in terms.

But the question ultimately, I think, answers itself. Because as you say, as we get further up that ladder towards more and more centralized control, by fewer and fewer people, over more and more of the globe's population with less and less accountability, obviously there is less and less mechanism for there to be actual control when people start to act in fallible and corrupt ways. So the obvious answer to that is—well, then, we need to decentralize and get down closer to a local level where people have more accountability over what's going on.

As was raised earlier in the questioning, I think it's important to understand that the idea isn't that that would somehow solve the problem of corruption or fallibility. Of course, there would still be problems in various places. But there would, at the very least, be a plethora of different alternatives that people could turn to. Well, if I don't agree or like this

particular paradigm of governance, well, there's this other one just over there. And I think the expansion of basically the competing systems of control, at any rate, competition is generally good. And it is, I think, good in the concept of creating positions of power and control.

Of course, I, being myself, I tend to take that to its logical conclusion, which is, ultimately, power should be decentralized all the way down to the individual. But I know that's seen as a radical idea for many. At any rate, I would be happier if the institutional momentum was going in the opposite direction and less power was being ceded to the centralized authorities rather than more.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning, James. Thank you for your testimony. I tend to judge organizations by the mantra that you use, and I noticed that you mentioned DIE, diversity, inclusion, and equity. So when I think of that from the WHO perspective, I think of Taiwan. And I don't want to get into the one-China-two-states issue. But I think of Taiwan wanting to apply to be a member of the WHO since 1971. They've continued to make that request, and they continue to be denied. And then I think of your testimony that there should be a parallel kind of movement for democracies of people who are free.

Would it be possible, and just kind of taking all of those thoughts together, and make it a possibility for Taiwan and Canada to agree to move forward as a free and democratic society where persons have personal autonomy and continue to work outside of WHO, instead of Taiwan trying to become a member? I know in 2022, they were looking at observer status, but even as an observer status, as you allude, we don't really have input and the opportunity for feedback. So I'm just wondering, would that be a starting point if we could get democracies outside of WHO, who were rejected, to start the movement?

James Corbett

It certainly would be a possibility. In fact, often, I find it interesting that we get so normalized and conditioned into the status quo

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that we forget that there was a time before the status quo.

So thinking, for example, about the International Sanitary Regulations that became the International Health Regulations—as I say, there was a vast sea of bilateral and trilateral and other deals between various nations for quarantine regulations and other medical procedures that pertained at that time. And it was seen as just this horribly complex mess—Well, we have to sort out, you know, where is this coming from? And what needs to be done with it? and blah, blah, blah—rather than just one overall International Health Regulations that all of these states will agree to, and it'll make it easier.

But in fact, the very same technologies and other things that are being talked about now—that could make, for example, digital health certificates, i.e., vaccine passports, feasible—is the very same technology that would make those types of bilateral relations, Canada

agreeing to work with Taiwan and “we will set up this particular regime of health regulations and controls, and whatever, between our two nations.” Imagine if Canada did that bilaterally with every country that they traded with or had relations with: Why would that be difficult in this technological age where knowing the process for importing goods, or whatever, can be obviously put into an app and put on everyone’s phone? It wouldn’t be a difficult thing to do in this case.

But now we’ve been so trained into the idea that it must be handled in one overarching International Health Regulations that governs almost every state on the planet. Why? So I think we do need to interrogate that fundamental assumption. And it should be noted that there are alternate organizations to the World Health Organization that are out there.

The World Council for Health and other things, which are predicated on the idea of individual human autonomy, bodily autonomy, health freedom, et cetera, rather than the principles of the World Health Organization. It’s just most people don’t know about the World Council for Health because they don’t have the funding of the pharmaceutical industry and others behind them.

Commissioner Kaikkonen

And then my last question is just about Taiwan itself and how they managed through the pandemic. When you think of Taiwan being a little bit bigger than Vancouver Island and housing 23 million residents, I’m just wondering, somewhere in the pandemic when I checked on how they were doing, they had eight deaths. And I just kind of think that maybe we should be following what they were doing. And so, when we talk about health and WHO being mandated to protect our health and then still rejecting Taiwan, as a viable example, I just wonder what your thoughts are there.

James Corbett

Well, as I understand, you did hear testimony from Denis Rancourt, and I have interviewed him about the mortality statistics surrounding the so-called pandemic, et cetera, that, as he testifies, indicates that there was no identifiable wave of deaths that were attributable to some novel virus, et cetera. So, at any rate, I think that does show something about the way that we count and order these statistics could have an effect on how the country managed them.

But even if we were to accept at face value just the terms of the World Health Organization and other presumed health authorities about how to measure these statistics, I will note that the Independent Panel for Pandemic Preparedness and Response has an interesting admission on their recommendation report, which is available on their website: Namely, **that they look at the different measures that different countries took for pandemic preparedness before this so-called declared pandemic took place. And they plotted them against, at least, the reported death rate in each country. And you can look at the graph that they came up with, which shows that there was absolutely no correspondence whatsoever between the compliance with various pandemic preparedness ideas that are being propounded by the World Health Organization and the ultimate outcome in terms of measured death rate from the pandemic.**

So, I don’t take those statistics seriously, but those are the official statistics. And you can look at them and see that, for example, Canada, highly compliant, getting a 93 out of 100 score for external evaluation of pandemic preparedness and yet having one of the top death rates in this graph. So it shows that whatever they are proposing in terms of pandemic

preparedness and in terms of how we should position ourselves for the future is demonstrably, quantifiably, according to their own statistics, clearly made-up nonsense. So I don't know why we should be putting any faith whatsoever in these proposals from the World Health Organization and others about what to do for pandemic preparedness.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

James, those are the Commissioners' questions. There being no further commissioner questions, on behalf of the National Citizens Inquiry, I sincerely thank you for joining us today and sharing this information.

James Corbett

Thank you for the opportunity.

[01:15:35]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 2: Rodney Palmer

Full Day 2 Timestamp: 02:25:33–03:14:10

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness today is Mr. Rodney Palmer. Now for those of you that have been following the National Citizens Inquiry, Mr. Palmer testified as a witness at the Toronto hearings. He has come back today to testify about something that's come up since then, but I will introduce him again.

Mr. Palmer, can we start by having you state your full name for the record, spelling your first and last name.

Rodney Palmer

My name is Rodney James Palmer, R-O-D-N-E-Y P-A-L-M-E-R.

Shawn Buckley

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

Rodney Palmer

I do.

Shawn Buckley

Now, you're not a journalist now, but you were a journalist for 20 years. You had been a general assignment reporter for *The Globe and Mail* newspaper. You've worked as a daily news reporter at the *Vancouver Sun*. You were a CBC producer and investigative reporter. From 1996 to 2004, you were a foreign correspondent and bureau chief for CTV News based in India, Israel, and China and, in fact, in that role, you participated in reporting on the SARS pandemic as it first came out in China, as I understand it.

Rodney Palmer
That's all correct, yes.

Shawn Buckley

Okay, now you're here today to add to the testimony that you've given earlier, so I'll just let you launch in [Exhibit OT-15].

Rodney Palmer

Since my first testimony in March, there was quite a big story where Twitter decided, basically, at the behest of Elon Musk, to label the CBC's Twitter page as government-funded media. And this, to me, wasn't that surprising. He'd already done it for the BBC; he'd already done it for National Public Radio. And the CBC is government-funded media: it receives its funding from the government; it is media. I wasn't that surprised by it.

The 16th of April was when it was done, and the next day, the CBC paused its Twitter activity and made quite a big fuss and a public announcement that it didn't like being labelled government-funded media, which I found a little bit surprising. And there was an announcement made on the CBC website which quoted Brodie Fenlon, the CBC's editor-in-chief, the top journalist at the CBC, saying, "According to Twitter, 'government-funded' media means 'outlets where the government provides some or all of the outlet's funding and may have varying degrees of government involvement over the editorial content.'"

That, specifically, what he objected to and what the CBC brass objected to was not being called government-funded media but Twitter's definition of that—meaning the government is involved in the journalism. The next day, Mr. Brodie Fenlon wrote on his blog explaining why they've paused the CBC News Twitter accounts: "Editorial independence is a bedrock principle of CBC journalism." And then he had three sentences: "We are beholden to no one. We report without fear or favour. We act only in the public interest."

It seemed to me that this was right out of a Marvel comic, where somehow the CBC was the *Justice League* and had these great principles, and I knew all of these to be false. When I read it, I was quite concerned about this. He went on to say that "while CBC/Radio-Canada is publicly funded," there is "no —" and he emphasizes "zero — involvement in our editorial content or journalism." No involvement. Zero involvement. I did an entire testimony for an hour and a half here that showed that they're basically carrying out government propaganda. I described the transition of the CBC News & Current Affairs from a news-gathering organization into a propaganda organization on behalf of the Trudeau government during the COVID period.

So I knew this not to be true, what Mr. Fenlon was writing. Especially because I keep hearing the same experts on the CBC—this is what tweaked me to it initially, as a listener and a viewer. They were going to independent experts over and over and over again, and these people did not sound like the scientists I've come to know and work with in the last 10 or 20 years in my business. These were people who had clearly had corporate media training: the type of people who begin an interview with, "Well, that's a very good question. I'm so glad you asked it." This is somebody who's had training. Politicians speak this way. Scientists generally don't. People pushing a product on behalf of a company talk that way when they're in the media.

The one at the centre, Professor Timothy Caulfield, is a great Canadian. He is a Canadian Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and

Policy] at the University of Alberta in Calgary [sic] [Edmonton]. And for people who don't know, the Canadian research chairs are at every university, and they're funded entirely by the Canadian government.

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Something like \$140 million every year pays for these research chairs to be representatives as the greatest in their field in their area, which Mr. Caulfield has held that position for some time.

On April 2nd of 2020, however, just a couple of weeks into the emergency, Mr. Caulfield was granted \$380,000 of government money to push a government agenda. This came from the Government of Alberta and the Government of Canada combined. And specifically, what he said he was going to do was focus "on misinformation around cures and treatments for COVID-19." Well, two weeks into an emergency, there is no misinformation: there is only information, and scientists are looking for any information they can get worldwide. But Mr. Caulfield, a law professor, was going to focus on misinformation about cures and treatments. And he took \$380,000 from the government to do it. And this is how he did it: he went on the CBC and talked about the government policy—whatever the government wanted to say, that's what he was saying.

One of the first appearances was in May of 2020, where he appeared with Nancy Carlson, the CBC TV Edmonton six o'clock news host. This is one of the most important people in journalism in all of Alberta. Nancy Carlson brought him on and said, "You have a very impressive resume. Calling you an expert is incredibly valid," as if she was trying to convince herself of this line. She didn't say he'd received \$381,000 from the government to push the government COVID response agenda. That was not mentioned. That was suppressed information; that was a lie by concealment. She said, "Everybody watching, this is a chance for you to get the facts right from an expert." Now, Mr. Caulfield is not a scientist and doesn't pretend to be one. He wasn't introduced as one. He was introduced as a law professor and said, "Today we are debunking all of the myths around COVID-19."

I didn't know three or four months into it that there were myths. I thought there was just lockdown, distancing, getting my groceries at a certain hour, wearing a mask when I didn't want to. And Mr. Caulfield came on and said, "Do not take hydroxychloroquine." I don't know how he knew that this was a drug that people shouldn't take. He also said, "Don't think you can boost your immune system in any way." This is when people were taking vitamin D3, vitamin C, quercetin, zinc. These are the things that were recommended for boosting the immune system, and Mr. Caulfield said, "Don't think you can boost your immune system." And Nancy Carlson didn't tell her viewers on CBC Edmonton that he was speaking on behalf of the government.

About a year after that, in April 2021, they upped the ante. Professor Timothy Caulfield, the Canada Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and Policy] at the University of Alberta, helped to form an organization of actual scientists called ScienceUpFirst. And they had a foundational grant of \$1.75 million from the federal government's Immunization Partnership Fund whose mandate says that it is important that as many Canadians as possible get vaccinated against COVID-19. This is ScienceUpFirst, the organization, a new organization.

Mr. Caulfield appears in October of 2021 when people were starting to realize that ivermectin was preventing COVID, treating early COVID, and helping people get out of the intensive care units much more quickly. There were many, many studies emerging around

the world showing this. And there was a push to suppress ivermectin that, I understand from witnesses who have been here at this Inquiry, was designed so that it would appear there was no medicine so that it could satisfy an American requirement for the emergency use of a vaccine that was not fully tested. And so he's on this political show called "The House" with a guy named Chris Hall. And Chris Hall is an amazing CBC reporter, host, anchor. I liken him to Freddie Van Fleet of the Toronto Raptors. He was steady as she goes. Chris could do anything. And he ended his career as the host of "The House."

And in his last season, he betrayed Canada by allowing Tim Caulfield to lie to them about ivermectin. And Chris actually uttered the words, "Have we heard the end of ivermectin overdoses yet?" Meaning, are Canadians going to stop overdosing on ivermectin? Well, Chris apparently didn't know that nobody ever overdosed on ivermectin. There are more overdoses from aspirin causing death every year in America than there have been in the 50-year history of ivermectin. And he said this. And he didn't tell anyone that his expert on misinformation, as he was introduced to us on "The House,"

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was actually part of ScienceUpFirst, which received \$1.75 million from the Trudeau government to push vaccines. He suppressed that information. He told us he was an expert on something that he wasn't and didn't tell us he was working for the government.

Mr. Caulfield showed up on "The National" with our friend Adrienne Arsenault talking about the truth about immune boosters, during which Mr. Caulfield was not introduced as a member of ScienceUpFirst, which gets its money from the Canadian government, from the Trudeau government, to promote vaccines—this was not mentioned. He was introduced as a law professor and the Canada Research Chair. So Mr. Caulfield said that "immune boosting," this is a quote, "is kind of a myth. Because it's not a muscle." So, as a medical person, he made a good lawyer when he said that because he clearly doesn't understand much about the human immune system. He then said, "You don't want to boost your immune system. That's anaphylaxis. That's an autoimmune disease." He said a healthy immune system is anaphylaxis, and it's an autoimmune disease. It's neither of those things. That's why we have different language for all of those things. They're not the same. We didn't get to hear that he's being paid by the Canadian government to say this. We were lied to by omission by Adrienne Arsenault in that story. She ended it by saying, "You're a wise man as always."

Now, "[Cross] Country Checkup," one of my favourite shows on the CBC. I used to work in phone-in-shows, and it really brings together Canada on a weekly basis. And it's hosted by Ian Hanomansing, a longtime veteran of CBC television. He had a section called, Ask Me Anything, which was all about COVID. Ask the doctor. And he had Dr. Isaac Bogoch on there, innumerable times. And on this occasion, December 2021, he brought him on. He introduced him as an infectious disease specialist at Toronto General Hospital, which he is. But he didn't say he's a scientific advisor for ScienceUpFirst, which receives \$1.75 million from the Trudeau government to make us take vaccines. Didn't mention that. During this interview, he declared, "Two doses won't be enough Canada." He said, quote, "This is clearly a three-dose vaccine."

Dr. Bogoch showed up on multiple shows after that. In September 2022, he was on CBC "Metro Morning" in Toronto. This is the morning show in the Toronto area. And he said it was called "When to get your Fourth Dose." Previously, it was a three-dose vaccine. In October 2022, he was on CBC News saying, "You got to get your next dose every six months." And Andrew Chang introduced him as an infectious disease specialist, Dr. Isaac

Bogoch. Didn't mention ScienceUpFirst. Didn't mention he's a spokesman for the Canadian government, or he advises ScienceUpFirst, which is paid for by the Canadian government.

He also appeared on "The Dose" with Dr. Brian Goldman. Dr. Brian Goldman has these great shows called "White Coat, Black Art." He's a great guy. I really like this show. He kind of takes you as a listener, as a patient, which we've all been, into the world of medicine as he sees it. He's so curious, which is really the greatest attribute of any broadcaster, the curiosity. And he brought on a doctor named Tara Moriarty, an infectious disease researcher at the University of Toronto, which she is, top person, so decorated, so accomplished. Didn't mention an executive of ScienceUpFirst, paid for by the Canadian government to promote vaccination. Didn't tell us that. And during this interview in June of 2021, Dr. Tara Moriarty said, "Anything that states . . ." This was the red flag—how do you recognize misinformation? Well, this was their lesson to Canada. "Anything that states that vaccines cause or may cause something is a red flag for misinformation. We don't have any evidence," said Tara Moriarty, "that the vaccines cause anything but immunity against COVID-19." We don't have any evidence. So, she said, don't believe anybody.

Well, the Canadian government seems to have evidence. They had a list that these numbers of Canadians have been injured or killed by the vaccines. They say it caused Guillain-Barre syndrome 27 times. They say it caused low blood platelets 196 times.

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Canadian government says that the COVID vaccines caused 55 cardiac arrests, 73 cardiac failures—I'm pretty sure that's death—145 heart attacks, 1153 predicted cases of myocarditis and pericarditis, 376 cases of deep vein thrombosis, 524 pulmonary embolisms. I feel like I want to say a partridge in a pear tree here. Blood clots, 324. These numbers are really small. These are the ones that are admitted to on a Canadian government website that the CBC just told us didn't exist—78 acute kidney injuries; 37 liver injuries; 187 Canadians with Bell's palsy; 281 Canadians got a stroke from the COVID vaccine, according to the Government of Canada website; 16 of them had a very rare inflammation of the spinal cord, never heard of it; 776 cases of anaphylaxis; 5 fetal growth restrictions; 87 spontaneous abortions; and independent of all of the above, 427 deaths.

Let's just go back up to the slide. "We don't have any evidence," said the ScienceUpFirst spokesperson for the Canadian government—disguised as an expert on Dr. Brian Goldman's show—misleading Canadians that everything was safe and effective when, in fact, it's a game of Russian roulette and the CBC suppressed that information and told you to go ahead and do it. They said it's safe—there's no evidence.

There's a story this month that we're starting to recognize excess deaths, excess all-cause mortalities. The province of Nova Scotia recently noted 262 excess deaths, and the CBC was quick to report that they're not saying why. And the province has repeatedly declined an interview as to why. They have no official word on why. So they put the ScienceUpFirst scientists and spokespeople, lawyers, on the air, or in this story, where they said, Tara "Moriarty believes the excess mortality is mostly being caused by COVID-19 . . ." This is now: this is May 2023, ". . . caused by COVID-19, urging people . . .," and the World Health Organization says it's over. So it's caused by COVID-19, according to her, or she believes it, and she's "urging people to wear masks and get vaccinated." This is the solution in May 2023. They didn't mention that she's paid, that ScienceUpFirst is paid—and she's an executive—\$1.75 million to say these things on behalf of the Trudeau government. Tim Caulfield was in the same piece, identified as "a misinformation expert" now. I agree.

Caulfield said, “The COVID-19 vaccines are safe, despite some claims that they’re causing large numbers of people to die.” “Some claims” by the government of Canada, Mr. Caulfield.

“The Current” on CBC Radio used to be one of my favourite things to wake up to in the morning with Matt Galloway, one of the greatest hosts that the CBC has. And one of his stories was that “our best shot at getting back to normal is getting everyone a shot in the arm.” So he put on this cute little story with a researcher named Samantha Yammine. She’s a scientist and she’s afraid of needles, and they go through this really cute little conversation about how she overcame her fear of needles. But they never mentioned that she is on the executive of ScienceUpFirst, which received \$1.75 million from the Trudeau government to promote vaccines. Not a word, he tricked us. If I’m listening to that, I think they found it. Where did they find this person? Well, they found her because that’s all they do.

The CBC is using ScienceUpFirst and not telling us where the information or where the point of view is coming from. It’s coming from the Trudeau government. And they’re not telling us that on a daily basis.

So now ScienceUpFirst has got quite a coup. They’ve embedded one of their own in the CBC staff. CBC “The Nature of Things,” you know David Suzuki at, I think, 80 years old, finally retired, and he’s been replaced with a co-host, Anthony Morgan. I looked this guy up: He’s great, I’d hire him too. He’s fantastic. He’s engaging, he’s a molecular scientist. He is one of these curious fellows who just lets you feel that he really wants to learn, but he’s on the executive of ScienceUpFirst, paid for by the Trudeau government to promote vaccines. And now he’s the host of a CBC,

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one of the most important science shows we have in Canada, “The Nature of Things.” He’s embedded.

ScienceUpFirst has its prime directive to stop the spread of misinformation. What is misinformation, and who decides? Apparently, it’s the Trudeau government that pays them; otherwise, why would they pay them?

When Brodie Fenlon says the government has no or zero involvement in our editorial content of journalism, that’s not true. And when they got caught, this is the graph they showed from the CBC annual report. Now you’ll notice up the left side, it goes up— Basically, it’s a snapshot. A bar graph is designed to give you a quick visual snapshot of what all the numbers mean. The blue is the revenue that CBC earns, and the burgundy or the purple is the government funding. So it looks as though it’s a little bit less than 50 per cent. Except if you look up, it’s going up in increments of hundreds of millions until it gets to very near the top when it goes from 700 million to 1.7 billion. It jumps from increments of 100 million to increments of a billion partway up, so the graph visual is actually not accurate.

Now, this was pointed out by one of the great Canadian academics, Dr. Jordan Peterson, who then put out what it actually looks like. And it shows you, and it’s no big deal. I mean, we know the CBC gets all of its money from the government, or CBC Radio does; CBC Television gets most of its money from the government. So why would they obscure that fact? Why would they give that half-truth? Why would they mislead us into that visual snapshot that they don’t? I would put forth to the Commission—because that’s how they roll now. The CBC is all about misleading. It’s not about news gathering or the

dissemination of truth. Brodie Fenlon oversaw the betrayal of the audience, the betrayal of Canadians, the betrayal of every Canadian who listened to an expert on the CBC and thought they were an expert, not a spokesperson for the Trudeau government. But who he didn't betray was the Liberal Government. He was a good soldier there.

This is from the Liberal Government website today: "A re-elected Liberal Government will require [that] Canadian travellers on inter-provincial trains, commercial flights" and "cruise ships, and other federally regulated vessels to be vaccinated" for COVID. "A re-elected Liberal Government will ensure vaccination across the federal public service." So if you are a public service worker and you dodged the vaccine because you didn't want it, because maybe you figured out it was the same Russian roulette that the Canadian government info base describes, a re-elected Liberal Government will ensure you're vaccinated or fired, according to this platform. And they'll work with "Crown corporations [and] federally regulated workplaces to ensure vaccination is prioritized for workers [in these sectors]." We know now the thing doesn't work. Your own websites show that people are dying from it. Thousands of people are permanently injured from it. And your platform is more—or lose your job. And the CBC is your way to convince us to do that.

A week after, Twitter removed the government-funded media tags. It came after the Global Task Force on Public Media called on Twitter to correct the description of public broadcasters. Now, I mentioned in my previous testimony that the Global Task Force on Public Media is an amalgamate or conglomeration or a cartel of serious public broadcasters that do real journalism or used to across the world: the CBC, the BBC, ABC Australia, Korean Broadcasting, France Television, Radio New Zealand, ZDF Germany, and SVT Sweden. They have this Global Task Force to develop a consensus and speak with a single strong voice. So they came down heavy on Twitter. The current president of the Global Task Force is our own CBC president, Catherine Tate. They noted that Twitter's own policy defines government-funded media as those with varying degrees of government involvement and editorial content, which I've just shown that it has. So Twitter dropped it all and, in, I think, a cheeky little move, also dropped it from China's Xinhua News Agency and Russia's RT, saying, "Okay, none of you are government-funded now." They're all state broadcasters, including the CBC, in the strictest sense of the phrase.

I have a few story ideas that the public will be interested in hearing because I used to sit in story meetings daily with some of the best journalists I've ever worked with in my life when I worked at CBC.

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We used to put out story ideas that were kind of the obvious things to cover that day. Here are a few that would be a good idea for the CBC to cover: investigate the number of **Canadians killed by COVID vaccines; investigate the number of Canadians disabled by COVID vaccines; investigate the details of vaccine approval safety standards that were waived in order to get the COVID vaccines into Canadian arms. Investigate the source of the SARS-CoV-2 virus: Where did it come from? What are we doing with all this stuff? We don't know where it came from. We know where it came from—but let's admit it. Let's talk about it. Let's investigate it. That's your job.**

What is the purpose of gain-of-function research and development of pathogens? Who benefits from that? What is Canada's involvement in gain-of-function research and development of pathogens? Why did we fire those two Chinese nationals who were running the Canadian Level 4 Virus Lab in Winnipeg six months before COVID broke out? What's that story? Because we still don't know. Go find out. And investigate the conflicts of interest

between Health Canada and the pharmaceutical companies. That one you could do with Google.

But you're not going to hear any of those stories on the CBC because these are the people you're going to hear over and over again as the experts. And these are the shows you're going to hear them on. And these are the broadcasters who are going to tell you they're experts and suppress the fact that they all are affiliated with ScienceUpFirst, which gets all of its funding from the Trudeau government—and significant funding. This is the way they're going to explain themselves when they get caught with their hand in the cookie jar. And these are the phrases that they're going to pull off the Marvel comic movies when they're going to say that they report without fear or favour in the public interest. And I changed his name to Chief Propagandist. In case you didn't notice.

So I have to tell you that it is with great regret that I'm going to make six recommendations to the Commission. I recommend that the CBC President Catherine Tate be dismissed from her position, all vice presidents and executives be dismissed from their positions. They can no longer work there, having committed the atrocity on Canada of suppressing the identity of spokesmen for the Trudeau government as experts for years to trick us into taking this vaccine. Certainly, dismiss the editor-in-chief Brodie Fenlon. Although he might become a senator before you get a chance to do that.

Dismiss all on-air staff who are evidenced to have participated in the propaganda disguised as journalism since March 2020. Detach from the Trusted News Initiative and all other fact-suppressing organizations which currently determine which experts and which stories Canadians are allowed to hear on the CBC. Replace the position of ombudsman with a board, including journalistic, legal, and scientific expertise, and give them the power to fire journalists who breach the corporation's journalistic standards instead of apologizing. You can go on the CBC's apology page, I call it—it's their correction page. There's half a dozen every month for the last three years. "Big deal. We're sorry. We got it wrong again." Fire them. We don't need them. And this new board that replaces the ombudsman, I recommend you task it with investigating who in the CBC participated in misleading Canadians by routinely suppressing the identity of government spokespeople for the purpose of promoting ineffective and potentially harmful experimental vaccines during the COVID emergency.

The CBC is government-funded news. We know that. And Twitter is right because they're using government-funded experts, disguising them as "independent" to give us government-loyal messaging.

I just wanted to thank the Commission for allowing me to come back. As a Canadian citizen with some expertise, I feel compelled to come forward and say what I know to be true.
Thank you.

Shawn Buckley

No, we're not done. I don't have any questions for you, Rodney, I'll ask if the Commissioners have questions. And they do.

Commissioner Drysdale

I'd like to refer to some of your graphs. Can you bring up the graph where you showed the Canadian government counts of the various deaths and vaccine reactions?

Rodney Palmer

This is from health-infobase.canada.ca. It was updated on the 7th of March, which seems to me a while ago. This one here?

[00:30:00]

Commissioner Drysdale

Right. My question there is, and you may not know the answer, but under pregnancy outcomes, it says spontaneous abortions, 87. And then it's got deaths, 427. Are the 87 deaths of the babies in the mothers' tummies not included in the 427?

Rodney Palmer

I don't know that. And the reason is this is not an easy website to navigate. So the information is there, but it is more than likely intentionally obfuscated. You have to go through link to link to link to link. So there is something under deaths, and it says 427, and more than likely, you will be able to find if they are included or if they are additional. But I don't know what the answer is.

Commissioner Drysdale

My second question has to do with the slide you have on the Liberal Government platform, three points that it had on there. And my question to you about that—is that the current Liberal platform?

Rodney Palmer

I downloaded that today.

Commissioner Drysdale

You don't know if that's the current one?

Rodney Palmer

That's today. That's up there. You can look that up under platform re-election, I think it is something like that. Yeah.

Commissioner Drysdale

So today, I just want to make sure I've got this right. So today, the platform that the Liberals are running on is—require that travellers must be vaccinated; ensure that vaccines are across the federal public service; and that Crown corporations and federally regulated workplaces will ensure that vaccines are prioritized. That is still their government platform today?

Rodney Palmer

"A re-elected liberal government will," is what it says, and then it gives those ones. And I've not augmented them all, except to add the highlights for my own notes.

Commissioner Drysdale

I wanted to make sure I understood that. Could you also now show the graph of the income for CBC?

Rodney Palmer

That is off the CBC's annual report, and the second one on the right was provided by Dr. Jordan Peterson.

Commissioner Drysdale

My question on that is, I'm looking at some of the other—and I'm asking this question because I've seen it from other witnesses. There's various other items there. They've got government-funding revenue; they've got advertising. How much federal government is in their advertising income? Because we see the federal government advertising on CBC constantly. Is there additional government funding hidden in some of those other stripes that should be in the government funding?

Rodney Palmer

I don't know the answer to that. But I'll tell you that I certainly suspect that the whole thing's a sham. So then, more than likely, they're hiding other things. But what's very interesting, what you say about the federal government advertising: When I travel to America, I see almost entirely pharmaceutical advertising, and there are very strict rules that they must announce the side effects. And it's almost comedic to listen to the side effects. They list these horrible lists of side effects to their pills, and then they say, "but ask your doctor about getting it." In Canada, we don't have pharma advertising on television. But we have a de facto pharma advertising in this ScienceUpFirst group that is disguising itself as experts going on the CBC and denying the side effects—saying they don't exist.

Commissioner Drysdale

Yes. Also, in your slide—and you don't have to bring it up—but your slide about CBC story ideas, and you listed a few things about investigation. I mean, I ask you, wouldn't a good source of those stories be for some CBC reporter to be sitting here following the National Citizens Inquiry? And why do you think none of them have done that?

Rodney Palmer

I think they would have a hard time wiping the egg off their face once they realize they have blood on their hands. They're not coming. They don't want to hear this.

Commissioner Drysdale

You know, I believe, I hope I get this right. I believe I saw a story on CBC not that long ago and I could be wrong, it might have been one of the other stations. But the point is they did an entire investigation: They had an investigative news team out to decide whether or not Starbucks was recycling their paper cups or not. They put sensors in them, and they traced them to the garbage cans, and they did an incredible investigation as to whether they were recycling their coffee cups or not. And they can't do any research on this? They don't have the capability? Do they not have the will?

Rodney Palmer

Won't—not can't. My dad used to say, "Can't lives on won't street."

Commissioner Drysdale

Thank you.

Commissioner Massie

Well, thank you very much, Mr. Palmer, for this second enlightening presentation.

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It seems to me that we are in a very, very hard conundrum with respect to financing this major news institution in Canada. You're making suggestions to reform it. But the business model that they're living on right now seems to be struggling to get, I would say, other sources of finance besides the government, for whatever reason. And even if you reformed it, if you maintain the finance from the government, what would guarantee that with this current government or a future government—that would want to be as, I would say, intrusive in the agenda of CBC—what would allow to maintain the independence of the CBC with the government? Because they need money, and the money's coming from the government.

Rodney Palmer

But the money's come from the government since the beginning, and there have been multiple different parties, two, you know, rotating. And the CBC's always been there. To your point, I think there needs to be an investigation about how it happened. Just like we have to have an investigation into where the virus came from. Otherwise, we can't stop it from happening again.

But there's a lot of talk about defunding the CBC, which makes me nervous because I think it means dismantling CBC News and Current Affairs, and I think it's foundational to our democracy. Without journalism, we have no democracy because democracy requires the transparent distribution of facts on a daily basis. From those same facts, we all make our opinions. And then in an ideal situation in a democracy, the majority of the opinions are where the decisions are made. But how can we possibly form an opinion when the facts are fake? When we don't agree on what's true, we can't possibly agree on what's right.

Commissioner Massie

Aren't you describing some of the, I would say, political platforms for some of the current political parties we have in Canada? Are they basing their promise and ruling of society based on true facts? Or their representation of reality? Which sometimes is, I would say, not aligned with reality. But as long as people believe it, they will be re-elected, as you've shown from the platform, which is a copy-paste from the previous platform that they ran on in the previous election.

Rodney Palmer

I think that there's two different things there. One is what the government says, and one is what the CBC says, and today, they're one and the same. So this is the problem, is that the CBC has let itself become a propagandist in an indefensible cause—which is promoting a

vaccine that doesn't work, that hurts people, that doesn't do its job, and continues to promote it, even in May, this month, are saying, "Get vaccinated, wear a mask." All those people that died probably from the vaccine, we don't know, in Nova Scotia, it's being denied. It's not being investigated properly. They could find out if they tried, but they don't try. It just goes back to, it's not that they can't do it—it's that they won't do it.

They have to get reassigned back to what their job was. I don't know exactly what the mechanism is. It's going to take more people than me to figure it out, but that's an excellent suggestion about putting them back on track in a way that they're not going to get off the rails again. We need some new mechanism in place to ensure on a daily basis that the CBC is doing the job.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning. Thank you for your testimony. The Canada Research Chair selection program used to be very rigorous, and it used to give new researchers who had a PhD that opportunity to build on that body of research. Given the timing of Dr. Timothy Caulfield's Canada Research selection and his research, I'm just wondering at what point he would have been able to build on a body of research when the pandemic is only three years old. Taking that thought further, is it not incumbent on CBC journalists—and other mainstream journalists—to actually investigate the qualifications and not just accept that Canada Research Chair title? Before declaring that the person they're interviewing as an expert?

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Because Canada Research Chair is usually given to a person who is brand new in creating that body of research. And the exception would be if they had a renewed contract under the Canada Research Chair, where they would already have that body of research. But if we're declaring indiscriminately everybody to be an expert, at what point do we consider that maybe they're not, as a journalist?

Rodney Palmer

Well, I don't think this is an error that these people have been put on; I think it's by design. There's too many examples, and I've only shown a handful of them. It's just too obvious that in every single case, they suppressed the fact that they're with this separate organization that's largely a slush fund for the Trudeau government to promote vaccines and to put experts.

Caulfield is the only one who's not a scientist among them, but he's declared himself, self-declared, misinformation expert, and the CBC to my feeling has never defined what misinformation is. I've written to Brodie Fenlon and to others at the CBC asking to please define misinformation: How do you define it? And provide examples outside of the COVID model of where you've applied it. And why you feel that you have to correct it? And that's almost the only thing that they do because they're not correcting misinformation. They're promoting a propaganda message. That's what they're doing. So your question suggests that there's a mistake being made and there's not. This is intentional.

Commissioner Kaikkonen

I also note he's not a doctor. Thank you very much.

Rodney Palmer

Yes.

Commissioner Drysdale

Sorry, I couldn't resist, seeing as I have you here.

Can you comment on the effect that the latest changes to the Canadian *Broadcasting Act* will have, I mean, on the CBC and on social media? You know, you talked about changes that we could consider to the CBC. But it sounds like it's going the other way. It sounds like they're making changes to independent broadcasters and bringing them into this model that was created in the '70s or '90s, or whenever it came up. Second part of that question, can you comment on the independence of the members of the CRTC?

Rodney Palmer

I can't comment on that because I'm not familiar with the makeup of the CRTC at the moment. However, in the past, there has been a bit of a revolving door with tech companies and the CRTC.

On the first part of the question about the *Broadcasting Act*, we saw an almost instantaneous reaction where the CRTC was openly discussing eliminating Fox News, like it or not, one of the biggest networks, news networks in the world, banning it from cable in Canada. On what grounds? On the grounds that they can, it appears. We should expect more of it. We are seeing censorship on a daily basis on the CBC. We're seeing the elevation of the government agenda for COVID vaccines and the suppression of independent voices. We are seeing the censorship of people who want to speak out. We're seeing the censorship of vaccine-injured people, the entire stories are being censored. And the censors are never the good guys. The censors are the Dr. Evil in Brodie Fenlon's Marvel comic universe that he lives in.

Commissioner Drysdale

Thank you.

Shawn Buckley

Mr. Palmer, are you aware whether the CBC is under any specific legal duty in its enabling or enacting legislation to report fairly to the public?

Rodney Palmer

Most likely. That's a good question. I'm not intimate with all the language in the *Broadcasting Act*, but more than likely it is there, and certainly in their foundational documents to report the news of the day. I remember when you couldn't have advertising in the newscast. And then they changed it so you could have it after the first, I believe it was, eight or nine minutes so that the first chunk was advertising free—normally, when they do their political reporting of the day—and then you can have an advertisement afterwards. So there are very strict rules about how much commercial voice can get into a

newscast. But there's commercial voices daily in the newscast now that I've just demonstrated.

Shawn Buckley

I'm just curious because you just think as a Canadian citizen that in funding, creating a broadcaster, a state broadcaster, that there would be a duty in the legislation creating it for that broadcaster to report fairly to the Canadian public.

[00:45:00]

Where I was going is I'm just going to read to you two different sections of our *Criminal Code*. And the first one I'm reading with in mind—because you're saying we should fire the leadership of the CBC, and so this is 217.1 of the Canadian *Criminal Code*.

"Everyone who undertakes or has the authority to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person or any other person arising from that work or task." I can tell you I read that as including—if you're running the CBC or some other news organization and you're directing basically propaganda on health issues that if that leads to harm in the public, you could be criminally liable.

Now, I'll just read you another section of the *Criminal Code* and then I'm going to ask your thoughts. This other section I would think would apply to the leadership of the CBC, the public face, the journalists, and to any experts that would be attending and spreading misinformation with the view to having people vaccinated—if it leads to harm or death. And that is section 219 of the *Criminal Code* dealing with criminal negligence, and so listen carefully.

"Everyone is criminally negligent who in doing anything, or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons." I'm wondering, just because you're familiar with how journalism works, if that section could be applied to journalists and the CBC?

Rodney Palmer

It could be applied to so many people. I think it should be applied to the guy who turns the microphone on and lets somebody lie—live to Canada. Every single person down to the technicians who participate knowingly in this fraud should be investigated. There's two sections of the *Criminal Code* you mentioned; I mentioned one in my previous testimony about fomenting hatred against an identifiable group. The unvaccinated became identifiable based on their absence of proof of vaccination and the social outcasting that the CBC promoted. I think that maybe another recommendation would be to investigate for criminal wrongdoing among the journalists at the CBC—right down to the producers, the writers, the story editors, the technicians, as well as the anchors, the hosts, the editors, and the executives.

Shawn Buckley

Well, it'll be interesting because there's not an example in history of a Western democracy experiencing what we've experienced with a state broadcaster. If we can get control of our institutions back, it'll be interesting to see how we deal with that.

Rodney Palmer

The problem here is that they have the full support of the current government, and they're acting on behalf of the current government. To get back to your point about whether there's an obligation to tell the truth, I can assure you that in the foundational documents of the Canadian Broadcasting Corporation, it did not say that the purpose is to espouse the views of the government of the day. It did not say that.

Shawn Buckley

Thank you. I have no further questions.

Rodney Palmer

Thank you.

Shawn Buckley

Mr. Palmer, on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for returning and sharing this testimony with us.

Rodney Palmer

It's my pleasure, thank you, and my duty.

[00:49:01]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 3: Marianne Klowak

Full Day 2 Timestamp: 03:27:46–04:56:32

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue our proceedings in Ottawa, Ontario. Our next witness is Marianne Klowak.

Marianne, can you please state your full name for the record, spelling your first and last name.

Marianne Klowak

It's Marianne Klowak, M-A-R-I-A-N-N-E, Klowak, K-L-O-W-A-K.

Shawn Buckley

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

Marianne Klowak

I do.

Shawn Buckley

Now, Marianne, my understanding is, and it might be easier for you to give the highlights, but I'll try and go through some of them.

You have been a veteran senior reporter for the CBC, which for our international participants is the Canadian Broadcast Corporation, for thirty-four years. And as a journalist, you've been involved in all aspects of news gathering and investigative reporting for radio, television, web live reporting, short and long-form documentaries. You have been involved with current affairs as a current affairs news anchor for radio and television. You've filed stories nationally for "World Report," "The World This Weekend" and the hourlies. You've basically done regional stories published on CBC National's digital

platform. And the highlights could go on and on. Are there any other highlights that you'd like to just, kind of, describe your career? Because you've been at this for thirty-four years, and I've got a whole list of highlights. I just don't know which ones to touch.

Marianne Klowak

The only other thing I'd want to touch on is the year I left, I was given an award for a series I pitched on "Pandemic Perspectives." And the piece that won the award was a homeless person's perspective of how their life had changed. So that was a national award.

Shawn Buckley

Good. And David, I'll ask if you can turn Marianne up because I'm having trouble hearing her. Or if you can speak clearly into the microphone, Marianne.

Marianne Klowak

Thank you. Is this better? Is that better?

Shawn Buckley

Thank you. Now you're here to share your experiences while you were still at the CBC and working as a reporter and some of the stories you tried to run and what happened. So I'm wondering if you can just start into that and then if we need any clarifications, I'll jump in.

Marianne Klowak

Before I get into that, I think there's a little bit of background that's required. I know that as a public broadcaster, you expect us to be telling you the truth, and we'd stop doing that. And there was another number of stories that I had put forward that were blocked. But it would seem to me as a journalist who'd been there thirty-four years, it's like the rules had changed overnight. And it changed so quickly that it left me just dizzy in disbelief.

I was blocked and prevented from doing stories that I'd pitched, that I'd put forward. They never saw the light of day: they never made it to air or print. And some of those stories were protests against vaccine mandates, people's safety concerns about the vaccines, and also the many problems with reporting adverse reactions in Canada. And for me what was so disorienting about this was that, you know, I had learned from the best of the best at the CBC. This is where I learned to think critically and fearlessly hold power to account, to break stories and uncover information that you, the public, has a right to know.

And I also would like to mention that the newsroom I worked in, in CBC Manitoba, that they were a leader in investigative journalism across the entire network, second only to Toronto. And this was a newsroom that produced award-winning stories that sparked change at the highest level of corporations and government. By the time I left in December of 2021, I no longer recognized the CBC. And I really didn't think my career would end this way, that the skills I learned and honed at the CBC would be used to hold power to account within the corporation.

Shawn Buckley

Can I just slow you down because I think it's important for people to understand what you're saying. And especially because you were working as a journalist and as an

investigative reporter for much of the thirty-four years. So my understanding is, when you're a senior reporter like yourself, you can just follow a story, like, "Okay, I'm going to report on this," and you can do the story.

[00:05:00]

And generally speaking, you're not second-guessed or your story isn't changed. So your experience in learning from true journalists in the past was just to run a story, to be fair, and that was your experience until COVID hit.

Marianne Klowak

Absolutely. I would say, like, prior to COVID, I was expected to come into that editorial meeting. I would have two or three original stories, what we call enterprising journalism, original stories. And I was able to work on those unless there was big breaking news that day. But normally, I would be assigned that story, given the time. And within, you know, a day or two, I could turn those stories around on all three platforms, radio, TV, and web. And I would also like to mention that I had one producer vetting for TV and radio. And rarely were there any changes made in my script or the content. And for web, it was another producer, but it was minor things like, let's move this sentence, let's change this word, we'll tighten lead. That was prior to COVID.

Shawn Buckley

So I'll just follow up on that again because I think it's important for people to understand. So basically, your stories were standing as you made them.

Marianne Klowak

Absolutely, and they backed me in doing that. I was supported in doing it. That's what they wanted: original enterprising journalism.

Shawn Buckley

Okay. And so that ties into when you're saying the Manitoba news desk at the CBC prior to COVID, I mean, that was a hardcore journalistic news desk. They were expecting you to get truthful fair stories. And they were not censoring. They were wanting the news.

Marianne Klowak

That's the way it was prior to COVID.

Shawn Buckley

Okay. So COVID—that was a completely new ballgame when COVID hit. So even the swine flu? Because we experienced that, you know, during your career.

Marianne Klowak

Yes.

Shawn Buckley

None of this. It just started with COVID.

Marianne Klowak

No, it changed so quick that it left me spinning. And I mean, the way I saw it, I'm just going to give you a little bit of a synopsis, and then I'll get into specifics in terms of what was done with my stories.

But we betrayed the public, we broke their trust. And we had been riding on a reputation of excellence for years. And now we were quickly shutting down one side of the debate. And how were we doing that? We branded the doctors and the experts the CBC chose that we used in our stories: we branded them as competent and trustworthy. And those who questioned and challenged the narrative were portrayed as dangerous and spreading disinformation. And that was regardless of what their specialty was, what their background was, and what their experience was.

And I just also want to sort of give you a window into how this affected me personally. As a veteran journalist, I had solid contacts in the community. I had people calling me with stories. So I was seeing and I was hearing and I was absorbing all their stories of suffering and pain. And they were sharing them with me, and these stories weren't being told. Some of those were from the vaccine-injured. Some were from people who had lost their job because of their vaccination status. Those whose families had been blown apart, and they'd been ostracized. University students who were depressed over repeated lockdowns and mandates. And parents who were calling me that were agonizing on whether they should vaccinate their child or not. So all these stories were sitting inside of me. They were left with me. And I felt the crushing burden and the weight of their truth not being given a voice. And it affected my well-being because these people trusted me, and I felt I had failed them and I had let them down.

Shawn Buckley

So can I just interject? So when you're a journalist and people are coming to you with stories that should be reported, you're feeling a responsibility to give voice to those stories, but you're not being allowed to do so for the first time. And that's what was causing the distress internally.

Marianne Klowak

Absolutely. I was losing sleep, it was distressing. It was like I had failed these people as a journalist to give voice to their truth.

So I had witnessed in a very short time the collapse of journalism, newsgathering, investigative reporting. The way I saw it is that we were in fact pushing propaganda. And to define propaganda: it's information, ideas, opinions, or images that give one part of an argument which are broadcast, published, in order to influence a person's opinion.

[00:10:00]

And mental health workers have their own definition of propaganda as manipulative persuasion in the service of an agenda.

In a published article written by a former CBC editor-in-chief in 2018, she outlines what's called the Journalistic Standards and Practices [JSP] [Exhibit OT-4]. And these are the most fundamental principles that govern who we are as journalists and who we are as a public broadcaster. Basically, these are the pillars—the holy grail for journalists. This is what every story we do can be measured against these: they are accuracy, fairness, balance, impartiality, and integrity. She goes on to say that “the JSP is not merely a guide for the people who work at CBC/Radio-Canada. It's a key component of our promise to Canadians that the work we do is, first and foremost, a public service.” Then she says, “The real test, of course, is ensuring that our journalism is credible, reliable and worthy of your trust.” So in other words, you the audience decide if we're trustworthy, if we're telling the truth. It's not up to us to hammer you with what we define, decide, or think that the truth is because the pillars of balance and fairness require us to present both sides. And after you examine them, you ultimately decide what the truth is. She says, “. . . you can hold CBC News accountable against the principles that are laid out in the Journalistic Standards and Practices.”

In my last year and a half at the CBC, we violated all of them. Not only had we shut down one side by silencing and discrediting anyone opposing the narrative, we had elevated and designated ourselves as the gatekeeper of the truth. We no longer believed our audience was capable of critically thinking for themselves. I'm going to give you very specific examples of that. But before that, I'd like to read you a page out of a journal that I wrote a month after I left the CBC. It gives you a sense of the culture and the toxic work environment that led me to leave before I had wanted to.

For months prior to my departure in December 2021, the complaints and criticism from listeners and viewers continued to mount from the public. Calls, emails, people stopping me on the street and saying, “What the heck is going on at the CBC?” People telling me they felt betrayed, lied to. A gut feeling that they weren't being told the whole truth. They no longer trusted the CBC to tell them both sides of an issue. What was most troubling for me as a journalist is that they no longer felt safe to tell me their story and have their voice heard by their beloved public broadcaster.

Passion for the truth has been my driving force as a journalist, and we become journalists because we see ourselves as truth tellers. The vast disconnect between the stories people were telling me and what we were broadcasting and publishing just tore me apart. So armed with documented examples and specifics, I voiced my dismay about our editorial direction to all levels of management over several months—both locally and at the highest level of power in Toronto. And I did this; I brought in a witness to every scheduled meeting who would document what happened in those meetings.

The narrative among mainstream media including the CBC emerged early on in the pandemic. By narrative, I mean presenting one side of a complex issue and effectively censoring, cancelling and silencing the other side—only giving voice to experts who control and reinforce the narrative. I'd seen it happen on issues in the past but never to this degree. For the most part, logic, common sense, and critical thinking are suspended, preventing deep dives on stories holding power to account. Facts may be omitted if they don't fit into the narrow focus of the narrative.

Who were we to deliberately withhold information the public needed to know and had a right to know in order to make a decision based on informed consent about their health? Canadians were starting to see this, and they were calling us out on it.

So for me things started to escalate, I would say it was early 2021.

[00:15:00]

And I was disturbed and alarmed about the language that was being used in some of our editorial meetings. All of a sudden, the term “anti-vaxxer” came up and I said, “Whoa, whoa, let’s stop right there. What is an anti-vaxxer? Who is an anti-vaxxer? What do they believe? Because are you saying it’s someone who’s against all vaccines? Because the people I’m speaking to, who are vaccine hesitant, have had all their other shots, but they have problems with this particular one.” I also brought up those who couldn’t get it for health reasons because of allergies. And what about people who just needed more time and information to make a decision. And yet we were lumping them all in this same pot as being an “anti-vaxxer.” I said, “Using this term is dangerous. It’s discriminatory. And why are we talking about these people with such hostility and such contempt?”

Shawn Buckley

So Marianne, can I just stop you there because that’s a term that’s become very sensitive at this hearing. And I’ll explain that in a second. So when the term comes up in the newsroom, it’s being used in a really negative term? Like, it’s meant to be pejorative?

Marianne Klowak

Almost laughing, ridiculing. It’s like these people aren’t educated: that was the kind of term that was being used and that was what was inferred.

Shawn Buckley

And I’ll tell you why I’ve stopped you with that. So we’ve had, and I think it was the Saskatoon hearings where I started to notice it. So we’d have witnesses, like literally vaccine-injury witnesses, talking about how their lives were literally destroyed by this particular vaccine. But then they would add during their testimony, just literally out of context, “but I’m not an anti-vaxxer.” And then, we had a lady that really was part of one of the biggest freedom groups in Saskatoon that arose because of the mandates and things like that. And she made a point, “but we’re not an anti-vaxxer group.” So that told me—because my understanding, and it’s based on a lot of the evidence that was here, but also, you know, prior to me coming here—is that these terms are created basically to ridicule and basically to close our minds, right? Because no one wants to be labelled as an “anti-vaxxer.” So if somebody is labelled as an anti-vaxxer, you’ll close your mind to them, right? So it’s just interesting. I’m sorry to stop you, but it’s interesting to hear because you basically used laughter as a description: that these people would be laughed at in a newsroom.

Marianne Klowak

And ridiculed. And I think that was the prevailing consensus in the newsroom. That if you were educated and if you were intelligent, you got the shot. To question it meant you weren’t intelligent, which really flies in the face of critical thinking. And it’s opposite of journalistic practice.

In June of 2021, the Manitoba government had carried out its own survey on vaccine hesitancy.

Shawn Buckley

And we'll just pull up your slide for a second [Exhibit OT-4]. There we go.

Marianne Klowak

So in the next slide, you see the reasons for vaccine hesitancy—why you're not in a rush to get it/not sure if you will get it/you're not going to get it at all. Look at the top three: It found 25 per cent were concerned about long-term effects; 18 per cent were concerned about side effects and reactions; and 15 per cent said the vaccine was experimental and unproven. So more than half, that's 58 per cent, almost 60 per cent had concerns about safety and that it was experimental. Now notice where religion comes in, it comes in at 4 per cent.

So more than half of the people were listening to their gut and they weren't convinced by the mantra of "safe and effective." But instead of critically thinking, doing newsgathering and real journalism on safety concerns, scrutinizing the Pfizer data, and asking some of the hard questions people were asking me—like, "Why is the CBC the arm of public health?"—we chose to focus on that four per cent. Those who were hesitant for religious reasons. So our mission at the CBC now was to educate these people, or for that matter, educate anyone who was vaccine hesitant and eliminate it, because surely if they were educated, they would have changed their mind.

This to me was arrogant, it was condescending, and we were telling people what to think because we didn't trust them to think for themselves. Our tone implied they were a danger to society if their thinking didn't fall in line with the narrative. And to me,

[00:20:00]

this was mind boggling because I understood our mandate of the CBC was to elevate the voice of Canadians to tell stories on a local, a regional, and a national level, reflecting Canadians to Canadians to promote understanding and unity. And instead, we were fanning the flames of fear, of division, of segregation and hatred against a particular group, the unvaccinated. So the stereotype we were creating emerged early on: The person who was unvaccinated was uneducated; they were likely a person of faith. They were denying that COVID was real. They probably lived in a rural community. And they were branded—"a danger to public safety."

Shawn Buckley

So I'm just going to stop you. So these are themes that the CBC in their newsroom came up, to actually use, to basically denigrate, create a group called "the anti-vaxxers" and denigrate them. So we actually have our state-funded news organization coming up with themes to create a separate group and to make them look uneducated and basically like "Luddites."

Marianne Klowak

That was the image that was portrayed.

Shawn Buckley

And this was a deliberate decision.

Marianne Klowak

It was a deliberate decision because look at the government survey: it showed that almost 60 per cent of people were concerned about safety, and yet we were focusing on religion. I'll give you a couple examples of the stories.

Shawn Buckley

And if I can just interact a little bit. Because it would seem to me the story is, "Here's what people's concerns are, and let's go talk to those people." Right?

Marianne Klowak

That would be the common thinking, wouldn't it?

Shawn Buckley

And then see what flows from that as the story develops. Okay.

Marianne Klowak

That would be the common thinking.

This is a story we ran in May of 2021: "Death bed denials" in southern Manitoba hospital patients, the doctor says. So it was a fact that pockets of Southern Health in Manitoba did have the lowest uptake of the vaccine. But I challenged the stereotype: I'm saying, you know, "I know doctors, I know educated people, I know people in the trades, I know people working in garment factories, social workers, people all over the province that are vaccine hesitant. They do not fit this stereotype." But many of them, by now, were too afraid to be interviewed because they knew it wasn't safe. They knew what would happen to them—that they would be labelled, stigmatized, and they would likely lose their job.

Here was another story we did in targeting people in faith communities that we ran a few months later. And that was in September of 2021. Manitoba health officials were targeting the low vaccination rate in the southern part of the province. They thought the best way to get through to these people is to get the community leaders and the religious leaders on board, and then "we can convince people to get the shot." The story says: There's "no legitimate reason for religious exemptions" to get the shot "across several major belief systems, the leaders say."

That's not what I was hearing from people. People were applying for exemptions and on their deeply held spiritual beliefs. And their applications were consistently being rejected, and they were losing their jobs because of it. These were gut wrenching stories that people were calling me saying, "I'm being escorted out of my workplace right now. I can't believe this is happening. I'm being discriminated against because of my faith." They said, "Where's the right to religion, freedom of religion and where's the right to bodily autonomy," and where was the CBC and why weren't we telling their stories?

I mean, there was one man that I had spoken with, he'd been with a company for 25 years and he was in a management position, and he was working from home and he applied for an exemption that was rejected. He lost his job and he was—because he wouldn't get the shot and he was continuing to work from home. It was ludicrous. It was absolutely ludicrous. And we didn't do these stories.

So this was all sort of coming to a head and on June 3rd, 2021, I called for a meeting with the managing editor of CBC Manitoba, the executive producer. And I asked that a witness be present at all of the meetings to hear my concerns about our editorial direction. Now that witness was a person who was recently hired as the executive producer of diversity and inclusiveness. So in that meeting, I raised a number of issues. I said, "Why weren't we investigating the safety of the vaccines when that's what came up at 60 per cent in a government survey? Why were we creating a dangerous stereotype of who we thought a vaccine-hesitant person was? Why were we creating a hate culture against them and demonizing these people as a threat to public safety?"

[00:25:00]

"Why were we endorsing and promoting an experimental drug that we didn't know much about other than what the government and the manufacturer were telling us?"

And I'm going to give you an example of how that happened. Going back to the journalistic standards about how we're supposed to be impartial: We had reporters posting on their CBC Facebook page at the local and national level with a sticker on their arm and their hand up in the air saying, "I'm part of Team Pfizer and Team Moderna" with their hand up. And I said, "How is that being impartial and how is that being objective? And why were we getting behind Pfizer, which paid out huge criminal settlements? And would these images convince people who were not sure to get the shot?" I said, "Clearly, this is a journalistic breach." When I flagged this to management, they didn't have an issue with it. They didn't think it was a problem.

I also brought up to them.

Shawn Buckley

Let me just stop. The management didn't view those issues as a problem?

Marianne Klowak

No, they said if they want to do that, that's their choice.

Shawn Buckley

You mean, if who wants to do it?

Marianne Klowak

If a reporter wants to post on Facebook they've gotten the shot and they've got a sticker and they're part of Team Pfizer or Moderna, they didn't have an issue with that.

Shawn Buckley

Okay.

Marianne Klowak

I also brought up at that meeting what happened with thalidomide. That's a drug that was endorsed in the early 1960s for pregnant women who were nauseated: a drug that caused

severe birth defects. And that we shouldn't be getting on this bandwagon—we should be very cautious because this was a brand-new vaccine that had just become available.

Now I'm going to give you a specific example of a story that I was shut down on. So June 2021 was the time when Israel was starting to see some links between the Pfizer vaccine and heart inflammation. And I was getting calls from parents who were really distressed and just saying, "There's the potential risk of heart inflammation in young people. I don't know if I should vaccinate my child, I don't know what to do. How safe is this vaccine?" They were in angst about—they wanted more information. And at that time, the Center for Disease Control and the FDA had put a warning on their fact sheet about rare cases of myocarditis.

Some parents in Manitoba thought, you know, Manitoba should be doing the same for their fact sheet on Pfizer because that was the only one that was authorized in Canada for those twelve and older. They had sent letters to the province, the health minister, public health officials, and they shared all these documents with me. So I pitched this story on the June 3rd meeting, and I was given the go-ahead and I interviewed several parents.

And I approached this story like I would approach any other story: Is this true? The government and the manufacturer are saying it's safe and effective, and yet we've got parents worried about some evidence that's emerging that there could be some health concerns. So I set out to news gather, investigate, do the research, and find the answers to the questions people were asking.

And for me, this story was reflective of that 60 per cent where people were saying, "This is what we're concerned about." So I thought, great, we're going to do a story that the public has a right to know. And these were some of the things that parents said to me on the record. They said, "Giving youth a drug that's still in the trial phase is a terrible idea. It's dangerous." They wanted to know "who would be responsible if their child had an adverse reaction?" Most troubling in their opinion was that some of these children didn't need to have their parents' consent to get the shot. "Why was the state taking control of their children?" They were asking me this. This is all credible and legitimate questions. They were fed up with their kids being threatened and bullied in and out of school for not being vaccinated.

I'll tell you one story. There was a rural community, and this mother phoned me and there were two families. One family was vaccinated; one wasn't. And the daughters were best friends. And one of the daughters said, "Well, you know, if you want to get the shot, you can come over to my house on the weekend and my mom will take you. And your mother never has to know." So that was the end of that friendship. That was the end of that. And it divided the whole community.

And these people were questioning, they were asking me, they were saying, "Well, if this vaccine is safe, then why does someone who's vaccinated have to be afraid of someone who's unvaccinated?" Very logical questions. And they were angry with the CBC. They expressed that to me. They said, "Why was the CBC and the media cheerleading the government's message that the vaccine was safe and effective?" because they weren't convinced by it.

[00:30:00]

So that's basically what they said to me on the record.

And most of them had referenced and voiced their support for a body of scientific research that was put forward by the Canadian COVID Care Alliance [CCCA]. Specifically, by Byram Bridle, a world-class immunologist from the University of Guelph. And the Alliance had been raising flags about the safety of the vaccine based on scientific studies. They'd even filed a petition with the federal government, and they were calling the feds to suspend the use of the vaccines in children, in youth, in adults, in women of childbearing age until there would be long-term and short-term safety trials that were completed and this would be published in peer-reviewed journals. Many of the parents I spoke with had signed this petition. Certainly, this was newsworthy and something the public had a right to know. These were Canadians that were voicing a different or dissenting voice, and up until now, all we were airing and publishing were experts aligned with the government's view. This is a story I thought that would bring some fairness and balance to our one-sided coverage, and it would punch a hole in the narrative.

I contacted the Alliance, and I spoke with a scientist by the name of Stephen Pelech. He's a highly reputable scientist. He's a professor of neurology in the Department of Medicine at the University of British Columbia. He had been doing COVID research in his lab for two and a half years. He also published more than two hundred scientific papers over the course of his career. He praised the parents I interviewed and he said, "You know, they're wise. They're wise to question this narrative" because he had serious concerns with vaccinating children with this new vaccine.

He shared with me the Pfizer data that showed with children, there's the least amount of data from testing on whether there's a long-term or short-term side effect. So according to the document I was looking at from Pfizer, it was just over 1130 adolescents between 12 and 15 in the U.S. were vaccinated in phase III trials. And in his opinion that was problematic. He said the tests were done on a very small number of children and the test wasn't powered enough: so what that meant is there wasn't enough participants to determine if, let's say, there was a reaction of one in five thousand, that wouldn't have been picked up by Pfizer. So I had Pelech on camera; I had these parents all lined up. And I told you what my workflow was like prior to COVID. But it changed with this story.

When it came to this story, I never had more hands in the vetting of this story. While it was cleared by the Manitoba managing exec and the director, a local web writer flagged it. And she said, "You know, maybe we should get a response from Pfizer." I said, "No, I think we've heard more than enough from Pfizer." Then she said, "You know, I don't think the vaccine is still in the trial phase." And I produced a document saying it is until 2023. But she sent out an internal email to several people in the newsroom, and she decided that my story should be forwarded to the Toronto Health Unit. Now this is a special unit within the CBC, and she wanted them to do a final vet of my story. So now the CBC Toronto Health Unit was in charge of my story. It was the end of June, and I was really getting anxious over how long this was taking because as I mentioned before, I was used to turning stories around in a day or two. But to me, it was critical timing because the rollout was ramping up for the vaccination of young people in Manitoba. It was in full swing. Finally, five weeks later on July 8th—

Shawn Buckley
Five weeks?

Marianne Klowak

Five weeks. Remember, I could turn around stories in two or three days—this was five weeks. So I think they were sitting on the story. Maybe they were just hoping that I would go away and not persist in doing this story.

But five weeks after, July 8th, I pitched the story, I was called into a meeting. Well, this was on Zoom because we were all working from home by then, and they had a verdict from Toronto. And you know, I should mention to you that over three decades at the CBC, I'd say 30 to 35 per cent of the stories I did were health stories. Never had I had a story that had to go to the Toronto Health Unit. And never was a story given this level of scrutiny.

Shawn Buckley

So I just want to emphasize this because you had told us earlier that basically things changed at COVID. So what you're saying is, for your thirty-five years as a journalist

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like, 35 to 40 per cent of your stories were health stories. So you knew what it took to run a health story and that never before had it been sent to this Toronto Health Unit or no story in your career had ever been put under this much scrutiny.

Marianne Klowak

Never. Like I had mentioned, it was one producer, and the story was put through and it was published. And all of a sudden now, there were all these hands in the story.

And what I want to mention to you, which is key to know here, is that before I tell you what happened, that none of the facts, none of the data, none of the research, nothing I put forward in that story in terms of any of the information was contested. It was rock solid journalism. And I knew that I could put my name to that and defend every word I had written.

They raised two concerns that was an issue for them: Did I know that the Alliance promoted ivermectin? And did I know that some of the members of the Alliance chose to be anonymous? Those were their two concerns. So my thought was, okay, now the story is being blocked further up the chain.

I did know they supported ivermectin, but that was not the focus of the piece. And I had been sending for weeks links to management from medical journals about the success of ivermectin in treating COVID. I got no response. I said, We should be having a debate about ivermectin on air and hear from experts who support its use. But that was not the focus of this piece."

As for members being anonymous, I was confused by that because, I thought, I interviewed Stephen Pelech. He went full-face on camera with his credentials. So there was no anonymity there. And I could only guess that maybe some were choosing to be anonymous because they wanted to be able to continue to practise without fear of being disciplined anyway.

But what came next left me just speechless. I was just astonished. They said, "While there's a story to be told about the parents' concerns, the Canadian COVID Care Alliance was problematic." I should "drop them out of the story, keep the parents' concerns in, but

interview two experts that CBC Toronto was recommending.” And of course, I did my research, “Well, who are these people?” One of them was a pediatric immunologist who told me both of her kids were vaccinated. She had worked with the federal government. She chaired a national committee overseeing the approval process of COVID-19 vaccines in Canada. I was being told to drop Pelech out of the story who was raising flags about safety concerns and put this woman in.

I was just stunned. I was shocked. I could not believe that they were asking me to do this. I said, “This is unethical. This is immoral. You’re violating all our principles of fairness and balance and accuracy and being impartial and acting with integrity.” And I said, “What you’re asking me to do is dishonest and it’s manipulative.” The parents I had on tape, I’d interviewed, they were backing the science of Bridle and to include them in the story but leave the Alliance out, to me, defied logic. It didn’t make any sense. We were effectively censoring people in the scientific community with impeccable credentials because they just didn’t fall in line with the narrative.

I said to the managing editor, “I’m standing down. I’m walking away from this story. I’m not going to do what you’re asking me to do. I’ve invested too much in this. I’m not going to sell these people out. And why should I have to include two doctors that Toronto has picked out?”

And then I think, you know, what if this story had made it through and it went national? Wouldn’t that have changed the narrative across the country? If parents had been armed with this information, would we have seen fewer vaccine injuries?

Shawn Buckley

Can I just stop you. Because another thing just kind of occurred to me when you were sharing that story and you mentioned how they were actually critical of the CCCA—and I’m thinking, well just wait, just so people that don’t know the term—so that stands for the Canadian COVID Care Alliance. My understanding is, I mean, if it’s not hundreds, it’s thousands of scientists and doctors. Like we’re talking very credentialed people that have formed an organization to basically look into COVID issues objectively and to provide fair and balanced information.

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And you know if that leads them in a direction that goes against the government narrative. But isn’t the fact that that group formed and exists, itself, a story that should be covered, let alone cutting them out of a story. I was just thinking that in itself is somewhat fantastic and likely would be a story.

Marianne Klowak

And they formed specifically because of COVID and to give an alternative perspective. And I had pitched, “Let’s do a story on them,” but it was like, they weren’t interested in it. They weren’t interested in hearing what these people have to say because they figured they supported ivermectin. So they didn’t want to do any of those stories.

Shawn Buckley

And just to give perspective—because I know when we had a conversation and likely you’ll get to it—like, a reporter will go to a demonstration on an issue where there’s twelve

people and report a story. But when tens of thousands of people show up for a demonstration, that might not be covered if it's going against the government narrative now. So, just kind of along those veins, like just even the size of the CCCA itself is quite—

Marianne Klowak

The numbers.

Shawn Buckley

Yeah, and it's quite something.

Marianne Klowak

The fact that they had filed this national petition was to me huge. They were saying, "No, we need to stop, we need to pause, we need more information before we roll this out across the country for young people," and that story was shut down.

Shawn Buckley

And that was a petition backed by scientists and medical doctors citing peer-reviewed evidence.

Marianne Klowak

Correct.

Shawn Buckley

Okay.

Marianne Klowak

So the day that that happened to me, which was July 8th, it's burned in my memory because for me, part of me died that day with that story. And that was the death of journalism for me, July 8th, 2021. Instead, we were clearly pushing propaganda.

So I had to call back everyone. And I thought, how am I going to handle this? So I apologized and I told them the truth. And it was shameful and it was humiliating because these people had put themselves on the line to tell me their story. And I said, "This is why I can't do it. This is why I won't do it, and it wouldn't see the light of day." And I said, "I'm sorry that I have failed you and I have let you down."

I didn't go to work the next day because I thought I have to strategize. How am I going to deal with this? Do I quit right now? Do I stay and try to push stories through even harder? The following day I asked for a conference call with the managing editor, the exec, and the witness and I said, "Here's the deal." I say, "You know that story was solid journalism. I'm asking you to publish it. You have that power." And I said the timing was key as the province was ramping up the vaccinations of young people. It was urgent that this critical information get out there. And I said, "I'm asking you to do this despite what Toronto has said." And if they wouldn't, I could no longer continue to work in this environment. They didn't publish it.

It was also at that time I decided I had to start reaching out to other journalists because I felt like I was just losing my mind. Surely other people were seeing what I was seeing. And I did reach out. I reached out locally to a competing network. I also talked to someone south of the border. Through internal email at CBC, I sent out notes saying, "This is what I'm seeing. What are you seeing?" And I didn't hear back from anybody.

So I thought, you know, I'm going to call the CBC Union. I called the CBC Union and they said, "Oh yeah, we're getting all kinds of calls about people concerned about our biased reporting." And I said, "Well, where are they? Put me in touch with them." And she said, "Oh no, they're not, it's staying with the union. They're not going to go past the union." I say, "What does that mean?" And she says, "Well, they're not prepared to do what you're doing. They're not prepared to go all up the ladder and call power to account."

So then I reached out to somebody. And I guess, you know, I understand that because I was sort of at the end of my career, but a lot of the journalists that were calling the union were midway in their career and they were afraid of losing their jobs. I contacted a senior reporter from a competing network and I said to her, "What are you seeing?" She said, "Oh, I'm seeing the same thing, you know, why has the media become the mouthpiece of public health?" Then I managed to contact a reporter who worked for *The New York Times* who told me what was happening to me was exactly what was happening to him. His stories were being shut down: he was being blocked. As he saw it, we had two options. One of them was quit and be a whistleblower,

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or to stay and fight it out and keep trying to push those stories through. He also gave me some advice. He said, "document everything that's happened to you, as you would cover a news story. Who said what, when, who was present and the date." I was just reeling from all this because I thought, you know, we have betrayed our audience on a massive scale, massive.

And even the CBC acknowledged that erosion of trust in a blog that was written by the editor-in-chief Brodie Fenlon in March of 2021. Forty-nine per cent of Canadians think journalists are purposely trying to mislead them. About half of the fifteen hundred people of the Canadians surveyed felt the CBC was more concerned with supporting an ideology or a political position than informing the public. And that the media was not doing well at being objective. How is the CBC going to rebuild trust in journalism?

In 2019, it became a member of the Trusted News Initiative—so that brings together news organizations from all over the world and tech platforms to combat coronavirus disinformation: to identify and stop the spread of it, false claims, half-truths, conspiracy theories, basically, a way to filter news through its own filter system. I saw it basically as a mechanism to "call people out" who disagreed with the narrative and to label them dangerous and extreme.

Why do you need a trust filter system if you're consistently telling the truth? Why are tech platforms involved in combating disinformation? And who are these people in this Initiative? Are they journalists? Are they scientists? Is artificial intelligence involved? Who is the Trusted News Initiative? This was an effective way to stop the flow of information: to censor one side, skew reporting, and label opposing opinion and thought as disinformation. Sometime after signing on with the Trusted News Initiative, there was a shift in the lens of how we saw news. It was no longer from the bottom up—it was from the top down.

Let me give you a specific example of how this played out in the newsroom in another story that I was blocked in doing. I'd gotten a tip about a peaceful protest in Winnipeg about vaccine mandates, and it was in September of 2021. There was about two thousand people out on the street. We didn't cover it because it was decided at the editorial level these people were spreading disinformation. This was just unbelievable. I was stunned because I had been sent in, you know, to cover stories and do live hits from protests with twelve people present. But we were going to ignore a group this large and not send a camera and find out what these people had to say. I thought not only is the size of the group newsworthy, it was the fact that it was both vaccinated and unvaccinated people were walking together and they were united in their opposition to vaccine mandates.

I had gotten a call from someone on the protest line who says, "Where's the CBC? There's people here that are cutting up their vaccine passports as a show of solidarity against the mandates." And I thought, wow, this is a great story. This is great visuals. This is a powerful story of people at the grassroots uniting. Why wasn't the CBC there? It was a decision made at the top level rather than looking at the news that was unfolding on the ground.

When I asked why we weren't there, I didn't get an answer. It wasn't worthy of covering because in the CBC's eyes, these people were disseminating disinformation. How could we say that if we never even spoke to any of them? We ran a few lines of copy that day saying, "More than 250 people in Winnipeg held a protest against mandates." That was misleading and it was a half truth. There was at least 2000 people. By saying more than 250, we were trying to minimize, in fact, how large it was. And to me, we missed the story entirely, which was people uniting against a cause.

Instead that day, I was assigned a story about a cricket infestation. No one was sent to cover the protests, and the cricket story went national.

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But there was nothing about the Manitoba protest.

Shawn Buckley

So, Marianne, just so that we have contrast because you've told us about, listen, there's this protest, 2000 people. The real story is that both sides are coming together, that people with the passport are so concerned about the mandate, they're cutting that up. So tell us about the exciting cricket story that became national news in Canada. What was the story, just so we're not left in suspense?

Marianne Klowak

That people's back lanes and garages and houses are being filled with crickets. And I'm thinking, really, we're going to tell that story, and we're going to basically ignore two thousand people walking through the city uniting in a cause. We are just going to ignore these people. To me that was just unconscionable.

Shawn Buckley

And was the cricket story urgent? Like—

Marianne Klowak

No, I don't— Well, I guess if you were living in a house full of crickets, it might be, but that was not the story to be told that day. But that was the story they decided should be told that day. Later that month, I pitched another story, and it was shut down.

Shawn Buckley

Can I just stop and I'm sorry. So we have, literally, vaccinated people and not vaccinated people coming together against the mandate. And we have crickets from the CBC. I'm sorry I couldn't resist.

Marianne Klowak

It's shameful.

Shawn Buckley

That was just too easy. So okay, and I'm sorry to interrupt, I just truly couldn't resist.

Marianne Klowak

So later that month, I pitched another story that was also shut down. And it was about what vaccine mandates were going to look like at universities in Manitoba. I had a professor lined up, an immunologist lined up from Ontario. They were on a committee there helping to draft the rollout of mandatory vaccines at the University of Guelph and McGill. They talked about students having less freedom on campus: There'd be more security, more policing of students. Those who refuse to wear a mask could be hauled off by campus police. I also had an ethicist lined up who was willing to talk about his concerns over mandatory vaccinations for students.

And both the experts were saying they were worried about the mental health of students that were going into a second year of restrictions. Both were getting contacted by parents and students who just were not in support of this. And I thought this would be an excellent discussion to have in Manitoba with faculty and parents and students for our audience to hear because it was already rolling out in Ontario, and it was going to be coming into Manitoba; they were ahead of us. And I also said I had spoken with two legal firms that were fighting mandatory vaccines on campuses, and they felt the court ruling in Ontario could set a precedent for the rest of the country. There was no response to what I pitched that day. Instead, I was assigned another story about an infestation. This time it was bedbugs in a local housing complex. And no one else had been assigned to that story that I had pitched.

So I interpreted that as I was quickly becoming silenced and cancelled for trying to get the other side of the story out. I was battle weary. I was exhausted from fighting. I never felt more alone in my profession. And as a veteran journalist who is usually fearless and outspoken, I no longer felt it was safe to pitch stories that I knew that we should be telling. And I quickly felt that my existence there was becoming null and void. But I wasn't done yet.

In September, I decided I'm going to go directly to Toronto to voice my concerns about our editorial direction. And I was going to tell them what I was experiencing. I started sending emails to Brodie Fenlon, CBC's editor-in-chief, and Paul Hambleton, who was the head of Journalistic Standards. Now he's no longer with the CBC, he left a month after I did. I shared

with them what I'd documented about what was happening with my stories, specific details what was going on in the newsroom in Winnipeg, the language that was being used. How we had created this culture of hate and division, feeding people's fears. And why were we so hostile to people who had an opinion that was different from ours? And while I applauded the CBC's initiative of diversity and inclusiveness in hiring people of different cultures and ethnic backgrounds,

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I said, "Where is our diversity in thought? Where is that?"

Again, I was hearing the word "anti-vaxxer" being used in the newsroom, and this is already a year and a half into the pandemic. We'd failed to create a safe environment for people to speak to us on the record so their voices could be heard. I told them we had violated all our journalistic standards. We'd broken the public trust. And we withheld information the public had a right to know, and we were guilty. I asked to have a conversation with them before I left. And Brodie Fenlon emailed me back. He thanked me for what I sent, said he'd be happy to talk to me. But with the federal election going on, could we schedule a time afterwards in October, and he would invite Paul Hambleton into this discussion as well. I was pleased he had responded.

At that point like I knew, I had my end date. I'd spoken to HR; I knew when I was going to be leaving the CBC, but I had one more story in the queue I wanted to get out. And it was about a woman who was vaccine-injured. I had several calls and conversations with people who had contacted me about they had been vaccine-injured, they knew someone who had been vaccine-injured, or there was a family member.

One of them was the mother of a teenage boy. He was an elite athlete, he had gotten the shots, he had chest pain. He was told he was going to have to spend his summer lying on a sofa recovering, and he could not do any sports that summer. A woman called me who got her first shot and she was really sick. And she was anxious because she went for medical help, and she was told that she should still get the second shot, but maybe she should be admitted to hospital to get the second shot in case she had a worse reaction. This to me was madness, was madness. The rest were afraid that they wouldn't be believed because of, you know, the media mantra we were putting there, "safe and effective."

The way I saw it, we were gaslighting these people. You know, let's say you have a refugee coming into the country, and you know they've suffered trauma and they've been through hell. How do we treat them? We treat them with mercy and compassion and kindness. And yet these people who were being injured—we were gaslighting them. One man who had an adverse reaction said to me, it had to be him, "It's got to be me. There's got to be something wrong with me because it's safe and effective."

So getting back to the woman I did the interview with. She had had an adverse reaction after her first shot in May of 2021. It took me weeks to gain her trust, for her to go on the record. She was thirty years old. She was an avid runner and she worked with the federal government. She had no previous heart condition. The very next day after getting the shot, May 27th, she had chest pain. Then she said she was short of breath. She felt like she had this huge weight sitting on her chest. The pain got worse, she had trouble breathing. She described it as the feeling like there was thick smoke in her lungs, but she wasn't a smoker. She knew something was really wrong.

She went to emergency at St. Boniface Hospital where she was diagnosed with pericarditis. And that's inflammation of the tissue around the heart. She shared her written medical report with me from the emergency room doctor. Since her shot in May—within the next month—she'd been to emergency five more times with increased chest pain. She could no longer run. She was winded from walking up a flight of stairs. And she said she thought that she was dying. And I had interviewed a cardiologist as well who told me, "if there's damage to heart cells as an adult, they don't regenerate. The damage is permanent." And yet we were running stories saying, "Take a couple of Advil, and there shouldn't be any lasting symptoms from heart inflammation." This woman was on anti-inflammatory medication for months. She was battling depression and anxiety because she was no longer the outgoing, active, happy-go-lucky person she used to be.

She also told me how difficult it was to get someone to document what happened to her as an adverse reaction. She said the first doctor who diagnosed it was hesitant to put it in writing. Some doctors didn't know how to fill out the form. Finally, a nurse had filed it for her, and that was another story I pitched.

The problems with doctors reporting adverse reactions in Canada.

[01:00:00]

They have to download a PDF, takes about fifteen minutes to fill it out. The doctor has to sign it. Then it goes to a health authority who has to approve it. And some of the doctors were telling me that their reports were getting rejected. And I was hearing more and more about the problems with reporting these adverse reactions in Canada. And there was even a period during the pandemic that the line that they used to report these adverse reactions was down, the link wasn't working. Surely, this was newsworthy. No interest in that story.

But getting back to the woman, I interviewed. I stayed in touch with her. After doing her own research, she connected with three other women who were diagnosed with heart inflammation after being vaccinated. I wrote her story. Here was my first line based on what she told me. This was the original before it was edited: "A 30-year-old Winnipeg woman says she's not confident the COVID-19 vaccine is safe for everybody and is advising people to do their research. She admits she was hesitant at first to get the shot, but she felt pressure from people posting online that she was selfish if she didn't." Two words the editors didn't like in there: "vaccine" and "hesitant." Again, several hands were in this story, several. A managing editor, two web writers, another producer, and I fought several edits that were made. By now at this point, I was sort of afraid because I thought if I pushed them too hard, they could pull the story entirely.

Okay, here's the story the CBC published on July 12th, 2021. This is my story, and this is **what they changed:** "Winnipeg woman shocked by heart lining inflammation after COVID vaccine, but experts say the risk remains low." Look at the first line. "A 30-year-old Winnipeg woman says she was shocked to be diagnosed with the condition involving inflammation of the lining around her heart days after she got her COVID-19 vaccination in late May."

The changes that they made didn't reflect what she was saying to me about the safety concerns. It was propaganda editing to change the meaning entirely. Any reference to vaccine hesitancy was taken out. I fought the web writer on that first sentence. He says, "Well, no, we can't say that; we don't want to scare people." I say, "That's not journalism." I said, "Maybe we should be concerned, look what happened to her." And I said, "We can't negate her personal lived experience: her story is one of caution and to do research."

And if you look at the next sentence which says, “But a Winnipeg cardiologist says despite concerns about heart inflammation, vaccines are preventing illness from COVID-19.” Why would anyone read any further in my story. Basically, the message was it happened to her, it’s too bad, it’s unfortunate, but vaccines are still doing what they’re supposed to be doing.

But there were medical experts who were disputing this, but they had been cancelled by the CBC because according to the CBC, they were spreading disinformation. The fact she was an avid runner was taken out of the story, and I fought to have that put back in. I say, “No, I think that’s important. You know, she was a runner and now she can barely walk up the stairs. It shows what happened before and after the shot.” And she never got the second one because her reaction was so severe after the first. And I also didn’t think there should be experts or stats negating what she was saying. Because we’d heard more than enough from all of the experts. It should be just a straight-ahead story about someone who suffered an adverse reaction, and we shouldn’t downplay it. Instead, the way I saw it, her story was buried in experts and health officials and stats—it was sanitized.

I lost sleep the night before that story was published. I knew we didn’t do justice to her story. I spoke with her the next day, and she was so traumatized she couldn’t read the story. I should also tell you I contacted her five months after I left the CBC, and she was still suffering from health problems, blood clots. That story was the breaking point for me. I was waiting for that final exit meeting with Fenlon and Hambleton in October. And when I had it, I told them what had happened to my stories. How devastated I was to be leaving the CBC after spending three decades in a career that I loved.

I asked them what’s the makeup of the CBC Toronto Health Unit, like who are these people: “Are they journalists, are they scientists, like who are they?”

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I was basically told they were experts who are really good at what they do. But I still don’t know who they are. Then I brought up the issue of mandatory training and seminars for journalists that we had to take on what was called conscious and unconscious bias. We had to sign off on this training. It was to identify any bias we may have in doing a story. And to be aware of it, to make sure it doesn’t impact the story that we’re doing and that we are more inclusive. I said, “You know what, we the CBC have a glaring bias, both conscious and unconscious, when it came to stories involving experts opposing the narrative and with those who were unvaccinated, we had a glaring bias.” I said, “I was worried about the next generation of journalists. They’re young, they’re inexperienced. And that the editorial meeting is not a safe place to have a different opinion. Why are we so mean and hostile to people with different opinions?”

And I said, “Did you know how we were being branded outside the walls, the corporate walls of the CBC?” I’ve seen those protests; I’ve seen those signs. We were being known as the Canadian Brainwashing Corporation or in faith circles, the Christian Bashing Corporation. Some of my final words to them, as I saw it, I said, “The CBC is morally and ethically culpable of the narrative that it pushed to the public, and we are going to be held accountable. We failed to hold power to account, and no one was holding the media to account. We failed to serve the public. We broke their trust.”

I told them, “You can silence and cancel scientists with impeccable credentials, you can even cancel me.” But I said, “My solace is that the truth will come out; it will come out.” Brodie thanked me, and he said he was sorry that it had ended this way and that he didn’t think the CBC had done all that bad. He wished me well. Hambleton, who is the head of

journalistic standards, he was still on the screen, and he told me, that the most heat that he took during COVID was over ivermectin. People calling and writing with letters with no let up. I said, "The CBC should have listened on many fronts. The truth will come out." That's what I said in October 2021.

So here we are a year and a half later, the truth has come out. Even though people still do not want to believe the truth. According to Health Canada's own website up and to including March 3rd, a total 427 deaths were reported following vaccination, 427. Each and every one of those deaths was worthy of a story. Where was the CBC? Where was any media on this? And is that number accurate? The same Health Canada website posted more than 10,000 serious injuries for the same time period. Are those numbers accurate? Are they higher because of all the problems with reporting adverse reactions in Canada? Who are the injured? What are their names? What are their stories? What are they suffering?

Lawsuits are going on, and there's a few people of the vaccine-injured who are getting settlements. We have one before the courts right now in Manitoba involving a young man from Steinbach.

If reporters were doing their jobs, we would not be here today in this forum, funded by citizens, telling our stories. Mainstream media would have done it. Where are they? Where are they?

On February 27th of this year, papers with hundreds of profiles of suspected COVID vaccine injuries and deaths were plastered onto the doors and windows of CBC Toronto. I had a really hard time looking at those pictures because that to me was proof and evidence that the public had trusted us and they had listened. And some of them paid dearly for it. I waited to see, is CBC going to cover this? Is any media going to cover this? How could you ignore this? It was just unconscionable and appalling that nobody covered it. I thought, I wonder how employees felt that day when they came to work and they saw that—those posters on the outside of the building. Did they stop? Did they look? Did they read? Did they look at the names, or did they just go into the building and carry on with work that day? The same thing happened in Winnipeg on a smaller scale.

[01:10:00]

Again, no media coverage.

And as mentioned earlier, CBC decided to pause its Twitter activity after it was labelled "government-funded media" by Elon Musk. Brodie Fenlon had responded by publishing a piece saying, "Journalistic independence is the cornerstone of who we are as a public broadcaster." Then that tweet was removed. CBC is not impartial—it is not independent. I think what I shared with you gives witness to that.

There was some excitement over the fact CBC Manitoba covered the NCI when it stopped in Winnipeg in mid-April. Maybe, finally, the CBC was going to report the other side. But it was a low-impact piece in that it didn't talk to anyone who was vaccine-injured. It didn't delve into any of the Pfizer data. And it didn't talk about safety concerns or side effects.

Shawn Buckley

Can I give you even more shocking information? Can you go back to that slide? So Jay Bhattacharya is on the screen—while CBC is there—talking about CBC censoring him. And there was no mention about that.

Marianne Klowak

Those stories should have gotten out. And there's so much more that should have gotten out. I mean, basically, it was a low-ball story, in the sense, the bar was low. They didn't delve into what they should have dug into there.

I don't know if any of you have heard of Naomi Wolf. She's a famous American author and journalist. She posted a video on YouTube last month exposing what is in the Pfizer documents. I think it's something that all critically thinking journalists should have been digging into. The FDA wanted the documents to be hidden for 75 years. A judge said, "No." So Pfizer was ordered to release 55,000 documents a month. And according to Wolf, around 2,500 experts from all over the world are interpreting this data. They're churning out reports to tell everybody what's in it. The evidence in her words is dark, devastating.

One of the many findings is that Pfizer knew the vaccine didn't stop the transmission of COVID one month after rollout in November of 2020. But yet public health officials were telling us, were running campaigns to say, "Get the shot to protect those you love." And the media, including the CBC, was still demonizing the unvaccinated as a danger to public safety.

I'm inspired by Wolf and those outside of legacy media who are tenacious and fearless about reporting the truth, and they're truly independent. For me, that would be, on this side of the border: True North, *Western Standard*, podcast by Trish Wood.

I was fortunate that when I left, I was at the end of my career. I still wanted to work for two or three years, but to leave the way I did was crushing. It was heartbreaking, and it was definitely a journey of grief. I was able to take an early retirement.

Shawn Buckley

Marianne, I'm going to have to focus you just because we're really running over.

Marianne Klowak

I got 30 seconds. Maybe even less.

So my heart goes out to those who are starting out or midway in their careers. And for them the challenge is even more daunting. When I was asked to testify, I said, "You know it's dangerous to tell the truth but I think"—as someone with the Inquiry said to me—"it's even more dangerous to not tell the truth."

So getting our institutions back: Will we get the CBC, our public broadcaster back? I don't know. But I do know that more journalists need to stand up, speak out, and stand firm as a truth-teller.

Thank you.

Shawn Buckley

Wait, wait, we have commissioner questions. So, and the Commissioners have questions.

Commissioner Massie

Thank you very much for your testimony. I'm learning on a specific story that you illustrated, what I have witnessed from the outside So it's interesting to have this confirmation. I'd like to ask one question because I'm not a journalist, so I don't know. But when we, I would say, use or abuse the term "expert" in journals, shouldn't there be some sort of gold standard that,

[01:15:00]

first of all, you cannot cite experts that are faceless, you don't know who they are. And if you cite them, you give their credentials so everybody can judge by themselves what is their expertise.

Secondly, you mentioned that in many stories that were produced over the pandemic, it was one-sided, and it was the official narrative. And every time somebody was trying to come up with a different version, another expert, they were either dismissed or denigrated.

So about your story that went to be checked in Toronto, wouldn't that be a good idea to say, "Okay, you're proposing these other experts. I will accept if you agree that this expert has a public debate with the expert I'm citing in my article." What do you think of that idea?

Marianne Klowak

That would be the ideal. But that was not something they were open to. And I think in Mr. Palmer's presentation earlier, in terms of that term "expert." You know, it goes back to when they were giving me the names of those two people. You know, do your research: Who are these people? Are they really experts? Are we just designating them experts? And that was a problem that I saw throughout the pandemic. It was very specific about who their experts were going to be, and they were going to be portrayed as competent and trustworthy.

But to have a debate. I mean, that's something I challenged them on many topics: like, ivermectin in terms of experts on both sides; the vaccine injuries, being concerned about safety. I was constantly putting that before them, but it was like, I wasn't being heard. And that was coming from the highest level of the CBC.

To be fair to CBC Manitoba, I mean, they cleared the story except for that one web writer. And then it was shut down in Toronto. And I had no power at that point in terms of— You know, I said, "I think these people should have a say, for the sake of fairness and balance, they should be heard." And I even challenged them to publish the story without Toronto's consent, but they wouldn't do that.

Commissioner Massie

So just a complementary question. Was that a common practice in the past to do that sort of confrontation of expert with different view? Or is it something that was never practiced in journalism? You would do it like a common way of reporting on different opinion, [where] you had to really make sure that when two different views are presented that they were framed in a way that the reader could actually make it their own judgment about it. And now it seems that it's completely disappeared from what we're being exposed to. And I can tell you it's not only CBC; we see the same thing in Quebec with all of the journals. We are seeing the same story.

Marianne Klowak

It just happened to this degree I would say during COVID. Before we would do thorough vetting of people we put on the air as experts and thorough checking of their credentials and what their experience was. And usually, we'd even check them out with two or three other sources if they were legitimate. And were they in good standing? But that seemed to have all gone by the wayside.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

I was going to say good morning, but I realize it's now good afternoon. Thank you for your testimony.

When I think of the daily PMO news releases that are sent out every day from the PMO's office to which CBC journalists would receive and how religious holidays are identified, recognized, and celebrated. And I should also add rightly welcomed in a democratic nation that recognizes freedom of religion and beliefs as a fundamental right in this country and, similarly, as a foundational principle in our constitution under the supremacy of God and rule of law. These PMO releases often offer very lengthy and detailed descriptions of respective religious traditions.

And then I think back to a comment made by the PMO prior to his first election—Christians need not apply. And then I combine it with a very short PMO release that came out one year, I believe it was 2017 or 2018. I believe it was one paragraph regarding the Christian holiday, the traditional Christmas.

[01:20:00]

Two things come to mind. It appears CBC is broadcasting the PM's personal opinion publicly, essentially becoming the PM's mouthpiece. But even more so, targeting specific faith groups, using hatred for these faith groups to which the PM has publicly disagreed. And if this is the case, how can Canadians be confident in a publicly funded broadcaster that deliberately and intentionally ignores entrenched protected grounds under human rights legislation? And two, should we as Canadians be considering CBC in its current mindset, a danger to society for not adhering to their own "DIE" ideology? That is diverse, inclusive, and equitable treatment of all persons regardless of their faith and personal beliefs to which they subscribe?

Marianne Klowak

Which part of that do you want me to respond to? That was—

Commissioner Kaikkonen

Whatever you think you should respond to.

Marianne Klowak

You know. Here's the thing. That was an issue I had brought forward a number of times in CBC, about the fact of how do we cover different faith groups? And we even had a working

group on that and we invited a number of people in from different faith communities to you know, say, “What are the stories that you think we should be telling?” And for a while there, we were doing that. We had a forum, and it was a wonderful forum: we had a rabbi in there, we had Muslim people, we had Catholics, we had Evangelicals, we had Mennonites, we had Jewish people in there. And there was a consensus working group on, how do we move forward stories that are faith based? And we were going in the right direction for a while.

And then all of a sudden, it just swung the other way where we’d become hostile again. And anyone who expressed their faith in a story— I mean, I look at all the pastors in Manitoba that stood out during the pandemic and defied rules and said, “How can you have 300 people in Costco when you’re telling us we can only have 25 people in our church at a service on Sunday? We’re not going to stand for this.” And they didn’t. And you know, they were hammered by the media for expressing their faith and standing up for it.

So there’s definitely a hostility towards faith in, I mean, just my experience at the CBC. And I was constantly bringing that to the forefront and trying to do more stories that way. And sometimes I was able to get those stories out and in some, I wasn’t able to. But clearly, like, we made a specific decision here in our coverage during the pandemic to hammer those communities in southern Manitoba that were faith-based, that were pushing back against this narrative in the agenda. And that was so wrong.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

I’m from Manitoba, and I mourn the loss of the CBC as a fair and unbiased news reporter. I had personal friends who were on the I-Team years ago, and I remember the stories they used to bring out.

One of the things that we’ve heard over and over and over again in the testimony is that prior to 2020, things changed: Words changed. Definition of pandemic changed. Definition of vaccine changed. Definition of human rights changed. A lot of things changed. And my question is, usually, you know, there’s an old expression that a leopard can’t change its spots. Was there significant changes in the higher management of the CBC prior to 2020, like in 2018, ’19? How did they accomplish this complete change of philosophy without changing the management?

Marianne Klowak

Well, I think the management just bought into it. I think, you know, I look at other stories where the language changes in order to make it acceptable to the public. And that’s basically what was being done. The whole thing, the mantra of “safe and effective,” you know, like we didn’t even investigate that. And yet the people that were in management, I mean, these were people that had worked that I-Team you’re talking about.

So, for me, I was shocked and sort of disoriented about, why wasn’t there any pushback about the language and the words we were choosing to use that were dangerous and misleading?

Commissioner Drysdale

You know, we heard testimony from many witnesses about how they were treated,

[01:25:00]

specifically, by the CBC. And according to those witness testimony, didn't the CBC go beyond just ignoring certain stories? We heard testimony after testimony of personal character assassinations carried out by the CBC. Were you aware of any of that? Can you corroborate any of that?

Marianne Klowak

I was aware of that. I mean, to give the best example would be Byram Bridle. Look what was done to him. I mean, this guy is impeccable credentials, immunologist, and the smear campaign against him was just, it was unconscionable. What was done to his career was a character assassination to discredit him for all the safety concerns he was raising. And I raised that with management because I wanted to interview him in a story. And actually, what was interesting is I wanted to interview, as well, Dr. Christiansen in Saskatoon. He was the doctor, Dr. Francis Christian, he was the doctor who stood up and said, "You know, I haven't met a twelve-year-old yet that understands informed consent." And I wanted to interview him, and I was blocked from doing that as well. It was like, "Oh, no, his reputation, he stood up; he's pushing against the narrative." And I'm thinking that's exactly the people we should be talking to, to have fairness and balance.

Commissioner Drysdale

There was also something that you said that I just want to make sure I understood properly. When you were doing one of your original stories and you were quoting the doctors from the Canadian COVID Care Alliance, when comments came back from Toronto, I thought you said one of the comments was, "Well, some of the members are anonymous there." Is that what you said?

Marianne Klowak

That's right. That's what they said to me.

Commissioner Drysdale

But then, didn't you also tell us that when you asked the Toronto people who the members of the Toronto CBC health group was that you were told they were anonymous?

Marianne Klowak

I wasn't told they were anonymous. I was told they were experts at what they did, but I didn't know if that meant they were journalists or were they scientists. I still don't know who they are, but they were not anonymous. But the reference was the Toronto Health Unit was concerned that some members of the Canadian COVID Care Alliance were anonymous. And I said I didn't think that was an issue because the fellow I interviewed had gone full-face on camera. But the reason for their anonymity, they were concerned, like, what did that mean? And I said, "Maybe it meant the fact that they're trying to continue in their practice without being disciplined." But for them that was an issue.

Commissioner Drysdale

But they were—

Marianne Klowak

But it was unrelated to the story.

Shawn Buckley

Can I just break in for a second because we've got a couple of hard starts that I just need to inform you of. We have a person online that basically if we don't start immediately, she'll be a short witness. And then I was hoping, you know, then we have a shorter lunch break to hit another hard start. We could bring Marianne back like we had done with Rodney for questions at the end of the day.

Commissioner Drysdale

It's not necessary.

Shawn Buckley

So, yeah, and I'm sorry to cut that short, Marianne. It's just we're trying to manage some other witnesses too. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and attending. I know that it was a big step, but we really appreciate you sharing with us some insight that we couldn't get unless you came and shared with us. So deeply, thank you.

Marianne Klowak

Thank you for this opportunity. Thank you.

[01:28:58]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:

<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 4: Samantha Monaghan

Full Day 2 Timestamp: 04:57:12–05:07:58

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Samantha, can you hear me?

Samantha Monaghan

Yes, I can.

Wayne Lenhardt

Okay, and we can hear you. Could you spell your full name for me? And then I'll do an oath with you.

Samantha Monaghan

Samantha Monaghan, S-A-M-A-N-T-H-A M-O-N-A-G-H-A-N.

Wayne Lenhardt

Do you promise that the evidence you'll give is the truth, the whole truth, and nothing but the truth?

Samantha Monaghan

I do.

Wayne Lenhardt

Samantha, to set the stage here, this is about your son who died after he got a blood transfusion. And I think the issue for the Commission is, is this an issue with respect to COVID relating to tainted blood?

And to just set that stage for a second, there was a commission years ago by a law professor by the name of Horace Krever relating to tainted blood related to HIV. So I think this is probably the only time the Commission is going to touch on this issue is with you, so could you give us a quick summary of what happened to your son?

Samantha Monaghan

I took my son to the hospital. I think it was back in September 2022. He had a swollen elbow. So we just were coming from his naturopath and getting a panel done—

Wayne Lenhardt

Could you turn your volume up a tiny bit? I think we're having trouble hearing you. I am at least, anyway.

Samantha Monaghan

I think it's up as high as it'll go. Can you hear me?

Wayne Lenhardt

Yeah. Do we need our volume turned up?

Samantha Monaghan

Yeah, it's up as high as it will go.

Wayne Lenhardt

Okay, I'm sorry, could you start again?

Samantha Monaghan

I took my son into the IWK [Izaak Walton Killian Hospital for Children] hospital in September, and he had a swollen elbow. So I was getting it checked out and they ended up doing his blood work. To make a long story short, his hemoglobin came back and it was very low: it was extremely low to the point that he was going to need a blood transfusion. I said, "Oh, no problem. I have no problem giving my blood for blood transfusion."

Given all my research and studies that I have done with the blood supply and the vaccines and everything, I wanted to make sure that the blood that he was given was safe. So I ended up rallying about 300 donors to give blood to my child because he was O positive and myself was O positive. And I was denied by the blood supply in Nova Scotia that this couldn't be done and that I couldn't be a donor to my son as well. It was all denied, and then I ended up having to give him donated blood from the blood bank.

Wayne Lenhardt

And at that point he died relatively shortly after that, correct?

Samantha Monaghan

He died November the 21st.

Wayne Lenhardt

Do you have any evidence that it was because of tainted blood? Have you looked into that?

Samantha Monaghan

No. No, my son was cremated, and there was an autopsy done. They said that he died from underlying conditions, which possibly could have happened. But it's the way he died that kind of struck home for me. There was no evidence that he was going to die or that he was sick in any way. He got his blood transfusion. We got out of the hospital. It was around three weeks after we were in the hospital, I think, a good couple of weeks. And we were getting our blood done. We'd seen the pediatrician. He was, everything was good. On November the 21st at 5:24 pm, he was sitting on my knee, and he just stopped blinking and he passed away. There was no indication that he was sick or he was going to pass away, and he didn't have any heart conditions.

Wayne Lenhardt

Yeah. He did have some sort of conditions though, did he not?

Samantha Monaghan

He did. He had fumarase deficiency and polymicrogyria, but it doesn't affect the heart. And it wouldn't cause him to have blood clots or anything like that.

Wayne Lenhardt

Okay, and how old was he when this happened?

Samantha Monaghan

He was 11 years old. It happened 12 weeks after the blood transfusion.

Wayne Lenhardt

And I understand he died of cardiac arrest.

Samantha Monaghan

That's what my doctor thinks he had passed away with. But the autopsy said that he passed away from underlying condition.

[00:05:00]

Which possibly could have been because I didn't have anything tested or any means to test his blood after he had the blood to make sure that his blood was okay.

Wayne Lenhardt

And you had rallied some people that had the same blood type as he did, and I understand you have the same blood type as he?

Samantha Monaghan
I have O positive, yeah.

Wayne Lenhardt
And the hospital either didn't want to, or wasn't able to use any of your blood, is that fair?

Samantha Monaghan
Yeah, my parental rights would have been taken away if I hadn't chosen to go the route of the blood donation from the blood clinic. I tried to rally them, but there was no way that I could have used my blood or anybody else's blood. My fear was that he would have gotten vaccinated blood and then he would have died from that.

Wayne Lenhardt
I think I'm going to stop and ask the commissioners if they have any questions or any issues they'd like to explore on this.

Commissioner Kaikkonen
You made a comment, your parental rights would be taken away. Can you add to that and just let us know how?

Samantha Monaghan
Well, if I didn't agree to the blood transfusion, the pediatrician on at that point in time said that my parental rights would have been removed and I would have to leave the hospital. And Luke would have ended up getting the transfusion anyways. So I decided to stay and okay the transfusion under duress.

Commissioner Kaikkonen
So just to make sure I got this right, the pediatrician said that if you didn't agree to a blood transfusion that—

Samantha Monaghan
Yeah, there wasn't any option. I couldn't use my blood, nor could I use the donors' or anybody else that would want to donate to my son. The only option I had was to use blood from the Nova Scotia blood bank. There was no talk. There was nothing: either I did it this way, or they would have took my parental rights away and I would have ended up having to do it anyways. He would have ended up getting the blood transfusion.

Commissioner Kaikkonen
So did Canadian Blood Services and Halifax inform you that there is an option for putting your blood aside when you're expecting to have some sort of blood transfusion in the future?

Samantha Monaghan
No, I wasn't given an option.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Yes, Dr. Massie.

Commissioner Massie

I have a question about the underlying condition or the situation that actually led to the necessity of blood transfusion. Are they related or are they completely two separate medical conditions?

Samantha Monaghan

Fumarase deficiency controls the Krebs cycle, so it could have been a factor for his iron getting low, his ferritin getting low. But he never had hemoglobin getting low because of his condition before. His survival rate was infancy, and he was 11 years old. And I did all natural treatments with him.

Commissioner Massie

My other question, you had concern about getting blood from the Canadian blood bank. What was the kind of information that you gathered in order to raise some questions about that?

Samantha Monaghan

It would have been what was in the vaccine that was killing people or making people sick. My worry is that it was going to be in the blood if it was infused out, spike proteins or graphene oxide would have been in the blood that would have harmed him in some way.

Commissioner Massie

Thank you very much.

Wayne Lenhardt

Are there any other questions from the Commissioners? One question that I have is what was on the documents as to the cause of death of your son?

Samantha Monaghan

"Underlying conditions," I do believe.

Wayne Lenhardt

Okay. Any last questions? No. Okay, I want to thank you very much on behalf of the National Citizens Inquiry for giving us your testimony today. And thank you again.

Samantha Monaghan

Thank you very much. Thank you.

[00:10:00]

Final Review and Approval: Margaret Phillips, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 5: Dr. David J. Speicher

Full Day 2 Timestamp: 06:00:07–06:44:31

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Welcome back to the National Citizen Inquiry. My name is Wayne Lenhart, and our next person to testify is David Speicher. David, can you hear me?

Dr. David Speicher

Yes.

Wayne Lenhardt

I can hear you. I believe you have some slides set up with AV here. So I'll just quickly introduce you, and then you can launch into your presentation [exhibit number unavailable]. You did your university, I believe, in Ontario. You have a PhD from McMaster.

Dr. David Speicher

No. No, I do not.

Wayne Lenhardt

Okay, you have a doctorate from somewhere. Can you tell me where that is, please?

Dr. David Speicher

I will launch into my slides, if can you see them?

Wayne Lenhardt

We've got your first slide. But before we do that, could you spell your full name for me and then I'll do an oath with you.

Dr. David Speicher

Dr. David Jeremiah Speicher, it is D-A-V-I-D S-P-E-I-C-H-E-R.

Wayne Lenhardt

Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. David Speicher

Yes, it is. Absolutely.

Wayne Lenhardt

Thank you. I see from your slide there, you're a visiting professor of health science at Redeemer University in Ontario, and I believe you have a position at McMaster as well.

Dr. David Speicher

No, I used to. So if I can go to my next slide.

Wayne Lenhardt

There it is.

Dr. David Speicher

My undergrad is in Biology at Redeemer. I have stuttered my whole life. It gets worse when I'm tested up. And that is okay. I know my things well. I have a Master's in Diagnostics of Coronaviruses, and a PhD in Viral Diagnostics, both of which are from Griffith University in Queensland, Australia. I have worked in Kenya, India, Australia, Egypt, and here in Canada. I've done two post-doctoral fellowships at McMaster University, in molecular microbiology and in epidemiology.

I have run as a lab director two COVID-testing labs during the pandemic, doing between 5 and 15 thousand PCR tests per week, all on asymptomatic transmission. I have taught at Redeemer University since last fall in the courses of microbiology, genetics,

[00:05:00]

and PCR testing. I am now a visiting prof here in a paid job. And to disclaim: I am a co-applicant on a new SSHRC [Social Sciences and Humanities Research Council] grant a few months ago.

All of these are all scientific observations I have made during the pandemic. And I have 34 publications. Most, if not all, use PCR. And I have co-authored a method paper with the Wuhan Institute of Virology on Whole-Genome Sequencing of SARS-CoV-2 in Saliva.

Would you like me to keep going and dive into my thing or just my background?

Wayne Lenhardt

I think you are very well equipped to deal in this area, Dr. Speicher. I wonder if perhaps you could go to your slides relating to PCR testing, and maybe we'll have a look at that.

Dr. David Speicher

Sure. I'd like to say, too: I worked on the team that first isolated the virus. I was removed off the team before I could see things. A FOI [Freedom of Information] request has shown that McMaster records has found no responsive records about isolates of this virus apart from this published paper. So, it begs the question: either there's scientific misinformation going on or something isn't right at McMaster for them to give false information on the FOI.

There's been millions in Gates funding poured into McMaster. Millions, including their new NEXUS pandemic hub for \$12 million given to McMaster by Bill Gates to look into COVID-related issues.

There is also a potential conflict of interest. One of their profs in the field of ethics and policy for innovation on their NEXUS hub—before the pandemic—was paid \$278,000. In 2021, this jumped up

[00:10:00]

to \$623,000 and last year \$461,000. She has ties with Bill Gates and the WHO. So are these people funding our Canadian institutions? Absolutely, they are.

I work on PCR. I love it. It's a very elegant, super test. However, it cannot tell us if we are sick. It can just tell us—is this DNA or RNA sample sequence in my sample? And that's it. Is this viral RNA in my sample?

And so, a lot of people on our side, I've heard things said: "PCR assays are 97 per cent false positive. It should not be used." Well, let's not throw the baby out with the bath water.

So all of this occurred in the first paper looking at Sars-CoV-2 by PCR. It was poorly designed and improperly validated and made.

Well, my team put out this. And the main point is the bottom line here: "If someone tested positive by PCR at a threshold above 35 cycles, the probability that said person is actually infected is about 3 per cent."

Why is it 35 cycles? If we go beyond that, it does not work. This is the limit of the detection of the amplification. On the left is right out of the Seegene package insert. These are for E gene, RdRP gene, and the N. These are highly conservative rates areas and great PCR targets. It says below on the left: a positive is anything before 40 cycles. If we look on the right—this is all my own data—and it shows the cutoff limit of detection of the test is 37 cycles.

And therefore, we can't tell. The lower Cts cannot be compared between labs. It's all dependent on when the sample is tested, which swab, the hour things are extracted, amplified, and looked at. And so, a cycle between institutions

[00:15:00]

varies sometimes two or three, sometimes five cycles, and this is why CTs from a clinical lab never report these to a physician. So, a Ct value might change, except a positive in one lab should be a positive in another lab.

So Public Health Ontario put out a report in September of 2020, and said, on the left, any amplification that occurs before 37 cycles is a true positive. If it's between 38 and 40, it needs to be retested.

In my lab, on the right-hand side, this is what we did—if it's two or three [positive genes] before 37, things are positive. And key values are never given out to a physician. We need a better link-up between a physician and the clinical lab, and, too, a PCR assay, most times if it is a true positive with symptoms amplified before 30 cycles. And, therefore, I think we should have had two cut-offs: One between 35 and 37, which is the assay limit of detection—"Is this virus in my sample or not?" And then at about 30—"Is this individual infected or not?"

So, if we look at PCR versus a RATs [Rapid Antigen Test]: Is this thing actually replication incompetent? The PCR is very, very sensitive, although it doesn't tell—is this replication competent? Or is it replication incompetent and, therefore, is not in fact infected? And so we needed to not run things basically off of a single PCR test.

Now, how were our samples worked out? Well, most people drove, in a big line-up, to a collection facility,

[00:20:00]

and they had a nasopharyngeal swab rammed right to the back of their nose. Is this the best test? Sure, it's the gold standard. But if you are sick with symptoms, a simple mid-turb [mid-turbinate nasal swab, MTS] right in here, works just as well.

As well, if you look at the lower right, if you're doing a nasopharyngeal, it's going right in the back: it is 97, 98 per cent. But a mid-swab [MTS] is about 87 [per cent], which is just as good as an oral swab of the mouth. And so why didn't we swab people's mouth, swab inside their nose? And not ram things right to the back, and then in some instances cause harm.

This is a case-demic. It's not a pandemic of all sick individuals. We need to work out: Is this individual infected at a low level and has no symptoms? Or do they have a high enough viral load to infect other people?

And if you are infectious, most times you have symptoms. These are all numbers of people with COVID. COVID is a disease, and therefore, you must have symptoms. Except most of these—and all of these case counts—are off of a PCR positive test where the individual is either asymptomatic or with symptoms. Those things were not differentiated at all. And so, this is not just sick folks: these are sick people carrying the virion and those who are not sick.

We've all heard of HPV, which is the cause of cervical cancer. HPV is found easily on your forehead, on your hands, on your skin. Unless it infects your cervical cells, it will not cause harm. Therefore, I don't care if you are infected or if you have it and don't have symptoms. You need to be sick with a high enough load to pass on things to make other people sick.

This brought up the whole thing of asymptomatic transmission. If you are asymptomatic, you could pass on things and make other people sick and “kill Grandma.” And this is highly unlikely.

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An infectious dose is between 500 and 2000 replication competent virion, which is around a Ct of 24 to 27. Therefore, we must have two cut-offs: one at the 35, which is at the limit of detection; and one at 30—is this high enough to cause someone else to get sick?

The viral load always jumps up within two days before the symptoms, then comes back down around day six to eight. And an individual can be PCR-positive 90 days post-symptoms. This is all non-infectious, non-replication competent virion being sent out of the system.

Therefore, asymptomatic transmission is rare. If you are sick, you don't lock down an entire city. If you are sick, stay home. It's that simple.

Last point: rapid antigen tests. We've all seen them; we've all done them. You stuff things in, you add the stuff, wait 15 minutes. If you don't do it right, if you don't add enough stuff, or if you add too much sample, if you don't add any stuff first: these here will give a false positive test.

And Public Health knew this. We were all informed. These are a cheap, quick screening tool. They are about \$16 per test. A PCR test is between \$50 and \$100 per sample. However, a rapid antigen test has a limit of detection of about 1 million viral copies and that's it. One million, which is around a PCR cycle between 25 and 21.

Therefore, you will develop symptoms before these here turn positive, except for Delta. And therefore, a RAT test should never have been used on people which are asymptomatic and only in people with symptoms. A RAT is a presumptive test, and any positive test must be confirmed by PCR.

Now, last point. We have wasted millions on PCR testing

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of people which were asymptomatic. These should only have been used on people with symptoms. There's been five or six non-health care providers that have set them up and most of those are now shut after the PCR has been pulled. They did between 5,000 and 15,000 tests per week and charged between 50 and 100 bucks per test. You can work out **the math on how much they made.**

And so they are now folded. Most of those said, “Oh, we'll do asymptomatic testing to take things off of our main hospital labs.” They made millions.

As soon as PCRs ended, they were pulled. There were five Thermo Amplitude systems set up across Ontario in our government labs. They were about \$500,000 per system and can just run a full plate of 384 samples per plate, 10,000 bucks per run. And if someone messed something up and you had to repeat the whole thing, you've just wasted \$10,000 of taxpayers' money.

Most of these systems have not been used since April of last year, April 2022. And there are thousands of expired reagents sitting on shelves, all purchased by taxpayer funding.

Therefore:

Bill Gates has infiltrated most of our institutions to push these vaccines.

The PCR is an elegant, sensitive lab technique when it is used right and not to inflate numbers of asymptomatic folks with COVID when they aren't actually sick.

We don't need a nasal pharyngeal swab if a mid [MTS] or an oral swab will suffice.

It's not a high cycle count thing, which I've heard some folks say. Any sample beyond 35 cycles should not be called as a positive test ever.

We need more relations between a clinical lab and bedside to work out if they are "infected" or if they are "infectious," and not rely just on the PCR test for our numbers to represent a pandemic.

And a PCR and a RAT

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should only have been used ever in people with symptoms.

That is all I have. And I am more than happy to answer any questions from anyone, ever.

Wayne Lenhardt

Are there any questions from the Commissioners? Yeah, Dr. Massie.

Dr. David Speicher

Dr. Massie.

Commissioner Massie

Thank you, Dr. Speicher, for your presentation. I have a couple of quick questions. First one is about the comparison between the rapid antigenic tests and the PCR.

It was argued by some people doing, I would say, monitoring of the epidemiology that, **although the PCR test was more sensitive than the rapid antigenic test, the advantage of the rapid antigenic test is that you would get the answer immediately instead of waiting for whatever—sometimes it was days, depending on the system you were relying on. And it would give you the answer: Am I infectious now? Versus, am I potentially infectious? And I would get the answer by the time, I don't know, I'm isolated or I risk contaminating other people.**

For the management of this kind of— If one assumed that any contamination has to be avoided at all costs, which is a different topic altogether, having a rapid response to tell the people, "Okay, you have symptoms; you seem to have the virus because we can detect the antibody. You can self-isolate for a couple of days and wait until you're no longer infectious."

So why is it that this has not been more readily implemented? Because I don't think that the delay between the time the PCR was available and the rapid antigenic test was made public to people was that significant in terms— So why is it that we have not proposed this approach instead of the massive PCR testing?

Dr. David Speicher

What is your question simplified, Dr. Massie?

Commissioner Massie

What I'm asking you is—were we technically limited in the deployment of the rapid antigenic tests? And that would explain why it took so long before we had them available? To my knowledge in Canada, I don't think we've seen cases where the monitoring of the waves of infection was relying on this method versus the PCR. The PCR had always been the gold standard to monitor the number of cases.

Dr. David Speicher

It is the gold standard. And you're right there. A PCR test is made faster; it's much more easy to make and to use. Our first tests were deployed around late March, most of which are lab-developed tests. I think, though, that if we are looking at infectious loads, a rapid test is actually better. Because if you are sick and you have a high enough load, you will get a positive test. But if you are before symptoms when it's low or you are post-symptoms, you're not going to get a positive test. And so, there is a very short step, a shortened

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window of about five days when they are actually useful. And that's it.

Commissioner Massie

My other question has to do with following of the different way that we always focus on cases based on PCR positivity. If we're not arguing at this point about the threshold that has been established and was not well-communicated—sometimes it was higher; sometimes it was lower, we didn't know. But my point is: If you want to look at historical data since the beginning of the pandemic up to now, why is it that we don't see more frequently what I would call the positivity rate, which is how many positive cases you get per number of people you've tested? Because if you want to compare whether you are in a very big wave or small wave, you could be misled by the number of tests you're doing.

So why is it that this was not implemented from the get-go?

Dr. David Speicher

It should have been. I talked early on with a colleague and I'm like, "Why are we calling all of these 'COVID-positive tests' and not a 'SARS-2 positive test?' One has symptoms and one doesn't." It was all because "COVID" would make things easier. And I'm sure it also inflated the count from a lab. All we receive is a tube with a name, date of collection, birth date, and that's it. There's no vaccine status; there's no symptoms. And all we give back is a positive or a negative result. And that's it. And so, it could be a positive with symptoms or without. On a lab end, we have no idea at all. That is all the physicians.

Commissioner Massie

Thank you very much. Thank you for your answer.

Commissioner Kaikkonen

I have more of a comment. I just want to applaud you in speaking or confronting the stereotypes that go along with stuttering. You did a great job and you're certainly a prime example of someone who pursued education and stands as an equal. Thank you for your testimony.

Dr. David Speicher

Just for the record, I thank you for that. I have now lost five jobs during the pandemic because of my stance on things. So you just have to keep fighting and keep to the scientific facts, that's it.

Wayne Lenhardt

Are there any other questions from the Commissioners? No.

Dr. Speicher, I want to thank you very much for your testimony today on behalf of the National Citizens Inquiry. Thank you for coming.

Dr. David Speicher

Thank you so much. Thank you.

[00:44:35]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 6: Jean-Philippe Chabot

Full Day 2 Timestamp: 06:44:50–07:28:08

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Good afternoon, Mr. Chabot. Can you please spell and state your name for the record?

Jean-Philippe Chabot

Yeah, it's J-E-A-N, dash, P-H-I-L-I-P-P-E. Chabot, C-H-A-B-O-T.

Kassy Baker

I apologize for my mispronunciation. Do you promise to tell the truth, the whole truth, and nothing but the truth regarding your testimony to us this afternoon?

Jean-Philippe Chabot

Yes.

Kassy Baker

Very good. Now I understand that you were employed by the CBC and that you were subsequently suspended because you refused to disclose your vaccination status. Is that correct?

Jean-Philippe Chabot

That's correct.

Kassy Baker

Before you tell us a little bit more about that experience, can you just start by telling us a little bit more about yourself? I understand that you're married, is that correct?

Jean-Philippe Chabot

Yeah, I'm married. I have four children: three girls, ages seven, five, three, and a seven-month-old boy. I'm a French Canadian. I was born in Montreal in 1982. I've worked as an analyst most of my career, including 10 years in mainstream media. Software quality analyst, mostly.

Kassy Baker

Very good. And were you trained for this line of work or how did you come to have this profession?

Jean-Philippe Chabot

Yeah, I had a little bit of training, did a little bit of computer science in CÉGEP [Collège d'enseignement général et professionnel]. But mostly I'm self-taught. I mostly learned on the job.

Kassy Baker

Very good. When did you first start working for the CBC?

Jean-Philippe Chabot

I joined the CBC in 2018, specifically, Radio-Canada's Médias numériques. And by the way, I'm going to be saying CBC a lot. But most of the time I mean CBC/Radio-Canada. So I joined the Médias numériques, which is where they do most digital projects for the French-speaking audience. So websites, mobile apps, all the infrastructure underneath the streaming services. Myself, I worked mostly on TOU.TV when I was there. So it's the equivalent of CBC Gem. It's the streaming service, the French streaming service.

Kassy Baker

I understand from your description that this was a largely digital role or something that you largely performed with computers. Is that correct?

Jean-Philippe Chabot

Yeah.

Kassy Baker

Where were you required to perform these duties?

Jean-Philippe Chabot

Well, when I joined, we were at the office in Montreal. But when the pandemic started, I was on parental leave. And when I came back from parental leave, everyone was already working 100 per cent from home. Everyone at Médias numériques.

Kassy Baker

When you returned to work after the pandemic had started, were you able to fulfill all of your duties from home or only most of them?

Jean-Philippe Chabot

Oh, yeah.

Kassy Baker

Sorry, all of them?

Jean-Philippe Chabot

Yeah, all of them we could fulfill from home. There was no use case that required me to go on the premises. And it was the same for almost everyone.

Kassy Baker

And so, most employees at that point in your division were working from home at that point. Is that correct?

Jean-Philippe Chabot

Yeah, to my knowledge all of them. All of us were working at home.

Kassy Baker

Prior to having left for a parental leave and the onset of COVID, what was your relationship like with the CBC, your employer?

Jean-Philippe Chabot

Well, I really enjoyed working there. I would describe it as an extremely positive experience. Professionally, it was an ideal place for someone in my field because there were many issues to tackle and a lot of freedom to use our creativity, our problem solving. It was just incredibly positive. For me, it was a source of motivation that it's a public entity. I felt like a civic responsibility working there. So that was important. Overall, I felt it was an important institution. And the work we did there, even though it's not life or death deciding services that we worked on, but it's every Canadians': we're all co-owners of the CBC and what they produce there. So that felt good working on that kind of thing.

And overall, like the culture there, the attitudes of my colleagues, they were a good fit.

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The three years and a half that I was there, I met a substantial amount of people that I really enjoyed working with and being around. It's basically where I wanted to be for the rest of my career. I just loved it there. I made plans to keep working there, and it didn't happen.

Kassy Baker

Alright, so you are no longer working for the CBC at this point in time, correct?

Jean-Philippe Chabot

That's correct.

Kassy Baker
Why is that?

Jean-Philippe Chabot

Well, they implemented mandatory vaccination, and I didn't disclose my vaccination status. I was put on indefinite leave without pay for a while. But overall, all the measures they took for that policy, it just led to me not being able to continue working there or to work there ever again, I feel.

Kassy Baker

When was the idea or the suggestion of a vaccination policy first raised or introduced by your employer?

Jean-Philippe Chabot

Well, we'd have to go back to spring or summer of 2021. During that time, mandatory vaccination, or just vaccination in general, was a heavily discussed topic. I think it's June or July, the CBC felt compelled to, at one point, state its position on mandatory vaccination on the internal employee website. They posted a statement that basically said that vaccination was a personal choice and that they couldn't impose it unless a law was requiring it. So that's the first time we started hearing about it internally. So, yeah, that's the first time.

Kassy Baker

Obviously, at some point, that policy changed. When did that policy change?

Jean-Philippe Chabot

Well, not long after that. I think it was the early fall or the end of August or September. I was hearing the federal government talking about mandating the vaccines for federal workers. So I was concerned. Even though the CBC stated that it was a personal choice and that they couldn't impose it, I wasn't really reassured by that. But at one point, the CBC announced that they would ask us to disclose our vaccination status. I think they announced it at the end of September, and on October 1st, we got the form that we needed to fill to disclose our status.

Kassy Baker

Did you complete the form?

Jean-Philippe Chabot

No, I didn't complete it because I didn't want to disclose. I didn't think, at that point, it was even in their right to ask for our vaccination status, which I consider to be personal medical information. So I didn't disclose. And on the form, there was not even an option, something like—I opt out; I prefer not to disclose. There wasn't that on there. But I screenshotted the form and photoshopped in an additional option that said I prefer not to disclose. That's what I sent in just because I didn't want them to accuse me of not replying. So I did reply in that way.

Kassy Baker

What response did you receive when you submitted this altered form?

Jean-Philippe Chabot

They acknowledged my response, and they basically just said thank you. But at that point, they had already given us a deadline up until October 31st to do it. But, yeah, they acknowledged it.

Kassy Baker

I understand you did some research in coming to the decision of whether or not you would complete the form. Can you tell us a little about that?

Jean-Philippe Chabot

Yes. So the reason I didn't want to disclose, like I mentioned earlier, I didn't think they were in their right. And that's because I'd found out on the CRHA website, which is the l'Ordre des conseillers en ressources humaines agréé, which is a professional association in Quebec— Well, I guess these HR directors, there's a few of them, but those that were communicating this stuff to us at the CBC,

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I guess they were part of this association because they have this title in their signature, CRHA.

So they put out a statement, not a statement but more like a dossier, like a webpage with information on vaccine status disclosure. And in there, it said very clearly that disclosure had to be voluntary and that no reprisals could be brought upon an employee who refused to disclose. They cited different laws: they cited the Charter; they cited the Code civile du Québec and other laws. So I felt pretty confident that I was right, that I didn't need to disclose. Like I said, I was working remotely, so it didn't even matter whether I was vaccinated or not for me at this point.

Kassy Baker

If I understand correctly, the form was due October 1st, is that correct? The disclosure form.

Jean-Philippe Chabot

Yeah, they sent it to us October 1st, but we had a month to reply to it.

Kassy Baker

When was the mandatory vaccination policy brought into effect?

Jean-Philippe Chabot

Well, the federal government brought its directive for mandatory vaccination of the federal— Well, not all federal workers, but it was central administration workers and the

RCMP. That came down on October 6th. I don't know when it was announced, but they had been talking about it for a couple of months earlier. And not long after, October 21st, the CBC announced its own mandatory vaccination policy. Most people had disclosed their status at this point. But this new policy was announced, and we had until December 1st to show proof of having had two doses. This applied to every employee, pretty much like it was announced by the federal government. There were also people working remotely in the central administration, but probably the RCMP, as well. It affected even people who worked 100 per cent from home. So the CBC pretty much copied the federal government in that sense.

Kassy Baker

You've said that the policy required all employees to show that they had received two doses by December 1st or that they would be put on indefinite leave without pay. Was there any option to test instead of receiving the vaccination?

Jean-Philippe Chabot

Nope.

Kassy Baker

I think you've already answered this, but just to be very clear—was there any exemption offered to those employees who were working 100 per cent remotely?

Jean-Philippe Chabot

Yes, there were exemptions offered to everyone, even people working on premises. So you could request a medical exemption or a religious exemption. But what bothered me is that when they announced that, right from the start they said that— Well, medical exemptions, probably they would honour that. But it's rare that people have a medical condition that prevents them from getting those vaccines.

But the religious exemptions, a lot of people applied for them. But right from the start, the CBC told us that very few would be granted. So I don't know. That just didn't resonate well with me. I didn't apply for one myself. That's not the path I chose to defend my case. I spoke to many people who applied for one, and every single one was rejected. Even those who seemed bulletproof, basically, who were signed by their bishop, and they were all turned down. So that was kind of disappointing.

But the way they announced it, I kind of expected that. It was supposed to be based on your sincere belief. So if you hold a sincere belief, you'll be able to get an exemption. But I think there was something else going on with the process. It seemed like it was based on something other than the person's sincere belief—the decision to grant the exemption or not. Some people even received

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their letter informing them that they were being put on leave without pay. Around November, just before the deadline of December 1st hit, some people even received confirmation that—"Yes, you're being put on leave without pay for not complying to the policy," while they were still waiting for a decision on their religious exemption. So something's not right there.

Kassy Baker

What did you do in those few weeks between when the policy was announced and when it was actually going to be implemented?

Jean-Philippe Chabot

I wanted to resolve this, so I wrote to HR. They had set up this generic email for all of these issues that had to do with the policy. So I wrote to that email and I asked them if it was legal, what they were doing, if it was constitutional. The answer I got back was that it was mandated by the government. So one of those HR directors told me that it had been mandated and that the mandate applied to the Crown. Well, it was mandated through a directive that applied to federal workers, including Crown corporations.

I also brought all these arguments that the CRHA, the l'Ordre des conseillers en ressources humaines agréé, put out; I also sent that to my union. So I was in discussion with both the CBC and my union at that time.

That's also what my union told me: that it had been mandated by the federal government. After that, I asked them— Because I had read the directive. So when they mentioned that, I had already read it. And I knew, at least from what it seemed—and I had other people read it as well, just to make sure—it didn't apply to Crown corporations. It didn't apply to us. It was limited to the central administration and RCMP, and there was no mention of Crown corporations in there.

Kassy Baker

Did you specifically point that out to your employer and to the union that it appeared from your reading that it did not apply to Crown corporations?

Jean-Philippe Chabot

I did.

Kassy Baker

What was their reply?

Jean-Philippe Chabot

Well, I pointed it out to the union. I sent them the text. I basically walked them through it. And my union ignored it. What I asked the CBC—when they mentioned that directive—I just asked them very simply, “Which directive is that? Can you tell me where it says who it applies to, just to verify that it applies to Crown corporations?” And they basically shut the door to any further discussion when I mentioned that.

Kassy Baker

I understand that the CBC also has an appointed ethics commissioner. Did you attempt to raise this issue with the Commissioner?

Jean-Philippe Chabot

Not myself. But because we were able to form a little group of people who were in the same situation, we reached out to each other via different means. I know that one person in the group wrote the ethics commissioner at the CBC and basically showed her that the mandatory vaccination policy violated many, many points in the CBC's own Code of Conduct. I don't remember a reply exactly, but it was something like— Well, she just basically stated that it was out of her purview. She didn't seem to want to get involved with us at all.

Kassy Baker

Okay, and what did you do when the deadline came along finally?

Jean-Philippe Chabot

I'm just checking to see if we missed anything.

Kassy Baker

You mentioned to me at one point that you believed, you referred to the CBC Code of Conduct. I believe that you've mentioned certain criteria that you believed they would be required to meet in order to implement a mandatory vaccination policy. Is that right?

Jean-Philippe Chabot

Yeah, exactly. That's a very important point. One thing I want to mention before that. You know those statements that l'Ordre des conseillers en ressources humaines agréé put out on their website. I found out later that Radio-Canada, in French, put out an article where Manon Poirot,

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which was the head—I don't know if she's still the head of that order—but she basically stated in the article exactly those points: that a vaccine disclosure had to be voluntary and that no reprisals could come to employees who refused to do it.

So regarding these other points that I brought to the attention of my union— Because the CBC had refused to discuss this with me and since my collective agreement and my contract didn't allow me to represent myself, I had to go through my union. So at this point, I was basically trying to convince my union. And one way I attempted to do this is using Charter law. Because I read that— Well, to me, mandatory vaccination was pretty clear that it was **by itself a violation of your Charter rights. There were limited circumstances under which Charter rights could be suspended, I guess. But from what I'd read, the law really seemed to be on my side. Because I'd read, for example, that it had to be demonstrably justified. It had to be the least infringing measure available. And it had to be proportional. This principle of proportionality, it has to do with the means of attaining an end being no more than what's necessary.**

When I read those things and I considered the CBC's policy and my context—I'm being remote, working from home all this time. I didn't think the policy met those criteria. So I felt pretty confident that if I demonstrated that and showed all that to my union they would have to, even though I knew that they were reluctant. It was obvious that they didn't want to represent me. I thought that if I did the work—that's supposed to be their work—if I did

that, like in a well put out manner, that it would have to represent me. But yeah, that's not what happened.

Kassy Baker

Did your union ever end up filing a grievance on your behalf?

Jean-Philippe Chabot

No, they refused to do it. And I did multiple demands for a grievance. Because initially, I argued on that front using Charter case law—that it was just that the CBC could meet that threshold of implementing mandatory vaccination. They rejected that demand for a grievance based on that. I also asked them to grieve the fact that the CBC was using “leave without pay” as a disciplinary measure, which is not something that's in the collective agreement. It's not something that's in my contract, either. But my union basically just said that the CBC was fully in their right in doing those things. They cited a clause, I don't remember exactly, but there's a clause in the collective agreement that says something like, “for every point that's not stated explicitly in the collective agreement, well the employer can do pretty much carte blanche whatever it wants.”

Kassy Baker

When the mandatory policy took effect on December 1st, what happened to you on that date?

Jean-Philippe Chabot

Well, you know, I'd been working from home all this time. So that morning, just like usual—I knew this was coming, and, at that point, I was pretty sure that they would enforce it—but I went on the computer, tried to log in to do my work and meet my team, and all my access were revoked. So even basic things like email, access to the employee portal. Like email and employee portal, I don't think someone— Because usually leave without pay, the employee has to ask for it; it's something that the employee requests. When they do it under normal circumstances, I don't think their email access is cut off. I don't think their access to employee services, like the portal we have, is cut off, either. So seeing all that was kind of a shock. To me, it just meant that they really didn't want us even communicating amongst ourselves,

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or communicating easily, at least, with each other using our work email. So, yeah, that was a shock on December 1st.

Kassy Baker

What impact did the suspension have on you and your family financially?

Jean-Philippe Chabot

Well, I lost my income. And we didn't have access to EI [employment insurance]. I say “we” because that's basically the experience of everyone I've spoken to that was in my situation. We didn't have access to EI because it was considered misconduct to not comply to these

policies. So having to find work—this was December—so having to find work or other sources of income during the holiday season, that's not ideal.

Kassy Baker

Were you the sole earner of the family?

Jean-Philippe Chabot

Yeah, I was. Yeah, my salary was my family's only income. So that was stressful not only for me but for my wife as well. And when two parents are stressed out or anxious about something like that, about the financial strain like that, it had an impact on my children, as well. And they're young, so they're sensitive to this kind of stuff. They can't understand yet what was going on.

Kassy Baker

Now, something you've mentioned to me earlier that I would just like to talk about a little bit. So you were not dismissed or terminated, but, instead, you were suspended without pay. I understand that you were also required to maintain your insurance and benefits. Is that correct?

Jean-Philippe Chabot

Yeah, that's correct. That's part of the policy. The CBC told us that— Well, they didn't leave us a choice, really. They said, "You will be keeping your insurance and benefits, and the cost will effectively double because we won't be covering half of it," like they normally do. So that was an extra financial burden that they were putting on us. I guess what bothered me about that is that the union didn't bat an eye at that. They seem to endorse that kind of stuff as well.

Kassy Baker

Were you aware of other employees who were similarly suspended as you were on December 1st?

Jean-Philippe Chabot

Yeah, like I mentioned, we were able to organize a small group so that was incredibly beneficial because none of us had to go through this alone. I can't imagine having gone through this. I wouldn't be here. If I had gone through this alone, I'm pretty sure I wouldn't be here testifying because it would have made things much, much worse.

I heard their stories, as well. Because I was one of the lucky ones. I found work pretty quickly. I mean, the kind of work I do, there's a ton of demand for it right now. So even during the holidays, I was able to use my remaining vacation time, use just a little bit of my savings to keep everything going, basically feed my family. And then I could work again pretty quickly. Even though I had no EI, it went pretty smoothly. So I'm one of the lucky ones.

But some of the stories I've heard. People were put in very vulnerable positions by these measures. I'll give you an example or two. I know this woman who's 58 and she was employed at the CBC. She has a specialized skill set in broadcasting, TV broadcasting, so

there wasn't any work for her in her field when she was put on leave without pay. She's a single mom. She has a house; she has a daughter in university. So just to keep things together, keep her house, keep her daughter in school, she had to look for a job. Basically, she found a minimum wage job, and she had to burn through all her retirement savings, her RRSPs, just to keep things going. And she's not seeing that money again. So that's one example.

Other examples, well, just in general, there were other measures affecting the unvaccinated at this time. So people couldn't travel.

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I had a colleague who had family overseas who wanted them to come over because a family member was dying. They were sick. They were dying. They wanted to see their family one last time. This person, on top of being put on leave without pay, they couldn't travel. So that's compounded pressure on these people. That's just horrific.

Kassy Baker

Now, we're nearly out of time. I don't want to rush you, but there's just a couple of more quick points that I would like to talk about. The vaccine policy was actually suspended at some point. I believe you told me it was June of 2022, is that correct?

Jean-Philippe Chabot

Yes.

Kassy Baker

Were you asked to return to work at that point?

Jean-Philippe Chabot

Yeah, I was asked to come back to work after being on leave for seven-plus months, receiving no communication from the CBC. I considered personally myself constructively dismissed at that point. So I told them, "No, I won't come back to work."

And one of the other reasons is that because— They had basically mirrored what the federal government was doing, and the federal directive that applied to federal workers also ended just before the CBC ended theirs. And it was clear in one of the documents that the Treasury Board put out—that they called the manager's toolkit that talked about **people coming back from leave without pay—that they were only suspending the policy. They weren't revoking it. So I couldn't see myself going back there and having this Damocles' sword above my head that this could happen all over again. It was just too much pressure.**

People in my group, some of them wanted to go back. Some of them considered it, but they engaged with the CBC. They asked questions: "Well, if I come back, what will happen? If you decide to bring the mandate?" All that stuff. Well, first of all, the delay that they gave us to come back was very short. So in those short few days or weeks, the people asking questions weren't really getting the answers that they were expecting. The CBC was putting pressure on them, and some of them were resigned. Without even resigning themselves, the CBC just

stopped talking to them, stopped answering to them, and they learned through employee services that they had been effectively resigned.

Kassy Baker

My final question, subject to any questions that the commissioners of course may have, is why did you want to testify today?

Jean-Philippe Chabot

Yeah, so the main reason I wanted to testify was because I want people to be able to have an informed opinion on the CBC and what it stands for. It's an important institution, like I said, and I think you can learn a lot about an organization by the way it treats its employees.

We haven't really talked about this, but the stated goal of the CBC, by implementing mandatory vaccination, was to ensure the safety and the security of its employees in the workplace. So I don't understand why that would apply to people working remotely. I mean, it's not even logical. So it looks like they put aside even the most basic logic in favour of this all-vaccine ideology. Everyone had to be vaccinated. I was supposed to continue working from home. During those seven-plus months, almost everyone in my department was working from home. Here and there, people who wanted to could go to the office. But they were allowed to work from home during all this time. Even today, remote work continues. This had been communicated to us that the remote work would continue, by the way, even before the policy began. So everything pointed to remote work, and this is what the union should even have pushed for. There's no better measure to ensure the safety and security of people in the workplace than remote work.

So I don't know why they coerced me. But when you have a stated goal that there's no logic with the measures you're taking—this has to do with also being demonstrably justified and the least infringing and all that stuff. If they followed the law, they would just have kept the status quo and allowed me to continue working from home. But they didn't. So that really bothers me.

[00:35:00]

And to me, it feels like that's not the real goal. The official one that they stated is not the real goal. It bothers me that the CBC seemingly tried to use one ostensible purpose "safety in the workplace" to make this policy appear acceptable, while they don't disclose the real reasons behind it.

So I want people to think about that and to reflect on the fact that, yes, you can learn about an institution or any organization as a whole by the way it treats its employees. There was no justification to treat us this way, to prevent us from keeping working from home. And I wonder, I want people to ask themselves—if the CBC can't be trusted to be ethical in the way it treats its employees, people should ask themselves if it can be trusted to be ethical in its other activities, including news reporting and all that stuff.

So that's the main reason I wanted to come and tell this story.

The other reason is because I don't know how many people the CBC coerced into getting these vaccines. I know some people didn't want them and some people had to betray their own conscience to comply to the CBC's policy. So those people, I want to acknowledge that

they exist. I know that some of them have been harmed physically by the vaccines. I wish I could have reached out to them just for mutual support and to tell them that they were not alone. So those are the reasons.

Kassy Baker

Thank you. Okay, there's one question. Please go ahead.

Commissioner Massie

Thank you, Mr. Chabot, for your testimony. Do you consider yourself as an informed citizen?

Jean-Philippe Chabot

Yes, yes, I do. I'm an analyst by trade, so I'm used to dealing with information in general, and I'm someone who grew up with the internet at their fingertips. So, yeah, I do consider myself pretty informed.

Commissioner Massie

What kind of research would you have done to raise doubt about the vaccination to the point that you were willing to put everything on the line not to get vaccinated?

Jean-Philippe Chabot

Very simply, I just thought that the risk-benefit ratio was not in favour of the vaccines at all, at all. The risks were scary, and the benefits, I didn't see any evidence of that. The CBC, when they tell you, "Well, we have this objective of ensuring safety and security in the workplace," I would assume that they would show evidence that it has an effect on safety and security in the workplace. I haven't seen that evidence myself. And the CBC certainly hasn't produced any to show to its employees. So from the research I did, the benefits didn't seem to be there, and the risks seemed huge. I have four young children—so I can't afford to be injured or killed by these injections and leave them without a father. So for me, it was out of the question, mostly because I'm a father and I didn't want to put that risk.

Commissioner Massie

Did you have the opportunity to discuss your analysis or your questioning with some of your colleagues within your environment?

Jean-Philippe Chabot

Yes, I did. I discussed it. It's something I talked about openly with my colleagues. But my environment was—we were not news people. We were analysts, programmers, project leaders, and our world, it's digital. And most people there already had gone and gotten two doses of their own volition. People were scared at that time. They weren't really open to—Even though I thought my arguments were good, now is a much better time to use reason. People are much more open to those kinds of arguments. So I wasn't able to have a huge impact, even though I tried.

But yeah, it's sad because even though I discussed it, and I discussed not only the reasons for not getting vaccinated—the risk–benefits and all that stuff—I also discussed the ethical implications.

[00:40:00]

People at the CBC, not just people close to me but people in general at the CBC—what I heard from my other colleagues who went through this—there was very much a lack of empathy and indifference over there. Friends that I'd been friends with for 10, 15 years, I mean, people who actually got me to join the CBC, and I was very close with, who just willfully looked the other way while this was going on. I lost those friendships. That's the same experience my other colleagues have gone through. So yeah, at that time, most people over there were really in the narrative. I've wondered a lot about why that is: why did people stick to that narrative and have this very narrow way of navigating through it?

Commissioner Massie

What is your current condition with respect to your family or people around you? How do you feel about the decision and even though it was somewhat hurtful, how do you feel about the whole situation right now?

Jean-Philippe Chabot

Yeah, it went good for me. I found work. I found a consulting firm that hired me, and they gave me a contract for a big bank. And while the CBC had mandatory vaccination in place, at that bank, even though it was mostly remote work, I could go meet my team. And I did. There was testing that was offered to people who weren't vaccinated, and we could meet in the office. You wore your mask when in the corridors and when you're in the meeting room with your team, you can take off the mask. And really quickly even that requirement of testing went away. I don't know if it's because public health guidance changed, but the experience I had in that bank was so refreshing because it was a good example, basically, of proportionality. They didn't go beyond what was absolutely necessary and what made sense.

So really quickly, even though I was unvaccinated—I couldn't go in the CBC—I could go meet my team there at the bank and work remotely. People had such a different culture. It didn't really matter to anyone. They hadn't been subjected to this very strong pro-vaccine bias that was present at the CBC. So it was an incredible experience to get out of the CBC and feel like in a normal work environment again where it's just not a concern. So that was good. I don't work for that bank anymore because I went on parental leave again. But I'm still with the consulting firm and am very happy now.

Commissioner Massie

Thank you very much.

Jean-Philippe Chabot

Thank you.

Kassy Baker

Very good. On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today.

Jean-Philippe Chabot

Thank you.

[00:43:30]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 7: Dr. Edward Leyton

Full Day 2 Timestamp: 07:29:38–08:27:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is Dr. Edward Leyton, and Dr. Leyton, I thank you for your patience. You were scheduled this morning, and we kept bumping you back.

Dr. Edward Leyton

I think I can get into my doctor sooner than that. I've had to wait.

Shawn Buckley

I'm sorry?

Dr. Edward Leyton

That's a joke.

Shawn Buckley

Yeah, can I ask you to start by stating your full name for the record, spelling your first and last name?

Dr. Edward Leyton

Edward Leyton, E-D-W-A-R-D L-E-Y-T-O-N.

Shawn Buckley

Dr. Leyton do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Edward Leyton

I do.

Shawn Buckley

Now I want to introduce you a little bit, and then I'm going to let you tell the evidence that you've come to share with us today.

You had practised for a full 40 years as a complementary and alternative medicine physician. You graduated from medical school in 1975. You practised medicine. You focused on chronic illness and psychotherapy; you're practised in those areas also. You actually retired just before COVID hit, back in 2018. And then when this global pandemic starts, you thought, okay, I better renew my licence and go and help because we're facing a crisis. Since you renewed your licence, I want you to start from there and share with us then what was your experience like going back and where did that lead you?

Dr. Edward Leyton

Okay, thank you. Thank you for the opportunity, Commissioners, and thank you for doing this. Good afternoon to the audience.

So yes, I decided to go back in 2020. It was mainly to help out with COVID stress-related illness, and I did that for about the first eight months. I was treating people with psychotherapy, which was my focus. And that went on for that length of time.

I do want to make a little disclaimer before I start. That this is my personal experience that I'm talking about today, and it doesn't in any way represent an official corporate response of the Canadian COVID TeleHealth (CCTH) group of which I was a part. I was a director for a number of months. So I just want to make sure that that's the case. I guess I'm ready with slides.

Shawn Buckley

Yes, please start your slideshow. They'll show up on your computer screen and that will tell you they're on the screen behind you also.

Dr. Edward Leyton

Yeah, the screen is up. Okay, great, thank you.

So I'm going to talk about why I treated COVID-19 and long COVID and what was the response to treatment. And also, how did the media and the CPSO—which is the College of Physicians and Surgeons of Ontario, which is the regulating body of physicians that acts under the RHPA, which is the Regulated Health Practitioners Act [sic] [*Regulated Health Professions Act*].

So I'm going to be talking about all of those things.

You've got most of my resume already outlined. I want to take you back for a moment to before the College even started. The reason I'm doing this is some people might think that the College and the way they've behaved towards practitioners who are trying to treat COVID is something that started with COVID.

But in fact, physicians have been operating under the shroud of a College which is extremely detrimental towards physicians who are practising alternative kinds of medicine. And this has been going on for a long time.

So this quote here from 1859 will show you that. It's from the York County medical practitioners meeting minutes. And it says, "that the members of the Medical Profession, considering themselves the best, [as] . . . the only true judges of the requisite qualifications of the Art of Medicine claim the power of regulating the amount of those to be possessed by candidates for practice and of granting licences accordingly."

So that paragraph, I think, demonstrates the arrogance, I guess, of the medical profession,

[00:05:00]

thinking that they're the best and that nobody else can come close to them. That was prevalent even in the 1850s when, in fact, medical treatments were pretty primitive. Blistering and arsenicals, and all kinds of things were being used. The germ theory hadn't even been introduced into medicine at that point.

It was clear also that when the College was eventually formed that even legally qualified physicians who wanted to practise what was called heterodox medicine or alternative kinds of practices—that would be chiropractic manual therapies, naturopathy, homeopathy, that kind of thing—they were actually denounced by their colleagues and regulating bodies as violating the terms of their licence.

So this is the shroud of secrecy under which we practise. All doctors practise under this, and many people don't realize that. The College has been investigated on a couple of occasions, two or three occasions actually. I'm going to quote now from an investigation that was initiated by patients and physicians back in around 1998, finished in 2001, and became known as the Glasnost Report—referring to transparency is needed in medicine.

This investigation was headed by a lawyer, now Justice Michael Code, who was a former attorney general, and he investigated the practice of six physicians who had been treating for chronic pain and other difficult situations.

He came to the following conclusion: "These are College-driven fishing expeditions, which are initiated under Section 75"—that's the *Regulated Health [Professions] Act*, section 75—"they can be misused in such a way that they do not serve the public or the evolution of medicine.

"They can ruin the life of the doctor involved and have done so in several cases. It is highly unusual that even people under criminal investigation in prison attempt suicide, yet we know of four doctors who committed suicide while under CPSO investigation. None had patient complaints against them." These are all College-driven issues.

Mr. Code refers to a particular case, saying that this case allowed Mr. Code to assert that it provides "*prima facie* evidence that CPSO officials may have committed the criminal offence of obstructing justice by repeatedly misleading the Executive Committee as to the true state of the evidence in this case."

This is our College—the College that is supposed to regulate practitioners involved possibly in criminal offences, a very serious charge. It's almost impossible to launch a complaint against the College of Physicians and Surgeons. I tried to do that in 1998 around the time of this investigation and was told that I couldn't really launch a complaint against them unless I launched it with the actual prosecution.

So there's no recourse; there's no way of launching a complaint against the College at all. So given that, it wouldn't perhaps surprise us to see the edict that came out in May 2021. I'll just read it because it's probably not terribly clear:

The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding those physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements

[00:10:00]

and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.

Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be reported by available evidence and science.

It's an interesting wording because they use "a position of trust": we have a position of trust with the public and a responsibility not to communicate these things. Do we have trust in the CPSO who are supposed to protect the public and guide physicians? No, we don't. There've been at least two demonstrations by physicians and patients outside of the College in this pandemic, maybe three, and those demonstrations have been met with silence by the College.

In fact, the College has vacated the premises for a number of months during the pandemic because they were afraid that their safety was in danger. So that's the position that we were working under during the pandemic.

This is the position of the CPSO on vaccine anxiety. It's an interesting concept that having anxiety about a new drug—or in this case, quotes "a vaccine"—can be considered an illness, but in this case, it is. Here's one of those statements from their website: "It is [also] important that physicians work with their patients to manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of **prescription medications and/or referral to psychotherapy are available options.**"

So if I offer you a high blood pressure medication in my office, and I say, "I want you to take this," I would obviously go through whatever is important about the side effects, the positive effects, the negative effects of this medication. And if the patient said, "Well, I'm anxious about that," according to this—and a vaccine is kind of like that—I would have to say, "Well, take five milligrams of Valium and come and see me tomorrow, and you'll feel better about the whole thing." That's what they're suggesting.

In November 2022, they added for some reason, I'm not sure why, the "extreme fear of needles, (trypanophobia)," it's called, or other areas of concern—I don't know what that means—and that we should be treating that with medication or with psychotherapy. Well,

first of all, you can't get a psychotherapist for love, nor money. And second of all, the prescription medications that would be used for that—I'm not sure how I would treat trypanophobia other than by giving a sedative of some kind so that you are half asleep when you have your vaccination. It's really an outrageous suggestion.

And then there is the circumstances of the pandemic which "support physicians declining to write notes or complete forms when the patient is making a request." Usually that's a natural thing that we would do if a patient came with a request to have medical forms completed. They're saying, in this case, you don't have to do that. So you don't have to write prescriptions for exemptions and so on. You have to "sensitively explain to your patient that you can't provide them" with that.

Shawn Buckley

Dr. Layton, can I just ask— Because you practise psychotherapy, I imagine that some patients will legitimately, not just for a vaccine like this, but legitimately have anxiety that reaches a medical condition, a mental health condition,

[00:15:00]

and that it would be reasonable in some situations to exempt people. Is that a fair comment?

Dr. Edward Leyton

To accept people?

Shawn Buckley

No, to exempt somebody. If they legitimately are anxious about it, that could be a valid ground for an exemption, actually having undue anxiety about a treatment.

Dr. Edward Leyton

Yes.

Shawn Buckley

Yeah, but physicians are basically being told no, not for this one.

Dr. Edward Leyton

Right.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

So we weren't allowed to write exemptions unless there was anaphylactic shock. I wrote a couple of exemptions during the first year or two, and it was because of very significant

side effects that I figured might happen as a result of genetic thromboembolic disorders and so on. But I wasn't supposed to do that.

So the other thing about the RHPA in section 75 that's important to know is that section 75 allows the College to investigate our practice completely and to remove files, that is to remove patient files. This has been challenged in the last six months by a couple of challenges.

If you refer to the second paragraph, second bullet point: "about 100 patients of Dr. Sonja Kustka, under investigation for writing two mask exemptions"—that's apparently enough for an investigation—"during COVID, unsuccessfully filed their motion to stop CPSO investigators from gaining access to their private medical records."

I want you to go down to the fourth paragraph, and this reflects the attitude of the College, which I brought up at the beginning, which says—this was the lead counsel for the College. She stated: "Patients should not have any say about their own medical records or how the CPSO wishes to use them when a physician is under investigation for potentially putting a patient at risk of harm."

So to come back to my story. After 2020, when I was practising mainly psychotherapy, I joined a Facebook group in February of 2021. That was just when the vaccines were starting to come in. And the Facebook group was a professional group with, I think, nurse practitioners and physicians. I noticed two things happening. I noticed that physicians and nurses who were actually starting to give vaccines were starting to see side effects, even at that early stage. They would come back with reports of aches and pains, orthopedic issues, arthritic issues, swelling of joints, brain fog, musculoskeletal symptoms, and so on.

Also at that time, ivermectin was being touted as a useful tool in the treatment of COVID, because there was no treatment given. Doctors were told to send their patients home with Tylenol, and they should go to the hospital if they couldn't breathe anymore. That was the only treatment that was on.

So I started to bring up questions on this Facebook page about ivermectin and also about the fact that vaccines seem to be detrimental in some cases. I was immediately pounced upon by a number of people in that group saying, "You cannot talk about this because this is a public health recommendation, and they are our colleagues, and we shouldn't be criticizing them." So naturally, I went on to criticize them and, eventually, I was ousted from the group; I was removed.

So then I joined the Canadian COVID TeleHealth organization. I came to know about it because I started to look into what was going on. I found a group that was definitely on my side and was open to different opinions about things.

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I also started looking into ivermectin. And several people in the CCCA [Canadian COVID Care Alliance] talked to me about the possibility of prescribing ivermectin, and so I looked at that. And I thought, there's a lot of evidence to show that ivermectin is very useful. One of the people in the group said, "Well, why don't you prescribe it?" So I said, "Well, I'm a psychotherapist. That's my focus."

But I was a family physician at one time, and so I thought about it a lot and I researched it. And so in the summer of 2021, I decided to start prescribing ivermectin. I was fortunate at

that time to be able to be in touch with Dr. Ira Bernstein, who some of you may know was a prominent physician who had been treating COVID quite successfully for some period of time with ivermectin and other treatments. And in fact, he attended the first international conference in Rome and was very up to date on COVID treatment.

So I began to use ivermectin in my private practice and found excellent results. I used it for prevention for simple COVID, which is COVID which we treat in the first few days or one week, and then for more complex COVID, which lasts longer than a week. Eventually, we decided that it would be good to form a clinic.

So a number of us got together and we formed Canadian COVID TeleHealth. This was a telehealth group: We had at that time about half a dozen physicians and an equal number of nurse practitioners and nurses. We operated throughout Canada and we saw patients in every province except Manitoba, which didn't allow us to do telemedicine without a licence. But we could in other provinces.

That went on, well, it still goes on; I'm still prescribing ivermectin. But it went on at a fairly good clip because that was right in the middle, if you'll recall, of the Delta variant, which was probably the worst variant that we've seen. People were getting really quite sick with that. And one of the things that was very noticeable about our patient population is that people were terrified of COVID. They had been completely propagandized, if you like, to believe that COVID was a terrible disease and a lot of people wanted prevention.

Most of our patients called up wanting ivermectin prevention, and we had at that time about half a dozen pharmacies in Ontario and a few out west that were dispensing ivermectin freely. They were compounding pharmacies. They weren't using the Merck product. Merck didn't want us to use their product, so they pretty much stopped making it. But the raw materials were available to pharmacies and pharmacies were dispensing it freely. So we were very busy at that time. And we saw a lot of patients. I myself personally prescribed, I think, around 800, 900 prescriptions for ivermectin over that period of time and on into 2022.

But there was a problem. We had a hit piece in the Global News and also in the *Toronto Star*. The reporter from the *Toronto Star* had impersonated a patient and called our clinic asking for ivermectin. And of course, our physician responded appropriately. And she then proceeded to write about us in the *Toronto Star* and denigrate us as a clinic, saying it was all misinformation and we shouldn't be doing that.

As a result of that,

[00:25:00]

or maybe it was happening anyway, the College decided to raid the office of Dr. Ira Bernstein and that contained the electronic medical records of our clinic. The CPSO went in without asking, without Dr. Bernstein being there, being present. They took all the information, information that they had no business taking. And they used that information to target all of our physicians. They did that over a period of time so that we lost all of our physicians, except myself, over a period of about six months. We also lost nurse practitioners and nurses.

I have to tell you, we had an amazing team of people. We did full assessments on everybody; we did full histories. We couldn't do physicals, of course. But we made every attempt to follow up, and nurses spent hours on the phone, often with patients who were

anxious, and either sick and anxious or anxious about getting sick. We treated them all. It wasn't just ivermectin. I'll come in a moment to how we treated them. But we treated them all.

Then in 2022, of course, Omicron came along, and we actually had a decrease in the number of patients because Omicron was much less—although it was more infectious, it was much less serious. And so people started to accept that they had COVID and they would get over it on their own.

I don't know if there are any questions up until this point and how much time I have. But I'd like to go into some of the treatments that we did and how those worked and didn't work.

Shawn Buckley

I just wanted to ask, how did you guys lose the doctors and nurses after the CPSO? So the CPSO raided, and you said you've lost all of the doctors except yourself. What was the cause of losing the doctors? How did that happen?

Dr. Edward Leyton

Some of the doctors had privileges at hospitals and worked at hospitals. Often the hospitals made complaints to the CPSO that the doctors were either unvaccinated and shouldn't be working or they were prescribing ivermectin. The College took it from there: they either de-licensed them completely or they restricted their licence.

Dr. Bernstein, for example, had his licence restricted. He wasn't able to treat COVID anymore. He wasn't able to use ivermectin, and he had to put a notice up in his office saying, "I do not treat COVID."

Shawn Buckley

So these are medical doctors.

Dr. Edward Leyton

Yes.

Shawn Buckley

That are fully licenced.

Dr. Edward Leyton

Yes.

Shawn Buckley

There are not complaints against them by patients.

Dr. Edward Leyton

No.

Shawn Buckley

And basically, their right to practise is either fully or largely restricted.

Dr. Edward Leyton

Correct.

Shawn Buckley

Just because they are treating COVID patients in this clinic.

Dr. Edward Leyton

Yes.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

The other thing, for example, I don't know if Dr. Patrick Phillips testified. I think he did. For example, he and Dr. Hoffe out west both reported side effects from vaccines because they were both emergency physicians, reported that to public health. As a result of that, they lost their jobs and couldn't work. So it was either the hospitals complaining or it was the CPSO saying that they couldn't prescribe ivermectin.

Shawn Buckley

Now, just so that it's clear—especially for people that are participating online to watch your evidence—my understanding, though, is that it's federal law that a physician is to report a suspected vaccine injury.

Dr. Edward Leyton

That is correct.

Shawn Buckley

You just cited the names of two physicians that were disciplined for following the law?

Dr. Edward Leyton

Yes.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

Who should really be disciplined is the CPSO for not following the law.

[00:30:00]

So we treated COVID using the Frontline COVID Critical Care Alliance protocols. Now, the Frontline Critical COVID Care. You've heard from Peter McCullough. You're probably aware of Dr. Pierre Kory and Dr. Paul Marik: these physicians were ICU physicians, intensivists, boots on the ground people, who saw that something was wrong and wanted a primary treatment for COVID, found out about ivermectin and did very thorough research into that. We're extremely grateful to them for putting together protocols that we could use. These protocols came from physicians all over the world who were communicating with Dr. Kory and Dr. Marik. They were very thorough, and they worked well.

So you can see that we divided treatments into prevention, early treatment, and complex COVID. I'm not going to go over those treatments. And I don't expect you to read the protocols, but we used to send the protocol to the patient after each consultation so they knew exactly what to do and how to manage it.

We treated viral entry points because there was some research that showed that this was very important. Because the virus starts in the nasal passages and that's where you need to treat it first of all. So we used simple things like povidone-iodine sprays and cetylpyridinium chloride, which is in things like Scope and Act.

We also had a cocktail of immune modulators. I don't like to use the word booster because you don't always need to boost your immune system. But what you do is you give the body the orthomolecular ability to correct whatever is wrong with the immune system by using these kinds of things, and they would include, of course, vitamin D, zinc, quercetin, sometimes melatonin. We also sent patients home—sent patients home, I think I'm seeing them in my office. We also gave patients over the internet things like this: this was a home treatment put out by the World Council for Health, which was a really good home treatment that people could follow.

So we made sure that not only they got the treatments; they knew how to take care of themselves and that we followed up with them. Some of the nurses were on the phone with them two, three times a week reassuring them that they were doing okay. And of course, in the more advanced cases, we had to measure oxygen uptake, and sometimes, we even had to give IV fluids. And this was all through home care that we had to arrange for them because we weren't physically present in the same city as them.

As I mentioned, the patient volume dropped with Omicron, and that was a good thing in some ways. And now, we don't even actually give ivermectin for prevention anymore because the virus is pretty mild.

So in October of 2022, I got the dreaded section 75 from the College of Physicians and Surgeons. They started an investigation into my practice. There was no patient complaint: I've practised for 40 years without a complaint. There was no patient complaint in this case. They sent me 400 pages of documents to read, most of which were propaganda from Health Canada about ivermectin. They didn't really send me anything substantial in terms of research. The complaint was that I was prescribing hydroxychloroquine and ivermectin. That was it. They were correct; that's what I was doing. But it's not illegal to do that. It's what's called off-label prescribing. Happens all the time.

Example: Metoprolol is a blood pressure medication.

[00:35:00]

It's often used for stage fright. Doctors do that all the time; they prescribe off-label because there are indications that it might help other conditions. That is exactly what ivermectin is: ivermectin is a safe, widely used drug that's been used for many, many years, particularly in the tropics for river blindness and, sometimes, here in the west for scabies. Very safe and very available.

When Omicron came along, we also started to see a number of patients who were vaccine-injured. The Front Line Covid Care Alliance, once again, started to put out protocols. Now you have to remember that vaccine injury is something we knew nothing about. Until a vaccine came along, it didn't exist. So here we are, faced with an illness that nobody knows anything about.

It has extraordinary breadth of spread in terms of what it does to the body, and we didn't know really how to treat it. So again, we relied on the Front Line COVID Care people to gather information again from the rest of the world about vaccine injury. And they put together some protocols.

It turns out that ivermectin also binds spike protein. The spike protein is the protein that the body makes as a result of the vaccine.

Of course, we were told that the spike protein was short-lived: it didn't live in the body; it just stimulated the immune system, stayed in the shoulder, as did the mRNA. Neither of those things were true. The spike protein goes into every tissue in the body, including the brain. It's been found there in pathology and histology slides. You can stain for it. We know it does that.

That's why we see so many symptoms throughout the whole body. We get brain fog; we get things like POTS, which is orthostatic hypertension. It affects the autonomic nervous system. The spike protein can affect the neurological system. It's all over the place. So these are some of the things that we used for treating that.

I want to give you a couple of case histories just to finish up here. I don't want you to get the impression that this is easy to treat. Acute COVID was relatively easy to treat because it worked really quickly, and you knew when you were over it.

Vaccine injury is completely different. It's a complex illness about which we knew very little. I would say that in my experience, treating vaccine injury, probably 50 per cent of people respond to treatments. It often takes a long time and a lot of work on the part of the patient, as well as the practitioner.

[Case #3—Vax Injury]

This is the case of a 40-year-old mother breastfeeding a 19-month-old child. She had an immediate reaction to a mandated Pfizer vaccine in January 2022. These are some of the symptoms. You can see them there. The main ones were chest pressure and facial rash, cold extremities, twitching all over the body.

These are symptoms that we generally don't see as physicians. If you saw this as a physician and you had no knowledge of the fact that they had a vaccine, you would say, "What kind of illness is this that does this?" Completely new.

A lot of those symptoms are neurological. They affect a nervous system—shooting pains, paresis, weakness of the limbs, difficulty getting up and moving around. And the tests are often normal. This lady's vitamin D was low and her nutrition wasn't that great.

[00:40:00]

She says after three and a half months, she was left with “intermittent pressure, tightness and numbness in face, head, neck and soft tissues inside the mouth. Chest pressure feels like squeezing and a push [outwards that made] me dry cough. “

Can you imagine having chest pressure and going to the emergency, thinking you’re having a heart attack and being told, “No, it’s not a heart attack. We don’t know what it is, but just go home, take some Advil.” Now it could be myocarditis. It’s possible; sometimes it’s not. But it would terrify you, and especially, it would terrify you not knowing what that is.

[Video from patient]

So this patient had some changes in her extremities. I’ll just demonstrate for you. Normally when you hold your hand, for example, at heart level, your veins are not filled because that’s the blood going back to your heart. When you drop your hand down below heart level, your veins will fill up. But you’ll watch this video; you’ll see that her veins and her skin and the swelling in her hands develops as she drops her hand. So there you see the normal hand and now you’ll see the veins filling. Some of this is normal; veins will fill up. But you see how engorged they become and then the swelling and the redness of the knuckles. Very bizarre symptoms that you might not see, that don’t fit any disease category at all.

So we treated her with ivermectin. Now some people respond to ivermectin very well, and she happened to be one of the fortunate ones. We increased her vitamin D to 5,000 units a day, put her on an anti-inflammatory diet and started her on some gentle exercise. She had 30 per cent improvement within two weeks and 60 per cent in three months.

[MSQ Totals]

How do we know this? We do a very careful, what’s called functional inquiry. We question people about every organ system in the body. So you can see them all there: head, eyes, ears, nose, mouth, throat and so on. The patient scores them as to how much problem a symptom is within that particular group. You can see that she scored 154 at the beginning. And then after her treatment, a couple of months later, she was scoring 65.

So we’re measuring change. We’re trying to be objective about it and measure how much improvement people are getting. It’s helpful for the patient to see this, that they are improving.

[Case #5—Vax Injury]

Another case of a vaccine injury was a 51-year-old female, former athlete, actually, a very athletic person. She, after the second vaccine, had significant symptoms that developed less than a month later. You might say, “Well, how do you know it’s the vaccine that’s doing this?” Skeptics will say that. You can ask that question. It’s important. From a temporal point of view, if I’m working in my workshop and I hit a nail and then I hit my finger, I can be pretty sure the pain is due to the fact that I hit my finger with a hammer.

So the closer the temporal relationship, the closer the cause is likely to be something. If somebody has a vaccine in a pharmacy and drops dead, which has happened, you can be pretty sure it was probably the vaccine, not a coincidence.

The longer between the vaccine and when you have symptoms, the more difficult it is to assess. But you can tell, in a sense, because the symptoms are so unusual and they’re so varied.

Now, her D-dimer was elevated, and she had blood clots. She knew that something was wrong and she had chest pain as well. Again, an MRI and colonoscopy and stress test, they were all normal. By the time we see these patients, sometimes they'd had a lot of tests.

So I said, she gave some very typical symptoms

[00:45:00]

of post-vax inflammation and injury, on-set within a month—probably the vaccine, given the kinds of symptoms that she was having. Headaches too, helmet-like headaches that can last for hours, shooting nerve pain, extreme fatigue—that's a very common symptom—increased brain fog.

When the spike protein gets into the brain, it creates inflammation. And then, of course, increased anxiety as a result of all of this. So again, we treated her with ivermectin and we started her on an antihistamine. Sometimes these people get what's called mast cell activation: so their mast cells are producing a lot of histamine, which produce symptoms. So we give an antihistamine and that helps, that it's a non-drowsy antihistamine.

[Symptom Scores]

And she, after this treatment, could actually bike five kilometres without being short of breath. So she was very pleased about that. Again, looking at the scores, you can see the scores going down over a period of time. So we know we're having an impact with our treatments.

[LH—VI-Treatment]

Now, she had a drooping of the face, sometimes known as Bell's palsy. She's given us permission to show this. Next slide. So on the left, you can see that the right side of her face, she's trying to smile. And she can't smile because the facial muscle is paralyzed on the right side. But she can smile on the left. You can see the crease. You can see the facial crease on the right side is almost non-existent. But then after treatment, her facial smile is almost normal. You might say, "Well, Bell's palsy is self-limiting." True. But she'd had this for, I think, over a year. And then suddenly, it gets better. Well, could be a coincidence.

So in summary: We've had a disease with a 99.5 per cent survival rate. We've had poor testing: our speaker showed a diagnosis of PCR with false positives. Rushed vaccine development; absence of treatment until hospitalized; lack of recognition of vaccine injury; and persecution of doctors and other health care practitioners by regulating bodies with their loss of licences. I'll stop there.

Shawn Buckley

Before I turn you over to the commissioners, I just wanted to clarify, you had practised a full 40 years. Longer now, right? Because you got your licence back in 2020. So how many years have you practised medicine in total?

Dr. Edward Leyton

Well, I graduated in '75, so '78 to 2018. So that's 40 years.

Shawn Buckley

Right, and then, now, for a couple more years.

Dr. Edward Leyton

Two years now and I'm now into my third year.

Shawn Buckley

Right, so 42 and a half years. You have never had a patient complaint in that 42 and a half years. Am I right that in the next month or so, you might lose your licence to practise because of the activities that you've just shared, where you're trying to help people with vaccine injuries and in preventing and treating COVID?

Dr. Edward Leyton

Possibly. It's ironic that when I renewed my licence in 2020, the College gave me a free licence for a year because they wanted doctors to come back. And I've been rewarded with an investigation. So I might lose my licence. I might be restricted. I have no idea. I might retire, too. I think it's a race.

Shawn Buckley

Right. I think I can speak for pretty well everyone that we're thankful for people like you that are willing to do what you think is ethically correct—actually being a doctor and using your discretion to help your patients.

I will turn you over to the commissioners for questions.

Dr. Edward Leyton

Thank you.

Commissioner Massie

Thank you very much, Doctor.

[00:50:00]

I have a couple of questions. This is not a medical consultation but close.

I'd like to know—given that we've heard from many other doctors and patients that during COVID, the people that were more likely to be affected by the disease were, in general, people affected by other conditions that would somewhat compromise their ability to build a strong immune reaction to the infection.

So it could be because they are old and their immune system is not as active. Or it could be because they have other immune suppression of some sort. So these so-called frail people, or more fragile people, were initially targeted to be vaccinated to protect them from the disease.

Dr. Edward Leyton

Right.

Commissioner Massie

So it's my understanding, based on my research, that the vaccinations should work by triggering the immune response in order to protect against the infection. But if the reason why you're mainly susceptible to the infection is because your immune system is not properly functioning, how come vaccination will solve that?

I'm asking that to a practising doctor.

Dr. Edward Leyton

Well, vaccination doesn't solve it.

First of all, this isn't a vaccine in the true sense of the word. We think that it actually makes the immune system worse, and in fact, you're more likely to get COVID the more vaccines you have.

That's a Cleveland Clinic study that, I think, has already been reported on in the Inquiry. The more people are vaccinated, the more likely they are to get COVID, which is kind of weird. I don't know if that answers your question or not.

Commissioner Massie

Yeah, it does.

My other question has to do with the CPSO, which we have the equivalent in Quebec. We've heard from other doctors that testified recently in Quebec that they went to interrogate the Collège des médecins and asked them a number of questions about the scientific rationale to promote vaccination of children and pregnant women.

These doctors had several questions that were never answered, ultimately, by the College. And the Collège de médecins said, "We're not a society that generates new knowledge. This is not our role. You should consult with the official society and SPQ and the other society."

So I'm just wondering, if such a question would be addressed to the CPSO, would they come up with a similar explanation—that it's not their role to generate new knowledge and to ask those very specific questions that arose from the deployment of the vaccine with respect to the risk-benefit balance for children and pregnant women, and so on. What would be their position in your opinion?

Dr. Edward Leyton

The College doesn't answer questions like that. The College is a regulatory body. It investigates people on a whim.

I don't know what goes on inside the College, to be honest with you. But it's something pretty nefarious. So in terms of asking the College to explain something like that, they don't do that. Their motto is protect the public, which they don't do, and guide physicians, which they don't do.

Commissioner Massie

My last question is about—what's the state-of-the-art in terms of the practice of medicine?

Did the practice of medicine evolve in your experience through, I would say, the practice of science observation and medical treatment that any given physician can actually do

[00:55:00]

in their normal activity? Or does it evolve solely when some new treatment or protocol has been checked very rigorously through these randomized control trials—that is the only way to come up with new solutions for treatments?

Dr. Edward Leyton

Well, it should be a combination of those things, in my opinion. It's a complicated question.

The problem is that when somebody comes up with a solution for something that's unusual, for example, I'm thinking of Barry Marshall, who is an Australian physician who came up with the idea that an ulcer was caused by a bacteria called *Helicobacter pylori*. This was many, many years ago. And he couldn't convince anybody in the scientific community that this was valid, despite publishing.

So it's very difficult to convince the medical community of new things. Eventually, he had to give himself an ulcer and then take the treatment and cure himself. And now, antibacterials are used for ulcer treatment with success, killing *H. pylori*. But that was a hard fight.

There's multiple examples of people who've come up with innovative solutions, who have been put down and not recognized throughout the history of medicine. I'm not a philosopher, so I can't answer why that might be.

What has happened, also, is that in a regular doctor's office, you get visits from a pharmaceutical company with the latest and greatest medication for something. Physicians are heavily influenced by that. And as we know, the only way to get grants for research is through money from pharmaceutical companies. So there's a built-in bias that is quite extraordinary. Does that answer your question?

Commissioner Massie

Yeah. Thank you very much.

Shawn Buckley

Thank you. There being no further commissioner questions, Dr. Leyton, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing this information and sincerely thank you for the service you've given as a physician.

Dr. Edward Leyton

Thank you for the Inquiry. Appreciate all you guys are doing.

Shawn Buckley

I will just state for the online audience that cannot participate that there was a standing ovation for Dr. Leyton. He is very well-respected for the service that he has given.

[00:59:00]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 8: Dr. Keren Epstein-Gilboa

Full Day 2 Timestamp: 08:38:23–09:28:55

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[00:00:00]

Kassy Baker

Good afternoon. Can you please spell and state your name for the record?

Dr. Keren Epstein-Gilboa

My name is Dr. Keren Epstein-Gilboa.

Kassy Baker

And can you please spell that?

Dr. Keren Epstein-Gilboa

Keren is K-E-R-E-N, sometimes K-A-R-E-N E-P-S-T-E-I-N, hyphen, G-I-L-B-O-A.

Kassy Baker

Very good. And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony here this afternoon?

Dr. Keren Epstein-Gilboa

Yes, I do.

Kassy Baker

Very good. Now, I understand that you're here today to describe various childhood traumas that were suffered largely as a result of COVID or COVID measures. Just to start with, can you give us a little bit of your background? Can you briefly describe that for us, please?

Dr. Keren Epstein-Gilboa

Well, I graduated with an undergrad degree in a health-related area, more than 40 years ago. My master's is in Counselling and Applied Psychology, and my doctorate is in Developmental Psychology.

Kassy Baker

So you're here today to speak to us as an independent scholar, is that right?

Dr. Keren Epstein-Gilboa

Yes, I'm an independent scholar.

Kassy Baker

Now I know that you have a presentation that's ready to go and my intention is just to let you carry on with that [Exhibit number unavailable]. I will interrupt if I have any questions, but we're in your capable hands for the moment, so please start.

Dr. Keren Epstein-Gilboa

Okay. Thank you very much. I'm going to be presenting insights from behavioural science.

My agenda, my question in 2020 was, "What is the reason that existing and long-standing research practices related to social determinants of health were discarded," and now I would say, "during the past three years?" I'm going to provide insights from behavioural science, a little bit on systems models, and the individual—and that's when I'm going to be talking about children as well, infants and children. A little bit on bioethics. And then I'm going to be presenting about the psychological model used to circulate systemic messages, which is often called the Nudge model.

Kassy Baker

Dr. Epstein-Gilboa, if I can interrupt you for one moment. The Commissioners have just brought it to my attention that I didn't swear you in. Did I swear you in or did I not?

Dr. Keren Epstein-Gilboa

Okay. Sorry.

Kassy Baker

I apologize.

Dr. Keren Epstein-Gilboa

Do I start again?

Kassy Baker

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Keren Epstein-Gilboa
Absolutely. Yes, I do.

Kassy Baker

Now that we have that out of the way, I will let you continue. My apologies.

Dr. Keren Epstein-Gilboa

I'm going to go insights from behavioural sciences. Systems model: a systems model is used in family therapy to explain organizations, to explain child development, and essentially states that, "Interaction occurs between multiple different systems and affects development at multiple levels, affects function and development, which means everything that's going on now, everything that goes on in general, is affected by multi-levels of interaction."

So there's the individual. The individual interacts with the family, with the health system. This is at the micro level: so with the health care centre, with the school. That's the media at the next level. All those systems, by the way, interact with one another and the individual. And the individual influences the systems. And the systems affect the individual.

There's the media at the higher level. There are different systems: health system, educational system, the legal system, politics. And all of these are affected by our beliefs, the belief system. So our beliefs can be affected at the individual level and go up all these levels. And by the same token, the belief system will then go down, be in all the different systems along the way, and then affect the individual. I based this model here on Bronfenbrenner's model. And Bronfenbrenner didn't originally have the chrono system in. Later he added it.

And the chrono system means we can look at history: it means events over time, which means to me that we can assess events by also looking at the events in history. So that's the systems model. Please bear that in mind as I now go to the different levels. And I'm going to look at the individual by using developmental models regarding social and emotional development.

[00:05:00]

So what is human development?

It's a change over time in multiple body systems, meaning that all the different systems also affect one another. And we have developmental tasks and sensitive periods: this means that **specific events have to take place at a time when the organism, meaning the child or the adult, is ready. And if we miss it, there might be problems.**

Resilience. Resilience implies that one can bounce back. And one's ability to bounce back is dependent on a balance between protective and risk factors.

So there's diverse interconnected domains of development: The domains are associated with specific areas in the brain. And there's specific neurons, and there's interactions between the neurons. And that's how development occurs. That's how these functions take place.

I'm going to look specifically at social and emotional development. Because social has a lot of meaning for what we've been going through in the past three years.

Let's look first at emotional development. So emotions are feelings, affect, mood. Emotions take place from birth and become more complex. Yes, little, tiny newborns have feelings. There's emotional regulation. That's also a process: So we understand we have feelings. We understand what we feel. We define the feelings. We share the emotions with another person. That's how all of this process takes place. And we understand eventually that others also feel, and we're able to emote properly in the context. Emotions affect all domains, including the capacity to learn. So, in other words, a child who's very anxious, feels stressed, feels sad, might have problems learning. Social interaction, therefore, plays an important role in emotional development.

What's also very important is that emotions are associated with specific neurotransmitters or hormones. And what's really interesting is these emotions either enhance or reduce immune function. So we would want people during a time where there's pathogens to engage in actions that are going to enhance their immune function, not stress that reduces immune function.

So social well-being: those are the emotions in all the neurotransmitters and the hormones. Social well-being is also central to overall well-being. If you know Maslow's hierarchy of needs, there are needs such as physiological needs: water, food, air, essential. Think about it, essential. Security means job security, for example, that's the next level. Love and connection mean social needs, means social connection, not distancing, and so on. These are the three lower needs: means that they are very basic to human function.

And we start off with symbiosis with mother, meaning, of course, pregnancy. That's the primary relationship. You could have a primary relationship, of course, with an adoptive parent and with the partner, and the father or the other partner. We have individual capacities and needs; individual capacities and needs vary over the lifespan. There are critical periods, such as infancy, adolescence, and older age, when social interaction is extremely important. Social interaction, then, is a protective factor. It's a determinant of health. As I said, when you feel good, you have enhanced immune function. Loneliness, sadness are risk factors.

So as you can see, these are some of the researchers who looked at social isolation and loneliness. And by the way, to the panel, I have sent, I think it's a 40-page list of references for everything I'm presenting today. So this is the research on social isolation, loneliness, which is a risk factor for multiple pathology. Now, I knew that in 2020. And I would think that most people who are in similar professions to the ones that I have would also know that because this is a known fact for many years. It's a known fact because it's based on research.

[00:10:00]

So stress increases the HPA [hypothalamic-pituitary-adrenal axis] axis. One of the reasons that these researchers, as well as others, believe that people of older age are more at risk for cardiovascular risks, cancers, reduced immune function, and other diseases and death are due to stress—stress due to loneliness, being separated from significant people. As I said, all of this was known before 2020.

And here's some evidence: if you don't believe me, the evidence is that we changed the hospital system. Initially, we didn't have visitors all day long. Until 2020, people could bring

their families in. And it's not because the nurses and the physicians loved the family so much. It was because they knew—because the research stated, because they engaged in critical thinking—that bringing the family in makes people healthy or prevents illness.

Just to show you how important social-emotional function is, I'm going to show you social-emotional development in infancy and early childhood. And we're going to talk about sensitive interaction, proximity behaviours, and neurobiology. These are some of the researchers. You can see, you probably can only see little black dots. These are only some of the researchers in this area, which means there was loads of research on the importance of maternal-infant proximity, smell, touch, everything that I'm going to talk about, before 2020. And if you could see these references better, you'd see that some are even, well, **Melanie Klein, she didn't know about neurobiology. But she did research and she wrote about her theory, object relations, starting in the 1920s.**

I'm going to focus specifically on infancy and early childhood for one reason because it is my area of specialty. But also because we barely have spoken about infants and young children during the past three years.

The first 45 months of life are the most rapid stage of brain development. So it's a very critical period. And during that time, like other periods of development, the child, the infant, is sensitive to specific stimuli. Factors that affect development, of course, are intrinsic: so genes and temperament. But there's also extrinsic factors, and they work together. Nature and nurture work together, and that's environment and parent and epigenetics, changes to the gene expression based on the environment. The most important factor is the toned, sensitive relationships with the primary caregiver, also in other models called holding containment. And this is the capacity of the parent or caregiver to notice, interpret, and match responses to the infant's cues. And cues are conveyed through interactional components: visual, to see each other; hearing, hearing well; tactile; olfactory; and just being close and listening and smelling and touching. Sensory, it's very sensory: face-to-face interaction is vital at the beginning of life.

So here's what happens. The first task is, we need to make connections between the synapses, and when there are connections between the synapses, we then have optimal development. Synapses, the connections between the nerves, cause the messages to flow. The messages to flow, together with myelin that makes the messages flow quicker, mean that this person—this little person, this growing person—can engage in multiple tasks. The brain controls the task that we engage in. Trauma, for example, will cause overabundant synapses in the amygdala, meaning this happens for adults as well, but this is at the time of the development when the brain is structured. So a traumatic or an anxious, depressive situation will change and alter the child's, the human's brain. The brain is plastic and can change; however, there's specific tasks that are more difficult to change, such as lack of **early interaction, appropriate interaction in early life.**

Factors that protect interaction are calm and confident parents, a positive birthing experience, sense of being supportive—

[00:15:00]

They need support: they need to be with people, and smelling and seeing and touching, all of these are very important to the infant—an uninterrupted interaction, uninterrupted breastfeeding, the ability to engage in synchronous, mutual, and intersubjective interaction. Intersubjective means shared emotional interactions.

But look at this side. If a parent is anxious or worried, if they have birth trauma, if they have to birth alone without their support system, if they believe that the birth experience was terrible, if they have birth trauma, they have lack of support, limited touching, face covered, distancing from infancy—then the infant, then this puts people at risk. It's a risk factor. Not all mothers are going to have difficulty with those risk factors; it's multiple risk factors that occur at the same time.

So I spoke about that, but just to go over: it's proximity behaviours, tactile interaction, cue-based breastfeeding. And here's really interesting, this is Schore's work. Schore, I'm sorry, I didn't put it here, but it is in the reference list. Schore found that when mothers and infants are looking at one another, their brains fire at the same time in the prefrontal cortex. In other words, when mothers and babies are engaging in facial interactions, both brains develop. The sense of being heard, engaging with the primary caregiver—these all lead to adequate synaptic connection and pruning. Pruning means getting rid of the cells, the area that we don't need; so instead of connection, we take out, like in the garden.

Actions that are perceived as traumatic or anxiety-provoking may affect memory, especially implicit memory, that's the memory, like a feeling memory.

So here's what we need: "I see your face." And here, you see a father and a son, and I said there, "I'm not sure what you're feeling" because we have to learn. How do we learn what others are feeling if we don't see their faces?

So healthy interaction versus blocked: answering cues; joint attention means we both look at the same thing at the same time; intersubjectivity, we share emotions; sense of self—all this leads to a sense of self, emotional regulation, social capacities, cognitive development and learning. And what we don't want is a hidden face, limited interaction and connection, the interactional components are stifled.

So if you don't believe me, then again, bringing in some research: touch, loving, seeing and feeling are essential for healthy growth. And by the way, touch causes the secretion of oxytocin. Oxytocin is a hormone that makes us feel good. It does a lot of other things as well, and it causes people to attach to one another, feel good about one another. For example, a father does not have to breastfeed a child in order to make the connection; they can just take off their shirt and there will be a connection forming due to oxytocin.

But on the other hand, maternal deprivation leads to anaclitic depression, which is depression in infants: they look totally muted. Loss is detrimental for life. This still-face experiment—that I won't be able to show you here, that I had hoped to show you—I will explain in a moment, is more evidence about the importance of the face-to-face interaction. And the lost sensitive period: I spoke before about neuroplasticity, but there are specific tasks that the brain cannot correct, and one is lost interaction.

And Nelson, Fox, and Zeanah did research on that. They looked at children adopted from Romanian orphanages, and even though those children were adopted to wonderful, caring families, there were specific tasks they had problems with because that part of the brain was not developed at the right time. And a very important part of the interaction is the parent's feeling. Parental anxiety and depression lead to muted affect; lack of stimulation; maybe hyperarousal and anxiety in the child, which impair learning; trauma. These are only some of the researchers in that area.

[00:20:00]

What is the still-face experiment? If you're watching now, you can press that YouTube link, you can watch this experiment. This experiment has been replicated multiple times. In this experiment, the mother or the father sits opposite the child in a normal way, and all of a sudden, the experimenter tells the parent to stop using expressions, to stand like this, opposite the child, opposite the infant. They're about 18 months. And the baby who's used to interaction gets very, very upset. And you can see how they're trying to bring the parent in, and they're unable to because the experiment is that kind of a face.

The child who has a secure attachment will immediately return and be okay; they're resilient, even though they just went through that momentary trauma. But it's very upsetting to see that. I always used to warn students before I showed that video because it is upsetting. Now think of this: what happens to our infants and some of our young children during the past three years who didn't see faces for hours, for hours? Watch that experiment if you can, and you'll see what I mean.

What happens to the mother? The mother needs to be very sensitive, so let's look at the mother during pregnancy. Look at all this stress that she's had, threat. You might have to birth at home because some parents over the world—for example, one of my references here, I believe it was the Jewish General in Montreal where they didn't allow birth partners to come in. Now here in Ontario, where I live, mothers could only bring one person. So you had to choose between your doula—who knew how to support birth, who was a woman and maybe gave birth—and the father who loves the child or the other partner but who might not have given birth.

So mothers had that difficult and I know from experience many mothers struggled with that. And they hear: “danger, danger, danger,” “inject, inject, inject,” “You're going to harm your baby.” “You're going to get a virus; you could die because mothers who are pregnant are more likely to die from COVID-19.” “The virus is going on hard; it's going to harm your unborn baby.” “Strangers covered,” “That's where your support,” “You have lots of risks.” Fear: “You can harm your baby; your baby can harm you.” Imagine that—no support, separation—that's what our mothers went through and how they started this.

So I'm just going to go quickly through these. This is one if you are pregnant, recently pregnant, you're more likely to get sick. The reference, sorry, do you need to see the reference? No, okay.

This is one some people might remember that the Almonte, if I'm saying that right, General Hospital asked all moms to have an epidural when they arrive just in case they need a caesarean. Imagine that. What does that tell you about birth? “Birth is dangerous.” You're already nervous. “Birth is dangerous. You might need a caesarean. Get the epidural.” Who cares about natural birth? And Blakely's work on the hormones during the birthing process and so on. Birth alone. And this is a petition by some Canadian mothers who were afraid they were going to have to birth alone, and they asked not to.

And this you won't believe, but first of all, some fathers could only FaceTime with the mothers during birth. I wish I had time to read you all these quotes, but I don't. But this was on CTV, and they were talking about parents who were FaceTiming with their newborns who were in the NICU [Neonatal Intensive Care Unit]. Imagine that, imagine that. Now, compare that to what I just told you very briefly about what young humans require. Imagine you're in your mom's uterus, you come out, and “hello?” There's no mother there, but she's on FaceTime. I just have to read you this one quote: “We were asked, ‘if you would like to FaceTime?’ to see our daughter. And it's been amazing,” said 28-year-old Mary McKenna, who recently gave birth to her daughter Harper at 26 weeks. “But I'm also

struggling so much not seeing her.” That’s not just a struggle. That’s essential for human growth and development.

This is from a professional journal, just to show you some of the messages to breastfeeding mothers. So if everybody notices, look carefully at the picture. Notice there’s no faces. And notice the messages:

[00:25:00]

Faceless, no interaction, hygienic. Use a mask during breastfeeding. This is a mother with COVID-19. Yes, but before this, we had mothers with strep and staph and all sorts of things, and we didn’t tell them to wear a mask. We just told them, “Nurse a lot because your antibodies will go through,” right? Isn’t that what we, the public, were told? Anyhow, so this is a mom with COVID-19: Use a mask. Wash hands and clean. Passive immunity in breast milk, well they even say it. And here’s a mom breastfeeding with a mask on. Yes, this really did happen. Might still be happening.

And this is from Health Canada, advises:

Keep the baby at a distance and hide your face. Once a baby is born, they can get COVID-19 from other people. So it’s important to limit their contact with others. To protect yourself and your baby, you should continue to follow recommended individual public health measures, such as wearing a mask, improving ventilation, maximizing physical distance from others, cleaning your hands. We recommend breastfeeding when possible. It has many health benefits . . .

Although in the breastfeeding world, they started talking about risks of not, but that’s okay.

. . . and offers the most protection against infection and illness throughout infancy and childhood. Breast milk isn’t known to transmit COVID-19.

Yet we’re scaring them. And then of course, about the mRNA COVID vaccine have antibodies, apparently mothers have in their breast milk. These are the messages to the new mom. And if you’ve ever worked with new moms, you know, and if you’ve ever been a new mom, you know, that the transition to parenting is difficult.

So we have a disrupted family and support system. Families aren’t supposed to visit, grandmothers aren’t supposed to come over. I’m a grandmother, that would be terrible. **Visitors after your baby is born: “Visitors should be limited to reduce the risk of possible exposure to COVID-19. This can be very difficult, but it’s important to keep your baby safe.”** Look at these other messages.

These are some of the findings so far. I don’t know if the research, you know, how great the research is or not. But they’re saying that obstructed interaction seems to affect development, and they’re looking specifically at apparent decline in cognitive performance in children and so on. I’m not sure if it’s true or not, but these are references, and we can check them out; we should. In other words, we are at risk for failed developmental milestones, disrupted social-emotional interaction, and at risk for reduced capacity for emotional and behavioural regulation.

So I'm just going to talk very briefly about other children, older children, I should say. The main thing to remember is that there are specific developmental tasks for each level, each age group: children develop at different rates throughout the years. And these developmental tasks were forgotten during this time. Or the people who worked with children did not display that they remembered or that they took enough steps to protect children at the time. There was a wonderful bulletin put out by the Hospital for Sick Children in June 2020. It was about the return to school. It was great, it noticed everything about development. It was based on sound, critical thinking, and research, and development, and it was cancelled a month later. They put out a different brochure.

The main point there is children need scaffolding support, which means you can't just put something on the computer online and expect a child to learn. They need someone to support them. And *Time In*, this is a book by my, he was the most wonderful late Professor Otto Weininger, and he talked about how "timing out" children is very detrimental to their well-being. It says to the child, "You're so bad, even I don't want to be with you." And so, timing out, I'm not talking about isolating. Timing out is very difficult for children, so we should bear that in mind.

Concrete to abstract thinking, so let me find here. The fearful idea: "kill grandmothers." So one teacher told me that one day she saw a child at the end of the school day who was hiding and didn't want to go home and sat crying. She said to her, "Why are you crying?" And she said, "Because my grandparents are coming to get me and I'm afraid I'm going to kill them." And that's a true story.

[00:30:00]

At the concrete stage, children also, when they see a rule, for example, a rule is a rule: "so if you don't wear a mask and it's a rule, you're bad." Things like these kinds of ideas.

A risk measure—the opposite of time in—is self-isolation. And I have some examples here. This was Public Health Ontario where they advise people how to self-isolate, a child has to self-isolate. Imagine, a child has to self-isolate: we're punishing that child and some children did not understand why. And some parents might not have been able to contain properly because they were trying to follow the rules and for some children that might be traumatic.

So some things for child, "wear a mask." Now, if you have children, you know that it's not so easy for a child to wear a mask, keep it clean, not touch it and so on, might not be comfortable. They advise children over the age of two, even children coming for therapy to wear masks. At the age of two, try getting a snow suit on. So how can you get a mask on? Anyhow, so self-isolation for children really did happen.

The proof is here, this is from Peel Health. I think they're called Peel Health [sic] [Peel Public Health], not Peel Public Health. What to do if your child is dismissed from school or childcare? "The child must self-isolate," which means stay in a separate room. These are real. And for those of you who are watching this 20 years from now, this really happened. So there's that one, again, okay. Yeah, imagine this, if a child must leave the room, they should wear a mask and stay two metres apart from others, and so on. Okay, so I'm not going to go over all the tasks just for time. Can anybody tell me the time?

Kassy Baker

You have roughly 20 minutes remaining.

Dr. Keren Epstein-Gilboa
Oh, Okay.

Kassy Baker
But we'd also like to save some time for the questioners.

Dr. Keren Epstein-Gilboa
Yes, okay.

Kassy Baker
So I'm just going to actually, are there any questions from the Commissioners at this point?

Yes, we'll save them for the end.

Dr. Keren Epstein-Gilboa

Okay, so I'm not going to go over all of the different stages. Just let you know that, as I said before, developmental tasks were not taken into account, and an appropriate risk-benefit analysis of the condition and child development did not take place to the best of my knowledge. And why? Why?

So I've tried to figure out why, and I looked at bioethics. I love bioethics. It's something that I actually read about and I'm interested in. And here are a few researchers if you are interested in looking at researchers just to understand more about bioethics. Beauchamp and Childress is very easy to understand if people just want to start reading about this.

And bioethics are there because there's a power balance between people who are health care providers and the people they serve. And by the way, I use the word person. I don't use the word patient. You can, if you wish, sometimes client. And I just heard lately the word "participant," one that I really like because it's very respectful. And the principles that all health care professions follow—albeit in different ways in accordance with their scope of practice—are autonomy, beneficence, justice, and non-maleficence. This applies to direct interaction, of course, between the health care provider and the person. And also public health.

Public health: it's interesting because public health, unless they're a public health nurse or physician, they don't serve individuals only. They look at the population. So I looked at different research on this issue. How do we deal with this?

And apparently, they should still be engaging in a benefit analysis that takes into account these four principles. This quote I took from the book *Doctors from Hell, Horrific Accounts of Nazi Experiments on Humans*. This is Abrams; it's the book by Spitz (2005). And they state, "need to care for the population need." This is not a quote, I'm paraphrasing: Still need to look after the population need and good citizenship. But it's a slippery slope when physicians, and I'm saying physicians here because the person who wrote this book was a physician, when the physician—and I'll add there, health care provider—begins to exclude or uses professional skills against people.

And Parasidis and Fairchild wrote,

[00:35:00]

There has been, during the past three years, “a lack of adequate involvement of ethicists.” This is a quote: “Might have to embed ethicists in public health teams.” Apparently, there weren’t enough involved at this time. Remember again, I started with a system. So when we have failed ethics, that’s related to chaos at all levels of the system. Risk for harm at all levels.

I’m going to focus mainly on autonomy because autonomy is part of all of the other principles. And autonomy talks about regard for the person. The person is worthy and this part is very important: Able to make decisions about their health. And the health care provider must respect the person’s goals; they must gear the treatment towards the person’s goals. We have dignity, privacy, confidentiality, informed decision making. Informed decision making, a lot of people talk about informed consent: You can’t talk about informed consent without knowing and talking about autonomy. Informed consent does not stand alone. Autonomy upholds the health system.

So let’s look at respect for humans as worthy beings and compare it to compliance—trust in authority, follow without question. Dignity. Dignity means compassion, respect: one does not only ensure that the person is covered physically, but we also think about their needs and things that are important to them. And dignity also implies birthing, thinking about the needs of birthing, and sick dying people who need people near them and the families who are left behind—that’s dignity.

Privacy and confidentiality. So Dr. Layton talked a lot about what the regulatory colleges are doing, including demanding files of private citizens. So here are two cases. Dr. Layton referred to the case of the clients or the people who tried to stop their private files from being viewed by the CPSO [College of Physicians and Surgeons of Ontario] and, so far, have not been successful. And of course, there’s also Dr. Mary O’Connor who was threatened with prison for not showing her files, for not providing her files.

So now informed consent or informed decision making, informed choice. Actual informed decision making means we use clear, tangible—Tangible means you don’t show people to wash their hands like this, that’s the wheels on the bus. You show how to wash hands, and it’s my understanding that health care providers learn how to wash their hands. They also learn how to wear masks, and we were not taught that. It’s valid, reliable, current [information]. But it’s also different views, second opinions. We listen to the person; we engage in respectful discourse, respect [person’s decisions]. And respect for the person as a worthy being, able to make decisions.

Let’s compare that to censoring—and here’s the really important one that Dr. Layton also talked about—prevented health care professionals from providing diverse viewpoints. Sanctions: you should know that all health care providers from all provisions have been reported, investigated—some not just about informed consent but about things that would never be considered in regular times. And yet the investigation went on, goes on. And tomorrow, for example, there’s two tribunals going on, one for a nurse and one for a physician, tomorrow. Public can view it. And the public can’t discuss what we really think. There’s only one view. You saw the letter from the College of Physicians and Surgeons.

Actually, the nurses were the first people to get their letter and it says: “Nurses are expected to adhere to standards of practice in carrying out their professional responsibilities. Nurses have a professional responsibility to not publicly communicate,” and now, look at these terms, “anti-vaccination, anti-masking, and anti-distancing

statements. . . .” You’ll see later on why the word “anti” is a bit problematic. “Doing so may result in investigation by the CNO [Colleges of Nurses of Ontario] and disciplinary proceedings warranted.”

And there’s a statement about the physicians. Physicians, as Dr. Layton said, also received a lot of information on how to talk to people. And one model that they were told about was to use motivational interviewing.

Motivational interviewing is actually a very respectful model. It comes from Rogerian, client-centred therapy. But if you read the material, if you go to PrOTCT [Presume Offer Tailor Concerns Talk]— Let’s see if I have a letter where the physicians were told to engage

[00:40:00]

with what Dr. Leyton was talking about: how to speak to your, they would say patients, I would say to their people.

You can look this up, PrOTCT [at Centre for Effective Practice], all of this is online. There it is. And it really, in short, tells physicians how to speak to clients. And I’ll just give you one sentence: “. . . starting the conversation with a Presumptive statement. Talking tip: ‘I will get/have already gotten the COVID vaccine and I’m happy to help you get it too, so you can protect yourself and your loved ones.’” And it is my understanding that health care providers don’t immediately disclose; disclosure is fine if it can help the person, but that is not the way that one would probably start a person-centred conversation. And there’s more points, you can look that up if you’re interested, and I think we should all be interested.

And you might notice, this is also from the PrOTCT and they’re saying, “What do you think of the COVID-19 vaccine?” and it tells the physician how to speak. And you might notice, if you were my students, I’d ask you, what do you notice here? Do you notice they don’t have faces? Yep. Okay. And, you know, what do you think about that? How warm and fuzzy is this interaction when everybody’s covered up? We don’t really know what they’re thinking because you can’t see their face.

So I want to remind everybody that telling health care providers not to speak with one another, not to speak their view, is not the way things work. Yes, there were arguments; yes, people disagreed. But they were allowed to speak; otherwise, we might still be spraying DTT on people. And as Dr. Layton, it’s interesting, we both use the same example: stomach ulcers, the change, the treatment has changed; imagine if we couldn’t speak about it. Mothers are no longer put to sleep and birth with twilight sleep, and they weren’t birthing alone from the 1960s. Reverence for artificial feeding, destroyed breastfeeding. It was actually the health care professionals who destroyed breastfeeding and put mothers to sleep at the beginning of the last century.

And allergies were perceived as mental health, there you can see a quote. And my father was actually one of the first allergists and immunologists, my late father I should say. And I know from my own experience how he was always told that allergies, “It’s all in your head.” We know now that allergies, that whole field is very well developed and accepted.

So just very quickly, the other principles: beneficence means we do good and we advance the health status. So I saw some of the witnesses who spoke, talking about not being able to go to parks and so on. Nobody told them about nutrition: well that’s a violation of beneficence. Justice means health equity and that means everybody can use the services. So

think about all these people who couldn't use computers. So how do they even get to speak to someone about health?

And, non-maleficence means, do no harm. I think many people here have spoken about the harm. But an important way that we do no harm or health care professionals do no harm is by engaging in a risk-benefit analysis. And that was my first question, by the way, in 2020: "Where's the risk-benefit analysis?"

Research on humans, I'm not going to go over, we all know that. But one of the main ideas there is that it's voluntary—it's the same as autonomy. And what I found very interesting, and you might find it interesting as well, is that the main theme is autonomy: respect for human beings, their goals and capacities to make personal decisions. So notice the similarity. The code for research on humans is different than codes for bioethics. They're different: what is—not—in the ethical code is trust.

Trust can also mean— It's wonderful if you can develop a trusting and mutually respectful relationship with a client. But it's not always there. And that's not our goal: to get us, the people, to trust them; that's not what it's about. Because that kind of trust is compliance, infantilization, like, trust versus mistrust in infancy; adults are not infants. But there's also transference: transference means that the practitioner might seem to be someone else to the client. So you're not going to have trust there, and that's okay. Or if the physician is the person who tells the client, "You have cancer,"

[00:45:00]

that client might be very angry at the physician. What, you're going to stop treating them? No. Trust also must be earned. So our goal is not trust—it's not trust—that's not what it is. What also is not in the ethical codes: follow orders.

Kassy Baker

Now, I'm sorry Dr. Epstein-Gilboa, I know that you have much more information, this has been very interesting, but we only have a couple of minutes left.

Dr. Keren Epstein-Gilboa

Oh my god, I didn't do the nudge. I have to get to nudge.

Kassy Baker

You know what, I'm sorry, we just don't have time.

Dr. Keren Epstein-Gilboa

But that's so important. I really have to speak about the nudge, I'll do it fast. I won't show the pictures.

Kassy Baker

You have three minutes.

Dr. Keren Epstein-Gilboa

Three minutes. But if you wonder—it's not my psychosis, everybody. There's a real program: it's called Nudge; it's behavioural insights. You can read about it. The government told us about it. What is the Nudge program? Go to Impact Canada.

What is the Nudge program? It is all over the world. It is a program based on behavioural science. Impact Canada is the group in Canada who work on it. They did things like, they used language. Sounds: sounds quiet to induce fear. Jubilance, because it's not just fear. Everybody talks about "fear, fear, fear." No, it wasn't just fear. They also used euphoria.

Images: people standing in line, circles. The same messages all over the world: stay home—stay safe. Foot in the door: that means, "Hear ye, hear ye! There's a virus." But we only start with a little thing. Boil the frog: we slowly increase the restrictions.

Priming. "Oh, no, this is what to do if a child has a heart attack." That means we begin to realize that heart attacks are normal: that's priming. Information without information: You'll see the graph there. There's no numbers. There's another one, no numbers.

Pressure. Threats. And sanctions. But that's not really part of the original Nudge program, but it's there now. Stay home, false equivalence: stay home—stay safe, which doesn't mean safe. They used "messenger effect," which is specific people that we supposedly value and listen to them.

Emotion. Please note again: they didn't only use fear, also, euphoria and hope. It's really important that we know this, so we're mindful. Emotion, we do not always know— Okay, wait, that's an example.

Social interaction. And this is a quote from the Impact Canada: "Emphasizing collective action, altruism/moral responsibility; emphasizing that self-isolating and physical distancing are altruistic," in other words, that whole term, social responsibility. That's part of the Nudge program. There was a continuum.

Let me just show the continuum. Normalize and idealize distancing so that eventually we will also be prejudiced and segregate. Stay home, physical distancing, conform, breathing barriers, small groups, cohorts, and discrimination. These are just quick— People standing in line; lines were used. I'm almost done. Just quickly going through these pictures. Lineups, circle: "we're in this together" when we're not really. No faces, and I showed that throughout: there's no faces. By the way, the facial coverings were actually used as part of the Nudge program to make sure fear stayed there, that we were reminded. Stay safe, be kind, be COVID, and so on. You remember this one, for the future generations: they really did tell us to have intimacy with the mask on, and that's about it.

I'll leave it with segregation.

Kassy Baker

Thank you very much. I apologize that we had to rush through the end here, but just so the commissioners are aware, we will be entering your slides as an exhibit [Exhibit number unavailable], so they can have some time to review that at their leisure, so to speak.

I believe we are out of time for questions, is that correct? We have time for short questions if any.

Commissioner Kaikkonen

I don't have a question; I just have a quick comment to add to your presentation. I think between Dr. Layton's presentation and yours, I'm probably traumatized here.

But I just want to add that there were parents having newborn babies and the babies were taken away from them in Ontario hospitals until the mother's COVID test came back. And I can think of one example where that baby was taken away for 36 hours until the COVID test was returned. And I'm just thinking, I wonder what happened to that baby in that 36 hours because they weren't with mom. So your examples are very real, and I think it should be a wake-up call for all of us, to think about exactly what that messaging that was sent out by so-called health authorities has done. And the other side of this is we've heard testimony as we travel across the country that talks about the generation that we've lost and that's our children. Thank you for your testimony.

Kassy Baker

Thank you very much. I have no further questions, and Dr. Karen Epstein-Gilboa, I would just very much like to thank you for your testimony here today.

Dr. Keren Epstein-Gilboa

Thank you. And thank you for doing this Inquiry. It's very important. Thank you.

[00:50:54]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 9: David Freiheit

Full Day 2 Timestamp: 09:29:17–10:18:10

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

So our next witness is attending virtually, Mr. David Freiheit. David, can you hear me?

David Freiheit

I can hear you. Can you hear me?

Shawn Buckley

We can hear you and we can see you. I probably pronounced your last name incorrectly. I know you're known with your online commentary as Viva Frei. Is that right? Or Viva Free?

David Freiheit

Yeah, my last name is Freiheit. It's verbatim: freedom in German. So it's a good name to have.

Shawn Buckley

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

David Freiheit

David Andrew Freiheit. D-A-V-I-D, Andrew, F-R-E-I-H-E-I-T; F like Fred and T like tango.

Shawn Buckley

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

David Freiheit

So help me God, yes.

Shawn Buckley

Now, you have a very interesting background. So you were a lawyer. You used to practise in litigation, but you've gone on to other things. You've become quite a celebrity as an online commentator. I've heard of you from individual after individual after individual. And I actually got to know your brother a little bit on some Zoom calls to see if I could get him to be volunteer counsel for the NCI. So I'm very pleased to meet you. You're being called primarily to talk about your experience with the Trucker Convoy because we're in Ottawa, and that was an experience that was really significant to people living in Ottawa. So I'm wanting you to share—because you weren't living in Ottawa at the time—how you got involved and what your experience was.

David Freiheit

Well, I'll let everyone out there know I didn't always look like this. I didn't always have the grimace wrinkle of a world-gone-mad on my forehead. I used to be a clean-shaven young lawyer. And some people might have seen me online from old videos, like the squirrel stealing a GoPro. But yeah, when the world went crazy, I had already started doing online legal analysis, sort of explaining lawsuits and breaking things down. Then the world fell off a cliff in 2020. If I may start, I'll share my screen for one second.

Shawn Buckley

Absolutely.

David Freiheit

I didn't make a PowerPoint presentation, but I've got my backups here. For what I'm about to talk about, it's worth starting off with a quote from Benito Mussolini. This is not the exact quote, but it's close enough: "The definition of fascism is the marriage of corporatism and state." What I have lived through and what we have all lived through over the last, starting March 2020, it has been fascism not in the juvenile sense of throwing the word around; it has been fascism in the actual Benito Mussolini sense: where I've witnessed the government working in tandem with corporations, working in tandem with the media, not to inform, not to control information but to purvey and propagate disinformation.

Shawn Buckley

Can I just slow you down? Because fascism is a term that is used very loosely now. And it's used, actually, to deflect and to make people—that aren't fascists at all—be not heard from. It is almost like the term "anti-vax" or "climate denier" now. My understanding, and you can correct me if I'm wrong, is the word corporatism simply refers to where the state interests and the corporate interests have largely become one and the two are working together. I guess Mussolini is very famous [for], when people would be talking about corporatism, saying, "No, no, you should call that fascism." You brought that definition up, and so fascism—just so people understand who are watching your testimony today—when they see the word "fascism," they need to understand that just describes the state of affairs where the state interests and the corporate interests are intertwined and working together. Is that right?

David Freiheit

Well, that's my understanding of the actual historical definition, not the way it's used this day. Like, you know, everyone's a fascist—and not to get too distracted—if you don't believe in certain things, you're a fascist. It's thrown around today, but it actually has a meaning. And it's a meaning that I've come to understand the importance of, which is corporation and government working in tandem because they have shared interests.

I've now witnessed firsthand in my evolution how this happens. I was young enough to remember people saying defund the CBC, you know, pre-2016. I had no idea what that meant, why it was being said. And now I understand because we've lived through this together. We lived through the shutdown of the world. We lived through—literally, it's come out now, and I'll bring up some articles if the world needs to see the homework—a world in which the government

[00:05:00]

decided the pandemic was a good time to test propaganda techniques on the citizens that they were currently locking down, shutting down, subjecting to unconstitutional and unconscionable restrictions.

And what way to do that? Well, it helps when you have the media in your hand. And so how did all this happen?

I had my YouTube channel. I was doing legal analysis, trying to keep my opinion out of it, thinking you can make everybody happy by not sharing your own personal opinion. Little did I know that at some point silence became violence. And then the world shut down. And I started, you know, I didn't want the channel—and I didn't want my entire life—to turn into COVID stuff. But lo and behold, there was nothing left: we were shut in our homes literally for years. I was in Quebec where we had five and a half months of curfew in 2021, and then because it worked so well and it was such a good idea, we had another month and a half of curfew in 2022 despite Arruda, the chief medical officer of Quebec, saying, "You don't use curfews to fight a virus."

So all of this culminated in the trucker protest, which was, for a great many people, not the light at the end of the tunnel but the only ray of sunshine that they had seen in years. I mean that is where my awakening comes into this. My experience in Ottawa, which was life altering and trajectory altering, where— I'm doing my daily stuff complaining about the lockdowns in Quebec, the tyrannical governments, doing my Viva walking on the streets. And it started off with people in my chat saying, "Viva, why aren't you covering the Convoy?" "And I'm sitting there saying, "What convoy?"

I now understand the same MO—the same *modus operandi* that happens every time—it's first a media that is reliant or adherent or subservient to the government. Well, their system is the same: Ignore something until you can't ignore it. Minimize it once you can't ignore it. Demonize it once you can't successfully minimize it. And that's exactly what happened with legacy media in Canada.

Shawn Buckley

So can I get you to slow that down because I think you're saying something really important. We have quite a large audience, and the demographics actually mimics vaccine injury, which is quite interesting. So there will be people watching your testimony that will never have heard what you just said. So I'm just wondering if you can say it again but kind

of slow it down to parse that out because it's somewhat important. And then carry on with explaining how you found out what was really going on.

David Freiheit

I was doing my best to slow things down.

Shawn Buckley

Yes.

David Freiheit

I've been told that I talk fast. Step by step, it's the MO of the media when they have an interest and they want to propagate a narrative: Ignore until the point that you can't ignore it anymore, and then you either minimize or distract. Minimize or distract to the point where you can no longer do that because it's gained sufficient momentum. And then you have to move into the demonize and lambaste. You can see this over and over again for populist movements, political candidates. It's the classic MO.

So I was doing my daily rants on the street because I was allowed out of my house because I had a dog, after 8 o'clock. The joys of COVID. So people are telling me, "Viva, why aren't you talking about the Convoy?" And this is a month or two before the Convoy, maybe a month before. And I'm saying, "I haven't even heard of this." Because the CBC and the state-subsidized and state-funded legacy media wasn't talking about it. Then I start going on CBC to see what's going on. And then, after the ignoring, we had the distraction.

CBC starts reporting about an alleged convoy in British Columbia going from one British Columbia town to another, but they're protesting road conditions. Nothing to see here, move on. Then I notice the CBC, at one point, updated that article and said, "Oh, that convoy is not the one that's headed to Ottawa." And that's when the CBC understood that this Convoy going to Ottawa was too big to ignore. Too big to distract or misrepresent, and so what did they have to do?

Step right up to item 3: demonize and lambaste. For the viewers watching, for everybody watching, if they don't truly understand—CBC/Radio Canada is subsidized to the tune of 1.2 billion dollars a year under the federal law. It is true that the federal law was enacted prior to Trudeau. In theory, it is whatever federal government is in power at that time that subsidizes them.

But when you see the indirect distorted interests of the media to placate or favour one government that doesn't want to defund them and to dehumanize the other— You'll notice that the CBC, once upon a time,

[00:10:00]

sued the Conservative Party of Canada for copyright infringement for using some of their material for a campaign ad—but never sued the Liberal government similarly—using our taxpayer dollars to sue a political party, one of the two big federal political parties.

Understanding this now, the CBC could no longer ignore this Convoy that was coming from all corners of Canada. So once they can't ignore, once they can't misrepresent, they then have to move into demonizing. And that's when they start demonizing the truckers as

extremists, anti-science, anti-vaxxers, yada, yada. At this point none of us really understood how big it was ever going to get. And they're doing their best to try to ignore the young children and the people with their flags of hope on overpasses across the country.

Shawn Buckley

And I'll just stop you there because people that are watching internationally won't understand. So when the truckers started moving from different parts of the country and driving towards Ottawa, the citizens would literally line up along the road, every overpass covered in flags and placards. And they couldn't buy a meal and they couldn't pay for their diesel—like, people were supporting them along the way and that was part of the experience that Canadians had. Because we have people watching internationally, I felt the need to jump in and fill that in.

David Freiheit

Please, don't worry. And they were doing it everywhere. I mean, they did it in Montreal; they would stand on overpasses. You had these wonderful images of hope and people standing behind the truckers—the truckers who would ultimately become an international movement, which obviously upset Justin Trudeau even more. So the media has to demonize them, and so they start calling them all sorts of names at first. But at this time, also, nobody understood what this protest was going to turn into.

You had truckers driving across the country, not knowing how they were going to pay for fuel or not knowing— Just, enough is enough, we're going to the capital. People also should appreciate Ottawa is not a random town. It's the capital of Canada; it's where protest occurs when protest needs to occur. So all of this is happening, and I'm starting to pay attention to it, starting to understand this is turning into something special. As luck would then have it—or bad luck would have it, although I think it all ended up well—I was in Florida for a Project Veritas event, back before Project Veritas turned into what it is today. But then people were saying, "Viva, what are you doing at a Project Veritas event? Get your butt to Ottawa." So I'm like, "Okay, I'll get back to Canada and I'll go."

In the meantime, I'm starting to see what the CBC and other legacy media are reporting from Ottawa: I'm seeing reports of Nazi flags. I'm seeing reports of Confederate flags. I'm seeing reports about defacing the Terry Fox memorial. People urinating or desecrating the [National] War Memorial that is in downtown Ottawa. But I'm simultaneously, literally, getting tweets, messages, video clips from people on the street saying, "This is all a big fat lie."

I'm sitting there; it's like, I'm seeing not one screen, two films. I'm seeing—someone's telling me that they're seeing blue when it's red. And so, it's like okay, "Well, I'm going to get to Ottawa the Monday I get back," which is after it started on the Friday.

I had never done this before. I did livestream where we talk about subjects, but I've never done a walking around real-time livestream. I said, "Look, I'm going to drive down to Ottawa. I see what the CBC is saying. I'm going to drive down and I'm going to livestream. And if there are Nazi flags there, the world's going to see it for good or for bad, for right or for wrong. If there's Confederate flags, violence, and mayhem, then the world is going to see it in real time as I see it."

I get down there. I drive down from Montreal. I drove down there and back every day, except for one night when I tried to stay in a hotel. But that was when I think the

government either bought up all the hotel rooms or forced them to cancel reservations because they cancelled my reservation.

I get down there. And you understand them: It's like eyes wide open for the first time, ever. I understood we're being lied to. And not just lied to—because it's one thing if you know someone's lying to you—it's a more insidious type of lie when they try to make you think that it's reality. It worked on so many people. I get down there, the Monday after reading news about Nazi flags, desecrating the War Memorial, and desecrating the Terry Fox memorial.

At this point, let me bring up one of my footnotes here: the article about the desecration of the Terry Fox memorial. This is CBC and this is how they reported it, and it's so subtly insidious: "Anger over defacement of Terry Fox statue, a sign of his 'unique' legacy, says mayor of icon's hometown."

[00:15:00]

When I talk about the fake news—and people are going to immediately think of the Trumpian term—this is government-subsidized propaganda. And you'll notice, in all of these CBC articles that I'm going to bring up, the tactic: They make a statement, but then they quote someone else, "says mayor of icon's hometown." So they're not making the statement, but they're saying the statement, referring to another government official who makes the statement—it's misleading, and it's utterly dishonest. So you read the headline, and for anybody who gets past it, you might see this picture of the defacement of Terry Fox [image of Terry Fox statue with a Team Canada baseball cap and Canadian Flag wrapped around his neck].

Words have meaning, as a lawyer, my father always said, "Words are the tools of your trade." Defacement typically means something semi-permanent, more permanent than a cap, even if one were inclined to think that a cap is defacing a statue. They don't show you the bottom of the statue, at least yet. So anybody who gets this far, and says, "Oh, my goodness"—well, even I thought this at the time—"there must be something going on at the bottom of that statue." Spray paint, dirt, something along those lines. You get down to it—once you scroll down far enough—and this is the defacing of the Terry Fox memorial that they were complaining about [image of Terry Fox statue holding a sign: Mandate Freedom]. Now, again, they didn't make the statement; they're just quoting the mayor of Terry Fox's hometown. Why is this so gleamingly insidious? That's defacement.

And when you want to talk about a media that has a vested interest to demonize one group while lionizing another, this is a tweet from Sheila Gunn-Reed from back in the day. Let's see if I can find this. Can we see that now?

Shawn Buckley

Yes, we can.

David Freiheit

Okay, it's tucked down here somewhere behind all this.

You have a tweet from Sheila Gunn Reed, which compares, you know, historical defacement of the Terry Fox—sorry, alleged defacement—from the Convoy with what is otherwise "just celebration" [Sheila Gunn Reid Tweet comparing image of Terry Fox statue at the

Convoy, with Team Canada baseball cap, Canadian Flag, and Mandate Freedom sign, with another image of Terry Fox statue celebrating Pride week, holding a Pride flag and flowers]. It's the same media that's doing this: they'll take two images, which are by and large the same, and demonize one based on ideology while lionizing another based on ideology.

Who does it benefit?

Well, it benefits the government, and it benefits Justin Trudeau in effectively shaping—and as you say, not just Justin Trudeau but Doug Ford, all the provincial leaders—it helps them mislead an entire population as to what's actually going on for anybody who gets past the headline, which is already a very small percentage, and even then, it's buried in there.

And they do this so that they can create, promote a narrative that favours the government, a government which subsidizes them, and then people see this and think that they are informed. I knew people in Ottawa, not to identify anybody who doesn't want to be part of this. I've known people who live in Ottawa who thought what was going on was what was being depicted in the CBC; none of them stepped foot in downtown. And they all believed that they knew what was going on and that the truckers were Nazis, that they were desecrating statues, urinating on them.

I went down there with my camera, and I ran around, literally, everywhere. And I go past the memorial: it's clean; it's shovelled. There might have been what looked like coffee on the side of it, but, by that point, the lie has travelled around the world and the truth, as they say, is still putting on its pants. I did this for 13 or 14 days: just drive in, see what's going on and talk to people—just talk to people and hear them in the same way that they're talking now and sharing their stories with the world now because our elected officials refused. They didn't even have the courage or the dignity to come down and talk with any of the protesters—people who just wanted to be heard and share their story after two years of what can only be described as unconscionable inhumane abuse. They didn't have the courage to step down and talk to them. I just went around hearing people's stories, see what was going on firsthand. It wasn't to misrepresent; it was just to show without a filter what was going on. And that, without a filter, led to CTV News' "W5" attempting to make me look bad, as if to say, "This guy goes around with a camera with no filter; he's very popular. What's going on? Why are people watching this?"

Without understanding that that's exactly what the people want: it's just the truth of what was going on. And I went down there and I saw it with my own eyes. You know, when the CBC was talking about kids—hold on, I'll bring this one up as well—kids being among the crowd, making it hard for police to do their numbers. Here, I think this is it; yes, this looks like it. Look at this. CBC, notice the tactic: They make a statement, "Large number of **children among protesters hampering response, police say.**" Oh, well, we'll just unquestionably and unquestioningly repeat what the police say so that we can then continue with demonizing. And not just demonizing, by the way,

[00:20:00]

because I was there seeing people in tears because the implicit threat was that the government was going to come in and take children away.

This is not just demonizing and calling people Nazis or whatever. This is, you know, saying these parents are putting their children at risk, using them as human shields. But CBC says it again, "Large number of children among protesters hampering response, police say." CBC

is not saying it. They're just repeating it for and on behalf of the government to the benefit of the government.

And then, look at this, if anyone thought— Is this the right one here? Yeah, this is it. Ottawa police [an Ottawa Police tweet]: The CBC is just repeating the Ottawa police, repeating it and not condemning it. When the Ottawa police come in and say, "Protesters have put children between police operations and the unlawful protest site," they deemed a constitutional right unlawful just like that, willy-nilly. But set that aside. "The children will be brought to a place of safety." To me that is a very sinister threat of government-sanctioned kidnapping, but it didn't actually get there—but not for lack of trying from the CBC media. So I'm down there, oh, goodness. Yeah, sorry, go for it.

Shawn Buckley

Well, I'm just wondering, describe what you saw. So you're telling us about all this demonizing and you're telling us you were down there. So what did you see?

David Freiheit

I said I wasn't going to cry because I think it's weird when people cry. I cry when I get upset, but I also cry when I get really, really frustrated. What I saw there was one of the few times where I was on the verge of tears because of how magnificent it was. It was noisy: there's no doubt about it. There were horns and there was a beauty in the horns. But it was nothing but the most beautiful thing I have ever seen, for those of us who had spent two years under psychological, economic, financial, and spiritual abuse.

You know the previous witness talking about how Peel region was talking about locking kids up as young as five years if they just came across someone who's— We had lived through that. I saw people smiling. Hugging. And I'm never one to hug; I'm a bit of a germophobe even before all this. I even started to hug. You saw people smiling; you saw people wearing masks mingling among the crowd. But the media was saying that, you know, the truckers were demonizing people who were wearing masks.

Another grotesque lie because a lot of people, known to everybody there, were wearing masks so they wouldn't get identified and fired from their jobs for participating, partaking, or even being at the protest site. I saw kids playing hockey. There was the jacuzzi towards the end of it, the hot tub. Kids playing hockey, dancing, smiling. There was a section by Wellington and the main intersection, right in front of that hotel, the fancy hotel—

Shawn Buckley
Elgin.

David Freiheit
I called it the dance-dance. It was, say it again.

Shawn Buckley
Elgin.

David Freiheit

Elgin Street, yes absolutely. There was this section, I called it the dance-dance revolution because they had trucks—they were playing dance music; people were dancing. I'm not saying this, because I don't look at people and immediately see race, religion, identity, sexual orientation, I'm saying this because for a group that was called misogynist, there were women all over the place. For a group that was called racist, I interviewed Iraqis. There were black—I don't know if they were Canadians, but there were people of all races there. They were called anti-trans; I interviewed a trans person who was at the protest, Ari was their name. I interviewed this person and we had a good time. And Ari said that the only time they felt any form of hatred was when they crossed the line from the counter-protesters to the protesters, when the counter-protesters realized, "Oh, this is no longer an ally, Ari is an enemy." I interviewed people from all over the world. I interviewed Big Bear, a native man. And I'm listening to the media say that this group of trucker protesters was anti-black, racist, anti-Semitic, misogynist.

It was hogwash from day one, and I learned that after day one. Trista Suke, day one, I meet a beautiful young woman who's walking around with a guitar. I had no idea who she was. She says, "I want to sing you a song," and this was at the far end of the protest. And I was nervous for her because, you know, I was worried it was going to be like an "America's Got Talent" bad audition. She started singing and she sang Amazing Grace, and it was the most beautiful thing I've ever heard.

This was what the protest was.

And then for two and a half weeks, you had the CBC running around with that lone picture of a swastika on a flag. No one ever knew who that person was. But, you know, very fortunately there was a professional photographer right near him, so he could get that shot. You know, diffuse it to the media who would then run it around saying, "Oh, we're just reporting."

[00:25:00]

For anybody who doesn't know that one scene on day one when someone was there with a Nazi swastika flag: The media ran with that. Politicians ran with that. Marco Mendicino ran with that. Justin Trudeau, Jagmeet Singh, they all ran with it. The media helped them, and they had their disinformation-laundering campaign perfectly set up. It's unclear what that person was even doing because there are some people who suggest the person was there with the Nazi flag to suggest that Justin Trudeau's regime was behaving like previous Hitlerian regimes. Others are saying he was a plant. Who knows? Bottom line: that flag existed on one person for one moment, never came back. And after that, it was nothing but love, peace, and a sense of joy that Canadians had not felt—and the world had not felt—in two years. Sorry, I heard you want to say something.

Shawn Buckley

Well, no, you answered my question because we've all seen that image because the mainstream media just kept repeating that image. So, you know, it's now a famous image in Canada, and it's burned into our minds regardless of whether we bought into the government narrative or not. And so I was just going to ask you, because you were literally walking around live streaming day after day, if you ever saw a Nazi or Confederate flag at the trucker protest?

David Freiheit

I never saw one and I didn't edit anything. I went for five and a half hours, sometimes every day, and I saw what I saw. And it's not just that I saw what I saw because I asked cops. I asked the police: "Have you guys seen any vandalism? Have you seen any violence?" They said, "No, it's cleaner and safer now than it's ever been." And I should add this, I'm very familiar with the city of Ottawa. I never felt comfortable in the city of Ottawa; I might be a bit neurotic and nervous, in general. But nobody liked downtown Ottawa at night because it's not a place where you would go walk at night. No judgment. There might be, you know, reasons why the government has sort of failed the homeless population and the addicts of Ottawa. But it's not a place where you would walk around; the Rideau area, it's not a place where you'd walk around at night. I had never seen the downtown core of Ottawa cleaner, safer. The homeless people were being fed. And so when you read these bogus rubbish stories coming out that the truckers went and harassed a homeless shelter and demanded food—they were literally cooking food on the streets and feeding the homeless people.

And it was so in your face and so shocking what I saw. And I went to ask the cops, "Have you guys seen anything?" At one point, one of the policemen said to me, "Yeah, actually, there's a broken window across the street." I was like, "Oh, where?" And then he giggles saying, "I'm joking; it has nothing to do with the protest." You could not understand what it—wasn't—unless you had been there. But they did a good job doing what they're doing in terms of making people think they understood what was going on, and it has its impact. And I always say, "The toxicity is a trickle-down and a trickle-up."

Let me play a clip. I interviewed a counter-protester. I'm just going to play one section of this interview. Let me see if I can bring it up here. And I'm not bringing this up to mock the person. I have no idea who this person was, ironically enough, wearing masks, and nobody cared. But listen to what the protester said. I thought this rang interesting.

[Video] Counter-protester

The occupation of Ottawa has to end. I live just outside the Red Zone. It's appalling. I cannot go to an office building. I can't shop. I can't go to church. I can't—

Viva Frei

You can't shop. You can't go to an office. You can't go to church. What do you have to say to the people who are protesting because they can't go to church, they can't go shopping, and they can't go to the office because of the government.

Counter-protester

Get vaccinated,

David Freiheit

"Get vaccinated." Listen.

[Video] Counter-protester

and do what you can.

Viva Frei

Okay, but now, if I may ask, could you recognize a certain inconsistency in telling someone that they have to do something with their body to do the thing that you're complaining you can't do now because it's an inconvenience?

Counter-protester

It's not an inconvenience, that's an occupation.

David Freiheit

"Occupation."

[Video] Counter-protester

I'm not telling them that they have to be vaccinated. I'm saying that if they want certain things, certain rights then they have to be vaccinated. If they want certain rights, you can't drive a car without a seat belt without facing the consequences.

David Freiheit

Where she says, "without facing the consequences," she goes on to say, "Get vaccinated or there will be consequences."

[Video] Counter-protester

You can't drive drunk without facing the consequences. If you don't want to be vaccinated, then you have to face the consequences.

David Freiheit

Where did we hear that terminology being used? I had to go back and double-check.

Shawn Buckley

So this is a counter-protester, just so it's clear for everyone watching. This isn't anyone involved at the Trucker Convoy, but they were counter-protesters. You went and interviewed this counter-protester.

David Freiheit

I interviewed a couple. I wasn't there to pick fights or start fights, but I went to interview this counter-protester. The one thing people should remark from that interview is that you could hear it,

[00:30:00]

and this was barely four blocks down from the core of the protest. She went on later to say that it's torture, the noise. We were conducting an outdoor interview on my iPhone, and you could barely hear the horns from up the street.

But "get vaccinated or there will be consequences": where did I hear that terminology? This was February 2022. Well, lo and behold, you know, this was the exact terminology Justin Trudeau had used in August 2021. I had to double-check the dates to see which one came first. And you see how this all works: It comes from the "top down," recycled and regurgitated by the media that doesn't hold the government's feet to the fire. I've been saying that the Canadian media has gone from being the government watchdog to being the government lap dog. And so you get the government, you get Justin Trudeau, the highest person in political power in Canada: "If you don't get vaccinated, there will be consequences." You don't get a media grilling him for this Nuremberg-level violation of everything that history has taught us.

And then it trickles down, recycled, and then, lo and behold, you get your citizens regurgitating and repeating what would otherwise be atrocity-speak in different ages. I interviewed this protester. You could hear the interview. They were claiming it was an occupation: She said, you know, "The horns, it's torture. It's a violation of international law." And I asked her if she knew about the Nuremberg Code, and, lo and behold, you know, CBC wasn't exactly teaching people about the Nuremberg Code.

But that's what happened. I walked around. I talked to people and I heard their stories. I interviewed a woman whose two sons died of overdose during the pandemic. You can't listen to something like that and not have your heart hurt beyond any way that you can ever repair. But, you know, Jagmeet Singh, who goes down on Parliament Hill to protest with the federal workers, didn't step down. They like to use the word "step up." That's the propaganda, you know, "people step up."

The government wouldn't even take a foot down into the protest to listen to these people. A woman who lost both of her sons to overdose during the pandemic. She was telling me how, you know, they were good; they got their lives back on track. And then everything shut down: they lost their jobs, and they relapsed and died. No, the government doesn't have the courage to talk to her. The media doesn't have the courage to talk to her.

You get the CBC down there, and this I saw also. The most interesting was not just seeing the distortion of reality but seeing how they do it. So you get the CBC—and others, I mean, I don't want to only pick on them, but they really deserve it—looking for the drunkest people to interview, then interview the drunk people, and then say, "Look at this representative of the crowd down here. It's a bunch of bums, drunken; they're just looking for excuses to do this." They look for the exceptions to make the rule, and they don't actually talk to the people themselves. It was revelatory, but well, let me bring this one up.

This is just something that the world needs to see, speaking to what the CBC does in terms of reporting. This was an actual article. We're talking about state-funded media that is there to parrot and condition the population to accept unconscionable government measures. Why? Because they're subsidized by them directly and/or indirectly. This was an article, "The pleasure and peril of snitching on your neighbours during a pandemic." And their only problem with it, by the way, "Experts say reporting on neighbours offers a sense of control but adversely affects minorities." This is Canadian media, fully subsidized by government taxpayer dollars, and what they're out there doing is parroting, pre-suasion—planting the seeds—preconditioning people to accept the unacceptable and normalizing it.

Shawn Buckley

You know, it's interesting that reporter obviously hadn't learned what we learned in Manitoba. Because when the Commission has been travelling to different provinces, we've had one of our video people assemble news clips of the government speaking during the pandemic. In Manitoba, they didn't call them snitches; they called them "ambassadors." It was really Orwellian. I mean, it was upsetting to watch. And what the government was saying, they were basically encouraging people to snitch as if we were in East Germany, and, you know, there was the Stasi.

David Freiheit

It's the Orwellian newspeak like the previous witness was saying, you know, "We're closer together by being further apart." What is it? "War is peace, freedom is slavery, ignorance is strength." I forget the exact order, but it's nothing less than Orwellian newspeak.

[00:35:00]

Just to show receipts as well, this was the CBC, and notice the tactic again; it's the third time we've noticed it: "Protest convoy had 'worst display of Nazi propaganda in this country,' anti-hate advocate says." So the CBC is not saying it. They're just repeating what someone else says without holding their feet to the fire, without challenging it: it's the "worst display of Nazi propaganda in this country." This is, I like to say, "confession through projection," on my channel: accuse your enemies of doing what you're doing. This is the worst display of propaganda imaginable. You have the CBC, not saying it, just repeating someone else—the anti-hate network has its own problems in terms of reputation—but just repeating it: the "worst display of Nazi propaganda the country" has ever seen. And I went down there. Didn't see one Nazi flag, and it wasn't for lack of trying. Didn't see anything but the most beautiful unification I had ever seen.

I should say, it was the most beautiful thing I'd ever seen until Justin Trudeau deployed the stormtroopers after having invoked the *Emergencies Act*. I didn't see a lick of violence until the cops came in. Police, I should say the police—the RCMP, Sudbury Police, OPP, who are the other ones, Sûreté du Québec from Québec. It was the most beautiful thing I'd ever seen until the government said, "We have been embarrassed enough," and then called in the police.

I was down there the Friday and Saturday when they broke it up. And they came in, at the direction of Justin Trudeau, like literal stormtroopers in flank. One step at a time, knocking people, what do they call it, "the shove and grab," knocking people over, arresting them. I was there the day that they had assaulted, violently arrested, Chris Deering, an Afghanistan war veteran. A war veteran—his body had been literally destroyed in battle where his other mates did not survive—violently arrested, cuffed, had his hands behind his back for two hours. Then they drove them outside of the city and dumped them off like trash and let them make their way back.

I was there the Friday and the Saturday, and they had snipers on roofs, drones in the sky. They were detonating concussive grenades. I was like five feet from a concussive grenade as it detonated, as they're clearing the streets one after the other. Because Justin Trudeau, who promotes protest in India, promotes the rights of the citizens to protest in China— It wasn't even a question of negotiating. We now know from the Commission [Public Order Emergency Commission, (POEC)] that they had effectively negotiated some form of an agreement whereby the trucks would leave. But Justin Trudeau was so desperate to turn this into a quasi-January 6th—

Shawn Buckley

Let me just stop you, and I do want you to continue. But I just want the people that are watching your testimony to understand. So what you're communicating is the *Emergencies Act* was being invoked. So people understood that the troops were coming, so to speak, and the truckers had arranged to negotiate and had communicated "We will leave." So it wasn't necessary for the police to come in. And we've actually had one, I think, two witnesses that were involved in those communications, "We will leave." So I think it's important for people to understand, especially those that watched the troops come in—and there's still the videos online—that was completely unnecessary. That basically the truckers had agreed to leave and disembark and vacate the capital.

David Freiheit

I have sort of taken for granted and, wrongly, that everybody knows exactly what I'm thinking. Yes, so the protest goes on for near three weeks and peaceful, but it wasn't ending. The Windsor Bridge blockade, which everyone knows because that blockaded the border between America and Canada, Ontario and Michigan, had already been resolved via court order.

But Justin Trudeau was hellbent on invoking the *Emergencies Act*, which used to be the *War Measures Act*, which is the invocation of last resort for when there's a national emergency for which existing laws are inadequate to remedy. So Trudeau was hellbent on doing this. We now know this from the Commission (POEC), which revealed that they were discussing it. And even though a negotiation had been reached between the truckers and the city to at least clear up certain areas, that settlement was basically set aside so they could invoke the *Emergencies Act*, which was after the Windsor Bridge blockade, if you want to call it that, had already been resolved via court order.

So I don't care what the Commissioner Rouleau concluded.

[00:40:00]

It was the most egregious, unjustified, unconstitutional overreach to invoke the *Emergencies Act* for an issue of national security—a national crisis that cannot be resolved by existing laws—as relates to a protest in a four-block Red Zone, in pinpoint, geographically limited to Ottawa.

If nobody knows what an overreach that was, I've broken it down quite a bit on my channel. He invoked the *Emergencies Act* and then the police start coming in. Everybody knew it was going to end badly or more badly. The police came in flanks. You had multiple police [forces]. You had some with no identification badges coming in on the Thursday, Friday, Saturday, setting up fences, which people thought were for kettling, which is, you know, crowding people in so they can get arrested. You had heavily militarized police, armored vehicles, and police people, no badges. You didn't know who they were, just numbers. You don't know where they came from. And then all hell breaks loose of violence on the Friday and the Saturday when they decide it's over.

I said during this event, "If this event does not end in reshaping and revolutionizing where the world is headed, it'll be the biggest black pill following the biggest white pill that I've ever had." The day that this protest was violently ended, violently suppressed, it was one of the darkest moments for me after having seen the last three weeks of peace, love, and beauty. Nationalism in the best possible way—Canadians proud to be Canadian again. The amount of people who said it to me while I was down there: "I've never been prouder to be Canadian. I've been depressed and sad for the last two years. I've driven 13 hours from Nova Scotia. I've driven 12 hours from Northern Ontario. I've driven from Vancouver." The people were happy to be among other people. They were proud to be Canadians yet again, and then it was suppressed. The way it was suppressed also further illustrated the government-subsidized propaganda to downplay and deflect from the egregious over-the-top violence.

There was an image accidentally caught by the CBC, I think, of the police beating the ever-loving mercy—just kneeing a human being as though they were a sack of potatoes that they were trying to turn into mashed potatoes for dinner. It was accidentally caught live; they never spoke of it again. The media is covering this, you know, talking about violence—that could possibly warrant this action—when there never was. At one point during the protest,

the police cordoned off the cenotaph, the War Memorial, to protect it. To suggest that the protesters, who were military veterans in large part—

Shawn Buckley

Many wearing medals at the time and telling the police that they were not going to be violent.

David Freiheit

Wearing their medals. When Chris Deering was violently assaulted, he lost one of his medals in the snow when they shoved him to the ground, when they kneed and assaulted him. They were wearing their medals. They were—and I learned this by being there and asking them because CBC sure as hell was not reporting on this—they had set up 24-7 video surveillance of the War Memorial. They were shovelling the snow every time I was there, salting it, because the city was no longer salting. They had a drummer in front of the War Memorial, doing the military drums, and then the police come in and section it off as if to suggest that it was out of control and that people were desecrating it or vandalizing it. The military veterans that I was talking to—I've never served; I don't have this experience; I don't have this, you know, reflex of my soul—they were outraged. They said, "This monument is a monument for me to go pay tribute—honour—to my fallen brethren. And now I can't go step on it because the government is doing this as a sick ploy to make us look bad."

Did the media ever talk about how it was the military— It was spinning. I interviewed these guys, shovelling the snow, salting the walks, and watching over the War Memorial.

Shawn Buckley

Viva, I just need to focus us, and somebody just flashed that we have five minutes left.

I want to give the commissioners an opportunity to ask you questions because you've brought us a very important perspective, and the fact that you actually went there to deliberately see what was happening and contrast it with government narrative is of vital importance. So I'm just going to ask the commissioners if they have some questions, and they do.

Commissioner Drysdale

Good afternoon, Mr. Freiheit. We had previous witnesses who were at the protest in Ottawa, as you were,

[00:45:00]

and you were talking about how the CBC only presented certain pictures and so did the rest of the mainstream media. But that area, Elgin and Wellington, in and around and in front of the Parliament buildings, is probably the most surveilled, video-taped place in the whole country. Have you seen or have you asked for or has anybody to your knowledge demanded that the Government of Canada release some of that surveillance tape so we can see, using the government's own video cameras, what happened?

David Freiheit

I would say there's—I haven't done it. There's no need to do it because with all of the live streamers there who captured all of this in real time, there's no room for doubt. Thank you for reminding me of another fake news story that the media ran with but only corrected once it was well too late.

The arson, the alleged arson that the truckers had attempted to carry out on an apartment building. It had nothing to do with the protests and nothing to do with the protesters. By the time they go to correct that story, or attenuate it, it doesn't matter; it's already left its impact. When I was talking to the counter-protesters, they were just repeating the same things. They were just repeating the same things: people getting assaulted for wearing masks, the harassment. It was nonsense. But you don't need to ask the government for these videos. Everything was documented in real time.

The only issue really became, say, algorithmic suppression or soft censorship on social media where that video of the police kneeling, I think, a veteran in the torso as they're arresting him—that systematically gets demonetized on YouTube, which affects its visibility to others. But it was all captured. The only violence that occurred, in my experience and that I've seen, was at the hands of the government that came in to end this peaceful protest in the most non-peaceful way imaginable.

Commissioner Drysdale

Well, my only point, and I agree with you, it was documented by many people, including yourself. But my only point in getting the government videotape is it would be nice to hear from the voices of the government themselves, showing their own cameras, what their own cameras have shown. It would be difficult for people to say that the government edited or selectively videotaped when they have hundreds and hundreds of cameras. It reminds me a little bit of the Tucker Carlson thing earlier this year with their January 6th fiasco. It would be hard for the government to deny their own camera feeds, I think.

David Freiheit

Absolutely. Also, some of those camera feeds might show stuff that the government doesn't want you to see. Like there was a video of the police, while arresting someone, appearing to butt them repeatedly with the firing end of a gun. I'm reflexively a back-the-blue type person. But what I saw on the days when the protest was crushed violently was just following-orders-type conduct, which will leave a lingering bad taste in my mouth.

Commissioner Drysdale

Thank you.

Shawn Buckley

And there being no further questions, David, what a pleasure it has been to have you share this, your personal testimony with us. On behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

David Freiheit

Thank you for having me. I wanted to do this during the Commission, but I think too many people wanted to do that as well. But thank you for having me. I hope everyone really

appreciates—it's attributed to Denzel Washington, but I think it's more Mark Twain: "If you don't read the news, you're uninformed and if you read the news, you're misinformed." You have to know the tricks in order to understand how to digest what's being fed to you and make more people wake up to what is actually going on.

Shawn Buckley

Thank you.

David Freiheit

Thank you.

[00:49:10]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 10: Anita Krishna

Full Day 2 Timestamp: 10:18:39–10:47:30

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Hello?

Anita Krishna

Hello.

Kassy Baker

Hello, Anita. We're on right now. Can I please get you to state and spell your name for the record, please?

Anita Krishna

Anita Krishna, A-N-I-T-A, last name is K-R-I-S-H-N-A.

Kassy Baker

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Anita Krishna

I do.

Kassy Baker

Very good. Now I understand that you're here today to tell us about your termination from Global News from your position as a control room director. Is that correct?

Anita Krishna

Correct. Yes.

Kassy Baker

Before we get into that, I would just like you to tell us a little bit more about yourself. Can you please describe your education?

Anita Krishna

I have a bachelor's degree in Radio and Television that I got from Ryerson University and I've taken other college courses, but I have a bachelor's in Radio and Television from there.

Kassy Baker

And how long have you been working in journalism and broadcasting?

Anita Krishna

Twenty-five years, long time.

Kassy Baker

Can you please tell us about your work and duties as a control room director?

Anita Krishna

Okay, at Global News, I was a technician, I was a control room director. So what that means is when you're watching your newscast on TV at home, we are making the TV happen, so that's part of my job. The producers line up a show, and we all work out of a rundown: the software that we used there was called ENPS [Electronic New Production System]. So they build the show, and what we do is we run all the elements in the show technically. We roll the opening, the big dramatic music that says, "Tonight, on Global News," and then we do all the camera moves and decide what the look is, whatever the top story is. Let's say it's about a mudslide blocking traffic on a highway or something, then I put in pictures of the mudslide, things like that. If we're going to reporters live on the scene, I make sure that's technically all good to go.

My job is preparing the technical execution and executing a show. But I work in a newsroom, so I work alongside all the directors, or sorry, all the producers and stuff. So even though I'm in my own world kind of lining up, kind of technically figuring out the elements I'm going to use for the show, I'm listening to what's going on in the newsroom. And I've done that type of work for 20 years or so.

Kassy Baker

And how long have you been working for Global specifically?

Anita Krishna

Since 1997, that's when I started there and I worked there for a few years. There was a period of time, right around 2001 and '02 that I started working at other stations. So I was just freelancing around different stations in Vancouver. I worked for CTV and I worked for City TV and worked for Global and Shaw, kind of all at the same time. So yeah, so I did that. Then I got married, and then we moved to New Zealand and then we came back here in 2007, and then I started working again. I picked up a little bit of work at CTV, and then I went back to Global.

Kassy Baker

You were working for Global in this position when the COVID-19 pandemic arrived in 2019. Is that correct?

Anita Krishna

Yes, I was a director of newscast when COVID-19 happened.

Kassy Baker

So what did you observe about the virus and how it was reported in those early days?

Anita Krishna

Oh, well, I mean, obviously in 2019, you know, it seemed to be a thing that just was happening over there in a different country. You know, here we go, it's another SARS type-of-thing. And you know, we're just waiting; nobody was really freaking out too, too much about it then. When it hit big was March, like 2020. I remember I was working at Global National, I was directing that show, March 11th. And oh, boy oh boy, like, yeah, that's when the hysteria really, really hit hard I would say.

Kassy Baker

Can you give us an example of this hysteria, as you've called it?

Anita Krishna

Well, the funny thing is, is that— Okay, working on Global National, some of the headlines that we were running that day on the 11th is like, we had reported that "The WHO declares the coronavirus a global pandemic." This is like just in our headlines, right?

[00:05:00]

And then we ran a little clip of Trudeau saying, "We're going to give Canadians everything they need," you know, "don't worry." And then we ran another clip saying, Patty Hajdu. And then before we got into that, we said, "Are Canadian hospitals going to be able to cope?" And then we went to this clip of Patty saying, "Oh, about 30 to 70 per cent of the population could get it." Then we ended it by saying, "Social distancing, what you need to know about keeping your distance and flattening the curve." And so that was in one minute, we had outlined all those things—all those things like panic, fear, just trying to scare everybody when I could see that nothing was really happening yet, like nothing had happened.

At that point, I'm not sure if there were—who had it? I didn't see anybody in my community that had it; I didn't know anybody that had it. Yet all these measures, these crazy measures and these fear tactics were coming fast and furious. And it was also right around that time that all the sports had cancelled, like the MLB, the NBA put their season on hold. The NCAA cancelled all their championships. It just seemed to be like—whoa, how did all these corporations or institutions, how did they all come to do this? Bang, bang, bang, like shut down, shut down, shut down, when we hadn't seen anything happen yet.

So my gut instinct was just telling me that this was like a massive overreaction but, you know, the horse had sort of left the gate already. Everybody was sort of in on this and nobody seemed to question the hysteria. Because, at the same time, we're also telling

people, “Children could get it. Children could test positive. If you’ve travelled outside the country, make sure you isolate; nobody, non-essential travel—” and all our clips of running people like Bonnie Henry saying, “This is going to get worse.” Well, I didn’t even see anything happen yet, so I just thought it was a massive overreaction. But everybody was just sort of going along with it.

Kassy Baker

And from your perspective, how did that reporting change over time, over the next several months that came to pass?

Anita Krishna

Sometimes an event happens and then you see the reaction. Now people can argue whether you see controlled events happening in news and then you see the controlled newscast. Sometimes that does happen, right? But for this situation, it was like nothing happens and then you see this kind of overreaction. Okay, so fair enough. So maybe at the time people were just being prudent and being cautious.

As time wore on, it just seemed to be that there were things that we were not reporting. You could easily find these things on the internet or find these things in other sources, but for some reason, our own newscasts were neglecting to tell people that perhaps the origins, like where this came from, was not the wet market. We actually just made people believe that it came from a wet market and never addressed this laboratory, the Wuhan Lab. Which was a big concern of mine because if you don’t know where this thing came from, how it came to be, how can you propose to know what it is and propose to stop it? So the fact that—

Kassy Baker

I was just going to ask, when you observed this, what was your reaction to the news being covered in this way?

Anita Krishna

Well, I just thought, how can we neglect this? How can we neglect to tell people this? How can we lead people to believe something which is not 100 per cent accurate? And we were leading people to believe things, about several things, that didn’t seem to be accurate, and yet we were not reporting this other side to so many pieces of this story.

Kassy Baker

Did you raise your concerns with your colleagues or with your supervisors and superiors?

Anita Krishna

Yes, yes, I did, I did, yeah.

Kassy Baker

Sorry, what was their response?

Anita Baker

I was raising concerns left, right and centre about absolutely everything. So let's see here, I had a meeting—I mean, as soon as you raised an issue, let's say you talked about the Wuhan lab. At one time, I said I thought this was a synthetic virus, in the newsroom:

[00:10:00]

that did not go over well, people just ended up getting mad at you. Other things that I raised was why we were not telling people about medications that could possibly help you, right? All of a sudden, everybody had these very strong opinions on hydroxychloroquine, and they had already formed their opinions. But my opinion is, if it's something that could possibly help you, do you not have the right to try it?

My cousin ended up getting COVID and she takes hydroxychloroquine because she takes it anyway, because she's ill with something else. So she got COVID and described how awful it was for her, but that she got better in about eight days and she thinks she got better because she was taking hydroxychloroquine. She said, "I think that that made a difference, you know?" So I told this to an anchor at work. I said, "Hey, my cousin took this and she thinks she got better." And he just said, "Oh, she thinks she got better, eh; she thinks she does; she thinks she got better." Like he got mad about it, but why would you get mad? Wouldn't your answer be, "Hey, that's awesome. You know, I'm glad that that worked for her, maybe we should look into it. Maybe this is something we should do a story on."

I'll tell you something else. I brought up ivermectin to one of the assignment editors there, too. Because there was so much negativity going on in the newsroom and so much judgment of people that were questioning the vaccine and stuff at the time that you knew what you couldn't really even speak about. But you couldn't really even speak about drugs. So one time in the newsroom, I brought this up because somebody called up to say some story about how unvaccinated people were taking up beds in the Children's Hospital, like, "look at these unvaccinated people." And this one guy was just sort of saying, "Oh, what a bunch of idiots these people are." And then somewhere in this conversation, I had brought up early treatment. And I said to him, "What about ivermectin?" And he said, "That's debunked." He said, "That whole drug is debunked."

Kassy Baker

Sorry, and just to be clear, this was a colleague in the newsroom or in your work environment, correct?

Anita Krishna

Like a senior colleague. The reason that this is important is because this man helps shape the newscast. This man decides what goes on our newscast, particularly the big ones, the five o'clock and the six o'clock. And he's calling people—I mean, a lot of people there were calling people names, like covidiot and stuff like that. But then when I bring up a drug, he says, "That drug is debunked." And I said, "What? What do you mean the whole drug is debunked? You know, what are you talking about?" I said, "Did you not see that big, big study in India?" And he said, "That's debunked." That's all he could say was "that is debunked."

But to my mind, at that time in Uttar Pradesh, there was like 241 million people. They barely had any COVID because they had been using ivermectin. So that is a story. That is something that we should at least be looking into. And even if you don't believe that that

medication works, you still should be talking to doctors, talking to somebody who might have taken it and gotten better. And you should be showing that side of the story. Then you can show the other side, of someone saying, “No, it doesn’t work.” But you have to show both. And the problem is with him saying that this isn’t even a thing— And right after he said that, my boss sent me an email saying, “Anita, you need to stop talking about COVID.” So I wasn’t even allowed to talk about this.

But the dangerous part of it is, these are people shaping your newscast. By them not telling you that there are medications that are not “horse medications,” you are doing a disservice to the public. People have the right to try it because they might get better if they try it. But if you hide that information, I mean—that is misinformation. That is 100 per cent misinformation coming from Global News in Burnaby. I can attest to that.

Kassy Baker

You’ve touched a little bit on the vaccines already, but as we’re all aware at this point, they were rolled out in early 2021. Can you describe the coverage that you saw regarding vaccines and vaccinations specifically?

Anita Krishna

Sorry, one other thing I wanted to say about that is we also ran stories making Joe Rogan look like an idiot for taking ivermectin: that was done on purpose and that is wrong. That is wrong and it just led people to believe that.

But vaccine. Well, yeah, I mean, the vaccine was like a religion.

[00:15:00]

All we did was constantly run stories of, okay, “Look at this person in the hospital, this person who made a bad choice and didn’t get the vaccine. Oh, they ended up in the hospital.” It’s like all our stories were slanted to that. Everything we were saying was “pandemic of the unvaccinated. If you’re unvaccinated, you’ll be holding everybody back.” And that we now know isn’t true.

Kassy Baker

I apologize for interrupting. In your experience, have you seen any other event reported in this manner?

Anita Krishna

I’ve never seen an event in my life where you cannot go to someone to talk about it like a senior producer, like a news director, and express your concern. They would be open to your concerns. If you had a news tip to give someone, they would at least take it on board. They wouldn’t say, “No, no, no. Stop talking.” I don’t know how many times there I was told to stop talking about something. So there’s an absolute reluctance to provide accurate information and to cover things that you should be doing that could help you. All there was—what I would say—was propaganda that didn’t speak up for people.

We would do things like on the 5 o’clock news where we would just say, “and sadly, another business has shut down due to COVID.” And we were not actually holding anyone to account saying, “Is what we’re doing fair?” You know, when people are using plexiglass

and sitting outside and you can go up to the counter and order, but you can't have a waitress come to you, or you've got to mask—you know, all the things that didn't make any sense. We were just shoving it in your face like it was something you needed to accept rather than questioning, "Is this really making sense for a business owner, for this person's livelihood?" We never stood up for the people. We just, as far as I'm concerned, shoved propaganda in your face.

Kassy Baker

Thank you. Now as an employee, I understand that Global did institute a vaccine mandate at some point. Can you describe the circumstances that led up to that and describe what the mandate required from you?

Anita Krishna

Well, they just pressured a lot of people to get vaccinated, and they'd make you fill out forms and they'd always want to know your vaccine status. And a lot of people were quite upset about that because we were trying to say, "Hey, we have a right to privacy." The people who believed in the vaccine just willingly went with it, as if they're in the good club. And the people who were reluctant and hesitant, "Oh, well, you're in the bad club," you know. So I didn't really even fill out the forms. And it should be noted that I didn't even get fired for not taking the jab. I got fired for speaking up.

Kassy Baker

We're coming up to that right away. So on that point, I understand there were a few things that led up to your termination. But in particular on, I believe it was December 12th of 2021, you attended a rally or a protest that was held in North Vancouver. Can you explain what prompted you to attend this rally?

Anita Krishna

Working at Global was like working in a twilight zone during the pandemic. Everything that you thought would have ever made sense for choice, for freedom, for your health just went out the window. And at this point, I was very concerned because we were running stories telling pregnant women to take this jab, and I personally had run those stories on some of the shows I was working on where we had some doctors telling pregnant women to take it. In my lifetime, I don't think you would ever tell a pregnant woman to take anything experimental because I'm old enough to remember thalidomide. I just think that for pregnant women, you have to be so careful, you can't even eat certain cheeses and things like that.

Why would we be telling women to take this vaccine that's never even been tested on women? How dare we even do that? I was feeling actually sick about that. But as time went on, then you started to hear [about] miscarriages. There were these reports in Scotland and Waterloo. And it was very hard to get a sense of like, was this really happening? And of course, our newsroom isn't even following up on any of this. Then I heard about this rally with this doctor, Dr. Mel Bruchet, and he had done some stuff and he had some videos online talking about it. I really was really wanting to know—were people becoming harmed by this and are people losing their babies?

[00:20:00]

So I just went to this rally which, by the way, Global News should have been at because if you're part of the community, you should be covering this stuff. And they did not. They don't care.

Kassy Baker

Did you attend the rally on behalf of Global or as an employee or identify yourself as such?

Anita Krishna

No, I did not. I went just out of my own curiosity as a private citizen and I knew no one there. But when I got there, I recognized a cameraman that used to work at Global. But I went as a private, curious citizen looking for answers.

Kassy Baker

Now I understand that you ended up speaking at this rally, is that correct?

Anita Krishna

I did. I did.

Kassy Baker

Can you describe the circumstances that led to you giving this speech? Was it planned or unplanned? Explain to us what happened.

Anita Krishna

Totally unplanned. It was just unplanned. I went up to a lady that I saw. She was a nurse, and I'd seen her online in one of these videos because I'd been watching videos of Daniel Nagase and Mel Bruchet. I saw this nurse and I just went up and said, "Hi," and I said, "I'm really interested in what's going on here," yada, yada. I said, "I can't really stay too long" because I had to go back to work. And then she asked me where I worked and then I said, "I actually work at Global," and she was like, "What?" And she just grabbed me, didn't want to let me go. She's like, "We cannot get anybody from the news to talk to us." And I said, "I'm not here as, like, I'm not a reporter." I've always said that: I'm not a reporter. I'm just here because I'm just curious. Then I ended up speaking because I just thought, well, what the heck?

Kassy Baker

I understand that your speech is recorded and available online if anyone wants to look at it. We have not got it here today. But more to the point, I understand that the speech was recorded. Is that correct? And obviously it was if it's online.

Anita Krishna

It was recorded. So many camera phones and then somebody sent it to Global, and then I ended up getting in trouble. I ended up getting suspended after that for violating journalistic principles, and they still have not been able to tell me how I violated those principles. They have violated their own principles by not reporting on community events. They have violated their own principles by not showing up to the National Citizens Hearing

when it occurred in Langley, not even sending a camera or a reporter, not even doing a voiceover on something like this. Who is violating journalistic principles? I can only say they are, by preventing this information to get out to people.

Kassy Baker

So when you were suspended, can you describe the circumstances of that suspension and the terms of your suspension? How long was it? Was it with or without pay?

Anita Krishna

This one was three days with pay, just because they had claimed I'd violated the journalistic principles, of which they still have not told me what principle I had violated. Show me. They could never show me. I said, "What article in this JPP [Journalistic Principles and Practices] did I violate?" They weren't able to ever even tell me that. So that first one was a three-day suspension.

Kassy Baker

And I see that I missed something so I just want to go back and clarify that. When you gave this speech, I understand that someone introduced you and how did they introduce you?

Anita Krishna

Oh, they said I was a Global TV director, yeah.

Kassy Baker

So you didn't make this assertion yourself. It was offered by someone else who was also speaking at the rally. Is that correct?

Anita Krishna

Correct, correct.

Kassy Baker

Following the suspension what was your relationship like with your supervisors and your colleagues at work?

Anita Krishna

Well, I guess in secret there are a lot of people that supported me because a lot of people felt the same way: They felt scared. They felt nervous. They didn't want to take it. They felt completely violated and threatened and bullied by management at Global which—they turned into bullies instead of managers.

My relationship became strained with the people who disagreed with me who thought that I was becoming radicalized. So lifelong friends, we ended up just completely disagreeing. Like my little cousin, he's 24 now, he took a Pfizer jab; he ended up paralyzed in the hospital. I was still working at Global at the time, and this happened right after his Pfizer shot. He got Guillain-Barré syndrome. And I said to people at work, this is what happened to my cousin. One of my good friends who's an editor there, and he just said, "Well, what

pre-existing condition did he have?" That doesn't matter. You don't end up not being able to walk for nothing.

[00:25:00]

He wasn't skydiving. Nothing happened. He took a jab. He can't walk. Now we've heard many stories of things like that. So there's just an absolute refusal to believe.

There are some reporters there that do and people that work there—they know what's going on, but they're not going to say anything because you're really not going to want to lose your job. I should say, though, I actually was so concerned with maybe children getting hurt, I told my operations manager when he was telling me to be quiet, and I said, "I'm really worried about children and pregnant women. They're the most vulnerable." But prior to all this, the news director—I encourage anyone to contact the news director at that station if you have any questions as to the news that's being presented to you—and I said to him, "I'm really worried about, like, there is very perverse incentives behind this vaccine. Are you not worried? How do you think they came up with this so quickly? How is this even possible?" And he just said, "All the scientists in the world got together, and when everybody gets together, then they can make this happen," which is a completely nonsensical answer. And then at the end of it, he just told me that I needed to get vaccinated.

Kassy Baker

Okay. Now, I understand that you were in fact terminated. Is that correct?

Anita Krishna

Yes.

Kassy Baker

And what date were you terminated?

Anita Baker

January 18th, I believe.

Kassy Baker

So roughly, and just for clarity, that was about, not quite a month after the rally?

Anita Krishna

I'm sorry it was January 6th.

Kassy Baker

Yeah January 6th. So a few weeks really after the rally, is that right?

Anita Krishna

Yeah, yeah. Right around Christmas time.

Kassy Baker

Can you describe what led to your termination or the reason that was given?

Anita Krishna

I think they gave me three. They told me something in my termination letter, one of which was that I had violated a social media journalistic principle policy. I don't even know how. They've never even shown me what clause I've actually violated of that. And I had said, "Can someone ask the Provincial Health Officer why the casinos, liquor stores, and strip clubs are open and the gyms and the churches are closed?" which is a valid question. But they fired me because on my Twitter profile, it just said Anita, Global BC director. So I guess they felt I was putting them in some kind of disrepute by asking them that question. But it's a valid question.

Kassy Baker

Sorry just for clarity, can you repeat the tweet that you had posted in which you were ultimately terminated for?

Anita Krishna

I said, "Can someone please ask the Provincial Health Officer why the casinos, liquor stores and strip clubs are open and the gyms and churches are closed?"

Kassy Baker

And that was it? That was the last tweet? Okay and I understand that you were terminated "with cause" is that correct?

Anita Krishna

So they say. That's what it says on my—actually, it doesn't even say that on my termination letter. So if anyone knows a good lawyer, please reach out to me, but it doesn't even say that on my termination letter. But they will say it was "with cause."

Kassy Baker

Okay. Were you eligible to apply for EI or any other benefits?

Anita Krishna

No.

Kassy Baker

Okay. I actually don't have any other questions. Are there any questions from the Commissioners?

Kassy Baker

Okay, I believe that's everything. On behalf of the National Citizens Inquiry, I would like to thank you very much for your testimony here today. Thank you.

Anita Krishna

Well, thank you for having me. Thank you very much.

[00:29:02]

Final Review and Approval: Margaret Phillips, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 11: William Bigger

Full Day 2 Timestamp: 10:47:55–10:56:12

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Mr. William Bigger. William, could you give us your full name and spell it for us, and then I'll do an oath with you.

William Bigger

William Bigger, W-I-L-L-I-A-M B-I-G-G-E-R.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony?

William Bigger

Yes, sir.

Wayne Lenhardt

What you're going to do today, I guess, is just outline the problems that you had as COVID developed in your community. You live in St. Catherine's, Ontario, correct?

William Bigger

Yes.

Wayne Lenhardt

And you've lived there for quite a while.

William Bigger
My whole life.

Wayne Lenhardt

Okay. In 2020, you were 18 years old. Tell us what you were doing in 2020, just as the COVID problems were developing.

William Bigger

Yes, so as you said, I was 18 at the time, freshly out of high school and was a very active member in my church as a kids administration leader with younger kids. I also was a competitive swimmer for our local Special Olympics swim team. I competed with them since I was very young. I was born with autism, so I always swim with them as a form of physical therapy and was pursuing a job out of high school, just at a local sports venue.

Wayne Lenhardt

And you had a job at that time?

William Bigger

I did yes, at the time. I had held that after high school and then once everything shut down, all of our events were cancelled, so I lost that job. Our churches closed, so I lost my leading opportunities and I couldn't swim anymore.

Wayne Lenhardt

So by August of 2020, you were out of work.

William Bigger

Yes, sir.

Wayne Lenhardt

By the end of 2020, you did get another job. Correct?

William Bigger

Yes, I did. After being off work due to lockdowns for several months, I was able to find work in our city as a new sub restaurant was opening up.

Wayne Lenhardt

Your family sort of was having problems as well during this period of COVID, correct?

William Bigger

Yes, unfortunately, both my parents both work in what were considered high-risk sectors, the hospital and a firefighter, and this became very challenging for them.

Wayne Lenhardt

Were both of your parents working at the time?

William Bigger

Yes. During the whole time, they were still able to work with challenges, with all the PPE and all that in their jobs.

Wayne Lenhardt

And there was concern about your father's job, which would have caused some serious problems, correct?

William Bigger

Yeah, sorry. It was just, very emotional.

Wayne Lenhardt

So you managed to get a job in a submarine shop in 2021 by April. Did you still have that job? What was happening?

William Bigger

Yes, I did have that job for nine to ten months in total. Through those nine to ten months, it was very challenging. They had all the social distancing and masks in place. At that time, there was talks about the vaccine as it rolled out, but nothing in place in terms of mandates. But it was just a challenging work environment, having to be careful where you stood and wearing the mask was difficult for me. Just to be able to understand and communicate with people and read their facial expressions.

Wayne Lenhardt

You did get a job at Costco at some point, correct?

William Bigger

Yes, I did.

[00:05:00]

At the beginning of 2021, around March, I was able to get another job there. Just out of my previous job, I had a fear that if I stayed there any longer, I would eventually have lost it due to vaccines. So I was trying to pursue work, and then I was able to find work.

Wayne Lenhardt

And you never did get the so-called vaccine, did you?

William Bigger

No, sir.

Wayne Lenhardt

Okay. Was there a reason for that?

William Bigger

As a family we decided that it was best to not participate. When I was very young, I'd had a bad response to my year one boosters, which I was, after, in the hospital for a short period of time. And so I just let my parents consult with family doctors and experts that they were in contact with to decide the course of action, so they decided to avoid taking them.

Wayne Lenhardt

Okay. I think I'll stop there and ask the commissioners if they have any questions for you. Anyone? Any last items you want to tell the commissioners?

William Bigger

I just really want people to know that if they're watching this that their stories can be heard and that they're not alone. These past few years have been challenging for everyone and I just want it all to be over.

Wayne Lenhardt

Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and telling us your evidence. Thank you again.

Commissioner Kaikkonen

I just have a quick question about you worked with youth. Do you know what happened with the youth when everything shut down? Did they feel the same way you did?

William Bigger

Can you repeat the question?

Commissioner Kaikkonen

You said that you worked with youth,

William Bigger

Yep.

Commissioner Kaikkonen

prior to the lockdowns? Do you have any understanding of what happened with them in terms of lockdown? Do they feel the same way you do, or do you have anything to add about the youth?

William Bigger

Over the past little while I've been slowly reconnecting with that group that I have served in my church. Although I have not maybe asked what their experiences have been, I've been

really wanting to, just over the past couple years of how it's affected them as even younger than I am—especially those that are younger and were still in school and how that would affect them. I haven't really gotten a chance to ask, but I would really love to.

Commissioner Kaikkonen

Thank you very much.

William Bigger

You're welcome.

Wayne Lenhardt

Any other last questions for Mr. Bigger? Okay, I want to thank you on behalf of the commission of inquiry for your testimony. Thank you again.

William Bigger

Thank you.

[00:08:32]

Final Review and Approval: Margaret Phillips, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 12: Scott Routly

Full Day 2 Timestamp: 10:56:34–11:21:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is going to be attending virtually, Captain Scott Routly. Scott, can you hear us?

Scott Routly

I sure can. Can you hear me okay?

Shawn Buckley

We can hear you, but we can't see you.

Scott Routly

Oh. Let me see what I can do here. Okay. Can you see me now?

Shawn Buckley

We can see you now. So, Scott, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Scott Routly

Okay. My name is Scott Routly, S-C-O-T-T R-O-U-T-L-Y.

Shawn Buckley

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

Scott Routly

So help me God. All glory to God.

Shawn Buckley

So my understanding is that leaving aside your other military service, you served fifteen years as a military pilot, and then you served an additional fifteen years in civil aviation [Exhibit OT-10].

Scott Routly

Yeah, that's correct, sir, yes.

Shawn Buckley

And you ended your career prematurely because of COVID, but at the time you were a chief pilot for an airline.

Scott Routly

That's correct.

Shawn Buckley

I appreciate we don't want to name the airline, but most people listening to your testimony are not going to understand what a chief pilot is. Can you briefly explain what a chief pilot is?

Scott Routly

Yeah, the chief pilot, he's a middle manager; he's in charge of the whole pilot group. In my case, I had roughly about 100 pilots in my charge. He's appointed, not only hired by the airline, but also appointed by Transport Canada because of the regulatory requirements.

Each airline in Canada, in the industry, basically has a few accountable executives that Transport Canada considers their go-to people: that would be the chief executive officer of an airline; that would be the operations officer or director of flight operations; that would be the director of maintenance; and that would be the chief pilot. The reason for that is because of the Canadian aviation regulations, the requirements and regulations and rules that need to be adhered to. So they then screen individuals for this role. The airline cannot just hire a chief pilot, they also have to be screened and approved by Transport Canada. So of course, I had to go to meetings and do knowledge tests. I had to have a certain amount of expertise—

Shawn Buckley

Okay, and I'm just going to shorten this because what I want people to appreciate is that in that role that you had, not only are you responsible to the airline for taking care of the flight crews, but you're also responsible to Transport Canada for taking care of the flight crews.

Scott Routly

Absolutely, yes.

Shawn Buckley

So you have a responsibility to two different parties and, literally, what would be described as the fiduciary duty to the pilots to take care of them.

Scott Routly

That's right. So of course, all the training standards are part of the Canadian aviation regulations as mandated by Transport Canada [Exhibits OT-10f, OT-10g, OT-10h]. So it's my duty and my role to ensure that all the training and all the standards, proficiency checks, evaluations, standard operating procedures, operation manuals—

Shawn Buckley

I'm just going to truncate because I'm watching a timer go down and we're at eleven minutes and twenty-eight seconds. I think people understand that it's a highly—there's a lot of responsibility. But I just wanted to get—because of what follows in your testimony—that people understand you're also responsible to Transport Canada.

So COVID hits, you're a chief pilot. Can you share with us your experience and, kind of, the steps that you ended up taking to try and protect the pilots under your charge?

Scott Routly

Yeah, so we all know what happened, of course, in 2020. We were subject to all the same measures, the lockdowns that were happening throughout the country. Now because we were considered as essential workers, we continued to operate. We were operating up in the north country and around Ontario for the most part. And so throughout that time period, it really didn't affect us very much. We just continued on with our operations.

Now for the passengers and what-not, protocols started coming out. You know, the social distancing, the masks, testing, and all these different requirements. So the airline, they tried to follow the best they could for Health Canada—as everybody was trying to do in all aspects of the industries.

[00:05:00]

In our particular case, this continued on until pretty much as the vaccine rollouts started to happen in late 2020, early 2021. I could see the writing—I'd been doing a lot of research and critical thinking, my background, and already starting to look outside the mainstream media into other avenues to see all about these so-called vaccines that were being rolled out, for obvious reasons.

The medical requirements for pilots, it's a fifty-fifty split in our licencing [Exhibit OT-10a]. We hold a licence for our type rating on the aircraft itself that we fly; we have to do training every six months to maintain our type rating. But more importantly, or just as important, on the other side is our medical requirements [Exhibits OT-10c, OT-10i], which without the two, in our aviation booklet, you can pass a check ride for your aircraft type rating but if you fail your medical, you do not fly, and vice versa. So in some cases, the pilots consider—depending on age and healthiness—that passing the medical is the highest priority because it's obvious they're really knowledgeable, highly skilled individuals. We're probably the most regulated industry out there, for obvious reasons. We fly in the air. We can't pull over when anything happens. You know, critical thinking, decision-making, and emergency procedures.

So all of a sudden, the vaccine started to get rolled out. I had my suspicions. I started seeing it happening—

Shawn Buckley

So can I just ask you beforehand— Because you were responsible, actually, for a large number of flight crew people. And you guys would have had to have been doing the testing before the vaccine rolls out. Were you finding that pilots were off work because they were actually sick?

Scott Routly

No, as a matter of fact, it was just like any other year and, you know, we're getting into the low vitamin D season, better known as the flu season. And so there was the odd sickness but nothing abnormal from previous years. But what was happening was through family members and through all the COVID testing, we started getting into these issues where pilots are calling in and they're saying, well, they phoned Health Canada and "my wife, you know, has tested positive, although she's not sick." And everybody was— They just started making things up, really, off the top of their head, in this region: so basically, "Well then, you better ground those people for, you know, forty-eight hours," and then it was seven days and then fourteen days.

So the pilots themselves were not getting sick. But they were being grounded because of Health Canada protocols that they were in the same household as apparently somebody who tested positive, although not sick.

Shawn Buckley

Right, okay. I just wanted to pull that out. So you weren't having pilots going down with COVID, but they were getting grounded because of the testing protocols.

Scott Routly

That's right.

Shawn Buckley

Okay, sorry to have interrupted. Now there was one other thing. My understanding is that you guys had to go for your six-month SIM training [simulation training], and you had related to me something that you observed in the hotel. I want you to describe that just because it's come up in some other testimony at the Ottawa hearings. So can you share with us please, what you observed when you were staying in Toronto for the SIM trainings?

Scott Routly

Yeah. So finally, there was a lot of exemptions, unfortunately, with medicals and training, so there was a little bit of a lapse. We finally were able, just after the second lockdown, to start going to Toronto and continue with our simulator training, which we do every six months. We rolled into Toronto and, of course, the country's been locked down for the last three months at that period of time, and we had a hard time finding hotel rooms.

So how could this be? Long story short, we get to the hotel, and we're being told that six of the seven floors are quarantined from international travellers coming into Canada through

the COVID protocol. We're going to stay on the seventh floor. Now you walk into the lobby, and half of it has a glass, of course, opened at the top, as we've seen in stores and whatnot. And so we had use of one side of the elevators, and the other side was for all these so-called passengers coming in. So I didn't really think a whole lot of it the first day, where it was late, got in.

The next day before I had to do SIM training, I just thought, you know, I'm going to go down to the lobby and see what's going on here. This seems a little crazy for my kind of thinking. So I just sat in the lobby to see who was coming in and out on the other side.

[00:10:00]

Anyway, I was starting to see busloads of people come in, and nobody could speak English. They were coming in not with a suitcase that you would pack for a week vacation or two-week vacation. They were coming in with carts full of baggage that you would bring if you were staying for a lifetime. And food was being provided to them. It was all kept separate. We couldn't communicate with them on the other side. I did ask the person at the front desk, and the cone of silence came down and I was pushed back, and they didn't have any answers for me. So I watched this the one day, went out, and did my SIM training.

The next day I thought I'd better go down and watch it again for a few hours before my next day of training and, sure enough, the same thing happened. Now what was happening too though, was the next morning, they were actually getting loaded up in buses, disappearing. And then more buses would show up, and they were being offloaded into the entryway, given rooms, given food. Then they would disappear into the hotel in the so-called quarantined areas of the hotel. So I thought that very suspicious from my background and of course, with my critical thinking, that what I was watching happened for the last, you know, year and a half at that point.

Shawn Buckley

Okay. Yeah, thank you. It had come up about the number of immigrants coming in, almost like the population was being replaced.

Scott Routly

My thoughts were too, Shawn, absolutely.

Shawn Buckley

Okay, so back to the airline. Can you tell us the story of what happened? You were kind of telling us that things were getting phased in and then the mandates came in. I'm wanting you to share with us what you thought, what you did, and what happened. I'll tell you, we've got about eight minutes left.

Scott Routly

So the red flags started coming up, obviously, when there was rumors with these vaccine rollouts that it could possibly affect everybody. Right away, I had done a lot of research, started listening [to], you know, off-media sites where Dr. Peter McCullough, Dr. Theresa Long from the United States Army, flight surgeon, Paul Alexander. All these experts you've already had; you've had them as witnesses. All these people were already speaking out now.

It's been a year and a half in, and we already know at this point that these experimental jabs are dangerous, a lot of adverse effects happening with them. They're also not stopping COVID, not stopping transmission. So what are they there for?

Well, from an aviation point of view, and certainly for the health and welfare of my pilots, I raised the flag. And so I got a meeting together, and I said, "Look, if these things are going to start to happen, we need to have a close look at this. This is against all rules, protocol. You know, we have thirty years from my experience anyway in aviation, where safety has just been the paramount ideal that we strive for all the time. With all the training and everything else we do in the safety management system—for actual flying airplanes and what-not; our medical categories and fitness of the pilots, including fatigue—we have to stress this point to find out what is going on here [Exhibit OT-10e]. There's no way that we can give this to pilots that are flying, an experimental drug, until we get further information. Here's information I have."

Now at one of the meetings, the first thing I got, you know, I stressed to the Air Line Pilots Association [ALPA] union members—because we did belong to ALPA—and they said, "Oh, yeah, no, we know about these incapacitations, and they're all false narrative." And I said, "Well, I don't think so. It's been reported by actual pilots on the flight line in the United States and elsewhere." And anyway, they said, "Well, Health Canada has said that no, they're safe and effective [Exhibit OT-10d]. Therefore, the union's all in."

I went to management. I said, "Look, you know, regardless of what's going to hopefully not come down the pipe, but there are rumors that we need to be careful of this because we are responsible for this. These are our people. We cannot, you know, put these unknown drugs—" You can't even give blood as a pilot and fly for forty-eight hours. You can't go scuba diving. You can't take prescription drugs unless a civil aviation medical examiner approves it, right? That's how serious and regulated our medicals are.

Anyway, that was at that point. Shortly afterwards, then the rumor came down that Transport Canada was, in fact, going to enforce mandates for all the federally regulated airlines, trains, or anything in transportation. That's when I really raised the flags and put together data packages, which we already had at this point. And I once again had another meeting. Once again, I was pushed back.

[00:15:00]

I went to the senior management. I explained to them that absolutely we cannot do this. I explained Nuremberg Code; I explained all the laws of Canada, Charter of Rights, just the medical safety side of it: "We cannot do this, not only for our own people, but for the travelling public, the safety for them." And it was pushed back.

I eventually ended up writing a letter. They had a mandate come out that if we were not all double-vaxxed by 15 November of 2021, that we would be fired or suspended. Now I'm the chief pilot; I'm the man that's in charge of all the pilots for their health and welfare for Transport Canada. I reached out to Transport Canada, I said, "What's going on here? You know, we cannot allow this to happen, this is insanity." And I don't blame any of the lower-level people, you know, they're just following direction from above—unfortunately, blindly. And they said, "Well, this is going to go through." So anyway, I put up my fight against it. I said, "What about exemptions for people?" [Exhibit OT-10k]

I've got the first third of the pilot group—like everybody else in Canada—just ran right out in fear. About the middle third, they heard, "Well, I'm not going to be able to travel, so I'm

going to go take it—what the heck, it's just another flu shot." I warned everybody it's not. And of course, there was the other third of the pilots that were extremely nervous and said, 'Look, we don't want to take these shots. What can we do? It's going to affect us possibly for the rest of our life; if we lose our medical because of these shots, then we've lost our career.'" And I totally agreed. So I went to Transport Canada who said, "There's nothing we can do."

Now they did roll out exemptions. But of course, it was all a big farce. It was all pre-planned that nobody would get one and, in fact, the people that did apply got refused. I didn't even bother as a man of God, as Jesus, my Lord Saviour Christian; I'm not going to allow somebody in Ottawa decide my faith, so I didn't even apply. So at the end, I did not get jabbed; in the end, I was the only one [Exhibits OT-10i, OT-10j]. They all, through fear and coercion, scared of losing their careers and their jobs, their paychecks, unfortunately, the rest of them submitted. And it's extremely unfortunate because I know they're all flying around right now, wondering—you know, with all the reports of myocarditis. It's insanity; it's criminal that these people should be out there.

Shawn Buckley

I just want to slow you down. My understanding is that you were terminated because you wouldn't get vaccinated or you were—

Scott Routly

I was put on the infamous "suspended without pay" for eight months or whatever. Until through the pressure of the—thank God—Trucker Convoy, the only reason, you see, that the mandates were suspended. Everybody needs to understand, the mandates are still in place. They were just suspended. I know everybody's having the summer of love, but they were merely suspended. And the reason they're only suspended is because I'm sure that they're going to bring them back in again. So after that, then I was terminated.

Shawn Buckley

Now, do you know, following vaccination were there any changes to the medical requirements for pilots?

Scott Routly

Well, during the whole time there—at least, the first year through 2020 and into 2021—they basically had exemptions for medical. So they suspended the medical requirements.

Shawn Buckley

Just wait, so 2020 into 2021. So once they roll out the vaccines in 2021, there's, basically, an exemption from having to get the medicals.

Scott Routly

That's correct, yeah.

Shawn Buckley

Now, the medicals were mandatory every six months, were they not?

Scott Routly

That's correct. Six months to a year, depending on your age, or if you have any underlying issues. That's always been the case with CAT-1 medicals. As I say, that's fifty per cent of our licence, right? And of course, we have to go to civil aviation medical examiners [Exhibit OT-10b]. We don't just go to normal doctors. We have to be approved by civil aviation inspectors who actually give us physicals. And the older you get, you have to get ECGs, urine tests, eye tests, all these different things, right? X-rays, if required, depending. Now they stopped all this because of COVID. But then, even after the vaccine rollouts,

[00:20:00]

which I found quite insane, is that knowing everything that's going on, they've now increased these medical requirements, the exemptions, basically to telecoms. So you can phone into the civil aviation inspector and tell him, "Yeah, I'm feeling good, doc. It's all good." "Okay, good to go."

Shawn Buckley

Let me just be clear. So you used to have to go in and actually see a doctor and get tested.

Scott Routly

Of course.

Shawn Buckley

And you would normally have to get an ECG. I mean, these were really strict and complete tests, am I right? But they included ECGs.

Scott Routly

Yeah. Now it's for initial testing. For the younger pilots, you're not required to get ECGs until you're a little bit older. Once you're at the age of forty years old, then you have to get an annual ECG.

Shawn Buckley

Okay, but that's been exempted, hasn't it?

Scott Routly

Sorry?

Shawn Buckley

That's been changed, hasn't it? Isn't there an exemption now from needing to get ECGs for a couple of years?

Scott Routly

That's correct, yes. Yeah, so even with all the knowledge, even more so now than we had prior to the rollout, they've now extended it even again for another couple of years to 2025. Now, within that, there's about a three-year period. But every two years, you will have to go

in to do a physical. But the point is, a lot can happen in two years when you used to go every six months to a year.

Shawn Buckley

So, I want to make sure that no one's misunderstanding you. So, you know, in this most regulated industry—because, obviously, we don't want pilots having heart attacks or strokes or anything while they're up in the air flying us places—

Scott Routly

That's right.

Shawn Buckley

there were strict requirements for them to go "in person" for medicals. But here we hit a global pandemic where, in theory, the pilots are at more risk of being sick, and they actually relax the medical requirements, including mandatory ECGs.

Scott Routly

That's right.

Shawn Buckley

And that's after they roll out experimental vaccines. So pilots are now being tested less than they were before.

Scott Routly

That's correct, yeah, yeah. Of course, logical common sense would be, you know, you'd be tested more now just to confirm if there's any issues.

Shawn Buckley

Okay, now we've run out of time so I'm going to ask you one last question, and then I'm going to turn you over to the commissioners for questions. My last question is, are you concerned about airline safety?

Scott Routly

Yes, I am. There's already been reports. I think you've already talked to Greg Hill with Free to Fly. There's also Josh Yoder down in the States, Freedom Flyers, two great organizations; I belong to one of them. And these jets are getting calls all the time from the flight line. Now pilots by nature, they do not want to lose their medical because that means you lose your licence, which means you just lost your career. They put a lot of time, a lot of effort, a lot of expense to this highly dedicated profession. But they were forced and coerced into this, and so now they're out there, they're phoning in. They don't know what to do.

The reason you're seeing a lot of—you'll hear from Transport Canada rep here and in the airline—issues that we had at the airports, these were airlines that couldn't find crews to fly. They were calling in sick for whatever reason, and they were just short of crews—that's why flights were getting cancelled. They were trying to, you know, they had their own

narrative they were trying to use at the time. But the real reality is they were short of crews on the line due to sickness. And let's face it, they also fired forty per cent of their pilots throughout the country, like nurses, like firemen, like police, right? So you're wondering why you have a shortage? Well, that's because you fired forty per cent of them. And we're talking highly experienced individuals, right? You cannot replace these individuals.

Shawn Buckley

But we're short on time, and I was asking you if you were concerned about airline safety. And you are. So I'll turn you over to the commissioners to see if they have any questions for you. The commissioners do not have questions for you. So Scott, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing this information with us. Your testimony is appreciated.

Scott Routly

Well, my pleasure. I would just like to say thank you for you and your team for all the good work you're doing for this very noble cause for the future of this country. It's extremely important where we go from here. And I just remember—in the face of evil—not to do anything is to be a part of the evil. So I hope Canadians can grow some courage here and stand up for this country. And you know what? Put our faith in God, the living God of the Bible. Thank you so much and God bless.

Shawn Buckley

Thank you.

[00:25:36]

Final Review and Approval: Margaret Phillips, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 13: Laurier Mantil

Full Day 2 Timestamp: 11:22:23–11:31:50

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Hello, Laurier. Could you give us your full name, and spell it for us, and then I'll do an oath with you.

Laurier Mantil

My name is Laurier Mantil, L-A-U-R-I-E-R M-A-N-T-I-L.

Wayne Lenhardt

And you promise that the testimony you'll give today will be the truth, the whole truth, nothing but the truth?

Laurier Mantil

Yes.

Wayne Lenhardt

Thank you.

You have been a letter carrier with a federally regulated corporation and you've done that for some time.

Laurier Mantil

Mm-hmm.

Wayne Lenhardt

So maybe let's pick up the story in 2021, and you can tell us what happened.

Laurier Mantil

Yeah, so in 2021, November, to be specific, my employer imposed a vaccine mandate. And at the time, at the end of November 2021, I was about six weeks pregnant.

Wayne Lenhardt

Okay, so a vaccine mandate came in. Everyone had to get it, no exceptions.

Laurier Mantil

Yeah, it was a blanket policy, so everyone had to get it. They weren't offering any rapid testing. It was no jab, no job.

Wayne Lenhardt

But you had a specific reason for not getting it, correct?

Laurier Mantil

Yeah, I was pregnant.

Wayne Lenhardt

So you were pregnant for about a month at that point?

Laurier Mantil

Yeah, about six weeks.

Wayne Lenhardt

You weren't going to tell anybody, but at a certain point you ended up having to do that just because of the mandates, correct?

Laurier Mantil

Yeah.

Wayne Lenhardt

So your privacy got violated. But also, were you concerned about your baby?

Laurier Mantil

Yeah, absolutely. At the time, there was no evidence of safety. My employer did not provide any sort of handouts about any evidence of safety or why we should be taking these to keep our jobs. So I was really, really concerned. I was just trying to be really diligent and kind of decide my next steps because I was facing the loss of my employment, my job that I love, and I just wanted to be at work. I was an essential worker and I had worked the whole pandemic. And for my pregnancy, I felt for my mental health and for my physical health being pregnant, for me, the best thing was to stay at work and keep working and getting the exercise that I was getting. So I was really, really concerned, yeah.

Wayne Lenhardt

And at some point, did you apply for an exemption?

Laurier Mantil

I did. We had to attest our vaccine status and by a certain date. And if we hadn't attested, we would be kicked out and on an unpaid leave for we didn't know how long, if it was going to end up in a termination. So I did attest at the very last minute because I just wanted to stay at work, and so I tried to apply for an exemption at that time.

Wayne Lenhardt

And what happened with that?

Laurier Mantil

So I applied under a human rights exemption, not a medical exemption. I didn't really hear back from them right away. I was just allowed to be at work and keep working. But every day, I didn't know what was going to happen. I didn't know when I showed up to work if I was going to be booted out, like my other co-workers already had been at that time.

So here I was. I was waiting for them to get back to me about my exemption, waiting, waiting. Time went on. Months went on. And I never heard from them, and the only time I heard from them was at the very end, towards the end of my pregnancy. They contacted me and said, "This seems to be a medical case. Do you want to change your exemption to medical?" So I had gone this whole time—I guess I had an unofficial exemption—but I didn't hear from them. And they tried to get me to change over to medical, and I refused. And I went off on mat leave a couple months later.

Wayne Lenhardt

Okay, so you continued to work, but some of your cohorts ended up being put on leave without pay. Correct?

Laurier Mantil

Yeah, all my fellow employees that did not want to attest or did not get the jab were put on leave without pay—for seven months they were out without an income.

Wayne Lenhardt

So you kind of lucked out on that one and didn't suffer seven months without pay like some of your other cohorts.

Laurier Mantil

I was the only one in my post office that was unvaccinated, working.

Wayne Lenhardt

Okay.

[00:05:00]

So what other negatives did you suffer?

Laurier Mantil

Just the utter despair of not knowing where my career was going. I'm seven years in to my career, which is fairly new in my position, so I was just trying to figure things out. My partner and I just bought a house. This is our first baby, so there's a lot of things going on. I was having difficulty sleeping at night, difficulty even going into work because I felt so alone. All my other co-workers were not there, and I was the only that was allowed to be there, so it was very difficult.

Wayne Lenhardt

So again, you couldn't go to movie theatres; you couldn't go to gatherings; you couldn't go to restaurants, all that stuff.

Laurier Mantil

I was denied entry to a movie theatre, a local one, actually for not wearing a mask while I was pregnant.

Wayne Lenhardt

And given that you were pregnant, was there any issues with respect to your partner assisting you during that time?

Laurier Mantil

Yeah, like my partner was my rock. I wouldn't have got through this without him. At one point, he even said that he would get it if I had to get it. But I thought, you know what, there's too many red flags. I had worked outside the whole pandemic. I worked mostly alone, walking on an average 20 kilometres a day. I was very healthy and I said, "No, I'm not getting this. If I'm going to lose everything, I'm going to have to fight for it." So that's why I applied for the exemption and tried to get around it.

Wayne Lenhardt

And did you have to wear a mask during this period of time?

Laurier Mantil

Yeah, we had to wear a mask, and if I didn't, you'd be suspended.

Wayne Lenhardt

Okay.

Laurier Mantil

Inside. Outside, I didn't wear it when I was outside, delivering.

Wayne Lenhardt

Did you feel you were allowed informed consent when you made your decision, or did they pressure you to proceed?

Laurier Mantil

Well, I thought it was my job, or, you know, so there was coercion there. No, I didn't have informed consent because at the time there was no evidence that it was safe for the fetus. That's what I was concerned about. They were saying it was okay for pregnant women, go ahead and get it. But I never saw anything about the fetus specifically. So that's what I was really concerned about.

Wayne Lenhardt

Okay. Is there anything else you want to tell us about your situations at that time?

Laurier Mantil

No, I just want to say I'm a very private person, so it was very hard. It took courage to come here today. But I really wanted to do this for all the other pregnant women during this time that may have had a similar story to mine. Also, all the babies that are not here. All my co-workers that took seven months without pay. And obviously my baby and my partner, because I wouldn't be here without them.

Wayne Lenhardt

Are there any questions from the Commissioners?

Commissioner Kaikkonen

Real quick, did all of your co-workers that went without pay for seven months, did they come back?

Laurier Mantil

Yeah, they were asked to come back after seven months. They were allowed to come back.

Commissioner Kaikkonen

And did you suffer anything from anybody who remained at the post office that would have known that you were not vaxxed. Did anybody say anything?

Laurier Mantil

They said it was going to be a private matter, people wouldn't know. But everyone knew. I had a few comments, but everyone knew everyone's status pretty much there. So there was no privacy of people's decisions. Everyone who wasn't there, you knew that they weren't complying with the mandate. And there was nothing in our collective agreement about this either.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you very much for coming and telling us your story.

Laurier Mantil

Thank you.

Wayne Lenhardt

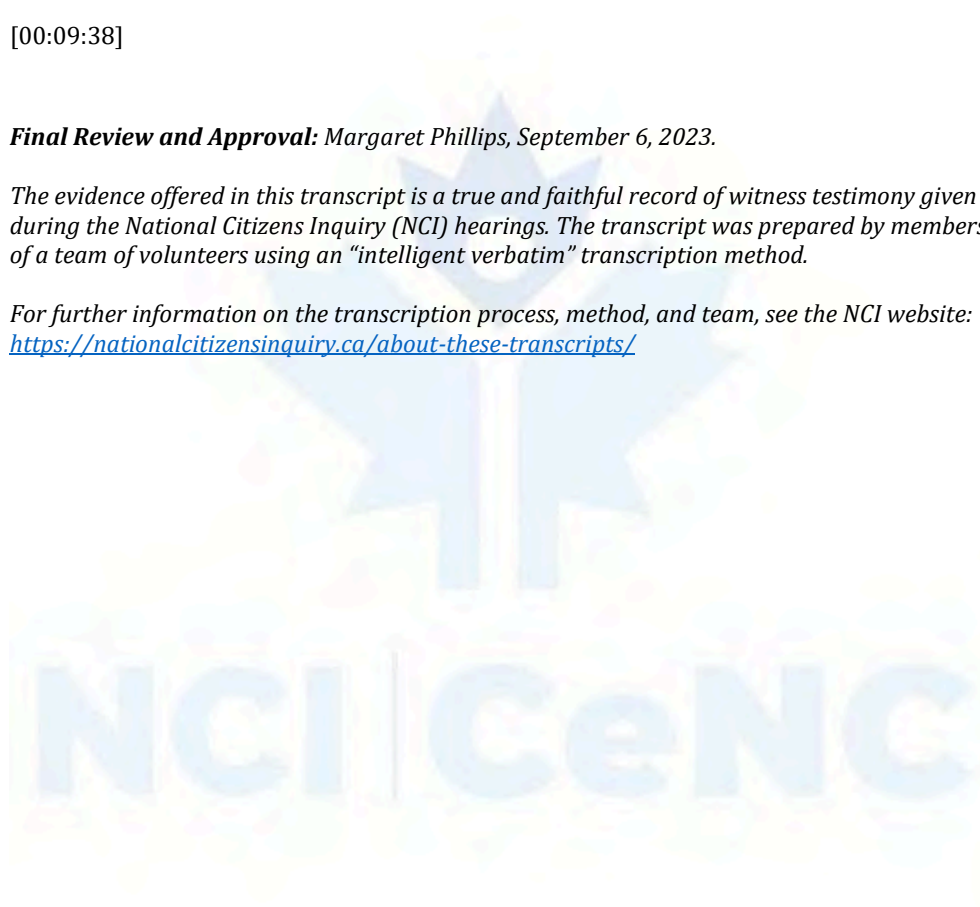
Thank you.

[00:09:38]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 14: Maurice Gatien

Full Day 2 Timestamp: 11:33:08–12:39:00

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Hello, Mr. Gatien. Can you please spell and state your name for the record?

Maurice Gatien

First name Maurice, M-A-U-R-I-C-E, last name Gatien, G-A-T-I-E-N.

Kassy Baker

And, sir, do you promise to tell the truth, the whole truth, and nothing but the truth this afternoon?

Maurice Gatien

I do.

Kassy Baker

Very good. Now, Mr. Gatien, I'm hoping that you can provide us with some background about yourself and how you came to be a witness at this hearing. I understand that you were called to the bar of Ontario in 1971, which is "lawyer speak" for saying that you are, in fact, a lawyer. Can you tell us a bit about your background and what's happened more recently that might be of interest to this hearing?

Maurice Gatien

Yes, I graduated in 1969 from the downtown location of Osgoode Hall, since moved to York University, and it was a real privilege to be at their downtown location. I still return from time to time when I'm in Toronto to the great library. I'm always amazed at the contrast between the stacks of books, and they have high speed internet. So I can work and I can access the knowledge that's on those shelves faster than I could if I were to stand up and go fetch the book. So it's been an amazing evolution in the state of the law.

After I graduated, I returned to my hometown of Cornwall, practised for approximately ten years and, during that time, was involved in real estate primarily and contracts. I negotiated two large transactions in my last year there, which really left me with a lot of satisfaction. One was the purchase of the utility Cornwall Electric, and the other was the assembly for a large shopping centre.

I decided I would look in other directions and lived for the next 22 years from 1980 to 2002 in various big cities, Atlanta, Montreal, Toronto. And my last year 2001 and '02, I lived in New York City. I spent a lot of time in Houston, as well. So it gave me a perspective of having a footprint in both large markets and small ones.

When I came back to Cornwall in 2002, I built a substantial practice and ultimately ended up representing people who needed representation with regard to the vaccines. Ultimately, in September 29th, 2022, I was suspended by the Law Society of Upper Canada, well actually, Law Society of Ontario now.

I found myself in January of 2023 addressing a group of the people that I had represented at a potluck dinner at a barn in Dunvegan, and it was heartwarming to be addressing these people who had shown tremendous courage. Some of them had been vaccine-injured, some of them had lost their jobs, and I told them about three situations that were interesting from my perspective. One was sort of a legend story of a farmer in North Glengarry by the name of Oded Saint-Onge who had been run over by a truck, he and his two cows, Isabelle and Annabelle, and he went to court to sue the large trucking company.

In court, the lawyer for the big Toronto law firm, head of litigation, asked him, "Did you not, Mr. Saint-Onge, say to the police officer at the scene of the accident, 'I'm fine, see I'm fine'?" And the farmer started to explain and he said, "Well, I was taking my two cows across the road," and the lawyer interrupted him again and said, "No, no, Mr. Saint-Onge, didn't you say at the scene of the accident to the police officer, 'I'm fine, see I'm fine'?" And the farmer again started with his story. And the judge interrupted and said, "I'd like to hear this man's story, I'd like to know what happened."

So the farmer explained that he was going across the road with his two cows, Isabelle and Annabelle, and the truck ran a stop sign and smacked into them and knocked him into the one ditch and the two cows into the other ditch. The farmer explained, "I was lying in the ditch. I was hurt; my ribs were cracked. I could hardly breathe and I could hear my two cows.

[00:05:00]

"They were moaning and groaning and in great pain. And the police came along, and he could see the cows in great discomfort. He took his gun out. He walked over to Isabelle, and he shot her right between the eyes. Then he walked over to Annabelle and also shot her right between the eyes. And he came over to me and he said, 'And you, sir, how are you?'" And he said, "See, I'm fine, I'm fine."

So we can see where there's a form of intimidation that can take place, you don't have to shoot everybody or fire everybody. When one or two people—or animals or whatever it happens to be—when something happens to them, we get a signal. And when I was experiencing my discussions, I had Zoom calls continuously throughout the preceding year or two with people from different walks of life, and it was pretty clear that there was a lot of intimidation.

One of the people I also met in my various travels and different business ventures, I met Pierre Trudeau in the late 1980s; he had left politics at that point. He had successfully brought the Charter and the Canadian Constitution back to Canada. And when one of my staff found out that Pierre Trudeau was going to be coming to a reception that we were hosting, Trudeau was his hero. He asked me if I could arrange for him to just shake his hand. I said, "Sure, I'll ask when he arrives," which I did. Mr. Trudeau very gracefully excused himself from the group of VIPs with whom he was chatting and spent ten to fifteen minutes with this employee, and I could just see the glow on this person's face and how emotional they were about it. And afterwards, I thanked Pierre for taking the time and he said, "Well, he showed respect for me, and I was going to show respect for him."

Now we transport that to 2022, in February of last year in Ottawa, and we saw that the son, Justin Trudeau, perhaps didn't have the same respect for the small individuals, the average people, wouldn't even walk across the street in Wellington Street in Ottawa to talk to anybody. I walked there from Cornwall in the middle of winter to address the [Trucker] Convoy, and he didn't even walk across the street.

So when we look at intimidation, part of what brought me into this is, I received a phone call in May of 2021. At that point, one of my clients who owned a gym had been charged, and he asked me if I would also speak to a woman who had also been charged with him for attending a public rally. What had happened is that she had simply sung "O Canada," the national anthem. When the person who was supposed to sing couldn't make it, the speaker asked the crowd if someone would step up and sing the national anthem, and she did. And when I heard about this, I'm thinking, how could I not also step up and help her?

She was charged under the *Reopening Ontario Act*—which is really a lockdown act misnamed as the *Reopening Ontario Act*—pursuant to which she was subject to a \$100,000 fine and up to a year in jail. So this hung over her head. We finally were able to get the Crown to agree to stand down from these charges in September of the following year. This hung over her head for fifteen, sixteen months, and it was not actually ultimately dismissed until December, so well over a year and a half to have this hanging over her head and also my client's head. He also was charged, and these charges are still pending against some of the people, including Randy Hillier, who was one of the speakers that day.

So just, sort of, to come to terms with a situation where people are showing tremendous courage, I as a lawyer felt that I had to do at least as much—not as much as they were doing because they were putting their livelihoods on the line,

[00:10:00]

and they were experiencing a lot of bullying and intimidation. Because I was dealing with this particular matter, my name sort of got passed around. There weren't a lot of lawyers who were stepping forward, and I would spend one or two evenings a week on Zoom calls, speaking with EMTs, teachers, firefighters, police, nurses from Brockville, from Hawkesbury, from Ottawa, from Cornwall, all coming back with the same stories of intimidation, bullying, HR departments releasing their names to indicate who was vaccinated and who wasn't within their institution or their place of work.

So there were a lot of threats and intimidation, and I formed a company to raise some money for women's shelters and to create goodwill towards these people because they didn't know how to do it themselves. They asked me to be the director of the company because they themselves were running into all kinds of intimidation. Within 24 hours, my home address was doxxed online. I live in a small hamlet of 350 people and shortly

thereafter, within about 48 hours, somebody came banging on the door at two in the morning. And then the harassment and intimidation continued. My car was stolen out of my driveway. I was assaulted at my office, and probably the scariest thing was one evening in October, this past year, my engine completely failed. I was on the 401 ramp, and somebody had put a contaminant in my fuel tank and it was a very, very scary moment.

So going back to February, I walked to Ottawa in the freezing cold to bring attention to the intimidation of lawyers, and I was joined on my walk—it was really inspiring—by three individuals, because I had to do it over three days. It's quite a distance. All three were former members of the Canadian Armed Forces. Two of them were police, and one was a firefighter, all suspended for not being prepared to take the vaccine. Each of the three had served at least 10 years in the Canadian Armed Forces and different stages overseas, involved in "black ops" and things of that nature. And all three made the same comment to me, which was "it wasn't over." There would be more, and there was, as I experienced.

Kassy Baker

Mr. Gatien, I hate to interrupt you, but you rather glossed over how far a walk it is exactly from your home to Ottawa? Can you tell us?

Maurice Gatien

It's 110 kilometres.

Kassy Baker

That's right.

Maurice Gatien

And at the time, I was 74 years old. So it was quite arduous, but I was joined along the way by people from all different walks. One was a doctor who—he's got very bad knees—was only able to walk about 100 metres, but I really appreciated it. And I also received more hugs. Lawyers don't get a lot of hugs, so it was pretty emotional for me.

Kassy Baker

Can you tell us, in the immediate period around the time of the Convoy in February, what else was happening to you before and after that?

Maurice Gatien

Well, the one thing I noticed is there was a complete radio silence from the Law Society, also from the point of view of the College of Physicians and Surgeons of Ontario. No messaging about civility; no messaging about being nice to each other. We could disagree about things, maybe everybody could have a different perspective, but the attitude of civility was not being cultivated. It wasn't being cultivated by the federal government as we saw with some of the interviews from our Prime Minister about people being racist or misogynist. I never heard those topics come up, and I spent hundreds of hours with people and those topics never came up. It was about health; it was about the pressure at work; it was about family. It was certainly not about misogyny or racism. I never saw it.

I did see one situation when I came to Ottawa,

[00:15:00]

not when I walked up here. But another time I came on a Saturday, and somebody had a Confederate flag. They were the only person wearing a full-face mask. People were very, very civil to this individual, basically saying, "Please leave, you don't fit here with that messaging, please leave." There was no bullying of them; it was just a gentle, "Please leave." He got edged to the side of the crowd where there was a TV camera to capture this messaging, which was really out of keeping with the whole tenor of the convoy protest. I was here four times. And each time, I can say that the atmosphere was joyous and positive, and the people were wonderful.

Kassy Baker

Now, I understand you have a PowerPoint presentation for us [Exhibit OT-9]. Would you like to take this opportunity to set that up?

Maurice Gatien

Well, I think it's supposed to be—

Kassy Baker

Thank you.

Maurice Gatien

So one of the things I'd like to talk about is the bold lie technique. When I was working in Montreal managing office towers and shopping centres, one project was an office tower that had defaulted on its mortgage, and one of my staff went around with the lender. It was a New York-based lender. It was their largest defaulting mortgage in North America, so it was a very significant file. And when they got to the building and went around to different office suites, there were signs on some of the office suites. They'd open the door. There was no furniture. There was no equipment. There was nothing. And in other suites, there would be someone there. But they would look at the rent roll and say, "Well, those are not the terms of my lease." And what was evident was, it was either a combination of ghost tenants or leases that were just not the same. And yet the bank, a very sophisticated bank, had lent, at the time, \$86 million. So it was a significant amount of money. But it was an example of a Bold Lie.

My next-door neighbour, at the time we're living in Montreal, was a TV producer, and he wanted to do a TV program about a forensic accountant who went around discovering fraud, and he asked me to help him with this. So I ended up, even though I was a small-town lawyer and am now managing large real estate projects, ended up becoming quite knowledgeable about fraud.

And the most interesting fraud that we came across was after the First World War in Paris. This fellow had contrived a scheme whereby he had gotten a printer to produce a very fancy letter head from the Ministère de l'Approvisionnement, Ministry of Supply and Services, which he had sent to the five largest contractors in Paris, basically saying, "I've got a very confidential project. I cannot meet you at the ministry offices. I have set up a suite at the Hôtel Crillon"—which is a very fancy hotel in Paris—"and your designated time" And each of the contractors had a different time slot, "Please come and we can discuss this confidential project." Of course, all five bit and all five showed up.

The pitch was the following. He said, "Once you know what I've got to discuss with you, you'll realize how you must keep this very secret. The government is looking under every manhole cover. We need money. We've come out of the First World War owing a lot of money. And we want to disassemble the Eiffel Tower and sell the scrap steel. However, I can probably steer this contract to you if you can come back a week from today, no obligation, with an envelope full of" — I forget the amount, 100,000 francs, 200,000 francs, whatever the amount was. Of course, they bit, and this guy absconded with the money and everybody laughed. But no one wanted to fess up or prosecute this individual because it was extremely embarrassing and very clever. But it showed the originality and the planning that goes into the Bold Lie. That was the phrase that this TV producer and I came up with: not just the lie, not the Big Lie—but the Bold Lie.

And we saw the Bold Lie with Bernie Madoff with—I just looked at the amounts today—it was about \$65 billion U.S. that he was able to pull out of investors, and they only got back maybe about 20 of that.

[00:20:00]

The rest just disappeared into a massive Ponzi scheme.

The 2008 mortgage funding fraud, which took place, had gone on for a couple of years in the United States. Now as a lawyer, we know that a document called a mortgage is something secured on real estate. But if the mortgage is for \$500,000 and the house is worth \$400,000, you can still call it a mortgage, but now it's become a hybrid: it's now a partly unsecured loan. What the banks did at the time is they bundled hundreds of millions of dollars of these types of instruments and sold them to unsophisticated investors and sometimes, also, very sophisticated investors. And when this finally imploded in 2008, as it would, people lost many dollars, huge amounts. Several films have been made of this and books, and everybody could see it coming except the investors because they were buying in to the Bold Lie: they were buying something safe called a mortgage and a mortgage fund.

Since that time, we've seen these things repeated. There's been Bre-X, Nortel, FTX. They're all the same model where it's a Bold Lie: you're going to make a lot of money. We wondered, the TV producer and I, tried to analyze things as to why the Bold Lie works and we came to the conclusion, it works for two primary reasons. One is most people have a sense of morality. Most people would not exploit the other person to their detriment. The other aspect is practical, which is most of us also don't want to face the consequences of going to jail. We are concerned for ourselves, our families but the main one, though, is that moral inhibitor, which is we don't want to exploit other people to that extent. But the Bold Lie is the foundational element to a lot of things that have transpired.

So going from the Bold Lie, okay, we can also see that with COVID— The way I would like to describe it is that there's two Bold Lies that were coexisting at the same time. So to get a sense of it, I'd like to take you on a bit of a journey of imagination. I'd like you to think of March 2020, and we're in the Mediterranean. We're on this beautiful yacht, and there's Kassy, you, me, at a table. We're on a yacht to celebrate the profits from a company, and we're going to call it Geyser Pharma. There's no such company as Geyser Pharma, so I'm not suggesting, aiming at anybody. And we're at our table. There's a gentleman, it's a fictional person by the name of Gill Bates. It's a situation where there's the finest champagne being poured into the finest crystal glasses. There's caviar, there's the finest shrimp, and there's a classic trio flown in from Milan to play for our entertainment. And off in the distance, we can suddenly hear the voice of somebody who's crying for help and someone who's drowning.

So Kathy, you and I would probably jump up, and we would look for some rope to throw to this drowning person. And Gill says, "Well, don't worry. I've got it." So he goes up to the side of the wall and picks out a rope. He mentions to us, he says, "Well, this rope cost \$1.50 a foot, but I'm going to see if I can get this guy to pay \$30 a foot." And he goes to the railing and starts to negotiate and, ultimately, in order to help the negotiations, says, "Gee, I think I see some shark fins there. It could be dangerous." And you could just hear the person crying.

That's the setup for a Bold Lie: when we're desperate, when we're scared, we're more likely to make bad decisions. So with COVID, there were two Bold Lies. One was, you're going to die. COVID will kill you. And we'll go into some of the reasons why that was not true in our area and in our province. And the second Bold Lie was, only the vaccine will save you. No other strategy,

[00:25:00]

don't worry about losing weight or taking vitamin D or whatever. Nothing was offered as an alternative except the vaccine. So it'd be like going back to the fellow in the water drowning and not telling him, "Oh, there's a sandbar five feet away. If you just go over there, you won't have to worry about paying \$30 a foot for some rope."

So when we looked at the situation, we saw no promotion of good health. The gyms were closed. Liquor stores remained open. And at the same time, with all the stores, the small businesses that were closed, it was a massive wealth transfer. When I was choosing a photo for this particular slide, I could not get all of this yacht—this is the new yacht that Jeff Bezos just took delivery on a couple of days ago. Cost \$500 million. It's the length of a football field. In recent weeks, I've also noticed that yachts are backordered 30 months. So, Kathy, even if you made a billion dollars, I'd have to tell you bad news: you're going to have to wait for your yacht. Ferrari SUVs are back ordered till 2026. And there's been a whole raft of new billionaires that have achieved this status in the last three years. It's been an amazing transfer of wealth. And I've had people coming into my office, restaurateurs in particular, have been decimated by what happened in the last three years.

So when we look at the numbers, and it was very interesting for me in a small town to be in touch with the numbers. I speak to other lawyers on a continuous basis. I personally—and I'm in an age group that would be very much in the right profile—I personally, after three years, don't know anybody who's died from COVID in the Cornwall area. I ask other lawyers, "Well, do you know anybody who's died from COVID?" And they'll say, "Well, no, not really." "Have you noticed the surge in your probate files?" "Well, no, not really." "Have you been called to the hospital to do a will or a power of attorney for somebody who's imminently going to be dying from COVID?" The answer has been, "Well, no, not really." So after a while when you hear enough anecdotal evidence, it becomes statistical.

Partly because of my background in managing large real estate projects, I became quite acquainted with software and statistics. And one day, there was an article in the local paper about the COVID deaths, and there was a link on their online version to the Eastern Ontario Health Unit database, which I clicked on. I ended up in a database of about 6,000 scrambled pieces of information, which I organized into 10 lines. Basically, by decade of life of each of the people who had theoretically died from COVID. So, from 0 to 10; 10 to 20; 20 to 30; 20 to 40. Under 40, there was not one single COVID death. So I was kind of amazed with that fact because the schools were closing. There was panic. And it was, to me, a piece of good news that should have been out there instead of being suppressed and buried in this very scrambled database.

So when I looked at this, and also looked at the profile of the other, there were only two people between the ages of 40 and 50, and most of the deaths were from 70 to 100, with most of those being from 80 to 100. There was no listing of comorbidities. Yet I knew from all my reading that a lot of COVID deaths were accompanied by people being overweight, people having had strokes or other problems.

In March of 2020 on my way back from—my wife and I were in Hilton Head—I had read that COVID affected the pulmonary system. So I downloaded a book on breathing. I started doing breathing exercises.

[00:30:00]

I immediately experienced better sleep, felt better. And I kept waiting for that big, big government push on improving your breathing. That big push never came. We're three years later, and it still hasn't arrived. I went through a number of evaluations of different initiatives that could have been taken by government. My daughter and I drew up a list, A to Z, whether it was breathing, weight loss, reducing alcohol consumption, you name it. There was nothing that was done to encourage better health.

So this vacuum created this anxiety that the vaccine was the holy grail. The vaccines were going to save everybody, but nobody had done anything to mitigate this big fear. So when I looked at the numbers, I looked at numbers, not just for the Cornwall area—I just took one at random because one of my friends was from Niagara—I looked at figures from Ottawa, Toronto. All the figures were under four one-hundredths of one per cent. I'm not a statistician, but by the same token, I'm not a journalist. But I would have thought that the newspapers would have been filled with this good news.

There was a day, a couple of Februarys ago, when I was looking at the weather channel predictions and there was a beautiful blue sky day, quite cold, but good day for cross-country skiing or snowshoeing. At the top of the weather channel prediction was a big red bar warning me of snow squalls. So I clicked on it, and it was warning me about snow squalls around Lake of the Woods, which is about a thousand kilometres from where I live. So I took my chances, and I went out and had a wonderful day of snowshoeing. The next day, I also looked at the weather channel. It was a Sunday and again another blue sky day. And I looked at the weather channel radar map, it was one of those polar highs that covered all of North America, and there was no clouds, there was nothing, it was just going to be beautiful everywhere. But the red bar warned me about solar storms on the planet Venus. Again, I took a chance, and I went out and had a wonderful day again.

So in the media, it seems there's an overemphasis, even on something as fundamental as weather, an overemphasis on the negative and on alarming us. When I grew up, the newspaper in the top right-hand corner of the front page would have two, maybe three lines about the weather. Things like, "It will be cold tomorrow." That was it. So we've now put ourselves in a position where the media are constantly bombarding us as much as possible it seems with negative news as opposed to, you know, "Get out there, enjoy yourself, be positive." And I've turned it into a game for myself when clients come into the office and I'll ask, "How's it going?" And they'll say, "Oh, it's supposed to rain tomorrow." So, I always know the weather forecast. I always know that the rain will end. And I'll shift the conversation to, "Gee, it's supposed to be nice on Sunday. Do you think you could go and play some golf?" And all of a sudden, the conversation has turned to something positive. And I feel that it's a fun thing to do, but the media doesn't seem to have that optic on things—it's how do I make people anxious? And the weather network now has it set up so

that it'll say at the bottom of the screen, "This will refresh in 30 seconds, do you want to hang on and see?" And I'm thinking to myself, "What could change in 30 seconds?"

So we're always on this edge of anxiety. And COVID came along and amped that up tremendously, and we were bombarded with bad news, bombarded with statistics all the time. It got to the point where I had to turn my radio off. I live about 20 kilometres from Cornwall, and I just had to stop listening because it was just always, always panicky.

One of the things I talked about when I was at that potluck supper—which I have very fond memories of in a barn in Dunvegan. I wouldn't call it the big time of the speaking tour in Canada, but certainly in terms of satisfaction was there.

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Talked about the Charter of Rights. I talked about it when I addressed the crowd at the Convoy. And we tend to forget that our rights originated with something called the Magna Carta, which was signed in 1215 after a war against the king, who was a very tough king at the time. He died the following year, and the Regency Council tried to renege on the Magna Carta. It ended up having to have another war, and it was re-signed and ratified in 1217. And what most people don't realize is, it only applied at the time to 25 people, 25 lords and barons, and they were given a very short list of rights. One of the rights was the right against arbitrary imprisonment, which would be equivalent to being stuck in a home imprisonment, which we saw with COVID, "shelter in place," they called it. But it was really home imprisonment. And the other was the right against arbitrary taxation, arbitrary decisions being made. So it took until 1911 for the *Act of Parliament* to be passed in England whereby the House of Lords could no longer veto bills from Parliament.

So almost 700 years have to go by and every year the rights got a little wider. And I'm sure after 1217, some of the lords went back to their fiefdoms and there would have been somebody tapping them on the shoulder saying, "Well, my Lord, you have certain rights, can we have some too?"

When we looked at the history of this situation as well, it was something that seemed so incremental, it took so long. In the 1600s, there was a concept that evolved under the first King Charles called the "divine right of kings." In other words, "My king is plugged into God, you have no right to question the decision." And at the time, the king had no problem getting reports and studies and scholarly works to support the notion of that, just by promising an earldom or a manor house to somebody. And things haven't changed a lot since that time. If you want a report, and I do remember when I was working for this large company, we paid \$250,000 for a report, and the president of the company picked it up, looked at it and said, "huh, \$250,000 to tell me I've got a nose in the middle of my face." **When we look at the studies and reports that were surrounding COVID, who paid for it was certainly going to determine a lot of the outcome of what the report was going to say.**

So when we look at the Magna Carta, what evolved in Canada, it wasn't until 1982 that we got our Constitution repatriated; the Charter of Rights was implemented by Pierre Trudeau. And in literally a week, in March of 2020, we lost all those rights. Parliament did not sit; it stopped sitting. And I'd like to joke to my friends, "Well, the Ottawa Senators have not made the playoffs in a while. The arena should have been open; there could have been plenty of social distancing, they should have met." But by not meeting and by defaulting on any discussion, all of a sudden, a handful of people were making all of the decisions for millions and millions of Canadians. We had no outlet. We had no way to express any of our concerns.

So when we look at the Charter— And it was interesting for me to also look at the history of marketing and advertising. Because what happened over the hundreds of years of evolution of the Charter of our rights, something happened in the 20th century. From 1900 on, it really evolved after the First World War. During the First World War, we saw the first forms of advertising with any sophistication. So think of how much it would take to persuade somebody to go from New Zealand or Australia or Canada or Newfoundland,

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to go into the fields in Europe and to live in trenches for months at a time. And at the sound of a whistle, to jump out of the trench, and because the colonials were the lucky ones, to lead the first charges. And nobody had told them, by the way, the machine gun has been invented. So they were being persuaded for glory, for God and country, to give up their lives.

So when the 1920s came around, the advertisers of everything from Pepsodent toothpaste to whatever, realized, wow, there's something available to us to push our products. Radio came along, then television, then the internet, telephones. Now with social media, we are constantly bombarded by messaging, and these expanding platforms have meant that we can almost find no safe harbour. I try to get out snowshoeing or cross-country skiing, get out into nature, if only to shelter myself from this constant bombardment. Our bandwidth, if you will, of available brain power to deal with everything is getting increasingly compressed.

There were some experiments that I read about and the first one I read about— I had actually read about it in 1965 when I was at Carleton University. We had to take a mandatory course in psych 101, and they were called the Milgram experiments. The Milgram experiments were designed to explore the proposition about people following orders. At the time, a fellow by the name of Adolf Eichmann had been detained by the Israelis in Argentina and had been brought for trial. His basic excuse, even though he put millions of people to death running the concentration camps was, "I was just following orders."

In the Milgram experiments, which were conducted at Yale University in 1961, Professor Milgram set it up so there were three people involved. One was called "the learner" and that person sat in a chair with electrodes and was electrified. It really wasn't, but it looked like it was, and it contained an actor who sat in it. The second person was called the "person of authority," wearing a lab coat and clipboard, and he would be telling the person upon whom the experiment was going to be conducted that they would have to give the learner some electric shocks. You'll notice that one of the settings on the electric shock board was DANGER: SEVERE SHOCK. So the person who was controlling the experiment, controlling the amount of power, was being alerted that this could cause harm.

The professor asked his students to estimate how many people would dial it up right to the top. Most people figured, well, one, maybe 3 per cent, there's always somebody who's a bit of a jerk out there. The actual number turned out to be 65 per cent; 100 per cent of the people were willing to give at least a mild shock. And the actor, by the way, in the other room, was trained to yell in pain as the shocks increased. So it was pretty amazing that somebody would suspend their judgment, suspend their critical thinking if someone in a lab coat, someone of authority, would tell them to do something.

The next set of experiments—in the 60s, there was a TV show called "Candid Camera," and it evolved out of that—and they were called the elevator conformity experiments. It

consisted of a person getting on an elevator, and there would be one person on the elevator initially, and they'd be facing the back wall. Almost everybody would face the normal way: they'd pivot, they'd look at the door, they'd look at the buttons. But once they got up to five people on the elevator, 100 per cent of the people would pivot and face the back wall, as well. That's the pull—the gravitational pull that we experience from the tribe—from people around us.

Now, if there was a sixth person on the elevator facing the right way,

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a person would feel encouraged to use their critical thinking, would feel encouraged to be separate from the crowd and would face the right way. So it just shows our inclination to abandon our judgment, if you will, if there's enough people doing something. We saw this happening during COVID many, many times.

The third set of experiments were conducted in 1971 at Stanford. They're known as the Stanford prison experiments, and it consisted of 12 students who were designated as prisoners and were put in prison garb and 12 who were designated as guards. They actually built some cells in the basement of the psych building, and the experiments were to be conducted over a period of 14 days. They had to suspend them after six days because the guards were getting out of control. They were becoming abusive and what happened is that once the first guard started to go over the line, that would encourage others to do the same and before you knew it, they had to suspend the experiments. That shows that you need rules. The rules have to be thought out before you do something. Trying to implement rules on the fly doesn't work very well. You try to implement rules when you're calm, when you're rational, not when you're panicked.

So what we saw during COVID was the opposite of these things: we saw rules invented on the fly; we saw rights being suspended; we saw the tribe, the herd basically running and influencing each other in their panicked state.

Foundational documents like the Charter of Rights—the right to assemble, the right to speak—became suppressed; censorship became the norm, and even to disagree became in and of itself almost demonized. I can't tell you how many evenings I spent on Zoom calls with people who were upset: who were threatened, who were worried. They'd lost friends; they'd lost family, just for expressing an opinion. So we did engage in a form of groupthink, which from a lawyer's perspective were very troubling because under our Charter of Rights, we have the right to express our thoughts and opinion.

Now one of the things I also noticed in my research, in 1930s Germany, there were a lot of **parallels with what we saw, and people were reluctant to state it. But one of the things I found alarming in 1930s Germany is group after group were mobilized and purged from their ranks people of Jewish background. The first group to do so were judges and lawyers; the last group to do so were midwives, presumably because they valued all life. So in 1933, first group, judges and lawyers. And after that, quickly after, followed doctors, veterinarians, architects, engineers. It's pretty amazing that they were able to do this. And one of the other things I found troubling was I looked for any comments; I looked for any writing from the 1930s from Canadian lawyers, Canadian judges, American judges, American lawyers. Nobody criticized what had occurred, and yet we know, it led to some very, very bad outcomes.**

So when we give up rights, when we treat people as “the other,” as we saw, these are very troubling tendencies in society. And when these institutions of trust—like law societies, like colleges of physicians—go in a direction, a lot of people take it as a cue that, well, it must be all right. And there wasn’t the critical thinking that was applied.

As lawyers, normally, we rely on evidence. And as you saw, with a death rate of four one-hundredths of one per cent, with almost a negligible change in the number of probate files and whatnot, where was the evidence?

Kassy, to your point, when we were talking earlier, where were the lawyers? We, I guess, unfortunately,

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were subject to the Milgram experiment; we were subject to the elevator conformity experiment; we were subject to the Stanford prison experiment without being aware of it.

As far as I’m concerned, these things, these experiments should be taught in our ethics courses. They should be taught in medical school, in law school, as part of our ethics courses, and we should never forget how vulnerable we are and how important it is to have these foundational concepts always borne in mind. That’s how important they are. They are the guardrails against bad decisions.

The last observation I’d like to make about this aspect, too, is sometimes when I go to Toronto, I will buy all four newspapers. A story, it could be any story, might receive a favourable treatment on the front page of the *Globe*, might be front page of the *Post*, will have a different slant on it. It might be on page 37 of the *Toronto Star*; it may not even appear in the *Toronto Sun*. And by the way, the story, what I’ve expressed, could just as easily be the other way around. And sometimes when I engage people in discussion about this, they read the same newspaper every day. And they don’t realize what a silo they have been placed in and how they have been compartmentalized from getting a range of ideas, a range of thought. So it’s important to basically get your news sources from more than one place because, otherwise, it’s very easy to divide and conquer if we’re in compartments.

I need to go back a bit here, sorry. One of the things I do want to talk about is the clown deals. I’ve done a lot of negotiating and large deals, small deals. One deal I did was for a fellow who came to our house—he arrived on his riding lawnmower because he didn’t have any other way of getting to our house—and he was trying to buy a \$5,000 piece of property that his house sat on. And I worked out the deal with the church that owned the land whereby he could work off some of the purchase price by mowing the lawn at the cemetery. And the pastor and I joked about the “art of the deal.”

So when we look at deals, most deals start out—if you think of, in your mind, a table—the contract, the proposed deal, will be in the centre of the table, and typically it will migrate a little bit to one side or the other. It might be 50-50, in most instances; it might be 52-48. At 55-45, most deals start to fall apart. If the person is asking too much or if the terms are too onerous, something happens to break the momentum of the deal. If you have a million dollar house and you want 10 million for it, that won’t work. And if somebody offers you \$100,000, that also won’t work; you’ll walk away. Most lawyers also understand that if you ask too much, people won’t want to negotiate with you. And if you ask too little, nobody will want to use your services because you’re not in the middle of the table and you might refine the deal. When we look at the vaccine supply contracts, they did not end up in the middle of the table.

The other thing that I would mention with regard to most deals, if you look at TTC [Toronto Transit Commission], you look at the OTC, you look at Hydro, where there's a potential for abuse of pricing and for the benefit of people, it makes more sense to own it yourself. Just like it sometimes makes more sense for a company to run its own trucking fleet. If the trucking costs are too high by externalizing it, they'll bring it inside. So I've read articles indicating that vaccines may be with us for a long, long time. Why aren't we making our own vaccines? Why are we passing on these huge profits? When I looked at the profits for Pfizer

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that increased to \$35 billion in 2022; it's an enormous amount of money to transfer to a private corporation.

The other thing we should be looking at is the history of Big Pharma. I like doing research, and one of the things I notice is that Big Pharma has paid massive fines in the past. Nobody has ever gone to jail. Even something as bad as the oxy crisis in the United States, which they estimate killed 60,000 people, the company there, Purdue pharmaceutical, the family that owns Purdue, the Sackler family, their only consequence is that they had to resign from the board of the Metropolitan Museum of Art in New York. I know that tickets to the Met Gala are hard to get, but it seems like that would be not exactly the penalty you'd expect of 60,000 people that died as a result of a product being sold. They kept about \$10 billion out of the \$18 billion that they made. When we look at Pfizer, for instance, has paid \$1 billion in fines in the past, for lying, for misrepresenting their products.

And the other element that really troubled me in all of this as a lawyer, when I looked at the self-testing aspect of the deals that were put together, can you imagine hiring a lawyer who graduated from a law school where people graded their own exams? I would expect that everybody would say—anybody graduating from such a school would say, "I was at the top of my class; I tied for first." And then just to have that law school say not only do people self-mark their exams, but instead of a three-year course, you can get it done in 90 days. So on its face—preposterous, preposterous—and yet, this is what transpired with the vaccines in terms of testing.

So when we look at the "clown deals," and again, keeping in mind how a contract normally is in the middle of the table, these are the benefits that were accrued to the vaccine makers: There were massive amounts paid to them for their R&D. All of the vaccine jab clinics were paid for by the taxpayer. All the marketing costs, all the massive advertising was paid for by you, by the taxpayer. There was massive support on air, on radio, on TV, everywhere, and censorship as well of anybody expressing a contrary point of view. The vaccine manufacturers had no liability for their product. If it didn't work, they didn't bear any of the costs. There were no outlets—like I've looked at the various health unit websites, there's nowhere to file for a vaccine injury. There's no information about how to communicate with anybody about a vaccine injury. There were mandates that were imposed that put a person at risk of holding onto their job, and I know from having talked to people who had come into my office, people with mortgages, people with families to feed, they didn't have huge savings. They were at risk, and they were subject to enormous stress and pressure as a result.

The doctors as well were placed in a position of—how would you describe it—duress, suspension of their licence if they gave a vaccine exemption certificate. I had one woman call me, she was five months pregnant. She had had two very difficult pregnancies. Her children were now eight and 10. She herself had almost died from a vaccine given to her

when she was eight years old. So here she was wondering about placing her unborn child at risk, and herself.

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And the irony was that if she had wanted to have an abortion, it was my body, my choice, was the mantra. But if it was about whether or not she should take a vaccine, it was a totally different mantra.

In discussing these clown deals, and I'm being generous to call them clown deals. Because I wonder if there's an association of clowns somewhere and one of them wanted to get his driveway paved, he'd pay a certain price. But if he had a thousand other clowns who also wanted to get their driveway paved, and they said to him, "Do you think you can get us a better price?" We know he'd get a better price. So we had thousands of vaccines, millions of vaccines being purchased with no discount, no claw back, no price adjustment if they didn't work. It was all, all full price. And at different times, there were also vaccines being thrown away because they'd become outdated.

So there was a tremendous amount of waste. And, normally, in a deal, again, going back to contracts, if somebody's putting up all the money, they get stock options or they get some kind of profit sharing or they get a royalty, something for the taxpayer. Instead, we got nothing. So again, I'm probably insulting clowns to be calling these clown deals. I don't know what else to call them. Perhaps hostage deals would be close, as well, because people were feeling like they were being held hostage.

Kassy Baker

Mr. Gaten, thank you very much for everything that you've testified to today. I'm aware that we are officially out of time and I just wondered if you perhaps had another something else quite pertinent that you wanted to add and if not, I mean everything you've said has been quite—what's the word I'm looking for—not intriguing but very compelling. Do you have anything final to say or should I go to the commissioners?

Maurice Gaten

Well, I would like to just perhaps leave on this one anecdote. Because it's been difficult but, at the same time, very rewarding. I was assaulted in my office, and I'm fairly wary. This is in February; this is what caused me to walk to Ottawa. The following week, I was at the grocery store in Lancaster—it's a little town of 600 people—and I noticed that this one person was paying attention to me. They were wearing a mask, and I was kind of aware, a little bit anxious, perhaps. I paid for my groceries. I went out to the parking lot. As I was putting my groceries into my vehicle, this gentleman came running up to me and I was momentarily taken aback. But he took his mask off and he said, "Can I give you a hug?" He said "My wife almost died from the first shot. She was feeling suicidal. You don't know how important she is to me, to my children, and I just want to thank you." Moments like that made it possible for me to live with all of the things that I've had to deal with in terms of the threats and the intimidation. And people like that are to be cherished and honoured. As much as it's been a challenge, I just tell my friends I'm fine.

Kassy Baker

Are there any questions from the Commissioners?

Commissioner Kaikkonen

At the beginning of your presentation, you contrasted Trudeau Senior and Trudeau Junior. I'm going to add an extra contrast. If it was Trudeau Senior, Pierre Elliott, who was in Parliament right now, I'm quite sure that he would have wandered down here himself or at least sent some of his MPs down this way to see if any of their constituents were in the room and testifying at some point since we are in Ottawa. Seeing that it's Trudeau Junior, Justin, that's in Parliament, I would like to add that he has censored his MPs, and his MPs don't think that we're valued enough to come down the road, down the street, to see who's in the room,

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whether it's some of their constituents. So there is that contrast.

The other thing, as you mentioned, the Milgram experiment. Some of us do teach at every opportunity those experiments to any youth or students that we have and have done so consistently, as well as encouraging people to take the Tri-Council Research Ethics course, which is two hours online. And what I've found is that when I speak to my colleagues and my peers as to why they don't do the same, it's because they don't think that anybody is ever going to come for them when this lets go.

I thank you for your testimony, it was very intriguing, but it was also very enlightening. I hope someone's listening that can make a difference in people's lives. Thank you very much.

Maurice Gatien

Thank you.

Kassy Baker

And I would also like to thank you on behalf of the Inquiry. Thank you very much.

[01:06:10]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE OTTAWA HEARINGS

**Ottawa, Ontario, Canada
May 17 to 19, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 2 Timestamp: 00:33:43–01:09:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we commence the second day of proceedings in the nation's capital, Ottawa, Ontario. For those of you that aren't familiar with the National Citizens Inquiry, we are a citizen-organized, a citizen-led, and a citizen-financed group that have decided to appoint independent commissioners and march them across the country.

We had no idea how ambitious that vision was and soon learned that it was something that we couldn't do. But it's happening, and it's happening because you're participating: you have volunteered, you have encouraged, you have donated. You have allowed this to happen. And if you have been watching the NCI proceedings, I've been saying—and everyone agrees who's done it—that if you watch a single full day of the National Citizens Inquiry, you will never be the same again. It changes you. Yesterday was no exception. The witnesses that we had, some of them, will be with us—their testimony—for the rest of our lives.

I'd like to start this morning, Commissioners, by stating my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. Before we move to our first witness, I'd like to share some opening remarks. I ask that you bear with me today.

We're having to interview witnesses, and we're having to see them testify day after day. And it's frankly emotionally exhausting at times. All of us that have been following these proceedings are aware of that. I was particularly touched yesterday by the testimony of Sheila Lewis. If you recall, Sheila is the one who needs an organ transplant, is under a gag order, so she can't tell us what organs she needs transplanted, nor can she identify the doctors or the hospitals involved. But she was on the stand yesterday, literally sobbing. She was just saying she wants to live. Her life is in the hands of a group of doctors that made a policy—and it's just their policy; they can change it. But they made a policy decision that she could only have the organ transplant that her life depends on if she gets vaccinated for COVID-19.

The irony is that she has had COVID. She has had her blood tested and she is filled with antibodies to the COVID-19 virus. She has strong natural immunity. We have had doctors explain to this Commission how actually someone in her position shouldn't be vaccinated because the vaccine would not be helpful, and, in fact, could be dangerous for somebody in her position. Any concern that she would get COVID-19 is non-existent. Because we've also had witnesses tell us that natural immunity is more robust, and we've seen government data to support that.

So she asked, and I asked, how can people do this? How can they basically be making decisions and taking actions that are leading to the deaths and the suffering of a large number of people? We had a gentleman on the stand yesterday who could not find a doctor to admit that it was vaccine injury. We've had witness after witness basically giving shameful testimony about how people that are vaccine-injured are being treated in our healthcare system.

When I ask the question—how can we do this?—I'm asking it as a rhetorical question because I know the answer. It comes down to personal responsibility and fear. The fear one is interesting because I've indicated in other openings how fear is a weapon used against us.

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The minute you start to feel fear and you start to have that chemical reaction that you have no control over, you have to start training yourselves to keep that link to your logical mind and understand that you're having a physical reaction, that you can't control it. But you can keep connection to your logical and rational thinking.

But what I thought of this morning, we've had doctors explain that their colleagues, some of them, have gotten vaccinated knowing they shouldn't for health reasons but saying things like, "I've got kids in private school, I've got a mortgage, like I've got to do it." There's financial fear. We've had witnesses back out because they're concerned about economic repercussions. And so the thought came to me this morning that we need to understand that our debt model is part of our slavery framework.

We live in a society that is self-based and greed-based. The phrase—keeping up with the Joneses—we all know what that means. If you drive an old rusty car, you're going to feel self-conscious. Why? Because we're taught to privilege people that display wealth, and we have been encouraged. The system is designed for us to pursue things and to have a lifestyle that we can't afford, so we go into debt. And then we find ourselves in a situation where we actually have no room to move when we're placed in that ethical dilemma: where to do the right thing would actually put our family and our children at risk economically. **And so, going forward, I think we have to understand that we cannot allow ourselves to be dependent upon not just government but also institutions like banks for our well-being. I just want you to understand that our debt-based model is deliberate. We have participated in it, and we've participated in this drive to look like we have wealth, to fit in, to not be "less than."**

I've spoken before about personal responsibility, that people will do terrible things to other people—in the Second World War, rounding up Jewish people, locking them into a church, and lighting the church on fire, or lining them up in front of a pit and executing them. We will do those things—the authorities know—things that we would never do on our own if our personal responsibility is taken away. I spoke about this in Toronto.

I first became aware of this idea in the Dostoevsky novel, *The Brothers Karamazov*. There's a chapter about the Grand Inquisitor—so the Spanish Inquisition, and Christ had returned. So the Grand Inquisitor is having a conversation with Jesus. And the idea comes up that people will do atrocious things if someone else takes the responsibility for their actions. Himmler, who was the head of the SS, understood this and in one of his speeches—I think it was before the Night of the Long Knives—but it was a speech before they were being sent out to murder people. And he literally said, "You're not pulling the trigger. I am." He understood that if he took the personal responsibility from them that they would follow his orders. It's why when we got to the Nuremberg Trials after the Second World War—when people were saying, who did atrocious things, "I was just following orders, I was just following orders"—we had to, from a legal principle, establish that following orders is not an excuse for harming and murdering people, as if that had to become some new legal principle.

In fact, I wonder going forward when we get our institutions back, if anyone who has committed a heinous crime, who says, "I was following orders," if the maximum penalty should be double in that case. Because as a society, our worst problem that we're facing right now—

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the most harm is being caused by people following orders. And we structure our laws actually to protect ourselves.

The doctors in Alberta, I'll take them as an example; it's the province I live in. Their college told them you are not to treat early-COVID. I know of one doctor who volunteers with the NCI who voluntarily gave up his licence to practise because, for ethical reasons, this person was not willing to be part of an organization that would tell physicians that you cannot treat early-COVID—because it is unethical and it is going to lead to death and it's going to lead to harm. But it's an example of personal responsibility being taken away from the doctors. They're being told by their college that they "can't." So now, they're just following orders and well, "I'm helpless. I will lose my licence." These are lies. But it explains how we find ourselves in a situation where people that we have entrusted with our very lives and health have turned against us.

And it's still happening. I can't think of a single institution in Canada that is now working for the people again. Name me one institution in Canada that has stood up during this COVID experience to protect us: to act as a shield between us and the government; to act in the public interest. And it's still happening. Here we are in May 2023 and vaccine-injured people are being treated as lepers and second-class citizens and shamed and humiliated and left to suffer by our medical system. Their existence is being denied. It's like we can't admit they're there. They're an inconvenience to us because we can't admit that the vaccine caused injuries. Because we're still pushing it on children. We're still murdering children. The attack is still happening. We're still censoring doctors. They're still afraid. Professionals are afraid to follow their ethics and do their job.

So we know that this spell that we've been under, it's literally like people are asleep. And language is deliberate; when we use language, the truth sneaks out. I've done a lot of criminal law and I think of statement analysis where most people lie by omission. There are simple things that people can't hide. When they're lying, things happen: they drop personal pronouns like clockwork. We cannot—you know the word, Freudian slip—we can't hide the truth. It comes out in different ways. We can obscure it. But our language speaks volumes.

And isn't it interesting that in the freedom movement if you don't know somebody or where they're at, but you're starting to think, "Oh, just wait a second, maybe they do know what's going on," you ask them, "Oh, are you awake?" We ask each other when we're feeling each other out: "Are you awake?" That's not an accident. It tells us that there are people among us, and we know that, that are asleep. They're literally asleep: They're having a dream. Their eyes are not open. They do not see what is going on. So that tells us the spell is still in force.

There's two problems that these people who are asleep are having. First of all, they still believe. Many of them actually still believe the lie. The other problem they have—and we need to pity them for this, but many people who are awake still have this problem too; denial is a great self-protection mechanism—is they just want it to get back to normal. "Don't hold this Inquiry." "Don't reveal the truth about what happened." "We don't need to figure out how not to do this again." "Just stop. We just want to get back to normal. We just want to forget this happened and go back to normal."

That is a delusion because there is no normal to get back to.

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That is a complete failure to understand that we are in right now "the Great Reset." Now, what the Great Reset looks like at the end depends on us. But we know when we hear people like Klaus Schwab saying, the Great Reset—the leaders are using the term the Great Reset—it's not something that's going to happen in the future. It's something we're in right now; we are experiencing. There is no going back to the way we were. Our past is done. It's finished.

Just on the vaccine alone. From the evidence we've heard, we can predict that there will be more people becoming disabled. I recall Ed Dowd using the data of the working population in the United States, traditionally, the healthiest people, that the number becoming disabled—well, the percentage isn't rising, although it's dramatically higher than it was pre-vaccination and alarmingly high. It's levelled off, but it's still there. We're experiencing more and more people at a very high rate of what should be our most healthy population becoming disabled and the deaths will follow. So we'll peak with disabilities first and then we'll peak with deaths. But we're still facing it. These people that we heard from yesterday with their lives literally—literally—being destroyed. It was hard to believe what it would be like to have their experience. We're going to have more of those.

The problem of sterilization caused by the vaccines has not been dealt with much in these proceedings. We were hoping to have Naomi Wolf testify, but she wasn't available for the date of the Ottawa hearings that we had wanted. But it appears that's another issue going forward that we're going to have to face. It's interesting, I have a friend in Alberta who is a health care practitioner who's been reporting to me that if a child dies *in utero*—so while the mother's carrying the child—it used to be that the hospital would take care of that and get the dead fetus out, and then it would be recorded in our statistics. But the mothers are now being sent to abortion clinics for that to be done, so it will not be included in our statistics. So we're hiding information.

I saw a disturbing billboard about a month ago in Alberta. There's a support line for mothers who have miscarried to phone. So it's now, obviously, enough of an issue. This is happening in large enough numbers that there are now billboards telling mothers that they can get support for this. I've never seen anything like that in my life and it tells us that we're still there.

Catherine Austin Fitts testifying yesterday, and we've heard it from other people, telling us this isn't an accident. This is planned, what we're going through, this Great Reset. The world leaders tell us. Google the term. Well, no, don't Google it; DuckDuckGo it because you'll get different results because of the censorship. That in itself should tell you volumes. This isn't an accident; it's an attack.

It came up during her testimony, one of the commissioners said, "Well, we've had more immigration than since the Second World War." We're going to have a witness testify today about seeing, during the pandemic, just tons of immigrants arriving while we were all locked down. It's almost like the population is being replaced as part of the Reset. So we've been taken down. We have been judged. And understand that they can't stop—you can't pull that trigger and call the bullet back. You can't stop because otherwise, we will get control of our institutions again and we will hold them accountable.

So we have to expect that what we're experiencing will continue.

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And what we're experiencing is that our government and our institutions have become the weapons against us. Catherine Austin Fitts referred to it yesterday as "the great poisoning." She spoke about our food supply and how it's basically become a weapon against us. She spoke about 5G and cell towers. We've had Dr. Magda Havas speak about that. But understand that our wireless technology, it could be done safely, but it's not done safely. It's done in such a way that reduces our health and reduces our lifespan, and this is deliberate. We are facing economic collapse. We're in it now. It is likely because they're telling us that we're going to have starvation.

We've already seen religious prosecution in Canada. We have called some of the pastors who have been jailed as witnesses, and that is not going to stop. We're literally in a situation where you need to prepare both physically and spiritually. Physically, I think you need to get out of debt, you need to have extra food, you need to have currency. I'm not here to give advice on that, but you need to be prepared because we are entering the next phase of this information war, and you need to act accordingly. We also need to prepare ourselves spiritually, and I'm going to go back to the evidence of Sheila Lewis yesterday.

Again, she was the one whose life depends on an organ transplant, and she's going to die. She's the one that was sobbing and telling us she just wants to live: she wants to see her grandchildren grow up. That's all she wants. She told us that this was evil, that what was happening to her was evil. As if evil is a tangible thing. And the thing is, evil is a tangible thing. If you open your eyes and look around, you will see it. We've seen it in these proceedings. You can hear it. You can taste it.

I've spoken several times about my opinion that the way back for us are what's called the first and second commandments in the Bible. I've explained that they're not just the basis of our legal system. But it's important for us to understand as we find ourselves in a situation where our government is adversarial to us, where institutions have become adversarial to us—that's because we actually moved away from the principles upon which our society and our legal system is based. When you move away from your foundations, your society falls. And I've explained to you how the second commandment, basically, is the foundation of freedom. Both of those commandments are intended for freedom. I'm going to explain that a little differently, and I think some of you are going to be shocked by how I end this.

There was a deliberate decision to remove God from our society. We all know that we can't speak about God. That it's almost like a conspiracy theory that you're a climate denier or you're an anti-vaxxer. God needs to be separated from our society: He needs to be removed from the schools. He needs to be removed from our institutions. This was deliberate. We have been taught to put ourselves first, and we live our lives to put ourselves first. We all do it; we've all been taught to do that. Our society is based on greed. I have two trucks. I have an old truck with 447,000 kilometres on it that's rusting, and I have a 2012 truck. Well, if I'm going to pick somebody up from the airport, I'm not using my old truck. Why? Oh, because I'm worried about being judged. I'm just using that as an example, and you all know what I'm talking about. Our society is based on greed, which is putting ourselves first.

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We also view God's law or following God as restrictive. And that is the greatest lie. I'm going to explain that to you, and you're going to go, "Oh, my gosh. I see it; it's our greatest lie."

For those of you who have no idea what I'm talking about when I say first and second commandment, I'll just tell the story. It comes up in different ways. But when Jesus was on the earth in Israel, it was a rules-based society and it had become oppressive. It was a religious rules-based society. They actually referred to it as The Law. It wasn't meant to be restrictive. It was meant to be helpful. We're all aware of the Ten Commandments: don't murder, don't steal, don't commit adultery. Well, that was the beginning. But there was just rule after rule, and it actually had been turned against the people. So it was extremely, extremely restrictive. But it gave the religious leaders power over the people.

Then this Jesus comes along. He's talking about the law but in a way that's freeing—in a way that actually serves the people—literally that becomes so popular, he can't move around. He has to, at times, get into a boat and cross a water body just so that he's not surrounded by people. And the religious leaders are going crazy: "We've got to stamp this guy out." He's a political threat to them. So they plot several ways to try and get rid of this guy. But one of the ways was, they were going to ask Him a question. They were going to get Him tied up in a legal argument.

So they decide, "Well, let's ask him what the greatest commandment is, and it almost doesn't matter how he answers. Then we can argue with him and just show people he's not as clever as he thinks he is." Because they knew the law; they were the lawyers, so to speak. So they ask Him, "Teacher, what's the greatest commandment?" And He gives them an answer. He says, "Well the greatest commandment is to love the Lord your God with all your heart, all your strength, and all your mind." Now Jesus was out of the trap. He was out of the trap. That first commandment comes up in other places in the Bible but basically love God first, not self. You see, we're a self-based society now. But you're not supposed to put **self first; you're supposed to put God first.**

Now understand, Jesus was out of the trap. But he continued, and he didn't have to continue. He said, "And the second commandment is to love your neighbour like yourself." Basically, to treat others like you would like to be treated but further than that because he used the word "love." Now that is following the second commandment and the reason why every single Western liberal democracy—which have been the freest societies that we are aware of in history—they're based on the second commandment. Because if you teach your people and base your laws on the principle that you treat others like yourself and you don't put yourself first—God goes first—then you're not murdering each other. You're not stealing from each other; you're not sleeping with your neighbour's wife because you don't

want your wife sleeping with another neighbour. Basically, you have a freer and more civilized society if you are putting other people first.

So understand—because remember, I told you the greatest lie is that following God is restrictive. Well, if you believe that you have to be first, then—“Oh jeez, I don’t want any restrictions on myself”—you misunderstand, completely, that actually you are more free. When you love God with all that you are, you’re no longer putting yourself first. That’s how it works: you’re not number one anymore. And then, you’re forced to realize that you’re just one of His children. We are the same; we’re together. Do you see how, all of a sudden, it’s not adversarial? So when you’re not first and you’re just one person following God, we’re just all His kids. We’re all together; we’re all the same. It’s not about us anymore. That’s why the first commandment serves us,

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and I’ve already explained how the second commandment leads to our freedom.

Now here’s where it gets interesting. Because one of the popular myths to get people to hate God and think that the first and second commandments are just crazy is—“Well, this is all fire and brimstone and judgment.” So I want to describe how the New Testament refers to judgment. What are we going to be judged on if this is fire and brimstone? I probably can’t go through this without choking up. It’s just so touching.

So you would think if God’s real— Because in the New Testament, it says that at the end of time, Jesus is basically going to separate the sheep from the goats, much like a shepherd which separates the sheep from the goats. The sheep are the people that lived right, and the goats are the people that lived wrong. You’d think the touchstone would be, “Well, you murdered and you stole and you’re totally unethical.” No, no, no. That’s not how He’s going to judge us.

You know what He said? Well, He’s going to turn to the sheep and He’s going say:

When I was hungry, you fed me; when I was thirsty, you gave me something to drink; when I was a stranger, you took me in; when I was naked, you clothed me; and when I was sick, you took care of me.

And the Bible says:

Well, these sheep are going to say, Lord, we never, ever saw you. When did we feed you or clothe you or take care of you? And Jesus will say, when you did it to the least of these—meaning anyone else—when you did it to **the least of these, you did it to me. And then, He’s going to turn to the goats and He’s going to say, when I was hungry, you didn’t feed me; when I was thirsty, you didn’t give me anything to drink; when I was a stranger, you didn’t take me in; when I was naked, you didn’t clothe me; and when I was sick, you didn’t take care of me. And they’re going to say, well, Jesus, we never saw you, so what are you talking about? Obviously, we couldn’t have fed you or given you something to drink or clothed you or taken care of you when you were sick. And He’s going to say to them, well, when you didn’t do it to the least of these, you didn’t do it to me.**

So the whole point—the whole point—of these commandments and our basis of our society, is to take care of each other. So when we have Sheila Lewis on the stand, sobbing

and begging the unnamed doctors—that she can't name because she's under a gag order—saying, "I just want to live. I just want to see my grandchildren grow up, that's all I want," she doesn't understand why they will not reverse their decision. They're not feeding her when she's hungry. They're not giving her a drink of water when she's thirsty. They're not taking her in. They're not clothing her. And they're definitely not treating her when she's sick. Do you see how this serves us?

We can use these as the basis for understanding how we are to proceed going forward because it's all about standing together. You have no choice. We're in this together. You are not alone. You're not alone. And we have a task. You can't avoid it. We're in the Great Reset. And we're going to decide whether those that have pushed us into this get to decide the outcome or whether the outcome is going to be one based upon the first and second commandments. You have a choice. This is a historical moment.

There are times when a generation is asked to define who they're going to be. What are the history books going to write about this generation? I think of Churchill, remembering how he was so stirring in his oratory. In the darkest days of the Second World War, when he's saying,

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"We'll fight on the beaches, we'll fight on the streets," he had a phrase. He said, "If the British Empire lasts for a thousand years, they'll look back and say that this generation was their finest hour out of a thousand years."

We're there. It's this hour. It's this hour for Canadians. Our actions will define whether this will be referred to as our finest hour or will we be a footnote in history of a civilization that fell to its knees without a whimper. I'm participating. I'm volunteering. I'm putting my neck on the line because I want the history books to say this was our finest hour.

[00:36:13]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 1: James Corbett

Full Day 2 Timestamp: 01:09:56–02:25:20

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

I'd like to call our first witness of the day, who is joining us virtually from Japan. So, James, can you hear me?

James Corbett

I can hear you. Can you hear me?

Shawn Buckley

Yeah, I can hear you. I'll ask our AV person to turn your volume up a little bit. I'd like to begin today by asking you to state your full name for the record, spelling your first and last name.

James Corbett

My name is James Corbett, that's J-A-M-E-S, Corbett, C-O-R-B-E-T-T.

Shawn Buckley

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

James Corbett

I do.

Shawn Buckley

Now, James, you are an independent journalist. You have the Corbett Report, which is an independent, listener-supported, alternative news source, and it operates on the principle of open-source intelligence. You've got a different history in your background, and I have to

tell you that I've heard from several people comments about you that are just full of respect for the work that you do and the integrity of your research. So you come to us with a very good reputation, and we're pleased to have you join us today.

And you are here to discuss with us some kind of global issues, like the Global Pandemic Treaty, the International Health Regulations, and One Health. And I'm just going to let you march into the presentation that you've prepared, and then we may have questions along the way and certainly afterwards.

James Corbett

Okay, excellent. Thank you for that. Thank you for inviting me here to talk about this. I think this is incredibly important and, in fact, in some ways goes to the heart of what all of the craziness of the past few years has really been about. So I hope I can do it justice. I do have a presentation prepared, but obviously please do interrupt and ask for clarification at any point you need to.

In order to start in on these subjects, I think we need to establish some ground facts. And so, it would help probably to know what is the World Health Organization [WHO]. And for those who don't know, the World Health Organization was founded as a specialized agency of the United Nations in 1948 specifically to promote, quote, "the attainment by all peoples of the highest possible level of health." And it proposes to achieve this task by acting as, quote, "the directing and coordinating authority on international health" work. All right, excellent. That sounds noble. It sounds like something that people could get behind. But as always, the devil is in the details.

So some questions that might arise, as we hear these words that come from the founding Charter of the World Health Organization: What is health? And who determines the highest possible level of health, let alone how to attain it? These aren't idle questions, as I know you know from the very impactful harrowing testimony that you have heard over the course of this Inquiry.

The answers to those questions really do go to the heart of what we are facing: what we have seen over the past three years, certainly, and what we might see again in the future if we allow this to continue—lockdowns, mandates, travel restrictions, forced medical interventions and procedures, and rule by decree of governmental or presumed health authorities.

So this is an extremely important subject. And I just want to lay that out before we start diving into the details. Because although the worst of the COVID hysteria may or may not be behind us, I think the real battle is only now beginning. And that battle is a battle over **the definition of, and the declaration of, and the ability to govern over the next, quote-unquote, "the next pandemic," which we are constantly assured is right around the corner.** So this is an incredibly important issue.

So today I want to talk about two separate but related processes that are taking place under the auspices of the World Health Organization. One is, well, it's being referred to officially as the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response [WHO CA+], which is a very, very long roundabout way of not saying Global Pandemic Treaty. But they, I think, specifically do not call this a Pandemic Treaty because the word "treaty" brings with it certain legal obligations and would require ratification by legislatures, at least in those states where they have constitutional procedures for governing the signing treaties.

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But conventions and agreements are covered under the WHO Constitution itself, which grants the governing body of the World Health Organization, the World Health Assembly, the power to, quote, “adopt conventions or agreements with respect to any matter within the competence of the organization,” which when ratified, will oblige each member of the WHO—which for the record is almost every nation-state on earth, of course, Canada, no exception there—would oblige them to adopt those conventions or to notify the WHO’s Director-General of rejection of those, or reservations to those, stipulations within 18 months.

So that’s kind of the framework for why it is not being called a Global Pandemic Treaty. But at any rate, this treaty, in all but name, is being drafted behind closed doors right now. This process has been going on for the better part of a year now and is expected to be unveiled with an agreement or other instrument at the 77th World Health Assembly, which will be taking place next May.

In the meantime, they are having closed door briefings and sessions that are not open to the public in which they are negotiating the text of this document. There is an entire bureaucracy that has been set up to handle this process of the drafting of this not-a-treaty called the INB, the Intergovernmental Negotiating Body. And that has held, I believe, a couple of hearings now for public input into this process. But all that means is that accredited institutions and organizations that get permission can Zoom in and basically make a short presentation about their feelings about what the treaty should include. Very few people given a chance, of course, to speak out against the process itself, and I think that’s instructive in and of itself. But the meat of the negotiations of this draft treaty are taking place behind closed doors, and there is very little transparency on this process.

We do have a zero draft of this treaty that was unveiled earlier this year [February 1, 2023] and that we can at least see the text that they started with from ground zero, which gives us some insight into this process. It includes increased tools for epidemiological genomic surveillance and integrated One Health surveillance systems, which might raise the question, what does any of that mean? And those are good questions, but unfortunately not ones you will find the answers to in this zero draft of the treaty. Because in the definitions section of the zero draft, you will note that, for example, it says, under definitions, “‘One Health surveillance’ means . . .” And then, of course, that’s left blank because they have not come up with a definition of One Health surveillance yet, but it is included in the text of this zero draft [February 1, 2023]. They talk about the need for integrated One Health surveillance systems without telling you what One Health surveillance means.

Other such things like that abound in this document. There are obligations for member states to, quote, “tackle false, misleading, misinformation or disinformation.” And I think given the events of the past few years, we know exactly what that looks like and what form that takes. As someone who had his YouTube channel of nearly 600,000 subscribers scrubbed for daring to talk about such things as the philosophy of science and other things related to the events that are going on, I know firsthand what that legalese text implies.

The zero draft also includes verbiage about control over when, where, and how a pandemic is declared within each member state’s borders. So it says, quote, “the INB is encouraged to conduct discussions on the matter of the declaration of a ‘pandemic’ by the WHO Director-General under the WHO CA+ . . .”—which is what they’re calling this not-a-treaty— “. . . and the modalities and terms for such a declaration, including interactions with the International Health Regulations and other relevant mechanisms and instruments.”

So yes, even the process by which a pandemic will be declared by the World Health Organization under this new treaty, or whatever they're calling it, is left open to negotiation. And again, negotiations which we do not have access to as lowly members of the public who will simply be subjected to whatever rules end up getting forced into this document.

I think that should be concerning in and of itself. But actually, it's in some ways, maybe even worse than most people realize. Because at least at this point,

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the World Health Organization does not officially declare a pandemic to have started or over. There is no official declaration of pandemic. There is an official declaration of a public health emergency of international concern (PHEIC), which is a different declaration altogether.

People might have heard recently that the WHO has declared the pandemic over. But that's not quite true, as even the fact checkers will, in this case, correctly tell you, "No, they declared the end of the public health emergency of international concern," but they did not say that the pandemic is over. So this document is at least putting on the table the possibility of literally a declaration of pandemic by the WHO Director-General, in particular, which is interesting for reasons that relate to that PHEIC.

But let's delve into the other side of this. Because as it says in that text, talking about this rule of the WHO Director-General declaring a pandemic, it says, "including interactions with the International Health Regulations." And that is the other document that I want to talk about. One is this treaty, which they are not calling a treaty. The other is amendments to the International Health Regulation.

Shawn Buckley

James, can I just slow you down for a sec before you go to the International Health Regulations. Because to some of the people that will be watching your testimony today, this will be brand new. So you're basically saying that we should be calling this a "Global Pandemic Treaty," what they're negotiating. But even the title—they're using words to kind of confuse so that we don't understand what it is. And that this is being negotiated behind closed doors, so it's not a public process. Is that right?

James Corbett

That is correct in substance. Obviously, it's my supposition that the unwieldy title **contributes to the confusion around this process. But it is not supposition that the word "treaty," specifically brings with it certain legal obligations that I think are being obviously avoided in this lengthy appellation.**

Shawn Buckley

And then I just want people to understand. So when you're saying definitions are left blank—when laws are drafted or treaties are drafted, they'll actually put a definition in and then start using those words. So the definition is very, very, very important. So when James is saying, "One Health surveillance"—which sounds very Orwellian—or "One Health surveillance systems," saying these terms are being used, so they have a specific meaning. But the text that's been released, they're not telling us what the meaning is.

So I just want people to understand how important that point is that James has brought up. It makes it impossible for us reviewing the text that has been released to really understand the significance. And I can tell you, having drafted legislation for government, that when you actually already have a term, you have a definition in mind. You know what that term means; you're not throwing it in there for good measure. So to me that's quite concerning what you brought up.

And also, just slow this down before you move on. You're telling us there's actually provisions in there to deal with misinformation. So they're already anticipating censoring information that goes against what they say?

James Corbett

That is the certainly the implication. There is no language, at least in the zero draft, that's been provided to the public to specifically say how member states are committing to tackling false, misleading, misinformation or disinformation. But I think we've seen exactly how that has been done over the past few years, including direct governmental interference in social media. For example, trying to censor—not trying, but actively censoring people who go against the pronouncements of any declared public health authority. So I think that's essentially what is being declared.

But specifically, it's from Article 17, paragraph 1 [zero draft, February 1, 2023]: "The Parties commit to increase science, public health and pandemic literacy in the population, as well as access to information on pandemics and their effects, and tackle false, misleading, misinformation or disinformation, including through promotion of international cooperation," which is an interesting addition.

And just to clarify, yes, Chapter I, the Introduction, Article 1, Definitions and use of terms. They do have in the zero draft [February 1, 2023], four of the terms defined. But they leave "pathogen with pandemic potential," "One Health approach," "One Health surveillance," "infodemic," "inter-pandemic," "current health expenditure," "universal health coverage," and "recovery" are all left undefined at this point.

Shawn Buckley

Interesting. Okay, sorry for interrupting, please continue.

James Corbett

Valuable things to elaborate on.

[00:15:00]

All right, so let's talk about the other process that is going on. And I think, again, supposition, this is another part of the deliberately confusing nature of this process. In addition to this treaty, or whatever they're calling it, there is a proposal to amend the International Health Regulations. So what are the International Health Regulations?

Back in 1951, the World Health Assembly, the governing body of the WHO, adopted the International Sanitary Regulations, which was an attempt to consolidate the multiple and overlapping international agreements that then pertained governing quarantine procedures and other international health controls—that were, at that time, a series of bilateral deals between various countries and that was quite confusing, obviously, for an

increasingly globalized society, international trade, et cetera. So that was consolidated into this International Sanitary Regulations. And that was ultimately turned into the International Health Regulations in 1969. And those IHR, International Health Regulations, were amended in 1973 and 1981.

At that time, the entirety of the International Health Regulations covered specifically six diseases, but specifically focused on three of them: cholera, yellow fever, and plague. But after the SARS-1 hysteria of 2003, there was a push for amendment and sweeping reform of these IHR, International Health Regulations, to take into account the new and novel diseases that could appear in the future. So that push led to the adoption of the last round of amendments to the IHR in 2005. So that is the most recent edition of the International Health Regulations. And that was the addition of the International Health Regulations that introduced that aforementioned public health emergency of international concern, which is a specific declaration that is made ultimately by the Director-General of the World Health Organization.

Although, supposedly, theoretically, there is an independent advisory board that advises the Director-General whether or not to declare a public health emergency of international concern for any emerging virus or pandemic, or what have you. And that independent advisory board, really—according to what I think the drafters or, at least, what was presented to the public—it was the advisory board that's ultimately making this decision, and the Director-General just gives the rubber stamp to their recommendation.

Of course, that turned out not to be the case with the declaration of the monkeypox public health emergency of international concern last year, in which, according to reports, apparently, the Director-General Tedros broke the deadlock in the advisory panel by declaring that it was a public health emergency of international concern. And it's interesting that it's even portrayed as a deadlock when, in fact, the majority of the independent advisory board recommended against declaring a PHEIC.

But what is a PHEIC? Why is it important? What does it do?

Essentially, the declaration of public health emergency of international concern opens up a number of powers for the World Health Organization up to and including—as was reported back in the mid-2000 “teens” during the *Ebola* public health emergency of international concern; it was reported even in Newsweek and other places—that the powers that are unlocked by such a declaration could even include, conceivably, NATO boots on the ground in order to enforce quarantines or deliver medical aid or intervention, or what have you.

So this is a significant declaration. And of course, it also brings into effect a number of contracts that are signed for various governments that ultimately obligate them to **purchase prophylactics, including vaccines or whatever else may be available for the declared health emergency. And that became a significant factor in the first ever declaration of a PHEIC back in 2009, during the swine flu pandemic, which ultimately ended up being a less deadly flu season than regular. But that being what it is, the declaration of PHEIC obligated countries around the world, including, of course, in Canada, to purchase swine flu vaccines that, ultimately, a lot of them ended up getting destroyed, unused. But whatever, at any rate, it was there. And an awful lot of money was made on the back of those vaccines.**

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And an independent investigation from the Council of Europe the following year, as well as a British Medical Journal investigation, found that there were serious conflicts of interest between the independent advisory board that advised then WHO Director-General Margaret Chan to declare that PHEIC and the very pharmaceutical manufacturers who ended up benefiting from that declaration. So that's kind of the context of this International Health Regulations and what's on the table.

This current round of negotiations for further amendments to those IHR include a grab bag of proposals of potential amendments. Some of the ones that pop out immediately include the idea of striking out the words, quote, "full respect for the dignity, human rights, and fundamental freedoms of persons," from the IHR principles, giving WHO greater authority over surveillance monitoring and control of health threats—including greatly expanding the PHEIC power with proposals suggesting giving the Director-General the authority to declare not a public health emergency of international concern but an "intermediate public health alert" where a public health event does not actually reach the threshold of declaration of PHEIC but "requires heightened international awareness" and preparedness activity.

So, whatever that means.

Granting the WHO the power of a global emergency health legislature, including proposals to potentially change the currently "non-binding" and "standing recommendations" on medical and/or non-medical countermeasures to address a PHEIC that the Director-General shall issue to WHO member states after a consultation into binding recommendations. So they are actually proposing to change that wording from non-binding to binding, which ultimately does make the WHO into a de facto government, at least, public health emergency legislature.

It includes proposals for working with partners to establish a Global Digital Health Certification Network, which is intended to enable member states to verify the authenticity of vaccination certificates issued under IHR, as well as other health documents. And proposals to expand the scope of the International Health Regulations to cover not just demonstrable ongoing public health emergencies, but all risks with a potential to impact public health.

In other words, this is an astounding power grab that is, again, represented in these two parallel processes: the treaty that they're not calling a treaty and the International Health Regulations amendments that are separate processes, that are being run by separate governing bodies, but that, as the WHO states, could overlap. And there are meetings that again are going on behind closed doors as to whether or how these two processes should merge. Or maybe there should be two separate processes. Maybe they should continue with one of them, but not the other. It's all left completely opaque at the moment.

So those are the two processes. And in order to understand, I think, what's really on the table, we have to understand the overall idea behind the concept of public health in general and where it is going in the future. I'll pause for a moment in case you need any further clarification on anything I've presented so far, though.

Shawn Buckley

And actually, that's a perfect time for pause. It's interesting. We had a witness yesterday, Denis Rancourt. I don't know if you're familiar with him. He's a physicist by training but had been a full professor for years at the University of Ottawa and an interdisciplinary

researcher. He's presented on all-cause mortality using Canadian and U.S. data. And one of the points he brought up a couple of times was, in the past when pandemics were declared be that avian flu or swine flu or whatever, there was no indication in all-cause mortality that there was ever a pandemic. So, in other words, you couldn't see it. But he says you could see a heat wave for three days; that would show up, other things would show up.

But actually, every single time a pandemic had been declared, there was no rise in all-cause mortality. So basically, the implication is that these pandemics are declared when there is no public health emergency. And here you are telling us that basically, countries like Canada would lose their sovereignty so that if a pandemic was declared by the World Health Organization, we would have no choice but to allow them to basically counter some pandemic. Are we hearing you correctly about that?

James Corbett

Member states are already obligated to do a number of things under the WHO Constitution,

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including implementing the conventions and agreements that are decided upon by the World Health Assembly. So really, there are already obligations that are in place for Canada, as we've seen, I think, through the course of the past few years, let alone decades. That in fact, for example, there is a stipulation in the existing International Health Regulations that all countries have to comply and actively assess their compliance with the International Health Regulations and pandemic preparedness generally. And Canada, as you may or may not know, actually, the Government of Canada posts on their website, occasionally, their updates as to their self-assessment of their compliance with the International Health Regulations. So there are already stipulations in place. I think the proposed amendments just give the potential for these obligations to expand.

Shawn Buckley

It's interesting. So that explains why, I mean, it seems that most of the world, certainly the Western world, followed kind of one plan. And James, what I've always found interesting—and this is just my thinking—but let's say we were facing a serious threat by a virus and we've got to figure out what to do. It would seem to me you'd actually want different countries trying different things so that you could see what works and allow different theories to be tested.

But we basically have entered a world where one organization has the power to decide how we deal with a serious threat. And if they get it wrong, then the whole world will face the consequences of that. Because that's the flip side. But if they get it right, well, great; all's well and off we go. But if they get it wrong, it means the catastrophe is magnified. But basically, that's where we're at legally.

James Corbett

I concur wholeheartedly. I think that gets actually to the real heart of the philosophical issue, let alone the legal issue, that we're facing here—which is the question of the centralization of power over “public health” in fewer and fewer hands. And, in fact, that's kind of how I'm planning to end this presentation. But perhaps we should cover One Health before wrapping up with that.

Shawn Buckley

Sure, can I just ask one more thing? Because you just went over it quickly. You were saying they were striking out some principle. Can you just read that text slower for us? I think it's important for us to understand.

So there's principles in the current International Health Regulations. So it means, principles—just so that people hearing your testimony understand—they're supposed to be what guides the interpretation and application of these regulations. So they're kind of fundamental to what our goals are. But please share with us what is being removed or being proposed to be removed as a principle.

James Corbett

Yes. So the text that is being proposed to be struck out from Article 3, which is the principles of the IHR document, is "... with full respect for the dignity, human rights and fundamental freedoms of persons." And the proposed alternate text—again, people can find this on the WHO's own website; they have a post of the proposed amendments [IHR proposed amendments, WHA75(9) (2022)]. The proposed alternate text: instead of "... with full respect for the dignity, human rights and fundamental freedoms of persons" is "... based on the principles of equity, inclusivity, coherence and in accordance with their common but differentiated responsibilities of the States Parties, taking into consideration their social and economic development." I will let you parse that for yourself. But, anyway, that's what they want to replace the text with.

Shawn Buckley

I think George Orwell would be proud of that one.

James Corbett

I concur.

Shawn Buckley

Yeah, please continue this. And I can just share with you that I believe everyone is finding this very interesting and we haven't had somebody speak to us about these issues. So we certainly appreciate you sharing with us.

James Corbett

All right, so what we have heard, so far, I think is fairly concerning. But actually, where I think this is going demonstrably is even more concerning. And what this is raising the spectre of, is the concept of the One Health approach or One Health agenda, which is being adopted by many different health authorities in many different countries. The CDC in the United States, the World Health Organization is talking about it. In fact, there's an entire institutional framework that's taking place, taking shape around it.

One Health: that phrase was apparently coined in the wake of the SARS-1 events,

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back in 2003–2004, to discuss the threat of emerging diseases—diseases emerging from animal populations and the contact of animal and human populations, so zoonotic diseases.

And that concept started to come on board that public health is not just about your individual health as a human being, it is about the health of nature, including animals. So the CDC, for example, defines the One Health approach as “a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.”

So again, I think like the founding principles and definitions in the World Health Organization Charter, this is language that is designed to sound very appealing. But I think quite quickly starts to get into some very interesting philosophical areas, shall we say.

So I think we have to recognize what is being done here is a rhetorical move to essentially make every corner of the globe, every natural resource, every plant, every animal, including every person, as part of an interconnected web that forms this new definition of public health: One Health. And so, embedded within this idea, within this concept, is if we have a centralized, specialized agency of the UN, like the World Health Organization, which is in charge of coordinating international public health, we need some sort of centralized control that will have jurisdiction essentially over every one of these constituent elements—every habitat, every resource, every animal, every plant, and every person—in order to coordinate not public health but international One Health.

So I think we see where this is starting to go. And of course, it doesn't just involve the World Health Organization. Again, by its very nature, this is such a broad concept that it applies to every nook and cranny of every bureaucratic infrastructure in at least the UN panoply, as evidenced by the fact that the World Health Organization has just joined a quadripartite coalition—consisting of the Food and Agriculture Organization [FAO] of the United Nations, bringing in that food concept that was referred to by Catherine Austen Fitts; the United Nations Environment Programme [UNEP], bringing in the spectre of Rio Summit and UNFCCC [United Nations Framework Convention on Climate Change] and the IPCC [Intergovernmental Panel on Climate Change], et cetera. The World Organization for Animal Health [WOAH] and the World Health Organization have now combined forces to tackle this One Health approach idea. And they have set up a new “high-level expert panel,” to coordinate activities on One Health, which is defined as “an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems.”

So again, this sounds laudable. But it is predicated on a devaluing of human life in order [inaudible: 0:33: 19] equity, which I guess we're supposed to assume is always, in every context, a wonderful word—equity with nature. So humans have to be devalued to the point where we do not prioritize human health over the health of, say, an animal species or something along those lines. And I think people understand where that concept is going or where it could go. But at any rate, that is the One Health approach that is now being fostered under the auspices of not just the WHO but a number of international organizations.

Shawn Buckley

So that's how we end up locked down in 15-minute cities and eating crickets.

James Corbett

Unfortunately so, or at least I believe that is part of the plan. So yes, as you indicate there, this is not just about the concept of health as we tend to think of it—as in you feel sick and

you go to the doctor and you get some medicine, or something along those lines. It has to do with every aspect of your life: where you live, how you live, what you eat, et cetera, et cetera. It would be difficult to think of any aspect of your life that would not come under the purview of this One Health idea.

Shawn Buckley

That's quite striking actually. So did you have more to share?

James Corbett

I can talk about the next steps in this process.

So with regards specifically to the International Health Regulations, again, they are being proposed to be adopted at the 77th World Health Assembly next May by a simple majority vote.

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And so, given the scope of the Constitution of the WHO and specifically Article 21, the amendments of the IHR—when and if they are adopted—will come into force within all member states within 12 months of adoption unless a state proactively files rejections or reservations within a 10-month period after the adoption. At any rate, this is a very, very short timetable and I think, again, the momentum is on the side of the bureaucratic meddlers here, shall we say.

As regards to the treaty, that they're not calling a treaty, that would require—I think there are different interpretations of this—but I have read that it would require a two-thirds majority vote in the World Health Assembly with each member state being able to sign and ratify the treaty in accordance with their own domestic laws.

But, as I say, I think overall, the World Health Organization Constitution, as it is written, is interpretable in ways that would suggest that any World Health Organization member state is obligated to enact whatever convention or agreement is signed. So, again, I think that there are different legal opinions of what this is. But I think we have a very narrow window in which to act. And I guess the question for Canadians is, what can be done or what should be done?

So I guess on the most basic legal/political level—obviously, given the fact that a formal registration of concern is required to at least stop this from being automatically implemented in Canada within one year of its adoption—then obviously, I think, politically, **people's energy should be directed in that direction, at least at this moment. And there are movements afoot in a number of different countries right now not only attempting to preventatively get their member states out of this process for the negotiation but actually to withdraw from the WHO altogether. And I note that there was a press conference on the steps of the U.S. Capitol just this week involving several U.S. congressmen, I hear 21 of them, actually, were there demanding a complete withdrawal of the United States from the World Health Organization.**

So that is, I think, at least a sign of the type of political movement that could be happening if people were engaged and aware on these issues. Although, obviously, the Canadian political context may be a little bit different than the American context. And I think one thing that we could be assured of is that the establishment media would ignore or denigrate such a

political movement, to the extent that they acknowledged it at all, in the exact same way as they did with the Freedom Convoy.

But more to the point, I think, perhaps more hopefully, I see the formation of communities of interest—public and private membership associations and other organizations—forming on the basis of the principle that human beings have natural bodily autonomy, and medical interventions cannot be enforced or forced upon anyone against their will. And so, I think the idea of people coming together on that basis, including doctors and other medical professionals and regular people, coming together on that basis to form their own sort of splinter medical system, to me, seems the more thoroughgoing approach here, not recognizing the diktats of centralized health authorities.

However, obviously, nothing is going to change unless and until there is a widespread recognition among Canadians, and people all over the world, of the fundamental underlying issue: What is “health”? And who gets to define that word? Who gets to describe what a health crisis is, and what states, let alone individuals, must do in the event of a declared health crisis?

These are the fundamental questions. And who controls those powers? Which really raises, I think, the fundamental underlying question of all of this. Because what I’ve been describing with regards to these powers that are coming into view might raise the spectre of medical martial law—essentially times of suspension of regular law in which health authorities essentially act as martial authorities, being able to dictate law into law just by saying it. Which is exactly what we saw over the past few years.

But I think it’s even worse than that. What we are seeing is the erection of an infrastructure

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for a new paradigm of governance: the biosecurity state. And if you are unfamiliar with the writings of Giorgio Agamben, he is a famed and noted Italian philosopher who has been writing about this subject for the past few years. I highly recommend his work, including an article he wrote in March of 2020 called “Biosecurity and Politics,” where he identified this as the crux of the issue. He wrote, “the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity).” And I think that is the spectre of what we are facing: the imposition of medical interventions in the name of health but essentially as a new paradigm of governance that we are looking at.

And so, I think we need to fundamentally question the need for health authorities’ centralized control over the medical system rather than the idea that people can choose for themselves what medical interventions and what medical precautions they are willing to take or not take. And also, the acknowledgement that with our fundamental right of bodily autonomy comes with it our right to essentially ignore and to go against the outward imposition of dictates and obligations by any presumed health authority. So, any treaty, any convention—International Health Regulations—that are signed that do not recognise, fundamentally, informed medical consent and the right to bodily autonomy, it’s null and void.

Shawn Buckley

James, I'm just going to step in if you'll let me. It's interesting. So you're telling us stuff. And I've just, when I do have time to see non-mainstream media, you hear about International Health Regulations and that this is going on. But I can tell you personally, I've not heard this type of detail that you're providing. So basically, Canada is walking into the situation where really our entire sovereignty could be given up in the name of this One Health initiative where everything from our food supply to our complete medical system to our freedoms could be dictated from an outside source. That's basically what's happening and we're not hearing anything about it.

James Corbett

Yes, I think it is already happening and yes, we are not hearing about it.

Shawn Buckley

Are you aware of a single group or anyone that is on this issue in Canada that should be given some support, or we could be directed to?

James Corbett

There are a number of individuals and independent media that are talking about these issues. But in terms of actual coordinated political movement on this front, I don't know. As I say, I live in Japan, so I am not in touch with any particular group.

Shawn Buckley

No, I was just asking because if you're not aware of one, then perhaps that there's a need that needs to be filled here and that's important for us to know.

Also, it's interesting, just as the National Citizens Inquiry has been moving about province to province, I ended up being out for dinner with some of the people involved in the NCI, including local organizers in Vancouver. And sitting to my left was a person from Quebec that lives on a fairly sizable acreage, he is telling me that his chickens have to be registered and he's only allowed three chickens. And then somebody living on a farm in BC is saying, "Oh, I have to register every cow, every sheep, every chicken," like, the amount of control. And then I have a personal friend in Alberta who's being told that, well, any water body, they have to have a fence this size and that would include their rain barrel. Like, it's just, all of a sudden, this micromanagement of rural properties and animals being imposed from above, which makes zero sense unless there is an effort to basically have total control over food supply and animals and rural properties. And it sounds like this would be connected.

James Corbett

I think it is. But on that note, I think that the pushback that we're seeing from Alberta, from Saskatchewan, the Alberta Sovereignty Act [*Alberta Sovereignty within a United Canada Act*], or whatever these things are being called—which I'm not following the passage of these bills closely—but I understand would essentially be a declaration of the provincial government's right to exclude federal authorities from butting in on their jurisdiction,

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which, of course, health is actually a provincial jurisdiction not federal.

Shawn Buckley

Right, okay. I'm going to turn you over to the commissioners to see if the commissioners have questions. And they do.

Commissioner Drysdale

Good morning and thank you for coming and providing your testimony.

You know, we've completed 22 days of testimony across the country at the NCI right now, and it's like a large jigsaw puzzle that seems to be coming together. And when I was listening to your testimony, it reminded me of some testimony I think we had in Vancouver, and one of the witnesses held up a document that they said was prepared by Theresa Tam. And what it was is that the climate emergency was the biggest threat to human health in Canada. And I kind of wondered about that. But are you aware of that document? And does that kind of fit in with this whole WHO control and pandemics that you're talking about?

James Corbett

I am not familiar with that document in particular, but I am certainly aware of many pronouncements along those lines that have been made over the past few years. And I certainly do see that as absolutely a fundamental part of the One Health agenda. I think the preparation of the public for the idea of a climate crisis, climate emergency, and ultimately lockdowns on the basis of such an emergency has been foreseen, has been talked about, has been openly written about by a number of people and institutions, the World Economic Forum and others, for years now. And so I definitely see that as part of the unfolding One Health agenda.

Commissioner Drysdale

And I forgot to mention, and I don't know whether she still is, but I know Theresa Tam was the head of one of the WHO health committees. I can't quite recall which one it was, but I believe it just started a few years ago, and again, I don't recall whether she's still the head of that or not. But it certainly, it goes right along with what you're saying.

We had another witness in, I think it was Vancouver, and she was an expert in international law and human rights. And in her testimony, she had demonstrated how Canada, during the pandemic, had violated, or allegedly violated, a number of the human rights, which are guaranteed under the UN treaties, underneath a number of health treaties. And it's just interesting, then, how these human rights guaranteed under similar documentation by the UN are being trampled on by the health care directives that are being contemplated or being implemented by the WHO through the UN. Are you aware of that contradiction between human rights treaties and what you're talking about here, the proposed WHO?

James Corbett

Yes, in a sense. But I think that the legal documents and constitutions and other things that presumably we are ruled by, or that constitute the rule of law, are not really worth the paper that they're written on, generally speaking. And in fact, that's, of course, I would say, exactly what we've seen over the evisceration of the *Canadian Charter of Rights and Freedoms* over the past few years. In fact, Giorgio Agamben, who I mentioned earlier, wrote an entire book about *State of Exception*, talking about that issue and exploring it from the philosophical and jurisprudence and historical angle, that there is always a moment of

aporia in these constitutional documents that essentially allow for the declaration of some sort of emergency that says all the rules are aside.

And I would note specifically with regards to the United Nations and the *Universal Declaration of Human Rights* that it propounds, they all sound wonderful and woolly until you get to Article 29, paragraph 3, which says, “these rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.” Essentially, yes, you can have all these wonderful rights unless and until the United Nations says you can’t, and then you can’t. So I think those are the types of legal trickery that are played in these documents.

Commissioner Drysdale

Well, I think that’s why you rightly pointed out definitions and the grab bag of words that were in definitions. And Canadians, if they aren’t, should be very much aware of how their constitutional rights or their *Charter of Rights and Freedoms* was completely neutralized by what seemed to be innocuous words,

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high-minded words.

I mean, if we’re not aware of those things now and scared to death about these definitions that go on and on and on and could mean anything. But it seems, to me, that you’re saying that this is a common practice, that they put in these kinds of words they can manipulate any way they wish.

James Corbett

I think that is the case. As I say, I would definitely direct you to Agamben on that issue. He has written extensively about this, and it is demonstrable in a number of documents. And there is, generally speaking, some sort of emergency clause or an emergency act, a public order emergency, for example, that can be declared that will suspend basic constitutional rights.

Commissioner Drysdale

The last thing. You know, when I was listening to your presentation and also listening to some comments made by Mr. Buckley, it reminded me of what’s happened so many times in the past. I mean, in Soviet Russia, they got a hold of the food production and they murdered or starved to death 20 million Ukrainians, I can’t remember what the number is; **they argue about what that number is. In China, they did the same thing during the late 1950s and early 1960s, and they took control of all of the food production. Are we seeing that same thing happening today in Canada and in the Western world, but more importantly, at least to me, in Canada?**

James Corbett

I would say, anyone who isn’t paying attention to the consolidation of the food supply in the hands of fewer and fewer corporate interests—but also governed over by an international institutional infrastructure, the Food and Agricultural Organization and other associated institutions—if you’re not concerned by that process, then you’re probably not paying attention.

And in fact, the consolidation is getting worse and worse as we step forward into the Great Food Reset, which has been declared. And that involves such things as lab-grown meat to try to cut down on the horrible pollution that we know that actual regular farming and ranching are wreaking on our environment. Except for a recent report—that may or may not throw any kind of spanner in those works—that apparently, the lab-grown meat will be 25 times more energy- and resource-intensive than regular farming. I wonder if that will in any way derail the plans.

But at any rate, this is definitely a part, again, of that One Health agenda and that One Health approach. And the consolidation of the food supply in the hands of a few corporations cannot be ultimately for the benefit of all humanity. There is, at the most basic level, a very obvious financial incentive for corporations to do this. But from the perspective of people who are literally thinking about trying to manage the human population in general, there could be no greater choke point for doing that than by controlling and manipulating and rationing the food supply.

Commissioner Drysdale

You know, historically speaking—except for a handful of people at the top, some of those names that we know—central planning, state Soviet-style planning, has never been successful. I mean, have we not learned our lesson in history? I mean, the 20th century was predicted to be the century of the masses, mass control; there were a number of books written in the late 1800s about that. And have we not learned our lesson?

We had a witness yesterday, we talked about the definition of fascism, and these are not their words, these are my words. They were talking about us going into fascism on steroids because, you know, in the past, they never had the technological and electronic control and brainwashing that we have today. I mean, have we not—will we not—learn our lessons from history?

James Corbett

Unfortunately, it doesn't seem so. And, actually, history would give us the proper terminology for this because people are grasping around for historical precedents and political analogues—and they talk about fascism; they talk about communism. What they should be talking about is technocracy, and that was a movement that was quite popular in the United States and in Canada in the 1930s. In fact, Elon Musk's Canadian grandfather was a prominent member in the Canadian technocratic political movement who ultimately ended up fleeing Canada and going to South Africa, but that's another story.

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But technocracy was an idea that was predicated on the idea, not of a fascist system, not a communist system, but the control of society, the engineering of society, at a scientific and technical level by technical experts who would decide—who would calculate—the entire energy inputs and outputs of the entire economy and base the economy around that calculation. And they would issue energy credits to the people who would then use those energy credits to purchase items. And that was a truly bizarre and crazy idea in the 1930s because it would have required systems for continuously monitoring and surveilling every transaction in the entire economy in real time, which, of course, didn't exist in the 1930s.

That technology exists now. And although the historical technocratic movement and Technocracy Inc., which was one of its products, has not exactly disappeared, but it's

certainly not a prominent political part. But I think that ideology is still around and that really starts to explain some of the directions that we're heading.

For example, the concept of carbon rationing and the concept of universal basic income, and some of these other concepts that are floating around, are at base technocratic ideas that have been adapted and adopted for the terminology that appeals to us in the 21st century. But I think if we don't understand that history and where that idea developed from, I think we will not truly be able to understand what is happening until it's too late.

Commissioner Drysdale

Well, yeah, I mean, we now have state-sponsored euthanasia. We have the state holding back life-saving medical procedures from a lady who testified yesterday because she wouldn't comply with something, you know, a procedure that had nothing to do with the transplant. We have state-based racism, where they're pitting every different group of people against each other, regardless of what measure you want to look at. We have unprecedented propaganda, 24 hours a day. People are acting like cyborgs where they carry a device in their pocket and they think because it's not under their skin, they're not a cyborg. But even in this room, we hear the phones ringing and beeping and clinking and clanging. I mean, from what I understand from you, and I understand from some of the other witnesses, this is at an unprecedented level of control. And therefore, we as a human race are at an unprecedented risk to their will. Can you comment on that statement?

James Corbett

Yes, let me underline and underscore exactly what you're saying there. For any of the Commissioners who do not know about it, I would wholeheartedly exhort you to look into Policy Horizons Canada, which is an arm of Canadian government that a few years ago produced a document on biodigital convergence, which talks exactly about what you're talking about: ultimately towards the creation of that cyborg-intermediate species, whatever we are becoming with this increasing adoption of technology, where they actually talk about the ways that at the medical level, we will be more and more merged with machines. And again, you have to read this document in its own words; don't take my word for it.

But one of the things that they talk about in the document is the breakdown of the philosophy of vitalism, which is the idea that there is actually a real and meaningful distinction between organic life and inorganic matter. And they say that those lines are blurring because now people and animals and plants are engineerable, and we can put various biomechanical devices inside of them, and we can tinker and alter them. So the actual distinction between life and nonlife is beginning to break down. And they, I believe, frame that in a positive context in their documents. So yes, these are some very fundamental questions that we're facing.

This agenda is really about much more than simply public health. I think this is about the real question of the definition of human: What does it mean to be human? What is the value of human life itself? And obviously, it does raise the spectre of eugenics and other really terrible ideas from history. Ultimately, I think you could trace it back to Malthus and the fundamental Malthusian idea that there are too many people and that we must get rid of some portion of the population so that we can continue to live. Those fundamental philosophical wrong turns, I would say, continue to haunt humanity.

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And that is the direction in which I think all of this institutional momentum is heading.

Commissioner Drysdale

Thank you, sir.

Commissioner DiGregorio

Thank you so much for your testimony today. It's been a while since I studied international law, a number of decades, I guess, back in law school. But my understanding was always that international law isn't really a set of rules that are imposed on countries, but it's more a set of agreements that countries reach with each other about how they're going to behave both with each other and internally.

And so, I guess with that framework in mind and thinking about the treaty that you've talked about today and the International Health Regulations—should we be thinking about these documents, and these amendments to these, as things that really Canada is signing up to be binding and to be bound by? Or should we really be looking at these as something that maybe just will give our politicians legal cover: if they want to implement things that maybe aren't in the best interests of Canadians, but they can then turn to and say, "Well, but it's the law, we've signed up to this"?

James Corbett

There is absolutely an element of that. And I think the underlying principle that we have to understand here is that, exactly right: there is nothing that would stop Canada from tomorrow declaring we are not part of the World Health Organization and making it so by fiat. It can be done. And of course, there is actually a process for withdrawing from the World Health Organization, et cetera. But what would happen if Canada just simply declared themselves to be out of the World Health Organization? Well, then by decree, it could essentially be manifested in reality. Because as you say, there is no international courts that could adjudicate this in a way that they could impose rules from the outside. It has to be done to some extent willingly.

So yes, it is important to keep that in mind because I think that is part of what I'm gesturing towards: not just with the political solution, but the political solution as a manifestation of that change in public perception and public consciousness—that, in fact, actually, it is what we are deciding.

Now, of course, there could be and presumably would be many different knock-on effects in terms of Canada's relation with the United Nations, and with various other states, et cetera, **if they were to make such a declaration. But at the end of the day, it is essentially a choice that each member state makes.**

Commissioner DiGregorio

Thank you.

Commissioner Massie

Thank you very much for your root cut analysis of this very, very complex situation. It actually goes in many different dimensions in terms of the definitions, as you mentioned. The One Health, to me, evoked immediately this notion by a lot of technocrats that they

really dream of a one-size-fits-all solution because they think they know it all, right? And if we just listen, then everything would be fine.

It seems, to me, as you pointed out, that we are living a paradigm shift in terms of governance. But to some extent, it seems to me that since the dawn of civilization, there's been a kind of a dream by rulers to control everything. It was not possible sometime if they had more control by fiat with soldiers and stuff. But nowadays, the main way to control is information and the connection of people across the world. And because it seems to be able to connect in a virtual world with internet and stuff, I think that people in the ruling class, the technocrats, think that it's now possible to actually control the world because they have technology that will allow them to do that.

So we are sort of back to the same sort of conflicts between what I would call the subsidiarity principle as a model of governance versus a top-down governance with wise people that know it all and will do it for our own good. The issue I found in terms of fighting that, and you've mentioned a few areas where we could actually be more active and combat it, is that human beings, being what they are, no human being is infallible and can actually fall prey to corruption. Some people are more susceptible to that than others, but in the end, if you have good institutions,

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this will actually keep that under control to some extent.

So as you move the control or the regulation or the exercise of power in any area higher and higher, what is going to be the control mechanism to ensure that the wise people on those boards are smart enough and, I would say, honest enough to do the right thing? And if they don't, then what? Who's going to be the arbiter that says, "Guys, you're not doing the right thing. We need to change you. We need to take care of your conflict of interest." Who's going to rule that? That to me seems to be the issue. And I don't see any solution to do that in a really high-level, international governance where the people there are not elected. Where's the accountability in this system? And is it possible to do it effectively?

James Corbett

It has always struck me as a kind of a strange conundrum that we can recognize that people are inherently fallible at the very least and corrupt, corruptible at any rate. And yet, those from that very same pool of fallible and corrupt people, we should be able to pick people who will then rule over vast swaths of humanity for the best interest of all. It's always struck me as a strange contradiction in terms.

But the question ultimately, I think, answers itself. Because as you say, as we get further up that ladder towards more and more centralized control, by fewer and fewer people, over more and more of the globe's population with less and less accountability, obviously there is less and less mechanism for there to be actual control when people start to act in fallible and corrupt ways. So the obvious answer to that is—well, then, we need to decentralize and get down closer to a local level where people have more accountability over what's going on.

As was raised earlier in the questioning, I think it's important to understand that the idea isn't that that would somehow solve the problem of corruption or fallibility. Of course, there would still be problems in various places. But there would, at the very least, be a plethora of different alternatives that people could turn to. Well, if I don't agree or like this

particular paradigm of governance, well, there's this other one just over there. And I think the expansion of basically the competing systems of control, at any rate, competition is generally good. And it is, I think, good in the concept of creating positions of power and control.

Of course, I, being myself, I tend to take that to its logical conclusion, which is, ultimately, power should be decentralized all the way down to the individual. But I know that's seen as a radical idea for many. At any rate, I would be happier if the institutional momentum was going in the opposite direction and less power was being ceded to the centralized authorities rather than more.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning, James. Thank you for your testimony. I tend to judge organizations by the mantra that you use, and I noticed that you mentioned DIE, diversity, inclusion, and equity. So when I think of that from the WHO perspective, I think of Taiwan. And I don't want to get into the one-China-two-states issue. But I think of Taiwan wanting to apply to be a member of the WHO since 1971. They've continued to make that request, and they continue to be denied. And then I think of your testimony that there should be a parallel kind of movement for democracies of people who are free.

Would it be possible, and just kind of taking all of those thoughts together, and make it a possibility for Taiwan and Canada to agree to move forward as a free and democratic society where persons have personal autonomy and continue to work outside of WHO, instead of Taiwan trying to become a member? I know in 2022, they were looking at observer status, but even as an observer status, as you allude, we don't really have input and the opportunity for feedback. So I'm just wondering, would that be a starting point if we could get democracies outside of WHO, who were rejected, to start the movement?

James Corbett

It certainly would be a possibility. In fact, often, I find it interesting that we get so normalized and conditioned into the status quo

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that we forget that there was a time before the status quo.

So thinking, for example, about the International Sanitary Regulations that became the International Health Regulations—as I say, there was a vast sea of bilateral and trilateral and other deals between various nations for quarantine regulations and other medical procedures that pertained at that time. And it was seen as just this horribly complex mess—Well, we have to sort out, you know, where is this coming from? And what needs to be done with it? and blah, blah, blah—rather than just one overall International Health Regulations that all of these states will agree to, and it'll make it easier.

But in fact, the very same technologies and other things that are being talked about now—that could make, for example, digital health certificates, i.e., vaccine passports, feasible—is the very same technology that would make those types of bilateral relations, Canada

agreeing to work with Taiwan and “we will set up this particular regime of health regulations and controls, and whatever, between our two nations.” Imagine if Canada did that bilaterally with every country that they traded with or had relations with: Why would that be difficult in this technological age where knowing the process for importing goods, or whatever, can be obviously put into an app and put on everyone’s phone? It wouldn’t be a difficult thing to do in this case.

But now we’ve been so trained into the idea that it must be handled in one overarching International Health Regulations that governs almost every state on the planet. Why? So I think we do need to interrogate that fundamental assumption. And it should be noted that there are alternate organizations to the World Health Organization that are out there.

The World Council for Health and other things, which are predicated on the idea of individual human autonomy, bodily autonomy, health freedom, et cetera, rather than the principles of the World Health Organization. It’s just most people don’t know about the World Council for Health because they don’t have the funding of the pharmaceutical industry and others behind them.

Commissioner Kaikkonen

And then my last question is just about Taiwan itself and how they managed through the pandemic. When you think of Taiwan being a little bit bigger than Vancouver Island and housing 23 million residents, I’m just wondering, somewhere in the pandemic when I checked on how they were doing, they had eight deaths. And I just kind of think that maybe we should be following what they were doing. And so, when we talk about health and WHO being mandated to protect our health and then still rejecting Taiwan, as a viable example, I just wonder what your thoughts are there.

James Corbett

Well, as I understand, you did hear testimony from Denis Rancourt, and I have interviewed him about the mortality statistics surrounding the so-called pandemic, et cetera, that, as he testifies, indicates that there was no identifiable wave of deaths that were attributable to some novel virus, et cetera. So, at any rate, I think that does show something about the way that we count and order these statistics could have an effect on how the country managed them.

But even if we were to accept at face value just the terms of the World Health Organization and other presumed health authorities about how to measure these statistics, I will note that the Independent Panel for Pandemic Preparedness and Response has an interesting admission on their recommendation report, which is available on their website: Namely, **that they look at the different measures that different countries took for pandemic preparedness before this so-called declared pandemic took place. And they plotted them against, at least, the reported death rate in each country. And you can look at the graph that they came up with, which shows that there was absolutely no correspondence whatsoever between the compliance with various pandemic preparedness ideas that are being propounded by the World Health Organization and the ultimate outcome in terms of measured death rate from the pandemic.**

So, I don’t take those statistics seriously, but those are the official statistics. And you can look at them and see that, for example, Canada, highly compliant, getting a 93 out of 100 score for external evaluation of pandemic preparedness and yet having one of the top death rates in this graph. So it shows that whatever they are proposing in terms of pandemic

preparedness and in terms of how we should position ourselves for the future is demonstrably, quantifiably, according to their own statistics, clearly made-up nonsense. So I don't know why we should be putting any faith whatsoever in these proposals from the World Health Organization and others about what to do for pandemic preparedness.

Commissioner Kaikkonen

Thank you very much.

Shawn Buckley

James, those are the Commissioners' questions. There being no further commissioner questions, on behalf of the National Citizens Inquiry, I sincerely thank you for joining us today and sharing this information.

James Corbett

Thank you for the opportunity.

[01:15:35]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 2: Rodney Palmer

Full Day 2 Timestamp: 02:25:33–03:14:10

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness today is Mr. Rodney Palmer. Now for those of you that have been following the National Citizens Inquiry, Mr. Palmer testified as a witness at the Toronto hearings. He has come back today to testify about something that's come up since then, but I will introduce him again.

Mr. Palmer, can we start by having you state your full name for the record, spelling your first and last name.

Rodney Palmer

My name is Rodney James Palmer, R-O-D-N-E-Y P-A-L-M-E-R.

Shawn Buckley

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

Rodney Palmer

I do.

Shawn Buckley

Now, you're not a journalist now, but you were a journalist for 20 years. You had been a general assignment reporter for *The Globe and Mail* newspaper. You've worked as a daily news reporter at the *Vancouver Sun*. You were a CBC producer and investigative reporter. From 1996 to 2004, you were a foreign correspondent and bureau chief for CTV News based in India, Israel, and China and, in fact, in that role, you participated in reporting on the SARS pandemic as it first came out in China, as I understand it.

Rodney Palmer
That's all correct, yes.

Shawn Buckley

Okay, now you're here today to add to the testimony that you've given earlier, so I'll just let you launch in [Exhibit OT-15].

Rodney Palmer

Since my first testimony in March, there was quite a big story where Twitter decided, basically, at the behest of Elon Musk, to label the CBC's Twitter page as government-funded media. And this, to me, wasn't that surprising. He'd already done it for the BBC; he'd already done it for National Public Radio. And the CBC is government-funded media: it receives its funding from the government; it is media. I wasn't that surprised by it.

The 16th of April was when it was done, and the next day, the CBC paused its Twitter activity and made quite a big fuss and a public announcement that it didn't like being labelled government-funded media, which I found a little bit surprising. And there was an announcement made on the CBC website which quoted Brodie Fenlon, the CBC's editor-in-chief, the top journalist at the CBC, saying, "According to Twitter, 'government-funded' media means 'outlets where the government provides some or all of the outlet's funding and may have varying degrees of government involvement over the editorial content.'"

That, specifically, what he objected to and what the CBC brass objected to was not being called government-funded media but Twitter's definition of that—meaning the government is involved in the journalism. The next day, Mr. Brodie Fenlon wrote on his blog explaining why they've paused the CBC News Twitter accounts: "Editorial independence is a bedrock principle of CBC journalism." And then he had three sentences: "We are beholden to no one. We report without fear or favour. We act only in the public interest."

It seemed to me that this was right out of a Marvel comic, where somehow the CBC was the *Justice League* and had these great principles, and I knew all of these to be false. When I read it, I was quite concerned about this. He went on to say that "while CBC/Radio-Canada is publicly funded," there is "no —" and he emphasizes "zero — involvement in our editorial content or journalism." No involvement. Zero involvement. I did an entire testimony for an hour and a half here that showed that they're basically carrying out government propaganda. I described the transition of the CBC News & Current Affairs from a news-gathering organization into a propaganda organization on behalf of the Trudeau government during the COVID period.

So I knew this not to be true, what Mr. Fenlon was writing. Especially because I keep hearing the same experts on the CBC—this is what tweaked me to it initially, as a listener and a viewer. They were going to independent experts over and over and over again, and these people did not sound like the scientists I've come to know and work with in the last 10 or 20 years in my business. These were people who had clearly had corporate media training: the type of people who begin an interview with, "Well, that's a very good question. I'm so glad you asked it." This is somebody who's had training. Politicians speak this way. Scientists generally don't. People pushing a product on behalf of a company talk that way when they're in the media.

The one at the centre, Professor Timothy Caulfield, is a great Canadian. He is a Canadian Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and

Policy] at the University of Alberta in Calgary [sic] [Edmonton]. And for people who don't know, the Canadian research chairs are at every university, and they're funded entirely by the Canadian government.

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Something like \$140 million every year pays for these research chairs to be representatives as the greatest in their field in their area, which Mr. Caulfield has held that position for some time.

On April 2nd of 2020, however, just a couple of weeks into the emergency, Mr. Caulfield was granted \$380,000 of government money to push a government agenda. This came from the Government of Alberta and the Government of Canada combined. And specifically, what he said he was going to do was focus "on misinformation around cures and treatments for COVID-19." Well, two weeks into an emergency, there is no misinformation: there is only information, and scientists are looking for any information they can get worldwide. But Mr. Caulfield, a law professor, was going to focus on misinformation about cures and treatments. And he took \$380,000 from the government to do it. And this is how he did it: he went on the CBC and talked about the government policy—whatever the government wanted to say, that's what he was saying.

One of the first appearances was in May of 2020, where he appeared with Nancy Carlson, the CBC TV Edmonton six o'clock news host. This is one of the most important people in journalism in all of Alberta. Nancy Carlson brought him on and said, "You have a very impressive resume. Calling you an expert is incredibly valid," as if she was trying to convince herself of this line. She didn't say he'd received \$381,000 from the government to push the government COVID response agenda. That was not mentioned. That was suppressed information; that was a lie by concealment. She said, "Everybody watching, this is a chance for you to get the facts right from an expert." Now, Mr. Caulfield is not a scientist and doesn't pretend to be one. He wasn't introduced as one. He was introduced as a law professor and said, "Today we are debunking all of the myths around COVID-19."

I didn't know three or four months into it that there were myths. I thought there was just lockdown, distancing, getting my groceries at a certain hour, wearing a mask when I didn't want to. And Mr. Caulfield came on and said, "Do not take hydroxychloroquine." I don't know how he knew that this was a drug that people shouldn't take. He also said, "Don't think you can boost your immune system in any way." This is when people were taking vitamin D3, vitamin C, quercetin, zinc. These are the things that were recommended for boosting the immune system, and Mr. Caulfield said, "Don't think you can boost your immune system." And Nancy Carlson didn't tell her viewers on CBC Edmonton that he was speaking on behalf of the government.

About a year after that, in April 2021, they upped the ante. Professor Timothy Caulfield, the Canada Research Chair in Law and Public Policy [sic] [Canada Research Chair in Health Law and Policy] at the University of Alberta, helped to form an organization of actual scientists called ScienceUpFirst. And they had a foundational grant of \$1.75 million from the federal government's Immunization Partnership Fund whose mandate says that it is important that as many Canadians as possible get vaccinated against COVID-19. This is ScienceUpFirst, the organization, a new organization.

Mr. Caulfield appears in October of 2021 when people were starting to realize that ivermectin was preventing COVID, treating early COVID, and helping people get out of the intensive care units much more quickly. There were many, many studies emerging around

the world showing this. And there was a push to suppress ivermectin that, I understand from witnesses who have been here at this Inquiry, was designed so that it would appear there was no medicine so that it could satisfy an American requirement for the emergency use of a vaccine that was not fully tested. And so he's on this political show called "The House" with a guy named Chris Hall. And Chris Hall is an amazing CBC reporter, host, anchor. I liken him to Freddie Van Fleet of the Toronto Raptors. He was steady as she goes. Chris could do anything. And he ended his career as the host of "The House."

And in his last season, he betrayed Canada by allowing Tim Caulfield to lie to them about ivermectin. And Chris actually uttered the words, "Have we heard the end of ivermectin overdoses yet?" Meaning, are Canadians going to stop overdosing on ivermectin? Well, Chris apparently didn't know that nobody ever overdosed on ivermectin. There are more overdoses from aspirin causing death every year in America than there have been in the 50-year history of ivermectin. And he said this. And he didn't tell anyone that his expert on misinformation, as he was introduced to us on "The House,"

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was actually part of ScienceUpFirst, which received \$1.75 million from the Trudeau government to push vaccines. He suppressed that information. He told us he was an expert on something that he wasn't and didn't tell us he was working for the government.

Mr. Caulfield showed up on "The National" with our friend Adrienne Arsenault talking about the truth about immune boosters, during which Mr. Caulfield was not introduced as a member of ScienceUpFirst, which gets its money from the Canadian government, from the Trudeau government, to promote vaccines—this was not mentioned. He was introduced as a law professor and the Canada Research Chair. So Mr. Caulfield said that "immune boosting," this is a quote, "is kind of a myth. Because it's not a muscle." So, as a medical person, he made a good lawyer when he said that because he clearly doesn't understand much about the human immune system. He then said, "You don't want to boost your immune system. That's anaphylaxis. That's an autoimmune disease." He said a healthy immune system is anaphylaxis, and it's an autoimmune disease. It's neither of those things. That's why we have different language for all of those things. They're not the same. We didn't get to hear that he's being paid by the Canadian government to say this. We were lied to by omission by Adrienne Arsenault in that story. She ended it by saying, "You're a wise man as always."

Now, "[Cross] Country Checkup," one of my favourite shows on the CBC. I used to work in phone-in-shows, and it really brings together Canada on a weekly basis. And it's hosted by Ian Hanomansing, a longtime veteran of CBC television. He had a section called, Ask Me Anything, which was all about COVID. Ask the doctor. And he had Dr. Isaac Bogoch on there, innumerable times. And on this occasion, December 2021, he brought him on. He introduced him as an infectious disease specialist at Toronto General Hospital, which he is. But he didn't say he's a scientific advisor for ScienceUpFirst, which receives \$1.75 million from the Trudeau government to make us take vaccines. Didn't mention that. During this interview, he declared, "Two doses won't be enough Canada." He said, quote, "This is clearly a three-dose vaccine."

Dr. Bogoch showed up on multiple shows after that. In September 2022, he was on CBC "Metro Morning" in Toronto. This is the morning show in the Toronto area. And he said it was called "When to get your Fourth Dose." Previously, it was a three-dose vaccine. In October 2022, he was on CBC News saying, "You got to get your next dose every six months." And Andrew Chang introduced him as an infectious disease specialist, Dr. Isaac

Bogoch. Didn't mention ScienceUpFirst. Didn't mention he's a spokesman for the Canadian government, or he advises ScienceUpFirst, which is paid for by the Canadian government.

He also appeared on "The Dose" with Dr. Brian Goldman. Dr. Brian Goldman has these great shows called "White Coat, Black Art." He's a great guy. I really like this show. He kind of takes you as a listener, as a patient, which we've all been, into the world of medicine as he sees it. He's so curious, which is really the greatest attribute of any broadcaster, the curiosity. And he brought on a doctor named Tara Moriarty, an infectious disease researcher at the University of Toronto, which she is, top person, so decorated, so accomplished. Didn't mention an executive of ScienceUpFirst, paid for by the Canadian government to promote vaccination. Didn't tell us that. And during this interview in June of 2021, Dr. Tara Moriarty said, "Anything that states . . ." This was the red flag—how do you recognize misinformation? Well, this was their lesson to Canada. "Anything that states that vaccines cause or may cause something is a red flag for misinformation. We don't have any evidence," said Tara Moriarty, "that the vaccines cause anything but immunity against COVID-19." We don't have any evidence. So, she said, don't believe anybody.

Well, the Canadian government seems to have evidence. They had a list that these numbers of Canadians have been injured or killed by the vaccines. They say it caused Guillain-Barre syndrome 27 times. They say it caused low blood platelets 196 times.

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Canadian government says that the COVID vaccines caused 55 cardiac arrests, 73 cardiac failures—I'm pretty sure that's death—145 heart attacks, 1153 predicted cases of myocarditis and pericarditis, 376 cases of deep vein thrombosis, 524 pulmonary embolisms. I feel like I want to say a partridge in a pear tree here. Blood clots, 324. These numbers are really small. These are the ones that are admitted to on a Canadian government website that the CBC just told us didn't exist—78 acute kidney injuries; 37 liver injuries; 187 Canadians with Bell's palsy; 281 Canadians got a stroke from the COVID vaccine, according to the Government of Canada website; 16 of them had a very rare inflammation of the spinal cord, never heard of it; 776 cases of anaphylaxis; 5 fetal growth restrictions; 87 spontaneous abortions; and independent of all of the above, 427 deaths.

Let's just go back up to the slide. "We don't have any evidence," said the ScienceUpFirst spokesperson for the Canadian government—disguised as an expert on Dr. Brian Goldman's show—misleading Canadians that everything was safe and effective when, in fact, it's a game of Russian roulette and the CBC suppressed that information and told you to go ahead and do it. They said it's safe—there's no evidence.

There's a story this month that we're starting to recognize excess deaths, excess all-cause mortalities. The province of Nova Scotia recently noted 262 excess deaths, and the CBC was quick to report that they're not saying why. And the province has repeatedly declined an interview as to why. They have no official word on why. So they put the ScienceUpFirst scientists and spokespeople, lawyers, on the air, or in this story, where they said, Tara "Moriarty believes the excess mortality is mostly being caused by COVID-19 . . ." This is now: this is May 2023, ". . . caused by COVID-19, urging people . . .," and the World Health Organization says it's over. So it's caused by COVID-19, according to her, or she believes it, and she's "urging people to wear masks and get vaccinated." This is the solution in May 2023. They didn't mention that she's paid, that ScienceUpFirst is paid—and she's an executive—\$1.75 million to say these things on behalf of the Trudeau government. Tim Caulfield was in the same piece, identified as "a misinformation expert" now. I agree.

Caulfield said, “The COVID-19 vaccines are safe, despite some claims that they’re causing large numbers of people to die.” “Some claims” by the government of Canada, Mr. Caulfield.

“The Current” on CBC Radio used to be one of my favourite things to wake up to in the morning with Matt Galloway, one of the greatest hosts that the CBC has. And one of his stories was that “our best shot at getting back to normal is getting everyone a shot in the arm.” So he put on this cute little story with a researcher named Samantha Yammine. She’s a scientist and she’s afraid of needles, and they go through this really cute little conversation about how she overcame her fear of needles. But they never mentioned that she is on the executive of ScienceUpFirst, which received \$1.75 million from the Trudeau government to promote vaccines. Not a word, he tricked us. If I’m listening to that, I think they found it. Where did they find this person? Well, they found her because that’s all they do.

The CBC is using ScienceUpFirst and not telling us where the information or where the point of view is coming from. It’s coming from the Trudeau government. And they’re not telling us that on a daily basis.

So now ScienceUpFirst has got quite a coup. They’ve embedded one of their own in the CBC staff. CBC “The Nature of Things,” you know David Suzuki at, I think, 80 years old, finally retired, and he’s been replaced with a co-host, Anthony Morgan. I looked this guy up: He’s great, I’d hire him too. He’s fantastic. He’s engaging, he’s a molecular scientist. He is one of these curious fellows who just lets you feel that he really wants to learn, but he’s on the executive of ScienceUpFirst, paid for by the Trudeau government to promote vaccines. And now he’s the host of a CBC,

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one of the most important science shows we have in Canada, “The Nature of Things.” He’s embedded.

ScienceUpFirst has its prime directive to stop the spread of misinformation. What is misinformation, and who decides? Apparently, it’s the Trudeau government that pays them; otherwise, why would they pay them?

When Brodie Fenlon says the government has no or zero involvement in our editorial content of journalism, that’s not true. And when they got caught, this is the graph they showed from the CBC annual report. Now you’ll notice up the left side, it goes up— Basically, it’s a snapshot. A bar graph is designed to give you a quick visual snapshot of what all the numbers mean. The blue is the revenue that CBC earns, and the burgundy or the purple is the government funding. So it looks as though it’s a little bit less than 50 per cent. Except if you look up, it’s going up in increments of hundreds of millions until it gets to very near the top when it goes from 700 million to 1.7 billion. It jumps from increments of 100 million to increments of a billion partway up, so the graph visual is actually not accurate.

Now, this was pointed out by one of the great Canadian academics, Dr. Jordan Peterson, who then put out what it actually looks like. And it shows you, and it’s no big deal. I mean, we know the CBC gets all of its money from the government, or CBC Radio does; CBC Television gets most of its money from the government. So why would they obscure that fact? Why would they give that half-truth? Why would they mislead us into that visual snapshot that they don’t? I would put forth to the Commission—because that’s how they roll now. The CBC is all about misleading. It’s not about news gathering or the

dissemination of truth. Brodie Fenlon oversaw the betrayal of the audience, the betrayal of Canadians, the betrayal of every Canadian who listened to an expert on the CBC and thought they were an expert, not a spokesperson for the Trudeau government. But who he didn't betray was the Liberal Government. He was a good soldier there.

This is from the Liberal Government website today: "A re-elected Liberal Government will require [that] Canadian travellers on inter-provincial trains, commercial flights" and "cruise ships, and other federally regulated vessels to be vaccinated" for COVID. "A re-elected Liberal Government will ensure vaccination across the federal public service." So if you are a public service worker and you dodged the vaccine because you didn't want it, because maybe you figured out it was the same Russian roulette that the Canadian government info base describes, a re-elected Liberal Government will ensure you're vaccinated or fired, according to this platform. And they'll work with "Crown corporations [and] federally regulated workplaces to ensure vaccination is prioritized for workers [in these sectors]." We know now the thing doesn't work. Your own websites show that people are dying from it. Thousands of people are permanently injured from it. And your platform is more—or lose your job. And the CBC is your way to convince us to do that.

A week after, Twitter removed the government-funded media tags. It came after the Global Task Force on Public Media called on Twitter to correct the description of public broadcasters. Now, I mentioned in my previous testimony that the Global Task Force on Public Media is an amalgamate or conglomeration or a cartel of serious public broadcasters that do real journalism or used to across the world: the CBC, the BBC, ABC Australia, Korean Broadcasting, France Television, Radio New Zealand, ZDF Germany, and SVT Sweden. They have this Global Task Force to develop a consensus and speak with a single strong voice. So they came down heavy on Twitter. The current president of the Global Task Force is our own CBC president, Catherine Tate. They noted that Twitter's own policy defines government-funded media as those with varying degrees of government involvement and editorial content, which I've just shown that it has. So Twitter dropped it all and, in, I think, a cheeky little move, also dropped it from China's Xinhua News Agency and Russia's RT, saying, "Okay, none of you are government-funded now." They're all state broadcasters, including the CBC, in the strictest sense of the phrase.

I have a few story ideas that the public will be interested in hearing because I used to sit in story meetings daily with some of the best journalists I've ever worked with in my life when I worked at CBC.

[00:25:00]

We used to put out story ideas that were kind of the obvious things to cover that day. Here are a few that would be a good idea for the CBC to cover: investigate the number of **Canadians killed by COVID vaccines; investigate the number of Canadians disabled by COVID vaccines; investigate the details of vaccine approval safety standards that were waived in order to get the COVID vaccines into Canadian arms. Investigate the source of the SARS-CoV-2 virus: Where did it come from? What are we doing with all this stuff? We don't know where it came from. We know where it came from—but let's admit it. Let's talk about it. Let's investigate it. That's your job.**

What is the purpose of gain-of-function research and development of pathogens? Who benefits from that? What is Canada's involvement in gain-of-function research and development of pathogens? Why did we fire those two Chinese nationals who were running the Canadian Level 4 Virus Lab in Winnipeg six months before COVID broke out? What's that story? Because we still don't know. Go find out. And investigate the conflicts of interest

between Health Canada and the pharmaceutical companies. That one you could do with Google.

But you're not going to hear any of those stories on the CBC because these are the people you're going to hear over and over again as the experts. And these are the shows you're going to hear them on. And these are the broadcasters who are going to tell you they're experts and suppress the fact that they all are affiliated with ScienceUpFirst, which gets all of its funding from the Trudeau government—and significant funding. This is the way they're going to explain themselves when they get caught with their hand in the cookie jar. And these are the phrases that they're going to pull off the Marvel comic movies when they're going to say that they report without fear or favour in the public interest. And I changed his name to Chief Propagandist. In case you didn't notice.

So I have to tell you that it is with great regret that I'm going to make six recommendations to the Commission. I recommend that the CBC President Catherine Tate be dismissed from her position, all vice presidents and executives be dismissed from their positions. They can no longer work there, having committed the atrocity on Canada of suppressing the identity of spokesmen for the Trudeau government as experts for years to trick us into taking this vaccine. Certainly, dismiss the editor-in-chief Brodie Fenlon. Although he might become a senator before you get a chance to do that.

Dismiss all on-air staff who are evidenced to have participated in the propaganda disguised as journalism since March 2020. Detach from the Trusted News Initiative and all other fact-suppressing organizations which currently determine which experts and which stories Canadians are allowed to hear on the CBC. Replace the position of ombudsman with a board, including journalistic, legal, and scientific expertise, and give them the power to fire journalists who breach the corporation's journalistic standards instead of apologizing. You can go on the CBC's apology page, I call it—it's their correction page. There's half a dozen every month for the last three years. "Big deal. We're sorry. We got it wrong again." Fire them. We don't need them. And this new board that replaces the ombudsman, I recommend you task it with investigating who in the CBC participated in misleading Canadians by routinely suppressing the identity of government spokespeople for the purpose of promoting ineffective and potentially harmful experimental vaccines during the COVID emergency.

The CBC is government-funded news. We know that. And Twitter is right because they're using government-funded experts, disguising them as "independent" to give us government-loyal messaging.

I just wanted to thank the Commission for allowing me to come back. As a Canadian citizen with some expertise, I feel compelled to come forward and say what I know to be true.
Thank you.

Shawn Buckley

No, we're not done. I don't have any questions for you, Rodney, I'll ask if the Commissioners have questions. And they do.

Commissioner Drysdale

I'd like to refer to some of your graphs. Can you bring up the graph where you showed the Canadian government counts of the various deaths and vaccine reactions?

Rodney Palmer

This is from health-infobase.canada.ca. It was updated on the 7th of March, which seems to me a while ago. This one here?

[00:30:00]

Commissioner Drysdale

Right. My question there is, and you may not know the answer, but under pregnancy outcomes, it says spontaneous abortions, 87. And then it's got deaths, 427. Are the 87 deaths of the babies in the mothers' tummies not included in the 427?

Rodney Palmer

I don't know that. And the reason is this is not an easy website to navigate. So the information is there, but it is more than likely intentionally obfuscated. You have to go through link to link to link to link. So there is something under deaths, and it says 427, and more than likely, you will be able to find if they are included or if they are additional. But I don't know what the answer is.

Commissioner Drysdale

My second question has to do with the slide you have on the Liberal Government platform, three points that it had on there. And my question to you about that—is that the current Liberal platform?

Rodney Palmer

I downloaded that today.

Commissioner Drysdale

You don't know if that's the current one?

Rodney Palmer

That's today. That's up there. You can look that up under platform re-election, I think it is something like that. Yeah.

Commissioner Drysdale

So today, I just want to make sure I've got this right. So today, the platform that the Liberals are running on is—require that travellers must be vaccinated; ensure that vaccines are across the federal public service; and that Crown corporations and federally regulated workplaces will ensure that vaccines are prioritized. That is still their government platform today?

Rodney Palmer

"A re-elected liberal government will," is what it says, and then it gives those ones. And I've not augmented them all, except to add the highlights for my own notes.

Commissioner Drysdale

I wanted to make sure I understood that. Could you also now show the graph of the income for CBC?

Rodney Palmer

That is off the CBC's annual report, and the second one on the right was provided by Dr. Jordan Peterson.

Commissioner Drysdale

My question on that is, I'm looking at some of the other—and I'm asking this question because I've seen it from other witnesses. There's various other items there. They've got government-funding revenue; they've got advertising. How much federal government is in their advertising income? Because we see the federal government advertising on CBC constantly. Is there additional government funding hidden in some of those other stripes that should be in the government funding?

Rodney Palmer

I don't know the answer to that. But I'll tell you that I certainly suspect that the whole thing's a sham. So then, more than likely, they're hiding other things. But what's very interesting, what you say about the federal government advertising: When I travel to America, I see almost entirely pharmaceutical advertising, and there are very strict rules that they must announce the side effects. And it's almost comedic to listen to the side effects. They list these horrible lists of side effects to their pills, and then they say, "but ask your doctor about getting it." In Canada, we don't have pharma advertising on television. But we have a de facto pharma advertising in this ScienceUpFirst group that is disguising itself as experts going on the CBC and denying the side effects—saying they don't exist.

Commissioner Drysdale

Yes. Also, in your slide—and you don't have to bring it up—but your slide about CBC story ideas, and you listed a few things about investigation. I mean, I ask you, wouldn't a good source of those stories be for some CBC reporter to be sitting here following the National Citizens Inquiry? And why do you think none of them have done that?

Rodney Palmer

I think they would have a hard time wiping the egg off their face once they realize they have blood on their hands. They're not coming. They don't want to hear this.

Commissioner Drysdale

You know, I believe, I hope I get this right. I believe I saw a story on CBC not that long ago and I could be wrong, it might have been one of the other stations. But the point is they did an entire investigation: They had an investigative news team out to decide whether or not Starbucks was recycling their paper cups or not. They put sensors in them, and they traced them to the garbage cans, and they did an incredible investigation as to whether they were recycling their coffee cups or not. And they can't do any research on this? They don't have the capability? Do they not have the will?

Rodney Palmer

Won't—not can't. My dad used to say, "Can't lives on won't street."

Commissioner Drysdale

Thank you.

Commissioner Massie

Well, thank you very much, Mr. Palmer, for this second enlightening presentation.

[00:35:00]

It seems to me that we are in a very, very hard conundrum with respect to financing this major news institution in Canada. You're making suggestions to reform it. But the business model that they're living on right now seems to be struggling to get, I would say, other sources of finance besides the government, for whatever reason. And even if you reformed it, if you maintain the finance from the government, what would guarantee that with this current government or a future government—that would want to be as, I would say, intrusive in the agenda of CBC—what would allow to maintain the independence of the CBC with the government? Because they need money, and the money's coming from the government.

Rodney Palmer

But the money's come from the government since the beginning, and there have been multiple different parties, two, you know, rotating. And the CBC's always been there. To your point, I think there needs to be an investigation about how it happened. Just like we have to have an investigation into where the virus came from. Otherwise, we can't stop it from happening again.

But there's a lot of talk about defunding the CBC, which makes me nervous because I think it means dismantling CBC News and Current Affairs, and I think it's foundational to our democracy. Without journalism, we have no democracy because democracy requires the transparent distribution of facts on a daily basis. From those same facts, we all make our opinions. And then in an ideal situation in a democracy, the majority of the opinions are where the decisions are made. But how can we possibly form an opinion when the facts are fake? When we don't agree on what's true, we can't possibly agree on what's right.

Commissioner Massie

Aren't you describing some of the, I would say, political platforms for some of the current political parties we have in Canada? Are they basing their promise and ruling of society based on true facts? Or their representation of reality? Which sometimes is, I would say, not aligned with reality. But as long as people believe it, they will be re-elected, as you've shown from the platform, which is a copy-paste from the previous platform that they ran on in the previous election.

Rodney Palmer

I think that there's two different things there. One is what the government says, and one is what the CBC says, and today, they're one and the same. So this is the problem, is that the CBC has let itself become a propagandist in an indefensible cause—which is promoting a

vaccine that doesn't work, that hurts people, that doesn't do its job, and continues to promote it, even in May, this month, are saying, "Get vaccinated, wear a mask." All those people that died probably from the vaccine, we don't know, in Nova Scotia, it's being denied. It's not being investigated properly. They could find out if they tried, but they don't try. It just goes back to, it's not that they can't do it—it's that they won't do it.

They have to get reassigned back to what their job was. I don't know exactly what the mechanism is. It's going to take more people than me to figure it out, but that's an excellent suggestion about putting them back on track in a way that they're not going to get off the rails again. We need some new mechanism in place to ensure on a daily basis that the CBC is doing the job.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

Good morning. Thank you for your testimony. The Canada Research Chair selection program used to be very rigorous, and it used to give new researchers who had a PhD that opportunity to build on that body of research. Given the timing of Dr. Timothy Caulfield's Canada Research selection and his research, I'm just wondering at what point he would have been able to build on a body of research when the pandemic is only three years old. Taking that thought further, is it not incumbent on CBC journalists—and other mainstream journalists—to actually investigate the qualifications and not just accept that Canada Research Chair title? Before declaring that the person they're interviewing as an expert?

[00:40:00]

Because Canada Research Chair is usually given to a person who is brand new in creating that body of research. And the exception would be if they had a renewed contract under the Canada Research Chair, where they would already have that body of research. But if we're declaring indiscriminately everybody to be an expert, at what point do we consider that maybe they're not, as a journalist?

Rodney Palmer

Well, I don't think this is an error that these people have been put on; I think it's by design. There's too many examples, and I've only shown a handful of them. It's just too obvious that in every single case, they suppressed the fact that they're with this separate organization that's largely a slush fund for the Trudeau government to promote vaccines and to put experts.

Caulfield is the only one who's not a scientist among them, but he's declared himself, self-declared, misinformation expert, and the CBC to my feeling has never defined what misinformation is. I've written to Brodie Fenlon and to others at the CBC asking to please define misinformation: How do you define it? And provide examples outside of the COVID model of where you've applied it. And why you feel that you have to correct it? And that's almost the only thing that they do because they're not correcting misinformation. They're promoting a propaganda message. That's what they're doing. So your question suggests that there's a mistake being made and there's not. This is intentional.

Commissioner Kaikkonen

I also note he's not a doctor. Thank you very much.

Rodney Palmer

Yes.

Commissioner Drysdale

Sorry, I couldn't resist, seeing as I have you here.

Can you comment on the effect that the latest changes to the Canadian *Broadcasting Act* will have, I mean, on the CBC and on social media? You know, you talked about changes that we could consider to the CBC. But it sounds like it's going the other way. It sounds like they're making changes to independent broadcasters and bringing them into this model that was created in the '70s or '90s, or whenever it came up. Second part of that question, can you comment on the independence of the members of the CRTC?

Rodney Palmer

I can't comment on that because I'm not familiar with the makeup of the CRTC at the moment. However, in the past, there has been a bit of a revolving door with tech companies and the CRTC.

On the first part of the question about the *Broadcasting Act*, we saw an almost instantaneous reaction where the CRTC was openly discussing eliminating Fox News, like it or not, one of the biggest networks, news networks in the world, banning it from cable in Canada. On what grounds? On the grounds that they can, it appears. We should expect more of it. We are seeing censorship on a daily basis on the CBC. We're seeing the elevation of the government agenda for COVID vaccines and the suppression of independent voices. We are seeing the censorship of people who want to speak out. We're seeing the censorship of vaccine-injured people, the entire stories are being censored. And the censors are never the good guys. The censors are the Dr. Evil in Brodie Fenlon's Marvel comic universe that he lives in.

Commissioner Drysdale

Thank you.

Shawn Buckley

Mr. Palmer, are you aware whether the CBC is under any specific legal duty in its enabling or enacting legislation to report fairly to the public?

Rodney Palmer

Most likely. That's a good question. I'm not intimate with all the language in the *Broadcasting Act*, but more than likely it is there, and certainly in their foundational documents to report the news of the day. I remember when you couldn't have advertising in the newscast. And then they changed it so you could have it after the first, I believe it was, eight or nine minutes so that the first chunk was advertising free—normally, when they do their political reporting of the day—and then you can have an advertisement afterwards. So there are very strict rules about how much commercial voice can get into a

newscast. But there's commercial voices daily in the newscast now that I've just demonstrated.

Shawn Buckley

I'm just curious because you just think as a Canadian citizen that in funding, creating a broadcaster, a state broadcaster, that there would be a duty in the legislation creating it for that broadcaster to report fairly to the Canadian public.

[00:45:00]

Where I was going is I'm just going to read to you two different sections of our *Criminal Code*. And the first one I'm reading with in mind—because you're saying we should fire the leadership of the CBC, and so this is 217.1 of the Canadian *Criminal Code*.

"Everyone who undertakes or has the authority to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person or any other person arising from that work or task." I can tell you I read that as including—if you're running the CBC or some other news organization and you're directing basically propaganda on health issues that if that leads to harm in the public, you could be criminally liable.

Now, I'll just read you another section of the *Criminal Code* and then I'm going to ask your thoughts. This other section I would think would apply to the leadership of the CBC, the public face, the journalists, and to any experts that would be attending and spreading misinformation with the view to having people vaccinated—if it leads to harm or death. And that is section 219 of the *Criminal Code* dealing with criminal negligence, and so listen carefully.

"Everyone is criminally negligent who in doing anything, or in omitting to do anything that is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons." I'm wondering, just because you're familiar with how journalism works, if that section could be applied to journalists and the CBC?

Rodney Palmer

It could be applied to so many people. I think it should be applied to the guy who turns the microphone on and lets somebody lie—live to Canada. Every single person down to the technicians who participate knowingly in this fraud should be investigated. There's two sections of the *Criminal Code* you mentioned; I mentioned one in my previous testimony about fomenting hatred against an identifiable group. The unvaccinated became identifiable based on their absence of proof of vaccination and the social outcasting that the CBC promoted. I think that maybe another recommendation would be to investigate for criminal wrongdoing among the journalists at the CBC—right down to the producers, the writers, the story editors, the technicians, as well as the anchors, the hosts, the editors, and the executives.

Shawn Buckley

Well, it'll be interesting because there's not an example in history of a Western democracy experiencing what we've experienced with a state broadcaster. If we can get control of our institutions back, it'll be interesting to see how we deal with that.

Rodney Palmer

The problem here is that they have the full support of the current government, and they're acting on behalf of the current government. To get back to your point about whether there's an obligation to tell the truth, I can assure you that in the foundational documents of the Canadian Broadcasting Corporation, it did not say that the purpose is to espouse the views of the government of the day. It did not say that.

Shawn Buckley

Thank you. I have no further questions.

Rodney Palmer

Thank you.

Shawn Buckley

Mr. Palmer, on behalf of the National Citizens Inquiry, I'd like to sincerely thank you for returning and sharing this testimony with us.

Rodney Palmer

It's my pleasure, thank you, and my duty.

[00:49:01]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 3: Marianne Klowak

Full Day 2 Timestamp: 03:27:46–04:56:32

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we continue our proceedings in Ottawa, Ontario. Our next witness is Marianne Klowak.

Marianne, can you please state your full name for the record, spelling your first and last name.

Marianne Klowak

It's Marianne Klowak, M-A-R-I-A-N-N-E, Klowak, K-L-O-W-A-K.

Shawn Buckley

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

Marianne Klowak

I do.

Shawn Buckley

Now, Marianne, my understanding is, and it might be easier for you to give the highlights, but I'll try and go through some of them.

You have been a veteran senior reporter for the CBC, which for our international participants is the Canadian Broadcast Corporation, for thirty-four years. And as a journalist, you've been involved in all aspects of news gathering and investigative reporting for radio, television, web live reporting, short and long-form documentaries. You have been involved with current affairs as a current affairs news anchor for radio and television. You've filed stories nationally for "World Report," "The World This Weekend" and the hourlies. You've basically done regional stories published on CBC National's digital

platform. And the highlights could go on and on. Are there any other highlights that you'd like to just, kind of, describe your career? Because you've been at this for thirty-four years, and I've got a whole list of highlights. I just don't know which ones to touch.

Marianne Klowak

The only other thing I'd want to touch on is the year I left, I was given an award for a series I pitched on "Pandemic Perspectives." And the piece that won the award was a homeless person's perspective of how their life had changed. So that was a national award.

Shawn Buckley

Good. And David, I'll ask if you can turn Marianne up because I'm having trouble hearing her. Or if you can speak clearly into the microphone, Marianne.

Marianne Klowak

Thank you. Is this better? Is that better?

Shawn Buckley

Thank you. Now you're here to share your experiences while you were still at the CBC and working as a reporter and some of the stories you tried to run and what happened. So I'm wondering if you can just start into that and then if we need any clarifications, I'll jump in.

Marianne Klowak

Before I get into that, I think there's a little bit of background that's required. I know that as a public broadcaster, you expect us to be telling you the truth, and we'd stop doing that. And there was another number of stories that I had put forward that were blocked. But it would seem to me as a journalist who'd been there thirty-four years, it's like the rules had changed overnight. And it changed so quickly that it left me just dizzy in disbelief.

I was blocked and prevented from doing stories that I'd pitched, that I'd put forward. They never saw the light of day: they never made it to air or print. And some of those stories were protests against vaccine mandates, people's safety concerns about the vaccines, and also the many problems with reporting adverse reactions in Canada. And for me what was so disorienting about this was that, you know, I had learned from the best of the best at the CBC. This is where I learned to think critically and fearlessly hold power to account, to break stories and uncover information that you, the public, has a right to know.

And I also would like to mention that the newsroom I worked in, in CBC Manitoba, that they were a leader in investigative journalism across the entire network, second only to Toronto. And this was a newsroom that produced award-winning stories that sparked change at the highest level of corporations and government. By the time I left in December of 2021, I no longer recognized the CBC. And I really didn't think my career would end this way, that the skills I learned and honed at the CBC would be used to hold power to account within the corporation.

Shawn Buckley

Can I just slow you down because I think it's important for people to understand what you're saying. And especially because you were working as a journalist and as an

investigative reporter for much of the thirty-four years. So my understanding is, when you're a senior reporter like yourself, you can just follow a story, like, "Okay, I'm going to report on this," and you can do the story.

[00:05:00]

And generally speaking, you're not second-guessed or your story isn't changed. So your experience in learning from true journalists in the past was just to run a story, to be fair, and that was your experience until COVID hit.

Marianne Klowak

Absolutely. I would say, like, prior to COVID, I was expected to come into that editorial meeting. I would have two or three original stories, what we call enterprising journalism, original stories. And I was able to work on those unless there was big breaking news that day. But normally, I would be assigned that story, given the time. And within, you know, a day or two, I could turn those stories around on all three platforms, radio, TV, and web. And I would also like to mention that I had one producer vetting for TV and radio. And rarely were there any changes made in my script or the content. And for web, it was another producer, but it was minor things like, let's move this sentence, let's change this word, we'll tighten lead. That was prior to COVID.

Shawn Buckley

So I'll just follow up on that again because I think it's important for people to understand. So basically, your stories were standing as you made them.

Marianne Klowak

Absolutely, and they backed me in doing that. I was supported in doing it. That's what they wanted: original enterprising journalism.

Shawn Buckley

Okay. And so that ties into when you're saying the Manitoba news desk at the CBC prior to COVID, I mean, that was a hardcore journalistic news desk. They were expecting you to get truthful fair stories. And they were not censoring. They were wanting the news.

Marianne Klowak

That's the way it was prior to COVID.

Shawn Buckley

Okay. So COVID—that was a completely new ballgame when COVID hit. So even the swine flu? Because we experienced that, you know, during your career.

Marianne Klowak

Yes.

Shawn Buckley

None of this. It just started with COVID.

Marianne Klowak

No, it changed so quick that it left me spinning. And I mean, the way I saw it, I'm just going to give you a little bit of a synopsis, and then I'll get into specifics in terms of what was done with my stories.

But we betrayed the public, we broke their trust. And we had been riding on a reputation of excellence for years. And now we were quickly shutting down one side of the debate. And how were we doing that? We branded the doctors and the experts the CBC chose that we used in our stories: we branded them as competent and trustworthy. And those who questioned and challenged the narrative were portrayed as dangerous and spreading disinformation. And that was regardless of what their specialty was, what their background was, and what their experience was.

And I just also want to sort of give you a window into how this affected me personally. As a veteran journalist, I had solid contacts in the community. I had people calling me with stories. So I was seeing and I was hearing and I was absorbing all their stories of suffering and pain. And they were sharing them with me, and these stories weren't being told. Some of those were from the vaccine-injured. Some were from people who had lost their job because of their vaccination status. Those whose families had been blown apart, and they'd been ostracized. University students who were depressed over repeated lockdowns and mandates. And parents who were calling me that were agonizing on whether they should vaccinate their child or not. So all these stories were sitting inside of me. They were left with me. And I felt the crushing burden and the weight of their truth not being given a voice. And it affected my well-being because these people trusted me, and I felt I had failed them and I had let them down.

Shawn Buckley

So can I just interject? So when you're a journalist and people are coming to you with stories that should be reported, you're feeling a responsibility to give voice to those stories, but you're not being allowed to do so for the first time. And that's what was causing the distress internally.

Marianne Klowak

Absolutely. I was losing sleep, it was distressing. It was like I had failed these people as a journalist to give voice to their truth.

So I had witnessed in a very short time the collapse of journalism, newsgathering, investigative reporting. The way I saw it is that we were in fact pushing propaganda. And to define propaganda: it's information, ideas, opinions, or images that give one part of an argument which are broadcast, published, in order to influence a person's opinion.

[00:10:00]

And mental health workers have their own definition of propaganda as manipulative persuasion in the service of an agenda.

In a published article written by a former CBC editor-in-chief in 2018, she outlines what's called the Journalistic Standards and Practices [JSP] [Exhibit OT-4]. And these are the most fundamental principles that govern who we are as journalists and who we are as a public broadcaster. Basically, these are the pillars—the holy grail for journalists. This is what every story we do can be measured against these: they are accuracy, fairness, balance, impartiality, and integrity. She goes on to say that “the JSP is not merely a guide for the people who work at CBC/Radio-Canada. It's a key component of our promise to Canadians that the work we do is, first and foremost, a public service.” Then she says, “The real test, of course, is ensuring that our journalism is credible, reliable and worthy of your trust.” So in other words, you the audience decide if we're trustworthy, if we're telling the truth. It's not up to us to hammer you with what we define, decide, or think that the truth is because the pillars of balance and fairness require us to present both sides. And after you examine them, you ultimately decide what the truth is. She says, “. . . you can hold CBC News accountable against the principles that are laid out in the Journalistic Standards and Practices.”

In my last year and a half at the CBC, we violated all of them. Not only had we shut down one side by silencing and discrediting anyone opposing the narrative, we had elevated and designated ourselves as the gatekeeper of the truth. We no longer believed our audience was capable of critically thinking for themselves. I'm going to give you very specific examples of that. But before that, I'd like to read you a page out of a journal that I wrote a month after I left the CBC. It gives you a sense of the culture and the toxic work environment that led me to leave before I had wanted to.

For months prior to my departure in December 2021, the complaints and criticism from listeners and viewers continued to mount from the public. Calls, emails, people stopping me on the street and saying, “What the heck is going on at the CBC?” People telling me they felt betrayed, lied to. A gut feeling that they weren't being told the whole truth. They no longer trusted the CBC to tell them both sides of an issue. What was most troubling for me as a journalist is that they no longer felt safe to tell me their story and have their voice heard by their beloved public broadcaster.

Passion for the truth has been my driving force as a journalist, and we become journalists because we see ourselves as truth tellers. The vast disconnect between the stories people were telling me and what we were broadcasting and publishing just tore me apart. So armed with documented examples and specifics, I voiced my dismay about our editorial direction to all levels of management over several months—both locally and at the highest level of power in Toronto. And I did this; I brought in a witness to every scheduled meeting who would document what happened in those meetings.

The narrative among mainstream media including the CBC emerged early on in the pandemic. By narrative, I mean presenting one side of a complex issue and effectively censoring, cancelling and silencing the other side—only giving voice to experts who control and reinforce the narrative. I'd seen it happen on issues in the past but never to this degree. For the most part, logic, common sense, and critical thinking are suspended, preventing deep dives on stories holding power to account. Facts may be omitted if they don't fit into the narrow focus of the narrative.

Who were we to deliberately withhold information the public needed to know and had a right to know in order to make a decision based on informed consent about their health? Canadians were starting to see this, and they were calling us out on it.

So for me things started to escalate, I would say it was early 2021.

[00:15:00]

And I was disturbed and alarmed about the language that was being used in some of our editorial meetings. All of a sudden, the term “anti-vaxxer” came up and I said, “Whoa, whoa, let’s stop right there. What is an anti-vaxxer? Who is an anti-vaxxer? What do they believe? Because are you saying it’s someone who’s against all vaccines? Because the people I’m speaking to, who are vaccine hesitant, have had all their other shots, but they have problems with this particular one.” I also brought up those who couldn’t get it for health reasons because of allergies. And what about people who just needed more time and information to make a decision. And yet we were lumping them all in this same pot as being an “anti-vaxxer.” I said, “Using this term is dangerous. It’s discriminatory. And why are we talking about these people with such hostility and such contempt?”

Shawn Buckley

So Marianne, can I just stop you there because that’s a term that’s become very sensitive at this hearing. And I’ll explain that in a second. So when the term comes up in the newsroom, it’s being used in a really negative term? Like, it’s meant to be pejorative?

Marianne Klowak

Almost laughing, ridiculing. It’s like these people aren’t educated: that was the kind of term that was being used and that was what was inferred.

Shawn Buckley

And I’ll tell you why I’ve stopped you with that. So we’ve had, and I think it was the Saskatoon hearings where I started to notice it. So we’d have witnesses, like literally vaccine-injury witnesses, talking about how their lives were literally destroyed by this particular vaccine. But then they would add during their testimony, just literally out of context, “but I’m not an anti-vaxxer.” And then, we had a lady that really was part of one of the biggest freedom groups in Saskatoon that arose because of the mandates and things like that. And she made a point, “but we’re not an anti-vaxxer group.” So that told me—because my understanding, and it’s based on a lot of the evidence that was here, but also, you know, prior to me coming here—is that these terms are created basically to ridicule and basically to close our minds, right? Because no one wants to be labelled as an “anti-vaxxer.” So if somebody is labelled as an anti-vaxxer, you’ll close your mind to them, right? So it’s just interesting. I’m sorry to stop you, but it’s interesting to hear because you basically used laughter as a description: that these people would be laughed at in a newsroom.

Marianne Klowak

And ridiculed. And I think that was the prevailing consensus in the newsroom. That if you were educated and if you were intelligent, you got the shot. To question it meant you weren’t intelligent, which really flies in the face of critical thinking. And it’s opposite of journalistic practice.

In June of 2021, the Manitoba government had carried out its own survey on vaccine hesitancy.

Shawn Buckley

And we'll just pull up your slide for a second [Exhibit OT-4]. There we go.

Marianne Klowak

So in the next slide, you see the reasons for vaccine hesitancy—why you're not in a rush to get it/not sure if you will get it/you're not going to get it at all. Look at the top three: It found 25 per cent were concerned about long-term effects; 18 per cent were concerned about side effects and reactions; and 15 per cent said the vaccine was experimental and unproven. So more than half, that's 58 per cent, almost 60 per cent had concerns about safety and that it was experimental. Now notice where religion comes in, it comes in at 4 per cent.

So more than half of the people were listening to their gut and they weren't convinced by the mantra of "safe and effective." But instead of critically thinking, doing newsgathering and real journalism on safety concerns, scrutinizing the Pfizer data, and asking some of the hard questions people were asking me—like, "Why is the CBC the arm of public health?"—we chose to focus on that four per cent. Those who were hesitant for religious reasons. So our mission at the CBC now was to educate these people, or for that matter, educate anyone who was vaccine hesitant and eliminate it, because surely if they were educated, they would have changed their mind.

This to me was arrogant, it was condescending, and we were telling people what to think because we didn't trust them to think for themselves. Our tone implied they were a danger to society if their thinking didn't fall in line with the narrative. And to me,

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this was mind boggling because I understood our mandate of the CBC was to elevate the voice of Canadians to tell stories on a local, a regional, and a national level, reflecting Canadians to Canadians to promote understanding and unity. And instead, we were fanning the flames of fear, of division, of segregation and hatred against a particular group, the unvaccinated. So the stereotype we were creating emerged early on: The person who was unvaccinated was uneducated; they were likely a person of faith. They were denying that COVID was real. They probably lived in a rural community. And they were branded—"a danger to public safety."

Shawn Buckley

So I'm just going to stop you. So these are themes that the CBC in their newsroom came up, to actually use, to basically denigrate, create a group called "the anti-vaxxers" and denigrate them. So we actually have our state-funded news organization coming up with themes to create a separate group and to make them look uneducated and basically like "Luddites."

Marianne Klowak

That was the image that was portrayed.

Shawn Buckley

And this was a deliberate decision.

Marianne Klowak

It was a deliberate decision because look at the government survey: it showed that almost 60 per cent of people were concerned about safety, and yet we were focusing on religion. I'll give you a couple examples of the stories.

Shawn Buckley

And if I can just interact a little bit. Because it would seem to me the story is, "Here's what people's concerns are, and let's go talk to those people." Right?

Marianne Klowak

That would be the common thinking, wouldn't it?

Shawn Buckley

And then see what flows from that as the story develops. Okay.

Marianne Klowak

That would be the common thinking.

This is a story we ran in May of 2021: "Death bed denials" in southern Manitoba hospital patients, the doctor says. So it was a fact that pockets of Southern Health in Manitoba did have the lowest uptake of the vaccine. But I challenged the stereotype: I'm saying, you know, "I know doctors, I know educated people, I know people in the trades, I know people working in garment factories, social workers, people all over the province that are vaccine hesitant. They do not fit this stereotype." But many of them, by now, were too afraid to be interviewed because they knew it wasn't safe. They knew what would happen to them—that they would be labelled, stigmatized, and they would likely lose their job.

Here was another story we did in targeting people in faith communities that we ran a few months later. And that was in September of 2021. Manitoba health officials were targeting the low vaccination rate in the southern part of the province. They thought the best way to get through to these people is to get the community leaders and the religious leaders on board, and then "we can convince people to get the shot." The story says: There's "no legitimate reason for religious exemptions" to get the shot "across several major belief systems, the leaders say."

That's not what I was hearing from people. People were applying for exemptions and on their deeply held spiritual beliefs. And their applications were consistently being rejected, and they were losing their jobs because of it. These were gut wrenching stories that people were calling me saying, "I'm being escorted out of my workplace right now. I can't believe this is happening. I'm being discriminated against because of my faith." They said, "Where's the right to religion, freedom of religion and where's the right to bodily autonomy," and where was the CBC and why weren't we telling their stories?

I mean, there was one man that I had spoken with, he'd been with a company for 25 years and he was in a management position, and he was working from home and he applied for an exemption that was rejected. He lost his job and he was—because he wouldn't get the shot and he was continuing to work from home. It was ludicrous. It was absolutely ludicrous. And we didn't do these stories.

So this was all sort of coming to a head and on June 3rd, 2021, I called for a meeting with the managing editor of CBC Manitoba, the executive producer. And I asked that a witness be present at all of the meetings to hear my concerns about our editorial direction. Now that witness was a person who was recently hired as the executive producer of diversity and inclusiveness. So in that meeting, I raised a number of issues. I said, "Why weren't we investigating the safety of the vaccines when that's what came up at 60 per cent in a government survey? Why were we creating a dangerous stereotype of who we thought a vaccine-hesitant person was? Why were we creating a hate culture against them and demonizing these people as a threat to public safety?"

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"Why were we endorsing and promoting an experimental drug that we didn't know much about other than what the government and the manufacturer were telling us?"

And I'm going to give you an example of how that happened. Going back to the journalistic standards about how we're supposed to be impartial: We had reporters posting on their CBC Facebook page at the local and national level with a sticker on their arm and their hand up in the air saying, "I'm part of Team Pfizer and Team Moderna" with their hand up. And I said, "How is that being impartial and how is that being objective? And why were we getting behind Pfizer, which paid out huge criminal settlements? And would these images convince people who were not sure to get the shot?" I said, "Clearly, this is a journalistic breach." When I flagged this to management, they didn't have an issue with it. They didn't think it was a problem.

I also brought up to them.

Shawn Buckley

Let me just stop. The management didn't view those issues as a problem?

Marianne Klowak

No, they said if they want to do that, that's their choice.

Shawn Buckley

You mean, if who wants to do it?

Marianne Klowak

If a reporter wants to post on Facebook they've gotten the shot and they've got a sticker and they're part of Team Pfizer or Moderna, they didn't have an issue with that.

Shawn Buckley

Okay.

Marianne Klowak

I also brought up at that meeting what happened with thalidomide. That's a drug that was endorsed in the early 1960s for pregnant women who were nauseated: a drug that caused

severe birth defects. And that we shouldn't be getting on this bandwagon—we should be very cautious because this was a brand-new vaccine that had just become available.

Now I'm going to give you a specific example of a story that I was shut down on. So June 2021 was the time when Israel was starting to see some links between the Pfizer vaccine and heart inflammation. And I was getting calls from parents who were really distressed and just saying, "There's the potential risk of heart inflammation in young people. I don't know if I should vaccinate my child, I don't know what to do. How safe is this vaccine?" They were in angst about—they wanted more information. And at that time, the Center for Disease Control and the FDA had put a warning on their fact sheet about rare cases of myocarditis.

Some parents in Manitoba thought, you know, Manitoba should be doing the same for their fact sheet on Pfizer because that was the only one that was authorized in Canada for those twelve and older. They had sent letters to the province, the health minister, public health officials, and they shared all these documents with me. So I pitched this story on the June 3rd meeting, and I was given the go-ahead and I interviewed several parents.

And I approached this story like I would approach any other story: Is this true? The government and the manufacturer are saying it's safe and effective, and yet we've got parents worried about some evidence that's emerging that there could be some health concerns. So I set out to news gather, investigate, do the research, and find the answers to the questions people were asking.

And for me, this story was reflective of that 60 per cent where people were saying, "This is what we're concerned about." So I thought, great, we're going to do a story that the public has a right to know. And these were some of the things that parents said to me on the record. They said, "Giving youth a drug that's still in the trial phase is a terrible idea. It's dangerous." They wanted to know "who would be responsible if their child had an adverse reaction?" Most troubling in their opinion was that some of these children didn't need to have their parents' consent to get the shot. "Why was the state taking control of their children?" They were asking me this. This is all credible and legitimate questions. They were fed up with their kids being threatened and bullied in and out of school for not being vaccinated.

I'll tell you one story. There was a rural community, and this mother phoned me and there were two families. One family was vaccinated; one wasn't. And the daughters were best friends. And one of the daughters said, "Well, you know, if you want to get the shot, you can come over to my house on the weekend and my mom will take you. And your mother never has to know." So that was the end of that friendship. That was the end of that. And it divided the whole community.

And these people were questioning, they were asking me, they were saying, "Well, if this vaccine is safe, then why does someone who's vaccinated have to be afraid of someone who's unvaccinated?" Very logical questions. And they were angry with the CBC. They expressed that to me. They said, "Why was the CBC and the media cheerleading the government's message that the vaccine was safe and effective?" because they weren't convinced by it.

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So that's basically what they said to me on the record.

And most of them had referenced and voiced their support for a body of scientific research that was put forward by the Canadian COVID Care Alliance [CCCA]. Specifically, by Byram Bridle, a world-class immunologist from the University of Guelph. And the Alliance had been raising flags about the safety of the vaccine based on scientific studies. They'd even filed a petition with the federal government, and they were calling the feds to suspend the use of the vaccines in children, in youth, in adults, in women of childbearing age until there would be long-term and short-term safety trials that were completed and this would be published in peer-reviewed journals. Many of the parents I spoke with had signed this petition. Certainly, this was newsworthy and something the public had a right to know. These were Canadians that were voicing a different or dissenting voice, and up until now, all we were airing and publishing were experts aligned with the government's view. This is a story I thought that would bring some fairness and balance to our one-sided coverage, and it would punch a hole in the narrative.

I contacted the Alliance, and I spoke with a scientist by the name of Stephen Pelech. He's a highly reputable scientist. He's a professor of neurology in the Department of Medicine at the University of British Columbia. He had been doing COVID research in his lab for two and a half years. He also published more than two hundred scientific papers over the course of his career. He praised the parents I interviewed and he said, "You know, they're wise. They're wise to question this narrative" because he had serious concerns with vaccinating children with this new vaccine.

He shared with me the Pfizer data that showed with children, there's the least amount of data from testing on whether there's a long-term or short-term side effect. So according to the document I was looking at from Pfizer, it was just over 1130 adolescents between 12 and 15 in the U.S. were vaccinated in phase III trials. And in his opinion that was problematic. He said the tests were done on a very small number of children and the test wasn't powered enough: so what that meant is there wasn't enough participants to determine if, let's say, there was a reaction of one in five thousand, that wouldn't have been picked up by Pfizer. So I had Pelech on camera; I had these parents all lined up. And I told you what my workflow was like prior to COVID. But it changed with this story.

When it came to this story, I never had more hands in the vetting of this story. While it was cleared by the Manitoba managing exec and the director, a local web writer flagged it. And she said, "You know, maybe we should get a response from Pfizer." I said, "No, I think we've heard more than enough from Pfizer." Then she said, "You know, I don't think the vaccine is still in the trial phase." And I produced a document saying it is until 2023. But she sent out an internal email to several people in the newsroom, and she decided that my story should be forwarded to the Toronto Health Unit. Now this is a special unit within the CBC, and she wanted them to do a final vet of my story. So now the CBC Toronto Health Unit was in charge of my story. It was the end of June, and I was really getting anxious over how long this was taking because as I mentioned before, I was used to turning stories around in a day or two. But to me, it was critical timing because the rollout was ramping up for the vaccination of young people in Manitoba. It was in full swing. Finally, five weeks later on July 8th—

Shawn Buckley
Five weeks?

Marianne Klowak

Five weeks. Remember, I could turn around stories in two or three days—this was five weeks. So I think they were sitting on the story. Maybe they were just hoping that I would go away and not persist in doing this story.

But five weeks after, July 8th, I pitched the story, I was called into a meeting. Well, this was on Zoom because we were all working from home by then, and they had a verdict from Toronto. And you know, I should mention to you that over three decades at the CBC, I'd say 30 to 35 per cent of the stories I did were health stories. Never had I had a story that had to go to the Toronto Health Unit. And never was a story given this level of scrutiny.

Shawn Buckley

So I just want to emphasize this because you had told us earlier that basically things changed at COVID. So what you're saying is, for your thirty-five years as a journalist

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like, 35 to 40 per cent of your stories were health stories. So you knew what it took to run a health story and that never before had it been sent to this Toronto Health Unit or no story in your career had ever been put under this much scrutiny.

Marianne Klowak

Never. Like I had mentioned, it was one producer, and the story was put through and it was published. And all of a sudden now, there were all these hands in the story.

And what I want to mention to you, which is key to know here, is that before I tell you what happened, that none of the facts, none of the data, none of the research, nothing I put forward in that story in terms of any of the information was contested. It was rock solid journalism. And I knew that I could put my name to that and defend every word I had written.

They raised two concerns that was an issue for them: Did I know that the Alliance promoted ivermectin? And did I know that some of the members of the Alliance chose to be anonymous? Those were their two concerns. So my thought was, okay, now the story is being blocked further up the chain.

I did know they supported ivermectin, but that was not the focus of the piece. And I had been sending for weeks links to management from medical journals about the success of ivermectin in treating COVID. I got no response. I said, We should be having a debate about ivermectin on air and hear from experts who support its use. But that was not the focus of this piece."

As for members being anonymous, I was confused by that because, I thought, I interviewed Stephen Pelech. He went full-face on camera with his credentials. So there was no anonymity there. And I could only guess that maybe some were choosing to be anonymous because they wanted to be able to continue to practise without fear of being disciplined anyway.

But what came next left me just speechless. I was just astonished. They said, "While there's a story to be told about the parents' concerns, the Canadian COVID Care Alliance was problematic." I should "drop them out of the story, keep the parents' concerns in, but

interview two experts that CBC Toronto was recommending.” And of course, I did my research, “Well, who are these people?” One of them was a pediatric immunologist who told me both of her kids were vaccinated. She had worked with the federal government. She chaired a national committee overseeing the approval process of COVID-19 vaccines in Canada. I was being told to drop Pelech out of the story who was raising flags about safety concerns and put this woman in.

I was just stunned. I was shocked. I could not believe that they were asking me to do this. I said, “This is unethical. This is immoral. You’re violating all our principles of fairness and balance and accuracy and being impartial and acting with integrity.” And I said, “What you’re asking me to do is dishonest and it’s manipulative.” The parents I had on tape, I’d interviewed, they were backing the science of Bridle and to include them in the story but leave the Alliance out, to me, defied logic. It didn’t make any sense. We were effectively censoring people in the scientific community with impeccable credentials because they just didn’t fall in line with the narrative.

I said to the managing editor, “I’m standing down. I’m walking away from this story. I’m not going to do what you’re asking me to do. I’ve invested too much in this. I’m not going to sell these people out. And why should I have to include two doctors that Toronto has picked out?”

And then I think, you know, what if this story had made it through and it went national? Wouldn’t that have changed the narrative across the country? If parents had been armed with this information, would we have seen fewer vaccine injuries?

Shawn Buckley

Can I just stop you. Because another thing just kind of occurred to me when you were sharing that story and you mentioned how they were actually critical of the CCCA—and I’m thinking, well just wait, just so people that don’t know the term—so that stands for the Canadian COVID Care Alliance. My understanding is, I mean, if it’s not hundreds, it’s thousands of scientists and doctors. Like we’re talking very credentialed people that have formed an organization to basically look into COVID issues objectively and to provide fair and balanced information.

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And you know if that leads them in a direction that goes against the government narrative. But isn’t the fact that that group formed and exists, itself, a story that should be covered, let alone cutting them out of a story. I was just thinking that in itself is somewhat fantastic and likely would be a story.

Marianne Klowak

And they formed specifically because of COVID and to give an alternative perspective. And I had pitched, “Let’s do a story on them,” but it was like, they weren’t interested in it. They weren’t interested in hearing what these people have to say because they figured they supported ivermectin. So they didn’t want to do any of those stories.

Shawn Buckley

And just to give perspective—because I know when we had a conversation and likely you’ll get to it—like, a reporter will go to a demonstration on an issue where there’s twelve

people and report a story. But when tens of thousands of people show up for a demonstration, that might not be covered if it's going against the government narrative now. So, just kind of along those veins, like just even the size of the CCCA itself is quite—

Marianne Klowak

The numbers.

Shawn Buckley

Yeah, and it's quite something.

Marianne Klowak

The fact that they had filed this national petition was to me huge. They were saying, "No, we need to stop, we need to pause, we need more information before we roll this out across the country for young people," and that story was shut down.

Shawn Buckley

And that was a petition backed by scientists and medical doctors citing peer-reviewed evidence.

Marianne Klowak

Correct.

Shawn Buckley

Okay.

Marianne Klowak

So the day that that happened to me, which was July 8th, it's burned in my memory because for me, part of me died that day with that story. And that was the death of journalism for me, July 8th, 2021. Instead, we were clearly pushing propaganda.

So I had to call back everyone. And I thought, how am I going to handle this? So I apologized and I told them the truth. And it was shameful and it was humiliating because these people had put themselves on the line to tell me their story. And I said, "This is why I can't do it. This is why I won't do it, and it wouldn't see the light of day." And I said, "I'm sorry that I have failed you and I have let you down."

I didn't go to work the next day because I thought I have to strategize. How am I going to deal with this? Do I quit right now? Do I stay and try to push stories through even harder? The following day I asked for a conference call with the managing editor, the exec, and the witness and I said, "Here's the deal." I say, "You know that story was solid journalism. I'm asking you to publish it. You have that power." And I said the timing was key as the province was ramping up the vaccinations of young people. It was urgent that this critical information get out there. And I said, "I'm asking you to do this despite what Toronto has said." And if they wouldn't, I could no longer continue to work in this environment. They didn't publish it.

It was also at that time I decided I had to start reaching out to other journalists because I felt like I was just losing my mind. Surely other people were seeing what I was seeing. And I did reach out. I reached out locally to a competing network. I also talked to someone south of the border. Through internal email at CBC, I sent out notes saying, "This is what I'm seeing. What are you seeing?" And I didn't hear back from anybody.

So I thought, you know, I'm going to call the CBC Union. I called the CBC Union and they said, "Oh yeah, we're getting all kinds of calls about people concerned about our biased reporting." And I said, "Well, where are they? Put me in touch with them." And she said, "Oh no, they're not, it's staying with the union. They're not going to go past the union." I say, "What does that mean?" And she says, "Well, they're not prepared to do what you're doing. They're not prepared to go all up the ladder and call power to account."

So then I reached out to somebody. And I guess, you know, I understand that because I was sort of at the end of my career, but a lot of the journalists that were calling the union were midway in their career and they were afraid of losing their jobs. I contacted a senior reporter from a competing network and I said to her, "What are you seeing?" She said, "Oh, I'm seeing the same thing, you know, why has the media become the mouthpiece of public health?" Then I managed to contact a reporter who worked for *The New York Times* who told me what was happening to me was exactly what was happening to him. His stories were being shut down: he was being blocked. As he saw it, we had two options. One of them was quit and be a whistleblower,

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or to stay and fight it out and keep trying to push those stories through. He also gave me some advice. He said, "document everything that's happened to you, as you would cover a news story. Who said what, when, who was present and the date." I was just reeling from all this because I thought, you know, we have betrayed our audience on a massive scale, massive.

And even the CBC acknowledged that erosion of trust in a blog that was written by the editor-in-chief Brodie Fenlon in March of 2021. Forty-nine per cent of Canadians think journalists are purposely trying to mislead them. About half of the fifteen hundred people of the Canadians surveyed felt the CBC was more concerned with supporting an ideology or a political position than informing the public. And that the media was not doing well at being objective. How is the CBC going to rebuild trust in journalism?

In 2019, it became a member of the Trusted News Initiative—so that brings together news organizations from all over the world and tech platforms to combat coronavirus disinformation: to identify and stop the spread of it, false claims, half-truths, conspiracy theories, basically, a way to filter news through its own filter system. I saw it basically as a mechanism to "call people out" who disagreed with the narrative and to label them dangerous and extreme.

Why do you need a trust filter system if you're consistently telling the truth? Why are tech platforms involved in combating disinformation? And who are these people in this Initiative? Are they journalists? Are they scientists? Is artificial intelligence involved? Who is the Trusted News Initiative? This was an effective way to stop the flow of information: to censor one side, skew reporting, and label opposing opinion and thought as disinformation. Sometime after signing on with the Trusted News Initiative, there was a shift in the lens of how we saw news. It was no longer from the bottom up—it was from the top down.

Let me give you a specific example of how this played out in the newsroom in another story that I was blocked in doing. I'd gotten a tip about a peaceful protest in Winnipeg about vaccine mandates, and it was in September of 2021. There was about two thousand people out on the street. We didn't cover it because it was decided at the editorial level these people were spreading disinformation. This was just unbelievable. I was stunned because I had been sent in, you know, to cover stories and do live hits from protests with twelve people present. But we were going to ignore a group this large and not send a camera and find out what these people had to say. I thought not only is the size of the group newsworthy, it was the fact that it was both vaccinated and unvaccinated people were walking together and they were united in their opposition to vaccine mandates.

I had gotten a call from someone on the protest line who says, "Where's the CBC? There's people here that are cutting up their vaccine passports as a show of solidarity against the mandates." And I thought, wow, this is a great story. This is great visuals. This is a powerful story of people at the grassroots uniting. Why wasn't the CBC there? It was a decision made at the top level rather than looking at the news that was unfolding on the ground.

When I asked why we weren't there, I didn't get an answer. It wasn't worthy of covering because in the CBC's eyes, these people were disseminating disinformation. How could we say that if we never even spoke to any of them? We ran a few lines of copy that day saying, "More than 250 people in Winnipeg held a protest against mandates." That was misleading and it was a half truth. There was at least 2000 people. By saying more than 250, we were trying to minimize, in fact, how large it was. And to me, we missed the story entirely, which was people uniting against a cause.

Instead that day, I was assigned a story about a cricket infestation. No one was sent to cover the protests, and the cricket story went national.

[00:50:00]

But there was nothing about the Manitoba protest.

Shawn Buckley

So, Marianne, just so that we have contrast because you've told us about, listen, there's this protest, 2000 people. The real story is that both sides are coming together, that people with the passport are so concerned about the mandate, they're cutting that up. So tell us about the exciting cricket story that became national news in Canada. What was the story, just so we're not left in suspense?

Marianne Klowak

That people's back lanes and garages and houses are being filled with crickets. And I'm thinking, really, we're going to tell that story, and we're going to basically ignore two thousand people walking through the city uniting in a cause. We are just going to ignore these people. To me that was just unconscionable.

Shawn Buckley

And was the cricket story urgent? Like—

Marianne Klowak

No, I don't— Well, I guess if you were living in a house full of crickets, it might be, but that was not the story to be told that day. But that was the story they decided should be told that day. Later that month, I pitched another story, and it was shut down.

Shawn Buckley

Can I just stop and I'm sorry. So we have, literally, vaccinated people and not vaccinated people coming together against the mandate. And we have crickets from the CBC. I'm sorry I couldn't resist.

Marianne Klowak

It's shameful.

Shawn Buckley

That was just too easy. So okay, and I'm sorry to interrupt, I just truly couldn't resist.

Marianne Klowak

So later that month, I pitched another story that was also shut down. And it was about what vaccine mandates were going to look like at universities in Manitoba. I had a professor lined up, an immunologist lined up from Ontario. They were on a committee there helping to draft the rollout of mandatory vaccines at the University of Guelph and McGill. They talked about students having less freedom on campus: There'd be more security, more policing of students. Those who refuse to wear a mask could be hauled off by campus police. I also had an ethicist lined up who was willing to talk about his concerns over mandatory vaccinations for students.

And both the experts were saying they were worried about the mental health of students that were going into a second year of restrictions. Both were getting contacted by parents and students who just were not in support of this. And I thought this would be an excellent discussion to have in Manitoba with faculty and parents and students for our audience to hear because it was already rolling out in Ontario, and it was going to be coming into Manitoba; they were ahead of us. And I also said I had spoken with two legal firms that were fighting mandatory vaccines on campuses, and they felt the court ruling in Ontario could set a precedent for the rest of the country. There was no response to what I pitched that day. Instead, I was assigned another story about an infestation. This time it was bedbugs in a local housing complex. And no one else had been assigned to that story that I had pitched.

So I interpreted that as I was quickly becoming silenced and cancelled for trying to get the other side of the story out. I was battle weary. I was exhausted from fighting. I never felt more alone in my profession. And as a veteran journalist who is usually fearless and outspoken, I no longer felt it was safe to pitch stories that I knew that we should be telling. And I quickly felt that my existence there was becoming null and void. But I wasn't done yet.

In September, I decided I'm going to go directly to Toronto to voice my concerns about our editorial direction. And I was going to tell them what I was experiencing. I started sending emails to Brodie Fenlon, CBC's editor-in-chief, and Paul Hambleton, who was the head of Journalistic Standards. Now he's no longer with the CBC, he left a month after I did. I shared

with them what I'd documented about what was happening with my stories, specific details what was going on in the newsroom in Winnipeg, the language that was being used. How we had created this culture of hate and division, feeding people's fears. And why were we so hostile to people who had an opinion that was different from ours? And while I applauded the CBC's initiative of diversity and inclusiveness in hiring people of different cultures and ethnic backgrounds,

[00:55:00]

I said, "Where is our diversity in thought? Where is that?"

Again, I was hearing the word "anti-vaxxer" being used in the newsroom, and this is already a year and a half into the pandemic. We'd failed to create a safe environment for people to speak to us on the record so their voices could be heard. I told them we had violated all our journalistic standards. We'd broken the public trust. And we withheld information the public had a right to know, and we were guilty. I asked to have a conversation with them before I left. And Brodie Fenlon emailed me back. He thanked me for what I sent, said he'd be happy to talk to me. But with the federal election going on, could we schedule a time afterwards in October, and he would invite Paul Hambleton into this discussion as well. I was pleased he had responded.

At that point like I knew, I had my end date. I'd spoken to HR; I knew when I was going to be leaving the CBC, but I had one more story in the queue I wanted to get out. And it was about a woman who was vaccine-injured. I had several calls and conversations with people who had contacted me about they had been vaccine-injured, they knew someone who had been vaccine-injured, or there was a family member.

One of them was the mother of a teenage boy. He was an elite athlete, he had gotten the shots, he had chest pain. He was told he was going to have to spend his summer lying on a sofa recovering, and he could not do any sports that summer. A woman called me who got her first shot and she was really sick. And she was anxious because she went for medical help, and she was told that she should still get the second shot, but maybe she should be admitted to hospital to get the second shot in case she had a worse reaction. This to me was madness, was madness. The rest were afraid that they wouldn't be believed because of, you know, the media mantra we were putting there, "safe and effective."

The way I saw it, we were gaslighting these people. You know, let's say you have a refugee coming into the country, and you know they've suffered trauma and they've been through hell. How do we treat them? We treat them with mercy and compassion and kindness. And yet these people who were being injured—we were gaslighting them. One man who had an adverse reaction said to me, it had to be him, "It's got to be me. There's got to be something wrong with me because it's safe and effective."

So getting back to the woman I did the interview with. She had had an adverse reaction after her first shot in May of 2021. It took me weeks to gain her trust, for her to go on the record. She was thirty years old. She was an avid runner and she worked with the federal government. She had no previous heart condition. The very next day after getting the shot, May 27th, she had chest pain. Then she said she was short of breath. She felt like she had this huge weight sitting on her chest. The pain got worse, she had trouble breathing. She described it as the feeling like there was thick smoke in her lungs, but she wasn't a smoker. She knew something was really wrong.

She went to emergency at St. Boniface Hospital where she was diagnosed with pericarditis. And that's inflammation of the tissue around the heart. She shared her written medical report with me from the emergency room doctor. Since her shot in May—within the next month—she'd been to emergency five more times with increased chest pain. She could no longer run. She was winded from walking up a flight of stairs. And she said she thought that she was dying. And I had interviewed a cardiologist as well who told me, "if there's damage to heart cells as an adult, they don't regenerate. The damage is permanent." And yet we were running stories saying, "Take a couple of Advil, and there shouldn't be any lasting symptoms from heart inflammation." This woman was on anti-inflammatory medication for months. She was battling depression and anxiety because she was no longer the outgoing, active, happy-go-lucky person she used to be.

She also told me how difficult it was to get someone to document what happened to her as an adverse reaction. She said the first doctor who diagnosed it was hesitant to put it in writing. Some doctors didn't know how to fill out the form. Finally, a nurse had filed it for her, and that was another story I pitched.

The problems with doctors reporting adverse reactions in Canada.

[01:00:00]

They have to download a PDF, takes about fifteen minutes to fill it out. The doctor has to sign it. Then it goes to a health authority who has to approve it. And some of the doctors were telling me that their reports were getting rejected. And I was hearing more and more about the problems with reporting these adverse reactions in Canada. And there was even a period during the pandemic that the line that they used to report these adverse reactions was down, the link wasn't working. Surely, this was newsworthy. No interest in that story.

But getting back to the woman, I interviewed. I stayed in touch with her. After doing her own research, she connected with three other women who were diagnosed with heart inflammation after being vaccinated. I wrote her story. Here was my first line based on what she told me. This was the original before it was edited: "A 30-year-old Winnipeg woman says she's not confident the COVID-19 vaccine is safe for everybody and is advising people to do their research. She admits she was hesitant at first to get the shot, but she felt pressure from people posting online that she was selfish if she didn't." Two words the editors didn't like in there: "vaccine" and "hesitant." Again, several hands were in this story, several. A managing editor, two web writers, another producer, and I fought several edits that were made. By now at this point, I was sort of afraid because I thought if I pushed them too hard, they could pull the story entirely.

Okay, here's the story the CBC published on July 12th, 2021. This is my story, and this is **what they changed:** "Winnipeg woman shocked by heart lining inflammation after COVID vaccine, but experts say the risk remains low." Look at the first line. "A 30-year-old Winnipeg woman says she was shocked to be diagnosed with the condition involving inflammation of the lining around her heart days after she got her COVID-19 vaccination in late May."

The changes that they made didn't reflect what she was saying to me about the safety concerns. It was propaganda editing to change the meaning entirely. Any reference to vaccine hesitancy was taken out. I fought the web writer on that first sentence. He says, "Well, no, we can't say that; we don't want to scare people." I say, "That's not journalism." I said, "Maybe we should be concerned, look what happened to her." And I said, "We can't negate her personal lived experience: her story is one of caution and to do research."

And if you look at the next sentence which says, “But a Winnipeg cardiologist says despite concerns about heart inflammation, vaccines are preventing illness from COVID-19.” Why would anyone read any further in my story. Basically, the message was it happened to her, it’s too bad, it’s unfortunate, but vaccines are still doing what they’re supposed to be doing.

But there were medical experts who were disputing this, but they had been cancelled by the CBC because according to the CBC, they were spreading disinformation. The fact she was an avid runner was taken out of the story, and I fought to have that put back in. I say, “No, I think that’s important. You know, she was a runner and now she can barely walk up the stairs. It shows what happened before and after the shot.” And she never got the second one because her reaction was so severe after the first. And I also didn’t think there should be experts or stats negating what she was saying. Because we’d heard more than enough from all of the experts. It should be just a straight-ahead story about someone who suffered an adverse reaction, and we shouldn’t downplay it. Instead, the way I saw it, her story was buried in experts and health officials and stats—it was sanitized.

I lost sleep the night before that story was published. I knew we didn’t do justice to her story. I spoke with her the next day, and she was so traumatized she couldn’t read the story. I should also tell you I contacted her five months after I left the CBC, and she was still suffering from health problems, blood clots. That story was the breaking point for me. I was waiting for that final exit meeting with Fenlon and Hambleton in October. And when I had it, I told them what had happened to my stories. How devastated I was to be leaving the CBC after spending three decades in a career that I loved.

I asked them what’s the makeup of the CBC Toronto Health Unit, like who are these people: “Are they journalists, are they scientists, like who are they?”

[01:05:00]

I was basically told they were experts who are really good at what they do. But I still don’t know who they are. Then I brought up the issue of mandatory training and seminars for journalists that we had to take on what was called conscious and unconscious bias. We had to sign off on this training. It was to identify any bias we may have in doing a story. And to be aware of it, to make sure it doesn’t impact the story that we’re doing and that we are more inclusive. I said, “You know what, we the CBC have a glaring bias, both conscious and unconscious, when it came to stories involving experts opposing the narrative and with those who were unvaccinated, we had a glaring bias.” I said, “I was worried about the next generation of journalists. They’re young, they’re inexperienced. And that the editorial meeting is not a safe place to have a different opinion. Why are we so mean and hostile to people with different opinions?”

And I said, “Did you know how we were being branded outside the walls, the corporate walls of the CBC?” I’ve seen those protests; I’ve seen those signs. We were being known as the Canadian Brainwashing Corporation or in faith circles, the Christian Bashing Corporation. Some of my final words to them, as I saw it, I said, “The CBC is morally and ethically culpable of the narrative that it pushed to the public, and we are going to be held accountable. We failed to hold power to account, and no one was holding the media to account. We failed to serve the public. We broke their trust.”

I told them, “You can silence and cancel scientists with impeccable credentials, you can even cancel me.” But I said, “My solace is that the truth will come out; it will come out.” Brodie thanked me, and he said he was sorry that it had ended this way and that he didn’t think the CBC had done all that bad. He wished me well. Hambleton, who is the head of

journalistic standards, he was still on the screen, and he told me, that the most heat that he took during COVID was over ivermectin. People calling and writing with letters with no let up. I said, "The CBC should have listened on many fronts. The truth will come out." That's what I said in October 2021.

So here we are a year and a half later, the truth has come out. Even though people still do not want to believe the truth. According to Health Canada's own website up and to including March 3rd, a total 427 deaths were reported following vaccination, 427. Each and every one of those deaths was worthy of a story. Where was the CBC? Where was any media on this? And is that number accurate? The same Health Canada website posted more than 10,000 serious injuries for the same time period. Are those numbers accurate? Are they higher because of all the problems with reporting adverse reactions in Canada? Who are the injured? What are their names? What are their stories? What are they suffering?

Lawsuits are going on, and there's a few people of the vaccine-injured who are getting settlements. We have one before the courts right now in Manitoba involving a young man from Steinbach.

If reporters were doing their jobs, we would not be here today in this forum, funded by citizens, telling our stories. Mainstream media would have done it. Where are they? Where are they?

On February 27th of this year, papers with hundreds of profiles of suspected COVID vaccine injuries and deaths were plastered onto the doors and windows of CBC Toronto. I had a really hard time looking at those pictures because that to me was proof and evidence that the public had trusted us and they had listened. And some of them paid dearly for it. I waited to see, is CBC going to cover this? Is any media going to cover this? How could you ignore this? It was just unconscionable and appalling that nobody covered it. I thought, I wonder how employees felt that day when they came to work and they saw that—those posters on the outside of the building. Did they stop? Did they look? Did they read? Did they look at the names, or did they just go into the building and carry on with work that day? The same thing happened in Winnipeg on a smaller scale.

[01:10:00]

Again, no media coverage.

And as mentioned earlier, CBC decided to pause its Twitter activity after it was labelled "government-funded media" by Elon Musk. Brodie Fenlon had responded by publishing a piece saying, "Journalistic independence is the cornerstone of who we are as a public broadcaster." Then that tweet was removed. CBC is not impartial—it is not independent. I think what I shared with you gives witness to that.

There was some excitement over the fact CBC Manitoba covered the NCI when it stopped in Winnipeg in mid-April. Maybe, finally, the CBC was going to report the other side. But it was a low-impact piece in that it didn't talk to anyone who was vaccine-injured. It didn't delve into any of the Pfizer data. And it didn't talk about safety concerns or side effects.

Shawn Buckley

Can I give you even more shocking information? Can you go back to that slide? So Jay Bhattacharya is on the screen—while CBC is there—talking about CBC censoring him. And there was no mention about that.

Marianne Klowak

Those stories should have gotten out. And there's so much more that should have gotten out. I mean, basically, it was a low-ball story, in the sense, the bar was low. They didn't delve into what they should have dug into there.

I don't know if any of you have heard of Naomi Wolf. She's a famous American author and journalist. She posted a video on YouTube last month exposing what is in the Pfizer documents. I think it's something that all critically thinking journalists should have been digging into. The FDA wanted the documents to be hidden for 75 years. A judge said, "No." So Pfizer was ordered to release 55,000 documents a month. And according to Wolf, around 2,500 experts from all over the world are interpreting this data. They're churning out reports to tell everybody what's in it. The evidence in her words is dark, devastating.

One of the many findings is that Pfizer knew the vaccine didn't stop the transmission of COVID one month after rollout in November of 2020. But yet public health officials were telling us, were running campaigns to say, "Get the shot to protect those you love." And the media, including the CBC, was still demonizing the unvaccinated as a danger to public safety.

I'm inspired by Wolf and those outside of legacy media who are tenacious and fearless about reporting the truth, and they're truly independent. For me, that would be, on this side of the border: True North, *Western Standard*, podcast by Trish Wood.

I was fortunate that when I left, I was at the end of my career. I still wanted to work for two or three years, but to leave the way I did was crushing. It was heartbreaking, and it was definitely a journey of grief. I was able to take an early retirement.

Shawn Buckley

Marianne, I'm going to have to focus you just because we're really running over.

Marianne Klowak

I got 30 seconds. Maybe even less.

So my heart goes out to those who are starting out or midway in their careers. And for them the challenge is even more daunting. When I was asked to testify, I said, "You know it's dangerous to tell the truth but I think"—as someone with the Inquiry said to me—"it's even more dangerous to not tell the truth."

So getting our institutions back: Will we get the CBC, our public broadcaster back? I don't know. But I do know that more journalists need to stand up, speak out, and stand firm as a truth-teller.

Thank you.

Shawn Buckley

Wait, wait, we have commissioner questions. So, and the Commissioners have questions.

Commissioner Massie

Thank you very much for your testimony. I'm learning on a specific story that you illustrated, what I have witnessed from the outside So it's interesting to have this confirmation. I'd like to ask one question because I'm not a journalist, so I don't know. But when we, I would say, use or abuse the term "expert" in journals, shouldn't there be some sort of gold standard that,

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first of all, you cannot cite experts that are faceless, you don't know who they are. And if you cite them, you give their credentials so everybody can judge by themselves what is their expertise.

Secondly, you mentioned that in many stories that were produced over the pandemic, it was one-sided, and it was the official narrative. And every time somebody was trying to come up with a different version, another expert, they were either dismissed or denigrated.

So about your story that went to be checked in Toronto, wouldn't that be a good idea to say, "Okay, you're proposing these other experts. I will accept if you agree that this expert has a public debate with the expert I'm citing in my article." What do you think of that idea?

Marianne Klowak

That would be the ideal. But that was not something they were open to. And I think in Mr. Palmer's presentation earlier, in terms of that term "expert." You know, it goes back to when they were giving me the names of those two people. You know, do your research: Who are these people? Are they really experts? Are we just designating them experts? And that was a problem that I saw throughout the pandemic. It was very specific about who their experts were going to be, and they were going to be portrayed as competent and trustworthy.

But to have a debate. I mean, that's something I challenged them on many topics: like, ivermectin in terms of experts on both sides; the vaccine injuries, being concerned about safety. I was constantly putting that before them, but it was like, I wasn't being heard. And that was coming from the highest level of the CBC.

To be fair to CBC Manitoba, I mean, they cleared the story except for that one web writer. And then it was shut down in Toronto. And I had no power at that point in terms of— You know, I said, "I think these people should have a say, for the sake of fairness and balance, they should be heard." And I even challenged them to publish the story without Toronto's consent, but they wouldn't do that.

Commissioner Massie

So just a complementary question. Was that a common practice in the past to do that sort of confrontation of expert with different view? Or is it something that was never practiced in journalism? You would do it like a common way of reporting on different opinion, [where] you had to really make sure that when two different views are presented that they were framed in a way that the reader could actually make it their own judgment about it. And now it seems that it's completely disappeared from what we're being exposed to. And I can tell you it's not only CBC; we see the same thing in Quebec with all of the journals. We are seeing the same story.

Marianne Klowak

It just happened to this degree I would say during COVID. Before we would do thorough vetting of people we put on the air as experts and thorough checking of their credentials and what their experience was. And usually, we'd even check them out with two or three other sources if they were legitimate. And were they in good standing? But that seemed to have all gone by the wayside.

Commissioner Massie

Thank you very much.

Commissioner Kaikkonen

I was going to say good morning, but I realize it's now good afternoon. Thank you for your testimony.

When I think of the daily PMO news releases that are sent out every day from the PMO's office to which CBC journalists would receive and how religious holidays are identified, recognized, and celebrated. And I should also add rightly welcomed in a democratic nation that recognizes freedom of religion and beliefs as a fundamental right in this country and, similarly, as a foundational principle in our constitution under the supremacy of God and rule of law. These PMO releases often offer very lengthy and detailed descriptions of respective religious traditions.

And then I think back to a comment made by the PMO prior to his first election—Christians need not apply. And then I combine it with a very short PMO release that came out one year, I believe it was 2017 or 2018. I believe it was one paragraph regarding the Christian holiday, the traditional Christmas.

[01:20:00]

Two things come to mind. It appears CBC is broadcasting the PM's personal opinion publicly, essentially becoming the PM's mouthpiece. But even more so, targeting specific faith groups, using hatred for these faith groups to which the PM has publicly disagreed. And if this is the case, how can Canadians be confident in a publicly funded broadcaster that deliberately and intentionally ignores entrenched protected grounds under human rights legislation? And two, should we as Canadians be considering CBC in its current mindset, a danger to society for not adhering to their own "DIE" ideology? That is diverse, inclusive, and equitable treatment of all persons regardless of their faith and personal beliefs to which they subscribe?

Marianne Klowak

Which part of that do you want me to respond to? That was—

Commissioner Kaikkonen

Whatever you think you should respond to.

Marianne Klowak

You know. Here's the thing. That was an issue I had brought forward a number of times in CBC, about the fact of how do we cover different faith groups? And we even had a working

group on that and we invited a number of people in from different faith communities to you know, say, “What are the stories that you think we should be telling?” And for a while there, we were doing that. We had a forum, and it was a wonderful forum: we had a rabbi in there, we had Muslim people, we had Catholics, we had Evangelicals, we had Mennonites, we had Jewish people in there. And there was a consensus working group on, how do we move forward stories that are faith based? And we were going in the right direction for a while.

And then all of a sudden, it just swung the other way where we’d become hostile again. And anyone who expressed their faith in a story— I mean, I look at all the pastors in Manitoba that stood out during the pandemic and defied rules and said, “How can you have 300 people in Costco when you’re telling us we can only have 25 people in our church at a service on Sunday? We’re not going to stand for this.” And they didn’t. And you know, they were hammered by the media for expressing their faith and standing up for it.

So there’s definitely a hostility towards faith in, I mean, just my experience at the CBC. And I was constantly bringing that to the forefront and trying to do more stories that way. And sometimes I was able to get those stories out and in some, I wasn’t able to. But clearly, like, we made a specific decision here in our coverage during the pandemic to hammer those communities in southern Manitoba that were faith-based, that were pushing back against this narrative in the agenda. And that was so wrong.

Commissioner Kaikkonen

Thank you.

Commissioner Drysdale

I’m from Manitoba, and I mourn the loss of the CBC as a fair and unbiased news reporter. I had personal friends who were on the I-Team years ago, and I remember the stories they used to bring out.

One of the things that we’ve heard over and over and over again in the testimony is that prior to 2020, things changed: Words changed. Definition of pandemic changed. Definition of vaccine changed. Definition of human rights changed. A lot of things changed. And my question is, usually, you know, there’s an old expression that a leopard can’t change its spots. Was there significant changes in the higher management of the CBC prior to 2020, like in 2018, ’19? How did they accomplish this complete change of philosophy without changing the management?

Marianne Klowak

Well, I think the management just bought into it. I think, you know, I look at other stories where the language changes in order to make it acceptable to the public. And that’s basically what was being done. The whole thing, the mantra of “safe and effective,” you know, like we didn’t even investigate that. And yet the people that were in management, I mean, these were people that had worked that I-Team you’re talking about.

So, for me, I was shocked and sort of disoriented about, why wasn’t there any pushback about the language and the words we were choosing to use that were dangerous and misleading?

Commissioner Drysdale

You know, we heard testimony from many witnesses about how they were treated,

[01:25:00]

specifically, by the CBC. And according to those witness testimony, didn't the CBC go beyond just ignoring certain stories? We heard testimony after testimony of personal character assassinations carried out by the CBC. Were you aware of any of that? Can you corroborate any of that?

Marianne Klowak

I was aware of that. I mean, to give the best example would be Byram Bridle. Look what was done to him. I mean, this guy is impeccable credentials, immunologist, and the smear campaign against him was just, it was unconscionable. What was done to his career was a character assassination to discredit him for all the safety concerns he was raising. And I raised that with management because I wanted to interview him in a story. And actually, what was interesting is I wanted to interview, as well, Dr. Christiansen in Saskatoon. He was the doctor, Dr. Francis Christian, he was the doctor who stood up and said, "You know, I haven't met a twelve-year-old yet that understands informed consent." And I wanted to interview him, and I was blocked from doing that as well. It was like, "Oh, no, his reputation, he stood up; he's pushing against the narrative." And I'm thinking that's exactly the people we should be talking to, to have fairness and balance.

Commissioner Drysdale

There was also something that you said that I just want to make sure I understood properly. When you were doing one of your original stories and you were quoting the doctors from the Canadian COVID Care Alliance, when comments came back from Toronto, I thought you said one of the comments was, "Well, some of the members are anonymous there." Is that what you said?

Marianne Klowak

That's right. That's what they said to me.

Commissioner Drysdale

But then, didn't you also tell us that when you asked the Toronto people who the members of the Toronto CBC health group was that you were told they were anonymous?

Marianne Klowak

I wasn't told they were anonymous. I was told they were experts at what they did, but I didn't know if that meant they were journalists or were they scientists. I still don't know who they are, but they were not anonymous. But the reference was the Toronto Health Unit was concerned that some members of the Canadian COVID Care Alliance were anonymous. And I said I didn't think that was an issue because the fellow I interviewed had gone full-face on camera. But the reason for their anonymity, they were concerned, like, what did that mean? And I said, "Maybe it meant the fact that they're trying to continue in their practice without being disciplined." But for them that was an issue.

Commissioner Drysdale

But they were—

Marianne Klowak

But it was unrelated to the story.

Shawn Buckley

Can I just break in for a second because we've got a couple of hard starts that I just need to inform you of. We have a person online that basically if we don't start immediately, she'll be a short witness. And then I was hoping, you know, then we have a shorter lunch break to hit another hard start. We could bring Marianne back like we had done with Rodney for questions at the end of the day.

Commissioner Drysdale

It's not necessary.

Shawn Buckley

So, yeah, and I'm sorry to cut that short, Marianne. It's just we're trying to manage some other witnesses too. So on behalf of the National Citizens Inquiry, I sincerely thank you for coming and attending. I know that it was a big step, but we really appreciate you sharing with us some insight that we couldn't get unless you came and shared with us. So deeply, thank you.

Marianne Klowak

Thank you for this opportunity. Thank you.

[01:28:58]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 4: Samantha Monaghan

Full Day 2 Timestamp: 04:57:12–05:07:58

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Samantha, can you hear me?

Samantha Monaghan

Yes, I can.

Wayne Lenhardt

Okay, and we can hear you. Could you spell your full name for me? And then I'll do an oath with you.

Samantha Monaghan

Samantha Monaghan, S-A-M-A-N-T-H-A M-O-N-A-G-H-A-N.

Wayne Lenhardt

Do you promise that the evidence you'll give is the truth, the whole truth, and nothing but the truth?

Samantha Monaghan

I do.

Wayne Lenhardt

Samantha, to set the stage here, this is about your son who died after he got a blood transfusion. And I think the issue for the Commission is, is this an issue with respect to COVID relating to tainted blood?

And to just set that stage for a second, there was a commission years ago by a law professor by the name of Horace Krever relating to tainted blood related to HIV. So I think this is probably the only time the Commission is going to touch on this issue is with you, so could you give us a quick summary of what happened to your son?

Samantha Monaghan

I took my son to the hospital. I think it was back in September 2022. He had a swollen elbow. So we just were coming from his naturopath and getting a panel done—

Wayne Lenhardt

Could you turn your volume up a tiny bit? I think we're having trouble hearing you. I am at least, anyway.

Samantha Monaghan

I think it's up as high as it'll go. Can you hear me?

Wayne Lenhardt

Yeah. Do we need our volume turned up?

Samantha Monaghan

Yeah, it's up as high as it will go.

Wayne Lenhardt

Okay, I'm sorry, could you start again?

Samantha Monaghan

I took my son into the IWK [Izaak Walton Killian Hospital for Children] hospital in September, and he had a swollen elbow. So I was getting it checked out and they ended up doing his blood work. To make a long story short, his hemoglobin came back and it was very low: it was extremely low to the point that he was going to need a blood transfusion. I said, "Oh, no problem. I have no problem giving my blood for blood transfusion."

Given all my research and studies that I have done with the blood supply and the vaccines and everything, I wanted to make sure that the blood that he was given was safe. So I ended up rallying about 300 donors to give blood to my child because he was O positive and myself was O positive. And I was denied by the blood supply in Nova Scotia that this couldn't be done and that I couldn't be a donor to my son as well. It was all denied, and then I ended up having to give him donated blood from the blood bank.

Wayne Lenhardt

And at that point he died relatively shortly after that, correct?

Samantha Monaghan

He died November the 21st.

Wayne Lenhardt

Do you have any evidence that it was because of tainted blood? Have you looked into that?

Samantha Monaghan

No. No, my son was cremated, and there was an autopsy done. They said that he died from underlying conditions, which possibly could have happened. But it's the way he died that kind of struck home for me. There was no evidence that he was going to die or that he was sick in any way. He got his blood transfusion. We got out of the hospital. It was around three weeks after we were in the hospital, I think, a good couple of weeks. And we were getting our blood done. We'd seen the pediatrician. He was, everything was good. On November the 21st at 5:24 pm, he was sitting on my knee, and he just stopped blinking and he passed away. There was no indication that he was sick or he was going to pass away, and he didn't have any heart conditions.

Wayne Lenhardt

Yeah. He did have some sort of conditions though, did he not?

Samantha Monaghan

He did. He had fumarase deficiency and polymicrogyria, but it doesn't affect the heart. And it wouldn't cause him to have blood clots or anything like that.

Wayne Lenhardt

Okay, and how old was he when this happened?

Samantha Monaghan

He was 11 years old. It happened 12 weeks after the blood transfusion.

Wayne Lenhardt

And I understand he died of cardiac arrest.

Samantha Monaghan

That's what my doctor thinks he had passed away with. But the autopsy said that he passed away from underlying condition.

[00:05:00]

Which possibly could have been because I didn't have anything tested or any means to test his blood after he had the blood to make sure that his blood was okay.

Wayne Lenhardt

And you had rallied some people that had the same blood type as he did, and I understand you have the same blood type as he?

Samantha Monaghan
I have O positive, yeah.

Wayne Lenhardt
And the hospital either didn't want to, or wasn't able to use any of your blood, is that fair?

Samantha Monaghan
Yeah, my parental rights would have been taken away if I hadn't chosen to go the route of the blood donation from the blood clinic. I tried to rally them, but there was no way that I could have used my blood or anybody else's blood. My fear was that he would have gotten vaccinated blood and then he would have died from that.

Wayne Lenhardt
I think I'm going to stop and ask the commissioners if they have any questions or any issues they'd like to explore on this.

Commissioner Kaikkonen
You made a comment, your parental rights would be taken away. Can you add to that and just let us know how?

Samantha Monaghan
Well, if I didn't agree to the blood transfusion, the pediatrician on at that point in time said that my parental rights would have been removed and I would have to leave the hospital. And Luke would have ended up getting the transfusion anyways. So I decided to stay and okay the transfusion under duress.

Commissioner Kaikkonen
So just to make sure I got this right, the pediatrician said that if you didn't agree to a blood transfusion that—

Samantha Monaghan
Yeah, there wasn't any option. I couldn't use my blood, nor could I use the donors' or anybody else that would want to donate to my son. The only option I had was to use blood from the Nova Scotia blood bank. There was no talk. There was nothing: either I did it this way, or they would have took my parental rights away and I would have ended up having to do it anyways. He would have ended up getting the blood transfusion.

Commissioner Kaikkonen
So did Canadian Blood Services and Halifax inform you that there is an option for putting your blood aside when you're expecting to have some sort of blood transfusion in the future?

Samantha Monaghan
No, I wasn't given an option.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Yes, Dr. Massie.

Commissioner Massie

I have a question about the underlying condition or the situation that actually led to the necessity of blood transfusion. Are they related or are they completely two separate medical conditions?

Samantha Monaghan

Fumarase deficiency controls the Krebs cycle, so it could have been a factor for his iron getting low, his ferritin getting low. But he never had hemoglobin getting low because of his condition before. His survival rate was infancy, and he was 11 years old. And I did all natural treatments with him.

Commissioner Massie

My other question, you had concern about getting blood from the Canadian blood bank. What was the kind of information that you gathered in order to raise some questions about that?

Samantha Monaghan

It would have been what was in the vaccine that was killing people or making people sick. My worry is that it was going to be in the blood if it was infused out, spike proteins or graphene oxide would have been in the blood that would have harmed him in some way.

Commissioner Massie

Thank you very much.

Wayne Lenhardt

Are there any other questions from the Commissioners? One question that I have is what was on the documents as to the cause of death of your son?

Samantha Monaghan

"Underlying conditions," I do believe.

Wayne Lenhardt

Okay. Any last questions? No. Okay, I want to thank you very much on behalf of the National Citizens Inquiry for giving us your testimony today. And thank you again.

Samantha Monaghan

Thank you very much. Thank you.

[00:10:00]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 5: Dr. David J. Speicher

Full Day 2 Timestamp: 06:00:07–06:44:31

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Welcome back to the National Citizen Inquiry. My name is Wayne Lenhart, and our next person to testify is David Speicher. David, can you hear me?

Dr. David Speicher

Yes.

Wayne Lenhardt

I can hear you. I believe you have some slides set up with AV here. So I'll just quickly introduce you, and then you can launch into your presentation [exhibit number unavailable]. You did your university, I believe, in Ontario. You have a PhD from McMaster.

Dr. David Speicher

No. No, I do not.

Wayne Lenhardt

Okay, you have a doctorate from somewhere. Can you tell me where that is, please?

Dr. David Speicher

I will launch into my slides, if can you see them?

Wayne Lenhardt

We've got your first slide. But before we do that, could you spell your full name for me and then I'll do an oath with you.

Dr. David Speicher

Dr. David Jeremiah Speicher, it is D-A-V-I-D S-P-E-I-C-H-E-R.

Wayne Lenhardt

Do you promise that the testimony you'll give today will be the truth, the whole truth, and nothing but the truth?

Dr. David Speicher

Yes, it is. Absolutely.

Wayne Lenhardt

Thank you. I see from your slide there, you're a visiting professor of health science at Redeemer University in Ontario, and I believe you have a position at McMaster as well.

Dr. David Speicher

No, I used to. So if I can go to my next slide.

Wayne Lenhardt

There it is.

Dr. David Speicher

My undergrad is in Biology at Redeemer. I have stuttered my whole life. It gets worse when I'm tested up. And that is okay. I know my things well. I have a Master's in Diagnostics of Coronaviruses, and a PhD in Viral Diagnostics, both of which are from Griffith University in Queensland, Australia. I have worked in Kenya, India, Australia, Egypt, and here in Canada. I've done two post-doctoral fellowships at McMaster University, in molecular microbiology and in epidemiology.

I have run as a lab director two COVID-testing labs during the pandemic, doing between 5 and 15 thousand PCR tests per week, all on asymptomatic transmission. I have taught at Redeemer University since last fall in the courses of microbiology, genetics,

[00:05:00]

and PCR testing. I am now a visiting prof here in a paid job. And to disclaim: I am a co-applicant on a new SSHRC [Social Sciences and Humanities Research Council] grant a few months ago.

All of these are all scientific observations I have made during the pandemic. And I have 34 publications. Most, if not all, use PCR. And I have co-authored a method paper with the Wuhan Institute of Virology on Whole-Genome Sequencing of SARS-CoV-2 in Saliva.

Would you like me to keep going and dive into my thing or just my background?

Wayne Lenhardt

I think you are very well equipped to deal in this area, Dr. Speicher. I wonder if perhaps you could go to your slides relating to PCR testing, and maybe we'll have a look at that.

Dr. David Speicher

Sure. I'd like to say, too: I worked on the team that first isolated the virus. I was removed off the team before I could see things. A FOI [Freedom of Information] request has shown that McMaster records has found no responsive records about isolates of this virus apart from this published paper. So, it begs the question: either there's scientific misinformation going on or something isn't right at McMaster for them to give false information on the FOI.

There's been millions in Gates funding poured into McMaster. Millions, including their new NEXUS pandemic hub for \$12 million given to McMaster by Bill Gates to look into COVID-related issues.

There is also a potential conflict of interest. One of their profs in the field of ethics and policy for innovation on their NEXUS hub—before the pandemic—was paid \$278,000. In 2021, this jumped up

[00:10:00]

to \$623,000 and last year \$461,000. She has ties with Bill Gates and the WHO. So are these people funding our Canadian institutions? Absolutely, they are.

I work on PCR. I love it. It's a very elegant, super test. However, it cannot tell us if we are sick. It can just tell us—is this DNA or RNA sample sequence in my sample? And that's it. Is this viral RNA in my sample?

And so, a lot of people on our side, I've heard things said: "PCR assays are 97 per cent false positive. It should not be used." Well, let's not throw the baby out with the bath water.

So all of this occurred in the first paper looking at Sars-CoV-2 by PCR. It was poorly designed and improperly validated and made.

Well, my team put out this. And the main point is the bottom line here: "If someone tested positive by PCR at a threshold above 35 cycles, the probability that said person is actually infected is about 3 per cent."

Why is it 35 cycles? If we go beyond that, it does not work. This is the limit of the detection of the amplification. On the left is right out of the Seegene package insert. These are for E gene, RdRP gene, and the N. These are highly conservative rates areas and great PCR targets. It says below on the left: a positive is anything before 40 cycles. If we look on the right—this is all my own data—and it shows the cutoff limit of detection of the test is 37 cycles.

And therefore, we can't tell. The lower Cts cannot be compared between labs. It's all dependent on when the sample is tested, which swab, the hour things are extracted, amplified, and looked at. And so, a cycle between institutions

[00:15:00]

varies sometimes two or three, sometimes five cycles, and this is why CTs from a clinical lab never report these to a physician. So, a Ct value might change, except a positive in one lab should be a positive in another lab.

So Public Health Ontario put out a report in September of 2020, and said, on the left, any amplification that occurs before 37 cycles is a true positive. If it's between 38 and 40, it needs to be retested.

In my lab, on the right-hand side, this is what we did—if it's two or three [positive genes] before 37, things are positive. And key values are never given out to a physician. We need a better link-up between a physician and the clinical lab, and, too, a PCR assay, most times if it is a true positive with symptoms amplified before 30 cycles. And, therefore, I think we should have had two cut-offs: One between 35 and 37, which is the assay limit of detection—"Is this virus in my sample or not?" And then at about 30—"Is this individual infected or not?"

So, if we look at PCR versus a RATs [Rapid Antigen Test]: Is this thing actually replication incompetent? The PCR is very, very sensitive, although it doesn't tell—is this replication competent? Or is it replication incompetent and, therefore, is not in fact infected? And so we needed to not run things basically off of a single PCR test.

Now, how were our samples worked out? Well, most people drove, in a big line-up, to a collection facility,

[00:20:00]

and they had a nasopharyngeal swab rammed right to the back of their nose. Is this the best test? Sure, it's the gold standard. But if you are sick with symptoms, a simple mid-turb [mid-turbinate nasal swab, MTS] right in here, works just as well.

As well, if you look at the lower right, if you're doing a nasopharyngeal, it's going right in the back: it is 97, 98 per cent. But a mid-swab [MTS] is about 87 [per cent], which is just as good as an oral swab of the mouth. And so why didn't we swab people's mouth, swab inside their nose? And not ram things right to the back, and then in some instances cause harm.

This is a case-demic. It's not a pandemic of all sick individuals. We need to work out: Is this individual infected at a low level and has no symptoms? Or do they have a high enough viral load to infect other people?

And if you are infectious, most times you have symptoms. These are all numbers of people with COVID. COVID is a disease, and therefore, you must have symptoms. Except most of these—and all of these case counts—are off of a PCR positive test where the individual is either asymptomatic or with symptoms. Those things were not differentiated at all. And so, this is not just sick folks: these are sick people carrying the virion and those who are not sick.

We've all heard of HPV, which is the cause of cervical cancer. HPV is found easily on your forehead, on your hands, on your skin. Unless it infects your cervical cells, it will not cause harm. Therefore, I don't care if you are infected or if you have it and don't have symptoms. You need to be sick with a high enough load to pass on things to make other people sick.

This brought up the whole thing of asymptomatic transmission. If you are asymptomatic, you could pass on things and make other people sick and “kill Grandma.” And this is highly unlikely.

[00:25:00]

An infectious dose is between 500 and 2000 replication competent virion, which is around a Ct of 24 to 27. Therefore, we must have two cut-offs: one at the 35, which is at the limit of detection; and one at 30—is this high enough to cause someone else to get sick?

The viral load always jumps up within two days before the symptoms, then comes back down around day six to eight. And an individual can be PCR-positive 90 days post-symptoms. This is all non-infectious, non-replication competent virion being sent out of the system.

Therefore, asymptomatic transmission is rare. If you are sick, you don't lock down an entire city. If you are sick, stay home. It's that simple.

Last point: rapid antigen tests. We've all seen them; we've all done them. You stuff things in, you add the stuff, wait 15 minutes. If you don't do it right, if you don't add enough stuff, or if you add too much sample, if you don't add any stuff first: these here will give a false positive test.

And Public Health knew this. We were all informed. These are a cheap, quick screening tool. They are about \$16 per test. A PCR test is between \$50 and \$100 per sample. However, a rapid antigen test has a limit of detection of about 1 million viral copies and that's it. One million, which is around a PCR cycle between 25 and 21.

Therefore, you will develop symptoms before these here turn positive, except for Delta. And therefore, a RAT test should never have been used on people which are asymptomatic and only in people with symptoms. A RAT is a presumptive test, and any positive test must be confirmed by PCR.

Now, last point. We have wasted millions on PCR testing

[00:30:00]

of people which were asymptomatic. These should only have been used on people with symptoms. There's been five or six non-health care providers that have set them up and most of those are now shut after the PCR has been pulled. They did between 5,000 and 15,000 tests per week and charged between 50 and 100 bucks per test. You can work out **the math on how much they made.**

And so they are now folded. Most of those said, “Oh, we'll do asymptomatic testing to take things off of our main hospital labs.” They made millions.

As soon as PCRs ended, they were pulled. There were five Thermo Amplitude systems set up across Ontario in our government labs. They were about \$500,000 per system and can just run a full plate of 384 samples per plate, 10,000 bucks per run. And if someone messed something up and you had to repeat the whole thing, you've just wasted \$10,000 of taxpayers' money.

Most of these systems have not been used since April of last year, April 2022. And there are thousands of expired reagents sitting on shelves, all purchased by taxpayer funding.

Therefore:

Bill Gates has infiltrated most of our institutions to push these vaccines.

The PCR is an elegant, sensitive lab technique when it is used right and not to inflate numbers of asymptomatic folks with COVID when they aren't actually sick.

We don't need a nasal pharyngeal swab if a mid [MTS] or an oral swab will suffice.

It's not a high cycle count thing, which I've heard some folks say. Any sample beyond 35 cycles should not be called as a positive test ever.

We need more relations between a clinical lab and bedside to work out if they are "infected" or if they are "infectious," and not rely just on the PCR test for our numbers to represent a pandemic.

And a PCR and a RAT

[00:35:00]

should only have been used ever in people with symptoms.

That is all I have. And I am more than happy to answer any questions from anyone, ever.

Wayne Lenhardt

Are there any questions from the Commissioners? Yeah, Dr. Massie.

Dr. David Speicher

Dr. Massie.

Commissioner Massie

Thank you, Dr. Speicher, for your presentation. I have a couple of quick questions. First one is about the comparison between the rapid antigenic tests and the PCR.

It was argued by some people doing, I would say, monitoring of the epidemiology that, **although the PCR test was more sensitive than the rapid antigenic test, the advantage of the rapid antigenic test is that you would get the answer immediately instead of waiting for whatever—sometimes it was days, depending on the system you were relying on. And it would give you the answer: Am I infectious now? Versus, am I potentially infectious? And I would get the answer by the time, I don't know, I'm isolated or I risk contaminating other people.**

For the management of this kind of— If one assumed that any contamination has to be avoided at all costs, which is a different topic altogether, having a rapid response to tell the people, "Okay, you have symptoms; you seem to have the virus because we can detect the antibody. You can self-isolate for a couple of days and wait until you're no longer infectious."

So why is it that this has not been more readily implemented? Because I don't think that the delay between the time the PCR was available and the rapid antigenic test was made public to people was that significant in terms— So why is it that we have not proposed this approach instead of the massive PCR testing?

Dr. David Speicher

What is your question simplified, Dr. Massie?

Commissioner Massie

What I'm asking you is—were we technically limited in the deployment of the rapid antigenic tests? And that would explain why it took so long before we had them available? To my knowledge in Canada, I don't think we've seen cases where the monitoring of the waves of infection was relying on this method versus the PCR. The PCR had always been the gold standard to monitor the number of cases.

Dr. David Speicher

It is the gold standard. And you're right there. A PCR test is made faster; it's much more easy to make and to use. Our first tests were deployed around late March, most of which are lab-developed tests. I think, though, that if we are looking at infectious loads, a rapid test is actually better. Because if you are sick and you have a high enough load, you will get a positive test. But if you are before symptoms when it's low or you are post-symptoms, you're not going to get a positive test. And so, there is a very short step, a shortened

[00:40:00]

window of about five days when they are actually useful. And that's it.

Commissioner Massie

My other question has to do with following of the different way that we always focus on cases based on PCR positivity. If we're not arguing at this point about the threshold that has been established and was not well-communicated—sometimes it was higher; sometimes it was lower, we didn't know. But my point is: If you want to look at historical data since the beginning of the pandemic up to now, why is it that we don't see more frequently what I would call the positivity rate, which is how many positive cases you get per number of people you've tested? Because if you want to compare whether you are in a very big wave or small wave, you could be misled by the number of tests you're doing.

So why is it that this was not implemented from the get-go?

Dr. David Speicher

It should have been. I talked early on with a colleague and I'm like, "Why are we calling all of these 'COVID-positive tests' and not a 'SARS-2 positive test?' One has symptoms and one doesn't." It was all because "COVID" would make things easier. And I'm sure it also inflated the count from a lab. All we receive is a tube with a name, date of collection, birth date, and that's it. There's no vaccine status; there's no symptoms. And all we give back is a positive or a negative result. And that's it. And so, it could be a positive with symptoms or without. On a lab end, we have no idea at all. That is all the physicians.

Commissioner Massie

Thank you very much. Thank you for your answer.

Commissioner Kaikkonen

I have more of a comment. I just want to applaud you in speaking or confronting the stereotypes that go along with stuttering. You did a great job and you're certainly a prime example of someone who pursued education and stands as an equal. Thank you for your testimony.

Dr. David Speicher

Just for the record, I thank you for that. I have now lost five jobs during the pandemic because of my stance on things. So you just have to keep fighting and keep to the scientific facts, that's it.

Wayne Lenhardt

Are there any other questions from the Commissioners? No.

Dr. Speicher, I want to thank you very much for your testimony today on behalf of the National Citizens Inquiry. Thank you for coming.

Dr. David Speicher

Thank you so much. Thank you.

[00:44:35]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 6: Jean-Philippe Chabot

Full Day 2 Timestamp: 06:44:50–07:28:08

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Good afternoon, Mr. Chabot. Can you please spell and state your name for the record?

Jean-Philippe Chabot

Yeah, it's J-E-A-N, dash, P-H-I-L-I-P-P-E. Chabot, C-H-A-B-O-T.

Kassy Baker

I apologize for my mispronunciation. Do you promise to tell the truth, the whole truth, and nothing but the truth regarding your testimony to us this afternoon?

Jean-Philippe Chabot

Yes.

Kassy Baker

Very good. Now I understand that you were employed by the CBC and that you were subsequently suspended because you refused to disclose your vaccination status. Is that correct?

Jean-Philippe Chabot

That's correct.

Kassy Baker

Before you tell us a little bit more about that experience, can you just start by telling us a little bit more about yourself? I understand that you're married, is that correct?

Jean-Philippe Chabot

Yeah, I'm married. I have four children: three girls, ages seven, five, three, and a seven-month-old boy. I'm a French Canadian. I was born in Montreal in 1982. I've worked as an analyst most of my career, including 10 years in mainstream media. Software quality analyst, mostly.

Kassy Baker

Very good. And were you trained for this line of work or how did you come to have this profession?

Jean-Philippe Chabot

Yeah, I had a little bit of training, did a little bit of computer science in CÉGEP [Collège d'enseignement général et professionnel]. But mostly I'm self-taught. I mostly learned on the job.

Kassy Baker

Very good. When did you first start working for the CBC?

Jean-Philippe Chabot

I joined the CBC in 2018, specifically, Radio-Canada's Médias numériques. And by the way, I'm going to be saying CBC a lot. But most of the time I mean CBC/Radio-Canada. So I joined the Médias numériques, which is where they do most digital projects for the French-speaking audience. So websites, mobile apps, all the infrastructure underneath the streaming services. Myself, I worked mostly on TOU.TV when I was there. So it's the equivalent of CBC Gem. It's the streaming service, the French streaming service.

Kassy Baker

I understand from your description that this was a largely digital role or something that you largely performed with computers. Is that correct?

Jean-Philippe Chabot

Yeah.

Kassy Baker

Where were you required to perform these duties?

Jean-Philippe Chabot

Well, when I joined, we were at the office in Montreal. But when the pandemic started, I was on parental leave. And when I came back from parental leave, everyone was already working 100 per cent from home. Everyone at Médias numériques.

Kassy Baker

When you returned to work after the pandemic had started, were you able to fulfill all of your duties from home or only most of them?

Jean-Philippe Chabot

Oh, yeah.

Kassy Baker

Sorry, all of them?

Jean-Philippe Chabot

Yeah, all of them we could fulfill from home. There was no use case that required me to go on the premises. And it was the same for almost everyone.

Kassy Baker

And so, most employees at that point in your division were working from home at that point. Is that correct?

Jean-Philippe Chabot

Yeah, to my knowledge all of them. All of us were working at home.

Kassy Baker

Prior to having left for a parental leave and the onset of COVID, what was your relationship like with the CBC, your employer?

Jean-Philippe Chabot

Well, I really enjoyed working there. I would describe it as an extremely positive experience. Professionally, it was an ideal place for someone in my field because there were many issues to tackle and a lot of freedom to use our creativity, our problem solving. It was just incredibly positive. For me, it was a source of motivation that it's a public entity. I felt like a civic responsibility working there. So that was important. Overall, I felt it was an important institution. And the work we did there, even though it's not life or death deciding services that we worked on, but it's every Canadians': we're all co-owners of the CBC and what they produce there. So that felt good working on that kind of thing.

And overall, like the culture there, the attitudes of my colleagues, they were a good fit.

[00:05:00]

The three years and a half that I was there, I met a substantial amount of people that I really enjoyed working with and being around. It's basically where I wanted to be for the rest of my career. I just loved it there. I made plans to keep working there, and it didn't happen.

Kassy Baker

Alright, so you are no longer working for the CBC at this point in time, correct?

Jean-Philippe Chabot

That's correct.

Kassy Baker
Why is that?

Jean-Philippe Chabot

Well, they implemented mandatory vaccination, and I didn't disclose my vaccination status. I was put on indefinite leave without pay for a while. But overall, all the measures they took for that policy, it just led to me not being able to continue working there or to work there ever again, I feel.

Kassy Baker

When was the idea or the suggestion of a vaccination policy first raised or introduced by your employer?

Jean-Philippe Chabot

Well, we'd have to go back to spring or summer of 2021. During that time, mandatory vaccination, or just vaccination in general, was a heavily discussed topic. I think it's June or July, the CBC felt compelled to, at one point, state its position on mandatory vaccination on the internal employee website. They posted a statement that basically said that vaccination was a personal choice and that they couldn't impose it unless a law was requiring it. So that's the first time we started hearing about it internally. So, yeah, that's the first time.

Kassy Baker

Obviously, at some point, that policy changed. When did that policy change?

Jean-Philippe Chabot

Well, not long after that. I think it was the early fall or the end of August or September. I was hearing the federal government talking about mandating the vaccines for federal workers. So I was concerned. Even though the CBC stated that it was a personal choice and that they couldn't impose it, I wasn't really reassured by that. But at one point, the CBC announced that they would ask us to disclose our vaccination status. I think they announced it at the end of September, and on October 1st, we got the form that we needed to fill to disclose our status.

Kassy Baker

Did you complete the form?

Jean-Philippe Chabot

No, I didn't complete it because I didn't want to disclose. I didn't think, at that point, it was even in their right to ask for our vaccination status, which I consider to be personal medical information. So I didn't disclose. And on the form, there was not even an option, something like—I opt out; I prefer not to disclose. There wasn't that on there. But I screenshotted the form and photoshopped in an additional option that said I prefer not to disclose. That's what I sent in just because I didn't want them to accuse me of not replying. So I did reply in that way.

Kassy Baker

What response did you receive when you submitted this altered form?

Jean-Philippe Chabot

They acknowledged my response, and they basically just said thank you. But at that point, they had already given us a deadline up until October 31st to do it. But, yeah, they acknowledged it.

Kassy Baker

I understand you did some research in coming to the decision of whether or not you would complete the form. Can you tell us a little about that?

Jean-Philippe Chabot

Yes. So the reason I didn't want to disclose, like I mentioned earlier, I didn't think they were in their right. And that's because I'd found out on the CRHA website, which is the l'Ordre des conseillers en ressources humaines agréé, which is a professional association in Quebec— Well, I guess these HR directors, there's a few of them, but those that were communicating this stuff to us at the CBC,

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I guess they were part of this association because they have this title in their signature, CRHA.

So they put out a statement, not a statement but more like a dossier, like a webpage with information on vaccine status disclosure. And in there, it said very clearly that disclosure had to be voluntary and that no reprisals could be brought upon an employee who refused to disclose. They cited different laws: they cited the Charter; they cited the Code civile du Québec and other laws. So I felt pretty confident that I was right, that I didn't need to disclose. Like I said, I was working remotely, so it didn't even matter whether I was vaccinated or not for me at this point.

Kassy Baker

If I understand correctly, the form was due October 1st, is that correct? The disclosure form.

Jean-Philippe Chabot

Yeah, they sent it to us October 1st, but we had a month to reply to it.

Kassy Baker

When was the mandatory vaccination policy brought into effect?

Jean-Philippe Chabot

Well, the federal government brought its directive for mandatory vaccination of the federal— Well, not all federal workers, but it was central administration workers and the

RCMP. That came down on October 6th. I don't know when it was announced, but they had been talking about it for a couple of months earlier. And not long after, October 21st, the CBC announced its own mandatory vaccination policy. Most people had disclosed their status at this point. But this new policy was announced, and we had until December 1st to show proof of having had two doses. This applied to every employee, pretty much like it was announced by the federal government. There were also people working remotely in the central administration, but probably the RCMP, as well. It affected even people who worked 100 per cent from home. So the CBC pretty much copied the federal government in that sense.

Kassy Baker

You've said that the policy required all employees to show that they had received two doses by December 1st or that they would be put on indefinite leave without pay. Was there any option to test instead of receiving the vaccination?

Jean-Philippe Chabot

Nope.

Kassy Baker

I think you've already answered this, but just to be very clear—was there any exemption offered to those employees who were working 100 per cent remotely?

Jean-Philippe Chabot

Yes, there were exemptions offered to everyone, even people working on premises. So you could request a medical exemption or a religious exemption. But what bothered me is that when they announced that, right from the start they said that— Well, medical exemptions, probably they would honour that. But it's rare that people have a medical condition that prevents them from getting those vaccines.

But the religious exemptions, a lot of people applied for them. But right from the start, the CBC told us that very few would be granted. So I don't know. That just didn't resonate well with me. I didn't apply for one myself. That's not the path I chose to defend my case. I spoke to many people who applied for one, and every single one was rejected. Even those who seemed bulletproof, basically, who were signed by their bishop, and they were all turned down. So that was kind of disappointing.

But the way they announced it, I kind of expected that. It was supposed to be based on your sincere belief. So if you hold a sincere belief, you'll be able to get an exemption. But I think there was something else going on with the process. It seemed like it was based on something other than the person's sincere belief—the decision to grant the exemption or not. Some people even received

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their letter informing them that they were being put on leave without pay. Around November, just before the deadline of December 1st hit, some people even received confirmation that—"Yes, you're being put on leave without pay for not complying to the policy," while they were still waiting for a decision on their religious exemption. So something's not right there.

Kassy Baker

What did you do in those few weeks between when the policy was announced and when it was actually going to be implemented?

Jean-Philippe Chabot

I wanted to resolve this, so I wrote to HR. They had set up this generic email for all of these issues that had to do with the policy. So I wrote to that email and I asked them if it was legal, what they were doing, if it was constitutional. The answer I got back was that it was mandated by the government. So one of those HR directors told me that it had been mandated and that the mandate applied to the Crown. Well, it was mandated through a directive that applied to federal workers, including Crown corporations.

I also brought all these arguments that the CRHA, the l'Ordre des conseillers en ressources humaines agréé, put out; I also sent that to my union. So I was in discussion with both the CBC and my union at that time.

That's also what my union told me: that it had been mandated by the federal government. After that, I asked them— Because I had read the directive. So when they mentioned that, I had already read it. And I knew, at least from what it seemed—and I had other people read it as well, just to make sure—it didn't apply to Crown corporations. It didn't apply to us. It was limited to the central administration and RCMP, and there was no mention of Crown corporations in there.

Kassy Baker

Did you specifically point that out to your employer and to the union that it appeared from your reading that it did not apply to Crown corporations?

Jean-Philippe Chabot

I did.

Kassy Baker

What was their reply?

Jean-Philippe Chabot

Well, I pointed it out to the union. I sent them the text. I basically walked them through it. And my union ignored it. What I asked the CBC—when they mentioned that directive—I just asked them very simply, “Which directive is that? Can you tell me where it says who it applies to, just to verify that it applies to Crown corporations?” And they basically shut the door to any further discussion when I mentioned that.

Kassy Baker

I understand that the CBC also has an appointed ethics commissioner. Did you attempt to raise this issue with the Commissioner?

Jean-Philippe Chabot

Not myself. But because we were able to form a little group of people who were in the same situation, we reached out to each other via different means. I know that one person in the group wrote the ethics commissioner at the CBC and basically showed her that the mandatory vaccination policy violated many, many points in the CBC's own Code of Conduct. I don't remember a reply exactly, but it was something like— Well, she just basically stated that it was out of her purview. She didn't seem to want to get involved with us at all.

Kassy Baker

Okay, and what did you do when the deadline came along finally?

Jean-Philippe Chabot

I'm just checking to see if we missed anything.

Kassy Baker

You mentioned to me at one point that you believed, you referred to the CBC Code of Conduct. I believe that you've mentioned certain criteria that you believed they would be required to meet in order to implement a mandatory vaccination policy. Is that right?

Jean-Philippe Chabot

Yeah, exactly. That's a very important point. One thing I want to mention before that. You know those statements that l'Ordre des conseillers en ressources humaines agréé put out on their website. I found out later that Radio-Canada, in French, put out an article where Manon Poirot,

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which was the head—I don't know if she's still the head of that order—but she basically stated in the article exactly those points: that a vaccine disclosure had to be voluntary and that no reprisals could come to employees who refused to do it.

So regarding these other points that I brought to the attention of my union— Because the CBC had refused to discuss this with me and since my collective agreement and my contract didn't allow me to represent myself, I had to go through my union. So at this point, I was basically trying to convince my union. And one way I attempted to do this is using Charter law. Because I read that— Well, to me, mandatory vaccination was pretty clear that it was **by itself a violation of your Charter rights. There were limited circumstances under which Charter rights could be suspended, I guess. But from what I'd read, the law really seemed to be on my side. Because I'd read, for example, that it had to be demonstrably justified. It had to be the least infringing measure available. And it had to be proportional. This principle of proportionality, it has to do with the means of attaining an end being no more than what's necessary.**

When I read those things and I considered the CBC's policy and my context—I'm being remote, working from home all this time. I didn't think the policy met those criteria. So I felt pretty confident that if I demonstrated that and showed all that to my union they would have to, even though I knew that they were reluctant. It was obvious that they didn't want to represent me. I thought that if I did the work—that's supposed to be their work—if I did

that, like in a well put out manner, that it would have to represent me. But yeah, that's not what happened.

Kassy Baker

Did your union ever end up filing a grievance on your behalf?

Jean-Philippe Chabot

No, they refused to do it. And I did multiple demands for a grievance. Because initially, I argued on that front using Charter case law—that it was just that the CBC could meet that threshold of implementing mandatory vaccination. They rejected that demand for a grievance based on that. I also asked them to grieve the fact that the CBC was using “leave without pay” as a disciplinary measure, which is not something that's in the collective agreement. It's not something that's in my contract, either. But my union basically just said that the CBC was fully in their right in doing those things. They cited a clause, I don't remember exactly, but there's a clause in the collective agreement that says something like, “for every point that's not stated explicitly in the collective agreement, well the employer can do pretty much carte blanche whatever it wants.”

Kassy Baker

When the mandatory policy took effect on December 1st, what happened to you on that date?

Jean-Philippe Chabot

Well, you know, I'd been working from home all this time. So that morning, just like usual—I knew this was coming, and, at that point, I was pretty sure that they would enforce it—but I went on the computer, tried to log in to do my work and meet my team, and all my access were revoked. So even basic things like email, access to the employee portal. Like email and employee portal, I don't think someone— Because usually leave without pay, the employee has to ask for it; it's something that the employee requests. When they do it under normal circumstances, I don't think their email access is cut off. I don't think their access to employee services, like the portal we have, is cut off, either. So seeing all that was kind of a shock. To me, it just meant that they really didn't want us even communicating amongst ourselves,

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or communicating easily, at least, with each other using our work email. So, yeah, that was a shock on December 1st.

Kassy Baker

What impact did the suspension have on you and your family financially?

Jean-Philippe Chabot

Well, I lost my income. And we didn't have access to EI [employment insurance]. I say “we” because that's basically the experience of everyone I've spoken to that was in my situation. We didn't have access to EI because it was considered misconduct to not comply to these

policies. So having to find work—this was December—so having to find work or other sources of income during the holiday season, that's not ideal.

Kassy Baker

Were you the sole earner of the family?

Jean-Philippe Chabot

Yeah, I was. Yeah, my salary was my family's only income. So that was stressful not only for me but for my wife as well. And when two parents are stressed out or anxious about something like that, about the financial strain like that, it had an impact on my children, as well. And they're young, so they're sensitive to this kind of stuff. They can't understand yet what was going on.

Kassy Baker

Now, something you've mentioned to me earlier that I would just like to talk about a little bit. So you were not dismissed or terminated, but, instead, you were suspended without pay. I understand that you were also required to maintain your insurance and benefits. Is that correct?

Jean-Philippe Chabot

Yeah, that's correct. That's part of the policy. The CBC told us that— Well, they didn't leave us a choice, really. They said, "You will be keeping your insurance and benefits, and the cost will effectively double because we won't be covering half of it," like they normally do. So that was an extra financial burden that they were putting on us. I guess what bothered me about that is that the union didn't bat an eye at that. They seem to endorse that kind of stuff as well.

Kassy Baker

Were you aware of other employees who were similarly suspended as you were on December 1st?

Jean-Philippe Chabot

Yeah, like I mentioned, we were able to organize a small group so that was incredibly beneficial because none of us had to go through this alone. I can't imagine having gone through this. I wouldn't be here. If I had gone through this alone, I'm pretty sure I wouldn't be here testifying because it would have made things much, much worse.

I heard their stories, as well. Because I was one of the lucky ones. I found work pretty quickly. I mean, the kind of work I do, there's a ton of demand for it right now. So even during the holidays, I was able to use my remaining vacation time, use just a little bit of my savings to keep everything going, basically feed my family. And then I could work again pretty quickly. Even though I had no EI, it went pretty smoothly. So I'm one of the lucky ones.

But some of the stories I've heard. People were put in very vulnerable positions by these measures. I'll give you an example or two. I know this woman who's 58 and she was employed at the CBC. She has a specialized skill set in broadcasting, TV broadcasting, so

there wasn't any work for her in her field when she was put on leave without pay. She's a single mom. She has a house; she has a daughter in university. So just to keep things together, keep her house, keep her daughter in school, she had to look for a job. Basically, she found a minimum wage job, and she had to burn through all her retirement savings, her RRSPs, just to keep things going. And she's not seeing that money again. So that's one example.

Other examples, well, just in general, there were other measures affecting the unvaccinated at this time. So people couldn't travel.

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I had a colleague who had family overseas who wanted them to come over because a family member was dying. They were sick. They were dying. They wanted to see their family one last time. This person, on top of being put on leave without pay, they couldn't travel. So that's compounded pressure on these people. That's just horrific.

Kassy Baker

Now, we're nearly out of time. I don't want to rush you, but there's just a couple of more quick points that I would like to talk about. The vaccine policy was actually suspended at some point. I believe you told me it was June of 2022, is that correct?

Jean-Philippe Chabot

Yes.

Kassy Baker

Were you asked to return to work at that point?

Jean-Philippe Chabot

Yeah, I was asked to come back to work after being on leave for seven-plus months, receiving no communication from the CBC. I considered personally myself constructively dismissed at that point. So I told them, "No, I won't come back to work."

And one of the other reasons is that because— They had basically mirrored what the federal government was doing, and the federal directive that applied to federal workers also ended just before the CBC ended theirs. And it was clear in one of the documents that the Treasury Board put out—that they called the manager's toolkit that talked about **people coming back from leave without pay—that they were only suspending the policy. They weren't revoking it. So I couldn't see myself going back there and having this Damocles' sword above my head that this could happen all over again. It was just too much pressure.**

People in my group, some of them wanted to go back. Some of them considered it, but they engaged with the CBC. They asked questions: "Well, if I come back, what will happen? If you decide to bring the mandate?" All that stuff. Well, first of all, the delay that they gave us to come back was very short. So in those short few days or weeks, the people asking questions weren't really getting the answers that they were expecting. The CBC was putting pressure on them, and some of them were resigned. Without even resigning themselves, the CBC just

stopped talking to them, stopped answering to them, and they learned through employee services that they had been effectively resigned.

Kassy Baker

My final question, subject to any questions that the commissioners of course may have, is why did you want to testify today?

Jean-Philippe Chabot

Yeah, so the main reason I wanted to testify was because I want people to be able to have an informed opinion on the CBC and what it stands for. It's an important institution, like I said, and I think you can learn a lot about an organization by the way it treats its employees.

We haven't really talked about this, but the stated goal of the CBC, by implementing mandatory vaccination, was to ensure the safety and the security of its employees in the workplace. So I don't understand why that would apply to people working remotely. I mean, it's not even logical. So it looks like they put aside even the most basic logic in favour of this all-vaccine ideology. Everyone had to be vaccinated. I was supposed to continue working from home. During those seven-plus months, almost everyone in my department was working from home. Here and there, people who wanted to could go to the office. But they were allowed to work from home during all this time. Even today, remote work continues. This had been communicated to us that the remote work would continue, by the way, even before the policy began. So everything pointed to remote work, and this is what the union should even have pushed for. There's no better measure to ensure the safety and security of people in the workplace than remote work.

So I don't know why they coerced me. But when you have a stated goal that there's no logic with the measures you're taking—this has to do with also being demonstrably justified and the least infringing and all that stuff. If they followed the law, they would just have kept the status quo and allowed me to continue working from home. But they didn't. So that really bothers me.

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And to me, it feels like that's not the real goal. The official one that they stated is not the real goal. It bothers me that the CBC seemingly tried to use one ostensible purpose "safety in the workplace" to make this policy appear acceptable, while they don't disclose the real reasons behind it.

So I want people to think about that and to reflect on the fact that, yes, you can learn about an institution or any organization as a whole by the way it treats its employees. There was no justification to treat us this way, to prevent us from keeping working from home. And I wonder, I want people to ask themselves—if the CBC can't be trusted to be ethical in the way it treats its employees, people should ask themselves if it can be trusted to be ethical in its other activities, including news reporting and all that stuff.

So that's the main reason I wanted to come and tell this story.

The other reason is because I don't know how many people the CBC coerced into getting these vaccines. I know some people didn't want them and some people had to betray their own conscience to comply to the CBC's policy. So those people, I want to acknowledge that

they exist. I know that some of them have been harmed physically by the vaccines. I wish I could have reached out to them just for mutual support and to tell them that they were not alone. So those are the reasons.

Kassy Baker

Thank you. Okay, there's one question. Please go ahead.

Commissioner Massie

Thank you, Mr. Chabot, for your testimony. Do you consider yourself as an informed citizen?

Jean-Philippe Chabot

Yes, yes, I do. I'm an analyst by trade, so I'm used to dealing with information in general, and I'm someone who grew up with the internet at their fingertips. So, yeah, I do consider myself pretty informed.

Commissioner Massie

What kind of research would you have done to raise doubt about the vaccination to the point that you were willing to put everything on the line not to get vaccinated?

Jean-Philippe Chabot

Very simply, I just thought that the risk-benefit ratio was not in favour of the vaccines at all, at all. The risks were scary, and the benefits, I didn't see any evidence of that. The CBC, when they tell you, "Well, we have this objective of ensuring safety and security in the workplace," I would assume that they would show evidence that it has an effect on safety and security in the workplace. I haven't seen that evidence myself. And the CBC certainly hasn't produced any to show to its employees. So from the research I did, the benefits didn't seem to be there, and the risks seemed huge. I have four young children—so I can't afford to be injured or killed by these injections and leave them without a father. So for me, it was out of the question, mostly because I'm a father and I didn't want to put that risk.

Commissioner Massie

Did you have the opportunity to discuss your analysis or your questioning with some of your colleagues within your environment?

Jean-Philippe Chabot

Yes, I did. I discussed it. It's something I talked about openly with my colleagues. But my environment was—we were not news people. We were analysts, programmers, project leaders, and our world, it's digital. And most people there already had gone and gotten two doses of their own volition. People were scared at that time. They weren't really open to—Even though I thought my arguments were good, now is a much better time to use reason. People are much more open to those kinds of arguments. So I wasn't able to have a huge impact, even though I tried.

But yeah, it's sad because even though I discussed it, and I discussed not only the reasons for not getting vaccinated—the risk–benefits and all that stuff—I also discussed the ethical implications.

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People at the CBC, not just people close to me but people in general at the CBC—what I heard from my other colleagues who went through this—there was very much a lack of empathy and indifference over there. Friends that I'd been friends with for 10, 15 years, I mean, people who actually got me to join the CBC, and I was very close with, who just willfully looked the other way while this was going on. I lost those friendships. That's the same experience my other colleagues have gone through. So yeah, at that time, most people over there were really in the narrative. I've wondered a lot about why that is: why did people stick to that narrative and have this very narrow way of navigating through it?

Commissioner Massie

What is your current condition with respect to your family or people around you? How do you feel about the decision and even though it was somewhat hurtful, how do you feel about the whole situation right now?

Jean-Philippe Chabot

Yeah, it went good for me. I found work. I found a consulting firm that hired me, and they gave me a contract for a big bank. And while the CBC had mandatory vaccination in place, at that bank, even though it was mostly remote work, I could go meet my team. And I did. There was testing that was offered to people who weren't vaccinated, and we could meet in the office. You wore your mask when in the corridors and when you're in the meeting room with your team, you can take off the mask. And really quickly even that requirement of testing went away. I don't know if it's because public health guidance changed, but the experience I had in that bank was so refreshing because it was a good example, basically, of proportionality. They didn't go beyond what was absolutely necessary and what made sense.

So really quickly, even though I was unvaccinated—I couldn't go in the CBC—I could go meet my team there at the bank and work remotely. People had such a different culture. It didn't really matter to anyone. They hadn't been subjected to this very strong pro-vaccine bias that was present at the CBC. So it was an incredible experience to get out of the CBC and feel like in a normal work environment again where it's just not a concern. So that was good. I don't work for that bank anymore because I went on parental leave again. But I'm still with the consulting firm and am very happy now.

Commissioner Massie

Thank you very much.

Jean-Philippe Chabot

Thank you.

Kassy Baker

Very good. On behalf of the National Citizens Inquiry, I'd like to thank you very much for your testimony here today.

Jean-Philippe Chabot

Thank you.

[00:43:30]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 7: Dr. Edward Leyton

Full Day 2 Timestamp: 07:29:38–08:27:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is Dr. Edward Leyton, and Dr. Leyton, I thank you for your patience. You were scheduled this morning, and we kept bumping you back.

Dr. Edward Leyton

I think I can get into my doctor sooner than that. I've had to wait.

Shawn Buckley

I'm sorry?

Dr. Edward Leyton

That's a joke.

Shawn Buckley

Yeah, can I ask you to start by stating your full name for the record, spelling your first and last name?

Dr. Edward Leyton

Edward Leyton, E-D-W-A-R-D L-E-Y-T-O-N.

Shawn Buckley

Dr. Leyton do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Edward Leyton

I do.

Shawn Buckley

Now I want to introduce you a little bit, and then I'm going to let you tell the evidence that you've come to share with us today.

You had practised for a full 40 years as a complementary and alternative medicine physician. You graduated from medical school in 1975. You practised medicine. You focused on chronic illness and psychotherapy; you're practised in those areas also. You actually retired just before COVID hit, back in 2018. And then when this global pandemic starts, you thought, okay, I better renew my licence and go and help because we're facing a crisis. Since you renewed your licence, I want you to start from there and share with us then what was your experience like going back and where did that lead you?

Dr. Edward Leyton

Okay, thank you. Thank you for the opportunity, Commissioners, and thank you for doing this. Good afternoon to the audience.

So yes, I decided to go back in 2020. It was mainly to help out with COVID stress-related illness, and I did that for about the first eight months. I was treating people with psychotherapy, which was my focus. And that went on for that length of time.

I do want to make a little disclaimer before I start. That this is my personal experience that I'm talking about today, and it doesn't in any way represent an official corporate response of the Canadian COVID TeleHealth (CCTH) group of which I was a part. I was a director for a number of months. So I just want to make sure that that's the case. I guess I'm ready with slides.

Shawn Buckley

Yes, please start your slideshow. They'll show up on your computer screen and that will tell you they're on the screen behind you also.

Dr. Edward Leyton

Yeah, the screen is up. Okay, great, thank you.

So I'm going to talk about why I treated COVID-19 and long COVID and what was the response to treatment. And also, how did the media and the CPSO—which is the College of Physicians and Surgeons of Ontario, which is the regulating body of physicians that acts under the RHPA, which is the Regulated Health Practitioners Act [sic] [*Regulated Health Professions Act*].

So I'm going to be talking about all of those things.

You've got most of my resume already outlined. I want to take you back for a moment to before the College even started. The reason I'm doing this is some people might think that the College and the way they've behaved towards practitioners who are trying to treat COVID is something that started with COVID.

But in fact, physicians have been operating under the shroud of a College which is extremely detrimental towards physicians who are practising alternative kinds of medicine. And this has been going on for a long time.

So this quote here from 1859 will show you that. It's from the York County medical practitioners meeting minutes. And it says, "that the members of the Medical Profession, considering themselves the best, [as] . . . the only true judges of the requisite qualifications of the Art of Medicine claim the power of regulating the amount of those to be possessed by candidates for practice and of granting licences accordingly."

So that paragraph, I think, demonstrates the arrogance, I guess, of the medical profession,

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thinking that they're the best and that nobody else can come close to them. That was prevalent even in the 1850s when, in fact, medical treatments were pretty primitive. Blistering and arsenicals, and all kinds of things were being used. The germ theory hadn't even been introduced into medicine at that point.

It was clear also that when the College was eventually formed that even legally qualified physicians who wanted to practise what was called heterodox medicine or alternative kinds of practices—that would be chiropractic manual therapies, naturopathy, homeopathy, that kind of thing—they were actually denounced by their colleagues and regulating bodies as violating the terms of their licence.

So this is the shroud of secrecy under which we practise. All doctors practise under this, and many people don't realize that. The College has been investigated on a couple of occasions, two or three occasions actually. I'm going to quote now from an investigation that was initiated by patients and physicians back in around 1998, finished in 2001, and became known as the Glasnost Report—referring to transparency is needed in medicine.

This investigation was headed by a lawyer, now Justice Michael Code, who was a former attorney general, and he investigated the practice of six physicians who had been treating for chronic pain and other difficult situations.

He came to the following conclusion: "These are College-driven fishing expeditions, which are initiated under Section 75"—that's the *Regulated Health [Professions] Act*, section 75—"they can be misused in such a way that they do not serve the public or the evolution of medicine.

"They can ruin the life of the doctor involved and have done so in several cases. It is highly unusual that even people under criminal investigation in prison attempt suicide, yet we know of four doctors who committed suicide while under CPSO investigation. None had patient complaints against them." These are all College-driven issues.

Mr. Code refers to a particular case, saying that this case allowed Mr. Code to assert that it provides "*prima facie* evidence that CPSO officials may have committed the criminal offence of obstructing justice by repeatedly misleading the Executive Committee as to the true state of the evidence in this case."

This is our College—the College that is supposed to regulate practitioners involved possibly in criminal offences, a very serious charge. It's almost impossible to launch a complaint against the College of Physicians and Surgeons. I tried to do that in 1998 around the time of this investigation and was told that I couldn't really launch a complaint against them unless I launched it with the actual prosecution.

So there's no recourse; there's no way of launching a complaint against the College at all. So given that, it wouldn't perhaps surprise us to see the edict that came out in May 2021. I'll just read it because it's probably not terribly clear:

The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding those physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate anti-vaccine, anti-masking, anti-distancing, and anti-lockdown statements

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and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations.

Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be reported by available evidence and science.

It's an interesting wording because they use "a position of trust": we have a position of trust with the public and a responsibility not to communicate these things. Do we have trust in the CPSO who are supposed to protect the public and guide physicians? No, we don't. There've been at least two demonstrations by physicians and patients outside of the College in this pandemic, maybe three, and those demonstrations have been met with silence by the College.

In fact, the College has vacated the premises for a number of months during the pandemic because they were afraid that their safety was in danger. So that's the position that we were working under during the pandemic.

This is the position of the CPSO on vaccine anxiety. It's an interesting concept that having anxiety about a new drug—or in this case, quotes "a vaccine"—can be considered an illness, but in this case, it is. Here's one of those statements from their website: "It is [also] important that physicians work with their patients to manage anxieties related to the vaccine and not enable avoidance behaviour. In cases of serious concern, responsible use of **prescription medications and/or referral to psychotherapy are available options.**"

So if I offer you a high blood pressure medication in my office, and I say, "I want you to take this," I would obviously go through whatever is important about the side effects, the positive effects, the negative effects of this medication. And if the patient said, "Well, I'm anxious about that," according to this—and a vaccine is kind of like that—I would have to say, "Well, take five milligrams of Valium and come and see me tomorrow, and you'll feel better about the whole thing." That's what they're suggesting.

In November 2022, they added for some reason, I'm not sure why, the "extreme fear of needles, (trypanophobia)," it's called, or other areas of concern—I don't know what that means—and that we should be treating that with medication or with psychotherapy. Well,

first of all, you can't get a psychotherapist for love, nor money. And second of all, the prescription medications that would be used for that—I'm not sure how I would treat trypanophobia other than by giving a sedative of some kind so that you are half asleep when you have your vaccination. It's really an outrageous suggestion.

And then there is the circumstances of the pandemic which "support physicians declining to write notes or complete forms when the patient is making a request." Usually that's a natural thing that we would do if a patient came with a request to have medical forms completed. They're saying, in this case, you don't have to do that. So you don't have to write prescriptions for exemptions and so on. You have to "sensitively explain to your patient that you can't provide them" with that.

Shawn Buckley

Dr. Layton, can I just ask— Because you practise psychotherapy, I imagine that some patients will legitimately, not just for a vaccine like this, but legitimately have anxiety that reaches a medical condition, a mental health condition,

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and that it would be reasonable in some situations to exempt people. Is that a fair comment?

Dr. Edward Leyton

To accept people?

Shawn Buckley

No, to exempt somebody. If they legitimately are anxious about it, that could be a valid ground for an exemption, actually having undue anxiety about a treatment.

Dr. Edward Leyton

Yes.

Shawn Buckley

Yeah, but physicians are basically being told no, not for this one.

Dr. Edward Leyton

Right.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

So we weren't allowed to write exemptions unless there was anaphylactic shock. I wrote a couple of exemptions during the first year or two, and it was because of very significant

side effects that I figured might happen as a result of genetic thromboembolic disorders and so on. But I wasn't supposed to do that.

So the other thing about the RHPA in section 75 that's important to know is that section 75 allows the College to investigate our practice completely and to remove files, that is to remove patient files. This has been challenged in the last six months by a couple of challenges.

If you refer to the second paragraph, second bullet point: "about 100 patients of Dr. Sonja Kustka, under investigation for writing two mask exemptions"—that's apparently enough for an investigation—"during COVID, unsuccessfully filed their motion to stop CPSO investigators from gaining access to their private medical records."

I want you to go down to the fourth paragraph, and this reflects the attitude of the College, which I brought up at the beginning, which says—this was the lead counsel for the College. She stated: "Patients should not have any say about their own medical records or how the CPSO wishes to use them when a physician is under investigation for potentially putting a patient at risk of harm."

So to come back to my story. After 2020, when I was practising mainly psychotherapy, I joined a Facebook group in February of 2021. That was just when the vaccines were starting to come in. And the Facebook group was a professional group with, I think, nurse practitioners and physicians. I noticed two things happening. I noticed that physicians and nurses who were actually starting to give vaccines were starting to see side effects, even at that early stage. They would come back with reports of aches and pains, orthopedic issues, arthritic issues, swelling of joints, brain fog, musculoskeletal symptoms, and so on.

Also at that time, ivermectin was being touted as a useful tool in the treatment of COVID, because there was no treatment given. Doctors were told to send their patients home with Tylenol, and they should go to the hospital if they couldn't breathe anymore. That was the only treatment that was on.

So I started to bring up questions on this Facebook page about ivermectin and also about the fact that vaccines seem to be detrimental in some cases. I was immediately pounced upon by a number of people in that group saying, "You cannot talk about this because this is a public health recommendation, and they are our colleagues, and we shouldn't be criticizing them." So naturally, I went on to criticize them and, eventually, I was ousted from the group; I was removed.

So then I joined the Canadian COVID TeleHealth organization. I came to know about it because I started to look into what was going on. I found a group that was definitely on my side and was open to different opinions about things.

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I also started looking into ivermectin. And several people in the CCCA [Canadian COVID Care Alliance] talked to me about the possibility of prescribing ivermectin, and so I looked at that. And I thought, there's a lot of evidence to show that ivermectin is very useful. One of the people in the group said, "Well, why don't you prescribe it?" So I said, "Well, I'm a psychotherapist. That's my focus."

But I was a family physician at one time, and so I thought about it a lot and I researched it. And so in the summer of 2021, I decided to start prescribing ivermectin. I was fortunate at

that time to be able to be in touch with Dr. Ira Bernstein, who some of you may know was a prominent physician who had been treating COVID quite successfully for some period of time with ivermectin and other treatments. And in fact, he attended the first international conference in Rome and was very up to date on COVID treatment.

So I began to use ivermectin in my private practice and found excellent results. I used it for prevention for simple COVID, which is COVID which we treat in the first few days or one week, and then for more complex COVID, which lasts longer than a week. Eventually, we decided that it would be good to form a clinic.

So a number of us got together and we formed Canadian COVID TeleHealth. This was a telehealth group: We had at that time about half a dozen physicians and an equal number of nurse practitioners and nurses. We operated throughout Canada and we saw patients in every province except Manitoba, which didn't allow us to do telemedicine without a licence. But we could in other provinces.

That went on, well, it still goes on; I'm still prescribing ivermectin. But it went on at a fairly good clip because that was right in the middle, if you'll recall, of the Delta variant, which was probably the worst variant that we've seen. People were getting really quite sick with that. And one of the things that was very noticeable about our patient population is that people were terrified of COVID. They had been completely propagandized, if you like, to believe that COVID was a terrible disease and a lot of people wanted prevention.

Most of our patients called up wanting ivermectin prevention, and we had at that time about half a dozen pharmacies in Ontario and a few out west that were dispensing ivermectin freely. They were compounding pharmacies. They weren't using the Merck product. Merck didn't want us to use their product, so they pretty much stopped making it. But the raw materials were available to pharmacies and pharmacies were dispensing it freely. So we were very busy at that time. And we saw a lot of patients. I myself personally prescribed, I think, around 800, 900 prescriptions for ivermectin over that period of time and on into 2022.

But there was a problem. We had a hit piece in the Global News and also in the *Toronto Star*. The reporter from the *Toronto Star* had impersonated a patient and called our clinic asking for ivermectin. And of course, our physician responded appropriately. And she then proceeded to write about us in the *Toronto Star* and denigrate us as a clinic, saying it was all misinformation and we shouldn't be doing that.

As a result of that,

[00:25:00]

or maybe it was happening anyway, the College decided to raid the office of Dr. Ira Bernstein and that contained the electronic medical records of our clinic. The CPSO went in without asking, without Dr. Bernstein being there, being present. They took all the information, information that they had no business taking. And they used that information to target all of our physicians. They did that over a period of time so that we lost all of our physicians, except myself, over a period of about six months. We also lost nurse practitioners and nurses.

I have to tell you, we had an amazing team of people. We did full assessments on everybody; we did full histories. We couldn't do physicals, of course. But we made every attempt to follow up, and nurses spent hours on the phone, often with patients who were

anxious, and either sick and anxious or anxious about getting sick. We treated them all. It wasn't just ivermectin. I'll come in a moment to how we treated them. But we treated them all.

Then in 2022, of course, Omicron came along, and we actually had a decrease in the number of patients because Omicron was much less—although it was more infectious, it was much less serious. And so people started to accept that they had COVID and they would get over it on their own.

I don't know if there are any questions up until this point and how much time I have. But I'd like to go into some of the treatments that we did and how those worked and didn't work.

Shawn Buckley

I just wanted to ask, how did you guys lose the doctors and nurses after the CPSO? So the CPSO raided, and you said you've lost all of the doctors except yourself. What was the cause of losing the doctors? How did that happen?

Dr. Edward Leyton

Some of the doctors had privileges at hospitals and worked at hospitals. Often the hospitals made complaints to the CPSO that the doctors were either unvaccinated and shouldn't be working or they were prescribing ivermectin. The College took it from there: they either de-licensed them completely or they restricted their licence.

Dr. Bernstein, for example, had his licence restricted. He wasn't able to treat COVID anymore. He wasn't able to use ivermectin, and he had to put a notice up in his office saying, "I do not treat COVID."

Shawn Buckley

So these are medical doctors.

Dr. Edward Leyton

Yes.

Shawn Buckley

That are fully licenced.

Dr. Edward Leyton

Yes.

Shawn Buckley

There are not complaints against them by patients.

Dr. Edward Leyton

No.

Shawn Buckley

And basically, their right to practise is either fully or largely restricted.

Dr. Edward Leyton

Correct.

Shawn Buckley

Just because they are treating COVID patients in this clinic.

Dr. Edward Leyton

Yes.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

The other thing, for example, I don't know if Dr. Patrick Phillips testified. I think he did. For example, he and Dr. Hoffe out west both reported side effects from vaccines because they were both emergency physicians, reported that to public health. As a result of that, they lost their jobs and couldn't work. So it was either the hospitals complaining or it was the CPSO saying that they couldn't prescribe ivermectin.

Shawn Buckley

Now, just so that it's clear—especially for people that are participating online to watch your evidence—my understanding, though, is that it's federal law that a physician is to report a suspected vaccine injury.

Dr. Edward Leyton

That is correct.

Shawn Buckley

You just cited the names of two physicians that were disciplined for following the law?

Dr. Edward Leyton

Yes.

Shawn Buckley

Okay, thank you.

Dr. Edward Leyton

Who should really be disciplined is the CPSO for not following the law.

[00:30:00]

So we treated COVID using the Frontline COVID Critical Care Alliance protocols. Now, the Frontline Critical COVID Care. You've heard from Peter McCullough. You're probably aware of Dr. Pierre Kory and Dr. Paul Marik: these physicians were ICU physicians, intensivists, boots on the ground people, who saw that something was wrong and wanted a primary treatment for COVID, found out about ivermectin and did very thorough research into that. We're extremely grateful to them for putting together protocols that we could use. These protocols came from physicians all over the world who were communicating with Dr. Kory and Dr. Marik. They were very thorough, and they worked well.

So you can see that we divided treatments into prevention, early treatment, and complex COVID. I'm not going to go over those treatments. And I don't expect you to read the protocols, but we used to send the protocol to the patient after each consultation so they knew exactly what to do and how to manage it.

We treated viral entry points because there was some research that showed that this was very important. Because the virus starts in the nasal passages and that's where you need to treat it first of all. So we used simple things like povidone-iodine sprays and cetylpyridinium chloride, which is in things like Scope and Act.

We also had a cocktail of immune modulators. I don't like to use the word booster because you don't always need to boost your immune system. But what you do is you give the body the orthomolecular ability to correct whatever is wrong with the immune system by using these kinds of things, and they would include, of course, vitamin D, zinc, quercetin, sometimes melatonin. We also sent patients home—sent patients home, I think I'm seeing them in my office. We also gave patients over the internet things like this: this was a home treatment put out by the World Council for Health, which was a really good home treatment that people could follow.

So we made sure that not only they got the treatments; they knew how to take care of themselves and that we followed up with them. Some of the nurses were on the phone with them two, three times a week reassuring them that they were doing okay. And of course, in the more advanced cases, we had to measure oxygen uptake, and sometimes, we even had to give IV fluids. And this was all through home care that we had to arrange for them because we weren't physically present in the same city as them.

As I mentioned, the patient volume dropped with Omicron, and that was a good thing in some ways. And now, we don't even actually give ivermectin for prevention anymore because the virus is pretty mild.

So in October of 2022, I got the dreaded section 75 from the College of Physicians and Surgeons. They started an investigation into my practice. There was no patient complaint: I've practised for 40 years without a complaint. There was no patient complaint in this case. They sent me 400 pages of documents to read, most of which were propaganda from Health Canada about ivermectin. They didn't really send me anything substantial in terms of research. The complaint was that I was prescribing hydroxychloroquine and ivermectin. That was it. They were correct; that's what I was doing. But it's not illegal to do that. It's what's called off-label prescribing. Happens all the time.

Example: Metoprolol is a blood pressure medication.

[00:35:00]

It's often used for stage fright. Doctors do that all the time; they prescribe off-label because there are indications that it might help other conditions. That is exactly what ivermectin is: ivermectin is a safe, widely used drug that's been used for many, many years, particularly in the tropics for river blindness and, sometimes, here in the west for scabies. Very safe and very available.

When Omicron came along, we also started to see a number of patients who were vaccine-injured. The Front Line Covid Care Alliance, once again, started to put out protocols. Now you have to remember that vaccine injury is something we knew nothing about. Until a vaccine came along, it didn't exist. So here we are, faced with an illness that nobody knows anything about.

It has extraordinary breadth of spread in terms of what it does to the body, and we didn't know really how to treat it. So again, we relied on the Front Line COVID Care people to gather information again from the rest of the world about vaccine injury. And they put together some protocols.

It turns out that ivermectin also binds spike protein. The spike protein is the protein that the body makes as a result of the vaccine.

Of course, we were told that the spike protein was short-lived: it didn't live in the body; it just stimulated the immune system, stayed in the shoulder, as did the mRNA. Neither of those things were true. The spike protein goes into every tissue in the body, including the brain. It's been found there in pathology and histology slides. You can stain for it. We know it does that.

That's why we see so many symptoms throughout the whole body. We get brain fog; we get things like POTS, which is orthostatic hypertension. It affects the autonomic nervous system. The spike protein can affect the neurological system. It's all over the place. So these are some of the things that we used for treating that.

I want to give you a couple of case histories just to finish up here. I don't want you to get the impression that this is easy to treat. Acute COVID was relatively easy to treat because it worked really quickly, and you knew when you were over it.

Vaccine injury is completely different. It's a complex illness about which we knew very little. I would say that in my experience, treating vaccine injury, probably 50 per cent of people respond to treatments. It often takes a long time and a lot of work on the part of the patient, as well as the practitioner.

[Case #3—Vax Injury]

This is the case of a 40-year-old mother breastfeeding a 19-month-old child. She had an immediate reaction to a mandated Pfizer vaccine in January 2022. These are some of the symptoms. You can see them there. The main ones were chest pressure and facial rash, cold extremities, twitching all over the body.

These are symptoms that we generally don't see as physicians. If you saw this as a physician and you had no knowledge of the fact that they had a vaccine, you would say, "What kind of illness is this that does this?" Completely new.

A lot of those symptoms are neurological. They affect a nervous system—shooting pains, paresis, weakness of the limbs, difficulty getting up and moving around. And the tests are often normal. This lady's vitamin D was low and her nutrition wasn't that great.

[00:40:00]

She says after three and a half months, she was left with “intermittent pressure, tightness and numbness in face, head, neck and soft tissues inside the mouth. Chest pressure feels like squeezing and a push [outwards that made] me dry cough. “

Can you imagine having chest pressure and going to the emergency, thinking you’re having a heart attack and being told, “No, it’s not a heart attack. We don’t know what it is, but just go home, take some Advil.” Now it could be myocarditis. It’s possible; sometimes it’s not. But it would terrify you, and especially, it would terrify you not knowing what that is.

[Video from patient]

So this patient had some changes in her extremities. I’ll just demonstrate for you. Normally when you hold your hand, for example, at heart level, your veins are not filled because that’s the blood going back to your heart. When you drop your hand down below heart level, your veins will fill up. But you’ll watch this video; you’ll see that her veins and her skin and the swelling in her hands develops as she drops her hand. So there you see the normal hand and now you’ll see the veins filling. Some of this is normal; veins will fill up. But you see how engorged they become and then the swelling and the redness of the knuckles. Very bizarre symptoms that you might not see, that don’t fit any disease category at all.

So we treated her with ivermectin. Now some people respond to ivermectin very well, and she happened to be one of the fortunate ones. We increased her vitamin D to 5,000 units a day, put her on an anti-inflammatory diet and started her on some gentle exercise. She had 30 per cent improvement within two weeks and 60 per cent in three months.

[MSQ Totals]

How do we know this? We do a very careful, what’s called functional inquiry. We question people about every organ system in the body. So you can see them all there: head, eyes, ears, nose, mouth, throat and so on. The patient scores them as to how much problem a symptom is within that particular group. You can see that she scored 154 at the beginning. And then after her treatment, a couple of months later, she was scoring 65.

So we’re measuring change. We’re trying to be objective about it and measure how much improvement people are getting. It’s helpful for the patient to see this, that they are improving.

[Case #5—Vax Injury]

Another case of a vaccine injury was a 51-year-old female, former athlete, actually, a very athletic person. She, after the second vaccine, had significant symptoms that developed less than a month later. You might say, “Well, how do you know it’s the vaccine that’s doing this?” Skeptics will say that. You can ask that question. It’s important. From a temporal point of view, if I’m working in my workshop and I hit a nail and then I hit my finger, I can be pretty sure the pain is due to the fact that I hit my finger with a hammer.

So the closer the temporal relationship, the closer the cause is likely to be something. If somebody has a vaccine in a pharmacy and drops dead, which has happened, you can be pretty sure it was probably the vaccine, not a coincidence.

The longer between the vaccine and when you have symptoms, the more difficult it is to assess. But you can tell, in a sense, because the symptoms are so unusual and they’re so varied.

Now, her D-dimer was elevated, and she had blood clots. She knew that something was wrong and she had chest pain as well. Again, an MRI and colonoscopy and stress test, they were all normal. By the time we see these patients, sometimes they'd had a lot of tests.

So I said, she gave some very typical symptoms

[00:45:00]

of post-vax inflammation and injury, on-set within a month—probably the vaccine, given the kinds of symptoms that she was having. Headaches too, helmet-like headaches that can last for hours, shooting nerve pain, extreme fatigue—that's a very common symptom—increased brain fog.

When the spike protein gets into the brain, it creates inflammation. And then, of course, increased anxiety as a result of all of this. So again, we treated her with ivermectin and we started her on an antihistamine. Sometimes these people get what's called mast cell activation: so their mast cells are producing a lot of histamine, which produce symptoms. So we give an antihistamine and that helps, that it's a non-drowsy antihistamine.

[Symptom Scores]

And she, after this treatment, could actually bike five kilometres without being short of breath. So she was very pleased about that. Again, looking at the scores, you can see the scores going down over a period of time. So we know we're having an impact with our treatments.

[LH—VI-Treatment]

Now, she had a drooping of the face, sometimes known as Bell's palsy. She's given us permission to show this. Next slide. So on the left, you can see that the right side of her face, she's trying to smile. And she can't smile because the facial muscle is paralyzed on the right side. But she can smile on the left. You can see the crease. You can see the facial crease on the right side is almost non-existent. But then after treatment, her facial smile is almost normal. You might say, "Well, Bell's palsy is self-limiting." True. But she'd had this for, I think, over a year. And then suddenly, it gets better. Well, could be a coincidence.

So in summary: We've had a disease with a 99.5 per cent survival rate. We've had poor testing: our speaker showed a diagnosis of PCR with false positives. Rushed vaccine development; absence of treatment until hospitalized; lack of recognition of vaccine injury; and persecution of doctors and other health care practitioners by regulating bodies with their loss of licences. I'll stop there.

Shawn Buckley

Before I turn you over to the commissioners, I just wanted to clarify, you had practised a full 40 years. Longer now, right? Because you got your licence back in 2020. So how many years have you practised medicine in total?

Dr. Edward Leyton

Well, I graduated in '75, so '78 to 2018. So that's 40 years.

Shawn Buckley

Right, and then, now, for a couple more years.

Dr. Edward Leyton

Two years now and I'm now into my third year.

Shawn Buckley

Right, so 42 and a half years. You have never had a patient complaint in that 42 and a half years. Am I right that in the next month or so, you might lose your licence to practise because of the activities that you've just shared, where you're trying to help people with vaccine injuries and in preventing and treating COVID?

Dr. Edward Leyton

Possibly. It's ironic that when I renewed my licence in 2020, the College gave me a free licence for a year because they wanted doctors to come back. And I've been rewarded with an investigation. So I might lose my licence. I might be restricted. I have no idea. I might retire, too. I think it's a race.

Shawn Buckley

Right. I think I can speak for pretty well everyone that we're thankful for people like you that are willing to do what you think is ethically correct—actually being a doctor and using your discretion to help your patients.

I will turn you over to the commissioners for questions.

Dr. Edward Leyton

Thank you.

Commissioner Massie

Thank you very much, Doctor.

[00:50:00]

I have a couple of questions. This is not a medical consultation but close.

I'd like to know—given that we've heard from many other doctors and patients that during COVID, the people that were more likely to be affected by the disease were, in general, people affected by other conditions that would somewhat compromise their ability to build a strong immune reaction to the infection.

So it could be because they are old and their immune system is not as active. Or it could be because they have other immune suppression of some sort. So these so-called frail people, or more fragile people, were initially targeted to be vaccinated to protect them from the disease.

Dr. Edward Leyton

Right.

Commissioner Massie

So it's my understanding, based on my research, that the vaccinations should work by triggering the immune response in order to protect against the infection. But if the reason why you're mainly susceptible to the infection is because your immune system is not properly functioning, how come vaccination will solve that?

I'm asking that to a practising doctor.

Dr. Edward Leyton

Well, vaccination doesn't solve it.

First of all, this isn't a vaccine in the true sense of the word. We think that it actually makes the immune system worse, and in fact, you're more likely to get COVID the more vaccines you have.

That's a Cleveland Clinic study that, I think, has already been reported on in the Inquiry. The more people are vaccinated, the more likely they are to get COVID, which is kind of weird. I don't know if that answers your question or not.

Commissioner Massie

Yeah, it does.

My other question has to do with the CPSO, which we have the equivalent in Quebec. We've heard from other doctors that testified recently in Quebec that they went to interrogate the Collège des médecins and asked them a number of questions about the scientific rationale to promote vaccination of children and pregnant women.

These doctors had several questions that were never answered, ultimately, by the College. And the Collège de médecins said, "We're not a society that generates new knowledge. This is not our role. You should consult with the official society and SPQ and the other society."

So I'm just wondering, if such a question would be addressed to the CPSO, would they come up with a similar explanation—that it's not their role to generate new knowledge and to ask those very specific questions that arose from the deployment of the vaccine with respect to the risk-benefit balance for children and pregnant women, and so on. What would be their position in your opinion?

Dr. Edward Leyton

The College doesn't answer questions like that. The College is a regulatory body. It investigates people on a whim.

I don't know what goes on inside the College, to be honest with you. But it's something pretty nefarious. So in terms of asking the College to explain something like that, they don't do that. Their motto is protect the public, which they don't do, and guide physicians, which they don't do.

Commissioner Massie

My last question is about—what's the state-of-the-art in terms of the practice of medicine?

Did the practice of medicine evolve in your experience through, I would say, the practice of science observation and medical treatment that any given physician can actually do

[00:55:00]

in their normal activity? Or does it evolve solely when some new treatment or protocol has been checked very rigorously through these randomized control trials—that is the only way to come up with new solutions for treatments?

Dr. Edward Leyton

Well, it should be a combination of those things, in my opinion. It's a complicated question.

The problem is that when somebody comes up with a solution for something that's unusual, for example, I'm thinking of Barry Marshall, who is an Australian physician who came up with the idea that an ulcer was caused by a bacteria called *Helicobacter pylori*. This was many, many years ago. And he couldn't convince anybody in the scientific community that this was valid, despite publishing.

So it's very difficult to convince the medical community of new things. Eventually, he had to give himself an ulcer and then take the treatment and cure himself. And now, antibacterials are used for ulcer treatment with success, killing *H. pylori*. But that was a hard fight.

There's multiple examples of people who've come up with innovative solutions, who have been put down and not recognized throughout the history of medicine. I'm not a philosopher, so I can't answer why that might be.

What has happened, also, is that in a regular doctor's office, you get visits from a pharmaceutical company with the latest and greatest medication for something. Physicians are heavily influenced by that. And as we know, the only way to get grants for research is through money from pharmaceutical companies. So there's a built-in bias that is quite extraordinary. Does that answer your question?

Commissioner Massie

Yeah. Thank you very much.

Shawn Buckley

Thank you. There being no further commissioner questions, Dr. Leyton, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and sharing this information and sincerely thank you for the service you've given as a physician.

Dr. Edward Leyton

Thank you for the Inquiry. Appreciate all you guys are doing.

Shawn Buckley

I will just state for the online audience that cannot participate that there was a standing ovation for Dr. Leyton. He is very well-respected for the service that he has given.

[00:59:00]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 8: Dr. Keren Epstein-Gilboa

Full Day 2 Timestamp: 08:38:23–09:28:55

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[00:00:00]

Kassy Baker

Good afternoon. Can you please spell and state your name for the record?

Dr. Keren Epstein-Gilboa

My name is Dr. Keren Epstein-Gilboa.

Kassy Baker

And can you please spell that?

Dr. Keren Epstein-Gilboa

Keren is K-E-R-E-N, sometimes K-A-R-E-N E-P-S-T-E-I-N, hyphen, G-I-L-B-O-A.

Kassy Baker

Very good. And do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony here this afternoon?

Dr. Keren Epstein-Gilboa

Yes, I do.

Kassy Baker

Very good. Now, I understand that you're here today to describe various childhood traumas that were suffered largely as a result of COVID or COVID measures. Just to start with, can you give us a little bit of your background? Can you briefly describe that for us, please?

Dr. Keren Epstein-Gilboa

Well, I graduated with an undergrad degree in a health-related area, more than 40 years ago. My master's is in Counselling and Applied Psychology, and my doctorate is in Developmental Psychology.

Kassy Baker

So you're here today to speak to us as an independent scholar, is that right?

Dr. Keren Epstein-Gilboa

Yes, I'm an independent scholar.

Kassy Baker

Now I know that you have a presentation that's ready to go and my intention is just to let you carry on with that [Exhibit number unavailable]. I will interrupt if I have any questions, but we're in your capable hands for the moment, so please start.

Dr. Keren Epstein-Gilboa

Okay. Thank you very much. I'm going to be presenting insights from behavioural science.

My agenda, my question in 2020 was, "What is the reason that existing and long-standing research practices related to social determinants of health were discarded," and now I would say, "during the past three years?" I'm going to provide insights from behavioural science, a little bit on systems models, and the individual—and that's when I'm going to be talking about children as well, infants and children. A little bit on bioethics. And then I'm going to be presenting about the psychological model used to circulate systemic messages, which is often called the Nudge model.

Kassy Baker

Dr. Epstein-Gilboa, if I can interrupt you for one moment. The Commissioners have just brought it to my attention that I didn't swear you in. Did I swear you in or did I not?

Dr. Keren Epstein-Gilboa

Okay. Sorry.

Kassy Baker

I apologize.

Dr. Keren Epstein-Gilboa

Do I start again?

Kassy Baker

Do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Keren Epstein-Gilboa
Absolutely. Yes, I do.

Kassy Baker

Now that we have that out of the way, I will let you continue. My apologies.

Dr. Keren Epstein-Gilboa

I'm going to go insights from behavioural sciences. Systems model: a systems model is used in family therapy to explain organizations, to explain child development, and essentially states that, "Interaction occurs between multiple different systems and affects development at multiple levels, affects function and development, which means everything that's going on now, everything that goes on in general, is affected by multi-levels of interaction."

So there's the individual. The individual interacts with the family, with the health system. This is at the micro level: so with the health care centre, with the school. That's the media at the next level. All those systems, by the way, interact with one another and the individual. And the individual influences the systems. And the systems affect the individual.

There's the media at the higher level. There are different systems: health system, educational system, the legal system, politics. And all of these are affected by our beliefs, the belief system. So our beliefs can be affected at the individual level and go up all these levels. And by the same token, the belief system will then go down, be in all the different systems along the way, and then affect the individual. I based this model here on Bronfenbrenner's model. And Bronfenbrenner didn't originally have the chrono system in. Later he added it.

And the chrono system means we can look at history: it means events over time, which means to me that we can assess events by also looking at the events in history. So that's the systems model. Please bear that in mind as I now go to the different levels. And I'm going to look at the individual by using developmental models regarding social and emotional development.

[00:05:00]

So what is human development?

It's a change over time in multiple body systems, meaning that all the different systems also affect one another. And we have developmental tasks and sensitive periods: this means that **specific events have to take place at a time when the organism, meaning the child or the adult, is ready. And if we miss it, there might be problems.**

Resilience. Resilience implies that one can bounce back. And one's ability to bounce back is dependent on a balance between protective and risk factors.

So there's diverse interconnected domains of development: The domains are associated with specific areas in the brain. And there's specific neurons, and there's interactions between the neurons. And that's how development occurs. That's how these functions take place.

I'm going to look specifically at social and emotional development. Because social has a lot of meaning for what we've been going through in the past three years.

Let's look first at emotional development. So emotions are feelings, affect, mood. Emotions take place from birth and become more complex. Yes, little, tiny newborns have feelings. There's emotional regulation. That's also a process: So we understand we have feelings. We understand what we feel. We define the feelings. We share the emotions with another person. That's how all of this process takes place. And we understand eventually that others also feel, and we're able to emote properly in the context. Emotions affect all domains, including the capacity to learn. So, in other words, a child who's very anxious, feels stressed, feels sad, might have problems learning. Social interaction, therefore, plays an important role in emotional development.

What's also very important is that emotions are associated with specific neurotransmitters or hormones. And what's really interesting is these emotions either enhance or reduce immune function. So we would want people during a time where there's pathogens to engage in actions that are going to enhance their immune function, not stress that reduces immune function.

So social well-being: those are the emotions in all the neurotransmitters and the hormones. Social well-being is also central to overall well-being. If you know Maslow's hierarchy of needs, there are needs such as physiological needs: water, food, air, essential. Think about it, essential. Security means job security, for example, that's the next level. Love and connection mean social needs, means social connection, not distancing, and so on. These are the three lower needs: means that they are very basic to human function.

And we start off with symbiosis with mother, meaning, of course, pregnancy. That's the primary relationship. You could have a primary relationship, of course, with an adoptive parent and with the partner, and the father or the other partner. We have individual capacities and needs; individual capacities and needs vary over the lifespan. There are critical periods, such as infancy, adolescence, and older age, when social interaction is extremely important. Social interaction, then, is a protective factor. It's a determinant of health. As I said, when you feel good, you have enhanced immune function. Loneliness, sadness are risk factors.

So as you can see, these are some of the researchers who looked at social isolation and loneliness. And by the way, to the panel, I have sent, I think it's a 40-page list of references for everything I'm presenting today. So this is the research on social isolation, loneliness, which is a risk factor for multiple pathology. Now, I knew that in 2020. And I would think that most people who are in similar professions to the ones that I have would also know that because this is a known fact for many years. It's a known fact because it's based on research.

[00:10:00]

So stress increases the HPA [hypothalamic-pituitary-adrenal axis] axis. One of the reasons that these researchers, as well as others, believe that people of older age are more at risk for cardiovascular risks, cancers, reduced immune function, and other diseases and death are due to stress—stress due to loneliness, being separated from significant people. As I said, all of this was known before 2020.

And here's some evidence: if you don't believe me, the evidence is that we changed the hospital system. Initially, we didn't have visitors all day long. Until 2020, people could bring

their families in. And it's not because the nurses and the physicians loved the family so much. It was because they knew—because the research stated, because they engaged in critical thinking—that bringing the family in makes people healthy or prevents illness.

Just to show you how important social-emotional function is, I'm going to show you social-emotional development in infancy and early childhood. And we're going to talk about sensitive interaction, proximity behaviours, and neurobiology. These are some of the researchers. You can see, you probably can only see little black dots. These are only some of the researchers in this area, which means there was loads of research on the importance of maternal-infant proximity, smell, touch, everything that I'm going to talk about, before 2020. And if you could see these references better, you'd see that some are even, well, **Melanie Klein, she didn't know about neurobiology. But she did research and she wrote about her theory, object relations, starting in the 1920s.**

I'm going to focus specifically on infancy and early childhood for one reason because it is my area of specialty. But also because we barely have spoken about infants and young children during the past three years.

The first 45 months of life are the most rapid stage of brain development. So it's a very critical period. And during that time, like other periods of development, the child, the infant, is sensitive to specific stimuli. Factors that affect development, of course, are intrinsic: so genes and temperament. But there's also extrinsic factors, and they work together. Nature and nurture work together, and that's environment and parent and epigenetics, changes to the gene expression based on the environment. The most important factor is the toned, sensitive relationships with the primary caregiver, also in other models called holding containment. And this is the capacity of the parent or caregiver to notice, interpret, and match responses to the infant's cues. And cues are conveyed through interactional components: visual, to see each other; hearing, hearing well; tactile; olfactory; and just being close and listening and smelling and touching. Sensory, it's very sensory: face-to-face interaction is vital at the beginning of life.

So here's what happens. The first task is, we need to make connections between the synapses, and when there are connections between the synapses, we then have optimal development. Synapses, the connections between the nerves, cause the messages to flow. The messages to flow, together with myelin that makes the messages flow quicker, mean that this person—this little person, this growing person—can engage in multiple tasks. The brain controls the task that we engage in. Trauma, for example, will cause overabundant synapses in the amygdala, meaning this happens for adults as well, but this is at the time of the development when the brain is structured. So a traumatic or an anxious, depressive situation will change and alter the child's, the human's brain. The brain is plastic and can change; however, there's specific tasks that are more difficult to change, such as lack of **early interaction, appropriate interaction in early life.**

Factors that protect interaction are calm and confident parents, a positive birthing experience, sense of being supportive—

[00:15:00]

They need support: they need to be with people, and smelling and seeing and touching, all of these are very important to the infant—an uninterrupted interaction, uninterrupted breastfeeding, the ability to engage in synchronous, mutual, and intersubjective interaction. Intersubjective means shared emotional interactions.

But look at this side. If a parent is anxious or worried, if they have birth trauma, if they have to birth alone without their support system, if they believe that the birth experience was terrible, if they have birth trauma, they have lack of support, limited touching, face covered, distancing from infancy—then the infant, then this puts people at risk. It's a risk factor. Not all mothers are going to have difficulty with those risk factors; it's multiple risk factors that occur at the same time.

So I spoke about that, but just to go over: it's proximity behaviours, tactile interaction, cue-based breastfeeding. And here's really interesting, this is Schore's work. Schore, I'm sorry, I didn't put it here, but it is in the reference list. Schore found that when mothers and infants are looking at one another, their brains fire at the same time in the prefrontal cortex. In other words, when mothers and babies are engaging in facial interactions, both brains develop. The sense of being heard, engaging with the primary caregiver—these all lead to adequate synaptic connection and pruning. Pruning means getting rid of the cells, the area that we don't need; so instead of connection, we take out, like in the garden.

Actions that are perceived as traumatic or anxiety-provoking may affect memory, especially implicit memory, that's the memory, like a feeling memory.

So here's what we need: "I see your face." And here, you see a father and a son, and I said there, "I'm not sure what you're feeling" because we have to learn. How do we learn what others are feeling if we don't see their faces?

So healthy interaction versus blocked: answering cues; joint attention means we both look at the same thing at the same time; intersubjectivity, we share emotions; sense of self—all this leads to a sense of self, emotional regulation, social capacities, cognitive development and learning. And what we don't want is a hidden face, limited interaction and connection, the interactional components are stifled.

So if you don't believe me, then again, bringing in some research: touch, loving, seeing and feeling are essential for healthy growth. And by the way, touch causes the secretion of oxytocin. Oxytocin is a hormone that makes us feel good. It does a lot of other things as well, and it causes people to attach to one another, feel good about one another. For example, a father does not have to breastfeed a child in order to make the connection; they can just take off their shirt and there will be a connection forming due to oxytocin.

But on the other hand, maternal deprivation leads to anaclitic depression, which is depression in infants: they look totally muted. Loss is detrimental for life. This still-face experiment—that I won't be able to show you here, that I had hoped to show you—I will explain in a moment, is more evidence about the importance of the face-to-face interaction. And the lost sensitive period: I spoke before about neuroplasticity, but there are specific tasks that the brain cannot correct, and one is lost interaction.

And Nelson, Fox, and Zeanah did research on that. They looked at children adopted from Romanian orphanages, and even though those children were adopted to wonderful, caring families, there were specific tasks they had problems with because that part of the brain was not developed at the right time. And a very important part of the interaction is the parent's feeling. Parental anxiety and depression lead to muted affect; lack of stimulation; maybe hyperarousal and anxiety in the child, which impair learning; trauma. These are only some of the researchers in that area.

[00:20:00]

What is the still-face experiment? If you're watching now, you can press that YouTube link, you can watch this experiment. This experiment has been replicated multiple times. In this experiment, the mother or the father sits opposite the child in a normal way, and all of a sudden, the experimenter tells the parent to stop using expressions, to stand like this, opposite the child, opposite the infant. They're about 18 months. And the baby who's used to interaction gets very, very upset. And you can see how they're trying to bring the parent in, and they're unable to because the experiment is that kind of a face.

The child who has a secure attachment will immediately return and be okay; they're resilient, even though they just went through that momentary trauma. But it's very upsetting to see that. I always used to warn students before I showed that video because it is upsetting. Now think of this: what happens to our infants and some of our young children during the past three years who didn't see faces for hours, for hours? Watch that experiment if you can, and you'll see what I mean.

What happens to the mother? The mother needs to be very sensitive, so let's look at the mother during pregnancy. Look at all this stress that she's had, threat. You might have to birth at home because some parents over the world—for example, one of my references here, I believe it was the Jewish General in Montreal where they didn't allow birth partners to come in. Now here in Ontario, where I live, mothers could only bring one person. So you had to choose between your doula—who knew how to support birth, who was a woman and maybe gave birth—and the father who loves the child or the other partner but who might not have given birth.

So mothers had that difficult and I know from experience many mothers struggled with that. And they hear: “danger, danger, danger,” “inject, inject, inject,” “You're going to harm your baby.” “You're going to get a virus; you could die because mothers who are pregnant are more likely to die from COVID-19.” “The virus is going on hard; it's going to harm your unborn baby.” “Strangers covered,” “That's where your support,” “You have lots of risks.” Fear: “You can harm your baby; your baby can harm you.” Imagine that—no support, separation—that's what our mothers went through and how they started this.

So I'm just going to go quickly through these. This is one if you are pregnant, recently pregnant, you're more likely to get sick. The reference, sorry, do you need to see the reference? No, okay.

This is one some people might remember that the Almonte, if I'm saying that right, General Hospital asked all moms to have an epidural when they arrive just in case they need a caesarean. Imagine that. What does that tell you about birth? “Birth is dangerous.” You're already nervous. “Birth is dangerous. You might need a caesarean. Get the epidural.” Who cares about natural birth? And Blakely's work on the hormones during the birthing process and so on. Birth alone. And this is a petition by some Canadian mothers who were afraid they were going to have to birth alone, and they asked not to.

And this you won't believe, but first of all, some fathers could only FaceTime with the mothers during birth. I wish I had time to read you all these quotes, but I don't. But this was on CTV, and they were talking about parents who were FaceTiming with their newborns who were in the NICU [Neonatal Intensive Care Unit]. Imagine that, imagine that. Now, compare that to what I just told you very briefly about what young humans require. Imagine you're in your mom's uterus, you come out, and “hello?” There's no mother there, but she's on FaceTime. I just have to read you this one quote: “We were asked, ‘if you would like to FaceTime?’ to see our daughter. And it's been amazing,” said 28-year-old Mary McKenna, who recently gave birth to her daughter Harper at 26 weeks. “But I'm also

struggling so much not seeing her.” That’s not just a struggle. That’s essential for human growth and development.

This is from a professional journal, just to show you some of the messages to breastfeeding mothers. So if everybody notices, look carefully at the picture. Notice there’s no faces. And notice the messages:

[00:25:00]

Faceless, no interaction, hygienic. Use a mask during breastfeeding. This is a mother with COVID-19. Yes, but before this, we had mothers with strep and staph and all sorts of things, and we didn’t tell them to wear a mask. We just told them, “Nurse a lot because your antibodies will go through,” right? Isn’t that what we, the public, were told? Anyhow, so this is a mom with COVID-19: Use a mask. Wash hands and clean. Passive immunity in breast milk, well they even say it. And here’s a mom breastfeeding with a mask on. Yes, this really did happen. Might still be happening.

And this is from Health Canada, advises:

Keep the baby at a distance and hide your face. Once a baby is born, they can get COVID-19 from other people. So it’s important to limit their contact with others. To protect yourself and your baby, you should continue to follow recommended individual public health measures, such as wearing a mask, improving ventilation, maximizing physical distance from others, cleaning your hands. We recommend breastfeeding when possible. It has many health benefits . . .

Although in the breastfeeding world, they started talking about risks of not, but that’s okay.

. . . and offers the most protection against infection and illness throughout infancy and childhood. Breast milk isn’t known to transmit COVID-19.

Yet we’re scaring them. And then of course, about the mRNA COVID vaccine have antibodies, apparently mothers have in their breast milk. These are the messages to the new mom. And if you’ve ever worked with new moms, you know, and if you’ve ever been a new mom, you know, that the transition to parenting is difficult.

So we have a disrupted family and support system. Families aren’t supposed to visit, grandmothers aren’t supposed to come over. I’m a grandmother, that would be terrible. **Visitors after your baby is born: “Visitors should be limited to reduce the risk of possible exposure to COVID-19. This can be very difficult, but it’s important to keep your baby safe.”** Look at these other messages.

These are some of the findings so far. I don’t know if the research, you know, how great the research is or not. But they’re saying that obstructed interaction seems to affect development, and they’re looking specifically at apparent decline in cognitive performance in children and so on. I’m not sure if it’s true or not, but these are references, and we can check them out; we should. In other words, we are at risk for failed developmental milestones, disrupted social-emotional interaction, and at risk for reduced capacity for emotional and behavioural regulation.

So I'm just going to talk very briefly about other children, older children, I should say. The main thing to remember is that there are specific developmental tasks for each level, each age group: children develop at different rates throughout the years. And these developmental tasks were forgotten during this time. Or the people who worked with children did not display that they remembered or that they took enough steps to protect children at the time. There was a wonderful bulletin put out by the Hospital for Sick Children in June 2020. It was about the return to school. It was great, it noticed everything about development. It was based on sound, critical thinking, and research, and development, and it was cancelled a month later. They put out a different brochure.

The main point there is children need scaffolding support, which means you can't just put something on the computer online and expect a child to learn. They need someone to support them. And *Time In*, this is a book by my, he was the most wonderful late Professor Otto Weininger, and he talked about how "timing out" children is very detrimental to their well-being. It says to the child, "You're so bad, even I don't want to be with you." And so, timing out, I'm not talking about isolating. Timing out is very difficult for children, so we should bear that in mind.

Concrete to abstract thinking, so let me find here. The fearful idea: "kill grandmothers." So one teacher told me that one day she saw a child at the end of the school day who was hiding and didn't want to go home and sat crying. She said to her, "Why are you crying?" And she said, "Because my grandparents are coming to get me and I'm afraid I'm going to kill them." And that's a true story.

[00:30:00]

At the concrete stage, children also, when they see a rule, for example, a rule is a rule: "so if you don't wear a mask and it's a rule, you're bad." Things like these kinds of ideas.

A risk measure—the opposite of time in—is self-isolation. And I have some examples here. This was Public Health Ontario where they advise people how to self-isolate, a child has to self-isolate. Imagine, a child has to self-isolate: we're punishing that child and some children did not understand why. And some parents might not have been able to contain properly because they were trying to follow the rules and for some children that might be traumatic.

So some things for child, "wear a mask." Now, if you have children, you know that it's not so easy for a child to wear a mask, keep it clean, not touch it and so on, might not be comfortable. They advise children over the age of two, even children coming for therapy to wear masks. At the age of two, try getting a snow suit on. So how can you get a mask on? Anyhow, so self-isolation for children really did happen.

The proof is here, this is from Peel Health. I think they're called Peel Health [sic] [Peel Public Health], not Peel Public Health. What to do if your child is dismissed from school or childcare? "The child must self-isolate," which means stay in a separate room. These are real. And for those of you who are watching this 20 years from now, this really happened. So there's that one, again, okay. Yeah, imagine this, if a child must leave the room, they should wear a mask and stay two metres apart from others, and so on. Okay, so I'm not going to go over all the tasks just for time. Can anybody tell me the time?

Kassy Baker

You have roughly 20 minutes remaining.

Dr. Keren Epstein-Gilboa
Oh, Okay.

Kassy Baker
But we'd also like to save some time for the questioners.

Dr. Keren Epstein-Gilboa
Yes, okay.

Kassy Baker
So I'm just going to actually, are there any questions from the Commissioners at this point?

Yes, we'll save them for the end.

Dr. Keren Epstein-Gilboa
Okay, so I'm not going to go over all of the different stages. Just let you know that, as I said before, developmental tasks were not taken into account, and an appropriate risk-benefit analysis of the condition and child development did not take place to the best of my knowledge. And why? Why?

So I've tried to figure out why, and I looked at bioethics. I love bioethics. It's something that I actually read about and I'm interested in. And here are a few researchers if you are interested in looking at researchers just to understand more about bioethics. Beauchamp and Childress is very easy to understand if people just want to start reading about this.

And bioethics are there because there's a power balance between people who are health care providers and the people they serve. And by the way, I use the word person. I don't use the word patient. You can, if you wish, sometimes client. And I just heard lately the word "participant," one that I really like because it's very respectful. And the principles that all health care professions follow—albeit in different ways in accordance with their scope of practice—are autonomy, beneficence, justice, and non-maleficence. This applies to direct interaction, of course, between the health care provider and the person. And also public health.

Public health: it's interesting because public health, unless they're a public health nurse or physician, they don't serve individuals only. They look at the population. So I looked at different research on this issue. How do we deal with this?

And apparently, they should still be engaging in a benefit analysis that takes into account these four principles. This quote I took from the book *Doctors from Hell, Horrific Accounts of Nazi Experiments on Humans*. This is Abrams; it's the book by Spitz (2005). And they state, "need to care for the population need." This is not a quote, I'm paraphrasing: Still need to look after the population need and good citizenship. But it's a slippery slope when physicians, and I'm saying physicians here because the person who wrote this book was a physician, when the physician—and I'll add there, health care provider—begins to exclude or uses professional skills against people.

And Parasidis and Fairchild wrote,

[00:35:00]

There has been, during the past three years, “a lack of adequate involvement of ethicists.” This is a quote: “Might have to embed ethicists in public health teams.” Apparently, there weren’t enough involved at this time. Remember again, I started with a system. So when we have failed ethics, that’s related to chaos at all levels of the system. Risk for harm at all levels.

I’m going to focus mainly on autonomy because autonomy is part of all of the other principles. And autonomy talks about regard for the person. The person is worthy and this part is very important: Able to make decisions about their health. And the health care provider must respect the person’s goals; they must gear the treatment towards the person’s goals. We have dignity, privacy, confidentiality, informed decision making. Informed decision making, a lot of people talk about informed consent: You can’t talk about informed consent without knowing and talking about autonomy. Informed consent does not stand alone. Autonomy upholds the health system.

So let’s look at respect for humans as worthy beings and compare it to compliance—trust in authority, follow without question. Dignity. Dignity means compassion, respect: one does not only ensure that the person is covered physically, but we also think about their needs and things that are important to them. And dignity also implies birthing, thinking about the needs of birthing, and sick dying people who need people near them and the families who are left behind—that’s dignity.

Privacy and confidentiality. So Dr. Layton talked a lot about what the regulatory colleges are doing, including demanding files of private citizens. So here are two cases. Dr. Layton referred to the case of the clients or the people who tried to stop their private files from being viewed by the CPSO [College of Physicians and Surgeons of Ontario] and, so far, have not been successful. And of course, there’s also Dr. Mary O’Connor who was threatened with prison for not showing her files, for not providing her files.

So now informed consent or informed decision making, informed choice. Actual informed decision making means we use clear, tangible—Tangible means you don’t show people to wash their hands like this, that’s the wheels on the bus. You show how to wash hands, and it’s my understanding that health care providers learn how to wash their hands. They also learn how to wear masks, and we were not taught that. It’s valid, reliable, current [information]. But it’s also different views, second opinions. We listen to the person; we engage in respectful discourse, respect [person’s decisions]. And respect for the person as a worthy being, able to make decisions.

Let’s compare that to censoring—and here’s the really important one that Dr. Layton also talked about—prevented health care professionals from providing diverse viewpoints. Sanctions: you should know that all health care providers from all provisions have been reported, investigated—some not just about informed consent but about things that would never be considered in regular times. And yet the investigation went on, goes on. And tomorrow, for example, there’s two tribunals going on, one for a nurse and one for a physician, tomorrow. Public can view it. And the public can’t discuss what we really think. There’s only one view. You saw the letter from the College of Physicians and Surgeons.

Actually, the nurses were the first people to get their letter and it says: “Nurses are expected to adhere to standards of practice in carrying out their professional responsibilities. Nurses have a professional responsibility to not publicly communicate,” and now, look at these terms, “anti-vaccination, anti-masking, and anti-distancing

statements. . . .” You’ll see later on why the word “anti” is a bit problematic. “Doing so may result in investigation by the CNO [Colleges of Nurses of Ontario] and disciplinary proceedings warranted.”

And there’s a statement about the physicians. Physicians, as Dr. Layton said, also received a lot of information on how to talk to people. And one model that they were told about was to use motivational interviewing.

Motivational interviewing is actually a very respectful model. It comes from Rogerian, client-centred therapy. But if you read the material, if you go to PrOTCT [Presume Offer Tailor Concerns Talk]— Let’s see if I have a letter where the physicians were told to engage

[00:40:00]

with what Dr. Leyton was talking about: how to speak to your, they would say patients, I would say to their people.

You can look this up, PrOTCT [at Centre for Effective Practice], all of this is online. There it is. And it really, in short, tells physicians how to speak to clients. And I’ll just give you one sentence: “. . . starting the conversation with a Presumptive statement. Talking tip: ‘I will get/have already gotten the COVID vaccine and I’m happy to help you get it too, so you can protect yourself and your loved ones.’” And it is my understanding that health care providers don’t immediately disclose; disclosure is fine if it can help the person, but that is not the way that one would probably start a person-centred conversation. And there’s more points, you can look that up if you’re interested, and I think we should all be interested.

And you might notice, this is also from the PrOTCT and they’re saying, “What do you think of the COVID-19 vaccine?” and it tells the physician how to speak. And you might notice, if you were my students, I’d ask you, what do you notice here? Do you notice they don’t have faces? Yep. Okay. And, you know, what do you think about that? How warm and fuzzy is this interaction when everybody’s covered up? We don’t really know what they’re thinking because you can’t see their face.

So I want to remind everybody that telling health care providers not to speak with one another, not to speak their view, is not the way things work. Yes, there were arguments; yes, people disagreed. But they were allowed to speak; otherwise, we might still be spraying DTT on people. And as Dr. Layton, it’s interesting, we both use the same example: stomach ulcers, the change, the treatment has changed; imagine if we couldn’t speak about it. Mothers are no longer put to sleep and birth with twilight sleep, and they weren’t birthing alone from the 1960s. Reverence for artificial feeding, destroyed breastfeeding. It was actually the health care professionals who destroyed breastfeeding and put mothers to sleep at the beginning of the last century.

And allergies were perceived as mental health, there you can see a quote. And my father was actually one of the first allergists and immunologists, my late father I should say. And I know from my own experience how he was always told that allergies, “It’s all in your head.” We know now that allergies, that whole field is very well developed and accepted.

So just very quickly, the other principles: beneficence means we do good and we advance the health status. So I saw some of the witnesses who spoke, talking about not being able to go to parks and so on. Nobody told them about nutrition: well that’s a violation of beneficence. Justice means health equity and that means everybody can use the services. So

think about all these people who couldn't use computers. So how do they even get to speak to someone about health?

And, non-maleficence means, do no harm. I think many people here have spoken about the harm. But an important way that we do no harm or health care professionals do no harm is by engaging in a risk-benefit analysis. And that was my first question, by the way, in 2020: "Where's the risk-benefit analysis?"

Research on humans, I'm not going to go over, we all know that. But one of the main ideas there is that it's voluntary—it's the same as autonomy. And what I found very interesting, and you might find it interesting as well, is that the main theme is autonomy: respect for human beings, their goals and capacities to make personal decisions. So notice the similarity. The code for research on humans is different than codes for bioethics. They're different: what is—not—in the ethical code is trust.

Trust can also mean— It's wonderful if you can develop a trusting and mutually respectful relationship with a client. But it's not always there. And that's not our goal: to get us, the people, to trust them; that's not what it's about. Because that kind of trust is compliance, infantilization, like, trust versus mistrust in infancy; adults are not infants. But there's also transference: transference means that the practitioner might seem to be someone else to the client. So you're not going to have trust there, and that's okay. Or if the physician is the person who tells the client, "You have cancer,"

[00:45:00]

that client might be very angry at the physician. What, you're going to stop treating them? No. Trust also must be earned. So our goal is not trust—it's not trust—that's not what it is. What also is not in the ethical codes: follow orders.

Kassy Baker

Now, I'm sorry Dr. Epstein-Gilboa, I know that you have much more information, this has been very interesting, but we only have a couple of minutes left.

Dr. Keren Epstein-Gilboa

Oh my god, I didn't do the nudge. I have to get to nudge.

Kassy Baker

You know what, I'm sorry, we just don't have time.

Dr. Keren Epstein-Gilboa

But that's so important. I really have to speak about the nudge, I'll do it fast. I won't show the pictures.

Kassy Baker

You have three minutes.

Dr. Keren Epstein-Gilboa

Three minutes. But if you wonder—it's not my psychosis, everybody. There's a real program: it's called Nudge; it's behavioural insights. You can read about it. The government told us about it. What is the Nudge program? Go to Impact Canada.

What is the Nudge program? It is all over the world. It is a program based on behavioural science. Impact Canada is the group in Canada who work on it. They did things like, they used language. Sounds: sounds quiet to induce fear. Jubilance, because it's not just fear. Everybody talks about "fear, fear, fear." No, it wasn't just fear. They also used euphoria.

Images: people standing in line, circles. The same messages all over the world: stay home—stay safe. Foot in the door: that means, "Hear ye, hear ye! There's a virus." But we only start with a little thing. Boil the frog: we slowly increase the restrictions.

Priming. "Oh, no, this is what to do if a child has a heart attack." That means we begin to realize that heart attacks are normal: that's priming. Information without information: You'll see the graph there. There's no numbers. There's another one, no numbers.

Pressure. Threats. And sanctions. But that's not really part of the original Nudge program, but it's there now. Stay home, false equivalence: stay home—stay safe, which doesn't mean safe. They used "messenger effect," which is specific people that we supposedly value and listen to them.

Emotion. Please note again: they didn't only use fear, also, euphoria and hope. It's really important that we know this, so we're mindful. Emotion, we do not always know— Okay, wait, that's an example.

Social interaction. And this is a quote from the Impact Canada: "Emphasizing collective action, altruism/moral responsibility; emphasizing that self-isolating and physical distancing are altruistic," in other words, that whole term, social responsibility. That's part of the Nudge program. There was a continuum.

Let me just show the continuum. Normalize and idealize distancing so that eventually we will also be prejudiced and segregate. Stay home, physical distancing, conform, breathing barriers, small groups, cohorts, and discrimination. These are just quick— People standing in line; lines were used. I'm almost done. Just quickly going through these pictures. Lineups, circle: "we're in this together" when we're not really. No faces, and I showed that throughout: there's no faces. By the way, the facial coverings were actually used as part of the Nudge program to make sure fear stayed there, that we were reminded. Stay safe, be kind, be COVID, and so on. You remember this one, for the future generations: they really did tell us to have intimacy with the mask on, and that's about it.

I'll leave it with segregation.

Kassy Baker

Thank you very much. I apologize that we had to rush through the end here, but just so the commissioners are aware, we will be entering your slides as an exhibit [Exhibit number unavailable], so they can have some time to review that at their leisure, so to speak.

I believe we are out of time for questions, is that correct? We have time for short questions if any.

Commissioner Kaikkonen

I don't have a question; I just have a quick comment to add to your presentation. I think between Dr. Layton's presentation and yours, I'm probably traumatized here.

But I just want to add that there were parents having newborn babies and the babies were taken away from them in Ontario hospitals until the mother's COVID test came back. And I can think of one example where that baby was taken away for 36 hours until the COVID test was returned. And I'm just thinking, I wonder what happened to that baby in that 36 hours because they weren't with mom. So your examples are very real, and I think it should be a wake-up call for all of us, to think about exactly what that messaging that was sent out by so-called health authorities has done. And the other side of this is we've heard testimony as we travel across the country that talks about the generation that we've lost and that's our children. Thank you for your testimony.

Kassy Baker

Thank you very much. I have no further questions, and Dr. Karen Epstein-Gilboa, I would just very much like to thank you for your testimony here today.

Dr. Keren Epstein-Gilboa

Thank you. And thank you for doing this Inquiry. It's very important. Thank you.

[00:50:54]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 9: David Freiheit

Full Day 2 Timestamp: 09:29:17–10:18:10

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

So our next witness is attending virtually, Mr. David Freiheit. David, can you hear me?

David Freiheit

I can hear you. Can you hear me?

Shawn Buckley

We can hear you and we can see you. I probably pronounced your last name incorrectly. I know you're known with your online commentary as Viva Frei. Is that right? Or Viva Free?

David Freiheit

Yeah, my last name is Freiheit. It's verbatim: freedom in German. So it's a good name to have.

Shawn Buckley

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

David Freiheit

David Andrew Freiheit. D-A-V-I-D, Andrew, F-R-E-I-H-E-I-T; F like Fred and T like tango.

Shawn Buckley

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

David Freiheit

So help me God, yes.

Shawn Buckley

Now, you have a very interesting background. So you were a lawyer. You used to practise in litigation, but you've gone on to other things. You've become quite a celebrity as an online commentator. I've heard of you from individual after individual after individual. And I actually got to know your brother a little bit on some Zoom calls to see if I could get him to be volunteer counsel for the NCI. So I'm very pleased to meet you. You're being called primarily to talk about your experience with the Trucker Convoy because we're in Ottawa, and that was an experience that was really significant to people living in Ottawa. So I'm wanting you to share—because you weren't living in Ottawa at the time—how you got involved and what your experience was.

David Freiheit

Well, I'll let everyone out there know I didn't always look like this. I didn't always have the grimace wrinkle of a world-gone-mad on my forehead. I used to be a clean-shaven young lawyer. And some people might have seen me online from old videos, like the squirrel stealing a GoPro. But yeah, when the world went crazy, I had already started doing online legal analysis, sort of explaining lawsuits and breaking things down. Then the world fell off a cliff in 2020. If I may start, I'll share my screen for one second.

Shawn Buckley

Absolutely.

David Freiheit

I didn't make a PowerPoint presentation, but I've got my backups here. For what I'm about to talk about, it's worth starting off with a quote from Benito Mussolini. This is not the exact quote, but it's close enough: "The definition of fascism is the marriage of corporatism and state." What I have lived through and what we have all lived through over the last, starting March 2020, it has been fascism not in the juvenile sense of throwing the word around; it has been fascism in the actual Benito Mussolini sense: where I've witnessed the government working in tandem with corporations, working in tandem with the media, not to inform, not to control information but to purvey and propagate disinformation.

Shawn Buckley

Can I just slow you down? Because fascism is a term that is used very loosely now. And it's used, actually, to deflect and to make people—that aren't fascists at all—be not heard from. It is almost like the term "anti-vax" or "climate denier" now. My understanding, and you can correct me if I'm wrong, is the word corporatism simply refers to where the state interests and the corporate interests have largely become one and the two are working together. I guess Mussolini is very famous [for], when people would be talking about corporatism, saying, "No, no, you should call that fascism." You brought that definition up, and so fascism—just so people understand who are watching your testimony today—when they see the word "fascism," they need to understand that just describes the state of affairs where the state interests and the corporate interests are intertwined and working together. Is that right?

David Freiheit

Well, that's my understanding of the actual historical definition, not the way it's used this day. Like, you know, everyone's a fascist—and not to get too distracted—if you don't believe in certain things, you're a fascist. It's thrown around today, but it actually has a meaning. And it's a meaning that I've come to understand the importance of, which is corporation and government working in tandem because they have shared interests.

I've now witnessed firsthand in my evolution how this happens. I was young enough to remember people saying defund the CBC, you know, pre-2016. I had no idea what that meant, why it was being said. And now I understand because we've lived through this together. We lived through the shutdown of the world. We lived through—literally, it's come out now, and I'll bring up some articles if the world needs to see the homework—a world in which the government

[00:05:00]

decided the pandemic was a good time to test propaganda techniques on the citizens that they were currently locking down, shutting down, subjecting to unconstitutional and unconscionable restrictions.

And what way to do that? Well, it helps when you have the media in your hand. And so how did all this happen?

I had my YouTube channel. I was doing legal analysis, trying to keep my opinion out of it, thinking you can make everybody happy by not sharing your own personal opinion. Little did I know that at some point silence became violence. And then the world shut down. And I started, you know, I didn't want the channel—and I didn't want my entire life—to turn into COVID stuff. But lo and behold, there was nothing left: we were shut in our homes literally for years. I was in Quebec where we had five and a half months of curfew in 2021, and then because it worked so well and it was such a good idea, we had another month and a half of curfew in 2022 despite Arruda, the chief medical officer of Quebec, saying, "You don't use curfews to fight a virus."

So all of this culminated in the trucker protest, which was, for a great many people, not the light at the end of the tunnel but the only ray of sunshine that they had seen in years. I mean that is where my awakening comes into this. My experience in Ottawa, which was life altering and trajectory altering, where— I'm doing my daily stuff complaining about the lockdowns in Quebec, the tyrannical governments, doing my Viva walking on the streets. And it started off with people in my chat saying, "Viva, why aren't you covering the Convoy?" "And I'm sitting there saying, "What convoy?"

I now understand the same MO—the same *modus operandi* that happens every time—it's first a media that is reliant or adherent or subservient to the government. Well, their system is the same: Ignore something until you can't ignore it. Minimize it once you can't ignore it. Demonize it once you can't successfully minimize it. And that's exactly what happened with legacy media in Canada.

Shawn Buckley

So can I get you to slow that down because I think you're saying something really important. We have quite a large audience, and the demographics actually mimics vaccine injury, which is quite interesting. So there will be people watching your testimony that will never have heard what you just said. So I'm just wondering if you can say it again but kind

of slow it down to parse that out because it's somewhat important. And then carry on with explaining how you found out what was really going on.

David Freiheit

I was doing my best to slow things down.

Shawn Buckley

Yes.

David Freiheit

I've been told that I talk fast. Step by step, it's the MO of the media when they have an interest and they want to propagate a narrative: Ignore until the point that you can't ignore it anymore, and then you either minimize or distract. Minimize or distract to the point where you can no longer do that because it's gained sufficient momentum. And then you have to move into the demonize and lambaste. You can see this over and over again for populist movements, political candidates. It's the classic MO.

So I was doing my daily rants on the street because I was allowed out of my house because I had a dog, after 8 o'clock. The joys of COVID. So people are telling me, "Viva, why aren't you talking about the Convoy?" And this is a month or two before the Convoy, maybe a month before. And I'm saying, "I haven't even heard of this." Because the CBC and the state-subsidized and state-funded legacy media wasn't talking about it. Then I start going on CBC to see what's going on. And then, after the ignoring, we had the distraction.

CBC starts reporting about an alleged convoy in British Columbia going from one British Columbia town to another, but they're protesting road conditions. Nothing to see here, move on. Then I notice the CBC, at one point, updated that article and said, "Oh, that convoy is not the one that's headed to Ottawa." And that's when the CBC understood that this Convoy going to Ottawa was too big to ignore. Too big to distract or misrepresent, and so what did they have to do?

Step right up to item 3: demonize and lambaste. For the viewers watching, for everybody watching, if they don't truly understand—CBC/Radio Canada is subsidized to the tune of 1.2 billion dollars a year under the federal law. It is true that the federal law was enacted prior to Trudeau. In theory, it is whatever federal government is in power at that time that subsidizes them.

But when you see the indirect distorted interests of the media to placate or favour one government that doesn't want to defund them and to dehumanize the other— You'll notice that the CBC, once upon a time,

[00:10:00]

sued the Conservative Party of Canada for copyright infringement for using some of their material for a campaign ad—but never sued the Liberal government similarly—using our taxpayer dollars to sue a political party, one of the two big federal political parties.

Understanding this now, the CBC could no longer ignore this Convoy that was coming from all corners of Canada. So once they can't ignore, once they can't misrepresent, they then have to move into demonizing. And that's when they start demonizing the truckers as

extremists, anti-science, anti-vaxxers, yada, yada. At this point none of us really understood how big it was ever going to get. And they're doing their best to try to ignore the young children and the people with their flags of hope on overpasses across the country.

Shawn Buckley

And I'll just stop you there because people that are watching internationally won't understand. So when the truckers started moving from different parts of the country and driving towards Ottawa, the citizens would literally line up along the road, every overpass covered in flags and placards. And they couldn't buy a meal and they couldn't pay for their diesel—like, people were supporting them along the way and that was part of the experience that Canadians had. Because we have people watching internationally, I felt the need to jump in and fill that in.

David Freiheit

Please, don't worry. And they were doing it everywhere. I mean, they did it in Montreal; they would stand on overpasses. You had these wonderful images of hope and people standing behind the truckers—the truckers who would ultimately become an international movement, which obviously upset Justin Trudeau even more. So the media has to demonize them, and so they start calling them all sorts of names at first. But at this time, also, nobody understood what this protest was going to turn into.

You had truckers driving across the country, not knowing how they were going to pay for fuel or not knowing— Just, enough is enough, we're going to the capital. People also should appreciate Ottawa is not a random town. It's the capital of Canada; it's where protest occurs when protest needs to occur. So all of this is happening, and I'm starting to pay attention to it, starting to understand this is turning into something special. As luck would then have it—or bad luck would have it, although I think it all ended up well—I was in Florida for a Project Veritas event, back before Project Veritas turned into what it is today. But then people were saying, "Viva, what are you doing at a Project Veritas event? Get your butt to Ottawa." So I'm like, "Okay, I'll get back to Canada and I'll go."

In the meantime, I'm starting to see what the CBC and other legacy media are reporting from Ottawa: I'm seeing reports of Nazi flags. I'm seeing reports of Confederate flags. I'm seeing reports about defacing the Terry Fox memorial. People urinating or desecrating the [National] War Memorial that is in downtown Ottawa. But I'm simultaneously, literally, getting tweets, messages, video clips from people on the street saying, "This is all a big fat lie."

I'm sitting there; it's like, I'm seeing not one screen, two films. I'm seeing—someone's telling me that they're seeing blue when it's red. And so, it's like okay, "Well, I'm going to get to Ottawa the Monday I get back," which is after it started on the Friday.

I had never done this before. I did livestream where we talk about subjects, but I've never done a walking around real-time livestream. I said, "Look, I'm going to drive down to Ottawa. I see what the CBC is saying. I'm going to drive down and I'm going to livestream. And if there are Nazi flags there, the world's going to see it for good or for bad, for right or for wrong. If there's Confederate flags, violence, and mayhem, then the world is going to see it in real time as I see it."

I get down there. I drive down from Montreal. I drove down there and back every day, except for one night when I tried to stay in a hotel. But that was when I think the

government either bought up all the hotel rooms or forced them to cancel reservations because they cancelled my reservation.

I get down there. And you understand them: It's like eyes wide open for the first time, ever. I understood we're being lied to. And not just lied to—because it's one thing if you know someone's lying to you—it's a more insidious type of lie when they try to make you think that it's reality. It worked on so many people. I get down there, the Monday after reading news about Nazi flags, desecrating the War Memorial, and desecrating the Terry Fox memorial.

At this point, let me bring up one of my footnotes here: the article about the desecration of the Terry Fox memorial. This is CBC and this is how they reported it, and it's so subtly insidious: "Anger over defacement of Terry Fox statue, a sign of his 'unique' legacy, says mayor of icon's hometown."

[00:15:00]

When I talk about the fake news—and people are going to immediately think of the Trumpian term—this is government-subsidized propaganda. And you'll notice, in all of these CBC articles that I'm going to bring up, the tactic: They make a statement, but then they quote someone else, "says mayor of icon's hometown." So they're not making the statement, but they're saying the statement, referring to another government official who makes the statement—it's misleading, and it's utterly dishonest. So you read the headline, and for anybody who gets past it, you might see this picture of the defacement of Terry Fox [image of Terry Fox statue with a Team Canada baseball cap and Canadian Flag wrapped around his neck].

Words have meaning, as a lawyer, my father always said, "Words are the tools of your trade." Defacement typically means something semi-permanent, more permanent than a cap, even if one were inclined to think that a cap is defacing a statue. They don't show you the bottom of the statue, at least yet. So anybody who gets this far, and says, "Oh, my goodness"—well, even I thought this at the time—"there must be something going on at the bottom of that statue." Spray paint, dirt, something along those lines. You get down to it—once you scroll down far enough—and this is the defacing of the Terry Fox memorial that they were complaining about [image of Terry Fox statue holding a sign: Mandate Freedom]. Now, again, they didn't make the statement; they're just quoting the mayor of Terry Fox's hometown. Why is this so gleamingly insidious? That's defacement.

And when you want to talk about a media that has a vested interest to demonize one group while lionizing another, this is a tweet from Sheila Gunn-Reed from back in the day. Let's see if I can find this. Can we see that now?

Shawn Buckley

Yes, we can.

David Freiheit

Okay, it's tucked down here somewhere behind all this.

You have a tweet from Sheila Gunn Reed, which compares, you know, historical defacement of the Terry Fox—sorry, alleged defacement—from the Convoy with what is otherwise "just celebration" [Sheila Gunn Reid Tweet comparing image of Terry Fox statue at the

Convoy, with Team Canada baseball cap, Canadian Flag, and Mandate Freedom sign, with another image of Terry Fox statue celebrating Pride week, holding a Pride flag and flowers]. It's the same media that's doing this: they'll take two images, which are by and large the same, and demonize one based on ideology while lionizing another based on ideology.

Who does it benefit?

Well, it benefits the government, and it benefits Justin Trudeau in effectively shaping—and as you say, not just Justin Trudeau but Doug Ford, all the provincial leaders—it helps them mislead an entire population as to what's actually going on for anybody who gets past the headline, which is already a very small percentage, and even then, it's buried in there.

And they do this so that they can create, promote a narrative that favours the government, a government which subsidizes them, and then people see this and think that they are informed. I knew people in Ottawa, not to identify anybody who doesn't want to be part of this. I've known people who live in Ottawa who thought what was going on was what was being depicted in the CBC; none of them stepped foot in downtown. And they all believed that they knew what was going on and that the truckers were Nazis, that they were desecrating statues, urinating on them.

I went down there with my camera, and I ran around, literally, everywhere. And I go past the memorial: it's clean; it's shovelled. There might have been what looked like coffee on the side of it, but, by that point, the lie has travelled around the world and the truth, as they say, is still putting on its pants. I did this for 13 or 14 days: just drive in, see what's going on and talk to people—just talk to people and hear them in the same way that they're talking now and sharing their stories with the world now because our elected officials refused. They didn't even have the courage or the dignity to come down and talk with any of the protesters—people who just wanted to be heard and share their story after two years of what can only be described as unconscionable inhumane abuse. They didn't have the courage to step down and talk to them. I just went around hearing people's stories, see what was going on firsthand. It wasn't to misrepresent; it was just to show without a filter what was going on. And that, without a filter, led to CTV News' "W5" attempting to make me look bad, as if to say, "This guy goes around with a camera with no filter; he's very popular. What's going on? Why are people watching this?"

Without understanding that that's exactly what the people want: it's just the truth of what was going on. And I went down there and I saw it with my own eyes. You know, when the CBC was talking about kids—hold on, I'll bring this one up as well—kids being among the crowd, making it hard for police to do their numbers. Here, I think this is it; yes, this looks like it. Look at this. CBC, notice the tactic: They make a statement, "Large number of **children among protesters hampering response, police say.**" Oh, well, we'll just unquestionably and unquestioningly repeat what the police say so that we can then continue with demonizing. And not just demonizing, by the way,

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because I was there seeing people in tears because the implicit threat was that the government was going to come in and take children away.

This is not just demonizing and calling people Nazis or whatever. This is, you know, saying these parents are putting their children at risk, using them as human shields. But CBC says it again, "Large number of children among protesters hampering response, police say." CBC

is not saying it. They're just repeating it for and on behalf of the government to the benefit of the government.

And then, look at this, if anyone thought— Is this the right one here? Yeah, this is it. Ottawa police [an Ottawa Police tweet]: The CBC is just repeating the Ottawa police, repeating it and not condemning it. When the Ottawa police come in and say, "Protesters have put children between police operations and the unlawful protest site," they deemed a constitutional right unlawful just like that, willy-nilly. But set that aside. "The children will be brought to a place of safety." To me that is a very sinister threat of government-sanctioned kidnapping, but it didn't actually get there—but not for lack of trying from the CBC media. So I'm down there, oh, goodness. Yeah, sorry, go for it.

Shawn Buckley

Well, I'm just wondering, describe what you saw. So you're telling us about all this demonizing and you're telling us you were down there. So what did you see?

David Freiheit

I said I wasn't going to cry because I think it's weird when people cry. I cry when I get upset, but I also cry when I get really, really frustrated. What I saw there was one of the few times where I was on the verge of tears because of how magnificent it was. It was noisy: there's no doubt about it. There were horns and there was a beauty in the horns. But it was nothing but the most beautiful thing I have ever seen, for those of us who had spent two years under psychological, economic, financial, and spiritual abuse.

You know the previous witness talking about how Peel region was talking about locking kids up as young as five years if they just came across someone who's— We had lived through that. I saw people smiling. Hugging. And I'm never one to hug; I'm a bit of a germophobe even before all this. I even started to hug. You saw people smiling; you saw people wearing masks mingling among the crowd. But the media was saying that, you know, the truckers were demonizing people who were wearing masks.

Another grotesque lie because a lot of people, known to everybody there, were wearing masks so they wouldn't get identified and fired from their jobs for participating, partaking, or even being at the protest site. I saw kids playing hockey. There was the jacuzzi towards the end of it, the hot tub. Kids playing hockey, dancing, smiling. There was a section by Wellington and the main intersection, right in front of that hotel, the fancy hotel—

Shawn Buckley
Elgin.

David Freiheit
I called it the dance-dance. It was, say it again.

Shawn Buckley
Elgin.

David Freiheit

Elgin Street, yes absolutely. There was this section, I called it the dance-dance revolution because they had trucks—they were playing dance music; people were dancing. I'm not saying this, because I don't look at people and immediately see race, religion, identity, sexual orientation, I'm saying this because for a group that was called misogynist, there were women all over the place. For a group that was called racist, I interviewed Iraqis. There were black—I don't know if they were Canadians, but there were people of all races there. They were called anti-trans; I interviewed a trans person who was at the protest, Ari was their name. I interviewed this person and we had a good time. And Ari said that the only time they felt any form of hatred was when they crossed the line from the counter-protesters to the protesters, when the counter-protesters realized, "Oh, this is no longer an ally, Ari is an enemy." I interviewed people from all over the world. I interviewed Big Bear, a native man. And I'm listening to the media say that this group of trucker protesters was anti-black, racist, anti-Semitic, misogynist.

It was hogwash from day one, and I learned that after day one. Trista Suke, day one, I meet a beautiful young woman who's walking around with a guitar. I had no idea who she was. She says, "I want to sing you a song," and this was at the far end of the protest. And I was nervous for her because, you know, I was worried it was going to be like an "America's Got Talent" bad audition. She started singing and she sang Amazing Grace, and it was the most beautiful thing I've ever heard.

This was what the protest was.

And then for two and a half weeks, you had the CBC running around with that lone picture of a swastika on a flag. No one ever knew who that person was. But, you know, very fortunately there was a professional photographer right near him, so he could get that shot. You know, diffuse it to the media who would then run it around saying, "Oh, we're just reporting."

[00:25:00]

For anybody who doesn't know that one scene on day one when someone was there with a Nazi swastika flag: The media ran with that. Politicians ran with that. Marco Mendicino ran with that. Justin Trudeau, Jagmeet Singh, they all ran with it. The media helped them, and they had their disinformation-laundering campaign perfectly set up. It's unclear what that person was even doing because there are some people who suggest the person was there with the Nazi flag to suggest that Justin Trudeau's regime was behaving like previous Hitlerian regimes. Others are saying he was a plant. Who knows? Bottom line: that flag existed on one person for one moment, never came back. And after that, it was nothing but love, peace, and a sense of joy that Canadians had not felt—and the world had not felt—in two years. Sorry, I heard you want to say something.

Shawn Buckley

Well, no, you answered my question because we've all seen that image because the mainstream media just kept repeating that image. So, you know, it's now a famous image in Canada, and it's burned into our minds regardless of whether we bought into the government narrative or not. And so I was just going to ask you, because you were literally walking around live streaming day after day, if you ever saw a Nazi or Confederate flag at the trucker protest?

David Freiheit

I never saw one and I didn't edit anything. I went for five and a half hours, sometimes every day, and I saw what I saw. And it's not just that I saw what I saw because I asked cops. I asked the police: "Have you guys seen any vandalism? Have you seen any violence?" They said, "No, it's cleaner and safer now than it's ever been." And I should add this, I'm very familiar with the city of Ottawa. I never felt comfortable in the city of Ottawa; I might be a bit neurotic and nervous, in general. But nobody liked downtown Ottawa at night because it's not a place where you would go walk at night. No judgment. There might be, you know, reasons why the government has sort of failed the homeless population and the addicts of Ottawa. But it's not a place where you would walk around; the Rideau area, it's not a place where you'd walk around at night. I had never seen the downtown core of Ottawa cleaner, safer. The homeless people were being fed. And so when you read these bogus rubbish stories coming out that the truckers went and harassed a homeless shelter and demanded food—they were literally cooking food on the streets and feeding the homeless people.

And it was so in your face and so shocking what I saw. And I went to ask the cops, "Have you guys seen anything?" At one point, one of the policemen said to me, "Yeah, actually, there's a broken window across the street." I was like, "Oh, where?" And then he giggles saying, "I'm joking; it has nothing to do with the protest." You could not understand what it—wasn't—unless you had been there. But they did a good job doing what they're doing in terms of making people think they understood what was going on, and it has its impact. And I always say, "The toxicity is a trickle-down and a trickle-up."

Let me play a clip. I interviewed a counter-protester. I'm just going to play one section of this interview. Let me see if I can bring it up here. And I'm not bringing this up to mock the person. I have no idea who this person was, ironically enough, wearing masks, and nobody cared. But listen to what the protester said. I thought this rang interesting.

[Video] Counter-protester

The occupation of Ottawa has to end. I live just outside the Red Zone. It's appalling. I cannot go to an office building. I can't shop. I can't go to church. I can't—

Viva Frei

You can't shop. You can't go to an office. You can't go to church. What do you have to say to the people who are protesting because they can't go to church, they can't go shopping, and they can't go to the office because of the government.

Counter-protester

Get vaccinated,

David Freiheit

"Get vaccinated." Listen.

[Video] Counter-protester

and do what you can.

Viva Frei

Okay, but now, if I may ask, could you recognize a certain inconsistency in telling someone that they have to do something with their body to do the thing that you're complaining you can't do now because it's an inconvenience?

Counter-protester

It's not an inconvenience, that's an occupation.

David Freiheit

"Occupation."

[Video] Counter-protester

I'm not telling them that they have to be vaccinated. I'm saying that if they want certain things, certain rights then they have to be vaccinated. If they want certain rights, you can't drive a car without a seat belt without facing the consequences.

David Freiheit

Where she says, "without facing the consequences," she goes on to say, "Get vaccinated or there will be consequences."

[Video] Counter-protester

You can't drive drunk without facing the consequences. If you don't want to be vaccinated, then you have to face the consequences.

David Freiheit

Where did we hear that terminology being used? I had to go back and double-check.

Shawn Buckley

So this is a counter-protester, just so it's clear for everyone watching. This isn't anyone involved at the Trucker Convoy, but they were counter-protesters. You went and interviewed this counter-protester.

David Freiheit

I interviewed a couple. I wasn't there to pick fights or start fights, but I went to interview this counter-protester. The one thing people should remark from that interview is that you could hear it,

[00:30:00]

and this was barely four blocks down from the core of the protest. She went on later to say that it's torture, the noise. We were conducting an outdoor interview on my iPhone, and you could barely hear the horns from up the street.

But "get vaccinated or there will be consequences": where did I hear that terminology? This was February 2022. Well, lo and behold, you know, this was the exact terminology Justin Trudeau had used in August 2021. I had to double-check the dates to see which one came first. And you see how this all works: It comes from the "top down," recycled and regurgitated by the media that doesn't hold the government's feet to the fire. I've been saying that the Canadian media has gone from being the government watchdog to being the government lap dog. And so you get the government, you get Justin Trudeau, the highest person in political power in Canada: "If you don't get vaccinated, there will be consequences." You don't get a media grilling him for this Nuremberg-level violation of everything that history has taught us.

And then it trickles down, recycled, and then, lo and behold, you get your citizens regurgitating and repeating what would otherwise be atrocity-speak in different ages. I interviewed this protester. You could hear the interview. They were claiming it was an occupation: She said, you know, "The horns, it's torture. It's a violation of international law." And I asked her if she knew about the Nuremberg Code, and, lo and behold, you know, CBC wasn't exactly teaching people about the Nuremberg Code.

But that's what happened. I walked around. I talked to people and I heard their stories. I interviewed a woman whose two sons died of overdose during the pandemic. You can't listen to something like that and not have your heart hurt beyond any way that you can ever repair. But, you know, Jagmeet Singh, who goes down on Parliament Hill to protest with the federal workers, didn't step down. They like to use the word "step up." That's the propaganda, you know, "people step up."

The government wouldn't even take a foot down into the protest to listen to these people. A woman who lost both of her sons to overdose during the pandemic. She was telling me how, you know, they were good; they got their lives back on track. And then everything shut down: they lost their jobs, and they relapsed and died. No, the government doesn't have the courage to talk to her. The media doesn't have the courage to talk to her.

You get the CBC down there, and this I saw also. The most interesting was not just seeing the distortion of reality but seeing how they do it. So you get the CBC—and others, I mean, I don't want to only pick on them, but they really deserve it—looking for the drunkest people to interview, then interview the drunk people, and then say, "Look at this representative of the crowd down here. It's a bunch of bums, drunken; they're just looking for excuses to do this." They look for the exceptions to make the rule, and they don't actually talk to the people themselves. It was revelatory, but well, let me bring this one up.

This is just something that the world needs to see, speaking to what the CBC does in terms of reporting. This was an actual article. We're talking about state-funded media that is there to parrot and condition the population to accept unconscionable government measures. Why? Because they're subsidized by them directly and/or indirectly. This was an article, "The pleasure and peril of snitching on your neighbours during a pandemic." And their only problem with it, by the way, "Experts say reporting on neighbours offers a sense of control but adversely affects minorities." This is Canadian media, fully subsidized by government taxpayer dollars, and what they're out there doing is parroting, pre-suasion—planting the seeds—preconditioning people to accept the unacceptable and normalizing it.

Shawn Buckley

You know, it's interesting that reporter obviously hadn't learned what we learned in Manitoba. Because when the Commission has been travelling to different provinces, we've had one of our video people assemble news clips of the government speaking during the pandemic. In Manitoba, they didn't call them snitches; they called them "ambassadors." It was really Orwellian. I mean, it was upsetting to watch. And what the government was saying, they were basically encouraging people to snitch as if we were in East Germany, and, you know, there was the Stasi.

David Freiheit

It's the Orwellian newspeak like the previous witness was saying, you know, "We're closer together by being further apart." What is it? "War is peace, freedom is slavery, ignorance is strength." I forget the exact order, but it's nothing less than Orwellian newspeak.

[00:35:00]

Just to show receipts as well, this was the CBC, and notice the tactic again; it's the third time we've noticed it: "Protest convoy had 'worst display of Nazi propaganda in this country,' anti-hate advocate says." So the CBC is not saying it. They're just repeating what someone else says without holding their feet to the fire, without challenging it: it's the "worst display of Nazi propaganda in this country." This is, I like to say, "confession through projection," on my channel: accuse your enemies of doing what you're doing. This is the worst display of propaganda imaginable. You have the CBC, not saying it, just repeating someone else—the anti-hate network has its own problems in terms of reputation—but just repeating it: the "worst display of Nazi propaganda the country" has ever seen. And I went down there. Didn't see one Nazi flag, and it wasn't for lack of trying. Didn't see anything but the most beautiful unification I had ever seen.

I should say, it was the most beautiful thing I'd ever seen until Justin Trudeau deployed the stormtroopers after having invoked the *Emergencies Act*. I didn't see a lick of violence until the cops came in. Police, I should say the police—the RCMP, Sudbury Police, OPP, who are the other ones, Sûreté du Québec from Québec. It was the most beautiful thing I'd ever seen until the government said, "We have been embarrassed enough," and then called in the police.

I was down there the Friday and Saturday when they broke it up. And they came in, at the direction of Justin Trudeau, like literal stormtroopers in flank. One step at a time, knocking people, what do they call it, "the shove and grab," knocking people over, arresting them. I was there the day that they had assaulted, violently arrested, Chris Deering, an Afghanistan war veteran. A war veteran—his body had been literally destroyed in battle where his other mates did not survive—violently arrested, cuffed, had his hands behind his back for two hours. Then they drove them outside of the city and dumped them off like trash and let them make their way back.

I was there the Friday and the Saturday, and they had snipers on roofs, drones in the sky. They were detonating concussive grenades. I was like five feet from a concussive grenade as it detonated, as they're clearing the streets one after the other. Because Justin Trudeau, who promotes protest in India, promotes the rights of the citizens to protest in China— It wasn't even a question of negotiating. We now know from the Commission [Public Order Emergency Commission, (POEC)] that they had effectively negotiated some form of an agreement whereby the trucks would leave. But Justin Trudeau was so desperate to turn this into a quasi-January 6th—

Shawn Buckley

Let me just stop you, and I do want you to continue. But I just want the people that are watching your testimony to understand. So what you're communicating is the *Emergencies Act* was being invoked. So people understood that the troops were coming, so to speak, and the truckers had arranged to negotiate and had communicated "We will leave." So it wasn't necessary for the police to come in. And we've actually had one, I think, two witnesses that were involved in those communications, "We will leave." So I think it's important for people to understand, especially those that watched the troops come in—and there's still the videos online—that was completely unnecessary. That basically the truckers had agreed to leave and disembark and vacate the capital.

David Freiheit

I have sort of taken for granted and, wrongly, that everybody knows exactly what I'm thinking. Yes, so the protest goes on for near three weeks and peaceful, but it wasn't ending. The Windsor Bridge blockade, which everyone knows because that blockaded the border between America and Canada, Ontario and Michigan, had already been resolved via court order.

But Justin Trudeau was hellbent on invoking the *Emergencies Act*, which used to be the *War Measures Act*, which is the invocation of last resort for when there's a national emergency for which existing laws are inadequate to remedy. So Trudeau was hellbent on doing this. We now know this from the Commission (POEC), which revealed that they were discussing it. And even though a negotiation had been reached between the truckers and the city to at least clear up certain areas, that settlement was basically set aside so they could invoke the *Emergencies Act*, which was after the Windsor Bridge blockade, if you want to call it that, had already been resolved via court order.

So I don't care what the Commissioner Rouleau concluded.

[00:40:00]

It was the most egregious, unjustified, unconstitutional overreach to invoke the *Emergencies Act* for an issue of national security—a national crisis that cannot be resolved by existing laws—as relates to a protest in a four-block Red Zone, in pinpoint, geographically limited to Ottawa.

If nobody knows what an overreach that was, I've broken it down quite a bit on my channel. He invoked the *Emergencies Act* and then the police start coming in. Everybody knew it was going to end badly or more badly. The police came in flanks. You had multiple police [forces]. You had some with no identification badges coming in on the Thursday, Friday, Saturday, setting up fences, which people thought were for kettling, which is, you know, crowding people in so they can get arrested. You had heavily militarized police, armored vehicles, and police people, no badges. You didn't know who they were, just numbers. You don't know where they came from. And then all hell breaks loose of violence on the Friday and the Saturday when they decide it's over.

I said during this event, "If this event does not end in reshaping and revolutionizing where the world is headed, it'll be the biggest black pill following the biggest white pill that I've ever had." The day that this protest was violently ended, violently suppressed, it was one of the darkest moments for me after having seen the last three weeks of peace, love, and beauty. Nationalism in the best possible way—Canadians proud to be Canadian again. The amount of people who said it to me while I was down there: "I've never been prouder to be Canadian. I've been depressed and sad for the last two years. I've driven 13 hours from Nova Scotia. I've driven 12 hours from Northern Ontario. I've driven from Vancouver." The people were happy to be among other people. They were proud to be Canadians yet again, and then it was suppressed. The way it was suppressed also further illustrated the government-subsidized propaganda to downplay and deflect from the egregious over-the-top violence.

There was an image accidentally caught by the CBC, I think, of the police beating the ever-loving mercy—just kneeing a human being as though they were a sack of potatoes that they were trying to turn into mashed potatoes for dinner. It was accidentally caught live; they never spoke of it again. The media is covering this, you know, talking about violence—that could possibly warrant this action—when there never was. At one point during the protest,

the police cordoned off the cenotaph, the War Memorial, to protect it. To suggest that the protesters, who were military veterans in large part—

Shawn Buckley

Many wearing medals at the time and telling the police that they were not going to be violent.

David Freiheit

Wearing their medals. When Chris Deering was violently assaulted, he lost one of his medals in the snow when they shoved him to the ground, when they kneed and assaulted him. They were wearing their medals. They were—and I learned this by being there and asking them because CBC sure as hell was not reporting on this—they had set up 24-7 video surveillance of the War Memorial. They were shovelling the snow every time I was there, salting it, because the city was no longer salting. They had a drummer in front of the War Memorial, doing the military drums, and then the police come in and section it off as if to suggest that it was out of control and that people were desecrating it or vandalizing it. The military veterans that I was talking to—I've never served; I don't have this experience; I don't have this, you know, reflex of my soul—they were outraged. They said, "This monument is a monument for me to go pay tribute—honour—to my fallen brethren. And now I can't go step on it because the government is doing this as a sick ploy to make us look bad."

Did the media ever talk about how it was the military— It was spinning. I interviewed these guys, shovelling the snow, salting the walks, and watching over the War Memorial.

Shawn Buckley

Viva, I just need to focus us, and somebody just flashed that we have five minutes left.

I want to give the commissioners an opportunity to ask you questions because you've brought us a very important perspective, and the fact that you actually went there to deliberately see what was happening and contrast it with government narrative is of vital importance. So I'm just going to ask the commissioners if they have some questions, and they do.

Commissioner Drysdale

Good afternoon, Mr. Freiheit. We had previous witnesses who were at the protest in Ottawa, as you were,

[00:45:00]

and you were talking about how the CBC only presented certain pictures and so did the rest of the mainstream media. But that area, Elgin and Wellington, in and around and in front of the Parliament buildings, is probably the most surveilled, video-taped place in the whole country. Have you seen or have you asked for or has anybody to your knowledge demanded that the Government of Canada release some of that surveillance tape so we can see, using the government's own video cameras, what happened?

David Freiheit

I would say there's—I haven't done it. There's no need to do it because with all of the live streamers there who captured all of this in real time, there's no room for doubt. Thank you for reminding me of another fake news story that the media ran with but only corrected once it was well too late.

The arson, the alleged arson that the truckers had attempted to carry out on an apartment building. It had nothing to do with the protests and nothing to do with the protesters. By the time they go to correct that story, or attenuate it, it doesn't matter; it's already left its impact. When I was talking to the counter-protesters, they were just repeating the same things. They were just repeating the same things: people getting assaulted for wearing masks, the harassment. It was nonsense. But you don't need to ask the government for these videos. Everything was documented in real time.

The only issue really became, say, algorithmic suppression or soft censorship on social media where that video of the police kneeling, I think, a veteran in the torso as they're arresting him—that systematically gets demonetized on YouTube, which affects its visibility to others. But it was all captured. The only violence that occurred, in my experience and that I've seen, was at the hands of the government that came in to end this peaceful protest in the most non-peaceful way imaginable.

Commissioner Drysdale

Well, my only point, and I agree with you, it was documented by many people, including yourself. But my only point in getting the government videotape is it would be nice to hear from the voices of the government themselves, showing their own cameras, what their own cameras have shown. It would be difficult for people to say that the government edited or selectively videotaped when they have hundreds and hundreds of cameras. It reminds me a little bit of the Tucker Carlson thing earlier this year with their January 6th fiasco. It would be hard for the government to deny their own camera feeds, I think.

David Freiheit

Absolutely. Also, some of those camera feeds might show stuff that the government doesn't want you to see. Like there was a video of the police, while arresting someone, appearing to butt them repeatedly with the firing end of a gun. I'm reflexively a back-the-blue type person. But what I saw on the days when the protest was crushed violently was just following-orders-type conduct, which will leave a lingering bad taste in my mouth.

Commissioner Drysdale

Thank you.

Shawn Buckley

And there being no further questions, David, what a pleasure it has been to have you share this, your personal testimony with us. On behalf of the National Citizens Inquiry, I sincerely thank you for coming and testifying today.

David Freiheit

Thank you for having me. I wanted to do this during the Commission, but I think too many people wanted to do that as well. But thank you for having me. I hope everyone really

appreciates—it's attributed to Denzel Washington, but I think it's more Mark Twain: "If you don't read the news, you're uninformed and if you read the news, you're misinformed." You have to know the tricks in order to understand how to digest what's being fed to you and make more people wake up to what is actually going on.

Shawn Buckley

Thank you.

David Freiheit

Thank you.

[00:49:10]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 10: Anita Krishna

Full Day 2 Timestamp: 10:18:39–10:47:30

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Hello?

Anita Krishna

Hello.

Kassy Baker

Hello, Anita. We're on right now. Can I please get you to state and spell your name for the record, please?

Anita Krishna

Anita Krishna, A-N-I-T-A, last name is K-R-I-S-H-N-A.

Kassy Baker

And do you promise to tell the truth, the whole truth, and nothing but the truth?

Anita Krishna

I do.

Kassy Baker

Very good. Now I understand that you're here today to tell us about your termination from Global News from your position as a control room director. Is that correct?

Anita Krishna

Correct. Yes.

Kassy Baker

Before we get into that, I would just like you to tell us a little bit more about yourself. Can you please describe your education?

Anita Krishna

I have a bachelor's degree in Radio and Television that I got from Ryerson University and I've taken other college courses, but I have a bachelor's in Radio and Television from there.

Kassy Baker

And how long have you been working in journalism and broadcasting?

Anita Krishna

Twenty-five years, long time.

Kassy Baker

Can you please tell us about your work and duties as a control room director?

Anita Krishna

Okay, at Global News, I was a technician, I was a control room director. So what that means is when you're watching your newscast on TV at home, we are making the TV happen, so that's part of my job. The producers line up a show, and we all work out of a rundown: the software that we used there was called ENPS [Electronic New Production System]. So they build the show, and what we do is we run all the elements in the show technically. We roll the opening, the big dramatic music that says, "Tonight, on Global News," and then we do all the camera moves and decide what the look is, whatever the top story is. Let's say it's about a mudslide blocking traffic on a highway or something, then I put in pictures of the mudslide, things like that. If we're going to reporters live on the scene, I make sure that's technically all good to go.

My job is preparing the technical execution and executing a show. But I work in a newsroom, so I work alongside all the directors, or sorry, all the producers and stuff. So even though I'm in my own world kind of lining up, kind of technically figuring out the elements I'm going to use for the show, I'm listening to what's going on in the newsroom. And I've done that type of work for 20 years or so.

Kassy Baker

And how long have you been working for Global specifically?

Anita Krishna

Since 1997, that's when I started there and I worked there for a few years. There was a period of time, right around 2001 and '02 that I started working at other stations. So I was just freelancing around different stations in Vancouver. I worked for CTV and I worked for City TV and worked for Global and Shaw, kind of all at the same time. So yeah, so I did that. Then I got married, and then we moved to New Zealand and then we came back here in 2007, and then I started working again. I picked up a little bit of work at CTV, and then I went back to Global.

Kassy Baker

You were working for Global in this position when the COVID-19 pandemic arrived in 2019. Is that correct?

Anita Krishna

Yes, I was a director of newscast when COVID-19 happened.

Kassy Baker

So what did you observe about the virus and how it was reported in those early days?

Anita Krishna

Oh, well, I mean, obviously in 2019, you know, it seemed to be a thing that just was happening over there in a different country. You know, here we go, it's another SARS type-of-thing. And you know, we're just waiting; nobody was really freaking out too, too much about it then. When it hit big was March, like 2020. I remember I was working at Global National, I was directing that show, March 11th. And oh, boy oh boy, like, yeah, that's when the hysteria really, really hit hard I would say.

Kassy Baker

Can you give us an example of this hysteria, as you've called it?

Anita Krishna

Well, the funny thing is, is that— Okay, working on Global National, some of the headlines that we were running that day on the 11th is like, we had reported that "The WHO declares the coronavirus a global pandemic." This is like just in our headlines, right?

[00:05:00]

And then we ran a little clip of Trudeau saying, "We're going to give Canadians everything they need," you know, "don't worry." And then we ran another clip saying, Patty Hajdu. And then before we got into that, we said, "Are Canadian hospitals going to be able to cope?" And then we went to this clip of Patty saying, "Oh, about 30 to 70 per cent of the population could get it." Then we ended it by saying, "Social distancing, what you need to know about keeping your distance and flattening the curve." And so that was in one minute, we had outlined all those things—all those things like panic, fear, just trying to scare everybody when I could see that nothing was really happening yet, like nothing had happened.

At that point, I'm not sure if there were—who had it? I didn't see anybody in my community that had it; I didn't know anybody that had it. Yet all these measures, these crazy measures and these fear tactics were coming fast and furious. And it was also right around that time that all the sports had cancelled, like the MLB, the NBA put their season on hold. The NCAA cancelled all their championships. It just seemed to be like—whoa, how did all these corporations or institutions, how did they all come to do this? Bang, bang, bang, like shut down, shut down, shut down, when we hadn't seen anything happen yet.

So my gut instinct was just telling me that this was like a massive overreaction but, you know, the horse had sort of left the gate already. Everybody was sort of in on this and nobody seemed to question the hysteria. Because, at the same time, we're also telling

people, “Children could get it. Children could test positive. If you’ve travelled outside the country, make sure you isolate; nobody, non-essential travel—” and all our clips of running people like Bonnie Henry saying, “This is going to get worse.” Well, I didn’t even see anything happen yet, so I just thought it was a massive overreaction. But everybody was just sort of going along with it.

Kassy Baker

And from your perspective, how did that reporting change over time, over the next several months that came to pass?

Anita Krishna

Sometimes an event happens and then you see the reaction. Now people can argue whether you see controlled events happening in news and then you see the controlled newscast. Sometimes that does happen, right? But for this situation, it was like nothing happens and then you see this kind of overreaction. Okay, so fair enough. So maybe at the time people were just being prudent and being cautious.

As time wore on, it just seemed to be that there were things that we were not reporting. You could easily find these things on the internet or find these things in other sources, but for some reason, our own newscasts were neglecting to tell people that perhaps the origins, like where this came from, was not the wet market. We actually just made people believe that it came from a wet market and never addressed this laboratory, the Wuhan Lab. Which was a big concern of mine because if you don’t know where this thing came from, how it came to be, how can you propose to know what it is and propose to stop it? So the fact that—

Kassy Baker

I was just going to ask, when you observed this, what was your reaction to the news being covered in this way?

Anita Krishna

Well, I just thought, how can we neglect this? How can we neglect to tell people this? How can we lead people to believe something which is not 100 per cent accurate? And we were leading people to believe things, about several things, that didn’t seem to be accurate, and yet we were not reporting this other side to so many pieces of this story.

Kassy Baker

Did you raise your concerns with your colleagues or with your supervisors and superiors?

Anita Krishna

Yes, yes, I did, I did, yeah.

Kassy Baker

Sorry, what was their response?

Anita Baker

I was raising concerns left, right and centre about absolutely everything. So let's see here, I had a meeting—I mean, as soon as you raised an issue, let's say you talked about the Wuhan lab. At one time, I said I thought this was a synthetic virus, in the newsroom:

[00:10:00]

that did not go over well, people just ended up getting mad at you. Other things that I raised was why we were not telling people about medications that could possibly help you, right? All of a sudden, everybody had these very strong opinions on hydroxychloroquine, and they had already formed their opinions. But my opinion is, if it's something that could possibly help you, do you not have the right to try it?

My cousin ended up getting COVID and she takes hydroxychloroquine because she takes it anyway, because she's ill with something else. So she got COVID and described how awful it was for her, but that she got better in about eight days and she thinks she got better because she was taking hydroxychloroquine. She said, "I think that that made a difference, you know?" So I told this to an anchor at work. I said, "Hey, my cousin took this and she thinks she got better." And he just said, "Oh, she thinks she got better, eh; she thinks she does; she thinks she got better." Like he got mad about it, but why would you get mad? Wouldn't your answer be, "Hey, that's awesome. You know, I'm glad that that worked for her, maybe we should look into it. Maybe this is something we should do a story on."

I'll tell you something else. I brought up ivermectin to one of the assignment editors there, too. Because there was so much negativity going on in the newsroom and so much judgment of people that were questioning the vaccine and stuff at the time that you knew what you couldn't really even speak about. But you couldn't really even speak about drugs. So one time in the newsroom, I brought this up because somebody called up to say some story about how unvaccinated people were taking up beds in the Children's Hospital, like, "look at these unvaccinated people." And this one guy was just sort of saying, "Oh, what a bunch of idiots these people are." And then somewhere in this conversation, I had brought up early treatment. And I said to him, "What about ivermectin?" And he said, "That's debunked." He said, "That whole drug is debunked."

Kassy Baker

Sorry, and just to be clear, this was a colleague in the newsroom or in your work environment, correct?

Anita Krishna

Like a senior colleague. The reason that this is important is because this man helps shape the newscast. This man decides what goes on our newscast, particularly the big ones, the five o'clock and the six o'clock. And he's calling people—I mean, a lot of people there were calling people names, like covidiot and stuff like that. But then when I bring up a drug, he says, "That drug is debunked." And I said, "What? What do you mean the whole drug is debunked? You know, what are you talking about?" I said, "Did you not see that big, big study in India?" And he said, "That's debunked." That's all he could say was "that is debunked."

But to my mind, at that time in Uttar Pradesh, there was like 241 million people. They barely had any COVID because they had been using ivermectin. So that is a story. That is something that we should at least be looking into. And even if you don't believe that that

medication works, you still should be talking to doctors, talking to somebody who might have taken it and gotten better. And you should be showing that side of the story. Then you can show the other side, of someone saying, “No, it doesn’t work.” But you have to show both. And the problem is with him saying that this isn’t even a thing— And right after he said that, my boss sent me an email saying, “Anita, you need to stop talking about COVID.” So I wasn’t even allowed to talk about this.

But the dangerous part of it is, these are people shaping your newscast. By them not telling you that there are medications that are not “horse medications,” you are doing a disservice to the public. People have the right to try it because they might get better if they try it. But if you hide that information, I mean—that is misinformation. That is 100 per cent misinformation coming from Global News in Burnaby. I can attest to that.

Kassy Baker

You’ve touched a little bit on the vaccines already, but as we’re all aware at this point, they were rolled out in early 2021. Can you describe the coverage that you saw regarding vaccines and vaccinations specifically?

Anita Krishna

Sorry, one other thing I wanted to say about that is we also ran stories making Joe Rogan look like an idiot for taking ivermectin: that was done on purpose and that is wrong. That is wrong and it just led people to believe that.

But vaccine. Well, yeah, I mean, the vaccine was like a religion.

[00:15:00]

All we did was constantly run stories of, okay, “Look at this person in the hospital, this person who made a bad choice and didn’t get the vaccine. Oh, they ended up in the hospital.” It’s like all our stories were slanted to that. Everything we were saying was “pandemic of the unvaccinated. If you’re unvaccinated, you’ll be holding everybody back.” And that we now know isn’t true.

Kassy Baker

I apologize for interrupting. In your experience, have you seen any other event reported in this manner?

Anita Krishna

I’ve never seen an event in my life where you cannot go to someone to talk about it like a senior producer, like a news director, and express your concern. They would be open to your concerns. If you had a news tip to give someone, they would at least take it on board. They wouldn’t say, “No, no, no. Stop talking.” I don’t know how many times there I was told to stop talking about something. So there’s an absolute reluctance to provide accurate information and to cover things that you should be doing that could help you. All there was—what I would say—was propaganda that didn’t speak up for people.

We would do things like on the 5 o’clock news where we would just say, “and sadly, another business has shut down due to COVID.” And we were not actually holding anyone to account saying, “Is what we’re doing fair?” You know, when people are using plexiglass

and sitting outside and you can go up to the counter and order, but you can't have a waitress come to you, or you've got to mask—you know, all the things that didn't make any sense. We were just shoving it in your face like it was something you needed to accept rather than questioning, "Is this really making sense for a business owner, for this person's livelihood?" We never stood up for the people. We just, as far as I'm concerned, shoved propaganda in your face.

Kassy Baker

Thank you. Now as an employee, I understand that Global did institute a vaccine mandate at some point. Can you describe the circumstances that led up to that and describe what the mandate required from you?

Anita Krishna

Well, they just pressured a lot of people to get vaccinated, and they'd make you fill out forms and they'd always want to know your vaccine status. And a lot of people were quite upset about that because we were trying to say, "Hey, we have a right to privacy." The people who believed in the vaccine just willingly went with it, as if they're in the good club. And the people who were reluctant and hesitant, "Oh, well, you're in the bad club," you know. So I didn't really even fill out the forms. And it should be noted that I didn't even get fired for not taking the jab. I got fired for speaking up.

Kassy Baker

We're coming up to that right away. So on that point, I understand there were a few things that led up to your termination. But in particular on, I believe it was December 12th of 2021, you attended a rally or a protest that was held in North Vancouver. Can you explain what prompted you to attend this rally?

Anita Krishna

Working at Global was like working in a twilight zone during the pandemic. Everything that you thought would have ever made sense for choice, for freedom, for your health just went out the window. And at this point, I was very concerned because we were running stories telling pregnant women to take this jab, and I personally had run those stories on some of the shows I was working on where we had some doctors telling pregnant women to take it. In my lifetime, I don't think you would ever tell a pregnant woman to take anything experimental because I'm old enough to remember thalidomide. I just think that for pregnant women, you have to be so careful, you can't even eat certain cheeses and things like that.

Why would we be telling women to take this vaccine that's never even been tested on women? How dare we even do that? I was feeling actually sick about that. But as time went on, then you started to hear [about] miscarriages. There were these reports in Scotland and Waterloo. And it was very hard to get a sense of like, was this really happening? And of course, our newsroom isn't even following up on any of this. Then I heard about this rally with this doctor, Dr. Mel Bruchet, and he had done some stuff and he had some videos online talking about it. I really was really wanting to know—were people becoming harmed by this and are people losing their babies?

[00:20:00]

So I just went to this rally which, by the way, Global News should have been at because if you're part of the community, you should be covering this stuff. And they did not. They don't care.

Kassy Baker

Did you attend the rally on behalf of Global or as an employee or identify yourself as such?

Anita Krishna

No, I did not. I went just out of my own curiosity as a private citizen and I knew no one there. But when I got there, I recognized a cameraman that used to work at Global. But I went as a private, curious citizen looking for answers.

Kassy Baker

Now I understand that you ended up speaking at this rally, is that correct?

Anita Krishna

I did. I did.

Kassy Baker

Can you describe the circumstances that led to you giving this speech? Was it planned or unplanned? Explain to us what happened.

Anita Krishna

Totally unplanned. It was just unplanned. I went up to a lady that I saw. She was a nurse, and I'd seen her online in one of these videos because I'd been watching videos of Daniel Nagase and Mel Bruchet. I saw this nurse and I just went up and said, "Hi," and I said, "I'm really interested in what's going on here," yada, yada. I said, "I can't really stay too long" because I had to go back to work. And then she asked me where I worked and then I said, "I actually work at Global," and she was like, "What?" And she just grabbed me, didn't want to let me go. She's like, "We cannot get anybody from the news to talk to us." And I said, "I'm not here as, like, I'm not a reporter." I've always said that: I'm not a reporter. I'm just here because I'm just curious. Then I ended up speaking because I just thought, well, what the heck?

Kassy Baker

I understand that your speech is recorded and available online if anyone wants to look at it. We have not got it here today. But more to the point, I understand that the speech was recorded. Is that correct? And obviously it was if it's online.

Anita Krishna

It was recorded. So many camera phones and then somebody sent it to Global, and then I ended up getting in trouble. I ended up getting suspended after that for violating journalistic principles, and they still have not been able to tell me how I violated those principles. They have violated their own principles by not reporting on community events. They have violated their own principles by not showing up to the National Citizens Hearing

when it occurred in Langley, not even sending a camera or a reporter, not even doing a voiceover on something like this. Who is violating journalistic principles? I can only say they are, by preventing this information to get out to people.

Kassy Baker

So when you were suspended, can you describe the circumstances of that suspension and the terms of your suspension? How long was it? Was it with or without pay?

Anita Krishna

This one was three days with pay, just because they had claimed I'd violated the journalistic principles, of which they still have not told me what principle I had violated. Show me. They could never show me. I said, "What article in this JPP [Journalistic Principles and Practices] did I violate?" They weren't able to ever even tell me that. So that first one was a three-day suspension.

Kassy Baker

And I see that I missed something so I just want to go back and clarify that. When you gave this speech, I understand that someone introduced you and how did they introduce you?

Anita Krishna

Oh, they said I was a Global TV director, yeah.

Kassy Baker

So you didn't make this assertion yourself. It was offered by someone else who was also speaking at the rally. Is that correct?

Anita Krishna

Correct, correct.

Kassy Baker

Following the suspension what was your relationship like with your supervisors and your colleagues at work?

Anita Krishna

Well, I guess in secret there are a lot of people that supported me because a lot of people felt the same way: They felt scared. They felt nervous. They didn't want to take it. They felt completely violated and threatened and bullied by management at Global which—they turned into bullies instead of managers.

My relationship became strained with the people who disagreed with me who thought that I was becoming radicalized. So lifelong friends, we ended up just completely disagreeing. Like my little cousin, he's 24 now, he took a Pfizer jab; he ended up paralyzed in the hospital. I was still working at Global at the time, and this happened right after his Pfizer shot. He got Guillain-Barré syndrome. And I said to people at work, this is what happened to my cousin. One of my good friends who's an editor there, and he just said, "Well, what

pre-existing condition did he have?" That doesn't matter. You don't end up not being able to walk for nothing.

[00:25:00]

He wasn't skydiving. Nothing happened. He took a jab. He can't walk. Now we've heard many stories of things like that. So there's just an absolute refusal to believe.

There are some reporters there that do and people that work there—they know what's going on, but they're not going to say anything because you're really not going to want to lose your job. I should say, though, I actually was so concerned with maybe children getting hurt, I told my operations manager when he was telling me to be quiet, and I said, "I'm really worried about children and pregnant women. They're the most vulnerable." But prior to all this, the news director—I encourage anyone to contact the news director at that station if you have any questions as to the news that's being presented to you—and I said to him, "I'm really worried about, like, there is very perverse incentives behind this vaccine. Are you not worried? How do you think they came up with this so quickly? How is this even possible?" And he just said, "All the scientists in the world got together, and when everybody gets together, then they can make this happen," which is a completely nonsensical answer. And then at the end of it, he just told me that I needed to get vaccinated.

Kassy Baker

Okay. Now, I understand that you were in fact terminated. Is that correct?

Anita Krishna

Yes.

Kassy Baker

And what date were you terminated?

Anita Baker

January 18th, I believe.

Kassy Baker

So roughly, and just for clarity, that was about, not quite a month after the rally?

Anita Krishna

I'm sorry it was January 6th.

Kassy Baker

Yeah January 6th. So a few weeks really after the rally, is that right?

Anita Krishna

Yeah, yeah. Right around Christmas time.

Kassy Baker

Can you describe what led to your termination or the reason that was given?

Anita Krishna

I think they gave me three. They told me something in my termination letter, one of which was that I had violated a social media journalistic principle policy. I don't even know how. They've never even shown me what clause I've actually violated of that. And I had said, "Can someone ask the Provincial Health Officer why the casinos, liquor stores, and strip clubs are open and the gyms and the churches are closed?" which is a valid question. But they fired me because on my Twitter profile, it just said Anita, Global BC director. So I guess they felt I was putting them in some kind of disrepute by asking them that question. But it's a valid question.

Kassy Baker

Sorry just for clarity, can you repeat the tweet that you had posted in which you were ultimately terminated for?

Anita Krishna

I said, "Can someone please ask the Provincial Health Officer why the casinos, liquor stores and strip clubs are open and the gyms and churches are closed?"

Kassy Baker

And that was it? That was the last tweet? Okay and I understand that you were terminated "with cause" is that correct?

Anita Krishna

So they say. That's what it says on my—actually, it doesn't even say that on my termination letter. So if anyone knows a good lawyer, please reach out to me, but it doesn't even say that on my termination letter. But they will say it was "with cause."

Kassy Baker

Okay. Were you eligible to apply for EI or any other benefits?

Anita Krishna

No.

Kassy Baker

Okay. I actually don't have any other questions. Are there any questions from the Commissioners?

Kassy Baker

Okay, I believe that's everything. On behalf of the National Citizens Inquiry, I would like to thank you very much for your testimony here today. Thank you.

Anita Krishna

Well, thank you for having me. Thank you very much.

[00:29:02]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 11: William Bigger

Full Day 2 Timestamp: 10:47:55–10:56:12

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Our next witness is Mr. William Bigger. William, could you give us your full name and spell it for us, and then I'll do an oath with you.

William Bigger

William Bigger, W-I-L-L-I-A-M B-I-G-G-E-R.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth in your testimony?

William Bigger

Yes, sir.

Wayne Lenhardt

What you're going to do today, I guess, is just outline the problems that you had as COVID developed in your community. You live in St. Catherine's, Ontario, correct?

William Bigger

Yes.

Wayne Lenhardt

And you've lived there for quite a while.

William Bigger
My whole life.

Wayne Lenhardt

Okay. In 2020, you were 18 years old. Tell us what you were doing in 2020, just as the COVID problems were developing.

William Bigger

Yes, so as you said, I was 18 at the time, freshly out of high school and was a very active member in my church as a kids administration leader with younger kids. I also was a competitive swimmer for our local Special Olympics swim team. I competed with them since I was very young. I was born with autism, so I always swim with them as a form of physical therapy and was pursuing a job out of high school, just at a local sports venue.

Wayne Lenhardt

And you had a job at that time?

William Bigger

I did yes, at the time. I had held that after high school and then once everything shut down, all of our events were cancelled, so I lost that job. Our churches closed, so I lost my leading opportunities and I couldn't swim anymore.

Wayne Lenhardt

So by August of 2020, you were out of work.

William Bigger

Yes, sir.

Wayne Lenhardt

By the end of 2020, you did get another job. Correct?

William Bigger

Yes, I did. After being off work due to lockdowns for several months, I was able to find work in our city as a new sub restaurant was opening up.

Wayne Lenhardt

Your family sort of was having problems as well during this period of COVID, correct?

William Bigger

Yes, unfortunately, both my parents both work in what were considered high-risk sectors, the hospital and a firefighter, and this became very challenging for them.

Wayne Lenhardt

Were both of your parents working at the time?

William Bigger

Yes. During the whole time, they were still able to work with challenges, with all the PPE and all that in their jobs.

Wayne Lenhardt

And there was concern about your father's job, which would have caused some serious problems, correct?

William Bigger

Yeah, sorry. It was just, very emotional.

Wayne Lenhardt

So you managed to get a job in a submarine shop in 2021 by April. Did you still have that job? What was happening?

William Bigger

Yes, I did have that job for nine to ten months in total. Through those nine to ten months, it was very challenging. They had all the social distancing and masks in place. At that time, there was talks about the vaccine as it rolled out, but nothing in place in terms of mandates. But it was just a challenging work environment, having to be careful where you stood and wearing the mask was difficult for me. Just to be able to understand and communicate with people and read their facial expressions.

Wayne Lenhardt

You did get a job at Costco at some point, correct?

William Bigger

Yes, I did.

[00:05:00]

At the beginning of 2021, around March, I was able to get another job there. Just out of my previous job, I had a fear that if I stayed there any longer, I would eventually have lost it due to vaccines. So I was trying to pursue work, and then I was able to find work.

Wayne Lenhardt

And you never did get the so-called vaccine, did you?

William Bigger

No, sir.

Wayne Lenhardt

Okay. Was there a reason for that?

William Bigger

As a family we decided that it was best to not participate. When I was very young, I'd had a bad response to my year one boosters, which I was, after, in the hospital for a short period of time. And so I just let my parents consult with family doctors and experts that they were in contact with to decide the course of action, so they decided to avoid taking them.

Wayne Lenhardt

Okay. I think I'll stop there and ask the commissioners if they have any questions for you. Anyone? Any last items you want to tell the commissioners?

William Bigger

I just really want people to know that if they're watching this that their stories can be heard and that they're not alone. These past few years have been challenging for everyone and I just want it all to be over.

Wayne Lenhardt

Okay, on behalf of the National Citizens Inquiry, I want to thank you for coming and telling us your evidence. Thank you again.

Commissioner Kaikkonen

I just have a quick question about you worked with youth. Do you know what happened with the youth when everything shut down? Did they feel the same way you did?

William Bigger

Can you repeat the question?

Commissioner Kaikkonen

You said that you worked with youth,

William Bigger

Yep.

Commissioner Kaikkonen

prior to the lockdowns? Do you have any understanding of what happened with them in terms of lockdown? Do they feel the same way you do, or do you have anything to add about the youth?

William Bigger

Over the past little while I've been slowly reconnecting with that group that I have served in my church. Although I have not maybe asked what their experiences have been, I've been

really wanting to, just over the past couple years of how it's affected them as even younger than I am—especially those that are younger and were still in school and how that would affect them. I haven't really gotten a chance to ask, but I would really love to.

Commissioner Kaikkonen

Thank you very much.

William Bigger

You're welcome.

Wayne Lenhardt

Any other last questions for Mr. Bigger? Okay, I want to thank you on behalf of the commission of inquiry for your testimony. Thank you again.

William Bigger

Thank you.

[00:08:32]

Final Review and Approval: Margaret Phillips, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 12: Scott Routly

Full Day 2 Timestamp: 10:56:34–11:21:55

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Shawn Buckley

Our next witness is going to be attending virtually, Captain Scott Routly. Scott, can you hear us?

Scott Routly

I sure can. Can you hear me okay?

Shawn Buckley

We can hear you, but we can't see you.

Scott Routly

Oh. Let me see what I can do here. Okay. Can you see me now?

Shawn Buckley

We can see you now. So, Scott, I'd like to start by asking you to state your full name for the record, spelling your first and last name.

Scott Routly

Okay. My name is Scott Routly, S-C-O-T-T R-O-U-T-L-Y.

Shawn Buckley

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

Scott Routly

So help me God. All glory to God.

Shawn Buckley

So my understanding is that leaving aside your other military service, you served fifteen years as a military pilot, and then you served an additional fifteen years in civil aviation [Exhibit OT-10].

Scott Routly

Yeah, that's correct, sir, yes.

Shawn Buckley

And you ended your career prematurely because of COVID, but at the time you were a chief pilot for an airline.

Scott Routly

That's correct.

Shawn Buckley

I appreciate we don't want to name the airline, but most people listening to your testimony are not going to understand what a chief pilot is. Can you briefly explain what a chief pilot is?

Scott Routly

Yeah, the chief pilot, he's a middle manager; he's in charge of the whole pilot group. In my case, I had roughly about 100 pilots in my charge. He's appointed, not only hired by the airline, but also appointed by Transport Canada because of the regulatory requirements.

Each airline in Canada, in the industry, basically has a few accountable executives that Transport Canada considers their go-to people: that would be the chief executive officer of an airline; that would be the operations officer or director of flight operations; that would be the director of maintenance; and that would be the chief pilot. The reason for that is because of the Canadian aviation regulations, the requirements and regulations and rules that need to be adhered to. So they then screen individuals for this role. The airline cannot just hire a chief pilot, they also have to be screened and approved by Transport Canada. So of course, I had to go to meetings and do knowledge tests. I had to have a certain amount of expertise—

Shawn Buckley

Okay, and I'm just going to shorten this because what I want people to appreciate is that in that role that you had, not only are you responsible to the airline for taking care of the flight crews, but you're also responsible to Transport Canada for taking care of the flight crews.

Scott Routly

Absolutely, yes.

Shawn Buckley

So you have a responsibility to two different parties and, literally, what would be described as the fiduciary duty to the pilots to take care of them.

Scott Routly

That's right. So of course, all the training standards are part of the Canadian aviation regulations as mandated by Transport Canada [Exhibits OT-10f, OT-10g, OT-10h]. So it's my duty and my role to ensure that all the training and all the standards, proficiency checks, evaluations, standard operating procedures, operation manuals—

Shawn Buckley

I'm just going to truncate because I'm watching a timer go down and we're at eleven minutes and twenty-eight seconds. I think people understand that it's a highly—there's a lot of responsibility. But I just wanted to get—because of what follows in your testimony—that people understand you're also responsible to Transport Canada.

So COVID hits, you're a chief pilot. Can you share with us your experience and, kind of, the steps that you ended up taking to try and protect the pilots under your charge?

Scott Routly

Yeah, so we all know what happened, of course, in 2020. We were subject to all the same measures, the lockdowns that were happening throughout the country. Now because we were considered as essential workers, we continued to operate. We were operating up in the north country and around Ontario for the most part. And so throughout that time period, it really didn't affect us very much. We just continued on with our operations.

Now for the passengers and what-not, protocols started coming out. You know, the social distancing, the masks, testing, and all these different requirements. So the airline, they tried to follow the best they could for Health Canada—as everybody was trying to do in all aspects of the industries.

[00:05:00]

In our particular case, this continued on until pretty much as the vaccine rollouts started to happen in late 2020, early 2021. I could see the writing—I'd been doing a lot of research and critical thinking, my background, and already starting to look outside the mainstream media into other avenues to see all about these so-called vaccines that were being rolled out, for obvious reasons.

The medical requirements for pilots, it's a fifty-fifty split in our licencing [Exhibit OT-10a]. We hold a licence for our type rating on the aircraft itself that we fly; we have to do training every six months to maintain our type rating. But more importantly, or just as important, on the other side is our medical requirements [Exhibits OT-10c, OT-10i], which without the two, in our aviation booklet, you can pass a check ride for your aircraft type rating but if you fail your medical, you do not fly, and vice versa. So in some cases, the pilots consider—depending on age and healthiness—that passing the medical is the highest priority because it's obvious they're really knowledgeable, highly skilled individuals. We're probably the most regulated industry out there, for obvious reasons. We fly in the air. We can't pull over when anything happens. You know, critical thinking, decision-making, and emergency procedures.

So all of a sudden, the vaccine started to get rolled out. I had my suspicions. I started seeing it happening—

Shawn Buckley

So can I just ask you beforehand— Because you were responsible, actually, for a large number of flight crew people. And you guys would have had to have been doing the testing before the vaccine rolls out. Were you finding that pilots were off work because they were actually sick?

Scott Routly

No, as a matter of fact, it was just like any other year and, you know, we're getting into the low vitamin D season, better known as the flu season. And so there was the odd sickness but nothing abnormal from previous years. But what was happening was through family members and through all the COVID testing, we started getting into these issues where pilots are calling in and they're saying, well, they phoned Health Canada and "my wife, you know, has tested positive, although she's not sick." And everybody was— They just started making things up, really, off the top of their head, in this region: so basically, "Well then, you better ground those people for, you know, forty-eight hours," and then it was seven days and then fourteen days.

So the pilots themselves were not getting sick. But they were being grounded because of Health Canada protocols that they were in the same household as apparently somebody who tested positive, although not sick.

Shawn Buckley

Right, okay. I just wanted to pull that out. So you weren't having pilots going down with COVID, but they were getting grounded because of the testing protocols.

Scott Routly

That's right.

Shawn Buckley

Okay, sorry to have interrupted. Now there was one other thing. My understanding is that you guys had to go for your six-month SIM training [simulation training], and you had related to me something that you observed in the hotel. I want you to describe that just because it's come up in some other testimony at the Ottawa hearings. So can you share with us please, what you observed when you were staying in Toronto for the SIM trainings?

Scott Routly

Yeah. So finally, there was a lot of exemptions, unfortunately, with medicals and training, so there was a little bit of a lapse. We finally were able, just after the second lockdown, to start going to Toronto and continue with our simulator training, which we do every six months. We rolled into Toronto and, of course, the country's been locked down for the last three months at that period of time, and we had a hard time finding hotel rooms.

So how could this be? Long story short, we get to the hotel, and we're being told that six of the seven floors are quarantined from international travellers coming into Canada through

the COVID protocol. We're going to stay on the seventh floor. Now you walk into the lobby, and half of it has a glass, of course, opened at the top, as we've seen in stores and whatnot. And so we had use of one side of the elevators, and the other side was for all these so-called passengers coming in. So I didn't really think a whole lot of it the first day, where it was late, got in.

The next day before I had to do SIM training, I just thought, you know, I'm going to go down to the lobby and see what's going on here. This seems a little crazy for my kind of thinking. So I just sat in the lobby to see who was coming in and out on the other side.

[00:10:00]

Anyway, I was starting to see busloads of people come in, and nobody could speak English. They were coming in not with a suitcase that you would pack for a week vacation or two-week vacation. They were coming in with carts full of baggage that you would bring if you were staying for a lifetime. And food was being provided to them. It was all kept separate. We couldn't communicate with them on the other side. I did ask the person at the front desk, and the cone of silence came down and I was pushed back, and they didn't have any answers for me. So I watched this the one day, went out, and did my SIM training.

The next day I thought I'd better go down and watch it again for a few hours before my next day of training and, sure enough, the same thing happened. Now what was happening too though, was the next morning, they were actually getting loaded up in buses, disappearing. And then more buses would show up, and they were being offloaded into the entryway, given rooms, given food. Then they would disappear into the hotel in the so-called quarantined areas of the hotel. So I thought that very suspicious from my background and of course, with my critical thinking, that what I was watching happened for the last, you know, year and a half at that point.

Shawn Buckley

Okay. Yeah, thank you. It had come up about the number of immigrants coming in, almost like the population was being replaced.

Scott Routly

My thoughts were too, Shawn, absolutely.

Shawn Buckley

Okay, so back to the airline. Can you tell us the story of what happened? You were kind of telling us that things were getting phased in and then the mandates came in. I'm wanting you to share with us what you thought, what you did, and what happened. I'll tell you, we've got about eight minutes left.

Scott Routly

So the red flags started coming up, obviously, when there was rumors with these vaccine rollouts that it could possibly affect everybody. Right away, I had done a lot of research, started listening [to], you know, off-media sites where Dr. Peter McCullough, Dr. Theresa Long from the United States Army, flight surgeon, Paul Alexander. All these experts you've already had; you've had them as witnesses. All these people were already speaking out now.

It's been a year and a half in, and we already know at this point that these experimental jabs are dangerous, a lot of adverse effects happening with them. They're also not stopping COVID, not stopping transmission. So what are they there for?

Well, from an aviation point of view, and certainly for the health and welfare of my pilots, I raised the flag. And so I got a meeting together, and I said, "Look, if these things are going to start to happen, we need to have a close look at this. This is against all rules, protocol. You know, we have thirty years from my experience anyway in aviation, where safety has just been the paramount ideal that we strive for all the time. With all the training and everything else we do in the safety management system—for actual flying airplanes and what-not; our medical categories and fitness of the pilots, including fatigue—we have to stress this point to find out what is going on here [Exhibit OT-10e]. There's no way that we can give this to pilots that are flying, an experimental drug, until we get further information. Here's information I have."

Now at one of the meetings, the first thing I got, you know, I stressed to the Air Line Pilots Association [ALPA] union members—because we did belong to ALPA—and they said, "Oh, yeah, no, we know about these incapacitations, and they're all false narrative." And I said, "Well, I don't think so. It's been reported by actual pilots on the flight line in the United States and elsewhere." And anyway, they said, "Well, Health Canada has said that no, they're safe and effective [Exhibit OT-10d]. Therefore, the union's all in."

I went to management. I said, "Look, you know, regardless of what's going to hopefully not come down the pipe, but there are rumors that we need to be careful of this because we are responsible for this. These are our people. We cannot, you know, put these unknown drugs—" You can't even give blood as a pilot and fly for forty-eight hours. You can't go scuba diving. You can't take prescription drugs unless a civil aviation medical examiner approves it, right? That's how serious and regulated our medicals are.

Anyway, that was at that point. Shortly afterwards, then the rumor came down that Transport Canada was, in fact, going to enforce mandates for all the federally regulated airlines, trains, or anything in transportation. That's when I really raised the flags and put together data packages, which we already had at this point. And I once again had another meeting. Once again, I was pushed back.

[00:15:00]

I went to the senior management. I explained to them that absolutely we cannot do this. I explained Nuremberg Code; I explained all the laws of Canada, Charter of Rights, just the medical safety side of it: "We cannot do this, not only for our own people, but for the travelling public, the safety for them." And it was pushed back.

I eventually ended up writing a letter. They had a mandate come out that if we were not all double-vaxxed by 15 November of 2021, that we would be fired or suspended. Now I'm the chief pilot; I'm the man that's in charge of all the pilots for their health and welfare for Transport Canada. I reached out to Transport Canada, I said, "What's going on here? You know, we cannot allow this to happen, this is insanity." And I don't blame any of the lower-level people, you know, they're just following direction from above—unfortunately, blindly. And they said, "Well, this is going to go through." So anyway, I put up my fight against it. I said, "What about exemptions for people?" [Exhibit OT-10k]

I've got the first third of the pilot group—like everybody else in Canada—just ran right out in fear. About the middle third, they heard, "Well, I'm not going to be able to travel, so I'm

going to go take it—what the heck, it's just another flu shot." I warned everybody it's not. And of course, there was the other third of the pilots that were extremely nervous and said, 'Look, we don't want to take these shots. What can we do? It's going to affect us possibly for the rest of our life; if we lose our medical because of these shots, then we've lost our career.'" And I totally agreed. So I went to Transport Canada who said, "There's nothing we can do."

Now they did roll out exemptions. But of course, it was all a big farce. It was all pre-planned that nobody would get one and, in fact, the people that did apply got refused. I didn't even bother as a man of God, as Jesus, my Lord Saviour Christian; I'm not going to allow somebody in Ottawa decide my faith, so I didn't even apply. So at the end, I did not get jabbed; in the end, I was the only one [Exhibits OT-10i, OT-10j]. They all, through fear and coercion, scared of losing their careers and their jobs, their paychecks, unfortunately, the rest of them submitted. And it's extremely unfortunate because I know they're all flying around right now, wondering—you know, with all the reports of myocarditis. It's insanity; it's criminal that these people should be out there.

Shawn Buckley

I just want to slow you down. My understanding is that you were terminated because you wouldn't get vaccinated or you were—

Scott Routly

I was put on the infamous "suspended without pay" for eight months or whatever. Until through the pressure of the—thank God—Trucker Convoy, the only reason, you see, that the mandates were suspended. Everybody needs to understand, the mandates are still in place. They were just suspended. I know everybody's having the summer of love, but they were merely suspended. And the reason they're only suspended is because I'm sure that they're going to bring them back in again. So after that, then I was terminated.

Shawn Buckley

Now, do you know, following vaccination were there any changes to the medical requirements for pilots?

Scott Routly

Well, during the whole time there—at least, the first year through 2020 and into 2021—they basically had exemptions for medical. So they suspended the medical requirements.

Shawn Buckley

Just wait, so 2020 into 2021. So once they roll out the vaccines in 2021, there's, basically, an exemption from having to get the medicals.

Scott Routly

That's correct, yeah.

Shawn Buckley

Now, the medicals were mandatory every six months, were they not?

Scott Routly

That's correct. Six months to a year, depending on your age, or if you have any underlying issues. That's always been the case with CAT-1 medicals. As I say, that's fifty per cent of our licence, right? And of course, we have to go to civil aviation medical examiners [Exhibit OT-10b]. We don't just go to normal doctors. We have to be approved by civil aviation inspectors who actually give us physicals. And the older you get, you have to get ECGs, urine tests, eye tests, all these different things, right? X-rays, if required, depending. Now they stopped all this because of COVID. But then, even after the vaccine rollouts,

[00:20:00]

which I found quite insane, is that knowing everything that's going on, they've now increased these medical requirements, the exemptions, basically to telecoms. So you can phone into the civil aviation inspector and tell him, "Yeah, I'm feeling good, doc. It's all good." "Okay, good to go."

Shawn Buckley

Let me just be clear. So you used to have to go in and actually see a doctor and get tested.

Scott Routly

Of course.

Shawn Buckley

And you would normally have to get an ECG. I mean, these were really strict and complete tests, am I right? But they included ECGs.

Scott Routly

Yeah. Now it's for initial testing. For the younger pilots, you're not required to get ECGs until you're a little bit older. Once you're at the age of forty years old, then you have to get an annual ECG.

Shawn Buckley

Okay, but that's been exempted, hasn't it?

Scott Routly

Sorry?

Shawn Buckley

That's been changed, hasn't it? Isn't there an exemption now from needing to get ECGs for a couple of years?

Scott Routly

That's correct, yes. Yeah, so even with all the knowledge, even more so now than we had prior to the rollout, they've now extended it even again for another couple of years to 2025. Now, within that, there's about a three-year period. But every two years, you will have to go

in to do a physical. But the point is, a lot can happen in two years when you used to go every six months to a year.

Shawn Buckley

So, I want to make sure that no one's misunderstanding you. So, you know, in this most regulated industry—because, obviously, we don't want pilots having heart attacks or strokes or anything while they're up in the air flying us places—

Scott Routly

That's right.

Shawn Buckley

there were strict requirements for them to go "in person" for medicals. But here we hit a global pandemic where, in theory, the pilots are at more risk of being sick, and they actually relax the medical requirements, including mandatory ECGs.

Scott Routly

That's right.

Shawn Buckley

And that's after they roll out experimental vaccines. So pilots are now being tested less than they were before.

Scott Routly

That's correct, yeah, yeah. Of course, logical common sense would be, you know, you'd be tested more now just to confirm if there's any issues.

Shawn Buckley

Okay, now we've run out of time so I'm going to ask you one last question, and then I'm going to turn you over to the commissioners for questions. My last question is, are you concerned about airline safety?

Scott Routly

Yes, I am. There's already been reports. I think you've already talked to Greg Hill with Free to Fly. There's also Josh Yoder down in the States, Freedom Flyers, two great organizations; I belong to one of them. And these jets are getting calls all the time from the flight line. Now pilots by nature, they do not want to lose their medical because that means you lose your licence, which means you just lost your career. They put a lot of time, a lot of effort, a lot of expense to this highly dedicated profession. But they were forced and coerced into this, and so now they're out there, they're phoning in. They don't know what to do.

The reason you're seeing a lot of—you'll hear from Transport Canada rep here and in the airline—issues that we had at the airports, these were airlines that couldn't find crews to fly. They were calling in sick for whatever reason, and they were just short of crews—that's why flights were getting cancelled. They were trying to, you know, they had their own

narrative they were trying to use at the time. But the real reality is they were short of crews on the line due to sickness. And let's face it, they also fired forty per cent of their pilots throughout the country, like nurses, like firemen, like police, right? So you're wondering why you have a shortage? Well, that's because you fired forty per cent of them. And we're talking highly experienced individuals, right? You cannot replace these individuals.

Shawn Buckley

But we're short on time, and I was asking you if you were concerned about airline safety. And you are. So I'll turn you over to the commissioners to see if they have any questions for you. The commissioners do not have questions for you. So Scott, on behalf of the National Citizens Inquiry, I sincerely thank you for attending and sharing this information with us. Your testimony is appreciated.

Scott Routly

Well, my pleasure. I would just like to say thank you for you and your team for all the good work you're doing for this very noble cause for the future of this country. It's extremely important where we go from here. And I just remember—in the face of evil—not to do anything is to be a part of the evil. So I hope Canadians can grow some courage here and stand up for this country. And you know what? Put our faith in God, the living God of the Bible. Thank you so much and God bless.

Shawn Buckley

Thank you.

[00:25:36]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 2

May 18, 2023

EVIDENCE

Witness 13: Laurier Mantil

Full Day 2 Timestamp: 11:22:23–11:31:50

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Wayne Lenhardt

Hello, Laurier. Could you give us your full name, and spell it for us, and then I'll do an oath with you.

Laurier Mantil

My name is Laurier Mantil, L-A-U-R-I-E-R M-A-N-T-I-L.

Wayne Lenhardt

And you promise that the testimony you'll give today will be the truth, the whole truth, nothing but the truth?

Laurier Mantil

Yes.

Wayne Lenhardt

Thank you.

You have been a letter carrier with a federally regulated corporation and you've done that for some time.

Laurier Mantil

Mm-hmm.

Wayne Lenhardt

So maybe let's pick up the story in 2021, and you can tell us what happened.

Laurier Mantil

Yeah, so in 2021, November, to be specific, my employer imposed a vaccine mandate. And at the time, at the end of November 2021, I was about six weeks pregnant.

Wayne Lenhardt

Okay, so a vaccine mandate came in. Everyone had to get it, no exceptions.

Laurier Mantil

Yeah, it was a blanket policy, so everyone had to get it. They weren't offering any rapid testing. It was no jab, no job.

Wayne Lenhardt

But you had a specific reason for not getting it, correct?

Laurier Mantil

Yeah, I was pregnant.

Wayne Lenhardt

So you were pregnant for about a month at that point?

Laurier Mantil

Yeah, about six weeks.

Wayne Lenhardt

You weren't going to tell anybody, but at a certain point you ended up having to do that just because of the mandates, correct?

Laurier Mantil

Yeah.

Wayne Lenhardt

So your privacy got violated. But also, were you concerned about your baby?

Laurier Mantil

Yeah, absolutely. At the time, there was no evidence of safety. My employer did not provide any sort of handouts about any evidence of safety or why we should be taking these to keep our jobs. So I was really, really concerned. I was just trying to be really diligent and kind of decide my next steps because I was facing the loss of my employment, my job that I love, and I just wanted to be at work. I was an essential worker and I had worked the whole pandemic. And for my pregnancy, I felt for my mental health and for my physical health being pregnant, for me, the best thing was to stay at work and keep working and getting the exercise that I was getting. So I was really, really concerned, yeah.

Wayne Lenhardt

And at some point, did you apply for an exemption?

Laurier Mantil

I did. We had to attest our vaccine status and by a certain date. And if we hadn't attested, we would be kicked out and on an unpaid leave for we didn't know how long, if it was going to end up in a termination. So I did attest at the very last minute because I just wanted to stay at work, and so I tried to apply for an exemption at that time.

Wayne Lenhardt

And what happened with that?

Laurier Mantil

So I applied under a human rights exemption, not a medical exemption. I didn't really hear back from them right away. I was just allowed to be at work and keep working. But every day, I didn't know what was going to happen. I didn't know when I showed up to work if I was going to be booted out, like my other co-workers already had been at that time.

So here I was. I was waiting for them to get back to me about my exemption, waiting, waiting. Time went on. Months went on. And I never heard from them, and the only time I heard from them was at the very end, towards the end of my pregnancy. They contacted me and said, "This seems to be a medical case. Do you want to change your exemption to medical?" So I had gone this whole time—I guess I had an unofficial exemption—but I didn't hear from them. And they tried to get me to change over to medical, and I refused. And I went off on mat leave a couple months later.

Wayne Lenhardt

Okay, so you continued to work, but some of your cohorts ended up being put on leave without pay. Correct?

Laurier Mantil

Yeah, all my fellow employees that did not want to attest or did not get the jab were put on leave without pay—for seven months they were out without an income.

Wayne Lenhardt

So you kind of lucked out on that one and didn't suffer seven months without pay like some of your other cohorts.

Laurier Mantil

I was the only one in my post office that was unvaccinated, working.

Wayne Lenhardt

Okay.

[00:05:00]

So what other negatives did you suffer?

Laurier Mantil

Just the utter despair of not knowing where my career was going. I'm seven years in to my career, which is fairly new in my position, so I was just trying to figure things out. My partner and I just bought a house. This is our first baby, so there's a lot of things going on. I was having difficulty sleeping at night, difficulty even going into work because I felt so alone. All my other co-workers were not there, and I was the only that was allowed to be there, so it was very difficult.

Wayne Lenhardt

So again, you couldn't go to movie theatres; you couldn't go to gatherings; you couldn't go to restaurants, all that stuff.

Laurier Mantil

I was denied entry to a movie theatre, a local one, actually for not wearing a mask while I was pregnant.

Wayne Lenhardt

And given that you were pregnant, was there any issues with respect to your partner assisting you during that time?

Laurier Mantil

Yeah, like my partner was my rock. I wouldn't have got through this without him. At one point, he even said that he would get it if I had to get it. But I thought, you know what, there's too many red flags. I had worked outside the whole pandemic. I worked mostly alone, walking on an average 20 kilometres a day. I was very healthy and I said, "No, I'm not getting this. If I'm going to lose everything, I'm going to have to fight for it." So that's why I applied for the exemption and tried to get around it.

Wayne Lenhardt

And did you have to wear a mask during this period of time?

Laurier Mantil

Yeah, we had to wear a mask, and if I didn't, you'd be suspended.

Wayne Lenhardt

Okay.

Laurier Mantil

Inside. Outside, I didn't wear it when I was outside, delivering.

Wayne Lenhardt

Did you feel you were allowed informed consent when you made your decision, or did they pressure you to proceed?

Laurier Mantil

Well, I thought it was my job, or, you know, so there was coercion there. No, I didn't have informed consent because at the time there was no evidence that it was safe for the fetus. That's what I was concerned about. They were saying it was okay for pregnant women, go ahead and get it. But I never saw anything about the fetus specifically. So that's what I was really concerned about.

Wayne Lenhardt

Okay. Is there anything else you want to tell us about your situations at that time?

Laurier Mantil

No, I just want to say I'm a very private person, so it was very hard. It took courage to come here today. But I really wanted to do this for all the other pregnant women during this time that may have had a similar story to mine. Also, all the babies that are not here. All my co-workers that took seven months without pay. And obviously my baby and my partner, because I wouldn't be here without them.

Wayne Lenhardt

Are there any questions from the Commissioners?

Commissioner Kaikkonen

Real quick, did all of your co-workers that went without pay for seven months, did they come back?

Laurier Mantil

Yeah, they were asked to come back after seven months. They were allowed to come back.

Commissioner Kaikkonen

And did you suffer anything from anybody who remained at the post office that would have known that you were not vaxxed. Did anybody say anything?

Laurier Mantil

They said it was going to be a private matter, people wouldn't know. But everyone knew. I had a few comments, but everyone knew everyone's status pretty much there. So there was no privacy of people's decisions. Everyone who wasn't there, you knew that they weren't complying with the mandate. And there was nothing in our collective agreement about this either.

Commissioner Kaikkonen

Thank you.

Wayne Lenhardt

Any other questions from the Commissioners? On behalf of the National Citizens Inquiry, I want to thank you very much for coming and telling us your story.

Laurier Mantil

Thank you.

Wayne Lenhardt

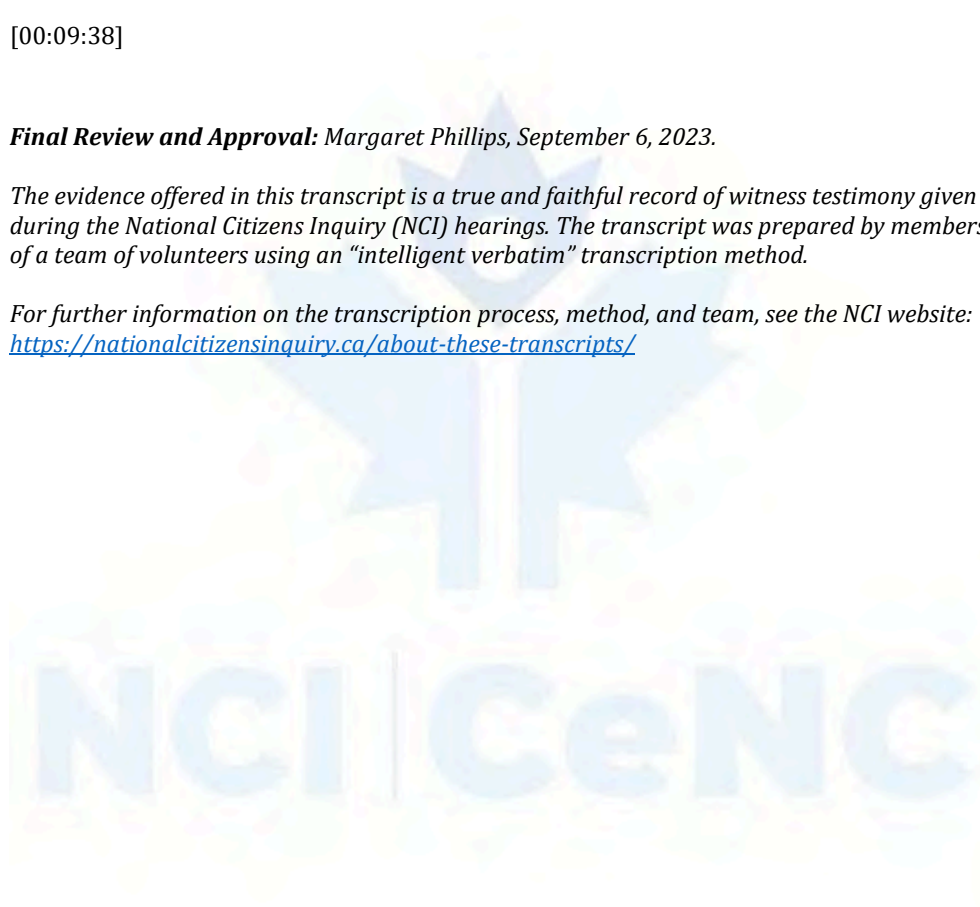
Thank you.

[00:09:38]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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<https://nationalcitizensinquiry.ca/about-these-transcripts/>





NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 18, 2023

Day 2

EVIDENCE

Witness 14: Maurice Gatien

Full Day 2 Timestamp: 11:33:08–12:39:00

Source URL: <https://rumble.com/v2ogkb8-national-citizens-inquiry-ottawa-day-2.html>

[00:00:00]

Kassy Baker

Hello, Mr. Gatien. Can you please spell and state your name for the record?

Maurice Gatien

First name Maurice, M-A-U-R-I-C-E, last name Gatien, G-A-T-I-E-N.

Kassy Baker

And, sir, do you promise to tell the truth, the whole truth, and nothing but the truth this afternoon?

Maurice Gatien

I do.

Kassy Baker

Very good. Now, Mr. Gatien, I'm hoping that you can provide us with some background about yourself and how you came to be a witness at this hearing. I understand that you were called to the bar of Ontario in 1971, which is "lawyer speak" for saying that you are, in fact, a lawyer. Can you tell us a bit about your background and what's happened more recently that might be of interest to this hearing?

Maurice Gatien

Yes, I graduated in 1969 from the downtown location of Osgoode Hall, since moved to York University, and it was a real privilege to be at their downtown location. I still return from time to time when I'm in Toronto to the great library. I'm always amazed at the contrast between the stacks of books, and they have high speed internet. So I can work and I can access the knowledge that's on those shelves faster than I could if I were to stand up and go fetch the book. So it's been an amazing evolution in the state of the law.

After I graduated, I returned to my hometown of Cornwall, practised for approximately ten years and, during that time, was involved in real estate primarily and contracts. I negotiated two large transactions in my last year there, which really left me with a lot of satisfaction. One was the purchase of the utility Cornwall Electric, and the other was the assembly for a large shopping centre.

I decided I would look in other directions and lived for the next 22 years from 1980 to 2002 in various big cities, Atlanta, Montreal, Toronto. And my last year 2001 and '02, I lived in New York City. I spent a lot of time in Houston, as well. So it gave me a perspective of having a footprint in both large markets and small ones.

When I came back to Cornwall in 2002, I built a substantial practice and ultimately ended up representing people who needed representation with regard to the vaccines. Ultimately, in September 29th, 2022, I was suspended by the Law Society of Upper Canada, well actually, Law Society of Ontario now.

I found myself in January of 2023 addressing a group of the people that I had represented at a potluck dinner at a barn in Dunvegan, and it was heartwarming to be addressing these people who had shown tremendous courage. Some of them had been vaccine-injured, some of them had lost their jobs, and I told them about three situations that were interesting from my perspective. One was sort of a legend story of a farmer in North Glengarry by the name of Oded Saint-Onge who had been run over by a truck, he and his two cows, Isabelle and Annabelle, and he went to court to sue the large trucking company.

In court, the lawyer for the big Toronto law firm, head of litigation, asked him, "Did you not, Mr. Saint-Onge, say to the police officer at the scene of the accident, 'I'm fine, see I'm fine'?" And the farmer started to explain and he said, "Well, I was taking my two cows across the road," and the lawyer interrupted him again and said, "No, no, Mr. Saint-Onge, didn't you say at the scene of the accident to the police officer, 'I'm fine, see I'm fine'?" And the farmer again started with his story. And the judge interrupted and said, "I'd like to hear this man's story, I'd like to know what happened."

So the farmer explained that he was going across the road with his two cows, Isabelle and Annabelle, and the truck ran a stop sign and smacked into them and knocked him into the one ditch and the two cows into the other ditch. The farmer explained, "I was lying in the ditch. I was hurt; my ribs were cracked. I could hardly breathe and I could hear my two cows.

[00:05:00]

"They were moaning and groaning and in great pain. And the police came along, and he could see the cows in great discomfort. He took his gun out. He walked over to Isabelle, and he shot her right between the eyes. Then he walked over to Annabelle and also shot her right between the eyes. And he came over to me and he said, 'And you, sir, how are you?'" And he said, "See, I'm fine, I'm fine."

So we can see where there's a form of intimidation that can take place, you don't have to shoot everybody or fire everybody. When one or two people—or animals or whatever it happens to be—when something happens to them, we get a signal. And when I was experiencing my discussions, I had Zoom calls continuously throughout the preceding year or two with people from different walks of life, and it was pretty clear that there was a lot of intimidation.

One of the people I also met in my various travels and different business ventures, I met Pierre Trudeau in the late 1980s; he had left politics at that point. He had successfully brought the Charter and the Canadian Constitution back to Canada. And when one of my staff found out that Pierre Trudeau was going to be coming to a reception that we were hosting, Trudeau was his hero. He asked me if I could arrange for him to just shake his hand. I said, "Sure, I'll ask when he arrives," which I did. Mr. Trudeau very gracefully excused himself from the group of VIPs with whom he was chatting and spent ten to fifteen minutes with this employee, and I could just see the glow on this person's face and how emotional they were about it. And afterwards, I thanked Pierre for taking the time and he said, "Well, he showed respect for me, and I was going to show respect for him."

Now we transport that to 2022, in February of last year in Ottawa, and we saw that the son, Justin Trudeau, perhaps didn't have the same respect for the small individuals, the average people, wouldn't even walk across the street in Wellington Street in Ottawa to talk to anybody. I walked there from Cornwall in the middle of winter to address the [Trucker] Convoy, and he didn't even walk across the street.

So when we look at intimidation, part of what brought me into this is, I received a phone call in May of 2021. At that point, one of my clients who owned a gym had been charged, and he asked me if I would also speak to a woman who had also been charged with him for attending a public rally. What had happened is that she had simply sung "O Canada," the national anthem. When the person who was supposed to sing couldn't make it, the speaker asked the crowd if someone would step up and sing the national anthem, and she did. And when I heard about this, I'm thinking, how could I not also step up and help her?

She was charged under the *Reopening Ontario Act*—which is really a lockdown act misnamed as the *Reopening Ontario Act*—pursuant to which she was subject to a \$100,000 fine and up to a year in jail. So this hung over her head. We finally were able to get the Crown to agree to stand down from these charges in September of the following year. This hung over her head for fifteen, sixteen months, and it was not actually ultimately dismissed until December, so well over a year and a half to have this hanging over her head and also my client's head. He also was charged, and these charges are still pending against some of the people, including Randy Hillier, who was one of the speakers that day.

So just, sort of, to come to terms with a situation where people are showing tremendous courage, I as a lawyer felt that I had to do at least as much—not as much as they were doing because they were putting their livelihoods on the line,

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and they were experiencing a lot of bullying and intimidation. Because I was dealing with **this particular matter, my name sort of got passed around. There weren't a lot of lawyers who were stepping forward, and I would spend one or two evenings a week on Zoom calls, speaking with EMTs, teachers, firefighters, police, nurses from Brockville, from Hawkesbury, from Ottawa, from Cornwall, all coming back with the same stories of intimidation, bullying, HR departments releasing their names to indicate who was vaccinated and who wasn't within their institution or their place of work.**

So there were a lot of threats and intimidation, and I formed a company to raise some money for women's shelters and to create goodwill towards these people because they didn't know how to do it themselves. They asked me to be the director of the company because they themselves were running into all kinds of intimidation. Within 24 hours, my home address was doxxed online. I live in a small hamlet of 350 people and shortly

thereafter, within about 48 hours, somebody came banging on the door at two in the morning. And then the harassment and intimidation continued. My car was stolen out of my driveway. I was assaulted at my office, and probably the scariest thing was one evening in October, this past year, my engine completely failed. I was on the 401 ramp, and somebody had put a contaminant in my fuel tank and it was a very, very scary moment.

So going back to February, I walked to Ottawa in the freezing cold to bring attention to the intimidation of lawyers, and I was joined on my walk—it was really inspiring—by three individuals, because I had to do it over three days. It's quite a distance. All three were former members of the Canadian Armed Forces. Two of them were police, and one was a firefighter, all suspended for not being prepared to take the vaccine. Each of the three had served at least 10 years in the Canadian Armed Forces and different stages overseas, involved in "black ops" and things of that nature. And all three made the same comment to me, which was "it wasn't over." There would be more, and there was, as I experienced.

Kassy Baker

Mr. Gatien, I hate to interrupt you, but you rather glossed over how far a walk it is exactly from your home to Ottawa? Can you tell us?

Maurice Gatien

It's 110 kilometres.

Kassy Baker

That's right.

Maurice Gatien

And at the time, I was 74 years old. So it was quite arduous, but I was joined along the way by people from all different walks. One was a doctor who—he's got very bad knees—was only able to walk about 100 metres, but I really appreciated it. And I also received more hugs. Lawyers don't get a lot of hugs, so it was pretty emotional for me.

Kassy Baker

Can you tell us, in the immediate period around the time of the Convoy in February, what else was happening to you before and after that?

Maurice Gatien

Well, the one thing I noticed is there was a complete radio silence from the Law Society, also from the point of view of the College of Physicians and Surgeons of Ontario. No messaging about civility; no messaging about being nice to each other. We could disagree about things, maybe everybody could have a different perspective, but the attitude of civility was not being cultivated. It wasn't being cultivated by the federal government as we saw with some of the interviews from our Prime Minister about people being racist or misogynist. I never heard those topics come up, and I spent hundreds of hours with people and those topics never came up. It was about health; it was about the pressure at work; it was about family. It was certainly not about misogyny or racism. I never saw it.

I did see one situation when I came to Ottawa,

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not when I walked up here. But another time I came on a Saturday, and somebody had a Confederate flag. They were the only person wearing a full-face mask. People were very, very civil to this individual, basically saying, "Please leave, you don't fit here with that messaging, please leave." There was no bullying of them; it was just a gentle, "Please leave." He got edged to the side of the crowd where there was a TV camera to capture this messaging, which was really out of keeping with the whole tenor of the convoy protest. I was here four times. And each time, I can say that the atmosphere was joyous and positive, and the people were wonderful.

Kassy Baker

Now, I understand you have a PowerPoint presentation for us [Exhibit OT-9]. Would you like to take this opportunity to set that up?

Maurice Gatien

Well, I think it's supposed to be—

Kassy Baker

Thank you.

Maurice Gatien

So one of the things I'd like to talk about is the bold lie technique. When I was working in Montreal managing office towers and shopping centres, one project was an office tower that had defaulted on its mortgage, and one of my staff went around with the lender. It was a New York-based lender. It was their largest defaulting mortgage in North America, so it was a very significant file. And when they got to the building and went around to different office suites, there were signs on some of the office suites. They'd open the door. There was no furniture. There was no equipment. There was nothing. And in other suites, there would be someone there. But they would look at the rent roll and say, "Well, those are not the terms of my lease." And what was evident was, it was either a combination of ghost tenants or leases that were just not the same. And yet the bank, a very sophisticated bank, had lent, at the time, \$86 million. So it was a significant amount of money. But it was an example of a Bold Lie.

My next-door neighbour, at the time we're living in Montreal, was a TV producer, and he wanted to do a TV program about a forensic accountant who went around discovering fraud, and he asked me to help him with this. So I ended up, even though I was a small-town lawyer and am now managing large real estate projects, ended up becoming quite knowledgeable about fraud.

And the most interesting fraud that we came across was after the First World War in Paris. This fellow had contrived a scheme whereby he had gotten a printer to produce a very fancy letter head from the Ministère de l'Approvisionnement, Ministry of Supply and Services, which he had sent to the five largest contractors in Paris, basically saying, "I've got a very confidential project. I cannot meet you at the ministry offices. I have set up a suite at the Hôtel Crillon"—which is a very fancy hotel in Paris—"and your designated time" And each of the contractors had a different time slot, "Please come and we can discuss this confidential project." Of course, all five bit and all five showed up.

The pitch was the following. He said, "Once you know what I've got to discuss with you, you'll realize how you must keep this very secret. The government is looking under every manhole cover. We need money. We've come out of the First World War owing a lot of money. And we want to disassemble the Eiffel Tower and sell the scrap steel. However, I can probably steer this contract to you if you can come back a week from today, no obligation, with an envelope full of" — I forget the amount, 100,000 francs, 200,000 francs, whatever the amount was. Of course, they bit, and this guy absconded with the money and everybody laughed. But no one wanted to fess up or prosecute this individual because it was extremely embarrassing and very clever. But it showed the originality and the planning that goes into the Bold Lie. That was the phrase that this TV producer and I came up with: not just the lie, not the Big Lie—but the Bold Lie.

And we saw the Bold Lie with Bernie Madoff with—I just looked at the amounts today—it was about \$65 billion U.S. that he was able to pull out of investors, and they only got back maybe about 20 of that.

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The rest just disappeared into a massive Ponzi scheme.

The 2008 mortgage funding fraud, which took place, had gone on for a couple of years in the United States. Now as a lawyer, we know that a document called a mortgage is something secured on real estate. But if the mortgage is for \$500,000 and the house is worth \$400,000, you can still call it a mortgage, but now it's become a hybrid: it's now a partly unsecured loan. What the banks did at the time is they bundled hundreds of millions of dollars of these types of instruments and sold them to unsophisticated investors and sometimes, also, very sophisticated investors. And when this finally imploded in 2008, as it would, people lost many dollars, huge amounts. Several films have been made of this and books, and everybody could see it coming except the investors because they were buying in to the Bold Lie: they were buying something safe called a mortgage and a mortgage fund.

Since that time, we've seen these things repeated. There's been Bre-X, Nortel, FTX. They're all the same model where it's a Bold Lie: you're going to make a lot of money. We wondered, the TV producer and I, tried to analyze things as to why the Bold Lie works and we came to the conclusion, it works for two primary reasons. One is most people have a sense of morality. Most people would not exploit the other person to their detriment. The other aspect is practical, which is most of us also don't want to face the consequences of going to jail. We are concerned for ourselves, our families but the main one, though, is that moral inhibitor, which is we don't want to exploit other people to that extent. But the Bold Lie is the foundational element to a lot of things that have transpired.

So going from the Bold Lie, okay, we can also see that with COVID— The way I would like to describe it is that there's two Bold Lies that were coexisting at the same time. So to get a sense of it, I'd like to take you on a bit of a journey of imagination. I'd like you to think of March 2020, and we're in the Mediterranean. We're on this beautiful yacht, and there's Kassy, you, me, at a table. We're on a yacht to celebrate the profits from a company, and we're going to call it Geyser Pharma. There's no such company as Geyser Pharma, so I'm not suggesting, aiming at anybody. And we're at our table. There's a gentleman, it's a fictional person by the name of Gill Bates. It's a situation where there's the finest champagne being poured into the finest crystal glasses. There's caviar, there's the finest shrimp, and there's a classic trio flown in from Milan to play for our entertainment. And off in the distance, we can suddenly hear the voice of somebody who's crying for help and someone who's drowning.

So Kassy, you and I would probably jump up, and we would look for some rope to throw to this drowning person. And Gill says, "Well, don't worry. I've got it." So he goes up to the side of the wall and picks out a rope. He mentions to us, he says, "Well, this rope cost \$1.50 a foot, but I'm going to see if I can get this guy to pay \$30 a foot." And he goes to the railing and starts to negotiate and, ultimately, in order to help the negotiations, says, "Gee, I think I see some shark fins there. It could be dangerous." And you could just hear the person crying.

That's the setup for a Bold Lie: when we're desperate, when we're scared, we're more likely to make bad decisions. So with COVID, there were two Bold Lies. One was, you're going to die. COVID will kill you. And we'll go into some of the reasons why that was not true in our area and in our province. And the second Bold Lie was, only the vaccine will save you. No other strategy,

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don't worry about losing weight or taking vitamin D or whatever. Nothing was offered as an alternative except the vaccine. So it'd be like going back to the fellow in the water drowning and not telling him, "Oh, there's a sandbar five feet away. If you just go over there, you won't have to worry about paying \$30 a foot for some rope."

So when we looked at the situation, we saw no promotion of good health. The gyms were closed. Liquor stores remained open. And at the same time, with all the stores, the small businesses that were closed, it was a massive wealth transfer. When I was choosing a photo for this particular slide, I could not get all of this yacht—this is the new yacht that Jeff Bezos just took delivery on a couple of days ago. Cost \$500 million. It's the length of a football field. In recent weeks, I've also noticed that yachts are backordered 30 months. So, Kassy, even if you made a billion dollars, I'd have to tell you bad news: you're going to have to wait for your yacht. Ferrari SUVs are back ordered till 2026. And there's been a whole raft of new billionaires that have achieved this status in the last three years. It's been an amazing transfer of wealth. And I've had people coming into my office, restaurateurs in particular, have been decimated by what happened in the last three years.

So when we look at the numbers, and it was very interesting for me in a small town to be in touch with the numbers. I speak to other lawyers on a continuous basis. I personally—and I'm in an age group that would be very much in the right profile—I personally, after three years, don't know anybody who's died from COVID in the Cornwall area. I ask other lawyers, "Well, do you know anybody who's died from COVID?" And they'll say, "Well, no, not really." "Have you noticed the surge in your probate files?" "Well, no, not really." "Have you been called to the hospital to do a will or a power of attorney for somebody who's imminently going to be dying from COVID?" The answer has been, "Well, no, not really." So after a while when you hear enough anecdotal evidence, it becomes statistical.

Partly because of my background in managing large real estate projects, I became quite acquainted with software and statistics. And one day, there was an article in the local paper about the COVID deaths, and there was a link on their online version to the Eastern Ontario Health Unit database, which I clicked on. I ended up in a database of about 6,000 scrambled pieces of information, which I organized into 10 lines. Basically, by decade of life of each of the people who had theoretically died from COVID. So, from 0 to 10; 10 to 20; 20 to 30; 20 to 40. Under 40, there was not one single COVID death. So I was kind of amazed with that fact because the schools were closing. There was panic. And it was, to me, a piece of good news that should have been out there instead of being suppressed and buried in this very scrambled database.

So when I looked at this, and also looked at the profile of the other, there were only two people between the ages of 40 and 50, and most of the deaths were from 70 to 100, with most of those being from 80 to 100. There was no listing of comorbidities. Yet I knew from all my reading that a lot of COVID deaths were accompanied by people being overweight, people having had strokes or other problems.

In March of 2020 on my way back from—my wife and I were in Hilton Head—I had read that COVID affected the pulmonary system. So I downloaded a book on breathing. I started doing breathing exercises.

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I immediately experienced better sleep, felt better. And I kept waiting for that big, big government push on improving your breathing. That big push never came. We're three years later, and it still hasn't arrived. I went through a number of evaluations of different initiatives that could have been taken by government. My daughter and I drew up a list, A to Z, whether it was breathing, weight loss, reducing alcohol consumption, you name it. There was nothing that was done to encourage better health.

So this vacuum created this anxiety that the vaccine was the holy grail. The vaccines were going to save everybody, but nobody had done anything to mitigate this big fear. So when I looked at the numbers, I looked at numbers, not just for the Cornwall area—I just took one at random because one of my friends was from Niagara—I looked at figures from Ottawa, Toronto. All the figures were under four one-hundredths of one per cent. I'm not a statistician, but by the same token, I'm not a journalist. But I would have thought that the newspapers would have been filled with this good news.

There was a day, a couple of Februarys ago, when I was looking at the weather channel predictions and there was a beautiful blue sky day, quite cold, but good day for cross-country skiing or snowshoeing. At the top of the weather channel prediction was a big red bar warning me of snow squalls. So I clicked on it, and it was warning me about snow squalls around Lake of the Woods, which is about a thousand kilometres from where I live. So I took my chances, and I went out and had a wonderful day of snowshoeing. The next day, I also looked at the weather channel. It was a Sunday and again another blue sky day. And I looked at the weather channel radar map, it was one of those polar highs that covered all of North America, and there was no clouds, there was nothing, it was just going to be beautiful everywhere. But the red bar warned me about solar storms on the planet Venus. Again, I took a chance, and I went out and had a wonderful day again.

So in the media, it seems there's an overemphasis, even on something as fundamental as weather, an overemphasis on the negative and on alarming us. When I grew up, the newspaper in the top right-hand corner of the front page would have two, maybe three lines about the weather. Things like, "It will be cold tomorrow." That was it. So we've now put ourselves in a position where the media are constantly bombarding us as much as possible it seems with negative news as opposed to, you know, "Get out there, enjoy yourself, be positive." And I've turned it into a game for myself when clients come into the office and I'll ask, "How's it going?" And they'll say, "Oh, it's supposed to rain tomorrow." So, I always know the weather forecast. I always know that the rain will end. And I'll shift the conversation to, "Gee, it's supposed to be nice on Sunday. Do you think you could go and play some golf?" And all of a sudden, the conversation has turned to something positive. And I feel that it's a fun thing to do, but the media doesn't seem to have that optic on things—it's how do I make people anxious? And the weather network now has it set up so

that it'll say at the bottom of the screen, "This will refresh in 30 seconds, do you want to hang on and see?" And I'm thinking to myself, "What could change in 30 seconds?"

So we're always on this edge of anxiety. And COVID came along and amped that up tremendously, and we were bombarded with bad news, bombarded with statistics all the time. It got to the point where I had to turn my radio off. I live about 20 kilometres from Cornwall, and I just had to stop listening because it was just always, always panicky.

One of the things I talked about when I was at that potluck supper—which I have very fond memories of in a barn in Dunvegan. I wouldn't call it the big time of the speaking tour in Canada, but certainly in terms of satisfaction was there.

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Talked about the Charter of Rights. I talked about it when I addressed the crowd at the Convoy. And we tend to forget that our rights originated with something called the Magna Carta, which was signed in 1215 after a war against the king, who was a very tough king at the time. He died the following year, and the Regency Council tried to renege on the Magna Carta. It ended up having to have another war, and it was re-signed and ratified in 1217. And what most people don't realize is, it only applied at the time to 25 people, 25 lords and barons, and they were given a very short list of rights. One of the rights was the right against arbitrary imprisonment, which would be equivalent to being stuck in a home imprisonment, which we saw with COVID, "shelter in place," they called it. But it was really home imprisonment. And the other was the right against arbitrary taxation, arbitrary decisions being made. So it took until 1911 for the *Act of Parliament* to be passed in England whereby the House of Lords could no longer veto bills from Parliament.

So almost 700 years have to go by and every year the rights got a little wider. And I'm sure after 1217, some of the lords went back to their fiefdoms and there would have been somebody tapping them on the shoulder saying, "Well, my Lord, you have certain rights, can we have some too?"

When we looked at the history of this situation as well, it was something that seemed so incremental, it took so long. In the 1600s, there was a concept that evolved under the first King Charles called the "divine right of kings." In other words, "My king is plugged into God, you have no right to question the decision." And at the time, the king had no problem getting reports and studies and scholarly works to support the notion of that, just by promising an earldom or a manor house to somebody. And things haven't changed a lot since that time. If you want a report, and I do remember when I was working for this large company, we paid \$250,000 for a report, and the president of the company picked it up, looked at it and said, "huh, \$250,000 to tell me I've got a nose in the middle of my face." **When we look at the studies and reports that were surrounding COVID, who paid for it was certainly going to determine a lot of the outcome of what the report was going to say.**

So when we look at the Magna Carta, what evolved in Canada, it wasn't until 1982 that we got our Constitution repatriated; the Charter of Rights was implemented by Pierre Trudeau. And in literally a week, in March of 2020, we lost all those rights. Parliament did not sit; it stopped sitting. And I'd like to joke to my friends, "Well, the Ottawa Senators have not made the playoffs in a while. The arena should have been open; there could have been plenty of social distancing, they should have met." But by not meeting and by defaulting on any discussion, all of a sudden, a handful of people were making all of the decisions for millions and millions of Canadians. We had no outlet. We had no way to express any of our concerns.

So when we look at the Charter— And it was interesting for me to also look at the history of marketing and advertising. Because what happened over the hundreds of years of evolution of the Charter of our rights, something happened in the 20th century. From 1900 on, it really evolved after the First World War. During the First World War, we saw the first forms of advertising with any sophistication. So think of how much it would take to persuade somebody to go from New Zealand or Australia or Canada or Newfoundland,

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to go into the fields in Europe and to live in trenches for months at a time. And at the sound of a whistle, to jump out of the trench, and because the colonials were the lucky ones, to lead the first charges. And nobody had told them, by the way, the machine gun has been invented. So they were being persuaded for glory, for God and country, to give up their lives.

So when the 1920s came around, the advertisers of everything from Pepsodent toothpaste to whatever, realized, wow, there's something available to us to push our products. Radio came along, then television, then the internet, telephones. Now with social media, we are constantly bombarded by messaging, and these expanding platforms have meant that we can almost find no safe harbour. I try to get out snowshoeing or cross-country skiing, get out into nature, if only to shelter myself from this constant bombardment. Our bandwidth, if you will, of available brain power to deal with everything is getting increasingly compressed.

There were some experiments that I read about and the first one I read about— I had actually read about it in 1965 when I was at Carleton University. We had to take a mandatory course in psych 101, and they were called the Milgram experiments. The Milgram experiments were designed to explore the proposition about people following orders. At the time, a fellow by the name of Adolf Eichmann had been detained by the Israelis in Argentina and had been brought for trial. His basic excuse, even though he put millions of people to death running the concentration camps was, "I was just following orders."

In the Milgram experiments, which were conducted at Yale University in 1961, Professor Milgram set it up so there were three people involved. One was called "the learner" and that person sat in a chair with electrodes and was electrified. It really wasn't, but it looked like it was, and it contained an actor who sat in it. The second person was called the "person of authority," wearing a lab coat and clipboard, and he would be telling the person upon whom the experiment was going to be conducted that they would have to give the learner some electric shocks. You'll notice that one of the settings on the electric shock board was DANGER: SEVERE SHOCK. So the person who was controlling the experiment, controlling the amount of power, was being alerted that this could cause harm.

The professor asked his students to estimate how many people would dial it up right to the top. Most people figured, well, one, maybe 3 per cent, there's always somebody who's a bit of a jerk out there. The actual number turned out to be 65 per cent; 100 per cent of the people were willing to give at least a mild shock. And the actor, by the way, in the other room, was trained to yell in pain as the shocks increased. So it was pretty amazing that somebody would suspend their judgment, suspend their critical thinking if someone in a lab coat, someone of authority, would tell them to do something.

The next set of experiments—in the 60s, there was a TV show called "Candid Camera," and it evolved out of that—and they were called the elevator conformity experiments. It

consisted of a person getting on an elevator, and there would be one person on the elevator initially, and they'd be facing the back wall. Almost everybody would face the normal way: they'd pivot, they'd look at the door, they'd look at the buttons. But once they got up to five people on the elevator, 100 per cent of the people would pivot and face the back wall, as well. That's the pull—the gravitational pull that we experience from the tribe—from people around us.

Now, if there was a sixth person on the elevator facing the right way,

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a person would feel encouraged to use their critical thinking, would feel encouraged to be separate from the crowd and would face the right way. So it just shows our inclination to abandon our judgment, if you will, if there's enough people doing something. We saw this happening during COVID many, many times.

The third set of experiments were conducted in 1971 at Stanford. They're known as the Stanford prison experiments, and it consisted of 12 students who were designated as prisoners and were put in prison garb and 12 who were designated as guards. They actually built some cells in the basement of the psych building, and the experiments were to be conducted over a period of 14 days. They had to suspend them after six days because the guards were getting out of control. They were becoming abusive and what happened is that once the first guard started to go over the line, that would encourage others to do the same and before you knew it, they had to suspend the experiments. That shows that you need rules. The rules have to be thought out before you do something. Trying to implement rules on the fly doesn't work very well. You try to implement rules when you're calm, when you're rational, not when you're panicked.

So what we saw during COVID was the opposite of these things: we saw rules invented on the fly; we saw rights being suspended; we saw the tribe, the herd basically running and influencing each other in their panicked state.

Foundational documents like the Charter of Rights—the right to assemble, the right to speak—became suppressed; censorship became the norm, and even to disagree became in and of itself almost demonized. I can't tell you how many evenings I spent on Zoom calls with people who were upset: who were threatened, who were worried. They'd lost friends; they'd lost family, just for expressing an opinion. So we did engage in a form of groupthink, which from a lawyer's perspective were very troubling because under our Charter of Rights, we have the right to express our thoughts and opinion.

Now one of the things I also noticed in my research, in 1930s Germany, there were a lot of **parallels with what we saw, and people were reluctant to state it. But one of the things I found alarming in 1930s Germany is group after group were mobilized and purged from their ranks people of Jewish background. The first group to do so were judges and lawyers; the last group to do so were midwives, presumably because they valued all life. So in 1933, first group, judges and lawyers. And after that, quickly after, followed doctors, veterinarians, architects, engineers. It's pretty amazing that they were able to do this. And one of the other things I found troubling was I looked for any comments; I looked for any writing from the 1930s from Canadian lawyers, Canadian judges, American judges, American lawyers. Nobody criticized what had occurred, and yet we know, it led to some very, very bad outcomes.**

So when we give up rights, when we treat people as “the other,” as we saw, these are very troubling tendencies in society. And when these institutions of trust—like law societies, like colleges of physicians—go in a direction, a lot of people take it as a cue that, well, it must be all right. And there wasn’t the critical thinking that was applied.

As lawyers, normally, we rely on evidence. And as you saw, with a death rate of four one-hundredths of one per cent, with almost a negligible change in the number of probate files and whatnot, where was the evidence?

Kassy, to your point, when we were talking earlier, where were the lawyers? We, I guess, unfortunately,

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were subject to the Milgram experiment; we were subject to the elevator conformity experiment; we were subject to the Stanford prison experiment without being aware of it.

As far as I’m concerned, these things, these experiments should be taught in our ethics courses. They should be taught in medical school, in law school, as part of our ethics courses, and we should never forget how vulnerable we are and how important it is to have these foundational concepts always borne in mind. That’s how important they are. They are the guardrails against bad decisions.

The last observation I’d like to make about this aspect, too, is sometimes when I go to Toronto, I will buy all four newspapers. A story, it could be any story, might receive a favourable treatment on the front page of the *Globe*, might be front page of the *Post*, will have a different slant on it. It might be on page 37 of the *Toronto Star*; it may not even appear in the *Toronto Sun*. And by the way, the story, what I’ve expressed, could just as easily be the other way around. And sometimes when I engage people in discussion about this, they read the same newspaper every day. And they don’t realize what a silo they have been placed in and how they have been compartmentalized from getting a range of ideas, a range of thought. So it’s important to basically get your news sources from more than one place because, otherwise, it’s very easy to divide and conquer if we’re in compartments.

I need to go back a bit here, sorry. One of the things I do want to talk about is the clown deals. I’ve done a lot of negotiating and large deals, small deals. One deal I did was for a fellow who came to our house—he arrived on his riding lawnmower because he didn’t have any other way of getting to our house—and he was trying to buy a \$5,000 piece of property that his house sat on. And I worked out the deal with the church that owned the land whereby he could work off some of the purchase price by mowing the lawn at the cemetery. And the pastor and I joked about the “art of the deal.”

So when we look at deals, most deals start out—if you think of, in your mind, a table—the contract, the proposed deal, will be in the centre of the table, and typically it will migrate a little bit to one side or the other. It might be 50-50, in most instances; it might be 52-48. At 55-45, most deals start to fall apart. If the person is asking too much or if the terms are too onerous, something happens to break the momentum of the deal. If you have a million dollar house and you want 10 million for it, that won’t work. And if somebody offers you \$100,000, that also won’t work; you’ll walk away. Most lawyers also understand that if you ask too much, people won’t want to negotiate with you. And if you ask too little, nobody will want to use your services because you’re not in the middle of the table and you might refine the deal. When we look at the vaccine supply contracts, they did not end up in the middle of the table.

The other thing that I would mention with regard to most deals, if you look at TTC [Toronto Transit Commission], you look at the OTC, you look at Hydro, where there's a potential for abuse of pricing and for the benefit of people, it makes more sense to own it yourself. Just like it sometimes makes more sense for a company to run its own trucking fleet. If the trucking costs are too high by externalizing it, they'll bring it inside. So I've read articles indicating that vaccines may be with us for a long, long time. Why aren't we making our own vaccines? Why are we passing on these huge profits? When I looked at the profits for Pfizer

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that increased to \$35 billion in 2022; it's an enormous amount of money to transfer to a private corporation.

The other thing we should be looking at is the history of Big Pharma. I like doing research, and one of the things I notice is that Big Pharma has paid massive fines in the past. Nobody has ever gone to jail. Even something as bad as the oxy crisis in the United States, which they estimate killed 60,000 people, the company there, Purdue pharmaceutical, the family that owns Purdue, the Sackler family, their only consequence is that they had to resign from the board of the Metropolitan Museum of Art in New York. I know that tickets to the Met Gala are hard to get, but it seems like that would be not exactly the penalty you'd expect of 60,000 people that died as a result of a product being sold. They kept about \$10 billion out of the \$18 billion that they made. When we look at Pfizer, for instance, has paid \$1 billion in fines in the past, for lying, for misrepresenting their products.

And the other element that really troubled me in all of this as a lawyer, when I looked at the self-testing aspect of the deals that were put together, can you imagine hiring a lawyer who graduated from a law school where people graded their own exams? I would expect that everybody would say—anybody graduating from such a school would say, "I was at the top of my class; I tied for first." And then just to have that law school say not only do people self-mark their exams, but instead of a three-year course, you can get it done in 90 days. So on its face—preposterous, preposterous—and yet, this is what transpired with the vaccines in terms of testing.

So when we look at the "clown deals," and again, keeping in mind how a contract normally is in the middle of the table, these are the benefits that were accrued to the vaccine makers: There were massive amounts paid to them for their R&D. All of the vaccine jab clinics were paid for by the taxpayer. All the marketing costs, all the massive advertising was paid for by you, by the taxpayer. There was massive support on air, on radio, on TV, everywhere, and censorship as well of anybody expressing a contrary point of view. The vaccine manufacturers had no liability for their product. If it didn't work, they didn't bear any of the costs. There were no outlets—like I've looked at the various health unit websites, there's nowhere to file for a vaccine injury. There's no information about how to communicate with anybody about a vaccine injury. There were mandates that were imposed that put a person at risk of holding onto their job, and I know from having talked to people who had come into my office, people with mortgages, people with families to feed, they didn't have huge savings. They were at risk, and they were subject to enormous stress and pressure as a result.

The doctors as well were placed in a position of—how would you describe it—duress, suspension of their licence if they gave a vaccine exemption certificate. I had one woman call me, she was five months pregnant. She had had two very difficult pregnancies. Her children were now eight and 10. She herself had almost died from a vaccine given to her

when she was eight years old. So here she was wondering about placing her unborn child at risk, and herself.

[01:00:00]

And the irony was that if she had wanted to have an abortion, it was my body, my choice, was the mantra. But if it was about whether or not she should take a vaccine, it was a totally different mantra.

In discussing these clown deals, and I'm being generous to call them clown deals. Because I wonder if there's an association of clowns somewhere and one of them wanted to get his driveway paved, he'd pay a certain price. But if he had a thousand other clowns who also wanted to get their driveway paved, and they said to him, "Do you think you can get us a better price?" We know he'd get a better price. So we had thousands of vaccines, millions of vaccines being purchased with no discount, no claw back, no price adjustment if they didn't work. It was all, all full price. And at different times, there were also vaccines being thrown away because they'd become outdated.

So there was a tremendous amount of waste. And, normally, in a deal, again, going back to contracts, if somebody's putting up all the money, they get stock options or they get some kind of profit sharing or they get a royalty, something for the taxpayer. Instead, we got nothing. So again, I'm probably insulting clowns to be calling these clown deals. I don't know what else to call them. Perhaps hostage deals would be close, as well, because people were feeling like they were being held hostage.

Kassy Baker

Mr. Gatten, thank you very much for everything that you've testified to today. I'm aware that we are officially out of time and I just wondered if you perhaps had another something else quite pertinent that you wanted to add and if not, I mean everything you've said has been quite—what's the word I'm looking for—not intriguing but very compelling. Do you have anything final to say or should I go to the commissioners?

Maurice Gatten

Well, I would like to just perhaps leave on this one anecdote. Because it's been difficult but, at the same time, very rewarding. I was assaulted in my office, and I'm fairly wary. This is in February; this is what caused me to walk to Ottawa. The following week, I was at the grocery store in Lancaster—it's a little town of 600 people—and I noticed that this one person was paying attention to me. They were wearing a mask, and I was kind of aware, a little bit anxious, perhaps. I paid for my groceries. I went out to the parking lot. As I was putting my groceries into my vehicle, this gentleman came running up to me and I was momentarily taken aback. But he took his mask off and he said, "Can I give you a hug?" He said "My wife almost died from the first shot. She was feeling suicidal. You don't know how important she is to me, to my children, and I just want to thank you." Moments like that made it possible for me to live with all of the things that I've had to deal with in terms of the threats and the intimidation. And people like that are to be cherished and honoured. As much as it's been a challenge, I just tell my friends I'm fine.

Kassy Baker

Are there any questions from the Commissioners?

Commissioner Kaikkonen

At the beginning of your presentation, you contrasted Trudeau Senior and Trudeau Junior. I'm going to add an extra contrast. If it was Trudeau Senior, Pierre Elliott, who was in Parliament right now, I'm quite sure that he would have wandered down here himself or at least sent some of his MPs down this way to see if any of their constituents were in the room and testifying at some point since we are in Ottawa. Seeing that it's Trudeau Junior, Justin, that's in Parliament, I would like to add that he has censored his MPs, and his MPs don't think that we're valued enough to come down the road, down the street, to see who's in the room,

[01:05:00]

whether it's some of their constituents. So there is that contrast.

The other thing, as you mentioned, the Milgram experiment. Some of us do teach at every opportunity those experiments to any youth or students that we have and have done so consistently, as well as encouraging people to take the Tri-Council Research Ethics course, which is two hours online. And what I've found is that when I speak to my colleagues and my peers as to why they don't do the same, it's because they don't think that anybody is ever going to come for them when this lets go.

I thank you for your testimony, it was very intriguing, but it was also very enlightening. I hope someone's listening that can make a difference in people's lives. Thank you very much.

Maurice Gatien

Thank you.

Kassy Baker

And I would also like to thank you on behalf of the Inquiry. Thank you very much.

[01:06:10]

Final Review and Approval: Margaret Phillips, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

EVIDENCE OTTAWA HEARINGS

**Ottawa, Ontario, Canada
May 17 to 19, 2023**

ABOUT THESE TRANSCRIPTS

The evidence offered in these transcripts is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. These hearings took place in eight Canadian cities from coast to coast from March through May 2023.

Raw transcripts were initially produced from the audio-video recordings of witness testimony and legal and commissioner questions using Open AI's Whisper speech recognition software. From May to August 2023, a team of volunteers assessed the AI transcripts against the recordings to edit, review, format, and finalize all NCI witness transcripts.

With utmost respect for the witnesses, the volunteers worked to the best of their skills and abilities to ensure that the transcripts would be as clear, accurate, and accessible as possible. Edits were made using the "intelligent verbatim" transcription method, which removes filler words and other throat-clearing, false starts, and repetitions that could distract from the testimony content.

Many testimonies were accompanied by slide show presentations or other exhibits. The NCI team recommends that transcripts be read together with the video recordings and any corresponding exhibits.

We are grateful to all our volunteers for the countless hours committed to this project, and hope that this evidence will prove to be a useful resource for many in future. For a complete library of the over 300 testimonies at the NCI, please visit our website at <https://nationalcitizensinquiry.ca>.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Opening Statement: Shawn Buckley

Full Day 3 Timestamp: 00:40:35–01:08:55

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

Welcome to the National Citizens Inquiry as we commence our third and final day in Ottawa, the nation's capital. After actually walking across the land, this is the last of eight cities in our original vision of marching commissioners across Canada to seek the truth. I have to confess that I kind of feel like summer camp is ending. You know that feeling you get where you've participated in an activity, you had to get to know the people that you were sharing that activity with. I worked through a lot of experiences, literally trials and tribulations, and tears and laughter. There's been lots of tears, and fortunately, there's been some laughter. And we'll have a closing at the end of the day, but I just wanted to start by saying that I've been tremendously honoured to be a part of this and to stand with the people that I've had the opportunity to stand with. And I'm not just speaking about the commissioners and the volunteers, I'm speaking really about the entire nation, just all the support, all the prayers, the gratitude. It's been quite tremendous.

And so I'm going to ask: We have to decide what we're supposed to be doing. And I use the word "supposed" deliberately, not "decide" what we should do next. What are we supposed to be doing next? Because something's changed in this nation, as people have heard other Canadians speak and share their voices. And none of us know what that looks like going forward. We just know that there's been a change and we have to decide what to do in relation to that.

So let me start a little more formally. Commissioners, my name is Buckley, initial S. I'm attending this morning as agent for the Inquiry Administrator, the Honourable Ches Crosbie. I'm always asked by the volunteer staff: "please ask people to go to our website and please ask people to donate." So for those of you who aren't familiar with the National Citizens Inquiry, we're a group of volunteers and we had this vision of basically seeking the truth and having an independent inquiry where witnesses testified under oath and where Canadians were able to share their stories. And we just kind of started, and we just thought, "Well, we'll stop when we have to stop, but maybe we can make this happen." And it's only happened— And it has happened, and it's happening, and solely because you help us. And you volunteer, you support us, you encourage us, and you also support us financially. Each set of hearings costs about \$35,000. I'm confident that I can say I'm pretty sure we don't

have the money in the bank to pay for this last one, and so we would ask that you continue to contribute and donate. We've really kind of been walking by faith, literally, on this, that you would participate and support us, and we appreciate that.

So I also have another ask. I've mentioned it a couple of times, that I think one of our biggest failings is that some people that have stood up for us in the recent past are not being supported. The truckers are the first group that come to mind, but they're not the only ones. So I'm going to be asking internally in the NCI if we would consider setting a group up to identify those. So let's say we've got some truckers that they can't afford their legal costs, or the bank accounts are frozen and things like that: like, who's in need in our group? And supporting them. It's just been a very emotional ride, this NCI, as you all know. So if there are some people that feel that they would be competent and committed to be able to spend some significant amount of time helping us to organize that, if you would send a message to the NCI through their emails for my attention on that topic, it's just something that I'm going to ask them to consider supporting.

[00:05:00]

I want to give my opening this morning. We've been talking about freedom a lot, and freedom begins in the mind. And I want you to just think about that for a moment, that your freedom begins in your mind. It's not something external, it's a state of being. And freedom is an alignment with the truth. I want you to think about that, also, because we act and we react based on what we believe to be true. You're in a situation, you're going to react based on what you believe is happening. If you have been lied to, if you've been led to believe that a lie is truth, then basically you're not free to react appropriately. Your behavior has been modified and controlled because of the deception. And so true freedom depends on you understanding what is real, what is not real, what is true, what is not true.

And we all know right from wrong. We know it intuitively. I think it was in Toronto when I was speaking about this concept, I brought up— For those of you who have read C.S. Lewis's book, *Mere Christianity*, he's at one point making the case for Christianity, and one of the points that he makes is he says: regardless of the culture, regardless of the religion, basically the moral code, the ethical code is the same. It's pretty well identical. And he brings that up to bring the point up that we all know right from wrong. Intuitively there's something happening and he would say that it's God's moral code. But it is true, we all have the same sense of right and wrong.

I have been shaken by the testimony of Sheila Lewis. If you recall, she testified on the first day. She was the lady who needs an organ transplant. And she's there, she's got the oxygen tube under her nose, she's sharing her story about how, basically, even though she's redone all of her childhood vaccination schedule to be able to qualify for the organ transplant, and even though her blood has been tested and she has natural immunity to COVID, so she's got tons of antibodies to COVID, they are refusing to give her an organ transplant because she won't take the COVID vaccine. We watched her sob and just tell us she just wants to see her grandchildren grow up. She just wants to live. And we sobbed with her but not just because we empathized with her. We didn't react just because we were empathetic; we also reacted because we knew that it was wrong. Everyone listening to her testimony knew that what was happening was wrong.

She shared with us; she said what was happening was evil. She used the word, and we all saw it.

We all know right from wrong, and we all have an intuition. We call it a gut feeling. Some of us will use other terms and explain it differently. But we know things, and when I say we know things, it's not "Oh, I was taught this." There are some things we just know. And there are some points in our life where we have great clarity. And we understand things differently. We all know that slavery is wrong, that tyranny is wrong.

[00:10:00]

We watched James Corbett testify yesterday about the World Health Organization and this One Health, what he calls a pandemic treaty, although it's been labelled as something else to deceive us. And this One Health Initiative that basically would lead to just the worst type of totalitarian control, the worst type of slavery that this planet has ever seen, that the human race will have ever experienced, if it happens. That scares us, but more importantly, we understand: It's evil. There's a difference there, do you understand that? We can react going, "this scares me; I don't want to live under this tyranny." But we also understand it's evil. And the worst part of the experience, if we allow that to happen, will be that we will know that we're experiencing evil.

See, under some tyrannies, some people live really well. There's winners and losers. We can look at every police state and those that were on the right side of it did very well. We could have this form of tyranny and some of us materially, and just quality of life, might actually find it tolerable. But our gut—our gut will tell us that it's wrong and that it's evil.

I started by saying that you can't actually be free if you don't operate on truth, if you don't know the truth. I think we need to go to a basic level here today because most of us are operating under the greatest lie: that we're a body, that we're a body, that we're a material being and that's it. And we're not a body. Some people say that we have a soul and I don't disagree with that. I just think that it's a more meaningful way of communicating to not say that you have a soul. I think it's more important for you to consider that you *are* a soul, that you have a body, but that you are a soul. That you are a person who is separate from your body, and that you are a person that is separate from your mind.

We all have the experience where sometimes we're examining our thoughts, literally, where we might even ask ourselves, why did I think that? Where we're examining our mind. We have those experiences where we actually understand that we are separate from our mind. And we have those experiences where we understand that we're just occupying a body.

This is a fundamental truth that I think we need to understand if we're going to deal with our fear—which is why I'm speaking about it. If you believe that you are a body, then living for the here and now makes sense. Keeping up with the Joneses, being concerned about just **your standard of living and all of that, it makes sense, right? You've only got a limited amount of time and then it ends. Your fear of death makes a lot of sense. Because if you're just a body and they can kill your body, that's really something to be afraid of. But if you're a soul occupying a body, then the fear of death—not only does it not make sense, it's absurd.**

[00:15:00]

It's absurd. And the slavery of pursuing wealth and keeping up with the Joneses doesn't make sense.

And so I think we need to get down to the basics and understand that the biggest lie that has been perpetuated upon the Western world is that we are basically just a material being, that we are a body, that that's all we are. And our society has been structured to operate on that principle, which is why we are on a debt- and greed-based system. And it serves the state well. Because if you believe that you're a material being that ends when your body dies, then you're going to be afraid of death. They can use that fear to control you. And the fear of death is used to control us. We all experienced that over the last three years. We all bought into it. So I need you to understand that your fear of death is based on a lie, that it's not true, that you've been tricked. And you can't fix things, and you can't address your fear unless you understand that you have no reason to be afraid.

Now, I appreciate that when we are confronted with what comes next, when we are confronted with what they've planned for us coming forward, we're going to have that physical reaction. I get that when we get information that is designed to make us afraid, we have a physical reaction that we have no control over. The hormones get pumped into our bloodstream, we go into fight-and-flight mode. We are designed to basically leave that part of the brain that is used for critical thinking. But I've told you that every time you have that physical experience of fear—I mean, even if you open the garbage and there's a hornet's nest in there, like it's something that just triggers it—use that as an opportunity to go, “Okay, I'm afraid, I'm having a physical reaction, but I'm going to keep that link to my thinking mind.”

It's important for you to train your mind to remain attached to your critical thinking when we're facing fear. But it's also going to be very helpful for you to dampen your fear if you understand that you don't need to be afraid. Dying, our body dying: if, as I say, if you're just a body, it's very meaningful, but if you understand that you are a soul, dying actually is neither important nor is it meaningful.

And think about that for a second. Because we've just all been so terrified. We've all been so terrified that sometimes we feel like we don't even have any ground to stand on. But if you're a soul—and you are a soul—how is physical death meaningful? How is that important? What's important is who you are. What is meaningful is who you are at the moment you die because that's who you are when you transition. And you will know who you are, we all know who we are inside. I remember one person telling me, it was during a lecture that, you know, we have those inner thoughts: that if they could be broadcast on a movie screen for everyone in your hometown to see and watch what you really think and what you have thought, every single one of us would have to leave town. Right?

We know who we are. And it's important for us to understand who we are, so we can choose if we want to be somebody different.

[00:20:00]

But it is truly important and truly meaningful for when we transition, when we die, to be the person that we want to be. Because that's who we're going to be when we move on.

Whether you believe in the Bible or not, I shared with you yesterday—because it's a good touchstone for how we should treat each other at least—that the Bible teaches how we're going to be judged. And, you know, most people would be, “Oh, fire and brimstone.” No, it's actually— It's beautiful, isn't it, what I shared yesterday? You know, the story that Jesus is going to separate the sheep and the goats. And He's going to say to the sheep, and this is the judgment. He's going to say, you know: “When I was hungry, you fed me. When I was thirsty, you gave me a drink. When I was a stranger in your town, you took me in. When I

was naked, you clothed me. When I was sick, you took care of me.” And the Bible reports that the sheep are going to say, “Well, Jesus, we didn’t, you weren’t here. We didn’t do any of that.” And He’s going to say, “No, but when you did it to the least of these, when you did it to each other, you did it to me.”

And likewise, He’s going to judge the goats. He’s going to say, “When I was hungry, you didn’t feed me. When I was thirsty, you didn’t give me a drink. When I was a stranger, you didn’t take me in. When I was naked, you didn’t clothe me. When I was sick, you didn’t take care of me.” There’s also in there, “When I was in prison, you didn’t visit me.” And they’re going to say to Him, “Well, Jesus, we didn’t, we didn’t see you. Obviously, we didn’t, this isn’t true at all.” And He’ll say, “No, when you didn’t do it to the least of these, when you didn’t do it to each other, you didn’t do it to me.”

What a beautiful way to be judged. It’s all, did we love each other?

When you decide who you want to be when you transition, I think it would be a beautiful thing if you’re that person that loved. So I have a couple of questions. Will you be that soul that, when you leave, loved others? And will you be that soul that when you leave, you stood against the evil of tyranny and oppression? Because that’s what we’re facing.

I’m going to read that quote from François Amalega that I had read at an earlier opening. And he wrote, “I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie.” Let me read that again: “I feel more free within the four walls of a jail cell with a clear conscience than I would standing outside whilst respecting the measures and collaborating with a lie.” François Amalega is somebody who knows he is a soul and he knows who he wants to be. Souls who want to love, who want to stand for truth, understand that that is why they’re here.

Now, I just made an important point and so I’m just going to repeat it: that souls that want to love, that want to stand for truth, they understand that is why they are here. It’s why you are here.

We’ve all felt at some point in our life that we were here for something important. That we were here to act differently. That there was something else going on and that sometimes it almost would feel like we could touch it, it was so close. And at other times, it would seem distant. And we all know, and I know it certainly happened for me, I get caught up with working,

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and this and that, and taking care of kids, and you totally lose track of that feeling that we were here for something else. We lose track of that feeling that we were here for something important.

But the truth is you are here for something important. You’re here to choose who you are going to be. That’s why you’re here. And it may sound odd, but our present circumstances are a gift. Because I was expecting to go to university, get married, have kids, work, save, maybe have a retirement cottage at the lake, then retire, watch my grandkids grow up, and then have a peaceful death. And that’s not a life that makes it very clear to me why I’m here. Because I’m not here for that, I’m here to choose who I’m going to be.

But now I'm faced with a world where I see evil running wild, where I see tyranny being imposed, where I see people like Sheila Lewis sobbing because she is being the victim of pure evil. And it's clear, isn't it? Isn't it clear for all of us that we really are here to make a choice? Like it or not, we're here to make a choice. And so this is a gift, because we're not going to be confused why we're here.

And it's not all doom and gloom because the worst of times are also the best of times. You will experience the deepest friendships that you have ever experienced. You will feel peace when you look in the mirror. You will feel part of something bigger than yourself. And so, I think we need to understand that we're actually in for the best of times. It's not going to be easy. Some of us, it's really not going to be easy. But we are in for the most important and the most meaningful part of our life going forward.

And the most important thing—and the NCI has shown us this—is we're not alone. We're the majority and we stand with each other.

[00:28:32]



Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

EVIDENCE

Witness 1: Dr. Christopher Shoemaker

Full Day 3 Timestamp: 01:09:05–01:56:06

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

I now want to turn to our first witness, Dr. Chris Shoemaker. Dr. Shoemaker, can I start by asking you to state your full name for the record, spelling your first and last name?

Dr. Christopher Shoemaker

Yes. My name is Christopher Allen Shoemaker, spelling of the last name is S-H-O-E-M-A-K-E-R, and the first name Christopher, C-H-R-I-S-T-O-P-H-E-R.

Shawn Buckley

And Dr. Shoemaker, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Christopher Shoemaker

I do so.

Shawn Buckley

Now, I'm going to introduce you and I may not do justice, so if I don't, please feel free to fill in. You are a comprehensive physician in Ontario. You're a member of the College of Family Physicians of Canada. In your 45-year career since 1977, you've worked initially in emergency medicine in both Ontario and British Columbia. You later did family practice on two military bases in Ontario, assisting in the direct care of Canadian Forces members and their families. More recently, in 2020 through 2022, you worked in direct patient care at the West Ottawa COVID Care Clinic and were part of the Eastern Ontario Response Team to COVID-19. You have been an active member of the World Council for Health and their worldwide response to COVID, including therapy protocols for vaccine-induced spike injury.

And I think that that's not a bad introduction. You have been literally in the trenches as a physician for 45 years.

Dr. Christopher Shoemaker

Yes, indeed.

Shawn Buckley

I will tell those watching and the commissioners that I've entered your CV as Exhibit OT-2.

Now, you're here to discuss—really to sum it up—vaccine issues, but there's several different issues and I don't know where you want to start. Do you want to start with your thoughts on them being safe and effective or do you want to start somewhere else?

Dr. Christopher Shoemaker

Well, I think that's certainly central to everything, but as I discuss it, we will be on other topics of course over time, including sources of the vaccine and including other measures that could have been used instead of them.

To begin with, if I may, Mr. Buckley, I'd just like to introduce myself a little bit further, a little more personally to the audience and then carry forward, if I may, for at least three or four minutes.

Shawn Buckley

Sure.

Dr. Christopher Shoemaker

Thank you. Good morning, Commissioners, I'm honoured to be with you. I've observed the tremendous work that you've been doing across Canada. I was there in the room all three days that you were in Toronto and I think this is the most important activity going on in the world right now, to bring light to all of this. So thank you. And thank you, Mr. Buckley.

I like to help people. I'm a doctor, that's what I do. If I was introducing myself to you three years ago, I would have told you of my quiet practice taking care of children with difficult symptoms of Asperger's condition, anxiety, ADHD, autism spectrum, and obsessive-compulsive disorder. That's what I was doing in the last eight years of my clinical practice. But those days are behind me now.

Because of things that I learned, I had to speak to the greatest issue of childhood mortality and morbidity ever to happen in my 70 years on this planet. We were all children once. I was a child, the oldest of four. I still have a lovely sister. I had two lovely brothers who have pre-deceased me. When I was 44, my closest brother, Frederick, got pancreas cancer. And he was gone in six or seven months from having incurred that terrible, terrible illness. So, I lost my closest amigo back in 1995. But it made me reflect upon all of us.

All of us here are talking about losses of loved ones, losses of our own good health, the frailty, in a sense, of the human body. And no one thing causes our body to become frail. It can be a large truck that hits us when we don't look the right way crossing the street. And it can be a subtle little infectious organism in us that takes over and is unable to be treated.

[00:05:00]

And additionally, it can be a poisoning of some kind, something in the environment that sets things in motion that means you're going to get quite ill with an autoimmune disease of some kind against that poison.

Essentially, what we have been forced to fight here with COVID-19 is the latter, is the last of those three things. It's a subtle, purposeful immunologic poison that's been put into our bodies and for which there was a plan—a plan that I'll outline for you a little later. I would just like to say why I'm going to be using a few videos and not speaking every word neutrally and straightforwardly. It's because it's what I did.

When I learned what I learned, I felt I had to go out and speak the real truth, even if it was just independent videographers that were covering me. And so I did that. And the reason I'd like you to see some of them is that, well, it's why the College took away my licence. The College [of Physicians and Surgeons of Ontario] decided that me speaking these truths was something that they considered not compatible with me being a licensed physician in Ontario.

So if I might ask for the first video and simply to show the commissioners and yourselves what I began to say in September of 2022 when I became fully informed. Thank you.

Shawn Buckley

Sorry, we just asked the sound to be adjusted so that you're more understandable.

Dr. Christopher Shoemaker

Very good. And in a couple of seconds, we'll have this first video.

Shawn Buckley

We always have obligatory technical issues. But actually, we've done really well and our team is just excellent. So, just bear with us.

Dr. Christopher Shoemaker

Oh yeah, no worries. I'll just set it up a little further. I was at old City Hall and new City Hall of Toronto. I was meeting with anyone that would come down to see me. I stood there and kneeled there both, for 10 straight days, as a vigil for the harm to children.

The reason that I chose to do it around that time was Denmark had just cancelled all vaccines for the children on September the 1st of 2022. And they'd cancelled them because of the added risk that was perceived and known. And they were the first country to ban vaccines for those 18 and under. They did that September 1st, 2022. We're nine months since then. And our countries here on this side of the Atlantic Ocean are still suggesting, inappropriately, that these shots be given to children of any age.

[Technician in background indicates that the videos were submitted without audio.]

Shawn Buckley

Oh dear, okay. Well, that's going to change things. And we can't actually log in with the Rumble link, right?

Okay. Dr. Shoemaker, we're just going to try Plan B technically. So we'll just have you continue. You're sharing with us actually a very important point that on September 1st of 2022, a full nine months ago, the country of Denmark actually banned using COVID-19 vaccines on children. And yet here we are in Canada: literally, our governments are still pushing vaccination on children when another country has banned them, concluding that that it's too dangerous.

Dr. Christopher Shoemaker

Yeah, in Denmark, for example, a child like Sean Hartman would still be alive because even when they were giving it to children, it was not mandated. It was available, but the parent could make their own decision and their child could attend to sports and anything to do with school without the vax. It was just determined because it was an experimental vaccine, it should be the legal choice of both the child and the parent whether to get vaccinated or not.

But they took away even that aspect. They just didn't let children get it at all as of September 1st of last year.

Shawn Buckley

Okay. While we're looking for that video, can you share with us your thoughts— Because obviously, you're against vaccinating children. And can you share with us why that is?

Dr. Christopher Shoemaker

Certainly. It's because the shots are immuno-toxic to everyone that receives it, whether you're 50 or whether you're five years of age. It's worse in childhood because the children have such a strong immune system. Strong immune systems are what react to spike being inappropriately in their cells. And if your cells, your myocardial cells

[00:10:00]

are filled up with 40 trillion— And that's the number by the way, that's the number that the video I had hoped would surprise you with. Forty trillion mRNAs are in every shot you take, 40,000 billion.

There are only 80 viral entities that are in every polio shot you take. So if you get your four shots of polio over a lifetime or circumstance as a young child, you've had 320 little viral entities enter your body. Entities that are inert. Entities that can't reproduce or make more polio spike, if there was such a thing, inside you. It just won't happen. It's just the inert shell of the virus and the body can make a proper immune response to that.

And this is bad news whether you're an adult or a child. Specifically problematic for children because their innate immune system has to develop over the first 10 years. And when you give this sludge into the bodies of children, you are making your innate immune system not develop. The kind of things that keep you safe in the sandbox. The kind of things that keep you safe as a 16-year-old moving around the world, being exposed to new things. You need a strong innate immune system that has not been hijacked by an inappropriate

item put into you at age five. So that's why it was so important for it to stop in children as quickly as it did in Denmark. And that's why it's equally important that it happen here in Canada.

Shawn Buckley

Right. And so when you use the word immuno-toxic, you're meaning basically that it harms the immune system rather than helps.

Dr. Christopher Shoemaker

Yes. And if I could give you a picture of it. Everyone, we all understand transplants. We understand if someone's kidney is put into you or someone's heart is put into you, your own natural immune system would attack the heck out of that transplanted kidney or attack the heck out of that transplanted heart if the surgeons and internists didn't give a great degree of immune suppression. Very heavy drugs that would make your immune system basically go to sleep, so that that new heart or that new kidney could settle into your body.

Here's the problem with spike protein. When spike protein goes into your body, you got 30,000 billion cells in your body. You got 40,000 billion mRNAs, enough to go into every cell of your body. So they're all going in and they're all creating a flag. They are all creating the fact that your body recognizes your heart is no longer your heart; it's a transplanted heart. Your kidney is no longer your kidney; it's a transplanted kidney, the body thinks.

And that's why the body goes after it and that's why the attacks are so varied. That's why one person could be suffering massively from a hepatic or a kidney ailment and another person will have a dissection in the aorta: because the aorta is being inflamed by the attack. Or the heart, the typical one is myocarditis in children: young adolescents, male and female, getting pain and troponin elevations and all the features of myocarditis. It's because your immune system is— It's not the spike itself that's harming you, it's your immune system going after the spike that has changed the genetic image of your heart. And your body thinks it's not your heart and that's why it attacks the heck out of it. This is basic immunologic science.

The makers of this immuno-toxic vaccine knew this; they knew this for a purpose. You can't make something this damaging to humanity without doing it on purpose. That is actually my major message of my talk today. I accuse someone, I can't name them right now, but I accuse some entity of highly purposefully making things in the fashion that they did. Because it would not be as toxic as it is, it would not be so able to hijack your immune system, to kill you slowly or quickly, if it was not done purposely. It has been done purposely.

Shawn Buckley

And just so people watching your testimony understand, you use the polio vaccine as an example. And some people don't understand what a traditional vaccine is. So in the case of polio, a shot would contain 20 pieces of the polio virus that is inactive.

Dr. Christopher Shoemaker

That is correct.

Shawn Buckley

And so, we're talking 20 pieces.

Dr. Christopher Shoemaker

Eighty sorry, was the number, 80.

Shawn Buckley

Okay, 80. And then so those pieces are enough for your immune system to look at and go, "Oh, this is foreign, let's make an antibody against this." And that's how in the theory of vaccination, you would become immune.

But the COVID-19 vaccines, it's not 80 pieces. You used— How many? Like, you used the word trillion.

Dr. Christopher Shoemaker

Forty trillion. Everybody knows the trillion; governments talk about trillions of dollars all the time. But 40 trillion factories. It's factories that were sent into us, that's what a strand of mRNA is.

[00:15:00]

It's a factory and it produces whatever its product says to make. Whatever its genetic code says to make, it makes, and it makes these spike proteins and those have a life to them. Spike protein, once it's physically in a cell, is as alive as the cell, so that's very, very different.

One terribly important thing to add, and this is probably the best time to mention it. In the last three to four weeks, it has been spoken out extensively by Canada's PhD Dr. Jessica Rose and Sasha Latypova from the United States. They have made extremely clear that actually, it's one-third DNA that's in the weight of the shots and two-thirds RNA. So fine, two-thirds RNA is only 27 trillion. Meanwhile, there's 13 trillion actual DNA capsids: DNA, deoxyribonucleic acid, the kind of stuff that can get into the nucleus of your cell and change that part of you. So now not just the flag from the RNA is on the surface, there's actually changed DNA physically inside the nucleus of your many, many, cells. The reason that's there is ostensibly its poor design, poor manufacturing.

The Department of Defense in the United States, which assisted in manufacturing this, didn't care that it didn't meet vaccine standards. In fact, they did paperwork that specifically described the injection as—I don't want to use the wrong word here—a military countermeasure, a military countermeasure. They didn't call it a bioweapon, but they did call it a military countermeasure. And they specifically didn't call it a vaccine. And the reason was that if you call it a vaccine, it has to be made to vaccine standards, proper world standards for vaccines.

By calling it what they did, saying that there was an urgency to it, "We'll just call it a military countermeasure," the standards can be dropped. And so what if there's one-third as much DNA in this as there is RNA? And this happens when they stir the soup. When they make this stuff in great big kettles and cauldrons, there's going to be sludge. There's going to be the original DNA inside of a bacteria that's helped to make the RNA, but it was allowed to have inefficient and painfully, painfully almost soiled— What's going into you is

one-third DNA, two-thirds RNA, and that is the truth from Dr. Jessica Rose and Dr. Latypova, if I have the name correct. Horrible.

Shawn Buckley

While we're waiting to see if they can pull that video up, one thing that we haven't had a lot of evidence on is the effect on pregnancy and reproductive issues. But I'm getting the signal that we think the video's good to go, so we'll put that question on hold for a second and see if we can run that video now.

Dr. Christopher Shoemaker

Thank you.

[Video plays briefly, is still inaudible.]

Shawn Buckley

Oh, okay, so we're going to be out of luck on that.

Dr. Christopher Shoemaker

Would that be the case for all of the videos or just this particular one?

Shawn Buckley

David, do you want to check with the other ones that we had done last night? We apologize for those, Dr Shoemaker. We did ask our team to download those videos from the links you sent.

Dr. Christopher Shoemaker

No need to worry. We'll just go ahead as you're saying.

Shawn Buckley

So, I was kind of switching gears because one of the areas that we haven't had much evidence on is effect on pregnancy and potential effect on reproduction And I know that you have some thoughts on that and you've looked into that.

Dr. Christopher Shoemaker

Yes, indeed. Pregnancy. The Golden Rule of pregnancy: never use an unproven drug in pregnancy and never vaccinate in pregnancy. Never. Somehow "never" went away; "never" went away during COVID. That golden rule was broken. The last people that should get new drugs, unproven drugs, or vaccines should be pregnant women and the fetus inside them. They should be 10, 15 years out if you've got a wonderful new vaccine to use.

Polio would not have been given to pregnant mothers in the early days—not a chance—and actually has been discouraged ever since.

You don't vaccinate pregnant mothers. It's medical malpractice. Why have we allowed ourselves to do a medical malpractice, ostensibly recommending it?

[00:20:00]

And what has been the result? What has been the result? Well, Pfizer knew the results just as things were rolling out. They did a post-marketing analysis. And in their post-marketing analysis, there was a specific— There was about 300 people that they didn't tell you what happened to the other 270 or so. They didn't give the answer back. But they did give the answer for 29 pregnant mothers. And the 29 pregnant mothers that they gave the answer to, what happened to the pregnancy?

And it's published; it's part of the 75,000 pages of Pfizer data. And the published data by Pfizer showed that of the 29 pregnancies that they were willing to say what the results were (and the others that they hid), 28 out of 29 lost the pregnancy. A horrific number. Ninety-seven per cent of the fetuses were lost of those 29 that they were willing to tell us about. Of course, they weren't really willing to tell us about it because they thought that these data would be hidden for 75 years.

But the truth, when Dr. Naomi Wolf and others got to the truth, is that this cache of dear families who lost the ability to have this child in a ratio like that, 97 per cent in that group lost. The actual real-world data, the real-world data where it's really being spoken of and proven: hospital systems in Florida, hospital systems in other parts of the States that are being honest about it show that 50 to 67 per cent of pregnancies— Where the woman has received the vaccine while pregnant, 50 to 67 per cent of those pregnancies are lost, either early or late.

Incredible numbers. Anyone in the obstetrical units really knows the truth. They've seen stillbirth numbers that are obscene. They've seen early pregnancy losses, extra bleeding, spontaneous bleedings, and spontaneous abortion losses that have happened that are obscene numbers. And this is what happens when you break the Golden Rule of pregnancy. You never break the Golden Rule of pregnancy. Do not vaccinate—and especially do not vaccinate with a toxic spike protein into a viable human who's only this big.

A little viable human that's only this big and nanoparticles take the toxic stuff across through the placenta and into the cord and into the baby and into the baby's brain. And the mother received the shot when the baby was three months old inside her body because society was telling her, "That's the way you can protect yourself. That's the way you can protect grandma. You just do it too."

We were lied to. We were lied to. We didn't know if it was safe or not. We now know absolutely that it's not safe. And one of the biggest evidence that it's not safe was in this highly risked population: mothers and the children within them.

Shawn Buckley

I just want to make sure that people understand: so you're talking about the Pfizer data. This is the data that Pfizer would have submitted to the Food and Drug Administration in the United States to get their so-called emergency authorization and that Pfizer didn't want that disclosed to the public. There actually was a fight in court for it to become publicly available. And that's kind of your first clue, there's a problem. But now there's a team of doctors and scientists that I understand—I mean, it's thousands analyzing this data. And so this is actually Pfizer's own data that they record. There're 300 females in pregnancy that get the shot, but they don't report on 271 of those. They only report on 29.

Dr. Christopher Shoemaker

And those 29 were of the ratio of loss that I just described to you. Virtually, the vaccine functioned more efficiently as an abortogenic drug than RU-82.

Shawn Buckley

Okay. And then when you're talking about states like Florida, this is government data reporting basically a stillbirth rate of 50 to 60 per cent in mothers that are taking the vaccine during pregnancy.

Dr. Christopher Shoemaker

Again, I will say that, yes, that's government data and information from actual individual hospital boards and circumstances taken into totality. Yes.

Shawn Buckley

Now, I believe we have your video up, so we're going to try again.

[VIDEO plays but is barely audible. Dr. Shoemaker's videos are available on the NCI website as Exhibits OT-2a, OT-2b, OT-2c, OT-2h, OT-2i, OT-2j, and OT-2k.]

Dr. Christopher Shoemaker

To be honest, I think we could drop this video. I think we've touched the points that are on this. The key point ladies and gentlemen

[00:25:00]

is that skilled immunologists, skilled virologists, skilled pathologists have stated that the 100 micrograms of RNA and DNA combined—100 micrograms, the weight of a thyroid pill—is enough for 40 trillion virtually weightless mRNAs. These extremely small, have of course minuscule weight. You don't need tons of it. You just need 100 micrograms. And 100 micrograms is 40,000 billion viral entities. It's on their labelling. They say on the label how much is going into you. And that is how much is going into us every three to six months, if we keep listening to the morons above us.

Shawn Buckley

Now one of the things that we've been told when we're being told to take this vaccine is that we should really take one for the team. So that, and you already used the example for a pregnant mother, "Take one so grandma doesn't get sick." The whole idea is, at least as communicated, that we're supposed to take these vaccines so that we're protecting others: we're not catching COVID and we're not transmitting COVID.

And I'm wondering if you can share with us whether that is truthful messaging or false messaging—what your thoughts on that are.

Dr. Christopher Shoemaker

Well, very good. Just as I begin, could I ask David to see if he can bring up slide two and perhaps put it in the background on the screen? If what we call slide two, that's in the bar

graph with the angled look [Exhibit OT-2e], that would be the one. If that can be brought up onto the screen it will allow me to speak to your question. Very good.

So the topic is—Are we protecting others, are we reducing infection in ourselves, is the vaccine working? This is from the Cleveland Clinic, which is a group of five or six hospitals in Cleveland. It has 40,000 staff—40,000 staff in this huge hospital system. In September of 2022, for 90 straight days, they followed the symptomatology of all 40,000 staff at the Cleveland Clinic.

The black line at the bottom that starts at zero cases and wanders its way up to a fairly low number—I won't try to quote it right now, but that's the unvaccinated staff. Unvaccinated staff at the Cleveland Clinic had very, very, very little, low numbers of COVID events in themselves. Each line above it is more and more vaccinations. The red line was one shot, the green line was having had two shots, the purple line above that was having had three shots, and the pale orange line at the top was having had four or five shots.

So they had a spectrum of numbers of shots that people had taken who worked in the clinic. And in an absolutely arithmetic progressive way, you went from whatever was the rate for the unvaccinated—very modest down there at the bottom right—it was doubled and tripled and 3.5. Once you'd had four shots you were 3.5 times, as a staff member, more likely to be carrying COVID, having COVID, passing it on to patients, having positive PCR tests, getting sick, going to the ICU. Every factor went up by a factor of 3.5 when you were highly vaccinated.

If you were left alone— And they did have 8,000 staff who worked unvaccinated in the hospital. And don't you dare blame them that they were somehow the source of all this; forget it, they weren't. They were healthy. They had the least amount of time off for illness themselves. They were like most unvaccinated people. They had an innate immunity. They weren't having COVID nearly as long as their colleagues.

And this 3.5 to 1 ratio: being more likely to transmit it to granny, more likely to transmit it to the patient, more likely to transmit it within your own family the more vaccinated you got. This is settled science now, ladies and gentlemen. It's settled science that the more you get vaccinated with this non-vaccine—and it is a non-vaccine—the sicker you are and will be of many diseases, but especially sicker when it comes to COVID itself.

Shawn Buckley

It's just interesting that you had to add "and don't say that the unvaccinated were causing this." Because one thing I've never been able to get my mind around with all the hysteria to force people to take the vaccination, is that, well, logically, if the vaccine worked, if it protected you from getting COVID, then why would you care if anyone else is vaccinated? You could be the only one in the herd and you shouldn't care—if it works, right?

[00:30:00]

It's just interesting that you added that. So when we're being told the vaccine is effective, "effective" means, at least in the public mind, "Well, I'm less likely to catch COVID and transmit COVID, if I get vaccinated." But the truth is it's really negative efficacy: So with each shot, you're more likely to catch COVID and hence more likely to spread COVID than if you hadn't had any shots.

Dr. Christopher Shoemaker

That is exactly what we have learned and found. And what we learned and found was enough to turn everything off in September of 2021. In September of 2021, these data—not from the Cleveland Clinic but from other sources—were beginning to show up. And they absolutely knew before they started giving it to children. And they absolutely knew before they moved into mandates in 2021, September. It was absolutely known that this was the trend. The vaccine was not working as a vaccine. It was doing zero to prevent you from getting COVID.

A true vaccine means—forget about symptom-lowering—a true vaccine means you don't get the disease. When you get a rabies vaccine, is the dog or cat expected to get rabies? No, not at all. It's supposed to be totally 100 per cent effective. And this is negatively effective. It makes you more likely to get the disease. It's tragic. We'll move on to other things, but that's the best I can describe it.

Shawn Buckley

Let's move on to other things. Which topic would you like to cover next?

Dr. Christopher Shoemaker

I guess just briefly to ask, would any of the videos be available, or basically not? Okay, that's fine. Okay, so I'll just speak to one topic that I was going to be speaking on. On two short videos that were connected. And that topic is: Who made this and why?

In its origins, it originated when Dr. Fauci was told by Barack Obama, President of the United States, "Do not do gain of lethality research anywhere. It's too dangerous." The year was 2014. The year was 2014, Dr. Fauci was told, "Do not do this kind of research anywhere." He specifically went around what the president told him. He specifically went to the military within the U.S. and asked if they could do it. They were incredulous. They said, "What are you coming here for? You know that you've been told by the President not to do it. You can't do it. You won't do it under our aegis. You won't be doing it anywhere, Dr. Fauci." So that was the second time he was told, "Do not do this."

He went around them. He took it to EcoHealth Alliance. He took it to Peter Daszak. He said, "Peter, this sucker that I got working with Dr. Baric out of North Carolina, we really want to do gain of lethality research on coronaviruses. Could you take it over to Wuhan? Could you generate it there?" They exchanged emails over those three or four years as it was being worked on initially. And then in December of 2015, after knowingly for one year working in Wuhan to create something that was perhaps dangerous or toxic or testable, whatever the ostensible purpose was, they exchanged a final email where Peter Daszak said, "We've got it."

And what "we've got it" meant was that they had an impressive improvement in lethality of the coronavirus with the genetic genomes that we're now also familiar with.

And what happened after 2015 is that those same genomes were brought back to the States. Because, of course, it was to a degree a U.S. product and they wanted any vaccine that was related to this genetic genome to be produced in the United States. And so it was worked on in the United States for the next three years. Between 2016 and 2018-19, during those three years, they continued in Wuhan to make whatever it was that could be released in an aerosolized form or a fashion that was going to create a version of flu. That was happening over there.

Meanwhile in the U.S., Fauci, Baric and now at that point, the U.S. Department of Defense, which was cooperating with them—those three entities had the vax being worked on at the ready. So, it was not Operation Warp Speed that just started suddenly in 2019-20 to get a vaccine within a year. No. The purposefully damaging non-vaccine was being worked on for four years, between 2015 and 2019. Maliciously worked on because everybody who was in the real know about this—Pfizer, Moderna, and especially the U.S. Department of Defense knew that they were creating something that if it went into the human body would harm the human body

[00:35:00]

and would make it more likely to have that tragic immune reactivity that I talked about 12 minutes ago. So there it was, not Warp Speed [but] a three-year program to make a dangerous immune-damaging and, basically, body-damaging shot.

What their reasons were, I'll have a comment at the end as to what I think the entity really is. It isn't just Fauci, it isn't just the Department of Defense. There is a different entity that's actually in charge of all of this, and I'll share that at the end of my talk.

Shawn Buckley

And just by way of timing, we've got about nine and a half minutes left. I want to allow time for commissioners to ask you questions also because I anticipate there's going to be some of those. What I'd like to do is ask you a specific question and then have you go into what you were just speaking about.

But you had sent me some notes about these lipid nanoparticles that surround these RNA and DNA packages. And I want you to comment on those and what happened to the animals that were tested. Because I think people need to understand what they knew before they rolled out this program.

Dr. Christopher Shoemaker

And can I just ask is the microphone adequate for the room? Is it okay? Okay.

Lipid nanoparticles, LNPs. RNA or DNA cannot move from place to place unless it's got a little vehicle to travel in and this vehicle was invented by a Canadian company. The company was Acuitas [Therapeutics] out of British Columbia. And neither Pfizer, Moderna, nor the U.S. Department of Defense would have been able to use any of these carriers—lipid nanoparticles or plasmids, which is another version of it. They would not have been able to use either of them to carry RNA or DNA into the human body unless they paid a **royalty to Acuitas. Acuitas has been paid. Acuitas continues to get paid. It gets lots and lots and lots and billions and billions of dollars for their intellectual property.**

Sadly, when these lipid nanoparticles were tested for danger and for safety with no RNA in it, with no DNA in it, just to see, what does it really do to animals, can it be used liberally? All the animals died. All the animals. They're a lot smaller than humans, but they died, a hundred percent. Because the LNPs were going to their brains. It would go into their hearts, it would go into their kidneys, it would go into their ovaries. Within a few days, every animal given LNPs was deceased.

Therefore, we are using a carrier that is known to be lethal on some level. And we're using it without, certainly, having proved its true safety in humans because we sure as heck

didn't prove its safety in animals. And it doesn't matter the names attached to the invention of this.

The fact is that the science and Dr. Roger Hodkinson showed it. Roger Hodkinson has told us about the hundred-fold elevation of density in the ovaries compared to the body in general. These lipid nanoparticles are good at crossing two or three barriers in particular. They go across the ovary barrier and the testes barrier into the reproductive system, massively, and they go across the brain barrier into all structures of the brain, massively.

Do they go anywhere else with some degree? Well of course they do. We have a blood system and the blood system can take these lipid nanoparticles to heart and to liver and to other areas of body, of course. But the highest density—the three places, our genetic productive system of ovaries and testicles and our brain cognitive system—and that's what LNPs do. They are toxic to those areas even with nothing in them and they sure as heck are toxic when they're carrying spike or the mRNA/DNA to create spike.

Shawn Buckley

And I'll just ask, because we've got six minutes left, if you want to switch to— There was something that you wanted to make sure was covered.

Dr. Christopher Shoemaker

Oh, thank you. Actually, it's on this general topic that we're into, as it were, right now. Just give me a moment to collect my thoughts. Because we've had quite a different presentation than we originally thought.

So, how could it go well? Lies after lies with people not taking direction from the people who, in a true chain of command, should have had control over them.

[00:40:00]

President Obama should have had a true control over this rogue, Dr. Fauci. He just didn't. Dr. Fauci did what he did. Certain people had Dr. Fauci's ear. And this is why I would like to give a name to this "they" that we talk about. "They" do this, "they" do that. We never know who "they" is. Well, I'm going to give them a name. They are the unelected-people-control-entity. Unelected-people-control-group or -entity. The unelected-person-control-group or -entity. That entity clearly exists because that entity is above the U.S. Department of Defense. That entity is above any specific prime minister that we have in this country.

That entity has arms and tentacles. That entity is the World Economic Forum. That entity is the WHO [World Health Organization]. And that entity is the Bill and Melinda Gates Foundation. And that is the entity that is driving, and has always driven, this malicious creation of a toxic agent to go into humanity. So to that entity I say, "We don't know you right down to the core puzzle who you are, but we've got a pretty good picture. We know who could have had massive influence and financing and assist to this program. A program that had no scientific merit, zero scientific merit, and has had massive scientific human negative effect."

So to the UPCE, the unelected-person-control-entity, I say to you, "Shame on you. Shame on you." We people who had to yell and scream in our speeches, the dear people who have been at this table talking about the hemorrhagic events happening to them after a shot, or after shedding, or the deceased child that they mourn for. The ladies who spoke of their

mother who died within 10 minutes of getting a COVID shot in the pharmacy in Saskatchewan.

I mean, every one of these cases have a source. And the source in the true, true sense of the word is the unelected-person-control-entity.

And it's time for the world to march in the streets. It's time for the world to realize this is not just a medical problem. It is a medical problem: fifty million extra deaths a year is a medical problem. And that's what the numbers are showing. Numbers out of Germany, numbers out of the U.S., numbers out of the United Kingdom just in the last week showing that all-cause mortality elevation is creeping up every month, another few percentage points higher. So if it's 45 per cent or 100 per cent more than it should be now, well, it's going to go to 200 per cent; it's going to 300 per cent; it's going to go to 400 per cent. These are slow, immune, toxic, lethal shots. I call on the world to stop them. And that I think, is where I'll end.

Shawn Buckley

Thank you, Doctor. So Commissioners, we only have two minutes left for questions because we do have to be tight. Are there any questions?

And there being no questions, Dr. Shoemaker, I apologize that we had technical difficulties. It was not for lack of trying on our team.

Despite that I can assure you, you gave some really valuable testimony to us and shared some very important things we hadn't heard specifically. Some things come to mind about the sheer numbers and about the animal deaths and your contribution on the pregnancy thing was information that we were lacking. So I'm just telling you that you've made a valuable contribution.

Dr. Christopher Shoemaker

Absolutely Shawn. And if I could just take 60 seconds then just to conclude if I may.

Shawn Buckley

Yes.

Dr. Christopher Shoemaker

We talked about numbers in animal labs and why lipid nanoparticles with royalties in Canada should never have been used for anything. And they should now never be used to go into pork or cows or anything in the world. They just shouldn't be. We should get real about this.

And it does have a Canadian aspect to it. This company, Acuitas, and the foundations that supported it: I invite people to look very carefully at which foundations, a foundation, that specifically profited from backing Acuitas and continues to profit with every shot. I leave it to lawyers and RCMP folks to look into who supported this nefarious research and ultimately nefarious research in Canada.

Shawn Buckley

And Dr. Shoemaker, I just want one more comment from you.

[00:45:00]

Because, according to worldfamilydoctorday.org, today is World [Family]Doctor Day. And I would ask, what message you would send to the doctors of the world today, May 19th, 2023?

Dr. Christopher Shoemaker

Well, on World Doctors Day, I send to my colleagues, and we are colleagues—

My medical school graduation was 1975. My first days in clinical practice, post internship and residency were in 1977. We've all been working at this for a while and many of us for fewer years. We should take pride in looking at real science. We should take pride at protecting the true health of our patients. This is tough to look at. It's tough to point and say, "The emperor has no clothes." It's tough to say that the people above us, the medical agencies above us, have been fooled into advising us incorrectly. But their advice to not speak on these topics, to have us not speak on this topic, was illogical advice and it was advice that they were tricked into.

So dear doctors of the world, let's none of us be trapped. Let's none of us be tricked. We are tricked no more. We will help the human population. We will refuse to put these shots into our shoulders. We'll refuse, like Denmark did. And Denmark, by the way, bans it now for adults as well. Things have moved along. Denmark now bans it for just about everybody in their country to get these shots. So let's ban it for ourselves. Ban it for ourselves by taking back our shoulders, taking back the recommendations, doctors.

We know that it's creating turbo cancers in patients. We know it. There're other slides I would have showed you of cancers just exploding in people because they've had a shot [Exhibit OT-2f]. Their MRI goes from looking pretty neutral and 10 days after the shot, their whole body is blacked out with metastasis because it's 10 days after they just received this death vax.

So that is my message to my fellow doctors of the world. Again, thank you to the NCI.

Shawn Buckley

Thank you, Dr. Shoemaker. On behalf of the National Citizens Inquiry, we sincerely thank you for coming to testify.

[00:47:39]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 2: Melanie Alexander

Full Day 3 Timestamp: 01:57:12–02:12:48

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Wayne Lenhardt

Could you give us your first and last names and spell them for us, please? And then I'll do an oath with you.

Melanie Alexander

My name is Melanie Alexander and it's spelled M-E-L-A-N-I-E A-L-E-X-A-N-D-E-R.

Wayne Lenhardt

And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Melanie Alexander

I do.

Wayne Lenhardt

I think as you've just heard, we have some fairly strict timelines today. So I think what I'd like to do is do a timeline on your husband, and then we can come back and discuss it.

I'll lead you a bit here if I might. In March of 2020, your husband was diagnosed with cancer, correct?

Melanie Alexander

Yes.

Wayne Lenhardt

And he received treatment. And by November of 2020, he had gone into remission.

Melanie Alexander

That's correct.

Wayne Lenhardt

In June of 2021, he got the first dose of the Pfizer vaccine, correct?

Melanie Alexander

Yes.

Wayne Lenhardt

And this was in the Ottawa General Hospital?

Melanie Alexander

Yes.

Wayne Lenhardt

There was no reaction at that point to the vaccine.

Melanie Alexander

None at all.

Wayne Lenhardt

Then in November of 2021, you both came down with the Delta variant, correct?

Melanie Alexander

Yes.

Wayne Lenhardt

Okay. And you're both sick. Your husband ended up in the hospital for three months at that point.

At that point, you weren't able to see him because of the restrictions because you weren't so-called "vaccinated."

Melanie Alexander

That's right.

Wayne Lenhardt

That was in 2021. In February of 2022, your husband was discharged from the hospital. Then in March—11th to the 30th—he was back in the hospital. Then on, perhaps you can help me with the timeline here, April the 16th, he was back into the hospital.

Melanie Alexander

Yes.

Wayne Lenhardt

April the 18th. And that would have been 2022. Correct?

Melanie Alexander

Yes.

Wayne Lenhardt

April the 18th, your husband was back in the hospital. But they wanted him to test for COVID, which finally happened. After that, they moved him to a COVID ward where another patient that was ill was put into his room.

April the 20th, he got very ill. And he passed away shortly after that, correct?

Melanie Alexander

Correct.

Wayne Alexander

Okay. So perhaps you could tell me, then, what type of treatment and how it went during that journey?

Melanie Alexander

Greg— When he went back on the 16th of April, they wanted to do a COVID test right away. And he declined that. On the Sunday, the next day, he also declined a COVID test. But on the Monday, he received a COVID test. And when I asked him about it, I said, "How did that happen?" And he said, "I'd rather not talk about it." That test came back at midnight on that same day. Positive.

They woke him up in the middle of the night. He was a sick man. He had chronically damaged lungs and his body had been very dependent on prednisone. So every time they tried to reduce his prednisone, he had a setback and his breathing would get worse. But anyway, they woke him up in the middle of the night after midnight and said, "You have COVID, and we're taking you to the COVID ward." And he tried to advocate. He said, "No." He says, "I don't have COVID. I've had COVID before and I know what it's like and I don't have COVID. You're doing this against my wishes." But they took him to the COVID ward anyway. And it was a double room. And they put him in the room by himself, which was fine; he was okay with that.

But early the next morning, they wheeled in a lady who had been at home and had broken her hip. She was an elderly lady. And she explained to him that she and her whole family had been quarantining because of Omicron and they were quite sick with Omicron. So this caused Greg great distress because he knew that he could never survive a reinfection. He asked his nurse more than once. And it's actually recorded in his medical records that he wants to be discharged because he doesn't feel safe in the hospital.

When he told me about it, I said, "Call me when the doctor comes in and I'll try and talk to the doctor."

[00:05:00]

So he did that. It was before lunch. The doctor came in and I asked the doctor, I said, "What are you doing bringing a symptomatic patient into my husband's room? He's immuno-compromised because of his cancer, but he also has chronic damage to his lungs. He's very vulnerable." I said to the doctor, "You're standing here with your N95, your face shield, your gown, and your gloves. And yet you're leaving my husband unprotected." I said, "Please get my husband out of this room with this sick patient."

He said to me, "You make a good point, and I'll see what I can do." That doctor didn't do anything. My husband stayed in that room for 24 hours.

There was a very marked change in Greg's health condition on Wednesday morning. Instead of a temperature of 36 degrees, his temperature was above 39. Greg had been on four litres of oxygen. They tried giving him 10 litres of oxygen through the nasal prongs and it wasn't sufficient; they were trying to do damage control. They had to put him on the next level of humidified oxygen at 92 per cent plus a rebreather on top of 100 per cent. Greg had almost 200 per cent oxygen to try and be stabilized. They did put him in a private room on this Wednesday and they were doing damage control all day long.

On Thursday morning, they took him to the ICU [Intensive Care Unit]. Greg spent seven days in the ICU and then he died.

Wayne Lenhardt

I take it the questions that arise are first of all, he was immunocompromised because of all of his cancer treatment, so by putting him in with someone with an active case of Delta or whatever it was, that really is a serious issue, in that if he gets it, being immuno-compromised—

Melanie Alexander

Correct and if I could just say something. Greg had Delta in November, and we are talking about April of 2022 when Omicron is the variant of the day in our society. Everyone had Omicron. And so when Greg tested positive on that late Monday night, Greg and I asked the doctors— We asked the hospital to analyse his COVID test to find out what variant he tested positive for.

Well, the result came back that he tested positive for Delta, which suggests that he did not have Omicron at the time. So he didn't have COVID when they took him to the COVID ward. He didn't have Omicron, and yet they brought a sick person who was symptomatic into his room.

Wayne Lenhardt

And I assume you were not able to even visit him because you were not classified as quote "fully vaccinated" at the time.

Melanie Alexander

That's correct. Do you mind if I explain a little bit about that? Is that okay?

Wayne Lenhardt

Sure.

Melanie Alexander

So we had started our ordeal with the hospital and with COVID— It was COVID that was really hard on us. It had been five months by the time Greg died. I found out in January that patient advocacy and the ombudsman have no authority. They totally defer any decision to be made to the nurse manager on each floor. So I had found that out in January already. So when Greg went to the ICU, I left. I called his nurse every single day, numerous times a day saying, "Please let me see my husband. I need to be with him, he's very sick. Please leave a message for your nurse manager telling her that I want to come in and be with Greg." They assured me they'd leave a message for the nurse manager. I asked the ICU doctor as well, "Please advocate for me, please ask the nurse manager for permission for me to come in and be with my husband."

We had been married 34 years and we'd done life together. And now he was dying slowly and painfully, and they were not allowing me to be in because I only had one shot. I also left messages on the nurse manager's voicemail pleading in tears saying, "Please let me be with him."

As the week progressed, Greg got worse. They had to put a feeding tube in his nose and he couldn't Facetime me anymore; he wasn't strong enough to hold the phone.

I remember, one day I messaged him. I said, "I just need to hear from you to know that you're doing okay. Please let me know." And I got two words back from him in a text; he said, "Call nurse." He couldn't call me; he couldn't speak to me. So eventually I got a phone call back on Wednesday morning, the 27th of April, from the nurse manager. She said to me "I'm not allowing you into the hospital for two reasons. Firstly, because you're not vaccinated and that is the hospital policy and I'm upholding the policy.

[00:10:00]

Secondly," she said, "I've gone to and spoken to your husband's nurse. I've looked at his chart and I've looked into his case. And he's not palliative at this moment, so we're not allowing you to come in."

How can that possibly be that he was not palliative? It was barely 12 hours later I was called by the doctor on duty in the night, at about three in the morning. So just the same day, I was called by the doctor on duty saying, "Your husband is asking for comfort measures because he cannot take it anymore. He's suffering, he's gasping for breath, and he's exhausted. And he wants comfort measures. We explained to him that if we give him comfort measures, he's going to die. And he's okay with that because he's so exhausted, he can't keep battling to breathe. But he's very concerned about you and he wanted me to call you and tell you that this is his choice, that he's choosing this." And I must be okay with this.

The doctor called to Greg and said, "Greg, is this your choice, to have comfort measures?" And I heard Greg shout out, "Yes, it is my choice."

I resent enormously that I wasn't allowed to be there with my husband these last seven days in the hospital as he's suffering and dying. And he was definitely palliative, on a feeding tube, not able to even hold a telephone. I resent that I wasn't able to be with him.

But I have a bigger question for the hospital. I have a bigger question. My question is, how can they explain to me what protocol or what policy justifies them bringing a symptomatic patient, someone who's already so compromised, into his room? Even if they believed that he had COVID because of that test, even if they actually believed he had COVID—which he didn't; we found out afterwards that he didn't have COVID; he didn't have Omicron—how do they justify bringing a symptomatic patient into his room and not protecting him?

I believe—this was Greg's third admission to the hospital—that he was seen as a drain on the system. He was costing too much. I actually found a text from a friend yesterday. She was a friend. She wrote a text to me on January the 31st last year. And she said to me, "Melanie, love you to bits, but you really have your head in the sand. Thousands of dollars have been spent keeping Greg alive. I work in healthcare and have seen firsthand the effect of non-vaccinated people. People can't come to church out of fear of getting sick because of the unvaccinated."

To be in the hospital in 2021 and 2022 was a horrendous situation for an unvaccinated person. The hatred, the animosity, the anger was very real. Greg never felt safe in the hospital. In January he was receiving terrible care. And I was getting very upset about it. I said "Greg, I need to complain. I need to ask for better care." He said, "No, Mel," he said, "Don't complain. I do not want to raise the ire of the medical staff any more than they already feel toward me." He didn't want me to complain because he felt at their mercy.

It was a terrible time to be in the hospital as an unvaccinated person. And I do question the hospital, how they justify putting a sick person in my husband's room.

Wayne Lenhardt

I'm being reminded of the time. But let me perhaps fill in a couple more facts and then we'll ask the commissioners if they have any questions.

It was back in November of 2021 where both you and your husband, you think, came down with the Delta variant. And you recovered from it in November 2021. When your husband went back into the hospital in April of the following year it related to, apparently, the prednisone that he was taking, which was part of the cancer therapy. And you had been told to reduce that over time. And his oxygen level had gone down to 88 at that point, which is why you had him in the hospital. It wasn't because he had COVID.

Melanie Alexander

That's correct. During his COVID illness, it wasn't a cancer treatment. Greg was totally in remission. He had been declared in remission in November of 2020. But to treat his COVID, he was given a high dose of prednisone and his body had become quite dependent on it. And the goal of the medical staff was to reduce the prednisone, so I had been told to reduce it at home.

And with the reduction, each day his oxygen levels got lower and lower. And that is why he went to the hospital. He didn't have a fever. He didn't have a cold. He didn't have a sore throat, no cough, no symptoms. And that's why he declined the COVID test.

Wayne Lenhardt

Okay. I'm going to ask the commissioners if they have any questions.

No questions? I think our time is essentially up.

On behalf of the National Citizens Inquiry, I want to thank you very much for coming and giving your testimony.

Melanie Alexander

Thank you for having me.

[00:15:36]



Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 3: Dr. Kyle Grice

Full Day 3 Timestamp: 02:14:14–02:37:17

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Kassy Baker

First things first. Mr. Grice, can I please have you state and spell your name for the record?

Dr. Kyle Grice

It's Kyle Grice, K-Y-L-E G-R-I-C-E.

Kassy Baker

Now do you promise that you will tell the truth, the whole truth, and nothing but the truth during your testimony here with us this afternoon?

Dr. Kyle Grice

I do.

Kassy Baker

Very good. Now I understand that you are here to speak to us about community response. It's a bit of a, hopefully, more optimistic look towards the future than we have sometimes been hearing about during the Inquiry.

Can you begin by just telling us a little bit about yourself? Where are you from? Are you married?

Dr. Kyle Grice

Yes. I'm from Milton, Ontario. And my family is there; two teenage boys and my wife live there. I'm a chiropractor in Toronto. I have a family practice there with my sister.

Kassy Baker
And that's you.

So just to clarify: you are a chiropractor, but you are actually not here speaking as a chiropractor or on behalf of the chiropractic community, is that correct?

Dr. Kyle Grice
That's correct, yes. This is more about my community engagement and some of the endeavors that have happened from that community engagement.

Kassy Baker
Very good. With that introduction, if you would like to start your slide presentation, I believe that we're ready.

Dr. Kyle Grice
I'm not going to start it yet because I was asked to actually tell the story of how I got to being involved in the community.

And what inspired me was actually the harms that I was seeing.

I was seeing harms in my family. My father had an injury in 2016 and became a quadriplegic. From that time, he worked like an Olympian to regain his mobility. And he had limited mobility, but he was able to walk. And he had a safe place to walk and that was in his community centre. It was a flat, open track, and he would call me up and say, "Hey, son, I did two laps today without having to sit." In 2020, he was continuing to improve his mobility and his function. And with lockdowns, they closed that community centre.

With closing that— It was the only safe place for him with his walker to walk. And there was a significant, rapid decline, as an 84-year-old man, in his capacity to walk. To this day now he has such trouble, he can barely transition from his chair to his chair. He's not able to regain the function that he lost because of that.

My wife's mother developed breast cancer in the spring of 2021. She had successful surgery to remove the cancer and was instructed to have radiation therapy. Because of COVID measures, there was improper follow-up to her radiation. And what ensued was the burning of her left lung and her left heart from the radiation. This caused her to have to be hospitalized for this. And the nine days that she was alone in hospital, with difficulty breathing and hearing impaired, it was hell for her. She would call my wife every night **crying, not knowing what was going on with her, not understanding what was happening, and just wondering when she could come to the hospital. When my wife did finally get to see her— The decline in her health was significant when she did eventually get to see her. She did succumb eventually to those injuries from the radiation.**

There were also dozens and dozens of stories that we were getting in our practice from patients, just revealing what they were experiencing and the stresses they were going through because of the COVID response. We were helping them through that as best we can.

One such gentleman I remember, a married father of two, lost his job because of his choice. And he said, "I'm okay about that." But I realized he wasn't. He was recognizing the greater picture of what was going on

[00:05:00]

and he was significantly stressed. This man—from the beginning when I met him: healthy, strong, he was a wrestler—declined significantly in that year. He lost body weight, lost lean body mass; he developed a bowel disorder, it seemed like it was an inflammatory bowel disorder from the stress. That has yet to be diagnosed, but there was a significant decline in his health.

We all heard stories like this; we just got repeated stories. My life's work has been about helping people. I've dedicated my life to helping people. And when I was seeing this go on, it compelled me to get more involved. That's when I started to get involved in the community. I was hearing of these meetings that were going on all over Ontario. And I started attending these meetings.

And if I could start the slide show now [no exhibit number available].

It was quite amazing, actually. People were coming together because of COVID response. These were people who lost relationships: they lost relationships with their family; they lost relationships with their friends; they lost their ability to socialize in the establishments that they could once go to. They lost their ability to go to their churches. They were, in essence, excluded from society.

When they were coming together and I was meeting with them, the fear that I had with these people, that I felt from these people and heard: they were talking about what was in the news—with perhaps the loss of healthcare that they might have, that was put through the news. These people got afraid of that. They thought, they've been shut out of all these other establishments, what if they shut us out of the grocery store? This is what these community people were feeling.

And what they started to do was they started to come together. They found a place to socialize. Because society excluded them, they came together through this network of support. They started to develop solutions of, "Where will we get our healthcare if they take that away? Where will we get our food if they take that away?" They started making connections to local farmers and getting these food hubs organized. And it was amazing because, in essence, they were building community.

In one of these meetings, I met Dr. Jeff Wilson. He will be testifying after me. And I met several other scientists and professors during these meetings as well. In one of them, we ran a designed thinking process through the guidance of Dr. Jeff Wilson, where we did a National Consensus Conference on COVID Response.

This was using the process that I'll talk about later. It's called community network integration. I learned this from Dr. Jeff Wilson. What it does is solicit insights from the experts, stakeholders, and the public. It's bringing people together to come up with the solutions we need to do in order to overcome what is happening. We created a report based on the summary of this designed thinking process. The results of this are being written up in a summary that we are submitting as a joint submission to the *Canadian Journal of Veterinary Medicine* and the *Canadian Journal of Public Health*. That's ongoing right now.

What's interesting: when the COVID measures began to wane, these communities that were coming together, they stayed together. And they started to look at what happened; what was going on; who's responsible—how do we not let this happen to us again? They stayed meeting. And still to this day, all over Canada, there are people in communities that are coming together—and I'll talk about that in a little bit, what's formed.

They recognized some of the same players that brought us COVID response are now also involved in these international institutions like the WHO and the UN. They are ushering in community solutions. They see this transition, and it is called Agenda 2030, the Sustainable Development Goals. Interestingly enough— I didn't put it in my presentation; I didn't have time to change it, but I just spoke with one of the principal investigators yesterday. Because he wrote a Substack this week that piqued my interest and I had to speak with him about it before today. Because what's happening is that the UN, the Government of Canada, and the Canadian Health Research Institutes are also funding and giving research money to look at COVID recovery.

[00:10:00]

This particular investigator, this researcher, has now been given a nice lump sum of money to look at COVID response. And the first place they're starting is by looking back at the last three years, doing an evidence-based approach to investigating what happened, what went right, what went wrong. They actually, in this grant, have been asked to submit this to the United Nations as one of the grant's requirements.

It's interesting, I've been looking at— The UN Research Roadmap [for the COVID-19 Recovery] is what they have because there is this interest in investigating what's happened and what we need to do about it. And they are putting a lot of emphasis on Agenda 2030 and the Sustainable Development Goals as part of COVID recovery. And we're doing our best—and I'll talk about this, how we are going to bring everybody together. That's our motion, is bringing those in the UN, those in the public, the researchers, the stakeholders together. Our process that we're doing—and I'm working with Jeff Wilson and many others across the country—is to bring people together so that we can design these solutions together.

One of the concerns—I'm sure this has been talked about in other testimony—of those in the community that I've been meeting with on a regular basis is the WHO pandemic treaty. Canada has signed on to this treaty and the people in the communities are fearful and distrustful that they may not handle a pandemic properly. There's evidence through— They feel the COVID response has been mishandled. They're leery of giving up sovereignty of a pandemic response to the WHO. And Dr. Jeff Wilson, who's speaking after me, is going to be talking about outbreak response. And that Canada has the expertise; we have the **knowledge; we have the manpower to make our own pandemic response that's Canadian-made and will suit what we need to do for Canadians.**

This is just more about— The UN and the World Economic Forum did make a strategic partnership in 2019. And this was about putting forward Agenda 2030, the Sustainable Development Goals. When we look at those goals, they are noble goals to have. And people in communities, though, are concerned: What are we going to be doing and how are we going to be achieving these goals? That's vitally important. What measures and what initiatives will we be putting forward for us to achieve these goals?

This is a big concern. People do not want to be dictated to. They don't want a top-down centralized control mechanism telling them how to run their communities. They'd like to be part of it. This, I feel, is the epitome of public interest, is involving the public in this process.

This just shows that partnership— The 17 Sustainable Development Goals, which is being rolled into COVID recovery as far as the UN and Canada is concerned— This is one of the ways in which they're bringing about these Sustainable Development Goals, this ICLEI, it's I-C-L-E-I. If you look up their website, it's an international organization of local governments for sustainability. Canada has its own chapter of this institution, and there are different regions, cities, and communities that have signed on as members of ICLEI Canada. And this is where the people in the communities are working to collaborate with these organizations to be part of what the solutions are, rather than being dictated to. This is how the UN and the World Economic Forum are getting into our local communities.

[Witness moves forward to slide entitled Canada Smart City Challenge]: Canada is participating in this. I'm just going to show a couple of examples of this. This just reminds me too— Sorry, I didn't mention this earlier, but I completed my master's in Integrative Population Health through doing that pandemic response paper. I looked into things like this as well: the Canadian Smart City Challenge. Different municipalities participated across Canada, looking at how to build infrastructure to meet the Sustainable Development Goals.

Most of it was geared around technology. And here's a list of the technology of putting this in place in the cities. You may have seen different things happen in your city: the new lights, there's all the different LED lights that are connected to the network. Just little simple things like that, augmented reality, Internet of Things, the list is there. This is what initiatives are happening as infrastructure to Canada.

[00:15:00]

I like this quote from Albert Einstein, "We can't solve problems using the same kind of thinking we used that created them."

There is a transformation that's happening; it is written all over the United Nations Roadmap to Research. They're talking about transformation. They're talking about, "Are [we] going to go back to 2019 as the status quo?" And this isn't me talking, this is quoted from them: "Are we going back to the status quo of 2019 or are we going to do things differently?" There is a social reorganization that's happening. And Canadians in the communities that I'm connected to are concerned: How we are going to do that?

And we feel we've brought forth some solutions.

This is happening already, there's a national collaborative network. Those communities that were coming together across Canada, that built their community and they're staying together: there's a national collaborative network of them across this country. It's actually across the world, but we're connected mostly to your local regions and further. We're using the process called Community Network Integration [CNI]. Dr. Jeff Wilson will talk a little bit more about that in his testimony as well.

You can see it's a leaderless network of communities and people that are coming together to solve these big problems that we're having in our society.

Another such example of this Community Network Integration is the National Poultry Network. I happen to be in that network. I do not know much about the poultry industry, but for whatever I do know, I can provide some support to this network.

This CNI approach is bringing together all the stakeholders: the business owners and the government is coming on board. We've got— The Canadian Food Inspection Agency is on this network. PHAC, the Public Health Agency of Canada people are there to help with their input, right down to chicken farmers and all the stakeholders in between. Because there's a problem with avian influenza potentially. Dr. Jeff Wilson will talk more about this, but there's the development underway of outbreak response for avian influenza, respecting the pillars of outbreak [response]. Also what's going on in here is looking at regenerative agriculture practices that we can implement in the poultry industry.

In this format, if we do a collaborative process like this, this industry can solve any problems that they're faced with, in our opinion.

This one is my favourite. Food security has been talked about. This is part of the Sustainable Development Goals. And that word "sustainability" has been thrown around a lot; it's been used a lot, "sustainable." And it is noble. It is— In essence, its definition is to do less harm now so that we have resources for the future. It's a noble cause. But what I've found— My family has purchased a farm and what we've done is we have implemented a regenerative farming practice into that. We have connected with people in regenerative agriculture. And what I've found through doing this is that there is a network of people across the country involved in regenerative agriculture. And it's different than sustainability.

Kassy Baker

Just, sorry, if I can interrupt you for one second. Can you just explain what you mean by regenerative agriculture?

Dr. Kyle Grice

The principles of regenerative agriculture are looking at restoring and rejuvenating the natural world and respecting the laws that God put in place for how nature has created life on earth and has the abundance that it has. There's certain laws and rules that apply that nature provides us. And it's respecting those rules in how we grow our food.

Kassy Baker

Can you give us an example of one of those rules?

Dr. Kyle Grice

I'm just learning this process myself because we've just done that, but it's about how— And I took ecology in university. And it's just the circular nature of all aspects and the interrelationship of living organisms. For instance, we breathe out carbon dioxide and trees breathe in carbon dioxide. We all know this, we all learned this in Grade 6—that there's this cyclical nature to how it works. And it's respecting those laws in how we grow our food.

Our industrialization of food production has been fantastic for providing food for us,

[00:20:00]

although the UN is also talking about this. We have to change the way we're doing things. And they're going to use COVID recovery to do this. We've brought together a national regenerative agriculture network bringing people together to see, how we can scale up regenerative agriculture to meet the food needs of our nation?

One of the other principles of regenerative agriculture is to increase productivity out of a square footage or square acreage or hectares. So there's less that goes into regenerative agriculture because it's based on principles of recycling and reusing. And then it intensifies the food production per square acreage of an area. So as a business model, this is a fantastic business model. Less in, more out, right?

It also makes sense as far as wanting us to meet our goals of— Whatever sustainable goals that we have put before us, whatever that might be, regenerative agriculture is one of the answers to this.

And we've created a network to come together to create these solutions. There's so much that's gone on and it is so hopeful for what we've seen in the communities, of what's transpired, what's motivated. We're connecting to people who've been working on things for decades, people who've been working on removing hunger and removing poverty and increasing well-being and health for people.

We're connecting all these people and we hope— We know. Actually, we know. We're going to bring trust, cohesion, and collaboration back together with the public, the stakeholders, the government, the agencies. We have to do it if we're going to solve these problems. And what's amazing is it's already happening. So I'm incredibly hopeful.

I've heard some of the testimony of the harms that people have experienced, and I can only imagine that there are several feelings that people might have. I know that there's anger. There's a lot of anger in the community. There's also a lot of despair. People feel helpless and hopeless against these big things and those are the people we don't see. But I hope we can reach out to them to say, "You know what? There's things happening. And there's a way for you to get involved. And don't let what's happened to you go to waste. Let's do something about it. Get out there and help."

That can probably help some of the despair that they're feeling. It can help to create some energy and channel that anger into some fruitful endeavours. We feel that's happening. It's naturally happening, we want more people to get involved.

Kassy Baker

And if people do want to get involved, what steps specifically can they take to work towards this model?

Dr. Kyle Grice

Across Canada. And no matter what community you're in, there will be people that are coming together. You have to just start talking to people. Just start talking to people. And that's all I did. To get connected to the community, I just started asking. I just started asking around and people just started connecting— That's how the network works, they just start connecting to people. And it won't be hard, it won't be too far away.

And if you don't find it, create one yourself, right?

Kassy Baker

Very good. Is there anything else that you would like to add at this time?

Dr. Kyle Grice

No, I think that's it.

Kassy Baker

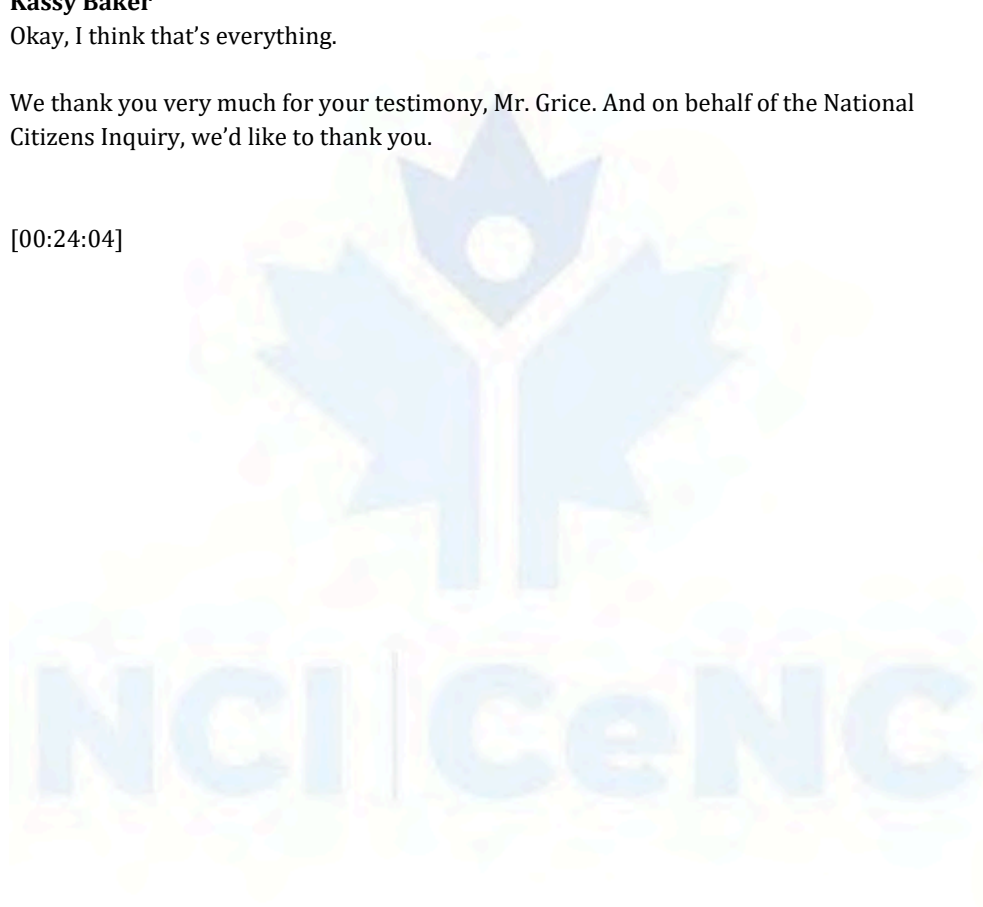
Very good. Are there any questions from the commissioners?

Kassy Baker

Okay, I think that's everything.

We thank you very much for your testimony, Mr. Grice. And on behalf of the National Citizens Inquiry, we'd like to thank you.

[00:24:04]



Final Review and Approval: Jodi Bruhn, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

EVIDENCE

Witness 4: Dr. Jeff Wilson

Full Day 3 Timestamp: 03:04:40–03:36:45

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Kassy Baker

Mr. Wilson, welcome. Can you please state and spell your name for the record?

Dr. Jeff Wilson

Yeah, it's Jeff Wilson, J-E-F-F W-I-L-S-O-N.

Kassy Baker

And do you promise that you will tell the truth, the whole truth, and nothing but the truth this afternoon—or morning, pardon me?

Dr. Jeff Wilson

I do.

Kassy Baker

Very good. Now I understand that you're here to talk to us today about the pillars of outbreak response. Before we get into that can you please just give me a little bit more information about yourself, including your education and your career up until this point?

Dr. Jeff Wilson

Yeah. By training I'm a veterinarian. I also have doctorates in pathology and I have a PhD in Epidemiology, Public Health, and Infectious Disease. I was a professor of public health/epi. at the University of Guelph for nearly 18 years. I was cross-appointed to what's now the Public Health Agency of Canada [PHAC], started the group which does foodborne, waterborne, and zoonotic disease epidemiology, including outbreak response.

And particularly, I think why I'm here is I'm one of the very few people in Canada who actually understand outbreak response—how it's done. And I may be the only one who's actually stepping forward and talking about it in the context of COVID.

I just add, understanding what to do about COVID and understanding how to prepare for subsequent pandemics is— In order to do that, it's absolutely essential to understand how to run an outbreak. Without that, we will just continue to swirl indefinitely—complaining about government, complaining about pharma, recounting our tragic stories, but nothing will change. That's why I'm here.

Kassy Baker

Very good. Now I understand that you in particular were involved with the outbreak in Walkerton. Can you briefly tell us a little bit about that as we go into your presentation?

Dr. Jeff Wilson

Sure. Anybody over 30 probably has heard of the Walkerton outbreak. Before COVID, it was the most famous outbreak in Canada. Seven people died; half the town got violently ill.

I had taken the PHAC field epidemiology training program for two years and then I was heavily involved in managing those outbreaks. I was asked by the medical officer responsible for Walkerton to come in and help out with the epidemiology, so we ran the epidemiology for it.

Kassy Baker

Okay. Now of course that was a waterborne illness.

Can you explain to us just briefly—and perhaps you'll get into this in a little bit more detail—how that is different, or alike, with a respiratory illness such as COVID?

Dr. Jeff Wilson

Right. It's one of these things. All outbreaks are fundamentally the same and their management is fundamentally the same, but they all have differences. But the key to managing outbreaks is not to focus on the differences, it's to focus on the commonality of the process.

Walkerton was a waterborne disease outbreak. It's what we call a point source outbreak. Person-to-person transmission was not a major part of it. It was mainly caused by drinking water. And it was caused by a bacterium, not a virus.

Kassy Baker

Those are all my questions. Are you prepared to start your presentation [Exhibit OT-8] at this point?

Dr. Jeff Wilson

Sure.

I know there's a time crunch so I'm going to move through reasonably quickly here. I'm president of Novometrix now, that's my company. It's a social enterprise. We link networks together to solve complex problems. Because of things like COVID, they have to be solved by bringing people together—including people who have differences of opinion, which is also key to management of this whole thing.

As we work through an outbreak—and particularly as we're coming now into the “lessons learned” phase—it's very important to recognize that we have to move from the critical evaluation phase, i.e., “What went wrong?” That's important, but it's not enough.

We have to now move into the “What do we do now?” phase. The world is just starting to get thinking in my opinion, about what we're going to do now.

We can make a bunch of recommendations out of a group like this or from the federal government or anything else.

[00:05:00]

The problem is: How do you get the recommendations implemented? This is critical. Without that we will just all be frustrated. And what happens in the future? It's not good enough simply to— Even if we could fix up the COVID situation, what if there's a new bug, a new drug, or yet another novel form of government or corporate or citizen dysfunction? How do we solve those problems? Well, I'll flip through this.

Basically, how [do] you solve problems that are new? And Canadians largely are. When they're working with things like COVID, it's new to most Canadians. It's not new to somebody like me because I've done it many times before. What you do when you're dealing with something new, you talk to people who actually have done the thing. Doctors, physicians are normally not trained in outbreak response. Nor are immunologists. Nor are politicians.

There's a very small group of people who are trained in how to do this. They have training in outbreak response. This is not just patting myself on the back. We need to listen to actually how to do this and how to prepare for the future or we will fail, potentially with very disastrous consequences.

Fortunately, there is a very well-established protocol for how you manage outbreaks. Canada has managed hundreds and hundreds of outbreaks successfully, like Walkerton. Thousands have been managed successfully around the world. There are textbooks written on this. The Public Health Agency of Canada has a two-year mentorship program on how to do this. It's known what to do. What happened in Walkerton was we simply didn't do it.

In order to change this, what we want to do is start focusing on what we do want, which is proper outbreak response, not simply churning our pain and frustration and description of what we didn't like or what didn't appear to work. It's important, but now we need to move on. So that's what I'm about. We call the process the Pillars of Outbreak Response.

These are the pillars. Build proper leadership teams. If you think about it, you may recall there was never identified a leadership team for COVID. Those leadership teams have to be transparent. They have to include all of the correct people who know how to do this: the medical community, business community, all the different players. We didn't do that. If we don't do that, we will fail.

Once you've put in place proper leadership— And this is absolutely known in outbreak response, so in Walkerton, this is job one: Make the leadership team. Make it transparent. Make it inclusive. Have the right people around the table. Then after that, a lot of it's technical. It's based on proven principles.

Then I go, "Okay. My problem with this is, I'm one of maybe five people in Canada who have actually done this, who actually can see that with COVID, it failed." Most of those people I know are people that I trained. Also my boss, who helped to train me.

It's essential that we get this into the minds of people, like in this group but also in public health and the public in general and the media. So people can actually understand what to do. Otherwise, we'll just repeat; we're absolutely destined to repeat what we're doing in a new form.

So my question is: How do I do that? How do I explain how to properly manage an outbreak? Well, what I've decided to do is I'll show you how we ran Walkerton and why it worked. And then we'll go, "Now this is what we should have done with COVID." COVID is done now, largely. Now we have to prepare, put in place all the tools so we can do this nationally in preparation for the next one, or whatever other debacle we encounter.

So I'm going to talk briefly about Walkerton. I think everybody knows it was a bad outbreak caused by bad water. As I'm doing this, what I'm hoping is, the bells can go off and people can go, "Oh, there's actually a known process that we could have done with COVID,

[00:10:00]

and we for some reason didn't do it?" Yes. The answer is not mysterious, it's not even complicated. So as you're working through this in your mind, you can think, "Okay, could this apply to COVID? Could we do that? Could we have done this with COVID? Can we do this with influenza if that's the next one? Can we do it with another one?" If we don't start thinking this way, we're done. And we could easily have a next one which is vastly more virulent than COVID.

We got off—I know it was ridiculous, it was bad—but we got off easy because it was a relatively non-virulent bug. Now that's not— Obviously anybody who suffered from this, I totally accept that and empathize with that. But the reality is that is nothing compared to what is on the table, okay? And that's just— That's well known within the medical community.

So we built the leadership team. How do we do this? We actually connected out to these people in Walkerton: local public health, physicians, pharmacists, local government, public health agency, Ontario Public Health, the Ministry of Agriculture, multiple academics. We actively sought out multiple academics with different opinions so we could figure out what was going on. This is standard, standard practice in outbreak response.

We had to bring in the RCMP because there was a bunch of malfeasance going on. We brought in local politicians—but the relationship with them was managed. Because everyone running an outbreak knows you can't have the mayor or the premier running an outbreak because it will fail. Because they don't know anything about outbreak response, of course, or rarely do they and they have ulterior— They just have, they're incentivized differently. Because they're primarily incentivized to get votes, not to solve problems actually, of any kind. I'm not trying to insult politicians, I'm going: that's the system we've got.

Then we started building an evidence base. We got the right tests in place. You've heard about the PCR test for COVID. That's not— I'm not an expert in the PCR test, but I know enough about it— I'm able to talk to a lot of different people because my job is outbreak response, which is mainly a management and leadership job, not a "knowing every answer" job. It's bringing in the right people, not prescriptively saying, "Hey, this is the best vaccine" or what have you. So you have to get the right test in place, then you have to start building an evidence base.

I'll go through what that means. You actually have to find out: who's sick, how many people are sick, what is causing it? How can you put in place interventions if you don't actually know what is causing the problem? Does that make sense?

So the tests. The main bug was *E. coli* O157. A PCR test was available, but everybody in the field knew that it wasn't nearly as good a test as simply culturing the bacteria on a plate because that's well established and has much lower problems with false positives and false negatives. So you have to actually put that in place.

If we're going to be preparing for the next bug, we have to have an ability to get the right experts together and find those right tests based on the evidence. Based on the evidence, not based on what you're reading in the paper, not based [on] what your sister-in-law says, but on the actual evidence.

And as a community, the people need to understand this: Politicians will not do this for us. Pharma will not do this for us. The church will not do this for us. We have to do it. And that means we the people have to understand this stuff—or we are done. Because we have to build an accountability for it and it has to be done community by community. There's nobody out there that's going to fix this for us.

You bring together the right literature. So that means the team comes together once a week. They start looking at the problem. They start going, "Okay, what's known about this in the literature?" They bring in the proper literature and it's all stored in one place. If you do that, then you don't get alternative sides hurling their literature over the ramparts to attack the other person. It's all in one place and it's transparent, under transparent leadership.

[00:15:00]

You have to bring the data and the papers together. This is critical stuff. Whether or not to vaccinate is critical, but without this, it will be impossible to determine whether to vaccinate and it'll be impossible to get consensus on what to do about vaccination.

That's what happened during this thing. It was primarily a leadership and management debacle, where I consider all of us to be complicit. Because we're members of the public and we didn't see this coming and we bought into a system, which some of us are not buying into any more. But we were complicit in allowing this to take place.

No more. It's about leadership. All of us have to take leadership—personally. And that means we have to understand how this works or we're potentially dead.

Very briefly, as you bring a leadership team together and you have proper tests, you can start testing people in the community. And then you can find out who's actually sick, who's actually dying. Not sick with *E. coli*, but sick due to *E. coli*. This is critical. And actually infected—not a false positive. You start building out that as a series of spreadsheets with

actual people's names. This is exactly what we did in Walkerton and this is the kind of thing that must be done in— We have to be prepared for this for the next pandemic.

Then we start asking people about what are called “risk factors.” We simply question them about—Did you drink the water? Did you play in a swimming pool? Did you squirt water with a squirt gun at your brother? Did you eat hamburger? Did you pet a calf? All of that data, hundreds and hundreds of variables, all went into a coherent database that was shared with the whole leadership team, which represented all the key stakeholders.

With that in place then they just— Our team simply started doing some simple correlations. They found, “Oh look, being actually infected with *E. coli* is correlated with 15 measures of exposure to the water.” But it wasn't correlated with drinking bottled water, or swimming in a swimming pool in a neighbouring county. People are, “Okay, this is definitely looking like the water.”

Then some things came up like, well, it seems that eating hamburger is a minor risk factor for this. And so is having a kid in daycare. Then what happens— And again, you never saw in this thing, although it's basic, basic stuff at the health unit level to run those associations, they're called attack rate tables. They all know it. I can tell you right now they're running out foodborne disease outbreaks and they're doing those things. But they never did it with COVID. Why is another question. But anyway, we have to now start having these things done.

Then they did a multivariable model where they put all this stuff into a big model, and the only one that came up positive was the water. Now they knew that it was the water. You can't possibly manage something like Walkerton if you don't know where it's coming from. There's no point in guessing that it's coming from a cow or that it's person-to-person and then putting in place an *E. coli* vaccine program or something ridiculous. If you follow the steps—starting with a leadership team and then collecting the right data and doing the analysis—all the things fall out into place.

Briefly, in Ontario certainly a huge deal was made about using predictive spreadsheet modelling. I'm an epidemiologist. I have a PhD in this. Spreadsheet models are good for some things. They are not very good at all for predictive modelling of infectious diseases where we know nothing about the disease or the risk factors. This movement to using spreadsheet models as predictors, it's just— Like, this is actually a first-year epidemiology undergraduate exam question.

Disinformation, there was lots of misinformation. People lied. There were lawsuits.

The interventions. Once we could tell what it was,

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we didn't have to run around and try and fix up daycares and stop you from touching cows. The medical officer just put in a boil water order. The cases went down. Then we put in place more of this epidemiology and we found out the exact—analytically, where it was coming from. Then they shut down the well. It was over.

Communications, the fourth pillar. Everybody who runs outbreaks knows that communication has to be complete; it has to be correct; it has to be transparent. This is all in textbooks. This is all in the PHAC field epidemiology training program. That's where I learned it from some of the best in the world. It has to be multidirectional by everybody.

Might Walkerton have descended into chaos? Absolutely. It could have been just an utter debacle. Why wasn't it? Proper leadership by people who understand the pillars of outbreak response.

It's literally like if you had your grandmother in the kitchen and a bunch of the neighbours came together in the family and said, "We think she needs brain surgery." They're starting to say, "Well, anybody know anything about brain surgery?" "Well, I watched it on TV once. I think we should just start opening up her head." A brain surgeon is actually in the room and he says, or she says, "I don't think that's a good idea." That's what the pillars of outbreak response are. This is why people need to understand this.

COVID? I would just go, "every pillar was violated, every single one, by people who know better."

The details matter. It doesn't count to say some leadership meetings happened, some data were collected, some interventions were tried, some communications happened. The pillars only work when they're done properly by people that know what they're doing. With a proper leadership team for something like COVID—of course vaccination as an option comes onto the table, but it's managed coherently based on the risk factor data. And then it's implemented with a coherent team that includes not just vaccine proponents but other people who know a bunch of stuff about vaccines.

Kassy Baker

I just wanted to let everyone know that we do have a hard stop at noon today, which gives us ten more minutes. I'm sure that we'll have some questions that—I just want to make sure we save a bit of room for the commissioners. Thank you.

Dr. Jeff Wilson

In the interest of brevity, the question then becomes: Can you run something as big as COVID like we ran Walkerton?

I'm here to say, the main difference between Walkerton and COVID is the size. It's the number of people. When you have something that's big, all manner of opportunities for confusion, malfeasance, gaming the system, fear, and whatnot come into play.

What you need to do then is to actually have a way to bring the people of Canada together. Starting with groups like this but also like-minded people within the public health system, the academic system, and members of the public. You might go, "Well, that sounds like a hard thing. How are we going to bring everybody together?" It is a hard thing and it's a new thing, but it's absolutely essential. In Walkerton, we brought a hundred people together to manage this. In Canada, we've got thousands to help millions.

What our company did was: After watching things like Walkerton and working as a pharmaceutical consultant and an academic and a whole bunch of other stuff, I realized that our primary problem is that all the easy problems are solved. We know how to chlorinate the drinking water. What remains are wicked problems. They're complex. And to solve them, you need to bring together a lot of stakeholders.

What we did was we developed a process, which is part business process, part social psychology, to bring people together coherently to solve these problems. We call it CNI

[Community Network Integration]. I've been working on this with our team and multiple networks across Canada like Kyle alluded to.

[00:25:00]

To start showing people how to do this. One of those, as Kyle mentioned, is the avian influenza network. Now you might say, what does avian influenza have to do with COVID? Well, let's think. What might be the thing? Well, it might be the next pandemic, right?

What I discovered was that I could start bringing together the— I've already begun, and our team is going to bring together the public health people to solve things like COVID.

But COVID is so triggering for people, if I go to the mayor of Guelph or the head of the poultry association and say "COVID," the word makes them go apoplectic. What we did was we said, "What issues would you like to work on?" Because I know a lot of people in the poultry network and I could see it's very parallel to solving COVID. They said, "We want to work on avian influenza." It turns out, now, we've brought together most of the major players across Canada in that network. It's solving a chicken disease problem, but it's also a potential public health problem. Everything that I described that we did in Walkerton, we have the leadership teams coming together. We have the data frameworks coming together. We have the initial pilot projects. We even have ways to fund it through industry, through crowd funding, because we're setting it up so it actually makes money. We even have pharma as part of it—but they're on a tight leash—and they're funding it.

I wanted people to see this is very real. This is the kind of thing that— Theresa Tam, who I know quite well, connected me to Howard Njoo. PHAC is now a part of this because they want to bring in and understand better how to manage outbreaks.

Kassy Baker

Sorry, just on that note, we have three minutes left. I think I have to—

Dr. Jeff Wilson

It's all good. If there are any questions, I'd be happy to answer them.

Kassy Baker

Very good. Do we have any questions? Okay. We have one.

Dr. Jeff Wilson

And I apologize for my stridency, but anyway—

Commissioner Massie

Yeah, I have a couple of question which— I really like your model. I think it can work except for the one variable which is very difficult, which is the human element. And I'm going to bring something that was mentioned by many other witnesses at this Commission, which is the conflicts of interest that really corrupt a well-functioning or well-intended process. Because people that are at the table—that have some expertise and knowledge that can contribute—are trying to move the agenda towards what they would want to see

for their own benefit. So how do you ensure that the conflict of interest of such a fantastic network is not going to be derailing the network?

Dr. Jeff Wilson

I'll try to give a brief answer. There's a few moving parts to it.

With the poultry network, for example, what we did was we decided we're running this network. It's going to be collaborative and transparent, and we simply will not allow conflict of interest—there's always some, but significant conflict of interest—in the network. I simply started connecting to people across the network—so people in public health, animal health—and I told them, "Here's what we're doing." I said, "You know how this avian influenza thing is a big problem and we're only going to solve it if we come together." And I brought together, to begin with, the people who psychologically don't like to do conflict of interest. We started at that point, but some of them are major players in the industry and in public health. They all said, this is exactly like you're saying: "Jeff, this is a good idea. We have to stop this."

The first step was, we simply named it as part of the leadership framework: "Everything here will be transparent—excluding, you know, proprietary secrets that are legitimate. It's all going to be transparent and we simply won't allow— We love you dearly, but we're not going to allow backstabbing, cheating, lying, stealing, or any of that stuff."

And you know what people said? They said, "Excellent,

[00:30:00]

what an amazing idea."

And then we started building it out from there. So I broached people in pharma. I've worked in the pharmaceutical industry for years. There are really good people in pharma and there are really bad people in pharma. I reached out to a bunch of them who I know are good people and I explained what we're doing. And they said, "Excellent. Finally, someone who's disrupting all the malfeasance across our industry, including from pharma."

Now they like that. And they also can see they can be part of a network which will help with their sales, for example, but only if they are transparent and actually work to contribute to the whole. And you might go, "Why would that work?" I'd say, "Come join our poultry network and I'll show you." And I'm quite serious.

Commissioner Massie

My second question, which I think you illustrate in your model at Walkerton, I think it's a very nice illustration. Because we had other people at the testimony that were talking about this whole notion of epidemic versus pandemic.

And the question was: Given the environment, the complexity of the environment, the territory, the people there, and all of the encounters of—in the case of COVID—the respiratory virus, how can we propose a one-size-fits-all model top-down?

Dr. Jeff Wilson

You can't. It makes no sense.

Commissioner Massie

And why is it that we've been trapped in that mindset?

Dr. Jeff Wilson

Mass stupidity, I would say. I'm being irreverent obviously; there's different names for it. But I kind of think the level of fear and greed and just overwhelm came to the point where it normalized highly dysfunctional destructive behaviour, which is now threatening to take down pharma. And the federal government.

Is that helpful at all?

Shawn Buckley

Commissioners, I'm sorry to interrupt, but because we have to vacate this room at six o'clock and the schedule that we have— You'll see that with every witness, we've been really tight on the timeline. I had to apologize to Dr. Shoemaker, I apologize to you.

I'm going to suggest that we do take a lunch break but a truncated one for 35 minutes. And commence early. Because some of the estimates on our witness schedule you'll see are not very optimistic and we have a hard stop. And we want to protect those closing statements from several people. So I'm going to adjourn us to 12:35.

[00:32:48]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 5: Dr. Daniel Nagase

Full Day 3 Timestamp: 04:29:20–05:02:20

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Wayne Lenhardt

Hello, Dr. Nagase. Good afternoon. Can you hear me?

Dr. Daniel Nagase

Yes, I can hear you clearly. Thank you for having me on.

Wayne Lenhardt

I can hear you as well. First of all, if you could spell your full name, I'll do an oath with you.

Dr. Daniel Nagase

I'm Dr. Daniel Nagase. D-A-N-I-E-L N-A-G-A-S-E, all rights reserved.

Wayne Lenhardt

Do you do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Dr. Daniel Nagase

I promise to speak only the truth.

Wayne Lenhardt

Thank you. Okay, Dr. Nagase, I gather you have some slides today. You're a bit of a hard person to get a hold of on the telephone. I know that you're going to deal with censorship today and not much else.

If you could give us a snapshot of what you're going to talk about today and then we'll let you launch into your presentation.

Dr. Daniel Nagase

I don't have any slides actually for today. The reason is I'm dealing mainly with patient medical records, which wouldn't be appropriate to put online. But I will be speaking to facts documented in medical records and perceptions of what has happened to me in my medical practice.

I graduated from medical school in 2004. I'm 47 years old and I was an emergency doctor for my entire medical career. And in the course of treating three elderly patients who were critically ill in Rimbey Hospital in northwestern Alberta, I decided that the balance of benefits and risks favoured trying ivermectin to help with their COVID pneumonia.

All three elderly patients were critically ill. And from my emergency experience, they were about four to six hours away from needing mechanical ventilation. That is, they were failing to get enough oxygen into their lungs by breathing using their normal respiratory muscle. So doing everything possible, I gave the patients ivermectin and hydroxychloroquine, vitamin D, zinc. And I gave them standard therapy for viral pneumonia, which is bronchodilators such as Ventolin and Flovent and nebulized medications. Also, for the patients that seem to have fluid overload in the lungs, I also gave them a diuretic to help remove the fluid to help improve their oxygenation.

Less than 18 hours after receiving ivermectin, these patients made a remarkable clinical turnaround. Now again: this is based on data that had been published throughout 2020 and 2021 because this was September 11th, 2021 that I treated these patients with ivermectin. The scientific data was abundant.

The next day I was removed from my medical duties as the ER doctor on call in Rimbey Hospital in Alberta. All the work I had scheduled for the rest of the year was rescheduled and I was left without work for the rest of 2021. For a further shift in 2022, Alberta Health Services refused to schedule me for any further shift.

Furthermore, the Director of the Central Zone in Alberta—so the Central Zone of Alberta Health Services—Dr. Jennifer Bestard, filed a complaint with the Alberta College against me because I had successfully treated three patients who recovered from COVID pneumonia following my treatment with ivermectin and hydroxychloroquine. And her complaint to the College [of Physicians and Surgeons of Alberta] was that I had used a medication that I was not supposed to use, despite the medical and scientific evidence showing its immense benefit in the treatment of COVID-19 pneumonia.

So subsequent to the complaint initiated by Alberta Health Services, the Alberta College investigated me and put restrictions on my practice. These restrictions that the Alberta College put—allegedly for patient safety—was that I was not supposed to treat anyone with COVID or suspected COVID. So given that the symptoms of COVID pneumonia or COVID illness can be anything from a belly ache to a cough,

[00:05:00]

that effectively ended my ability to practise emergency medicine within the province of Alberta. However, at that time I still did hold a British Columbia medical licence. However, a month and a half later the British Columbia College [College of Physicians and Surgeons of BC] investigated me in spite of the fact that I had not taken care of any patients in BC for years. And they took action that they suspended my British Columbia medical licence, allegedly for being out of province.

Wayne Lenhardt

Can I stop you for a minute, Dr. Nagase? Ivermectin and hydroxychloroquine have been used in various parts of the world in order to treat this type of an illness for some time, have they not?

Dr. Daniel Nagase

Yes, they have. This was September 2021, so these medications had been used for over a year in the treatment of COVID pneumonia.

Wayne Lenhardt

So you used them successfully and what you got in return was an investigation by your college. Is that—

Dr. Daniel Nagase

And although Alberta Health Services refused to state that they fired me, effectively they did fire me by refusing to allow me to pick up extra shifts in the emergency department and cancelling all the shifts that I had scheduled to effectively leave me without work.

And in order to put a roadblock in my ability to work further, they filed a complaint with the Alberta College and the Alberta College placed restrictions on my practice, basically making it impossible for me to work as an emergency doctor—

Wayne Lenhardt

Okay.

Dr. Daniel Nagase

Any patient that I saw could not be treated by me if they had any symptoms of COVID or even a bellyache, for example.

Now I tried to push the issue with the Alberta College of Physicians and said this restriction they put on my practice—that I'm not allowed to see any patient with COVID or suspected COVID—would be a violation of the *Canadian Human Rights Act* because they would be forcing me to discriminate against my patients based on their illness.

The Alberta College had no response to that and they maintained their restriction. They refused to acknowledge that by placing a restriction on my medical licence, forcing me to **discriminate against people, they were in violation of the *Canadian Human Rights Act* from 1976 I believe, if I'm quoting the date correctly. So again, a gross violation but the medical college here in Alberta has no qualm—and to this date has not been reprimanded for—violating the *Canadian Human Rights Act* by trying to force me to discriminate against patients.**

Wayne Lenhardt

What was the reason that they gave for preventing you from using ivermectin and hydroxychloroquine? Was it that there was something wrong with your treatment protocols or what?

Dr. Daniel Nagase

No, they offered no explanation other than their policy that ivermectin was not to be used in the treatment of COVID. And this was a policy that they published shortly after I had successfully treated the three elderly patients in Rimbey. So I believe this policy came out in October of 2021 and shortly thereafter, British Columbia came up with the same policy.

So then because I had not treated any patients in British Columbia, the British Columbian College could not suspend me for any patient work that I did. In fact, they suspended me allegedly for the reason that I was out of the province for too long.

Since my college licence was suspended in BC and restricted to the point of being unable to work in Alberta, I did not renew my Alberta or British Columbia licence, as the cost would have been significant to try and renew both licences. Shortly after not renewing my licence in British Columbia with the College of Physicians and Surgeons of BC, the College of Physicians and Surgeons of BC sent me a demand letter that I must renew my licence even though it was suspended or face a penalty of \$100 a month.

[00:10:00]

I said, "Well, that would be certainly a first that a membership organization can charge a penalty for not renewing membership." It seemed absolutely ludicrous. But the BC College insisted that if I wanted to not be charged a \$100 per month penalty for not renewing my suspended BC licence, I would have to resign or retire from the BC College. So I filled out their resignation and retirement form.

However, about eight months after my retirement and resignation, the British Columbia College served me with a disciplinary notice. They were initiating a disciplinary proceeding against me because I had made a speech on December 9th, 2021 warning about the dangers of mRNA injection and the safety of ivermectin in the treatment of COVID-19 illnesses.

Because of the content of a public speech I made, the British Columbia College, even though I no longer held the licence—I had retired from the college—was pursuing for disciplinary action. Under the British Columbia *Health Professions Act*, if I fail to attend a disciplinary hearing for a college for which I am no longer a member, the British Columbia College of Physicians and Surgeons can apply to the Supreme Court of BC to have me confined for contempt. That's written into the legislation in BC.

So I attended their hearing. Ironically enough, when I submitted my evidence to the British Columbia College explaining the justifications for the statements I made publicly, the British Columbia College of Physicians and Surgeons wanted an adjournment to the hearing that they had scheduled—from February 21 to 24th of this year. I said to the BC College, "Adjournment is refused. If you don't have the evidence in February of 2023 that any of my statements from December of 2021, a year and a half prior, are in any way incorrect, then you can't—I refuse an adjournment. I'm not going to give you guys another six months to try and dig up evidence, or try and make up evidence, that any of my statements were factually inaccurate."

Every statement I made in December of 2021 during that public speech in Victoria, BC turned out to be true. I refused adjournment. The British Columbia College disciplinary committee declined to show up at their own disciplinary hearing. So I conducted the disciplinary hearing without them, hosted online publicly as per the BC *Health Professions Act*. And public record already exists now for that disciplinary hearing for which I refused

adjournment. Yet the British Columbia College is still trying to reschedule another hearing, in spite of the fact they failed to show up to their first hearing.

So these are the— This is the cancel culture. This is the rotten, corrupt actions of these regulatory bodies, both the BC College and the Alberta College.

But one of the things more important to my heart— Because from my own personal perspective, I really don't like to dwell on my own personal grievances. Because when I look at the awful treatment, the criminal negligence, and perhaps even worse than criminal negligence that patients have suffered—patients who have died because of COVID hysteria from medical professionals—these people have suffered far worse.

And the two cases I wanted to touch on today was one case of a 47-year-old father of five who was transferred to Edmonton hospital, the University of Alberta. So one of only two university hospitals in Alberta: one is the University of Calgary, one is the University of Alberta in Edmonton. And the emergency doctor, without any medical reason— And I poured through this patient's medical record for hours looking for some, any indication why a 47-year-old with no prior lung problem,

[00:15:00]

with oxygen saturations of 93 per cent throughout the airplane transfer flight before being sent to Edmonton. And while in the emergency department in Edmonton, this patient was awake, alert, responsive, with pre-physical signs of having enough oxygen to sustain all the normal activities of life. And yet for some reason Dr. Craig Domke—and I named his name because his name needs to be mentioned—put this healthy 47-year-old, whose only medical issue was that he was suffering from a COVID-19 pneumonia. Stable vital signs, adequate oxygenation, Dr. Craig Domke put him on a ventilator.

And this was in November of 2021, after there was almost two entire years of evidence showing that ventilators caused harm in COVID pneumonia. Therefore, unless somebody had inadequate oxygenation there is no reason to put someone on a ventilator, which in most cases according to the scientific evidence, hastened the decline and deterioration of patients with COVID pneumonia.

Yet that wasn't the end of it. After the patient was put on a ventilator for no medical reason, an infectious diseases specialist from the University of Alberta—this is the ivory tower of medicine in Alberta— Dr. Brittany Kula put this 47-year-old man on a medication called baricitinib, a medication that is no longer used by rheumatologists because it has such deadly side effects of blood clots. This medication was originally developed to reduce inflammation in the lung that some rheumatoid arthritis patients get. For some reason, this subspecialist of internal medicine, Brittany Kula, put this patient on baricitinib for no medical indication.

The patient had stable oxygenation before being put on a ventilator. And while the patient was on the ventilator in the emergency department, his oxygen saturation remained stable. If this doctor had literally done nothing, this patient would probably still be alive today. A day after being taken off the ventilator, five days after starting baricitinib, this 47-year-old without any prior lung problem died. And the autopsy shows massive bilateral—that is both sides—blood clots in his lung: the exact black box warning that is on the medication, baricitinib.

From my perspective, if multiple individuals—the emergency doctor, Craig Domke and the infectious diseases doctor, Dr. Brittany Kula—took action that hastened, that resulted in, the death of a patient, and they had no medical reason to start the medication baricitinib or put the patient on a ventilator? To me, that appears to be a homicide. Yet as far as I last checked on the Alberta Health Services website, neither Alberta Health Services nor the Alberta College is investigating either of these two doctors in the death of a healthy 47-year-old patient. Yet I have been put through the wringer—being investigated by Alberta Health Services and the Alberta College—and all three of my patients survived.

Where is the justice in that? Individuals calling themselves doctors working in the ivory towers of medicine take actions that result in death, no investigation? But you save three lives and you get investigated and run out of the medical system? It's as if this public health care system that I've known for my entire life has turned into a death care system.

But the criminality does not end there. That's just one example in Alberta. In British Columbia, the head of ICU in Trail Hospital in BC, Dr. Peachell: Seven days after a 69-year-old woman

[00:20:00]

recovered from COVID pneumonia, she was seven days off of a ventilator. Remarkably, she survived COVID pneumonia despite being on a ventilator. Was put on a T-piece, which is one of the recovery surgeries where they have you breathing through a little port in your neck that they put in any situation where a patient needs extended mechanical ventilation. This patient recovered to the point where she was off the ventilator completely for seven days. Dr. Peachell then orders the patient to get the Pfizer mRNA injection. This is with the background knowledge of an internal medicine specialist who is the head of internal medicine at Trail Hospital.

Every family doctor, every medical student even, knows: You never give any vaccination while a patient is still ill. This patient was less than a week off of a mechanical ventilator and the head of ICU orders an mRNA injection for COVID-19.

Four days after ordering this deadly injection, the doctor, Dr. Peachell, makes a verbal order to the nurse to remove COVID-19 vaccination from the medication administration record. Unless I had seen this medical record with my own eyes, I would not believe that any doctor would be so criminal as to try and forge and remove a medical record that showed evidence of deliberate harm to a patient who just recovered from a ventilator.

Later that week, the patient died. As far as I know, Dr. Peachell in British Columbia, head of the ICU, still has his British Columbia medical licence and is practising.

Wayne Lenhardt

Okay, I think at this point I'm going to ask the commissioners if they have any questions of the doctor.

Yeah, Ken.

Commissioner Drysdale

Good afternoon. If I understand your testimony correctly, you had three elderly patients and you administered a protocol for COVID-19 and each and every one of those three patients got well and survived. Is that correct?

Dr. Daniel Nagase

That's correct. I had to supply the ivermectin to the patients because Alberta Health Services refused to dispense ivermectin to the patients. So I had to supply the patients directly for themselves so they could take the medication on their own, as nurses in the hospital refused to administer the medication and do their job.

Commissioner Drysdale

And those patients— Prior to your treatment you said they were probably a few hours or days away from having to go on a mechanical ventilator. Is that also correct?

Dr. Daniel Nagase

In my emergency department knowledge and having examined and listened to their lungs, they were approximately four hours away from needing life support: that is, having a mechanical ventilator try and put enough oxygen into their lungs because they were not able to get enough oxygen into their lungs through laboured breathing, through their own—

Commissioner Drysdale

So you were— And I apologize for kind of jumping in, we're on a tight schedule I'm told. And you were punished for doing that.

Dr. Daniel Nagase

Yes.

Commissioner Drysdale

We seem to have a lot of testimony from Alberta.

And have you got any commentary on the lady that testified here in the last several days? She was waiting for a transplant, which I'm not allowed to say what it was, but she's waiting for a transplant in Alberta. And the doctor— The hospital is refusing to give that lifesaving transplant unless she takes the COVID-19 vaccine. And not having that transplant is likely going to result in her death.

Can you comment or contrast that to what you've gone through?

[00:25:00]

Dr. Daniel Nagase

From what I've witnessed reading medical charts of patients, it is a consistent—I have no other word to describe it other than "criminality" or "homicidal." These injections are

known to be unsafe, known to have deadly side effects. And to try and coerce a patient, "Take one deadly medication, or die," that's criminal. I have no other way to describe it.

For the head of an ICU to give a patient a substance that— Every medical student, you should never give any vaccination when a patient is still recovering from an illness. And to deliberately do so with foreknowledge and then to try and tell a nurse to remove the record of COVID-19 injection from a patient who already has COVID-19 antibodies and is still in the recovery phase, and then the patient dying? That is criminal.

For an emergency doctor— I don't care how tired an emergency doctor is at 2 a.m. If a patient is talking to you and has oxygen saturations of 93 per cent, you leave them alone. You say, "I'm going to come back and check on you in half an hour, while I see all the other emergency patients to make sure no one else in the department is critically ill or dying." The number of times I have put somebody on a mechanical ventilator who is able to speak a full sentence in my entire career is zero.

And the doctor, Craig Domke, in his own emergency department note, says a time out was made for a compassionate phone call to the patient's family. So I talk to the patient's wife. Yeah, the doctor didn't call the wife. The patient himself called the wife. And his last words to his wife was, "They are putting me under," all spoken in one breath. Anyone who can speak a full sentence in one breath does not need a mechanical ventilator. And yet that's exactly what Craig Domke did.

And once the patient was paralyzed, on a ventilator, unable to refuse a dangerous experimental medication, baricitinib, Dr. Brittany Kula, infectious diseases specialist at the University of Alberta in Edmonton, comes along and orders baricitinib. And guess what? Five days later, the patient is dead from the exact black box warning for baricitinib.

Commissioner Drysdale

I just want to—

Dr. Daniel Nagase

I only have one description for this type of behaviour.

Commissioner Drysdale

I only have a minute or so left. My next question has to do with informed consent. Is it permissible under informed consent to withhold treatment in order to get the patient to agree to a different procedure? In other words, can you say, "I will not give you this operation unless you do XYZ," unrelated to that operation?

Dr. Daniel Nagase

Well, I'd go one step higher than informed consent. That's just unethical. It's completely immoral. I know people get fixated on catch terms in ethics like "informed consent." The CMA [Canadian Medical Association] Code of Ethics is pages and pages of, I hate to say it, drivel. Ethics is simply morality. There's no such thing as medical ethics. There's just ethics, based on morality, which is based on reason, which is based on humanity.

There's no different ethics for medicine and a different ethics in a church. All ethics is based on humanity. And to say that, "Well, informed consent is a special subset of ethics," no, that

is wrong. Ethics is simple. It's right versus wrong. And to try and coerce someone upon the threat of death or harm that you aren't going to get this medication to save you unless you take this deadly injection? That is just wrong.

[00:30:00]

And I don't want any party to try and claim, "Well, informed consent was denied." Because by using the term informed consent, it's almost like, "Well, they didn't commit a real crime of coercion, coercion, threat, extortion. Oh, they just made a violation of informed consent."

I'd like us all to get rid of that term and call it for what it is. If it was a thug on the street that said, "Take this cocaine or else I'll shoot you," that's basically what medical doctors have been doing here in Canada in the public health system, getting paid for it, with the mRNA injection.

Let's call it for what it is: an actual crime. Not an informed consent violation, an actual crime.

Commissioner Drysdale
Thank you. Thank you, sir.

Wayne Lenhardt
Are there any other questions from the commissioners? Any more questions? No.

Okay, any last words?

Dr. Daniel Nagase
If I could summarize just briefly, you know, a big concern for me is: How is it that colleagues that I've worked with for years have come to do such awful, unconscionable acts? And as far as my deep soul searching and trying to figure out my colleagues has gone, thus far I've boiled it down to three issues: fear, a lack of reason, and obedience.

And that combination of fear—fear of losing your job, fear of not making enough money in a year—is combined with a lack of reason and this unreasonable blind obedience to hospital administrators and policy that every doctor knows will cause harm to their patients.

And yet between the fear, the obedience, and the complete lack of reason causing a **complete lack of morality: this is a deadly triad resulting in the deaths of mothers, fathers, men, and women. And this is— This is unbelievable.**

Wayne Lenhardt
We're getting close to our time limit. But yeah, I'll add— One more thing is that I think this is the mark of a profession, where you are able to make an informed decision within your profession without having somebody else tell you exactly how to do it.

Anyway, in any event, thank you for your testimony today on behalf of the National Citizens Coalition [sic]. Thank you again.

Dr. Daniel Nagase

Thank you for having me on.

[00:33:33]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 6: Pascal Najadi

Full Day 3 Timestamp: 05:02:45–05:36:00

Source URL: <https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

Our next witness is joining us virtually, Pascal Najadi. Pascal, can you hear me?

Pascal Najadi

Yes, sir. I can.

Shawn Buckley

Okay, and I can hear and see you. Pascal, can we begin with you stating your full name for the record, spelling your first and last name?

Pascal Najadi

Yes, my name is Pascal Najadi.

Shawn Buckley

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

Pascal Najadi

Yes, I promise to tell the truth, nothing but the truth, so help me God.

Shawn Buckley

Now, I'm going to try and introduce you, but if I don't do you service, please add. Because I want people to appreciate that you kind of have travelled in other circles than most of us.

You are a Swiss-born British citizen, so you have dual citizenship. Your great grand uncle from your mother's side was the president of Switzerland during World War II. His name was Rudolf Minger. You have served in the Swiss Air Force. You were an investment banker

with Merrill Lynch International in New York and London. You were a director on the management board of Dresner Bank AG London and was in charge of advising heads of state and ministers in strategic, advisory, and crisis. The territories were Central Europe, Central Asia, the Russian Federation, the Middle East from Lebanon down to Oman, including Saudi Arabia and the African continent.

Does that fairly introduce you or should we add some more?

Pascal Najadi

No, that's perfectly fine. Thank you very much, sir.

Shawn Buckley

Okay. And again I just wanted, because there'll be people watching you online and there'll be people here that won't know your background. And you're testifying from Switzerland today.

Pascal Najadi

That is correct, yes. This is from Switzerland, live.

Shawn Buckley

Now, I wanted to start because you have a personal story to share concerning the COVID-19 vaccine. And so if you want to share that with us and then we'll move on to some of the legal activities you've been involved with.

Pascal Najadi

Okay. Sir, if I could just ask you the time maybe that I have please.

Shawn Buckley

Oh, so we've got 45 minutes.

Pascal Najadi

Okay, wonderful.

Shawn Buckley

Yeah. So actually, take your time. Because, like I say, there will be many people that are not familiar with your story.

Pascal Najadi

Sure. Thank you, sir. Well, first of all, I'd like to say the following, if I may, as an intro. I would say dear honourable judges, experts of the National Citizens Inquiry, dear ladies and gentlemen, dear supporters, friends, and colleagues, and victims of COVID-19 vaccinations from Canada and around the world: I greet you all warmly from Switzerland. It's a great honour for me to give you my testimony here today.

Before I start, I wish to share with you my thoughts and essence about this genocide of Biblical dimensions against humanity—

Shawn Buckley

Pascal, can I interrupt you a little bit? Is it okay if we not read and we just have more of a dialogue?

Pascal Najadi

Sure.

Shawn Buckley

Yeah, because it's just we're in a format where, you know, it truly is testimony. Some people get uncomfortable with that, but I know when we've spoken in person that you're very animated and very good at communicating.

Pascal Najadi

Sure. Sorry, I just wanted to greet everybody. And the personal story is the following.

Like many people, unfortunately billions, I trusted my Minister of Health, the Swiss Minister of Health, Mr. Alain Berset—who is now also President and still Minister of Health of Switzerland—when he came on board after the psyops started, showing people dying and people on ventilators in hospitals; saying that there is good news, that there is a vaccine coming, and it's safe, it is tested like any other vaccine, and it's effective.

And we then got introduced and pushed into a vaccine mandate with a QR code on the telephone, whereby people with a vaccination—or with an injection, I dare say—got the QR code, the green pass, to go and have a normal life. Whereas the un-injected people were discriminated [against] and many of them in some companies lost their jobs, like the pilots or cabin crew of Swiss International Airlines that were not agreeable to get injected with an experimental substance.

[00:05:00]

The consequence was that me and my family—my mother included, she's 81—agreed to the injections. We got three times Pfizer mRNA into our bodies. And we did not, at that moment, have any second thoughts. Because again, the whole system—all multilateral channels of communication by the government, by the media mainstream—were saying, **"You must vaccinate; you must protect others and yourself; it's good; it's effective; it's tested."**

The shock I got was on the 10th of October 2022, when Janine Small, a senior manager of Pfizer Inc., was called into the European Parliament and had to testify and had to answer questions to parliamentarians. One—I believe he was a Dutch parliamentarian—asked a very simple question. He said, "Mrs. Small, could you please give me a direct answer, a yes or a no: Did you test the vaccine before you went to market?"

He switched off the microphone and then the lady said, "Of course not, we had to go with the speed of science." So—

Shawn Buckley

Now, can I just interject because I think— That's a pretty famous video and I think you just inadvertently left out— She was being asked, if I remember it correctly, whether or not they tested it for transmission, whether it would protect against transmission.

Pascal Najadi

The end points, so the end points: immunity and transmission. Correct.

Shawn Buckley

Right. So how did that affect you? Because you had three shots and you're watching her basically say it wasn't tested for that.

Pascal Najadi

Yes, for me it was clear. What she was telling me was, "The stuff doesn't work." Okay. Then I got worried. I start to calculate in my head that I have something experimental here. What was the purpose of it, I didn't know.

I went straight through the messages of the Swiss Ministry of Health. I didn't go to newspaper reports. I went backwards in communication statements given to us by the Ministry of Health.

First, I started December 2020. The video's still there. Alain Berset saying, "We have a vaccine, it's safe, it's effective, and it's tested like any other vaccine according to the Swiss regulator's standard." Then I went on and on where the same message was "safe, effective, vaccinate, safe, effective." And then I came to the official press conference, which is still in the website of the Ministry of Health, where Dr. Virginie Masserey, the Director of Infection Control of the Swiss Ministry of Health, Public Health said— That was the 3rd of August, 2021, she said—end of July, I believe it was the 26th of July, 2021—they received a report from CDC of the United States saying that vaccinated people transmit the virus as easy and often as unvaccinated people.

Then a journalist interjected in the press room—it's all on video—and said, "Dr. Masserey, can you confirm this? Is this really true?" And she said—it was in French she replied—she said, "Yes, vaccinated people transmit as easily and often as unvaccinated people." So I made a note. That was 3rd of August 2021.

I went on towards my time, towards the present time. And on the 27th of October 2021, a few weeks before the COVID law of Switzerland was going for public vote to be prolonged or not, the Swiss Minister of Health, Alain Berset, on primetime live national TV, Channel One, said: "With the certificate," means you are injected, "you can be sure that you are not contagious." Okay, so I made a note.

There were lies in the room. Now who was lying? Was it the CDC of the United States and Dr. Masserey and the experts of the Ministry of Health? Or was it the Minister of Health himself trying to promote the COVID law with the Swiss voters? I didn't know.

[00:10:00]

I took the consequences: I went to the Swiss police in my city and I went to file criminal charges against Alain Berset. It was the 2nd of December 2022 when I filed, at the police

station, the police report for criminal charges for Article 312 of the Swiss criminal code: "Abuse of office." Because clearly, I wanted this to be investigated. How come a Minister of Health, who is in charge of eight million people in the country, claims that it protects when his own Director of Infection Control, three months earlier, and the United States said that it does not protect?

This criminal charge report went to the state level—we have cantons like you have provinces or states in the United States—went on that prosecution level for about seven days. And then it ascended to the federal prosecution level, where federal prosecutor Nils Ekman confirmed to me in writing that he has given me a case number, in writing of course, and that he is in charge of these criminal charges to be investigated: whether or not they will open a procedure against Alain Berset—by then become president, in January 2023, of Switzerland.

He also asked me to supply him with more evidence or more causality regarding my own consequences. Unfortunately, I had to supply to him my blood reports. I had my own blood, six vials, taken in early March by my doctor, Dr. Weigl. And we transported them within 48 hours to the special laboratory of Professor Dr. Brigitte König in Magdeburg, Germany. She has established the most modern lab process to find out what the damage is of these mRNA injections. And three vials for evidence went, or are now still in cryonic freezing, and three vials were used for the lab tests in the laboratory.

The results are devastating because the nanolipids are the packaging of both Moderna and Pfizer mRNA. The nanolipids are toxic. You can Google that. They are synthetic; you can buy them; they are traded for laboratory, for tests for research. And they're labelled, "Toxic, Not for Human Use or Animal Use." Clear. So we have a toxin already in the packaging. Every shot delivers about 15 billion nanolipids into your body. They are charged positively electrically; the blood cells of your body are negatively charged. What happens, the nanolipids shoot into your blood cell, go inside, and destroy your energy system.

Professor Dr. Bhakdi, who many of you know worldwide, one of the leading experts, made me the expert report—unfortunately, reading 10 pages of complicated laboratory language which I don't even understand—and concluded that I have lost at least 20 years of my life. And that the nanolipids have done the first damage: three shots cumulative 15 billion or 20 billion each, between 50 and 60 billion nanolipids hitting my blood cells. We unfortunately also determined one year and three months after the last shot that I still have 183 MPO [myeloperoxidase] per millilitre of my blood, of spike proteins running through the body, attacking my organs and systems.

Shawn Buckley

I just want to slow down to make sure that people understand. So how many years of your life did Dr. Bhakdi predict you're likely to have lost?

Pascal Najadi

Twenty.

Shawn Buckley

Twenty. And one year and three months after your last injection, they're finding spike protein circulating in your blood.

And I'll just let both the commissioners and those watching your testimony know that you've consented to your medical records forming part of this record. And so the report on your blood with spike protein is now Exhibit OT-3c and the letter from Dr. Bhakdi is OT-3a. And thank you for consenting to that. Because it verifies what you're saying and I think it's important for people to realize,

[00:15:00]

your body is still obviously manufacturing or retaining spike protein after 15 months.

Pascal Najadi

Yes. The regulators wrote to me by email that it will be gone after three to six weeks. Obviously not. The doctors who have administered those injections have violated the criminal law in Switzerland because they were giving to me injections without informed consent. They should have had a form where they should have read out to me the severe possible consequences or side effects, and on the same page, there should be a line to sign that I understood the above. That would go into a ten-year saving of my medical history. That didn't happen. Therefore, I have also filed criminal charges against the two medical doctors, Swiss medical doctors, that have given me those jabs without informing me.

Shawn Buckley

I'm going to ask you what's happened with that. But we're curious, what did your doctors tell you? I mean, you are telling us for sure they didn't give you informed consent, but do you recall what was said to you when you were vaccinated?

Pascal Najadi

Yeah, it was like in a train station. We had to wait in a tent and then one after the other was going through—green light, red light—into a box. You could sit down. I remember I had a pullover and he said, "Please, you want it here or here?" I said, "here." And I said, "Does it hurt?" He said, "No. Maybe you have a bit of a swelling today or tomorrow but don't worry." And he went on with the disinfectant and the jab was not painful and I was given the pass—no, not the pass. I had to leave the box to go and pick up my vaccination certificate booklet and went out.

Shawn Buckley

Okay, so what happened with— You charged the doctors. Can you share with us what's happened with that?

Pascal Najadi

Okay, so I filed those charges as well as a whole package to the federal prosecutor.

I said, "The whole line is defunct because obviously promoting it as safe and effective for protecting, it was obviously not true by the Minister of Health statement in television." I said, "The doctors didn't ask for informed consent and signature, which they should." I also submitted the lab report and the spike report. And Professor Dr. Bhakdi sent directly, in German, his conclusions.

I've done all the job actually, what the justice should have done. But it then got rejected. All of these three charges got rejected. The federal prosecutor rejected [them] a few weeks ago saying that the Minister actually did publicly, on several occasions, say that it's not quite effective and that it could be dangerous.

Shawn Buckley

I just want to put that into context. So the public prosecutor isn't saying that you're incorrect about him lying publicly on the occasion you complained about, but he didn't break the law on other days, so he's not going to proceed with charges.

Pascal Najadi

Correct.

Shawn Buckley

I used to practise defence law. I'll have to try that on a judge and see how far I get.

Pascal Najadi

Yeah, so the federal prosecutor came back with a different statement. I said, "How come in August 2021, the Director of Infection Control says it doesn't protect and it's not— et cetera? And how come three months later, in October 2021 the Minister says it protects?" That was my point. That was not answered or investigated or anything.

So I've taken a criminal lawyer in Zurich and we have now taken this—filed within the deadline, comfortably fine—to the federal criminal court of Switzerland. And it's now there, where my lawyer has written a piece proving that the entire COVID vaccination policy was a lie and was fake. I mean, wrong. And we are now at that stage.

With the two doctors, we took them to the cantonal—in your case would be provincial—supreme court proving well that informed consent was necessary. Why? The prosecution claimed it was not a poisonous injection;

[00:20:00]

therefore, I should have given these criminal charges within three months after the jab. But if it's a poisonous injection—that's our argument—we have 10 years. And the nanolipids on the packaging, that's clear: nanolipids are toxins. Therefore, it's a toxic injection. Therefore, you know, we will see where this goes now, but it's at the Supreme Court of Lucerne.

Shawn Buckley

It's curious, we had a witness this morning, a Dr. Shoemaker, that was telling us with regards to those lipid nanoparticles that basically a hundred percent of the animals, the mammals, would die in animal testing. So it basically didn't even get to human testing until our current vaccine rollout.

Pascal Najadi

Yeah, I'm not an expert, but that's what Professor Bhakdi told me about the nanolipids. Yes.

Shawn Buckley

Now, you're also involved in a civil lawsuit in the state of New York.

Pascal Najadi

Yeah.

Shawn Buckley

Can you tell us kind of how that came about and what that case is about and how it might apply to us in Canada?

Pascal Najadi

Yes. Well, I got in touch with Ana McCarthy; she's Panamanian American citizen. She's not an attorney, she's not a lawyer, but she studied law. And she has filed two active cases that are now active at the New York State Supreme Court in Manhattan. These are cases 101048/22, filed in November 2022, *Ana McCarthy v. Pfizer, Inc.* New York. And the case I'm involved is case 100197/23, filed on the 6th of March of this year, 2023, at the same court. Both cases are active. The justice assigned is Honourable Justice Lori Sattler.

These cases are very important. Why? Because Ana McCarthy argued, correctly, that actually President Biden's national emergency and vaccination mandate of the 9th of September, 2021 in the United States—that was Order 3414042—was unconstitutional. Because the U.S. Supreme Court has ruled on the 13th of January '22—remember that's the same power like the White House, the U.S. Supreme Court—that under the First Amendment of the United States Constitution, there is exemption for religion. This was not communicated by Biden to his own military and his own people or all of the nations worldwide.

That means there is an exemption: it's religion. Which means you don't have to specify. If you're on American territory or anywhere in the world, the injection—no matter which vaccine—is a U.S.-manufactured, U.S.-patented, U.S. company product, you can say the simple thing: "I don't vaccinate. I am religious." You don't have to say which religion, you don't have to say if you're a priest or not, you just say, "I feel religious." That's fine.

Shawn Buckley

And I just want to slow this down. Because this is important, what you're talking about. Now my understanding is—and this is from an earlier conversation—that by U.S. law, U.S. companies have to obey U.S. law, even abroad. So U.S. companies acting abroad, they can be **subject to court proceedings in the United States.**

Pascal Najadi

They are not allowed to violate U.S. law that prevails at home abroad. Very simple. The United States did not have a nationwide vax mandate which made a two-tiered society between vaxxed and unvaxxed. Yet in my example, Switzerland—I'm Swiss-British—or Britain, Pfizer came to our country, violated those rules by selling their product, making money in a two-tiered or apartheid market, vaxxed/unvaxxed. Already that as well is a violation because in the USA, everybody is the same in front of the law. Okay?

In Switzerland with the COVID law, not. Because if you're not vaxxed, you cannot go to the restaurant. So it's apartheid. If you're vaxxed, you can, you could. They are not allowed to violate U.S. laws abroad.

[00:25:00]

It sounds simple, but it was a lot of work to file. And it only was possible because I'm Swiss and British; I could attach the criminal filing—not the procedure, just the criminal filing in Swiss precedent—to this case, 100197/23. And I was able to attach a ruling that files a loss in London in the administrative court in '22 for frivolous marketing. I could attach that ruling as a British citizen onto the case that we submitted, or she submitted, into the New York State Supreme Court in Manhattan against Pfizer.

Shawn Buckley

Right. And again, I'm just going to try and explain this because I want people to understand. What you're saying is that U.S. companies, so Pfizer acting in Canada is subject to U.S. law, not just Canadian law but, according to the U.S. system, U.S. law. So they can be held liable for violating U.S. law as they act in Canada and so that would require a religious exemption.

And it would also prevent a two-tiered system; you call it an apartheid system and that's quite appropriate, actually: identity papers for the state to grant you privileges to access certain activities. So that's basically why you believe this is an important case.

Pascal Najadi

It's very important.

Shawn Buckley

Yeah, I just, I'm trying to make sure people understand what you're saying.

Pascal Najadi

Yeah, sure. And don't forget, people can also sue the U.S. president now because he did not communicate on the 13th of January 2022 that actually every human being on the planet has a right to say, under the First Amendment of the United States of America, "I don't need to vaccinate."

Shawn Buckley

Right.

Pascal Najadi

One more legal fact. On the 23rd of March of this year, President Biden lost in the Fifth Circuit Court of Appeals of New Orleans. He lost the claim, his claim. He said, "I'm the CEO of the United States of America. Like a company CEO, I have the right to force-vaccinate my employees of the federal agencies." Well, the judges ruled, "No U.S. president has such authority." And they reaffirmed in their decision that on U.S. territory, vaccinations are an exclusive affair between the doctor and the patient. Been ruled on the 23rd of March, 2023, in the Appeals Court of New Orleans. He cannot go to the U.S. Supreme Court with this because he lost already in '21 with the same question at the U.S. Supreme Court.

Shawn Buckley

Which is likely why he lost in New Orleans the second time around. So, okay. Now you were telling me about something happening in Germany regarding their military.

Pascal Najadi

Yeah, the German Ministry of Defence is still force-vaccinating their soldiers and officers. That is obviously in violation of what I just told you. Ana McCarthy has—and I witnessed this call—called the Ministry of Defence a few days ago and has made them aware that they are in violation by using, in our case, Pfizer U.S. product force-vaccinating soldiers, or under vaccination mandate. Ana McCarthy also has issued temporary restraining orders, has notified Pfizer—via their lawyers, Davis Polk in New York—and the judges in New York that the German military is still doing that.

We are now watching every day to see when the German military, the *Bundeswehr*, will stop this illegal activity.

Shawn Buckley

So it's another example of using the U.S. courts to try and influence what is happening in other countries.

Pascal Najadi

Well, it is clear: it's a violation. I mean, it's not just trying to influence. We report them and say, "This is a violation." This is serious. It's not trying to—they have been notified. The TROs [temporary restraining orders] have been issued. They are in force.

We will see, but the German government cannot continue with this. Impossible.

Shawn Buckley

No. And you see, you're describing a procedure that Canadians don't appear to have attempted. We've had a lot of lawyers speak in frustration about our constitutional rights being overlooked during this in court cases, but we haven't actually heard of attempting to use U.S. law to influence what happens in Canada.

[00:30:00]

And that's why I'm kind of going over this again and again, just so that we get to understand that.

Now, you had kind of presented a presentation and I stopped you from reading it. Are there some points that you wanted to cover that I haven't asked you about yet?

Pascal Najadi

No, it was just maybe my closing remarks, but I can wait. I'm here for questions, really.

I've said what I had to say, what I have done, attempted to do, and the Swiss criminal charges are now at the Swiss criminal court and the two Swiss doctors are in the Lucerne Supreme Court. I will update people—you, maybe—as soon as we get more information

through my channels. My Twitter is @najadi4justice and I update and make legal statements there.

Shawn Buckley

And I'll also indicate that some of the court proceedings that you've referred to we've entered as exhibits for the commissioners and the public to access, so that they have a better understanding of what you're referring to [Exhibits OT-3, OT-3a to OT-3g].

I will open you up then to the commissioners, if they have any questions. We're doing decently for time.

Pascal Najadi

Thank you.

Shawn Buckley

No, and the commissioners don't have any questions.

So Pascal did you want to just share briefly some of the remarks that you had for closing?

Pascal Najadi

Yes, I would like to, if I may.

Shawn Buckley

Yes.

Pascal Najadi

I call this The Devil's Rules Explained. But we are battling always that recognition that we have been duped. How do you get someone to admit that they have been duped and triple-injected or double-injected with an mRNA bioweapon substance? How do you get someone to admit that they have been duped into giving these injections to their own children? This psychological trap makes the duped the guardians of the dogma. These, the duped, have been placed in the position of having to lie to themselves in order to maintain psychological equilibrium and avoid harming themselves. This trap of pride makes the Machiavellianism of their crimes, they have been allowed to harm themselves.

This is—for the bad, evil people—the perfect genocide, is perpetrated through the victims themselves. But no, we will break this and obliterate these rules, with strong determination have begun to stop this genocide, promoted by truth. Thank you.

Shawn Buckley

Thank you, Pascal. And Pascal, we really appreciate you. I know you're in a different time zone and you've been very kind to attend.

On behalf of the National Citizens Inquiry, I want to sincerely thank you for participating and sharing this important information with us.

Pascal Najadi

Thank you, sir, and thank you for the Commission and thank you to everybody. Greetings to Canada and all over the world, thank you.

[00:33:15]



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<https://nationalcitizensinquiry.ca/about-these-transcripts/>



NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

EVIDENCE

Witness 7: Aidan Coulter

Full Day 3 Timestamp: 05:36:21–05:44:10

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Wayne Lenhardt

Our next witness is going to be Aidan Coulter. So Aidan, if you could give us your full name and spell it for us, I'll do an oath with you.

Aidan Coulter

Aidan Coulter. So that's A-I-D-A-N C-O-U-L-T-E-R.

Wayne Lenhardt

And do you promise that the evidence you give today will be the truth, the whole truth, and nothing but the truth?

Aidan Coulter

I promise that the evidence I give today will be the whole truth and nothing but the truth.

Wayne Lenhardt

Okay, we're going to talk for ten minutes about the problems you had when you were about to enroll at Ryerson [University] when the mandates came into place. So you were going to enter your first year, your freshman year, at Ryerson?

Aidan Coulter

Mm-hmm.

Wayne Lenhardt

And that was in the fall of 2021, correct?

Aidan Coulter

Yes, correct.

Wayne Lenhardt

So tell us what happened.

Aidan Coulter

I had applied and gotten an acceptance letter for the Fall of 2021 semester. And then about a week or two before, that would have been July 2021, I received a response back from my application to residency and paying for residency. And they said that in order to attend residency, one would have to be fully vaccinated in order to interact with their peers and the residency community.

I did not have any intention of taking an experimental gene therapy that had at that point been untested. They said there was a form that you could fill out. And that form, ordinarily, would be for a person with a disability who is seeking a human rights accommodation. So I modified that form and sent it to them, saying that they were basically breaking various healthcare laws, so that was the personal private healthcare information act [Ontario's *Personal Health Information Protection Act*], the Nuremberg Code, and the Helsinki Declaration, among others. And saying that this request to have me have an experimental gene therapy was against the law.

They responded back saying that there was nothing that they could do about that, that I had not given them sufficient evidence or sufficient documentation. But by that point, the deadline to apply for residency had passed. I had to find very last-minute co-op housing within the Toronto area to live.

Wayne Lenhardt

And at that point, were you able to go to classes?

Aidan Coulter

Two out of my four classes were promised to be hybrid; these were classes that required a technical component because I was taking film. I was film and visual and media design. So that was film tech and silent film that required a technical component—were promised to be hybrid, meaning that there would be an in-person component. The first day of in-person classes, I attempted to attend being aware that there was a screening requirement, like an app that you had to fill out and also that you would have to test yourself.

Wayne Lenhardt

You completed one semester then, is that right?

Aidan Coulter

Yes, that is correct.

Wayne Lenhardt

And what happened during second semester?

Aidan Coulter

The second semester, or the fall semester: basically, the upshot was that, for the winter, they said that my classes were frozen and they would not provide me with automatically signing me into my coursework for Winter 2022.

Wayne Lenhardt

Okay, so you basically went back home for the second semester because of the situation.

Aidan Coulter

Yes.

Wayne Lenhardt

Okay. After you got back home, how did you fare?

Aidan Coulter

So primarily due to the stress and isolation that was inflicted upon me and not being able to access equipment during the winter and fall semesters, I had an episode of psychosis. That would have been, sorry— May 2022, I had a brief episode of psychosis, which consisted of intrusive thoughts and basically, kind of synchronicities or making connections that weren't there.

So basically, I was in an unstable mental condition. And I went to the hospital to receive psychiatric evaluation. I was put under a Form F,

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which would mean 72 hours under the observation of an overseeing psychiatrist. And in order to be admitted into hospital, I would have had to take a PCR test.

I initially refused because the cycles that they're normally run on mean that the likelihood of a false positive was very high. But in order to be admitted, I had to take the PCR test and I resulted in a positive—or false positive as I understand it—for COVID-19, meaning that I could have been contained for more than the 72 hours in the hospital.

Wayne Lenhardt

Okay. And you never had an episode of psychosis before?

Aidan Coulter

Prior to this, never.

Wayne Lenhardt

Great. Have you had any since, just that one?

Aidan Coulter

I was put on a Abilify, which is a mood stabilizing drug. And had a brief episode a little bit later. But since then, I have fully recovered, yes. I was on for about— It was nine months that I was on the drug.

Wayne Lenhardt

In September then of 2022, did you go back to university or college, or what did you do?

Aidan Coulter

No, I was worried about a reintroduction of the mandates since in the public consciousness, it's still perceived to be an emergency and that the measures warranted in regards to the mandates were valid.

So I was worried about a return of the mandates. And then also due to my own mental health.

Wayne Lenhardt

In other words, you worked at a provincial park. You never did go back to Ryerson, is that right?

Aidan Coulter

No, I did not return to Ryerson due to their treatment of me.

Wayne Lenhardt

And you are going to go back to a college this September, though?

Aidan Coulter

Yes.

Wayne Lenhardt

Tell us about that.

Aidan Coulter

I applied to King's College University in Halifax. They have a foundation year program that studies classical literature. And that sort of narrative is as close to film as I can get. I'm a bit nervous because they still have a masking policy in effect, so we will see how that goes.

Wayne Lenhardt

Just out of curiosity, any of your Ryerson courses that you got in the first semester, are they transferable?

Aidan Coulter

Not to my understanding, no.

Wayne Lenhardt

No. Okay, at this point do the commissioners have any questions?

Is there anything we've missed with respect to the problems you had during this period?

Aidan Coulter

No.

Wayne Lenhardt

Okay. On behalf of the National Citizens Inquiry, I want to thank you for coming and giving us your testimony today. And good luck in Halifax next year.

Aidan Coulter

Have a great day, thank you.

[00:08:17]



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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 8: Navid Sadikali

Full Day 3 Timestamp: 05:45:08–06:20:59

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Wayne Lenhardt

The next witness is going to be Navid Sadikali, I hope I pronounced that correctly. And I see him on the screen.

Good afternoon, Navid, my name is Wayne Lenhardt and I'm going to be doing an oath with you and asking you some questions today. Could you give us your full name, spell it for us, and then I'll do an oath.

Navid Sadikali

Navid Sadikali, N-A-V-I-D S-A-D-I-K-A-L-I.

Wayne Lenhardt

Do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony today?

Navid Sadikali

I do.

Wayne Lenhardt

Okay. I understand that you have some slides that you want to show us.

Navid Sadikali

Yes, I do.

Wayne Lenhardt

Sure, if you want to just launch into it and—

Navid Sadikali
Absolutely.

Wayne Lenhardt
And we'll stop if we need to along the way.

Navid Sadikali
Absolutely. So just to give some background on myself and then I'll jump into my slides. Like many of you, I've been navigating the world of some complex decision-making in health care and other matters for the last few years. But unlike some of you, I have experience leading innovation in healthcare firms, and that's for 23 years.

In some sense we're already connected. If you go into most hospitals in the world, there's technology that I designed in the radiology department, cardiology department, so I'll tell you a little bit about that. Then we're going to go into something quite exciting and stay to the finish because there's a really optimistic ending to this.

I'm going to share my screen now. I hope this comes through okay. All right. Has that come through?

Wayne Lenhardt
Okay. I believe you have a slide with all your credentials on it. I wonder if we could have that one next.

Navid Sadikali
Sure. Yeah, I'll tell you a little bit about myself and then we'll go through the rest.

In a sense I started after going to school in the United States, being recruited for rowing there, to Brown University. I got two degrees there and I went to University of Waterloo for my master's. I have experience in science and in computer science technology and so the integration of that was medical imaging. I helped to disrupt the world medical industry, which was all film in the early 90s. And it's Mitra, and then at Agfa, which— We were purchased as a startup. We ended the medical film industry and it all became digital.

And since then—for like I said, 23 years—I've been leading product design at different companies, most recently Canon Medical, where we had a \$200 million portfolio. I designed big imaging systems used across the world in pretty much every hospital and many clinics. **It impacts at least 200 million patients a year today. Those are products in radiology, cardiology, oncology, and surgery.**

We started with this, which is— Here are some of the hospitals I've been in.

Why does this matter to you? Well, basically, I've had to go into pretty difficult environments where there's— Both fun and difficult, where there's a lot of opinions. Experts are at play and my job is to figure out what we should do as a company, where we should take medicine forward. We don't just listen to experts because we're the experts in medical device creation and that's me. And so I have to sort of integrate many perspectives. And to do that you have to be quite open-minded, to listen to all sorts of opinions. And if

you go to an academic teaching hospital versus a regular community hospital, things are very different.

Medicine looks many different ways in many different places. And my job as designer and the scientist is to bring that all together and help the engineers build the right products. So just to show you what that looks like, this is some of the technology that I've designed. So stroke imaging, cardiology imaging, general radiology. And so these are actual products where I've been in surgical wards to figure out how to push surgery forward. And I've seen many interactions with patients and oncologists to understand what we need to do better. So that's my background.

I want to really focus it on us, which is you. And our goal today is to cut through the complexity—which is what I have to do anyway in medicine, right? To cut through all the complexity because most physicians aren't interested in academic stuff, they've just got to get their work done.

There's six stories I'm going to be telling. And those bring together three business stories and three scientific stories. And if you understand those, the world will be a very different place.

[00:05:00]

It'll be a safer place. And if we can get the doctors out there—there's a million doctors roughly in North America—if we get them to understand these stories in these 20 minutes, we won't have another pandemic like we did. In fact, we may not have any more in some sense. And we'll have to get into the specifics to see what I mean by that.

The first story I want to tell is just that in October 2019, "The Business" was preparing for a pandemic. And Event 201—some of you may not know about it; watch on YouTube—was an economic and business event to prepare for a coronavirus pandemic. They actually ran it like a war game; they ran a simulated pandemic for coronavirus.

And then what's interesting to me, because I'm saying that business was leading, was that no physicians were invited to this simulation of a pandemic. And there's a lot more to say about this. But really what we need to say is that this is business leading the charge; some of the biggest pharmaceutical companies on earth are there. What's important is that it wasn't science leading.

Who was inviting the people to this? It was the World Economic Forum. They were the ones who took the stand, gave the intro keynote. And what Ryan Morhard, the lawyer from the World Economic Forum said, "One of these days, a pandemic, a fast-moving pandemic." **That's October 27, 2019. And then, if you look at what was said on day one of the pandemic, March 12, 2020: "There's not going to be a way back to normal." That's what Ryan said on March 12, the first day of the pandemic.**

This is business leading the way, because the scientific community had no idea that there was not going to be a back to normal. In fact, it wasn't really clear what was happening in terms of the scientific community at that point.

I want to move on to the second story. I already did one, it's great.

Now second story, a business story, is that December 12th, 2019—which is about three months before the pandemic was declared by the WHO [World Health Organization]—we

have a legal agreement, a material transfer agreement between the University of North Carolina at Chapel Hill, Moderna, and Fauci's NIAID [National Institute of Allergy and Infectious Disease]. And they were testing the mRNA corona vaccine candidate and this coronavirus vaccine candidate was a joint venture between Fauci's NIAID and Moderna. And the University of North Carolina received this for animal challenge testing. Here's the most well-known, prolific coronavirus spike protein researcher Ralph Baric signing this agreement. The patent holders of the spike protein that was used to create the vaccine—which has a long history and patent history, which I put links to there—was signing this. And Moderna signed.

So it's a work that was happening before. Now what does this mean? We can't really dive into that right now but just to say that, "Hey, look. Again, business was leading the way." This is a business agreement, right? To do some business.

The third business story I want to tell is that billions were spent to market a lockdown. Some of you remember the NHS's [U.K. National Health Service's] Stay Home, Save Lives campaign. There was the same type of messaging through the world, actually. Campaigns were used, "Look them in the eyes and tell them to always keep a safe distance." So quite in-your-face, hard-hitting advertising. This advertising was created in an agreement in the U.K. with the world's top—I think it's near the top—marketing agency called Omnicom, on March 2nd, 2020.

So that means they were in discussions in February to sign an agreement on March 2nd. That's all before the pandemic was declared on March 11th. There's a marketing business event happening before the pandemic started. And what's really important to note if you're an epidemiologist is: look, on March 3rd, the day after they signed a contract for lockdown or stay-at-home campaigns, there was only four cases in the U.K., and that's 68 million people, and there were zero deaths. So the U.K. spent more than even World War II on an ad blitz—proportionally even more, accounting for inflation, than World War II—to market lockdowns and the sort of measures they wanted to take. And by the way, those measures were discussed at Event 201 in October 2019.

We could go into some of the agreements that were signed: the HHS [Department of Health and Human Services] in the United States signed \$1 billion dollars for advertising;

[00:10:00]

\$328 million with the Omnicom Group for "Stay Home, Stay Safe," et cetera. You can see this. Nations spent heavily on lockdowns.

Now we're going to move to the science. You've kind of got three business stories that I think, for those interested in science or in academia, they could look into those more. It's a little bit of a push to spend more effort on this. So now to the science. Now the science was obviously being—had not advanced. So now we have Neil Ferguson. I won't go into the full story, but he's a modeller who's had some bad successes in the past. He works for Imperial College. And his Excel file went around the world.

He had Imperial College, which is heavily funded by a private foundation called Gates Foundation. He created an Excel file and that Excel file went around the world. And it said something that's quite dangerous: It said that we were going to have unmitigated, without lockdowns, which he was saying we needed trying to sell lockdowns— In Canada, we'd destroy Halifax, the equivalent of Halifax, in months. In the United Kingdom, it would be like 489,000, you can see their deaths. This is the Excel file, there's a link to it. And in the

United States, there'd be 2 million deaths—and we're talking about in months. Like, that would be like the city of Houston.

And so obviously that kind of a scientific message from an individual somehow—and we think it's through WHO and all the national governments—scared people. If you're going to destroy Houston, well, you probably should lock down. So that's the first scientific story. There's a lot more to dive into there, but I think you need to know that that's what actually happened.

So now we're going to go to the fifth story. We're advancing at a good pace here and I'm going to slow it down a little bit. The last two pieces, these two things are a little more technical. But everybody can understand these, so I'm going to go a little slower. And if everybody understands this, you're going to be 99 per cent ahead of all the scientists and all the physicians on the earth—probably 99.99 per cent, to tell you the truth.

We're going to go through the PCR test first. And the PCR test caused mass medical confusion. You've probably heard of this during the last few days, and I know many of the speakers have touched on it. We're going to understand a little deeper and a little more visually. And you're going to get it.

So first, you know that a virus is like computer codes; it actually is a coding system. This screen is all these letters that are proposed base pairs for coding for the length of the viral virus RNA, this proposed coronavirus. We can't find them. We actually have no technology to find them very well, at least not at mass scale. What they actually do is they find this PCR test that finds a little bit of a bigger thing and say, "Well, if I find that, that's indicative of the big thing." And that's already a bit of a hint. You're not actually looking for it, you're looking for something that looks like the thing you're looking for, right? Sort of like, a bit of a clue.

When you do a PCR swab, it's important to note: there's billions of DNA bases in that swab. If you took all those bases like a code and overlay them all and put them over seven million kilometres of highway in North America—so that's how much is coming in that little swab. DNA is really small and RNA is really small. Then how much would the PCR be looking for? We would be looking for, like, a 50-metre section of road in seven million kilometres. So we're looking for something very small. And like I said, the virus is a lot smaller; it's like 15 kilometres. We're only looking for a 50-metre section and saying, "If we see that in all that stuff, we really have a virus." What's interesting about that is, obviously that's really difficult. We can't really look with a microscope for something that small.

So what PCR is, this is what you really need to know right here: it's just a photocopier. If I take one page and I photocopy it and I get two pages, and I collate them, and I photocopy again, what am I going to get? I'm going to do one, two, I'll get four. And I take all four and photocopy each one again, I'm going to get eight, right? So we get this doubling idea, which is what PCR is. It's a photocopier just like this one, except it's doing it with this little thing I found. Let's photocopy it, make two. If I make two, I make four; and I make four, I make eight, and that's the two to the power.

[00:15:00]

If you do that 35 times, you've lined up 35 photocopiers; you'll get 34 billion viral PCR segment copies. Now really, it becomes DNA copy. It's not the virus—remember that. And if you have 35 billion of something, you can imagine: well, now you can maybe see it. And you can because they sort of tag it with a light emitting element, a chemical that is going to light

up. So basically, that's how PCR works. It works by taking something small and making it really—amplifying, amplifying, amplifying, photocopying, photocopying, photocopying.

What's the result of that? The result of that is that you take one: if I have one of these little pieces in my nose and if I duplicated that through that doubling 24 times, two to the 24[th power] is 16 million. Okay, does that mean you're sick or not? Well, actually nobody could say on the earth. If I have 60 fragments, those little 60 pieces, and I do that 24 times, I have a billion. Am I now positive? But if I have one and I do that 30 photocopying duplications, I get a billion. Oh, and is that—?

This is not a test. This is a duplication thing that through some interpretive event says, "Maybe that's a positive; maybe you're sick, maybe you're not." It's not a diagnostic test of sickness. So that's one of the first and early confusions. And obviously it was sprung across all the physicians who, "Well, I guess the test works." But they don't really know the science of it, right? Because they don't go to school for this: this is molecular genetics; it's not something they're really familiar with.

And so really, we don't really know— With this test, the problem comes about that this duplication process, we don't really know what is true or not.

Because of that, you have a lot of ways that this can be a false positive test. For example, if a kid breaks up the virus really quickly in his nose and he gets these little fragments, his snot will be positive, potentially for 90 days. That's a false positive. If you walk into hospital Tim Hortons, let's say, and you're in the coffee line: someone sneezes and a little fragment goes in your nose, the virus or even a broken piece of it, then you'll be positive. And you're going to the hospital for something. So you could actually be there with another illness, but now you're positive because you were in the hospital coffee line. Well, that's not fair.

And of course, poor lab processes lead to contamination and that happens. And then high amplification leads to bad protocols—which we can't even get into, there's so many ways that can happen. With the reagents and different temperatures. Then you can just amplify the wrong RNA or DNA. You could actually have—and some people said you could make something that's—you know, a brown trout matches, has sequenced like the one that they're looking for in the PCR test. Now is brown trout in your nose? Well, probably not. But maybe. All right, we're talking about little small elements of it.

There are many ways to get false positives. We're not going to cover them, but here's two scenarios that happened that impacted all of us. Fifty kids in a school—or all the kids in the school—are tested, but they're all exposed a month ago. None were ever sick. Their natural killer cells broke that virus up, let's say, and there are little fragments in there. You go to amplify them and they're positive. Now you've got 50 quarantined kids that have no infection. And that can happen up to 90 days after they were exposed. And so for example, if you— That is unfair because you quarantine truly healthy people because of a test that's really very iffy. It's not a test of sickness, right? It's a test of viral pieces.

The next thing that can happen is that our patient, like I said, goes into the hospital, short of breath, viral fragments in his nose; he's lined up in the coffee shop. He goes for a PCR test so they can start treating him. He tests positive. Now he's in the COVID funnel. And maybe he gets remdesivir because they think he's a COVID patient. And maybe he gets put on a ventilator because he's now tested positive. So now a whole protocol gets enacted because of a test that's not even diagnostic, a real test, itself. This is sort of like a factory system, right? And medicine has to kind of work like that, but when you put a new technology in, it

doesn't always work well. And trust me, I've done— I've built FDA [Food and Drug Administration] products in the world, so I know about safety.

Okay. I can't go into all the details. There's so much here you can see I've put links to. But what this means for us is that all COVID statistics are uncertain and overstated: We have studies used to show 50 per cent, some doctors say 90 per cent. In certain cases, in certain times, right? This is a complex thing of when,

[00:20:00]

what PCR tests. There's many vendors: some PCR tests could be completely bogus; some may be cycled less; and so, there's, you know, the number of false cases will be 50 per cent.

What that means is that we don't have any good data on cases, hospitalizations, and deaths. We know they're overstated. What would have the world looked like if there was far less cases? Would they have been able to— Would the fear have been instilled as well if there were less cases? No, absolutely not. Because the more you test, the more you're getting cases; just from the false positive rate itself, you could create a steady line of positives.

Okay. What we want to say next is: the vaccine was never going to work. So now we're going right into fundamentals. We don't have to— We can debate about statistics and we'll get into that a little bit, but what really we need to know is that when you inject into the arm, you make something called IgG blood-borne antibodies. You see that little guy with the hat? He's orange. Those antibodies are in your blood; they're circulating, I just get a portion of his body.

Now, when you get a natural infection in those cells, you get IgA antibodies. That vaccine can't put those IgA antibodies in your mucosa, which is where you start getting infected. You don't get infected in your arm, right? It goes through your mucosa and that's how the system's designed to block this. Basically, what this means is that the injection could never make IgA antibodies in your mucosa—nose, throat, intestinal tract is also mucosal entry point. So it could never stop infection; it couldn't stop transmission because that thing will never make the things you need, the IgA in your mucosa. So by first principle, it was impossible. And of course, Gates now admits that.

So how did they get efficacy? And everyone's wondering this and you're going to get the answer now. How did they get efficacy from a vax that couldn't work? How can they say "95 per cent" when you know that it couldn't even work?

What's happening here is that, when you get injected, it's an immunosuppressant, right? There's foreign technology in that shot. People have talked about polyethylene glycol and cationic lipids. And that stuff, your body's immune system is like, "Oh, that's a foreigner. I'm going to attack that." What happens is you get the immune suppression and you'll potentially get sick—especially if you're exposed. Or it's already there and you've already had it, but now you're actually weakened and now your immune system can't fight it off. So COVID cases rise after the first dose and after the second dose. We kind of can get that because it suppresses your immune system.

You get injected, you get a little bit of a fever—Israel had data that it was happening en masse to the whole population. I have to go back and look at the numbers, but it was well-documented this happened. And it has to happen because you're injecting a foreign item in your body. So all we have to do to get efficacy is withdraw those people who get that after the first week or second. Don't count those people, right? That's what happened. In some

studies, they call them “partially vaccinated”; in some they’re “unvaccinated”; and in some they’re actually—and I’m going to show you in the Pfizer study—we believe that some of them were just completely trashed. Like that data is not used, so they’re not in the study, ejected from the study.

Let’s look at the Pfizer data, which is the only— Remember, this is the only randomized control trial we have. We have 311 withdrawals in the vaccine arm and 60 in the placebo arm. Well, why would that be? Why’d you have five times more withdrawals? They call it protocol deviation. Let’s say that we were injecting people and those 251 people got the— 311 minus 60, right? The vaccine had this many withdrawals. With the placebo, it’s only 60. It’s 251 that were just removed. If we take those 251, say, “maybe some of them got sick.” Let’s pronounce it: “They got sick, they got a fever, and the protocol said they have to be removed from the study.”

So then what does that mean? That means that on the left, we’re being told the vaccinated sickness was 9 in 169. That’s actually the numbers. That’s how you get— Over 18,000: you divide those numbers, you get 95 per cent, right? If you put those people back, the 251 and the 9, you have more vaccinated getting sick than placebo. You have negative 53 per cent efficacy.

[00:25:00]

I’m saying on the left is what’s published, on the right is what’s likely. We would want— We’d have to go back and get all of that data, all of the site’s data. And what each person would happen to them out of the 260 that we’re saying were perhaps withdrawn because they got sick in the first few days.

But we don’t actually have to even look there. We have good published data that show this is actually happening for sure. The Government of Alberta proves that the newly vaccinated are at risk but counted as “unvaccinated.” So here we have—and they published this—time from immunization date to their COVID diagnosis. And these are the first 14 days. You can see that the graph goes way up the first 14 days. These are the deaths.

So you inject someone and they die. And I’m not saying causality. But if they die in the first few days, what’s important here is not causality: it’s that they’re removed from the study and put into “unvaccinated,” right? That’s what’s important. The first 14 days, they’re considered unvaccinated and all other days they’re considered vaccinated—even though they’re all injected. So when we look at their data, 56 per cent of the deaths were in the first 14 days and 44 per cent of the vaccinated deaths were in the other days. So these people are being put into the wrong bin.

If we look at Ontario, and this is right from the website: “Unvaccinated cases,” by definition, are “where symptoms started between zero and less than 14 days after receiving the first dose of a COVID-19 vaccine.”

This is the world’s biggest problem right now. This is it. This is right into the heart of it. Because you don’t have to debate statistics and say, “Well, this study shows that.” If you rerun all the data—and I’m proposing that scientists do this—rerun all the data thinking about this and saying, “Well, we’ve binned them this way. What if we binned them the other way? What if we consider them actually vaccinated if they got injected?” This is the source of the distortion.

And there's studies coming out and people trying to talk about this. Thirty Sweden doctors published pushback on distorted mortality data in Sweden. And that link is on the bottom right. Like I mentioned, there's lots of links in this presentation that I didn't cover that you should look at.

Okay, so that covers all the six stories. The breadth of it is that there's a business cycle that's happening first, and then the scientific cycles coming, happening. It's really, there's vaccine cycles coming. And that constitutes, I think, the most important things the public really needs to understand and go, "Oh, wait, that's kind of really a bit confusing and that's not really telling me how it is."

I want to leave with a sort of an optimistic future. My key point is that if people are being sickened by this vaccine technology, then we have to reconsider: is it really ready for prime time? That's going to be up to many other people to do that. But we have to sort of be aware and mindful that potentially the statistics are leading this way—if we rerun the statistics, which we have to rerun.

But the optimistic future I want to leave is a perspective about, we're kind of under-appreciating something scientific. Not just a little bit, a lot under-appreciating something that we all believe. I think really the heroes of this, really the potential way out of this—I think, and this is the big reveal: we have a pretty amazing set of fighting systems, probably the world's greatest army we have. And it's broad and it's got a lot of pieces to it.

We have natural killer cells, which children have in some studies, five times greater than older adults. We have T cells. No one's talking about, "Hey, how many people were immune already from T cells? How many people were immune from natural killer cells? We have a lot of technologies that are already built, purpose-built for this.

The optimistic message is that if we can keep ourselves healthy and really appreciate what we already have— We need to rerun statistics but, you know what? We were actually good. And secondly, we should appreciate that, look, that T cell right there with the sword: If he sees foreigners, if he sees mRNA technology in your heart, his job is to destroy it. If he sees that in your brain, his job is to destroy it.

So you need to be more careful what you're putting in and saying:

[00:30:00]

Look, if this is causing your immune systems to fight and damage, you're fighting yourselves, right? We need to be on side with "Hey, this is, by estimation, \$100 trillion technology." I don't even think mankind could recreate it. And it's extremely complex. One of the most complex systems on the earth are the way all these characters work together. I haven't even talked about neutrophils and macrophages and mast cells and B cells and helper T cells. And there's a lot of pieces, right? And we're not even talking about the complement system.

But I think, and sort of leaving it here, that if we're able to really appreciate and re-look at this scientifically—I mean physicians and scientists and the general public—we're going to come to, "Hey, we're actually good." When we look back, maybe things could have been a lot different.

Thank you for your time. And if there's any questions, I'm happy to take them.

Wayne Lenhardt

Are there any questions? Yes, Dr Massie.

Commissioner Massie

Well, thank you very much for this very lively presentation showing some pictures that are probably easier to grasp for most people. My first question is about the analysis that you show in terms of, I would say, reframing of the vaccine efficacy.

I've been following that literature for the past two years. My question to you is: When is it exactly, to the best of your knowledge, that we had initiated some suspicion about the data that was coming from the initial, I would say, advertisements from the pharmaceutical companies that we were getting these somewhat interesting protection levels in terms of efficacy? When is it that we started to question that?

Navid Sadikali

Well, I can only speak to my personal experience. That for me was quite into 2021 already. Because everyone was looking at the Pfizer data. I was in a sort of private scientific group. I don't think it's a big deal to say that people like Dr. Jay Bhattacharya was in that group. And we were discussing things. He wasn't discussing this, by the way, I'm not saying he was. But I was discussing with some other scientists, two others, and we were rerunning numbers. And we were like, "Hmm, that's really weird. And maybe that's all that's going on, is just binning things inappropriately."

I think that for the general public, they're probably still confused, like, "What did he say?" I'm going to say it very clearly now: If you injected everybody, right now, with a statistic run today and everybody died, you would have 100 per cent vaccine efficacy against death. Okay? That's how obvious this is. We don't have to look at nuances of things, this is extremely simple. It's a built-in bias in the statistics.

And you're like, "Well, how did that happen?" Well, I don't know, but I'm not the one who created these studies, right? Those pharmaceutical companies—they're very good at design of the studies to show things that they would like. So maybe that was by design. It has to be by design; someone designed the trial length.

To answer your question though succinctly: that was definitely in 2021. Maybe somewhere in 2020. I wasn't really looking in 2020. It was December when the Pfizer thing, I think, was released—and there was this study earlier than that. But anyway, 2021 is my answer for that question.

Commissioner Massie

My second question has to do with what you've shown, which I think now has been demonstrated in many studies, that with the mRNA vaccine, there are a number of ways that we can postulate that this injection will actually suppress the immune response for a window of time immediately following the injection. And that results, as we've shown in the data, in increased numbers of positive COVID infections. But the DNA vaccine with the adenovirus, would it be Johnson & Johnson or AstraZeneca: I haven't seen data that would show that following the injection, you would have this window of increased number of cases. Have you come across data like that?

Navid Sadikali

Well, I haven't run this for their trial, so that's what the first thing to do is. And the most important thing we can do is, it's like, these are randomized trials. So why don't we get the data? That should be the best data we have on the earth,

[00:35:00]

and every patient should be tracked, and we should know everything about everything that happened.

As you probably know, in some of these cases, some of these farmed out institutes had bad record-keeping and protocol deviations from their own protocols, and there's lots of things that happened there.

But I would say that the first place to start would be to have people look at the actual RCTs [Randomized Controlled Trials]. So I can't say I've seen study on the other types of vaccines with respect to the same, but I would suspect that they have adjuvants and they're going to do the same thing. The adjuvants, their job is to drive the immune system.

Commissioner Massie

Thank you.

Wayne Lenhardt

Are there any more questions from the commissioners? No. Okay on behalf of the National Citizens Inquiry I want to thank you very much for your interesting presentation. Thank you again.

Navid Sadikali

Thank you.

[00:36:24]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 9: Kimberly Warren

Full Day 3 Timestamp: 06:21:29–06:35:24

Source URL: <https://rumble.com/v2ood6g-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Kassy Baker

Good afternoon, Ms. Warren. Can you hear me?

Kimberly Warren

I can.

Kassy Baker

Very good. Just to start off, can you please state and spell your name for the record?

Kimberly Warren

Yes, my name is Kimberly Warren, K-I-M-B-E-R-L-Y, last name W-A-R-R-E-N.

Kassy Baker

And do you promise to tell the truth, the whole truth, and nothing but the truth during your testimony here this afternoon?

Kimberly Warren

I do.

Kassy Baker

Very good. Now, I understand that you're here to talk to us about your vaccine injury. Is that correct?

Kimberly Warren

Correct.

Kassy Baker

Before we get into that, can you just please give us a little bit of your background information, including your current area of employment—which was also your area of employment when you were injured?

Kimberly Warren

Of course. I work at two hospitals. At the time of first vaccination, I worked at Groves Memorial [Community] Hospital and the Orangeville Headwaters Health Care [Centre] hospital.

As of the third booster, we moved to Ottawa. I work at the Ottawa Hospital General Campus and Queensway-Carleton Hospital. I am a medical administrative assistant in one of my roles. And the other role, I am a ward clerk.

Kassy Baker

Now, when you received the first dose, can you give us the reason why you received it?

Kimberly Warren

I'm sure, as everyone is now aware, health care workers were forced to have all vaccines in order to keep our employment. And many people were escorted out of our facility due to not complying with that mandated vaccination rule.

I of course was not in a position to lose my job and I complied.

Kassy Baker

I understand. Sorry, it's just come to my attention that we don't have your camera on. Are you able to turn your camera on?

Kimberly Warren

Let's see if I can do that.

Kassy Baker

Thank you. It doesn't appear to be on. Can you still hear me?

Kimberly Warren

I can and I can see you.

Kassy Baker

You can see me. In the bottom left-hand corner is there a little video camera that you can click? Should be next to the microphone.

Kimberly Warren

Yes, can you—?

Kassy Baker

I'm just looking at our tech team. I don't think we have you up yet, but perhaps I will continue at this point.

You've described to us the circumstances under which you received your first vaccination. Can you tell us when you received the second?

Kimberly Warren

Yes, so first vaccination was January 7th and then approximately just over four weeks later, February 11th, 2021, was the second. And the booster followed November 23rd, 2021.

We were one of the very first people that were given the vaccine due to being health care workers. And I worked at a COVID testing clinic, so we were sent among the first groups. After our elderly were sent, we were then sent in our area.

Kassy Baker

When you received any of the vaccinations, were you at any time told that there could be risks associated with the vaccine?

Kimberly Warren

No.

Kassy Baker

Were you at any time asked if you had any pre-existing medical conditions?

Kimberly Warren

No.

Kassy Baker

And do you have any pre-existing medical conditions?

Kimberly Warren

I did. Yes, I have pre-existing chronic kidney disease, CKD.

Kassy Baker

And just for the sake of clarity: your third dose, was that also required by the mandate? Or did you choose to have it?

Kimberly Warren

The third dose was not. We just kept getting all this—I don't know what the word is to call it—propaganda? But we kept getting emails saying that we all needed to have the booster.

The third was not mandated, however heavily suggested. And we kept getting a lot of internal literature on getting the booster.

Kassy Baker

Okay. And did you ask any questions when you attended any of your vaccination appointments?

Kimberly Warren

I did not. And in hindsight, I don't know if I would have gotten the answer I was looking for at that time anyway. To be quite frank, I went along with the narrative that this was a safe and effective vaccine and that it was required for me to keep my employment.

Kassy Baker

Okay. Now I understand that shortly, or sometime after your third dose, you started to have some complications, is that correct?

[00:05:00]

Kimberly Warren

That is correct.

Kassy Baker

Can you describe those to us?

Kimberly Warren

Yes. Since the series of three vaccinations— So after the booster, within 48–72 hours, I was having hematuria, so blood in the urine; and proteinuria, signs of that, which is foamy urine. And I was just feeling very unwell, fatigued. And I just knew something was wrong, but I didn't exactly know what. And, you know, you attribute it to— At this time as a health care worker, we were working more than 40 hours a week; we were working more like 60 hours a week. So I just attributed it to, you know, my workload.

And it was the morning— December 15th is when I was hospitalized. So that morning, I had called my nephrologist because I was in so much pain that I could hardly take a breath. And the bleeding was so— I really had no idea kidneys could bleed the way I was bleeding. I thought it was another problem, like a female problem I was having. I had no idea kidneys could bleed like that.

When I called my nephrologist, he immediately told me to get to a hospital ASAP. And he had already sent over all my file so it was there and waiting for them when I went into triage.

Kassy Baker

These symptoms that you've described: have these abated at this point or are they a continuing issue for you?

Kimberly Warren

No, they're a continuing issue. I always now have gross haematuria and proteinuria. This is a permanent condition now that will require dialysis and transplant in my future, 100 percent.

Kassy Baker

Were you able to continue working through the early stages after your third vaccination?

Kimberly Warren

I was off work for over a year: December 15th, 2021 to February 6th, 2022 I was unemployed.

Kassy Baker

Have you reported this apparent injury to your doctor and/or any other medical body?

Kimberly Warren

Yes. I was quite fortunate that my doctors immediately recognized that this was a vaccine injury. They had ruled out via CT scans, blood work; I had a kidney biopsy. During this series of three vaccines, I've had two kidney biopsies.

So with all that information, my doctors, thankfully, did report it as a vaccine injury. So I was very fortunate in that regard.

Kassy Baker

And to which body was the injury reported?

Kimberly Warren

It was reported to the Adverse— So the Ministry of Health, Public Health. My doctors filed a report of adverse events following immunization under the "special interest" category because it's an acute kidney injury.

So that report was filed off through Public Health and they also signed the paperwork for me to continue my claim with the Vaccine Injury Support Program.

Kassy Baker

And I understand that if your claim is accepted, the Vaccine Injury Support Program could potentially provide you with some compensation, is that right?

Kimberly Warren

That is correct. And this is where this journey takes a very wrong turn.

Kassy Baker

Can you please tell us about that journey?

Kimberly Warren

The Vaccine Injury Support Program and their exact wording is that, "The board considered the emerging evidence around flares of IgA nephropathy in the context of exposure to mRNA vaccines and a plausible biological mechanism for this. Although no definitive causality has been confirmed, the temporal association with this patient's flare of IgA nephropathy in the context of vaccination does suggest a causal association between the flare of IgA nephropathy and vaccination."

What this letter in essence says is that the medical review board themselves has determined, in fact, this is— They have concurred with my doctors that this is a vaccine injury. So they have taken on that ownership, that responsibility that this is a vaccine injury. However, they then—

Kassy Baker

Sorry, can I interrupt you just for one second? I just recognized you read a portion from a letter that you received, which I do have a copy here in front of me.

And I believe— It's not dated but it's entitled Appendix and the letterhead indicates that it's from the Vaccine Injury Support Program.

Just for the sake of the record, can you confirm that that is in fact what you have just read from?

Kimberly Warren

That is correct.

Kassy Baker

Okay, and we will enter that as an exhibit for the commissioners to read at their leisure later [exhibit number unavailable].

I'm sorry for the interruption. Please continue.

Kimberly Warren

That's okay.

[00:10:00]

The very next sentence, they go on to say that "fortunately this flare did not require an initiation of an immunosuppressant therapy and her acute kidney injury was managed with hydration."

And I'd like to point out that is in fact false. That is a false, inaccurate statement. They had all my medical records. I also, as a medical admin, have all my medical records. And I was definitely put on an immunosuppressant therapy. I was put on high-dose prednisone, steroids. We had a conversation, also documented, and I have the paperwork, that I had a choice of going on a chemo drug—so a chemo radiation type of drug—to enhance, to have a remission of my IgA nephropathy, or I had a choice of this high-dose steroid. And between my nephrologist and I, we decided that we would go with the immunosuppressive therapy as my treatment in order to, hopefully, get a response.

However, that did not happen. I only got a partial response after being on steroids for seven months, so this is a permanent vital organ injury.

They also stated during their medical review board—this is the Vaccine Injury Support Program—that there was no evidence of progression. Again, false. I have had two biopsies. My official diagnosis is IgA glomerulonephritis with cellular crescents and necrotizing lesions.

Take note of the word “necrotizing.” That’s a scary word when we’re talking about a vital organ. So my diagnosis is permanent and that is evidence of progression. And they also said that I was put on prednisone for my inflammatory arthritis. And so they took—

Kassy Baker

Sorry, sorry. I’m just, we’re very, very short of time here.

I just wanted to clarify for the record: at what stage is your appeal in currently?

Kimberly Warren

Well, I am in the appeal process. I have sent the appeal in as of January of this year. And the last email I received was that they “did not have doctor availability.”

So they are pending doctors to have an appeal, which I also find quite ludicrous, that we’ve got a support vaccine injury program set up and we don’t have doctors ready to review people’s medical records when they’ve appealed. I cannot believe that.

Also the Ministry of Health: When my adverse report was sent to them, they also came back and claimed that it was okay, that I could go have a fourth one. There was no change to my immunization schedule. And my doctor had signed, saying that this is an acute kidney injury and that I was still undergoing treatment, that there was not a resolution to this situation.

My GFR [glomerular filtration rate] kidney function sits at 33. Every time I’ve taken one of these vaccines, I’ve taken a hit on my GFR by about 20 points. And when you get a GFR of 20, that’s dialysis and transplant. So at 33, if I go get a booster, I am 100 per cent within three days on dialysis and on a transplant list.

I’m not sure where the disconnect is between public health and what’s best for a patient in my circumstance. And how did they come to this conclusion without the medical documentation? How do they just say, “It’s okay, I can go have a fourth shot.”

Kassy Baker

I understand. That actually is the end of my questions, but I would just like to ask the commissioners if they have any further questions for you. We do not.

I would just like to thank you so much for your testimony here today on behalf of the National Citizens Inquiry.

Kimberly Warren

Thank you.

[00:14:12]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

*For further information on the transcription process, method, and team, see the NCI website:
<https://nationalcitizensinquiry.ca/about-these-transcripts/>*





NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Witness 10: James Lunney

Full Day 3 Timestamp: 06:35:37–07:04:42

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

So our next witness is James Lunney. James, can you please state your full name for the record, spelling your first and last name?

James Lunney

James Lunney, L-U-N-N-E-Y.

Shawn Buckley

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

James Lunney

I do.

Shawn Buckley

Now, you have had two, I guess, careers. You started practising as a chiropractic doctor back in 1976. And you practised as a chiropractic doctor for 24 years.

James Lunney

Yes.

Shawn Buckley

And then in the year 2000, you entered politics and became a Member of Parliament for the Nanaimo–Alberni riding, and you were first elected as an Alliance MP.

James Lunney
That's correct.

Shawn Buckley
And then later, when the Alliance Party merged with the Conservative Party, you were a Conservative MP. And you served as a Member of Parliament for that riding until 2015.

James Lunney
Correct.

Shawn Buckley
And then at that time you just resigned from politics altogether. You didn't even run.

James Lunney
I retired—five times undefeated.

Shawn Buckley
Right okay. Now I will let people know, I'm familiar with Mr. Lunney because—I don't even know, is it two decades ago? Where we met and you introduced Bill C-420, an *Act to amend the Food and Drugs Act*.

James Lunney
Yeah, it was before 2004 because it was the first term for me.

Shawn Buckley
Right. And just so— People aren't aware, so that was an act I had drafted to amend the *Food and Drugs Act* to protect natural health products. And Mr. Lunney has been a champion in Parliament literally for decades in the area of natural health and trying to protect our health rights and our access to natural health products.

James, you are here today because you want to share with this Commission your thoughts on vitamin D and how that played a role in the COVID pandemic and how we should be addressing vitamin D issues going forward.

James Lunney
Exactly.

Shawn Buckley
You have a presentation. I'm just going to let you launch in. And I'll let you know if we start running short of time.

James Lunney

The title is, you can see, “Vitamin D3 and COVID, Canada’s Response.” A lot has been said about vitamin D. And I hope today to give you a different perspective, an aspect that hasn’t been discussed. An aspect that hasn’t been caught by a lot of the good doctors because they trust the data that our regulatory authorities, all that Health Canada puts out on a variety of subjects, as authoritative.

I have three objectives here today.

One, to briefly talk about the importance of vitamin D in human health and the pandemic. But to talk about the serum levels that determine the outcomes. Your blood level is what determines the outcomes. And that’s going to vary for individuals depending on your body size and the tone of your skin—I’ll get to that in a minute. But the failure of Health Canada and the Institute of Medicine, which is now known as the National Academy of Sciences, to protect the public interest. And that’s a real phenomenon, I’m afraid to say.

So just a quick thing about vitamin D. Look, here’s an example. There’s three bottles of vitamin D there. On the left is what Health Canada was permitting in Canada. It’s a thousand international units (IU). That was based on an analysis of 600 to 800 and being generous, they rounded up to a thousand IUs. In the middle is a bottle you can pick up in the United States but not in Canada. At the bottom, if you can see that: on the green bottle, there’s a tiny little soft gel there. The middle, 5,000 IUs and then on the right, 10,000 IUs, which are available in the United States but not in Canada.

I just wanted to say that some people might think: if Health Canada actually recommends 4000 IUs as max, that 10,000 might be a lot. Or when the French Academy of Medicine recommends 100,000 IUs to shut down the acute respiratory distress syndrome that could put somebody on a ventilator, that sounds like a lot. But I tell you what: if you knew what an IU is you might get a different perspective. The actual data has been challenged by these two research groups that met with Health Canada. And I’ll want to detail that.

But the first thing I want to say is that who is most vulnerable has not been understood. And many of our good doctors that are speaking about vitamin D and saying 5,000 is part of a recovery program.

[00:05:00]

Well, for the dark-skinned people in Canada—and there’s quite a few now and more coming all the time—Health Canada denies that skin colour makes a difference. And it does.

And I’ll get to that.

But I’ll just say up front: if I fail to get this across, I will have failed in my mission to get some information across to people, so I hope you understand this. And that is, the dark-skinned people— For example, *British Medical Journal* wrote it up first: Sweden didn’t lock down and forty per cent of the early deaths were Somali immigrants, equatorial people, the darkest skinned. They were working with the mothers, beautiful dark-skinned young women, but if they’d been in the U.K. long enough to go through a winter season, your D depletes by, 35 to 42 days, fifty per cent.

Shawn Buckley

James, can I just slow you down for a sec? Because some people might not understand that vitamin D is a vitamin that the human body manufactures. And we manufacture it when we're in the sunlight. So when we're in the winter in the northern hemisphere, we're not getting much sunlight. For several reasons: it's cold and we're all bundled up and then we're in the northern hemisphere. So some people might not understand what you're trying to explain without understanding you need to be out, you need to be in the sun to actually have healthy vitamin D levels if you're not supplementing.

James Lunney

Thank you for clarifying. Exactly. We've turned away from the sun for a good part of the year in the northern climates and your D, without supplementation, will deplete by 50 per cent every 35 to 42 days, depending on your body size.

Shawn Buckley

And if I can also interject. And you may want to just explain that vitamin D is an essential vitamin for the healthy immune system. So we hear about vitamin C, but when you're going to be relating that people are getting sick by not having D, I think you need to back the bus up a little bit and explain why it's important.

James Lunney

Thank you.

Well, vitamin D drives at least 2,000 genes that are known so far. And they're involved in, so far we've identified three systems: the immune system, inflammation management, and glucose metabolism. And those three systems together are most of our chronic illness. So your blood level of vitamin D is crucial. It'll be different depending on your body size, how much body fat you have. I'll just move ahead, but thank you for putting that out there.

How do I know about this file? Well, I had a bill on vitamin D. I may get to it, I shortened my presentation and put the most important stuff first, but I would have established all these things if we had more time.

This reports here—Dr. Malone, you all know. This is a doctor from Italy; this is March. Now that COVID is over, these guys disregarded the advice from their regulatory agencies. They had a friend working in Africa who was getting brilliant outcomes. Even in Africa, there were some COVID cases where there's brilliant sunlight, but anyway, "We treat COVID at home and the mortality rate is almost zero."

They had 6,000 cases. This network of doctors, they called themselves after Hippocrates. They just followed their oath to do no harm and to keep the patient's interest first. Six thousand patients so far, at the time this report was written; mortality is practically zero. And this is Dr. Paolo Martino Allegri. And the oldest patient they treated was 95 years and they were working on somebody who's 98 with very promising results so far.

Dr. Malone put this out in his Substack. This is a quote from Dr. Malone: "Mortality risk correlates inversely with the vitamin D3 status, and a mortality rate close to zero could theoretically be achieved at 50 nanograms per millilitre." And that's American measure. In Canada, we use nanomoles per litre [nmol/L], so you have to multiply by two and a half. So that's great. At 125 nanomoles per litre, you could have zero.

And I should ask, I wonder how many people in this room have had their blood tested for vitamin D levels? I see a few hands back there. Those are informed people. Did you have to pay for it? Yeah, we have to pay for vitamin D testing. And somebody just told me in Ontario now it's \$140. So that's a disincentive, I would say. You need to know what your numbers are because it'll depend on your body type. And vitamin D is fat soluble, so if you have extra weight—including me; I'm losing some weight—it's fat soluble. Some of that vitamin D will be parked in the parking garage. It will not be in circulation to help the cells that need it around the body.

Okay, so this is Dr. Malone. He says in his own words, "How many people could have been saved from just having their levels of vitamin D3 brought up to 50 nanograms per mL, or higher?"

[00:10:00]

We knew about vitamin D3. It really didn't take a randomized clinical trial to understand the link between D3 and RNA respiratory virus morbidity and mortality. Vitamin D will shut down respiratory viruses in the lung. It produces specific antiviral peptides and antibacterial peptides, meaning it actually would work for tuberculosis in a respiratory way. If you have enough in your body. And most people in Canada are low. I'll get to that statistic in a second.

Okay, so early in 2020 as COVID terror circulated the globe, you can see this, reports from all over the world: severe infections, hospitalizations, and deaths attributed to COVID-19 directly related to the serum levels. Now I mentioned this: in Sweden, 40 per cent of the early deaths were Somali immigrants. I checked afterwards with the U.K. Very early in the pandemic, 25 per cent of the early deaths were Middle East and Southeast Asian, they have a lot of—

Shawn Buckley

I think I need to stop you again so that people understand. We've established that you need sunlight on your skin, actually on your skin, to make vitamin D. But the darker skinned you are, the pigment prevents the sunlight from getting through, so it's harder for you to make vitamin D. When you're speaking about people that immigrated from Somalia, it's because of their dark skin; they would need way, way, way, way, way more sunlight to get anywhere near that amount of vitamin D that a Caucasian person, a lighter-skinned person, would manufacture. So that people understand the meaning of what you're saying.

James Lunney

There's nothing wrong with their beautiful dark skin, it's just that that's population genetics at work. They had to upgrade the melanin production in order to protect themselves from too much sunlight that could damage the DNA. And we pale-faces come from northern climates. We had to down-regulate the melanocyte production in order to let enough sunlight in to be well. So 90 per cent of our vitamin D does not come from food, which is what Health Canada puts out there. They dismiss the importance of the sun because they're keeping us safe. The secret with the sun would be, don't burn.

This is an important thing I want to get to here. The vitamin D recommendations were made in error. It was 2010-2011, I could pull that right off the Health Canada website; it's still there. On November 30th, the recommendations came out. There were 14 experts on the panel. The data they analyzed showed 600 to 800 IUs. They limited the study to bone

health and ignored all the data that was available on autoimmune diseases being down, cancers being down, heart disease being down, mental health being up. There was lots of literature then, but the study was restricted to bone health.

Anyway, since then, scientists from the University of Alberta, University of California San Diego, and Creighton University took another look. And they found there was a problem. The problem was the data, even limited to bone health, that they reviewed showed the average person needs 6,000 to 8,000 IUs, not 600 to 800 as they proposed.

Shawn Buckley

You're meaning daily.

James Lunney

That, as a full order of magnitude, is a significant mistake. Now everybody makes mistakes. But I will witness to this because I had a bill on vitamin D that I introduced in 2012, and the top vitamin D doctors came to Ottawa May 4th, 2014 to try and persuade Health Canada to fix the mistake they made. A total of 15 doctors spoke in turn and Health Canada was represented. The man seemed rather stressed through the day.

At the end of the day, a woman went to the microphone—I found out later she was his boss—and she said, didn't the people in the room realize how hard Health Canada had been working to figure out how much vitamin D was in a cup of yoghurt and how much was in a cup of milk? Well, it's nice that there's a little bit there, but it's so low. For the needs in the body— There's 80 to 100 trillion cells in your body. Every single one of them has receptors for vitamin D. And it's doing something very important because it regulates your immune system, inflammation management, and the glucose metabolism. And possibly others that we haven't identified so far.

So the average Canadian has a blood level of about 67 nanomoles per litre. Now what Dr. Malone mentioned there was 125 nanomoles per litre. The average Canadian is at 67. But who is the lowest in Canada?

[00:15:00]

That would be the people with the darkest skin tone. And there's nothing wrong with their beautiful skin. They just need more sun access in order to get their D levels up.

And many of the people from countries with dark skin, they're very modest, they're covered most of the time. And Canadians, our numbers are actually dropping. Sixty-seven was average, but that was a while ago, way back in 2010. And they seem to be slow in coming up with new numbers because they don't seem to want to let people know how important this is.

Health Canada, look: the top line here, mysteriously, just at the beginning of COVID they revised the website. You can see the date at the top, I put it on there: "Health Canada continues to recommend that people over age 50 take a daily supplement of 400 International Units." You know, that's a baby dose. Four hundred IUs is a baby dose, one little 400 IU drop. But adults need far more than that to achieve the appropriate blood level.

Now, here we go. There was a study done in Florida, that's 37th parallel. All the way down there, that's where the division is, for dark-skinned people below that; they have a hard time north of the 37th parallel. We're at 40-45 here in Ottawa. North of the 37th parallel, they did a study in mid-Florida. They matched black males, co-matched for age and comorbidities with a white group that were not supplementing. They gave them the maximum Health Canada recommends, 4,000 IUs a day. It's tested every two months; it took a whole year to catch up with the matched group of white people that were not supplementing. A whole year. So if you want to get your blood level up, you have to supplement. Even in Florida, where there's lots of sun.

And you know, one of my heroes would be Dr. Mercola. He was in the top 10 misinformation people according to some authorities. I followed Dr. Mercola for years, but even he didn't recognize vitamin D deficiency in Florida because they had so much sunlight. It's in the dark-skinned people. If you don't check their blood levels— That's why they're overrepresented in a myriad of diseases: obesity, diabetes, thirteen different cancers. They're overrepresented because our officials misrepresented how important vitamin D is and don't tell people.

What is an IU by the way? Who knows? Anybody know what an IU is for vitamin D? I bet if they were all physicians in this room, most of you wouldn't know, because it's not a standard you can— Here we have micrograms and milligrams. You might have a chewable vitamin C as 500 milligrams. Or if you go to the hospital with a chest pain, they want you to take two baby aspirins at 81 milligrams. So an IU for vitamin D is 0.025 micrograms. And 100,000, which could have saved a life from the acute respiratory distress syndrome according to the French Academy of Medicine, that's what they recommended for people heading into acute respiratory distress. A hundred thousand IUs equals 2.5 milligrams. It is one of the safest things you can take.

If you have an organ transplant you might want to be careful, we can't overstimulate. But I do know people with organ transplants have successfully taken 5,000 IUs and several that are taking 2,000 a day. You can still take it, but that's something where you can't take massive doses. But a short-term dose, it's not clear. For two or three days, probably would not over-affect— We don't know for sure. That's the caution there should be.

All right, going on.

Vitamin D blood levels: the blood levels are so important. You should know what your numbers are. But I know, I'm talking to people here in this room, you know, attending here, who are vitamin D deficient just by the symptoms they're having. Everything is better when your D levels are up. And if you haven't tested, you don't know how bad it is. And if you go to Health Canada's website, what you will see is a misrepresentation of the truth.

Fifty nanomoles per litre will protect bone health for most Canadians. Great, but experts say raising blood levels to 100 to 150 nanomoles per litre. Dr. Malone was talking about 125 nanomoles per litre and other experts are saying between 100 and 150. It's clear. It depends on your body size, but the quicker you get your blood levels up when you're dealing with any serious illness,

[00:20:00]

the better that's going to work out for you.

Oh, this is the French Academy of Medicine by the way. Right there, 50[,000] to 100,000 IUs in the case of deficiency could help limit respiratory complications.

Okay. We knew this in Canada. This is Edmonton 2015, Dr. Gerry Schwalfenberg. Also, he called out the mistake that Health Canada had made in a letter to the Canadian Medical Association. "Regrettably, a statistical error resulted in erroneous recommendations by the Institute of Medicine leading to this conclusion. It might actually take 8,800 IUs of vitamin D to achieve this level in 97 per cent of the population." Health Canada was recommending 800. Now, this is a serious public health blunder. That's 2015 in our own Canadian Medical Association Journal.

He's an Edmonton doctor. And he and his colleagues, you might see at the bottom of the screen there, "The Vitamin D Hammer." They get the blood level over 100 nanomoles per litre, they rarely see a patient in their practice, the two of them—in the hospital, according to what he wrote. But if they do end up with one landing in the hospital, they immediately give them what they call The Vitamin D Hammer. And that would be between 50,000 and 100,000—50,000 one-time dose in one day, or 30,000 (10,000 three times a day) for three days, and it's gone.

So that's a pretty powerful medicine and virtually, it's without complications. Now this is from Medscape. The key to managing the sun is: do not burn. It's estimated if you had full-body exposure, just until you get a little bit of pink on you, that would produce 20,000 to 25,000 IUs. It'd take a long time to get there at 400 a day—a baby dose.

There's the question I already asked you, so we'll move on. You should know what your levels are and it's outrageous we have to pay for them.

By the way, the story on that is that our own physicians in Ontario persuaded the government to stop testing for vitamin D because Health Canada said 1000 is enough and they were negotiating for a fee increase. And they—actually, I couldn't believe this when I read it—they were working with the government to identify unnecessary procedures. So "save the public purse," you know? That's the story here.

Now: save lives, reduce deaths. You raise the levels between 100 and 150 nanomoles per litre, a 50 to 80 per cent reduction in breast and colorectal cancers. That's published literature. They expect a reduction of three-quarters of the deaths from breast and colorectal cancers. That's something the public should be interested in, I would think. Garland et. al. is that article on the front of the slide. It's *Epidemiology*, that's 2009.

Now, here's the issue about the skin and vitamin D. Health Canada dismisses the role of skin colour and vitamin D. This is from their own website: "Additional requirements are not required for sub-populations such as those at higher latitudes and those with dark pigmentation or those wearing heavy clothing that inhibits the sun." The lowest vitamin D levels they've measured anywhere in the world is in an area with a lot of sunlight. And they're people wearing a burka in the Middle East. They're clothed. But you see, the UV light doesn't get through clothing. It's filtered out. And that's a strange thing, but that's where it's at.

So just to illustrate this, I've jumped right ahead here in the presentation to the closing of our meat plants. Our Cargill plant was shut down. Cargill in High River, Alberta: 2,000 employees. Seventy per cent of them are Mexican, Filipino, Vietnamese and, you know, other dark-skinned people—70 per cent of the workforce. And yet it caused terror for the

town because of the test. A lot of people tested positive; a few were getting sick. The headlines are about cold, crowded circumstances there that causes this.

But, what's the vitamin D level for these people? The longer they're in Canada, they're the lowest in Canada.

[00:25:00]

And it's easily remedied and cheap. But there's no mention of that from Health Canada. Unfortunately, it's dismissed.

By the way, the Inuit would have died out if it was not for their traditional diet where they ate the mammal blubber. The mammal blubber of course is where the vitamin D is stored. I know, time is sensitive, so I'm trying to get some of this in.

By the way, in Hazelton, the meat plant quickly became the area's biggest private employer. It's an hour from New York. Largely from Dominican families like the Benjamins. And the Latino population jumped sevenfold from 2000 to 2010, to 37 per cent of the city's inhabitants, and has risen to more than 60 per cent.

And many of them in the meat plant are like this man I'm going to introduce you to here. This is Raphael Benjamin. Thousands of these workers. This man—I tell you, I wept when I read this—this man was just before his retirement. He wanted to top up his pension. His family wanted him to quit and get out of there because people were testing positive. Well, he was admitted to the intensive care unit and spent his work anniversary on a ventilator. He died on April 19th.

This is criminal and the people responsible for this need to be held accountable. Can we say it's the vitamin D level? There's enough studies to verify that dark-skinned people without supplementation are the lowest, even north of the 37th latitude.

Shawn Buckley

Now James, if we can just kind of focus this back on COVID.

James Lunney

Yes. But that's a COVID death.

Shawn Buckley

Right.

James Lunney

And I'll tell you what. In Canada, Health Canada put out statistics: Toronto and Montreal, hardest hit. They called them racialized Canadians.

Shawn Buckley

As COVID deaths.

James Lunney

COVID deaths—hardest hit in Canada.

Shawn Buckley

You're basically saying that it's a co-factor to be considered when we're assessing mortality and hospitalizations related to COVID, having a look at the vitamin D levels in the blood.

James Lunney

Well, reports go: nine out of ten COVID deaths could have been prevented if the blood level was elevated. And who's the most vulnerable? Not racialized Canadians, but people with low vitamin D. And there's some in the room here today.

So 115 meat and poultry plants reported COVID infections: 5,000 workers. That's a 500,000 workforce. There were 20 deaths amongst them. If you look at mortality, like Dr. Rancourt the other day, you won't see where this is coming from—if you only look at the deaths. But if you look at who's dying, you see that they're mostly dark-skinned people. Not always, it depends. There's lots of shut-in seniors. But the darker the skin, the lower the vitamin D, so it's your serum level. The question would be, how were their employees' vitamin D levels?

Here is just another Israeli study. All over the world, these studies were coming in. That's still 2020. Real world data. They found a vitamin D deficiency and infection relationship. Israel, like Florida, most of the physicians were not looking for vitamin D deficiency. But the deaths in Israel—

Shawn Buckley

James, I'm just I'm going to cut you short because we're short on time. So I'm going to the commissioners if they have any questions.

James Lunney

Can I finish the sentence?

Shawn Buckley

You can finish the sentence.

James Lunney

Most of the severe infections were in the people covered up. That would be the Orthodox Jewish people wearing the dark clothing and dark hats for the men and the Arabs were in the traditional galabeya and keffiyeh. So they're covered even though there's intense sunlight. Okay.

Shawn Buckley

Thank you. I'll ask the commissioners if they have any questions. And they don't.

So James, on behalf of the National Citizens Inquiry, sincerely thank you for coming and testifying today.

James Lunney
Thank you.

[00:29:05]

Final Review and Approval: Jodi Bruhn, September 6, 2023.

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

EVIDENCE

Witness 11: Lyne Vandenplas

Full Day 3 Timestamp: 07:24:54–07:33:45

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[00:00:00]

Shawn Buckley

Welcome back to the National Citizens Inquiry as we come to the closing part of our third day of hearings and the last day of our eight-city tour. We're going to have a presentation by a few different volunteers that have been involved in this project, sharing their different roles and perspectives, and just actually whatever they want to say. So we have Lyne Vandenplas who is attending. Lyne, can you hear us?

Lyne Vandenplas

Yes, I can. I hear you very well.

Shawn Buckley

Okay, well we can see and hear you, so you're actually just ready to do a presentation and share what your involvement was.

Lyne Vandenplas

I will do that.

Shawn Buckley

Okay.

Lyne Vandenplas

I just want to say I was responsible for creating the list of individuals who would receive a summons from the National Citizens Inquiry across Canada. I worked with another volunteer out in British Columbia and we spent most of January and February trying to identify the correct Canadian government officials that have the titles of Public Health Officer, Minister of Health, Chief Medical Officer, and of that kind.

It took us about a month to find everyone for the ten provinces and the three territories. It was particularly challenging because a lot of the individuals changed positions, went to a different government or a different ministry, a different province, and there were a lot of former ministers and so on. Finding the addresses that were not P.O. boxes, because you can't deliver a summons to a P.O. box. And finding their email was particularly challenging. It's as if they didn't want us to find them.

But finally, we did succeed and we made a lengthy list [Exhibit OT-14b]. Then I started issuing summonses as of early March 2023. There were basically eight batches. Each hearing had a different venue and different dates and everyone was invited in each province and all the territories. So basically, what I did is: I submitted a list of all the names of the individuals who had received a summons and whether they received one by email or by mail. It was registered mail—all of them were registered mail. For all of them, I have a receipt date and a signature. And basically, I have the province, the title, the name, the address, the email, and the hearing date and location that everyone was invited to.

So a total of 63 government officials were sent summonses across Canada. Fifty-seven of them received it by email and I sent it with a read receipt request. Also, I sent 58 registered mail summonses. And I also had tracking numbers that had to be tracked and I have all the received dates and signatures. And of the 57 email summonses, I only received eight read receipts, so only eight individuals actually opened it up and confirmed that they read it.

I got two responses saying they were unable to attend. I got one response stating that they were not legally permitted to attend. I got one who declined the invitation. And for the 58 summonses sent by registered mail, I got two letters that were never picked up. I have one delivery that was inexplicably delayed and remains as is. And we received two COVID responses with reports by email that had been done by that province.

My observations are: I did observe that of the 63 individual summonses, no one accepted the invitation. No one agreed to testify with the NCI. I also observed that of 13 provinces and territories, out of those 13 provinces,

[00:05:00]

there have been at least 13 changes in either the Chief Medical Officer or the Health Officer during three years. And that is it, that's my report.

Shawn Buckley

Lyne— Just before you guys clap, hang on; I'm just going to talk with Lyne a little bit. So, Lyne, you had said that a couple had indicated that they couldn't attend. Am I right that the summonses are actually drafted so we'd invite them to attend at a specific hearing, but it would include, "Hey, we're travelling across other cities and if you can't make it at this time, we'll schedule you in virtually otherwise or we could even accommodate you by scheduling you when we're not having a city and to attend virtually." That's how the summons is drafted, isn't it?

Lyne Vandenplas

Yes, it was. It was very clear in the summons that they were invited to do so virtually, or we were very willing to accommodate them. So they just decided not to—to declare they were unable to attend without asking for any kind of accommodation or interest in participating.

Shawn Buckley

Right. Can I just ask you before we let you go: how did that make you feel not to have any response? Because people may not appreciate how much work it is to send these out, get all the registered mail things done, actually get down to the post office, do all of this, and then be tracking it to see what happens. It's a lot of work.

How did it make you feel that basically no government official decided to attend?

Lyne Vandenplas

Well, they made it really obvious that they didn't want to speak with the citizens of Canada. They were not interested in coming to listen and to share their point of view. So I really felt that we were dismissed. It was not a good feeling. But the longer this went on, the less and less I was surprised; it became the expectation, which is not a good thing.

Shawn Buckley

No, and I see that you're emotional about that. I'm sorry. I didn't mean to—

Lyne Vandenplas

That's okay.

Shawn Buckley

So, are there any other thoughts that you wanted to add? We're actually so pleased that you shared this.

Lyne Vandenplas

I just think that the upside to my doing this was the fact that I met so many wonderful Canadians from coast to coast. That was the gift because the gift was not the responses or the lack thereof. And I want to thank the NCI for allowing me to participate and do something, my little bit. That would be it.

Shawn Buckley

Okay, and just so people know, Lyne also attended at the Quebec City hearings and was instrumental in helping find interpreters and things like that. She's very modest, but she has just been a tremendous help. And Lyne, we're so thankful to have you as part of the team.

Lyne Vandenplas

Thank you.

Shawn Buckley

And I know I share that— I know the team's been very pleased and honoured to work with you, so.

Lyne Vandenplas

Thank you.

Shawn Buckley

Okay. Thanks, Lyne. And now you guys can clap.

So, Lyne, you can't see it, but you're basically getting a standing ovation, so people are appreciating what you've done.

[00:08:55]



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NATIONAL CITIZENS INQUIRY

Ottawa, ON

Day 3

May 19, 2023

EVIDENCE

Witness 12: Jerry Managre

Full Day 3 Timestamp: 07:33:51–07:50:55

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

So the next person attending is Jerry. Jerry, can you hear us?

Jerry Managre

Yes, I can.

Shawn Buckley

So do you want to just introduce who you are and kind of your background? And then I think you've got kind of a presentation or a—

Jerry Managre

Sure, I've got a few remarks.

I live in St. Albert, Alberta. And I am retired from a career in media and in corporate communications. I worked for a natural gas utility in Alberta and I was manager of corporate communications and also director of government and customer relations. And I've had roles in the media as a reporter and news director.

My involvement with the National Citizens Inquiry began on March the 4th of this year, just about two and a half months ago. Some of my communications—some of my testimony here today—relates to communications prior to that date. So I'm relying on documents, some of which were prepared by others. However, I've gathered them and developed knowledge about them which I believe to be true. I'm also reporting on the activities of other members of the communications team, who were responsible for the internet site and our social media platforms.

The National Citizens Inquiry has issued about 18 media releases. And I'm just going to begin sharing my screen here. I say about 18 because I'm aware that one release was a duplicate, replacing one that became outdated. And the releases included information

about the establishment of the NCI; announcements about media conferences; calls for expert witnesses and witnesses with personal stories; the call for commissioners; the appointment of commissioners; media invitations to the hearings in each of the cities; and, as the hearings progressed, information about the expert witnesses that were going to be testifying. Copies of the media releases are available for filing as exhibits.

The media releases were mainly issued via email. And prior to my joining the NCI, an email list was established. Since I've been involved that email list has expanded with more than 800 emails sent to various individuals and media organizations. So the mailing list includes legacy media, alternative media, and citizen journalists. And a copy of the current email list is provided for identification as an exhibit.

It should be noted that with each mailing, there are bounce-backs, as some emails are returned as undeliverable, and sometimes it's because people are away from the office and they have an automatic response.

With searches by other NCI volunteers, as well as by me, we've located more than 100 reports by alternative media, citizen journalists, and legacy media. The bulk of the reports might be described as being produced by alternative media. Although, I have to say, that these organizations do have large audiences as well. And I'm referring here to media outlets such as Epoch News [*The Epoch Times*], Rebel News, and the *Western Standard*.

To my knowledge, only a handful of the legacy media ever attended the NCI hearings, including CBC Manitoba, CKOM Radio in Saskatoon, Bridge City News in Lethbridge and Winnipeg, and the *Red Deer Advocate*. Although CBC Manitoba and CKOM Radio carried reports about the hearings being held, neither carried stories which described the testimonies of the witnesses. A report with links to the stories will be filed as an exhibit and an update will be provided on the coverage sometime after the hearings conclude [exhibit number unavailable].

So attached to my report is a summary of the social media activities on the NCI website, which is nationalcitizensinquiry.ca, and the NCI social media channels on Twitter, Rumble, Facebook, YouTube, and TikTok. These summaries are incomplete right now because the hearings are ongoing,

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and updated summaries will be provided after the hearings conclude.

For today, I'm just going to provide some highlights from the summary.

We've witnessed a remarkable surge in the social media presence. Since the inaugural hearings in Truro on March 17th, our cumulative followers have soared from 16,000 to an impressive 60,000 across all platforms as of May 19th. So I think this rapid growth is a testament to the significance of the NCI and the eagerness of Canadians as well as NCI's global audience to engage with an inquiry of this nature.

The substantial increase in impressions further highlights the broad reach of the NCI content. And over the same timeframe, impressions skyrocketed from 236,000 to well over 14 million. So this demonstrates the widespread interest in NCI's mission and the pressing need to investigate and improve Canada's response to COVID-19 and potential future health emergencies.

As we've experienced censorship in the legacy media, NCI's journey of growth has been accompanied by significant challenges from censorship in the social media platforms. Despite initial success on TikTok, where we developed 11,000 followers, we were subsequently deplatformed. Then as we attempted to re-platform, we had further bans. Basically, that has impeded our ability to showcase the analytics from these inaccessible accounts.

YouTube also played a role in censoring us. Short clips of Dr. Peter McCullough's testimony, which mirrored the content shared during the hearings, were swiftly removed under the guise of medical misinformation. NCI's account also faced a temporary suspension of seven days, resulting in the inability to stream the hearings from Toronto live on YouTube. And a second suspension followed when NCI hosted the live roundtable featuring Dr. Mark Trozzi and the embalmers who testified in Toronto and in Winnipeg. Within hours, that video was removed and the NCI account received another strike. And that led to a 14-day suspension. And now, YouTube has warned us that another strike on that account will result in a permanent ban.

More recently, the individual account's social media manager on Facebook has been suspended for 30 days. So that restricts him from posting on his personal Facebook account, as well as the NCI Facebook page. This has, without saying, resulted in a sharp decline in posting on Facebook and we're restricted to only sharing the live streams. So despite amassing nearly 20,000 followers, the NCI Facebook has encountered increasing trouble with Facebook. And they mainly cite "community guideline violations" as the reasons for our account suspensions.

Furthermore, our Twitter account has experienced shadow banning, as reported by some of our vigilant audience members. Despite being search banned, our audience has actively shared inquiry posts and that has contributed to the NCI presence and reach on the Twitter platform.

I think these censorship challenges underscore the importance and the urgency of the National Citizens Inquiry in total. And NCI remains committed to fostering open dialogue, encouraging critical thinking, and amplifying the voices of concerned Canadians. And we need to continue the mission of transparency and accountability.

I'd like to turn now to the internet site: nationalcitizensinquiry.ca. Basically, this website has performed like what you might expect from a medium-sized business. We've registered 240,000 page views over six months and 137,000 of them during the two months of hearings. So that's like, 60,000 per month, which is very respectable.

So typical website statistics: over five months,

[00:10:00]

a typical website would see about 5,000 new visitors. And the average time spent would be about 52 seconds.

When you look at how we're acquiring the people that are visiting the site, almost 120,000 of them are coming direct—that is, by typing in the URL in the URL area. That's excellent that people are finding out about the site. We're getting references from Google (about 30,000), Facebook Mobile (29,000), Facebook, itself on the internet (27,000). So when you look at Facebook itself, that's an excellent representation of referrals. Then from Twitter,

we got about 15,000. I'd also like to give a special mention to Dr. Trozzi, who was responsible for 1,000 people coming over to the website.

When we look at the acquisition of visitors to the site, if you look at the top line graph, you'll see that when the NCI was first announced, that generated a lot of activity. It kind of slowed down, with people mainly signing the petition over the summer and winter. And then as the hearings started, you see the spikes. And then if you look at the lower line graph, you get a close-up of the spikes that occurred. If you look at the lower left-hand side of this slide, then you'll see that you get the representation of that 775,000 total page views and 2.3 million human interactions. And the top three pages on the site were the homepage, NCI Live, and the petition.

When it comes to the petition, as of yesterday, we're at 68,179. And I know we've grown again today.

From a demographics point of view, we're at 232,000. And Canada is by far the majority of that, with representation from the United States and countries over in Europe, as well as Australia and New Zealand. From an engagement point of view, the people who spend the most time on the site are from Canada, the Netherlands, New Zealand, and Mexico.

From a language perspective, English is dominant with 215,000, followed by French with over 14,000. And from an engagement point of view as well, it's English, French, German, Dutch, and Spanish.

Across Canada, Ontario is in the lead position as the most populous province with 66,000, followed by British Columbia, Alberta, Quebec, Saskatchewan, Nova Scotia, and Manitoba, New Brunswick, and Newfoundland.

This is a very telling slide about how we currently operate in the world. And this tells you where we're getting the traffic from—what types of devices that we're getting the traffic from. And this indicates that about two-thirds of the people on our website are following us on their mobile devices; about a third on the desktop; and a smaller amount on tablets.

So that concludes my presentation. I just want to say that it's been an honour to be a part of the communications team here and a part of the effort overall. It's been a great experience to be involved.

Shawn Buckley

Jerry, if you don't mind me asking, why did you decide to get involved in the NCI?

Jerry Managre

Well, I guess I identified early on with— As being a former reporter, I was noticing that the reporters weren't asking the right questions, that we weren't getting the right information from people in government. As has been pointed out significantly during the hearings, the media has not been forthright in their reporting. They haven't been doing newsgathering, as has been pointed out.

And then I did research and I learned a lot of things and I just developed— I can say, too, that I've held elected office and I have been very surprised by the lack of the— All of the political parties seem to be singing from the same hymn book. And that was a red flag for me as well.

I just knew that something wasn't right. And so like everybody else, we've been impacted through family and friends. And it's just been a terrible three years;

[00:15:00]

something that we never, ever expected to experience in our home country of Canada.

Shawn Buckley

That's well said. And I think there's some people nodding with you going forward.

Is there anything you want to add before we go? Any encouragement or advice that you would have for us going forward? And by advice, I mean to people, not to the NCI. You're being watched by a fairly large group, as you know. And I'm just wondering if you have any advice for us going forward.

Jerry Managre

Well, we've gone through a very bad three years, but I can tell you that the thing I think that we can always hold on to is hope. And that one of these days we will have the breakthrough in the media. We'll get the attention of some of the political parties in Canada—federally and provincially, municipally, and through the school boards. All of these people play very important roles and we have to do what we can, particularly at the community level. I think community involvement is key in order for us to regain the country that we once knew.

Shawn Buckley

Thank you, Jerry. We'll let you go and we'll let Ches come up. I know that you're watching and I just want to say that it's been a pleasure to be serving with you and I look forward to serving with you going forward.

Jerry Managre

It's been an honour.

Shawn Buckley

Just for you guys who don't know, Jerry is just tireless. And he's kind of that calm voice when the rest of us, myself included, are getting excited. So he's the steady hand, so I've really appreciated him.

And so now it's time for the Administrator— Oh yes. Jerry, people are clapping and standing up for you. You can't see that.

Jerry Managre

Thank you very much.

Shawn Buckley

You're getting a standing ovation.

[00:17:19]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Closing Statement: Ches Crosbie

Full Day 3 Timestamp: 07:50:58–07:58:34

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

I'm pleased to have the Honourable Ches Crosbie, who is the Administrator of this Inquiry. He holds a key role of ensuring that the evidence is brought forward, that the Commission is run properly. And I've been very honoured and pleased to act as his agent, as counsel. And so, Ches, if you'd come and say some words.

Ches Crosbie

Shawn is so kind. Acting as my agent. Indeed, Shawn.

Commissioners, I gave an opening statement at the first hearings of the National Citizens Inquiry in Truro in March. I submitted that a threat to our very way of life in the democracies arose during the 1930s. It was called the Great Depression. Many were afraid, but when Franklin D. Roosevelt made his inaugural address as President of the United States in 1932, he did not tell people to be afraid. Instead, he told Congress and the free world that we had nothing to fear but fear itself.

No great nation prospers and grows strong on a platform of fear, but governments chose to ignore their own previously-approved pandemic plans in favour of fear. These discarded plans required that government should protect the vulnerable, allow others to continue **their lives normally, and maintain public confidence. Instead, they panicked into a war, a futile war against a virus. And the first casualty of war is the truth.**

Jordan Peterson told us in Truro that our political leaders panicked and copied the draconian SARS-CoV-2 response of the Communist Party of China. Peterson said that we don't put political leaders in office in order to panic. And every politician involved in this panic is unworthy of office. But more, these leaders told lie after lie and manipulated public opinion to use fear to impose tyranny, what James Corbett yesterday called medical martial law. To quote Jeff Wilson this morning, "COVID was primarily a debacle of leadership."

Commissioners, Mr. Peterson's statement was brief and not intended to be a full account. A fuller account would incorporate the evidence you have heard that drives us to conclude

that planning and deliberation was involved in our government's COVID crisis response and in their campaign of fear: a campaign of fear so sophisticated that Robert Malone described it to you as a military-grade psyops or fifth-generation psychological operation waged against the entire civilian population. This planning and deliberation involves sinister, deep military strategic and financial system agendas, as touched on before you by Denis Rancourt and Catherine Austin Fitts, the exact outlines of which are yet to be defined.

The evidence from Dr. Rancourt and others is that there was no COVID-19 viral pandemic. Heresy. Heresy against the COVID cult. The spread of the virus, as with numerous other so-called pandemics before it, was invisible through the lens of excess death analysis of great robustness. What caused excess death was not a virus,

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but the partly panicked and partly planned response by authorities to the virus.

In particular, the injectable gene therapy products caused excess death, which Dr. Rancourt calculated in a peer-reviewed journal at 13 million worldwide and 10[,000] to 30,000 in Canada. These are human lives. Human lives. And Canadian governments market this deadly therapy today.

That brings us to the sad fact that this Inquiry is not a truth and reconciliation inquiry. It is a truth inquiry only, because none of the officeholders who managed the COVID crisis had the courage to appear before a commission of their fellow citizens and explain their actions. Witnesses before you documented this role of shame. Until there is accountability, there can be no reconciliation. There can be neither truth nor reconciliation while legacy and social media maintain a dam of censorship against the truth.

But the dam of truth has many cracks and many leaks. These cracks will deepen and become a fatal fissure. We cannot know when the dam will burst—but burst it will. And journalists who chose, or choose, to have their fingers in this dike will be swept away in the torrent of truth. While the truth dam strains and grumbles, evil remains abroad in the world and preys on fear.

The antidote to fear is courage. And as the supporters, volunteers, and truth-tellers before this Inquiry well know: Practise the habit of courage. Teach your children courage. And remember, evil knows how to divide and conquer. Courage knows how to unite and build. Thank you.

Shawn Buckley

For those of you online—and I'm not trying to stop—there was a standing ovation for the Honourable Ches Crosbie, and a well-deserved one.

[00:08:28]

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NATIONAL CITIZENS INQUIRY

Ottawa, ON

May 19, 2023

Day 3

EVIDENCE

Closing Statement: Shawn Buckley

Full Day 3 Timestamp: 07:59:18–08:40:53

Source URL: <https://rumble.com/v2ood6q-national-citizens-inquiry-ottawa-day-3.html>

[00:00:00]

Shawn Buckley

I've been given the honour of being able to be the last person to speak. We pencilled this in as a closing. And a couple of weeks ago, I realized I can't give a closing. Because I think we're at the beginning of something.

When we got together, just a small group, to just see if we could do this— You know, you start meeting, you start talking, you sort out rules of how you're going to conduct your meetings and what a quorum is and all this stuff that is really kind of tiring and tedious. And then you kind of go, "What are our goals?" and all of this. And we were just adamant we wanted to have an inquiry that was independent.

The frustration was, this was the event that had affected us more than anything else. This has been more intrusive on our rights and privileges than many Canadians experienced during the First and Second World Wars. But for our First Nations people, confined to reserves until the Bill of Rights in a shameless apartheid system, they suffered more than us. But apart from that population, which unfortunately also had to experience this with us, this was brand new. And this was a magnitude that I think confused and frightened most of us in a way that we never thought we would experience.

And this small little group, we just wanted this looked into in a fair way, in an impartial way. And so we get our rules and we get our goals and anyone can criticize what we've done. But we've really tried to do that. And we had Lyne talk about sending out these subpoenas. And, you know, we tried to get the government officials there. And the commissioners will tell you—because I was involved on the commissioner process—that before they were selected, they had to endure my lectures on impartiality. We just wanted them to understand that they needed to act differently, that they were basically taking on a semi-judicial role. That as hard as it can be, that we were charging them with the responsibility of acting impartially. And we're still entrusting them with that.

And that's kind of interesting too, isn't it? That a group of citizens that literally are just feeling terrorized and feeling afraid would decide to do this. And I can tell you, if we had any idea at all—even an inkling of an understanding of how impossible this task was—I

don't think we would even have met. Because how does a small group with no funds, like as in zero funds, we've never had— You know, you hear about groups that have a big sponsor or something; I don't believe it and I've never experienced that. And the NCI certainly hasn't.

So yeah, how do you do that? So well, we just organized. We started putting committees together—saying, “Oh, we need a communications committee. Oh, you need a committee to select commissioners. Oh well, then that committee's got to figure out, well, what questions are we going to ask? What are we looking for? What are our criteria?” Like, it just—it seems it never ends. I think if I have to attend another Zoom meeting, I'm going to break out in hives. I mean, it's just—it's crazy.

And then because almost every one of us, we had other lives and other responsibilities, every time you needed something done, you're trying to get volunteers, right?

[00:05:00]

I don't know if you've ever tried— I'm just laughing because it's so funny. So many times, I kind of— Me and another person, Dale. This wouldn't have happened without her kind of having this eye in the sky: “Oh, look at all the things that aren't working. Maybe we need to look at them.” I kind of became, I felt like a fire chief. So okay, well, we've got this burning, destructive problem, or complete hole. And so you have to try and cobble together a bunch of volunteers. And there's some in the room, which is fun. So you try and get that done and you learn just how ineffective that is. So, yeah, it's terribly ineffective.

Tips for anyone going forward: if you don't have a minimum of three that agree to form a committee and you've got to charge one of them as being the one responsible, you're just wasting your time. So you know, we had to learn stuff like that. And many failures, but many blessings.

So this has been an impossible task that has actually happened. One thing I learned is—I don't think it's any secret that I think God's involved in this, from my morning openings. And I'll even share how that came about. But when you get involved in something that God's involved with, you don't know where it will lead. So this thing was really, I would say, just one crisis from another. I mean, I just looked at Michelle [Leduc Catlin], who's our public face. We were— [To Michelle] Do you mind if I share the story?

We were losing our other public spokesperson, who was also a volunteer, getting really close to our first hearings. And it's like, you've got to have a spokesperson and our social media was just in its infancy. Do you know that when we held the Truro meetings, or the first hearing date on March 17th, we had not had a Twitter account long enough to become verified? Yeah, and you laugh. Can you imagine? Because you know the media is not going to pay any attention to you. You know you rely on social media. But we hadn't organized the team yet because that hadn't been a fire yet, right? Which gives you a really clear view of kind of how we're really just kind of patching this together.

And Garrett, who's our social media guy, is sitting here; I'll get back to you Michelle in a second. I mean, I think—and this will be weeks old—but I think two weeks ago when we had a meeting, he had reported back to us that in the last 30 days, we had had 10 million impressions on social media. It's probably like 1.5 million a week or something now from—I don't know, did we have, like, 200 followers on all our platforms on March 17th? Maybe? If we exaggerate?

Getting back to Michelle. So here we are, we're approaching these hearings, we have no media presence. Or one spokesperson, who was a volunteer is having to leave. And it's like, "Oh my gosh." I'm on a Zoom call with a bunch of other freedom groups and I just say, "We need a media team. Like, we need a media team."

And I called for that. And so Jerry, who's just been an absolute blessing, who's already shared with us: both him and Michelle, from that call for help, responded. And Michelle, it's kind of funny. And I don't know, it was a couple of weeks ago, she said, "Well, why did you pick me?" You know, I just kept the poker face; I didn't say, "Well, you're all we had." So we're not going to pick somebody that we don't trust, but this was an example of God stepping in and filling the need. Because here we had Michelle, who had worked professionally in TV production and direction

[00:10:00]

and had her own program on the women's network, understood what it took to put a story together and to communicate in front of a camera and to interview people.

And so here we had this professional person volunteer: volunteer to go to all of our hearings for no charge. We reimburse her for travel expenses—but for no charge. Jerry, he's literally full-time. And it seems that media crises, we can time them to when he has an important personal event in his life for which he announces in advance, "I'm not working for the NCI that day." So we know we're going to have a media crisis that day and he's not—Like, volunteer, volunteer.

How does that happen? And always at the last minute. You know, these Quebec hearings. What was it, three days before, four days before, Philippe—who's sitting here—when we finally got some lawyers? How do you have a hearing when you're calling witnesses and not having some volunteer lawyers to help you out? And interpreters. Lyne, who was on here, helped us find an interpreter team like, literally at the last hour. And then our AV team, David, is just a miracle worker. I mean, he's creating an interpreter booth out of, I think, a drum case and plywood and Styrofoam and stuff like that. And it works. It worked.

It's just kind of been interesting that—at every time, at every turn, just at the last moment, just when we needed it—God stepped in and gave us what we needed. And right down to finances. Like, it was funny, the meeting after Truro: it's like, "It cost that much, really?" And it's not cheap to rent a venue and have an AV team travel across the country and have to fly your commissioners and other volunteers around. It adds up. It's actually quite staggering. And yet we've kept up. And we've kept up because you've participated.

But what I didn't anticipate, and why this can't be a closing but an opening is: we had this vision and then we just picked eight cities, right? Like, why eight? Why didn't we go here? Why didn't we go there? And why three days? I can tell—if anyone from another country is thinking of doing this, I will give you the biggest mistake we ever made. Why did we do this weekly? We needed a week in between.

But we have been going now for two months. We started on March 17th, 2023. First time in history that citizens in any country have appointed independent commissioners, sat them down, and started calling witnesses. March 17th, 2023 history was made. And it is now May 19th, isn't it? Life's just been a blur. So May 19th, 2023, three months later, eight cities later, 24 hearing days. I have encountered the witnesses: probably around 350 witnesses testifying under oath in front of independent commissioners. All citizen-run. That is something that I think you all should be extremely proud of.

And the most interesting part was— And I have to tell a story about my wife, Teresa. It was probably about five weeks before Truro. [To Teresa] Do you mind if I share the story?

So about five weeks before Truro, we were just so far behind in getting it together. And some of us were just like, just dusk 'til dawn. And I'm just getting stressed out to the yin yang. And I told you, we had no social media,

[00:15:00]

nothing happening.

And I had a couple of days I just couldn't sleep. Like, you know, can we actually do this? We put in all this effort; we've gone this far; do we just have to collapse it now? Because we were on the verge for so long of just having to say, "No, we can't do it." And then, why I'm not sleeping—in addition to just the stress that, "are we failing here?"—was even if we succeed on getting witnesses in front of the commissioners, if we can possibly even do that, who's going to watch? What's the point? Why are we bothering? Because we have no social media. We have no team. Our miracle worker Garrett had started, but he had no content. And we had nobody to make content, and you can't succeed on social media.

So my precious wife said to me, just really seeing the crisis that I was in: "I will give you one day." So there was a fellow at our church who—he's retired, but he used to be a video guy. And he had let me know that he'd be willing to volunteer. So Teresa arranged for 10 or 12 people to be videoed. She just tracked down people who were willing to go in front of the camera and share a story. And finally, we had some content.

And then she continued working. And there was kind of, I don't know—was it the "quote of the day" or something? I don't even remember. They're just trying to come up with little ideas. And she's literally been working day after day after day even though she's got another job and things to do. And I don't even know how many volunteers— There's a volunteer here that put together our commercial. So somebody was willing to introduce us at that World Health Council big meeting and we needed some commercial. And if we had paid 50 grand for that, we'd be going, "That was well done." And we're thankful. We're thankful, Mr. Dahl, for doing that for us.

I don't know if I have permission to mention names, but there's some people on the social media team that have taken on the role of organizing other volunteers. And there's teams that we don't even know about. The chair of our support group, David Ross: for those of you who know him, he's just a steady hand. And it's just a pleasure to work with people that are solid. And for the entire support group.

It's funny, where I have to be in the role of kind of thanking everyone because I'm giving the opening. And it's funny, whenever I talk like this, I never have gone through one of my openings once before I give them. Usually what I'm going to say comes to me at about 7:30 to 8:00 in the morning. I wish it would come earlier, but it seems to work. But when I was jotting down notes where I kind of wanted to go, after I was going to say, "This is a beginning," one of the thoughts that came to me is— You know the Matrix movie? The very first one. And we're at the very end and Neos is back in the matrix. And he makes a phone call to the machines, basically saying, "I'm here. I don't know where it goes from here." And then he flies up into the sky. But you know, it's going to have to be sorted out.

And I think that's where we are. So I've kind of shared with you kind of where the NCI started and that it's literally an act of God, a miracle that we're here. But one of the things that happened is this started resonating. Canadians watching other Canadians tell their story resonated. So it tells us that we need to hear each other.

[00:20:00]

It tells us that we need to listen to each other. It tells us that we're together.

You know, there have been days where I've had trouble keeping it together because I've just been so emotionally wrecked by some of the testimony. And we experienced that a couple of days ago. Sheila Lewis keeps coming to mind, but she wasn't the only one that day. We had—I think we had three or four in a row where I couldn't help not breaking into tears. And in interviewing witnesses— And for all the witnesses that take the stand, I mean, there's many that kind of got through the first selection process that we interview and then they drop out. And some die before we get to the hearing that we had selected them for.

Some drop out. They drop out because they're afraid of social consequences, some because they're afraid of economic consequences. Some, we don't know the reasons. But we hear their stories before they drop out and we get to know them. And then those that testify, even though they're afraid and we have to coach them through, they're grateful. I had one of the witnesses who testified earlier this week basically say, in their own way, that this was healing. That person was really apprehensive and really scared to testify and take the stand. And it helped.

So there's something about being listened to. There's something about finally being brave enough to speak. Like, what a country that we're not able to speak together. And that's been the most touching thing in my life. But we've also just been the people out there—the people on the other side of the camera. I'm not a camera guy, so you know I'm always looking around. I haven't been trained to do this correctly. But you guys, you email us and you text us and you send us messages.

I'm going to read an email. This person was so, I guess, intent on getting communication to me that it came through several sources, including a different group not connected to the NCI. I got a couple of copies of this. David, can you pull up the screen on the lawyer computer?

The email came with this picture attached. And I'm going to read to you the email.

Dearest Shawn Buckley,

I hope I am sending this email to the right address for Shawn Buckley. (And this one came from another group). I think I have finally found a place inside of me that is brave, thanks to your profound NCI presentations. I was on the fence for a long time. And thank you for shining a light on how to draw a line in the sand.

How to draw a line in the sand. I took this picture with my cell phone. The sun is shining through the fence. I could not help but think this is how to draw a line in the sand.

Thank you, again and again.

But that's what this is all about. I just happened to be one of the public faces of what's going on. But I'm just one cog in thousands of volunteers, and I'm very honoured to be here.

I feel, and I've said this in some openings, I feel indebted to the truckers. And I feel that we need to— Yes.

[00:25:00]

For you truckers out there, everyone in the room was standing and giving you a standing ovation.

I know that I was scared when the Trucker Convoy started. I was cowering in my home. I think that I'm here and that we're here because of you. And our governments backed down because of you. Can you imagine what it would have been like if the truckers hadn't done what they did? I mean, the mandates started dropping province after province because of them. The government was not going to drop the mandates. I forget which witness said, you know, that the plan was two years. Lock them up for two years. Now we're Canadians, we're northern hemisphere; they had to let us out in the summer or we would have blown a fuse. But we were going to be locked up again.

And I believe the only reason we're not wearing masks and having to go through the police state ritual of showing passports right now is because of what the truckers did. I think we need to understand that they showed us something. And they showed us that sometimes you just have to stand up. And sometimes you have to get punished. And sometimes you have to pay a price.

But aren't we proud of them?

And I'm proud of the NCI team. I'm proud of everyone in this room. I'm proud of all the volunteers. I'm proud that we collectively got together and helped give some people a voice. I'm proud of the volunteers and I can't mention them all. You know, there's Peyman, who is just a guy that came to mind that has been so instrumental in the social media and getting video clipping done and encouraging Teresa on many levels. And there's this whole team. There are whole teams I don't even know exist—like, I find out about them.

You know, each venue— The local team here in Ottawa, do you have any idea how much work they put in? It's not just renting a venue. There's so much that goes into this. The team that sorted out what our guidelines are and selecting commissioners and witness selection. There's— Colm, you're amazing. Like, some people have really sacrificed. Some people you know, have really sacrificed. And the witness selection: there's people in this room that have been involved in that. That's just a monumental task. And I've already mentioned the **communications and social media, the support group.**

We're not supposed to mention our names so I won't. Just the thinking was, is: this is supposed to be independent. And some of us are tied to other freedom groups and that's not what it was about, right? It wasn't to tout groups we were involved with; it was to try and put on an independent commission. The lawyers that volunteered, people like Lyne that were doing the subpoenas, there was a whole team. I only knew one person who catalogued—this will end up in our archive and our website—all of the government communications and all the provinces, with links. It's just— It goes on and on.

[00:30:00]

And I want to say thank you. On behalf of the NCI, for all of you out there that I know and don't know, I sincerely thank you. And I feel honoured to be here and to be able to share.

I'm not done, so just hang on. There's a danger some judges have learned over the years, that if you give me a microphone and I don't have a time limit, bad things can happen. But I wanted to talk about— Well actually, so I have to talk about my talks.

I wasn't supposed to be involved publicly at all. That wasn't what I wanted to do. I wanted to just be involved in helping to organize and kind of put the fires out. And so I had no intention on attending. I thought maybe I'd go to the Saskatoon hearing and the Red Deer hearing as a spectator. Had no plans on leading witnesses or giving openings or anything like that. And all that happened was, for whatever reason— We have a whole bunch of, I wouldn't say a whole bunch, but a reasonable number for each place of lawyers' names, who had earlier on expressed interest in volunteering. We actually weren't thinking we were going to have problems getting lawyers to volunteer once it actually got to the hearing. But it turned out that they just dropped like flies as it got closer.

And I'm very thankful for Kassy and Wayne, both who have flown in from different provinces, because we didn't have local lawyers volunteering here.

It turned out in Toronto, we didn't have a single lawyer for the first day. So I'm thinking, "Okay, now I have no choice. I have to go and do this." And the second day when we had one and so it's, "Okay, I'm doing the lawyer thing." But that just continued. I show up in Toronto on the schedule—day one—as an opening. I got to figure out what I'm going to do there. So I actually prepared for that one. It's not that I would have run through it, but I sat at least a day or two before, I kind of figured out what I was going to say. And then lo and behold, I'm there on day one and I noticed they got a slot for an opening on day two. It's like, "Okay, well I better figure out something to say on day two." And then after day two, some of the commissioners—who I won't name to protect the guilty— "Oh, we actually liked your openings. I'm looking forward to your next one." So now I felt the pressure, right?

So I just continued doing openings. And some days I feel I've walked the line. But I want you to know that I've taken that role, once that role fell on me, really seriously. And I took it seriously because first of all, there's no reason why you would listen to me at all. Like why do I have a mic and why do I get the honour of actually speaking to you? And I took that seriously.

And just so you know, I would pray that God would just tell me what to say—whether I was going to go, whatever that direction would lead. And I felt the responsibility to give people hope and to try and give us unity. And I can tell you: if you had told me before some of the things that I would be saying, that I might be sharing a Bible parable or anything like that, I would not have believed it. And yet that's what happened. And a lot of people have commented that they have appreciated what I've said. I need to make it very clear: I didn't say anything to you. And I see some people nodding their heads and know exactly what I'm talking about. Because those weren't my words. And half the time what I was saying, I didn't have notes about. It's just what He said. And that— That is an honour.

And we know that God is moving in Canada.

[00:35:00]

We know that people are beginning to understand that what we've been taught is an illusion. We don't even know— I'm sure there's things that we still believe to be true that

are completely false. And for the first time in our lives, we find ourselves actually not knowing our way. Just because, like I spoke this morning, if you've been lied to about something—if you don't know what's really true—you're being controlled. Because you can't decide. Your agency, your ability to decide has been taken away from you.

I actually feel that when the words would come out that we're under a spell—and again, those weren't my words—that we've been under a sleeping spell. And I think we're waking up. I think we're coming out. I think the sun is shining. I think there's a line in the sand. There's sun shining through the fence, and we know the sun is there.

We're going to have a long journey. But I think we understand that we're in a historical time. Like it's interesting, isn't it? I was a Second World War buff. It fascinated me. And when I was a little teenager, before I made a music CD for my car, I would throw in a little Churchill speech first. You know, "We will fight on the beaches, we will never surrender whatever the cost." When I used that Churchill quote the other day that he used— And you have to understand when Churchill became prime minister, everyone was expecting Britain to surrender, including his cabinet, including the King. Because it looked hopeless. And do you know what? It was hopeless. It was absolutely hopeless and yet they didn't surrender.

I read a really interesting book. I'm totally off script, so we know who's speaking. I read a really interesting book in the last year about how, when the Germans started their bombing campaign—and I mean, there's some exceptions, like when Bristol got just totally gutted—the British morale actually went up. They got used to it. They would, especially the young: they would party harder. The people, they got used to it. They got used to bombs falling on their head. And they stood tall. And then they started to feel proud. And they never surrendered.

And that's where we are. We're starting to party again. We're starting to go out again. We're starting to feel strong again. And we realize that we can't surrender. They're going to lock us down again. I don't know what that's going to look like this time. They're going to tell us to wear masks again. They're going to try and force treatments on us again. I live in St. Albert. We're designated as a 15-minute city, so they're going to eventually block off the roads so we can't drive in and out because the whole idea says you're supposed to walk. Which is why it's called the 15-minute city. You can walk a mile in 15 minutes.

All this stuff is going to happen. We watched James Corbett. But this time, we're not asleep. And there'll be times that we're afraid—but we know how to handle our fear now and we know we're not alone. And that's why this isn't the closing, it's an opening.

And what we have that we didn't have before is, we have each other. And we have an understanding that we're not alone. And we have an understanding that— **We are Canadians. And Canadians don't cower.**

Do you know where the word "stormtrooper" came from? It's what the Germans called the Canadians in World War One.

[00:40:00]

Stormtroopers. They didn't like going against the Canadians. And we have a reputation. One of our witnesses who had been stationed in the military in Germany related that the Germans would tell their children, "If ever you get lost, just go to the home of a Canadian stationed in Germany and you'll be okay." Because we have a reputation of treating people decently. We have a reputation of loving each other and loving others. Because that's who

we are. And I think maybe why this experience has been so traumatic for us, is because we didn't recognize that, that we lost our way.

And I'm just going to end there, saying that I don't know where it goes from here. And I don't know what stands we're going to make together. But we're not going to stand alone anymore.

It's been a pleasure and an honour. And I will say to the commissioners that I've been very honoured to get to know you guys and to help you with your role.

And I'll just end there. Thank you, everyone.

[00:41:35]



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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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VOLUME THREE

| Witness Transcripts

Part 9 of 9: **Virtual Testimony**





NATIONAL CITIZENS INQUIRY

Virtual Testimony

June 28, 2023

EVIDENCE

Witness: Dr. Denis Rancourt

Full Timestamp: 00:00:00–02:56:57

Source URL: <https://rumble.com/v2wpyqu-national-citizens-inquiry-denis-rancourt-virtual-testimony.html>

[00:00:00]

Shawn Buckley

... short opening. Well, actually, let's have the commissioners up because I'll address them.

So welcome to the National Citizens Inquiry as we make history today. We're starting our very first virtual testimony.

By way of update, the commissioners had requested that we bring Denis Rancourt back to deal with a couple of specific things, which we will be doing. But I also wanted to give you a little bit of an update on the National Citizens Inquiry. The commissioners, who are all in attendance—Janice is also listening in and may appear on camera a little later. But the commissioners had made a request because of a couple of studies that—one which is published and one which is not published yet but is awaiting publication. They wanted Mr. Rancourt to speak to those, and so we've invited him back.

But the commissioners are also working quite hard on their report. For those of you who aren't aware, the National Citizens Inquiry held testimony in eight cities, in eight provinces, for a full 24 days. There is an amazing 300 separate witnesses that testified under oath on issues related to how all levels of government in Canada addressed the COVID-19 pandemic, which is just a monumental amount of evidence for the commissioners to digest. So I just wanted to thank them for the hard work that they're doing.

The NCI is also now in the process— There's a team of volunteers, I believe there's 70 of them, all volunteers, that have taken it upon themselves to go through three separate readings of each witness's testimony so that at the end of this we will have accurate transcripts of all of the testimony. And then there's a separate team working on the website so that each of the 300 witnesses will have their own webpage linking to their testimony, linking to their transcript, linking to exhibits and all done in a very highly searchable way. The NCI has accumulated the most impressive body of evidence on COVID of any group— government or non-government—in the world to date.

And I'm thankful for all of you that have participated and are participating. We actually haven't done a tally of volunteers, but we're probably 800 to 1,000 volunteers that, in one

way or another, have participated to make this a reality. As I indicated during our live hearings, we're a citizen-run, a citizen-led, and a citizen-funded initiative, and I'm so pleased to announce that with all of your donations, we are able to cover the cost of the hearings, and we're extremely grateful to you.

I'm almost going to choke up again because every time I talk about this, I'm just totally—I find myself in awe of what's happened, and I feel that what's happened is divine, and I feel that what's happened is unusual. I feel now that I'm part of a wider community, and no one anticipated that this would happen. But we're still getting report after report of persons telling us that they feel that they're part of something bigger, that they don't feel that they're alone anymore. And I know that I personally feel that. I feel that I've participated in something much larger, and I feel that I'm not alone, and I feel much more hopeful. I know that things are coming at us going forward, but I know that I'm going to act and stand differently than I did before and that I'm not going to be standing alone. And sometimes I still find myself really just unable to process what's happened.

I was on a Twitter call or, you know, a Twitter Spaces that the NCI did, so probably about four weeks ago now. And during the call, somebody stepped up from just being a listener to share that they had printed off a one-page form and had been, you know, trying to bring awareness to the NCI. So I assume this person even had created the form. And just how difficult it was and how some other people stood up to help her do this. So she had found this really emotionally difficult.

[00:05:00]

And what was interesting about her description and what was so touching about it was she almost seemed ashamed that that's all she was doing.

And I couldn't help but think about the Widow's Mite, you know, where Jesus is at the temple and he's watching people come and donate huge amounts—this was all done publicly. And this little widow comes and just puts in, you know, literally a cent. And he points out to his disciples that she gave more than anyone else. And they're like, "Well, what do you mean?" "Well, she gave all that she had."

And so I was touched because this person telling us on this Twitter Spaces call what she had done—it was clear that this was a big effort for her and that she found it very challenging, and yet it was so meaningful. And it was so meaningful for those listening. And that's what the NCI is. The NCI is people just stepping up and doing things because they feel led to do it, and it's their way of participating.

And so I want to thank everyone out there that has been doing what they feel they should be doing, because that's what this is all about. It's not about this small group of the NCI that got together to organize these hearings. It's about you deciding what you're going to do and stepping forward. And I think that's why we all just feel so touched. And we all—and I know the commissioners feel the same way—just honoured to be part of this process. So thank you for letting me give a short introduction.

Commissioners, for the record, my name is Buckley, initial S. I'm attending as agent for the Commission Administrator, the Honourable Ches Crosbie. I'm pleased to introduce again to the NCI, Mr. Denis Rancourt.

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

Dr. Denis Rancourt

Yes, Denis Rancourt, D-E-N-I-S, and then Rancourt is R-A-N-C-O-U-R-T.

Shawn Buckley

And Denis, do you promise to tell the truth, the whole truth, and nothing but the truth today?

Dr. Denis Rancourt

I do.

Shawn Buckley

Now, for those who have not seen Mr. Rancourt testify before, he testified in Quebec City in French; he testified in Ottawa in English. His curriculum vitae is attached to the NCI record as Exhibit OT-1a, and anyone can go to the website and review that. It's quite impressive.

But by way of introduction, Mr. Rancourt, you have a Bachelor of Science, a Master of Science, and a PhD in Physics from the University of Toronto. You have been a Natural Sciences and Engineering Research Council of Canada [NSERC] international postdoctoral candidate in prestigious research laboratories in both France and the Netherlands. You became a National NSERC University Research Fellow in Canada. You were a professor of physics at the University of Ottawa for 23 years, attaining the highest academic rank of full tenured professor. And as a researcher at the university, you were a researcher in interdisciplinary research.

And I'm going to ask you to explain that because it's important for the audience to understand. You became much more than somebody who just researched physics and focused on physics.

Dr. Denis Rancourt

Yes, I mean, it's not uncommon for physicists to work in other areas, but I was working in many other areas and actually had large research grants and a large research team working on biogeochemistry for many years and things like that. So I prepared a slide to illustrate the interdisciplinary nature of my background, as well. Yeah.

Shawn Buckley

Well, we'll get to that in a second. I'll just inform those that are participating online that you were invited back to speak about a couple of studies, which we will get to later. But then, since you have testified, there's been further information released concerning all-cause mortality—not just in Canada, but some other countries—and we've invited you to give an updated presentation.

And I'd like to invite you to do that now. And so, if you want to bring up your slide presentation and present that to the commissioners [Exhibits VT-1a, VT-1b].

[00:10:00]

Dr. Denis Rancourt

Okay. Well, thank you again for this invitation. I consider it an honour and a privilege. I'm going to talk about Canada a lot more this time because I think there were so many concepts to cover in the first part of my testimony that I didn't go into much depth with Canada. So I'm going to do that more this time.

[Interdisciplinary scientist]

This is to describe that I'm an interdisciplinary scientist, and this is a list of all the different areas of science that I've published scientific articles in and that I've worked on. As you go down the list, you get closer and closer to tenure and to retirement, so you have much more freedom and you can really get into the in-depth things that, normally, granting councils wouldn't let you do. And so I achieved a high level of proficiency in all of these areas and was given large research grants in the great majority of them, as well.

And the last one is theoretical epidemiology. So with first author, Joseph Hickey, we now have two articles that have been peer-reviewed in that field. So it goes all the way into mortality, disease, health, psychology effects, individual psychology effects on health, and so on. Those have been my more current research areas.

[Nanoparticles / molecular science / statistical analysis / modelling / measurement]

This is a slide I showed last time just to explain the main areas of science that I'm an expert in, that I've written papers on and done research and made discoveries in. And there are five main ones that are especially relevant to study of COVID questions: nanoparticles; nanoparticles in the environment; molecular science, meaning everything from molecular dynamics to how molecules form and react and stick to surfaces, chemical reactions, and so on; statistical analysis, getting into sophisticated methods, like Bayesian inference theory, and so on—I've written papers about that; modelling, in the broad sense—everything from modelling at the molecular level to modelling cycles of nutrients in the environment, how they cycle in the environment, and now, recently, epidemiology; and measurement theory, which is a broad— It's the way in science that we know things.

So I'm an expert in all the ways that scientists can measure things. So the main areas are microscopy—I had an electron microscope in my laboratory, for example; diffraction methods, which there's a whole array there; and spectroscopic methods and various kinds of characterizations of substances, whether they're live or not. And so those are all areas that I've developed techniques in and actually written scientific papers about. And so it gives me that broad knowledge to be able to read scientific papers.

[Collaborators]

My main collaborators on the COVID research are the following people, and I especially want to mention Marine Baudin and Joseph Hickey because they contributed most of the new material for this particular update that I'm going to give now.

[Bilingual First Installment of this Testimony]

So this is a continuation of the testimony that I gave in Quebec City and in Ottawa. And the exhibits, you can find them now, there's a large Book of Exhibits on the website of the National Citizens Inquiry [Exhibit OT-1]

[Book of Exhibits of Expert Witness, NCI]

And the Book of Exhibits that I had prepared is up there—and it's almost 900 pages—and it contains the key scientific reports and articles that I have written about COVID and COVID-related matters. So this is just a screenshot to show what the index of that Book of Exhibits looks like. That index runs for three pages [slides 6, 7, 8].

[BoE, NCI]

And I put an arrow there for the very first scientific report that I wrote about all-cause mortality, and it was way back on the 2nd of June 2020. And at that time, I concluded that there was not excess deaths from a pandemic but that instead, there were hot spots where very aggressive methods had been used in hospitals and caused the death of people. And that was even the title of that paper. And we just then went on from there and made that research more and more specific and looking at more and more countries.

[My website, COVID section]

And also, you can go to my website. There are more than 30 articles about COVID-related things there on my website in the COVID section.

[00:15:00]

[First Installment – Conclusion]

And in the first installment of this testimony, I concluded that there was no pandemic causing excess mortality; that measures caused excess mortality; that COVID-19 vaccination caused excess mortality; and that if there had not been pandemic propaganda and if governments had not done anything special—had not responded because there was nothing to respond to—and there had not been all these coercive methods—

Basically, if the medical establishment and governments had just done business as usual, there would have not been any excess mortality. That is the conclusion of all my work on all-cause mortality, studied by jurisdiction, by age group, and as a function of time. And looking at vaccine rollouts in coincidence with that, and so on.

[First Installment – Made These Points]

So in the first installment, I mentioned that none of the modern pandemics that are promoted by the CDC that are said to have occurred—there have been three of them since the Second World War: in '57/'58, in 1968, and in 2009—none of them cause excess mortality that can be detected in any country. So that's very important. All of this noise about pandemics has not created excess mortality that one can measure.

Shawn Buckley

Can I just interrupt you, Denis?

Dr. Denis Rancourt

Yes.

Shawn Buckley

So I just want to make sure that I understand and that those watching understand. So, like, the 1968, that was called the Hong Kong flu, I think. And then 2009, we all remember that; there was actually, I think, a vaccine rushed out. And 1957–58, I don't recall that. But what you're saying is in every single country, there is not a single detection of all-cause mortality going up to indicate that there actually was a pandemic happening.

Dr. Denis Rancourt

That's correct. All the countries where you can get data, that I've looked for a signal that could be assigned and that would be comparable in magnitude to the various theoretical

estimates of deaths and so on—what I see is nothing. There is no signal. There is no measurable excess mortality that can be associated with those pandemics anywhere in the world.

Shawn Buckley

Okay, and you've told us the same in your first testimony in Quebec City and in Ottawa concerning COVID-19.

Dr. Denis Rancourt

Yes.

Shawn Buckley

Because I think the average person is concerned that they're going to die.

Dr. Denis Rancourt

COVID-19 is a little bit—it requires more explanation. There is significant excess mortality in the COVID period. I explained in my testimony how you can prove that it cannot be due to a viral respiratory disease and why, instead, it is due to the measures and then, later, to the vaccines. But there is very significant measurable excess mortality in the COVID period, and it has a detailed time and spatial dependence and so on.

But these particular past pandemics, that were claimed, do not give a signal of all-cause mortality whatsoever. That's the point. And the CDC will bring us back to 1918 and claim that that was the Spanish Flu and that that is certainly an example of a pandemic that caused a lot of mortality. And it's true that there was a large peak in mortality in certain places, where a lot of deaths were occurring at that time. But it has been proven now by four or five independent studies from the preserved lung tissue of people who died that they all died of bacterial pneumonia. Okay?

And in addition to that, if you look at the all-cause mortality of that period, no one over 50 years old died, which is basically impossible for a classic viral respiratory disease. If you believe what we think we know about viral respiratory diseases, it normally kills elderly people. And so this is completely unusual but can be explained in terms of what was happening in the society at the time—just after world war and horrendous living conditions—families with their parents out of work in conditions that are just unbearable, these younger people and young adults died. But none of the elderly people who were established, who already were set for life,

[00:20:00]

they were not affected by this so-called pandemic.

So one can demonstrate logically and with known empirical data that that was most likely not the claimed viral respiratory disease pandemic, okay? And that's going to tie into what I'm going to explain today. I'm going to get into more of that, what actually causes death that you can measure in all-cause mortality.

[First Installment, cont'd]

So that was something I explained last time. I also explained last time that the excess mortality refused to cross national borders or state lines. In other words, this invisible virus targeted the poor and the disabled. There's very strong associations with whether you're poor and disabled and carried a passport, because it wouldn't cross borders. And it never killed until governments imposed these harsh socioeconomic and care-structure transformations—it never killed in jurisdictions until they did that.

And there was this vicious, new treatments that were applied in hospitals at the beginning, in the first months of the declared pandemic, and that caused death in hot spots—but nowhere else—and that death did not spread. And this was followed by very severe coercive measures that were squarely contrary to what is recommended for individual health. And we know what I'm talking about, all the horrible things that were done. And so those are the things that ultimately caused death. I explained that in some detail last time.

[Today: Testimony Update]

But today I'm going to concentrate on telling you much more about Canada and showing you the diversity of what death looks like in Canada as a function of time and place, so you can appreciate that it depends very much on their jurisdiction: what was happening to whom is what determines death, and so it can be dramatically different from one province to the next or one region to the next. I'm going to try to illustrate that with data. And then I'll take a quick look at the world because there's something very unusual happening in Canada that's also happening in many parts of the world, and I want to talk about that at the end.

And then in the second part, I'll be critiquing those articles that you asked me to look at, which are articles about—they tend to be large review articles which try to ascertain what we should have learned from the pandemic; what we can learn going forward.

[Theresa Tam and co.: 1M extra deaths scenario]

This is from the first part of my testimony where I showed that all-cause mortality in Canada basically didn't vary during the COVID period. So you can see a kind of flat line with the usual seasonal dependence there, and there's no big step. And I showed in red, there, what Theresa Tam and co-authors are saying would have been the mortality if they had not applied all the measures and vaccinated everyone: they are claiming that, in Canada, there would have been approximately a million extra deaths—which is completely absurd and impossible because what they're saying is, the complex measures that they applied would have brought us down to, basically, what is exactly the same level as if nothing was happening.

So it's important to understand that in Canada, the signal of excess all-cause mortality is very weak. It's very hard to see. There's almost no increase in excess mortality, unlike many other places in the world, like the United States, the Eastern Bloc countries, and Russia, and so on. There are many places where there's huge, immediate rises that are visible on a scale like this, of mortality, but you don't see that in Canada.

Shawn Buckley

And if I can just pause you for the benefit of the international viewers.

Dr. Denis Rancourt

Yes.

Shawn Buckley

So Theresa Tam is our federal [Chief] Public Health Officer that led for the federal government in imposing different restrictions upon Canadians, as far as the federal government had jurisdiction during COVID. And so, Mr. Rancourt, as I understand, so the blue line that you've got there just shows, basically, our excess mortality—

Dr. Denis Rancourt

No, no, no, no.

Shawn Buckley

Just our total mortality

Dr. Denis Rancourt

Yes.

Shawn Buckley

through normal years. And I'm sorry, thank you for correcting me. And for those international viewers that didn't experience this—so Theresa Tam claimed that the government measures saved one million deaths. And so, the red line is, you're showing what the mortality rate in Canada would have been

[00:25:00]

if what she said had any veracity at all.

Dr. Denis Rancourt

Yes.

Shawn Buckley

And by putting it on there, it kind of shows—it looks silly to us on the chart.

Dr. Denis Rancourt

And it should look silly. I mean, the y scale there, the axis, starts at zero. So they're claiming that overall mortality in the country would have more than doubled. More. Than. Doubled. It's absurd. You have to have a major war, a major meltdown of society, the economy. There are almost no times in history where this ever happened anywhere. It's just impossible. It's just crazy.

Shawn Buckley

I presume that other areas of the world that didn't impose the restrictions that Canada did, don't show a huge jump at all, either.

Dr. Denis Rancourt

That's right, that's right. And we'll get into that more as I show you the data. That's right.

So this was just to show that Theresa Tam and her co-authors—these scientists—are able to publish a scientific article where they claim, based on these very tenuous models and all kinds of incorrect assumptions, that they have saved a million lives. And they're able to get that published in a scientific journal which is funded by the state of Canada.

[All-cause mortality by Week – Canada 2019–2023]

So this is also from the last presentation. Okay, if I go back here [previous slide], I'm now going to concentrate on this region—the COVID period—and look at mortality in that region, just to show you a blowup of that. I showed this last time and I started describing the various features.

There are some features that are not the usual seasonal dependence of mortality. The seasonal dependence is a high of mortality in the winter, a trough of mortality in the summer, a high in the winter, and so on. There are many more features here. For example, *D* is simply a heat wave that occurred in British Columbia. And this is a common and known phenomenon. It lasts a few days or a week or so. And heat waves, very intense heat waves, always cause peaks in mortality like that.

This peak [*A*] is the peak of deaths from the aggressive protocols that were applied immediately in hospitals right after they announced the pandemic at this point [upward pointing arrow]. This is a very large winter peak [*B*], that is very large, that is right after they started applying the vaccine, starting in priority with the most elderly and the most frail. And this is a peak [*C*] that occurs mainly in Ontario, and it coincides exactly with the biggest rollout of the first injections: dose one.

Shawn Buckley

Which letter are you referring to?

Dr. Denis Rancourt

C. I'm talking about *C* now; I just talked about *B* before.

And *E* coincides to a peak that's higher than the last decade or more, and it coincides with a rapid rollout of the third dose of the vaccine, and so on. The fourth dose is over here, gives rise to this peak, *F*. And so we're going to look at that in some detail in the coming slides. But this is a blow-up. So even though overall mortality level did not increase very much in Canada, there are all these features that one can analyze and try to understand.

[All-cause mortality by week, Canada – all ages, 2010–2023]

And then this is what that region looks like when you look at more years, so a decade or more. And you can see the seasonal pattern there and you can see the details that I was just describing. And on this graph, now, what I've done is I've shown a dashed vertical line for the date at which the pandemic was announced—or the date at which “a pandemic” was declared, let's put it that way. And then, this is just a straight line that runs through the summer troughs in recent times. So it's the historic expectation of summer troughs in here. And you can see that mortality doesn't come back down to these summer trough levels during the COVID period. So, there is an excess mortality here. That is for all ages in Canada.

[All-cause mortality by week, Canada – 85+ years, 2010–2023]

And then we can look at what happens for different ages. So this is 85-plus-year-olds and you can see, now, that the summer troughs go lower than what you would expect

historically. And that's proof that you accelerated deaths here in hospitals in this large peak so that there were less 85-plus-year-olds to die immediately in the summer that followed. That's why the mortality comes down like that.

Same here. This was a very intense death period, and the mortality comes lower than you would expect historically

[00:30:00]

because there was some excess mortality in here that normally would not have occurred if you just follow the historic trend. So that's what we—

Shawn Buckley

And Mr. Rancourt, on your computer, are you using a mouse with an arrow?

Dr. Denis Rancourt

Yes.

Shawn Buckley

Okay, we're not seeing that. So just be aware you need to describe for us what you're referring to.

Dr. Denis Rancourt

Oh, sorry. Thank you for pointing this out to me. All right. That's why you're asking me about the letters. I am glad I realized that.

So the summer trough that follows the dashed vertical line is the first summer trough that is lower than the historic trend because of that very high peak that occurs immediately after the pandemic was announced. And then there is another pair of peaks, followed by a lower than normal trough after that. So it's just to illustrate that point in the 85-plus-year-olds.

[All-cause mortality by week, Canada – 65–84 years, 2010–2023]

And then if I go to the 65- to 84-year-olds, you can see that now you're in a higher regime of mortality. You've really raised the mortality up above the trend you'd expect from the summer troughs there. And so you can see that as you lower the age group, the seasonal amplitude decreases—this is well known—and the level of mortality, of course, decreases. Mortality decreases exponentially with age. That's a law of nature for humans.

[All-cause mortality by week, Canada – 45–64 years, 2010–2023]

And here we have these 45- to 64-year-olds, and I've again shown by this dashed line that's there, the vertical dashed line, that that's the date at which the pandemic was declared. And you can clearly see a different regime of higher mortality there for that age group.

[All-cause mortality by week, Canada – 0–44 years, 2010–2023]

And we can go to the group of younger people, so 0- to 44-year-olds. You really see a very sudden shift to a higher plateau of mortality that pretty closely coincides to the announcement of the pandemic and when all these measures were put in place across Canada. And so the younger people, in proportion, were dying far more than the older

people, in proportion, because they normally don't die that much. So you're increasing by more than 50 per cent the death of this group. And as you go younger, the amount by which you increase death—you anomalously have a high death rate—is greater and greater as you go to younger people.

But the point is that the vaccines— There is absolutely no evidence that the vaccine reduced death in any way. In fact, everything suggests that as soon as the measures were put in place, it had devastating effects on all age groups. And the rapid, military-style rollout of the vaccines, which started in the very end of 2020, had no net or visible systematic beneficial impact on mortality for any of these age groups but caused a large part of that mortality, especially for the elderly. And that's what I'm going to show a little later on. That is what the all-cause mortality for the different age groups in Canada looks like.

We can also look at specific provinces, and it's important to do that because the behaviour of the mortality is very different when you go to different provinces.

[All-cause mortality by week, Alberta (Canada) – all ages, 2010–2023]

This is Alberta, and now we see that same vertical dashed line is that same date at which a pandemic was declared. And we see that there is not a very large peak of deaths caused in hospitals by aggressive protocols. Alberta did not have that, unlike these very large peaks that occurred in Quebec and Ontario and in many hot spots in the world, such as New York City, Northern Italy, and so on. Alberta didn't have that.

But Alberta has a higher regime of mortality starting somewhat later, starting at the end of 2020. There's that very large winter peak, which is unlike anything in recent times. And then you see the next winter peak in mortality has a double peak structure, and that's directly associated with vaccination.

[All-cause mortality by week, Vaccine doses rollouts, Alberta (Canada) – all ages, 2018–2023]

I'll show that in another slide here. This is a blow up for Alberta, and the dark blue line is the cumulative rollout of all the vaccines.

[00:35:00]

And you can see that there's an increase in slope there that gives rise to that second peak in the winter—centred on 2022 there—and, generally speaking, the higher regime of mortality is occurring in the period when you're vaccinating.

Now, in addition to this problem of the COVID vaccines, the state decided that it would be a good idea, also, to vaccinate more than ever before and especially the elderly people for flu at the same time, especially that first winter after the pandemic was declared. So I don't have data for the rollout of the flu shots—which would typically be September, October, November—but we believe that's associated/partly causes the very high magnitude of that very first winter after the pandemic was announced. And then you've got the summer baseline trough there, just to give you a point of reference to show you that there's a regime of higher mortality in Alberta.

[All-cause mortality by week, Alberta (Canada) – 0–44 ages, 2010–2023]

And Alberta, for the younger group, 0- to 44-year-olds, looks like this. So for the younger people, you again have this sudden turn-on of a higher rate of mortality, pretty much exactly coincident with declaring the pandemic and then, a little later on, imposing all these

horrendous measures. And no sign of a beneficial effect from any vaccination or anything like that but rather, a steady plateau that does not appear to be coming back down to what we historically had in recent times. So, there's a permanent death effect for younger people in Alberta there.

Shawn Buckley

And I'll interject, just to ensure that people understand your chart. So on the left-hand side, going up, you have deaths per *W*. What's the *W* stand for?

Dr. Denis Rancourt

Per week.

Shawn Buckley

Oh, per week. Okay.

Dr. Denis Rancourt

Yes.

Shawn Buckley

So I noticed with different age groups, those numbers are larger and smaller. So that's important for us to pay attention to when you say, like, for the younger age group, maybe the overall numbers aren't significant, but the percentage of rise can be significant.

Dr. Denis Rancourt

Exactly.

Shawn Buckley

Sorry for interrupting, I just thought it was important.

Dr. Denis Rancourt

No, thank you. Thank you. I really appreciate that. Don't hesitate.

In Alberta, this rise in death for younger adults, and so on, is especially important in young adult males. I'm not showing the data here, but it's mostly due— Among the young adults, like 25 to 45, it's mostly males that died. Females almost did not die. And this, we believe, is associated with closing down the energy sector and the devastating effects of that and loss of livelihood, loss of meaningful work, and so on.

And I think that this is the population phenomenon that would have largely been catalyzing the truckers and that movement and so on—is the immense amount of suffering that you can see directly in the mortality. So if people are dying at this higher rate, it means that the suffering that does not include death is even much higher. And there is an increase in homicides at that time, an increase in suicides, as well, among young men. Okay, so Alberta was a hot spot of suffering for young men because of what was done in the name of the pandemic. Yeah.

[All-cause mortality by week, Ontario & Quebec (Canada) – 0–44 years, 2010–2023]

This is what Ontario and Quebec look like, and this is for the 0- to 44-year-olds. So again, the young people. This is interesting because you see that stepwise rise in mortality in Ontario. It's not as important as in Alberta, but it's very visible—you have a higher plateau of mortality—but there is no such change in Quebec. So Quebec society, my interpretation is Quebec society is very different. Individual psychology, cultural differences, and so on are such that when you impose the measures that were imposed, it did not dramatically affect young adults and children to the same magnitude as it did in Ontario and a much greater magnitude in Alberta. So this is one of the very interesting differences from province to province.

I have to insist that what I'm showing you now and the tentative interpretation that I'm giving you and so on, government scientists aren't doing any of this.

[00:40:00]

This should give rise to huge amounts of research to do fieldwork: to go and find out what happened, where; who died, when. There should be forensic epidemiology that is done across Canada to understand these phenomena and to learn from them, but, to my knowledge, none of this research is being done. Government scientists are sitting at their computers, taking in the data as it comes in, doing this kind of analysis to some degree. **But** they're not planning to do the fieldwork and the real research that would allow us to understand with concrete information what exactly has happened and why. And so that's a main criticism that I have of the establishment that is supposed to study these questions.

[All-cause mortality by week, Ontario & Quebec (Canada) – all ages, 2010–2023]

This is now Ontario and Quebec but for all ages, and you can see that that very first sudden peak that occurs right after the announcement of a pandemic—the dashed vertical line—is much higher, in relative terms, in Quebec than in Ontario. Quebec was more aggressive in this regard. There was more abandonment of the elderly, who were particularly vulnerable and had comorbidity conditions, but both provinces are guilty of this.

And in Ontario, you see a large peak after the first winter following the announcement of the pandemic. There's a large peak immediately after, which is not as prominent in Quebec. And in Ontario, it coincides perfectly with the rollout of the vaccines. So there are all kinds of features like that that can be compared from province to province and analyzed in terms of the rollout of the vaccines.

Shawn Buckley

Can you just jump back to that other slide? Because if I recall correctly— So actually, no, to the next one. So you know, you've got that vertical line showing when a pandemic was implemented. My recollection of the Alberta one is there was no rise right after that declaration.

Dr. Denis Rancourt

Exactly, I pointed that out. I'm saying a lot of information very quickly. You're absolutely right.

Shawn Buckley

It's in theory, the same virus occurring at the same time. Like, Alberta was testing for— I mean, regardless of what anyone might feel about that, all the provinces are reporting, you know, a number of cases. And yet, in Quebec and Ontario, the statistics, as I understand it from your graph here, is showing a spike, an increase in death right after the pandemic's declared. And now, Alberta, there's no spike at all. In fact, if I remember, the mortality goes down after.

Dr. Denis Rancourt

I spent some time on this in the first part of my testimony. I mean, the virus, basically, was behind the gate waiting for the pandemic to be declared. And then it hit hotspots—only—in the world.

So only some provinces in Canada, but really it wasn't province-wide. It was certain big cities where there are big hospitals, right? And it did not affect 30 of the U.S. states. There's no peak like that in approximately 30 of the U.S. states. There is a prominent peak like that when you look at the high resolution, spatially, in Northern Italy, around Paris, one other spot in France where there is a large hospital, London. Stockholm, in Sweden, had a terrible peak of this type because they did the same things. Germany, as I said in the first part of my testimony, did not have anything like this and no excess mortality for quite a while because Germany did not apply these aggressive protocols, which I described last time, and just did business as usual in terms of clinical evaluation and then what to do about it in hospital.

So there is quite a story in that first peak. And it is the story of what vicious hospital protocols that you feel you can just apply because it's supposedly a new virus. So you can just try whatever you want because everyone's going crazy that it's going to kill everyone. So, therefore, MDs kind of have a licence to do whatever they think makes sense, you know? Whatever they think is logical and sometimes, quite often, they overdid it. And we identified specific drugs that were given at a toxic level. And, of course, the mechanical ventilators were extremely dangerous and were applied en masse in Northern Italy and in New York. And so, they are a big part of this peak.

Shawn Buckley

Right. And I'll let you go on. But just so that people watching understand—basically, it was the policies, not the virus, because the virus doesn't respect state lines. But it's policy difference from place to place.

[00:45:00]

Dr. Denis Rancourt

Absolutely. And this was the whole thrust of about an hour of testimony that I gave previously, where I tried to show many, many examples of that. Whereas this time, I'm just more trying to give a flavour of the different things that happened in Canada. That's right, yeah.

[All-cause mortality by week, New Brunswick (Canada) – all ages, 2010–2023]

This is New Brunswick. Now, New Brunswick and Nova Scotia are very special because there's the vertical dashed line where a pandemic was declared and nothing happens until much, much later. You have to get into September of 2021 before you can identify a transition to a higher regime of mortality. Okay, I put in a line there to guide your eye and

you can see that there's this higher mortality in New Brunswick—all ages here—but much, much later. Yeah?

Shawn Buckley

So, basically, we're hit with a pandemic that we're told is so deadly, we need to stay in our homes. We need to shut our economy down. We need to mask. And in New Brunswick, really—and we can see it—that there's no change in excess mortality at all when we're the most vulnerable. When we don't have any protection, let's say from a vaccine, all-cause mortality doesn't change. In fact, it almost looks like it decreased.

Dr. Denis Rancourt

Well, this rise that I'm illustrating in this figure, that happens late in the period that I'm illustrating here, coincides precisely with the vaccine rollout, and I'll show that in the next figure, okay?

So nothing happened. In terms of mortality in New Brunswick, there is no pandemic but—

[All-cause mortality by week, New Brunswick (Canada) – 65+ years, 2010–2023] Oh and by the way, this is the 65-plus-year-olds. It's to show that the phenomenon I'm talking about is affecting the elderly people in New Brunswick, okay? This is not a young person phenomenon, it's an elderly person phenomenon. And we showed in our research, as I mentioned last time, that the vaccines kill exponentially with age of the person.

[All-cause mortality by week, Vaccine doses rollouts, New Brunswick (Canada) – all ages, 2018–2023]

And now this next slide shows New Brunswick again, on a blow-up in time, but showing, also, the vaccine rollout. So in dark blue, you've got the cumulative vaccine doses of any dose that are being given. And you can see that as the vaccines are brought in, you've got that same vertical dashed line at the time of the announcement of the pandemic on the 11th of March 2020, and nothing happens. Then you can see how the vaccines are rolled out, and that's when you enter that high regime of mortality. You see that? And an increase in slope in the cumulative vaccine dose means a high rate of delivery of the doses, and that is corresponding to one or two of the peaks there when you analyze that in more detail. And so that is what's happening in New Brunswick.

[All-cause mortality by week, Vaccine doses rollouts, Nova Scotia (Canada) – all ages, 2018–2023]

And the same thing is happening in Nova Scotia, precisely the same phenomenon. You have no change in excess mortality. You can see the dashed vertical line is the announcement of a pandemic. Nothing happens. You roll out the vaccines, and you enter a regime of mortality where the mortality is much higher, and you have these peaks that coincide with the rollouts, the rapid rollout parts of the different doses of the vaccine. So this is very compelling evidence in terms of synchronicity and strongly suggests a relation of cause and effect between rolling out the vaccines and excess death of elderly people in Nova Scotia and New Brunswick, whereas nothing had happened before. Nothing that can be ascribed to the pandemic.

Now, I just want to point out before I go to the next slide that sometimes you can see it clearly like this—because there's not other factors causing excess death at the same time. In some jurisdictions, the people are so fragile that as soon as you lock them down and take

away their caretakers, they basically die within weeks, and so you do see excess mortality and that makes things complicated.

For example, in the United States, where there's 13 million mentally disabled people suffering from serious mental disease, there was huge mortality compared to Canada. There was 1.3 million people died, excess deaths in the U.S.,

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whereas only about more than 300,000 of those we ascribe to the vaccine. So, it's more complicated to analyze. But Nova Scotia, New Brunswick are clear jurisdictions where nothing happened until you went in and vaccinated these elderly people and, exponentially with their age, there was a higher and higher probability that they would die from the injection, and they did.

And so, next. Now I want to show— Last time I talked about how you quantify the association between vaccine dose delivery and excess mortality. And I said that I wanted to do this for Canada, but we had only a rough estimate of the value at the time. So we've now done a more proper study, and I want to show you how that works.

[All-cause mortality by week, Canada 2016–2023 & weekly vaccine-dose administration]
This is a reminder of all-cause mortality for Canada, in the blue there. And that's what doses of vaccine per week now, instead of cumulative, look like in orange. And you can see peaks for the different doses that are being rolled out—doses one and two together, dose three, and then dose four, and five—you can actually see peaks. And it corresponds and gives rise to peaks in the mortality or peaks in the mortality that are higher than they would normally be or that are in places where you would normally have a summer trough. So you can see that correlation in time.

[All-cause mortality by week, Canada, all ages, 2018–2023]
And so what we do with Canada in order to estimate the deaths due to the vaccine is—we look at the period in which you were mostly vaccinating with the COVID-19 vaccine and we define a period for quantification from week 52 of 2020 to week 40 of 2022. And we're going to specialize on that in order to quantify this: the excess mortality in that period compared to the number of doses that were delivered in that period. We can do different periods and we can do specific peaks. We've done all that, and we're doing more and more of it in different jurisdictions.

[All-cause mortality by week, Canada – all ages, 2028–2023, Vaccine-period integration]
But this is what you get when you do what I just said. This is a graph, now, of all-cause mortality in blue, as usual. And now what we're going to do is we're going to integrate the mortality. We're going to add up all the deaths in that vaccination period that I described, which is between the two vertical dashed lines that you see there. And the result of that sum is represented by a dot that is on the graph there and corresponds to the y scale that's on the right. So it corresponds to more than 500,000 deaths total, okay?

And then we're going to back up that integration window by one step. We're going to say, well, a window of the same length, duration, and time, what are the total deaths just before, and then just before, and then just before? So the blue dots are these integration values for a period of 94 weeks, I believe, which is that vaccination period as we've defined it.

And so what you can see when you do this is that the integration values basically don't change in a period that would include the start of the declared pandemic. But the

integration value for the period when you were vaccinating and when you've vaccinated is significantly higher than the linear trend that is illustrated there, okay? That means that you are deviating from, historically, what has been happening in a significant way, and it means that the difference between that integrated value and what you would project with those straight lines is the excess mortality that is due to whatever happened that's different in that period. And what happened—that is different—is the vaccination, and it correlates in time with those peaks. So we're sure that it's the vaccination that's doing this, and so we can quantify it now.

And the biggest uncertainty in this quantification comes from how you extrapolate the historic trend. So you can include the point that includes the COVID period before vaccination or not include it. So we've got two straight lines there for two different ways of extrapolating the historic trend, and we can use those two and get the numbers.

[Vaccine Deaths in Canada]

And what we find is that in Canada, in the vaccination period, if you use the one approach, one of the straight lines—what we call the 6-point trend—you get 28,000 excess deaths. If you use the 5-point trend,

[00:55:00]

so not including what would have happened during COVID before vaccination, you get 31,000 deaths. So that's the number of deaths that are excess deaths, that are above the historic trend, clearly, in Canada. And this was at a time when a little over 90 million doses were administered to people. And therefore, the risk of dying from a given dose corresponds to 0.03 per cent. And that means one death for every 3,000 injections.

In the Western world, everywhere that we have quantified this, and on specific peaks that can be directly associated together like that—peaks of a rollout and peak of a mortality—every time we've quantified it, that's the kind of number we get in the Western world for when you consider the entire population, when you don't discriminate by age. When you do discriminate by age, you find that this risk of death increases exponentially with the age of the individual, with a doubling time of five years in age. So it's a dramatic effect which I described last time and I showed some graphs about it. Oh, I'm skipping ahead here.

So what's important from what I showed last time is that the risk of dying from being injected with the vaccine increases dramatically exponentially with age. And so this has **not** been considered in the risk-benefit analysis of whether or not you want to vaccinate the elderly. In fact, the States have done the opposite. They have gone and given priority to injecting the most fragile people who are most likely, by a long shot, to suffer from the vaccination itself. So there's huge problems with what was done by governments. And so, that's the story about the vaccines up to now. It's an update, really.

[Excess all-cause mortality 2020 – World map]

And now I want to show you, in the world, what's been happening. And so we're going to go now to a world map of all the countries that we've studied because we've got good data for it, and I'm going to show you the excess mortality by year on a world map.

And the thing that you've noticed so far in the data that I've showed you for Canada is that in Canada, the highest excess mortality is in the final year: it's when you roll out the vaccines. Very hard to quantify an excess in Canada until you do that, and you see it clearly in certain provinces. Apart from that very first peak of deaths in hospitals, there's nothing special happening in Canada until you roll out the vaccines. Now that is very special

because it means that there's more death after you've applied all the measures and vaccinated virtually everyone. Now there's more deaths than before, which is something of great concern.

So we wanted to see where in the world that occurs. And so we quantified excess mortality on a world map like this. There are a lot of countries that we have good data for, but they're too small to see on this map. And there's countries like— Africa does not have good all-cause mortality data, so you can't really do much with Central Africa. But this is what the world map looks like.

Now, in 2020, this year includes if you had that peak that was deaths in hospitals right after the pandemic was announced, and the very first part of the first winter of death is included in 2020. And so the Eastern Bloc countries and Russia had very high excess mortality compared to many other places. The U.S. had very high excess mortality compared to Western countries and compared to Canada. Canada has, as I said already, virtually no excess mortality, okay?

But now I'm going to go to the next two years and I want you to notice what happens to certain countries as I rolled through 2021 and 2022.

[Excess all-cause mortality 2021 – World map]

This is 2021: Canada is still white. Australia is still white. Germany is still white. Japan is still no excess mortality.

[Excess all-cause mortality 2020 – World map]

So let me start again, 2020: Japan has no excess mortality. Australia, New Zealand, Canada, Germany—no excess mortality.

[Excess all-cause mortality 2021 – World map]

2021: still no excess mortality in those places.

[Excess all-cause mortality, 2022 – World map]

2022: they change colours.

Shawn Buckley

Yeah, so just so that we're clear. I mean, the point of you breaking it up by years

[01:00:00]

is that when we are totally unprotected, in theory, during this pandemic that required draconian measures, we're not seeing excess mortality.

Dr. Denis Rancourt

That's right.

Shawn Buckley

So when it first hits us in 2020— And we shouldn't have any herd immunity because we haven't caught it yet. Like you would think even, you know, 2021, even without a vaccine, we'd be getting more and more herd mentality—or herd immunity, rather.

By 2022, my word, we should all be safe now because even without any vaccination, we would have had two years of exposure, all this herd immunity garnered. And this is why it's significant and why you've broken it down into years.

Dr. Denis Rancourt

Yes, you're describing exactly how an epidemiologist—no, sorry, an immunologist would describe it. They would say it's all about acquiring immunity by infection and vaccinating if you've got an effective vaccine. And once you do that, you're protected.

And what I'm saying is that in Canada, the opposite is true. Because of everything they've done, we're now in a regime of mortality that is higher than ever before, since the pandemic was announced. And that is a problem. And it is a problem in many countries.

And Japan is shocked by this. Australia, New Zealand, Germany—there are many other countries—and Canada are in this category. And so these are countries that did not mistreat their elderly too much, do not have particularly fragile populations in terms of, like, you have in the U.S. and in the Eastern bloc countries. For example, we have come to interpret that in Russia and Eastern European countries, the reason you have such high excess mortalities is because the baby boomers lost all of their security when the Soviet Union dissolved in the early 1990s. So these people have now aged, they are at an age where they are dying, and they do not have the social security system and network that had been promised to them and that was in place before the Soviet Union dissolved. So we think that that is a huge phenomenon in terms of determining the mortality in those countries.

So the lesson here is that mortality, and even susceptibility to be poisoned by this vaccine, is highly dependent on who you're vaccinating and what their conditions are: what their health conditions are; what their stress levels are like; what their social network is like. And so what we're seeing is much, much more variability due to, I guess, what some would call “the terrain”—the social and health terrain. The variability is there on the large scale: when you're comparing all countries, that's what causes it more than anything else. And so the simple story of immunology just is not the right approach if you want to understand these macro phenomena, if you like.

But the point of this map was to show that what's happening in Canada is very real, and it's happening in many other places as well.

[Conclusion – Vaccine Deaths]

So in conclusion regarding the vaccine deaths, and I said this last time and I'll just recap it. In the world, we estimate that 13 million people were killed by the injections and that the effective vaccine dose fatality rate for the world on average, all ages, is 0.1 per cent.

In India, we're quite certain that 3.7 million people were killed because it's absolutely stunning the magnitude of the excess mortality that coincides exactly with the rollout of the vaccines. And you can see videos on the internet of old people being held down, refusing to be vaccinated, and being forced to by police and so on, being injected in front of the camera. This is a very common thing. So India was particularly aggressive with their vaccination campaign. They even had a list of comorbidities and, if you had those, you especially were going to be vaccinated, and so on.

In the U.S., at least 330,000 people died as a result of the injections, we believe. And in Canada, there's a slightly lower vaccine dose fatality rate, but still around 28,000 to 31,000 people likely would have been killed by the vaccine.

Now because this death due to injection is exponential with age,

[01:05:00]

you don't see it. Because elderly people—the ones that are most susceptible to dying are the ones that are over 90, over 85, over 80—that's the majority of the deaths there. It's exponential with age and so you don't think of them dying from the injection. Or it's easy to cover it up, if you like, or it's easy not to see it if you don't want to see it. But typically, these elderly people would have been dying on the same day or in the days that followed the injection, and the cause of death on the death certificate would have been something else, whatever their preconditions were and so on.

So you're not going to see this. In a world where the entire establishment tells you that the vaccine is safe and effective, nobody dares—and this includes clinicians and MDs and heads of hospitals—no one is going to dare start to investigate whether or not, and look at the timing between injection and death and make graphs of that. Nobody is going to look into this. There is no forensic studies being done right now to look into these questions. The government is turning a blind eye to all of this. But our research shows that there has to have been a large number of deaths directly associated with the injections. And in Canada, we feel that that's the right number.

That was the new material that I had prepared to really concentrate on Canada, and I was going to be critical of the articles you had asked me to look at.

Shawn Buckley

Yes. So, let me, for the commissioners and those watching, just give a little bit of background.

And I will also say I forgot to mention that you had also written an essay to include some of this new information and we have appended that as an Exhibit OT-1e. So that will be available for the commissioners and the public, online, as part of your testimony because you adopt that essay as true?

Dr. Denis Rancourt

Yes, I do.

Shawn Buckle

So, basically, there were two different publications—although, like I say, one is in a pre-print version right now—that caught the commissioners' attention.

And one is now Exhibit OT-1c and the title is *How did the COVID pandemic response harm society? A global evaluation and state of knowledge review (2020–21)*. The author is Kevin Bardosh, and it's in a pre-print version. And I'll just read so that those watching and the commissioners— Well, the commissioners, already, will have reviewed it. But for those watching, just to get an idea of what it is, so I just pulled this out of the abstract. This is a 119-page document, but part of the abstract reads:

This cumulative academic research shows that the collateral damage of the pandemic response was substantial, wide-ranging and will leave behind a legacy of harm for hundreds of millions of people in the years ahead. Many

original predictions are broadly supported by the research data including: a rise in non-COVID excess mortality, mental health deterioration, child abuse and domestic violence, widening global inequality, food insecurity, lost educational opportunities, unhealthy lifestyle behaviours, social polarization, soaring debt, democratic backsliding and declining human rights. Young people, individuals and countries with lower socioeconomic status, women and those with pre-existing vulnerabilities were hardest hit.

And then the other study, which is now marked as Exhibit OT-1d, the title is *Did Lockdowns Work?* The authors are Jonas Herby, Lars Jonung, and Steve Hanke of the Institution of Economic Affairs, and they present this as a systematic review into the effects of lockdowns. And, basically, they use a couple of indexes. One, which they title a Stringency Index, shows that the average lockdowns reduced COVID mortality by 3.2 per cent, meaning 4000 [sic] [6,000] people in Europe were saved according to this calculation, 3,000 [sic] [4,000] in the U.S.

And then, just quoting from the abstract on a different index, they say, “Based on specific NPIs, we estimate that the average lockdown in Europe and the United States in the spring of 2020 reduced COVID-19 mortality by 10.7 per cent.

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“This translates into approximately 23,000 avoided deaths in Europe and 16,000 in the United States. In comparison, there are approximately 72,000 flu deaths in Europe and 38,000 flu deaths in the United States per year.”

Now, because the commissioners have asked you to come and basically speak to those two studies, I understand you have some slides about that. So I'll invite you to give your presentation on these two studies.

Dr. Denis Rancourt

Okay. I have to warn listeners and the commissioners that I tend to be very critical of these studies. I admit that some of their conclusions may be comforting for us and we like to hear them, but I'm going to be radically critical of these articles. And by radical, I mean going to the root of what I think is fundamentally wrong with these articles, or the approach, okay? So it's going to have a critical slant. Because as a scientist, I don't just enjoy something because it gives a conclusion that I'd like to hear. I look at whether or not the conclusions actually follow from what you can measure and from empirical data. So that's the eye that I want to use to look at these studies.

[Part II: Critical review of a few recently published articles]

These are the two studies. I'm going to do the one about lockdowns first, and then the broader view about societal harms second. But overall, the critique I would make of these two, together—because both studies have the same problems, and this is the major problem—I would describe it in the next slide here.

[What did we learn?]

What did we learn? Well, the short answer that I would give is nothing that governments and scientists should have learned was learned or even questioned.

Okay, so it's a status quo. And what I mean by that is the disproved paradigm of “spreading pandemic-causing viral respiratory diseases” is completely intact in these studies that I'm

critiquing. And there is a problem with that because there is no empirical evidence of the spread of an agent that causes death, on the scale of the globe, that could cause something like a pandemic. Epidemics in care homes and hospitals due to bacteria and so on are very important and are very real, but large-scale, societal-scale spreading has never been demonstrated.

The so-called contact measurements that they do are completely fixed. If you want to understand spreading, all you have to do is look at a hundred years of epidemiological data. You look at all-cause mortality for the last hundred years across the world where they've been measuring it, and you have a regular seasonal pattern: there's a maximum in the winter, a trough in the summer. It's been that way forever. Everywhere. And when the maximum is a little higher in one place, it's a little higher everywhere, but synchronously in the entire hemisphere, either the northern hemisphere or the southern hemisphere, completely synchronously. These patterns are synchronous around the world, and in their distinctness, they are synchronous around the world.

This has been puzzling epidemiologists for more than a hundred years. And the great majority of them who have given it thought have concluded that the notion, the paradigm, that this is caused by spreading diseases, from person-to-person spreading of a disease, cannot hold up to this empirical data. Absolutely impossible.

So that paradigm has been severely questioned in the past by thoughtful people who are epidemiologists. And just because we have modern techniques and PCR instruments and so on, we think that we can stop thinking and we think that that hard data is going away. It's not going away. This disproves the notion that what could be causing those extra respiratory deaths in the winter is due to spreading across a territory, a province, a country, or even the world. It cannot be, given the hundred years of mortality data that we have.

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So any scientist who starts their analysis with the notion that a disease can spread and cause a pandemic in the world— I'm not talking about very serious epidemics that occur in hospitals and care homes. That's not the point. The point is a completely different phenomenon where these things are supposedly spreading through the air and person to person, okay? So that is incorrect, in my view. And if you presuppose that, you're starting from a basis of something that's been disproved. That's the first problem.

Also, there is no admission of even the possibility— In these studies that I'm looking at now, that you've asked me to examine, there is no admission of even the possibility that excess mortality was exclusively due to the measures and to the vaccines. This is not even considered among any of the authors that are reviewed in these studies, okay? Because they reviewed— One of them reviewed 600 studies, the other did a detailed look at 22 studies. Everyone starts from the point that a particularly virulent pathogen was causing death, that's kind of a given—and now, did the measures also cause death? Did we do something to reduce the deaths that would have otherwise occurred because of this pathogen?

But nobody questions whether there's any hard evidence that there actually was a particularly virulent pathogen that appeared and had the kind of behaviour that you would predict from epidemiological theory. There is no such pathogen that you can see evidence for. In fact, the hard data disproves this notion: because there's no spreading; it doesn't

cross borders; it attacks the poor and the disabled. It doesn't behave at all like what is imagined of this viral respiratory disease—the cause of pandemic—so it's disproved.

So if there was no particularly virulent pathogen, then how can you talk about the excess mortality that was caused by it? You can't. The entire body of my work shows that there was no particularly virulent pathogen. And the only time that there was excess mortality is when you assaulted populations—either with vicious treatment protocols that were unusual and experimental in hospitals or with these incredible measures that destroyed people's lives. That's what caused death. Everywhere they did that, they did it. Everywhere they injected and rolled out—suddenly, all these injections—and went and got frail elderly people to inject them, they killed a certain number of them, and so on. So that's not acknowledged.

The other problem with both of these studies—and all of the studies that are reviewed in these studies—is that the dominant factors that determine public health and individual health are hidden from view in all of these studies. Because the dominant factors that determine the health of the individual are their living conditions, and that includes whether or not they're socially isolated; it includes the psychological stress that they are experiencing in their lives, which is related to their place in the societal dominance hierarchy. These are the things that determine whether you're going to live into old age and how sick you're going to be when you get sick and how often you're going to get sick. Science is clear and unambiguous on the dominant factors that determine individual health.

And these factors are not considered as dominant. What they say, instead, is the virus especially was hard on old people or the measures were especially hard on poor people, and so on. But they're not considering the basic medical knowledge—that's completely established—that what determines your health is whether or not you're healthy. And that is your ability to fight anything that you're assaulted with in the real world—any pathogen. There are always hundreds of pathogens. There are bacteria that are normally in your mouth that, under certain conditions, will invade your lungs and you get very sick. But there are hundreds of pathogens everywhere, all the time, and the notion that you're looking for and you think that a new one will come and cause a pandemic

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is contrary to empirical results.

So that's my problem with these studies—is that they presume as true all these underlying assumptions that are false. And they ignore the really big factors that determine health. That's giving away my bias, before I look at these studies in more detail.

[Did Lockdowns Work?]

The first one that I can look at is relatively simple to analyze: *Did lockdowns work? The verdict on COVID restrictions*. Well, this is a study where they do what's called a meta-analysis of 22 studies. There's a problem here. So basically, a meta-analysis means you go and get studies that others have done and you try to put their results in a numerical form so that you can put them all together on a graph or in a statistical analysis. Okay, that's what meta-analysis means.

Now the problem with that is that—and this is well known—scientists know that there are big problems with meta-analyses. The problem is every study is different, meaning every study is of a different population, in very different circumstances, and was actually

performed in different ways. Very few studies are done, identically, in the same way. So you have these very different studies.

Now, the way, scientifically, to approach trying to understand a phenomenon is to look at one study at a time: The authors claim to have found results. They claim to be able to make conclusions that follow from what they did. What you need to do is you need to look at that study and see if there are any flaws, any errors, any uncertainties in that study. And instead, we've gotten into the nasty habit of doing these meta-analyses. And what that means is, instead of critically assessing one study at a time and recognizing that it is unique and that it needs to be criticized in its own right in every detail—what we do instead is we put a whole bunch of them together in a kind of an approximate way and see if they all kind of tend to give the same answer. And then estimate that that answer must be approximately right because they're mostly all giving that answer to some degree with some parameter that you use. That's what a meta-analysis does. It's a nasty way— It's an unscientific way to proceed, let me put it that way.

See, the problem here is many-fold. A given study that is published is necessarily biased by the environment in which the scientists worked. There are certain paradigms that are dominant and that you must accept or else the reviewers—when it's peer-reviewed—will simply choke, and the editors will simply reject the paper and not even allow it to be reviewed. So authors know this. They get promotions in their profession and grants to continue their research on the basis of publications, so the idea is to be published: so the idea is to say what you expect that the reviewers and editors want you to say.

And that is very much affected by the overall propaganda that is occurring in the society. There is no doubt about that and this has been demonstrated. John Ioannidis, a very famous epidemiologist, wrote a paper some years ago explaining that more than half of scientific research is wrong. That was the title of his paper. And so he looked at these biases and showed that they were necessarily present and that, therefore, in medical research anyway, more than half of the results were wrong. Well, you're taking these results and you're putting them all together and you're giving yourself the illusion that now you must be getting the right answer because they all agree. Well, they necessarily all agree because they're all confined to the same biases; they're all confined to the same limits. They cannot go outside of that. So a meta-analysis is of no help in any area.

For example, if you do randomized controlled trials, which is a strict way of doing science, you get a certain result and that can be criticized. And what people are doing now, is they're doing meta-analyses of 10 or 20 or 30 of these randomized controlled trials and coming up with kind of average answers.

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It's wrong because each randomized control trial might give a slightly positive result, like the one that you know the editors want to hear, so you fudge everything you can to get a slightly positive result. And you say, but it's not statistically meaningful. But then when you put 20 together, who all got slightly positive results, you say, well, how could 20 of them all have gotten a positive result? Therefore, this average must be valid and the error on it must be small because there's now 20 of them. This is where we're going with these meta-analyses. So just the fact that it's a meta-analysis of 22 studies done in this kind of environment is already a big problem.

Shawn Buckley

Right. Well, you know, it's interesting because there's that kind of common saying that two wrongs don't make a right, but if I'm hearing you correctly, 10 wrongs might make a right.

Dr. Denis Rancourt

Here, let me put it this way. Yeah, that's one way to put it. Or another way to put it would be 10 slightly rights, maybe, still don't make a right pretty sure. You know what I'm saying? Like in terms of what they're thinking is right. But what they're thinking is right is the result of their bias and the very stringent limitations that they have if they want to advance their careers. And this is in an area where you're trying to evaluate the impact of lockdowns.

Now, they did this using so-called lockdown stringency indices, or an index in particular that's maybe a popular one. These are very flimsy parameters to describe the impact of a complex lockdown that is different in every single jurisdiction, on a complex population that is completely different in every jurisdiction. To summarize that as a number, which you call the stringency index value, is almost absurd, okay?

Shawn Buckley

If I might just interject—and it supports what you're saying—one thing that I experienced travelling with the National Citizens Inquiry to the different provinces is it was striking, actually, how different the experience was in each province. So I mean, just using the National Citizens Inquiry as an example, it validates what you're saying, is that each place will have a different experience because we noticed that just going from place to place and hearing what people had to say.

Dr. Denis Rancourt

Yeah. I mean, this is the opposite of the studies that should be done because they didn't look at time series analysis. In other words, they didn't look at the timing. They didn't say, "Well, the lockdown came in at this date and people started feeling sick and calling in or taking more drugs at this date." They didn't try to relate it on a temporal basis, but, also, they were not specific: what kind of lockdown and how did it affect which community? That's what you need to do to understand the phenomenon.

And that means you need to do field work. You actually need to send sociologists and a whole team of people going into a community to find out how people are affected by what and what that lockdown means in that community. Because in some communities, the sheriff is going to be very strict and others not so strict and doesn't really care, and considers that it's a federal thing, but, you know, "You can't tell these people what to do," and so on. So everything is different, everywhere. And the way to answer this—if you want to understand the mechanisms of harm—is to do field work: to do field work where you're looking for these causes, so you have to do the kind of investigation that a detective would do to understand a crime and you have to go in there and actually see and actually get the records and actually talk to people, and so on.

And that kind of field work was very common in the '50s and '60s, when scientists were trying to understand society, and is virtually non-existent now. And it doesn't get funded and nobody wants to do it because it does not give you research grants, and it does not advance your career, and it's just easier to do a spreadsheet, and so on. I do the kind of research I do because I can access the data, and because I can do it and I know how to do

statistical analysis. But really, in society, to understand these problems, we need to send teams out of researchers into the field to see what's happening. And that's not being done.

So this is a substitute for the real science that should be done to understand the phenomenon.

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And it's done under a set of assumptions that we're just going to say that lockdowns were harmful; that lockdowns were not effective in stopping death. I mean, when you hear that the lockdowns reduced mortality by 3 per cent, that's completely obscene. There is no way that their study—so-called study—can deduce with certainty that there's a reduction in death of 3 per cent. First of all, for there to be a reduction, you presuppose that there's something else causing death and that you've alleviated that, which is nonsense because you can prove that there was not that something else.

But, also, 3 per cent is nothing. There's no way that that is a reliable number compared to the uncertainties that are involved here. So as soon as you read something like that in the abstract, you have to say, "Oh, my, what are they doing?" And I know what they're doing. They're taking averages of many studies to get a net positive that comes out in the average. You see, there's a law of statistics that tells you that the more measurements you do of the same thing in the same conditions, when you take the average of those measurements, the more you have, the smaller the error in the average. You can be more and more certain in the average. That's only true if they're independent measurements. That's only true if the measurements were done identically. That law does not apply to meta-analyses of these kinds of studies. It. Does. Not. Apply. And they have to wrap their head around this.

This is complete— Okay, I'm just going to be blunt: This is garbage science, in my view, okay? And I'm sorry, but there's a lot of it that's being published, and I think it's intended to cool us down. I don't think the authors are consciously intending their work to be used this way, but I think that it serves—in effect, serves—in society to "cool the mark out." We're the mark. We're the ones who have suffered this, and now we've got scientists telling us that, yeah, "No, you shouldn't have suffered that because it wasn't effective, it didn't really help you."

So in effect, psychologically, the social scientists would say, this has the effect of cooling the mark out. That's the purpose that it has. It's not good science. It's not reliable. It's not meaningful in terms of reliable results. It might be something that you want to hear because you've suffered these conditions, and it seemed absurd to you that the government was doing this and this paper is now confirming that. But it's confirming it only in words. It's not based on a rigorous analysis. That would be my criticism of this paper. I'm sorry to say.

Now, the other one—

Shawn Buckley

Well, I'll just say, I think it's inappropriate for somebody like you, who's been called in as an expert to comment on a paper, to apologize that you find the paper's research methods to be flawed and that they can't reach the conclusions because, then, that's the evidence we need to hear. We want to hear your opinion, so don't presuppose. These papers came up, and the commissioners— They were brought to the commissioners' attention, one way or

another, and they want to know what your opinion is. So I think you can give us a candid opinion.

Dr. Denis Rancourt

I'm really apologizing to all the people who are comforted by this and, you know, people out there—whether they're scientists or people in the public—who are comforted by hearing a headline along the lines of these studies, and who say, “Well, good, see, we knew it.” And I'm apologizing to them because I'm basically telling them, “I'm sorry, but you can't have that comfort. You have to think again, and more deeply. This is part of how they're manipulating you. They've really done something vicious to you and your family, and this is how they're getting you to accept it. They're saying, ‘Yeah, we made a mistake.’” So I'm apologizing in that sense, you know?

Shawn Buckley

Right, but we thank you for telling us what you actually think. And, actually, we thank you for doing the analysis because it's not like we asked you to—“oh, here's a 10-page paper and here's a 5-page paper.” I mean, we're over 300 pages here, between the two. So, Mr. Rancourt, we appreciate you being candid with us.

Dr. Denis Rancourt

I looked at it in detail,

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and its references and its graphs and its methods. And, you know, I'm used to reading these papers—I've read so many of them—so I tend to pick up quickly what they're doing and the line that they're following, if you like. But, yeah.

Shawn Buckley

And I also realized, I mean, I should be calling you Dr. Rancourt because you have a PhD. You're just one of those people that aren't so concerned about that title.

Dr. Denis Rancourt

Yes, that's right. I have a physicist friend who used to tell members of his family that he was a “real” doctor. That's a physics joke, I guess. Or a PhD joke.

[How did the COVID pandemic response harm society?]

Okay, the next paper that you asked me to look at—this is a much broader look at all the different harms that could have come from the pandemic response. So you have to admire this author for, you know, making a list of all the potential harms. I really believe that he has put his finger on at least naming all the different things that he could think of. He pretty well covers the full spectrum. It even includes the degradation of institutions, the loss of civil rights, and so on. It's great to do this effort, but what I'm bothered by is the underlying presuppositions that are incorrect.

So, for example—I'm taking, now, lines from the abstract that I think you read in part just to illustrate the points: his “analysis synthesizes 600 publications with a focus on meta-analyses, systematic reviews, global reports, and multi-country studies.” So this is

important to understand. He's saying that he's really tried to capture all the literature that's in the published scientific journals, and he's especially interested in studies that are, themselves, meta-analyses; that are, themselves, systematic reviews; and that treat more countries—that are global reports; multi-country studies. So he's concentrating on those things.

So that tells you that he's picking from all the studies that each, individually, has this bias that I was describing to you: this incredible built-in bias that you don't publish what editors, reviewers, and society at large don't want to hear. So there's a built-in bias, and this is the basis for this big review, is all of these individual studies. And the meta-analyses that I've just been criticizing, he gives them more weight because they're meta-analyses, so there are more studies being included in those analyses. I think that's the wrong approach.

And he's concentrating on studies that studied more countries. I don't think, at this stage, we need to study more countries in thinking that that will give us more insight. It is important; you have to look at everything you can and all the data you can get. But you have to go into your own country, to your own community—to the major hospitals where people died, to the major places where people died and suffered and got sick—and find out what happened and find out how they were treated. Every time I talk to people who survived being in hospitals during the COVID period, I learn incredible things about what they were doing in hospitals. Absolutely incredible things. Why aren't we hearing this in scientific papers that go in and do that kind of study, where you interview people and you interview the staff and you find out what was going on?

So it's the opposite of the kind of study that I think we need, to really understand what was going on. So I don't think the purpose here is to really understand. The purpose is to review what scientists in science journals are saying. That's what the purpose is.

Then he goes on to say, "The cumulative academic research shows that the collateral damage of the pandemic response was substantial. . . ." See, here's the problem: it's not collateral damage because you weren't doing anything that was beneficial. So it's not something collateral on something beneficial that you were doing—because what you were doing, none of it was beneficial. So you see the bias is built right into the language here. It can't be collateral damage. Like when you have a worthy purpose and you're motivated to do something

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and you have a good reason to do it, and everyone would agree that it needs to be done, then that can have associated collateral damage. But this was not a case like that. This was a case where everything they did was harmful to people. It was an assault against people and it was unnecessary. So, again, it shows you that this is the kind of study that, in effect, will cool out the mark or will "cool the mark out," I believe is the expression from the scientific literature.

He goes on to say, "Many original predictions are broadly supported by the research data including: a rise in non-COVID excess mortality. . . ." Well, that presupposes there is a COVID excess mortality. Well, I haven't seen one, and I've looked everywhere. And I only see a phenomenon that is inconsistent with the idea of a pandemic spread and of an especially virulent pathogen coming down on the planet. I believe that that has been disproved by the empirical data that I've been describing for three years. So there can't be non-COVID excess mortality—because there is no COVID excess mortality. That's the bias I was telling you about, again.

In the list, here, of harms, there's something called “democratic backsliding.” And I don't like that expression for the following reason: he's suggesting that in a time of turmoil or in a time of crisis, democracy, the institutions, and the functioning backslid. That presupposes that it can come back to normal. I don't see any evidence that the system wants to come back to normal, really. The people who practised the non-democratic behaviour have not all of a sudden realized that they were wrong and that now they're going to start behaving democratically—and I'm talking about judges and professionals and so on, and the institutions that change their rules to be able to behave in a non-democratic way because there's a crisis. They're going to put those things in place again next time.

So the term “backsliding” suggests that we can fix this. Or that they intend to fix this or that the system—that the establishment—would intend to fix this. I see the opposite: I see a march towards less democracy, and I've talked about that in the past. So that's my problem with that way of seeing it.

Shawn Buckley

Can I just interject on that?

Dr. Denis Rancourt

Sure.

Shawn Buckley

I'm just curious if you can comment. If it wasn't last week, it was the week before, but it **was** reported about a doctor in Germany that had written some COVID exemptions. And so here we are out of the pandemic, in, you know, the late spring of 2023, and she's sentenced to **two** and a half years of prison. Which is just outlandish that you could be in proceedings that you would face jail as a physician for writing— Like, when has that happened before? But then two and half years.

And I can tell you what I thought—and this is what I want you to comment on—is that this **had** nothing to do with punishing that doctor. It had everything to do to ensure that the next time we're in a similar situation, there won't be a single German doctor stepping out of line because they will all know that if they step out of line, they're actually facing prison. Which is a completely different kettle of fish than, perhaps, losing their licence to practise, as we've seen doctors in Canada. Plus, doctors in Canada will have to pay the hearing fees, which can be crippling. But I'm just curious on what your thoughts are in light of this democratic backsliding.

Dr. Denis Rancourt

My experience talking to many professionals, scientists and MDs, is that anyone who publicly stepped out of line or acted professionally with professional freedom and independence, using common sense and their medical knowledge, they were all systematically disciplined, one way or another. They were all told that this was completely unacceptable, and that's a huge damage that is not described in this list. The harm to the professions, where you take the independent-thinking professionals

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who are just following what they believe to be right, and you systematically punish them severely—whether they're university professors or practising MDs or even scientific researchers—and you, basically, take them out of circulation: You damage them. This has wounded all their colleagues. As you say, the message to all their colleagues is, "Well, I'll never do that," and, "Oh, my god, you know, too bad he did that, he used to be a friend of mine."

We're in a Stalin-like system. This is horrible, and they expect all the other professionals to go along with this. They expect unions not to protect employees fully and not to go after the root problem at all but to be minimalistic, and so on. So you, as a lawyer, have seen this everywhere. I've seen it everywhere, talking to people. The damage is huge to professional independence. The damage to professional independence: I don't know when it can be repaired.

Shawn Buckley

And like, as you've got expertise in the area of academics and, you know, how it's affected there. It's interesting because I wonder, well, who would be willing—what type of personality now would be willing to become a medical professional when you know that, basically, you're in a situation where you have to go along with what is an official narrative, as opposed to using your professional judgment, now, in a physician/patient relationship?

Dr. Denis Rancourt

I want to step in and answer that question. The same people that used to go into medicine before. Because the main drivers if you're going to put up with medical school and be indoctrinated to that level and put up with everything they put you through—you're doing it for the social status of the position, recognition among your peers, and the comfortable lifestyle you will have. And that's why you do it, and that's why most professionals do what they do, and they put up with the indoctrination of their profession. And that was the same before. That's been the same pretty much always, and it continues to be the same.

But there used to be space for some professional independence. And professional independence is one of the main balancing forces in a democracy so that institutions don't become totalitarian and don't go overboard and continue to self-correct in a way. You know, you didn't have to have whistleblower protection laws before because people would bravely whistle-blow, and they would survive it. Because it was more common and because the backlash against the employer—if they were punished too harshly when they actually came up with something that was important—would have been too hefty. Now, that is completely absent. They can destroy you if you whistle-blow, and that's why there's talk about this whistleblower protection. In my view, that's one way to look at it, anyway.

But the point is, professional independence is one of the huge mechanisms that counterbalances against runaway totalitarianism. One of the other big counterbalances is individual resistance or autonomy. In other words, independent-thinking people, generally, not just professionals. But these are the forces that keep everything in line so that the elite cannot change the laws to their advantage, corrupt the system, and degrade and erode the institutions and all of the public services towards only serving them. There's always a tendency to go there.

And, traditionally, in a working democracy, the balancing forces are either strong institutions that have a sense of what the role of their profession is to protect that institution—and that includes professional independence—and the individual is

independent thinking. So they're going to complain; they're not just going to be programmed by the propaganda. Those are the balancing forces, and they're being removed systematically, completely removed.

We're marching towards a very dangerous place, especially at a time when the U.S. is talking about war with China. Not just talking about it, the Pentagon budget is mainly geared towards

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encircling and isolating China, and threatening China. So this is a very serious time. And add to that the war in Ukraine, which is no small matter. These are very serious times and, at this time, instead of having a working democracy, they're pushing us to the brink: complete obedience and a totalitarian system.

There you go, I went too far.

Shawn Buckley

Yeah, well, no, no. I mean, it's an interesting conversation, and there's kind of two thoughts. I mean, we could add what Catherine Austin Fitts testified about at the National Citizens Inquiry: that, you know, we have the danger of it's time for this system to collapse. You go to war at these times so that the economic system, which was designed to fail eventually, isn't blamed for the misery—the war is blamed.

But when we're having a conversation about professionals losing their autonomy, and I'd suggested that who would go into medicine now? We could switch—and I don't think you'd be as pessimistic about it—into the areas of natural health practitioners: so your naturopathic doctors and traditional Chinese practitioners and nutritionists. I mean, they don't have social status, like medical doctors, and they definitely don't have the financial benefit.

I see two assaults. So in British Columbia, basically, if you're going to be a natural health practitioner, you basically have to accept that the government can tell you, "You need to take this vaccine or that vaccine or this medical treatment," or that.

And we just had, last week, come into law—snuck into the federal budget bill—basically applying what is known in Canada as Vanessa's Law [the *Protecting Canadians from Unsafe Drugs Act*] penalties on natural health practitioners because many of them advertise and sell natural health products. And the fine structure has just gone from a maximum of \$5,000, a week ago, to \$5 million per day of a violation. And I just wonder, well, who would go into those disciplines now, knowing that you anger a bureaucrat and you and your family are destroyed, because we have a responsibility to our children not being on the street?

So it's such an interesting time. And we've totally segued, so I'm going to ask you to carry on with your critique.

Dr. Denis Rancourt

Okay.

Shawn Buckley

But I've enjoyed the conversation, and it has been meaningful because it's part of what you're saying is the problem with this type of study.

Dr. Denis Rancourt

Yeah, I just want to comment, though, that these disproportionately large fines or punishments work against a stable democracy.

You know, I'm a physicist, and there's a physics paper that was written a couple of years ago by one of my collaborators, Joseph Hickey, that studied, theoretically, the stability of democracy from first principles. And he showed that in his work—which I think is very important—he showed that the stability of a democracy operates in a parameter space where you have two important parameters that control whether or not it will be stable. One is how authoritarian is the system: meaning when you have a conflict or a fight with another party, if the other party has a higher social status, does that pretty much guarantee that they will win? In that case, that's very authoritarian—the authoritarian parameter is very high.

The other parameter that controls the stability of a democracy is how violent it is: By that, it means, when you have a struggle or a conflict or a fight with another party or between companies or whatever, what is the loss that you suffer when you lose? How big is that loss? How big is the fine? How big is the jail time? If you go too far on one of these two parameters, or both of them, you create a structure that is completely unstable for runaway totalitarianism. Where you completely eliminate the strata of the different strata and societies, the middle class, everything goes away. You have an elite and its professional cadres—the high priests, if you like—and then everybody else is at the bottom. That's runaway totalitarianism, and it's those two parameters that theoretically control that stability.

And so, when you're making laws, it has to be fair punishment and the judicial system has to be one that is fair and doesn't just gauge what is your social status and make that person win. Well, we have evolved to a place where that's where we're at now, in my view.

Shawn Buckley

So, I mean, you know, I'm working on my 29th year of practising law in Canada,

[01:55:00]

and a large part of my practice has been resisting Health Canada on behalf of clients in the area of natural remedies because our drug laws are not designed for health outcomes, but they're designed to protect intellectual property rights, and there's a lot of money involved. So when you have a natural remedy that is tremendously effective for a serious health condition, the system has to take it away and it uses the court system for that. And sometimes when egregious things happen, you'll want to go to court and get a declaration that something violated the Constitution. But I've reached the place where I would do everything as a lawyer to discourage anyone from ever going against the federal government because it's like there's a playbook.

See, now understand: if you wanted the rule of law vis-à-vis the government—if that's what the government wanted—then whenever the government is engaged by the citizen in court, what the government should do is, well, what are the real issues? Let's admit

everything else, and let's just get down to it and have a judge decide. But, instead, they have a playbook to do everything they can to exhaust you financially, spiritually, and emotionally. So there's a large number of cases never even get to trial. And for sure, a litigant will never, ever dare go against the government again. And that's always grieved me because it's inconsistent with the rule of law, and it's one of the reasons I've reached the conclusion that a professional Department of Justice eventually is inconsistent with a liberal democracy.

Dr. Denis Rancourt

Well, this is a whole other discussion. I hear you. I hear you.

Shawn Buckley

We must get back on track, Denis. I'm sorry. I apologize to the commissioners.

Dr. Denis Rancourt

I hear you. And it ties into the theoretical paper that I was telling you about, which is fascinating, and I've given talks about that paper. It ties into that, and I hear you, and I know that, in practice, this is what it means. I know it's real.

But, okay, let's get back to this paper that I'm being critical of.

At one point, they say, "... it is likely that many COVID policies cause more harm than benefit..." Well, I'm sorry, there is no detectable benefit. There is only harm. If you say that you're admitting that some of these policies caused more harm than benefit, you're basically saying that only some of the policies caused more harm than benefit and that there was benefit somewhere. There was no benefit whatsoever, in terms of human suffering, in terms of death, and in terms of anguish.

The only people who were comfortable in all of this was the professional class that could work from home, didn't have to fight with traffic, could have everything delivered to their home—because there was this huge delivery system that was now put in place where they could receive everything at home—spend more time with their kids and family. They were better off for a while, you know, and they could still go outside, do their exercise, and so on. They're the only social class where there wasn't a serious harm. Everybody else suffered serious harm, and there was no benefit, apart from that ad hoc, kind-of-weird benefit that I just mentioned. No benefit at all. So that's why I'm very bothered by an article like this. It, in effect, is cooling the mark out.

Then the other last point is that— This is very disturbing because they say that "Planning and response for future global health emergencies must integrate a wider range of expertise to account for and mitigate social harms associated with government intervention." What these authors are saying, who reviewed 600 papers and are writing this authoritative paper—one author—is that we completely accept that there can be global health emergencies where you have to do these dramatic things to the entire world, but we should have experts look into how to mitigate these harms. I mean, that's obscene.

There is no empirical evidence that there ever was a pandemic. There is no empirical evidence for such a thing. And all the health emergencies that arise are basically local and need to be treated in terms of looking at the actual causes, locally, with the people who are having particular problems.

Shawn Buckley

And it goes back to one of your very first points. As you said, you looked at the three earlier pandemics.

Dr. Denis Rancourt

Yes.

Shawn Buckley

So 2009, you know, 1968, and then the '54/'55 [sic] ['57/'58],

[02:00:00]

and there was no excess mortality. So even if this urban myth that we have—that we face these pandemics, that the popular belief is a whole bunch of us die—you're saying that's a complete fallacy. And here we have this author basically perpetuating that for COVID.

Dr. Denis Rancourt

Exactly. There is a constructed and highly funded pandemic-response industry that is in place because, I'll call it, the USA-centred empire wants it in place. They want this, the ability to do this. And they have been working with the CDC for a long time, and this is part of one of their tools.

And the 1918 so-called pandemic was very special circumstances. And if you can analyze it and you can understand what actually happened there—although we're limited by having less data and it was long ago. But there is no reason to believe that these horrific things that happened in the past were not simply a consequence of horrendous living conditions of certain social classes.

Of course, bacteria are a problem. There are some vicious bacteria in hospitals that can be a real problem with people that have comorbidities and that are already sick that are in hospitals. There are horrendous things that, you know, it's absolutely necessary that clinicians and nurses wash their hands. I'm not saying that none of that is true.

What I'm saying is that population-scale health problems are due to regional circumstances and social economic circumstances of certain people. The wealthy won't die. There's very strong correlation that I found between excess mortality and poverty in the United States, for example. That's one of the strongest correlations I've ever seen in the social and medical sciences. There was a Pearson correlation coefficient, you'll remember, between excess mortality during the COVID period and the percentage of the population in the U.S. that was living in poverty: the Pearson correlation coefficient was plus 0.86, which is unheard of. And it was not just a correlation, it was a proportionality: the trend line went through the origin. This directly tells you that it's all about—if you were in these conditions that are represented by this poverty statistic, you had a high chance of dying. And in a state that didn't have anyone living in poverty, no one would have died. That's one interpretation of that graph.

So this is the kind of thing that is happening everywhere, all the time. Yeah, so, in fact, I'm going to conclude that way. I'm going to wrap this up. I'm going to say that I've critiqued these papers enough, now, without getting into the details, and I'm going to move on to my conclusions.

[Conclusions (Parts I & II)]

So, my overall conclusions are, regarding mortality, is that in addition to natural events—
There are natural events that cause excess mortality, and they're heat waves, earthquakes,
and extended, large-scale droughts that cause excess mortality that's visible. Those are
natural events.

You also have events that cause excess mortality that are large assaults against domestic
populations and that affect vulnerable residents in those populations.

And what are they? They are sudden, devastating economic deterioration. So, for example, I
see the excess mortality directly related to the Great Depression, the Dust Bowl, the
dissolution of the Soviet Union—without a doubt—and so on.

Another one is war, and war includes complete social class restructuring because it's not
every social class goes to war equally. It's the poor and the working class that end up being
the soldiers on the front line. And so, war and social class restructuring are devastating in
terms of mortality. They create excess mortality, obviously, and I can see that in the data in
Canada, in the USA, in many European countries, obviously. You can see the Second World
War; you can see the remnant excess mortality related to the Vietnam War, and you can see
that it is young men that die in those periods much more than women, and so on. The age
and the sex is a characteristic of that excess mortality.

[02:05:00]

Imperial or economic occupation and exploitation: that means big corporations, protected
by the U.S. military, occupying entire countries in Africa or Latin America, imposing a
certain use of the land on a large scale, displacing all the people who normally use the land
and putting them under horrendous conditions where the only thing left is to go into the
city and work in factories. This has a devastating effect on health—on population health—
and when that happens, you can see it in the excess mortality. And you can see it in how it
changes the age structure of the population, as well.

And now we've got a new thing, which we've just demonstrated by a huge, global
experiment. We now know— We have this well-documented case where these measures
and the destruction that was applied during the COVID period can cause excess mortality,
and certainly does. So that's the same kind of assault against a population that we know,
historically, can cause excess mortality. And it has done it again—except that it was
globally planned and executed across the world in different forms, in different jurisdictions,
and it did cause havoc, and it is measurable as excess mortality in the all-cause mortality
data.

And finally, there is no empirical evidence that excess mortality can be caused by the
sudden appearance of a new pathogen. That's important. I believe that, historically, you
cannot find and demonstrate that a new pathogen has all of a sudden appeared that causes
the Black Plague, or whatever, by the mere fact that it's a new pathogen that has now come
onto the planet. I believe that that is most likely not true. And with the modern examples
where you have enough data, it is not true.

So there's probably— I would venture that there is probably no example in humanity
where a new pathogen has appeared and caused massive excess mortality in a population. I
think that the whole concept needs to be seriously questioned because what causes death
is social economic changes—that give large pools of extremely fragile people living in very
unhealthy conditions, and that will always be associated with death because there are
always pathogens around.

You will always die of cancer, heart attacks—lung infections are very common. The lung is an organ that has a huge surface area of contact with the air. So whatever is in the air—and what's in the air you breathe, includes the bacteria that are in your mouth that you're breathing in. And so that's a place where there are— That's a huge problem in terms of a cause of death, is the lungs and respiratory problems. Heart attacks are also very intimately related to experience, stress, and so on.

You know, there are dozens and dozens of animal studies that conclusively show that in any animal population that forms a dominance hierarchy, the factor that determines whether or not individuals are relatively healthy and live longer and die and so on, is their position within that dominance hierarchy. And it's been shown now, more and more, that that gives rise to a dominance hierarchy stress and that stress—directly and at a molecular level—suppresses the immune system. So you're more susceptible to dying from all these causes. All these causes, and there are many more causes than the ones we know. And so that is the story that we need to start thinking about.

And scientists have the problem that they only look at what they're looking at. They only look at one thing at a time. And so, they get the impression that it's about the particular pathogen that they're studying, and so on. Okay.

Shawn Buckley

I'm just going to rein us in because I think you've given a pretty fulsome discussion. I'll ask the commissioners if— I know that they're going to have questions of you. So, if we can bring the commissioners on. Now, my understanding is that we have lost one commissioner. There we go, we've got three. So the rules obviously permit us to proceed with three. So this is why we kept going.

So, Commissioners, if you have any questions, I'll just give the floor to you.

[02:10:00]

Commissioner Massie

I have a few questions. Do you hear me?

Shawn Buckley

Yes.

Commissioner Massie

Okay. Actually, I have three questions, so to make sure that I can go through all of these questions, I'll start with the shortest one.

Your critique of the paper: knowing you now, I'm not surprised of the critique. I was going to ask you, when I was doing research— And one of the things that came very popular in the last 10 years of my career was that every time I would submit a grant application, there was a section we had to file, or to fulfill, and it says, "What's going to be the impact of your project or your research?" And I was always struggling with that, and I said, "Can somebody give me an "impact-o-metre" so I can measure the impact of my research?" I'm wondering whether the so-called stringency index is kind of suffering from the lack of a good "lockdown-o-metre." How do we assess that?

Dr. Denis Rancourt

I think it's not fruitful to search for a good index, or a better index, of lockdown because as I was trying to explain, the system is very heterogeneous. Populations are extremely different from one county to the next, one state to the next, one country to the next. And it's the population and, in particular, the vulnerable groups within that population that determine how susceptible they are going to be to death when you start perturbing the society. And so, even exactly the same lockdown on different populations can have dramatically different effects.

And so it's not about a— The stringency index has to be—I'll use a mathematical term—it has to be a convolution between the vulnerability of the population and the physical impact of the measure, okay? It has to be a convolution of the two. And none of the indexes come close to that. In other words, they're not dealing with reality.

And so, as I tried to say in my testimony, I think the proper approach to understand a phenomenon is to be able to actually look at the phenomenon. So you have to do field work. You have to go in and see, what did that lockdown mean in this community? What impact did it have? Who did it affect? How did it affect them? Why did these 15 people here die, and these 23 people here, and is it different, and so on? You have to interview people: you have to figure out what's going on because health is not just the result of the tests that MDs will give. It's not the result of a PCR test. It is a much broader concept, and we need those kinds of interdisciplinary teams to go in and figure out what's really going on.

And they need to have more of a voice than the MDs and the people who are designing how to do contact tracing and all these "spreadsheet scientists," and so on. They have to go away and give their place to real, committed people who really want to understand what's happening in the community. I think that would be part of my answer.

I know I applied for grants a lot and I know that they wanted to know, what is the benefit to Canada going to be? And what they really meant was, what is the benefit to collaborating corporations that you have contacts with going to be, in terms of them making money and being able to hire people, and so on? That's the kind of thing they meant. They didn't mean understanding phenomena, changing paradigms, helping society move to a better place. They didn't mean any of that when they asked those questions. That's what it was like when I was writing grant applications. It was very frustrating.

I don't know if I answered that first question, but—

Commissioner Massie

To come back to your critique about the meta-analysis, I don't know whether you've seen the meme on—I think it was on Twitter or some other source—of these Swiss cheese model for— You have ten slices of protection, personal and populational,

[02:15:00]

and at the end, each of them doesn't work very well. But if you stack them, in the end you'll get something, right? And the first time I saw that, I was thinking, it's almost as if somebody is asked to do 10 additions from the same numbers, same table, and he ends up with 10 different responses, and he says, "Okay, well, that's bad. I'll just average it."

Dr. Denis Rancourt

Yes, the answer is the average. That's right. That's the problem.

Also, another way that you can think of it is, when I was teaching at the university level, I would often ask the students in a class discussion, you know, difficult questions so that we could discuss and think about things. And I would often pick questions that they thought they knew the answer to, to see if everyone agreed that the answer that everyone thought was right was actually the right one.

And so, for example, in a physics course I would ask even a graduate class to explain a Newton's law of action and reaction. And I would draw a picture and I would say, "Here's the action, tell me what the reaction is, and so on, of a man standing on the floor." And they would give my answers, and almost everyone would give the wrong answer but the answer that they had kind of presumed from their first-year physics courses. One person, typically, in the class—sometimes no one, sometimes two or three people—would actually know the answer. If you said, "Well, most of these students who are graduate students must be right, this has to be; I've got to change how I teach it, how I understand it." You'd be completely wrong. But once you explain to them why they're wrong, they're just baffled. They argue among themselves, and when they actually get to understand it, they've understood that law of physics for the first time ever, even though they're graduate students. I've experienced this several times in my teaching.

Coming back to these meta-analyses: don't do meta-analyses, don't do that. Take one study that you consider a good study: look at it in detail; go talk to the authors; find out what they actually did; find out what tests they used that is supposedly certified; find out what the limits of that test are and what the caveats are; find out all the errors that they didn't think of, that they probably made or didn't even consider; go in great depth into that paper and show that, basically, they wrote this to get a paper published and it's very tenuous and they never should have done this, right? You're going to learn a lot more if you try to do that and if you do it, than if you read the 50 papers on this question and they're all agreeing and so that must be it, and I'll teach that.

Commissioner Massie

My last question will concern the Quebec data, in terms of excess mortality, that seems to somehow be different from the other provinces, okay? In terms of—

Dr. Denis Rancourt

Yeah, it's similar—

Commissioner Massie

I mean, in terms of significant excess mortality, for example, following vaccine period, let's put it this way. So I was kind of aware of this kind of result, and I agree with you that it's very difficult to explain all of these things unless we really go on the terrain and trying to understand what's happening. Are you aware that, in Quebec, they had a fairly different vaccination schedule?

Dr. Denis Rancourt

How different? No, I'm not sure. I don't know what you're referring to.

Commissioner Massie

Typically, the manufacturer would say you have to vaccinate at three-week interval for the second dose. Maybe sometimes they would do it a little longer than that, but typically it was three weeks. In Quebec, for all kinds of reasons, most of the vaccination, at least in the first year, was done at months interval. The reason was because they didn't have enough, I think, in stock. That could be one of the reasons. And there's been some analysis that was done after that to try to actually

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assess whether this was good or bad. And when you look at the antibody, which is a matter you can examine, I mean, it turns out that spacing it was better, but, you know, in terms of antibody, okay?

Dr. Denis Rancourt

Yeah.

Commissioner Massie

I think that has not been done by the manufacturer. There's no real randomized clinical trial on that. I mean, it's just an observation. So my hypothesis is that if the vaccine has some toxicity and you space it in time, maybe you give the time to the most vulnerable people to recover from the first dose before they get the second or the third.

Dr. Denis Rancourt

Yes.

Commissioner Massie

Is that something you think is reasonable with what you've observed?

Dr. Denis Rancourt

Well, we are looking into this, and I presented some data to that effect at the first part of my testimony back in May. We're looking at the toxicity of the vaccine as a function of dose, **not only** as a function of age of the recipient. And you'll remember that I showed a graph where the toxicity was increasing with the dose number. And the problem is there are not very many jurisdictions where you have enough detail in both the vaccine rollout and mortality and by age and by dose to do that, but we now have several jurisdictions, so we're really looking at that more carefully.

The other interesting thing is, when they roll out these different doses at different times, the rollouts themselves tend to be very rapid, especially for a given age group. So that helps us a lot because we can really see if it is associated with an immediate peak in all-cause mortality, and we are seeing that systematically. So in jurisdictions where the third dose is rolled out sooner or later, the mortality peak also occurs sooner or later. So we are convinced that there is a very strong, non-coincidental relationship. There is no doubt about that in our minds, but I have not yet seen that the spacing would make a big difference.

The first and second dose, generally, in most jurisdictions are very close together in time and they seem to be less toxic, even together, than the third dose. The third dose is a real killer for a lot of jurisdictions. You see that third dose rollout and it really—

But, you know, yeah, there's a lot of complexity here because there's a seasonal pattern on top of it. We're doing excess mortality. Yeah, I could get into the details, but I haven't seen what you're referring to yet. But we're keeping an eye out for it and we're looking for it, yes.

Commissioner Massie

Maybe I can [ask] just one last question about the issue with the toxicity and the so-called risk-benefit analysis. You mentioned that based on what you've done on analysis of all-cause mortality, you cannot do such analysis for lockdown because there's no benefit. There was nothing to begin with to benefit from. Is that correct?

Dr. Denis Rancourt

That's right. I mean, if you take an objective look at empirical data, you have to conclude that the evidence is contrary to the idea of a spreading viral respiratory disease that killed people. The evidence is contrary to that. If you accept epidemiological theory, which is contact spreading between individuals—you have to spend enough time close together, breathing the same air, and then you get infected by the person who was infectious and that's how it spreads and everything—and you model that. And I've done the modelling, written papers about it, and so on. No matter how you slice the modelling, no matter what input parameters you put in, no matter how you design the model, all the things you predict—none of it is seen empirically in the mortality data, okay?

If it's a pandemic, it has to spread. That's the whole idea. We're seeing proof that it doesn't spread. You have hotspots of mortality that stay in one place; they don't expand outside of that place. You see mortality that does not cross borders—very strict borders—in Europe, between countries, et cetera. These are all completely contrary to the idea of a pandemic.

Commissioner Massie

I just want to— I understand that, and I'm wondering whether we can expand this idea

[02:25:00]

to the risk-benefit analysis of the vaccine? Because there's clearly some risk associated, excess death mortality associated with the vaccine.

Dr. Denis Rancourt

Yes. Well, as I said, there should not have been a vaccine because there's no empirical evidence that there was a particularly virulent pathogen for which you need a vaccine.

Commissioner Massie

Exactly. Exactly.

Dr. Denis Rancourt

So there should not have been a vaccine, and there can be no benefit from the vaccine because we've proven that there was no pathogen that could be given immunity to by this vaccine. So in my book, I put that side to zero, immediately, on the basis of empirical measurements. And it's over. The discussion is over, as far as I'm concerned.

So the only way that they can show benefit is to talk about so-called spread, which is a very tenuous thing to measure. You're coughing up particles. We're going to do PCR on those particles— You know, they do all this stuff. But in the end, the only real reliable data, I believe, is mortality. And the whole idea of a pandemic, and the reason everyone is afraid of pandemics, is it causes death. And so, I know there's an effort to redefine the pandemic so it doesn't matter that people died or not, and it's still a pandemic. But we're getting into nonsense land when we go in that direction.

You know, I think we have to rely on the hard data. If it's not killing anyone, what is it? And if what you're doing is clearly, synchronous in time, killing people in significant numbers, then why are you doing it? To me, it's just so clear, you know? I can't— I know everyone always asks me to think like the immunologists and, you know, to consider it this way and calculate this and calculate that. But I can't get past my grounding in what I've seen from the empirical data. I just can't get past it, myself.

Commissioner Massie

Thank you, Denis.

Dr. Denis Rancourt

You're welcome.

Commissioner Massie

You're mute.

Dr. Denis Rancourt

Commissioner Ken?

Commissioner Drysdale

I had to find the arrow on my mouse. It was on the other screen.

Dr. Rancourt, thank you very much for coming back and talking with us. My first question has to do with the stats that you showed for Canada, and I just want to make sure that I got that right. There was a thunderstorm going on here, and it was going in and out.

Did I understand you correctly, you talked about there were approximately 30,000 vaccine-related deaths in Canada that you were estimating?

Dr. Denis Rancourt

Yes.

Commissioner Drysdale

What was the total number of deaths that you're estimating are related to the vaccine plus the mandates and measures that were put in place?

Dr. Denis Rancourt

Yeah, I don't remember if I reported that last time, but I scribbled it down somewhere. You can do it by year, by calendar year, and get a pretty good number. It's not much more than that.

Commissioner Drysdale

Oh, really? Okay.

Dr. Denis Rancourt

In Canada, you have that first peak of deaths in hospitals, which is pretty significant, and that contributed to the first calendar year of deaths. There was also a more severe winter, just before the COVID vaccine started. So there's maybe—I don't remember exactly what the number was—but roughly another 15,000, giving you 45,000 total. So when you quantify excess mortality for that entire period for Canada, you get about 45,000.

Commissioner Drysdale

Okay.

Dr. Denis Rancourt

Yeah.

Commissioner Drysdale

You know, I have to say, there's been a number of testimonies we've heard that have terrified me and— My apologies to you, but your testimony has terrified me. It made me think about a time long ago when people were murdered because they said the earth turned around the sun—and they were murdered for that. And that made me think of times just recently. You may or may not be aware of Dr. Susan Crockford from Victoria who was a sacrifice on the altar of another theory. In 2018, I think, she was fired from her position for going against the orthodoxy.

[02:30:00]

And we're seeing that happening now: we're seeing doctors fired; we're seeing researchers afraid to speak up; we're seeing all of our institutions falling in line with this. This is terrifying to me.

Have you got any suggestions at what we can do to strengthen our ability to fight this? You know, we have laws in place, we have institutions in place. We have ethics and medicine that were thrown out the window, you know. We have laws against discrimination and genetic testing, and that was thrown out, you know, while the 16-year-old kid at the restaurant was asking what your medical history was—that's illegal. Have you got any suggestions as to what we might be able to do to counter this, coming forward?

Dr. Denis Rancourt

Well, I think that one chance that we have is through popular politics. I mean, there is still a remnant of democratic structures, and they still have to have elections, and there are still representatives. And so, if one can get people in position that potentially can be elected and then have a voice, that can certainly play a big role.

I think that there is clearly a class war, at the moment, in many countries: in France, you have the yellow vests; in the U.K., there was a Brexit movement; in the USA, there was the Trump movement, which is undeniably tied to the working class. But not just the working class, a lot of the professional class, as well, but people who are more into independence: independent thinking, small business, that kind of approach. These are very real political movements. There was recently a person like that elected in Italy and so on, right?

In fact, the establishment—the globalist establishment—openly says that this is what they're afraid of and openly manipulates elections in order to avoid this. And openly creates propaganda and AI systems to affect people's opinions in order to fight against this—because they call it the “populist threat.” And they mean that another social class could actually acquire some political power and influence. You know, the working class—the small business class—could actually acquire some pushback within society, and this is a huge threat for them.

So there's always a chance that these movements can rise and can have their day. I don't think that things are going to be fixed through a recipe of, “this is how we fix it, now let's all agree that we're going to apply these new rules.” It's going to be fixed through the usual struggles and battles that societies have. And they're going to try to take our tools away. They're going to try to fix elections through the usual propaganda methods, and so on. They're going to try to ensure that a lot of people are not represented in the system, and so on, in order to keep their relative advantage. It's a constant struggle.

At the professional level, you have to fight to be whistleblowers and have professional independence. At the individual level, you have to fight for your own bodily autonomy and the right to raise your children how you see fit. We all have to fight for these things.

I was explaining from a theoretical perspective that these are the forces that push back against the corrosion of institutions that is created by the elite manipulating things to their favour and having too much influence in which laws are written and how they're written, and so on. By the elite, I mean, these days, the corporations and big finance, and so on. So there is always this corruption that the deep state is happy to go along with because it gives them more absolute power, and it eliminates the domestic threat that they're challenged in any way when they want to do something in the world. So, we have to do all of these things. We have to—

And it helps me, anyway—personally—to understand the phenomenon: to be able to, you know, understand the theory of stability of democracy and what the parameters are and what they're doing and the big picture. And so, it helps me to— Because I'm an intellectual, I like to analyze it and explain it to others and understand it. And part of that is studying geopolitics because what is happening now in Ukraine,

[02:35:00]

and in the struggle between the U.S. and China for economic dominance of large parts of the world, that is going to determine our civil liberties and how we are in our own country, more than anything else. Those are the big factors that are going to affect our lives. Because

our government justifies its own corruption because it considers itself at war against this kind of “threat.”

The globalist class feels threatened by a system that is based on actual production and actual development in Eurasia. They're threatened by that. They want to control a finance-centred system that just exploits everybody. They're very threatened by this alternative, and China and Russia have understood that that alternative is the way that their nations can survive. So this is the geopolitical fight of the century, and it will determine what our democracies look like, what our social—

You know, even wokeness and all of this gender fluidity—all these things came up as part of globalization. I've written about this. I explained what the origin of the whole gender debate was, originally, in the United Nations. Most of these ideas that were instilled in universities and eventually into the public schools, originated at the same time, directly following the dissolution of the Soviet Union. The globalists decided, it's our day.

There was a globalization of finance—an acceleration of it like we'd never seen. The last time there was such an acceleration of globalization—which means the U.S.-centred system takes everything—was the unilateral withdrawal of the USA from the Bretton Woods Agreement in the '70s. So that was the last time that the U.S. decided, our allies can't be as developed as us, we can't have this, we're going to withdraw from this, we're going to completely put Europe and Japan in their place. And the next big, tectonic shift was the dissolution of the Soviet Union.

This is the world we live in, and those struggles and those fights determine our freedom. We had freedom after the Second World War. The '50s, '60s, and '70s were amazing in terms of professional development, democracy, everything. But the elite saw those freedoms as a threat and organized, systematically, against those freedoms. This is where we're at now, today. So every time they have a campaign, whether it's the wars following 9/11 or anything like that, they ratchet back our freedoms more and more. Unfortunately, the Supreme Courts are not able to balance things whatsoever, or are unwilling or are corrupt, or whatever.

But these big forces are— From my view as an observer of the world, this is going to determine what our societies are like more than anything. That and the local struggles that we fight every day.

Commissioner Drysdale

Well, you know, you had mentioned changing language, and we heard quite a bit of testimony on that: the definition of vaccines was changed; the definition of a pandemic has changed—it used to contain a clause about the number of deaths, it doesn't anymore; the terms for genetic treatment have now been used for vaccines and vice versa. You know, there appears to be an attack on the very fundamental way that people perceive the universe around them.

And just judging from what I see in media lately—and this is what I'd like you to comment on—you know, they appeared to use or we had testimony that they used, all kinds of techniques to get people to fall in line. Name-calling: we were “misogynists,” we were “unscientific,” we were “anti-vaxxers.” And I think the measure of the success that they've had is that I see that starting up again. Mr. Buckley mentioned the legislation, or regulations, coming out against health food products. And just the other day on the news—

I don't remember which network it was—I was watching a news broadcast and they were now calling people

[02:40:00]

“health food cult.” So they're starting to attack that in the same way they attack people during the pandemic, and it seems to be that they're believing that to be a successful ploy.

Dr. Denis Rancourt

Yes, but do you see that there's a pattern?

Commissioner Drysdale

Yes.

Dr. Denis Rancourt

There's a very definite pattern. It's not just to change the language to better manipulate everyone. They're actually attacking the groups that are a threat to them: small business; independent-thinking people; people who don't politically see things the same way; people who want society to be structured around the family unit, and that's how they see a stable community for themselves, and they want to preserve that. So all of these people—the working middle class—these are groups that are clearly threats to the globalist agenda and to keeping control of that agenda. So anyone who doesn't believe in climate change, anyone who doesn't side with wanting to help Ukraine—doesn't side with Ukraine.

And within those fights, there's horrible propaganda techniques that are being used that we don't even see, often. Even us who are used to seeing them, some of them we don't see.

For example, there is a real concerted and well-funded effort to get the right-thinking people—what I mean is the people on the right of the political spectrum—who see through a lot of this other stuff related to COVID, and so on, to get them to consider that China is the enemy. This is extremely well-funded that propaganda, and you can find its roots— You can go right down into the Pentagon to find the roots of that.

If you look at the roots of Epoch magazine, that everyone considers does really good reporting. It's true, they do very good reporting, and they're very critical of these social issues. But the one issue that they're uniform on is that China is the problem, okay? So they're making sure that all the different groups, when it comes down to it, will align on those things. They know that the left will go along with a war in China because it's in their interest because they're already the privileged class, okay? But if the right gives us trouble, then we might have a bit of trouble. So they have to continually fabricate, manipulate, but what they have in mind is geopolitical dominance and conquest and crushing systems.

You have to try and see it all. I spent a lot of my time agreeing with people on the right, but then explaining to them that I don't agree with them on China, and why I don't. And there's some fantastic researchers that are exposing all of this propaganda, you see.

Trump is really good on China. He has said many times, well, they just want to have families, they just want to live. Call them names, if you want, but we can get along with them. He's said that, and he's completely right, and that's the way to go to avoid pushing a whole nation towards war, you know.

Commissioner Drysdale

Have you considered that the pandemic is real, but the real pandemic is this globalization that you're talking about? Because it crosses international borders, it crosses boundaries, it crosses households, it crosses every artificial boundary in the world, and it's attacking people and causing death.

Dr. Denis Rancourt

Yeah, that's an interesting idea, but these corrupt elite are not infected by a pathogen. That's not what makes them corrupt. They are deeply corrupt because they are classist: They don't consider that the others are equal to them. They consider that they're entitled to their privilege, and they justify their actions in those terms. They basically see themselves as better people that can do whatever they want. So I don't think it's a pathogen that's infecting them. I think it's the usual class nastiness, you know, that makes them this way.

Commissioner Drysdale

Well, you know, I designed a correctional centre in Nunavut some years ago, and I learned that the Nunavut people don't believe that person does evil because they're evil. They do evil because they're sick,

[02:45:00]

is what their belief system is. They kept telling me, in a way that I look at things, that I was not designing a prison, but I was designing a health-correctional centre. And perhaps they're right in all of this.

Dr. Denis Rancourt

Well, the difference between Aboriginal communities and societies is that they're traditionally, historically, much less hierarchical than a highly technological society that is globalized, that has professional classes and elite classes and everything. So, as soon as you are very hierarchical, there's going to be exploitation between the different layers. And if you are more horizontal, and really living off the land and depending on each other, there's going to be less of that and you'll have a different world view, I think, of things.

Commissioner Drysdale

Yes, absolutely.

Dr. Denis Rancourt

Different politics and so. . . .

Commissioner Drysdale

Thank you, sir.

Dr. Denis Rancourt

You're welcome. I really flew off the end there on a few—

Commissioner DiGregorio

So, if I could just come in with a last, few questions.

Dr. Denis Rancourt

Oh, okay. Sorry.

Commissioner DiGregorio

Yes, thank you, Dr. Rancourt, for coming today.

I am going to bring you back, a little bit, to your excess mortality testimony that you were providing to us earlier. I really appreciate the Canadian update that you've given us today. I'm hoping you can help me understand a little bit more about this vaccine-dose fatality rate that you talked about, which I think I heard you say that you've calculated, or estimated, in Canada to be something around the area of 0.03 per cent. But then you had higher numbers for other places, such as the USA and, I think, India, maybe even the world overall. I'm just wondering if you can help me understand what's the reason why that number would vary.

Dr. Denis Rancourt

Yes. So that number, when I—The numbers that I gave, they were whole population numbers. And, by that, I mean that those numbers were not discerning age group. They were not discerning the very important age-dependence, okay?

So in a society that has a lot of elderly and fragile people, and you give, let's say, a thousand injections, more people are going to die in that society than one that has young, strong people. So that number is for an entire region, or country, and it's going to depend on which population you're injecting.

And, I have to admit, it's probably going to depend on the manufacturer, on the type of injection that you're using, but less so. I don't see a big difference there, okay, but we can see some difference.

But it is a population average number. And so it will not only depend on what the structure of the population is, but it will depend also on the clinical judgment culture when they inject someone. So there's a clinical judgment that you don't inject someone who is days from dying, who is on their deathbed. You don't inject them with, even, something that would cause discomfort and could be fatal to them. You avoid that. So the people who are in ICUs and have been there for a while and have horrible comorbidity and could die any time, generally most will not sign off on injecting them, okay? In many countries or in many hospitals.

Others, they just won't care. Like India, they didn't care. They even had a list of comorbidities and they were chasing these people down to inject them. I talked to a clinician in Quebec who said, "Yeah, that's what we do. We very carefully evaluate whether or not this person can be injected." So the culture of how you consider, even, flu shots or any vaccination of fragile elderly people is also going to affect this number, because it's an average number.

So if you're injecting less of those fragile ones, which have the highest probability of dying on being injected, then your average population-based rate is going to be lower, you see? So

it suggests to me that Canada probably has, on average, better clinical judgment and healthier populations, maybe,

[02:50:00]

or better protocols of who you inject when they're in ICU and this kind of thing, than places like Israel and Australia—which both have exactly the same population value of 0.05 per cent. A little higher. So it's going to depend on all those things.

So that is an average number. But every time I look at a jurisdiction, I can discriminate by age, and then I always see an exponential increase with age. And it always has a doubling time, per age of the person, of five years in age. So every five years in age older, you double your risk of dying per injection. So when you get into the 80s and 90-year-olds—whether it's Australia, Israel, Canada—you approach the 1 per cent mark, which is what they experienced in India.

Commissioner DiGregorio

Okay, thank you.

My last question, which, hopefully, is a quick one, given that we have been going for so long. And I apologize, everybody, that I'm still going. But at one point you showed—I think it was a world map with excess mortality by country, year over year, and of note in it was that certain countries did not appear to show a lot of excess mortality—such as Canada, Australia, Japan, New Zealand—until 2022. And so, leaving aside sort of the issue of vaccines and potentially causing the 2022 increase in deaths, wouldn't some people be able to look at these maps that you've showed us and said, “Well, this actually supports the view that these countries' lockdowns worked?” And I'm just interested what you would have to say to that.

Dr. Denis Rancourt

Well, you know, you can— There's just so much heterogeneity across the world. We have these lockdown indexes, and we look for correlations, and so on.

I mean, they can always make these counter arguments. But then I would answer, “Why is the mortality significantly higher now than before? And this is excess mortality, so you're above what, historically, you should be seeing. And why did young people experience, immediately, a higher mortality in many provinces and that that was maintained? And why is it that in Nova Scotia and New Brunswick, the mortality is clearly temporarily associated with the only thing that changed at the time which is the vaccine rollouts?” And, you know, I would send back all of those counter examples, would be my response.

But a lot of people do take the approach that you are suggesting. And the way that they approach it, in terms of statistical analysis, is they try to look for correlations between excess mortality in a given time period on one axis and stringency of lockdowns, let's say, over that same time period on the other axis, and they look for a correlation. And I've done this kind of work, for example, in the United States, in detail because you have 50 states, so it's almost like you have 50 countries. And generally, when people try to do that—it's difficult enough to do—there is no significant correlation. You get a big scatter plot, okay? It's just all over the place. There's no clear-cut correlation.

Now, in our study of the USA, what we did is we said, “Well, let's be a little bit more clever,” we think. We'll compare states that share a border, and one did not lock down whatsoever, and the other did lock down whatsoever. And we'll pick pairs of states that are very similar in terms of their populations, the number of poor people in the state, and so on. And we found something like a dozen pairs of states that we could directly compare in that way. And we found that there was, statistically, a very large, significant difference in excess all-cause mortality between the two groups of pairs, within pairs, and it was clearly higher in the lockdown states and lower in the non-lockdown states. So we did a study like that. I did that in collaboration with a professor, John Johnson, from Harvard University, and that was taken up by a corporation who published the article, as well.

[02:55:00]

So you can try to get around the difficulty that just looking for a correlation—with all these different jurisdictions—is just going to give you a scatterplot. You try to refine it. And when you do refine it, you find what we found, I think. And when you don't refine it, you just look for that. And it's a good idea to look for it because what if you did find a strong correlation, you know? That would show it. But what we find is that nobody can show a strong correlation when they look at many different countries like that, so I don't think it would be a good—

In other words, a lot of countries that had very strong lockdowns equal to Canada had very high mortality. So you can't make the relationship.

Commissioner DiGregorio

Thank you, that's helpful. That's all the questions I had.

Shawn Buckley

So I'll take it that the commissioners have no further questions.

So Denis Rancourt, on behalf of the National Citizens Inquiry, I sincerely thank you for coming and sharing with us today. I know that I am not a commissioner, but I really found your evidence interesting and rewarding to listen to, and enjoyed the dialogue that the commissioners had with you. I appreciate—and this is for the commissioners and the audience—that it was a lot of work to prepare for this and analyze those things, and we don't take your effort for granted. We sincerely appreciate it.

And then, on behalf of the National Citizens Inquiry, we thank everyone for supporting us by watching the testimony. For all of the witnesses, it is meaningful because you participate, and we thank you for your encouragement and your support.

And, so, good night.

[02:56:57]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an “intelligent verbatim” transcription method.

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NATIONAL CITIZENS INQUIRY

Virtual Testimony

July 19, 2023

EVIDENCE

Witness: Dr. Peter McCullough

Full Timestamp: 00:00:00–00:59:35

Source URL: <https://rumble.com/v30zcka-nci-virtual-testimony-dr.-peter-mccullough.html>

[00:01:52]

Shawn Buckley

So I'd like to welcome everyone who is attending online and watching this as we commence only the second time that the National Citizens Inquiry has had virtual testimony [after the conclusion of hearings held in eight Canadian cities]. The commissioners have requested that we have Dr. Peter McCullough return and address some further issues.

Commissioners, for the record, my name is Buckley, initial S. I am attending today as agent for the Inquiry Administrator, the Honourable Chestopher [sic][Chesley] Crosbie.

Now, Dr. McCullough, could I begin by asking you to state your full name, spelling your first and last name for the record?

Dr. Peter McCullough

First name is Peter, P-E-T-E-R, last name McCullough, M-C, capital C-U-L-L-O-U-G-H.

Shawn Buckley

And Dr. McCullough, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. Peter McCullough

Yes, I do.

Shawn Buckley

Now, because we have only an hour with Dr. McCullough, Commissioners, I'm not going to go through the regular expert vetting process. I will advise you that we have as Exhibit VT-2, Dr. McCullough's CV, which is 177 pages in length. He has over a thousand peer-reviewed medical publications. He's likely the most published and recognized medical expert in the world, let alone in the United States.

We've also got, as exhibits, two publications that you have asked that he comment on, marked as exhibits. We have as Exhibit VT-2a, an article called "A Systematic Review of Autopsy Findings in Deaths After COVID-19 Vaccination." We have as Exhibit VT-2b, "COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function."

So Dr. McCullough, I'll just march right in and ask if you can start discussing that first article, the systematic review of autopsy.

Dr. Peter McCullough

The context for this paper is that there have been autopsies performed in people who have died after COVID-19 vaccination, but they largely have come in as single case reports. And it's very hard to see patterns when there's a single case or just a small number of cases from a particular site. They have come in from all over the world.

So I was contacted by Nick Hulscher, who's a graduate student at the University of Michigan, who applied for a research project. It was approved by the University of Michigan, this systematic review. We said we were going to find every published autopsy done after COVID-19 vaccination. And once approved, we embarked on our project. We searched over 600 papers where an autopsy could have been done. And then we narrowed it down to the final number of papers in the manuscript—I believe the number is 44.

[00:05:00]

And in total, that was 324 autopsy cases.

Now, importantly, when autopsies were done early on, all of the mechanisms of injury and death the vaccines have been shown to do weren't known at the time. So an early autopsy could have had a patient die of a fatal blood clot, a pulmonary embolism, and the conclusion of the autopsy, early on, would be—not related to the vaccine. Well, we know today that wouldn't be true, so we needed a contemporary review.

We had three reviewers who are expert in pathology—particularly cardiac pathology—who had experience directly with autopsy reports and tissue specimens. And then we reviewed each case, all the published details, independently and had three reviewers, had a system for tie-breaking, in order to ascertain—was the death either directly due to the vaccine or did the vaccine significantly contribute to death?

And our top-line findings were that 73.9 per cent of the cases, the vaccine played a role in the death, either directly or significantly contributing. And in the remaining quarter of cases, we exonerated the vaccine. It looked like the vaccine didn't play a role.

Now, of those with vaccine-induced death, about 90 per cent of it was cardiac, cardiovascular. And the most common pattern was heart inflammation, called myocarditis, leading to sudden death, largely in young people. So the implications of this paper are the next young person who dies, unexplained, and they've taken a COVID-19 vaccine, it's more likely than not the COVID-19 vaccine is the cause of death.

Now, the autopsies came to attention typically within 30 days of taking the vaccine. We don't know, as months and years go on, what is the effect on the heart. But I can tell you, as a cardiologist and someone experienced in cardiopathology, I'm very concerned.

I'm also very concerned about what happened after we initially submitted this for peer review and preprint.

Shawn Buckley

Right, and so my understanding is the article was accepted by *The Lancet*, and then what happened after that?

Dr. Peter McCullough

We had submitted the paper to Lancet. Now, I had previously published in Lancet. I'm the most published person in my field, in the world, in history, prior to COVID, so I'm very familiar to all the journals: they know me, I know them. And I actually had a paper accepted to Lancet very early on in 2021—or 2020, in the pandemic.

So we submitted to Lancet at the editorial level, editorial office level. It was favourably reviewed, but triaged to a lower-level Lancet journal, of which, as a senior author, I respectfully declined because it needs to be published at a high-level journal. But I did accept the offer to have it go on *The Lancet* preprint server: SSRN.

And so, in that preprint submission, there's two rounds of checks to make sure everything is good to go up on the server, and it did. And it was getting surges of downloads over the first 24 hours—like I've never seen before for a preprint paper. To give you an idea: a typical preprint paper on vaccines gets about 50 downloads and reads, because the academic community has interest in it, but it may be sporadic and nominal. But about 50 reads would be common. But we had surges of downloads—I don't know how many thousands of downloads and reads—and the next morning, Lancet stopped it, and they put out a bogus claim. They said that the methodology did not support the conclusions, and yet that wasn't anything they found fault with during the review or preprint submission process.

Within 24 hours, we submitted it on the European Commission preprint server, which is just showing the data to the world so people can look at it for themselves. It's not peer-reviewed, but it's on the Zenodo server and, astonishingly, it has—as we've seen here today—a hundred and fifty thousand downloads and reads.

Shawn Buckley

Well, I'm glad that we've entered it here as an exhibit.

Now, one thing that stuck out at me when I was reading the paper is that, basically, most of these deaths occurred within a week. And what I'm wondering is, so these are largely autopsies of what we could almost call, sudden deaths, very temporally related to the vaccine. Do you know of any work— We're hearing a lot about secondary mechanisms of death, like turbo cancers and the like. Do you know of any work, or is there any work in progress, to use autopsies to assess these other potential deaths being caused by the vaccines?

[00:10:00]

Dr. Peter McCullough

No, I don't. And I think it's particularly worrisome, since we showed such a high rate of causality that those who die months or even years after the vaccine, that, in fact, the vaccine could be a role.

And I've been particularly struck by a paper published by Li and colleagues—L-I and colleagues—demonstrating, even two years after initial shots of Pfizer and Moderna messenger RNA, two years later, there's an excess risk of retinal artery blood clots and retinal vein blood clots. Not everybody had them. But it was about a fourfold increased risk for those who took the shots compared to those who didn't: 750,000 sample size in the vaccinated; about double that in the unvaccinated comparator group.

So I'm worried the vaccines have long-lasting effects: certainly on blood clotting, maybe other factors.

Shawn Buckley

Now, the only other thing that I wanted to ask is, and I appreciate we're not in normal times where the government or the medical community reacts in the way we would anticipate pre-COVID. But what would you normally have anticipated with the publication of these findings? How the governments and medical community would react?

Dr. Peter McCullough

This paper would have been a high-level paper at any meeting. We clearly would have had interaction with the companies, the manufacturers, the FDA [Food and Drug Administration], the EMA [European Medicines Agency], TGA [Australian Therapeutic Goods Administration], SAHPRA [South African Health Products Regulatory Authority]—all the regulatory agencies. There'd be an invitation to make a presentation at one of the FDA vaccine meetings, which come up frequently. And then there would be a broader discussion of death after vaccination.

So when the Pfizer dossier was released— You know, Pfizer recorded 1,223 vaccine deaths within 90 days of release of their product. Five, 10, 15, no more than 50 deaths—back early in 2021, Pfizer should have pulled it off the market. That's my expectation. The FDA should have told them to do so. All the other regulatory agencies, worldwide, should have had alarms going off to get Pfizer off the market. Yet, 1,223 deaths and no one made the call to pull it off the market.

In fact, Pfizer tried to conceal that—and the lawyers from the FDA—for 55 years. Now we've had Moderna conceal their data. And under court order, finally, Moderna's data has been released to the ICAN [Informed Consent Action Network] NGO. Two years later, Janssen and Novavax and AstraZeneca still have not released their 90-day regulatory dossiers.

Shawn Buckley

So for those that may be watching, so you're referring to what's now called the "Pfizer dump," where Pfizer basically did not want—for 77 years—their clinical trial data to be released, and they were forced by a court to be releasing it in stages. That's what you're referring to?

Dr. Peter McCullough

That's correct. Remember: any product that's released on the market, the company has an obligation for 90 days to take phone calls from patients and their family members, and take down the report of any side effects. And when Pfizer was released—December 10th, 2020, in the United States—people started calling Pfizer, and the phone was ringing off the hook with complications, side effects, and, sadly, family members calling Pfizer and telling them that their loved ones had died after taking the Pfizer vaccine: sometimes in the vaccine centre—right where they took the vaccine—or within a few hours or a few days after taking Pfizer.

So it was an explosive number of deaths. And as you point out, the lawyer for the FDA wanted to block this release for 55 years and actually went further and extended it to 77 years during the proceedings. And finally, under court order, it was released—the Pfizer dossier was released. It's largely been analyzed by the analytic group at the *Daily Clout*. And Moderna will almost certainly be analyzed by the NGO ICAN [Informed Consent Action Network] because their attorneys forced release.

The public and doctors should be very disturbed that the companies are not publicly releasing their 90-day data. And in fact, they've intentionally tried to cover that up and not release it.

Shawn Buckley

Right, so that's the work of Aaron Siri, I believe, is the attorney's name for ICAN. Yeah, he does great work.

Now, one of the things that I understand has kind of come out from this Pfizer dump—and I want to use it to segue into the next article that we've entered of yours as an exhibit—is basically a focus on reproduction that one wouldn't anticipate. If you're doing clinical work on a vaccine for a respiratory virus, we wouldn't necessarily expect there to be much, or any, focus on reproductive health.

[00:15:00]

I'll ask you to comment on that, and then I'll ask you to basically discuss that paper that you participated in authoring, the miscarriage rate and other issues surrounding pregnancy and the COVID vaccines.

Dr. Peter McCullough

The clinical trials of the COVID-19 vaccines were very similar to clinical trials of new pharmaceuticals. Pregnant women and women of childbearing potential, breastfeeding women—strictly excluded from these trials. And the institutional review boards that looked over these applications, the sponsors and the FDA, and all the regulatory agencies agreed: under no circumstances should a woman of childbearing potential without contraception, a pregnant woman, or breastfeeding woman take a COVID-19 vaccine because the vaccine could cause harm. So all those entities agree, and that's the reason why not a single woman in that category was allowed to take a vaccine.

And then in a shocking move—December 10, 2020—the FDA and the CDC [Centers for Disease Control and Prevention] in the United States, who were sponsoring the vaccine administration program, encouraged pregnant women to take the vaccine with no assurances on safety. None. And this was a shocking move. The FDA and CDC did this. The

vaccine administration centres didn't provide any oversight or any clinical judgment to exclude them.

In my clinical practice, I would never have a woman in that category take any experimental product. It's considered Pregnancy Category X, meaning it should not be used, has a dangerous mechanism of action, and has no assurances on safety. And I published an opinion editorial in *TrialSiteNews* with Dr. Raphael Stricker—who runs the largest fetal loss clinic in the United States—early in 2021 stating that: that the COVID vaccine should be Pregnancy Category X.

What we know from that point forward is, I think, alarming: that our CDC is reporting 65 per cent of women—over the course of 2021 and 2022—65 per cent of women who got pregnant either took a COVID-19 vaccine before the pregnancy or during the pregnancy. This is an astonishing observation that women themselves, their obstetricians, their gynecologists, and others would not have an eye towards safety.

We had a paper, by the way, in *Annals of Internal Medicine*, of pregnant women who got COVID, by Pineles and colleagues. Pregnant women have better COVID outcomes than non-pregnant women because pregnancy is an enhanced immune state. It's a natural state, and it's not an immunodeficiency state. So there was no clinical indication, there was no medical necessity, and there was no safety.

To make matters worse, we learned that the Biden administration and the Health and Human Services Department through the COVID Community Corps program—discovered under FOI, or release of information act—that the American College of Obstetrics and Gynecology [sic] [American College of Obstetricians and Gynecologists] [ACOG] took federal money to promote COVID-19 vaccines through gynecologists and obstetricians on pregnant women without having assurances on safety.

Shawn Buckley

And I just want to make sure that people understand. So what you're saying is that they—We'll just use Pfizer as the example. So the Pfizer clinical trial, like all clinical trials—We call it a new drug, in Canada and our regulations. But as all clinical trials on a new drug, pregnant women are excluded, and that's for ethical reasons. And so when the FDA—and here, Health Canada—is then approving the COVID-19 [vaccine] for pregnant women, you're telling us there actually was no research showing that it was safe to use on pregnant women at the time the FDA approved it for use in pregnant women.

Dr. Peter McCullough

No. So yeah, that's a correct statement for the FDA, Health Canada, TGA—any of the regulatory agencies that allowed pregnant women to be vaccinated with novel, experimental vaccines. Initially, it was Pfizer. That's the messenger RNA coding for the lethal Wuhan spike protein. No regulatory agency, in good conscience, could ever approve that for a pregnant woman. This was very early on.

And because human ethics committees and the FDA and the pharmaceutical companies, just four months earlier, excluded these women from studies,

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it should have been a strong signal that under no circumstances should they allow them to take the vaccines. Yet, as I've told you, the majority of women who got pregnant and delivered babies through these years in the pandemic took the vaccines. And what we've learned is the outcomes have been horrific for these women.

Shawn Buckley

So can you discuss that? Because that's what's in your paper, the miscarriage rate and other issues surrounding pregnancy and the COVID vaccines.

Dr. Peter McCullough

Well, let's just take the mothers first. And I'll cite a paper by Hoyert, a single author, H-O-Y-E-R-T. It's published by the National Center for Health Statistics; it's on the CDC website. Hoyert is reporting, during these pandemic years when the women took the vaccines, record maternal mortality: mothers dying during the pregnancy and, in that study, up to 42 days afterwards. So maternal death is one of the ultimate outcomes, and it appears as if it's associated with administration of the COVID-19 vaccine. It's erased about four decades of progress in obstetrics. So pregnant women are dying at record numbers at this point in time, and it's in the National Center for Health Statistics in the United States.

Now, in terms of the maternal-fetal outcomes in those who survive pregnancy, there's about three dozen papers that have concluded that they don't see a safety signal in pregnant women. But these studies—including a very early one in *New England Journal of Medicine* by Shimabukuro and colleagues from the CDC—they were either biased because the FDA and CDC are the vaccine sponsors, they were publishing the studies, or they were biased because the authors were members of the American College of Obstetrics and Gynecology and they took federal funding to push the vaccine. So many of the papers can simply be discarded because they're biased by people who, basically, are being paid or told to promote the vaccines.

And on top of that, the papers have shortcomings: The windows are too short; they don't look at a full nine months of pregnancy. There's no comparator group. So we assembled a team led by Dr. James Thorp, an obstetrician/gynecologist—I'm the senior author—and we evaluated the U.S. Vaccine Adverse Event Reporting System [VAERS]. And we did what the CDC asked investigators to do, is we benchmarked it against another vaccine pregnant women take, and that's the inactivated flu vaccine.

And what we found is that women who took the COVID vaccine compared to those who didn't and those who did take the flu shot as a comparator, we have a multifold increased risk of maternal hemorrhage, fetal loss in the first trimester, stillbirth, maternal hemorrhage after delivery, fetal hemorrhage, and then four fetal outcomes—including intrauterine growth retardation; oligohydramnios, that is a reduction in the amniotic fluid; fetal malformations; and then, sadly, fetal death.

So the Thorp paper is the safety signal of concern. It was done correctly, compared against the flu vaccine and the unvaccinated. And when we have three dozen papers that are biased or incomplete, but we have one paper showing a signal—I can tell you, I'm an expert in data safety monitoring—we follow the single paper that shows the safety concern. And so it's my testimony that the vaccines have been associated with maternal death at a record level and now, fetal loss, loss of pregnancy: the first trimester, that's a miscarriage; and then after 20 weeks, that's a stillbirth. Sadly, maternal hemorrhage after delivery and multiple fetal abnormalities.

Shawn Buckley

Now, is there— Because the governments will say, “Well, we’re trying to protect the mothers and babies.” And you’ve already indicated to us that, actually, a mother during pregnancy is in a kind of a hyperimmune state—the immune system is ramped up. Do babies and children face a risk from COVID that would justify the use of this vaccine during pregnancy?

Dr. Peter McCullough

They don’t. I mean, infants have an imperceptible syndrome, if they have any. We had very positive data in using hydroxychloroquine, prednisone, aspirin, and other drugs—good clinical experience in women who are pregnant. They worked fine. Monoclonal antibodies were used, even if it was off-label, in pregnant women: they were safe and effective. So we had treatments for the pregnant women. They clearly didn’t need to risk anything with a vaccine.

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And then children had a negligible risk, particularly newborns.

So, you know, we have a situation now. Paper by Klaassen and colleagues, from Harvard, show that 94 per cent of Americans already through COVID; 97 per cent have some protection, even from subclinical illness. The COVID-19 vaccines and boosters are not clinically indicated or medically necessary, clearly in pregnant women but other populations as well. And that’s evidenced by the fact that 15 per cent or fewer of Americans have even taken a booster.

And so we’re largely through the pandemic. There are low-level residual cases that are very mild and we use the McCullough protocol or other standard published protocols to treat patients.

Shawn Buckley

Now, I’m going to go into that at the end of your testimony because I want to end on a positive note. So at the end of your testimony, I’m going to ask you about, how do we mitigate some of these things?

But because we’re short on time, you only have an hour to spend with us, I want to invite the commissioners to ask you questions because I know they were looking forward to being able to ask you questions.

And Dr. Massie, who’s unmuting, he used to run the National Research Council of Canada.

Commissioner Massie

Yeah, well, just to follow on the positive note about the protocol that’s been developed to reduce spike toxicity. I’ve seen a number of reports on that and I know you’re working on a publication that is probably going to come any time soon.

One of the things I was wondering, because this question has been asked to me by many people: if you think of the nattoxinase, for example—which is an enzyme produced from a bacteria—and the route of administration, if I’m not mistaken, is you swallow a pill, so it goes in your gut. So the question that people were asking is, how is it possible that it can

actually reduce or destroy the spike protein if the spike protein is not accessible to the enzyme? If it's running in the blood, for example, what's the likelihood that this enzyme will actually get to the blood circulation? Do you have any indication on that?

Dr. Peter McCullough

That's certainly a fair question, and I can't make any therapeutic claims on nattokinase. We don't have large prospective, double-blind, randomized, placebo-controlled trials or a giant pharmaceutical dossier—like pharmacokinetics and pharmacodynamics. I can tell you no such studies are planned and that have been registered in clinicaltrials.gov.

But this is what we know: The Japanese have been eating natto for about a thousand years. It's the fermentation product of soy. It's broken down by *Bacillus subtilis* [variant] *natto*. It's been used as a cardiovascular supplement for a few decades. It is a thrombolytic, so we know that at a single dose administration of 5,000 FUs—or Fibrinolytic Units—that blood parameters change. It is an oral anticoagulant. We know that for sure.

Three papers—the lead one by Tanikawa and colleagues—shows that nattokinase does degrade the spike protein. Whether it's inside cell preparations or whether it is in cell lysates, it dissolves the spike protein. So the enzyme appears to have functions both intracellularly and extracellularly where it is a protease. And the human protease system does not seem to be able to break down the spike protein itself.

Bruce Patterson has shown this in IncellDx: after severe COVID, the S1 segment is within CD16-positive monocytes—probably extracellular, as well—up to 15 months afterwards, in his data; up to nine months afterwards, after the vaccine. That's as far as he's looked. The full-length spike protein, S1 and S2.

So we believe, based on the data, that nattokinase has a degradative effect on the spike protein. And it's been our clinical experience now, about three months on nattokinase, empirically, we're seeing clinical improvement.

Commissioner Massie

Thank you.

Commissioner Drysdale

Dr. McCullough, I have a number of questions for you. On the first study that you were talking about, I believe you said that you had identified 678 studies. And of that 678 studies,

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they thought that 325 of them were pertinent to the investigation you were undertaking. Now, can you tell me, what was the population from which those studies were extracted? Was it just the United States? Was it the world?

Dr. Peter McCullough

Yeah, the population was the world. But like, a prototypical study—that was in the 600, that didn't get included—is a paper by Patone and colleagues published in *Circulation*

where they described a hundred fatal cases of vaccine myocarditis in the U.K. A hundred cases, but not a single one had an autopsy.

Commissioner Drysdale

Well, you know, that's what I'm curious about because you went on to speak about the post-marketing informational dump from the vaccine manufacturer. And I believe that that study that they looked at, where they reviewed 42,086 cases of adverse reactions, was completed end of February 2021, was it not?

Dr. Peter McCullough

That's correct.

Commissioner Drysdale

So in the data that you talked about from that post-marketing study, you mentioned that there was 1,223 fatalities. Now, what you didn't mention was that in that same report, out of the 42,000, there were 9,400 cases they said the results were unknown. So there were 1,223 identified fatalities, 9,400 cases where the results were unknown—they could have been deaths, they could have been anything, they just weren't reported. But coming around to my point is, as early as February and with a sample size of only 42,000, BioNTech had identified 1,223 cases of death. And yet, years later, we could only find 370—plus or minus—autopsies that you could use in your study. How is that possible?

Dr. Peter McCullough

It's possible, and I distinctly remember this. I participated in a pathology lab on a regular basis, in a prior position. Most centres in the United States and worldwide shut down all autopsies during the pandemic. There was a great fear that the deceased body would transmit COVID to the people working on the body. And so we have an incredible dearth of autopsies because most clinical pathology programs shut them down for a couple years.

Commissioner Drysdale

Well, you, know that's interesting, Doctor, because we've had significant testimony from witnesses who said that by as early as March of 2020, the health profession understood that COVID really affected a particular age group and that is elderly people with comorbidities. And yet, healthy people—Health care workers were so afraid of it that they wouldn't do autopsies? I mean, that's incredible.

Dr. Peter McCullough

No, it was true. It's absolutely true. I can serve as a witness—as someone who regularly worked in a pathology lab—but that's in fact what happened. And when the Italians published the first autopsy papers in COVID, it was thought to be an amazingly courageous group that would perform a dissection on a patient who died of COVID, that they, quote, "took the risks of doing that." And the autopsies, as you alluded to, were incredibly valuable.

And what the original autopsies in COVID found—in COVID, not the vaccine, just COVID—is that people died of blood clots. Invariably, they had micro and macro blood clots in the lungs. So we learned from those papers that patients needed blood thinners. And in fact, in

the McCullough protocol—treated as an outpatient—we used very strong blood thinners in high-risk cases very early. And it's the lack of using blood thinners, I think, early that contributed to some COVID deaths.

Commissioner Drysdale

Well, you know, I want to switch over just a little bit and talk about the second study that you were discussing. How long did it take before the influenza vaccine was approved to be used on pregnant women? I mean, as I understand it, it took 10 months with this. How long did we wait before we were allowed to put the flu vaccines into pregnant women?

Dr. Peter McCullough

I don't know. As I sit here, I don't know. I would assume it probably took many years.

And it's still controversial, by the way, to give any pregnant woman a vaccine. And the reason being is that a vaccine—

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if it's diphtheria, tetanus, pertussis, inactivated flu—the reason why it's controversial is that any vaccine can cause a fever. And a fever is a known precipitant for a spontaneous abortion or a stillbirth.

Commissioner Drysdale

So you don't really know how long, but how long have flu vaccines been on the market?

Dr. Peter McCullough

Flu vaccines have been on the market for many decades. I know, personally—I checked my own personal vaccine record—I've taken 40 flu shots in order to be a doctor and medical student, on staff. So I can tell you at least four decades because I'm a witness for that.

Commissioner Drysdale

So 40 years of influenza vaccines and they still caution to give them to pregnant women. But this mRNA vaccine was approved and encouraged for pregnant women within months of its development. Is that a fair statement?

Dr. Peter McCullough

That's correct. And, shockingly, it was encouraged by the U.S. FDA and CDC on the day it was released: December 10th, 2020. And yet, just two months earlier, pregnant women were prohibited from taking it in the clinical trials.

Commissioner Drysdale

Now, I also wanted to ask you a little bit about— You know, in listening to witness testimony and doing research for the report that the commissioners are writing, it seems that the mRNA vaccine—if you read the definition of these drugs from the CDC or Health Canada, the mRNA treatment—is really a biologic, is it not?

It's true. I would cite the work by H  l  ne Banoun—B-A-N-O-U-N, former INSERM [French Institute for Health and Medical Research] scientist in Marseille, France—where she's analyzed all the regulatory characteristics of messenger RNA. It's clearly gene therapy.

But they took a gene therapy—a biologic—and the reason biologics undergo a much higher level of investigation of testing is because of the complexity of their manufacture and the way they interact with the body, with the cells of the body. So how is it that we took a biologic that would have normally taken years and years and years—because it’s a biologic and not a vaccine—how is it that we classified it as a vaccine and tested it on the basis of it being a vaccine when it’s clearly a biologic?

It was regulatory malfeasance. Never should have been considered as a vaccine and received a short-track approach. We needed, clearly, five years of safety testing and observation. Even if it was released early, there should have been monthly safety meetings; everybody should have been in a registry checking in. And as I've already testified, the vaccine should have been pulled off the market January 2021 for excess mortality.

Now, with regard to the pregnant women, are you familiar at all with the, let's say, pre-2019, pre-COVID vaccine rate of mortality in women due to them being pregnant? What's the incidence that a pregnant woman—just from complications due to the pregnancy—what would that mortality rate be?

The absolute rate is in the Hoyert paper—H-O-Y-E-R-T. It's at the National Centre for Health Statistics. So I don't have it in my memory of the absolute number. But let me say, in the years prior to COVID, it was at a steady rate. It did go up in 2019 a little bit, more in 2020, and then it really jumped in 2021. And as I recall, in 2021, it's probably four times the baseline.

My understanding that the number prior to COVID was somewhere in around 1 in 16,000, or in that range. Does that sound in the ballpark?

No, to me that sounds high, but go ahead.

Okay, fair enough. The reason I was asking that is I wanted to compare—or I wanted you to compare or discuss—the risk of mortality due to being pregnant versus the risk of mortality for women of that age group dying of COVID-19.

Dr. Peter McCullough

Well, there were some maternal deaths due to COVID-19. They did occur; you can find them in the peer-reviewed literature. We do know that, again, pregnant women did better than non-pregnant women.

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And just like the other patterns, the pregnant women who did die of COVID-19 tended to have baseline problems, like preeclampsia, systemic lupus, obesity, cystic fibrosis, other problems that they were carrying forward, and, so, they remained at risk.

But in my view, there wasn't justification for the vaccine because the vaccine—because it's applied to all women—if it caused harm, it would cause harm to a large number of women, as opposed to simply treating those isolated cases at high risk. We had success using hydroxychloroquine, prednisone, enoxaparin, corticosteroids: they were all safe and effective. Monoclonal antibodies: safe and effective. So we had a ready armamentarium.

It wasn't commonly done in the United States, but it was done extensively in Brazil: pregnant women could also receive ivermectin, and they did incredibly well. There's a published paper by Schechter and colleagues from Manaus, Brazil—where they had the gamma variant in the Amazon rainforest—and they clearly treated these women and they saved them, whereas without treatment, some died. So we knew that it was essential for some high-risk women to get early treatment.

Sadly, the vaccines have never been shown to reduce hospitalization and death in any prospective, double-blind, randomized, placebo-controlled trial. And that's the only design where we can ever make a claim regarding the vaccines.

Commissioner Drysdale

My last question, because other folks want to get in here—and I'm sorry for hogging the time here—but, you know, you talked about a significant increase in miscarriages and deaths in the fetus. But have you got any information with regard to the effect of fertility in the first place? In other words, we're talking about and counting deaths in the womb, but how many babies were prevented from getting in there in the first place due to fertility issues? Do we know that?

Dr. Peter McCullough

We know the basis for infertility is pretty strong because a bio-distribution study showed that the lipid nanoparticles do go to mammalian ovarian cells. We know the spike protein is damaging to cells and tissues.

Two studies—one by Gat, the other one by Huang—showed in men that the vaccine clearly reduces sperm count and motility: the two major indicators of male fertility.

And then I would say that one of the third largest sources of information on fertility is that the vaccines, in every study so far, disrupt the female menstrual period. A large study from the U.K. called the EVA project ["The Effect of Vaccination against SARS-CoV-2 on the Menstrual Cycle (EVA Project)"] showed this was the case. A very big study in *British Medical Journal* showed the same thing.

So here's the concept: you know, a woman only has a certain number of eggs and the ovulatory cycle needs to be precise—ovulation, fertilization, implantation. Anything that disrupts that cycle, which for sure the vaccines do, will reduce fertility. If the vaccines go to the ovaries and cause some loss of egg cells, that's going to reduce fertility. And on the male side, there's a range of fertility, and if the vaccines reduce some men's fertility into the infertile zone, we have a perfect storm for the vaccines lowering fertility. And now, all the data systems across Europe, which they have good tracking systems, show, indeed, population fertility is down since the vaccine campaign has started.

Commissioner Drysdale

So, I mean, what you're talking about is an unknown number of thousands and thousands of babies that may have died or may have not been conceived, and we just don't know the answer to this.

Dr. Peter McCullough

I agree with that.

Commissioner Drysdale

Thank you, sir.

Commissioner Massie

If I can jump back with another question. You actually did an interview with Christine Cotton and another French colleague about the clinical trial—the way they were actually executed with the Pfizer, and it was analyzed in a lot of details. So what is your overall take on the conversation you had with them, with respect to the, I would say, reliability of the clinical trial: both with respect to efficacy and safety, that the data that came out from this trial?

Dr. Peter McCullough

The registrational trials of Pfizer,

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in my opinion, are invalid: that there were so many breaches of good study conduct that the results are not reliable. They didn't test each group equally to see if they got the infection on a regular basis. The groups weren't properly blinded: people knew if they took the vaccine or not. There were crossovers that occurred, dropouts. And putting this all together, we cannot conclude that the vaccines are either safe or effective.

Commissioner Massie

So I know that in the conversation, Christine Cotton was mentioning that she wanted to have an audit of the clinical trial. In your opinion, what would it take to get that audit?

Dr. Peter McCullough

The FDA simply can order an audit, and independent auditors or FDA auditors can audit the dossier. And it's Dr. Cotton's opinion and mine that the trial would not survive an audit.

The conclusion would be that the registrational trial is invalid. If the trial is invalid, therefore, the approval never should have happened.

Commissioner Massie

So if the FDA is not moving forward with the audit, is there any other way to enforce it?

Dr. Peter McCullough

Another regulatory agency could step forward—the EMA, the Canadian authorities, MHRA [Medicines and Healthcare products Regulatory Agency], SAHPRA. FDA is not the only game in town. Many of the other regulatory agencies actually relied on the U.S., so it would be nice to see an outside regulatory agency call for an audit, request the dossier, and analyze the procedures that were taken and, basically, the results of that flow process.

Commissioner Massie

And in your opinion, what would be the timeline in terms of asking for the audit? Is there sort of a defined window after which you can no longer do it?

Dr. Peter McCullough

Audits can be done retrospectively, particularly if we think there's malfeasance that's occurred. They can be done. Research centres, by the way, are required to keep records for years and years and years. So they could call an audit for any time, and particularly if we think malfeasance is a concern.

Commissioner Massie

Thank you.

Shawn Buckley

So if there are no further questions, I know that I have some because we wanted to speak at the end of your testimony about, basically, some positive solutions. But I think it would be important to explain to the people watching, basically what are the mechanisms of harm? Like, what is the concern—short of death—that you're seeing in the research and in your own clinical practice concerning vaccine injury? And I mean concerning COVID-19 vaccines.

Dr. Peter McCullough

There's over 4,300 papers in the peer-reviewed literature describing vaccine injuries, disabilities, and deaths—4,300. And the regulatory agencies agreeing the vaccines cause many serious syndromes, including myocarditis, heart inflammation, stroke—both hemorrhagic and ischemic stroke—other neurologic problems, including Guillain-Barré syndrome, small fibre neuropathy, seizures, blindness, hearing loss, blood clotting. All the regulatory agencies, all the peer-reviewed papers agree blood clotting is a major problem: deep venous thrombosis, pulmonary embolism, blood clots in the retinal arteries and veins—virtually every thrombotic syndrome one can imagine.

Fourth category is immunologic. Immunologic is disorders of the immune system: multisystem inflammatory disorder, vaccine-induced thrombocytopenic purpura, and now,

lingering immune systems called autoimmune problems, characterized by a positive ANA—or antinuclear antibody or an antinuclear cytoplasmic antibody—response.

So it's a broad breadth of problems. Most appear to be related to the spike protein, excessive production of the Wuhan spike protein. That's the spine on the ball of the virus.

The code for that was intentionally manipulated in the Wuhan Institute of Virology to be more infectious and more damaging. All of that has come out in the U.S. House of Representatives Select coronavirus investigations. A report was issued by that committee July 11th, 2023, outlining the fact that the virus was indeed engineered in the Wuhan lab. The U.S. regulatory officials had a role—including Dr. Anthony Fauci; Dr. Francis Collins; academic investigators—including Dr. Ralph Baric at the University of North Carolina at Chapel Hill; and NGO EcoHealth Alliance—led by Peter Daszak; and, of course, the Wuhan Institute of Virology—led by Dr. Shi Zhengli. So that now is all in the open.

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We're left with the spike protein damaging the Canadians, Americans, others who took the vaccine. The spike protein, as we've outlined, does not appear to get out of the body quickly at all. It may be in the body for months or years.

To make matters worse, now, multiple labs have discovered the vials were contaminated with DNA—what's called cDNA, which comes off the manufacturing process. During the clinical trials, Pfizer and Moderna used naked DNA to produce the messenger RNA. And towards the very end, they switched to mass production using *E. coli*—not naked DNA, but *E. coli* DNA—to produce the code, the messenger RNA code. And that *E. coli* required certain additional elements called promoters: promoters that actually enhanced the production of the DNA, which made the RNA in *E. coli*. About 250 people— Out of the 48,000 in the clinical trial, 250 got the new manufacturing process compared to the old manufacturing process. So only about 250 do we have anything to rely on in terms of who got the new stuff.

To make matters worse, in the clinical trials they use single-use vials: one vial per person. And in the public program, they used the new process made from *E. coli* and multi-use vials where six different doses came from a vial—air is introduced through using multiple needle punctures through the diaphragm of the vial.

And now a lead paper by Kevin McKernan, validated by three other labs: the vials are contaminated with this *E. coli* DNA, and there's fragments of the DNA, including the promoter. There's both the promoter and the enhancer of what's called SV40—or simian virus 40. Not the full viral code, but the promoter that promotes the production of the DNA. **The reason why this is concerning is SV40 is a known promoter of cancers. It actually promotes proto-oncogenes and oncogenes.**

Separately, in a paper by Singh and colleagues, the S2 segment of the spike protein, which is in people who took the vaccine—not in people who got COVID, but those who took the vaccine—S2 segment seems to inhibit the P53 and BRCA tumour suppressor systems. So we have a perfect storm of cancer promotion and, then, inhibition of our cancer-surveillance system.

So what I'm leading to is, there's a great concern that the skyrocketing rates of cancer we're seeing worldwide—and there's no dispute that cancer is up—in fact, that may be due to COVID-19 vaccination, besides all of the known syndromes that I've outlined.

So this is bad news for those who took the vaccine. Most of this is dose-related, so if someone's following the U.S. schedule right now, they're on their seventh dose of messenger RNA—seven. Many people just stopped at one or two doses.

We know in a paper from Schmeling and colleagues—good news—a third of the batches, there were zero side effects. This is in Denmark. They had Pfizer, they had all the side effects. Zero side effects. Two thirds have some mild side effects. And yet the third batch, only 4.2 per cent of the vials had side effects through the roof, including fatal side effects that we've covered in this testimony.

So it looks like we have a product production problem. This small number of vials may have hyper-concentrated messenger RNA, contamination, other factors, but there are lethal vials of the vaccine. All of them should have been pulled off the market in 2021. The batch differences were submitted to the CDC and FDA in 2022 by Senator Ron Johnson. Those regulatory agencies dismissed that concern. Now we have this paper by Schmeling and colleagues, out of Denmark, clearly showing it's a batch problem, both good news and bad news. The good news, most people look like they probably will be unharmed, but a small number of people, sadly, have paid the ultimate price.

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Shawn Buckley

Before we switch to the solution, one burning problem that I've wondered about—and you might be the perfect person to answer it because you're so connected with the research—is it seemed that early on, they knew the spike protein was the dangerous part of the virus, and yet that's the part that they chose to have manufactured within our bodies, when they could have chosen a more benign part of the virus for us to get immunity from. And then we've continued on with that. I mean, with other vaccines, once the delivery mechanism is approved, they can change the viral part without having to go through all the regulatory process. So is there any explanation as to why they chose the spike protein, and then why they haven't substituted to a less dangerous part of the virus?

Dr. Peter McCullough

The code of the spike protein appears to have been known years ahead of time. Years ahead of time. We've learned that vaccine developer Peter Hotez, in Houston, had biodefense grants based on that spike protein receptor-binding domain with the Chinese in 2015 through the National Institute for Allergy and Immunology [sic] [National Institute for Allergy and Infectious Diseases]. So the spike protein was known years ahead of time, and it was ready-made.

Within three days of President Trump declaring a COVID-19 disaster, Moderna declared they had a vaccine—within three days. And the only way they could have done that is they knew the code for the spike protein ahead of time. And they chose it, and it appears to be an intentional choice.

Shawn Buckley

Right, and an intentionally dangerous choice is what you mean.

Dr. Peter McCullough

Well, it was dangerous. Now there are papers and discussion about benign proteins and making a vaccine from the benign proteins. From the very beginning, the Chinese had a killed vaccine where they presented the whole virus to the body and that didn't work. That was exactly what Ralph Baric did in 2015: the whole virus vaccine didn't work. The spike protein clearly produced neutralizing antibodies and looked good, and they went with it largely, I think, because they had the genetic code ahead of time. We learn now that Moderna had a material transfer agreement with UNC-Chapel Hill with Ralph Baric before COVID was known. So this looked like it was all prearranged.

Shawn Buckley

Yeah, I wish we had more time for that conversation.

Can I have you address that last point that you wanted to address: just, kind of, the positive news about that there are some ways of addressing the primary problems with the vaccines because I think it would be helpful to leave people with some positive news.

Dr. Peter McCullough

Right, just in the last minute, let me say: there's no methods of getting messenger RNA out of the body. It appears as if Pfizer and Moderna is pseudouridinated, and there's no way to get it out of the body. It does produce the spike protein for an undisclosed duration and quantity. It may be forever.

But we do have a remedy for the spike protein to degrade it. One is with nattokinase, we've covered. A second is with a natural product called bromelain, also an enzyme—a family of enzymes that's FDA-approved for use topically for some deep wound problems, but it is orally available and does work in the human body. Both nattokinase and bromelain are blood thinners. And then the third natural product is curcumin, derived from turmeric: that even has randomized trial support that it reduces inflammatory factors in patients.

So we have a paper that's been accepted, it'll be out in the peer-reviewed literature, that a triple combination—what we call “Base Spike Detox”—of nattokinase, bromelain, and curcumin—nattokinase, 2000 units, twice a day; bromelain, 500 milligrams a day; and curcumin, 500 milligrams, twice a day—is a reasonable, empiric approach to try to detoxify the bodies that have been loaded with the spike protein. And this base, which is a natural, over-the-counter approach, can be something people can do with the caveats that we're using two blood thinners, there can be allergies, people need to be cautious. But it almost certainly will have a salient effect on the blood clotting problem and the spike protein issue in the tissues and cells. And then doctors can work on other advanced therapies, as needed, for the specific syndrome.

So spike detox, I've been doing this in my clinical practice now for months. I found very good success, a reasonable safety profile with the caveats: I can't make any therapeutic claims, and there are no large, randomized trials planned. There's no funding planned for this. It looks like we're going to have to be on our own in terms of our clinical judgment.

Shawn Buckley

Well, I don't know how it is in the U.S., but our drug approval laws really are there to protect intellectual property rights because they're so expensive that in my lifetime, there's

only been one product go through the new drug approval process that didn't have a patent, and that was funded by government. So, likely have the same problem in the States.

Are there any quick, final questions? We're at the end of our hour. So Dr. Peter McCullough, on behalf of the National Citizens Inquiry, we sincerely thank you for coming and testifying again with us today.

Dr. Peter McCullough

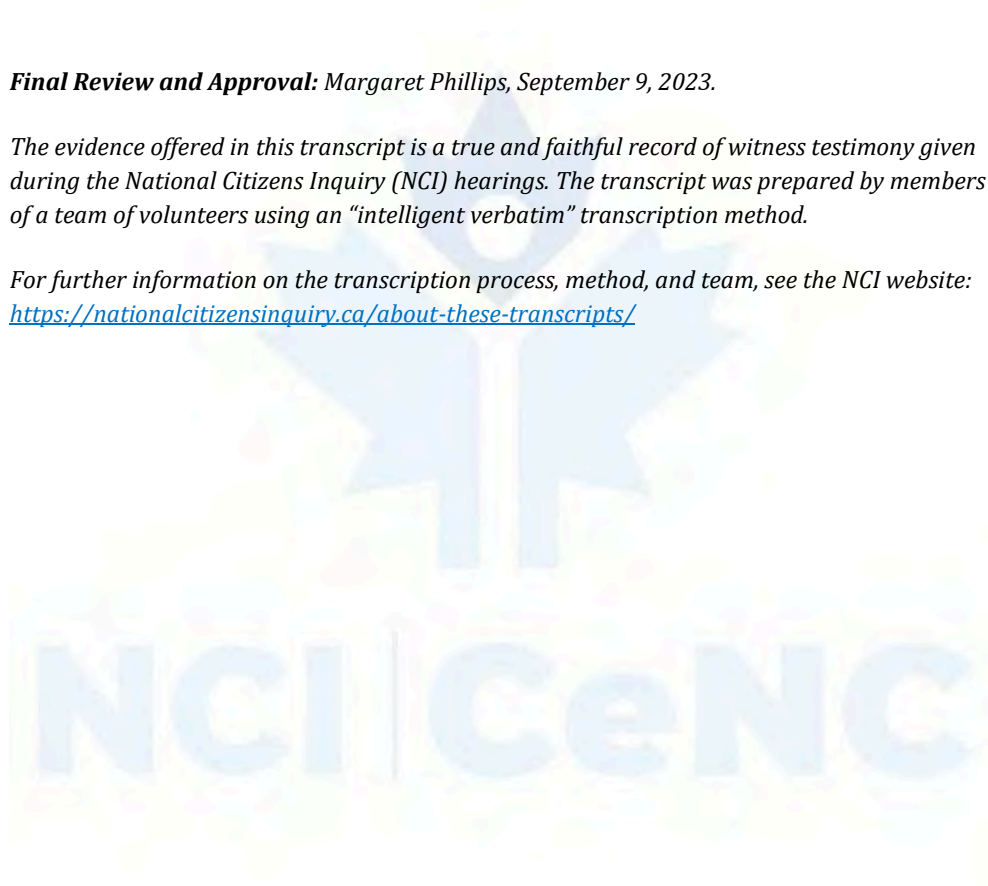
Thank you.

[00:59:35]

Final Review and Approval: Margaret Phillips, September 9, 2023.

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NATIONAL CITIZENS INQUIRY

Virtual Testimony

September 18, 2023

EVIDENCE

Witness: Dr. William Makis

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[00:01:48]

Shawn Buckley

Good evening and welcome to this special sitting of the National Citizens Inquiry. My name is Shawn Buckley. I'm a lawyer that volunteers at the National Citizens Inquiry, and we're very pleased to have Dr. William Makis, who will be testifying for the first time at the National Citizens Inquiry.

For those of you who are not familiar with us, we are a citizen-led, a citizen-run, and a citizen-funded group that just decided to appoint independent commissioners and march them across the country. And we basically have created the largest library of under-oath testimony in the world on COVID-19 issues. What's been accomplished has been absolutely fantastic. But we have some holes in our evidence, including evidence on cancer and some other interesting things that Dr. Makis is going to share with us today.

I guess I will start formally: Commissioners, for the record, my name is Buckley, initial S. I'm attending this evening as agent for the Inquiry Administrator, the Honourable Ches Crosbie.

Dr. Makis, before we begin, can I ask you to state your full name for the record, spelling your first and last name?

Dr. William Makis

My name is Dr. William Makis, V-I-L-I-A-M M-A-K-I-S.

Shawn Buckley

And Dr. Makis, do you promise to tell the truth, the whole truth, and nothing but the truth, so help you God?

Dr. William Makis

I do.

Shawn Buckley

Now, by way of just some background— And I will indicate for both the commissioners who have received your CV earlier today and for those that will be watching your testimony that your CV has been entered as Exhibit VT-3 in these proceedings, so everyone can view your expertise. And I will also indicate that every document that you refer to today and the slide presentation that you're going to use are also entered as exhibits and will be available on your testimony page online.

But briefly, you, in 2001, received a degree in Immunology from the University of Toronto. In 2005, you graduated from the Faculty of Medicine in McGill, but you made a decision to train for five more years at McGill in the area of nuclear medicine to become an oncologist. And that's what you are: you're a nuclear medicine radiologist and oncologist. You worked at the Brandon Regional Health Centre, Department of Nuclear Medicine, and then more recently at the Cross Cancer Institute, Department of Diagnostic Imaging in Edmonton.

Now, we've asked you to testify on a number of topics today, including your experience with vaccine mandates in Alberta, with sudden deaths involving doctors—which you've been a pioneer in bringing attention to that. We want you to also share with us about the Alberta government deleting COVID-19 vaccine data from,

[00:05:00]

basically, the public website that they run. We want you to speak about the relationship, if any, between COVID-19 mRNA vaccines and cancer, and then also about sudden deaths and cancer.

So, Dr. Makis, I invite you to begin. You have a presentation for us [Exhibit VT-3a], and then, just as needed, I'll interrupt you to clarify and ask some questions.

Dr. William Makis

Thank you very much.

I started raising concerns about COVID-19 vaccines on social media in August of 2021 [Exhibit VT-3b]. And it was at this time that Israel had just rolled out booster shots for its population. It was the first country that had rolled out COVID vaccine booster shots. And in my estimation, this was already an indication of failure of the first two doses of the COVID vaccines. Israel rolled out the boosters in people ages 60 and above, then 50 and above. And by the end of August of 2021, it was the country that had the highest COVID-19 infection rate in the world.

And it was right around this time that Alberta Health Services [AHS] announced that it was going to implement a vaccine mandate on all of its 105,000 health care workers. This was the announcement that Alberta Health Services had put out [Exhibit VT-3c]. And the announcement was really unilateral by AHS. There seemed to be no involvement of the Alberta provincial government, Jason Kenney's government.

It was announced by AHS president and CEO Dr. Verna Yiu. And the announcement stated that immunization against COVID-19 is the most effective means to prevent the spread of COVID-19 and that any AHS employee unable to be immunized due to a medical reason or a protected ground under the *Alberta Human Rights Act* would be reasonably accommodated. This announcement was carried in a number of mainstream media outlets [Exhibits VT-3d

to VT-3g] and one of these was the *Calgary Herald* [Exhibit VT-3d]. And I just wanted to bring this up—a statement from the Alberta Health Services CEO, Dr. Verna Yiu, stating that she is confident that most health care workers will want to get vaccinated and that if someone refuses and doesn't have a valid exemption that AHS officials would meet with them to discuss it and, quote, "provide educational resources," end quote. But that if this re-education was unsuccessful the employees would then be put on unpaid leave of absence.

I became involved at this point. There was tremendous opposition among Alberta health care workers to these COVID vaccine mandates. And there was an open letter that was authored and signed by over 3,500 Alberta health care workers. And I was one of those signatories. Seventy-three other physicians co-signed this letter, and it was then signed by nurses and other health care workers. This is an open letter to the president and CEO, Dr. Verna Yiu, and it outlined the reasons why Alberta health care workers, thousands of them, were opposed to COVID-19 vaccine mandates at this time.

I would like to highlight some of these. First of all, these mRNA vaccines had not been proven to prevent disease uptake or disease transmission. This was supported by the CDC's own data. The overall survival rate from COVID was approximately 99.7 per cent. The vaccine was already showing weakened efficacy after only a few months. Very importantly, United Kingdom and Israel, two highly vaccinated countries, had very high percentages of hospitalized patients who were fully vaccinated. Natural immunity was superior to vaccine immunity. And many health care workers, you know, had COVID already, had recovered, and already had natural immunity.

And the VAERS database at the time—this is the Vaccine Adverse Event Reporting System—this is as of August 27, 2021, had shown 650,000 people had been injured and 13,900 people had died soon after the administration of the vaccine. And we know that the VAERS reporting system has an underestimation factor of anywhere from 10- to 100-fold. So these numbers were much, much higher.

As health care workers, we believed that the vaccine mandate was contrary to

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sections two and seven of the *Canadian Charter of Rights and Freedoms*. And so this letter respectfully requested that the vaccine mandate be rescinded immediately so that Alberta health care workers could continue to provide care for Albertans. This letter was sent to senior officials at Alberta Health Services. One of them was Dr. Francois Belanger, who is the Alberta Health Services vice president and chief medical officer. So he is the lead doctor in the province. It was also sent to the leadership of Covenant Health, which is a smaller health authority in Alberta.

It was signed by 3,544 health care workers, including 73 physicians, and I was one of those physicians.

Shawn Buckley

So can I just stop you, Dr. Makis? So I'm not aware of any other time in history where literally 3,500 health care professionals in Alberta would sign a letter to senior health officials. Are you aware of this ever happening before on any other issue?

Dr. William Makis

I'm not.

Shawn Buckley

And what was the response from these six senior health officials that the letter was sent to?

Dr. William Makis

As far as I know, there was never any response from Alberta Health Services.

However— So I signed the letter and I was very surprised to receive a letter about three weeks later from the College of Physicians and Surgeons of Alberta [Exhibit VT-3h]. And the College indicated to me that they had received a copy of this letter to Alberta Health Services regarding opposition to mandatory COVID vaccination for AHS employees. And they said, "You have been identified as a signatory on this letter." The College then says that it is their standard practice to maintain a copy of this on my record, on my permanent record at the College. And then a very interesting paragraph at the end—because they said that they've been made aware that some people who had signed the letter actually didn't agree to sign it or were not aware that their signature was on it and that if I personally did not agree to be a signatory on this letter that I should let the College know and then they would put that response on my permanent record as well. I took this—

Yes, go ahead.

Shawn Buckley

I was just going to ask you: How did you take this? Because it sounds pretty threatening.

Dr. William Makis

Well, I honestly took this letter as a threat. I took it as a threat on my medical licence and, really, on my medical career.

Now, I'd like to point out that there is no patient care issue here. So the College has jurisdiction, obviously, over patient care issues, licensing issues. You know, I had co-signed a letter in opposition to vaccine mandates that I felt were unethical, unscientific, abusive, and harmful. And, you know, I did not see a role for the College to put that letter on my record and then send me an intimidating letter like this.

So it is my understanding that the College probably sent this threatening letter to all 73 Alberta doctors who had co-signed the letter in opposition to the vaccine mandates. And, you know, I don't know what the other colleges did, like the nursing college, but, you know, I was very concerned to have been sort of implicitly threatened in this way.

Shawn Buckley

So I just want to be clear. So we have 3,544 health care workers sign a letter, citing specific concerns about the mandate, and there's no response by the four people that are basically heads of health authorities within the province of Alberta. But we have regulatory colleges, who the letter was not addressed to, responding, at least to doctors.

Dr. William Makis

Yes.

Shawn Buckley

Okay.

Dr. William Makis

And so, you know, I remain opposed to vaccine mandates to this day: I was opposed then and I'm still opposed now. I believe they're very harmful and that remains my stance to this day.

Shawn Buckley

It's quite fascinating. Now, you're moving now to doctor deaths, and I can tell you that I'm particularly interested in this one. So please proceed.

Dr. William Makis

This is a phenomenon— These sudden deaths of Canadian doctors was a phenomenon that I have been warning about since December of 2021.

[00:15:00]

And you will see this is my first post on the matter back in December of 2021 on Twitter. And the way I came to this topic and this phenomenon was there were two Canadian doctors—young Canadian doctors—who had died suddenly after taking the booster shot.

And the first of these doctors was Dr. Sohrab Lutchmedial. This was a 52-year-old interventional cardiologist from New Brunswick. Now he was one of the first doctors in Canada to take the COVID vaccine booster shot. He took his shot on October 24th, 2021. He described it on Facebook. He says, "Vax Shot Three: Electric Flu-Galoo." I'm assuming that he had some flu-like symptoms after he took the shot and people were asking him, "Is this the booster for health care workers?" He says, "Yes, exactly." And two weeks after he took the booster shot, he died in his sleep on November 8th, 2021.

And Dr. Lutchmedial was a very outspoken critic of people who didn't want to get vaccinated. And he made a number of Twitter posts that were controversial. I included some of them on this slide. In one of them, he says, "I think all of us would treat the **unvaxxed patient with respect and to the best of our abilities, but the people that convinced them not to get vaxxed, I want to punch those people in the face.**" There was another post where he stated, "For those who won't get the shot for selfish reasons, whatever, I won't cry at their funeral."

So I was aware of these posts, and then when he took his booster shot, died suddenly. I was very interested in what had happened to this young doctor.

The second doctor who died suddenly, very shortly after, on December 23rd, 2021, it was Dr. Neil Singh Dhalla. This is a family doctor in Toronto, Ontario, who ran clinics called Activa Clinics. And he took his booster shot. And three or four days later, he was at a

friend's Christmas party, felt unwell; he lied down on the couch, and he died suddenly while sleeping on that couch. He died on December 23, 2021.

And there was a TikTok video that had been put out by a friend who said, you know, "He just had his booster shot three or four days ago and this is what happened. He died suddenly a few days later." There were claims that there was an autopsy showing myocarditis. I was never able to verify that claim.

And so when these two doctors had died suddenly, I realized something was very wrong. There was that temporal association with the booster shot—dying very shortly after the booster shot—and dying in their sleep, which is extremely rare: highly unusual for a young person to die in their sleep. And so I began posting about this on Twitter, and I was trying to alert some doctors about this.

Dr. Irfan Dhalla, who is a very prominent doctor in Toronto, he talked about the risk of booster shots. He made a post in January of 2022. He said, there's a "huge gap between what scientists and health care workers think [about] the risk of boosters being close to zero long-term risk and what the public thinks." I responded. I said, "Not true—the long-term risks remain unknown." And look, there's these two doctors that died shortly after their booster shots.

I continued trying to raise the alarm on Twitter. Unfortunately, a couple of months later, I was raising concerns about COVID vaccines in children five to eleven years old and my Twitter account was locked, and I was censored and terminated from Twitter. And so I continued doing research on my own, but again, I could not really alert anybody. And so I simply continued looking into the sudden deaths of Canadian doctors. And that's how this whole thing started for me.

Once I had found 32 sudden deaths of Canadian doctors, I decided to contact the authorities. And I wrote a letter to the Canadian Medical Association on September 3rd of 2022 to their president, Dr. Alikia Lafontaine—who was the current president at the time—and Dr. Katherine Smart, who was the previous president for the previous year [Exhibit VT-3i]. I also sent copies of this letter to Alberta Premier Jason Kenney and Alberta Minister of Health Jason Copping.

And I raised concerns about these sudden deaths of 32 young Canadian doctors. I attached photos and information about them. And I said, "Look, these doctors died suddenly or unexpectedly in the past 16 months. They were double, triple, or quadruple COVID-19 vaccinated." I said that each of these deaths is suspicious for COVID vaccine injury

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as these previously healthy doctors died suddenly while engaging in regular physical activity. They died unexpectedly in their sleep. They suffered heart attacks, strokes, unusual accidents, or developed sudden-onset aggressive cancers. And I was not familiar yet with the term "turbo cancer" at the time, but I had noticed that some of these doctors suffered very aggressive, unusual cancers.

And I asked the Canadian Medical Association and the presidents to use their platform to publicly call for the immediate termination of COVID vaccine mandates in Canada's healthcare and to call for urgent investigations and public inquiries into what was killing young, COVID-vaccinated Canadian doctors.

I did not receive a response to this letter from the Canadian Medical Association or from the Alberta Premier and Alberta Minister of Health.

At this time, there was a group of people who had contacted me privately and they said, "Look, we're willing to offer our services, our time, to help you build a database of all Canadian doctor deaths going back several years so that we could compare and see if doctors were dying at a higher rate than normal, or if this was just some kind of an aberration and was not a real phenomenon." And so we put a team together and we started assembling this database and, about a month and a half later, our group of sudden deaths had grown to 80.

And so I sent another letter to the Canadian Medical Association [Exhibit VT-3j]. And I said, "Look, I'm providing you an update. Now it's 80 young doctors who have died suddenly or unexpectedly since the rollout of the vaccines." And I specify, I say, "Look, you cannot continue ignoring this. My team has assembled a database of 1,638 Canadian doctor deaths during the period of 2019 to 2022." And we had actually obtained a lot of this data from the Canadian Medical Association's own website: 972 entries of those were from the CMA's own website.

And I gave some statistics that the deaths were actually clustered around the young doctors. It was the young doctors who were dying at much, much higher rates than previously. At the time, doctors under the age of 30, it was looking like they were dying at an eight-fold rate higher in 2022 compared to the pre-vaccine rollout era. And I also made a note of young McMaster University medical residents: three of them had died suddenly in the summer of 2022. And I said, "Look, I'd never heard of anything like this in my career; this is unprecedented." And I once again asked, "Please call for the suspension of vaccine mandates and for investigations."

These are the three young McMaster residents who died suddenly in the summer of 2022. And look at their ages: Dr. Satyan Choudhuri, 25 years old, family medicine resident. Dr. Candace Nayman, 27 years old, pediatrics resident. Dr. Nayman was a triathlete, and she had actually participated in a triathlon that summer, and she collapsed during the swimming portion of the triathlon, and then died several days later. And Dr. Matthew Foss, 32-year-old anesthesiology resident who struggled with a very aggressive lymphoma.

I attached pictures and information of 80 Canadian doctors' sudden deaths. And I just wanted to bring up a few of those, if I may?

Shawn Buckley

Yes, please do.

Dr. William Makis

Just to highlight some of these sudden deaths.

Dr. Carl-Éric Gagné is a cardiologist from Trois-Rivières, Quebec, 56 years old, an avid cyclist. He was participating in a 100-kilometre cycling competition. He collapsed during the cycling event, and he died suddenly at the age of 56.

Dr. Paul Hannam, a 50-year-old emergency physician from Toronto. He's actually an Olympic athlete—an Olympian who went out for a jog. He collapsed while he was jogging, and he died suddenly during his jog.

Dr. Baharan Behzadizad was a 43-year-old family doctor from Newfoundland. She died in her sleep with no explanation.

Dr. Joshua Yoneda, 27-year-old medical student from UBC (University of British Columbia). He was mandated to take two COVID vaccines. A few months later, he develops back pain. It's discovered he has an extremely aggressive spinal cord tumour, and he died less than one year after diagnosis.

Dr. Bradley James Harris, a 49-year-old family doctor from Comox, BC, was out for a jog. He collapsed while he was jogging. He died suddenly.

Dr. Michael Stefanos, a radiologist from Mississauga, Ontario, 50 years old, died in his sleep.

Dr. Oliver Seifert, 58-year-old family doctor from Edmonton, again, died in his sleep.

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Dr. Johannes Giede was a psychiatrist, 59 years old, from Prince George, BC. This is an interesting story because his son came out publicly, and he said, "My father had the booster shot." And a few days later, he started having stroke-like symptoms. And about a few weeks after that, he had a massive stroke, which was fatal. He died from that stroke.

There's a number of doctors who died after very brief illnesses.

Dr. Jun Kawakami, 48-year-old urologist from Calgary, died from a very, very aggressive pancreatic cancer.

Dr. Au, 53-year-old internist and geriatrician from Edmonton, Alberta. He was very athletic. He would go jogging every single morning and he would try to get his health care colleagues to go jogging with him every single morning. He died of a sudden cardiac vascular event.

Dr. Ainsley Moore, 57-year-old family physician from Hamilton, Ontario, died of a heart attack.

Dr. Inderjit Jassal, 42-year-old family physician from Surrey, BC, collapsed and died unexpectedly from a heart attack.

Dr. Mohammad Alam, 55-year-old family physician from High River, Alberta, had his first COVID vaccine, and he died within 24 hours of his first COVID vaccine.

Dr. James Tazzeo, 51-year-old family physician from Orillia, Ontario, died while he was cross-country skiing.

And so, you know, I gave all this information to the Canadian Medical Association.

Shawn Buckley

Dr. Makis, before you go on, I'll just let the commissioners know that your entire database, you've been gracious enough to share with us, and we have entered that as Exhibit VT-3m.

Dr. William Makis

Thank you.

And so, you know, I received a response that I really didn't expect. And these responses were in the form of personal attacks against me on social media.

The initial attacks came from a family physician in Ontario, Dr. Michelle Cohen, and she would refer to my database and my information as a "fake Canadian doctor vaccine death story." And so I included a number of posts here from Dr. Cohen that she made after my first letter to the CMA and after my second letter to the CMA as well. "The fake Canadian doctor vaccine death story continues to circulate." "This fake number keeps rising." So she's referring to the time when the doctor deaths went from 32 to 80. "We've gone from 'a few doctors died around the same time' to 'all doctor mortality is vaccine murder.' What a journey." And so there's a certain element of mockery in these posts. Another post: "It's easy to ridicule a conspiracy theory as absurd as one that claims all Canadian doctor mortality is vaccine murder." I never made any such claims.

Shawn Buckley

Now, Dr. Makis, did Dr. Cohen ever contact you to ask you about your data, maybe to get your— Basically relating to her what you were relying on and maybe even get a copy of the database that you were accumulating?

Dr. William Makis

Dr. Cohen never asked for this data.

Shawn Buckley

Okay, so you're being criticized without your data being looked at.

Dr. William Makis

That's right.

Shawn Buckley

Okay.

Dr. William Makis

And then another post: "The made-up number of Canadian doctors killed by COVID vaccines is now increased to 80." So now this is a made-up number.

Now, this is the only response that has ever been made by the Canadian Medical Association to my letters [Exhibit VT-3n]. And you can see it's not addressed to me; it's actually addressed to Dr. Cohen. And this was on October 20th, 2022, and the Canadian Medical Association actually quotes one of Dr. Cohen's posts, and it's a post with the pictures of the doctors who had died with a big red X crossed over their pictures. And the Canadian Medical Association says, "Thank you, Dr. Cohen, for standing up to disinformation. There's no evidence supporting the various theories that have been circulating. We encourage all Canadians to be up to date with all their vaccines to prevent serious health issues."

This is the only time that the Canadian Medical Association responded to my information. And you could see they're putting a picture, again, with a big red X across the pictures of deceased doctors.

Shawn Buckley

Now, you know what, can I just interrupt?

One thing that I find interesting about this is, pre-COVID, my understanding is, basically, there would be a problem with people running around doctors. Whether or not you take a vaccine is something that I used to think you would get your doctor's advice on. Like this is an experimental treatment. There's nobody can hide the fact that at the time that this is written,

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really there was not any long-term or even medium-term data. And so it's interesting that here we have the Canadian Medical Association excluding doctors: just "we encourage all Canadians to be up to date." It's not that they're saying we encourage all Canadians to seek their doctor's advice as to whether or not they should get vaccinated.

Does that not strike you as odd, as a physician: that they're basically doing an end run around their own members when the safest thing is for people to get the advice, for them, from a qualified doctor?

Dr. William Makis

It is strange and, I'll be honest, the reason why I included, personally, my letters addressed to the presidents of the Canadian Medical Association—Dr. Alike Lafontaine; Dr. Katherine Smart—is because on their personal accounts, they were also encouraging people to get vaccinated.

One of the past presidents, Dr. Gigi Osler—who has been appointed to the Canadian Senate by Prime Minister Justin Trudeau recently—she was putting out pictures of having her daughter vaccinated with the Moderna vaccine. And she said, "Look, go get the Moderna vaccine," specifically. "I can tell you where you can get those appointments," and so on. So these individuals were, you know, very personally involved in recommending the vaccines.

One thing I would like to bring up with the Canadian Medical Association, another thing they said was that the In Memoriam service that the Canadian Medical Association offers to members to keep track of their colleagues and recognize their passing— Now this is an In Memoriam page on their website. And so they hosted this In Memoriam section on their website for many years, and it had thousands of doctor deaths, and this was a way to honour doctors who had died. And so they said, "Look, this is provided based on information sent to the Canadian Medical Association and should not be viewed as evidence to support theories surrounding COVID vaccines and other issues." And I gave a picture of what the In Memoriam page looked like.

Now, around this time, the Canadian Medical Association began deleting data from this In Memoriam website. They began deleting the doctor entries—the doctor deaths—and we had noticed this. We had downloaded all the data, but as we were trying to get some of the previous years, we noticed that the Canadian Medical Association had started to delete this

data. And eventually they deleted all the data from 2021 and prior, and they just left the 2022. And then by the end of the year, they deleted that as well.

And so I can tell you that we have a record of about 1,200 doctor deaths that we saved from their website but which they have since deleted. And so these entries are in the database that I've provided to the NCI [National Citizens Inquiry].

Shawn Buckley

It's interesting because— And you're going to go on to basically— How you were continually attacked about this. But we keep hearing about, you know, data disappearing or it being made very difficult.

We had witness after witness, Dr. Makis, testify—both professional and lay—on how it was near impossible to get an adverse reaction report actually filed with Health Canada. And the funny thing was, pre-COVID, citizens could file adverse reaction reports, but that was taken down pre-COVID. It's now back up because an access to information request was embarrassing them.

But it's just interesting that here we have one of the responses to you talking about doctor deaths is the medical association dropping that from their website.

Dr. William Makis

Yes. So, you know, we downloaded all the data from 2019 to 2022 because that was the only time period we were looking at. There were probably earlier entries that were deleted that we didn't save. But it was about 1,200 entries that we saved that the Canadian Medical Association subsequently deleted. And that website is no longer there. It might be accessible through the Wayback Machine, but they deleted all of it.

Now, shortly after I sent my letter about the 80 Canadian doctor deaths, I was attacked in a fairly coordinated mainstream media campaign and it was started by the *Toronto Star* [Exhibit VT-3p]. And the story that was put out by the *Toronto Star* was titled, "Why Won't a Debunked Conspiracy Theory About Doctors Harmed by the COVID Vaccine Go Away?" And in this *Toronto Star* piece, they featured this gentleman: Mr. Timothy Caulfield.

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And at the bottom it says, Mr. Caulfield is the Canada Research Chair in Health Law and Policy at the University of Alberta. It says, "It's 'amazing' how the doctor conspiracy lives on 'as it was immediately debunked.'"

I had really not heard of Mr. Timothy Caulfield. He did not contact me before putting out the story, and so I really don't know what kind of debunking the *Toronto Star* is referring to here.

Shawn Buckley

So, Dr. Makis, can I ask—because you're going to explain that you were attacked a little more broadly than this—did anyone who attacked this doctor story ever contact you to have you share your actual data with them?

Dr. William Makis

I was contacted by two journalists, and I will mention that as I go through my presentation. But when I was contacted by those journalists—one was from Global News and the other one was from *Reuters*—they really contacted me with accusatory language right from the beginning, and they didn't ask to see my data. They said, you know, "You're lying. You're causing harm to families. Why are you causing harm to families?" This is the kind of language that I was approached with.

Shawn Buckley

Can I just add, because this is important and I want to make sure that your evidence is clear. So as a medical doctor, you didn't go looking for researching this. But you saw a couple of doctors had died suddenly and you became concerned, and so you started looking into it and then you basically had a team doing research.

And, I mean, you're a researcher. I'm just going by memory, but I think your CV lists 105 peer-reviewed published articles that you were an author in. I mean, you understand research, and you understand data needing to be correct. I mean, you do this wrong once, and your reputation is gone.

So you're looking into doctor deaths.

Dr. William Makis

Yes.

Shawn Buckley

And you're doing it in a robust way, and you're being attacked by the media, and not a single journalist or detractor asks to look at the data?

Dr. William Makis

No. And, you know, honestly, I've really been shocked at how this was approached by the media. And as I walk through some of these slides, you know, I think it'll become clear what the intent of the media was. It was not to, certainly, you know, look at the data themselves or look at what the real evidence is. It was, well— Let me move to the next slide.

I wanted to highlight some of the parts of the *Toronto Star* story. And Mr. Caulfield, who works at the University of Alberta—as I did—he said, "It's in my social media feed almost every day, if not every day. My hate mailers are emailing this to me," said Mr. Timothy Caulfield. So right there he's already coding it in a language of hate.

He says, "One of the things that's fascinating is that it was immediately debunked in the sense of 'No, this is wrong, *this* is actually how these individuals passed away.' But that didn't kill the story." And I think, again, here it sort of shows that—what is the intent? The intent here is to kill the story; it isn't to learn what the truth is.

"It's amazing how it won't die—and it's amazing the impact it continues to have." These are quotes from Mr. Timothy Caulfield.

Then the *Toronto Star* goes on to say, "To be clear, experts are united on the fact"—and I don't know who these experts are—"that this is a conspiracy theory. The causes of death

were well-documented by family in news stories and obituaries. It's not clear when they were vaccinated, and besides which, their symptoms do not match what we know about vaccine side effects from studies on millions of people." So now they're claiming that the obituaries had symptoms and there's studies on vaccine effects on millions of people? This is outright lying from the *Toronto Star*.

And interestingly, the *Toronto Star* now brings in Dr. Michelle Cohen, who had previously attacked me on social media saying that it was fake—it was a fake story; it was a made-up number—and she makes a couple of comments in this story as well. Dr. Cohen [sic] [The *Toronto Star*] says, it's "a particularly potent bit of misinformation, says Dr. Michelle Cohen, family doctor in Brighton, Ontario, who has been tracking the advance of the theory since summer. If you already believe that doctors are lying about the safety of vaccines, there is a 'dark joy' in the idea that those same health care professionals are being harmed, she argues."

I can tell you there's no dark joy in this at all, and this was highly offensive when I read this.

[00:40:00]

"The CMA does not note a connection between vaccines and sudden deaths." The CMA is quoted as saying, "There's no evidence to confirm or support the various theories that have been circulated," the CMA said in an email. The organization 'is concerned with misinformation and conspiracy theories spreading online about the recent deaths of physicians across the country.'"

Now, the Canadian Medical Association had not responded to my letter, had not asked to see my database. So they are responding without really having contacted me at all.

Shawn Buckley

You know, another interesting thing about this is, it would seem to me that if, you know, you're right—and I know that A, you've shared your database, and B, you're going to show us some of the actual figures—is you would think that both the media and the College of Physicians and Surgeons would be extremely interested in looking at your data and actually looking into the issue. Because if doctors are being harmed, then you would think that's the one group we need to protect. Because if the rest of us are in a world of hurt in this pandemic and what's appearing—starting to come from the data you're sharing—is vaccine injury, we need the medical professionals to be healthy. Like, that's the one group we need to protect.

So that's what I find interesting—is I would just assume that everyone would have been contacting you to verify your data out of concern that you would be right.

Dr. William Makis

I would think the only way to debunk—and they keep using this word "debunk"—would be to look at my data, have data analysts analyze it, and come out and say, "Look, there's nothing in this data; there's no evidence." But they're saying that there's no evidence without looking at any of the data.

And as I stated earlier, the majority of the data is taken from the Canadian Medical Association's own website. So they already had the majority of this data, but they didn't want to take a look at my data, which was more complete, because we obtained data from

other medical associations throughout the country: from the Royal College of Physicians and Surgeons [of Canada] in Ottawa, from the various provincial medical associations, from the various colleges, and from the various medical alumni associations from the various universities that have medical programs. And so I would have expected that they would have asked me for the copy of the data so that they could properly debunk it, and that simply never took place.

There were other media that got involved—international media [Exhibits VT-3q to VT-3s]. So *Reuters* from the United States, *Associated Press* [sic] [Agence France-Pres (AFP)], and even the *Australian Associated Press* put a big red cross across my letter to the Canadian Medical Association saying it was an unproven conspiracy.

Again, I was contacted by *Reuters* but in a very accusatory tone. I was not contacted by either of the *Associated Press* news outlets.

There was a big story that was carried in Global News [Exhibit VT-3t]. And I'd like to point out that Ashleigh Stewart did contact me, but she contacted me in a very accusatory manner, really accusing me of harming families, of making things up. And so I tried to answer her questions initially, but as her accusations grew stronger, I simply said, "Look, I don't want to talk to you anymore" because I understood that she was writing a hit piece and she didn't ask to see my database.

And so in the graphic that was used by Global News, I want to draw your attention: in the background, there are photos of the deceased doctors. And so on the red, behind the bird from Twitter, are actually the pictures of the deceased doctors, and then they made this graphic with this Pinocchio-like figure made out of a stethoscope. And the article is titled, "Kraken, Elon Musk and dead Canadian doctors: Disinformation surges three years into the pandemic." And in this Global News article, they state that Global News determined the cause of death of 48 of these doctors, and they talk about cancer and heart attacks and accidents and suicides.

Now, when I had this discussion before this article was published, I asked the reporter if she had any autopsy reports to justify her views and her accusations. And she was evasive and she said, "Even if I had autopsy reports, I wouldn't give them to you. I wouldn't share them with you." And in this newspaper article, there is no indication that there are any autopsy reports to substantiate Global News's claim that they were able to determine the cause of death of 48 of the 80 doctors.

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In order to determine the cause of death, you must have an autopsy, and so what Global News did was they read the obituaries, and this was the extent of their investigation. They claimed they contacted some of the families, and so whatever the information the families shared with them. But there is no indication that they had any information about the autopsies of any of these doctors.

In this article they also say that while the efficacy of the vaccines is under debate, their safety is not. And so, again, this is the statement that the safety of vaccines is not under debate—is not debatable. They go on to say that 95 million vaccines were administered and only 0.01 per cent resulted in a serious adverse reaction and that there have been no deaths linked to the vaccine. I believe that they're referring to Health Canada and their adverse event reporting system.

And then, of course, there are the smears and personal attacks. They say, “Meanwhile, Makis continues to promote conspiracy theories online, most prominently on alt-right website Gettr.” And I had an account on Gettr. Gettr is an alternative to Twitter. I did not see Gettr as an alt-right website, and I certainly did not promote conspiracy theories online, so I saw this as defamation by Global News.

So, you know, I continued despite these attacks. I continued. We continued to assemble our database. And I sent two more letters to the Canadian Medical Association. Really, I didn’t expect any more response at this point, but I did it to simply document that, yes, I did try to contact the Canadian Medical Association. I gave them an update when it was 132 doctors [Exhibit VT-3k]. And at that point, we were able to calculate an excess mortality of physicians in 2022, which was 53 per cent excess mortality compared to 2019. And I sent one more letter on August 13, 2023 [Exhibit VT-3l], when it was 180 sudden deaths. And, again, I did not receive any response from the Canadian Medical Association.

I sent these letters to both Premier Jason Kenney and Alberta Premier Danielle Smith. I did not receive a response from their offices. And also to the Alberta Minister of Health Jason Copping and Alberta Minister of Health Adriana LaGrange, and I didn’t receive a response from that office, either.

So this is the graph that I appended to my last two letters which contains the numbers from our database of the physician deaths, over time, going from 2019, 2021, and ’22. And you can see a clear trend of a steady increase in physician deaths. And, really, the deaths are clustered in the younger physician population. We have calculated— And you could see in the physicians under the age of 30, if you look at 2019, there was one death; 2020, there were zero deaths. And in 2022, there were six deaths. If you average 2019 and ’20, you get half a death a year. Now you’ve got six deaths in 2022. That’s roughly about an 1100 per cent increase in mortality in the youngest doctors. You know, you see a similar pattern in doctors under the age of 40, under the age of 50.

And so, you know, this database is very robust. You know, the database that I gave to the NCI is about 2,300 Canadian doctor deaths over the period of 2019 to 2022. And honestly, you know, I don’t know what else I could have done. I did everything I could to alert the proper authorities on this issue and I was ignored, I was ridiculed, I was insulted, I was smeared in the mainstream media, I was viciously attacked, and I was defamed for my efforts.

Shawn Buckley

And most surprisingly, no one asked to look at your database.

Dr. William Makis

No one has asked to look at the database.

Shawn Buckley

To me, that’s the most interesting part about this, Dr. Makis, is just you went through all this trouble to create data. And we’ve asked you for it and thank you for sharing it. And so everyone can look at it. But it’s curious that all this effort undertaken to debunk this without looking at the data. That’s what I find very interesting.

Dr. William Makis

And I can tell you that this has taken a lot of my time over the past year and a half, and my volunteers have spent hundreds of hours putting this data together. You can see the data is extensive. And they have asked me to keep them anonymous because they are not comfortable sharing their names publicly,

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and so I've honoured their request, but I have shared this database.

And so I would just like to close out this section with a couple of interesting observations: I was a longtime member of the Canadian Medical Association. I still receive the *Canadian Medical Association Journal*, which I receive a copy every single month. And I look at the journal fairly quickly. And in the April edition I noticed that the entire back cover of the *Canadian Medical Association Journal* was a Pfizer advertisement [Exhibit VT-3o]. And so I think that was relevant to note in my presentation that the Canadian Medical Association accepts advertisement money from Pfizer.

Recently, just a few weeks ago, the Canadian Medical Association held a health summit—an annual health summit—and the keynote speaker was Mr. Timothy Caulfield. And the keynote presentation was about “the spread of health misinformation” which “poses a genuine threat to Canadian health. But health providers can fight back. In this health summit presentation, [hear] from best-selling author Timothy Caulfield on the importance of debunking false and misleading health messages.” I thought this was an interesting thing to note that the individual who started the media campaign to smear me and to kill the story—as the *Toronto Star* story said, that they wanted the story of Canadian doctor sudden deaths killed—is giving the keynote presentation at the Canadian Medical Association summit just a few weeks ago.

And, you know, the Canadian Medical Association now has a new president, Dr. Kathleen Ross. This is a family doctor from British Columbia. She just took over on August 16, 2023. And on August 17th, she's posted a picture with Mr. Timothy Caulfield, and she says she's excited to listen to his talk on fighting misinformation in health care at the Canadian Medical Association health summit.

And again, I'm a strong believer of disclosing conflicts of interest. And so I wanted to point out that Mr. Timothy Caulfield is a fellow of the Pierre Elliott Trudeau Foundation, and he also runs a social media project that has received federal funding. And this federal funding is to promote vaccination confidence. This social media project is called ScienceUpFirst, and it has been given \$2.25 million as an investment, announced by the federal Minister of Health, Patty Hajdu, through the Immunization Partnership Fund. And this fund supports projects that encourage vaccine acceptance and uptake.

And so, in conclusion, I would just like to encourage— I'd like to encourage everyone to look at the data for themselves. I was more than happy to have the data analyzed. I believe there's a— To my analysis, I believe there's a very strong signal of excess deaths of Canadian doctors, which really is very significant after the rollout of the COVID-19 vaccines starting in December of 2020.

Shawn Buckley

Dr. Makis, did you notice, because you've been analyzing this data— So can you tell us, kind of temporally, was there an uptake— With COVID, was there any correlation between the

rollout of the first shot, the second shot, boosters, anything like that? Did you see anything that kind of correlated with any of those events?

Dr. William Makis

There is a mild increase in excess mortality in 2020. Now, of course, it would be ideal to have data going back maybe five years, maybe 10 years, and to compare to longer term baselines. And honestly, I simply didn't have the time or the access to that kind of data, so the best we could do was compare it to 2019.

There seems to have been a slight increase in 2020, but you see a significant increase in '21 and even a bigger increase in 2022. And again, I would encourage anyone with expertise in data analysis to analyze this data to see if there is something that—what I had seen.

I do believe, also, that there are spikes in deaths that cluster right around the rollout of the booster shots. So the first booster shot rollout: there seems to have been a spike in deaths just after the rollout of the first booster shot and the second booster shot, as well.

[00:55:00]

But I believe there is a very strong safety signal. I've been extremely disappointed that the Canadian Medical Association has ignored it. But I'm extremely pleased that I'm able to provide it to the public through this forum.

Shawn Buckley

Okay, Alberta government. This is interesting. So we have the Medical Association deleting information from their website—and the Alberta government. And it's fair to say, if the Wayback Machine didn't exist, you wouldn't have been able to recover some of this stuff.

Dr. William Makis

That's correct.

Shawn Buckley

Tell us how you became interested in this and what happened.

Dr. William Makis

You know, I had been tracking— When I was censored from Twitter, I was tracking all kinds of data. I was tracking the Canadian doctors' sudden deaths, but I was also tracking the data from the Alberta government website, from the BC government website, from the United Kingdom, from Australia. And the data was showing that, over time, the double vaccinated were filling the hospitals. And, you know, there was this push about the "pandemic of the unvaccinated," and the data just didn't support the claims that there was a pandemic of the unvaccinated in 2021 and 2022. It really showed that it was the vaccinated who were filling the hospitals.

But I was actually launching my Substack, and I wanted to launch my Substack with something substantial. And I did an investigation into the Alberta data, and I used the Wayback Machine, and I went through the data very carefully. And what I found was truly shocking, and so I wanted to share some of that tonight.

Shawn Buckley

Before you do, I'll just let the people watching— When we're saying Wayback or Wayback Machine, all that is, is it's a service that copies websites periodically. And so let's say there's a website that there used to be a page on, and you go back and it's missing. Well, you use a service like the Wayback Machine, and they'll go, "Oh, yes, well, six months ago we copied that page and here's the page." So it's a way of accessing old website pages that have changed or have been taken down.

Dr. William Makis

And, fortunately, for the Alberta.ca government website, which published vaccine outcome data, there were snapshots taken several times a day. And so there are thousands of these snapshots in the Wayback Machine that people can go and verify themselves. And so I'll start my presentation on that.

So on June 3rd, 2021, the Alberta government put a new section on the Alberta.ca website and it was called "Vaccine Outcomes." And the "Vaccine Outcomes" had tables of data and graphs. And one particular data set that grabbed my attention that I had seen many times before, and it was very interesting, and I wanted to see how that data set had evolved over time. It was a graph called Figure 11 [Exhibit VT-3u]. And Figure 11 was data that showed time from the first dose and second dose of the COVID vaccine to COVID diagnosis, and it was by age group. And so on the y-axis you have how many people are getting infected with COVID-19, and on the x-axis you have how long ago did they have their COVID vaccine.

And so you see these first three graphs on the left: these are people who had one vaccine. And you see there's a lot of infections initially, and then the infections sort of go down, suggestive of protection. And on the second group of graphs, these are the double vaccinated. And you see there's very few infections, very few hospitalizations, and very few deaths. And so as the government started putting out this initial data, the data was showing that the two-dose vaccine was protective against infections, hospitalizations, and deaths.

Now I show a set of graphs on the right to show how this data evolves over time, month to month, from July 2021 to August, September, October, November, and December. And these are the double vaccinated. And what it shows is specifically COVID infections in the double vaccinated.

As time goes on, the double vaccinated are doing worse and worse and worse. They're getting more and more infected. And by December, you see very large numbers of infections in the double vaccinated. And it seems to be worse the longer ago you've had your second vaccine dose. So if you've had your second vaccine dose six months ago, you're really doing quite badly, even compared to the people who've had their second vaccine dose recently.

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So to me, this was already indicative that the double vaccinated, there was something wrong. Something had gone wrong with the vaccine, and their immune systems seem to be damaged over time, and this damage seemed to be getting worse as time went on.

By January of 2022, we are in the middle of the Omicron BA.1 outbreak, and this is the last data set that the Alberta government would publish. And there's a huge spike of COVID

infections. You can see the graph on the left: this is the double vaccinated. And there's a huge spike of infections: thousands. Thousands of infections in the double vaccinated and specifically individuals who've had their last dose five, six, or seven months ago, and they're doing really quite badly. In fact, they're the ones driving this outbreak, this Omicron BA.1 outbreak. And there's a cluster in the hospitalizations and deaths, as well, although it's not as prominent.

And if we compare how it started—how the double vaccinated looked in June of 2021 and how the double vaccinated looked in January of 2022 [Exhibit VT-3v]. These are infections in the double vaccinated. You can see that the double vaccinated are doing extremely badly. Thousands of them are getting infected with COVID-19. There seems to be no protective effect from the vaccines.

Shawn Buckley

And Dr. Makis, how does that compare with the unvaccinated? Because one factor could also be time of year, right? We, northern hemisphere, tend to—I call it low vitamin D season where we get more sickness in the winter months than we do in the summer months. Is there a comparison there?

Dr. William Makis

That's coming on the next set of graphs, yes.

And I just wanted to point out that this data had actually been shared internationally. It was all over Twitter. People were sharing it, and it was deleted. This figure was deleted by the Alberta government from the Alberta.ca website on January 14, 2022, and this data was never released again. So we never saw this data again.

Shawn Buckley

So was there any explanation as to why they would delete data? Because it certainly seems strange that here you have taxpayer-funded people putting out what should be as reliable as they can be, basically, data, while we're in the middle of a pandemic. It's of public interest. Did they give any explanation as to why they would take data down? So it's not that they even stopped publishing, but they took data down they'd already put up.

Dr. William Makis

That's right. And I want to point out that this data had been released daily. So every single day this data was updated, and it just disappeared from the Alberta.ca website on January 14th, 2022. As far as I'm aware, there was no announcement made on why this data disappeared on January 14th.

The next data set I'd like to show is Figure 10 [Exhibit VT-3v]. Again, this is in the same section: "Vaccine Outcomes." All of this data is in the "Vaccine Outcomes" section. This is just a different figure showing a different way that the data is formatted.

Figure 10 showed case rate: so COVID infection rate per 100,000 population by vaccination status. So as you brought up the question of, well, how does this compare to the unvaccinated?

This is the data set that compared the double vaccinated to the single vaccinated to the unvaccinated. And I'm showing here a graph from December 1st, 2021. And the graph really shows that the unvaccinated throughout all of 2021 seemed to have been doing poorly. There was some protective effect with one vaccine dose, and then there was a significant protective effect with two vaccine doses. Again, this is what you would expect if the COVID vaccines were protective. You would expect a much lower infection rate in the double vaccinated compared to the unvaccinated. And that's what the data showed initially in these graphs.

And so, again, when you look at the Omicron BA.1 outbreak in January of 2022, this data changes drastically [Exhibit VT-3v]. And what you find, especially on the figure on the right at the end of January, is that the double vaccinated are getting infected at the highest rate of all groups. And it's basically double the rate of the unvaccinated. And so once again, to me, this is evidence of immune system injury in the double vaccinated

[01:05:00]

where they are getting infected with COVID-19 at twice the rate as someone who is unvaccinated.

Interestingly, at some point in January, the government added data on the triple vaccinated. So you will see it as a purple line, and it is labelled as three doses. And initially it seems that the triple vaccinated are doing the best, that they have the lowest infection rate of all the groups, and they seem to be getting this protection that we were all told that the vaccines would provide and that the booster shots would provide. And even during the initial Omicron outbreak in January of 2022, the triple vaccinated are doing the best, which is why I feel—again, I'm just hypothesizing—that the government allowed the data to continue being published despite the fact of how poorly the double vaccinated were doing.

Now we move on to March of 2022 and, again, something has changed in the data [Exhibit-3v]. And what has happened was the triple vaccinated now have the highest infection rate of any group. And so while the Omicron BA.1 outbreak in January was driven by the double vaccinated who had the highest infection rate with COVID-19, now it is the triple vaccinated who have the highest infection rate. And we were actually heading into another wave of COVID, and this was the Omicron BA.2 wave that was going to happen in March, April, and May. And you could tell that the triple vaccinated are actually leading this wave with the highest infection rate of any group. In my interpretation, this is evidence of COVID booster failure. This failure seems to occur in middle of February of 2022, when the triple vaccinated take over as the group that has the highest infection rate of all the other groups.

And then—

Shawn Buckley

So I'm just going to stop you so that people can understand the chart. So you're really looking at the right-hand side of this chart—

Dr. William Makis

That's right.

Shawn Buckley

—in February '22 where the triple vaxxed takes over. Now, what's interesting is just looking at all of this—and part of this was on a different slide—is at the beginning, the unvaccinated are doing worse.

Dr. William Makis

That's right.

Shawn Buckley

And then the vaccinated. But then, let's say, when we move a little over, two-thirds to the right, the double vaccinated are really doing poorly here. And then by the time we're almost at the end of this chart, I mean, the unvaccinated are doing really well, and now it's the triple. So your explanation is that as time goes by, the vaccines are creating a problem. Because as time goes by—people—the more shots you have, the worse you're doing. Is that what the data is showing us here?

Dr. William Makis

Exactly, and so you will see the double vaccinated are doing really poorly in the January outbreak, but then the government is rolling out booster shots during this time. And so, as a little bit of time has gone by with the booster shots, now you start seeing the triple vaccinated are doing very poorly— And they shouldn't. You know, you shouldn't see this if the booster shots were protective. You know, the triple vaccinated should be doing better than the unvaccinated and better than the single and double vaccinated. And that's simply not what the data is showing.

And that is—

Shawn Buckley

And this is just showing us COVID infections. It's not showing us other health outcomes also.

Dr. William Makis

That's right. So it's not showing us hospitalizations or deaths. It's simply showing us infections.

But again, you know, to my estimation and assessment, the triple vaccinated shouldn't be getting infected at the highest rate. I mean, that is simply contrary to what the boosters are supposed to do. And so, you know, I would have loved to have seen more of this data. The reason why I put this slide on March 22nd, 2022, is because this is the last slide that the Alberta government would ever release. They deleted this Figure 10 data, and it was never seen again. It was deleted on March 23rd, 2022.

The next data set I would like to show is a table—this is Table 2—and this is COVID case outcomes in Alberta by vaccine status. And now we are looking at hospitalizations: those currently hospitalized and how the total number of hospitalized breaks down by vaccine status.

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So you could see how many have had three doses, two doses, one, and unvaccinated.

And so you will see that even in March of 2022, the triple vaccinated made up the biggest portion of the hospitalized individuals. And the total vaccinated were—72 per cent were vaccinated in the hospital and only 28 per cent were unvaccinated.

What is interesting, however, is the trend over time. And so when you look at the trend, by the time you get to July of 2022, now the triple vaccinated make up 50 per cent of all the hospitalizations. And all of the vaccinated, as a group, make up 81 per cent of the hospitalizations [Exhibit VT-3w]. The unvaccinated make up 19 per cent. And you can track— If anybody wants to go use the Wayback Machine, you can actually track this trend every single day from March until July of 2022. And you can see that the vaccinated are doing worse and worse, but it is really the triple vaccinated who are flooding the hospitals and in ever-increasing numbers.

And on July 21st of 2022, the Alberta government deleted this data set and did not release it again.

Shawn Buckley

Right, so you had mentioned earlier, we were getting public messaging that basically the unvaccinated were the ones filling up the hospitals and the ICU [the intensive care unit]. And what you're showing here is for Alberta, the provincial data doesn't bear that out at all, that messaging.

But one thing that I'm wondering—that would be helpful to even make this more meaningful—is an understanding, well, how many people are vaccinated? How many people have one dose? How many have two? How many have three? And what percentage of the population is unvaccinated? Because the earlier charts were per 100,000, so we actually had a good comparison. Were you aware of that data? Like, I'm just wondering if that would help us with a kind of more meaningful analysis of percentages in the—

Dr. William Makis

Yes, I'm going to show— I don't have it for Alberta here, but I will show data from British Columbia that'll sort of give you a better idea of that.

Just to continue on, you know, there was Table 7, which showed those who were in the intensive care unit. And again, the trend shows that, you know, back in March, the vaccinated made up a total of about 48 per cent of those in the ICU, and that rose to 69 per cent by July. And so this data was deleted.

All the data that I'm mentioning now was deleted at the same time: on July 21st, 2022. So Table 2; Table 7 was also deleted.

And then finally, this is the COVID death data [Exhibit VT-3w]. So this is who is dying from COVID-19. And when you look at March, 68.9 per cent of who were dying were vaccinated. That number rises to 83.4 per cent of those who were dying are vaccinated [July 20, 2022]. And this was a trend that really worried me. And so that, you know, the vast majority of the deaths were actually in the vaccinated. And you could see, if you look at the three doses with condition, you could see that that number rises from 35.3 per cent, it rises to 61.1 per cent. So it is really the triple vaccinated that are driving the COVID deaths.

And, you know, I would go as far as to say that this is not just evidence of vaccine injury in the triple vaccinated; this is actually evidence of vaccine injury leading to death because these are deaths from COVID-19 in the triple vaccinated.

And at this time, the triple vaccinated population was about 38 per cent, and they were making up 61 per cent of the deaths. And so, you know, people can verify this, that the triple vaccinated were dying in disproportionate numbers to their prevalence in the population. And so this data was deleted on July 21st by the Alberta government, as well.

Shawn Buckley

I'm wondering, Dr. Makis, just looking at the chart on the right about the deaths: it's striking, actually, how few deaths there are where somebody doesn't have another condition. And I'm wondering if that speaks to, you know, COVID not being that dangerous if you don't have a different condition that's affecting you. Is that wild speculation or could there be something to that?

[01:15:00]

Dr. William Makis

No, you're absolutely right. I mean, when you look at the— Again, if people want to focus on the three doses with and without condition, you could see that with no condition, in March, the deaths were 0.8 per cent. It rises a little bit to 1.9 per cent, but the numbers are very small. Whereas, with condition, there is a dramatic rise over time from 35 per cent to 61 per cent. And so this was, to me, very, very concerning data. And I would have loved to see more of this data. And it was deleted on July 21st, and we never saw this data again.

And I would like people to remember that we've had a second booster rollout. So we have people who are quadruple vaccinated in Alberta—thousands of them—and we also have thousands of people who are five-times vaccinated, and the Alberta government has released no data on how those are doing.

Shawn Buckley

Would I even be correct in suggesting— I mean, this here is March 31st and then July 20th, 2022, which— And July 20th is the latest data, but we're not talking about a long data set at all. Like, wouldn't I be correct that, I mean, even if it went to today, we're still just talking short-term for these types of treatments?

Dr. William Makis

That's right, but when it comes to immune system injury, you can see dramatic effects on the immune system over a matter of months. And so you could actually see dramatic differences in how the double, triple, or quadruple vaccinated are doing—even just over a course of six months, twelve months.

And I think this data was absolutely crucial. It was crucial for Albertans to be able to make informed decisions—an informed decision of whether to take the third vaccine or the first booster shot or the second booster shot—and to see how people were doing. Were they doing better? Were they in the hospitals? And I can tell you, this is the last data set of vaccine status of people in the hospital that we have. As of July 21st, 2022, we have no data

from the Alberta government as to who is in the hospital, what is their vaccine status, and how they're doing.

I wanted to show for comparison that it wasn't just the Alberta government that was deleting data, it was the British Columbia government, as well. And here, the British Columbia government was putting out these nice graphics as to the hospitalizations, intensive care, and deaths. But they also break down what portion of the population is triple vaccinated, double vaccinated, unvaccinated [Exhibit VT-3w]. And so you could actually compare to how it compares to the population.

And I'd like to point out that this is the last data that the British Columbia government ever put out. This is July 16th of 2022. And the deaths— The vaccinated make up 89 per cent of the COVID-19 deaths. And it is, again, driven by the triple vaccinated: 77 per cent of the deaths are triple vaccinated. And if you look at all the way to the left, it shows you what proportion of the population are the triple vaccinated. They are 52 per cent of the population, but they're making up 77 per cent of the deaths.

And so, if you had a vaccine that simply did nothing and didn't work, you would expect 52 per cent of the population would be having 52 per cent of the deaths. And in fact, they have a disproportionately higher percentage of deaths. And again, I interpret this as vaccine injury in the triple vaccinated leading to death.

And so this was the last data set that was put out by the British Columbia government. The BC government deleted this data set on July 28th. And I would like to make a comparison to the Alberta government in that the BC government actually put out a press release stating that they were stopping reporting of this data—case outcomes by vaccination status—that that they would be removing this data. And they put out this press release and the explanation they gave was that the data had become "hard to interpret." And compare this to the Alberta government: the Alberta government did not put out any press release when they deleted their data.

Shawn Buckley

It's an interesting explanation, isn't it? "Hard to interpret." Because, you know, what does that mean and why would that be an excuse for deleting data?

Now, do you know what BC— Because they were helpful to publish the percentage

[01:20:00]

of people that were triple vaccinated and double vaccinated and single and unvaccinated. Did they ever publish a breakdown of, you know, age groups? So when we have that 52 per cent is triple vaccinated, you know, I wonder if more of those were of an older age group because people in care homes and stuff like that couldn't avoid it. And I'm just speculating. But was there ever any breakdown that way, which would also be helpful for people analyzing data?

Dr. William Makis

I don't believe so. I've never seen any breakdown by age of this information.

Shawn Buckley

Yeah, it'll be interesting when the data finally is publicly available and what people like you will discover going forward, so—

Dr. William Makis

And so that sort of brings to conclusion my presentation on the data deletion by the Alberta government.

One other thing I wanted to mention was that I believe that publishing this data would have been the responsibility of the public health chief, Dr. Deena Hinshaw, and her office. And beyond that, I don't know what the involvement of the Health Minister was or the Premier's office. But, you know, I believe that this data was crucial for Albertans to be informed and to be informed what the vaccine outcomes are. In fact, I will point out that the government deleted the entire "Vaccine Outcomes" section from the Alberta.ca website on July 21st, 2022. And so really, as an Albertan myself, I could say that we've been blind in terms of crucial information to make informed decisions on vaccination.

Shawn Buckley

Now, we're about to segue into your discussion on cancer. And I wanted to start that by just having you explain something because you're an oncologist—which means you're a cancer doctor, for those of you that don't know what an oncologist is—and you've spent most of your career heavily involved in cancer diagnosis and treatment. And one thing that we heard kind of as a theme in the media after we were allowed to go back to hospitals—because remember, you and I both live in Alberta, and I think it was the same for most other provinces—is for a short period of time, we were discouraged from seeking healthcare. And a whole bunch of tests and procedures were cancelled for a period of time, including cancer tests.

And so one of the themes that I've heard in the media is, "Oh, yeah, well, our cancer rates have gone up because we weren't testing early; like we dropped our testing and treatment." And I know you and I had a conversation on Saturday about this, and I really want you to explain to the public— Because I asked you the question, "Well, is there any truth to this?" What type of pattern, as an oncologist, would you expect if we did stop testing and treatment for a period of time? Would we actually have increased cancer numbers? What would you expect? And if you could start with that explanation because I think that would be really helpful for people to get your opinion on that.

Dr. William Makis

Certainly. So if you stopped screening for and diagnosing cancers for a period of time, let's say for a period of six months, you would expect the cancer diagnoses to drop in numbers during that time, since you're not screening people; you're not diagnosing people. And then when cancer services resumed, you would expect there to be a corresponding rise of cancer diagnoses, and it should be proportionate to the cancer diagnoses that you've missed during that time when the services were not available. And then, you know, you could compare that to a longer-term trend to make sure that there's no other factors involved.

Now, what you would expect to see is, you would expect to see some of those cancers would be a bit more advanced. So most cancers are very slow growing, so you would not expect a drastic change in the staging for a lot of the Stage 1 cancers, Stage 2 cancers. There'll be a very small percentage of them that might advance to the next stage, and so

you would see a slightly more advanced stage at diagnosis. And then, of course, you know, the Stage 3, Stage 4 cancer—Stage 3 might become Stage 4 because the cancer might start to metastasize, and so you would see that. But you would certainly not expect the behaviour of the tumours themselves to be any different.

[01:25:00]

So you would—

Shawn Buckley

Right, and the overall trend—I mean, if you're not diagnosing for a period of time and then you start diagnosing, you're going to catch those ones you missed. But overall numbers, you are not expecting to change a whole bunch from the trend just because you stopped testing for a period of time. Did I get that right?

Dr. William Makis

Yes, exactly.

Shawn Buckley

Okay.

Dr. William Makis

And as I mentioned, you know, some Stage 3s will become Stage 4. Some Stage 4s will become a bit more extensive, but, again, the behaviour of the cancers is not going to change. And you would be able to see that, yes, some are a little bit more advanced, but you're not going to see a big difference, certainly not in a short period of time, like six months, for example.

Shawn Buckley

And it's important that I've asked that because, like I say, the media has messaged that this change in cancer behaviour and change in cancer numbers is explained by us not testing and treating for that period of time that we didn't. And your opinion, as I understand it, is that the media is not correct in their messaging.

Dr. William Makis

That is not correct. As an oncologist, what I'm seeing in terms of cancers that are being diagnosed and the behaviour of those cancers is unlike anything I've seen in my career. And I've diagnosed tens of thousands of cancer patients with CT [computerized tomography], with cutting-edge PET-CT [positron emission tomography-computerized tomography]. I was the lead PET-CT radiologist in the province of Alberta, and I've correlated with MRI [magnetic resonance imaging] findings, with pathology findings—in tens of thousands of cases—and I treated hundreds of cancer patients as a primary oncologist myself.

What I'm seeing now, since the rollout of the vaccines, I've never seen in my career. And I want to go a little bit more into depth about what that means.

I actually didn't catch on to this phenomenon. I only first saw it as my database of Canadian doctors' sudden deaths grew. And I started seeing these highly aggressive cancers in young Canadian doctors, and that is where I actually first noticed this phenomenon as it was happening.

So what I bring up here is these are three doctors at the same hospital—Mississauga Hospital, Trillium Health Partners—in Mississauga, Ontario. And these three doctors died within three days of each other: And so Dr. Lorne Segall died on July 17, 2022; Dr. Stephen McKenzie on July 18; and Dr. Jakub Sawicki on July 19th. And this was a few days after the rollout of the second booster shot.

So the fourth COVID-19 vaccine was rolled out; a few days later, we have this cluster of deaths. And the only reason we know about these deaths was because a concerned health care worker had actually leaked internal hospital memos. This was not initially publicized in the media, but there were leaked memos announcing the deaths of three doctors in the span of three days at the same hospital. And once that information was leaked, it went viral and then, of course, the media had to address it and then the hospital had to address it, as well.

And so this was addressed in the mainstream media. And so I have some of the mainstream media outlets: here is the CTV News. And right away the hospital put out a statement and the statement said, "The rumour circulating on social media is simply not true. Their passings were not related to the COVID vaccine. We ask, please, to respect the families' privacy." Now, this was a very strange statement to me because there would have been no time to conduct autopsies in these three cases. And so there is no basis in reality for the hospital to make a statement like this, that their passings may or may not have been related to the vaccine.

And then additional information came out in subsequent days and weeks that all three of these doctors had cancer. And what caught my eye was the details of the types of cancer that they had.

Two of the doctors, we had more details on their cancer, and so Dr. Lorne Segall, a 49-year-old ENT specialist, just a year prior, had developed Stage 4 lung cancer, and he had died in less than a year. And Dr. Jakub Sawicki, 36-year-old family physician, had developed Stage 4 gastric cancer, and he had died less than a year. Both of these doctors would have presumably been double vaccinated, and then they would have developed this cancer that killed them in less than a year.

And to me, this was a big red flag because, you know, first of all, gastric cancers and lung cancers in individuals of this young age are unusual to begin with. So right there, you're already dealing with something that's quite unusual. But the fact that it killed them in less than a year, to me, was a big red flag that there was something very wrong here.

[01:30:00]

This is not how lung cancer behaves. This is not how gastric cancer behaves.

And again, you may have these situations once every few years in your career. So in my career, I would expect to see a case like this—very aggressive, young person with an aggressive cancer, kills them in less than a year—I might expect this once every few years. Here you have two young doctors, working at the same hospital, developing these extremely rare aggressive cancers: they're dead in less than a year. You know, it was a red

flag for me. This is what got me researching into what's happening with the vaccinated. Are we seeing cancers? What kind of cancers? And that really started my journey of investigating turbo cancers. And this was the summer of 2022.

I then became aware of other stories. You know, the tragic story of Dr. Joshua Yoneda, who was— I'd mentioned him earlier. This was the medical student, fourth year medical student at UBC (University of British Columbia), and I managed to obtain a lot more information about his tragic story. He was mandated to take two COVID vaccines to be able to continue his medical program. He was perfectly healthy and a few months after he took his second dose, he started having back pains. The back pains got worse. He was diagnosed with a spinal tumour. And initially, doctors felt that it was not an aggressive tumour, that it was treatable and that he would just have an operation and he would be fine. They did the operation and then they discovered that this was an extremely aggressive tumour, very rare. It was a spinal cord tumour, and they really struggled to offer him any kind of treatment, and he died less than a year after diagnosis.

And there were other physicians: Dr. Nadia du Toit from Edmonton, 44 years old, came down with an extremely aggressive brain cancer, died in less than a year; Dr. Murray Krahn, 65-year-old internal medicine doctor from Toronto, also developed an aggressive brain cancer and had died in less than a year.

And so at this point, I really suspected that there is something very wrong when it comes to the COVID vaccines and these aggressive cancers that, you know, I had really not seen in my career being this aggressive.

Shawn Buckley

And I just want to be clear because you basically just now walked us through five cases of young doctors that got aggressive cancers and died in a year. I appreciate there was a sixth, but you didn't have details to share with us. And as an oncologist, you wouldn't expect to see one of these, let alone five clustered together. Is that what you're sharing with us?

Dr. William Makis

I might expect to see one. And, again, you do see rare cancers in young people. I don't want to make it seem that you don't—you do, but it is exceedingly rare. And these are usually cases that we publish. I have published dozens of such cases: cancers behaving in unusual ways, unusual on imaging. This is something that is so rare you actually publish it in the medical literature to share with other doctors because they may not have seen a case like that in their career.

And so to have five of these cases of— And again, it's rare for a solid tumour to kill in less than a year. You know, even glioblastomas, which are very aggressive brain cancers, sort of the median survival is 18–24 months. And so to see lung cancer— And again, I'm going to talk about colon cancers, breast cancers, and so on, killing people in a matter of months or less than a year is just absolutely unheard of.

There is a case in the literature for those who want to look at— And I get attacked a lot with the line of attack that there's no such thing as "turbo cancer," and there's no literature about it. And there is actually a case published. Now, this is a case of a 66-year-old gentleman [Exhibit VT-3uu]. It was published by Serge Goldman: 66-year-old man who had two Pfizer vaccines and five months later he presents with enlarged lymph nodes. And so that is the scan on the left. This is a PET scan: a positron emission tomography. These are

the types of scans that I used to perform at the Cross Cancer Institute in Edmonton—thousands of these. I had analyzed over 10,000 scans like this at McGill University in Quebec. And he presents—and when you see these little dots around his neck and in his axilla,

[01:35:00]

and in his lower abdomen, these are tumours. These are lymphoma tumours. He was diagnosed with quite an aggressive angioimmunoblastic T-cell lymphoma five months after taking two COVID Pfizer vaccines.

Now, what is interesting about this story is that the doctors had no suspicion that his cancer may have been caused by the Pfizer vaccines. And so they were preparing a chemotherapy regimen for him, and they said, “Look, you’re going to be immunosuppressed with chemotherapy. We’re going to have to give you a Pfizer booster shot to protect you during chemotherapy.” So they give him the Pfizer vaccine booster shot and within days he develops swelling in his neck—big swelling—he feels very sick.

And they did something brilliant, and we’re all fortunate that they did this. They said, “Well, there’s something very wrong. We should repeat the scan. Even though you just recently had the scan, we should repeat the PET scan just to have a more precise baseline before we give you chemotherapy.” So they repeated the scan, and what they found was that the cancer had spread and it had spread to multiple new locations. It had grown in size—it had doubled or tripled in size—and it had spread extensively throughout the body. Now you see new lesions in the neck, in the axillae, in the mediastinum, and in the lower abdomen, and in the groin area. These lesions were not there before—

Shawn Buckley

So, Dr. Makis, according to this, it’s only 22 days between those two scans?

Dr. William Makis

Yes.

Shawn Buckley

How often had you ever seen anything like this?

Dr. William Makis

You would not expect a lymphoma to progress in this way. It simply doesn’t do that. And you know, it’s very fortunate that they decided to repeat the scan because other oncology groups may not have repeated the scan at all. And so it’s fortunate that we have this case where they repeated the scan.

And, you know, as the title says, “Rapid Progression of Lymphoma Following Pfizer mRNA Booster Shot.” And they said, “We have no explanation other than the Pfizer vaccine, the booster shot, for this progression.” And so this case is a stunning example, in my assessment, of what’s being called “turbo cancer.” These cancers that are arising after vaccination that are extremely aggressive, catching oncologists off guard, and they’re behaving unlike cancers that we’ve seen before.

Shawn Buckley

Now, can I just ask you about that term? Because I'm obviously not an oncologist, and so I don't know what terms are used. But I had never, until recently, even heard the words "turbo cancer" together. Like, to me, turbo is something you put in a sports car to make it go faster, or a diesel truck. So is that a common term that oncologists use or is this a term that's just come up to explain something that's new?

Dr. William Makis

No, so this is a word that's not used by doctors and, certainly, I would not have used this term. It's not a medical term. It is a term that has arisen in the population. This is how these cancers are referred to by people on social media because of the aggressive nature of these cancers.

Shawn Buckley

Had you ever heard that term prior to the COVID-19 vaccines being used?

Dr. William Makis

No. No, I've never heard this term before. And, in fact, when you look at my initial letters to the Canadian Medical Association in September of 2022, I referred to "aggressive cancers." I don't refer to the term "turbo cancer." This is a recent term. I did not come up with this term. It had arisen on social media. That's as far as I'm aware of it. It is not a medical term.

However, there is no term to describe the phenomenon of what I would call COVID-vaccine-induced cancers. Because, really, the cancers that we see after COVID vaccination behave so differently that you really have to almost create a separate class of cancers associated with vaccination specifically [Exhibits VT-3aa to VT-3dd]. I believe we are dealing with a completely brand-new phenomenon.

Shawn Buckley

Okay.

Dr. William Makis

I had done some extensive research in the literature, and I've actually published in peer-reviewed literature on one of the possible mechanisms of how these COVID vaccines may be causing these cancers—these "turbo cancers"—and I will talk about that shortly.

But I was contacted by a journalist from *The Epoch Times*,

[01:40:00]

who asked me, "Look, we would like to write an article about what are the possible causes of turbo cancers, and would you be willing to tell us? And can you supply, actually, some research from the literature to back up the possible mechanisms?" And so I did that, and this article was published on July 28, 2023, in *Epoch Times* [Exhibit VT-3z]. And I supplied nine possible mechanisms by which these cancers may be arising. I don't know if we have time to briefly go over those.

Shawn Buckley

Actually, I don't want us to skip over this at all. So please give us a detailed explanation on this. When you get to the IgG4 publication, I'll just indicate that's been entered as Exhibit VT-3hh.

But no, please give us a— You're the only oncologist we've had, and I think part of the difficulty, Dr. Makis, is that when we were running our hearings earlier, this phenomenon was just evolving. And so I'd actually like you to give us a full explanation if you can.

Dr. William Makis

Certainly.

So I'd like to first say that the exact mechanism by which cancers are arising in those who have had at least one COVID-19 vaccine, the mechanism is unknown. So this is theoretical at this point. We have theories on how these cancers may be arising, and there is literature to back up some of those theories. But at this time, the exact mechanism of how these cancers are arising is unknown. So these are nine possible theorized mechanisms by which these cancers may be arising.

The first one is that the COVID-19 mRNA vaccines specifically have a modified RNA. The messenger RNA has been artificially modified to contain a pseudouridine. So instead of a uridine, you're now replacing it with a methylated pseudouridine, which has been artificially modified. And this was actually— This has come out of the research of Dr. Karikó and Dr. Weissman, who invented the mRNA vaccines, and they had studied these modifications for many years. And they had discovered that if you modify the mRNA in this way, you could actually dampen the initial immune response of the individual receiving the mRNA so that they wouldn't destroy the mRNA agent right away. It was actually designed to protect the mRNA [Exhibit VT-3ee].

However, what it does is it interacts with receptors on T-cells and other immune cells, called toll-like receptors, and toll-like receptors are involved in signaling. Immune system signaling is the easiest way to explain it. You have binding of these toll-like receptors, and then you have downstream, signaling effects. Well, some of these changes in signaling are actually implicated in cancer formation, and so this is one of the first mechanisms that should be looked at [Exhibit VT-3ff].

The mRNA vaccines, once they get into your body, they actually dampen— They interact with the toll-like receptors on the immune cells, they dampen the signaling of your innate immune system, and they cause disruptions in immune signaling, which could actually, downstream, lead to cancers being formed. So this is one mechanism.

Dr. Seneff had discovered that there is impairment of a different kind of T-cell signaling, immune signaling, called type I interferon, and this type of signaling is involved in cancer surveillance. So I've attached a publication to that [Exhibit VT-3gg]. And again, these haven't been proven to cause cancer in the COVID vaccinated, but these are lines of investigation. These are theories that should be investigated to see if they are causing these cancers.

Next one, number three, is what's called the IgG4 antibody shift, and this is a very fascinating discovery. It's a recent discovery that people who have been vaccinated at least two times start producing a different kind of antibody. So initially, you produce what's

called IgG1 and IgG3 antibodies against the spike protein, and these are antibodies that are involved in protecting us against viruses, but also protecting us against cancer.

And so initially, when you get the first mRNA Pfizer or Moderna vaccine dose, you get these antibodies produced. However, once you get the second shot, the body starts to change the composition of these antibodies, and it starts to produce a different kind of antibody called IgG4.

[01:45:00]

And this antibody is involved in immune tolerance. So it is there to actually get the immune system to tolerate this antigen that you're now being exposed to several times. And if you get the third dose, it really spikes. And the IgG4 really skyrockets, and you get decreased production of IgG1 and IgG3, and you get a massive rise in IgG4.

And I actually published a paper— We published a paper theorizing what this might be doing in the COVID-vaccinated, that it may be implicated in forming cancers. It may also be implicated in autoimmune diseases and autoimmune myocarditis. We published this recently. It has been peer-reviewed [Exhibit VT-3hh].

And when it comes to cancer, what the IgG4 does is, you know— You've got the IgG1 that actually coats cancer cells and calls the immune system to come and destroy the cancer cells. But the IgG4 actually blocks that process from happening. So it can bind the IgG1 and actually prevent the immune system from destroying the cancer cell, or it can occupy sites on the immune cells, like the NK [natural killer] cells or macrophages, and then those cells don't see the cancer cells. And this is called immune evasion of cancers. And so this is a mechanism that has been published in the literature a number of times, and we are seeing these antibodies in the vaccinated individuals.

And so now you've got an immune system that is basically trained to ignore cancer cells, and it then provides an environment for cancer cells to start replicating at an uncontrolled rate because there's nothing to stop those cancers from replicating, from growing rapidly, and from spreading. Now—

Shawn Buckley

And just for people watching this, my understanding is it's not like all of a sudden, you know, somebody develops cancer for the first time, and it becomes a problem. But actually, cancer is something we deal with from birth onwards, but our immune system deals with it. We have cells that are made to deal with it. So cancer's actually a normal process; it's just when it gets out of control.

But what you're describing is that normal process is potentially being interrupted by these IgG4 cells.

Dr. William Makis

Yes, and so we produce mutated cells, cancerous cells, all the time, as you've mentioned, and it's our immune system that destroys those cells. And that's why when I refer to cancer surveillance, it's actually the immune system that's surveying the body, the whole body, for these cancerous and mutated cells, and then destroying those cells as it sees them. And we have a very intricately beautiful immune system that takes care of all these mutated, damaged, and pre-cancerous cells and destroys them throughout our lives. And so when

something interferes with the immune system, and interferes in a major way, then you're actually removing that shield and then now some of these pre-cancerous cells can actually start growing rapidly and can spread and metastasize throughout the body.

So this is, again, one of the proposed mechanisms—what's called an IgG4 shift. Because when the body starts producing this IgG4—especially when you've had your third COVID vaccine dose, fourth COVID vaccine dose—it seems the more COVID vaccine doses you've had, the more IgG4 you produce and the less IgG1 and 3 you produce. So you're really removing that shield that you get with the IgG1 and 3 protection against cancers.

Then there are other mechanisms that are really worrying. The spike protein has been found to interfere with tumour suppressor proteins, P53 and BRCA1 (B-R-C-A-1) [Exhibit VT-3ii]. Now, BRCA1 is implicated in breast cancer, ovarian cancer, and P53 is involved in a number of cancers. It's damaged in a number of cancers. And the spike protein seems to interact or damage these tumour-suppressive proteins. Now, again, it has to be shown that, you know, it's the vaccine spike protein that's doing it as well, but that is a very concerning issue.

There's another paper that shows the spike protein interferes with DNA repair mechanisms [Exhibit VT-3jj; 3-vv]. That is problematic. There's another paper that shows that the RNA could integrate into our genome and that if it integrates in an area that is a proto-oncogene or a tumour-suppressive protein that it can lead to cancer. This has been shown in vitro [Exhibit VT-3kk].

[01:50:00]

It hasn't been shown in vivo, but again, another very concerning finding from the literature.

And then there's been a recent discovery by U.S. geneticist Kevin McKernan who actually did sequencing of Pfizer and Moderna mRNA vials. And he was looking for something else, and he actually discovered that there is DNA contamination in those vials—Pfizer and Moderna vials—and that there is actually a high percentage of contamination of DNA plasmids.

DNA plasmids are rings of DNA that contain the spike protein sequence, and it's actually part of the normal manufacturing process of Pfizer and Moderna. The way they produce these mRNA vaccines is they put the sequence of the spike protein into a ring of DNA called a plasmid. They then insert that plasmid into *E. coli* bacteria. They grow those bacteria in large numbers, billions and billions of copies. They then extract those plasmids from the *E. coli*, and they then transcribe that DNA into the mRNA, and then that mRNA is packaged into the vials and sent out as the Pfizer and Moderna vaccine.

Now, in the quality control process, they are supposed to actually enzymatically destroy all DNA so that there is no DNA contamination from the manufacturing process. And what this geneticist discovered—and it has been replicated in several labs since then, internationally, as well—was that there is a high amount of DNA plasmid contamination in these vials, and that up to 35 per cent of the genetic material in the Pfizer or Moderna vials, up to 35 per cent is actually DNA contamination. And that's potentially millions or billions of copies of these DNA plasmids.

This is concerning because DNA is much easier to integrate into our genome than mRNA would be. And so if you've got all this DNA contamination with the spike protein sequence in it, and you have billions of these DNA plasmids that are injected into you, there is

actually a significant risk that these plasmids may integrate into your genome. And again, if it integrates in the wrong place—in a proto-oncogene or a tumour suppressor gene area—you can get cancer that way.

And so this is a recent finding, highly concerning. And I've included Kevin McKernan's extensive documentation and sequencing of this, of these DNA plasmids, as evidence [Exhibit VT-3nn to VT-3pp].

Shawn Buckley

And we've entered that as an exhibit. It's just the list of exhibits— Just so that the Commissioners are aware: almost everything that Dr. Makis is referring to from a research perspective, he's provided to us, and we've included it as part of the record.

Dr. William Makis

Now, just the last two potential mechanisms.

When Kevin McKernan discovered these DNA plasmid contamination in these Pfizer and Moderna vials, he discovered that—specifically in the Pfizer vials; not in the Moderna vials, but the Pfizer vials—the DNA plasmid contained additional genetic information in the DNA plasmid. And this additional genetic information sits before the spike protein sequence, and it's called the SV40 promoter or the simian virus-40 promoter [VT-3ll]. And this sequence, no one knows why it's there. Pfizer has not explained why the sequence is there in these DNA plasmids. Simian virus 40 causes cancer in humans [Exhibit VT-3mm] and the cancers that it causes specifically are lymphomas [Exhibit VT-3qq] and glioblastomas—brain cancers.

Now, it is of course a portion of that virus. It is not the entire virus. So only a portion of it was discovered. But again, the concern is it's a promoter. So it is the sequence that could then encourage transcription of an entire sequence afterwards. So again, if this oncogenic piece of DNA integrates into our genome in the wrong place, it could eventually lead to cancer. So this is another concerning finding that has not been explained by Pfizer, and it's another potential mechanism by which these cancers may be arising.

And finally, there are sequences in the Pfizer vaccine and Moderna vaccine which are called microRNAs. These are non-coding sequences, so these are additional sequences present, which don't seem to code for anything. But when they are transcribed, they themselves are potentially oncogenic and cancer-causing [Exhibit VT-3ss].

[01:55:00]

So I've attached literature concerning all of these potential mechanisms—these nine different mechanisms—and as I've stated, it is unclear at this time which of these mechanisms is the one that's causing cancer, and it may be more than one of these mechanisms that are causing cancers in different individuals.

Shawn Buckley

No, and I appreciate you being fair with us and making it clear that these are just now theories. There's not enough research. And I also thank you for providing the research articles. For those that are interested, it will all be part of the record and attached to your witness page. So thank you for doing that.

Dr. William Makis

I wanted to summarize the features of these turbo cancers, just briefly. I have documented over 200 of cases of what I believe are turbo cancers in COVID-vaccinated individuals on my Substack. I have documented these cancers in doctors, in nurses, in teachers, in young people, in pregnant women. And my concern here is that these seem to be arising in greater numbers in professions that had COVID-vaccine mandates implemented on them. So these are, again, doctors—had vaccine mandates—nurses, teachers, military, police officers, firefighters, city workers, and so on, and that is where I'm seeing a greater number of these cancers arising.

So the features of these turbo cancers: They present in young individuals. They can present in teenagers, people in their 20s, 30s, 40s. I do suspect that because I focus on younger individuals, then I'm seeing more of these in younger individuals. It is possible that they may occur across all ages.

Shawn Buckley

Can I just clarify, though, because at the beginning of your testimony on cancer, you were saying, you know, you just weren't seeing this type of thing before. So even though you're maybe focusing more on young people, is it still a type of cancer you just wouldn't expect to see in young people?

Dr. William Makis

I would not expect to see this, and I can tell you I have not seen cancers behaving this way in young people before the rollout of the vaccines. I've never seen this in my career. So when I write my Substack, I focus on young people because I feel that, you know, these vaccines should be stopped in young people. But it really— You know, I believe that these are probably occurring across all ages.

These cancers tend to present at Stage 4. They present late. They don't seem to be picked up. You know, I have not seen stories of Stage 1 and then, you know, it progresses extremely rapidly. They seem to be presenting at a late stage—Stage 3 and Stage 4. They have very rapid growth. And whatever the type of cancer it is, whether it's breast cancer or colon cancer, lung cancer, they grow so rapidly that they always catch the oncologists off guard.

And you will see these stories anecdotally, if you go to GoFundMe. And we're not seeing these stories from the medical establishment. This is what's so frustrating, is that doctors are not publishing these cases. We are seeing these cases on social media. We are seeing them on places like GoFundMe, where the patient will tell us what their experience and what their oncologist told them. And their oncologist will say, "I've not seen this. This is 10 years of growth in a month or two, you know?"

And so these tumours grow very, very rapidly over a very short period of time. They are highly metastatic, and what I mean by that is that they spread, and they spread to multiple locations in a very short time. So you know, in some of these cancers, like breast cancer or— Let's take colon cancer. You know, when colon cancer metastasizes, you expect the first metastasis to show up in the liver, for example, and then, you know, you can actually track that; you can actually surgically remove that, and you can deal with it. These seem to spread to multiple locations in a very, very short period of time.

And another feature which is fascinating, which I have no explanation for, is they seem to be quite resistant to conventional chemotherapy and conventional radiation therapy and other conventional treatments. And what you will find— Again, anecdotal evidence, but what you will find is people will say that they had partial response, but then it was very short-lived. And sometimes the patients will say that the tumour didn't respond at all to chemotherapy or radiation therapy. And that, again, is really quite unusual.

[02:00:00]

And again, something I really have not seen in my career, that you would have tumours that you would expect to respond to conventional regimens and they're not responding to chemo or radiation therapy.

And then I'd like to briefly talk about what kinds of cancers we're seeing. That I'm seeing. And I've tried to document, at least on an anecdotal level, how common some of these cancer types are. And it seems that lymphoma is the most common one, closely followed by glioblastoma: these are Stage 4 brain cancers. And then breast, colon, and lung seem to be the common ones. I have seen cancers of the hepatobiliary system: these are the gallbladder cancers; these are pancreatic cancers. They also seem to be happening at a higher rate than I would expect. And the leukemias.

Now, the leukemias. What's fascinating about the leukemias is that they are so aggressive that the time from diagnosis to death can be a matter of weeks, days, or even hours. I've reported on my Substack several cases of leukemia where a young person will feel unwell: they will present to emergency; they will have blood work done; and the doctors discover you have leukemia, and they will die a few hours after diagnosis. And this is, again, something that I have never seen in my career. To die in a matter of hours, even days, after diagnosis is something that I have simply not seen. That is another feature that is really frightening with these turbo cancers.

When it comes to fatality, they kill much more quickly than you would expect tumours of their type. And so, you know, the leukemias are particularly aggressive and deadly, as I had mentioned, but typically, you will see a lot of these cancers kill in a matter of three to six months. And the majority of them, it'll be six to twelve months. And again, you expect patients with breast cancer, lung cancer, colon cancer to live more than six to twelve months. Even at Stage 4, you expect them to live several years. You know, we have those survival charts, the five-year survival charts, and that's simply not what we're seeing. These are lethal, and they kill much more quickly than anything I've seen in my career.

And so, you know, that sort of concludes my presentation on the turbo cancers.

Shawn Buckley

Now, I know we were planning on doing sudden deaths during vaccination. Could we just do that in a minute or so? Just we're running a little late, and I'd like to leave this open for questions from the commissioners.

Dr. William Makis

Absolutely. I would just like to mention that we've coauthored a paper [Exhibits VT-3jjj and VT-3kkk]. Now, Dr. Peter McCullough has led this initiative. Dr. McCullough is a Texas cardiologist, and he's been at the forefront of warning about sudden deaths, specifically

cardiac-related sudden deaths, after a COVID vaccination—and Dr. Paul Alexander, Dr. Richard Amerling, Dr. Roger Hodkinson, and Dr. Mark Trozzi: a number of us had gotten together, and we'd conducted the largest review of autopsies that has ever been done of sudden deaths of COVID-19 vaccinated individuals. This is now a pre-print on the Zenodo server. It is under peer review.

We reviewed 325 autopsy cases, and we found that 74 per cent of those deaths were either directly caused by the vaccine or there was a major contribution by the vaccine. And these are sudden deaths shortly after COVID vaccination: the mean time to death was 14 days. And so, you know, this has been seen and downloaded hundreds of thousands of times. We submitted this to *The Lancet*, and *Lancet*, within 24 hours, removed it from their server. It was being downloaded hundreds of times a minute and I believe, as an act of censorship and to stop this finding from being peer-reviewed and published, *Lancet* removed our paper from their server. And so, you know, this is now under peer review and I hope that other researchers will— You know, I hope we get this published, and I hope that other researchers will sort of follow on and build on our research.

We've done a similar review of—

Shawn Buckley

Can I just stop you there? *The Lancet*, it was peer-reviewed and they accepted it for publication, right?

Dr. William Makis

It wasn't peer-reviewed. Now, it had gone through an initial review and so they saw that, you know,

[02:05:00]

this is an extensively referenced, big paper, so it passed initial reviews. They put it on their preprint server and then, 24 hours later, they removed it from their server; didn't really give a legitimate explanation why they removed it.

Shawn Buckley

And it was being downloaded extensively.

Dr. William Makis

Yes. And as you can see, it's been viewed and downloaded, you know, several hundred thousand times. But *Lancet*, in what appears to be an act of censorship, removed this paper from their preprint server.

Now this paper is being hosted on CERN [Conseil Européen pour la Recherche Nucléaire (European Council for Nuclear Research)], on a Zenodo server, which is sponsored by CERN in Switzerland. And so now people have access to it. They can download it; they can read it. We found that the majority of the sudden deaths of COVID-19-vaccinated individuals are cardiovascular. There's also a large component of hematological, so blood clots. I think it is a fantastic paper. And I think it sheds a light on the phenomenon of sudden deaths after COVID vaccination.

We wrote a similar review and a paper with myocarditis [Exhibit VT-3lll]. We looked at all the myocarditis cases in the literature in those who were COVID-vaccinated. And we found that 100 per cent of the myocarditis deaths were due to the vaccine. This is also under peer review right now.

And so I'd be happy to move on to answer questions.

Shawn Buckley

Let's open it up to the commissioners, except if you want to comment. In this slide that you just took down, you're calling for the suspension of COVID-19 vaccines?

Dr. William Makis

Yes, and so if I may just show the last slide. You know, the purpose of me presenting all this evidence and also giving documentary evidence, I feel very strongly about what I've seen in terms of the adverse events of the COVID-19 vaccines. And I am calling for the immediate suspension of the use of COVID-19 mRNA vaccines, especially in children of all ages and pregnant women.

Because the sudden deaths that I described, that we have reviewed—autopsy cases of these sudden and unexplained deaths when people are dying in their sleep or they're collapsing when they're playing sports or doing a physical activity, out for a jog, or they're collapsing in the classroom. I'm seeing this in teenagers—in vaccinated teenagers. I'm seeing these sudden deaths in children—elementary school children. I'm seeing these sudden deaths in pregnant women. It is very disturbing to me as a physician to watch these deaths and watch the injuries, as well [Exhibits VT-3xx to VT-3zz; Exhibits VT-3aaa to VT-3ddd].

I believe there is a substantial body of evidence of very serious adverse events, including deaths, caused by or significantly contributed to by the COVID vaccine [Exhibit VT-3tt; Exhibit VT-3rr]. And it is my conclusion that these pharmaceutical products are neither safe nor effective. And furthermore, I call for the immediate suspension of all remaining COVID vaccine mandates, especially in healthcare. And I hope that other physicians will join me and will find their voice and will find courage to stand up for their patients, to stand up for the Hippocratic Oath to do no harm, and to stand up for the ethical practice of medicine in Canada.

Shawn Buckley

Thank you. So I'll open this up for questions now. But just, you know, you actually calling for a stop of the vaccinations was worth us coming back to and having you comment on that.

So just go ahead and unmute yourself, Commissioner Drysdale.

Commissioner Drysdale

Dr. Makis, thank you very much. It is a very good presentation. There is a lot of pieces to it, so I want to kind of roll back to the beginning and ask some, probably, what are very fundamental questions.

In your opening part of your presentation, you talked about the Alberta Health Services' mandates to health care professionals. I believe in that slide you talked about how the—or

at least you showed—and I'm just taking a look at the slide right now. You showed how Alberta Health Services had made the statement that immunization against COVID-19 is the most effective means to prevent the spread of COVID-19. Do you have any information as to what scientific basis the Alberta Health Services used to make that statement?

[02:10:00]

Dr. William Makis

I have not seen any document that would support that statement from AHS.

Commissioner Drysdale

My second question, again, has to do with the Alberta College of Physicians and Surgeons. How is a mandate of a medical procedure, specifically a vaccine or a biologic—a lot of the testimony we had said this is not a vaccine, it's a biologic, but be that as it may—how does the mandating of this medical procedure square with the requirement for informed consent?

And before you answer that, I just want to take a look in— The College of Physicians and Surgeons of Alberta, they define exactly what is required to get informed consent. And one requirement is that the person making the decision to take the procedure has to be free of any undue influence, duress, coercion, or anything else that might influence their decision to give informed consent.

So once again, my question is: How does mandating a medical procedure adhere to the principles of informed consent, particularly when your job is at threat? How did the College of Physicians and Surgeons, do you believe, square that circle? It seems to me, in reading it on the face of it, that mandating a procedure with the threat of losing your job is against the, you know, it certainly violates the coercion part of informed consent. Would you agree with that or do you have any more information to add to that?

Dr. William Makis

Certainly. So I would like to clarify that the mandate was issued by Alberta Health Services. It seems to have been issued unilaterally by the leadership of Alberta Health Services. I know that at the time, the media was asking Jason Kenney, the Alberta Premier, for comment, and the Alberta Minister of Health for comment, and they deferred to Alberta Health Services. And so this was a unilateral imposition of a vaccine mandate.

And you can see in the letter of opposition to the vaccine mandates, the health care workers are clearly stating the scientific basis for opposing these mandates. I consider these mandates highly unethical, unscientific. The health care workers documented the hundreds of thousands of injuries in the VAERS reporting system, you know, over 10,000 deaths. And so I found this a gross violation of medical ethics, of the Canadian Medical Association code of ethics.

The mandates came from Alberta Health Services. Now, what's interesting is that the College of Physicians and Surgeons of Alberta, they did not put a mandate themselves, but they stepped in and they sent threatening letters to doctors who were opposed to these vaccine mandates. And so there's an additional layer of coercion where it's not just that you're being threatened by your employer, that you will lose your job, or, as was stated, that you will be put on unpaid leave. And we know that there were many health care

workers who lost their jobs or were forced into early retirement. But now, here you have the College providing an additional layer of coercion and intimidation by saying that we're aware of your opposition: we're putting it on your permanent record, and we're giving you the opportunity to withdraw your opposition to these vaccine mandates. That, again, to me, was a gross violation of everything I know about medical ethics.

Commissioner Drysdale

Well, you know, you make a point that Alberta Health Services unilaterally imposed these mandates. But the bottom line is that the injections were given by physicians or pharmacists or nurses, and they are all regulated under— At least the doctors are regulated under the Alberta College of Physicians and Surgeons. So the Alberta College of Physicians and Surgeons was directly involved in that they weren't regulating their members to adhere to the principles and requirements of informed consent.

I mean, I don't know how it is in Alberta, but I know that in Ontario, it's not just a regulation under the Ontario College of Physicians and Surgeons. But there's actually an Act that regulates informed consent in the medical profession outside of that. And I don't know if that's the way it is in Alberta or not.

[02:15:00]

Do you know that answer?

Dr. William Makis

So it wasn't part of my presentation tonight, but I am aware that the College of Physicians and Surgeons of Alberta had sent out a memo to all Alberta physicians indicating that they were not to do anything that would create vaccine hesitancy—and that conflicted with providing informed consent. And furthermore, you know, this includes discussion of risks of the COVID-19 vaccines, and informed consent requires that you discuss both the benefits and the risks.

I have run clinical trials in Alberta. You know, we had regulations that we adhere to very strictly. I had to provide to my end-stage cancer patients a detailed assessment of all the benefits—but of all the risks, as well, with whatever pharmaceutical product that I was going to give them. And in the end, there was no coercion. It was completely up to the patient whether they wanted the product or not.

I'm aware that the College put tremendous pressure on Alberta doctors where doctors were not allowed to provide this kind of informed consent to their patients when the vaccines were rolled out—the first two doses, the booster shots. In fact, that remains the case to this day.

Commissioner Drysdale

Yes, I mean, are you aware of the fact that the CDC and the FDA have approved a new COVID-19 vaccine? And it is my understanding that as of this date, the Pfizer documentation on this actually says that they don't know what the long-term side effects are. They don't know what all the side effects are, and they're still examining this. So that's current as of September 11th, 2023.

If we don't know all the side effects and the manufacturer is saying within the last week—September 11th, 2023—that they don't know all the side effects, how is it possible that they knew all the side effects in December of 2020 when Health Canada approved these vaccines for use in the general population?

Dr. William Makis

Well, I will go one step further: On September 12th of this year—this was a week ago—Canada's public health chief, Dr. Theresa Tam, and chief adviser to Health Canada, Dr. Supriya Sharma, approved the newest COVID-19 booster shot against XBB.1.5 and recommended these vaccines in children as young as six months old and in pregnant women at all stages of pregnancy. And I've read the document that shows the safety studies that were done, and there were no safety studies done on this product in regards to children or in regards to women in pregnancy.

And so, to me— And again, I don't know what to say about this as a physician, that we have our federal bodies—Health Canada, public health chief—recommending pharmaceutical products on which there were no safety studies done in populations like children as young as six months old and pregnant women.

Commissioner Drysdale

Well, I've also read those documents, and I wanted to ask you about that because in the Pfizer document, with regard to the new COVID-19 vaccine, it's my understanding that there were no clinical trials on it and that they relied on the original clinical trial information.

And also, when I read that documentation, I'm just wondering—since I believe you have read it, as well—they list what they believe are all the side effects for children and they don't mention death in that list. I mean, you've talked about death. I've heard many other witnesses talk about death in patients who receive the vaccines, and yet death is not a side effect listed in the Pfizer document. Is that unusual that they wouldn't list— I mean, that's a fairly serious side effect, I would think.

Dr. William Makis

It is very unusual, and I find it extremely unusual that to date, Health Canada has stated that there have been zero deaths linked to any of the of the COVID-19 vaccines. When in the United States, in the VAERS reporting system, we have something like over 30,000 deaths reported. Now, of course, you know, these should be investigated.

[02:20:00]

And this is the other part of it—that proper investigations aren't being done; proper autopsies are not being done. And so, you know, this entire process is, to me, very controversial and questionable.

Commissioner Drysdale

Well, Dr. Makis, that brings me to my next question. And you keep talking about the VAERS system. And for our listeners, the VAERS system is a— I would describe it as a voluntary reporting service for vaccine injuries in the United States. But Canada has its own system called CAEFISS [Canadian Adverse Events Following Immunization Surveillance System]

and I don't believe I heard you mention that word. Have you reviewed the data from the CAEFISS system? Is there a reason you relied on the VAERS system rather than the CAEFISS system?

Dr. William Makis

I have been anecdotally informed by a number of doctors who have submitted vaccine injury reports that whatever reports they submit come back rejected. And this is within Alberta Health Services. Their reports don't make it to Health Canada. And so their reports are rejected at the level of Alberta Health Services, and they've been very frustrated. They've of course asked me to remain anonymous. They fear retaliation because they are still working in the system.

Basically, I've relied on anecdotal evidence that I've seen, and I've relied on VAERS reports. I've also looked to the WHO VigiAccess database as well in my research.

Commissioner Drysdale

Well, we heard evidence from a number of doctors across the country that corroborate what you just said. As a matter of fact, there was one doctor, I believe, who testified in Truro who reported a number of adverse reactions, according to his testimony, and was dismissed, I believe, because of that, or was at least alleged to be dismissed.

But moving on, you talked about a fellow by the name of Tim Caulfield, who is— I think your title that you had in your slide was Canada Research Chair in Health Law and Policy. And I noticed that when they list him, it doesn't say doctor. Is he a doctor?

Dr. William Makis

No, Mr. Timothy Caulfield is a professor of law at the University of Alberta.

Commissioner Drysdale

How does a professor of law become the Research Chair in Health [Law and Policy] for the University of Alberta and make commentary on medical matters that you, as a qualified doctor, have made comment on?

Dr. William Makis

I honestly— I can't answer that question.

Commissioner Drysdale

I have another question that has to do with some of the slides that you had up. And I was searching for one of the references you made. And one of the references was in the slide that you had up and I'm just going to read it.

I don't see a number on your slide, but it says— It's a quote out of—oh, gosh, I can't remember—one of the newspapers who were critiquing what you were saying. And the newspaper said, "According to a recent *Epoch Times* story," and then it goes, "—an anti-China publication associated with Falun Gong." And when they referred to Gettr, they said, "a right-wing" whatever-it-was. And it seems that in a lot of these editorials or these

commentaries you've got, they put these labels on certain things, and other things they don't comment on.

And for instance, with Mr. Tim Caulfield, they didn't say, "a professor of law with no experience in medicine," which would have been consistent with "Epoch Times—an anti-China publication associated with Falun Gong," which really didn't have anything to do with the article.

Have you seen much of that, where the media seems to be putting labels on these outlets in order to— I can only guess it was to characterize them a certain way. Have you seen much of that?

Dr. William Makis

Yes, well, I can tell you— I can specify that the reference to the "anti-China publication" associated with Falun Gong, this was the *Toronto Star*. This was the *Toronto Star* article by reporter Alex Boyd. And then the reference to Gettr being an "alt-right" website, this is Global News by reporter Ashleigh Stewart.

These are mainstream media publications. I am not alt-right. I don't see Gettr as an alt-right website. I certainly don't subscribe to any of these labels, and I see these labels as, really, a smear tactic.

[02:25:00]

It is a tactic to smear me in their article and to really tarnish my reputation and tarnish my credibility, and really tarnish anything that I have to say.

You will notice that there is no reference that I have won 15 scholarships at the University of Toronto, that I have a four-year undergraduate degree in immunology with honours from the University of Toronto, that I have a five-year specialization from the best medical school in Canada—McGill University. There's never any reference to my qualifications. There's no reference to the fact that I'm a cancer researcher with over 100 peer-reviewed publications in international medical journals.

And so, you know, I see these as smear tactics, and I believe I was the victim of a smear campaign by the mainstream media.

Commissioner Drysdale

My next question has to do with Table 2 of the information that you are providing from the Alberta government and particularly— Well, it doesn't matter which one. You have two different versions of it: one from March 31st, the second one from July 20th. But I'm just looking down and it talks about currently hospitalized—three doses, two doses, one dose, unvaccinated. But when I looked down into the notes, the asterisk says, "Table does not include those with one dose." But one dose is— Am I misreading this? I mean the table has one dose, but the asterisk in the notes to this Alberta government document says that it doesn't include with one dose. Am I reading that wrong or is that a mistake by them?

Dr. William Makis

I do see that. And I honestly, you know, I took these—these are snapshots from the government website as it was at the time, in both of those times. I don't have an explanation of why that statement is there.

Commissioner Drysdale

And we heard testimony from other researchers that— And as a matter of fact, the CDC now says on their website that people who have had COVID-19—I can't remember if it was boosters or injections—have a higher risk of contracting COVID-19. And where I'm going with this question is, again, going back to Table 2: the government says that within 14 days of getting the vaccine, they don't consider you protected. But if that's the risk zone in which you might be getting COVID as a result of the vaccine, aren't they masking—? Is it possible they're masking those results?

Dr. William Makis

Yes. So what I would like to say about this data that was being put out by the Alberta government is that, you know, I'm taking this data at face value. I, personally, as a physician, have a problem with the designation within the first 14 days after vaccination that someone would be labelled as "unvaccinated." I know that this happened and that this was part of the problem with the data throughout the pandemic. And I certainly don't subscribe to that.

And I believe that data manipulation was used to hide a lot of adverse events following vaccination. And we know that, actually, the majority of the deaths happened in the first two weeks after vaccination. And then those injuries and deaths were actually blamed and labelled as "unvaccinated."

Commissioner Drysdale

Well, didn't Pfizer actually say in their monograph that you were considered vaccinated within seven days of receiving the dose? I thought— I'm going by my memory, but I thought we had some testimony on that previously. Are you aware of that, Dr. Makis?

Dr. William Makis

I'm not aware of that. But I know that in Alberta, you know, the definition was 14 days. And it is my belief that initially, when the public health chief, Dr. Deena Hinshaw, talked about the pandemic of the unvaccinated—and then similar sentiments were echoed by Dr. Theresa Tam, Canadian public health chief—that this pandemic of the unvaccinated didn't exist. That it was a manipulation of the data where— And this was one of the manipulations: that people in the first 14 days after vaccination were labelled as "unvaccinated."

Commissioner Drysdale

Well, I have two more questions. I know Dr. Massie is anxious to ask some questions, but I have two more questions.

Your specialty is oncology, so you're a cancer doctor, if you want to call it that. My understanding is that

[02:30:00]

the vaccines were tested initially for a period of about two or three months and then they were unblinded, which means that the side that received the placebo then received the vaccine. So they studied these vaccines—these biologics, as some other witnesses testified—for a period of a few months, two or three months at most.

As an oncologist, if I tested cigarette smokers for two months, would I discover that they got cancer from cigarettes?

Dr. William Makis

No. And there is no long-term testing on any of these products, whether it was the first doses or whether it was the booster shots, Pfizer or Moderna. There has been no long-term testing on any of these products, and this is one of the reasons I was opposed to vaccine mandates, to mandating these experimental products: that we had absolutely no data on what the long-term consequences were of mandating this product on all the health care workers, for example. That was just absolutely unconscionable, unscientific, unethical. And that is why I started my presentation with the vaccine mandates that were imposed in Alberta and, really, throughout Canada.

Commissioner Drysdale

Well, you know, talking about pregnant women: I mean, thalidomide was a drug that was prescribed to women in the early '60s, I believe, and caused significant issues with birth defects. And once again I ask the question: If you were testing thalidomide now on pregnant women and you tested it for two or three months, would you know whether or not you were going to have birth defects on those women nine months later or six months later?

Dr. William Makis

Well, again, the problem is that even the animal studies that they did were, in my view, insufficient. And when it comes to pregnancy— Sorry, that is my cat. When it comes to pregnancy, where I'm really concerned is that there is a blanket recommendation of these products in pregnancy. And I have published on my Substack, I have reviewed the VAERS database extensively in terms of what has been reported, the problems that have been reported in pregnancy, and there are very serious problems that have been documented in the VAERS reporting system.

When you take the COVID vaccines in early pregnancy, there are congenital malformations of the heart, of the brain, of the limbs [Exhibit VT-3ggg]. When you take them in the second trimester, the fetus can stop growing within 24 hours of taking the Pfizer or Moderna vaccine. There are many such reported cases. There's a cessation of fetal growth that can lead to miscarriages or stillbirths [Exhibit VT-3fff]. And in the third trimester, there are many cases of stillbirth [Exhibit VT-3hhh], of premature labour, of maternal death, death during delivery of the mother or the baby, postnatal deaths [Exhibit VT-3eee] . These are very highly concerning cases, and that's why I want to see these products stopped. It should not be recommended for pregnant women until there's much more robust studies done.

Commissioner Drysdale

We also heard significant— And I'm going to ask you this question because you talked about cancers, that there was no screening done for a year or two and that, of course, there was an increase in the number of cancers detected after they started screening again. So they essentially stopped screening for cancers. And my question to you, or at least what I'm wondering about is, we heard testimony after testimony after testimony from medical professionals who said the hospitals were empty, who said that there was nothing going on. We saw commercials of nurses dancing in the emergency rooms. I, myself, had an experience in an emergency room during the lockdowns, and the emergency room and the hospital was empty.

So my question is, how in good conscience did we stop doing cancer screenings with the full knowledge of what the impact that would have when the medical system was not overloaded? At least according to the testimony we had: the hospitals were not overloaded; the emergency wards were not overloaded. And yet we stopped all these preventative measures. And according to your testimony, you're expecting an increase,

[02:35:00]

or you have seen an increased number of cancers detected, partially because we weren't doing screening for a year and a half or two years. Have you any insight into how they decided to stop doing those screenings, knowing what the risk was, and knowing that the hospitals were not overloaded in the first place?

Dr. William Makis

Again, I can't really speak to the decision making. Certainly, I would not have stopped those visits or cancelled those visits, or cancelled the surgeries. There were many surgeries that were cancelled, as well.

I don't believe it was that long of a period of time. I believe it was a number of months. I can't tell you exactly the length of time, but I don't believe it was more than a year.

And in terms of the expected increase you would see, as we would sort of catch up on those patient visits and screenings, again, it does not explain the phenomenon that I'm seeing with these cancers that are arising, and very, very aggressive cancers. And I am seeing this phenomenon in the United States. I'm seeing this phenomenon in the United Kingdom, in Australia, in all the countries that have a high uptake of the COVID-19 vaccine—specifically the mRNA vaccines—and also have high booster uptake. I'm seeing the same types of cancers in these different countries. And these countries, some of them didn't have, you know, closures or cancellations of cancer screenings or cancer visits, so this is a completely separate phenomenon.

One thing I would like to add is that it is impossible to get good data on the rate of cancers. I've tried to get this data. I've gone to Statistics Canada. I've gone to the Public Health Agency of Canada. You know, I've looked at the Canadian Cancer Society. None of these institutions, which should be releasing this data to the Canadian public, none of them are releasing this data. These three institutions put out a report in 2022 where the data only goes up to 2018. So we're actually not seeing any data—any data—on the incidences of cancer in 2021 and 2022, which is the data that we need to see to be able to assess this phenomenon of these aggressive cancers arising. You know, what is the rate of increase of these cancers and the particular types of cancers, as well?

I mentioned that there seems to be, anecdotally, a huge spike in lymphomas, glioblastomas, Stage 4 breast cancer, Stage 4 colon cancer, Stage 4 lung cancers, but we need broader data from these institutions—Statistics Canada, Public Health Agency—and we're not getting them.

Commissioner Drysdale

Well, your commentary on that particular item seems to be confirmed by Dr. Denis Rancourt, who testified here three times, and testified a third time because during the first two testimonies, the Canadian data was not available and he had used data from other parts of the world.

But those are my questions, Dr. Makis. Thank you very much for your time and your expertise and your courage to come before this committee.

Dr. William Makis

Thank you very much.

Commissioner Massie

Good evening, Dr. Makis. Thank you very much for this very detailed and, I would say, comprehensive presentation. What you've covered actually overlaps with a lot of other stories we've got from many other experts. But the emphasis you're putting— And I will focus my question mostly around the cancer and the potential mechanism for the cancer.

I have some knowledge in the tumour biology: I've been trying to develop protocols to fight cancer with gene therapy and stuff like that, so I have some knowledge. And it seems to me that one of the keys in cancer is really the immune surveillance of cancer. And one of the things that I've heard anecdotally from people in my surroundings is that some people have had cancer in the past that would seem to have been completely cured for, sometimes, decades. And after their second or third shot, it just went back, and they basically died from cancer in a couple of weeks or months. So how could you actually explain these kinds of cancers that seem to have been completely cured for decades, but all of a sudden are coming back following the immunization with these mRNA vaccines?

[02:40:00]

Dr. William Makis

I would like to state that Professor Angus Dalglish in London, in the United Kingdom, has made a public statement—exactly what you are mentioning, as well—that he, as an experienced oncologist, has seen a number of instances of cancer patients who had been stable—for example, melanoma cancer patients who had been stable on a certain kind of immunotherapy for many, many years. And then they take a COVID-19 booster shot, and then their cancer just explodes and spreads. And he said other patients who've been in remission and then their cancer returns, and it is aggressive and it is much more aggressive than before.

And again, I don't have an explanation for this phenomenon. You know, again, it's theoretical at this point. And again, it may have to do with some kind of suppression, immune suppression: that could be why these cancers can suddenly come back, but, again,

it's something that really needs to be researched. And I don't believe this kind of research is being done because there's no acknowledgement within oncology, as a medical specialty, that this phenomenon exists or that this phenomenon could even be a problem in the COVID-vaccinated. And so I think this is something that requires research. But it would first require an acknowledgement that the problem exists, that it is something that needs to be researched.

I'm sorry, I don't really have a theory right now on that phenomenon.

Commissioner Massie

On a follow-up question on that: when I look at your different mechanisms you're proposing as potential triggers for these cancer, some of them seem to qualify, what I would call, hit-and-run. That is, something would trigger the initiation of the cancer, and then it might take some time before the cancer really flourishes and, in fact, affects the individual up to the point that they will die. So what kind of research would be required in order to really link the occurrence of the cancer to that kind of triggering, which sometimes may or may not leave a trace of the initial event?

Dr. William Makis

Well, you know, I wonder about these events where the RNA is reverse transcribed into our DNA, or this issue with the DNA plasmids potentially integrating. So there would probably need to be some kind of sequencing testing done on people who've been vaccinated to see if there have been any integration events.

And I know that this is a concern of a number of doctors: that it's one thing to have the mRNA persist for a certain period of time and have the spike protein being produced for a certain period of time, and then, you know, eventually the mRNA degrades. Even the modified mRNA—which is supposed to last longer now that it's been modified with the pseudouridine—it degrades at some point, and the spike production may cease. But the concern is—is this spike protein sequence being integrated, in certain cells, into our genome? And then you're now faced with a situation where you're potentially producing spike protein indefinitely, and it's causing all kinds of immune issues.

And so I would love to see much more research around this problem of this integration of this spike protein sequence into our genome. And I don't have the expertise in that to really go beyond that. But I think that, for me, that would be an area of really strong interest.

Commissioner Massie

So I understood from your previous answer that, at this point, we don't gather enough data, maybe, to get a good assessment of the occurrence of this phenomenon in terms of a serious side effect of the vaccination?

Dr. William Makis

I don't believe the research is being done.

Commissioner Massie

So my question would be:

[02:45:00]

Your best assessment based on what you've scanned or the data you gathered, how would you compare that to, say, the occurrence of myocarditis? Is it, like, much lower in terms of rate? Is it same ballpark? Is it higher?

Dr. William Makis

Well, so myocarditis is a very interesting issue because I believe we've been lied to by the public health authorities about myocarditis, specifically the incidence of myocarditis in the COVID-vaccinated. I know that public health officials in Ontario, for example, have admitted a rate of one in 5,000. You know, there's been different numbers published in the literature: one in 10,000; one in 20,000 per dose.

But then you have the studies, like the prospective study in Thailand by Mansanguan, which shows a potential of subclinical myocarditis as high as 1 in 30. One in 30 young boys—you know, the teenage boys. You have the study from Switzerland by Dr. Christian Mueller who had looked at, you know, 800, approximately, health care workers after taking the booster shot and finding some evidence of cardiac damage—and he says it's mostly mild damage, but some evidence of cardiac damage in 1 in 35.

So there's a huge disparity in terms of what the public health officials are willing to admit in terms of how frequent these events are and what is happening on the ground. When you look at large databases like the WHO VigAccess database, which has five million adverse events reported from COVID-19 vaccines, there's a disconnect there. And so I think when it comes to the cancers, as well, we have a worse situation because there's actually no admission from any of the public health authorities in Canada or the United States that this phenomenon even exists.

So it's one thing to have public health officials admit, yes, the vaccines cause myocarditis, it's rare and mild—and that's the lie. But there is an admission that it can cause myocarditis; it can cause blood clots. But in the case of cancer, there is no admission by any health authority in the world that this is even a possibility.

I'm sorry, you're muted.

Commissioner Massie

So, yeah, when you do autopsy for myocarditis, you can find the spike protein in cardiac cells and cardiac tissue and get some sort of reasonable assessment that seems to be a mechanism that linked the two events. But in cancer, what kind of autopsy could you do in order to link the cancer with the vaccine? Can you think of ways that we could actually sort that out?

Dr. William Makis

This is going to be a lot more difficult. I am aware of some work done by Dr. Arne Burkhardt in Germany, pathologist, who has done some staining for the spike protein. I believe he's done some staining on tumour tissue. Dr. Ryan Cole in the United States, pathologist, has talked about this phenomenon of at least staining for the spike protein in the tumour itself.

And that's not being done. That's not being done in Canada. That's not being done, you know, in the United States by any of the medical authorities, but at least this would be a start. This would be a start: Is there presence of the spike protein in these tumours and how much spike protein is present? That would at least be the starting point for me.

Now again, that may not be sufficient in terms of linking many of these cancers to the vaccines, but at least we could start with that. And unfortunately, that's not being done.

When it comes to these cancers, I can tell you, we are so far behind in terms of approaching this topic in any scientific way that I feel very alone on this topic. As I mentioned, there's Professor Dalglish in London, in the United Kingdom, an oncologist who is also calling for investigations into these types of aggressive cancers. Of course, Dr. Roger Hodgkinson, pathologist in Alberta, you know, believes this phenomenon of turbo cancer is happening. Dr. Ryan Cole in the United States, Dr. Arne Burkhardt in Germany, Dr. Peter McCullough in the United States, as a cardiologist.

[02:50:00]

Recently, Dr. Harvey Risch has talked about turbo cancers, as well. But this is a very, very small group of us that are sounding the alarm on what we are seeing on the ground level—at the anecdotal level, really. And unfortunately, the medical community is simply not willing to look at this. Really, similar to the way the Canadian Medical Association is not willing to look at the phenomenon of sudden deaths of Canadian doctors. There's just no interest in looking for answers.

Commissioner Massie

I have another question. I was really curious about one of the mechanisms you mentioned about microRNA that could actually perturb the gene expression in the cell. Have you looked at some of the data showing that these microRNA can actually be derived either from the plasmid that uses a template to make the RNA vaccine, or is it possible that in the process of generating the RNA, you are generating the short segment? And do we know anything about whether these segments can actually have been shown to be a potential sequence to affect gene expression? Have we done some genomic analysis on that?

Dr. William Makis

I'll be honest, this is not my expertise. You know, this is beyond my expertise. You know, I'm aware that some of these sequences could act as either tumour suppressors or proto-oncogenes, but this is really not my area of expertise.

Commissioner Massie

So let me get back to immunology because that seems to be one of your expertise. I'm really concerned about the IgG4 potential role in the triggering of cancer because you would actually interfere with normal immune surveillance and you would generate an environment that is conducive to growth of cancer.

So I have two questions here. The first question is, it seems that from the literature, the occurrence of IgG4 increased with the number of doses of the mRNA—at least starting at the third dose and after that it seems to be pretty high: stable high.

So my first question is about these new vaccines that the health authorities are pushing for the fall. And they somewhat changed the message, at least in the States. I don't know in Canada whether they're going to use the same spin on it, which is this is not a booster: this is just a new vaccine for a seasonal, if you want, COVID strain similar to flu seasonal vaccine. But it seems to me that if you use the same mRNA technology, it's another injection that actually should be on top of what you already have. So should that actually further stimulate IgG4 or maintain it at high levels for people that have been previously injected, say, twice, and they decided to get their shot in the next fall?

Dr. William Makis

I believe so. I believe the antigen is almost virtually the same as the initial vaccines that you would have been exposed to the first dose, the second dose, you know, the first and second boosters. You know, they may have made some very minor modifications in terms of, you know, the Omicron XPV.1.5, but it is my understanding that the body would recognize it as just another exposure and that would probably continue driving this mechanism, this IgG4 shift. And really, it's very interesting that there's a very minor rise in IgG4 with the second shot. But it is the third shot that seems to make a very dramatic increase in this production of these IgG4 antibodies. And so just continuing along this path, I think, is just absolutely reckless.

And, you know, I see this departure from the word booster as a marketing ploy. Canadians, by and large, have stopped taking booster shots. I believe only five or six per cent of Canadians are considered up to date on their booster shots or have taken a booster shot in the past six months. And so it's clear that booster shots are unpopular—highly unpopular—even among people who have taken vaccines before.

[02:55:00]

And so I have actually read in the literature—now this is referred to as vaccine hesitancy literature—that they want to actually change the marketing of these vaccines, remove the word booster, and make them appear as annual, updated shots that you would get at your regular doctor visit, just like you would get your flu shot. And they really— It seems to be that there's this desire to now move towards this idea that these are harmless, annual shots just like the flu shots because the flu shot is seen in the literature as being very successful in the way it was marketed. And the uptake of the booster shots over a number of years: that the marketing involves removing the word booster and now changing the name of these shots as “updated shots” as opposed to “booster shots.”

But they are booster shots. It's the same antigen. I believe you're just exposing your body to more of the same antigen. And if you are on this IgG4 shift, I presume that just taking another shot only worsens the situation.

Commissioner Massie

So maybe one last question. I mean, there could be many more, but it's been a long night.

We started to see in the literature a lot of study around what they call “spikopathy,” which means that the spike protein itself is toxic and creating all kinds of pathology. It could come from the infection with the virus, as well as the vaccine, and it could be a combination of both.

But there is a push, it seems to me, to say, “Okay, in the mRNA platform, the problem could have been the spike protein, but if we now develop other types of vaccine with other antigens, then it’s going to be fine”: In other words, the mRNA lipid [nano]particle platform is fine, is perfectly effective and safe. It’s just maybe the spike, which was not a good idea. But now if we put something else for RSV [respiratory syncytial virus] or any other of this long list of vaccines that they want to shift—I think they want to do flu, as well—then it’s going to be fine because these other potential antigens will not have the issue of the COVID because it was spike.

So what is your take on that? Is it mainly the spike that’s responsible for the issues we’re seeing with these type of mRNA vaccines, or is it also the platform?

Dr. William Makis

I believe it’s the platform. I believe the entire lipid nanoparticle mRNA platform is problematic. And I’ve noticed this same kind of phenomenon in terms of blaming the spike protein of the coronavirus and actually rehabilitating the platform and saying the platform is fine. I’ve seen this talked about with the protein they plan to use with influenza vaccines, for example, that it’s less likely to mutate and it’s not like the spike protein; it’s not going to cause the same problems. I believe the lipid nanoparticle mRNA platform is the problem, and the problem is that the lipid nanoparticles, when they’re injected with mRNA, regardless of the mRNA, they go systemic. And I believe that it is this systemic distribution that is the source of virtually all the injuries that we’re seeing—the vaccine injuries.

Now, of course, the spike protein is highly inflammatory and its expression in the various organs and the distal expression is highly problematic. But I believe that we would see similar kinds of problems with any other protein, whether it’s from influenza or RSV or HIV [human immunodeficiency virus] or CMV [cytomegalovirus]. I know that all these vaccines are planned, and I believe we’re going to see similar proteins because the lipid nanoparticle does not stay in the arm. There’s no mechanism for it to stay in the arm. It very quickly ends up in the bloodstream, is delivered systemically, and I believe that’s where you run into the problems: you’re delivering this mRNA systemically, which shouldn’t be delivered systemically.

Then you’ve got the translation of this foreign protein, and being expressed in tissues that should not be expressing this protein, causing all kinds of immune reactions and just causing immune havoc, which then leads to— You know, you’ve got the myocarditis, you’ve got the blood clots, you’ve got various autoimmune injuries.

[03:00:00]

And, of course, the lipid nanoparticles crossing the blood-brain barrier is a problem, crossing the placenta is a problem. This has not been addressed at all.

And I have seen a presentation by Stéphane Bancel, the CEO of Moderna, saying very clearly, “We’re going to use this same exact technology in all our future vaccines. We’re going to use the same production method, the same manufacturing methods.” And so I believe that this entire platform, this lipid nanoparticle mRNA platform has to be shut down, has to be stopped. There have to be a lot more independent studies, or what have you, before this is ever brought back again. I believe that this platform is the problem. It’s not the spike protein—it is the entire lipid nanoparticle mRNA platform.

Commissioner Massie

Thank you very much, Dr. Makis.

Shawn Buckley

Well, that being all the questions, Dr. Makis, first of all, on behalf of the National Citizens Inquiry, I want to sincerely thank you for coming and testifying. You have provided some information— And perhaps it's fortunate that your testimony got delayed. We did want to fit you in earlier, but we had scheduling problems. But you were able to share something that you couldn't have talked about until now. And I think this is going to go down as extremely important testimony, and I think a lot of people watching this are going to be really shocked by what you had to say. And so I sincerely thank you for taking the time and effort to attend at the National Citizens Inquiry and testifying with us today.

Dr. William Makis

Thank you very much for giving me the opportunity to testify.

[03:01:53]

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